

Pharmaceutical Needs Assessment (PNA)

Public Health and Wellbeing Directorate

Dudley Metropolitan Borough Council

2025 – 2028

Date approved by Dudley Health and Wellbeing Board: 25th September 2025

Date published: 26th September 2025

This PNA has been produced in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Supplementary statements will be issued in response to changes to pharmaceutical services since the publication of this PNA.

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and all the volunteers at Healthwatch Dudley who helped respondents to complete the customer survey and input paper copies of the survey electronically for further analysis.

Groups involved or consulted during development:

Dudley MBC Public Health Managers, Dudley Group NHS Foundation Trust, Black Country Integrated Care System (ICS), Dudley Local Pharmaceutical Committee, Dudley Community Pharmacies, Substance Misuse Service (Change, Grow and Live), ABL Ltd, Brook Sexual Health Service, Health Watch.

This document builds on the Dudley Health and Wellbeing Board's third PNA published 26th September 2022 and earlier editions of the PNA. Data regarding community pharmacies are accurate to 1st March 2025.

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)¹.

Since publication of the last PNA, commissioning of pharmacy, optical and dental services (under delegated responsibility by NHS England) have transferred to Integrated Care Boards (ICBs) from April 2023. Black Country ICB (BCICB) became the commissioner of community pharmacy services from April 2024.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 regulations²) set the legal framework for the commissioning of pharmaceutical services in England by ICBs. The 2013 regulations have been amended several times since they came into force on 1 April 2013 consequently resulting in the current The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 (the 2023 regulations).³

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities and will be used by BCICB 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.

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 local authorities that might affect the need for services for our population in Dudley.
- 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 BCICB for:

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

Additionally, services that are outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2023 may be commissioned locally to community pharmacy by the local authority which will be identified and reported within the PNA. The pharmaceutical services that Dudley community pharmacies provide under these regulations 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. All pharmacies (excluding distance selling) are accredited to provide these services.
- (c) **Enhanced services** – commissioned directly by BCICB in response to local needs and/or national enhanced (e.g., Covid vaccination service).

Local Context

The Metropolitan Borough of Dudley is located on the edge of the West Midlands conurbation, approximately nine miles west of the city of Birmingham and six 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 former Dudley Clinical Commissioning Group, subsequently becoming Black Country and West Birmingham CCG (Dudley Place), was coterminous with Dudley Metropolitan Borough Council (MBC), and historically both organisations have coproduced the Joint Strategic Needs Assessment (JSNA). The Black Country Integrated Care Board was established on 1st July 2022 to replace the CCG and currently commissions local community pharmacy services, but at the time of writing the responsibility for production of PNAs remains that of each local authority’s Health and Wellbeing Board.

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 by 26th September 2025. Health and wellbeing needs for the local population are described in the Dudley JSNA. This PNA does not replicate these detailed descriptions of health needs and it should be read alongside the Dudley JSNA.

The Dudley Joint Strategic Needs Assessment (JSNA) is available online⁴ and 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 1st March 2025, there are 58 community pharmacies and one LPS contract (Priory Community Pharmacy). In addition there are two distance selling pharmacies (wholly mail order or internet pharmacies) and one dispensing appliance contractor (DAC), giving 61 pharmacies and one DAC in total which are providing pharmaceutical services under arrangements made with NHS England. A DAC can only supply appliances (e.g. continence/stoma/wound care etc) and not any medication to service users.

Since 2005, when legislation regulating pharmacy openings were relaxed, Dudley initially experienced a growth of patient facing pharmacies from 59 in 2005 to 68 in 2017. Since then, there has been a number of closures and consolidations, bringing the total down to 63 in 2021 and in 2025 back down to 59 (including Priory) community pharmacies again. Periodic updates to the PNA that document changes to providers are presented to the HWB but assessments have not concluded that these changes have had a significant impact on access due to closures so far being concentrated in areas of high pharmacy density.

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 from the 30th June 2025 to 28th August 2025 will 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 will be presented in the final report.

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, 5A, 5B, 5C and 6). In addition, through identification of needs linked in the JSNA, the publication of the Dudley Joint Health and Wellbeing Strategy and the Black Country ICB Five Year Forward Plan (2023-2028) we have assessed the potential for those needs to be met through pharmaceutical services.

We conclude that in the main there are sufficient pharmacies in Dudley to provide essential pharmaceutical services to the residents. However, a gap in geographical location and access within Russells Hall Estate has been identified (Dudley & Netherton Primary Care Network). Pharmacies are situated both within and very close to GP practices and also in the major shopping centres, supermarkets and locality High Streets. 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 within the borough.

In consideration of pharmaceutical access as defined by opening hours, this PNA has concluded that access is good around the borough. However, it is further concluded that during unsociable hours (evenings after 18:30 and weekends), the public may have to travel further to locate an accessible pharmacy both within our HWB and/or beyond within a neighbouring HWB. There is no community pharmacy open after 9pm on any weeknights (this is a reduction in access compared to the previous PNA in 2022 when access existed until 11pm weeknights and 10pm on Saturdays).

This PNA has therefore concluded that there is a need for a further pharmaceutical contract application as a gap has been identified at the Russells Hall estate. Given the close proximity of the Emergency Treatment Centre and Out of Hours service (located at Russell Hall Hospital and operating 24 hours), to proportionately fulfil this gap in service provision for our population, any new application must ensure access to services until midnight (within core contracted hours). Ensuring access to midnight would support improved access for all of our borough's population should a need arise.

Dudley pharmacies provide several advanced services. Provision of the New Medicine Service is offered from all pharmacies within Dudley (excluding distance selling pharmacies). Provision of Seasonal Flu Vaccination service is offered from 54 of the 59 pharmacies. 58 provide Pharmacy First Services, 55, Hypertension case finding, and 47, Pharmacy Contraception Service to name some of the key advanced services. We conclude that within each PCN, whilst not every community pharmacy provides

these services, there are a sufficient number to offer patients a reasonable choice for access.

Dudley pharmacies provide national and local enhanced services commissioned by Black Country Integrated Care Board: Covid Vaccination Service, Minor Ailments Service (MAS), Community Urgent Eyecare Service (CUES) and Specialist Palliative Care Drugs Supply Service (SPCDS). Access to these services is good around the borough and beyond within neighbouring HWBs, particularly in areas with the greatest health need (identified by greatest four deciles of deprivation).

Community pharmacies in Dudley are commissioned to provide a range of public health services (categorised as Local Commissioned Services) through direct contract within the Directorate of Public Health and Wellbeing, Dudley Council or through a sub-contracting arrangement with one of the commissioned providers (e.g. Change, Grow and Live (Substance Misuse Specialist) and ABL Ltd (integrated health improvement service). Pharmacies can choose if they wish to provide these public health services. Analysis demonstrates that 56 out of the 59 can provide at least one public health commissioned service (excluding distance selling pharmacies). See Appendix 5C for full details of service provision.

Each public health service is commissioned with different service users in mind. For example certain community pharmacies that open on a Sunday are commissioned to provide Emergency Hormonal Contraception. We conclude that there are potential gaps in service provision in PCNs with certain public health services, in particular alcohol screening and brief intervention and Healthy Start vitamins. However, many services are also available through alternative providers. 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 Directorate of Public Health and Wellbeing (or its providers) may contemplate commissioning in the future.

The way in which pharmacies in Dudley embraced lateral flow testing for COVID-19 received national recognition, and pharmacies throughout the borough made a very significant effort to support the COVID-19 vaccination program. Their response has demonstrated how well placed and flexible our local pharmacies are in the face of a serious international public health threat.

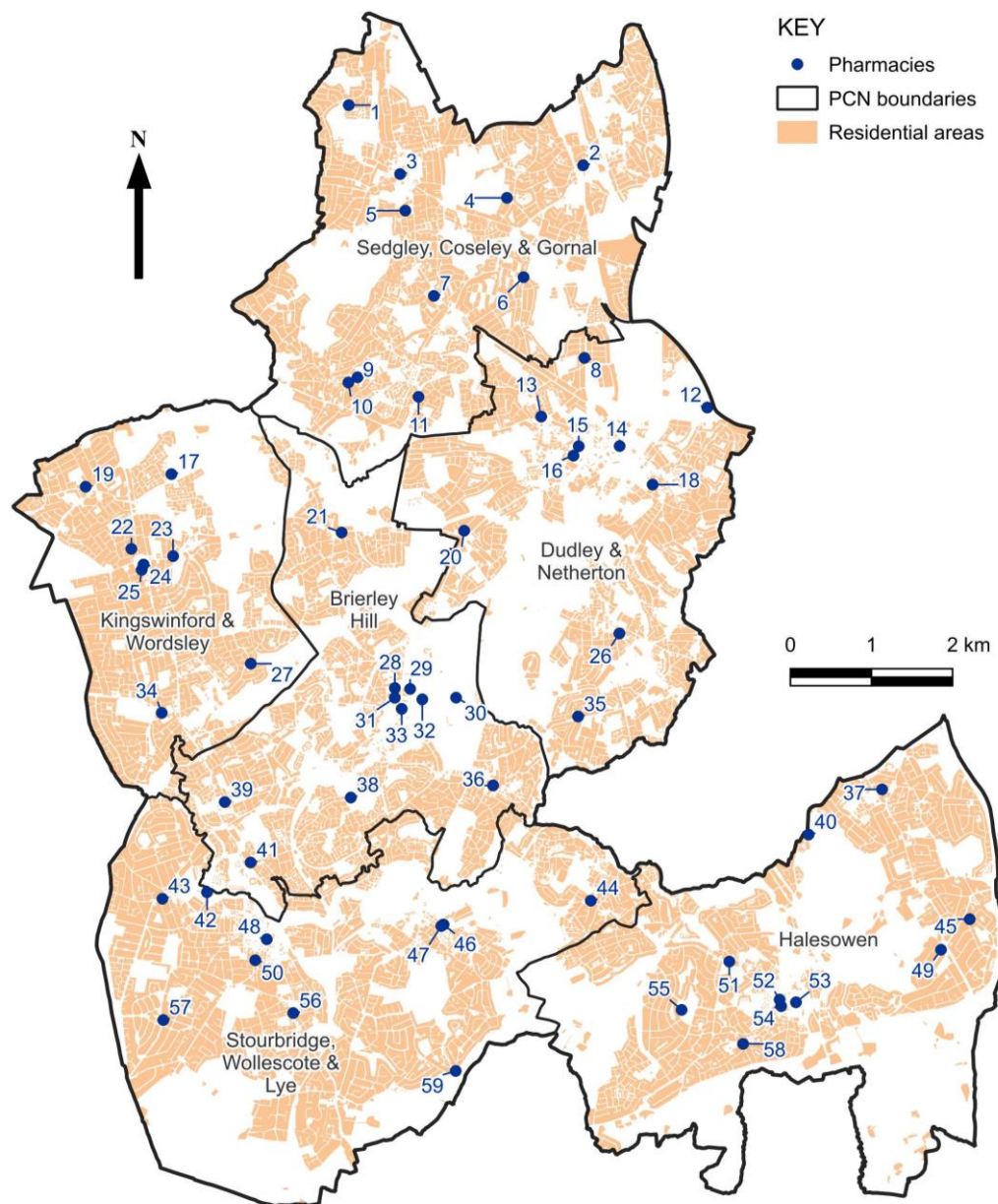
A statutory consultation of a draft version of this PNA is being undertaken between 30 June and 28 August 2025 and any feedback received will be taken into consideration for potential amendments.

We conclude that there are no gaps in local commissioned services provision that could not be filled by the existing pharmacy contractors. The Directorate of Public

Health and Wellbeing and the Black Country ICB Community Pharmacy Clinical Services Lead (working with Community Pharmacy Black Country (formerly Dudley Local Pharmaceutical Committee)) remain committed to continue to encourage and support all our pharmacies to improve access for patients for all local commissioned services.

For a table with a key to the pharmacies on the map see Appendix 1. Please note that there are two distance selling pharmacies (Appendix 1, Table 15) which are **not** included on the map as patients cannot visit them. Tables relating to the mapped locations including postcodes, services provided and opening hours is also included in appendices 1, 4A, 4B, 5A, 5B, 5C and 6.

Figure 1: Location of Dudley Pharmacies by Primary Care Network (PCN). For a table containing the key to the pharmacies on the map please see Appendix 1.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC
 Produced by: Public Health Intelligence Team, Dudley MBC
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Introduction to Pharmaceutical Needs Assessment

Public health delivery became an important responsibility of local government when it transferred from the NHS to Local Authorities (LA) in April 2013. Dudley Metropolitan Borough Council (Dudley MBC) has a statutory duty through its Health and Wellbeing Board (HWB) to develop a Pharmaceutical Needs Assessment (PNA) periodically. The previous PNA was published by Dudley MBC in September 2022.

Since publication of the last PNA, commissioning of pharmacy, optical and dental services (under delegated responsibility by NHS England) have transferred to Integrated Care Boards (ICBs) from April 2023. Black Country ICB (BCICB) became the commissioner of community pharmacy services from April 2024.

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 provision⁵. 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 date⁶.

What is the purpose of the PNA?

- It will be used by Black Country Integrated Care Board (BCICB) 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), BCICB and Integrated Care Systems (ICS) which replaced Clinical Commissioning Groups.

Legislative framework

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ (the 2013 regulations) set the legal framework for the commissioning of pharmaceutical services in England by ICBs. The 2013 regulations have been amended several times since they came into force on 1 April 2013 consequently resulting in the updated NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023⁸ (the 2023 regulations).

Section 126 of the NHS Act 2006 places an obligation on BCICB to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. Section 126 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, 2013a).

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 (UK Statutory Instrument, 2013).

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

The PNA was last published by the HWB in September 2022, and normally 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 (UK Statutory Instrument, 2013). The regulations lay down the minimum information that must be contained within the PNA and outline the process that must be followed in its development and that of any revised assessment.

The production and ongoing update, evaluation and revision of the Dudley PNA is a key part of the commissioning process for Community Pharmacy. This PNA is the fourth published by Dudley HWB under its 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 – Pharmacy First Service (formerly Community Pharmacist Consultation Service (CPCS)), New Medicines Service (NMS), Appliance Use Reviews (AURs), Stoma Appliance Customisation (SAC), Flu Vaccination, Hypertension Case Finding Service, Smoking Cessation Service, Pharmacy Contraception Service and Lateral Flow Device Service.
- Access to and provision of enhanced services (national and local);
- Provision of local commissioned services by public health commissioner (Public Health and Wellbeing Directorate, Dudley Metropolitan Borough Council (MBC)). Evaluation, development of and identification of potential service extensions directed by local and national strategic priorities.
- The potential for advanced, enhanced and local commissioned services (i.e. public health and/or BCICB) to contribute to ICB and/or Local Authority priorities and to integrate with other services and care pathways;
- Identification of needs of the Dudley population linked to the JSNA and assessment of the potential of those needs to be met through pharmaceutical services.

The PNA will be used by BCICB 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 BCICB, and the commissioning of services from pharmacies by the local authority.

The use of PNAs for determining applications for new premises is well established. It is expected that some decisions made by BCICB 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.

Historically, 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 Head of Healthcare Public Health (Public Health and Wellbeing, Dudley MBC) 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 BCICB as these may affect the need for pharmaceutical services. HWBs also need to ensure that other neighbouring HWBs and ICBs 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, Primary Care Trusts (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 three years.

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

- a) the provision of pharmaceutical services with a person on the BCICB 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 ICS 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 (Department of Health, 2008a), 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 (creation of ICBs and ICSs) as well as significant future change imminent within the next 12-18 months with an NHS 10-year plan (roadmap for change) due to publish in

Spring 2025 with more detail of what this may mean for community pharmacy. The government has announced (March 2025) NHS England is to be abolished and the NHS to be brought back into the accountability and responsibility of the government through the Department of Health & Social Care. ICBs will remain as commissioners of local health services under proposals, however expectation is that there will be a shift toward more strategic commissioning in the future. Further details with the changing healthcare landscape can be found in the policy paper Road to recovery: the government's 2025 mandate to NHS England⁹.

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

Local Policy

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

The Dudley JSNA includes an interactive web platform, All About Dudley Borough¹⁰, containing a wide range of data that describes the borough. This is complemented by deep dive needs assessments in specific subject areas.

Dudley Health and Wellbeing Board published its most recent Health, Wellbeing and Inequalities Strategy in 2023, covering the period 2023-2028 and setting out a clear strategic vision with three key health priorities¹¹:

Children are ready to learn and ready for school by the age of 4

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially, and emotionally. It means that a child can make the most of school so that they can learn, develop relationships, know how to behave, and reach their full potential. This will impact on their future educational attainment and life chances, including life expectancy.

Being school ready starts from before birth with the “First 1,001 days” providing a critical opportunity to build the foundations of emotional wellbeing, communication, resilience and adaptability. Several things that help to improve school readiness include parents having good mental health, parents speaking to their baby and reading with their child, being physically active, parenting support programmes and access to high-quality early education.

Wider family circumstances have a big impact on a child being ready for school. Families in poverty and debt find it more challenging to support their child to be school ready, as do those with children with additional support needs. These issues result in inequalities in levels of school readiness in different parts of the community. Neglect, unsuitable accommodation, domestic violence, and substance misuse also need to be addressed where children are experiencing this.

Pharmacies can improve outcomes by providing public health and NHS services, which reduce the impact of Poverty by supporting healthier lifestyles services and working in areas which influence health inequalities.

Fewer people die from circulatory disease

Circulatory disease (CVD) is the biggest cause of premature deaths in Dudley and the borough has, for many years, had a consistently higher death rate from circulatory disease compared to England. Men in Dudley have a higher death rate than men across England. It is the largest contributor to the life expectancy gap between the richest and poorest parts of Dudley, fuelling health inequalities. Deaths from circulatory disease have been increasing since the COVID pandemic.

The risk of CVD can be reduced though adopting a healthy lifestyle, which can be facilitated by addressing the wider determinants of health such as income, employment, education, transport and housing. Once somebody has circulatory disease it can be managed using medications, whilst improvements to lifestyle can help prevent or delay further deterioration. Early detection and timely management of high blood pressure, high cholesterol and support for people after having a cardiac event such as a heart attack or stroke can also increase their chances of a longer life.

Pharmacies can contribute to reducing circulatory disease deaths in Dudley by providing public health and NHS commissioned services, for instance hypertension case finding. They can also influence other factors that influence health inequalities such as excessive alcohol, smoking and early detection of ill health.

More women are screened for breast cancer

Dudley's breast cancer screening service was particularly impacted by COVID-19, with a bigger drop in coverage than other areas. While women in Dudley currently have similar rates of new diagnoses of breast cancer and death compared to the West Midlands and England averages, the drop in breast screening coverage may result in more Dudley women experiencing more serious disease and avoidable deaths from breast cancer in the coming years.

Women living in more deprived communities have much lower breast cancer screening rates and based on national statistics, are more likely to die from breast cancer. As well as personal suffering from more serious breast cancer disease and early death, there are also wider impacts on women's families including grief and bereavement.

Certain areas and communities have lower uptake of breast screening and there is a need to raise awareness of the benefits of breast screening and to understand and address the barriers that stop them going for screening. Dudley MBC Public Health and Wellbeing Directorate is working closely with the local breast screening service and GP practices to promote breast screening and ensure that the service is culturally sensitive and accessible.

Black Country NHS approach

The NHS Black Country 5-year Joint Forward Plan (2023-2028) sets a vision to improve the health outcomes for local people, ensuring the Black Country becomes a healthier place with healthier people and healthier futures¹². Five priorities have been set:

- Improving access and quality of local services
- Community where possible, hospital when necessary
- Preventing ill health and tackling health inequalities
- Giving people the best start in life
- Best place to work

Nationally, the Core20Plus 5 work is designed to support ICSs to drive specific actions to reduce health inequalities. Core20 means the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). Half the population of the Black Country live in these Core20 areas. Although there is variation in the proportion of people living in Core20 areas across the four Black Country local authority places, all four are higher than the national average¹³.

The 'PLUS' are the population groups experiencing poorer than average health access or outcomes, and who may not be captured within the Core20 alone so may benefit from a tailored approach. PLUS groups include ethnic minority communities, inclusion health groups, people with a learning disability and autistic people, people with multi-morbidities, and other protected characteristic groups. Along with defining target population cohorts, it also identifies '5' focus clinical areas requiring accelerated improvement. These are: 1. maternity 2. severe mental illness (SMI) 3. chronic respiratory disease 4. early cancer diagnosis 5. hypertension.

Community pharmacy already forms part of the Black Country Primary Care Access and Recovery plan for general practices through signposting patients with lower acuity conditions (Pharmacy First Service) and oral contraception requests (both initiation and continuation of) away from busy general practice teams and freeing up access for patients with more complex health and care needs. Community pharmacy through the blood pressure service (advanced service) is contributing to one of the 5 focus clinical areas within Dudley namely, improving identification of undiagnosed hypertension patients. Opportunities exist through planned future introduction of non-medical independent prescribing within community pharmacy to expand capability of management of hypertension and cardiovascular risk reduction (e.g. through management of lipids) within the pharmacy. This is to be welcomed and supported ensuring greater utilisation of skills within the community pharmacist workforce.

Commissioners should explore opportunities to improve medicines optimisation through community pharmacy services with chronic respiratory disease and/or SMI (e.g., supporting medicine adherence and physical health checks with SMI, inhaler technique training and prescribing optimisation in Chronic Respiratory Illness etc).

Commissioning of a range of health promoting services to providers (including community pharmacies) is also undertaken by Dudley MBC Public Health and Wellbeing Directorate.

The Healthy Living Pharmacy (HLP) framework is an essential service of the community pharmacy which provides the opportunity to make every contact count and can be used as a platform to raise awareness of other wider health issues and signpost people to other services.

In Dudley, at 1st March 2025, there are 58 community pharmacies (Figure 1, Appendix 1) and one LPS contract (Priory Community Pharmacy; pharmacy ID 8, Figure 1, Appendix 1) providing pharmaceutical services under arrangements made with NHS England. In addition there are two distance selling pharmacies (wholly mail order or internet pharmacies) and one dispensing appliance contractor. (Appendix 1, Table

15); there are no dispensing doctors within Dudley. This network of 59 customer facing pharmacies includes five pharmacies open for 72 hours or more a week (Appendix 6).

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 ICS 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 NHS Foundation Trust (DGFT), 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 Black Country ICS) are also provided by West Midlands Private Hospital (Ramsay Healthcare), Colman Hill, Halesowen, B63 2AH and Stourside Hospital (Ramsay Healthcare), 60 Bradley Road, Stourbridge, DY8 1UX.

In addition, patients are treated by the Black Country Healthcare NHS Foundation Trust at Bushey Fields Hospital (services to support mental health) and DGFT place based division in the community within general practices (clinical pharmacist and pharmacy technician services to support medicines optimisation, physiotherapy, dieticians, paramedics, social prescriber link workers, mental health workers and care navigators. List not exhaustive).

The DGFT acute pharmacy department commissions a monitored dosage system service to an external pharmacy provider (outside of Dudley HWB). 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' regular dispensing community pharmacy are fully communicated with 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 – DGFT Place Division provides a practice based clinical pharmacist in each GP practice within Dudley proportionate to patient list size. DGFT also provides three specialist clinical pharmacist roles within the community setting, Older Persons, Neurology and respiratory.

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 (UK Statutory Instrument, 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 and Healthy Living Pharmacy programme, Prescription linked interventions, Public health campaigns, Signposting, Support for self-care, discharge medicines service 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 Pharmacy First Service (formerly Community Pharmacist Consultation Service (CPCS)), New Medicines Service (NMS), Appliance Use Reviews (AURs), Stoma Appliance Customisation (SAC), Flu Vaccination, Hypertension Case Finding Service, Smoking Cessation Service, Pharmacy Contraception Service and Lateral Flow Device Service. 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 commissioner.

Enhanced services – are commissioned locally directly by BCICB in line with PNAs produced by Health and Wellbeing Boards. Enhanced services may 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.

Currently, BCICB commission (enhanced services) an 'Out of Hours' rota for the provision of pharmaceutical services in Dudley to cover Christmas day, Boxing Day, Easter Sunday and other national bank holidays in England. A national enhanced service for Covid vaccination is also commissioned for providers in Dudley.

Historical BCICB local commissioned services (Minor Ailments Service, Community Urgent Eyecare Service and Specialist Palliative Care Drug Supply Service) have become local enhanced services since NHS England transferred the community pharmacy contract to ICBs (as commissioner) under the regulations. These now have greater relevance for market entry purpose test for pharmacy contracts in this PNA.

Local Pharmacy Services

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

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 (ICS, local authorities and BCICB) 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 E&I to commission the above services from pharmacy contractors when asked to do so by a local authority or clinical commissioning group (with inference to ICS from 2022). Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services.

Dudley MBC, through the Public Health and Wellbeing Directorate, both directly and indirectly commissions public health services through individual contracts with our pharmacy contractors. 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 Directorate of Health & Wellbeing
Dudley MBC as of March 2025

Public Health Service	Commissioned Service
Emergency hormonal contraception (EHC)	The EHC service is commissioned by the Public Health and Wellbeing Directorate to provide the morning after pill to females aged over 13 years under a patient group direction (PGD).
Chlamydia screening service	Some pharmacies provide a chlamydia screening service to 15-24 years olds as part of a local programme which is co-ordinated by Brook and funded by Public Health.
C-card condom Scheme	As part of the “c-card” scheme, commissioned by Public Health and co-ordinated by Brook, this service allows for distribution of condoms to young people aged 13-24 years. This is a multi-agency borough wide scheme. Once registered a young person can access c-card services at any venue in the scheme.
Supervised drug consumption 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 Public Health and Wellbeing.
Needle exchange & naloxone 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 Public Health and Wellbeing.
Alcohol screening & brief interventions	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 for others.
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 ten 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.

Primary Care Networks (PCNs)

The NHS Long Term Plan (2019) created Primary Care Networks (PCNs) which are a group of general practices typically covering 30,000-50,000 patients within a population. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. Within Dudley, there are six PCNs which have partially integrated with DGFT Place Division to pool resources to improve support for patient outcomes and narrow health inequalities, adopting a population health approach to targeted interventions. To support future working and aligned integration, Dudley Local Pharmaceutical Committee (LPC) had mapped its community pharmacy contractors to a PCN footprint. Dispensing data (essential service) was a key variable to influence, to which PCN a community pharmacy was mapped into. BCICB Medicines Optimisation Team is presently supporting community pharmacies to integrate with PCNs to ensure transfers of appropriate care can occur with appropriate safety netting should care need to be redirected to another service. This is being achieved through clear pathways and communication at a PCN level (e.g. Pharmacy First, Hypertension Case Finding and oral contraception which will be discussed later).

Community pharmacy teams have never had a stronger opportunity (or level of support within the wider healthcare system) to truly integrate within the local health & care system to deliver population health benefit in a sustainable way.

The Black Country ICS and ICB have seen four Clinical Commissioning Groups (CCGs) in the Black Country (Dudley, Wolverhampton, Walsall and Sandwell) merge to form one larger system where commissioning of health services for the population is much greater at approximately 1.4 million. This ensures greater harmonisation & access to services (with reduced unwarranted variation) for the Black Country, whilst ensuring greater cost efficiencies for the NHS at scale.

Community Pharmacy Black Country

From 1st April 2025, the four-place based Local Pharmaceutical Committees' (LPCs) of the Black Country (Wolverhampton, Dudley, Sandwell and Walsall) merged to form Community Pharmacy Black Country. This single body now represents the community pharmacy contractors within the Black Country ICS. Community Pharmacy Black Country is aligned with and supported by the national champion, Community Pharmacy England¹⁴. This organisation was previously known as the *Pharmaceutical Services Negotiating Committee* (PSNC).

Other Services

Community pharmacy contractors also provide services directly to patients that are not commissioned by Black Country ICS or Dudley MBC, for example some pharmacies provide a prescription ordering and/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 (MDS). These services are not commissioned or paid for by any commissioning organisation, however it is recognised that the prescription ordering and/or collection and delivery services and the MDS are valued by patients and the wider healthcare system. These two non-commissioned services have improved access, medicines safety and support positive health outcomes (to pharmaceutical services) for hard to reach and/or vulnerable groups within the borough e.g. housebound, those with dementia etc.

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 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 Primary Care Trust 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 8, 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 providing a portfolio of public health services including smoking cessation, emergency contraception provision, brief alcohol interventions, chlamydia screening etc. Furthermore, the pharmacy also hosts several 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 BCICB 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.

A Community Pharmacy Development and PNA steering group was established, with membership drawn from DGFT Place Division (the Primary Care Clinical Pharmacy Team), Dudley MBC (Healthcare Public Health team led by a Consultant in Public Health Medicine, plus support from Public Health Intelligence and Knowledge Services team), Community Pharmacy Black Country Chief Officer, Primary Care Commissioning Manager (Black Country ICS – Dudley Place), Primary Care Contracts – Community Pharmacy (BCICB Community Pharmacy Clinical Lead or delegate), and Healthwatch Dudley.

PNA Steering Group Terms of Reference were agreed and a project action plan was devised and updated regularly. Minutes from regular PNA steering group meetings were taken but have not been made public during the PNA development due to the sensitive nature of the content (purpose of “Market Entry Test”) ahead of full publication.

The current commissioning of pharmaceutical services and plans as an organisation for the future as expressed in our JHWS have been reviewed and assessed. Data have been referenced to and with our JSNA and the JHWS.

Consultation and engagement

Current pharmaceutical provision in Dudley was 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 questionnaire in March 2025 as part of baseline assessment (see Appendices 4A, 4B and 4C for more information). 44 of the 59 service-user facing pharmacies completed this survey.

Patients and members of the public were asked for their views on pharmacy services through a structured consultation ahead of the statutory 60-day formal consultation delivered by the council communications team. Healthwatch Dudley were closely involved in the design of the survey. They provided additional assistance during the period that the survey was open through supporting people to complete the survey online, completing the survey on paper and transcribe to an electronic version for those

who could not complete digital questionnaires. They further utilised their networks of service users, particularly from more marginalised or vulnerable groups, to promote engagement with the survey.

An innovative systematic search and compilation of online reviews of Dudley pharmacies was also undertaken to gain further understanding of the experiences of service users who left online reviews.

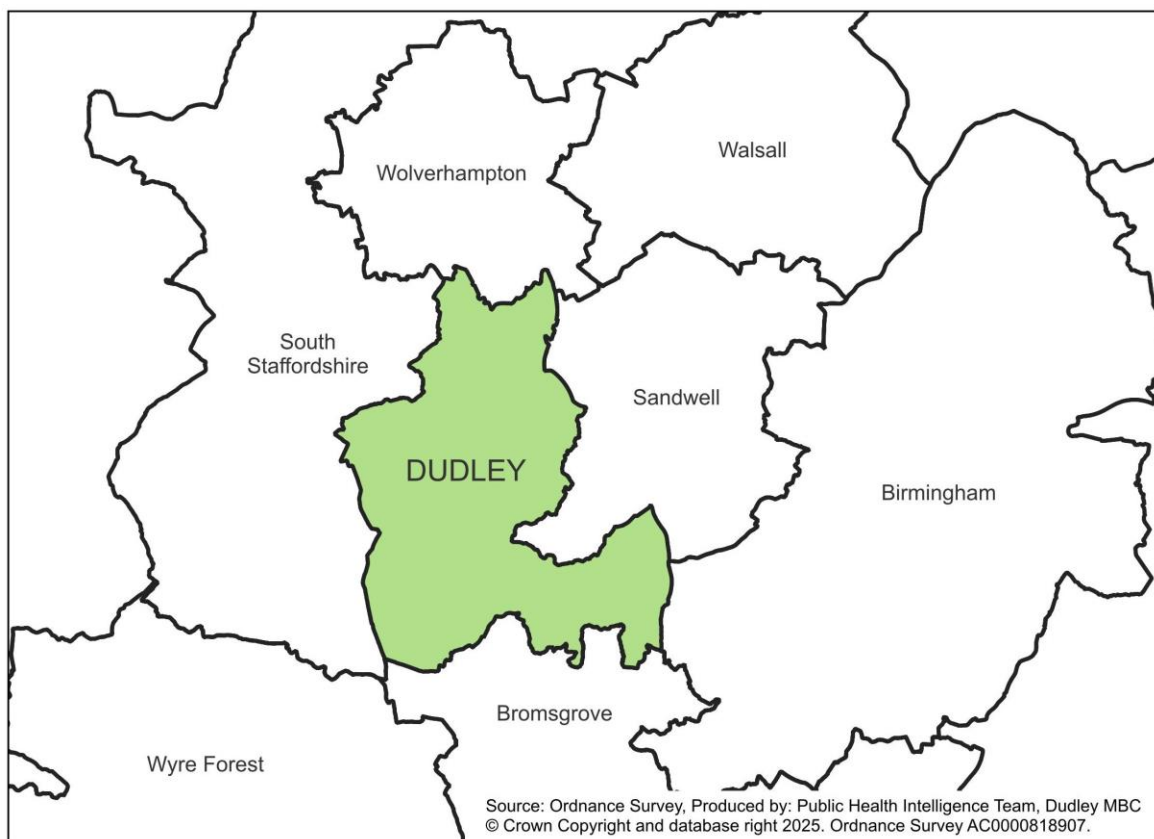
The statutory 60-day formal consultation period for the draft PNA occurred between Monday 30th June 2025 and 28th August 2025. Further details of the statutory 60-day consultation and the questionnaire to assist feedback for this PNA can be found at Appendices 9 and 10. Comments received were recorded in Appendix 11 and, where appropriate, informed changes within the final report.

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

Figure 2: Map showing the location of Dudley Borough and surrounding Lower Tier Local Authorities (LTLA)



Environment

Dudley borough covers 38 square miles, and although predominantly an urban area 18% is designated as green belt and 14% categorised as publicly accessible open spaces. There are ten Sites of Special Scientific Interest which are of national importance for their geology and/or biodiversity, two National Nature Reserves and eight Local Nature Reserves. The borough has an extensive road infrastructure and access to the motorway network near Dudley and Halesowen.

Economy

As of March 2025, there were 10,095 people in Dudley claiming benefit principally due to unemployment. This constitutes 5.3% of the population aged 16 to 64, which is the lowest proportion for any of the four Black Country Local Authorities. The equivalent figure for England is 4.3%. The relative pattern of the proportion of benefit claimants between these areas has been consistent over the last five years.

In the year to December 2024 the employment rate of residents in Dudley Borough was 71.8%. This is the proportion of people in paid work, on government-supported training or employment programmes and those doing unpaid family work as a proportion of those aged 16 to 64. The figure for England was 75.7%.

Geography

For this pharmaceutical needs assessment, the main geographic areas used on illustrative maps and for analysis of information are Primary Care Networks (PCNs). To meet health needs, GP practices work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices to form PCNs. The PCN boundaries are based on the geographic grouping of GPs that exists in Dudley so are notional and have no official geographical status. For analysis purposes Dudley is subdivided into six PCN areas (see Figure 1):

- Brierley Hill;
- Dudley and Netherton;
- Halesowen;
- Kingswinford and Wordsley;
- Sedgley, Coseley and Gornal;
- Stourbridge, Wollescote and Lye

Output Areas are a set of hierarchical geographic boundaries designed and maintained by the Office for National Statistics (ONS) in England and are specifically designed for the publication of statistics for small areas, such as census results. The layer of Output Areas used in this document are Lower Layer Super Output Areas (LSOA) from the 2011 Census (Figure 36), when there were 201 LSOA in Dudley, and the 2021 Census (Figure 37) when there were 203, dependent on the data analysed. LSOA have approximately 1,500 residents. Output Area boundaries are only subject to change after a national Census so are a relatively stable geography for presenting data over time.

Dudley Metropolitan Borough is divided into 24 Electoral Wards, the spatial units used to elect local government councillors. Each Ward is represented by three councillors. Electoral Wards are managed by The Local Government Boundary Commission for England and are subject to change over time. In May 2024 Dudley Council Ward boundaries were changed, with the number of Wards remaining at 24. Both the pre-May 2024 Wards (Figure 38) and post May 2024 Wards (Figure 39) are also used for the analysis of various statistics

The pharmaceutical needs assessment will utilise these geographies to assess the needs of Dudley's population and whether these are met by pharmacies and the services they provide.

Population

Dudley has an estimated resident population of approximately 326,700 (2023). The population has been steadily growing at a modest but sustained rate in recent years. Between 2023 and 2043 the Dudley population is expected to increase by just over 28,000. Most of this increase is accounted for by the rise in the 65 and over age group.

Deprivation

The Indices of Deprivation are a measure of deprivation at a small area level across England. The most recent indices are from 2019 and are calculated using the Lower Layer Super Output Area (LSOA) geography from 2011.

The indices provide a set of measures based on seven different aspects of deprivation known as "domains", encompassing data on income, employment, education, health, crime, housing and the environment. The domains combine to form the Index of

Multiple Deprivation (IMD), which is the official measure of relative deprivation for small areas across England.

Splitting the LSOAs into ten equal groups or 'Deciles' helps to illustrate the relative level of deprivation between areas, from decile 1 (the 10% most deprived LSOAs in England) to decile 10 (10% least deprived in England).

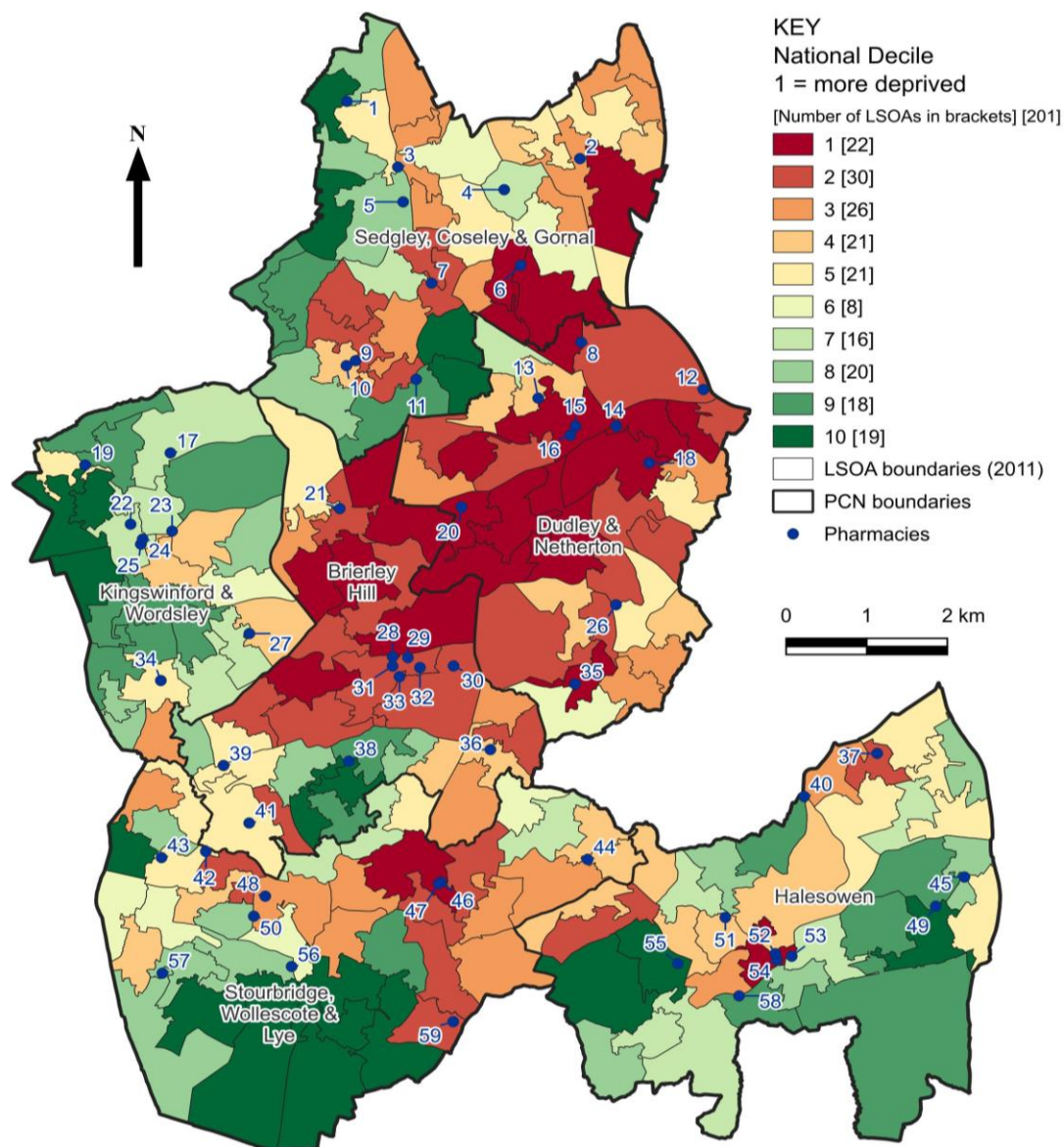
In Dudley the most deprived areas are in the Dudley & Netherton and Brierley Hill PCNs, with other clusters in areas of Sedgley, Coseley & Gornal, Stourbridge, Wollescote & Lye and parts of Halesowen (Figure 3).

Black Country ICS (Dudley Place) and Dudley MBC are coterminous geographically and have worked to produce a JSNA and JHWS that identifies local needs and develops a sustainable community strategy to address these needs. The JSNA brings together all the information on the health and wellbeing needs of Dudley's population. The data includes information on the main issues that affect people's life-chances, quality of life and health and wellbeing. The data that underpins the JSNA is updated regularly online¹⁵. As this is available electronically only the top-level points have been taken and included in this PNA.

Age

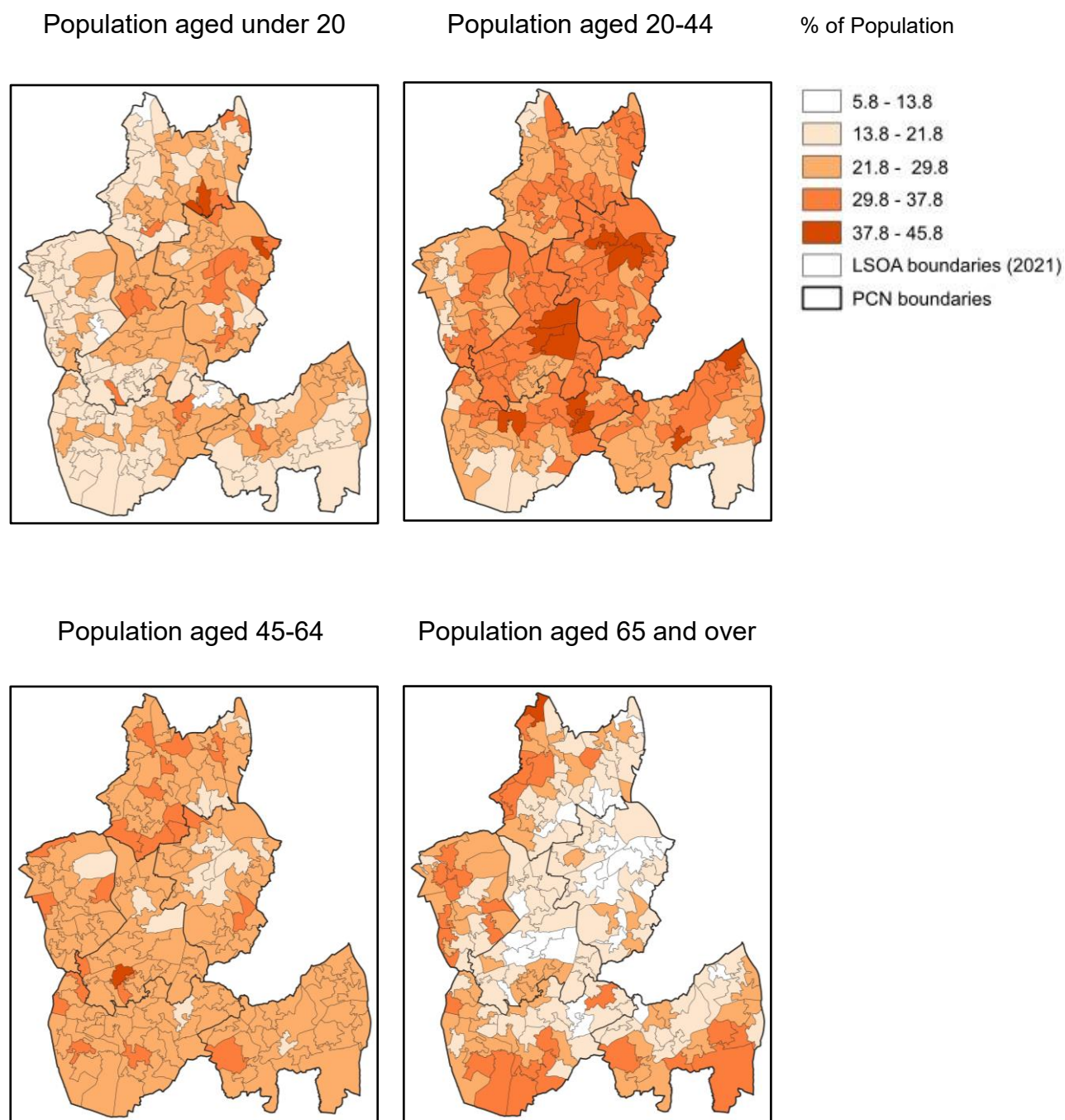
The age profile maps (see Figure 4) show the differences in the percentage of the population by age for areas within Dudley. Older age groups tend to be concentrated around the south and western parts of the borough and younger age groups concentrated in the central and north-eastern parts. The population of Dudley aged 65 and over is increasing as a proportion of the total. The proportion of the population over 65 is also higher in Dudley than that for England.

Figure 3: Index of Multiple Deprivation 2019 National Deciles by LSOA with Pharmacy Locations. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Indices of Deprivation 2019, MHCLG
Produced by: Public Health Intelligence Team, Dudley MBC
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Figure 4: Dudley age profile, percentage of population in each age group by LSOA, Mid-Year Population Estimates 2022



Source: 2022 Mid-Year Population Estimates, ONS

Produced by: Public Health Intelligence Team, Dudley MBC

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Life Expectancy

The life-expectancy at birth in Dudley for males is 78.6 years and for females is 82.7 (2021-23). Both these values are similar to but less than the figures for England of 79.1 and 83.1 respectively.

For the male population in Dudley the ward with the highest life expectancy at birth (2020-22) is Pedmore and Stourbridge East at 82.3 years; in contrast the lowest is St James's at 73.6 years. For the female population Norton has the highest life expectancy at 85.7 years. The lowest life expectancy for females is found in Castle and Priory ward with 79.2 years (see Figure 38 for Ward locations).

Life expectancy for men in the most deprived areas of Dudley is 9.2 years lower than in the least deprived areas. This pattern is also seen for women where life expectancy in the most deprived areas is 8.6 years lower (2018-20).

In the 2021 Census 79.3% of the Dudley population described their health as being either "good" or "very good".

Ethnicity

According to the 2021 Census 82.4% of the borough's population are White English / British, Asian groups constitute 8.4% of the population, 2.8% are people from a mixed ethnic background, 2.5% Black Ethnic Groups and a further 2.5% are from White groups other than English/British. The areas with the highest minority ethnic population are in the Dudley and Netherton PCN area and in the Lye area of the Stourbridge, Wollescote and Lye PCN. There are also lesser concentrations in parts of Brierley Hill and Halesowen PCN areas (see Figure 5). 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).

Lifestyles

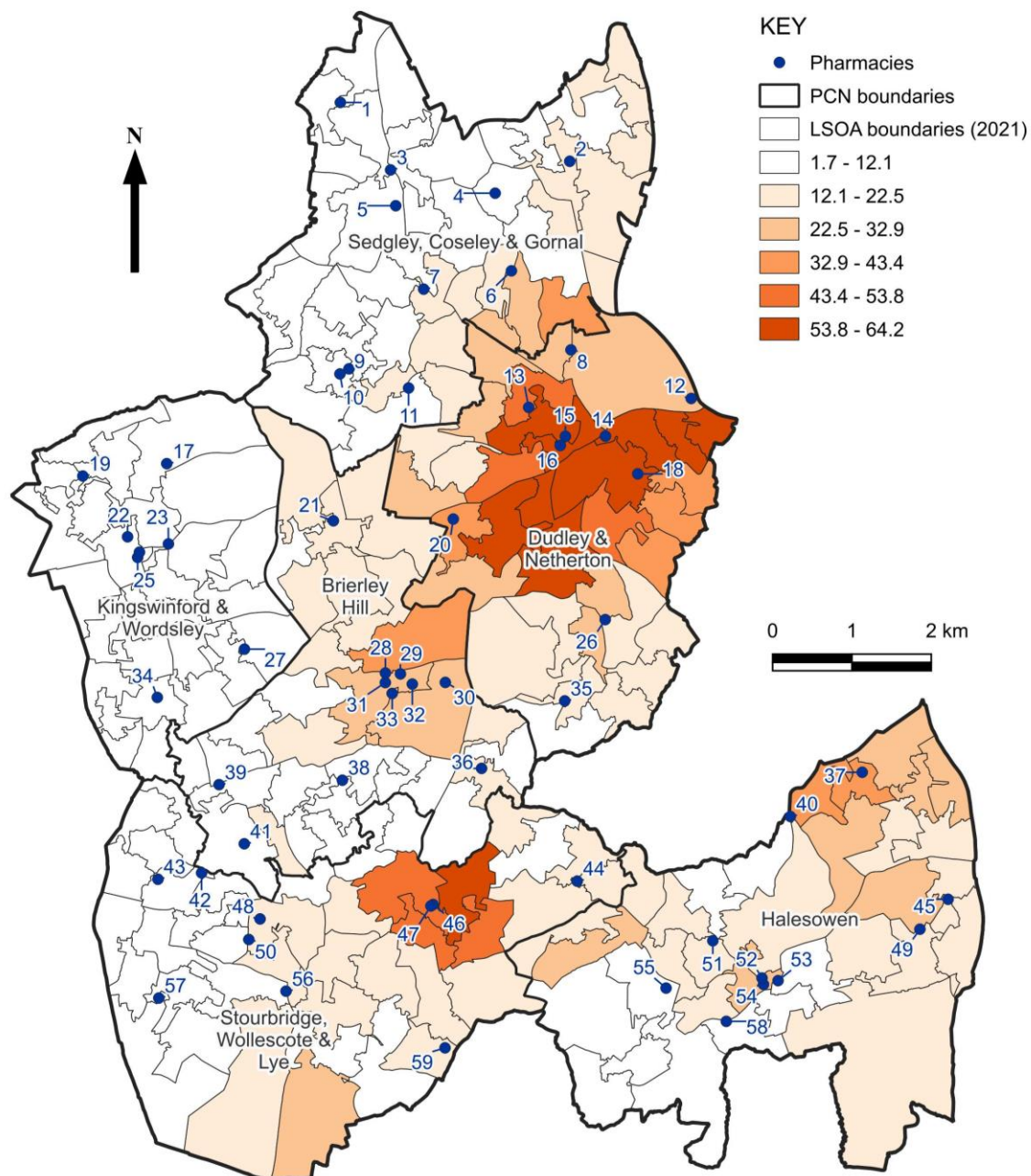
In 2015-18, it was estimated that 12.8% of the Dudley population aged 16+ were binge drinkers, which is lower than the England value of 15.4%.

It is estimated that 69.1% of adults aged 18 and over were classified as overweight or obese in Dudley in 2022/23, compared to 64% for England. 24.8% of children in school year 6 (aged 10-11 years) are obese (2023/24), compared to 22.1% for England.

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 9% of people aged 16 and over living in Dudley have high blood pressure that is undetected. There is likely 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.

Figure 5: Percentage of Population from Black and Minority Ethnic (BAME) Groups.
See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / 2021 Census, ONS
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Access to Community Pharmacies and Pharmaceutical Services

The maps in the PNA (Figures 1, 3 and 5) 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 Black Country ICS, DIHC, NHS E&I and Dudley Public Health and Wellbeing, Dudley MBC, will work to involve all pharmacies in the borough to provide high quality and cost-effective patient centred and patient specific medicines related services.

Pharmacy numbers, walking times and geographical and physical location

The most recent estimate of the population of Dudley is 326,700 (2023). With 59 pharmacies within the borough (excluding the two “distance selling” pharmacies (DSP) since patients cannot visit these to access essential services) this equates to one pharmacy to 5,537 people or approximately 18.1 pharmacies per 100,000 population. This is slightly below the average rate of pharmacies per 100,000 population in geographically close Local Authorities (Figure 6).

Dudley is one of four areas with around 18 pharmacies per 100,000 population when compared with other ‘similar’ Local Authorities (Figure 7). The ‘similar’ Local Authority areas have been compiled by NHS England in their Nearest Statistical Neighbours model, which clusters Local Authorities together that have similar characteristics based on a range of demographic, deprivation and socio-economic indicators.

None of the ‘similar’ or neighbouring Local Authorities has a rate of pharmacy provision that is significantly different from Dudley. 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 areas.

Please note that DSPs have been discounted from all local authorities in the calculation of pharmacies per 100,000 population in Figure 6 and 7.

Figure 6: Number of pharmacies per 100,000 population, Dudley and other geographically close Local Authority areas

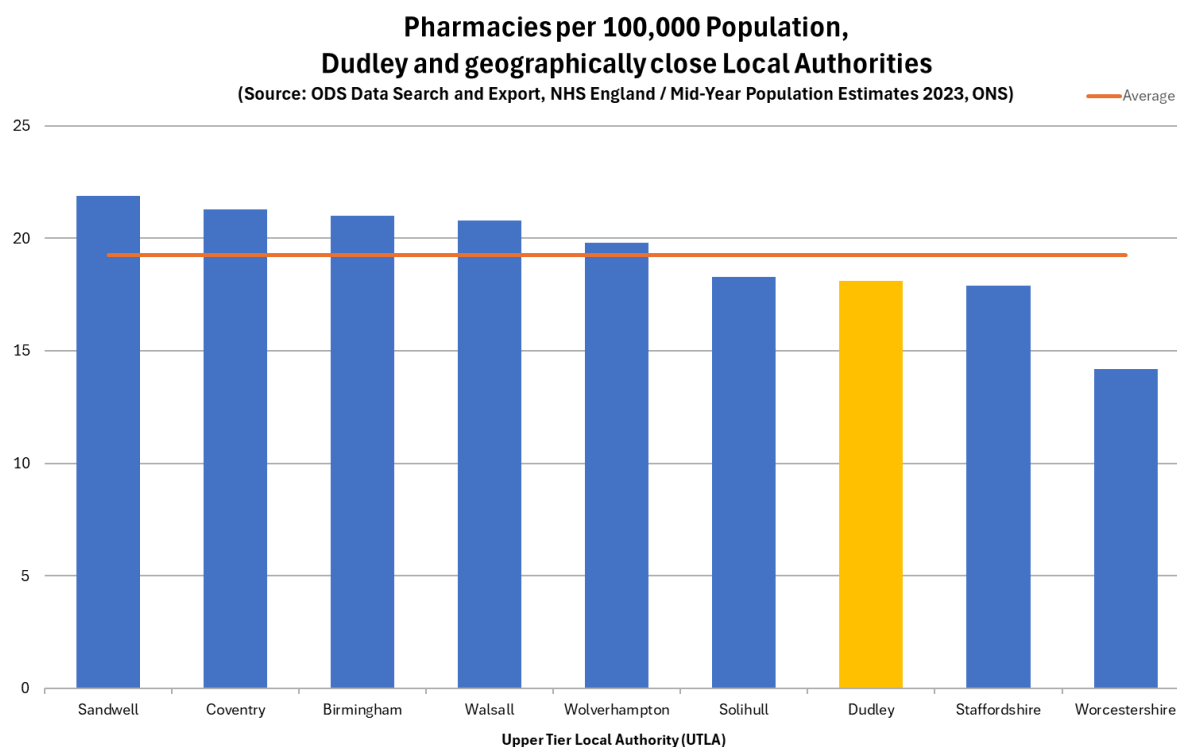
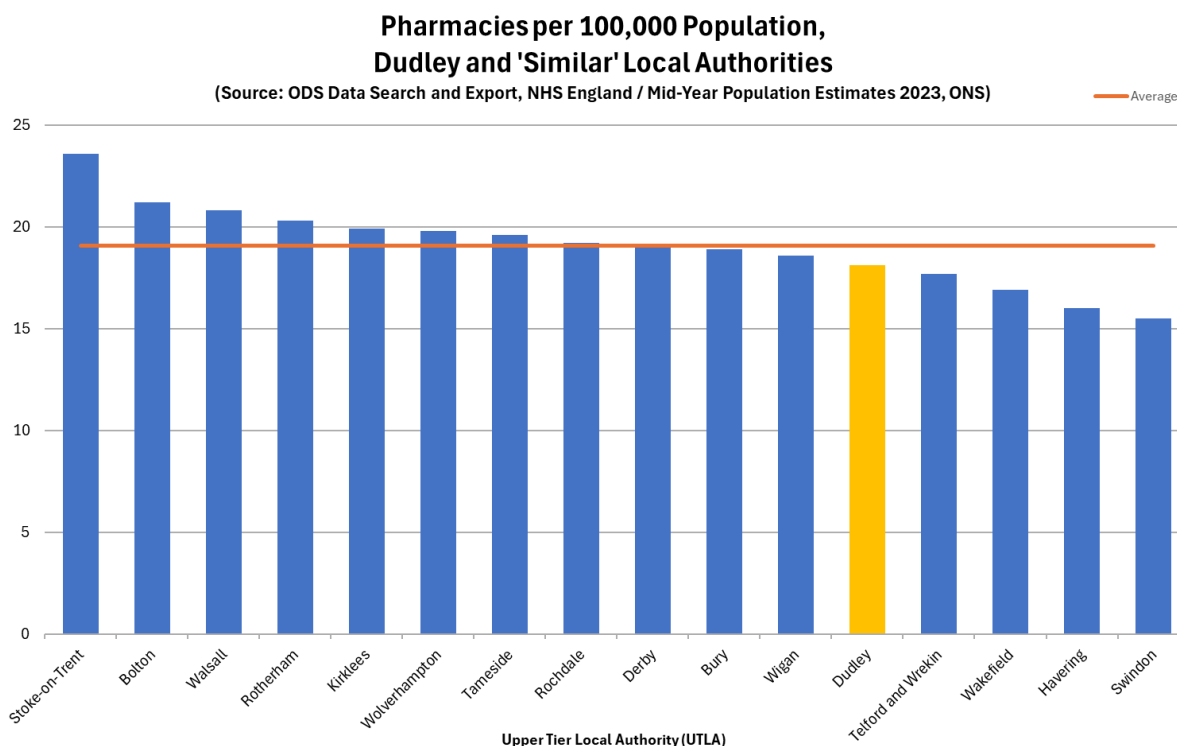


Figure 7: Number of Pharmacies per 100,000 population, Dudley and 'Similar' Local Authority areas



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 Local Authorities (Figure 8). This clearly shows that the very large majority of people live within reasonable walking distance of a pharmacy; approximately 90.3% of the Dudley population live within a slow 30 minute walk (defined as the average speed of a woman with a small child, or 1.6 miles per hour) of a pharmacy according to analysis of the electoral role.

