



Pharmaceutical Needs Assessment January 2011

Annual Review by January 2012
Comprehensive review and consultation by January 2014

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GLOSSARY OF ABBREVIATIONS

AAACM	All Age, All Cause Mortality
ADHD	Attention Deficit Hyperactivity Disorder
ARCH	Advice, Rehabilitation, Counselling and Health
AUR	Appliance Use Review
BME	Black and Minority Ethnicities
BMI	Body Mass Index
BWW	Bebington & West Wirral
CAMHS	Child and Adolescent Mental Health Service
cCBT	Computerised Cognitive Behavioural Therapy Service
CEO	Chief Executive Office
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardio Vascular Disease
EHC	Emergency Hormonal Contraception
EoLC	End of Life Care
EPS	Electronic Prescription Service
FOI	Freedom of Information
GMS	General Medical Services
GUM	Genito-urinary Medicine
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSIS	Health Services in Schools
ICaH	Integrated Care at Home
IMD	Index of Multiple Deprivation
IOG	Improving Outcome Guidance
JSNA	Joint Strategic Needs Assessment
LD	Learning Disabilities
LE	Life Expectancy
LES	Local Enhanced Service
LINKs	Local Involvement Networks
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
LTC	Long Term Condition
LWMS	Lifestyle & Weight Management Service
MAS	Minor Ailment Service
MDS	Monitoring Dosage System
MUR	Medicines Use Review
NCMP	National Child Measurement Programme

NW	Northwest
ONS	Office of National Statistics
PBC	Practice Based Commissioning
PCAU	Primary Care Assessment Unit
PCT	Primary Care Trust
PGD	Patient Group Direction
PMR	Patient Medication Record
PNA	Pharmaceutical Needs Assessment
PPD	Prescription Pricing Division
PSNC	Pharmaceutical Services Negotiating Committee
RD	Repeat Dispensing
SAC	Stoma Appliance Customisation
SCP	Strategic Commissioning Plan
SHA	Strategic Health Authority
SLA	Service Level Agreement
STI	Sexually Transmitted Infection
TIA	Transient Ischaemic Attack
TOP	Termination of Pregnancy
VCAW	Voluntary and Community Action Wirral
VRA	Vascular Risk Assessment
WBC	Wirral Borough Council
WCC	World Class Commissioning
WCPCT	Western Cheshire Primary Care Trust
WMO	Wirral Multicultural Organisation
WMS	Weight Management Service
WW4H	Wirral Working 4 Health

EXECUTIVE SUMMARY

Key Findings

This assessment has found that the population of Wirral has better access to pharmacy services than in our peer group and that there is capacity in the pharmacy network to absorb increases in activity from the expected growth in the population over the next five years.

- Our existing network provides a comprehensive essential pharmaceutical service to our population.
- When compared with PCTs within our peer group the provision in Wirral is better in terms of the number of pharmacies per head of population and workload indicators.
- The widespread availability of premises with consultation facilities in Wirral means that our population has good access to high quality premises.
- There is good access to pharmacy services throughout the week, into the evening and at weekends across Wirral. NHS Wirral relies on the extended hours provision by the 100 hour contracts. In addition, these extended hours contracts have negated the need for the PCT to resource evening and weekend rotas. Any change to these opening hours will have a detrimental effect on access and service provision.
- There is generally good provision of advanced and enhanced services across our population, we will continue to work with our existing contractors to ensure that this provision matches the needs of our population and that any inequalities in activity are minimised.
- Patients and public who have been consulted did not identify any specific gaps in provision which would require the commissioning of any new pharmacy contracts, patients felt that they had a good choice of pharmacy service providers.
- The PCT is not aware of any patients or members of the public that have submitted complaints regarding inadequate access to services.

In summary, there is no identified need for pharmaceutical services which would be met by commissioning additional pharmacy contracts.

The period of growth in commissioning enhanced services in line with local health needs now needs to be matched by a period of consolidation which is focused on ensuring that there is good access and consistent provision across the population for both enhanced and advanced services from existing contractors.

Consolidating Community Pharmacy Provision

The review of pharmacy services has identified actions to optimise the potential of the pharmacy contract for our population.

Embed and optimise **essential services**, specifically:

- to support contractors to make more interventions in public health and health promotion;
- to prepare the organisation for the implementation of the Electronic Prescription Service Release 2 so that patients, pharmacists and GPs can quickly realise the benefits of electronic prescribing.

Focus on **advanced services**, specifically:

- Build on our success in the provision of advanced services by focusing on inequalities in provision to our population;
- Support active providers to increase their provision of advanced services by conducting more reviews;
- Support accredited providers that are not active to begin to deliver reviews
- Expand current work, linked to the PCT's referral for medication review service, to ensure MURs are well targeted to the patients most in need of support.

Consolidate **enhanced services** commissioning:

- We will audit at a locality level to identify areas where activity is not aligned with commissioning intentions;
- We will identify pharmacies that are successfully delivering multiple enhanced services and work with them to share best practice with other providers;
- The plans for improvement will depend on whether the service is accessed by patients depending on their choice of provider, or pharmacies are relied upon to proactively invite patients, e.g. for the alcohol screening service.

Directed Enhanced Services

Applicants using one of the four exemptions to the control of entry test under the current legislation should be required to provide all of the following enhanced services:

- **Smoking cessation service**
- **Weight management service** for referred clients
- **Emergency hormonal contraception + service**
- **Alcohol screening service**
- **Sharps service** (for insulin and other self-injected medication)

In addition, applicants will be required to provide the following services if required by the PCT:-

- **Holding stocks of palliative care drugs** if further providers are required, dependant on the spread of existing providers at the time
- **Services for drug misuse clients (supervised consumption and needle exchange)** if clients choose to access services from those premises

All applicants should therefore be prepared to offer these services and any future services that are commissioned in line with identified health needs.

INTRODUCTION

What is a Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment forms part of the commissioning function of a Primary Care Trust (PCT). This assessment describes current community pharmacy services and sets this provision in the context of population characteristics and priorities for improving health and well being and reducing health inequalities in Wirral.

Commissioning functions for community pharmacy services can be divided into three elements:

1. Managing the nationally commissioned aspects of the pharmacy contract, particularly ensuring that standards are maintained and the contract is fully utilised so that the benefits of the essential and advanced services are widely available.
2. Determining which local enhanced services should be commissioned and where they are most likely to be required in line with health needs.
3. Decision making by the PCT Pharmacy Contracts Committee to:
 - 3.1. Determine if a new contract is required in response to applications to provide services.
 - 3.2. Determine, in certain types of application, whether the provider should be required to provide certain enhanced services as a condition of granting the application.
 - 3.3. Determine whether an application for a change in the location or type of pharmacy services should be approved.

The PNA provides a good understanding of the needs of our population and the potential for all providers to develop and deliver the pharmaceutical services that the PCT needs. However, the PNA is not a stand-alone document and should be considered alongside other strategic and planning documents, including the Joint Strategic Needs Assessment (JSNA) and the Strategic Commissioning Plan (SCP).

The PNA is also an opportunity to inform the development of any future pharmacy commissioning strategies, which is an integral part of the PCT's planning process to secure the provision of pharmacy services that our population needs.

POLICY CONTEXT

'A Vision for Pharmacy in the New NHS'

In the last five years, the pace of change for NHS community pharmaceutical services has probably been more rapid than at any other time in the last 60 years. In that same period, community pharmacy has featured more prominently in how to improve services, how its potential can be more widely recognised by the NHS and by other health professionals, and how its ability to respond innovatively and creatively can be better utilised. That is what was intended when the Department of Health launched *A Vision for Pharmacy in the New NHS* in July 2003, that identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.

The current policy context shaping the direction of pharmacy services has its roots in the publication of *'Choosing Health'* published by the Government in 2004. This programme of action aimed to provide more of the opportunities, support and information people want to enable them to improve their health.

'Choosing Health Through Pharmacy'

As part of the *Choosing Health* programme, the Government made a commitment to publish a strategy for pharmaceutical public health which expanded the contribution that pharmacists, their staff and the premises in which they work can make to improving health and reducing health inequalities.

This strategy recognised that pharmacists work at the heart of the communities they serve and they enjoy the confidence of the public. Every day, they support self care and provide health messages, advice and services in areas such as diet, physical activity, stop smoking and sexual health.

A New Contractual Framework

As part of the *Vision for Pharmacy* a new community pharmacy contractual framework was put in place in April 2005. It comprises 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, Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can help resolve. For SAC the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.

- Local enhanced services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by PCTs direct with contractors.

Community pharmacies are remunerated through this national contractual framework, the majority of the income to community pharmacy is made through fees, allowances and retained purchasing profit which is controlled at a national level to provide an agreed return on investment to pharmacy contractors. In return pharmacy contractors must provide certain specified services at agreed times. Around 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 PCTs. Pharmacies provide both NHS funded care and services that are paid for directly by the patient. Some community pharmacies provide these non-NHS services to our population. These include:

- Over the counter medication, including supply of emergency hormonal contraception and smoking cessation
- Measurements like blood pressure, weight and height
- Diagnostic tests like cholesterol and blood glucose

‘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 provide in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

‘NHS Next Stage Review’

The final report set out a vision of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. The changes that are now being taken forward, locally and nationally, will see the NHS deliver high quality care for all users of services in all aspects, not just some. It will see services delivered closer to home, a much greater focus on helping people stay healthy and a stronger emphasis on the NHS working with local partners. Pharmacy has a key role to play in delivering this vision, particularly as a provider of services which prevent ill-health, promote better health for all and improve access to services within communities.

‘Pharmacy in England - Building on strengths delivering the future’

In April 2008 the government set out its plans in this Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy.

This White Paper sets 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 which will challenge and engage PCTs, pharmacists and the NHS.

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years. It sets out a reinvigorated vision of pharmacy's potential to contribute further to a fair, personalised, safe and effective NHS. This vision demonstrates how pharmacy can continue, and expand further, its role in an NHS that 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.

This White Paper has put forward a broad range of proposals to build on progress over the last three years which has succeeded in embedding community pharmacy's role in improving health and well-being and reducing health inequalities. An overview is set out below in Figure 1. This includes proposals for nationally commissioned additions to the contract in future years for how pharmacies will, over time:

- offer NHS funded treatment for many minor ailments (e.g. coughs, colds, stomach problems) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long term conditions such as high blood pressure or high cholesterol;
- be commissioned based on the range and quality of services they deliver.

Figure 1: Pharmacy White Paper - Summary

Building on strengths – delivering the future The Aims of the White Paper, Pharmacy in England

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 longterm 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.

REGULATORY REQUIREMENTS FOR PNAs

PNAs were first developed in 2005 to assist PCTs in preparing for changes to market entry but they were not a requirement for decision making. The White Paper *Pharmacy in England: Building on strengths – delivering the future* highlighted variation in the structure and data requirements of PNAs and confirmed that they required further review and strengthening to ensure they provided an effective and robust commissioning tool which supports PCT decisions. A consultation was held in 2008 on proposals for legislative change in order to provide PCT's with more flexibility when commissioning pharmaceutical services and in managing the performance of providers.

The Health Act 2009 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 24 May 2010 and

- require PCTs to develop and publish PNAs; and
- then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision;
- also introduce new quality requirements for pharmaceutical contractors.

It is anticipated that further legislation will be put in place in 2011 to govern PNAs being used to determine applications to provide pharmaceutical services, in response to the 2008 consultation to allow increased local flexibility.

Publication and review timeframes for PNAs

The regulations place a statutory duty on each PCT to develop and publish their first PNA by 1 February 2011. The regulations set out the minimum requirements for the first PNA produced under the regulations, such as data on the health needs of the PCT's population, current provision of pharmaceutical services, gaps in current provision and how the PCT proposes to close these gaps. The PNA should also consider the future needs for services.

The regulations require PCTs to undertake a consultation on their first PNA for a minimum of sixty days, and list those persons and organisations that must be consulted e.g. the Local Pharmaceutical Committee, Local Medical Committee, LINKs and other patient and public groups.

The regulations also require the PCT to define localities around which the PNA will be structured so that the comparative needs of different populations can be taken into account.

Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Wirral. Where the PCT becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made by the Pharmacy Contracts Committee. There are two mechanisms by which the PNA may be updated:

- Where there has been a change which has not affected the need for pharmaceutical services then the PCT will issue a supplementary statement describing the change

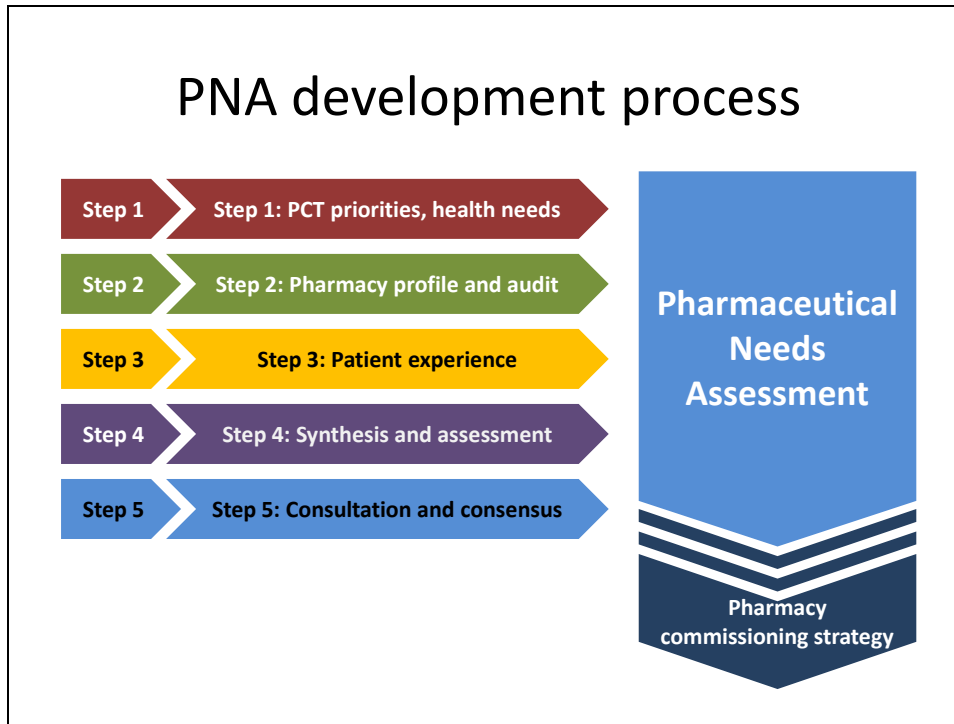
- Where there has been a change which has affected the need for pharmaceutical services then the PCT will update the PNA and consult with stakeholders on the revised PNA

An annual review will be conducted to ensure that any changes that have taken place are reflected in the PNA or its supplementary statements. The PNA must be reviewed in full every three years with further consultation periods.

PNA DEVELOPMENT AND CONSULTATION PLAN

NHS Wirral's PNA was developed using a number of methods that draw on a range of information sources and the outcome is reinforced by patient experience analysis. The process was divided into five steps which are illustrated by Figure 2, below.

Figure 2: NHS Wirral PNA development process



The development process combines the PCT's strategic plans, draws on the JSNA which describe the health needs of our population and links this to the commissioning of pharmacy services.

The PNA provides a foundation for further work to consolidate the pharmacy commissioning strategy for the PCT.

Each step has a specific function and / or source of data which is described in Figure 3, below.

Figure 3: NHS Wirral PNA development data sources and activity

Step	Data source(s)	Activity
Step 1	<ul style="list-style-type: none"> PCT Strategic Plan 2009-13 JSNA 2009 	<ul style="list-style-type: none"> Analysis and synthesis of relevant data to link to the PNA.
Step 2	<ul style="list-style-type: none"> Routine contracting and activity data which is held by the PCT National benchmarking using NHS Information Centre data 	<ul style="list-style-type: none"> Validation via a survey of community pharmacy contractors in July 2010
Step 3	<ul style="list-style-type: none"> Community Pharmacy Patient Questionnaire (CPPQ) returns Small-scale semi structured interviews with Wirral residents Summer 2009 	<ul style="list-style-type: none"> Analysis of CPPQ returns September 2010
Step 4		<ul style="list-style-type: none"> Drawing together and synthesis of emerging themes and ideas Drafting the PNA and synthesis of the assessment and recommendations
Step 5	<ul style="list-style-type: none"> Regulations published to inform PCTs of their consultation requirements in relation to PNAs 	

These data have been combined to provide a picture of our population, their current and future health needs and how our pharmacy network can be used to support the PCT to improve the health and wellbeing of our population.

A number of PCT staff were involved in the development of this PNA from the following Directorates, Public Health; Finance; Communications and Engagement; Primary Care and Provider Services, in addition to the process being led by the Medicines Management Team. Consideration was given to conflicts of interest and this information is included in Appendix 1.

Consultation plan and PCT approval

The PCT is required to undertake a consultation on the PNA for a minimum of sixty days, and the regulations list the minimum standard for those persons and organisations that must be consulted.

The Professional Executive Committee, with delegated responsibility from the PCT Board, was responsible for agreeing the consultation plan in Appendix 2.

The process provided assurance that hard copies were received by requiring a signature upon delivery. Emailed copies requested the consultee confirmed receipt and plans were made to follow up non-responders.

Feedback from the consultation and amendments made as a result will be approved by the Professional Executive Committee in January 2011. The final PNA will be published by February 1st 2011.

PRIORITIES FOR IMPROVING HEALTH AND WELLBEING

The Strategic Plan sets out our plans and priorities for reducing health inequalities and improving life expectancy in Wirral. Through working with our partners we have developed a vision around which we are united. The latest Strategic Plan (2009-14) available at: http://www.wirral.nhs.uk/document_uploads/Strategies/NHSWirralStrategicPlan310309Final.pdf.

The Joint Strategic Needs Assessment (JSNA) informs all PCT commissioning plans. Public health data to support the PNA has been drawn from the local JSNA from January 2009, which is available by following the link:

http://www.wirral-lsp.org/detail/Joint_Strategic_Needs_Assessment_JSNA/121/98.aspx

Our Vision : ‘NHS Wirral – Working Together for a Healthier Future’

To achieve this vision, NHS Wirral has four strategic aspirations to:

- involve and empower people
- target inequalities through effective partnerships
- ensure excellence in our health services
- be a high performance, high reputation organisation

To deliver this vision we will work to address each of our key health needs to:

- have a frontline workforce that delivers health improvement
- Work with partners to reduce the numbers of people who do not work
- prevent falls in the elderly
- target alcohol misuse, with prevention and treatment
- improve the mortality rate for breast cancer
- screen all smokers in the future for evidence of poor respiratory function
- identify and treat more cardiovascular disease
- improve mental health
- tackle obesity of families and their children
- work to reduce unwanted pregnancies
- stop more people smoking

We have identified outcomes for each of our health needs, against which our investments will be prioritised:

- Smoking (smoking quitters)
- Alcohol (rate of hospital admissions per 100,000 for alcohol related harm)
- Obesity (obesity at reception years)
- Sexual health (under 18 conception rate)
- Mental health (hospital admissions caused by unintended and deliberate harm)
- Cancer (breast cancer mortality)
- COPD (uptake on pneumococcus vaccinations by over 65's)
- CVD (percentage of stroke admissions given a brain scan within 24 hours)

Other PCT priorities which will influence our plans include:

- Children's services
- Elderly care
- Urgent care

Our ambition

Our ambition for Wirral is to improve health for all our residents and first and foremost to reduce health inequalities.

The Strategic Plan for Wirral (2009 – 2014) concentrates on the management of long-term medical conditions and the promotion of healthy choices. With programmes focused on improvements in the main causes of mortality and unhealthy lifestyles in Wirral - alcohol, cancer, cardiopulmonary disease, cardiovascular disease, mental health, obesity, smoking, and sexual health. Through these programmes and investments we will reduce health inequalities and improve life expectancy. We will address the needs of an increasingly ageing population and we will work with partners to ensure that we respond to the needs of vulnerable children and young people.

We cannot deliver this ambition without working with all healthcare providers, including our community pharmacies. To succeed we will need to harness the full potential within our pharmacy provider network and to bring to bear the unique qualities and focus of community pharmacy on our health challenges.

Community pharmacy potential

There is a good fit between our priorities, which are described above, and the potential contribution of community pharmacy. Community pharmacy services need to be planned within a framework which links our pharmacy commissioning with strategic plans for health in Wirral and that are focused on our local priorities for reducing inequalities in health outcomes.

Mapping how pharmacy contributes today, and can contribute in the future will help to focus and prioritise our efforts and provide a basis for making rational decisions about our future commissioning plans.

Commissioning decisions are made with the objective of ensuring that the investment we make represents the best use of resources, provides value for money, has quality and safety embedded and takes us closer to achieving the outcomes we have prioritised.

As a high performing commissioner we recognise that we need to develop and nurture local markets to ensure that we can offer our population a choice of high quality providers. This is important in managing and engaging with the pharmacy market, this PNA is our first opportunity to do this in a structured way. We have a track record for investing in pharmacy interventions over the years and we are committed to continuing to invest in value for money services from all providers in pursuit of our vision.

Development of enhanced pharmaceutical services

The development of community pharmacy enhanced services, across the country has often been opportunistic and unplanned. A service development may emerge as the result of a coming together of circumstances and funding to provide an opportunity to develop services. Consequently services are often developed rapidly, and without the opportunity to locate these services within a coherent pharmacy strategy.

NHS Wirral has been active in commissioning enhanced services and has demonstrated that it is possible to commission a range of services in line with identified health need.

Currently the PCT behaves as both commissioner and facilitator for new services development. For example the PCT negotiates the fee structure, provides training, develops protocols and documentation and accredits service providers. This is an important transitional role necessary to encourage the provider network to mature, to safeguard quality and to ensure plurality of providers within primary care. Good practice commissioning principles require that the ongoing commissioning of pharmacy services is actively managed in order to ensure that the service meets a need and that the number of providers and the levels of activity remain at a level that meets the needs of the population.

Synthesis

To map community pharmacy's current and potential contribution we have developed a framework which links the community pharmacy contractual framework, including both the nationally and locally commissioned elements, to our plans and priorities.

For each intersection between the contractual framework and one of our priorities we have identified:

- What community pharmacy is currently contributing within the existing commissioning envelope,
- How existing performance or commissioning could be improved to further meet the needs of our population, and
- Any additional commissioning that should be considered in the future

This framework is described on the following pages.

Mapping community pharmacy contribution to NHS Wirral priorities

Goals and initiatives from JSNA and Strategic Plan	Essential services a) Current contribution b) Potential contribution with actions	Advanced services a) Current contribution b) Potential contribution with actions	Enhanced services a) Current contribution b) Potential contribution with actions	Future considerations to improve existing provision
Alcohol	a) The contract includes provision for pharmacies to provide support for locally agreed public health campaigns. Pharmacy contractors are also expected to offer signposting and advice on healthy lifestyles to pharmacy users.	a) Nil	a) NHS Wirral commissions an alcohol intervention service from all community pharmacies willing to provide this service in Wirral. Provision is focused in pharmacies in Birkenhead (90%) and to a lesser extent in Wallasey (71%) and Bebington and West Wirral (50%) which follows the pattern of high alcohol consumption observed in our population.	Commissioning a locally enhanced service for alcohol interventions from community pharmacy is a relatively novel development. In this respect NHS Wirral is recognised as a local and national leader. There is potential to improve provision in low activity providers via continued sharing of good practice and the negotiation of a revised service level agreement with minimum activity requirements.
	b) The PCT may select an alcohol campaign as one of the six public health campaigns each year.	b) Encourage the recording of alcohol consumption and inclusion of brief alcohol advice with medicines use review.	b) Already commissioned.	
Cancer	a) The contract includes provision for pharmacies to provide support for locally agreed public health campaigns. Pharmacy contractors are also expected to offer signposting and advice	a) Nil	a) NHS Wirral currently commissions weight management, alcohol and smoking services from pharmacy which all have the potential to contribute directly to the reduction in cancer prevalence rates.	NHS Wirral's focus on commissioning pharmacies to provide interventions in relation to smoking, alcohol and weight management means that there are already effective interventions focused on cancer prevention. There is the potential to explore community pharmacy's contribution to cancer

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	on healthy lifestyles to pharmacy users.		NHS Wirral commissions a palliative care medicines access service which ensures that medicines for end of life care are available when required by patients and their carers.	detection through raising awareness among the population. Examples of areas with potential application in the community pharmacy setting from other PCTs include: skin cancer, oral cancers and colon cancers. There is also the potential to consider targeted community pharmacies to manage the uptake of HPV vaccine in any populations where vaccination rates are low (e.g. Westminster PCT)
	b) The PCT may select a cancer awareness campaign focused on early detection as one of the six public health campaigns each year.	b)	b) "Catch-up" HPV immunisation programmes through pharmacy.	
COPD	a) See previous description of public health and signposting services.	a) Patients with COPD may be offered a MUR by their community pharmacist.	a) NHS Wirral currently commissions a smoking service from pharmacy which has the potential to contribute to a reduction in COPD prevalence.	COPD is a progressive disease with a significant pharmacotherapeutic element. Patients with COPD will have an escalating requirement for care which can result in episodic emergency admissions. Interventions using community pharmacy are focused on 1) improving the effectiveness of drug therapy to reduce exacerbations and to minimise unwanted effects. 2) reducing unplanned admissions through monitoring and escalating care within an agreed pathway. There is the potential in NHS Wirral to use the Advanced Services element of the contract to consider commissioning targeted medicines use reviews for this patient group (e.g. Leicester City PCT) and to commission a COPD enhanced service to monitor lower tier patients for signs of exacerbation (e.g. Dorset PCT)
	b) The PCT may select a smoking campaign as one of the six public health campaigns each year.	b) MURs targeted at COPD patients	b) Community pharmacy COPD management service.	

CVD	a) See previous description of public health and signposting services.	a) Patients with CVD may be offered a MUR by their community pharmacist.	a) NHS Wirral currently commissions smoking and obesity services which have the potential to contribute to a reduction in CVD prevalence.	<p>The NHS vascular risk assessment (VRA) programme seeks to screen and assess the population for risk of CVD. There is considerable community pharmacy commissioning activity elsewhere in the country, which is seen as ideally placed to undertake opportunistic interventions. A successful scheme would need to demonstrate that local community pharmacies can approach and recruit the target population. There may be potential to build on the success of the PCT's enhanced services e.g. alcohol screening to develop a local VRA programme in community pharmacy. However at the current time a range of non-pharmaceutical providers are commissioned to deliver the service activity required.</p> <p>Community pharmacists highlighted CVD risk assessment as a potential role they are enthusiastic to provide if funding becomes available.</p>
	b) The PCT may select a CVD campaign as one of the six public health campaigns each year.	b) MURs targeted at CVD patients	b) NHS vascular risk assessments.	
Mental Health	a) See previous description of public health and signposting services.	a) Patients taking treatment for mental health conditions may be offered a MUR by their community pharmacist.	a) Nil	<p>Successfully managing mental health in our population relies upon a network of services from GP through to specialist services provided in the community. There are limited examples of community pharmacy interventions that target less severe mental health problems. However there are examples of how community pharmacists can use their expertise on medicines to support patients in the community and to work with community mental health teams to identify patients at risk of escalation through managing and monitoring adherence to medicines (e.g. Sheffield MIES).</p>
	b) The PCT may select a mental health campaign as one of the six public health campaigns each year.	b) MURs targeted at patients taking treatment for mental health conditions	b) Medication adherence monitoring and information exchange.	

Obesity	a) See previous description of public health and signposting services.	a) Nil	a) NHS Wirral currently commissions a weight management service from 36% of pharmacies.	A Weight Management Service (WMS) using a Patient Group Direction (PGD) for anti-obesity drugs could be commissioned.
	b) The PCT may select a weight management campaign as one of the six public health campaigns each year.	b) Nil	b) already commissioned	A WMS to support patients prescribed anti-obesity drugs by their GP could also be commissioned to improve compliance, treatment outcomes and value from prescribing costs. Community pharmacists highlighted WMS as a potential role they are enthusiastic to provide if funding becomes available.
Sexual health	a) See previous description of public health and signposting services.	a) Nil	a) NHS Wirral currently commissions an emergency contraception + supply service from community pharmacy.	Supply of emergency contraception through community pharmacies is one of the first locally commissioned enhanced services. First established in Manchester in December 1999 this service is not commissioned by over 75% of PCTs. Commissioning is developing from an EHC supply service to a dedicated sexual health and contraception service with examples in other PCTs of Chlamydia testing, ongoing contraception advice and support provided (e.g. Manchester PCT)
	b) The PCT may select a sexual health campaign as one of the six public health campaigns each year.	b) Nil	b) Explore the potential to extend the sexual health service that is commissioned to include Chlamydia screening and treatment.	Community pharmacists highlighted Chlamydia testing and treating as a potential role they are enthusiastic to provide if funding becomes available.
Smoking	a) See previous description of public health and signposting services.	a) Nil	a) NHS Wirral currently commissions a smoking cessation service from 88% of community	The role of community pharmacy in providing an effective stop smoking service is well documented and accepted.

			pharmacies.	
	b) The PCT may select a stop smoking campaign as one of the six public health campaigns each year.	b) Record smoking status and include brief intervention with medicines use review.	b) Review service against NHS employers best practice guidance ¹ .	
Elderly Care	a) Dispensing and repeat dispensing are important essential services for our elderly population. Many pharmacies offer collection and delivery services for housebound patients which is provided outside the contract requirements.	a) Elderly patients will be a significant population for MUR. The PCT has a Medication Review Referral Service, which triages appropriate referrals to PCT pharmacists for clinical review or to community pharmacy MURs including domiciliary MURs.	a) A number of enhanced services will be of benefit to elderly patients but there are currently no enhanced services specifically targeted at elderly patients (note advanced services provision). Note that GPs have requirements to undertake medication review as part of their contract.	The most relevant opportunity is to use community pharmacy's expertise on medicines to provide services to support medicines taking. Onward triage to MUR from the PCT's medication review referral service is another novel approach that better maximises nationally contracted services such as MUR, by targeting MURs to patients with a need identified by GPs, community and social care teams referring into the service. Under the national contract pharmacies can self-select patients on multiple medication for MUR and although PCT's can only recommend target groups for MUR, this PCT has been successful in engaging the LPC and contractors to accept triaged referrals for MUR.
	b) Make better use of repeat dispensing to support patients with medicines taking	b) We need to work with contractors to increase the number of pharmacy based and domiciliary MURs following triaged referrals from the PCT service.	b) There is potential to further develop services to support patients in how they take their medicines to maximise treatment outcomes.	
Access	a) The community pharmacy contract recognises that pharmacies are sources of advice and support to patients with self limiting conditions. Although this role is not formalised or subject to any explicit specification.	a) Nil	a) NHS Wirral commissions an emergency contraception + and a palliative care medicines service which both contribute to improved access for patients with specific needs.	Pharmacy minor ailment schemes are the fastest growing area of local commissioning by PCTs with commissioning focused in PCTs with higher levels of deprivation and greater health inequalities. In England 56% of PCTs commission a pharmacy MAS with 81% of PCTs in the same ONS cluster as NHS Wirral commissioning this service. The main drivers for

¹ <http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/Pharmacy-basedsmokingservices.aspx>

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	b) Nil	b) Nil	b) Commission a pharmacy minor illness scheme if access becomes more problematic or if GP Consortia wish to expand their capacity by subcontracting treatment of minor ailments.	<p>pharmacy minor ailments services (MAS) appear to be improvement of the primary care performance regarding access, unscheduled care and encouraging self-care. Access is not considered currently to be an issue in Wirral that would require PCT commissioning of a MAS.</p> <p>The rationale for a pharmacy minor ailment scheme is that the behaviour of patients can be changed such that the community pharmacy is seen as the first port of call for advice and treatment rather than the GP. The schemes achieve this by removing barriers – medicines are free to patients that are exempt from prescription charges and pharmacies are more accessible; by changing perceptions – pharmacies are promoted as the first port of call for minor illnesses; and by encouraging self care – pharmacies can be effective patient educators. Therefore the current PBC clusters/practices or the GP Consortia of the future may wish to consider this opportunity to expand their capacity to enable them to manage patients with more complex health needs in the community.</p> <p>Community pharmacists highlighted MAS as a potential role they are very enthusiastic to provide, as a national service or as a locally commissioned enhanced service, if funding becomes available.</p>
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CURRENT PROVISION OF SERVICES

This section describes the current provision of pharmaceutical services to the population of NHS Wirral. It provides an account of current provision using a variety of data sources to benchmark our services against external comparators and internally across localities.

