

Pharmaceutical Needs Assessment (PNA)

Office of Public Health Dudley, 2018-2021

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 this PNA.

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This document builds on the Dudley Health and Wellbeing Boards first PNA published 1st April 2015.

Please note data regarding community pharmacies are accurate to August 2017.

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Executive Summary

From 1st 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. 67 out of 68 pharmacies (excluding distance selling) are accredited to provide these services at August 2017.
- (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 are co-terminus geographically and together produce the Joint Strategic Assessment (JSA).

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 1st April 2018. Health and wellbeing needs for the local population are described in the Dudley Joint Strategic Assessment (JSA). This PNA does not replicate these detailed descriptions of health needs and it should be read alongside the Dudley JSA.

The website 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 August 2017, there are 67 community pharmacies, 5 distance selling pharmacies (wholly mail order or internet pharmacies) and 1 Local Pharmaceutical Services (LPS) contract (The Priory Community Pharmacy) giving 73 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 73. 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 occurred from the 14th December 2017 to 13th February 2018 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 is presented in the final report (Appendix 11).

Conclusion

We have considered geographical access to the Community Pharmacies in our area, the services they provide and their opening hours (Figure 1 and Appendices 1, 5 and 6). In addition through identification of needs linked to the JSA, the publication of the Dudley Joint Health and Wellbeing Strategy 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 three advanced services. Provision of the Medicines Use Review service is offered from 67 of the 68 pharmacies within Dudley (excluding distance selling pharmacies). Provision of the New Medicine Service and the Seasonal Flu Vaccination service is offered from greater than 80% and 60% respectively, 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, a New

Medicines Service and seasonal flu vaccination, providing patients a reasonable choice to access these services.

Dudley pharmacies provide the local enhanced service (NHS England commissioned), Pharmacy First (Minor Ailments Service). Access to this service is good around the borough, particularly in areas of higher health need (three greatest deciles of deprivation).

Dudley CCG commissions a specialist palliative care drugs supply service to four pharmacies around the borough to ensure key end of life medication is always available (for patients) when required without delay. Each Dudley Township has one pharmacy to provide this service apart from Sedgley, where access is available from a nearby pharmacy within Wolverhampton during extended opening hours. All other community pharmacies remain able to dispense end of life care medicines in line with the essential services component of the community pharmacy contractual framework.

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 or through a sub-contracting arrangement with one of the commissioned providers (e.g. Change, Grow and Live (Substance Misuse Specialist) and Solutions 4 Health Ltd (Adult Lifestyle Wellbeing Service)). Pharmacies can choose if they wish to provide public health services. Analysis demonstrates that all pharmacies provide at least one public health commissioned service (excluding distance selling pharmacies). See Appendix 5a and 5b 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, NHS health checks and smoking cessation. 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 (or its providers) may contemplate commissioning in the future.

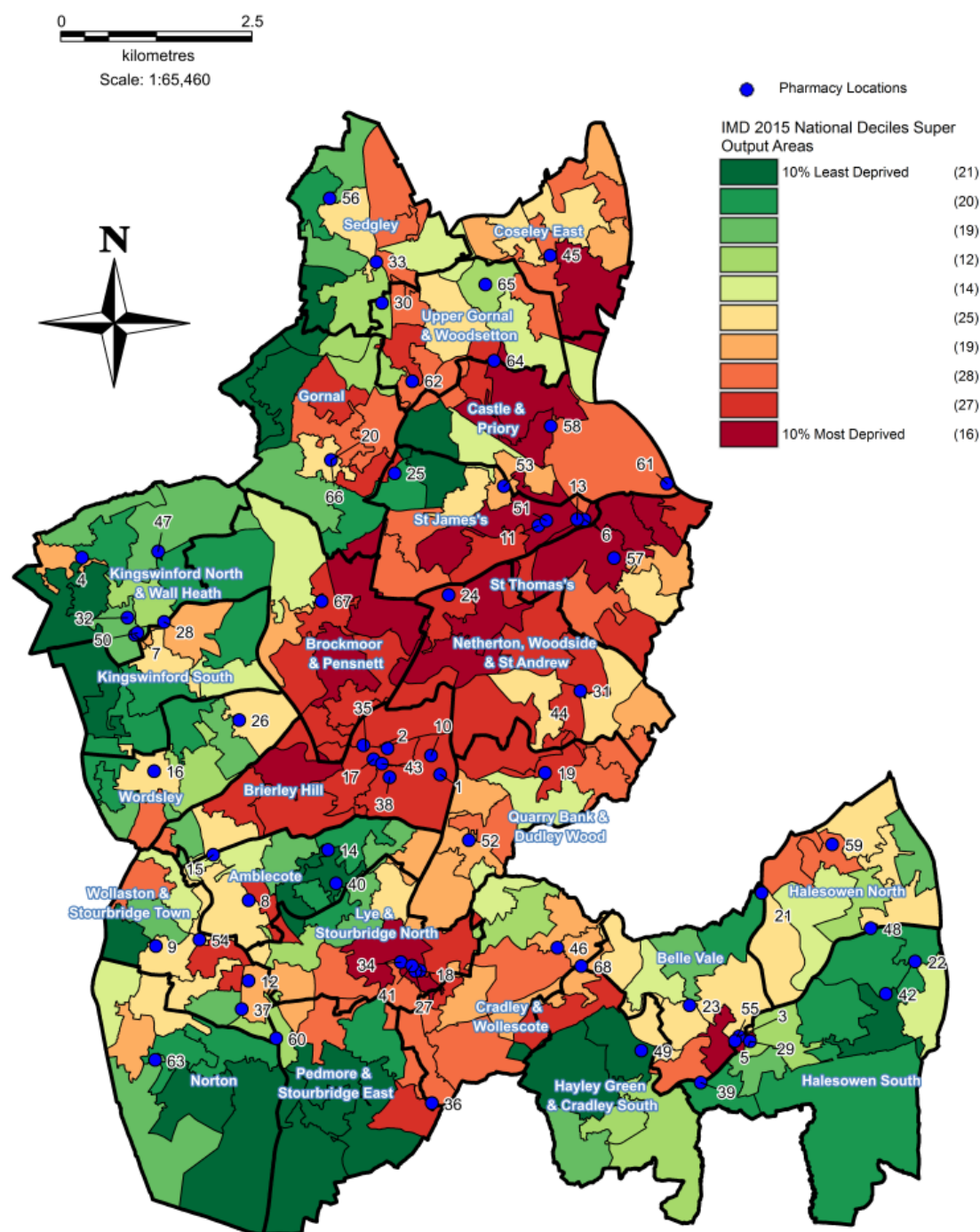
Therefore we conclude that there are no gaps in public health services provision that could not be filled by the existing pharmacy contractors. The Office of Public Health (working with the Dudley Local Pharmaceutical Committee (LPC)) remains committed to continue to encourage and support all our pharmacies 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. Dudley LPC (working in collaboration with NHS England, and individual community pharmacies) will continue to commit support in

developing the 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. Through recent financial incentivisation within the national Community Pharmacy Contractual Framework, the number of accredited HLPs is expected to rise within Dudley.

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) for all age groups as well as considering pharmaceutical need of Dudley's looked after children. We conclude that NHS England West Midlands and Dudley CCG should consider addressing this unmet need through commissioning of a local service (subject to funding) through community pharmacy that provides advice and support to care homes with respect to medicines management of all age groups in corporate care. Moving forward with the changing health care landscape, once STPs are established, there may be access to monies from the pharmacy integration fund to support commissioning of such a service. 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 2015 National Deciles, Dudley LSOAs 2011 with Pharmacy Locations



Map created by Intelligence, Dudley MBC,
Topographic Data © Crown copyright and database rights (2017)
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Source: Index of Multiple Deprivation 2015

Key to Pharmacies see appendix 1. Please note that there are five distance selling pharmacies (appendix 1, Table 16) 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, 4a, 4b, 5a, 5b 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) has a statutory duty through its health and wellbeing board (HWB) to develop a pharmaceutical needs assessment (PNA). The previous PNA was published by Dudley MBC in 2015.

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. (Department of Health, 2013).

The Health and Social Care Act 2012 (which received Royal Assent 27th 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 Assessments (JSAs). The preparation and consultation on the PNA should take account of the JSA 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 JSAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The PNA was last published by the HWB in April 2015, and has a maximum lifetime of three years. As part of developing their 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 draft PNA for consultation is the second 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;
- Access to and provision of advanced services – Medicines Use Reviews (MURs), New Medicines Service (NMS), Appliance Use Reviews (AURs), Stoma Appliance Customisation (SAC), Flu Vaccination and the NHS Urgent

Medicine Supply Advanced Service (NUMSAS);

- Access to and provision of enhanced services;
- Provision of currently commissioned CCG and local public health services (Dudley MBC). 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 or CCG) 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 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 Resolution 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 has therefore established a system that allows 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.

Historically, PCTs were required to produce a Pharmaceutical Needs Assessment (PNA). This obligation was then transferred from PCTs to HWBs (by the Health and Social Care Act 2012), with the legal requirement for all HWBs to publish a PNA every 3 years.

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 as well as significant future change imminent within the next few years (reference to the NHS England Five Year Forward View, Sustainability and Transformation Plans and

new models of care/Vanguard sites). Further details with the changing healthcare landscape can be found here <http://psnc.org.uk/the-healthcare-landscape/>

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.

This has resulted in the government introducing (from October 2016) a financial settlement for community pharmacy (2016-17 & 2017-18) that is substantially lower than previous years resulting in potential real challenges for the sustainability of some community pharmacy contractors, particularly when several pharmacies exist within a cluster.

More specific details around this funding reduction can be found here <http://psnc.org.uk/contract-it/cpcf-changes-201617-and-201718/>

Local Policy

The production of an annual Joint Strategic Assessment (JSA) 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 JSA, and to develop a Joint Health & Wellbeing Strategy (JHWS) for meeting local needs identified in the JSA from April 2013. This duty will be discharged by HWBs.

The Health and Wellbeing Board Structure has been undergoing a review. This extended to the approach and processes for developing the JSA. Unfortunately the review has resulted in a significant delay in updating the JSA, however it has now been agreed that the new JSA will be developed using a web platform. Rather than having a static document which is updated on a biannual basis the web platform will be continuously updated by people who are experts in their local area and have the local knowledge to provide context on what the information needs. A tiered structure has been proposed so that high level data is initially presented but detailed information is available should the user wish to investigate a topic matter further. The launch date for the website will be early in 2018.

In March 2012 the JSA'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 JSA 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 services 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 minor ailments service, '*Pharmacy First*'.

At the time of writing, the JHWS is currently being updated and these local priorities may be subject to change. However, until a time the JHWS is published for Dudley, the above five priorities remain relevant.

The Dudley CCG operational plan 2017/18 to 2018/19 includes a commitment to deliver on the following interventions which have been highlighted by the National Audit Office as having a high impact on life expectancy:

- Increasing the prescribing of drugs to control blood pressure and cholesterol;
- Increasing anticoagulation treatment for Atrial Fibrillation;
- Improving blood sugar control for diabetes;
- Increasing smoking cessation services.

Again, community pharmacy has opportunity to support all of these interventions through integrated medicines optimisation across the health economy.

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, 2016-2019 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 to providers (not just 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, increasing healthy start vitamins uptake, 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 local falls service have been implemented.

In Dudley, as at August 2017, there are 67 community pharmacies (Figure 1, Appendix 1), 5 distance selling pharmacies (wholly mail order or internet pharmacies) (Appendix 1, Table 16) and 1 LPS contract (Priory Community Pharmacy; pharmacy ID 58, Figure 1, Appendix 1) providing pharmaceutical services under arrangements made with NHS England. There are no dispensing doctors or appliance contractors within Dudley. This network of 73 pharmacies includes seven 100 hour pharmacies (Figure 1, Appendix 5a).

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 63, figure 1 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), Stoma Appliance Customisation (SAC), Flu Vaccination and NHS Urgent Medicine Supply Service (NUMSAS). 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, flu vaccinations and NUMSAS 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 1st 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 West Midlands 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 is currently being commissioned through pharmacies within the wider West Midlands 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 remains unresolved.

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 or clinical commissioning group. 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 and indirectly 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

Public Health Service	Commissioned Service
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.
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).
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 <i>Healthy Start beneficiaries</i>) who qualify for Healthy Start can obtain vitamins through pharmacies commissioned to deliver this 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 Genito-Urinary Medicine (GUM) services where appropriate.
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 Change, Grow and Live (CGL) on behalf of the OPH.
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 commission services whereby some pharmacies provide access to emergency hormonal contraception and antibiotic treatment for Chlamydia under patient group directions (PGD). Varenicline for stop smoking is supplied under PGD commissioned by Solutions4Health Ltd (S4H) on behalf of the OPD.
Screening/Treatment service	A Chlamydia screening and treatment (azithromycin via Patient Group Direction) service is provided by some pharmacies.
Stop smoking service	Pharmacies are commissioned to deliver an advice and counselling service to support smokers to quit (Let's Get Healthy). Commissioned by S4H on behalf of the OPH.
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 CGL on behalf of the Office of Public Health.

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 (although in Dudley, this responsibility has transferred to the CCG) 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, Dudley CCG commissions a specialist palliative care drugs supply service to several community pharmacies within Dudley.

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 58, 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 5a and 5b). 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 2017 as part of baseline assessment (see appendix 4A and 4B for more information). 60 (88%) out of 68 customer facing 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/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 JSA and the JHWS.
- Membership of the Community Pharmacy Development and PNA steering group was taken from the Pharmaceutical Public Health Team (Dudley CCG), Healthcare Public Health and Consultant in Public Health Medicine (Dudley

MBC), Dudley MBC Intelligence Team (Commissioning Hub, Dudley MBC), Dudley Local Pharmaceutical Committee, Primary Care Commissioning Manager (Dudley CCG), Primary Care Contracts – Community Pharmacy (NHS England West Midlands Area Team), Participatory Research Officer, Healthwatch Dudley and Dudley Local Medical Committee.

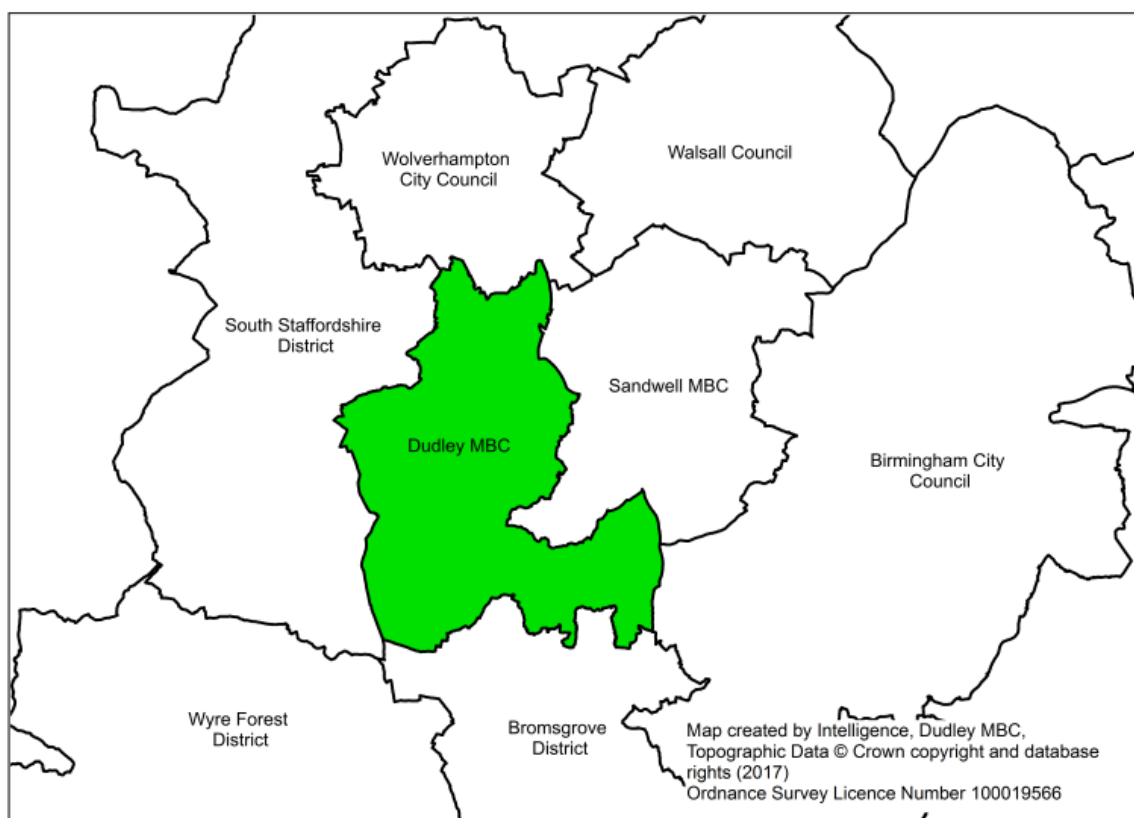
- A project action plan was devised and updated regularly and minutes from regular steering group meetings were taken. These minutes were not made public during the PNA development due to the sensitive nature of the content (purpose of 'Market Entry Test') ahead of its full publication.
- The PNA Steering Group agreed to its Terms of Reference.
- The statutory 60-day formal consultation period for the draft PNA occurred from Thursday 14th December 2017 until Tuesday 13th February 2018.
- The formal consultation questionnaire link to assist feedback for this PNA can be found at appendix 10.
- Following receipt of comments at the end of the statutory consultation period, these were recorded, considered and if appropriate included in the final document as amendments (appendix 11).
- 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 6th April 2018.

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 2).

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 3). The legacy of heavy industry is still relevant to the health status of much of the population in Dudley.

Figure 2: Map of the Dudley Metropolitan borough council and neighbouring district boroughs



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.

Economy

In 2015/16 Dudley had an unemployment rate of 6.7%. This was markedly higher than the national rate for England at 5.0%.

Aside from the peak in unemployment experienced in Dudley in 2012/13, the trend in Dudley is of an overall decrease in the unemployment rate from 8.2% in 2011/12 to 6.7% in 2015/16.

The pattern of unemployment rates has mirrored the equivalent trend in England up until 2015/16 where rates in Dudley remained the same as the previous year, whilst rates for England decreased slightly.

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 4):

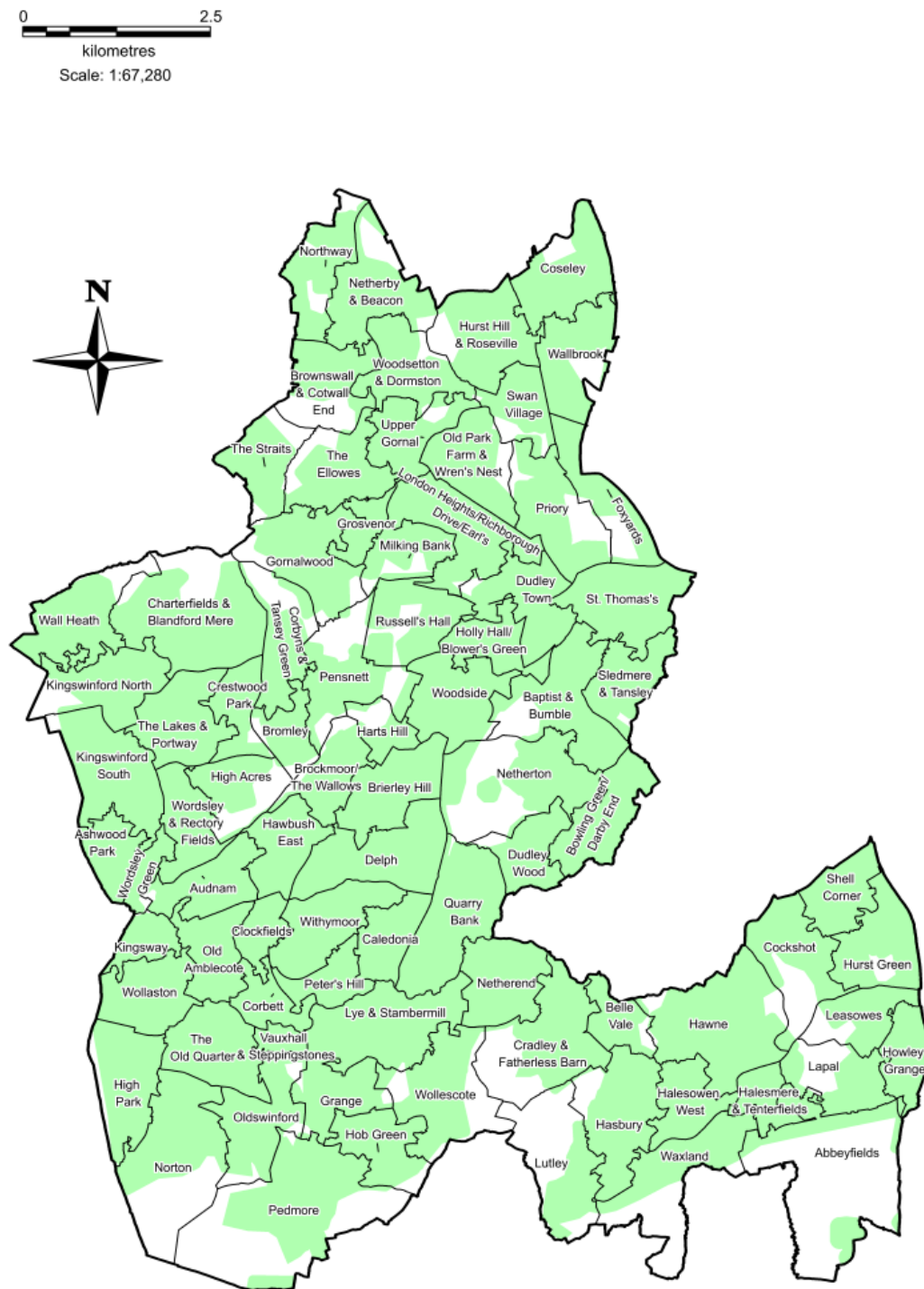
- Brierley Hill (includes Kingswinford)
- Dudley and Netherton;
- Sedgley (includes Coseley);
- Halesowen;
- Stourbridge.

Super Output Areas (SOA) are administrative units of geography which have been established by the Office of National Statistics (ONS). SOA boundaries are not subject to change and therefore provide a consistent basis for tracking changes in the population over time.

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 with approximately 1500 resident in each LSOA and 7200 residents in each MSOA. In Dudley there are a total on 201 LSOAs and 43 MSOAs. See glossary for further information.

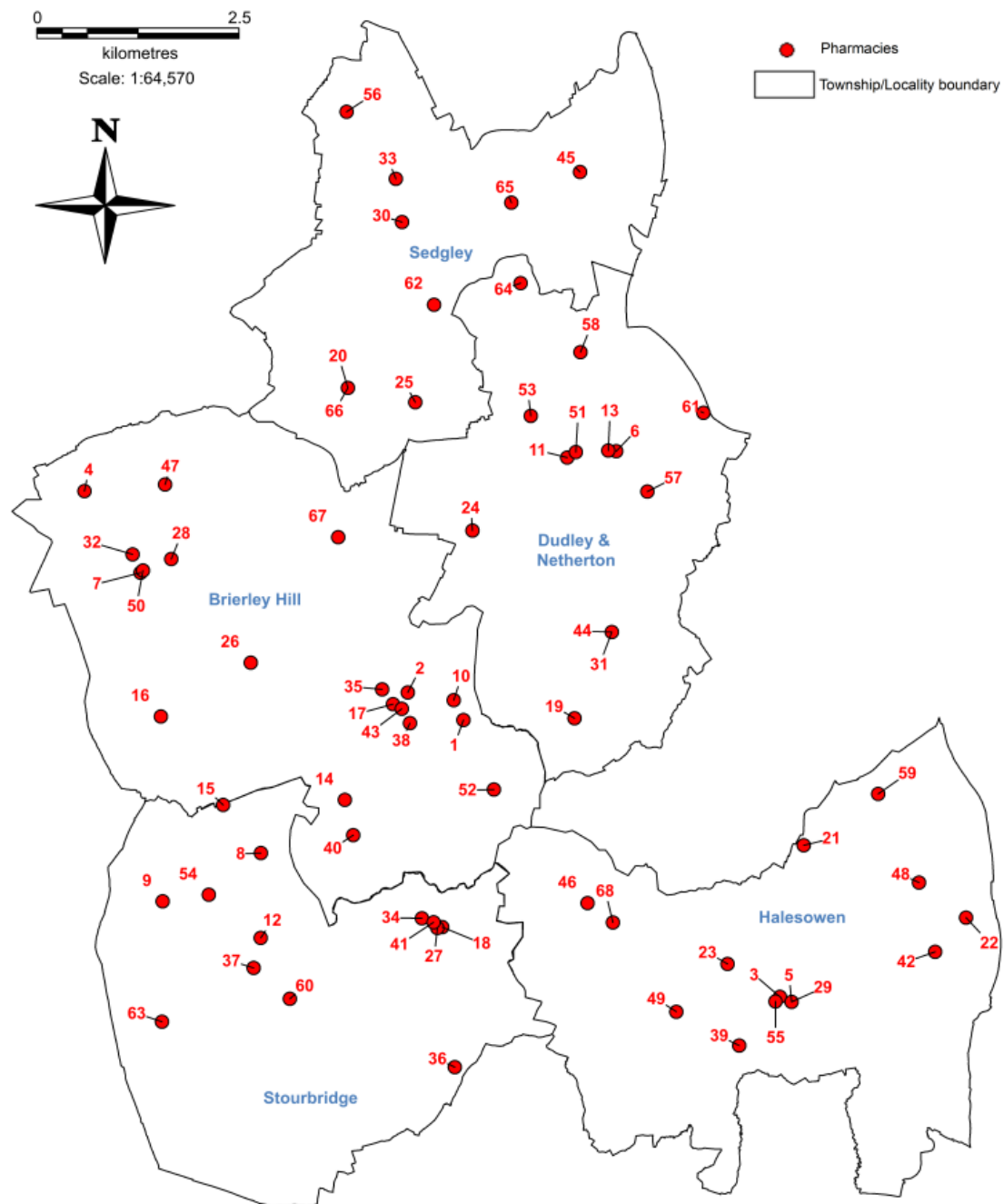
The pharmaceutical needs assessment will utilise all of these geographies to assess the needs of Dudley's population.

Figure 3: Map of Dudley Metropolitan Council's Community Localities



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Figure 4: Location of Dudley Pharmacies by Locality



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

Deprivation

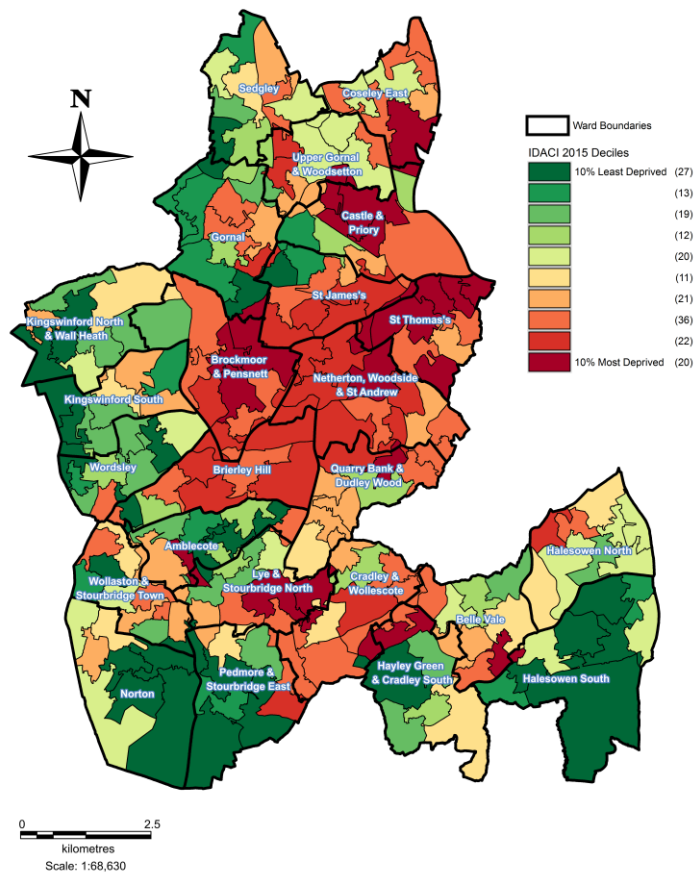
LSOAs are used in calculating the Index of Multiple Deprivation (IMD) (Office for National Statistics, 2011); a single score of deprivation for each LSOA in England. The deprivation score is calculated from a number of indicators that cover a number of economic, health, social and housing issues. In 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).

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 (Figure 5).

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) (Figure 6).

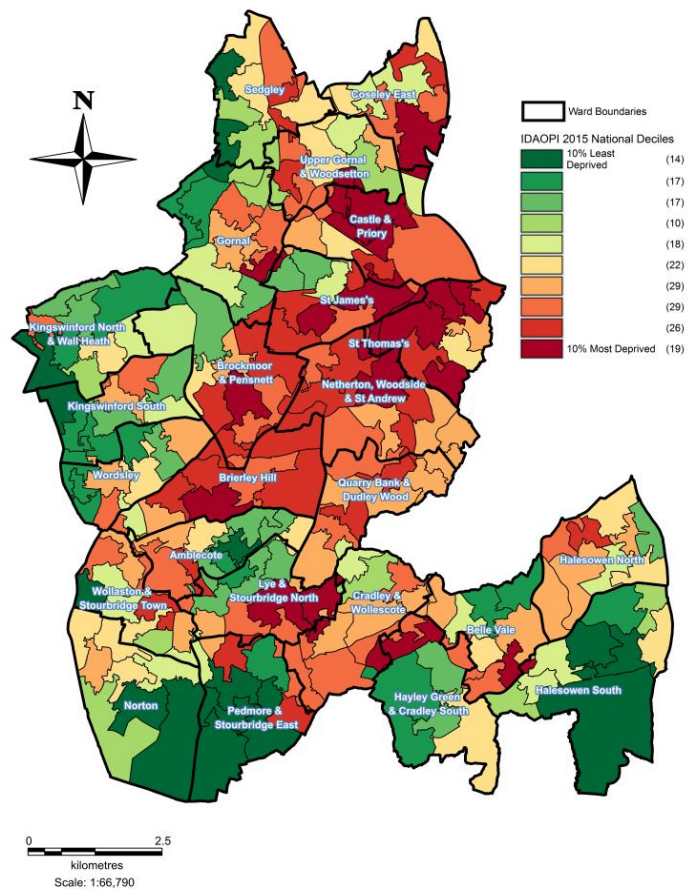
Dudley CCG and Dudley MBC are co-terminus geographically and work together to produce a Joint Strategic Assessment (JSA) and the Joint Health and Wellbeing Strategy (JHWS) that identifies local need and a sustainable community strategy to address this need. The JSA brings together all the information 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 JSA is updated regularly and can be found at www.allaboutdudley.info. With all these data available electronically only the top level points have been taken and included in this PNA.

Figure 5: Dudley Income Deprivation Affecting Children Index 2015, Dudley LSOAs and Wards 2011



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Figure 6: Dudley Income Deprivation Affecting Older People Index 2015, Dudley LSOAs | Wards 2011



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Demography of Dudley

Population

Dudley has a resident population of approximately 317,000 (2016), the population has been steadily growing at a modest but sustained rate in recent years. Between 2016 & 2031 the Dudley population is expected to increase by 13,990 (4.4%). Most of this increase is accounted for by the rise in the 65 and over age group, with the 85+ ages increasing by nearly 70%.

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 7). 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).

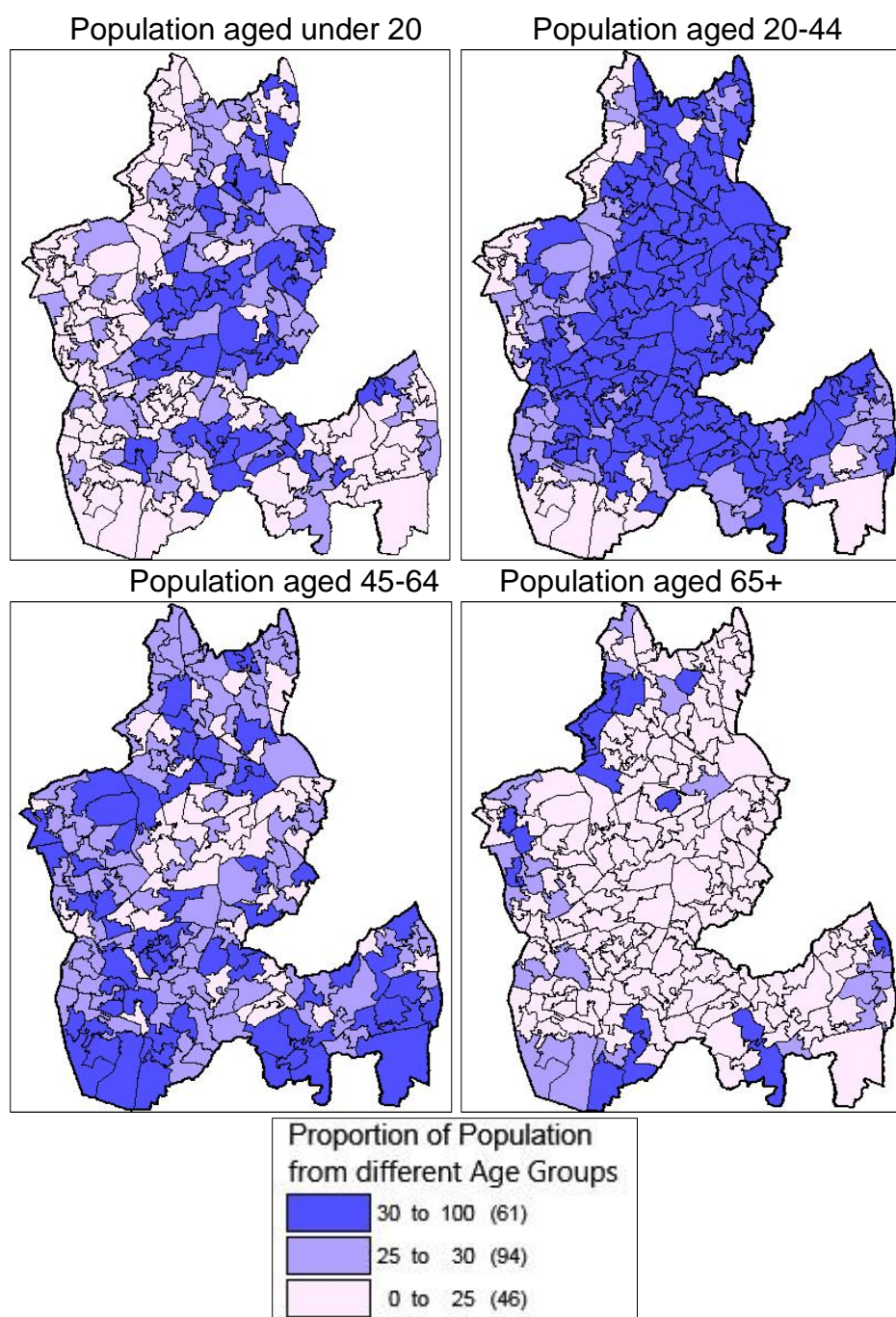
Age

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. The population of the Dudley aged 65 and over is increasing as a proportion of the total, and this is true for all but one of the five townships. The proportion over 65 is also higher in Dudley than it is in England as a whole.

