

# **Pharmaceutical Needs Assessment (PNA)**

Office of Public Health Dudley, 2015

Produced in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 2013

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Supplementary statements will be issued in response to changes to pharmaceutical services since the publication of the PNA.

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Many thanks to the steering group for their comments, notable suggestions and timely assistance in providing information for this document.

This document builds on the former Dudley Primary Care Trust's PNA document.

Please note data regarding community pharmacies are accurate to November 2014.

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## Executive Summary

From 1<sup>st</sup> April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA) (Royal Pharmaceutical Society, 2013).

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities, and will be used by NHS England when making decisions on applications to open new pharmacies (referred to as the market entry test). As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date (Local Government Association, 2013).

This PNA includes information on:

- The legislative background.
- Demography of the Dudley population.
- Pharmacies in Dudley and the services they currently provide.
- Maps relating to Dudley and providers of pharmaceutical services in the area.
- Services in neighbouring Clinical Commissioning Group (CCG) areas that might affect the need for services for our population in Dudley.
- The Healthy Living Pharmacy (HLP) model.
- Conclusions on assessments of pharmaceutical need.
- Potential gaps in provision that could be met by providing more services through our existing provision of pharmacies and likely future pharmaceutical needs.

The pharmaceutical services to which the PNA must relate are all the services that may be provided under arrangements commissioned by NHS England for:

- (a) the provision of pharmaceutical services (including essential, advanced and enhanced services) with a person on the NHS England pharmaceutical list (Contractor);
- (b) The provision of pharmaceutical services under the Local Pharmaceutical Services (LPS) scheme.

Additionally, services (whilst outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013) may be commissioned locally to community pharmacy by the CCG and/or the local authority, both of which will be identified and reported within the PNA (Department of Health, 2013).

The pharmaceutical services that Dudley community pharmacies provide (under NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013) are made up of three different service levels:

- (a) **Essential services** – provided by all contractors in all community pharmacies.
- (b) **Advanced services** – can be provided by all contractors once accreditation requirements for pharmacists and premises have been met. 71 out of 75 pharmacies are accredited to provide these services at November 2014.
- (c) **Enhanced services** – commissioned directly by NHS England in response to local needs.

## Local Context

The Metropolitan Borough of Dudley is located on the edge of the West Midlands conurbation, approximately 9 miles west of the city of Birmingham and 6 miles south of Wolverhampton. Rural Staffordshire and Worcestershire (Bromsgrove) border Dudley to the west and south respectively. Dudley is located in an area colloquially referred to as 'The Black Country'. The Clinical Commissioning Group (CCG) and local authority is co-terminus geographically and together produce the Joint Strategic Needs Assessment (JSNA).

The purpose of this PNA is to review the pharmaceutical service provision in Dudley, assess the pharmaceutical needs of the patients and public of the borough and publish a statement as to this assessment by 1<sup>st</sup> April 2015. Health and wellbeing needs for the local population are described in the Dudley Joint Strategic Needs Assessment (JSNA). This PNA does not replicate these detailed descriptions of health needs and it should be read alongside the Dudley JSNA.

The website [www.allaboutdudley.info](http://www.allaboutdudley.info) is updated regularly. Its maps and data sets give a full picture of the health needs in Dudley. The maps produced for the PNA use the same deprivation and ward based descriptions together with locality and post code descriptors.

In Dudley, as at November 2014, there are 71 community pharmacies, 3 distance selling pharmacies (wholly mail order or internet pharmacies) and 1 Local Pharmaceutical Services (LPS) contract (The Priory Community Pharmacy) giving 75 pharmacies in total which are providing pharmaceutical services under arrangements made with NHS England.

Dudley has seen significant growth in the number of community pharmacies, from 59 in 2005 when legislation regulating pharmacy openings were relaxed, to the present network of 75. This has improved access to pharmaceutical services for our population.

## **Process**

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Whilst undertaking this PNA, Dudley Health and Wellbeing Board has sought the views of a wide range of key stakeholders to establish issues that affect the commissioning of pharmaceutical services and to ensure local health needs and priorities are met.

A statutory 60-day public consultation was held from the 18<sup>th</sup> December 2014 to 16<sup>th</sup> February 2015 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. Feedback gathered during this consultation is reported within appendix 12 and reflected upon in the final revised PNA report.

## **Conclusion**

We have considered geographical access to the Community Pharmacies in our area, the services they provide and their opening hours (Figures 1 and 2, Appendix 5 and Appendix 6). In addition through identification of needs linked to the JSNA, the publication of the Dudley Joint Health and Wellbeing Strategy 2013-16 and the CCG strategic plans, we have assessed the potential for those needs to be met through pharmaceutical services (Appendices 7, 8 and 9).

We conclude that there are sufficient pharmacies in Dudley to provide essential pharmaceutical services to the residents. No gaps in geographical provision across the borough have been identified. Pharmacies are situated both within and very close to GP practices and also in the major shopping centres, supermarkets and locality High Streets. Our pharmacies are open to provide services at the times needed and used by patients and the public. From our assessment of access to pharmacies for those people with disabilities (appendix 4B), it is evident that access to some pharmacies within Dudley may be restricted. We conclude that access to pharmacies and their services must comply with the relevant legislation (The Equality Act 2010) to ensure equal access for all across the borough.

This PNA has concluded that there is no need for further pharmaceutical contract applications whether using the exemption from control of entry regulations or not.

Dudley pharmacies provide two advanced services. Provision of the Medicines Use Review service is offered from at least three quarters of all the pharmacies in each locality (also referred to as 'township'). Provision of the New Medicine Service is offered from greater than 50% of all pharmacies in each locality. We conclude that this may result in reduced provision for some individual patients. However, we further conclude that within each locality sufficient pharmacies provide a Medicines Use

Review and a New Medicines Service, providing patients a reasonable choice to access these services.

Community pharmacies in Dudley are commissioned to provide a range of public health services through direct contract with the Office of Public Health, Dudley MBC. Pharmacies can choose if they wish to provide public health commissioned services. Analysis demonstrates that the majority of pharmacies provide public health commissioned services, with only two (excluding distance selling pharmacies) providing no public health services at all (see Appendix 5 for full details of service provision).

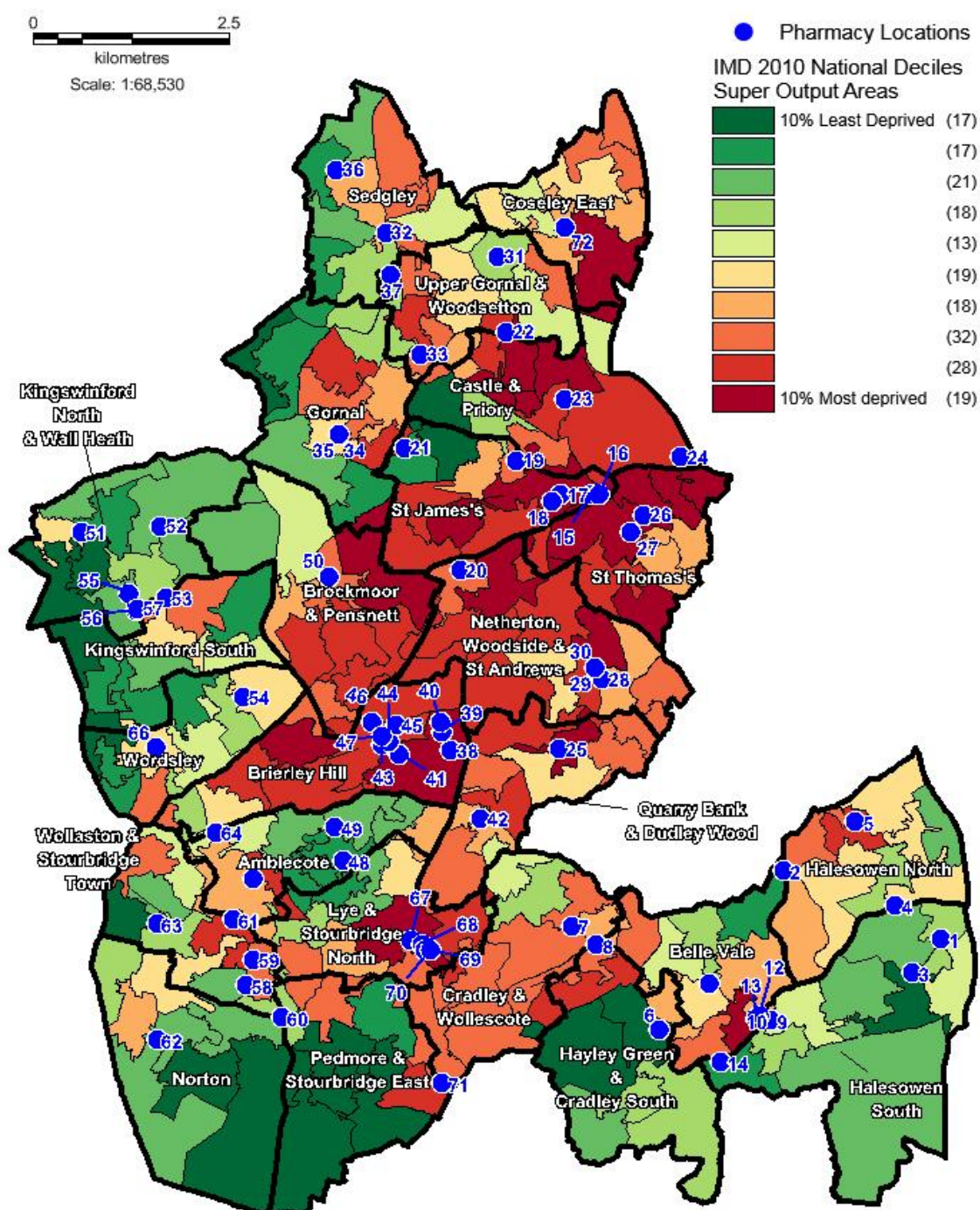
Each public health service is commissioned with a different client group in mind. For example we have community pharmacies open on a Sunday commissioned to provide Emergency Hormonal Contraception. We conclude that there are gaps in service provision in localities with some public health services namely, alcohol screening and brief intervention, health checks and Counterweight management. However, we further conclude that results from the pharmacy contractor survey provide evidence that sufficient existing contractors are willing to fill any gaps that may arise or undertake any new services that the Office of Public Health may contemplate commissioning in the future.

Therefore we conclude that there are no gaps in public health services provision that could not be filled by the existing pharmacy contractors. The Office of Public Health has plans in place to continue to encourage and support all our pharmacies to improve access for patients for all public health services.

With respect to provision of Healthy Living Pharmacies (HLPs), we conclude that there are gaps in the provision across the borough particularly in some wards with greater deprivation where access (to HLPs) is more important in supporting a reduction in health inequality. However, we further conclude that the Office of Public Health, Dudley MBC will continue to commit support and funding (subject to availability) to developing our existing network of HLPs with particular emphasis upon targeting those community pharmacies located in the most deprived areas within the borough.

This PNA has identified an unmet need of advice for care homes staff with respect to medicines management for residents within care homes (nursing and non-nursing). We conclude that NHS England and Dudley CCG should consider addressing this unmet need through commissioning of a local enhanced service (subject to funding) through community pharmacy that provides advice and support to care homes with respect to medicines management. Such a service should be aligned to existing services, teams and pathways already commissioned by Dudley CCG to support these older vulnerable patients within care homes (i.e. Older Persons Specialist Pharmacist, Virtual Ward and Community Rapid Response Teams).

Figure 1: Dudley Index of Multiple Deprivation 2010 National Deciles, Dudley LSOAs and 2004 Wards with Pharmacy Locations



Map created by Public Health Intelligence, Office of Public Health Dudley,  
Topographic Data © Crown copyright and database rights (2014)  
Ordnance Survey License Number 100019566  
Source: Index of Multiple Deprivation 2010, Office of Public Health Dudley

Key to Pharmacies see appendix 1. Please note that there are three distance selling pharmacies (appendix 5) which are **not** included on the map as patients cannot visit. A table relating to the mapped location including postcodes, services provided and opening hours is also included in appendices 1, 4, 5 and 6.

# Introduction

Public health became the responsibility of local government when it transferred from the NHS to Local Authorities (LA) in April 2013. Dudley Metropolitan Borough Council (MBC) now has a statutory duty through its health and wellbeing board (HWB) to develop a pharmaceutical needs assessment (PNA). A PNA was previously published by Dudley Primary Care Trust (PCT) in February 2011 and this first draft Dudley PNA now supersedes its predecessor.

## What is a Pharmaceutical Needs Assessment?

A local PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing and appliance contractors and (where relevant) dispensing doctors' and should identify where there are gaps in service provision (Department of Health, 2013). The PNA will help in the commissioning of pharmaceutical services in the context of local priorities, and will be used by NHS England when making decisions on applications to open new pharmacies (referred to as the "Market Entry Test"). As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date (Department of Health, 2013).

## What is the purpose of the PNA?

- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will help the HWB 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.
- It will inform interested parties of the pharmaceutical needs in Dudley and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

## Legislation

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes

the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Dudley published its last PNA in 2011 (Department of Health, 2013).

The Health and Social Care Act 2012 (which received Royal Assent 27<sup>th</sup> March 2012) amended the NHS Act 2006. The 2012 Act established HWBs and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (England, 2013).

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. As part of developing their first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult (England, 2013). The regulations lay down the minimum information that must be contained within the PNA and also outline the process that must be followed in its development and that of any revised assessment.

The production and ongoing update, evaluation and revision of the Dudley PNA is a key part of the commissioning process for Community Pharmacy. This PNA is the first published by Dudley HWB under its new statutory duty.

The PNA sets out to:

- Take stock of current community pharmacy service provision;
- To understand the pharmaceutical needs of the Dudley population;
- To consider the potential for community pharmacies in Dudley to meet population and health service needs;
- To support a rational approach to the commissioning of services from Dudley community pharmacies.

The following factors have been considered in the needs assessment:

- Access to and provision of essential pharmacy services within the borough;
- Provision of advanced services – Medicines Use Reviews (MURs), New Medicines Service (NMS), Appliance Use Reviews (AURs) and Stoma

Appliance Customisation (SAC);

- Provision of enhanced services;
- Provision of currently commissioned local public health services. Evaluation, development of and identification of potential service extensions directed by local and national strategic priorities;
- The potential for advanced, enhanced and local pharmacy services (i.e. public health) to contribute to CCG &/or Local Authority priorities and to integrate with other services and care pathways;
- Identification of needs of the Dudley population linked to the Joint Strategic Needs Assessment and assessment of the potential of those needs to be met through pharmaceutical services.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners e.g. CCGs.

The use of PNAs for determining applications for new premises is relatively recent. It is expected that some decisions made by NHS England may be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore important that PNAs comply with the requirements of the regulations, that due process is followed in their development, and that they are kept up-to-date.

Primary Care Commissioning (PCC) has identified that failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following refusal by NHS England of their application to open new premises (Primary Care Commissioning, 2013).

### **Future PNAs and Supplementary Statements**

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB.

On behalf of the HWB, the Pharmaceutical Adviser – Community Pharmacy and Public Health will lead responsibility for PNAs and will consider the need for producing a supplementary statement every six months or sooner as appropriate, in consultation with steering group members.

A revised PNA may need to be published when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate

response (Royal Pharmaceutical Society, 2013). The HWB will therefore establish a system that allows them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

## **National Policy**

In April 2005 a 'new contract' (or more accurately a new set of regulations) was put in place for NHS community pharmacy services.

To date, historically, PCTs were required to produce a Pharmaceutical Needs Assessment (PNA). This obligation has now been transferred from PCTs to HWBs (by the Health and Social Care Act 2012), with the legal requirement for all HWBs to publish a PNA by 1<sup>st</sup> April 2015.

The pharmaceutical services to which the PNA must relate are all the services that may be provided under arrangements made by NHS England for:

- a) the provision of pharmaceutical services with a person on the NHS England pharmaceutical list (Contractor); the provision of local pharmaceutical services under the Local Pharmaceutical Services (LPS) scheme;
- b) the dispensing of drugs and appliances with a person on a dispensing doctors list.

Additionally, services may be commissioned to community pharmacy by the CCG and/or the local authority, both of which will be identified and reported within the PNA. Pharmaceutical services can be provided from community pharmacies, dispensing doctors and appliance contractors.

In April 2008 the government published a White Paper, *Pharmacy in England: Building on strengths – delivering the future* (HM Government and Department of Health, 2008), which sets out practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services and care in the coming years. Whilst recognising that the role of pharmacy in dispensing medicines and ensuring the safe use of medicines will remain an important one, emphasis was placed on recognition of pharmacy's role in contributing to health improvement and wellbeing.

This PNA has been prepared at a time with significant recent change in the NHS. The 2010 coalition government White Paper *Liberating the NHS* (Department of Health, 2010), made the following statement regarding community pharmacy 'The

community pharmacy contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients’.

At the same time the NHS is continually being asked to improve quality and productivity in the background of unprecedented financial challenge. Subsequently, all areas of NHS spending, including pharmaceutical services will be scrutinised to ensure that money is spent to deliver the outcomes expected by patients and the public.

## **Local Policy**

The production of an annual Joint Strategic Needs Assessment (JSNA) has been a statutory duty placed on the Directors of Public Health, Children's Services and Adult Services since 2007. The Health and Social Care Act 2012 (which received Royal Assent on 27th March 2012) places “an equal & explicit obligation” on Local Authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA, and to develop a Joint Health & Wellbeing Strategy (JHWS) for meeting local needs identified in the JSNA from April 2013. This duty will be discharged by HWBs.

As a strategic assessment the JSNA has driven the Borough Partnership’s renewal of Dudley Community Plan, Dudley CCG’s Strategic Plan and the Borough’s Local Area Agreement with Central Government. In 2012, effort has continued to focus on the inequalities dimension of the JSNA (Dudley Health and Wellbeing Board, 2013), examining in more depth the nature and extent of inequalities in the Borough. JSNA predictive modelling has also been extended, looking at the impact of additional investment in smoking cessation and interventions to reduce alcohol misuse, as well as demographic modelling of health service demand. In addition, led by the Office of Public Health, Dudley Metropolitan Borough Council (MBC), the Public Health Intelligence Team has dramatically improved access to the JSNA and other important local strategic documents by all partners, through the development of its “*All About Dudley Borough*” website. This not only provides access to all JSNA documents, but also includes on-line JSNA indicators, all updated as new data are published. The website can be accessed at [www.allaboutdudley.info](http://www.allaboutdudley.info)

In March 2012 the JSNA’s main strategic conclusions were revisited in the light of the most recent data available and supported the development of the first Dudley JHWS 2013-2016 (Dudley Health and Wellbeing Board, 2013). The Dudley JHWS sets a clear strategic vision to ensure that:

- All children in Dudley borough will have the best possible start in life.
- People in Dudley borough will live longer, healthier and fulfilling lives.
- The gap in health inequalities in Dudley borough will be reduced.

The strategy sets out the priorities the HWB feel are most important for local people, based on the JSNA and other relevant sources of information.

The strategy reports the following five key priorities:

- 1) Making our neighbourhoods healthy
- 2) Making our lifestyles healthy
- 3) Making our children healthy
- 4) Making our minds healthy
- 5) Making our services healthy

Dudley community pharmacies have opportunity to support all of these key priorities; however there is a clear vision on the following three:

- **Making our neighbourhoods healthy** by planning sustainable, healthy and safe environments and supporting the development of health-enhancing assets in local communities – this is being achieved through development of the Healthy Living Pharmacy (HLP) model.
- **Making our lifestyles healthy** by helping people to have healthy lifestyles and working on areas which influence health inequalities, for instance obesity, alcohol, smoking and early detection of ill-health – this is being achieved through commissioning of public health services.
- **Making our service healthy** by integrating health and care services to meet the changing Dudley demography, starting with urgent care – this being achieved through promotion of the self-care agenda, sign-posting patients to appropriate NHS services and commissioning of a pilot minor ailments service from October 2014, *'Pharmacy First'*.

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, Social Care, and Public Health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2013-2016 sets out desired outcomes for public health, focussing on two high-level outcomes:

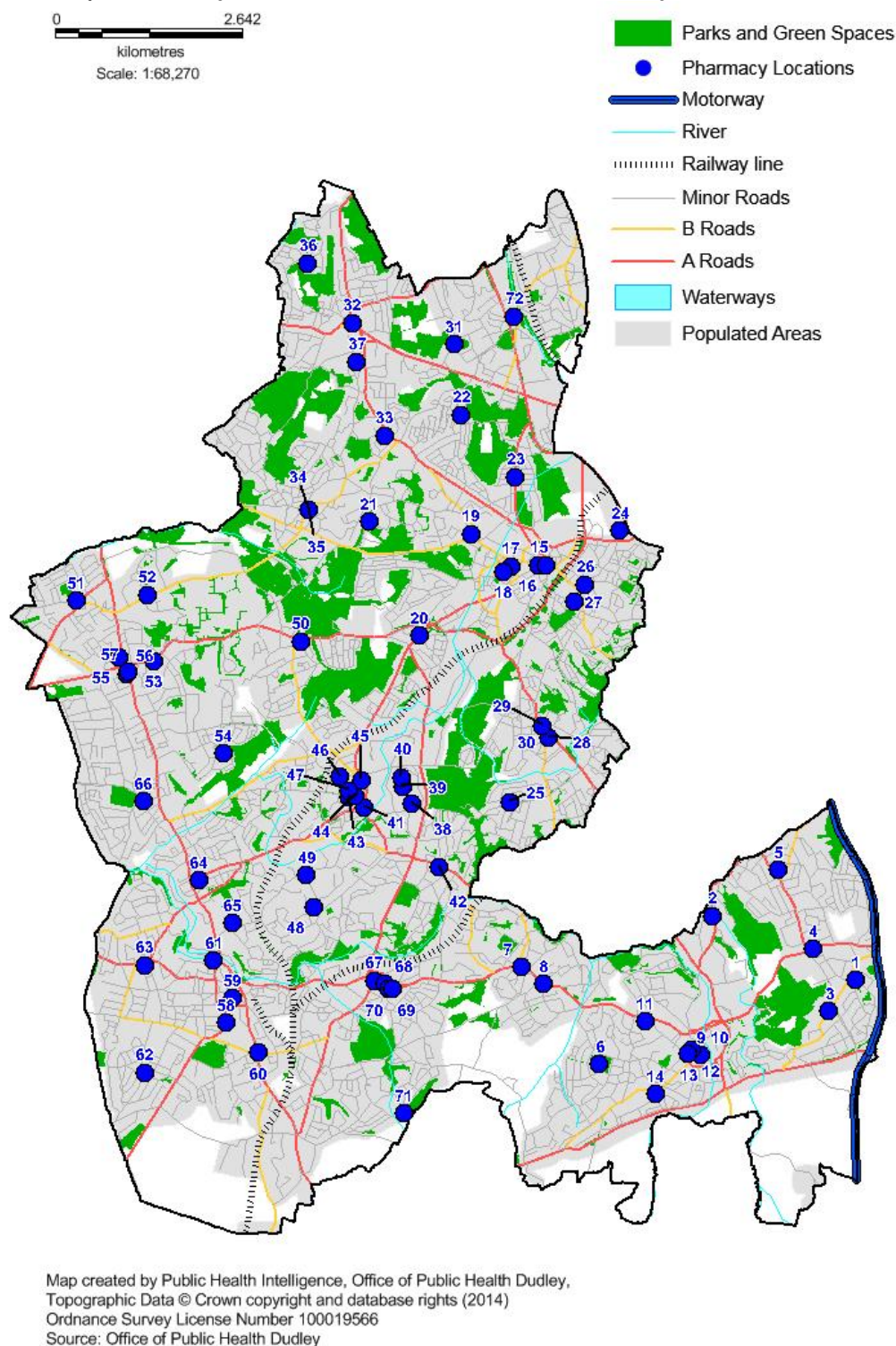
- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The commissioning of services from community pharmacy is included in plans within the Office of Public Health for tackling local priorities in reducing smoking prevalence and smoking related deaths, alcohol misuse, tackling obesity, improving Chlamydia screening and treatment (15-24 age group) and NHS health checks (primary prevention and early detection of ill health). More recently additional services targeting increased early HIV detection and integrating community pharmacy into the established local falls service are currently being piloted at the time of writing this PNA.

In Dudley, as at November 2014, there are 71 community pharmacies (Figure 2), 3 distance selling pharmacies (wholly mail order or internet pharmacies) and 1 LPS contract (Priory Community Pharmacy; pharmacy ID 23, figure 2 and appendix 1)

providing pharmaceutical services under arrangements made with NHS England. There are no dispensing doctors or appliance contractors within Dudley. This network of 75 pharmacies includes nine 100 hour pharmacies (appendix 5 and figure 2). An additional three 100 hour pharmacies have opened since the last PNA (2011).

*Figure 2 – Map of Dudley's built environment with Pharmacy Locations*



See appendix 1 for a key to all the pharmacies including the pharmacy names and addresses.

## **Exclusions from the scope of the assessment**

The PNA has a regulatory purpose which sets the scope of the assessment. However pharmaceutical services and pharmacists are evident in other areas of work in which the CCG has an interest but are excluded from this assessment. These include prisons, secondary and tertiary care sites where patients may be obtaining a type of pharmaceutical service that is not covered by this assessment and advice to clinicians and/or patients via specialist pharmacists.

Prisons - Dudley has no prisons within its area.

Hospital Pharmacy Services - Most of Dudley's hospital services are provided by Dudley Group of Hospitals Foundation Trust (DGHFT), who operate at the following sites:

- Russells Hall Hospital, Pensnett Road, Dudley, DY1 2HQ
- Corbett Hospital Outpatients' Centre, Vicarage Road, Stourbridge, DY8 4JB
- Guest Hospital Outpatients' Centre Tipton Rd, Dudley, DY1 4SE

Some NHS services (commissioned by Dudley CCG) are also provided by West Midlands Private Hospital (Ramsay Healthcare), Colman Hill, Halesowen, B63 2AH.

In addition patients are treated by the Dudley and Walsall Mental Health Trust at Bushey Fields Hospital.

The CCG has service level agreements (SLA) with the pharmacy department at Russells Hall Hospital to provide medicines for clinics and services and the out of hours (OOH) urgent supply of controlled drugs (CDs).

The DGHFT pharmacy department commissions a monitored dosage system service to the Broadway Pharmacy (ID number 62, figure 2 and appendix 1). This facilitates a seamless, safer and a more efficient discharge for those discharged patients unable to manage and adhere to their medicines through conventional dispensing once back within their own place of residence. An assessment of need for a monitored dosage system is made by the ward pharmacist within the hospital ahead of the discharge planning process. The service ensures that the patients' GP and their regular dispensing community pharmacy are fully communicated with (by the Broadway Pharmacy) to provide an accurate list of post-discharge medication.

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

Specialist Pharmacists - A CCG commissioned service funds a practice based clinical pharmacist for a minimum of 2 hours a week in each GP practice within Dudley. The CCG also commissions two specialist clinical pharmacist roles, Older Persons and Neurology.

## NHS Pharmaceutical Services

The pharmaceutical services that community pharmacies provide are made up of three different service levels as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (England, 2013):

Essential services – provided by all contractors in all community pharmacies (England) and include; Dispensing and actions associated with dispensing (e.g. keeping records), Repeat dispensing, Disposal of waste medicines, Promotion of healthy lifestyles, Prescription linked interventions, Public health campaigns, Signposting, Support for self-care and Clinical Governance. All pharmacy contractors must provide the full range of essential services.

Advanced services – can be provided by all community pharmacy contractors (England) once accreditation requirements for pharmacists and premises have been met. Advanced services include: Medicines Use Review (MURs), New Medicine Service (NMS), Appliance Use Reviews (AUR) and Stoma Appliance Customisation (SAC). Any pharmacy contractor may choose to provide Advanced Services, though there are accreditations which need to be met in relation to premises, training and notification to NHS England area team. At this time an accredited pharmacy may undertake up to 400 MURs per annum, a limited number of NMS linked to dispensed prescription item volume per month, a limited number of AUR linked to the dispensing of appliances and as many SAC as required.

Enhanced services – are commissioned locally directly by NHS England Area Team in line with PNAs produced by Health and Wellbeing Boards from the 1<sup>st</sup> April 2013 onwards. The enhanced services include: Anticoagulant monitoring service, Care home service, Disease specific medicines management service, Gluten free food supply service, Independent prescribing service, Home delivery service, Language access service, Medication review service, Medicines assessment and compliance support service, Minor ailments service, On demand availability of specialist drugs service, Out of hours service, Patient group directions service (not related to public health services), Prescriber support service, Schools service and Supplementary prescribing service.

At the time of writing this PNA, presently NHS England Birmingham, Solihull and Black Country Area Team commissions (enhanced services) an 'Out of Hours' rota for the provision of pharmaceutical services in Dudley to cover Christmas day, Boxing day and Easter Sunday. Additionally, a minor ailments service and NHS influenza vaccinations (extension of national programme through general practice) are currently being piloted through pharmacies within the wider Birmingham, Solihull and Black Country area (discussed in detail later).

## **Local Pharmacy Services**

Local pharmacy services are services which are commissioned locally (commissioners other than NHS England) and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Hence, local pharmacy services have no influence on the commissioning of new pharmacy contract applications by NHS England.

The 2013 regulations set out the enhanced services which may be commissioned from pharmacy contractors. It is important to note that the definition of enhanced services has changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be commissioned by at least three different organisations (CCGs, local authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved.

## **Public Health Services**

The changes to enhanced services are summarised in the following extract from Primary Care Commissioning (PCC) (Primary Care Commissioning, 2013).

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- Needle and syringe exchange
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration service (Methadone/Buprenorphine/Suboxone®)
- Emergency hormonal contraception services through patient group directions.

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in the regulations and therefore should not be referred to as enhanced services.

However, the 2013 regulations do make provision for NHS England to commission the above services from pharmacy contractors when asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services.

Dudley Metropolitan Borough Council (MBC), through the Office of Public Health (OPH) directly commissions public health services (through individual contracts for service) with our pharmacy contractors and as such these services do not fall within the definition of 'pharmaceutical services'. Please refer to Table 1 for a list of local commissioned public health services.

*Table 1: Public Health Services Commissioned by Dudley MBC*

<b>Public Health Service</b>	<b>Commissioned Service</b>
Alcohol Screening & Brief Intervention	Pharmacies are commissioned to deliver alcohol screening, evidence based brief interventions, referral to specialist services, information and advice to and for alcohol users, in addition to those considered to be concerned others.
Needle syringe exchange service	A needle exchange service whereby the pharmacy provides clean injecting equipment to drug users and takes in used injecting equipment for safe disposal. Commissioned by Crime Reduction Initiative (CRI) on behalf of the Office of Public Health.
NHS Health Checks	This is a primary prevention service aiming to prevent vascular diseases and manage an individual's risk of developing them. The objective is to deliver the national NHS Health checks programme.
Patient group directions service	The OPH commissions services whereby some pharmacies provide access to emergency hormonal contraception, antibiotic treatment for Chlamydia and smoking cessation medication (varenicline) under patient group directions (PGD).
Screening service	A Chlamydia screening and treatment (azithromycin via Patient Group Direction) service is provided by some pharmacies.
Stop smoking service	The OPH commissions a service for the supply of nicotine replacement therapy (NRT e.g. patches, gums, inhalers) and an advice and counselling service to support smokers to quit.
Supervised administration service	A service whereby patients prescribed drug treatments for addiction can obtain their treatment on a frequent basis, often daily and that this treatment is taken in the presence of the pharmacist is commissioned by CRI on behalf of the Office of Public Health.
Counterweight Service	The Counterweight Programme is an evidence-based weight management programme for adults. The Counterweight Programme promotes behavioural strategies, which seek to change eating habits, activity levels, sedentary behaviours and thinking processes that contribute to an individual being overweight or obese. The Programme provides a range of options which promote active weight loss for three to six months, followed by long-term weight loss maintenance.
Falls Prevention – Slips and Trips*	In order to promote increased referrals of patients (at risk of falls) into the specialist falls service, Dudley OPH have identified community pharmacy as an untapped resource to make every contact count with service users in terms of falls awareness advice and prevention. Community pharmacy is ideally placed to meet the challenge of reducing falls through early identification of patients at risk of falls and signposting to the specialist fall's service.
HIV Point of Care Testing (POCT)*	This service aims to increase the uptake of HIV testing among Dudley residents to reduce late and undiagnosed HIV, specifically in high risk groups such as people who have migrated from regions of the world where HIV is common, such as sub-Saharan Africa, and MSM (men who have sex with men) by providing HIV point of care testing (POCT) with referral into GUM services where appropriate.

\*These services are currently being piloted (2014-15) within selected pharmacies and wards within Dudley according to identified need. Included for completeness and no guarantee they will be commissioned after completion of the pilot.

## **Clinical Commissioning Groups**

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but similar to public health services these services will be known as local services and then fall outside the definition of enhanced services, and so have no bearing on pharmacy applications by NHS England.

At the time of writing this PNA, presently no services are commissioned by Dudley CCG to community pharmacy.

## **Other Services**

Community pharmacy contractors also provide services directly to patients that are not commissioned by NHS England, Dudley CCG or Dudley MBC, for example some pharmacies provide a prescription ordering &/or collection service, home delivery service, influenza vaccinations, and travel medicines via Patient Group Directions (PGDs) and/or medication packed down into monitored dosage systems. These services are not commissioned or paid for by any commissioning organisation, however it is recognised that the prescription ordering &/or collection and delivery services are welcomed and valued by patients. This service has improved access (to pharmaceutical services) for hard to reach and/or vulnerable groups within the borough e.g. housebound individuals.

In making its assessment, Dudley HWB needs to take account of any services provided to its population which may affect the need for pharmaceutical services in its area. This could include services provided to the Dudley population by pharmacy contractors outside Dudley. For example, pharmacies in neighbouring HWB areas or those providing 'Homecare' services.

## **The Priory Pharmacy (Local Pharmaceutical Service)**

The idea of developing a community based pharmacy on the Priory estate (DY1) was born out of the local residents frustration of having to make a difficult journey to access both GP and pharmacy services. Relocation of a GP branch practice in 2000 and closure of the local pharmacy in 2001 created accessibility issues as Priory residents could no longer make a short journey to access health services.

A Local Pharmaceutical Service (LPS) contract was attractive to stakeholders as it allows a service specification to be tailored to the needs of the local population. In the case of the Priory estate, this includes significant health needs in an area with poor access to services. Furthermore, the area was not attracting pharmacy contract

applications via the traditional, more commercial route where pharmacists apply for a contract. The LPS route meant the historical PCT could design a service specification and then go out to tender for the service. Key elements of the service specification included community involvement to steer the development of the service and delivery on a not for profit, basis.

The pharmacy opened in the autumn of 2008 (Pharmacy ID 23, figure 1 and appendix 1) and now provides a range of services in addition to dispensing (full details of service provision can be viewed in appendix 5). The pharmacy is accredited as a Healthy Living Pharmacy providing a portfolio of public health services including smoking cessation, emergency contraception provision, brief alcohol interventions, Chlamydia screening etc. Furthermore, the pharmacy also hosts a number of other health services including health trainers, mental health services and psychological therapies. The provider continues to operate as a social enterprise and the pharmacy remains valued amongst the local community.

Unlike other commercial pharmaceutical contracts, a LPS contract is time limited and may be reviewed by NHS England in the future based on assessment of continuing local need.

## **Process followed in developing the PNA**

- This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
- The current pharmaceutical provision in Dudley has been reviewed and the needs of our population assessed from the perspective of pharmaceutical services.
- A survey of Community Pharmacies' current information technology (IT), premises and service provision (NHS and private) was conducted via an online IT platform ('*Pharmoutcomes*') in summer 2014 as part of baseline assessment (see appendix 4A and 4B for more information). 72 (96%) out of 75 pharmacies completed this survey.
- Patients and the public have been asked for their views on pharmacy services through a structured consultation ahead of the statutory 60-day formal consultation delivered by Healthwatch Dudley. See <http://healthwatchdudley.co.uk/research-reports/> for more details about this.
- The current commissioning of pharmaceutical services and plans as an organisation for the future as expressed in our JHWS have been reviewed and assessed.
- Data have been referenced to and with our JSNA and the JHWS.
- Membership of the PNA steering group was taken from the Pharmaceutical Public Health Team (Office of Public Health (OPH), Dudley MBC), Public Health Intelligence Team (OPH, Dudley MBC), Dudley Local Pharmaceutical

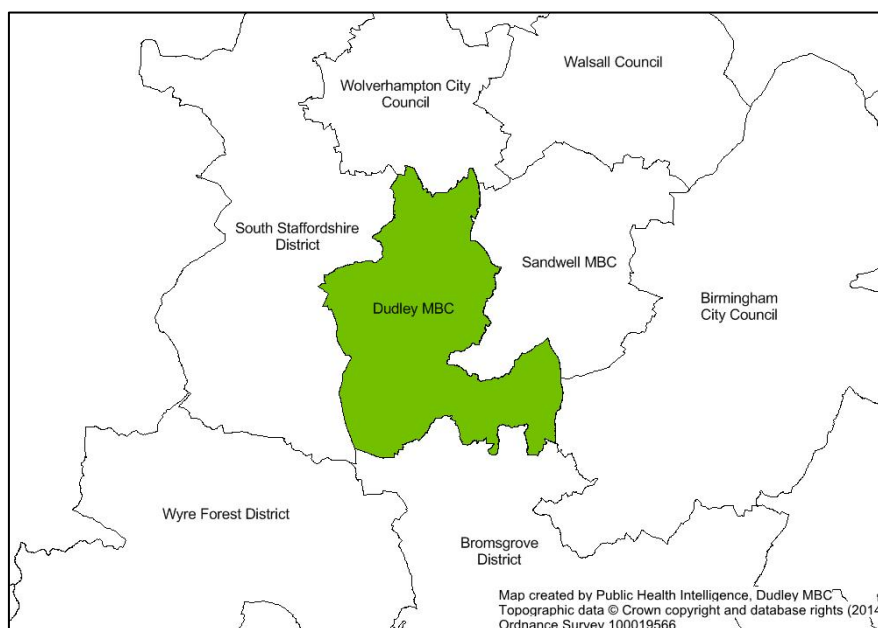
Committee, Lead Commissioner for Service Re-Design (Dudley CCG), Primary Care Contracts – Community Pharmacy (NHS England Birmingham, Solihull and Black Country Area Team), Chief Officer Healthwatch Dudley and Dudley Local Medical Committee.

- A project action plan was devised and updated regularly and minutes from regular steering group meetings were taken. These minutes were not made public during the PNA development due to the sensitive nature of the content (purpose of 'Market Entry Test') ahead of its full publication.
- The PNA Steering Group agreed to its Terms of Reference.
- The statutory 60-day formal consultation period for the PNA ran from 18th December 2014 until 16<sup>th</sup> February 2015.
- The formal consultation questionnaire link to assist feedback for this PNA can be found at appendix 11.
- Following receipt of comments at the end of the statutory consultation period, these were recorded, considered by the steering group and if appropriate included in the final document as amendments (appendix 12).
- The PNA was reviewed in light of the results of the consultation and the final version signed off by Dudley Health and Wellbeing board and published by 1<sup>st</sup> April 2015.

## Dudley Borough

The Metropolitan Borough of Dudley is located on the edge of the West Midlands conurbation, approximately 9 miles west of the city of Birmingham and 6 miles south of Wolverhampton. Rural Staffordshire and Worcestershire (Bromsgrove) border Dudley to the west and south (Figure 3).

*Figure 3: Map of the Dudley Metropolitan borough council and neighbouring district boroughs*



Being at the heart of the Black Country, which also includes parts of the neighbouring boroughs of Sandwell, Walsall and Wolverhampton, Dudley has a rich cultural and economic heritage. The borough is a predominantly urban area made up of four main towns; Dudley, Stourbridge, Halesowen and Brierley Hill. Each is interspersed with smaller towns and urban villages creating a very local feel to Dudley's communities (Figure 4). The legacy of heavy industry is still relevant to the health status of much of the population in Dudley.

## **Environment**

Dudley borough covers 38 square miles, although predominantly an urban area; 20-30% is green space with 17% designated green belt. The borough has an extensive road infrastructure and access to the motorway near Dudley and Halesowen (Figure 2).

## **Economy**

In October 2014, 3.2% of the Borough's working age population (16-64 year olds) were claiming job seekers allowance. This rate has been on a downward trend since February 2013 however the rate is still above the regional (2.7%) and England (2.1%) figures. Unemployment in Dudley has impacted on all age groups but has hit the 16-24 year olds in particular. The annual average wage for Dudley residents working full-time was £24,455 in 2013, below the national figure of £27,375.

## **Geography**

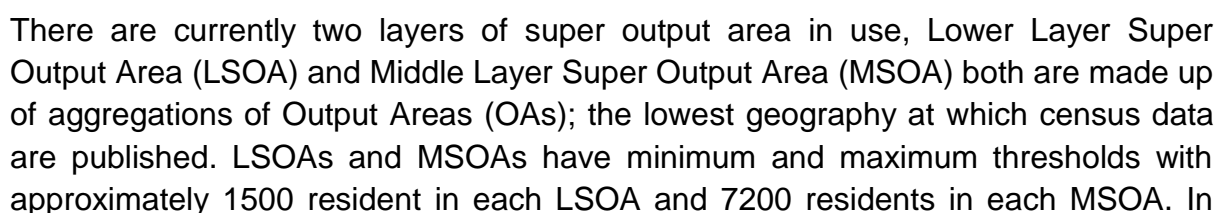
The borough of Dudley is divided into 24 electoral Wards; the spatial units used to elect local government councillors and 24 census wards; the spatial units used for statistical purposes. Electoral wards are managed by the electoral commission and are subject to change over time; census wards are not subject to change and therefore provide a consistent basis for tracking changes in population over time.