The data presented here are drawn from:

- data available through the NHS Information Centre
- data available to the PCT through the NHS Business Services agency which administers a number of elements of the contract on behalf of the PCT
- data held by the PCT relating to the commissioning of enhanced services
- data from a postal survey of our community pharmacy contractors in July 2010, which forms a baseline audit of pharmacy services.

(i) Background and setting

Wirral is a peninsular area formed by the Dee and Mersey rivers. Wirral covers an area of over 220 sq km with a resident population of 309,000. The resident population is those recorded as living in Wirral from Census data. The population registered with GP practices is 332,000.

NHS Wirral has contracts with 86 community pharmacy contractors, 61 GP practices and 50 dental practices.

Our communities show marked inequalities in health and life expectancy. This is underpinned by inequalities in social circumstances which characterise our neighbourhoods, with people in Royden expected to live 11 years longer than people in Tranmere.

The PCT is grouped with fifteen other PCTs with similar characteristics by the Office of National Statistics (ONS). This group is described by the ONS as the “Industrial Hinterlands” cluster group. More information about clusters and their construction can be found here:

http://www.statistics.gov.uk/about/methodology_by_theme/area_classification/ha/cluster_summaries.asp

Industrial Hinterlands PCTs:

County Durham	North Tyneside
Darlington	Middlesbrough
Gateshead	Redcar and Cleveland
Halton and St Helens	Sefton
Hartlepool	South Tyneside
Hull Teaching	Stoke on Trent Teaching
Knowsley	Sunderland Teaching
Tameside and Glossop	

(ii) Benchmarking provision of NHS Wirral pharmacy services

NHS Wirral has 86 community pharmacy contractors which are located on high streets, in health centres, supermarkets and villages throughout the PCT area. There is better access to pharmaceutical services in Wirral when compared with our peers. In preparing this PNA we also found that most pharmacy premises in Wirral are well placed to deliver additional services, we found that over 80% of our pharmacies have a private area where they can deliver personal healthcare services to patients in privacy, something patients consider an important pre-requisite of extending the role of community pharmacists (Patient's Association, 2008).

We can set the provision of pharmacy services in NHS Wirral into context by using national benchmarks which are available to the PCT. The table below shows the data for NHS Wirral and together with all PCTs in the North West SHA using nine indicators.

The indicators are explained below and 2008/9 is the latest available data because 2009/10 data are not expected until November 2010.

Guide to comparative indicators:

Number of community pharmacies 2008-09	This is the number which was returned to the NHS Information Centre for 2008/09 by the PCT
% Independent contractors	This is the number of contractors belonging to chains of 5 or fewer pharmacies as determined by the Prescription Pricing Division (PPD) at 31 st March 2009.
Households without access to a car (%)	This is the % of all households in the PCT that reported in the 2001 census that they did not have access to a car
Population / Hectare (2008/09)	This is the population density calculated using the ONS estimates of the area covered by the PCT and the ONS 2007 mid-year population estimates.
Pharmacies per 100,000 population 2008-09	This is the number of pharmacies at 31 st March 2009 per 100,000 population using the ONS mid-year estimates for 2008
Prescription items per pharmacy (month)	This is the average of the number of prescription items dispensed by a pharmacy in the PCT calculated by the PPD in 2008/09
Number of community pharmacies 2008-09	This is the number which was returned to the NHS Information Centre for 2008/09 by the PCT
MURs per provider (2008/09)	This is the average number of MURs claimed per provider of Advanced Services in 2008/09

Table 1: Pharmacy characteristics in North West SHA PCTs

PCT	Number of community pharmacies 2008-09	% Independent contractors	Households without access to a car (%)	Population / Hectare (2008/09)	Pharmacies per 100,000 population 2008-09	Prescription items per pharmacy (month)	Advanced services (%)	MURs per provider (2008/09)
Ashton, Leigh and Wigan	67	36%	28%	16.3	21.8	7,369	85%	144
Blackburn with Darwen Teaching	38	39%	33%	10.3	27.0	6,386	79%	149
Blackpool	42	21%	37%	40.6	29.6	7,106	57%	145
Bolton	62	29%	30%	18.8	23.6	7,002	68%	129
Bury	36	39%	26%	18.4	19.7	7,259	78%	182
Central & Eastern Cheshire	89	19%	18%	3.7	19.6	6,550	88%	146
Central Lancashire	92	25%	23%	5.6	20.3	6,547	84%	132
Cumbria	103	33%	24%	0.7	20.7	6,487	80%	130
East Lancashire	90	32%	28%	3.6	23.4	6,341	83%	128
Halton and St Helens	73	41%	30%	13.8	24.6	7,174	64%	145
Heywood, Middleton & Rochdale	46	26%	33%	13.1	22.3	6,891	87%	127
Knowsley	33	24%	42%	17.4	21.9	7,757	94%	189
Liverpool	125	39%	48%	38.9	28.7	6,013	79%	158
Manchester	119	39%	48%	40.1	25.6	5,752	72%	154
North Lancashire	70	41%	24%	3.2	21.1	7,208	80%	122
Oldham	47	45%	34%	15.4	21.4	7,245	74%	176
Salford Teaching	54	28%	39%	22.8	24.4	7,708	81%	183
Sefton	69	43%	31%	18.0	25.1	6,879	80%	135
Stockport	63	29%	24%	22.3	22.4	7,213	75%	113
Tameside and Glossop	50	28%	32%	10.9	20.0	8,287	86%	166
Trafford	57	39%	25%	20.1	26.8	6,021	88%	154
Warrington	42	29%	21%	10.9	21.4	6,516	83%	151
Western Cheshire	53	32%	21%	2.8	22.5	5,765	79%	145
Wirral	86	35%	30%	19.7	27.8	5,871	81%	145
ENGLAND	10,475	38%	27%	3.9	20.4	6,129	83%	161
North West	1,606	33%	30%	4.9	23.2	6,674	79%	146

Source: NHS Information Centre, 2009

Table 2: Pharmacy characteristics in the Industrial Hinterlands ONS cluster group

PCT	Number of community pharmacies 2008-09	% Independent contractors	Households without access to a car (%)	Population / Hectare (2008/09)	Pharmacies per 100,000 population 2008-09	Prescription items per pharmacy (month)	Advanced services (%)	MURs per provider (2008/09)
County Durham	109	52%	31%	2.3	21.4	7,593	79%	136
Darlington	18	17%	31%	5.1	17.9	8,726	72%	101
Gateshead	46	30%	43%	13.4	24.1	7,417	80%	151
Halton and St Helens	73	41%	30%	13.8	24.6	7,174	64%	145
Hartlepool	19	26%	39%	9.8	20.7	7,829	84%	146
Hull Teaching	67	27%	44%	36.2	25.9	6,337	91%	183
Knowsley	33	24%	42%	17.4	21.9	7,757	94%	189
Middlesbrough	27	19%	41%	25.8	19.4	8,200	93%	155
North Tyneside	50	26%	37%	24.0	25.3	6,353	74%	195
Redcar and Cleveland	22	45%	32%	5.7	15.8	11,024	68%	163
Sefton	69	43%	31%	18.0	25.1	6,879	80%	135
South Tyneside	33	61%	44%	23.5	21.8	7,654	73%	163
Stoke on Trent Teaching	61	33%	34%	17.5	24.6	6,876	92%	175
Sunderland Teaching	57	49%	40%	20.4	20.3	8,213	68%	190
Tameside and Glossop	50	28%	32%	10.9	20.0	8,287	86%	166
Wirral	86	35%	30%	19.7	27.8	5,871	81%	145
ENGLAND	10,475	38%	27%	3.9	20.4	6,129	83%	161
ONS cluster	820	37%	35%	8.4	22.9	7,310	80%	159

Source: NHS Information Centre, 2009

NHS Wirral pharmacy services relative to SHA, ONS cluster and England averages

Using the comparative indicators that are available we can see that access to pharmacy services in Wirral is better than in other, comparable PCTs.

This is demonstrated by the higher number of pharmacies per head of population (Wirral: 28 per 100,000) when compared with our ONS cluster group (ONS: 23 per 100,000 population) and the lower average dispensing volumes (Wirral: avg. 5,871 items per month) when compared to our ONS cluster group (ONS: avg. 7,310 per month).

Table 3: Benchmarking NHS Wirral against selected indicators

Indicator	NHS Wirral	NW PCTs	ONS cluster PCTs	England
% Independent contractors	35%	33%	37%	38%
Households without access to a car (%)	30%	30%	35%	27%
Population / Hectare (2008/09)	19.7	4.9	8.4	3.9
Pharmacies per 100,000 population 2008-09	27.8	23.2	22.9	20.4
Prescription items per pharmacy (month)	5,871	6,674	7,310	6,129
Advanced services (%)	81%	79%	80%	83%
MURs per provider (2008/09)	145	146	159	161

Source: NHS Information Centre, 2009

(iii) Locality provision within NHS Wirral

NHS Wirral organises pharmacies into three localities each consisting of between five and eight electoral wards.

The locality areas used are:

- Bebington and West Wirral
- Birkenhead
- Wallasey

The localities of Birkenhead, Wallasey and Bebington and West Wirral are used because this is currently the well established infrastructure of the PCT for GP practices, community services and social services. The next complete revision of the PNA in 2014 will use GP Consortia boundaries.

The relationship between these areas and the wards making up NHS Wirral are as follows:

Locality	Wards
<u>Bebington and West Wirral</u>	Bebington Bromborough Clatterbridge Eastham Greasby, Frankby and Irby Heswall Hoylake and Meols Pensby and Thingwall West Kirby and Thurstaston
<u>Birkenhead</u>	Bidston and St James Birkenhead and Tranmere Claughton Moreton West and Saughall Massie Oxton Prenton Rock Ferry Upton
<u>Wallasey</u>	Leasowe and Moreton East Liscard New Brighton Seacombe Wallasey

Source: NHS Wirral and ONS administrative geography 2009

The localities do not map precisely to ward boundaries, this affects the Birkenhead locality most with five pharmacies that are allocated to Birkenhead falling into wards that are allocated for practical purposes to the other two localities:

Ward	Number of pharmacies	Locality
Bebington	1	Bebington and West Wirral
Bromborough	2	Bebington and West Wirral
Leasowe and Moreton East	1	Wallasey
Seacombe	1	Wallasey

See the Appendix 3 for the allocation of individual pharmacies to wards and localities.

Assessing pharmacy distribution within Wirral

The location of pharmacies is influenced by the population density, the proximity to GP practices, 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 between localities in Wirral. Analysis by locality shows that the high levels of provision found across Wirral are also found at locality level. The number of pharmacies per head of population in each of the localities is greater than the English and ONS cluster averages. There are no dispensing doctor practices, internet pharmacies or appliance contractors within Wirral.

The average number of prescriptions per pharmacy is also a useful measure of demand and distribution. Wirral pharmacies dispense fewer prescriptions than pharmacies in the ONS cluster. These data suggest that in Wirral there is capacity in our community pharmacy network to absorb additional work as our population grows.

Table 4: Pharmacies per head of population by locality

	Pharmacies per 100,000 resident population	Prescriptions per pharmacy (monthly average) 2008/09
Bebington and West Wirral	28	5,710
Birkenhead	29	6,171
Wallasey	24	6,854
NHS Wirral	27.8	5,871
ONS cluster	22.9	7,310
England	20.4	6,129

*Locality level figures are derived from data collected by the PCT and may not correlate with the NHS Information Centre statistics presented previously.

Unless otherwise annotated then the data presented below are derived from a postal questionnaire sent to all pharmacies in NHS Wirral in July 2010.

Access to pharmacy services

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

Current supplementary pharmacy opening hours held by the PCT show that there is good access throughout the week and at weekends across Wirral which reflects both the urban nature of the localities and the presence of supermarket pharmacies and 100 hour pharmacies.

The only time additional hours are funded via a rota is at Christmas. Provision at Easter has been considered but no concerns or complaints have been raised to date about lack of provision. This will be kept under review.

Table 5: Pharmacy opening hours in Wirral by locality

	Weekday		Saturday		Sunday	
	Open	Close	Open	Close	Open	Close
Bebington and West Wirral	08:30	21:00	08:30	20:00	09:00	16:00
Birkenhead	06:30	23:00	06:30	22:30	09:00	22:00
Wallasey	08:00	22:00	08:00	22:00	10:00	16:00

Very few pharmacies close during the working week having a negligible effect on access. A detailed breakdown of pharmacy opening hours is set out in Appendix 4.

Table 6: Pharmacy half day closures in Wirral by locality

	Pharmacies	Mon	Tue	Wed	Thu	Fri
Bebington and West Wirral	30	-	-	1	-	-
Birkenhead	39	-	-	2	-	-
Wallasey	17	-	-	-	-	-

Some pharmacies do not open on Saturdays and most do not open on Sundays, some of the pharmacies that open on Saturdays close in the afternoon. Looking at provision at weekends by locality we can see that there is a marked drop in provision on Saturday afternoons but that most communities maintain good access to services into Saturday afternoon.

GP surgeries closing on a Saturday following the introduction of their new contract in 2004 has resulted in pharmacies closing, either all day or half day on Saturdays, due to lack of prescription dispensing activity.

Fewer pharmacies open in Wallasey on Saturdays. 35% remain open on Saturday afternoon compared with around half of all pharmacies in Bebington and West Wirral and

Birkenhead. However, the 100 hour contract and voluntary extended hours pharmacies in each locality mean that there is always service provision on Saturday and Sunday. Any change to the opening hours of these pharmacies will have a detrimental effect on access and service provision.

Table 7: Pharmacy weekend opening in Wirral by locality

	Pharmacies	Open on Saturday	Open after 1pm on Saturday	Open on Sunday
Bebington and West Wirral	30	29	17	3
Birkenhead	39	34	19	5
Wallasey	17	15	6	1

Provision of pharmacy services outside of core General Medical Services (GMS) hours can help to retain demand in primary care. Wirral has extensive pharmacy provision outside of core GMS hours which can be built upon to deliver services to patients.

Recommendation: The equitable access initiative will have changed the pattern of GP opening hours, an audit comparing GP opening hours with pharmacy opening hours is needed to ensure that there continues to be “joined up” provision for patients.

Some pharmacies close for one hour at lunchtime, usually between 13.00 and 14.00, when we examine opening over the lunchtime period we see that in most localities around half of all providers open at lunchtime. Wallasey is the exception, one quarter of pharmacies in Wallasey remain open at lunchtime. Feedback from patients nationally is that where pharmacies close at lunchtime then that closure should be co-ordinated with other pharmacies in the area so that there is limited overlap and therefore always an alternative for patients who need pharmacy services at that time.

Note: We have not received any complaints about access to pharmacies over lunchtimes.

Table 8: Pharmacies that are open at lunchtime in Wirral by locality

	Pharmacies	Mon	Tue	Wed	Thu	Fri
Bebington and West Wirral	30	10	10	10	10	11
Birkenhead	39	13	13	13	13	13
Wallasey	17	1	1	1	1	2

Availability of the pharmacist

In response to a question in the survey most pharmacies reported that the pharmacy was open continuously throughout the day and that the pharmacist was available whenever the pharmacy was open. In some cases the pharmacy remains open but the pharmacist takes a set break which means that prescriptions and over the counter medicines cannot be sold during that time.

Table 9: Pharmacist availability throughout the opening hours

	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Pharmacist available throughout the opening hours	9 30%	13 33%	1 6%	23 27%

Recommendation: We will review lunchtime closure patterns to identify communities where co-ordination of lunch time closure between pharmacies would be beneficial so that closures do not overlap in order to improve access for patients.

Languages spoken in Wirral PCT pharmacies

Wirral has a relatively homogenous population, most of whom describe themselves as White English, however there is a small and discrete population from the black and minority ethnicities (BME) groups. There are translation services in place to support patients who do not speak English make use of NHS services.

Wirral MBC figures show that the most common languages spoken in Wirral other than English are as set out in the table below. Table 10 shows the languages that pharmacists reported their patients speak, table 11 shows which languages are spoken by pharmacists and their staff.

Table 10: Languages spoken by customers visiting Wirral pharmacies

	Bebington & West Wirral		Birkenhead		Wallasey		Wirral	
	n	%	n	%	n	%	n	%
Arabic	1	3.3%	1	6.3%	6	15.0%	8	9.3%
Bengali	0	0.0%	0	0.0%	6	15.0%	6	7.0%
Chinese	7	23.3%	5	31.3%	14	35.0%	26	30.2%
French	4	13.3%	1	6.3%	1	2.5%	6	7.0%
Somali	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	4	13.3%	4	25.0%	9	22.5%	17	19.8%

Other languages spoken included; Polish, Greek, Irish, Hindi, Punjabi, Urdu, Turkish, Albanian, Spanish, German, Gujarati, and Hungarian

Table 11: Languages spoken by staff working in Wirral pharmacies

	Bebington & West Wirral		Birkenhead		Wallasey		Wirral	
	n	%	n	%	n	%	n	%
Arabic	0	0.0%	2	5.0%	0	0.0%	2	2.3%
Bengali	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chinese	1	3.0%	2	6.7%	1	6.0%	4	4.7%
French	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Somali	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	3	10.0%	5	16.7%	0	0.0%	8	9.3%

Other languages include Hindi (1), Punjabi (2), Greek (1), Spanish (1), Italian (1), Gaelic (1) and Polish (1)

Pharmacy infrastructure

Pharmacy premises are increasingly modern, health focused and flexible, able to support a diverse range of NHS services in an accessible setting. Pharmacists and their teams have developed a broad range of skills and competencies which have supported a shift in emphasis from transactional services like dispensing to consultation based services

Private or semi-private consultation facilities are currently used by community pharmacists to provide enhanced services, advanced services and consultations arising from the dispensing of prescriptions or sale of medicines.

90.7% of community pharmacies have a consultation area with four pharmacies (4.7%) planning one in the future and plans of the remainder unknown. Achieving 100% provision is likely to be constrained by the size and flexibility of existing premises.

Table 12: Distribution of consultation facilities in pharmacies in Wirral

	Private consultation area	More than one consultation area	Plan to introduce a consultation area in the future	Currently use consultation room for other practitioners to run clinics or services	Willing to allow other practitioners to use your consultation room
Bebington & West Wirral	96.7%	10.0%	0%	0.0%	66.7%
Birkenhead	87.2%	2.5%	7.7%	10.0%	47.5%
Wallasey	88.2%	6.3%	5.9%	0.0%	37.5%
Wirral	90.7%	5.8%	4.7%	4.7%	52.3%

Around 6% of pharmacies have more than one consultation area. There is some fledgling activity from these consultation areas by other practitioners and there is willingness to offer consultation areas in pharmacies as potential outposts for other practitioners.

Most of the consultation areas in Wirral (82.6%) meet the requirements of the advanced services standards and around 76.7% of the consultation facilities are accessible to the disabled, however accessibility is poorest in the Birkenhead area.

Some of our community pharmacies have invested in advanced consultation facilities in anticipation of future commissioning these include 40.7% with a sink and 48.8% with a computer terminal with access to the pharmacy's records. 52.3% of the community pharmacies already allow or would be willing to allow other practitioners to use the consulting room facilities.

Table 13: Characteristics of pharmacy consultation areas in Wirral

	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Consultation area clearly signposted	93.3%	82.5%	68.8%	83.7%
Conversations cannot be overheard	93.3%	80.0%	81.3%	84.9%
Seating is available	93.3%	82.5%	81.3%	86.0%
Meeting all three above	93.3%	80.0%	68.8%	82.6%
Area is accessible to the disabled	86.3%	79.4%	93.3%	84.6%
There is a sink	41.4%	52.9%	46.6%	47.4%
Access to toilet facilities	27.6%	17.7%	53.3%	28.2%
Computer terminal	60.0%	55.0%	50.0%	55.8%
Access to internet	56.7%	50.0%	50.0%	52.3%
Possible to access PMR on computer	60.0%	42.5%	43.8%	48.8%

Recommendation: we will work with our pharmacies to identify ways in which consultation facilities can be fully utilised for the benefit of our population and in particular for patients with a disability across Wirral and particularly in Birkenhead.

Continuity of pharmacy staff

Over 87% of pharmacies have regular pharmacists working in them, whether they are owners, managers, or regular locums. Tenure in Bebington and West Wirral is strongest with 93% of respondents being owner managers or permanent employees.

Table 14: Pharmacist tenure at Wirral pharmacies

Pharmacist type	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Owner / Manager	12 40.0%	17 42.5%	8 50.0%	37 43.0%
Permanent employee	16 53.3%	15 37.5%	5 31.3%	36 41.9%
Regular locum	2 6.7%	0 0.0%	0 0.0%	2 2.3%
Total regular pharmacists	100.0%	80.0%	81.3%	87.2%
Did not answer	0 0.0%	8 20.0%	3 18.7%	11 12.8%

Consistency of tenure is an advantage when commissioning and maintaining services from pharmacies.

Around 55% of the regular pharmacists employed have worked in their pharmacy for three or more years.

Table 15: Pharmacist continuity at Wirral pharmacies

How long has this pharmacist worked here?	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Less than one year	7 23.3%	6 15.0%	0 0.0%	13 15.1%
One to Two years	5 16.7%	7 17.5%	3 18.8%	15 17.4%
Three to four years	5 16.7%	4 10.0%	5 31.3%	14 16.3%
Five or more years	13 43.3%	15 37.5%	5 31.3%	33 38.4%
Don't know	0 0.0%	1 2.5%	0 0.0%	1 1.2%
Did not answer	0 0.0%	7 17.5%	3 18.8%	10 11.6%

Continuity is best in Bebington and West Wirral and Wallasey (both having 60% or more of pharmacists in post for more than three years) and lowest in Birkenhead where less than 50% have been in post for three or more years.

A recent national survey by the Patients' Association highlighted the concerns of patients with pharmacist or pharmacy staff turnover which is perceived as a barrier to extending the role of the pharmacist.

Finally, 41.9% of pharmacists have not changed post in the last five years, demonstrating that there is some stability in the pharmacy workforce.

Table 16: Pharmacist continuity at Wirral pharmacies – five year

How many times has the regular pharmacist changed in the last 5 years	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Never	13 43.3%	17 42.5%	6 37.5%	36 41.9%
Once	7 23.3%	6 15.0%	4 25.0%	17 19.8%
Twice	4 13.3%	3 7.5%	2 12.5%	9 10.5%
Three times	2 6.7%	3 7.5%	0 0.0%	5 5.8%
More than three times	3 10.0%	2 5.0%	1 6.3%	6 7.0%

Don't know	1 3.3%	2 5.0%	0 0.0%	3 3.5%
Did not answer	0 0.0%	7 17.5%	3 18.8%	10 11.6%

Relationships with GPs

The availability of a regular pharmacist also encourages good relationships with local GPs and other healthcare professionals. This is reflected in the fact that almost 90% of pharmacists rate their relationships with local GPs as 'Good' or 'Very Good'.

Table 17: Pharmacies rating of relationship with "main" GP

Rate relationship with local GP practice	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Very Poor	0 0.0%	1 2.5%	0 0.0%	1 1.2%
Poor	1 3.3%	3 7.5%	0 0.0%	4 4.7%
Good	16 53.3%	20 50.0%	6 37.5%	42 48.8%
Very Good	13 43.3%	16 40.0%	9 56.3%	38 44.2%
Did not answer	0 0.0%	0 0.0%	1 6.3%	1 1.2%

Relationships with GPs reflect the frequency and extent of contact between community pharmacists and the GPs that care for their patients. 37.2% will have spoken only once or twice to local GPs over the telephone.

Table 18: Frequency of telephone contact between pharmacists and GPs.

Spoken to GP over the telephone	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Never	3 10.0%	6 15.0%	0 0.0%	9 10.5%
Once or twice	14 46.7%	10 25.0%	8 50.0%	32 37.2%
Weekly	6 20.0%	13 32.5%	4 25.0%	23 26.7%
More often than weekly	7 23.3%	8 20.0%	4 25.0%	19 22.1%

Don't know	0 0.0%	2 5.0%	0 0.0%	2 2.3%
Did not answer	0 0.0%	1 2.5%	0 0.0%	1 1.2%

It is also reported that 34.9% of pharmacies have never had a face to face meeting with local GPs.

Table 19: Frequency of face-to-face contact between pharmacists and GPs.

Spoken to GP face to face	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Never	11 36.7%	14 35.0%	5 31.3%	30 34.9%
Once or twice	8 26.7%	9 22.5%	7 43.8%	24 27.9%
Weekly	4 13.3%	2 5.0%	2 12.5%	8 9.3%
More often than weekly	4 13.3%	8 20.0%	0 0.0%	12 14.0%
Don't know	0 0.0%	2 5.0%	0 0.0%	2 2.3%
Did not answer	3 10.0%	5 12.5%	2 12.5%	10 11.6%

The generally good relationship ratings were evident despite the fact that 34.9% of the pharmacists had never had a face to face meeting with their “main” GP practice, this is something that the pharmacists reflected on when we asked how the PCT could foster closer links between GPs and pharmacists. Most suggesting that there is a need for joint meetings to be facilitated by the PCT.

Recommendation: we will work with our pharmacists and GPs to create better opportunities for joint working and networking in order to develop existing local relationships. We will focus on initiatives where there is common ground such as repeat dispensing and medicine use reviews.

Recommendation: we will emphasise in our commissioning the importance of continuity and consistency of pharmacist provision to ensure that the experience of patients reflects our aspirations.

Essential Services

All community pharmacies provide the essential services required by the community pharmacy contractual framework. The number of pharmacies per 100,000 population in Wirral is higher than average and the prescriptions dispensed per pharmacy is lower than average.

However, pharmacists reported that the burden of dispensing and record keeping is presenting a barrier to making routine healthy lifestyle interventions, which also form part of the essential services element of the contract.

Table 20: Barriers to making interventions

	Other pressures of work	Paperwork and record keeping	Confidence/ experience of making interventions	Supporting materials and resources
Strongly Disagree	2.3%	0.0%	24.4%	9.3%
Disagree	9.3%	12.8%	51.2%	34.9%
Neither	7.0%	12.8%	15.1%	29.1%
Agree	48.8%	43.0%	8.1%	25.6%
Strongly Agree	32.6%	31.4%	1.2%	1.2%

Other pressures of work and the administration associated with making interventions are perceived as the most significant barrier for contractors. This is important because the PCT's priorities will require the support of a strong public health intervention programme in community pharmacy.

The picture is not uniform across the PCT but there is generally consistency in the message from contractors. Respondents in Wallasey were least likely to report that other pressures were an obstacle, conversely this is also the locality which has the highest prescriptions items per pharmacy (see table 4, previous). However respondents from Wallasey were more likely to cite confidence in making interventions as a barrier.

Table 21: Barriers to making interventions - Combined "Agree" and "Strongly Agree" responses

	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Other pressures	83.3%	82.5%	75.0%	81.4%
Paperwork	66.7%	75.0%	87.5%	74.4%
Confidence	3.3%	7.5%	25.0%	9.3%
Supporting materials	16.7%	27.5%	43.8%	26.7%

Recommendation: we will work with our pharmacists to identify mechanisms to share best practice in undertaking interventions and dealing with pressures of work which present a barrier to activity.

Repeat dispensing

Repeat dispensing is seen as a transitional step on the pathway to electronic repeat prescribing which will be introduced with the implementation of Electronic Prescription Service (EPS) Release 2. This will allow GPs to generate paperless repeat prescriptions which will be managed by the pharmacist for the patient.

Uptake of repeat dispensing has been poor across the country since its introduction in 2005. However the imminent implementation of EPS Release 2 has focused attention onto repeat dispensing as it provides an opportunity to implement the underlying processes before the technology is introduced to make it a paperless process. The risk of poor uptake of repeat dispensing is that GPs and pharmacies will struggle to cope with implementation of EPS Release 2.

Due to technical problems early on in the implementation, GP uptake of repeat dispensing has been low. However, the PCT's RD activity has grown steadily and at a marginally faster pace than in the SHA, however the PCT is lagging behind both the ONS cluster and the national picture.

Table 22: Repeat dispensing activity benchmarking

	% RD items 2006/07	% RD items 2007/08	% RD items 2009/10
Wirral	0.56%	0.88%	1.33%
NW SHA	0.33%	0.62%	1.23%
ONS Cluster	0.76%	1.45%	3.43%
England	0.86%	1.58%	2.94%

Source: FOI request to PPD. % of all items which were written as repeat dispensing items

The implementation of repeat dispensing is a significant enabler in embedding the core contractual services and enabling new services to develop. While good progress has been made, the absolute number of repeat dispensing prescriptions issued remains low.

Recommendation: we will encourage our pharmacy contractors to develop a strategy for redesigning dispensing activity through technology and skills mix to ensure that we maximise the potential of the community pharmacist and reduce barriers to new roles.

Community pharmacy patient questionnaire

As part of the essential services community pharmacists are required to carry out an annual patient questionnaire. Whilst most community pharmacies surveyed in 2008 have either done this (69.8%) or are doing it (22.1%) many have found this difficult, particularly due to other pressures of work. From our findings in 2010 all community pharmacies have carried out at least one CPPQ. 76 pharmacies (88.4%) have voluntarily submitted a summary of their findings to the PCT, which is not required by the contract and demonstrates the excellent relationship between the Medicines Management Team and local contractors.

Table 23: Progress in completing annual survey of patients - CPPQ (2008)

Completed survey of patients	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Completed	25 83.3%	24 60.0%	11 68.8%	60 69.8%
Underway	3 10.0%	13 32.5%	3 18.8%	19 22.1%
Not yet started	2 6.7%	3 7.5%	1 6.3%	6 7.0%
Did not answer	0 0.0%	0 0.0%	1 6.3%	1 1.2%

Table 24: Barriers to undertaking CPPQ - Combined “Agree” and “Strongly Agree” responses

	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Preparing materials	10.0%	5.0%	12.5%	8.1%
Entering data	16.7%	10.0%	0.0%	10.5%
Analysis of data	20.0%	20.0%	18.8%	19.8%
Other pressures of work	50.0%	55.0%	25.0%	47.7%
Confidence to approach patients	10.0%	15.0%	6.3%	11.6%

Advanced Services

In Wirral 81% of community pharmacies actively provide the advanced services - medicines use reviews (MUR) and prescription interventions. The number of MURs carried out has been rising steadily since their introduction in 2005. The Appliance Use Reviews and Stoma Appliance Customisation services are newly introduced advanced services.

Progress in the uptake of MUR has been rapid across England. Growth in activity in Wirral has kept pace with the national growth. The number of providers being marginally better but the level of activity per provider being marginally poorer, the combined effect is to make Wirral PCT in line with the national average in terms of overall provision of MUR.

Table 25: Advanced services uptake benchmarking – Wirral and England

		2005/06	2006/07	2007/08	2008/09
Wirral	MUR activity / provider	37	48	115	145
	Percentage of pharmacies providing	40%	53%	73%	81%

England	MUR activity / provider	38	55	126	161
	Percentage of pharmacies providing	39%	62%	69%	83%

Source: NHS Information Centre, 2009

Comparing Wirral PCT to peer PCTs using the ONS cluster group shows that our PCT currently has similar levels of accredited pharmacies (81%) against an average of 80% for the peer group.

Table 26: Advanced services uptake benchmarking – ONS cluster

	Pharmacies per 100,000 pop	Prescriptions per pharmacy (month)	Advanced services accredited pharmacies (%)	MURs per provider (2008-09)
County Durham	21.4	7,593	79%	136
Darlington	17.9	8,726	72%	101
Gateshead	24.1	7,417	80%	151
Halton and St Helens	24.6	7,174	64%	145
Hartlepool	20.7	7,829	84%	146
Hull Teaching	25.9	6,337	91%	183
Knowsley	21.9	7,757	94%	189
Middlesbrough	19.4	8,200	93%	155
North Tyneside	25.3	6,353	74%	195
Redcar and Cleveland	15.8	11,024	68%	163
Sefton	25.1	6,879	80%	135
South Tyneside	21.8	7,654	73%	163
Stoke on Trent Teaching	24.6	6,876	92%	175
Sunderland Teaching	20.3	8,213	68%	190
Tameside and Glossop	20.0	8,287	86%	166
Wirral	27.8	5,871	81%	145
ENGLAND	20.4	6,129	83%	161
ONS cluster	22.9	7,310	80%	159

Source: NHS Information Centre, 2009

Data for Wirral PCT using recent local data (note comparator data for 2009/10 is not available until Nov 2010).