Pharmacy key, see appendix 1.



Figure 8: Dudley age profile, percentage of population in each age group by Census 2011 LSOA



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Life Expectancy

The life-expectancy at birth in Dudley for males is 79.0 years, the equivalent figure for females is 83.2. Both these values are similar to the national rate.

For the male population in Dudley the ward with the highest life expectancy is Halesowen South, in contrast the lowest is St Thomas's. For the female population

Kingswinford South has the highest life expectancy. The lowest age expectancy for females is found in Brockmoor and Pensnett.

The difference between life expectancy for males and females in the Borough is 4.2 years. This is a wider gap than that which is found in England where the difference is 3.7 years. Females have a longer life expectancy in all wards within the borough, the largest difference occurring in Belle Vale of 7.3

In the 2011 census, 78.2% of the Dudley population described their health as being either 'good' or 'very good'.

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

In 2006-08, it was estimated that 16.6% of the Dudley population aged 16+ were binge drinkers, which is similar to the England percentage. All localities had a similar rate to the value for England, except Dudley Central which was 5.3% below the percentage value for England. The highest level of binge drinking was found in Stourbridge locality with a value of 18%.

It is estimated that 27.7% of adults in Dudley and 23.4% of 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 and 7) 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 essential, 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 Access Scheme

In October 2016, the government imposed a two-year funding package (as part of their programme of efficiencies within the NHS) on community pharmacy, with a £113 million reduction in funding in 2016/17.

This represents a reduction of 4% compared with 2015/16, but it will mean that contractors will see their funding for December 2016 to March 2017 fall by an average of 12% compared with November 2016 levels.

This will be followed by a reduction in 2017/18, which will see funding levels from April 2017 drop by around 7.5% compared with November 2016 levels. These significant funding cuts present a potential risk to access of pharmaceutical services if community pharmacies become financially unviable.

To mitigate this risk, a Pharmacy Access Scheme (PhAS) was introduced by the Department of Health (DH), ensuring that a baseline level of patient access to NHS community pharmacy services is protected.

The DH states that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016.

A pharmacy is eligible for the PhAS if it meets all of the following criteria:

- The pharmacy is more than a mile away from its nearest pharmacy (measured by road distance); and,
- The pharmacy is on the pharmaceutical list as at 1 September 2016; and,
- The pharmacy is not in the top 25% largest pharmacies by dispensing volume.

Further details about PhAS are available here <http://psnc.org.uk/contract-it/pharmacy-access-scheme-phas/>

Within Dudley, only 1 pharmacy (Sedgley) qualified for this additional payment in line with this criteria; Northway Pharmacy (Pharmacy ID 56 and appendix 1).

Since the funding reductions were introduced (October 2016), Dudley has seen two pharmacies close within Brierley Hill and one pharmacy within Dudley & Netherton. However, supplementary statements (to the Dudley 2015 PNA) have previously concluded that these closures have not impacted on pharmaceutical services access for our population within these townships.

Pharmacy numbers, walking times and geographical and physical location

The most recent estimate of the population of Dudley is 317,000 (2016). With 68 pharmacies within the borough (excluding the 5 “distance selling” pharmacies since patients cannot visit these to access essential services) this equates to 1 pharmacy to 4,662 people or approximately 22 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 9).

Dudley has an average rate of pharmacy provision when compared with other ‘similar’ CCGs (Figure 10). 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 9: Number of pharmacies per 100,000 population within Dudley CCG and clinical commissioning groups within the Birmingham, Solihull and Black Country Area Team, May 2017

**All pharmacies (including internet) per 100,000 population Dudley CCG and other CCGs in the Birmingham, Solihull & Black Country Area Team May 2017
(2015 mid year population estimates)**

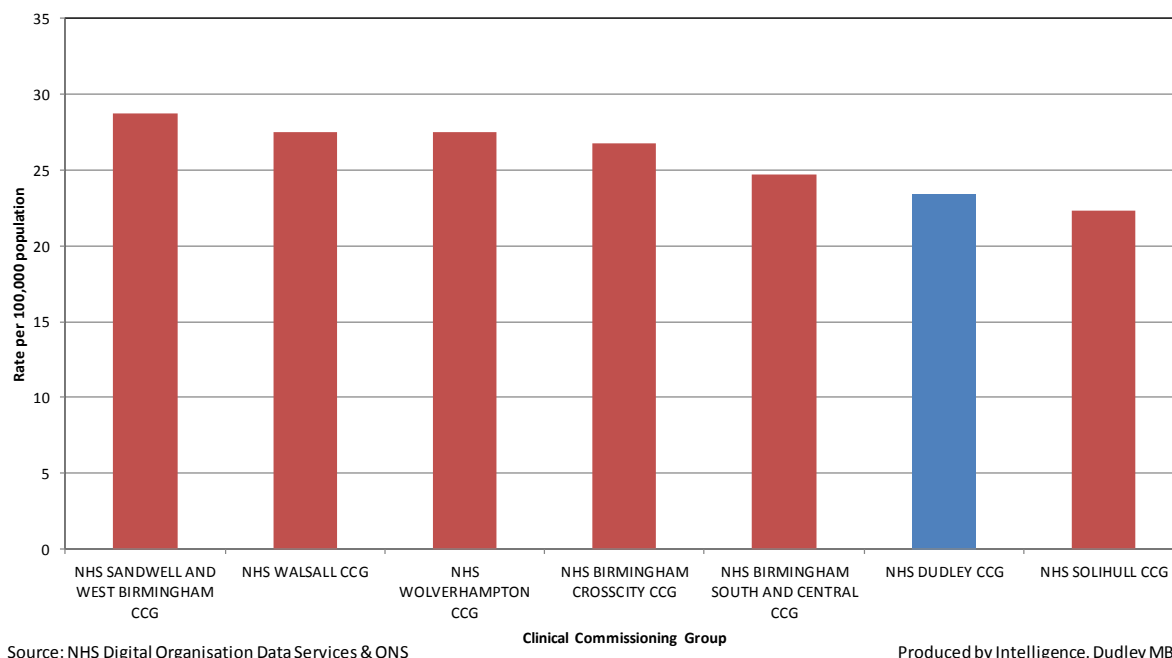
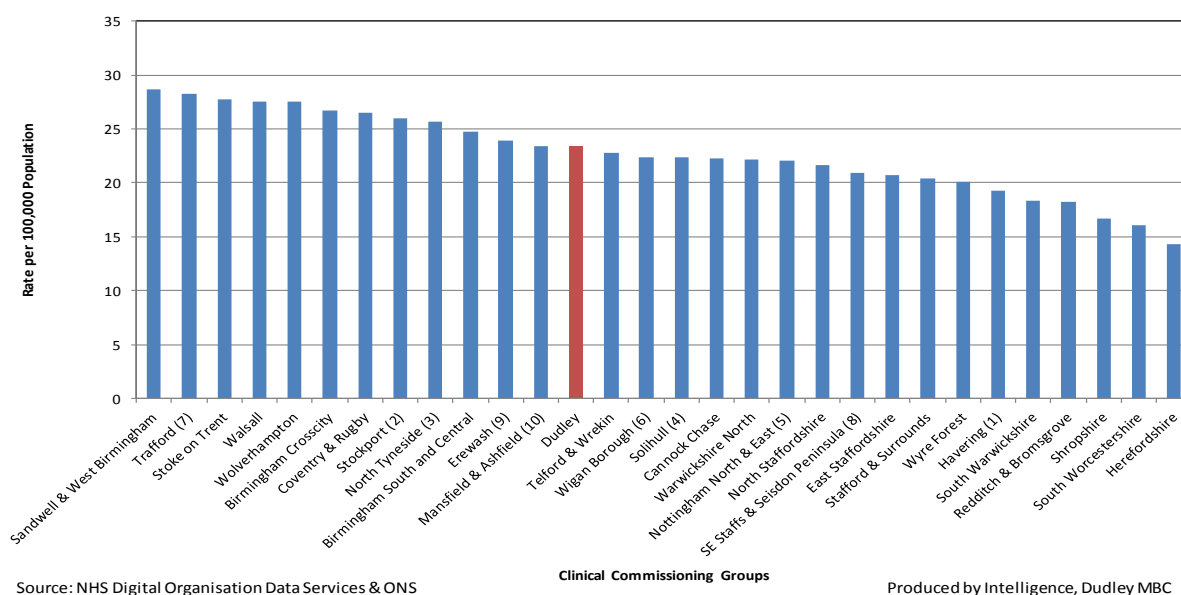


Figure 10: Number of Pharmacies per 100,000 population, Dudley CCG and other 'Similar' Clinical Commissioning Groups,

**All pharmacies (including internet) per 100,000 population
Dudley CCG, West Midlands CCGs and similar CCGs (2015 mid year
population estimates)**



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 11). This clearly shows that the very large majority of people live within reasonable walking distance of a pharmacy; approximately 90% of the Dudley population live within a 30 minute walk of a pharmacy according to analysis of the electoral role.

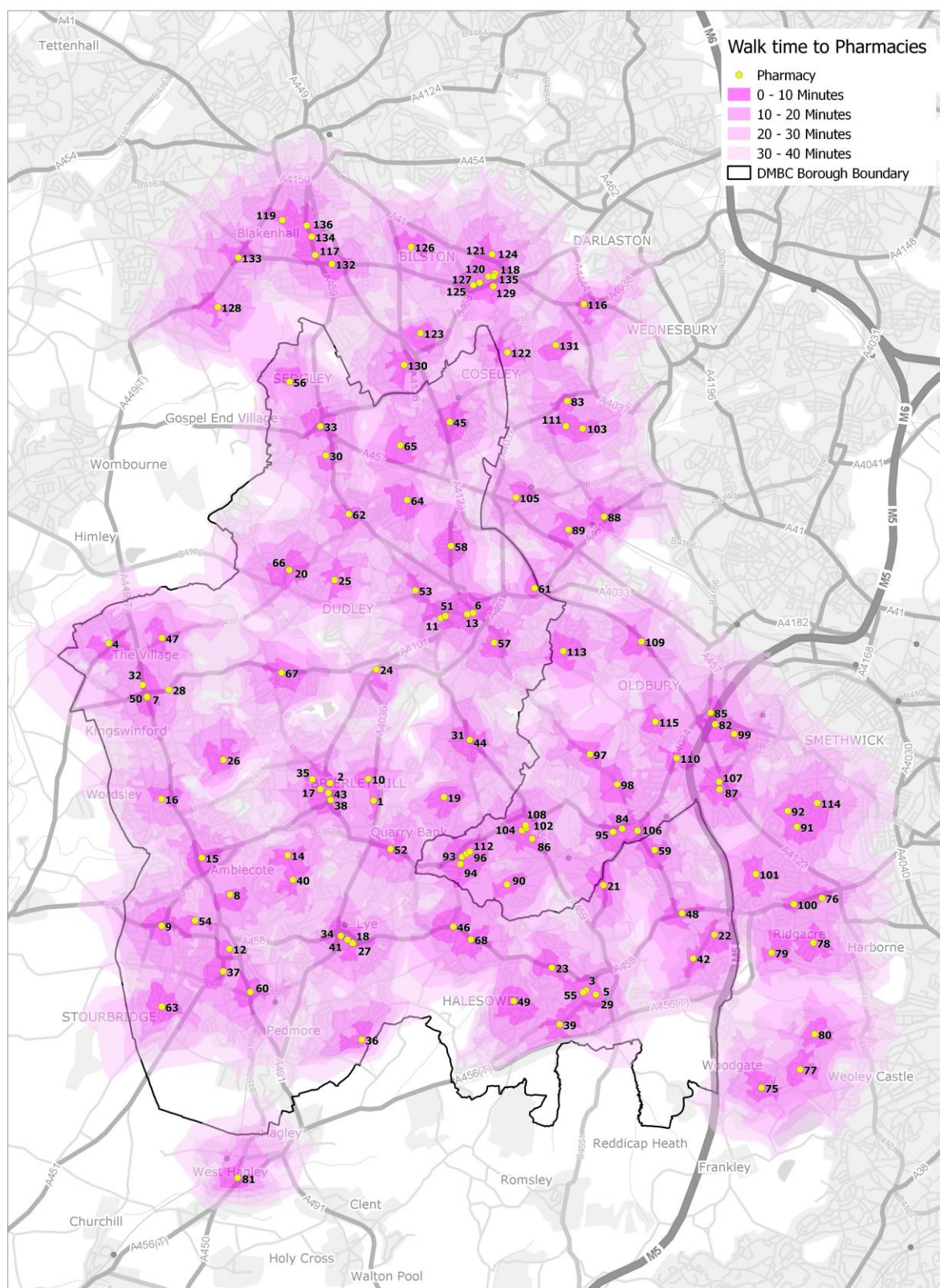
Approximately 10% of Dudley's population live more than a 30 minute walk away from a pharmacy, the majority of which are in the wards of Gornal, Hayley Green and Cradley South, and southern parts of Halesowen South, Norton, and Pedmore & Stourbridge East (see figure 1 for location of wards). Each of these areas are low in deprivation (Figure 1) and have a high proportion of the population over the age 45 (Figure 8). All of these areas are also without a nearby GP practice, 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 11) offer prescription collection and delivery services to ensure adequate pharmaceutical services access for essential services. Additionally, having reviewed the 2011 census data, between 77% and 84% of the population in these wards have 1 or more cars per household. Having reviewed road travelling times (for our population) to pharmacies, all households within Dudley can access a pharmacy (both within Dudley and adjacent health and wellbeing board areas) within 10 minutes by car.

Hence, any consideration for a new pharmaceutical contract within these areas 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 12).

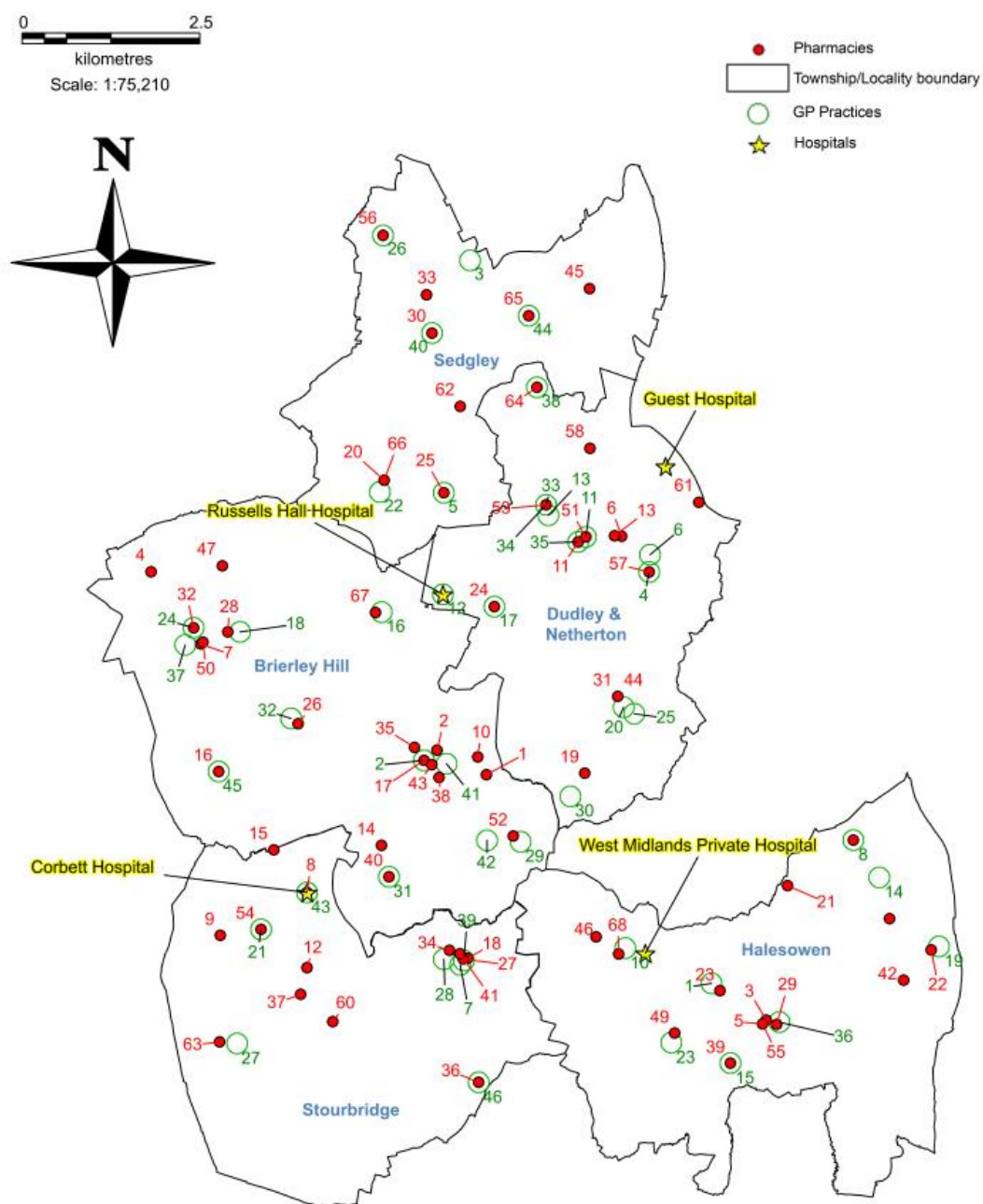
We do acknowledge that greater distances may need to be travelled to access pharmacies late in the evening and at weekends. Since the last PNA (2015), two pharmacies have closed within Brierley Hill, DY5 (non-100 hours access), one has closed within Dudley, DY1 (100 hour access) and one within Netherton, DY2 (100 hour access). These have been considered previously within supplementary statements to the Dudley 2015 PNA and a determination made that access to pharmaceutical services for the Dudley population remains unchanged based on identified need. The Brierley Hill and Dudley & Netherton townships remain well served with community pharmacy access with existing capacity to meet any additional need for essential services identified through these closures.

Figure 11: Walk times to Pharmacies within Dudley and neighbouring areas



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 3.

Figure 12: Pharmacies in relation to location of GP Practices and Acute Outpatient Centres



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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 13). 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 13).

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 60 (out of 68 customer facing pharmacies) responses received from Dudley pharmacies via the online pharmacy contractor questionnaire (appendix 4B):

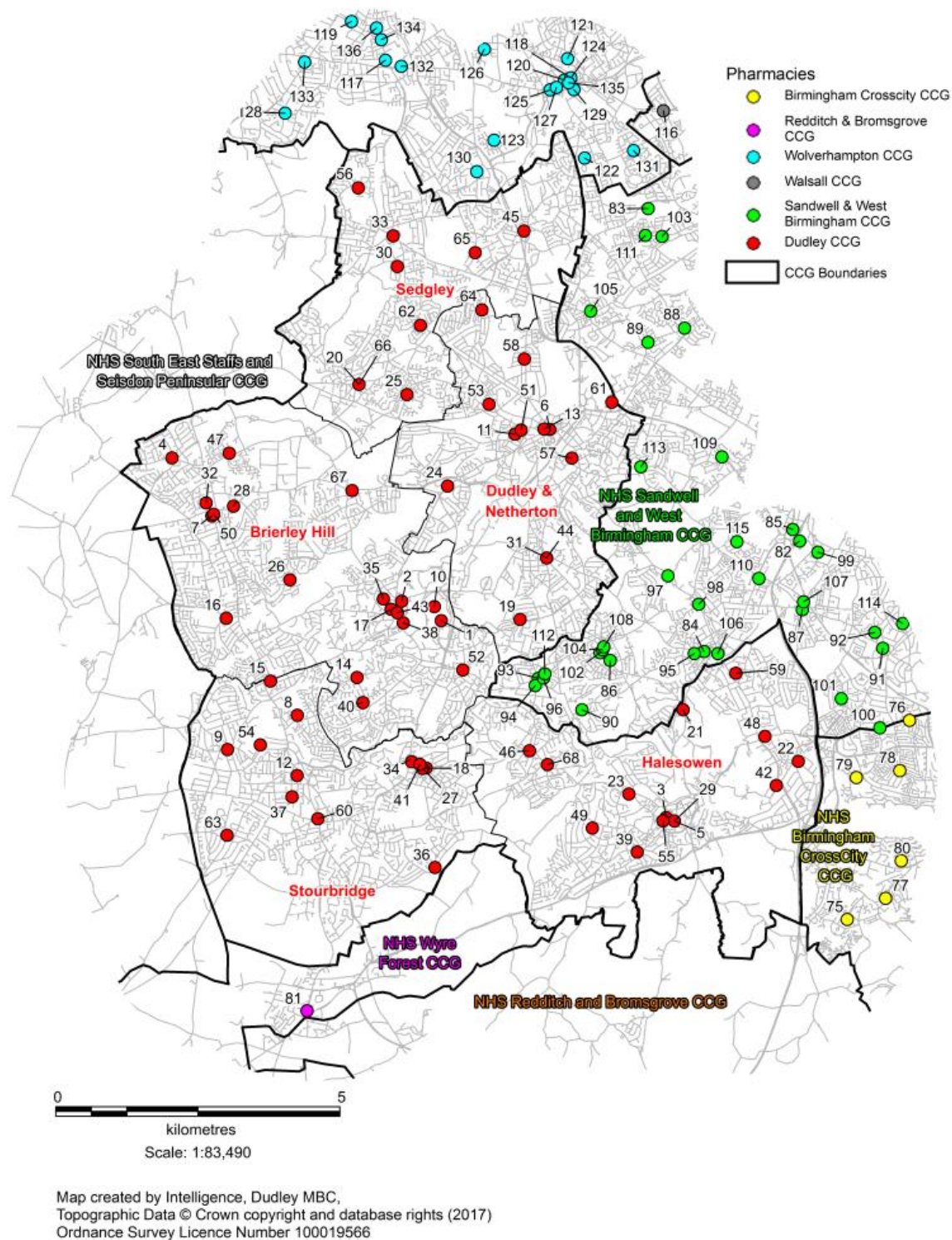
- 45 (66%) have wheelchair access for entrance onto their premises
- 30 (44%) have an automated front entrance door to assist entry
- 39 (57%) provide disabled parking within 10 meters of their premises
- 41 (60%) have wheelchair access to their consultation room
- 37 (54%) provide a hearing loop facility

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 GP practices (figure 12) 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 13: 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 5 pharmacies in DY5 (Brierley Hill); 1 has access until 23:00, 2 in DY9 (Lye), 1 has access until 23:00; and 1 in B63 (Halesowen – access until 23:00) remain open. For the Sedgley population, there is no pharmacy open. However the Phoenix Pharmacy (100 hour contract; pharmacy ID 132, figure 13 and appendix 3) in Wolverhampton provides extended opening hours until 22:30 and falls within 2km of the boundary.

51 pharmacies are open on Saturday spread across the borough. 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.

6 pharmacies are open after 8pm on Saturdays, with 2 in DY5 (Brierley Hill) and 1 in DY9 (Lye) open until 22:30. 1 pharmacy in B63 (Halesowen) is open until 22:00. For the Sedgley population, the Phoenix Pharmacy (100 hour contract; pharmacy ID 132, figure 13 and appendix 3) in Wolverhampton provides extended opening hours until 22:30 on a Saturday.

On Sunday 13 pharmacies are open, 6 of these are in DY5 or DY6 (Brierley Hill/Kingswinford), 1 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 (DY5) 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 13 and Appendix 3, ID number 132) 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 Urgent Care Centre (UCC) is located within Russell's Hall Hospital (DY1) and is open 24 hours all year round. The nearest late opening pharmacies to the UCC are located in DY1, DY2 and DY5.

There are additional late opening pharmacies in neighbouring CCGs, one in Wolverhampton (pharmacy ID 132, figure 13 and appendix 3), two in Sandwell and West Birmingham, in Oldbury (Figure 13, ID number 107, and Appendix 3) and Cradley Heath (Figure 13 and Appendix 3, ID number 112), and 2 in Birmingham Cross City, in Quinton (Figure 13 and Appendix 3, ID numbers 76 and 78).

The commissioned UCC, being the GP out of hours (OOH) service for Dudley residents, is 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 in 2014 available at <http://healthwatchdudley.co.uk/research-reports/>

Within the current contract regulations, contractors should review the core and supplementary hours of pharmacies located in or nearby to GP surgeries to bring them in line with the opening hours of neighbouring GP surgeries (if not already done), particularly since Dudley CCG are presently commissioning extended primary care medical services (through existing GP practices) within the borough (late evenings and weekends).

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 UCC at DGOH site (up to 2 kilometres by car or 20 minutes walking distance) 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. With the UCC providing 24 hours primary medical care since 1st April 2015, this may be considered a gap in pharmaceutical provision. However, the provider of the UCC has responsibility to stock key out of hour's medicines to enable access to medication to fulfil this potential gap in pharmaceutical provision overnight. The full list can be viewed here, http://www.ppa.org.uk/edt/March_2013/wwwhelp/wwwimpl/common/html/wwwhelp.htm?context=Drug_Tariff&file=PXVIIC.html

The UCC has been contacted on several occasions (June and July 2017) with a request to provide the following information (for purposes of assessment for overnight pharmaceutical need):

- Number of consultations with medicines supplied as pre-packs (not on NHS prescription) overnight (between 10pm and 8am) in last 3 months
- Number of consultations with medicines supplied by NHS prescription overnight (between 10pm and 8am) in last 3 months
- List of medicines supplied during these overnight hours in last 3 months with item numbers.
- Have the clinical team ever complained of a situation where a medicine was unavailable and was required during overnight hours?

Whilst, no information has been forthcoming, no pharmaceutical access issues overnight have been reported by the provider to the commissioner (Dudley CCG). Any consideration of a full pharmaceutical contract to fill this gap overnight would be disproportionate to identified need.

We therefore conclude that no gap in pharmaceutical access, based on opening hours within current service provision has been identified within Dudley.

Community Pharmacy Service Provision

Provision of Essential Services

Sixty eight (68) 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) and NHS England.

- 5) Signposting – NHS England, Dudley CCG and Dudley MBC provide signposting 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 5a and 5b.

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 (2016-17) dispensed between 9,000 and 75,000 prescription items written by Dudley General Practitioners.

Table 2: Pharmacies outside of Dudley dispensing annually between 9,000 and 75,000 prescription items written by Dudley GPs

ID*	Pharmacy	CCG	Comment
93	MEJ Hingley,	Sandwell & West B'ham	Next to Cradley Rd Surgery, a branch of Wychbury Medical Practice
94	MEJ Hingley,	Sandwell & West B'ham	Next to Cradley Rd Surgery, a branch of Wychbury Medical Practice
112	Tesco	Sandwell & West B'ham	100 hour pharmacy
86	Churchview	Sandwell & West B'ham	100 hour pharmacy
123	Central Pharmacy Raylane Ltd	Wolverhampton	Close to Dudley GP practice
125	MidCounties Coop	Wolverhampton	Majority of dispensing is for Care home patients

ID*	Pharmacy	CCG	Comment
Outside of 2km boundary	8PM Chemist Ltd	Wolverhampton	Majority of dispensing is for Care home patients
Outside of 2km boundary	Quantum Pharmacy Ltd	Birmingham Cross City	Majority of dispensing is for Care home patients
96	Jhoots	Sandwell & West B'ham	Close to Dudley GP practice
Outside of 2km boundary	Care Quality Pharmacy	Birmingham Cross City	Majority of dispensing is for Care home patients
Outside of 2km boundary	Boots	Wolverhampton	Wolverhampton town centre
130	Murray's	Wolverhampton	Close to Dudley GP practice
Outside of 2km boundary	OTC Direct Ltd	Manchester	Dispensing Appliance Contractor.
Outside of 2km boundary	Coloplast	Preston, Lancs	Appliance contractor. Mail order supply of colostomy bags etc.
Outside of 2km boundary	Bills Pharmacy	South Staffordshire	Close to Dudley GP practices

*Key to ID numbers within 2km boundary of Dudley, see Figure 13 and appendix 3.

Repeat dispensing/batch prescribing

All pharmacies can provide this service when presented with the appropriate prescription forms from GP surgeries (paper or electronic).

Electronic Prescription Service – Release 2 (EPS R2)

All pharmacy contractors within Dudley are EPS R2 enabled (appendix 4A) and all Dudley CCG GP practices are enabled to use this facility should they choose. Dudley CCG had identified EPS R2 as part of their Information Technology (IT) strategy and since the last PNA have actively rolled out full implementation. EPS R2 and EPS repeat dispensing (eRD) is being actively encouraged and performance monitored by the CCG (for its member GP practices) with the aim of achieving a target of 80% and 25% of all prescriptions transmitted by EPS R2 and eRD respectively by March 2018. Dudley CCG is committed to improving efficiency within general practice (thus freeing up capacity for back room function) and EPS R2 and eRD is part of the IT strategy to achieve this.

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);
- Seasonal Influenza (Flu) Vaccination;
- NHS Urgent Medicine Supply Advanced Service (NUMSAS).

Table 3: Advanced services activity 2016-17

	Brierley Hill (19)	Dudley & Netherton (13)	Halesowen (14)	Sedgley (9)	Stourbridge (13)
Medicines Use Review (MUR)*	19	13	14	9	12
New Medicine Service (NMS)*	14	9	13	8	11
Flu Vaccination*	12	8	12	7	8
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.

67 out of the 73 pharmacies in Dudley are accredited to provide an MUR service under the 2005 pharmacy contract regulations (data from NHS shared Business

Services Authority and Table 3). One pharmacy delivering face to face services (ID number 37 and appendix 5a and 5b) that is not accredited to provide an MUR service has no consultation area that fits the minimum criteria and has insufficient space on their premises to accommodate one. The remaining five are all distance selling pharmacies (ID numbers 69, 70, 71, 72 and 73 and appendix 5a and 5b).

At least 70 per cent of all MURs undertaken in a year (01 April 2016 – 31 March 2017) must be on patients who fall within one of the national target groups. 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.

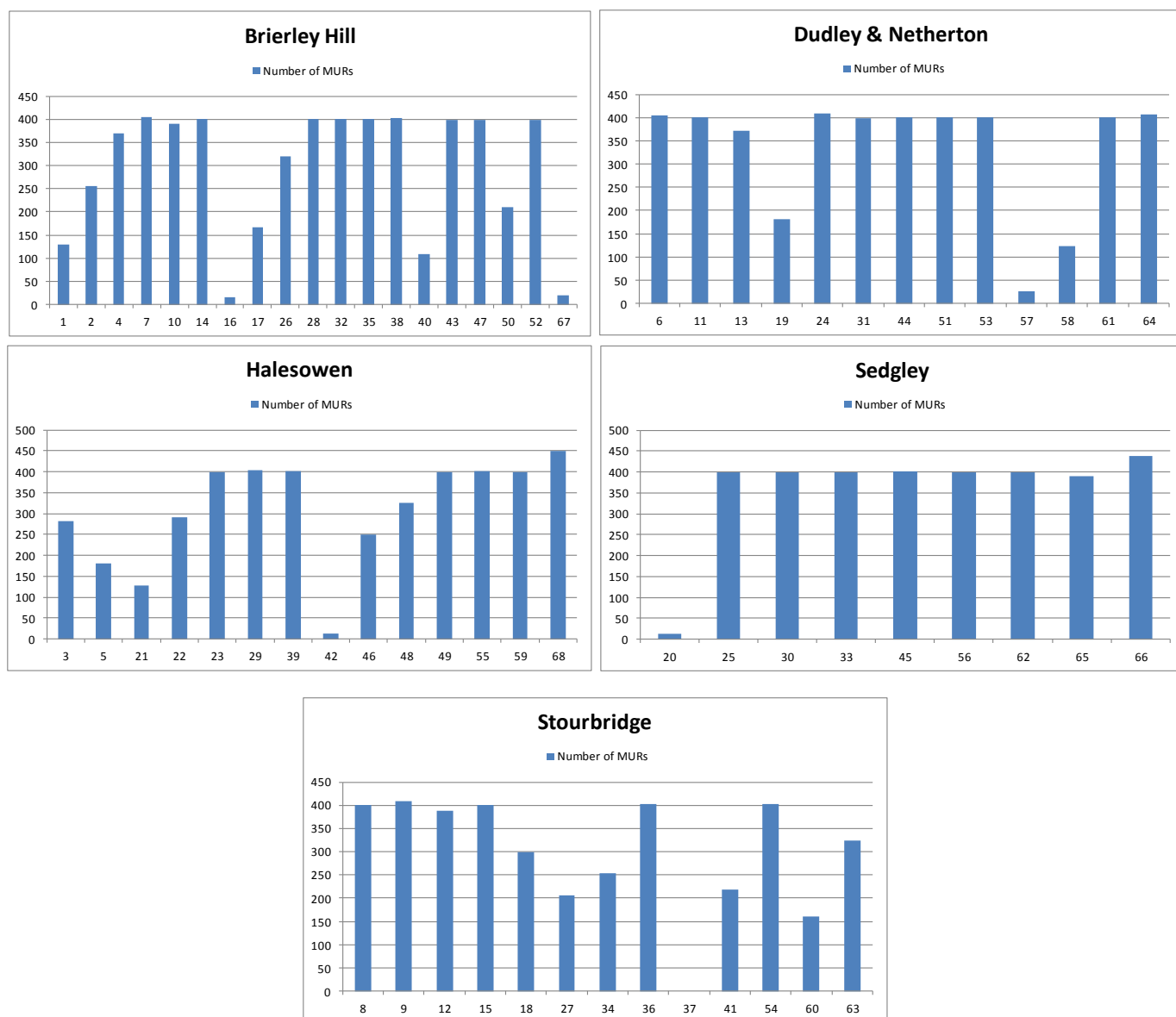
Table 3 and figure 14 show the level of activity of this service for the last complete financial year 2016-2017 by pharmacies within the five localities. It is not possible to identify from the available data the percentage of MURs targeting the national risk groups as above. Figure 15 maps MUR activity (2016-17) 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 (2015) 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 14). Only five 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.

