



Solihull
METROPOLITAN
BOROUGH COUNCIL

Pharmaceutical Needs Assessment (PNA) 2015 – 2019

Solihull

V.05 DRAFT

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This document is an update to the former Solihull PCT's PNA document. We would like to acknowledge the authors of the Solihull PNA 2011 document.

Please note data regarding pharmacies is accurate to November 2014.



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Abbreviations and Glossary

Abbreviations used in this document

AUR	Appliance Use Review
BAME	Black or Asian Ethnic Minority
SHWB	Solihull Health and Wellbeing Board
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
DCLG	Department of Communities and Local Government
DH	Department of Health [England]
EHC	Emergency Hormonal Contraception
EU	European Union
GP	General Practitioner
HWB	Health and Wellbeing Board
IDU	Injecting Drug User
JSNA	Joint Strategic Needs Assessment
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
MAS	Minor Ailments Scheme
MUR	Medicines Use Review
MSOA	Middle Super Output Area
NHS	National Health Service
NRT	Nicotine Replacement Therapy
OCU	Opiate and Crack Users
PCT	Primary Care Trust
PIS	Prescription Intervention Service
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework
SAC	Stoma Appliance Customisation
SMBC	Solihull Metropolitan Borough Council
SPCD	Specialist Palliative Care Drugs
SSS	Stop Smoking Services
STI	Sexually Transmitted Infection
UK	United Kingdom

FOREWORD

This draft is Solihull's pharmaceutical needs assessment (PNA). It has been prepared by a steering group for Solihull's Health and Wellbeing Board by Solihull Metropolitan Borough Council in conjunction with the NHS England Area Team, Midlands & Lancashire Commissioning Support Unit, Solihull Clinical Commissioning group, Solihull Local Pharmaceutical Committee and the wider stakeholders and residents of Solihull. The PNA has been prepared to support how decisions are made about pharmacy services in Solihull, we hope that it will generate discussion and debate as to how we can make the most of the pharmacy services and identify areas for improvement going forward. Before 1 April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From April 2013 commissioning of enhanced services responsibilities transferred to NHS England.

We welcome any comments from the public or professionals involved in providing pharmaceutical services on this consultation draft.

Unless stated otherwise, all maps have been produced using Open Access data from Ordnance Survey.

The final version will be prepared when the consultation period has closed on the 14th March, 2015.

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1.0 Executive Summary

1.1 Overview

Currently Solihull has 40, 40 hour community pharmacy contractors and 6, 100 hour community pharmacy contracts. These pharmacies form an important network of accessible healthcare outlets so that the population of Solihull can obtain a range of services, using the professional expertise of pharmacists and trained staff.

Pharmacy services are offered in line with a national contractual framework and through local commissioning. As a result, patients can access a wider range of services from pharmacies than ever before. Pharmacies in Solihull now provide a range of national and locally commissioned services to the population including; stop smoking advice, emergency contraception, Chlamydia testing, needle exchange and supervised drug treatment.

This document describes our assessment of the need for pharmaceutical services in Solihull. It has been developed through a multi-stakeholder steering group and has also been informed by the views of a broad cross section of stakeholders, including patients and staff who took the time to tell us about their experience of pharmacy services.

Local people were asked what they thought of pharmacy services in Solihull, and their responses were overwhelmingly positive. They expressed high levels of satisfaction and gave a clear message that they were satisfied with Pharmacy services but that there was more that pharmacy could do. We have identified how we could improve pharmacy services in the future to build on this.

Pharmacy contractors were requested to tell us more about the services they provide and their intentions for the future. There was a clear message from Pharmacy contractors in Solihull that they were eager to broaden and extend the services they provide in the future.

1.2 Access

Our PNA has found that the Solihull population has good access to dispensing services and enjoys a good choice of providers for their pharmaceutical services. There are 46 community pharmacies in Solihull (not including distance selling pharmacies, dispensing doctors' practices or dispensing appliance contractors) with 22.2 pharmacies per 100,000 population who ensure that the Solihull population receive a safe and effective pharmaceutical service in the community. This is access to 0.6 pharmacies more per 100,000 persons than the national median (21.6) and higher in comparison to its statistical neighbours (21.3). There appear to be no gaps in provision of essential services during the core hours of 9am to 6pm. Provision is reduced in the evenings in line with need, however 6 pharmacies in Solihull are contracted to open for at least 100 hours per week.

The PNA shows there is good provision of pharmaceutical services on weekends, with 41 pharmacies opening at some point on Saturday, and 24 open past 1pm. 10 pharmacies are open for some time on Sundays.

In making this assessment we have tried to balance the need for a high quality accessible network of pharmacies with the needs of Solihull patients for services when and where they are needed.

This assessment is informed, in part, by the views of stakeholders who took the time to tell us about their experience of using pharmacy services in Solihull, we are grateful to them for their input.

1.3 Services

The PNA regulations require us to consider whether current services are:

1. **Necessary services** – Services currently commissioned that are **necessary** to meet a current need
2. **Relevant services** – Services that are currently commissioned which **secure improvements or better access** to services

To achieve this, the PNA should identify the following:

- The current provision of necessary services
- The gaps in provision of necessary services to meet current need or in specified future circumstances are provided to meet future need.
- The current provision of other relevant services. Relevant services are not thought to be necessary to meet the need for pharmaceutical services but should secure improvements to, or better access to, pharmaceutical services or pharmaceutical services of a specified type.
- The gaps in provision of other relevant services or in specified future circumstances be provided to secure improvements to, or better access to pharmaceutical services or pharmaceutical services of a specified type.

Pharmacy contractors are required to provide the essential services set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations), and may choose to provide one or more of the advanced services set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 Directions). The 2013 directions also set out the enhanced services which may be commissioned from pharmacy contractors.

Essential Services

The core function of essential services for pharmacies is dispensing of medicines – these are provided by all pharmacies as set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations). Essential services consist of: clinical governance, dispensing, healthy lifestyle services, repeat dispensing, signposting patients to other healthcare professionals, support for self-care and waste medicines disposal.

We have found that there are no gaps in provision of pharmacies in Solihull; essential services can be obtained by the local population within a reasonable distance. Overall this PNA has found that the Solihull population has good access to dispensing services and enjoys a good choice of provider for their pharmaceutical services. We have decided that dispensing services are a necessary service. Dispensing is a core service that we need to ensure our population can obtain with reasonable ease. We have concluded that there are no current gaps in Essential Services.

Advanced Services

Pharmacy may choose to provide one or more of the advanced services set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 Directions). Advanced services are commissioned on a national basis, and include Medicines/Appliance Use Review (MUR and AUR), New Medicines Service (NMS) and Stoma Appliance Customisation (SAC). Pharmacies are free to choose whether to provide these services. The overwhelming majority of pharmacies provide Medicine Use Reviews and New Medicine Services, ensuring good access to these services.

Enhanced Services

Before 1 April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. Only services commissioned by the NHS Commissioning Board, also known as NHS England can be referred to as enhanced services. From 1 April 2013 some enhanced services previously commissioned by PCTs transferred to local authorities and are now referred to as locally commissioned services.

The following enhanced services provided from Pharmacies in Solihull are commissioned by NHS England:

- The Specialist Palliative Care Drugs Service
- Seasonal Influenza Vaccination Programme
- Out of Hours (Access to Urgent Prescriptions) Service

- Out of Hours access to Medicines (Rota Service)

Locally Commissioned Services

The following locally commissioned services are provided from Pharmacies in Solihull are commissioned by SMBC:

- Drug Action Services:
 - Needle exchange Service
 - Supervised administration service
- Sexual Health Services:
 - BeSure Chlamydia & Gonorrhoea Screening Service
 - Emergency hormonal contraception services through two patient group directives.
- Smoking Cessation Services
 - Nicotine Replacement Therapy Voucher Scheme
 - Stop Smoking Service
- Blood Borne Virus Testing (BBV) Service

The following locally commissioned services provided from Pharmacies in Solihull are commissioned by Solihull CCG:

- Supply of Fosfomycin service
- Minor Ailments Scheme

Each service provided in Solihull is addressed:

Drug Action Services

Currently the Drug Action service has been commissioned as three services to support drug treatment:

- Needle Exchange Service
- Supervised consumption of Methadone
- Supervised consumption of Buprenorphine

Needle Exchange Service

The Needle exchange service allows injecting drug users to exchange used needles for clean needle replacements, thus reducing the risk of needle re-use and the transmission of infectious disease. Community pharmacies arrange

provision of the exchange packs and associated materials and provide a clinical waste disposal service. This service helps users to remain healthy until they are ready and willing to cease injecting and begin their journey through recovery. Pharmacies commissioned to provide the service are well located in the most populous areas of Solihull and the scheme has been extended to areas where the service is required and this includes provision in the centres of outlying villages, and areas bordering Birmingham.

We consider the needle exchange service to be a **necessary** service.

Supervised Consumption

The supervised consumption service provides access to substitute therapy for people with opiate addiction, directly through pharmacies. This service requires the pharmacist to witness and supervise the consumption of the prescribed medicines methadone and buprenorphine, having dispensed the medicines in the pharmacy against a valid prescription.

The overall aims of pharmacy services to drug users are to assist the service user to remain healthy, reduce risk, and provide service users with regular contact with a healthcare professional to help them access further advice or assistance. These are considered necessary services as pharmacies can be a primary access route for this vulnerable population. The service not only reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. This service ensures frequent (usually daily) contact with patients by the pharmacist during the early, more chaotic stages of treatment and as such offers the opportunity to monitor patients closely. Pharmacies are commissioned to provide the service on the presentation of a prescription across most areas in Solihull – Knowle, Cheswick Green, Dickens Heath, Balsall Common and central Solihull. The service is available from many pharmacies and patients have the opportunity to access the service from many locations.

We consider the supervised consumption service from pharmacies to be a **necessary** service.

Sexual Health Services

Birmingham & Solihull Chlamydia & Gonorrhoea Screening Programme (BeSure) in young people aged 15-24,

The purpose of the BeSure programme is to locally implement the National Chlamydia Screening Programme (NCSP). The NCSP is a control and prevention programme targeted at the highest risk group for chlamydia infection, young people under 25 who are sexually active. The NCSP is an opportunistic screening programme which aims to

prevent and control chlamydia through early detection and treatment of asymptomatic infection, reduce onward transmission to sexual partners and prevent the consequences of untreated infection. The NCSP extends opportunities for young people to be tested in locations they frequently visit by providing access to opportunistic screening in clinical and non-clinical settings, in hospital, community and social settings across Birmingham and Solihull. The aim is to normalise the idea of regular chlamydia screening among young people so that they expect to be screened annually or when they change partner.

The NCSP aims to ensure that all sexually active men and women under 25 years of age are aware of chlamydia and gonorrhoea, its effects, and have access to services providing screening, prevention and treatment to reduce their risk of infection or onward transmission. Pharmacies commissioned to provide the services are well located in the areas of Solihull with greater numbers of people aged 15 to 24. This can be seen in particular in central Solihull, south Solihull and Dorridge.

The BeSure service is considered to be a **relevant** service

Emergency Hormonal Contraception for women (aged 13 and over)

Emergency Hormonal Contraception (levonorgestrel and ulipristal Acetate) is provided via Patient Group Directive (PGD) to women who present in person at the Pharmacy and wish to prevent pregnancy following unprotected sexual intercourse.

The EHC service via pharmacies provides safe and easy access to EHC for women of any age (over 13) in Solihull by trained and competent Pharmacists. Without this service access would only be available via a GP appointment or sexual health clinics which would limit access considerably. Pharmacies commissioned to provide the service appear to be well located, in areas where the population of women aged 15 to 44 is at its highest in Solihull. There are no MSOAs with nil EHC provision. Provision is considered to be excellent across Solihull.

The EHC service is considered a **necessary** service.

Smoking Cessation Services

Pharmacies are seen as key providers of stop smoking services due to their often extended opening hours, accessibility and ability to give advice and supply NRT and medicines as well as providing counselling without delay. The Solihull stop smoking service (SSSS) directly addresses a key target for the CCG, SMBC and HWBB.

Reducing smoking and exposure to smoke, is the single most effective health care intervention that can be made. Tobacco use is the single biggest cause of premature death, killing over 120,000³ people in the UK every year. In Solihull, smoking is responsible for the deaths of around 305 people per year. The purpose of stop smoking services is to reduce the number of smokers by providing evidence based treatment and behavioural support to smokers making quit attempts. The delivery for the service will reduce levels of smoking-related illness, disability, premature death, and health inequality.

Smoking cessation services from community pharmacies are provided as two related services:

- a nicotine replacement therapy (NRT) service - pharmacies dispense vouchers for NRT
- a smoking cessation advisory service

The SSSS currently supports a number of pharmacies to deliver an enhanced Stop Smoking Service whereby pharmacists may offer a comprehensive stop smoking service. This ensures only those who are motivated to stop smoking permanently or for a short term period (minimum 4 weeks and only in the case of clinical need e.g. surgery), and are prepared to set a quit date, should be considered for the treatment programme. There must be an accurate assessment of each client's suitability for NRT, bupropion or varenicline. Treatment must be in accordance with NICE guidance and must be recorded in each client's notes. Each new client who wishes to receive NRT will be issued with a voucher they can exchange at a local Pharmacy on the list of service providers. The NRT service will enable participating pharmacies to facilitate the accessibility and availability of NRT to those clients who are currently enrolled in the Solihull Stop Smoking Service, upon receipt of an NRT supply recommendation form. Provision of smoking cessation services is well located across the borough. There are some gaps with a lesser provision in the MSOA areas of Meriden, Berkswell & Balsall Common, and Dorridge & Knowle Village. However, those areas that don't have any pharmacies operating Stop Smoking Services (SSS) such as Bickenhill North and Elmdon Heath & Catney do have access to GPs that provide smoking cessation advice and services.

Smoking remains one of the largest contributors to avoidable mortality; this service is therefore considered **necessary**.

Blood Borne Virus Testing (BBV) Service

The BBV service aims to increase levels of testing for Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) in the population and reduce the proportion of undiagnosed infections.

The BBV screening program is available only to pharmacies on the needle exchange list. Pharmacies in some areas historically had the BBV service withdrawn based on low usage and were not therefore eligible to apply for the BBV screening program.

Provision of BBV services is well located based on need in Solihull. It is unreasonable to suggest that there are gaps in the service in some areas of Solihull as the need for Needle Exchange and subsequently BBV screening has not been proven. The BBV service is offered in line with local health need thus the provision is adequate for the population in general. The BBV service is considered a **necessary** service

Specialist Palliative Care Drugs (SPCD) Service

The commissioning aim of the SPCD service is to provide a network of Community Pharmacies, across Birmingham and Solihull, who undertake to hold agreed stocks of end of life drugs as listed in the formulary, and allow timely access to specialist palliative care drugs during pharmacy opening hours including into the evening, 7 days per week.

The recommendation for the Specialist Palliative Care Drugs service is for the board to consider whether a review of the service is necessary in terms of the accessibility of current providers, and to determine if further provision is necessary. There are 4 pharmacies offering the service in Solihull, with 3 of those 4 open on a Saturday and 2 open on a Sunday until 4pm; with patients having the option to access the service from alternative pharmacies in Birmingham. As well as ensuring current providers of the service are open when needed, there is scope for current pharmacy contractors to provide this service with better access for the population by having more extensive opening hours.