Table 27: Advanced services activity benchmarking by locality

	Advanced services active pharmacies (%) 2007/08	MURs per provider (2007-08)	Advanced services active pharmacies (%) 2009/10	MURs per provider (2009/10)
Bebington and West Wirral	87%	154	87%	213
Birkenhead	73%	120	82%	193
Wallasey	75%	118	86%	134
Wirral	78%	133*	85%	190

Source: NHS Wirral (*note these figures will not match the data in Table 36 due to being derived from a different source)

However there is significant variation in the number of active providers at local level.

Table 28: Advanced services activity – locality level

	Bebington and West Wirral 09/10	Birkenhead 09/10	Wallasey 09/10	Wirral 09/10
Pharmacies	30	39	17	86
Accredited for MUR	97%	87%	88%	88%
Percentage performing MUR (>0 claims in 12 months)	87%	82%	86%	85%
Percentage performing MUR consistently (>50 claims in 12 months)	60%	67%	53%	64%
MUR per annum / pharmacy	213	193	134	190
Min MURs in any one pharmacy	12	6	5	5
Max MURs in any one pharmacy	400	400	388	400

Source: NHS Wirral

These gaps provide the potential to grow provision in Wirral in a number of ways; by encouraging accredited providers to become active and by encouraging inconsistent providers to be more consistent.

Pharmacists cited practical, operational reasons for the low uptake of MUR in their pharmacy, they felt that they were equipped in terms of skills and confidence but that other work and the acceptance of patients and GPs stopped them doing more MURs.

The number of MURs that a pharmacy may provide is currently limited to 400 per annum, giving a maximum potential activity of 34,400 in Wirral. In 2009/10 pharmacies in Wirral conducted 13,713 reviews or 40% of the potential maximum. The provision of MURs has grown incrementally each year.

Table 29: Barriers to undertaking advanced services

	Bebington & West Wirral	Birkenhead	Wallasey	Wirral
Other pressures of work e.g. dispensing	90.00%	72.50%	81.30%	80.20%
Patients refusing invitation	66.70%	47.50%	31.30%	51.20%
No feedback from GPs	63.30%	47.50%	25.00%	48.80%
Don't see eligible patients because of collection and delivery	53.30%	37.50%	37.50%	43.00%

Patients do not turn up for appointments	50.00%	35.00%	18.80%	37.20%
Paperwork takes too long	36.70%	37.50%	31.30%	36.00%
Difficult to identify patients	30.00%	25.00%	18.80%	25.60%
Premises not accredited	10.00%	17.50%	12.50%	14.00%
Pharmacist not accredited	3.30%	17.50%	12.50%	11.60%
Confidence to approach patients	13.30%	10.00%	12.50%	11.60%
Confidence/experience of undertaking MURs	6.70%	12.50%	12.50%	10.50%
Knowledge or skills to provide MURs	3.30%	7.50%	0.00%	4.70%

While the PCT has no power to direct pharmacists to undertake MUR with specific patient groups, PCTs and LPCs are encouraged to discuss and agree which patients are a high priority for the PCT. This PCT has been successful in engaging pharmacies and the LPC to accept referrals triaged for MUR from the PCT's medication review service. Prior to this development the PCT encouraged pharmacies to focus on patients with asthma, COPD, osteoporosis, prescribed methotrexate and diabetic testing strips.

Pharmacists in Wirral reported that they are focused on asthma and diabetic patients.

Table 30: Pharmacist's reported priorities for advanced services

Patient group	Number of respondents
Asthma	16
Diabetes	12
Cardiovascular/Hypertension	8
COPD	7
Osteoporosis	5
Elderly	3
Anticoagulants	2

Recommendation: we will work to increase MUR activity by increasing the number of pharmacies that are accredited to provide MUR, and by encouraging consistent activity in accredited pharmacies.

We will also work with our pharmacists to link the provision of MUR with the PCT's long term conditions strategy, particularly around patient education and improving adherence in long term conditions.

We will increase the number of MUR referrals, triaged via the Medicines Management Medication Review Referral Service, for both pharmacy-based and domiciliary MURs

Enhanced Services

Wirral PCT has been active in commissioning enhanced services from community pharmacy contractors and has achieved national profile for its work to deliver public health focused enhanced services. The PCT commissions a range of services which have been developed to build on the skills of the community pharmacists and to support the PCT to deliver on the priorities for the population.

NHS Wirral commissions the following enhanced services according to need:

Those based on the health needs of the local population:

- Supervised consumption (75 pharmacies – 87%)
- Needle exchange (19 pharmacies – 22%)
- Emergency contraception + (28 pharmacies – 33%)
- Alcohol screening (63 pharmacies – 73%)
- Smoking cessation (61 pharmacies – 71%)
- Weight management (31 pharmacies – 36%)

Other enhanced services:

- Advice to care homes (17 pharmacies – 20%)
- Sharps disposal for patients self-injecting insulin/other medicines (85 pharmacies – 99%)
- Palliative care medicines access (11 pharmacies – 13%)
- Dressings stock supply to community nurse bases (19 pharmacies – 22%)

Commissioning each enhanced service takes significant effort on the part of the PCT and contractors. As the service becomes embedded the focus shifts to ensuring that the service continues to meet the needs of the population and the objectives set when it was first developed and commissioned. The tables below show that there is consistent commissioning across the PCT in terms of the spread and number of providers. However when we look at levels of activity levels we see that there is a gap between the PCT's commissioning intentions and the provision in practice.

Source: the data in the tables describing each service are derived from activity data collected by the PCT.

Enhanced services commissioned to meet health need

Reference is made to additional non-pharmaceutical providers where this is relevant for each enhanced service. This detail is listed in the following section.

(i) Pharmaceutical Providers

Supervised consumption for drug misuse clients: This service is client-led and dependant on referrals from Wirral Drug Service. Pharmacy is the only provider for this service.

Table 31: Distribution of supervised consumption services in Wirral

	Supervised consumption 2009/10			
	Pharmacies Accredited		Service Accessed 2009/10	
Bebington and West Wirral	25	83%	9	36%
Birkenhead	36	92%	29	81%
Wallasey	14	82%	10	71%
Wirral	75	87%	48	64%

Needle exchange for drug misuse clients: this is commissioned where there is a need. There is lower commissioning in Bebington and West Wirral, and this reflects the need for exchange services being concentrated in Wallasey and Birkenhead. All providers commissioned are active in providing the service. In addition the PCT also commissions non-pharmaceutical providers for this service.

Table 32: Distribution and activity for needle exchange services in Wirral

	Needle Exchange 2009/10			
	Pharmacies Accredited		Service Accessed 2009/10	
Bebington and West Wirral	4	13%	4	100%
Birkenhead	10	25%	10	100%
Wallasey	5	31%	5	100%
Wirral	19	22%	19	100%

Emergency Hormonal Contraception + (EHC +): a similar percentage of pharmacies are commissioned to provide this service in all localities. This service is patient-led i.e. patients choose to access this service. 71% of pharmacies have had patients access the service, with the greatest activity in Birkenhead. In addition the PCT also commissions non-pharmaceutical providers for this service. Pharmacies who do not provide this service signpost patients to other providers.

Table 33: Distribution and activity for pharmacy EHC+ services in Wirral

	EHC+ services 2009/10			
	Pharmacies Accredited		Service Accessed 2009/10	
Bebington and West Wirral	10	33%	5	50%

Birkenhead	12	31%	11	92%
Wallasey	6	35%	4	67%
Wirral	28	33%	20	71%

Alcohol screening: this is one of the more recently commissioned services which is being used as a model of good practice in the North West. 90% of pharmacies in Birkenhead, 71% of pharmacies in Wallasey and 53% of pharmacies in Bebington and West Wirral are commissioned to provide the service. Activity levels are varied with more pharmacies active in Bebington and West Wirral than in Birkenhead and Wallasey. In addition the PCT also commissions non-pharmaceutical providers for this service.

Table 34: Distribution and activity for pharmacy alcohol screening services in Wirral

	Alcohol Screening 2009/10			
	Pharmacies Accredited		Service Provided 2009/10	
Bebington and West Wirral	16	53%	6	38%
Birkenhead	35	90%	12	34%
Wallasey	12	71%	3	25%
Wirral	63	73%	21	33%

Smoking Cessation: this service is commissioned from 70% of all pharmacies. This service is well accessed with 100% of pharmacies being active. This service is patient-led with patients making their own choice of provider. In addition the PCT also commissions non-pharmaceutical providers for this service.

Table 35: Distribution of smoking cessation services in Wirral

	Smoking Cessation 2009/10			
	Pharmacies Accredited		Service Accessed 2009/10	
Bebington and West Wirral	23	77%	23	100%
Birkenhead	28	72%	28	100%
Wallasey	10	59%	10	100%
Wirral	61	71%	61	100%

Weight Management: The Public Health Directorate commissioned providers on the basis of a tendering exercise. The Medicines Management Team bid was selected to provide the service for adult patients, sub-contracting to community pharmacy providers. This is commissioned from 36% of all pharmacies. 68% are active, with the greatest levels of activity in Bebington & West Wirral and Birkenhead. A number of pharmacies are awaiting training before being able to start to provide this service. This service is accessed via referral from other healthcare professionals. In addition the PCT also commissions non-pharmaceutical providers.

Table 36: Distribution of weight management services in Wirral

	Weight Management 2009/10			
	Pharmacies Accredited		Service Accessed 2009/10	
Bebington and West Wirral	12	40%	9	75%
Birkenhead	13	33%	9	69%
Wallasey	6	35%	3	50%
Wirral	31	36%	21	68%

(ii) Non-pharmaceutical providers

Refer to Appendix 5 for the list of providers

Needle exchange for drug misuse clients: this is commissioned from the specialist services at the following locations:

- Harm Reduction Unit, Elm Road entrance, St Catherine’s Hospital, Birkenhead
- Outreach clinics via the Harm Reduction Unit
- ARCH, 23 Conway Street, Birkenhead

Emergency Hormonal Contraception + (EHC+): There are a variety of providers for this service including specialist services, the school nursing service and some specific sexual health clinics are offered at GP practices. The providers for this service are listed below:

- Wirral Brook Advisory Service
- St Catherine’s Hospital Sexual Health Clinic
- Victoria Central Hospital walk in centre
- Eastham Clinic
- Arrowe Park Hospital Genito-urinary Medicine (GUM) Clinic
- All Day Health Centre
- The Lodge and Wirral Sexual Health Clinic
- St Georges Medical Centre Confidential Advice Service
- Claughton Medical Centre - GUM
- Birkenhead Sixth Form College Clinic
- Leasowe - Wirral Sexual Health Clinic
- Miriam Health Centre - Wirral Sexual Health Clinic
- Parkfield (New Ferry) Clinic – Wirral Sexual Health
- Heswall Clinic – Wirral Sexual Health
- West Kirby Clinic – Wirral Sexual Health

School Nurses also provide this service as part of Health Services in Schools (HSIS)

In addition, GPs prescribe EHC on prescription to patients who present for consultation. EHC is also available for patients to purchase over the counter from community pharmacies.

Alcohol screening: This service is delivered by other providers as follows:

- Community Mental Health Team, Victoria Central Health Centre
- The Social Partnership, St Pauls Road, Seacombe

- Adult mental Health, Stein Centre, St Catherine's Hospital
- Birkenhead One Stop Shop, Birkenhead
- Brassey Gardens Children's Centre, Birkenhead
- The Social Partnership, Moreton
- The Social Partnership, Rock Ferry
- Wirral Heart Support, St Catherine's Hospital
- Wirral Independent Living, Hind Street, Birkenhead

This service is provided by the following groups in rotating locations across Wirral. These are therefore not included on the maps:

- Advocacy in Wirral
- Age Concern
- Forum Housing
- Phoenix Futures
- Wirral ARK Project
- Health & Wellbeing
- Health Action
- Lifestyle & Weight Management
- Occupational Health

This service is also provided by the following GP Practices:

- Blackheath Medical Centre, Leasowe
- Central Park Medical Centre, Wallasey
- Earlston Road Surgery, Wallasey
- Field Road Health Centre, Wallasey
- Grove Road Surgery, Wallasey
- Liscard Group Practice, Wallasey
- Manor Health Centre, Wallasey
- Mill Lane Surgery, Wallasey
- Wallasey Village Medical Centre, Wallasey
- Claughton Medical Centre, Claughton
- Cavendish Medical Centre
- Devaney Medical Centre, Oxton
- Fender Way Health Centre, Noctorum
- Gladstone Medical Centre, Birkenhead
- Greenway Road Surgery, Tranmere
- Hamilton Medical Centre, Birkenhead
- Heatherlands Medical Centre, Woodchurch
- Holmlands Medical Centre, Oxton
- Hoylake Road Medical Centre, Moreton
- Miriam Medical Centre, Birkenhead
- Moreton Health Centre
- Moreton Medical Centre
- Parkfield Medical Centre (Dr C), New Ferry
- Prenton Medical Centre
- Riverside Surgery, Birkenhead
- Victoria Park Health Centre, Birkenhead
- Villa Medical Centre, Prenton

- Vittoria Medical Centre (Dr M), Birkenhead
- Woodchurch Medical Centre, Woodchurch
- Woodchurch Road Surgery, Prenton
- Eastham Group Practice, Bromborough
- Allport Surgery, Bromborough
- Teehey Lane Medical Centre, Bebington
- Sandstone Medical Centre, West Kirby
- Pensby Surgery, Pensby
- Heswall Medical Centre, Heswall

Smoking Cessation: There are a variety of providers for this service including the specialist services SUPPORT (who provide services in different locations throughout Wirral) and GP practices.

- West Kirby Library
- Leasowe Millennium Centre
- Eastham Clinic
- Albert Lodge, Victoria Central Hospital
- New Brighton Childrens' Centre
- Bebington One Stop Shop
- Heswall Clinic
- Greasby Clinic
- Salvation Army Birkenhead
- Victoria Central Hospital, Wallasey
- 30 Argyle Street, Birkenhead
- Moreton Library
- St James' Centre, Laird Street, Birkenhead

This service is also provided within GP Practices as set out in appendix 5. There are 22 GP providers in Birkenhead, 18 in Bebington and West Wirral and 14 in Wallasey.

Weight Management: The specialist services provide this service in a number of locations across Wirral as follows:

- Civic Medical Centre, Bebington
- The Concourse, West Kirby
- Westbourne Hall Community Centre, West Kirby
- West Kirby Methodist Church
- Alexander Hall, Heswall
- Ganney's Meadow, Woodchurch
- Early Years Centre, Woodchurch
- Birkenhead YMCA
- Leasowe Primary Care Centre
- Victoria Central Hospital, Wallasey
- 30 Argyle Street, Birkenhead
- St Catherine's Hospital, Tranmere
- Eastham Clinic
- Greasby Clinic

All GP practices in Wallasey also provide this service.

The PCT also commission Slimming World to provide a service to adults and Mind. Exercise. Nutrition. Do It! (MEND) for a service to children. These are provided from a variety of locations on different days.

Other Enhanced Services: pharmaceutical providers

Advice to care homes: around 20% of all pharmacies are commissioned to provide this service mainly in Birkenhead and Wallasey. This service was offered to all Wirral pharmacies that dispense for care homes. There are good levels of activity, with only a small number of pharmacies inactive in Birkenhead and Wallasey. 50% of care homes receive this service (77 out of 155). Community pharmacies are the only provider for this service.

Table 37: Distribution and activity for advice to care homes services in Wirral

	Advice to care homes 2009/10			
	Pharmacies Accredited		Service Provided 2009/10	
Bebington and West Wirral	4	13%	4	100%
Birkenhead	9	23%	7	78%
Wallasey	4	24%	3	75%
Wirral	17	20%	14	82%

Dressings Service: this service is for the supply of dressings stocks to community nurse bases (all pharmacies dispense dressings on prescription). This service was commissioned by the Medicines Management Team to reduce dressings waste because excess dressings prescribed for individual patients cannot be used by nurses for other patients. Choice of provider is led by the community nurse bases. All providers are active. Pharmacy is the only provider for this service.

Table 38: Distribution and activity for pharmacy dressings supply service in Wirral

	Dressings Service 2009/10			
	Pharmacies Accredited		Service Accessed 2009/10	
Bebington and West Wirral	4	13%	4	100%
Birkenhead	10	26%	7	70%
Wallasey	5	29%	2	40%
Wirral	19	22%	13	81%

Sharps service for patients self-injecting insulin and other medicines: this service is commissioned by the Medicines Management Team from all but one pharmacy and is subject to an automatic retainer. The service is funded by Wirral Metropolitan Borough Council to reduce the risk of these medicines being discarded in normal household waste. The Environmental Protection Act 1990 section 45 (1) Collection, Disposal or Treatment of Controlled Waste Regulation specifies that it shall be the duty of each waste collection authority to arrange for the collection of household waste in its area, except if the household

is so isolated or inaccessible that the cost would be unreasonably high and the authority is satisfied that other adequate arrangements are in place. No activity measure is made in relation to the service. Pharmacy is the only provider for this service.

Table 39: Distribution of pharmacy sharps services in Wirral

	Sharps Service 2009/10	
	Pharmacies Accredited	
Bebington and West Wirral	29	97%
Birkenhead	39	100%
Wallasey	17	100%
Wirral	85	99%

Palliative care medicines access: All pharmacies provide palliative care dispensing in response to prescriptions. In addition, the PCT commissions a small number of pharmacies (13%), with a good geographical spread, to carry an extended list of palliative care stock. This is in response to feedback from patients, community nurses and the specialist palliative care service to prevent patients visiting multiple pharmacies to access supplies of less commonly prescribed palliative care medication. The PCT funds any expired stock and there are no service fees. No activity measure is made in relation to the service. Pharmacy is the only provider.

Table 40: Distribution of palliative care medicines access pharmacies in Wirral

	Palliative Care 2009/10	
	Pharmacies Accredited	
Bebington and West Wirral	5	17%
Birkenhead	4	10%
Wallasey	2	12%
Wirral	11	13%

Recommendation: We will audit activity at a locality level to identify gaps in provision across each enhanced service. We will ensure that our commissioning intentions in relation to enhanced services are reflected in the activity that we see from our community pharmacies by adopting minimum required activity in SLAs (for services where pharmacies invite patients to participate)

Recommendation: We will identify pharmacies that are successfully delivering multiple enhanced services and work with them to share best practice with other providers.

Contractor engagement in potential future service provision

Pharmacy contractors were asked to state their willingness to provide a range of enhanced services if these were to be commissioned in the future by the PCT or practice based commissioning clusters/GP Consortia.

This information should not raise expectations that these services will be commissioned. This was included in the July 2010 survey to assess the level of interest from existing contractors in future service provision. This information is relevant when considering an application for a new contract where a case is being made to address perceived unmet need.

To provide some context examples of services that are currently commissioned in other areas nationally include:

Table 41: Examples of pharmaceutical services commissioned in England

Womens and childrens health	Mental health
Advisory services to children's homes or schools	Needle and syringe exchange
Emergency Hormonal Contraception	Supervised consumption of methadone and others
	Benzodiazepine withdrawal support
Staying healthy	Long-term conditions
Specialist health promotion	Spirometry
Osteoporosis testing	Anticoagulant monitoring and dosing
Weight management	Blood pressure monitoring
CHD risk assessment	Diabetes testing
Nicotine Replacement Therapy	Cholesterol testing
Smoking cessation counselling	H Pylori testing
Flu vaccination	Diabetes monitoring/support
	Supply of monitored dosage systems to domiciliary patients
Acute care	End-of-life care
Minor ailments scheme	Advisory services to care homes
Out of hours services	Access to end of life medicines out of hours
General Medicines Management	
Prescription intervention recording and reporting scheme	Sessional prescribing advice to GP practices
Medication review in the pharmacy	Prescription collection service
Medication review in the practice	Prescription delivery service
Medication review in the patient's home	

We asked community pharmacists to indicate their willingness to provide enhanced services in the future from this list. Please refer to Table 42.

Table 42: Willingness to provide enhanced services in the future

Enhanced services - Willing to provide	Wallasey	BWW	Birkenhead	Wirral
Minor ailments scheme, i.e. free of charge to the patient (where exempt)	76.5%	83.3%	87.2%	83.7%
CHD risk assessment including measurement of blood pressure & lipids	82.4%	92.3%	96.9%	91.9%
Emergency Hormonal Contraception under PGD – i.e. free of charge to the patient	88.2%	94.9%	53.3%	53.4%
Blood pressure monitoring	75.0%	86.7%	70.0%	76.7%
Weight management e.g. weight monitoring & advice	47.0%	66.6%	63.3%	60.9%
Chlamydia testing and tracing	82.3%	86.7%	82.1%	83.7%
Diabetes testing	76.5%	83.3%	74.4%	76.7%
Cholesterol testing	82.4%	83.3%	79.5%	81.4%
Guaranteeing to hold a stock of, and providing access to, end of life medicines	75.0%	63.3%	62.5%	65.1%
Sharps disposal service (non-needle exchange)	17.6%	33.3%	48.7%	37.2%
Osteoporosis testing	62.5%	66.7%	57.5%	61.6%
Diabetes monitoring/support e.g. regular tests & reviews	70.6%	83.3%	82.1%	80.2%
Benzodiazepine withdrawal counselling support	56.3%	63.3%	55.0%	58.1%
Anticoagulant monitoring e.g. blood test and reporting	76.5%	93.3%	89.7%	88.4%
Nicotine Replacement Therapy through over the counter sale	43.8%	60.0%	55.0%	54.7%
Supply of Nicotine Replacement Therapy on presentation of a voucher	43.8%	63.3%	52.5%	54.7%
Medication review in the pharmacy	47.1%	64.1%	60.0%	68.6%
Smoking cessation counselling e.g. Level 2 support	11.7%	13.3%	12.8%	12.8%
Prescription intervention recording and reporting scheme	31.3%	66.7%	50.0%	52.3%
Prescription collection service	100%	100%	97.4%	98.8%
Alcohol screening and brief intervention service	29.4%	50.0%	25.6%	34.9%
Medication review in the patient's home	23.5%	70.0%	56.4%	54.7%
Prescription delivery service	100%	90.0%	84.6%	89.5%
Spirometry	43.8%	53.3%	42.5%	46.5%
Supply of MDS to domiciliary patients	50.0%	53.3%	40.0%	46.5%
Flu vaccination	88.2%	82.1%	86.7%	84.9%
Advisory services to care homes (over and above the Drug Tariff specification)	52.9%	63.3%	66.7%	62.8%
Supervised consumption of methadone, Subutex or other treatments	5.9%	10.0%	12.8%	10.5%
Sessional prescribing advice to GP practices	18.8%	53.3%	32.5%	37.2%
Needle and syringe exchange	29.4%	13.3%	53.8%	52.3%
Supply of MDS to care homes	37.5%	36.7%	30.0%	33.7%
Advisory services to children's homes or schools	70.6%	76.6%	82.1%	77.9%
Medication review in a GP practice	31.3%	43.3%	22.5%	31.4%
Truss fitting service	12.5%	40.0%	15.0%	23.3%

Services in **bold** are currently commissioned by the PCT from some pharmacies.

The top five commissioned services in England are:

Table 43: Benchmarking commissioning of enhanced services in Wirral (Source: NHS IC, 2009)

	% of PCT commissioning (England)	% of PCT commissioning (ONS Cluster)	Commissioned in Wirral
Needle exchange	87%	56%	Yes
Supervised consumption	86%	75%	Yes
Smoking cessation	86%	81%	Yes
Minor ailments	62%	88%	No
EHC	63%	81%	Yes

Wirral does not currently commission a pharmacy minor ailments service. This service is commissioned in 56% of PCTs in England and 81% of PCTs in our ONS cluster group. Pharmacy minor ailment schemes are commissioned in PCTs to improve access to primary care services where this is considered to be inadequate.

Various mechanisms are in place across Wirral to achieve high levels of access, including a Walk in Centre, All Day Health Centre and the GP access scheme. The 100-hour pharmacy contracts and extended hours pharmacies support this infrastructure. The need for a pharmacy minor ailments scheme will be kept under review, but this is not an identified need currently. A nationally commissioned service is also being considered by the Department of Health. Practice based commissioning clusters/GP Consortia may wish to consider this commissioning opportunity in the future to manage their workload and release their capacity to manage more complex patients in the community.

Private provision of services from pharmaceutical providers

Pharmacies provide both NHS funded care and services that are paid for directly by the patient. Some community pharmacies provide these non-NHS services to our population. These include:

- Over the counter medication, including supply of emergency hormonal contraception and smoking cessation
- Measurements like blood pressure, weight and height
- Diagnostic tests like cholesterol and blood glucose

Pharmaceutical providers outside the pharmaceutical list

Other than the contractors included on the NHS Wirral pharmaceutical list, the following provide pharmaceutical services.

- (i) Wirral Hospitals Pharmacy Department: there are bases at Arrowse Park and Clatterbridge hospitals providing a range of clinical services and a supply service for inpatients, on discharge and for hospital outpatient prescriptions.
- (ii) Cheshire and Wirral Partnership Trust Pharmacy Department: operates a range of clinical services to the mental health services wards and sub-contracts dispensing services.

- (iii) NHS Wirral Medicines Management Team: offers a clinical medication review service, a medicines information service, GP prescribing advice and medicines governance expertise, in addition to the commissioning of community pharmacy services.

Patient Experience

Current and future commissioning needs to be informed by, and sensitive to the views of patients. To provide some context for the PNA the following sources of information were used:

- the summary information submitted to the PCT by community pharmacies for the Community Pharmacy Patient Questionnaire (CPPQ)
- small-scale range of in-depth interviews with a cross section of patients

Summary of the Community Pharmacy Patient Questionnaire

The CPPQ is part of the essential services of the pharmacy contract and the information submitted by contractors was analysed to gauge patient satisfaction with pharmacy services and to identify if there were any areas where improvements were needed. Further detail is available in Appendix 7.

There is no requirement for pharmacies to share outcomes from this satisfaction survey with the PCT however following our request, 72 pharmacies (84%) were willing to share a summary of their findings with us.

The Pharmaceutical Services Negotiating Committee (PSNC) has provided a template to feedback this information to PCTs, where the pharmacy is willing. The template asks for the three areas where the pharmacy is performing most strongly and one area that provides the greatest potential for improvement. Pharmacies can use any method they choose for feedback and consequently the information received was in many formats, with some as templates and some as complete reports, some have used percentages to express the results and some have listed the areas with no quantitative measurers. Therefore, a direct comparison cannot be made. However we were able to draw some broad conclusions to give an indication of patients' views of our pharmaceutical services.

Areas in which pharmacies are performing strongly include:

- service received from the pharmacy staff
- the cleanliness of the pharmacy
- satisfaction with the time it took to provide prescriptions and/or any other NHS services required
- providing an efficient service
- being polite and taking time to listen

From these results it appears that the pharmacy staff may be the biggest attribute valued by customers. Four of the top five scoring areas are directly influenced by the performance, skills and attitude of the staff.

Areas identified as the area for greatest potential for improvement include:

- Providing general advice on leading a more healthy lifestyle

- Having somewhere available to speak without being overheard

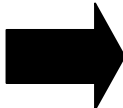
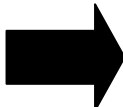

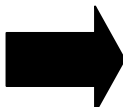
The areas identified by contractors as the area for greatest improvement may not necessarily be the lowest scoring area but the areas within which the contractor feels that improvement can deliver the biggest impact to customer care.


Summary of Interviews

In-depth interviews were conducted with a cross section of 13 patients selected to reflect the different communities and health problems among our population. The purpose of this small-scale exercise was to explore the experience of using pharmacy services from the perspectives of participants. During the consultation period this is available on request from the PCT.

Key findings

The key findings are set out below. We have developed actions which we will take forward as we develop our plans for pharmacy in Wirral.

<p>Participants told us that they were generally loyal to a particular pharmacy which would, ideally be located close to their GP or where they shop.</p>		<ul style="list-style-type: none"> • We could use patient loyalty to deliver more services through pharmacy • Generally, enhanced pharmacy services should be available in all pharmacies unless there is varying need or low volume service required.
<p>Generally, people associate pharmacy with the traditional core role of providing a prescription dispensing service and providing advice on minor illnesses</p>		<ul style="list-style-type: none"> • We need to raise ambitions among our population for pharmacy services such that they benefit from the wider range of services being commissioned.
<p>While most agree with the premise of developing the role of pharmacists and their staff to help us to achieve our objectives, they were keen to ensure that we get the basics right by providing a safe, efficient and knowledgeable service around medicines and prescriptions.</p>		<ul style="list-style-type: none"> • A framework of auditable standards will be useful to ensure we maintain high quality pharmacy services in Wirral. A set of quality indicators is being discussed at a national level. <p><i>The PCT already undertakes contract monitoring visits to all pharmacies and reviews staff skills, processes and premises. An action plan is developed and followed up if required.</i></p>
<p>Awareness of the extended role that our pharmacies already play in Wirral was low.</p>		<ul style="list-style-type: none"> • We need to do more to raise awareness of the current role of pharmacy in managing long term conditions and in supporting people to make healthy choices

<p>Looking ahead to the future when the national contract may include an extended range of services that reflect the focus on long term conditions and making healthy choices then we will need to ensure that alongside the changes to the service we change the perceptions of local people in relation to five principle messages (opposite)</p>		<ul style="list-style-type: none"> • We need to work with our patients, pharmacists and our partners to change patient's perceptions of pharmacy. In relation to five key areas: <ul style="list-style-type: none"> - Community Pharmacy: part of the NHS - Experts on medicines - Working in partnership with your doctor - Helping people make healthy choices - Private and confidential service
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These findings and our proposed actions are supported by a national programme to raise awareness of pharmacy services and to build on the public's trust of pharmacy to secure their support for the future potential pharmacy services commissioning.

It is worth noting that we have not received any complaints regarding opening hours, access to or provision of pharmaceutical services on Wirral.

CONCLUSIONS AND RECOMMENDATIONS FOR THE FUTURE

Key Findings

This assessment has found that the population of Wirral has better access to pharmacy services than in our peer group and that there is capacity in the pharmacy network to absorb increases in activity from the expected growth in the population over the next five years.

- Our existing network provides a comprehensive essential pharmaceutical service to our population.
- When compared with PCTs within our peer group the provision in Wirral is better in terms of the number of pharmacies per head of population and workload indicators.
- The widespread availability of premises with consultation facilities in Wirral means that our population has good access to high quality premises.
- There is good access to pharmacy services throughout the week, into the evening and at weekends across Wirral. NHS Wirral relies on the extended hours provision by the 100 hour contracts. In addition, these extended hours contracts have negated the need for the PCT to resource evening and weekend rotas. Any change to these opening hours will have a detrimental effect on access and service provision.
- There is generally good provision of advanced and enhanced services across our population, we will continue to work with our existing contractors to ensure that this provision matches the needs of our population and that any inequalities in activity are minimised.
- Patients and public who have been consulted did not identify any specific gaps in provision which would require the commissioning of any new pharmacy contracts, patients felt that they had a good choice of pharmacy service providers.
- The PCT is not aware of any patients or members of the public that have submitted complaints regarding inadequate access to services.

In summary, there is no identified need for pharmaceutical services which would be met by commissioning additional pharmacy contracts.

The period of growth in commissioning enhanced services in line with local health needs now needs to be matched by a period of consolidation which is focused on ensuring that there is good access and consistent provision across the population for both enhanced and advanced services from existing contractors.

Actions to consolidate existing services include:

Access

- The equitable access initiative will have changed the pattern of GP opening hours, an audit comparing GP opening hours with pharmacy opening hours is needed to ensure that there continues to be “joined up” provision for patients.
- We will review lunchtime closure patterns to identify communities where co-ordination of lunch time closure between pharmacies would be beneficial so that closures do not overlap in order to improve access for patients.