Dudley can be subdivided into its five localities (also referred to as townships, Figure 5):

- Brierley Hill (includes Kingswinford)
- Dudley and Netherton;
- Sedgley (includes Coseley);
- Halesowen;
- Stourbridge.

Super Output Areas (SOA) are administrative units of geography which have been established by the Office of National Statistics (ONS). SOA boundaries are not

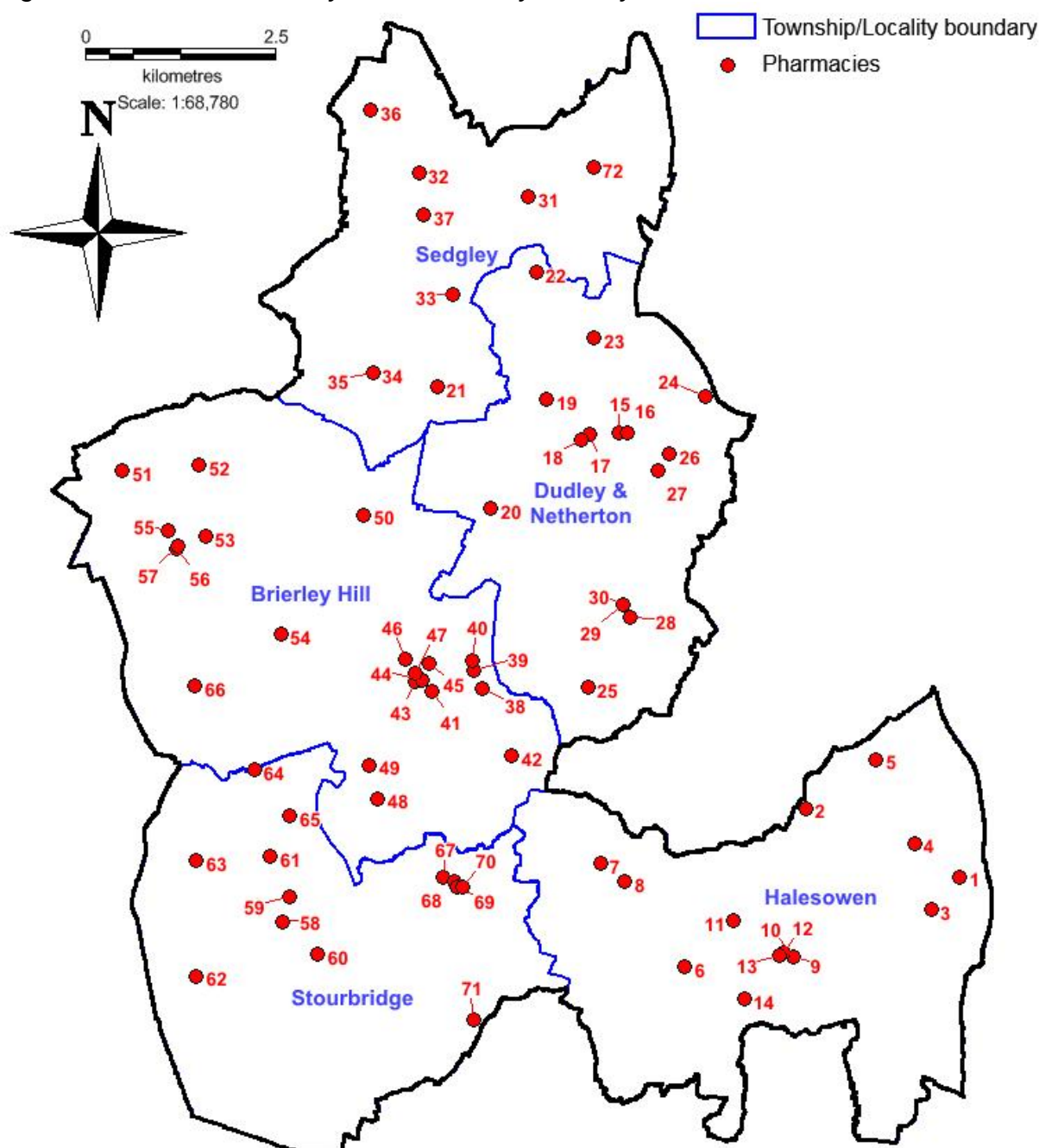
*Figure 4: Map of Dudley Metropolitan Council's Community Localities*



Dudley there are a total on 201 LSOAs and 43 MSOAs. See glossary (page 108) for further information.

The pharmaceutical needs assessment will utilise all of these geographies to assess the needs of Dudley's population.

*Figure 5: Location of Dudley Pharmacies by Locality*



Map created by Public Health Intelligence, Office of Public Health Dudley, Topographic Data © Crown copyright and database rights (2014) Ordnance Survey License Number 100019566

For a table containing the key to the pharmacies on the map, see appendix 1.

## Deprivation

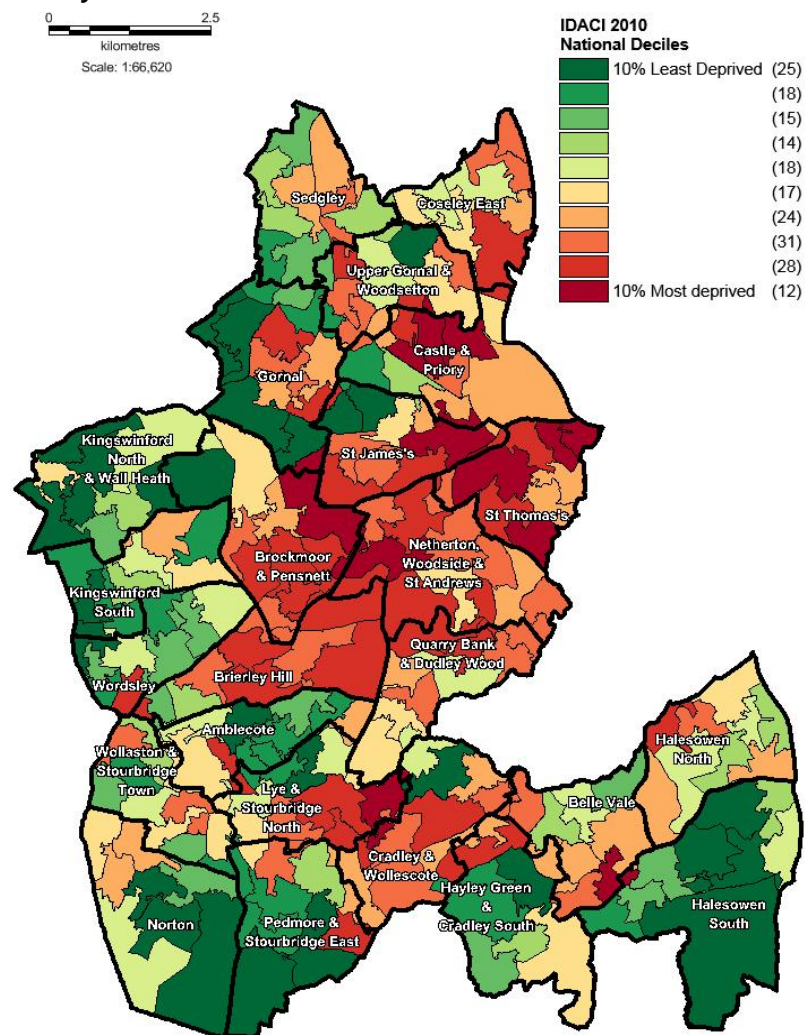
LSOAs are used in calculating the Index of Multiple Deprivation (IMD) (Office for National Statistics, 2011); a single score of deprivation for each LSOA in England. The deprivation score is calculated from a number of indicators that cover a number of economic, health, social and housing issues. Dudley is the 104<sup>th</sup> most deprived local authority in the 326 local authority districts in England. In Dudley the most deprived areas are in and between Castle & Priory and Brierley Hill as well as in Lye, with some other clusters of deprivation scattered around the borough (Figure 1), Dudley has 19 LSOAs that are amongst the 10% most deprived areas in England.

The income deprivation score affecting children (IDACI) is a measure of the proportion of children under the age of 16 that live in low income households (families receiving either Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee) or those not in receipt of these benefits but in receipt of Child Tax Credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs). Dudley has 12 LSOAs that are amongst the 10% most IDACI deprived LSOAs in England (Figure 6).

The income deprivation affecting older people index (IDAOPI) is a measure of the proportion of adults aged 60 or over living in income deprivation (someone in the family is claiming Income Support or income based jobseekers Allowance or Pension Credit (Guarantee)). In Dudley there are 19 LSOAs that are amongst the 10% IDAOPI most deprived LSOAs in England (Figure 7).

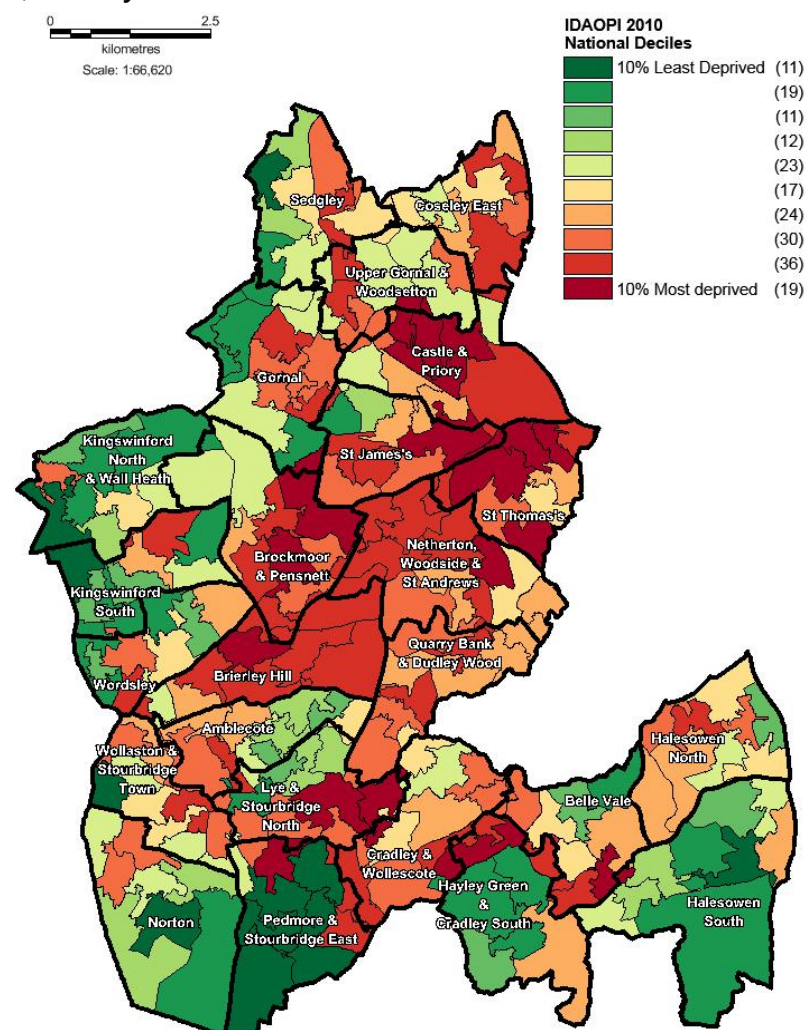
Dudley CCG and Dudley MBC are co-terminus geographically and work together to produce a Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) that identifies local need and a sustainable community strategy to address this need. The JSNA brings together all the information on the health and wellbeing needs of Dudley's population. The data includes information on the main issues that affect people's life-chances, quality of life and health and wellbeing. The data that underpins the JSNA is updated regularly and can be found at [www.allaboutdudley.info](http://www.allaboutdudley.info). With all these data available electronically only the top level points have been taken and included in this PNA.

Figure 6: Dudley Income Deprivation Affecting Children Index, Dudley LSOAs and 2004 Wards



Map created by Public Health Intelligence, Office of Public Health Dudley, Topographic Data © Crown copyright and database rights (2014) Ordnance Survey License Number 100019566 Source: Index of Multiple Deprivation 2010, Department for Communities and Local Government GP practice locations, Dudley CCG

Figure 7: Dudley Income Deprivation Affecting Older People Index, Dudley LSOAs and 2004 Wards



Map created by Public Health Intelligence, Office of Public Health Dudley, Topographic Data © Crown copyright and database rights (2014) Ordnance Survey License Number 100019566 Source: Index of Multiple Deprivation 2010, Department for Communities and Local Government GP practice locations, Dudley CCG

# Demography of Dudley

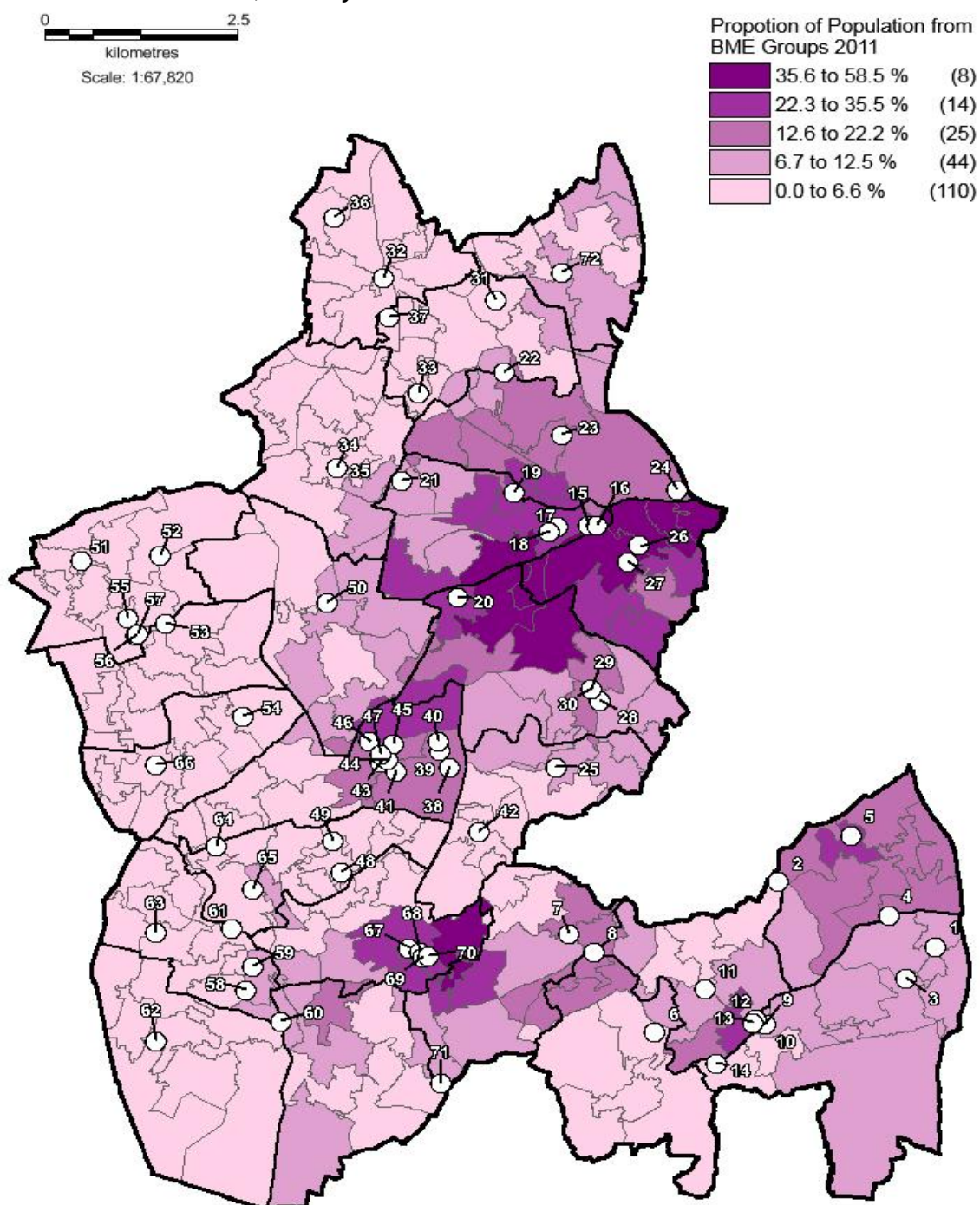
## Population

Dudley has a resident population of approximately 314,400 (June 2013), the population has been steadily growing at a modest but sustained rate in recent years; approximately 9300 more people in the borough since 2001. Dudley is the 3<sup>rd</sup> largest local authority district in the West Midlands Region based on population. Dudley's population is expected to increase by 6.4% (20,000 people) to 334,000 by 2037. The largest increases are projected to occur in the older age groups with the 60-74 years olds increasing by 11.5%, and the over 75 year olds increasing by 67.9% by 2037.

## Ethnicity

According to the 2011 Census, 88.5% of the borough's population are White British, Asian groups constitute 6.1% of the population, 1.8% are people from a mixed ethnic background, 1.5% Black Ethnic Groups and a further 1.5% are from White groups other than British. The areas with the highest ethnic minority population are in or around the wards of St Thomas's; St James's; Netherton, Woodside and St Andrew's; Cradley and Wollescote; and Lye and Stourbridge North (Figure 8). There are also small concentrations in Brierley Hill/Brockmoor, and in Halesowen. The pharmacy contractor survey indicated that many of our staff and pharmacists located within these areas speak a range of languages to overcome communication barriers to meet local needs (appendix 4A).

Figure 8: Proportion of Population from Black and Minority Ethnic (BME) Groups with Ward 2004 boundaries, Dudley 2011 Census



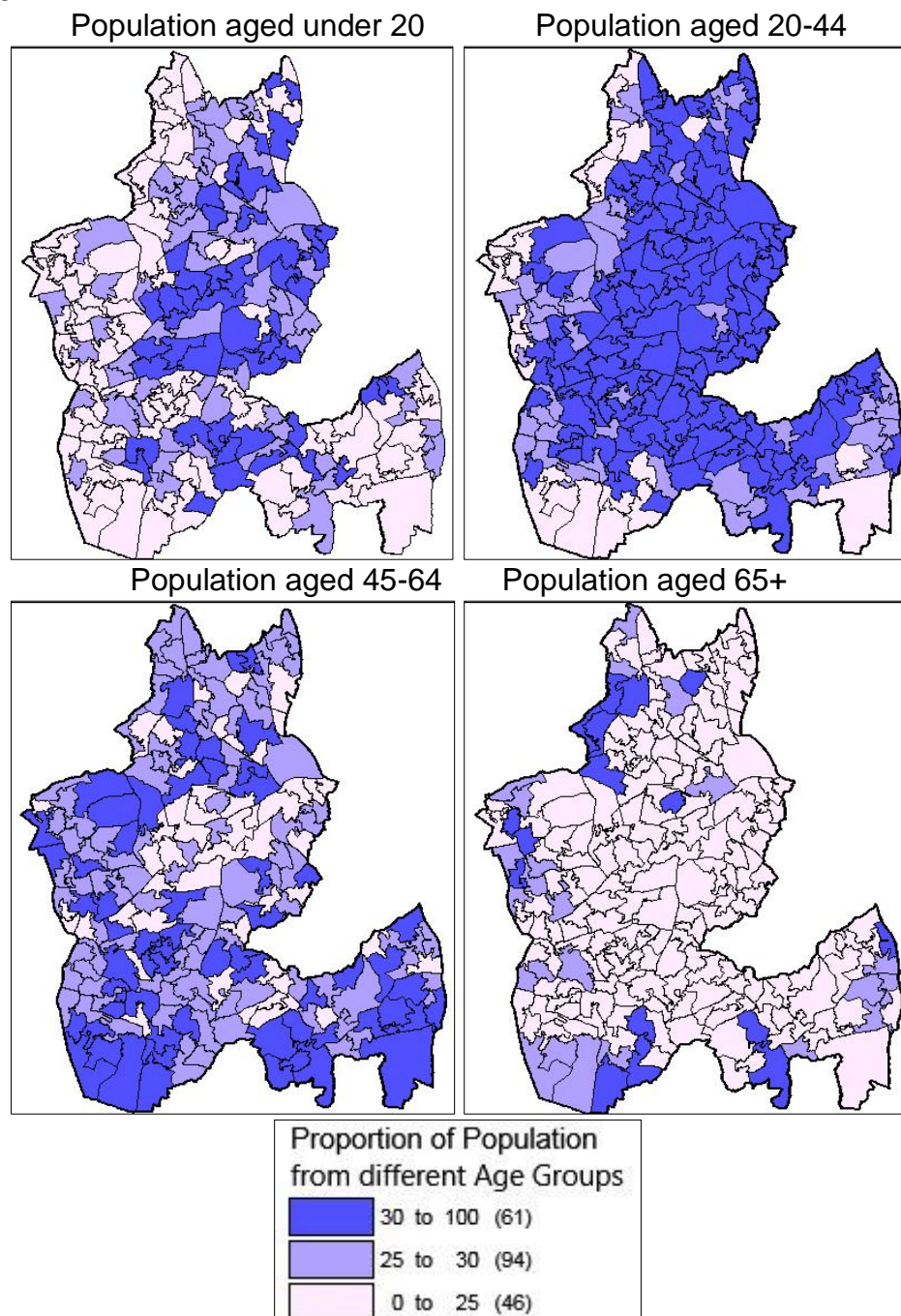
Map created by Public Health Intelligence, Office of Public Health Dudley,  
Topographic Data © Crown copyright and database rights (2014)  
Ordnance Survey License Number 100019566  
Source: Census 2011

Pharmacy key, see appendix 1.

## Age

The following age profile maps show the differences in the age profiles of areas within Dudley, older age groups tend to be concentrated around the south and western parts of the borough and younger age groups concentrated in the central part of the district. There has been an increase in the ageing retirement age group (over age 60 years) which is set to rise by 7,500 within the next 10 years.

*Figure 9: Dudley age profile, percentage of population in each age group by Census 2011 LSOA*



Maps created by Public Health Intelligence, Dudley MBC. Topographic Data © Crown copyright and database rights (2014) Ordnance Survey License Number 100019566

## **Life Expectancy**

Life expectancy in Dudley has risen in the last twenty years but at a slower rate than the national trend in more recent years. The life expectancy at birth for men in Dudley is 78.9 years (2010-12), marginally below England (79.2 years). The Life expectancy at birth for women in the borough is 83 years (2010-12) which is the same as England. In the 2011 census, 78.2% of the Dudley population described their health as being either 'good' or 'very good'. Cardiovascular disease and cancer remain the biggest killers. Whilst premature mortality is decreasing for cardiovascular disease and cancer, it is increasing for accidents and static for respiratory disease. Although life expectancy has increased in Dudley, men from the most deprived areas still live 9 years less than those from the least deprived areas, for women the difference is 6 years.

## **Health and Wellbeing Priorities**

The health and wellbeing board for Dudley borough has identified the following health priorities for Dudley (Dudley Health and Wellbeing Board, 2013):

- 1) Making our neighbourhoods healthy – by planning sustainable, healthy and safe environments and supporting the development of health - enhancing assets in local communities.
- 2) Making our lifestyles healthy – by helping people to have a healthy lifestyles and working on areas which influence health inequalities, for instance obesity, alcohol, smoking and early detection of ill-health.
- 3) Making our children healthy – by supporting children and their families at all stages but especially the early years; keeping them safe from harm and neglect, supporting the development of effective parenting skills and educating young people to avoid taking risks that might affect their health in the future.
- 4) Making our minds healthy – by promoting positive mental health and wellbeing.
- 5) Making our services healthy – by integrating health and care services to meet the changing Dudley borough demography, starting with urgent care.

## **Lifestyles**

Excessive consumption of alcohol is a problem in Dudley. There are an estimated 65,000 adult heavy drinkers in the borough, with 1 in 20 14-15 year olds drinking more than healthy levels each week (Dudley Health and Wellbeing Board, 2013). Alcohol related disease has increased dramatically over the last decade and the rate of alcohol related admissions and deaths continue to rise. Dudley has higher than regional and national rates of premature mortality from alcohol specific conditions.

There are an estimated 55,000 obese adults in Dudley and 1 in 5 children in school year 6 (aged 10-11 years) are obese. Unhealthy weight is an increasing problem in Dudley and nationally, increasing the risk of a range of illnesses including type 2 diabetes and cardiovascular disease.

It is estimated that 1 in 3 people in Dudley have high blood pressure that is undetected. There is probably an under diagnosis of a range of major diseases in Dudley such as Coronary Heart Disease, Stroke, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Mental Illness and Asthma.

## **Access to Community Pharmacies and Pharmaceutical Services**

The maps in the PNA (Figures 1, 2 and 8) illustrate that the geographical location of Dudley community pharmacies is well spread across the populated areas, covering deprived areas and those with higher numbers of BME groups.

Patients are not registered with individual pharmacies and have the choice where to have their prescriptions dispensed and where to access advanced, enhanced and local pharmacy services. This makes matching targeted services to older people, specific disease states, deprivation or ethnicity difficult. The CCG, NHS England and the Office of Public Health, Dudley MBC, will work to involve all pharmacies in the borough to provide high quality and cost effective patient centred and patient specific medicines related services.

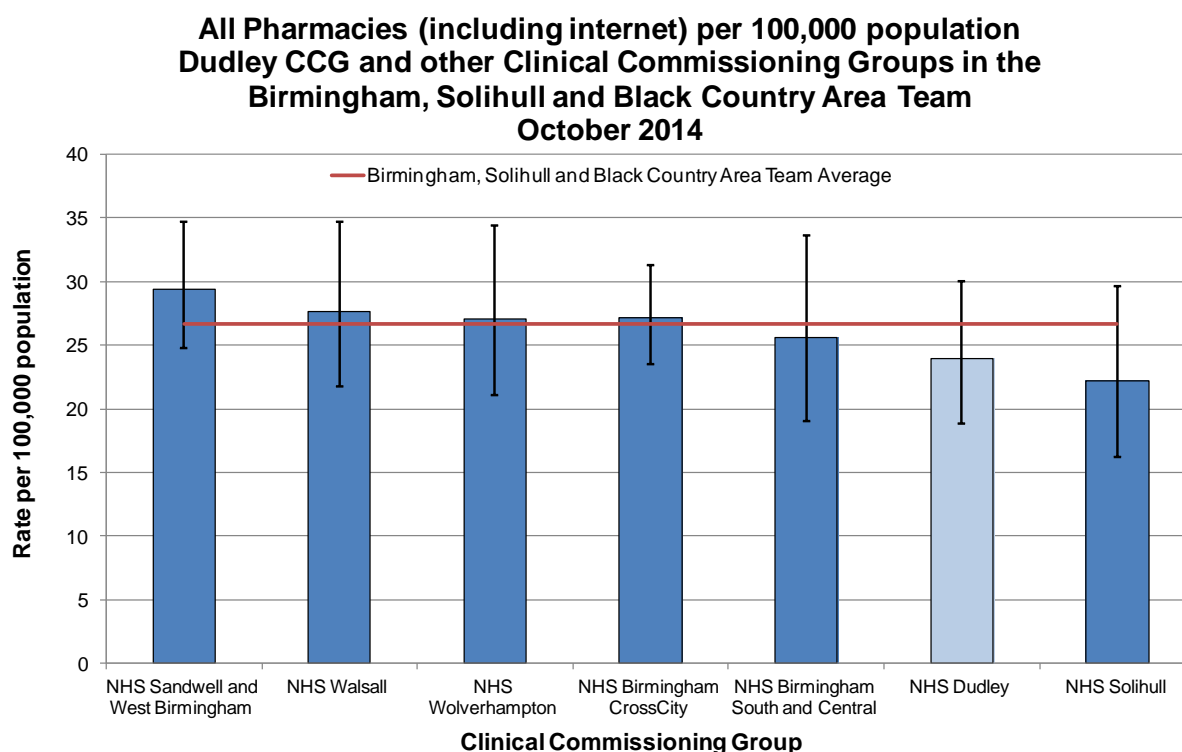
### **Pharmacy numbers, walking times and geographical and physical location**

The most recent estimate of the population of Dudley (June 2013) is 314,400. With 72 pharmacies within the borough (excluding the 3 “distance selling” pharmacies since patients cannot visit these to access essential services) this equates to 1 pharmacy to 4,356 people or approximately 25 pharmacies per 100,000 population. This is slightly below (although not statistically significant) the rate of pharmacies per 100,000 population in neighbouring CCGs (Figure 10).

Dudley has an average rate of pharmacy provision when compared with other ‘similar’ CCGs (Figure 11). The ‘Similar’ CCGs have been compiled by NHS England and clusters CCGs together that have similar characteristics. The variables used to determine similarity include deprivation, age of population, population density, and ethnicity.

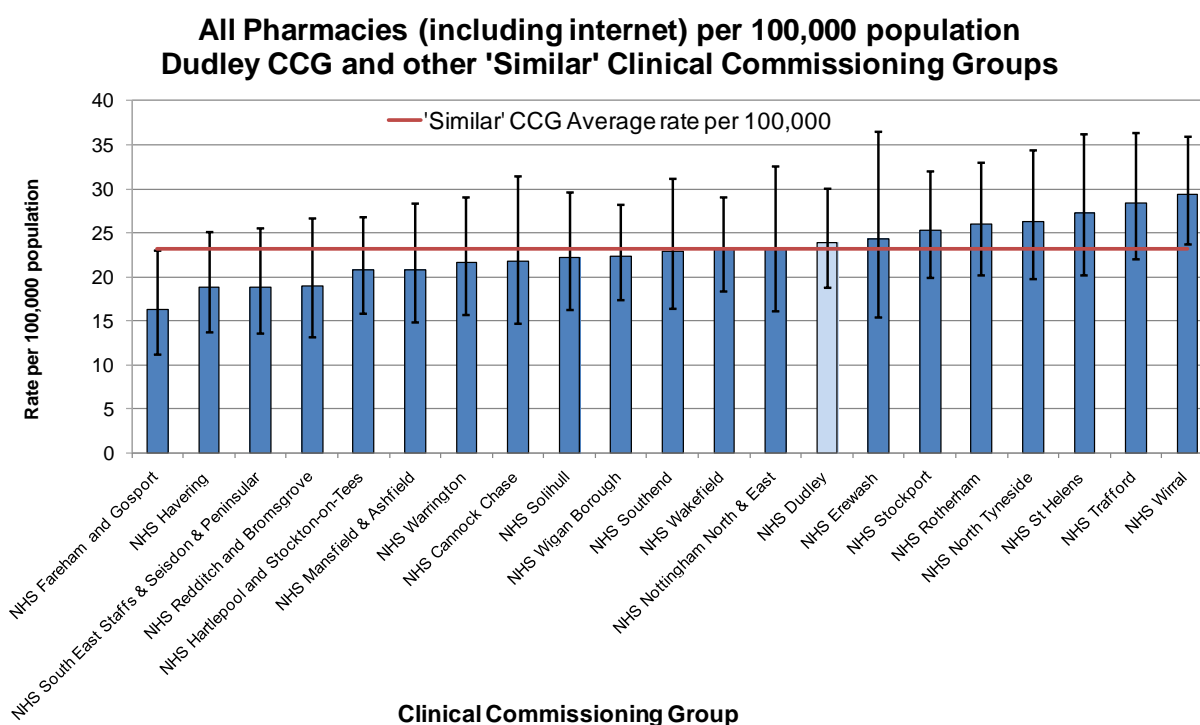
None of the ‘Similar’ or neighbouring CCGs has a rate of pharmacy provision that is significantly different from Dudley CCG. We can therefore conclude that the ratio of pharmacies to patients is good and similar to the average provision per head of population when compared to other CCG’s.

Figure 10: Number of pharmacies per 100,000 population within Dudley CCG and clinical commissioning groups within the Birmingham, Solihull and Black Country Area Team, October 2014



Source: Strategic Health Asset Planning and Evaluation Tool (SHAPE) correct as at: October 2014, ONS mid-2012 CCG Population Estimate

Figure 11: Number of Pharmacies per 100,000 population, Dudley CCG and other 'Similar' Clinical Commissioning Groups,



Source: Strategic Health Asset Planning and Evaluation Tool (SHAPE) correct as at: October 2014, ONS mid-2012 CCG Population Estimate  
Similar CCGs from NHS England

## Walk Time Zones

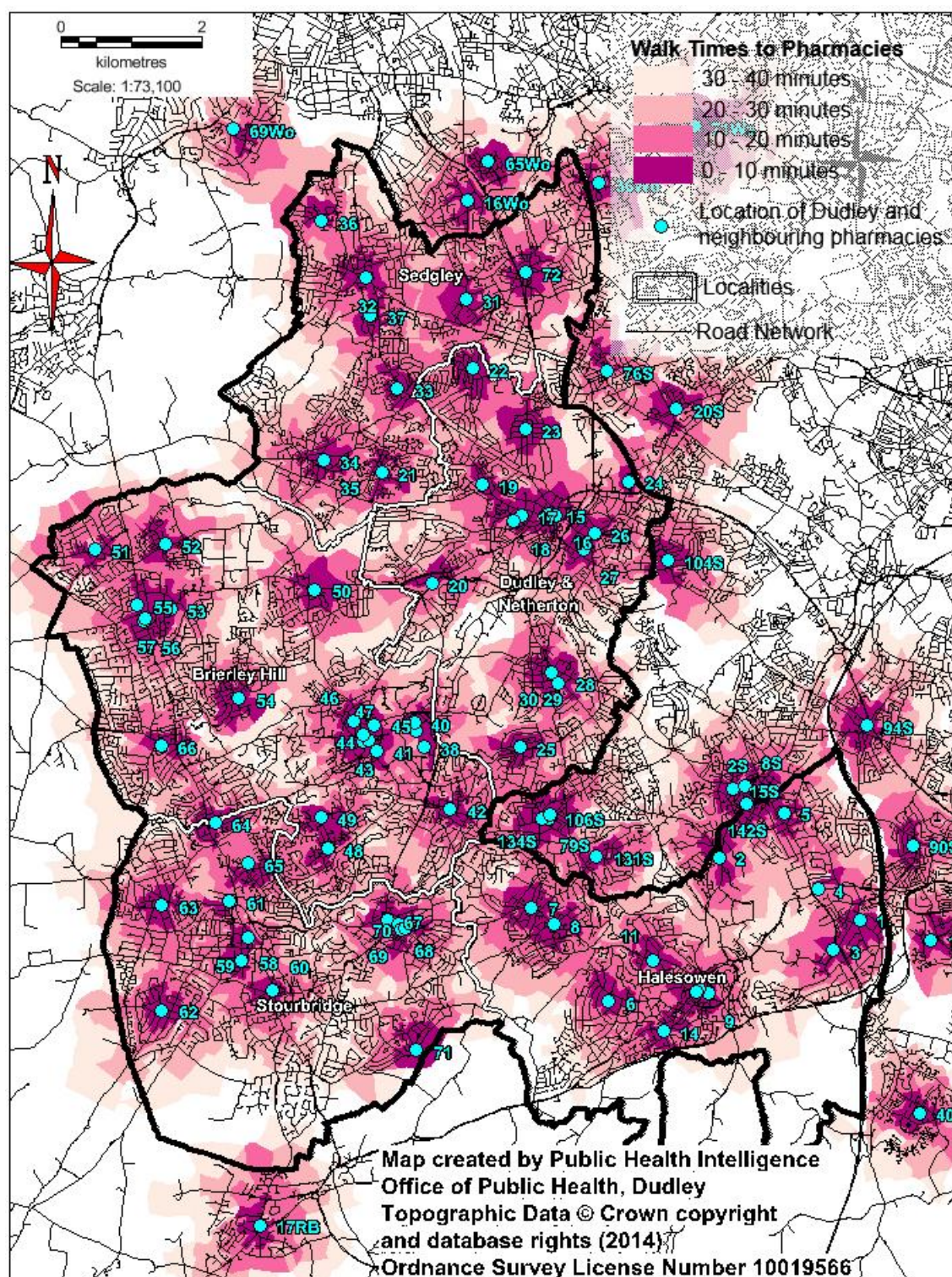
Walking time zones (taking account of the road and path network) have been mapped around the location of pharmacies within Dudley and neighbouring CCGs (Figure 12). This clearly shows that the very large majority of people live within reasonable walking distance of a pharmacy; approximately 94% of the Dudley population live within a 30 minute walk of a pharmacy.

Approximately 6% of Dudley's population live more than a 30 minute walk away from a pharmacy, the majority of which are in the community areas of The Straits, Lutley, and southern parts of Norton and Pedmore (see figure 4 for location of community localities). Each of these areas are low in deprivation (amongst 10% least deprived, Figure 1) and have a higher than Dudley average Median and Mean age (Figure 9). The southern most areas of Norton and Pedmore are also without a nearby GP practice however, The Straits area is served by the Masefield Road surgery (ID number 8A, figure 13 and appendix 2); a branch of the Lower Gornal Health Centre. Just over 1,000 people were registered at this practice prior to its merger with Lower Gornal health centre in 2012 making it one of the smallest practice populations within the borough. All of these areas are well served with public transport links and evidence from the community pharmacy contractor survey (appendix 4A) demonstrates that existing pharmacies (located near to these areas and figure 12) offer prescription collection and delivery services to ensure adequate pharmaceutical services access. Hence, any consideration for a new pharmaceutical contract would be disproportionate to identified need.

The majority of Dudley GP practices and all acute outpatient centres have a pharmacy within a short distance (Figure 13).

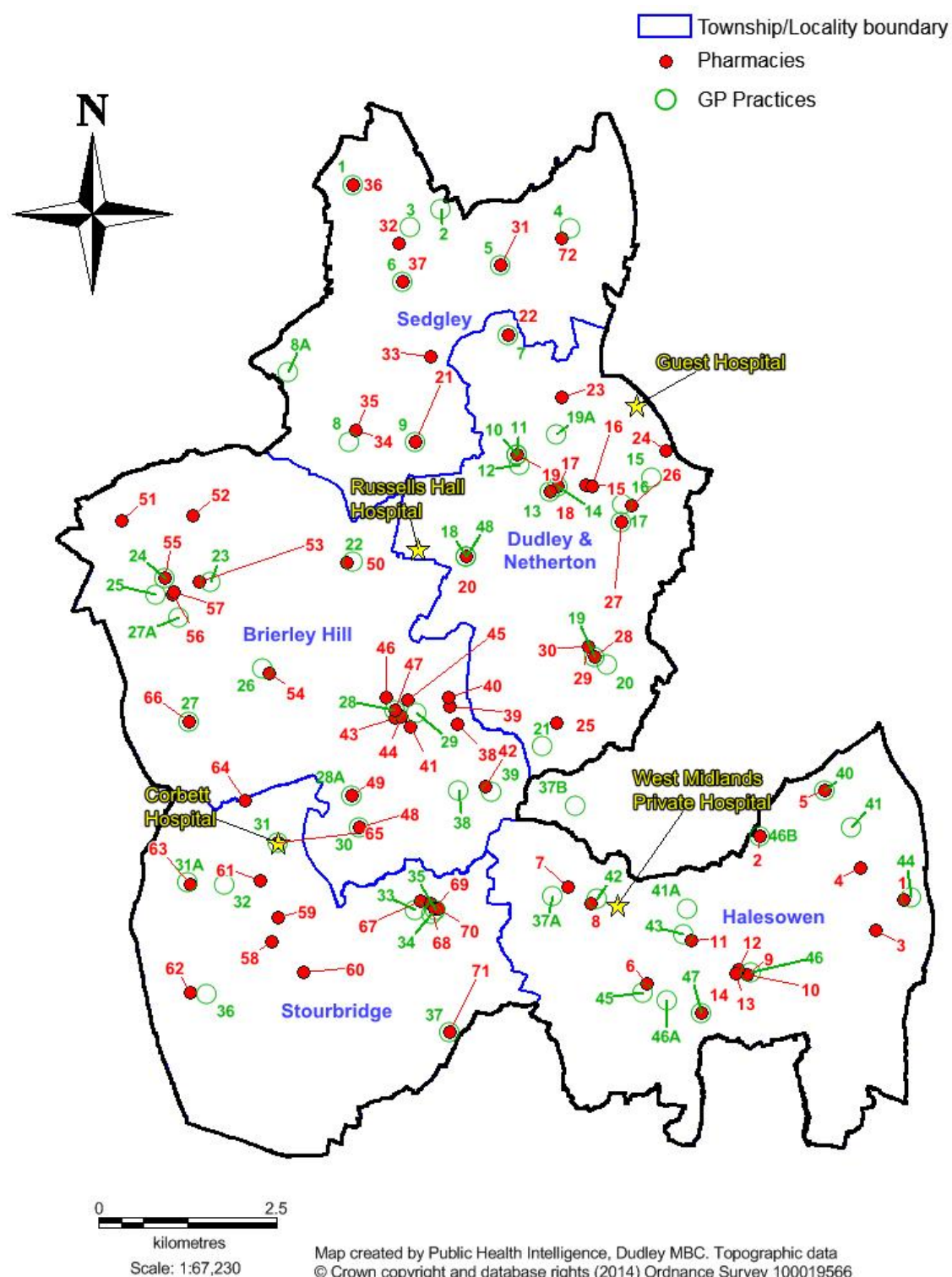
We do acknowledge that greater distances may need to be travelled to access pharmacies late in the evening and at weekends. Since the last PNA (2011), a new pharmacy (ID number 64, appendix 1) has opened in Amblecote (April 2014) operating for a minimum of 40 hours per week providing access to pharmaceutical services for a population that had previously seen a pharmacy close in 2008 due to relocation of a GP surgery. One pharmacy has opened in Brierley Hill (Pharmacy ID number 38, appendix 1 and 6), providing 77 hours per week access to pharmaceutical services within a large out of town retail development (Merry Hill shopping centre). Additionally, the opening of three 100 hour pharmacies, two in Brierley Hill (Pharmacy ID number 45 and 47, appendix 1) and one in Dudley (Pharmacy ID 26, appendix 1) further strengthens pharmaceutical provision in these identified areas of deprivation and minority ethnic populations.