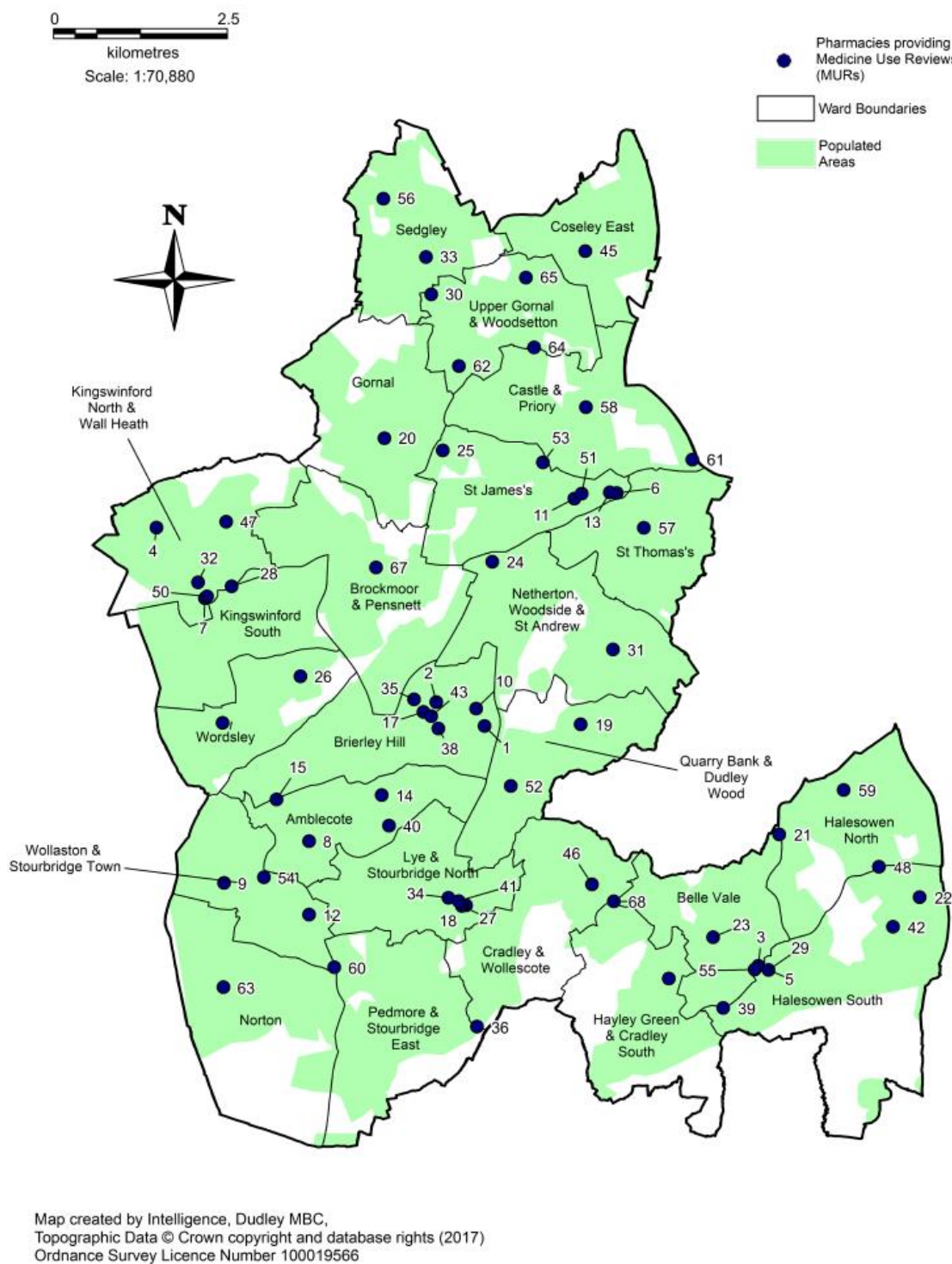
Pharmacies in Sandwell and Wolverhampton also provide MURs for Dudley patients in line with the regulations of this national advanced service.

Figure 14: MUR's in Dudley Pharmacies by Locality (Financial year 2016-17)



See appendix 1 for Key to Pharmacies.

Figure 15: Location of pharmacies providing a medicine use review service in Dudley (financial year 2016-2017)



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 is an isolated gap in provision (Lloyds Pharmacy, ID number 37 and appendix 1). 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 Dudley LPC (in partnership with NHS England, Dudley CCG and the Pharmaceutical Public Health Team) 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 chronic long term conditions management linking the conduct of and outcomes from MURs into local treatment pathways e.g. COPD pathway, Asthma pathway, Falls pathway etc. This is detailed from the JSA and CCG strategic goals. See appendices 7 and 8.

New Medicine Service

The New Medicine Service (NMS) was the fourth Advanced Service added to the NHS community pharmacy contract; it commenced on 1st 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.

To inform the longer-term commissioning decision, the Department of Health (DH) commissioned researchers at the University of Nottingham to lead an academic evaluation of the service, investigating both the clinical and economic benefits of it. These were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. This was the basis for NHS England's firm decision to continue commissioning the service. 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 67 pharmacies are accredited to deliver NMS (information from pharmacy contractor survey and appendix 5a and 5b). 55 of these pharmacies delivered this service during 2016-17 (viewing data available from the NHS Shared Business Services Authority).

Table 3 and figure 16 shows the level of NMS activity for the last complete financial year 2016-2017 by pharmacies within the five localities. Three localities demonstrate access in greater than 75% of its community pharmacies (Halesowen, Sedgley and Stourbridge) while two localities demonstrate access within 73% (Brierley Hill) and 69% (Dudley and Netherton) of its community pharmacy provision. This represents an improvement on service access and delivery for the population compared with financial year 2013-14 (where only 43 pharmacies delivered this service).

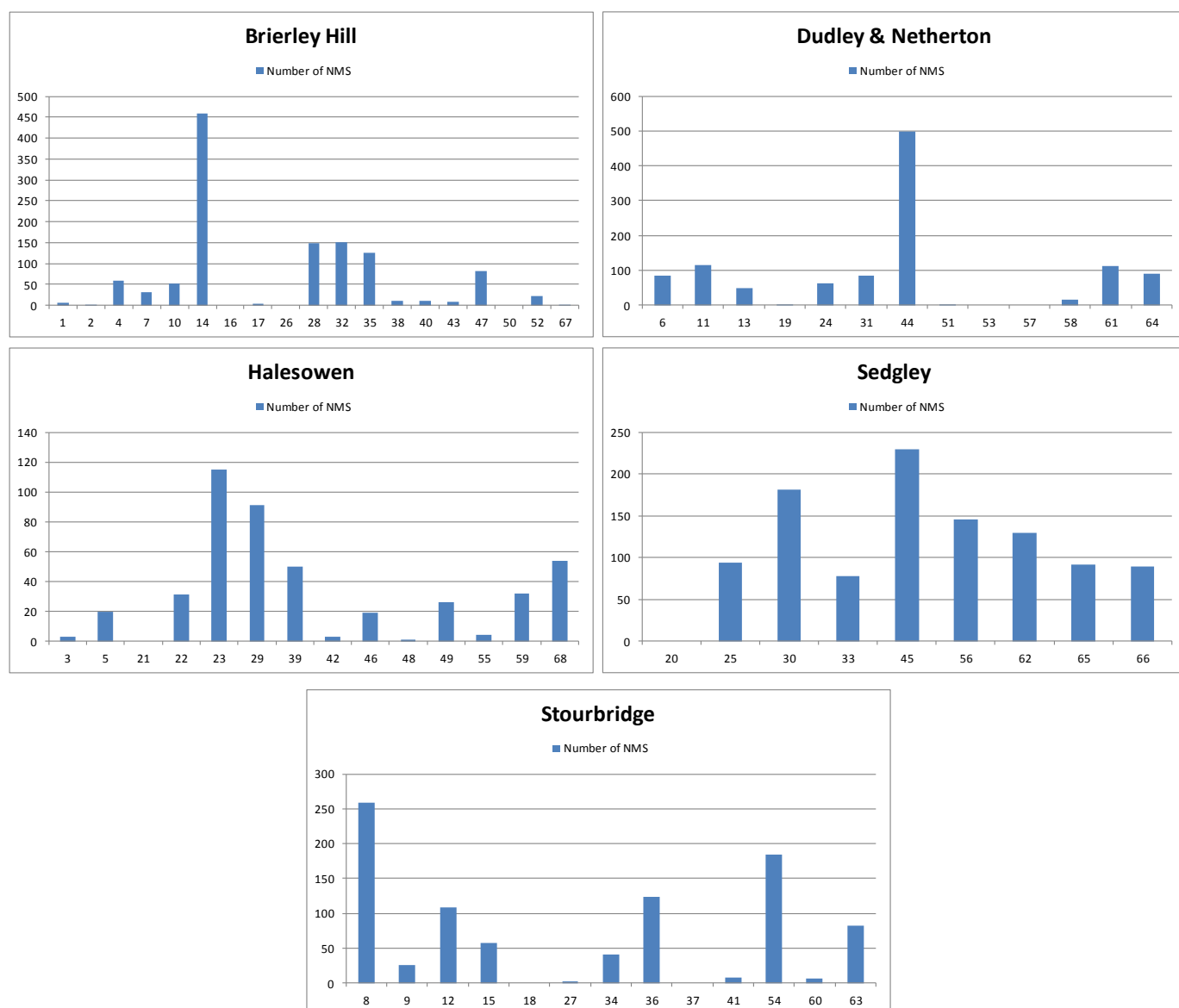
Barriers for pharmacists in delivering this service are likely to be time and capacity dependent (in the presence of an increasing volume of dispensing activity).

Gaps in service provision exist within several wards around the borough based on activity during the last complete financial year 2016/17 (Figure 16 and Table 3):

- Kingswinford South
- Wordsley
- St Thomas
- Netherton, Woodside and St Andrew

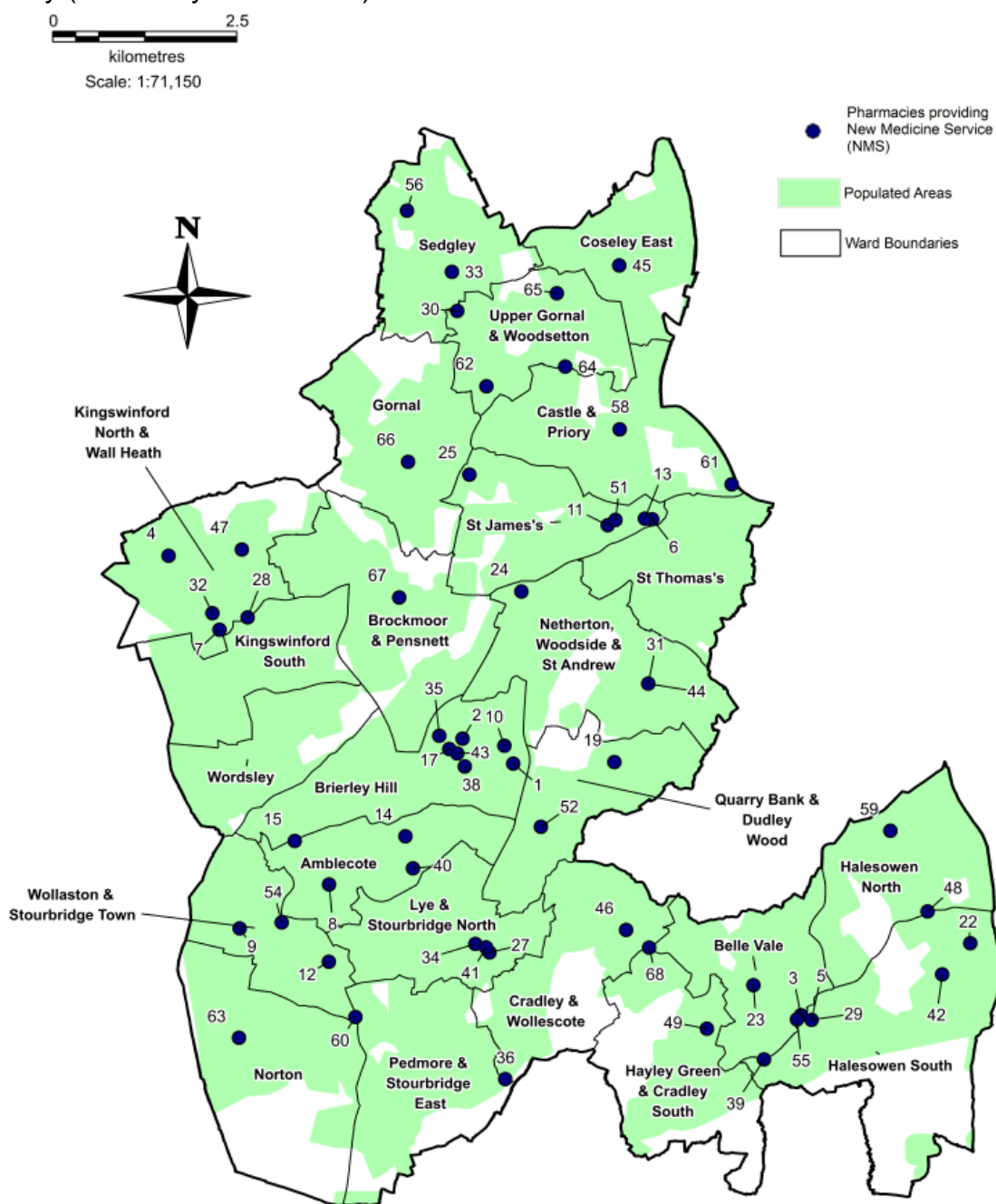
Pharmacies in Sandwell and Wolverhampton also provide NMS for Dudley patients in line with the regulations for this national advanced service.

Figure 16: NMS delivered in Dudley Pharmacies by Locality (Financial year 2016-17)



See appendix 1 for Key to Pharmacies.

Figure 17: Location of pharmacies providing a New Medicine Service (NMS) in Dudley (financial year 2016-17)



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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 69% of all the pharmacies in each locality (Table 3). 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 Dudley LPC (working in partnership with NHS England, Dudley CCG and the Pharmaceutical Public Health Team) 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.

The further development of the NMS service must focus on integration with chronic long term conditions management linking the conduct of and outcomes from NMS into local treatment pathways e.g. COPD, Asthma, Hypertension management etc.

Appliance Use Reviews and Stoma Appliance Customisation Service

Appliance Use Review (AUR) was the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specific appliance by:

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

Stoma Appliance Customisation (SAC) was the third Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Before a community pharmacy can provide the AUR and SAC service, accreditation requirements to demonstrate competence and knowledge within this clinical area need to be declared to the NHS England Area Team. Further details for these

services can be found here <http://psnc.org.uk/services-commissioning/advanced-services/>

Whilst, data from the NHS shared business services authority do demonstrate that some of the Dudley community pharmacies delivered this service (2016-17), the accuracy of this data is questionable. The data demonstrates that only one multiple group of pharmacies submitted claims and upon contacting representatives for this provider, they were unaware that any of their pharmacies were providing this service. The primary care contracts team (NHS England West Midlands) have been informed (as commissioner) to review this data and correct any inaccuracies.

It is important to recognise that other providers locally deliver services to support patients with Stoma and Continence appliances. These include the stoma care nurses within secondary care, the Dudley Continence Service and the community nursing teams. Additionally, we are aware that Dispensing and Appliance contractors (outside of Dudley) provide this service to our eligible Dudley population.

We are unaware of any unmet need of provision of AUR or SAC by pharmacy or appliance contractors.

Seasonal Influenza Vaccination

This service was the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16th September 2015.

The Department of Health (DH) recommends annual flu vaccination through the NHS 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 September and January. NHS England's Local Area Team's main vaccination programme is commissioned through general practice.

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 11). 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.

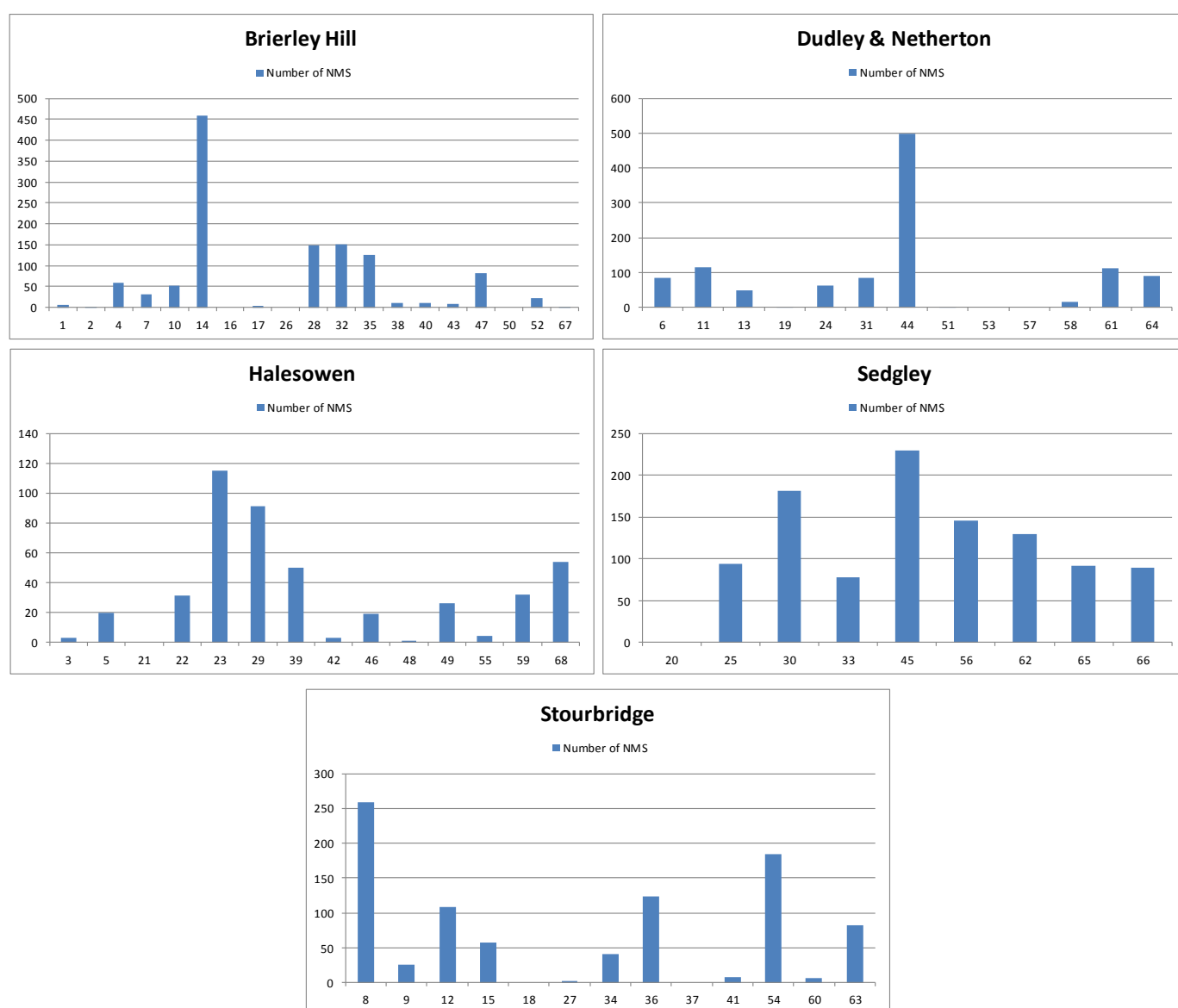
To participate with this service, community pharmacy contractors are required to sign up to and submit to NHS England, a service level agreement and a Patient Group Direction (PGD).

NHS England Area Team have emphasised that the service prioritises targeting increasing uptake in the under 65 years within one of the clinical risk groups (i.e. the harder to reach patients). This service does not cover influenza vaccination for occupational reasons, pregnant women or the vaccination of children (under 18 years of age).

It is important to recognise that the vast majority of seasonal influenza vaccinations for the eligible NHS Dudley population will be provided through general practice and therefore alternative local providers continue to deliver this service.

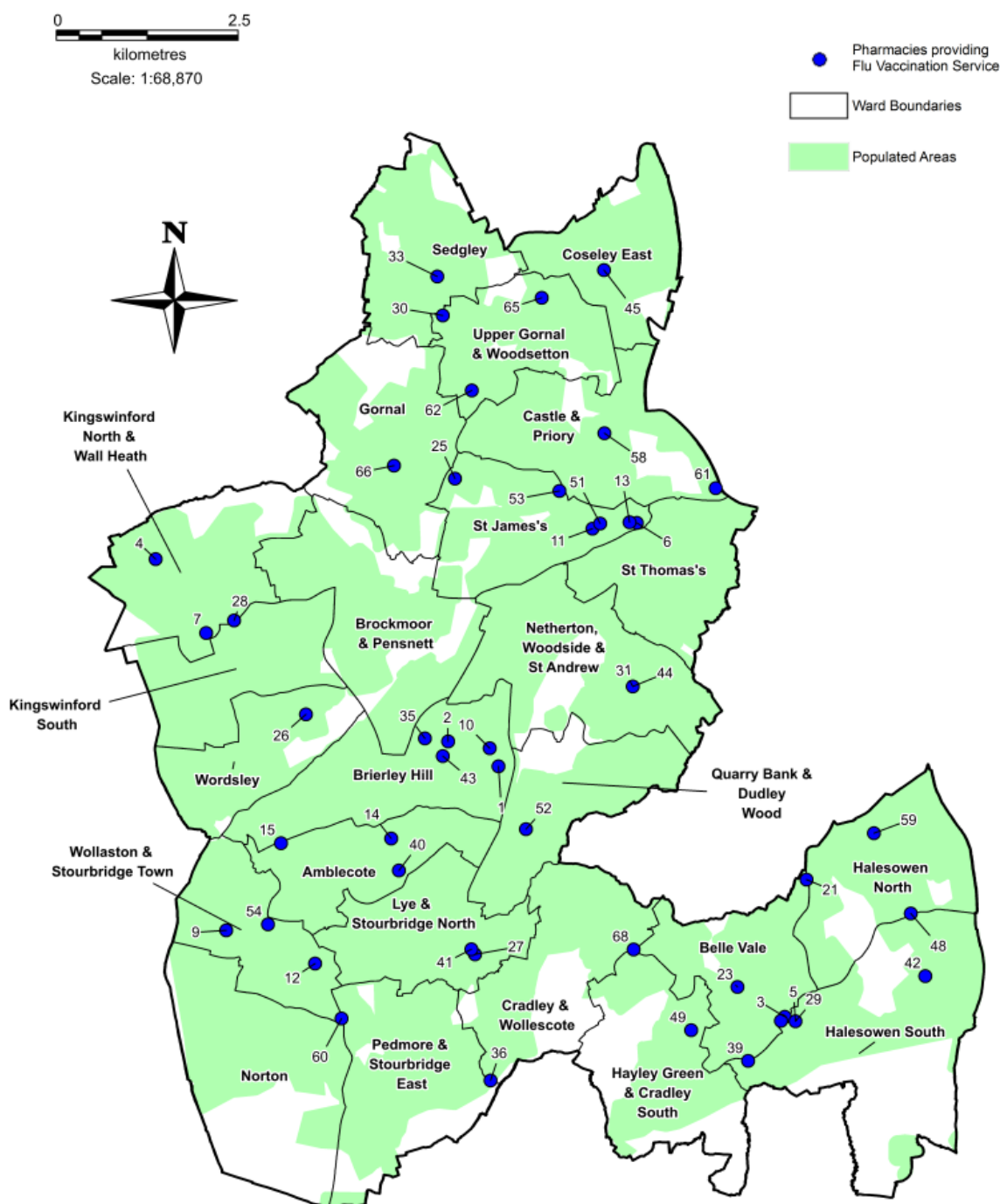
Table 3 and figure 18 shows the number (3,622) of seasonal influenza administrations for the last financial year 2016-2017 (between Sept and March) by pharmacies within the five localities. Taking into account that 2016-2017 was the second year since this service was commissioned to community pharmacy by NHS England, the uptake across the Dudley localities is good with each locality demonstrating that greater than 60% of pharmacies delivered this service. With support from Dudley LPC (e.g. promotion of this service through local media channels), this uptake amongst community pharmacies is expected to increase for forthcoming seasonal influenza campaigns through greater public awareness and improved planning.

Figure 18: Seasonal Influenza Vaccination administered by community pharmacies by locality (financial year 2016/17)



See appendix 1 for Key to Pharmacies.

Figure 19: Location of pharmacies providing the Seasonal Influenza Vaccination Service in Dudley (financial year 2016-2017)



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See appendix 1 for Key to Pharmacies.

Assessment 5: Seasonal Influenza Vaccination

Provision of the seasonal influenza vaccination service is offered from greater than 60% of all the pharmacies in each locality (Table 3) and geographical access across the borough is considered to be good (figure 19). We conclude that there are isolated gaps in provision. However, we further conclude that within each locality sufficient pharmacies provide the service to offer patients a reasonable choice to access this service. Eligible patients for vaccination remain able to access this service through their general practice.

We conclude that Dudley LPC (in partnership with NHS England, Dudley CCG and the Pharmaceutical Public Health Team) 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.

We further conclude that commissioners (CCG and Office of Public Health) should review influenza uptake data (for previous season) to determine areas around the borough where the target uptake (75% for all groups) has not been achieved and ensure greater targeted health promotion within these areas supporting all providers. We conclude to support the health protection of our population, this service is considered necessary through all providers for greater access and patient choice across the borough.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

This service is being commissioned as an Advanced Service pilot running from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. The funding for this service comes from the '*Pharmacy Integration Fund*' (PhIF).

The PhIF is the responsibility of NHS England and is separate to any negotiations related to the Community Pharmacy Contractual Framework (CPCF). It will be used to validate and inform any future reform of the CPCF going forward.

The aim of the PhIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway. In particular, the PhIF is intended to drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models.

NUMSAS has the following objectives

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines; and
- increase patients' awareness of electronic repeat dispensing.

The NUMSAS pilot is being commissioned as a fully integrated service and it therefore requires a number of key elements to be in place before it can go live. To support the efficient roll-out of the service, particularly putting in place mechanisms for referral from NHS 111 to community pharmacy, a phased introduction will take place from December 2016 to March 2017, with the pilot running until March 2018.

There are a number of criteria that pharmacy contractors wanting to deliver this service must fulfil including notification of intent to deliver to NHS England. A key requirement is that if a contractor intends to provide the service, they must have a shared NHSmail mailbox for each of the pharmacy premises from where the service will be provided. Contractors should not register for the service until they have such a mailbox.

To access a shared NHSmail mailbox, users must have their own personal NHSmail address which is linked to the shared mailbox. This is to allow different staff members to access the mailbox without sharing of login details. Currently, only a small number of pharmacies have premises specific shared NHSmail mailboxes. Contractors must ensure that a notification is sent to the patient's GP practice on the same day the medicine or appliance is supplied or as soon as possible after the pharmacy opens on the following working day.

Payment is made to contractors based on each consultation and includes a cost for the professional service, administration and medicine/appliance cost fee based on the drug tariff.

The service requires the pharmacist for any given consultation to ensure adherence to regulation 225 of the Human Medicines Legislation 2012 for the emergency supply of prescription only medicine(s) at the request of the patient. The legislation sets out key conditions that legally need to be adhered to (by the pharmacist) before an emergency supply can be made. More information on the legal requirements can be accessed here <http://www.legislation.gov.uk/ukxi/2012/1916/regulation/225/made>

Further information on this service, including the service specification can be accessed here <http://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

Separate to NUMSAS, many community pharmacists already provide emergency supplies of medicines to patients (in line with the legislation) when patients have run out of their prescription only medicine(s) to support medicines optimisation and reduce demand on other urgent care settings across the borough. This service is not

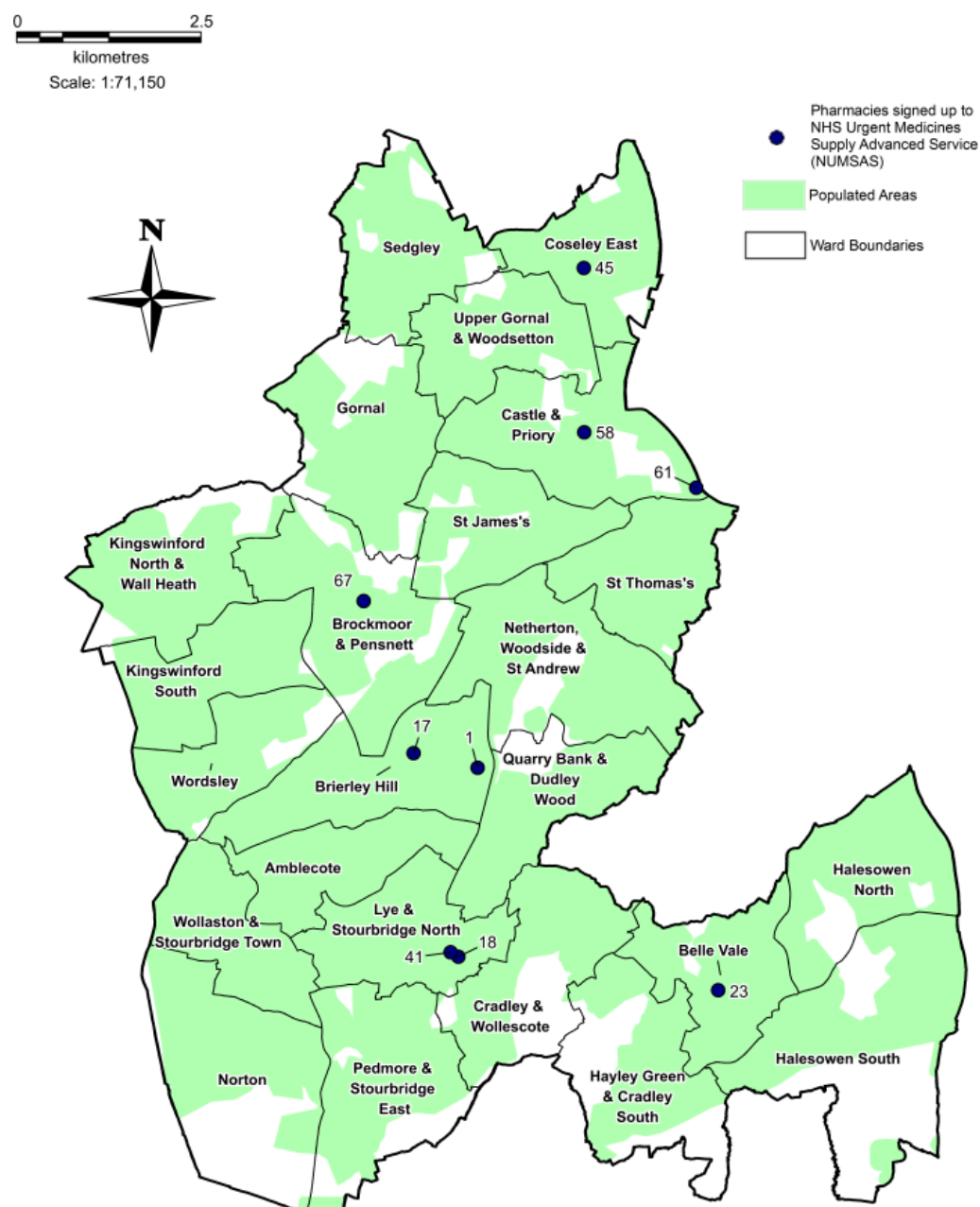
commissioned by the NHS and may incur a charge to the patient for supply and consultation. Historically, the vast majority of patients will walk in to a pharmacy to access this non-commissioned service and this still remains an option for NHS 111 and other healthcare settings to signpost patients to if local pharmacies are not registered for NUMSAS.

NHS England West Midlands pharmacy NUMSAS rollout was planned during February/March 2017, however at the time of writing this PNA, whilst we are aware of several pharmacies registering (Figure 20), we have not viewed any data to determine whether the service is live for the West Midlands area as initially planned.

NUMSAS is a desirable service and continuation beyond the pilot by NHS England would be welcomed to support a reduction in demand and liberating capacity in others parts of the urgent care system within Dudley. One of the drawbacks with NUMSAS is that only those patients triaged through NHS 111 can access. Future development should consider access for patients self-referring or presenting directly at the community pharmacy to ensure equity.

This service is a pilot and there is no guarantee of ongoing commissioning.

Figure 20: Pharmacies registered to deliver NUMSAS August 2017



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See appendix 1 for key to pharmacies.

Local Enhanced Services

Minor Ailments Service (MAS)

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 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).

Following a successful evaluation of the NHS England West Midlands pilot MAS – Pharmacy First (October 2014 to March 2015) by NHS England Area Team, this service was fully commissioned for the period from April 2015 to March 2017. Following expansion of the NHS England West Midlands geography to include Hereford, Arden and Worcestershire, taking into account budgetary resource and evaluation of 2016-2017 MAS – Pharmacy First data, a decision was made (by NHS England) to prioritise access for 2017- 2018 for service users 16 years and under.

At the time of writing this PNA, it is understood that this service will be fully decommissioned by NHS England with responsibility for commissioning transferring to CCG's as part of the programme of work for reducing demand on general practice and promoting self-care.

Dudley CCG, during August 2017 launched the Dudley Prescribing Policy where medicines with no or limited clear health benefit or those that can be purchased over the counter as part of self-care are not recommended for prescribing by general practitioners. More details on the prescribing policy can be found here <http://www.dudleyccg.nhs.uk/prescribing/>

In line with the Dudley Prescribing Policy, the CCG remains committed to developing and furthering the MAS – Pharmacy First to ensure those with low incomes or greatest health need can still access effective medicines for self-care without a fee. With this in mind, Dudley CCG provided additional funding to NHS England for 2017-18 to ensure Over 16's (Dudley CCG registered population) can still access the MAS-

Pharmacy First. This ensures equitable access for our population across the borough.

At the time of writing, the set-up, administration, governance and the general 'day to day' running of the service remains the sole responsibility of the commissioner, NHS England West Midlands. Dudley CCG are currently in discussions with our neighbouring CCGs medicines optimisation teams to seek opportunities for joint commissioning of this service beyond March 2018.

The conditions that the minor ailments scheme includes are listed in Table 4 below:

Table 4: Pharmacy First minor ailments

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

The service can be provided by any community pharmacy within the local NHS England area that fully meets the requirements for provision of the service and has notified NHS England. Dudley CCG GP registered population can access this service from all community pharmacy providers (willing to participate) within the registered NHS England area. For some of the Dudley population, access may be easiest in a neighbouring CCG community pharmacy, particularly at times for out of hour's access.