This Specialist Palliative Care Drug service is considered a **necessary** service.

Seasonal Influenza Vaccination Programme

The Department of Health (DH) recommends seasonal flu vaccination to all individuals aged 65 and over, and individuals aged from 6 months to less than 65 years, if in recognised clinical risk groups. Children and pregnant women excluded from vaccination through pharmacy.

In order to increase the uptake of seasonal influenza vaccine across Solihull and the rest of the Black Country and Birmingham Area Team in line with Department of Health recommendations, local community pharmacies have been commissioned to provide the influenza immunisation service. This is in addition to the current arrangement with local

GP practices - so that Solihull residents will have improved choice and access to the seasonal influenza vaccine. Over 1700 vaccinations had already been taken up by the end of December.

Eligible patients receive the influenza vaccination free of charge at the pharmacy. It is administered by an accredited pharmacist under the authority of a Birmingham Solihull Black Country Area Team (BSBC AT) approved Pharmacy Patient Group Directive (PGD). The service was delivered widely across the borough and this included Central Solihull, South Solihull and in the outlying villages where there are no pharmacies, Where there was reduced provision from community pharmacies offering the FLU service, patients were always able to obtain the flu vaccine from their local GP surgery.

This service is considered a **necessary** service.

Out of Hours (Access to Urgent prescriptions and Rota Service)

The urgent access to medicine service provides a safety net for patients and clinicians which ensure that there is always a route to obtain urgently needed medicines 24/7 in Solihull.

We have concluded that this is a **necessary** service and that there are no gaps in provision.

The rota service provides access at times when our extended hour's pharmacies would otherwise be closed; this service ensures that there is always one pharmacy in the North and one in the South which is open at some time during the day on Bank Holidays.

We have concluded that this is a **necessary** service and that there are no gaps in provision.

The Supply of Oral Fosfomycin

This service aims to provide a network of community Pharmacies across Solihull who undertake to hold agreed stocks of oral fosfomycin 3g sachets and allow timely access to these drugs in specified locations during extensive pharmacy opening hours including into the evening, 7 days per week. We consider the supply of fosfomycin Service to be a necessary service provided in line with local health need.

One of only two community pharmacies will only supply fosfomycin against an FP10 when prescribed by a GP on the advice of a HEFT Microbiologist

We have concluded that this service is a **necessary** service.

Minor Ailments Scheme

The Minor Ailments Scheme in Solihull allows eligible patients with a minor ailment to be seen in a pharmacy. Participating practices are encouraged to offer their patients access to the scheme when they ask for an appointment (by phone or in person) for one of the ailments on the scheme. This reduces pressure on appointments at GP practices and increases primary care capacity. The scheme promotes self-care and convenience for patients who are eligible.

If a patient presents with symptoms which are outside the Scheme, they should be referred back to their GP Practice (within surgery hours), or advised to contact the on-call doctor, or telephone NHS 111. This minor ailments service is available to all patients exempt from prescription charges, including those with pre-payment certificates, registered with the surgeries participating in the scheme. Minor ailments Scheme are a well-established feature of commissioning in other area teams in England. The service makes good use of pharmacies as an accessible and flexible resource to improve access to primary care.

We have concluded that this service is a **relevant** service.

1.4 Conclusion

The report looks at where pharmacies and dispensing practices are, when they are open and what services they offer. The main findings are that the 46 Solihull community pharmacies offer an excellent provision of pharmaceutical services. They are well distributed across the Borough with a higher concentration in the North and West of Solihull where the population density and deprivation is greater. The PNA finds that pharmacies also provide a good range of services across the borough but with scope to do more. This not only includes essential services such as dispensing prescriptions, but also advanced services such as medicines use reviews, and enhanced services. Our assessment has found that Solihull's population currently enjoys good access to pharmaceutical services with a broad range of services available when and where they are needed. We have concluded that there is no requirement for additional pharmacies in Solihull at this time. We have identified areas where we could improve access to some of the services we currently commission and opportunities for future commissioning which can be explored as part of the commissioning planning process

The conclusion of this PNA is that the population of Solihull currently has sufficient numbers of pharmacy contractors to meet the pharmaceutical needs of its population. This is clearly demonstrated by the following points:

- Solihull has good coverage across the borough for pharmaceutical services in terms of choice, access and opening hours, with no gaps in current provision.
- The range of opening hours over 7 days a week is welcome for the delivery of enhanced services and the access to essential services such as dispensing and self-care advice. The presence of six 100 hour service contracts is important to maintain this provision
- Solihull has a greater provision of community pharmacies than the England and West Midlands averages.
- 72% of residents live within a 1 mile radius or a 10 minute drive of their local pharmacy.
- Public views on Solihull pharmacy services suggest that the majority of respondents were satisfied with current pharmacy provision.

The recommendations for this PNA are as follows:

- To raise awareness around opening times particularly in evenings and weekends. Over 90% of the public responding to the survey agreed with the statement that they could easily find an open pharmacy when needed. However access specifically at the weekends and evenings was less good, with a third saying they disagreed with the statement that it was easy to find a pharmacy open in the evenings. Work is required to raise awareness of extended hour provision, appropriate sign posting to pharmacies and making information more accessible e.g. NHS Choices.
- For commissioners of statutory and locally defined services to work closer with pharmacies to increase awareness of pharmacy services. In addition pharmacies could be doing more to contribute to health improvement and provide health care. This would help services to be used more effectively and contribute to the improvement of the health of the local population.
- To consider the impact on health, social and wellbeing services due to an ageing population. The growing population and increasing life expectancy means more people will reach very old and extreme old age, with the associated health problems that result in low healthy life expectancy. Community pharmacies need to be prepared for increasing demand, to support older people to be a valued part of society, leading full and active lives for as long as possible, and to be cared for in the best possible way up to the end of their lives
- To increase access to enhanced services including the specialist palliative care drugs service and the minor ailments scheme by Pharmacy contractors. In particular the minor ailments scheme would fit in to the objective of reducing unnecessary A & E and/or GP attendance.

- To expand services offered from Pharmacies. Pharmacy contractors stated quite evenly that they would be willing to provide the following services if commissioned with/without training or facilities adjustment, the: Anticoagulation service, Antiviral service, care home service.
- 'Phlebotomy' and the 'Alcohol Cessation' service are not yet available in Solihull pharmacies and consequently had low awareness and usage. 'NHS Health check' is not yet available at Solihull pharmacies either but 42% claimed awareness, probably as it seems to be a likely pharmacy service. Over half of the sample responding to the public survey said they'd like to see the Phlebotomy service available at local pharmacies. There was also high demand (over a third of sample) for 'NHS Screening services', 'NHS Health check Services.' See Future services below for future commissioning concepts.

Future services

We have identified a number of future service ideas from the public survey which could be developed and advanced through the NHSE Area Teams and SMBCs commissioning cycle to identify candidates for future commissioning.

These include:

- Brief interventions for Alcohol use
- Develop community pharmacists role in supporting patients to be adherent to their treatment
- Phlebotomy service – where patients could have bloods taken at their local pharmacy instead of going to hospital. Phlebotomy had the highest score on the measure of which services patients would like to see available, with over half of the sample saying they'd like to see this service available, suggesting there is significant demand for a phlebotomy service in pharmacies.
- NHS Health Checks – where patients are offered a straightforward risk assessment for diseases affecting the vascular system, including diabetes and chronic kidney disease. 40% of our public survey sample said they'd like to see this service available

2.0 Introduction

As a result of the Health and Social Care Act 2012 the responsibility to develop and update PNA's has passed on to the local Health and Wellbeing Board and given the Department of Health (DOH) the power to make regulations.

The PNA will be used to inform NHS England in its determination as to whether to approve applications to join the pharmaceutical list. It also considers whether the number of pharmacies will still be adequate in the next four years. The PNA is also a tool used to inform commissioners of the current provision of pharmaceutical services and identify any gaps in relation to local health needs. These gaps can therefore be addressed by improving services or even access to those services in those local areas.

PNA's as a statutory requirement must be updated at least every 3 years. This document provides an update to Solihull's previous PNA. It includes data from an in-depth assessment of needs for pharmaceutical services in Solihull. This needs assessment was produced by evaluating the health need of the local population with consideration of the existing services that are provided by pharmacies.

A PNA will use the Joint Strategic Needs Assessment (JSNA) and other Board approved documents to identify local health priorities. Current demographics, future trends and developments that may impact on the health of the local population must also be looked at. The PNA will also take into consideration any issues that may affect it across the three years it could be valid for.

The PNA should describe the current pharmaceutical services provided, the needs for such services, potential future need (to support a growing population for example), and identify any new services that maybe required. Pharmaceutical services are an important part of the overall health care system, making a major contribution to improving health and reducing health inequalities.

2.1 Solihull Health and Wellbeing Board

The Solihull Health and Wellbeing Board (SHWB) became a statutory body on 1st April 2013, as one of the requirements of the Health and Social Care Act 2012. The aim of the Board is to improve the health and wellbeing of the population of Solihull from pre-birth to end of life, reduce inequalities and improve the quality of health and social care services. It will do this by promoting a strategy of prevention, early intervention, re-ablement and rehabilitation; supported wherever possible by community based public health programmes, education, health care and social care.

Solihull has adopted the Marmot Framework for the local Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. The Marmot Review is particularly valuable in that its recommendations are based on a

comprehensive assessment of the evidence base of what is effective in improving health and reducing inequalities.

These policy objectives are:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of Ill health prevention

The Health and Wellbeing Board are keen that sufficient emphasis is placed on 'Ageing Well', and a seventh priority has therefore also been added.

7. Ensure people receive the care and support they need across the life course.

A full copy of the Health and Wellbeing Strategy can be found here:

http://www.solihull.gov.uk/Portals/0/StrategiesPlansPolicies/PublicHealth/Health_and_Wellbeing_Strategy.pdf

Amongst these responsibilities, the Health and Social Care Act 2012¹ makes explicit the duty for Local Authorities, through Health and Wellbeing Boards (HWBs), to produce a PNA for their population. The pharmaceutical regulations coming into force on 1 April 2013 give a deadline of 1 April 2015 for Health and Wellbeing Boards to produce a new PNA.

2.2 Solihull CCG clinical priority areas

Solihull CCG aims to address clinical priority areas as identified through the Joint Strategic Needs Assessment (JSNA), the review of health indicators and to improve patient experience and outcomes.

The five clinical priority areas of Solihull CCG are to:

- Preventing Illness and Improving Health - The programme is focussed on providing earlier diagnosis and intervention to support management of disease, information to support patients to improve their lifestyle to improve their health and prevent disease and to support children to have the best start in life.
- Frailty - This includes support and guidance for patients to maintain a healthy and independent lifestyle, increases in patient choice, admission to hospital only when it is the right option and more help to recover and rehabilitate at home

- Mental Health and Learning Disabilities - develop services that promote good mental health and prevent mental illness from developing and mitigating its effects when it does. While continuing to develop services for patients with learning disabilities, the focus of the learning disabilities work is to improve the overall experience of health services for patients with learning disabilities.
- Managed Care - the provision of routine services with planned appointments or interventions within community settings such as GP surgeries, Health Centres and other community facilities. This also encompasses routine surgical and medical interventions provided in a secondary care setting
- Care in a Crisis - patients can have access to safe, high quality, effective care, delivered locally and that patients are able to grow old without the fear of getting old.

Solihull pharmacies already contribute to these challenges through the services we commission from them. In the future we see pharmacies playing an even greater role.

The PNA is the foundation for future pharmacy services planning in Solihull; we have drawn conclusions about current services in the PNA and highlighted areas where efforts could be focussed in the future to develop pharmacy services.

2.3 Pharmaceutical needs assessment

A PNA is defined in the regulations as: *“The statement of the needs for pharmaceutical services [in its area] which each Primary Care Trust [Health and Wellbeing Board] is required to publish”¹.*

The PNA is a key document that informs both the public and professionals about the need for pharmaceutical services in a specified area. It is a statutory document that must be produced, as per The Health Act 2009 regulations², and updated at a minimum of every 3 years. The PNA should be used a single point of reference regarding pharmaceutical services in Solihull.

The purpose of the Solihull PNA is to:

1. Engage widely with the Solihull community about pharmaceutical services to enable mapping of current provision across the borough.
2. Identify local health priorities and future trends and developments which may impact on the health of the local population.
3. Inform commissioners of current position, in line with local demographics and identify any gaps.

4. This PNA considers pharmaceutical services as any services delivered through pharmacies, dispensing doctors, or appliance contractors that are commissioned on a national or local basis.

3.0 Context for the PNA

3.1 The evolution of PNA's

The PNA for Solihull is undertaken in the context of the needs of the local population. The health and wellbeing needs for the local population are described in the Solihull JSNA.

PNAs were first developed in 2005 to assist PCTs in preparing for changes to market entry. Since that time PNAs have been used to support market entry decisions. The White Paper *Pharmacy in England: Building on strengths – delivering the future* was published by the Department of Health in April 2008. It highlighted the variation in the structure and data requirements of PNAs and confirmed that they required further review and strengthening to ensure they are an effective and robust commissioning tool which supports decisions. 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 were consulted on in late 2009 and early 2010 and were laid in Parliament on 26 March 2010 and came into force on 24 May 2010.

Appendix 2 has a detailed description of the policy background and references to further reading on PNAs.

3.2 Scope of the PNA

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types:

Essential services – mandatory services every community pharmacy must provide as set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations)

Advanced services – services community pharmacists and dispensing appliance contractors can provide subject to accreditation by the NHS England area team.

Enhanced services – optional locally commissioned services and should address specific local needs

3.2.1 Pharmaceutical Providers

Within the category of Pharmacy contractors there are the following groups:

- **Community pharmacies** - mainly providing pharmaceutical services in person from premises in high street shops, supermarkets or adjacent to doctors' surgeries. Most community pharmacies open for at least 40 hours per week, however some are required to be open for a minimum of 100 hours per week.

There are currently 46 pharmacies based in Solihull, which includes 6 pharmacies operating under a 100hr license. For community pharmacy contractors the scope the services to be assessed in the PNA are broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of service for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts.

- **Dispensing appliance contractors** - appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply on prescription appliances, including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. For appliance contractors the scope of the service to be **assessed** in the PNA is the dispensing of appliances and the provision of the Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor. PNAs are not concerned with other services appliance contractors may provide. Most Solihull pharmacies provide a dispensing service for the full range of surgical appliances. There is currently 1 dispensing appliance contractors located in Solihull.
- **Dispensing practices** – these are medical practitioners who are authorised to provide drugs and appliances particularly in designated rural areas known as controlled localities. For dispensing practices the scope of the service to be **assessed** in the PNA is the dispensing service. This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing services, including where those services are provided by dispensing GPs but not concerned with assessing the need for other services dispensing GPs may provide as part of their national or local contractual arrangements. There is currently no dispensing doctor's practice based in Solihull.
- **Distance-selling pharmacies** - which provide pharmaceutical services remotely to the patient. No essential services may be provided face-to-face on the pharmacy's premises. Patients will place orders by post, telephone or over the internet and then post their prescription to the pharmacy, which will deliver the medication to the patient's home using Royal Mail or a courier. There is currently 1 distance-selling pharmacies based in Solihull.
- **Essential Small Pharmacies Local Pharmaceutical Services Scheme** - One pharmacy in Solihull operates as an ESPLPS (Essential Small Pharmacies Local Pharmaceutical Services). This scheme provides pharmacy contractors located more than 1km from the nearest pharmacy with a guaranteed

minimum income where their dispensing volume falls below a defined threshold. There is currently 1 ESPLPS in Solihull.