Figure 12: Walk times to Pharmacies within Dudley and neighbouring areas, October 2014



Calculated using a low walking speed of 2.592 km/hour, which is the average speed for 'a woman with a small child'. Key to pharmacies located in appendix 1 and appendix 3.

Figure 13: Pharmacies in relation to location of GP Practices and Acute Outpatient Centres



Key to pharmacy locations in appendix 1 and GP Practice Key in appendix 2.

Dudley CCG has borders with NHS Wolverhampton CCG, NHS Sandwell and West Birmingham CCG, NHS South East Staffs and Seisdon Peninsular CCG, NHS Wyre Forest CCG, NHS Redditch and Bromsgrove CCG and NHS Birmingham Crosscity CCG (Figure 14). Dudley CCG is also close to the border of NHS Walsall CCG. Pharmacies operating from these CCGs and within 2km of the border of Dudley contribute to the pharmaceutical services provision to Dudley residents (Figure 14).

This demonstrates that there is a good geographical spread of pharmaceutical services within populated areas outside of Dudley to which Dudley residents can access.

### **Access for people with disabilities**

From 72 (out of 75) responses received from Dudley pharmacies via the online pharmacy contractor questionnaire (appendix 4B):

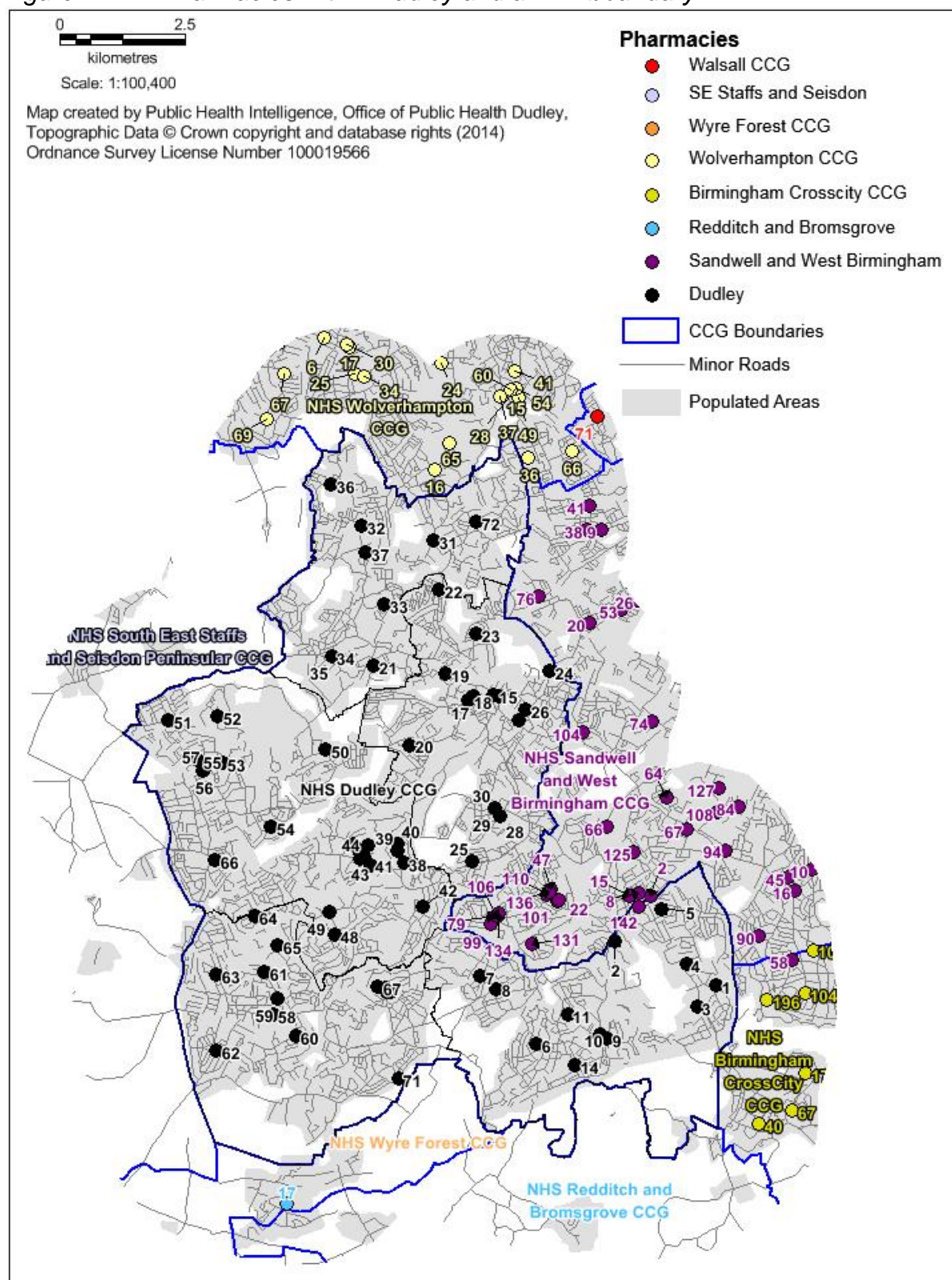
- 55 (76%) have wheelchair access for entrance onto their premises
- 32 (44%) have an automated front entrance door to assist entry
- 50 (69%) provide disabled parking within 10 meters of their premises
- 52 (72%) have wheelchair access to their consultation room
- 50 (69%) provide wheelchair access to all areas of their premises
- 42 (58%) provide a hearing loop facility

From our evaluation of responses from Dudley pharmacies, access to pharmacy premises for people with disabilities will be restricted in some locations. We conclude that all community pharmacies must enable access for people with disabilities in line with the relevant legislation (Equality Act 2010).

### **Assessment 1: Geographical and physical location of pharmacies**

From our evaluation of the geographical location and number of pharmacies per head of population, we conclude that there are sufficient pharmacies in Dudley and the surrounding area to provide essential pharmaceutical services to its residents. Pharmacies are situated both within and very close to most GP practices and all acute out-patient centres. Pharmacies are also located in each of the major shopping centres and locality High Streets in Dudley. No gaps in geographical provision of pharmaceutical services have been identified in Dudley.

Figure 14: All Pharmacies within Dudley and a 2km boundary



Key to Dudley pharmacy locations in appendix 1, see appendix 3 for a key to the neighbouring pharmacies.

## Opening hours

The requirements for pharmacy 'core' contracted opening hours are 40 hours per week. These 'core' hours must be notified to NHS England along with any 'supplementary' hours that a contractor wishes to include over and above their core hours. Together they make up the total hours during which the pharmacy will provide pharmaceutical services. It is these notified core and supplementary hours, plus the distribution of the 100hour pharmacies over a week, that have been used in this assessment. The full details of opening hours of Dudley pharmacies on weekdays, Saturdays and Sundays are shown in appendix 6.

Coverage of pharmacies open during the weekday daytime is good.

After 8pm on weekdays 6 pharmacies in DY5 (Brierley Hill), 2 in DY2 (Dudley & Netherton), 2 in DY9 (Lye) and 1 in B63 (Halesowen) remain open.

On Saturdays a number of pharmacies in or close to GP practices mirror the surgery opening hours, meaning they may be closed at the same time as the surgery.

8 pharmacies are open after 8pm on Saturdays, with 2 in DY2 open until midnight. 1 pharmacy (DY2) is open overnight on Friday and Saturday until Sunday morning (8am).

On Sunday 14 pharmacies are open, 8 of these are in DY5 or DY6 (Brierley Hill/Kingswinford), 3 in DY1/DY2 (Dudley/Netherton), 2 in DY9 (Lye) and 1 in B63 (Halesowen).

The 100 hour pharmacy at the Brierley Hill Health and Social Care Centre is open from 9.30am until 10.30pm on Sundays.

There are no pharmacies open in DY3, WV14 (Sedgley) on Sundays. This could be considered as a gap in provision. However the Phoenix Pharmacy (100 hour contract) in Wolverhampton (Figure 14 and Appendix 3, ID number 34) provides extended opening hours, including on a Sunday. Also Sedgley patients accessing Out of Hours (OOH) medical services have equal access to the late Sunday opening pharmacies in Brierley Hill, Netherton and Dudley's shopping centres. Any consideration of a full pharmaceutical contract to fill this gap would be disproportionate to the need.

The Dudley Walk in Centre is currently based at Holly Hall (DY1) and is open from 8am to 8pm for 365 days per year. The nearest late opening pharmacies to the Walk In Centre are located in DY1, DY2 and DY5.

There are additional late opening pharmacies in neighbouring CCGs, 1 in Wolverhampton (The Phoenix as above), Oldbury (Figure 14, ID number 94, and Appendix 3), Cradley Heath (Figure 14 and Appendix 3, ID number 134), and 2 in Quinton (Figure 14 and Appendix 3, ID numbers 58 and 10).

Dudley CCG has reviewed commissioning of its urgent care services and the provision of “out of hours” care is to move from the current Walk-In-Centre at Holly Hall to the new Urgent Care Centre (UCC) to be located at the Russell’s Hall Hospital site in a building adjacent to the emergency department. The new urgent care centre will open 1<sup>st</sup> April 2015 and will enable access to medical services 24 hours per day, 365 days per year. The provider of the UCC will also be responsible for the out of hour’s care necessitating home visits. Post consultation with Dudley CCG (January 2015), it is proposed that medication from the UCC will be available to patients via two methods:

- Patient Group Directions (PGDs). Healthcare professionals (i.e. nurses, pharmacists etc) can supply a range of medicines (pre-labelled pre-packs or single doses) without a prescription under an agreed PGD.
- NHS FP10 prescriptions (i.e. to be dispensed within community pharmacy) will also be available to be used by the UCC prescribing staff.

Dudley CCG will be working with the new provider of the UCC, Malling Health, to develop appropriate PGDs and pharmaceutical stock holding to be operational from 12 midnight to 7am. This ensures that there is provision of access to medication (i.e. out of hour’s formulary) during the period (midnight to 7am) where this PNA has identified no pharmaceutical services access within Dudley (apart from overnight Friday into Saturday and Saturday into Sunday). This will represent an enhancement to the existing out of hour’s service commissioned by the CCG.

The newly commissioned UCC, being the GP out of hours (OOH) service for Dudley residents, will be required by national standards requirements to ensure that the urgent pharmaceutical needs of patients can be met. This will normally mean holding medicine stocks in accordance with the national formulary for OOH Service providers.

## **Assessment 2: Opening hours**

Using our evaluation of pharmacy opening hours (Core and Supplemental) we conclude that pharmacies are open to provide services at the times needed and used by the population. This assessment is supported by the results from the patient and public questionnaire conducted by Healthwatch Dudley available at <http://healthwatchdudley.co.uk/research-reports/>

Within the current contract regulations, NHS England should review the core and supplementary hours of pharmacies located in GP surgeries to bring them in line with the opening hours of neighbouring GP surgeries (if not already done).

Whilst the provision of 100 hour pharmacies within the borough should mean that there is good access to pharmaceutical services on bank holidays, depending on the allocation of official bank holiday dates, gaps in provision may arise. Commissioning pharmaceutical services as an ‘enhanced service’ from an existing provider close to

the Walk-in Centre at Holly Hall (up to 2 kilometres or 20 minutes walking distance); and the new urgent care centre from April 2015, on Bank Holidays not covered by the regulations (Christmas Day and Easter Sunday) should be considered by NHS England.

There are no pharmacies within Dudley open overnight (after 12 midnight) from Sunday to Thursday. With the new UCC scheduled to provide 24 hours per day primary medical care from 1<sup>st</sup> April 2015, there may be a gap in pharmaceutical provision. However, Dudley CCG is committed to working with the provider of the UCC to develop PGD's and stock key out of hour's medicines to enable access to medication to fulfil this potential gap in pharmaceutical provision overnight. Any consideration of a full pharmaceutical contract to fill this gap would be disproportionate to need. This situation will be closely monitored and reviewed once the UCC begins operation.

## **Community Pharmacy Service Provision**

### **Provision of Essential Services**

Seventy Two (72) community pharmacies currently provide the following essential pharmaceutical services to the people of Dudley. Contract monitoring by NHS England has found no major deficiencies in this service.

- 1) Dispensing – All pharmacies provide a dispensing service.
- 2) Repeat dispensing – All pharmacists and pharmacies are accredited to provide this service, however it is dependent on GP practices participating in the scheme and issuing batch prescriptions.
- 3) Disposal of Unwanted Medicines – NHS England area team provides suitable arrangements for the collection and disposal of waste medicines from pharmacies.
- 4) Promotion of Healthy Lifestyles – Provision of opportunistic healthy lifestyle advice to patients with long term conditions is difficult to monitor. However, the Office of Public Health, Dudley MBC continues to work with pharmacies to encourage this aspect of their role. Pharmacies proactive participation in the designated public health campaigns continues to improve. This is an area where much work continues to take place by the Office of Public Health, Dudley MBC working in partnership with Dudley Local Pharmaceutical Committee (LPC).
- 5) Signposting – NHS England, Dudley CCG and Dudley MBC provide sign posting information and pharmacies are making use of the information provided.
- 6) Support for self care – This element is an integral part of community pharmacy services but difficult to measure. The Office of Public Health, Dudley MBC working in partnership with Dudley CCG has plans to develop

pharmacy role in this area within the remit of the self-management programme (previously known as the expert patient programme).

## 7) Clinical governance

The type and service provision of these pharmacies is outlined in the table in appendix 5.

## Dispensing

All pharmacies (including those classed as 'distance selling') in Dudley provide a full dispensing service.

Patients also make use of community pharmacies in other areas; appliance contractors, distance selling pharmacies and homecare providers.

Table 2 below illustrates pharmacies outside of Dudley who annually (2013-14) dispensed between 9,000 and 63,000 prescription items written by Dudley General Practitioners.

*Table 2: Pharmacies outside of Dudley dispensing annually between 9,000 and 63,000 prescription items written by Dudley GPs*

ID*	Pharmacy	CCG	Comment
94	MEJ Hingley,	Sandwell & West B'ham	Next to Cradley Rd Surgery, a branch of Wychbury Medical Practice
134	Tesco	Sandwell & West B'ham	100 hour pharmacy
65	Central Pharmacy Raylane Ltd	Wolverhampton	Close to Dudley GP practice
	8PM Chemist Ltd	Wolverhampton	Majority of dispensing is for Care home patients
106	Jhoots	Sandwell & West B'ham	Close to Dudley GP practice
142	Sainsbury's	Sandwell & West B'ham	Close to Dudley GP practices in B63
	Boots	Wolverhampton	Wolverhampton town centre
16	Murray's	Wolverhampton	Close to Dudley GP practice
	Lloyds	Worcestershire	Care home patients
2	Lloyds	Sandwell & West B'ham	Close to Dudley GP practices in B63
	Coloplast	Preston, Lancs	Appliance contractor. Mail order supply of colostomy bags etc.
	Bills Pharmacy	South Staffs	Close to Dudley GP practices

\*Key to ID numbers within 2km boundary of Dudley, see Figure 14 and appendix 3.

## Repeat dispensing/batch prescribing

All pharmacies can provide this service when presented with the appropriate prescription forms from GP surgeries.

## Provision of Advanced Services

Advanced services (as set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013) include the following:

- Medicines Use Review and Prescription Interventions (MUR);
- New Medicines Service (NMS);
- Appliance Use Reviews (AUR);
- Stoma Appliance Customisation Service (SAC).

Table 3: Advanced services activity 2013-14

	<b>Brierley Hill (20)</b>	<b>Dudley &amp; Netherton (15)</b>	<b>Halesowen (14)</b>	<b>Sedgley (9)</b>	<b>Stourbridge (14)</b>
Medicines Use Review (MUR)*	19	15	14	9	11
New Medicine Service (NMS)*	13	10	8	5	7
Key:					
	Offered by 75% or more pharmacies within locality				
	Offered by 25-75 % of pharmacies within locality				
	Offered by less than 25% of pharmacies within locality				

\* Data obtained from NHS Shared Business Services Authority

() = Number of pharmacies within each locality

These services are commissioned by NHS England.

## Medicines Use Review and Prescription Interventions (MUR)

Each pharmacy providing an MUR service, using its accredited pharmacists, can conduct medicines use reviews in person (face to face) with qualifying patients up to a maximum of 400 per year. The purpose is to assist patients in the correct use and administration of their medicines, to improve adherence to medication and thus supporting the national medicines optimisation agenda and achieve improved clinical outcomes for the patient in the long term. Each patient needs to have been using the services of a particular pharmacy for a minimum of three months before they are eligible for this service.

MURs can be conducted off site (i.e. within patient's own home, care home etc) provided the pharmacy contractor has sought permission with the NHS England Area Team. At present we are not aware that any MURs are conducted off site.

71 out of the 75 pharmacies in Dudley are accredited to provide an MUR service under the 2005 pharmacy contract regulations (data from pharmacy contractor survey and appendix 5). One of the four pharmacies (ID number 58 and appendix 5) that are not accredited to provide an MUR service have no consultation area that fits the minimum criteria and have insufficient space on their premises to accommodate one. The remaining three are all distance selling pharmacies (ID numbers 73, 74 and 75 and appendix 5).

At least 70 per cent of all MURs undertaken in a year (01 April – 31 March) must be on patients who fall within one of the national target groups. This has recently been updated and will be obligatory from April 2015 onwards. There are four national target groups, which are:

- **patients taking high risk medicines** – NSAID's, anticoagulants, diuretics and anti-platelets.
- **patients recently discharged from hospital** – This group covers patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally, patients discharged from hospital will receive an MUR within four weeks of discharge but it is recognised that this may not always be practical so the MUR can take place up to eight weeks after discharge.
- **patients prescribed certain respiratory drugs**
- **patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines** – Patients will be identified by at least one medicine prescribed from chapters 2 (cardiovascular), 6.1 (diabetes) or 6.2 (thyroid) of the British National Formulary.

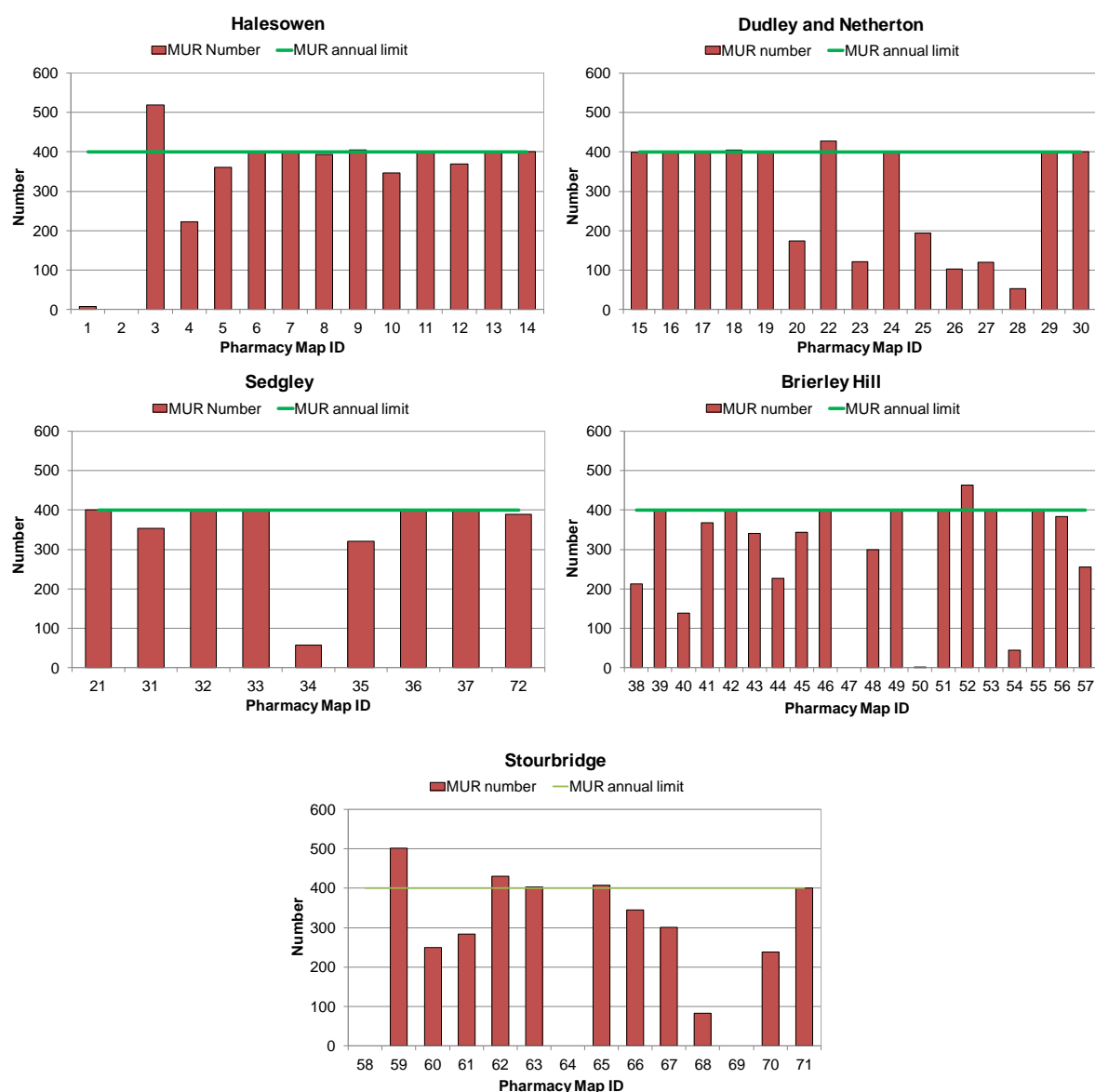
Table 3 and figure 15 show the level of activity of this service for the last complete financial year 2013-2014 by pharmacies within the five localities. It is not possible to identify from the available data the percentage of MURs targeting the national risk groups as above. Figure 16 maps MUR activity (2013-14) geographically across the borough and demonstrates that there is good geographical access to MUR activity within the Dudley borough.

The level of engagement has significantly improved since the last PNA (2011) across the whole of Dudley with many pharmacies doing their full quota of 400 per annum, with some exceeding this quota even though annual payment is capped at 400 MURs (Figure 15). Only a small minority of pharmacies are doing very few MURs (less than 100 per annum).

For the small minority of pharmacies doing very few, the high volumes of prescriptions dispensed and therefore lack of time and capacity remains a barrier to service delivery.

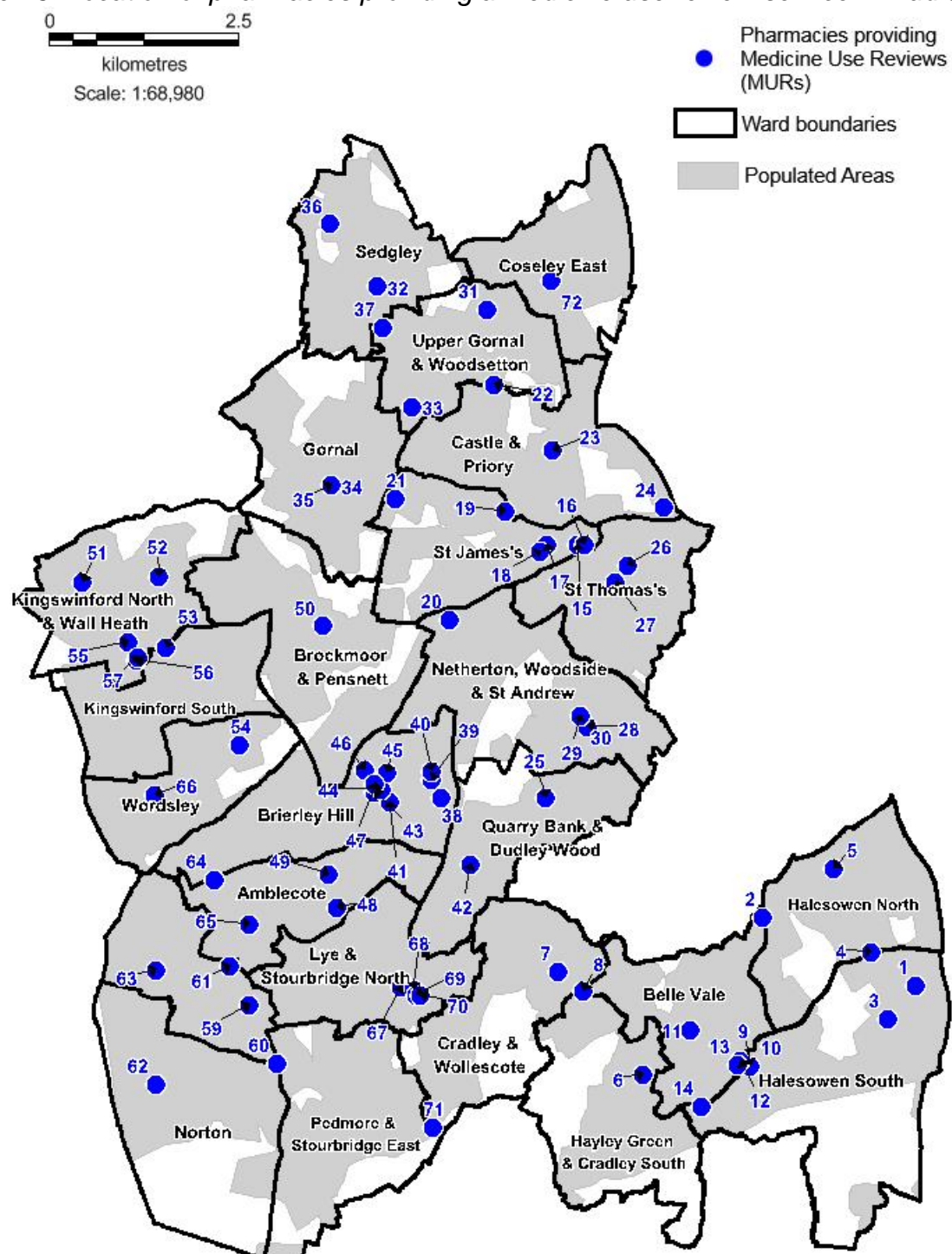
Pharmacies in Sandwell and Wolverhampton also provide MURs for Dudley patients in line with the regulations of this national advanced service.

*Figure 15: MUR's in Dudley Pharmacies by Locality (Financial year 2013-14)*



See appendix 1 for Key to Pharmacies.

Figure 16: Location of pharmacies providing a medicine use review service in Dudley



Map created by Public Health Intelligence, Office of Public Health Dudley, Topographic Data © Crown copyright and database rights (2014) Ordnance Survey License Number 100019566

See appendix 1 for Key to Pharmacies.

### **Assessment 3: Medicine Use Reviews**

Provision of the Medicines Use Review service is offered from greater than three quarters of all the pharmacies in each locality (Table 3). We conclude that there are isolated gaps in provision. However, we further conclude that within each locality sufficient pharmacies provide a Medicines Use Review Service to offer patients a reasonable choice to access this service.

We conclude that NHS England (in partnership with Dudley CCG and the Pharmaceutical Public Health Team, Dudley MBC) will need to work with existing contractors in order to overcome any barriers to provide an equitable service for all patients no matter which community pharmacy they use regularly.

The further development of the MUR service must focus on integration with disease management as detailed from the JSNA and CCG strategic goals. See appendices 7 and 8.

### **New Medicine Service**

The New Medicine Service (NMS) was the latest Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1<sup>st</sup> October 2011.

The service provides support for people with long-term conditions (LTCs) newly prescribed a medicine to help improve medicines adherence. It is presently focused on the following patient groups and conditions:

- Asthma/Chronic Obstructive Pulmonary Disease (COPD)
- Anti-platelet/ anti-coagulant
- Type 2 diabetes
- Hypertension

The expectation is that the service will:

- Help patients and carers manage newly prescribed medicines for a LTC and make shared decisions about their LTC.
- Recognise the important and expanding role of pharmacists in optimising the use of medicines.
- Increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda.
- Supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care.
- Link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs.

- Promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects.
- Support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services.
- Through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients.

At the time of writing this PNA (November 2014), NHS England has agreed to commission the continuation of the NMS during 2014-15 following the positive findings of an academic evaluation of this service (commissioned by the Department of Health). Discussions about the long term future of this service beyond April 2015 remain on going between NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) which is the national organisation that both represents and promotes the interests of community pharmacy contractors. Further information, including a link to the academic evaluation is available at <http://psnc.org.uk/services-commissioning/advanced-services/nms/>

A review of available information demonstrates that 66 pharmacies are accredited to deliver NMS (information from pharmacy contractor survey and appendix 5). 43 of these pharmacies delivered this service during 2013-14 (viewing data available from the NHS Shared Business Services Authority).

Unlike MUR data, NMS data does not provide a breakdown to the number claimed for by individual pharmacy providers.

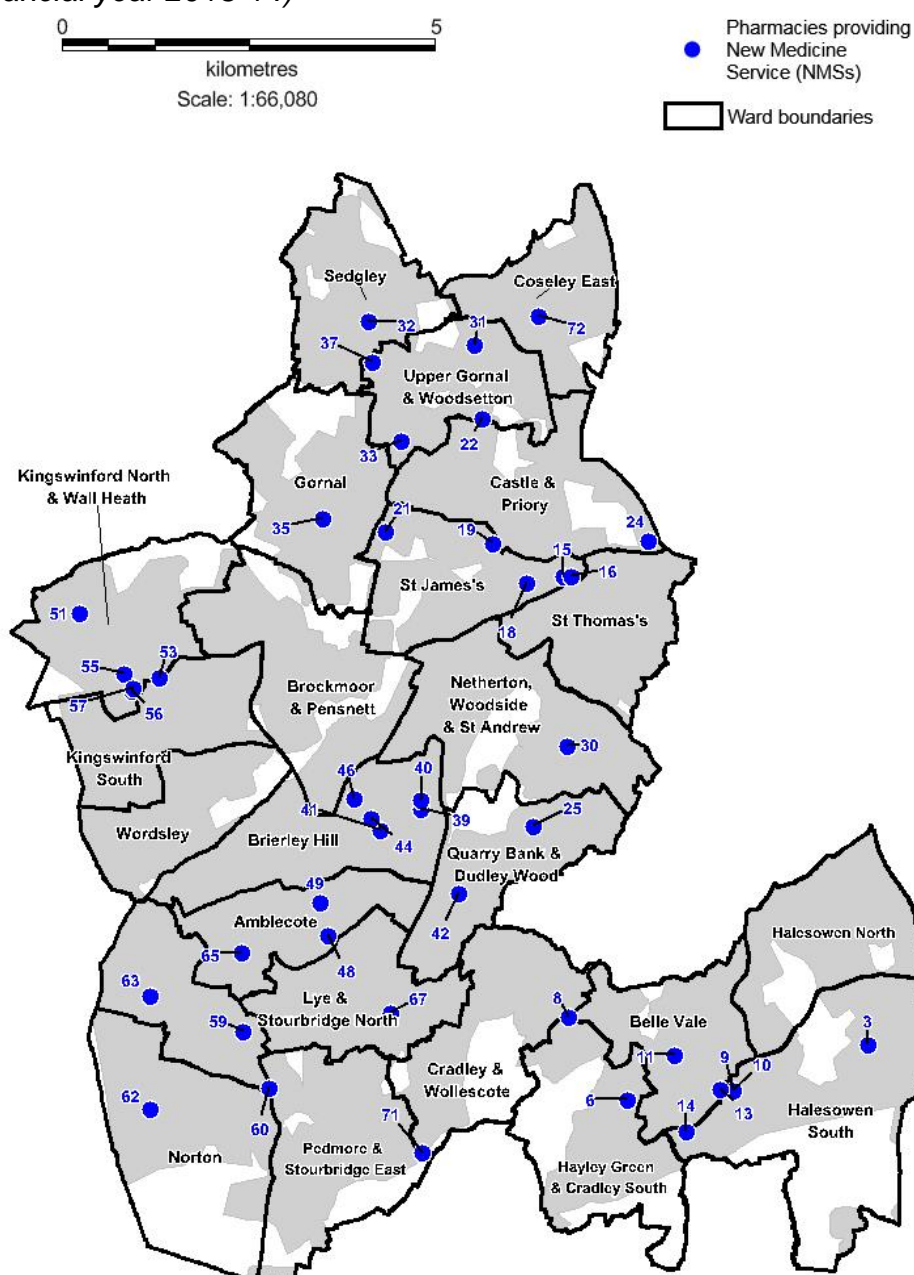
Barriers for pharmacists in delivering this service are likely to be time and capacity dependent (in the presence of high volume dispensing activity) and lack of clarity nationally (by NHS England) on the long term future commissioning of this service.

Gaps in service provision exist within several wards around the borough based on activity during the last complete financial year 2013/14 (Figure 17 and Table 3 on page 46):

- Kingswinford South
- Brockmoor and Pensnett
- Wordsley
- St Thomas
- Netherton, Woodside and St Andrew
- Pedmore and Stourbridge East
- Halesowen North
- Cradley and Wollescote

Pharmacies in Sandwell and Wolverhampton also provide NMS for Dudley patients in line with the regulations for this national advanced service.

Figure 17: Location of pharmacies providing a New Medicine Service (NMS) in Dudley (financial year 2013-14)



Map created by Public Health Intelligence, Office of Public Health Dudley,  
Topographic Data © Crown copyright and database rights (2014)  
Ordnance Survey License Number 100019566  
Source: NHS Business Authority

See appendix 1 for Key to Pharmacies.

#### Assessment 4: New Medicine Service

Provision of the New Medicine Service is offered from equal to or greater than 50% of all the pharmacies in each locality (Table 3 on page 46). We conclude that there are some gaps in provision. However, we further conclude that within each locality sufficient pharmacies provide the New Medicine Service to offer patients a reasonable choice to access this service.

We conclude that NHS England (working in partnership with Dudley CCG and the Pharmaceutical Public Health Team, Dudley MBC) will need to work with existing pharmacy contractors in order to overcome any barriers to provide an equitable service for all patients no matter which community pharmacy they regularly use.

### **Appliance Use Reviews and Stoma Appliance Customisation Service**

Unfortunately there are no data currently available to assess the provision of appliance use reviews (AUR) and stoma appliance customisation (SAC) however, we are unaware of any unmet need of provision of AUR or SAC by pharmacy or appliance contractors.

### **Provision of Local Enhanced Services**

#### **Influenza Vaccination Pilot**

At the time of writing this PNA, the NHS England Birmingham, Solihull and Black Country Area Team are planning to pilot a community pharmacy NHS Influenza Vaccination Service for 6 months from the 1<sup>st</sup> October 2014.

The Department of Health (DH) recommends annual flu vaccination to all individuals aged 65 years and over, during pregnancy and individuals aged from 6 months to less than 65 years if in recognised clinical risk groups.

Clinical at risk groups include those with:

- a heart problem;
- a chest complaint or breathing difficulties including asthma, bronchitis, emphysema, COPD;
- a kidney disease;
- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment);
- a liver disease;
- a history of stroke or a transient ischaemic attack (TIA);
- diabetes;
- a neurological condition e.g. multiple sclerosis (MS) or cerebral palsy; and
- a problem with, or removal of, their spleen e.g. sickle cell disease
- the main carer of an older or disabled person

Vaccination usually takes place between October and January. Birmingham, Solihull and Black Country Local Area Team's current vaccination programme is offered through general practice. It has achieved a reasonable uptake in the 65 years and over cohort but the coverage rate of 71.3% in 2013-14 is still below the 75% target.

General practices have consistently struggled to achieve the 75% target in those in clinical risk groups with only 50.9% coverage in 2013-14. Based on 2013-14 figures, there are approximately 254,361 unimmunised eligible individuals in this NHS England area (116,661 aged 65 years and over and 137,700 in clinical risk groups).

Every year the NHS deals with 438 million visits to a pharmacy in England for health related reasons and 340 million GP consultations (NHS England, December 2013). The majority of the population within Dudley can access a community pharmacy within a 30 minute walk and crucially, access is greater in areas of highest deprivation (figure 12). Sir Bruce Keogh in the first report of his Urgent and Emergency Care Review highlighted community pharmacy as an under-used resource and suggested the need to capitalise on the potential, skills and expertise of the pharmacy workforce (BMJ Open, 2014).

In December 2013 NHS England identified provision of seasonal flu immunisation to 'at risk groups' as one of the various services for commissioners to consider via community pharmacies locally helping manage winter pressures (NHS England, December 2013).

Private vaccination services are already provided from many community pharmacies in the UK. Since 2002, various PCTs and subsequently Area Teams have commissioned community pharmacies to provide a flu vaccination service. Eligible groups have varied across the services. Where the NHS has commissioned flu vaccine targeted for 'at risk' groups to community pharmacy, there is evidence that many people who received the vaccine have never been vaccinated before e.g. in Sheffield where 20% of those vaccinated in community pharmacies were vaccinated for first time and 19% said they would not have had it if vaccine was not being offered at pharmacy (NHS Sheffield, 2014). Patient satisfaction with pharmacy flu vaccination provision is high with 99% of patients in Cumbria (Cumbria LPC, 2014), Sheffield (NHS Sheffield, 2014) and Isle of Wight (Pinnacle Health Partnership LLP, 2012), and 97% in Norfolk identifying the service as good or excellent (Healthwatch Norfolk, 2014). Patients cite easy access, convenience and no need to wait or need to book appointment as main reasons.

To participate with this pilot service, community pharmacy contractors were required to sign up to and submit to NHS England, a service level agreement and a Patient Group Direction (PGD).

NHS England Area Team have emphasised throughout the development of the pilot that the service has been about particularly targeting increasing uptake in the under 65 years within one of the clinical risk groups (i.e. the harder to reach patients). For the 65 years and over, pharmacists are expected first to enquire whether the patient has made arrangements with their GP to be vaccinated and to offer the pharmacy option if the patient says they will not be taking up their GP's offer.

The pilot does not cover influenza vaccination for occupational reasons, pregnant women or the vaccination of children.

The process will be actively monitored though the winter season and a detailed evaluation will be carried out by a Public Health specialist commissioned by NHS England.

There is no guarantee that this service will be commissioned beyond the pilot and as such, it is included within this PNA for completeness.

#### Minor Ailments Service

Minor ailments are defined as ‘common’ or self-limiting or uncomplicated conditions that can be diagnosed and managed without medical intervention (Selfcare Forum, 2011).

Community Pharmacy based services to treat minor ailments were introduced across the UK more than ten years ago (National Health Service, 2000) to reduce the burden of minor ailments on higher cost settings such as General Practice and Urgent Care settings, including hospital A&E departments and Walk-in Centres. Consultations for minor ailments are significantly less expensive when provided through community pharmacy and evidence suggests that the pharmacy-based service provides a suitable alternative to GP consultations (Paudyal, et al., 2013).

It is acknowledged that a significant proportion of patients with a minor ailment access inappropriate services, including General Practice and Urgent Care settings. In a recent review of 31 evaluations, it was found that the proportion of patients reporting resolution of minor ailments following a community pharmacy consultation ranged between 68% and 94.4% and that re-consultation rates with GPs were low (Paudyal, et al., 2013).

From October 2014 a pharmacy minor ailments scheme called ‘Pharmacy First’ will be made available to people (commissioned by NHS England as a 6 month pilot) who are exempt from NHS prescription charges and are registered with a selected General Practice within the borough. The conditions that the minor ailments scheme includes are listed in Table 4 below:

*Table 4: Pharmacy First minor ailments*

<b>Pharmacy First Minor Ailments</b>	
acute cough	acute headache
sore throat	acute fever
earache	diarrhoea
cold and flu	head lice
hay fever	dry skin/simple eczema
bites and stings	cold sores
vaginal thrush	sunburn
nappy rash	mouth ulcers
dyspepsia	constipation

Community pharmacies in the scheme will be able to provide advice and support to eligible people on the management of minor ailments, including where necessary, the supply of non-prescription medicines for people who would have otherwise accessed general practitioner (GP) services.

From the patient/public formal consultation conducted by Healthwatch Dudley (see <http://healthwatchdudley.co.uk/research-reports/>), an overwhelming majority of responses (89%), when prompted on access to a minor ailments service locally, were in favour of such a scheme.

Additionally, historically Dudley PCT piloted a minor ailments service in 2008 within three localities (Halesowen, Dudley & Netherton and Sedgley).

An evaluation of the pilot by Dudley PCT at year one (2008-09) reported the following:

- 150 Patient Satisfaction Questionnaires completed all with positive feedback.
- 48% of consultations were for children.
- 85% of patients would have visited their GP if the scheme was unavailable.
- Most common conditions presented were hay fever, eczema, cough, colds, headache and cold sores.
- Patient comments included great service, fast and efficient, time saving, saved a wasted GP appointment, easier than getting doctor's appointment.
- Excluding the medicine costs involved with the scheme at year one (assumed would have been prescribed on NHS prescription if the patient had visited the GP), there were added savings when compared to the cost of a GP consultation versus a pharmacist consultation.
- The savings were likely to be greater through avoidance of attending other providers for a minor ailment i.e. Walk in Centre, out of hours and/or the A+E department at the hospital.

The benefits of a Minor Ailments Service are aligned to Dudley CCG strategic plans, (Appendix 7) including inferences to:

- 1) Reduction in A&E presentation.
- 2) Reduction in attendance at Walk-in Centres/ Out of Hours services.
- 3) Liberation of general practice capacity to focus on long-term conditions.
- 4) Apply principle to source most cost-effective service provision across primary care to leverage the capabilities of the other professions.
- 5) Facilitate Self Care, thereby reducing on-going demand.

Additionally, there is an opportunity to simplify the patient journey to access minor ailment consultations, thereby over time enhancing and promoting the Self Care agenda.