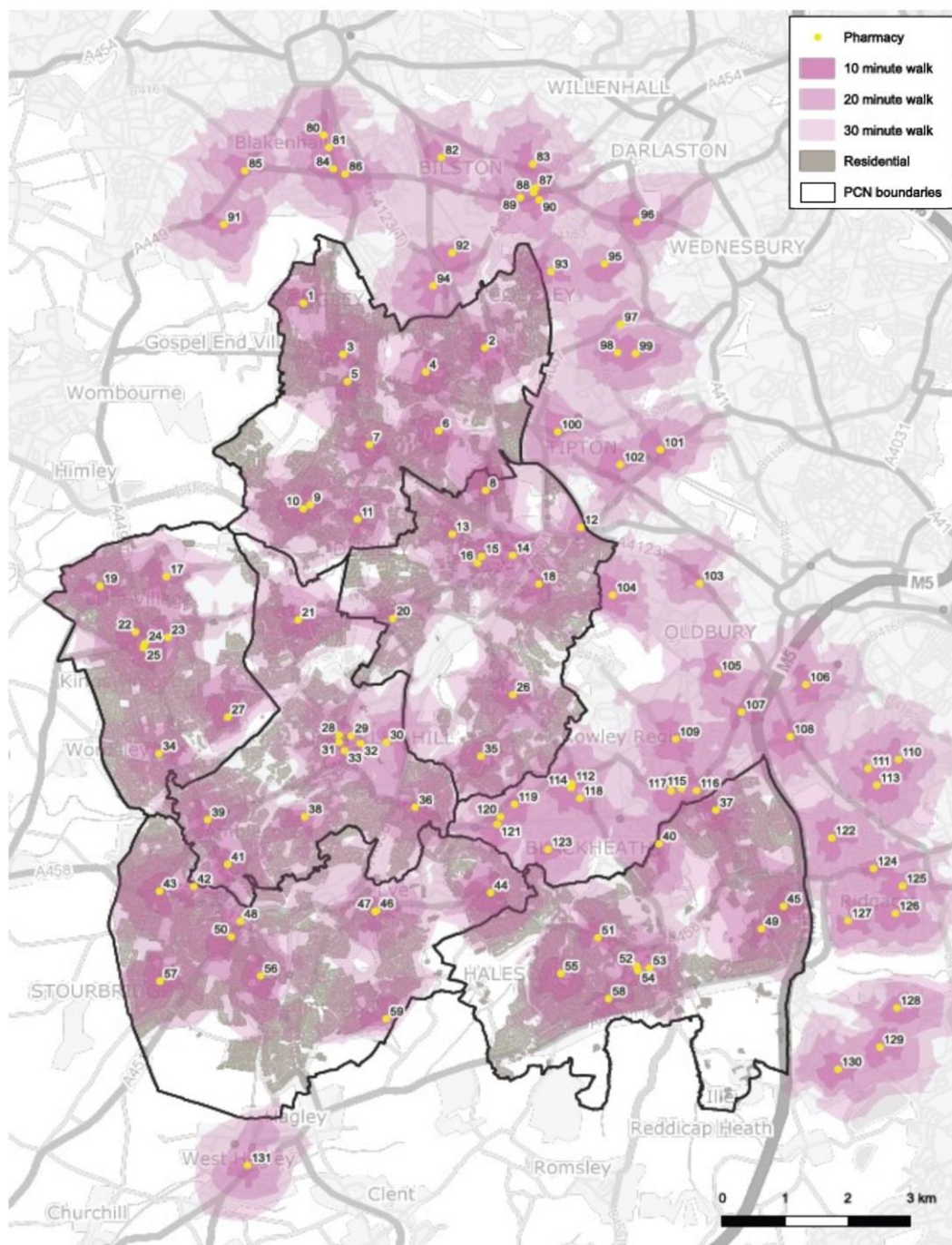
Approximately 9.7% of Dudley's population live more than a 30 minute walk away from a pharmacy, the majority of which are in the Wards of Gornal, Hayley Green and Cradley South, and southern parts of Halesowen South, Norton, and Pedmore & Stourbridge East (see Figure 39 for location of wards). Each of these areas are low in deprivation (Figure 3) and have a high proportion of the population over the age of 45 (Figure 4). 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 8) offer prescription collection and delivery services to ensure adequate pharmaceutical services access for essential services. Additionally, having reviewed the 2021 Census data, between 86.1% and 94.4% of households in these areas (by LSOA) have access to 1 or more cars. 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.

Detailed analysis has found that parts of the area known as the Russells Hall Estate lie outside a slow 30 minute walk time of a pharmacy, though nowhere is more than one mile by foot from a pharmacy. The area has a higher level of deprivation (lowest quintile) than the other areas in Dudley that are further than 30 minutes' walk from a pharmacy and has lower car ownership than the borough average. However, the lack of a GP practice on the estate (there are several around the periphery) may reduce the viability of a separate pharmacy.

The majority of Dudley GP practices and all acute outpatient centres have a pharmacy within a short distance (Figure 9).

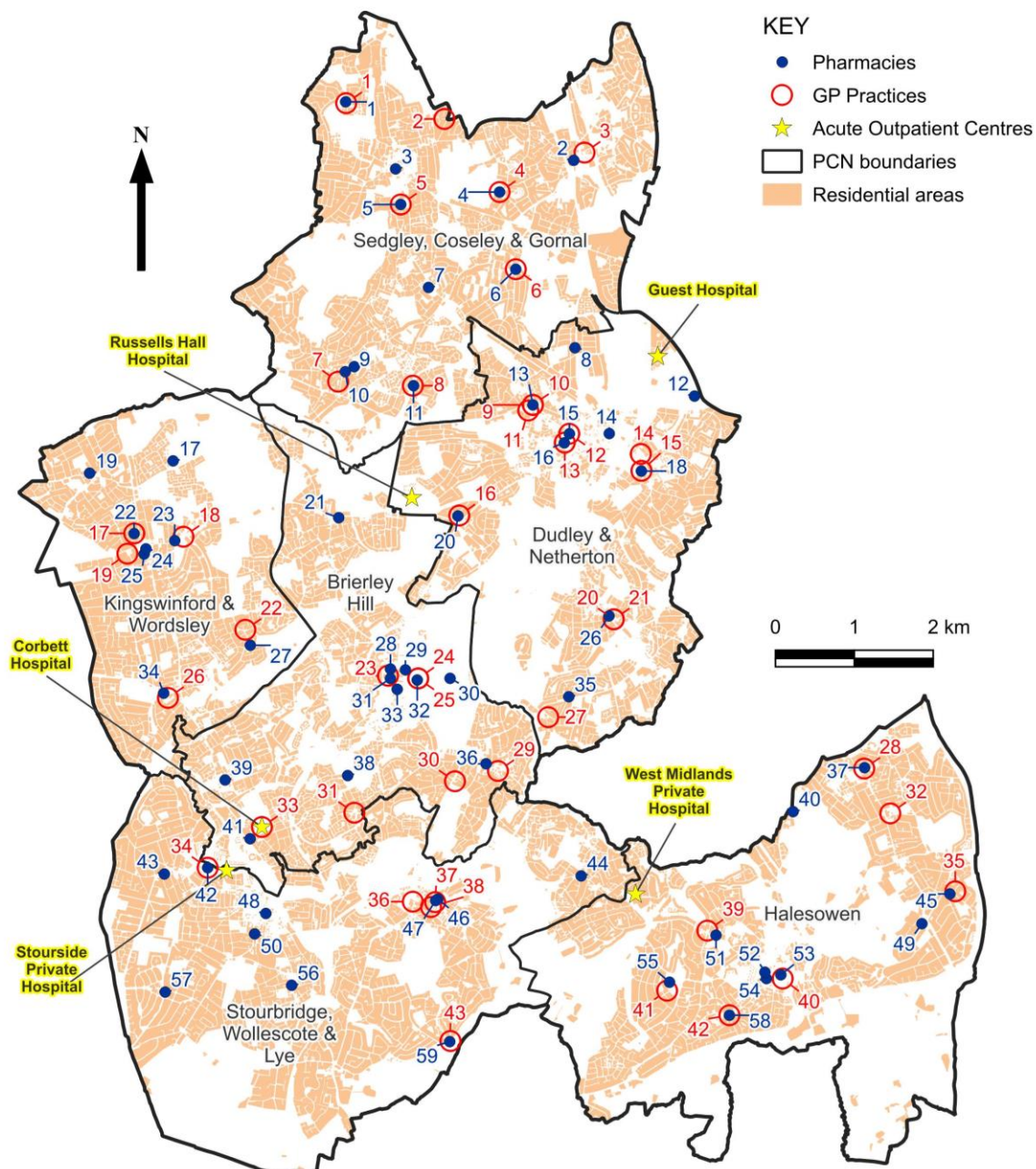
We do acknowledge that greater distances may need to be travelled to access pharmacies late in the evening and at weekends (unsociable hours).

Figure 8: Walk times to Pharmacies within Dudley and neighbouring areas, calculated using a low walking speed of 1.6 miles/hour, which is the average speed for ‘a woman with a small child’. See Appendix 1 for key to pharmacies in Dudley and Appendix 3 for pharmacies outside Dudley.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC
 Produced by: GMIS Unit, Dudley MBC
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Figure 9: Pharmacies in relation to location of GP Practices and Acute Outpatient Centres. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC
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Dudley Local Authority area has borders with Wolverhampton, Sandwell, Birmingham, Worcestershire (Bromsgrove District) and Staffordshire (South Staffordshire District) (Figure 10). Dudley is also close to the border of Walsall. Pharmacies operating from these areas and within 2km of the border of Dudley contribute to the pharmaceutical services provision to Dudley residents (Figure 10).

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 44 (out of 59 customer-facing pharmacies) responses received from Dudley pharmacies via the online pharmacy contractor questionnaire (Appendix 4B):

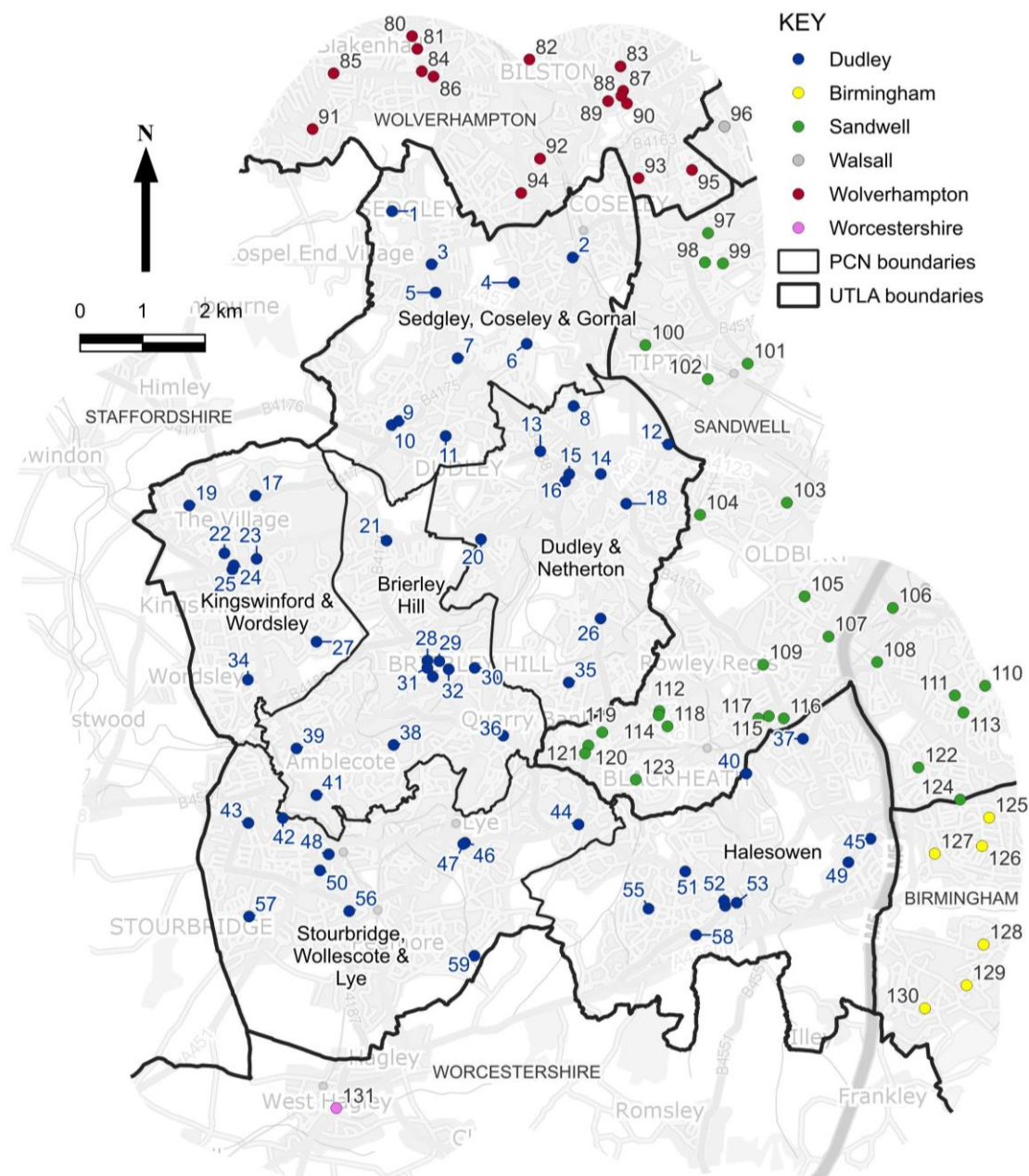
- 29 (66%) have entrance allowing for unaided wheelchair access
- 17 (39%) have an automated front entrance door to assist entry
- 27 (61%) provide disabled parking within 10 meters of their premises
- 37 (84%) have wheelchair access to their consultation room
- 18 (41%) provide a hearing loop facility

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 broadly 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 9) and all acute out-patient centres. Pharmacies are also located in each of the major shopping centres and locality High Streets in Dudley. However, we conclude that there is a gap in geographical provision of pharmaceutical services within the Russells Hall Estate in Dudley. We conclude any new consideration of a contract to fulfil this gap should ensure the pharmacy is open until 10pm due to the close proximity of the Emergency Treatment Centre and out of hours service.

Figure 10: Location of Pharmacies within Dudley and a 2km boundary by Upper Tier Local Authority (UTLA). See Appendix 1 for key to pharmacies in Dudley and Appendix 3 for pharmacies outside Dudley.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC
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Opening hours

The requirements for pharmacy ‘core’ contracted opening hours are 40 hours per week. These ‘core’ hours must be notified to BCICB 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 72-hour pharmacies (Figure 11A) 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, however key information is presented in Table 2 below that has contributed to our decision making on conclusions on pharmaceutical access for Dudley’s population. This considers pharmaceutical access, both within and external to our health and wellbeing board area.

Table 2: Pharmacy hours and days of opening by PCN

Hours / days of opening	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
Open 72 hours or more a week	2	1	1	0	0	1
Open on Saturday	8	7	6	6	6	10
Open on Sunday	3	1	1	1	0	1
Open before 9am Monday to Friday	1	2	1	1	3	4
Closes between 7pm and 9pm Monday to Friday	3	1	1	1	0	2

Source: Consolidated Pharmacy List; Contractor Details, NHS Business Services Authority / PNA 2025 Pharmacy Contractor Questionnaire / Office of the West Midlands
() = Number of pharmacies within each PCN

Coverage of pharmacies open during the weekday daytime is good. Since publication of the last PNA with a secretary of state national regulation change (see *Excepted Applications* on page 147 for more information), it is recognised that extended access weekday provision (Table 2 and Figures 11D and 11E) has reduced from 07:00-23:00

to 08:00-21:00, Saturday's from 07:00-22:00 to 09:00-21:00. Therefore, whilst there is a gap in access between 07:00-08:00 and 21:00-22:00 Monday to Saturday, we are unaware of any concerns necessitating a conclusion that fulfilment of this gap is required with a new contract.

In Brierley Hill PCN two pharmacies are open until at least 21:00 Monday to Friday (ID numbers 29 and 32 & Appendix 1), one in Halesowen (ID number 54 & Appendix 1) and Stourbridge, Wollescote & Lye (ID number 46 & Appendix 1) PCNs both have a pharmacy open until 21:00 on weekdays. Dudley & Netherton PCN have a pharmacy open until 20:00 (ID number 12 & Appendix 1) and Kingswinford & Wordsley until 19:00 (ID number 17 & Appendix 1). For the Sedgley, Coseley & Gornal area there is no pharmacy open after 19:00 on weekdays. However, the Phoenix Pharmacy (72-hour contract; pharmacy ID 86 & Appendix 3) in Wolverhampton provides extended opening hours until 21:00 on weekdays and falls within 2km of the boundary (see Figure 10 and Appendix 3 for pharmacy details).

43 pharmacies are open on Saturday (Table 2 and Figure 11B) spread across the borough, with at least six pharmacies open on a Saturday in each PCN area. Several pharmacies in or close to GP practices mirror the surgery opening hours, meaning they may be closed at the same time as the surgery. Figure 11B demonstrates pharmacies open on a Saturday are situated within many of the borough's residential areas.

Four pharmacies in Dudley are open after 8pm on Saturdays, with two in Brierley Hill PCN and 1 in Stourbridge, Wollescote & Lye; both PCNs have pharmacies open until 21:00. Halesowen and Dudley & Netherton PCNs both have one pharmacy open late Saturdays, to 21:00 and 20:00 respectively. Morrisons Pharmacy (ID number 17 & Appendix 1) provides services until 18:00 on Saturdays in the Kingswinford & Wordsley PCN. For the Sedgley, Coseley & Gornal PCN the Phoenix Pharmacy (72-hour contract; pharmacy ID 86, Figure 10 and Appendix 3) in Wolverhampton provides extended opening hours until 21:00 on a Saturday.

On Sunday seven pharmacies are open (Table 2 and Figure 11C), three of these are in Brierley Hill PCN, one in Stourbridge, Wollescote & Lye and one in each of Dudley & Netherton, Halesowen and Kingswinford & Wordsley. The 72-hour pharmacy at the Brierley Hill Health and Social Care Centre (ID number 32 and Appendix 1, Brierley Hill PCN) is open from 10:00 until 21:00 on Sundays.

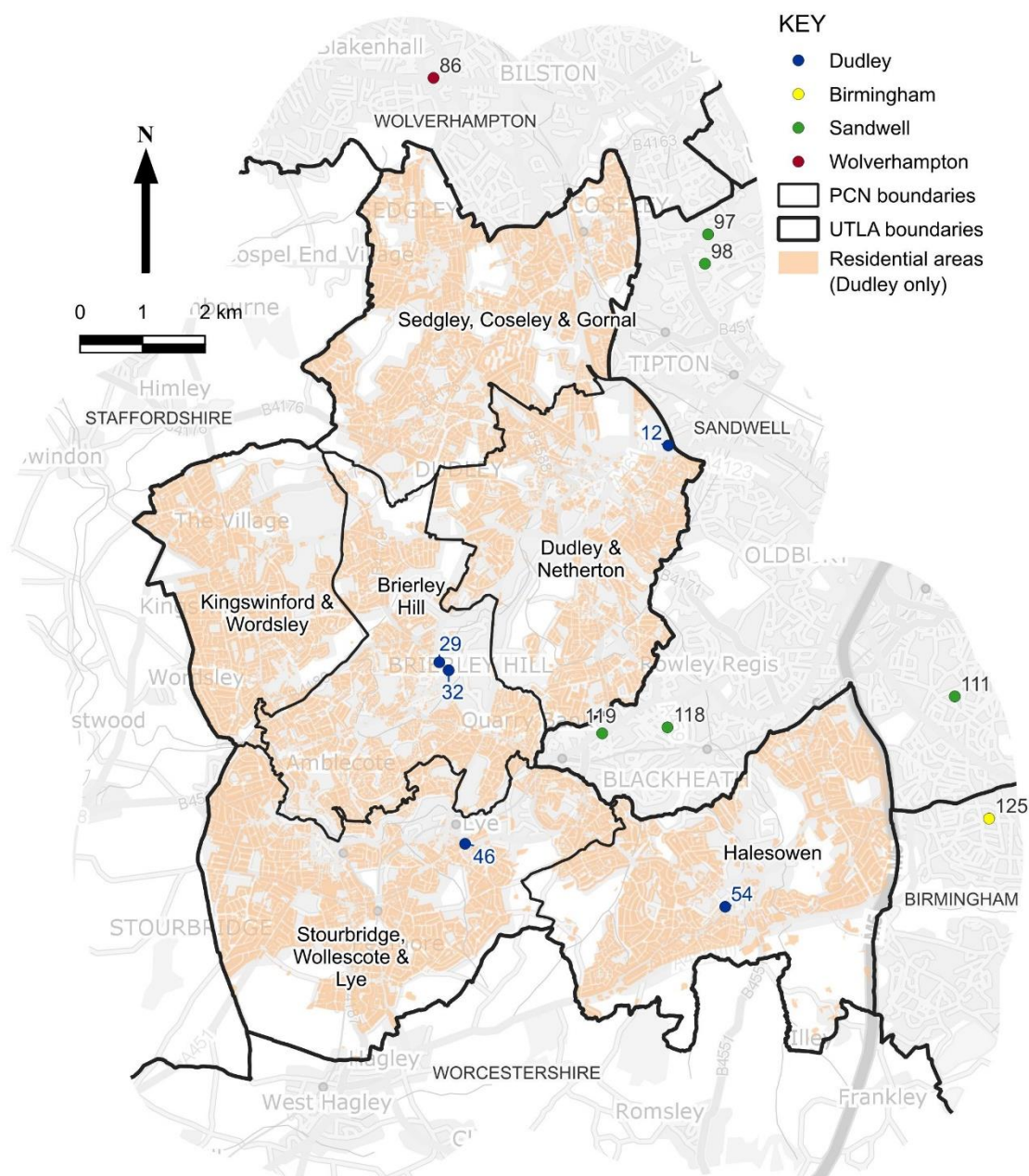
There are no pharmacies open in Sedgley, Coseley & Gornal PCN on Sundays. However, the Phoenix Pharmacy (pharmacy ID 86, Figure 10 and Appendix 3) in Wolverhampton provides extended opening hours until 20:00 on a Sunday. Also, patients from this area accessing Out of Hours (OOH) medical services have equal

access to the late Sunday opening pharmacy in Brierley Hill. 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 Russells Hall Hospital (Dudley & Netherton PCN) and is open 24 hours all year round. There are additional late opening pharmacies (all 72 hour contract pharmacies, Figure 11A) in neighbouring Local Authorities and within 2km of the Dudley border, one in Wolverhampton (ID number 86 & Appendix 3), four in Sandwell with two in the Tipton area (ID numbers 97 and 98 & Appendix 3) and two in Cradley Heath (ID numbers 118 and 119 and Appendix 3), and one in Birmingham (ID number 125) in Quinton (see Figure 11A and Appendix 3 for pharmacy details). However, within our current pharmacy providers in Dudley, we conclude an opening until 10pm would be considered desirable to further improve access for our population, ideally within proximity of the UCC.

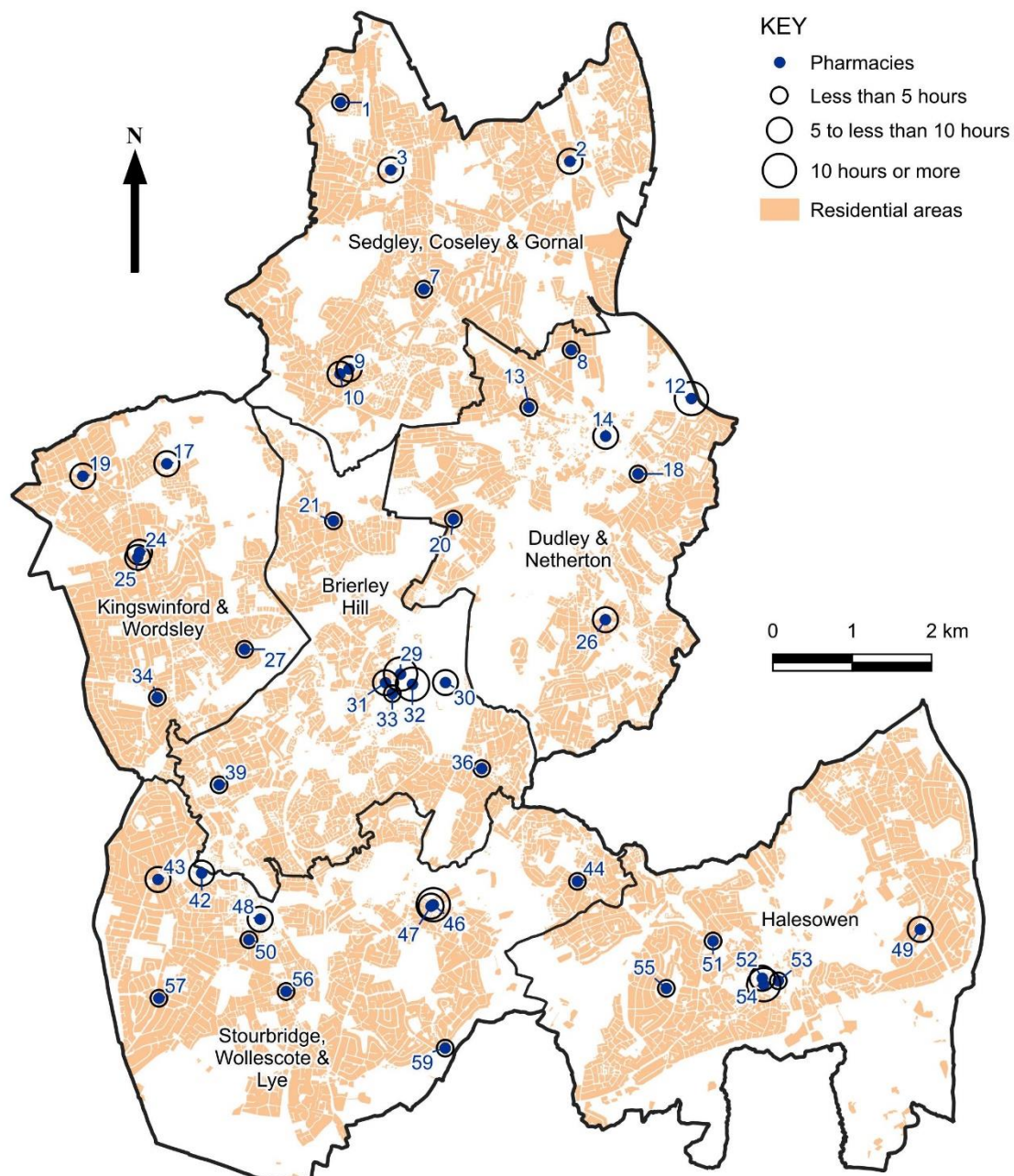
The commissioned UCC, being the GP out of hours (OOH) service for Dudley residents, is required by national standards requirements to ensure that the urgent pharmaceutical needs of patients can be met. This will normally mean holding medicine stocks in accordance with the national formulary for OOH Service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

Figure 11A: Location of pharmacies open 72 hours or more a week, Dudley and a 2km boundary by Upper Tier Local Authority (UTLA). See Appendix 1 for key to pharmacies in Dudley and Appendix 3 for pharmacies outside Dudley.



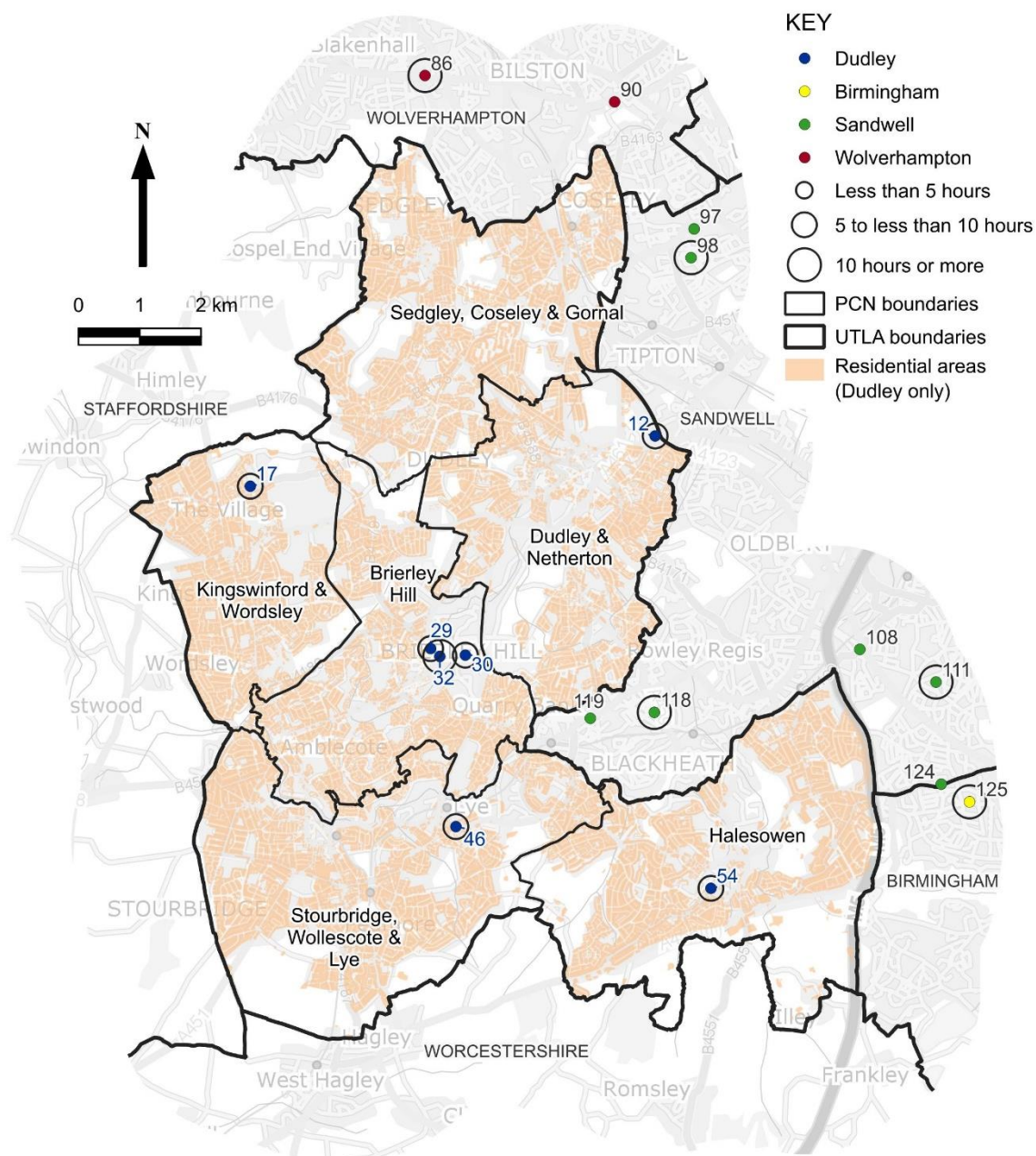
Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Consolidated Pharmacy List; Contractor Details, NHS Business Services Authority / PNA 2025 Pharmacy Contractor Questionnaire / Office of the West Midlands. Produced by: Public Health Intelligence Team, Dudley MBC.
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Figure 11B: Location of Dudley pharmacies open on Saturday by number of hours open. See Appendix 1 for key to pharmacies.



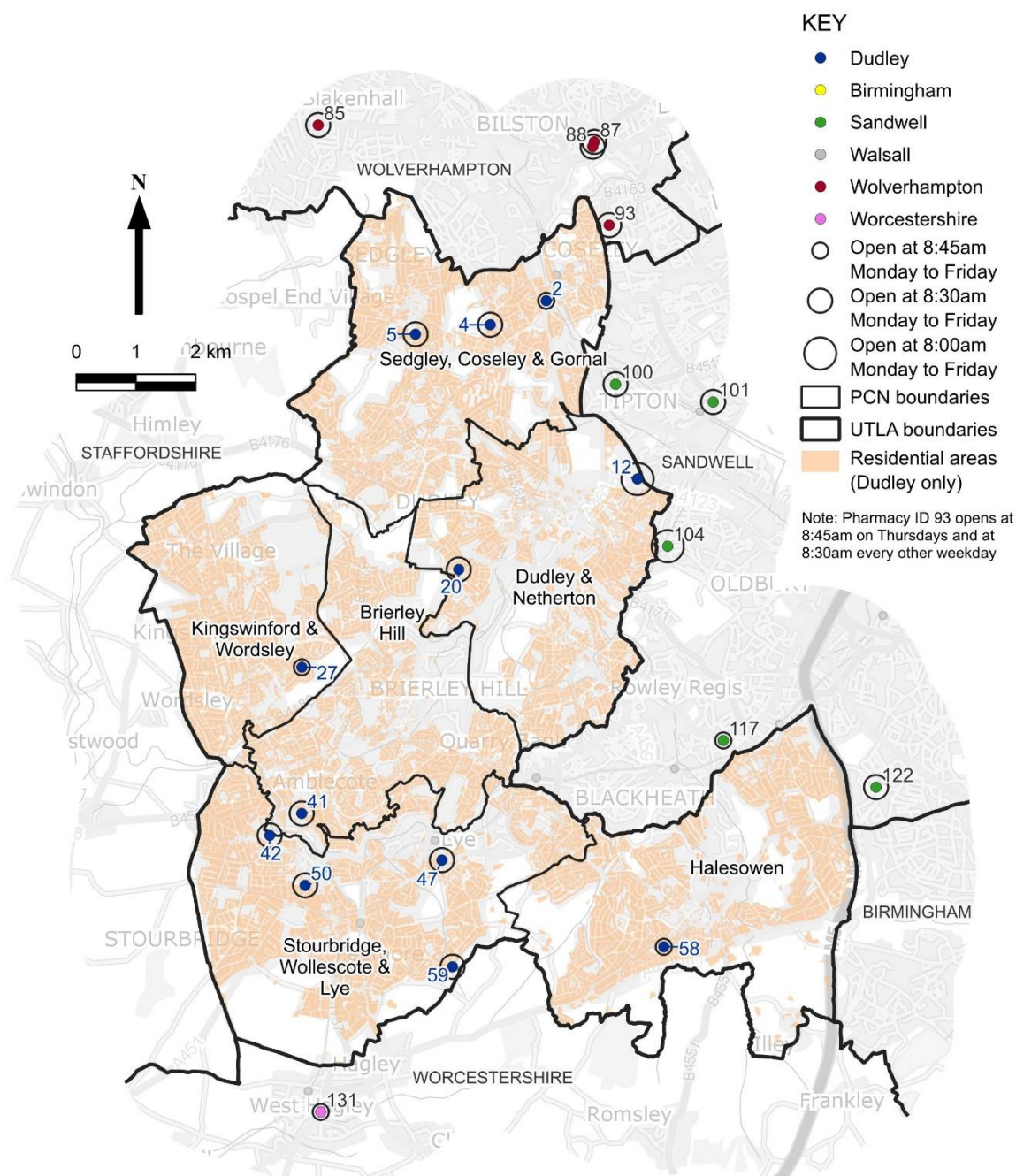
Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Consolidated Pharmacy List; Contractor Details, NHS Business Services Authority / PNA 2025 Pharmacy Contractor Questionnaire / Office of the West Midlands. Produced by: Public Health Intelligence Team, Dudley MBC.
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Figure 11C: Location of pharmacies open on Sunday by number of hours open, Dudley and a 2km boundary by Upper Tier Local Authority (UTLA). See Appendix 1 for key to pharmacies in Dudley and Appendix 3 for pharmacies outside Dudley.



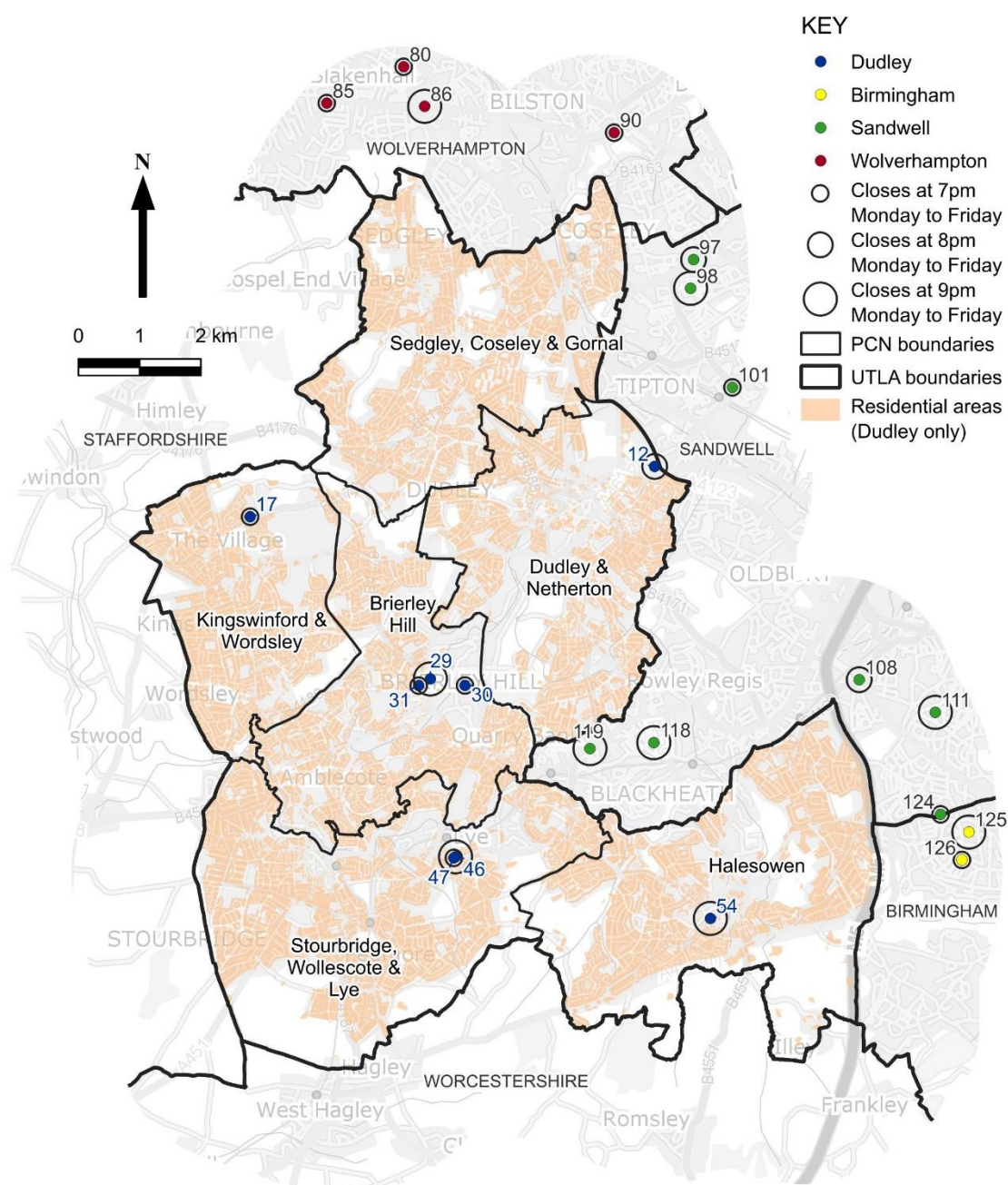
Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Consolidated Pharmacy List; Contractor Details, NHS Business Services Authority / PNA 2025 Pharmacy Contractor Questionnaire / Office of the West Midlands. Produced by: Public Health Intelligence Team, Dudley MBC.
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Figure 11D: Location of pharmacies that open before 9am every weekday (Monday to Friday) by opening time, Dudley and a 2km boundary by Upper Tier Local Authority (UTLA). See Appendix 1 for key to pharmacies in Dudley and Appendix 3 for pharmacies outside Dudley.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Consolidated Pharmacy List; Contractor Details, NHS Business Services Authority / PNA 2025 Pharmacy Contractor Questionnaire / Office of the West Midlands. Produced by: Public Health Intelligence Team, Dudley MBC.
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Figure 11E: Location of pharmacies that close between 7pm and 9pm every weekday (Monday to Friday) by closing time, Dudley and a 2km boundary by Upper Tier Local Authority (UTLA). See Appendix 1 for key to pharmacies in Dudley and Appendix 3 for pharmacies outside Dudley.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Consolidated Pharmacy List; Contractor Details, NHS Business Services Authority / PNA 2025 Pharmacy Contractor Questionnaire / Office of the West Midlands. Produced by: Public Health Intelligence Team, Dudley MBC.
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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 and comments left in reviews.

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 BCICB Dudley Place commissions an extended access hub in winter for additional general practice capacity within a general practice (High Oak Surgery, ID 24, Appendix 2).

Whilst the provision of 72 hour pharmacies within the borough and neighbouring health and wellbeing areas (see Figure 11A) 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 the Russells Hall site of DGFT (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 BCICB.

This PNA has identified a geographical gap on the Russells Hall Estate as per Assessment 1 and therefore, any consideration of a new pharmaceutical contract to fulfil this gap to support extended access for our population must ensure opening until 10pm within core contracted hours.

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 on the NHS Electronic Drug Tariff, Part XVIIC - National out-of-hours formulary¹⁶.

At the time of writing this PNA, no known pharmaceutical access issues overnight have been reported by the UCC provider to the commissioner (Black Country ICS). Any consideration of a full pharmaceutical contract to fill this gap overnight would be disproportionate to identified need.

NHS commissioned Community Pharmacy Services

Provision of Essential Services

59 community pharmacies currently provide the following essential pharmaceutical services to the people of Dudley.

Dispensing – All pharmacies provide a dispensing service (medicines and appliances).

- 1) Repeat Dispensing and electronic Repeat Dispensing (eRD) – 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. BCICB is presently exploring information technology opportunities with new software to promote further uptake in general practices.
- 2) Disposal of Unwanted Medicines – BCICB provides suitable arrangements for the collection and disposal of waste medicines from pharmacies.
- 3) Public Health (Promotion of Healthy Lifestyles) – Provision of opportunistic healthy lifestyle advice to patients with long term conditions is difficult to monitor. However, the Public Health and Wellbeing, 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 Public Health and Wellbeing, Dudley MBC working in partnership with Community Pharmacy Black Country and BCICB.
- 4) Signposting – Black Country ICS and Dudley MBC provide sign posting information and pharmacies are making use of the information provided.
- 5) Support for self-care – This element is an integral part of community pharmacy services but difficult to measure.
- 6) Discharge Medicines Service – Discharge from hospital is associated with an increased risk of avoidable medication related harm through poor communication and subsequent risk of inaccurate medicines reconciliation at points of care transfer. Medicines-related communication systems should be in place when patients move from one care setting to another; and medicines reconciliation processes should be in place for all persons discharged from a hospital or another care setting back into primary care and the act of reconciling the medicines should happen within a week of the patient being discharged. Community Pharmacy Black Country working in partnership with acute pharmacy teams within secondary care hospitals is facilitating operational management of this service ensuring the discharging team (from acute hospital team) communicate an accurate discharge letter citing correct medicines direct to the patient's usual community pharmacy to avoid errors and harm.

- 7) Healthy Living Pharmacies - The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Dudley historically was one of the pilot site for HLP (before it became embedded within essential services provision 2020/21) and the Public Health & Wellbeing directorate (Dudley MBC) in partnership Community Pharmacy Black Country and BCICB continue to support with aligned and targeted health promotion messages to meet local system needs.

The type and service provision of these pharmacies is outlined in the table in Appendix 5A and 5B.

Further details about essential services can be found on the Community Pharmacy England website¹⁷.

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 as shown in Table 3 below.

Table 3: Pharmacies outside of Dudley dispensing annually between 11,000 and 121,000 prescription items written by Dudley GPs (12 months to 30/11/2024). See Appendix 3 for key to pharmacies.

ID	Pharmacy	Local Authority	Comment
92	Central Pharmacy	Wolverhampton	Close to Dudley border
93	Bradley Chemist	Wolverhampton	Close to Dudley border
94	Murrays Healthcare	Wolverhampton	Close to Dudley border
101	Duggals Chemist	Sandwell	Close to Dudley border
112	Peaches Pharmacy	Sandwell	Close to Dudley border
114	Murrays Healthcare	Sandwell	Close to Dudley border
115	Boots	Sandwell	Close to Dudley border
116	Mw Phillips Chemists	Sandwell	Close to Dudley border
119	Tesco Instore Pharmacy	Sandwell	Close to Dudley border
120	Hingleys Chemist	Sandwell	Next to Cradley Rd Surgery, a branch of Wychbury Medical Practice
121	Hingleys Chemist	Sandwell	Next to Cradley Rd Surgery, a branch of Wychbury Medical Practice
Outside of 2km boundary	Bills Pharmacy	Staffordshire	Very near Moss Grove Surgery Kinver, a branch of Moss Grove GP Practice
Outside of 2km boundary	Boots	Wolverhampton	Pharmacy in Wolverhampton City centre
Outside of 2km boundary	Care Quality Pharmacy	Coventry	Distance Selling Pharmacy
Outside of 2km boundary	Lloydsdirect	Ealing	Distance Selling Pharmacy
Outside of 2km boundary	Pharmacare Pharmacy	Walsall	Pharmacy near Walsall town centre
Outside of 2km boundary	Pharmacy2U	Leeds	Distance Selling Pharmacy
Outside of 2km boundary	Quantum Pharmacy	Birmingham	Distance Selling Pharmacy
Outside of 2km boundary	Sama Pharmacy	Sandwell	Distance Selling Pharmacy

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 and all GP practices are enabled to use this facility should they choose. EPS R2 and EPS repeat dispensing (eRD) is being increasingly adopted by Dudley general practices to support efficiencies within primary care.

Provision of Advanced Services

There are currently nine Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF), also known as the 'pharmacy contract'.

Pharmacy owners can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions.

- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Service (LFD)
- New Medicines Service (NMS)
- Pharmacy Contraception Service (PCS)
- Pharmacy First Service (PFS)
- Smoking Cessation Service (SCS)
- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation Service (SAC)

The Hepatitis C Testing Service mentioned in the previous PNA was decommissioned on April 1st, 2023, and the Community Pharmacist Consultation Service (CPCS) has evolved into the Pharmacy First Service.

Where data has been located (from Knowledge Hub, data on file) for advanced service delivery (commissioned by Black Country ICB), this has been presented in Table 4 below.

Table 4: Advanced Services accredited providers by PCN, as at 30/11/2024

Advanced Services	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
Flu Vaccination Service	10	10	9	6	10	9
Hypertension Case-Finding (HCF) Service	10	10	10	7	9	9
Lateral Flow Device (LFD) Service	9	10	8	7	10	9
New Medicine Service (NMS)	11	10	10	8	10	10
Pharmacy Contraception Service (PCS)	9	8	6	7	9	8
Pharmacy First service (Including Minor Illness Referral & Urgent Medicine Supply)	10	10	10	8	10	10
Smoking Cessation Service (SCS)	5	5	3	4	4	5
Key:						
	75% or more pharmacies in the PCN provide the service					
	25% to less than 75% of pharmacies in the PCN provide the service					
	Less than 25% of pharmacies in the PCN provide the service					

Source: Derived from NHS Shared Business Services Authority data / Black Country ICB data

() = Number of pharmacies within each PCN.

Flu Vaccination Service

This service was the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16 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 six 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;
- obesity with a BMI ≥ 40 ;

Vaccination usually takes place between September and March each year. NHS England'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 8).

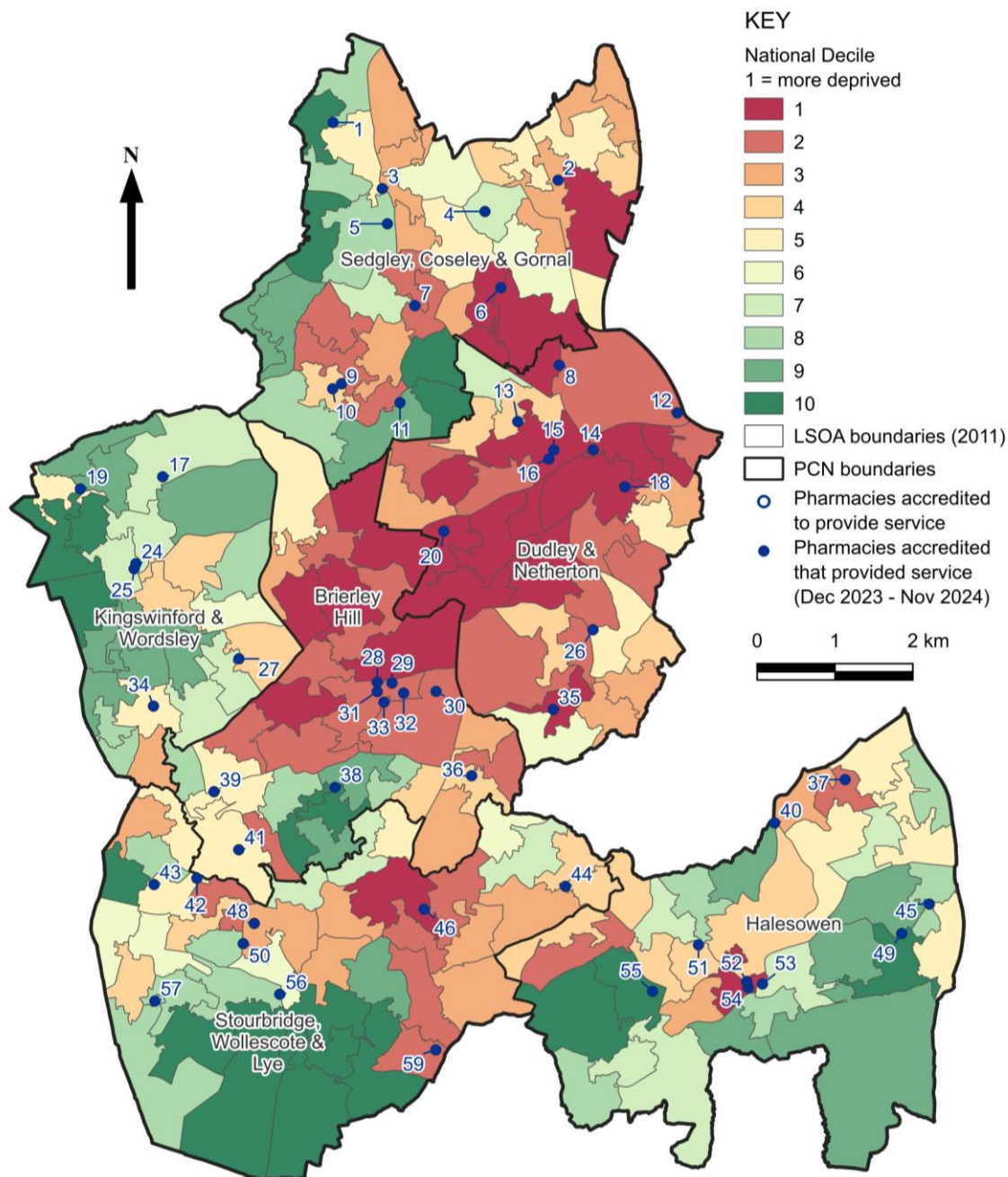
Private vaccination services are already provided from many community pharmacies in the UK and contribute to the general health and wellbeing of the population.

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

While community pharmacy teams can deliver on all eligible groups of the national influenza vaccination programme, emphasis to target increasing uptake in the under 65 years within one of the clinical risk groups (i.e. the harder to reach patients) is desired. This service does not cover influenza vaccination for occupational reasons or the vaccination of children (under 18 years of age).

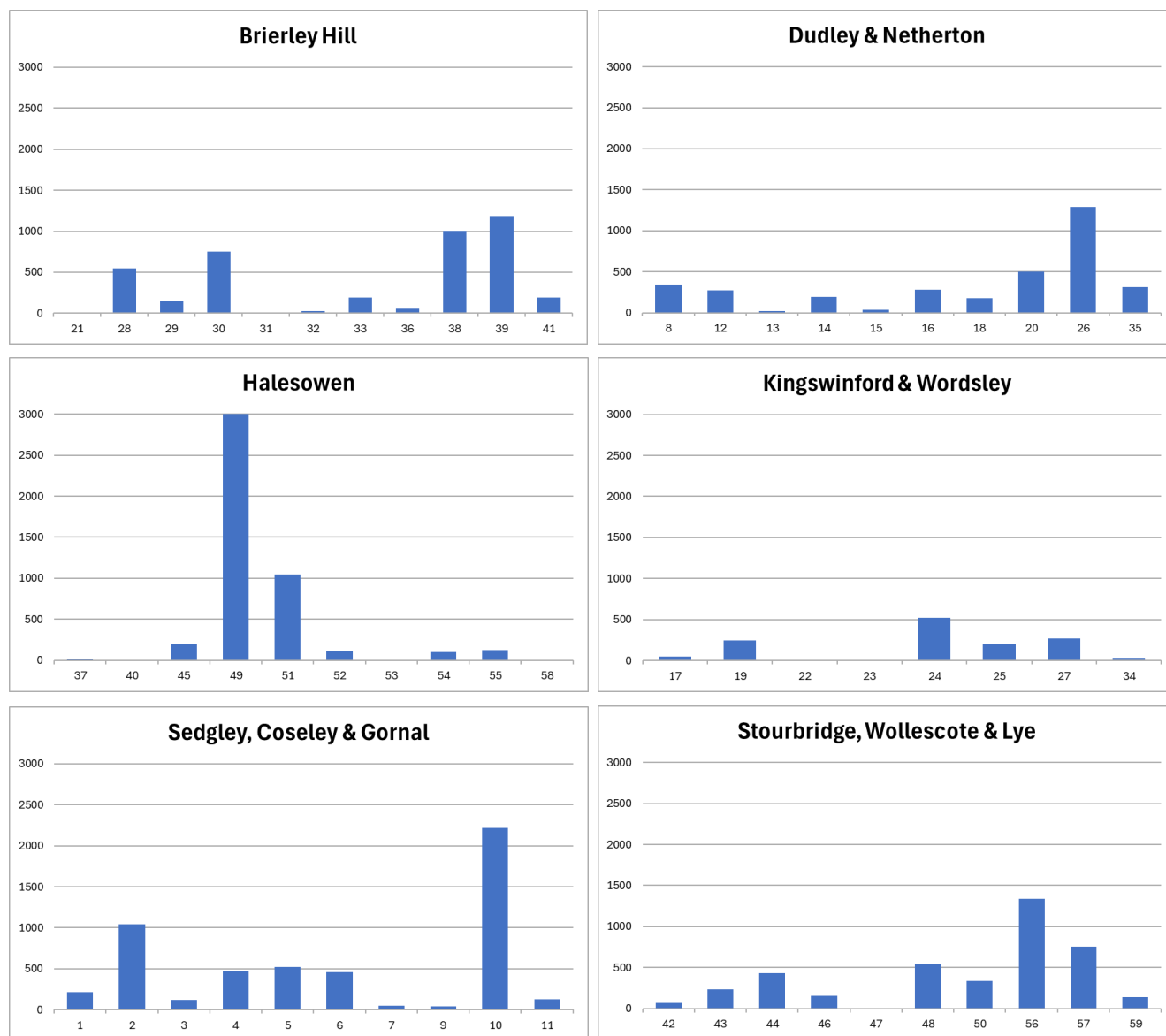
It is important to recognise that most seasonal influenza vaccinations for the eligible Dudley population will be provided through general practice and therefore alternative local providers continue to deliver this service.

Figure 12: Location of pharmacies accredited to provide and providing Flu Vaccination Service in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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Figure 13: Flu vaccinations delivered by Dudley Pharmacies by PCN (12 months to 30/11/2024). See Appendix 1 for key to pharmacies.



Assessment 3: Flu Vaccination Service

Provision of the seasonal influenza vaccination service is offered from greater than 75% of all the pharmacies in each PCN (Table 4) and geographical access across the borough is excellent (Figure 12). We conclude that whilst not every community pharmacy (see Figure 13) within a PCN has delivered significant activity, given patients have a choice to use any pharmacy within the PCN, there is good access, and therefore there are no gaps in provision. We further conclude that flu vaccination delivery is greater in those community pharmacy providers signed up to the Covid vaccination programme (see below under National Enhanced Services Section).

Eligible patients for vaccination remain able to access this service through their general practice as an alternative provider.

Business intelligence teams within organisations (Black Country ICS and Directorate of Public Health and Wellbeing, Dudley MBC) 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.

Hypertension Case Finding Service

This service was first commissioned as an advanced service in October 2021. In public-facing communications, it is known as the NHS Blood Pressure Check Service.

Cardiovascular disease (CVD) remains one of the leading causes of premature death in England. Hypertension (raised blood pressure) is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is important, and community pharmacy can play a key role in detection and subsequent treatment of hypertension and CVD, improving outcomes and reducing the burden of work on GPs.

Chapter 3 of the NHS Long Term Plan commits the NHS to reducing mortality and morbidity due to CVD, tackling inequalities and shifting towards prevention strategies. The NHS Long Term Plan specifically states that community pharmacy, in collaboration with other providers, will provide opportunities for the public to check on their health through tests for high blood pressure.

Residents of the most deprived areas in England are more likely to have high blood pressure (BP) compared to those in the least deprived areas. Additionally, within Dudley, for those patients with a diagnosis, anecdotally, there is an increased likelihood of their blood pressure (BP) not meeting target levels within those PCNs with greater deprivation. This continues to contribute to health inequality for CVD for our deprived communities when compared with those areas of affluence. Community pharmacy BP monitoring has the potential to increase the detection of hypertension within local PCNs and is expected to positively impact health inequalities by targeting people who do not routinely see their GP or use other NHS services. This service is aligned with and supports the NHS Black Country Five Year Joint Forward Plan¹⁸ and the national Core20PLUS5 NHS England approach¹⁹ to reduce health inequalities.

The commissioning of such a service by BC ICB is welcomed and is aligned to current activity by the Black Country Integrated Care System Cardiovascular Clinical Learning Network, promoting a programme across the wider healthcare system for hypertension and reduced CVD entitled “*detect, protect and perfect*”. This advanced service supports increased opportunistic and targeted case finding of hypertension (“*detect*”), initiation of interventions to lower BP and other CV risk factors (“*protect*”) and appropriate follow-up to target blood pressure to National Institute for Health and Care Excellence (NICE) targets (“*perfect*”).

The objectives of this service are to:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Promote healthy behaviours to patients making every contact count.

This service will support the work that general practices and PCN teams in Dudley will be undertaking on CVD prevention and management aligned to the requirements of the PCN Direct Enhanced Service (DES). Presently, the BCICB Community Pharmacy Clinical Services Lead works with place-based medicines optimisation leads (within the Black Country) to support bringing together primary care PCN teams and community pharmacy colleagues to ensure operational requirements are clear to both parties. This will ensure true integration between general practice and community pharmacy meaning a more streamlined approach for our patients and population. A co-ordinated, seamless and sustained delivery of this service will be key to its success within Dudley and support achievement of the outcomes aligned within the PCN DES for CVD and the Black Country Five Year Joint Forward Plan in reducing health inequalities to CVD outcomes. Recently, the BCICB has funded a digital interface between GP and Community Pharmacy clinical systems which is anticipated to ensure greater efficiency at both ends of the patient pathway.

