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WIRRAL

Health and Wellbeing Board

Date:	**Wednesday, 14 March 2018**
Time:	**4.00 pm**
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Pat Phillips
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AGENDA

1. DECLARATIONS OF INTEREST

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

2. APOLOGIES FOR ABSENCE

3. MINUTES (Pages 1 - 8)

To approve the accuracy of the minutes of the meeting held on 15 November, 2017.

4. STRATEGY

4 a Cheshire and Merseyside Healthcare Partnership Update Reports

Update reports will be provided on the following:

- Maternity - Simon Banks
- Learning Disability - Graham Hodkinson
- Mental Health - Sheena Cumiskey
- Workforce - Karen Howell

4 b New Model of Safeguarding

Presentation by Maggie Atkinson.

5. HEALTHY WIRRAL

5 a Update on progress

Verbal report by Simon Banks.

5 b Unplanned Care Update (A&E Delivery)

5 c Urgent Care Review

Presentation by Anna Rigby.

5 d Wirral Better Care Fund Update

5 e Integration Update

Update reports will be provided by Graham Hodkinson on:

- Integrated Commissioning Hub
- All Age Disability

5 f Performance Report

Https://www.wirral.gov.uk/about-council/council-performance

6. PARTNER UPDATE

6 a NHSE Quarterly Update

6 b HealthWatch

7. WIRRAL PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2018-2021 - FOR INFORMATION (Pages 49 - 244)

8. DATE OF NEXT MEETING

The date of the next formal Board meeting is Wednesday 18 July 2018, at 4.00 pm in Committee Room 2 Town Hall, Wallasey.

HEALTH AND WELLBEING BOARD

Wednesday, 15 November 2017

Present:	Councillor	P Davies (Chair)
Councillors		P Gilchrist Chris Jones I Lewis
Ms N Allen		Head of Medical Directorate, NHS England
Mr P Davies		Chair, Healthwatch, Wirral
Ms J Evans		Assistant Director Integrated Commissioning
Ms D Gornik		Acting Director of Children's Services
Mr G Hodkinson		Director for Health & Care
Ms F Johnstone		Acting Director of Strategy & Partnerships
Ms V McGee		Director of Integration & Partnerships, Wirral Community NHS Trust (dep for Karen Howell)
Ms S Quinn		Service Director Cheshire & Wirral Partnership NHS Foundation Trust (dep for Sheena Cumiskey)
Ms L Quigley		Director of Quality & Patient Safety, Wirral CCG, (dep for Simon Banks)
Ms J Webster		Director for Health & Wellbeing

11 **DECLARATIONS OF INTEREST**

Members were asked if they had any pecuniary or non-pecuniary interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust

Councillor Chris Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

12 **APOLOGIES FOR ABSENCE**

Apologies were received from David Allison, CEO Wirral University Teaching Hospital NHS Foundation Trust, Simon Banks, Chief Officer, Wirral CCG, Nesta Hawker, Director of Commissioning Wirral CCG and Dr Sue Wells, Chair, Wirral CCG.

13 **MINUTES**

Resolved – That the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 19 July, 2017 be approved as a correct record.

Councillor Ian Lewis commented that at the last meeting of the Health and Wellbeing it had been agreed that STP be a standard item on the agenda

however this had not been included in this meeting. The Director of Health and Care informed the Board that this would be covered during the meeting and the Chair indicated that he would be happy to include discussion at this meeting.

14 **STRATEGY**

15 **WIRRAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT.**

Members of the Board were provided with a presentation by David Robbins, Wirral Safeguarding Board.

The presentation set out the objectives of LSCBs and informed that the WSCB operated as an independent multi-agency body under the direction of the independent chair (Prof Maggie Atkinson) and was not subordinate to any other body. It was explained that under the Children and Social Work Act (2017) LSCB's would be replaced by other local arrangements by April 2019.

Members of the Board were provided an outline of the service which included the structure of WSCB, the priorities for safeguarding areas, training undertaken and provided the Annual Report which could be found on the following link;

http://www.wirralsafeguarding.co.uk/wp-content/uploads/2016/02/WSCB-Annual-Report-2016-17-3.pdf

Members' attention was drawn to the Boards website and Mr Robbins urged professionals to utilise this link on their website as it would provide a useful tool. He stressed that there needed to be a strong understanding between the HWB and the WSCB. The website could be found on the following link;

www.wirralsafeguarding.co.uk

Mr Robbins responded to questions from the Board. The Chair thanked him for the presentation and commented on the need for joint priorities for the Boards. The Chair endorsed the need for further discussion around what practical measures the HWB Board could do to help and it was agreed that WSCB be an item on the Health and Wellbeing Board's next agenda.

Resolved – That;

1 the report be noted.
2 that WSCB be included as an item on the agenda for the next meeting of the Health and Health and Wellbeing Board to be held on 14 Mar 2017.

16 **PUBLIC HEALTH ANNUAL REPORT 2017: EXPECT BETTER**

Members of the Board were provided with a presentation form Julie Webster, Director for Health and Wellbeing on the Public Health Annual Report 2017 - Expect Better.

The key messages of the report were that life expectancy at birth had improved in Wirral over several decades. Despite this, gaps persisted between the east and west of the borough and between men and women. People living in more deprived areas tended to live shorter lives with a greater proportion of their lives spent in poor health.

The early onset of illnesses or disability could place a greater burden on the health and social care system than when people live longer in good health.

The report provided details of avoidable deaths in the Borough and included a number of graphs setting out the reasons for early deaths. A range of recommendations were also set out for health and social care organisations - some of which focussed on Wirral partners.

Members discussed the report and made suggestions for the means to set up targets over the variation and uptake throughout the Borough. Julie Webster thanked partners for their contributions and shared a short film 'Expect Better' that supported this year's annual report Wirral 2016/17 and aimed to highlight the differences in life expectancy and avoidable deaths across the borough. This and could be found on the following link:

https://youtu.be/kEC2W41ZtlE

Resolved – That;

1 the report be noted.

2 an action plan outlining the key targets be set up and circulated to relevant agencies who could support the initiative and that this be brought back to the next meeting of the Health and Wellbeing Board.

17 **HEALTHY WIRRAL**

18 **UPDATE ON PROGRESS.**

Members of the Health and Wellbeing Board were provided with a presentation 'Healthy Wirral Update' by Graham Hodkinson, Director for Care and Health.

With reference to the STP the Director commented that place-based services were local building blocks and the NHS Cheshire and Merseyside were taking the lead and would commission special services and local needs such as hospital walk-in centres.

Graham Hodkinson indicated that Simon Banks, Chief Officer, Wirral CCG would be the most appropriate person officer to give an update to future meetings of the Board.

The Chair welcomed the move away from a nationally imposed STP to a more locally based plan that could be shaped locally

In relation to Healthy Wirral the Director commented that it was a cohesive plan that sat under the 2020 plan. It provided more detail in relation to care, health and wellbeing priorities and offered a platform for an Integrated System. Shared Governance arrangements were developing the Healthy Wirral Partnership, Healthy Wirral Executive Delivery Group and the Emerging Programme Office and Performance Reporting. The presentation also outlined the drivers for change.

Fiona Johnstone, Acting Director of Strategy & Partnership, indicated that the Plan would be turned into a dashboard that would come back to a future meeting of the Health and Wellbeing Board.

The Chair welcomed the move away from a nationally imposed STP to a more locally based plan that could be shaped locally.

Resolved – That the report be noted.

19 **A & E UPDATE**

Jacqui Evans, Assistant Director for Unplanned Care & Community Care (CCG/WBC), presented the Board with an update on the progress and developments across the unplanned care system, overseen by A&E Delivery Board.

Members were informed that Wirral had faced a challenging period during the winter of 2016, continuing to date. The acute hospital and A&E had seen unprecedented pressure during winter 16/17. There had been little let up on that pressure throughout the summer months. From a community perspective, domiciliary care had been challenging, key providers were leaving the market at a time of increased demand for services. Recruitment & retention of key professionals, especially therapists, nurses and care staff had also had an impact.
It was reported that the system had also recognised the need to deliver transformational change, across all organisations, including the need for a real shift in behaviours and culture to be able to respond resiliently to demand and ensure positive patient outcomes and experiences. These challenges had resulted in consistent non-achievement of the 4 hour standard. As such the acute had been in the bottom quartile nationally for performance during the first two quarters of the year. This was a situation owned and recognised as a whole system challenge, requiring collaborate solutions and significant transformational change at pace. The urgent care challenges for Wirral were therefore a priority, acknowledging that all organisations had a part to play and that there were opportunities to improve connections between planned and unplanned care.

The report also provided details of Transformational Priorities going forward for 17/19 and outlined priorities the system had agreed, based on a combination of national best practice guidance, mandated practice and assessment and understanding of the local situation.

The Board was informed that the key issue for Wirral partners was to turnaround urgent care delivery in Wirral and ensure performance was significantly improved over the coming winter months. . Members were informed of the key areas to address the current Wirral situation and improve performance and were informed that the system had improved significantly over the past couple of months. Due to the combined efforts to deliver the priorities described in the report, improvement against the 4 hour standard had improved and maintained and would be further improved. The system leaders were fully committed to deliver the standards required and ensure patient safety.

Members were informed that there was a detailed single unplanned care system plan, incorporating winter planning and the Better Care Fund priorities. This had been commended as an approach by NHSE and held as national best practice.

There was now a system dashboard in place with progress monitored and reported by exception to A&E delivery board on a monthly basis.

The Chair thanked Jacqui Evans for a very comprehensive report and it was;

Resolved – That;

1 the progress on priorities overseen by A&E delivery board be noted.
2 the interdependencies of all partners to the resilient delivery of the 4 hour standard be recognised.

20 **BCF UPDATE**

Jacqui Evans, Assistant Director for Unplanned Care & Community Care Market (CCG/WBC), presented a report to the Health and Wellbeing Board regarding submission of the Better Care Fund. Plans had been circulated, signatures for approval from all CEO's received and the final submission had been made on 11 September 2017. Formal notification had been received on 30 October 2017 The appendix to the report contained a copy of the letter received from Simon Weldon, Director of NHS operations and delivery, NHSE, confirming Wirral's submission, and following regional and national assurance, had been 'Approved'.

Jacqui Evans reported that this was excellent news, with Wirral being one of a small number of systems nationally approved with no conditions. Feedback from the regional team had been received acknowledging the single integrated whole system plan, incorporating BCF, unplanned care & winter priorities and recommended as national best practise. It was now requested to transfer agreed funds into a pooled budget under a section 75 agreement. This was to be agreed locally and submitted by 30 November 2017 to NHSE.

The Board was requested to note the 2 conditions specified namely that:

1. the CCG would meet the performance objectives specified in its BCF plan; and
2. the CCG would meet any additional performance objectives specified by NHS England from time to time.

It was reported that the system was aware of the performance requirements and priorities and working hard to deliver. The report also provided an outline of the Current Performance.

Resolved – That;

1 the progress & outcome of submission of the Better Care Fund be noted.
2 the S75 requirements & timescales be noted.
3 a further update on progress be brought to the next Health & Wellbeing Board

4 a special meeting of the Health and Wellbeing Board regarding the Urgent Care Review be arranged at a date to be circulated by the Acting Director of Strategy & Partnerships.

5 the Sustainability and Transformation Plan be a standing item on future agendas of the Health and Wellbeing Board.

21 **PARTNER UPDATE**

22 **NHSE QUARTERLY UPDATE**

Nicola Allen, Head of Medical Directorate, NHS England presented the Health and Wellbeing Board with the NHSE Quarterly Update. The report provided members with an update regarding the activities and responsibilities of NHS England and outlined the national and regional position together with specific updates on priorities that the Local NHS England Teams were responsible for progressing. The report covered Strategy and planning - Better Care Fund and Primary care: Community Pharmacists, Mental health: Children and Young Peoples Local Transformation Plans, National Directors, Delivery and Assurance, Operational Delivery & Resilience, Winter Preparedness, Flu vaccination and Quality and safety.

Nicola Allen also noted that NHS England had launched an 8 week consultation on radiotherapy services. The consultation was seeking feedback on a new specification for adult radiotherapy services. Through the consultation, NHS England would like to get more views on the proposals from patients, carers, members of the public, clinicians and anyone else who might have an interest in radiotherapy services. The consultation period would run from 18 October to 18 December 2017 and could be viewed on the following link;

https://www.engage.england.nhs.uk/consultation/radiotherapy-service-specification-consultation/

Resolved – That;

1 Nicola Allen be thanked for the report.

2 the report be noted.

23 **HEALTHWATCH**

Phil Davies, Chair, Healthwatch presented the Health and Wellbeing Board with an update for October/November 2017. This provided the Board with an update of the activities, outcomes and outputs of Healthwatch Wirral (HWW). It was noted that HWW had set its workplan in line with the Five Year Forward View. However, it was noted that it was important that it reacted to the public's views and opinions. HWW's remit was to signpost, Influence service design and carry out Enter & View Visits. Some examples to demonstrate this activity were highlighted in the report. The report covered Information Bank at WUTHFT, Signposting, Resource Library, 1, 2, 3

Campaigns, Enter & View Visits, a list of Meetings regularly attended by Healthwatch Staff and Volunteers, a list of current projects and it was also noted that Healthwatch distributes a monthly e-bulletin. Healthwatch aimed to work with all partners and stakeholders and to proactively seek and disseminate information to the public, including public consultations.

Resolved – That;

1 Phil Davies, Healthwatch be thanked for the report.
2 the report be noted.

24 **FOR INFORMATION**

Members' attention was drawn to the Wirral Plan Performance Report Quarter 1 that was available to view on the following link;

https://www.wirral.gov.uk/about-council/council-performance

25 **DATE OF NEXT MEETING**

The date of the next formal Board meeting would be Wednesday 14 March, 2018 at 4:00 pm in Committee Room 1 Town Hall, Wallasey. A further special meeting regarding the Urgent Care Review would be timetabled in due course.

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WIRRAL

HEALTH AND WELLBEING BOARD

14 MARCH 2018

REPORT TITLE	*Unplanned Care Update*

REPORT SUMMARY

The following report provides the Wirral Health and Wellbeing Board with an update on progress and developments across the unplanned care system, overseen by A&E Delivery Board.

1. Background

1.1 Wirral, mirroring systems around the country, faced a challenging winter. Rates of admissions remained high with increased levels of acuity. As a system we have worked collaboratively and implemented key transformational changes, such as clinical streaming at the front door of ED and transfer to assess (T2A) approaches.

1.2 Flu has had an impact this year, with highest numbers of people needing to be admitted during Dec and Jan, at one point the hospital had over 40 people with flu in an acute bed. There was significant take up of the flu vaccine by staff by organisations. Whilst, we have experienced pockets of sickness, we have been able to retain adequate staffing levels. The only service which was temporarily hit short term was the reablement service, which lost 15 staff at the same time, due to flu. This effected referrals for a 7 day period at the end of December.

1.3 From a community perspective, domiciliary care has remained challenging. Whilst we continue to have a waiting list of an average 70 people, we have worked hard with providers to prioritise flow and avoid delays in discharges in the hospital and the community transfer to assess (T2A) beds. Overall it has been rare for discharge delays in the acute to be above 6-8 or above 5- 6 in T2A beds. There were two days when the total waiting list exceeded 80, on 13th and 14th January, when it reached 82. However, for most of Dec and Early January, the list was below 70.

1.4 NHSE has maintained fortnightly calls with the Wirral system for unplanned care, to review performance and progress. Overall, positive feedback has been received and there has been acknowledgement that we are working well together and step improvements are being made. Wirral was in the bottom quartile for performance against the 4 hr standard during the first two quarters of the year. Quarter 3 has seen significant improvement, with Wirral in the top third.

1.5 Additional 68 escalation beds have been open over winter on both the Arrowe Park and Clatterbridge sites, to accommodate the demand over the winter period. 28 were planned with additional 40 due to urgent care demand at the expense of the elective programme, as advised by NHSE. 20 of these beds were de-escalated at the beginning

of February with plans in place for a further 20 to be closed by 11 March. Remaining 28 are due to de-escalate by end of March.

Additional 30 community beds have been in place, as part of the winter plan, between Dec and March.

1.5 NHSE confirmed £1.88m of additional winter funding to support Wirral. This was prioritised to support funding of additional winter capacity in the form of escalation beds on the acute site and additional community T2A beds. It is also funding transformational support for WUTH to implement recommendations from the work Ernst Young completed and additional 7 day community services such as Age UK transport and a dedicated acute visiting service. (see 3.4 and 3.5 below)

2. Summary of performance over the winter period:

2.1 Partnership working is paying off and a wider system approach is supporting better flow and sustainable out of hospital care. Integration of community health and adult social care has allowed for a more joined up approach to problem solving and rapid response to system pressures.

2.2 NHSE revised their position for systems over winter and requested delivery of 90% against the 4 hr standard for patients to be seen and admitted or discharged within 4 hrs of attendance at A&E. The original target was 95%. Whilst Wirral has not yet consistently achieved this, we are averaging 86.72% (as of 26th Feb). Walk in Centre performance has been consistently high (see appendix 1)

Current month Average to date:	86.52% Wirral wide position (up to & including 23rd Feb)
Previous months performance:	Jan 86.5%, Dec 80.4%, Nov 85.7%, Oct 87.8%, Sept 87.5%, Aug 79.2%, Jul 76.9%

2.3 NHSE requested systems postpone elective day cases, other than essential cancer in December and January, to support the demand in the system. The day case elective programme resumed from 4 February.

2.4 SAFER continues to be embedded within Acute Trust. Midday Discharges from Oct to date consistently sit between 16.9%-18.6%. However there is variation across the week that needs to be addressed.

2.5 Delayed transfers of care (DToC) has remained below 2% for the past 4 months. Wirral is 1 of only 3 systems in the region who have delivered and maintained under the required 3.5% performance requirement, as agreed with NHSE.2.4.2 Domiciliary care has had a maximum of 12 patients waiting domiciliary care in acute setting at any given time, with numbers typically around 6.

2.6 Community T2A capacity has been maintained, with additional 30 community beds commissioned between December and March.

2.7 Mental Health, Wirral is a positive outlier with very low mental health breaches of 4 hour standard. NHSE winter monies have been invested in psychiatric liaison, to support admission avoidance and timely discharges.

2.8 The enhanced OPAT and Community Nursing Partnership is supporting up to 25 people per day to remain at home or be discharged earlier on IV antibiotic therapy.

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2.9 Implementation of NHSI ambulance handover checklist to improve handover and turnaround times– work between WUTH, NWAS and WCT to ensure compliance.

3 Ongoing developments

3.1 The Whole System MADE event was viewed as a very successful approach and provided opportunities for further whole system work including reviews of stranded patients requiring intravenous antibiotics.

3.2 Streaming has been in place since September, 20-40 patients per day have been able to be streamed to a primary care GP. We are now implementing our preferred model (phase 2) which has expanded the hours available for streaming to a GP in the walk in centre on the Arrowe Park site, this will reduce overcrowding in ED and improve the patient experience.

3.3 Enhance primary care ensures GP appointments are available 7 days a week for both planned and same day appointments. Initial findings show positive take up. Further analysis and review will be concluded at the end of March.

3.4 Tele-triage roll-out is continuing across care homes, to support nursing staff with clinical assessment and reduce the need to attend ED or be admitted.

3.5 The introduction of the 'trusted assessor' role for care homes is starting to positively impact on the effectiveness and timelines of care home discharges

3.6 Acute Visiting Service (AVS) - NHSE winter funding has been used to supplement the existing AVS by providing a dedicated GP from 8am-midnight 7 days to support NWAS with advice within 15 minutes, visits to patients at home and GP appointments at Arrowe Park WIC. This aims to improve NWAS's non-conveyance rate, and reduce their on-scene time. Went live in on 2 January 2018. Impact of additional resource will be evaluated for end March.

3.7 Age UK Transport – Winter funding has been used to commission Age UK to transport patients home from hospital, support them with immediate errands and then link the patient into community and voluntary groups over the following weeks. This aims to

proactively prevent re-admission by ensuring elderly patients are supported at home. It will also improve flow by providing extra transport capacity. In implementation phase.

3.8 Commissioner working with providers to complete review of 'home first', rapid community response service and T2A. Evaluation due end March.

3.9 Review and redesign of the Single Point of access (SPA). This will maximise technology and ensure effective signposting and strong community offer to minimise demand on the acute site.

3.10 Review of 7 day services was completed and identified a number of gaps. Intention to action recommendations and feedback to March A&E Delivery Board.

3.11 Whole system approach to Business Intelligence, monitoring and evaluation, with clear trajectories to achieve Key performance indicators (KPI's), supported with an overarching dashboard with tight oversight & evaluation. (see appendix 2)

3.12 Whole system capacity and demand model to inform bed base and community capacity required going forward.

4. Next Steps:

4.1 Review of winter capacity and demand and learning across the system to be completed for March A&E delivery board.

4.2 Review findings to be shared with NHSE and regional winter learning workshop to be arranged in April.

4.3 18/19 winter plans to be submitted at the end of quarter 1 to NHSE.

4.4 capacity and demand modelling work to be completed by end April to inform future commissioning and transformational requirements.

4.5 Continue to progress system priorities plan and improve performance.

RECOMMENDATION/S

- Note the update and ongoing priorities overseen by A&E delivery board
- Recognise the interdependencies of all partners to the resilient delivery of the 4 hour standard
- Note the improving position

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

N/A

4.0 FINANCIAL IMPLICATIONS

N/A

5.0 LEGAL IMPLICATIONS

N/A

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7.0 RELEVANT RISKS

N/A

8.0 ENGAGEMENT/CONSULTATION

N/A

9.0 EQUALITY IMPLICATIONS

N/A

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APPENDICES

Appendix 1: 4 hr standard performance summary

Appendix 2: Unplanned care system dashboard

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	**16.11.16**
Health & Wellbeing Board	**15.11.17**

Wirral CCG
A&E & WIC Performance Report 2017/18

Week	WUTH A&E Activity			Walk-in Centre Activity			WUTH A&E & all WIC Combined Activity		
	> 4 hours	Total attendances	% < 4 hrs	> 4 hours	Total attendances	% < 4 hrs	> 4 hours	Total	% < 4 hrs
April	**1,807**	**7,987**	**77.38**	**93**	**7,104**	**98.69**	**1,900**	**15,091**	**87.41**
May	**2,121**	**8,270**	**74.35**	**126**	**7,208**	**98.25**	**2,247**	**15,478**	**85.48**
June	**1,919**	**8,023**	**76.08**	**115**	**6,723**	**98.29**	**2,034**	**14,746**	**86.21**
QUARTER 1	**5,847**	**24,280**	**75.92**	**334**	**21,035**	**98.41**	**6,181**	**45,315**	**86.36**
July	**2,479**	**8,387**	**70.44**	**115**	**7,498**	**98.47**	**2,594**	**15,885**	**83.67**
August	**2,077**	**7,659**	**72.88**	**41**	**6,743**	**99.39**	**2,118**	**14,402**	**85.29**
September	**1,269**	**7,656**	**83.42**	**20**	**5,815**	**99.66**	**1,289**	**13,471**	**90.43**
QUARTER 2	**5,825**	**23,702**	**75.42**	**176**	**20,056**	**99.12**	**6,001**	**43,758**	**86.29**
October	**1,304**	**8,087**	**83.88**	**20**	**5,968**	**99.66**	**1,324**	**14,055**	**90.58**
November	**1,490**	**7,906**	**81.15**	**10**	**5,720**	**99.83**	**1,500**	**13,626**	**88.99**
December	**2,363**	**8,024**	**70.55**	**26**	**6,181**	**99.58**	**2,389**	**14,205**	**83.18**
QUARTER 3	**5,157**	**24,017**	**78.53**	**56**	**17,869**	**99.69**	**5,213**	**41,886**	**87.55**
01-Jan-18	**108**	**296**	**63.51**	**0**	**271**	**100.00**	**108**	**567**	**80.95**
02-Jan-18	**96**	**266**	**63.91**	**0**	**347**	**100.00**	**96**	**613**	**84.34**
03-Jan-18	**81**	**270**	**70.00**	**12**	**343**	**96.50**	**93**	**613**	**84.83**
04-Jan-18	**111**	**229**	**51.53**	**0**	**347**	**100.00**	**111**	**576**	**80.73**
05-Jan-18	**60**	**251**	**76.10**	**0**	**340**	**100.00**	**60**	**591**	**89.85**
06-Jan-18	**59**	**228**	**74.12**	**0**	**319**	**100.00**	**59**	**547**	**89.21**
07-Jan-18	**70**	**263**	**73.38**	**2**	**310**	**99.35**	**72**	**573**	**87.43**
Week 41	**585**	**1803**	**67.55**	**14**	**2277**	**99.39**	**599**	**4080**	**85.32**
08-Jan-18	**67**	**240**	**72.08**	**0**	**327**	**100.00**	**67**	**567**	**88.18**
09-Jan-18	**77**	**203**	**62.07**	**0**	**280**	**100.00**	**77**	**483**	**84.06**
10-Jan-18	**80**	**251**	**68.13**	**0**	**282**	**100.00**	**80**	**533**	**84.99**
11-Jan-18	**67**	**234**	**71.37**	**0**	**245**	**100.00**	**67**	**479**	**86.01**
12-Jan-18	**83**	**232**	**64.22**	**0**	**283**	**100.00**	**83**	**515**	**83.88**
13-Jan-18	**47**	**223**	**78.92**	**0**	**253**	**100.00**	**47**	**476**	**90.13**
14-Jan-18	**23**	**251**	**90.84**	**11**	**247**	**95.55**	**34**	**498**	**93.17**
Week 42	**444**	**1634**	**72.83**	**11**	**1917**	**99.43**	**455**	**3551**	**87.19**
15-Jan-18	**43**	**245**	**82.45**	**0**	**301**	**100.00**	**43**	**546**	**92.12**
16-Jan-18	**51**	**226**	**77.43**	**0**	**276**	**100.00**	**51**	**502**	**89.84**
17-Jan-18	**61**	**241**	**74.69**	**3**	**247**	**98.79**	**64**	**488**	**86.89**
18-Jan-18	**71**	**254**	**72.05**	**0**	**248**	**100.00**	**71**	**502**	**85.86**
19-Jan-18	**98**	**242**	**59.50**	**0**	**284**	**100.00**	**98**	**526**	**81.37**
20-Jan-18	**72**	**234**	**69.23**	**0**	**263**	**100.00**	**72**	**497**	**85.51**
21-Jan-18	**91**	**258**	**64.73**	**0**	**232**	**100.00**	**91**	**490**	**81.43**
Week 43	**487**	**1700**	**71.35**	**3**	**1851**	**99.84**	**490**	**3551**	**86.20**
22-Jan-18	**108**	**278**	**61.15**	**1**	**348**	**99.71**	**109**	**626**	**82.59**
23-Jan-18	**69**	**264**	**73.86**	**0**	**294**	**100.00**	**69**	**558**	**87.63**
24-Jan-18	**63**	**245**	**74.29**	**0**	**315**	**100.00**	**63**	**560**	**88.75**
25-Jan-18	**66**	**244**	**72.95**	**0**	**349**	**100.00**	**66**	**593**	**88.87**
26-Jan-18	**49**	**243**	**79.84**	**0**	**305**	**100.00**	**49**	**548**	**91.06**
27-Jan-18	**78**	**273**	**71.43**	**0**	**325**	**100.00**	**78**	**598**	**86.96**
28-Jan-18	**74**	**267**	**72.28**	**0**	**302**	**100.00**	**74**	**569**	**86.99**
Week 44	**507**	**1814**	**72.05**	**1**	**2238**	**99.96**	**508**	**4052**	**87.46**
29-Jan-18	**70**	**264**	**73.48**	**0**	**334**	**100.00**	**70**	**598**	**88.29**
30-Jan-18	**71**	**245**	**71.02**	**0**	**309**	**100.00**	**71**	**554**	**87.18**
31-Jan-18	**88**	**259**	**66.02**	**0**	**272**	**100.00**	**88**	**531**	**83.43**
01-Feb-18	**79**	**236**	**66.53**	**0**	**272**	**100.00**	**79**	**508**	**84.45**
02-Feb-18	**50**	**252**	**80.16**	**0**	**268**	**100.00**	**50**	**520**	**90.38**
03-Feb-18	**51**	**241**	**78.84**	**0**	**244**	**100.00**	**51**	**485**	**89.48**
04-Feb-18	**17**	**266**	**93.61**	**1**	**274**	**99.64**	**18**	**540**	**96.67**
Week 45	**426**	**1763**	**75.84**	**1**	**1973**	**99.95**	**427**	**3736**	**88.57**
05-Feb-18	**45**	**291**	**84.54**	**0**	**352**	**100.00**	**45**	**643**	**93.00**
06-Feb-18	**86**	**236**	**63.56**	**0**	**293**	**100.00**	**86**	**529**	**83.74**
07-Feb-18	**44**	**220**	**80.00**	**0**	**264**	**100.00**	**44**	**484**	**90.91**
08-Feb-18	**54**	**241**	**77.59**	**0**	**300**	**100.00**	**54**	**541**	**90.02**
09-Feb-18	**63**	**225**	**72.00**	**0**	**293**	**100.00**	**63**	**518**	**87.84**
10-Feb-18	**97**	**260**	**62.69**	**7**	**295**	**97.63**	**104**	**555**	**81.26**
11-Feb-18	**118**	**266**	**55.64**	**6**	**282**	**97.87**	**124**	**548**	**77.37**
Week 46	**507**	**1739**	**70.85**	**13**	**2079**	**99.37**	**520**	**3818**	**86.38**
12-Feb-18	**82**	**300**	**72.67**	**2**	**345**	**99.42**	**84**	**645**	**86.98**
13-Feb-18	**75**	**277**	**72.92**	**0**	**288**	**100.00**	**75**	**565**	**86.73**
14-Feb-18	**63**	**246**	**74.39**	**0**	**268**	**100.00**	**63**	**514**	**87.74**
15-Feb-18	**61**	**262**	**76.72**	**6**	**304**	**98.03**	**67**	**566**	**88.16**
16-Feb-18	**69**	**257**	**73.15**	**1**	**306**	**99.67**	**70**	**563**	**87.57**
17-Feb-18	**83**	**228**	**63.60**	**0**	**291**	**100.00**	**83**	**519**	**84.01**
18-Feb-18	**82**	**278**	**70.50**	**0**	**318**	**100.00**	**82**	**596**	**86.24**
Week 47	**515**	**1848**	**72.13**	**9**	**2120**	**99.58**	**524**	**3968**	**86.79**
19-Feb-18	**103**	**265**	**61.13**	**1**	**349**	**99.71**	**104**	**614**	**83.06**
20-Feb-18	**96**	**268**	**64.18**	**1**	**284**	**99.65**	**97**	**552**	**82.43**
21-Feb-18	**108**	**259**	**58.30**	**0**	**298**	**100.00**	**108**	**557**	**80.61**
22-Feb-18	**80**	**224**	**64.29**	**0**	**297**	**100.00**	**80**	**521**	**84.64**
23-Feb-18	**57**	**228**	**75.00**	**0**	**276**	**100.00**	**57**	**504**	**88.69**
24-Feb-18	**88**	**247**	**64.37**	**0**	**305**	**100.00**	**88**	**552**	**84.06**
25-Feb-18	**70**	**263**	**73.38**	**0**	**285**	**100.00**	**70**	**548**	**87.23**
Week 48	**602**	**1754**	**65.68**	**2**	**2094**	**99.90**	**604**	**3848**	**84.30**
26-Feb-18	**80**	**278**	**71.22**	**0**	**331**	**100.00**	**80**	**609**	**86.86**
Week 49	**80**	**278**	**71.22**	**0**	**331**	**100.00**	**80**	**609**	**86.86**
January	**2,252**	**7,719**	**70.83**	**29**	**9,198**	**99.68**	**2,281**	**16,917**	**86.52**
February	**2,327**	**8,377**	**72.22**	**26**	**9,655**	**99.73**	**2,353**	**18,032**	
QUARTER 4	**4,579**	**16,096**	**71.55**	**55**	**18,853**	**99.71**	**4,634**	**34,949**	**86.74**
Cumulative YTD (1st April 2017 to date)	**21,408**	**88,095**	**75.70**	**621**	**77,813**	**99.20**	**22,029**	**165,908**	**86.72**

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Wirral Urgent Care Dashboard

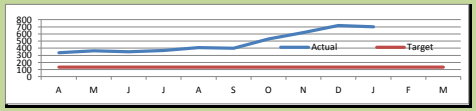
Month: February, 2018

Admissions Avoidance

Community Interventions

Total Number of Admissions Avoided (To be updated)

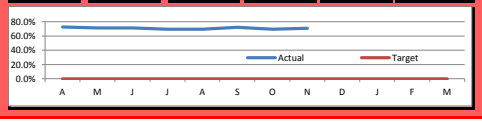
Actual (Month)	Previous (Month)	Monthly Trend	YTD	Year End Target	Year End Projection
699	717	R	4,786	1,606	5744



Ambulance Interventions & Transfer

NWAS See & Convey Rate

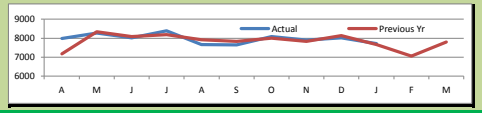
Actual (Month)	Previous (Month)	Trend	YTD	Chesh & Wrrl Ave.	Year End Projection
70.80%	69.35%	R	70.86%	67.00%	70.86%



Attendances

Attendances at ED

Actual (Month)	Previous (Month)	Trend	YTD	Same mnth '16	Vs Last Yr Position
7,719	8,024	G	71,999	8,142	G



Commentary:
- 26 indicators where a month-on-month RAG rating has been produced
- This month: 22 Green (85%) / 0 Amber (0%) / 4 Red (15%)
- Previous month: 13 Green (48%) / 4 Amber (15%) / 10 Red (37%)

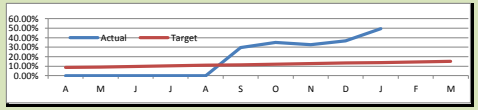
Areas Where the System is Significantly Challenged:
- Community Interventions
- Ambulance Interventions & Transfer

Effective Assessment, Admission & Flow

Effective Streaming

Total Streaming Deflection Rate (of Minor Attends)

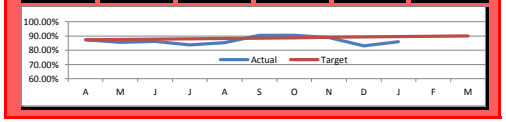
Actual (Month)	Previous (Month)	Monthly Trend	YTD	Year End Target	Year End Projection
49.50%	36.70%	G	36.69%	15.00%	43.10%



Assessment & ED Flow

A&E Four-Hour Standard Performance

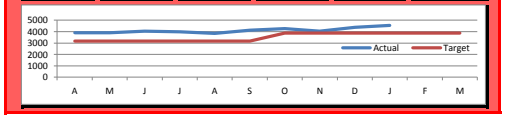
Actual (Month)	Previous (Month)	Monthly Trend	YTD	Year End Target	Year End Projection
88.36%	85.91%	G	86.72%	90.00%	86.86%



Admissions

Non-Elective Admissions

Actual (Month)	Previous (Month)	Monthly Trend	YTD	Year End Target	Year End Projection
4,559	4,390	R	36,524	42,336	49,300



Commentary:
- 25 indicators where a month-on-month RAG rating has been produced
- This month: 16 Green (64%) / 0 Amber (0%) / 9 Red (36%)
- Previous month: 6 Green (25%) / 2 Amber (8%) / 16 Red (67%)

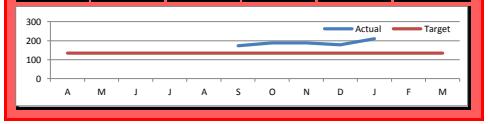
Areas Where the System is Significantly Challenged:
- Assessment & ED Flow
- Admissions

Effective Flow, Discharge & Transfers of Care

Flow

Ave. Daily No. of Stranded Patients (Medically Optimised)

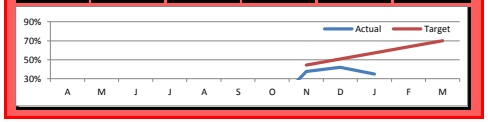
Actual (Month)	Previous (Month)	Monthly Trend	YTD Ave.	Year End Target	Year End Projection
210	179	R	188	135	188



Transfer & Assessment

% of Patients Discharged from T2A Beds (Nursing) within 3 Weeks

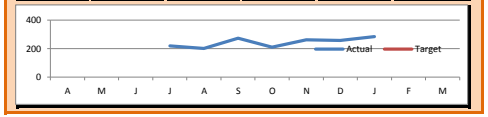
Actual (Month)	Previous (Month)	Monthly Trend	YTD	Year End Target	Year End Projection
35.00%	41.90%	R	38.13%	70.00%	38.13%



Long-Term Care

Total Number Awaiting Long-Term Care Packages

Actual (Month)	Previous (Month)	Monthly Trend	YTD	Year End Target	Year End Projection
286	259	R	1,717	TBC	2,943



Commentary:
- 25 indicators where a month-on-month RAG rating has been produced
- This month: 9 Green (36%) / 3 Amber (12%) / 13 Red (52%)
- Previous month: 14 Green (61%) / 3 Amber (13%) / 6 Red (26%)

Areas Where the System is Significantly Challenged:
- Transfers of Care from Acute
- Transfer and Assessment

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Wirral Urgent Care Dashboard

Admissions Avoidance

Month: February, 2018

Community Interventions

	Monthly Trends Green	Amber	Red				Year End Projections Green	Amber	Red
This Month:	15	0	3			This Month:	4	0	2
Last Month:	11	4	4			Last Month:	4	0	2

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Total Number of Admissions Avoided	Auto	699	717	R	1863		4786	1606	5744
Acute Visiting Scheme (AVS) Admissions Avoided	WCT	233	207	G	541		1705	TBC	2171
AVS Contacts	WCT	282	250	G	635		1991	TBC	2555
AVS % Call Back Within 15 Minutes	WCT	61.30%	43.50%	G	45.40%		45.20%	100.00%	53.25%
Community Rapid Response Admissions Avoided	WCT	133	116	G	356		598	437	864
Community Rapid Respose Contacts	WCT	309	282	G	851		598	TBC	1216
NHS 111 Warm Transfers	CCG - BI	39.60%	42.20%	R	41.30%		42.30%	TBC	40.95%
Clinical Assessment Service Contacts	WCT	125	121	G	354		1002	TBC	1252
ICCT Admissions Avoided	WCT	38	31	G	117		554	908	630
District Nursing Admissions Avoided	WCT	300	280	G	766		1948	TBC	2548
District Nursing Contacts	WCT	29596	27902	G	87229		208652	TBC	267844
IV Antibiotics Admissions Avoided	WUTH	41	33	G	142		423	342	505
IV Antibiotics Contacts	WUTH	64	53	G	204		644	TBC	772
Street Triage Admissions Avoided	CCG - BI	35	22	G	65		161	112	231
Street Triage Contacts	CCG - BI	153	104	G	305		761	TBC	1067
Teletriage Admissions Avoided	WCT	124	159	R	276		439	TBC	687
Teletriage Contacts	WCT	158	93	G	46		349	TBC	665
Total Volume of Contacts Through SPA	WCT	1764	1405		4388		15315	TBC	18843
Proportion of Referrals to Acute Through SPA	WCT	77.1%	78.7%	G	76.9%		73.5%	TBC	75.30%
Volume of GP OoH Contacts	WCT	3499	3830		10240		35043	TBC	42041

Ambulance Interventions & Transfer

	Monthly Trends Green	Amber	Red				Year End Projections Green	Amber	Red
This Month:	6	0	1			This Month:			
Last Month:	2	0	5			Last Month:			

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Green Car Conveyance Avoided	NWAS	79	76	G	236		631	TBC	789
NWAS See & Convey	NWAS	70.80%	69.3%	R	71.7%		71.1%	TBC	
Green Car Contacts	NWAS	198	167	G	450		1360	TBC	1756
Ambulance Average Turnaround Time	CCG - BI	43.13	45.26	G	40.58		37.36	TBC	
Proportion of Transfers Over 1 Hour	CCG - BI	9.10%	11.30%	G	5.90%		7.00%	TBC	
Average Notify to Handover Time	CCG - BI	21.45	25.09	G	20.33		18.23	TBC	
ED Ambulance Arrivals	CCG - BI	2934	2985	G	8517		28425	TBC	34293

Attendances

	Monthly Trends Green	Amber	Red				Year End Projections Green	Amber	Red
This Month:	1	0	0			This Month:			1
Last Month:	0	0	1			Last Month:			1

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
ED Attendances	WUTH	7719	8024	G	24017		79718	86823	95156
Attendances at Walk-in-Centres	WUTH	5997	6616		17861		60128	TBC	72122
Attendance at Minor Injuries Service	WUTH	1540	1534		5560		12913	TBC	

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Wirral Urgent Care Dashboard

Effective Assessment, Admission & Flow

Month: February, 2018

Effective Streaming

	Monthly Trends Green	Amber	Red		Year End Projections Green	Amber	Red
This Month:	3	0	0	This Month:	1	0	0
Last Month:	0	1	2	Last Month:	1	0	0

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Streaming Deflection Rate (of Minors)	WUTH	49.50%	36.70%	G	34.70%		36.69%	15%	**43.10%**
Proportion of Patients Streamed to GP	WUTH	38.50%	28.30%	G	28.20%		29.90%	TBC	**34.20%**
Proportion of Patients Streamed to WIC / GPOOHs	WUTH	11.00%	8.40%	G	6.50%		6.80%	TBC	**8.90%**

Assessment & ED Flow

	Monthly Trends Green	Amber	Red		Year End Projections Green	Amber	Red
This Month:	10	0	3	This Month:	3	0	4
Last Month:	3	0	9	Last Month:	2	0	5

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
A&E 4 Hour Standard Performance	CCG - BI	88.36%	85.91%	G	87.60%		86.70%	90.00%	**86.86%**
Zero Tolerance on Non-Admitted Minor Breaches	CCG - BI	329	136	R	590		2512	0	**3170**
Proportion of WIC (Type 3) 4 Hr Performance Breaches	CCG - BI	0.30%	0.40%	G	0.40%		0.90%	1.00%	**0.60%**
WiC 4 Hour Standard Performance	WCT	99.94%	99.68%	G	99.69%		99.16%		
ED Time to Triage (Minors)	WUTH	25	27	G	23.7		25.6	TBC	
ED Time to Triage (Majors)	WUTH	34	38	G	29.3		31.5	TBC	
ED Average Wait to be Seen (Minors)	WUTH	70	83	G	73.7		88.5	60	**79**
ED Average Wait to be Seen (Majors)	WUTH	78	95	G	86		101.2	90	**90**
ED Average Time to DTA / Discharge	WUTH	175	182	G	162		171	195	**173**
ACU Average Time to First Medical Review	WUTH	92	97	G	94.3		99	60	**96**
ACU Proportion of Patients Discharged Same Day	WUTH	47.80%	46.70%	G	46.80%		46.30%	TBC	**47.05%**
ACU Proportion of Patients Admitted	WUTH	41%	39%	R	43.40%		47.70%	TBC	**44.40%**
ACU Length of Stay	WUTH	7.2	6.87	R	6.1		6.2	TBC	

Admissions

	Monthly Trends Green	Amber	Red		Year End Projections Green	Amber	Red
This Month:	3	0	6	This Month:	1	0	2
Last Month:	3	1	5	Last Month:	1	0	2

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Non-Elective Admissions	CCG - BI	4559	4390	R	11958		36524	42336	**49300**
Non-Elective Admissions (A&E)	CCG - BI	2656	2762	G	7724		25053	TBC	**30365**
Non-Elective Admissions (GP)	CCG - BI	1602	1333	R	4092		13403	TBC	**16607**
Number of Patients Admitted to Wards by 10am	WUTH	371	396	R	966		3294	10	**12**
Number of Stranded Patients (Non-Med Optimised)	WUTH	210	179	R	557		941	TBC	
Number of Outliers	WUTH	57	19	R	45		142	TBC	
Number of Times Full Capacity Protocol Triggered	WUTH	0	2	G	2		13	0	**13**
Overall Non-Elective Length of Stay	WUTH	5.15	5.17	G	4.84		4.92	TBC	**4.92**
Number of Cancelled Operations	WUTH	201	164	R	649		2093	TBC	**2495**

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Wirral Urgent Care Dashboard

Effective Discharge and Transfers of Care

Month: February, 2018

Transfers of Care from Acute

	Monthly Trends Green	Amber	Red		Year End Projections Green	Amber	Red
This Month:	3	0	3	This Month:	1	0	2
Last Month:	2	1	3	Last Month:	1	0	2

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Proportion of Beds Occupied by DTOC	DASS	1.80%	2.20%	G	2.60%		3.70%	3.50%	2.65%
Total DTOC Days (Care Package / Care Home)	DASS	143	237	G	892		1035	TBC	
Total DTOC Days (Assessment)	DASS	10	50	G	92		102	TBC	
Total DTOC Days (Non-Acute NHS)	DASS	57	15	R	165		222	TBC	
Discharges Before Midday	WUTH	17.10%	18.60%	R	17.80%		17.00%	33%	17.05%
Ave Daily No. of Stranded Patients (Med Optimised)	WUTH	210	179	R	150		150	135	188

Transfer and Assessment

	Monthly Trends Green	Amber	Red		Year End Projections Green	Amber	Red
This Month:	3	0	5	This Month:	1	0	3
Last Month:	4	0	2	Last Month:	1	0	3

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Average Length of Stay T2A Beds	WCT	6.1	4.1	R	5.00		5.12	TBC	5.6
% Patients Discharged from T2A Beds within 3 wks (Nursing)	WCT	35.00%	41.90%	R	N/A		38.13%	70%	38.13%
% Patients Discharged from T2A Beds within 3 wks (Res)	WCT	50%	100%	R	N/A		75%	100%	75.00%
% T2A LoS <72hrs	WCT	3.00%	2.10%	G	N/A		3.00%	15%	3.00%
% T2A LoS >6 weeks	WCT	35.00%	17.70%	R	N/A		26.00%	0%	26.00%
Occupancy Rate T2A Beds	WCT	87.60%	85.60%	G	87.30%		86.30%	90.00%	86.95%
% of Patients Discharged to Reablement and Home >91days	DASS	89.10%	86.20%	G	86.90%		85.10%	85.00%	87.10%
Trusted Assessor (Early Suported Discharge)	DASS	25	51	R	N/A		92	TBC	

Long-Term Care

	Monthly Trends Green	Amber	Red		Year End Projections Green	Amber	Red
This Month:	3	3	5	This Month:	1	0	1
Last Month:	8	2	1	Last Month:	1	0	2

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Total Number Awaiting Long-Term Care Packages	DASS	286	259	R	734		1,717	TBC	2943
Total Number Awaiting Domiciliary Care Packages	DASS	82	55	R	114		269	TBC	
% Dom Care Packages Picked Up within 24hrs	DASS	43.30%	45.30%	R	54.70%		49.60%	90%	46.45%
Proportion of Dom Care Packages >28hrs per Week	DASS	0.14%	0.13%	A	TBC		TBC	TBC	
Proportion of Dom Care Packages Requiring 2 Carers	DASS	18.40%	17.70%	R	TBC		TBC	TBC	
Proportion of Dom Care Packages Requiring 60+ Minute Calls	DASS	10.90%	11.70%	G	TBC		TBC	TBC	
Proportion of Dom Care Clients Awating a Review of their Service	DASS	15.50%	27.00%	G	TBC		TBC	TBC	
Total Number Awaiting Residential and Nursing Care	DASS	204	212	G	620		1448	TBC	1856
Current Vacancy Rate in Residential and Nursing (Combined)	DASS	5%	4%	A	TBC		TBC	TBC	
Admissions to Residential & Nursing Care	DASS	600	442	R	2049		6675	691	656.25
Occupancy Rate in Carer Respite Beds	DASS	TBC	TBC	A	TBC		TBC	TBC	

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Wirral Urgent Care Dashboard

Nine Urgent Care Priorities

Month: February, 2018

	Monthly Trends						Year End Projections		
	Green	Amber	Red				Green	Amber	Red
This Month:	6	0	3			This Month:	2	0	3
Last Month:	7	1	1			Last Month:	1	0	5

	Owner	Actual (Month)	Previous (Month)	Monthly Trend	Previous Quarter	Comparator Ave.	YTD	Year End Target	Year End Projection
Acute Visiting Scheme (AVS) Admissions Avoided	WCT	233	207	G	541		1705	TBC	2171
Community Rapid Response Admissions Avoided	WCT	133	116	G	356		598	437	864
Clinical Assessment Service Contacts	WCT	125	121	G	354		1002	TBC	1252
Green Car Admissions Avoided	NWAS	79	76	G	236		631	TBC	789
Total Streaming Deflection Rate	WUTH	49.50%	36.70%	G	34.70%		36.69%	15.00%	43.10%
A&E 4 Hour Target Performance	CCG - BI	88.36%	85.91%	G	87.60%		86.70%	90.00%	86.86%
Zero Tolerance on Non-Admitted Minor Breaches	CCG - BI	329	136	R	590		2512	0	3170
Discharges Before Midday	WUTH	17.10%	18.60%	R	17.80%		17.00%	33.00%	17.05%
Average Length of Stay D2A Beds	WCT	6.10	4.10	R	5.00		5.12	TBC	5.61

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WIRRAL

HEALTH AND WELLBEING BOARD

14 MARCH 2018

REPORT TITLE	*Wirral better Care fund update*

REPORT SUMMARY

The following report provides the Wirral Health and Wellbeing Board with an update on progress and developments with regard the Better care fund.

1.Background

1.1 Wirral's final 2 year submission was made on 11 September 2017. Formal notification received 30 October 2017 from Simon Weldon, Director of NHS operations and delivery, NHSE, confirming Wirral's submission, following regional and national assurance, is 'Approved'.

1.2 Funds have been transferred into a pooled budget under a section 75 agreement. The section 75 agreement was locally agreed and submitted on 30 November 2017 to NHSE, as per mandated requirement.

1.3 Positive feedback has been received from both the regional and national team with regards the whole system approach taken and the way in which BCF is embedded into core plans. The following is extracted from the regional update report to NHSE:

WIRRAL – "*BCF 2017/19 plan stood out to assurers for its integrated governance and approach, demonstrating that all programmes and plans influencing urgent / out of hospital care aligned and that BCF was not a stand-alone initiative. Performance monitoring of the BCF is fully embedded in the Winter and System Sustainability Plan. The area have several new schemes and approaches including a whole system capacity demand model which has recently been featured at a regional event and will be rolled out with some North HWBs via regional support funds. They have recently redesigned 3 pathways under transfer to assess principles which they feel is impacting positively. Further details and case studies being captured."*

(Justine Howe , Better Care Manager (Lancashire, Greater Manchester, Cheshire and Mersey)

1.4 The national BCF team have asked to join us in Wirral in the spring, to attend a learning event, to allow for the sharing of our experience and transformational changes to date.

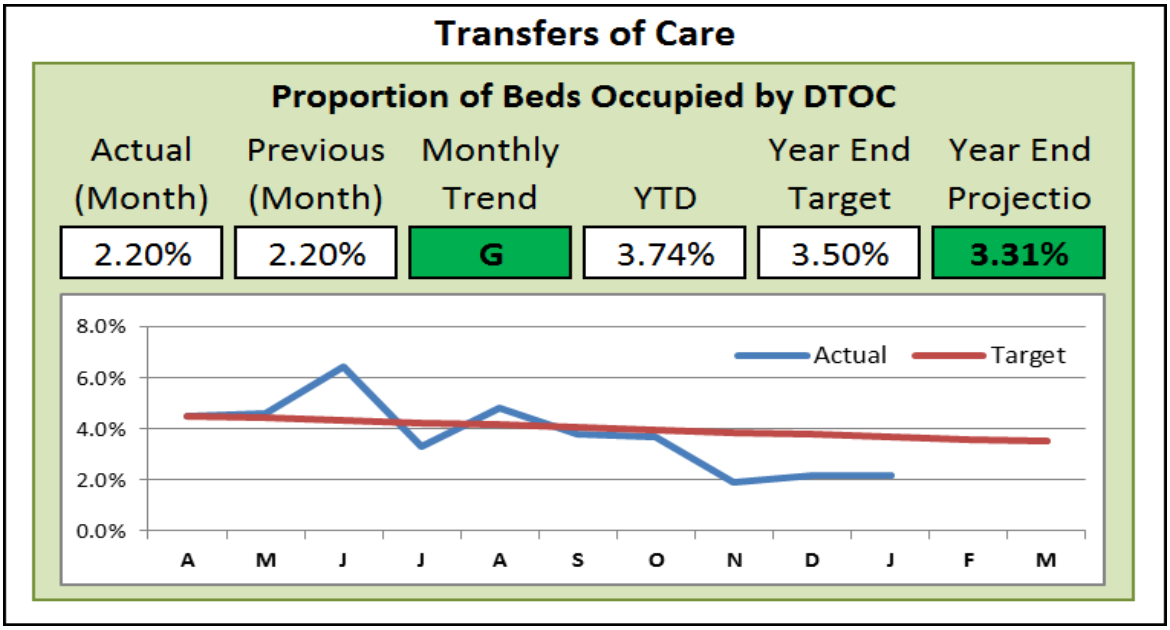
2. Performance:

2.1.Overview of the Wirral BCF performance dashboard is attached as appendix 1. Comparison regionally from Oct 16 to Sept 17 is attached in appendix 2.

The key 4 performance priorities we are requested to report to NHSE quarterly and detailed below:

2.2. Whilst the BCF schemes indicate delivery against the admission avoidance target of 3.5%, the overall admission avoidance position is over plan at 4.2%. Discussions with Business Intelligence confirm the need to re-evaluate for 18/19. The BCF plans have mirrored the general NEL plans for NHSE, population and non-elective activity (NEL) has increased Year on Year so achievement of the target remains challenging, with any year on year comparison.
Completion of the review of admission avoidance schemes is due to be completed for March A and E delivery board.
Commissioners to work with business Intelligence to review accuracy of data and realign target for 18/19.
The reduction of non- elective will be part of the system recovery plan for which BCF will be an integral part.

2.3 The Delayed Transfer of Care target of 3.5% has been consistently achieved since November. Current February performance is 2%. Wirral has over performed and is only one of three systems in the region to have consistently maintained and over achieved against target during the past 3 months.



2.4 The current projection for the nursing/residential placements is 13% reduction. This is excellent performance and over achieving target. Current 600 people placed in long stay care compared to annual target of 691, as at mid- February point.

2.5 Reablement performance targets remain on track with 89% of people who have had a reablement intervention are still at home 91 days later, over achieving target of 85%.

3. Financial Position

3.1 The total funds contributed to the BCF pool in 17/18 amounts to £47.87m. The combined expenditure of both partners, as at the end of Q3, is £47.14m. There is an underspend projected of £0.73m, which will be shared on a 50:50 basis as per the risk/gain share agreement stipulated in the Section 75 document.
(Appendix 3 attached)

4. Ongoing developments and key impacts in year

4.1 The BCF is integral to the whole system priorities and continues to invest in robust 7 day community provision, to reduce the need for admissions and ensure timely discharge. This year we have driven the transfer to assess (T2A) approach and seen a real impact in delayed transfers of care(DToC), supporting the ability to reduce and delay the need for long term care. Additional investment was identified to invest in a wide range of community T2A beds, including for those with dementia, with additional winter funding being planned as part of the BCF to scale up during times of peak demand. Whilst challenging with the workforce flexibility, this has supported delivery of urgent care by maintaining flow, and improved patient experiences and outcomes.

4.2. We invested in clinical streaming at the front door of Arrow Park, as mandated by NHSE. This is starting to show real benefits and as we move into phase 2, as of 26th Feb, we should see this approach further reduce overcrowding in ED and enable clinicians to focus on those most in need. 20-40 patients a day are being seen by a primary care GP.

4.3 The enhanced OPAT and Community Nursing Partnership is supporting up to 25 people per day to remain at home or be discharged earlier on IV antibiotic therapy

4.4 The introduction of the 'trusted assessor' role for care homes is starting to positively impact on the effectiveness and timelines of care home discharges

4.5 Integration of community health and adult social care has allowed for a more joined up approach to problem solving and rapid response to system pressures

4.6 Review of key admission avoidance schemes has been completed, with a recommendation to decommission the Green car scheme. This was discussed and agreed as a system and confirmed at A and E delivery board. The scheme was decommissioned in January.

4.7 Domiciliary care has been further invested in in year to drive recruitment and retention support for providers. A dedicated commissioning lead has also been

appointed, to focus on the current challenges and also to lead a different approach to commissioning going forward. Key pilots are underway to evaluate impacts.

4.8 Dedicated funding for business intelligence has enabled significant progress to be made in understanding capacity requirements and reporting as a system, across 5 organisations. These developments have been shared at regional events and there is a presentation planned mid -March for ADASS.

5. Next Steps:

5.1 Complete final review of outstanding schemes for reporting into BCF board and A and E delivery board in March/April. Key schemes to be evaluated:

- Rapid Community service
- Home first
- Transfer to Assess
- Mental health schemes
- Innovation schemes

5.2 Revise year 2 (18/19) financial and scheme arrangements following review outcomes and make recommendations into board for approval. key financial considerations include:

- Uplift in fees, following outcome of consultation and cabinet decision on 26th March. Expectation that additional BCF funding will be required to uplift fees for T2A community beds, domiciliary care and reablement.
- Retaining winter and contingency funding

5.3 Complete focussed capacity and demand modelling work to make recommendations for 18/19 winter capacity across the system and to support cost options appraisal of community bed model. Timescales for completion end June 18.