Premises and infrastructure

- We will work with our pharmacies to identify ways in which consultation facilities can be fully utilised for the benefit of our population and in particular for patients with a disability across Wirral and particularly in Birkenhead.

Continuity of pharmacy staff

- We will work with our pharmacists and GPs to create better opportunities for joint working and networking in order to develop existing local relationships. We will focus on initiatives where there is common ground such as repeat dispensing and medicines use reviews.
- We will emphasise in our commissioning the importance of continuity and consistency of pharmacist provision to ensure that the experience of patients reflects our aspirations.

Essential services

- We will work with our pharmacies to identify mechanisms to share best practice in undertaking interventions and dealing with pressures of work which present a barrier to activity
- We will encourage our pharmacy contractors to develop a strategy for redesigning dispensing activity through technology and skill mix to ensure that we maximise the potential of pharmacists and reduce barriers to new roles.

Advanced services

- We will work to increase MUR activity by increasing the number of pharmacies that are accredited to provide MUR, and by encouraging consistent activity in accredited pharmacies.
- We will also work with our pharmacists to link the provision of MUR with the PCT's long term conditions strategy, particularly around patient education and improving adherence in long term conditions.

- Expand current work, linked to the PCT's referral for medication review service, to ensure MURs are well targeted to those most in need of support.
- We will increase the number of MUR referrals, triaged via the Medicines Management Medication Review Referral Service, for both pharmacy-based and domiciliary MURs

Enhanced services

- We will audit activity at a locality level to identify gaps in provision across each enhanced service. We will ensure that our commissioning intentions in relation to enhanced services are reflected in the activity that we see from our community pharmacies by adopting minimum required activity in SLAs (for services where pharmacies invite patients to participate)
- We will identify pharmacies that are successfully delivering multiple enhanced services and work with them to share best practice with other providers.

Directed Enhanced Services

Applicants using one of the four exemptions to the control of entry test under the current legislation should be required to provide all of the following enhanced services:

- **Smoking cessation service**
- **Weight management service** for referred clients
- **Emergency hormonal contraception + service**
- **Alcohol screening service**
- **Sharps service** (for insulin and other self-injected medication)

In addition, applicants will be required to provide the following services if required by the PCT:-

- **Holding stocks of palliative care drugs** if further providers are required, dependant on the spread of existing providers at the time
- **Services for drug misuse clients (supervised consumption and needle exchange)** if clients choose to access services from those premises

All applicants should therefore be prepared to offer these services and any future services that are commissioned in line with identified health needs.

APPENDIX 1

PNA Development Core Team

Director with lead responsibility :-

Director of Primary Care and Provider Services

PNA Core Team members:-

Public Health Development Manager/Head of Health Protection
Senior Health Intelligence Manager
Head of Health and Wellbeing, Healthy Communities
Finance
Head of Involvement and Patient Experience
Involvement Manager
Head of Medicines Management
Pharmaceutical Advisor*
Improvement and Development Manager, Medicines Management

Other involvement:-

- A paper setting out plans to develop the PNA was circulated to the Pharmacy Contracts Committee for email feedback and this was discussed at the PCT's Corporate Director Group
- The process and consultation plans were discussed on a number of occasions at the PCT's Pharmacy Development Group. This group includes representation from the Local Pharmaceutical Committee Secretary and Vice-Chair.
- The Local Pharmaceutical Committee established a PNA working group and all LPC Committee members devoted time to supporting the PCT in the development of this PNA.

Conflicts of interest

*The PCT's Pharmaceutical Advisor has declared a potential conflict of interest given her interest in the family community pharmacy business. However this risk is managed since all final decisions on the choice of providers or analysis of service gaps is made by the Head of Medicines Management and there is no involvement in the decisions of the PCT's Pharmacy Contracts Committee.

APPENDIX 2 Consultation Plan

The consultation must allow a minimum period of 60 days from last consultee receiving the PNA, which can be assumed as 2 days from date circulated.

Consultees	Mechanism	Responsibility	Comment
Required consultees			
Wirral Local Pharmaceutical Committee	Electronic copy to LPC Secretary for circulation to the Committee	Medicines Management	
Wirral Local Medical Committee	Electronic copy to LMC Secretary for circulation to the Committee	Medicines Management	
Contractors on the pharmaceutical list for NHS Wirral	Paper copy to 86 pharmacies and head offices of multiples with receipt signature	Medicines Management	
Local Authority	Letter and hard copy	Medicines Management	
NHS Trusts and Foundation Trusts in the area - Wirral Hospital - Cheshire and Wirral Partnership - Clatterbridge Centre for Oncology	Letter and hard copy to Chief Executive	Medicines Management	
Neighbouring PCTs -Western Cheshire	Letter and hard copy to Chief Executive	Medicines Management	Onward circulation by WCPCT to their LMC and LPC
Local Involvement Network and any other patient, consumer or community group in its area which in the opinion of the PCT has an interest in the provision of pharmaceutical services in its area.			

Wirral LINK	Electronic copy to LINK for circulation/discussion/noting at their Board	Engagement	
PCT Membership	Circulation to those members willing to be utilised for consultation documents	Engagement	
Older Persons Parliament	Letter and hard copy to Chair	Engagement	
Childrens and Young Peoples Parliament	Letter and hard copy to Chair	Engagement	
BME groups	Letter and hard copy to Chair of WMO and CEO of Wirral Change	Engagement	Proposed additional targeted work with WMOWirral Change after PNA published
Learning disability advocates	Introductory letter to Advocates	Engagement	Proposed additional targeted work after PNA published with service users via LD health workers
Voluntary and Community Groups	Electronic copy to Voluntary and Community Action Wirral (VCAW) for circulation to groups on their database	Engagement	
Voice of Wallasey, Patient Matters (BWW)	Letter and hard copy to Chair	Engagement	No equivalent body in Birkenhead therefore circulate to Patient Participation Group Chairs
Locally agreed consultees			
PBC groups/GP Forums for the three localities in Wirral	Electronic copy to Chair	Medicines Management Team	

APPENDIX 3 Location of pharmacies and allocation to localities and wards

Bebington and West Wirral

FCS Code	Pharmacy Name	Add 1	Postcode	Locality	Ward
FNE94	Swettenhams Chemists	176 Bebington Road	CH63 7PD	Bebington & West Wirral	Bebington
FY215	Your Local Boots Pharmacy	21 Church Road	CH63 7PG	Bebington & West Wirral	Bebington
FG049	Your Local Boots Pharmacy	118 Teehey Lane	CH63 8QT	Bebington & West Wirral	Bebington
FQ635	Cohens Chemist	4 Broadway	CH63 5NH	Bebington & West Wirral	Bebington
FC329	Swettenhams Chemists	18 Allport Lane	CH62 7HP	Bebington & West Wirral	Bromborough
FC972	Boots the Chemist Ltd	Croft Retail Park	CH62 3PN	Bebington & West Wirral	Bromborough
FLM92	Boots the Chemist Ltd	3-5 The Precinct	CH62 7AD	Bebington & West Wirral	Bromborough
FKE81	Morsy Lewis Pharmacy	16 Cross Lane	CH63 3AL	Bebington & West Wirral	Clatterbridge
FFX32	W A Temple	3 Lancelyn Court Precinct	CH63 9JP	Bebington & West Wirral	Clatterbridge
FNR55	Dudleys Chemist	1194 New Chester Road	CH62 9AE	Bebington & West Wirral	Eastham
FMP28	Rowlands Pharmacy	154 Allport Road	CH62 6BB	Bebington & West Wirral	Eastham
FDF46	Tree Tops Pharmacy	Bridle Road	CH62 6AP	Bebington & West Wirral	Eastham
FM378	Your Local Boots Pharmacy	148 Greasby Road	CH49 3NQ	Bebington & West Wirral	Greasby, Frankby and Irby
FCN12	Irby Pharmacy	39 Thingwall Road	CH61 3UE	Bebington & West Wirral	Greasby, Frankby and Irby
FJW37	Greasby Pharmacy	Greasby Health Centre	CH49 3AT	Bebington & West Wirral	Greasby, Frankby and Irby
FV122	Boots the Chemist Ltd	218-220 Telegraph Road	CH60 0AL	Bebington & West Wirral	Heswall
FA057	Heswall Hills Pharmacy	119 Brimstage Road	CH60 1XF	Bebington & West Wirral	Heswall
FPN00	Lloyds Pharmacy	222 - 230 Telegraph Road	CH60 0AL	Bebington & West Wirral	Heswall
FKD97	Co-op Pharmacy	Village Road	CH60 0DZ	Bebington & West Wirral	Heswall
FDL01	Tesco Pharmacy	Telegraph Road	CH60 7SL	Bebington & West Wirral	Heswall
FJV77	Boots the Chemist Ltd	11-13 The Crescent	CH48 4HL	Bebington & West Wirral	Hoylake and Meols
FJC28	Lloyds Pharmacy	35 Grange Road	CH48 4DZ	Bebington & West Wirral	Hoylake and Meols
FTM25	Manor Pharmacy	13 Station Approach	CH47 8XA	Bebington & West Wirral	Hoylake and Meols
FTG19	Morrisons Stores Pharmacy	Dee Lane	CH48 0QA	Bebington & West Wirral	Hoylake and Meols
FNT31	Co-op Pharmacy	40 Market Street	CH47 2AF	Bebington & West Wirral	Hoylake and Meols
FE719	Welsh Chemist	90 Banks Road	CH48 0RE	Bebington & West Wirral	Hoylake and Meols
FMK56	Wilsons Chemist	17 The Crescent	CH48 4HL	Bebington & West Wirral	Hoylake and Meols
FQT68	Your Local Boots Pharmacy	509 Pensby Road	CH61 7UQ	Bebington & West Wirral	Pensby and Thingwall
FYF78	M & A Weinronk	413 Pensby Road	CH61 9PF	Bebington & West Wirral	Pensby and Thingwall
FPM20	Co-op Pharmacy	309 Pensby Road	CH61 9NG	Bebington & West Wirral	Pensby and Thingwall

Birkenhead

FCS Code	Pharmacy Name	Add 1	Postcode	Locality	Ward
FC593	Dale Pharmacy	224 Bebington Road	CH42 4QF	Birkenhead	Bebington
FMR00	Your Local Boots Pharmacy	30 Hoylake Road	CH41 7BX	Birkenhead	Bidston and St James
FKJ03	Birkenhead Pharmacy	31 Laird Street	CH41 8DB	Birkenhead	Bidston and St James
FDQ38	Morsy Lewis Pharmacy	41 Fender Way	CH43 7ZJ	Birkenhead	Bidston and St James
FFJ15	Tesco In-Store Pharmacy	Bidston Link Road	CH43 7AA	Birkenhead	Bidston and St James
FQQ27	Vittoria Pharmacy	134 St Anne Street	CH41 3SJ	Birkenhead	Bidston and St James
FC368	Boots the Chemist Ltd	215 Grange Road	CH41 2PH	Birkenhead	Birkenhead and Tranmere
FLT67	Haven Chemist	36 Balls Road	CH43 5RE	Birkenhead	Birkenhead and Tranmere
FEP75	Jamiesons Pharmacy	44 Whetstone Lane	CH41 2TF	Birkenhead	Birkenhead and Tranmere
FR713	Rowlands Pharmacy	9 Princes Pavement	CH41 2XY	Birkenhead	Birkenhead and Tranmere
FX032	Rowlands Pharmacy	73 Market Street	CH41 6AN	Birkenhead	Birkenhead and Tranmere
FFP67	Superdrug Pharmacy	203-205 Grange Road	CH41 2PF	Birkenhead	Birkenhead and Tranmere
FMP76	Swettenhams Chemist	41 Church Road	CH42 5LD	Birkenhead	Birkenhead and Tranmere
FA689	Rowlands Pharmacy	20 Bebington Road	CH62 5BQ	Birkenhead	Bromborough
FH921	Rowlands Pharmacy	Parkfield Medical Centre	CH62 5HS	Birkenhead	Bromborough
FL617	Your Local Boots Pharmacy	395 Upton Road	CH43 9SE	Birkenhead	Cloughton
FHV83	Cloughton Pharmacy	161 Park Road North	CH41 0DD	Birkenhead	Cloughton
FT523	Rowlands Pharmacy	2 Upton Road	CH41 0DF	Birkenhead	Cloughton
FLX37	Townfield Pharmacy	2 Townfield Close	CH43 9JW	Birkenhead	Cloughton
FG244	National Co-op Pharmacy	Pasture Road Health Centre	CH46 8SA	Birkenhead	Leasowe and Moreton East
FLP52	Boots the Chemist Ltd	254 Hoylake Road	CH46 6AF	Birkenhead	Moreton West and Saughall Massie
FYM11	Lloyds Pharmacy	205-207 Hoylake Road	CH46 0SJ	Birkenhead	Moreton West and Saughall Massie
FME16	Rowlands Pharmacy	2a Chadwick Street	CH46 7TE	Birkenhead	Moreton West and Saughall Massie
FRR82	Rowlands Pharmacy	53 Christchurch Road	CH43 5SF	Birkenhead	Oxton
FXX14	Your Local Boots Pharmacy	8-10 Holmlands Drive	CH43 0TX	Birkenhead	Oxton
FQX26	Your Local Boots Pharmacy	379 Woodchurch Road	CH42 8PE	Birkenhead	Prenton
FG595	Prenton Dell Pharmacy	25-27 Dickens Avenue	CH43 0TQ	Birkenhead	Prenton
FCX09	Rowlands Pharmacy	62 Greenway Road	CH42 7LX	Birkenhead	Prenton
FK272	Your Local Boots Pharmacy	206 Bedford Road	CH42 2AT	Birkenhead	Rock Ferry
FE351	Lloyds Pharmacy	Victoria Park Health Centre	CH42 4QJ	Birkenhead	Rock Ferry
FKF28	Old Chester Pharmacy	296 Old Chester Road	CH42 3XD	Birkenhead	Rock Ferry

FT638	Rowlands Pharmacy	525 New Chester Road	CH42 2AG	Birkenhead	Rock Ferry
FQ535	Swettenhams Chemist	249 Old Chester Road	CH42 3TD	Birkenhead	Rock Ferry
FMD34	Your Local Boots Pharmacy	23 Arrowse Park Road	CH49 0UB	Birkenhead	Upton
FN923	Your Local Boots Pharmacy	39 Fleetcroft Road	CH49 5LZ	Birkenhead	Upton
FV230	Lee's Pharmacy Ltd	98 Hoole Road	CH49 8EG	Birkenhead	Upton
FWP65	Lloyds Pharmacy	Arrowse Park Hospital	CH49 5PE	Birkenhead	Upton
FY543	Rowlands Pharmacy	142 Ford Road	CH49 0TQ	Birkenhead	Upton
FW404	Sainsbury Pharmacy	J Sainsbury Store	CH49 6QG	Birkenhead	Upton

Wallasey

FCS Code	Pharmacy Name	Add 1	Postcode	Locality	Ward
FR600	Leasowe Pharmacy	Leasowe Primary Care Centre	CH46 2QQ	Wallasey	Leasowe and Moreton East
FJ202	Blackheath Pharmacy	113D Reeds Lane	CH46 1QT	Wallasey	Leasowe and Moreton East
FCT19	Your Local Boots Pharmacy	29 Liscard Way	CH44 5TL	Wallasey	Liscard
FYV68	Boots the Chemist Ltd	36 Liscard Way	CH44 5TP	Wallasey	Liscard
FTJ86	Egremont Pharmacy	9a King Street	CH44 8AT	Wallasey	Liscard
FWC76	Victoria Central Pharmacy	VCH, Mill Lane	CH44 5UP	Wallasey	Liscard
FE310	Carrington Chemist	128 Rake Lane	CH45 5DL	Wallasey	New Brighton
FNC84	Rowlands Pharmacy	Field Road	CH45 5BG	Wallasey	New Brighton
FCC27	Victoria Pharmacy	100 Victoria Road	CH45 2JF	Wallasey	New Brighton
FN054	Campbells Chemist	175 Poulton Road	CH44 9DG	Wallasey	Seacombe
FNN81	Somerville Pharmacy	Somerville Medical Centre	CH44 4SP	Wallasey	Seacombe
FWD11	Wyn Ellis & Son Chemists	32 Poulton Road	CH44 9DQ	Wallasey	Seacombe
FXC10	G B Jackson	118 St Paul's Road	CH44 7AW	Wallasey	Seacombe
FF922	Asda Pharmacy	Seaview Road	CH45 4NZ	Wallasey	Wallasey
FDA14	Rowlands Pharmacy	62 Grove Road	CH45 3HW	Wallasey	Wallasey
FQG90	Wallasey Village Pharmacy	95 Wallasey Village	CH45 3LE	Wallasey	Wallasey
FEL01	St Hilary's Pharmacy	202 Wallasey Road	CH44 2AG	Wallasey	Wallasey

APPENDIX 4 Opening hours of pharmacies

Bebington and West Wirral

Ward	Code	Name	Post code	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday							
Bebington	<i>FQ635</i>	<i>COHENS PHARMACY</i>	<i>CH63 5NH</i>	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed	Closed	Closed				
Bebington	<i>FNE94</i>	<i>SWETTENHAM CHEMISTS</i>	<i>CH63 7PD</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed				
Bebington	<i>FY215</i>	<i>YOUR LOCAL BOOTS PCY</i>	<i>CH63 7PG</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00	Closed	Closed				
Bebington	<i>FG049</i>	<i>YOUR LOCAL BOOTS PCY</i>	<i>CH63 8QT</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00	Closed	Closed				
Bromborough	<i>FC972</i>	<i>BOOTS THE CHEMISTS</i>	<i>CH62 3PN</i>	08:30	20:00	08:30	20:00	08:30	20:00	08:30	20:00	08:30	18:30	10:00	16:00		
Bromborough	<i>FLM92</i>	<i>BOOTS THE CHEMISTS</i>	<i>CH62 7AD</i>	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	Closed	Closed		
Bromborough	<i>FC329</i>	<i>SWETTENHAM CHEMISTS</i>	<i>CH62 7HP</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed		
Clatterbridge	<i>FKE81</i>	<i>MORSY LEWIS PHARMACY</i>	<i>CH63 3AL</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed	Closed	Closed		
Clatterbridge	<i>FFX32</i>	<i>WA TEMPLE</i>	<i>CH63 9JP</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed		
Eastham	<i>FDF46</i>	<i>DUDLEYS CHEMIST</i>	<i>CH62 6AP</i>	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	09:00	13:00	Closed	Closed		
Eastham	<i>FMP28</i>	<i>ROWLANDS PHARMACY</i>	<i>CH62 6BB</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed		
Eastham	<i>FNR55</i>	<i>DUDLEYS CHEMIST</i>	<i>CH62 9AE</i>	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	13:00	Closed	Closed		
Greasby, Frankby	<i>FJW37</i>	<i>GREASBY PHARMACY</i>	<i>CH49 3AT</i>	09:00	18:30	09:00	18:30	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed		
Greasby, Frankby	<i>FM378</i>	<i>YOUR LOCAL BOOTS PCY</i>	<i>CH49 3NQ</i>	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	17:00	Closed	Closed		
Greasby, Frankby	<i>FCN12</i>	<i>IRBY PHARMACY</i>	<i>CH61 3UE</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed		
Heswall	<i>FV122</i>	<i>BOOTS THE CHEMISTS</i>	<i>CH60 0AL</i>	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	Closed	Closed		
Heswall	<i>FPN00</i>	<i>LLOYDS PHARMACY</i>	<i>CH60 0AL</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed		
Heswall	<i>FKD97</i>	<i>CO-OP PHARMACY</i>	<i>CH60 0DZ</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed	Closed	Closed		
Heswall	<i>FA057</i>	<i>HESWALL HILLS PHARMACY</i>	<i>CH60 1XF</i>	09:00	18:00	09:00	18:00	09:00	13:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Heswall	<i>FDL01</i>	<i>TESCO PHARMACY</i>	<i>CH60 7SL</i>	08:30	20:00	08:30	20:00	08:30	20:00	08:30	20:00	08:30	20:00	10:00	16:00		
Hoylake and Meols	<i>FNT31</i>	<i>CO-OP PHARMACY</i>	<i>CH47 2AF</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Hoylake and Meols	<i>FTM25</i>	<i>MANOR PHARMACY</i>	<i>CH47 8XA</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Hoylake and Meols	<i>FTG19</i>	<i>MORRISONS PHARMACY</i>	<i>CH48 0QA</i>	09:00	20:00	09:00	20:00	09:00	20:00	09:00	21:00	09:00	21:00	09:00	20:00	10:00	16:00
Hoylake and Meols	<i>FE719</i>	<i>WELSH CHEMIST</i>	<i>CH48 0RE</i>	09:00	18:15	09:00	18:15	09:00	18:15	09:00	18:15	09:00	18:15	09:00	13:00	Closed	Closed
Hoylake and Meols	<i>FJC28</i>	<i>LLOYDS PHARMACY</i>	<i>CH48 4DZ</i>	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	09:00	17:00	Closed	Closed
Hoylake and Meols	<i>FJV77</i>	<i>BOOTS THE CHEMISTS</i>	<i>CH48 4HL</i>	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	09:00	17:30	Closed	Closed
Hoylake and Meols	<i>FMK56</i>	<i>WILSONS CHEMIST</i>	<i>CH48 4HL</i>	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:00	Closed	Closed
Pensby and Th'wall	<i>FYF78</i>	<i>M & A WEINRONK*</i>	<i>CH61 2PF</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Pensby and Th'wall	<i>FQT68</i>	<i>YOUR LOCAL BOOTS PCY</i>	<i>CH61 7UQ</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Pensby and Th'wall	<i>FPM20</i>	<i>CO-OP PHARMACY</i>	<i>CH61 9ND</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed	Closed	Closed

*Lunchtime closure: All pharmacies in italics close for one hour each day at approximately 13:00, pharmacies marked with a * do not close on Friday or Saturday.*

Birkenhead

Ward	Code	Pharmacy	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday							
Bebington	FC593	DALE PHARMACY	CH42 4QF	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Bidston and St James	FQQ27	VITTORIA HEALTHCARE	CH41 3SJ	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	Closed	Closed	Closed	Closed
Bidston and St James	FMR00	YOUR LOCAL BOOTS PCY	CH41 7BX	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	15:00	Closed	Closed
Bidston and St James	FKJ03	BIRKENHEAD PHARMACY	CH41 8DB	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Bidston and St James	FFJ15	TESCO PHARMACY	CH43 7AA	08:00	22:30	06:30	22:30	06:30	22:30	06:30	22:30	06:30	22:30	06:30	22:00	10:00	16:00
Bidston and St James	FDQ38	MORSY LEWIS	CH43 7ZJ	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	13:00	Closed	Closed
Birkenhead and Tran	FFP67	SUPERDRUG PHARMACY	CH41 2PF	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	Closed	Closed
Birkenhead and Tran	FC368	BOOTS THE CHEMISTS	CH41 2PH	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	10:30	16:30
Birkenhead and Tran	FEP75	JAMIESON'S PHARMACY	CH41 2TF	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	Closed	Closed	Closed	Closed
Birkenhead and Tran	FR713	ROWLANDS PHARMACY	CH41 2XY	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed
Birkenhead and Tran	FX032	ROWLANDS PHARMACY	CH41 5BS	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	13:00	Closed	Closed
Birkenhead and Tran	FMP76	SWETTENHAM CHEMISTS	CH42 5LD	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Birkenhead and Tran	FLT67	HAVEN CHEMIST	CH43 5RE	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	12:00	Closed	Closed
Bromborough	FA689	ROWLANDS PHARMACY*	CH62 5BQ	09:00	18:00	09:00	18:00	09:00	13:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Bromborough	FVD93	ROWLANDS PHARMACY	CH63 5HS	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00	Closed	Closed
Claughton	FHV83	CLAUGHTON PHARMACY	CH41 0DD	07:00	22:30	07:00	22:30	07:00	22:30	07:00	22:30	07:00	22:30	07:00	22:30	09:00	16:00
Claughton	FT523	ROWLANDS PHARMACY	CH41 0DF	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Claughton	FLX37	TOWNFIELD PHARMACY	CH43 9JW	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Claughton	FL617	YOUR LOCAL BOOTS PCY	CH43 9SE	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00	Closed	Closed
Leasowe and Morton	FG244	NATIONAL CO-OP	CH46 8SA	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	Closed	Closed	Closed	Closed
Moreton West	FYM11	LLOYDSPHARMACY	CH46 0SJ	08.30	18:00	08:30	18:00	08.30	18:00	08.30	18:00	08.30	18:00	09:00	17:30	Closed	Closed
Moreton West	FLP52	BOOTS THE CHEMISTS	CH46 6AF	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	Closed	Closed
Moreton West	FME16	ROWLANDS PHARMACY	CH46 7TE	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Oxton	FXX14	YOUR LOCAL BOOTS PCY	CH43 0TX	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00	Closed	Closed
Oxton	FRR82	ROWLANDS PHARMACY	CH43 5SF	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Prenton	FCX09	ROWLANDS PHARMACY	CH42 7LX	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Prenton	FQX26	YOUR LOCAL BOOTS PCY	CH42 8PE	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00	Closed	Closed
Prenton	FG595	PRENTON DELL	CH43 0TQ	09:00	18:30	09:00	18.30	09:00	18:30	09:00	18.30	09:00	18.30	09:00	13:00	Closed	Closed
Rock Ferry	FT638	ROWLANDS PHARMACY	CH42 2AG	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	12:00	Closed	Closed
Rock Ferry	FK272	YOUR LOCAL BOOTS PCY	CH42 2AT	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00	Closed	Closed
Rock Ferry	FQ535	SWETTENHAM CHEMISTS	CH42 3TD	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed	Closed	Closed
Rock Ferry	FKF28	OLD CHESTER PHARMACY	CH42 3XD	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	12:30	Closed	Closed
Rock Ferry	FE351	LLOYDS PHARMACY	CH42 4QJ	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	Closed	Closed	Closed	Closed
Upton	FY543	ROWLANDS PHARMACY	CH49 0TQ	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:00	Closed	Closed

**NHS Wirral
Pharmaceutical Needs Assessment**

Upton	<i>FMD34</i>	<i>YOUR LOCAL BOOTS PCY</i>	<i>CH49 0UB</i>	09:00	18:00	09:00	18:00	09:00	17:30	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Upton	<i>FN923</i>	<i>YOUR LOCAL BOOTS PCY</i>	<i>CH49 5LZ</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed	Closed	Closed
Upton	FWP65	LLOYDS PHARMACY	CH49 5PE	08:30	22:00	08:30	22:00	08:30	22:00	08:30	22:00	08:30	22:00	09:00	22:00	09:00	22:00
Upton	FW404	SAINSBURYS PHARMACY	CH49 6QG	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	10:00	16:00
Upton	FV230	LEES'S PHARMACY	CH49 8EG	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed

*Lunchtime closure: All pharmacies in italics close for one hour each day at approximately 13:00, pharmacies marked with a * do not close on Saturday.*

Wallasey

Ward	Code	Name	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday							
Leasowe and Moreton	<i>FJ202</i>	<i>BLACKHEATH PHARMACY</i>	<i>CH46 1QT</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Leasowe and Moreton	<i>FR600</i>	<i>LEASOWE PHARMACY</i>	<i>CH46 2QQ</i>	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	Closed	Closed	Closed	Closed
Liscard	<i>FCT19</i>	<i>YOUR LOCAL BOOTS PCY</i>	<i>CH44 5TL</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Liscard	<i>FWC76</i>	<i>VICTORIA CENTRAL PHARMACY</i>	<i>CH44 5UP</i>	08.30	19:00	08.30	19:00	08.30	19:00	08.30	19:00	08.30	19:00	08.30	12.30	Closed	Closed
Liscard	<i>FYV68</i>	<i>BOOTS THE CHEMISTS LTD</i>	<i>CH44 5TP</i>	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	Closed	Closed	Closed	Closed
Liscard	<i>FTJ86</i>	<i>EGREMONT PHARMACY</i>	<i>CH44 8AT</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	Closed	Closed	Closed	Closed
New Brighton	<i>FCC27</i>	<i>VICTORIA PHARMACY</i>	<i>CH45 2JF</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
New Brighton	<i>FNC84</i>	<i>ROWLANDS PHARMACY</i>	<i>CH45 5BG</i>	08.45	18:00	08.45	18:00	08.45	18:00	08.45	18:00	08.45	18:00	Closed	Closed	Closed	Closed
New Brighton	<i>FE310</i>	<i>CARRINGTON CHEMIST</i>	<i>CH45 5DL</i>	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	Closed	Closed	Closed	Closed
Seacombe	<i>FNN81</i>	<i>SOMERVILLE PHARMACY</i>	<i>CH44 4SP</i>	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	Closed	Closed	Closed	Closed
Seacombe	<i>FN054</i>	<i>CAMPBELLS CHEMIST</i>	<i>CH44 9DG</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Seacombe	<i>FWD11</i>	<i>WYN ELLIS & SON</i>	<i>CH44 9DQ</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Seacombe	<i>FXC10</i>	<i>JACKSON GB</i>	<i>CH44 7AW</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Wallasey	<i>FEL01</i>	<i>ST HILARY'S PHARMACY</i>	<i>CH44 2AG</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Wallasey	<i>FDA14</i>	<i>ROWLANDS PHARMACY</i>	<i>CH45 3HW</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	Closed	Closed
Wallasey	<i>FKE51</i>	<i>WALLASEY VILLAGE PHARMACY</i>	<i>CH45 3LE</i>	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	Closed	Closed
Wallasey	<i>FF922</i>	<i>ASDA PHARMACY</i>	<i>CH45 4NZ</i>	08:00	22:00	08:00	22:00	08:00	22:00	08:00	22:00	08:00	22:00	08:00	22:00	10:00	16:00

Lunchtime closure: All pharmacies in italics close for one hour each day at approximately 13:00.