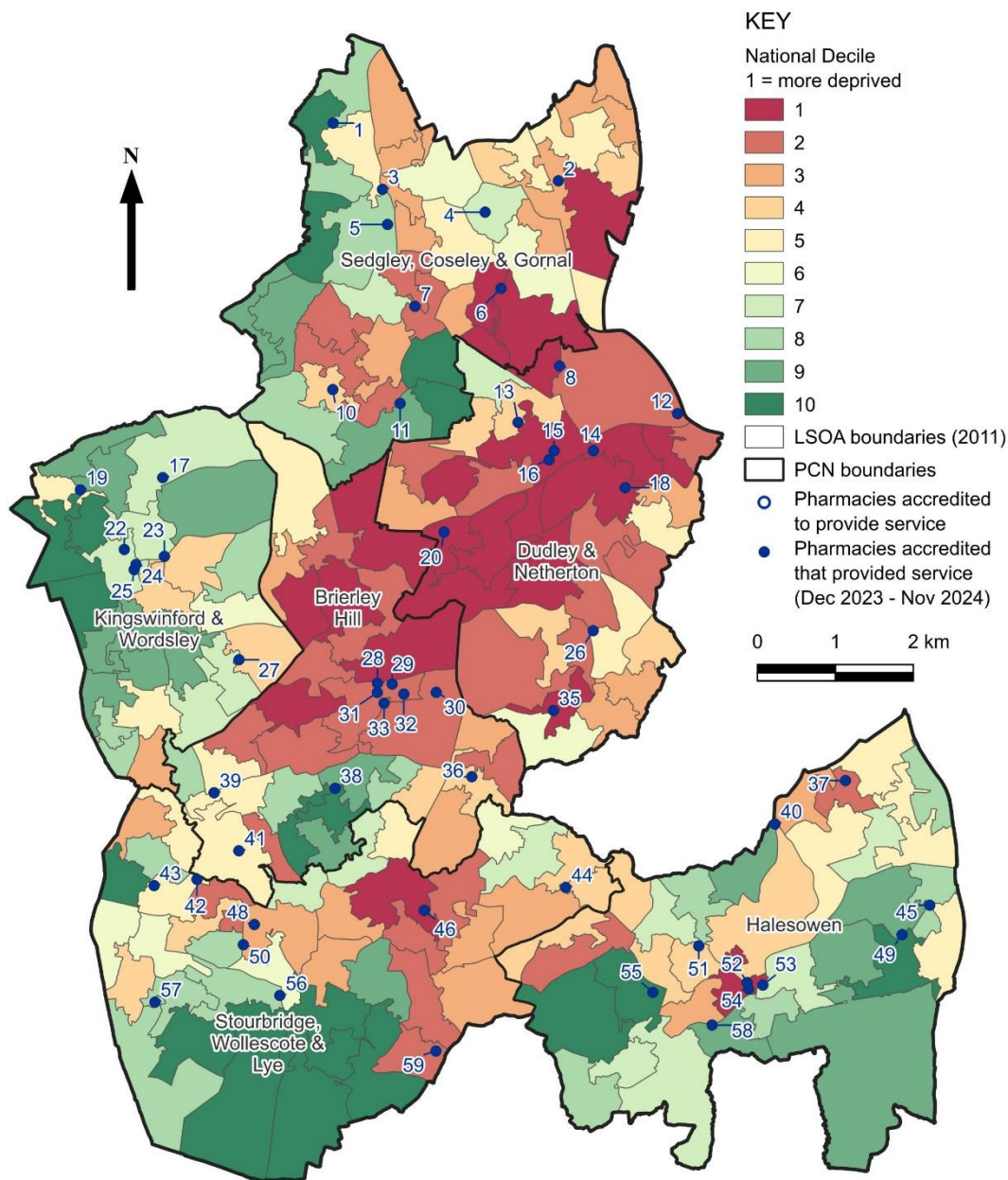
Ahead of delivering this service, there are bespoke requirements that need to be met by community pharmacy teams such as training/education around hypertension diagnosis and management, use of validated BP monitors (clinic BP and 24-hour ambulatory BP machines) and an understanding of signposting to other services depending upon the BP measured. A service pathway has been developed to ensure consistency with interpretation and onward referral (if appropriate) with this service²⁰.

The service also allows GP teams to refer diagnosed patients into the pharmacy for routine clinic BP testing. This will help improve capacity for general practice whilst providing patients with more choice and access to BP checks if adopted in a co-ordinated and seamless manner.

National Clinical Services statistics from Community Pharmacy England ²¹ demonstrate improved uptake by community pharmacy providers with this service for both single BP clinic checks and for 24-hour ambulatory blood pressure monitoring.

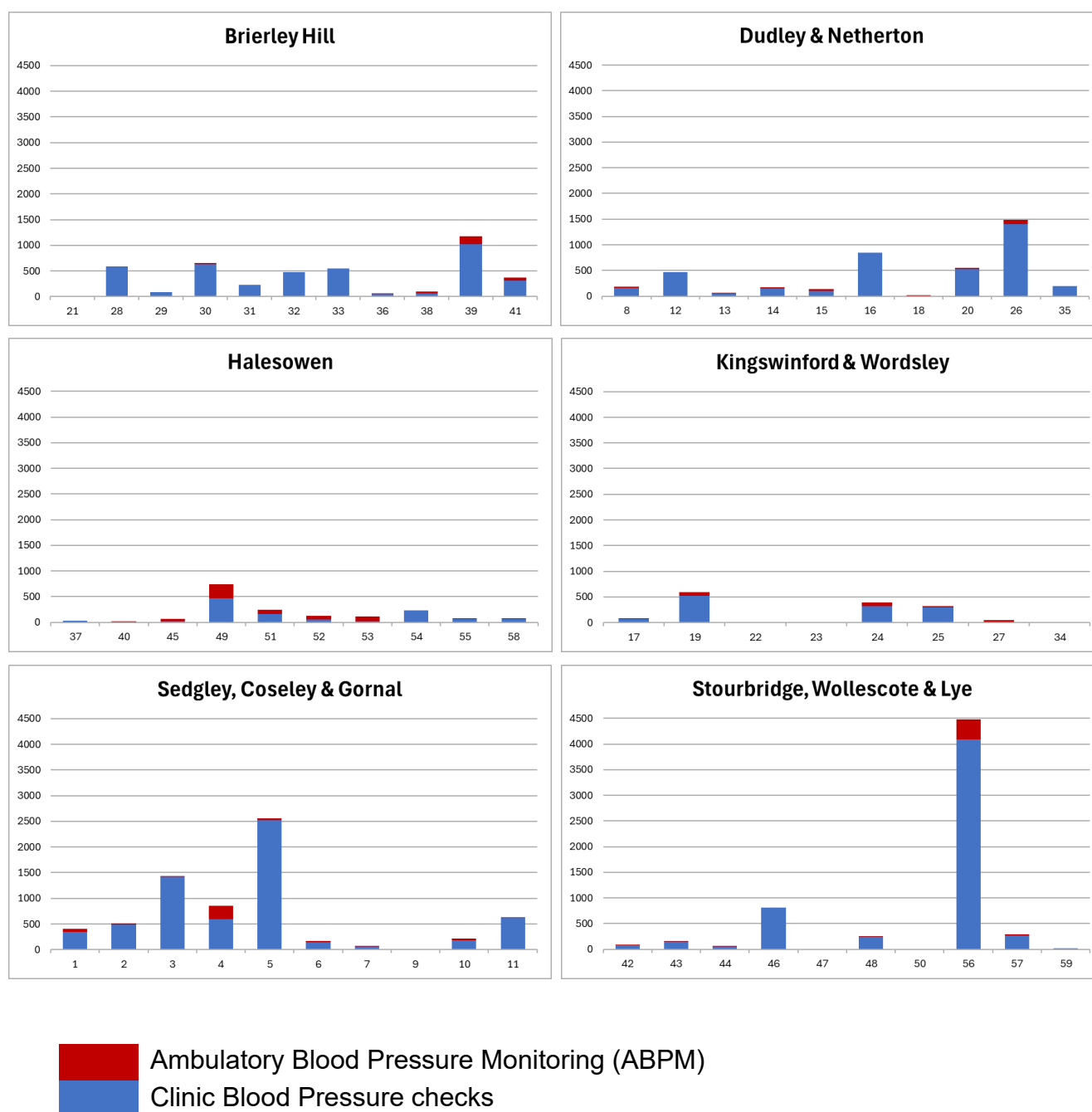
Further information, including the service specification, is available at the Hypertension case-finding service page of Community Pharmacy England’s website²².

Figure 14: Location of pharmacies accredited to provide and providing Hypertension Case-Finding Service in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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Figure 15: Hypertension Case-Finding Services delivered by Dudley Pharmacies by PCN (12 months to 30/11/2024). See Appendix 1 for key to pharmacies.



Assessment 4: Hypertension Case Finding

Table 4 and Figure 14 demonstrates that 55 community pharmacies are accredited to deliver this service and of these all 55 have delivered activity. Presently, within each PCN (see Table 4), there is good access to this service within 75% of all pharmacies. Reassuringly, accessibility to this service is close to or at 100% of all pharmacies within the two PCNs with greatest deprivation (Dudley & Netherton and Brierley Hill) (Table 4).

In part, an explanation for continued good delivery within Dudley & Netherton is that this PCN was chosen in 2023/2024 (due to known health inequalities with CVD) as part of a targeted population health approach across the wider Black Country ICS with support from DGFT Primary Care Clinical Pharmacy Team (PCCPT), PCN Clinical Director(s), Black Country ICS Cardiovascular Clinical Learning Network to accelerate the integration of this service within its general practices.

We conclude that there is good access for our population in Dudley, with good access in areas of higher deprivation (the expectation would be that the need for such a service is highest in these areas, in terms of health gain and narrowing health inequality). This conclusion is made on the basis that the majority of current blood pressure management (whether clinic readings or ambulatory) remains accessible for our population within their registered general practices and increasingly post COVID-19, many individuals have access to and utilise home BP monitoring equipment as part of a self-care approach to long term conditions management.

We conclude that this is a desirable service for our population and encourage all community pharmacy contractors to work with PCNs to ensure this is accessible for all, but particularly for those living in areas of greater deprivation. A co-ordinated and seamless approach with local pathways and clear communication between PCN GP teams and community pharmacies will be key to the sustainable success of this service. We also conclude that this service should be aligned to the NHS Health Checks program.

Lateral Flow Device Service

The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023.

The NHS offers COVID-19 antiviral treatment to people with COVID-19 whose pre-existing medical condition places them at increased risk of becoming seriously ill. Prior to the introduction of this service, rapid lateral flow device (LFD) tests were available to order by these patients on GOV.UK or by calling NHS 119. These kits were then delivered directly to the patient's home.

From 6th November 2023, LFD tests have no longer been available via GOV.UK or via NHS 119. LFD tests still need to be available and easily accessible to people who are potentially eligible for COVID-19 treatments through routine NHS access routes. Although access to LFD tests may be supplemented by other pathways (e.g. through anticipatory or specialist care), community pharmacy is well placed within the local community to provide local and rapid access for patients.

The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. In line with some of the recommended treatments' product licences, a positive LFD test result informs a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 community-based treatments²³.

In March 2024 it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service. In late May 2024, the service specification was updated to make the eligibility criteria section clearer to understand, as well as emphasising that patients eligible for the service do not need to have symptoms of COVID-19 to obtain a free box of LFD test kits under the service. The eligibility criteria were further updated in May 2025.

The full list of eligible patients aged 12 years and over that can access LFD tests via the LFD service (because they are at risk of getting seriously ill from COVID-19 and therefore are potentially eligible for COVID-19 treatments) can be found in the National Institute for Health and Care Excellence (NICE) guidance.

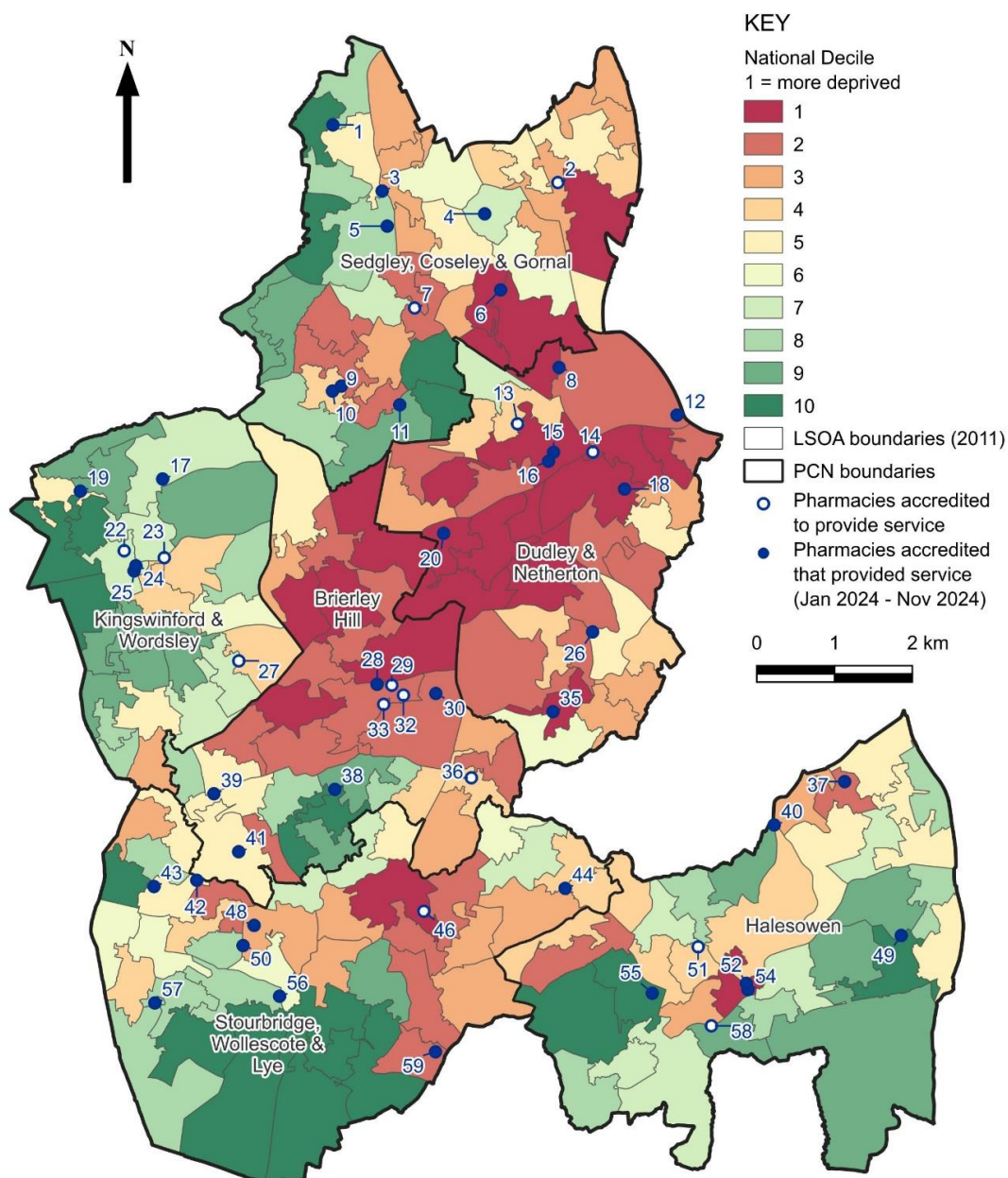
Further information and resources about the LFD service is available online²⁴.

Assessment 5: Lateral Flow Device Service

Figure 16 and Table 4 demonstrates good access within Dudley, with many pharmacies accredited and evidence of delivering activity with this service. This is considered a necessary service to protect the most vulnerable patients with COVID-19 infection and support timely access to antiviral therapeutic treatments through the local NHS COVID-19 Treatment Service commissioned by BCICB²⁵. Given that LFD tests are not accessible via GOV.UK or via telephoning 119, LFD test kits are only available free of charge via this service. It is recognised that LFD tests can also be purchased privately by the population.

We further conclude whilst no gaps in access have been identified, the commissioner will work with Black Country Community Pharmacy to support uptake in those community pharmacy providers delivering no activity to ensure patients have a wider choice of providers within the PCN.

Figure 16: Location of pharmacies accredited to provide and providing Lateral Flow Device Service in Dudley (11 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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New Medicine Service

The New Medicine Service (NMS) commenced on 1st October 2011 and is now well established.

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 (depression will be added to the list from October 2025):

- Acute coronary syndromes;
- Asthma
- Atrial fibrillation;
- Chronic obstructive airways disease (COPD);
- Coronary heart disease;
- Diabetes (Type 2);
- Epilepsy;
- Glaucoma;
- Gout;
- Heart failure;
- Hypercholesterolaemia;
- Hypertension;
- Long term risks of venous thromboembolism/embolism;
- Osteoporosis;
- Parkinson's disease;
- Stroke / transient ischemic attack;
- Urinary incontinence/retention.

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.

A review of available information demonstrates that all patient facing pharmacies are accredited to deliver NMS (information from pharmacy contractor survey and Appendix 5A and 5B). All pharmacies delivered this service for the 12 months to 30 November 2024 (viewing data available from the Knowledge Hub, data on file).

Table 4 and Figures 17 and 18 shows the level of NMS activity by pharmacies within the six PCNs. All six PCNs demonstrate access in greater than 75% of its community pharmacy provision. This represents good service access and delivery for the population of Dudley. Furthermore, delivery of the service by community pharmacies within each PCN is good and whilst variation in number of activity (NMS delivered) does exist in some PCNs, overall, there is plentiful access for our population.

Pharmacies in other Health and Wellbeing Board areas also provide NMS for Dudley patients in line with the regulations for this national advanced service.

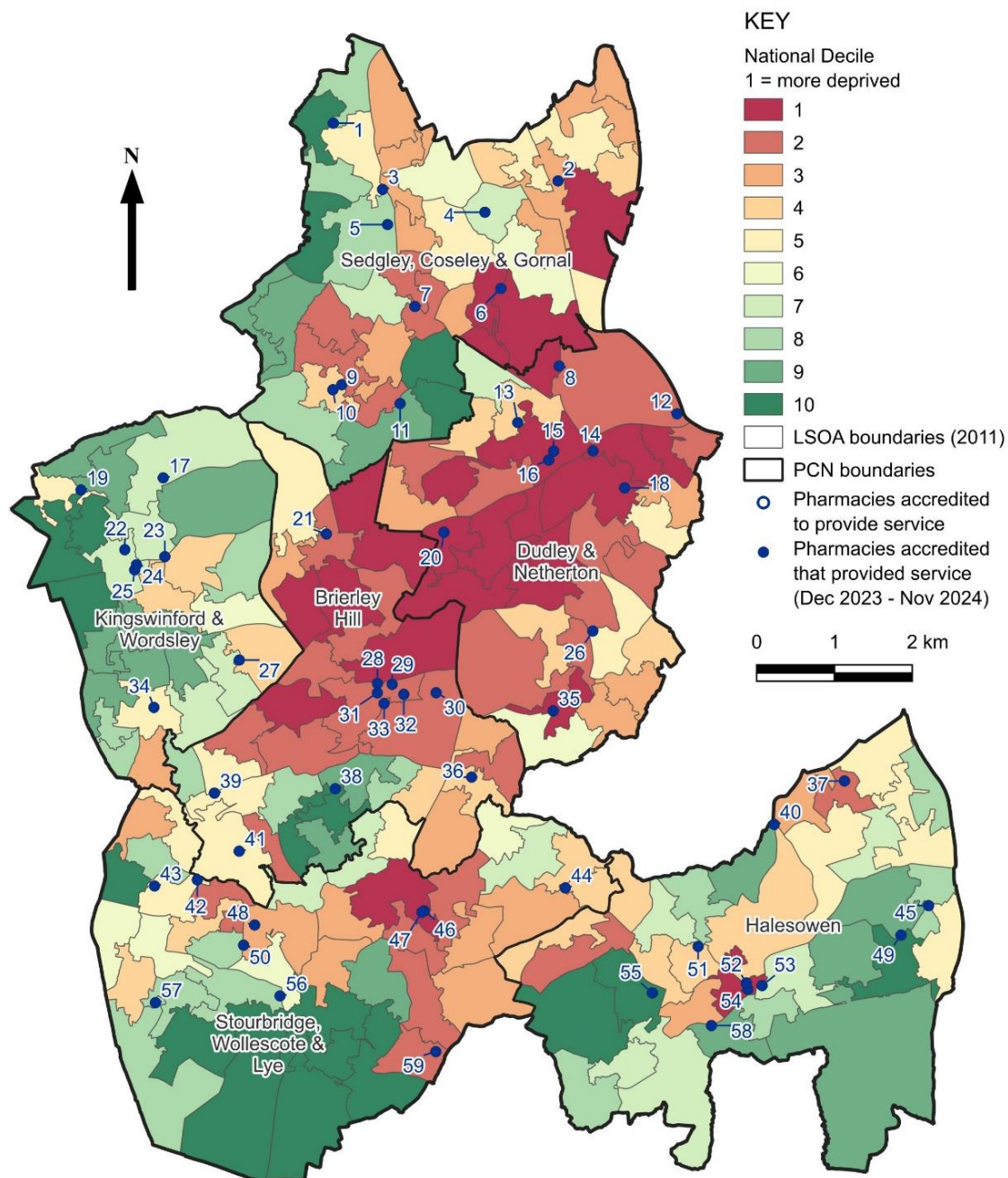
Assessment 6: New Medicine Service

Provision of the New Medicine Service is offered from equal to or greater than 75% of all the pharmacies in each PCN (Table 4). We conclude that patients and our population have good access to this service and therefore there are no gaps in provision.

We further conclude that Community Pharmacy Black Country (working in partnership with Black Country ICS and the Dudley PCCPT) will need to work with existing pharmacy contractors to overcome any barriers to provide an equitable service for all patients no matter which community pharmacy they regularly use.

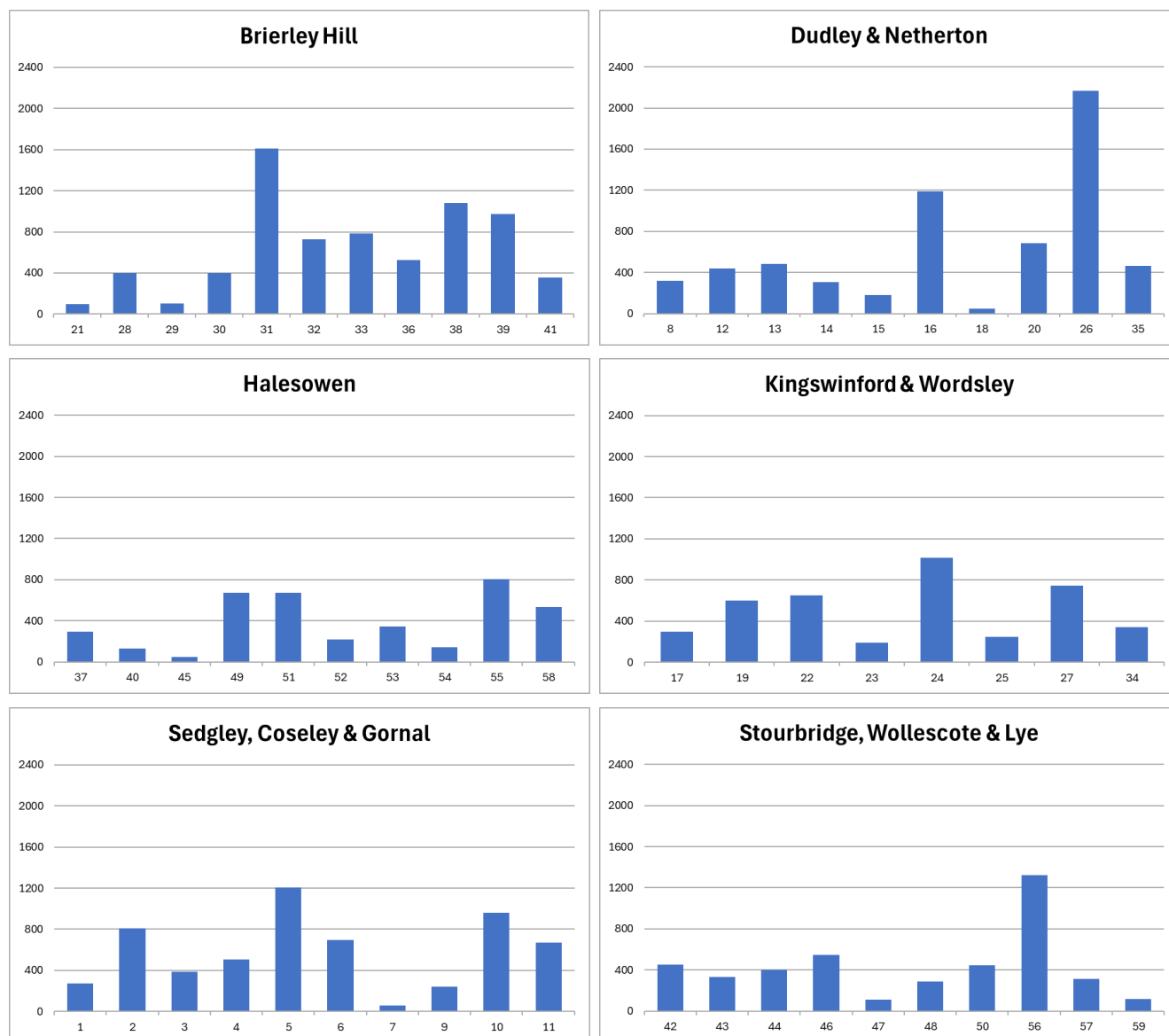
The further development of the NMS service should focus on integration with chronic long term conditions management linking the conduct of and outcomes from NMS into local treatment pathways e.g. COPD, Asthma, Hypertension management etc.

Figure 17: Location of pharmacies accredited to provide and providing New Medicines Service in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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Figure 18: New Medicine Services delivered by Dudley Pharmacies by PCN (12 months to 30/11/2024) See Appendix 1 for key to pharmacies.



Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC. Supply of the OC via this service is legally made possible through use of a patient group direction (PGD) to enable supply.

The NHS Long Term Plan (LTP) Chapter 2²⁶ highlighted the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services. A Public Health England resource for commissioners (2019)²⁷ also highlighted the role community pharmacy can play in supporting ongoing contraception.

Strategically, this service supports the Black Country ICS Forward Plan²⁸ as well as the Women's Health Strategy for England which identified that community pharmacy can provide increased access to contraception choice for females²⁹.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of oral contraception (OC), and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply will be undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- People with greater choice from where they can access contraception services.
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

Ahead of delivering this service, there are bespoke requirements that need to be met by community pharmacy teams such as training/education, development of standard operating procedure, ensure completion of appropriate safeguarding requirements, access to validated blood pressure monitors etc.

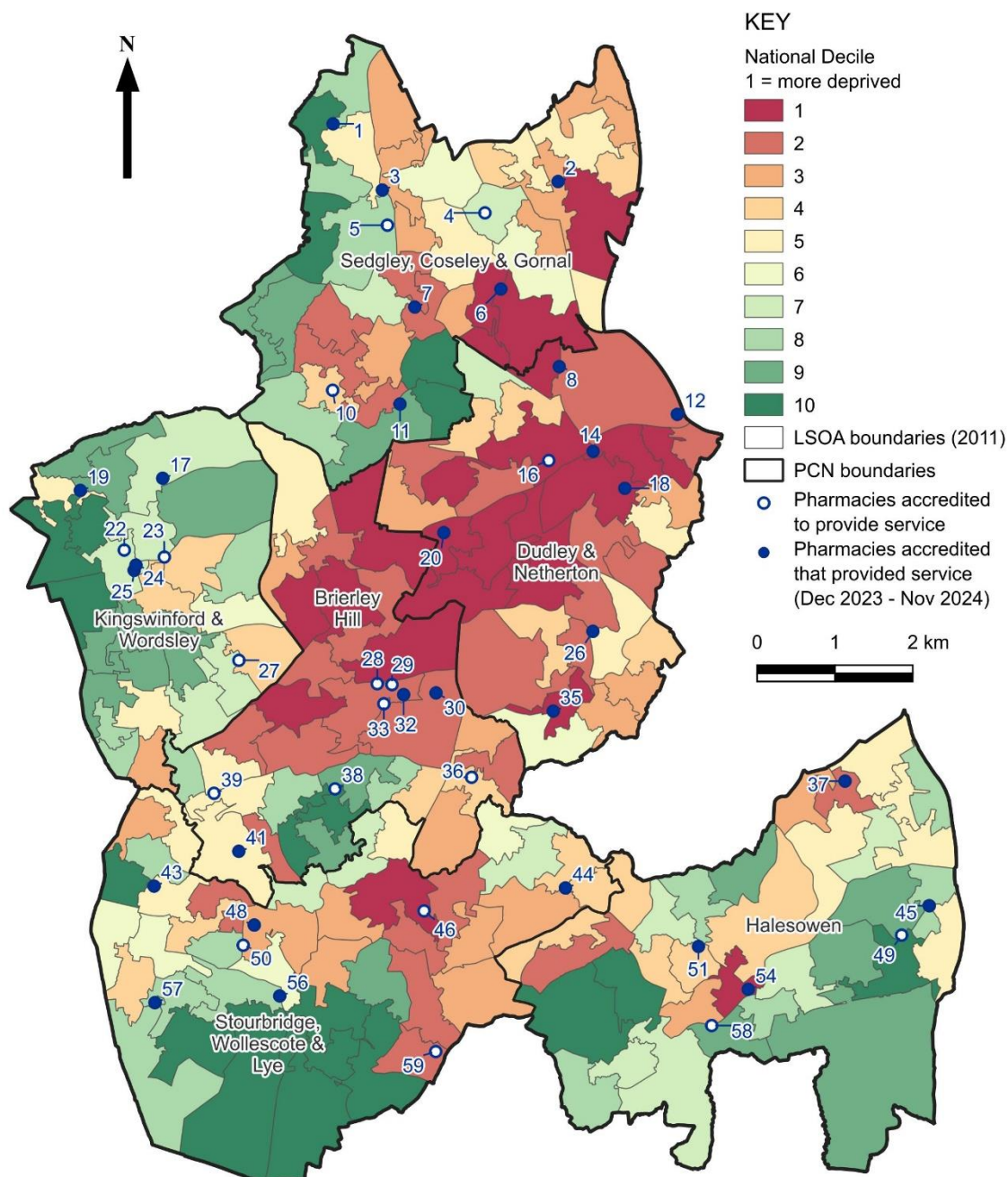
At time of writing this PNA, from October 2025, subject to the introduction of information technology (IT) updates to community pharmacy clinical services IT systems, the

service will be expanded to include Emergency Hormonal Contraception (EHC). Given Dudley MBC commissions an established local EHC service to community pharmacy (see page 116), it would be expected that the local authority EHC service would be decommissioned in the future given (as expected) a national advanced service will ensure consistency with longer term funding and outputs across England. There are also wide variations in the patient eligibility rules applying to local authority (LA) commissioned EHC services in England, which can restrict access to some schemes (e.g., Dudley MBC only commissions access to Levonorgestrel EHC through its scheme and not Ulipristal Acetate unlike some other LAs).

Any updates to service provision post publication of this PNA will be reported back in a future supplementary statement as appropriate.

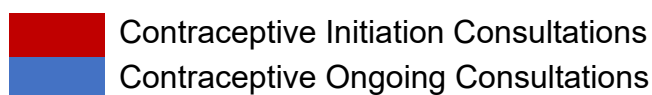
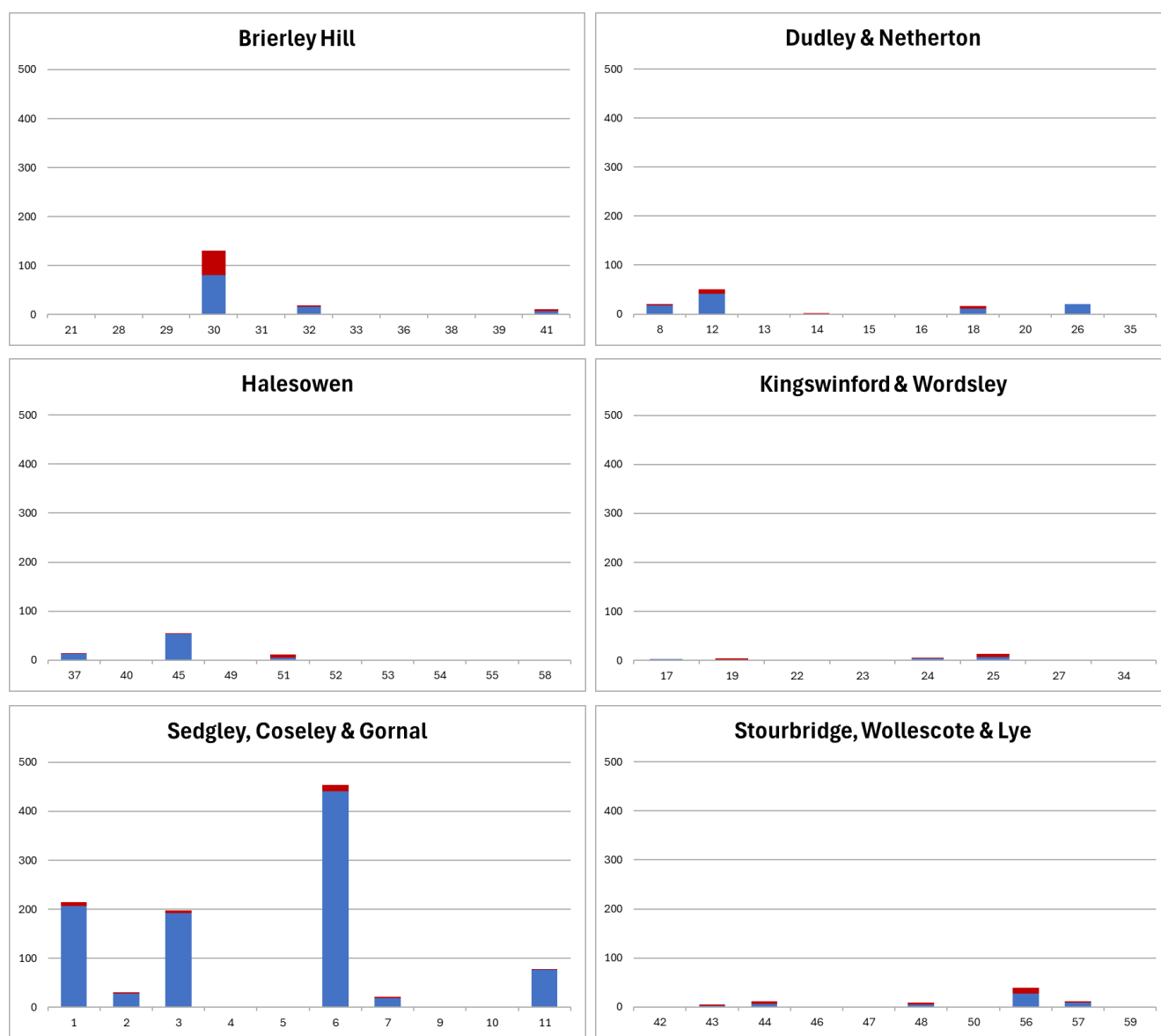
Further information about the Pharmacy Contraception Service is available from Community Pharmacy England³⁰.

Figure 19: Location of pharmacies accredited to provide and providing Pharmacy Contraception Service in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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Figure 20: Pharmacy Contraception Services delivered by Dudley Pharmacies by PCN (12 months to 30/11/2024). See Appendix 1 for key to pharmacies.



Assessment 7: Pharmacy Contraception Service

Figures 19 and 20 demonstrate good access to this desirable service within Dudley. Table 4 identifies pharmacy provider accreditation to be 75% or more (of all pharmacies) in all PCNs except Halesowen PCN where accreditation is 60% of all pharmacies. Figure 20 identifies evidence of delivery of this service in all PCN areas, however it is acknowledged that work is needed by commissioner and Black Country Community Pharmacy to ensure more accredited pharmacies are actively supporting delivery of activity. Given this is a relatively new service, anecdotal local soft intelligence from contractors identifies that some are in the process of finalising their training and educational needs to be able to deliver this service.

Black Country ICB working with Community Pharmacy Dudley (facilitated by the ICB Community Pharmacy Clinical Services lead) are continuing to push this service with improved public and general practice team awareness, supporting delivery of educational and training events and working with PCNs in primary care to actively identify existing persons prescribed OC in general practice and target messages to signpost to community pharmacy when further OC is required. This service has been identified as being strategically significant to liberation of GP practice appointments aligned to the primary care access and recovery plan.

Ongoing OC supply (see Figure 20) post initiation by another provider e.g., GP practice or Contraception and Sexual Health Service (CASH)) remains the greatest proportion of service delivery. However, this is to be expected given PCNs and BCICB are supporting a communication plan to prompt proactive referrals from general practice into community pharmacy. Naturally, as confidence and experience build with the community pharmacy workforce (and ongoing OC supply), it is anticipated that OC initiations will increase over time. The expectations of the monitoring requirements and clinical review with OC via a PGD is no different to that of traditional OC access via general practice or CASH services.

OC supply remains available from alternative providers for our population (general practices and CASH services through Brook Sexual Health (GUM) clinics in Dudley)³¹.

We conclude there is good access to pharmacy contraception service across Dudley and no gap in access has been identified. We further conclude that where community pharmacies are not delivering activity, BCICB Community Pharmacy Clinical Services Lead and Black Country Community Pharmacy should support contractors to become accredited and deliver activity to ensure more equitable access for our population specifically in areas of greatest deprivation and/or where there is known higher rates of teenage pregnancy or terminations within the borough (Public Health intelligence data should be sought to identify these areas).

Pharmacy First Service

The Pharmacy First service, which commenced on 31st January 2024, is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every day and in establishing and funding community pharmacy as the first port of call for healthcare advice.

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Acute otitis media (1 to 17 years)
- Infected insect bites (1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Uncomplicated urinary tract infections [UTI] (Women 16 to 64 years)

The two previous elements of the Community Pharmacist Consultation Service (CPCS which was decommissioned since previous PNA 2022) were incorporated into the Pharmacy First service, namely minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

NHS Community Pharmacy Teams across the Midlands have completed 724,826 Pharmacy First consultations that would otherwise have happened in GP practices, urgent care settings or at NHS111. This equates to 120,804 hours saved, and to 124 additional full-time clinicians.

Further NHS details regarding the Pharmacy First service are available online from Community Pharmacy England³².

Community pharmacy requirements for service provision include service specification, clinical pathways and patient group directions (PGDs) are detailed within the national service specification available within above link. PGDs provide a legal framework for a definitive list of healthcare professionals to be able to supply or administer prescription only medicines without a prescription or designated authority (referred to as a patient specific direction) from a doctor/dentist or non-medical prescriber.

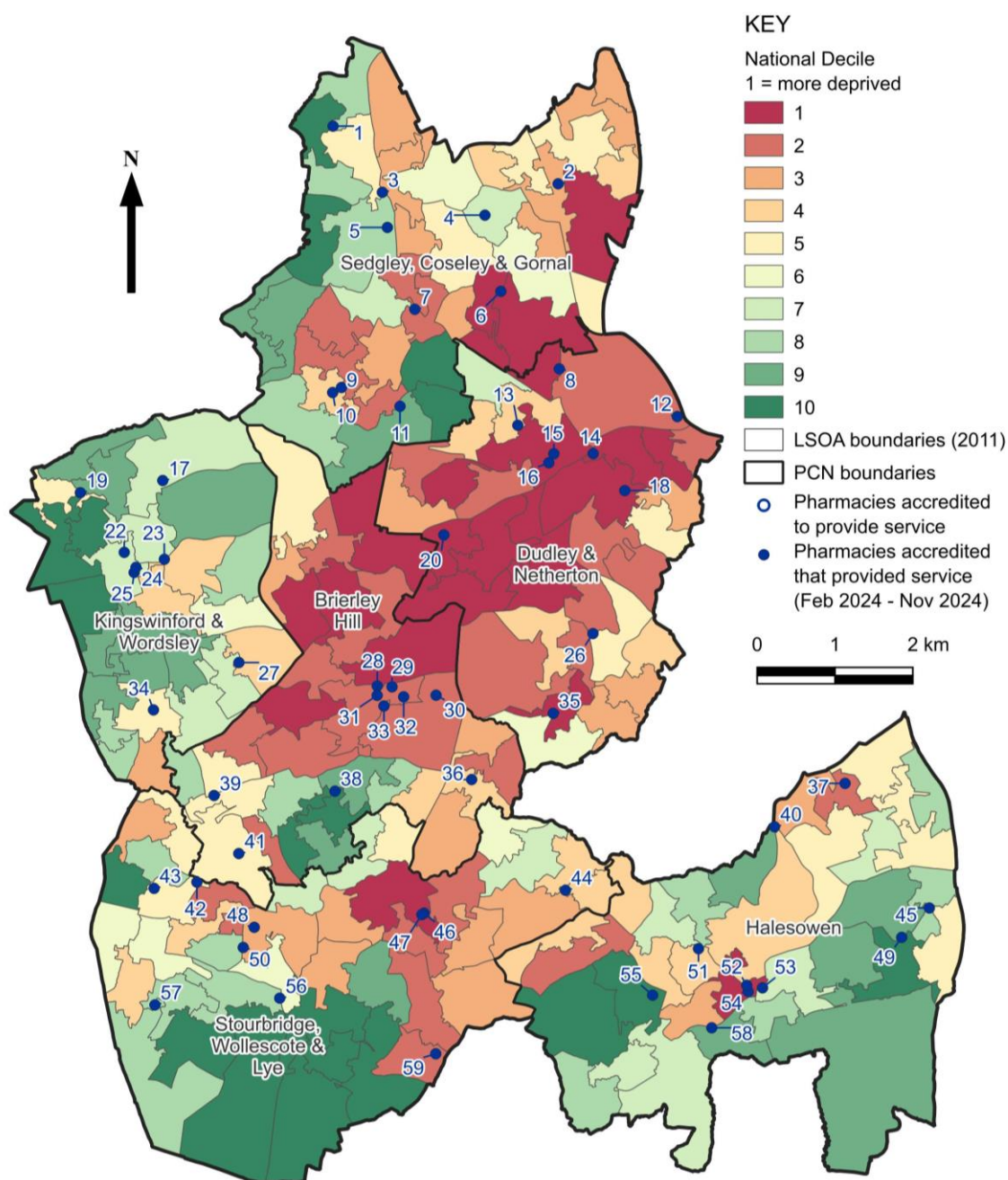
58 out of 59 pharmacies are accredited to deliver Pharmacy First (information from Community Pharmacy England and Appendix 5A and 5B), delivering a monthly average of 19 consultations per pharmacy.

Table 4 and Figures 21 and 22 shows the level of Pharmacy First activity by pharmacies within the six PCNs. All six PCNs demonstrate access in greater than 75% of its community pharmacy provision and there is good coverage of delivery for all the seven common conditions. This represents good service access and delivery for the population of Dudley.

Delivery of the service within individual pharmacies (within each PCN) is variable and barriers for some pharmacists (where activity is low) in delivering this service are likely to be time and capacity dependent (in the presence of an increasing volume of dispensing activity, additional services and recruitment challenges within the pharmacy workforce).

Pharmacies in other health and wellbeing board areas may provide Pharmacy First for Dudley patients in line with the regulations for this national advanced service.

Figure 21: Location of pharmacies accredited to provide and providing Pharmacy First Service in Dudley (10 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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Figure 22: Pharmacy First Services delivered by Dudley Pharmacies by PCN (10 months to 30/11/2024). See Appendix 1 for key to pharmacies.

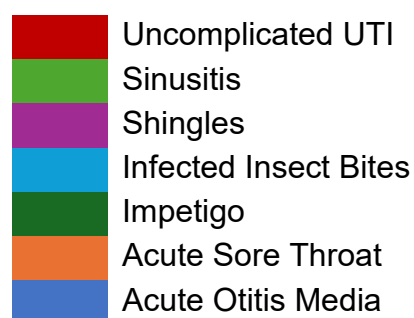
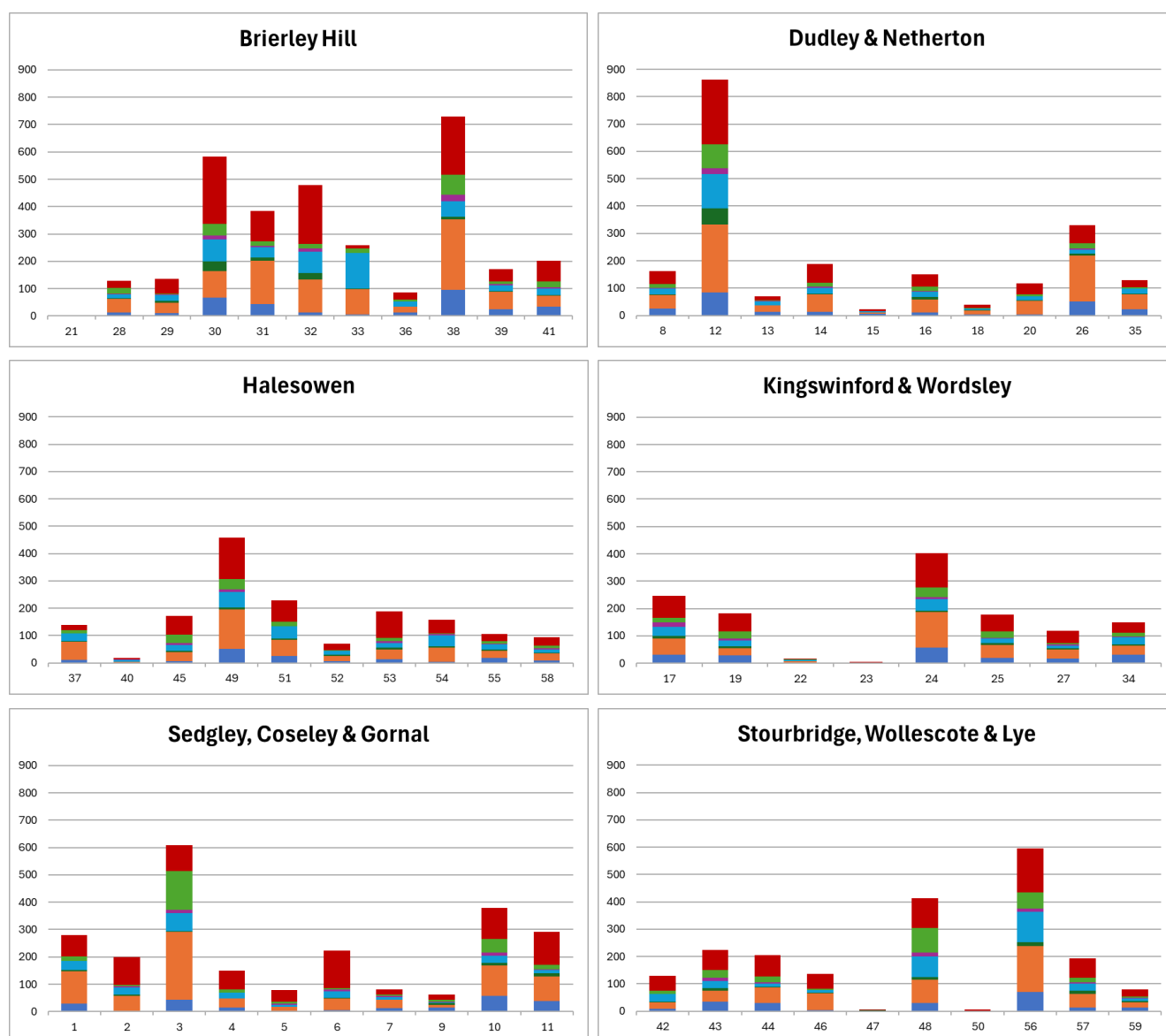
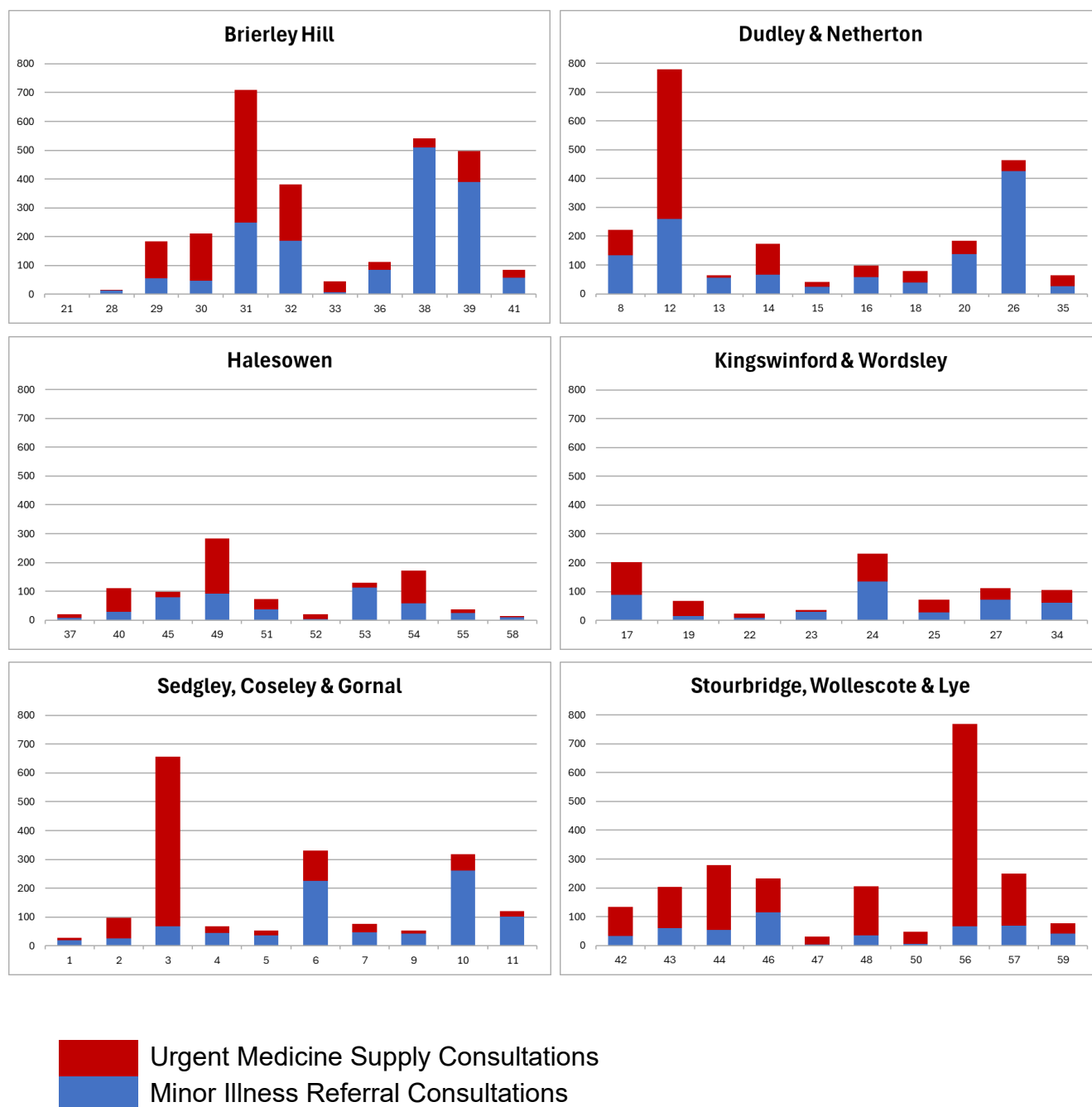


Figure 23: Minor Illness Referral Consultations and Urgent Medicine Supply Consultations Services delivered by Dudley Pharmacies by PCN (10 months to 30/11/2024). See Appendix 1 for key to pharmacies.



Assessment 8: Pharmacy First Service

Provision of the service is offered from greater than 75% of all the pharmacies in each PCN (Table 4). We conclude that whilst not every community pharmacy within a PCN has delivered significant activity, given patients have a choice to use any pharmacy within the PCN, there is good access, and we therefore conclude that there are no gaps in provision.

From the Minor Illness Referral Consultation activity data we further conclude that GP practices in the more deprived areas and PCNs of Dudley are making higher numbers of referrals and more use of pharmacies to support management of conditions that can be safely managed by community pharmacies. This appears to be a positive example of making best use of the most appropriate capacity within the healthcare system (Figure 23).

We further conclude that Community Pharmacy Black Country (working in partnership with Black Country ICS and the Dudley PCCPT) will need to work with existing pharmacy contractors to overcome any barriers to provide an equitable service for all patients no matter which community pharmacy they regularly use.

This activity is expected to grow with increasingly more referrals being made to community pharmacies directly from the patient's general practice particularly as Black Country ICS, PCNs and Community Pharmacy Black Country are working together to increase awareness amongst GP practice teams. Presently, local and system support to drive this service forward remains in place.

One of the key enablers identified within Dudley general practices to support increased activity is the local digital capability to support a seamless referral to community pharmacy integrated within the GP patient clinical system.

Smoking Cessation Service

This advanced service was commissioned during March 2022.

Whilst smoking rates have fallen significantly in the last ten years, smoking still accounts for more years of life lost than any other modifiable lifestyle risk factor.

Around 5.7 million people or nearly 14% of the adult population in England were reported to smoke in 2019 and will see their GP over a third more often than non-smokers. Smoking behaviour in the population continues to contribute to avoidable hospital admissions.

The NHS Long Term Plan set a goal that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded smoking cessation intervention. The plan committed to the adoption of the Ottawa Model for Smoking Cessation (OMSC), which has been evidenced across Canada to improve smoking quit rates by 11%.

As part of the OMSC, the smoking status of all admitted patients, is identified, followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy and/or pharmacotherapy, and follow-up support for smoking cessation post-discharge.

To achieve successful quit, collaboration and an effective transfer of care are needed between secondary and primary care for all patients supported by the OMSC.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. The service can only be provided by a pharmacist or pharmacy technician.

Community pharmacy teams have considerable experience of delivering such services successfully when these were previously commissioned in this setting.

For further detail of this service including service specification, training requirements and proposed patient pathway, please visit the Smoking Cessation Service (SCS) description on the Community Pharmacy England website³³.

Figure 24 below demonstrates that while there is good access to community pharmacy (accredited sites) across the borough with this service, only nine pharmacies delivered activity 12 months to 30/11/2024, and those that did deliver activity were mostly located in less deprived areas with lower smoking rates. Given this service requires a referral from the discharging team at Dudley Group of Hospitals NHS Trust (push in) and

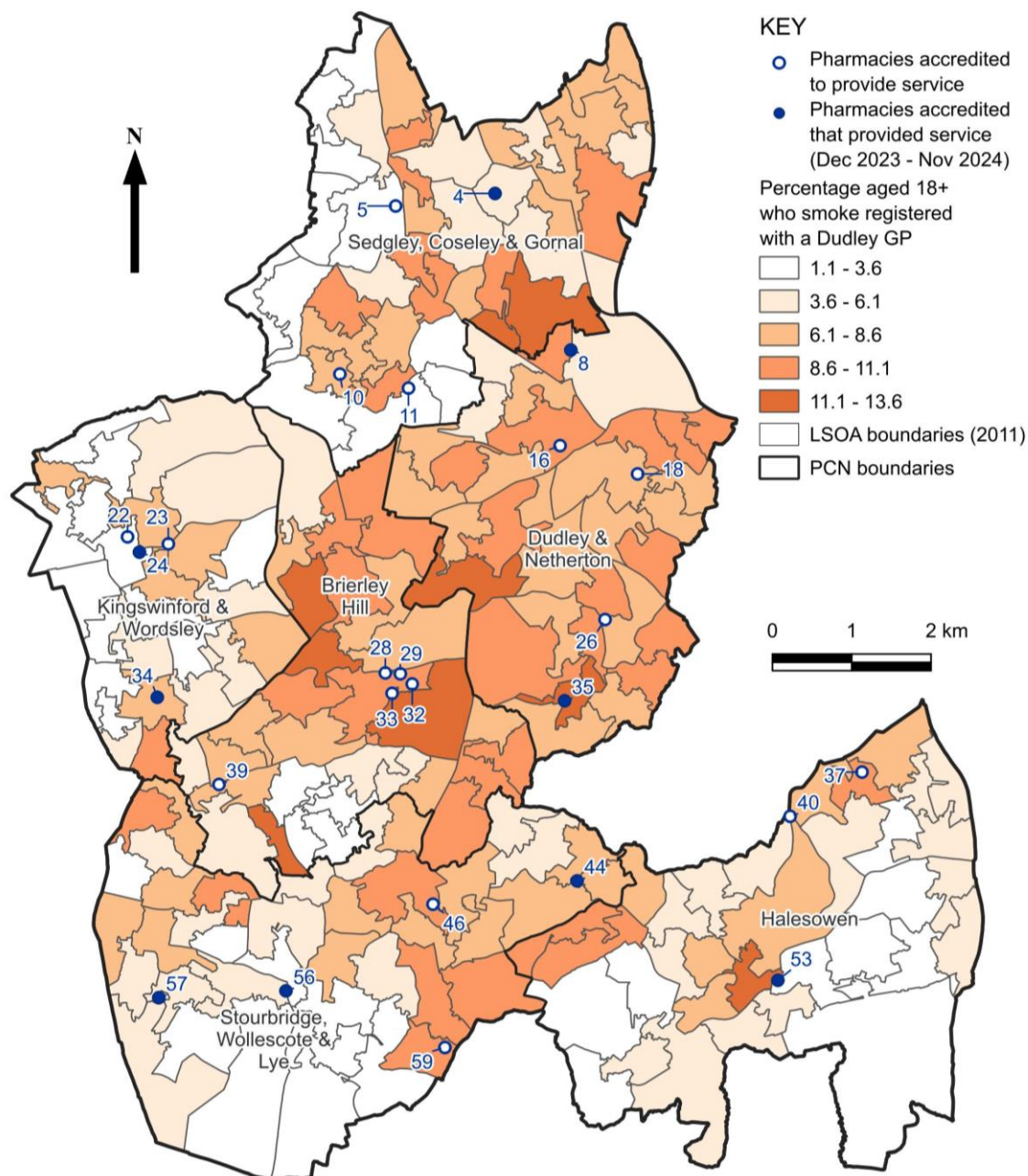
patients cannot self-refer into community pharmacy, work is needed locally by the BCICB Medicines Optimisation Team, Community Pharmacy Black Country and secondary care teams to understand why only a small number of pharmacies are delivering activity and how to ensure other providers are onboarding to providing this desirable service. Given, Brierley Hill PCN (see Figure 24) has a significant percentage of registered smokers 18+, this is an area for local commissioners and public health teams to target increased provider activity by community pharmacy teams (given nil activity delivered by the 5 pharmacies within this PCN).

The NHS-commissioned smoking cessation services just described are in addition to the smoking cessation service commissioned by Dudley MBC Directorate of Public Health and Wellbeing, but this is delivered through an external provider and not through community pharmacies.

Assessment 9: Smoking Cessation Service

We conclude there is good access to this desirable service within Dudley, however further work is required to understand why only nine community pharmacies have delivered activity. No gap in access to this service within our borough has been identified based on accredited provider sites. We further conclude that the Black Country ICB Community Pharmacy Clinical Services lead (Medicines Optimisation Team) should work with Black Country Community Pharmacy and secondary care acute trusts to facilitate a harmonised local pathway that is seamless and consistent for all community pharmacy providers in Dudley.

Figure 24: Location of pharmacies accredited to provide and providing Smoking Cessation Service in Dudley (12 months to 30/11/2024) and the percentage of people aged 18+ who smoke registered with a Dudley GP (as at 28/02/2025) by LSOA. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / NHS Business Services Authority data, DHSC / GP data, EMIS. Produced by: Public Health Intelligence Team, Dudley MBC
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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 Midlands Area Team. The Community Pharmacy England website has further information about AURs³⁴ and SACs³⁵.

We are unaware of any community pharmacy providing this service within our health and wellbeing board area. However, 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 (DAC) outside of Dudley provide this service to our eligible Dudley population.