5.5 Continue to progress system priorities plan and maintain and improve performance.

5.6 Continue to report quarterly against progress to NHSE and remain key participant in regional and national BCF events.

RECOMMENDATION/S

Health & Wellbeing Board are asked to:

- Note the progress and next steps
- Include further update on progress at next Health & Wellbeing Board

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

N/A

4.0 FINANCIAL IMPLICATIONS

N/A

5.0 LEGAL IMPLICATIONS

N/A

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7.0 RELEVANT RISKS

N/A

8.0 ENGAGEMENT/CONSULTATION

N/A

9.0 EQUALITY IMPLICATIONS

N/A

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APPENDICES

Appendix 1.Overview of the Wirral BCF performance dashboard

Appendix 2 Comparison regionally from Oct 16 to Sept 17

Appendix 3: Financial summary

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	**13.02.14**
Health & Wellbeing Board	**25.03.14**
Health & Wellbeing Board	**12.11.14**
Health & Wellbeing Board	**15.04.15**
Health & Wellbeing Board	**08.07.15**
Health & Wellbeing Board	**11.11.15**
Health & Wellbeing Board	**19.07.17**
Health & Wellbeing Board	**15.11.17**

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Business Intelligence Team

BETTER CARE FUND SCHEME MONITORING (Wirral CCG) 2017/18

Reporting Date: 16/02/18

	Description	Data Source	Reporting Period (YTD)	YTD Plan	YTD Actual (2017-18)	YTD Variance v Plan	RAG	Comments
Better Care Fund Scheme - Admissions Avoidance Monitoring								
1	ICCT	CT	Jan-18	621	554	-67 (-10.8%)		ICCT Activity is 10.8% lower than plan
2	Community Rapid Response Team	CT	Dec-17	349	442	93 (26.6%)		Community Rapid Response Team activity continues to improve and is now 26.6% over plan
3	Street Triage	CWP	Jan-18	88	161	73 (83.0%)		Street Triage activity has increased significantly in recent months.
4	IV Antibiotics	WUTH	Jan-18	245	423	178 (72.7%)		Performance continues to over-perform in the IV Antibiotic service
5	Green Car	NWAS	-					Data not available due to moratorium on data reporting.
Local Authority		**Data Source**	**Reporting Period (YTD)**	**YTD Plan**	**YTD Actual (2017-18)**	**YTD Variance v Plan**	**RAG**	**Comments**
LA1	WUTH average daily blocked beds (%)	DASS	Jan-18	3.5%	1.8%	-48.6%		Daily blocked beds now 2.2%
LA2	% of care packages able to commence within 24 hours of initial contact	DASS	Jan-18	90%	43.3%	-51.9%		Packages of care 43.3% under plan
LA3	Admissions to residential & nursing Care homes per 100,000 population (65+)	DASS	Jan-18	691	600	-13.1%		Admissions to residential & nursing Care homes per 100,000 population (65+) 13.1% under target
LA4	Average Length of Stay in weeks (Intermediate Care)	DASS	Jan-18	3.5	6.0	71.4%		Average LOS has increased to 6 weeks
LA5	% Occupancy T2A	DASS	Jan-18	95%	75.6%	-20.4%		% occupancy now at 75.6%
LA6	% Occupancy of Carer Respite Beds	DASS	Sep-17	90%	53%	-41.7%		% Occupancy of Carer Respite Beds 41.7% under plan
LA7	% discharged to re-ablement who remain at home 91 days later	DASS	Dec-17	85%	89%	4.8%		% discharged to re-ablement who remain at home 91 days later increased to 89%
Further Measures		**Data Source**	**Reporting Period (YTD)**	**YTD Plan**	**YTD Actual (2017-18)**	**YTD Variance v Plan**	**RAG**	**Comments**
1	Non-Elective Admissions	SUS	Dec-17	34,776	36,204	1428 (4.1%)		Non Elective Admissions continue to rise against plan for 2017-18

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	Population aged 65 and over	(a) Non-elective admissions aged 65+ per 1000 pop 65+	(b) Non-elective bed days aged 65+ per head of 1000 pop 65+	(c) Non-elective re-admission rate within 30 days aged 65 and over	(d) Non-elective re-admission rate within 90 days aged 65 and over	(e) No of bed days - delayed transfers of care aged 18+ per 100,000 pop	(f) Proportion of people aged 65+ discharge direct to residential care	(g) Permanent admissions to residential/ nursing care aged 65+ per 100,000 pop 65+
Source System		SUS	SUS	SUS	SUS	UNIFY	SUS	Local Authorities
Date range		Sep 16 - Aug 17	Sep 16 - Aug 17	Sep 16 - Aug 17	Sep 16 - Aug 17	October 2017 Bed Days	Oct 16 - Sep 17	Oct 16 - Sep 17
Locality		Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	Less is better
Cheshire East	83,925	229	1874	16.5%	25.7%	345	2.9%	783
Cheshire West & Chester	70,330	248	2066	17.3%	26.3%	271	3.5%	607
Halton	22,264	306	2556	16.9%	27.4%	571	1.2%	382
Knowsley	25,009	367	2527	18.7%	29.6%	346	1.8%	816
Liverpool	71,039	338	3124	17.8%	28.0%	408	2.9%	794
Sefton	62,608	290	2337	15.8%	25.2%	450	2.1%	763
St Helens	36,020	323	2260	18.2%	28.6%	353	1.7%	650
Warrington	37,655	291	2377	16.8%	26.8%	601	1.3%	566
Wirral	67,956	318	2328	17.7%	28.0%	288	1.7%	674
Cheshire & Mersey	476,806	269	2224	17.2%	27.1%	385	2.3%	696

PLEASE SEE DATA CAVEATS ON PG 5

AQuA Advancing Quality Alliance

Benchmarking order (exc trend)	
1st - 3rd	
4th - 5th	
6th - 7th	
8th - 9th	

NHS directors of adass adult social services North West

North West Utilisation Management Unit

	Population aged 65 and over	(a) Non-elective admissions aged 65+ per 1000 pop 65+	(b) Non-elective bed days aged 65+ per head of 1000 pop 65+	(c) Non-elective re-admission rate within 30 days aged 65 and over	(d) Non-elective re-admission rate within 90 days aged 65 and over	(e) No of bed days - delayed transfers of care aged 18+ per 100,000 pop	(f) Proportion of people aged 65+ discharged direct to residential care	(g) Permanent admissions to residential/nursing care aged 65+ per 100,000 pop 65+
Source System	ONS	SUS	SUS	SUS	SUS	UNIFY	SUS	Local Authorities
Date range	Mid 2016	Sep 16 - Aug 17	Sep 16 - Aug 17	Sep 16 - Aug 17	Sep 16 - Aug 17	October 2017 Bed Days	Oct 16 - Sep 17	Oct 16 - Sep 17
Locality		Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	Less is better
Blackburn	21,105	286	2851	16.7%	26.0%	302	6.5%	720
Blackpool	28,498	285	3296	16.2%	25.3%	501	1.2%	1,095
Bolton	47,975	240	2032	16.5%	25.8%	497	1.4%	698
Bury	33,712	262	1850	15.9%	24.6%	853	1.2%	1,032
Cheshire E	83,925	229	1874	16.5%	25.7%	345	2.9%	783
Cheshire W & C	70,330	248	2066	17.3%	26.3%	271	3.5%	607
Cumbria	117,213	214	1848	16.3%	24.2%	1111	1.8%	364
Halton	22,264	306	2556	16.9%	27.4%	571	1.2%	382
Knowsley	25,009	367	2527	18.7%	29.6%	346	1.8%	816
Lancashire	241,808	248	2508	15.7%	24.3%	495	2.8%	779
Liverpool	71,039	338	3124	17.8%	28.0%	408	2.9%	794
Manchester	50,244	371	3646	19.1%	29.8%	459	2.0%	939
Oldham	36,874	278	1786	18.8%	27.9%	145	3.2%	841
Rochdale	34,892	287	1713	17.3%	26.3%	174	1.3%	679
Salford	36,087	341	2906	19.9%	30.8%	276	3.6%	873
Sefton	62,608	290	2337	15.8%	25.2%	450	2.1%	763
St Helens	36,020	323	2260	18.2%	28.6%	353	1.7%	650
Stockport	57,149	297	2518	18.0%	28.0%	416	3.6%	938
Tameside	38,951	307	2918	19.3%	29.8%	435	1.1%	593
Trafford	40,307	309	3083	17.6%	27.6%	1032	1.7%	581
Warrington	37,655	291	2377	16.8%	26.8%	601	1.3%	566
Wigan	60,346	258	1743	19.1%	28.8%	159	1.6%	611
Wirral	67,956	318	2328	17.7%	28.0%	288	1.7%	674
NORTH WEST	1,321,967	277	2389	17.3%	26.8%	473	2.4%	714

PLEASE SEE DATA CAVEATS ON PG 5

AQuA Advancing Quality Alliance

Benchmarking order (exc trend)	
Best 1-6	
7th-12th	
13th-18th	
19th - 23rd	

NHS directors of adass adult social services North West

North West Utilisation Management Unit

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Better Care Fund Schemes 2017-18 - Forecast Outturn at Month 9 - Dec-17

Contract	Scheme	Budget	Spend to Date (£m)	Forecast	Variance
ASC	Wirral Independence Service	4.30	3.06	4.28	-0.02
CCG	Care Homes Scheme - Nurse	0.04	0.03	0.04	0.00
ASC	Tele-triage recurrent costs	0.11	0.02	0.11	0.00
ASC	Tele-triage - Single Gateway/7 Day Response	0.10	0.00	0.05	-0.05
ASC	Age UK - Discharge lounge/home of choice/specialist lounge/falls army	0.06	0.06	0.06	0.00
ASC	Adapted Flats	0.04	0.01	0.04	0.00
ASC	Trusted Assessor - Dom Care	0.11	0.01	0.02	-0.09
ASC	Trusted Assessor - Care Homes	0.07	0.00	0.07	0.00
ASC	BCF Scheme Lead/ROI Evaluation	0.02	0.01	0.02	0.00
ASC	Home First Capacity - dom care, reablement, mobile nights	0.07	0.00	0.07	0.00
CCG	Home First - MDT (Enhanced Rapid Response Service)	0.40	0.00	0.28	-0.12
CCG	Home First - Clinical Support/Discharge capacity	0.54	0.00	0.33	-0.21
ASC	In-year slippage on spending plan due to go-live date 21/8/17	0.00	0.00	0.18	0.18
CCG	New Streaming Model - unbudgeted pressure/ funded from in-year slippage	0.00	0.00	0.10	0.10
	Mobilisation Officer for T2A Model	0.00	0.00	0.03	0.03
ASC	10 x T2A Residential Beds - core funding	0.26	0.08	0.26	0.00
ASC	86 x T2A Nursing Beds - core funding	3.36	2.57	3.36	0.00
ASC	Growth in T2A Beds	0.18	0.02	0.18	0.00
ASC	T2A - 10 beds - Cover for Pressure periods	0.21	0.00	0.21	0.00
CCG	Additional MDT support, including clinical cover for extra beds (10)	0.11	0.00	0.11	0.00
CCG	Primary Care & Therapies for T2A Beds	0.99	0.74	0.99	0.00
ASC	Community Offer (ASC)	3.93	2.86	3.84	-0.09
CCG	Community Offer (CCG)	0.85	0.65	0.86	0.01
ASC	Reablement - Commissioned Care	1.16	0.72	1.08	-0.08
ASC	Dom Care	0.20	0.15	0.20	0.00
ASC	Joint Posts - Mental Health	0.47	0.29	0.44	-0.04
CCG	Homeless Service	0.09	0.07	0.09	0.00
CCG	Existing Schemes	1.02	0.75	1.00	-0.02
CCG	ICCT - WCT	0.43	0.33	0.45	0.02
CCG	Green Car	0.36	0.24	0.26	-0.10
CCG	Comms - Home First	0.01	0.01	0.01	0.00
	Total Integrated Services	**19.48**	**12.67**	**19.02**	**-0.47**
ASC	Early Intervention & Prevention	1.09	0.81	1.09	0.00
ASC	Carers Service	0.65	0.46	0.65	0.00
ASC	Mobile Night Service	0.54	0.40	0.54	0.00
ASC	Care & Support Bill Implementation	0.50	0.31	0.50	0.00
PH	Drugs & Alcohol	7.31	5.48	7.31	0.00
ASC	Maintaining Eligibility Criteria	9.70	7.20	9.70	0.00
ASC	Brokerage	0.03	0.02	0.03	0.00
	Total ASC Services	**19.81**	**14.69**	**19.81**	**0.00**
CCG	CCG Third Sector	0.49	0.36	0.49	0.00
CCG	IV Antibiotics	0.56	0.35	0.49	-0.07
CCG	Street triage	0.15	0.11	0.15	0.00
CCG	Dementia LES	0.07	0.06	0.08	0.01
CCG	Early onset Dementia	0.15	0.11	0.15	0.00
CCG	Complex Needs Service	0.25	0.19	0.25	0.00
CCG	Crisis Response	0.15	0.11	0.15	0.00
CCG	Dementia Nurse	0.15	0.11	0.15	0.00
	Total CCG Services	**1.97**	**1.42**	**1.91**	**-0.06**
DFG	DFG	3.59	0.00	3.59	0.00
ASC	Retention of Business Rates	1.30	0.98	1.30	0.00
	Total Other	**4.89**	**0.98**	**4.89**	**0.00**
CCG	Communication and Engagement Lead Role	0.03	0.00	0.02	-0.02
ASC	Winter Pressure Beds	0.28	0.28	0.28	0.00
ASC	Transformation Programme Manager Role	0.06	0.05	0.06	0.00
CCG	Whole System Modelling Senior Performance Analyst	0.04	0.00	0.04	0.00
ASC	Whole System Acute/Community Capacity and Demand Model (WI Posts)	0.09	0.00	0.09	0.00
ASC	Whole System VSA for frail and elderley support at home	0.02	0.00	0.02	0.01
CCG	Mental Health detention transport	0.05	0.00	0.05	0.00
CCG	Street Triage - enhanced hours of operation	0.08	0.00	0.04	-0.04
CCG	Ward Discharge Coordinators	0.12	0.00	0.12	0.00
CCG	Street Triage for NWAS	0.13	0.00	0.05	-0.08
CCG	Integrated Assessments Training & Implementation	0.01	0.00	0.01	0.00
CCG	Primary Care Bid - Clinical Streaming at Front Door	0.20	0.00	0.20	0.00
ASC	Innovation bid scheme 9 - Medequip/Falls	0.07	0.00	0.00	-0.07
	Total New Innovation	**1.18**	**0.33**	**0.98**	**-0.21**
ASC	Winter Planning & Contingency	0.53	0.00	0.53	0.00
	Total BCF	**47.87**	**30.09**	**47.14**	**-0.73**

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NHS England Quarterly Report to Wirral Health & Wellbeing Board

March 2018

1. Purpose of this report

The aim of this report is to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England. This report outlines the national and regional position together with specific updates on priorities that the Local NHS England Teams are responsible for progressing.

2. Strategy and planning

2.1 NHS Plan for 2018/19

NHS England and NHS Improvement published joint guidance on 2nd February 2018, setting out guidance on the expectations for commissioners and providers in updating their operational plans and how funds will be distributed for 2018/19.

In line with the priorities set out by the NHS England Board on 30 November 2017, for 2018/19 the NHS will build on the progress made in 2017/18 and protect investment in mental health, cancer services and primary care in line with the available resources and agreed plans. This means a continued commitment to deliver the cancer waiting time standards, achievement by each and every CCG of the Mental Health Investment Standard, service expansions set out by the Mental Health Taskforce and General Practice Forward View commitments, consistent with the expectations already set out in the 2017-19 planning guidance.

The resources available to CCGs will be increased by £1.4 billion this additional investment; £400 million creating a Commissioner Sustainability Fund (CSF), partly mirroring the financial framework for providers, to enable CCGs to return to in-year financial balance, whilst supporting and incentivising CCGs to deliver against their financial control totals.

The key milestones for submitting plans are:

8 March 2018	Draft 2018/19 Organisational Operating Plans submitted
30 April 2018	Final Board or Governing Body approved Organisation Operating Plans submitted

The full guidance can be found at:
https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/

2.2 National Directors

NHS England and NHS Improvement have appointed Dr Simon Eccles as the new Chief Clinical Information Officer for Health and Care to spearhead NHS use of technology and data to drive improvements in patient care.

Dr Eccles is a practicing hospital consultant in Emergency Medicine at Guy's and St Thomas' NHS Foundation Trust, and will succeed Professor Keith McNeil. He is also Clinical Director for Emergency Care at NHS England, London, and holds a number of senior roles nationally including as senior responsible owner for NHS Mail and Interoperability.

3. Delivery and Assurance

3.1 Operational Delivery & Resilience

3.1.1 Winter preparedness

Urgent and emergency services across Cheshire and Merseyside continue to experience pressures, in part as a consequence of the higher than usual influenza infection rates this year and the continued cold weather at the end of February.

Nationally capital funding has been made available out of slippage from the primary care streaming funding. The DCO Team, working with the NHS Improvement team, has encouraged Trusts with constrained cubicle space to bid for this funding. Locally CCGs have been encouraged to utilise all the primary care streaming funding made available to them.
NHS Wirral CCG received circa £226k additional winter funding from NHS England following a bidding process. The funding provided for three schemes running from 22/12/17 – end of February 2018 including:

- Extra bookable GP appointments
- Additional capacity for the primary care acute visiting scheme

A&E Delivery Boards have been requested to share plans for the extended Easter bank holiday period and will be assured by NHS England.

Planning for Winter 2018/19 is starting with a Cheshire & Merseyside workshop scheduled to take place on 21 March to review the learning from this Winter and to identify collaborative work streams that can be developed. An initial questionnaire was sent out to A&E Delivery Boards as part of this process**.**

3.1.2 Mental Health

New data published in February demonstrated that a record number of people made a recovery from mental ill health, due to NHS talking therapies last year. The annual report on NHS England's Improving Access to Talking Therapies (IAPT) programme, shows that half of people completing a course of treatment for conditions including depression and anxiety, recovered from their condition.

The NHS Digital report shows that in the last full year, 2016/17:

- 49.3 per cent of people completing IAPT treatment for anxiety or depression recovered from their condition.
- Waiting times for IAPT have improved, with 98.2 per cent of people getting care within 18 weeks and nearly nine in ten starting treatment within six weeks.

There continue to be challenges across Wirral in delivering a high quality IAPT service. NHS Wirral CCG and NHS England have met to explore plans for securing a sustained improvement in service delivery for local patients.

3.2 Improvement and Assessment Framework Year-End Process

The DCO team is currently reviewing the evidence to support CCG 17/18 Quality of Leadership scores as part of the Improvement and Assessment Framework
Year-end meetings with all CCGs have been booked provisionally for end April/early May. The National deadline for submitting year end ratings is provisionally the 8th May. This will be informed by a CCG self-assessment process.

4. Consultations

4.1 Consultation on Accountable Care Organisations

NHS England has announced it will be launching a consultation on the contracting arrangements for Accountable Care Organisations (ACOs).

Given the interest in the ACO proposals NHS England will hold a 12 week public consultation process to provide further clarity about their role and scope.

ACOs are only one tool for integrating primary care, mental health, social care and hospital services and not the only or main way to integrate services. Most areas are seeking to do so through voluntary, non-contractual partnerships where GPs, hospitals, commissioners and local government collaborate to improve services for their population. NHS England will be announcing the next wave of these collaborative partnerships shortly.

ENDS

Nicola Allen

Head of Medical, NHS England (Cheshire & Merseyside) & Lead for Service Change Assurance

27th February 2018

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Health and Well Being Board Update December 2017/January/February 2018

The purpose of this paper is to update the Health and Wellbeing Board on the activities, outcomes and outputs of Healthwatch Wirral (HWW). HWW has set its workplan in line with the Five Year Forward View. However, it is important that we react to the public's views and opinions.

HWW's remit is to signpost, Influence service design and carry out Enter & View Visits. There are some examples to demonstrate this activity highlighted in the body of this document.

In the Information Bank, during the months of November and December 2017 and January 2018 we signposted the following numbers highlighted in yellow:-

Month	Internal Signposting	External Signposting
June	575	84
July	503	36
Au	706	63
Sept	705	49
Oct	872	82
Nov	1,038	65
Dec	1,144	37
Jan	1,021	57

Information relating to new services that HWW have identified is shared with our Staff Team through a weekly staff bulletin and team meetings. This information is also sent via our networks.

Resource Library (RL)

- Visits to the HWW website and the RL between, October and January, were 5000+. We continue to add new services as they are identified.

1, 2, 3 Campaigns

- HWW will be working with AgeUK to link the information that is available on the AgeUK website to the HWW "Choosing a Care Home" film.

Enter & View Visits

- During January and February we have undertaken visits to the Care Homes and Wards, listed below. The Spire Murrayfield and Ward 17 reports are still in draft but all of the other reports are available on our website.

January 2018

- Oxton Grange
- Belvidere
- Salisbury House
- Spire Murrayfield

February 2018

- Mersey View
- Upton Grange
- Oxton Grange
- Ward 17

The information gathered during visits influences service delivery because it enables HWW to make recommendations to the Provider and also gives the LA and the CCG feedback for contract meetings. HWW also share this information at the RAG meeting – this is a multi agency meeting where contract leads, NHS staff and HWW meet to discuss concerns/issues/latest updates in relation to Care Homes.

(The visit to Spire Murrayfield was undertaken as part of a joint piece of work with Wirral CCG.)

Listening Events

- HWW recently supported Wirral CCG at the Listening Events, for the Urgent Care Transformation, held in community settings. It looks likely that there are significant numbers who will want to take part in the Consultation in June 2018.

- We have also undertaken a piece of work with Wirral CCG where we spoke with patients about the changes to the Repeat Ordering Prescriptions. The

report will be shared by Wirral CCG at the Overview and Scrutiny Committee in March 2018.

Learning and sharing

- At the HWW office we receive calls/emails from members of the public who appear, sometimes, to be at their wits end. Finding the appropriate pathways for people appears to be one of the main issues. Professionals within the public sector often do not have a clear understanding of pathways, or who delivers the service.
    - **An example** of this is when HWW spent a considerable time trying to get respite for a patient's dog! The patient had been detained in hospital for 5 days and their dog had been left alone all of that time. At HWW we were aware of a service that was available, but professionals we spoke with were reluctant to take any ownership and passed us from one organisation to another.
    - HWW is concerned that this situation, and others like it, is actually detrimental to the health and wellbeing of the patient and to the success of their recovery.
    - **What did we do?** We ascertained contacts and details and circulated this to relevant hospital staff and we also intend to let the LA know that their staff teams did not understand the process.

Working in the Community

- Wirral CCG has asked HWW to undertake some "mystery shopper" activity in April in relation to access to GPs.

- We have recently recruited a new team member whose role will be to promote the **BCF services** to all stakeholders with a particular emphasis on GPs. The person will work with Providers and Commissioners with the aim of promoting clear pathways, in appropriate formats.
    - More information will be available in the future.

- HWW will now support the **Independent Complaints Advocacy** service. There is a TUPE'd post and this will secure continuity for people who are currently in the process of a complaint. For the future, we anticipate this role will work more closely with Independent Advocacy (N/Compass) to provide wrap around support for individuals. We also envisage a more holistic approach – taking into account other support that may be available for people with the hope that this will reduce the amount of complaints and getting a resolution much earlier in the process.

- HWW will be conducting outreach days into our communities. We intend to target localities, visiting churches, community halls, leisure centres etc. to learn about what is available in our communities. We will, were appropriate, add this information to our RL once we have confirmed that the information is current and available.

- We are working with one of the GP Federations on Wirral with a piece of work relating to the Community Gatekeepers and GP staff.

Quality Accounts

- To date, HWW have contributed to the Walton Neuro, Wirral St Johns Hospice, WUTHFT Quality Accounts. These are accounts that take a retrospective look at priorities for the previous year and identify new priorities for the coming year for individual NHS Trusts.

New groups HWW are involved in

- HWW have joined the Dementia Strategy group and the Palliative Care and EOL group, organised by Wirral CCG and WUTHFT respectively. There has been only one meeting, to date, so further updates will be available in the future.

For noting

Author : Karen Prior

March 2018

WIRRAL HEALTH & WELLBEING BOARD

14TH MARCH 2018

REPORT TITLE	**Wirral Pharmaceutical Needs Assessment (PNA) 2018 – 2021: Final Version for publication**
REPORT OF	**Julie Webster, Acting Director of Health and Wellbeing, Strategic Hub**

REPORT SUMMARY

Wirral's Health & Wellbeing Board has undertaken the production of a new Pharmaceutical Needs Assessment (PNA), as a legal, comprehensive, assessment of the current and future needs of local people for community pharmacy services for the period between 2018 and 2021

Following the formal 60+ day consultation period for Wirral's new draft Pharmaceutical Needs Assessment (PNA) (ended on 5th February) there has followed a review of the results and comments with the draft PNA document being amended accordingly.

The board is asked to approve the final draft prior to publication on or before 1st April 2018.

RECOMMENDATION/S

1. HWBB Members are requested to approve the final Wirral Pharmaceutical Needs Assessment (PNA) for the period 2018 to 2021

2. The Final PNA will be published on or before 1st April 2018

   Final Wirral Pharmaceutical Needs Assessment (PNA) 2018 – 2021

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The local Health & Wellbeing Board has the responsibility for the publication and update of the local Pharmaceutical Needs Assessment (PNA) as a result of the provisions in the 2013 Health & Social Care Act. As such a PNA provides a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs including areas of deprivation that can direct future provision. This work has now been completed and publication of PNA is required before April 2018.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

From April 2013, local Health & Wellbeing Boards became responsible for the publication of the local Pharmaceutical Needs Assessment (PNA), which provide a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs including areas of deprivation.

Wirral's current PNA was published in 2015.

Next Generation Wirral Pharmaceutical Needs Assessment (PNA) 2018 - 2021 and its Statutory Consultation period

On behalf of the Health & Wellbeing Board a new Pharmaceutical Needs Assessment (PNA) has been undertaken; given it is a legal, comprehensive, assessment of the current and future needs of local people for community pharmacy services.

The PNA is used primarily by NHS England to inform their local commissioning decisions with regard to community pharmacy services. It also informs local authorities and Clinical Commissioning Groups (CCGs) for planning purposes.

There is a legal requirement for the Wirral Health and Wellbeing Board to publish an updated PNA by 31st March 2018.

Key findings from 2018/2021 draft PNA

These include

- Wirral is generally very well served by community pharmacies
- there is currently one pharmacy for every 3,492 residents, which compares extremely favourably to the national average of one pharmacy for every 4,724 resident population (improvement on previous PNA results)
- Wirral has a rate of 29 pharmacies per 100,000 population compared to a national figure of 21 pharmacies per 100,000 residents
- Wirral also has a higher ratio of pharmacies than its geographical neighbours including Cheshire West and Cheshire (at 23.7 per 100,000), Warrington (at 20.6 per 100,000), Cheshire East (at 22 per 100,000) and Halton (26.9/100,000)

- Wirral residents have adequate access to 'out of hours' pharmacy services through the provision of '100 hour contracts' and 'extended hour' contracts and there is good weekend coverage for residents of all four constituencies. Wallasey has the least pharmacies delivering extended or 100 hour contracts, but has reasonable coverage
- locally Commissioned Services are delivered equitably throughout the borough with all local constituencies having access to a range of services such as supervised consumption, alcohol and smoking interventions, emergency hormonal contraception and others
- Geographical mapping of locally commissioned services show that more services are delivered in the most densely populated areas of the borough. We must continue to deliver in line with any population growth and also deprivation
- 2,121 members of the public responded to the public consultation, giving their feedback on local community pharmacy services. Responses were overwhelmingly positive. Small numbers raised concerns over specific operational issues, but there were no significant service gaps identified
- All 92 local pharmacies responded to the community pharmacy survey (conducted as part of the needs assessment process). Again, this reinforced the wide range of services offered
- a total of 14 responses were received during the formal consultation period for reviewing the draft PNA (see report as appendix thirteen of PNA here)
- in Wirral there are an increasing number of pharmacies now co-located with GP surgeries, with 26 in 2017 when compared to 12 in 2014, making the transition and relationships between GP and pharmacy staff more seamless
- This needs assessment has not identified any specific gaps in local service provision at the current time. however, this will be kept under review

4.0 FINANCIAL IMPLICATIONS

Not applicable for Wirral Council though NHS England will use the PNA as the basis for future commissioning decisions in relation to community pharmacy services.

5.0 LEGAL IMPLICATIONS

There is a statutory requirement for the local Health & Wellbeing Board to produce a PNA, currently every three years.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are no additional resources to complete PNAs; work to produce this PNA has been undertaken by the Council's Public Health team. It was also completed in collaboration with Cheshire and Merseyside Councils in doing so it provided a consistent approach and production of the PNA.

7.0 RELEVANT RISKS

The new PNA has been delivered within the required timeframe as before 31st March 2018.

8.0 ENGAGEMENT/CONSULTATION

The headlines from the consultation are:

- 14 responses were received in the 63 days period (8 from those linked to Community Pharmacy and 6 from members of the public)
- 86% (n~12) agreed that the draft PNA accurately reflected the local pharmaceutical needs
- 79% (n~11) agreeing that the draft PNA carried all the important information on local pharmacy services
- with almost 93% (n~13) agreeing with the key findings in the draft PNA
- Some concerns were highlighted and some factual changes were required.
- Overall the responses received added to review the PNA and to make amendments as appropriate though they have not materially altered the content in the draft PNA.

The report on the consultation for the 2018 – 2021 draft Wirral PNA can be viewed here.

9.0 EQUALITY IMPLICATIONS

There are no equality issues arising directly from this report

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APPENDICES

Final Wirral Pharmaceutical Needs Assessment (PNA) 2018 – 2021

Or at

https://www.wirralintelligenceservice.org/media/2319/wirral-pna-2018-to-2021-final.pdf

Previous Draft PNA 2018 – 2021 (December 2017)
https://www.wirralintelligenceservice.org/media/2293/wirral-pna-draft-2018-to-2021-december-2017-final-draft.pdf

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE **Wirral Pharmaceutical Needs Assessment (PNA) 2018 - 2021** **Statutory Consultation** https://democracy.wirral.gov.uk/ieListDocuments.aspx?MId=6120	**30th January 2018**
ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE **Community Pharmacy Scrutiny Review** https://www.wirralintelligenceservice.org/media/2308/community-pharmacy-scrutiny-review-jan-2017.pdf	**1st February 2017**
WIRRAL HEALTH & WELLBEING BOARD **Wirral Pharmaceutical Needs Assessment (PNA) 2015 – 2018** https://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=630&MId=5124&Ver=4	**15th April 2015**

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Wirral Pharmaceutical Needs Assessment 2018 - 2021

Wirral Health and Wellbeing Board and Wirral Council

Wirral Intelligence Service March 2018

Version Control

Version Number	Date	Status	Actions
1.0	**December 2017**	**DRAFT**	**For public consultation**
FINAL	**March 2018**	**FINAL**	**Signed off by Health and Wellbeing Board**
Active: April 2018 to March 2021 **Review Date**: April 2020 onwards **Reviewed, refreshed and published**: April 2021			

Developed by	• John Highton, JSNA Lead, Wirral Intelligence Service johnhighton@wirral.gov.uk • Hannah Cotgrave, Public Health & Commissioning Analyst, Wirral Intelligence Service • Jack Font, Data Analyst Apprentice, Wirral Intelligence Service • Melanie Carrol, Contractor Support & Development Pharmacist, Community Pharmacy Cheshire & Wirral
Acknowledgements	**Thanks to** • Liverpool City Council Officers for administering the Pharmacy Services Public survey • Wirral Residents for completing the Pharmacy Residents Survey • Halton Public Health Analysts for providing pharmacy evidence review and PHE for associated data • Cheshire West and Cheshire PNA Leads for support in providing Cheshire and Merseyside PNA Template and content • Colleagues and PNA Leads across Cheshire and Merseyside and NHS England, Primary Care Team, Cheshire and Merseyside for help with the development of this draft PNA • Wirral Pharmacy Contractors for completing the Contractors Survey • Colleagues in Wirral Intelligence Service, Public Health Analysts for their contribution, involvement and review of the PNA Drafts • Wirral CCG colleagues for supplying commissioning information and providing advice on content • Wirral Council and other partner Communication Leads for sharing the draft PNA far and wide • Those people who responded to the public consultation on the draft PNA (Dec 17 – Feb 18)

Executive Summary

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the local Health and Wellbeing Board by virtue of the *National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations 2013*, which came into force on 1st April 2013. The regulations outline the process which NHS England (formerly known as the NHS Commissioning Board) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies. This process relies on the PNA which must be robust and fit for purpose.

In Wirral, the Health and Wellbeing Board devolved the authority to develop its PNA to the Acting Director of Health and Wellbeing and other lead officers across partner organisations. Data sources included the local Joint Strategic Needs Assessment (JSNA), census data, local approach to health and wellbeing, Pharmacy Contractors' survey and a Residents survey. The surveys informed the first draft of the PNA which then went out for a formal (minimum 60 days) consultation.

The PNA presents a picture of community pharmacies, reviews services currently provided and considers how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of Wirral in partnership with other community services and GPs. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need.

Key Findings

- Wirral is generally very well served by community pharmacies
- there is currently one pharmacy for every 3,492 residents, which compares extremely favourably to the national average of one pharmacy for every 4,724 resident population
- Wirral has a rate of 29 pharmacies per 100,000 population compared to a national figure of 21 pharmacies per 100,000 residents
- Wirral also has a higher ratio of pharmacies than its geographical neighbours including Cheshire West and Cheshire (at 23.7 per 100,000), Warrington (at 20.6 per 100,000), Cheshire East (at 22 per 100,000) and Halton (26.9/100,000)
- Wirral residents have adequate access to 'out of hours' pharmacy services through the provision of '100 hour contracts' and 'extended hour' contracts and there is good weekend coverage for residents of all four constituencies. Wallasey has the least pharmacies delivering extended or 100 hour contracts, but has reasonable coverage
- locally Commissioned Services are delivered equitably throughout the borough with all local constituencies having access to a range of services such as supervised consumption, alcohol and smoking interventions, emergency hormonal contraception and others
- geographical mapping of locally commissioned services show that more services are delivered in the most densely populated areas of the borough We must continue to deliver in line with any population growth and also deprivation

- 2,121 members of the public responded to the public consultation, giving their feedback on local community pharmacy services. Responses were overwhelmingly positive. Small numbers raised concerns over specific operational issues, but there were no significant service gaps identified

- all 92 local pharmacies responded to the community pharmacy survey (conducted as part of the needs assessment process)Again, this reinforced the wide range of services offered

- a total of 14 responses were received during the formal consultation period (*December 2017– February 2018 see Appendix Thirteen*)

- in Wirral there are an increasing number of pharmacies now co-located with GP surgeries, with 26 in 2017 when compared to 12 in 2014, making the transition and relationships between GP and pharmacy staff more seamless

- this needs assessment has not identified any specific gaps in local service provision at the current time however, this will be kept under review

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Pharmaceutical Needs Assessment

Part 1

Purpose, process and explanation of pharmaceutical services

Part 1: Purpose, process and explanation of pharmaceutical services

Introduction and purpose

The effective commissioning of accessible primary care services is central to improving quality and implementing a vision for health and healthcare. Community pharmacy is one of the most accessible healthcare settings. Nationally, 99% of the population can get to a pharmacy within 20 minutes by car. 96% of people living in the most deprived areas have access to a pharmacy either through walking or via public transport.

The Pharmaceutical Needs Assessment (PNA) presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Community pharmacies can support the health and well-being of the population of Wirral in partnership with other community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. A mapping of service provision and identifying gaps in demand are essential to afford commissioners with the market intelligence they need to take forward appropriate and cost-effective commissioning of services.

The Health Act 2009 outlined the process of market entry onto a "Pharmaceutical List" by means of PNA and provided information to Primary Care Trusts (PCTs) for their production. It amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations came into force on 24th May 2010 and required PCTs to:

- develop and publish PNAs and
- use PNAs as the basis for determining market entry for NHS pharmaceutical services provision

Following the abolition of PCTs, this statutory responsibility has now been passed to Health and Well Being Boards by virtue of the National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations 2013, which came into force on 1st April 2013. These regulations also outline the process that the NHS England (formerly known as the NHS Commissioning Board) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies.

The Health and Social Care Act 2012 further describes the duty of "commissioners", in accordance with regulations, to arrange for the adequate provision and commissioning of pharmaceutical services for their population.

The PNA is thus a key tool for NHS England and local commissioners to support the decision making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a key component (see Appendix One for policy context).

Statements from pharmaceutical regulations (2013)

Regulatory Statements

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/

Schedule 1 of these regulations it sets out the minimum information to be contained in the Pharmaceutical Needs Assessment.

Detailed below are the six statements included in schedule 1 and the necessity for a local PNA map of service providers

Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided:

a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services)

Community pharmacy services for Wirral are provided across a range of reasonable geographical locations; with good accessibility and sufficient provision throughout the borough. Wirral has 92 pharmacies, which serve a population estimated at 321,238 (total residents), who provide a comprehensive service with a full range of essential services and some advanced services. This equates to approximately one pharmacy for every 3,492 residents (England average is 4,724 residents per pharmacy). Consequently the population is well served by pharmacy services and is above the England average. In addition to this, Wirral pharmacies dispense fewer prescriptions e.g. 6,404 per month in 2016/17 compared to 7,218 for England, when compared to data from Local Areas Teams across the North of England suggesting that there are opportunities in our community pharmacy network to absorb additional work in response to any changes to our population. However, Wirral residents will also access pharmacy services, work and leisure in both Cheshire West and Chester Local Authority area and Liverpool Local Authority area. Services are considered sufficient for the population's needs.

Statement two: Necessary services: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area
b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area

The need for specific community pharmacy services will be regularly reviewed in line with the make-up of the local population. As identified, there is currently capacity within the network to absorb additional work in terms of 'essential services' but this would need to be monitored over future years to ensure it remains stable.

Certain geographical differences have been noted. Wallasey for example, has the least number of available extended hour pharmacy providing extended opening hours until 10pm, with one being available. This is compared to its constituency neighbours with Birkenhead having four, Wirral South with four and 5 within Wirral West open longer.

Despite this, the need for 'emergency prescriptions' will almost always be centred on patients using 'out of hours services' which for our borough is currently covered by GP Out of Hours (via NHS 111), Walk-In Centres (Victoria Central Hospital, Arrowe Park Hospital and Eastham Clinic) and Minor Injury and Illness Service sites (Moreton Health Centre, Miriam Health Centre and Parkfield Medical Centre). Pharmacy provision is available on-site or close to these sites with a range of extended hours or 100 hour contract pharmacies available to access.

In addition the Strategic Housing Land Availability Assessment (SHLAA) and the Wirral Strategic Housing Market Assessment (SHMA) have been considered to determine any major housing re-developments within the lifetime of this PNA that may impact significantly changes to the local population numbers and there are none deemed significant to a PNA.

Statement three: Other relevant services: Current provision
Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

a) in the area of the HWBB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area
b) outside the area of the HWBB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area
c) in or outside the area of the HWBB and, whilst not being services of the types described in sub-paragraph (A) or (B), or paragraph one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area

Wirral has well defined borders between Eastham and Ellesmere Port, Heswall and Neston and the River Mersey, which is a geographical 'barrier' between Wirral and Liverpool. Members of the Wirral population will cross these borders for leisure and work purposes and also to access pharmacy services if it is more convenient for them and not due to there being a lack of service in Wirral. The NHS England (NHSE) out of hour's bank holiday rota looks at services across boundaries to ensure geographical coverage.

Statement Four: Improvements and better access: Gaps in provision
Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area
b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area

There is a need to be mindful that community pharmacy services should strive to support the changes that face the NHS as commissioning intentions change or evolve and they should aspire to reduce the pressures on other patient facing services such as GP's and Accident & Emergency. However, in the current financial climate there is limited capacity to deliver additional services within static or reducing budgets. There should also be recognition and understanding of the context related to a number of national, regional and local strategies and policies from which opportunities may arise in their delivery such as *Next Steps on the NHS Five Year Forward View (2017)* then locally the Wirral Plan: A 2020 Vision (2015) and Healthy Wirral Plan (2016) that seek to transform how health and wellbeing services are delivered and designed in Wirral, putting residents at the heart of services.

Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the Wirral Health & Wellbeing Board (HWB), NHS England, Wirral CCG, any NHS trusts or any NHS foundation trust to which the HWB has had regard in its assessment, which affect:

a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area or
b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area

This assessment has not identified the need for any specific service development at this point in time. Any potential quality improvements identified as part of the consultation were operational in nature and as such are for consideration within the individual pharmacies (and outside the remit of the PNA).

Statement Six: How the assessment was carried out

Provide an explanation of how the assessment has been carried out, in particular:

a) how it has determined what are the localities in its area
b) how it has taken into account (where applicable)
    - the different needs of different localities in its area, and
    - the different needs of people in its area who share a protected characteristic and
c) a report on the consultation that it has undertaken

Wirral has clearly defined borders between Eastham and Ellesmere Port, Heswall and Neston and has the natural barrier of the River Mersey between Liverpool and Wirral. The advantage of Wirral having one Local Authority (LA) and one Clinical Commissioning Group (CCG) means that mapping and consultation can be managed and applied without any caveats. As the statutory responsibility of the PNA falls within the remit of Wirral Health & Wellbeing Board (HWBB) then analysis and mapping was carried out at constituency and ward level taking into account the different needs of people across different areas of the borough. As such the PNA has taken into the account Wirral Intelligence Service and Wirral Joint Strategic Needs Assessment content and so will inform commissioning decisions by Wirral Partnership, Wirral Council and NHS England. Part 3 of the PNA goes into specific detail on how the public and pharmacy consultation processes was undertaken.

Additionally: Map provision
Provide maps that identify the premises at which pharmaceutical services are provided in the area of the HWB.

A map with a legend of current Wirral pharmacy contractors, their addresses and contact details is available in Appendix Two.
Other maps and related content associated to pharmacies can be found in Appendix Seven, Appendix Eight and Appendix Nine.

The overall map is an essential part of the PNA and will be maintained and available on the PNA page of the Wirral Intelligence Service website at all times. There is a robust system for responding to community pharmacy contracts changes notified to the locality via Primary Care Support England (PCSE) and this provides regular updates of any changes in location, opening hours and closures of all the pharmacies in our area.

Scope of the PNA

The scope of the assessment of need must address the following principles:

- the safe and efficient supply of medicines, including any additional (non NHS commissioned) services provided by pharmacies such as:
    - support for housebound patients and older people
    - people with learning difficulties and
    - medication administration support such as monitored dosage systems (MDS)
- pharmaceutical care that supports safe and effective use of medicines
- pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- high quality pharmacy premises that increase capacity and improve access to primary care services and medicine
- enhanced services which increase access, choice and support for self-care
- locally commissioned services (e.g. by Clinical Commissioning Groups or Local Authorities) which have the potential to reduce avoidable hospital admissions and GP appointments are not strictly speaking part of the Regulations although they are described in this PNA for completeness
- high quality pharmaceutical support to prescribers for clinical and cost-effective use of resources

Requirements of the PNA

The content of the PNA is set out by the Pharmaceutical and Local Pharmaceutical Services Regulations 2013. It must adhere to Schedule 1 detailed below;

- a statement of the pharmaceutical services provided that are necessary to meet needs in the area
- a statement of the pharmaceutical services that have been identified by the HWBB that are needed in the area, and are not provided (gaps in provision)
- a statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- a statement of the services that the HWBB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area

- a statement of other NHS services provided by the Local Authority (LA), the NHS Commissioning Board (NHSCB), the Local Clinical Commissioning Group (CCG) or an NHS Trust or NHS Foundation Trust, which affect the needs for pharmaceutical services
- an explanation of how the assessment has been carried out (including how the consultation was carried out)
- a map of providers of pharmaceutical services

Consolidation Applications

From 1st April 2016 amendments to the 2013 Regulations came into effect that meant from 5th December 2016 NHS pharmacy businesses were apply to consolidate the services provided on two or more sites onto a single site. Applications to consolidate will be dealt with as "excepted applications" under the 2013 Regulations, which means they will not be assessed against the Pharmaceutical Needs Assessment. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services. So, if NHS England commissions enhanced services from the contract the closing premises, then the applicant is required to give an undertaking to continue to provide those services following consolidation.

These changes to pharmacy contract conditions also highlight the enhanced need for a robust local response to requests for pharmacy contract consolidations by Wirral Health & Wellbeing Board (HWBB). The opinion of the HWBB on whether or not a gap in pharmaceutical service provision would be created by the consolidation must be given when the application is notified locally and representations sought.

Where the local HWBB envisage a potential detrimental impact on the local population, or not, then NHSE will consider this local knowledge in their decision making process.

If NHS England is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The provider requesting the consolidation has the right to challenge NHSE decisions at appeal.
If NHS England grants the application, it must then refuse any further "unforeseen benefits applications" seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.

If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list and this means that the HWBB does not consider that a gap in service provision is created as a consequence, then it must publish a supplementary statement presented alongside its PNA so recording its view.

Please see Pharmaceutical Regulation Changes 2016 and Wirral Health & Wellbeing Board papers – Pharmacy Consolidations – July 2017

Methodology and process followed in developing the PNA

Key principles of the PNA, as highlighted in Figure 1 below, are that it:

- Is an iterative process involving patients, the public and key stakeholders
- Is a developing, live document under continuous review
- Continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- Is developed by a multidisciplinary PNA working group

Figure 1: Pictorial view of completing a Pharmaceutical Needs Assessment

Source: Wirral Intelligence Service 2017

Development of the Wirral's Pharmaceutical Needs Assessment (PNA) has been initiated and overseen by Acting Director of Health and Wellbeing with support in its development from a multi-professional group.

The content of the document is closely linked to the local Wirral Intelligence Service evidence base including Wirral JSNA and Public Health content and has been produced by means of a structured analysis and distillation of a variety of data sources.

Practically, the step-wise process involves:

- identification of health and pharmaceutical needs
- deciding how these needs are being met currently
- identifying any gaps
- taking into account the views of professionals, partner organisations and public

The following data sources were used for the production of this PNA:

- Wirral Intelligence Service web content
- Wirral Joint Strategic Needs Assessment
- Annual Public Health Report
- Census and other local and national data sources

- Health and Wellbeing Strategy
- Wirral Pharmacy Contractors' survey
- Wirral Residents' Pharmacy survey
- NHS England Local Area Team data

Residents, service users and pharmacy contractor responses informed the first draft of the PNA which in turn went out to a full, formal public consultation (minimum 60 days). The Public and Pharmacy Contractor survey questionnaires can be found in Appendix Three.

Pharmaceutical Needs Assessment consultation

The draft Pharmaceutical Needs Assessment was issued for formal consultation on Tuesday 5th December 2017 with comments to be received by Monday 5th February 2018.

According to pharmaceutical regulations the draft document has to be distributed to (no particular order):

- Community pharmacies
- Local NHS trusts that included local Hospital Trusts, Mental Health Trusts and Community Health Service providers
- Dispensing Doctors (none situated within Wirral boundary)
- Local Pharmaceutical Committee (LPC)
- Local Pharmaceutical Services (LPS) (no current contracts for Wirral)
- Local Medical Committee (LMC)
- Local Pharmaceutical Network (LPN)
- NHS England (NHSE)
- Clinical Commissioning Groups (CCG)
- Healthwatch
- Neighbouring Health and Wellbeing Boards

The draft PNA was also distributed to:

- GPs and other Primary Care staff
- Adult Social Services
- Neighbouring Local Authorities
- Public Health staff
- Presented at Adult Care Health Overview Scrutiny Committee – January 2018

Patients and Public

- Older People's Parliament
- Voluntary Sector Groups
- Community Sector Groups
- Faith Sector Groups

Other Methods

- Press releases to range of local media including Wirral View
- Council Website
- Council Engagement Contacts via email distribution
- Local Pharmaceutical Committee website and bulletin

Surveys and Online content

On 5th December 2017 full documentation was published online with regard to the review of the draft PNA 2018-2021 at https://www.wirralintelligenceservice.org/this-is-wirral/wirral-pharmaceutical-needs-assessment/wirral-pna-2018-2021-statutory-consultation/ and this included an online survey facility to help partners and residents leave feedback on the content in the draft PNA. Hard copies of the PNA were available at four venues, across four constituencies, where people could also review the draft PNA and, if they wished, feedback via paper survey responses.

A report on the consultation process for this 2018 – 2021 PNA, with a summary of responses, is contained in Appendix Thirteen.

Pharmaceutical Needs Assessment review process

Once published, the PNA will be under constant review for any changes which might dictate a new or diminished pharmaceutical need. Examples of such changes could include:

- new pharmacy contracts
- pharmacy closures
- changes to pharmacy locations or opening hours
- new data from the JSNA
- significant housing developments
- changes in workforce due to movement of local businesses/employers
- local intelligence and significant issues relating to pharmacy enhanced service provision
- appliance provision changes

The PNA will be updated through the publishing of supplementary statements when amendments or additions are required in order to keep the PNA up to date but are not considered significant enough for a complete revision of the document.

The delegated sub-group of Wirral Health & Wellbeing Board will assess any changes, additions or amendments to assess the significance of any revision on the PNA to provide a view as to whether a full rewrite or a supplementary statement is appropriate. The PNA has to have a complete review every 3 years.

Successful applications for ‘consolidations and mergers’ as part of the revised pharmacy regulations would also necessitate the development of a supplementary statement. (See Appendix One Policy Context).

How to use this Pharmaceutical Needs Assessment

The PNA should be utilised as a service development tool in conjunction with the JSNA and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following ways:

- maps and tables detailing specific services - patients can see clearly where they can access a particular service
- current service providers - will be better able to understand the unmet needs of patients in their area and take steps to address this need

- future service providers - will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community
- commissioners - will be able to move away from the 'one-size fits all 'approach to make sure that pharmaceutical services are delivered in a targeted way
- NHS England - will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply

National pharmaceutical services contract overview

Funding of community pharmacy

This comes from several sources:

- NHS Community Pharmacy contractors are paid for services they provide under the Community Pharmacy Contractual Framework according to a set of fees and allowances agreed between the Department of Health and Pharmaceutical Services Negotiating Committee. These are published in the Drug Tariff each month. The whole framework has been reviewed by Government
- local commissioners - additional incomes comes from providing services commissioned locally by CCGs such as minor ailments services, Local Authorities such as substance misuse services, smoking cessation and from other service commissioners
- sale of goods and service over the counter

For most pharmacies between 80-85% of their funding comes from their NHS contract. The Department of Health has announced reductions in the funding of pharmacies and there is concern, expressed by Pharmaceutical Services Negotiating Committee and others, that reduction could impact on the viability of some providers.

At this time the full impact, and if any pharmacies might close, is not known. In order to mitigate the risk of pharmacy closures the Pharmacy Access Scheme (PhAS) has been introduced. As a consequence, and subject to fulfilling certain criteria, then a pharmacy could qualify for payments to bridge the funding reduction. Currently this is available until April 2018.

As part of the review of the Pharmacy Contractual Framework the Department of Health wants to reward high quality and so have introduced 'Quality Payments'. This allocates fees upon delivery of certain quality criteria.

Quality Payment

There are four qualifying gateway criteria:

- having an NHS email address
- providing any or all of the following: Medicine Use Reviews (MURs); New Medicines Service (NMS), or NHS Urgent Medicines Supply Advanced Service (NUMSAS)
- keeping the pharmacy's NHS Choices entry to date
- able to demonstrate on-going usage of EPS (Electronic Prescription Service)

Once a community pharmacy contractor has achieved all of the eight quality criteria (See Table 1 below) then a payment can be claimed. This is done at two points during the year currently in April and November.

Table 1: Quality Payments Criteria

Domain	Criteria
Patient Safety	Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
Patient Safety	On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.
Patient Experience	On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website.
Public Health	On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1(self-assessment).
Digital	The pharmacy can demonstrate a total increase in access to the Summary Care Record between each review point.
Digital	On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.
Clinical Effectiveness	On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.
Workforce	On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'.

Source: NHS England – Pharmacy Quality Payments (2017)

All national NHS pharmaceutical service providers must comply with the contractual framework that was first introduced in April 2005. The national framework is set out below and can be found in greater detail on the Pharmaceutical Services Negotiating Committee (PSNC) website.

The pharmaceutical services contract consists of three different levels:

a) Essential services
b) Advanced services
c) Enhanced services

There is also the opportunity to locally commission services outside of these NHS contract opportunities.

Essential services

Consist of the following and have to be offered by all pharmacy contractors:

Dispensing

This covers the supply of medicines or appliances and advice to the patient about the medicines being dispensed and possible interactions with other medicines. The Electronic Prescription Service (EPS) has been implemented as part of the dispensing service. Prescription linked interventions can be identified during the dispensing process.

Repeat dispensing
This covers the management of repeat medication for up to one year, in partnership with the patient and prescriber. This service is aimed at patients with long term conditions who have a stable medication routine and hence may require fewer visits to discuss any health issues with their GP or nurse. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate. Now that Electronic Prescription Service (EPS) has been embedded, NHS Digital is supporting practices to use electronic repeat dispensing and from 2017-18 GP practices they are being targeted to implement the electronic repeat dispensing process.

Repeat dispensing as noted above and repeat prescription ordering are two different aspects. Since 2016 the CCG has advocated Patient Led Repeat Ordering of prescriptions. This involves patients ordering their repeat prescriptions directly from their GP practice rather than a community pharmacy. Patients, who are deemed excluded, by GPs and/or pharmacists, continue to be able to order from their pharmacy. EPS is not affected therefore prescriptions continue to be sent electronically to a patient's chosen pharmacy.

Disposal of unwanted medicines
Pharmacies act as collection points for patient-returned unwanted medicines from households and individuals. Private arrangements must be adopted for waste returned from nursing homes.

Promotion of healthy lifestyles (Public Health)
Opportunistic advice provided on healthy lifestyle topics such as smoking cessation, weight management etc. to certain patient groups who present prescriptions for dispensing. Also, involvement in local public health campaigns throughout the year, as directed by NHS England. Since 2016 NHS England North (Cheshire and Merseyside) has supported a project to develop community pharmacies as Healthy Living Pharmacies (HLP). In December 2017, there were 82 Wirral pharmacies who were fully accredited HLP's with the majority of the remaining Pharmacies undergoing the accreditation process. Through Quality Payments reporting these numbers will change over time as more contractors become HLP accredited.

Signposting patients to other care providers
Pharmacists and their staff will refer patients to other healthcare professions or care providers when appropriate with HLPs having had additional training to support this function.

Support for self-care
This is the provision of advice and support by pharmacy staff to enable patients to derive maximum benefit from caring for themselves or their families. Pharmacies will help to manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct/NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

Clinical governance
Pharmacists must ensure the following processes are in place:

- standard operating procedures
- patient safety incident reporting
- demonstrating evidence of pharmacist continuing professional development
- complaints procedure
- compliance with health and safety legislation

- compliance with the Disability Discrimination Act
- significant event analysis
- commitment to staff training, management and appraisals
- patient satisfaction surveys

Advanced services

There are six advanced services within the NHS community pharmacy contract:

- Medicines Use Review (MUR)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC).
- New Medicine Service (NMS)
- Community Pharmacy NHS Seasonal Influenza Vaccination programme
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Pilot scheme)

Community pharmacies can opt to provide any of these services as long as they meet the necessary requirements.

Medicines Use Review (MUR) and Prescription Intervention Service

This is an advanced service provided under the community pharmacy contractual framework. MURs can only be provided by pharmacies. The service includes MURs undertaken periodically or when there is a need to make an adherence-focused intervention due to a problem that is identified while providing the dispensing service (a prescription intervention MUR). The purpose of the MUR service is to improve patient knowledge, adherence and use of their medicines by:

- establishing the patient's actual use, understanding and experience of taking medicines
- identifying, discussing and resolving poor or ineffective use of medicines
- identifying side effects and drug interactions that may affect adherence
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage

Appliance Use Review (AUR)

AUR is the second advanced service and was introduced into the NHS community pharmacy contract on 1 April 2010. This service can be provided by either a community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

The service has a national service specification, but was initially established locally between PCT, now local Clinical Commissioning Group, and their pharmacy contractors. A fee is payable to all community pharmacy and appliance contractors for each AUR they have carried out. There is a different fee depending on whether the AUR was carried out in the patient's home or on the contractor's premises. The maximum number of AURs for which a contractor is eligible to be paid for under this service is no more 1/35th of the aggregate number of specified appliances dispensed by the contractor during the financial year.
AURs should improve the patient's knowledge and use of any specified appliance by:

- establishing the way the patient uses the appliance and the patient's experience of such use
- 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
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted

Stoma Appliance Customisation (SAC)

This is the third advanced service in the NHS community pharmacy contract and was also introduced on 1 April 2010. 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. This service can be provided by either pharmacy or appliance contractors.

New Medicines Service (NMS)

The NMS was introduced in the NHS community pharmacy contract on 1 October 2011. This service can be provided by pharmacies only. The NMS was originally implemented as a time-limited service but is now an ongoing service within the Community Pharmacy Contract.

From the pharmacy contractor survey in 2017 there were 87 of 91 contractors providing the New Medicines Service (NMS) in Wirral with four intending to start in the near future. The NMS is focused on the following patient groups and conditions. For each, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines for these conditions, they will be eligible to receive the service:

- asthma and chronic obstructive pulmonary disease
- type 2 diabetes
- antiplatelet/anticoagulant therapy (mainly but not exclusively used for atrial fibrillation)
- hypertension

There is no routine information available about the use of NMSs for each condition, so it is not currently possible to estimate the proportion of new patients in Wirral who receive this service. However, the current overall volume of service is likely to be sufficient to meet need, providing the use of this service is appropriately targeted.