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 in 2014 (see <http://healthwatchdudley.co.uk/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 Primary Care Trust (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:

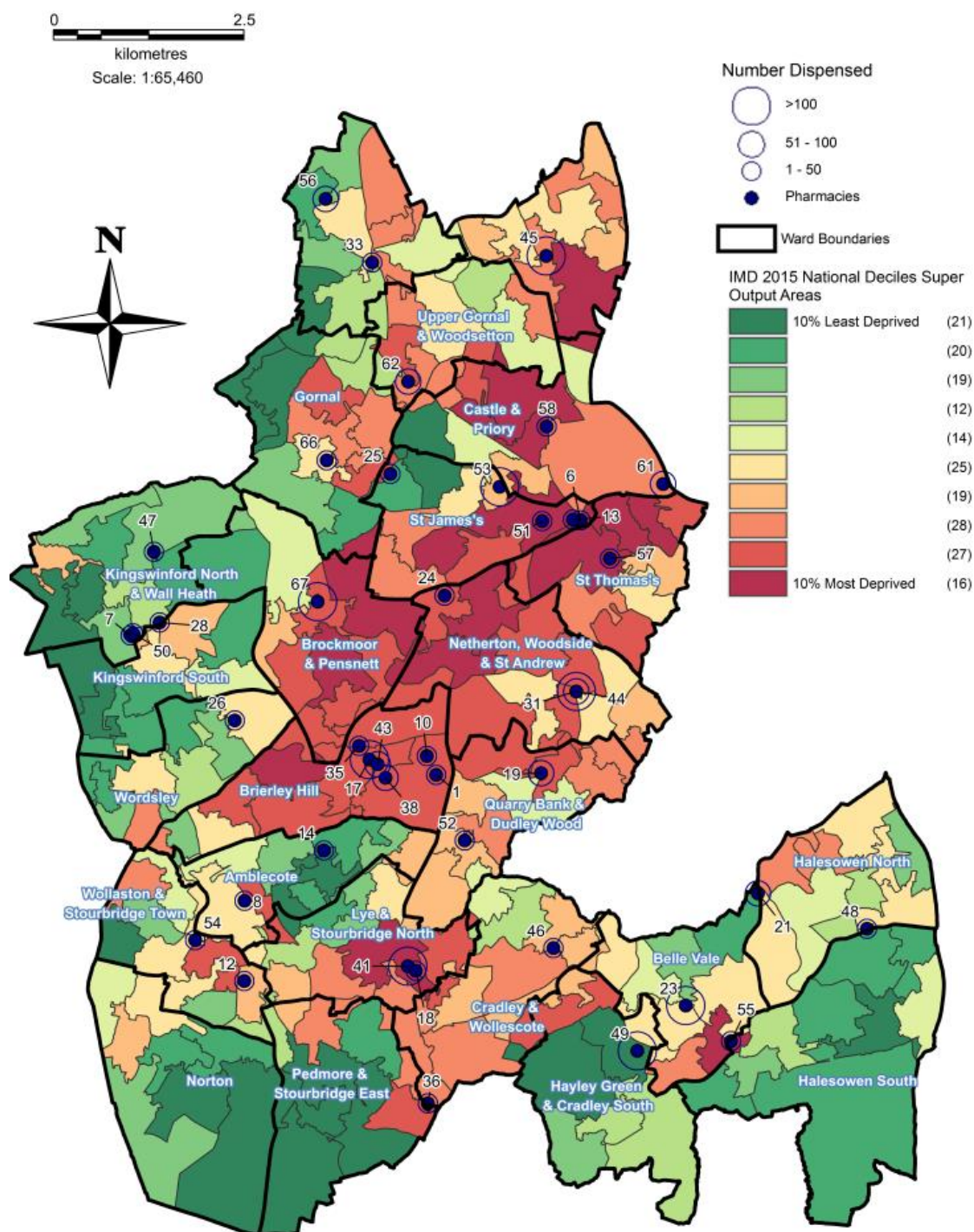
- 150 Patient Satisfaction Questionnaires completed all with positive feedback.
- 48% of consultations were for children.
- 85% of patients would have visited their GP if the scheme was unavailable.
- Most common conditions presented were hay fever, eczema, cough, colds, headache and cold sores.
- Patient 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 Urgent Care Centre or 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.

For the period between July 2016 and June 2017, 43 out of 68 Dudley community pharmacies (excluding distance selling pharmacies) had delivered activity (figure 21). During the same period over 3300 consultations had been recorded and there was evidence that the Dudley CCG registered GP population had accessed this service in community pharmacies outside of Dudley within Wolverhampton and Sandwell (390 occasions, data on file). Evidence from data on file since the implementation of this service demonstrates increased uptake and activity by pharmacies.

Figure 21: Dudley community pharmacies delivering Pharmacy First (MAS) against deprivation



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Source: Index of Multiple Deprivation 2015

Key to pharmacy ID numbers in appendix 1

Figure 21 demonstrates that on the whole, there is good geographical access to this desirable service within Dudley, particularly in those areas of greatest need (greatest three deciles of deprivation). For those pharmacies delivering activity within Dudley, there is wide variation with number of provisions (represented by small, medium and large blue circles within figure 21). Gaps in access to this service exist within the Wordsley green community locality (community locality surrounding County Pharmacy (pharmacy ID 16 on map and appendix 1)); Kingsway (community locality surrounding the Boots Pharmacy, ID number 9 on map and appendix 1) and Cockshot (community locality surrounding Rajja Chemist, ID number 59 on map and appendix 1). These community localities are within the greatest four deciles of deprivation and thus represent an area of high need for such a service.

Feedback from service users and local intelligence informs that barriers to service delivery exist within community pharmacies due to capacity (delivery of essential services), poor understanding of the service specification, lack of promotional materials from commissioner, lack of public awareness and staff changes (e.g. locum, relief pharmacists etc.). Challenges with access of the service to all times of the contracted opening hours of the community pharmacy have been reported.

Assessment 6: Minor Ailments Service

We conclude that access to this desirable service is good around the borough.

We conclude that where gaps in service delivery have been identified (as above), there are sufficient existing contractors within these gaps willing to deliver this service and Dudley LPC (in partnership with Dudley CCG and the Pharmaceutical Public Health Team) will need to work with these contractors to overcome any barriers to service delivery to ensure an equitable service for patients no matter which community pharmacy they use and at whatever time or day of their contracted opening hours.

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.

Dudley Clinical Commissioning Group (CCG) Commissioned Service

Specialist Palliative Care Drugs Supply Service

At the time of writing, Dudley CCG commissions (facilitated via Midlands & Lancashire Commissioning Support Unit) a Specialist Palliative Care Drugs Supply (SPCDS) Service to four community pharmacies within the borough.

It is important to note that this service is 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 locality or township level) and access during core and extended hours during the day.

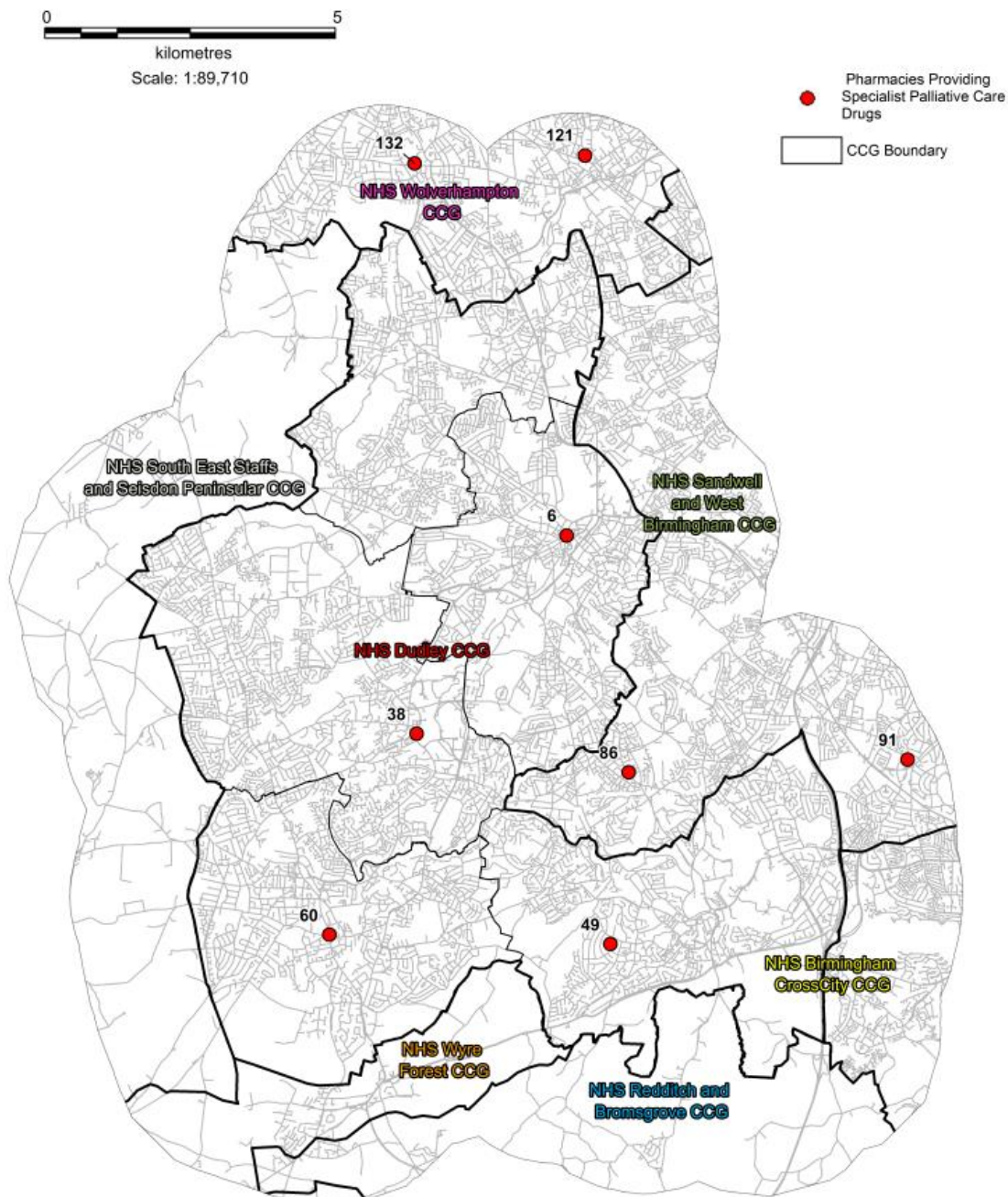
Historically, this service was first commissioned as an enhanced service pilot for 12 months (April 2016 to March 2017) by NHS England within pre-selected community pharmacies across the West Midlands area. Following the end of the pilot, NHS England West Midlands took decision to not re-commission the service and responsibility for ongoing commissioning was transferred to CCGs as part of their local end of life care pathway &/or strategy. Dudley CCG, working in partnership with other neighbouring CCGs and palliative care teams considered this to be a necessary service for improving end of life care and continuation of the historical service was agreed.

The aim of this service is to provide a network of community pharmacies, across Birmingham, Sandwell, Solihull, Dudley and Wolverhampton, who undertake to improve access for patients to specialist medicines when they are required during end of life care. This will be done by:

- Ensuring providers hold agreed stocks of Specialist Palliative Care Drugs (SPCD). This will ensure medicines necessary for effective symptom control are immediately available to patients, carers and their representatives.
- Allowing on demand, prompt access and continuity of supply of specialist palliative care drugs during extended pharmacy opening hours including into the evening (10pm) 7 days per week. It will be expected that working with NHS England, at least one Pharmacy per Health and Wellbeing Board area will be open on a Bank Holiday.
- Providers will be expected to contact alternative providers within the network of this service to source SPCD where, in exceptional circumstances, the required SPCD cannot be supplied in a timely fashion.
- Supporting patients, carers and clinicians by providing them with up to date information, advice and referral where appropriate. Thereby reducing the demand for hospital based services and lowering levels of unplanned hospital admissions.
- Providing advice on safe use, side-effects and the safe disposal of controlled drugs to staff, patients, carers and their representatives. Thus enhancing the care and safety of palliative patients.

- The service will be collection only, however providers are encouraged to provide delivery services, if it meets the need of the patient and capacity exists to do so.

Figure 22: Pharmacies providing Specialist Palliative Care Drugs within Dudley and within 2km of the CCG boundary



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See appendix 1 and appendix 3 for key to pharmacies.

Within Dudley, four community pharmacies (figure 22) provide this service (Swinford Pharmacy, ID number 60 appendix 1; Boots Dudley, ID number 5 appendix 1; Lloyds Pharmacy, ID number 38 appendix 1 and Murrays Pharmacy, ID number 49 appendix 1). Lloyds Pharmacy (ID number 38, appendix 1) will provide extended hours access for the Dudley population (100 hour pharmacy with weeknight and weekend opening hours until 22:30). This ensures good access to the service in the Dudley & Netherton, Halesowen, Stourbridge and Brierley Hill townships. The north of the borough (Sedgley Township) will have good access to this service from community pharmacies located within Wolverhampton (figure 22, pharmacy ID 132 and 121, appendix 3).

Additionally, all community pharmacies within Dudley (irrespective of this commissioned service) have a contractual obligation under the essential services framework to dispense medicines when presented with a prescription in a timely efficient manner, including palliative care medicines. Therefore, all community pharmacies are able to supply this group of medicines to ensure adequate access across the borough.

It should also be noted that local end of life care pathways are designed to ensure anticipatory specialist palliative care medicines are prescribed and made available (to the patient) ahead of actual need to support dignity with care toward the end of life.

To meet overnight need (defined as 10pm to 8am, 7 days per week) for SPCD, Dudley CCG commissions a service through the Pharmacy Department within Russells Hall Hospital (Dudley Group of Hospitals).

Assessment 7: Specialist Palliative Care Drugs Supply Service

We conclude that the population of Dudley has good access to the SPCDS service for those pharmacies commissioned within Dudley and neighbouring health and wellbeing board areas. All community pharmacies within Dudley (irrespective of this commissioned service) remain able to dispense these medicines when called upon via an NHS prescription and for overnight access (10pm to 8am), Dudley CCG commissions the pharmacy department within Russells Hall Hospital. Therefore, no gaps in service provision have been identified.

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 outlines the current position (November 2017) 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 5a and 5b 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 period 12 months to July 2017, it demonstrates that for several services (discussed in detail later) many accredited pharmacies are delivering minimal or zero activity. We conclude that the LPC in partnership with the Office of Public Health 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 1st 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 has encouraged 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 was rolled out for selected services to facilitate a smooth transition, with all services being delivered via this IT platform from September 2015.

Results from the pharmacy contractor survey conducted during April to June 2017 (data on file) 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'.

Over the last 12 months with increased financial pressures on local authorities to find cost efficiencies, Dudley Office of Public Health has not been immune to this challenge. This has resulted in many of the adult services for health and wellbeing going out to procurement into a single contract, with a successful provider appointed, Solutions4Health Ltd (S4H). From 1st April 2017, S4H are commissioned to deliver the Dudley Integrated Adult Health & Wellbeing Service and the commissioner (Office of Public Health, Dudley MBC) encourages S4H to consider community pharmacy and its teams in delivering services to the population of Dudley. At the time of writing (October 2017), S4H currently commissions community pharmacies to deliver stop smoking services (discussed in more detail later). More details about this service are available here <https://www.solutions4health.co.uk/our-services/integratedhealth/> and <https://lets-get.com/>

One of the major advantages of this new integrated adult health and wellbeing service is that there is a single point of access into all lifestyle services ensuring all aspects of health and wellbeing can be considered within one referral. This ensures greater efficiency for service users and healthcare professionals, promoting a more joined up care approach with avoidance of duplication of effort.

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 and HIV point of care testing (POCT) 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 2016/17.

Table 5: Community pharmacy sexual health service activity 12 months to July 2017

Sexual Health Service	Brierley Hill (19)	Dudley & Netherton (13)	Halesowen (14)	Sedgley (9)	Stourbridge (13)
EHC Using PGD*	11	6	6	3	6
Chlamydia screening packs (level 1)*	8	5	6	5	6
Chlamydia treatment using PGD (level 2)*	2	0	0	0	1
HIV POCT*	3	3	0**	0**	0**
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, 12 months to July 17

** Service not commissioned in these localities.

Provision of emergency hormonal contraception (EHC)

The EHC service is commissioned by the Office of Public Health to provide the morning after pill (levonorgestrel 1500 micrograms) 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 to complete defined Centre for Pharmacy Postgraduate Education (CPPE) distance learning materials and
- attendance at training events as deemed appropriate by the commissioner.

32 pharmacies provided the EHC service across Dudley for the period 12 months to July 2017. The pharmacies are located in areas of known higher rates of teenage conception (Figure 23) 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 accredited pharmacies in Sedgley are open on a Sunday. However, analysis of the supply of EHC to females across the borough shows that over 50% of women choose to use the pharmacies within the Merry Hill shopping centre and Dudley town centre to access the EHC service. 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 13 and Appendix 3, ID number 132) 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.

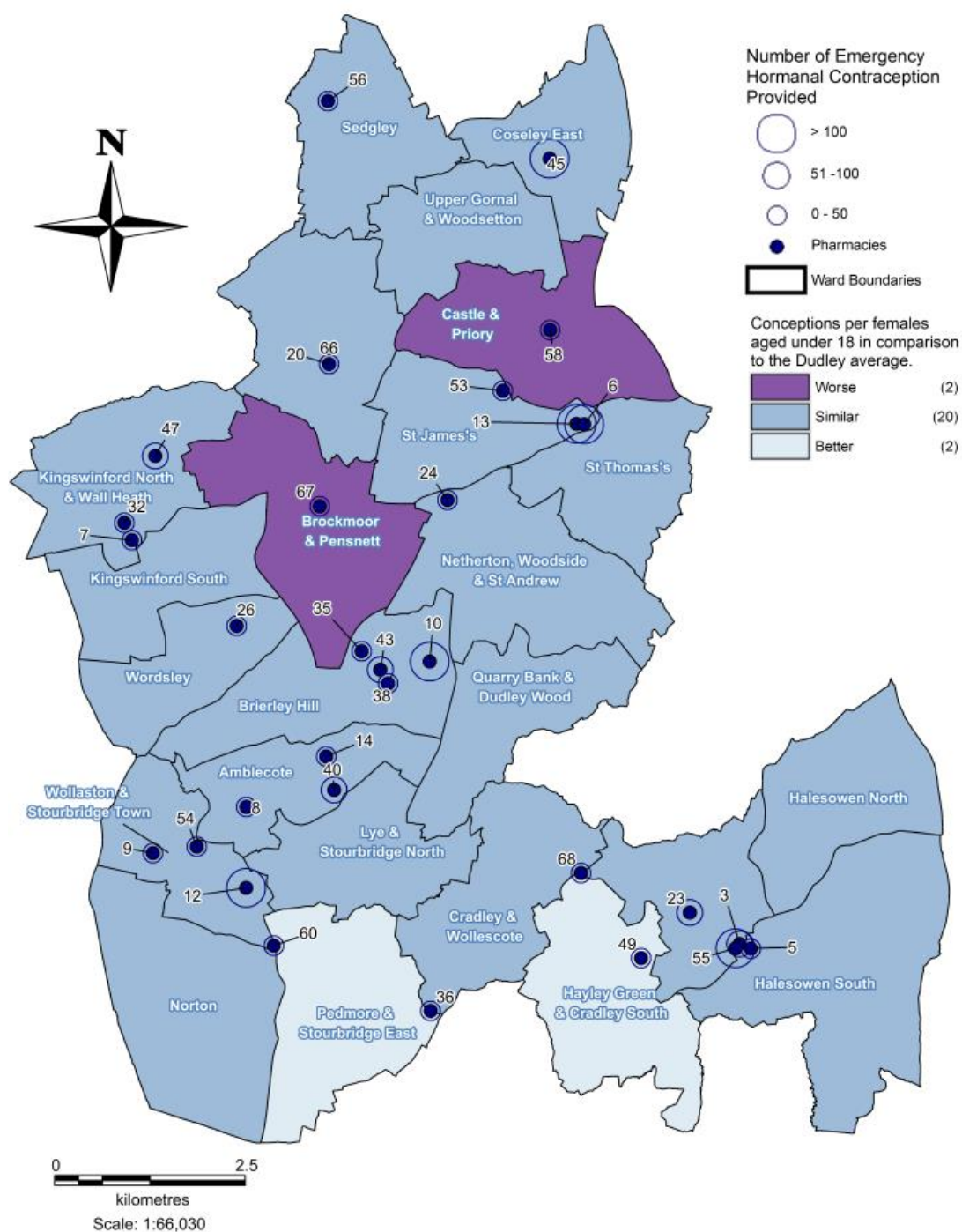
Dudley Office of Public Health also commissions sexual health specialist services (Dudley Contraception & Sexual Health Service and Brook (under 25's)) across the borough to which females can access EHC. Further details of these service can be accessed here <http://dudleygroup.nhs.uk/services-and-wards/genito-urinary-medicine/> and <https://www.brook.org.uk/find-a-service/regions/sandwell-and-dudley>

Females 16 years and over can also access EHC from any community pharmacy over the counter subject to meeting defined criteria as a private non-commissioned service at their own cost.

Assessment 8: Provision of Emergency Hormonal Contraception (EHC)

We conclude that women across the borough have good access to this service, particular in areas of greater teenage conception rates. 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 23: 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.

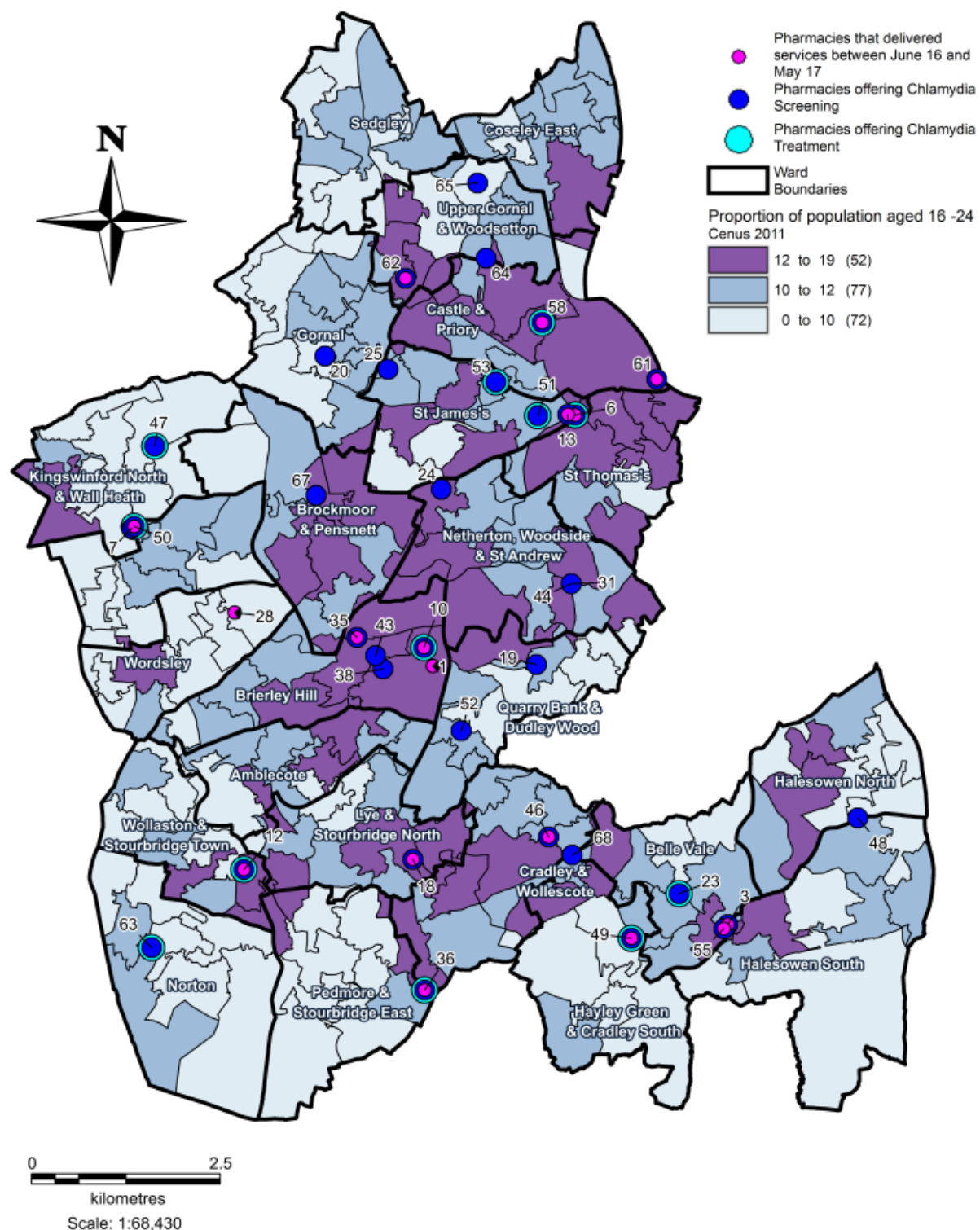
There are two levels of service offered through community pharmacies:

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 provide service at level 2.

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



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Key to pharmacy ID number in appendix 1.

Figure 24 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 file for submitted claims to the Office of Public Health 12 months to May 2017) 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

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

Assessment 9: 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 ≥ 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) Service

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

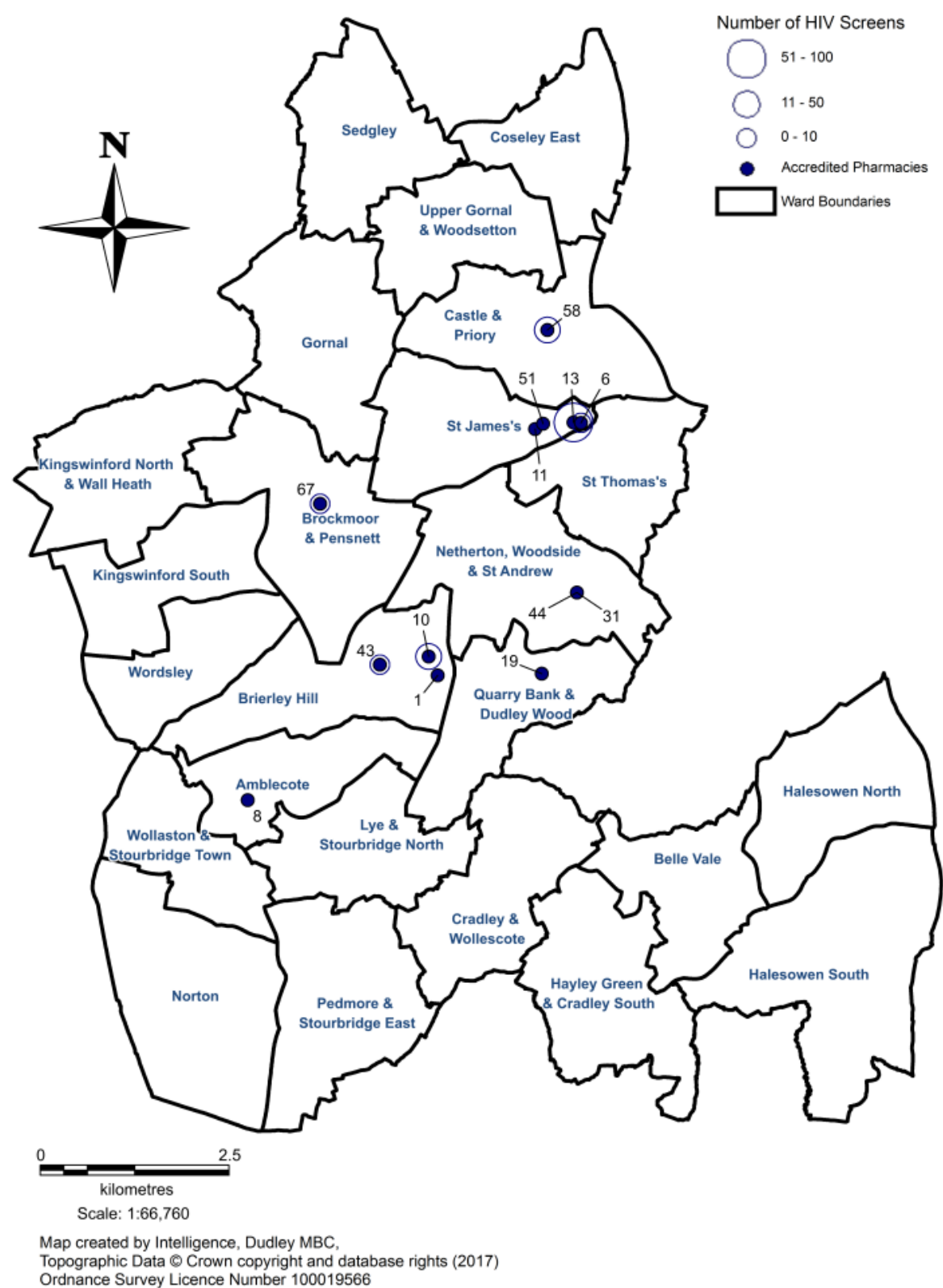
with increased mortality and morbidity, an impaired response to HAART and increased cost to healthcare services (British HIV Association, 2009).

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 some areas 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 service 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. If the HIV POCT is reactive (does not confirm diagnosis), the pharmacy team counsel the patient accordingly and refer the patient onto the local commissioned specialist sexual health service for appropriate clinical management. The service also involves promoting key sexual health messages on risk reduction for all service users. Figure 25 demonstrates that 13 community pharmacies across the borough are commissioned to provide this service with the greatest service delivery (6 pharmacies) within the central wards of Dudley meeting identified need.

Figure 25: Community Pharmacies providing HIV POCT testing within Dudley



See appendix 1 for key to pharmacies.

Assessment 10: Provision of HIV POCT Service

We conclude there is adequate access to the HIV POCT service within the borough within the areas of greatest identified prevalence of HIV diagnosis. This is a desirable service that should continue to ensure early identification of new diagnoses of HIV and therefore promote improved health outcomes in the long term. Evidence from data on file demonstrates that this HIV POCT service has been effective in early identification. We conclude no gaps exist within the borough for this service.

Smoking Cessation Services

For adults (defined as ≥ 18 years of age), the Lets Get Healthy Stop Smoking Service is provided by S4H as part of the integrated adult wellness service within Dudley. Residents of Dudley borough, those who work within the borough and/or those registered with Dudley CCG general practices are able to access this service. The community pharmacy services for adults are commissioned (by S4H) in addition to those offered from GP practices and by the S4H Let's Get Healthy adult wellness coaches (community outreach).

Community Pharmacies are recognised as accessible to people who may not otherwise access NHS services. Table 6 and figure 26 shows the current accredited community pharmacies able to deliver this service to adults.

There are two levels of the smoking cessation pharmacy services for adults commissioned by S4H:

- 1) Provision of Nicotine Replacement Therapy (NRT) following behavioural support by accredited Let's Get Healthy stop smoking cessation advisers (staff within the community pharmacy team). This involves intensive one to one 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. Within Table 6, this is in reference to smoking cessation advice.
- 2) Supply of varenicline (Champix) by appropriately trained pharmacists via a patient group direction (PGD) following referral from the Lets Get Healthy adult wellness coaches employed by S4H. S4H adult wellness coaches remain responsible for providing the psychosocial and behaviour change intervention.

For clarification, community pharmacy accredited smoking cessation advisers who assess a service user for eligibility of varenicline (as the most appropriate option to support quit) must refer into the S4H adult wellness coaching team.

A medicines use review compliant consultation area is a prerequisite for all levels of this service. Comprehensive and ongoing training is provided by the S4H. The smoking cessation service can be provided by trained healthcare assistants.

At the time of writing, PharmOutcomes (license owned by S4H) and paper based monitoring is utilised by community pharmacies for purpose of recording interventions and claims for payment.

Separate to the S4H service, the Office of Public Health, Dudley MBC commissions providers to deliver smoking cessation services to young persons (defined as <18 years of age) and in pregnancy (all ages).

There is one level to this service commissioned through community pharmacy:

- Provision of NRT following a voucher provided by an accredited Dudley smoking cessation advisor. The role of the community pharmacy is the supply of NRT only with appropriate advice provided similar to dispensing a prescription in line with essential service provision. PharmOutcomes is utilised by community pharmacies for recording and claims purpose. Psychosocial and behavioural intervention remains the responsibility of the Dudley smoking cessation team. Within table 6, this is referenced as the NRT voucher scheme.

Table 6: Community pharmacy public health smoking cessation services accredited providers September 2017, Dudley

Smoking Cessation Service	Brierley Hill (19)	Dudley & Netherton (13)	Halesowen (14)	Sedgley (9)	Stourbridge (13)
NRT Voucher scheme	18	13	14	9	12
Smoking Cessation Advice*	3	3	4	2	3
Varenicline using PGD*	2	2	2	2	0
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 Solutions 4 Health Ltd

A map of Dudley showing the locations of the pharmacies providing smoking cessation services is shown in figure 26 as well as smoking prevalence by ward. Table 6 identifies service provision by township or locality for this necessary public health service. It is important to note that other providers (general practices and S4H outreach adult wellness service) also enable access to these services for the Dudley population.

Figure 26 and table 6 demonstrates that there is good access to the NRT voucher service across the borough for young people and pregnant individuals. However, due to recent significant changes within public health with smoking cessation services (transfer of commissioning responsibility from Dudley MBC to S4H), there is confusion amongst community pharmacy contractors for which NRT vouchers they are able to supply. Incidents of community pharmacy team's incorrectly rejecting service users (young persons and pregnancy) for provision of NRT (via voucher)

have been reported into the Office of Public Health delaying service availability. Dudley LPC, working in partnership with the Office of Public Health commissioning lead for children are advised to ensure confusion amongst contractors is resolved.

Access through community pharmacy to the two levels of the adult Let's Get Healthy smoking cessation service is poor across the borough (figure 26 and table 6), particularly in wards of high smoking prevalence (Brockmoor & Pensnett; Netherton, Woodside & St Andrews; Upper Gornal & Woodsetton; Pedmore & Stourbridge East and Wordsley). However, this poor access is explained by the recent significant changes in commissioning of smoking cessation services within the borough. The adult service has recently (April 2017) been transferred from direct commissioning by the Office of Public Health, Dudley MBC (which was well established over the last 10 years) to the new integrated adult wellness service provided by S4H.

Mobilisation of the S4H service resulted in interim arrangements for quarters 1 and 2 (2016-17) with changes to the service specification (by S4H) being implemented, July 2017. These changes have meant that many community pharmacies have not had opportunity to sign up to new contracts with S4H and at the time of writing, this issue is being addressed by S4H working in partnership with Dudley LPC and individual contractors.

Data on file from the contractor questionnaire completed spring 2017 determines willingness by community pharmacy contractors to deliver this service.