APPENDIX 5 – Table of service providers

Pharmacies	Map ID				Sharps Disposal Service	Smoking Cessation Support	*Weight Management	Alcohol Screening	*Emergency Hormonal Contraception +	Drug Misuse Services		Palliative Care Medicines Supply	Advice to Care Homes
										Needle Exchange	Supervised Consumption		
Wallasey													
Your Local Boots Pharmacy		29 Liscard Way	1	Wallasey	CH44 5TL	1					1		
Asda Pharmacy		Seaview Road	2	Wallasey	CH45 4NZ	1	1	1	1		1		
Blackheath Pharmacy		113D Reeds Lane	3	Leasowe	CH46 1QT	1	1		1	1	1		
Boots The Chemist		36 Liscard Way	4	Liscard	CH44 5TP	1	1		1	1	1		
Campbells Chemist		175 Poulton Road	5	Wallasey	CH44 9DG	1			1		1	1	1
J Carrington Chemist		128 Rake Lane	6	Wallasey	CH45 5DL	1	1	1	1				
Egremont Pharmacy		9a King Street	7	Wallasey	CH44 8AT	1	1	1	1	1	1		
G B Jackson		118 St Paul's Road	8	Seacombe	CH44 7AW	1			1		1		1
Leasowe Pharmacy		Leasowe PCC, Hudson Rd	9	Leasowe	CH46 2QQ	1	1	1	1		1		
Victoria Central Pharmacy		Victoria Central PCC, Mill Lane	10	Wallasey	CH44 5UP	1	1		1	1	1		
Rowlands Pharmacy		62 Grove Road	11	Wallasey	CH45 3HW	1							
Rowlands Pharmacy		Field Road M/C, Field Road	12	New Brighton	CH45 5BG	1			1	1	1		
Wallasey Village Pharmacy		95 Wallasey Village	13	Wallasey	CH45 3LE	1							
Somerville Pharmacy		Somerville Medical Centre	14	Wallasey	CH44 4SP	1	1	1	1		1		1
St Hilary's Pharmacy		202 Wallasey Road	15	Wallasey	CH44 2AG	1			1		1		
Victoria Pharmacy		100 Victoria Road	16	New Brighton	CH45 2JF	1	1		1	1	1	1	
Wyn Ellis & Son Chemists		32 Poulton Road	17	Wallasey	CH44 9DQ	1	1	1	1		1	1	1
Birkenhead													
Your Local Boots Pharmacy		206 Bedford Road	18	Rock Ferry	CH42 2AT	1	1		1		1	1	1
Your Local Boots Pharmacy		395 Upton Road	19	Noctorum	CH43 9SE	1	1		1		1		
Your Local Boots Pharmacy		23 Arrowe Park Road	20	Upton	CH49 0UB	1	1	1	1		1		
Your Local Boots Pharmacy		30 Hoylake Road	21	Birkenhead	CH41 7BX	1	1		1		1	1	1
Your Local Boots Pharmacy		39 Fleetcroft Road	22	Upton	CH49 5LZ	1	1		1		1		

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Your Local Boots Pharmacy	379 Woodchurch Road	23	Prenton	CH42 8PE	1			1			1		
Your Local Boots Pharmacy	8-10 Holmlands Drive	24	Prenton	CH43 OTX	1	1			1		1		
Boots The Chemist	215 Grange Road	25	Birkenhead	CH41 2PH	1	1		1			1	1	1
Your Local Boots Pharmacy	254 Hoylake Road	26	Moreton	CH46 6AF	1	1		1			1		
Cloughton Pharmacy	161 Park Road North	27	Cloughton	CH41 0DD	1	1	1	1	1	1	1		1
Dale Pharmacy	224 Bebington Road	28	Rock Ferry	CH42 4QF	1		1	1			1		
Haven Chemist	36 Balls Road	29	Oxton	CH43 5RE	1	1	1	1	1		1		1
Jamiesons Pharmacy	44 Whetstone Lane	30	Birkenhead	CH41 2TF	1			1					
Lee's Pharmacy	98 Hoole Road	31	Woodchurch	CH49 8EG	1	1	1	1		1	1		
Lloyds Pharmacy	Victoria Park HC, Bedford Ave	32	Rock Ferry	CH42 4QL	1	1		1			1		
Lloyds Pharmacy	Arrowe Park Hospital	33	Upton	CH49 5PE	1	1		1	1	1	1	1	
Lloyds Pharmacy	205 – 207 Hoylake Road	34	Moreton	CH46 0SJ	1	1		1			1		
Birkenhead Pharmacy	31 Laird Street	35	Birkenhead	CH41 8DB	1			1	1		1		
Morsy Lewis Pharmacy	41 Fender Way	36	Beechwood	CH43 7ZJ	1	1	1	1	1		1		1
Co-Op Chemist	Pasture Road Health Centre	37	Moreton	CH46 8SA	1			1					
Old Chester Pharmacy	296 Old Chester Road	38	Rock Ferry	CH42 3XD	1	1		1	1	1	1		1
Prenton Dell Pharmacy	25 - 27 Dickens Avenue	39	Prenton	CH43 0TQ	1	1	1		1	1	1		
Rowlands Pharmacy	2 Upton Road	40	Cloughton	CH41 0DF	1	1					1		
Rowlands Pharmacy	142 Ford Road	41	Upton	CH49 0TQ	1						1		
Rowlands Pharmacy	20 Bebington Road	42	New Ferry	CH62 5BQ	1			1			1		
Rowlands Pharmacy	62 Greenway Road	43	Birkenhead	CH42 7LX	1	1	1	1			1		
Rowlands Pharmacy	Parkfield Medical Centre	44	New Ferry	CH62 5HS	1	1	1	1			1		
Rowlands Pharmacy	2a Chadwick Street	45	Moreton	CH46 7TE	1	1		1		1	1		1
Rowlands Pharmacy	9 Princes Pavement	46	Birkenhead	CH41 2XY	1	1		1			1		
Rowlands Pharmacy	53 Christchurch Road	47	Oxton	CH43 5SF	1	1		1			1		1
Rowlands Pharmacy	525 New Chester Road	48	Rock Ferry	CH42 2AG	1			1			1		
Rowlands Pharmacy	73 Market Street	49	Birkenhead	CH41 6AN	1			1		1	1		
Sainsbury Pharmacy	Upton-by-Pass	50	Upton	CH49 6QG	1	1		1	1				
Superdrug Pharmacy	203 – 205 Grange Road	51	Birkenhead	CH41 2PF	1	1	1	1			1		
Swettenhams Chemist	249 Old Chester Road	52	Tranmere	CH42 3TD	1	1	1	1	1		1		
Swettenhams Chemist	41 Church Road	53	Tranmere	CH42 5LD	1	1	1	1	1		1		
Tesco In-Store Pharmacy	Bidston Link Road	54	Birkenhead	CH43 7AA	1		1	1	1		1		
Townfield Pharmacy	3 Townfield Close	55	Noctorum	CH43 9JW	1	1		1		1	1	1	1
Vittoria Pharmacy	134 St Anne Street	56	Birkenhead	CH41 3SJ	1			1			1		
Bebington and West Wirral													
M & A Weinronk	413 Pensby Road	57	Pensby	CH61 9PF	1		1		1		1		

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Swettenhams Chemist	176 Bebington Road	58	Lower Bebington	CH63 7PD	1	1	1	1	1	1	1	1	
Your Local Boots Pharmacy	509 Pensby Road	59	Pensby	CH61 7UQ	1	1					1		
Boots The Chemist	Croft Retail Park	60	Bromborough	CH62 3PN		1		1			1	1	
Your Local Boots Pharmacy	11-13 The Crescent	61	West Kirby	CH48 4HL	1	1		1			1		
Your Local Boots Pharmacy	3-5 The Precinct	62	Bromborough	CH62 7AD	1	1	1	1			1		
Boots The Chemist	218-220 Telegraph Road	63	Heswall	CH60 0AL	1	1		1			1		
Cohens Pharmacy	4 Broadway	64	Higher Bebington	CH63 5NH	1	1			1		1		
Tree Tops Pharmacy	49 Bridle Road	65	Bromborough	CH62 6EE	1	1	1	1	1	1	1	1	
Dudleys Chemist	1194 New Chester Road	66	Eastham	CH62 9AE	1	1					1		
Greasby Pharmacy	Greasby HC, 424 Frankby Rd	67	Greasby	CH49 3AT	1	1	1	1	1		1		
Heswall Hill Pharmacy	119 Brimstage Road	68	Heswall	CH60 1XF	1						1	1	
Irby Pharmacy	39 Thingwall Road	69	Irby	CH61 3UE	1			1			1		
Lloyds Pharmacy	222-230 Telegraph Road	70	Heswall	CH60 0AL	1	1		1			1		
Lloyds Pharmacy	35 Grange Road	71	West Kirby	CH48 4DZ	1	1		1	1		1		
Manor Pharmacy	13 Station Approach	72	Meols	CH47 8XA	1						1	1	
Morrison Stores Pharmacy	Dee Lane	73	West Kirby	CH48 0QA	1	1			1				
Morsy Lewis Pharmacy	16 Cross Lane	74	Higher Bebington	CH63 3AL	1	1	1	1	1		1		
Co-Op Chemists Ltd	Village Road	75	Heswall	CH60 0DZ	1	1							
Co-Op Chemists Ltd	40 Market Street	76	Hoylelake	CH47 2AF	1	1		1		1	1		
Co-Op Chemists Ltd	309 Pensby Road	77	Pensby	CH61 9ND	1	1	1			1	1		
Rowlands Pharmacy	154 Allport Road	78	Bromborough	CH62 6BB	1								
Swettenhams Chemist	18 Allport Lane	79	Bromborough	CH62 7HP	1	1	1	1	1		1	1	
W A Temple	3 Lancelyn Court Precinct	80	Spital	CH63 9JP	1	1							
Tesco Pharmacy	Telegraph Road	81	Heswall	CH60 7SL	1	1	1	1	1		1	1	
Welsh Chemist	90 Banks Road	82	West Kirby	CH48 0RE	1		1						
Wilson's Pharmacy	17 The Crescent	83	West Kirby	CH48 4HL	1		1			1	1	1	
Your Local Boots Pharmacy	118 Teehey Lane	84	Higher Bebington	CH63 8QT	1	1	1	1			1	1	
Your Local Boots Pharmacy	148 Greasby Road	85	Greasby	CH49 3NQ	1	1					1		
Your Local Boots Pharmacy	21 Church Road	86	Lower Bebington	CH63 7PG	1	1		1			1		
				Total	85	61	31	63	28	19	75	11	17
Other Providers													
Wallasey													
All Day Health Centre	Arrowe Park Hospital	1	Upton	CH49 5PE				1	1				
Community Mental Health Team	Victoria Central Health Centre, Highfield Centre, Mill Lane	2	Wallasey	CH44 5UF				1					
Leasowe Millennium Centre	Twickenham Drive	3	Leasowe	CH46 1PQ		1							

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Leasowe Primary Care Centre - WSH	Hudson Road	4	Leasowe	CH46 2QQ			1		1				
New Brighton Comm Centre	Hope Street	5	New Brighton	CH45 2LN		1							
St Georges Medical Centre - CAS (Confidential Advice Service)	Field Road	6	Wallasey	CH45 5LN					1				
The Social Partnership	67 St Pauls Road	7	Seacombe	CH44 7AJ				1					
Victoria Central Hospital	Mill Lane	8	Wallasey	CH44 5US		1	1		1				
Birkenhead													
30 Argyle Street	Birkenhead	9		CH41 6AE		1	1						
Adult Mental Health, Stein Centre	St Catherine's Hospital	10	Tranmere	CH42 0LQ				1					
ARCH Initiatives	23 Conway Street	11	Birkenhead	CH41 6PT							1		
Arrowe Park Hospital - GUM (Genito Urinary Medicine)	Arrowe Park Road	12	Upton	CH49 5PE							1		
Birkenhead One Stop Shop	Conway Street	13	Birkenhead	CH41 6JD				1					
Birkenhead Sixth Form College Clinic	Park Road West	14	Claughton	CH43 8SQ							1		
Birkenhead YMCA	56 Whetstone Lane	15	Birkenhead	CH41 2TJ			1						
Brassey Gardens Childrens Centre	2 Brassey Gardens	16	Birkenhead	CH41 8DA				1					
Claughton Medical Centre - GUM (Genito Urinary Medicine)	161 Park Road North	17	Claughton	CH41 0DD							1		
Early Years Centre.	New Hey Road	18	Woodchurch	CH49 8HB			1						
Ganney's Meadow	New Hey Road	19	Woodchurch	CH49 8HB			1						
Harm Reduction Unit	St Catherines Hospital	20	Tranmere	CH42 0LQ							1		
Miriam Health Centre - WSH (Wirral Sexual Health) Clinic	31 Laird Street	21	Birkenhead	CH41 8DB							1		
Moreton Library	Pasture Road	22	Moreton	CH46 8SA		1							
Outreach via Harm Reduction Unit	St Catherine's Hospital	23	Tranmere	CH42 0LQ							1		
Parkfield (New Ferry) Clinic - WSH	Sefton Road	24	New Ferry	CH62 5AP							1		
Salvation Army	Vincent Street	25	Birkenhead	CH41 2RH		1							
St Catherines Hospital	Church Road	26	Birkenhead	CH42 0LQ			1				1		
St James Centre	Laird Street	27	Birkenhead	CH41 7AL		1							
The Lodge and WSH (Wirral Sexual Health) Clinic	Arrowe Park Hospital	28	Upton	CH49 5PE							1		
The Social Partnership	288 Hoylake Road	29	Moreton	CH46 6AF					1				

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The Social Partnership	1 Hassal Road	30	Rock Ferry	CH42 1QR				1						
Wirral Brook Advisory Service	14 Whetstone Lane	31	Birkenhead	CH41 2QR					1					
Wirral Heart Support	St Catherine's Hospital	32	Tranmere	CH42 0LQ				1						
Wirral Independent Living	Hind Street	33	Birkenhead	CH41 5DA				1						
Bebington & West Wirral														
Alexander Hall	Rocky Lane	34	Heswall	CH60 0AF				1						
Bebington One Stop Shop,	Pennant House, The Village	35	Bebington	CH63 7PL		1								
Civic Medical Centre	Civic Way	36	Bebington	CH63 7RX				1						
Eastham Clinic	31 Eastham Rake	37	Eastham	CH62 9AN		1	1		1					
Greasby Clinic Greasby Road, Greasby, Wirral, Merseyside	Greasby Road	38	Greasby	CH49 3AT		1	1							
Heswall Clinic	Telegraph Road	39	Heswall	CH60 7SG		1								
Heswall Clinic - WSH (Wirral Sexual Health)	Telegraph Road	40	Heswall	CH60 7SG						1				
The Concourse	Grange Road	41	West Kirby	CH48 4HZ				1						
West Kirby Clinic - WSH (Wirral Sexual Health)	The Concourse	42	West Kirby	CH48 4HZ							1			
West Kirby Library	The Concourse	43	West Kirby	CH48 4HX		1								
West Kirby Methodist Church	Westbourne Road	44	West Kirby	CH48 4DQ				1						
Westbourne Hall Community Centre	59 Westbourne Road	45	West Kirby	CH48 4DQ				1						
Total					0	12	14	10	15	3	0	0	0	0
GP Practices														
Wallasey														
All Day Health Centre	Arrowe Park Hospital	1	Upton	CH49 5PE										
Blackheath Medical Centre	76 Reeds Lane	2	Leasowe	CH46 1SG		1	1	1						
Central Park Medical Centre	Victoria Central Health Centre	3	Wallasey	CH44 5UF		1	1	1						
Earlston Road Surgery	1 Earlston Road	4	Wallasey	CH45 5DX		1	1	1						
Egremont Medical Centre	9 King Street	5	Wallasey	CH44 8AT		1	1							
Field Road Health Centre	Field Road	6	Wallasey	CH45 5BG		1	1	1						
Grove Medical Centre	27 Grove Road	7	Wallasey	CH45 3HE			1							
Grove Road Surgery	71 Grove Road	8	Wallasey	CH45 3HF		1	1	1						
Leasowe PCT	64 Twickenham Drive	9	Leasowe	CH46 1PF		1	1							
Leasowe Primary Care Centre	Hudson Road	10	Leasowe	CH46 2QQ			1							
Liscard Group Practice	Victoria Central Health Centre	11	Wallasey	CH44 5UF		1	1	1						
Manor Health Centre	Liscard Village	12	Wallasey	CH45 4JG		1	1	1						

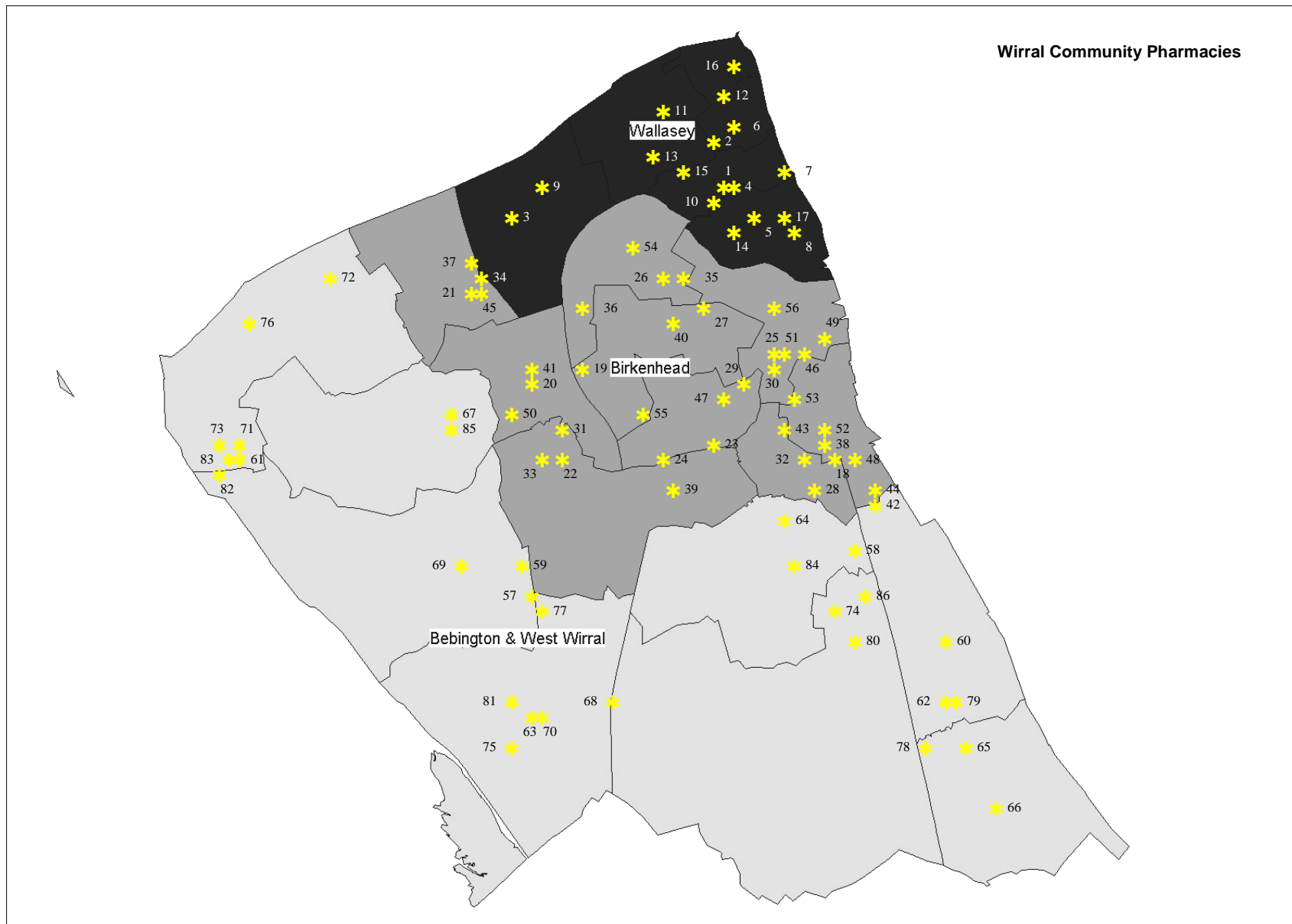
**NHS Wirral
Pharmaceutical Needs Assessment**

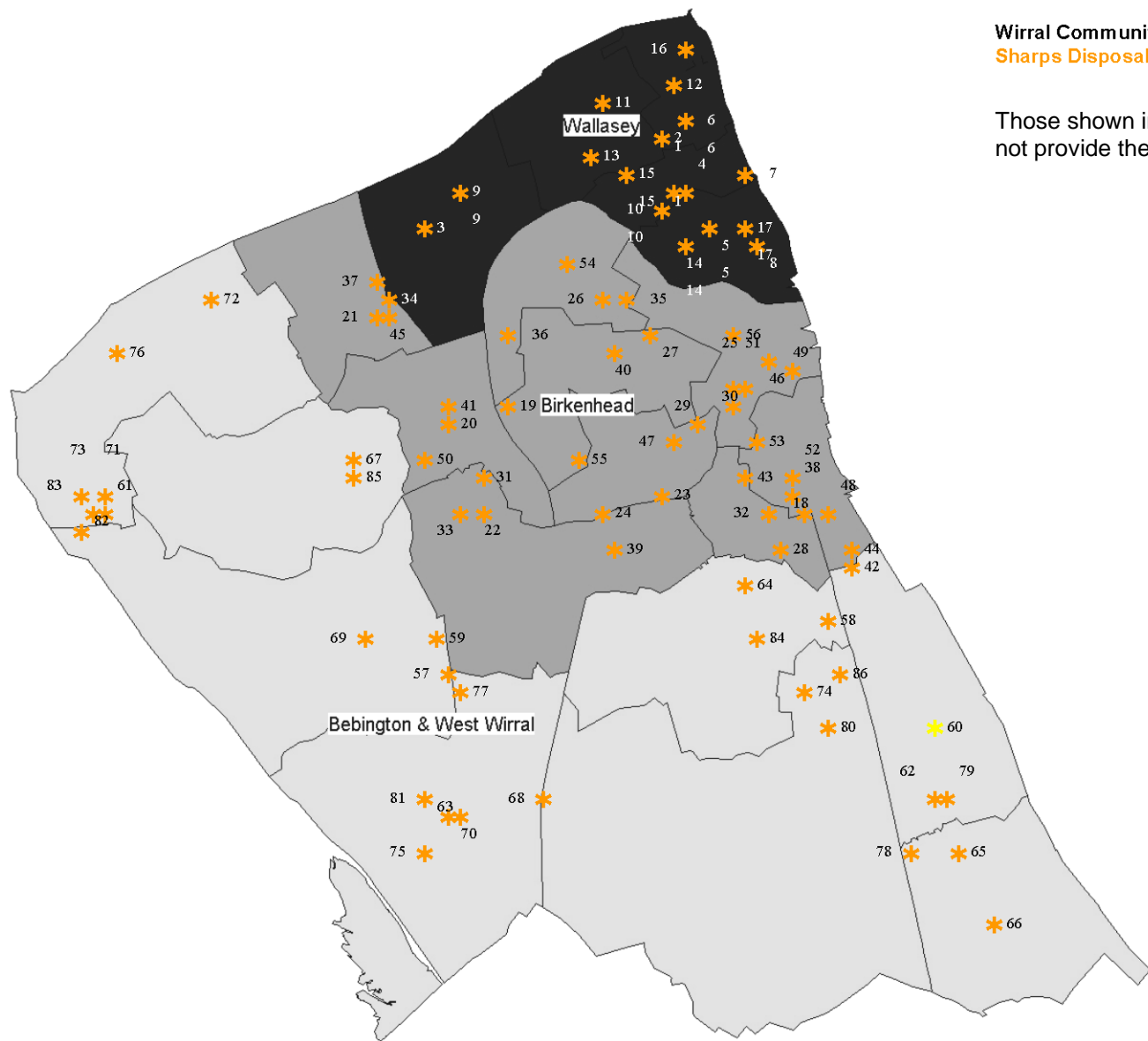
Mill Lane Surgery	Victoria Central Health Centre	13	Wallasey	CH44 5UF			1	1						
St Georges Medical Centre	Field Road	14	Wallasey	CH45 5LN		1	1							
St Hilary Brow Group Practice	204 Wallasey Road	15	Wallasey	CH44 2AG		1	1							
Seabank Medical Centre	213/215 Seabank Road	16	Wallasey	CH45 1HE		1	1							
Somerville Medical Centre	69 Gorse Lane	17	Wallasey	CH44 4AA		1	1							
Wallasey Village Medical Centre	50 Wallasey Village	18	Wallasey	CH45 3NL		1	1	1						
				Total	0	14	17	9	0	0	0	0	0	0
Birkenhead														
Cavendish Medical Centre	31 Laird Street	19	Birkenhead	CH41 8DB		1		1						
Cloughton Medical Centre	161 Park Road North	20	Cloughton	CH41 0DD				1						
Commonfield Road Surgery	156 Commonfield Road	21	Woodchurch	CH49 7LP		1								
Devaney Medical Centre	40 Balls Road	22	Oxton	CH43 5RE				1						
Fender Way Health Centre	Fender Way	23	Noctorum	CH43 9QS		1		1						
Gladstone Medical Centre	241/247 Old Chester Road	24	Birkenhead	CH42 3TD		1		1						
Greenway Road Surgery	62 Greenway Road	25	Tranmere	CH42 7LX				1						
Hamilton Medical Centre	86 Market Street	26	Birkenhead	CH41 6AJ		1		1						
Heatherlands Medical Centre	New Hey Road	27	Woodchurch	CH49 9DA		1		1						
Holmlands Medical Centre	16/20 Holmlands Drive	28	Oxton	CH43 0TX		1		1						
Hoylake Road Medical Centre	314 Hoylake Road	29	Moreton	CH46 6DE		1		1						
Miriam Medical Centre	31 Laird Street	30	Birkenhead	CH41 8DB		1		1						
Moreton Cross Group Practice	Pasture Road	31	Moreton	CH46 8SA										
Moreton Health Clinic	8/14 Chadwick Street	32	Moreton	CH46 7XA		1		1						
Moreton Medical Centre	27 Upton Road	33	Moreton	CH46 0PE		1		1						
Parkfield Medical Centre (Dr C)	Sefton Road	34	New Ferry	CH62 5HS		1		1						
Parkfield Medical Centre (Dr H)	Sefton Road	35	New Ferry	CH62 5HS		1								
Prenton Medical Centre	516/518 Woodchurch Road	36	Prenton	CH43 0TS		1		1						
Riverside Surgery	525 New Chester Road	37	Birkenhead	CH42 2AG				1						
Upton Group Practice	32 Ford Road	38	Upton	CH49 0TF		1								
Victoria Park Health Centre	Bedford Avenue	39	Birkenhead	CH42 4QJ		1		1						
Villa Medical Centre	Roman Road	40	Prenton	CH43 3DB		1		1						
Vittoria Medical Centre (Dr E)	Vittoria Street	41	Birkenhead	CH41 3RH		1								
Vittoria Medical Centre (Dr M)	Vittoria Street	42	Birkenhead	CH41 3RH		1		1						
Whetstone Medical Centre	44 Whetstone Lane	43	Birkenhead	CH41 2TF		1								
Woodchurch Medical Centre	33/35 Poolwood Road	44	Woodchurch	CH49 9BP		1		1						
Woodchurch Road Surgery	270 Woodchurch Road	45	Prenton	CH43 5UU		1		1						
				Total	0	22	0	21	0	0	0	0	0	0

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Bebington & West Wirral														
Civic Medical Centre	Civic Way	48	Bebington	CH63 7RX		1								
Church Road Medical Centre	64 Church Road	47	Bebington	CH63 3EY		1								
Eastham Group Practice	43 Bridle Way	49	Bromborough	CH62 6EE		1	1							
Allport Surgery	43 Bridle Way	46	Bromborough	CH62 6EE		1	1							
Teehey Lane Medical Centre	66/68 Teehey Lane	59	Bebington	CH63 2JN		1	1							
The Orchard Surgery	Bromborough village Road	60	Bromborough	CH62 7EU		1								
Kings Lane Medical Centre	100 Kings Lane	54	Bebington	CH63 5LY		1								
Spital surgery	1 Lancelyn Court Precinct	58	Bebington	CH63 9JP		1								
Sandstone Medical Centre	161 Banks Road	56	West Kirby	CH48 3HU			1							
Hoylake & Meols Medical Centre	Station Approach	52	Meols	CH47 8XA		1								
West Kirby Health Centre (Dr W)	The Concourse, Grange Road	64	West Kirby	CH48 4HZ		1								
West Kirby Health Centre (Dr Si)	The Concourse, Grange Road	63	West Kirby	CH48 4HZ		1								
West Kirby Health Centre (Dr Sm)	The Concourse, Grange Road	62	West Kirby	CH48 4HZ		1								
Greasby Group Practice	Greasby Road	50	Greasby	CH49 3AT		1								
Silverdale Medical Centre	Mount Avenue	57	Heswall	CH60 4RH		1								
Pensby Surgery	349 Pensby Road	55	Pensby	CH61 9NL		1	1							
Heswall Medical Centre	270 Telegraph Road	51	Heswall	CH60 7SG		1	1							
Winterdyne	8 Rocky Lane	65	Heswall	CH60 0BY		1								
Irby Surgery	33 Thingwall Road	53	Irby	CH61 3UF		1								
Thingwall Surgery	530 Pensby Road	61	Thingwall	CH61 7UF										
					Total	0	18	0	6	0	0	0	0	0