Community Pharmacy NHS Seasonal Influenza Vaccination programme

As part of the community pharmacy funding settlement community pharmacies in England are now able to offer a seasonal influenza (flu) vaccination service for patients in at-risk adults. This includes:

- pregnant women
- those under age 65 with long-term conditions or who are immune-suppressed
- anyone aged over 65

The pharmacy service is not available for children who are eligible under the overarching NHS Influenza Vaccination Programme. They will continue to receive the vaccination through their usual primary care provision. This service is the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF).

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population’s health. For most healthy people, influenza is an unpleasant but usually self-limiting disease.

However those with underlying disease are at particular risk of severe illness if they catch it. The aim of the seasonal influenza vaccination programme is to protect adults who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus.

NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Pilot Scheme)

From 1st December 2016, community pharmacies across England have been able to register on the NHS Business Services Authority (BSA) portal to provide the NHS Urgent Medicines Supply Advanced Service (NUMSAS) as part of a national pilot. The service, which is commissioned by NHS England, will allow community pharmacies to supply a repeat medicine at NHS expense, following a referral from NHS111 and where the pharmacist identifies that the patient has an immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

Enhanced services

NHS England commissions an Enhanced Service for the area of Cheshire and Merseyside which contracts four pharmacies to stock, hold, and supply against prescription, antivirals for at risk patients on the occasion of an identified flu outbreak including (though not exclusive to) residents of care and residential homes. This service is commissioned until June 2018.

Locally Commissioned Services

However, under the current regulations, "locally commissioned services" may still be developed and negotiated based on the needs of the local population. These services can be commissioned from a pharmacy by the Local Authority, Clinical Commissioning Group (CCG) or other commissioner. Examples of such services include emergency hormonal contraception, needle exchange, observed consumption and minor ailments.

Theoretically, it is possible for neighbouring Health and Wellbeing Boards or CCGs to commission similar services from pharmacies for different costs or using different service specifications. This is because financial or commissioning arrangements for services are based on local negotiation and are dependent on available resources. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across boundaries. Wherever possible, commissioners are advised to work together to eliminate such anomalies.

Funding and monitoring of the pharmacy contract

The essential and advanced services of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHS England as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff. Funding for locally commissioned services has to be identified and negotiated locally from the commissioners' own budgets.

Community pharmacy contract monitoring

NHS England (NHSE) requires all pharmaceutical service providers to meet the high standards expected by patients and the public. NHSE local offices have the responsibility for monitoring the provision of Essential and Advanced services. Arrangements for monitoring locally commissioned services may be set out in local contracts or Service Level Agreements.

NHS England's local offices use the Community Pharmacy Assurance Framework (CPAF) to monitor pharmacy contractors' compliance with the terms of the Community Pharmacy Contractual Framework (CPCF).

Community Pharmacy Assurance Framework (CPAF)
The Community Pharmacy Assurance Framework was developed by NHS Primary Care Commissioning as a toolkit to assist Primary Care Trusts in assessing compliance and quality under the Community Pharmacy Contractual Framework (CPCF). CPAF is made up of two parts – a screening questionnaire which is completed by the pharmacy contractor followed by NHS England then selecting a small number of pharmacies for a monitoring visit and/or to complete the full CPAF questionnaire.

In addition to the structured process outlined above, NHS England will also take account of the findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standards of an individual pharmacist is found to fall below the expected level, NHS England will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

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Pharmaceutical Needs Assessment

Part 2

Resident Population: Health Needs & Wellbeing

Part 2: Wirral's Resident Population and its Health Needs

Health Needs in Wirral

Introduction

The section starts by considering the key drivers for population health in the borough and ongoing relationship to community pharmacy delivery. The majority of the information contained in the section aims to provide a description of the Wirral population in terms of demographic structure and key features. It sets out to summarise the main areas of concern regarding the health of local residents alongside an overview of the evidence where community pharmacy is able to contribute to the public health agenda.

Wirral: Local and related strategy and policy context

There is a need to be mindful that community pharmacy services should strive to support the changes that face the NHS in the context of a number of national, regional and local drivers.

These include:

- NHS 5 Year Forward View (2014) sets out the strategic vision for the NHS by 2020/21. It details a shared view on how services need to change and the models of care that will be required in the future

- Next Steps on the NHS Five Year Forward View (2017) sets out the strategic vision for the NHS by 2020/21. It details a shared view on how services need to change and the models of care that will be required in the future

- Healthy Wirral Plan - Healthy Wirral is a partnership plan with the aim of transforming how health and wellbeing services are delivered and designed in Wirral, putting residents at the heart of services

- The Wirral Plan: A 2020 Vision (2015) – The Wirral Plan is a set of twenty pledges which the Council and partners are working to deliver by 2020. The plan has three main themes: People (protecting the most vulnerable in the borough); Business (driving economic growth) and Environment (improving the local environment).

- NHS Wirral Clinical Commissioning Group Operational Plan (2017/18) - A one-year operational plan which describes the NHS Wirral Clinical Commissioning Group's (Wirral CCG) actions and priorities throughout this period

- Wirral Residents Live Healthier Lives Strategy (2016) - The strategy is looking to address lifestyle change and work with local people to support them to take control over their health and wellbeing

- Expect Better Annual Report of the Director of Public Health 2017 (Wirral Council) September 2017' - The public health annual report (PHAR) identifies key health issues and reports on progress so that the local needs of the population can be better served

Community pharmacy can support the approach to reduce the pressures on other patient facing services such as GP's and Accident & Emergency.

Wirral Health & Wellbeing Board

The Board has oversight of the delivery of both the Wirral Plan and the Healthy Wirral Plan in achieving improved health and wellbeing outcomes for Wirral residents.

Below are the key components of those two delivery plans:

Wirral Plan

The Wirral Plan, published in June 2015, sets out a series of 20 pledges which the council and its partners will work to achieve by 2020, focusing on three key themes:

- protecting the most vulnerable
- driving economic growth
- improving the local environment

The pledges include, among others;

- **every child should have the best possible start in life**; we aim to get every school in Wirral OFSTED rated "Good" or better, to improve GCSE Maths and English scores, and to improve academic attainment for our children in care and vulnerable young people

- **equip all our residents with the skills to enable them to secure quality jobs**; We must better meet the needs of business and improve our ability to attract inward investment by developing a skilled workforce, we must link business and colleges to more closely align the provision with needs, and reduce the number of young people classified as NEETS (not in education, employment or training)

- **create economic opportunities by attracting new jobs and investment**; we will attract £250 million of private sector investment to Wirral over the life of this plan, we will create and safeguard 5000 new jobs by 2020, and support the creation of 250 new businesses by encouraging entrepreneurs and thriving local high streets

- **treat everybody with respect and dignity in older age**; We have a sizeable older population and more must be done to help people live independently; we will introduce programmes that value the contribution older residents can make, by mentoring, volunteering or acting as reading and learning partners, and we will engage and listen to our older population to make sure we are improving our services

- **strive to close the gap in health inequalities;** sadly, it is still a fact that from one side of the Wirral to the other, there is a 10 year life expectancy gap. We will encourage healthier lifestyles by targeting a reduction in smoking, tackling obesity and addressing the damaging effects of alcohol related ill-health and behaviour

- **look after our environment for future generations to enjoy**. We are lucky to live in one of the country's most attractive places. We have a growing tourist trade and we will protect and maintain our parks and beaches for all to enjoy. But we also want residents to take a more active role in protecting the environment and we will take tough action against those who continue to litter, fly tip and let their dogs foul our streets and open spaces

You can view more information on the Wirral Plan on the council website

Health and Social Care
The leadership for the health and social care system comes from the Healthy Wirral Partnership and is driven by the Healthy Wirral Plan, a key plank of the Wirral Plan. The Partnership recently agreed this mission and vision statement.

Mission
Better health and wellbeing by working together.

Vision for Wirral Places Based Care System
Our aim is to enable all people in Wirral to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing. By achieving this together we can provide the very best health and social care services when people really need them, as close to home as possible.

The Healthy Wirral Partnership is committed to working together to ensure that every penny we spend of the Wirral pound will deliver an improvement in line with the Healthy Wirral Triple Aim:

Closer integration of health and social care commissioning has been a prevalent and continuous theme of policy since the inception of the NHS. The Care Act 2014 reinforced and introduced a national commitment for closer health and social care integration with a commitment to the wellbeing of the individual. More recently 'Accountable Care' has been highlighted as a key theme in NHS England's 'Next steps on the NHS Five Year Forward View' (NHS England, 2017).

The *Healthy Wirral* programme was established to provide a whole health and social care sector response to the significant system wide pressures in Wirral by creating a public sector led Place Based Care System, focused on people and not organisations, working within a single set of resources by 2020. In Wirral the Place Based Care System approach will build on previous efforts to integrate health and care services, across organisational boundaries, including the Better Care Fund. Our local approach will involve an alliance of providers delivering population-based integrated healthcare from an integrated commissioner of health and social care (Wirral Integrated Commissioning Hub).

Potential Implications for pharmaceutical need

There will be numerous ways that community pharmacies could, and do, contribute to the objectives in the Wirral Plan and Healthy Wirral Plan. They may encompass:

- giving medicines management advice to support young children and their families (Improving Life Chances)
- advising on the safety and storage of medicines in the home (Wirral residents live healthier lives)
- supporting NHS, social care and other agencies during any safeguarding issues (Improving Life Chances)
- support people to adopt healthy lifestyles through advice, signposting and medicines management (Wirral residents live healthier lives)
- provision of needle exchange and supervised consumption for selected clients (Wirral residents live healthier lives)
- supporting patients and carers on all aspects of medicines management (People with disabilities live independently)
- through the Healthy Living Pharmacy initiative, signposting and advice to support public health and other agencies in tackling the wider determinants of health such as reducing fuel poverty and optimising personal finance issues (Wirral residents live healthier lives and Good quality housing that meets the needs of the resident)
- raising awareness/reducing stigma around mental health, promoting five ways to wellbeing and accessibility to community-based interventions through pharmacy public health programs and signposting (Wirral residents live healthier lives)
- supporting people with the management of their medicines prescribed for mental health disorders (Wirral residents live healthier lives)
- support older people to be independent in their own homes through medicines use review (Older people live well)
- support carers through effective medicines management and signposting where appropriate (Older people live well)
- work with carers and other agencies to optimise medicines management for older people living at home (Older people live well)

Population and Health Profile

Location

Wirral is a unique place, home to a growing population of over 320,000 people[2.1], including around 185,000 of working age and over 8,700 businesses providing employment for 106,300 people. The population grew by 2.4 percent or by 7,500 households between 2001 and 2011. By 2030, the population is expected to increase to around 329,600.

Wirral's economy in 2016 had a total value of around £3.9billion[2.1] and is home to several international businesses. The borough's economy continues to face challenges, for example relating to maintaining improvements in Gross Value Added (GVA) per head and reducing economic inactivity.

Wirral is the twelfth largest metropolitan council in England in terms of population. It is also the second largest local authority in Liverpool's City Region and bigger than many cities such as Newcastle, Derby, Leicester and Nottingham. Were Wirral in the East Midlands, it would be the largest metropolitan council in that region.

The borough of Wirral forms the northern most part of the peninsula between the Dee and Mersey estuaries on the opposite bank of the Mersey from Liverpool, between Liverpool and North Wales. As a land area, Wirral extends to 60 square miles, with 25 miles of coastline. It is an area of outstanding natural beauty, packed full of spectacular scenery, with a rich mixture of culture and heritage and key features / landmarks such as Birkenhead Park.

Many of the people who live in Wirral enjoy an outstanding quality of life, with excellent housing, schools and a high quality environment. However, there is a strong contrast between the older, highly urbanised constituency areas of Birkenhead and Wallasey, which contain some of the poorest communities in England and the wealthier commuter settlements in the west of Wirral.

Wirral's neighbourhoods range from the most deprived in the country (around St. James Church in Birkenhead) to one of the least deprived areas, in South West Heswall less than six miles away. Life expectancy varies hugely, with differences of over 10 years for males and females living in different parts of the borough[2.2].

In 2015, Wirral compares well against the rest of the Liverpool City Region in terms of household income, with the highest average household income at £34,562[2.3].This however masks stark contrasts in the borough with a difference of £30,802 between the highest and lowest wards. Wirral still has more children in poverty compared to the North West and England; 23.3% compared to 22.6% and 19.9% respectively.

Population Structure and Projections

Estimated Resident Population

The data used in Figure 2 are estimates produced by the Office for National Statistics, based on births, deaths and net migration of the previous year. Estimates for mid-2016 (as used below) suggest that there are approximately 321,238 people living in Wirral; 52% being female and 48% male.

Figure 2: Proportion of total population by sex and age, Wirral and England, 2016

Source: ONS Mid-Year Estimates 2016

As Figure 2 shows, Wirral has a different age structure for both males and females when compared to England. Wirral has a higher proportion of females, aged 50 years and over, but much smaller proportions of females aged less than 45 years. In terms of male population, Wirral has a greater proportion of younger males (aged less than 20 years).

GP Registered Population

There are more people recorded on GP registers than estimated through the mid-year estimates; the total registered population was 336,360 as at June 2017 (Table 2). This is due to a number of reasons, for example GP registers may contain people who live outside Wirral. This discrepancy in the two datasets is not unique to Wirral and is a pattern that is reflected across England and Wales.

Table 2: GP registered population by sex and age, June 2017

5 Year Age Band	Male		Female		Persons	
	(n)	(%)	(n)	(%)	(n)	(%)
0-4	9,282	5.6%	8,634	5.1%	17,916	5.3%
5-9	10,165	6.1%	9,638	5.7%	19,803	5.9%
10-14	9,787	5.9%	9,223	5.4%	19,010	5.7%
15-19	9,114	5.5%	8,758	5.1%	17,872	5.3%
20-24	9,261	5.6%	8,784	5.2%	18,045	5.4%
25-29	10,678	6.4%	10,426	6.1%	21,104	6.3%
30-34	10,222	6.2%	10,471	6.1%	20,693	6.2%
35-39	10,011	6.0%	9,947	5.8%	19,958	5.9%
40-44	9,708	5.9%	9,981	5.9%	19,689	5.9%
45-49	11,821	7.1%	11,907	7.0%	23,728	7.1%
50-54	12,397	7.5%	12,756	7.5%	25,153	7.5%
55-59	11,952	7.2%	11,728	6.9%	23,680	7.0%
60-64	10,160	6.1%	10,416	6.1%	20,576	6.1%
65-69	9,741	5.9%	10,204	6.0%	19,945	5.9%
70-74	8,465	5.1%	9,154	5.4%	17,619	5.2%
75-79	5,661	3.4%	7,004	4.1%	12,665	3.8%
80-84	4,020	2.4%	5,378	3.2%	9,398	2.8%
85-89	2,375	1.4%	3,773	2.2%	6,148	1.8%
90-94	783	0.5%	1,765	1.0%	2,548	0.8%
95+	205	0.1%	605	0.4%	810	0.2%
ALL	***165,808***	***100.0%***	***170,552***	***100.0%***	***336,360***	***100.0%***

Source: NHS Digital 2017

Similar to Figure 2 (estimated population) we see in Table 2 show that Wirral has an older population; more than 54% of Wirral's population are aged 40 years and over.

Table 2 also shows that there is a greater number of older females in Wirral; there are around 38,000 females aged 65 years and over, compared to 31,000 males of the same age. This is even more pronounced in residents aged 85 years and over; 6,143 females compared to 3,363 males or a difference of 83%. These figures suggest that Wirral has an ageing population, which is further evidenced in Table 4 (population projections).

Population Estimates by Wirral ward

Table 3 shows the estimated Wirral population by ward and age bracket. The estimates, produced by the Office for National Statistics, are based on figures collected from Census 2011 and are not guaranteed to be completely accurate at this level of details but it provides an indication of which wards are more and less populated at different ages.

Table 3: Estimated Wirral population by ward and age bracket, mid-2016

Ward	Total Population	Under 15	15 - 44	45 - 64	65 - 84	85+
Bebington	15,584	2,764	5,060	4,371	2,877	512
Bidston & St James	15,630	3,540	6,067	3,852	1,974	197
Birkenhead & Tranmere	16,542	3,609	7,094	4,019	1,618	202
Bromborough	15,501	2,838	5,732	4,168	2,393	370
Clatterbridge	14,253	2,093	4,097	4,025	3,583	455
Claughton	14,565	2,398	4,809	4,152	2,704	502
Eastham	14,231	2,381	4,559	3,879	2,988	424
Greasby, Frankby & Irby	13,843	2,010	3,839	4,169	3,319	506
Heswall	13,257	1,905	3,230	3,875	3,600	647
Hoylake & Meols	13,255	2,027	4,054	3,951	2,617	606
Leasowe & Moreton East	14,626	2,955	5,112	3,871	2,368	320
Liscard	15,734	2,859	5,760	4,255	2,505	355
Moreton West & Saughall Massie	13,973	2,236	4,585	4,092	2,711	349
New Brighton	14,919	2,376	5,214	4,397	2,508	424
Oxton	13,873	2,082	4,724	3,838	2,851	378
Pensby & Thingwall	12,973	1,923	3,692	3,702	3,183	473
Prenton	14,475	2,543	4,792	4,222	2,531	387
Rock Ferry	14,487	3,033	5,650	3,603	1,885	316
Seacombe	15,626	3,527	6,322	3,713	1,836	228
Upton	16,373	3,042	5,631	4,292	2,817	591
Wallasey	14,854	2,312	4,609	4,578	2,844	511
West Kirby & Thurstaston	12,664	2,008	3,370	3,795	2,957	534
Birkenhead Constituency	**89,572**	**17,205**	**33,136**	**23,686**	**13,563**	**1,982**
Wallasey Constituency	**89,732**	**16,265**	**31,602**	**24,906**	**14,772**	**2,187**
Wirral South Constituency	**72,826**	**11,981**	**22,678**	**20,318**	**15,441**	**2,408**
Wirral West Constituency	**69,108**	**11,010**	**20,586**	**19,909**	**14,893**	**2,710**
Wirral	***321,238***	***56,461***	***108,002***	***88,819***	***58,669***	***9,287***

Source: Office for National Statistics, 2017

- Wards with the highest number of residents are Birkenhead & Tranmere, Upton and Liscard
- Wards with the highest proportion of children are Bidston & St James and Seacombe
- Wards with the highest proportion of those aged 65+ are Heswall and Clatterbridge
- Wards with the highest proportion of those aged 85+ are Heswall and Hoylake & Meols

Resident Population Projections

Wirral's overall population is projected to increase by 2.7% between 2017 and 2035, from an estimated 322,000 to 330,800; however, there are a number of significant changes within that increase (Table 4).

Table 4: Resident population projections and percentage change, Wirral, 2017-2035

5 Year Age Band	Populations (thousand)					% Change 2017-2035	
	2017	2020	2025	2030	2035		
0-4	18.4	19.0	18.5	17.9	17.6	-4.3%	
5-9	19.7	19.3	20.1	19.9	19.5	-1.0%	
10-14	18.5	16.8	18.3	19.0	18.8	1.6%	
15-19	17.4	15.5	14.2	15.6	16.3	-6.3%	
20-24	16.2	19.2	17.4	16.2	17.8	9.9%	
25-29	19.2	19.1	19.4	17.7	16.4	-14.6%	
30-34	18.4	18.5	19.6	19.9	18.2	-1.1%	
35-39	18.2	17.6	18.8	19.9	20.2	11.0%	
40-44	18.3	20.0	17.6	18.9	19.9	8.7%	
45-49	22.4	22.6	19.8	17.6	18.9	-15.6%	
50-54	23.9	23.7	22.3	19.6	17.5	-26.8%	
55-59	22.7	19.8	19.6	19.1	18.6	-18.1%	
60-64	19.9	20.9	23.2	21.9	19.3	-3.0%	
65-69	19.8	18.8	20.0	22.3	21.2	7.1%	
70-74	17.5	18.9	17.6	18.8	21.1	20.6%	
75-79	12.6	13.6	16.9	15.9	17.1	35.7%	
80-84	9.4	10.2	11.4	14.3	13.6	44.7%	
85-89	6.2	6.6	7.5	8.6	11.0	77.4%	
90+	3.4	4.2	5.2	6.5	8.0	135.3%	
All ages	**322.0**	**324.4**	**327.5**	**329.6**	**330.8**	**2.7%**	

Source: ONS 2014-based Population Projections, 2015

Note: The projections are trend based, which mean assumptions for future levels of births, deaths and migration are based on observed levels. Projections are presented in thousands and have been rounded to the nearest hundred.

As Tables 2 and 4 (GP and Population Estimates) suggest, Wirral has an ageing population and an older profile than England. This is also evident in Table 3 (above), which shows that the population aged 65+ is due to increase substantially between 2017 and 2030; most notable is the increase in those aged 90 years and over, which is expected to steadily rise by a possible 135.3%. In comparison, the biggest decrease can be seen between the ages of 50-54 years, showing a steady decrease of 27%.

When comparing wider age bands, it should be noted that those aged 65+ (i.e. retirement age) will increase by 33.5%, whereas the working age (20-64 year used) will decrease by 6.9%.

Ethnicity

This latest ONS data continues to highlight Wirral has a small ethnic minority population. Using data from the Census 2011, 95.0% of the population were classified as White British; this is estimated to increase to 95.2% by 2030 (Table 5).

Table 5: Resident population proportions & projections by ethnicity, Wirral, 2011-2030

Ethnicity	2011 (Census)	2015	2020	2025	2030	% change 2011-2030
White: British	95.0%	95.7%	95.6%	95.4%	95.2%	0.3%
White: Irish	0.8%	0.9%	0.9%	0.9%	0.8%	0.0%
White: Other White	1.2%	0.9%	0.8%	0.8%	0.8%	-0.4%
Mixed: White and Black Caribbean	0.3%	0.2%	0.2%	0.2%	0.2%	-0.1%
Mixed: White and Black African	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%
Mixed: White and Asian	0.3%	0.2%	0.3%	0.3%	0.3%	0.0%
Mixed: Other Mixed	0.3%	0.2%	0.2%	0.2%	0.2%	-0.1%
Asian or Asian British: Indian	0.4%	0.2%	0.2%	0.2%	0.2%	-0.2%
Asian or Asian British: Pakistani	0.1%	0.2%	0.3%	0.3%	0.3%	0.2%
Asian or Asian British: Bangladeshi	0.3%	0.2%	0.3%	0.3%	0.4%	0.1%
Asian or Asian British: Other Asian	0.3%	0.1%	0.1%	0.2%	0.2%	-0.2%
Black or Black British: Black Caribbean	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Black or Black British: African	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
Black or Black British: Other Black	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
Asian or Asian British: Chinese	0.5%	0.6%	0.6%	0.6%	0.6%	0.1%
Other Ethnic Group	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%

Source: Ethpop.org and Census 2011 (ONS)

Table 5 shows that there are increases and decreases in the proportions of the population made up by different ethnicities; White: Other White sees the largest decrease of -0.4%, compared to White: British, which is expected to increase by 0.3%.

Households and Assets

Housing Development

The Borough's housing land supply with planning permission at July 2017 stood at 2,858 units. In addition, the latest Strategic Housing Land Availability Assessment (SHLAA) 2016 for Wirral identifies potential for an additional 935 units to be delivered within the next five years on sites currently without planning permission. The SHLAA also identifies a Borough-wide annual windfall allowance which could support an additional 675 units over the next five years. Wirral Council consulted on a revised methodology to the Strategic Housing Land Availability Assessment (SHLAA) between July and September 2017. The results of consultation will be used to inform a SHLAA update, which is intended to be published in mid-2018.

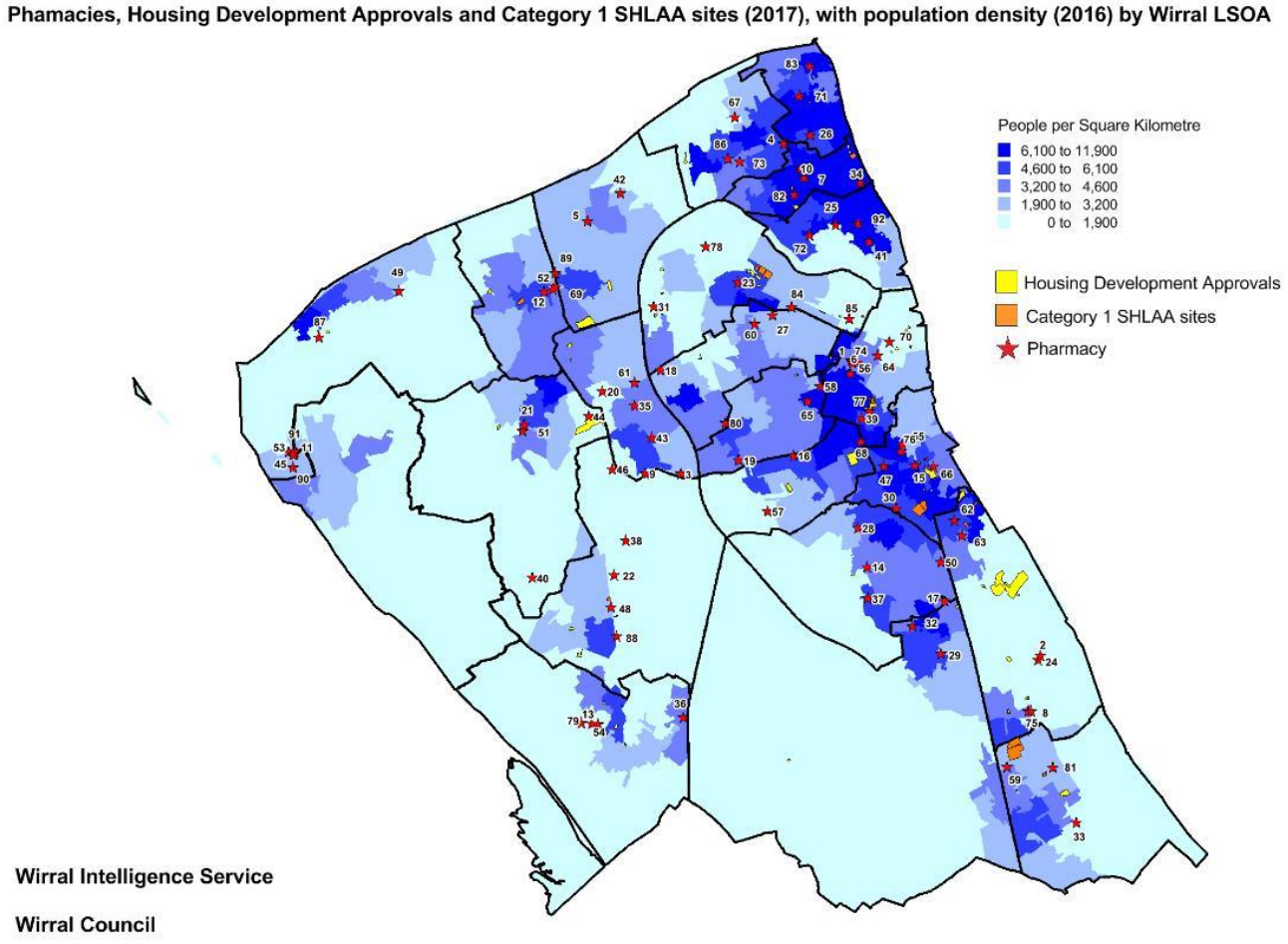
The Wirral Strategic Housing Market Assessment (SHMA) 2016 identifies the scale and mix of housing which the local population is likely to need, to inform the final housing requirement in the Local Plan. It highlights an affordable housing need of up to 40 per cent of new housing development, subject to viability. The Wirral Strategic Housing Market Assessment (SHMA) identifies a significant projected growth in the number of older person households in Wirral.

It highlights a particular need for Extra Care and Residential Care accommodation, equivalent to 309 dwellings per year over the period to 2032, and a need for properties that can be adapted to suit their occupant for up to 10% of existing households, which is likely to increase over time.

The Council is currently undertaking a development options review to identify land which could potentially accommodate the Borough's housing need. The results of the review are expected to be reported to the Council's Cabinet in July 2018. According to the latest timetable, the Local Plan is unlikely to be adopted before 2020.

Map 1 below outlines those current housing developments across Wirral. There are a number of housing developments but none that would constitute an impact on this PNA

Map 1: Housing Development Approvals and location of Pharmacies

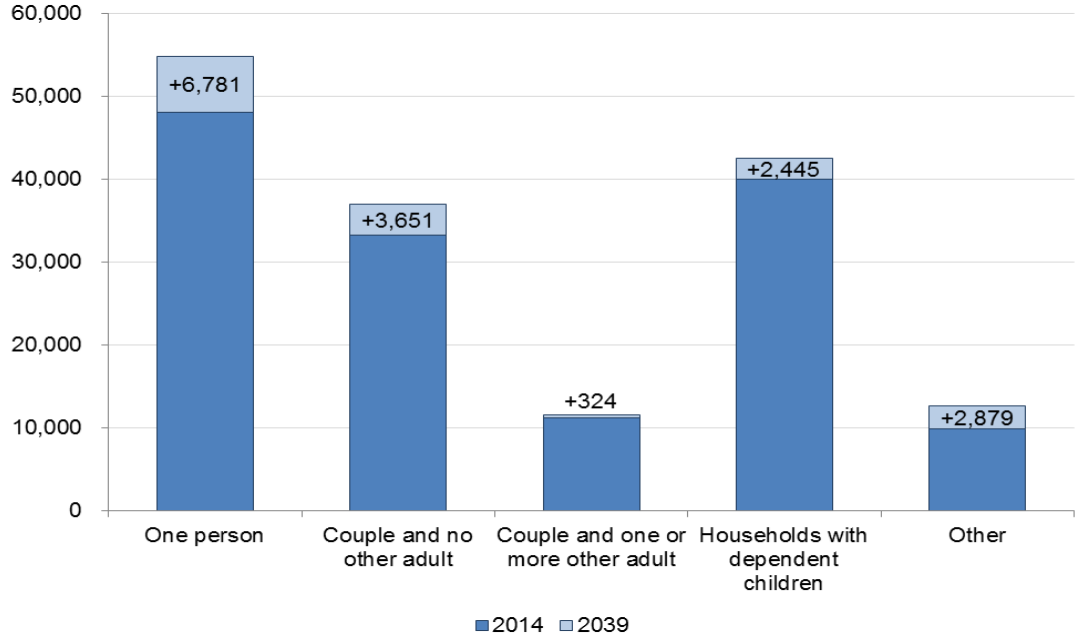


Source: Wirral Housing Strategy Team, 2017

Household Characteristics

In 2014, it was estimated that there were around 142,500 households in Wirral (Figure 3) with 33.3% (or one third) of these households being single occupancy; this increases slightly in 2039 to 34.2%.

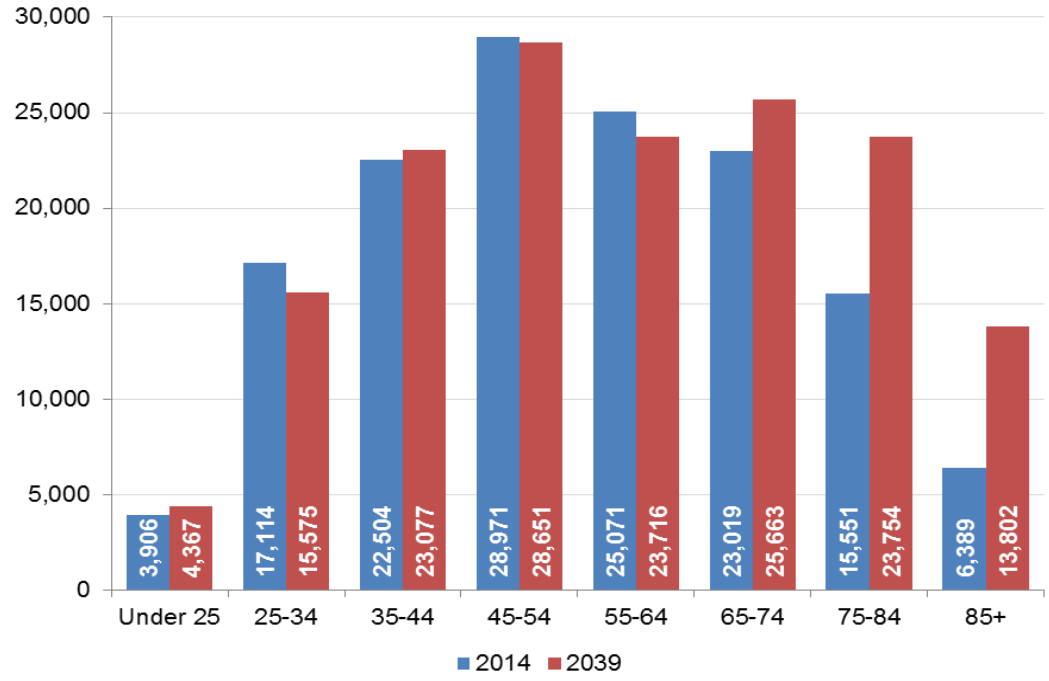
Figure 3: Households in Wirral by household type, 2014 and increase to 2039



Source: 2014-based live tables, Live tables on household projections, Department for Communities and Local Government

Despite an increase of 2,455 between 2014 and 2039, the proportion of households with dependent children actually decreases from 27.7% to 26.5% (-1.2%).

Figure 4: Household in Wirral by age of household representative, 2014 and 2035



Source: 2014-based live tables, Live tables on household projections, Department for Communities and Local Government

As Figure 4 shows, the number of households aged 75-84 and 85+ see the largest increases between 2014 and 2035 (+8%). In contrast, the households aged 25-34 see the biggest decrease (-1,539) over the same period.

Car Status

Wirral residents are just as, if not more, likely to have access to a car or van than their counterparts in the Liverpool City Region as seen in Table 6 below; 72 % having access to 1+ vehicle compared to the average of 67.8% respectively.

Table 6: Car status –Liverpool City Region – Census 2011

Local Authority	% with access to 1+ vehicle
St Helen's	73.3%
Halton	73.0%
Wirral	72.0%
Sefton	71.5%
Knowsley	62.9%
Liverpool	53.9%
Liverpool City Region Average	**67.8%**
England & Wales	**74.4%**

Source: Census 2011, via RAC foundation

Vehicle ownership varies considerably across Wirral Constituencies and Wards as see in in Table 7 below.

Table 7: Resident population – car status – by Wirral Ward – Census 2011

Ward	Households	No cars or vans in household	%
Birkenhead and Tranmere	7,747	4,309	55.6
Bidston and St James	6,889	3,488	50.6
Rock Ferry	6,465	3,010	46.6
Seacombe	6,871	3,156	45.9
Liscard	6,891	2,420	35.1
Upton	7,127	2,283	32.0
Leasowe and Moreton East	6,390	2,021	31.6
New Brighton	6,784	2,115	31.2
Bromborough	6,690	1,927	28.8
Claughton	6,285	1,719	27.4
Prenton	6,051	1,510	25.0
Oxton	6,592	1,458	22.1
Bebington	6,645	1,439	21.7
Eastham	5,955	1,199	20.1
Moreton West and Saughall Massie	6,176	1,243	20.1
Wallasey	6,313	1,226	19.4
Hoylake and Meols	5,713	1,034	18.1
Pensby and Thingwall	5,803	962	16.6
West Kirby and Thurstaston	5,486	910	16.6
Greasby, Frankby and Irby	5,978	721	12.1
Clatterbridge	5,924	662	11.2
Heswall	5,808	579	10.0
Birkenhead Constituency	**40,029**	**15,494**	**38.7**
Wallasey Constituency	**39,425**	**12,181**	**30.9**
Wirral South Constituency	**31,022**	**5,806**	**18.7**
Wirral West Constituency	**30,107**	**5,910**	**19.6**
Wirral	***140,583***	***39,391***	***28.0***

Source: Census 2011

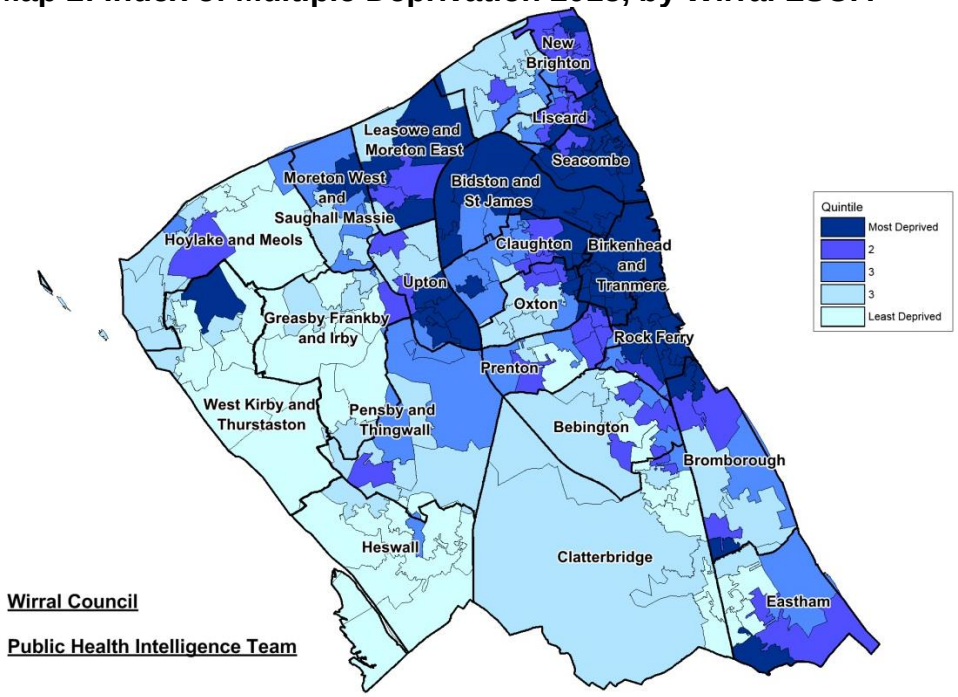
However, this figure hides inequalities within the borough; 55.6% do not have access to a vehicle in Birkenhead & Tranmere ward, compared to only 10.0% in Heswall ward.

Deprivation and Socio-economic factors

Index of Multiple Deprivation (IMD) 2015

Within Wirral, there are 206 Lower Super Output Areas (LSOAs) that each have the own IMD score and national ranking. The most deprived LSOA in Wirral lies within the Bidston and St James ward (ranked 36th most deprived LSOA in England) compared to Wirral's least deprived LSOA in Heswall (ranked 32,724th of 32,844 in England). Ten of Wirral's LSOAs are classed as being the 1% most deprived areas in England.

Map 2: Index of Multiple Deprivation 2015, by Wirral LSOA



The IMD is compiled from the following 7 domains:

1. Income
2. Employment
3. Health Deprivation and Disability
4. Education, Skills and Training
5. Barriers to Housing and Services
6. Crime
7. Living Environment

Source: Wirral intelligence Service (2016)
Note: A larger version of this map is available in Appendix Six

According to the IMD 2015, Wirral was the 66th most deprived of the 326 local authorities in the country, which means Wirral was no longer classified as being one of the 20% most deprived authorities in England (as it was previous IMDs). However, although Wirral overall is no longer in the 20% most deprived of areas in England, many of the LSOAs within Wirral were classed as being amongst the most deprived in the country (and Wirral is only just outside the 20% most deprived, as the cut off was the 65th ranked authority, Wirral was 66th).

Almost a third of Wirral's population live in areas classed as the 20% most deprived nationally (30.8% or 98,898 people), with Map 2 showing that these areas are concentrated on the east side of Wirra. The less deprived areas tend to be located on the west side of Wirral, barring some small pockets of higher deprivation in Hoylake & Meols and Pensby & Thingwall wards.

Income Deprivation Affecting Children Index (IDACI)

The IDACI 2015 shows that there are 37 Wirral LSOAs classed as being in the 1% most deprived nationally. The greatest levels of child deprivation are found in Egremont Central, Lower Tranmere and Bidston & St James East areas.

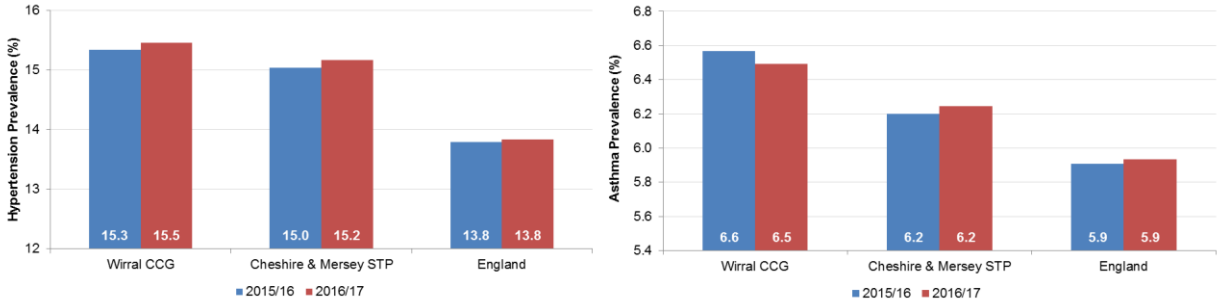
Income Deprivation Affecting Older People Index (IDAOPI)
The IDAOPI 2015 shows that there are 33 Wirral LSOAs classed as being in the 1% most deprived nationally. The areas most affected by deprivation of older people are in Leasowe Central, Woodchurch Leisure Centre and Lingham Park East.

The full Indices of Multiple Deprivation (2015) report can be found here.

Long Term Conditions

The known prevalence of hypertension and asthma in Wirral (Figure 5) is higher than both regional and national prevalence. Whilst this could be due to successful case-finding, the above average prevalence rates place a greater pressure on the local health and social care economy.

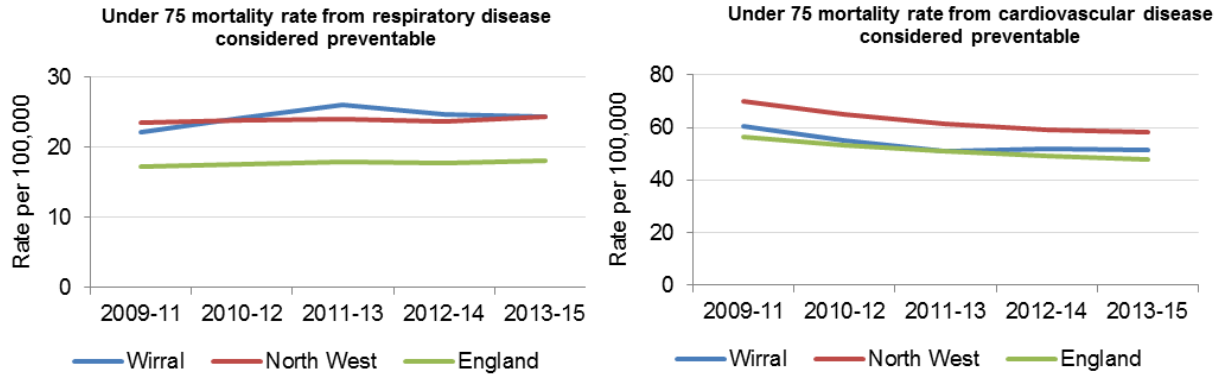
Figure 5: Prevalence of hypertension and asthma in Wirral, 2016/17



Source: Quality Outcomes Framework 2016/17, NHS Digital

Diabetes also has a high prevalence rate in Wirral (7.0%) compared to Cheshire & Mersey STP (6.8%) and England (6.7%). Furthermore, it is also estimated that, inclusive of undiagnosed cases, the prevalence rate is around 8.8%; this equates to around 5,200 people who remain undiagnosed in Wirral.

Figure 6: Under 75 mortality rates considered preventable, 2009-11 to 2013-15



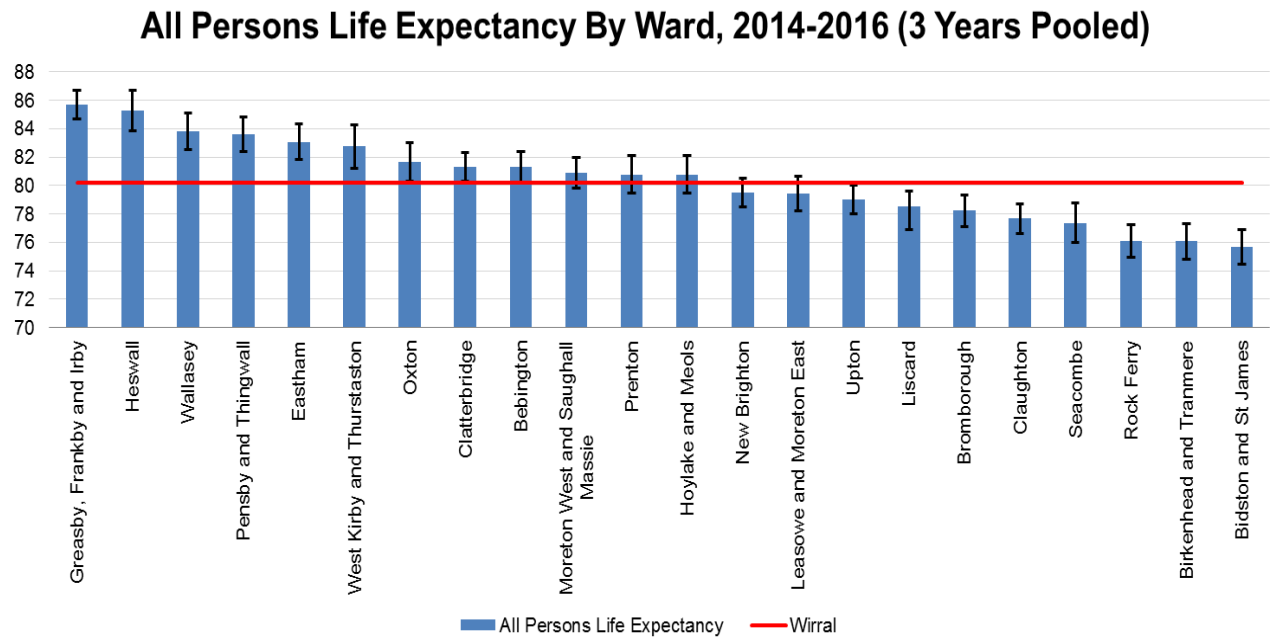
Source: Public Health Outcomes Framework, 2017

Figure 6 shows that although mortality rates have decreased in recent years in Wirral, they are still above average for both, cardiovascular and respiratory disease. Figure 6 also shows that despite national and regional prevalence both increasing the last period, Wirral has continued to decrease following a peak in 2011-13.

Life Expectancy

In 2014-16, life expectancy at birth in Wirral was 78.4 years for men, 81.9 years for women (80.2 years for all persons). These life expectancies are lower than the national averages for the same period; 79.5 years for men and 83.1 years for females.

Figure 7: Life Expectancy at Birth, by Wirral ward, 2014-16



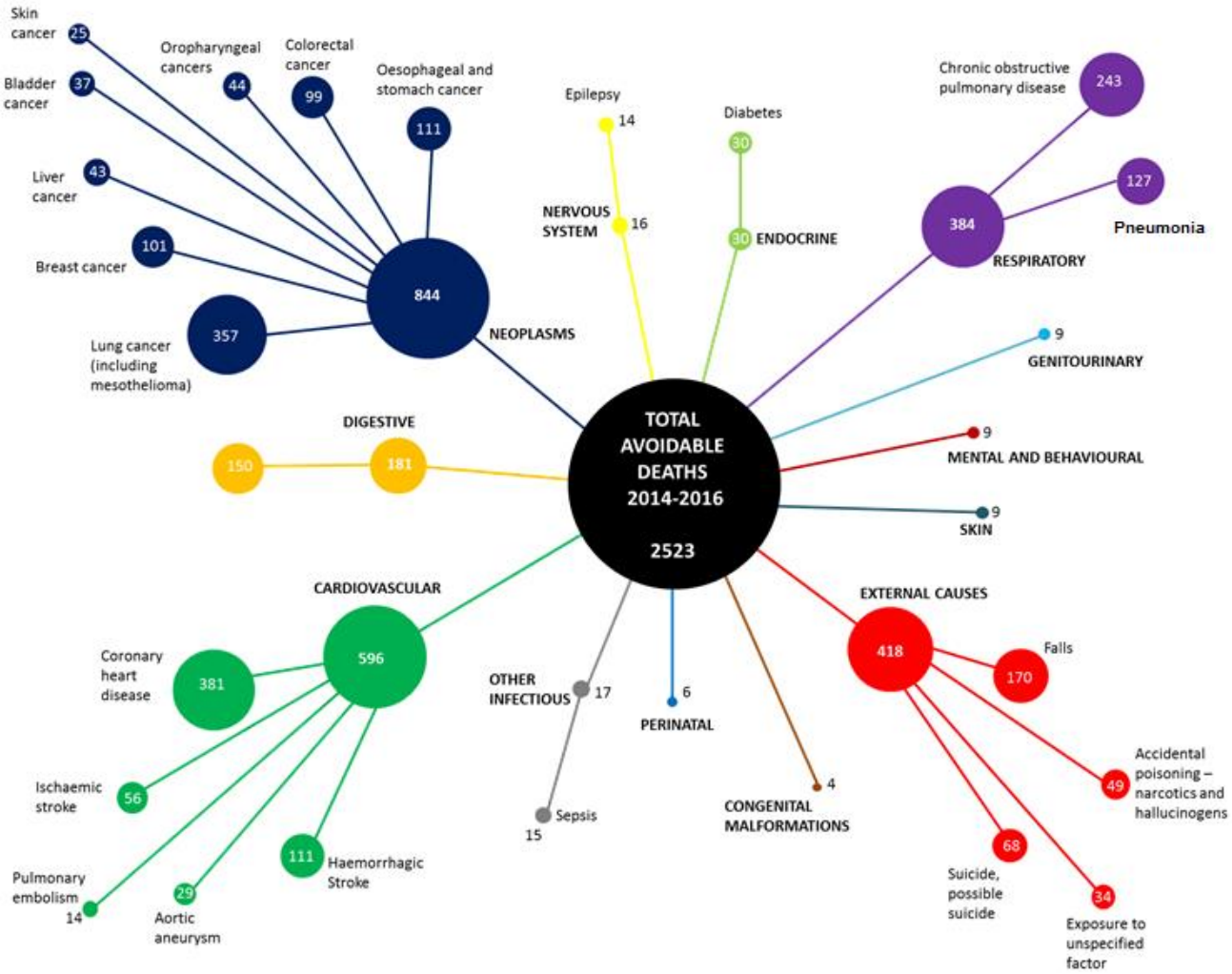
Source: Wirral Intelligence Service, 2017

As Figure 7 shows, there is wide variation in life expectancy between Wirral wards; Greasby, Frankby and Irby ward has a life expectancy of 85.7 years, which is 10 years longer than that in Bidston & St James ward (75.7 years).

Mortality

Definitions of avoidable conditions are produced nationally and relate to specific age ranges (click here for further details). For example, a death from breast cancer is considered avoidable if it occurs under the age of 75, whereas deaths from falls are avoidable at all ages.

Figure 8: Causes of avoidable mortality in Wirral, 2014-16



Source: "Expect Better" Public Health Annual Report, Wirral Council, 2017

As Figure 8 suggests the largest cause of avoidable death in Wirral for the period 2014-16 was cancer (neoplasms). Cancer accounted for 1 in 3 of all avoidable deaths in Wirral (n=844) in this period. The next largest cause was cardiovascular disease (CVD), which accounted for 1 in 4 of all avoidable deaths (24% or 596 deaths).

It is worth noting that alcohol will have had a wider impact than the 119 deaths from alcohol-related liver disease reported, as it will have made a sizeable contribution to deaths from other causes such as circulatory disease, cancer and digestive disease.

Health in Wirral - Key issues of concern

Wider Determinants of Health

- 1 in 4 children (under 16s) living in poverty. This varies significantly by ward, with up to 45% living in poverty in Bidston & St James ward
- 10 Lower Super Output Areas (LSOAs) are in the most deprived 1% in England.
- a higher rate of hospital admissions for violent crime than the national average
- more than a 10 year difference in life expectancy, for males and females
    - males: 71.6 years in Bidston & St James compared to 82.1 in Heswall
    - females: 77.1 years in Bidston & St James compared to 87.5 in Heswall
- the third largest inequalities in Disability Free Life Expectancy (years spent free from illness and disease) of all local authorities in England
- almost a fifth of Wirral wards have out-of-work benefit rates twice the national average and these are: Rock-Ferry (4.2%), Seacombe (4.3%), Bidston and St James (4.3%), and Birkenhead and Tranmere (5.5%). Wirral's overall JSA rate is 3.1%, compared with England's rate of 1.9%
- a slightly higher proportion of 16-18 year olds not in education, employment or training compared to the national average; 4.5% compared to 4.2%
- a slightly higher proportion of families experiencing fuel poverty compared to the national average; 10.9% compared to 10.6%

Children and Young People

- only 59.0% of new mothers initiating breastfeeding, compared to 74.3% nationally. This varies significantly by ward
- almost a third (32.9%) of 5-year old children have decayed, missing, or filled teeth, compared to 24.7% nationally
- the 'Looked after Children' rate is almost double the national average; 113 per 10,000 children compared to a rate of 62 nationally
- hospital admissions due to substance misuse amongst 15-24 year olds is higher than the national average
- hospital admissions caused by injuries in 15-24 year olds is higher than the national average

Older People

- by 2035 it is estimated that 28% of the Wirral population will be aged 65 or above. In particular, the population aged over 85 is projected to increase by almost 100%; 9,400 to 19,000
- it is estimated that there are 5,035 older people households living in fuel poverty in Wirral
- around 32,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness. This is projected to increase to 50,000 by 2035
- between 6,200 and 25,000 older people aged 65+ are likely to be socially isolated in Wirral (Older People and Social Isolation, 2015)
- the proportion of older people permanently admitted into nursing care is higher compared to both the North West and England
- in 2016/17 there were a total of 30,929 injury related attendances at Arrowe Park Hospital amongst the 65+ age group. The majority of these (31%) were as a result of a fall

Smoking

- around 670 people die each year in Wirral from smoking related deaths, which is a rate of 331 per 100,000 people aged 35 and over. This is approximately 17% higher than the national rate
- the prevalence of smoking in the most deprived areas of Wirral is around 50% higher than the national average

Alcohol & Drugs

- the rate of male alcohol related admissions in 2012/13 in Wirral is more than double the national average (also true for females)
- alcohol was a contributory factor in half of all attendances for assault at Arrow Park Hospital in 2012/13
- deaths caused only by alcohol are almost 7 times higher in the most deprived quintile of the male population in Wirral, compared to the least deprived quintile
- between 2013 and 2015, Wirral was significantly worse than the England average in alcohol specific mortality

Immunisations & Screening

- uptake of flu immunisation amongst the under 65 at-risk group remains higher than England but still lower than the 75% national target
- uptake of both flu and pertussis vaccination in pregnant women has increased but still needs improving
- the full dosage of the Measles/Mumps/Rubella (MMR) uptake at 5 years remains lower than the target 95% (at 93.1%)
- bowel screening uptake is currently 55.9% (2015/16); this is an increase on previous periods, but is still below the target of 60%

Cardiovascular Disease

- the prevalence of recorded Coronary Heart Disease (CHD) in Wirral stands at 3.9% (13,049 people) which is higher than the national prevalence (3.4%) but similar to the North West. Hospital admissions for CHD are higher than England
- for Wirral in 2015/16, according to the national Quality Outcomes Framework (QOF) register, the prevalence of hypertension in Wirral stood at 15.4% (51,510), which is higher than both England (13.8%) and the North West (14.4%). However, estimates suggest there could be a further 34,200 undiagnosed hypertensive people in Wirral
- 2.45% of the Wirral population has experienced a stroke or TIA (Transient ischaemic attack) compared to 2.10% nationally
- estimated numbers of people likely to have a longstanding health condition caused by stroke are projected to increase 24% between 2017 and 2035

Cancer

- Wirral has seen a small reduction in cancer prevalence, falling from 2.8% to 2.5% between 2014/15 and 2015/16
- the number of new cases of female lung cancer has risen by 18% in the past 10 years whereas it has decreased by 8% for males
- in 2013-15 the female death rate for those aged below 75 years for cancer in Wirral was more than twice as high than the national average. This is also the case for the males in Wirral

Diabetes

- based upon the national Quality Outcomes Framework (QOF) register, Wirral diabetes prevalence is estimated at 6.8%, or 18,399 people, which is slightly higher than the England rate at 6.4%. Estimates from Association of Public Health Observatories (APHO) suggest Wirral's diabetes prevalence is actually 7.0% which equates to 22,463 patients. There are potentially 12,000 patients in Wirral with undiagnosed diabetes
- projections by the Association of Public Health Observatories (APHO) suggest that diabetes prevalence in Wirral is expected to rise to 8.8% by 2030

Mental Health

- recorded (lifetime) depression is 12.6% in Wirral (2016/17) according to the national Quality and Outcomes Framework (QOF) register, which is higher than the national average of 9.1%
- QOF figures also suggest that around 1-2% of Wirral's population (aged 18+) are newly diagnosed with depression every year
- estimates suggest there are around 3,195 people in Wirral (aged 65+) living with dementia in 2016. The number of people recorded on GP Quality Outcomes Framework registers (QOF) as having dementia was 1,876 in 2015/16, which means that only half of all those living with dementia are currently registered/diagnosed

Sexual Health

- Wirral screens a higher proportion of 15-24 year olds for chlamydia than England; 34.0% compared to 20.7% respectively
- the detection rate in this age group is also higher than England (3,189 compared to 1,882 per 100,000). An increased detection rate is indicative of increased control activity i.e. able to reduce the spread of chlamydia
- teenage conception (under 18s) in Wirral, although having seen a substantial decrease been 2010 and 2015, is still higher than the national average; 25.7 per 1,000 compared to 20.8 per 1,000 nationally
- Wirral's abortion rate is also substantially higher than England; 21.3 compared to 16.7 per 1,000 females aged 15-44

Hospital Admissions

- Wirral's emergency admissions rate has increased since 2010/11; from around 13,000 per 100,000 to nearly 14,700 in 2016/17
- similarly, Wirral's elective or planned admissions rate has also increased over the same period; from approximately 15,000 per 100,000 to over 19,000
- Oxton ward has the highest rate of admissions, both emergency and elective, at 18,500 and 23,000 per 100,000 respectively
- in comparison, Liscard has the lowest rates for both types of admissions; 11,200 per 100,000 residents for emergency admissions and 15,300 for elective admissions

Wirral's JSNA describes specific health needs in more detail amongst a range of other documents and partner strategies and plans. Wirral JSNA can be viewed here - https://www.wirralintelligenceservice.org/jsna/

Local health and pharmaceutical need

The contribution of community pharmacy to public health is significant, both in improving general health, but also in maintaining the health of those with existing disease.