3.2.2 Essential Services

The fundamental aspect of essential services for all community pharmacies is dispensing of medicines. Dispensing of medicines is commissioned nationally by the NHS and provides a network of pharmacies through which local populations can obtain prescribed medicines in a safe and reliable manner. Essential services are described by the PSNC as:

- Dispensing - the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made. Community pharmacies in Solihull dispense in excess of 320,000 items on prescription every month. Most of the prescriptions are for drugs, appliances, dressings and supplements.
- Repeat dispensing – Any patient requiring regular medication can be managed using repeat dispensing. A batch of prescriptions is produced for patients, which are held at the pharmacy, and accessed by patients without having to return to their GP surgery. The pharmacy ensures that each medication is required by the patient prior to dispensing.
- Disposal of unwanted medicines – Community pharmacies in Solihull are able to accept waste medicines and dressings but not sharp for safe disposal.
- Public health (Promotion of healthy lifestyles) - opportunistic one to one advice is given on healthy lifestyle topics. Community Pharmacies assist SMBC to deliver six public health campaigns, and also stock a range of leaflets relating to health and well-being.
- Signposting patients to other healthcare providers - pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as voluntary local or national patient support groups and local government services.
- Support for self-care – Community pharmacies carries a wide range of products to enable patients to remain healthy without the requirements to access GP services. They are well placed to give advice on minor ailments and to encourage patients to look after their health.

- Clinical governance – Pharmacies have leaflets on their services for patients and have robust procedures in place for dispensing, complaints, clinical audits, patient safety incidents, maintenance of patient records, confidentiality, employment procedures, and hold an annual patient satisfaction survey.

All pharmacy contractors must provide the full range of essential services.

3.2.3 Advanced Services

Advanced Services within the Community Pharmacy Contractual Framework (CPCF) are commissioned on a national basis. This includes Medicines Use Reviews (MURs) and the New Medicine Service (NMS), both are key medicines optimisation services which all community pharmacists are encouraged to offer to eligible patients to help them to ensure that they get the most benefit from their prescribed medicines.

Other advanced services include Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AUR) for dispensing appliance contractors. Pharmacies are free to choose whether to provide these services.

Medicine use review (MUR) service

During an MUR the pharmacist conducts a medicines review with the patient to identify any medicines related or administration problems. The patient is given advice on medicines taking and with the patient's permission any clinical issues are referred to their GP. This service is usually provided in the private consultation areas within pharmacies. This confidential medicines check-up helps patients to find out more about their medicines, identify any problems they may be having in taking medicines as intended and help take medicines to best effect.

PSNC and NHS England have agreed some important changes to the MUR service target which will be introduced during 2014/15. NHS England has agreed that funding for MURs will continue throughout 2014/15 and the basic service specification and payments to contractors will remain unchanged. However, in line with NHS objectives to improve patient outcomes and resource utilisation, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed that the percentage of MURs which contractors must complete within the MUR target groups in any given year will increase from 50% to 70%. This will ensure that the MUR service is even better targeted at patients who will derive the most benefit from it. The total maximum number of MURs for which a pharmacy will be paid for in any year remains unchanged at 400.

New medicine service

'When you are prescribed a medicine to treat a long-term condition for the first time, the pharmacist will support you to use the medicine safely and to best effect. The pharmacist will talk to you approximately one-two weeks after you first receive the medicine to see how you are getting on with it and to discuss any problems you may have. A second follow-up will be a month after you first receive the medicine. The service is only available to people using certain

medicines. In some cases where there is a problem apparent and a solution cannot be found between you and the pharmacist, you will be referred back to your doctor.

Appliance use review service

An appliance (medical device) check-up service, which is useful if you regularly use a medical device such as stoma bags. This confidential medical device check-up will help you to find out more about your device, identify any problems you are having with it, and give you guidance on the correct use of your device.

The AUR and SAC services were introduced on 1st April 2010 under new national arrangements for supply of appliances.

Stoma appliance customisation service

This service involves the customisation of a quantity of more than one stoma appliance, based on your measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to prolong the duration of its use.

3.2.4 Enhanced Services

Before 1 April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1 April 2013 enhanced services previously commissioned by PCTs transferred to local authorities, NHS Commissioning Boards, also known as NHS England or the local Clinical Commissioning Groups.

It is important to correctly identify those services that fall within the definition of enhanced services and those that do not in order to identify needs for, or improvements or better access to, pharmaceutical services. Local Authorities and CCGs will be able to commission services from pharmacies but these will also fall outside the definition of enhanced services and should not be referred to as such.

The following enhanced services provided from Pharmacies in Solihull are commissioned by NHS England:

- The Specialist Palliative Care Drugs Service
- Seasonal Influenza Vaccination Programme
- Out of Hours (Access to Urgent Medicines and Rota) Service

PNAs are primarily concerned with enhanced services, i.e. those services commissioned from pharmacy and dispensing appliance contractors by NHS England. Until HWBs produce their first PNA (31 March 2015 at the latest), PNAs produced by PCTs will refer to services some of which may no longer be treated as enhanced services as they will no longer be commissioned by NHS England.

The following services are currently commissioned from Solihull pharmacy contractors by the Local Authority and are not referred to as Enhanced Services instead referred to as Locally Commissioned Services:

- Sexual Health Services
 - Emergency Hormonal Contraception
 - Chlamydia & Gonorrhoea Screening Programme (BeSure)
- Smoking Cessation
 - Stop Smoking Service
 - Pharmacy access scheme to supply Nicotine Replacement Therapy
- Drug Action Services
 - Needle Exchange
 - Supervised consumption of methadone
 - Supervised consumption of buprenorphine
- Blood Borne Virus Testing

The following locally commissioned services provided from Pharmacies in Solihull are commissioned by Solihull CCG:

- Supply of Fosfomycin service
- Minor Ailments Scheme

3.2.5 Exclusions from the PNA.

In line with the DH 2013 regulations this PNA will not consider pharmacy provision in prisons or hospital settings. Pharmaceutical services are provided in prisons by providers contracting directly with the prison authorities. Solihull has no prisons within its area.

Patients in Solihull have a choice of provider for their elective hospital services. Most of Solihull's hospital services are provided by Heart of England NHS Foundation Trust, which operates Heartlands, Solihull and Good Hope Hospitals. There are other secondary care providers which Solihull population may use.

The PNA makes no assessment of the need for pharmaceutical services in secondary care; however we are concerned to ensure that pharmaceutical services such as MURs and NMS are available to support patients who have recently been discharged from hospital to improve the transfer of care between the hospital and the community setting.

Community Pharmacy contractors also provide services directly to patients that are not commissioned by the Local

Authority, the CCG or NHS England for example some pharmacies provide a home delivery service but this is not commissioned or paid for by any of the above.

The PNA also excludes any analysis of distance selling of medicines and appliances that may be used by Solihull residents, although these should be noted as additional available services.

3.3 Circumstances under which the PNA is to be revised or updated

The Department of Health (DH) guidance states a duty on Health & Wellbeing Boards (HWB) that the PNA should be reviewed at least every 3 years. There is a statutory requirement for PNA's to be published by 1 April 2015. It is important that the PNA reflects changes that affect the need for pharmaceutical services in Solihull. Where there has been a change which, in the opinion of the committee, has affected the need for pharmaceutical services, stakeholders will be consulted and the PNA revised.

It is likely that the PNA will be updated as changes take place, however an annual review will be conducted to ensure that any changes that have taken place are reflected in the PNA or its supplementary statements

3.4 Future Housing Developments

The Solihull Local Plan (SLP) allocates new sites for housing development to provide for future housing needs, some of which are phased for release after 2018. It has been necessary to release a number of the phased housing sites early following a High Court Judgment against the Local Plan in order to meet the national requirement to identify and maintain a five year supply of deliverable housing sites.

The increase in deliverable housing land supply, together with strengthening housing market conditions is likely to significantly increase house building rates across the Borough and it is anticipated that around 2,400 new homes will be provided across the Borough over the next three years. The majority of new homes will be developed within or close to the existing built up areas, notably within the North Solihull Regeneration Area, within Solihull's main urban area and around the villages of Dickens Heath, Cheswick Green and Knowle/Dorridge/Bentley Heath.

4.0. The PNA Development Process

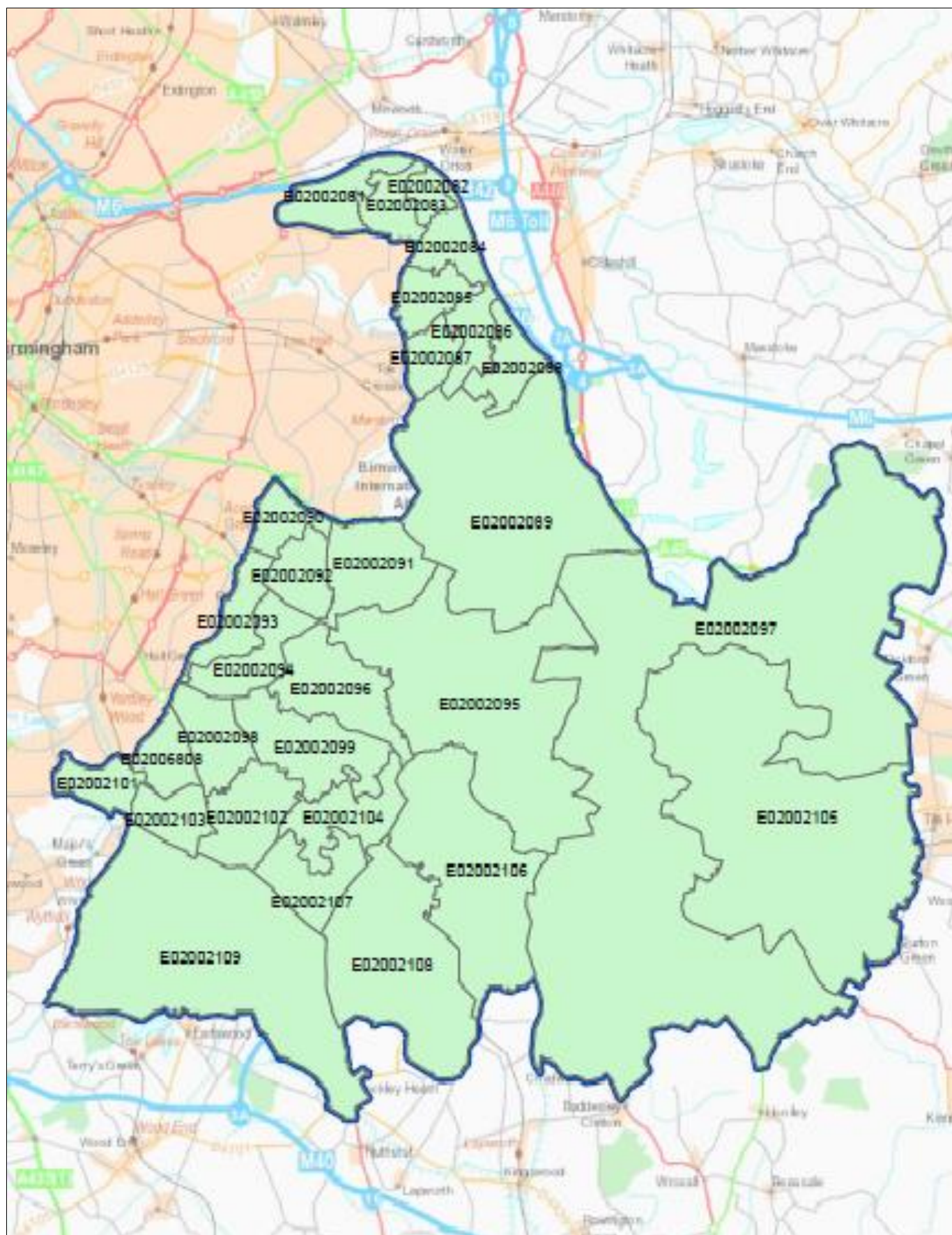
4.1 Determining Localities

Solihull is a diverse Borough with a densely populated community to the north which shares a border with Birmingham and the more suburban and quasi rural communities to the south which border the shire counties of the West Midlands. Super Output areas (SOA's) are units of geography which have been established by the Office of National Statistics. SOAs are useful for comparison of need and services because they do not change over time, and

they are smaller in size than for example electoral wards. As the SOA maps do not change they are useful for understanding changes to populations for a defined area over time. GIS Cartography (Map Info) mapping software has been used to draw maps to show provision of services against need. The maps are produced using Open Access data from Ordnance Survey. Where LSOA data was available it has been utilised as this geography shows the most detail within each area. Middle layer Super output areas (MSOA's) are the chosen unit of geography we have decided to use. MSOA's are ideal for the PNA as they are small enough to distinguish different characteristics of areas within Solihull and large enough for statistical information to be meaningful. Figure 1 shows in Solihull, there are 29 Mid-Layer Super Output Areas defined for Census data purposes – each contains approximately the same number of households – 3,000 or so. Appendix 3 has a key to identify the MSOA's.

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Figure 1: Map of Solihull showing Middle Super Output Areas



4.2 Governance and steering group

A Steering Group was established for the development of the PNA as per the guidance which includes key stakeholders listed in Appendix 1. The membership was developed in accordance with recommendations in the practical guide produced by NHS Employers. The Steering Group is responsible for scrutinising and approving the project plan, providing leadership for delivery of the project, monitoring the delivery and providing advice. Stakeholders have met regularly to fulfil regulatory stakeholder responsibilities towards the PNA as well as to get an update on the work in progress in the development of the PNA. The group will continue to meet until the PNA is published.

The Terms of Reference are shown in appendix 1. Overall this group is responsible for ensuring that the outcome of the project is in accordance with the statutory regulations and to ensure the PNA output is able to influence commissioning.

4.3 Information Sources

A range of information sources have been used to identify local need and the priorities for the PNA. These include;

- Joint Strategic Needs Assessment (JSNA)
- Patient experience survey
- Pharmacy contractors survey
- Office of National Statistics (ONS), Census data 2001
- National benchmarking data from the Health & Social Care Information Centre

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

4.4 Stages of development of PNA

This PNA has been developed using a mixture of methods drawing on a range of information sources and reinforced through consultation with patients and pharmaceutical services providers. There were essentially 5 main phases in the development of Solihull's PNA:

Phase 1: In early 2014 a paper was presented to SHWB proposing the review of the local PNA and asking a series of questions. The paper was endorsed and the SMBC team were asked to lead the process in conjunction with key stakeholders. An internal SMBC task group was convened to map out the process and begin the PNA.