Since the summer of 2019, the PCCPT had been working in collaboration with a DAC (Salts Healthcare Ltd) to target those patients with potential unmet need in the community. This collaborative voluntary agreement (with Salts Healthcare Ltd) occurred following identification of a gap within Dudley for our community based ostomates who may not have received an appliance use review for many years (if at

all). Whilst Dudley Group of Hospitals NHS Foundation Trust does have access to colorectal specialist nurses (stoma care nurses) if needed, capacity is often limited and much of their input will be for those patients new to stoma management following acute surgery. This has facilitated a stoma nurse specialist (2 days per week) working with our GP practice-based pharmacist teams to complete targeted intervention to benefit our ostomate population. Improvements with patient stoma management through education, changes in appliance and/or ancillary products as well as practical advice has resulted with these reviews. This voluntary partnership with Salts Healthcare Ltd ended in 2023 aligned to a restructure of the providers business priorities.

To attempt to fill a gap in access to this population (stoma and continence management), BCICB are currently reviewing options to commission a centralised prescription appliance management service in the community from an approved NHS national procurement framework. BCICB is in early discussions at this time and if changes occur in the future, these can be considered at a future PNA revision or through a supplementary statement to this PNA.

Dudley Health and Wellbeing Board welcomes our only DAC onto the health and wellbeing board list (Bullen Healthcare Ltd, see Appendix 1, Table 15) which is expected to benefit our population.

Assessment 10: AURs and SAC

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

Black Country ICB Enhanced Services

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 72-hour pharmacies will provide pharmaceutical cover for most bank holidays, it is important to note that this is often undertaken voluntarily by contractor(s) under an enhanced service commissioned by BCICB and is not required within the regulations. Any decisions on re-commissioning will be made regarding the PNA. Only existing contractors in the areas of the PNA will be eligible. BCICB must ensure appropriate commissioning of pharmacy opening is available for the population of Dudley to access on national holidays, particularly as primary medical services remain available on such days (e.g. 24/7 emergency treatment centre and Dudley place commissioned extended access hub).

Tier 1 and Tier 2 Extended Care Services (Enhanced Service)

Since the publication of the last PNA in October 2022, these services have been decommissioned and redefined into the Pharmacy First Advanced Service (PFS). All historical services are now included in the seven common conditions of this advanced service discussed earlier.

The COVID-19 Vaccination Service (National Enhanced Service)

During the COVID-19 pandemic, over 1,500 community pharmacy sites were involved in vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside vaccination centres, hospitals and Primary Care Network (PCN) sites.

Community pharmacies have been central to the Government's COVID-19 response, and figures from NHS England, in January 2022, show just how significant a contribution they have made to the vaccination efforts. In the previous 12 months to January 2022, which marked the one-year anniversary of the sector providing COVID-19 vaccinations, more than 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites. NHS England also highlighted a 50% increase in the number of pharmacies delivering COVID-19 boosters since October 2021.

The vaccination service was first commissioned as a Local Enhanced Service³⁶ by NHS England regional teams in consultation with Local Pharmaceutical Committees. It was commissioned where there was a local need, for example where there was a gap in service provision or a need for additional capacity, and where pharmacy owners were able to meet the key designation requirements.

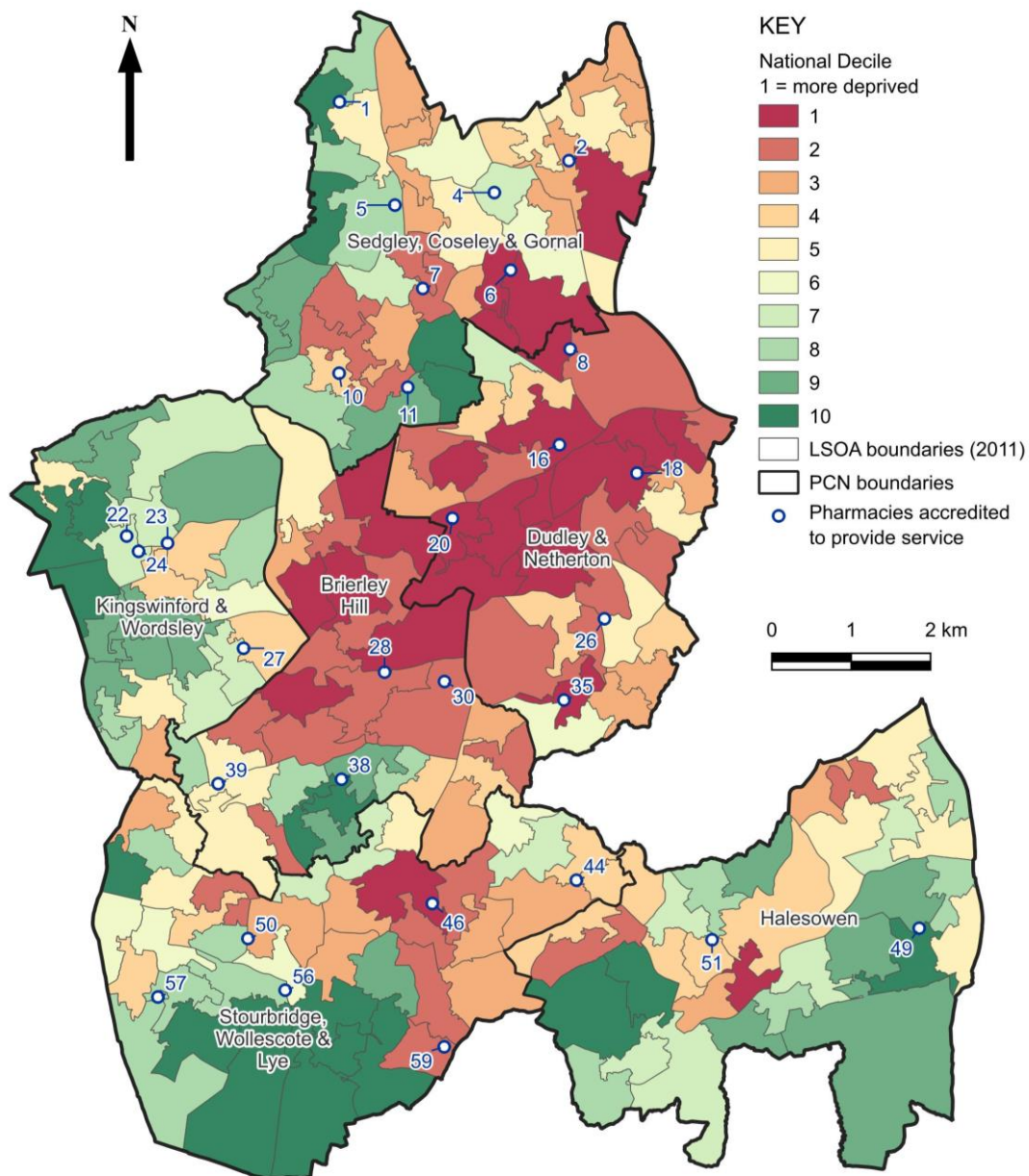
Table 5: National Enhanced Service accredited providers by PCN, as at 10/03/2025

National Enhanced Services	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
COVID-19 Vaccination Service	4	6	2	4	8	6
Key:						
	75% or more pharmacies in the PCN provide the service					
	25% to less than 75% of pharmacies in the PCN provide the service					
	Less than 25% of pharmacies in the PCN provide the service					

Source: Black Country ICB data

() = Number of pharmacies within each PCN

Figure 25: Location of pharmacies accredited to provide COVID-19 Vaccination Service in Dudley (Spring / Summer campaign 2025) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Black Country ICB.
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In December 2021³⁷, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, BCICB commissions an Enhanced service that is nationally specified. This requires BCICB to consult with Community Pharmacy England on matters relating to the service specification and remuneration for the service.

This differs from a local enhanced service that is locally developed and designed to meet local health needs and for which BCICB would consult with Local Pharmaceutical Committees. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme. Eligibility for the Covid-19 vaccination programme (Spring and Winter Booster) is set nationally³⁸.

Ahead of a community pharmacy delivering this service, training requirements to support vaccination and premises or site accreditation need to be fulfilled and agreed with the commissioner. The NES allows vaccination to occur within the pharmacy premises or a suitable alternative venue (aligned to the community pharmacy) meeting the commissioner premises requirements and improving access to vaccination for hard-to-reach groups.

Further information about COVID-19 vaccination in community pharmacies is available from Community Pharmacy England³⁹.

PCNs through their member general practices are also offering COVID-19 vaccinations as per the NHS national programme, so this PNA recognises alternative provider models within context of any conclusions made.

Assessment 11: COVID-19 Vaccination Service

Provision of the COVID-19 vaccination service is offered from greater than 50% of all the pharmacies in each PCN (Table 5) except in Halesowen and Brierley Hill where there is reduced access. However, PCNs and general practice provide an alternative provider model for access to COVID vaccinations and additionally, for Halesowen residents, there are accessible community pharmacy provider vaccination sites within neighbouring health and wellbeing board areas (e.g., Sandwell). Where PCNs take decision to not provide COVID-19 vaccination, BCICB (commissioner) is responsible for ensuring alternative provider access exists and increasingly community pharmacy is supporting access where needed. For housebound patients (including 24-hour

residential settings), general practices or specialist roving teams (care home hub teams) remain accessible for vaccination delivery.

Geographical access across the borough is good (Figure 25). We conclude that whilst not every community pharmacy (see Table 4 and Figure 25) within a PCN is accredited to deliver vaccination, given patients have a choice to use any pharmacy within the PCN (and beyond), there is good access overall and therefore there are no gaps identified in provision.

We further conclude that BCICB should review access to vaccination in Halesowen PCN and work with existing contractors to expand access for the population.

Business intelligence teams within organisations (Black Country ICB and Directorate of Public Health and Wellbeing, Dudley MBC) should review COVID-19 vaccination uptake data (for previous season) to determine areas around the borough where further uptake is needed ensuring greater targeted health promotion. 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.

Black Country Integrated Care Board Commissioned Services (Local Enhanced Service)

Presently, the Black Country ICB commissions the following services to community pharmacy contractors in Dudley and Table 6 demonstrates the number of pharmacies within each PCN delivering activity:

- Minor Ailments Service (MAS)
- Community Urgent Eye Care Service (CUES)
- Specialist Palliative Care Drugs Supply Service (SPCDS)

Table 6: Black Country ICB Commissioned service providers by PCN, as at 30/11/2024

BC ICB Commissioned Services	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
Minor Ailments Service (MAS)	8	6	6	4	10	5
Community Urgent Eye care Service (CUES)	0	5	4	3	4	2
Key:						
	75% or more pharmacies in the PCN provide the service					
	25% to less than 75% of pharmacies in the PCN provide the service					
	Less than 25% of pharmacies in the PCN provide the service					

Source: Black Country ICB data

() = Number of pharmacies within each PCN

* The SPCDS service is not included within the table as it is only commissioned to two pharmacies in Dudley (see SPCDS section below for rationale).

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 twenty 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).

Following a successful evaluation of the NHS England West Midlands Enhanced Service pilot PFMAS (October 2014 to March 2015) this service was fully commissioned (by NHS England) for the period from April 2015 to March 2017.

From 31st May 2018, this service was decommissioned by NHS England with responsibility for commissioning transferring to CCGs as part of the programme of local primary care commissioning work for reducing demand on general practice and promoting self-care. Dudley CCG took over the commissioning from 1st June 2018 until 31st March 2021 when, through the merger of the Walsall, Dudley, Wolverhampton and Sandwell & West Birmingham CCGs (as part of the NHS Long Term Plan), it became the responsibility of the new commissioner, Black Country CCG from 1st April 2021 and present Black Country ICB from April 2023 (when CCGs were re-organised). This is now a longstanding established service within Black Country.

Black Country ICS remains committed to developing and furthering the MAS to ensure those with low incomes or greatest health need can still access effective medicines for self-care without a fee. This ensures equitable access across the borough.

The conditions that the minor ailments scheme includes are:

- 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
- headlice

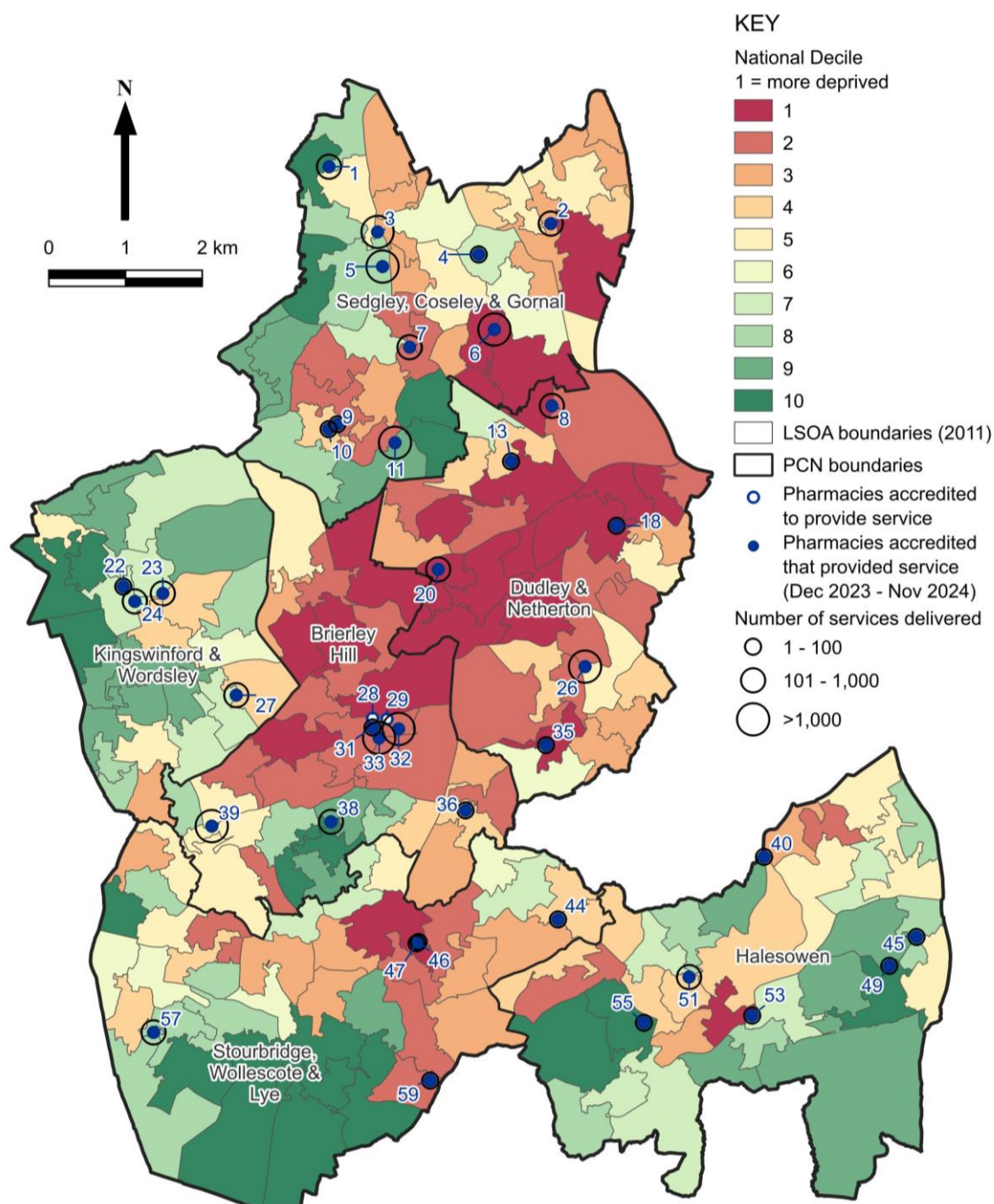
The service can be provided by any community pharmacy within the Black Country geography that fully meets the requirements for provision of the service. Dudley GP registered patients can access this service from all community pharmacy providers (willing to participate) within Dudley and the wider Black Country. For some of the Dudley population, access may be easiest in a neighbouring Health and Wellbeing board 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.

Presently, 37 out of 59 Dudley community pharmacies (excluding distance selling pharmacies) had delivered activity 12 months to November 2024 (Figure 26 and Table 6). During the same period over 25,000 consultations had been recorded for Dudley GP registered patients and there was evidence that the registered GP population had accessed this service in community pharmacies outside of Dudley within Wolverhampton and Sandwell (data on file).

Since the last PNA, as discussed above (Advanced Services), community pharmacies can deliver PFS. Whilst PFS is an individual service, the availability of MAS is considered favourable as PFS provides a pathway for eligible patients to be on-boarded for treatment supply, free at the point of access. There is expectation that growth of PFS activity within the next few years will drive increased uptake into MAS and commissioners will need to consider this for impact on local budgets. Therefore, MAS is considered a desirable service, particularly in those areas of the borough with greatest deprivation where already stretched household incomes (established cost of living concerns) may prove a barrier to access medicines for self-care and thus potentially drive patients into more costly access points in the NHS (e.g. GP, A+E departments, urgent care centres etc).

Figure 26: Location of pharmacies accredited to provide and providing Minor Ailments Service (MAS) in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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Figure 26 demonstrates that overall, there is good geographical access to this desirable service within Dudley, particularly in those areas of greatest need (greatest three deciles of deprivation). Jhoots Pharmacy Brierley Hill (Pharmacy ID 32, Appendix 1) and Milan Chemist (Pharmacy ID 26, Appendix 1) delivered approximately 49% of all MAS activity in Dudley (data on file), both pharmacies being situated in areas of greatest deprivation as well as Jhoots being open 72 hours per week (ensuring favourable access). For those pharmacies delivering activity within Dudley, there is wide variation with number of provisions (represented by small, medium and large circles within Figure 26).

Assessment 12: Minor Ailments Service

We conclude that access to this desirable service is good around the borough, particularly in those areas with greatest health need (identified by greatest four deciles of deprivation)

We conclude that whilst there may be barriers to service delivery, there are sufficient existing contractors willing to deliver this service. Community Pharmacy Black Country (in partnership with Black Country ICB) 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.

Community Urgent Eyecare Service (CUES) (formerly Covid-19 Urgent Eye Care Service)

Historically, from 1 October 2018, Dudley CCG had commissioned a service called the Minor Eye Conditions Service (MECS).

The development of the MECS was part of an NHS England & Improvement work program to ensure patients are seen at the right time, in the right place, by the right person and care closer in the community. This had been driven by the need to manage the demands being placed on secondary care ophthalmology services, and in doing so had recognised the potential to develop the role of eye health care professionals in primary care e.g. optometrists.

The service allows a rapid assessment of the needs of a Service User presenting with an eye condition by an Optometrist. Service users can be referred into this service by GPs and community pharmacists or access through self-referral into a participating optical practice. Optometrists can recommend or supply any General Sales List (GSL) or Pharmacy only (P) eye preparation during their professional practice. Optometrists may also produce a signed order for a Prescription Only Medicine (POM) for a limited number of eye preparations which can then be presented to a participating community pharmacy to be dispensed like a standard prescription.

Whilst the MECS had been running successfully for just under two years, due to the COVID-19 pandemic and national restrictions to community based routine eye care and non-urgent secondary care service access to prevent COVID-19 transmission, a new community based urgent eyecare service was launched called the COVID-19 Urgent Eyecare Service (CUES service) in the Black Country. This is a similar service to MECS but with greater focus on urgent symptoms. However, as the NHS continues to recover from the pandemic and access challenges, the service was correctly rebranded to reflect its longer-term ambition of moving hospital care (where appropriate) into the community as the Community Urgent Eyecare Service.

Presently, the Black Country ICB continues to commission CUES via the optometry federation, Primary Eyecare Services Ltd (PES). It is accessible through signposting by other healthcare providers patients (e.g. GPs, community pharmacies, emergency treatment centre, NHS 111 etc) or self-referral by patients registered with a Black Country ICB GP practice. Patients with urgent eye symptoms, such as a red eye, painful eye, flashes and floaters, foreign body etc. can be signposted to CUES at a local participating optical practice. The service will provide initial contact, telephone triage, remote consultations and where necessary face to face assessments providing management of recent onset symptomatic or urgent ocular presentations. An extension of this service now allows optometrists who are qualified as independent

prescribers to manage traditional acute eye conditions away from specialist eye clinics (e.g. hospitals) through the ability to prescribe a wide range of POM eye drops containing antibacterials, steroids, antivirals etc.

Following examination by a participating Optometrist, this service allows pharmacies to provide selected medication ordered on a signed order (POM only) to exempt patients, free of charge. The signed order (for POM) acts as a legal mechanism for medicine supply in the same way as a private prescription and the pharmacist will need to record an entry into the private prescription book. Those service users that pay for their NHS prescription(s) will be subject to the standard NHS prescription levy under this Service. For General Sales List or Pharmacy only preparations, the signed order will act as a treatment recommendation for all Service Users to self-care and self-purchase via the participating community pharmacy. For a selected formulary of P licensed eye formulations (e.g. Sodium Cromoglicate 2% for hay fever) on a signed order, prescription levy exempt Service users can receive treatment free at the point of care. For this reason, it is desirable that community pharmacies are accredited to deliver both this Service and the MAS.

More details can be found on the Primary Eyecare website⁴⁰.

Table 6 and Figure 27 (data from pharmacy questionnaire, Appendix 5A) demonstrates that 18 out of 59 patient facing pharmacies are accredited to deliver CUES. However, from data on file, for the 12 months to 30/11/2024, only 11 (from 18) community pharmacies delivered activity in Dudley and many of these delivered less than 10 units of activity (See Figure 27). Total provision of activity (based on claims made by pharmacy contractors for same period, data on file) for the calendar year by Dudley community pharmacies was 102. Assuming community pharmacy contractors have submitted claims correctly to the commissioner, this means that only 102 written orders/treatment recommendations were presented to the pharmacy from primary eyecare providers. Whilst, the level of activity remains low, this still represents an improvement from the previous PNA (where 12-month activity volume was only 68).

Anecdotal feedback from service users and local intelligence within community pharmacy informs that barriers to service delivery exist within community pharmacies due to capacity (delivery of essential services and growing drive to deliver advanced services), poor understanding of the service specification, lack of promotional materials by commissioner or optical care provider (Primary Eyecare Service Ltd), lack of public awareness with service and staff changes within pharmacies (e.g. locum, relief pharmacists, work force pressures etc.). From anecdotal experience from Dudley PCN pharmacists working within general practice, many service users inappropriately bring their signed order or treatment recommendation following CUES access into the general practice for an NHS prescription. Thus, either, the medicine supply pathway

and/or communication to the service user (by healthcare professional) needs clarification at the point of service user access to avoid unnecessary return into general practice. That said, some service users, whilst they can access their medication via CUES as a one off for acute complaints; there may be a perceived need for further supplies as part of a longer-term chronic eye complaint (e.g. dry eyes) where service users then approach the GP rather than adopting the recommending self-care approach and purchasing appropriate eye drops over the counter (where clinically appropriate) for example. Additionally, recognition remains that many service users will still access their GP for acute eye complaints with subsequent prescribing of medication as appropriate if needed.

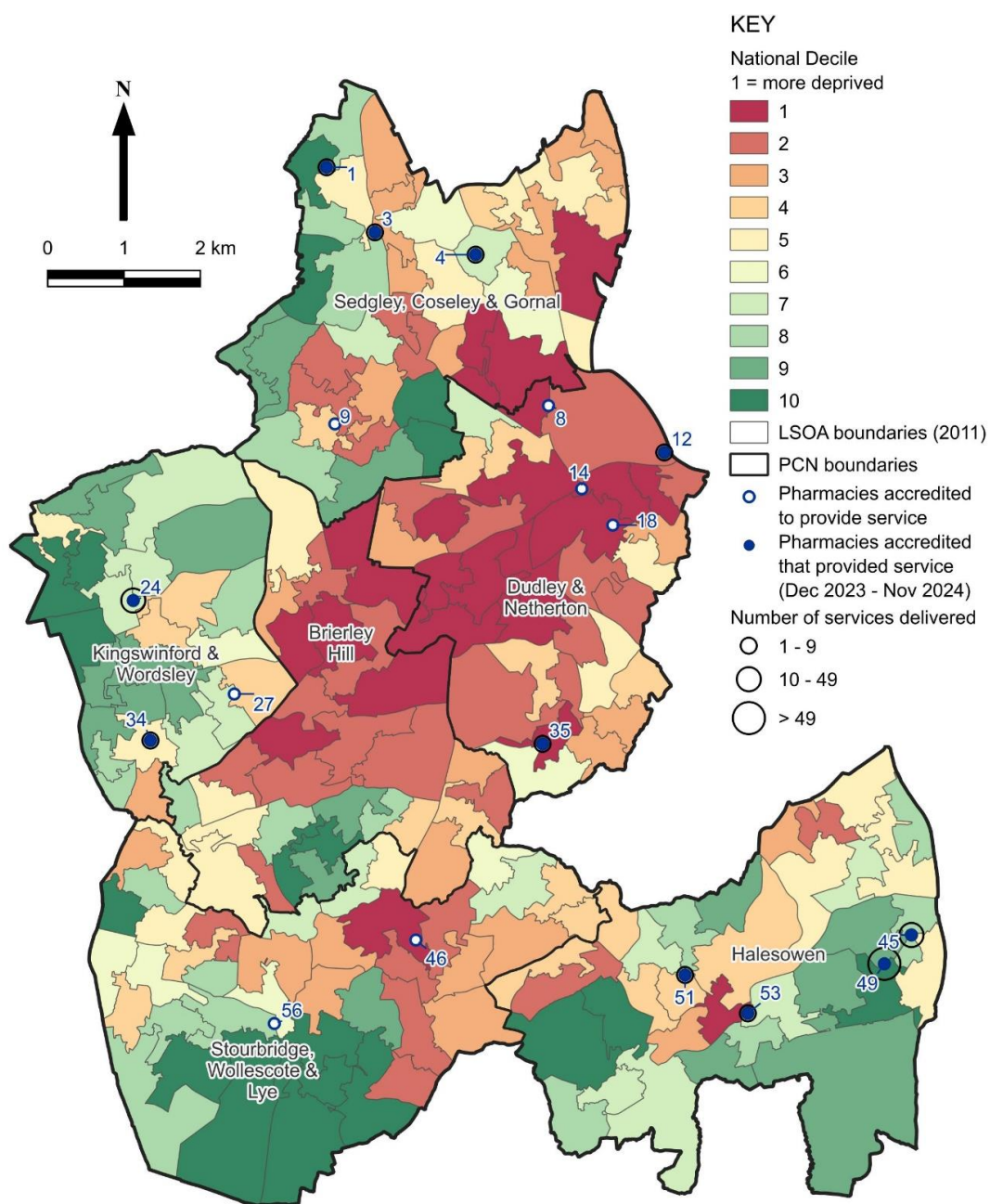
Assessment 13: Community Urgent Eyecare Service

We conclude that access to this desirable service is good within the borough (exception is Brierley Hill PCN, see Table 6 and Figure 27), even though actual delivered activity is low. Access to CUES is absent within Brierley Hill PCN and a gap in service need has been identified. The commissioner (BCICB Community Pharmacy Clinical Lead) is advised to work with existing pharmacy contractors (within this PCN) alongside Black Country Community pharmacy to address this gap in access. This is particularly important given Brierley Hill PCN is within one of the areas of greatest deprivation and high health needs.

To improve activity amongst Dudley community pharmacies, we conclude that Community Pharmacy Black Country (in partnership with Black Country ICB, PCNs and the optical provider, Primary Eyecare Services Ltd) should work with existing community pharmacy contractors to overcome barriers to service delivery and ensure an equitable service for patients no matter which community pharmacy they use.

Black Country ICB (commissioner) is recommended to ensure the optical provider holding the main contract for CUES (Primary Eyecare Services Ltd) provides clear communication to service users to ensure treatment recommendations and/or signed orders are directed to the community pharmacy. Signposting and utilisation of this service should be reviewed by the commissioner to ensure the correct entry points of care are being used in the NHS (aligned to the original vision for MECS). At future planned contract reviews (between the Black Country ICB and optical care provider for CUES), a comparison of activity by the provider for written signed orders/treatment recommendations (accessed by Dudley GP registered patients) should be matched with activity delivered by this service by community pharmacy contractors. If this identifies a significant difference (which we hypothesise), this should then be further investigated to understand why (and offer solutions moving forward).

Figure 27: Location of pharmacies accredited to provide and providing Community Urgent Eyecare Service (CUES) in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



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Specialist Palliative Care Drugs Supply Service (SPCDS)

Black Country ICB commissions (facilitated via Midlands & Lancashire Commissioning Support Unit) a SPCDS Service to two community pharmacies within the borough. This is a reduction from four pharmacies since the last PNA. Two pharmacies took decision to exit the service level agreement, anecdotally citing lack of funding and increasing workload as reasons for exit.

However, 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 based on need within the population of Dudley borough and access during core and extended hours during the day.

Historically, this service was first commissioned as an enhanced service pilot for twelve months (April 2016 to March 2017) by NHS England & Improvement within pre-selected community pharmacies across the West Midlands area. Following the end of the pilot, NHS England West Midlands took the decision not to re-commission the service and responsibility for ongoing commissioning was transferred to CCGs as part of their local end of life care pathway and/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. Following the merger of the four CCGs (Dudley, Wolverhampton, Sandwell & West Birmingham and Walsall), the service became the responsibility of the Black Country ICB.

The aim of this service is to provide a network of community pharmacies, across the Black Country 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 (9pm) seven days per week. It will be expected that working with BCICB, 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.

Within Dudley, two community pharmacies (Figure 28) provide this service (Jhoots Pharmacy, ID number 32 Appendix 1 and Peak Pharmacy, ID number 55 Appendix 1). Jhoots Pharmacy (ID number 32, Appendix 1) will provide extended hours access for the Dudley population (72-hour pharmacy with weeknight and weekend opening hours until 21:00). This ensures good access to the service in the Dudley & Netherton, Halesowen and Brierley Hill townships. The north of the borough (Sedgley, Coseley and Gornal PCN) can access this service from two community pharmacies located within Wolverhampton (Figure 28, pharmacy ID 86 and 93, Appendix 3).

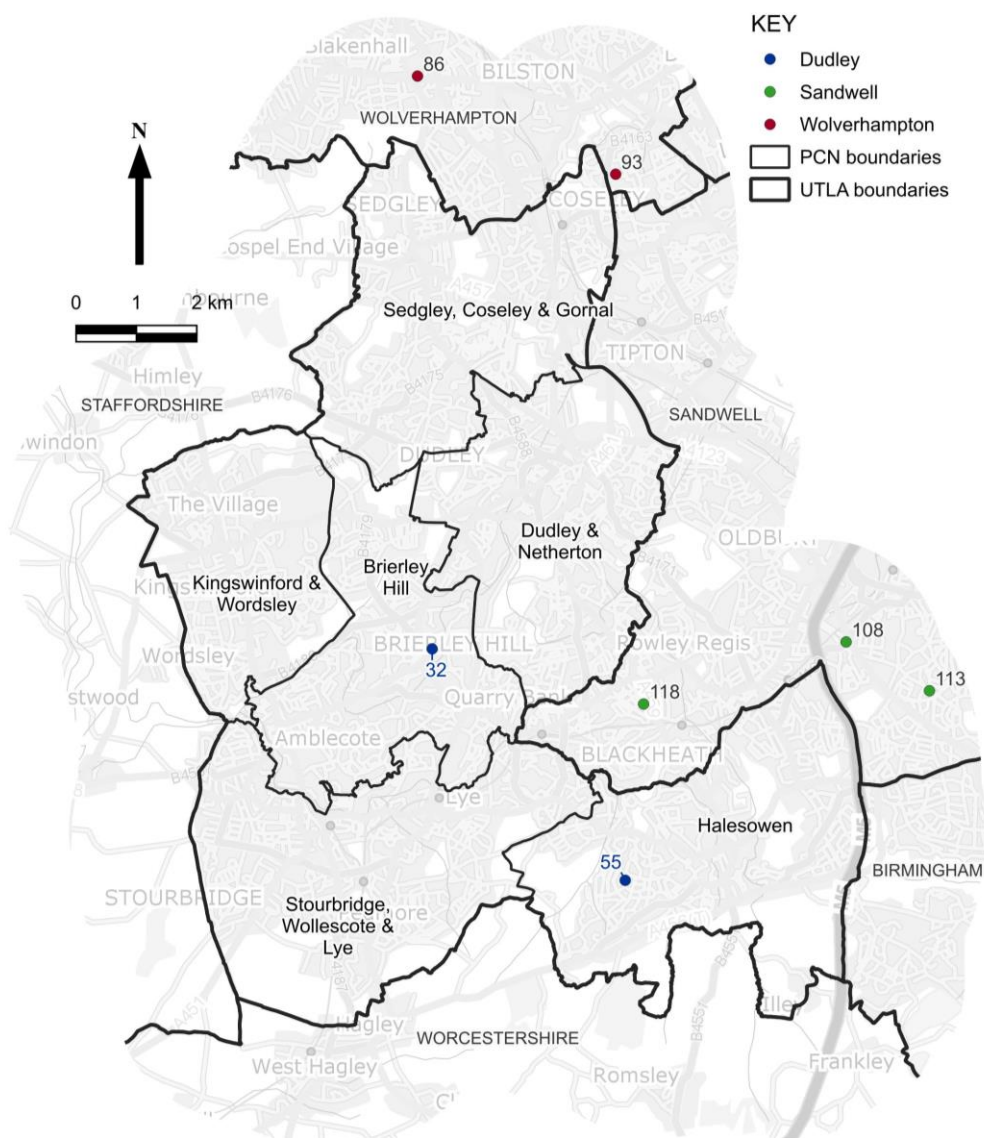
Additionally, all community pharmacies (irrespective of this commissioned service) have a contractual obligation under the essential services framework to dispense medicines when presented with a prescription in a timely efficient manner, including palliative care medicines. Therefore, all community pharmacies can supply this group of medicines to ensure adequate access across the borough. However, it is recognised that the Stourbridge population may have to travel further to access these medicines should usual providers in the PCN not hold stock.

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 9pm to 8am, seven days per week) for SPCD, a community clinical hub hosting the overnight palliative care community team situated within Brierley Hill Health & Social Care Centre, Venture Way, Brierley Hill has access to a limited stock of key injectable end of life medication (e.g. Morphine, Midazolam, Glycopyrronium and Levomepromazine) should a need arise. This service is commissioned by the Black Country ICS – Dudley place and is delivered by the acute hospital trust in the community.

We are aware however that due to unforeseen challenges, access to this service may not always be available when needed.

Figure 28: Location of pharmacies providing Specialist Palliative Care Drugs within Dudley and a 2km boundary by Upper Tier Local Authority (UTLA). See Appendix 1 for key to pharmacies in Dudley and Appendix 3 for pharmacies outside Dudley.



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Assessment 14: Specialist Palliative Care Drugs Supply Service

We conclude that the population of Dudley has good access to the SPCD necessary 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. For overnight (9pm to 8am), access to limited key stock overnight is available through a central community clinical hub where in exceptional circumstance a need may arise. We further conclude that our population in Stourbridge PCN and all our population during unsociable hours may have to travel further to access SPCDS.

We advise that the commissioner should work with Community Pharmacy Black Country to review the current provision of this service and onboard additional pharmacies. These should be open during extended hours, ensuring sufficient stock is available until 9pm seven days per week, and providing clear signposting to avoid delays in identifying how the service can be accessed.

Directorate of Public Health and Wellbeing Services

A range of services is commissioned directly or indirectly by Dudley MBC Directorate of Public Health and Wellbeing through community pharmacies. Those delivered up to March 2025 include emergency hormonal contraception, condom and Chlamydia screening, supervised drug consumption, needle exchange, brief alcohol advice and Healthy Start vitamins.

Services previously commissioned at the time of the 2022 PNA that have subsequently been decommissioned include nicotine replacement therapy and NHS Health Checks. For both these services there is an adequate level of alternative provision hence provision through community pharmacies was decommissioned.

Sexual Health Services

Pharmacies have become a vital part of the community, particularly with their extended evening and weekend hours, including Sundays. As a result, Dudley pharmacies have been commissioned to provide sexual health services. In 2023, the borough's sexual health services were re-commissioned, with contracts awarded for an all-age sexual health service and a community education and HIV prevention service, to Brook and What Centre, respectively.

Sexual health services delivered through community pharmacies include the well-established Emergency Hormonal Contraception (EHC) service. Pharmacies also continue to offer chlamydia screening to individuals aged 15-24 as part of the local chlamydia screening programme and provide free condoms to 13-25-year-olds through the C-card scheme, both managed by Brook and funded by the Directorate of Public Health and Wellbeing.

Both the borough's Chlamydia Screening Programme and C-card scheme are currently under review, so pharmacies should continue providing these services under the existing arrangements until the review is complete. Services for chlamydia treatment and HIV point-of-care testing in pharmacies were decommissioned in April 2022.

Table 7: Pharmacy sexual health service accredited providers by PCN, as at 28/02/2025

Sexual Health Services	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
Emergency Hormonal Contraception Service	6	6	5	7	8	7
Chlamydia Screening Service	6	6	4	2	5	5
Key:						
	75% or more pharmacies in the PCN provide the service					
	25% to less than 75% of pharmacies in the PCN provide the service					
	Less than 25% of pharmacies in the PCN provide the service					

Source: Pharmacy Contract data, Dudley MBC

() = Number of pharmacies within each PCN

Provision of Emergency Hormonal Contraception (EHC)

This service is commissioned by Dudley MBC's Directorate of Public Health and Wellbeing to provide Emergency Hormonal Contraception (EHC) (levonorgestrel 1500 micrograms) to females aged 13 and over under a Patient Group Direction (PGD). A PGD, signed by both a doctor and a pharmacist, allows nurses and pharmacists to supply and administer prescription-only medicines (POMs) based on their own clinical assessment, without the need for an individual prescription from a doctor.

The standard criteria for pharmacies providing the EHC service include:

- Accredited premises (a consultation area meeting the standards required for advanced services)
- Pharmacists must complete the defined Centre for Pharmacy Postgraduate Education (CPPE) distance learning modules
- Attendance at training events as required by the commissioner

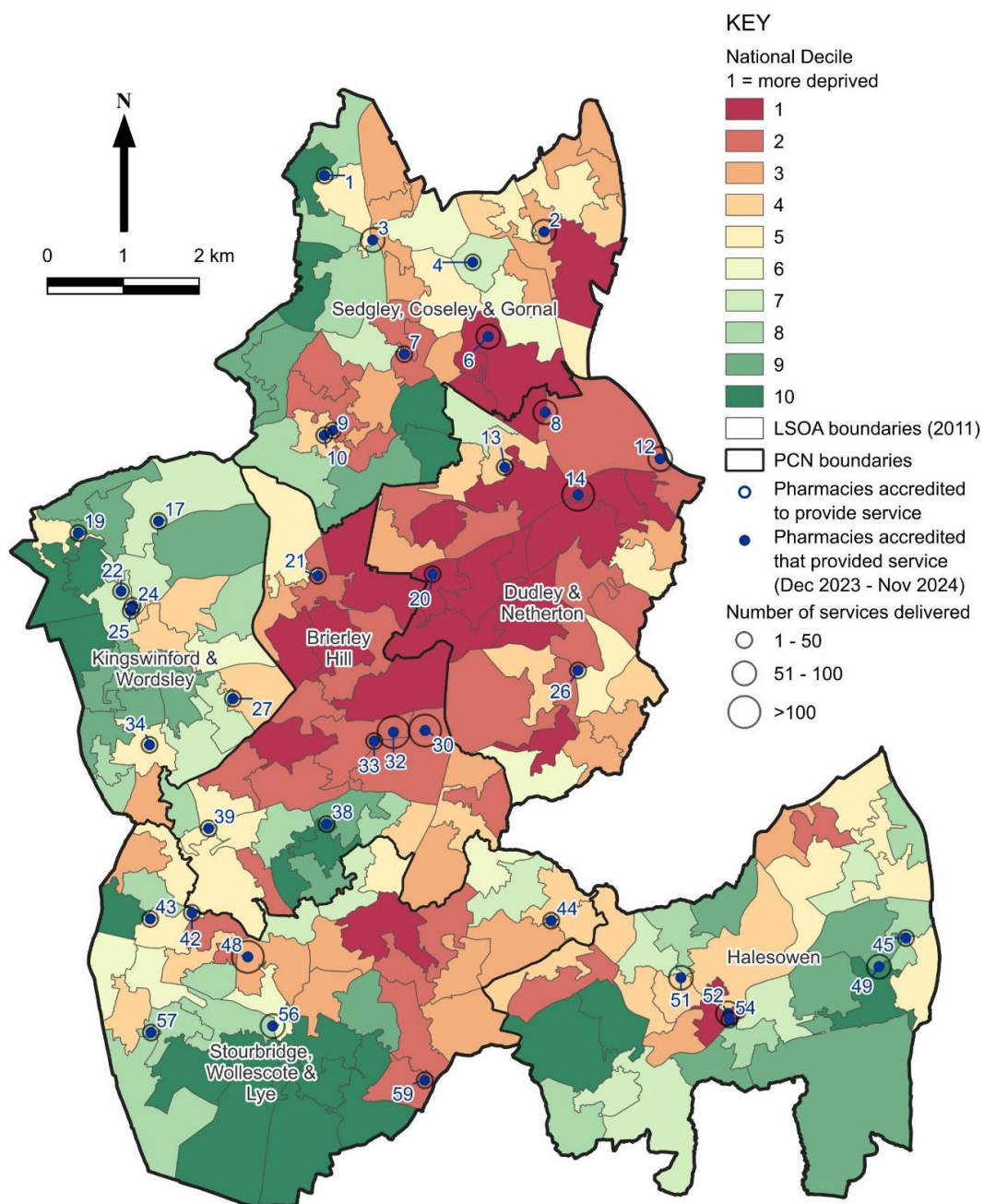
EHC provision is well established within Dudley pharmacies. For the 12-month period ending in November 2024, 39 pharmacies were accredited to provide the EHC service across Dudley (Table 7). All 39 delivered at least once during that period with a total of 3227 provisions or personal interactions delivered. These pharmacies are often located in areas with higher levels of deprivation that would be likely to have higher rates of teenage conception (Figure 29), ensuring good geographical access to the service across the borough. EHC is available in major shopping centres, high streets, local independent community pharmacies, and the LPS pharmacy at The Priory Estate.

Accredited pharmacies are open on Sundays in five out of six Primary Care Networks (PCNs) with the exception of those in Sedgley. However, data shows that more than 50% of women choose to access the EHC service at pharmacies within the Brierley Hill/Merry Hill shopping centres and Dudley town centre. Public transport links are readily available from Sedgley and other areas of the borough, making travel to these locations convenient.

Additionally, the Phoenix pharmacy in Wolverhampton offers extended opening hours, including Sundays, providing Sedgley residents with confidential access to EHC under a service commissioned by Wolverhampton Public Health Department (Figure 10 and Appendix 3, ID number 86).

The Dudley MBC Directorate of Public Health and Wellbeing also commissions a specialist all age sexual health services. Brook has further options for females to access EHC across the borough. More information about these services can be found at Brook Dudley⁴¹.

Figure 29: Location of pharmacies accredited to provide and providing Emergency Hormonal Contraception (EHC) Service in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Claims submitted to the Directorate of Public Health and Wellbeing, Dudley MBC, PharmOutcomes / Indices of Deprivation 2019, MHCLG.
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Females aged 16 and over can also access EHC from any community pharmacy over the counter, provided they meet defined criteria, as a private, non-commissioned service at their own cost. Access remains available through the patient's registered GP too, though this option is less desirable due to the time-sensitive nature of the service.

Assessment 15: Provision of Emergency Hormonal Contraception (EHC)

We conclude that women across the borough have good access to the EHC service, particular in areas of greater teenage conception rates. We further conclude that support and encouragement will be provided by Dudley MBC Directorate of Public Health and Wellbeing 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.

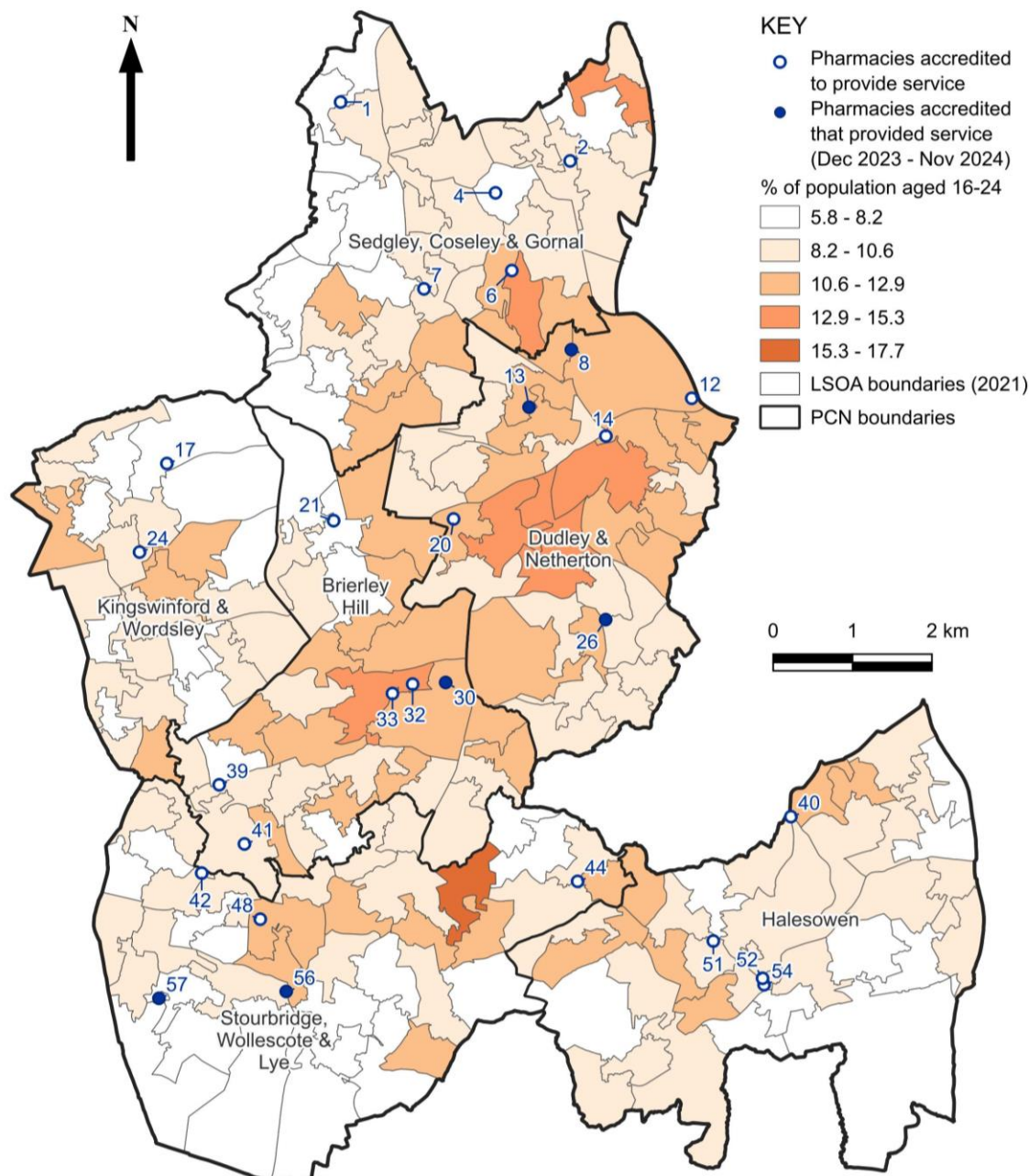
Chlamydia Screening Service

This service involves the distribution of screening kits by trained pharmacy staff and is commissioned by Dudley Council's Directorate of Public Health and Wellbeing, managed by the Children and Young People's (CYP) Manager, in collaboration with Brook, the primary local provider the all-age specialist Sexual Health Services.

In 2023, there were 194,970 new chlamydia diagnoses in England, representing 48.5% of all new STI diagnoses. The highest number of cases occurred among women aged 20 to 24, with approximately 39,000 cases. This age group continues to experience the highest rates of chlamydia infection. Additionally, chlamydia remains highly transmissible and often asymptomatic, with at least 50% of men and 70% of women showing no symptoms.

The English National Chlamydia Screening Programme (NCSP) continues to prioritise reducing the adverse effects of untreated chlamydia infections, particularly focusing on preventing reproductive harm in young women under the age of 25, extending to encompass transgender men, non-binary individuals assigned female at birth, and intersex people with a womb or ovaries. Untreated chlamydia can lead to serious reproductive health issues, including pelvic inflammatory disease, chronic pelvic pain, infertility, and ectopic pregnancy

Figure 30: Location of pharmacies accredited to provide and providing chlamydia screening in Dudley (12 months to 30/11/2024) and percentage of population aged 16 to 24 (2022) by LSOA. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Claims submitted to the Directorate of Public Health and Wellbeing, Dudley MBC, PharmOutcomes / 2022 Mid-Year Population Estimates, ONS.
Produced by: Public Health Intelligence Team, Dudley MBC.
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Recent updates to the NCSP emphasise offering chlamydia tests to young women at all contraceptive appointments and following a change in sexual partner, aiming to enhance early detection and treatment. These measures are part of ongoing efforts to improve sexual health services and outcomes.

For the 12-month period ending in November 2024, 28 pharmacies were contracted to provide this service through the Brook CSP. However, data shows that only six pharmacies were actively providing the service, with 21 provisions or personal interactions (Figure 30). Due to the re-commissioning of the all-age sexual health services provided by Brook and the low number of CSP interactions, it is recommended that arrangements with pharmacies for CSP is ceased once the contract has ended.

Assessment 16: Provision of Chlamydia Screening

We conclude there is poor geographical access for eligible people under the age of 25 to access chlamydia screening across the borough through pharmacies. In January 2022, the Public Health Outcomes Framework (PHOF) introduced a new benchmark for the Chlamydia Detection Rate Indicator (DRI), setting the target at 3,250 cases per 100,000 females aged 15 to 24. This updated benchmark emphasises the importance of chlamydia screening among young women to facilitate early detection and treatment, thereby reducing the risk of serious reproductive health issues. All pharmacies providing EHC should be encouraged to promote both chlamydia screening and distribution of condoms via the Brook sexual health service.

C-card Condom Scheme

Pharmacies in Dudley have been contracted through Brook, commissioned by Dudley Council's Directorate of Public Health and Wellbeing, to deliver the C-Card scheme. In the last quarter of 2024-2025, two pharmacies participated in this initiative, which is a substantial decline from 16 in 2021-22. The C-Card scheme offers free condoms, lubricants, information, and advice to young people aged 13 to 24 residing or studying in Dudley. Registration allows access to these resources at any participating outlet, promoting reproductive and sexual health among youth.

Given the high rates of chlamydia among 15 to 24-year-olds, condom use is strongly encouraged in all sexual health interventions. This aligns with services like Emergency Hormonal Contraception (EHC) provision and chlamydia screening programs offered by pharmacies, aiming to reduce STI transmission and support public health efforts.

Assessment 17: Provision of C-card Service

In 2024 Brook facilitated C-Card training for all interested pharmacies in the Dudley borough, aiming to ensure that young people could access condoms and sexual health advice within their communities. However, there has been very limited participation, thought in part to be due to the time required to complete documentation.

Due to the lack of use of this service despite the training from Brook and the development of the community education sexual health and HIV prevention service provided by the What Centre, it is recommended that the C-Card scheme is ceased within pharmacies as support is offered within the What Centre provision.

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 Directorate of Public Health and Wellbeing, 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 8 shows the activity for twelve months to March 2025 of substance misuse services in pharmacies within Dudley by PCN.

Table 8: Substance Misuse services accredited providers by PCN, as at 31/03/2025

Substance Misuse services	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
Supervised consumption service	11	10	9	6	10	8
Needle exchange and Naloxone service	2	3	1	1	2	2
Key:						
	75% or more pharmacies in the PCN provide the service					
	25% to less than 75% of pharmacies in the PCN provide the service					
	Less than 25% of pharmacies in the PCN provide the service					

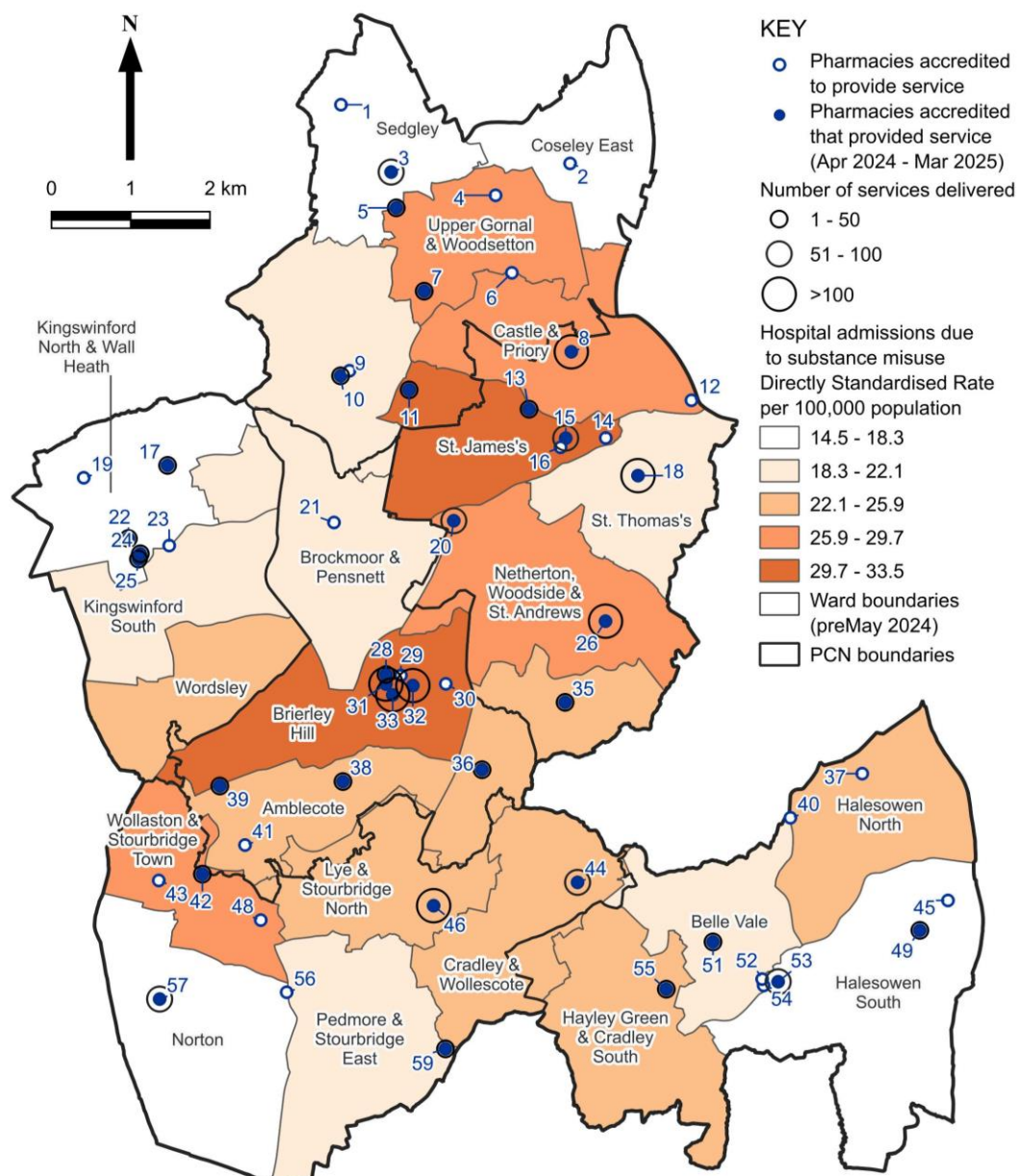
Source: Change Grow Live (CGL) data

() = Number of pharmacies within each PCN

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.

Figure 31: Location of pharmacies accredited to provide and providing Supervised Consumption Service in Dudley (12 months to 31/03/2025) and rate of Hospital Admissions Due to Substance Misuse per 100,000 population (2019-2023) by Ward. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Change Grow Live (CGL) data / Hospital Episode Statistics (HES). Produced by: Public Health Intelligence Team, Dudley MBC.
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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 (National Collaborating Centre for Mental Health, 2008) 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.

54 community pharmacies offered instalment dispensing and a supervised consumption treatment service during the period of twelve months to March 2025 (Figure 31). 32 delivered activity during this period. 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.

There is good pharmacy provision in each PCN. 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.

Assessment 18: Supervised consumption services

We conclude that current community pharmacy contractors provide good service provision and coverage across all six PCNs. No gaps have been identified in service provision.

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. During the year to March 2025, eleven pharmacies provided NES within the borough (Figure 32), in addition to the service provided from Atlantic House in Lye (main provider of substance misuse services within Dudley). Five of these pharmacies actually delivered service activity.

The areas with the most discarded needle locations were found in Halesowen, Stourbridge, Wollaston and Lye and Brierley Hill. Figure 32 shows that there are pharmacies providing a needle exchange service within the corresponding PCN areas.

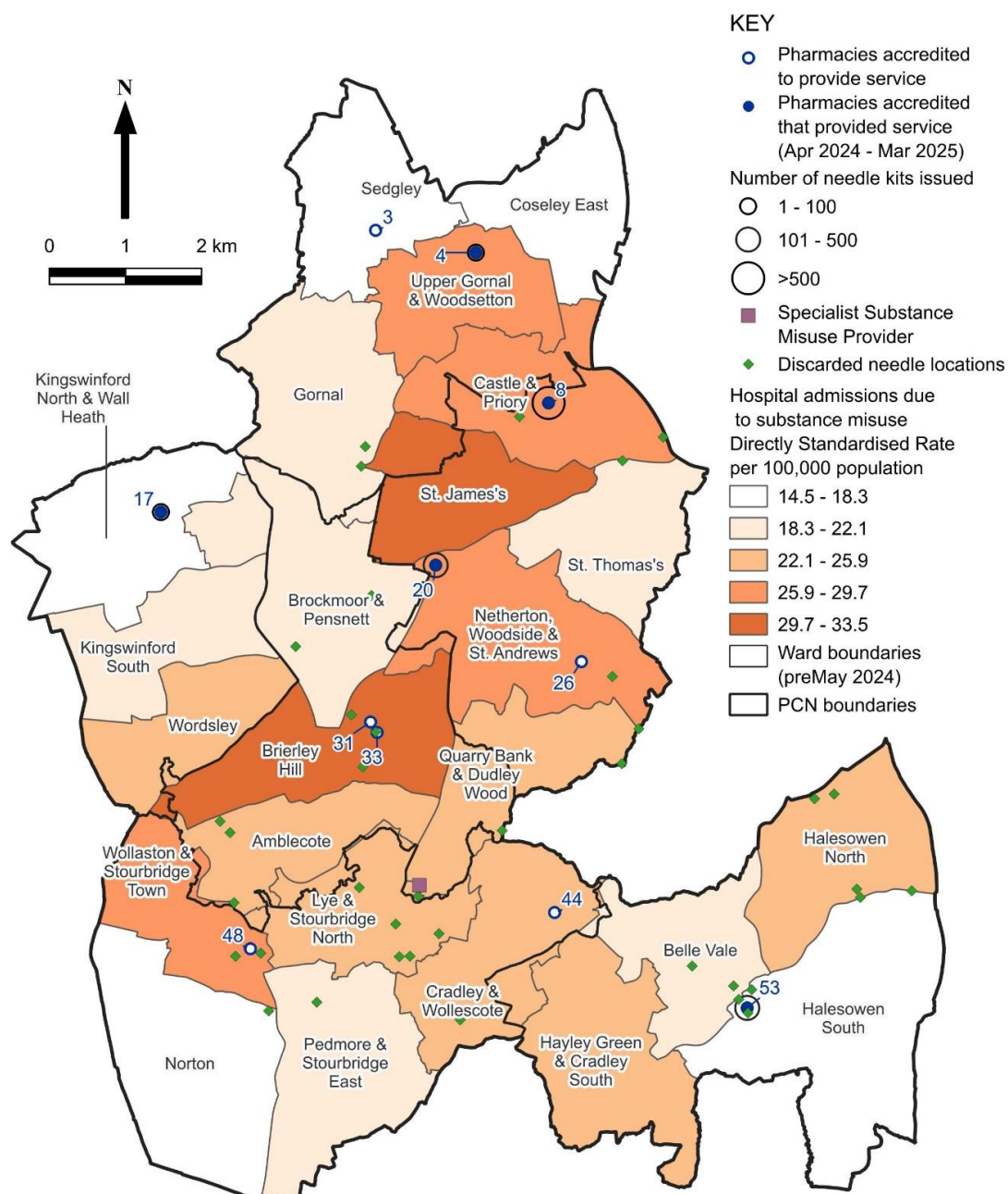
Naloxone is an emergency antidote for opiate overdose and is provided by all pharmacies offering the needle exchange service to service users. This is an additional service that has been commissioned by the substance misuse provider since the last PNA.