Apart from the key role that community pharmacies have in providing a trusted source of preventative and health improvement advice, there are many examples of specific public health activity. Some of these have a strong evidence of effectiveness/impact, but others have a less strong evidence base. Whilst it is accepted that lack of evidence does not necessarily equate to an ineffective service, in a time of restricted resources, any services commissioned locally from community pharmacy will need to be based on firm evidence.

This section provides an overview of the various areas where community pharmacy has contributed nationally to improving population health. Where contracts exist with community pharmacies in Wirral (above that of the core contract), a summary of this activity has been included.

Smoking

Local Need

Smoking is the single biggest cause of health inequalities and Years of Life Lost (YLL) in Wirral, making reducing smoking prevalence a key priority. It is the single greatest cause of preventable deaths in England – killing between 75,000 and 80,000 people per year. Around 670 people die each year in Wirral from smoking related deaths, which is a rate of 331 per 100,000 people aged 35 and over. This is approximately 17% higher than the national rate.

There are various ways in which smoking prevalence in adults is recorded; Quality Outcomes Framework, MOSAIC analysis, the Annual Household Survey and the Integrated Household Survey. All these figures suggest that 1 in 5 adults in Wirral smoke (similar to England's prevalence). However, within Wirral there is much variation between levels of smoking. For example, based on MOSAIC estimates, in wards with high deprivation, such as Bidston & St James, smoking prevalence is as high as 34.1%, compared to less deprived wards, such as Clatterbridge where smoking prevalence is 11.4%.

Evidence of effective interventions in the community pharmacy setting

Evidence suggests that community pharmacies have a key role in providing advice, support and even Brief Interventions (BIs) for smoking cessation. [2.4][2.5][2.6][2.7][2.8][2.9] Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link. [2.10] However, this requires adequate training to enhance confidence and skills[2.11][2.12] something pharmacy staff may feel they lack[2.13]. Training on how to match patient history and smoking status can enable pharmacy staff to tailor advice more accurately[2.14]. This is based on evidence that community pharmacist smoking cessation support can have similar success rates than that of nurses but low than that of specialist advisors. There is also some evidence involving community pharmacy support staff in BIs around smoking can increase the provision and the recording of smoking status in patient's medication records.[2.15] Whilst other studies show community pharmacy smoking cessation services may produce lower quit rates than group-based support, the latter are more intensive and cost more. Nevertheless, pharmacy-led smoking cessation support can have significant impact on quit rates.[2.16] It is important to note that assessment of pharmacy success rates need to take client demographics into account as these may be different to those accessing the same services via other settings.[2.17] Both types of support can be cost effective.[2.18][2.19] Quit rates will vary also depending on the number of sessions offered by the

pharmacy.[2.20] Despite these differences the key message remains that the evidence strongly points to community pharmacies having a key role to play in local efforts to support people to stop smoking.[2.21][2.22] Both patients and pharmacy staff view smoking cessation counselling by community pharmacy staff positively.[2.23]

Local Provision
Please see Part 3 of this PNA

Alcohol

Local Need
The economic cost to Wirral of alcohol problems in terms of health, social cost, criminal justice, and lost productivity is estimated at £127million per year, of which £25million is healthcare costs.

Wirral's Alcohol Strategy 2015-2020[2.24] sets out the aim of encouraging Wirral to have a healthier relationship with alcohol:

- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish diverse, vibrant and safe day time high streets and night time economy

Estimates show Wirral has a higher proportion of dependent drinkers and increasing risk drinkers than the national figures but a slightly lower proportion of higher risk patients. The borough also has a lower proportion of non-drinkers than the North West and England.

The 2017 Local Alcohol Profile[2.25] shows that Wirral performs worse than England in the majority of alcohol-related indicators. For example, alcohol-specific mortality in 2013-15 is 16.4 per 100,000 in Wirral, compared to 16.4 in England. Similarly, the rate of alcohol-specific hospital admissions in 2015/16 was 1,174 per 100,000 in Wirral, compared to 583 in England. In 2015/16, there was a substantial difference in the rate of alcohol-specific admissions between those living in the most and least deprived areas of Wirral. In the most deprived quintile, the rate was 205 admissions per 10,000 residents, compared to the least deprived quintile where the rate was 37 admissions per 10,000 residents.

Evidence of effective interventions in the pharmacy setting
There is little in the published research on this area. However, community pharmacies have been effective in supporting people to stop smoking using Brief Interventions (BIs). There has been some evidence in the early literature that such an approach is also effective for alcohol within other primary care settings.[2.26][2.27] Research undertaken in in the North West indicates that alcohol BI and referral to services in acceptable to both pharmacists and the public. However, this research did not consider the effectiveness of such services.[2.28] This level of public and pharmacist support has been shown elsewhere too.[2.29] Given the UK Department of Health's stated aim to include community pharmacies in BI to reduce alcohol harms, an important Randomised Control Trial (RCT) study was conducted in all community pharmacies in the London borough of Hammersmith and Fulham.[2.30] However, this study and on other showed that BI for alcohol via community pharmacies was not effective. Brown et al therefore recommend that, at this point in time, such services should not be delivered.[2.31] Despite this the 2011 NICE commissioning guide[2.32] recommends the targeting of alcohol BI, including via community pharmacies, to specific populations. However, success when doing this is not clear cut. A study targeting men showed good uptake[2.33] but another targeting women accessing emergency hormonal contraception did not.[2.34]

Local Provision
Please see Part 3 of this PNA

Drugs

Local Need
In 2017, Liverpool John Moore's University (LJMU) published a report around the prevalence of opiate use and/or crack cocaine use for local authorities[2.35] for 2014/15. These estimates suggested that there were around 2,837 opiate and/or crack cocaine users (OCUs) in Wirral, meaning a rate of 14.25 OCUs per 1,000 residents aged 15-64. These rates were higher than the estimated rate for the North West (10.6 OCUs) and nearly twice as high as the estimate for England (8.57 OCUs per 1,000). However, local intelligence suggests that these estimates may be inflated and that the real figures are lower than this. Reports from the National Drug Treatment Monitoring Service for the same time period, show there were 1,815 opiate users receiving treatment in Wirral's drug and alcohol treat services. The last estimates available show that, in 2011/12, Wirral had a rate of 2.7 per 1,000 people aged 15-64, who injected opiates and/or crack cocaine; this is slightly higher than the England's rate of 2.5.

In 2015/16, there was substantial difference in the rate of drug-related emergency admissions between those living in the most and least deprived areas of Wirral. In the most deprived quintile, the rate was 142.8 admissions per 10,000 residents, compared to the least deprived quintile where the rate was 13.6 admissions per 10,000 residents. Between 2013/14 and 2015/16, 49% (or 879 admissions) related to the "Use of opioids" or "Other opioids".

Evidence of effective interventions in the community pharmacy setting
NICE guidance PH52 on the optimum provision of Needle & Syringe Programmes[2.36] places community pharmacies at the heart of the provision of these programmes.

Recommendation 8: Provide community pharmacy-based needle and syringe programmes
Community pharmacies, coordinators and local pharmaceutical should:

- ensure staff who distribute needles and syringes are competent to deliver the level of service they offer. As a minimum, this should include awareness of the need for discretion and the need to respect the privacy and confidentiality of people who inject drugs. It should also include an understanding of how to treat people in a non-judgemental way
- ensure staff providing level 2 or 3 services (see recommendation 6) are competent to provide advice about the full range of drugs that people may be using. In particular, thy should be able to advise on how to reduce the harm caused by injecting and how to prevent and manage an overdose
- ensure staff receive health and safety training, for example, in relation to blood-borne viruses, needle stick injuries and the safe disposal of needles, syringes and other injecting equipment
- ensure hepatitis B vaccination is available for staff directly involved in the needle and syringe programme
- ensure staff are aware of, encourage and can refer people to, other healthcare services including drug treatment services
- ensure pharmacy staff offer wider health promotion advice, as relevant, to individuals

Recommendation 7: Provide people with the right type of equipment and advice
Needle and syringe programme providers should:

- provide people who inject drugs with needles, syringes and other injecting equipment

- the quantity provided should be subject to a limit but, rather, should meet their needs. Where possible, make needles available in a range of lengths and gauges, provide syringes in a range of sizes and offer low dead-space equipment
- not discouraging people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves
- ensure people who use the programme are provided with sharps bins and advice on how to dispose of the needs and syringes safely. In addition, provide a means for safe disposal of used bins and equipment
- provide advice relevant to the type of drug and injecting practices, especially higher risk practices such as injecting in the groin or neck
- encourage people who inject drugs to make their syringes and other injecting equipment, or to use easily identifiable equipment, to reduce the risk of accidental sharing
- encourage people who inject drugs to use other services as well. This includes services that aim to: reduce the harm associated with practice; encourage them to switch to safer methods, if these are available (for example, opioid substitution therapy), or to stop using drugs; and address their other health needs. Tell them where to find these services and refer them as needed

Research also demonstrates that community pharmacy-based supervised methadone consumption/administration services can achieve high attendance rates and are acceptable to clients[2.37]. NICE guidelines recommend that each new treatment of opiate dependence be subject to supervised consumption/administration for the first three months or a period considered appropriate by the prescriber.

The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour. This services require the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy – ideally within a private consultation room, and ensuring that the dose has been administered to the patient[2.38].

Local Provision
Please see Part 3 of this PNA

Sexual Health

Local Need
Chlamydia is the most frequently diagnosed sexually transmitted infection through screening in England, with the majority being seen in 15-24 year olds. The Public Health Outcomes Framework states that local areas should achieve a positive diagnosis rate of at least 2,300 per 100,000 resident population, aged 15-24 years, annually. In 2016, Wirral achieved a rate in excess of this target (3,189 per 100,000). There is, however, a reservoir of infection and vigilance across services for young people, including community pharmacy, which must be maintained.

HIV prevalence among the Wirral population is currently 1.1 per 1,000 resident population aged 15-59 years (2015). The rate of new HIV diagnosis in Wirral was 3.4 per 100,000 resident population aged 15+, compared to 12.1 in England.
Despite substantially decreasing over the last several years, Wirral has a teenage conception rate (2015) that is above the regional and national rates; 25.7 per 1,000 15-17 year olds, compared to 24.7 and 20.8 respectively.

Wirral has a high rate of abortion when compared to statistical neighbours. In 2016, the abortion rate in Wirral was 20.1 per 1,000 conceptions, compared to 18.8 and 16.7 respectively. Wirral also has a high proportion of under 25 year olds having a repeat abortion; 30.9% compared to 27.5% and 26.7% in the North West and England.

Evidence of effective interventions in the community pharmacy setting

NICE guidance on contraceptive services for young people (up to the age of 25)[2.39], key recommendations include:

- establish collaborative, evidence-based commissioning arrangements between different localities to ensure comprehensive, open-access services are sited in convenient locations, such as city centres, or near to colleges and schools. Ensure no young person is denied contraceptive services before of where they live
- ensure pharmacies, walk-in centres and all organisations commissioned to provide contraceptive services (including those providing oral emergency contraception) maintain a consistent service. If this is not possible, staff should inform young people, without having to be asked, about appropriate, alternative, time and convenient services providing oral emergency contraception
- Doctors, nurses and pharmacists should where possible, provide the full range of contraceptive methods, especially long-acting reversible contraception (LARC), condoms to prevent transmission of STIs and emergency contraception (both hormonal and time insertion of an intrauterine device). Adequate consultation time should be set aside
- provide additional support for socially disadvantaged young people to help them gain immediate access to contraceptive services and to support them, as necessary, to use the services. This could include providing access to trained interpreters or offering them one-to-one sessions. It could also include introducing special facilities for those with physical and sensory disabilities and assistance for those with learning disabilities
- ensure all young women are able to obtain free emergency hormonal contraception, including advance provision
- Offer support and referral to specialist services (including counselling) to those who may need it. For example, young people who misuse drugs or alcohol and those who may have been (or who may be at risk of being) sexually exploited or trafficked may need such support. The same is true of those who have been the victims of sexual violence
- ensure young men and young women know where to obtain free advance provision of emergency hormonal contraception
- in addition to providing emergency hormonal contraception, professionals should ensure that all young women who obtain emergency hormonal contraception are offered clear information about, and referral to, contraception and sexual health services
- encourage all young people to use condoms and lubricant in every encounter, irrespective of other contraceptives
- ensure all members of staff become familiar with best practice guidance on how to give young people under 16 years contraception advice and support[i]. ensure they are also familiar with local and national guidance on working with vulnerable young people

[i: Department of Health (2004) Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. London: Department of Health]

A review of the contribution of community pharmacists to the public health agenda[2.40] found:

- emergency hormonal contraception (EHC) can be effectively and appropriately supplied by pharmacists
- pharmacy supply of EHC enables most women to receive it within 24 hours of unprotected intercourse
- community pharmacies are highly rated by women as a source of supply and associated advice for EHC on prescription, by Patient Group Directions (PGDs), or over-the-counter sales
- the role of pharmacy support staff in provision of EHC services is report by pharmacists to be important

There is support from both customers and pharmacists for the provision of a wider range of sexual health services beyond EHC, including short supply progesterone-only pill[2.41][2.42] and progesterone only injections[2.43] to ensure ease of access to effective contraception as well as chlamydia screening.[2.44] In particular pharmacy-based EHC consumers are at high risk of chlamydia and would be willing to accept a chlamydia test from the pharmacy.[2.45] Although pharmacies in the UK cannot provide sexual and reproductive healthcare beyond retail condoms and EHC, a Scottish pilot study suggests that for women obtaining EHC from a pharmacy, simple interventions such as supplying 1 month of progesterone-only pill, or offering rapid access to a sexual health clinic, hold promise as strategies to increase the uptake of effective contraception after EHC.[2.46]

NICE guideline NG68[2.47] recommend that all existing services that are likely to be used by those most at risk should provide condom schemes. This could include services provided by the voluntary sector (such as advice projects and youth projects), school health services and primary healthcare (including GP surgeries and community pharmacies). There should be links made between such condom schemes and local sexual and reproductive health services. For example, they should consider:

- Providing condoms with information about local sexual health services
- Displaying posters and providing leaflets advertising local sexual health services where condoms are available

Local Provision

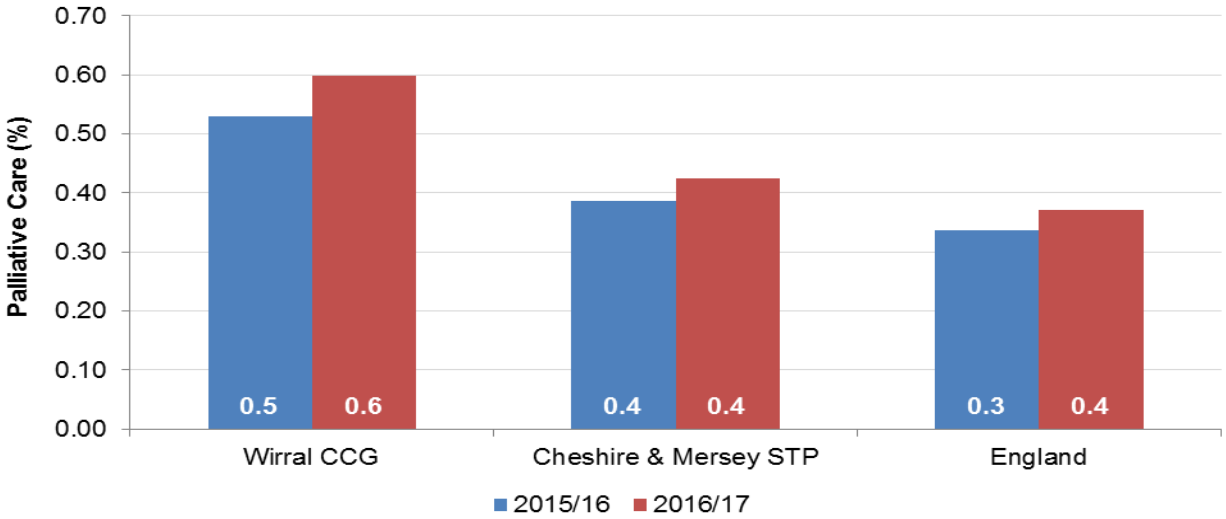
Please see Part 3 of this PNA

Palliative Care

Local Need

The proportion of people requiring palliative care has increased over the last 2 periods (2015/16 to 2016/17) at local, regional and national levels. (See figure 9 below).

Figure 9: Prevalence of Palliative Care patients, 2015/16-2016/17



Source: Quality & Outcomes Framework 2016/17, NHS Digital

As Figure 9 shows, Wirral has a higher prevalence of patients requiring palliative care than regionally and nationally. The figure shown above (0.6%) represents 2,056 patients registered with a GP practice in Wirral.

Evidence of effective interventions in the community pharmacy setting

Palliative care is designed to provide pain relief and improve the quality of life of patients with life-threatening illness. The number of patients with chronic, slowly debilitating conditions has risen. This means that even where patients die in a hospital or other care institution many will live in their own homes with the need to manage the condition for some time before this happens. NICE guidance on palliative care shows that, amongst other things, there was inadequate access to pharmacy services outside of normal working hours[2.48] so local schemes should seek to address this issue.

Pharmacists are a vital part of the multidisciplinary team supporting an individual and their family during this time, ensuring that medications are assessed and the effectiveness of medications is reviewed and needs change.[2.49] As timely access to medicines is vital, especially as the preferred place of care is the home environment, stock control can hinder effective provision. Knowing the level of need locally is an important part of this[2.50]. Details about key patient groups such as those with end-stage cancer can be poor with opportunities to embed community pharmacists in to palliative care teams missed[2.51].

Community pharmacists are generally positive about providing services and support for palliative care patients. They may not have a full understanding of it however, as need training and support to facilitate their involvement[2.52].

Local Provision
Please see Part 3 of this PNA
Influenza Vaccination

Local Need
In most instances, Wirral has a higher vaccination uptake amongst target groups than that seen national – see Table 8. However despite this, Wirral rates are still below the national targets/ambitions.

Table 8: Flu vaccination uptake by target population group, 2016/17

Population Group	Wirral	England	National Target/Ambition
Children aged 2-5 years	35.7%	38.1%	40-60%
Pregnant Women	46.0%	44.9%	55%
"At risk" population aged 6 months to 64 years	52.3%	48.6%	55%
Population aged 65+	73.6%	70.5%	75%
Carers	43.9%	41.9%	N/A

Source: ImmForm, 2017

Evidence of effective interventions in the community pharmacy setting
For most people, influenza (flu) is an unpleasant illness making people feel unwell for several weeks, but it's not serious in healthy people. However, certain people are more likely to develop potentially serious complications of flu, such as bronchitis and pneumonia. This can result in emergency hospital admissions or even death. The following groups of people are now offered free NHS influenza vaccinations each year:

- those aged 65 years and over
- pregnant women
- those who have certain medical conditions:[xi] footnote
    - chronic (long-term) respiratory disease, such as asthma, COPD or bronchitis
    - chronic heart disease, such as heart failure
    - chronic kidney disease
    - chronic liver disease, such as hepatitis
    - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
    - diabetes
    - problems with your spleen, for example, sickle cell disease, or if you have had your spleen removed
    - a weakened immune system due to conditions such as HIV and AIDs, or as a result of medication such as steroid tablets or chemotherapy
- those living in a long-stay residential care home or other long-stay care facility
- people receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill
- healthcare workers with direct patient contact or social care workers

[xi]: Note this list is not definitive and GPs clinical judgment will be used to assess if a person has an underlying illness that may be exacerbated if they catch flu

Research has shown that immunisation services can be safely provided in community pharmacy settings,[2.53] that the review of medication records is a useful tool in flagging up those 'at risk' and inviting them to take part in the programme.[2.54] Such programmes are well received by both patients and doctors.[2.55]

Local Provision

Please see Part 3 of this PNA

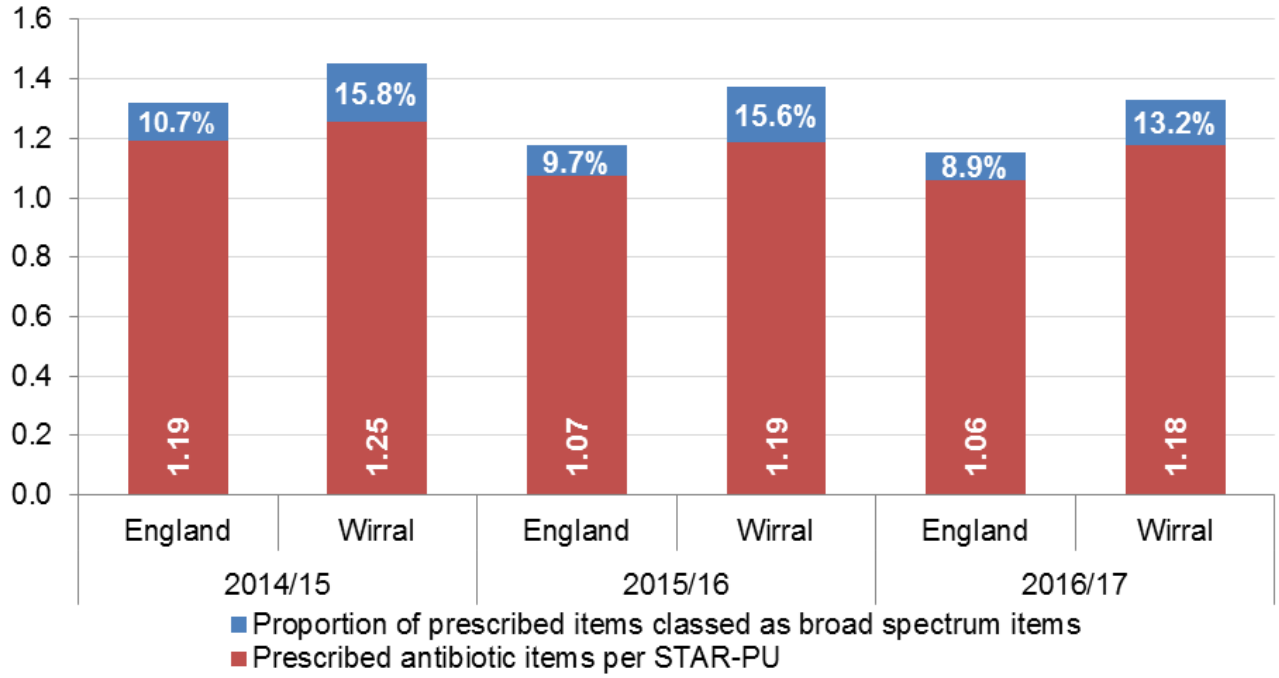
Antimicrobial Resistance (AMR)

Local Need

Antimicrobial resistance is a public health issue across the globe. Many bacteria and viruses that cause illness are evolving and becoming more resistant to the medicines used to treat them. To combat this, the Department of Health (DH) together with the Department for Environment, Food and Rural Affairs (DEFRA), published a 5-year Strategy; UK Five Year Antimicrobial Resistance Strategy, 2013 to 2018[X]. The strategy suggests 7 key areas where action could be taken, including optimising prescribing practice and antibiotic stewardship.

Antibiotic prescribing rates in Wirral (Figure 10) are higher than the national average; England's rate has decreased from 1.19 to 1.06 items per STAR-PU compared to Wirral's reduction from 1.25 to 1.18. Similarly the proportion of broad spectrum antibiotic items prescribed in Wirral is substantially higher than the national rate; in 2016/17 Wirral's rate was 13.2% compared to 8.9% nationally.

Figure 10: Antibiotic prescribing rates and the proportion of those classed as broad spectrum antibiotics, Wirral, 2014/15-2016/17



Source: AMR local indicators, Public Health Outcomes Framework, 2017
Notes: Broad spectrum antibiotics have been linked with increased risk of developing HCAIs (C. difficile in particular) due to their effect on the digestive system. The overall prescribing rate figures displayed are represented by both red and blue sections of the chart.

Following an increase in cases during the 1990s, it became mandatory for NHS acute trusts to carry out enhanced surveillance of avoidable Health Care Associated Infections (HCAIs); E. Coli, MSSA, MRSA and C. difficile. With antimicrobial resistant infections increasing, the above will become more difficult to treat. Cheshire & Merseyside has some of the highest rates of HCAIs in England, with Wirral having lower rates, excepting C. difficile (Table 9).

Table 9: Rate (per 100,000) of Health Care Associated Infections, 2016/17

	E. Coli	C. difficile	MRSA	MSSA
Wirral	74.6*	29.5	1.2	25.8
Cheshire & Merseyside	89.3	29.4	1.8	28.5
England	73.9	23.4	1.5	20.9

Source: AMR local indicators, Public Health Outcomes Framework, 2017

Evidence of effective interventions in the community pharmacy setting

Cheshire and Merseyside has one on the highest rates of healthcare acquired infection and combined general practice and hospital antibiotic consumption in England. National[2.56] and local[2.57] strategies to reduce antimicrobial resistance take two main approaches.

1. the need to reduce antibiotic use
2. the need to increase antimicrobial stewardship[ii]

The national strategy also seeks to stimulate the development of new antibiotics, diagnostics and novel therapies.

The first point requires action to change prescribing in habits and public education. This will reduce public expectations about receiving antibiotics when it is not appropriate. Antibiotic stewardship needs concerted effort and support at a national level and from infection specialist staff. This will enable local areas to utilise healthcare staff including community pharmacists[2.58]. Such joint efforts, including active involvement of the public, have been shown to work[2.59]. Public knowledge and attitudes are key[2.60][2.61].

There is a relationship between income and education levels and awareness of antibiotic use[2.62] including their use for viral infections, hoarding and sharing. Regular campaigns are the cornerstone in efforts to educate the public, including the use of social media. An understanding of health literacy needs to play an increasing role[2.63]. Consistent messages in all key healthcare settings are needed, especially during peak prescribing periods[2.64].

Studies have shown that community pharmacists can have an educational role[2.65] providing information on correct usage and addressing barriers to adherence[2.66]. However, barriers to them doing this need to be better understood and addressed[2.67][2.68] including barriers to inter-professional collaboration.

[ii]: NICE guidance NG15 (2015) defines this as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'.]

Weight Management

Local Need

Excess weight is a growing risk factor and is currently linked to over 30 co-morbidities, such as cardiovascular disease, diabetes and some cancers. In Wirral, levels of obesity have been and are still higher than the national rates as seen in Table 10 below.

Table 10: Range of issues relating to Obesity – Wirral, North West, England by year

Period	Indicator	Wirral	North West	England
2016/17	Excess weight in Reception aged children (obese and overweight)	25.6%	23.9%	22.6%
2016/17	Excess weight in Year 6 aged children (obese and overweight)	35.3%	35.2%	34.2%
2013-15	Excess weight in adults (obese and overweight)	66.7%	66.6%	64.8%

Source: Public Health Outcomes Framework, 2017

Evidence of effective interventions in the community pharmacy setting

A review of the role of community pharmacy in delivering the public health agenda reviewed three studies concerning weight management interventions delivered by community pharmacists. In two studies, positive impacts on weight and waist circumference were found for programmes that offered behaviour change support[2.69]. INCE guidance on obesity[2.70] includes pharmacists in the range of primary healthcare professionals who should take action to support behaviour change in relation to weight loss.

It also maintains that, with training, pharmacy support staff could also fulfil this role. However, it does not contain specific recommendations for pharmacies. A systematic review of alcohol reduction, smoking cessation and weight management interventions included 5 high quality studies on weight management within community pharmacy settings.

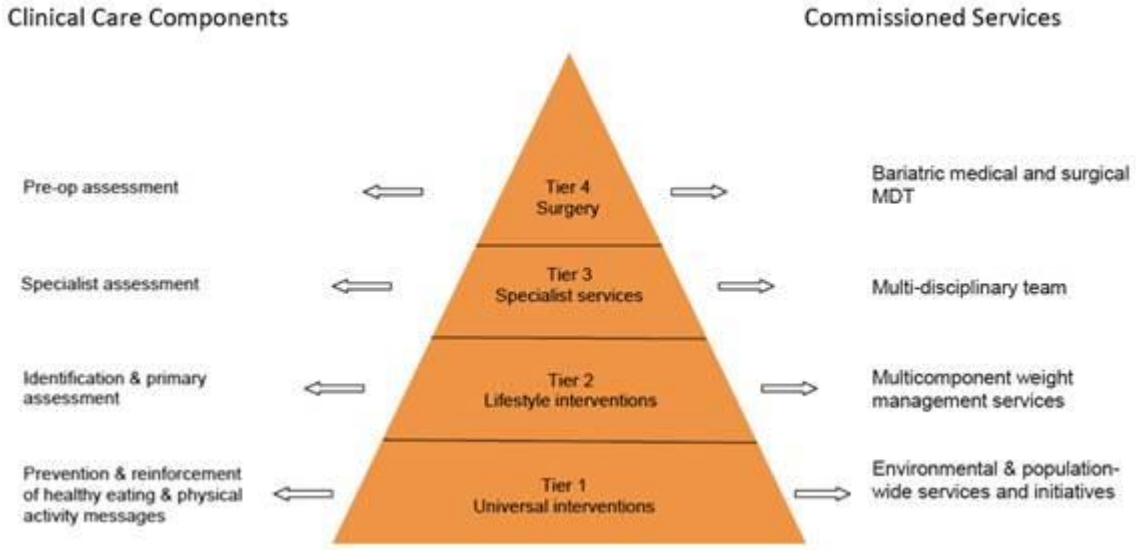
Of the three studies that compared pharmacy-based with primary care-based interventions, none of the pharmacy-based interventions shows any significant difference in outcomes compared with controls. They concluded that primary care, including pharmacy settings, were not as cost-effective as community settings in producing positive weight management outcomes[2.71]. This is supported by other reviews and studies such as Gordon[2.72] and Phimarn[2.73].

Added to this there are differing perceptions among the public and pharmacy staff even when prescribing weight loss medications or over-the-counter weight loss products, with issues such as conflict of interest[2.74] and preference for dietician-led or commercial weight loss programmes.[2.75] However, accessibility and availability of products work in pharmacies favour, especially were non-commercial educational materials are available.

Pharmacy-led programmes may be able to bring about desired outcomes (weight loss, reduction in weight circumference and blood pressure). [2.76] [2.77] [2.78] [2.79] Programme components, appropriate training and resources need to be carefully considered as not all programmes show similar positive results.[2.80] This includes the need to take different population groups into account. [2.81] Barriers include training[2.82] as well as capacity and reimbursement.[2.83][2.84]

Local Provision

Figure 11: Components of the Weight Management Provision (Tiers 1-4) in Wirral, 2017



Tier 2 and Tier 3 weight management services currently commissioned by Wirral Council and Wirral CCG do not include programmes within community pharmacy settings. Commercial weight loss programmes, WeightWatchers and Slimming World, are commissioned as the Tier 2 provider, whereby overweight and obese people can be referred by their GP, or other healthcare professional, if they meet specific criteria around BMI and co-morbidities.

The Tier 3 Specialist Service is commissioned by Wirral CCG and comprises of a multidisciplinary approach. Patients can be referred to the service with a BMI of ≥40 and complex comorbidities. Upon referral, patients will undergo a multidisciplinary assessment and directed to the following intervention programmes as appropriate:

- Multicomponent Lifestyle and Weight Management – intensive phase
- Nutrition Programme
- Maternity Programme
- Psychological Support
- Pharmacotherapy Provision

There are also follow on interventions available upon completion of the intensive phase programme.

Any patients who are unsuccessful during their Tier 3 intervention will be reviewed and referred to the Tier 4 Bariatric Surgery service, if appropriate.

Supporting and identifying people with Long Term Conditions, including cardiovascular disease and hypertension

Local Need

The 2016/17 Quality Outcomes Framework (QOF) data, as in table 11 below, suggests that the prevalence of all long-term conditions in Wirral is higher than the national average (with the exception of Rheumatoid Arthritis, which is the same as England).

Table 11: QOF prevalence of long term conditions, 2016/17

Condition	Wirral	Cheshire & Mersey STP	England
Atrial Fibrillation	2.6%	2.2%	1.8%
Asthma	6.5%	6.2%	5.9%
Coronary Heart Disease	3.8%	3.8%	3.2%
Chronic Kidney Disease (18+)	4.9%	4.8%	4.1%
Chronic Obstructive Pulmonary Disease	2.4%	2.5%	1.9%
Cardiovascular Disease	1.4%	1.3%	1.2%
Dementia	1.0%	0.9%	0.8%
Diabetes Mellitus (17+)	7.0%	6.8%	6.7%
Epilepsy (18+)	1.0%	0.9%	0.8%
Heart Failure	1.0%	1.0%	0.8%
Hypertension	15.5%	15.2%	13.8%
Osteoporosis (50+)	0.6%	0.5%	0.5%
Peripheral Arterial Disease	0.8%	0.8%	0.6%
Rheumatoid Arthritis (16+)	0.7%	0.8%	0.7%
Stroke and Transient Ischaemic Attack	2.2%	2.0%	1.7%

Source: Quality Outcomes Framework 2016/17, NHS Digital

Evidence of effective interventions in the community pharmacy setting

Research studies on the community pharmacy role in reducing the risk and improving outcomes for patients with cardiovascular disease (CVD) are one of the areas where evidence of effectiveness is strongest.

Hypertension (high blood pressure)

Community pharmacy-based initiatives are particularly effective in reducing systolic blood pressure[2.85][2.86][2.87][2.88]. High blood pressure is a major risk factor for CVD and stroke. Yet, data has shown a higher percentage of undiagnosed high blood pressure in the population. Community pharmacies can play an effective and cost-effective role in both opportunities and screening[2.89][2.90] and management of high blood pressure. [2.91][2.92][2.93][2.94][2.95][2.96][2.97] This is especially effective when done as part of a wider multidisciplinary team collaborative.[2.98][2.99] Such collaborative models have been recognised as of value by both the Royal College of General Practitioners and Royal Pharmaceutical Society.[2.100] This is the case for both uncontrolled high blood pressure[2.101] and when it is already controlled.[2.102] Initiatives are most cost effective when managing high risk patients.[2.103] There is also a high degree of patient satisfaction with community pharmacist led high blood pressure management programmes[2.104][2.105][2.106]. This is especially amongst those with long term conditions where a long-term relationship underpins advice and adherence to the inclusion of dietary advice. This should focus on preventing or treating high blood pressure through reducing sodium (salt) intake, as part of a comprehensive approach to improving outcomes. Support and training is needed to do this[2.107].

Managing long term conditions

In addition to screening and management of high blood pressure, community pharmacy is an effective setting for risk assessment and management of cholesterol and management of people at risk of CVD.[2.108] They are less effective for more complex, multi-component interventions aimed at addressing medicines management and lifestyles as part of one programme.[2.109][2.110] Even when successful such complex interventions may not be cost-effective.[2.111] NICE produced public health guidance on proactive case finding to reduce health inequalities in deaths from CVD and smoking-related deaths.[2.112] It included a recommendation to provide services in places that are easily accessible to people who are disadvantaged (such as community pharmacies and shopping centres) and at time to suit them. However, an evaluation of the North Tees Health Check programme, pharmacy element, was carried out in 2010/11[2.113]. Conducted by interviewing staff from community pharmacy, staff members from the commissioning Primary Care Trust and with Local Pharmaceutical Committee members, it found a number of challenges presented covering 4 categories:

1. establishing and maintaining pharmacy Healthy Heart Checks
2. overcoming IT barriers
3. developing confident, competent staff
4. ensuring volume and through flow in pharmacy

It thus concluded that delivering the NHS Health Checks through community pharmacies can be a complex process, requiring medication planning, and may incur higher than expected costs. Given these barriers, the local implementation of the NHS Health Checks programme should continue to be run through GP practices until such barriers can be overcome. Evidence suggests pharmacy-run programmes do not incur higher costs. It is clear from the evidence that community pharmacies can play a role in supporting people with long term conditions.

Community pharmacy-based interventions can be effective in the management of those with Type 2 diabetes and the pharmacist can be an important member of the multidisciplinary team managing people with diabetes.[2.114][2.115] Research has shown interventions can reduce HbA1c (glycated haemoglobin) levels,[2.116][2.117][2.118][2.119][2.120] improve glycaemic control,[2.121][2.122][2.123] bring about improvements in CVD risk in patients with diabetes[2.124] and general adherence to clinical guidelines through patient education and medicine assessments.[2.125] They can be effective in targeting those at high risk providing them with point-of-care blood glucose testing and referral being more effective and cost effective than targeting and referral alone. This can reduce emergency hospital admissions. Type 2 diabetes and other CVD screening is effective in diagnosing new cases and bringing about positive therapy changes[2.126][2.127] and simple tools can be developed to do this.[2.128]

Long term condition management initiatives run in the community pharmacy setting do not have to be pharmacist-led to be effective. A peer health educator programme in which GPs referred older patients with hypertension to a community-pharmacy based volunteer health programme was well received by patients and GPs[2.129].

Self-care

Pharmacists are more likely to see self-care in terms of patient responsibility and active involvement in their care than in broader concepts of patient autonomy and independence. In particular, pharmacists see they have a lead role in medicines-related self-care support[2.130]. In particular, there are opportunities for community pharmacies to provide self-care support to those with long term conditions as they are regular users of pharmacy services.

Whilst many patients feel they are already actively engaged in self-care, e.g. medicines adherence, many others suggest they need support of professionals as well as family and friends. However, the reasons for a patients' lack of awareness of the role community pharmacists can play, plus a reluctance to use them for self-care support, needs to be understood. This would enable support from community pharmacists to be tailored and 'marketed' more effectively to both patients and general practitioners/primary care staff[2.131][2.132][2.133].

Cancer

Local Need

In terms of screening, Wirral has a mixed picture; cervical screening in the 21-49 years age range is higher than national coverage, however, Wirral has a lower coverage rate in the 50-64 years age bracket. Wirral has a higher rate of breast cancer screening than England, but lower rates for bowel cancer screening in both 60-69 and 60-74 years age groups (see Table 12). Table 13 describes the incidence of cancer by type and gender.

Table 12: Screening coverage by programme, Wirral, 2015/16

Area	Bowel Screening		Breast Screening	Cervical Screening	
	60-69	60-74	50-70	25-49	50-64
Wirral	55.9%	57.1%	76.8%	71.9%	75.1%
England	56.4%	57.5%	75.4%	70.2%	78.0%

Source: Cancer Services profile, Public Health Outcomes Framework, 2017

Table 13: Incidence of cancer by type and gender, Wirral, 2014

Cancer Type	Male		Female	
	Number	Rate	Number	Rate
Prostate Cancer	247	163.7	-	-
Breast Cancer	*	*	351	197.4
Cancer of the Trachea, Bronchus and Lung	166	112.6	161	86.7
Colorectal Cancer	147	100.1	107	57.1
Uterine Cancer	-	-	50	27.6
Bladder Cancer	38	25.7	17	9.1
Ovarian Cancer (including cancer of the fallopian tube(s))	-	-	54	30.8
Non Hodgkins Lymphoma	52	35.0	31	16.3
Pancreatic Cancer	33	21.5	30	15.1
Skin Cancer	52	35.5	52	30.7
Kidney Cancer (not including Renal Pelvis)	32	21.0	21	11.9
Oesophageal Cancer	48	31.9	28	15.0
Stomach Cancer	23	15.6	13	6.4
Liver Cancer	18	12.4	8	4.2
Cervical Cancer	-	-	20	12.5
Leukaemia	33	21.6	23	12.7
All Cancers (excluding Non Melanoma Skin Cancer)	1104	740.8	1109	612.7

Source: www.cancerdata.nhs.uk
Note: The rate above is an ASR (Age Standardised Rate) a weighted average of the age-specific cancer incidence rates accounting for age and gender, which are comparable over time

Table 14: Premature mortality from all cancers, Wirral, 2011-13 to 2013-15 (3-years pooled)

Years	Total Number of Deaths	DSR	95% Confidence Interval	
			Lower Limit	Upper Limit
2011-13	1,359	155.9	147.7	164.4
2012-14	1,323	149.3	141.3	157.6
2013-15	1,375	153.0	145.0	161.3

Source: Public Health Outcomes Framework, 2017

As Table 14 shows, there have been around 450 premature deaths per year (aged under 75 years) from cancer in Wirral in recent years.

Evidence of effective interventions in the community pharmacy setting

See also tobacco control

The community pharmacy is an ideal place for the public to obtain information on cancer. Pharmacy-based information, such as touch screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling clients.

However, the effect of this advice on the behaviour of clients is currently unknown[2.134]. This could be rolled out to include awareness campaigns about skin and bowel cancer and cancer screening. Feedback from health improvement campaigns shows the community pharmacy setting is an acceptable location for cancer prevention campaigns [2.135] and discussions about prevention and early detection of cancer[2.136].

For those with established cancers, pharmacies can play an important role in identifying common drug-related problems via medication therapy management services[2.137]. Oral cancer medications offer patients advantages over traditional intravenous cancer therapy. However, patients and their caregivers must be well educated in how to use them to reduce risk and achieve the best possible outcomes.

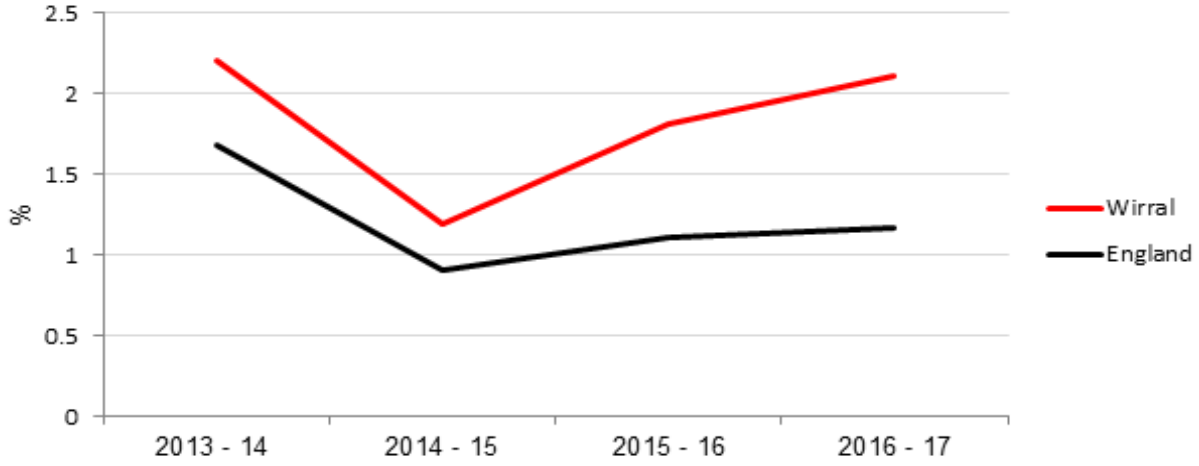
Whilst oncology teams play the central role in this, community pharmacists can make an important contribution. This can include an understanding of patient and system barriers with these medications, proper administration and adherence, drug and food interactions, safe handling and disposal.[2.138] However, this is not without its challenges and issues such as safe infrastructure with education and training are needed.[2.139]

Mental Health

Local Need

The 2016/17 Quality & Outcomes Framework (QOF) reports that the lifetime prevalence of depression in Wirral is 12.56% of adults (n = 34,413), with more complex mental health disorders being prevalent amongst 1.03% (n = 3,545). QOF figures also suggest that around 1-2% of Wirral's population (aged 18+) are newly diagnosed with depression every year.

Figure 12: Proportional incidence of depression diagnoses, Wirral, 2013/14-2016/17



Source: Quality and Outcomes Framework, NHS Digital, 2017

As Figure 12 shows, Wirral has a higher incidence of newly diagnosed depression in the adult population than England. Despite following a similar trend to England, decreasing to 2014/15 and increasing in 2015/16 and 2016/17, Wirral has increased at a faster rate than England.

Wirral is also an outlier in terms of antidepressant prescribing (Table 15), with Wirral prescribing more items per STAR-PU than other Clinical Commissioning Groups (CCGs) in the Cheshire, Warrington & Wirral Area Team and England. The NHS Business Services authority reports on antidepressants prescribed within CCGs nationally.

Table 15: Antidepressant prescribing per STAR PU, 2015/16-2016/17

Prescribed Antidepressants per STAR PU (ADQ based)		
CCG Name	**2015/16**	**2016/17**
Eastern Cheshire CCG	1.485	1.564
South Cheshire CCG	1.535	1.615
West Cheshire CCG	1.506	1.615
Warrington CCG	1.621	1.729
Vale Royal CCG	1.77	1.848
Wirral CCG	1.945	2.108
Cheshire, Warrington & Wirral Area Team	***1.659***	***1.770***
England	***1.355***	***1.443***

Source: NHS Business Services Authority, 2017
Notes: The drug list includes those in BNF Section 4.03 with some exceptions; Amitriptyline Hydrochloride, Clomipramine Hydrochloride, Flupentixol Hydrochloride, Imipramine Hydrochloride, Monoamine-Oxidase Inhibitors (Maois), Nortriptyline, Trimipramine Maleate

Evidence of effective interventions in the community pharmacy setting

No relevant studies on the early detection of depression were found in the literature review undertaken. A report by the Department of Health on the public health role of pharmacists acknowledges this lack of an evidence base, suggesting that it is not beyond the scope of community pharmacists to have a role in mild to moderate mental ill health.

For example, customers purchasing products to reduce stress and anxiety, such as sleeping products, could be offered support and advice from appropriately trained pharmacists such as signposting or refer to local services.[2.140] This role in detecting the early signs and symptoms of mental health problems and providing information on how to deal with them is supported by a joint pharmacy report in which they conclude that there is a potential role for pharmacy staff to offer support and advice in relation to mental health issues.[2.141] Studies have also shown that the community pharmacist can make a valuable contribution to community mental health teams.[2.142][2.143][2.144]

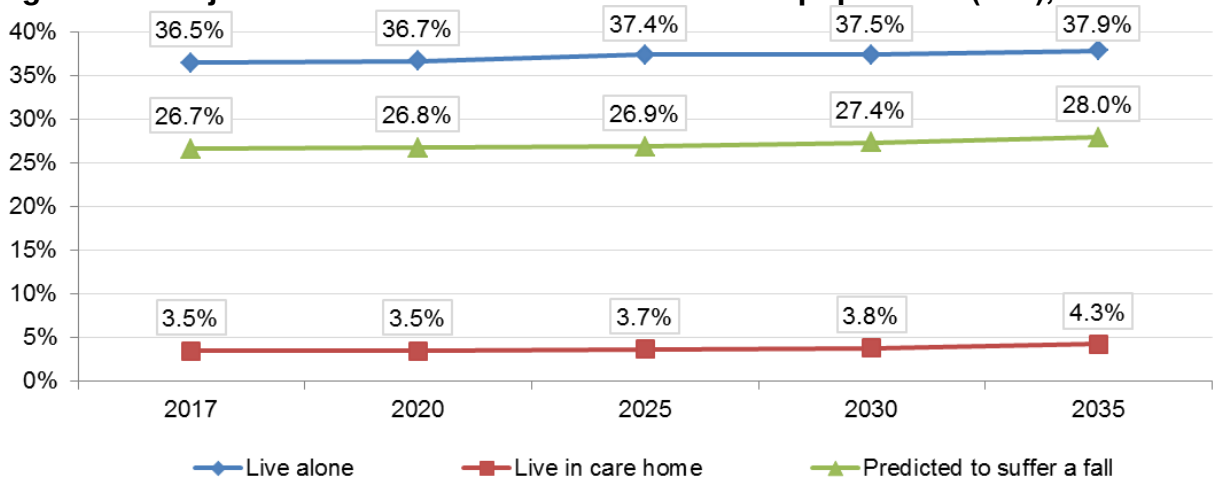
The stigma of mental illness can be a barrier to effective medication management in the community pharmacy setting. Self-stigma impeded customers' community pharmacy engagement. Positive relationships with knowledgeable staff are fundamental to reducing stigma. Stigmatising views can also be held by health professionals resulting in the giving of biased/inaccurate advice and behaviours. Awareness raising training for pharmacy staff can improve communications and reduce negative experiences.[2.145] This is not surprising given that mental health literacy – '*knowledge and beliefs about mental disorders which aid in the recognition, management and prevention'* – is poor, especially compared to physical health issues such as long term conditions. Healthcare professionals, including community pharmacists, view education campaigns as important in addressing this.[2.146] The focus on products and business required of community pharmacies can inhibit a more patient-centred pharmacy culture, despite undergraduate training programmes exposing this.[2.147] Research is scarce on medication support interventions for people with mental health problems but broader medicines management for long term conditions can inform the development of mental health focussed medication support services.[2.148]

Older People

Local Need

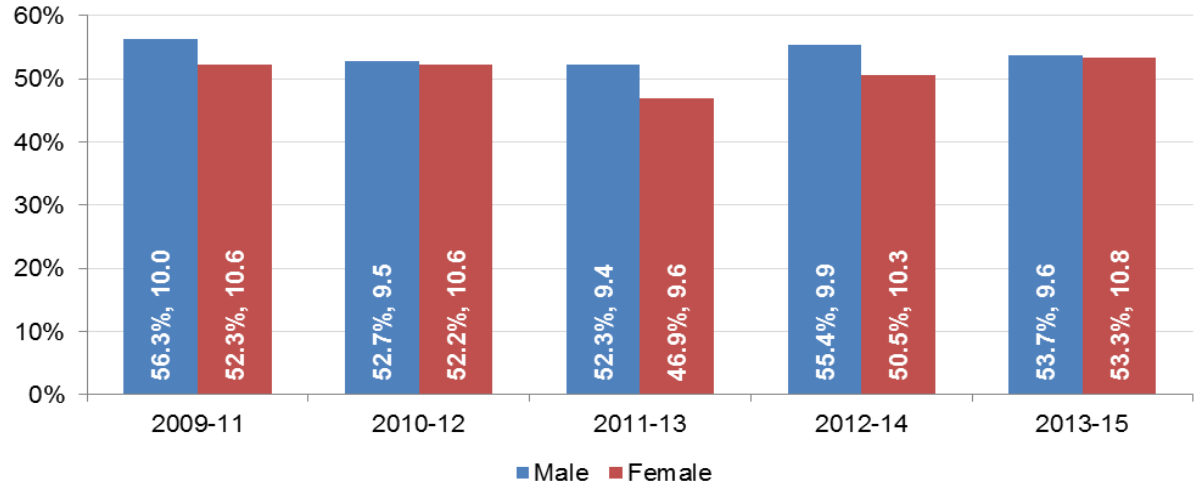
As discussed earlier in this section, the older population (65+) in Wirral is estimated to increase by 33.5% by 2035, with those aged 90+ projected to increase by 135% during this time. POPPI.org.uk projects the population based on figures from the Office for National Statistics, together with the forecasts of certain risk factors, such as those living alone or in care homes, and certain health factors, such as experiencing a fall. These potential outcomes can be seen in Figure 13 below.

Figure 13: Projected characteristics of Wirral's older population (65+), 2017-2035



Source: www.poppi.org.uk

Figure 14: Healthy Life Expectancy at age 65 (%, n), Wirral, 2009-11 to 2013-15



Source: Office for National Statistics, 2017

Figure 14 shows that, from age 65, although males spend a higher proportion of their life in good health, females in Wirral actually experience good health for a longer amount of time. For example, in 2012-14, it was estimated that men will spend 55.4% of their life in good health compared to women's projected 50.5%, however in terms of years this is 9.9 for men but 10.3 for women. This can be explained by women traditionally estimated to live longer than men, meaning they would therefore spend less of their life in good health.

Evidence of effective interventions in the community pharmacy setting

Qualitative research shows that older people value continuity of personalised pharmaceutical care which enables them to build a trusting relationship over time. There can be a lack of awareness of services already available from community pharmacies. Ongoing disruption in the supply of medicines caused problems for this client group, and the complexity of prescription ordering, collection and delivery systems presented challenges for participants. Good communication from the community pharmacy helped improve the experience[2.149]. Dexterity problems can affect a sizeable proportion of older people. Whilst this is a manufacturing issue, community pharmacy staff are on hand should check if this is an issue when dispending[2.150]. Assisting patients with dementia (and their carers) in respect of medications is a particular problem. As prevalence of this condition rises, ways of addressing this will become more pressing[2.151].

Community pharmacy-based services assessing older women's risk of osteoporosis were well received and were able to identify women at different levels of risk.[2.152] Those that followed women up post intervention found they had made lifestyle changes such as increased calcium in the diet, increased physical activity and relevant medication.[2.153][2.154] [2.155]

Medicine reviews for the elderly are both perceived favourably by participants[2.156] and can help reduce prescribing costs.[2.157] However, it is unclear if such interventions are cost effective as the cost of the intervention was not detailed.

NICE guidance on medicines management in care homes was published in March 2014.[2.158] It states that helping residents to look after and take their medicines themselves is important in enabling residents to retain their independence. Care home staff should assume residents are able to after and manage their own medicines when they move into a care home, unless indicated otherwise.

An individual risk assessment should be undertaken to determine the level of support a resident needs to manage their own medicines.

The guidelines consider all aspects of managing medicines in care homes and recommends that all care home providers have a care home medicines policy. The policy should ensure that processes are in place for safe and effective used of medicines in the care home. Sections of the guideline provide recommendations for different aspects of managing medicines covered by the care homes medicines policy.

Planned Care

Local Need

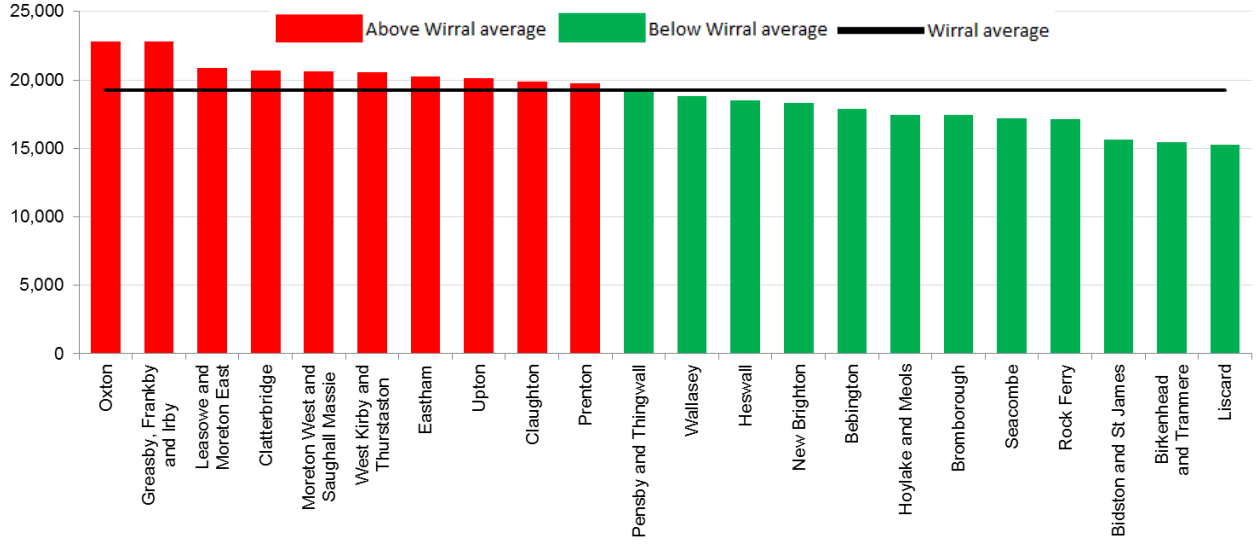
Table 16: Elective hospital (planned) admissions, top 10 causes, 2016/17

ICD-10 Chapter	Number	Percentage
Diseases of the digestive system	11,238	18.2%
Neoplasms (Cancers)	9,341	15.1%
Diseases of the musculoskeletal system and connective tissue	6,605	10.7%
Diseases of the genitourinary system	5,668	9.2%
Diseases of the eye and adnexa	4,423	7.2%
Factors influencing health status and contact with health services	3,815	6.2%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3,685	6.0%
Diseases of the circulatory system	2,697	4.4%
Endocrine, nutritional and metabolic diseases	1,979	3.2%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1,410	2.3%

Source: Hospital Episode Summary data, 2017

As Table 16 shows, the 3 most common conditions for elective hospital admissions, accounted for nearly half (44%) of all elective admissions in Wirral in 2016/17; diseases of the digestive system, neoplasms, and diseases of the musculoskeletal system.

Figure 15: Elective admission rates by ward, Wirral, 2010/11-2016/17



Source: Wirral Intelligence Service using Hospital Episode Summary Data, 2017

As Figure 15 shows, the rate of elective admission varies by ward; Oxton has the highest rate (22,828 per 100,000 residents) compared to Liscard with the lowest rate (15,254 per 100,000 residents). Of the 22 wards in Wirral, nearly half (45%) had elective admission rates higher than the Wirral average.