Phase 2: In September 2014 a core group was established consisting of representatives from the Local Authority, Midlands and Lancashire Commissioning Support Unit, and Solihull CCG. The first meeting took place in August 2014 and the terms of reference and timescales were agreed. A virtual stakeholder group was established and contacts made for future consultations. The core group considered the following actions: consultation; community engagement; legal aspects; communications; mapping of current services; links to neighbouring areas and the development of the final report.

Phase 3: The design and concept testing of stakeholder and public questionnaires was undertaken in December 2014 and links were also made with neighbouring areas regarding their PNA processes and cross boundary provision. The stakeholder and public questionnaires were then sent out across to SMBC for printing and dissemination.

Phase 4: Following the initial data collection period, results were collated and analysed in December and a summary of gaps in provision identified and fed back into the draft report.

Phase 5: We are now in the process of undertaking the final phase. The results of a 60 day consultation on this document with the Solihull wide community (as stipulated in the DH 2013 regulations) will be received and will inform the final version of the PNA. The final document will be presented to the SHWBB for ratification in February 2015 and the final PNA report will be published and available on local websites by 1st April 2015.

Figure 2: Diagrammatic representation of PNA development process



4.5 Equality Assessment

The Public Sector Equality Duty (PSED) was introduced via the Equality Act 2010. It ensures Councils and other public bodies consider how different people will be affected by their activities and services.

The general duty (3 main aims) requires the council to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and people who do not share it.

In accordance with the PSED at the outset of the PNA process the appropriate registration and paperwork was completed in accordance with the Midlands and Lancashire Commissioning Support Unit Engagement Policy. An Equalities statement was completed and has been continually updated throughout the consultation process. This is available on request.

In producing the public survey advice was sought around the PSED. The survey was also made available in other formats on request and was written in an easy to read format

4.6 Process of formal consultation

Guide 7 of NHS Employers' practical guide outlines a timetable to follow when developing PNAs and how this fits with the JSNA, Strategic Plan, Organisation Development Plan and Annual Operating Plan. The Guide emphasises the need for consultation with relevant stakeholders such as the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC) and patient groups throughout the process of developing a PNA. Under the draft Regulations, we will be required to consult at least once on a draft of their PNA during the process (regulation [3F (2)]) and this consultation period must last for a minimum of 60 days (regulation [3F (3)]).

- The development, distribution, data collection of a public and patient survey as part of the pre-consultation phase and to understand local pharmacy service provision and usage trends.
- The development, distribution, data collection and analysis of a community pharmacy survey as part of the pre-consultation phase and to understand local pharmacy service provision.
- A stakeholder engagement plan was developed based on the regulations stipulated in NHS Employers Guide,

- Engagement with key stakeholders took place in November 2014 to provide an opportunity to feedback on first draft of PNA

5.0 Health Need in Solihull

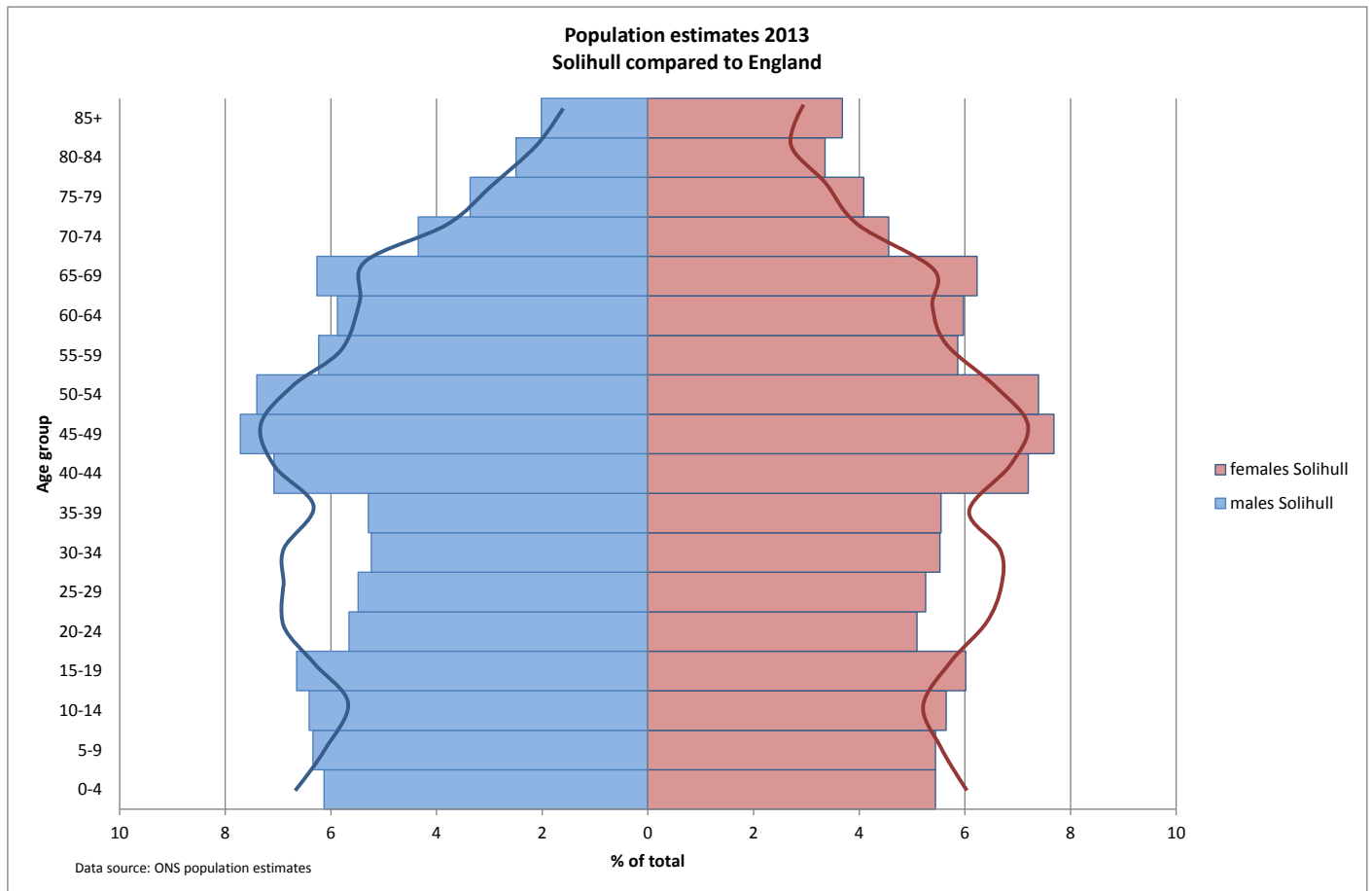
5.1 Solihull in Context and the JSNA

This section explores a summary of the evidence for health need in Solihull which has been informed by the Solihull JSNA. The JSNA the key documents which support this process is prepared with our local authority partners, this holds the detailed information about the needs of our population. The JSNA can be found here: <http://www.solihull.gov.uk/Portals/0/StrategiesPlansPolicies/PublicHealth/JSNA.pdf>

Solihull is located in the West Midlands; the Borough covers an area of approximately 69 square miles which is both urban and rural in character. The area of Solihull has a resident population of approximately 208861 and a registered population (i.e. number of patients registered with a Solihull based GP) of 240735. Across Solihull the nature of the populations, and hence their needs vary considerably. To the North and West, where Solihull borders with Birmingham there are significant areas of deprivation and inequality, to the South and East there are affluent, commuter belt areas where prosperous families reside.

5.2 Population

The population of Solihull is, according to ONS mid-2013 estimates, 206,100 (101,369 males and 107,492 females), having increased by 4.7% since the 2001 Census. This compares with population increases of 9.6% in England and 7.7% also in the West Midlands over the same period. The most notable feature of the Solihull population profile is the relatively higher proportion of older people in the borough, with 20.3% of the population aged 65 and over compared with 17.2% in England and 17.7% in the West Midlands. Solihull also has an above average representation of people approaching retirement age (27% aged 45 to 64 compared with 25% nationally). This is important as this demographic represents the highest users of pharmaceutical services.

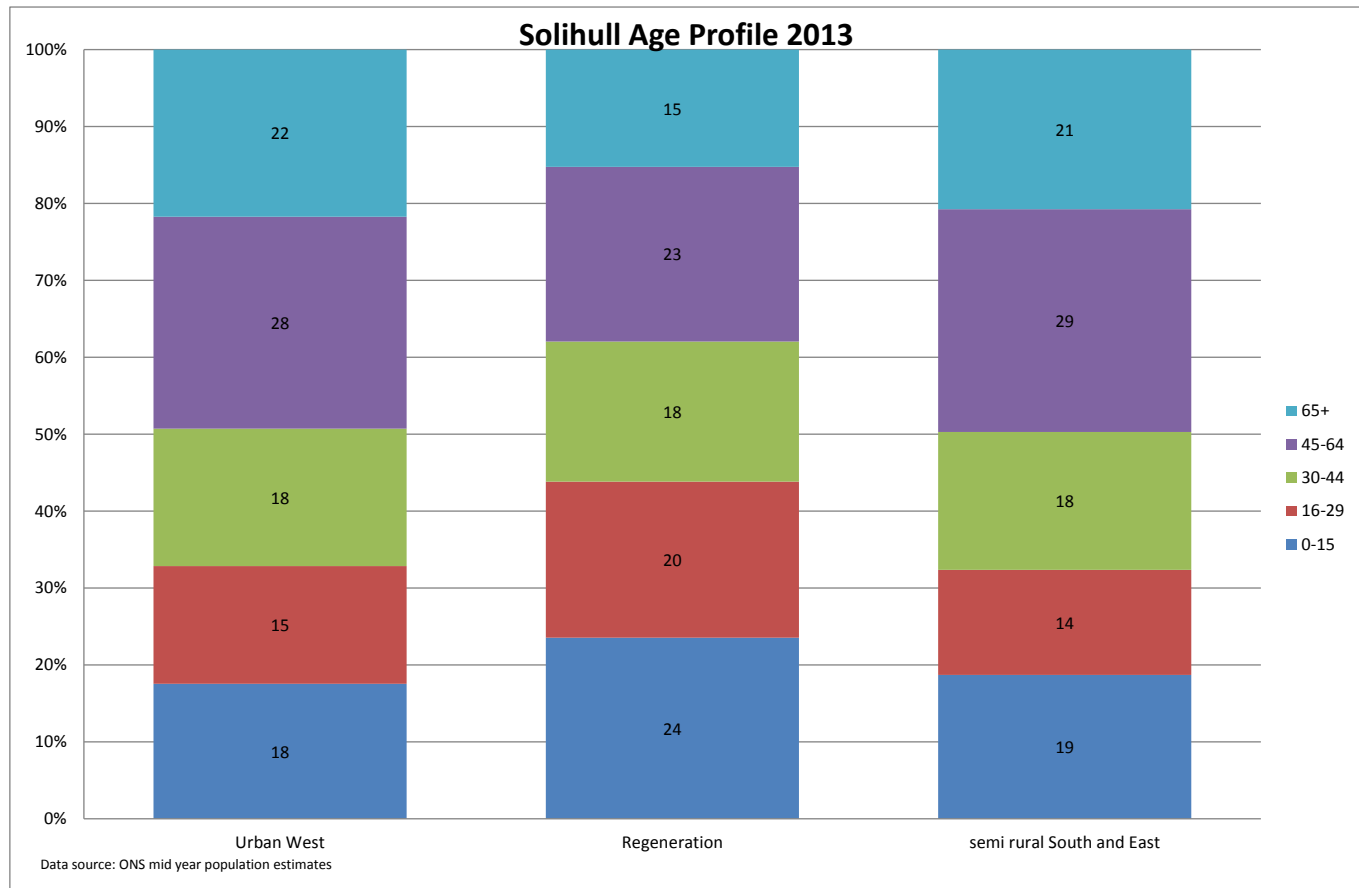
Figure 3 Figure of population estimates in Solihull compared to England 2013

5.3 Population Structure by Locality

Solihull can be divided into three broad geographic areas:

- **Urban West:** Castle Bromwich, Lyndon, Elmdon, Olton, Silhill, St Alphege, Shirley East, Shirley West and Shirley South
- **Regeneration:** Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood
- **Semi-Rural South and East:** Blythe, Bickenhill, Knowle, Dorridge & Hockley Heath and Meriden

These three geographic areas have significantly different age profiles, with a younger population in the North Solihull regeneration wards a notable feature; 24% of the population in the North are aged 15 or under with a further 20% aged between 16 and 29. By contrast, one in five of the population in the urban west is of retirement age, with half aged 45 or over (50%), which is similar to the profile in the semi-rural South and East.

Figure 4 shows the Solihull Age Profile 2013

What this means for our PNA

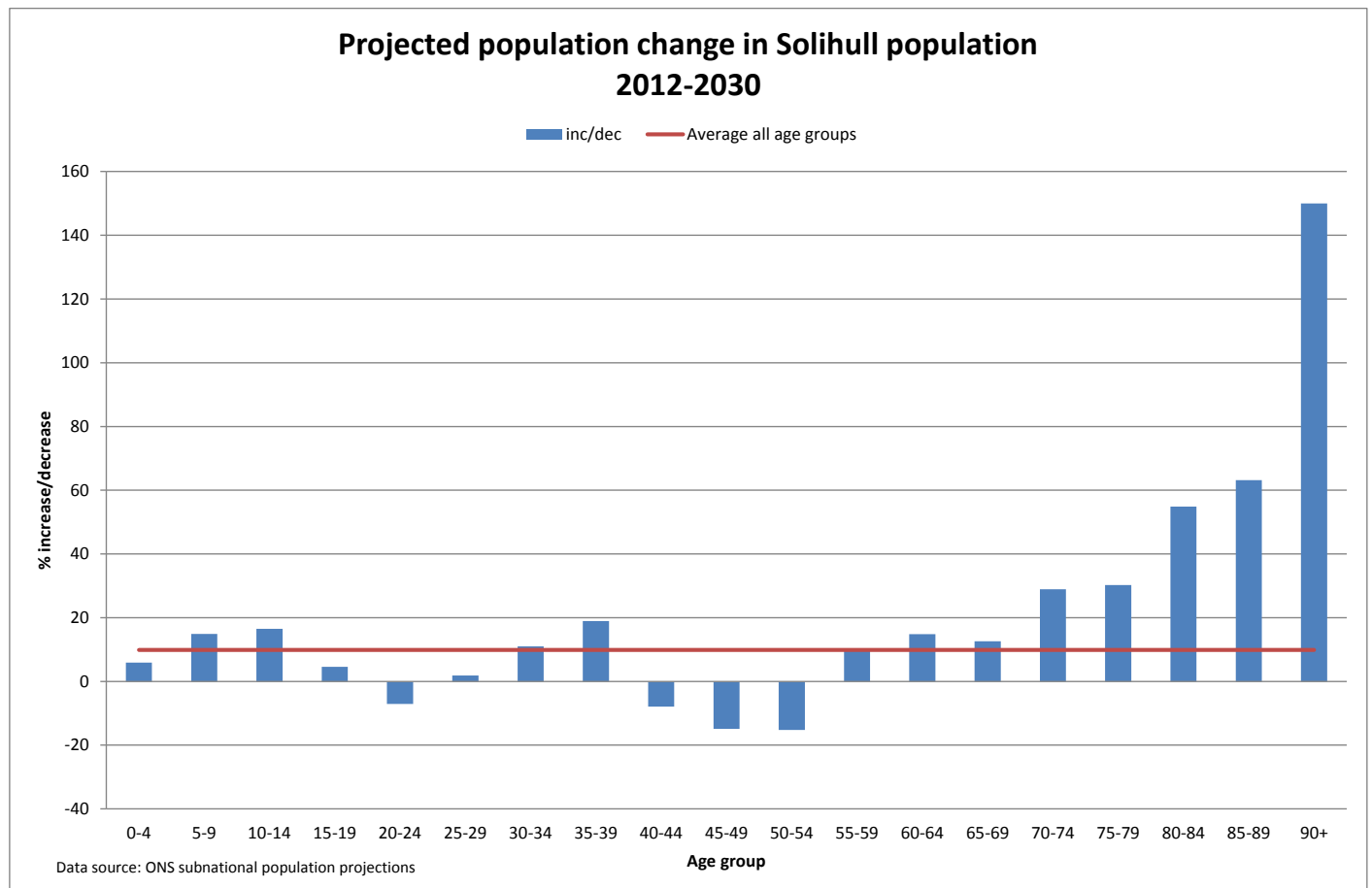
Current needs: Older people and children are higher users of pharmacy services and are more likely to need regular access to pharmacies. A nationally representative survey of the population in England showed that those aged over 55, women and those with long term conditions were more likely to visit pharmacies once a month or more. Men, younger adults and those in employment were less likely to visit pharmacies regularly.