Assessment 11: Smoking Cessation Services

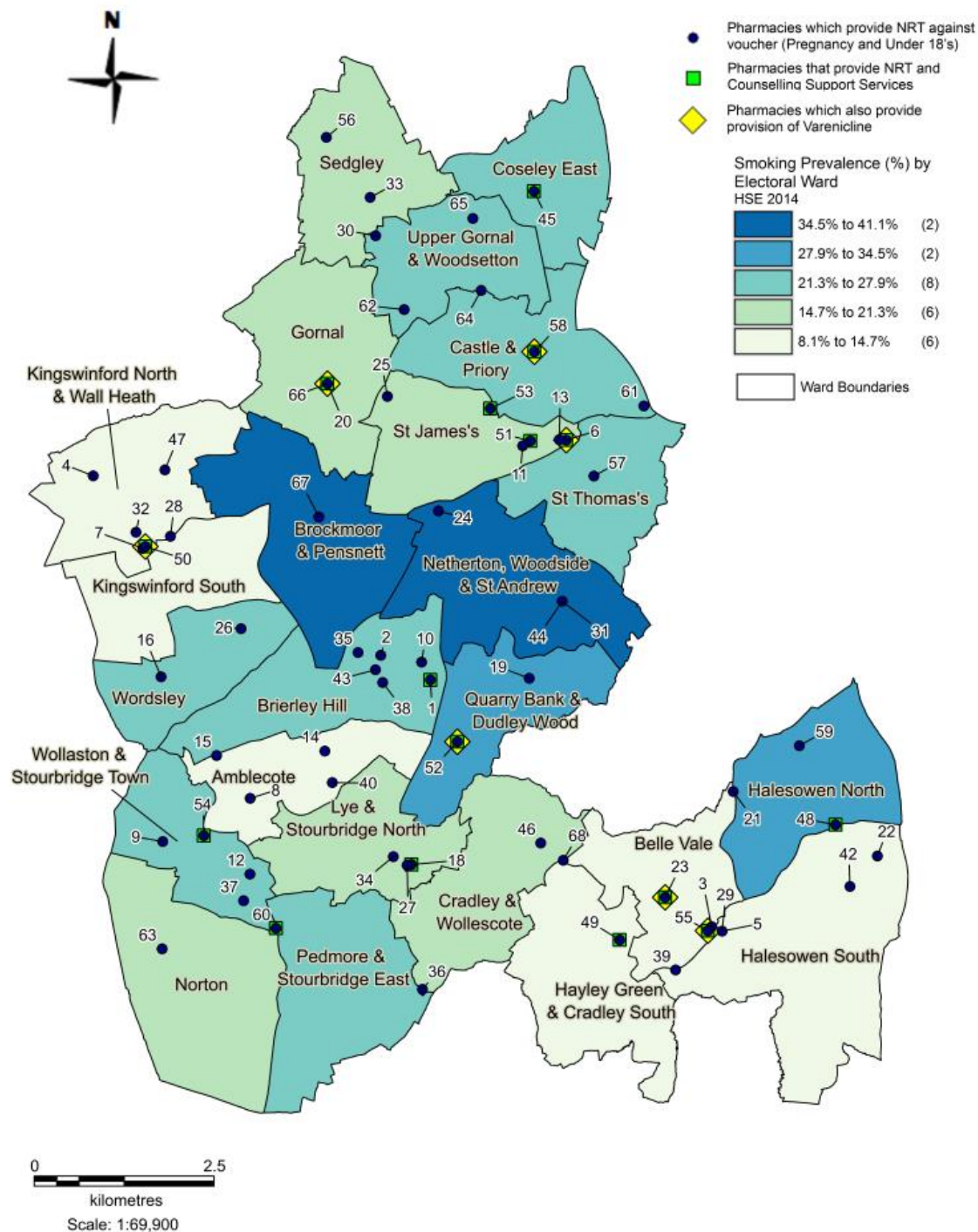
We conclude that there is poor access to adult smoking cessation services within Dudley community pharmacies and we further conclude that access to services within those areas of the greatest smoking prevalence needs to improve.

It is recognised that significant recent change with this service (commissioning responsibility) has contributed to the current poor access and Dudley LPC working in partnership with S4H and individual pharmacy contractors are advised to address gaps to poor access.

It has been recognised that alternative providers within Dudley (general practices) are able to deliver this service, however at the time of writing, it is unknown which general practices are commissioned to deliver this service for adults. Thus, we are unable to conclude on access to this necessary service taking into account both community pharmacy and general practice provision.

At the time of writing, S4H Lets Get Healthy Health coaches are only available between 9am and 5pm Monday to Friday. This limits access to intervention with varenicline for those who cannot access services during these hours. S4H are advised to consider contemplation (within the current financial resource) of varenicline psychosocial and behavioural service commissioning through community pharmacy to vastly improve access for the residents of Dudley, seven days per week.

Figure 26: 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 2014



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

Substance Misuse Services

The community pharmacy substance misuse services are commissioned by Change, Grow and Live (CGL), formerly known as Crime Reduction Initiatives (CRI), on behalf of the Office of Public Health, Dudley MBC. CGL 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 12 months to July 2017 of substance misuse services in pharmacies within Dudley by locality.

Table 7: Community pharmacy public health substance misuse service activity, 12 months to July 2017, Dudley localities.

	Brierley Hill (19)	Dudley & Netherton (13)	Halesowen (14)	Sedgley (9)	Stourbridge (13)
Supervised substance misuse service*	15	11	10	7	9
Needle exchange service*	3	3	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 CGL

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 27 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.

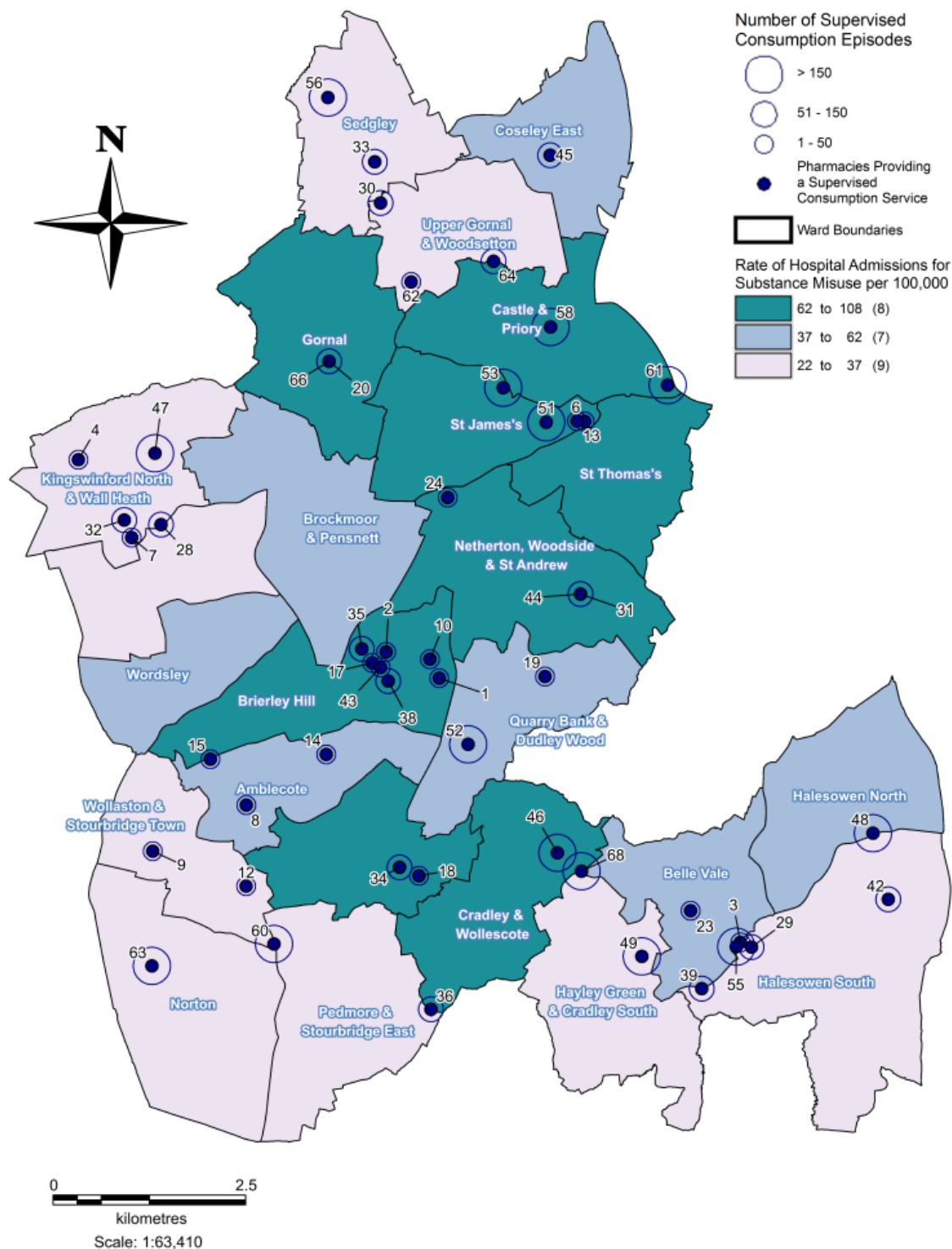
52 community pharmacies provided instalment dispensing and a supervised consumption treatment service during the period of 12 months to July 2017 (Figure 27). This represents an increase in provision of 13 pharmacies from the previous PNA (2015). This demonstrates good access to a supervised consumption 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 at CGL. 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. CGL 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 12: 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 27: Location of pharmacies providing a supervised consumption service in 2017 and the 5-year rate of Hospital Emergency Admissions for Drug Misuse per 100,000 by ward, Dudley 2011/12 – 2015/16



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Key to pharmacy ID numbers in appendix 1

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 28), 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 only.

The wards with the highest number of needle finds are Brierley Hill, St James and St Thomas (2011-12). Figure 28 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.

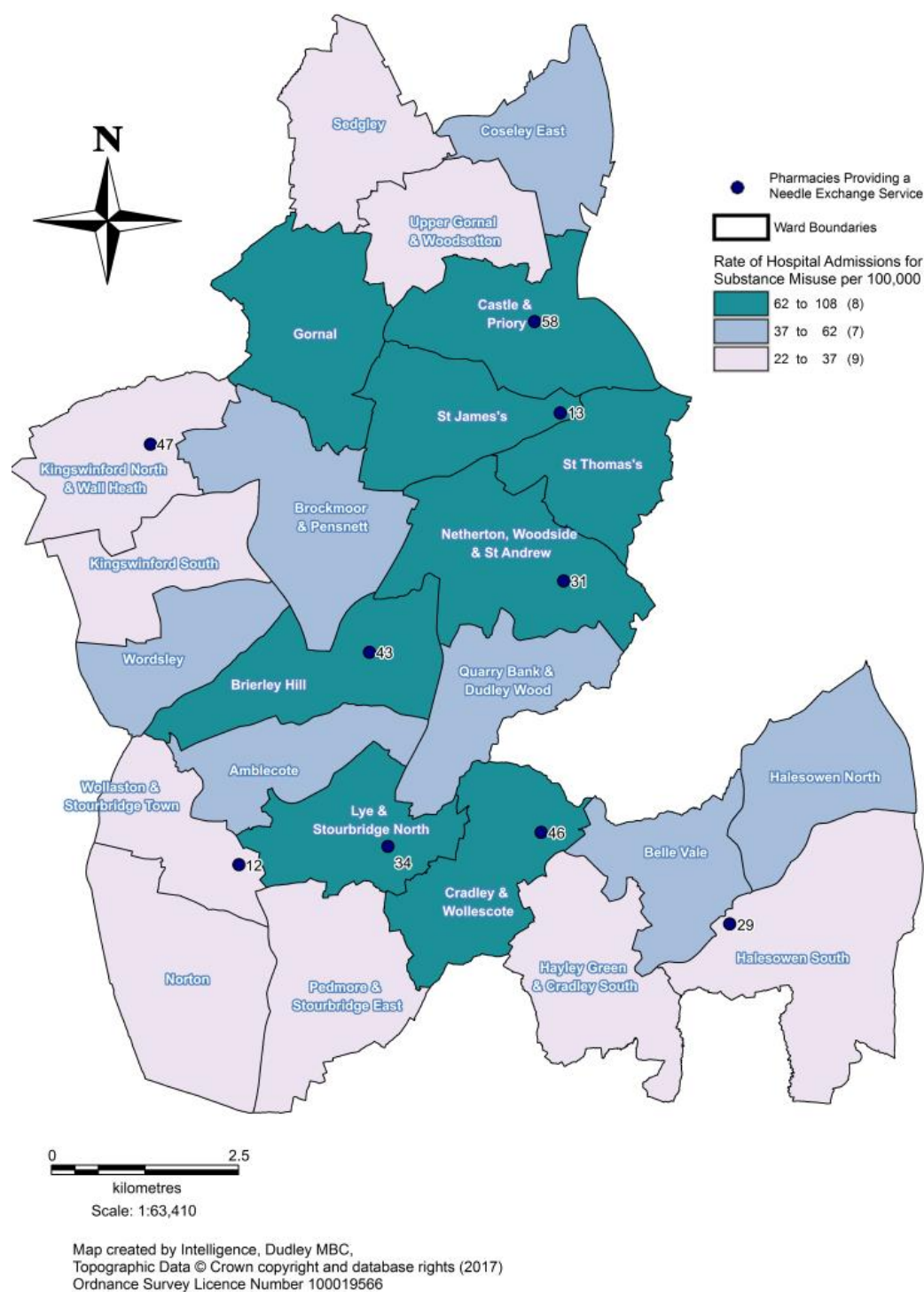
The wards with the highest rates of hospital admissions for Drug misuse are St Thomas, Netherton, Woodside & St Andrews, Brierley Hill, Lye & Stourbridge North, Cradley & Wollescote and Gornal. Each of these wards contain pharmacies providing both a needle exchange service and supervised consumption service (Figures 27 and 28) except Gornal, where a gap for needle exchange may exist.

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 13: Needle Exchange Services

We conclude that those community pharmacy contractors already providing instalment dispensing and supervised administration services of controlled substances are well placed and willing to provide this service if CGL wish to commission it within their resource envelope. CGL should consider providing access to NES through a community pharmacy within Gornal.

Figure 28: Location of pharmacies providing a needle exchange service in 2017 and the 5-year rate of Hospital Emergency Admissions for Drug Misuse per 100,000 by ward, Dudley 2011/12 – 2015/16



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. The service for community pharmacy is commissioned alongside a service for several optical practices within the borough.

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 PharmOutcomes (IT software tool).

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 (CGL) 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 29 shows the Narrow Alcohol-related Admissions mapped against service activity from community pharmacies, 12 months to July 2017. The narrow measure considers where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code (Public Health England, 2017).

There are 33 pharmacies 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 (via PharmOutcomes) for Alcohol Identification and Brief

Intervention) during the period 12 months to July 2017 (table 8 and figure 29). This demonstrates that access to this desirable 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 busy workloads within pharmacies with respect to core essential services (existing capacity), lack of confidence in service delivery (training need) and recent re-organisational change within public health has resulted in key staff roles driving this service becoming redundant.

Table 8: Community pharmacy public health alcohol screening and brief intervention services activity, Dudley, 12 months to July 2017

	Brierley Hill (19)	Dudley & Netherton (13)	Halesowen (14)	Sedgley (9)	Stourbridge (13)
Alcohol Screening and Brief Intervention*	4	4	4	3	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

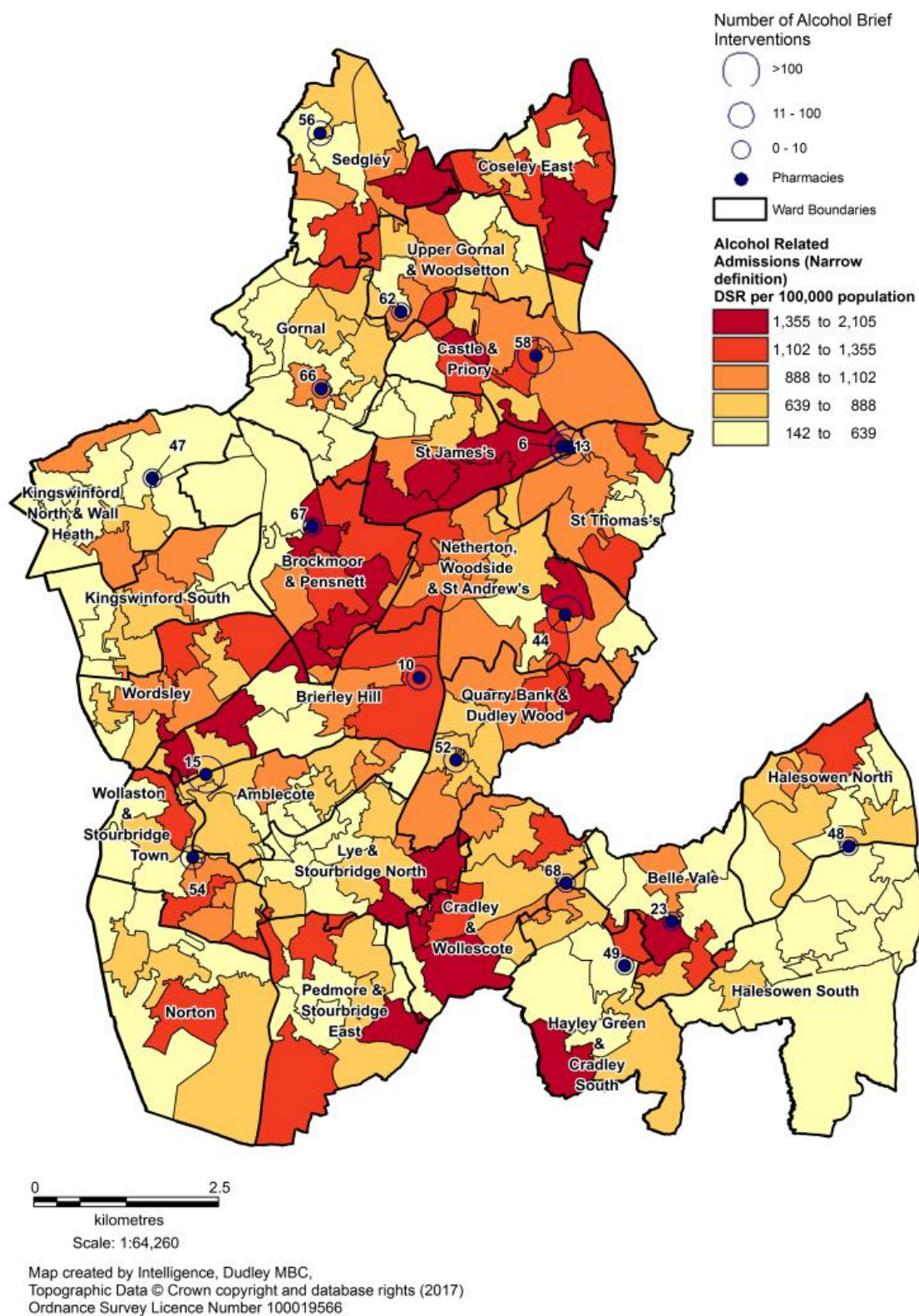
* Data obtained from claims submitted to Office of Public Health 12 months to July 2017

Assessment 14: 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; Coseley East; Pedmore & Stourbridge East; Norton; Hayley Green & Cradley South; Quarry Bank & Dudley Wood; Wordsley and Halesowen North). However, we further conclude that there are sufficient existing contractors within these gaps willing to deliver this service.

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

Figure 29: Location of pharmacies providing Alcohol Brief Interventions in 2017 and the rate of Alcohol Related (Narrow) Hospital Admissions per 100,000 by ward, Dudley 2015 - 16



Key to pharmacy ID numbers in appendix 1

Priory Pharmacy Nalmefene Pilot

Nalmefene is a prescription only medication licensed for the reduction of alcohol consumption in adults with alcohol dependence who have a high drinking risk level without physical withdrawal symptoms and who do not require immediate detoxification. It is prescribed in conjunction with continuous psychosocial support, focused on treatment adherence and reducing alcohol consumption. It is not licensed or indicated for abstinence.

The Dudley Office of Public Health were unsuccessful with a bid (2015) to source funding from the West Midlands Academic Health Science Network to run a pilot project through community pharmacy to supply nalmefene via a patient group direction (PGD).

A decision was taken by the commissioning lead (2016-17), following the unsuccessful bid that within the resource budget available for community pharmacy (for alcohol health promotion), a pilot for nalmefene provision was to be developed through the Priory Pharmacy (Pharmacy ID 58, figure 1 and appendix 1) until March 2018.

Since January 2017 nalmefene has been made available to people meeting the higher risk drinking threshold following completion of AUDIT C at the Priory community pharmacy in Dudley. Since this pharmacy is a non-commercial contract (Local Pharmaceutical Services Contract) and has both the capacity, and evidence of successfully delivering many public health services, this was considered the favourable choice for the initial pilot. The surrounding geography also demonstrates a high alcohol drinking risk level to support case finding (see figure 29; St James and Castle & Priory).

At the time of writing, the commissioner is reviewing the options available with this pilot service and there is no guarantee of future commissioning beyond the pilot.

NHS Health Checks

This service is commissioned by the Consultant in Public Health and runs alongside the service commissioned to Dudley general practices, Dudley Optical Practices and community outreach (provided by S4H Ltd). 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. 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 85,000 over the next 5 year period. Current uptake rate is 58% and Dudley is aiming to achieve 66%. 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 66% 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.
- **Point of Care Testing (POCT):** Patients receive their blood test at the same time they receive their health check appointment with the use of POCT equipment.

Community pharmacies can offer NHS health checks on an opportunistic basis. The pharmacies must use the equipment agreed for use by the Office of Public Health, for checking cholesterol (Cardiocheck PA). The loan of a machine and consumables are provided by Public Health. All training in the use and maintenance of the machine is provided along with monthly Quality Control and 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 Public Health. This service can be delivered by trained healthcare assistants as well as pharmacists.

Table 9: Community pharmacy public health NHS Health Checks service activity 12 months to July 2017, Dudley

	Brierley Hill (19)	Dudley & Netherton (13)	Halesowen (14)	Sedgley (9)	Stourbridge (13)
NHS Health Checks*	4	3	2	1	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, 12 months to July 2017

36 pharmacies (data from PharmOutcomes) in Dudley are accredited to deliver the NHS health checks service. However, only 11 of these pharmacies (figure 30 and table 9) delivered activity (defined as claims submitted to the Office of Public Health Vascular Team, 12 months to July 2017). Gaps in service provision through pharmacy exist across the borough (Figure 30). However, it is important to note that

other providers within Dudley are commissioned to deliver this service and data on file demonstrates that the main provider of this service is general practice. The commissioning lead (Office of Public Health) should review provision across its providers (and the population) and address poor uptake within the borough through more targeted intervention (e.g. health promotion, identify training needs, consider barriers to poor delivery by providers etc.) in areas of high need (defined by deprivation). Any targeted intervention should include community pharmacy whilst it remains a viable option for the investment by the Office of Public Health.

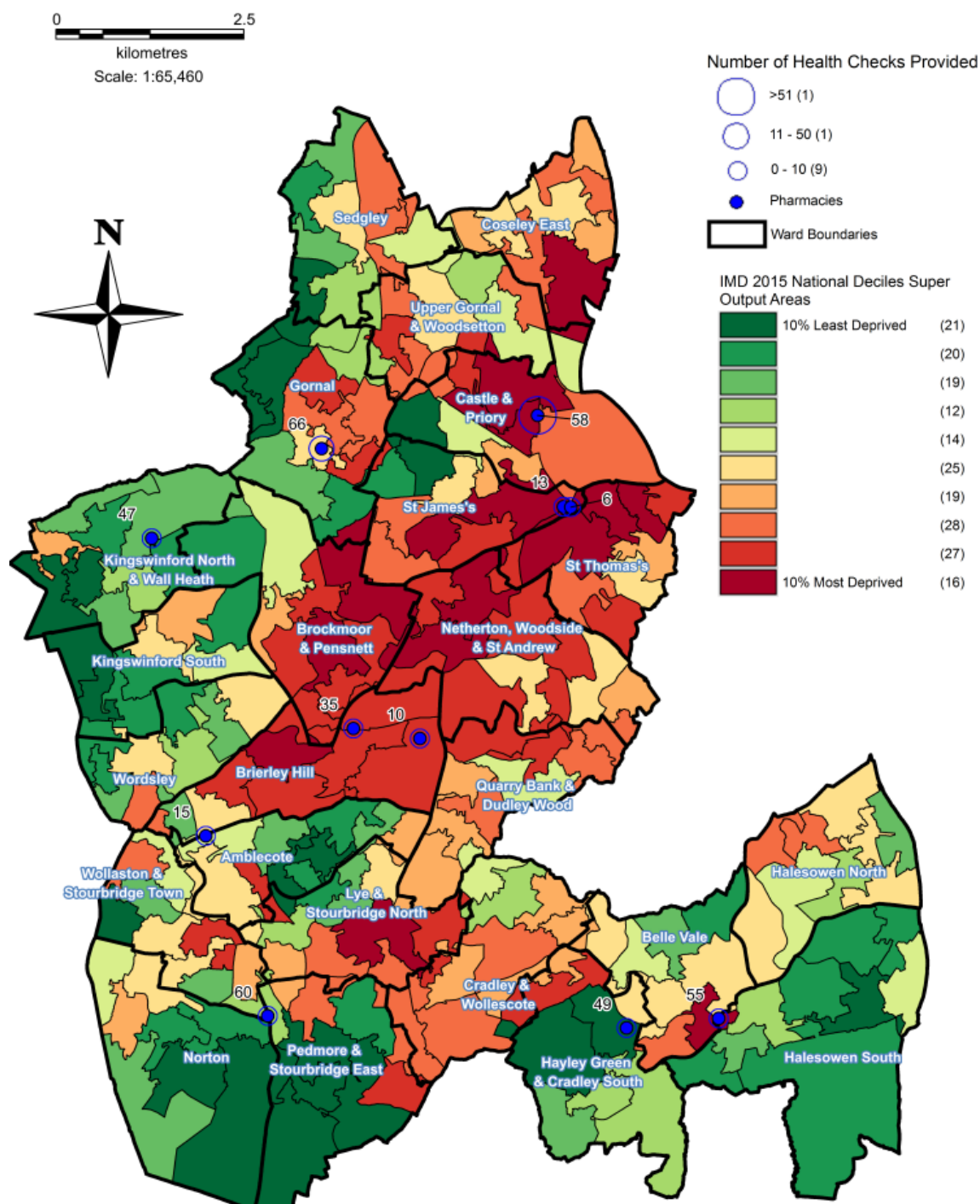
Assessment 15: NHS Health Checks

We conclude that gaps exist with access to this desirable 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; Coseley East and some parts of Brierley Hill and Gornal). We further conclude that some of these wards have the highest ethnic minority populations (Figure 7) 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 for leadership) 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 30: Location of pharmacies providing NHS Health Checks within Dudley and Index of Multiple Deprivation 2015 National Deciles



Map created by Intelligence, Dudley MBC,
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 Source: Index of Multiple Deprivation 2015

Key to pharmacy ID numbers available in appendix 1.

Healthy Start Vitamins

This service is commissioned by the Office of Public Health, Dudley Metropolitan Borough Council (MBC).

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:

	CHILDREN'S DROPS	WOMEN'S TABLETS
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).

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 the vitamins, new regulations were laid before Parliament (coming into effect January 2015) enabling all providers (including community pharmacies) 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 commissioned this service (from February 2015 onwards) 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 Joint Health and Wellbeing Board strategy vision that "*all children in Dudley borough will have the best possible start in life*".

Figure 31 demonstrates that 38 community pharmacies within the borough have delivered activity (exchange of coupons for healthy start beneficiaries and/or sale of vitamins to those not eligible under the healthy start scheme) for this service (12 months to July 2017). Figure 31 and Table 10 demonstrates that access to this service is greatest within the Brierley Hill and Dudley & Netherton localities (58% and 84% of all pharmacies respectively). These localities have the greatest health need,

as defined by the highest proportion of wards within the three greatest deciles of deprivation.

Importantly over this time period, data on file indicates that approximately 63% of service delivery through community pharmacy (Women's tablets or Infant drops) was for individuals with the greatest need (coupon exchange for healthy start beneficiaries rather than sale of products) across the whole borough. Further analysis within the localities of Brierley Hill and Dudley & Netherton (collective total) reveals the same percentage of coupon exchange for health start beneficiaries. This demonstrates that access to the target group of service users for this service is being achieved (e.g. healthy start beneficiaries over non beneficiaries).

Table 10: Community pharmacy Healthy Start Vitamins Service Activity, 12 months to July 2017, Dudley

	Brierley Hill (19)	Dudley & Netherton (13)	Halesowen (14)	Sedgley (9)	Stourbridge (13)
Healthy Start Vitamins*	11	11	5	4	6
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

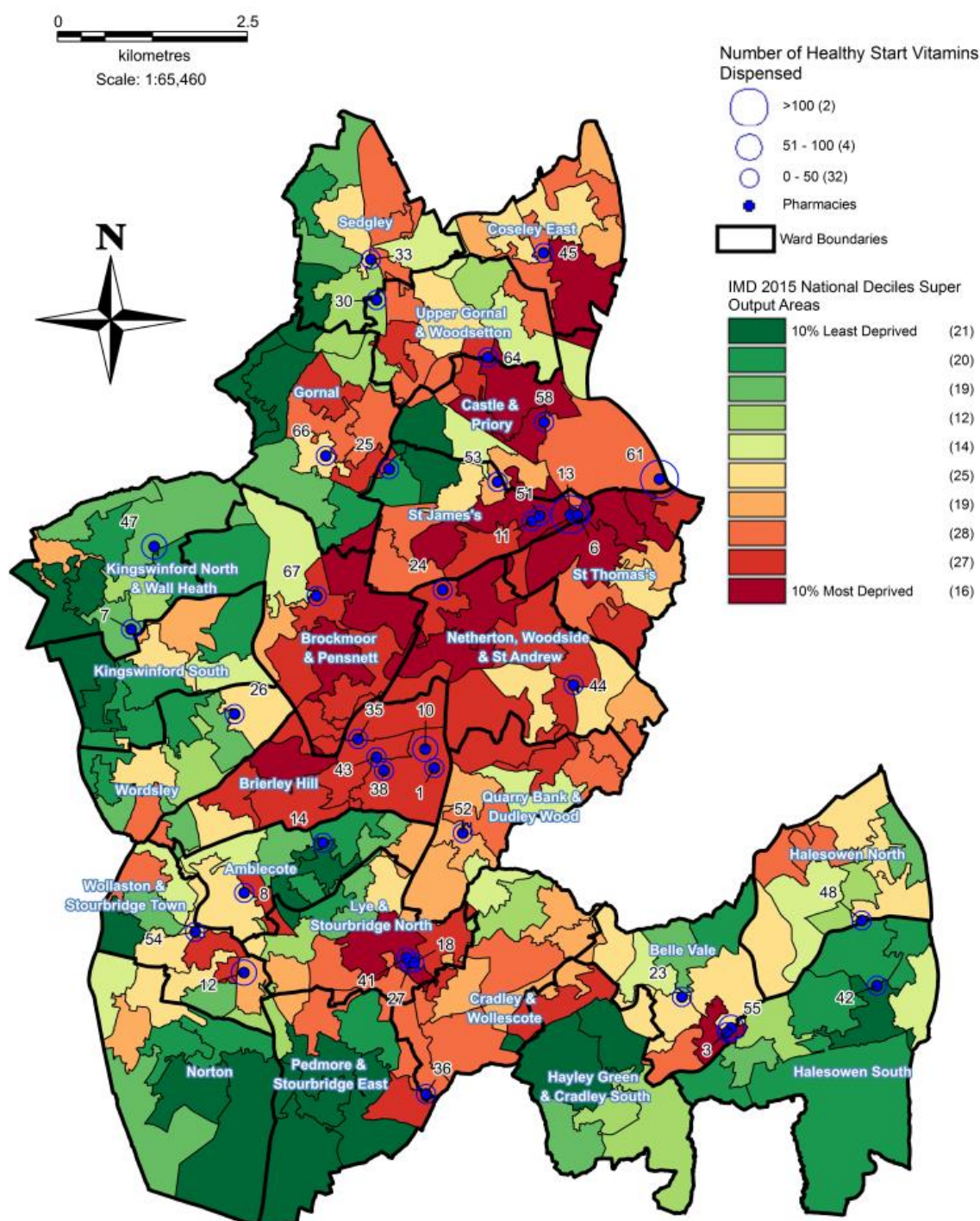
* Data obtained from claims submitted to Office of Public Health 12 months to July 2017

Assessment 16: Healthy Start Vitamins

We conclude that there is good geographical access to this service within Dudley, particularly in those areas of greatest deprivation with the greatest health need. No gaps with this service delivered through community pharmacy have been identified.

We conclude that Dudley LPC (working in partnership with the Dudley Office of Public Health) 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.

Figure 31: Pharmacies providing Healthy Start Vitamins service through community pharmacies, IMD 2015



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Source: Index of Multiple Deprivation 2015

Key to pharmacy ID numbers in see appendix 1.

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.

The portfolio of public health 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*.

In 2017 the Department of Health (DH) introduced a Quality Payments Scheme as part of the national Community Pharmacy Contractual Framework (CPCF) changes (for 2016-17 & 2017-18) involving payments being made to community pharmacy contractors meeting certain gateway and quality criteria. The introduction of HLP into the CPCF follows the success of the original pathfinder sites for HLP rollout.

More information can be found here <http://psnc.org.uk/services-commissioning/essential-services/quality-payments-healthy-living-pharmacy-hlp-self-assessment/>

Community pharmacy contractors passing the gateway criteria will receive a Quality Payment if they meet one or more of the quality criteria. The DH has weighted the quality payments based on an assessment of the difficulty of achieving them and the benefit to patients for doing so, with each criterion being designated a number of points. This supports payments for achievement of defined outcomes rather than activity alone.

The total number of points that each contractor can qualify for over the two reviews is 100 (per annum). One of the quality criteria, which attract 20 points, is: '*on the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment).*' The aim of this quality criterion is to maximize the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in

support of health and wellbeing. The Healthy Living Pharmacy (HLP) concept is designed to develop (in respect of health and wellbeing services):

- the community pharmacy workforce
- community pharmacy engagement with the general public
- community pharmacy engagement with local stakeholders such as local authorities, voluntary organisations and other health and social care professionals
- the environment in which health and wellbeing services are delivered.

There are two review points during the year, at which a Quality Payment can be claimed. These are:

1. Friday 28th April 2017 – the declaration period for this review point is now finished; and
2. Friday 24th November 2017.

There is an expectation that the number of accredited HLPs will increase after the November review point.

More details on the HLP: Level 1 quality criteria are available here <https://www.gov.uk/government/publications/healthy-living-pharmacy-level-1-quality-criteria>

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 LPC, the Office of Public Health implemented the Healthy Living Pharmacy Framework in 2010. Community pharmacies in Dudley have been accredited since 2011. Following the introduction of the Public Health England quality criteria (within the CPCF) released in July 2016, Dudley Office of Public Health and Dudley LPC have been actively supporting re-accreditation (of existing) and further rollout of new HLPs.

Pharmacies are awarded the Healthy Living Pharmacy quality mark following a robust accreditation process, ensuring they comply with the national quality criteria. Each pharmacy has a Health Champion (with the Royal Society of Public Health Level 2: Understanding Health Improvement 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.

The HLP quality criteria 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 are able to offer both advice and to support people effectively with accurate signposting and

referral when the need arises. The teams use every opportunity (i.e. make every contact count) to provide relevant health information.