Evidence of effective interventions in the community pharmacy setting

See also Long Term Conditions

Medicines adherence support services are an important part of the community pharmacists role[2.159]. A study of 10,000 adults aged 35+ found that 76% of women but only 63% of men had obtained medicines or asked for advice with only 12% asking for advice but not obtaining medicines[2.160].

The difference in gender is not surprising and offers some particular challenges to targeting men for advice especially around lifestyle issues. As a Men's Health project in Knowsley found, most men being targeted for a health check (in the pilot year 400 men aged 50-65 were given a health check) had never had such lifestyle advice from a pharmacist.

However, once on-board the majority made a positive lifestyle change[2.161]. Despite these differences this and other studies demonstrate that pharmacies are an important first port of call for advice on minor ailments[2.162].

Many people do not use their medicines correctly[2.163] with limited health literacy[iii] impeding patients understanding of medicines' instructions.[2.164][2.165] This could lead to medicines wastage, with cost implications for the healthcare system[2.166] as well as long term conditions not being optimally managed.

Whilst pharmacists recognise that limited health literacy can impact on medication adherence, difficulties in identifying those with low levels of health literacy impedes potential action.

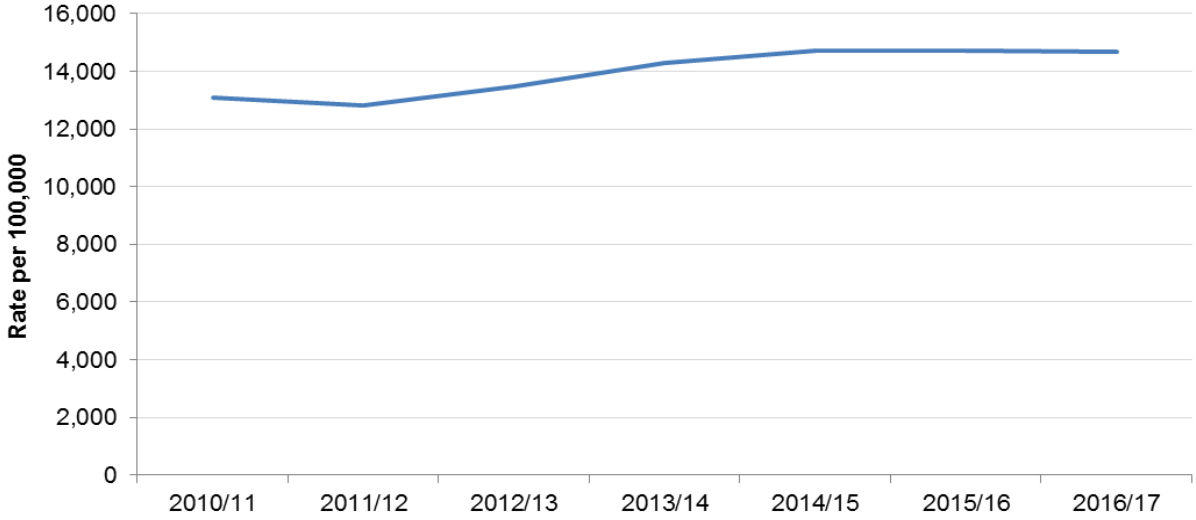
More training and advice on the use of aids to identify levels of health literacy need to be employed to increase awareness and confidence amongst pharmacy professionals[2.167].

[iii Evidence shows that health literacy – "the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and service to enhance health" – is a more useful predictor of the use of preventative services than level of education.]

Unplanned/Urgent Care

Local Need

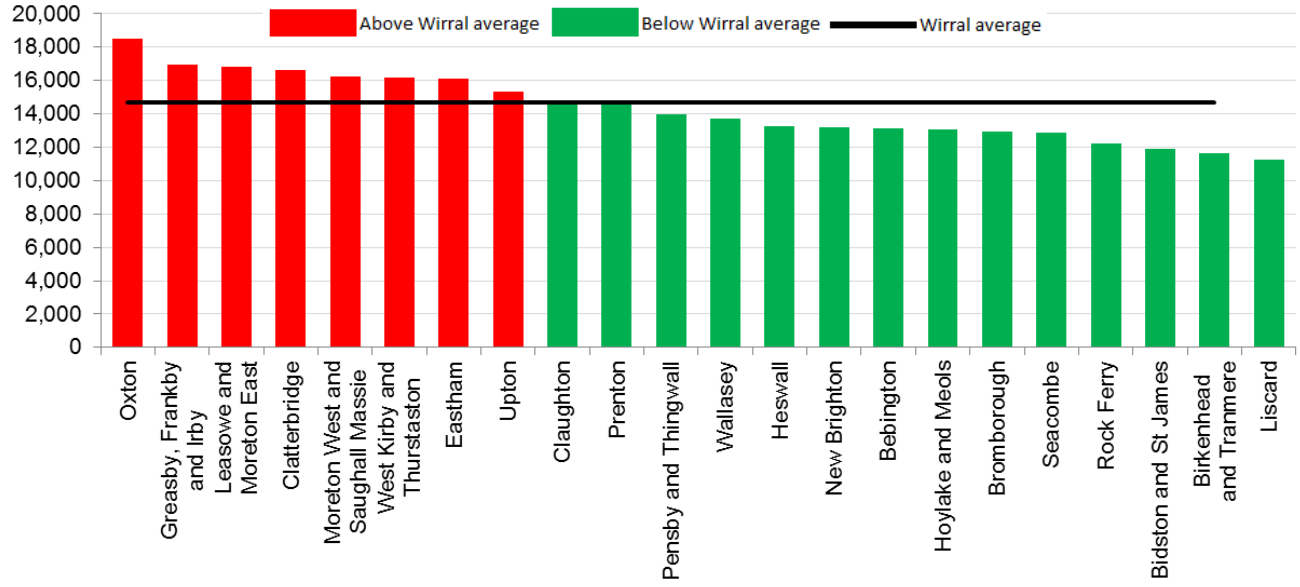
Figure 16: Emergency admission rates, Wirral, 2010/11 to 2016/17



Source: Wirral Intelligence Service using Hospital Episode Summary Data, 2017

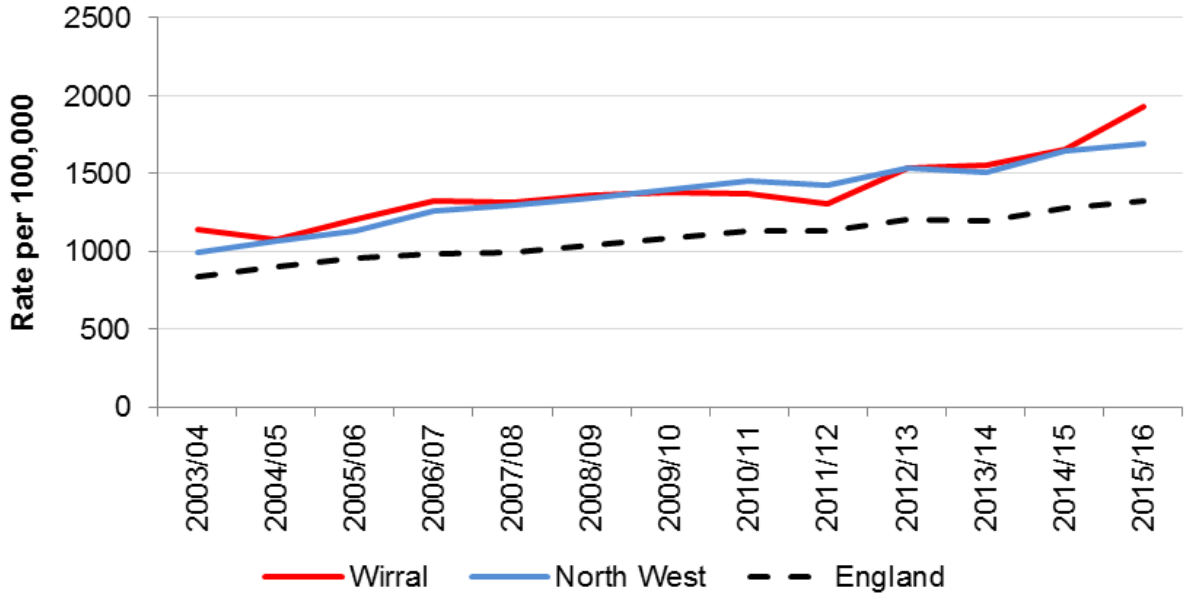
As Figure 16 shows, the rate of emergency admissions increased annually between 2010/11 and 2015/16, before seeing a slight decrease in 2016/17. When looking at emergency admission rates at Wirral ward level (Figure 17) for 2016/17, it can be seen that there is substantial variation between wards. Like elective admissions, Oxton has the highest rate of admissions (18,507 per 100,000 residents) and Liscard has the lowest rate (11,247 per 100,000).

Figure 17: Emergency admission rates by Wirral ward, 2016/17



Source: Wirral Intelligence Service using Hospital Episode Summary Data, 2017

Figure 18: Emergency admissions for acute conditions that should not usually require hospital admission, 2003/04-2015/16



Source: NHS Outcomes Framework (3a), NHS Digital, 2017

As Figure 18 shows, both Wirral and the North West have a higher rate of emergency admissions for acute conditions than England. However, the gap between Wirral and the North West has also widened over the last two periods; from a gap of around 40 admissions per 100,000 to 250 admissions per 100,000.

Table 17: Emergency hospital admissions, top 10 causes, 2016/17

ICD-10* Chapter	Number	Percentage
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8,546	18.1%
Diseases of the respiratory system	6,990	14.8%
Injury, poisoning and certain other consequences of external causes	6,041	12.8%
Diseases of the digestive system	4,054	8.6%
Diseases of the circulatory system	3,406	7.2%
Diseases of the genitourinary system	3,150	6.7%
Certain infectious and parasitic diseases	3,022	6.4%
Diseases of the musculoskeletal system and connective tissue	1,881	4.0%
Mental and behavioural disorders	1,556	3.3%
Diseases of the skin and subcutaneous tissue	1,215	2.6%

Source: Hospital Episode Summary data, 2017
Notes: * ICD-10 is International Statistical Classification of Diseases and Related Health Problems 10th Revision

Similar to elective admissions, Table 17 shows that the 3 most common conditions accounted for nearly half (45.7%) of emergency admissions in Wirral in 2016/17; Symptoms, signs and abnormal clinical and laboratory findings, diseases of the respiratory system and injury, poisoning and certain other consequences of external causes.

Evidence of effective interventions in the community pharmacy setting

Several of the research papers identified by the literature search included, in their health outcomes, reduction in unplanned/emergency admissions. An enhanced medicines management scheme of patients with health failure post-discharge from hospital included community pharmacists as part of multi-disciplinary teams. This improved patient outcomes and decreased unplanned readmissions[2.168]. Unfortunately, a scheme focussed on medicine reviews of high risk elderly found no difference in hospital admissions but did result in modest prescribing savings.

However, it was not possible to determine the cost-effectiveness of this intervention[2.169]. Similarly a study by Walker et al also failed to reduce hospital admissions. Using a quasi-experimental study evaluating post-discharge health care resource use of patients discharged from hospital, the study intervention added a pharmacist to the discharge team to identify and reconcile medication discrepancies at discharge[2.170].

Results revealed that whilst the pharmacist identified medication discrepancies at discharge and reconciled all of them, no significant differences in hospital readmission rates and emergency department attendances were found. The authors did note that the strength of the intervention might have been compromised by (1) broad inclusion criteria that might not have identified patients at high risk for hospital readmission and (2) the pharmacist not completing follow-up calls for all intervention patients. Other studies have helped to identify and reconcile medications changes, as well as reducing hospital admissions[2.171] and readmissions.[2.172]

The discharge medicines review service provided by community pharmacists in Wales is designed to ensure patients returning home from hospital are prescribed the right medications and gives them an opportunity to ask their pharmacist about their medicines. Evaluation has shown it benefits patients, results in reductions in readmissions to hospital and provides a possible three to one return on investment[2.173]. The service will now be incorporated into the contractual framework for community pharmacies in Wales[2.174].

The community pharmacist is an important first port of call for advice on minor ailments[2.175]. A survey conducted in support of the development of the White Paper of pharmacies found that 14% of people had used pharmacies to treat one-off common conditions, such as colds, coughs, aches and pains, and stomach problems[2.176]. Thus, increasing the use of minor ailment schemes would be beneficial for both GP workload and A&E attendance. Other studies have shown that helping patients to take medications correctly, such as for asthma and COPD, can reduce emergency hospital admissions associated with these conditions.[2.177] A study in London demonstrated pharmacy-based minor ailment schemes are feasible and acceptable in the refugee community.[2.178] Programmes can be cost saving, especially when societal costs are included, and can increase access to healthcare.[2.179] They can provide the same health-related outcomes and quality of life measures at lower cost, compared to treating minor ailments in primary or secondary care.[2.180] From a patient perspective, inaccessibility of the GP and perceived non-serious nature of the condition enhance the likelihood of using the community pharmacist, whilst lack of privacy and perceived potential of misdiagnosis are the main concerns.[2.181]

Attributes of a community pharmacy and its staff may influence people's decisions about which pharmacy they would visit to access treatment and advice for minor ailments. In line with the public's preference, offering community pharmacy services that help people to better understand and manage symptoms, are provided promptly by trained staff who are friendly and approachable, and in a local setting with easy access to parking, has the potential to

increase uptake amongst those seeking help to manage minor ailments. In this way, it may be possible to shift demand away from high-cost health services and make more efficient use of scarce public resources[2.182].

Pharmaceutical Needs Assessment

Part 3

Meeting the Pharmaceutical Need Summary and Conclusions

Part 3: Meeting the pharmaceutical need

Overview of pharmaceutical service provision

Community Pharmacy provision and contractors

These can be individuals who independently own one or two pharmacies, larger independent chains or multi-national companies who may own many hundreds of pharmacies UK wide.

Every pharmacy has to have a qualified pharmacist available throughout all of its contractual hours, to ensure services are available to patients.

In general, pharmacy services are provided to patients free of charge, without an appointment, on a “walk–in” basis apart from prescriptions which are levied. Some prescriptions are exempt and where a patient pays for a prescription pharmacies collect the fees on behalf of NHSE. Some private services including private prescriptions would incur patient charges as they are outside of the standard NHS contract. Pharmacists dispense medicines and appliances as requested by “prescribers” via both NHS and private prescriptions.

Essential services and dispensing doctors

Essential services include:-

- dispensing medicines and appliances
- repeat dispensing
- public health promotion of healthy lifestyles
- disposal of unwanted medicines
- signposting
- clinical governance and
- support for self-care

Distance Selling Pharmacies

In Wirral there are currently no distance selling/ internet pharmacies, however Wirral residents can access any distance selling pharmacy. However the recent Resident Pharmacy Survey (Appendix Four) identified no respondents currently using such as service via the internet. At present (December 2017) there is an application into NHS England for such a service to be based on Wirral.

Dispensing Doctors

These services consist of dispensing for those patients on their “dispensing list” who live in more remote rural areas. There are strict regulations which stipulate when and to whom doctors can dispense. Wirral has no dispensing doctor practices.

Appliance Contractors

Appliance Contractors cannot supply medicines but are able to supply appliance products such as dressings, stoma bags, catheters etc. Currently Wirral does not have an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas. Patients request a prescription from the GP for the appliances they require and this can be automatically sent to the appliance contractor and the goods delivered to the patient. Alternatively patients have the choice of taking the prescription to their community pharmacy to have the appliances supplied.

Local Pharmaceutical Services (LPS)

This is an option to allow commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently no LPS contracts in Wirral.

Acute Hospital Pharmacy Services

There is one Acute Hospital Trust within Wirral's catchment area, namely Wirral University Teaching Hospital NHS Foundation Trust. Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in patients and during the Out Patient clinics.

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC)

Specialist cancer care and any associated services are provided to patients from all over the UK and overseas, as well as the catchment areas of Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire, by Clatterbridge Cancer Centre NHS Foundation Trust (CCC). At the Clatterbridge site, PharmaC, a dispensing pharmacy, provide services across the site and are able to dispense private prescriptions, provide Service Level Agreements with CCC to supply CCC patients with specialist cancer dispensing services and can also be commissioned to deliver locally commissioned services such as smoking cessation. They are not contracted by NHS England to deliver NHS pharmacy services.

Mental Health Pharmacy Services

The population of Wirral is served by the Cheshire and Wirral Partnership NHS Foundation Trust providing mental health services, learning disability services and substance misuse services across Cheshire and Wirral. They employ pharmacists to provide clinical advice within their specialist areas and they also commission a "dispensing service" from a Community Pharmacy in order to dispense the necessary medications for their patients at the various clinics across the patch.

GP Out of Hours Services, Walk-In Centres and Minor Injury and Illness Services

Wirral Community NHS Foundation Trust currently provide an 'out of hours service' that can offer telephone advice, home visits when deemed clinically necessary and face-to-face consultations at three sites across Wirral in Walk-in facilities at Victoria Central Hospital, Arrowe Park and Eastham Clinic.

During normal pharmacy opening hours, patients attending these sites who subsequently require a medicine to be dispensed are provided with a prescription to take to a local Community Pharmacy. During evenings and weekends, where pharmacy services may be more limited then patients are provided, if necessary, with pre-packaged short courses of medication directly. This is as a consequence of the GP Out of Hours service operating a limited formulary that provides medications needed for immediate, acute use e.g. courses of antibiotics or short term pain relief.

Bordering Services/Neighbouring Providers

The population of Wirral can access services from pharmaceutical providers not located within the Local Authority's own boundary. When officers are assessing pharmacy contract applications or making commissioning decisions then the accessibility of services close to the borders should be taken into account.

Quality Standards for Pharmaceutical Service Providers

NHS England (NHSE) requires all pharmaceutical service providers to meet the high standards expected by patients and the public. NHSE local offices have responsibility for monitoring the provision of Essential and Advanced services. Arrangements for monitoring locally commissioned services may be set out in local contracts or Service Level Agreements.

NHS England's local offices use the Community Pharmacy Assurance Framework (CPAF) to monitor pharmacy contractors' compliance with the terms of the community pharmacy contractual framework (CPCF).

Community Pharmacy Assurance Framework (CPAF)

The Community Pharmacy Assurance Framework was developed by NHS Primary Care Commissioning as a toolkit to assist Primary Care Trusts in assessing compliance and quality under the Community Pharmacy Contractual Framework (CPCF). CPAF is made up of two parts – a screening questionnaire which is completed by the pharmacy contractor. After which NHS England will then select a small number of pharmacies for a monitoring visit and/or to complete the full CPAF questionnaire.

In addition to the structured process outlined above, NHS England will also take account the findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standards of an individual pharmacist is found to fall below the expected level, NHS England will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

Current provision of services

This section describes the current provision of pharmaceutical services to the population of Wirral using a variety of data sources to benchmark our services against external comparators and internally across constituencies.

The data and benchmarking presented here is drawn from the following sources:

- NHS Digital https://digital.nhs.uk/
- Wirral Council through Wirral intelligence Service Strategic Hub, Public Health https://www.wirralintelligenceservice.org/
- Wirral Clinical Commissioning Group
- Community Pharmacy and Resident Survey in 2017

Comparing Pharmacy distribution within North of England

The location of pharmacies is influenced by the population density, the proximity to GP practices and also to the location of primary and secondary shopping areas and major transport routes.

There are two benchmarking measures that we can use to assess the distribution of pharmacies at a locality level in order to understand the relative access for our population, these are:

- pharmacies in relation to population size
- average prescription volumes

The combination of these two measures provides a basis for assessing the adequacy of distribution of pharmacies. As Table 18 shows that Wirral has one of the highest numbers of pharmacies per 100,000 populations in the North of England. This supports the assessment that Wirral has sufficient service coverage. The average number of prescription items per pharmacy is also a useful measure of demand and distribution. Wirral pharmacies dispense fewer prescriptions than other pharmacies in the North of England. This suggests that in Wirral there is capacity in our community pharmacy network to absorb additional work as our population changes. The combination of these two measures also provides a basis for assessing the adequacy of distribution of pharmacies within Wirral.

Table 18: Comparison of Wirral Pharmacy data with North of England Areas 2016/17

Area	Number of Community Pharmacies	Pharmacies per 100,000 residents	% Independent Contractors	% 100-hour pharmacies	Average monthly items per pharmacy	Average MURs* per pharmacy	Average NMS** per pharmacy
Wirral	**91**	**29**	**47.8%**	**10.9%**	**6,404**	**372**	**100**
Cheshire & Merseyside	631	26	30.9%	9.8%	7,349	310	90
Lancashire	385	26	30.9%	13.5%	7,250	269	77
Manchester	704	25	32.8%	13.9%	7,240	312	95
Cumbria & North East	724	23	32.6%	8.6%	9,096	275	81
Yorkshire & Humber	1,282	23	32.5%	12.7%	7,716	292	89
North of England	**3,726**	**24**	**32.2%**	**11.7%**	**7,784**	**293**	**87**
England	**11,699**	**21**	**37.9%**	**10.2%**	**7,218**	**300**	**87**

Source: General Pharmaceutical Services: England 2007/08 to 2016/17; Pharmacy Services Negotiating Committee, NHS Business Services Authority

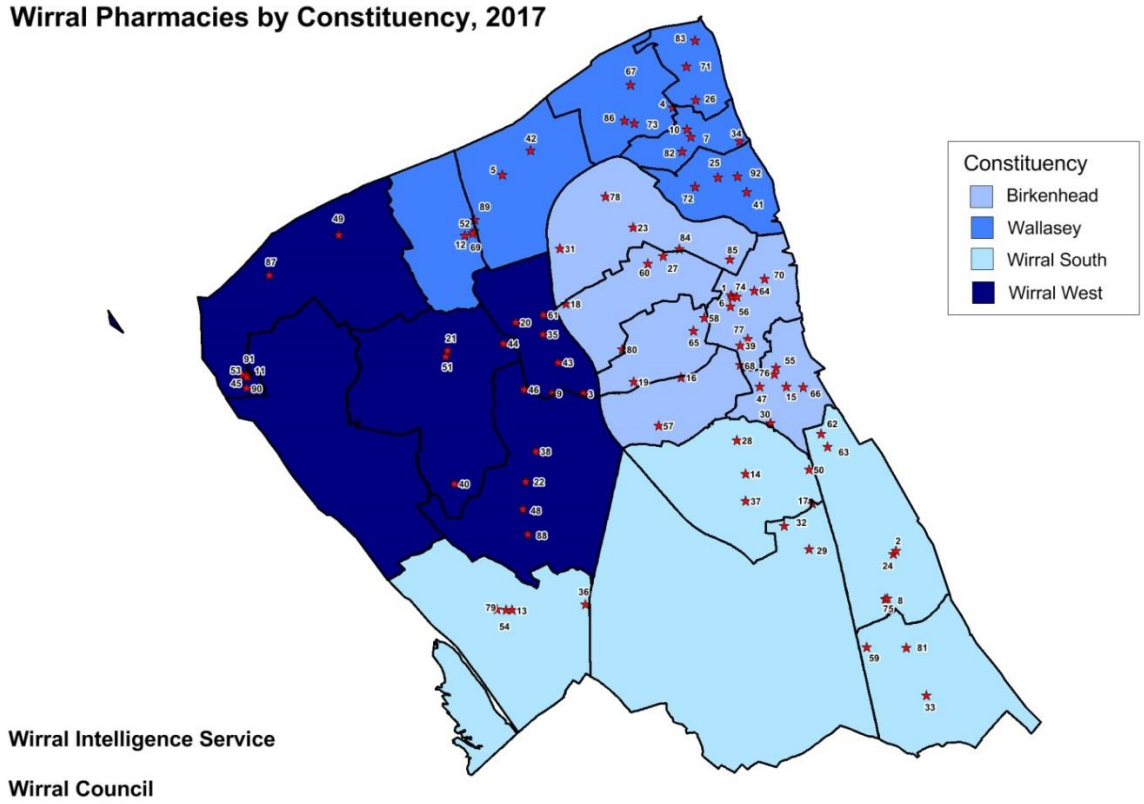
Note: Those highlighted are Area Teams in North of England. Wirral data sourced from PNA Survey 2017, NHS BSA and PSNC. *MURs Medicines Under Review service and **NMS New Medicines Service

Geographic Provision

Constituency Provision

For the purpose of this PNA the pharmacies are being considered at Wirral Constituency level. Wirral's wards are split into four constituency boundaries, below. Each constituency has a committee that discharges functions in respect of that area.

Map 3: Distribution of Community Pharmacies by Wirral Constituency, 2017



For full page pharmacy maps see Appendix Two and Appendix Seven for key/Legend to pharmacy names and opening times.

Distribution of pharmacies

As Map 3 presents, there are 92 pharmacies operating across Wirral by a mixture of independent and multiple pharmacy owners and include a total of fourteen* outlets/contractors providing 'up to' or 'at 100 hour' pharmacies. They are spread as follows:

- **29 Pharmacies in Birkenhead** with 4 providing extended hours or 100 hours contracts*
- **21 Pharmacies in Wallasey**, with 1 providing extended hours or 100 hours contracts*
- **20 Pharmacies in Wirral South**, with 4 providing extended hours or 100 hours contracts*
- **22 Pharmacies in Wirral West**, with 5 providing extended hours or 100 hours contracts*

Table 19 provides those Wirral Wards found within each of the four constituencies with pharmacy characteristics that have in turn been compared across each area.

Table 19: Pharmacy Characteristics across Wirral Constituencies 2016/17

Constituency	Ward	Pharmacies	Population	Population served per pharmacy	Pharmacies per 100,000 population	Average items dispensed by pharmacies per month for Wirral residents (2016/17)
Birkenhead	Bidston & St James	29	89,572	3,089	32.4	181,646
	Birkenhead & Tranmere					
	Claughton					
	Oxton					
	Prenton					
	Rock Ferry					
Wallasey	Leasowe & Moreton East	21	89,732	4,273	23.4	162,965
	Liscard					
	Moreton West & Saughall Massie					
	New Brighton					
	Seacombe					
	Wallasey					
Wirral South	Bebington	20	72,826	3,641	27.5	126,655
	Bromborough					
	Clatterbridge					
	Eastham					
	Heswall					
Wirral West	Greasby, Frankby & Irby	22	69,108	3,141	31.8	117,936
	Hoylake & Meols					
	Pensby & Thingwall					
	Upton					
	West Kirby & Thurstaston					
Wirral		***92***	***321,238***	***3,492***	***28.6***	***589,202***
England		***11,699***	***55,268,100***	***4,724***	***21.2***	***84,629,979***

Source: Wirral Intelligence Service 2017

Overview

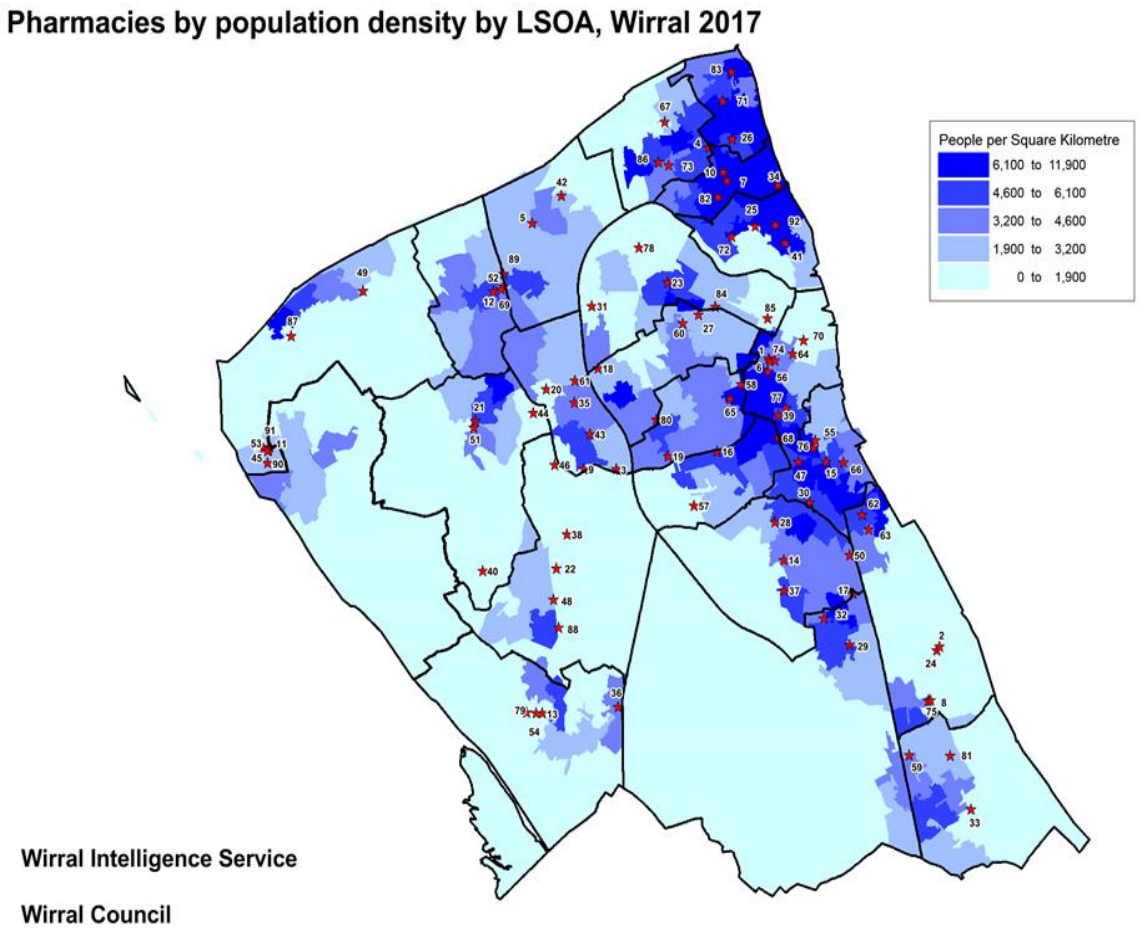
As we see in table 19 above, Wirral has 92 Pharmacies supporting a population of 321,238 (total resident population) which equates to approximately one pharmacy for every 3,492 residents. The average pharmacy per population numbers for England is 4,724 population per pharmacy.

In terms of coverage across the borough when compared to England then all four constituencies they are considerably better than the England average numbers of pharmacies per population. As previously stated England average is 4,724 people per pharmacy. The closest to this figure, yet better than England, is Wallasey at 4,273 people per pharmacy with Birkenhead (3,089), Wirral South (3,641) and Wirral West (3,141) all significantly below.

Equally when looking at number of pharmacies per 100,000 people, as a standard comparative approach, and comparing again against England, then we see once more that all four constituencies are very well served. England overall has 21.2 pharmacies per 100,000 residents and Wirral improves on this figure at 28.2/100,000 with Birkenhead (32.4), Wallasey (23.4), Wirral South (27.5) and Wirral West (31.8) all higher than the England average.

Map 4 below presents the geographic coverage of the pharmacy provision for Wirral. As the map highlights the contractor venues are situated in the main in areas of high population density.

Map 4: Distribution of all 92 community pharmacies in Wirral against an index population density



For full page pharmacy maps see Appendix Two and Appendix Seven for key/Legend to pharmacy names and opening times.

Considering the information in this section it presents a picture that the area meets existing and known future needs of the resident Wirral population for pharmacy provision through a combination of actual number of pharmacies (compared to England by population served and per 100,000 population) with the geographical coverage of pharmacies being concentrated in areas most densely populated. This considered alongside lower average number of prescription items per pharmacy and dispensing fewer prescriptions than other pharmacies in the North of England suggests that in Wirral there is capacity in our community pharmacy network to absorb additional work as our population changes.

Pharmacy Opening Hours

A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England, together with supplementary hours, which are all the additional opening hours, and which can be amended by the pharmacy subject to giving three months' notice (or less if NHS England consents).

A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England has agreed that application, and in this case, the pharmacy cannot amend these hours without the consent of NHS England.

There is also a provision which allows a pharmacy to apply to open for less than 40 hours, but if NHS England does grant such an application, it can specify which opening hours the pharmacy must open.

In terms of the type of Community Pharmacies in Wirral there are:

- 92 (100.0%) - delivering a minimum of 40 hours service per week

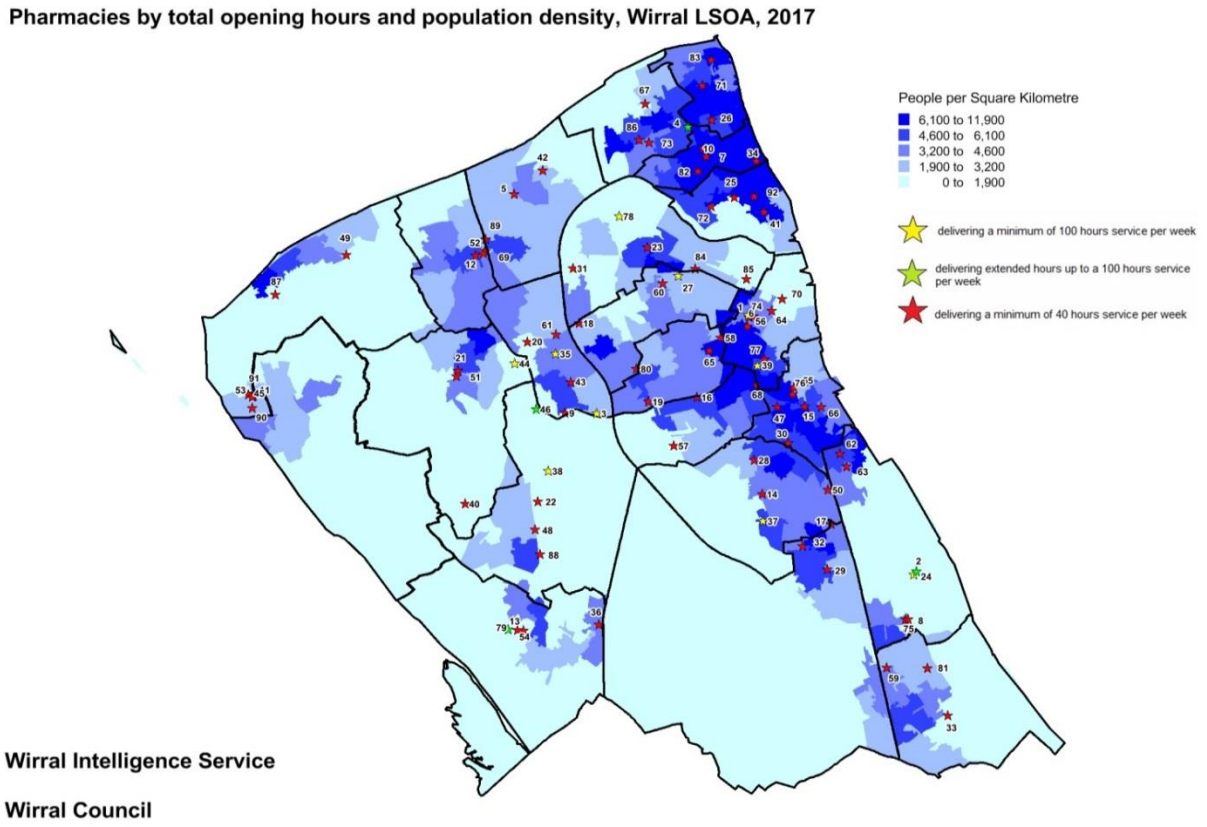
Of the 92 we have:

- 78 (84.8%) – delivering 40 hour contracts
- 4 (4.3%) - delivering extended hours up to a 100 hours service per week
- 10 (10.9%) - delivering a minimum of 100 hours service per week
- 0 (0.0%) Currently providing services via the internet as “distance selling”

NHS England has received an application request for a distance selling pharmacy to be based in Wirral (December 2017).

In Map 5 below it presents the distribution of these various contract hours across Wirral.

Map 5: Distribution of Extended Hour contracts up to 100, 100 hour contracts and 40 hour community pharmacies per constituency



Note - Pharmacies by population demographics
The population density figures used in the map were sourced from Office for National Statistic’s publication “Lower Super Output Area Population Density (National Statistics)” published in October 2017.
For full page pharmacy maps see Appendix Two and Appendix Seven for key/Legend to pharmacy names and opening times.

In table 20 below it presents the split on contract hours for 40 hour contracts, extended hours and 100 hour contracts by constituency.

Table 20: Contract hours by Wirral Constituencies 2017

Constituency	40 hour		Extended Hours		100 hour contracts	
	Number	%	Number	%	Number	%
Birkenhead	25	32.1	0	0.0	4	40.0
Wallasey	20	26.6	1	25.0	0	0.0
Wirral South	16	20.5	2	50.0	2	20.0
Wirral West	17	20.8	1	25.0	4	40.0
Total	**78**	**100.0**	**4**	**100.0**	**10**	**100.0**

Source: Wirral Intelligence Service 2017

This Table 20 shows that 10.8% (10 of 92) of pharmacies are providing 100 hours of opening times each week, with a further 4 pharmacies providing extended hours contracts, meaning over 15% (14 of 92) of Wirral Pharmacies have greater than 40 hours of opening. Often this extends beyond a general 9am to 5pm daytime service and into the evening and Saturdays and Sundays.

Opening hours of community pharmacies adapt to the demands of the local population and are generally influenced by the opening hours of GP services.

The mapping exercise, seen in Map 5 and table 20 above, was completed by comparing pharmacies delivering a minimum of 40 hour contracts, those delivering extended hours up to 100 hours and those delivering 100 hour contracts and then overlaid against population density. From that analysis we conclude that Pharmacy opening hours across Wirral are satisfactory with wide access throughout the week and sufficient coverage over evenings and weekends, through pharmacies located in supermarkets and those working to 100 hour contracts or to extended hours contracts.

This shows that those offering evening and weekend openings are situated amongst the areas most densely populated.

Walk and drive time maps

In order to demonstrate accessibility, it is helpful to produce some local maps using pharmacy locations for drive and walk times which demonstrate travel accessibility for the local population.

Although the drive maps are based upon SHAPE Atlas content the methodology we have applied is considered in light of information produced by Office of Fair Trading (OFT) in their report 'Evaluating Office of Fair Trading Work' (2010). Here they sought to understand how customers accessed their pharmacies, by data on the impact of the 'control of entry' regulations, plus a wide range of other information sources including published statistics, specially-constructed datasets, bespoke surveys and interviews with stakeholders.

The OFT report cites other work which shows that the most frequent mode of transport to pharmacies when collecting prescriptions was on foot (41%) and by car (50%). The average travel time when journeying by car was 8.4 min. In addition, 90% of pharmacy visits were completed by people who had travelled up to two miles.

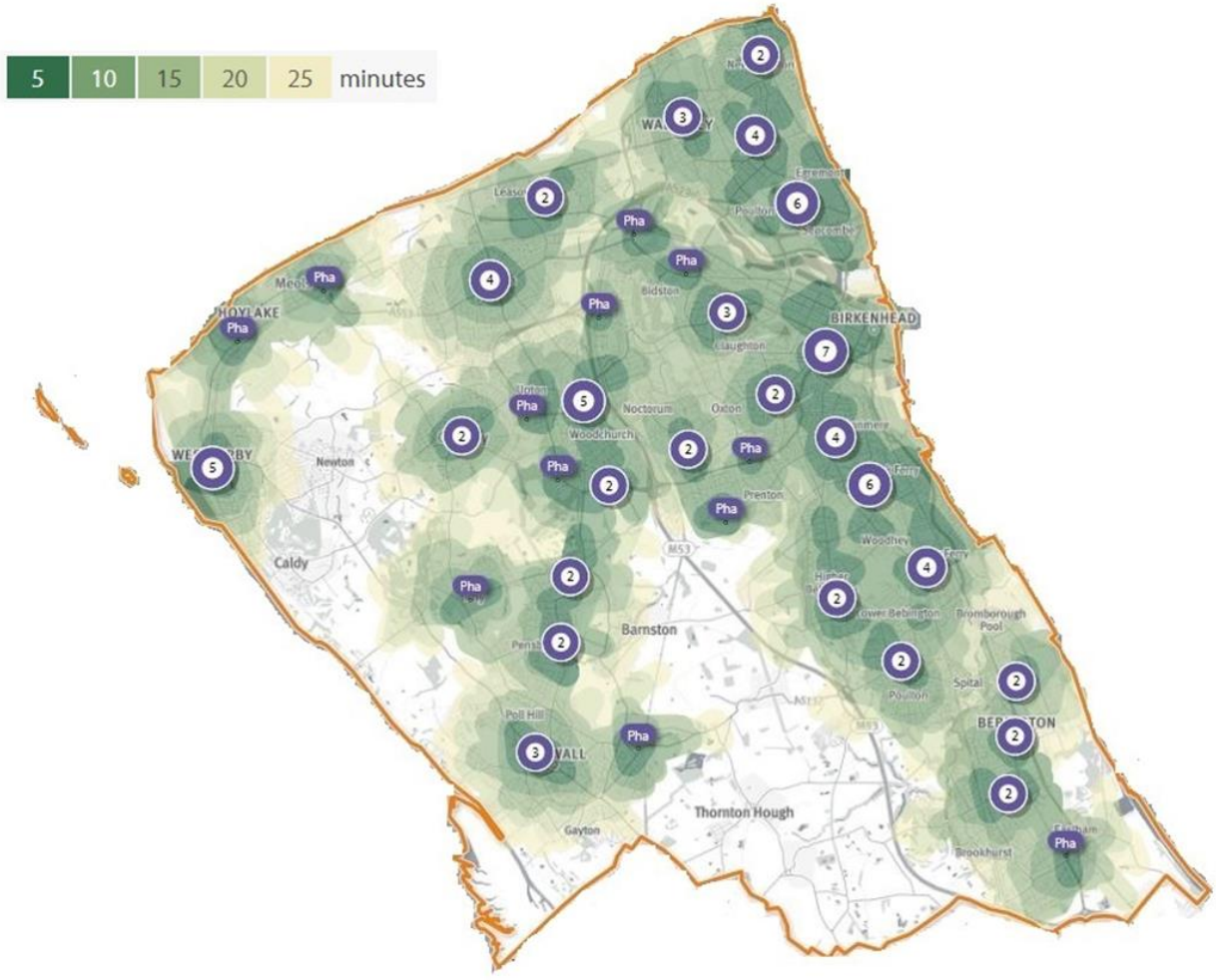
Taking all this information into account, we considered this a reasonable approach when seeking to assess travel accessibility for residents to pharmacy premises in trying to identify pharmaceutical need. Our approach for the walk and drive maps was as follows:

Application of walk times and drive times

Walk time (25 minutes) map

Map 6 has been produced using the PNA Dashboard on the SHAPE atlas website facilitated by Public Health England. The website allows travel time to be calculated from residential areas to selected settings so in this case Wirral pharmacies. Distances are calculated based of 3.1 miles per hour and using the Lower Super Output Area Population Weighted Centroid (PCW) – PCWs are central points within an LSOA relating to where the residential population is located. For more information, please refer to SHAPE's online PNA Dashboard resource.

Map 6: Walk times (considered as 25 minutes' walk from nearest Pharmacy -Estimated to be one mile walking distance



Source: SHAPE Atlas 2017 (produced by Wirral Intelligence Service) – all Maps in Appendix Nine

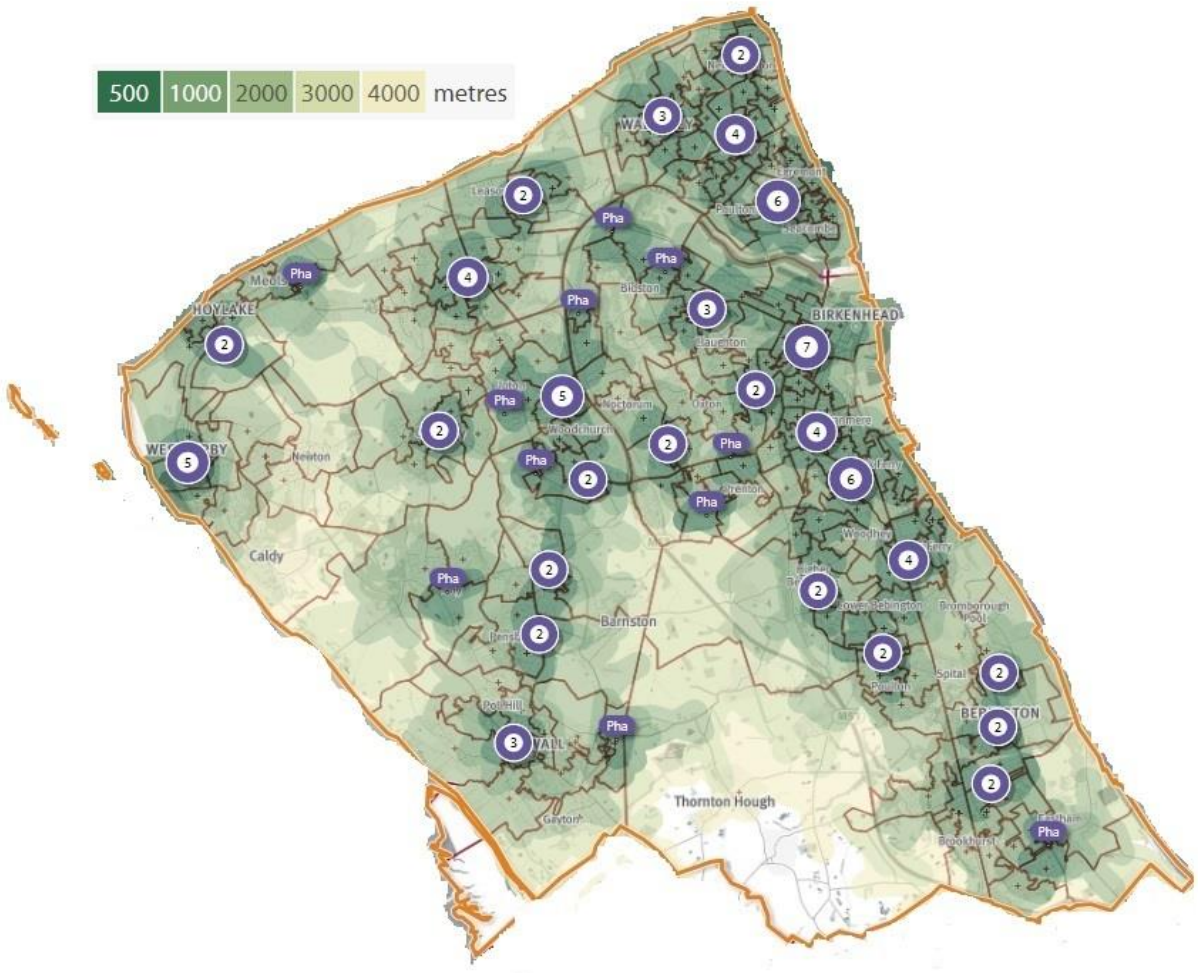
As we can see by Map 6 with the estimated 1 mile walking distance to pharmacies it suggests that access is reasonable with pharmacies being positioned in places of highest population density.

Walk Distance (4000m) map

Map 7 has been produced using the PNA Dashboard on the SHAPE atlas website facilitated by Public Health England. The website allows distance to be calculated from residential areas to selected settings so in this case Wirral pharmacies.

Distances are calculated using the Lower Super Output Area Population Weighted Centroid (PCW) – PCWs are central points within an LSOA relating to where the residential population is located. For more information, please refer to SHAPE's online PNA Dashboard resource.

Map 7: Walk times to nearest Pharmacy - Estimated to be 4000 metres or 2.4 miles as close to One Hour walking distance



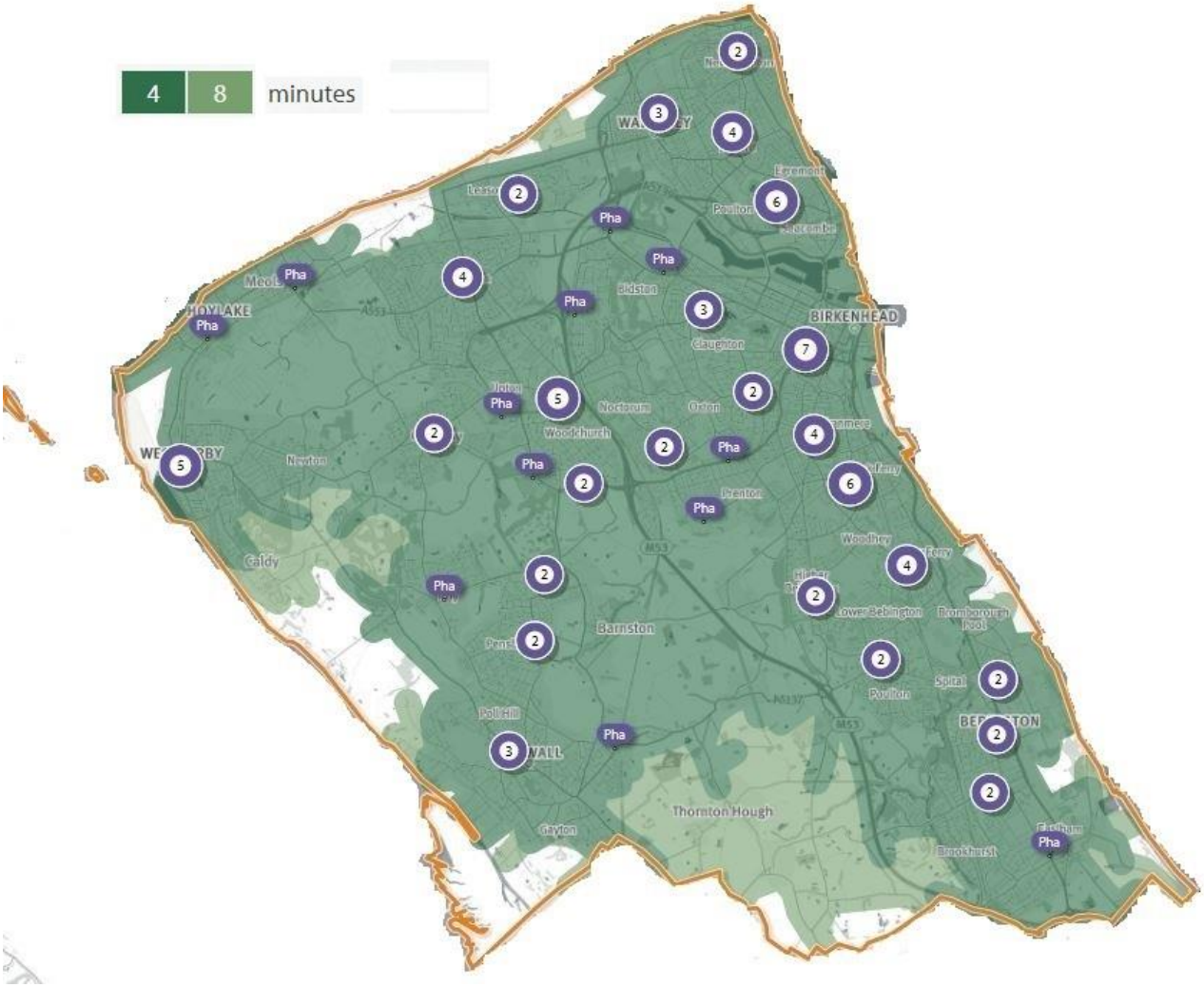
Source: SHAPE Atlas 2017 (produced by Wirral Intelligence Service) – all Maps in Appendix Nine

As we can see by Map 7 with the estimated 60 minute walk time as 4000 metres or 2.4 miles distance (within OFT estimations) to pharmacies it suggests that access is reasonable with all pharmacies being accessible within this parameter as being positioned in places of highest population density and coverage.

Car Time (8 minutes) map

Map 8 has been produced using the PNA Dashboard on the SHAPE atlas website facilitated by Public Health England. The website allows travel time to be calculated from residential areas to selected settings so in this case Wirral pharmacies. Distances are calculated based of normal road speed whilst taking into account junctions, crossing and traffic lights. This map also uses the Lower Super Output Area Population Weighted Centroid (PCW) as the starting point for distance travelled. For more information, please refer to SHAPE's online PNA Dashboard resource.

Map 8: Drive Times (between 8 and 9 minutes travel time from any pharmacy)



Source: SHAPE Atlas 2017 (produced by Wirral Intelligence Service) – all Maps in Appendix Nine

As we can see by Map 8 the estimated 8 to 9 minute drive time (within OFT estimations) to pharmacies suggests that access is reasonable with all pharmacies being accessible within this parameter as being positioned in places of highest population density and coverage.

Maps 6, 7 and 8 show the localities and areas within a 25 minutes walking time of a pharmacy, areas within 4000 metres or less than 60 minutes walking time of a pharmacy and areas within an 8 to 9 minutes driving time of a pharmacy.

This shows that the overriding majority of the population has access to a pharmacy either by walking or driving. The unshaded patches within the map represent areas where there is no access to a pharmacy within the specified driving or walking times and these are very few.

It has to be emphasised that the areas with no access to a pharmacy within the specified driving or walking times (white areas on maps) are not populated areas of Wirral and are parks and open spaces.

Wirral residents do not have travel accessibility issues gaining access to a local pharmacy. This conclusion is also supported by provision of services from cross–border pharmacies.

Opening times

In order to understand pharmacy contractor opening hours and coverage throughout the day and across the week then a series of tables (Appendix Ten**)** were produced that describe the opening hours and number of pharmacies open throughout each week between Monday and Sunday. This is by Constituency as Birkenhead, Wallasey, Wirral South and Wirral West.

The tables highlight the hours of each day of the week and by each hour of the day with the number of pharmacies recorded, through the Pharmacy Contractors survey (Appendix Five), as being open. They highlight the following:

Overview

- from Monday to Friday, all 92 pharmacies are open between 9am to 5pm with a slight dip between the hours of 1pm to 2pm
- cover is also available throughout the week at the extreme hours from 6am and up to 10:30pm
- across Wirral on Saturday, over 81% of the pharmacies are open in the morning and over 60% of those open remain so into the afternoon until 5pm
- Sundays sees less pharmacies being open, with 16 open at least between 10 – 4pm
- beyond this time, cover continues via 100 hour pharmacies across Wirral via extended hours up to 100 hours or minimum 100 hours contracts

Birkenhead

- availability starts at 7am on Mondays and from 6am on Tuesday to Saturday
- all 29 Pharmacies are open for business between 9am and 5pm with a slight dip at lunchtime (22/29 remaining open - Monday to Friday)
- availability continues after 5pm and up to 10.30pm, Monday to Friday
- 23 of 29 Pharmacies are open between 9am and 1pm on Saturdays with availability up to 10pm
- on Sunday, between 8am and 10pm there are up to 5 Pharmacies available mainly between 10am and 4pm

Wallasey

- availability starts at 8am from Monday to Saturday
- all 21 Pharmacies are open for business between 9am and 5pm with a slight drop at lunchtime (14/21 remaining open - Monday to Friday)
- availability continues after 5pm and up to 10pm, Monday to Saturday
- 12 of 21 Pharmacies are open between 9am and 1pm on Saturdays with availability up to 10pm
- on Sunday there is availability between 10am and 4pm

Wirral South

- availability starts at 8am on Mondays and from 7am on Tuesday to Saturday
- all 20 Pharmacies are open for business between 9am and 5pm with a slight drop at lunchtime (15/20 remaining open - Monday to Friday)
- availability continues after 5pm and up to 10pm, Monday to Sunday
- 19 of 20 Pharmacies are open between 9am and 1pm on Saturdays with availability up to 10.30pm
- on Sunday, between 9am and 10pm there are up to 4 Pharmacies available mainly between 10am and 4pm

Wirral West

- availability starts at 6am from Monday to Saturday
- all 22 Pharmacies are open for business between 9am and 5pm with a slight drop at lunchtime (17/22 remaining open - Monday to Friday)
- availability continues after 5pm and up to 11pm, Monday to Friday and 10pm on Saturday
- 20 of 22 Pharmacies are open between 9am and 1pm on Saturdays with availability up to 10pm
- on Sunday, between 8am and 10pm there are up to 6 Pharmacies available mainly between 10am and 4pm

In considering the current available opening across the borough it is deemed adequate coverage and will serve the current and expected future pharmaceutical needs of Wirral Residents.

Cross Border Pharmacy provision

Wirral residents are also served by cross border pharmacies in Neston, Willaston, Liverpool and potentially Ellesmere Port, which is further supplemented by a NHS–commissioned Sunday rota operation.

Prescription Services - Collection and Delivery

Almost all (91 of 92) pharmacies collect and 83 of 92 deliver dispensed medicines. This is usually free of charge, but is on request, though this may change in the future as it is an individual business decision by contractors. These services improve access to medicines for a wide range of people.

41.2% of public survey respondents said the pharmacy they use it delivers to their home address, 4.3% said they did not deliver but 54.5% were either not aware of the service or had never used it. The delivery of collection and delivery of medications is a service valued by local residents, as determined by 110 positive comments noted in the 2017 Pharmacy Services survey.

Monitored Dosage Systems

A monitored dosage system (MDS), usually in the form of a box or a blister pack divided into days of the week, is a medication storage device designed to simplify the administration of solid oral dose medication. As such they are one way of overcoming unintentional non-adherence to medication. Prime candidates for MDS are patients at risk of confusing their medication, including where their ability to manage their medication is affected by disability or their living arrangements or who have multiple medication.

If patients have significantly impaired mental self-care abilities, MDS dispensing is likely to be of little help to them. However filling MDS is a time-consuming process. The 28 day packs may increase the likelihood of confusion and mistakes by patients when presented with four separate MDS packs at a time. Any changes to the patient's prescription within the 28 days may result in substantial waste. There is the possibility that increases in dispensing errors may result from the required repackaging of medicines.