Whilst the set-up, administration, governance and the general 'day to day' running of the service remains the sole responsibility of the commissioner, NHS England Area Team, Dudley CCG has a responsibility to commit funding for the reimbursement of 'medicine costs' involved with the scheme. This is based on the assumption that if the service was not available, the patient would have visited a GP and a prescription would have been generated where ultimately, a cost is charged back to GP prescribing budgets.

Post consultation with its GP members, Dudley CCG decided that the minor ailments service would be most cost-effective when it targeted patients registered with GP practices within the most deprived areas of the borough. Hence, whilst the service will be available for all community pharmacies (willing to participate) within Dudley, it will only be accessible for those patients registered with a Dudley GP practice within the bottom three deciles of the most deprived areas within the borough (Figure 18).

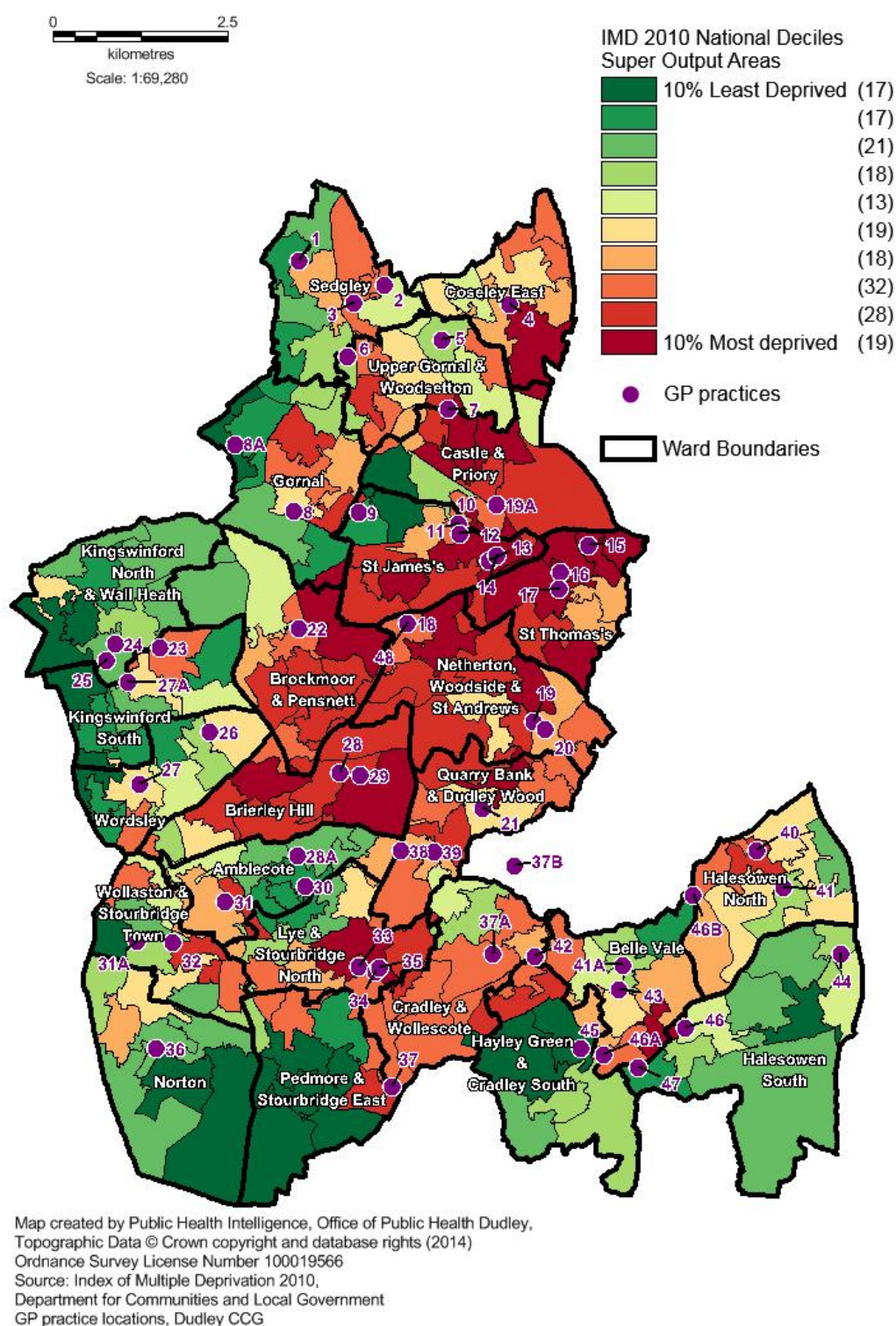
NHS England Area Team will evaluate the service after completion of the pilot to determine future commissioning.

There is no guarantee that this service will be commissioned beyond this pilot and as such, it is included within this PNA for completeness.

### **Christmas Day, Boxing Day and Easter Sunday Enhanced Services**

This service provides for a full pharmaceutical service in selected pharmacies on Christmas Day, Boxing Day, New Year's Day and Easter Sunday. Whilst, the provision of 100 hour pharmacies will provide pharmaceutical cover for the majority of bank holidays, it is important to note that this is often undertaken voluntarily by contractor(s) under an enhanced service commissioned by NHS England and is not required within the regulations. Any decisions on re-commissioning will be made with regard to the PNA. Only existing contractors in the areas of the PNA will be eligible.

Figure 18: Dudley Index of Multiple Deprivation 2010 National Deciles, Dudley LSOAs and 2004 Wards with General Practice Locations



A Key to GP practices is given in appendix 2

## Public Health Services

These services are commissioned directly by the Office of Public Health, Dudley MBC (through individual provider contracts) to community pharmacies within the borough. Table 1 (see page 22) outlines the current position (November 2014) regarding provision of commissioned services by the Office of Public Health, Dudley MBC.

Some of these services are only provided by Community Pharmacies; while others are available from alternative providers within Dudley. Dependent upon the commissioned service, access may be restricted to Dudley residency (i.e. Dudley MBC council tax payer), working within Dudley and/or registered with a Dudley CCG general practice.

All existing pharmacies within Dudley on the NHS pharmaceutical list (contracted by NHS England) can apply to provide public health services. See appendix 5 for current provision.

Acceptance for training and accreditation is dependent on the funding available and current service level within the locality. Service levels can vary due to pharmacy staff leaving and not being replaced by trained and accredited staff.

It is important to note that community pharmacy public health services are not commissioned in isolation. Assessment of need of provision is not made against the total availability of service by all providers but on the basis of need within the population of Dudley borough (i.e. at a ward or locality level), increased access for the patient/customer/client and increased choice of service provider.

Viewing community pharmacy activity data (defined as submitted claims for public health services to the Office of Public Health) across the commissioned services for the financial year 2013-14, it demonstrates that for several services (discussed in detail later) many accredited pharmacies are delivering minimal or zero activity. We conclude that the Office of Public Health in partnership with the LPC will need to explore further the reasons for this to ensure greater uptake of service delivery by Dudley pharmacies.

All pharmacy provision of local public health services is closely monitored and the service will be decommissioned if the conditions of the contract are not met. To increase service activity with these commissioned public health services, a minimum target output level of activity per annum (per pharmacy) has been set (from April 2014) to ensure the consistency and quality of service delivery is maintained. Failure to achieve this minimum output may result in the service being decommissioned to that individual pharmacy.

From 1<sup>st</sup> July 2014, listening to feedback from the LPC and community pharmacies regarding the time consuming and labour intensive nature of the paperwork involved in submitting claims for services, the Office of Public Health has commissioned an IT

platform, '*Pharmoutcomes*'. This should encourage increased activity by community pharmacies since the whole process involved from consultation with the patient to submitting the claim is a lot more efficient (less time consuming), simple to use and provides instant 'real time' data to the Office of Public Health (as commissioner). Initially this is being rolled out for selected services to facilitate a smooth transition with the aim of all services being delivered via this IT platform from September 2015.

Results from the pharmacy contractor survey conducted during June to September 2014 (data on file within Office of Public Health) provides evidence that sufficient existing contractors are willing to fill any gaps that may arise or undertake any new services that the Office of Public Health may contemplate commissioning in the future. The current service provision has only been achieved through co-operative working with the LPC and the Office of Public Health Department together with the enthusiasm and commitment of individual community pharmacists and their teams.

Therefore we conclude that there are no gaps in public health services provision that could not be filled by the existing pharmacy contractors. We further conclude that some services in the future may be prioritised for commissioning by the Office of Public Health to those pharmacies meeting accreditation as a 'Healthy Living Pharmacy' (see page 86 for more details and rationale). A chart linking the Joint Health and Wellbeing Strategy to current and possible public health services commissioning can be found in appendix 8.

## Sexual Health Services

Pharmacies position within the community and extended opening times at evenings and weekends, particularly on Sundays has led to the development of a commissioning plan for the provision of sexual health services from Dudley pharmacies. This began with the provision of Emergency Hormonal Contraception (EHC) and has been extended to include a Chlamydia screening and treatment service across the borough. These services are now well established within Dudley. Table 5 shows the level of activity in Dudley's community pharmacy's in 2013/14. Presently, a HIV point of care testing service is being piloted for 12 months through several pharmacies located in areas of identified need.

*Table 5: Community pharmacy Sexual Health Service activity 2013-14*

Sexual Health Service	Brierley Hill (20)	Dudley & Netherton (15)	Halesowen (14)	Sedgley (9)	Stourbridge (14)
EHC Using PGD*	9	6	7	4	6
Chlamydia screening packs (level 1)*	8	5	6	5	6
Chlamydia treatment using PGD (level 2)*	2	0	0	0	1
Key					
	Offered by over 75% of pharmacies within locality				
	Offered by 25-75% of pharmacies within locality				
	Offered by less than 25% of pharmacies within locality				

() = number of pharmacies within each locality,

\* Data obtained from claims submitted to Office of Public Health 2013-14

### Provision of emergency hormonal contraception (EHC)

The EHC service is commissioned by the Office of Public Health to provide the morning after pill to females aged over 13 years under a patient group direction (PGD). A PGD signed by a doctor and by a pharmacist allowing nurses and pharmacists to supply and administer prescription-only medicines (POMs) to patients using their own assessment of patient clinical need, without necessarily referring back to a doctor for an individual prescription.

The standard criteria for pharmacies providing the emergency hormonal contraception service are:

- accredited premises (a consultation area to the standard required for provision of advanced services).
- pharmacists trained and accredited to 'Harmonisation of Accreditation' (HAG) Standards;

38 pharmacies provided a comprehensive EHC service across Dudley during 2013-14. The pharmacies are located in areas of known higher rates of teenage conception (Figure 19) and there is good geographical access to EHC across the

borough. There are pharmacies providing EHC within the large shopping centres, and high streets across the borough as well as within local small independent community pharmacies and the LPS pharmacy on The Priory Estate.

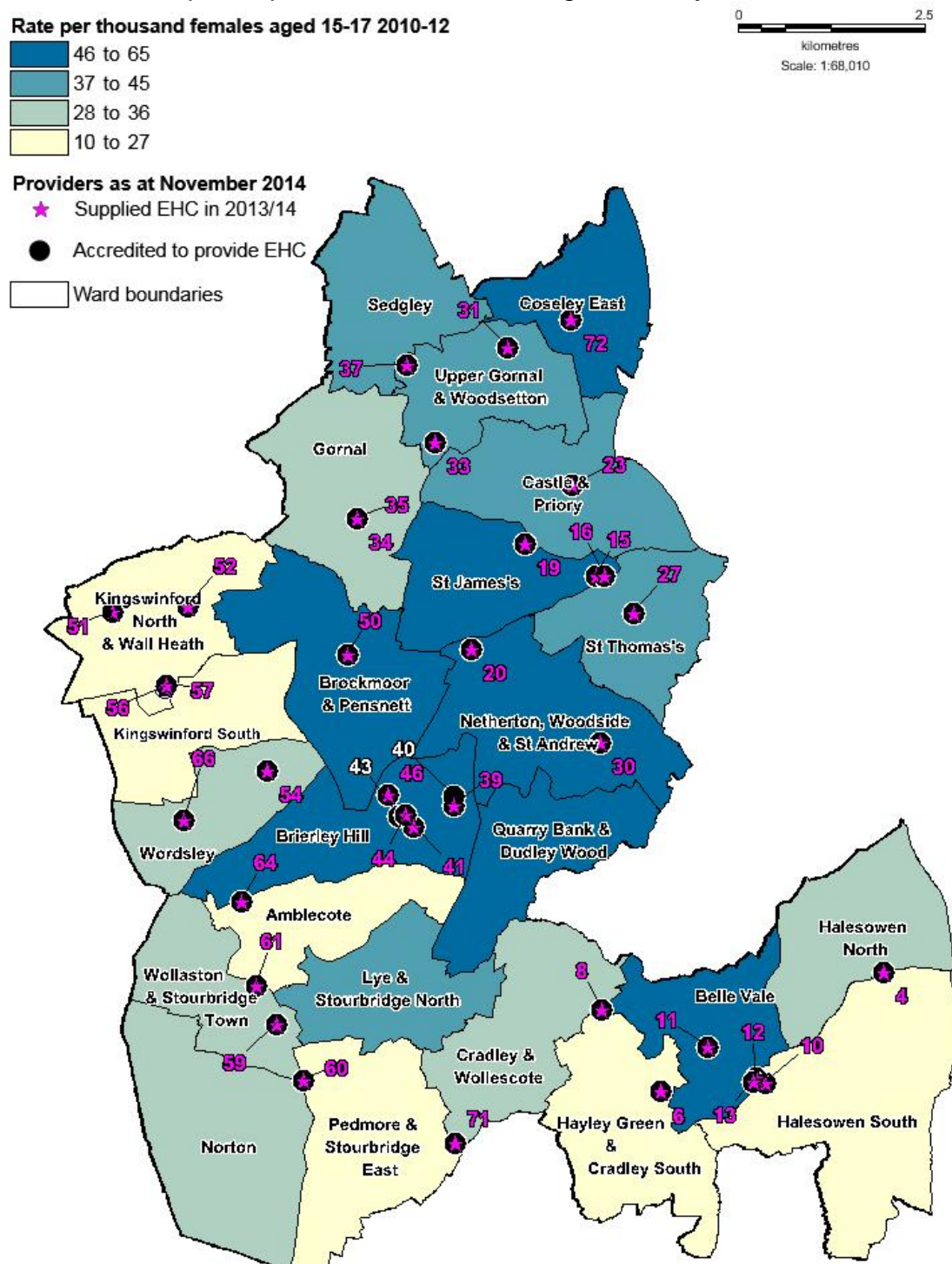
Groups of pharmacies have been accredited in the Dudley, Halesowen and Stourbridge areas to ensure comprehensive service cover is available in areas where large numbers of aged 16 to 19 girls attend tertiary college.

A gap in service provision on Sundays other than at Merry Hill and Mondays across the borough as identified in the 2008 PNA has now been filled. Accredited pharmacies are now open in 4 out of 5 localities on a Sunday. None of the four accredited pharmacies in Sedgley are open on a Sunday. However, analysis of the supply of EHC to females across the borough shows that over 70% of women choose to use the pharmacies within the Merry Hill shopping centre and Dudley town centre to access the EHC service rather than a pharmacy close to their home. Public transport links are good from Sedgley, and all areas of the borough, to the Merry Hill Shopping Centre and Dudley town centre allowing women to travel there with ease. The Phoenix pharmacy (100 hour contract) in Wolverhampton (Figure 14 and Appendix 3, ID number 34) provides extended opening hours (including Sundays) and Sedgley patients can access provision of EHC supply confidentially (under PGD) through a service commissioned by Wolverhampton Public Health Department.

#### **Assessment 5: Provision of Emergency Hormonal Contraception (EHC)**

We conclude that women across the borough have good access to this service. We further conclude that support and encouragement will be provided by the Office of Public Health to other pharmacies within the borough who wish to become accredited to provide this service subject to ongoing funding and identified need. This will improve access further for the Dudley population.

Figure 19: Location of pharmacies providing emergency hormonal contraception and ward rate of conceptions per thousand females aged 15-17 years, 2009-11, Dudley



Key to pharmacies ID numbers in appendix 1

Chlamydia screening and treatment service

This service is commissioned by the public health manager for sexual health through Brook (main local provider of Sexual Health Services).

Genital Chlamydia trachomatis is the most common Sexually Transmitted Disease (STD) in the UK. Costs to the NHS are estimated to be over £100 million annually.

In the UK the highest infection rates are among 16 – 24 year olds for both men and women.

A screening programme is essential as a large number of cases are asymptomatic (50% men and 70% women display no symptoms) (Sexual & Reproductive Health Service, NHS Tayside, 2008). Chlamydia impacts highly on reproductive health issues with 10 – 40% of untreated women developing pelvic inflammatory disease (PID). 1 in 5 women who develop PID will as a consequence become infertile, and the risk of ectopic pregnancy is greatly increased.

The National Chlamydia Screening Programme was introduced in 2002, with an overall aim to control Chlamydia through early detection and treatment of asymptomatic infection; to reduce transmission and prevent consequences of untreated infection. This has proved successful with more screens and positive results rising at a greater level than previously.

Chlamydia screening is currently carried out across England as part of the National Chlamydia Screening Programme (NCSP) for 16-24 years olds.

There are two levels of service offered through community pharmacies:

Level 1 – distribution of screening kits by trained pharmacy staff

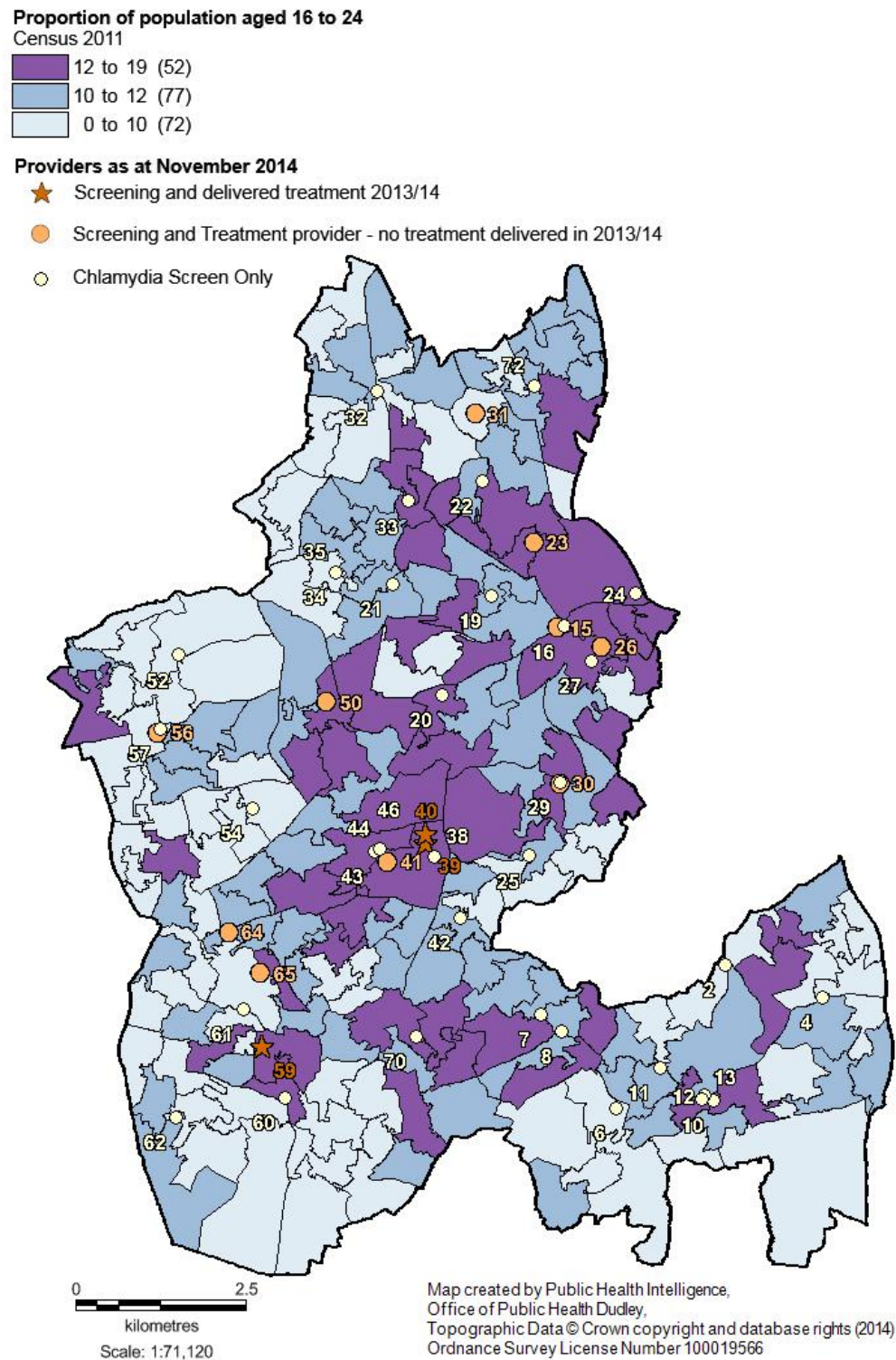
Level 2 – distribution of kits by trained pharmacy staff plus antibiotic treatment with azithromycin by the pharmacist via a PGD

- 48 Pharmacies fulfil all the accreditation criteria to provide level 1 service.
- 13 pharmacies have been accredited to the required high (HAG) Standard and provide service at level 2

Figure 20 shows that whilst there is good geographical spread of access across the borough to Level 1 of the service (i.e. screening), the provision of treatment for Chlamydia (based upon data on submitted claims to the Office of Public Health 2013-14) is concentrated within the Merry Hill shopping centre, Brierley Hill (Pharmacy ID 39 and 40). This can be explained by the target age group (16-24 years) of this service who are more likely to visit the large shopping centre (Merry Hill) for social and leisure purpose. Public transport links into Merry Hill are good from all areas of Dudley borough and young people can access this service in confidence. Local intelligence also informs that many young people are signposted to access this service within Merry Hill (by Brook) because of an awareness of accredited pharmacist(s) being available within an accredited pharmacy located within the shopping centre for 80% of their opening hours to provide level 2 of this service.

It is important to note that there are other providers of treatment services around the borough that patients can access. More information about alternative providers is available at [http://www.rusureblackcountry.nhs.uk/Content\\_GetTreated.aspx](http://www.rusureblackcountry.nhs.uk/Content_GetTreated.aspx)

*Figure 20: Location of pharmacies providing Chlamydia screening and or Chlamydia treatment and the proportion of population aged 16 to 24*



Key to pharmacy ID number in appendix 1.

This demonstrates that there is adequate access to services for those areas with higher populations of 16-24 year olds.

### **Assessment 6: Provision of Chlamydia Screening and Treatment**

We conclude there is good geographical access for 16-24 year olds to access a Chlamydia screening service across the borough. We further conclude that access to treatment of Chlamydia is good and no gaps have been identified.

The Office of Public Health faces a challenging target of  $\geq 2300$  diagnoses per 100,000 16-24 year olds per annum (Public Health Outcomes Framework) and all existing pharmacies are therefore encouraged to provide this service to support increased case finding and timely treatment.

#### **HIV Point of Care Testing (PoCT) Pilot Project**

This service is commissioned by the public health manager for sexual health. The availability of highly active antiretroviral therapy (HAART) has transformed the outcomes for individuals with HIV infection. However, high levels of morbidity and mortality continue to be associated with HIV infection in the UK. This is mostly related to HIV being diagnosed too late in the infected person. It is estimated that one in four deaths occurring in HIV-positive individuals are directly related to the diagnosis being made too late for effectual treatment (British HIV Association, 2009).

One of the Public Health Outcome Frameworks is the prevention of late diagnosis of HIV. It has been reported that late diagnosis of HIV infection has been associated with increased mortality and morbidity, an impaired response to HAART and increased cost to healthcare services (British HIV Association, 2009).

To address the problem of late or undiagnosed HIV, the British HIV Association (BHIVA) has published guidelines to promote and generalise HIV testing in all healthcare settings. The guidelines recommend that HIV testing should be offered routinely to all men and women in general health care settings in places with high HIV prevalence of more than 2 people per 1,000.

Dudley Borough has always been a low risk area for HIV (prevalence  $\leq 2/1000$  population). However, HIV prevalence has started to rise and it has exceeded this threshold in four wards within central Dudley. Community pharmacy with its increased access and position as a health asset (within communities) provides opportunity to support increased case finding earlier in undetected individuals.

The aim of this pilot is to increase the uptake of HIV testing among Dudley residents to reduce late and undiagnosed HIV, specifically in high risk groups such as people who have migrated from regions of the world where HIV is common, such as sub-Saharan Africa, and MSM (men who have sex with men) by providing HIV point of care testing (POCT), delivered through community pharmacies within these four wards.

There is no guarantee that this service will continue beyond the pilot stage (1 year from July 2014 to June 2015). This service will be evaluated at the end of the pilot and is included within this PNA for completeness.

## Smoking Cessation Services

The Dudley Stop Smoking Service (DSSS) is funded by the Office of Public Health to develop, deliver, monitor and evaluate stop smoking services across the Borough. Community Pharmacies are recognised as accessible to people who may not access other NHS services, Table 6 shows the level of smoking cessation activity in 2013/14 for Dudley community pharmacies. The community pharmacy services are commissioned in addition to those offered from GP practices and by the Office of Public Health DSSS.

There are three levels of smoking cessation pharmacy enhanced services:

- 1) Provision of Nicotine Replacement Therapy (NRT) against a voucher from qualified smoking cessation advisers,
- 2) Level 1 as above plus full intensive 1 to 1 support to smokers who want to quit and set a quit date, over a four to six week period (approx 1 to 1.5 hours) plus follow up as outlined in SLA)
- 3) Level 2 as above plus enable supply of varenicline (Champix) by appropriately trained pharmacists via a PGD.

*Table 6: Community pharmacy public health smoking cessation services activity for 2013/14, Dudley*

<b>Smoking Cessation Service</b>	<b>Brierley Hill (20)</b>	<b>Dudley &amp; Netherton (15)</b>	<b>Halesowen (14)</b>	<b>Sedgley (9)</b>	<b>Stourbridge (14)</b>
(NRT) Voucher scheme*	19	14	14	9	12
Smoking Cessation Advice*	15	12	8	7	9
Varenicline using PGD*	13	9	7	3	7
Key					
	Offered by over 75% of pharmacies within locality				
	Offered by 25-75% of pharmacies within locality				
	Offered by less than 25% of pharmacies within locality				

() = number of pharmacies within each locality

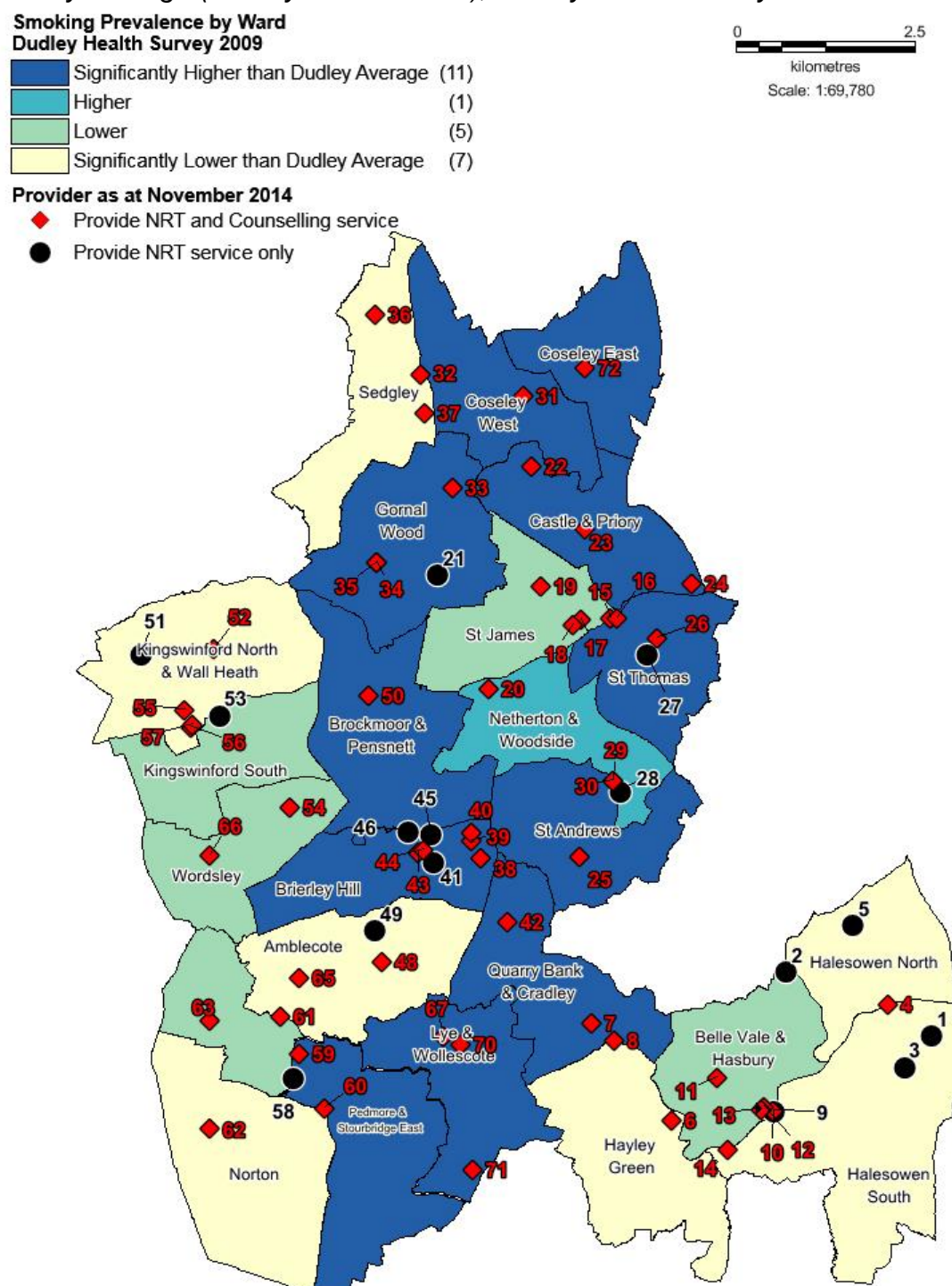
\* Data from Dudley Stop Smoking Service

A medicines use review compliant consultation area is a prerequisite for level 2 and 3 of this service. Comprehensive and ongoing training is provided by the DSSS. The smoking cessation service can be provided by trained healthcare assistants.

A map of Dudley showing the locations of the pharmacies providing smoking cessation services is shown in figure 21 as well as smoking prevalence by ward.

This demonstrates that there is good access to smoking cessation services across the borough, particularly within those areas of greatest need.

*Figure 21: Location of pharmacies providing a Smoking Cessation service within Dudley and the proportion of respondents who smoke by ward compared to the Dudley average (directly standardised), Dudley Health Survey 2009*



Map created by Public Health Intelligence, Office of Public Health Dudley, Topographic Data © Crown copyright and database rights (2014) Ordnance Survey License Number 100019566 Source: Office of Public Health, Dudley Health Survey 2009

See appendix 1 for a key to the pharmacy ID numbers.

## Assessment 7: Smoking Cessation Services

We conclude that there is good access to smoking cessation services within Dudley and we further conclude that access to services within those areas of the greatest smoking prevalence is good.

## Substance Misuse Services

The community pharmacy substance misuse services are commissioned by Crime Reduction Initiatives (CRI), on behalf of the Office of Public Health, Dudley MBC. CRI is a registered charity which provides a range of community and specialist services including drug and alcohol services across the UK. Table 7 shows the activity for 2013/14 of substance misuse services in pharmacies within Dudley by locality.

*Table 7: Community pharmacy public health substance misuse service activity, 2013/2014, Dudley localities.*

	<b>Brierley Hill (20)</b>	<b>Dudley &amp; Netherton (15)</b>	<b>Halesowen (14)</b>	<b>Sedgley (9)</b>	<b>Stourbridge (14)</b>
Supervised substance misuse service*	6	12	8	5	8
Needle exchange service*	3	2	2	0	2
Key					
	Offered by over 75% of pharmacies within locality				
	Offered by 25-75% of pharmacies within locality				
	Offered by less than 25% of pharmacies within locality				

() = number of pharmacies within each locality

\*Data from Dudley Drug and Alcohol Advisory Team (DAAT)

### Supervised consumption

Participating pharmacists can provide instalment dispensing and supervised administration of controlled substances, methadone and buprenorphine (Subutex®/Suboxone®), to individuals in the course of their drug treatment. Clear channels of communication with the key worker, care co-ordinator, prescriber and pharmacist, are part of the shared care arrangements. Clients of community pharmacy dispensing programmes are dependent drug users or others assessed as requiring symptomatic treatment for drug related problems.

The provision of supervised administration of medication for drug users in the Dudley Borough is an essential element of a client's treatment journey. As set out in NICE guidelines (NHS National Institute for Health and Clinical Excellence, 2007) all new clients, for safe clinical governance reasons, should receive supervised administration of medication in order to establish a level of stability that will

contribute to the client's recovery. Supervised administration of medication ensures that the client is in contact on a daily basis with a healthcare professional, at a time when they are possibly most at risk.

The local Drug and Alcohol Action Team (DAAT) Adult Needs Assessment (Safe and Sound, 2013) identified clients by postcode district in 2012-13. This indicates that clients are most likely to reside within postcode districts DY5 and DY2. This covers Brierley Hill, Gornal, Pensnett, Quarry Bank (DY5) and Netherton, Saltwells and Kates Hill (DY2). There are also a relatively high number of clients from B63 (Cradley and Halesowen) and DY9 (Lye). Figure 22 shows that there is a much lower need for treatment services in the north of the borough, around Sedgley, in the north west around Kingswinford, and in the far south east along the borders with Birmingham (Halesowen South). This is replicated within the Dudley DAAT Adult Needs Assessment 2012-13.

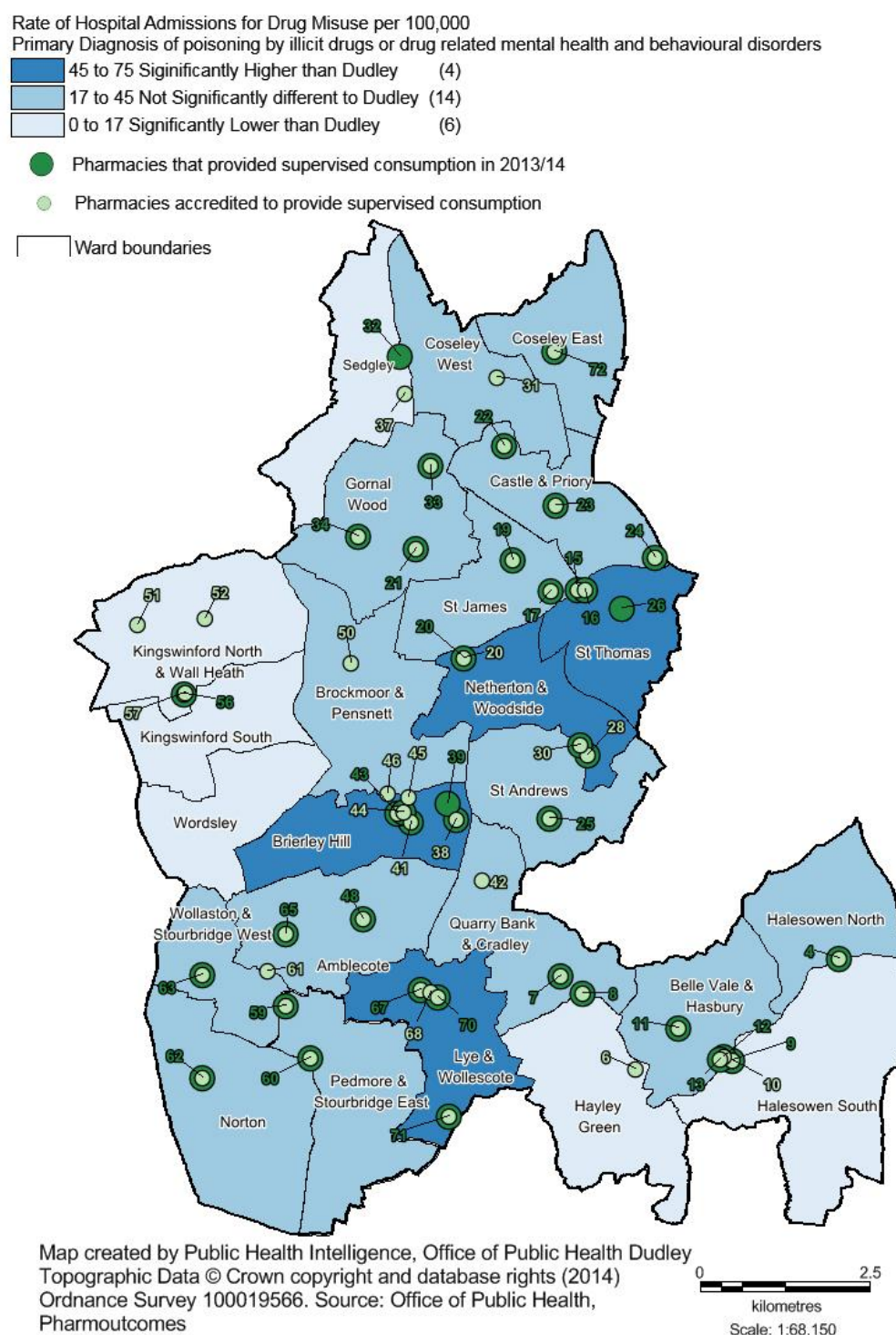
39 community pharmacies provided instalment dispensing and a supervised consumption treatment service during 2013-14 (Figure 22). This demonstrates good access to a supervised consumption service for those areas with greatest need. Each of these pharmacies will have the appropriate facilities for supervised consumption/self-administration to maintain privacy for the patient/client.

The higher concentration of pharmacy provision in localities of Stourbridge (Lye DY9), Dudley and Netherton (DY2) and Brierley Hill (DY5) reflect fulfilment of the need identified through the client distribution and demand for treatment above. There is no current minimum or maximum number of clients per pharmacy, and the placement of clients will be based on client preference and pharmacy availability. The maximum number of patients the pharmacy will offer to dispense for is to be agreed with the Commissioning Manager. Patients may be unable to have their prescription dispensed at the pharmacy of their choice and pharmacists will suggest alternative pharmacies in the local area. No gaps have been identified. CRI state that the number of pharmacies commissioned to provide this service reflects local need and resources. Extending community pharmacy service provision was not identified as a need in the DAAT Adult Needs Assessment 2012-13.

### **Assessment 8: Supervised consumption services**

We conclude that current community pharmacy contractors provide good service provision and coverage across all five localities. Within the greatest areas of need, no gaps in service provision have been identified.

**Figure 22: Location of pharmacies providing a supervised consumption service and the 6-year rate of Hospital admissions for Drug Misuse per 100,000 by ward, Dudley 2008/09 – 2013/14**



Key to pharmacy ID numbers in appendix 1

Please note that some pharmacies (ID numbers 26, 32 and 39 and appendix 5) may have delivered this service during 2013-14 however through accredited staff leaving or pharmacy preference may no longer be accredited to provide this as at November 2014.

## Needle Exchange Service

Needle Exchange Services (NES) are an important aspect of harm reduction and preventing the spread of blood borne viruses (BBV), this is particularly relevant in Dudley with its history of high injecting drug use (Safe and Sound, 2013). Nine pharmacies provide NES within the borough (Figure 23), in addition to the service provided from Atlantic House (main provider of substance misuse services within Dudley).

From the DAAT Adult Needs Assessment (ANA), 79% of needles supplied in 2012-13 were returned. This is much greater than the West Midlands average of 47% over the same period. The rate of Dudley needle returns is highest amongst the pharmacies (81%). This is expected as pharmacies offer a 'true' exchange of supply needles only on return of others. This rate drops to 16% at Atlantic House. We would expect it to be lower at Atlantic House as this service provides first time clients with needles.

The wards with the highest number of needle finds are Brierley Hill, St James and St Thomas (2011-12). Figure 23 shows that there are pharmacies providing a needle exchange service either within or near the border of these wards and the number of needle finds has reduced from the previous year, 2010-11.