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:

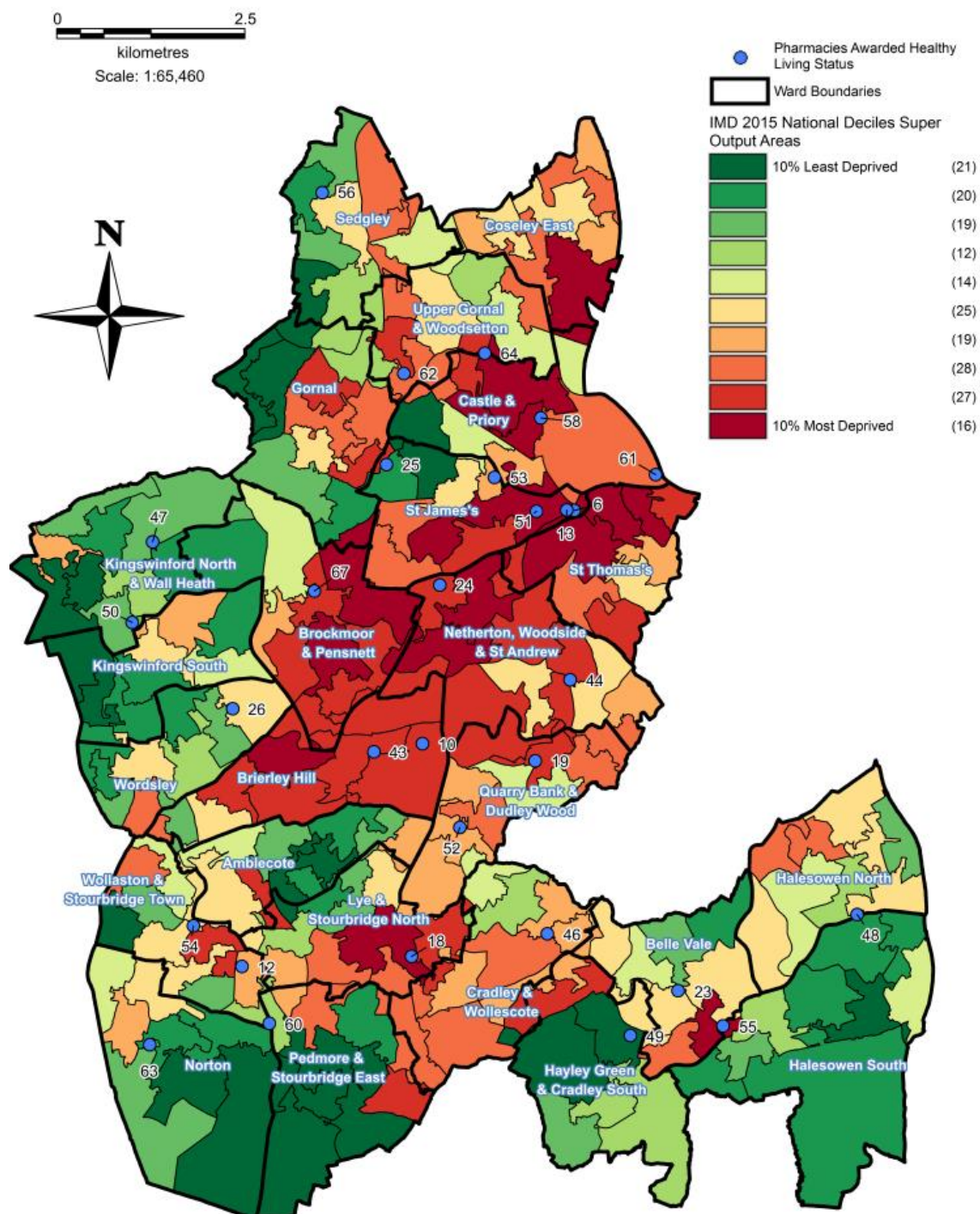
- Results of the Portsmouth pilot could be replicated in other areas with different demography and geography.
- The public have welcomed the HLP concept and feedback demonstrates that HLPs do deliver benefits for the public and patients.
- The level of service activity (advanced services and enhanced 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.

Historical 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 are 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 (August 2017), there are 30 accredited HLPs across the borough (Figure 32). This is an increase of 9 community pharmacies since the last PNA. This number is expected to increase further with the financial incentive within the CPCF and there is a vision that all community pharmacies within the borough should achieve this quality status.

The current number of accredited HLPs has only been achieved through co-operative working with Dudley LPC, NHS England West Midlands and the Office of Public Health department together with the enthusiasm and commitment of individual community pharmacists and their wider teams.

Figure 32: Location of pharmacies awarded Healthy Living Pharmacy status, IMD 2015



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Source: Index of Multiple Deprivation 2015

Pharmacy Key – See appendix 1.

Assessment 17: 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 Dudley LPC, (working in collaboration with NHS England, the Dudley Office of Public Health 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 (greatest health need).

Results from the Healthwatch Dudley survey in 2014 demonstrated that few respondents within the borough had an awareness of the HLP logo and its concept. Therefore, we conclude that Dudley LPC (working with NHS England, Dudley Office of Public Health 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
- 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, 6th 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.

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.

The Office of Public Health through its programme areas (i.e. sexual health, alcohol brief Intervention and advice, smoking cessation, Healthy Start Vitamins etc.) has continued 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.

With recent changes to the public health department (Dudley MBC) structure, it is important that this focus on young persons is maintained to encourage positive health behaviours earlier within the life course.

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 both in 2014 and 2017. 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 (August 2014):

- 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/reports/>

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 that responded to the questionnaire 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 who responded to the questionnaire (2014) have not highlighted any additional pharmaceutical service's 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.

Summary of Healthwatch Dudley Research (August 2017):

- Focus groups were set up to engage with people from Black, Asian and Minority Ethnic groups, males, younger persons or people living in disadvantaged areas. They were all under-represented in the responses to the PNA public engagement work that was undertaken in 2014
- The focus groups comprised of between six to ten people around a table and each session took between one and one and a half hours to complete. A schedule outlining areas of interest and possible questions to ask was used by session facilitators to gather people's views on and experiences of using community pharmacy services and how they saw them developing or changing in the future.
- A total of 78 people took part in the focus groups, 21 male, 57 female. Of these, 41 were from the Special People's Network Event: Pharmacy and me,

and the rest were from the Brierley Hill Project - Recovery Café, Bengali Women's Group – Halesowen, African Caribbean Community Network – Dudley, Young Health Champions, and the Centre for Equality and Diversity - Women's Coffee Morning Group.

- The first part of the focus group sessions focused on getting responses to non-directive questions such as :
 - When you think of community pharmacy what is the first thing that comes to mind?
 - Community pharmacy to me is ...
 - Where I live community pharmacy is
 - What one word best describes community pharmacy for you?
 - Is there anything that you would say is good about community pharmacy?
 - Is there anything that you would say is not good about community pharmacy?
 - Is there anything that would make community pharmacy better for you?
 - When you think of the community pharmacist what is the first thing that comes to mind?
- The second part focused on getting people to say more, using comments and questions such as:
 - Tell me about
 - Can you describe
 - Can you say something more ...
 - Keep going
 - Can you give an example ...
 - Can you explain
 - It sounds like you are saying ...
 - How would you say community pharmacy might look in the future ...
- Information that was gathered was codified and categorized and the results of the research are shown in the information map in figure 33.
- The findings from the information collected shows that, in the main, most of the people who contributed to discussions were very aware of community pharmacies and use them. The majority of people commented that community pharmacies are highly visible and are present in town centres and on high streets in supermarkets and smaller premises as well as more local neighbourhood shopping precincts. They are, in most instances, just a short walk from where people live. And often it is easier to access the community pharmacy for advice and help on healthcare matters than it is to get an appointment to see a GP.
- The findings also show that people who contributed to discussion often had limited knowledge of the different ways a pharmacist might be able to help them when they need healthcare or medicines advice and help. In turn, they

often have only a limited awareness of the range of community pharmacy healthcare services that they can get access to.

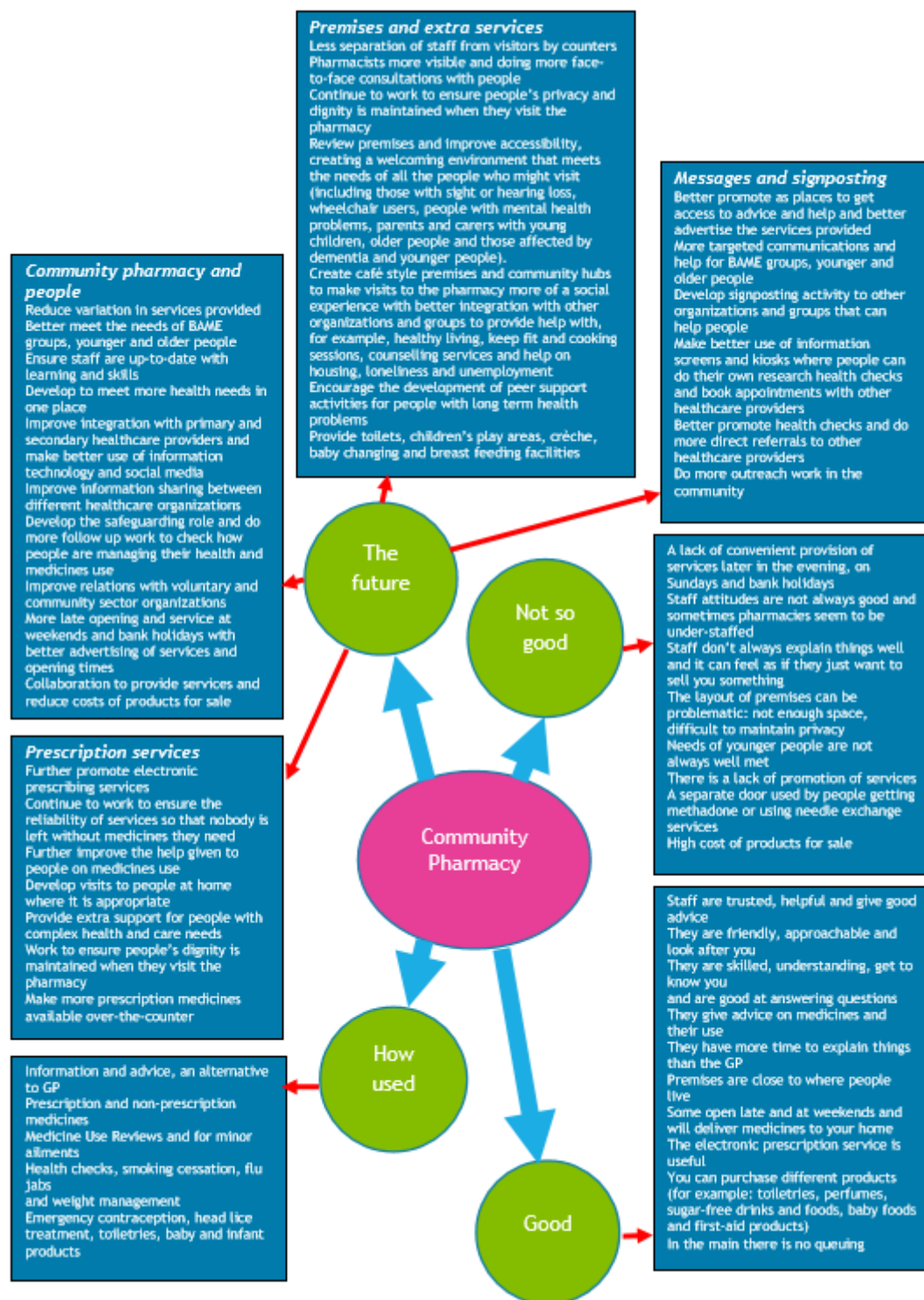
- They were keen to talk about the personalised service they get and how the pharmacist and other staff are approachable and understanding. A big plus for many people is the fact that their pharmacist had got to know them and they valued being able to see the same pharmacist or staff members. Sometimes pharmacists are going the 'extra mile' by, for example, following up on the advice they have given to someone with a telephone call to see how they were managing.
- Some people have had bad experiences where they felt a pharmacist or other member of staff had been unfriendly or unhelpful. In some instances they might be unaware of causing upset through, for example, a lack of awareness of matters affecting people from Black, Asian and minority ethnic groups or young people and how best to meet their needs. In turn, there is the example of people being made to use a separate door to collect methadone or access a needle exchange service at a community pharmacy.
- When discussing how pharmacies could do things differently the focus centred on finding ways to work more closely with different organizations and groups to provide better integrated and joined-up services. There would be more signposting of people to organizations and groups that can help them with healthcare and wellbeing matters – all of the things that can impact on their health and quality of life such as poor housing, unemployment, issues with welfare benefits, loneliness, and mental health problems.
- Healthwatch highlighted the following questions which arose from the research:
 1. How can community pharmacy services and pharmacist skills be better promoted?
 2. How can the trust that people have in community pharmacy and pharmacists be better utilised?
 3. Are community pharmacy opening times and how they are advertised appropriate and adequate to meet people's needs?
 4. What more can be done to understand and meet the specific healthcare needs of Black, Asian and minority ethnic groups, males, young people and people living in disadvantaged neighbourhoods?
 5. What further steps can be taken to ensure particular groups or individuals are not discriminated against (for example the person who is taking methadone or using a needle exchange service and is asked to use a separate community pharmacy entrance to that used by other visitors)?
 6. What more can be done to help to ensure people's privacy is maintained when they visit a community pharmacy and conversations are not overheard that could cause upset or embarrassment?

7. What improvements can be made to the layout of the community pharmacy (such as changing the traditional arrangements with the counter and the separation of staff and visitors)?
8. What more help could be provided in the community pharmacy for people with, for example, sight or hearing loss, who use a wheelchair, have dementia or are parents or carers with young children?
9. How can community pharmacies work more closely with other primary and secondary healthcare organizations to provide more integrated and person-centred services?
10. How can community pharmacies work more closely with voluntary and community sector organizations to deliver social prescribing and other relevant health and wellbeing services?
11. What scope is there for community pharmacy to be more involved in signposting people to relevant organizations and groups that can help them with their healthcare or other issues such as poor housing, unemployment, debt and loneliness?
12. How acceptable is the variation that exists between community pharmacies in terms of their premises and the services that they provide?
13. What might be done to make the pharmacist more visible and involved more in face-to-face consultations with people?
14. What extra facilities could be provided in community pharmacies (such as access to toilets, crèche and play areas, and baby changing and breast feeding facilities)?
15. What are the options for café style or hub type community pharmacy premises that people can visit and have more of a social experience?
16. How can community pharmacy be more involved in healthy living activities such as keep fit activities and healthy cooking sessions?
17. What can be done to ensure community pharmacies are making the best use of information technology for information sharing, to provide help for people on healthcare and medicines, and support self-care through self-actuated research, health checks and booking appointments with other organizations and individuals who can help with their healthcare and wellbeing?

Overall the research undertaken gave us an opportunity to consider how community pharmacy is perceived by the general public and highlighted some questions that may help focus the future direction of community pharmacy services. However there were some limitations of the research, namely being that people involved in pre-existing local groups, such as those used for the focus groups, may be more likely to be engaged with community pharmacies, as they have already demonstrated they are active in the community. Other limitations include the fact that men and young

people were still underrepresented meaning that their views and experiences may have been under represented; and that in return for their time and help focus groups received £100 or individuals a £10 shopping voucher. The effects of this remuneration for their time could have influenced who signed up to talk about their experiences, and what opinions people may have decided to share.

Figure 33: Healthwatch Information Map of responses to community pharmacy enquiries.



During the formal consultation period for the draft PNA (December 14th 2017 – February 13th 2018) this document was available to patients, public and other community stakeholders (i.e. voluntary sector) on the Dudley MBC public accessible website.

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 operates 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 11: 100 hour pharmacies within Dudley

Map ID	Locality	Address
40	Brierley Hill	Lloyds In store (Sainsburys) Pharmacy,
38	Brierley Hill	Lloyds Pharmacy, BHSCC, Off Little Cottage St
2	Brierley Hill	Asda Stores Ltd, Pearson Street
17	Brierley Hill	Day Night Pharmacy, 20 Albion Street
3	Halesowen	Asda Stores Ltd, Cornbow Shopping Centre
18	Stourbridge	Day Night Pharmacy, 45 High Street, Lye
41	Stourbridge	Lye Pharmacy, 37 High Street, Lye

For pharmacy key, see appendix 1.

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

Table 12: 100 hour pharmacies within 2km of the Dudley MBC border

Map	CCG	Pharmacy Name
132	Wolverhampton	Phoenix Pharmacy
134	Sandwell and West Birmingham	Tesco Extra
76	Birmingham Crosscity CCG	Hagley Pharmacy

For pharmacy key, see appendix 3.

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 Stourbridge. The Phoenix Pharmacy in Wolverhampton (pharmacy ID 132, figure 13 and appendix 3) provides extended opening hours to Sedgley residents. Sedgley

residents accessing OOH medical services (Dudley Urgent Care Centre) also have access to late opening pharmacies within Brierley Hill.

We have concluded that there is a need for the provision of pharmaceutical services during the 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 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 5 distance selling pharmacies operating within Dudley for which Dudley patients do make use of their services.

- Murrays Healthcare: <http://www.murrays.co.uk>
- Dispensing Centre Limited: <http://www.dispensingcentre.co.uk/>
- Medisina Pharma Ltd: <http://www.pharmacareservices.co.uk/>
- Dudley Healthcare Ltd: <http://dudleypharmacyservices.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 West Midlands Area Team).

Shaping the Future

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 2017 Spring 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; continued commissioning of the current minor ailments scheme (Pharmacy First), immunisation services – continued commissioning of the seasonal flu; childhood immunisations and Hepatitis B&C testing and vaccination are potential service aspirations that could be explored in the short to medium term future.

Since the decommissioning of PCT's, many services have become fragmented with duplication in the system and resulting inefficiency. The changing healthcare landscape has resulted in confusion amongst community pharmacies regarding commissioning responsibilities and service delivery, with subsequent misinformation to service users. Additionally, the creation of local pharmacy professional networks (by NHS England) to champion community pharmacy has not always resulted in consistent messages through lack of engagement with other commissioners within CCG's and local authorities.

The healthcare landscape nationally continues to evolve with the ever increasing financial challenge within the health and social care system. Dudley is not immune to this pressure and the CCG faces a number of critical challenges moving forward:

- The growth in the frail elderly population (with an ageing population);
- More patients presenting with multiple co-morbidities and complex care needs;
- Increasing demand for care across all populations;
- Pressure where this demand presents first, in a primary care system with increasing workload with workforce recruitment and retention issues and;
- When primary care cannot cope, subsequent pressure on the urgent care system.

This means there is a need to redesign the system to:

- Be intelligence led and data driven adopting a population based approach to manage need and demand, as well as deliver care;
- Integrate physical health, mental health, public health and social care services in a way which recognises that complex needs do not fit into traditional organisational boxes;
- Provide the resilience necessary to sustain the primary care system; and

- Manage demand differently by supporting people to take control of their own health (self-care).

At the time of writing, Dudley CCG is embarking on the commissioning of an ambitious and innovative new model of care for Dudley (referred to as the multispecialty community provider). The procurement process for this model is currently active.

Dudley Multispecialty Community Provider (MCP)

The new Multispecialty Community Provider (MCP) will bring together services in an integrated manner and will;

- hold a contract of up to 15 years' duration;
- manage a single, whole-population budget;
- transform the access to and delivery of community health and care services with Primary Care at the centre, and
- meet a defined set of outcome and performance measures.

The aim of the CCG is for a single entity to run the MCP, delivering a range of services including community based physical health services for adults and children, some outpatient services, all mental health and learning disability services, sexual health and substance misuse services, the Urgent Care Centre and GP services including GP out-of-hours care. Adult social care services may be phased in at a later date.

The MCP framework will have four levels:

- Whole population management and prevention – self-care, support to stay well, influence wider determinants of health and change unhealthy behaviours. This will follow a life course approach from cradle to grave.
- Urgent care needs
- Ongoing care needs – better integration of services within the community.
- Highest needs – an extensive model for those with high needs and cost (the frail elderly, end of life care etc.).

Whilst it remains to be seen how the MCP model will evolve over the next 18 months, the role of community pharmacy will be considered within all four levels. The MCP paves the way for a radical change in the way the health and social care system will work in the future and opportunities to explore integration of community pharmacy (whether through consideration of new LPS contracts, offer of change from existing contract to LPS or as a partner) into the MCP as the model develops will be scoped.

As well as the traditional delivery of services (as described in the PNA), opportunities around managing patients through medicines optimisation with long term conditions such as COPD, asthma, hypertension and diabetes for example will be considered.

Opportunities for near patient testing to support primary care diagnosis and ongoing management (e.g. Helicobacter pylori testing, spirometry, C-reactive protein for sore throats etc.) through integration into local agreed pathways will be considered.

Sustainability and Transformation Plans (STPs)

In Delivering the Forward View: NHS planning guidance 2016/17-2020/21, the national health and care bodies highlighted the three main challenges detailed in the NHE England Five Year Forward View that need to be tackled, to:

- close the health and wellbeing gap;
- drive transformation and close the care and quality gap; and
- close the finance and efficiency gap.

The planning guidance also emphasised the need to focus on 'prevention and care redesign'. The concept of STPs was therefore introduced in the planning guidance as a way of bringing together health and social care at the most locally relevant geographical level (including mirroring existing 'devolution' areas, such as Greater Manchester) and aligning the plans of partner organisations in that area.

The aims of STPs include:

- engage patients, staff and communities from the start, developing priorities through the eyes of those who use and pay for the NHS;
- develop services that reflect the needs of patients and improve outcomes by 2020/21 and, in doing so, help close the three gaps across the health and care system that are highlighted above;
- mobilise local energy and enthusiasm around place-based systems of health and care, and develop the partnerships, governance and capacity to deliver;
- provide a better way of spreading and connecting successful local initiatives, providing a platform for investment from the Sustainability and Transformation Fund; and
- develop a coherent national picture that will help national bodies support what local areas are trying to achieve.

Dudley falls within the Black Country STP, encompassing a population of 1.4 million, bringing together local health and social care commissioners within Dudley, Wolverhampton, Walsall and Sandwell & West Birmingham.

The Black Country STP have published their plans for transforming local services (2016/17 to 2020/21) which can be found here <https://sandwellandwestbhamccg.nhs.uk/news-a-events/1553-plans-published-for-better-health-and-care-in-the-black-country-and-west-birmingham>

At this stage, there is little impact of STPs for community pharmacies within Dudley. However, moving forward, services commissioned (by the CCG) to community pharmacies within Dudley are likely to be done jointly with partnering CCGs (within the STP footprint) to improve efficiency, reduce administration costs and create equity and consistency across the STP footprint for the whole population. An example of such a service commissioned in this way at present is the, Specialist Palliative Care Drugs Supply Service. From 2018-19 onwards, plans are underway across the STP for the commissioning of the Pharmacy First – Minor Ailments Service (subject to funding and commissioning intentions). Opportunities in the future may result in access to monies for commissioning of services to community pharmacy from the pharmacy integration fund (i.e. care homes service).

Advice on Medicines Management in Care Homes 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.

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. For Dudley CCG and the local authority, incidents involving medicines mismanagement continue to be reported to the safeguarding team (vulnerable adults) whilst medicines waste (cost pressure to CCG prescribing budget) remains problematic.

Whilst, Dudley CCG commissions an Older Persons Specialist Pharmacist (1.0WTE), 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 2016-17.
- 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 2016-17.
- domain 4 (Healthcare public health and preventing premature mortality) of the Public Health Outcomes Framework for England 2016-19.

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 Dudley CCG should be considered once again.

Vulnerable Children Medicine Needs Assessment

During the planning process for this PNA (2016-17), the steering group were keen to explore pharmaceutical (or medicines) needs for children around the borough who were being looked after by corporate guardians (e.g. children with learning difficulties, special needs, supported living respite care or permanent etc.).

Concerns were expressed that agencies might not always be aware when children from other areas were placed in Dudley to be looked after. Therefore a needs assessment was undertaken by a Public Health Specialist Registrar within the Office of Public Health at Dudley Metropolitan Borough Council (DMBC) to determine whether any unmet pharmaceutical need existed.

Children are relatively heavy users of NHS services. Looked after children (LAC) and vulnerable children are the focus of this segment of Dudley's PNA because of their

particular circumstances, being a population at need that is often neglected because of the potential for community pharmacies to intervene positively at the point of interface and transition between settings.

LAC vulnerable status is confirmed by research that found that of children aged 5-17 years in care in England 45% experienced mental health conditions; this compared with 10% for 5-16 year old children living in private households. (Office of National Statistics, 2003). Sexual health alongside mental health is an important aspect to consider given that an estimated 20% to 35% of sexually exploited children are children in care. (Children's Commissioner, 2012)

Given their vulnerability, the local health and care system has a particular responsibility to ensure that LAC are adequately supported. Coordination, communication and liaison between services is essential for assessing health and wellbeing needs and safeguarding. Dudley CCG has a LAC health team with a specialist nurse to lead on this.

The situation in Dudley

Dudley social services are responsible for approximately 675 LAC. Around 40% of these children are placed outside the borough, mostly within a 20 mile radius. GP records list 559 LAC children age 0-17, though recording of children living in a care home is inconsistently recorded. Some of the children who are registered with Dudley GPs have been placed in Dudley by other local authorities so will not be under the care of Dudley MBC. Conversely others may have been registered with a Dudley GP whilst living in Dudley but have subsequently been placed outside of the borough without their GP registration being updated. Within Dudley's borders around half the LAC are the responsibility of Dudley MBC whilst roughly the same number of LAC come under the responsibility of other local authorities, including 56 from Sandwell, 30 from Birmingham and 25 from Walsall. Some local authorities were unable to provide numbers of children they might have placed in Dudley.

Despite there being a statutory responsibility on other local authorities to inform Dudley MBC of all children who are placed in Dudley from outside the borough, it appears that in practice this process may not always be followed and should be improved in order to ensure that vulnerable people do not slip between gaps in services. The difficulty of determining with certainty the number of LAC residing in Dudley irrespective of their responsibility authority prevented a complete picture from being built. From the perspective of the pharmaceutical needs assessment there should indeed be no difference as these children will use services within the health economy of the Borough just like all other residents.

In addition, there are other vulnerable children who have disabilities or difficult family circumstances (section 17 and section 20 respectively) who are not strictly LAC. They too access council services and they and their carers are potential users of community pharmacies. 36 children accessed overnight short breaks under section

17, and a further 15 accessed overnight short breaks under looked after arrangements.

Consultations with Stakeholders

Discussions with social care officers at Dudley MBC Meetings confirmed the perceived gaps of lack of coordination, information sharing and resulting potential lack of continuity of care across settings. They reported an interest in exploring tools such as a “health passport” for LAC to facilitate access to services, coordination and improve integration of care

A meeting with Dudley CCG’s GP lead for children confirmed the interest in facilitating integration via a shared set of notes and an enhanced record section on GP electronic systems to contain a wider description of social circumstances and looked after care specifics. Community pharmacies could support LAC through identification of overdue medication reviews (for chronic conditions) and conduct a medicines use review (MUR), or if this is not possible, flag back to the child’s GP that this is overdue. Medicine repeats can also be an opportunity to flag up the increased frequency of utilisation of medications, for example reliever inhalers, which can indicate worsening symptoms in asthma.

It is also important to enhance training (for pharmacy staff) to identify sexually exploited children looking for emergency contraception, however, the practical aspects of this were not simple to resolve and were not discussed in detail through this engagement process. Other ideas that were met with enthusiasm included care-coordination leads for LAC, pharmacy contact flags shared on EMIS Web (primary care clinical information system) and expanding the role of pharmacies as providers of safe and appropriate administration techniques for the benefit of foster families and for the staff of residential institutions.

Meetings with the managers of three different types of children’s homes (mostly private – short respite stay, long term residential and teenage residential) provided feedback on the initial assumptions of the PNA work and gained further insight into needs, gaps in provision and existing services.

Short stay (respite) homes welcome children in a home environment for periods of a few days up to a few weeks to allow their family to enjoy a short break from caring responsibilities. These homes reported a particular series of needs specific to the short duration of their engagement with a child. These homes referred that children are frequently well known to them because they will have attended periodically over a period of many years. They still have to manage children who are transferred in emergencies where there is limited time to become familiarised with their complex medical needs. Some homes that now care for children on a long term basis explained they have stopped accepting short-stay residents because of the stress generated by emergency, last-minute or unplanned transfers with associated complex medical and pharmaceutical needs.

Short stay homes plan admissions and meet with the family and child in advance to ensure there is clarity on eventual medical needs to deploy the necessary arrangements to safely welcome the child. Medications and care plans are provided by the family and brought along on the day of admission. Longer stay homes have more time to get to know their residents and the relationship with the children families is more tenuous. Medications, care plans, relationships with schools and health professionals are managed directly by the home staffs who hold pharmaceutical stock and arrange reviews for their residents.

Children's care settings that have teenage residents with chronic conditions still manage and supervise their medications, but aim to achieve a level of responsibility and autonomy in self-management that will serve them well into adulthood. These homes also provided insight into the problem of substance misuse among their population of LAC. During discussions no additional role for pharmacies for managing substance misuse could be identified beyond providing education and training to pharmacy staff.

All care settings confirmed they have a relationship with a pharmacy where they go to buy medication and the criteria of choice are distance and access. The two long-term residential homes spoken to both advised that they have an additional relationship with Boots Pharmacy (care homes division) insofar as much they provide them with a free annual or twice-yearly review of medication storage and management practices. Both homes truly appreciated this as it gives them reassurance towards regulator inspections (the Care Quality Commission) and provides useful independent feedback regarding potential hazards and best practice.

All children's care settings consulted with felt there was a gap in continuity with medications transitioning across settings or borders. The potential therefore existed for medications to become misplaced or lost. Especially for short-stay homes, the lack of extra stock beyond the duration of the planned stay can result in urgently seeking a replacement. This is usually managed by going to Accident and Emergency department or the Urgent Care Centre depending on the time of day or the day of the week. Specifically formulated liquid medications which may not be licensed are a specific cause of concern. Similar issues have also involved equipment for children who do not take food by mouth, when needing replacement urgently for any reason.

All residential nursing settings expressed an interest in a health passport system to have health needs of LAC shared seamlessly across settings; children in local authority managed homes should have health records with them so this might be particularly welcomed for children in privately managed homes.

All children's care settings have also expressed interest in the idea of pharmacies participating in the offer of safe administration technique training to staff. They all confirmed the challenge of finding suitable training providers to update staff to the needs of residents with specific health conditions for example diabetes. Nurses would

usually provide the training, but there can be issues for older children who are transitioning from child to adult support, there is no systematic means to coordinate training and there is no single registry of skills and training providers, which would also be useful for periodical skills updates.

Promoting Pharmacy services to young people 16-25 years

Dudley CCG, NHS England West Midlands 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. The development of healthy living pharmacies is a welcome initiative to encourage pharmacies to promote healthier lifestyle choices and improve health literacy.

Recommendations

The principal needs identified through this work can be divided into the following categories:

1. Information sharing and coordination of LAC (e.g. health passports, cross-local authority information and data sharing);
2. Medication stock management and repeats provision in emergency and out of hours situations;
3. Education and safe administration technique training provision with regards to medicines management within the care setting. The system of annual medicines reviews offered by Boots for children of long-term residential homes to all homes seemed to be highly regarded and should be explored further;
4. Making every contact count (MECC) training in pharmacies for sexual exploitation, drug abuse and missing children;
5. Ensure pharmacy information campaigns can reach out to LAC.

Commissioners should note the recommendations and consider commissioning of services that can support providers of LAC to ensure that medication systems safeguard vulnerable children from unintentional harm. This could be similar to the service discussed within the previous section, Advice on Medicines Management to Care Homes.

All proposed commissioning intentions and aspirational commissioning intentions of additional enhanced or local services are all subject to availability of funding and changes in NHS England, CCG, local authority 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.

Living Well with Dementia in Dudley

The Dudley Dementia Strategy 2017 – 2019 provides a clear statement of the challenge and vision for living well with dementia. There are 850,000 people living with dementia in the UK today (1.3 per cent), including over 700,000 people in England

By 2025 the number is expected to rise to over one million and by 2050 it is projected to exceed 2 million. The diagnosis rate for Dudley is 2,386 (November 2016) approximately 58.4% against the suggested prevalence. The Clinical Commissioning Group (CCG) target is 67% which is the national England benchmark.

The vision for people in Dudley with dementia and their carers is that they should receive a high quality, integrated and evidence based service which is appropriate to need delivering the right service in the right place for the right need in a timely, responsive and non-discriminatory manner.

The Dudley Dementia Action Alliance and the Me Myself and I Group offer a local forum for people living with dementia and their carers. These groups were asked about their experience of using pharmacy services. Both groups said that pharmacies do provide an excellent service. These group did also suggest that they would wish to be involved in finding additional ways pharmacies could enhance their services to people living with dementia in the future. It was also felt that dementia awareness training which has been given to a number of Dudley pharmacies could be usefully extended to all pharmacies in Dudley.

Future Developments - Housing

The Dudley Borough Development Strategy (Dudley MBC, 2017) 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:

- Regeneration Corridor 10 – Pensnett. The total number of dwellings completed between 2006 – 2015 was 198, the total number under construction at March 2015 was 160, and the proposed housing site allocations to be built before 2026 is 398. The largest housing stock to be built is on Stallings Lane / Oak Lane (140 dwellings). Existing pharmaceutical

services are located within a 30 minute walk of this development (pharmacy ID number 67 and appendix 1).

- Regeneration Corridor 11a – Dudley town centre to Brierley Hill. 328 dwellings have been built within this corridor between 2006-2015 whilst 109 dwellings were outstanding (construction started but not finished) as of March 2015, and a further 851 proposed housing site allocations are to be built before 2026. 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. 426 dwellings have been completed between 2006 – 2015, 235 dwellings are under construction (as of March 2015) and a further 1,059 proposed housing site allocations are to be built before 2026. There is adequate access (within a 30 minute walk) and capacity to existing pharmaceutical services nearby (pharmacy ID numbers 9, 15 and 54, and appendix 1).
- Regeneration Corridor 16 – Dudley town centre to Coseley. The housing stock has increased over recent years with 439 dwellings completed by March 2015 and 1190 reported as being proposed housing site allocations. The LPS Pharmacy on the Priory estate (ID number 58 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 Community 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. This, is at a time when recruitment of GPs is proving challenging (locally and nationally) with many GPs within Dudley due to retire over the next 3 years. This has resulted in workforce development of practice nurses, practice based pharmacists and the introduction of physician's assistants to utilise the skills and expertise of the allied health care professionals to support bespoke functions within general practice.

Locally, GP practices have federated to form a provider company, Futureproof Health Ltd, to ensure that GPs have a united voice with commissioners in meeting potential future needs with service provision such as 7-day working in general practice. At the

time of writing this PNA, this has meant extended access to primary care medical services during evenings and weekends has been commissioned (by Dudley CCG) providing access for patients at both their own registered GP practice as well as other general practices within a locality.