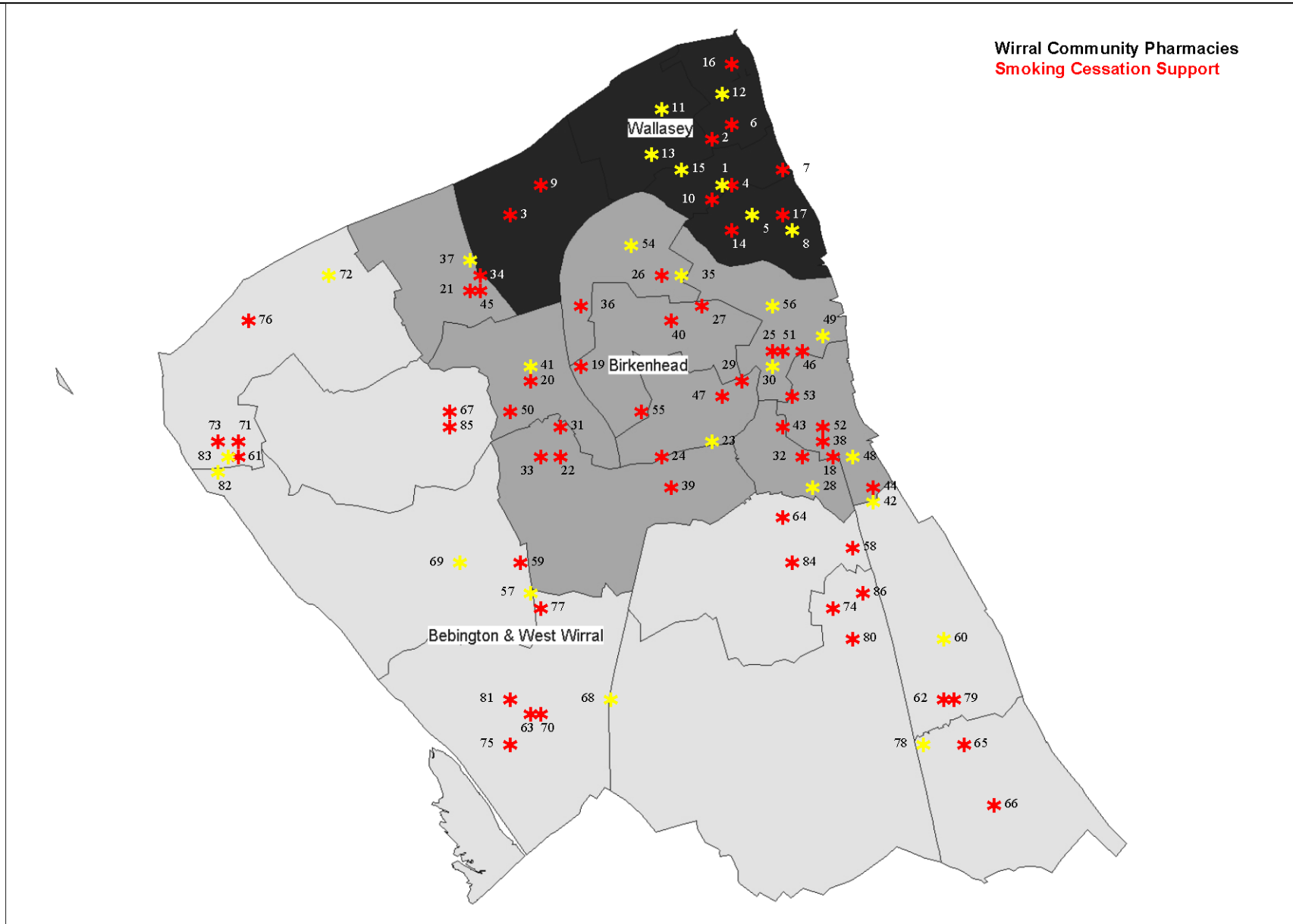
APPENDIX 6 - Maps of services

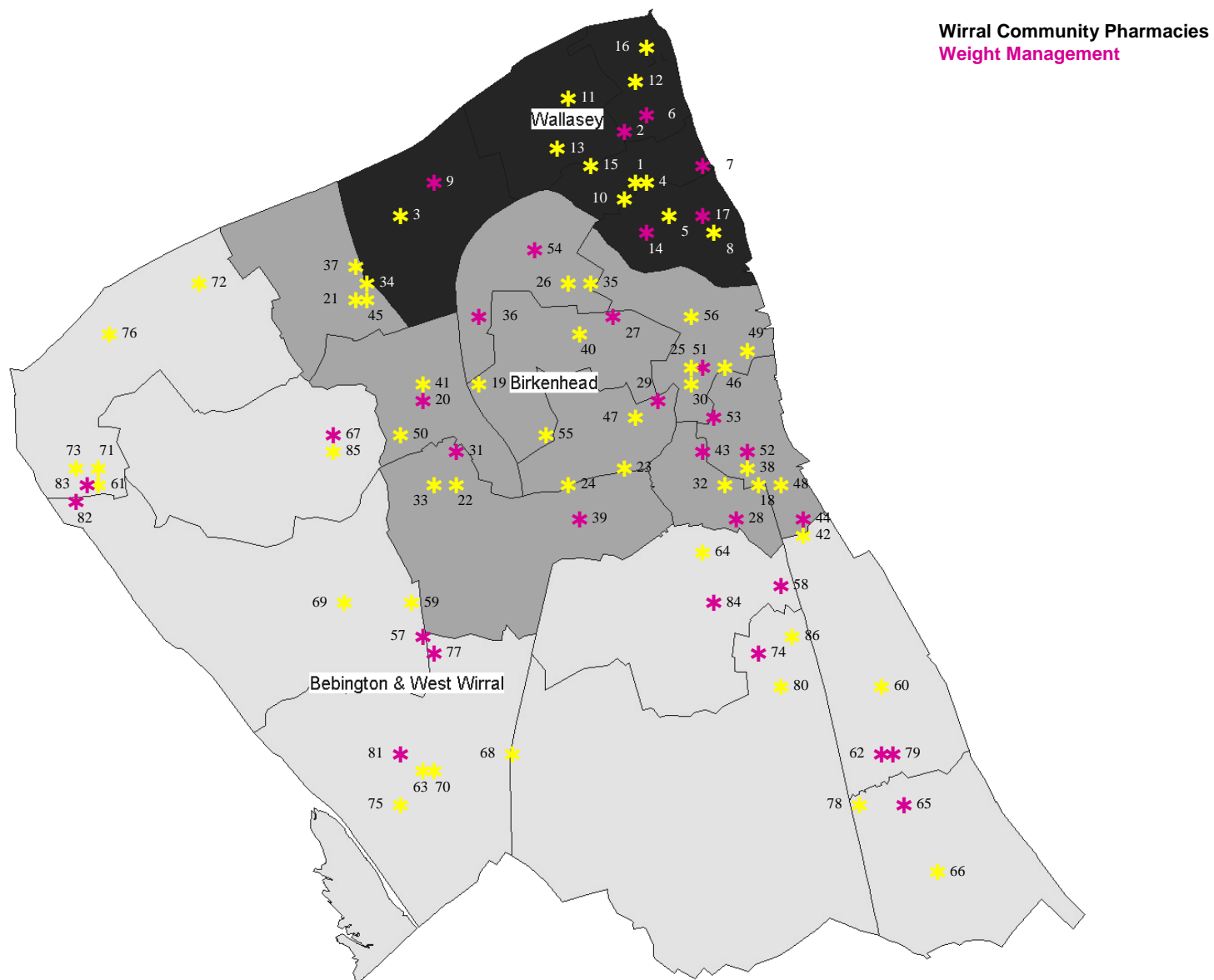


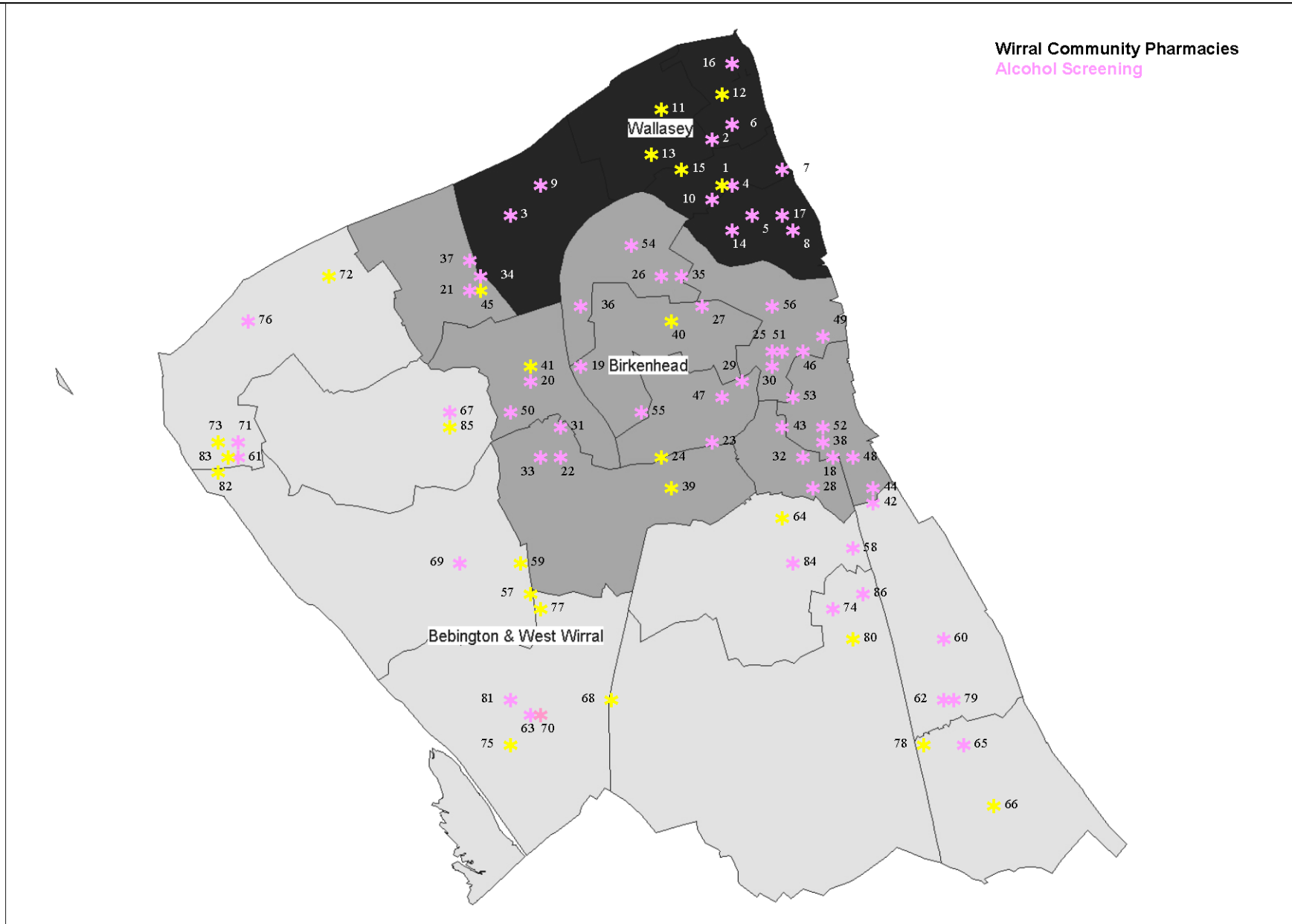


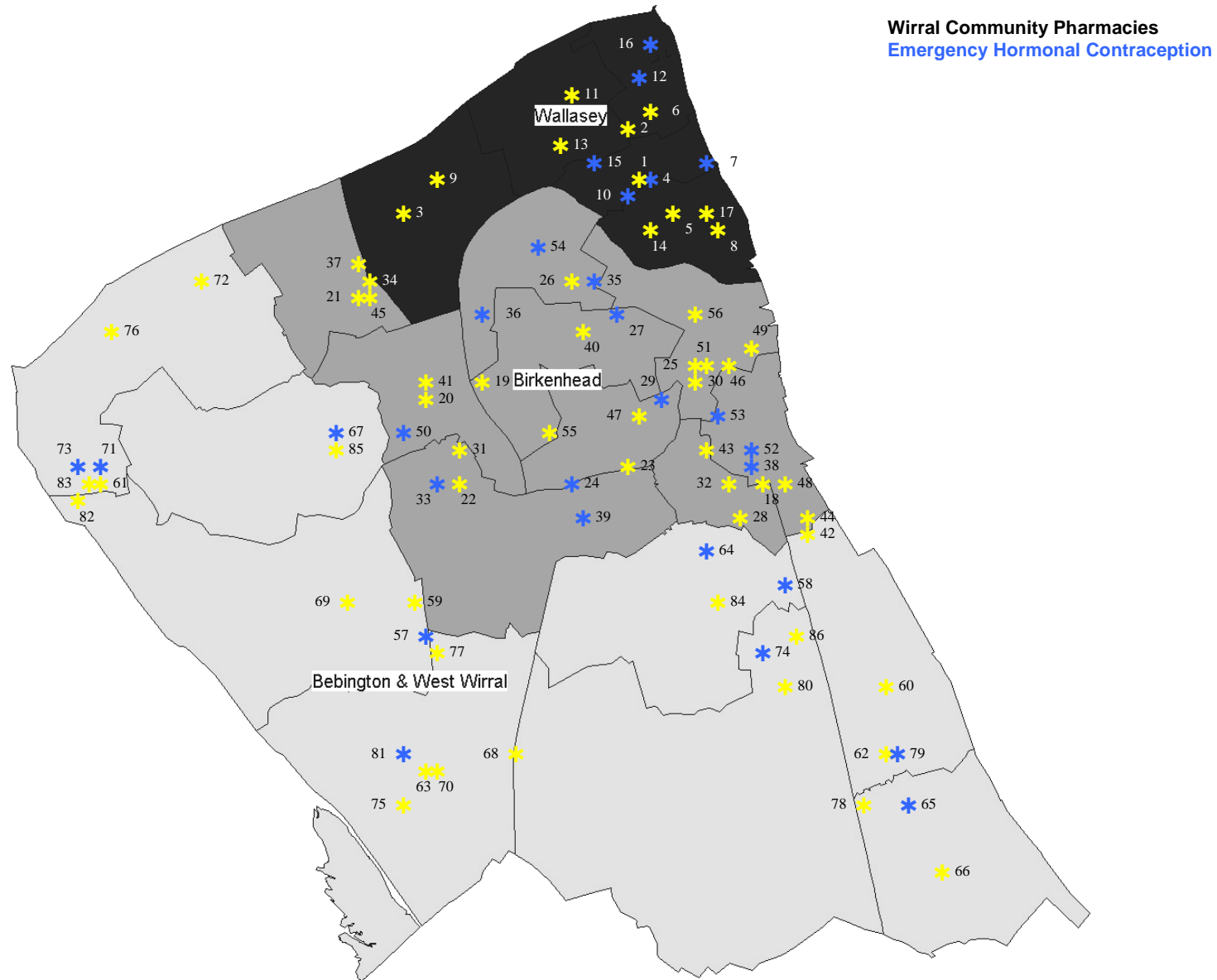
Wirral Community Pharmacies
Sharps Disposal Service

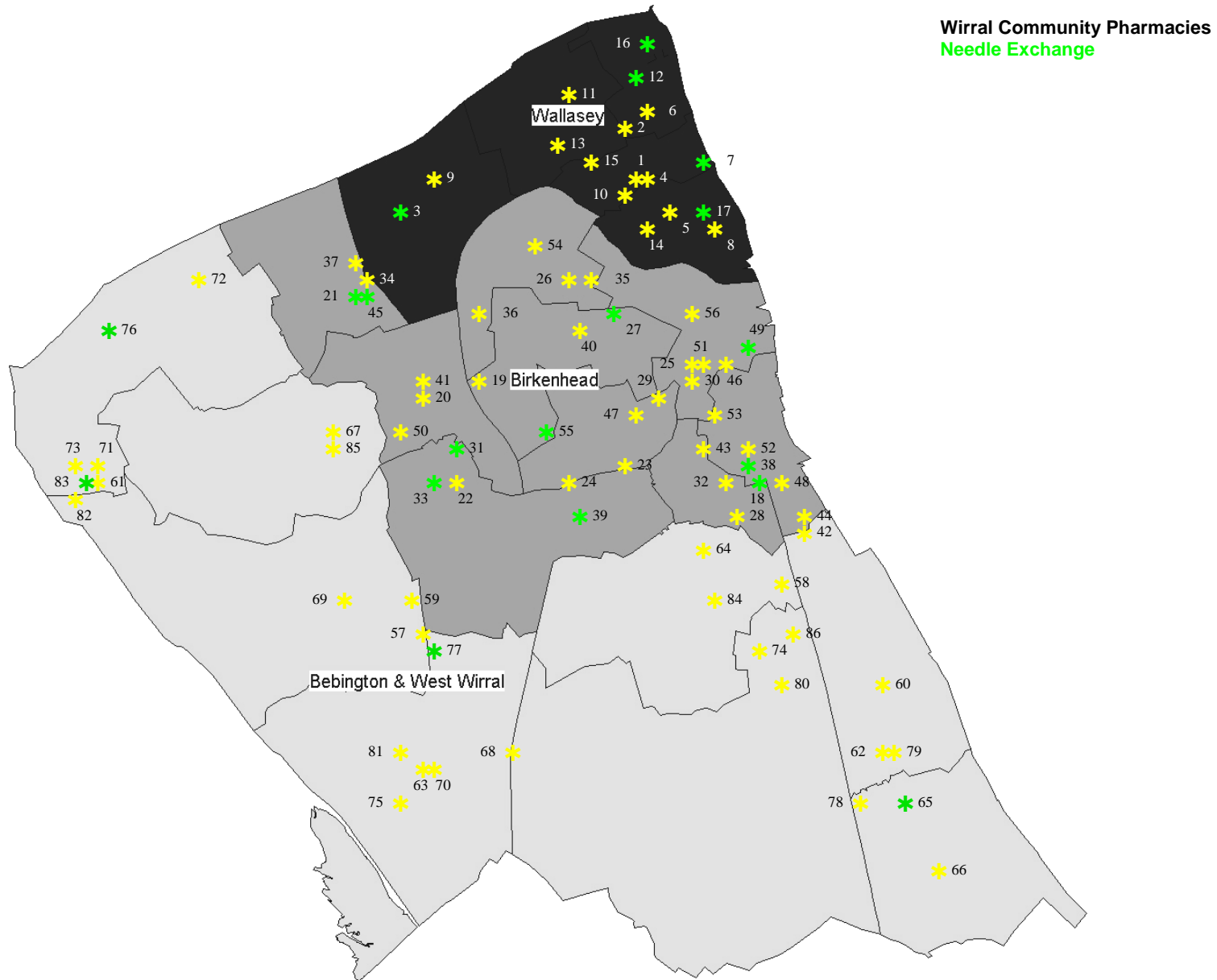
Those shown in yellow do
not provide the service