- 84 out of 92 community pharmacies provide MDS free of charge
- 15 out of 92 community pharmacies provide MDS at a charge
- 19 out of 92 community pharmacies provide MDS free only to patients who have a disability (as defined by the Disability Discrimination Act)

The predicted rise in the number of people with dementia, due to the ageing population, may increase the number of people needing support from their pharmacy under the Equality Act.

Where the patient has a formal carer, that carer may be commissioned to support the patient to manage their medicines by requesting and collecting prescriptions, and prompting and assisting administration. There is no requirement for the medicines to be in monitored dosage systems (MDS).

Out of hour's provision

Throughout the localities, various GP collaboratives provide an out of hours service which is intended for emergency use. If a prescription is required, there will be a need for a pharmaceutical service. Clearly, the demand for this will be small.

NHS England has the ability to commission extended hours of opening from existing contractors via an enhanced service or by directing rota services (in accordance with NHS Regulations) should gaps in service provision be identified. Where any gaps are identified for example on bank holidays, provision is ensured via rota arrangements in line with NHS England policy. NHS England have worked closely with the Clinical Commissioning Groups and the Local Pharmaceutical Committee to ensure that, when Rotas are directed, they provide cover in a manner which is informed by patients' usage of the out of hours service and which gives cover across both the geography of the area and at varying times of the day.

The population of Wirral have the opportunity to access out of hours services from pharmaceutical providers not located within the Local Authorities own boundary such as Neston, Ellesmere Port and Liverpool.

Conclusion

Taking into account the:

- geographical location, distribution and number of pharmacies,
- the availability of services throughout the week
- drive and walk distances
- opening times
- the availability of cross-border pharmacy provision
- out of hours provision

There are no perceived gaps in essential pharmaceutical services in Wirral. However, the option of conducting a repeat needs assessment in the future, should there be a perceived change in demand, is still open.

Wirral Residents' Pharmacy Survey 2017

Public Consultation for Wirral PNA 2018 - 2021

In May 2017 an electronic survey was sent out across numerous routes and via organisations seeking the engagement and views of Wirral residents in relation to their use and experience of Wirral's Community Pharmacy venues and services. The survey ran throughout April and into May 2017. A total of 2,121 responses were received during this period.

Headline demographics

- survey was completed by 55.1% female respondents and 44.9% for males which is similar to the 2013 Public Survey at 52.6% females and 47.4% males
- The majority of respondents were aged over 60 with almost two-thirds of all respondents (64.5%) in this age group
- in fact those people aged over 40 accounted for over 93% of all responses to the survey. This may be reflective of the age demographic of people who use pharmacies more often and/or linked to health problems associated with age. If further insight is required for the younger population then a more specific survey would be required to target this group
- the vast majority of those residents completing the survey were from a white background, predominantly White British and White English with over 85% in these groups with other White Ethnic Groups. The next largest group was those who had left their ethnicity unrecorded with almost 10%, or over 200 people, withholding this information
- the known ethnicity status for Wirral, as per Census 2011 and recent Wirral JSNA updates suggests that this survey response is under representative of local Black, Asian and Minority ethnic resident views

Key findings

The key findings from the survey are as follows:

The vast majority of respondents, 87%, had either picked up their own prescription (72.5%) or someone else (14.5%) (Table 21 below)

Table 21: Key Factors affecting residents choice of pharmacy: Question 2 - Why did you visit the pharmacy?

Responses	Number	% of respondents
To collect a prescription for yourself	1,527	72.5%
To collect a prescription for someone else	306	14.5%
To get advice from the pharmacist	117	5.6%
To buy other medications I cannot buy elsewhere	78	3.7%
Other	78	3.7%
Total responses	2,106	100.0%
Left blank - no answer offered	*15*	
Total	**2,121**	

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

The majority of respondents, or over 89%, used a pharmacy within that month, with only 11% having last used the pharmacy more than three months ago or longer venue (Table 22 below).

Table 22: Key Factors affecting residents choice of pharmacy: Question 3 - When did you last use a pharmacy to get a prescription, buy medicines or to get advice?

Responses	Number	% of respondents
In the last week	891	42.0%
In the last two weeks	509	24.0%
In the last month	492	23.2%
In the last three months	135	6.4%
In the last six months	37	1.7%
Not in the last six months	57	2.7%
Total	**2121**	**100.0%**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

Almost 45% of residents reported that they had accessed their pharmacy on foot with nearly 50% reporting using a car as the main means of travelling to a pharmacy (Table 23 below).

Table 23: Key Factors affecting residents' choice of pharmacy: Question 4 - How did you get to the pharmacy?

Responses	Number	% of respondents
Car	1115	49.6%
Walking	996	44.3%
Public transport	65	2.9%
Other	43	1.9%
Bicycle	18	0.8%
Motorbike	6	0.3%
Taxi	5	0.2%
Total	**2248**	**100.0%**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received – and over 2248 for this question as respondents were able to specify all that applied
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

Factors influencing respondent's pharmacy choice

Over 60% of respondents suggested that '**Close to home' (34.3%) and 'Close to GP practice' (26.7%) were the most important factors in determining which Pharmacy they access**, as seen in Table 24 below. Surprisingly, distance to public transport does not appear to rate as important (2.7%) for most respondents though ease of parking (14.6%) and links to other shopping outlets (12.2%) do rate in terms of importance.

Table 24: Key Factors affecting residents choice of pharmacy. Question 5 - With regard to location - which of the following are the most important to you?

Choice	Number	% of respondents
Close to my home	1270	34.3%
Close to my Doctor's Surgery	987	26.7%
Easy to park nearby	541	14.6%
Close to other shops I use	451	12.2%
Close to/in my local supermarket	150	4.1%
Near to the bus stop / train station	101	2.7%
Others	*95*	*2.6%*
Close to where I work	59	1.6%
None of these	*30*	*0.8%*
Close to my children's school or nursery	16	0.4%
Total*	**3,700**	**100.0%**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received – and over 3,700 for this question as respondents were able to specify all that applied
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

Almost 98% of survey respondents felt it was 'quite' or 'very' easy to get to their usual Pharmacy venue (Table 25 below).

Table 25: Key Factors affecting residents choice of pharmacy. Question 6 - How easy is to get to your usual pharmacy?

Ease of access to Pharmacy	Number	% of respondents
It is very easy	1483	69.9%
It is quite easy	589	27.8%
It is not easy	24	1.1%
It is not easy at all	7	0.3%
It is very difficult	6	0.3%
It is very inconvenient and causes me problems	12	0.6%
Total	**2,121**	**100.0%**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

In terms of accessible Pharmacy venues for parking, there were over 83% of respondents who had mobility issues could park nearby with approaching 15% feeling their access to car parking had compromised their access to the venue (Table 26 below).

Table 26: Key Factors affecting residents choice of pharmacy – Question 7 If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?

Ease of access to Pharmacy (Mobility issues)	Number	% of respondents
Can park close to Pharmacy	720	83.2%
Cannot park close enough to Pharmacy	128	14.8%
Don't know	17	2.0%
Total respondents for Q7	**865**	
Not applicable	1239	
Total	**2,104**	**100.0%**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

Although over 41% of respondents had received their medication by delivery from the pharmacy, the vast majority, almost 55% were not aware of the availability of this delivery service from the pharmacy (Table 27 below).

Table 27: Key Factors affecting residents choice of pharmacy – Question 8 does your chosen pharmacy deliver medication to your home if you cannot collect it yourself?

Responses	Number	% of respondents
Yes	871	41.2%
No	91	4.3%
Don't know - Never used this service	1,150	54.5%
Total	**2,112**	**100.0%**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

Satisfaction with Pharmacy Services

The main findings were:

- in last 12 months **over 96% of respondents had not experienced a problem accessing a pharmacy service** for buying or obtaining dispensed medicines or to get advice (view Q9)

- those who did have a problem were in the main (77% or 102 responses) seeking prescription medicines (view Q10)

- of the 58 issues people noted that they encountered (view Q11) when trying to find a pharmacy included:
    - medicines not in stock at pharmacy (41%)
    - pharmacy doesn't stock required medicine (22%)
    - not open when needed facility (10%)

- over **92% of respondents were satisfied with Pharmacy opening hours** with just under 8%, or 158 people, experiencing issues. These included (view Q12)
    - open too late/closed too early (25%)
    - closed at weekend (21%)
    - closed at lunchtime (17%)
    - closes too early at the weekend and too early in the week (12%)

  Some people felt opening hours did not always reflect their circumstances or meet needs

- of the 717 (34%) of respondents who had needed to access a pharmacy when closed (view Q14)
    - this was needed between Monday and Friday by 50% and at weekends by 24%
    - in the afternoon by 33%, morning by 24% and lunchtime (14%) respectively
    - with almost 88% either waiting until it opened (54%) or using another pharmacy (34%)
    - overall, of the people that needed to access a pharmacy outside usual opening hours, then they suggest that they did not always reflect their circumstances or always be meeting their needs

- of the respondents who were accessing the pharmacy for a prescription,
    - almost 75% were informed how long their prescription would take to prepare and over 96% felt this was a reasonable period of time to wait (View Q18 and Q19)
    - **with 90% then receiving all the medicines they were expecting** (view Q20) but those who did not get all their medicines, 9% or 188 people, then the primary reason offered for this was that the pharmacy did not have that medicine available (55%) (view Q21)

- if delays in receiving medicines were encountered by respondents then **in over 60% of cases the medicines were received that same day or the next day (**view Q22)

- where medicines were not available then only 18% of 234 respondents were offered the facility to have the remaining items delivered with 81%, (n~191) not receiving such a delivery option (view Q23)

- the **opportunity for health related consultation with the pharmacist was taken up by 46% of respondents** (n~931) (view Q25) and this was for predominantly medicines (60%) or minor ailment (34%) advice (view Q26)

- **in 54% (n~510) of these consultations these were undertaken in a separate room**, the rest happening at the counter (32%), in the dispensary or quiet part of the shop (11%) or over the telephone (2%) (view Q27)

- of the 942 respondents who recorded their views on **Pharmacy consultations then almost 85% felt the privacy offered for this consultation was good to excellent** with 9% feeling they were ‘Fair’ and 59 people, or just over 6%, of respondents feeling the privacy aspect was poor or very poor (view Q28)

- respondents (n-1,995) rated their **satisfaction with the range of pharmacy services above 81%** with less than 16% feeling more services could be provided (3% did not know) (view Q29)

- those completing the survey were asked which (if any) of a list of optional services they thought might be available locally through pharmacies. Table 28 below outlines their responses (view Q30)

Table 28: Key Factors affecting residents' choice of pharmacy – Question 30 - list of optional services they thought might be available locally through pharmacies

Question	Yes	Number	No	Number	Not sure	Number	Total
To get treatment of a minor illness such as a cold instead of my doctor (free of charge if you don't pay for prescriptions)	89.7%	1,752	5.9%	115	4.5%	87	**1,954**
Review of medicines on repeat prescription with advice on when it is best to take them, what they are for and sideeffects to expect	81.9%	1,586	13.5%	261	4.7%	90	**1,937**
Tests to check blood pressure, cholesterol, whether I might get diabetes or other conditions	79.2%	1,540	14.1%	274	6.7%	130	**1,944**
Advice on stopping smoking and/or vouchers for nicotine patches/gum etc	78.0%	1,443	9.6%	178	12.4%	230	**1,851**
Provision of the "Flu" vaccinations	76.3%	1,454	14.3%	272	9.4%	180	**1,906**
Advice on contraception and the supply of the "morning after pill" free of charge	70.9%	1,310	13.3%	246	15.8%	291	**1,847**
Weight management services and advice on diet/exercise for weight management	65.8%	1,225	18.0%	335	16.2%	302	**1,862**
Advice and treatment for alcohol misuse	41.3%	752	34.8%	635	23.9%	436	**1,823**
Advice and treatment for drug misuse	40.5%	733	36.4%	659	23.1%	419	**1,811**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received
See answers to all Public Survey Questions https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

- respondents were asked what they particularly valued as a service from the pharmacy, with 800 suggestions recorded in this full list (view Q31). The headlines were:
    - range of advice
    - friendly, helpful and experienced staff
    - alternative to accessing gp appointments
    - delivering medicines
    - proximity and convenience to home or work

- those services people thought most appropriate to be available through pharmacies (view Q32) were:
    - support and help with minor illnesses such as colds and flu
    - medicines review
    - lifestyle checks
    - stop smoking
    - provision of vaccinations

The full survey results can be viewed in Appendix Four

Meeting pharmaceutical need

Advanced services

For a full description of advanced services the reader is referred to Part 1 of this PNA.

For the range of services provided by pharmacies across the constituencies (as recorded in the Pharmacy Contractors survey) please see Appendix Eleven.

Medicines Use Review (MUR)

This is the systematic review by a Community Pharmacist of a patient's medication to ensure understanding, adherence and to identify any medication-related problems. MUR use in adults can make a significant contribution to optimising patient care.

The MUR service is available using a national service specification, but is established locally between the NHS England North West (Cheshire and Merseyside) and community pharmacies. A fee per MUR is payable to all pharmacy contractors that choose to provide the services and meet the requirements for this service. The maximum any contractor can be paid for under the advanced service is 400 MURs a year and at least 70% of all MURs undertaken by each pharmacy should be on patients in the national target groups.

Using MURs for long term conditions

A Long Term Condition (LTC) is one that cannot be cured but can be managed through medication and/or therapy. Although there is no definitive list, conditions such as diabetes, asthma, coronary heart disease, chronic obstructive pulmonary disease and mental health issues can all be classed as long term conditions.

In Wirral, 91 pharmacy contractors provide an MUR service and this is considered adequate to meet the pharmaceutical needs of the population. Only one pharmacy does not provide a service. This particular pharmacy is in the Birkenhead Constituency area and based in a practice surgery with limited space availability. Owing to the overlapping cover provided by the other local pharmacies, this is not perceived to be a gap in service. However, because of the utility of MURs as a means to manage long term conditions, maintenance of this comprehensive service is to be actively encouraged.

Appliance Use Review (AUR)

This is a highly specialised service and is not surprising that it is only delivered in 17 Wirral pharmacies (18.5%) with 3 further contractors intending to begin this service within the next 12 months. It is delivered across Wirral by 6 Pharmacies in Birkenhead, 2 Pharmacies in Wallasey, 2 Pharmacies in Wirral South and 7 Pharmacies in Wirral West. This service, therefore, is considered adequate to meet the pharmaceutical needs of the population.

Stoma Appliance Customisation (SAC) service

This is another specialised service and is delivered by 15 out of 92 Wirral pharmacies (16.3%). There are at least two pharmacies providing this service in each of the four localities. The number of patients requiring the service is quite small and therefore current provision is considered adequate to meet the pharmaceutical needs of the population.

New Medicines Service (NMS)

In Wirral, 87 of 92 pharmacies (94.6%) are delivering the NMS. Four other pharmacies intend to begin this service within the next 12 months and just one premise does not wish to provide this service at all.

It is suggested that NMS could have a similar role as MURs in managing LTCs and continued provision is to be encouraged. However, current service delivery is considered adequate to meet the pharmaceutical needs of the population.

NHS Seasonal flu vaccination

As part of the community pharmacy funding settlement community pharmacies in England are now able to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. This service is the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF).

The service can be provided for adults by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service by completing a notification form on the NHS BSA website.

This is delivered by 70 Wirral pharmacies (over 76% coverage) with another 11 seeking to deliver the service in the near future. Therefore, 88% of Wirral pharmacies across all four constituencies will soon be delivering this service which improves access to this vaccine and this is considered adequate to meet the pharmaceutical needs of the population.

NHS Urgent Medicines Supply Advanced Service (NUMSAS) (Pilot Scheme)

From 1st December 2016, community pharmacies across England have been able to register on the NHS Business Services Authority (BSA) portal to provide the NHS Urgent Medicines Supply Advanced Service (NUMSAS) as part of a national pilot. The Service, which is commissioned by NHS England, will allow community pharmacies to supply a repeat medicine at NHS expense, following a referral from NHS111 and where the pharmacist identifies that the patient has an immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

In Wirral, 6 pharmacies are currently signed up to the pilot with another 36 indicating that they will participate in the future. There is at least one pharmacy in each of the four constituencies which provides this service. At present, this national scheme is not compulsory and pharmacies choose whether or not to participate. When the evaluation is complete in 2018, the situation may become clearer although currently NUMSAS is not regarded as an essential service.

Enhanced services

Antiviral Stock Holding Service

The Antiviral Stock Holding Service in Community Pharmacy is commissioned as an Enhanced Service by NHS England Cheshire and Merseyside.

This arrangement means that four community pharmacies hold a defined stock holding of antivirals which can be accessed during flu season for (but not exclusively for) care home outbreaks of influenza.
The four are pharmacies participating:

- Lloyds Arrowe Park Hospital (Wirral) plus
- Congleton Pharmacy (Cheshire East)
- Stockton Health Pharmacy (Warrington)
- Well Fountains Health Centre (Cheshire West & Chester)

The stock is accessed via Clinical Commissioning Group (CCG) prescribing arrangements to provide prescriptions for affected patients or residents in the case of an influenza outbreak.

The Pharmacy dispenses against these prescriptions and will arrange (where required) to have the stock delivered or couriered to the care home. Medication should be administered within 48 hours of a confirmed outbreak and as such this courier arrangement is to facilitate supply should the care home have difficulty in accessing the pharmacy. The pharmacies are available 365 days a year and their opening hours are published as part of the NHS England Rota arrangements.

Outside of bank holidays or weekends the care homes normal dispensing pharmacy may easily be able to furnish such prescriptions within the defined timescales. As such this arrangement is designed to support the periods where access to the care homes pharmacy may be more difficult e.g. bank holidays or weekends.

Locally Commissioned Services

For the range of services provided by pharmacies across the constituencies (as recorded in the Pharmacy Contractors survey) please see Appendix Eleven.

Minor ailments service (Wirral CCG Commissioned Services)

Minor ailments are conditions which although troublesome to the patient can safely be treated at home under the supervision of a pharmacist. These schemes are advantageous because the patient has almost immediate access to treatment and qualified supervision with the added benefit that GP consultations are reduced.

Currently 71 of the 92 pharmacies across the borough provide "Think pharmacy" (Wirral) scheme for patients to access any contracted pharmacy without an appointment for advice and treatment. The consultations are free, regardless of whether the pharmacist provides any treatment. Treatment is free of charge for people who get free prescriptions and no more than the prescription charge for people who do not. Treatments are available for eye infections, oral thrush in babies, migraine, cystitis, thrush and impetigo. By having such provision it suggests that pharmaceutical need is adequately catered for.

These minor ailments schemes illustrate how community pharmacies can contribute to the self-care agenda. Although these services are not essential, they have secured an improvement in service delivery and access. Irrespective of these schemes, community pharmacies can also supply a huge range of other over-the-counter medicines and are always available to assist their customers in providing advice on self-care and self-medication.

Palliative Care Scheme (Wirral CCG Commissioned Services)

This contract seeks to improve access across Wirral for patients and healthcare professionals to palliative care medicines when they are required within normal pharmacy opening hours, guaranteeing the continuous availability of emergency palliative care stock. Currently there are 13 providers of this service in Wirral, some of which open extended hours, with each constituency having provision this service suggesting that pharmaceutical need is adequately catered for.

Emergency Hormonal Contraception (EHC) (Wirral Community Foundation Trust Commissioned)

This service is provided free of charge by a team of accredited pharmacists in up to 50 pharmacies. As individual pharmacists are accredited rather than pharmacies, this service cannot be guaranteed in any one pharmacy at any one particular time. However, all pharmacies can still sell Emergency Hormonal Contraception (EHC) over-the-counter (in line with the product license).

In Wirral, the pharmacies which provide EHC are reasonably distributed across the four constituencies and this suggests that the pharmaceutical need is adequately catered for.

Needle - Syringe Exchange schemes (CGL Commissioned Services)

This service aims to assist clients to remain healthy until they are ready to cease injecting and achieve a drug-free life with appropriate support. It also aims to reduce the rate of blood-borne infections and drug related deaths among service users by:

- reducing the amount of sharing and other high risk injecting behaviours
- providing sterile injecting equipment and other support
- promoting safer injecting practices
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose preventions (e.g. risks of poly-drug use and alcohol use)
- improving the health of local communities by preventing the spread of blood borne infection and ensuring the safe disposal of used injecting equipment

Clearly, the problem of clients who engage in risky behaviour through potential misuse of needles is significant and represents an important pharmaceutical need. Latest data suggests that for Wirral, there are 15 pharmacies which provide a needle exchange service across the borough and this suggests that the pharmaceutical need is adequately catered for.

Supervised consumption (CGL Commissioned Services)

This service provides supervised consumption of prescribed opiate maintenance treatment (methadone or buprenorphine) at the point of dispensing in the pharmacy. This ensures that the dose has been administered to the patient. Clients are also given support and advice including referral to primary care specialist centres where appropriate. Latest data suggests that Wirral has 84 pharmacies (over 91%) that provide this supervised consumption/administration service across the four constituencies. This suggests that the pharmaceutical need is being adequately catered for.

Alcohol Identification and Brief Advice Support and Guidance (CGL, Wirral Ways to Recovery (WWTR), Commissioned Services)

Pharmacies are contracted to deliver alcohol identification and brief advice through the identification, initial screening and completion of the AUDIT questionnaire onto referral to Wirral Ways to Recovery (WWTR) (for specialist alcohol treatment). Latest data suggests Wirral has 20 pharmacies undertaking this work across all four constituencies suggesting that the pharmaceutical need is adequately catered for.

Smoking Cessation Services (ABL Health Commissioned Services)

This contract seeks to improve access to nicotine and smoking cessation services and currently we have adequate coverage for nicotine replacement therapies and cessation services across the borough.

Sharps waste collection service (Wirral Council Waste & Environment Service)

Pharmacy contractors accept sharps for disposal (other than needle and syringe exchange), from all patients in an approved and sealed sharps container. Wirral has 78 pharmacies providing this service across the four constituencies suggesting that the pharmaceutical need is adequately catered for.

Future Pharmaceutical Developments

Community pharmacies in the future

In collaboration with Community Pharmacy Cheshire and Wirral, a paper on the vision for community pharmacy in the future was written. This appears in full in Appendix Twelve and the conclusions are repeated below.

The Government's vision is to transform the public health service to create a service which focuses on prevention and wellness and uses the wider public health workforce to provide effective services and deliver outcomes. Community pharmacies could be, and are, used to tackle a wide range of local public health priorities. Whether through being a healthy living pharmacy service, a sexual health service targeting teenage pregnancies and sexually transmitted infections, the local implementation of an integrated programme such as stop smoking, established services for drug misusers, or being part of a national vaccination or screening programme, the evidence shows that community pharmacy can play a vital part in tackling present and future public health challenges.

Community pharmacies are trusted, professional and competent partners in supporting individual, family and community health. Effective community pharmacy services enable shared decision-making between service users and professionals and contribute to health improvement.

Overall summary and conclusions

Health, pharmaceutical needs and strategic drivers

- the review of Wirral's resident population and its health needs has demonstrated the increasing proportion of older people in the borough when compared to England

- although the population looks set to increase slightly over coming years, or 2.7% (321,000 to 330,800) between 2017 and 2035, yet in the life of this PNA population numbers will be close to current 2017 estimates, though numbers are expected to rise most in those aged over 65 years, from 68,900 and to 92,000

- by 2035 we might expect to see above one-quarter, or almost 28%, of Wirral residents being aged above 65 compared to around one-fifth (21%) over 65 in 2017

- considering population numbers, and the expected slow increase to 2035, alongside expected housing development numbers, there are no foreseen increases in the local population as a consequence of major developments

- due to a range of factors such as co-morbidities and long tern conditions older people can use more medicines than a younger population and as such community pharmacies will experience a greater workload in terms of dispensing and support for self-care

- the population forecast also predicts a small increase (0.5%) in the number of children (aged 0-14 years) between now and 2025

- although mortality rates have decreased in recent years in Wirral, they are still above average for both, cardiovascular and respiratory disease with cancers and cardiovascular disease the largest causes of avoidable deaths for the borough

- the health of those most disadvantaged remains a key issue for the borough with life expectancy at 10 years lower in Bidston St. James ward compared to Greasby, Frankby and Irby ward

- the geographic spread of pharmacy contractors across the borough provides necessary support and access to the range of needs and issues faced by residents

- Wirral residents have similar lifestyle issues as in the rest of the country such as a higher prevalence of obesity or overweight and smoking and alcohol consumption. Community pharmacies have a key role in helping to tackle these and other issues such as substance misuse and sexual health

- the priorities for the Health and Wellbeing Board and Wirral Partnership have been outlined in part two of this document. Pharmaceutical need related to these overarching aims could include support for medicines management and medicines use review for carers, older people, children and their families

Meeting the pharmaceutical need

- parts 1 to 3 of this PNA suggest that Wirral has adequate geographical coverage of pharmacies, a high number of pharmacies per head of population and full week coverage in terms of opening hours across multiple contracted hours pharmacies

- there is a broad range of advanced and locally commissioned services provided in addition to essential services

- a future positive outcome would be the continued increase in achievement of 'healthy living pharmacy' status by community pharmacies across Wirral

- finally it is recommended that health and care commissioners take into account the accessibility, quality and potential for community pharmacy service development when commissioning services. It is also suggested that commissioners may wish to consider the opportunity to engage with pharmacy contractors in relation to services not traditionally thought of as pharmaceutical but potentially could be effectively delivered from pharmacies

Pharmaceutical Needs Assessment

Part 4

Appendices

Part 4: Pharmaceutical Needs Assessment - Appendices

Appendix One: Policy context

1. 'A Vision for Pharmacy in the New NHS'

- In July 2003, the Department of Health launched 'A Vision for Pharmacy in the New NHS' which identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.
- As part of the 'Vision for Pharmacy' a new community pharmacy contractual framework was put in place in April 2005. It comprised three tiers of services – essential, advanced and local enhanced services.
- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services, MUR, AURs and SAC.
- Locally commissioned services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by PCTs direct with contractors.
- Between 80-85% of community pharmacy income nationally comes from NHS services. A growing source of income to community pharmacies comes from providing enhanced services commissioned by the former PCTs.

2. 'Our health, our care, our say'

This White Paper in January 2006 set out a new strategic direction for improving the health and well-being of the population. It focused on a strategic shift to locate more services in local communities closer to people's homes. This recognised the vital role that community pharmacies offer in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

3. 'Pharmacy in England - Building on strengths delivering the future'

In April 2008 the government revealed its plans in a Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy.

The White Paper set out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country which it seeks to address through a work programme to challenge and engage PCTs, pharmacists and the NHS.

It identified practical, achievable ways in which pharmacists and their teams can improve patient care and a reinvigorated vision of pharmacies potential to contribute to a fair, personalised, safe and effective NHS. This vision demonstrated how pharmacy can expand its role in an NHS which focuses as much on prevention as it does on treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting well-being for patients and public alike.

An overview of the White Paper is set out in the table below.

Pharmacy White Paper - Summary	
Supporting healthy living and better care Community pharmacies will become 'healthy living' centres providing a primary source of information for healthy living and health improvement. Pharmacy will be integrated into public health initiatives such as stop smoking, sexual health services and weight management, or offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country.	**Better, safe use of medicines** Safe medication practices should be embedded in patient care by identifying, introducing and evaluating systems designed to reduce unintended hospital admissions related to medicines use. Identifying specific patient groups for MURs, using MURs and repeat dispensing to identify and reduce the amount of unused medicines and including pharmacists in care pathways for long term conditions are all examples of this.
Access and choice Community pharmacies improve access and choice through more help with medicines. This will be realised by developing MURs, repeat dispensing, access to urgent medicines, emergency supply and working with hospitals on medicine reconciliation.	**Integration and interfaces** Community based pharmaceutical care will be developed which will involve creating new alliances between hospital and community pharmacists as well as primary care pharmacists and pharmacy technicians.
Quality Underpinning all of this in the White Paper and the other policy drivers mentioned earlier is continual improvement in quality. This is a recurring theme throughout all the policy drivers currently influencing the development of community pharmacy. This refers to staff, premises and services alike. PCTs have a responsibility to ensure continuous quality by monitoring the community pharmacy services against the strategic tests.	

4. 'Healthy lives, healthy people'

The public health strategy for England (2010) stated:

"Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities."

This is relevant to local authorities as they take on responsibility for public health in their communities. In addition, community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.

5. Market entry by means of PNAs and quality and performance (market exit)

The NHS Act 2006 required the Secretary of State for Health to make regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that:

- PCTs must develop and publish local pharmaceutical needs assessments
- PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

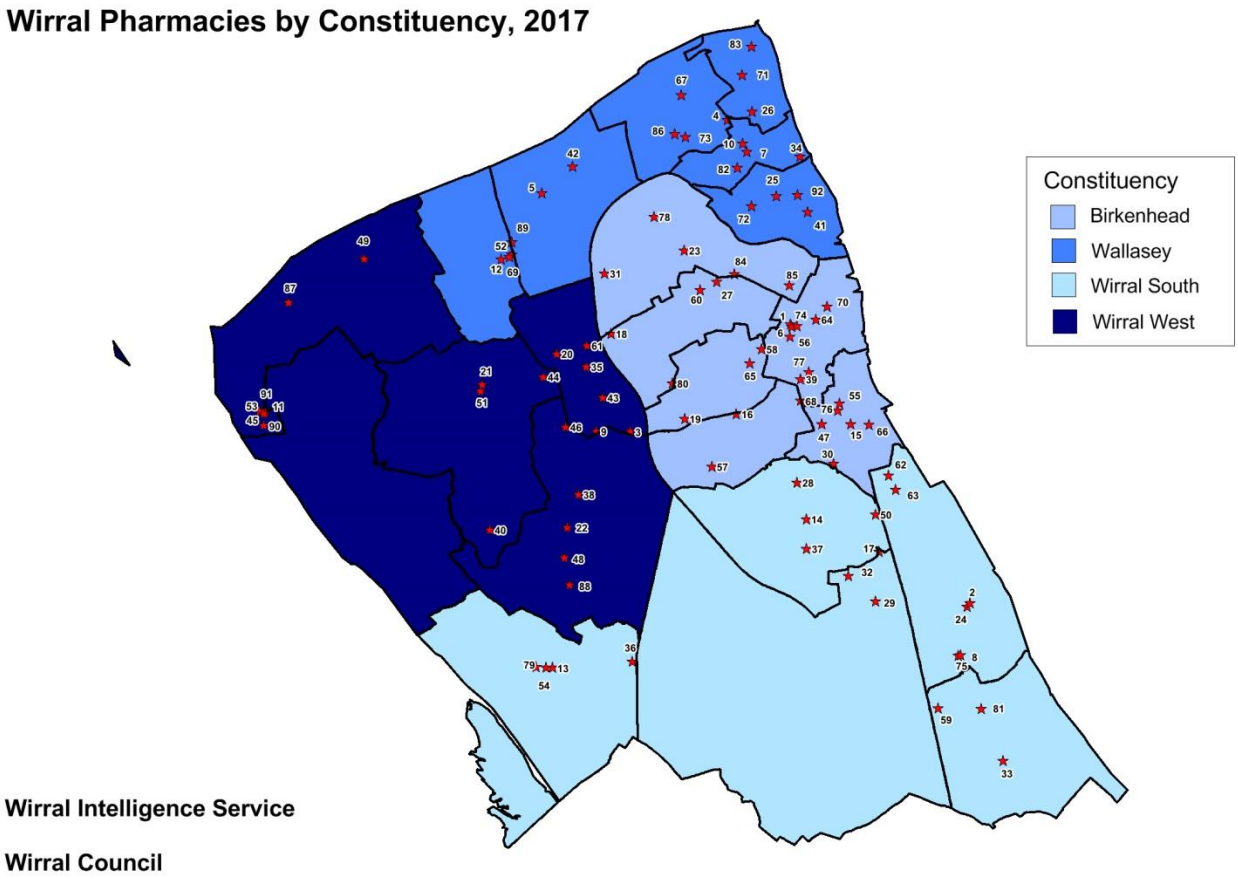
The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions PCTs can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

The first set of regulations dealing with the development and publication of PNAs, the NHS (Pharmaceutical Services and Local Pharmaceutical Services)(Amendment) Regulations 2010 were laid on 26th March 2010 and came into force on 24th May 2010.

Later the National Health Service (Pharmaceutical Services) Regulations 2013 and draft guidance came into force concerning the remaining provision under the Health Act 2009. According to these, 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). This is of particular relevance for local authorities and commissioning bodies.

Link to - The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

Appendix Two: Wirral Pharmacy Contractors – Map, Legend with addresses



Map Legend

Legend	Pharmacy Contractor	Address
1	Asda Pharmacy (Birkenhead)	22 Grange Road, Birkenhead, CH41 6EB
2	Asda Pharmacy (Bromborough)	Welton Road, Croft Business Park, Bromborough, CH62 3QP
3	Asda Pharmacy (Upton)	Woodchurch Road, Upton, Wirral, CH49 5PD
4	Asda Pharmacy (Wallasey)	Seaview Road, Liscard, CH45 4NZ
5	Blackheath Pharmacy	113 Reeds Lane, Leasowe, Wirral, CH46 1QT
6	Boots (Birkenhead)	215 Grange Road, Birkenhead, Wirral, CH41 2PH
7	Boots (Wallasey)	36 Liscard Way, Wallasey, Wirral, CH44 5TP
8	Boots (Bromborough - The Rake)	3-5 The Precinct, Bromborough, Wirral, CH62 7AD
9	Boots (Arrowe Park)	Commonfield Road Surgery, 156 Commonfield Road, Wirral, CH49 7LP
10	Boots (Manor HC)	Manor Health Centre, Liscard Village, Wallasey, CH45 4JG
11	Boots (West Kirby The Crescent)	11-13 The Crescent, West Kirby, Wirral, CH48 4HL
12	Boots (Moreton)	254 Hoylake Road, Moreton, Wirral, CH46 6AF
13	Boots (Heswall)	218-220 Telegraph Road, Heswall, Wirral, CH60 0AL
14	Boots (Bebington Teehey Lane)	118 Teehey Lane, Higher Bebington, Wirral, CH63 8QT
15	Boots (Rock Ferry)	206 Bedford Road, Rock Ferry, Birkenhead, CH42 2AT
16	Boots (Prenton)	379 Woodchurch Road, Prenton, Birkenhead, CH42 8PE
17	Boots (Bebington, Church Road)	21 Church Road, Lower Bebington, Wirral, CH63 7PG
18	Boots (Noctorum)	395 Upton Road, Prenton, Birkenhead, CH43 9SE
19	Boots (Prenton - Holmlands)	8-10 Holmlands Drive, Prenton, Birkenhead, CH43 0TX
20	Boots (Upton)	23 Arrowe Park Road, Upton, Wirral, CH49 0UB
21	Boots (Greasby)	148 Greasby Road, Greasby, Wirral, CH49 3NQ
22	Boots (Thingwall)	509 Pensby Road, Thingwall, Wirral, CH61 7UQ
23	Boots (Bidston)	30 Hoylake Road, Bidston, Birkenhead, CH41 7BX
24	Boots (Bromborough/Welton Rd)	Bromborough Retail Park, Welton Road, Bromborough, CH62 3PN
25	Campbells Chemist	175 Poulton Road, Wallasey, Wirral, CH44 9DG
26	Carrington Chemist	128 Rake Lane, Wallasey, Wirral, CH45 5DL
27	Claughton Pharmacy	161 Park Road North, Claughton, Birkenhead, CH41 0DD
28	Cohens Pharmacy (Broadway)	4 Broadway, Higher Bebington, Wirral, CH63 5NH
29	Corry's Chemist T/A Temple Pharmacy	3 Lancelyn Court Precinct, Spital, Bebington, CH63 9JP
30	Dale Pharmacy	218 Bebington Road, Rock Ferry, Wirral, CH42 4QF
31	Day Lewis Pharmacy (Birkenhead)	41 Fender Way, Beechwood, Birkenhead, CH43 7ZJ
32	Day Lewis Pharmacy (Bebington)	14-16 Cross Lane, Bebington, Wirral, CH63 3AL
33	Dudleys Chemist	1194 New Chester Road, Eastham, Wirral, CH62 9AE
34	Egremont Pharmacy	9a King Street, Wallasey, Wirral, CH44 8AT

Legend	Pharmacy Contractor	Address
35	Heatherlands Pharmacy	396 New Hey Road, Upton, Wirral, CH49 9DA
36	Heswall Hills Pharmacy	119 Brimstage Road, Heswall, Wirral, CH60 1XF
37	Higher Bebington Pharmacy	The Medical Centre, Brackenwood Road, Bebington, CH63 2LR
38	Hub Pharmacy (Thingwall)	The Warrens Medical Centre, Arrowe Park Rd, Thingwall, CH49 5PL
39	Hub Pharmacy (Tranmere)	St. Catherine's Hospital, Church Road, Tranmere, Birkenhead, CH42 0LQ
40	Irby Pharmacy	39 Thingwall Road, Irby, Wirral, CH61 3UE
41	Jacksons Chemist (Wallasey)	118 St Pauls Road, Wallasey, Wirral, CH44 7AW
42	Leasowe Pharmacy	Leasowe Primary Care Centre, Hudson Road, Leasowe, CH46 2QQ
43	Lees Pharmacy Ltd	98 Hoole Road, Woodchurch, Birkenhead, CH49 8EG
44	Lloyds Pharmacy (Upton Sainsburys)	Upton-By-Pass, Upton, Wirral, CH49 6QG
45	Lloyds Pharmacy (West Kirby)	35 Grange Road, West Kirby, Wirral, CH48 4DZ
46	Lloyds Pharmacy (Arrowe Park)	Arrowe Park Hospital, Arrowe Park Road, Upton, Wirral, CH49 5PE
47	Lloyds Pharmacy (Victoria Health Centre)	Victoria Park Health Centre, Bedford Avenue, Rock Ferry, CH42 4QJ
48	M & A Weinronk (Pensby)	413 Pensby Road, Pensby, Wirral, CH61 9PF
49	Manor Pharmacy	13 Station Approach, Meols, Wirral, CH47 8XA
50	Martin Revill Ltd.	176 Bebington Road, Bebington, Wirral, CH63 7PD
51	McKeevers (Greasby)	Greasby Health Centre, 424 Frankby Road, Greasby, CH49 3PH
52	Moreton Pharmacy	205-207 Hoylake Road, Moreton, Wirral, CH46 0SJ
53	Morrisons Pharmacy (West Kirby)	Dee Lane, West Kirby, Wirral, CH48 0QA
54	Oakley Pharmacy	270 Telegraph Road, Heswall, Wirral, CH60 7SE
55	Old Chester Pharmacy	296 Old Chester Road, Rock Ferry, Wirral, CH42 3XD
56	Peter Jamieson Ltd	44 Whetstone Lane, Birkenhead, Wirral, CH41 2TF
57	Prenton Dell Pharmacy	Villa Medical Centre, Roman Road, Prenton, Wirral, CH43 3DB
58	Rowlands Chemist (T/A Havens Chemists)	40 Balls Road, Birkenhead, Prenton, CH43 5RE
59	Rowlands Pharmacy (Bromborough)	154 Allport Road, Bromborough, Wirral, CH62 6BB
60	Rowlands Pharmacy (Claughton)	2 Upton Road, Claughton, Wirral, CH41 0DF
61	Rowlands Pharmacy (Upton)	Upton Group Practice32, Ford Road, Upton, Wirral, CH49 0TF
62	Rowlands Pharmacy (Parkfield)	Parkfield Medical Centre, Sefton Road, New Ferry, CH62 5HS
63	Rowlands Pharmacy (New Ferry)	20 Bebington Road, New Ferry, Wirral, CH62 5BQ
64	Rowlands Pharmacy (Princes Pavement)	9 Princes Pavement, Birkenhead, Wirral, CH41 2XY
65	Rowlands Pharmacy (Oxton)	53 Christchurch Road, Oxton Village, Birkenhead, CH43 5SF
66	Rowlands Pharmacy (Rock Ferry)	Riverside Health Centre, 525 New Chester Road, Rock Ferry, CH42 2AG

Legend	Pharmacy Contractor	Address
67	Rowlands Pharmacy (Wallasey Village)	62 Grove Road, Wallasey, Wirral, CH45 3HW
68	Rowlands Pharmacy (Greenway Road)	Greenway Road Surgery, 62 Greenway Road, Birkenhead, CH42 7LX
69	Rowlands Pharmacy (Branch: 1284 - Moreton)	2a Chadwick Street, Moreton, Wirral, CH46 7TE
70	Rowlands Pharmacy (T/a Chanins)	73 Market Street, Birkenhead, Wirral, CH41 6AN
71	Rowlands Pharmacy (Field Road)	Field Road Health Centre, Field Road, Wallasey, CH45 5BG
72	Somerville Pharmacy	Somerville Medical Centre, 71 Gorsey Lane, Wallasey, CH44 4SP
73	St Hilarys Pharmacy	St Hilary Brow Group MP, Broadway, Wallasey, CH45 3NA
74	Superdrug Pharmacy (Birkenhead)	203-205 Grange Road, Birkenhead, Wirral, CH41 2PF
75	Swettenham Chemists (Bromborough)	18 Allport Lane, Bromborough, Wirral, CH62 7HP
76	Swettenham Chemists (Rock Ferry)	249 Old Chester Road, Birkenhead, Wirral, CH42 3TD
77	Swettenham Chemists (Tranmere)	4 Tranmere Court, Tranmere, Birkenhead, CH42 5AB
78	Tesco Instore Pharmacy (Birkenhead)	Bidston Moss Extra, Bidston Link Road, Birkenhead, CH43 7AA
79	Tesco Instore Pharmacy (Heswall)	Telegraph Road, Heswall, Wirral, CH60 7SL
80	Townfield Pharmacy	Townfield Health Centre, Townfield Close, Birkenhead, CH43 9JW
81	Tree Tops Pharmacy	Treetops Primary Care Centre, 49 Bridle Rd, Bromborough, Wirral, CH62 6EE
82	Victoria Central Health Centre	Victoria Central PCC, Mill Lane, Wallasey, CH44 5UE
83	Victoria Pharmacy (Wallasey)	100 Victoria Road, New Brighton, Wallasey, CH45 2JF
84	Vittoria Healthcare Limited (Birkenhead Pharmacy)	31 Laird Street, Birkenhead, Wirral, CH41 8DB
85	Vittoria Pharmacy (Birkenhead)	134 St. Anne Street, Birkenhead, Wirral, CH41 3SJ
86	Wallasey Village Pharmacy	95 Wallasey Village, Wallasey, Wirral, CH45 3LE
87	Well (Hoylake - Market Street)	40 Market Street, Hoylake, Wirral, CH47 2AF
88	Well (Pensby - Pensby Road)	309 Pensby Road, Pensby, Wirral, CH61 9NG
89	Well (Moreton)	Pasture Road Health Centre, Pasture Road, Moreton, CH46 8SA
90	Welshs Chemist	90 Banks Road, West Kirby, Wirral, CH48 0RE
91	Wilsons Chemist (West Kirby)	17 The Crescent, West Kirby, Wirral, CH48 4HW
92	Wyn Ellis and Son Pharmacy	32 Poulton Road, Wallasey, Wirral, CH44 9DQ

Appendix Three: Public and Pharmacy Contractors Survey – blank questionnaires

Link to - Public Survey – blank questionnaire

https:/www.wirralintelligenceservice.org/media/2286/2017-pna-public-survey-questionnaire.pdf

Link to - Pharmacy Contractors Survey – blank questionnaire

https://www.wirralintelligenceservice.org/media/2287/pharmoutcomes-pna-questionnaire-2017.pdf

Appendix Four: Public Survey on Wirral Pharmacy services – responses

Wirral Residents Survey on Pharmacy Services 2017 - Results

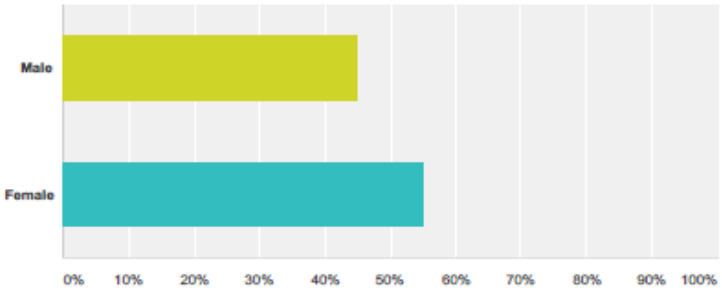
Or go to: https://www.wirralintelligenceservice.org/media/2290/wirral-summary-data-v2.pdf

Demographic Headlines for Residents Survey on Pharmacy Services

Demographics

As can be seen in Figure A below the split between males and females completing the survey was 55.1% female respondents and 44.9% for males which is similar to the 2013 Public Survey at 52.6% females and 47.4% males.

Figure A: Gender profile of respondents to Wirral Pharmacy Survey 2017

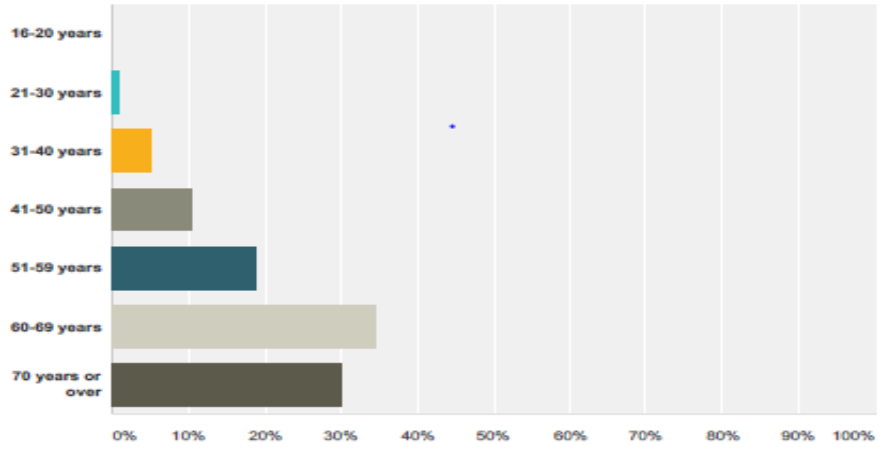


Answer Choices	Responses	
Male	44.88%	876
Female	55.12%	1,076
Total		1,952

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received

In Figure B below the majority of respondents were aged over 60 with almost two-thirds of all respondents (64.5%) in this age group. In fact those people aged over 40 accounted for over 93% of all responses to the survey. This may be reflective of the age demographic of people who use pharmacies more often and/or linked to health problems associated with age. If further insight is required for the younger population then a more specific survey would be required to target this group.

Figure B: Age profile of respondents to Wirral Pharmacy Survey 2017



Answer Choices	Responses	
16-20 years	0.00%	0
21-30 years	1.08%	21
31-40 years	5.03%	98
41-50 years	10.52%	205
51-59 years	18.88%	368
60-69 years	34.48%	672
70 years or over	30.02%	585
Total		1,949

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received

In Table C below reflects the ethnicity of those people who completed the survey. The vast majority were from a white background, predominantly White British and White English with over 85% in these groups with other White Ethnic Groups. The next largest group was those who had left their ethnicity unrecorded with almost 10%, or over 200 people, withholding this information.

The known ethnicity status for Wirral, as per Census 2011 and recent Wirral JSNA updates suggests that this survey response is under representative of local Black, Asian and Minority ethnic resident views.

Table C: Ethnicity profile of respondents to Wirral Pharmacy Survey 2017

Ethnicity	Number	% of respondents
White - British	1055	49.7%
White - English	757	35.7%
White - Other	34	1.6%
White - Welsh	21	1.0%
Asian Black Chinese	17	0.8%
White - Scottish	16	0.8%
White – Irish	13	0.6%
Mixed Ethnic Background	6	0.3%
Unrecorded	*202*	*9.5%*
Total	**2,121**	**100.0%**

Source: Wirral Residents: PNA Survey 2017
Notes: Survey was conducted in May 2017 with 2,121 responses received

Appendix Five: Pharmacy Contractors Survey – responses

The questionnaire was a slightly modified version of the one produced by the Pharmaceutical Services Negotiation Committee (PSNC) dated January 2017 (version five). It was amended centrally accommodating comments from public health intelligence analysts from across Cheshire and Merseyside and also members of the Local Pharmaceutical Committee (LPC) and NHS England.

The final version was presented to pharmacy contractors in an electronic version only on the PharmOutcomes platform. PharmOutcomes is an online database which is available in all pharmacies in Cheshire West and Chester. The questionnaire was "live" at the beginning of April 2017 and eventually closed on June 1st 2017. Non-responders were encouraged to complete the questionnaire by colleagues from the LPC throughout this period.

Through ongoing contact with pharmacy contractors a response rate of one hundred percent was achieved. Data from PharmOutcomes were initially downloaded into a single Excel spreadsheet (CSV format) and analysed for further interpretation.

In addition to the data for the 92 community pharmacies presented overleaf, the questionnaire also provided details on each pharmacy's opening/closing hours. This information is presented elsewhere in the PNA.

Question: Is there a consultation area? (2017 PharmOutcomes Survey)

Consultation Facilities	Yes	Percentage of all Pharmacy Premises (%)
Available (including wheelchair access) on premises	76	82.6%
Available (without wheelchair access) on premises	15	16.3%
None	1	1.1%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: Is the consultation area enclosed? (2017 PharmOutcomes Survey)

Consultation Facilities - Enclosed	Yes	Percentage of all Pharmacy Premises (%)
Consultation Facilities - Enclosed	90	97.8%
Consultation Facilities - Not enclosed	1	1.1%
No Consultation Facilities	1	1.1%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: Number of consultation areas (2017 PharmOutcomes Survey)

Consultation Facilities - Number	Yes	Percentage of all Pharmacy Premises (%)
No Consultation Facilities	1	1.1%
Consultation Area x1	87	94.6%
Consultation Area x2	4	4.3%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Question: Off-site consultations (2017 PharmOutcomes Survey)
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: Consultations off site (2017 PharmOutcomes Survey)

Consultation - Off-site	Yes	Percentage of all Pharmacy Premises (%)
None apply	60	65.2%
Willing to undertake consultations in patients home/other suitable site	32	34.8%
Off-site consultation room approved by NHS	0	0.0%
Other	0	0.0%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: Hand Washing and Toilet Facilities (2017 PharmOutcomes Survey)

Hand washing and Toilet Facilities	Yes
Hand washing facilities close to consultation area	12
Hand washing in consultation area	55
Have access to toilet facilities	16
None apply	25

Source: Wirral PNA PharmOutcomes Survey 2017
Note: responses total more than 92 given Respondents could tick more than one box on survey
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- There are 91 of 92 pharmacies with at least one consultation area to meet customers, with 4 venues having 2 areas
- there are 76 of 92 premises (86.2%) that have available consultation areas that are wheelchair accessible
- of 92 premises, there are 90 (97.8%), that have their consultation area enclosed
- over 34% (32 pharmacy outlets) are willing to meet customers in their own home to conduct a consultation
- there are no hand washing or toilet facilities in 25 pharmacy premises

Question: Information Technology - Is the pharmacy EPS release 2 enabled?

Information Technology Is the pharmacy EPS release 2 enabled?	Yes	Percentage of all Pharmacy Premises (%)
Yes	92	100.0%
No	0	0.0%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: Information Technology - Is the pharmacy registered for “NHS mail”?

Information Technology Is the pharmacy registered for “NHS mail”?	Yes	Percentage of all Pharmacy Premises (%)
Yes	91	98.9%
No	1	1.1%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: Information Technology - Is the pharmacy "NHS summary care record" enabled?

Information Technology Is the pharmacy "NHS summary care record" enabled?	Yes	Percentage of all Pharmacy Premises (%)
Yes	89	96.7%
Working towards enablement	3	3.3%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: Information Technology - Is the "NHS choice" entry up to date?

Information Technology Is the "NHS choice" entry up to date?	Yes	Percentage of all Pharmacy Premises (%)
Yes	90	97.8%
No	2	2.2%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- all 92 pharmacies (100%) are "Release – two" enabled for the Electronic Prescription Service (EPS)
- there are 91 of 92 pharmacies that are currently registered for "NHS mail" and
- with 89 of 92 enabled for "NHS summary care record" (96.7%)
- the 2 pharmacies whose entries are not up-to-date on the "NHS choice" website should be encouraged to do so as this website is one of the main portals for the general public to locate a convenient community pharmacy

Essential Services (Appliances) that pharmacy dispenses

Dispensed Appliances	Yes	Percentage of all Pharmacy Premises (%)
Dressings	80	87.0%
Stoma appliances	68	73.9%
Incontinence appliances	68	73.9%
None	12	13.0%
Other (PEP Service/IV antibiotics)	1	1.1%

Source: Wirral PNA PharmOutcomes Survey 2017
Notes:
PEP Service - Post-exposure prophylaxis (PEP) and IV antibiotics – Intravenous Antibiotics
Some pharmacies picked multiple options; this is why in some cases the totals are greater than the overall number of pharmacies as for seasonal flu – 6x provide both NHS and Private Scheme and 1x provider is currently providing a Private Scheme and willing to provide an NHS service (WA)
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Finding

- 87% of pharmacies dispense dressings with 73.9% of premises providing Stoma and Incontinence appliances

Advanced Services provided by pharmacy

Services	Currently Providing	Percentage of providers %	Soon*	Percentage of providers %	No**	Percentage of providers %	Total
Medicines Use Review Service	91	98.9%	0	0.0%	1	1.1%	92
New Medicine Service	87	94.6%	4	4.3%	1	1.1%	92
NHS Flu Vaccination Service	70	76.1%	11	12.0%	11	12.0%	92
Appliance Use Review Service	17	18.5%	3	3.3%	72	78.3%	92
Stoma Appliance Customisation Service	15	16.3%	4	4.3%	73	79.3%	92
NHS Urgent Medicine Supply Advanced Service	6	6.5%	36	39.1%	50	54.3%	92

Source: Wirral PNA PharmOutcomes Survey 2017
Notes:
* Soon - intending to provide within the next 12 months
** No – Not intending to provide
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- Advanced Services are those services which are commissioned nationally under the NHS Community Pharmacy Contractual Framework (CPCF)
- over 90% deliver Medicines Use Review (MUR) and the New Medicine Service (NMS)
- both of these services are useful for people with long-term conditions to help improve their understanding and adherence to their medication and are thus useful tools to promote self-care
- it is encouraging to note that over 75% of pharmacies (n~70) participate in the national NHS flu vaccination scheme with a further 11 considering participating in the next 12 months
- only 6 pharmacies currently participate in the NHS urgent medicine supply scheme
- this is a developing scheme whose utility is yet to be established nationally
- though there are 17 pharmacies (18.5%) delivering appliance use reviews and 15 (16.3%) providing stoma appliance customisation

Commissioned Services provided by pharmacy

Service	Currently Providing NHS scheme^	%	Willing and able*	%	Currently providing private scheme^^	%	Not willing or able**	%	Total
Sharps Disposal Service	78	83.0%	12	12.8%	1	1.1%	3	3.2%	94
Home Delivery Service (not appliances)	41	44.6%	19	20.7%	28	30.4%	4	4.3%	92
Gluten Free Food Supply	9	9.8%	65	70.7%	3	3.3%	15	16.3%	92
Care Home	5	5.4%	49	53.3%	8	8.7%	30	32.6%	92
Language Access Service	5	5.4%	60	65.2%	0	0.0%	27	29.3%	92
Anti-viral Distribution	2	2.2%	73	78.5%	2	2.2%	16	17.2%	93
Anticoagulant Monitoring	0	0.0%	77	82.8%	2	2.2%	14	15.1%	93
Schools Service	0	0.0%	71	76.3%	1	1.1%	21	22.6%	93

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: Some pharmacies picked multiple options; this is why in some cases the totals are greater than the overall number of pharmacies as for seasonal flu – 6x provide both NHS and Private Scheme and 1x provider is currently providing a Private Scheme and willing to provide an NHS service (WA)
^ CP – Currently providing NHS funded service
^^ PP – Currently providing company led/private service
* WA - Willing and able to provide if commissioned
** NW - Not willing or able to provide service
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- for most of these services, pharmacies are either 'willing and able' to provide (if commissioned) or are providing them already
- sharps disposal is commissioned by Local Authority, Waste and Environment Services
- however, none of the other services listed in the above table are actually commissioned by an NHS body which suggests there is some confusion regarding services which are being commissioned

Urgent Care provided by pharmacy

Service	Currently Providing NHS scheme^	%	Willing and able*	%	Currently providing private scheme^^	%	Not willing or able**	%	Total
Minor Ailments Scheme	70	75.3%	18	19.4%	1	1.1%	4	4.3%	93
Emergency Supply Service	25	27.2%	60	65.2%	3	3.3%	4	4.3%	92
Palliative Care scheme	11	11.8%	69	74.2%	2	2.2%	11	11.8%	93
Out of Hours Services	5	5.4%	42	45.7%	4	4.3%	41	44.6%	92
On Demand Availability of Specialist Drugs Service	5	5.4%	64	69.6%	1	1.1%	22	23.9%	92

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: Some pharmacies picked multiple options; this is why in some cases the totals are greater than the overall number of pharmacies. Also for ^ ^^ * ** please see notes for Commissioned Services above Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- Minor Ailments is provided by 71 providers and discussed elsewhere in this PNA
- there are 11 pharmacy contractors providing Palliative Care scheme
- the NHS urgent medicine supply advanced service is also discussed elsewhere in the PNA

Disease Specific Medicines Management Service provided by pharmacy

Service	Currently Providing NHS scheme^	%	Willing and able*	%	Currently providing private scheme^^	%	Not willing or able**	%	Total
Allergies	3	3.2%	80	86.0%	2	2.2%	8	8.6%	93
Alzheimer's - Dementia	4	4.3%	78	83.9%	2	2.2%	9	9.7%	93
Asthma	5	5.4%	78	83.9%	4	4.3%	6	6.5%	93
CHD	2	2.2%	81	88.0%	0	0.0%	9	9.8%	92
COPD	5	5.4%	78	83.9%	3	3.2%	7	7.5%	93
Depression	2	2.2%	80	87.0%	0	0.0%	10	10.9%	92
Diabetes type I	3	3.3%	80	87.0%	1	1.1%	8	8.7%	92
Diabetes type II	3	3.3%	80	87.0%	1	1.1%	8	8.7%	92
Epilepsy	2	2.2%	79	85.9%	0	0.0%	11	12.0%	92
Heart Failure	2	2.2%	81	88.0%	1	1.1%	8	8.7%	92
Hypertension	5	5.4%	78	83.9%	3	3.2%	7	7.5%	93
Parkinson's Disease	2	2.2%	80	87.0%	0	0.0%	10	10.9%	92

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: see Notes in Urgent Care– Provided by Pharmacy above
Other Private scheme options include Coeliac Testing and Group B streptococcus (GBS) Testing. These were added after Survey closed by new provider. Also for ^ ^^ * ** please see notes for Commissioned Services above
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- very few of the disease specific medicines management services are currently provided although a strong support to provide them if the funding was available for such type of commissioned development in the future

Public Health Services provided by pharmacy

Service	Currently Providing NHS scheme^	%	Willing and able*	%	Currently providing private scheme^^	%	Not willing or able**	%	Total
Emergency Hormonal Contraception Service	48	51.1%	38	40.4%	2	2.1%	6	6.4%	94
Quickstart Contraception	0	0.0%	79	84.9%	0	0.0%	14	15.1%	93
Contraception Service	0	0.0%	77	83.7%	0	0.0%	15	16.3%	92
Chlamydia Testing	1	1.1%	74	80.4%	0	0.0%	17	18.5%	92
Chlamydia Treatment Service	1	1.1%	76	81.7%	0	0.0%	16	17.2%	93
Needle and Syringe Exchange Service	13	14.0%	54	58.1%	1	1.1%	25	26.9%	93
Obesity Management (adults and children)	1	1.1%	74	80.4%	4	4.3%	13	14.1%	92
NRT Voucher Dispensing Service	72	78.3%	14	15.2%	3	3.3%	3	3.3%	92
Smoking Cessation Counselling Service	19	20.7%	58	63.0%	3	3.3%	12	13.0%	92
Varenicline (Champix) PGD Service	0	0.0%	79	85.9%	0	0.0%	13	14.1%	92
Supervised Administration	78	84.8%	8	8.7%	0	0.0%	6	6.5%	92

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: see Notes in Urgent Care– Provided by Pharmacy above. Also for ^ ^^ * ** please see notes for Commissioned Services above
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- Very few of the disease specific medicines management services are currently provided although there is a strong support to provide them if the funding was available for such type of commissioned development in the future

Public Health Services provided by pharmacy

If you provide supervised consumption/administration service, done in a separate private room?