Similar to GPs, the West Midlands LPCs have come together to form a provider company, Central Health Solutions Ltd. This offers significant advantage for commissioners in generating efficiency through the use of a single provider for the delivery of a range of services through community pharmacy within the borough.

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, NMS and flu vaccination as advanced service delivery or as a current, pilot or proposed local pharmacy public health service or a local enhanced service.

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 (Summer 2014) 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 advanced services (MUR, NMS, Flu Vaccination and NUMSAS) 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 West Midlands) 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 Urgent Care Centre at Russell's Hall Hospital on Bank Holidays not covered by the regulations should be considered. However, the existing network of seven 100 hour pharmacies should mean that sufficient Pharmacies will be available to provide most Bank Holiday opening cover.

Assessment 3 to 5: 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 JSA 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 Dudley LPC (working in partnership with NHS England, Dudley CCG and the Pharmaceutical Public Health Team) 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.

Seasonal Influenza (Flu) Vaccination

Provision of the seasonal influenza vaccination service is offered from greater than 60% 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 the service to offer patients a reasonable choice to access this service. Eligible patients for vaccination remain able to access this service through their general practice.

We further conclude that commissioners (CCG and Office of Public Health) should review influenza uptake data (for previous season) to determine areas around the borough where the target uptake (75% for all groups) has not been achieved and ensure greater targeted health promotion within these areas supporting all providers.

Assessment 6 – Enhanced Services: Minor Ailments Service (MAS)

We conclude that access to this desirable service is good around the borough. Activity for this service and access has improved since the last PNA. Barriers to service delivery include a lack of full understanding of the service by some community pharmacy teams; unavailable for all contracted hours within pharmacy; lack of public awareness and promotion and no additional capacity to deliver due to high dispensing volume (essential service).

We conclude that where gaps in service delivery have been identified, there are sufficient existing contractors within these gaps willing to deliver this service and Dudley LPC (in partnership with Dudley CCG and the Pharmaceutical Public Health Team) will need to work with these contractors to overcome any barriers to service

delivery to ensure an equitable service for patients no matter which community pharmacy they use and at whatever time or day of their contracted opening hours.

Assessment 7 – Dudley CCG Commissioned Service: Specialist Palliative Care Drugs Supply Service (SPCDS)

We conclude that the population of Dudley has good access to the SPCDS service for those pharmacies commissioned within Dudley and neighbouring health and wellbeing board areas. All community pharmacies within Dudley (irrespective of this commissioned service) remain able to dispense these medicines when called upon via an NHS prescription and for overnight access (10pm to 8am), Dudley CCG commissions the pharmacy department within Russells Hall Hospital. Therefore, no gaps in service provision have been identified.

Assessments 8 to 16: 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, NHS health checks and Smoking Cessation. 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 17: 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. Through financial incentivisation within the Community Pharmacy Contractual Framework (CPCF), Dudley has seen an increase in the number of HLPs

from the previous PNA. This number is expected to increase in the forthcoming 12 months as contractors get to grips with the significant changes within the CPCF. Our aspiration is for every community pharmacy to achieve HLP accreditation to ensure positive health and wellbeing outcomes for the population of Dudley.

Dudley LPC (working in collaboration with NHS England, and individual community pharmacies) will continue to commit support in developing the 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 (Summer 2014), 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) for all age groups as well as considering pharmaceutical need of Dudley's looked after children. We conclude that NHS England West Midlands and Dudley CCG should consider addressing this unmet need through commissioning of a local service (subject to funding) through community pharmacy that provides advice and support to care homes with respect to medicines management. Moving forward with the changing health care landscape, once STPs are established, there may be access to monies from the pharmacy integration fund to support commissioning of such a service. 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 68 pharmacy premises within the Borough to the people of Dudley. The 5 'distance selling' pharmacies will also receive support as needed to improve their service for the local population even though these pharmacies sit outside the remit of the PNA.

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 new-born 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 13) with approximately 1500 resident in each LSOA and 7200 residents in each MSOA.

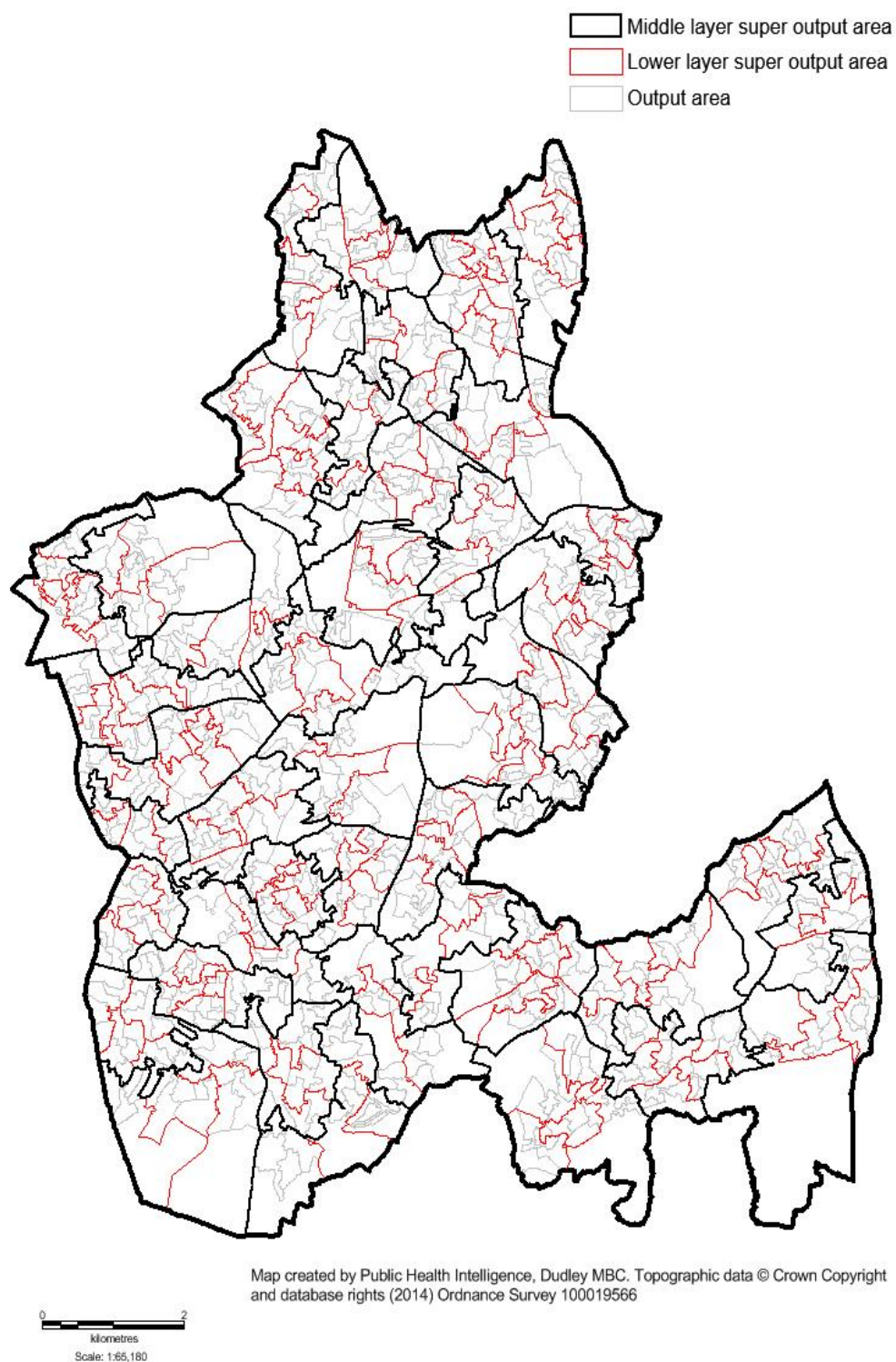
Table 13: Population and household minimum and maximum thresholds for Super Output Areas in England and Wales

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 14: Total of 2011 LSOAs and MSOAs in Dudley and England

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

Figure 34: Map of Output Areas, Lower Super Output Areas and Middle Super Output Areas in Dudley, Census 2011



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 35: Map of Dudley Metropolitan Borough Council's 24 Census Wards



Map created by Public Health Intelligence, Office of Public Health Dudley,
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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 are subject to change over time.

Figure 36: Map of Dudley Metropolitan Borough Council's 24 Electoral Wards



Appendices

Appendix 1: Key to pharmacy locations in maps

Table 15: Map ID, Name and Addresses of Pharmacies within Dudley

ID	Pharmacy	Address	Postcode
1	Asda Stores Ltd	MERRY HILL CENTRE, BRIERLEY HILL	DY51QL
2	Asda Stores Ltd	PEARSON STREET, BRIERLEY HILL	DY53BJ
3	Asda Stores Ltd	THE CORNBOW SHOPPING CTR, QUEENSWAY MALL	B634AB
4	Boots	14 ALBION PARADE, WALL HEATH	DY60NP
5	Boots	7 PECKINGHAM STREET, HALESOWEN	B633AW
6	Boots	25-26 MARKET PLACE, DUDLEY	DY11PJ
7	Boots	16-18 MARKET STREET, KINGSWINFORD	DY69JR
8	Boots	STOURBRIDGE HTH & SCC, JOHN CORBETT DRIVE	DY84JB
9	Boots	141 BRIDGNORTH ROAD, WOLLASTON	DY83NX
10	Boots	UNIT3, MERRY HILL CENTRE, BRIERLEY HILL	DY51QT
11	Boots	STEPPING STONES MED CTRE, STAFFORD STREET	DY11RT
12	Boots	5 RYEMARKET, STOURBRIDGE	DY81HJ
13	Boots	218 HIGH STREET, DUDLEY	DY11PD
14	Boots	OFF SQUIRES COURT, WITHYMOOR VILLAGE	DY53RJ
15	Brettell Lane Pharmacy	108B BRETTELL LANE,	DY84BS
16	County Pharmacy Ltd	15 WORDSLEY GREEN CENTRE, WORDSLEY	DY85PD
17	Daynight Pharmacy	20 ALBION STREET,	DY53EE
18	DayNight Pharmacy	45 HIGH STREET, LYE	DY98LQ
19	Dudley Wood Pharmacy	2 BUSH ROAD, DUDLEY	DY20BH
20	Eggington Jt Ltd	ABBEY ROAD, LOWER GORNAL	DY32PG
21	Evergreen Pharmacy	161 COOMBS ROAD, HALESOWEN	B628AF
22	Grange Pharmacy	8 HOWLEY GRANGE ROAD, HALESOWEN	B620HN
23	Hawne Chemist	177 STOURBRIDGE ROAD, HALESOWEN	B633UD
24	Holly Hall Pharmacy	178 STOURBRIDGE ROAD, HOLLY HALL	DY12ER
25	Jhoots Pharmacy	100A MILKING BANK, DUDLEY	DY12TY
26	Lad Chemist	30 MADELEY ROAD, HIGH ACRES	DY68PF
27	Lloyds Pharmacy	173A HIGH STREET, LYE	DY98LN
28	Lloyds Pharmacy	468 HIGH STREET, KINGSWINFORD	DY68AW
29	Lloyds Pharmacy	11 PECKINGHAM STREET, HALESOWEN	B633AW
30	Lloyds Pharmacy	175 THE RIDGEWAY, SEDGLEY	DY33UH
31	Lloyds Pharmacy	145 HALESOWEN ROAD, NETHERTON	DY29PY
32	Lloyds Pharmacy	MOSS GROVE SURGERY, 15 MOSS GROVE	DY69HS
33	Lloyds Pharmacy	24-28 DUDLEY STREET, SEDGLEY	DY31SB
34	Lloyds Pharmacy	209 HIGH STREET, LYE	DY98JX
35	Lloyds Pharmacy	204 TALBOT STREET, BRIERLEY HILL	DY53DS
36	Lloyds Pharmacy	WYCHBURY MEDICAL CENTRE, 121 OAKFIELD	DY99DS

ID	Pharmacy	Address	Postcode
		ROAD	
37	Lloyds Pharmacy	35 WORCESTER STREET, STOURBRIDGE	DY81AT
38	Lloyds Pharmacy	BRIERLEY HILL H & S C C, VENTURE WAY	DY51RG
39	Lloyds Pharmacy	ST MARGARETS WELL SURGERY, 2 QUARRY LANE	B634WD
40	Lloyds Pharmacy	WYTHYMOOR VILLAGE, SANDRINGHAM WAY	DY53JR
41	Lye Pharmacy	37 HIGH STREET, LYE	DY98LF
42	Manor Pharmacy	12 MANOR LANE, HALESOWEN	B628PY
43	Mcardle ILtd	92 HIGH STREET, BRIERLEY HILL	DY53AP
44	Milan Chemist	137 HALESOWEN ROAD, NETHERTON	DY29PY
45	Millard & Bullock	UNIT 2, JOSIAH HOUSE, CASTLE STREET	WV149DD
46	Modi Pharmacy	118 COLLEY GATE, HALESOWEN	B632BU
47	Morrisons Pharmacy	CHARTERFIELD SHOPPING CTR, STALLINGS LANE	DY67SH
48	Murrays Pharmacy	5&6 HALESOWEN ROAD, HALESOWEN	B629AA
49	Murrays Pharmacy	33 THORNHILL ROAD, HALESOWEN	B631AU
50	Murrays Pharmacy	9-11 MARKET STREET, KINGSWINFORM	DY69JS
51	Murrays Pharmacy	CROSS STREET HEALTH CTR, CROSS STREET	DY11RN
52	Murrays Pharmacy	37-38 HIGH STREET, QUARRY BANK, BRIERLEY HILL	DY52AA
53	Murrays Pharmacy	ST JAMES MEDICAL PRACTICE, MALTHOUSE DRIVE	DY12BY
54	Murrays Pharmacy	LION MEDICAL CENTRE, 2 LOWNDES ROAD	DY83SS
55	Murrays Pharmacy	57 QUEENSWAY, THE CORNBOW SHOPPING CTR.	B634AG
56	Northway Pharmacy	6 ALDERWOOD PRECINCT, THE NORTHWAY	DY33QY
57	Pharmaco Dudley Limited	5 BEAN ROAD,	DY28TH
58	Priory Community Pharmacy	95-97 PRIORY ROAD,	DY14EH
59	Rajja Chemist	5 CLEMENT ROAD, HALESOWEN	B629LR
60	Swinford Pharmacy	90 HAGLEY ROAD, STOURBRIDGE	DY81QU
61	Tesco Stores Limited	TESCO SUPERSTORE, BIRMINGHAM NEW ROAD	DY14RP
62	The Arcade Pharmacy	4 THE ARCADE, UPPER GORNAL	DY32DA
63	The Broadway Pharmacy	95 THE BROADWAY, NORTON	DY83HX
64	The Co-Operative Pharmacy	100 MAPLE GREEN, DUDLEY	DY13QZ
65	The Co-Operative Pharmacy	THE HEALTH CENTRE, BROOK STREET	DY31AF
66	The Co-Operative Pharmacy	18 ABBEY ROAD, GORNAL WOOD	DY32PG
67	The Pharmacy Galleria	96 HIGH STREET, PENSNETT	DY54ED
68	Well Cradley - Windmill Hill	18 WINDMILL HILL, HALESOWEN	B632DB

Table 16: Map ID, Name and Addresses of Distance Selling Pharmacies within Dudley

ID	Pharmacy	Address	Postcode
69	DISPENSING CENTRE LIMITED	UNIT 2, TWO WOODS TRADING EST	DY52YX
70	DUDLEY HEALTHCARE LTD	94A HIGH STREET,	DY11QP
71	MEDISINA PHARMA LTD	UNIT 21, LYE BUSINESS CTR, ENTERPRISE DR, HAYES LANE	DY98QH
72	MEDS AT HOME LIMITED	UNIT26, DELPH RD IND EST, DELPH ROAD	DY52UA
73	MURRAYS HEALTHCARE	GLOVE HOUSE, BRADLEY ROAD	DY81UX

Appendix 2: Dudley CCG GP practices

Table 17: Dudley GP practices

ID	Code	Practice Name	Postcode
1	M87623	ALEXANDRA MEDICAL CENTRE	B633UH
2	M87009	AW SURGERIES	DY53EE
3	M87621	BATH STREET MEDICAL CENTRE	DY31LS
4	M87036	BEAN MEDICAL PRACTICE	DY28TH
5	M87620	CASTLE MEADOWS SURGERY	DY12TY
6	M87605	CENTRAL CLINIC	DY27BX
7	M87628	CHAPEL ST SURGERY	DY98BT
8	M87034	CLEMENT ROAD MEDICAL PRACTICE	B629LR
9	M87021	COSELEY MEDICAL CENTRE	WV149DJ
10	M87625	CRESTFIELD SURGERY	B632DH
11	M87025	CROSS ST HEALTH CENTRE	DY11RN
12	Y04938	DUDLEY URGENT CARE CENTRE OOH	DY12HQ
13	M87006	EVE HILL MEDICAL CENTRE	DY12QD
14	M87020	FELDON LANE PRACTICE	B629DR
15	M87602	HALESOWEN MEDICAL PRACTICE	B634WD
16	Y02653	HIGH OAK SURGERY	DY54DS
17	M87601	KEELINGE HOUSE SURGERY	DY12ER
18	M87008	KINGSWINFORD MEDICAL CENTRE	DY68DN
19	M87014	LAPAL MEDICAL PRACTICE	B620HP
20	M87617	LINKS MEDICAL PRACTICE	DY29PS
21	M87011	LION HEALTH	DY83SS
22	M87015	LOWER GORNAL HEALTH CENTRE	DY32NQ
23	M87001	MEADOWBROOK SURGERY	B631AB
24	M87003	MOSS GROVE SURGERY	DY69HS
25	M87028	NETHERTON HEALTH CENTRE	DY29PU
26	M87037	NORTHWAY MEDICAL CENTRE	DY33QY
27	M87002	NORTON MEDICAL PRACTICE	DY83DB
28	M87030	PEDMORE ROAD SURGERY	DY98DJ
29	M87027	QUARRY BANK MEDICAL CENTRE	DY52AE
30	Y02212	QUARRY RD SURGERY	DY20EF
31	M87618	QUINCY RISE SURGERY	DY53JR
32	M87041	RANGWAYS ROAD SURGERY	DY68PN
33	M87612	ST JAMES'S MEDICAL PRACTICE 1	DY12BY
34	M87026	ST JAMES'S MEDICAL PRACTICE 2	DY12BY

ID	Code	Practice Name	Postcode
35	M87017	STEPPINGSTONES MEDICAL PRACTICE	DY11RT
36	Y01756	STOURSIDE MEDICAL PRACTICE	B633HN
37	M87018	SUMMERHILL SURGERY	DY69JG
38	M87012	THE GREENS HEALTH CENTRE	DY13QZ
39	M87019	THE LIMES SURGERY MEDICAL CENTRE	DY98LL
40	M87007	THE RIDGEWAY SURGERY	DY33UH
41	M87010	THE WATERFRONT SURGERY	DY51RU
42	M87638	THORNS RD SURGERY	DY52JS
43	M87005	THREE VILLAGES MEDICAL PRACTICE	DY84JB
44	M87016	WOODSETTON MEDICAL CENTRE	DY31AF
45	M87023	WORDSLEY GREEN HEALTH CENTRE	DY85PD
46	M87024	WYCHBURY MEDICAL GROUP	DY99DS

Appendix 3: Pharmacies within 2km Boundary of Dudley

Table 18: Walsall CCG pharmacies within 2km of Dudley CCG

ID	Pharmacy	Address	Postcode
116	PEAK PHARMACY	101 HIGH STREET, MOXLEY, WEDNESBURY, WEST MIDLANDS	WS10 8RT

Table 19: Redditch and Bromsgrove CCG pharmacies within 2km of Dudley CCG

ID	Pharmacy	Address	Postcode
81	WELL WEST HAGLEY - WORCESTER ROAD	96 WORCESTER ROAD, WEST HAGLEY, STOURBRIDGE, WEST MIDLANDS	DY9 0NJ

Table 20: Birmingham Crosscity CCG Pharmacies within 2km of Dudley CCG

ID	Pharmacy	Address	Postcode
75	BARTLEY GREEN PHARMACY	1 CURDALE ROAD, BARTLEY GREEN, BIRMINGHAM	B32 4HD
76	HAGLEY PHARMACY	429 HAGLEY ROAD WEST, QUINTON, BIRMINGHAM	B32 2AD
77	JIGGINS LANE PHARMACY	17 JIGGINS LANE, BARTLEY GREEN, BIRMINGHAM	B32 3LE
78	LLOYDSPHARMACY	17 FARADAY AVENUE, QUINTON, BIRMINGHAM	B32 1JP
79	RAJJA CHEMIST	5 DWELLINGS LANE, QUINTON, BIRMINGHAM	B32 1RJ
80	YOUR LOCAL BOOTS PHARMACY	61 STEVENS AVENUE, WOODGATE VALLEY, BIRMINGHAM	B32 3SD

Table 21: Wolverhampton CCG pharmacies within 2km of Dudley CCG

ID	Pharmacy	Address	Postcode
117	ANDERSON CHEMIST	311 DUDLEY ROAD, WOLVERHAMPTON	WV2 3JY
118	BILSTON PHARMACY	74 CHURCH STREET, BILSTON, WOLVERHAMPTON, WEST MIDLANDS	WV14 0AX
119	BOOTS	INSTORE PHARMACY, WAITROSE STORE, PENN ROAD, WOLVERHAMPTON	WV2 4NJ
120	BOOTS UK LIMITED	100A CHURCH STREET, BILSTON, WOLVERHAMPTON	WV14 0BJ
121	BOOTS UK LIMITED	THE HEALTH CENTRE, PROUDS LANE, BILSTON, WOLVERHAMPTON	WV14 6PW
122	BRADLEY CHEMIST	83 HALL GREEN STREET, BRADLEY, BILSTON, WEST MIDLANDS	WV14 8TH
123	CENTRAL PHARMACY	UNIT 6, PARK PARADE, OVERFIELD DRIVE, SEDGMOOR PARK, WOLVERHAMPTON	WV14 9XW
124	CHURCH PHARMACY	45 CHURCH STREET, BILSTON, WOLVERHAMPTON	WV14 0AX
125	CO-OPERATIVE HEALTHCARE	UNIT 2 STONEFIELD WALK, OFF HIGH STREET, BILSTON, WEST MIDLANDS	WV14 0EZ
126	ETTINGSALL PHARMACY	3 NEW STREET, ETTINGSALL, WOLVERHAMPTON, WEST MIDLANDS	WV2 2LR
127	HIGH STREET PHARMACY	76 HIGH STREET, BILSTON, WOLVERHAMPTON	WV14 0EP
128	LLOYDSPHARMACY	PENN MANOR MEDICAL CENTRE, MANOR ROAD, PENN, WOLVERHAMPTON, WEST MIDLANDS	WV4 5PY
129	MORRISONS PHARMACY	MORRISONS SUPERMARKET, BLACK COUNTRY ROUTE, BILSTON, WOLVERHAMPTON	WV14 0DZ
130	MURRAYS PHARMACY	128 CHILDS AVENUE, COSELEY, WEST MIDLANDS	WV14 9XB
131	PEAK PHARMACY	1 MERVYN PLACE, BRADLEY, BILSTON	WV14 8DD
132	PHOENIX PHARMACY	PHOENIX HEALTH CENTRE, PARKFIELD ROAD, WOLVERHAMPTON, WEST MIDLANDS	WV4 6ED
133	REXALL CHEMIST	204 PENN ROAD, PENN, WOLVERHAMPTON	WV4 4AA
134	SUPERCARE PHARMACY	UNIT 1 BLAKENHALL GARDENS, 420 DUDLEY ROAD, WOLVERHAMPTON	WV2 3AY
135	SUPERDRUG PHARMACY	1 MARKET WAY, BILSTON, WOLVERHAMPTON	WV14 0DR
136	THE CO-OPERATIVE PHARMACY	425 DUDLEY ROAD, WOLVERHAMPTON	WV2 3AH

Table 22: Sandwell and West Birmingham CCG pharmacies within 2km of Dudley CCG

ID	Pharmacy	Address	Postcode
82	ASDA	OLD PARK LANE, OLDBURY, WEST MIDLANDS	B69 4PU
83	ASDA STORES LTD	ASDA SUPERSTORE, WEDNESBURY OAK ROAD, TIPTON, WEST MIDLANDS	DY4 0BP
84	BOOTS UK LIMITED	24 HIGH STREET, ROWLEY REGIS, WEST MIDLANDS	B65 0DR
85	CHEMIST DIRECT	UNIT 8 JUNCTION 2 IND EST, DEMUTH WAY, OLDBURY	B69 4LT
86	CHURCHVIEW PHARMACY	249 HALESOWEN ROAD, CRADLEY HEATH, WEST MIDLANDS	B64 6JD
87	COOPERS PHARMACY	28 POUND ROAD, OLDBURY, WEST MIDLANDS	B68 8LY

ID	Pharmacy	Address	Postcode
88	DUGGALS CHEMIST	UNIT 8 MOSTYN BUILDINGS, LOWER CHURCH LANE, TIPTON, WEST MIDLANDS	DY4 7PE
89	DUGGALS CHEMIST	75 PARK LANE EAST, TIPTON, WEST MIDLANDS	DY4 8RP
90	HADEN VALE PHARMACY	50 BARRS ROAD, CRADLEY HEATH, WEST MIDLANDS	B64 7HG
91	HILL TOP PHARMACY	1 POTTERY ROAD, OLDBURY, WEST MIDLANDS	B68 9EX
92	HILLS PHARMACY	15 HILL TOP ROAD, OLDBURY, WEST MIDLANDS	B68 9DU
93	HINGLEY MEJ & CO LTD	95 HIGH STREET, CRADLEY HEATH, WEST MIDLANDS	B64 5HF
94	HINGLEY MEJ & CO LTD	59 CRADLEY ROAD, CRADLEY HEATH, WEST MIDLANDS	B64 6AG
95	HINGLEY MEJ & CO LTD	REGIS MEDICAL CENTRE, DARBY STREET, ROWLEY REGIS, WEST MIDLANDS	B65 0BA
96	JHOOTS PHARMACY	20 MARKET SQUARE, HIGH STREET, CRADLEY HEATH, WARLEY, WEST MIDLANDS	B64 5HH
97	JHOOTS PHARMACY	51 DUDLEY ROAD, ROWLEY REGIS, WEST MIDLANDS	B65 8JH
98	JHOOTS PHARMACY	ROWLEY VILLAGE, ROWLEY REGIS, WARLEY, WEST MIDLANDS	B65 9EN
99	LANGLEY PHARMACY	21 LANGLEY HIGH STREET, LANGLEY, OLDBURY, WEST MIDLANDS	B69 4SN
100	LLOYDSPHARMACY	518 HAGLEY ROAD WEST, OLDBURY, WARLEY, WEST MIDLANDS	B68 0BZ
101	LLOYDSPHARMACY	WARLEY MEDICAL CENTRE, AMBROSE HOUSE, KINGSWAY, OLDBURY, WEST MIDLANDS	B68 0RT
102	LLOYDSPHARMACY	MACE STREET HEALTH CENTRE, MACE STREET, CRADLEY HEATH, WEST MIDLANDS	B64 6HP
103	MURRAYS HEALTHCARE	GLEBEFIELDS HEALTH CENTRE, ST MARKS ROAD, TIPTON, WEST MIDLANDS	DY4 0SN
104	MURRAYS PHARMACY	232 HALESOWEN ROAD, CRADLEY HEATH, WARLEY, WEST MIDLANDS	B64 6HN
105	MURRAYS PHARMACY	NEPTUNE HEALTH PARK, SEDGLEY ROAD WEST, TIPTON, WEST MIDLANDS	DY4 8LY
106	MW PHILLIPS CHEMISTS	396 LONG LANE, BLACKHEATH, BIRMINGHAM	B65 0JE
107	OLDBURY PHARMACY	196 CAUSEWAY GREEN ROAD, OLDBURY, WARLEY, WEST MIDLANDS	B68 8LS
108	PEACHES PHARMACY	185 HALESOWEN ROAD, OLD HILL, CRADLEY HEATH, WARLEY, WEST MIDLANDS	B64 6HF
109	PORTWAY PHARMACY	TIVIDALE FAMILY PRACTICE, 51A NEW BIRMINGHAM ROAD, TIVIDALE, WEST MIDLANDS	B69 2JQ
110	ROWLANDS PHARMACY	352 OLDBURY ROAD, , ROWLEY REGIS, WEST MIDLANDS	B65 0QH
111	SWANPOOL PHARMACY	SWANPOOL MEDICAL CENTRE, ST. MARKS ROAD, TIPTON, WEST MIDLANDS	DY4 0SZ
112	TESCO EXTRA	FOX OAK STREET, CRADLEY HEATH, WEST MIDLANDS	B64 5HJ
113	TIVIDALE PHARMACY	213 REGENT ROAD, TIVIDALE, WEST MIDLANDS	B69 1RZ
114	VISHNU PHARMACY	57 HURST ROAD, SMETHWICK, WARLEY, W MIDLANDS	B67 6LY
115	YOUR LOCAL BOOTS PHARMACY	1 HARTLEBURY ROAD, OLDBURY, WARLEY, WEST MIDLANDS	B69 1DF

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

Table 23: Non-commissioned services (data from pharmacy contractor questionnaire)

ID	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	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓
2	Asda Stores Ltd	✓	✓		✓		✓	
3	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓
4	Boots						✓	
5	Boots	✓	✓		✓		✓	✓
6	Boots	✓	✓				✓	✓
7	Boots	✓		✓	✓		✓	✓
8	Boots	✓	✓	✓			✓	✓
9	Boots	✓	✓				✓	✓
10	Boots	✓	✓	✓	✓	✓	✓	✓
11	Boots	✓	✓	✓	✓	✓	✓	✓
12	Boots	✓	✓				✓	✓
13	Boots	✓	✓	✓	✓		✓	✓
14	Boots	✓	✓	✓			✓	✓
15	Brettell Lane Pharmacy						✓	
16	County Pharmacy Ltd	✓	✓	✓			✓	✓
17	Daynight Pharmacy						✓	
18	DayNight Pharmacy	✓		✓	✓	✓	✓	✓
19	Dudley Wood Pharmacy	✓		✓	✓	✓	✓	✓
20	Eggington Jt Ltd	✓	✓	✓			✓	✓

ID	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
21	Evergreen Pharmacy	✓	✓		✓	✓	✓	✓
22	Grange Pharmacy	✓	✓	✓	✓		✓	✓
23	Hawne Chemist	✓	✓	✓		✓	✓	✓
24	Holly Hall Pharmacy	✓	✓	✓			✓	✓
25	Jhoots Pharmacy	✓		✓	✓	✓	✓	✓
26	Lad Chemist	✓	✓	✓	✓	✓	✓	✓
27	Lloyds Pharmacy						✓	
28	Lloyds Pharmacy	✓		✓	✓	✓	✓	✓
29	Lloyds Pharmacy	✓					✓	✓
30	Lloyds Pharmacy	✓	✓		✓		✓	✓
31	Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓
32	Lloyds Pharmacy						✓	
33	Lloyds Pharmacy	✓		✓	✓	✓	✓	✓
34	Lloyds Pharmacy	✓		✓		✓	✓	✓
35	Lloyds Pharmacy	✓		✓	✓	✓	✓	✓
36	Lloyds Pharmacy	✓					✓	✓
37	Lloyds Pharmacy	✓	✓	✓			✓	✓
38	Lloyds Pharmacy	✓	✓	✓	✓	✓	✓	✓
39	Lloyds Pharmacy						✓	
40	Lloyds Pharmacy						✓	
41	Lye Pharmacy						✓	
42	Manor Pharmacy	✓	✓	✓	✓	✓	✓	✓
43	Mcardle ILtd	✓		✓	✓	✓	✓	✓
44	Milan Chemist	✓	✓	✓	✓	✓	✓	✓

ID	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
45	Millard & Bullock	✓	✓	✓	✓	✓	✓	✓
46	Modi Pharmacy	✓	✓	✓	✓	✓	✓	✓
47	Morrisons Pharmacy	✓	✓		✓		✓	✓
48	Murrays Pharmacy	✓					✓	✓
49	Murrays Pharmacy	✓					✓	✓
50	Murrays Pharmacy	✓					✓	✓
51	Murrays Pharmacy	✓			✓	✓	✓	✓
52	Murrays Pharmacy	✓			✓	✓	✓	✓
53	Murrays Pharmacy	✓			✓	✓	✓	✓
54	Murrays Pharmacy	✓					✓	✓
55	Murrays Pharmacy	✓			✓	✓	✓	✓
56	Northway Pharmacy	✓	✓	✓	✓	✓	✓	✓
57	Pharmaco Dudley Limited	✓	✓	✓	✓	✓	✓	✓
58	Priory Community Pharmacy	✓	✓	✓			✓	✓
59	Rajja Chemist	✓	✓	✓			✓	✓
60	Swinford Pharmacy	✓	✓	✓			✓	✓
61	Tesco Stores Limited	✓		✓	✓	✓	✓	
62	The Arcade Pharmacy	✓	✓	✓			✓	✓
63	The Broadway Pharmacy	✓	✓	✓	✓		✓	✓
64	The Co-Operative Pharmacy	✓	✓	✓		✓	✓	✓
65	The Co-Operative Pharmacy	✓	✓		✓	✓	✓	✓
66	The Co-Operative Pharmacy	✓		✓	✓	✓	✓	✓

ID	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
67	The Pharmacy Galleria	✓	✓	✓	✓	✓	✓	✓
68	Well Cradley - Windmill Hill	✓	✓		✓	✓	✓	✓

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

Table 24: Pharmacy accessibility (data from pharmacy contractor questionnaire)

ID	Pharmacy	Wheelchair Access to			Disabled Parking	Disabled Toilet	Large Print Leaflets	Hearing Loop	Automatic Door	Doorbell
		Entrance	Consultation Room	All Areas						
1	Asda Stores Ltd	✓	✓	✓		✓	✓	✓	✓	
2	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓	✓	
3	Asda Stores Ltd	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Boots									
5	Boots	✓	✓	✓			✓	✓	✓	✓
6	Boots	✓	✓	✓			✓	✓	✓	
7	Boots	✓		✓			✓	✓	✓	
8	Boots	✓	✓	✓	✓		✓	✓	✓	
9	Boots	✓		✓	✓		✓	✓	✓	
10	Boots	✓	✓	✓	✓		✓	✓		✓
11	Boots	✓	✓	✓	✓		✓	✓		
12	Boots	✓	✓	✓	✓		✓	✓	✓	
13	Boots	✓	✓	✓	✓			✓	✓	
14	Boots	✓	✓	✓	✓		✓		✓	