Community pharmacy is well placed to support harm reduction for those service users who may not be engaged with substance misuse services.

Assessment 19: Needle Exchange Services

We conclude there is good access for both Needle exchange and naloxone services across the borough within those areas of greatest discarded needles located. Many service users will already utilise the main provider (CGL, Atlantic House in Lye) to access NES and Naloxone. We further 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. Consideration should be given to promoting the service and targeting access particularly within those areas where there have been more discarded needle finds.

Figure 32: Location of pharmacies accredited to provide and providing Needle Exchange and Naloxone Service in Dudley (12 months to 31/03/2025) and rate of Hospital Admissions Due to Substance Misuse per 100,000 population (2019-2023) by Ward. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Change Grow Live (CGL) data / Hospital Episode Statistics (HES) / Neighbourhood Services, Dudley MBC. Produced by: Public Health Intelligence Team, Dudley MBC.
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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 parallel service for several optical practices within the borough.

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.

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) **Opportunistic identification** of people likely to be at higher risk
- 2) **Screening** using the AUDIT alcohol assessment tool
- 3) **Brief Intervention** of around 3-5 minutes with advice about sensible drinking
- 4) **Follow-up** four weeks later of people scoring in the hazardous drinking category
- 5) **Referral** to the specialist alcohol treatment service for patients identified as harmful or dependent drinkers

Figure 33 shows the Narrow Alcohol-related Admissions for the period 2019-2024 mapped against service activity from community pharmacies for. 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).

Four out of the 14 accredited pharmacies delivered activity (defined as those pharmacies indicating they provide this service in the Pharmaceutical Contractor Questionnaire for Alcohol Identification and Brief Intervention during the twelve month period to November 2024) (Table 9 and Figure 33). 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 9 Pharmacy Alcohol Identification and Brief Advice (IBA) accredited service providers by PCN, as at 28/02/2025

	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
Alcohol IBA Service	3	3	2	2	3	1
Key:						
	75% or more pharmacies in the PCN provide the service					
	25% to less than 75% of pharmacies in the PCN provide the service					
	Less than 25% of pharmacies in the PCN provide the service					

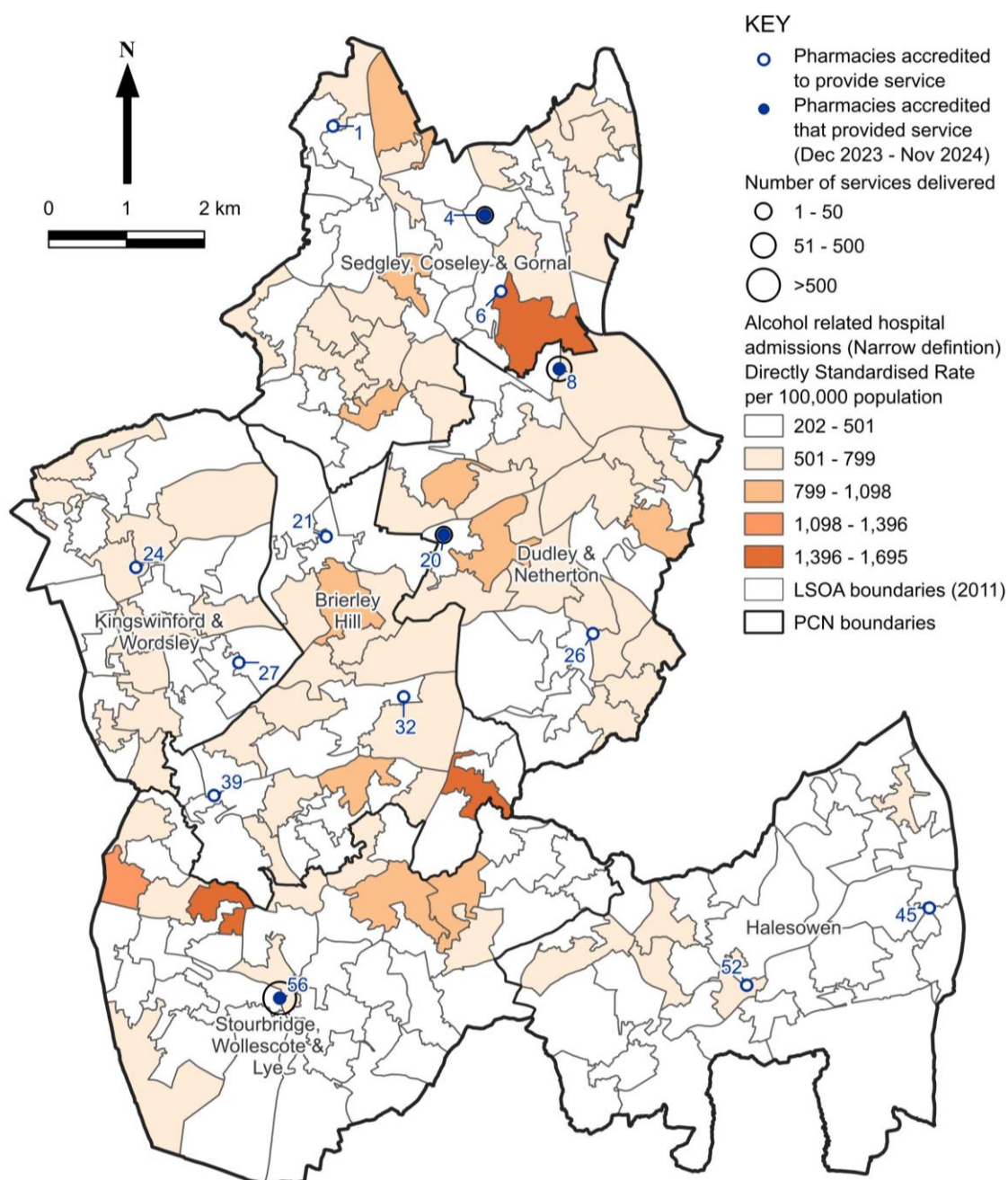
Source: Pharmacy Contract data, Dudley MBC

() = Number of pharmacies within each PCN

Assessment 20: Provision of Alcohol Screening and Brief Intervention

We conclude that significant gaps exist with access to this service across the borough. However, there are sufficient existing contractors within these gaps willing to deliver this service. Dudley Council Directorate of Public Health and Wellbeing will need to work with Community Pharmacy Black Country and existing contractors to provide an equitable service for all patients irrespective of which community pharmacy they regularly use.

Figure 33: Location of pharmacies accredited to provide and providing Alcohol Identification and Brief Advice (IBA) Service in Dudley and the rate of Alcohol Related Hospital Admissions per 100,000 population (2012-20 to 2023/24) by LSOA. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Claims submitted to the Directorate of Public Health and Wellbeing, Dudley MBC, PharmOutcomes / Hospital Episode Statistics (HES), NHS England. Produced by: Public Health Intelligence Team, Dudley MBC. © Crown Copyright and database right 2025. Ordnance Survey AC0000818907.

Healthy Start Vitamins

This service is commissioned by the Directorate of Public Health and Wellbeing, Dudley MBC.

- Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families receiving benefits and tax credits. Women who are at least ten weeks pregnant and families with children under four years old (referred to as *Healthy Start beneficiaries*) qualify for Healthy Start if they receive Universal credit and their family's monthly 'take-home pay for this period' is £408 or less from employment
- Income Support
- Income-based Jobseeker's Allowance
- Pension Credit (which includes the child addition)
- Women under 18 years old who are not receiving any benefits, and people with no recourse to public funds who have a British child aged under four years also qualify.

The scheme consists of two elements. Funds are loaded onto a Healthy Start smart card which can be used in shops that accept Mastercard payments. £4.25 is paid each week of pregnancy from the tenth week of pregnancy, then £8.50 each week for children from birth to one year old, and £4.25 each week for children between one and four years old or until qualifying eligibility benefits end, whichever is sooner. The card can be used to purchase cows' milk, formula milk, fresh, frozen or tinned fruit and vegetables and fresh, dried or tinned pulses.

In addition, pregnant women, women with a child under one year old and children aged up to four years old who have a Healthy Start smart card can also get free vitamins with their card. Children take five vitamins drops per day, comprising 233 micrograms of vitamin A, 20 milligrams of vitamin C and 10 micrograms of vitamin D3. Women take one tablet per day, comprising 70 milligrams of vitamin C, 10 micrograms of vitamin D and 400 micrograms of folic acid. They are suitable for vegetarians and are free from wheat, fish, egg, salt, colouring, flavours, preservatives and gluten.

Healthy Start vitamins are important because:

- 8% of children under five in the UK do not have enough vitamin A and less vitamin C in their diet⁴²
- all pregnant and breastfeeding women and young children are at risk of vitamin D deficiency⁴³. Teenagers, younger women and those from ethnic minorities are particularly at risk.

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 being at risk and potentially able to benefit from vitamin supplementation. Dudley MBC Directorate of Public Health and Wellbeing commissioned this service from community pharmacists to improve local access to Healthy Start vitamins with the aim of improving uptake 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 aligns to our vision for “*all children in Dudley borough to have the best start in life, investing in the first 1001 days*”.

The scheme recently moved away from paper vouchers to a smart card, and uptake has dropped nationally as old paper voucher claimants needed to reapply for the new card scheme which has led to ongoing issues. In the twelve months to end of March 2025 there were 2,269 claimants in Dudley.

As of April 2025, nine pharmacies in Dudley still provide this service (Table 10, Figure 34):

- ASDA Halesowen, Queensway, Halesowen B63 4AB
- Gornal Wood Pharmacy, 18 Abbey Rd, Gornal Wood DY3 2PG
- Morrisons Pharmacy, Charterfield Shopping Centre, Stallings Lane, Kingswinford, DY6 7SH
- Murrays Pharmacy, 57 Queensway, Halesowen B63 4AG
- Priory Community Pharmacy, 95-97 Priory Rd, Dudley DY1 4EH
- Tesco, Birmingham Rd, Dudley DY1 4RP
- Village Pharmacy, 9 Market St, Kingswinford DY6 9JS
- Swinford Pharmacy, 90 Hagley Rd, Oldswinford, Stourbridge DY8 1QU
- Broadway Pharmacy, 95 The Broadway, Stourbridge DY8 3HX

Table 10: Pharmacy Healthy Start Vitamins accredited service providers by PCN, as at 28/02/2025

	Brierley Hill (11)	Dudley & Netherton (10)	Halesowen (10)	Kingswinford & Wordsley (8)	Sedgley, Coseley & Gornal (10)	Stourbridge, Wollescote & Lye (10)
Healthy Start Vitamins	0	2	2	2	1	2
Key:						
	75% or more pharmacies in the PCN provide the service					
	25% to less than 75% of pharmacies in the PCN provide the service					
	Less than 25% of pharmacies in the PCN provide the service					

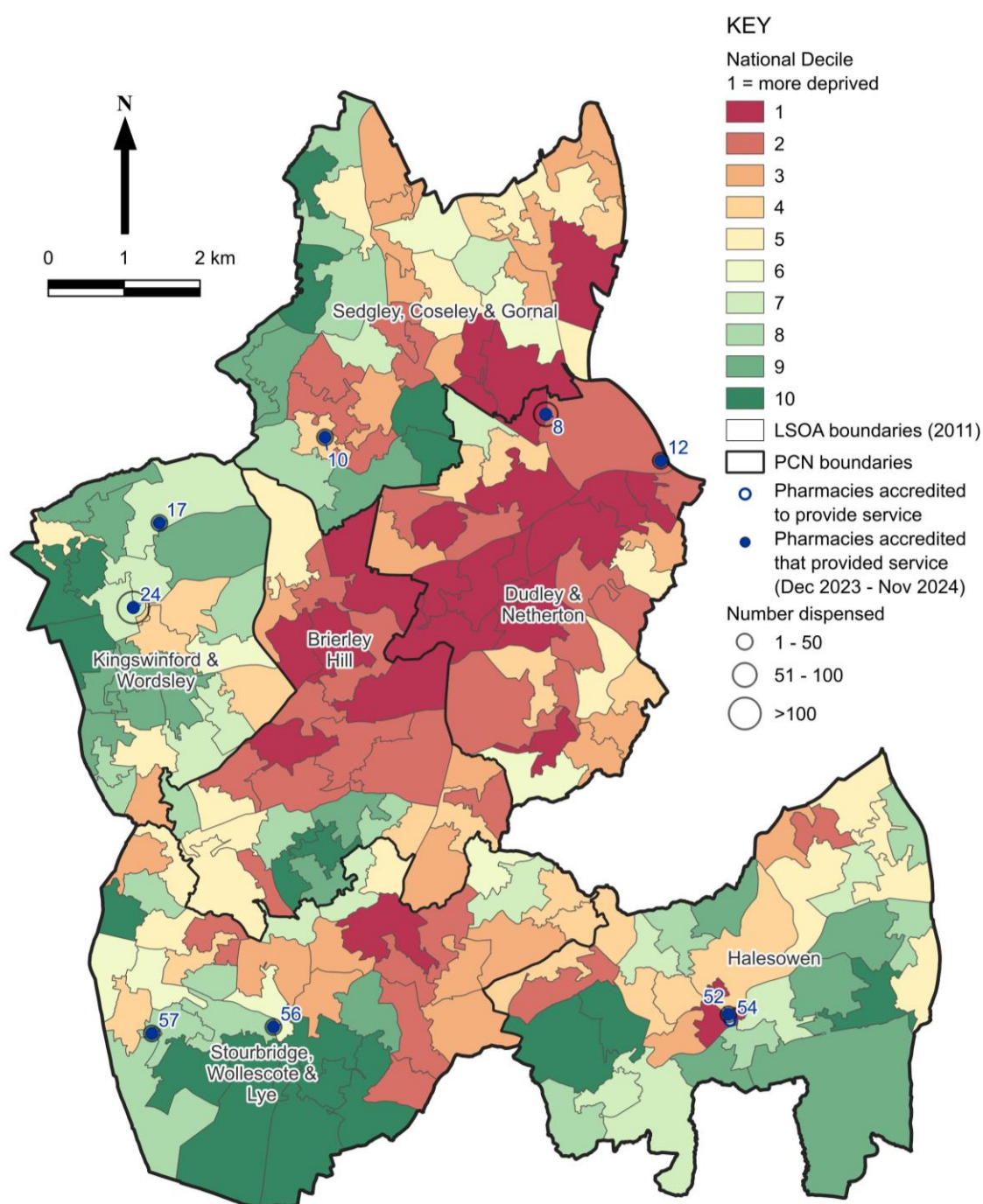
Source: Pharmacy Contract data, Dudley MBC

() = Number of pharmacies within each PCN

Assessment 21: Healthy Start Vitamins

We conclude that access through pharmacies to this service is poor within Dudley, particularly in Dudley and Netherton PCN which is one of the areas of greatest deprivation and the greatest health need. We further conclude that Public Health and Wellbeing will identify pharmacy contractors within areas of high need and work with them to explore how they can improve access for our population. However, the majority of people who receive Healthy Start vitamins receive them through antenatal services at Dudley Group so there is a major alternative source.

Figure 34: Location of pharmacies accredited to provide and providing Healthy Start Vitamins Service in Dudley (12 months to 30/11/2024) and Index of Multiple Deprivation 2019 National Deciles. See Appendix 1 for key to pharmacies.



Source: ODS Data Search and Export, NHS England / LLPG, Dudley MBC / Claims submitted to the Directorate of Public Health and Wellbeing, Dudley MBC, PharmOutcomes / Indices of Deprivation 2019, MHCLG.
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Patient & Public Involvement

As part of previous PNAs, patients and the public were consulted on their views and requirements for community pharmacies services through commissioning research to Healthwatch Dudley in 2014 (gained mostly through postal questionnaire), 2017 (mostly through focus groups, see Figure 35) and 2022 (online questionnaire with paper option).

The rationale for adopting different approaches for each PNA has to triangulate and better understand some of the responses gained from earlier PNAs. Full reports for previous consultations are available online⁴⁴.

2025 public consultation

Methods

A new public consultation was carried out in February 2025 to gather contemporary views and requirements for community pharmacies services. An online questionnaire was adapted from the survey previously used in 2022, whilst paper copies were made available for those who would be unable to access the questionnaire online.

Information about the survey was circulated through the following channels:

- Copies of a poster with information about the survey and how to respond were sent to all pharmacies in the borough to display
- The survey was promoted via social media on Dudley Council Facebook and Twitter accounts
- The survey was promoted through primary care
- Information was available on Connect (Dudley Council's staff intranet)

To ensure feedback could be received from people who might struggle to complete online questionnaires, Healthwatch Dudley kindly shared the survey through their local networks and took paper copies out during pre-arranged public engagement as part of their ongoing work programme.

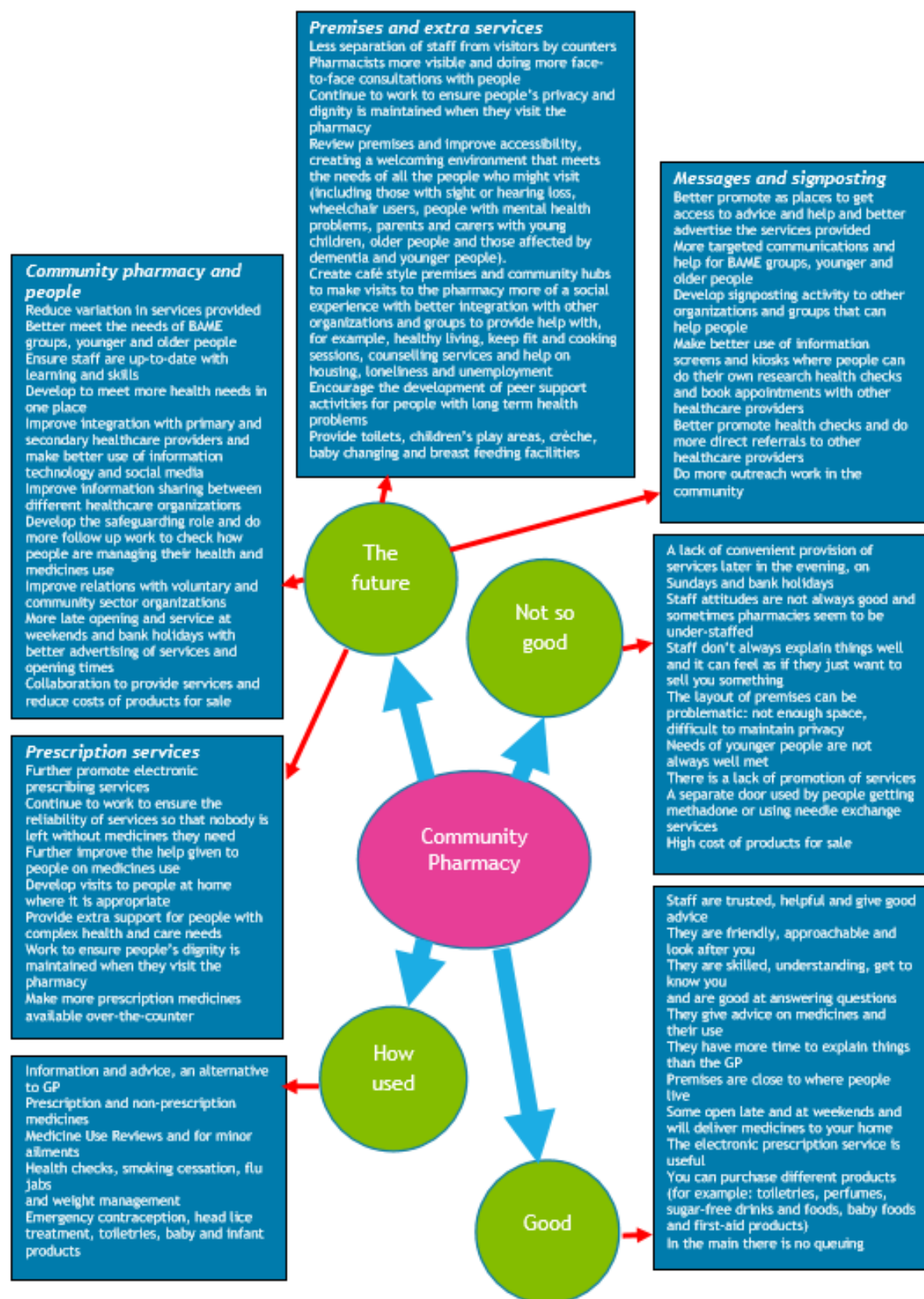
In the course of this, they visited multiple groups identified by Dudley Adult and Community Learning. These included a Key Skills session and various levels of English Speakers of other languages (ESOL). This engagement allowed us to hear what members of some seldom-heard communities had to say about accessing pharmacies, who may otherwise not have had the opportunity to share their experience. They

completed surveys with the assistance of Google Translate, the ESOL tutor and ESOL resources. Many respondents were unaware of the various services pharmacies provide other than buying products over the counter (both medicinal and non-medicinal) and collecting medicines via submitted prescriptions.

A Brockmoor & Pensnett Community Showcase Event brought together local groups, services, and activities to celebrate things that are happening in the local area. The event was attended by 159 local residents, including families, children and people from a local care home. The event also provided an opportunity for Healthwatch Dudley to complete PNA surveys and share feedback about local health and social care services.

Healthwatch Dudley chaired the Dudley Deaf Focus Group which provided an opportunity for representatives from the local Deaf community to share their experiences of accessing health and social care services. This adds to ongoing work between Healthwatch Dudley and the local Deaf community to address barriers faced by the and improve access to services. Healthwatch Dudley shared the PNA survey with workers from Deaf Support who agreed to collect responses on behalf of Healthwatch Dudley and Public Health.

Figure 35: Healthwatch Information Map of responses to community pharmacy enquiries in 2017



Results

Demographics

134 people responded to the questionnaire. All responses received were online.

- The majority of respondents were female (75%), with the remaining 25% of respondents identifying as male.
- More responses were received from respondents aged 45 to 54 (29%), 55 to 64 (26%), and 65-74 (14%). Fewer responses were received from respondents aged 35 to 44 (13%), 25 to 34 (9%), and those aged 75 and over (9%). No responses were received from respondents aged 24 and below.
- The majority of respondents were of White British ethnicity (73%). 18% were of Asian ethnicity, 2% were of Black ethnicity, 1% were of mixed ethnicity, and 6% responded as “any other”.
- The vast majority of respondents (96%) were of heterosexual orientation. 2% identified as bisexual, 1% identified as gay or lesbian, and 1% identified as “any other”.
- The largest proportion of respondents (17%) lived in the DY3 postcode.

Use of pharmacies

- The majority of respondents stated that they used pharmacies for themselves (58%). 16% said they used pharmacies for a child or young person, 14% for an elderly person and 12% for someone else they cared for.
- Almost half of the respondents (49%) said that they used pharmacy services in the last week. 30% used them more than one week to one month ago. 15% said they used them more than one month to three months ago. A small number used them more than three months to six months ago (4%, 5 responses), more than six months to a year ago (1 response), or more than a year ago (2%, 3 responses).
- The majority of respondents (70%) said they frequently or very frequently used pharmacies near their home. 44% frequently or very frequently used pharmacies at or near their GP surgery.
- When asked to rank their preference for when they would want to use pharmacy services, most respondents preferred to use pharmacies between 9am to 6pm.
- When asked what was most important to them when choosing a pharmacy, the most common responses were “close to home” (32%), “close to GP surgery” (14%) and “friendly staff” (13%).

- When asked about barriers to visiting pharmacies, the most common responses were “none” (30%), “medications not in stock” (22%), and “opening times not convenient”. When asked to comment about other barriers to visiting specific pharmacies, respondents commonly cited pharmacies having a lack of accessibility for those with disabilities e.g. one person commented on the lack of an automatically opening door at their local pharmacy. Some respondents reported that a lack of seating and lifts made the pharmacy trip challenging. One of the respondents mentioned that because of this, they have been using online pharmacy services instead.
- When asked how they typically travelled to a pharmacy, the majority of respondents used a car (53%), or walked (41%).
- The majority of respondents were able to get to a pharmacy within 0-15 minutes (85%), with 13.4% saying it took 15-30 minutes and 2% over 30 minutes.

Services used at pharmacies

- 40% of respondents used pharmacies to collect prescribed medications, with 22% using repeat prescription services, 18% purchasing non-prescription medications, 15% seeking advice regarding medication, and 4% using prescription delivery services.
- The majority (68%) of respondents did not use pharmacy health and wellbeing services. 14% attended for health checks (e.g. blood pressure, blood sugar, or cholesterol levels), 10% attended for baby/child health advice, 4% attended for healthy vitamins advice, 2% attended for healthy eating and living advice, 1% attended for alcohol advice services, and 1% attended for smoking cessation services.
- Sexual health services were not used by the vast majority of respondents (98%), with 1% seeking pregnancy advice, and 1% seeking a condom card. No respondents used HIV testing services.
- 25% of respondents used pharmacies for long term conditions advice.
- With regards to vaccination services, 26% used pharmacies for the flu jab, 23% used pharmacies for the COVID-19 vaccination, 10% for the COVID-19 lateral flow device test kit, and 6% for travel vaccinations
- For treatment of common conditions, the most commonly used service was for sore throat (12%), followed by earache in children and young people (8%). Infected insect bites and urinary tract infections each accounted for 5% (8 and 9 responses, respectively). Sinusitis had 3%, shingles 2%, and impetigo was the least used with only 1 response. Most people (65%) said they had not used any of these services.

- With regards to procedures at pharmacies, 2% attended for ear wax removal, and 2% attended for administration of weight loss injections.
- Non-medical products commonly bought at pharmacies included toiletries and sun cream (30%) and cosmetics (22%).

When asked to consider the pharmacy they most often used:

- 58% of people used the pharmacy at or near the doctor's surgery, 20% used high street pharmacies, and 9% used supermarket pharmacies. 4% used online pharmacies, and 9% used other pharmacy types.
- Feedback was broadly positive. Most people agreed or strongly agreed:
 - The pharmacy provides an area for private consultations.
 - The pharmacy has convenient parking nearby.
 - The pharmacy is easy to get to using public transport.
 - The pharmacy has good opening hours.

Analysis of survey results

The majority of respondents used pharmacies for themselves, although a significant proportion used pharmacies for someone they provided care for. Pharmacies that were closest to home were the most used, and this was the most important factor in deciding which pharmacy to visit. The vast majority of respondents could get to a pharmacy within 15 minutes

Feedback about pharmacies respondents most commonly used were broadly positive. The majority of respondents agreed that their pharmacies had areas for private consultations, and that their pharmacies had good opening hours. Most respondents stated that their pharmacies were easy to access via public transport, or had convenient parking nearby.

Areas for improvement include:

- Stock of medications. Some respondents reported that occasionally medications were out of stock, or that their prescriptions were delayed.
- Longer than standard opening hours as to make it more accessible for certain groups of people including healthcare workers
- More space and privacy for consultations.
- To hire more staff as to address long waiting times.
- Lower prices on OTC products.

- Help with repeat prescriptions including reminders and delivery services
- Availability of sealed “sharpsguard” disposal units for insulin needles.
- Presence of translation services as to help patients communicate better

As with previous surveys for the PNA, there are some issues with how representative the respondents were of the population of Dudley. In particular, fewer people from younger age groups responded, with no one under the age of 25 completing the survey. Additionally, the overall number of responses was low from individuals of the Asian, Black, and mixed communities. Similarly, there was a low overall number of responses from individuals identifying as gay, lesbian, bisexual, or any other non-heterosexual sexual orientations. Further engagement work may be required to ensure that pharmacy services are meeting the needs of all populations within Dudley.

The majority of respondents did not use pharmacies for Health and Wellbeing services, Sexual Health services, or services for the management of long-term conditions. The feedback received may therefore not be applicable to these services. Further engagement work may be needed to gather views of these specific services.

Statutory 60-day consultation

Whilst it is important and good practice to engage service users, there is a statutory requirement for the Health and Wellbeing Board to consult specified organisations for a period of 60 days prior to final publication and to report on any feedback. The PNA steering group carried out consultation with the appropriate organisations, as well as with the general public between 30 June and 28 August 2025.

Answers to all questions being consulted upon, and free text comments received are provided in Appendix 11.

It should be noted that limited feedback from the 60-day statutory consultation is to be expected since if robust engagement has been undertaken throughout the process of writing the PNA, there should be no surprises from the statutory consultation.

Analysis of online reviews of pharmacy service users

For Dudley's 2022 PNA, we piloted a novel method of gathering data regarding customer and patient satisfaction of local pharmacies by collating information from user-generated, publicly available online reviews. This enabled us to gain a richer understanding of the experience of customers of the pharmacies in Dudley. This included detecting common criticisms and praises of what local pharmacies do well and not so well, directly from the population using freely available reviews on social media and other user generated website content.

We considered it sufficiently insightful to repeat the exercise in 2025 as an update to the previous study. This would enable us to identify if similar issues continued to be flagged and to gain an understanding of any changes to the public's perception of local pharmacy services.

Methods

A single researcher (Foundation Year 2 resident doctor in public health) performed online searches of several major online sources of reviews during February 2025. These included Google, Facebook, Yell, NHS community pharmacy webpages, pharmacies' own websites and CQC pharmacy reviews. Data was collated into a Microsoft Excel spreadsheet for analysis. Data collected included average user-rating (1 to 5 stars), written praise/criticism, frequency of written praise/criticism, key themes from the comments, and the number of reviews.

Inclusion criteria

Pharmacies located within the boundaries of Dudley Council, registered as trading in September 2024 were included. Reviews recorded between the previous study date (April 2022) and February 2025 were included.

Exclusion criteria

Three pharmacies had no online reviews so were excluded. Reviews lacking substance or general focus were removed from the study. For example, reviews stating

simply stating 'Good' or 'Bad', with no expansion or further reasoning, were not analysed further.

Results

60 pharmacies were identified. Three pharmacies had no online reviews and were excluded from further analysis.

1098 online reviews were included (Table 11). All of these reviews had an associated 'star-rating' from 1 to 5 (1 being the worst score and 5 being the best score). The average 'star-rating' across all pharmacies included was 3.5 out of 5.

Across all reviews, there were 966 positive comments, and 696 negative comments. 78% of positive comments were regarding the demeanour/personality of staff, and the customer service provided, compared to 30% of negative comments, criticising the customer service provided.

17% of positive comments mentioned praise regarding the running of the pharmacy (opening times, speed of service, communication, delivery service, Pharmacy First etc.), compared to 66% of negative comments criticising the running of the pharmacy.

5% of positive comments praised the premises (cleanliness, location, accessibility, parking etc.), compared to 4% of negative comments criticising the premises.

Table 11: Summary of online pharmacy reviews

Positive	Frequency	Negative	Frequency
Good customer service	334	Poor customer service	107
Trustworthy	12	Rude	46
Knowledgeable	45	Long wait/queue	84
Quick	106	Missing/wrong/error/expired prescription	45
Clean	9	Poor communication	2
Parking	14	Unprofessional	13
Accessible	5	No one answering phone	93
Good communication	7	Understaffed	12
Friendly	134	Slow service	4
Professional	57	Sticking to opening times	96
Delivery service	8	No wheelchair access	3
Good opening times	15	Poor stock	48
Helpful	150	Poor/no delivery service	10
Location	2	Unhelpful	18
Efficient	15	Long processing time	63
Polite	25	Unknowledgeable	9
Good stock	15	Lack of trust	12
Caring	7	Confidentiality breach	9
Confidentiality	1	Parking	3
Organised	1	Unclean	6
Good Pharmacy First	2	Poor Pharmacy First	8
Informative	1	Poor organisation	1
Reliable	1	Pressured to write review	2
		Uncaring	2
Total	966	Total	696

The most frequently mentioned domain of positive feedback provided was that regarding customer service, and the treatment of customers/patients. Patients appreciated when they received friendly, polite and helpful interactions from staff, as well as being knowledgeable and professional. Reviewers praised staff who were considerate, efficient and flexible in meeting their needs. This was particularly mentioned when reviewers required further assistance, such as emergency prescriptions, or in resolving prescription errors. Reviewers were also grateful when staff would provide extra assistance and “go the extra mile” when filing medical exemption certificates or setting up repeat prescriptions with their GP. With some pharmacies, it was evident their customer base was appreciative of long-term service,

reliability and good rapport with pharmacy staff, who have got to know their patients and are well established within the community.

Reviewers who criticised a pharmacy's customer service, frequently mentioned staff that were rude, unhelpful, unprofessional, untrustworthy, and slow in serving customers. Many times, it was mentioned how the reviewers felt belittled by members of staff, and that they were unhelpful in meeting their needs. Some reviewers stated that staff members would be acting unprofessionally behind the counter among colleagues, whilst the customer was waiting to be served. A theme across these reviews, was the lack of help provided/uncaring nature of the staff towards the reviewers. Reviewers often complained about needing to disclose sensitive information about conditions, highlighting their concerns over breaches in confidentiality.

The running of the pharmacy and services provided, including opening times, delivery services, "Pharmacy First" services, stock (on the shelf and of prescription medications) and lines of communication, were also frequently mentioned among reviewers. Praise was given for pharmacies delivery services, with reviewers appreciating a fast and free of charge delivery service, particularly for those unable to leave their home due to illness, disability or caring responsibilities. Reviewers were also grateful for an efficient and effective Pharmacy First scheme, making it easier for them to gain a prescription for conditions in the scheme, alleviating the need for a GP appointment. Appreciation was also shown when a pharmacy was well stocked, and had common, regular medications in stock, reducing the time required to order in these medications.

In contrast, there was some criticism of the Pharmacy First scheme, where reviewers reported being turned down, even though the pharmacy was registered under the scheme, to provide this service. The reviewers noted being more disgruntled over the poor management of this, rather than the lack of the scheme itself, stating that the staff were not informative or provided further help with their presentation, as well as reports of shirking responsibility. Many critical reviewers commented on a pharmacy's poor delivery service, stating they had been given a delivery date, and this not being met, without explanation or follow up, resulting in not receiving medications for a prolonged period of time. As well as this, reviewers were critical of pharmacies that charged for this service.

Another frequently expressed complaint was that of pharmacies not maintaining their advertised closing times, by closing early for lunch, opening later than stated, or closing earlier than stated. It was also stated that during opening times, there was often no pharmacist available to dispense their medications, and so their trip to the pharmacy was wasted. The management of these issues were also complained about frequently in reviews. Communication with the pharmacy is essential, and many reviewers

complained about pharmacies not answering the phone, even after calling a significant number of times. Some reviewers even stated the call would be answered, only for the phone to be immediately hung up.

The premises of the pharmacies themselves received much less attention in the reviews. However, reviewers appreciated clean, accessible and well-located pharmacies, with good provision for parking. Criticism was mostly around poor parking, dirty/unclean premises, with mention of some premises being inaccessible via wheelchair.

Discussion

Comparing the previous study looking at online pharmacy reviews within Dudley, many similar topics continue to be discussed, with customer service being the main area of both praise and criticism. The focus of reviews have remained mostly similar.

By utilising online reviews for service assessment, we open a wealth of opinions and comments of service users who might well not have otherwise participated in formal feedback processes. The data is easy to access, free, and has much valuable information and descriptions of personal experiences, often in great detail. It provides rich feedback directly from service users.

A disadvantage of using online reviews is the inability to verify the reviewer's authenticity. As anyone can upload a review, there is no guarantee that the people who left reviews were genuine service users who were describing authentic lived experiences. In addition, the anonymous nature of the reviews could potentially skew the results, with reviewers leaving comments they might otherwise not have done.

It is unclear whether reviews are more likely to be left in positive or negative scenarios, and it could be argued that reviewers could be more likely to leave a review in extreme situations, where standards have been far above or far below expectations. Therefore, it is possible that online reviews may not represent the average user experience, which should be noted when considering this data.

Nevertheless, this is a valuable opportunity for community pharmacies to take note of common or frustrating themes, particularly those that involve perceived poor customer service, confidentiality, contact or changes in opening hours.

Excepted Applications

Historical 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 initially made it clear that pharmacies that opened under the exemption historically of providing at least 100 hours of pharmaceutical services each week could not apply to reduce their hours now that this exemption does not exist.

Amendment of regulation 65 of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2023

The Secretary of State for Health and Social Care with effect from *26th April 2023*, amended regulation 65 which provides an opportunity for 100-hour community pharmacy owners to apply to reduce their total weekly hours to 72 within set conditions.

Between 2005 and 2012, many community pharmacies were allowed onto pharmaceutical lists if they agreed to provide services for 100 hours per week, rather than the usual 40 core hours. Prior to this Regulation change, those 100 hours pharmacies had not been allowed to reduce their 100 hours commitment. These Regulations allow them to reduce it to 72 hours per week (or to between 72 and 100 hours) if they make an application to BCICB to that effect. However, as part of the reduction, they are not allowed to reduce their hours between 5pm and 9pm, Monday to Saturday, or 11am to 4pm on a Sunday (with a limited exception for a rest break), or to reduce their overall number of hours on a Sunday. Any such evening or Sunday commitment that they had before these Regulations came into force becomes (with a limited exception for Sunday rest breaks) irreducible.

Since publication of the last PNA (2022-2025), four, 100-hour community pharmacies (Pharmacy ID 29, 32, 46 & 54) – see Figure 1 and appendix 1) have successfully applied to reduce their total weekly opening hours under this new amended regulation. Two 100-hour pharmacies (located in Lye and Amblecote) have now closed. Further details including conclusion around impact on access for our population can be found earlier in this PNA under Assessment 2 – Opening hours.

The one remaining category of exempt applications (Distance Selling Pharmacy) in the control of market entry test has been closed recently. From 23 June 2025, no new applications for Distance Selling Pharmacies (DSP) will be accepted/are permitted under the updated NHS (Pharmaceutical and Local Pharmaceutical Services) regulations 2013. More information available here [Distance selling pharmacies - Community Pharmacy England](#)

Pharmacies that intend to open for at least 72 hours per week (Extended Access)

It remains a condition of this exemption that the total contractual hours during which pharmaceutical services will be available are not less than 72 hours each week and access remains between 5pm and 9pm Monday to Saturday and unchanged on Sunday. The usual 40 hours minimum does not apply. Patients who are unable to access services during normal office hours benefit particularly from these pharmacies.

- BCICB 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 BCICB request. BCICB requests can include opening on designated bank holidays 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 72 hour operates must be agreed by BCICB 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 all advanced services).
- Applicants should be willing to fully comply with all the requirements of the BCICB procedure for monitoring pharmacies that open for 72 hours document including the process and paperwork for informing BCICB 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 72-hour pharmacies (Table 12):

Table 12: 72-hour pharmacies within Dudley (see Appendix 1 for key to pharmacies)

ID	Pharmacy	PCN	Address
29	Asda Pharmacy	Brierley Hill	PEARSON STREET BRIERLEY HILL
32	Jhoots Pharmacy	Brierley Hill	BRIERLEY HILL H&SCC
54	Asda Pharmacy	Halesowen	THE CORNBOW SHOPPING CTR
16	Day Night Pharmacy	Stourbridge, Wollescote & Lye	45 HIGH STREET, LYE

Dudley patients also use 72-hour pharmacies in neighbouring areas of Birmingham, Sandwell and Wolverhampton (see Table 13):

Table 13: 72-hour pharmacies within 2km of the Dudley Local Authority (LA) border (see Appendix 3 for key to pharmacies)

ID	Pharmacy	LA	Address
125	Ridgacre HSE	Birmingham	RIDGACRE HOUSE MED CTR
111	Hills Pharmacy	Sandwell	15 HILL TOP ROAD, OLDBURY
118	Pharmacy 365	Sandwell	249 HALESOWEN ROAD,
119	Tesco Instore	Sandwell	1 FOXOAK STREET, CRADLEY
86	Phoenix	Wolverhampton	PHOENIX HEALTH CENTRE

Whilst recognising there are no pharmacies open beyond 9pm during weeknight and weekends, we conclude extended access to pharmacies out of normal office and GP surgery hours fulfils the pharmaceutical service needs of Dudley patient population.

Brierley Hill is well served by extended opening hour pharmacies as are Halesowen and Stourbridge. The Phoenix Pharmacy in Wolverhampton (pharmacy ID 86, figure 10 and appendix 3) provides extended opening hours to Sedgley residents. Sedgley residents accessing OOH medical services (Dudley Emergency Treatment 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 72-hour pharmacies in Dudley and neighbouring areas form an essential part of meeting this need therefore any further 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 Primary Care Trust 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 BCICB as commissioner to better control the opening hours by 72-hour pharmacies in relation to bank holidays.

Distance Selling Pharmacies

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

- Dixons Green Pharmacy⁴⁵
- Meds at Home Limited⁴⁶

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 2013⁴⁷

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 detail several 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 BCICB.

Dudley patients do make use of distance selling pharmacies on the pharmaceutical list of other ICBs (both within the Midlands and beyond).

Shaping the Future

Presently, the responsibility of the NHS Pharmaceutical Services (and Local Pharmaceutical Services) contract within Dudley is the responsibility of the Black Country ICB. This remains favourable to ensure population health outcomes and narrowing of health inequality has the best opportunity to be realised through improved integration of community pharmacy into clinical pathways embedded within the Black Country (primary, community and secondary care).

However, this PNA is being written at a time of significant change with the NHS in England following the change in government during the 2024 general election. In a policy paper, “Road to Recovery: the government’s 2025 mandate to NHS England”,⁴⁸ the new mandate for NHS reform reflects the following national patient priorities:

- Reduce waiting times
- Improve access to primary care
- Improve urgent and emergency care

The 10-year health plan will be published by the government during Spring 2025, setting the roadmap for change with 3 key shifts for the NHS to focus upon:

- Care to move from hospital to community
- Move from analogue to digital
- Move from sickness to prevention

The secretary of state for health announced (March 2025) that NHS England will be abolished within the next two years and that accountability for NHS will return to direct government control via the Department of Health and Social Care. ICBs, whilst remaining as the commissioner for all health services in Dudley are likely to operate differently as strategic health commissioners with a larger population footprint.

The NHS Confederation⁴⁹ has proposed six shifts to achieve strategic commissioning that will drive public service reform and ensure a sustainable health and care system.

1. Reactive to proactive – pushing beyond reactive service management to keeping people healthy by better understanding and then proactively addressing populations’ health needs.

2. Downstream to upstream – shifting a greater share of resources from downstream acute services to anticipatory interventions in the community and better support for longer-term and complex conditions.

3. Competition to collaboration – replacing organisational silos with genuine partnerships across local government, the VCSE sector and the breadth of the NHS.

4. Transactional to transformational– moving beyond just managing contracts for episodes of care to transforming services and commissioning pathways for population cohorts in partnership with providers and the public.

5. Cost to value – achieving return on investments, not just managing costs.

6. Compliance to leadership – empowering local leaders to lead, innovate and listen, rather than just look upwards for instruction.

Community pharmacy services and their teams remain in a favourable position (with good access) to build on the foundations of work already established to support many aspects noted above with specific focus on improved primary care access and moving from sickness to prevention (Pharmacy First, Blood Pressure Service, Pharmacy Contraception Service, Minor Ailments, Community Urgent Eye Care Service (medicines supply), Discharge medicine service and vaccination services).

However, until the details of the NHS 10-year plan are released, it is difficult to understand the full impact the change may have on community pharmacy services for our Dudley population.

Future developments in housing and transport

The Black Country Core Strategy (2011) identified several Regeneration Corridors within Dudley Borough which link the four main town centres. The centres and corridors contain most areas where housing growth would be concentrated over the plan period originally up to 2026. The Dudley Borough Development Strategy (Dudley MBC, 2017) built on this work. The emerging Dudley Local Plan will continue to identify housing growth areas for the new plan period up to 2039. The Regeneration Corridors have the potential to influence pharmaceutical need with respect to an increasing housing stock and population within the next three years, so development sites under construction or with existing full or outline planning permission have been considered (see Appendix 1 for pharmacy details).

- Regeneration Corridor 10 – Pensnett. Dwellings under construction or with planning permission are within 1.3 km of three existing pharmacies ID 10, 17 and 21.
- Regeneration Corridor 11a – Dudley town centre to Brierley Hill. Most sites are in the vicinity of Dudley or Brierley Hill town centres which both have good pharmacy provision.
- Regeneration Corridor 11b – Brierley Hill to Stourbridge town centre. Relevant sites are located around or between Brierley Hill and Stourbridge which are areas with good existing pharmacy provision.
- Regeneration Corridor 13 – Jewellery Line (Stourbridge Junction to Rowley Regis). Most housing under construction is on sites within approximately 0.7 km of Lye town centre which is served by two pharmacies ID 46 and 47. Housing not started with planning permission is spread across a number of small sites, with the largest located within approximately 1 km of Lye centre.
- Regeneration Corridor 14 – Coombswood to Halesowen. The main development sites are in the vicinity of Halesowen town centre which has good provision from pharmacies ID 52, 53, and 54.
- Regeneration Corridor 16 – Dudley town centre to Coseley. The principal site of potential future housing is on the eastern edge of the borough adjacent to Sandwell, approximately 0.5 km from pharmacy ID 100 (see Appendix 3 for details) and 1km from pharmacies ID 2 and 6.

We are not aware of any confirmed significant new housing developments due to be completed within the next three years that are specifically designed for older people who might be expected to have greater health needs and higher levels of pharmacy utilisation. There is land at Ketley Quarry, Kingswinford that will be allocated for new residential growth, but at the moment this is only at the outline stage.

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. Public Health works closely with planning and systems are in place to ensure that the ICB are engaged with planning processes for sites that could generate significant demand on health infrastructure.

During the lifetime of this PNA, the West Midlands Metro light rail extension through Dudley town centre to Brierley Hill is expected to open. This major public transport network improvement project is likely to improve accessibility to certain pharmacies.

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 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 is one gap in geographical access to pharmaceutical service provision on the Russells Hall Estate. Any application to close this gap should ensure opening until midnight due to the proximity of the Emergency Treatment Centre, the out of hours service and public comments of opening hours.

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 (Directorate of Public Health and Wellbeing, Dudley MBC, Black Country Integrated Care System and/or Black Country Integrated Care Board) ever wished to commission local pharmacy services or other enhanced services from existing community pharmacies.

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 primary care network, 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 (apart from the gap identified within Russells Hall Estate (Dudley & Netherton PCN) as above), however, improvements in quality of premises, provision of full range of advanced, enhanced and locally commissioned pharmacy services would be required.

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 broadly 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 9) and all acute out-patient centres. Pharmacies are also located in each of the major shopping

centres and locality High Streets in Dudley. However, we conclude that there is a gap in geographical provision of pharmaceutical services within the Russells Hall Estate in Dudley. We conclude any new consideration of a contract to fulfil this gap must ensure the pharmacy is open until 10pm due to the close proximity of the Emergency Treatment Centre and out of hours service.

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 and comments left in reviews.

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 BCICB Dudley Place commissions an extended access hub in winter for additional general practice capacity within a general practice (High Oak Surgery, ID 24, Appendix 2).

Whilst the provision of 72 hour pharmacies within the borough and neighbouring health and wellbeing areas (see Figure 11A) 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 the Russells Hall site of DGFT (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 BCICB.

This PNA has identified a geographical gap on the Russells Hall Estate as per Assessment 1 and therefore, any consideration of a new pharmaceutical contract to fulfil this gap to support extended access for our population must ensure opening until 10pm within core contracted hours.

Assessment 3: Flu Vaccination Service

Provision of the seasonal influenza vaccination service is offered from greater than 75% of all the pharmacies in each PCN (Table 4) and geographical access across the borough is excellent (Figure 12). We conclude that whilst not every community

pharmacy (see Figure 13) within a PCN has delivered significant activity, given patients have a choice to use any pharmacy within the PCN, there is good access, and therefore there are no gaps in provision. We further conclude that flu vaccination delivery is greater in those community pharmacy providers signed up to the Covid vaccination programme (see below under National Enhanced Services Section).

Eligible patients for vaccination remain able to access this service through their general practice as an alternative provider.

Business intelligence teams within organisations (Black Country ICS and Directorate of Public Health and Wellbeing, Dudley MBC) 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.

Assessment 4: Hypertension Case Finding

Table 4 and Figure 14 demonstrates that 55 community pharmacies are accredited to deliver this service and of these, 55 have delivered activity. Presently, within each PCN (see Table 4), there is good access to this service within 75% of all pharmacies. Reassuringly, accessibility to this service is almost 100% of all pharmacies within the two PCNs with greatest deprivation (Dudley & Netherton and Brierley Hill) (Figure 15).

In part, an explanation for continued good delivery within Dudley & Netherton is that this PCN was chosen in 2023/2024 (due to known health inequalities with CVD) as part of a targeted population health approach across the wider Black Country ICS with support from DGFT PCCPT, PCN Clinical Director(s), Black Country ICS Cardiovascular Clinical Learning Network to accelerate the integration of this service within its general practices.

We conclude that there is good access for our population in Dudley, with good access in areas of higher deprivation (the expectation would be that the need for such a service is highest in these areas, in terms of health gain and narrowing health inequality). This conclusion is made on the basis that the majority of current blood pressure management (whether clinic readings or ambulatory) remains accessible for our population within their registered general practices and increasingly post COVID-19, many individuals have access to and utilise home BP monitoring equipment as part of a self-care approach to long term conditions management.

We conclude that this is a desirable service for our population and encourage all community pharmacy contractors to work with PCNs to ensure this is accessible for all, but particularly for those living in areas of greater deprivation. A co-ordinated and seamless approach with local pathways and clear communication between PCN GP teams and community pharmacies will be key to the sustainable success of this service. We also conclude that this service should be aligned to the NHS Health Checks program.

Assessment 5: Lateral Flow Device Service

Figure 16 and Table 4 demonstrates good access within Dudley, with many pharmacies accredited and evidence of delivering activity with this service. This is considered a necessary service to protect the most vulnerable patients with Covid-19 infection and support timely access to antiviral therapeutic treatments through the local NHS Covid-19 Treatment Service commissioned by BCICB (Treatments for COVID-19 : Black Country ICB). Given, LFD tests are not accessible via GOV.UK or via 119, these LFD test kits are only available free of charge via this service. It is recognised that LFD tests can also be purchased privately by the population.

We further conclude whilst no gaps in access have been identified, the commissioner will work with Black Country Community Pharmacy to support uptake in those community pharmacy providers delivering no activity to ensure patients have a wider choice of providers within the PCN.

Assessment 6: New Medicine Service

Provision of the New Medicine Service is offered from equal to or greater than 75% of all the pharmacies in each PCN (Table 4). We conclude that patients and our population have good access to this service and therefore there are no gaps in provision.

We further conclude that Community Pharmacy Black Country (working in partnership with Black Country ICS and the Dudley PCCPT) will need to work with existing pharmacy contractors 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 should 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.

Assessment 7: Pharmacy Contraception Service

Figures 19 and 20 demonstrate good access to this desirable service within Dudley. Table 4 identifies pharmacy provider accreditation to be 75% or more (of all pharmacies) in all PCNs except Halesowen PCN where accreditation is 60% of all pharmacies. Figure 20 identifies evidence of delivery of this service in all PCN areas, however it is acknowledged that work is needed by commissioner and Black Country Community Pharmacy to ensure more accredited pharmacies are actively supporting delivery of activity. Given this is a relatively new service, anecdotal local soft intelligence from contractors identifies that some are in the process of finalising their training and educational needs to be able to deliver this service.

Black Country ICB working with Community Pharmacy Dudley (facilitated by the ICB Community Pharmacy Clinical Services lead) are continuing to push this service with improved public and general practice team awareness, supporting delivery of educational and training events and working with PCNs in primary care to actively identify existing persons prescribed OC in general practice and target messages to signpost to community pharmacy when further OC is required. This service has been identified as being strategically significant to liberation of GP practice appointments aligned to the primary care access and recovery plan.

Ongoing OC supply (see Figure 20) post initiation by another provider e.g., GP practice or Contraception and Sexual Health Service (CASH)) remains the greatest proportion of service delivery. However, this is to be expected given PCNs and BCICB are supporting a communication plan to prompt proactive referrals from general practice into community pharmacy. Naturally, as confidence and experience build with the community pharmacy workforce (and ongoing OC supply), it is anticipated that OC initiations will increase over time. The expectations of the monitoring requirements and clinical review with OC via a PGD is no different to that of traditional OC access via general practice or CASH services.

OC supply remains available from alternative providers for our population (general practices and CASH services Brook Sexual Health (GUM) Clinics in Dudley)

We conclude there is good access to pharmacy contraception service across Dudley and no gap in access has been identified. We further conclude that where community pharmacies are not delivering activity, BCICB Community Pharmacy Clinical Services Lead and Black Country Community Pharmacy should support contractors to become accredited and deliver activity to ensure more equitable access for our population specifically in areas of greatest deprivation and/or where there is known higher rates of teenage pregnancy or terminations within the borough (Public Health intelligence data should be sought to identify these areas).

Assessment 8: Pharmacy First Service

Provision of the service is offered from greater than 75% of all the pharmacies in each PCN (Table 4). We conclude that whilst not every community pharmacy within a PCN has delivered significant activity, given patients have a choice to use any pharmacy within the PCN, there is good access, and we therefore conclude that there are no gaps in provision.

From the Minor Illness Referral Consultation activity data we further conclude that GP practices in the more deprived areas and PCNs of Dudley are making higher numbers of referrals and more use of pharmacies to support management of conditions that can be safely managed by community pharmacies. This appears to be a positive example of making best use of the most appropriate capacity within the healthcare system (Figure 23).

We further conclude that Community Pharmacy Black Country (working in partnership with Black Country ICS and the Dudley PCCPT) will need to work with existing pharmacy contractors to overcome any barriers to provide an equitable service for all patients no matter which community pharmacy they regularly use.

This activity is expected to grow with increasingly more referrals being made to community pharmacies directly from the patient's general practice particularly as Black Country ICS, PCNs and Community Pharmacy Black Country are working together to increase awareness amongst GP practice teams. Presently, local and system support to drive this service forward remains in place.

One of the key enablers identified within Dudley general practices to support increased activity is the local digital capability to support a seamless referral to community pharmacy integrated within the GP patient clinical system.

Assessment 9: Smoking Cessation Service

We conclude there is good access to this desirable service within Dudley, however further work is required to understand why only nine community pharmacies have delivered activity. No gap in access to this service within our borough has been identified based on accredited provider sites. We further conclude that the Black Country ICB Community Pharmacy Clinical Services lead (Medicines Optimisation Team) should work with Black Country Community Pharmacy and secondary care acute trusts to facilitate a harmonised local pathway that is seamless and consistent for all community pharmacy providers in Dudley.

Assessment 10: AURs and SAC

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

Assessment 11: Covid-19 Vaccination Service

Provision of the Covid-19 vaccination service is offered from greater than 50% of all the pharmacies in each PCN (Table 5) except in Halesowen and Brierley Hill where there is reduced access. However, PCNs and general practice provide an alternative provider model for access to Covid vaccinations and additionally, for Halesowen residents, there are accessible community pharmacy provider vaccination sites within neighbouring health and wellbeing board areas (e.g., Sandwell). Where, PCNs take decision to not provide Covid-19 vaccination, BCICB (commissioner) is responsible for ensuring alternative provider access exists and increasingly community pharmacy is supporting access where needed. For housebound patients (including 24-hour residential settings), general practices or specialist roving teams (care home hub teams) remain accessible for vaccination delivery.

Geographical access across the borough is good (Figure 25). We conclude that whilst not every community pharmacy (see Table 4 and Figure 25) within a PCN is accredited to deliver vaccination, given patients have a choice to use any pharmacy within the PCN (and beyond), there is good access overall and therefore there are no gaps identified in provision.

We further conclude that BCICB should review access to vaccination in Halesowen PCN and work with existing contractors to expand access for the population.

Business intelligence teams within organisations (Black Country ICB and Directorate of Public Health and Wellbeing, Dudley MBC) should review Covid-19 vaccination uptake data (for previous season) to determine areas around the borough where further uptake is needed ensuring greater targeted health promotion. 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.

Assessment 12: Minor Ailments Service

We conclude that access to this desirable service is good around the borough, particularly in those areas with greatest health need (identified by greatest four deciles of deprivation)

We conclude that whilst there may be barriers to service delivery, there are sufficient existing contractors willing to deliver this service. Community Pharmacy Black Country (in partnership with Black Country ICB) 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 13: Community Urgent Eyecare Service

We conclude that access to this desirable service is good within the borough (exception is Brierley Hill PCN, see Table 6 and Figure 27), even though actual delivered activity is low. Access to CUES is absent within Brierley Hill PCN and a gap in service need has been identified. The commissioner (BCICB Community Pharmacy Clinical Lead) is advised to work with existing pharmacy contractors (within this PCN) alongside Black Country Community pharmacy to address this gap in access. This is particularly important given Brierley Hill PCN is within one of the areas of greatest deprivation and high health needs.

To improve activity amongst Dudley community pharmacies, we conclude that Community Pharmacy Black Country (in partnership with Black Country ICB, PCNs and the optical provider, Primary Eyecare Services Ltd) should work with existing community pharmacy contractors to overcome barriers to service delivery and ensure an equitable service for patients no matter which community pharmacy they use.

Black Country ICB (commissioner) is recommended to ensure the optical provider holding the main contract for CUES (Primary Eyecare Services Ltd) provides clear communication to service users to ensure treatment recommendations and/or signed orders are directed to the community pharmacy. Signposting and utilisation of this service should be reviewed by the commissioner to ensure the correct entry points of care are being used in the NHS (aligned to the original vision for MECS). At future planned contract reviews (between the Black Country ICB and optical care provider for CUES), a comparison of activity by the provider for written signed orders/treatment recommendations (accessed by Dudley GP registered patients) should be matched with activity delivered by this service by community pharmacy contractors. If this identifies a significant difference (which we hypothesise), this should then be further investigated to understand why (and offer solutions moving forward).

Assessment 14: Specialist Palliative Care Drugs Supply Service

We conclude that the population of Dudley has good access to the SPCD necessary 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. For overnight (9pm to 8am), access to limited key stock overnight is available through a central community clinical hub where in exceptional circumstance a need may arise. We further conclude that our population in Stourbridge PCN and all our population during unsociable hours may have to travel further to access SPCDS.

We advise that the commissioner should work with Community Pharmacy Black Country to review the current provision of this service and onboard additional pharmacies. These should be open during extended hours, ensuring sufficient stock is available until 9pm seven days per week, and providing clear signposting to avoid delays in identifying how the service can be accessed.