5.4 Population Forecast

The overall Solihull population is projected to increase by 10% to 227900 between 2012 and 2030. Population increases are projected to be substantially greater among older age groups. By 2030 it is projected that there will be around 57000 people in Solihull aged 65 and over equating to 25% of the total population, with those aged 85+ more than doubling to 11000. In proportional terms the 85+ age group will increase from 2.8% of the total Solihull population to 4.9%. The ageing population has implications for the provision of health and social care as well as the support ratio (the proportion of working aged to retired people). The age band 20 to 65, from which the bulk of the working age population will be drawn (regardless of changes to the school leaving and retirement age) does not

change between 2012 and and is part of a long term proportional decline in the pool of economically active population at a local, regional and national level.

Figure 5 Projected changes in Solihull population by age group 2010 - 2030



What this means for our PNA

It is important to note the predicted trend in Solihull which will be towards significant growth in the size of the population aged over 65, while the population of work age declines. As the ratio between the two populations changes there will be an increased demand for public services, including services from community pharmacy. Demand for pharmacy services is greatest amongst the older population, which is predicted to grow by one third over the next 20 years. Pharmaceutical services in Solihull will need to reflect the need for SMBC interventions and be focused on delaying the onset of disease, thereby increasing years of healthy life. They will also need to anticipate and support the needs of a growing older population with long term conditions.

5.5 Ethnicity

Solihull is in the midst of a dynamic change in terms of the borough's ethnic composition, although it remains considerably less ethnically diverse than neighboring Birmingham. In 2011 there were 22430 Black, Asian or mixed ethnic Minority (BAME) residents in Solihull, equating to 11% of the borough's population compared with 14.6% in England and 17.3% of the West Midlands. The number of people in Solihull from a BAME group increased by 100% between 2001 and 2011, compared with overall population growth of 5%. The BAME population in Solihull is proportionally much higher in younger age groups; accounting for 18% of all residents aged 15 and under, compared with 11% of those of working age and 3% of retirement age.

Figure 6 Solihull population by ethnic group

■ White
 ■ Mixed/multiple ethnic groups
 ■ Asian/Asian British
 ■ Black/African/Caribbean/Black British
 ■ Other ethnic group

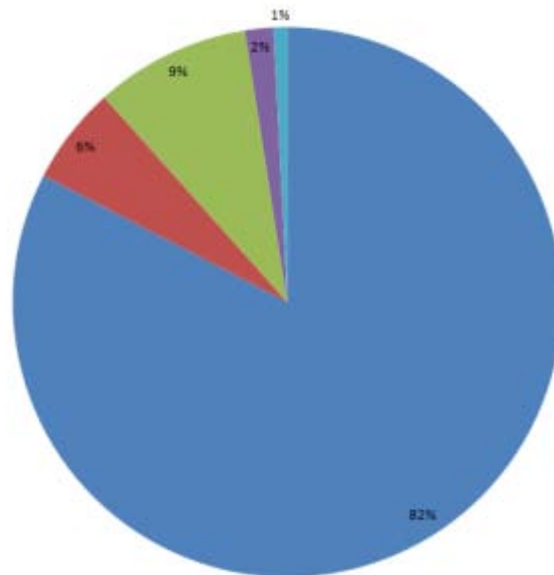
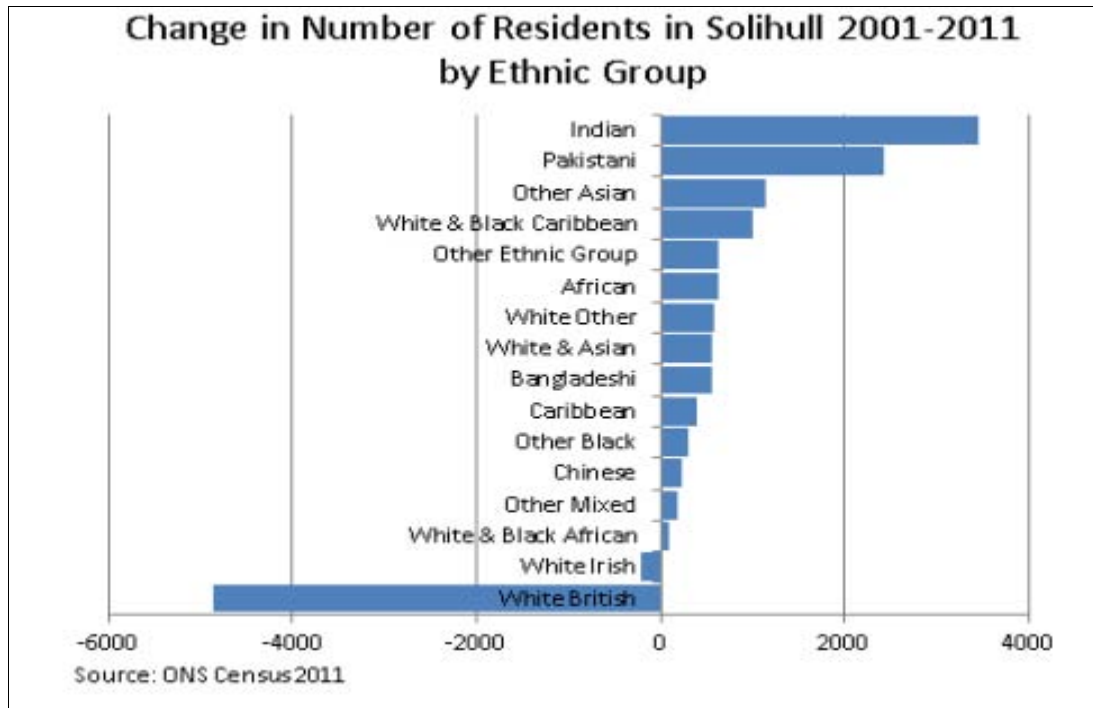


Figure 7 Change in number of residents in Solihull 2001 – 2011 by ethnic group

At 4% of the total borough population Asian or Asian British residents are the largest ethnic group in Solihull, although like other ethnic groups (with the exception of Mixed Race) the proportion is lower than the national or regional average. The largest individual BAME groups in Solihull are, Indian followed by Pakistani, Black Caribbean and Mixed Race, White and Black Caribbean.

What this means for our PNA

There is correlation between health inequalities and the levels of diversity in the population. Ethnic minority communities are exposed to a range of health challenges, from low birth weight and infant mortality through to higher incidence of limiting illnesses like diabetes and cardio vascular disease. Our pharmaceutical services need to reflect the needs of these populations while providing a broad range of services to the entire population of Solihull

5.6 Deprivation

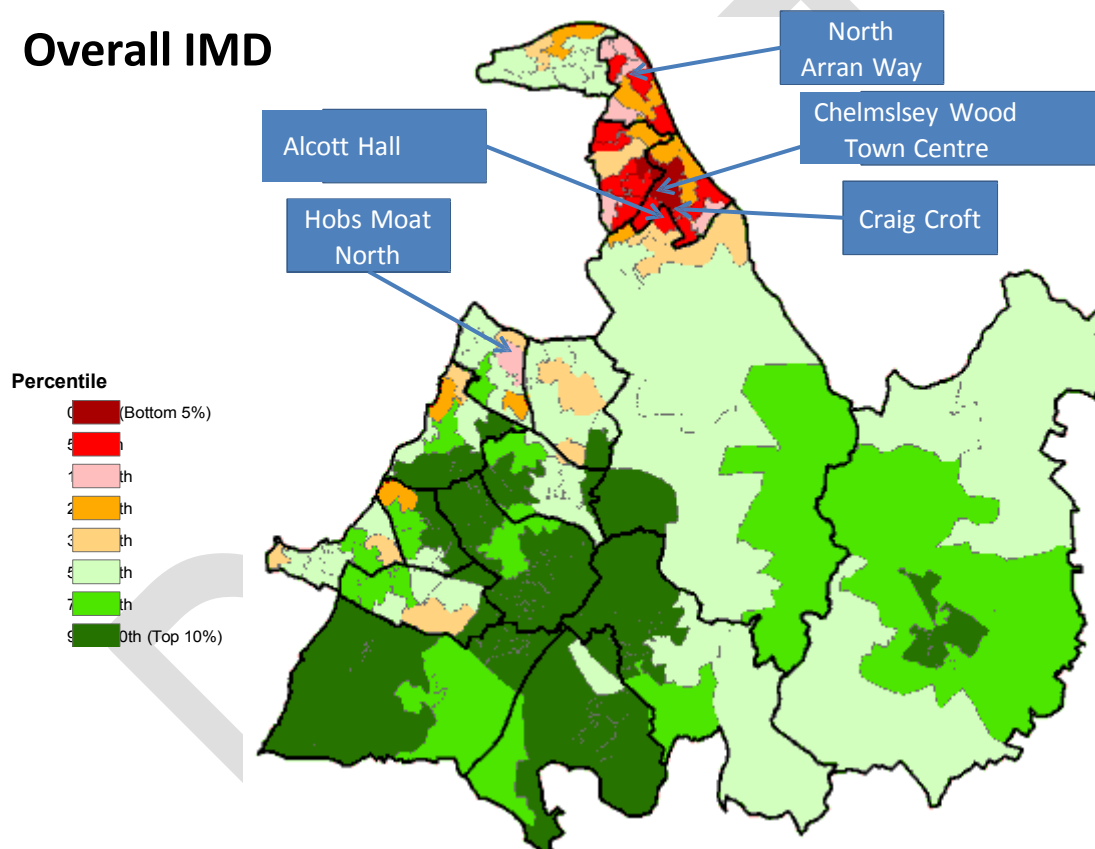
The Index of Multiple Deprivation (IMD) combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for individual neighborhoods called Super Output Areas (LSOAs) in England.

There are 32,482 SOAs in England and 133 in Solihull and the minimum population for a LSOA is 1,000 with an average of 1,500. The Index of Multiple Deprivation therefore allows each neighborhood (LSOA) to be ranked relative to one another according to their level of deprivation.

There are 22 LSOAs in Solihull in the most deprived 20% of neighborhoods in England of which 15 are in the bottom 10% and 2 in the bottom 5%. Compared with 2007 there are more Solihull LSOAs in the bottom 10% nationally (15 versus 10) and there are now two LSOAs in the bottom 5% compared to none in 2007.

All of the LSOAs in the bottom 10% in 2010 are in the Regeneration area; the most deprived forming a contiguous cluster comprising Cole Valley and Chelmsley Wood Town Centre. Hobs Moat North (Lyndon) is the most deprived LSOA outside of the Regeneration area, with Olton South, Ulverley East (Lyndon), Green Hill (Shirley East) and Parkfields (Castle Bromwich) also in the most deprived 30% in the country.

Figure 8 Indices of Multiple Deprivations (2010) by LSOA in Solihull



Source: Index of Multiple Deprivation 2010

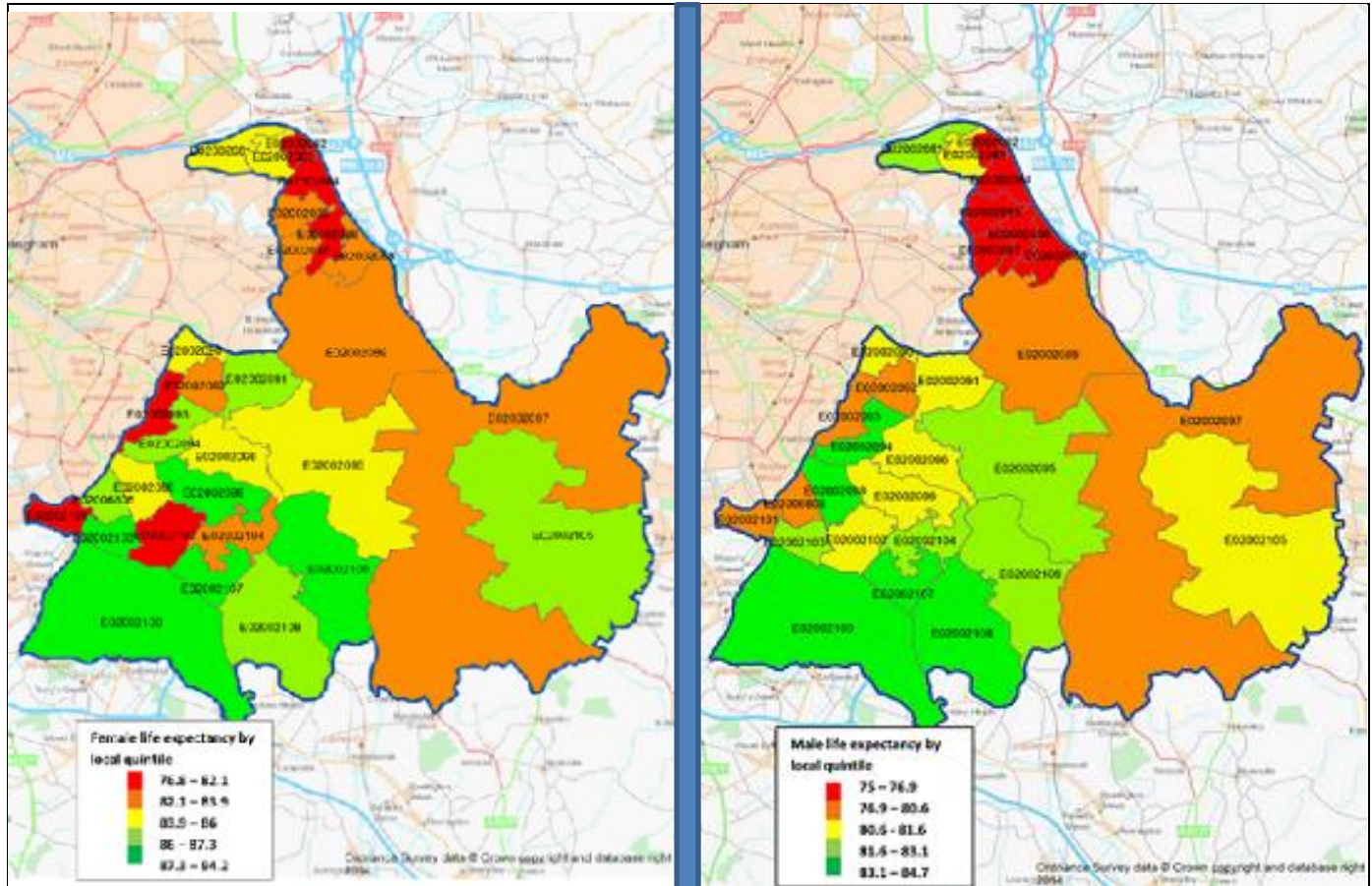
Figure 8 shows that the areas with greatest deprivation are in the North and some areas to the West of Solihull. This contrasts with the relatively low levels of deprivation in the South and East of the Borough.