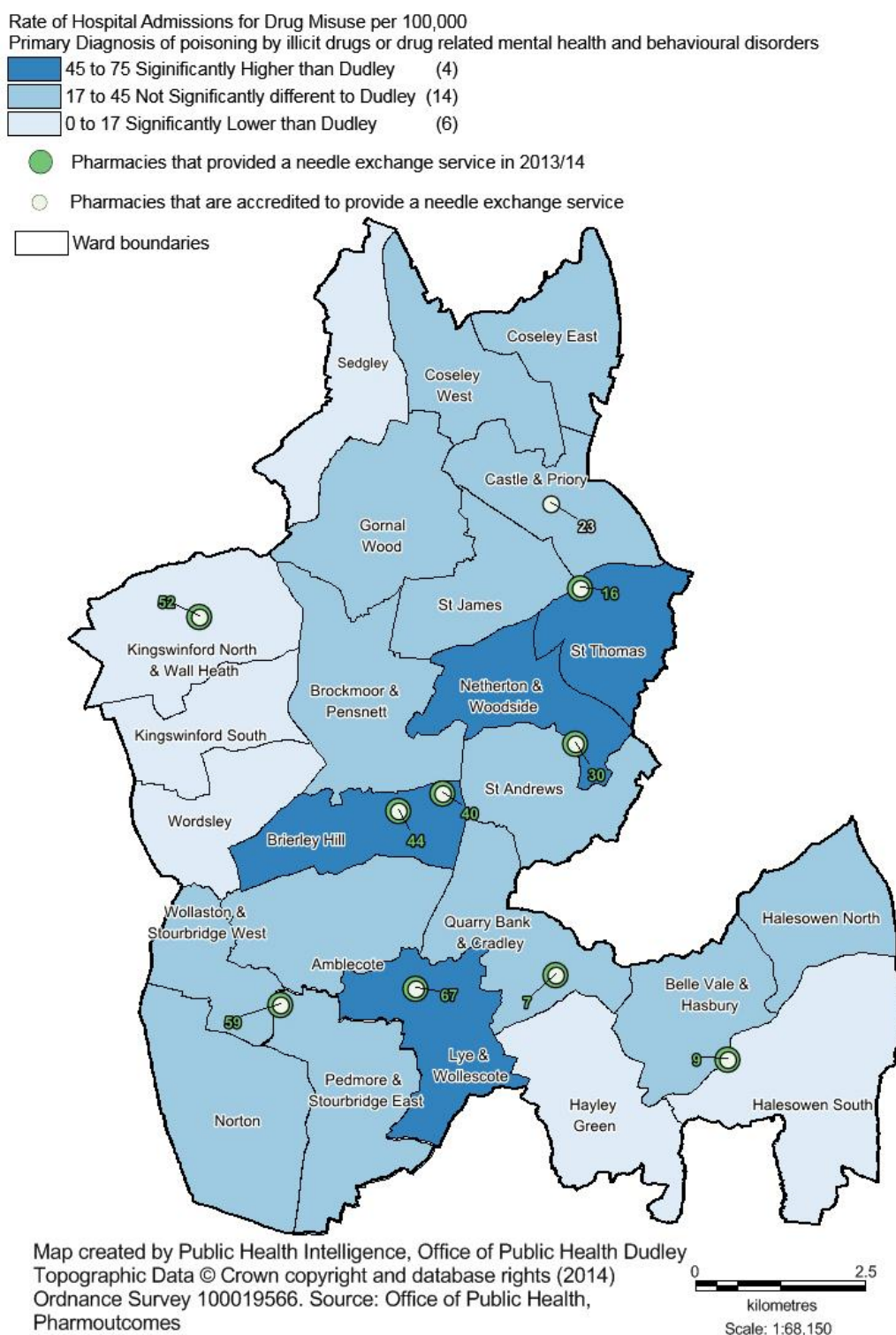
The wards with the highest rates of hospital admissions for Drug misuse are St Thomas, Netherton and Woodside, Brierley Hill and Lye and Wollescote, each of these wards contain pharmacies providing both a needle exchange service and supervised consumption service (Figures 22 and 23).

The DAAT ANA (Safe and Sound, 2013) demonstrates that whilst NES are well used in Dudley, used needles are not always safely disposed of throughout the Borough. This could indicate a need for additional or more appropriate services within certain areas.

### **Assessment 9: Needle Exchange Services**

We conclude that those community pharmacy contractors already providing instalment dispensing and supervised administration services of controlled substances are well placed to provide this service if CRI wish to commission it within their resource envelope.

**Figure 23: Location of pharmacies providing a needle exchange service and the 6-year rate of Hospital admissions for Drug Misuse per 100,000 by ward, Dudley 2008/09 – 2013/14**



Key to pharmacy ID number in appendix 1

## Alcohol Screening and Brief Intervention

This service is commissioned by the public health manager for substance misuse following completion of a successful pilot in 2011.

The Alcohol Misuse – A Needs Assessment for Dudley 2012 reports that tackling the impact of alcohol misuse in Dudley is a priority for all of the statutory agencies and our voluntary sector partners. The health impacts of alcohol within Dudley are demonstrated by higher than regional and national rates of premature alcohol mortality and higher than expected rates of alcohol related admissions to hospital; especially emergency admissions (Safe and Sound, 2013).

Within the context of services to prevent or treat alcohol related problems, the terms alcohol screening and brief intervention, include all practices used to identify real or potential alcohol problems, and motivate individuals to take positive action to promote their own health.

There are five elements to this commissioned service, subject to pharmacy staff accreditation:

### **1) Identification**

Using defined criteria (see below), patient walking in to a participating Dudley Pharmacy will be offered screening using the AUDIT alcohol assessment tool (Alcohol Usage Disorder Identification Test, WHO 1982). Defined Criteria for Screening include:

- Any patient that the Pharmacist / trained staff member identifies as needing advice/support around alcohol use.
- Any patient that has not completed AUDIT in the last 12 months.
- Vulnerable groups: Females and Males aged 18 – 30 years; Black and Racial Minority Groups (BRM) all age groups; males and females aged over 65 years; Homeless people; and Diabetics.
- Patients presenting frequently with symptoms which may be associated with alcohol misuse.
- Patients identified during a Medication Use Review (MUR), New Medicine Service (NMS) or through participation within another public health service.

### **2) Screening**

The trained staff member will undertake AUDIT with the patient. If the patient scores 8 or over, the AUDIT score and number of units consumed per week plus patient details are tracked on a monitoring form.

### **3) Brief Intervention**

If the score determines that the patient scores 7 or below (low risk drinker), then the patient receives a leaflet explaining their alcohol levels are within safe limits.

Scoring 8 to 15 (includes hazardous drinking category), the trained staff member carries out a brief intervention which includes:

- Explanation of daily benchmarks
- What is a unit of alcohol
- Explanation of category of drinker
- Explanation of the content of the Information leaflet

#### **4) Follow up**

Those patients having scored 8-15 (hazardous drinking category), should be contacted using three follow up questions after 4 weeks to determine behaviour change.

#### **5) Referral**

If a patient scores 16 or more (harmful or dependent drinking category) then an appropriate referral (subject to client consent) is made to the specialist alcohol treatment service (CRI) commissioned by the Office of Public Health.

Brief interventions usually last between three to five minutes and help one in eight people at risk of an alcohol use disorder reduce their drinking to a low level of risk (Department of Health, 2008). In recent years, Dudley community pharmacies have improved uptake of AUDIT screening through public health promotional campaigns (i.e. poster displays in windows, alcohol awareness campaigns etc), supporting conversations about alcohol through other services (i.e. MURs) and the prominent display and supply of alcohol screening scratch cards within pharmacies encouraging patients to self-assess their alcohol intake. Some Dudley pharmacies also provide outreach work within target populations of alcohol misuse such as for young people in colleges, schools and the main shopping centres (i.e. Merry Hill, Stourbridge and Halesowen).

Figure 24 shows the Broad Alcohol-related Admissions mapped against service activity from community pharmacies during 2013-14. The broad measure considers all primary and secondary diagnosis codes that are related to a patient's admission and, if any of these has an alcohol-attributable fraction, then that admission would form part of the broad alcohol-related Admission total (Public Health England, 2014). Alcohol attributable fractions are an estimate (based on research evidence) of what proportion of cases of a health condition are alcohol-related. Conditions such as Alcoholic liver disease where alcohol is the sole cause are known as alcohol specific or wholly alcohol-attributable and given an alcohol-attributable fraction of 1.0 (100 percent). For other conditions where alcohol is partially attributable, the alcohol-attributable fraction is based on an estimate of the proportion of each condition that is attributed to alcohol. For example, it is estimated that 25-33 percent of cardiac arrhythmias are alcohol-attributable so therefore would be given an alcohol-attributable fraction of 0.25-0.33, the fractions differ slightly by age and by gender.

Eight wards in Dudley have a Directly Standardised 3-year rate of Alcohol Related (broad) admissions that is significantly higher than the Dudley average (Figure 24).

There are 34 pharmacies (figure 24 and appendix 5) that fulfil the following accreditation criteria to provide alcohol brief interventions and screening:

- staff attendance at Alcohol Identification and Brief Advice training session delivered by the Office of Public Health
- availability of consultation room in keeping with standards for advanced services

17 of the accredited pharmacies delivered activity (defined as claims submitted to the Office of Public Health for Alcohol Identification and Brief Intervention) during 2013-14 (table 8 and figure 24). This demonstrates that access to this service through community pharmacy needs to be improved to benefit the health and wellbeing of the population. Gaps in service provision exist within areas of greatest need. Barriers to providing this service include paperwork involved in submitting claims, busy workloads within pharmacies with respect to core essential services and no financial incentive for those patients identified as AUDIT score 7 or less.

*Table 8: Community pharmacy public health alcohol screening and brief intervention services activity, Dudley, 2013/14*

	<b>Brierley Hill (20)</b>	<b>Dudley &amp; Netherton (15)</b>	<b>Halesowen (14)</b>	<b>Sedgley (9)</b>	<b>Stourbridge (14)</b>
Alcohol Screening and Brief Intervention*	4	2	4	3	4
Key					
	Offered by over 75% of pharmacies within locality				
	Offered by 25-75% of pharmacies within locality				
	Offered by less than 25% of pharmacies within locality				

() = number of pharmacies within each locality

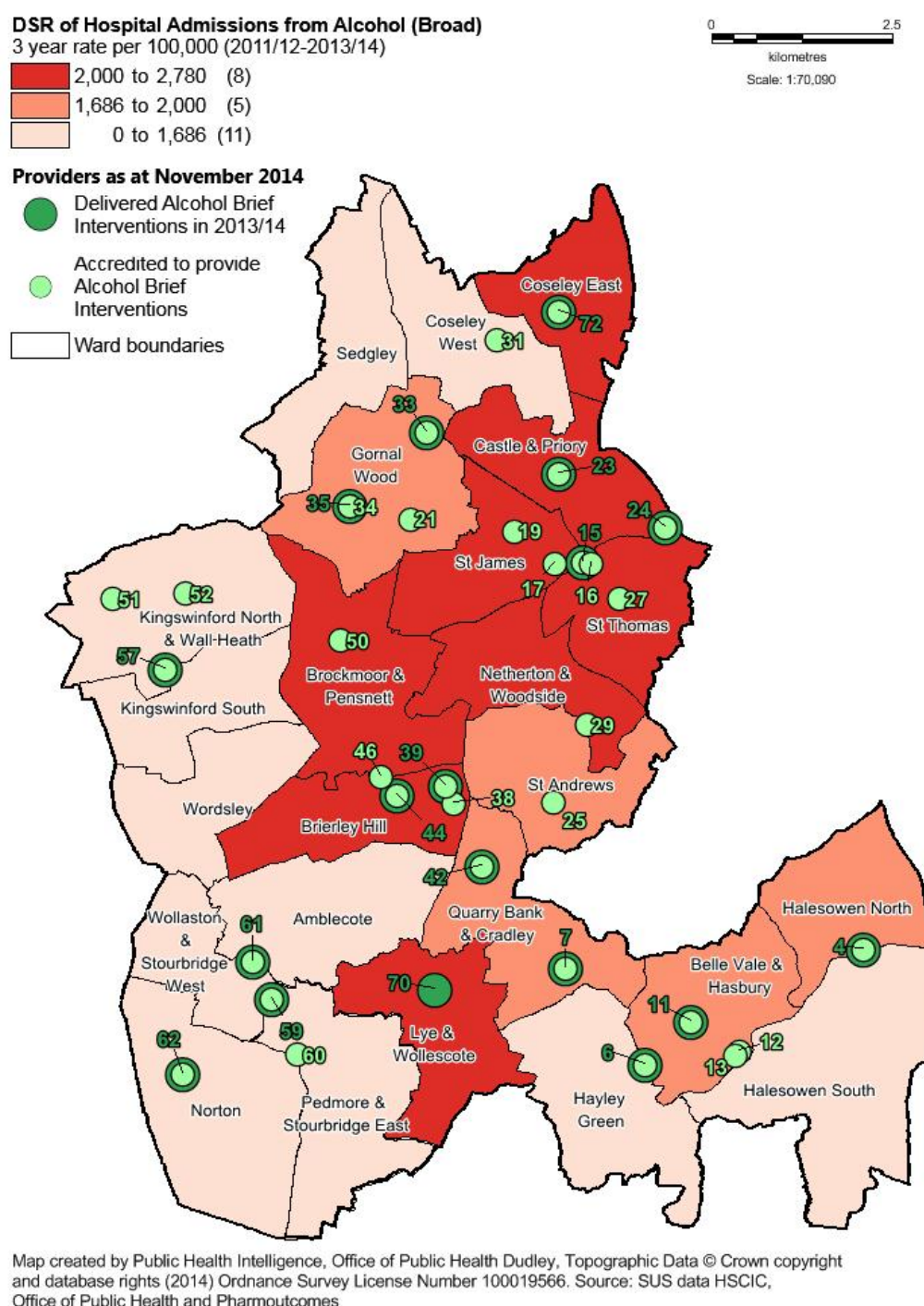
\* Data obtained from claims submitted to Office of Public Health 2013-14

### **Assessment 10: Provision of Alcohol Screening and Brief Intervention**

We conclude that gaps exist with access to this service particularly in some wards of the borough with the greatest need (Brockmoor and Pensnett; Netherton and Woodside; St Thomas and St James). However, we further conclude that there are sufficient existing contractors within these gaps willing to deliver this service particularly now that the Office of Public Health has removed two barriers (identified above) by making the claim submission process for this service paperless via the IT platform, 'Pharmoutcomes' and introduced a new financial incentive (from April 2014) for those patients scoring AUDIT 7 or less.

We conclude that the Office of Public Health will need to work with existing contractors to overcome these barriers to provide an equitable service for all patients no matter which community pharmacy they regularly use.

*Figure 24: Directly Age Standardised 3-year rate of Alcohol related (broad) hospital admissions, Dudley 2011/12 – 2013/14*



Key to pharmacy ID numbers in appendix 1

Please note that pharmacy ID number 70 (appendix 5) may have delivered this service during 2013-14 however through accredited staff leaving or pharmacy preference may no longer be accredited to provide this as at November 2014.

## NHS Health Checks

This service is commissioned by the Consultant in Public Health and runs alongside the service commissioned to Dudley general practices and community outreach. Collectively vascular diseases – heart disease, stroke, diabetes and kidney disease affect the lives of more than four million people and kill 170,000 every year (Department of Health, 2008). They also account for a large portion of the mortality gap between the most affluent and most deprived groups. In Dudley, circulatory diseases account for 22.9% (males) and 36.8% (females) of the life expectancy gap between these groups. This represents an addition of 1.6 years to life expectancy for men and 1.5 years for women (APHO, 2010). These diseases all affect the body in different ways. However, they are all linked by a common set of risk factors. Obesity, physical inactivity, smoking, unhealthy dietary intake, high blood pressure, disordered blood fat levels (dyslipidaemia) and impaired glucose regulation (higher than normal blood glucose levels, but not as high as in diabetes). Having one vascular condition increases the likelihood of the individual suffering others.

Damage to the vascular system increases with age, and progresses faster in men than women, in those with a family history of vascular disease and in some ethnic groups. These are called ‘fixed factors’ because they can’t be changed. Importantly, however, the rate at which vascular damage progresses is also determined by ‘modifiable factors’, i.e. factors which can be altered. Early intervention to reduce risk can prevent, delay, and, in some circumstances, reverse the onset of vascular disease. These modifiable factors are:

- smoking;
- physical inactivity and a sedentary lifestyle;
- unhealthy diet
- high blood pressure;
- raised cholesterol levels; and
- obesity.

The Department of Health has modelled a comprehensive vascular risk assessment and management programme. The conclusion from the initial phase of modelling work was that a systematic, integrated approach to assessing risk of vascular diseases for everyone (without existing vascular disease) aged between 40 and 74 on a 5 year re-call basis, with the offer of personalised advice and treatment and individually tailored management to help individuals manage their risk more effectively, is both clinically and cost effective.

The NHS health checks programme is a major platform for reducing the significant levels of undiagnosed disease within Dudley, namely diabetes, chronic kidney disease (CKD), and stroke/Transient Ischemic Attack (TIA), and the reduction of

undiagnosed hypertension. The eligible population within Dudley for health checks has been identified as approximately 91,000 over each 5 year period. Current uptake rate is 41% and Dudley is aiming to achieve 50%. The Office of Public Health has engaged social marketing techniques to target those who traditionally do not engage with prevention services:

- men,
- Black and Minority Ethnic (BME) and
- disadvantaged communities.

Community pharmacy represents one provider (of a range) targeted by the Office of Public Health to meet the capacity needed to achieve its 50% uptake target since community pharmacies are recognised as being accessible to people who may not otherwise access NHS Services. Whilst the national NHS health checks programme began in 2009 for some providers, Dudley community pharmacies have been providing this service since January 2012. Health check screening software has been developed for the health checks programme and must be used as an integral part of service delivery. The software ensures all mandatory elements of the health check are included by the pharmacy staff.

There are two models of service delivery for community pharmacies:

- **Prior blood test required:** Patients invited for a health check require a blood test prior to their health check appointment. The blood forms and instructions go with the invite letter from the Office of Public Health and blood results are available to community pharmacies on their software, prior to the health check appointment.
- **Near Patient Testing (NPT):** Patients receive their blood test at the same time they receive their health check appointment with the use of NPT equipment.

Community pharmacies should offer NHS health checks on an opportunistic basis. A look-up facility on the software is available for pharmacies to check the eligibility of patients. The pharmacies must use the equipment agreed for use by the Office of Public Health, Vascular Team for checking cholesterol (the Cholestech LDX). All training in the use and maintenance of the machine is provided by the Vascular Team along with ongoing support as needed. A medicines use review (MUR) compliant consultation area within the pharmacy is a prerequisite for delivery of this service. Comprehensive and ongoing training is provided by the Vascular Team. This service can be delivered by trained healthcare assistants as well as pharmacists.

*Table 9: Community pharmacy public health NHS Health Checks service activity 2013/14, Dudley*

	<b>Brierley Hill (20)</b>	<b>Dudley &amp; Netherton (15)</b>	<b>Halesowen (14)</b>	<b>Sedgley (9)</b>	<b>Stourbridge (14)</b>
NHS Health Checks*	4	2	5	0	2
Key					
	Offered by over 75% of pharmacies within locality				
	Offered by 25-75% of pharmacies within locality				
	Offered by less than 25% of pharmacies within locality				

() = number of pharmacies within each locality

\* Data obtained from claims submitted to Office of Public Health 2013-14

21 pharmacies (figure 25 and appendix 5) in Dudley are accredited to deliver the health checks service, 14 of these pharmacies delivered activity (defined as claims submitted to the Office of Public Health Vascular Team) during the financial year 2013-14 (Figure 25 and Table 9). Gaps in service provision exist across the borough (Figure 25).

It is important to note in figure 25 that some pharmacies (ID numbers 11 and 23, and appendix 5) may have delivered activity during the financial year 2013-14 however, at this present time (November 14) are no longer accredited to deliver this service (i.e. accredited staff have left, pharmacy no longer providing this service through own decision etc).

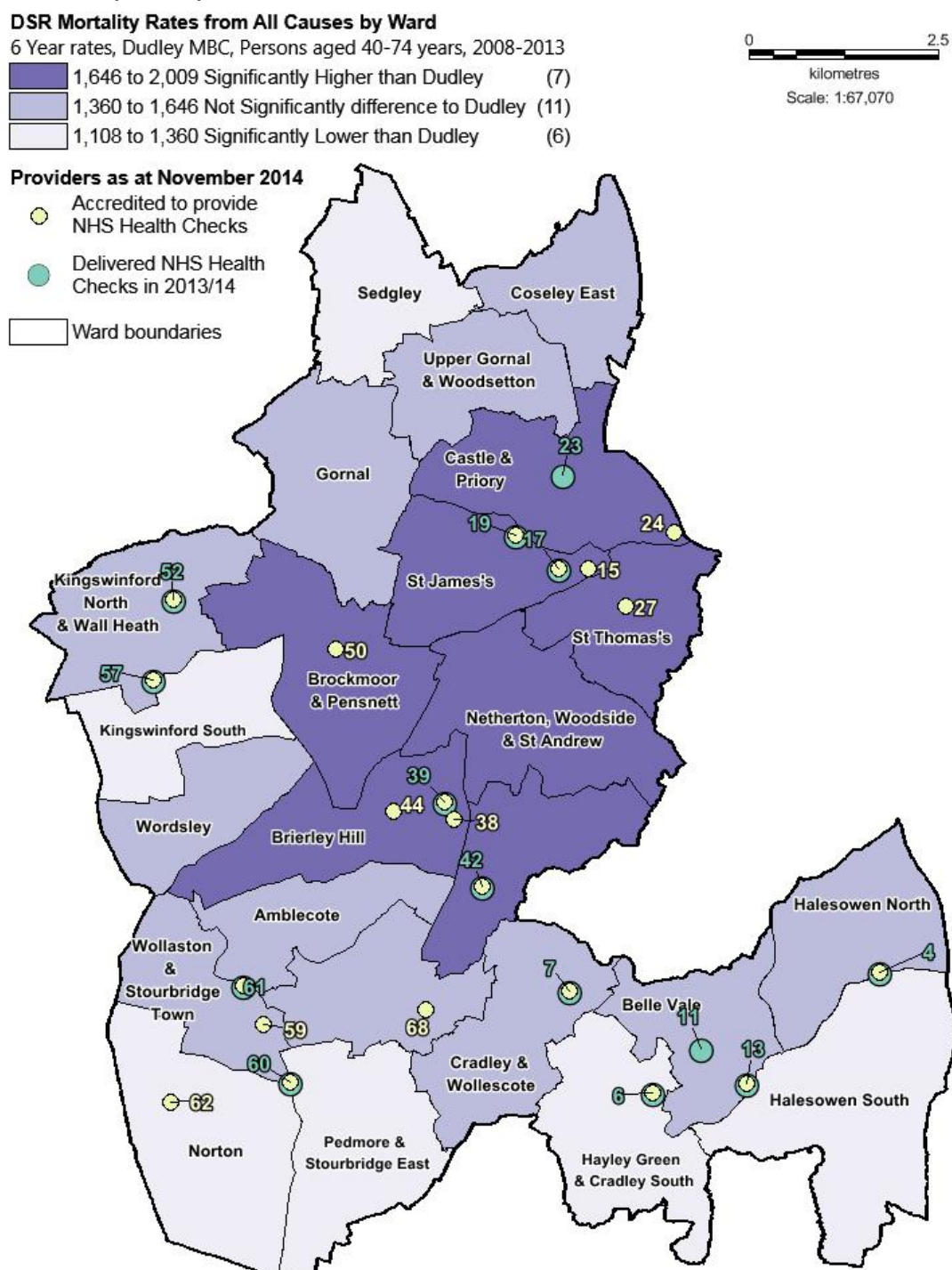
### **Assessment 11: NHS Health Checks**

We conclude that gaps exist with access to this service particularly within those wards of the borough with the highest levels of deprivation (Brockmoor and Pensnett; St Thomas, Netherton, Woodside and St Andrews; Lye and Stourbridge North and some parts of Brierley Hill). We further conclude that some of these wards have the highest ethnic minority populations (Figure 8) that would benefit from increased access to this service particularly since it is widely recognised that their individual cardiovascular risk is greater than that of a Caucasian equivalent.

Improving access to health checks within these wards would help to support narrowing of the life expectancy gap between the most affluent and the most deprived wards within the borough and thus reduce health inequality.

We further conclude that there are sufficient existing contractors within these areas of need willing to deliver this service and the Office of Public Health (in partnership with the LPC) will need to work with existing contractors to overcome any barriers to providing an equitable service for all patients no matter which community pharmacy they regularly use.

Figure 25: Location of pharmacies providing NHS Health Checks within Dudley and Index of Multiple Deprivation 2010 National Deciles



Map created by Public Health Intelligence, Office of Public Health Dudley, Topographic Data © Crown copyright and database rights (2014) Ordnance Survey License Number 100019566. Source: Office of Public Health, Pharmoutcomes, ONS Annual District Deaths Extract

Key to pharmacy ID numbers available in appendix 1.

## Counterweight Service

The counterweight service is commissioned by the public health consultant for Weight Management Service. In 2009 the Health Survey for England (HSE) reported that 61.3% of adults (16 years and over) were classed as overweight or obese, of this, 23% of adults were obese. A recent survey in Dudley found that 21% of respondents were obese, an average increase of 0.9 percentage points per year since the last survey in 2004. Evidence shows that as many as 30,000 people die prematurely every year from obesity-related conditions, such as Diabetes, CHD, CVD, high blood pressure & certain cancers. Other obesity related conditions include; sleep apnoea, respiratory issues, fertility issues, arthritis and depression. It has recently been forecast that if no action is taken; obesity will continue to rise to 60% of men and 50% of women by 2050 (Government Office for Science, 2007).

Dudley's Weight Management Pathway has been in place since June 2006 & offers effective, cost effective services for patients with a body mass index (BMI) over 30. Currently alternative providers (i.e. Weight Watchers and Slimming World) offer group based interventions which are not suitable for all patients. Counterweight is the only fully evaluated, evidence based primary care weight management programme in the UK which offers a consistent evidence based model of care for patients requiring weight management intervention on a 1:1 basis. Counterweight will therefore address the needs of individuals that are not suited to group intervention and will ensure that these individuals receive an appropriate patient centred service tailored to meet their individual needs.

A recent audit of current users of Dudley's weight management services revealed that both men and minority ethnic groups were under-represented. Informal feedback from both referrers and members of these groups suggest that group settings can be seen as intimidating and impersonal and that a 1:1 consultation would be preferred.

The Counterweight programme aims to promote behavioural strategies which seek to change eating habits, activity levels, sedentary behaviours and thinking processes that contribute to a person being overweight or obese. The programme provides a range of options which promote active weight loss for 3 to 6 months followed by long term weight loss management and obesity management. Counterweight offers a structured approach to care and an interactive model of communication which is critical to empowering patients

The intended health outcomes of the counterweight service are to enable more people to achieve the recommended 5-10% weight loss target set out by NICE weight management guidelines. This will reduce the burden of the associated health conditions of high blood pressure, diabetes, premature mortality and also the physical complications of being overweight. This, in turn, should offer a real opportunity to make significant inroads into health inequalities, including socio-economic, ethnic and gender inequalities.

The counterweight service involves:

- Pharmacies recruiting a minimum of six Counterweight clients per annum.
- Provision of an appointment based service following referral from triage.
- Pharmacies delivering Counterweight intervention over 12 months using the appointment schedule below:

*Table 10: Counterweight Service Schedule*

Appointment	Length (minutes)	When
Initial	20–30	Week 1
Appointments 2 – 6	15–20	Within 3 months (fortnightly)
Appointment 7	20	Within 6 months
Appointment 8	20	Within 9 months
Appointment 9	30	At 12 months

- Pharmacy staff attending and passing the 2 day Counterweight training provided by the Office of Public Health, and attending annual refresher training.

*Table 11: Community pharmacy public health counterweight management service activity, 2013/14, Dudley*

	<b>Brierley Hill (20)</b>	<b>Dudley &amp; Netherton (15)</b>	<b>Halesowen (14)</b>	<b>Sedgley (9)</b>	<b>Stourbridge (14)</b>
Counterweight management*	4	3	1	0	2
Key					
	Offered by over 75% of pharmacies within locality				
	Offered by 25-75% of pharmacies within locality				
	Offered by less than 25% of pharmacies within locality				

() = number of pharmacies within each locality

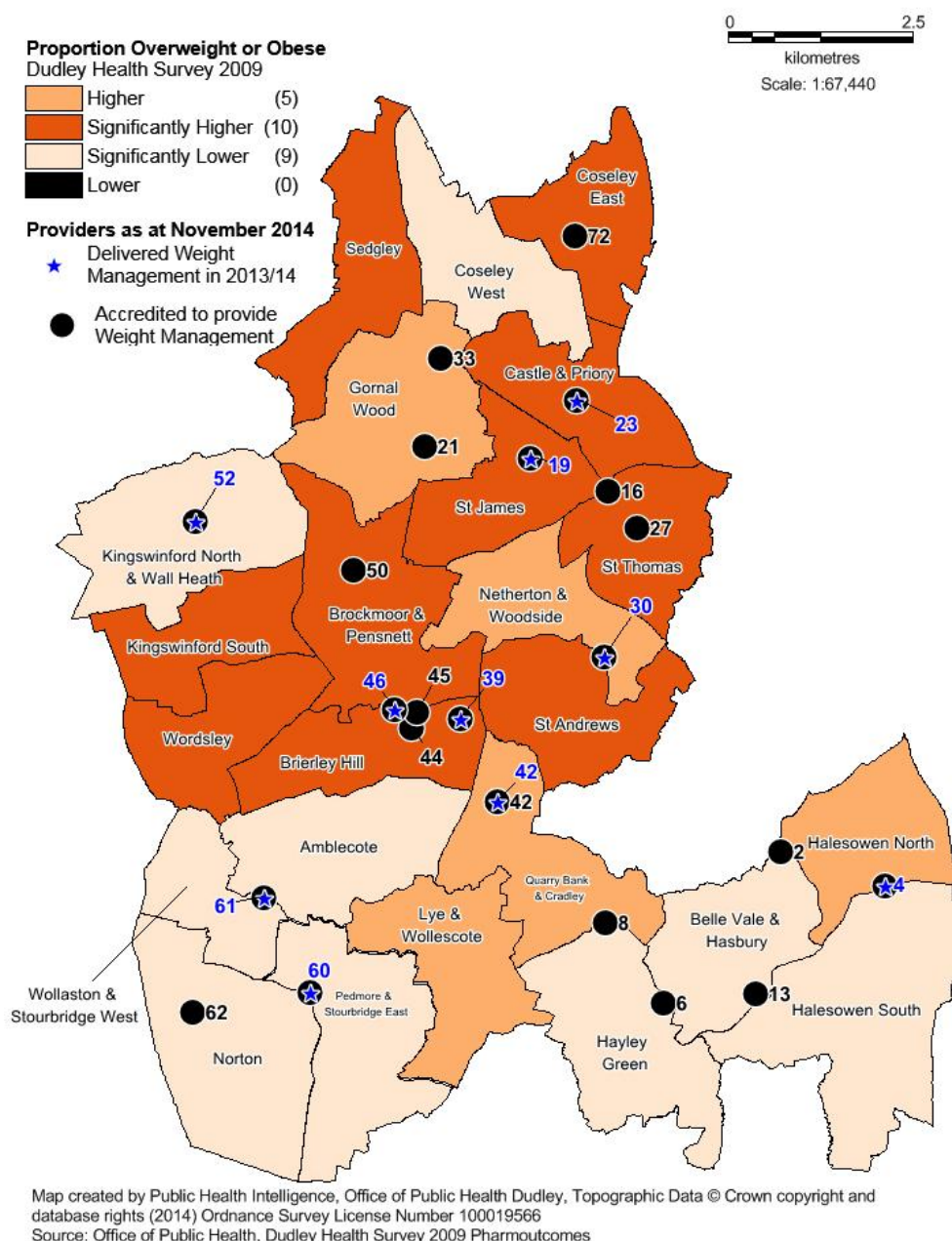
\* Data obtained from claims submitted to Office of Public Health 2013-14

The community pharmacy services are commissioned in addition to those offered from GP practices. To deliver this service in community pharmacy, a medicines use review (MUR) compliant consultation area is a prerequisite. 23 pharmacies are accredited to deliver Counterweight within Dudley (Figure 26), 10 of these pharmacies delivered activity (defined as claims submitted to the Office of Public Health Weight Management Team) during the financial year 2013-14 (Figure 26 and Table 11).

Activity is patchy across the borough and needs to be improved to benefit those within the population with the greatest levels of obesity (Figure 26). Barriers to delivering activity with this service include capacity (in the presence of core essential

services), too much paperwork involved with the service and for some a lack of confidence in approaching the topic of being overweight/obese with their patients.

*Figure 26: Location of pharmacies providing Counterweight service and the directly standardised rate of Dudley Health Survey 2009 respondents who are either obese or overweight by ward compared to the Dudley average*



Key to pharmacy ID numbers in see appendix 1.

## Assessment 12: Counterweight Management

We conclude that gaps exist with access to this service particularly within those localities of the borough with the highest levels of reported overweight/obesity (Sedgley, Dudley and Netherton and parts of Stourbridge and Brierley Hill). We further conclude that some of these localities (Central Dudley, Lye and parts of

Brierley Hill) have the highest proportion of ethnic minority populations (Figure 8) that would benefit from increased access to this service. However, there are sufficient existing contractors within these gaps willing to deliver this service and the Office of Public Health (in partnership with the LPC) will need to work with existing contractors to overcome these barriers (as above) to providing an equitable service for all patients no matter which community pharmacy they regularly use. The Office of Public Health has recently commissioned an IT platform, Pharmoutcomes to ensure the claims process for activity delivered by pharmacy teams is made more paper light and efficient. This change along with continued support from the Weight Management Team should endeavour to support greater activity levels with this service.

### **Falls Referral: Slips and Trips Service – Pilot Project**

This service is commissioned by the Consultant in Public Health leading on falls prevention.

Falls are a major public health concern in terms of mortality and morbidity. The Department of Health in 2001 reported that falls were the most common cause of injury-related deaths in the older population, and that up to 14,000 people per year die in the UK as a result of osteoporotic hip fracture. Falls account for a significant cost burden and demand on local NHS and social care services.

Preventing and reducing falls is one way to manage the demand on these services, therefore Dudley has invested in a specialist falls care pathway. Part of the pathway involves the completion of a Community Falls Prevention and Exercise Programme Referral Assessment screening tool. This screening tool assesses a number of criteria that have been found to identify individuals who are at risk of falling, these include:

- Falls history
- Muscle strength
- Gait and balance
- Medication
- Past medical history of neurological diseases

Once completed, the screening tool is sent to the Dudley Falls Service Triage service. At Step 1 the intervention is to provide information and advice specific to falls prevention, and referral onto Step 2 of the pathway if required. A local integrated falls pathway is in existence linking both NHS and social care services.

The Office of Public Health is committed to the primary prevention of falls and this area is seen as a high priority to tackle locally. Post the NHS reorganisation in April

2013, the Office of Public Health took over from the Primary Care Trust in commissioning the local Dudley Falls Prevention Service to DACHS (Directorate of Adult, Community and Housing Services).

In order to promote increased referrals of patients (at risk of falls) into the specialist falls service, community pharmacy has been identified as an accessible resource within Dudley to make every contact count with service users in terms of falls awareness advice and prevention. Community pharmacy is ideally placed to meet the challenge of reducing falls through early identification of patients at risk of falls and signposting to the specialist fall's service.

To improve participation uptake within the target group ( $\geq 65$  years old), part of the service involves ensuring service users have correctly fitted NHS approved slippers as a means to reducing the falls risk, with service users being encouraged to substitute their old poorly-fitted slippers. These slippers are provided free of charge.

This service will be evaluated at the end of the pilot (6 months to March 2014) and is included within this PNA for completeness. There is no guarantee that this service will be commissioned beyond the pilot.

## Healthy Living Pharmacy (HLP)

Healthy Living Pharmacies (HLP) are community pharmacies where the focus of their local community's health and wellbeing is at the heart of everything the team does. They promote a healthy living ethos and deliver high quality public health services, including smoking cessation, sexual health, and advice on alcohol and weight management. The HLP initiative started in Portsmouth in 2009 and following this success, national pharmacy bodies together with Department of Health aimed to roll out HLP in other geographical areas to strengthen the evidence base and answer the key question – *'is this concept replicable in other areas?'* In August 2011 NHS Dudley Medicines Management team applied to take part in the national HLP pathfinder project and was 1 of 20 pathfinder sites across the country that was successful.

Dudley has always taken an innovative approach to the role of community pharmacies in the health and wellbeing of their communities. Working together with Dudley Local Pharmaceutical Committee (LPC), the Office of Public Health is implementing the Healthy Living Pharmacy Framework, which aims to reduce health inequalities and prevent poor health by using community pharmacy staff to promote healthy living, provide well-being advice, signposting and services, and support people to self-care and manage long-term conditions.

In the last two years we have seen pharmacies in Dudley making a significant contribution to the health of our population with the introduction of a number of new services commissioned through public health including Chlamydia screening and treatment, alcohol interventions, weight management and NHS Health Checks. This

portfolio of services is now provided under a single, recognisable brand – ‘Healthy Living Pharmacy’. This allows us to extend beyond traditional pharmacy services to focus on a spectrum of needs relating to healthy living and lifestyles, through direct provision of advice and interventions and sign-posting to other services. As such this brings together strands from both national pharmacy policy contained in the *Pharmacy White Paper* and the broader public health policy in *Our Healthier Nation*, and the accompanying *Choose Health through Pharmacy* and was recognised in the public health white paper *Healthy Lives, Healthy People*.

Pharmacies are awarded the Healthy Living Pharmacy quality mark following a robust accreditation process. The whole pharmacy team is involved. Each pharmacy has a Healthy Living Champion (with a Royal Society of Public Health qualification), who keeps up to date with community health services and spreads this knowledge throughout the team, and a pharmacist/pharmacy manager who has undertaken bespoke leadership training.

Pharmacies that applied for HLP status were visited to discuss the HLP Framework (Table 12) and training needs. They were assessed on:

- Appearance – must have a consultation room and a Health Information Zone/Area, and not sell unhealthy snacks.
- Services – must meet Level 1 of the Framework as a minimum:
  - Level 1 Services include; Stop Smoking, Alcohol Screening and Brief Intervention, Chlamydia Screening, Supervised Consumption, NMS, MURs (including targeted MURs)
- Training – must be at least one qualified Health Living Champion and pharmacists/managers must have completed the HLP Leadership Skills, 2 day course.
- Staff commitment and enthusiasm.
- Signposting – staff (HLCs) should be aware of local services to signpost/refer patients into.

The HLP framework aims to develop pharmacy teams further by improving leadership and communication skills, making team working more effective and enabling higher standards of service and care. These pharmacy teams will be able to offer both advice and to support people effectively with accurate signposting and referral when the need arises. The teams will use every opportunity (i.e. make every contact count) to provide relevant health information e.g. Emergency Hormonal Contraception (EHC) clients should be offered Chlamydia screening if in the target group, advice on the avoidance of sexually transmitted infections, advice on safe sex and being provided with condoms if appropriate.

The focus of messages will be in the interests of the service user who will remain at the centre of all that is offered at the pharmacy.

Table 12: Dudley Healthy Living Pharmacy (HLP) Framework

Local Health Need				
Public Health Model				
NEED	CORE	Level 1 Promotion	Level 2 Prevention	Level 3 Protection
Smoking	Health promotion, self care, signposting, OTC supply	Pro-active health promotion, brief advice, assess willingness, NHS stop smoking service	PGD treatment (Champix), cancer awareness	COPD and cancer risk assessment
Alcohol	Health promotion, self care, signposting	Pro-active health promotion, NHS alcohol IBA service	Cancer awareness	Structured care planned alcohol service, cancer risk assessment
Sexual Health	Health promotion, self care, signposting, OTC supply	Pro-active health promotion, brief advice, signpost to services Chlamydia screening	NHS EHC service with PGD	Assessment, support, contraception and vaccination
Obesity	Health promotion, self care, signposting, OTC supply	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS weight management service, cancer awareness	Prescriber eg obesity, CVD, diabetes, Cancer risk assessment
Health Checks	Health promotion, self care, signposting	Pro-active health promotion, brief advice, signpost to services	NHS Health Checks service	Prescriber eg CVD, diabetes
Substance Misuse	Health promotion, self care, signposting	Supervised consumption	Needle exchange service, harm reduction, Hep B & C screening	Client assessment, support & prescribing, Hep B vaccination
Physical Activity	Health promotion, self care, signposting	Pro-active health promotion, brief advice, assess willingness, signpost to services	Healthy lifestyle consultation service	Structured physical activity plans, activity prescriptions
Long-Term Conditions	Health promotion, self care, signposting, dispensing supply, risk management	New Medicines Service, Targeted Medicines Use Reviews	Clinical review & management	Prescriber, PwSI for LTCs
Infection prevention & immunisation	Health promotion, self care, signposting	Pro-active health and awareness, signpost to services	PGDs for immunisation & vaccination programmes	Prescriber for immunisation and vaccination
Other	Health promotion, self care, signposting, OTC supply	Oral health, men's health, travel health, sun, breastfeeding and mental health awareness	Cancer screening & treatment adherence support	Prescriber for travel health
Enablers – Quality Criteria				
Workforce Development	Core capabilities	Health Living Champion Leadership skills	Behavioural change skills Leadership skills	PwSI/Prescriber Leadership skills
Environment	GPhC standards	Advanced IT and premises	Enhanced IT & premises	Enhanced IT and premises
Engagement	Operational	Primary Care	Community	Public Health & Clinical leadership
Pharmacy Capability				

An evaluation of the Healthy Living Pharmacy Pathfinder programme (of which Dudley was one of the pathfinder sites) published by a collaboration of pharmacy organisations (Pharmaceutical Services Negotiating Committee, 2013) and reported nationally concluded:

- Results of the Portsmouth pilot could be replicated in other areas with different demography and geography.
- The public have welcomed the HLP concept and feedback demonstrates that HLPs do deliver benefits for the public and patients.
- The level of service activity (advanced services and enhanced services (included many of the public health services prior to NHS change April 2013)) is higher in the majority of services delivered by HLPs, both prior to becoming a HLP and relative to non HLPs.
- Benefits of HLPs have been realised by commissioners, contractors and employees.