Assessment 15: Provision of Emergency Hormonal Contraception (EHC)

We conclude that women across the borough have good access to the EHC service, particular in areas of greater teenage conception rates. We further conclude that support and encouragement will be provided by Dudley MBC Directorate of Public Health and Wellbeing 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.

Assessment 16: Provision of Chlamydia Screening

We conclude there is poor geographical access for eligible people under the age of 25 to access chlamydia screening across the borough through pharmacies. In January 2022, the Public Health Outcomes Framework (PHOF) introduced a new benchmark for the Chlamydia Detection Rate Indicator (DRI), setting the target at 3,250 cases per 100,000 females aged 15 to 24. This updated benchmark emphasises the importance of chlamydia screening among young women to facilitate early detection and treatment, thereby reducing the risk of serious reproductive health issues. All pharmacies providing EHC should be encouraged to promote both chlamydia screening and distribution of condoms via the Brook sexual health service.

Assessment 17: Provision of C-card Service

In 2024 Brook facilitated C-Card training for all interested pharmacies in the Dudley borough, aiming to ensure that young people could access condoms and sexual health advice within their communities. However, there has been very limited participation, thought in part to be due to the time required to complete documentation.

Due to the lack of use of this service despite the training from Brook and the development of the community education sexual health and HIV prevention service provided by the What Centre, it is recommended that the C-Card scheme is ceased within pharmacies as support is offered within the What Centre provision.

Assessment 18: Supervised consumption services

We conclude that current community pharmacy contractors provide good service provision and coverage across all six PCNs. No gaps have been identified in service provision.

Assessment 19: Needle Exchange Services

We conclude there is good access for both Needle exchange and naloxone services across the borough within those areas of greatest discarded needles located. Many service users will already utilise the main provider (CGL, Atlantic House in Lye) to access NES and Naloxone. We further 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. Consideration should be given to promoting the service and targeting access particularly within those areas where there have been more discarded needle finds.

Assessment 20: Provision of Alcohol Screening and Brief Intervention

We conclude that significant gaps exist with access to this service across the borough. However, there are sufficient existing contractors within these gaps willing to deliver this service. Dudley Council Directorate of Public Health and Wellbeing will need to work with Community Pharmacy Black Country and existing contractors to provide an

equitable service for all patients irrespective of which community pharmacy they regularly use.

Assessment 21: Healthy Start Vitamins

We conclude that access through pharmacies to this service is poor within Dudley, particularly in Dudley and Netherton PCN which is one of the areas of greatest deprivation and the greatest health need. We further conclude that Public Health and Wellbeing will identify pharmacy contractors within areas of high need and work with them to explore how they can improve access for our population. However, the majority of people who receive Healthy Start vitamins receive them through antenatal services at Dudley Group so there is a major alternative source.

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 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 and migration.

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.

Integrated Care System (ICS)

Coming into existence on 1 July 2022, this is an overarching partnership of organisations that deliver health and care services in a defined area. It consists of an **Integrated Care Partnership (ICP)** which includes NHS organisations and local authorities in that defined area with responsibility for improving health and wellbeing of the local population. It also includes an **Integrated Care Board (ICB)** that takes over the functions of CCGs to manage the budget for and to provide local health services.

Lower Layer Super Output Areas (LSOA)

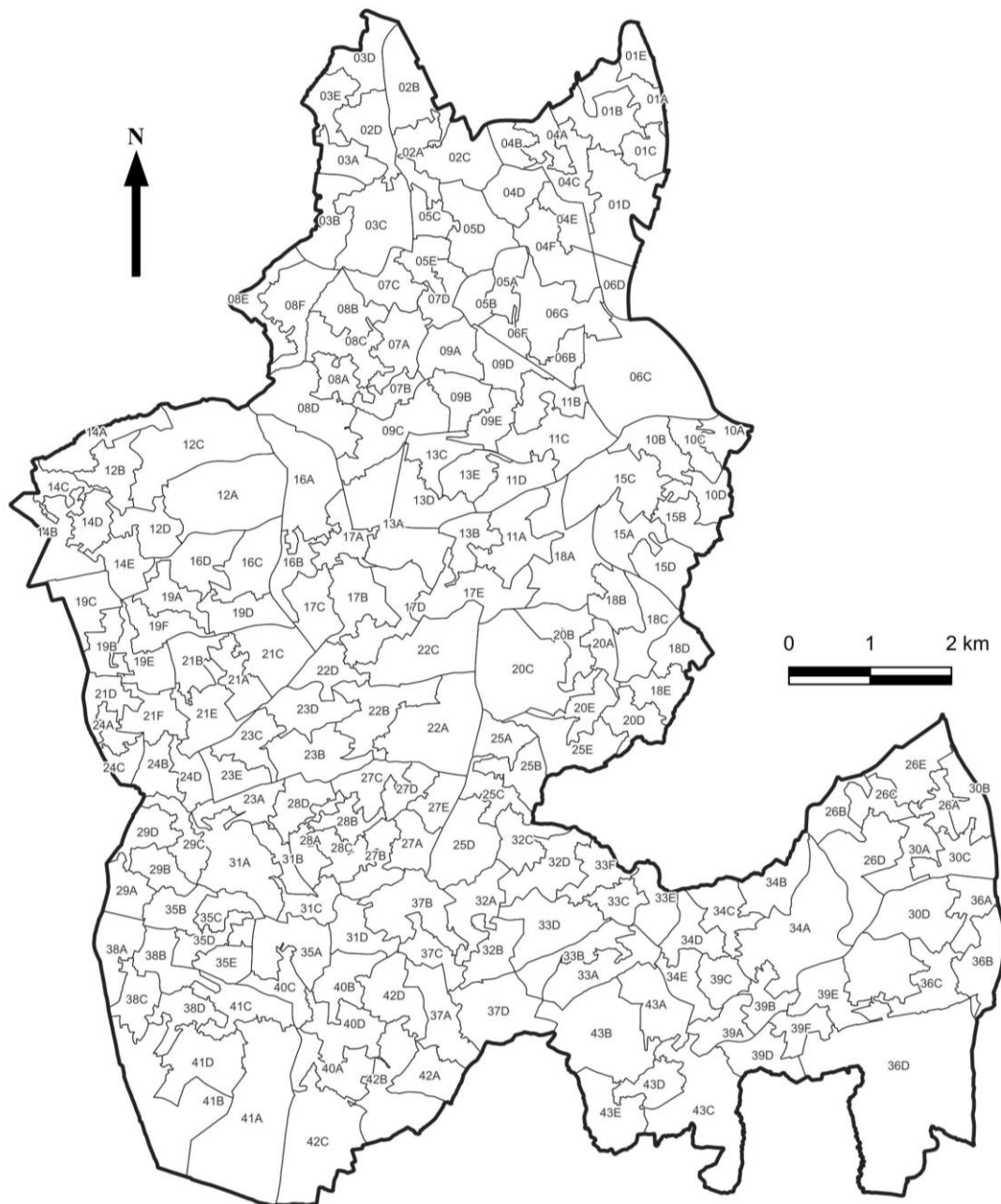
Output Areas are a set of hierarchical geographic boundaries designed and maintained by the Office for National Statistics (ONS) in England and are specifically designed for the publication of statistics for small areas, such as census results. The layer of Output

Areas used in this document are Lower Layer Super Output Areas (LSOA) from the 2011 Census, when there were 201 LSOA in Dudley, and the 2021 Census when there were 203, dependent on the data analysed. LSOA have approximately 1,500 residents. Output Area boundaries are only subject to change after a national Census, so are a relatively stable geography for presenting data over time.

Wards

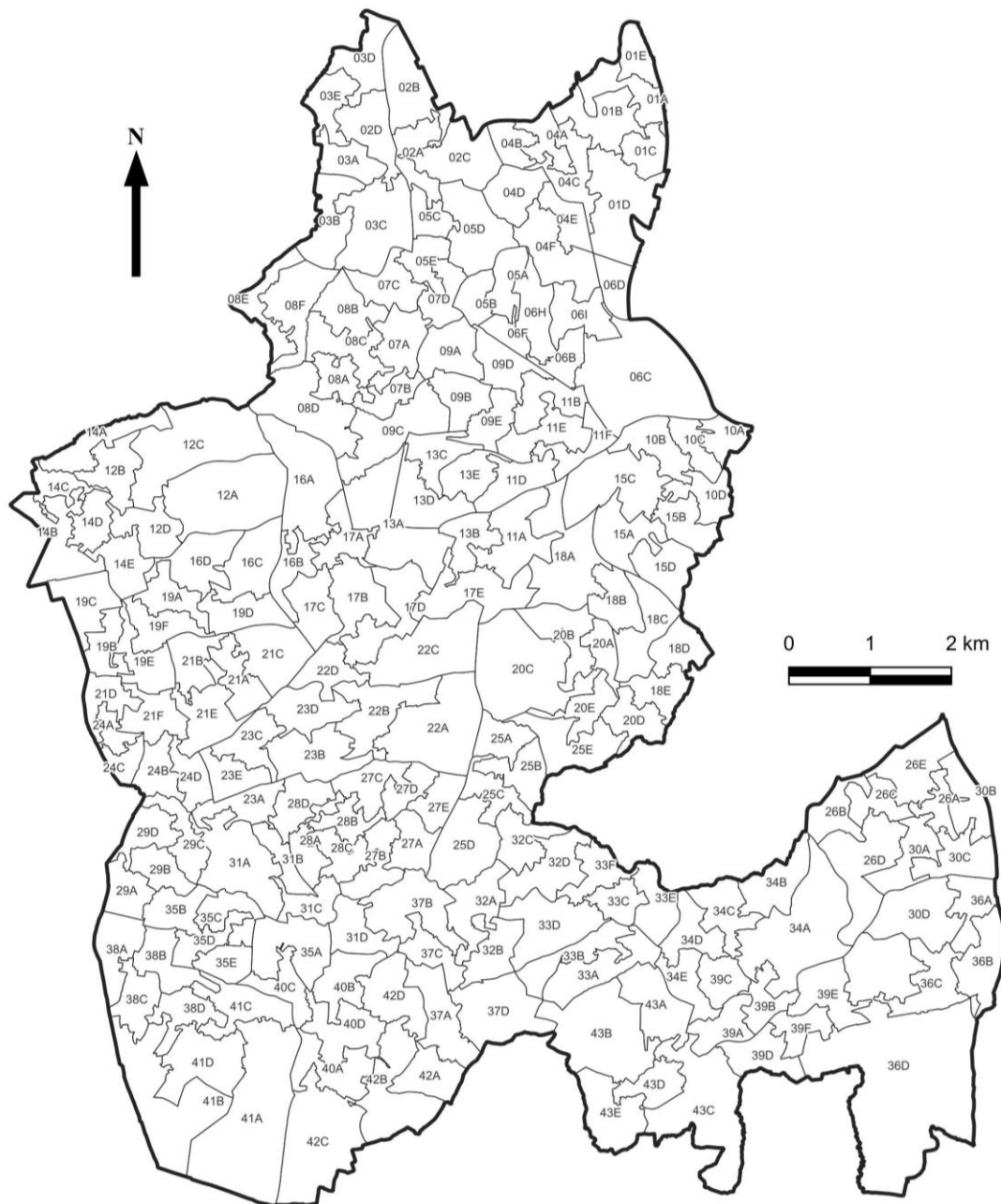
Dudley Metropolitan Borough is divided into 24 Electoral Wards, the spatial units used to elect local government councillors. Each Ward is represented by three councillors. Electoral Wards are managed by The Local Government Boundary Commission for England and are subject to change over time. In May 2024 Dudley Council Ward boundaries were changed, with the number of Wards remaining at 24. Both the pre and post May 2024 Wards are also used for the analysis of various statistics.

Figure 36: Map of Lower Layer Super Output Areas (LSOA) 2011 in Dudley



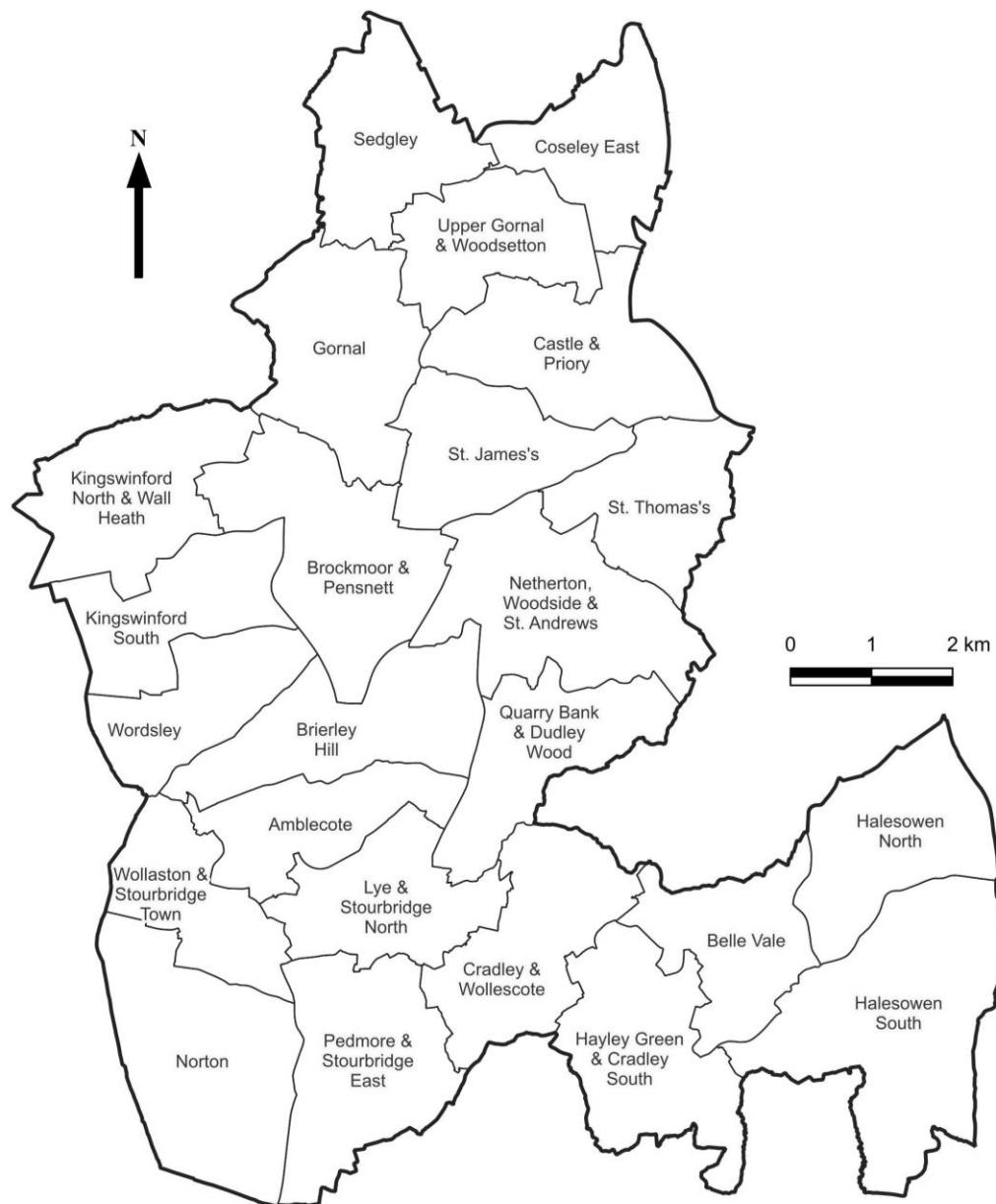
Source: Office for National Statistics (ONS)
 Produced by: Public Health Intelligence Team, Dudley MBC
 © Crown Copyright and database right 2025. Ordnance Survey AC0000818907.

Figure 37: Map of Lower Layer Super Output Areas (LSOA) 2021 in Dudley



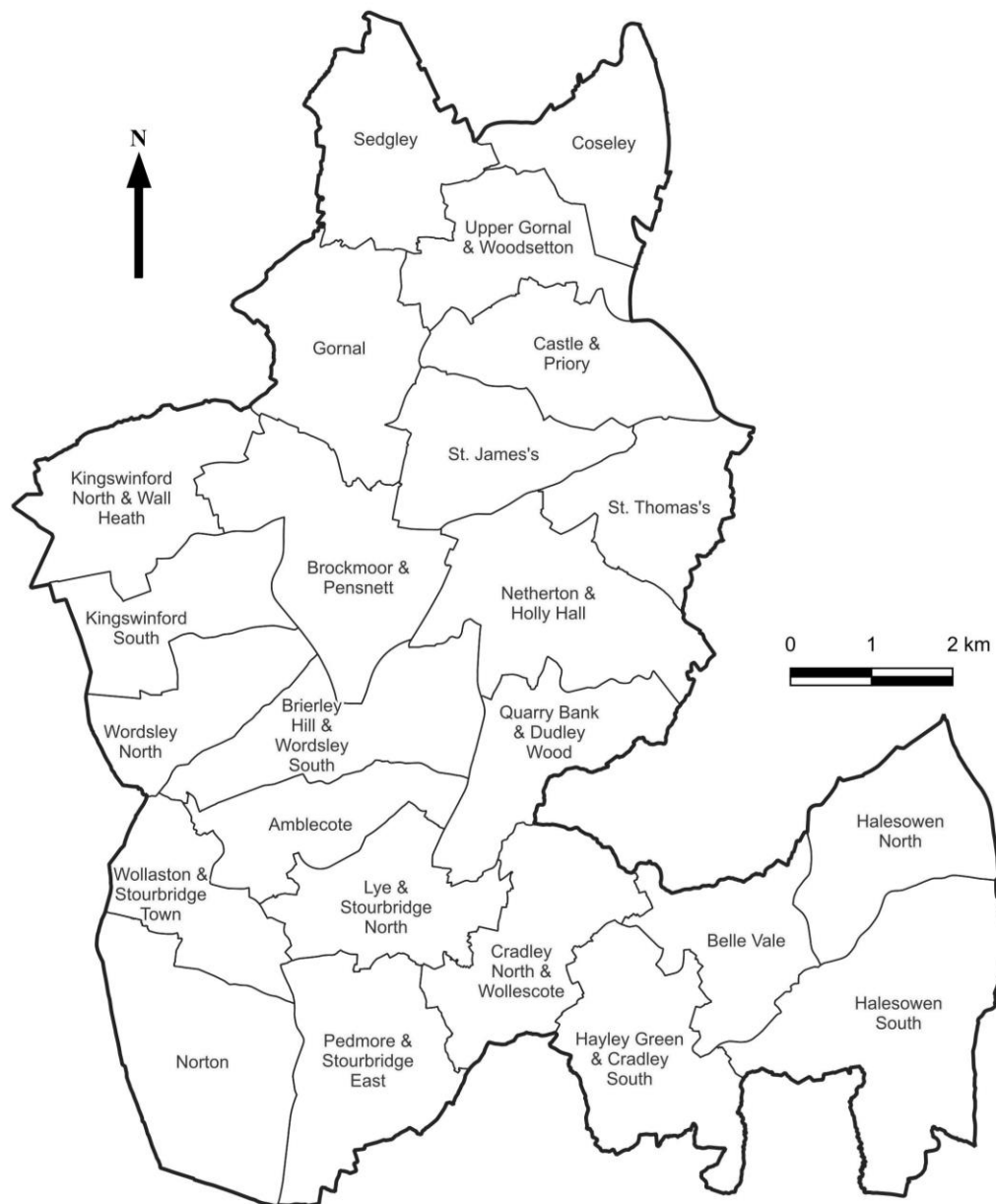
Source: Office for National Statistics (ONS)
 Produced by: Public Health Intelligence Team, Dudley MBC
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Figure 38: Map of Dudley Council's 24 Electoral Wards, pre-May 2024



Source: Ordnance Survey
Produced by: Public Health Intelligence Team, Dudley MBC
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Figure 39: Map of Dudley Council's 24 Electoral Wards, from May 2024



Source: Ordnance Survey
Produced by: Public Health Intelligence Team, Dudley MBC
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Appendices

Appendix 1: Key to pharmacy locations in maps

Table 14: Map ID, Name and Addresses and PCN of Pharmacies within Dudley

ID	Pharmacy	Address	Postcode	PCN
1	Well Pharmacy	6 ALDERWOOD PRECINCT, THE NORTHWAY, SEDGLEY	DY3 3QY	SCG
2	Millard & Bullock	UNIT 2, JOSIAH HOUSE, CASTLE STREET, COSELEY	WV14 9DD	SCG
3	Sedgley Pharmacy	24-28 DUDLEY STREET, SEDGLEY	DY3 1SB	SCG
4	Woodsetton Pharmacy	41 BOURNE STREET, DUDLEY	DY3 1AF	SCG
5	Ridgeway Pharmacy	175 THE RIDGEWAY, SEDGLEY	DY3 3UH	SCG
6	Wrens Nest Pharmacy	100 MAPLE GREEN, DUDLEY	DY1 3QZ	SCG
7	Well Pharmacy	4 THE ARCADE, UPPER GORNAL	DY3 2DA	SCG
8	Priory Community Pharmacy	95-97 PRIORY ROAD, DUDLEY	DY1 4EH	DN
9	JT Egginton	ABBEY ROAD, LOWER GORNAL	DY3 2PG	SCG
10	Gornal Wood Pharmacy	18 ABBEY ROAD, GORNAL WOOD	DY3 2PG	SCG
11	Jhoots Pharmacy	100A MILKING BANK, DUDLEY	DY1 2TY	SCG
12	Tesco Pharmacy	TESCO SUPERSTORE, BIRMINGHAM NEW ROAD, DUDLEY	DY1 4RP	DN
13	Peak Pharmacy	ST JAMES MEDICAL PRACTICE, MALTHOUSE DRIVE, DUDLEY	DY1 2BY	DN
14	Boots	25-26 MARKET PLACE, DUDLEY	DY1 1PJ	DN
15	Murrays Pharmacy	CROSS STREET HEALTH CTR, CROSS STREET, DUDLEY	DY1 1RN	DN
16	Steppingstone Pharmacy	STEPPING STONES MED CTR, STAFFORD STREET, DUDLEY	DY1 1RT	DN
17	Morrisons Pharmacy	CHARTERFIELD SHOPPING CTR, STALLINGS LANE, KINGSWINFORD	DY6 7SH	KW
18	Ash Pharmacy	5 BEAN ROAD, DUDLEY	DY2 8TH	DN
19	Boots	14 ALBION PARADE, WALL HEATH	DY6 0NP	KW
20	Holly Hall Pharmacy	178 STOURBRIDGE ROAD, HOLLY HALL, DUDLEY	DY1 2ER	DN
21	The Pharmacy Galleria	96 HIGH STREET, PENSNETT	DY5 4ED	BH
22	Jhoots Pharmacy	MOSS GROVE SURGERY, 15 MOSS GROVE, KINGSWINFORD	DY6 9HS	KW
23	Jhoots Pharmacy	468 HIGH STREET, KINGSWINFORD	DY6 8AW	KW
24	Village Pharmacy	9-11 MARKET STREET, KINGSWINFORD	DY6 9JS	KW
25	Boots	16-18 MARKET STREET, KINGSWINFORD	DY6 9JR	KW
26	Milan Chemist	137 HALESOWEN ROAD, NETHERTON	DY2 9PY	DN
27	Lad Chemist	30 MADELEY ROAD, HIGH ACRES, KINGSWINFORD	DY6 8PF	KW

ID	Pharmacy	Address	Postcode	PCN
28	Albion Street Pharmacy	204 TALBOT STREET, BRIERLEY HILL	DY5 3DL	BH
29	Asda Pharmacy	PEARSON STREET, BRIERLEY HILL	DY5 3BJ	BH
30	Boots	UNIT3, MERRY HILL CENTRE, BRIERLEY HILL	DY5 1QT	BH
31	Day Night Pharmacy	20 ALBION STREET, BRIERLEY HILL	DY5 3EE	BH
32	Jhoots Pharmacy	BRIERLEY HILL HEALTH & SCC, VENTURE WAY, BRIERLEY HILL	DY5 1RG	BH
33	Ian Mcardle Chemist	92 HIGH STREET, BRIERLEY HILL	DY5 3AP	BH
34	County Pharmacy	15 WORDSLEY GREEN CENTRE, WORDSLEY	DY8 5PD	KW
35	Dudley Wood Pharmacy	2 BUSH ROAD, DUDLEY	DY2 0BH	DN
36	Murrays Pharmacy	37-38 HIGH STREET, QUARRY BANK, BRIERLEY HILL	DY5 2AA	BH
37	MW Phillips Chemist	5 CLEMENT ROAD, HALESOWEN	B62 9LR	H
38	Withymoor Pharmacy	OFF SQUIRES COURT, WITHYMOOR VILLAGE, BRIERLEY HILL	DY5 3RJ	BH
39	Brettell Lane Pharmacy	108B BRETTELL LANE, STOURBRIDGE	DY8 4BS	BH
40	Evergreen Pharmacy	161 COOMBS ROAD, HALESOWEN	B62 8AF	H
41	Boots	STOURBRIDGE HEALTH & SCC, JOHN CORBETT DRIVE, AMBLECOTE	DY8 4HZ	BH
42	Murrays Pharmacy	LION MEDICAL CTR, 2 LOWNDES ROAD, STOURBRIDGE	DY8 3SS	SWL
43	Boots	141 BRIDGNORTH ROAD, WOLLASTON	DY8 3NX	SWL
44	Colley Gate Pharmacy	118 COLLEY GATE, HALESOWEN	B63 2BU	SWL
45	Grange Pharmacy	8 HOWLEY GRANGE ROAD, HALESOWEN	B62 0HN	H
46	Day Night Pharmacy	45 HIGH STREET, LYE	DY9 8LQ	SWL
47	Lye Pharmacy	173A HIGH STREET, LYE	DY9 8LN	SWL
48	Boots	5 RYEMARKET, STOURBRIDGE	DY8 1HJ	SWL
49	Manor Pharmacy	12 MANOR LANE, HALESOWEN	B62 8PY	H
50	Stourbridge Pharmacy	35 WORCESTER STREET, STOURBRIDGE	DY8 1AT	SWL
51	Hawne Chemist	177 STOURBRIDGE ROAD, HALESOWEN	B63 3UD	H
52	Murrays Pharmacy	57 QUEENSWAY, THE CORNBOW SHOPPING CTR, HALESOWEN	B63 4AG	H
53	Halesowen Pharmacy	11 PECKINGHAM STREET, HALESOWEN	B63 3AW	H
54	Asda Pharmacy	THE CORNBOW SHOPPING CTR, QUEENSWAY MALL, HALESOWEN	B63 4AB	H
55	Peak Pharmacy	33 THORNHILL ROAD, HALESOWEN	B63 1AU	H
56	Swinford Pharmacy	154 HAGLEY ROAD, STOURBRIDGE	DY8 2JH	SWL
57	Broadway Pharmacy	95 THE BROADWAY, NORTON, STOURBRIDGE	DY8 3HX	SWL
58	Hasbury Pharmacy	ST MARGARETS WELL SURGERY, 2 QUARRY LANE, HALESOWEN	B63 4WD	H
59	Wychbury Pharmacy	WYCHBURY MEDICAL CTR, 121 OAKFIELD ROAD, STOURBRIDGE	DY9 9DS	SWL

PCN Key:

BH = Brierley Hill

DN = Dudley and Netherton

H = Halesowen

KW = Kingswinford and Wordsley

SCG = Sedgley, Coseley and Gornal

SWL = Stourbridge, Wollescote and Lye

Table 15: Map ID, Name and Addresses of Distance Selling Pharmacies and Dispensing Appliance Contractors within Dudley

ID	Pharmacy	Address	Postcode	Type
60	Dixons Green Pharmacy	75A DIXONS GREEN ROAD, DUDLEY	DY2 7DJ	DSP
61	Meds At Home	UNIT 26, DELPH INDUSTRIAL ESTATE, DELPH ROAD, BRIERLEY HILL	DY5 2UA	DSP
62	Bullens Healthcare	UNIT 19A, THE HAYES TRADING ESTATE, FOLKES ROAD, STOURBRIDGE	DY9 8RG	DAC

Appendix 2: Dudley GP Practices

Table 16: Map ID, Name, Postcode and PCN of GP Practices within Dudley

ID	Practice Name	Postcode	PCN
1	Northway Medical Centre	DY3 3QY	SCL
2	Bath Street Medical Centre	DY3 1LS	SCL
3	Coseley Medical Centre	WV14 9DJ	SCL
4	Woodsetton Medical Centre	DY3 1AF	SCL
5	The Ridgeway Surgery	DY3 3UH	SCL
6	The Greens Health Centre	DY1 3QZ	SCL
7	Lower Gornal Medical Practice	DY3 2NQ	SCL
8	Castle Meadows Surgery	DY1 2TY	SCL
9	St James's Medical Practice 1	DY1 2BY	DN
10	St James's Medical Practice 2	DY1 2BY	DN
11	Eve Hill Medical Practice	DY1 2QD	DN
12	Limestone Surgery	DY1 1RN	DN
13	Steppingstones Medical Practice	DY1 1RT	DN
14	Central Clinic	DY2 7BX	DN
15	Bean Medical Practice	DY2 8TH	DN
16	Keeling House Surgery	DY1 2ER	DN
17	Moss Grove Surgery	DY6 9HS	KW

ID	Practice Name	Postcode	PCN
18	Kingswinford Medical Practice	DY6 8DN	KW
19	The Summerhill Surgery	DY6 9JG	KW
20	Anchor Medical Practice	DY2 9PU	DN
21	Links Medical Practice	DY2 9PU	DN
22	Rangeways Road Surgery	DY6 8PN	KW
23	AW Surgeries	DY5 3EE	BH
24	High Oak Surgery	DY5 1RU	BH
25	The Waterfront Surgery	DY5 1RU	BH
26	Wordsley Green Health Centre	DY8 5PD	KW
27	Dudley Wood Surgery	DY2 0EF	DN
28	Clement Road Medical Practice	B62 9LR	H
29	Quarry Bank Medical Centre	DY5 2AE	BH
30	Thorns Road Surgery	DY5 2JS	BH
31	Quincy Rise Surgery	DY5 3JR	BH
32	Feldon Lane Practice	B62 9DR	H
33	Three Villages Medical Practice	DY8 4HZ	BH
34	Lion Health	DY8 3SS	SWL
35	Lapal Medical Practice	B62 0HP	H
36	Pedmore Medical Practice	DY9 8DJ	SWL
37	The Limes Surgery Medical Centre	DY9 8LL	SWL
38	Chapel Street Medical Centre	DY9 8BT	SWL
39	Alexandra Medical Centre	B63 3UH	H
40	Stourside Medical Practice	B63 3HN	H
41	Meadowbrook Surgery	B63 1AB	H
42	Halesowen Medical Practice	B63 4WD	H
43	Wychbury Medical Group	DY9 9DS	SWL

Appendix 3: Pharmacies within 2km Boundary of Dudley by Upper Tier Local Authority

Table 17: Wolverhampton pharmacies within 2km of Dudley

ID	Pharmacy	Address	Postcode
80	Dudley Road Pharmacy	425 DUDLEY ROAD, WOLVERHAMPTON	WV2 3AH
81	Supercare Pharmacy	UNIT 1 BLAKENHALL GARDENS, 420 DUDLEY ROAD, WOLVERHAMPTON	WV2 3AY
82	Ettingshall Pharmacy	3 NEW STREET, ETTINGSHALL, WOLVERHAMPTON	WV2 2LR
83	Brutons Pharmacy (Bilston)	PROUDS LANE HEALTHCENTRE, PROUDS LANE, BILSTON	WV14 6PW
84	Anderson Chemist	311 DUDLEY ROAD, WOLVERHAMPTON	WV2 3JY

85	Rexall Chemist	204 PENN ROAD, PENN, WOLVERHAMPTON	WV4 4AA
86	Phoenix Pharmacy	PHOENIX HEALTH CENTRE, PARKFIELD ROAD, WOLVERHAMPTON	WV4 6ED
87	Church Pharmacy	45 CHURCH STREET, BILSTON	WV14 0AX
88	Superdrug Pharmacy	1 MARKET WAY, BILSTON	WV14 0DR
89	High Street Pharmacy	76 HIGH STREET, BILSTON	WV14 0EP
90	Morrisons Pharmacy	MORRISONS SUPERMARKET, BLACK COUNTRY ROUTE, BILSTON	WV14 0DZ
91	Jhoots Pharmacy	PENN MANOR MEDICAL CENTRE, MANOR ROAD, PENN, WOLVERHAMPTON	WV4 5PY
92	Central Pharmacy	UNIT 6, PARK PARADE, OVERFIELD DRIVE, BILSTON	WV14 9XW
93	Bradley Chemist	83 HALL GREEN STREET, BILSTON	WV14 8TH
94	Murrays Healthcare	128 CHILDS AVENUE, COSELEY, BILSTON	WV14 9XB
95	Brutons Pharmacy (Bradley)	1 MERVYN PLACE, BRADLEY, BILSTON	WV14 8DD

Table 18: Walsall pharmacies within 2km of Dudley

ID	Pharmacy	Address	Postcode
96	Brutons Pharmacy (Moxley)	101 HIGH STREET, MOXLEY, WEDNESBURY	WS10 8RT

Table 19: Sandwell pharmacies within 2km of Dudley

ID	Pharmacy	Address	Postcode
97	Asda Pharmacy	WEDNESBURY OAK ROAD, TIPTON	DY4 0BP
98	Swanpool Pharmacy	SWANPOOL MEDICAL CENTRE, ST MARKS ROAD, TIPTON	DY4 0SZ
99	Murrays Healthcare	GLEBEFIELDS HEALTH CENTRE, ST. MARKS ROAD, TIPTON	DY4 0SN
100	Murrays Healthcare	NEPTUNE HEALTH PARK, SEDGLEY ROAD WEST, TIPTON	DY4 8LY
101	Duggals Chemist	MOSTYN BUILDING, LOWER CHURCH LANE, TIPTON	DY4 7PE
102	Duggals Chemist	75 PARK LANE EAST, TIPTON	DY4 8RP
103	Portway Pharmacy	51A NEW BIRMINGHAM ROAD, TIVIDALE, OLDBURY	B69 2JQ
104	Tivdale Pharmacy	213 REGENT ROAD, TIVIDALE, OLDBURY	B69 1RZ
105	Boots	1 HARTLEBURY ROAD, WARLEY, OLDBURY	B69 1DF
106	Langley Pharmacy	21 LANGLEY HIGH STREET, OLDBURY	B69 4SN
107	Rowley Pharmacy	352 OLDBURY ROAD, ROWLEY REGIS	B65 0QH
108	Oldbury Pharmacy	196 CAUSEWAY GREEN ROAD, OLDBURY, WARLEY, OLDBURY	B68 8LS
109	Jhoots Pharmacy	ROWLEY VILLAGE, WARLEY, ROWLEY REGIS	B65 9EN
110	Vishnu Pharmacy	57 HURST ROAD, WARLEY, SMETHWICK	B67 6LY
111	Hills Pharmacy	15 HILL TOP ROAD, OLDBURY	B68 9DU

ID	Pharmacy	Address	Postcode
112	Peaches Pharmacy	185 HALESOWEN ROAD, CRADLEY HEATH	B64 6HF
113	Hill Top Pharmacy	1 POTTERY ROAD, OLDBURY	B68 9EX
114	Murrays Healthcare	234 HALESOWEN ROAD, CRADLEY HEATH	B64 6HN
115	Boots	24 HIGH STREET, ROWLEY REGIS	B65 0DR
116	MW Phillips Chemists	396 LONG LANE, BLACKHEATH, ROWLEY REGIS	B65 0JE
117	Hingley Pharmacy	DARBY STREET, ROWLEY REGIS	B65 0BA
118	Church View Pharmacy (Pharmacy 365)	249 HALESOWEN ROAD, CRADLEY HEATH	B64 6JD
119	Tesco Instore Pharmacy	1 FOXOAK STREET, CRADLEY HEATH	B64 5DF
120	Hingleys Chemist	95 HIGH STREET, CRADLEY HEATH	B64 5HF
121	Hingleys Chemist	59 CRADLEY ROAD, CRADLEY HEATH	B64 6AG
122	Brandhall Pharmacy	WARLEY MEDICAL CENTRE, AMBROSE HOUSE, KINGSWAY, OLDBURY	B68 0RT
123	Haden Vale Pharmacy	50 BARRS ROAD, CRADLEY HEATH	B64 7HG
124	Hagley Rd Pharmacy	518 HAGLEY ROAD WEST, OLDBURY	B68 0BZ

Table 20: Birmingham pharmacies within 2km of Dudley

ID	Pharmacy	Address	Postcode
125	Ridgacre HSE Pharmacy	RIDGACRE HOUSE MED CTR, 83 RIDGACRE ROAD, QUINTON, BIRMINGHAM	B32 2TJ
126	Faraday Pharmacy	17 FARADAY AVENUE, QUINTON, BIRMINGHAM	B32 1JP
127	Rajja Chemists	5 DWELLINGS LANE, QUINTON, BIRMINGHAM	B32 1RJ
128	Boots	61 STEVENS AVENUE, BIRMINGHAM	B32 3SD
129	Knights Jiggins Lane Pharmacy	17 JIGGINS LANE, BARTLEY GREEN, BIRMINGHAM	B32 3LE
130	Knights Bartley Green Pharmacy	1 CURDALE ROAD, BARTLEY GREEN, BIRMINGHAM	B32 4HD

Table 21: Worcestershire pharmacies within 2km of Dudley

ID	Pharmacy	Address	Postcode
131	Well Pharmacy	96 WORCESTER ROAD, HAGLEY, STOURBRIDGE	DY9 0NJ


Appendix 4A: Pharmacy IT, Languages and Collection / Delivery services

Table 22: Pharmacy IT, Languages and Collection / Delivery services

ID	Pharmacy	Information Technology		Languages - Other than English		Collection of:	Delivery of:	
		Unrestricted Internet Access	NHS Mail account	Spoken by pharmacy staff	Spoken by community pharmacy serves	prescriptions from surgeries	dispensed medicines: free	dispensed medicines: chargeable
1	Well Pharmacy		✓	✓	✓	✓	✓	
2	Millard & Bullock	✓	✓	✓		✓	✓	
3	Sedgley Pharmacy		✓			✓	✓	✓
4	Woodsetton Pharmacy							
5	Ridgeway Pharmacy		✓	✓	✓	✓	✓	✓
6	Wrens Nest Pharmacy	✓	✓	✓	✓	✓	✓	✓
7	Well Pharmacy	✓	✓			✓	✓	✓
8	Priory Community Pharmacy	✓	✓	✓	✓	✓	✓	
9	JT Egginton	✓	✓		✓	✓	✓	
10	Gornal Wood Pharmacy	✓	✓	✓		✓	✓	
11	Jhoots Pharmacy							
12	Tesco Pharmacy							
13	Peak Pharmacy	✓	✓			✓		
14	Boots	✓	✓	✓	✓		✓	✓
15	Murrays Pharmacy	✓	✓			✓	✓	
16	Steppingstone Pharmacy	✓	✓					
17	Morrisons Pharmacy	✓	✓				✓	
18	Ash Pharmacy	✓	✓	✓	✓	✓	✓	

ID	Pharmacy	Information Technology		Languages - Other than English		Collection of:	Delivery of:	
		Unrestricted Internet Access	NHS Mail account	Spoken by pharmacy staff	Spoken by community pharmacy serves	prescriptions from surgeries	dispensed medicines: free	dispensed medicines: chargeable
19	Boots	✓	✓	✓		✓		✓
20	Holly Hall Pharmacy	✓	✓	✓	✓		✓	
21	The Pharmacy Galleria	✓	✓	✓	✓	✓	✓	
22	Jhoots Pharmacy							
23	Jhoots Pharmacy							
24	Village Pharmacy							
25	Boots	✓	✓	✓			✓	✓
26	Milan Chemist							
27	Lad Chemist	✓	✓	✓	✓	✓		✓
28	Albion Street Pharmacy	✓	✓	✓	✓		✓	
29	Asda Pharmacy							
30	Boots	✓	✓			✓		✓
31	Day Night Pharmacy							
32	Jhoots Pharmacy							
33	Ian Mcardle Chemist	✓	✓	✓	✓	✓	✓	
34	County Pharmacy	✓	✓	✓	✓	✓		✓
35	Dudley Wood Pharmacy	✓	✓	✓		✓	✓	
36	Murrays Pharmacy	✓	✓			✓		
37	MW Phillips Chemist		✓	✓	✓	✓	✓	
38	Withymoor Pharmacy	✓	✓			✓	✓	
39	Brettell Lane Pharmacy	✓	✓	✓	✓	✓	✓	
40	Evergreen Pharmacy	✓	✓	✓	✓			✓

ID	Pharmacy	Information Technology		Languages - Other than English		Collection of:	Delivery of:	
		Unrestricted Internet Access	NHS Mail account	Spoken by pharmacy staff	Spoken by community pharmacy serves	prescriptions from surgeries	dispensed medicines: free	dispensed medicines: chargeable
41	Boots	✓	✓					✓
42	Murrays Pharmacy	✓	✓			✓		
43	Boots	✓	✓					✓
44	Colley Gate Pharmacy	✓	✓	✓	✓	✓	✓	
45	Grange Pharmacy	✓	✓	✓	✓	✓	✓	
46	Day Night Pharmacy							
47	Lye Pharmacy							
48	Boots	✓	✓			✓	✓	✓
49	Manor Pharmacy	✓	✓			✓	✓	
50	Stourbridge Pharmacy							
51	Hawne Chemist	✓	✓	✓		✓	✓	
52	Murrays Pharmacy	✓	✓			✓		
53	Halesowen Pharmacy		✓	✓	✓	✓	✓	
54	Asda Pharmacy							
55	Peak Pharmacy	✓	✓			✓		
56	Swinford Pharmacy	✓	✓	✓	✓		✓	
57	Broadway Pharmacy		✓			✓	✓	
58	Hasbury Pharmacy	✓	✓			✓	✓	✓
59	Wychbury Pharmacy							
60	Dixons Green Pharmacy	✓	✓	✓	✓	✓	✓	
61	Meds At Home							

Source: PNA 2025 Pharmacy Contractor Questionnaire  = Non-response to PNA 2025 Pharmacy Contractor Questionnaire

Appendix 4B Pharmacy accessibility

Table 23: Pharmacy accessibility

ID	Pharmacy	Wheelchair Access to:			Disabled Parking (within 10m)	Disabled Toilet	Automatic Door	Doorbell	Hearing Loop	Large Print Labels
		Entrance (unaided)	Consultation Room	All Areas						
1	Well Pharmacy	✓		✓	✓					✓
2	Millard & Bullock	✓	✓	✓	✓		✓		✓	✓
3	Sedgley Pharmacy	✓	✓	✓	✓				✓	✓
4	Woodsetton Pharmacy									
5	Ridgeway Pharmacy	✓	✓	✓	✓			✓		✓
6	Wrens Nest Pharmacy	✓	✓	✓	✓				✓	✓
7	Well Pharmacy		✓	✓	✓					✓
8	Priory Community Pharmacy	✓	✓	✓	✓	✓		✓	✓	✓
9	JT Egginton	✓	✓	✓				✓		✓
10	Gornal Wood Pharmacy	✓	✓	✓	✓		✓	✓	✓	✓
11	Jhoots Pharmacy									
12	Tesco Pharmacy									
13	Peak Pharmacy		✓	✓						✓
14	Boots	✓	✓	✓			✓	✓	✓	✓
15	Murrays Pharmacy		✓	✓						✓
16	Steppingstone Pharmacy	✓	✓	✓	✓					✓
17	Morrisons Pharmacy	✓	✓	✓	✓	✓	✓			
18	Ash Pharmacy	✓	✓	✓	✓			✓		✓

ID	Pharmacy	Wheelchair Access to:			Disabled Parking (within 10m)	Disabled Toilet	Automatic Door	Doorbell	Hearing Loop	Large Print Labels
		Entrance (unaided)	Consultation Room	All Areas						
19	Boots	✓	✓	✓	✓		✓		✓	✓
20	Holly Hall Pharmacy	✓	✓	✓	✓	✓				✓
21	The Pharmacy Galleria			✓	✓			✓	✓	✓
22	Jhoots Pharmacy									
23	Jhoots Pharmacy									
24	Village Pharmacy									
25	Boots	✓	✓	✓	✓		✓		✓	✓
26	Milan Chemist									
27	Lad Chemist		✓	✓						✓
28	Albion Street Pharmacy						✓		✓	✓
29	Asda Pharmacy									
30	Boots	✓	✓	✓					✓	✓
31	Day Night Pharmacy									
32	Jhoots Pharmacy									
33	Ian Mcardle Chemist	✓	✓	✓						✓
34	County Pharmacy				✓					✓
35	Dudley Wood Pharmacy	✓	✓	✓	✓					✓
36	Murrays Pharmacy		✓	✓						✓
37	MW Phillips Chemist	✓	✓	✓	✓		✓	✓		✓
38	Withymoore Pharmacy	✓	✓	✓	✓	✓	✓		✓	✓
39	Brettell Lane Pharmacy		✓	✓				✓		✓
40	Evergreen Pharmacy									

ID	Pharmacy	Wheelchair Access to:			Disabled Parking (within 10m)	Disabled Toilet	Automatic Door	Doorbell	Hearing Loop	Large Print Labels
		Entrance (unaided)	Consultation Room	All Areas						
41	Boots	✓	✓	✓	✓	✓	✓		✓	✓
42	Murrays Pharmacy	✓	✓	✓	✓		✓			✓
43	Boots	✓	✓	✓			✓		✓	✓
44	Colley Gate Pharmacy					✓				✓
45	Grange Pharmacy		✓	✓						✓
46	Day Night Pharmacy									
47	Lye Pharmacy									
48	Boots	✓	✓	✓	✓		✓	✓	✓	✓
49	Manor Pharmacy	✓	✓	✓	✓		✓		✓	✓
50	Stourbridge Pharmacy									
51	Hawne Chemist	✓	✓	✓	✓		✓		✓	✓
52	Murrays Pharmacy		✓	✓						✓
53	Halesowen Pharmacy			✓			✓	✓	✓	✓
54	Asda Pharmacy									
55	Peak Pharmacy		✓	✓						✓
56	Swinford Pharmacy	✓	✓	✓	✓					✓
57	Broadway Pharmacy	✓	✓	✓	✓			✓		✓
58	Hasbury Pharmacy	✓	✓	✓	✓		✓			✓
59	Wychbury Pharmacy									
60	Dixons Green Pharmacy	✓	✓		✓			✓		✓
61	Meds At Home									

Source: PNA 2025 Pharmacy Contractor Questionnaire

 = Non-response to PNA 2025 Pharmacy Contractor Question

Appendix 4C PNA Contractor Questionnaire

All pharmacies in Dudley were requested to complete this survey using an online template to populate tables and free text boxes, with a closing deadline of Friday 28th March. *Options available in the online survey form have been italicised for clarity in this text version of the survey.*

Pharmacy details

1. *Name of Contractor, Trading Name and Postcode*
2. Is this a Distance Selling Pharmacy? (By Distance Selling Pharmacy we mean one that cannot provide Essential Services to persons present at the pharmacy.)
 - *Yes/No*
3. Pharmacy contact information
 - *Telephone number / Email address / Website address*

Hours of opening

4. Please complete your core contract hours of opening for each day of the week
 - *(opening time, start of lunchtime, end of lunchtime and closing time by day of week, with option for no lunch break)*
5. Please complete your total hours of opening (core contract plus supplementary) for each day of the week
 - *(opening time, start of lunchtime, end of lunchtime and closing time by day of week, with option for no lunch break)*

Consultation facilities

6. Is there a consultation area? *Available (including wheelchair access) on the premises*
 - *Available (without wheelchair access) on premises*
 - *Planned within next 12 months*
 - *No consultation room available*
 - *Other (please specify)*
7. Where there a consultation area, is this enclosed?
 - *Yes / No / Not applicable (if no consultation room)*
8. Off-site arrangements. Please choose one of the available options:
 - *Off-site consultation room approved by NHS*

- *Willing to undertake consultations in patients home / other suitable site*
- *None apply*
- *Other (please specify)*

Off site accessibility

9. Can you park legally within 50 meters of the pharmacy (paid or unpaid)?

- *Yes/No*

10. Is there disabled parking within 10 meters of the pharmacy?

- *Yes/No*

11. Is there a bus stop within walking distance of the pharmacy?

- *Yes/No*

On site accessibility

12. Does the pharmacy entrance allow for unaided wheelchair access?

- *Yes/No*

13. Are all areas of the pharmacy accessible to wheelchairs?

- *Yes/No*

14. Does the pharmacy have an automatic door?

- *Yes/No*

15. Does the pharmacy have a bell at the door?

- *Yes/No*

16. Does the pharmacy have a hearing loop?

- *Yes/No*

17. Does the pharmacy have large print labels?

- *Yes/No*

18. Does the pharmacy have a disabled toilet?

- *Yes/No*

Hand washing and toilet facilities

19. What facilities are available to patients during consultations?

Choose all that apply or choose the "None of the above" option

- *Hand washing in consultation area*
- *Hand washing facilities close to consultation area*
- *Toilet facilities*
- *None of the above*

Information Technology

20. Does the pharmacy have unrestricted internet access or limited intranet access? (e.g. Mystorenet Boots)

- *Yes/No*

21. Does the pharmacy have access to NHS mail i.e. nhs.net account available?

- *Yes/No*

22. Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy. Choose all that apply or choose the "Unable to open or view any of these file formats" option:

- *Microsoft Word*
- *Microsoft Excel*
- *Microsoft Access*
- *PDF*
- *Unable to open or view any of these file formats*

23. Does the pharmacy have access to robotic dispensing technology?

- *Yes*
- *Soon (intending to within the next 12 months)*
- *No*

24. Does the pharmacy have access to an automated secure prescription medicine collection system (e.g. Medpoint, Pharmaself24, etc)?

- *Yes*
- *Soon (intending to within the next 12 months)*
- *No*

Essential Services

25. Please give details of the Essential Services provided by your pharmacy. Please choose the box that applies for each service.

Options: Yes - Currently providing / No - Not currently providing

- Discharge Medicines Service
- Dispensing Appliances
- (Stoma/Continence)
- Dispensing Medicines
- Disposal of unwanted medicines
- Healthy Living Pharmacy Accredited
- Public Health (promotion of healthy lifestyles; 6 campaigns per year)
- Repeat Dispensing and eRD
- Signposting
- Self Care advice

26. Advanced Services

Please give details of the Advanced Services provided by your pharmacy.

Please choose the box that applies for each service (Yes – Currently providing / Soon - Intending to begin within the next 12 months / No - Not or not intending to provide)

- Appliance Use Review (AUR) service
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device (LFD) Test Supply service
- New Medicine Service (NMS)
- Pharmacy Contraception Service (PCS)
- Pharmacy First Service
- Smoking Cessation Service (SCS)
- Stoma Appliance Customisation (SAC) service

27. National Enhanced Services

Please give details of the National Enhanced Services provided by your pharmacy.

Please choose the box that applies for each service (Yes – Currently providing / Soon - Intending to begin within the next 12 months / No - Not or not intending to provide)

- COVID-19 Vaccination Service

The following questions (28 to 36, excluding question 32) may list services where you think more than one of the available answers applies. If this scenario occurs, please choose the answer that is of greatest priority to you.

Options for responses in tables for each section:

CP - Currently Providing Local Authority or NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
NW - Not or not willing or able to provide

28. Commissioned Services

Use this section to record which Local Services you currently deliver, or would like to deliver, at your pharmacy. These can be Enhanced Services, commissioned by Black Country Integrated Care Board (BCICB), or Public Health Services commissioned by a Local Authority (e.g. Dudley Metropolitan Borough Council). Please choose the box(es) that applies for each service.

- Anticoagulant Monitoring Service
- Anti-viral Distribution Service
- Care Home Service
- Chlamydia Screening Service
- Chlamydia Treatment Service
- Emergency Hormonal Contraception Service
- Minor Ailments Scheme (BCICB commissioned)
- Needle and Syringe Exchange Service
- Weight management (Adults)
- Medicines Use Review Plus / Medicines Optimisation Service
- Therapeutic areas covered (if providing) – free text

29. Disease Specific Medicines Management Services

- Allergy Testing Service
- Asthma
- CHD
- Depression
- Diabetes type I
- Diabetes type II
- Epilepsy
- Heart Failure
- Hypertension ongoing management (Not Hypertension Case-Finding Service)
- Other (please state, including funding source) – free text

30. Medicines Assessment and Compliance Support Services

- Domiciliary MAR Carer's Charts
- Medicines Management Support Service (the EL23 service (previously the Vulnerable Elderly / Adults Service))

31. On demand availability of specialist drug services

- Out of hours services
- Palliative Care scheme

32. Patient group directions

Many Local Services involve the supply of a POM using a PGD. Please list any private services provided by the pharmacy using a PGD in the text box (e.g. Weight management injections). We do not require details of PGD commissioned by the NHS or Local Authorities. If none please enter "None".

33. Screening Services

- Alcohol
- Cholesterol
- Diabetes
- Gonorrhoea
- H. pylori
- Hepatitis
- HIV
- NHS Health Checks
- Other Screening (please state, including funding source) – free text

34. Vaccination Services

- Seasonal Influenza Vaccination Service (Not Flu Advanced Service)
- Childhood vaccinations
- HPV
- Hepatitis B (at risk workers or patients)
- Travel vaccines
- Other (please state, including funding source) – free text

35. Stop Smoking Services (Not Advanced Service)

- NRT Voucher Service
- Smoking Cessation Counselling Service

36. Other services

- Ear Wax Removal Service
- Gluten Free Food Supply Service (not FP10 supply)
- Home Delivery Service (not appliances)
- Language Interpreter Service
- Medication Review Service
- Phlebotomy Service
- Prescriber Support Service
- Schools Service
- Sharps Disposal Service
- Supervised Administration (of methadone, buprenorphine etc)
- Independent Prescribing Service
- Therapeutic areas covered (if providing) – free text

Healthy Living Pharmacy

37. Is this a Healthy Living Pharmacy (HLP)?

No / Currently working towards HLP status / Yes - Please tell us how many Healthy Living Champions you have currently (Full Time Equivalents)

Collection and Delivery services

38. Does the pharmacy provide collection of prescriptions from surgeries

- Yes/No

39. Does the pharmacy provide delivery of dispensed medicines - Free of charge on request

- Yes/No

40. Does the pharmacy provide delivery of dispensed medicines - Chargeable

- Yes/No

41. Does the pharmacy provide delivery of dispensed medicines to any selected patient groups? *Please list criteria / description of these groups in the box provided. If none please enter "None"*

42. Does the pharmacy provide delivery of dispensed medicines to only select areas or within a radius of the pharmacy location? *Please list criteria / description of these areas in the box provided. If none please enter "None"*

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions.

43. What languages other than English are spoken in the pharmacy?

- *Free text box; If none please enter "None"*

44. What languages other than English are spoken in the community your pharmacy serves?

- *Free text box; If none please enter "None"*

Priorities for improvement

What would be your top 3 priorities for improving pharmacy services in your area?