What this means for our PNA

There is correlation between deprivation and health outcomes, with higher incidence of long term condition, earlier onset of disease and lifestyle related health inequalities. Pharmacy services are often as accessible source of health services and the promotion of positive health messages in these localities.

5.7 Life Expectancy

Life expectancy is a measure of how long a person born in an area would be expected to live by reference to current observed rates of mortality. The gap in life expectancy between the best and worst helps us to understand how inequalities affect our population differently.



What this means for our PNA

Closing the gap in life expectancy is a key outcome for the SMBC and CCG; this requires targeted effort focusing on communities that have the worst outcomes. Examples of relevant pharmacy services which can impact on factors affecting life expectancy include: Smoking cessation, vascular risk assessment, alcohol interventions, healthy living advice, medicines use review and long term conditions management. For example SMBC commissions a stop smoking enhanced service from pharmacy contractors.

5.8 Infant Mortality

Infant mortality rates refer to the number of deaths within the first year of life per 1,000 live births. Wide variations in rates are often seen annually due to small numbers of events. Therefore three- year rolling averages are used to even out variation. Infant deaths are not common events, particularly in Solihull where the rate is just 3.2 per 1,000 live births between 2010 and 2012 – lower than the West Midlands (5.4) and broadly in line with England as a whole (4.1).

Figure 9. Infant Mortality 2010 to 2012

Infant Mortality 2010 - 2012	Rate/1000 live births
England	4.1
West Midlands	5.4
Solihull	3.2
Average comparator authorities	3.4

Data source: Public Health Outcomes Framework

What this means for our PNA

Early access to antenatal care can also be secured through pharmacy pregnancy testing services linked to antenatal referral for women who are pregnant. For example, pharmacies in East London provide an early pregnancy testing service in order to encourage women who are pregnant into the antenatal care system as early as possible in the pregnancy. There are other opportunities to influence child and maternal health through pharmacies by, for example, delivering smoking cessation advice, healthy start vitamins and diet and exercise.

5.9 Disease Prevalence

Long term conditions (LTCs) including cardiovascular disease, hypertension, diabetes, respiratory disease such as COPD and asthma, stroke, depression and dementia and cancers affect thousands of people in Solihull. Long term conditions increase with age and many are more common in more deprived populations. The risk of several long term conditions such as heart disease, stroke, cancer, diabetes and chronic obstructive lung disease are influenced by the levels of smoking, obesity, physical activity and alcohol consumption in the population. The higher frequency of these risk factors in more deprived populations contributes to the poorer health in these groups. Certain ethnic groups are also at an increased risk of some long term conditions such as diabetes, heart disease and stroke in South Asian and African – Caribbean communities. Most long term conditions are managed using prescribed medicines which present an opportunity to ensure that pharmacists are in a position to support patients to get the most from their treatment.

5.10 Hospital Admissions

What this means for our PNA

Pharmacy services are an important, but often overlooked part of the long term conditions pathway. One in three people have a long term condition and most long term conditions are treated or managed using medicines.

Ensuring that medicines are used safely and effectively improves outcomes and reduces the risk of hospital admission. It is estimated that around 20% of all admissions to hospital are medicines related, so while the above

admissions categories may be disease specific one in five is likely to be related to a failure or unintended consequence of using prescribe medicines.

Non-adherence is a silent but significant challenge in managing long term conditions, the WHO estimates that between one third and one half of all dispensed medication is not taken as intended. This has the double negative impact of denying the patient of the benefit of the treatment while costing the health system in drugs that are essentially wasted as a result.

Pharmacy has a role in ensuring patients, clinicians and carers can obtain the maximum benefit from medicines while reducing risks associated with treatment. For example the Medicines Use Review (MUR) service is an ideal opportunity to support patients moving in and out of hospital.

DRAFT

Solihull Pharmaceutical Needs Assessment 2015 – 2019

Area Code	mortality all cancer all ages 2008-12	mortality all cancers < 75 2008-12	mortality CHD all ages 2008-12	mortality all CHD < 75 2008-12	mortality stroke all ages 2008-12	mortality respiratory disease all ages 2008-12	all emergency admissions 2008/09-20012/13	all elective admissions 2008/09-20012/13	alcohol/attributable admissions 2008/09-2012/13	modeled obesity 2006-08 %	modeled binge drinking 2006-08 %
Solihull	96.5	95.7	80	84.1	88.1	82	107.7	93.1	814	24.9	20.2
E02002081	100.1	108.5	95.5	76.8	68.4	68.3	93.1	912	68.8	30.8	20.7
E02002082	135.8	132.6	95.4	168.7	112.8	2016	133.1	122.6	116.6	33.3	22.7
E02002083	98.8	103.3	88.8	62.7	75.6	77.6	77.4	816	65.1	30.2	219
E02002084	142.4	158.5	1513	144.7	1012	97.5	133.4	122.7	108.8	32.1	215
E02002085	114.5	122.2	104.6	78.0	116.9	139.6	123.0	1010	100.8	30.7	22.0
E02002086	163.2	1510	154.8	183.6	98.2	170.9	149.6	134.3	1214	29.8	22.5
E02002087	139.6	178.5	149.6	217.7	88.3	89.4	147.7	145.9	1219	30.0	23.4
E02002088	125.2	135.7	140.8	185.0	89.1	128.2	149.9	136.0	138.9	32.5	23.7
E02002089	106.3	98.2	116.9	83.6	78.5	919	116.7	97.9	77.0	29.0	20.1
E02002090	89.7	77.4	89.9	73.7	90.5	104.5	107.6	94.4	79.6	28.9	20.3
E02002091	95.3	102.4	86.8	68.9	97.5	74.7	116.1	120.2	90.4	25.7	17.4
E02002092	96.0	1011	63.1	1015	98.6	82.3	138.0	104.5	112.0	24.1	214
E02002093	109.1	116.6	93.1	118.5	96.9	116.1	124.9	102.5	95.8	22.2	19.5
E02002094	82.4	76.6	68.4	99.4	73.7	63.5	92.3	118.7	62.3	19.9	18.1
E02002095	96.4	108.6	77.8	99.6	79.4	67.8	112.1	102.8	75.3	24.2	19.9
E02002096	107.6	99.9	68.5	37.5	107.0	77.8	107.9	88.2	79.9	20.3	16.4
E02002097	913	92.8	70.3	83.5	106.3	710	94.6	84.8	65.0	23.2	23.3
E02002098	66.3	53.2	83.1	108.9	65.0	92.3	104.2	83.2	812	24.3	17.3
E02002099	80.9	55.8	54.0	33.1	64.2	613	89.4	84.4	66.1	17.4	17.1
E02002101	86.2	80.7	83.9	917	919	99.0	110.3	96.7	96.9	27.5	19.5
E02002102	96.9	99.8	72.5	46.6	129.8	88.4	116.4	100.8	87.8	23.0	18.9
E02002103	78.0	66.2	56.0	610	95.4	65.2	98.1	73.6	67.6	24.2	17.6
E02002104	110.0	95.8	63.5	23.6	128.6	75.1	85.2	76.7	55.7	20.6	20.0
E02002105	1113	106.2	50.5	32.8	59.3	44.3	818	713	69.2	19.5	22.0
E02002106	712	62.0	50.8	42.7	86.9	65.0	92.5	68.9	612	19.5	20.2
E02002107	87.2	1014	43.9	72.8	75.7	39.4	911	98.9	64.6	22.5	19.7
E02002108	78.7	63.8	53.9	46.8	46.1	48.5	83.6	65.6	59.9	18.5	18.8
E02002109	65.2	48.2	78.0	46.1	78.5	64.8	814	916	54.2	22.6	217
E02006808	86.0	74.9	82.2	102	95.1	82.3	98.8	90.7	70.3	26.7	20.2

Figure 10 Hospital Admissions

Key Significant higher

Similar

Significant Lower

SMRs/SARs Compared to England (100) Data source: Local Health, PHE

5.11 Smoking

Smoking is the biggest single preventable cause of disease and premature death in the UK. One in two regular smokers is killed by tobacco - half dying before the age of 70, losing an average of 21 years of life. Preventing people from starting smoking is key to reducing the health harms and inequalities associated with tobacco use. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD, bronchitis and emphysema) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Stopping smoking is a SMBC priority. The risk of heart disease reduces to about half that of a continuing smoker within a year or so of stopping smoking, while the risk of lung cancer reduces to almost the same as the risk for people who have never smoked within 15-20 years. Encouraging cessation among adults is also important in reducing smoking role models for children and young people.

Smoking attributable deaths in Solihull are significantly better than the England average. This is also found in deaths from lung cancer and chronic obstructive pulmonary disease (directly age standardised rates per 100,000 for 2007-09 shown in the table below). The only indicator in the local tobacco control profiles found to be significantly worse than England is smoking in pregnancy (2009-10), which is covered in detail under children's health and well-being. Smoking prevalence for those aged 18 or over (15.2%) is again significantly better than the England average (21.0%) for 2009-10, which is also true of the key routine and manual worker subset (22.5% and 29.4% respectively). It should be noted that this key group is showing an improving trajectory compared with all adults which is deteriorating slightly (although still top quartile) – this suggests some potential efficacy in targeted interventions and that further research and monitoring is required for all other socio-economic groups in Solihull.

Figure 11 Deaths from Smoking

Deaths	Solihull	West Midlands	England
Smoking attributable deaths (aged 35 and over)	182.8	216.7	216
Smoking attributable deaths from heart disease (35+)	27.6	32.8	32.1
Smoking attributable deaths from stroke (35+)	7.1	10.8	10.1
Deaths from lung cancer (all ages)	33	37.6	38.2
Deaths from COPD (all ages)	20.7	26.7	26.2



What this means for our PNA

Pharmacies already play an active role in providing support for smoking cessation. The role of community pharmacy is two-fold; providing access to nicotine replacement therapy and providing stop smoking advice from pharmacists and trained staff. Pharmacy is a unique provider, in that pharmacies have access to NRT at the point of care, they also provide a “walk in” service across extended hours of service.

5.12 Excess Alcohol

Government recommendations at the time of publication are that adult men should not regularly drink more than 3-4 units of alcohol a day and adult women should not regularly drink more than 2- 3 units a day. Although the further advice also recommends two alcohol free days per week. In Solihull there are estimated to be 6,341 people classed as ‘higher risk drinkers’, these are drinkers who have a high risk of having an alcohol related illness. In a similar vein to smoking many indicators in the alcohol profile of Solihull are significantly better when compared with the England average. These include alcohol specific mortality - males, mortality from chronic liver disease – males, alcohol-attributable hospital admission – both males and females. Indeed the only indicator that is significantly worse than England is the proportion of all employees working in bars but it could be argued that this is symptomatic of the leisure hubs found throughout Solihull and should not necessarily be construed automatically as a negative.

5.13 Teenage Pregnancy

Teenage pregnancy is a significant public health issue in England. According to Solihull JSNA teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Their health, and that of their children, is worse than average. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves. The rate of teenage conceptions (live births and terminations combined) in Solihull in 2012 was 23.8 per 1,000 females aged under 18. This is significantly better than the West Midlands average of 32.0

Figure 12 under 18 conceptions (numbers and rates) in 2012

Area of usual residence	Number of Conceptions	Conception rate per 1,000 women in age group	Maternity rate per 1,000 women in age group	Abortion rate per 1,000 women in age group	Percentage of conceptions leading to abortion
ENGLAND	26,157	27.7	14.1	13.6	49.1
WEST MIDLANDS	3,359	32.0	17.1	14.9	46.5
SOLIHULL	99	23.8	9.1	14.7	61.6

Data source: ONS



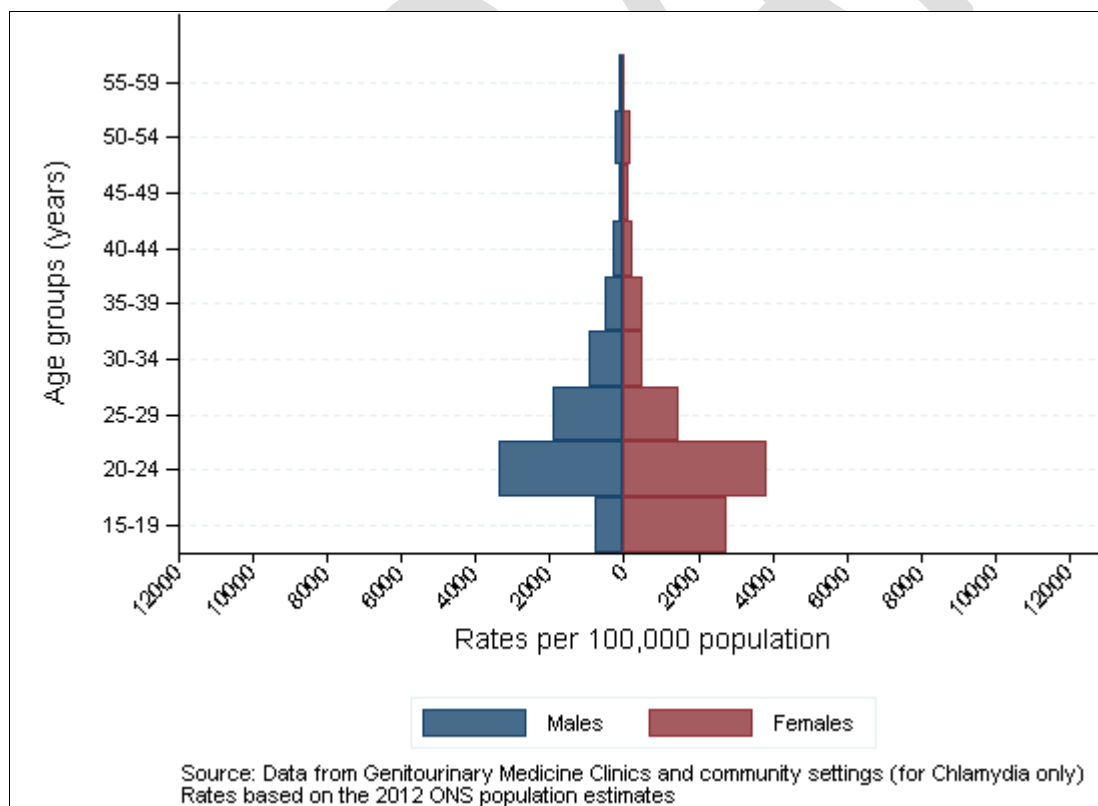
What this means for our PNA

Teenage pregnancy can be avoided if younger girls have suitable access to emergency contraception. The location of pharmacies means that they are easy to reach for this age group who are often unwilling to use other services. Pharmacies in Solihull provide access to Emergency Hormonal Contraception through a Patient Group Direction (PGD). The service is free of charge to women using the service. Pharmacies are seen as a safe, accessible and non-judgemental provider of EHC services, some women, particularly younger women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to “local” pharmacies. Opportunity is taken at this contact to engage the girls concerned in other local sexual health services.