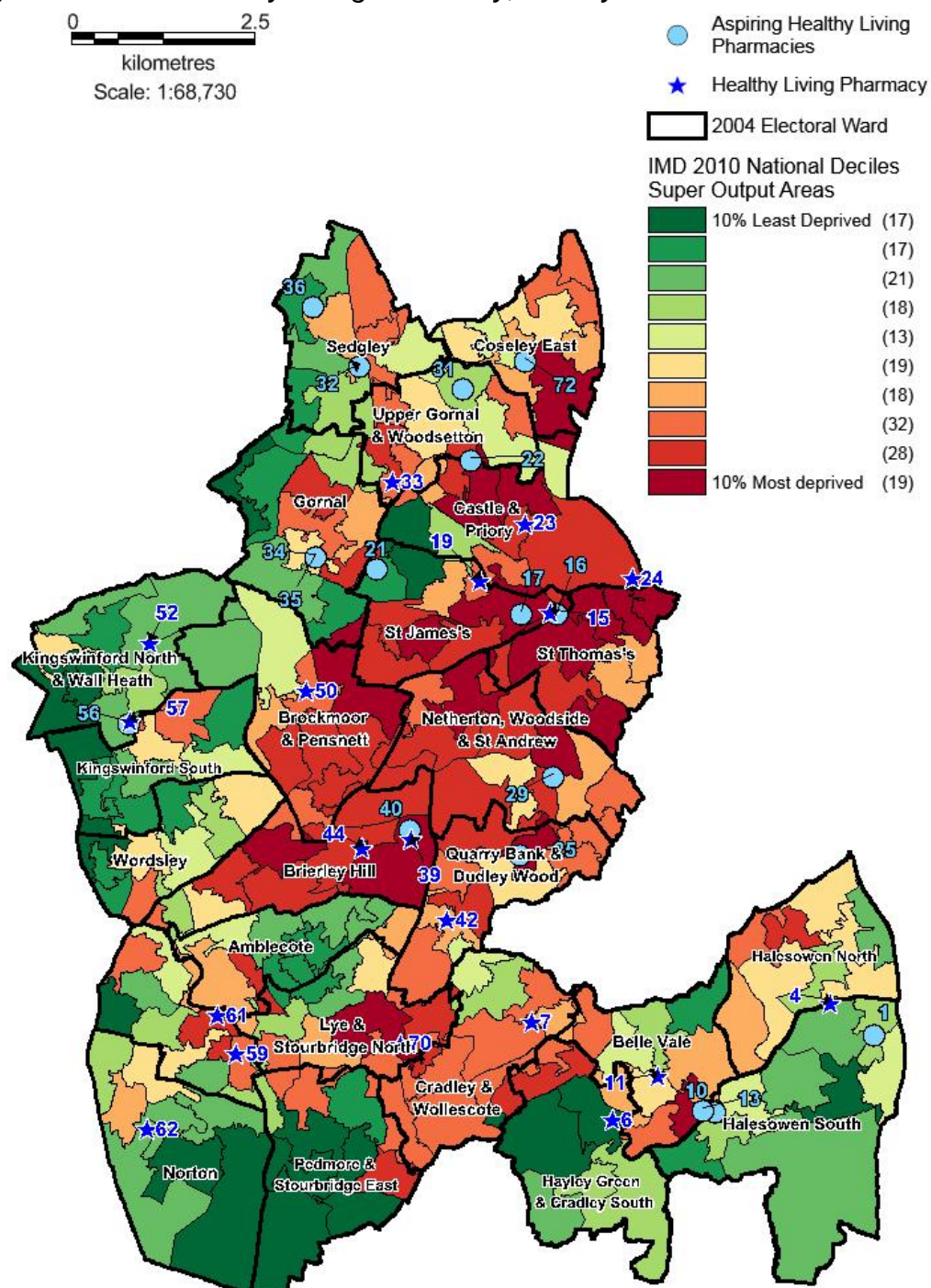
Our local public health services data (2013-14) within Dudley demonstrates that HLPs deliver a greater level of service activity compared with non HLPs thus replicating the results seen nationally. Additionally, the quality of services delivered through a HLP is far more consistent than through a non HLP. For this reason dependent upon future funding and identified need, HLPs will be prioritised by the Office of Public Health for commissioning of new services and/or pilots.

To date (November 2014), there are 19 accredited HLPs across the borough and 17 aspiring to achieve this status (Figure 27) within the next 12 months.

The current number of accredited HLPs has only been achieved through co-operative working with the Local Pharmaceutical Committee, the Public Health Practitioner for community pharmacy and the Office of Public Health department together with the enthusiasm and commitment of individual community pharmacists and their teams.

The Public Health Practitioner for Community Pharmacy (within the Office of Public Health) is presently represented on a national Healthy Living Pharmacy Innovators working group with the aim of driving the national HLP agenda forward.

Figure 27: Location of pharmacies either awarded Healthy Living Pharmacy status or aspiring to become a Healthy Living Pharmacy, Dudley



Map created by Public Health Intelligence, Office of Public Health Dudley,  
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Ordnance Survey License Number 100019566  
Source: IMD 2010 and Office of Public Health Dudley

Pharmacy Key – See appendix 1.

## Assessment 13: Healthy Living Pharmacy

We conclude that there are gaps in the provision of accredited HLPs across the borough particularly in some areas of the greatest deprivation (DY1, DY2 and DY5) where access (to HLPs) would support a reduction in health inequality and improve wellbeing. Results from the pharmacy contractor survey (data on file) provide evidence that existing contractors are willing to fill the present gaps in becoming accredited as a HLP.

We further conclude that the Office of Public Health, Dudley MBC (working in collaboration with Dudley LPC and individual community pharmacies) will continue to commit support and funding (subject to availability) in developing our existing network of community pharmacies with particular emphasis on targeting community pharmacies within the most deprived areas within the borough.

Results from the Healthwatch Dudley survey (discussed in detail later on page 93) demonstrated that few respondents within the borough had an awareness of the HLP logo and its concept. Therefore, we conclude that the Office of Public Health (working with Dudley LPC and individual community pharmacies) will promote a greater awareness of the HLP concept and branding across the borough.

## Think Pharmacy Campaign

The '*Think Pharmacy*' campaign was developed during 2012 through funding from the Department of Health, which NHS Dudley successfully bid for, as part of a pilot to promote pharmacies to targeted audiences.

The campaign was built on real insight, targeting our younger population within the borough and their views of community pharmacy. Substantial research was carried out with young people, including current usage, barriers, current knowledge and perceptions. A questionnaire was produced which aimed at finding exactly which services were used the most, and least by the young people of Dudley. In order to get a fair representation of the young people of Dudley the questionnaire was delivered across different areas of Dudley including Dudley College, King Edwards College, St Thomas Community Network - a pupil referral unit, various secondary schools and out on the streets of Dudley.

This was followed by extensive work with pharmacists, which included training and role play around barriers for young people accessing health services. Following on from this the campaign concept was developed, with help from young people, to include a rap video, facebook page, twitter and road shows. The target age group of this campaign was 16 to 24 year olds.

The campaign objectives were to:

- Increase awareness of Pharmacies in general, together with the range of services they offer, to the target audience

- Increase footfall of the target audience
- Increase uptake of services by target audience
- Reduce inappropriate use of other NHS services by target audience

The campaign involved many factors to ensure its success:

- Five concepts developed
- Tested with target audience and professionals
- Most favoured concepts merged
- Online based with a 'Musical Theme'
- Rap performed and sung by young people and recorded
- Music video produced
- Campaign website [www.thinkpharmacy.info](http://www.thinkpharmacy.info)
- Campaign competition, on the website, linked to campaign facebook page – The hub of the campaign
- Four video bites produced, using young people and pharmacists, for the website explaining pharmacy services and addressing concerns expressed in the research
- Videos uploaded on YouTube
- Pharmacy road show around the borough (town centres and colleges)
- Range of literature and promotional materials
- Engagement with colleges, 6<sup>th</sup> Forms, schools and training providers
- Resource Pack for schools
- Press release

To sustain the campaign initiative the following was conducted during 2013:

- A school pack created by the three young advisors to deliver the message within schools;
- Intranet links to all materials at every school and college;
- Annual Roadshows at college fresher's fayre and town centres;
- Annual Facebook competition;
- Regular news feeds through facebook and twitter.

The Office of Public Health through its programme areas (i.e. sexual health, alcohol brief Intervention and advice, smoking cessation etc) continue to promote community pharmacies and their services to this young age group with regular annual road shows and events within schools, colleges and large retail shopping centres. This is also supported by social marketing.

Evaluation of the Think Pharmacy campaign has demonstrated that young people are more aware of pharmacies and the services available. The campaign has demonstrated that the number of young people accessing public health services (smoking cessation services and Chlamydia screening) through community pharmacy has increased since its introduction.

## Patient & Public Involvement

The Dudley Office of Public Health has, as a formal part of the development of this PNA, consulted patients and the public on their views and requirements for community pharmacies services through commissioning research to Healthwatch Dudley. Healthwatch Dudley is the consumer champion for both health and social care services provided for adults and children within Dudley borough.

Summary of Healthwatch Dudley Research:

- Individual questionnaires to pharmacy customers through every patient facing community pharmacy in Dudley (72 pharmacies and 100 questionnaires per pharmacy) and access to questionnaire via online media.
- 7,200 questionnaires distributed to pharmacies and 827 returned and analysed, a response rate of 11.5%.
- Replies were received from all five locality areas with 3% out of borough.
  - 61% female and 39% male responders.
  - 95% of responders were White British.
  - Majority of responses were received from the age groups 55 and over.
  - A focus group was also conducted to obtain a more detailed view of services.
- Full details of the research and final report is available at <http://healthwatchdudley.co.uk/research-reports/>
- Additionally, to target greater participation within the ethnic minority group, the Halesowen Asian Elders Association was consulted separately during October 2014 (70 participants). Please refer to appendix 10 for a summary of the findings.

Although a good number of questionnaires were returned, unfortunately the demographics of the respondents do not match those of the Dudley population; therefore the results need to be interpreted with caution. The majority of respondents were women, making up 61% of the returns; just 50.8% of the Dudley population are female so therefore men were underrepresented. The return of questionnaires from the different postcode areas within Dudley also varied across the borough with postcode areas DY1, DY2, B63 and WV14 being underrepresented and DY3, DY6, DY9 and B64 overrepresented. Over 75% of respondents were aged over 55 years, in Dudley the over 55 year olds represent just 30% of the total population so have therefore been overrepresented in this survey. Only 8 surveys were returned by persons aged 18-24 years. Over 92% of the respondents described themselves as White British, this is higher than the proportion of the White British population within Dudley so therefore people from Black, Asian and minority ethnic groups have been underrepresented in this questionnaire.

Although the demographics of the persons returning questionnaires does not match those of the Dudley population, they may be a reflection of the customers that use pharmacies within Dudley or that these groups of people are more willing to complete questionnaires.

Healthwatch Dudley in its final report made the following conclusions:

- It is appropriate to focus on the development of pharmacy services at premises close to people's homes and at or near doctors' surgeries and investigate opportunities to expand pharmacy activity in other areas in the community.
- Pharmacy opening times may need to be reviewed along with other primary care services if improved access is to be achieved that better meets the needs of both casual and regular users of services.
- It is relevant to focus on promoting pharmacy services such as health checks and support for long-term conditions and consider how different pharmacy services might be enhanced and developed to meet people's changing needs in a modern living and working context.
- More people could be encouraged to use particular services such as immunisation and vaccination jabs, stop smoking and alcohol advice and interventions and opportunities could be explored to further enhance and develop pharmacy links and relations with other primary and secondary care health sector partners.
- It is important to ensure there are adequate private areas for pharmacist and pharmacy staff consultations with members of the public.
- Rolling out a minor ailments scheme would be useful for the public.
- Pharmacists need to make the most of the trust and goodwill shown to them by the public when promoting and developing pharmacy services and in discussions with other healthcare partners.
- Pharmacists need to take full advantage of and exploit opportunities opened up by advances in technology and social media platforms to meet changing public needs for pharmacy services.
- Pharmacist and pharmacy staff skills and experience need to be kept up-to-date and relevant to meet changing public needs in a changing healthcare landscape.

Analysis has revealed recurring themes:

- Overall patients and the public of Dudley are happy with the pharmaceutical services available to them locally.
- Dispensing services are valued, promptly delivered by friendly staff and advice provided.
- Majority visit pharmacies (89%) between 9am & 6pm on weekdays.
- Majority use pharmacies near their home (57%) or near their GP surgery (41%).

- Pharmacies are commonly open at times people want to use them and in places convenient to their needs i.e. close to home, in shopping areas or at or near GP surgeries.
- There is no public demand for additional services however when prompted with a range of additional services, the public agreed that stop smoking advice, minor ailments advice, medicines use checks, vaccinations, health checks and long term conditions advice should be provided from their usual pharmacy.

We conclude that the patients and public of Dudley have not highlighted any additional pharmaceutical services needs. Pharmacies are serving the needs of patients in Dudley. However areas for service improvement within the current provision were highlighted:

- Patients and the public of Dudley would like better publicity of pharmacy opening times;
- Opening hours to be better aligned with local GP surgeries if they are not already;
- Better communication between pharmacies and GP surgeries;
- Greater awareness of 'special needs' and better service provision for those groups e.g. large print labels, translation services, community language speakers, space for wheel chair turning.
- Greater promotion, awareness and delivery of the extended services (Advanced, Enhanced and Public Health) available from community pharmacies.
- Greater promotion and awareness of the Healthy Living Pharmacy model and those accredited pharmacies within Dudley.

In January 2010 Dudley PCT won a DH sponsored bid for a communication project to investigate the views and usage of community pharmacy services, particularly the local enhanced services (now referred to as public health services) in sexual health and smoking cessation in the 14 to 25 age group, and then promote community pharmacy services to this sector.

Dudley PCT took the next step in developing mutual awareness among pharmacists and young people of the benefits of better engagement on both sides. This led to the development of the '*Think Pharmacy*' Campaign discussed previously.

During the formal consultation period for the PNA (December 18<sup>th</sup> 2014 to February 16<sup>th</sup> 2015) this document was available to patients, public and other community stakeholders (i.e. voluntary sector) on the Dudley MBC public accessible website, <http://www.dudley.gov.uk/community/initiatives/health-wellbeing/>

## Excepted Applications

Recent changes in the control of market entry test to refer to the PNA means that it is no longer required to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. However, existing pharmacies granted an application prior to this change (September 2013) by PCT's historically under these exemptions may continue to provide pharmaceutical services. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 make it clear that pharmacies that opened under the exemption historically of providing at least 100 hours of pharmaceutical services each week cannot apply to reduce their hours now that this exemption does not exist.

Presently there is only one category of exempt application in the control of market entry test which is for distance selling pharmacies (previously referred to as wholly mail order or internet pharmacies within the regulations).

Whilst three of the four exemptions under control of market entry now cease to exist for new pharmaceutical services applicants, it is important to document the legacy that the historical exemptions have left for the population of Dudley.

Dudley patients and residents have significantly benefitted from access to pharmaceutical services under one of the historical four control of market entry exemptions.

### **Pharmacies that intend to open for at least 100 hours per week**

It remains a condition of this exemption that the total contractual hours during which pharmaceutical services will be available are not less than 100 hours each week. The usual 40 hours minimum does not apply. Patients who are unable to access services during normal shopping hours benefit particularly from these pharmacies.

- NHS England may remove from the list if the pharmacy repeatedly fails to meet the terms of the exemption without good cause.
- Continues to support improving access to out of hour's services. Pharmacies should be prepared to open at NHS England's request. NHS England requests can include opening on designated bank holidays in order to provide the full range of pharmaceutical services including any enhanced services commissioned from the pharmacy on other days of the year.
- Comply with the directive that a 100 hour operation must be agreed by NHS England to ensure that they are provided at times relevant to the needs of Dudley residents
- Ensure that opening hours include Saturday, Sunday and Bank Holiday service provision.

- Applicants were also required to provide the advanced services (the pharmacy will have an approved consulting room and will carry out Medicines Use Review/Appliance Use Review/ Stoma Customisation Service and New Medicine Service).
- Applicants should be willing to fully comply with all the requirements of the NHS England procedure for monitoring pharmacies that open for 100-hours document including the process and paperwork for informing NHS England of the planned and actual pharmacist cover (Community Pharmacy Contract Framework).

In Dudley the pharmacies approved under this now obsolete exempt category are the following 100 hour pharmacies:

*Table 13: 100 hour pharmacies within Dudley*

Map ID	Locality	Address
48	Brierley Hill	Sainsbury's Instore Pharmacy, Withymoor
41	Brierley Hill	Lloyds Pharmacy, HSCC, Off Little Cottage St
45	Brierley Hill	Asda Stores Ltd, Pearson Street
47	Brierley Hill	Day Night Pharmacy, 20 Albion Street
12	Halesowen	Asda Stores Ltd, Cornbow Shopping Centre
70	Stourbridge	Day Night Pharmacy, 45 High Street, Lye
68	Stourbridge	Lye Pharmacy, 37 High Street, Lye
28	Dudley & Netherton	Netherton Midnight Pharmacy, 86 Halesowen Rd
26	Dudley & Netherton	Kates Hill Pharmacy, 1B St Johns Road

Dudley patients also use 100 hour pharmacies in neighbouring areas of Sandwell and Wolverhampton:

*Table 14: 100 hour pharmacies within 2km of the Dudley MBC border*

Map ID	CCG	Pharmacy Name
<b>34</b>	Wolverhampton	Phoenix Pharmacy
<b>134</b>	Sandwell and West Birmingham	Tesco Extra

We have concluded that extended access to pharmacies out of normal office and GP surgery hours fulfils the pharmaceutical service needs of Dudley patients.

Brierley Hill is well served by extended opening hour pharmacies as are Halesowen and Dudley. A former gap in provision in Netherton and Stourbridge (Lye) was filled by new 100 hour pharmacies opened in November and December 2010. The Phoenix Pharmacy in Wolverhampton provides extended opening hours to Sedgley residents. The Dudley Walk In centre and GP OOHs service are both located in Holly Hall, Central Dudley to serve patients from across the borough. Sedgley residents accessing OOH medical services also have access to late opening pharmacies within Dudley and Brierley Hill.

We have concluded that there is a need for the provision of pharmaceutical services during extended hours. The 100 hour pharmacies in Dudley and neighbouring areas form an essential part of meeting this need therefore any amendments to their existing opening hours would have a detrimental effect for the population of Dudley.

As the start of a week is not defined in the regulations, the Family Health Services (FHS) Functions committee was previously asked to define it during the last Dudley PCT PNA in 2011. This was determined to be midnight between Sunday & Monday. This is included in the PNA for reference. This determination is necessary to enable NHS England to better control the opening hours by 100 hour pharmacies in relation to bank holidays.

### **Distance Selling Pharmacies**

There are 3 distance selling pharmacies operating within Dudley for which Dudley patients do make use of their services.

- Murrays Healthcare: <http://www.murrays.co.uk>
- Touch Pharmacy: <http://www.raylane.co.uk/>
- Meds at Home Limited: <http://www.medsathome.co.uk/>

These pharmacies are not mapped because patients cannot visit them to access face to face essential services as per the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (England, 2013).

Additionally, this exemption from control of market entry remains since a true internet or mail order service, servicing a population spread throughout the country cannot argue a strong enough case for meeting needs set out in a local PNA. Neither could it be said to bring about a significant benefit under an unforeseen benefits application.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (England, 2013) detail a number of conditions for distance selling pharmacies in addition to the regulations governing all pharmacies. As compliance with the conditions is a pre-requisite for all distance selling pharmacies to remain on the pharmaceutical list, breach of the conditions could lead to removal from the Pharmaceutical List by NHS England.

Dudley patients do make use of distance selling pharmacies on the pharmaceutical list of other NHS England Area Teams (other than the NHS England Birmingham, Solihull and Black Country Area Team).

## **Shaping the Future**

Our evaluation of the pharmaceutical service provision to the patients and public in Dudley is that there are no gaps in position or opening hours for provision of essential services.

Numbers of Medicines Use Reviews performed by each pharmacy has improved significantly since the last PNA in 2011. Within the localities there are sufficient accredited pharmacies for patients to have the choice of changing their dispensing pharmacy in order to make use of the MUR service. The provision overall of the New Medicine Service (NMS) within the borough is variable. However, the provision of accredited pharmacies for patients to access within localities for the NMS is good. Hence, patients can change their dispensing pharmacy in order to make use of the NMS.

We propose that NHS England work more closely with Dudley CCG, the Office of Public Health, the LPC, Pharmacy area managers and individual contractors to link the conduct of and outcomes from MURs and NMS into local treatment pathways e.g. COPD pathway, Asthma pathway, Falls pathway etc.

Appendix 9 sets out in tabular form the pharmacy enhanced services which are or could be commissioned as set out in the regulations and Dudley CCG's current commissioning intentions. The information gathered in the 2014 summer pharmacy contractor survey (data on file) provides information from current providers on their capability and willingness for providing these services if the CCG/NHS England were to reconsider its position as priorities changed and funding became available.

Management of Long Term conditions; full commissioning of the current minor ailments scheme (Pharmacy First) pilot, with extension of access to the whole of the Dudley population (irrespective of registered GP practice); immunisation services – seasonal flu (extension of current area wide Winter 2014 pilot), childhood immunisations and Hepatitis B&C testing and vaccination are potential service aspirations that could be explored in the short to medium term future. With public health services, extension of the current Falls and HIV pilots should be explored in line with local priorities.

### **Advice on Medicines Management in Care Homes Enhanced Service**

With the decommissioning of Dudley primary care trust, the previous care homes enhanced service ceased to exist due to lack of funding and prioritisation. Historically, an enhanced service was commissioned by Dudley PCT in 2006 with an amendment with the service specification in October 2010. This enhanced service outlined a scheme where accredited community pharmacies provided ongoing advice and undertook regular audits determined by Dudley PCT. This service was overseen by the medicines management team within the PCT and covered the practical aspects of the residents' pharmaceutical care namely, medicines handling, storage, administration, recording, disposal, high risk drugs safety and waste reduction.

Prior to the Community Pharmacy contract regulations 2005 some community pharmacists had been providing an advisory service to care homes under Directions to Health Authorities concerning arrangements for providing additional pharmaceutical services, which came into force on the 1<sup>st</sup> April 1999.

Presently, whilst there is no commissioned service for advice on medicines management in care homes, community pharmacies and their teams may be providing such a service as part of their routine dispensing service for care homes. This is likely to be an additional service by community pharmacy with no financial reimbursement. However, the consistency and robust assurance of such a service for care homes is likely to be questionable since it is not independent of the dispensing pharmacy.

Whilst, Dudley CCG commissions an Older Persons Specialist Pharmacist (0.4WTE), the remit of this service is far wider than just care homes. Hence, capacity within this service is limited and unable to meet the needs of all care home residents with respect to medicines management. Local intelligence informs that not all Dudley care homes have benefit of a medicines management advice service and several medication incidents in local care homes over the last two years identify shortcomings in medicines management systems.

Nationally, NICE in a briefing paper entitled – '*Managing medicines in care homes*' reported that in the CQC annual report 2011-12, the management of medicines was one of the areas of poorest performance in nursing homes. A study published in 2009 (Care Home Use of Medicines Study (CHUMS)) conducted in older residents living in care homes reported that errors occurred in over 8% of observed medicines administration events and that 22% of residents experienced at least one error in medicines administration. Administration errors included omissions (49% of observed errors) and incorrect doses (21% of observed errors) (National Institute for Health and Care Excellence, 2014).

Such a commissioned service would fit in with:

- domain 1 (Enhancing quality of life for people with care and support needs), 3 (Ensuring that people have a positive experience of care and support) and 4 (Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm) of the Adult and Social Care Outcomes Framework 2014-15.
- domain 2 (Enhancing quality of life for people with long-term conditions), 4 (Ensuring that people have a positive experience of care) and 5 (Treating and caring for people in a safe environment and protecting them from harm) of the NHS Outcomes Framework 2014-15.
- domain 4 (Healthcare public health and preventing premature mortality) of the Public Health Outcomes Framework for England 2013-16.

The historical enhanced service by Dudley PCT provided much needed local intelligence to the Older Persons Specialist Pharmacist (about care homes and their in-house medicines management) and through this information, joint working, advice and additional support for the care home would ensure vulnerable service users

remain safeguarded from medicines as well as significantly reducing medicine waste levels.

The commissioning of such a service by NHS England and Dudley CCG should be considered once again.

All proposed commissioning intentions and aspirational commissioning intentions of additional enhanced services are all subject to availability of funding and changes in NHS England/CCG plans. Any extension of enhanced service provision from community pharmacies will be from existing contractors. The awarding of a full contract to provide an enhanced service is a disproportionate response to the assessed need.

Appendix 8 sets out in table form 'Mapping the Dudley Joint Health and Wellbeing Strategy to Pharmaceutical Services Commissioning'. Community Pharmacy currently makes a contribution against all the key delivery programmes, whether as signposting through the essential services delivery, through MURs and NMS as advanced service delivery or as a current, pilot or proposed local pharmacy public health service or a local enhanced service.

## **Healthy Start Vitamins**

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are at least 10 weeks pregnant and families with children under four years old (referred to as *Healthy Start beneficiaries*) qualify for Healthy Start if the family is getting:

- Income Support, or
- Income-based Jobseeker's Allowance, or
- Income-related Employment and Support Allowance, or
- Child Tax Credit (but not Working Tax Credit unless the family is receiving Working Tax Credit run-on only\*) and has an annual income of £16,190 or less (2014/15).
- Women also qualify during the whole of their pregnancy if they are under 18 when they apply, even if they don't get any of the above benefits or tax credits.

\*Working Tax Credit run-on is the Working Tax Credit received in the 4 weeks immediately after a person has stopped working for 16 hours or more per week (single adults) or 24 hours a week (couples).

The scheme consists of two elements:

### **Vouchers**

- That can be spent on milk, plain fresh or frozen fruit and vegetables (fruit and vegetables with nothing added), or infant formula milk.

### **Coupons**

- That can be exchanged for multi-vitamins.
- Coupons are posted every eight weeks.
- The coupons are for:

	<b>Children's drops</b>	<b>Women's tablets</b>
Vitamin A	233 micrograms	Nil
Vitamin C	20 mg	70 mg
Vitamin D (D3)	7.5 micrograms	10 micrograms
Folic Acid	Nil	400 micrograms
One bottle	10 ml (8 weeks supply)	56 tablets (8 weeks supply)
Daily dose	5 drops	1 tablet
Shelf life	10 months from manufacture	2 years from manufacture
Classification	General Sales List Medicine	Multivitamin Food Supplement

It is the responsibility of primary care and health trusts and health boards to make both of the vitamin products available locally to Healthy Start beneficiaries. Healthy Start vitamins are important because:

- 8% of children under five in the UK don't have enough vitamin A in their diet (Scientific Advisory Committee on Nutrition, 2008)
- families in lower-income groups tend to have less vitamin C in their diet (Scientific Advisory Committee on Nutrition, 2008)
- all pregnant and breastfeeding women and young children are at risk of vitamin D deficiency (Scientific Advisory Committee on Nutrition, 2007) (teenagers, younger women and those from ethnic minorities are particularly at risk).

For further details see the website: <http://www.healthystart.nhs.uk>

Despite a better than the national average uptake (75%) of the Healthy Start scheme and use of vouchers, Dudley's uptake of coupons for beneficiaries is extremely poor with an uptake of Children's Drops in March 2013 (latest available data) of only 3% and Women's Tablets of only 5%.

A priority for the Department of Health is to improve access to Healthy Start vitamins by increasing the number of outlets where they are available, not just for Healthy Start beneficiaries, but also the population identified as at-risk and who may benefit from vitamin supplementation.

In order to increase access to vitamins, new regulations were laid before Parliament (coming into effect January 2015) enabling all providers providing services for the care of pregnant women, women who are breastfeeding and young children to make a charge for Healthy Start vitamins.

The Office of Public Health, Dudley MBC is at the time of writing this PNA (February 2015) preparing to commission this new service to community pharmacists to improve local access to Healthy Start vitamins with the aim of improving uptake of coupons (Children's drops and Women's tablets) for our Healthy Start beneficiaries within Dudley as well as others within the population identified as at-risk whom may benefit from vitamin supplementation (at their own cost).

This service would be aligned to our local JHWS vision that *"all children in Dudley borough will have the best possible start in life"*.

### **Promoting Pharmacy services to young people 16-25 years**

Dudley CCG, NHS England and the Office of Public Health, Dudley MBC working in partnership need to ensure the 'Think Pharmacy' campaign remains prominent within the minds of our younger population. Promoting pharmaceutical services available through community pharmacy to a younger age group can influence positive behaviour change in the long term towards a more self-care culture with correct access of NHS service provision since these young people have many years to make use of pharmaceutical and NHS services. This remains a key area of programme delivery for the Office of Public Health, Dudley MBC.

### **Electronic Prescription Service – Release 2 (EPS R2)**

All pharmacy contractors within Dudley are EPS R2 enabled or expecting to be enabled within the next 12 months (appendix 4A) and there is limited information at the time of writing this PNA (February 2015) about implementation within Dudley. It is important to note that neighbouring CCG's have begun to implement EPS R2 (as a pilot or phased activation) between GP practices and pharmacies. Dudley CCG has identified EPS R2 as part of their IT strategy and has appointed a project lead to support implementation. A working group has been established with representation of both general practice and community pharmacy. Potential GP pilot sites have been identified and it is recommended that Dudley CCG continues to implement this rollout in a timely manner.

### **Future Developments - Housing**

The Dudley Borough Development Strategy (Dudley MBC, 2011) builds on the work carried out for the Black Country Core Strategy which was adopted in 2011. The Black Country Core Strategy identified several Regeneration Corridors within the Borough linking the four main town centres. These centres and corridors contain the majority of areas where housing growth will be concentrated over the planned period

(up to 2026). Several significant Regeneration Corridors have been identified that may influence pharmaceutical need with respect to an increasing housing stock and population within the next 3 years (ahead of the next scheduled PNA in 2018):

- Regeneration Corridor 10 – Pensnett. The total number of dwellings to be built before 2016 is 345. The largest housing stock to be built is on Tansey Green Road (334 dwellings). Existing pharmaceutical services are located within a 30 minute walk of this development (pharmacy ID number 50 and appendix 1).
- Regeneration Corridor 11a – Dudley town centre to Brierley Hill. 216 dwellings have been built within this corridor between 2006-2013 whilst 378 dwellings were outstanding (construction started but not finished) as at March 2013. This PNA has highlighted good provision of pharmaceutical service access within these two townships to meet the need for any increased capacity.
- Regeneration Corridor 11b – Brierley Hill to Stourbridge town centre. 150 dwellings are currently under construction south of the High Street, Wollaston. There is adequate access (within a 30 minute walk) and capacity to existing pharmaceutical services nearby (pharmacy ID numbers 61, 63 and 64, and appendix 1).
- Regeneration Corridor 16 – Dudley town centre to Coseley. The Priory Estate continues to be redeveloped. The housing stock has increased over recent years with 345 dwellings completed by 2013 and 121 reported as being under construction (at March 2013). The LPS Pharmacy on the Priory estate (ID number 23 and appendix 1) has sufficient capacity to meet the pharmaceutical service needs from the extended population when houses are occupied.

To plan pharmaceutical services for projected demographic changes in the future, we conclude that pharmaceutical service provision should also be reviewed in the event of new housing developments within the borough. To facilitate this, we further conclude that the Office of Public Health will communicate with the planning department (Directorate of Urban Environment) within Dudley MBC to ensure notification of new housing developments are received, to enable the assessment of future pharmaceutical services need.

### **General Practice and Pharmacy Federations**

With an increasing need to manage patient demand and improve capacity within primary care for health care services, whilst at the same time reducing inappropriate attendance (and associated costs) at accident and emergency departments within hospitals, there is escalating national drive for the introduction of a 7-day general practice service. Locally, GP practices are in early discussions with the formation of a federation to ensure that GPs have a united voice with commissioners (NHS England and the CCG) in meeting potential future needs with service provision such as 7-day

working in general practice. How and what this may look like, is at the time of writing this PNA unknown.

The same principle could apply to community pharmacies in the future with interested pharmacy parties forming federations in order to use one voice to negotiate and offer to provide a particular health service procured by a Commissioner.

## **Conclusion**

Patients are not registered with individual pharmacies and have the choice where to have their prescriptions dispensed and where to access essential, advanced, enhanced and other local pharmacy services (i.e. public health services). The differing needs of patients and the public across the borough have been taken into consideration as far as possible. The patient/public questionnaire conducted by Healthwatch Dudley covered many different groups and support for pharmacies to tackle language barriers, disability access and promote confidentiality and better communication skills will be considered as part of local development plans.

This PNA has concluded that there are no gaps in geographical access to pharmaceutical service provision. Extension to opening hours if necessary will be achieved by using the current contracted pharmacies in the borough. Total coverage for the MUR and NMS service will be achieved using current contracted pharmacies.

This PNA has concluded that there are sufficient current contracted pharmacies to act as willing providers in the areas of deprivation, higher disease prevalence and for the rising population of older people if local commissioners (Dudley MBC, Dudley CCG and/or NHS England Area Team) ever wished to commission local pharmacy services or other enhanced services from existing community pharmacies.

This PNA has concluded that there is no need for further pharmaceutical contract applications whether using the exemption from the control of entry regulation or not.

Having taken note of the public's preference for a range of pharmacy locations, e.g. next to or close to GP practices, within high streets and shopping areas, the PNA has concluded that if GP practices move premises within a locality area a similar level of patient access to all pharmaceutical services in that area should be maintained. No increase is to be made in the number of contracts in that area, however improvements in quality of premises, provision of full range of advanced, enhanced and locally commissioned pharmacy services would be required.

We are unaware of any unmet need of provision of Appliance Use Reviews or Stoma Appliance Customisation by pharmacy or appliance contractors.

## **Assessment 1: Access**

From our evaluation of the geographical location, number of pharmacies per head of population, walk times to pharmacies in more deprived areas and different types of premises, we conclude that there are sufficient pharmacies in Dudley and the surrounding areas to provide essential pharmaceutical services to its residents. From our assessment of access to pharmacies for those people with disabilities (appendix 4B), it is evident that access to some pharmacies within Dudley may be restricted. We conclude that access to pharmacies and their services must comply with the relevant legislation (The Equality Act 2010) to ensure equal access for all across the borough.

## **Assessment 2: Opening Hours**

Using our evaluation of pharmacy opening hours (Core, Supplemental and 100hour) together with number and location (including those in the surrounding area, we conclude that pharmacies are open to provide services at the times needed and used by the population. This assessment is supported by the feedback from the patient and public questionnaire (<http://healthwatchdudley.co.uk/research-reports/>).

Within the current contract regulations, NHS England will discuss with those existing pharmacies co located with GP surgeries, a review of their core and supplementary hours to bring them into line with the opening hours of neighbouring GP surgeries if required. Depending on the allocation of official bank holiday dates, gaps in provision may arise. Commissioning pharmaceutical services from an existing provider by NHS England close (up to 2 kilometres or 20 minute walking distance) to the Walk-in Centre at Holly Hall (and the Urgent Care Centre at Russell's Hall Hospital from April 2015) on Bank Holidays not covered by the regulations should be considered. However the opening of three additional 100 hour pharmacies (since the last PNA in 2011) should mean that sufficient Pharmacies will be available to provide most Bank Holiday opening cover.

## **Assessment 3 and 4: Advanced Services**

### **Medicines Use Review (MUR)**

Provision of the Medicines Use Review service is offered from greater than three quarters of all the pharmacies in each locality. We conclude that there are isolated gaps in provision. However, we further conclude that within each locality sufficient pharmacies provide a Medicines Use Review Service to offer patients a reasonable choice to access this service. Pharmacies in Sandwell and Wolverhampton also provide MURs for Dudley patients. The further development of the MUR service must focus on integration with disease management as detailed from the JSNA and CCG strategic goals.

## New Medicines Service (NMS).

Provision of the New Medicine Service is offered from greater than 50% of all the pharmacies in each locality. We conclude that there are some gaps in provision within each locality. However, we further conclude that within each locality sufficient pharmacies provide the New Medicine Service to offer patients a reasonable choice for access. Pharmacies in Sandwell and Wolverhampton also provide NMS for Dudley patients.

We conclude that NHS England (working in partnership with Dudley CCG and the Pharmaceutical Public Health Team, Dudley MBC) will need to work with existing pharmacy contractors in order to overcome any barriers to provide an equitable service for all patients no matter which community pharmacy they regularly use.

At the time of writing this PNA (November 2014), NHS England has agreed to commission the continuation of the NMS during 2014-15 following the positive findings of an academic evaluation of this service (commissioned by the Department of Health). However, commitment to the long term commissioning intention of this service (by NHS England) beyond April 2015 would support increased delivery of this service within community pharmacy.

## **Assessments 5 to 12: Public Health Services (Local Pharmacy Services)**

Community pharmacy public health services are not commissioned in isolation and other providers within Dudley also provide some of the commissioned services. Assessment of need of provision is not made against the total availability of service by all providers but on the basis of need within the population of Dudley borough (i.e. at a ward or locality level), increased access for the patient/customer/client and increased choice of service provider.

All existing pharmacies within Dudley on the NHS pharmaceutical list (contracted by NHS England) can apply to provide public health services.

Acceptance for training and accreditation is dependent on the funding available and current service level within the locality. Service levels can vary due to pharmacy staff leaving and not being replaced by trained and accredited staff.

We conclude that there are gaps in service provision in localities with alcohol screening and brief intervention, health checks and Counterweight management services. However, we further conclude that results from the pharmacy contractor questionnaire (data on file) provide evidence that sufficient existing contractors are willing to fill any gaps that may arise or undertake any new services that the Office of Public Health may contemplate commissioning in the future.

Therefore we conclude that there are no gaps in public health services provision that could not be filled by the existing pharmacy contractors.

### **Assessment 13: Healthy Living Pharmacy (HLP)**

We conclude that there are gaps in the provision of accredited HLPs across the borough particularly in some areas of the greatest deprivation (DY1, DY2 and DY5) where access (to HLPs) would support a reduction in health inequality and improve wellbeing. Results from the pharmacy questionnaire (data on file) provide evidence that existing contractors are willing to fill the present gaps in becoming accredited as a HLP.

We further conclude that the Office of Public Health, Dudley MBC (working in collaboration with Dudley LPC and individual community pharmacies) will continue to commit support and funding (subject to availability) in developing our existing network of community pharmacies (to achieve and maintain HLP accreditation) with particular emphasis on targeting community pharmacies within the most deprived areas within the borough.

In line with findings from the patient and public feedback, we conclude that the HLP model and branding will be further promoted to the public to ensure greater awareness across the borough.

This PNA has identified an unmet need of advice for care homes staff with respect to medicines management for residents within care homes (nursing and non-nursing). We conclude that NHS England and Dudley CCG should consider addressing this unmet need through commissioning of a local enhanced service (subject to funding) through community pharmacy that provides advice and support to care homes with respect to medicines management. Such a service should be aligned to existing services, teams and pathways already commissioned by Dudley CCG to support these older vulnerable patients within care homes (i.e. Older Persons Specialist Pharmacist, Virtual Ward and Community Rapid Response Teams).

The CCG, NHS England and Dudley MBC (Office of Public Health) will continue to work with the Local Pharmaceutical Committee, Pharmacy Contractors and Dudley Community Pharmacists to improve the quality of the services provided from the 72 pharmacy premises within the Borough to the people of Dudley. The 3 'distance selling' pharmacies will also receive support as needed to improve their service for the local population.

# Glossary

## Clinical Commissioning Group (CCG)

NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs are clinically led groups that include all of the GP groups in their geographical area.

## Demography

Make up of a particular human population for example the size, age structure. Studied using statistics such as births, deaths, income and disease incidence.

## Health and Wellbeing Board

The Health and Wellbeing Board has responsibility for the health and wellbeing of Dudley residents. The board brings together Dudley Council, Dudley Clinical Commissioning Group, NHS England and partners in the voluntary and community sectors. The Health and wellbeing board has responsibility for publishing the Pharmaceutical Needs assessment.

## Life Expectancy

Life Expectancy at birth is defined as the age to which the average newborn would live if they were to experience the current average mortality rates.

## Output Areas

Super Output areas are a geography used in the collection and publication of small area statistics. There are currently two layers of super output area in use, Lower Layer Super Output Area (LSOA) and Middle Layer Super Output Area (MSOA) both are made up of aggregations of Output Areas (OAs); the lowest geography at which census data are published. LSOAs and MSOAs have minimum and maximum thresholds (Table 15) with approximately 1500 resident in each LSOA and 7200 residents in each MSOA.