ID	Pharmacy	Wheelchair Access to			Disabled	Disabled	Large Print	Hearing	Automatic	Doorbell
15	Brettell Lane Pharmacy									
16	County Pharmacy Ltd						✓			
17	Daynight Pharmacy									
18	DayNight Pharmacy	✓	✓	✓	✓		✓		✓	
19	Dudley Wood Pharmacy	✓	✓	✓	✓		✓		✓	
20	Eggington Jt Ltd	Inconsistencies in response data					✓			
21	Evergreen Pharmacy									
22	Grange Pharmacy	✓	✓	✓	✓		✓			
23	Hawne Chemist	✓		✓	✓		✓		✓	
24	Holly Hall Pharmacy	✓	✓	✓	✓		✓			✓
25	Jhoots Pharmacy				✓		✓			✓
26	Lad Chemist	✓	✓	✓			✓			
27	Lloyds Pharmacy									
28	Lloyds Pharmacy	Inconsistencies in response data						✓		✓
29	Lloyds Pharmacy	Inconsistencies in response data			✓		✓	✓	✓	✓
30	Lloyds Pharmacy	✓	✓	✓	✓	✓		✓		
31	Lloyds Pharmacy	✓	✓	✓	✓		✓	✓		
32	Lloyds Pharmacy									
33	Lloyds Pharmacy	✓	✓	✓	✓			✓	✓	
34	Lloyds Pharmacy	Inconsistencies in response data						✓		
35	Lloyds Pharmacy				✓			✓	✓	
36	Lloyds Pharmacy	✓			✓			✓		
37	Lloyds Pharmacy	✓		✓				✓		
38	Lloyds Pharmacy	✓		✓	✓		✓	✓	✓	✓
39	Lloyds Pharmacy									
40	Lloyds Pharmacy									

ID	Pharmacy	Wheelchair Access to			Disabled	Disabled	Large Print	Hearing	Automatic	Doorbell
41	Lye Pharmacy									
42	Manor Pharmacy	✓	✓	✓	✓		✓	✓	✓	✓
43	Mcardle ILtd	✓	✓	✓	✓		✓			✓
44	Milan Chemist	✓	✓	✓	✓		✓			
45	Millard & Bullock	✓	✓	✓	✓		✓		✓	
46	Modi Pharmacy									
47	Morrisons Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓
48	Murrays Pharmacy	✓	✓	✓	✓		✓	✓	✓	
49	Murrays Pharmacy	✓					✓	✓	✓	
50	Murrays Pharmacy	✓	✓	✓			✓	✓	✓	
51	Murrays Pharmacy	✓	✓	✓	✓		✓	✓	✓	
52	Murrays Pharmacy	✓	✓	✓			✓	✓	✓	
53	Murrays Pharmacy	✓	✓	✓	✓		✓	✓	✓	
54	Murrays Pharmacy	✓	✓	✓	✓		✓	✓	✓	
55	Murrays Pharmacy	✓	✓				✓	✓		
56	Northway Pharmacy		✓		✓		✓			
57	Pharmaco Dudley Limited									
58	Priory Community Pharmacy	✓	✓	✓	✓	✓	✓			
59	Rajja Chemist	✓	✓	✓	✓		✓			
60	Swinford Pharmacy						✓			
61	Tesco Stores Limited	✓	✓	✓	✓	✓	✓	✓	✓	
62	The Arcade Pharmacy						✓			✓
63	The Broadway Pharmacy	✓	✓	✓	✓					
64	The Co-Operative Pharmacy				✓	✓	✓	✓		✓

ID	Pharmacy	Wheelchair Access to			Disabled	Disabled	Large Print	Hearing	Automatic	Doorbell
65	The Co-Operative Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	
66	The Co-Operative Pharmacy						✓	✓		
67	The Pharmacy Galleria	✓	✓	✓	✓		✓			✓
68	Well Cradley - Windmill Hill	✓	✓	✓			✓	✓		

Appendix 5A: Dudley Pharmacies and the Services they provide

Table 25: Types of Pharmacies within Dudley and the Services they provide

ID	Pharmacy	Distance Selling	100 Hour	Advanced Services				Enhanced Services	CCG Commissioned Services
				NMS	MUR	Flu	NUMSAS	Pharmacy first	Palliative Care Drugs Supply Service
1	Asda Stores Ltd			✓	✓	✓	✓	✓	
2	Asda Stores Ltd		✓	✓	✓	✓			
3	Asda Stores Ltd		✓	✓	✓	✓			
4	Boots			✓	✓	✓			
5	Boots			✓	✓	✓			
6	Boots			✓	✓	✓		✓	✓
7	Boots			✓	✓	✓		✓	
8	Boots			✓	✓			✓	
9	Boots			✓	✓	✓			
10	Boots			✓	✓	✓		✓	
11	Boots			✓	✓	✓			
12	Boots			✓	✓	✓		✓	

ID	Pharmacy	Distance Selling	100 Hour	Advanced Services				Enhanced Services	CCG Commissioned Services
				NMS	MUR	Flu	NUMSAS	Pharmacy first	Palliative Care Drugs Supply Service
13	Boots			✓	✓	✓		✓	
14	Boots			✓	✓	✓		✓	
15	Brettell Lane Pharmacy			✓	✓	✓			
16	County Pharmacy Ltd				✓				
17	Daynight Pharmacy		✓	✓	✓		✓	✓	
18	DayNight Pharmacy		✓		✓		✓	✓	
19	Dudley Wood Pharmacy			✓	✓			✓	
20	Eggington Jt Ltd				✓				
21	Evergreen Pharmacy				✓	✓		✓	
22	Grange Pharmacy			✓	✓				
23	Hawne Chemist			✓	✓	✓	✓	✓	
24	Holly Hall Pharmacy			✓	✓			✓	
25	Jhoots Pharmacy			✓	✓	✓		✓	
26	Lad Chemist				✓	✓		✓	
27	Lloyds Pharmacy			✓	✓	✓			
28	Lloyds Pharmacy			✓	✓	✓		✓	
29	Lloyds Pharmacy			✓	✓	✓			
30	Lloyds Pharmacy			✓	✓	✓			
31	Lloyds Pharmacy			✓	✓	✓		✓	
32	Lloyds Pharmacy			✓	✓				
33	Lloyds Pharmacy			✓	✓	✓		✓	
34	Lloyds Pharmacy			✓	✓				
35	Lloyds Pharmacy			✓	✓	✓		✓	

ID	Pharmacy	Distance Selling	100 Hour	Advanced Services				Enhanced Services	CCG Commissioned Services
				NMS	MUR	Flu	NUMSAS	Pharmacy first	Palliative Care Drugs Supply Service
36	Lloyds Pharmacy			✓	✓	✓		✓	
37	Lloyds Pharmacy								
38	Lloyds Pharmacy		✓	✓	✓			✓	✓
39	Lloyds Pharmacy			✓	✓	✓			
40	Lloyds Pharmacy		✓	✓	✓	✓			
41	Lye Pharmacy		✓	✓	✓	✓	✓	✓	
42	Manor Pharmacy			✓	✓	✓			
43	Mcardle ILtd			✓	✓	✓		✓	
44	Milan Chemist			✓	✓	✓		✓	
45	Millard & Bullock			✓	✓	✓	✓	✓	
46	Modi Pharmacy			✓	✓			✓	
47	Morrisons Pharmacy			✓	✓			✓	
48	Murrays Pharmacy			✓	✓	✓		✓	
49	Murrays Pharmacy			✓	✓	✓		✓	✓
50	Murrays Pharmacy				✓			✓	
51	Murrays Pharmacy			✓	✓	✓		✓	
52	Murrays Pharmacy			✓	✓	✓		✓	
53	Murrays Pharmacy				✓	✓		✓	
54	Murrays Pharmacy			✓	✓	✓		✓	
55	Murrays Pharmacy			✓	✓	✓		✓	
56	Northway Pharmacy			✓	✓			✓	
57	Pharmaco Dudley Limited				✓			✓	
58	Priory Community Pharmacy			✓	✓	✓	✓	✓	

ID	Pharmacy	Distance Selling	100 Hour	Advanced Services				Enhanced Services	CCG Commissioned Services
				NMS	MUR	Flu	NUMSAS	Pharmacy first	Palliative Care Drugs Supply Service
59	Rajja Chemist			✓	✓	✓			
60	Swinford Pharmacy			✓	✓	✓			✓
61	Tesco Stores Limited			✓	✓	✓	✓	✓	
62	The Arcade Pharmacy			✓	✓	✓		✓	
63	The Broadway Pharmacy			✓	✓				
64	The Co-Operative Pharmacy			✓	✓				
65	The Co-Operative Pharmacy			✓	✓	✓			
66	The Co-Operative Pharmacy			✓	✓	✓		✓	
67	The Pharmacy Galleria			✓	✓		✓	✓	
68	Well Cradley - Windmill Hill			✓	✓	✓			
69	DISPENSING CENTRE LIMITED	✓							
70	DUDLEY HEALTHCARE LTD	✓							
71	MEDISINA PHARMA LTD	✓							
72	MEDS AT HOME LIMITED	✓							
73	MURRAYS HEALTHCARE	✓							

Appendix 5B: Dudley Pharmacies and the Services they provide – Public Health Specific

Table 26: Pharmacies within Dudley and the Public Health Services they provide

ID	Pharmacy	Public Health Commissioned Services										
		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	Healthy Start Vits	HIV point of Care Testing
1	Asda Stores Ltd						✓	✓		✓	✓	
2	Asda Stores Ltd							✓		✓		
3	Asda Stores Ltd			✓	✓			✓		✓	✓	
4	Boots							✓		✓		
5	Boots				✓			✓				
6	Boots	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
7	Boots			✓	✓			✓		✓	✓	
8	Boots				✓			✓		✓	✓	
9	Boots				✓			✓		✓		
10	Boots	✓	✓	✓	✓	✓		✓		✓	✓	✓
11	Boots							✓			✓	
12	Boots		✓	✓	✓			✓	✓	✓	✓	
13	Boots	✓		✓	✓	✓		✓	✓	✓	✓	✓
14	Boots				✓			✓		✓	✓	
15	Brettell Lane Pharmacy	✓				✓		✓		✓		
16	County Pharmacy Ltd							✓				

ID	Pharmacy	Public Health Commissioned Services										
		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	Healthy Start Vits	HIV point of Care Testing
17	Daynight Pharmacy									✓		
18	DayNight Pharmacy			✓			✓	✓		✓	✓	
19	Dudley Wood Pharmacy			✓				✓		✓		
20	Eggington Jt Ltd			✓	✓			✓		✓		
21	Evergreen Pharmacy							✓				
22	Grange Pharmacy							✓				
23	Hawne Chemist	✓	✓	✓	✓		✓	✓		✓	✓	
24	Holly Hall Pharmacy			✓	✓			✓		✓	✓	
25	Jhoots Pharmacy			✓				✓			✓	
26	Lad Chemist				✓			✓			✓	
27	Lloyds Pharmacy							✓			✓	
28	Lloyds Pharmacy							✓		✓		
29	Lloyds Pharmacy							✓	✓	✓		
30	Lloyds Pharmacy							✓		✓	✓	
31	Lloyds Pharmacy			✓				✓	✓	✓		
32	Lloyds Pharmacy				✓			✓		✓		
33	Lloyds Pharmacy							✓		✓	✓	
34	Lloyds Pharmacy							✓	✓	✓		
35	Lloyds Pharmacy			✓	✓	✓		✓		✓	✓	

ID	Pharmacy	Public Health Commissioned Services										
		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	Healthy Start Vits	HIV point of Care Testing
36	Lloyds Pharmacy		✓	✓	✓			✓		✓	✓	
37	Lloyds Pharmacy							✓				
38	Lloyds Pharmacy			✓	✓			✓		✓	✓	
39	Lloyds Pharmacy							✓		✓		
40	Lloyds Pharmacy				✓			✓				
41	Lye Pharmacy										✓	
42	Mar Pharmacy							✓		✓	✓	
43	Mcardle ILtd			✓	✓			✓	✓	✓	✓	✓
44	Milan Chemist	✓		✓				✓		✓	✓	
45	Millard & Bullock				✓		✓	✓		✓	✓	
46	Modi Pharmacy			✓				✓	✓	✓		
47	Morrisons Pharmacy	✓	✓	✓	✓	✓		✓	✓	✓	✓	
48	Murrays Pharmacy	✓		✓			✓	✓		✓	✓	
49	Murrays Pharmacy	✓	✓	✓	✓	✓	✓	✓		✓		
50	Murrays Pharmacy		✓	✓			✓	✓				
51	Murrays Pharmacy		✓	✓			✓	✓		✓	✓	
52	Murrays Pharmacy	✓		✓			✓	✓		✓	✓	
53	Murrays Pharmacy		✓	✓	✓		✓	✓		✓	✓	
54	Murrays Pharmacy	✓			✓		✓	✓			✓	

ID	Pharmacy	Public Health Commissioned Services										
		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	Healthy Start Vits	HIV point of Care Testing
55	Murrays Pharmacy			✓	✓	✓	✓	✓		✓	✓	
56	Northway Pharmacy	✓			✓			✓		✓		
57	Pharmaco Dudley Limited							✓				
58	Priory Community Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
59	Rajja Chemist							✓				
60	Swinford Pharmacy				✓	✓	✓	✓		✓		
61	Tesco Stores Limited			✓				✓		✓	✓	
62	The Arcade Pharmacy	✓		✓				✓		✓		
63	The Broadway Pharmacy		✓	✓				✓		✓		
64	The Co-Operative Pharmacy			✓				✓		✓	✓	
65	The Co-Operative Pharmacy			✓				✓				
66	The Co-Operative Pharmacy	✓			✓	✓	✓	✓		✓	✓	
67	The Pharmacy Galleria	✓		✓	✓			✓			✓	✓
68	Well Cradley - Windmill Hill	✓		✓	✓			✓		✓		

Appendix 6: Dudley Pharmacy Opening Times

Table 27: Opening Hours of Pharmacies within Dudley

ID	Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	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
2	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
3	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
4	Boots	Did not complete Pharmoutcomes survey						
5	Boots	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
6	Boots	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 - 18:00
7	Boots	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
8	Boots	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	CLOSED	CLOSED
9	Boots	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
10	Boots	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	11:00 - 17:00
11	Boots	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	CLOSED	CLOSED
12	Boots	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	08:45 - 17:30	10:00 - 16:00
13	Boots	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
14	Boots	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	CLOSED	CLOSED
15	Brettell Lane Pharmacy	Did not complete Pharmoutcomes survey						
16	County Pharmacy Ltd	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
17	Daynight Pharmacy	Did not complete Pharmoutcomes survey						
18	DayNight 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
19	Dudley Wood 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
20	Eggington Jt 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
21	Evergreen Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	CLOSED	CLOSED
22	Grange Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	CLOSED	CLOSED

ID	Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
23	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
24	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
25	Jhoots Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	CLOSED	CLOSED
26	Lad Chemist	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	09:00 - 13:00	CLOSED
27	Lloyds Pharmacy	Did not complete Pharmoutcomes survey						
28	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
29	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
30	Lloyds Pharmacy	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	CLOSED	CLOSED
31	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
32	Lloyds Pharmacy	Did not complete Pharmoutcomes survey						
33	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
34	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
35	Lloyds Pharmacy	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	CLOSED	CLOSED
36	Lloyds Pharmacy	08:30 - 18:15	08:30 - 18:00	08:30 - 18:15	08:30 - 18:00	08:30 - 03:36	08:30 - 12:30	CLOSED
37	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
38	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
39	Lloyds Pharmacy	Did not complete Pharmoutcomes survey						
40	Lloyds Pharmacy	Did not complete Pharmoutcomes survey						
41	Lye Pharmacy	Did not complete Pharmoutcomes survey						
42	Manor Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 14:00	CLOSED
43	Mcardle ILtd	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
44	Milan Chemist	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 17:00	CLOSED
45	Millard & Bullock	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	09:00 - 17:00	CLOSED
46	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
47	Morrisons Pharmacy	08:30 - 20:00	08:30 - 20:00	08:30 - 20:00	08:30 - 21:00	08:30 - 21:00	08:00 - 20:00	11:00 - 17:00
48	Murrays Pharmacy	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
49	Murrays Pharmacy	08:30 - 18:15	08:30 - 18:15	08:30 - 18:15	08:30 - 13:00	08:30 - 18:15	09:00 - 13:00	CLOSED

ID	Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
50	Murrays Pharmacy	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
51	Murrays Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	CLOSED	CLOSED
52	Murrays 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
53	Murrays Pharmacy	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
54	Murrays Pharmacy	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 17:30	CLOSED
55	Murrays Pharmacy	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
56	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
57	Pharmaco Dudley Limited	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	CLOSED	CLOSED
58	Priory Community Pharmacy	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:00	09:00 - 18:00	09:30 - 12:30	CLOSED
59	Rajja Chemist	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	CLOSED	CLOSED
60	Swinford Pharmacy	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 18:00	09:00 - 19:00	09:00 - 13:00	CLOSED
61	Tesco Stores Limited	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
62	The Arcade Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 13:00	CLOSED
63	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
64	The Co-Operative Pharmacy	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	CLOSED	CLOSED
65	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
66	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
67	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
68	Well Cradley - Windmill Hill	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	09:00 - 18:00	CLOSED	CLOSED
69	DISPENSINGCENTRELIMITED- ONLINEPHARMACY	Did not complete Pharmoutcomes survey						
70	DUDLEYHEALTHCARELTD- ONLINEPHARMACY	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	CLOSED	CLOSED
71	MEDISINAPHARMALTD	Did not complete Pharmoutcomes survey						
72	MEDSATHOMELIMITED	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	CLOSED	CLOSED
73	MURRAYSHEALTHCARE	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	CLOSED	CLOSED

Appendix 7: Dudley CCG 5 year strategy 2014-2019

Table 28: 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
Objective: Effective and Efficient Care <ul style="list-style-type: none"> Clinicians have more time to spend with those who need it most Pathways of care (both urgent and planned) are as efficient as possible 20% efficiency gain for planned care 15% reduction in urgent care Avoidable emergency admissions reduced to 2332 per 100,000 by 2018/19 	Reimagining: A MUTUALIST CULTURE. 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.	Enabler: A mutualist based relationship with member practices and responsible local citizens – developing PPGs and an autonomous registered membership.
Objective: Healthy Life Expectancy <ul style="list-style-type: none"> Premature mortality is reduced Inequalities in Health between all population groups are reduced Health and wellbeing services are at the heart of healthcare delivery 3.5% reduction in potential years of life lost per annum to 1685/100,000 by 2018/19 	Reimagining: A NEW STRUCTURE OF DELIVERY 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.	Enabler: 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.
Objective: Mutual approach to achieving best possible outcomes <ul style="list-style-type: none"> Patients can quantify the real value of the services that they receive Individuals achieve greater autonomy from healthcare All service providers network better around the needs of patients EQ – 5D Score 74% of people reporting health has improved by 2018/19 	Reimagining: POPULATION HEALTH AND WELLBEING. 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.	Enabler: Commissioning for value: removing unwarranted variation in care and evaluating individual clinical performance to inform patient choice
Objective: High Quality Care for all <ul style="list-style-type: none"> Services are safe and unwarranted variations are minimal Patients are treated with care and dignity and not over-treated Our system is transparent and learns and improves with the public Eliminating avoidable hospital deaths MRSA – zero tolerance Grade 4 pressure ulcers – zero tolerance 	Reimagining: HEALTH & WELLBEING CENTRES FOR THE 21st CENTURY. 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.	Enabler: 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
	Reimagining: INNOVATION AND LEARNING. 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 .	Enabler: Our Primary Care Strategy and Estates Strategy – with Co-Commissioning of Primary Care with NHS England.
		Enabler: Joint governance, performance and commissioning frameworks with all partners. Better Care Fund with Dudley MBC. Memorandum of Understanding with the Office of Public Health.
		Enabler: Network leadership, training, evaluation and research programmes

Appendix 8: Dudley Health and Wellbeing Strategy to Pharmaceutical Commissioning

Table 29: 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	Sign posting to lifestyle services		
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 PoCT)	Extend sexual health services to more pharmacies with expansion of HIV POCT 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	Signposting to the falls single point of access service	Extend falls prevention program through community pharmacy,	

Strategic goals	Key delivery programme	Current pharmacy inclusion/contribution	Proposed inclusion	Aspirational commissioning
			subject to funding	
Care at the appropriate setting	Planned Care strategy	Self-Care advice sign posting Public health campaigns (Essential services), Minor Ailments Service	Publicity of pharmacy services around self-care and counter prescribing and opening hours	Continue minor ailments service with links into other healthcare settings
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 30: 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	Available through NHS FP10 supply
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. Available to all community pharmacies.
Specialist Palliative care drugs supply service.	All community pharmacies can dispense (essential services)	Some evidence of need (not routinely stocked)	Available within 4 pharmacies to have stock available on demand
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: Consultation on the draft Pharmaceutical Needs Assessment

Consultation on the draft Pharmaceutical Needs Assessment (PNA)

Overview

What is the PNA?

From 1st 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 second PNA for publication by 1st April 2018.

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 14th December 2017 and closes on Tuesday 13th February 2018.

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@nhs.net

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 6th April 2018.

Appendix 11: Survey Consultation Feedback

Dudley HWB received 46 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	27 (59%)
A family member or carer of someone who uses pharmacy services	5 (11%)
A Health or Social Care Professional	2 (4%)
On behalf of an organisation	5 (11%)
On behalf of a community pharmacy business	7 (15%)

Twelve specific closed questions were asked as part of the consultation process, with the opportunity to comment freely about any aspect of the full document as well as any of the twelve consultation specific questions within Question 13 (open question). Please note that responses were not recorded to all questions.

	Question	Yes	No	Unsure
1	The 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?	28 (61%)	13 (28%)	4 (9%)
2	The 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?	27 (59%)	17 (37%)	2 (4%)
3	The 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?	30 (65%)	8 (17%)	8 (17%)
4	The 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	26 (57%)	7 (15%)	11 (24%)

	choice to access this service. Do you agree with this assessment?			
5	The PNA has concluded that although there are isolated gaps in the overall provision of the “Seasonal Influenza (Flu) Vaccination”, within each locality sufficient pharmacies provide this service. This gives patients a reasonable choice to access this service. Do you agree with this assessment?	36 (78%)	8 (17%)	2 (4%)
6	The PNA has concluded that although there are isolated gaps in the provision of the “Minor Ailments Scheme – Pharmacy First”, overall access is good around the borough. This gives patients a reasonable choice to access this service. Do you agree with this assessment?	21 (46%)	20 (43%)	4 (9%)
7	The PNA has concluded that the population of Dudley has good access to the Specialist Palliative Care Drugs Supply Service to those pharmacies commissioned within Dudley and neighboring health and wellbeing board areas. Do you agree with this assessment?	15 (33%)	10 (22%)	21 (46%)
8	The Office of Public Health (OPH) commissions a range of Public Health Services from Community Pharmacies, mainly sexual health services, smoking cessation services, substance misuse services, NHS Health Checks and Healthy Start Vitamins. 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?	35 (76%)	8 (17%)	3 (7%)
9	NHS England, Dudley CCG, Dudley MBC and Dudley LPC are 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 and future services may be prioritised for commissioning through HLPs only. Do you agree with this?	31 (67%)	7 (15%)	8 (17%)
10	The PNA has identified an unmet need for medicines management support to health and social care settings (short term respite/long term residential) for children and adults. Do you agree with this?	29 (63%)	6 (13%)	11 (24%)
11	Has the PNA given you adequate information to inform your own future service provision? (to be completed by Community Pharmacy staff only)	14 (30%)	5 (11%)	7 (15%)

12	Is there any additional information that you feel should be included? If yes, please document comments in Question 13.			
13	Do you have any other comments either on above questions or the full document?			

As can be seen in the above table the majority of respondents agreed with the draft PNA conclusions in regards to community pharmacies, the medicines use review service, the new medicines service and the seasonal influenza vaccination service (questions 1 – 5). However the majority of respondents either disagreed or were unsure with the draft PNA conclusions in regards to the minor ailments scheme and the specialist palliative care drugs supply service (questions 6 – 7).

The majority of respondents are happy with the range of services commissioned by the Office of Public Health (question 8), are supportive of focus on development of HLP (question 9) and the identification of an unmet need for medicines management support to health and social care settings for children and adults (question 10).

There were 7 respondents who responded to this consultation on behalf of a community pharmacy business, 86% of these respondents feel that the PNA gave community pharmacies adequate information to inform their own service provision, (question 11).

In response to Question 12 & 13, 20 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.

Comment By	Question 12 & 13: Is there any additional information that you feel should be included? Do you have any other comments either on the above questions or the full document?	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document
On behalf of an organisation	Government funding needs to continue otherwise it will destabilise the network which needs to be fed back nationally. There also needs to be a Commissioned service for MURs and NMS in Residential and Nursing homes.	The PNA recognises the present funding challenges for community pharmacy nationally and will continue to review pharmaceutical need and access if provision of pharmacies changes. A supplementary statement will be published if appropriate. The PNA has identified that support for care homes with medicines management is currently unmet.	No
On behalf of a community pharmacy business	We are in total agreement that there is an unmet need for medicines support to health and social care settings. We believe that a community pharmacy enhanced service should be commissioned to meet this need. This would lead to a potential reduction in errors and inappropriate prescribing and reduce medicines waste. The government's funding to community pharmacy is decreasing markedly year on year. There is a concern that the sustainability of some of the pharmacies in the Dudley borough may not just be restricted to those in a cluster, thus leading to a destabilisation and access to the current community pharmacy network.	The PNA recognises the present funding challenges for community pharmacy nationally and will continue to review pharmaceutical need and access if provision of pharmacies changes. A supplementary statement will be published if appropriate. The PNA has identified that support for care homes with medicines management is currently unmet. Any future commissioning of a service needs to ensure joint up working with existing care home support commissioned pathways.	No

Comment By	Question 12 & 13: Is there any additional information that you feel should be included? Do you have any other comments either on the above questions or the full document?	PNA Steering group discussion &/or decision if applicable	Changes to final PNA document
A member of the general public	There is only one pharmacy in Stourbridge town. this is insufficient for demand. More staff are needed currently to fulfil demand, causing queues when collecting prescriptions etc There were two pharmacies originally but now there is only Boots chemist which is causing long waits.	Three other community pharmacies are within close proximity and walking distance (Pharmacy ID 37, 54 & 60 & appendix 1). Staffing numbers within pharmacies are a matter for the individual business to review.	No
A family member or carer of someone who uses pharmacy services	Yes why do you have to wait three hours to get medication from Russell's hall pharmacy what's the problem?????????	The hospital pharmacy service is excluded from the scope of the PNA (see page 19) and such matters should be addressed directly to the hospital pharmacy department under their own complaints procedure.	No
A Health or Social Care professional	There are insufficient needle exchange services in the North of the borough - Gornal, Sedgely. There are insufficient last [sic] night opening and 7 day pharmacies in the North of the borough - Gornal, Sedgley and Dudley town centre, providing supervised consumption for vulnerable patients	Assuming this referred to late opening, our access to community pharmacies within the North of our borough has been considered within the PNA during the out of hour's period. Phoenix Pharmacy (Pharmacy ID 132, figure 13 and appendix 3) provides extended hours access 7 days per week and is within 2km of the boundary with Sedgley. Substance Misuse Services have been considered within this PNA with 7 (out of	No

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		9) pharmacies within Sedgley providing supervised consumption of opioid replacement treatments. The PNA identified a gap with needle exchange services within Gornal and recommended CGL (Change, Grow and Live – substance misuse provider) considers commissioning a pharmacy within this ward.	
On behalf of an organisation	The PNA has not identified any unmet issues that are relevant to Staffordshire residents who live near the Dudley boarder, therefore from our perspective we concur with the findings and interpretations of the Dudley PNA	Comment acknowledged.	No
A member of the general public	Not all if any are providing any backup service and no smoking ?? help at all	The PNA acknowledges that a smoking cessation service commissioned through community pharmacy is desirable due to the extended hours access around the borough.	No
A member of the general public	Why is there no dispensing pharmacy (Pharmacy First) at the General District Hospital - Russells Hall. An escalating access to services is needed; pharmacy, urgent care, A&E. [Joined up thinking]. This survey appears to have been created without patient involvement - therefore will not be understood by many I suggest. Get patients involved next	The hospital pharmacy at Russell's Hall Hospital is a dispensing pharmacy however; it only dispenses medicines against hospital prescriptions. The pharmacy is excluded from the scope of the PNA (refer to page 19) under the	No

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	time.	current NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. This survey was created to reflect conclusions within the PNA. However, patients and the public of Dudley have been consulted separately through qualitative work undertaken by HealthWatch Dudley both in 2014 and 2017 (refer to page 112 for full details).	
On behalf of an organisation	Patients need more awareness about schemes available such as the minor ailments scheme and why pharmacies provide NMS services as many see this as already provided by their GP.	Community pharmacies have a financial incentive to ensure their details of opening hours and services are kept up to date on the NHS Choices website. Dudley LPC continues to champion local community pharmacy contractors and promotion of service delivered through their own website available at http://psnc.org.uk/dudley-lpc/	No
A member of the general public	Not enough places selling or giving healthy start vitamins, not enough advertising the extra support for access to calpol etc for parents	The Pharmacy First Minor Ailments Scheme and Healthy Start Vitamins are both discussed in detail within the PNA (Pages 67 and 102 respectively). Whilst access to these services is good around	No

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		the borough, the PNA recognises that isolated gaps may exist and encourages all community pharmacy contractors to deliver these services. Dudley LPC will work with contractors to provide additional support as needed to improve uptake of service delivery.	
On behalf of an organisation	Patients and service users must be made more aware of the Minor Ailments Schemes in the Dudley area so that GP consultation times are utilised for more serious medical complaints. GPs must be more supportive and signpost clients to Pharmacy for Flu vaccinations when patients cannot get appointments in time. Greater collaboration needed.	Dudley CCG through publication of its Prescribing Policy in August 2017 highlights the self-care and minor ailments advice/treatment role that community pharmacy can contribute to. From June 2018, the commissioner of the Minor Ailments Scheme will change from NHS England to Dudley CCG. This provides an opportunity for the CCG to raise awareness of this service through its own communication team and channels. The PNA steering group supports collaborative working between community pharmacies and GPs with respect to increasing the flu vaccination uptake in line with national targets.	No

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A member of the general public	Chemists are abundant in some areas and lacking in others example 4 in lye high street and 1 in Stourbridge centre	We note this point and two of the four pharmacies in Lye opened up under an exemption to the PNA; <i>to be open for 100 hours per week</i> . This exemption no longer exists.	No
A member of the general public	There is a lack of pharmacies in the Stourbridge Town with the result of increased time to process prescriptions and the regular failures of the EPS system only serve to make this worse.	Three other community pharmacies are within close proximity and walking distance (Pharmacy ID 37, 54 & 60 & appendix 1). It is up to individual community pharmacy businesses to ensure continuity plans are in place when the Electronic Prescription System fails.	No
A member of the general public	We need a 24 hour community pharmacy at Russell's Hall Hospital to provide a full service to patients.	This is a preference rather than actual pharmaceutical need. With the Urgent Care Centre at Russell's Hall Hospital open 24 hours, the PNA considered whether a 24 hour community pharmacy was required. This is discussed in detail on page 46 & 47 with a conclusion made that no pharmaceutical need has been identified.	No

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A member of the general public	Local pharmacies do not get funding for any service on a Sunday. Thus if you have an emergency illness prescription you have to go into town or a large supermarket with a pharmacy. At this time of year in particular this is difficult because they are so busy.	Funding for commissioned services delivered by community pharmacies on Sunday remains available in the same way as any other day of the week. The PNA identified that 13 community pharmacies are open on Sunday around the borough. No access issues on Sunday were identified.	No
A member of the general public	the services for each pharmacy should be highlighted clearly, as many people are unaware of the services available!	Community pharmacies have a financial incentive to ensure their details of opening hours and services are kept up to date on the NHS Choices website. Dudley LPC continues to support local pharmacy contractors to ensure their services are publicised.	No
A member of the general public	Pharmacies need to ensure their stock is upto date and not ask customers to travel back to collect missing items. This is mainly with larger stores like Boots items are always out of stock! They need better systems in place to ensure items are in stock to avoid patients returning for items.	This is a standard of service issue within one pharmacy group and not related to the PNA. However, patients are advised to provide feedback on such matters to the individual pharmacy contractor for resolution. All community pharmacies should have a complaints procedure to address such concerns.	No

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A member of the general public	<p>Review of cost of supervised consumption of buprenorphine and physeptone. SC costs a significant amount of money to drug services across the country and pharmacy's who have signed up to this should consider its costing - the impact on funding for these services is significantly impacted. There should also be 7 day a week pharmacies across the borough even if they are only open for a set amount of time. Many are in isolation and not across the whole borough. There are not enough Non Medical Prescribers in pharmacies. This could potentially take off a lot of pressure from GP Surgeries and the Urgent Care Departments. Several good pharmacies in Brierley Hill - day and night Albion Street and also Sam at Lloyd's pharmacy venture way. More needle exchanges.</p>	<p>Supervised consumption is discussed at length within the PNA from pages 88 to 91. A need for this service continues to exist through community pharmacies. 7 community pharmacies within Dudley are open for 100 hours per week over the 7 days. Whilst in Dudley, we are not aware of any non-medical prescribers providing services from a community pharmacy premises, there are many pharmacists working within general practices commissioned by the CCG that are qualified non-medical prescribers and actively utilising their skills to benefit local patients. The CCG is moving towards a new of model of care for Dudley called the MCP (refer to page 123 of PNA) and non-medical prescribing may in the future consider community pharmacy if integration into the model can be achieved. The PNA identified a gap for needle exchange services in ward of Gornal.</p>	No

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A member of the general public	I am often left unsure as to how to access healthcare and other services as I don't visit the GP often, so feel I can miss out on information and updates.	Community pharmacies have a financial incentive to ensure their details of opening hours and services are kept up to date on the NHS Choices website. Dudley LPC continues to support local pharmacy contractors to ensure their services are publicised.	No
A member of the general public	No matter the pharmacy location, access to these should always be available 7 days a week, even when the Health Centres certain pharmacies share premises with are closed.	This is a preference rather than actual pharmaceutical need.	No
On behalf of an organisation Received by email.	<p>We note the Dudley PNA assessment that there are sufficient pharmacies for the Dudley population and an appropriate level of geographical dispersal. The border with Birmingham meets the Birmingham City Council districts of Edgbaston and Northfield, where our assessment did not identify unmet need regarding the number or dispersal of pharmacies. Specifically, the Birmingham wards of Quinton and Bartley Green border with the Dudley wards of Halesowen North and Halesowen South.</p> <p>The Birmingham PNA identifies 7 pharmacies in the wards bordering with Dudley, 5 of which offering weekend opening hours and 3 of which offer evening opening hours. We note</p>	Supports our conclusions	No

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	that pharmacy 59 and 48 offer services to residents of Halesowen and so there appears to be good geographic access to community pharmacy in these areas.		

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