5.14 Sexual Health

Pharmacists offer advice on safe sexual health opportunistically as well as more pro-actively during monthly campaigns. Pharmacists may also provide Chlamydia screening services (Appendix 9 & 12) raising awareness of the need for protection and identifying when treatment is needed. They also provide access to the sale of condoms which help prevent both pregnancy and STI infection.

Figure 13 Rates of new STIs by age group and gender in Solihull 2013



Source: Solihull Local Authority sexual health epidemiology report (LASER): 2013, PHE

6.0 Surveys for Information gathering

6.1 Pharmacy Survey Overview

As part of the development of the PNA, all Solihull community pharmacies were asked to complete an online questionnaire. This ensured information included in the PNA about current pharmacy services from pharmacy contractors was accurate and up to date enabling us to identify any gaps in service provision as part of the PNA process. The questionnaire was developed based on a PSNC template and guidance by NHS employers, and advice from the local pharmaceutical committee. The survey requested information about pharmacy premises, staffing, provision of services, identification of any interest in the provision of new services, and information about ease of access which included opening times. Local Pharmacies were given four weeks to complete the questionnaire. Letters and e-mails were sent to all Pharmacies in the area, and phone calls were made to support the process.

6.2. Pharmacy Survey analysis and key findings

The results of the survey can be found in appendix 4. 41 Pharmacies responded to the survey out of 46 eligible contractors. Therefore the analysis represents 89% of pharmacies in Solihull. See Appendix 10 for a table of Solihull Pharmacies, their opening hours and services they offer. It should be noted that the data in appendix 10 has been received from the Pharmacist contractors of Solihull and this data has not yet been validated. The services pharmacy contractors offer as they are aware will differ to that which the service leads consider they are offering. Maps that follow later on in the PNA will reflect locations of pharmacies offering services as per the participating pharmacies lists provided by service leads.

Analysis of the results of the survey is as follows:

Consultation Facilities

The pharmacy survey included a question asking if any consultation facilities existed on site and if they included wheelchair access. The Disability Discrimination Act 1995, replaced by the Equality Act 2010, sets out a framework which requires providers of goods and services, not to discriminate against persons with a disability. It is expected that the pharmacy would make reasonable adjustments, if this is what is needed in order to allow the person to access the service.

A high percentage of pharmacies had a consultation area/room (88%) with wheelchair access; 10% of premises had a consultation area without wheelchair access. Of those pharmacies who answered yes to having a consultation area, all but one stated it was a closed room.



During consultations 85% of pharmacy premises had access to hand washing facilities either within the consultation area or close by. 80% of pharmacy premises could not provide access to toilet facilities to patients attending for consultation. Other than English, there were 14 different languages spoken in Solihull Pharmacies. Punjabi was the most commonly spoken language, followed by Urdu, Hindi and Gujarati. Results of the survey show that languages spoken in the wider Solihull community include Polish and Cantonese and there are no pharmacies in Solihull where these languages are spoken.

I.T. Facilities

The Electronic Prescription Service (EPS) provides a framework, through technology, for GPs to issue electronic prescriptions and for pharmacies to be able to receive these. The programme is released into two phases of functionality. All Pharmacies responding to the survey were assumed to be EPS release 1 enabled and almost all (95%) of pharmacies stated they were release 2 enabled – with those that weren't planning to be release 2 enabled within the next 12 months.

Microsoft Word was the most commonly used file format used in Solihull Pharmacies, followed by Adobe, and Microsoft Excel.

Essential Services

81% of Pharmacies stated they were dispensing all types of appliances with 7% only stating they only dispensed dressings with a further 9% dispensing appliances but excluding incontinence and stoma appliances. One Pharmacy reported they were not dispensing any type of appliances.

Advanced Services

- Medicine Use Review Service – 95% of Pharmacies that responded to the survey stated they were providing the service with a further 2% planning on providing the service within the next 12 months and 2% stating they were not providing the service.
- New Medicine Service – 95% of Pharmacies that responded to the survey stated they were providing the service with a further 2% planning on providing the service within the next 12 months and 2% stating they were not providing the service.
- Appliance Use Review Service – Only 10% of Pharmacies stated they were providing the service with 90% of the Pharmacies stating they had no intention of providing the service.



- Stoma appliance customisation service – Only 7% of pharmacies stated they were providing the service with a further 2% planning on providing the service within the next 12 months. 90% of pharmacies stated they had no intention of providing the service.

Enhanced Services and Locally Commissioned Services

For Enhanced services we are aware of being offered in Solihull, please see the results in Appendix 10 as the data will be discussed further in the current pharmacy provision and services section. Appendix 10 has been populated using data received from the Pharmacy survey and data has not yet been validated.

According to the survey results the supervised administration of buprenorphine and methadone is the most commonly provided service to Solihull patients.

Other Future Services – that could be commissioned in the future

Pharmacy contractors stated quite evenly that they would be willing to provide the following services if commissioned with/without training, facilities adjustment: Anticoagulation service, Antiviral service, care home service.

Screening Services

Pharmacy contractors stated quite evenly that they would be willing to provide the following services if commissioned with/without training or facilities adjustment the: Parkinson's disease, Hypertension, Heart Failure, Epilepsy, Diabetes type 1 and 2, Depression, CHD, Asthma, Alzheimer's and allergies.

Other services

Pharmacy contractors would be most willing to provide the following services if commissioned: MHS Health checks, Observed therapy, Obesity Management, GF support. Pharmacy contractors stated they would be most willing to provide the following services if commissioned but would need training: NHS Health checks, Phlebotomy service, Observed therapy, Language access service and Independent prescribing service

PGDs offered

The following services are currently being provided by Solihull contractors via PGD from the area team, local authority, Clinical commissioning group, or a private service: Influenza vaccine, Levonelle, Ventolin, Anti-malarials, Propecia, Hep B, Meningitis vaccine, sildenafil and Travel vaccines.

Delivery Service

All Pharmacy contractors in Solihull offer the Prescription Collection Service, with all but 15% offering a free delivery service. The delivery services are targeted at patients who need the service. This includes the elderly, housebound, and mental illness patients amongst others.



6.3 Patient Survey Overview

Solihull Metropolitan Borough Council, in partnership with NHS Midlands and Lancashire Commissioning Support Unit ran a survey from 24th November to 5th December 2014 to understand the usage of local pharmacy services in Solihull and to understand the gaps in provision and make recommendations for improvements. In detail the objectives were

1. To explore when and how people access pharmacy services
2. To understand what factors are most important to pharmacy users
3. To explore the demographic profile of pharmacy users
4. To understand the quality of services that pharmacies offer
5. To understand where there are gaps in provision/ demand for other services
6. To understand what aspects could be improved
7. To understand factors that influence choice of a particular pharmacy

The survey was disseminated using the following methods:

- Printed copies were sent to all GP surgeries and local pharmacies in Solihull
- Printed copies also available through Solihull library, Community and Voluntary organizations, Patient Groups and Solihull Healthwatch
- Promoted by Solihull CCG via their website, Twitter, E-bulletin to all GPs and to via email to their PPG distribution list
- The engagement team attended a Solihull PPG Network Meeting to promote the survey to patient leaders
- Distributed by Solihull Sustain through Voluntary Sector Reference Group, and Age UK Solihull.
- Project team members included a link to the online survey within their email signatures during the consultation to promote the patient survey

5000 copies of the patient questionnaire were disseminated throughout the region to a range of stakeholders (see Appendix 9) that were consulted on the PNA. Hard copies were sent long with a poster and freepost envelopes to encourage responses. Of these a total of 326 responses were received, of which 93 were paper copies and the rest (233) were entered directly via Survey Monkey. This was a very good rate of return for a 2 week period and suggests effective publicity for the survey and a high level of interest in the subject. A further 15 hard copy questionnaires were received after the close of consultation.

6.4 Patient Survey Respondent profile

People responding to the patient survey were analysed by location and demographics.



6.4.1 Location of Respondents and use of Pharmacies

70% of the survey respondents lived in B90-93 with a further 20% from B33-37 and 4% from B26-27. 4% of respondents lived at Coventry postcodes; mainly CV7, which is adjacent to Solihull. 7 survey participants came from outside the immediate area (including Birmingham centre, Northfield, Alvechurch, Bromsgrove and Smethwick) perhaps working in Solihull and using pharmacies there.

6.4.2 Demographics of respondents

One of the objectives of the survey was to assess the demographics of pharmacy users. We cannot be completely confident that the people who chose to complete the survey are entirely representative of all pharmacy users, as some people may have been more motivated to complete the survey than others (e.g. those who have become more dependent on health services). It may also be the case that the method of dissemination was more likely to reach some people than others.

- 96% of the sample respondents were customers/patients. The survey also included 16 responses from pharmacy service providers and 12 from GP practice staff
- 65% of respondents were **female** and 34% **male**. The dominance of women responding is probably linked to higher female involvement in caring for children and relatives, a greater use of health service themselves.
- The majority of the sample said they were heterosexual (89%). 6% preferred not to say, 3% were homosexual, and 1% Bisexual.
- The sample was **older** than the Solihull adult population. The age groups of 65-74 and 75-84 were the most strongly represented in the survey. This probably reflects the fact that these age groups are heavier users of pharmacies.
- Less than half of the sample was employed or self-employed. 50% of the samples were retired, reflecting the older profile of the sample.
- 26% of the sample respondents had **considered themselves to have a disability**, again reflecting the older sample, and reliance on health services.
- The sample under represented ethnic minorities in Solihull. 92% of the sample was White British compared to 86% of the Solihull population.



6.5 Patient survey analysis and key findings

- The survey recorded a high degree of satisfaction with Solihull pharmacies and the services offered, with 44% or more rating the service 'Excellent' on all aspects, and over 75% rating them 'Good' or 'Excellent' on all aspects. No more than 6% rated pharmacies poor/very poor on any of the aspects measured;
 - Is customer friendly and polite
 - Is easy to get to by public transport or car
 - Offers a quick service
 - Can provide you with the right advice when you're unwell
 - Has staff who are impartial and objective
 - Provides a confidential and private service
 - Stocks the medicine / items you require
- Over 90% agreed with the statement that they can easily find an open pharmacy when needed. However access specifically at the weekends and evenings was less good, with a third saying they disagree that it's easy to find a pharmacy open in the evenings.
- The most popular 'additional' opening hours were Saturdays 9am-1pm and 1pm-6pm, Sunday's 10-2pm and weekday evenings 6pm-11pm. The early morning opening hours and weekend evenings were less popular.
- Analysis of usage and awareness of current and potential services showed;
 - The service with the highest awareness and usage is the 'Disposal of unwanted medicines'. The 'NHS repeat prescription service', 'Medicines use review' and the 'Minor Ailments service', also had high awareness and claimed usage.
 - 'The 'Vaccination Programme' and 'Management of Long Term Conditions' both had good awareness but low usage. (These services are not available in Solihull, so people must be assuming that they are available).
 - All the other services have awareness under 50% and usage under 5%.
 - Low usage of some of the services can be attributed to them being applicable to only a small sector of the population. (E.g. 'Language access service', 'Emergency contraception' and 'Early pregnancy testing', 'End of Life/palliative care', 'Smoking cessation', 'NHS Screening services'). However over a third of people were aware of the availability of 'Emergency contraception', 'Early pregnancy testing', 'Smoking cessation' and 'NHS Screening services', which suggests that if these services were needed people would know that they could find these services at their pharmacy.



- ‘Phlebotomy’ and the ‘Alcohol Cessation’ service are not yet available at Solihull pharmacies and consequently had low awareness and usage. ‘NHS Health check’ is not yet available at Solihull pharmacies either but 42% claimed awareness, probably as it seems to be a likely pharmacy service.
- Over half of the sample said they’d like to see Phlebotomy services available at pharmacies. There was also high demand (over a third of sample) for ‘NHS Screening services’, ‘NHS Health checks Services’ and ‘End of life/ palliative care’.
- The ‘Vaccination Programme’, ‘Alcohol cessation services’, ‘Language access service’, and ‘Management of Long Term Conditions’ all also recorded levels of demand of 25% or higher.

7.0 Current Pharmacy provision and assessment

7.1 Essential Services

In order to assess the provision of essential services against the needs of or population we have focussed on:

1. Distribution of pharmacies
2. Opening hours
3. Provision of dispensing services

These three key areas were deemed to be most important in determining the extent to which the current provision of essential services meet the need of Solihull’s population. Figure 15 shows there are 47 pharmaceutical service providers located in Solihull. This includes 1 dispensing appliance contractor, 1 distance selling pharmacies, and 46 community pharmacies of which 6 are 100 hour opening. All 46 community pharmacies are required to provide essential services. Some pharmacies are open for longer periods of time, for instance evenings, overnight and weekends, with some pharmacies in the Borough specifically contracted to be open for at least 100 hours per week.

Figure 16 shows all pharmacies with a 1 mile radius around them. Initial thoughts when looking at figure 16 are that areas towards the South East have a reduced provision of pharmacies. However when looking at the population density of these MSOAs namely Berkswell & Balsall, Meriden Villages, Elmdon Heath & Catney and Bickenhill North we can see that the population density is <1000/sq.km a much smaller population density per hectare in comparison to other MSOAs in Solihull. It is not financially viable to have a high number of pharmacy premises in these areas as the populations they serve are so sparse and respectively prescription items dispensed would also be low. Even so, each of the above mentioned MSOAs has a pharmacy located within their MSOA areas. Bordered to the south by Warwick, to the east by the relatively disadvantaged Coventry district of Tile Hill and to the north by rural North Warwickshire, Meriden villages are Solihull’s most rural MSOA with a population density 90% lower than the Borough



average. Although large swathes of the area are agricultural, there are large commuter villages at Balsall Common and Berkswell which benefit from rail links to both Coventry and Birmingham as well as scattered rural villages including Meriden.

Figure 16 illustrates the proximity of pharmacies and physical access to pharmacy services across the borough for the vast majority of the population is good, considering the concentration of pharmacies is higher in the north and west of the borough as these areas are associated with the greatest deprivation and ethnic diversity. The West of the borough also has a high concentration of pharmacies and this can be explained by a greater population density in this area where one in five of the population in the urban west is of retirement age, with nearly half aged 45 or over (48%).