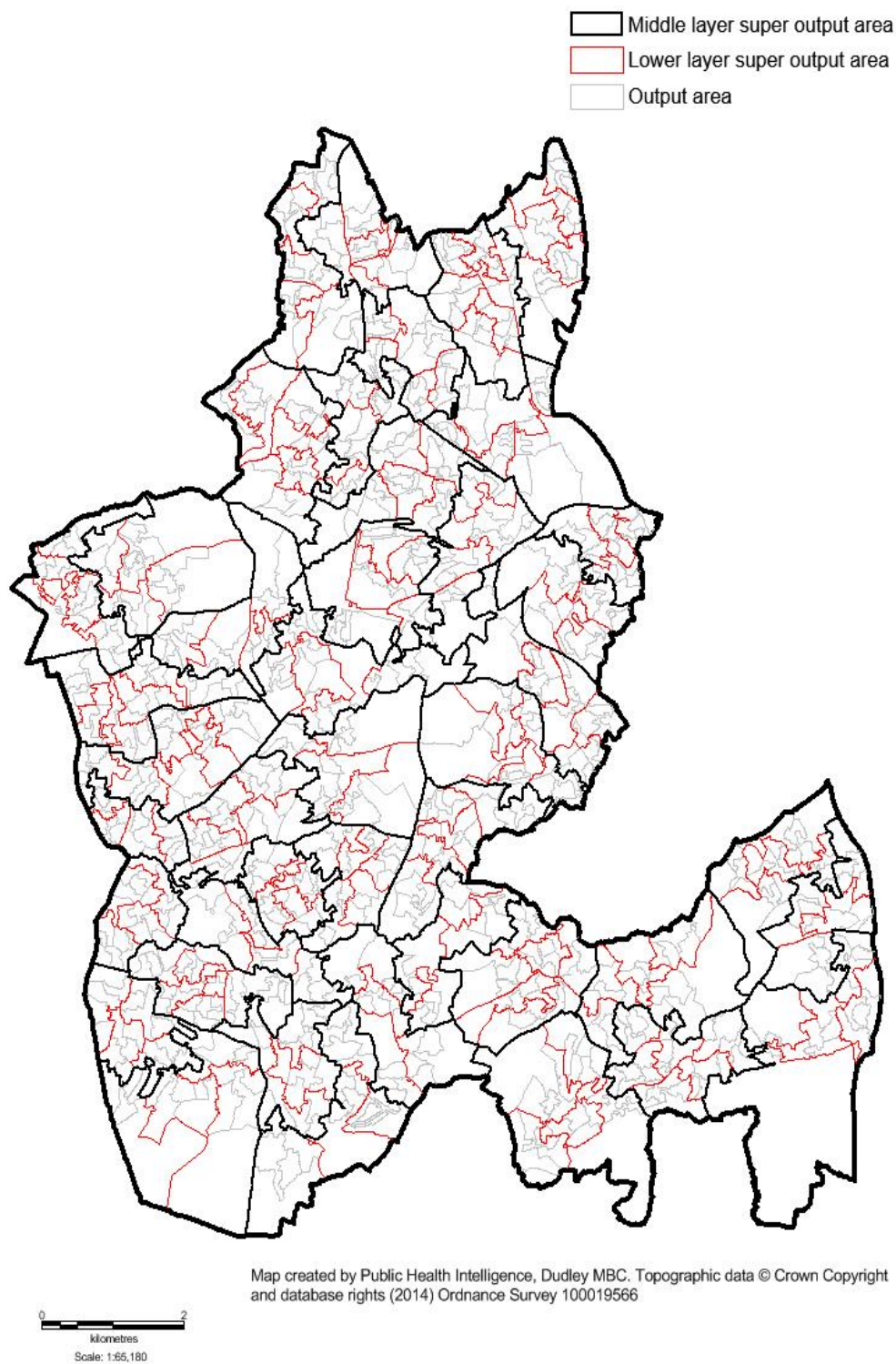
*Table 15: Population and household minimum and maximum thresholds for Super Output Areas in England and Wales*

Geography	Minimum Population	Maximum Population	Minimum number of households	Maximum number of households
LSOAs	1,000	3,000	400	1,200
MSOAs	5,000	15,000	2,000	6,000

*Table 16: Total of 2011 LSOAs and MSOAs in Dudley and England*

Geography	Dudley	England and Wales
LSOAs	201	34,753
MSOAs	43	7,201

*Figure 28: Map of Output Areas, Lower Super Output Areas and Middle Super Output Areas in Dudley, Census 2011*



## Wards

### Census Wards

Census wards are spatial units used for statistical purposes. Census wards are not subject to change and therefore provide a consistent basis for tracking changes in population over time. There are 24 Census wards within Dudley.

*Figure 29: Map of Dudley Metropolitan Borough Council's 24 Census Wards*

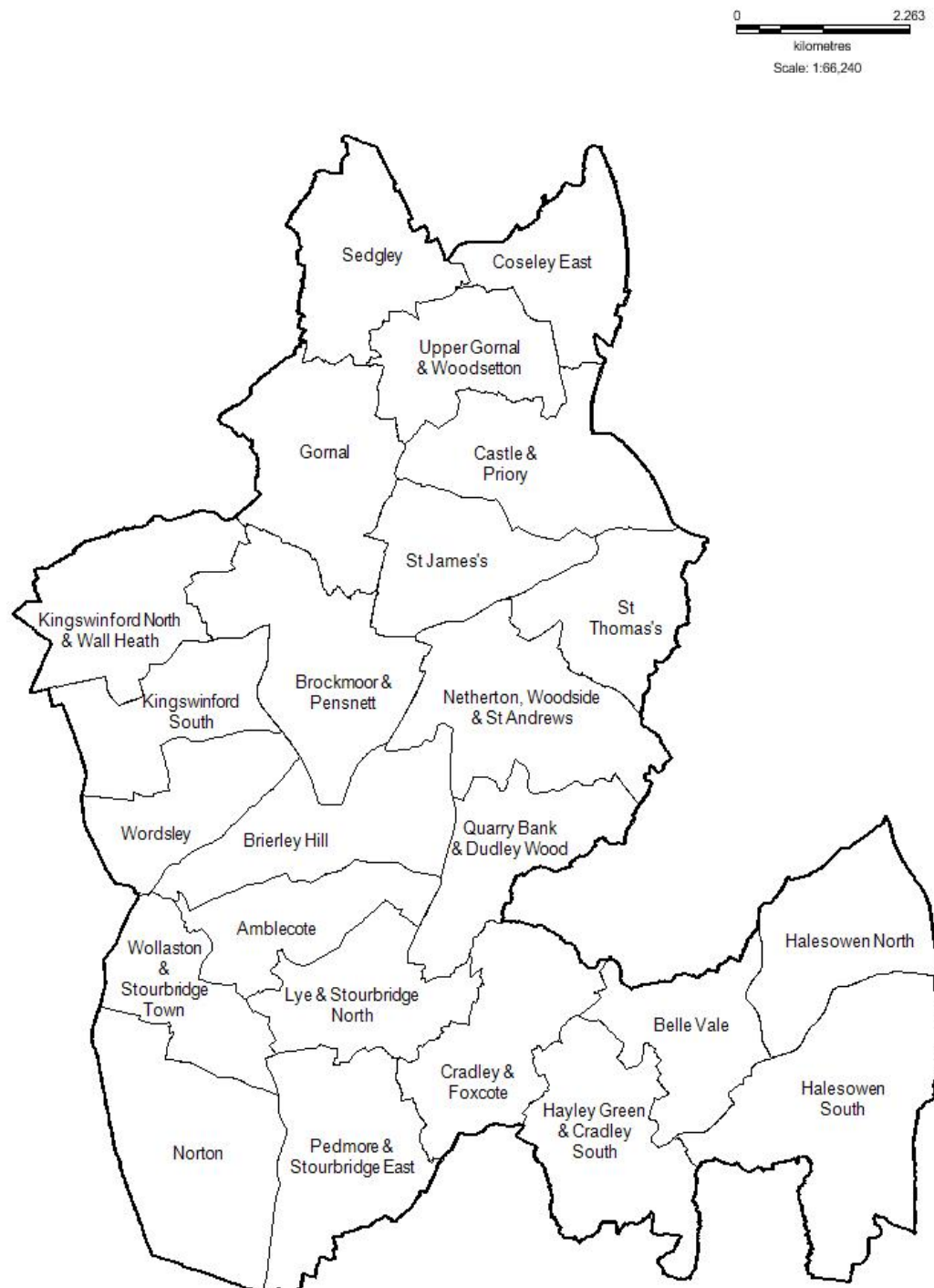


Map created by Public Health Intelligence, Office of Public Health Dudley,  
Topographic Data © Crown copyright and database rights (2014)  
Ordnance Survey License Number 100019566

## Electoral Wards

Dudley Metropolitan Borough is split into 24 local electoral wards, the spatial units used to elect local government councillors. Each of these 24 wards are represented by 3 councillors. Electoral wards are managed by the electoral commission and are subject to change over time.

*Figure 30: Map of Dudley Metropolitan Borough Council's 24 Electoral Wards*



# Appendices

## Appendix 1: Key to pharmacy locations in maps

Table 17: Map ID, Name and Addresses of Pharmacies within Dudley

ID	Name of Pharmacy	Address
1	Grange Pharmacy	8 Howley Grange Road, Halesowen, B62 0HN
2	Evergreen Pharmacy	161 Coombs Road, Halesowen, B62 8AF
3	Turners Pharmacy	12 Manor Lane, Halesowen, B62 8PY
4	C G Murray & Son Ltd	5 Halesowen Road, Halesowen, B62 9AA
5	Rajja Ltd	5 Clement Road, Halesowen, B62 9LR
6	C G Murray & Son Ltd	33 Thornhill Road, Halesowen, B63 1AU
7	Modi Pharmacy	118 Coley Gate, Halesowen, B63 2BU
8	The Co-operative Pharmacy	18 Windmill Hill, Halesowen, B63 2DB
9	Lloyds Pharmacy	11 Peckingham Street, Halesowen, B63 3AW
10	Boots UK Ltd	7 Peckingham Street, Halesowen, B63 3AW
11	Hawne Chemist	177 Stourbridge Road, Halesowen, B63 3UD
12	Asda Stores Ltd	Cornbow shopping Centre, Queensway Mall, Queensway, Halesowen, B63 4AB
13	C G Murray & Son Ltd	57 Queensway, The Cornbow Shopping Centre, Halesowen, B63 4AG
14	Lloyds Pharmacy	St Margarets Well Surgery, 2 Quarry Lane, Halesowen, B63 4WD
15	Boots UK Ltd	218 High Street, Dudley, DY1 1PD
16	Boots UK Ltd	25-26 Market Place, Dudley, DY1 1PJ
17	C G Murray & Son Ltd	Cross Street Heath Centre, Cross Street, Dudley, DY1 1RN
18	Boots UK Ltd	Steppingstones Medical Practice, Stafford Street, Dudley, DY1 1RT
19	C G Murray & Son Ltd	St James Medical Practice, Malthouse Drive, Dudley, DY1 2BY
20	Holly Hall Pharmacy	178 Stourbridge Road, Holly Hall, DY1 2ER
21	Jhoots Pharmacy	100a Milking Bank, Dudley, DY1 2TY
22	The Co-operative Pharmacy	100 Maple Green, Dudley, DY1 3QZ
23	Priory Community Pharmacy	95-97 Priory Road, Dudley, DY1 4EH
24	Tesco Instore Pharmacy	Tesco Extra, Birmingham New Road, Dudley, DY1 4RP
25	Dudley Wood Pharmacy	2 Bush Road, Dudley, West Midlands, DY2 0BH
26	Kateshill Pharmacy	1B St Johns Road, Dudley, DY2 7JH
27	Dispharma	5 Bean Road, Dudley, DY2 8 <sup>TH</sup>
28	Netherton Pharmacy	Midnight 86 Halesowen Road, Netherton, Dudley, DY2 9PS
29	Milan Chemist	137 Halesowen Road, Netherton, Dudley, DY2 9PY
30	Lloyds Pharmacy	145 Halesowen Road, Netherton, Dudley, DY2 9PY
31	The Co-operative Pharmacy	The Health Centre, Brook Street, Woodsetton, Dudley, DY3 1AF

ID	Name of Pharmacy	Address
32	Lloyds Pharmacy	24-28 Dudley Street, Sedgley, DY3 1SB
33	Pure Health Medical Ltd	T/A The Arcade Pharmacy, 4 The Arcade, Upper Gornal, Dudley, DY3 2DA
34	J T Egginton Ltd	Abbey Road, Lower Gornal Dudley, DY3 2PG
35	The Co-operative Pharmacy	18 Abbey Road, Gornal Wood, Dudley, DY3 2PG
36	Northway Pharmacy	6 Alderwood Precinct, The Northway, Sedgley, DY3 3QY
37	Lloyds Pharmacy	The Ridgeway, Sedgley, DY3 3UH
38	Asda Stores Ltd	Merry Hill Centre, Brierley Hill, DY5 1QL
39	Books UK Ltd	Unit 3, Merry Hill Centre, Brierley Hill, DY5 1QT
40	Sainsbury's Pharmacy Instore	J Sainsbury Store, Merry Hill Centre, Brierley Hill, DY5 1QY
41	Lloyds Pharmacy	Brierley Hill H&SCC, Off Little Cottage Street, Brierley Hill, Dy5 1RG
42	C G Murray & Son Ltd	37/38 High Street, Quarry Bank, Brierley Hill, DY5 2AA
43	Books UK Ltd	Unit 1, Moor centre, Brierley Hill, DY5 3AH
44	Ian McArdle	92 High Street, Brierley Hill, DY5 3AP
45	Asda Stores Ltd	Pearson Street, Brierley Hill, West Midlands, DY5 3BJ
46	Lloyds Pharmacy	204 Talbot Street, Brierley Hill, DY5 3DS
47	Community Pharmacies Ltd (UK)	T/A Daynight Pharmacy, 20 Albion Street, Brierley Hill, West Midlands, DY5 3EE
48	Sainsbury's Pharmacy Instore	Withymoor Village, Sandringham Way, Brierley Hill, DY5 3JR
49	Your local Boots Pharmacy	Off Squires Court, Withymoor Village, Brierley Hill, DY5 3RJ
50	The Pharmacy Galleria	96 High Street, Pensnett, Brierley Hill, DY5 4ED
51	Your local Boots Pharmacy	14 Albion Parade, Wall Heath, DY6 0NP
52	Morrisons Pharmacy	Wm Morrison Supermarkets, Charterfield Shopping Centre, Stallings Lane, Kingswinford, DY6 7SH
53	Lloyds Pharmacy	468 High Street, Kingswinford, DY6 8AW
54	Lad Chemist	30 Madley Road, High Acres, Kingswinford, DY6 8PF
55	Lloyds Pharmacy	Moss Grove surgery, 15 Moss Grove, Kingswinford, DY6 9HS
56	Boots UK Ltd	16/18 Market Street, Kingswinford, DY6 9JR
57	C G Murray & Son Ltd	9-11 Market Street, Kingswinford, Dy6 9JS
58	Lloyds Pharmacy	35 Worcester Street, Stourbridge, DY8 1AT
59	Boots UK Ltd	5 Ryemarket, Stourbridge, DY8 1HJ
60	Swinford Pharmacy	90 Hagley Road, Oldswinford, Stourbridge, DY8 1QU
61	C G Murray & Son Ltd	Stourbridge Pharmacy (Lion Health Centre), 2 Lowndes Road, Stourbridge, DY8 3SS
62	The Broadway Pharmacy	95, The Broadway, Norton, Stourbridge, DY8 3HX
63	Your Local Boots Pharmacy	141/143 Bridgenorth Road, Wollaston, Stourbridge, DY8 3NX

ID	Name of Pharmacy	Address
64	Roshban Ltd	Trading as: Brettell Lane Pharmacy, 108b Brettell Lane, Stourbridge, West Midlands, DY8 4BS
65	Your local Boots Pharmacy	Stourbridge H&SCC, John Corbett Drive, Stourbridge, DY8 4JB
66	County Pharmacy	15 Wordsley Green, Shopping Centre, Wordsley, Stourbridge, DY8 5PD
67	Lloyds Pharmacy	209 High Street, Lye, Stourbridge, DY9 8JX
68	Lye Pharmacy	37 High Street, Lye, Stourbridge, DY9 8LF
69	Lloyds Pharmacy	173a High Street, Lye, Stourbridge, DY9 8LN
70	Day Night Pharmacy	45 High Street, Lye Stourbridge, DY9 8LQ
71	Lloyds Pharmacy	121 Oakfield Road, Wollescote, Stourbridge, DY9 9DS
72	Millard & Bullock	Unit 2, Josiah House, Castle Street, Cosley, WV14 9DD

## Appendix 2: Dudley CCG GP practices

Table 18: Dudley GP practices

ID	Practice Code	Practice Name	Post Code
1	M87037	Northway Surgery	DY3 3QY
2	M87621	Bath Street Surgery	DY3 1LS
3	M87629	Bilston Street Surgery	DY3 1JA
4	M87021	Coseley Medical Centre	WV14 9DJ
5	M87016	Woodsetton Medical Centre	DY3 1AF
6	M87007	The Ridgeway Surgery	DY3 3UH
7	M87012	The Greens Health Centre	DY1 3QZ
8	M87015	Lower Gornal Health Centre	DY3 2NQ
8A	M87015	Masefield Road Surgery (Branch of Lower Gornal HC)	DY3 3BU
9	M87620	Castle Meadows Surgery	DY1 2TY
10	M87026	St James Medical Practice (White)	DY1 2BY
11	M87612	St James Medical Practice (Porter)	DY1 2BY
12	M87006	Eve Hill Medical Practice	DY1 2QD
13	M87017	Steppingstones Medical Practice	DY1 1RT
14	M87025	Cross Street Health Centre	DY1 1RN
15	M87634	St Thomas's Medical Practice	DY2 7QA
16	M87605	Central Clinic	DY2 7BX
17	M87036	Bean Road Surgery	DY2 8TH
18	M87601	Keelinge House Surgery	DY1 2ER
19	M87617	Netherton Surgery	DY2 9PS
19A	M87617	Hazel Road Surgery (Branch of Netherton Surgery)	DY1 3EW
20	M87028	Netherton Health Centre	DY2 9PU
21	Y02212	Quarry Road Surgery	DY2 0EF
22	Y02653	High Oak Surgery	DY5 4DS
23	M87008	Kingswinford Health Centre	DY6 8DN
24	M87003	Moss Grove Surgery	DY6 9HS
25	M87018	Summerhill Surgery	DY6 9JG
26	M87041	Rangeways Road Surgery	DY6 8PN
27	M87023	Wordsley Green Health Centre	DY8 5PD
27A	M87023	Market Street Surgery (Branch of Wordsley Green HC)	DY6 9LN
28	M87009	AW Surgeries (Albion House Surgery)	DY5 3EE
28A	M87009	Withymoor Surgery (Branch of AW Surgeries)	DY5 3RJ
29	M87010	Waterfront Surgery	DY5 1RU
30	M87618	Quincy Rise Surgery	DY5 3JR
31	M87005	Three Villages Medical Practice (Stourbridge HSCC)	DY8 4JB
31A	M87005	Three Villages Medical Practice (Bridgnorth Rd)	DY8 3PA

ID	Practice Code	Practice Name	Post Code
32	M87011	Lion Health	DY8 3SS
33	M87030	Pedmore Medical Practice	DY9 8DJ
34	M87628	Chapel Street Surgery	DY9 8BT
35	M87019	The Limes Surgery	DY9 8LL
36	M87002	Norton Medical Practice	DY8 3DB
37	M87024	Wychbury Medical Group	DY9 9DS
37A	M87024	Chapel House Lane (Branch of Wychbury MG)	B63 2JW
37B	M87024	Cradley Road Surgery (Brach of Wychbury MG)	B64 6AG
38	M87638	Thorns Road Surgery	DY5 2JS
39	M87027	Quarry Bank Medical Centre	DY5 2AE
40	M87034	Clement Road Medical Centre	B62 9LR
41	M87020	Feldon Lane Surgery	B62 9DR
41A	M87020	Hawne Lane Surgery (Branch of Feldon Lane Surgery)	B63 3RN
42	M87625	Crestfield Surgery	B63 2DH
43	M87623	Alexandra Medical Centre	B63 3UH
44	M87014	Lapal Medical Practice	B62 0HP
45	M87001	Meadowbrook Surgery	B63 1AB
46	Y01756	Abbey Medical Practice	B63 3HN
46A	Y01756	Tenlands Avenue Surgery (Brach of Abbey MP)	B63 4JJ
46B	Y01756	Coombs Road Surgery (Branch of Abbey MP)	B62 8AF
47	M87602	Halesowen Medical Practice - St Margaret's Well Surgery	B63 4WD
48	Y02737	Dudley Walk in Centre	DY1 2ER

### Appendix 3: Pharmacies within 2km Boundary of Dudley

Table 19: Walsall CCG pharmacies within 2km of Dudley CCG

ID	Name of Pharmacy	Address	Postcode
71	Brutons Pharmacy (Moxley)	101 High Street	WS10 8RT

Table 20: Redditch and Bromsgrove CCG pharmacies within 2km of Dudley CCG

ID	Name of Pharmacy	Address	Postcode
17	The Co-Operative Pharmacy	96 Worcester Road	DY9 0NJ

Table 21: Birmingham Crosscity CCG Pharmacies within 2km of Dudley CCG

ID	Name of Pharmacy	Address	Postcode
10	Hagley Pharmacy	429 Hagley Road West	B32 2AD
17	Your Local Boots Pharmacy	61 Stevens Avenue	B32 3SD
40	Bartley Green Pharmacy	1 Curdale Road	B32 4HD
67	Jiggins Lane Pharmacy	17 Jiggins Lane	B32 3LA
104	LloydsPharmacy	17 Faraday Avenue	B32 1JP
196	Rajja Chemist	5 Dwellings Lane	B32 1RJ

Table 22: Wolverhampton CCG pharmacies within 2km of Dudley CCG

ID	Name of Pharmacy	Address	Postcode
6	Boots	Instore Pharmacy	WV2 4NJ
15	Superdrug Pharmacy	1 Market Way	WV14 0DR
16	CG Murray & Son Ltd	128 Childs Avenue	WV14 9XB
17	Supercare Pharmacy	135 Dudley Road	WV2 3DH
24	Ettingshall Pharmacy	3 New Street	WV2 2LR
25	Anderson Chemist	311 Dudley Road	WV2 3JY
28	Church Pharmacy	45 Church Street	WV14 0AX
30	The Co-Operative Pharmacy	425 Dudley Road	WV2 3AH
34	Phoenix Pharmacy	Phoenix Health Centre	WV4 6ED
36	Bradley Chemist	83 Hall Green Street	WV14 8TH
37	Co-Operative Home Delivery	Unit 2	WV14 0EZ
41	Boots UK Limited	The Health Centre	WV14 6PW
49	Morrisons Pharmacy	Morrisons Supermarket	WV14 0DZ
54	Bilston Pharmacy	74 Church Street	WV14 0AX
65	Central Pharmacy	Unit 6, Park Parade	WV14 9XW
66	Brutons Pharmacy (Bradley)	1 Mervyn Place	WV14 8DD
67	Rexall Chemist	204 Penn Road	WV4 4AA
69	LloydsPharmacy	Penn Manor Medical Centre	WV4 5PY

Table 23: Sandwell and West Birmingham CCG pharmacies within 2km of Dudley CCG

ID	Name of Pharmacy	Address	Postcode
2	LloydsPharmacy	396 Long Lane	B65 0JE
8	Boots UK Limited	24 High Street	B65 0DR
9	Murrays Healthcare	Glebefields Health Centre	DY4 0SN
10	Vishnu Pharmacy	57 Hurst Road	B67 6LY
15	Hingley Mej & Co Ltd	Regis Medical Centre	B65 0BA
16	Hill Top Pharmacy	1 Pottery Road	B68 9EX
20	Duggals Chemist	75 Park Lane East	DY4 8RP
22	Churchview Pharmacy	249 Halesowen Road	B64 6JD
26	Charles S Bullen Stomacare Limited	Horsley Heath	DY4 7AA
38	Swanpool Pharmacy	Swanpool Medical Centre	DY4 0SZ
41	Asda Stores Ltd	Asda Superstore	DY4 0BP
45	Hills Pharmacy	15 Hill Top Road	B68 9DU
47	Peaches Pharmacy	185 Halesowen Road	B64 6HF
53	Duggals Chemist	Unit 8 Mostyn Buildings	DY4 7PE
58	LloydsPharmacy	518 Hagley Road West	B68 0BZ
64	Your Local Boots Pharmacy	1 Hartlebury Road	B69 1DF
66	Jhoots Pharmacy	51 Dudley Road	B65 8JH
67	Rowlands Pharmacy	352 Oldbury Road	B65 0QH
74	Portway Pharmacy	Tividale Family Practice	B69 2JQ
76	Murray CG & Son Ltd	Neptune Health Park	DY4 8LY
79	Hingley Mej & Co Ltd	95 High Street	B64 5HF
90	LloydsPharmacy	Warley Medical Centre	B68 0RT
94	Oldbury Pharmacy	196 Causeway Green Road	B68 8LS
99	Hingley Mej & Co Ltd	59 Cradley Road	B64 6AG
101	Old Hill Pharmacy	Priest House	B64 6JN
104	Tividale Pharmacy	213 Regent Road	B69 1RZ
106	Jhoots Pharmacy	20 Market Square	B64 5HH
108	ASDA	Old Park Lane	B69 4PU
110	LloydsPharmacy	Mace Street Health Centre	B64 6HP
125	Jhoots Pharmacy	Rowley Village	B65 9EN
127	Chemist Direct	Unit 8 Junction 2 Ind Est	B69 4LT
131	Haden Vale Pharmacy	50 Barrs Road	B64 7HG
134	Tesco Extra	Fox Oak Street	B64 5HJ
136	Murray CG & Son Ltd	232 Halesowen Road	B64 6HN
84	Langley Pharmacy	21 Langley High Street	B69 4SN
55	Coopers Pharmacy	206-208 Causeway Green Rd	B68 8LS
142	Sainsburys Pharmacy	Halesowen Street	B65 0HF

**Appendix 4A: Non-commissioned services (data from pharmacy contractor questionnaire)**

ID	Name of Pharmacy	Information Technology			Languages - Other than English		Prescription Service	
		*EPS 2 Enabled	Unrestricted Internet Access	NHS Mail account	Spoken by pharmacy staff	Spoken by community local to pharmacy	Collection	Delivery
1	Grange Pharmacy	✓	✓	✓	✓	✓	✓	✓
2	Evergreen Pharmacy		✓		✓	✓	✓	✓
3	Turners Pharmacy	Did not complete Pharmoutcomes survey						
4	C G Murray & Son Ltd	✓			✓	✓	✓	✓
5	Rajja Ltd		✓	✓	✓	✓	✓	✓
6	C G Murray & Son Ltd	✓			✓	✓	✓	✓
7	Modi Pharmacy	✓	✓		✓	✓	✓	✓
8	The Co-operative Pharmacy	✓			✓	✓		✓
9	Lloyds Pharmacy	✓	✓		✓	✓	✓	✓
10	Boots UK Ltd	✓					✓	✓
11	Hawne Chemist	✓	✓	✓		✓	✓	✓
12	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓
13	C G Murray & Son Ltd	✓			✓	✓	✓	✓
14	Lloyds Pharmacy	✓		✓	✓	✓	✓	✓
15	Boots UK Ltd	✓			✓	✓	✓	✓
16	Boots UK Ltd	✓	✓		✓	✓	✓	✓
17	C G Murray & Son Ltd	✓			✓	✓	✓	✓
18	Boots UK Ltd	✓	✓	✓		✓	✓	✓
19	C G Murray & Son Ltd	✓			✓	✓	✓	✓
20	Holly Hall Pharmacy	✓	✓	✓	✓	✓	✓	✓
21	Jhoots Pharmacy	✓		✓	✓	✓	✓	✓

ID	Name of Pharmacy	Information Technology			Languages - Other than English		Prescription Service	
		*EPS 2 Enabled	Unrestricted Internet Access	NHS Mail account	Spoken by pharmacy staff	Spoken by community local to pharmacy	Collection	Delivery
22	The Co-operative Pharmacy	✓	✓	✓		✓	✓	✓
23	Priory Community Pharmacy	✓	✓		✓	✓	✓	✓
24	Tesco Instore Pharmacy	✓			✓	✓	✓	
25	Dudley Wood Pharmacy	✓	✓		✓	✓	✓	✓
26	Kateshill Pharmacy	✓	✓	✓	✓	✓	✓	✓
27	Dispharma	✓	✓		✓	✓	✓	✓
28	Netherton Midnight Pharmacy	✓	✓		✓	✓	✓	✓
29	Milan Chemist	✓	✓		✓	✓	✓	✓
30	Lloyds Pharmacy			✓	✓	✓	✓	✓
31	The Co-operative Pharmacy	✓	✓		✓	✓	✓	✓
32	Lloyds Pharmacy	Did not complete Pharmoutcomes survey						
33	The Arcade Pharmacy	✓	✓				✓	✓
34	J T Egginton Ltd	✓	✓	✓			✓	✓
35	The Co-operative Pharmacy	✓		✓			✓	✓
36	Northway Pharmacy	✓	✓		✓		✓	✓
37	Lloyds Pharmacy	✓			✓	✓	✓	✓
38	Asda Stores Ltd	✓	✓		✓	✓	✓	
39	Boots UK Ltd	✓	✓	✓	✓	✓	✓	✓
40	Sainsbury's Instore	✓			✓	✓	✓	
41	Lloyds Pharmacy	✓	✓		✓	✓	✓	✓
42	C G Murray & Son Ltd	✓			✓	✓	✓	✓
43	Boots UK Ltd		✓	✓	✓	✓	✓	✓
44	Ian McArdle		✓	✓	✓	✓	✓	✓
45	Asda Stores Ltd	✓	✓		✓	✓	✓	

ID	Name of Pharmacy	Information Technology			Languages - Other than English		Prescription Service	
		*EPS 2 Enabled	Unrestricted Internet Access	NHS Mail account	Spoken by pharmacy staff	Spoken by community local to pharmacy	Collection	Delivery
46	Lloyds Pharmacy	✓			✓	✓	✓	✓
47	Community (UK) Ltd	✓	✓		✓	✓	✓	✓
48	Sainsbury's Instore	✓		✓	✓	✓	✓	
49	Your local Boots Pharmacy	✓	✓		✓	✓	✓	✓
50	The Pharmacy Galleria	✓	✓	✓	✓	✓	✓	✓
51	Your local Boots Pharmacy	✓	✓		✓	✓	✓	✓
52	Morrisons Pharmacy	✓			✓	✓	✓	
53	Lloyds Pharmacy	Did not complete Pharmoutcomes survey						
54	Lad Chemist		✓	✓	✓	✓	✓	✓
55	Lloyds Pharmacy				✓	✓	✓	✓
56	Boots UK Ltd	✓	✓	✓	✓	✓	✓	✓
57	C G Murray & Son Ltd	✓			✓	✓	✓	✓
58	Lloyds Pharmacy	✓	✓	✓			✓	✓
59	Boots UK Ltd	✓	✓	✓		✓	✓	✓
60	Swinford Pharmacy	✓	✓	✓	✓	✓	✓	✓
61	C G Murray & Son Ltd	✓			✓	✓	✓	✓
62	The Broadway Pharmacy	✓	✓		✓	✓	✓	✓
63	Your Local Boots Pharmacy	✓	✓	✓	✓	✓	✓	✓
64	Brettle Lane Pharmacy	✓	✓		✓	✓	✓	✓
65	Your local Boots Pharmacy	✓	✓		✓	✓	✓	✓
66	County Pharmacy	✓	✓		✓	✓	✓	✓
67	Lloyds Pharmacy	✓		✓	✓	✓	✓	✓
68	Lye Pharmacy	✓	✓		✓	✓	✓	✓
69	Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓

ID	Name of Pharmacy	Information Technology			Languages - Other than English		Prescription Service	
		*EPS 2 Enabled	Unrestricted Internet Access	NHS Mail account	Spoken by pharmacy staff	Spoken by community local to pharmacy	Collection	Delivery
70	Day Night Pharmacy		✓	✓	✓	✓	✓	✓
71	Lloyds Pharmacy	✓	✓		✓	✓	✓	✓
72	Millard & Bullock	✓	✓	✓	✓	✓	✓	✓
73	Murrays Internet Pharmacy				✓	✓	✓	✓
74	Med at Home Ltd	✓	✓		✓	✓	✓	✓
75	Touch Internet Pharmacy	✓	✓		✓	✓	✓	✓
<b>Total</b>		<b>62</b>	<b>47</b>	<b>28</b>	<b>66</b>	<b>69</b>	<b>70</b>	<b>65</b>

\*EPS 2 enabled or expect to be enabled within 12 months

**Appendix 4B: Pharmacy accessibility (data from pharmacy contractor questionnaire)**

ID	Name of Pharmacy	Wheelchair Access to			Disabled Parking	Disabled Toilet	Large Print Leaflets	Hearing Loop	Automatic Door	Doorbell
		Entrance	Consultation room	All areas						
1	Grange Pharmacy	✓	✓	✓	✓		✓		✓	
2	Evergreen Pharmacy	✓	✓	✓	✓		✓		✓	✓
3	Turners Pharmacy	Did not complete Pharmoutcomes survey								
4	C G Murray & Son Ltd	✓	✓		✓			✓		
5	Rajja Ltd	✓	✓	✓	✓		✓		✓	
6	C G Murray & Son Ltd	✓	✓					✓		
7	Modi Pharmacy				✓		✓		✓	✓
8	Co-operative Pharmacy	✓			✓			✓	✓	
9	Lloyds Pharmacy		✓	✓	✓		✓	✓		✓
10	Boots UK Ltd			✓	✓			✓		✓
11	Hawne Chemist	✓		✓			✓			
12	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓		✓
13	C G Murray & Son Ltd	✓	✓					✓	✓	
14	Lloyds Pharmacy	✓	✓	✓	✓	✓		✓	✓	
15	Boots UK Ltd	✓	✓	✓	✓		✓	✓		
16	Boots UK Ltd	✓	✓	✓	✓			✓		✓
17	C G Murray & Son Ltd	✓	✓		✓			✓		
18	Boots UK Ltd	✓			✓		✓	✓	✓	
19	C G Murray & Son Ltd	✓	✓		✓			✓		
20	Holly Hall Pharmacy	✓	✓	✓	✓	✓	✓		✓	
21	Jhoots Pharmacy	✓		✓	✓		✓		✓	
22	Co-operative Pharmacy	✓		✓	✓	✓	✓	✓	✓	✓
23	Priory Community	✓	✓	✓	✓	✓	✓		✓	
24	Tesco Instore Pharmacy	✓	✓	✓	✓	✓	✓	✓		

ID	Name of Pharmacy	Wheelchair Access to			Disabled Parking	Disabled Toilet	Large Print Leaflets	Hearing Loop	Automatic Door	Doorbell
		Entrance	Consultation room	All areas						
25	Dudley Wood Pharmacy	✓	✓	✓	✓					
26	Kateshill Pharmacy				✓		✓		✓	✓
27	Dispharma		✓	✓	✓		✓		✓	
28	Netherton Midnight			✓			✓		✓	
29	Milan Chemist	✓	✓	✓			✓		✓	
30	Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓
31	The Co-operative	✓	✓	✓	✓	✓				
32	Lloyds Pharmacy	Did not complete Pharmoutcomes survey								
33	The Arcade Pharmacy								✓	
34	J T Egginton Ltd		✓	✓			✓		✓	
35	The Co-operative			✓	✓		✓	✓	✓	✓
36	Northway Pharmacy	✓	✓	✓			✓		✓	
37	Lloyds Pharmacy	✓	✓	✓	✓			✓	✓	✓
38	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓		✓
39	Boots UK Ltd	✓	✓	✓			✓	✓		
40	Sainsbury's Instore	✓	✓	✓	✓			✓		
41	Lloyds Pharmacy	✓	✓	✓	✓	✓	✓			
42	C G Murray & Son Ltd	✓	✓		✓			✓		
43	Boots UK Ltd	✓	✓				✓	✓		✓
44	Ian McArdle	✓	✓	✓	✓		✓		✓	✓
45	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓		
46	Lloyds Pharmacy							✓		✓
47	Community (UK) Ltd	✓	✓	✓	✓		✓			✓
48	Sainsbury's Instore	✓	✓	✓		✓		✓		
49	Your local Boots	✓	✓	✓	✓	✓	✓	✓		
50	The Pharmacy Galleria		✓		✓	✓	✓	✓	✓	✓

ID	Name of Pharmacy	Wheelchair Access to			Disabled Parking	Disabled Toilet	Large Print Leaflets	Hearing Loop	Automatic Door	Doorbell
		Entrance	Consultation room	All areas						
51	Your local Boots	✓	✓	✓	✓		✓	✓		
52	Morrisons Pharmacy	✓	✓	✓	✓	✓	✓	✓		✓
53	Lloyds Pharmacy	Did not complete Pharmoutcomes survey								
54	Lad Chemist	✓	✓	✓	✓		✓		✓	
55	Lloyds Pharmacy	✓	✓	✓	✓			✓	✓	
56	Boots UK Ltd	✓	✓	✓			✓	✓		
57	C G Murray & Son Ltd	✓	✓					✓		
58	Lloyds Pharmacy							✓	✓	✓
59	Boots UK Ltd	✓	✓	✓			✓	✓		
60	Swinford Pharmacy								✓	
61	C G Murray & Son Ltd	✓	✓		✓			✓	✓	
62	The Broadway Pharmacy	✓	✓	✓			✓		✓	
63	Your Local Boots		✓	✓	✓		✓	✓		
64	Brettle Lane Pharmacy	✓	✓	✓	✓		✓		✓	✓
65	Your local Boots	✓	✓	✓	✓		✓	✓		
66	County Pharmacy	✓			✓		✓		✓	
67	Lloyds Pharmacy	✓	✓	✓				✓	✓	
68	Lye Pharmacy	✓	✓	✓	✓		✓	✓	✓	
69	Lloyds Pharmacy	✓		✓	✓			✓	✓	
70	Day Night Pharmacy	✓	✓	✓						✓
71	Lloyds Pharmacy	✓	✓	✓	✓			✓	✓	
72	Millard & Bullock	✓	✓	✓	✓		✓			
73	Murrays Internet				✓				✓	✓
74	Med at Home Ltd	✓		✓	✓		✓		✓	
75	Touch Internet Pharmacy						✓		✓	✓
<b>Total</b>		<b>55</b>	<b>52</b>	<b>50</b>	<b>50</b>	<b>15</b>	<b>44</b>	<b>42</b>	<b>39</b>	<b>22</b>

## Appendix 5: Dudley Pharmacies and the Services they provide

Table 24: Types of Pharmacies within Dudley and the Services they provide

ID	Name of Pharmacy	Distance Selling	100 hour Pharmacy	Advanced Services		Public Health Services									
				NMS	MUR	Alcohol Brief Intervention	Chlamydia Treatment	Chlamydia Screening	Emergency Hormonal Contraception	Health Checks	Smoking Cessation - Counselling	Smoking Cessation - NRT Voucher	Substance Misuse - Needle Exchange	Substance Misuse - Supervised Consumption	Weight Management
1	Grange Pharmacy			✓	✓							✓			
2	Evergreen Pharmacy			✓	✓			✓				✓			✓
3	Turners Pharmacy			✓	✓							✓			
4	C G Murray & Son Ltd			✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
5	Rajja Ltd			✓	✓							✓			
6	C G Murray & Son Ltd			✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
7	Modi Pharmacy			✓	✓	✓		✓		✓	✓	✓	✓	✓	
8	The Co-operative Pharmacy			✓	✓			✓	✓		✓	✓		✓	✓
9	Lloyds Pharmacy			✓	✓							✓	✓	✓	
10	Boots UK Ltd			✓	✓			✓	✓		✓	✓		✓	
11	Hawne Chemist			✓	✓	✓		✓	✓		✓	✓		✓	
12	Asda Stores Ltd		✓	✓	✓	✓		✓	✓		✓	✓		✓	
13	C G Murray & Son Ltd			✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
14	Lloyds Pharmacy			✓	✓						✓	✓			
15	Boots UK Ltd			✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
16	Boots UK Ltd			✓	✓	✓		✓	✓		✓	✓	✓	✓	✓
17	C G Murray & Son Ltd			✓	✓	✓				✓	✓	✓		✓	
18	Boots UK Ltd			✓	✓						✓	✓			
19	C G Murray & Son Ltd			✓	✓	✓		✓	✓	✓	✓	✓		✓	✓

ID	Name of Pharmacy	Distance Selling	100 hour pharmacy	Advanced Services		Public Health Services										
				NMS	MUR	Alcohol Brief Intervention	Chlamydia Treatment	Chlamydia Screening	Emergency Hormonal Contraception	Health Checks	Smoking Cessation - Counselling	Smoking Cessation - NRT Voucher	Substance Misuse - Needle Exchange	Substance Misuse - Supervised Consumption	Weight Management	
20	Holly Hall Pharmacy				✓			✓	✓		✓	✓		✓		
21	Jhoots Pharmacy			✓	✓	✓		✓				✓		✓	✓	
22	The Co-operative Pharmacy			✓	✓			✓			✓	✓		✓		
23	Priory Community Pharmacy			✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
24	Tesco Instore Pharmacy			✓	✓	✓		✓		✓	✓	✓		✓		
25	Dudley Wood Pharmacy			✓	✓	✓		✓			✓	✓		✓		
26	Kateshill Pharmacy		✓	✓	✓		✓	✓			✓	✓				
27	Dispharma			✓	✓	✓		✓	✓	✓		✓			✓	
28	Netherton Midnight Pharmacy		✓	✓	✓							✓		✓		
29	Milan Chemist			✓	✓	✓		✓			✓	✓				
30	Lloyds Pharmacy			✓	✓		✓	✓	✓		✓	✓	✓	✓	✓	
31	The Co-operative Pharmacy			✓	✓	✓	✓	✓	✓		✓	✓		✓		
32	Lloyds Pharmacy				✓			✓			✓	✓				
33	The Arcade Pharmacy			✓	✓	✓		✓	✓		✓	✓		✓	✓	
34	J T Egginton Ltd			✓	✓	✓		✓	✓		✓	✓		✓		
35	The Co-operative Pharmacy			✓	✓	✓		✓	✓		✓	✓				
36	Northway Pharmacy			✓	✓						✓	✓				
37	Lloyds Pharmacy			✓	✓				✓		✓	✓		✓		
38	Asda Stores Ltd			✓	✓	✓		✓		✓	✓	✓		✓		
39	Boots UK Ltd			✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
40	Sainsbury's Instore Pharmacy			✓	✓		✓	✓	✓		✓	✓	✓			
41	Lloyds Pharmacy		✓	✓	✓		✓	✓	✓			✓		✓		