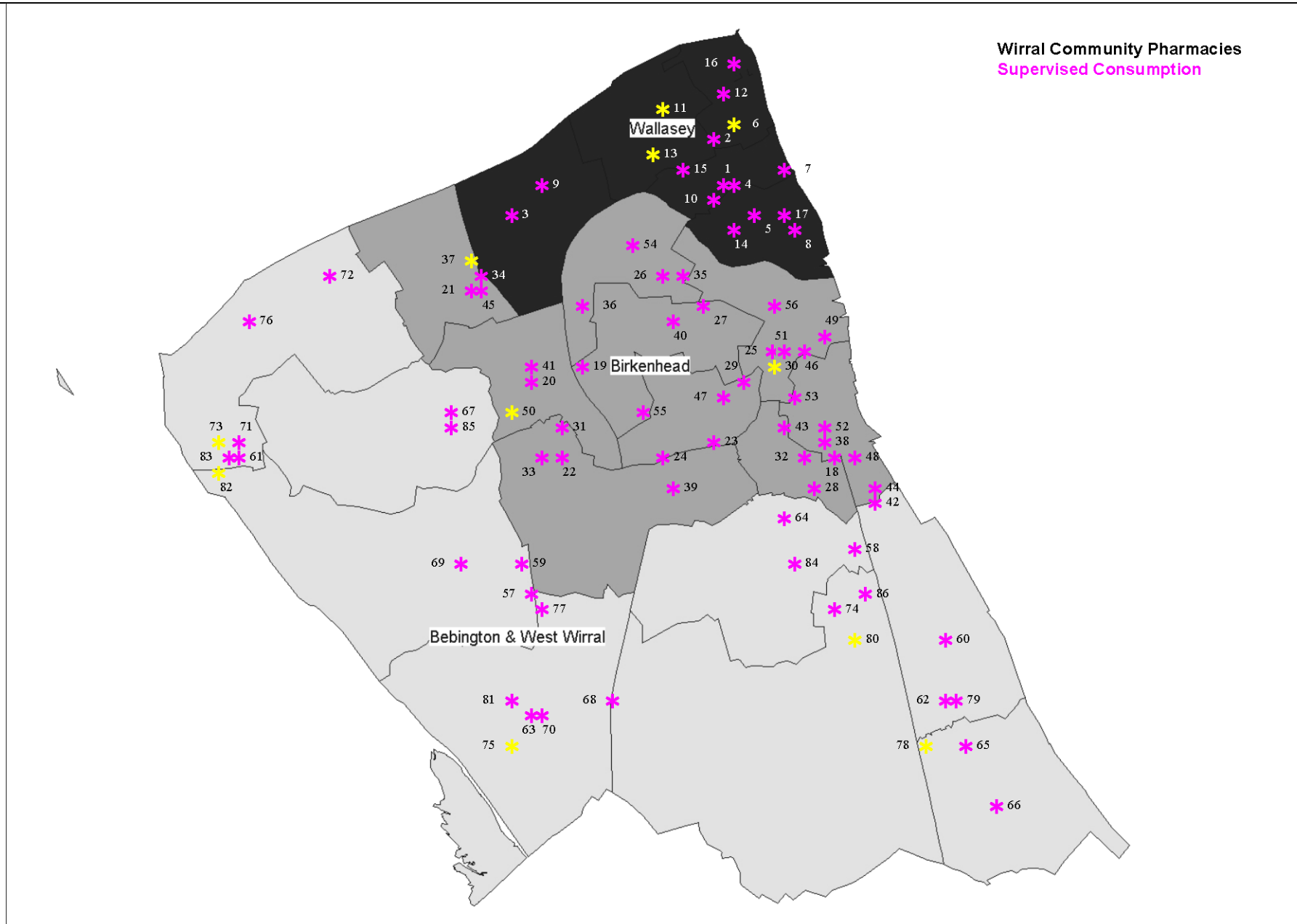


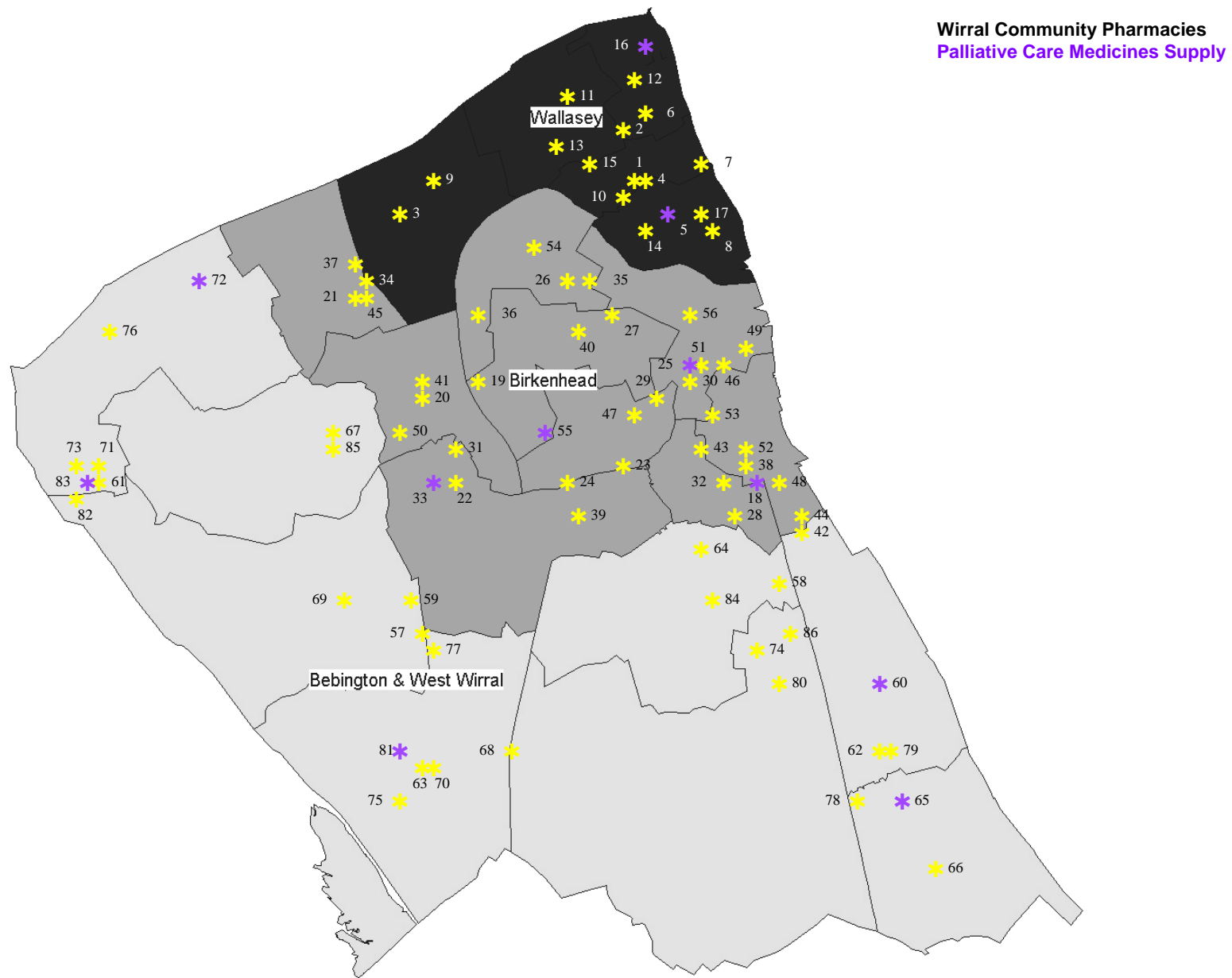


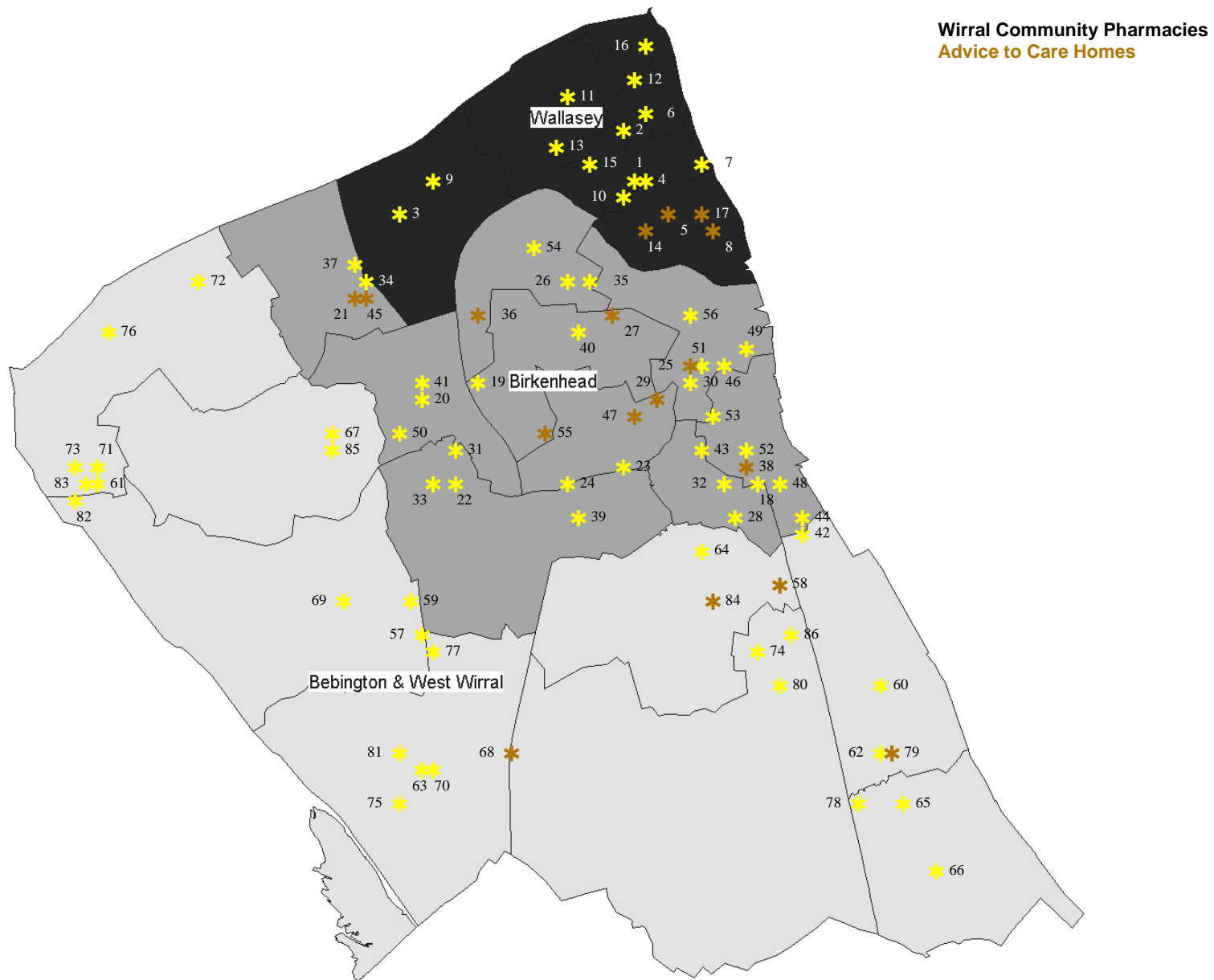




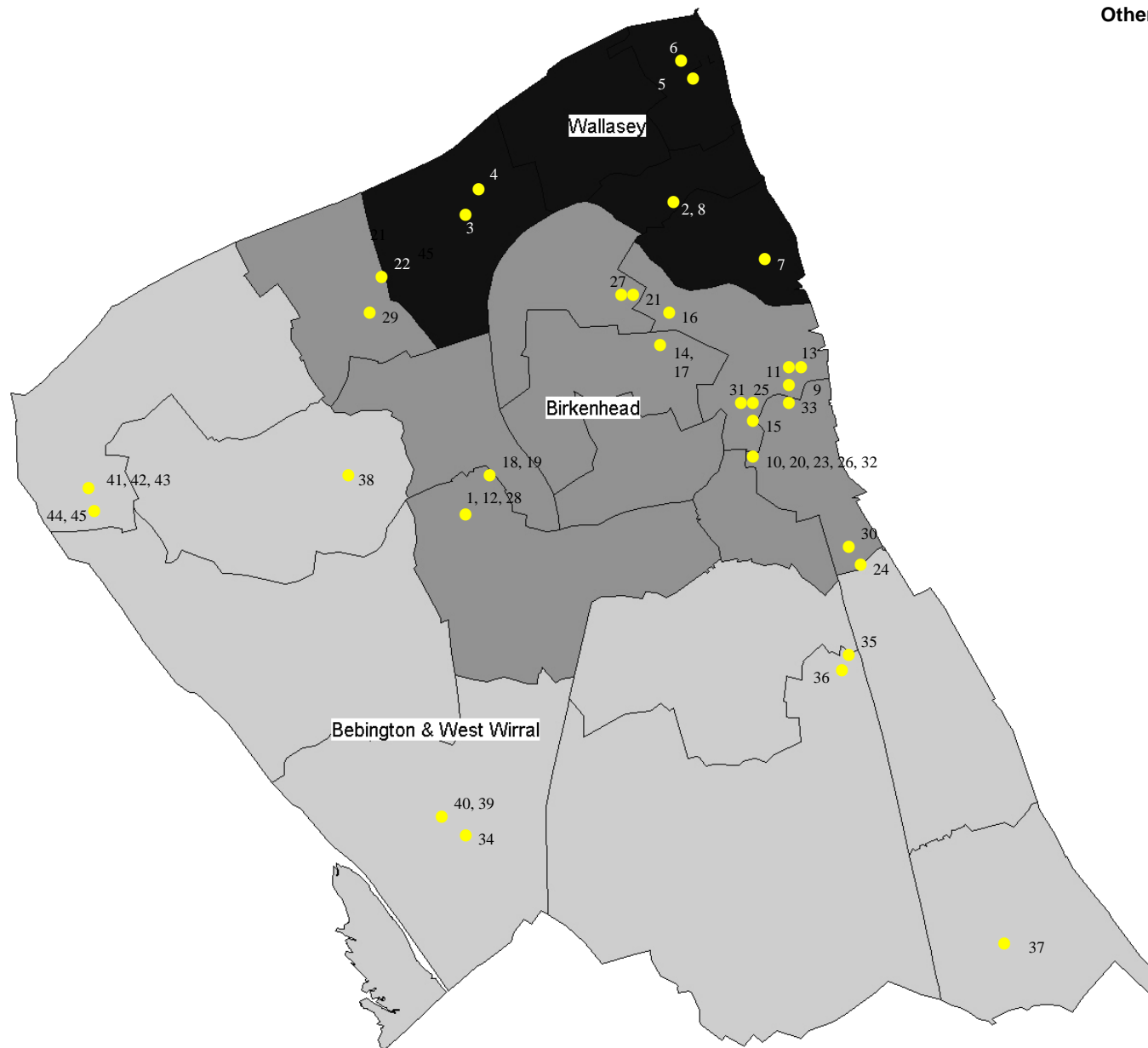


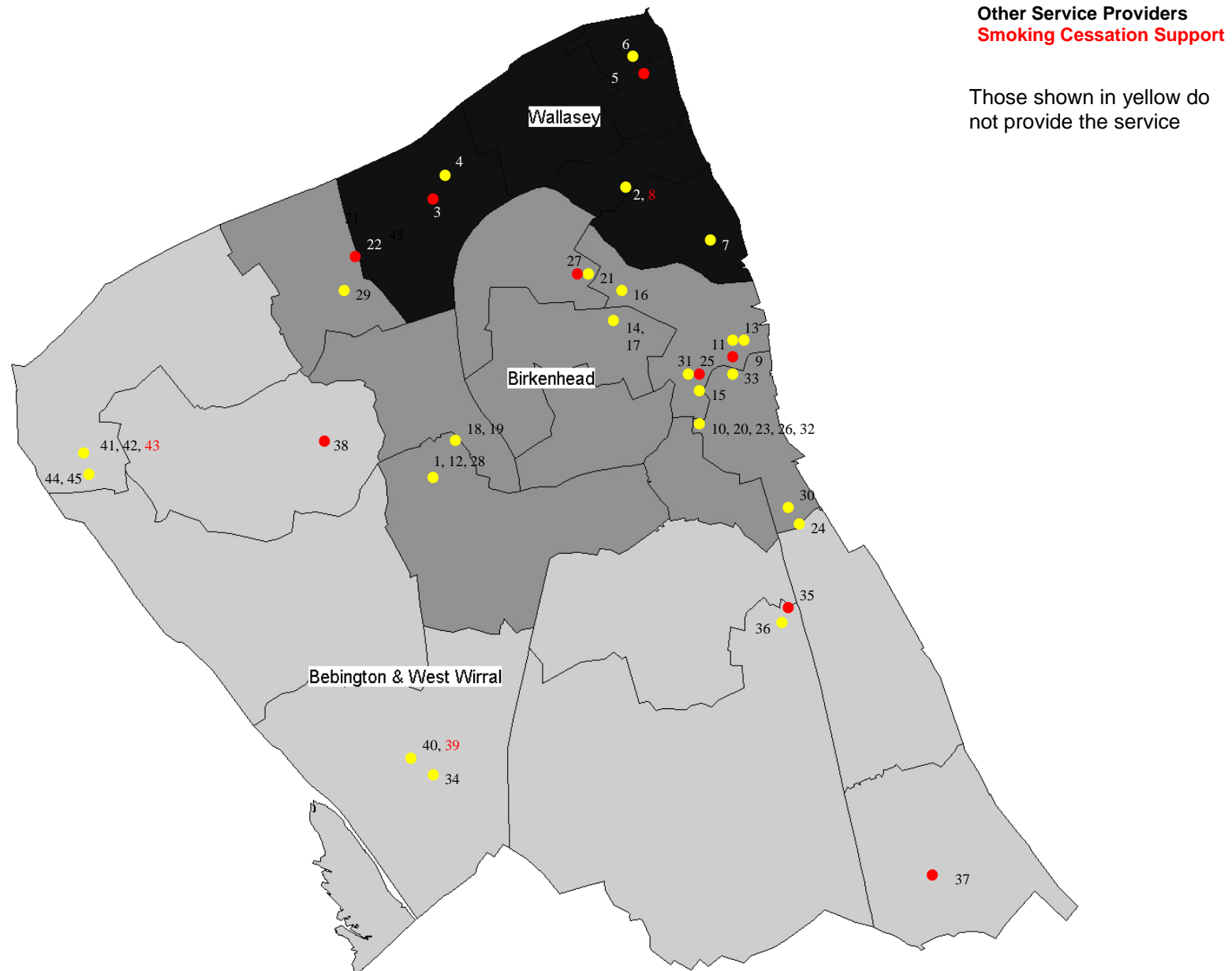


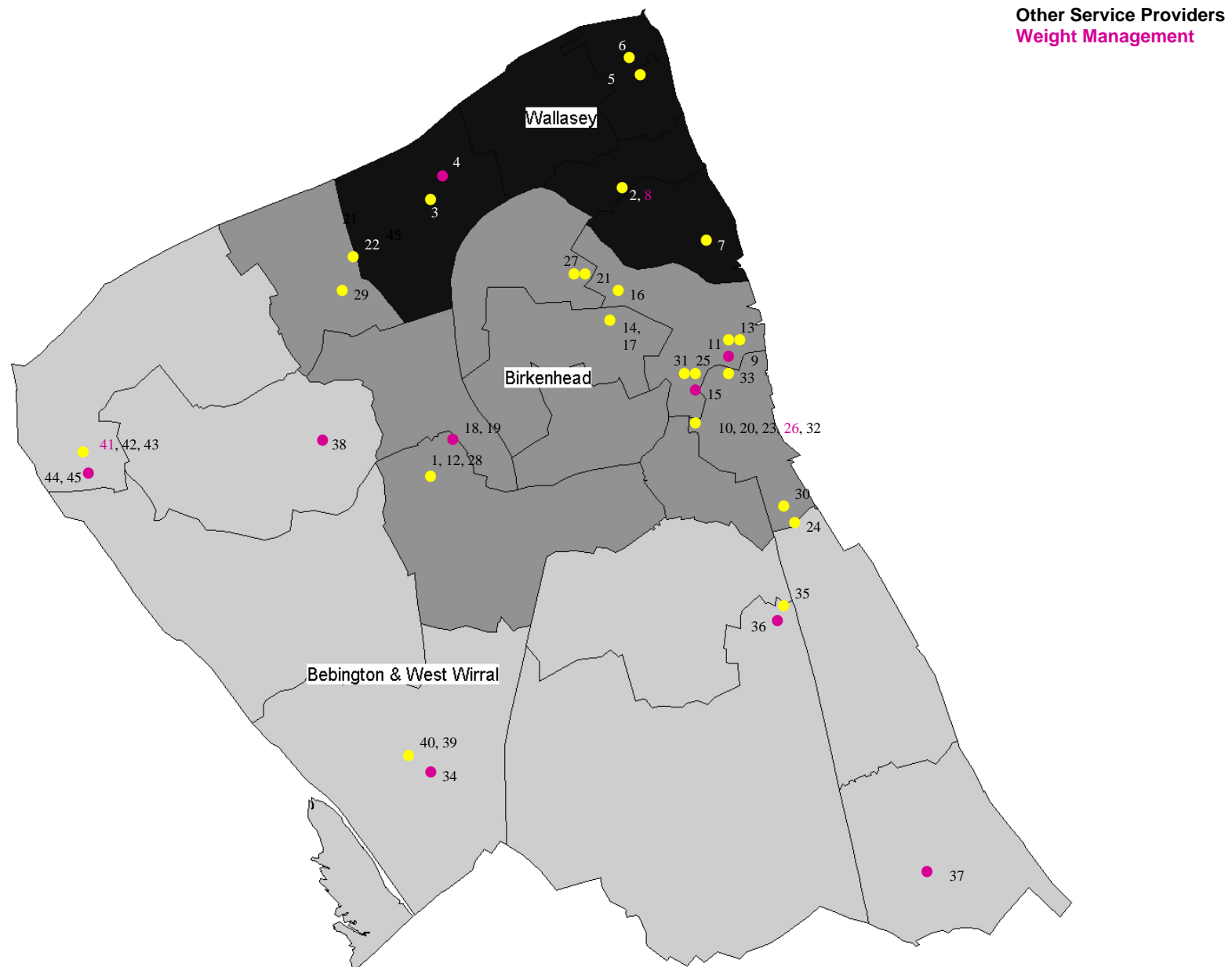


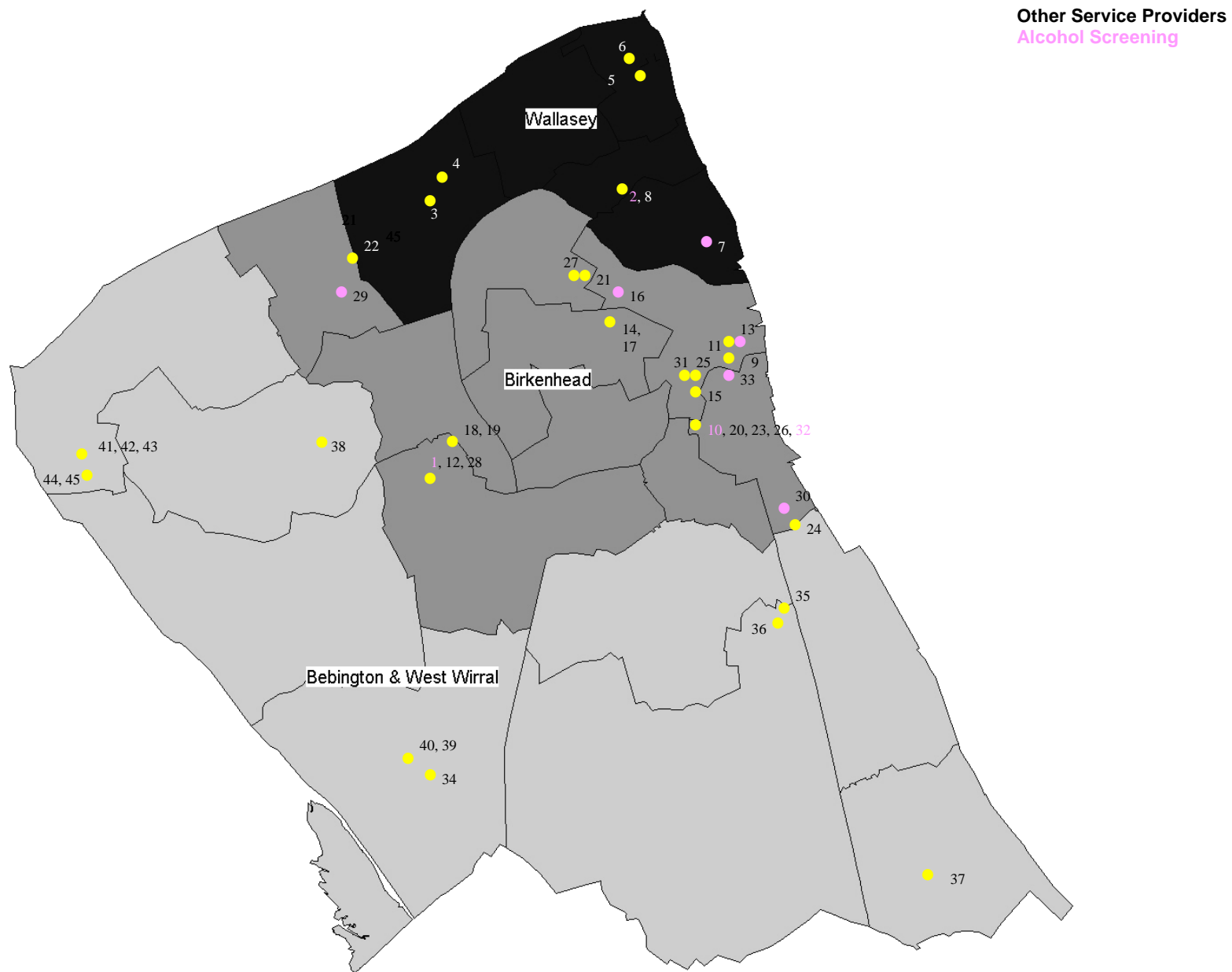


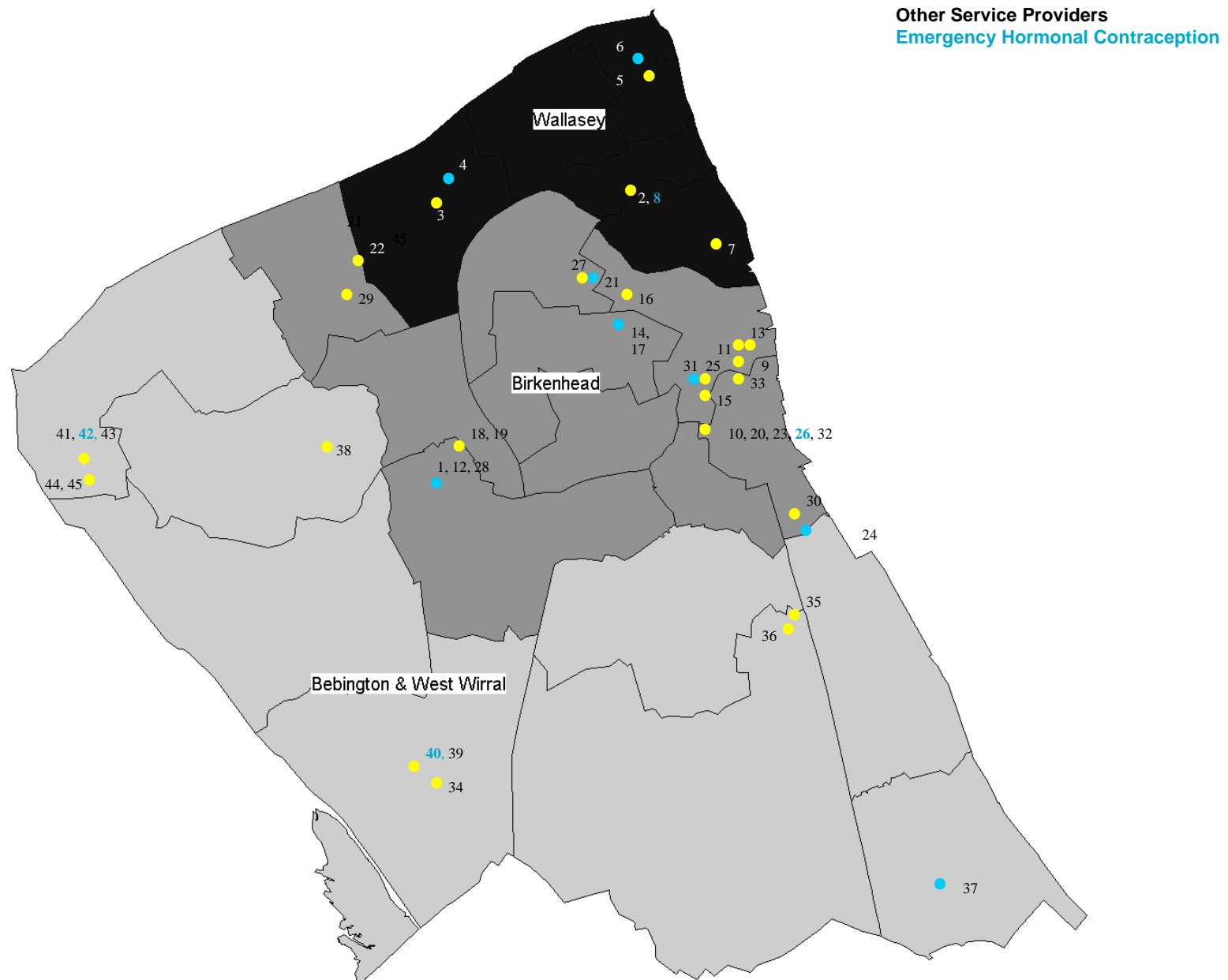
Other Service Providers



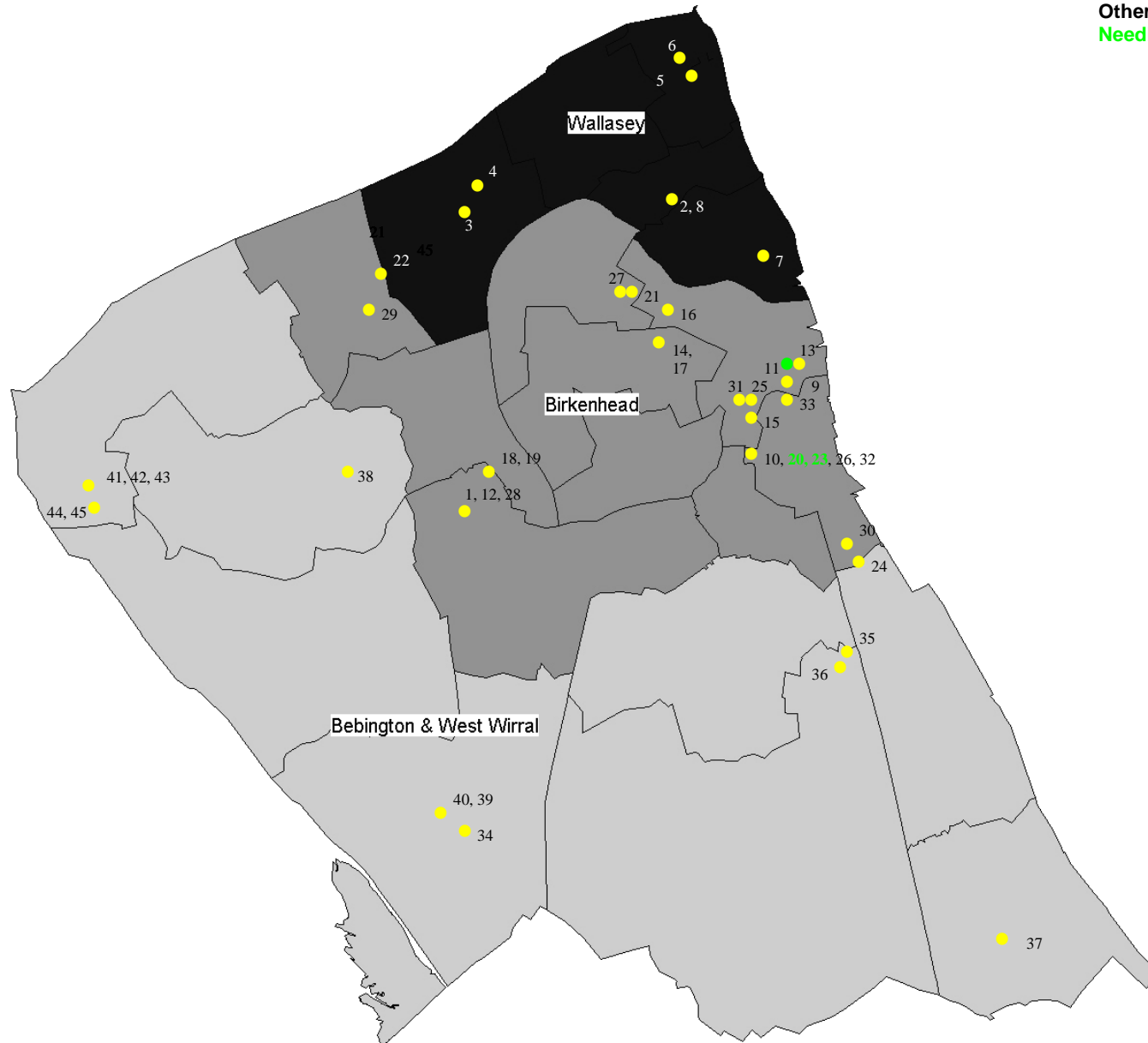


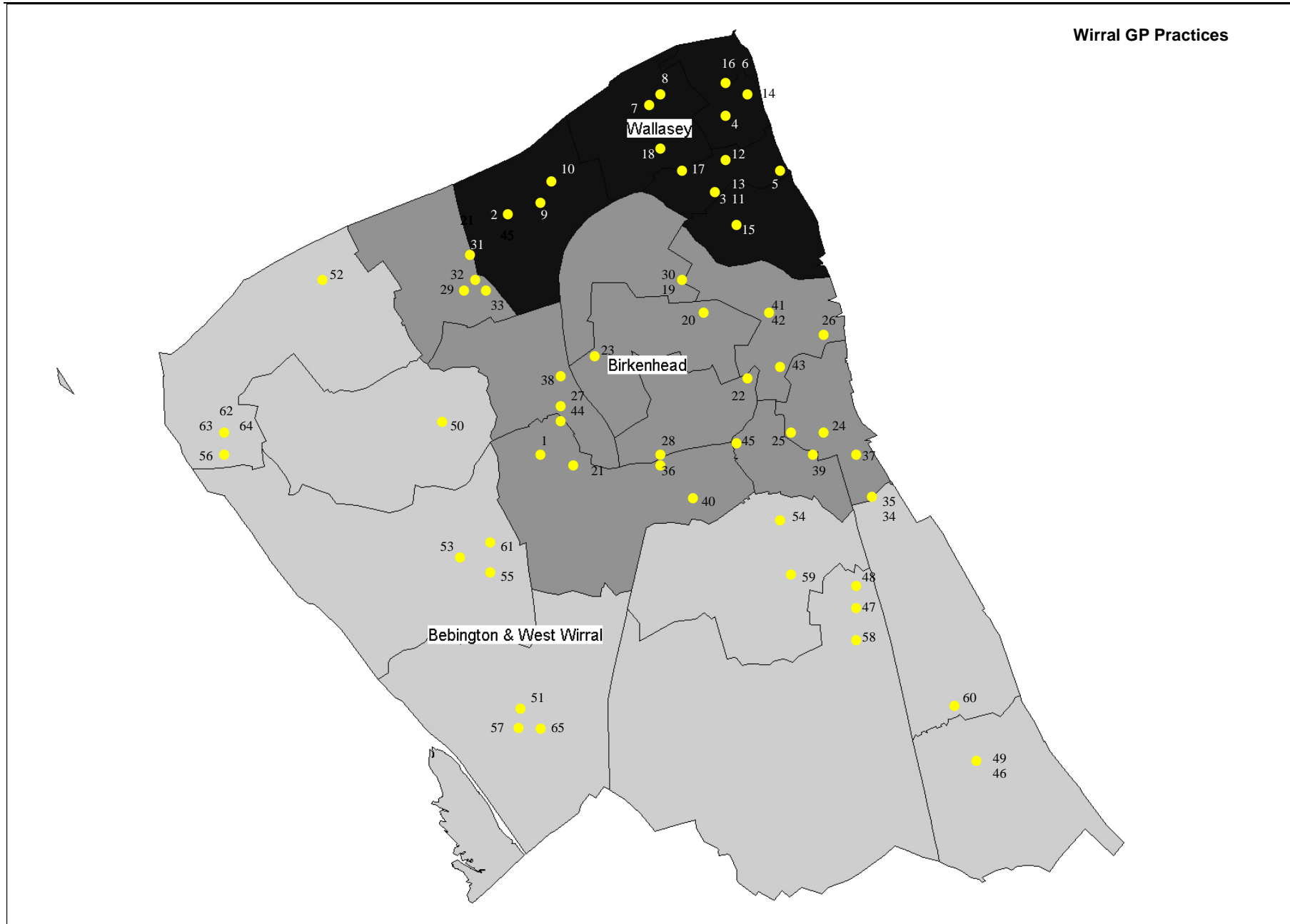






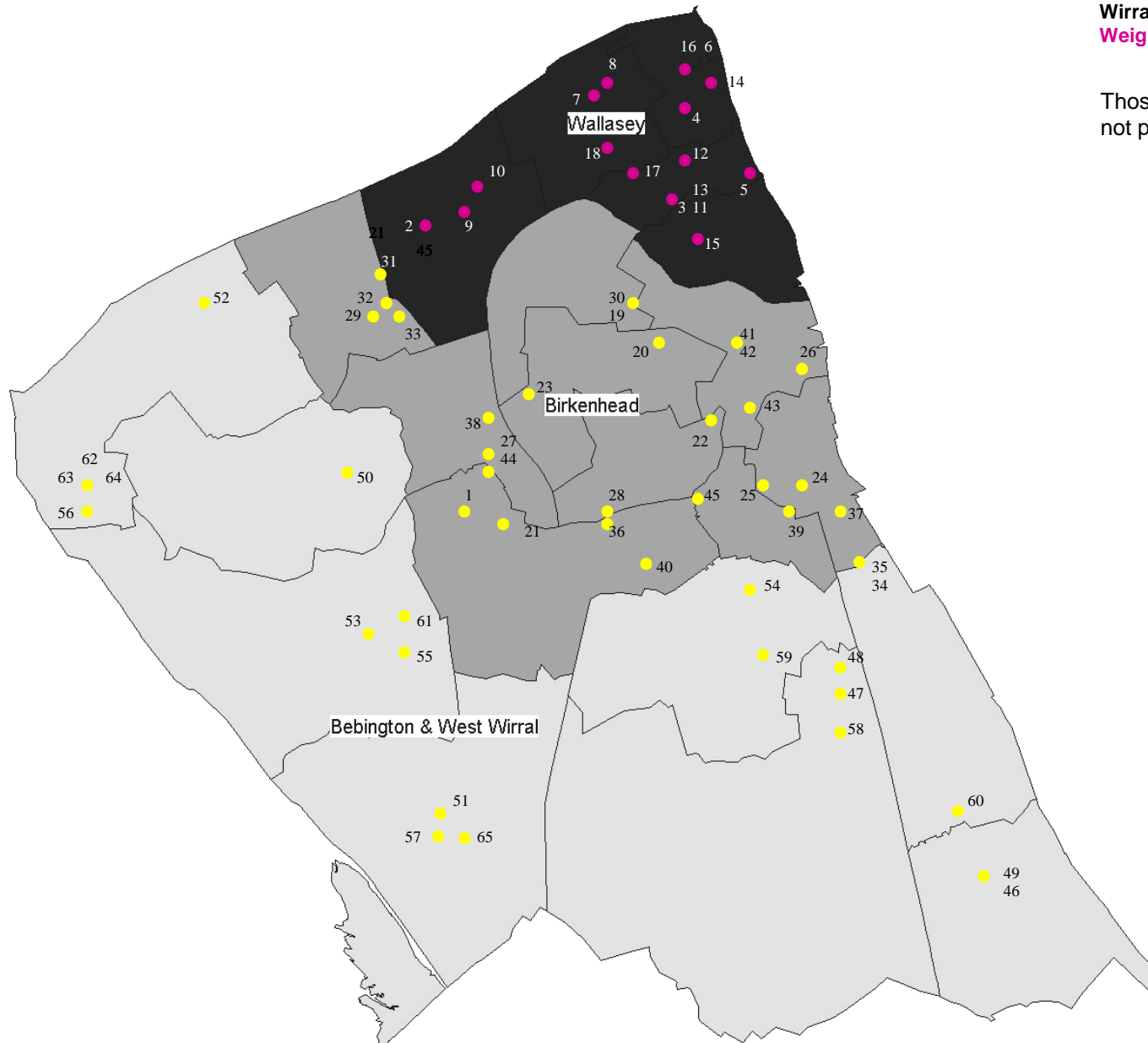
Other Service Providers
Needle Exchange

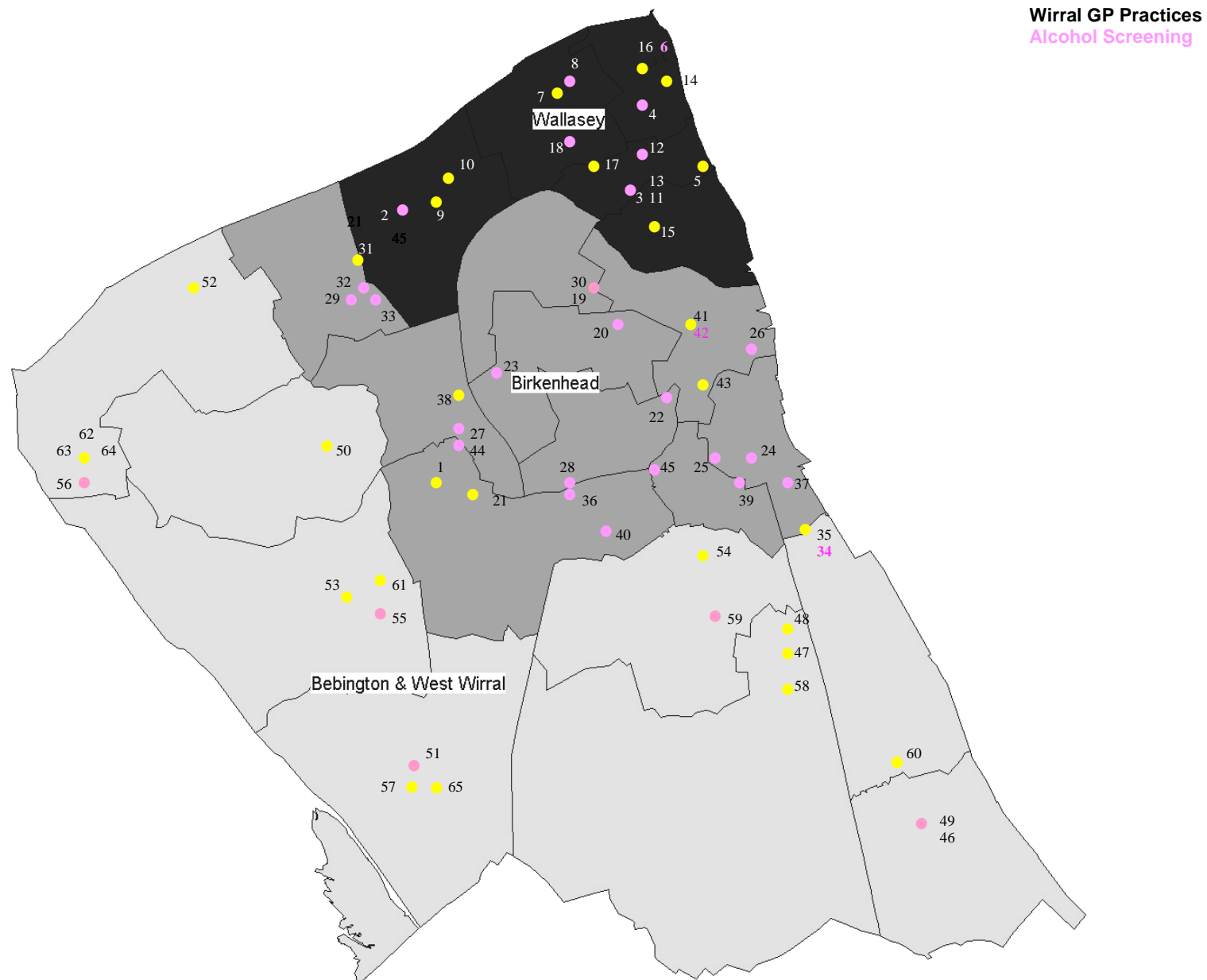




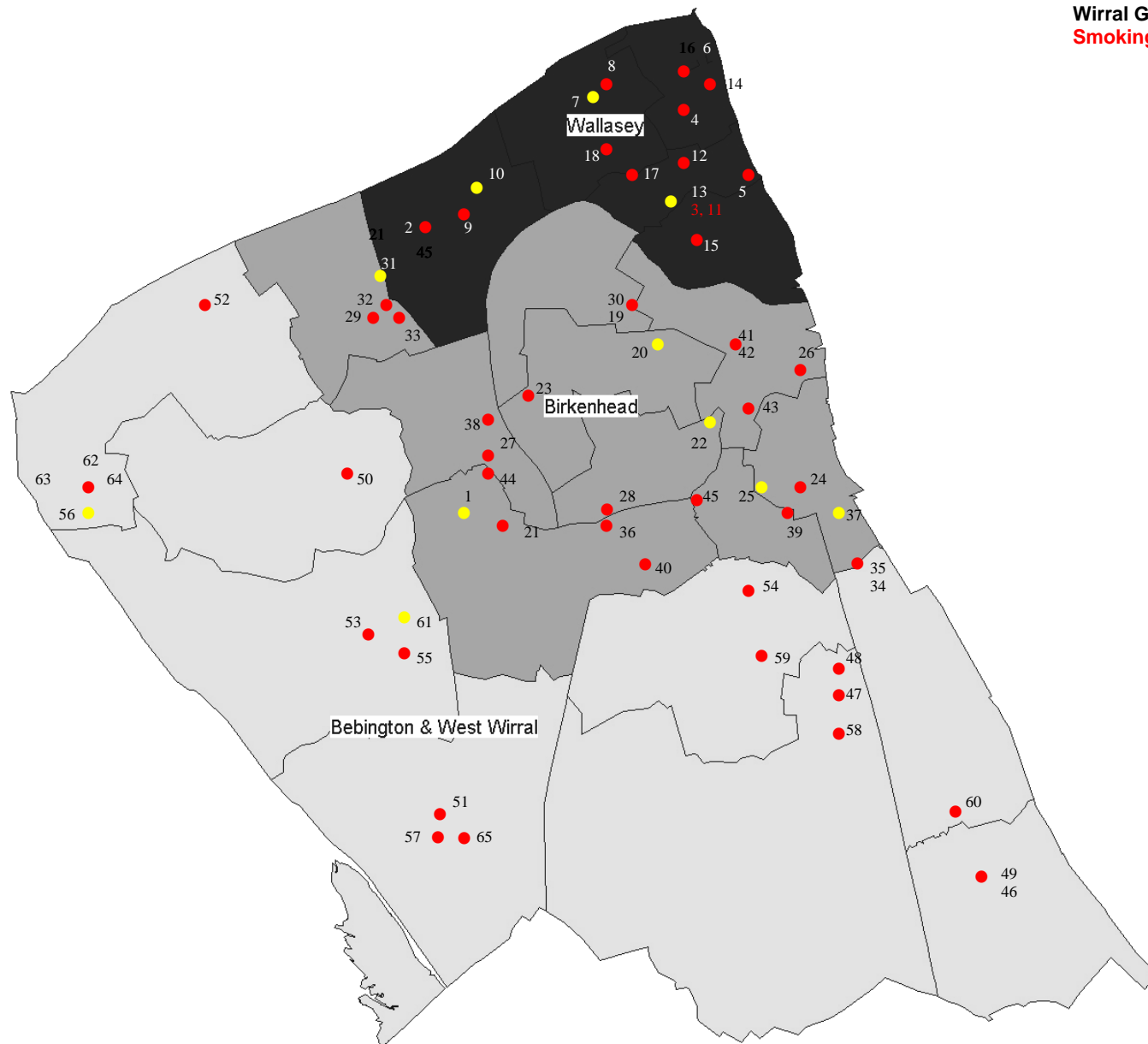
Wirral GP Practices
Weight Management

Those shown in yellow do not provide the service





Wirral GP Practices
Smoking Cessation Support



APPENDIX 7

Community Pharmacy Patient Questionnaire Report

The Department of Health and Pharmaceutical Services Negotiating Committee PSNC have agreed the requirements to fulfil paragraph 26 (2) (a) (iii) of Schedule 1 to the National Health Service (Pharmaceutical Services) Regulations 2005 - the requirement to conduct an annual community pharmacy patient questionnaire (formerly referred to as the Patient Satisfaction Questionnaire).

The questionnaire allows patients to provide valuable feedback to community pharmacies on the services they provide.

The minimum number of returned surveys is defined in the regulations and is based upon the dispensing volume of the pharmacy. If all 86 Wirral pharmacies were to obtain survey responses from the minimum number of patients required, Wirral pharmacies would have collected data from 9025 pharmacy users.

There is no requirement for pharmacies to share the findings of this survey with the PCT however after a request from NHS Wirral to all Wirral pharmacies 72 pharmacies (84%) were willing to share a summary of their findings with us. This would amount to a survey sample of approximately 7675 service users.

Due to the voluntary nature of the information shared with the PCT, the data returned is variable in content and in the detail provided by each contractor. The majority of contractors have chosen to provide their feedback using the PSNC template. This template allows feedback to be given in a format specifying three areas in which the pharmacy is performing strongly and one area where the survey has identified the greatest potential for improvement. Four contractors have sent us the full survey details including raw data. Forty two contractors provided us with summaries within which they included quantified data i.e. included the percentages of responses which were favourable. The remaining twenty six returns gave information without numerical data.