	Yes	%	No	%	At patient request	%	N/A	%	Total
In Private	67	72.8%	0	0.0%	15	16.3%	10	10.9%	92

Source: Wirral PNA PharmOutcomes Survey 2017

Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- Emergency Hormonal Contraception (EHC) is delivered in over 50% of pharmacies, with many more willing to provide if commissioned (40.4%)
- for supervised consumption/administration (i.e. of methadone) 78 pharmacies (84.8%) support this service and of those 78 then 67 are able to provide this in a separate private room
- there are 13 pharmacies (14%) providing a needle and syringe exchange service. It will be useful to identify whether there is any unmet need for the latter
- also 72 pharmacies are delivering NRT voucher dispensing and/or smoking cessation counselling (78.3%)

Medicines Optimisation provided by pharmacy

Service	Currently Providing NHS scheme^	%	Willing and able*	%	Currently providing private scheme^^	%	Not willing or able**	%	Total
MUR Plus/Medicines Optimisation Service	6	6.5%	75	81.5%	0	0.0%	11	12.0%	92
Domiciliary Medicine Administration Records (MAR)	16	17.2%	50	53.8%	6	6.5%	21	22.6%	93
Locally Commissioned Domiciliary MUR Service	1	1.1%	73	79.3%	0	0.0%	18	19.6%	92
Medicines Assessment and Compliance Support Service	6	6.5%	64	68.8%	8	8.6%	15	16.1%	93
Independent Prescribing Service	0	0.0%	60	64.5%	0	0.0%	33	35.5%	93
Supplementary Prescribing	0	0.0%	57	62.0%	0	0.0%	35	38.0%	92
Not Dispensed Scheme	0	0.0%	72	78.3%	0	0.0%	20	21.7%	92
Prescriber Support Service	0	0.0%	71	77.2%	0	0.0%	21	22.8%	92

Source: Wirral PNA PharmOutcomes Survey 2017

Notes: Also for ^ ^^ * ** please see notes for Commissioned Services above

Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- MURs are discussed elsewhere in this PNA

Screening Service provided by pharmacy

Service	Currently Providing NHS scheme^	%	Willing and able*	%	Currently providing private scheme^^	%	Not willing or able**	%	Total
Alcohol	19	20.2%	61	64.9%	1	1.1%	13	13.8%	94
Atrial Fibrillation	0	0.0%	75	81.5%	0	0.0%	17	18.5%	92
Cholesterol	1	1.1%	74	80.4%	2	2.2%	15	16.3%	92
Diabetes	2	2.2%	71	76.3%	4	4.3%	16	17.2%	93
Gonorrhoea	0	0.0%	67	72.8%	0	0.0%	25	27.2%	92
H. pylori	0	0.0%	74	80.4%	0	0.0%	18	19.6%	92
HbA1C	0	0.0%	74	80.4%	0	0.0%	18	19.6%	92
Hepatitis	0	0.0%	67	72.8%	0	0.0%	25	27.2%	92
HIV	0	0.0%	65	70.7%	0	0.0%	27	29.3%	92
Hypertension	9	9.7%	64	68.8%	8	8.6%	12	12.9%	93
Phlebotomy Service	0	0.0%	68	73.9%	0	0.0%	24	26.1%	92
Vascular Risk Assessment Service	0	0.0%	75	81.5%	0	0.0%	17	18.5%	92

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: Some pharmacies picked multiple options; this is why in some cases the totals are greater than the overall number of pharmacies. Also for ^ ^^ * ** please see notes for Commissioned Services above
Figures in the table above were collated in May 2017 so may not match later data on current provision

Vaccinations Service provided by pharmacy

Service	Currently Providing NHS scheme^	%	Willing and able*	%	Currently providing private scheme^^	%	Not willing or able**	%	Total
Seasonal Influenza Vaccination Service (not NHS Service)	52	52.5%	16	16.2%	24	24.2%	7	7.1%	99
Childhood Vaccinations	0	0.0%	68	73.9%	1	1.1%	23	25.0%	92
HPV	0	0.0%	71	77.2%	0	0.0%	21	22.8%	92
Hepatitis B	2	2.2%	66	71.7%	2	2.2%	22	23.9%	92
Travel Vaccines	7	7.5%	62	66.7%	6	6.5%	18	19.4%	93

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: Some pharmacies picked multiple options; this is why in some cases the totals are greater than the overall number of pharmacies. Also for ^ ^^ * ** please see notes for Commissioned Services above
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- very few (if any) screening services are being delivered although there is strong support to provide them if they were commissioned subject to adequate training
- with the exception of seasonal flu, very few of the other vaccinations are provided
- As the national flu service develops and pharmacists become more confident in administering these injections, there is strong potential for delivery of the other vaccinations subject to available funding and training

Question: Healthy Living Pharmacy - Is this a healthy living pharmacy?

Is this a Healthy Living Pharmacy (HLP)?	Total	Percentage of all Pharmacy Premises (%)
Yes - currently a HLP	35	38.0%
Currently working towards HLP status	50	54.3%
The pharmacy is not currently working toward HLP status but would be interested in becoming a HLP in the future	4	4.3%
The pharmacy is not currently interested in becoming a HLP	3	3.3%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: Some pharmacies picked multiple options; this is why in some cases the totals are greater than the overall number of pharmacies. Also for ^ ^^ * ** please see notes for Commissioned Services above
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- over 90% of pharmacies are either already accredited (35) or working towards (50) healthy living pharmacy status
- four of the remaining seven are interested in becoming accredited

Question: Collection and Delivery Services - Provided by Pharmacy

Collection and Delivery services	Yes	Percentage of all Pharmacy %	No	Percentage of all Pharmacy %	Total
Collection of prescriptions from surgeries*	91	98.9%	1	1.1%	92
Delivery of dispensed medicines - Free of charge on request	83	90.2%	9	9.8%	92
Delivery of dispensed medicines - Chargeable	7	7.6%	85	92.4%	92
Monitored/Community Dosage Systems - Free of charge on request if not covered by Equality Act (DDA)	84	91.3%	8	8.7%	92
Monitored/Community Dosage Systems - chargeable if not covered by Equality Act (DDA)	15	16.3%	77	83.7%	92
Monitored/Community Dosage Systems - Not provided unless covered by Equality Act (DDA)	19	20.7%	73	79.3%	92

Source: Wirral PNA PharmOutcomes Survey 2017
Notes: Some pharmacies picked multiple options; this is why in some cases the totals are greater than the overall number of pharmacies. Also for ^ ^^ * ** please see notes for Commissioned Services above
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key Findings

- almost all (91 of 92) pharmacies collect and 83 of 92 deliver dispensed medicines. This is usually free of charge, but is on request, though this may change in the future as it is an individual business decision by contractors
- also, 84 of 92 pharmacies (91.3%) provide monitored dosage systems (i.e. “blister” packs) in most instances free of charge
- in general, however, the data on whether these systems are effective in improving adherence are questionable

Accessibility provided by pharmacy

Accessibility to Pharmacy services	Yes	Percentage of all Pharmacy (%)	No	Percentage of all Pharmacy (%)	Total
Can customers park within 50 metres of Pharmacy	90	97.8%	2	2.2%	92
Disabled Parking Designated for pharmacy customers	52	56.5%	40	43.5%	92
Entrance to Pharmacy is Wheelchair Accessible unaided	70	76.1%	22	23.9%	92
All areas of Pharmacy Floor are Wheelchair Accessible	85	92.4%	7	7.6%	92

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Accessibility provided by pharmacy

Accessibility to Pharmacy services	Within 100M	100M to 500M	500M to 1000M	1000M+	No Bus Stop No Train Station	Total
Proximity to nearest Train Station/Bus Stop	74	17	1	0	0	92
	80.4%	18.5%	1.1%	0.0%	0.0%	100%

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Accessibility provided by pharmacy - Other facilities in the pharmacy aimed at supporting disabled people to access Pharmacy

Other facilities in the pharmacy aimed at supporting disabled people access Pharmacy?	Yes	Percentage of all Pharmacy Premises (%)
Large print labels	74	80.4%
Hearing loop	51	55.4%
Automatic door assistance	42	45.7%
Large print leaflets	33	35.9%
Bell at front door	22	23.9%
Wheelchair ramp access	21	22.8%
Toilet facilities accessible by wheelchair users	15	16.3%
Other	4	4.3%
Sign language	1	1.1%

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key findings

- accessibility to the pharmacies is generally very good
- the parking and/or access to public transport is very good with over 80% of premises within 100 metres of a bus or train stop and almost 99% within 500 metres
- wheelchair access is very good inside the premises with over 92% of pharmacies having all areas of the pharmacy floor as wheelchair accessible

Accessibility support provided by pharmacy - English not as a first language

Are you able to offer support to people whose first language is not English?	Yes	No
Yes	25	27.2%
No	67	72.8%

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Accessibility support provided by pharmacy - English not as a first language

How are you able to provide support to those people whose first language is not English?	Yes	No
Access Interpreter/language line	18	74
Other languages spoken within local pharmacy - reported by 29 Pharmacies* Spanish, Chinese, Arabic, Cantonese, Italian, Maltese, Mandarin, Urdu, Punjabi, French, Portuguese, Gujarati, Malay, Iranian, Hindi, Zambian dialect, Bengali, Welsh, Yoruba, Igbo, Hausa, Polish *(*note - not ALL languages are spoken in ALL premises)*		

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Accessibility support provided by pharmacy - speak to a person of the same sex

Are you able to provide advice and support if the customer wishes to speak to a person of the same sex?	Yes	No
By arrangement	54	58.7%
Yes, all the time	31	33.7%
No	7	7.6%
Total	**92**	**100.0%**

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Accessibility support provided by pharmacy – Access related to pharmaceutical need for any of the following groups

Are you aware of any gaps in access or pharmaceutical need for any of the following groups relating to...	Yes	Percentage of all Pharmacy Premises (%)	Comments
Age	3	3.3%	None
Disability*	7	7.6%	* No ramp into the shop currently and hard for a wheelchair to access the consultation room at present * The consultation room is currently difficult to access by wheelchair but we are re-locating in the next 6 months. * Access not that easy for wheelchair patients
Gender**	4	4.3%	** Only female staff on premises
Gender reassignment	3	3.3%	None
Marriage and civil partnership	3	3.3%	None
Pregnancy and maternity	3	3.3%	None
Race	3	3.3%	None
Religion or belief	3	3.3%	None
Sexual orientation	3	3.3%	None
Other	0	0.0%	None
If yes to any of the above please state why	None - other than those stated for indivudal protected characteristic areas		

Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Question: General - Pharmacy – anything else you would like to say which you think may be useful for PNA

Do you have anything else you would like to say which you think may be useful in the formulation of the PNA?	Yes	No
See below	3	89

Other information

- Provide PGDs for malarone,erectile dysfunction,hair loss,period delay,

- I think that we (Individual pharmacy) would benefit from offering an alcohol awareness service and diabetes monitoring as public health data shows that these are major health concerns in our area.

- Although I have personally answered 'willing and able to provide' for many services, this would be subject to appropriate training and the discretion of Vittoria Healthcare Ltd, as company procedures and insurance policies may need to be reviewed prior to implementation.

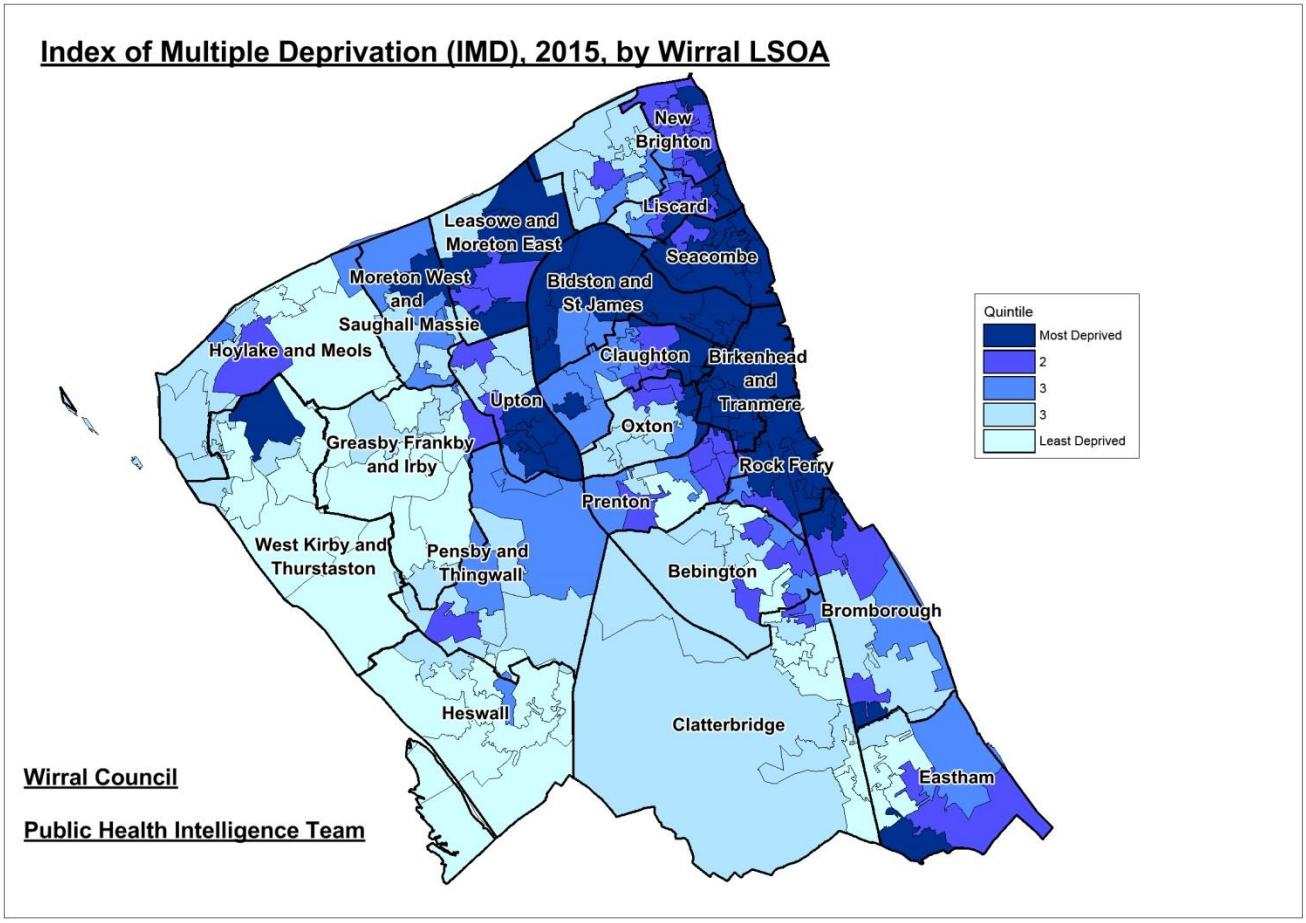
Source: Wirral PNA PharmOutcomes Survey 2017
Figures in the table above were collated in May 2017 so may not match later data on current provision

Key findings

- there are 25 (or 27.2%) of Pharmacies that are able to provide assistance for customers whose first language is not English and that is through access to Language Line, an interpreter or staff on the premises
- in over 90% (85) of Pharmacies there can be a same sex person to serve you either by arrangement or all the time
- there would appear to be very few, if any significant, gaps in pharmaceutical need for vulnerable groups by way of the stated protected characteristics

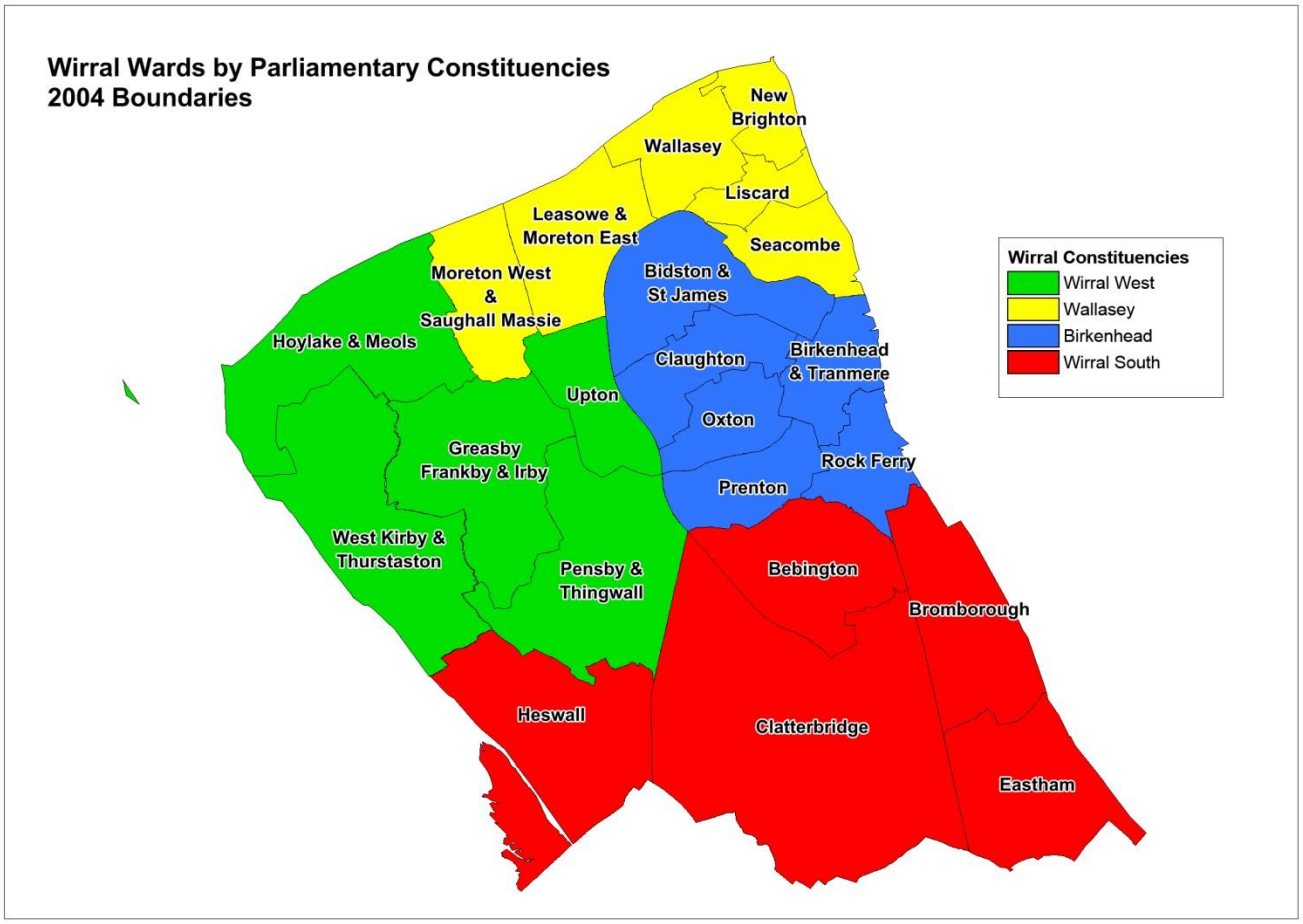
Appendix Six: Indices of Multiple Deprivation (IMD) (2015)

Presented at Wirral Lower Super Output Area

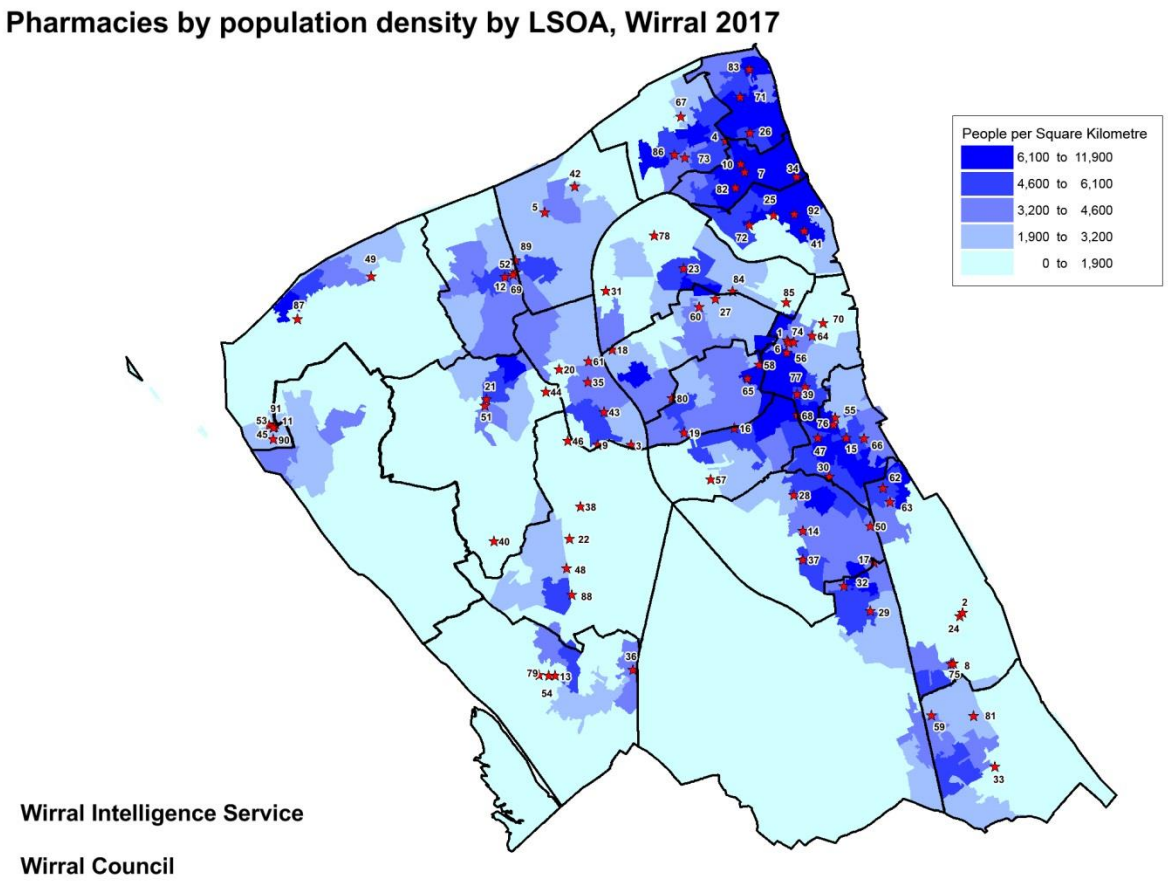


Appendix Seven:

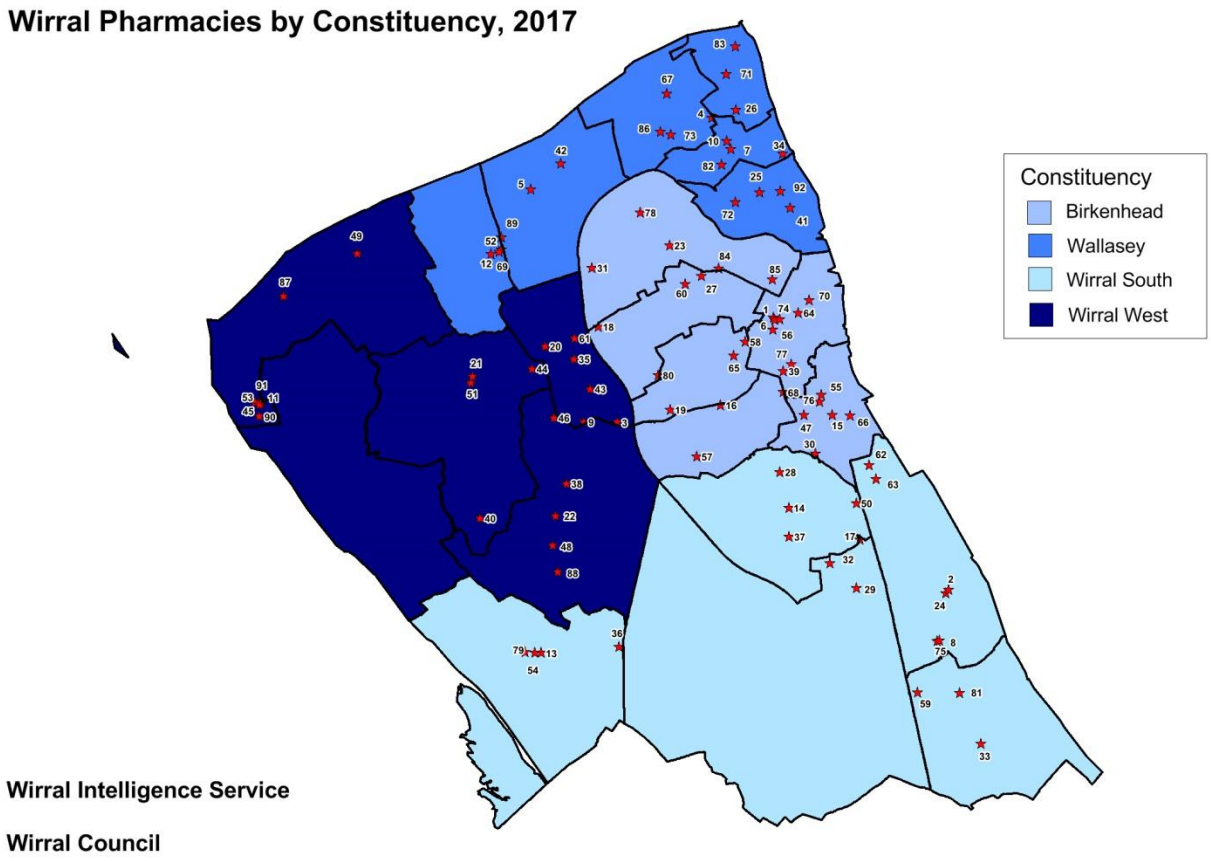
(i) Wirral Constituencies and Wards – 2017



(ii) Wirral Pharmacies outlets – by Index of Population Density – 2017

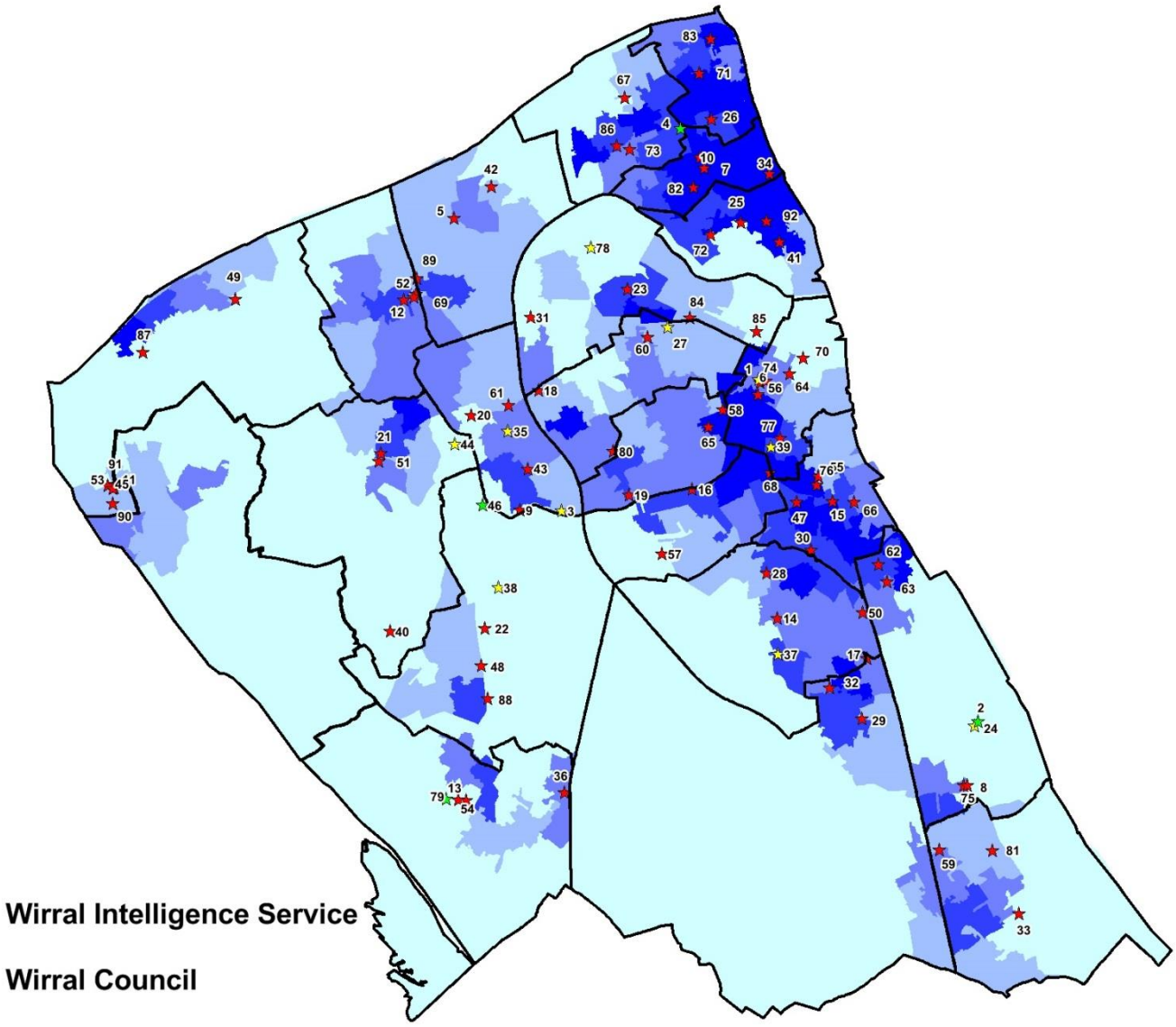


(iii) Wirral Pharmacies – by Constituency – 2017



(iv) Wirral Pharmacies – Contract opening hours – 2017

Pharmacies by total opening hours and population density, Wirral LSOA, 2017



Appendix Eight: Wirral Pharmacies – Map, Legend with opening times by Constituency

This list is correct as at 14.11.17, details do change periodically

	Birkenhead Constituency			
Legend	***Name of Pharmacy***	***Monday – Friday***	***Saturday***	***Sunday***
1	*Asda Pharmacy (Branch:4361 – Birkenhead) Asda Stores Ltd 22 Grange Road Birkenhead CH41 6EB Tel: 0151 552 1110	Monday 07:00 - 22:00 Tuesday - Friday 06:00 - 22:00	06:00 - 22:00	10:30 – 16:30
6	Boots (Branch: 1161 – Birkenhead) 215 Grange Road Birkenhead Wirral CH41 2PH Tel: 0151 647 7255	08:30 – 17:30	08:30 - 17.30	10:30 – 16:30
15	Boots (Branch: 5169 – Rock Ferry) 206 Bedford Road Rock Ferry Birkenhead CH42 2AT Tel: 0151 643 9051	09:00 – 18:00	09:00 - 17:00	Closed
16	Boots (Branch: 5170 – Prenton) 379 Woodchurch Road Prenton Birkenhead CH42 8PE Tel: 0151 608 2609	09:00 – 18:00	09:00 - 18:00	Closed
18	Boots (Branch: 5172 – Noctorum) 395 Upton Road Prenton Birkenhead CH43 9SE Tel: 0151 677 5353	09:00 – 18:00	09:00 - 17:00	Closed
19	Boots (Branch: 5265 - Prenton - Holmlands) 8-10 Holmlands Drive Prenton Birkenhead CH43 0TX Tel: 0151 608 5093	09:00 – 18:30	09:00 - 13:00	Closed
23	Boots (Branch: 5989 - Bidston) 30 Hoylake Road Bidston Birkenhead CH41 7BX Tel: 0151 653 7871	09:00 – 18:30	09:00 - 15:00	Closed

27	*Claughton Pharmacy 161 Park Road North Claughton Birkenhead CH41 0DD Tel: 0151 653 7543	07:00 – 22:30	07:00 - 22:30	09:00 - 16:00
30	Dale Pharmacy 218 Bebington Road Rock Ferry Wirral CH42 4QF Tel: 0151 644 1912	09:00 – 13:00 14:00 – 18:00	09:00 - 13:00	Closed
31	Day Lewis Pharmacy (Branch: 247 - Birkenhead) 41 Fender Way Beechwood Birkenhead CH43 7ZJ Tel: 0151 677 2353	09:00 – 17:30	Closed	Closed
39	*Hub Pharmacy (Tranmere) St. Catherine's Hospital Church Road, Tranmere Birkenhead CH42 0LQ Tel: 0151 601 3132	07:30 – 22:00	08:30 - 22:00	08:30 – 22:00
47	Lloyds Pharmacy (Branch: 7221 - Victoria Health Centre) Victoria Park Health Centre Bedford Avenue Rock Ferry CH42 4QJ Tel: 0151 645 1201	08:30 – 18:00	08:30 - 12:30	Closed
55	Old Chester Pharmacy 296 Old Chester Road Rock Ferry Wirral CH42 3XD Tel: 0151 645 3055	09:00 – 18:00	09:00 - 12:30	Closed
56	Peter Jamieson Ltd 44 Whetstone Lane Birkenhead Wirral CH41 2TF Tel: 0151 647 4449	Monday 08:45 – 19:00 Tuesday & Wednesday 08:45 – 18:00 Thursday 08:00 – 18:00 Friday 8:45 – 18:00	Closed	Closed

57	Prenton Dell Pharmacy Villa Medical Centre Roman Road, Prenton Wirral CH43 3DB Tel: 0151 608 3507	Monday, Wednesday & Thursday 08:30 – 18:30 Tuesday 07:00 – 19:30 Friday 07:00 – 18:00	09:00 - 13:00	Closed
58	Rowlands Chemist (Branch: 1642 - TA Havens Chemists) 40 Balls Road Birkenhead Prenton CH43 5RE Tel: 0151 652 8282	08:00 – 18:30	08:00 - 12:00	Closed
60	Rowlands Pharmacy (Branch: 1032 - Claughton) 2 Upton Road Claughton Wirral CH41 0DF Tel: 0151 652 1902	09:00 – 13:00 14:00 - 18:00	Closed	Closed
64	Rowlands Pharmacy (Branch: 1200 - Princes Pavement) 9 Princes Pavement Birkenhead Wirral CH41 2XY Tel: 0151 647 6858	09:00 – 17:30	09:00 - 17:00	Closed
65	Rowlands Pharmacy (Branch: 1204 - Oxton) 53 Christchurch Road Oxton Village Birkenhead CH43 5SF Tel: 0151 652 5678	09:00 - 13:00 14:00 – 18:00	09:00 – 13:00 14:00 - 17:30	Closed
66	Rowlands Pharmacy (Branch: 1225 - Rock Ferry) Riverside Health Centre 525 New Chester Road Rock Ferry CH42 2AG Tel: 0151 645 3131	09:00 – 13:00 14:00 - 18:30	09:00 - 12:00	Closed
68	Rowlands Pharmacy (Branch: 1238 - Greenway Road) Greenway Road Surgery 62 Greenway Road Birkenhead CH42 7LX Tel: 0151 652 5941	09:00 – 13:00 14:00 - 18:00	09:00 - 13:00	Closed

70	Rowlands Pharmacy (Branch: 1368 - Chanins) 73 Market Street Birkenhead Wirral CH41 6AN Tel: 0151 647 8017	09:00 – 17:30	09:00 - 13:00	Closed
74	Superdrug Pharmacy (Branch: 0943 - Birkenhead) 203-205 Grange Road Birkenhead Wirral CH41 2PF Tel: 0151 647 7387	09:00 – 17:30	09:00 - 17:30	Closed
76	Swettenham Chemists Ltd (Rock Ferry) 249 Old Chester Road Birkenhead Wirral CH42 3TD Tel: 0151 645 1851	09:00 – 13:00 14:00 - 18:00	Closed	Closed
77	Swettenham Chemists Ltd (Tranmere) 4 Tranmere Court Tranmere Birkenhead CH42 5AB Tel: 0151 647 8645	09:00 – 18:00	09:00 - 13:00	Closed
78	*Tesco Instore Pharmacy (Birkenhead) Bidston Moss Extra Bidston Link Road Birkenhead CH43 7AA Tel: 0151 331 1629	Monday 08:00 – 22:30 Tuesday – Friday 06:30 – 22:30	06:30 - 22:00	10:00 – 16:00
80	Townfield Pharmacy Townfield Health Centre Townfield Close Birkenhead CH43 9JW Tel: 0151 653 7707	09:00 – 18:00	09:00 - 13:00	Closed
84	Vittoria Healthcare Limited (Birkenhead Pharmacy) 31 Laird Street Birkenhead Wirral CH41 8DB Tel: 0151 653 7720	09:00 – 19:00	09:00 - 13:00	Closed
85	Vittoria Pharmacy (Birkenhead) 134 St. Anne Street Birkenhead Wirral CH41 3SJ Tel: 0151 647 8679	09:00 – 13:00 13:30 - 18:15	Closed	Closed

	Wallasey Constituency			
Legend	***Name of Pharmacy***	***Monday – Friday***	***Saturday***	***Sunday***
4	*Asda Pharmacy (Wallasey) Asda Superstore Seaview Road Liscard CH45 4NZ Tel: 0151 691 6718	08:00 – 22:00	08:00 - 22:00	10:00 – 16:00
5	Blackheath Pharmacy 113 Reeds Lane Leasowe Wirral CH46 1QT Tel: 0151 604 1600	09:00 – 13:00 13:30 - 18:00	Closed	Closed
7	Boots (Branch: 1195 - Wallasey) 36 Liscard Way Wallasey Wirral CH44 5TP Tel: 0151 638 2477	09:00 – 17:30	09:00 - 17:30	Closed
10	Boots (Branch: 1308 - Manor HC) Manor Health Centre Liscard Village Wallasey CH45 4JG Tel: 0151 638 5617	08:00 – 18:00	Closed	Closed
12	Boots (Branch: 2027 - Moreton) 254 Hoylake Road Moreton Wirral CH46 6AF Tel: 0151 677 5182	09:00 – 17:30	09:00 - 17:30	Closed
25	Campbells Chemist 175 Poulton Road Wallasey Wirral CH44 9DG Tel: 0151 638 5730	09:00 – 13:00 14:15 - 18:00	09:00 - 13:00	Closed
26	Carrington Chemist 128 Rake Lane Wallasey Wirral CH45 5DL Tel: 0151 639 3531	08:30 – 13:00 14:00 - 17:30	Closed	Closed
34	Egremont Pharmacy 9a King Street Wallasey Wirral CH44 8AT Tel: 0151 639 5016	09:00 – 18:00	Closed	Closed
41	Jacksons Chemist (Wallasey) 118 St Pauls Road Wallasey Wirral CH44 7AW Tel: 0151 638 4555	09:00 – 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 17:30	Closed

42	Leasowe Pharmacy Leasowe Primary Care Centre Hudson Road Leasowe CH46 2QQ Tel: 0151 638 3810	09:00 – 18:00	Closed	Closed
52	Moreton Pharmacy 205-207 Hoylake Road Moreton Wirral CH46 0SJ Tel: 0151 677 2344	08:30 – 18:00	09.00 - 17.30	Closed
67	Rowlands Pharmacy (Branch: 1234 - Wallasey Village) 62 Grove Road Wallasey Wirral CH45 3HW Tel: 0151 639 2352	09:00 – 13:00 14:00 - 18:00	09.00 - 13.00	Closed
69	Rowlands Pharmacy (Branch: 1284 - Moreton) 2a Chadwick Street Moreton Wirral CH46 7TE Tel: 0151 677 3814	09:00 – 18:00	09.00 - 13.00	Closed
71	Rowlands Pharmacy (Branch: 1454 - Field Road) Field Road Health Centre Field Road Wallasey CH45 5BG Tel: 0151 639 3729	08:45 – 18:00	Closed	Closed
72	Somerville Pharmacy Somerville Medical Centre 71 Gorsey Lane Wallasey CH44 4SP Tel: 0151 638 2772	08:45 – 18:00	Closed	Closed
73	St Hilarys Pharmacy St Hilary Brow Group MP Broadway Wallasey CH45 3NA Tel: 0151 638 3048	08:30 – 18:00	Closed	Closed
82	Victoria Central Health Centre Victoria Central PCC Mill Lane Wallasey CH44 5UE Tel: 0151 639 0732	08:30 – 19:00	08:30 - 17:30	Closed

83	Victoria Pharmacy (Wallasey) 100 Victoria Road New Brighton Wallasey CH45 2JF Tel: 0151 639 4361	09:00 – 18:00	09:00 - 17:30	Closed
86	Wallasey Village Pharmacy 95 Wallasey Village Wallasey Wirral CH45 3LE Tel: 0151 638 2392	09:00 – 13:00 13:30 - 18:00	09:00 - 13:00	Closed
89	Well (Moreton) (Branch: 200402) Pasture Road Health Centre Pasture Road Moreton CH46 8SA Tel: 0151 677 4100	08:30 – 18:00	Closed	Closed
92	Wyn Ellis and Son Pharmacy 32 Poulton Road Wallasey Wirral CH44 9DQ Tel: 0151 638 6609	09:00 – 13:00 14:15 - 18:00	09.00 - 13.00	Closed

	Wirral South Constituency			
Legend	***Name of Pharmacy***	***Monday – Friday***	***Saturday***	***Sunday***
2	*Asda Pharmacy (Branch: 4933 - Bromborough) Welton Road Croft Business Park Bromborough CH62 3QP Tel: 0151 346 2510	Monday 08:00 – 23:00 Tuesday – Friday 07:00 – 23:00	07.00 - 22.00	10:00 – 16:00
8	Boots (Branch: 1245 - Bromborough - The Rake) 3-5 The Precinct Bromborough Wirral CH62 7AD Tel: 0151 334 4406	09:00 – 17:30	09:00 - 17:30	Closed
13	Boots (Branch: 2031 - Heswall) 218-220 Telegraph Road Heswall Wirral CH60 0AL Tel: 0151 342 2663	09:00 – 17:30	09:00 - 17:30	Closed
14	Boots (Branch: 5168/Bebington, Teehey Lane) 118 Teehey Lane Higher Bebington Wirral CH63 8QT Tel: 0151 608 2523	09:00 - 18:00	09:00 - 17:00	Closed

17	Boots (Branch: 5171 - Bebington Church Road) 21 Church Road Lower Bebington Wirral CH63 7PG Tel: 0151 645 3925	09:00 – 18:00	09:00 - 17:00	Closed
24	*Boots (Branch: 6401 - Bromborough - Welton Road) Bromborough Retail Park Welton Road Bromborough CH62 3PN Tel: 0151 343 0276 ext. 513	08:00 – 20:00	08:00 - 18:30	10:00 – 16:00
28	Cohens Pharmacy (Broadway) 4 Broadway Higher Bebington Wirral CH63 5NH Tel: 0151 608 4480	09:00 – 13:00 14:00 - 18:00	Closed	Closed
29	Corry's Chemist T/A Temple Pharmacy 3 Lancelyn Court Precinct Spital Bebington CH63 9JP Tel: 0151 334 5486	09:00 – 13:00 14:00 - 18:00	09:00 - 13:00	Closed
32	Day Lewis Pharmacy Bebington (Branch: 248) 14-16 Cross Lane Bebington Wirral CH63 3AL Tel: 0151 334 1040	09:00 – 18:00	09.00 - 17.00	Closed
33	Dudleys Chemist 1194 New Chester Road Eastham Wirral CH62 9AE Tel: 0151 327 1586	09:00 – 17:30	09:00 - 13:00	Closed
36	Heswall Hills Pharmacy 119 Brimstage Road Heswall Wirral CH60 1XF Tel: 0151 342 4385	09:00 – 13:00 14:00 - 18:00	09:00 - 16:00	Closed
37	*Higher Bebington Pharmacy The Medical Centre Brackenwood Road Bebington CH63 2LR Tel: 0151 608 2206	08:00 – 22:30	08:00 - 22:30	09:30 – 22:30

50	Martin Revill Ltd. 176 Bebington Road Bebington Wirral CH63 7PD Tel: 0151 645 1013	08:30 – 18:00	09:00 - 12:00	Closed
54	Oakley Pharmacy 270 Telegraph Road Heswall Wirral CH60 7SE Tel: 0151 342 6892	09:00 – 18:00	09:00 - 17:00	Closed
59	Rowlands Pharmacy (Branch: 1016 - Bromborough) 154 Allport Road Bromborough Wirral CH62 6BB Tel: 0151 334 2254	09:00 – 13:00 14:00 - 18:00	09:00 - 18:00	Closed
62	Rowlands Pharmacy (Branch: 1072 - Parkfield) Parkfield Medical Centre Sefton Road New Ferry CH62 5HS Tel: 0151 645 3985	09:00 – 13:00 14:00 - 18:30	09:00 - 13:00	Closed
63	Rowlands Pharmacy (Branch: 1073 – New Ferry) 20 Bebington Road New Ferry Wirral CH62 5BQ Tel: 0151 645 3295	09:00 – 18:00	09:00 - 17:30	Closed
75	Swettenham Chemists Ltd (Bromborough) 18 Allport Lane Bromborough Wirral CH62 7HP Tel: 0151 334 2020	09:00 – 18:00	09:00 - 13:00	Closed
79	*Tesco Instore Pharmacy (Heswall) Telegraph Road Heswall Wirral CH60 7SL Tel: 0151 331 1632	08:00 – 20:00	08:00 - 20:00	10:00 – 16:00
81	Tree Tops Pharmacy Tree Tops Primary Care Centre 49 Bridle Rd, Bromborough Wirral CH62 6EE Tel: 0151 327 4554	08:30 – 18:30	09:00 - 13:00	Closed

	Wirral West Constituency			
Legend	***Name of Pharmacy***	***Monday – Friday***	***Saturday***	***Sunday***
3	*Asda Pharmacy (Upton) Woodchurch Road Upton Wirral CH49 5PD Tel: 0151 522 7710	Monday 7:00 – 22:00 Tuesday – Friday 6:00 – 22:00	06:00 - 21:00	10:00 – 16:00
9	Boots (Branch: 1307 - Arrowe Park) Commonfield Road Surgery 156 Commonfield Road Wirral CH49 7LP Tel: 0151 677 9617	08:30 – 13:00 14:00 - 18:30	Closed	Closed
11	Boots (Branch: 2026 - West Kirby The Crescent) 11-13 The Crescent West Kirby Wirral CH48 4HL Tel: 0151 625 8586	08:30 – 17:30	09.00 - 17.30	Closed
20	Boots (Branch: 5465 - Upton) 23 Arrowe Park Road Upton Wirral CH49 0UB Tel: 0151 677 2241	Monday – Friday (not Wednesday) 09:00 – 18:00 Wednesday 09:00 – 17:30	09:00 - 17:30	Closed
21	Boots (Branch: 5765 - Greasby) 148 Greasby Road Greasby Wirral CH49 3NQ Tel: 0151 677 5501	09:00 – 18:30	09:00 - 17:30	Closed
22	Boots (Branch: 5767 - Thingwall) 509 Pensby Road Thingwall Wirral CH61 7UQ Tel: 0151 648 1351	09:00 – 18:00	09.00 - 13.00	Closed
35	*Heatherlands Pharmacy 396 New Hey Road Upton Wirral CH49 9DA Tel: 0151 678 5427	06:30 – 22:30	07:30 - 21:30	10:00 – 16:00
38	*Hub Pharmacy (Thingwall) The Warrens Medical Centre Arrowe Park Rd Thingwall CH49 5PL Tel: 0151 601 3101	07:30 – 22:00	08:00 - 22:00	08:30 – 22:00

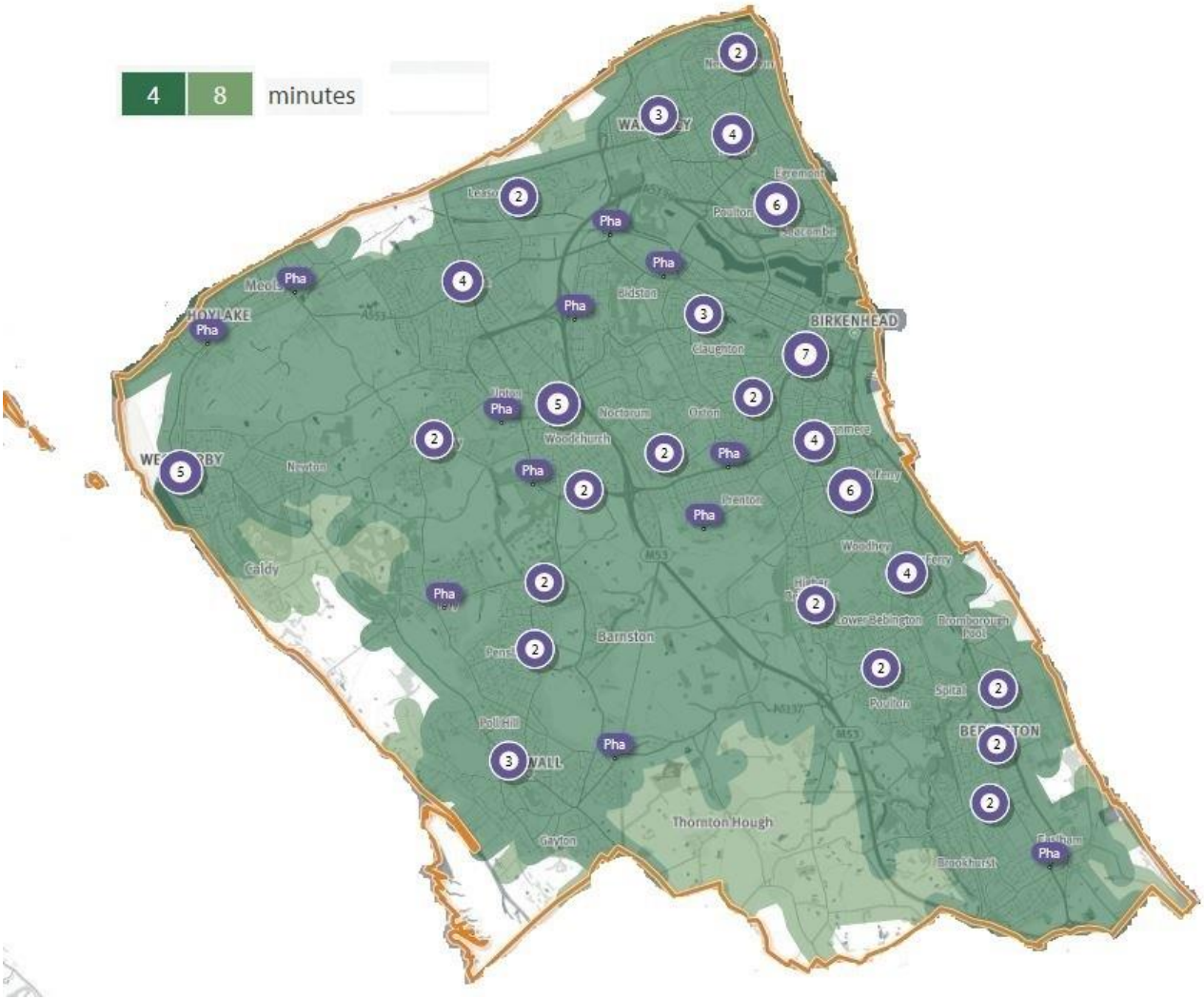
40	Irby Pharmacy 39 Thingwall Road Irby Wirral CH61 3UE Tel: 0151 648 1498	09:00 – 18:00	09.00 - 13.00	Closed
43	Lee's Pharmacy Ltd 98 Hoole Road Woodchurch Birkenhead CH49 8EG Tel: 0151 677 4932	09:00 – 18:00	09:00 - 13:00	Closed
44	*Lloyds Pharmacy (Branch: 5252 - Upton Sainsburys) Upton-By-Pass Upton Wirral CH49 6QG Tel: 0151 522 0186	07:00 – 23:00	07:00 - 22:00	10:00 – 16:00
45	Lloyds Pharmacy (Branch: 6603 - West Kirby) 35 Grange Road West Kirby Wirral CH48 4DZ Tel: 0151 625 1034	08:30 – 18:00	09:00 - 17:00	Closed
46	*Lloyds Pharmacy (Branch: 6705) Arrowe Park Hospital Arrowe Park Road Upton, Wirral CH49 5PE Tel: 0151 677 6449	08:30 – 22:00	09:00 - 22:00	09:00 – 22:00
48	M & A Weinronk (Pensby) 413 Pensby Road Pensby Wirral CH61 9PF Tel: 0151 648 1936	09:00 – 13:00 14:15 - 18:00	09:00 - 13:00	Closed
49	Manor Pharmacy 13 Station Approach Meols Wirral CH47 8XA Tel: 0151 632 0070	09:00 – 13:00 13:30 - 18:00	09.00 - 13.00	Closed
51	McKeevers (Greasby) Greasby Health Centre 424 Frankby Road Greasby CH49 3PH Tel: 0151 678 3350	09:00 – 18:00	09.00 - 13.00	Closed
53	Morrisons Pharmacy (West Kirby) Dee Lane West Kirby Wirral CH48 0QA Tel: 0151 625 8094	Monday – Wednesday 09:00 – 20:00 Thursday – Friday 09:00 – 21:00	09:00 - 20:00	10:00 – 16:00

61	Rowlands Pharmacy (Branch: 1033 - Upton) Upton Group Practice 32 Ford Road, Upton Wirral CH49 0TF Tel: 0151 677 5948	08:30 – 13:00 13:30 - 18:30	09.00 - 13.00	Closed
87	Well (Branch: 228539 - Hoylake - Market Street) 40 Market Street Hoylake Wirral CH47 2AF Tel: 0151 632 4015	09:00 – 18:00	09:00 - 13:00	Closed
88	Well (Branch: 228551 - Pensby - Pensby Road) 309 Pensby Road Pensby Wirral CH61 9NG Tel: 0151 648 1606	09:00 - 18:00	Closed	Closed
90	Welshs Chemist 90 Banks Road West Kirby Wirral CH48 0RE Tel: 0151 625 2544	09:00 – 18:30	09:00 - 13:00	Closed
91	Wilsons Chemist (West Kirby) 17 The Crescent West Kirby Wirral CH48 4HW Tel: 0151 625 6115	09:00 – 17:30	09:00 - 17:00	Closed

All contractors provide minimum 40 hour service
*100hr
*extended – up to 100 hours
*OOT/extended
Note: OOT stands for Out of Town
Pharmacies co-located in GP Practice/Health Centre venues
(Birkenhead 9, Wallasey 8, Wirral South 4, Wirral West 5, Total - 26)