45. Priority 1; If none please enter "None"

46. Priority 2; If none please enter "None".

47. Priority 3; If none please enter "None".

Completion details

48. Please tell us who has completed this form in case we need to contact you

- *Contact name / Contact telephone number*

Appendix 5A: Dudley Pharmacies and the Services they provide – Advanced Services

Table 24: Pharmacies within Dudley and the Advanced Services they are accredited to provide

ID	Pharmacy	Advanced Services							DSP
		Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service	New Medicine Service	Pharmacy Contraception Service	Pharmacy First Service	Smoking Cessation Service	
1	Well Pharmacy	✓	✓	✓	✓	✓	✓		
2	Millard & Bullock	✓	✓	✓	✓	✓	✓		
3	Sedgley Pharmacy	✓	✓	✓	✓	✓	✓		
4	Woodsetton Pharmacy	✓	✓	✓	✓	✓	✓	✓	
5	Ridgeway Pharmacy	✓	✓	✓	✓	✓	✓	✓	
6	Wrens Nest Pharmacy	✓	✓	✓	✓	✓	✓		
7	Well Pharmacy	✓	✓	✓	✓	✓	✓		
8	Priory Community Pharmacy	✓	✓	✓	✓	✓	✓	✓	
9	JT Egginton	✓		✓	✓		✓		
10	Gornal Wood Pharmacy	✓	✓	✓	✓	✓	✓	✓	
11	Jhoots Pharmacy	✓	✓	✓	✓	✓	✓	✓	
12	Tesco Pharmacy	✓	✓	✓	✓	✓	✓		
13	Peak Pharmacy	✓	✓	✓	✓		✓		
14	Boots	✓	✓	✓	✓	✓	✓		
15	Murrays Pharmacy	✓	✓	✓	✓		✓		
16	Steppingstone Pharmacy	✓	✓	✓	✓	✓	✓	✓	
17	Morrisons Pharmacy	✓	✓	✓	✓	✓	✓		
18	Ash Pharmacy	✓	✓	✓	✓	✓	✓	✓	

ID	Pharmacy	Advanced Services							DSP
		Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service	New Medicine Service	Pharmacy Contraception Service	Pharmacy First Service	Smoking Cessation Service	
19	Boots	✓	✓	✓	✓	✓	✓		
20	Holly Hall Pharmacy	✓	✓	✓	✓	✓	✓		
21	The Pharmacy Galleria				✓				
22	Jhoots Pharmacy		✓	✓	✓	✓	✓	✓	
23	Jhoots Pharmacy		✓	✓	✓	✓	✓	✓	
24	Village Pharmacy	✓	✓	✓	✓	✓	✓	✓	
25	Boots	✓	✓	✓	✓	✓	✓		
26	Milan Chemist	✓	✓	✓	✓	✓	✓	✓	
27	Lad Chemist	✓	✓	✓	✓	✓	✓		
28	Albion Street Pharmacy	✓	✓	✓	✓	✓	✓	✓	
29	Asda Pharmacy	✓	✓	✓	✓	✓	✓	✓	
30	Boots	✓	✓	✓	✓	✓	✓		
31	Day Night Pharmacy	✓	✓		✓		✓		
32	Jhoots Pharmacy	✓	✓	✓	✓	✓	✓	✓	
33	Ian Mcardle Chemist	✓	✓	✓	✓	✓	✓	✓	
34	County Pharmacy	✓			✓		✓	✓	
35	Dudley Wood Pharmacy	✓	✓	✓	✓	✓	✓	✓	
36	Murrays Pharmacy	✓	✓	✓	✓	✓	✓		
37	MW Phillips Chemist	✓	✓	✓	✓	✓	✓	✓	
38	Withymoor Pharmacy	✓	✓	✓	✓	✓	✓		
39	Brettell Lane Pharmacy	✓	✓	✓	✓	✓	✓	✓	
40	Evergreen Pharmacy	✓	✓	✓	✓		✓	✓	

ID	Pharmacy	Advanced Services							DSP
		Flu Vaccination Service	Hypertension Case-Finding Service	Lateral Flow Device Service	New Medicine Service	Pharmacy Contraception Service	Pharmacy First Service	Smoking Cessation Service	
41	Boots	✓	✓	✓	✓	✓	✓		
42	Murrays Pharmacy	✓	✓	✓	✓		✓		
43	Boots	✓	✓	✓	✓	✓	✓		
44	Colley Gate Pharmacy	✓	✓	✓	✓	✓	✓	✓	
45	Grange Pharmacy	✓	✓		✓	✓	✓		
46	Day Night Pharmacy	✓	✓	✓	✓	✓	✓	✓	
47	Lye Pharmacy				✓		✓		
48	Boots	✓	✓	✓	✓	✓	✓		
49	Manor Pharmacy	✓	✓	✓	✓	✓	✓		
50	Stourbridge Pharmacy	✓	✓	✓	✓	✓	✓		
51	Hawne Chemist	✓	✓	✓	✓	✓	✓		
52	Murrays Pharmacy	✓	✓	✓	✓		✓		
53	Halesowen Pharmacy	✓	✓		✓		✓	✓	
54	Asda Pharmacy	✓	✓	✓	✓	✓	✓		
55	Peak Pharmacy	✓	✓	✓	✓		✓		
56	Swinford Pharmacy	✓	✓	✓	✓	✓	✓	✓	
57	Broadway Pharmacy	✓	✓	✓	✓	✓	✓	✓	
58	Hasbury Pharmacy		✓	✓	✓	✓	✓		
59	Wychbury Pharmacy	✓	✓	✓	✓	✓	✓	✓	
60	Dixons Green Pharmacy	✓	✓		✓	✓	✓	✓	✓
61	Meds At Home	✓	✓		✓		✓	✓	✓

DSP = Distance Selling Pharmacy Sources: Black Country ICB data / derived from NHS Shared Business Services Author

Appendix 5B: Dudley Pharmacies and Services they provide – Black Country ICB and National Enhanced Services

Table 25: Pharmacies within Dudley and the Black Country ICB / National Enhanced Services they are accredited to provide

ID	Pharmacy	Black Country ICB Commissioned Services			National Enhanced Services	DSP
		Minor Ailments Service	Community Urgent Eyecare Service	Specialist Palliative Care Drugs Supply Service	COVID-19 Vaccination Service	
1	Well Pharmacy	✓	✓		✓	
2	Millard & Bullock		✓		✓	
3	Sedgley Pharmacy	✓	✓			
4	Woodsetton Pharmacy	✓	✓		✓	
5	Ridgeway Pharmacy		✓		✓	
6	Wrens Nest Pharmacy		✓		✓	
7	Well Pharmacy		✓		✓	
8	Priory Community Pharmacy	✓	✓		✓	
9	JT Egginton	✓	✓			
10	Gornal Wood Pharmacy		✓		✓	
11	Jhoots Pharmacy		✓		✓	
12	Tesco Pharmacy	✓				
13	Peak Pharmacy		✓			
14	Boots	✓				
15	Murrays Pharmacy					
16	Steppingstone Pharmacy				✓	
17	Morrisons Pharmacy					

ID	Pharmacy	Black Country ICB Commissioned Services			National Enhanced Services	DSP
		Minor Ailments Service	Community Urgent Eyecare Service	Specialist Palliative Care Drugs Supply Service	COVID-19 Vaccination Service	
18	Ash Pharmacy	✓	✓		✓	
19	Boots					
20	Holly Hall Pharmacy		✓		✓	
21	The Pharmacy Galleria					
22	Jhoots Pharmacy		✓		✓	
23	Jhoots Pharmacy		✓		✓	
24	Village Pharmacy	✓	✓		✓	
25	Boots					
26	Milan Chemist		✓		✓	
27	Lad Chemist	✓	✓		✓	
28	Albion Street Pharmacy		✓		✓	
29	Asda Pharmacy		✓			
30	Boots				✓	
31	Day Night Pharmacy		✓			
32	Jhoots Pharmacy		✓	✓		
33	Ian Mcardle Chemist		✓			
34	County Pharmacy	✓				
35	Dudley Wood Pharmacy	✓	✓		✓	
36	Murrays Pharmacy		✓			
37	MW Phillips Chemist					
38	Withymoor Pharmacy		✓		✓	
39	Brettell Lane Pharmacy		✓		✓	

ID	Pharmacy	Black Country ICB Commissioned Services			National Enhanced Services	DSP
		Minor Ailments Service	Community Urgent Eyecare Service	Specialist Palliative Care Drugs Supply Service	COVID-19 Vaccination Service	
40	Evergreen Pharmacy		✓			
41	Boots					
42	Murrays Pharmacy					
43	Boots					
44	Colley Gate Pharmacy		✓		✓	
45	Grange Pharmacy	✓	✓			
46	Day Night Pharmacy	✓	✓		✓	
47	Lye Pharmacy		✓			
48	Boots					
49	Manor Pharmacy	✓	✓		✓	
50	Stourbridge Pharmacy				✓	
51	Hawne Chemist	✓	✓		✓	
52	Murrays Pharmacy					
53	Halesowen Pharmacy	✓	✓			
54	Asda Pharmacy					
55	Peak Pharmacy		✓	✓		
56	Swinford Pharmacy	✓			✓	
57	Broadway Pharmacy		✓		✓	
58	Hasbury Pharmacy					
59	Wychbury Pharmacy		✓		✓	
60	Dixons Green Pharmacy	✓	✓		✓	✓
61	Meds At Home				✓	✓

DSP = Distance Selling Pharmacy, Source: Black Country ICB data

Appendix 5C: Dudley Pharmacies and Services they provide – Public Health Commissioned Services

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

ID	Pharmacy	Public Health Commissioned Services						DSP
		Alcohol Identification & Brief Advice	Sexual Health: Chlamydia Screening	Sexual Health: Emergency Hormonal Contraception	Healthy Start Vitamins	Substance Misuse: Supervised Consumption	Substance Misuse: Needle Exchange & Naloxone supply	
1	Well Pharmacy	✓	✓	✓		✓		
2	Millard & Bullock		✓	✓		✓		
3	Sedgley Pharmacy			✓		✓	✓	
4	Woodsetton Pharmacy	✓	✓	✓		✓	✓	
5	Ridgeway Pharmacy					✓		
6	Wrens Nest Pharmacy	✓	✓	✓		✓		
7	Well Pharmacy		✓	✓		✓		
8	Priory Community Pharmacy	✓	✓	✓	✓	✓	✓	
9	JT Egginton			✓		✓		
10	Gornal Wood Pharmacy			✓	✓	✓		
11	Jhoots Pharmacy					✓		
12	Tesco Pharmacy		✓	✓	✓	✓		
13	Peak Pharmacy		✓	✓		✓		
14	Boots		✓	✓		✓		
15	Murrays Pharmacy					✓		
16	Steppingstone Pharmacy					✓		
17	Morrisons Pharmacy		✓	✓	✓	✓	✓	
18	Ash Pharmacy					✓		

ID	Pharmacy	Public Health Commissioned Services						DSP
		Alcohol Identification & Brief Advice	Sexual Health: Chlamydia Screening	Sexual Health: Emergency Hormonal Contraception	Healthy Start Vitamins	Substance Misuse: Supervised Consumption	Substance Misuse: Needle Exchange & Naloxone supply	
19	Boots			✓		✓		
20	Holly Hall Pharmacy	✓	✓	✓		✓	✓	
21	The Pharmacy Galleria	✓	✓	✓		✓		
22	Jhoots Pharmacy			✓		✓		
23	Jhoots Pharmacy					✓		
24	Village Pharmacy	✓	✓	✓	✓	✓		
25	Boots			✓		✓		
26	Milan Chemist	✓	✓	✓		✓	✓	
27	Lad Chemist	✓		✓				
28	Albion Street Pharmacy					✓		
29	Asda Pharmacy					✓		
30	Boots		✓	✓		✓		
31	Day Night Pharmacy					✓	✓	
32	Jhoots Pharmacy	✓	✓	✓		✓		
33	Ian Mcardle Chemist		✓	✓		✓	✓	
34	County Pharmacy			✓				
35	Dudley Wood Pharmacy					✓		
36	Murrays Pharmacy					✓		
37	MW Phillips Chemist					✓		
38	Withymoor Pharmacy			✓		✓		
39	Brettell Lane Pharmacy	✓	✓	✓		✓		
40	Evergreen Pharmacy		✓			✓		

ID	Pharmacy	Public Health Commissioned Services						DSP
		Alcohol Identification & Brief Advice	Sexual Health: Chlamydia Screening	Sexual Health: Emergency Hormonal Contraception	Healthy Start Vitamins	Substance Misuse: Supervised Consumption	Substance Misuse: Needle Exchange & Naloxone supply	
41	Boots		✓			✓		
42	Murrays Pharmacy		✓	✓		✓		
43	Boots			✓		✓		
44	Colley Gate Pharmacy		✓	✓		✓	✓	
45	Grange Pharmacy	✓		✓		✓		
46	Day Night Pharmacy					✓		
47	Lye Pharmacy							
48	Boots		✓	✓		✓	✓	
49	Manor Pharmacy			✓		✓		
50	Stourbridge Pharmacy							
51	Hawne Chemist		✓	✓		✓		
52	Murrays Pharmacy	✓	✓	✓	✓	✓		
53	Halesowen Pharmacy					✓	✓	
54	Asda Pharmacy		✓	✓	✓	✓		
55	Peak Pharmacy					✓		
56	Swinford Pharmacy	✓	✓	✓	✓	✓		
57	Broadway Pharmacy		✓	✓	✓	✓		
58	Hasbury Pharmacy							
59	Wychbury Pharmacy			✓		✓		
60	Dixons Green Pharmacy			✓				✓
61	Meds At Home							✓

DSP = Distance Selling Pharmacy, Sources: Pharmacy Contract data, Directorate of Public Health and Wellbeing, Dudley MBC

Appendix 6: Dudley Pharmacy Opening Times

Table 27: Opening Hours of Pharmacies within Dudley

ID	Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	72hrs+
1	Well Pharmacy	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:30-12:30	CLOSED	
2	Millard & Bullock	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-14:00	CLOSED	
3	Sedgley 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	
4	Woodsetton Pharmacy	08:30-13:00, 13:30-18:00	08:30-13:00, 13:30-18:00	08:30-13:00, 13:30-18:00	08:30-13:00, 13:30-18:00	08:30-13:00, 13:30-18:00	CLOSED	CLOSED	
5	Ridgeway Pharmacy	08:30-19:00	08:30-19:00	08:30-19:00	08:30-17:30	08:30-19:00	CLOSED	CLOSED	
6	Wrens Nest Pharmacy	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	CLOSED	CLOSED	
7	Well Pharmacy	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-13:00	CLOSED	
8	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	
9	JT Egginton	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	CLOSED	
10	Gornal Wood Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00	CLOSED	
11	Jhoots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	
12	Tesco Pharmacy	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00	✓
13	Peak Pharmacy	09:00-13:30, 14:00-18:30	09:00-13:30, 14:00-18:30	09:00-13:30, 14:00-18:30	09:00-13:30, 14:00-18:30	09:00-13:30, 14:00-18:30	09:00-13:00	CLOSED	
14	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	
15	Murrays Pharmacy	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-18:30	CLOSED	CLOSED	
16	Steppingstone Pharmacy	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	CLOSED	CLOSED	
17	Morrisons Pharmacy	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	10:00-16:00	
18	Ash 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	

ID	Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	72hrs+
19	Boots	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	
20	Holly Hall Pharmacy	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-12:00	CLOSED	
21	The Pharmacy Galleria	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	08:30-13:00	CLOSED	
22	Jhoots Pharmacy	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED	
23	Jhoots Pharmacy	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED	
24	Village Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00	CLOSED	
25	Boots	09:00-12:30, 13:00-17:30	09:00-12:30, 13:00-17:30	09:00-12:30, 13:00-17:30	09:00-12:30, 13:00-17:30	09:00-12:30, 13:00-17:30	09:00-12:30, 13:00-17:30	CLOSED	
26	Milan Chemist	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-15:00	CLOSED	
27	Lad Chemist	08:45-13:00, 13:30-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-13:00	CLOSED	
28	Albion Street Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED	
29	Asda Pharmacy	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	✓
30	Boots	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	11:00-17:00	
31	Day Night Pharmacy	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	CLOSED	
32	Jhoots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-21:00	09:00-21:00	09:00-21:00	✓
33	Ian Mcardle Chemist	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	
34	County Pharmacy	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED	
35	Dudley Wood Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	
36	Murrays Pharmacy	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-18:30	09:00-13:00	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-18:30	09:00-13:00	CLOSED	
37	MW Phillips Chemist	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	
38	Withymoor 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	72hrs+
39	Brettell Lane Pharmacy	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED	
40	Evergreen Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	CLOSED	CLOSED	
41	Boots	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	CLOSED	CLOSED	
42	Murrays Pharmacy	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:30	CLOSED	
43	Boots	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-17:00	CLOSED	
44	Colley Gate Pharmacy	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-16:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED	
45	Grange Pharmacy	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED	
46	Day Night Pharmacy	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-18:00	✓
47	Lye Pharmacy	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-17:00	CLOSED	
48	Boots	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	CLOSED	
49	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	
50	Stourbridge 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	
51	Hawne Chemist	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	
52	Murrays Pharmacy	09:00-13:30, 14:00-17:30	09:00-13:30, 14:00-17:30	09:00-13:30, 14:00-17:30	09:00-13:30, 14:00-17:30	09:00-13:30, 14:00-17:30	09:00-13:30, 14:00-17:00	CLOSED	
53	Halesowen 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	
54	Asda Pharmacy	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	✓
55	Peak Pharmacy	09:00-13:00, 13:30-18:15	09:00-13:00, 13:30-18:15	09:00-13:00, 13:30-18:15	09:00-13:00	09:00-13:00, 13:30-18:15	09:00-13:00	CLOSED	
56	Swinford Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED	
57	Broadway Pharmacy	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED	

ID	Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	72hrs+
58	Hasbury Pharmacy	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	CLOSED	CLOSED	
59	Wychbury Pharmacy	08:30-18:15	08:30-18:00	08:30-18:15	08:30-18:00	08:30-18:15	08:30-12:30	CLOSED	
60	Dixons Green Pharmacy	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	
61	Meds At Home	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	

72hrs+ = Pharmacy open 72 hours per week or more

Source: Consolidated Pharmacy List; NHS Business Services Authority / PNA 2025 Pharmacy Contractor Questionnaire / Office of the West Midlands

Appendix 7: Public engagement survey questionnaire

Have your say on local pharmacy services

Dudley's Health and Wellbeing Board is a committee run by Dudley Council. It brings together key leaders from across the borough to improve health and wellbeing. Every three years it has to undertake a Pharmaceutical Needs Assessment (PNA) which reviews the current provision of local pharmacy services and anticipates future needs. This helps to ensure that needs are met and that any gaps in services can be identified.

The views of local people are important to shaping the borough's pharmacy services and this is your opportunity to spend 15 minutes completing the 2025 survey.

Please answer all questions and follow the guidance information provided (for example, "Please choose all that apply", "Please choose one option only").

1. Who do you visit a pharmacy for? (Please choose all that apply)

- ☐ Myself
- ☐ A child or young person
- ☐ An older adult
- ☐ For someone else I care for

2. When did you last use pharmacy services? (Please choose one option only)

- ☐ In the last week
- ☐ More than 1 week to 1 month ago
- ☐ More than 1 month to 3 months ago
- ☐ More than 3 months to 6 months ago
- ☐ More than 6 months to a year ago
- ☐ More than a year ago

3. Where do you use pharmacy services?

(For each pharmacy location, please choose one of the options from "Never", or from the scale "Very rarely" to "Very frequently")

	Never	Very rarely	Rarely	Occasionally	Frequently	Very frequently
Near my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Near my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Near or at my doctor's surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the high street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a supermarket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What time works best for you to visit a pharmacy?

(For each of "Monday to Friday", "Saturday" and "Sunday", please choose one of the time of day options)

	Before 9am	Between 9am and 6pm	Between 6pm and 8pm	Between 8pm and midnight	None of these times
Monday to Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What is most important to you when choosing a pharmacy?

(Please choose up to three options, including an optional "Other" reason - please tell us what this is in the box provided)

- ☐ Close to home
- ☐ Close to work
- ☐ Close to GP surgery
- ☐ Easy to contact by phone
- ☐ Friendly staff
- ☐ Longer opening hours
- ☐ Quick service
- ☐ They offer a service I need
- ☐ They offer helpful information and advice
- ☐ Other

6. What makes it hard for you to use a pharmacy?

(Please choose all that apply, including an optional "Other" reason - please tell us what this is in the box provided, or choose the "None of these reasons" option)

- ☐ I could not get to a pharmacy
- ☐ I have a disability that makes it hard to use a pharmacy
- ☐ Medication not in stock
- ☐ Opening times not convenient for me
- ☐ Pharmacist was not available when I needed
- ☐ Service I needed was not available
- ☐ Unable to have a private conversation
- ☐ None of these reasons
- ☐ Other

7. If you answered “I have a disability that makes it hard to use a pharmacy” to question 6, please can you describe how your disability makes it difficult?

If you did not answer “I have a disability that makes it hard to use a pharmacy” to question 6, please continue to question 8

8. How do you get to the pharmacy you use most often?

(Please choose one option only)

- ☐ Bus
- ☐ Train
- ☐ Metro
- ☐ Taxi
- ☐ Car
- ☐ Motorcycle or scooter
- ☐ Bicycle
- ☐ Walk

9. How long does it take to travel to the pharmacy you use most often?

(Please choose one option only)

- ☐ 0 to 15 minutes
- ☐ 16 to 30 minutes
- ☐ Over 30 minutes

10. Which prescription and medication pharmacy services do you use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ Advice on medication
- ☐ Collecting medicine my GP has prescribed
- ☐ Delivering medicine to my house
- ☐ Non-prescription medicines (off the shelf)
- ☐ Repeat prescription service
- ☐ None of these services

11. Which health and wellbeing (lifestyle) pharmacy services do you use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ Alcohol advice services
- ☐ Baby / child health advice
- ☐ Health checks, e.g. Blood pressure, sugar, cholesterol levels
- ☐ Healthy eating and living advice
- ☐ Healthy Start Vitamins
- ☐ Stop smoking advice
- ☐ None of these services

12. Which sexual health pharmacy services do you use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ C-card (condom card)
- ☐ Chlamydia screening service
- ☐ Contraception advice and / or supply
- ☐ Emergency contraception, e.g. Morning after pill
- ☐ HIV testing service
- ☐ Pregnancy advice
- ☐ None of these services

13. Which long term conditions management pharmacy services do you use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ Long term conditions advice, e.g. Diabetes, high blood pressure
- ☐ Needle exchange / Methadone supply
- ☐ None of these services

14. Which vaccination and COVID-19 pharmacy services do you use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ COVID-19 Lateral Flow Device (LFD) test kit
- ☐ COVID-19 vaccination
- ☐ Flu jab
- ☐ Travel vaccination
- ☐ None of these services

15. Which Pharmacy First scheme pharmacy services do you use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ Earache (aged 1 to 17 years)
- ☐ Impetigo (aged 1 year and over)
- ☐ Infected insect bites (aged 1 year and over)
- ☐ Shingles (aged 18 years and over)
- ☐ Sinusitis (aged 12 years and over)
- ☐ Sore throat (aged 5 years and over)
- ☐ Urinary tract infection (UTIs) (women aged 16 to 64 years)
- ☐ None of these services

16. Which private pharmacy services do you use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ Ear wax removal
- ☐ Injections for weight loss
- ☐ None of these services

17. Which other pharmacy services do you purchase or use?

(Please choose all that apply, or choose the "None of these services" option)

- ☐ Cosmetic products
- ☐ Food and drink
- ☐ Toiletries and sun cream
- ☐ Travel advice
- ☐ None of these services

18. If you have repeat prescriptions, how do you usually order them?

(Please choose one option only)

- ☐ Through GP
- ☐ Pharmacy order on your behalf
- ☐ System Online
- ☐ NHS App
- ☐ Pharmacy Digital App
- ☐ I do not have repeat prescriptions

19. Which sort of pharmacy do you use most often?

(Please choose one option only)

- ☐ Pharmacy near or at my doctor's surgery
- ☐ High street
- ☐ Supermarket
- ☐ Online Pharmacy
- ☐ Other

20. What do you think about the pharmacy you use most often in terms of access?

(For each statement, please choose one of the options from the scale "Strongly disagree" to "Strongly agree", or "Not applicable / Don't know")

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable Don't know
The pharmacy is accessible for people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy provides access to language translation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy provides an area for private consultations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is convenient parking near the pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy is easy to get to using public transport (bus, train, metro)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opening hours of the pharmacy are convenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What do you think about the pharmacy you use most often in terms of customer service?

(For each statement, please choose one of the options from the scale "Strongly disagree" to "Strongly agree", "Not applicable / Don't know")

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable Don't know
Staff are friendly and approachable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff provide good information and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. What do you think about the pharmacy you use most often in terms of services and products?

(For each statement, please choose one of the options from the scale "Strongly disagree" to "Strongly agree", "Not applicable / Don't know")

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable Don't know
The pharmacy provides a range of useful services e.g. Stop smoking, blood pressure, sugar, cholesterol checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy can deliver prescriptions to my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy allows me to collect pre-ordered prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy provides extra advice / support e.g. text message reminders, pill dispensers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy provides a useful range of baby / child products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Products at the pharmacy are competitively priced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. What, if anything, would make the pharmacy you use most often better for you?

(Please tell us in the box below. This question is **optional**)

About you (optional)

We want to know how people from different groups compare in their experiences. The following questions are all optional, and results will remain anonymous. The information you provide will only be used to inform Dudley's Pharmaceutical Needs Assessment. If you require further information about how Dudley Council processes data, a detailed privacy notice can be found on our website at:

www.dudley.gov.uk/privacy-disclaimer-statement/corporate-privacy-disclaimer-statement/

24. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Other

25. What is your age group?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 and over

26. What is your Ethnic Group?

(Please select which group you think best describes you)

- ☐ White
- ☐ Asian
- ☐ Black
- ☐ Mixed
- ☐ Any other

27. What is your Sexual Orientation?

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Any other

28. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more that reduce your ability to carry out day-to-day activities?

- ☐ Yes
- ☐ No

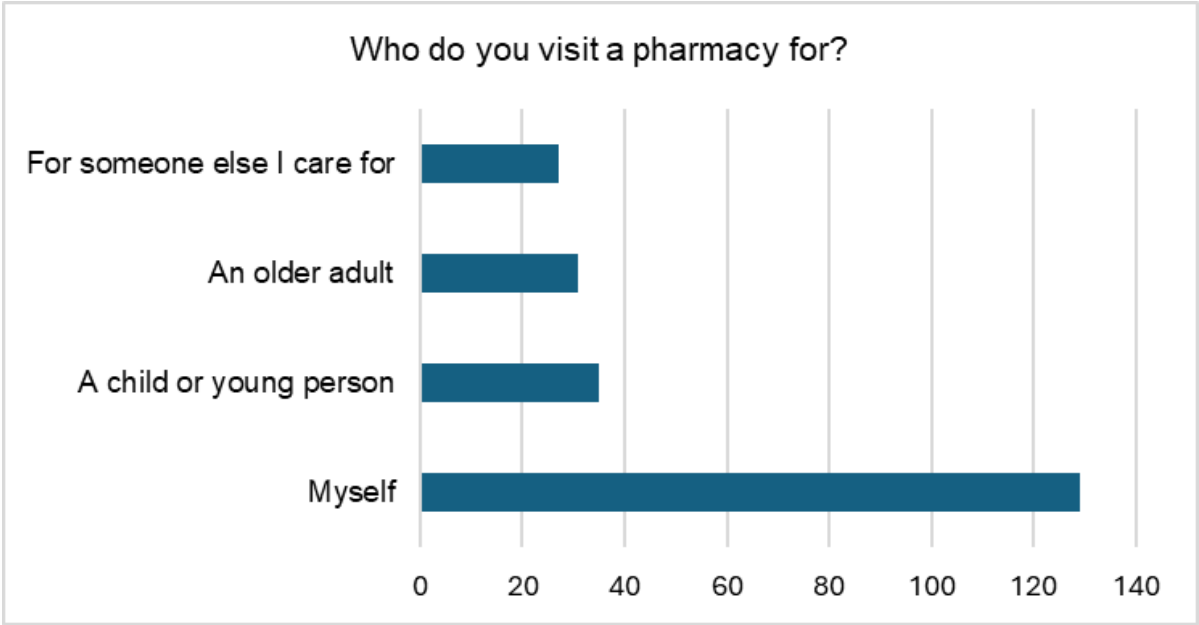
29. What is your full postcode? (for example, DY1 1AE, B62 9TL, WV14 9UD)

(This information cannot be used to identify you but helps to see if people who respond to this survey come from all over Dudley borough)

Thank you for completing this questionnaire

Appendix 8: Results of 2025 public engagement questionnaire

1 Who do you visit a pharmacy for?



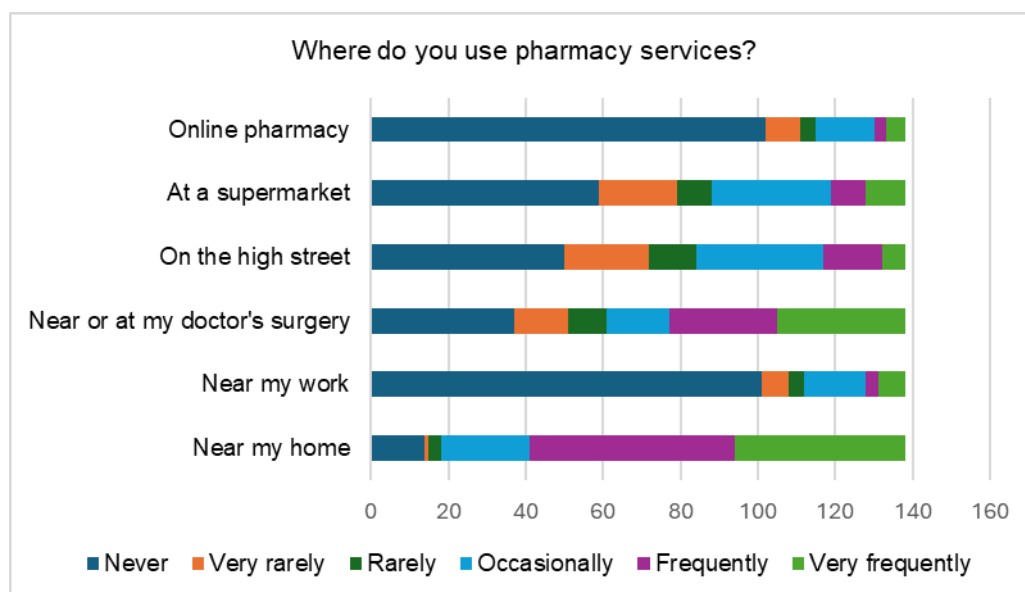
Answer choices	Responses	
For someone else I care for	27	12%
An older adult	31	14%
A child or young person	35	16%
Myself	129	58%

2 When did you last use pharmacy services?



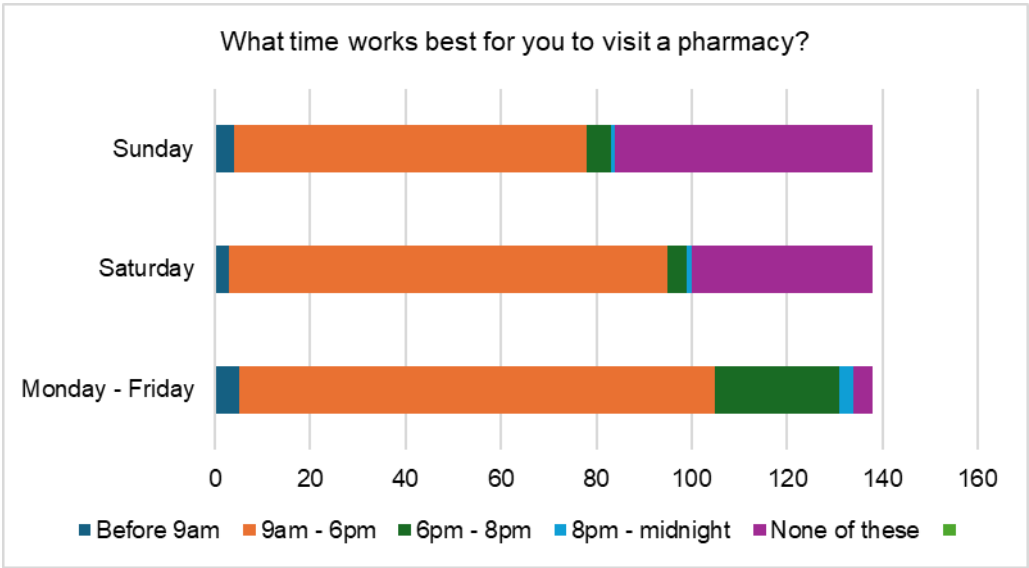
Answer choices	Responses	
More than a year ago	3	2%
More than 6 months ago to a year ago	1	0%
More than 3 months ago to 6 months ago	5	4%
More than 1 month to 3 months ago	20	15%
More than 1 week to 1 month ago	42	30%
In the last week	67	49%

3 Where do you use pharmacy services?



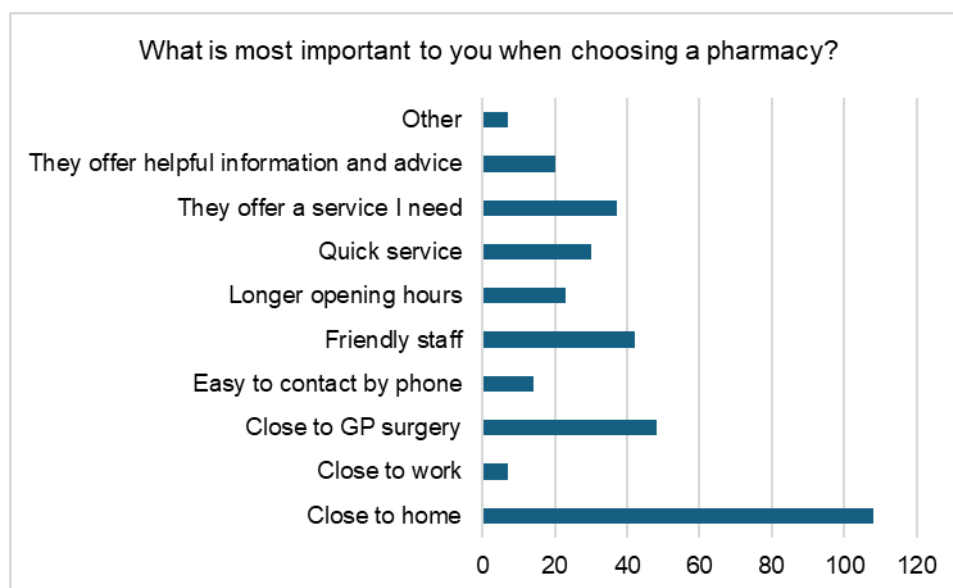
	Never	Very rarely	Rarely	Occasionally	Frequently	Very frequently
Online pharmacy	102	9	4	15	3	5
At a supermarket	59	20	9	31	9	10
On the high street	50	22	12	33	15	6
Near or at my doctor's surgery	37	14	10	16	28	33
Near my work	101	7	4	16	3	7
Near my home	14	1	3	23	53	44

4 What time works best for you to visit a pharmacy?



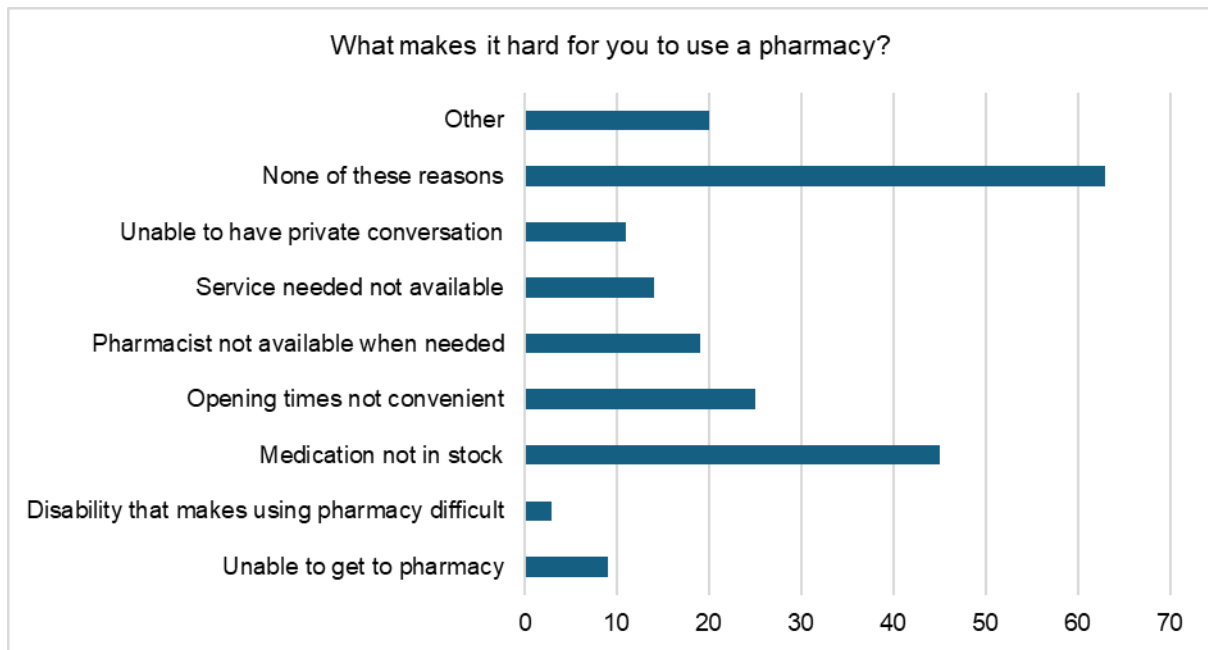
	Before 9am	9am - 6pm	6pm - 8pm	8pm - midnight	None of these
Sunday	4	74	5	1	54
Saturday	3	92	4	1	38
Monday - Friday	5	100	26	3	4

5 What is most important to you when choosing a pharmacy?



Answer choices	Responses	
Other	7	2%
They offer helpful information and advice	20	6%
They offer a service I need	37	11%
Quick service	30	9%
Longer opening hours	23	7%
Friendly staff	42	13%
Easy to contact by phone	14	4%
Close to GP surgery	48	14%
Close to work	7	2%
Close to home	108	32%

6 What makes it hard for you to use a pharmacy?

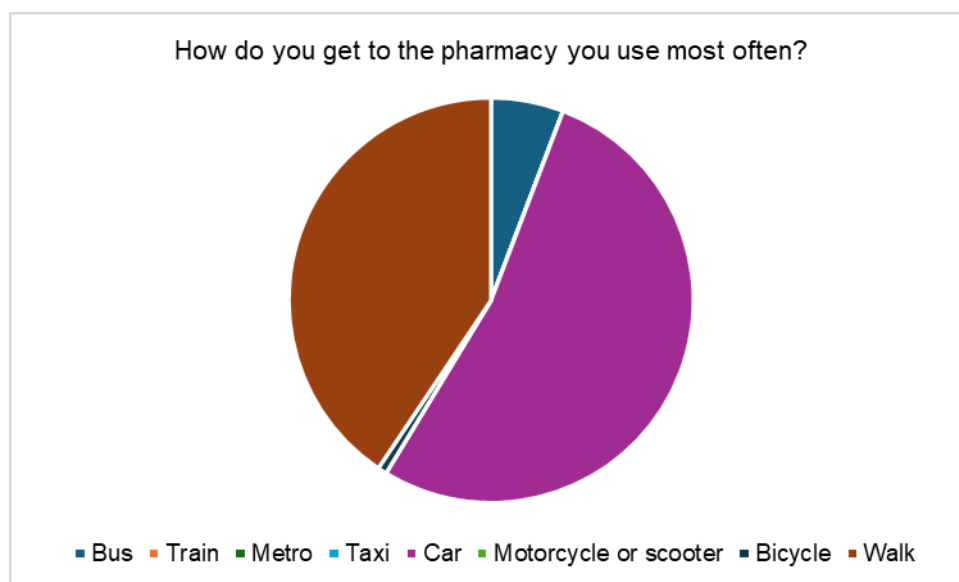


Answer choices	Responses	
Other	20	10%
None of these reasons	63	30%
Unable to have private conversation	11	5%
Service needed not available	14	7%
Pharmacist not available when needed	19	9%
Opening times not convenient	25	12%
Medication not in stock	45	22%
Disability that makes using pharmacy difficult	3	1%
Unable to get to pharmacy	9	4%

7 If you answered “I have a disability that makes it hard to use a pharmacy” to question 6, please can you describe how your disability makes it difficult?

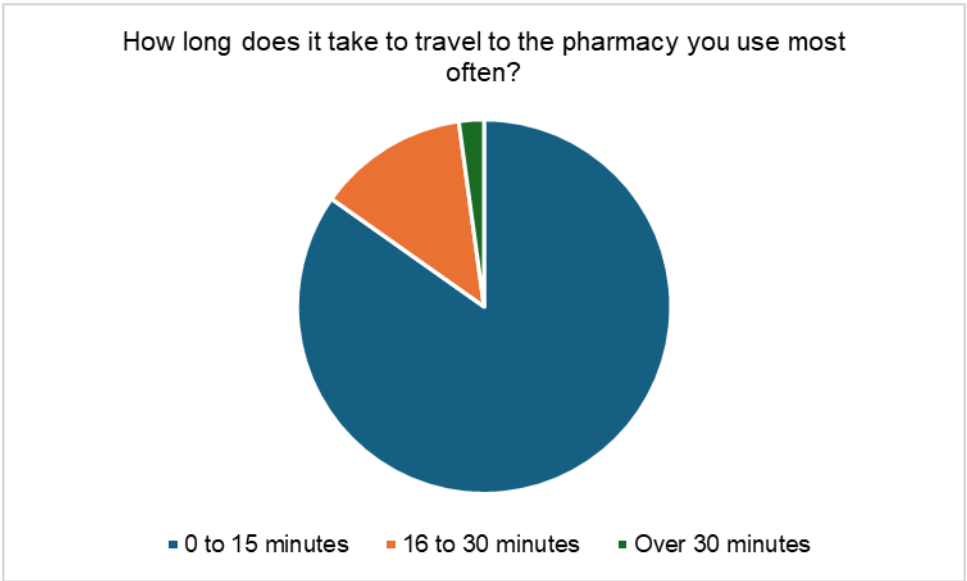
Free text discussed in Patient and Public Involvement section earlier.

8 How do you get to the pharmacy you use most often?



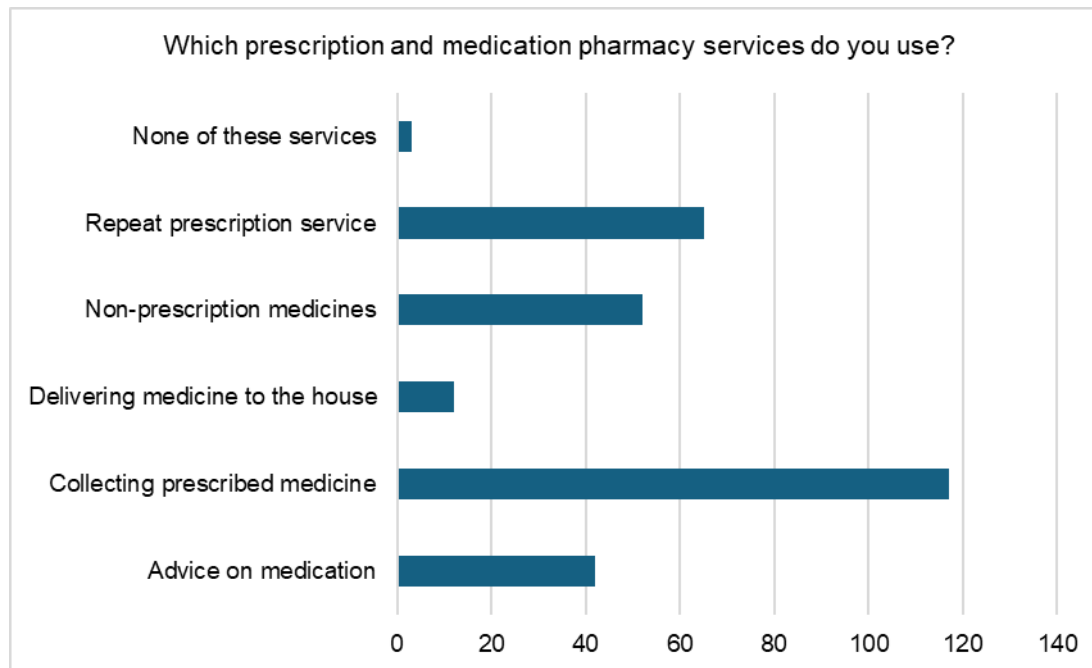
Answer choices	Responses	
Bus	8	6%
Train	0	0%
Metro	0	0%
Taxi	0	0%
Car	73	53%
Motorcycle or scooter	0	0%
Bicycle	1	0%
Walk	56	41%

9 How long does it take to travel to the pharmacy you use most often?



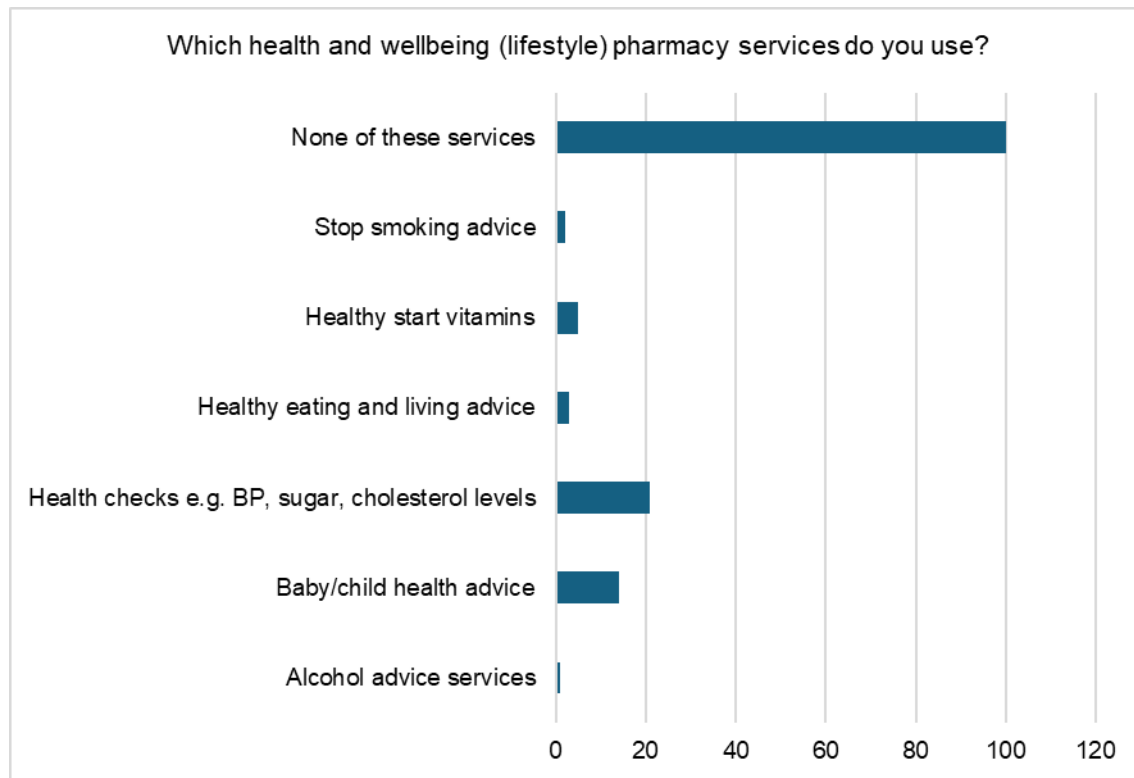
Answer choices	Responses	
0 to 15 minutes	117	85%
16 to 30 minutes	18	13%
Over 30 minutes	3	2%

10 Which prescription and medication pharmacy services do you use?



Answer choices	Responses	
None of these services	3	1%
Repeat prescription service	65	22%
Non-prescription medicines	52	18%
Delivering medicine to the house	12	4%
Collecting prescribed medicine	117	40%
Advice on medication	42	15%

11 Which health and wellbeing (lifestyle) pharmacy services do you use?

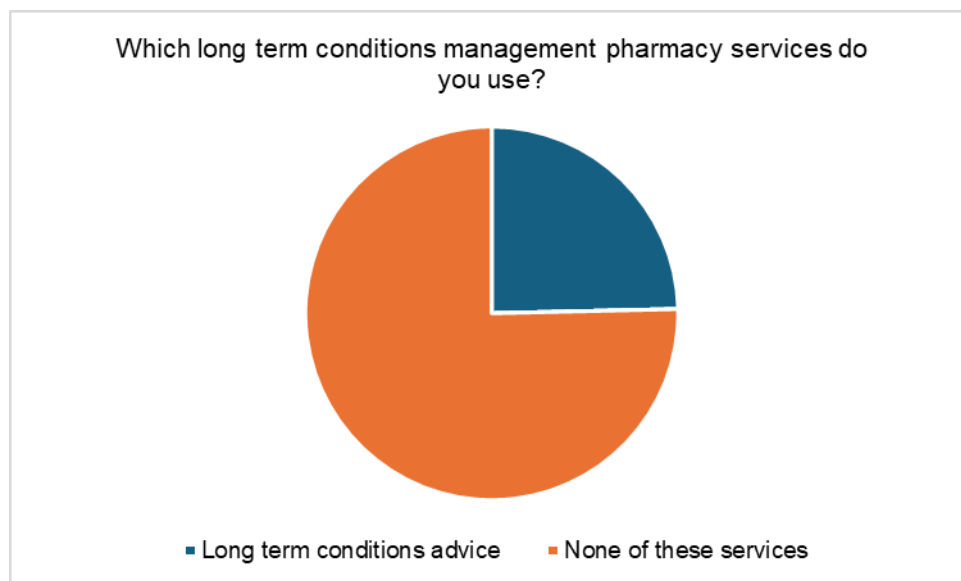


Answer choices	Responses	
None of these services	100	68%
Stop smoking advice	2	1%
Healthy start vitamins	5	4%
Healthy eating and living advice	3	2%
Health checks e.g. BP, sugar, cholesterol levels	21	14%
Baby/child health advice	14	10%
Alcohol advice services	1	1%

12 Which sexual health pharmacy services do you use?

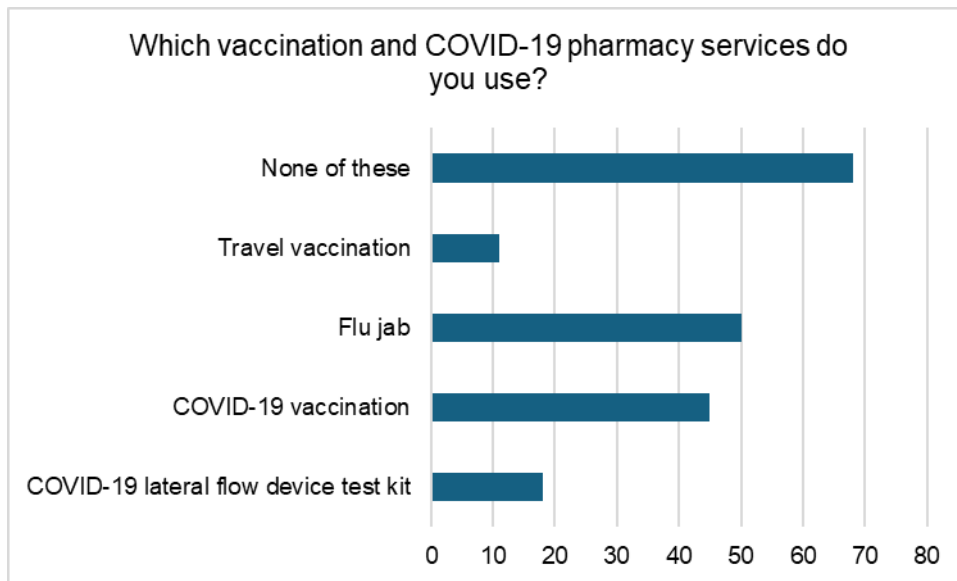
Answer choices	Responses	
None of these services	135	98%
Pregnancy advice	2	1%
HIV testing service	0	0%
Emergency contraception	0	0%
Contraception advice and/or supply	0	0%
Chlamydia screening service	0	0%
C-card (condom card)	1	1%

13 Which long term conditions management pharmacy services do you use?



Answer choices	Responses	
Long term conditions advice	34	25%
Needle exchange/methadone supply	0	0%
None of these services	104	75%

14 Which vaccination and COVID-19 pharmacy services do you use?



Answer choices	Responses	
None of these	68	35%
Travel vaccination	11	6%
Flu jab	50	26%
COVID-19 vaccination	45	23%
COVID-19 lateral flow device test kit	18	10%

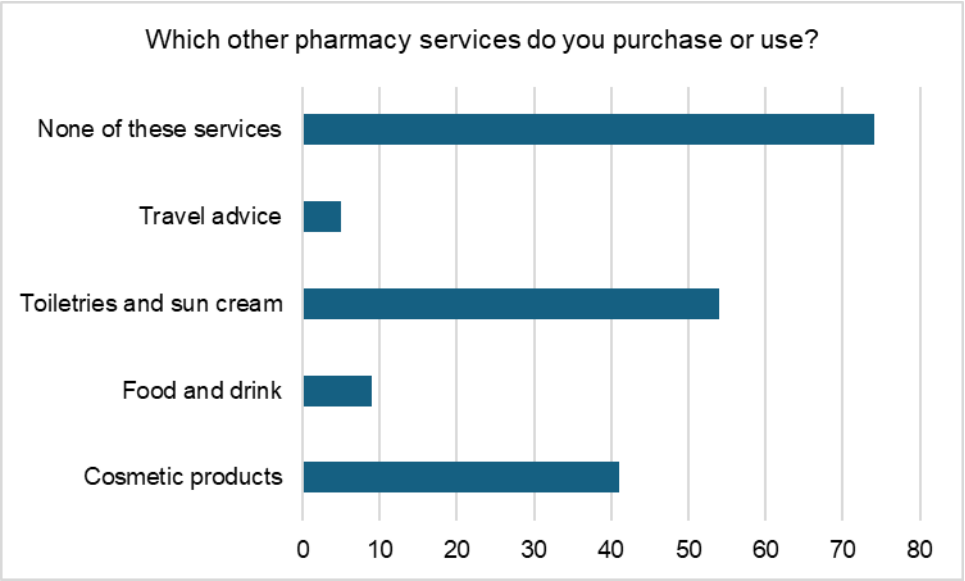
15 Which Pharmacy First scheme pharmacy services do you use?

Answer choices	Responses	
Earache (aged 1 - 17 years)	13	8%
Impetigo (aged 1+ year)	1	0%
Infected insect bites (aged 1+ year)	8	5%
Shingles (aged 18+ years)	3	2%
Sinusitis (aged 12+ years)	5	3%
Sore throat (aged 5+ years)	19	12%
UTIs (women aged 16-64 years)	9	5%
None of these services	106	65%

16 Which private pharmacy services do you use?

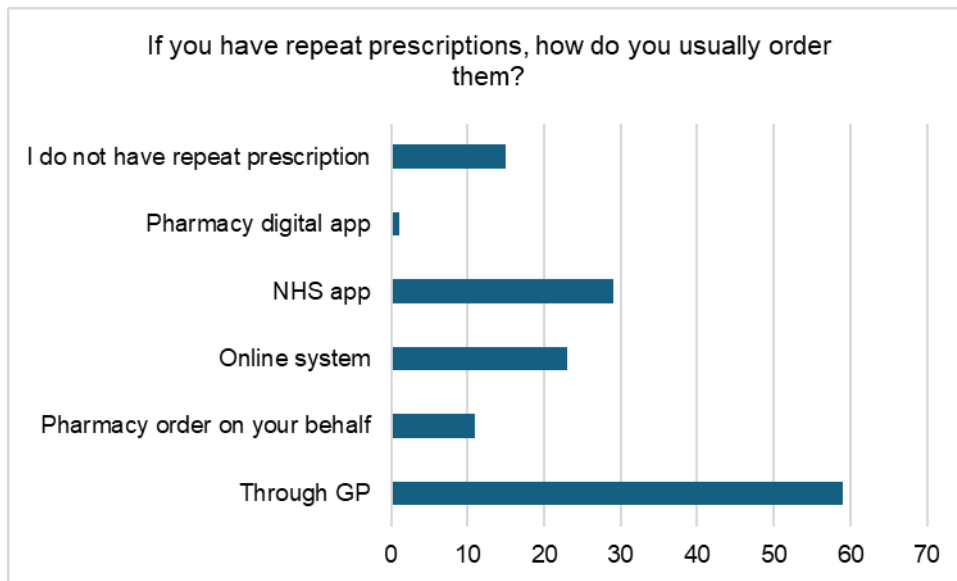
Answer choices	Responses	
Ear wax removal	2	2%
Injections for weight loss	2	2%
None of these services	134	96%

17 Which other pharmacy services do you purchase or use?



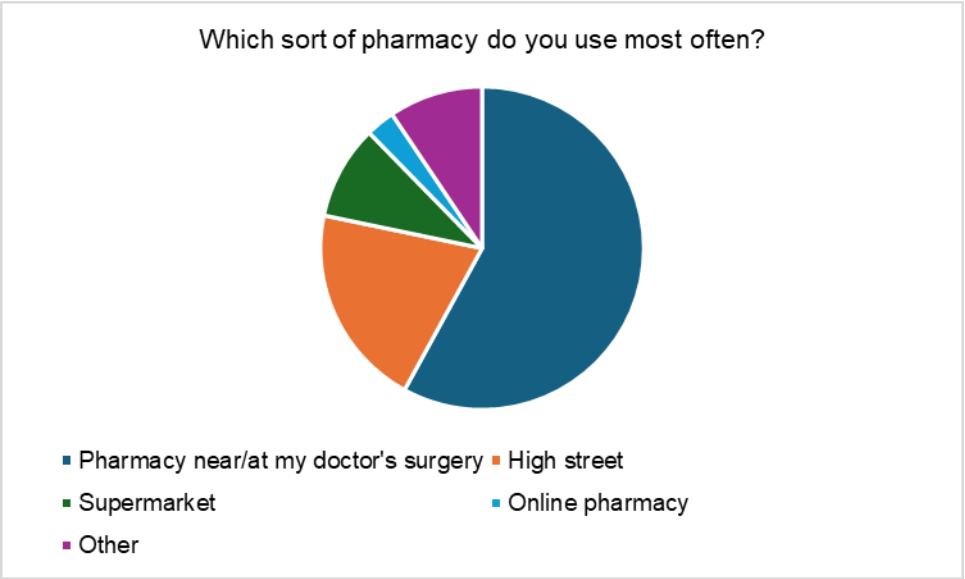
Answer choices	Responses	
None of these services	74	40%
Travel advice	5	3%
Toiletries and sun cream	54	30%
Food and drink	9	5%
Cosmetic products	41	22%

18 If you have repeat prescriptions, how do you usually order them?



Answer choices	Responses	
I do not have repeat prescription	15	11%
Pharmacy digital app	1	0%
NHS app	29	21%
Online system	23	17%
Pharmacy order on your behalf	11	8%
Through GP	59	43%

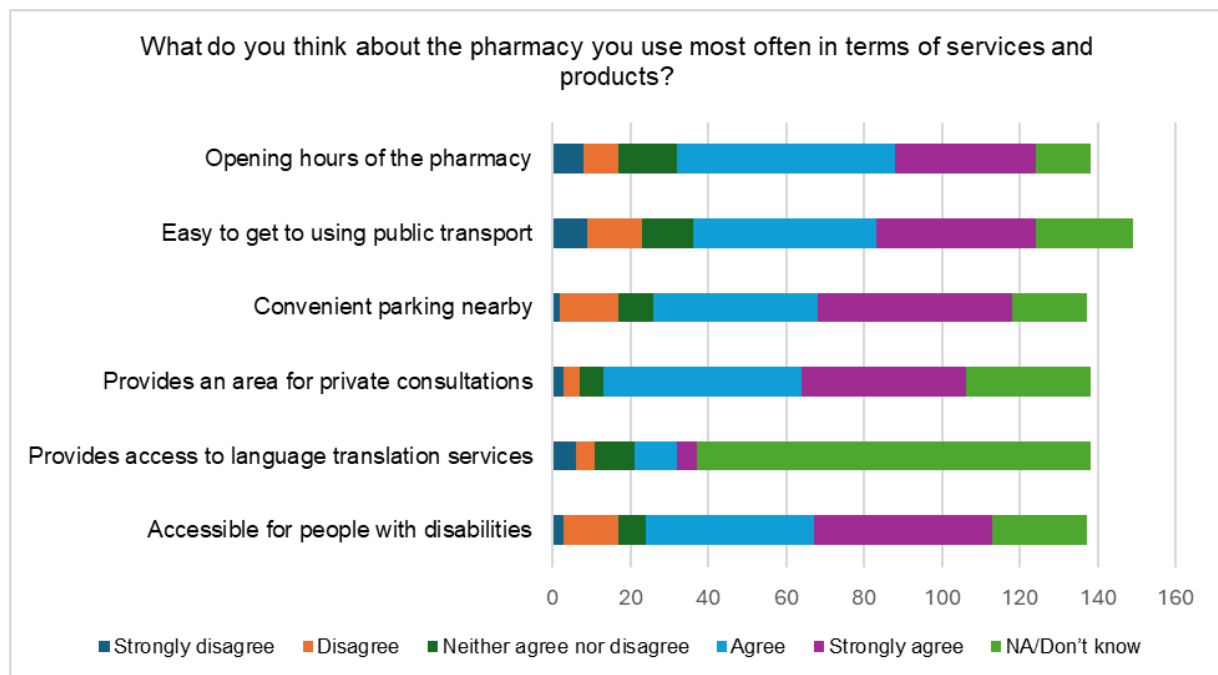
19 Which sort of pharmacy do you use most often?