From this return we are able to draw some broad conclusions, percentages are included wherever this information has been shared with the PCT.

Areas in which the pharmacy is performing strongly

Area descriptor	Number of surveys in which this area was identified in the top 3	Minimum % from contractors' returns	Maximum % from contractors' returns
The service you received from the other pharmacy staff	36	73%	100%
The cleanliness of the pharmacy	28	85%	100%

Satisfaction with the time it took to provide your prescription and/or any other NHS services you required	27	72%	99%
Providing an efficient service	25	70%	100%
Being polite and taking the time to listen to what you want	24	75%	100%
The service you received from the pharmacist	22	89%	92%
Having in stock the medicines/appliances you need	13	73%	97%
Finally, taking everything into account - the staff, the shop and the service provided – overall rating	11	67%	99%
Offering a clear and well organised layout	6	-	-
Answering any queries you may have...	5	81%	89%
Providing advice on a current health problem or a longer term health condition	4	-	-
Providing general advice on leading a more healthy lifestyle	3	-	-
The comfort and convenience of the waiting areas (e.g. seating or standing room)	2	-	-
Offering a clear and well organised layout	1	-	-

From these results it appears that the pharmacy staff may be the biggest attribute valued by customers. Four of the top five scoring areas are directly influenced by the performance, skills and attitude of the staff.

Some relevant quotes taken from respondents in the survey:

“I use this pharmacy all the time as the staff are very kind and helpful and make you feel very welcome”

“ A well rounded service and very friendly staff”

“ This pharmacy is an excellent support to the treatment I receive from my doctor. This encourages confidence and encourages me to feel healthier”

“Always order, collect and deliver if I can’t get out. Nice people”

“Fantastic service, modern methods but traditional service. Always willing to listen anytime, very caring. I feel my health is their prime concern. Superb”

“I really don’t think there could be any improvements. Always an excellent service provided by staff. They are always cheerful, helpful and polite. Well done!!!”

Areas identified with the greatest potential for improvement

Area descriptor	Number of surveys in which this area was identified as greatest potential for improvement	Minimum % from contractors' returns	Maximum % from contractors' returns
Providing general advice on leading a more healthy lifestyle	29	21%	90%
Having somewhere available to speak without being overheard	8	-	89%
Providing advice on health services or information available elsewhere	7	25%	50%
The comfort and convenience of the waiting areas (e.g. seating or standing room)	6	-	-
Offering a clear and well organised layout	3	-	-
Satisfaction with the time it took to provide the prescription and/or other NHS service	3	-	49%
How long you have to wait to be served	2	-	-
Disposing of medicines you no longer need	2	-	-
Providing advice on a current health problem or a longer term health condition	2	-	-

The areas identified for improvement may not necessarily be the lowest scoring area but the areas within which the contractor feels that improvement can deliver the biggest impact to customer care.

Four of these areas identified are linked to the range of services or advice offered, two to the quality of service and three to the physical environment.

The lower percentage of positive responses to areas reflecting the range of services provided may be influenced by the size of the population who require access to such services e.g. one contractor identified specifically that only 18 % of respondents had accessed smoking cessation services. However, in his case this may reflect 100% of service users who require access to this service.

Some relevant quotes taken from respondents in the survey:

“Some customers are unaware of the services – patient education is the key”

“I have a daily prescription, rather than waiting for it to be ready it could be ready and waiting for me to collect within 5-10 minutes of arriving in pharmacy”

You may have to wait for your prescription to be ready. They need another pharmacist”

Some actions Identified by pharmacists to improve the service provided include:

“64% of respondents state they have never used this pharmacy as a source of advice. This is an area of service we will advertise in future.”

“We have an excellent consulting room but people do not realise this so we are trying to tell more patients and even take them in to it even for more minor matters to improve awareness that there is somewhere confidential to speak to the pharmacist”

“To promote services we provide we will use better signage to direct patients. Staff will promote MURs and other services”

To improve seating for elderly people we will obtain chairs with arms a different colour to the others to highlight them”

“90% of customers had not been advised on stopping smoking, physical exercise or healthy eating. To address this we will use “ask your pharmacist” leaflets and a range of information leaflets to prompt and encourage discussion.”

“Personnel could be more pro-active in promoting our enhanced pharmacy services. Consider displaying our pharmacy practice leaflet in a more prominent position and support staff in any necessary training”

“Encourage discussion with customers on lifestyle issues by encouraging staff to ask if customers have any other healthcare needs”

APPENDIX 8 Guidance and further reading

Pharmacy in England: building on strengths - delivering the future

This White Paper sets out a vision for building on the strengths of pharmacy, using that capacity and capability to deliver further improvements in pharmaceutical services over the coming years as part of an overall strategy to ensure safe, effective, fairer and more personalised patient care.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

PNAs as a part of world class commissioning guidance.

This guidance sets out why Pharmaceutical Needs Assessments (PNAs) are important, how they fit into the primary care trust (PCTs) planning cycle and how it can be used to drive intelligent, world class commissioning of pharmaceutical services.

<http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNAsasapartofworldclasscommissioning.aspx>

Developing pharmaceutical needs assessments guidance

This guidance and individual supporting guides explain why Pharmaceutical Needs Assessments (PNAs) are important and how they fit into PCTs' planning cycles. It outlines how to produce a new PNA or revise an existing one.

http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNA_Guidance.aspx

Pharmacy-based stop smoking services guidance

This guidance covers the key areas for primary care trusts (PCTs) when commissioning 'world class' pharmacy-based stop smoking services.

<http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/Pharmacy-basedsmokingservices.aspx>

The NHS (Pharmaceutical Services) Regulations: information for primary care trusts - revised September 2009

This guidance has been produced to assist primary care trusts in the assessment and determination of applications to provide NHS pharmaceutical services. It incorporates reforms effective from 1 April 2005 to the regulatory system and amendments to the Regulations since. This includes the amendments which came into force on 17 September – SI 2009/2205.

It also incorporates supplementary information for primary care trusts on the NHS Pharmaceutical Services (Fees for Applications) Directions 2008 which give primary care trusts the ability to charge for certain applications for inclusion on their NHS pharmaceutical services lists.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_105361

World class commissioning: Improving Pharmaceutical Services

This is a practical guide to support PCTs in commissioning pharmaceutical services.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097408

Local pharmaceutical services (LPS)

LPS is a tool available to PCTs by which they may contract locally for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract.

<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Communitypharmacy/Localpharmaceuticalservices/LPSPermanenceguidance/index.htm>

Advisory Group on the NHS (Pharmaceutical Services) Regulations

Following the publication of the White Paper *Pharmacy in England: Building on strengths - delivering the future*, a consultation was held in the autumn 2008 on proposals for legislative change.

Following this consultation, the *Health Bill 2009* was published and laid before Parliament, and contains proposals to:

- require primary care trusts to develop and publish pharmaceutical needs assessments (PNAs); and
- then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision
- to introduce new quality requirements for contractors.

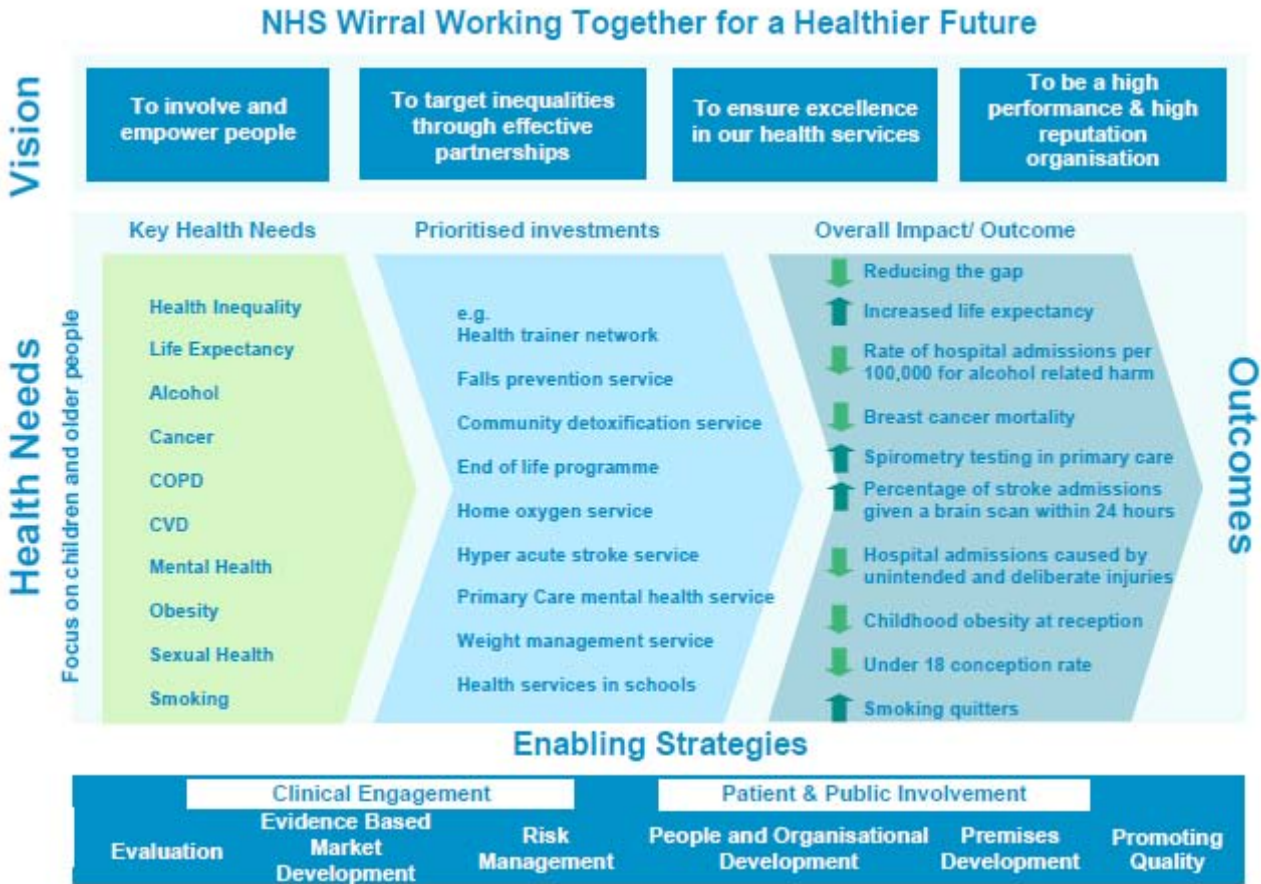
Subject to Parliamentary approval, regulations are needed to translate these proposals into reality. The Advisory Group on the NHS (Pharmaceutical Services) Regulations has been set up to develop these regulations and the associated guidance. The Advisory Group regularly publishes proceedings from its meetings which allow PCTs to follow the development of the regulations they will be responsible for implementing in 2010 and 2011.

<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/PharmacyWhitePaper/RegulationsAdvisoryGroup/index.htm>

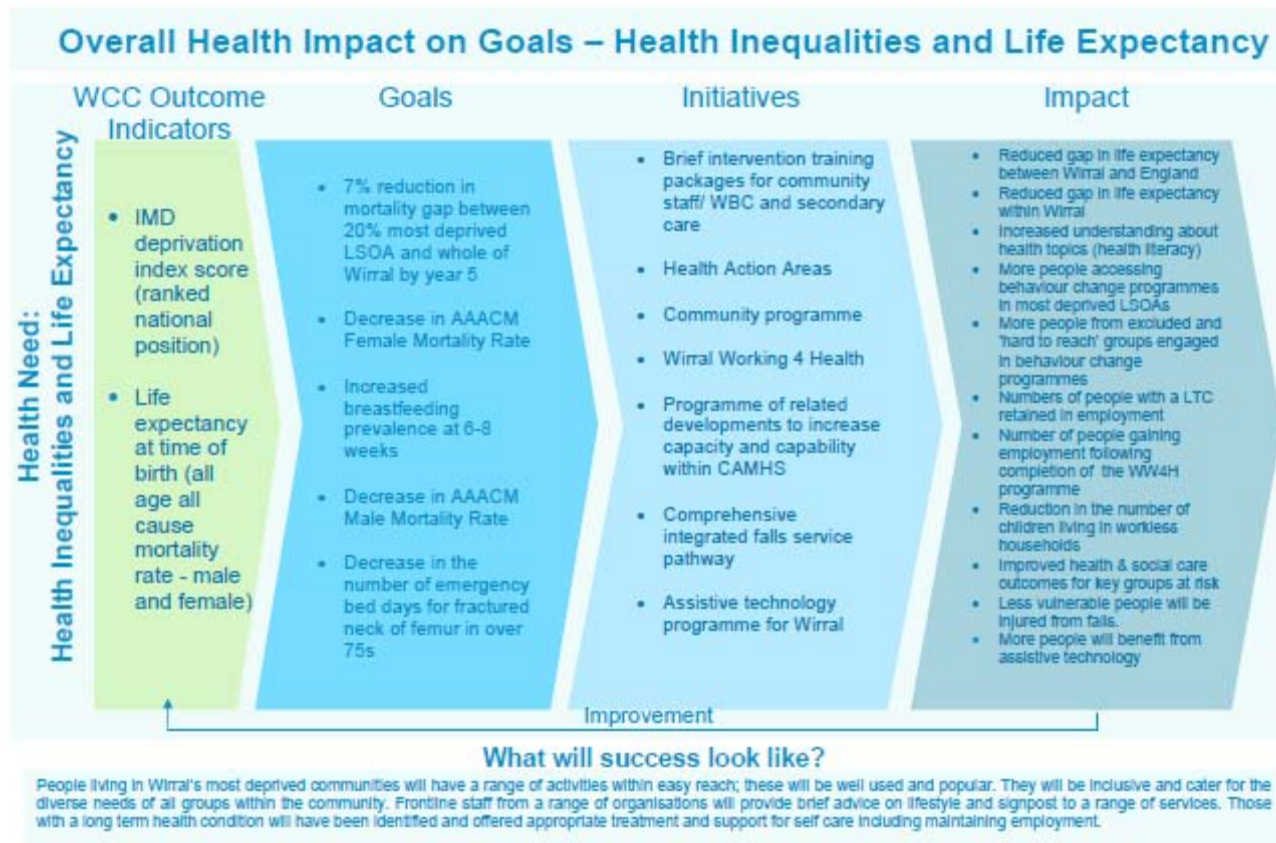
APPENDIX 9 – NHS Wirral Strategic Plan 2009-2013

Our vision – our health needs

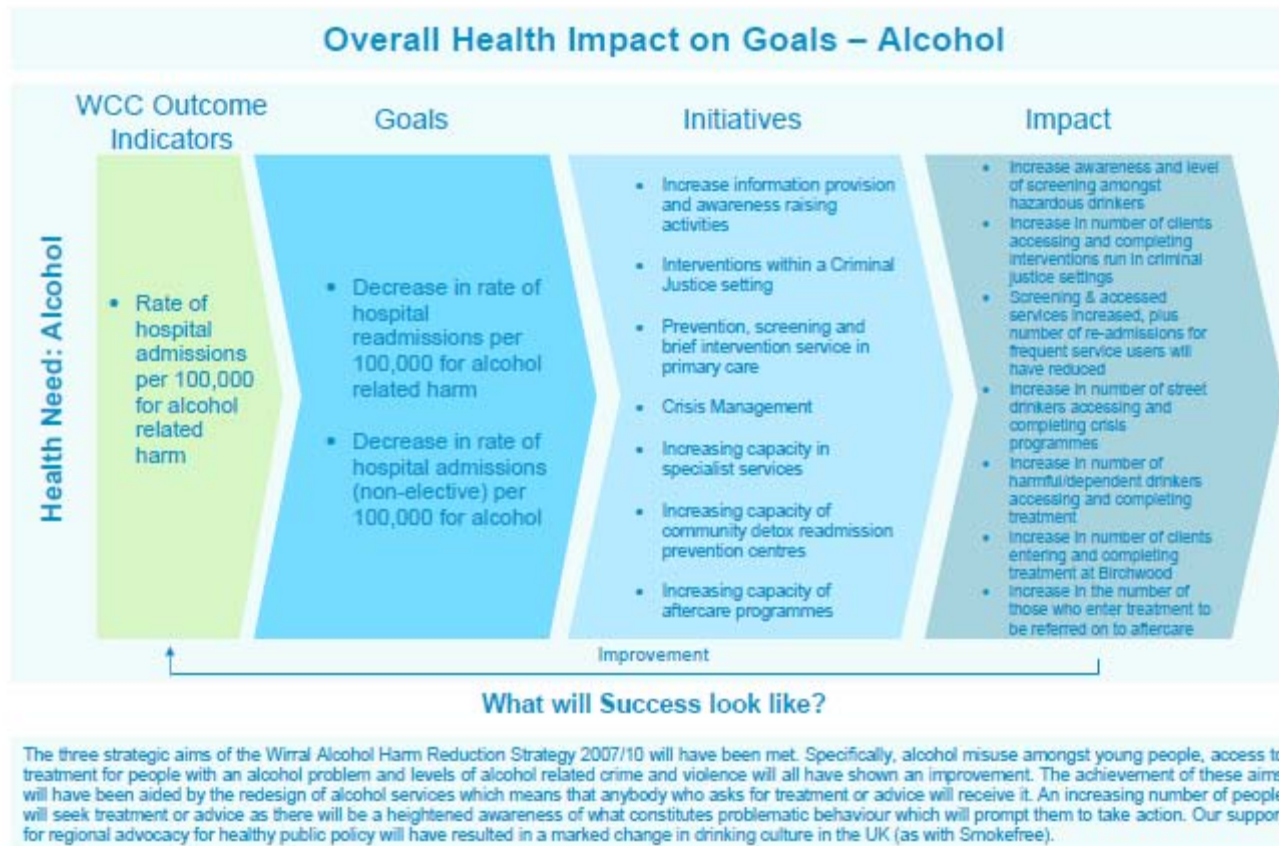
The diagram below summarises on one page our vision and key health needs, gives examples of targeted investments and details the high level outcomes which we aspire to. It also shows the key strategies which have been developed to assist in implementation of the strategy. There then follows a one page summary of each of the key health needs, showing our selected outcome and goals and a brief summary of our initiatives. We have also included a brief summary of what success will look like for the residents of the Wirral.



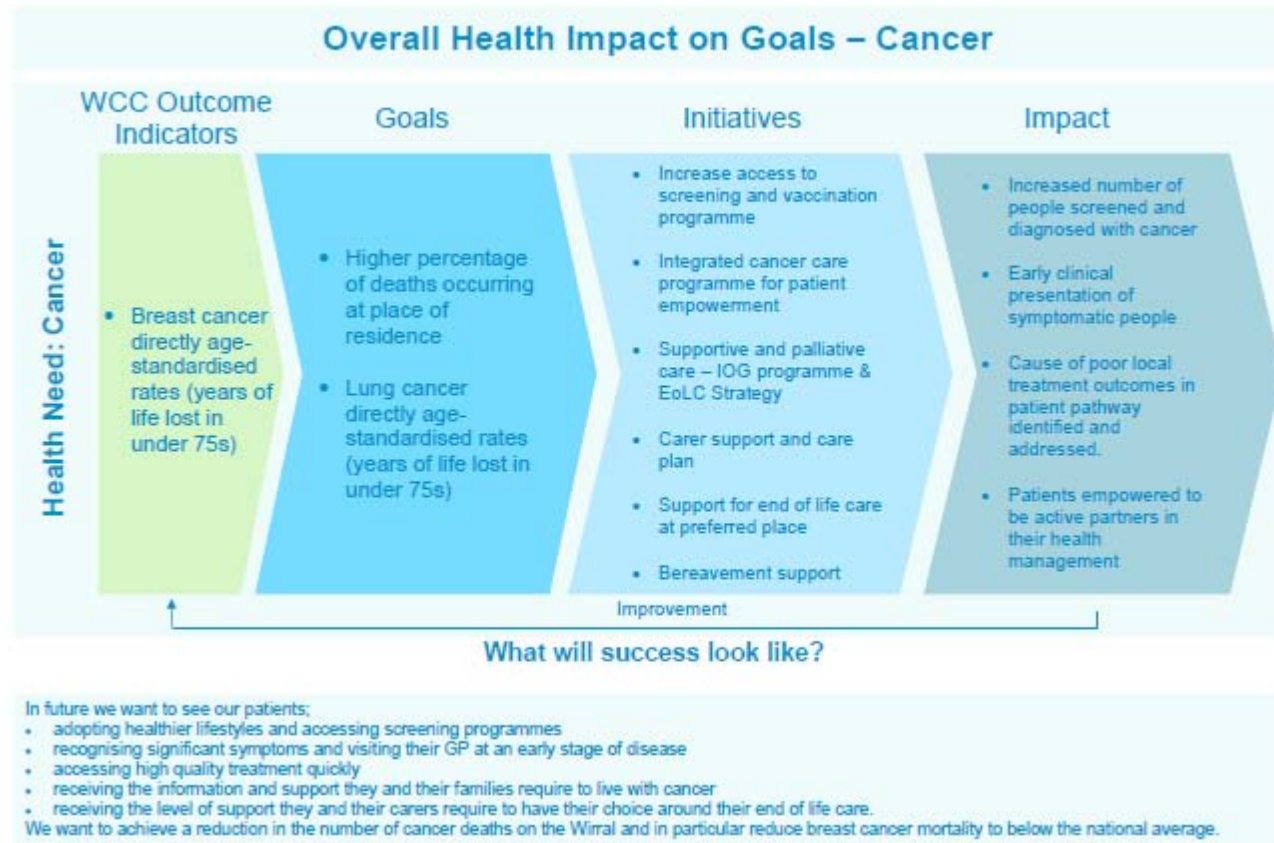
Health inequalities and Life Expectancy



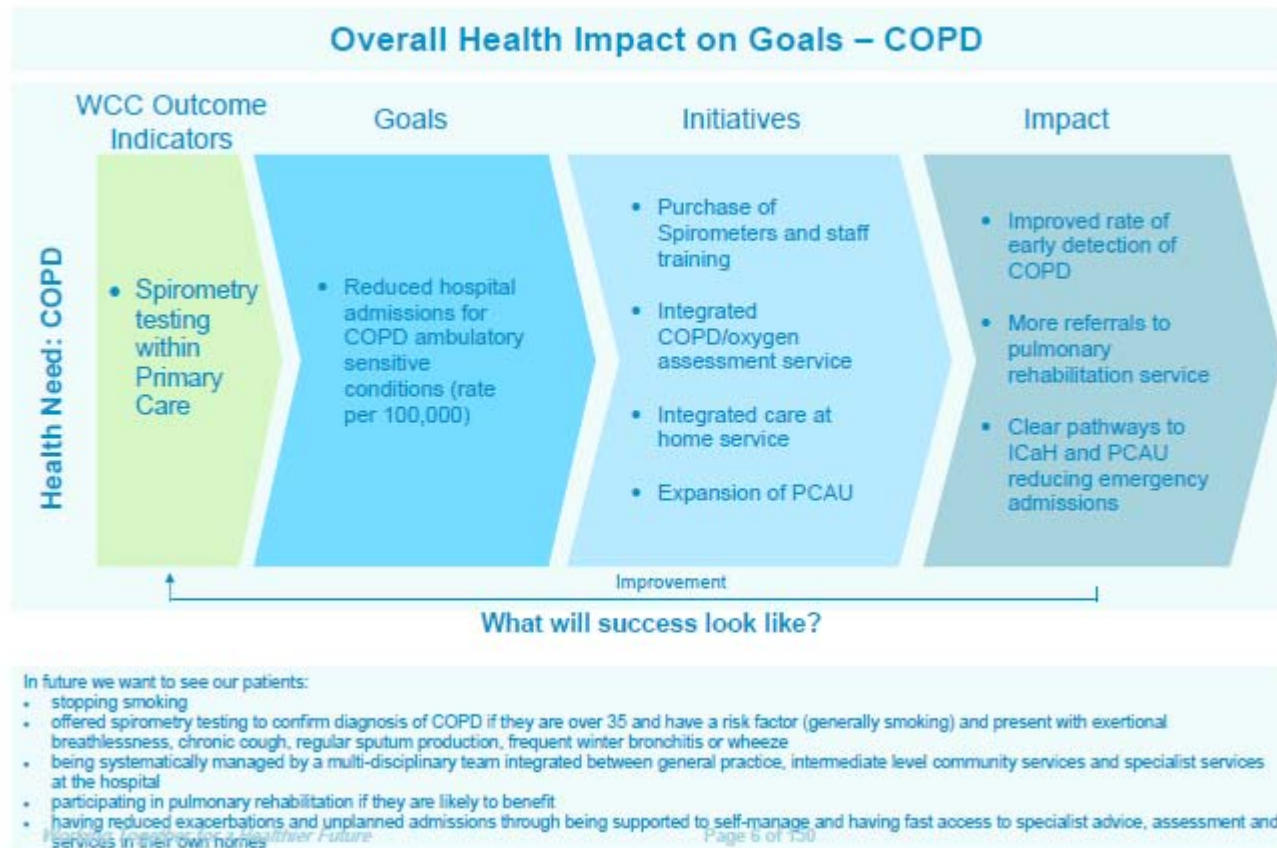
Alcohol



Cancer



COPD



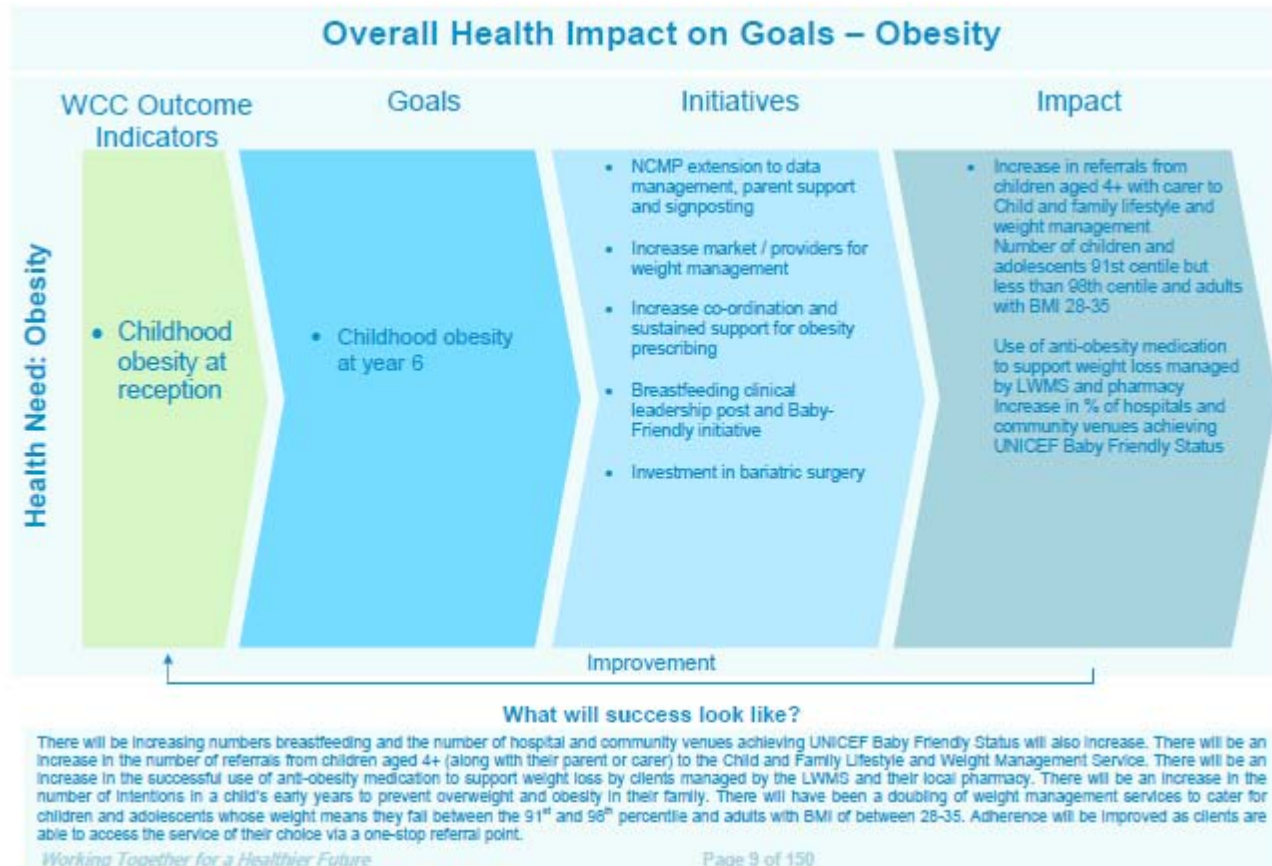
CVD and Stroke



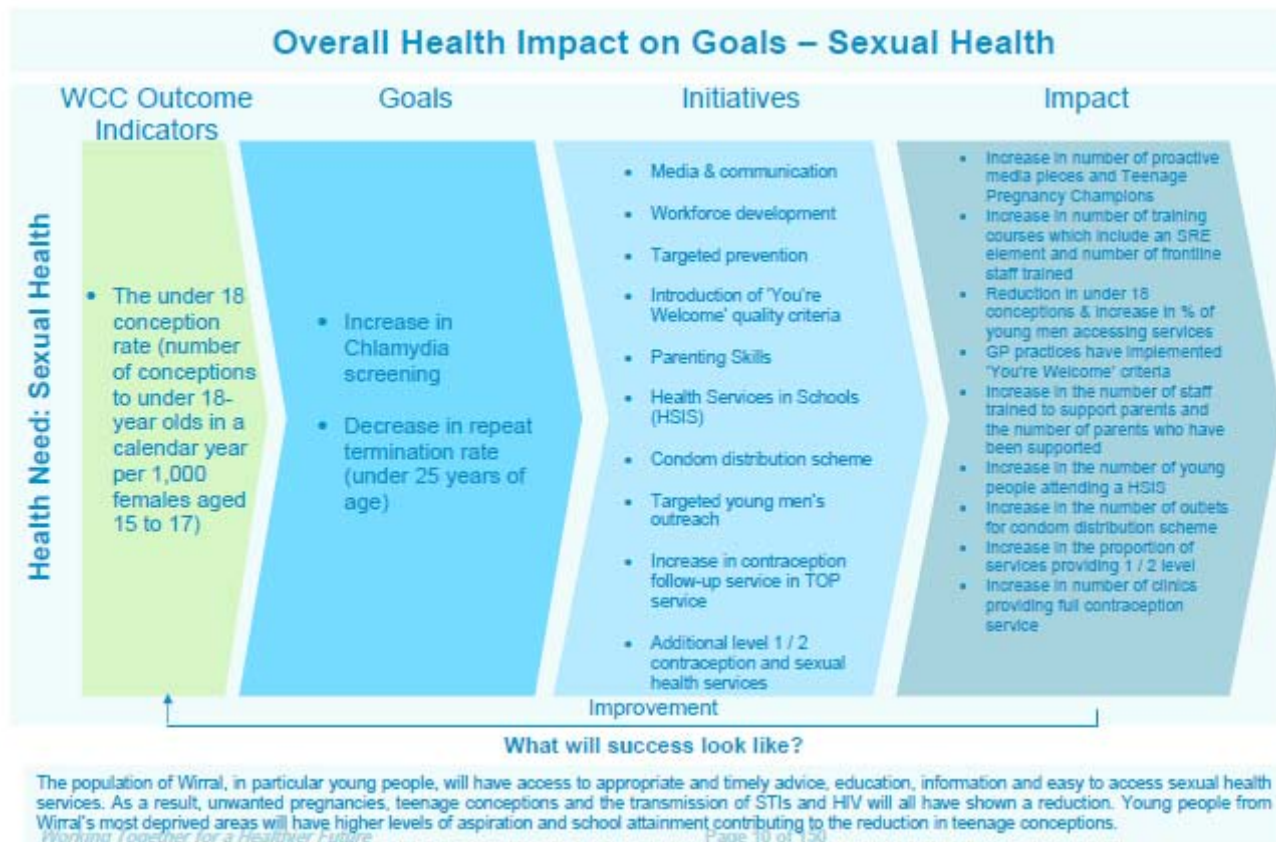
Mental Health



Obesity



Sexual Health



Smoking