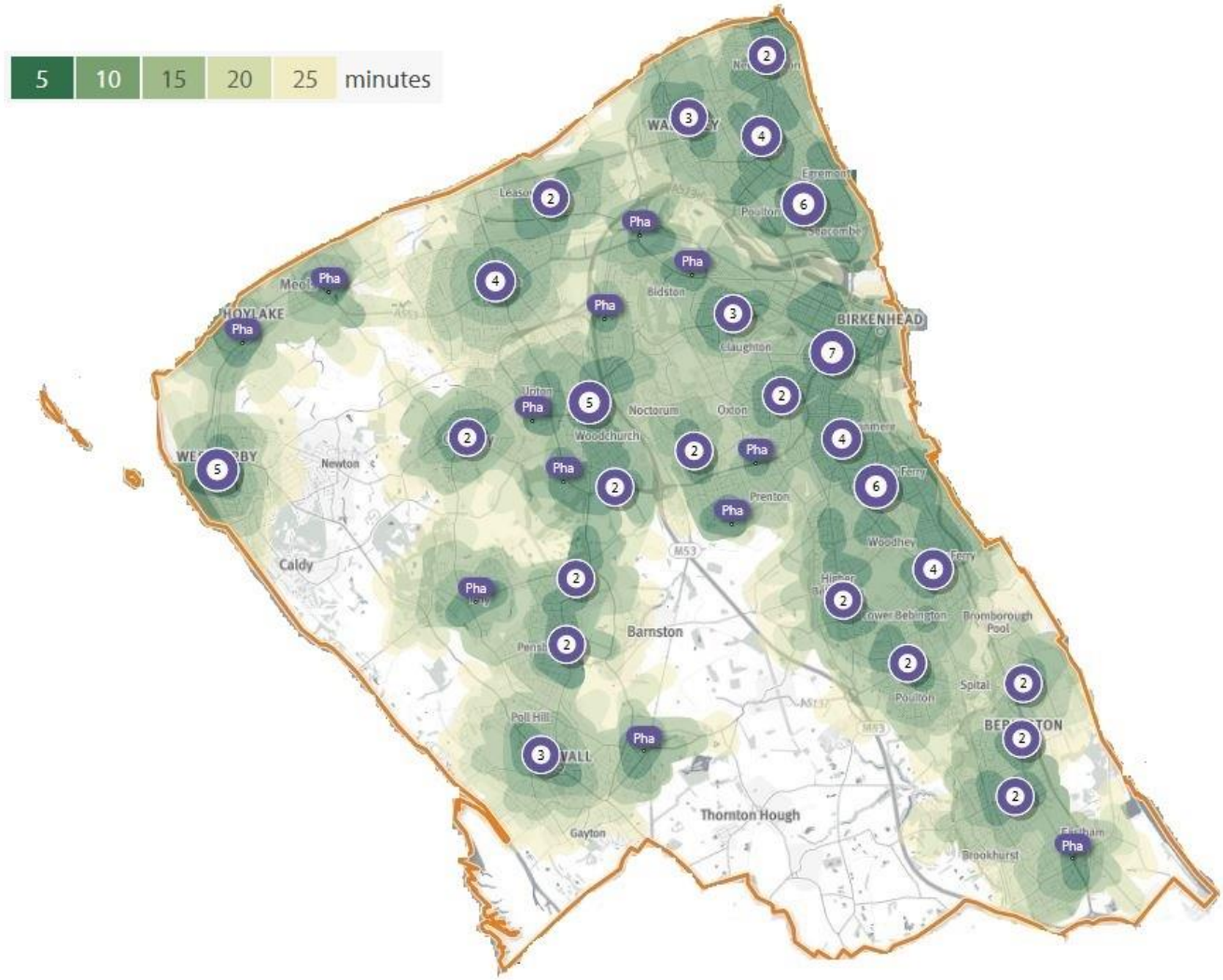
Appendix Nine: Pharmacy locations - drive or walk times

Drive Times (between 8 and 9 minutes travel time from any pharmacy)



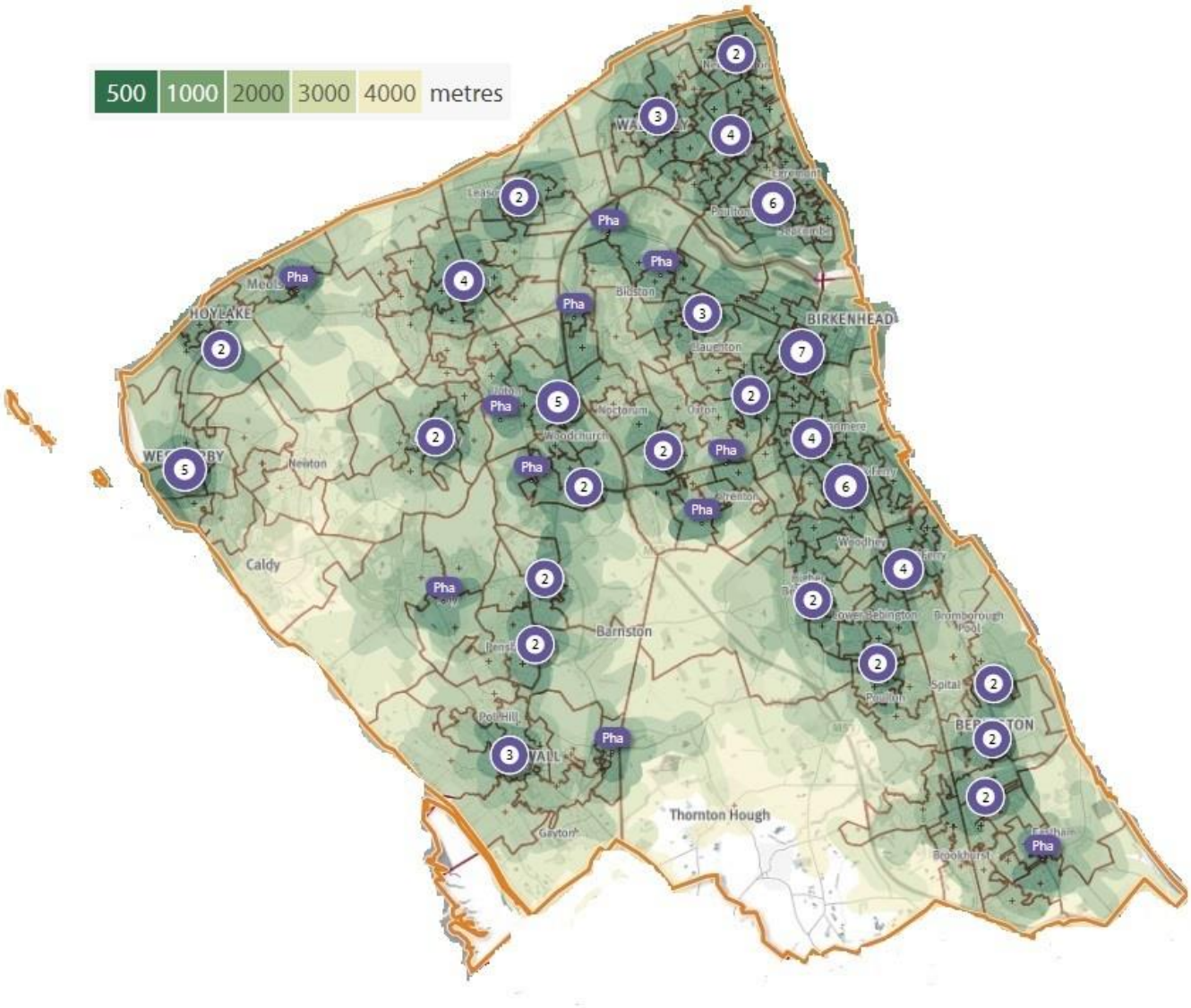
Walk times (considered as 25 minutes' walk from nearest Pharmacy)

Estimated to be one mile walking distance



Walk times (considered as 60 minutes' walk from nearest Pharmacy)

Estimated to be 4000 metres or 2.4 miles as close to One Hour walking distance



Appendix Ten: Pharmacy Opening Times across 7 days and Constituencies

Birkenhead							
Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
06:00	0	2	2	2	2	2	0
07:00	3	5	4	4	5	3	0
08:00	9	9	9	9	9	7	1
09:00	29	29	29	29	29	24	2
10:00	29	29	29	29	29	24	5
11:00	29	29	29	29	29	24	5
12:00	29	29	29	29	29	24	5
13:00	22	22	22	22	22	23	5
14:00	29	29	29	29	29	12	5
15:00	29	29	29	29	29	12	5
16:00	29	29	29	29	29	11	5
17:00	29	29	29	29	29	8	1
18:00	12	11	11	11	10	4	1
19:00	6	6	5	5	4	4	1
20:00	4	4	4	4	4	4	1
21:00	4	4	4	4	4	4	1
22:00	2	2	2	2	2	1	0
23:00	0	0	0	0	0	0	0

Wallasey							
Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
06:00	0	0	0	0	0	0	0
07:00	0	0	0	0	0	0	0
08:00	9	9	9	9	9	2	0
09:00	21	21	21	21	21	12	0
10:00	21	21	21	21	21	12	1
11:00	21	21	21	21	21	12	1
12:00	21	21	21	21	21	12	1
13:00	14	14	14	14	14	11	1
14:00	19	19	19	19	19	7	1
15:00	21	21	21	21	21	7	1
16:00	21	21	21	21	21	7	1
17:00	21	21	21	21	21	7	0
18:00	2	2	2	2	2	1	0
19:00	2	2	2	2	2	1	0
20:00	1	1	1	1	1	1	0
21:00	1	1	1	1	1	1	0
22:00	0	0	0	0	0	0	0
23:00	0	0	0	0	0	0	0

Source: Wirral Intelligence Service 2017

For details of each pharmacy contractor please see legend of providers in Appendix 2 and Appendix 8

Wirral South							
Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
06:00	0	0	0	0	0	0	0
07:00	0	1	1	1	1	1	0
08:00	6	6	6	6	6	4	0
09:00	20	20	20	20	20	19	1
10:00	20	20	20	20	20	19	4
11:00	20	20	20	20	20	19	4
12:00	20	20	20	20	20	19	4
13:00	15	15	15	15	15	19	4
14:00	20	20	20	20	20	13	4
15:00	20	20	20	20	20	13	4
16:00	20	20	20	20	20	13	4
17:00	20	20	20	20	20	8	1
18:00	6	6	6	6	6	4	1
19:00	4	4	4	4	4	3	1
20:00	2	2	2	2	2	2	1
21:00	2	2	2	2	2	2	1
22:00	2	2	2	2	2	1	1
23:00	0	0	0	0	0	0	0

Wirral West							
Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
06:00	1	2	2	2	2	1	0
07:00	4	4	4	4	4	3	0
08:00	9	9	9	9	9	4	1
09:00	22	22	22	22	22	20	2
10:00	22	22	22	22	22	20	6
11:00	22	22	22	22	22	20	6
12:00	22	22	22	22	22	20	6
13:00	16	16	16	16	16	20	6
14:00	22	22	22	22	22	11	6
15:00	22	22	22	22	22	11	6
16:00	22	22	22	22	22	11	6
17:00	22	22	22	22	22	9	2
18:00	10	10	10	10	10	6	2
19:00	6	6	6	6	6	6	2
20:00	5	5	5	6	6	5	2
21:00	5	5	5	5	5	4	2
22:00	2	2	2	2	2	0	0
23:00	0	0	0	0	0	0	0

Source: Wirral Intelligence Service 2017

For details of each pharmacy contractor please see legend of providers in Appendix 2 and Appendix 8

Appendix Eleven: Pharmacy Service Provision by Constituency

Birkenhead - Essential Services and Advanced Services

Legend	Dis. App	MUR	NewMed	AUR	SAC	NHS FLU	NUMSAS	AV. DIS	ANTI. COAG	SCHOOL
1	Dressings	Yes	Yes			Yes				
6	All	Yes	Yes			Yes	Yes			
15		Yes	Yes			Yes				
16	Dressings	Yes	Yes			Yes				
18	All	Yes	Yes							
19	All	Yes	Yes			Yes				
23	All	Yes	Yes							
27	All	Yes	Yes			Yes				
30		Yes				Yes				
31	All	Yes	Yes			Yes				
39	All	Yes	Yes			Yes		CP		
47	All	Yes	Yes	Yes	Yes	Yes				
55	All	Yes	Yes	Yes	Yes					
56	All	Yes								
57	Dressings	Yes	Yes							
58	All	Yes	Yes	Yes	Yes	Yes				
60	All	Yes	Yes			Yes				
64	All	Yes	Yes			Yes	Yes			
65	All	Yes	Yes			Yes				
66	All	Yes	Yes	Yes	Yes	Yes				
68	All	Yes	Yes	Yes	Yes	Yes				
70		Yes	Yes			Yes				
74	All	Yes	Yes			Yes				
76	Dressings	Yes	Yes			Yes				
77	Dressings	Yes	Yes			Yes				
78		Yes	Yes			Yes				
80	All	Yes	Yes	Yes	Yes	Yes	Yes			
84	All	Yes	Yes			Yes				
85	All	Yes			Yes					

Dis. App = Dispense Appliances
MUR = Medicines Use Review
NewMed = New Medicines Service
AUR = Applicance Use Review
SAC = Stoma Appliance Customisation
NHS FLU = NHS Flu Vaccination Service
NUMSAS = NHS Urgent Medicine Supply Advanced Service
AV. DIS = Anti-viral Distribution
ANTI. COAG = Anticoagulant Monitoring
School = Schools Service
CP = NHS Funded

For details of each pharmacy contractor please see legend of providers in Appendix 2 and Appendix 8

Birkenhead – Urgent Care and Locally Commissioned

Legend	MAS	ESS	OOHours	SDS	PCS	Care	GFS	Home	LAS	ShDS
1	CP	CP								CP
6		CP				PP		PP		CP
15		CP			CP			PP		CP
16	CP	CP								CP
18	CP	CP						CP		CP
19	CP							CP		CP
23	CP	PP					CP	CP		CP
27	CP				CP			PP		CP
30								CP		
31	CP							CP		CP
39	CP			CP	CP	CP	CP	CP		CP
47	CP					CP		CP		CP
55								CP		CP
56										
57						PP		PP		CP
58	CP							CP		CP
60	CP									CP
64	CP							CP		CP
65	CP					PP		PP		
66	CP							CP		CP
68	CP							CP		CP
70	CP					PP	PP	PP		PP
74								CP		CP
76	CP	CP							CP	CP
77	CP								CP	CP
78	CP									CP
80	CP	CP			CP	PP		PP		CP
84	CP							CP		CP
85	CP							CP		CP

MAS = Minor Ailments Scheme
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OOHours = Out of Hours Service
SDS = On Demand Availability of Specialist Drugs Service
PCP = Palliative Care Scheme
Care = Care Home
GFS = Gluten Free Food Supply
Home = Home Delivery Service (not appliances)
LAS = Language Access Service
ShDS = Sharps Disposal Service
CP = NHS Funded
PP = Privately Funded

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Birkenhead – Public Health services

Legend	EHC	ChlTest	ChlTre	NSP	ObMan	NRT	SCCS	SupAd
1	CP					CP	CP	CP
6						CP		CP
15	CP			CP		CP		CP
16	CP					CP		CP
18								CP
19	CP					CP		CP
23				CP		CP		CP
27	CP	CP		CP				CP
30						CP		CP
31	CP					CP		CP
39	CP			CP		CP		CP
47	CP					CP	CP	CP
55	CP			CP		CP		CP
56						CP		
57					PP			CP
58	CP					CP		CP
60						CP		
64	PP					PP		CP
65						CP		CP
66						CP	PP	CP
68						CP		CP
70				CP		CP	CP	CP
74						CP		CP
76	CP					CP	CP	CP
77	CP				PP	CP	CP	CP
78	CP					CP		CP
80	CP			;				CP
84						CP		CP
85						CP		CP

EHC = Emergency Hormonal Contraception
ChlTest = Chlamydia Testing
ChlTre = Chlamydia Treatment
NSP = Needle Syringe Exchange
ObMan = Obesity Management (adults and children)
NRT = NRT Voucher Dispensing Service
SCCS = Smoking Cessation Counselling Service
SupAd = Supervised Administration
CP = NHS Funded
PP = Privately Funded

Wallasey - Essential Services and Advanced Services

Legend	Dis. App	MUR	NewMed	AUR	SAC	NHS FLU	NUMSAS	AV. DIS	ANTI. COAG	SCHOOL
4	Dressings	Yes	Yes			Yes				
5	All	Yes	Yes	Yes		Yes				
7	All	Yes	Yes			Yes				
10	All	Yes	Yes		Yes	Yes				
12	All	Yes	Yes			Yes				
25		Yes								
26	All	Yes	Yes							
34	All	Yes	Yes			Yes				
41	All	Yes	Yes			Yes				
42	All	Yes	Yes	Yes	Yes	Yes				
52		Yes	Yes			Yes	Yes			
67	Most	Yes	Yes			Yes				
69	All	Yes	Yes			Yes				
71	Most	Yes	Yes			Yes				
72	All	Yes								
73	All	Yes	Yes							
82		Yes	Yes					PP	PP	PP
83	All	Yes	Yes			Yes				
86	Most	Yes	Yes			Yes				
89										
92	All	Yes	Yes			Yes				

Dis. App = Dispense Appliances
MUR = Medicines Use Review
NewMed = New Medicines Service
AUR = Applicance Use Review
SAC = Stoma Appliance Customisation
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NUMSAS = NHS Urgent Medicine Supply Advanced Service
AV. DIS = Anti-viral Distribution
ANTI. COAG = Anticoagulant Monitoring
School = Schools Service
CP = NHS Funded

For details of each pharmacy contractor please see legend of providers in Appendix 2 and Appendix 8

Wallasey – Urgent Care and Locally Commissioned

Legend	MAS	ESS	OOHours	SDS	PCS	Care	GFS	Home	LAS	ShDS
4	CP	CP	CP	CP			CP	PP		CP
5	CP						CP	CP		CP
7								CP		CP
10	CP							PP		CP
12										
25						PP		PP		CP
26	CP	CP						CP		CP
34	CP					CP		CP		CP
41	CP	CP	PP		PP	PP	PP	PP		CP
42	CP							PP		CP
52	CP	CP			CP			CP		CP
67	CP							PP		CP
69	CP						CP	PP		CP
71	CP	CP						CP		CP
72										
73	CP							CP		CP
82	CP				CP			CP		
83	CP		PP					PP		CP
86	CP	PP						CP		CP
89								PP		CP
92	CP							PP		CP

MAS = Minor Ailments Scheme
ESS = Emergency Supply Service
OOHours = Out of Hours Service
SDS = On Demand Availability of Specialist Drugs Service
PCP = Palliative Care Scheme
Care = Care Home
GFS = Gluten Free Food Supply
Home = Home Delivery Service (not appliances)
LAS = Language Access Service
ShDS = Sharps Disposal Service
CP = NHS Funded
PP = Privately Funded

For details of each pharmacy contractor please see legend of providers in Appendix 2 and Appendix 8

Wallasey – Public Health services

Legend	EHC	ChlTest	ChlTre	NSP	ObMan	NRT	SCCS	SupAd
4	CP		CP			CP	CP	CP
5						CP		CP
7						CP		CP
10						CP		CP
12						CP		CP
25								CP
26						CP		
34	CP			CP				CP
41	CP							CP
42				CP		CP	CP	CP
52	CP					CP	CP	CP
67						CP		
69	CP			CP		CP		CP
71	CP							CP
72						CP		CP
73	CP					CP		
82								CP
83	CP			PP		PP		CP
86						CP		CP
89								
92	CP			CP		CP	CP	CP

EHC = Emergency Hormonal Contraception
ChlTest = Chlamydia Testing
ChlTre = Chlamydia Treatment
NSP = Needle Syringe Exchange
ObMan = Obesity Management (adults and children)
NRT = NRT Voucher Dispensing Service
SCCS = Smoking Cessation Counselling Service
SupAd = Supervised Administration
CP = NHS Funded
PP = Privately Funded

For details of each pharmacy contractor please see legend of providers in Appendix 2 and Appendix 8

Wirral South- Essential Services and Advanced Services

Legend	Dis. App	MUR	NewMed	AUR	SAC	NHS FLU	NUMSAS	AV. DIS	ANTI. COAG	SCHOOL
2		Yes	Yes			Yes				
8	All	Yes	Yes			Yes				
13	All	Yes	Yes							
14	Most	Yes	Yes			Yes				
17	All	Yes	Yes			Yes				
24	Most	Yes	Yes			Yes				
28	All	Yes	Yes	Yes	Yes					
29	All	Yes	Yes							
32	All	Yes	Yes			Yes				
33	All	Yes	Yes							
36	All	Yes	Yes			Yes				
37	All	Yes	Yes							
50	Dressings	Yes	Yes			Yes	Yes			
54	Most	Yes	Yes			Yes				
59	All	Yes	Yes			Yes				
62	All	Yes	Yes			Yes				
63	All	Yes	Yes							
75	Dressings	Yes	Yes			Yes				
79	All	Yes	Yes			Yes				
81	All	Yes	Yes	Yes	Yes					

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MUR = Medicines Use Review
NewMed = New Medicines Service
AUR = Applicance Use Review
SAC = Stoma Appliance Customisation
NHS FLU = NHS Flu Vaccination Service
NUMSAS = NHS Urgent Medicine Supply Advanced Service
AV. DIS = Anti-viral Distribution
ANTI. COAG = Anticoagulant Monitoring
School = Schools Service
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Wirral South– Urgent Care and Locally Commissioned

Legend	MAS	ESS	OOHours	SDS	PCS	Care	GFS	Home	LAS	ShDS
2	CP		CP	CP						CP
8	CP							CP		CP
13	CP							PP		CP
14	CP									CP
17	CP							CP		CP
24		CP	CP					CP		CP
28										
29	CP	CP					CP			CP
32	CP	CP				CP		CP		CP
33	CP	CP					CP	CP		
36	CP							PP		CP
37	CP									
50	CP								CP	CP
54	CP							CP		CP
59	CP							PP		CP
62	CP	CP						CP		
63								PP		CP
75	CP								CP	CP
79	CP				CP					CP
81	CP	CP			CP		CP	CP		CP

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SDS = On Demand Availability of Specialist Drugs Service
PCP = Palliative Care Scheme
Care = Care Home
GFS = Gluten Free Food Supply
Home = Home Delivery Service (not appliances)
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Wirral South– Public Health services

Legend	EHC	ChlTest	ChlTre	NSP	ObMan	NRT	SCCS	SupAd
2	CP						PP	CP
8	CP					CP		CP
13						CP		CP
14						CP		CP
17	CP					CP		CP
24	CP					CP		CP
28						CP	CP	CP
29						CP	CP	
32	CP					CP		CP
33	CP					CP	CP	CP
36	CP							
37	CP					CP		CP
50	CP					CP	CP	CP
54	CP					CP		
59						CP		CP
62	CP					CP		CP
63						CP		CP
75	CP				PP	CP	CP	CP
79	CP					CP		CP
81	CP					CP	CP	CP

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ChlTest = Chlamydia Testing
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NSP = Needle Syringe Exchange
ObMan = Obesity Management (adults and children)
NRT = NRT Voucher Dispensing Service
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SupAd = Supervised Administration
CP = NHS Funded
PP = Privately Funded

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Wirral West - Essential Services and Advanced Services

Legend	Dis. App	MUR	NewMed	AUR	SAC	NHS FLU	NUMSAS	AV. DIS	ANTI. COAG	SCHOOL
3	All	Yes	Yes			Yes				
9		Yes	Yes			Yes				
11	All	Yes	Yes			Yes				
20	All	Yes	Yes			Yes				
21	Most	Yes	Yes			Yes				
22		Yes	Yes			Yes				
35	All	Yes	Yes		Yes	Yes				
38	All	Yes	Yes			Yes		PP	PP	
40	All	Yes	Yes			Yes				
43	All	Yes	Yes	Yes	Yes					
44	All	Yes	Yes	Yes		Yes				
45	All	Yes	Yes	Yes	Yes	Yes				
46	All	Yes	Yes	Yes		Yes		CP		
48	All	Yes	Yes			Yes	Yes			
49	Most	Yes	Yes			Yes				
51	All	Yes	Yes	Yes	Yes					
53	All	Yes	Yes							
61	All	Yes	Yes	Yes	Yes	Yes				
87	All	Yes	Yes			Yes				
88	All	Yes	Yes			Yes				
90		Yes	Yes			Yes				
91	All	Yes	Yes	Yes						

Dis. App = Dispense Appliances
MUR = Medicines Use Review
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NHS FLU = NHS Flu Vaccination Service
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Wirral West – Urgent Care and Locally Commissioned

Legend	MAS	ESS	OOHours	SDS	PCS	Care	GFS	Home	LAS	ShDS
3	CP	CP	CP	CP						CP
9								CP		CP
11	CP	CP								CP
20										CP
21	CP	CP						CP		CP
22	CP	CP						CP		CP
35	CP	PP	PP	PP	PP	PP	PP	PP		CP
38	CP	CP						CP		CP
40	CP							CP		CP
43		CP						CP		CP
44										CP
45	CP									CP
46	CP		PP	CP	CP			PP		CP
48	CP							CP		CP
49	CP				CP			PP		CP
51								PP		
53	CP	CP	CP							CP
61	CP							PP		CP
87	CP							PP		
88	CP							PP		
90	CP					CP		CP		CP
91					CP		CP	CP	CP	CP

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Wirral West – Public Health services

Legend	EHC	ChlTest	ChlTre	NSP	ObMan	NRT	SCCS	SupAd
3	CP					PP	PP	CP
9	CP					CP		CP
11						CP		CP
20						CP		CP
21						CP		CP
22	CP					CP		CP
35	CP				PP	CP	CP	CP
38	CP					CP		CP
40						CP		CP
43				CP		CP		CP
44						CP		
45	CP					CP	CP	CP
46	CP			CP		CP		CP
48	CP					CP		CP
49	PP					CP		CP
51								CP
53						CP	CP	
61						CP		
87	CP							
88	CP							
90	CP							CP
91				CP				CP

EHC = Emergency Hormonal Contraception
ChlTest = Chlamydia Testing
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SCCS = Smoking Cessation Counselling Service
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Appendix Twelve: A vision for pharmacy and public health

The aim of this paper is to highlight the opportunities that community pharmacies can offer for the delivery of services in the future which meet the public health agenda and to outline specific examples of services which could be considered for commissioning or development in order to improve the overall health of the public.

Context

Healthcare delivery has been estimated to contribute to only a third of the interventions which reduce mortality and morbidity. Changing lifestyles and the wider determinants of health contribute to the rest. The Government's vision is to transform public health-creating a service which focuses on prevention and wellness and uses the wider public health workforce to provide effective services and deliver sustainable outcomes.

Current services

In Wirral, there are currently 92 community pharmacies. They all provide essential services (as described in the PNA). Large proportions also offer advanced and local commissioned-services.

Why extend the role of community pharmacy?

Pharmacies provide easily accessible public health services, including targeted interventions, which reach a wide range of the public, young and old, ill and well. Pharmacies are open at times which suit the public, many open late into the evenings and at weekends and provide highly accessible, well-qualified healthcare professionals. Qualified pharmacists have undertaken a five-year programme of education which includes the completion of a master's level degree in pharmacy. The pharmacy workforce also comprises technicians, dispensing assistants and medicines counter assistants. Potential enhanced services are described below.

Potential community pharmacy screening services

Bowel cancer screening

Bowel cancer is the third most common cancer with approximately 40,000 new cases per year. The faecal occult blood test (FOBT) is an effective way of screening. A recent pilot in a Leicester pharmacy utilised a decision tree method to establish if customers were eligible for screening. Those individuals who were eligible were provided with information about the screening process, a screening kit and an explanation as to how to complete it.

Atrial fibrillation screening

If untreated, atrial fibrillation (AF) is a significant risk factor for stroke and other morbidities. Many pharmacists currently check blood pressure for patients and therefore a pulse check could easily be included following appropriate training. An AF screening programme could be incorporated as part of a medicines review for patients or as a stand-alone AF screening programme for the over 65 age group. Patients identified as having an irregular pulse would be referred to the GP for specific testing and diagnosis.

Chlamydia screening

Many community pharmacies already offer facilities for the screening of sexually transmitted infections such as chlamydia. The community pharmacy affords local availability of a service to those at the highest risk at times most convenient to the clients. The test can be completed at the pharmacy or a postal kit can be provided which is then posted to a testing laboratory.
A chlamydia screening service could be commissioned either as a stand-alone service or in conjunction with the provision of emergency hormonal contraception.

Alcohol screening services and alcohol brief interventions
Community pharmacy is ideally placed to provide services which educate the public on their alcohol consumption and where appropriate refer to more specialist services. An alcohol screening and brief intervention service which utilises existing alcohol screening tools could be commissioned from pharmacy premises.

Hepatitis B and C
The screening service requires a simple blood spot test which can be carried out by trained staff in participating pharmacies. The service is designed to focus on those individuals who are likely to be at increased risk of infection. Such services have been commissioned from pharmacies on the Isle of Wight.

Chronic obstructive pulmonary disease (COPD)
It is estimated there are 2.7 million people in England with undiagnosed COPD. A recent "Community Pharmacy Future" COPD case finder service was piloted in 21 pharmacies in Wirral which screened 238 patients for COPD.

Of those screened, 57% were deemed to be at risk of developing the condition. Based on the findings from this service, it was estimated that if the service was delivered across England then the NHS could see lifetime savings of £214.7m from stopping smoking and annual benefits of £264.5m from earlier diagnosis. The pilot in Wirral has helped patients to recognise when their symptoms were worsening, how they should manage this to prevent deterioration in their health and helped them to reduce risk factors associated with their condition by the promotion of flu vaccination, smoking cessation and healthy lifestyles.

NHS health check screening
The location of community pharmacies makes them an ideal venue to provide a service. There is an emerging evidence base which suggests that pharmacies can effectively target hard to access groups which infrequently use GP services.

Influenza vaccination
Recent data suggests that healthcare and social care managers should encourage employees who have patient contact to be vaccinated. This has been shown to significantly lower rates of influenza-like illness and hospitalisations.

Services for children and young people
Children and young people are well-placed to benefit from many existing pharmacy services which include; alcohol awareness, smoking cessation, weight management, chlamydia screening and emergency hormonal contraception. However, where these exist, greater engagement is required with young people to develop ways to improve uptake of these services by this age group.

Vitamin collection point
From 1st October 2015, Local Authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to five years old. The existing Healthy Start scheme provides vitamins from a range of settings including health centres, clinic settings and Children's centres. The Council could commission community pharmacies to provide vitamin drops to all eligible children via an extension of the existing voucher scheme. Given the effective distribution of pharmacies within communities, with close proximity to GP surgeries and schools, they offer an opportunity to extend the number of locations that vitamins are available from and ultimately increase the uptake of vitamins within the area.

Education settings
Pharmacists are well positioned to train and advise patients on the appropriate use of inhalers. Training packages have been developed recently to support this activity. A school inhaler technique programme offers the opportunity to ensure the correct technique is used from an early age thus preventing years of sub-optimal inhaler use.

This could be combined with education and advice on smoking cessation, alcohol consumption and sexual health information for the relevant age group. Appropriately trained pharmacy teams could also carry out screening services for sexually transmitted infections and brief advice regarding alcohol consumption in colleges and universities.

Stop smoking
Community pharmacy stop smoking services provide one to one support and advice to people who want to give up smoking. The service helps to increase the choice and improve access to stop smoking services especially for “hard to reach” groups, such as pregnant mothers and young people. Such services have the ability to supply appropriate stop smoking medication and aids.

Long term conditions (LTCs)
A key challenge in the management of patients with LTCs is non-adherence to prescribed medication. It is reported that around 30-50% of patients do not take their medications correctly, with the cost of hospital admissions as a result being estimated to be nearly £200 million a year. This is a cost likely to increase as the population ages, and patients take more medications.

Medicines Optimisation
Medicines optimisation is a patient-focused approach in helping patients getting the best from their medicines. It may involve stopping some medicines as well as starting others, and considers opportunities for lifestyle changes and non-medical therapies to reduce the need for medicines. By improving safety, adherence to treatment and reducing waste, the medicines optimisation approach helps to ensure that patients are supported to get the best outcomes.

A service has recently been piloted in the Wigan area which focused on patients aged over 65 years who were taking 4 or more medicines. Benefits of the service included significant improvements with regard to adherence to medication and increase in quality of life. It was estimated that if the service were adopted across all pharmacies in England it would result in reduced medicines costs and hospital admissions.

Domiciliary MURs
A separate domiciliary MUR service could be commissioned for vulnerable groups who are unable to get into community pharmacies. The aim of such reviews is to support these patients to continue living within their own home, reducing the need for social housing and reducing the risk of emergency hospital admissions. The review would help patients understand their medication better and empower the individual to maintain their health. These reviews can be initiated as stand-alone reviews or provided in conjunction with separate support visits from social care services. Suitable individuals could be referred to the service by social care or via collaboration between community pharmacies and/or GPs.

Healthy Living Pharmacies
The range of services outlined above can be offered by community pharmacies as stand-alone services with the pharmacy meeting the requirements of each individual service specification. However, many of these services can be offered via community pharmacies which have been accredited as healthy living pharmacies (HLPs).

The HLP concept (see diagram below), which was piloted in Portsmouth in 2010 could be adopted to demonstrate a consistent delivery of a range of services such as stopping smoking, weight management, emergency hormonal contraception, chlamydia screening, advice on alcohol and reviews of the use of medicines. They proactively promote a healthy living ethos and work closely with local GPs and other health and social care professionals. Early indications show that HLPs have greater productivity and offer higher-quality services.
HLPs provide a framework for commissioning public health services via 3 levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. It is also an organisational development framework underpinned by three enablers of: workforce development (a skilled team to proactively support and promote behaviour change and improving health and well-being), premises that are fit for purpose and engagement with the local community and other health professionals.

Evaluation of the HLP pathfinder work programme demonstrated that Healthy Living Pharmacies really make a difference to population health locally. Examples of outcomes from the pilot programme included.

- Over 3500 individuals received brief advice on safe alcohol consumption; 36% were at increasing risk and 10% at high risk from current levels of use.
- Smokers walking into a HLP in Portsmouth were twice as likely to set a quit date and give up compared to a person walking into a pharmacy which wasn't an HLP
- 126 clients successfully lost weight with more than half achieving a total weight loss of greater than 5%.

Healthy Living Pharmacies (HLP) conceptual framework
Go to http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/

Need	Core	Level one - promotion	Level two – prevention	Level three – protection
Smoking	Health promotion, self-care, signposting, OTC supply	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS stop smoking service, cancer awareness, health check	COPD and cancer risk assessment with referral, prescriber for stop smoking service
Obesity	Health promotion, self-care, signposting, OTC supply	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS weight management service, cancer awareness, health check	Prescriber e.g. obesity, CVD, diabetes, cancer risk assessment
Alcohol	Health promotion, self-care, signposting	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS alcohol intervention service, cancer awareness, health check	Structured care planned alcohol service, cancer risk assessment
Physical activity	Health promotion, self-care, signposting	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS health checks, healthy lifestyle consultation service	Structured physical activity plans, activity prescriptions
Sexual health	Health promotion, self-care, signposting, OTC supply	Pro-active health promotion, brief advice, signpost to services	NHS EHC and chlamydia screen and treat PGD service	Assessment, support, contraception and vaccination
Men's health	Health promotion, self-care, signposting	Pro-active health promotion, brief advice, signpost to services	NHS health check, PGD treatment, cancer awareness	PwSI/prescriber in men's health

Need	Core	Level one - promotion	Level two – prevention	Level three – protection
Substance misuse	Health promotion, self-care, signposting	Supervised consumption, needle and syringe exchange	Harm reduction, Hep B and C screening	Client assessment, support and prescribing, Hep B vaccination
Other	Health promotion, self-care, signposting	Oral health, travel health, sun and mental health awareness	Cancer early detection and treatment adherence support, vaccination	Prescriber for travel health and immunisation and vaccination
Common ailments	Health promotion self-care, OTC supply, signposting	NHS service (advice and treatment with P and GSL medicines)	NHS service (PGD treatment)	NHS service (prescribed POMs)
Long term conditions	Health promotion, self-care, signposting, dispensing supply, risk management	Medicines optimisation (new medicine service and medicine use reviews)	Parameter monitoring, clinical review and management	Prescriber/PwSI for long term conditions
Enablers – Quality criteria				
Workforce development	Core capabilities	Healthy champion leadership skills	Behavioural change skills, leadership skills	PwSI/prescriber leadership skills
Environment	GPhC standards	Advanced IT and premises	Enhanced IT and premises	Enhanced IT and premises
Engagement	Operational	Primary care	Community	Public health and clinical leadership

Conclusion

The Government's vision is to transform the public health service to create a service which focuses on prevention and wellness and uses the wider public health workforce to provide effective services and deliver outcomes. Community pharmacies could be used to tackle a wide range of local public health priorities.

Whether providing an innovative healthy living pharmacy service, a sexual health service targeting teenage pregnancies and sexually transmitted infections (STIs), the local implementation of an integrated programme such as stop smoking, established services for drug misusers, or being part of a national vaccination or screening programme, the evidence shows that community pharmacies can play a vital part in tackling present and future public health challenges.

Community pharmacies are trusted, professional and competent partners in supporting individual, family and community health. Effective community pharmacy services enable shared decision-making between service users and professionals and contribute to health improvement. Pharmacy Enhanced Services should therefore feature prominently in the new public health service as a way to improve access and reduce health inequalities

Paper written by:
Helen Murphy and John Hampson in conjunction with Community Pharmacy Cheshire and Wirral (August 2014)

Appendix Thirteen: Formal Consultation on Wirral PNA 2018 - 2021

Report on Consultation (December 2017 to February 2018)

This is a summary report of the statutory minimum 60 day consultation including review of submitted content and implications for draft PNA.

Report available via this link: https://www.wirralintelligenceservice.org/media/2318/wirral-hwbb-pna-appendix-13-consultation-report-final-march-2018.pdf

Appendix Fourteen: References

Location

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Report on the consultation results for Wirral's Draft Pharmaceutical Needs Assessment 2018 – 2021

Wirral Health and Wellbeing Board and Wirral Council

Wirral Intelligence Service
March 2018

Report on the consultation results for Wirral's Draft Pharmaceutical Needs Assessment 2018 – 2021

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Version Number	Date	Status	Actions
1.0	March 2018	Final report	Report on results of public consultation for draft PNA 2018 - 2021

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Overview of Wirral's Pharmaceutical Needs Assessment 2018 - 2021

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the local Health and Wellbeing Board by virtue of the *National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations 2013*, which came into force on 1st April 2013. The regulations outline the process which NHS England (formerly known as the NHS Commissioning Board) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies. This process relies on the PNA which must be robust and fit for purpose.

In Wirral, the Health and Wellbeing Board devolved the authority to develop its PNA to the Acting Director of Health and Wellbeing and other lead officers across partner organisations. Data sources included the local Joint Strategic Needs Assessment (JSNA), census data, local approach to health and wellbeing, Pharmacy Contractors' survey and a Residents survey. The surveys informed the first draft of the PNA which then went out for a formal (minimum 60 days) consultation.

The PNA presents a picture of community pharmacies, reviews services currently provided and considers how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of Wirral in partnership with other community services and GPs. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need.

Key Findings:

- Wirral is generally very well served by community pharmacies
- there is currently one pharmacy for every 3,492 residents, which compares extremely favourably to the national average of one pharmacy for every 4,724 resident population
- Wirral has a rate of 29 pharmacies per 100,000 population compared to a national figure of 21 pharmacies per 100,000 residents
- Wirral also has a higher ratio of pharmacies than its geographical neighbours including Cheshire West and Cheshire (at 23.7 per 100,000), Warrington (at 20.6 per 100,000), Cheshire East (at 22 per 100,000) and Halton (26.9/100,000)
- Wirral residents have adequate access to 'out of hours' pharmacy services through the provision of '100 hour contracts' and 'extended hour' contracts and there is good weekend coverage for residents of all four constituencies. Wallasey has the least pharmacies delivering extended or 100 hour contracts, but has reasonable coverage
- locally Commissioned Services are delivered equitably throughout the borough with all local constituencies having access to a range of services such as supervised consumption, alcohol and smoking interventions, emergency hormonal contraception and others
- geographical mapping of locally commissioned services show that more services are delivered in the most densely populated areas of the borough We must continue to deliver in line with any population growth and also deprivation

- 2,121 members of the public responded to the public consultation, giving their feedback on local community pharmacy services. Responses were overwhelmingly positive. Small numbers raised concerns over specific operational issues, but there were no significant service gaps identified

- all 92 local pharmacies responded to the community pharmacy survey (conducted as part of the needs assessment process)Again, this reinforced the wide range of services offered

- a total of 14 responses were received during the formal consultation period (*December 2017– February 2018*)

- in Wirral there are an increasing number of pharmacies now co-located with GP surgeries, with 26 in 2017 when compared to 12 in 2014, making the transition and relationships between GP and pharmacy staff more seamless

- this needs assessment has not identified any specific gaps in local service provision at the current time however, this will be kept under review

The draft PNA was presented for review to residents and a range of vested interest and other parties before it could proceed to a final document to be published. Outlined below are the results of that consultation held between December 2017 and February 2018.

Background to consultation on draft Pharmaceutical Needs Assessment

From April 2013, local Health & Wellbeing Boards became responsible for the publication of the local Pharmaceutical Needs Assessment (PNA), which provide a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs including areas of deprivation.

Wirral's current PNA was published in 2015.

Next Generation Wirral Pharmaceutical Needs Assessment (PNA) 2018 - 2021 and its Statutory Consultation period

On behalf of the Health & Wellbeing Board a new Pharmaceutical Needs Assessment (PNA) has been undertaken; given it is a legal, comprehensive, assessment of the current and future needs of local people for community pharmacy services.

The PNA is used primarily by NHS England to inform their local commissioning decisions with regard to community pharmacy services. It also informs local authorities and Clinical Commissioning Groups (CCGs) for planning purposes.

There is a legal requirement for the Wirral Health and Wellbeing Board to publish an updated PNA by 31st March 2018.

Consultation on Draft Pharmaceutical Needs Assessment 2018 - 2021

This section outlines the elements both required in the legislation and those sites taken to engage local residents and partners in the review of the draft PNA content.

Legislation

Regulatory Statements
The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: http://www.legislation.gov.uk/uksi/2013/349/contents/made

Part 2: Regulation 8 sets out the mandatory consultation elements that must be adhered to when completing a new Pharmaceutical Needs Assessment.

Consultation Groups

Range of consultation groups and routes

According to pharmaceutical regulations the draft document has to be distributed to (no particular order):

- Community pharmacies
- Local NHS trusts that included local Hospital Trusts, Mental Health Trusts and Community Health Service providers
- Dispensing Doctors (none situated within Wirral boundary)
- Local Pharmaceutical Committee (LPC)
- Local Pharmaceutical Services (LPS) (no current contracts for Wirral)
- Local Medical Committee (LMC)
- Local Pharmaceutical Network (LPN)
- NHS England (NHSE)
- Clinical Commissioning Groups (CCG)
- Healthwatch
- Neighbouring Health and Wellbeing Boards

The draft PNA was also distributed to:

- GPs and other Primary Care staff
- Adult Social Services
- Neighbouring Local Authorities
- Public Health staff
- Presented at Adult Care Health Overview Scrutiny Committee – January 2018

Patients and Public

- Older People's Parliament
- Voluntary Sector Groups
- Community Sector Groups
- Faith Sector Groups

Other Methods

- Press releases to range of local media including Wirral View
- Council Website
- Council Engagement Contacts via email distribution
- Local Pharmaceutical Committee website and bulletin

Methods

Formal consultation on the draft PNA

As noted above as part of the production of the new PNA, there is a statutory requirement to consult for a minimum period of 60 days on the final draft PNA with a wide group of consultees including some mandated consultee groups, before formal acceptance and publication by the local Health & Wellbeing Board.

This local consultation was carried out across a range of routes to reach residents, interested parties and mandated consultees, through established methods such as contact lists, via key networks and partners, social media and options such as Wirral View.

The formal process began on Tuesday 5th December 2017 and closed on Monday 5th February 2018 (63 days in total). The legislation allows for full documentation to be published online and this was available at https://www.wirralintelligenceservice.org/this-is-wirral/wirral-pharmaceutical-needs-assessment/wirral-pna-2018-2021-statutory-consultation/. The website also provided access to an online survey facility and draft PNA so that residents and partners could review the PNA and then leave feedback on its content.

In addition hard copies of the PNA were made available at four venues, across four constituencies, where people could review a paper version of the draft PNA and, if they wished, feedback via paper survey responses.

Prior Public and Partner Engagement

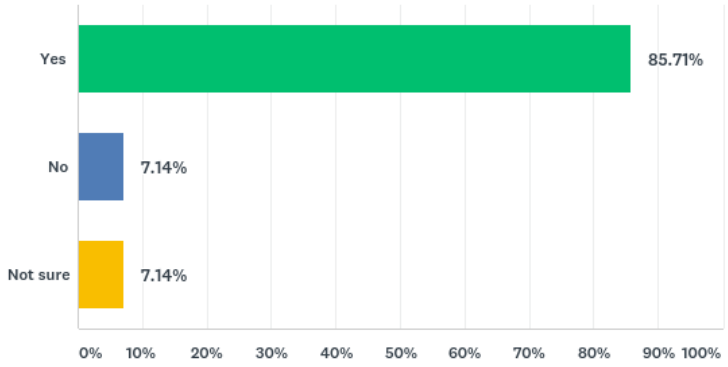
Initial Public Survey – Pharmacy Services (May 2017)
An initial public survey conducted in May 2017 yielded 2,121 responses. Responses were overwhelmingly positive. Small numbers raised concerns over specific operational issues, but there were no significant service gaps identified. The results of this survey can be viewed in Appendix Four of the published Wirral Pharmaceutical Needs Assessment 2018-2021)

Results of consultation

This section highlights the results of the public and partner consultation on the draft Wirral PNA between December 2017 and February 2018.

Fourteen (14) responses were received, all via the online facility, and those results are outlined below

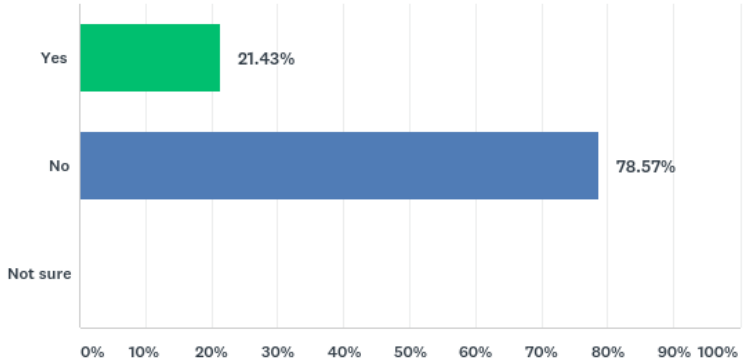
Q1 Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft 2018-2021 PNA?



Key findings from Question 1:

- of those who responded (n~14) to the consultation, 86% (n~12) agreed that the draft PNA accurately reflected the local pharmaceutical needs.
- one person felt unsure and one person did not feel the needs of the population had been reflected accurately in the draft PNA and these comments have been reported in Appendix One below
- responses to comments from respondents:
    - One resident highlighted a concern that issues relating to older people may not be understood fully in the PNA. On reviewing the PNA there are a number of points of information that cover this group so it is felt that the draft PNA does reflect any needs (Q1- Comment 1.0)
    - It was also highlighted that 'rule changes' could affect pharmacy provision and were not noted in the draft PNA. On review this was assumed to imply Community Pharmacy Contractual Framework changes that were noted on Page 19. In order to further improve this content then more detail and added hyperlinks to the underpinning information have been added (Q1- Comment 2.0)

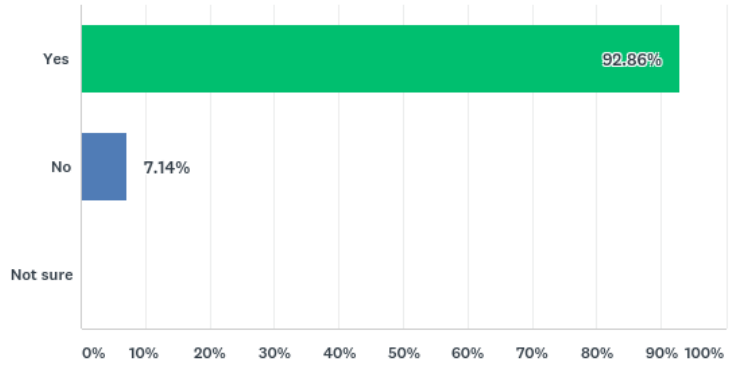
Q2 Do you think that any important information about local pharmacy services has been left out?



Key findings from Question 2:

- of those who responded (n~14) to consultation Question 2, 79% (n~11) agreed that the draft PNA carried all the important information on local pharmacy services
- Three respondents suggested otherwise and suggested that additional information was required. These comments have been reported in Appendix One below
- responses to comments from respondents:
    - two comments were received
    - It was suggested that changes in pharmacy funding affect provision and should be noted in the draft PNA. On review this was assumed to imply Community Pharmacy Contractual Framework changes that were noted on Page 19. In order to further improve this content then more detail and added hyperlinks to the underpinning information have been added (Q2- Comment 1.0)
    - One resident highlighted a concern regarding potential issues for older people having convenient access to pharmacy services and this may not be understood fully in the PNA. On reviewing the PNA there are a number of points of information that cover both range and satisfaction with current access so it is felt that the draft PNA does reflect adequate access (Q2- Comment 2.0)

Q3 Do you agree with the key findings about pharmaceutical services in Wirral (pages 3 - 4 and 95 - 96)?



Key findings from Question 3:

- of those who responded (n~14) to consultation Question 3, almost 93% (n~13) agreed with the key findings in the draft PNA
- one respondent suggested additional information was required and this comment has been reported in Appendix One below
- responses to comments from respondents:
    - One resident highlighted a concern that issues relating to older people may not be understood fully in the PNA. On reviewing the PNA there are a number of points of information that cover this group so it is felt that the draft PNA does reflect any needs (Q3- Comment 1.0)

Key findings from Question 4:
Do you have any further comments about the Pharmaceutical Needs Assessment?

- One respondent highlighted content related to original packs for administration of medication to patients by carers and that could be added to the draft PNA. On review this content was considered to add greater detail to the PNA and so was included (Q4 - Comment 1.0)
- One respondent highlighted the re-opening of Eastham Clinic. The draft PNA highlighted its closure and pending review though it's reopening happened during the consultation period. The PNA has been amended to reflect this change (Q4 - Comment 2.0)
- One resident highlighted a concern that issues relating to older people may not be understood fully in the PNA. On reviewing the PNA there are a number of points of information that cover this group so it is felt that the draft PNA does reflect any needs (Q4 - Comment 3.0)
- one respondent suggested maintain status quo and another mentioned no more to add (Q4 - Comment 4.0 and 5.0)

Key findings from Question 5:
For your pharmacy...Please can you review the information in the document and the Appendices for accuracy? Please provide details

- one respondent highlighted content that required minor corrections for their pharmacy and this has been amended for the final PNA (Q5 - Comment 1.0)
- three other respondents did not record any required changes (Q5 - Comment 2.0. 3.0 and 4.0)

Conclusions

The production of a new PNA has a statutory requirement to consult for a minimum period of 60 days on the final draft PNA with a wide group of consultees including some mandated consultee groups, before formal acceptance and publication by the local Health & Wellbeing Board.

Wirral's local consultation was carried out across a range of routes to reach residents, interested parties and mandated consultees, through a range of methods, for a period of 63 days between Tuesday 5th December 2017 and Monday 5th February 2018.

The legislation allows for full documentation to be published online with the website providing access to the online survey and draft PNA for feedback and in addition hard copies of the PNA and the survey were made available at four venues across the borough.

Fourteen (14) responses were received that highlighted some concerns and some required factual changes. Overall the responses received have led us to review the PNA and make amendments as appropriate though they have not materially altered the content in the draft PNA.

Links

Draft Wirral Pharmaceutical Needs Assessment (consultation document)
https://www.wirralintelligenceservice.org/media/2293/wirral-pna-draft-2018-to-2021-december-2017-final-draft.pdf

Blank survey questionnaire used for draft PNA 2018 – 2021 consultation – December 2017
https://www.wirralintelligenceservice.org/media/2317/surveymonkey_126836756-5.pdf

Webpage on Wirral Intelligence Service that hosted consultation content
https://www.wirralintelligenceservice.org/this-is-wirral/wirral-pharmaceutical-needs-assessment/wirral-pna-2018-2021-statutory-consultation/

Appendix One

Responses to Questions – qualitative answers

Q?	Detail	Comment from consultation	Response
1	**Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft 2018-2021 PNA?**	1.0 *The need for a local access point, as your comments rely on amount of places against other areas, this does not reflect the need's for the elderly and infirm members of communities*	Reviewed content in Draft PNA to understand where it could be deficient on content related to people's wants and needs. The information is available as below: Part 2 - Resident Population: Health Needs & Wellbeing (pages 24 - 69) The range of local and related strategy and policy inferences to an aging population is extensive. Across them all is the intention to support an older population through a range of services and options. The geographic, demographic and health topic related information highlights key groups, such as older people, who require particular support in terms of pharmacy provision and how that might be delivered. Part 3 - Current provision of services (p.74 – 85). Highlights favourable distribution across Wirral with better numbers per population head than North West and England. This also applies across borough with numbers of extended hours/100 hours contracts. Travel on foot to Pharmacy, car drive times and opening hours also compare favourably to accepted minimum standards. Part 3 - Meeting the Pharmaceutical Need, Summary and Conclusions carries a section as Wirral Residents' Pharmacy Survey 2017 Public Consultation for Wirral PNA 2018 - 2021 (pages 84 - 90 with full survey in appendix 4) This survey was completed by over 2,000 residents, by far the biggest response across Cheshire and Merseyside and highlights the views of local people on pharmacy services. The survey highlighted: - Almost 98% of survey respondents felt it was 'quite' or 'very' easy to get to their usual Pharmacy venue - in last 12 months over 96% of respondents had not experienced a problem accessing a pharmacy service - over 92% of respondents were satisfied with Pharmacy opening hours - those people aged over 40 accounted for over 93% of all responses to the survey

Q?	Detail	Comment from consultation	Response
1	**Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft 2018-2021 PNA?**	2.0 *Because the rules are changing*	No example as to whether this was Pharmacy related or on another health topic However if we assume this relates to Community Pharmacy Contractual Framework changes this is noted on Page 19 as this has reference to changes put in place by Government in relation to Community Pharmacy Contractual Framework and new approach with PhAS (Pharmacy Access Scheme) as a result of changes **NOW** To clarify this now added links to Government review documents, PhAS and response from Pharmaceutical Services Negotiating Committee on changes.
2	**Do you think that any important information about local pharmacy services has been left out?**	1.0 *Although it could be there (I did read through but couldn't see it) - maybe there should be some reference to the effect that the pharmacy cutbacks might have on the ability of pharmacies to continue with the current levels of services?*	Page 19 has reference to changes put in place by Government in relation to Community Pharmacy Contractual Framework and new approach with PhAS (Pharmacy Access Scheme) as a result of changes **NOW** To clarify this now added links to Government review documents, PhAS and response from Pharmaceutical Services Negotiating Committee on changes.
		2.0 *as an aging population locally the need for convenient access is required. not just at limited centres*	See answer to Question 1 - part 1 above

Q?	Detail	Comment from consultation	Response
3	**Do you agree with the key findings about pharmaceutical services in Wirral (pages 3 - 4 and 95 - 96)?**	1.0 *you are only looking at figures not people*	See answer to Question 1 - part 1 above
4	**Do you have any further comments about the Pharmaceutical Needs Assessment?**	1.0 *We have sought feedback to the Wirral PNA from our contractors and members and haven't received any specific comments regarding the content of the PNA. We have received the suggestion of a paragraph from one of our members, which was included in the Essex PNA, that they felt you may want to include in the Wirral PNA - it supports the use of original packs for administration of medication to patients by carers rather than monitored dosage systems.*	Content considered **Now** Reviewed other Cheshire and Merseyside Draft PNAs for their approach and added sections on Pharmacy services for collection, delivery and monitored dosage systems

Q?	Detail	Comment from consultation	Response
4	**Do you have any further comments about the Pharmaceutical Needs Assessment?**	2.0 *Eastham Walk-In Centre is currently open*	Noted in draft PNA that a decision was pending on Eastham Clinic **Now** Checked with CCG Updated wording in PNA to account for change in status (as at February 2018)
		3.0 *Look to what the people want as well as need.*	See answer to Question 1 - part 1 above
		4.0 *None*	Noted
		5.0 *Maintain the status quo*	Noted
5	**For your pharmacy...Please can you review the information in the document and the Appendices for accuracy? If you identify any issues please provide details with page number, section title, issue and the suggested correction**	1.0 *Legend 88 - Well Pensby - Pensby Road The branch opening hours should be Monday to Friday 09:00 - 18:00 The branch does not offer the Obesity Management (Adults & Children) Service or the Smoking Cessation Counselling Service*	Noted and amended in final version
		2.0 *All appears fine to me!*	Noted
		3.0 *happy with accuracy*	Noted
		4.0 *None*	Noted

Link to final PNA 2018-2021
https://www.wirralintelligenceservice.org/media/2319/wirral-pna-2018-to-2021-final.pdf

Link to consultation
https://www.wirralintelligenceservice.org/media/2318/wirral-hwbb-pna-appendix-13-consultation-report-final-march-2018.pdf

WIS PNA webpage
https://www.wirralintelligenceservice.org/this-is-wirral/wirral-pharmaceutical-needs-assessment/

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