Answer choices	Responses	
Pharmacy near/at my doctor's surgery	80	58%
High street	28	20%
Supermarket	13	9%
Online pharmacy	4	4%
Other	13	9%

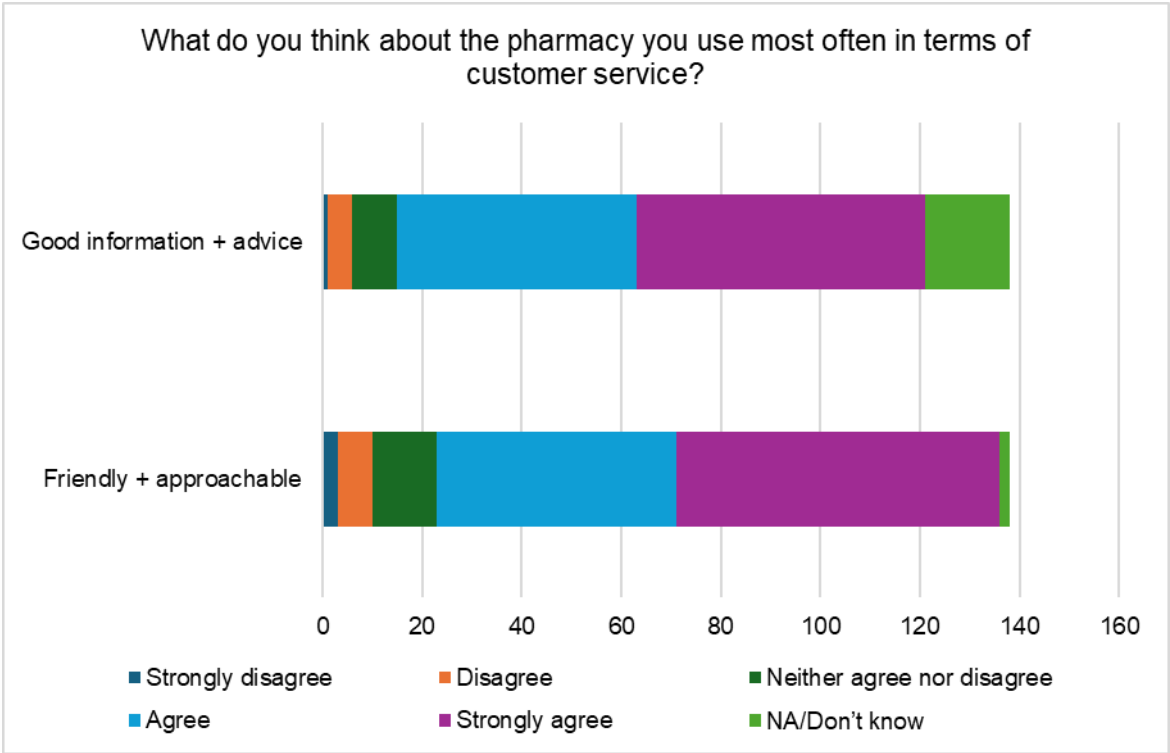
20 What do you think about the pharmacy you use most often in terms of access?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable / Don't know
Opening hours of the pharmacy	8	9	15	56	36	14
Easy to get to using public transport	9	14	13	47	41	25
Convenient parking nearby	2	15	9	42	50	19
Provides an area for private consultations	3	4	6	51	42	32
Accessible for people with disabilities	3	14	7	43	46	24
Provides access to language translation services	6	5	10	11	5	101

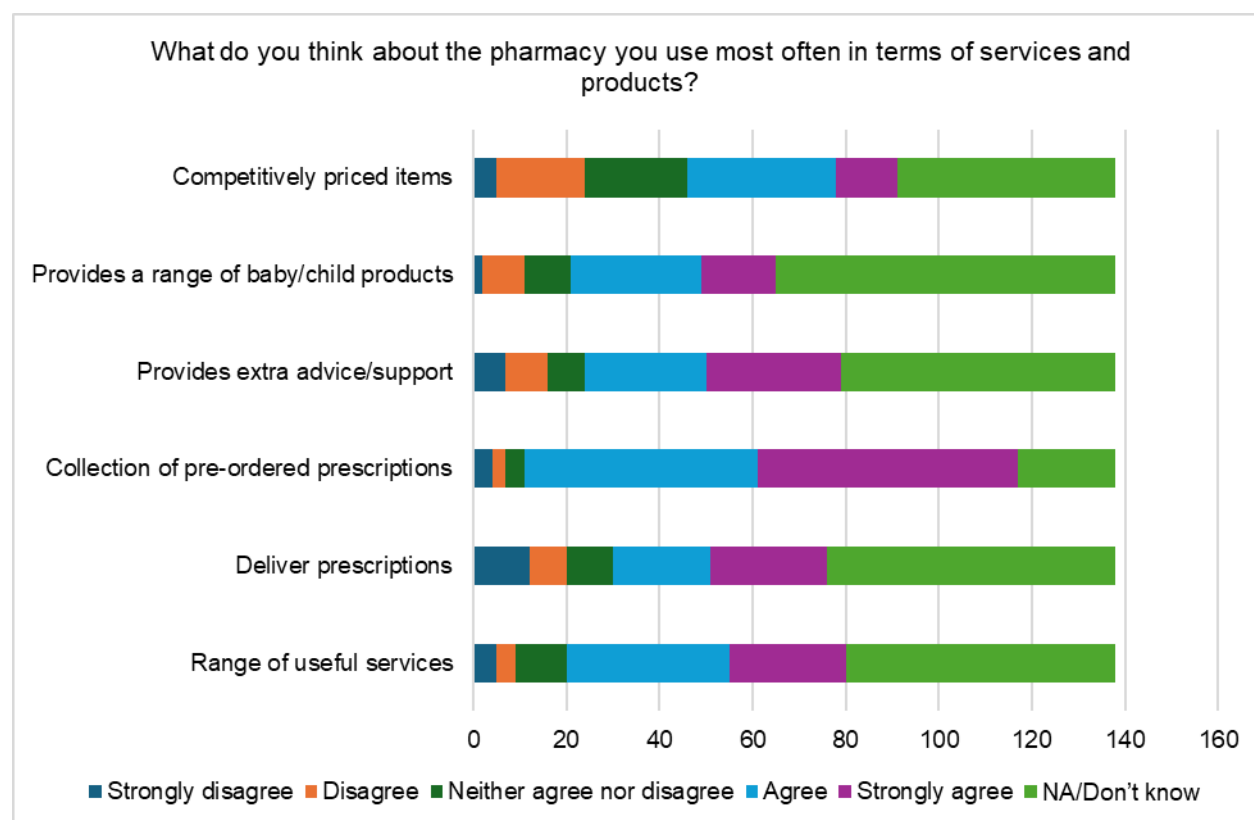


21 What do you think about the pharmacy you use most often in terms of customer service?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	NA/Don't know
Friendly + approachable	3	7	13	48	65	2
Good information + advice	1	5	9	48	58	17



22 What do you think about the pharmacy you use most often in terms of services and products?

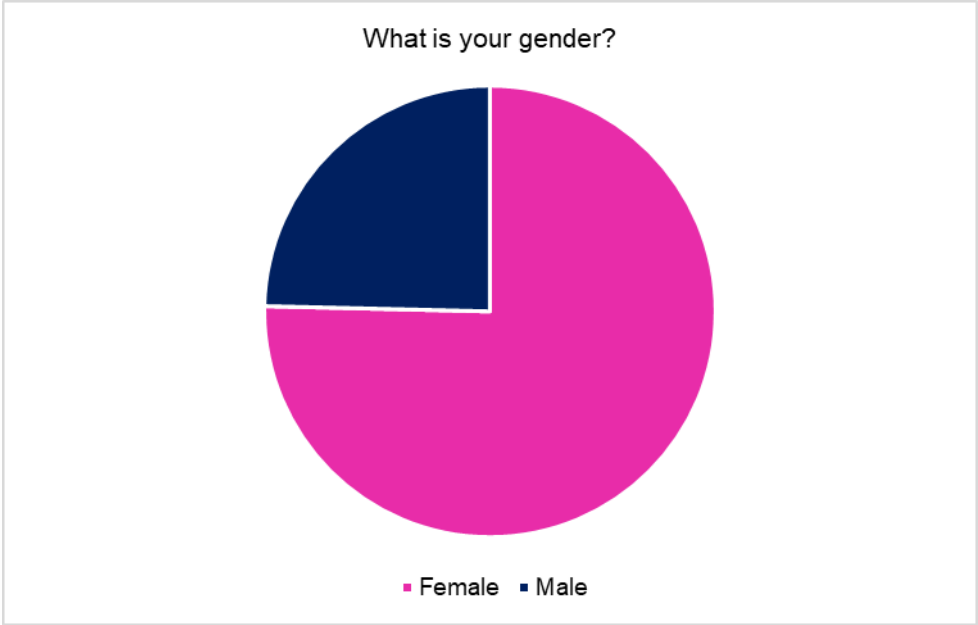


	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	NA/Don't know
Competitively priced items	5	19	22	32	13	47
Provides a range of baby/child products	2	9	10	28	16	73
Provides extra advice/support	7	9	8	26	29	59
Collection of pre-ordered prescriptions	4	3	4	50	56	21
Deliver prescriptions	12	8	10	21	25	62
Range of useful services	5	4	11	35	25	58

23 What, if anything, would make the pharmacy you use most often better for you?

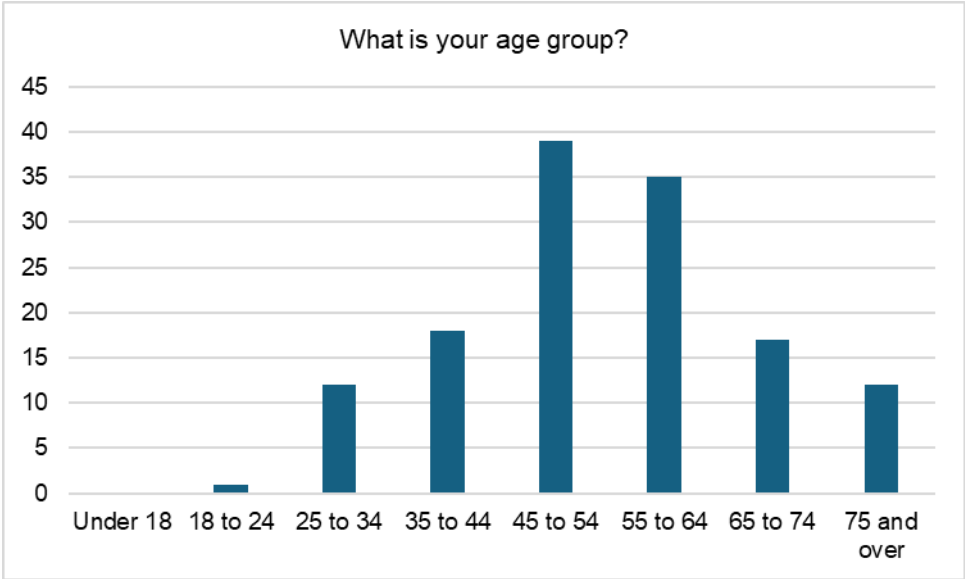
Free text discussed in Patient and Public Involvement section earlier.

24 Respondent gender



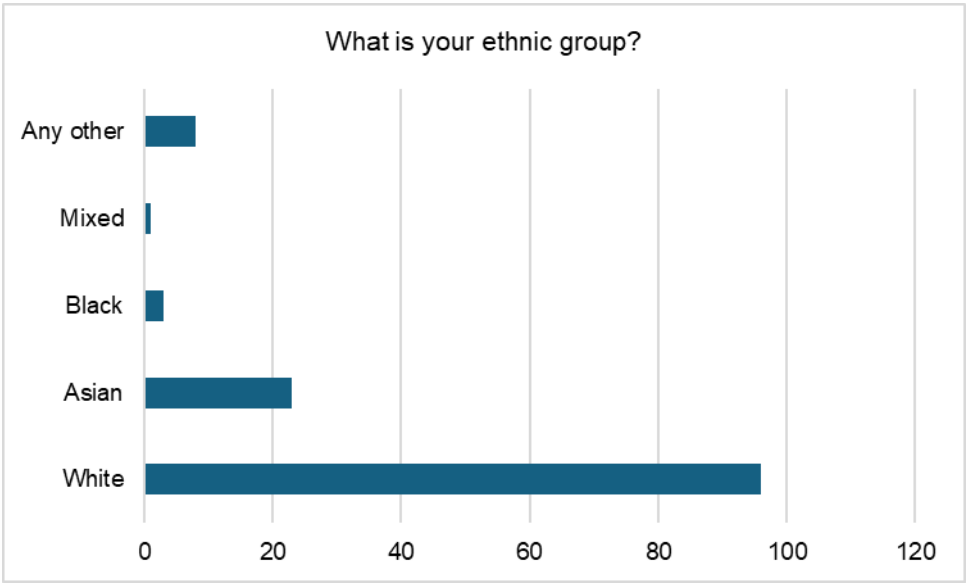
Answer choices	Responses	
Female	101	75%
Male	33	25%

25 Respondent age



Answer choices	Responses	
Under 18	0	0%
18 to 24	1	0%
25 to 34	12	9%
35 to 44	18	13%
45 to 54	39	29%
55 to 64	35	26%
65 to 74	17	14%
75 and over	12	9%

26 Respondent ethnicity

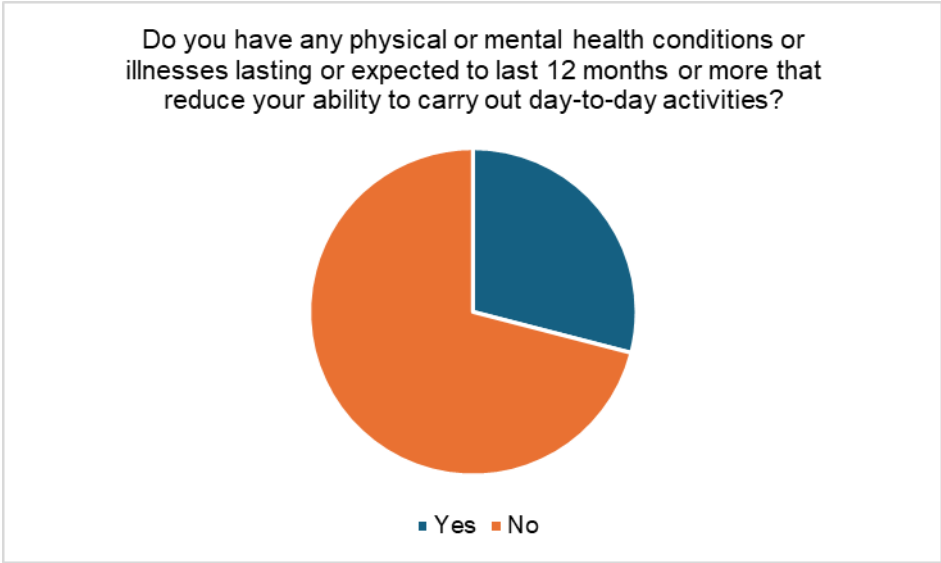


Answer choices	Responses	
Any other	8	6%
Mixed	1	1%
Black	3	2%
Asian	23	18%
White	96	73%

27 Respondent sexual orientation

Answer choices	Responses	
Heterosexual	116	96%
Gay or lesbian	1	1%
Bisexual	2	2%
Any other	1	1%

28 Respondent answer to: Do you have a disability?



Answer choices	Responses	
Yes	36	29%
No	88	71%

29 Respondent postcode analysis

The largest proportion of respondents (17% of those providing a postcode) live in DY3 post code area, followed by DY2 (15%) and DY1 (13%). Mapping the full postcodes suggests the distribution of respondents was fairly evenly spread across Dudley and very few came from outside the borough.

Appendix 9: 60-day Public Consultation on the draft Pharmaceutical Needs Assessment

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 fourth PNA for publication by 1 October 2025.

The PNA is a key document which will be used by the NHS to inform decisions regarding applications for new or changes to, existing pharmaceutical services. PNAs will also be used by the NHS to make decisions in the commissioning of NHS-funded services that can be provided by local community pharmacies. In addition, Local Authorities can also use the PNA when commissioning services to meet local health needs and priorities.

Consultation period

Dudley's draft PNA consultation is open for 60 days. Consultation begins on Monday 30 June 2025 and closes on Thursday 28 August 2025.

How to complete the survey

Please follow the link below to complete the PNA Consultation Survey:

<https://www.dudley.gov.uk/residents/care-and-health/adult-health-social-care/healthy-lifestyles/dudley-pharmaceutical-needs-assessment/>

If you require further information you can contact us on:

david.pitches@dudley.gov.uk

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

Next steps

The feedback and the comments from this consultation will be considered and amendments made to the PNA as necessary. The HWB will approve and publish the final PNA by 1 October 2025.

Appendix 10 Questions for statutory 60-day public consultation

Dudley Health & Wellbeing Board Pharmaceutical Needs Assessment (PNA) Consultation 2025-2028

Question. Which best describes your interest in the consultation?	
A member of the general public	<input type="checkbox"/>
A family member or carer of someone who uses pharmacy services	<input type="checkbox"/>
A Health or Social Care Professional	<input type="checkbox"/>
On behalf of an organisation	<input type="checkbox"/>
On behalf of a community pharmacy business	<input type="checkbox"/>

The following closed questions are being 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 consultation specific questions within the final open question.

	Question	Yes	No	Not sure
Geographical and Physical location of Pharmacies				
1	The PNA has concluded that there are broadly sufficient community pharmacies in Dudley and the surrounding area providing services to residents. However, there is a gap identified within the Russells Hall Estate. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Opening Hours				
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of Advanced Services				
3	The PNA has concluded there is sufficient provision of the "Seasonal Influenza (Flu) Vaccination Service" within pharmacies in Dudley. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The PNA has concluded there is sufficient provision of the "Hypertension Case Finding Service" within pharmacies in Dudley. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

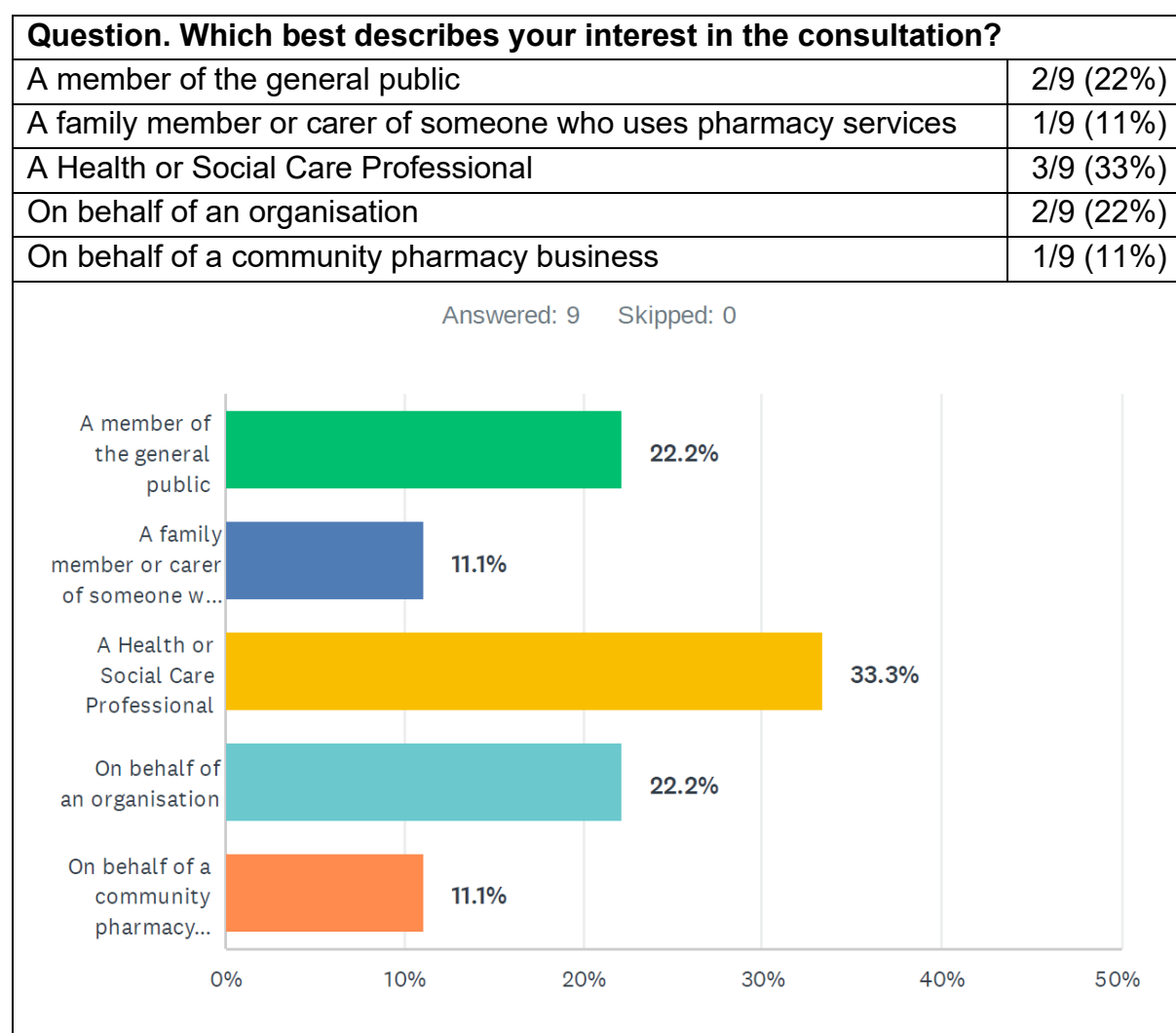
	Question	Yes	No	Not sure
5	The PNA has concluded there is sufficient provision of the “Lateral Flow Device Service” within pharmacies in Dudley. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The PNA has concluded there are sufficient Community Pharmacies across all PCN localities providing the “New Medicine Service”, giving patients a reasonable choice to access this service. No gaps have been identified. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The PNA has concluded there is sufficient provision of the “Pharmacy Contraception Service” within pharmacies in Dudley. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The PNA has concluded there are sufficient Community Pharmacies across all PCN localities providing the “Pharmacy First Service”. This gives patients a reasonable choice to access this service. No gaps have been identified. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The PNA has concluded there is sufficient provision of the “Smoking Cessation Service” within pharmacies in Dudley. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The PNA has concluded that we are unaware of any additional need for provision of “Appliance Use Review” and “Stoma Appliance Customisation” Service through pharmacy. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of National Enhanced Services, Black Country ICS				
11	The PNA has concluded there are sufficient Community Pharmacies across all PCN localities providing the “Covid Vaccination Service”, giving patients a reasonable choice to access this service. No gaps have been identified. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of Local Enhanced Services, Black Country ICS				
12	The PNA has concluded that although there are isolated gaps in the provision of the “Minor Ailments Service”, overall access is good around the borough. This gives patients a reasonable choice to access this service. Do you agree with this assessment?			

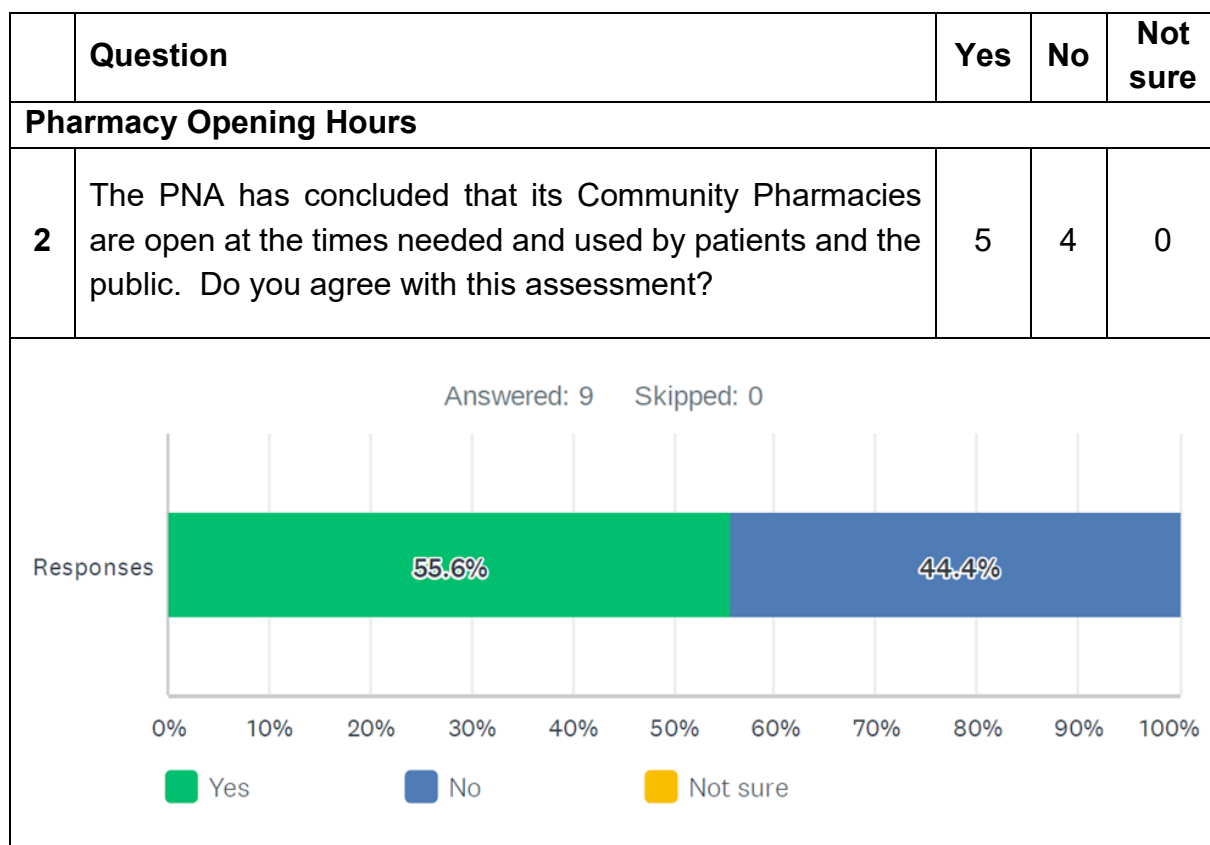
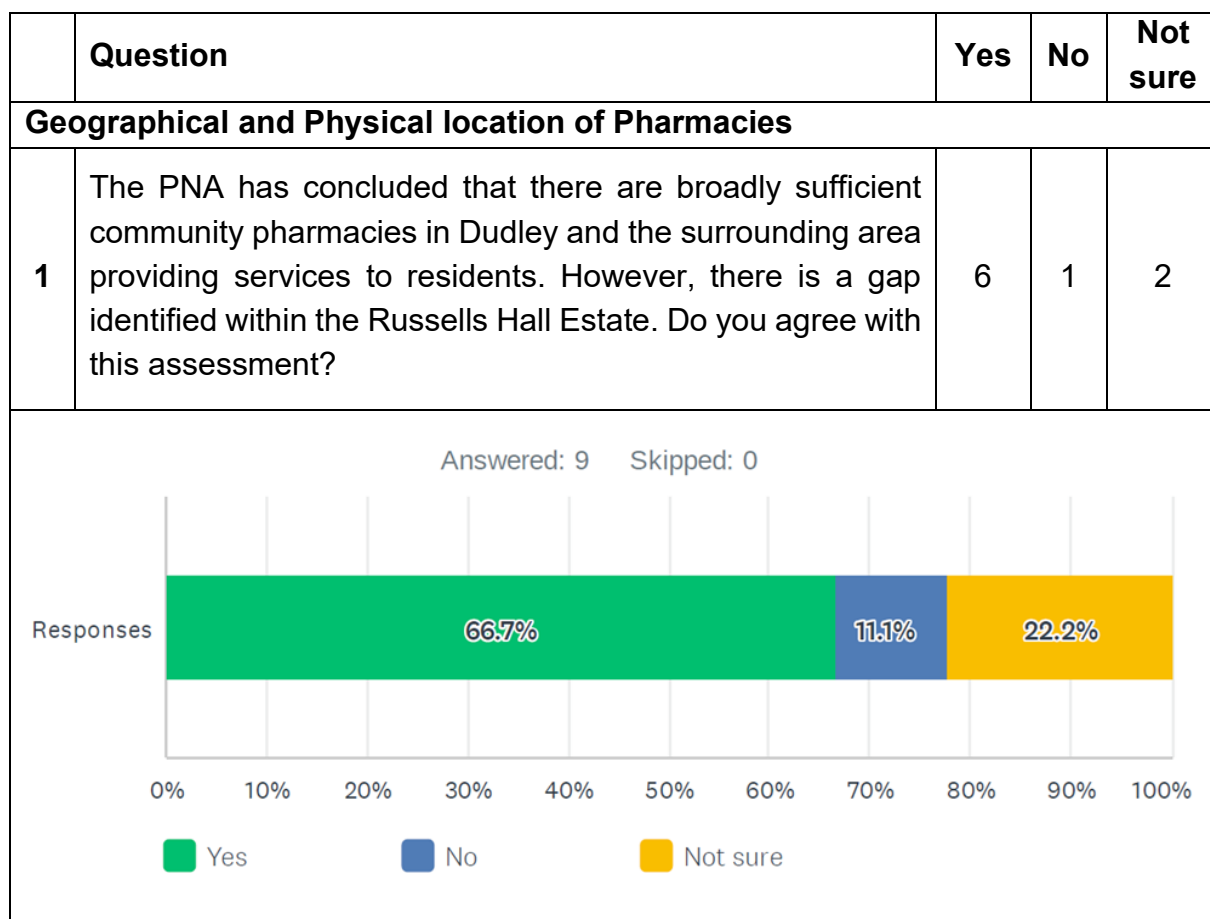
	Question	Yes	No	Not sure
13	The PNA has concluded there is sufficient provision of the “Community Urgent Eyecare Service” (CUES) around the borough. This gives patients a reasonable choice to access this service. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	The PNA has concluded that the population of Dudley has sufficient access to the Specialist Palliative Care Drugs Supply Service based on those pharmacies commissioned within Dudley and neighbouring areas. Do you agree with this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directorate of Public Health and Wellbeing Services, Dudley MBC				
Dudley MBC commissions a range of Public Health Services from Community Pharmacies which they can choose to provide but require accredited premises and trained personnel. Public Health will continue to pay for these services if funding and national reviews of the service permit. Are you happy with the range of services available?				
15	A. Sexual Health Services: Emergency Hormonal Contraception, Chlamydia Screening and C- Card Condom Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Substance Misuse Services: Supervised Consumption & Needle Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Alcohol Screening and Brief Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Healthy Start Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Has the PNA given you adequate information to inform your own future service provision? (Question to be completed by Community Pharmacy staff only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have any other comments, on the above questions or the full document, or you feel any additional information should be included, please explain here:				

Appendix 11 Public consultation feedback

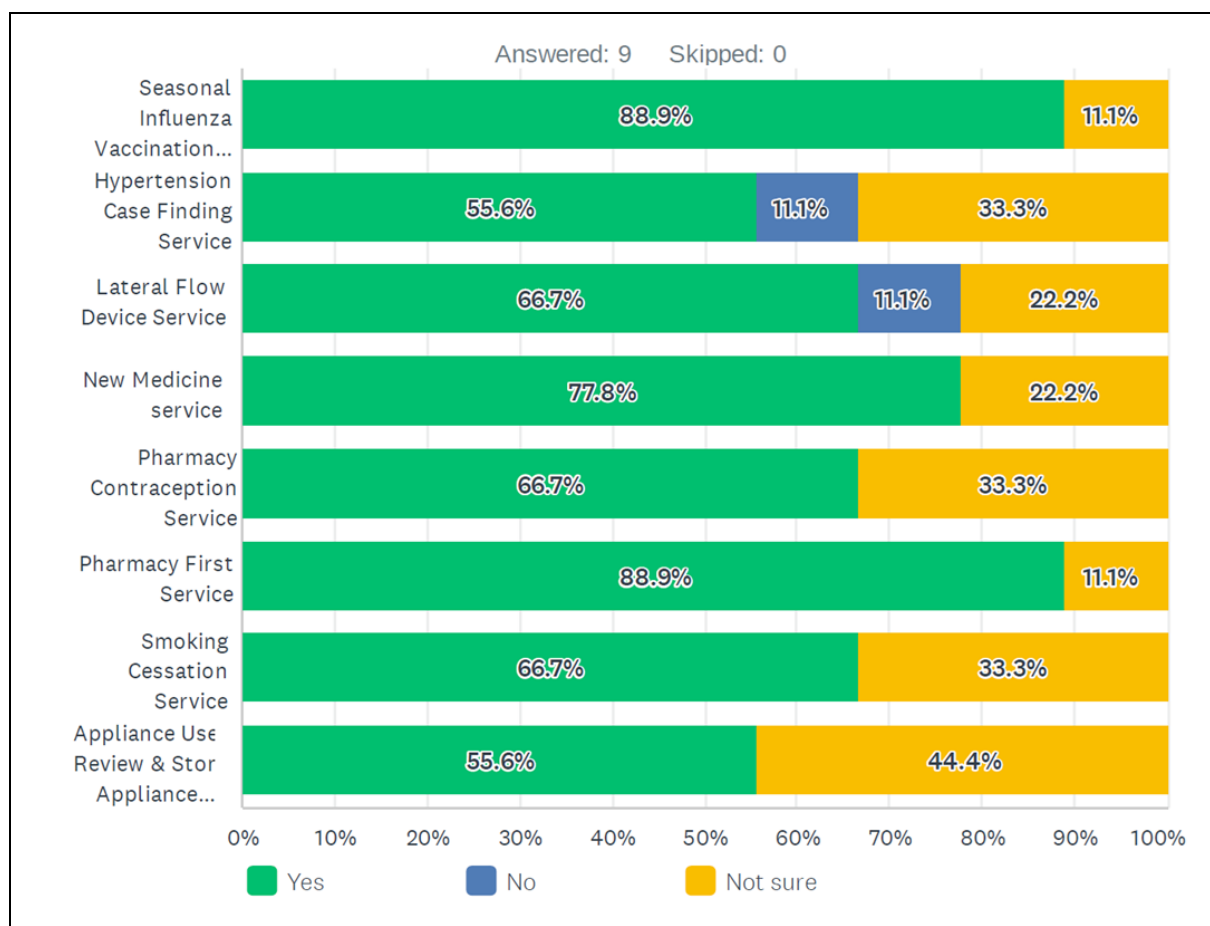
A total of nine responses were received, of which two were from members of the public, one was from a person responding as a family member or carers of someone who used pharmacies, three were from health or social care professionals, two were on behalf of organisations and one was from a community pharmacy business.

Whilst the response rate was low, it should be recognised that the primary audience for the statutory 60-day consultation comprises healthcare providers, whilst the main consultation of the general public and service users occurred earlier in the PNA development process during February 2025.

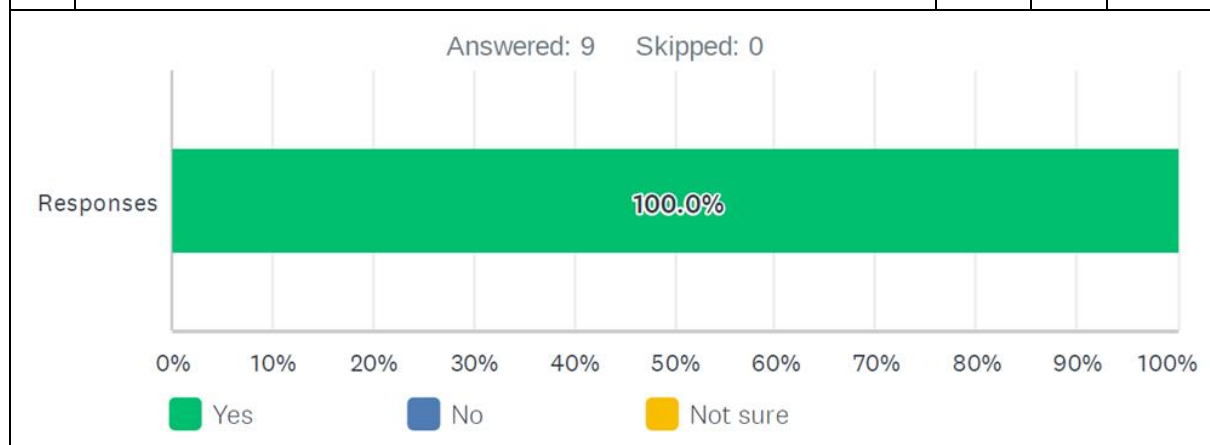


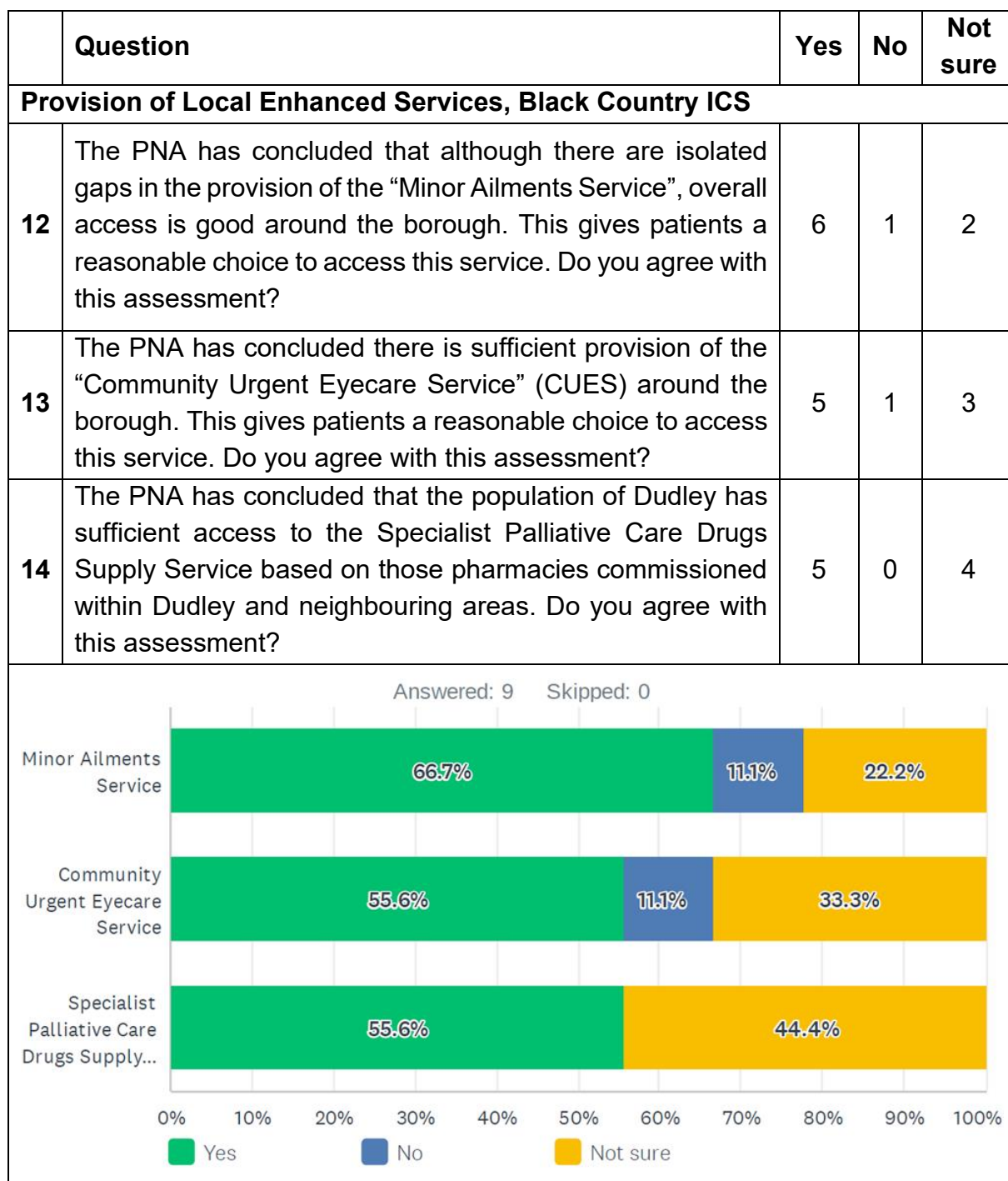


	Question	Yes	No	Not sure
Provision of Advanced Services				
3	The PNA has concluded there is sufficient provision of the “Seasonal Influenza (Flu) Vaccination Service” within pharmacies in Dudley. Do you agree with this assessment?	8	0	1
4	The PNA has concluded there is sufficient provision of the “Hypertension Case Finding Service” within pharmacies in Dudley. Do you agree with this assessment?	5	1	3
5	The PNA has concluded there is sufficient provision of the “Lateral Flow Device Service” within pharmacies in Dudley. Do you agree with this assessment?	6	1	2
6	The PNA has concluded there are sufficient Community Pharmacies across all PCN localities providing the “New Medicine Service”, giving patients a reasonable choice to access this service. No gaps have been identified. Do you agree with this assessment?	7	0	2
7	The PNA has concluded there is sufficient provision of the “Pharmacy Contraception Service” within pharmacies in Dudley. Do you agree with this assessment?	6	0	3
8	The PNA has concluded there are sufficient Community Pharmacies across all PCN localities providing the “Pharmacy First Service”. This gives patients a reasonable choice to access this service. No gaps have been identified. Do you agree with this assessment?	8	0	1
9	The PNA has concluded there is sufficient provision of the “Smoking Cessation Service” within pharmacies in Dudley. Do you agree with this assessment?	6	0	3
10	The PNA has concluded that we are unaware of any additional need for provision of “Appliance Use Review” and “Stoma Appliance Customisation” Service through pharmacy. Do you agree with this assessment?	5	0	4



	Question	Yes	No	Not sure
Provision of National Enhanced Services, Black Country ICS				
11	The PNA has concluded there are sufficient Community Pharmacies across all PCN localities providing the "Covid Vaccination Service", giving patients a reasonable choice to access this service. No gaps have been identified. Do you agree with this assessment?	9	0	0

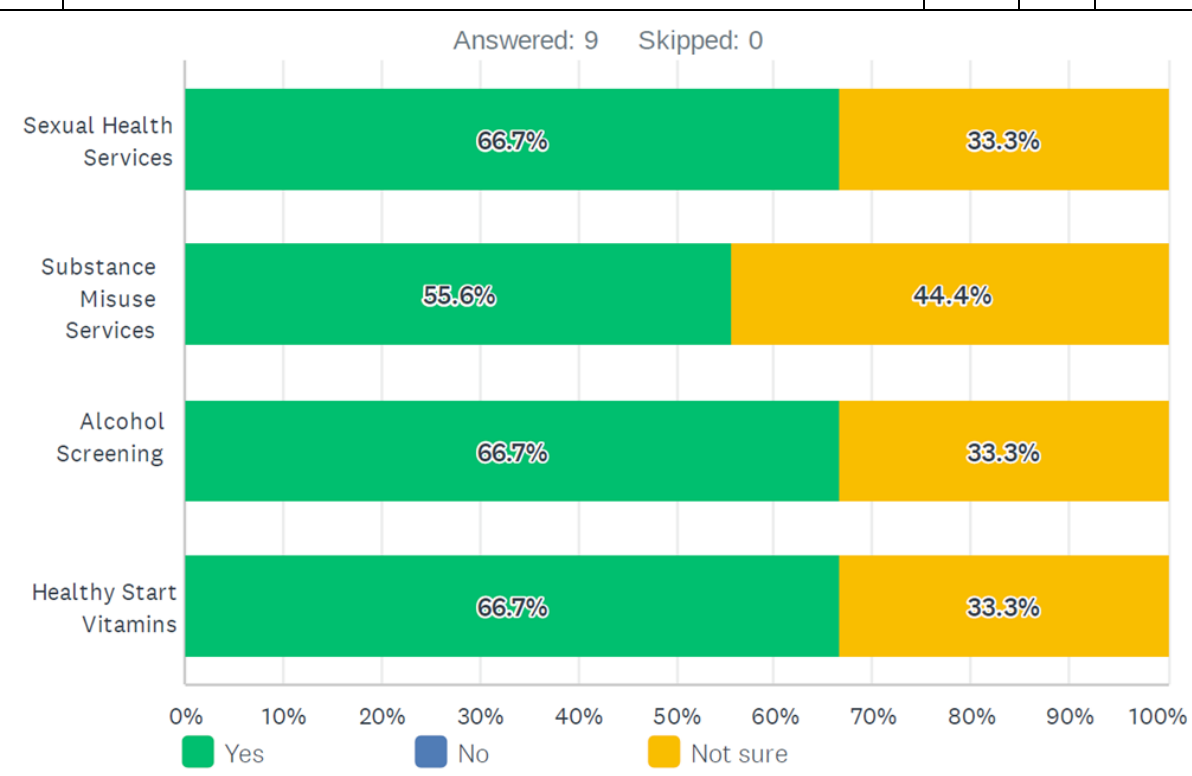




Directorate of Public Health and Wellbeing Services, Dudley MBC

Dudley MBC commissions a range of Public Health Services from Community Pharmacies which they can choose to provide but require accredited premises and trained personnel. Public Health will continue to pay for these services if funding and national reviews of the service permit. Are you happy with the range of services available?

15	A. Sexual Health Services: Emergency Hormonal Contraception, Chlamydia Screening and C- Card Condom Service	6	0	3
	B. Substance Misuse Services: Supervised Consumption & Needle Exchange Service	5	0	4
	C. Alcohol Screening and Brief Intervention	6	0	3
	D. Healthy Start Vitamins	6	0	3



	Question	Yes	No	Not sure
Question to be completed by Community Pharmacy staff only				
16	Has the PNA given you adequate information to inform your own future service provision? (2 respondents)	2	0	0

In addition to the yes/no/unsure response questions, respondents were able to submit text comments. The following table lists the comments as received and unedited, along with the response of the PNA Steering Group. Where required, amendments have been made to the body of the PNA to address the points made in the responses.

Respondent	Comments	PNA steering group response	Changes to PNA
1. A Health or Social Care Professional	<i>"There needs to be a pharmacy attached to or outside the urgent care centre Russell Hall hospital to cater for outpatients. This should be open early and until late"</i>	The PNA has identified and concluded that a gap exists within the nearby Russells Hall Estate which is close to Russells Hall hospital and Emergency Treatment Centre (and out of hours provider. An application for a new pharmaceutical contract would need to support opening until 10pm to fulfil the gap. Following the receipt of respondent 9 comment below, the steering group reviewed its draft conclusion to reduce the recommendation for late night opening from midnight to 10pm.	Yes (change to Assessment 1 – Geographical and physical location of pharmacies and Assessment 2 – opening hours)
2. A Health or Social Care Professional	<i>"Provision of blister pack (monitored dosage systems) services is not well covered within the pharmacy services within Dudley. Lots of pharmacy's that do provide this service have closed lists as no further capacity to take on new patients. Only one pharmacy in Dudley, to my knowledge, provides the Telecare Carousel restock. This gap in service causes considerable issues for patients, especially those with cognitive impairment. In turn this creates an additional pressure and cost on both health and social care resources through provision of care to meet this need and reduces the independence of patients."</i>	<p>Monitored dosage systems (e.g., blister pack provision is one example) provided by Dudley pharmacies are enacted under a voluntary arrangement between the patient/service user and community pharmacy.</p> <p>There is no commissioned service for this; however all community pharmacy providers have a duty under the Equality Act 2010 to ensure their service users can use their medicine safely following dispensing and supply. Thus, for patients with cognitive and/or physical impairment which may impact the ability of the user to take their medicines as desired and safely long term, the provider has a legal duty to conduct a patient assessment ensuring all reasonable adjustments are considered to support the service user to take their medicines safely.</p>	No

		Monitored dosage systems are one such adjustment to support patients to take their medicines as intended. The Telecare Carousel Service (pill dispenser system) is commissioned by the local authority, and we conclude that the commissioner should consider additional pharmacies to provide this service.	
3. On behalf on an organisation	<i>"No comment"</i>		
4. A member of the general public	<i>"None of the pharmacies in Stourbridge are open on Sundays."</i>	The PNA concluded that during unsociable hours (evenings and weekends) service users may need to travel further to access pharmaceutical services. Given one pharmacy is open on Sunday within the Stourbridge, Wollescote and Lye PCN area (ID 46, Day Night Pharmacy, 45 High Street, Lye, DY9 8LQ), it is not considered this is a gap in access.	No
5. A member of the general public	<i>"It would be helpful for pharmacies to open on a weekend especially for those who work and cannot get to the pharmacy on a weekday"</i>	43 out of 59 public facing pharmacies are open on Saturdays, with at least six in each PCN area. Seven out of 59 public facing pharmacies are open on Sundays, with at least one in each PCN area except for Sedley, Coseley and Gornal which has none, but there are four pharmacies within 2km of this PCN's boundary that do open on Sundays (ID 86 and 90 in Wolverhampton; ID 97 and 98 in Sandwell). See PNA draft Table 2 page 50, Figure 11B page 54 and Figure 11C page 55. It is recognised that individuals may need to travel a bit further in some parts of the borough to access a pharmacy during the weekends. We conclude that this PNA has sufficient pharmacies open on Saturdays and Sundays.	No

<p>6. A Health or Social Care Professional</p>	<p><i>“Although areas might be serviced by good public transport links, consideration needs to be given to the distance that people are required to walk to get public transport and also how far a pharmacy is in walking distance from their bus stop (either due to existing disabilities or older adults), also need to consider children and young people - they are reliant on their parent or carer accessing the pharmacy on their behalf.</i></p> <p><i>In a similarly way, for young people accessing the C-Card service or emergency contraception - they might not have the means to travel to a pharmacy to collect it - needs to be walkable so they can go themselves, without having to ask parent or carer for funds to travel.</i></p> <p><i>Need to consider some more pharmacies opening on Sundays for people wishing to access self care advice, and if this increases whether it reduces the number of people accessing the urgent treatment centre.</i></p>	<p>It is recognised that service users with specific needs could experience additional barriers, which may be addressed through the home delivery service (voluntary arrangement offered by pharmacies).</p> <p>The PNA concluded that most of Dudley's population is within a 30-minute walk of a community pharmacy and access is greater in areas of deprivation where higher health needs exist. For younger populations and access to sexual health services there was good access to emergency hormonal contraception with no gaps identified.</p> <p>Seven out of 59 public facing pharmacies are open on Sundays, with at least one in each PCN area except for Sedley, Coseley and Gornal which has none, but there are four pharmacies within 2km of this PCNs boundary that do open on Sundays (ID 86 and 90 in Wolverhampton; ID 97 and 98 in Sandwell). See draft PNA Table 2 page 50, Figure 11B page 54 and Figure 11C page 55. Self-care advice with pharmacy teams on a Sunday can be achieved by non-face to face methods (e.g., telephone advice and digital remote means etc.).</p>	<p>No</p>
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	<i>May also want to consider some more pharmacies opening before 7am - before the 8am 'scramble' for a GP appointment. People could then be advised to speak with a pharmacist at 7am for advice, before contacting their GP at 8am"</i>	During the development of this PNA, the public and patient consultation survey did not identify significant access needs by our population before 9am.	
7. A family member or carer of someone who uses pharmacy services	<i>"Colley Gate now only has 1 pharmacy; we are blessed with a great pharmacy but it's at the bottom of a big hill. There was previously one at the top of the hill. This is fine if you're active or have a car but it can be a problem for the elderly and people who aren't as physically fit. The topography of the area is often not considered when decisions are made e.g. recently removing a post box at the bottom of the hill, near to old people's bungalows, means that people must now walk up the steep hill to use a service which, on a map, looks perfectly adequate for the surrounding area. Also, re CUES, I understand that the best place to access this is via local opticians as pharmacies don't have the equipment needed to fully assess an eye problem which can lead to people using unnecessary medication and delaying appropriate treatment."</i>	<p>Whilst recognising there is only 1 pharmacy in Colley Gate and noting the challenge of navigating up a steep hill, there is a good public transport link (e.g., bus services) that would support those with mobility challenges to access this pharmacy face to face.</p> <p>Community pharmacies continue to voluntarily deliver medicines to service users should a need arise, and this helps to support those who may be housebound or less mobile. All pharmacies are accessible via the telephone to provide advice and support to our population if required.</p>	No
8. On behalf of an organisation	<i>"The PNA is very comprehensive, with accurate use of data. We thought that it was good that for some pharmaceutical services, they looked at access broken down into deprivation deciles."</i>		

	<p><i>“Another positive was the inclusion of alternative methods of engagement alongside the public survey to include those typically underrepresented. The fact that some groups (including young people and LGBTQ+) were still underrepresented is acknowledged, and it would be good to know if there was any additional targeted engagement as part of this consultation.”</i></p> <p><i>“The analysis of online reviews from pharmacy service users was an interesting and innovative approach to gaining richer data, and is one we will consider for future PNAs.”</i></p> <p><i>“We note that figures 6 and 7 exclude distance selling pharmacies from the number of pharmacies in Dudley, however the data for the number of pharmacies in other areas from ODS include distance selling pharmacies so this may not be an appropriate comparison. Sandwell MBC have included distance selling pharmacies in similar comparisons in our PNA.”</i></p>	<p>Full details of service user engagement, including that undertaken by Healthwatch of under-represented groups was described in the section “Patient & Public Involvement”. No additional targeted engagement has been undertaken since.</p> <p>We are pleased to learn that another area may be inspired to follow our innovative approach in future.</p> <p>Distance selling pharmacies (DSPs) have been discounted from all local authorities in the calculation of pharmacies per 100,000 population for the charts in Figure 6 and 7.</p>	<p>No</p> <p>No</p> <p>Yes (insertion of clarifying sentence to the section “Pharmacy numbers, walking times and geographical and physical location”)</p>
9. On behalf of a community pharmacy business	<p>1) <i>‘Regarding the perceived gap in pharmacy provision on the Russell’s Hall Estate: There are no GP practices in the area so the draft PNA acknowledges this may reduce the viability of a separate pharmacy.</i></p> <p>2) <i>More so if they are expected to have core hours up to midnight – meaning it is likely they would require a significant number of</i></p>	<p>The PNA 2022 has identified and concluded that a gap exists within the nearby Russells Hall Estate which is close to Russells Hall hospital and Emergency Treatment Centre (and out of hours provider. The steering group considers this gap in pharmaceutical access remains. However, following the receipt of comments from Respondents 1 (see above) and 9, the steering group reviewed its draft conclusion to reduce</p>	<p>Yes (change to Assessment 1 – Geographical and physical location of pharmacies and Assessment 2 – opening hours)</p>

	<p><i>supplementary hours too to be more accessible to the general public. Plus the additional cost of having colleagues working up to midnight, thus likely to be commanding higher rates of pay for the later hours. While it could be considered advantageous for patients attending the Dudley UCC, hence the later hours required for any new contract in the immediate vicinity, the PNA then goes on to indicate that the OOH service should normally hold stocks of medicines in accordance with the national formulary. There is therefore no guarantee that patients attending the UCC would then go on to access the pharmacy (should a contract be granted) out of hours.</i></p> <p><i>The draft PNA presents no evidence that the needs of the Russell's Hall Estate population aren't being met by other contractors near to this neighbourhood. We disagree with the assessment that there is a gap in provision in the Russell's Hall Estate area'</i></p>	<p>late night opening from midnight to 10pm to fulfil this gap in access.</p> <p>The provider of the out-of-hour service has responsibility to stock key medicines as defined in the national out-of-hours formulary⁵⁰. However, there are many other medicines that are prescribed by the Emergency Treatment Service (formerly Dudley Urgent Care Centre) that are not on this defined list.</p>	
	<p>3) <i>Re: Access for people with disabilities Draft PNA reports that contractors indicated: • 29 (66%) have wheelchair access for entrance onto their premises • 37 (84%) have wheelchair access to their consultation room Incongruous having wheelchair access to consultation room, but not to the premises</i></p>	<p>Relevant text slightly amended to align with exact wording of contractor questionnaire survey, wording of which has been provided in Appendix 4C</p>	<p>Yes (update to Access for people with disabilities section and insertion of Appendix 4C)</p>

	<p><i>themselves. However we suspect this is a 'fault' with the way in which contractors have responded to the consultation, rather than with the data itself.</i></p> <p>4) <i>Re: Advanced services - Hypertension Draft PNA refers to 24-hour ambulatory BP monitoring. Service specification changed in June 2023 to require ABPM to be set to take measurements every 30 minutes during waking hours (for example between 8am and 10pm). A minimum of 14 readings are needed during the person's usual waking hours to provide an accurate average reading.</i></p> <p>5) <i>Re: Advanced services - Lateral Flow Tests The cohorts eligible for free LFD tests through the pharmacy advanced service changed again on 1 May 2025. The changes in the NICE guidance means the following patient cohorts are NO LONGER ELIGIBLE to receive free LFD tests through the service:</i></p> <ul style="list-style-type: none"> • <i>People aged 85 years and over</i> • <i>People with end-stage heart failure who have a long-term ventricular assistance device</i> • <i>People on the organ transplant waiting list</i> • <i>People resident in a care home who are aged 70 years and over</i> 	<p>Whilst the national advanced service specification requirement was amended to stipulate the minimum requirement for ambulatory blood pressure monitoring, community pharmacy contractors can voluntarily continue to support GP team requests for 24-hour ambulatory blood pressure monitoring if they choose to do so (working in partnership with local general practice team) to assist clinical decision making.</p> <p>The Lateral Flow Device Advanced Services section has been updated to reflect this change within the national service specification.</p>	<p>Yes (update to Lateral Flow Device Advanced Services section)</p>
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	<ul style="list-style-type: none"> • People resident in a care home who have a BMI of 35 kg/m² or more • People resident in a care home who have diabetes • People resident in a care home who have heart failure • People currently in a hospital who are aged 70 years and over • People currently in a hospital who have a BMI of 35 kg/m² or more • People currently in a hospital who have diabetes • People currently in a hospital who have heart failure <p>6) <i>Re: Advanced Service - New Medicines Service Is it worth alluding to depression being added as an eligible condition from October 2025?</i></p> <p>7) <i>Re: Assessment 15: Provision of EHC Draft PNA concludes that more pharmacies offering the service would improve access further for the Dudley population. Yet earlier in the draft PNA it has already been alluded that the service is likely to be decommissioned when EHC becomes part of the national Pharmacy Contraception Service in October.</i></p>	<p>We are grateful for this suggestion and have noted this expansion in the relevant section.</p> <p>Details of the national advanced service for Emergency Contraception (expansion of Pharmacy Contraception Service from late October 2025) are not known at the time of writing. Upon release of the national service specification, this will be considered later within a supplementary statement (to this PNA).</p>	<p>Yes (update to New Medicines Services section)</p> <p>No</p>
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	8) <i>Re: Control of Market Entry test The draft PNA refers to "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). This exemption closed to new applications on 23 June 2025."</i>	From 23 June 2025, no new applications for Distance Selling Pharmacies (DSP) will be accepted/are permitted under the regulations. Like the previous 100-hour pharmacy exemption, the DSP route to establish a new pharmacy will now be closed. This has now been updated within the final version (see Excepted Applications).	Yes (update to Excepted Applications section)
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References

- ¹ Pharmaceutical needs assessments: a guide for local authorities. Royal Pharmaceutical Society, 2013. Available at: <https://cpe.org.uk/wp-content/uploads/2013/08/PNAs-a-guide-for-local-authorities.pdf>
- ² The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
Available at: <https://www.legislation.gov.uk/uksi/2013/349/contents>
- ³ The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 (the 2023 regulations). Available at: <https://www.legislation.gov.uk/uksi/2023/479/contents/made>
- ⁴ All About Dudley Borough. Available at: www.allaboutdudley.info
- ⁵ Pharmaceutical needs assessments - Information pack for local authority health and wellbeing boards. Department of Health and Social Care (2021). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf
- ⁶ Regulations under the Health and Social Care Act 2012: Market entry by means of Pharmaceutical Needs Assessments - Information for NHS England Executive Summary and Chapters 1-4. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/255951/nhs_pharm_servs_market_entry_exec_sum_chpts_1-4.pdf
- ⁷ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
Available at: <https://www.legislation.gov.uk/uksi/2013/349/contents>
- ⁸ The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 (the 2023 regulations). Available at: <https://www.legislation.gov.uk/uksi/2023/479/contents/made>
- ⁹ Road to recovery: the government's 2025 mandate to NHS England - GOV.UK Available online at <https://www.gov.uk/government/publications/road-to-recovery-the-governments-2025-mandate-to-nhs-england/road-to-recovery-the-governments-2025-mandate-to-nhs-england>
- ¹⁰ All About Dudley Borough. Available at: www.allaboutdudley.info
- ¹¹ Dudley Health Wellbeing and Inequalities Strategy 2023-2028. Dudley Health and Wellbeing Board, 2023. Available online at https://www.dudleyhealthandwellbeing.org.uk/files/ugd/51be5e_572c33464ea644ac8455449a9ea21a2f.pdf
- ¹² NHS Black Country Joint Forward Plan 2023. Available at: https://blackcountryics.org.uk/application/files/4916/8813/7879/BCICB_202223_JFP_MASTER_PLAN_V6_FINAL.pdf
- ¹³ Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>
- ¹⁴ Community Pharmacy England. Available at: <https://cpe.org.uk/>
- ¹⁵ All About Dudley Borough. Available at: www.allaboutdudley.info

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- ¹⁶ NHS Electronic Drug Tariff, Part XVIIC - National out-of-hours formulary. Available at: <https://www.drugtariff.nhsbsa.nhs.uk/#/00817113-DC/DC00817010/Part%20XVIIC%20-%20National%20out-of-hours%20formulary>
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