ID	Name of Pharmacy	Distance Selling	100 Hour Pharmacy	Advanced Services		Public Health Services									
				NMS	MUR	Alcohol Brief Intervention	Chlamydia Treatment	Chlamydia Screening	Emergency Hormonal Contraception	Health Checks	Smoking Cessation - Counselling	Smoking Cessation - NRT Voucher	Substance Misuse - Needle Exchange	Substance Misuse - Supervised Consumption	Weight Management
42	C G Murray & Son Ltd			✓	✓	✓		✓		✓	✓	✓		✓	✓
43	Boots UK Ltd			✓	✓			✓	✓		✓	✓		✓	
44	Ian McArdle			✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
45	Asda Stores Ltd		✓	✓	✓							✓		✓	✓
46	Lloyds Pharmacy			✓	✓	✓		✓	✓			✓		✓	✓
47	Community (UK) Pharmacies Ltd		✓		✓										
48	Sainsbury's Instore Pharmacy		✓	✓	✓						✓	✓		✓	
49	Your local Boots Pharmacy			✓	✓							✓			
50	The Pharmacy Galleria			✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
51	Your local Boots Pharmacy			✓	✓	✓			✓			✓		✓	
52	Morrisons Pharmacy			✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
53	Lloyds Pharmacy			✓	✓							✓			
54	Lad Chemist			✓	✓			✓	✓		✓	✓			
55	Lloyds Pharmacy			✓	✓						✓	✓			
56	Boots UK Ltd			✓	✓		✓	✓	✓		✓	✓		✓	
57	C G Murray & Son Ltd			✓	✓	✓		✓	✓	✓	✓	✓		✓	
58	Lloyds Pharmacy											✓			
59	Boots UK Ltd			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
60	Swinford Pharmacy			✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
61	C G Murray & Son Ltd			✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
62	The Broadway Pharmacy			✓	✓	✓		✓		✓	✓	✓		✓	✓

ID	Name of Pharmacy	Distance Selling	100 Hour Pharmacy	Advanced Services		Public Health Services									
				NMS	MUR	Alcohol Brief Intervention	Chlamydia Treatment	Chlamydia Screening	Emergency Hormonal Contraception	Health Checks	Smoking Cessation - Counselling	Smoking Cessation - NRT Voucher	Substance Misuse - Needle Exchange	Substance Misuse - Supervised Consumption	Weight Management
63	Your Local Boots Pharmacy			✓	✓						✓	✓		✓	
64	Brettle Lane Pharmacy			✓	✓		✓	✓	✓						
65	Your local Boots Pharmacy			✓	✓		✓	✓			✓	✓		✓	
66	County Pharmacy				✓				✓		✓	✓			
67	Lloyds Pharmacy			✓	✓						✓	✓	✓	✓	
68	Lye Pharmacy		✓	✓	✓					✓				✓	
69	Lloyds Pharmacy				✓										
70	Day Night Pharmacy		✓	✓	✓			✓			✓	✓		✓	
71	Lloyds Pharmacy			✓	✓				✓		✓	✓		✓	
72	Millard & Bullock			✓	✓	✓		✓	✓		✓	✓		✓	✓
73	Murrays Internet Pharmacy	✓													
74	Med at Home Limited Internet Pharmacy	✓													
75	Touch Internet Pharmacy	✓													
<b>Total</b>		<b>3</b>	<b>9</b>	<b>66</b>	<b>71</b>	<b>34</b>	<b>13</b>	<b>48</b>	<b>38</b>	<b>21</b>	<b>53</b>	<b>68</b>	<b>10</b>	<b>49</b>	<b>23</b>

## Appendix 6: Dudley Pharmacy Opening Times

Table 25: Opening Hours of Pharmacies within Dudley, 2014

ID	Name of Pharmacy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	Grange Pharmacy	09:00 – 18:30	09:00 – 18:30	09:00 – 13:00	09:00 – 18:30	09:00 – 18:30	09:00 – 13:00	CLOSED
2	Evergreen Pharmacy	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 14:00	09:00 – 18:30	CLOSED	CLOSED
3	Turners Pharmacy	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 17:30	CLOSED
4	C G Murray & Son Ltd	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:00	CLOSED
5	Rajja Ltd	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 13:00	09:00 – 18:30	CLOSED	CLOSED
6	C G Murray & Son Ltd	09:00 – 18:15	08:30 – 18:15	08:30 – 18:15	08:30 – 13:00	08:30 – 18:15	09:00 – 13:00	CLOSED
7	Modi Pharmacy	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 16:00*	09:00 – 18:00*	09:00 – 13:00	CLOSED
8	The Co-operative Pharmacy	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 13:00	09:00 – 18:00	CLOSED	CLOSED
9	Lloyds Pharmacy	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 13:00	CLOSED
10	Boots UK Ltd	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	CLOSED	CLOSED
11	Hawne Chemist	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 13:00	CLOSED
12	Asda Stores Ltd	08:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 22:00	10:00 – 16:00
13	C G Murray & Son Ltd	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:00	CLOSED
14	Lloyds Pharmacy	08:45 – 18:15	08:45 – 18:15	08:45 – 18:15	08:45 – 18:15	08:45 – 18:15	CLOSED	CLOSED
15	Boots UK Ltd	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00*	CLOSED
16	Boots UK Ltd	08:30 – 17:30	08:30 – 17:30	08:30 – 17:30	08:30 – 17:30	08:30 – 17:30	08:30 – 17:30	10:00 – 16:00
17	C G Murray & Son Ltd	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	CLOSED	CLOSED
18	Boots UK Ltd	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	CLOSED	CLOSED
19	C G Murray & Son Ltd	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 13:00	CLOSED
20	Holly Hall Pharmacy	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 12:00	CLOSED
21	Jhoots Pharmacy	09:00 – 18:30*	09:00 – 18:30*	09:00 – 18:30*	09:00 – 18:30*	09:00 – 18:30*	CLOSED	CLOSED
22	The Co-operative Pharmacy	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	CLOSED	CLOSED
23	Priory Community Pharmacy	08:30 – 17:00	08:30 – 17:00	08:30 – 17:00	08:30 – 17:00	08:30 – 17:00	09:00 – 13:00	CLOSED
24	Tesco Instore Pharmacy	08:00 – 21:00	08:00 – 21:00	08:00 – 21:00	08:00 – 21:00	08:00 – 21:00	08:00 – 21:00	10:00 – 16:00
25	Dudley Wood Pharmacy	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	CLOSED	CLOSED
26	Kateshill Pharmacy	08:00 – 21:00	08:00 – 21:00	08:00 – 21:00	08:00 – 21:00	08:00 – 00:00	00:01 – 00:00	00:01 – 08:00

ID	Name of Pharmacy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
27	Dispharma	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	CLOSED	CLOSED
28	Netherton Midnight Pharmacy	08:00 – 00:00	08:00 – 00:00	08:00 – 00:00	08:00 – 00:00	08:00 – 00:00	08:00 – 00:00	13:00 – 00:00
29	Milan Chemist	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 14:00	CLOSED
30	Lloyds Pharmacy	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 17:00	CLOSED
31	The Co-operative Pharmacy	08:30 – 18:00	08:30 – 18:00	08:30 – 18:00	08:30 – 18:00	08:30 – 18:00	CLOSED	CLOSED
32	Lloyds Pharmacy	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 17:00	CLOSED
33	The Arcade Pharmacy	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:30 – 12:30	CLOSED
34	J T Egginton Ltd	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 17:00*	CLOSED
35	The Co-operative Pharmacy	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 17:00	CLOSED
36	Northway Pharmacy	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:30 – 12:30	CLOSED
37	Lloyds Pharmacy	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 14:00	08:30 – 19:00	CLOSED	CLOSED
38	Asda Stores Ltd	09:00 – 21:00	09:00 – 21:00	09:00 – 21:00	09:00 – 21:00	09:00 – 21:00	09:00 – 20:00	11:00 – 17:00
39	Boots UK Ltd	09:00 – 21:00	09:00 – 21:00	09:00 – 21:00	09:00 – 21:00	09:00 – 21:00	09:00 – 19:00	11:00 – 17:00
40	Sainsbury's Instore Pharmacy	08:00 – 20:00	08:00 – 20:00	08:00 – 20:00	08:00 – 20:00	08:00 – 20:00	08:00 – 20:00	11:00 – 17:00
41	Lloyds Pharmacy	08:00 – 22:30	08:00 – 22:30	08:00 – 22:30	08:00 – 22:30	08:00 – 22:30	08:00 – 22:30	09:30 – 22:30
42	C G Murray & Son Ltd	09:00 – 18:30	09:00 – 18:30	09:00 – 13:00	09:00 – 18:30	09:00 – 18:30	09:00 – 13:00	CLOSED
43	Boots UK Ltd	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	CLOSED
44	Ian McArdle	09:00 – 18:00	09:00 – 18:00	09:00 – 17:00	09:00 – 18:00	09:00 – 18:00	09:00 – 17:00	CLOSED
45	Asda Stores Ltd	08:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 22:00	10:00 – 16:00
46	Lloyds Pharmacy	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	CLOSED	CLOSED
47	Community (UK) Pharmacies	07:00 – 22:30	07:00 – 22:30	07:00 – 22:30	07:00 – 22:30	07:00 – 22:30	07:00 – 22:30	10:00 – 17:00
48	Sainsbury's Instore Pharmacy	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 22:00	10:00 – 16:00
49	Your local Boots Pharmacy	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	CLOSED	CLOSED
50	The Pharmacy Galleria	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	08:30 – 13:00	10:00 – 14:00
51	Your local Boots Pharmacy	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	CLOSED	CLOSED
52	Morrisons Pharmacy	08:30 – 20:00	08:30 – 20:00	08:30 – 20:00	08:30 – 21:00	08:30 – 20:00	08:30 – 20:00	10:00 – 16:00

ID	Name of Pharmacy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
53	Lloyds Pharmacy	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	09:00 – 13:00	CLOSED
54	Lad Chemist	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	CLOSED	CLOSED
55	Lloyds Pharmacy	08:15 – 18:30	08:15 – 18:30	08:15 – 18:30	08:15 – 18:30	08:15 – 18:30	09:00 – 13:00	CLOSED
56	Boots UK Ltd	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	CLOSED
57	C G Murray & Son Ltd	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 17:30*	CLOSED
58	Lloyds Pharmacy	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	09:00 – 12:00	CLOSED
59	Boots UK Ltd	09:00 – 17:00*	09:00 – 17:00*	09:00 – 17:00*	09:00 – 17:00*	09:00 – 17:00*	09:00 – 17:00*	CLOSED
60	Swinford Pharmacy	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	CLOSED	CLOSED
61	C G Murray & Son Ltd	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	09:00 – 17:30*	CLOSED
62	The Broadway Pharmacy	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:30*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 13:00*	CLOSED
63	Your Local Boots Pharmacy	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 17:00*	CLOSED
64	Brettle Lane Pharmacy	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 13:00	CLOSED
65	Your local Boots Pharmacy	08:30 – 18:00	08:30 – 18:00	08:30 – 18:00	08:30 – 18:00	08:30 – 18:00	CLOSED	CLOSED
66	County Pharmacy	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 18:00*	09:00 – 13:00*	CLOSED	CLOSED
67	Lloyds Pharmacy	08:30 – 18:30	08:30 – 18:30	08:30 – 19:00	08:30 – 19:00	08:30 – 18:30	09:00 – 17:30	CLOSED
68	Lye Pharmacy	08:00 – 23:00	08:00 – 23:00	08:00 – 23:00	08:00 – 23:00	08:00 – 23:00	08:00 – 21:00	08:00 – 21:00
69	Lloyds Pharmacy	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 19:00	08:30 – 13:00	CLOSED
70	Day Night Pharmacy	07:30 – 22:30	07:30 – 22:30*	07:30 – 22:30*	07:30 – 22:30*	07:30 – 22:30*	07:30 – 22:30*	09:00 – 19:00*
71	Lloyds Pharmacy	08:30 – 18:15	08:30 – 18:00	08:30 – 18:15	08:30 – 18:00	08:30 – 18:15	08:30 – 12:30	CLOSED
72	Millard & Bullock	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 17:00	CLOSED
73	Murrays Internet Pharmacy	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	CLOSED	CLOSED
74	Med at Home Internet Pharmacy	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 11:30	CLOSED
75	Touch Internet Pharmacy	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	CLOSED	CLOSED

## Appendix 7: Dudley CCG 5 year strategy 2014-2019

Table 26: Dudley CCG Five Year Strategy 2014 – 2019

To promote good health and wellbeing; and ensure high quality health services for the people of Dudley		
From: Dependency, Hierarchy and Modernism		To: Autonomy, Networks and Mutualism
<b>Objective:</b> Effective and Efficient Care <ul style="list-style-type: none"> <li>• Clinicians have more time to spend with those who need it most</li> <li>• Pathways of care (both urgent and planned) are as efficient as possible</li> <li>• 20% efficiency gain for planned care</li> <li>• 15% reduction in urgent care</li> <li>• Avoidable emergency admissions reduced to 2332 per 100,000 by 2018/19</li> </ul>	<b>Reimagining: A MUTUALIST CULTURE.</b> Creating opportunities for active citizenship in vibrant communities and a participative mechanism of engagement for all registered members. Changing the way we evaluate healthcare so that the patient can articulate the value of the services they are receiving. Promoting mutual responsibility between patient and professional to manage risk and personalise healthcare planning.	<b>Enabler:</b> A mutualist based relationship with member practices and responsible local citizens – developing PPGs and an autonomous registered membership.
<b>Objective:</b> Healthy Life Expectancy <ul style="list-style-type: none"> <li>• Premature mortality is reduced</li> <li>• Inequalities in Health between all population groups are reduced</li> <li>• Health and wellbeing services are at the heart of healthcare delivery</li> <li>• 3.5% reduction in potential years of life lost per annum to 1685/100,000 by 2018/19</li> </ul>	<b>Reimagining: A NEW STRUCTURE OF DELIVERY</b> Changing the definitions of services from primary, community, mental health, social care and acute to: planned care, urgent care, reablement care and proactive care. Removing the boundaries between different professions to privilege population-based healthcare in the community with a networked primary care and registered population at the centre.	<b>Enabler:</b> Development of person-centred information: PSIAMS – personalised patient-driven reporting on the value of care ; Risk stratification to target resources based upon individual patient risk profiling.
<b>Objective:</b> Mutual approach to achieving best possible outcomes <ul style="list-style-type: none"> <li>• Patients can quantify the real value of the services that they receive</li> <li>• Individuals achieve greater autonomy from healthcare</li> <li>• All service providers network better around the needs of patients</li> <li>• EQ – SD Score 74% of people reporting health has improved by 2018/19</li> </ul>	<b>Reimagining: POPULATION HEALTH AND WELLBEING.</b> Enabling a step change in how our GPs coordinate the systematic management of long term conditions to achieve healthy life expectancy. Differentiating between: population health and wellbeing services - where continuity is key; from urgent care - where responsive access is the priority.	<b>Enabler:</b> Commissioning for value: removing unwarranted variation in care and evaluating individual clinical performance to inform patient choice
<b>Objective:</b> High Quality Care for all <ul style="list-style-type: none"> <li>• Services are safe and unwarranted variations are minimal</li> <li>• Patients are treated with care and dignity and not over-treated</li> <li>• Our system is transparent and learns and improves with the public</li> <li>• Eliminating avoidable hospital deaths</li> <li>• MRSA – zero tolerance</li> <li>• Grade 4 pressure ulcers – zero tolerance</li> </ul>	<b>Reimagining: HEALTH &amp; WELLBEING CENTRES FOR THE 21<sup>st</sup> CENTURY.</b> Supporting the development of new centres of care across the borough to provide modern facilities in our communities. Investing in front-line staff so they have the best possible training, support and satisfaction from a job well done – and by extension providing best possible care to our population.	<b>Enabler:</b> Commissioning-led population-based information systems and integrated IT that enable health and wellbeing services; mobilise front-line staff; support market shaping and market entry; and reduced cost to providers
	<b>Reimagining: INNOVATION AND LEARNING.</b> Using research to test and evaluate the key components of this strategy. Making it our business to focus on achieving efficiency and best practice in front-line care. Working better with technology: both within the health and social care eco-system as well as with individual patients .	<b>Enabler:</b> Our Primary Care Strategy and Estates Strategy – with Co-Commissioning of Primary Care with NHS England.
		<b>Enabler:</b> Joint governance, performance and commissioning frameworks with all partners. Better Care Fund with Dudley MBC. Memorandum of Understanding with the Office of Public Health.
		<b>Enabler:</b> Network leadership, training, evaluation and research programmes

## Appendix 8: Dudley Health and Wellbeing Strategy to Pharmaceutical Commissioning

Table 27: Mapping the Dudley Joint Health and Wellbeing Strategy to Pharmaceutical Services Commissioning

Strategic goals	Key delivery programme	Current pharmacy inclusion/contribution	Proposed inclusion	Aspirational commissioning
Obesity	Tackling obesity - A Health Needs Assessment 2012	Counterweight management & sign posting to weight management and exercise referral program	Continue current service specification	Continue in all pharmacies subject to evaluation and availability of funds
Alcohol misuse	Alcohol Action Plan	Alcohol brief intervention & advice programme commissioned to all	Continue current service specification	Continue in all pharmacies subject to evaluation & availability of funds
Mental Health & Wellbeing	Joint Mental Health Strategy	Sign posting, Public health campaigns (Essential service)		Medicines assessment and compliance support service
Manage long term conditions	Primary Care Strategy, LTC pathways	Sign posting, Public health campaigns, Targeted Medicines Use Reviews, New Medicine Service, Appliance use reviews	Integration of pharmacy services into care pathways Medicines use review plus training	Disease specific medicines optimisation services. In areas of need in line with care pathways and in current pharmacies only
Improve urgent care services	Urgent care strategy	Sign posting Public health campaigns (Essential services)		
Systematic & targeted prevention	Primary Care Strategy	Sign posting (Essential services) Public health campaigns		
	Improving Sexual Health	Current Sexual Health Pharmacy services (EHC, Chlamydia and HIV pilot)	Extend sexual health services to more pharmacies with expansion of HIV POCT pilot subject to funding and evaluation	Extend PGD service to include provision of oral contraceptives in selected current contracted & accredited pharmacies when funding becomes available.
	NHS Health Checks	Include in programme to complement GP service	Continue current service	Continue in all pharmacies subject to evaluation & availability of funds
	Falls Prevention	Pilot Slips and Trips Falls referral programme	Continue after pilot subject to evaluation of outcomes and funding	Extend service to all pharmacies and improve integration into wider CCG/MBC Falls Pathway

<b>Strategic goals</b>	<b>Key delivery programme</b>	<b>Current pharmacy inclusion/contribution</b>	<b>Proposed inclusion</b>	<b>Aspirational commissioning</b>
Care at the appropriate setting	Planned Care strategy	Self Care advice sign posting Public health campaigns (Essential services)	Publicity of pharmacy services around self care and counter prescribing and opening hours	Minor ailments service
Patient safety & outcomes	Closing the gap – tackling health inequalities in Dudley. Raise the quality of services	Dispensing Repeat dispensing Clinical governance		
Patient experience	As above	Annual survey as part of essential services		
Innovation & excellence	As above	DoH Communications		

## Appendix 9: NHS England Enhanced Services

Table 28: Enhanced services for NHS England to commission from Community Pharmacy Contractors (as set out in NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013) and Dudley CCG Commissioning intentions

National Enhanced Service Description	NHS England/Dudley CCG position	Assessment of need	Dudley CCG Commissioning Intention from Community Pharmacy
Anticoagulant monitoring	Commissioned from other providers	No unmet need	NONE
Care Home Service	Decommissioned April 2013 post NHS re-organisation. Funding unavailable.	Evidence of Need	NONE
Disease specific Medicines management service	None commissioned	No data available	NONE
Gluten free food supply service	None commissioned	No evidence of need	NONE
Language access service	Commissioned for all healthcare providers	Some unmet need in Yemeni Community	NONE
Medication review service	Practice based pharmacist service in each GP practice	No unmet need	NONE
Medicines assessment and compliance support service	Expected through MUR service	No unmet need	NONE
Minor ailments service	Pilot commissioned October 2014 for 6 months by NHS England	Some evidence of need in areas of deprivation	Available to patients registered with Dudley GP practice within highest three deciles of deprivation. Available to all community pharmacies.
On demand availability of specialist drugs service	Covered by Homecare providers	No evidence of need	NONE
Prescriber support service	GP practice based pharmacists	No evidence of need	NONE
Patient Group Direction Service	None commissioned	No evidence of need.	NONE
Schools Service	No data available	No evidence of need	NONE
Supplementary prescribing service	GP practice based pharmacist service	No unmet need	NONE

## Appendix 10: Healthwatch Dudley Asian Elders Association feedback

Healthwatch Dudley - Feedback from Halesowen Asian Elders Association 20 October 2014.

70 people present.

The first 2 questions were asked to all, with the audience putting their hands up to indicate 'Yes'

*1. Have you heard of Healthy Living Pharmacies (I put a picture of the logos on the screen)?*

6 people indicated they had heard of the brand or recognised the logos (8.57%)

*2. Do you know the services offered at pharmacies can include: Prescriptions, repeat prescriptions, Prescription delivery, Stop smoking advice, Healthy eating & Healthy living advice, Substance misuse e.g. Needle exchange and Methadone supply, Emergency contraception e.g. Morning after pill, Immunisation/vaccination jabs e.g. Flu jabs, Alcohol misuse services - advice, intervention, Minor conditions advice e.g. Sore throat, hay fever, cystitis, Long term conditions advice e.g. Diabetes, high blood pressure, Health checks e.g. Blood sugar, cholesterol, Medicine use checks?*

Approximately 2/3 of the audience (approx. 45 people out of 70) indicated that they were aware of some or all of the services offered.

We then split into small groups and asked them to write down their thoughts for the following questions;

*3. What do you currently use your local pharmacy or chemist for?*

Prescription

Blood pressure check

Health check (weight check, BMI)

General advice

Over the counter medicines

Support bandages

Instead of going to doctor – Flu, etc

Medicine

MUR

Toiletries

Photos

Perfumes

Repeat prescription

To buy personal oils (eg Olive, Almond)

Cholesterol check

They explain how to have our medicines – very good

*4. Are there any barriers that stop you going to the pharmacy or chemist? E.g. opening times, transport, where the pharmacy is, language, disability/mobility issues*

None / No problems

Some open later than others (11pm), Tesco & other supermarkets open 24 hours

Most have disability access, some poor access

Need support to go to the chemist

Some people have young family members to do the collections for them

Language barrier

Sometimes the medicine is not ready on time.

*5. Are there any services you would like your pharmacy or chemist to offer in the future?*

More qualified to do what the doctors do

Access to medical records

Sometimes can't get the medication I need

Information not very clear

When the pharmacist is busy, I am unable to get the information I need

When the pharmacist is not there you can't get your prescription, have to go back later

If an item on prescription is not in stock, but other items are in stock, you can't go elsewhere for the other item, you have to go back when it is in stock.

Prescription delivery for carers

More tests to be done in chemist and give help and support.

Most bases covered

No problems

Satisfied with the current service

## **Appendix 11: Consultation on the draft Pharmaceutical Needs Assessment**

### **Consultation on the draft Pharmaceutical Needs Assessment (PNA)**

#### Overview

##### What is the PNA?

From 1<sup>st</sup> April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

The PNA looks at the current provision of pharmaceutical services across Dudley and whether this meets the current and future needs of the population and identifies any potential gaps to service delivery. Dudley's HWB is currently undertaking its first PNA for publication by 1<sup>st</sup> April 2015.

The PNA is a key document which will be used by NHS England to inform decisions regarding applications for new or changes to, existing pharmaceutical services. PNAs will also be used by NHS England 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 can also use the PNA when commissioning services to meet local health needs and priorities.

#### Consultation

Dudley's draft PNA consultation is open for 60 days. Consultation begins on Thursday 18<sup>th</sup> December 2014 and closes on Monday 16<sup>th</sup> February 2015.

#### Completing survey

See the link below to complete the PNA Consultation Survey:

<http://www.dudley.gov.uk/community/initiatives/health-wellbeing/>

If you require further information you can contact us on:

[jagdeep.sangha@dudley.gov.uk](mailto:jagdeep.sangha@dudley.gov.uk)

All information provided will remain anonymous and kept strictly confidential. It will be used only for the stated purposes and will not be passed on to a third party. We thank those who are taking the time to participate in the consultation and provide us with feedback.

#### Next steps

The feedback and the comments from this consultation will be considered and amendments made to the PNA as necessary. The HWB will approve and publish the final PNA by the 1<sup>st</sup> April 2015.

## Appendix 12: Consultation Responses on Draft Pharmaceutical Needs Assessment

Dudley HWB received 30 consultation comments during the statutory 60 day period. The responses are summarised as follows:

Which best describes your interest in the consultation?	
A member of the general public	12 (40.0%)
A family member or carer of someone who uses pharmacy services	3 (10.0%)
A Health or Social Care Professional	4 (13.3%)
On behalf of an organisation	9 (30.0%)
On behalf of a community pharmacy business or sole trader	2 (6.7%)

Ten specific questions were asked as part of the consultation process, with the opportunity to comment freely about any aspect of the document as well. Please note that responses were not recorded to all questions.

	Question	Yes	No
1	This PNA has concluded that there are sufficient community pharmacies in the right variety of locations providing services in Dudley. Do you agree with this assessment?	25 (83.3 %)	5 (16.7 %)
2	This PNA has concluded that its Community Pharmacies are open at the times needed and used by patients and the public. Do you agree with this assessment?	22 (73.3 %)	3 (10.0 %)
3	This PNA has concluded that although there are isolated gaps in the overall provision of Medicine Use Review service, within each locality sufficient pharmacies provide a Medicine Use Review Service. This gives patients a reasonable choice to access this service. Do you agree with this assessment?	27 (90.0 %)	3 (10.0 %)
4	This PNA has concluded that although there are gaps in the overall provision of the "New Medicines Service", within each locality sufficient pharmacies provide the New Medicines Service. This gives patients a reasonable choice to access this service. Do you agree with this assessment?	24 (82.8 %)	5 (17.2 %)
5	The Office of PH commissions a range of Public Health Services from Community Pharmacies, mainly sexual health services, smoking cessation services, substance misuse services, NHS Health Checks and Counterweight Management. Pharmacies can choose to provide these services but require accredited premises and trained personnel. The OPH will continue to pay for these services if funding permits. Are you happy with the range of services available?	28 (96.6 %)	1 (3.4 %)

6	The Office of Public Health is committed to supporting and developing the national Healthy Living Pharmacy (HLP) model within Dudley. This includes increasing our network of accredited HLPs across the borough (subject to ongoing funding) and future services may be prioritised for commissioning through HLPs only. Do you agree with this?	28 (96.6 %)	1 (3.4 %)
7	Has the PNA given you adequate information to inform your own future service provision? (Community Pharmacies only)	16 (72.7 %)	6 (27.3 %)
8	Is there any additional information that you feel should be included?	8 (29.6 %)	19 (70.4 %)
9	Developing and promoting Pharmacy services to young people remains a focus of current work at The Office of Public Health. Do you feel this is worthwhile?	27 (96.4 %)	1 (3.6 %)
10	Do you have any other comments?		
22 comments received – see page 143			

As can be seen in the above table the majority of respondents agreed with the draft PNA conclusions (questions 1 – 4), are happy with the range of services currently available within Dudley (questions 3 to 5), are supportive of the Office of Public Health focussing on development of HLP (question 6) and targeting younger people (question 9) and feel that the PNA gave community pharmacies adequate information to inform their own service provision (question 7).

In response to Question 10, 22 responses were received as free text and these are documented below. These comments have been discussed and considered by the steering group and if agreed (as appropriate for the PNA), have resulted in amendments to the final document. The table below identifies those comments that have resulted in amendments to the PNA. Conversely, the table below also documents reason for those comments not considered by the steering group to necessitate change to the PNA.

## Draft Pharmaceutical Needs Assessment 2014-15 – Collated free text comments during consultation Period

- Question 10: *Do you have any other comments?* 22 responses completed (see below)

Comment by	Question 11: <i>Do you have any other comments?</i>	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document?
A member of the general public	My local pharmacy is only open Monday - Friday and it would be useful if it was open on Saturdays at least for part of the day.	Pharmacy services available at weekends in each locality within Dudley. This is more of a preference rather than actual need.	None
A member of the general public	No further comments.	None	None
A member of the general public	Not enough notice is given to the needs of people, particularly the elderly or disabled, who have to use public transport to reach a pharmacy. I accept that many pharmacies provide home delivery services for prescriptions but people do not always have a prescription. They may need to speak to a pharmacist for advice or purchase items that do not require a prescription.	We have recognised the needs of all vulnerable groups within the PNA and this point will be noted. We would expect all pharmacy teams to provide advice to the public via telephone if they cannot attend face to face.	None
A member of the general public	No.	None	None
A member of the general public	I don't think young people (teenager) worry or want to know about pharmacy services, so no I don't think it's worthwhile I think the money could be better spent elsewhere. I worked in a pharmacy for a few years and majority of users were 25 plus who knew how to source help they needed.	The PNA contains a section discussing " <i>Think Pharmacy</i> " which highlights both the importance and relevance of engaging young people with pharmacy services. The majority of consultation comments were strongly supportive of this work programme by the Office of Public Health.	None

<b>Comment by</b>	<b>Question 11: <i>Do you have any other comments?</i></b>	<b>PNA Steering group discussion &amp;/or decision if applicable</b>	<b>Changes to final PNA document?</b>
A member of the general public	Yes, I certainly do. I believe that this is just a paper exercise and you don't really want anyone, least of all members of the public, to respond. I think this survey will be of no help at all, either to you trying to find out what we (whoever we are) think. The questions are very poor questions for a survey being all closed questions, without even a "Don't know" or "Not applicable" option. At the bottom of the item on the Council's webpage there is a link to the 144 page document which you then say we must read before completing this survey. I don't have time to read things like that! You say the consultation lasts 60 days, but I have only just been made aware of it and it's due to close in just over a week. Why don't you publicise this where people can find it? It is not going to be representative at all. At the end of it you'll say "we consulted (who?)?" about these services, but any responses you get will not be in the least representative. Why are you wasting your time doing this, when you clearly intend to go ahead with what you want to do anyway? I shall write to my representatives about this. I wonder if they are aware of it???	All submissions to this consultation were considered.  This comment does not address any issues within the PNA.	None
A member of the general public	Where I have not given an answer is because I don't know.	None	None
A member of the general public	yes there could be more pharmacies in Sedgley, Bilston St in particular there are Dr Surgeries but if you live away from the Bullring it could do with one.	This is a preference rather than actual pharmaceutical need.	None

<b>Comment by</b>	<b>Question 11: <i>Do you have any other comments?</i></b>	<b>PNA Steering group discussion &amp;/or decision if applicable</b>	<b>Changes to final PNA document?</b>
A family member or carer of someone who uses pharmacy services	Would like longer opening hours and no half day closing as it is in convenient	This is a preference rather than actual pharmaceutical need.	None
A family member or carer of someone who uses pharmacy services	Pharmacies may be open for 100 hours per week i. e. Sainsbury's Amblecote, the drugs required however are rarely if ever available I never received every item on my prescription, every time I took in a prescription I had to return to the store because of missing items. I also believe that this pharmacy only purchase inferior (cheaper) drugs. My husband is unable to use the Sainsbury's pharmacy because the drug he has to take every day simply does not work when the prescription is collected from Sainsbury's. They also do not sell all over the counter medicines Migralve, which the pharmacist on duty suggested was because the profit margin on them would not be sufficient for Sainsbury's!	This is a standard of service issue within one particular pharmacy premises and not related to the PNA.	None
A health or social care professional	I would like Dudley to invest in developing a pharmacy alongside the new urgent care centre on the Russells Hall Hospital site. I would like this pharmacy to become a Healthy Living Pharmacy helping with the signposting of patients, local residents and Healthcare professionals to the most appropriate urgent care service. I would like this pharmacy to provide a 7/7 "go to service" for the supply of medicines to out-patients requiring complex medicines and specials. I would like this pharmacy to sell only "evidence based" over the counter medicines alongside a minor ailments scheme and other recommended public health services.	<p>This PNA concludes that a gap in service provision overnight can be met without the need for a full pharmaceutical contract post consultation with Dudley CCG (January 2015).</p> <p>The sale of over the counter medicines is not within the control of the NHS Pharmaceutical (Local Pharmaceutical Services) regulations.</p>	Yes - Update to Page 43: Assessment of Opening Hours

Comment by	Question 11: <i>Do you have any other comments?</i>	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document?
A health or social care professional	The promotion of Pharmacy and Pharmacy Services should be robust and highly visible to encourage patients to ALWAYS think of Pharmacists as their first port of call for Healthcare advice - reducing pressure on GP appointments and also A and E services.	The PNA recognises that there is a scheme related to this referred to as the " <i>Minor Ailments Service</i> ". The PNA documents that this service would be beneficial for the Dudley Population.	None
A health or social care professional	I was not aware of the provision of Clinical Pharmacists for a MINIMUM of 2 hours each week in ALL GP Practices.	This is not within the remit of the PNA and is mentioned for completeness (page 19).	None
On behalf of an organisation	Reviewing the draft PNA we agree at this moment of time there is adequate Pharmaceutical Services coverage in Dudley borough. However on further detailed evaluation in the future if we identify gap in service provision due to future developments in the borough, we would like to fulfil those gaps.	The PNA will be re-visited as and when new situations influencing pharmaceutical need arise. In between a full PNA, if there are any changes in pharmaceutical need, a supplementary statement can be issued. Next full PNA is due April 2018.	None
On behalf of an organisation	Dudley Clinical Commissioning Group has commissioned a new urgent care centre located at Russell's Hall Hospital which will be in operation all from 1st April 2015. This will, inter alia, replaced the Walk in Centre located at Holly Hall Clinic. The CCG will be working with the new provider of the Urgent Care Centre, Malling Health, to develop appropriate patient group directions to be operational from 12 Midnight to 7a.m. This will represent an enhancement to the service in existence at present.	Discussion by the group and decision made to re-word <u>page 43</u> – <i>Assessment of Opening Hours</i>  Pharmaceutical need identified between midnight and 7am from 1 <sup>st</sup> April 2015 (opening of Urgent Care Centre) however this need can be met in alternative ways to a full pharmaceutical contract which would be disproportionate to need (documented in update on <u>page 43</u> ). Out of hours standards – stock holding overnight of OOH formulary medicines a requirement of this.	Yes – update to Page 43: Assessment of Opening Hours

Comment by	Question 11: <i>Do you have any other comments?</i>	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document?
On behalf of an organisation	Patients across the borough should be encouraged to 'think' Pharmacy First for all minor ailments. Visitor's country-wide should also be able to access the service. GPs, Walk-In Centre band A&E should direct patients presenting with minor ailments to use the Pharmacy First scheme. I have complaints of patients discharged from hospital without medication following operations at Bank Holidays' not being able to access the hospital pharmacy. This also applies to staff being unable to access medicines for patients on wards within the hospital. There is a call-out service. But there need to be a 24/7 (365 day) approach by a single central pharmacy service.	This is a service provided by the hospital and hence does not sit within the requirements of the PNA.  Minor Ailments is discussed within the PNA and comments relating to signposting from A+E are noted by the group.	None
On behalf of an organisation	None	None	None
On behalf of an organisation (12/2/15)	Comments from South Staffordshire Local Pharmaceutical Committee: <u>Page 9</u> : SSLPC considers that the comment "This PNA has concluded that there is no need for further contract applications whether using the exemption from control of entry regulations or not" might be better stated as "This PNA has concluded that there is no need for any additional providers of Pharmaceutical Services within the Dudley HWB area" SSLPC notes that the term "Exempt Applications" is now replaced in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 with the term "Excepted Applications" and that the only remaining Excepted Applications relevant to this statement is that applying to Distance Selling pharmacies. <u>Page 40</u> : The assessment on Geographical and physical location could make reference to cross-border provision as described elsewhere in the document (eg 1st paragraph, <u>page 40</u> or the table on page 45)	<u>Page 9</u> – addition of word to original sentence emphasising " <i>pharmaceutical contract application</i> ". <u>Page 95</u> " <i>Exempt</i> " application term changed to " <i>Excepted</i> ". <u>Page 40</u> – " <i>we conclude that there are sufficient pharmacies in Dudley and the surrounding area....</i> " change to " <i>we conclude that there are sufficient pharmacies in Dudley and the surrounding HWB area....</i> " <u>Page 41</u> and Figure 14 (1) the mapping software used to produce these maps relies on community pharmacy data from a national database called SHAPE (Strategic Health Asset Planning and	<ul style="list-style-type: none"> <li>- Page 9 update</li> <li>- Page 95 update</li> <li>- Page 40 update</li> <li>- Page 41 and Figure 14 – no changes made</li> </ul>

Comment by	Question 11: <i>Do you have any other comments?</i>	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document?
	<p><u>Page 41</u> - Figure 14 - (1) The bordering areas should refer to Health &amp; Wellbeing Board areas not CCGs (2) cross border pharmacies in South East Staffordshire &amp; Seisdon peninsular CCG are obscured by the labelling of that area. <u>Page 43</u> - Comments on the potential gap dependent on the outcome of commissioning arrangements for the Dudley Urgent Care Centre should be accompanied by a commitment from the HWB to review provision once these arrangements are finalised. Because urgent care provision benefits residents across the borough and beyond its borders this could be a significant development, and may not one that could be dealt with by a Supplementary Statement. If further clarification or information on these points is required please contact Peter Prokopa, Chief Officer <a href="mailto:peter.southstaffslpc@gmail.com">peter.southstaffslpc@gmail.com</a>.</p>	<p>Evaluation). This data set reports community pharmacy location by CCG areas. (2) Cross border pharmacies in South East Staffordshire and Seisdon peninsular CCG are not within the 2km boundary of the Dudley HWB area and hence are not reported.  <u>Page 43</u> – Urgent Care Centre – addressed with update on Page 43.</p>	
On behalf of an organisation (16/2/15)	<p><u>Page 9</u> : SSLPC considers that the comment "This PNA has concluded that there is no need for further contract applications whether using the exemption from control of entry regulations or not" might be better stated as "This PNA has concluded that there is no need for any additional providers of Pharmaceutical Services within the Dudley HWB area" SSLPC notes that the term "Exempt Applications" is now replaced in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 with the term "Excepted Applications" and that the only remaining Excepted Applications relevant to this statement is that applying to Distance Selling pharmacies.  <u>Page 40</u>: The assessment on Geographical and physical location could make reference to cross-border provision as described elsewhere in the document (eg 1st paragraph, page 40 or the table on page 45) <u>Page 41</u> - Figure 14 - (1) The bordering areas should refer to Health &amp; Wellbeing Board</p>	Duplicate of above but kept within document to avoid data skewing and transparency.	As above.

Comment by	Question 11: <i>Do you have any other comments?</i>	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document?
	<p>areas not CCGs (2) cross border pharmacies in South East Staffordshire &amp; Seisdon peninsular CCG are obscured by the labelling of that area. <u>Page 43</u> - Comments on the potential gap dependent on the outcome of commissioning arrangements for the Dudley Urgent Care Centre should be accompanied by a commitment from the HWB to review provision once these arrangements are finalised. Because urgent care provision benefits residents across the borough and beyond its borders this could be a significant development, and may not one that could be dealt with by a Supplementary Statement. If further clarification or information on these points is required please contact Peter Prokopa, Chief Officer peter.southstaffslpc@gmail.com.</p>		
On behalf of an organisation	<p>Dudley LPC Response: <b>1)</b> Extended GP opening hours should be met accordingly with extended opening hours of neighbouring pharmacies to provide pharmaceutical services. <b>2)</b> Alcohol Misuse Services need to be further developed to counteract the rising number of Dudley MBC residents who are drinking at harmful levels which will lead to health inequalities, social deprivation, increase in antisocial behaviour and crime and will be detrimental to a thriving family environment. <b>3)</b> Pharmacy First Scheme needs to be better promoted to inform the Residents of Dudley MBC who are eligible for this service which provides easy accessibility to minor ailment consultations and treatment at their local pharmacy. <b>4)</b> Wider accessibility to Primary Care services in Community Pharmacies such as NHS flu vaccination service should be become the norm not the exception to the rule. <b>5)</b> Develop Community Pharmacy based clinics for long term manageable conditions using specialist pharmacist support i.e. NMP's. <b>6)</b></p>	<p>This PNA concludes (assessment of opening hours) that pharmaceutical services should be aligned to neighbouring GP opening hours. Comment regarding alcohol services has been noted.</p> <p>Pharmacy First – NHS England (as the commissioner of this pilot) is at present finalising an evaluation of this service and all providers have been invited to comment about the service directly to NHS England.</p> <p>This PNA supports the extension of NHS Flu vaccination pilot commissioned by NHS England (page 99).</p> <p>Point 5 is noted.</p> <p>Points 6 and 7 are discussed and supported within this PNA.</p>	Update to page 101 – Electronic Prescription Service

Comment by	Question 11: <i>Do you have any other comments?</i>	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document?
	Consider commissioning care home advice for reduction of medication incidents and improve the well being and care of the elderly community. <b>7)</b> Promote the HLP model of pharmacies which provide more community based patient health and well being services. <b>8)</b> Electronic Transfer of Prescription Roll Out has been woefully slow and inadequate and has put Dudley way behind its other comparators. For any further information, please contact Pete Szczepanski Chief Officer Dudley LPC.	Electronic Prescription Service Release 2 implementation by Dudley CCG is now being considered. A working group has been established with identification of potential pilot GP sites.	
On behalf of an organisation	Conclusions consistent with the information presented. Local commissioners will need to consider the approach taken to pharmacies accredited to provide services but providing low levels or no activity.	Already documented within the PNA thus no further comment needed.	None
On behalf of a community pharmacy business or sole trader	To determine the pharmaceutical needs of the population, surely the process would be firstly to determine what the needs are, look at what is provided, and then look at the gaps. The process followed seems to look just at gaps in current services, and therefore one cannot deduce one way or another, whether current provision for pharmacy services is adequate. The Care Home Service identified in the PNA would be an ideal service deliverable through community pharmacy. This has the potential to improve concordance, identify medication risks, reduce waste and prevent avoidable hospital admissions due to medication issues. We would welcome the Office of Public Health's committed support in developing the HLP model in pharmacies, as pharmacy becomes recognised as an alternative / complementary provider for services.	The PNA has been developed in line with the NHS Pharmaceutical (Local Pharmaceutical Services) Regulations 2013 taking into account references to the JSNA and the JHWS. The JSNA identifies specific needs within the Dudley borough.	None

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