This correlates with the results of the public survey which shows that:

- Over two thirds of the public travel up to and including 1 mile to access their local Pharmacy with a further 26% travelling between 1 and 5 miles to access their local pharmacy.
- 72% of patients choose to use a pharmacy because it is close to their home.
- In addition over half of patients use their car to access their local pharmacy.

Figure 15 Locations of Pharmaceutical Providers in Solihull

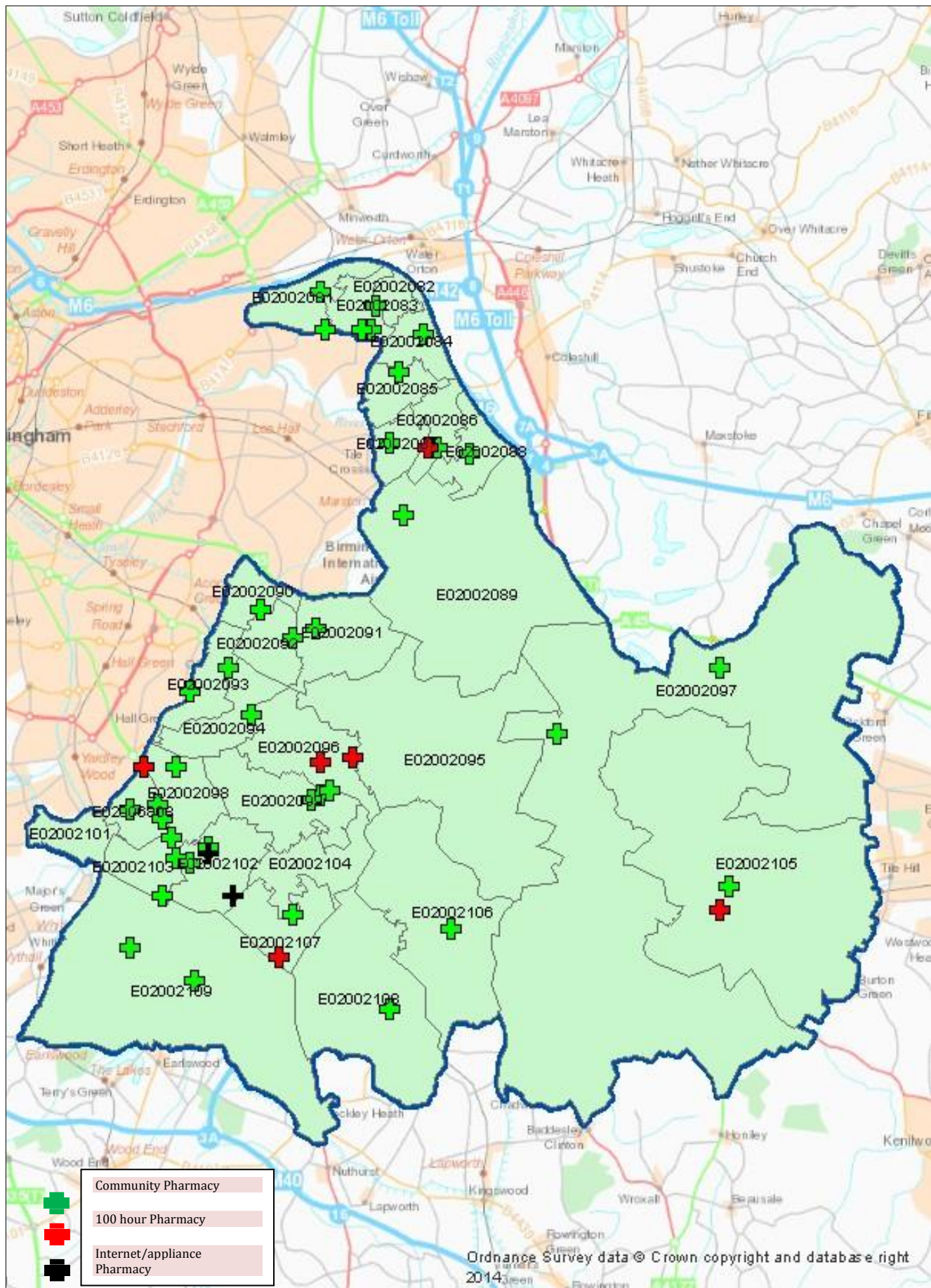


Figure 16: Map showing location of Solihull Pharmacies with a 1 mile buffer zone mapped over MSOA.

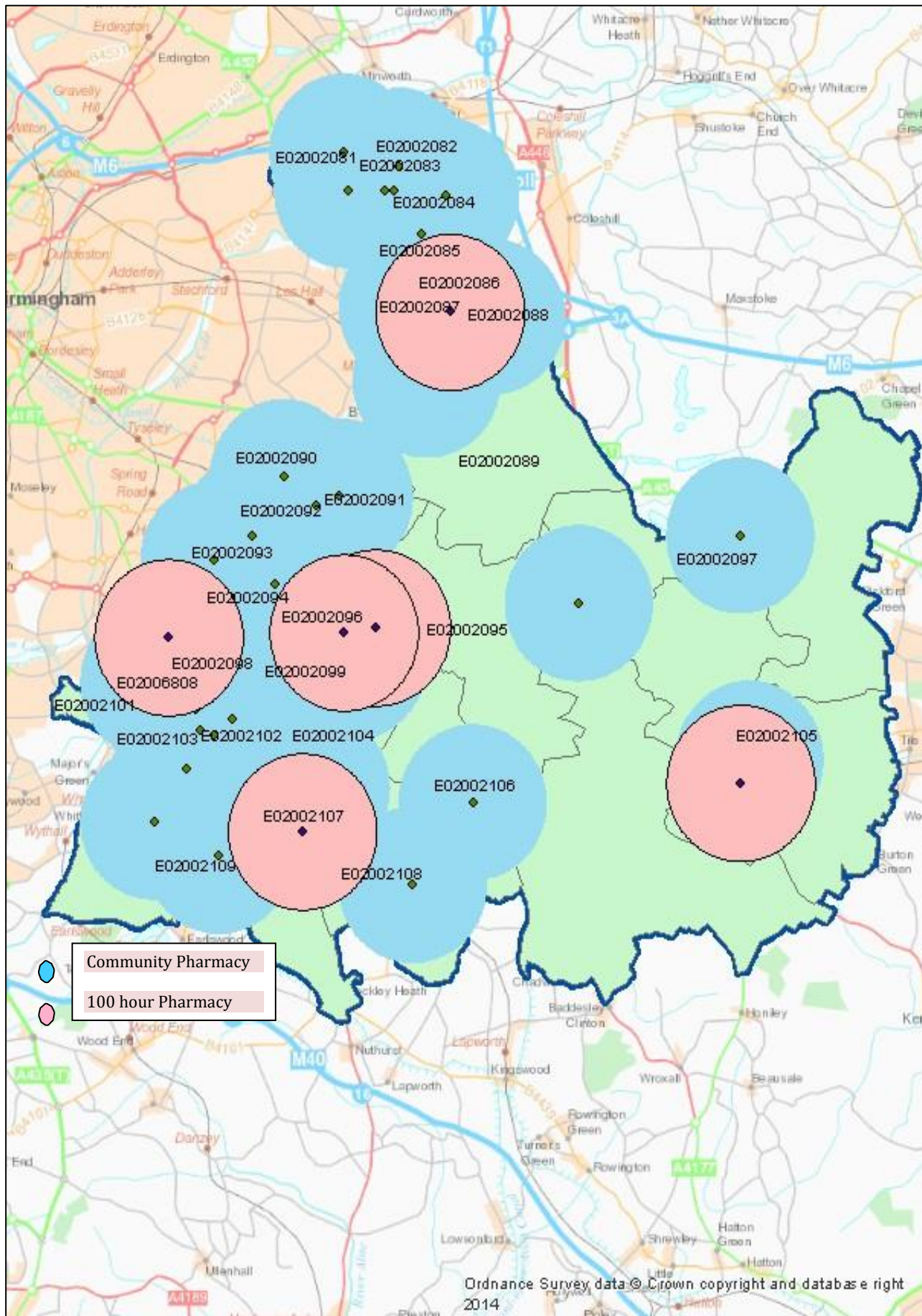
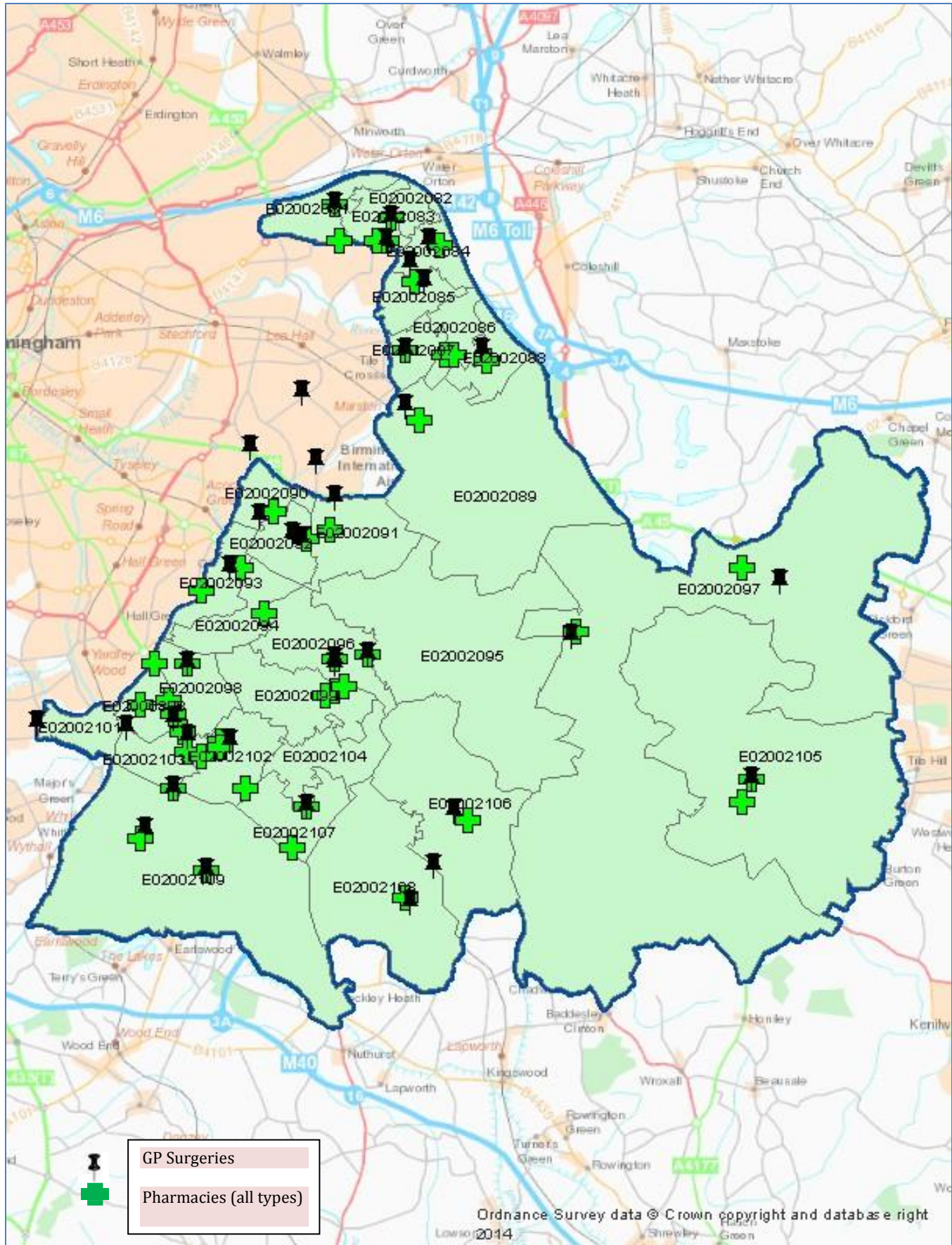


Figure 17: Map showing Pharmacies and GP Surgeries in Solihull



7.2 Benchmarking provision of pharmacy services

This chart below shows that Solihull had 22.2 pharmacies per 100,000 population, higher than the England median (21.6) and the median of its statistical neighbours (21.3) but less so than the West Midlands average (23.1).

Figure 18: Pharmacies per 100,000 population in the West Midlands region

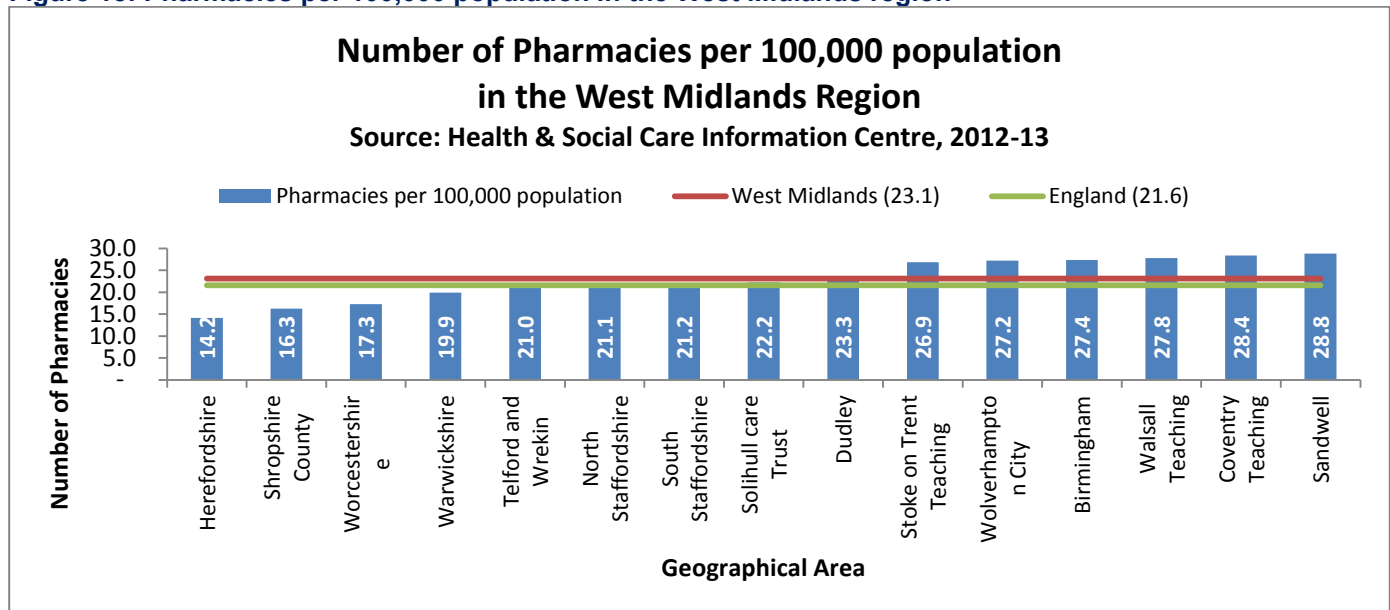
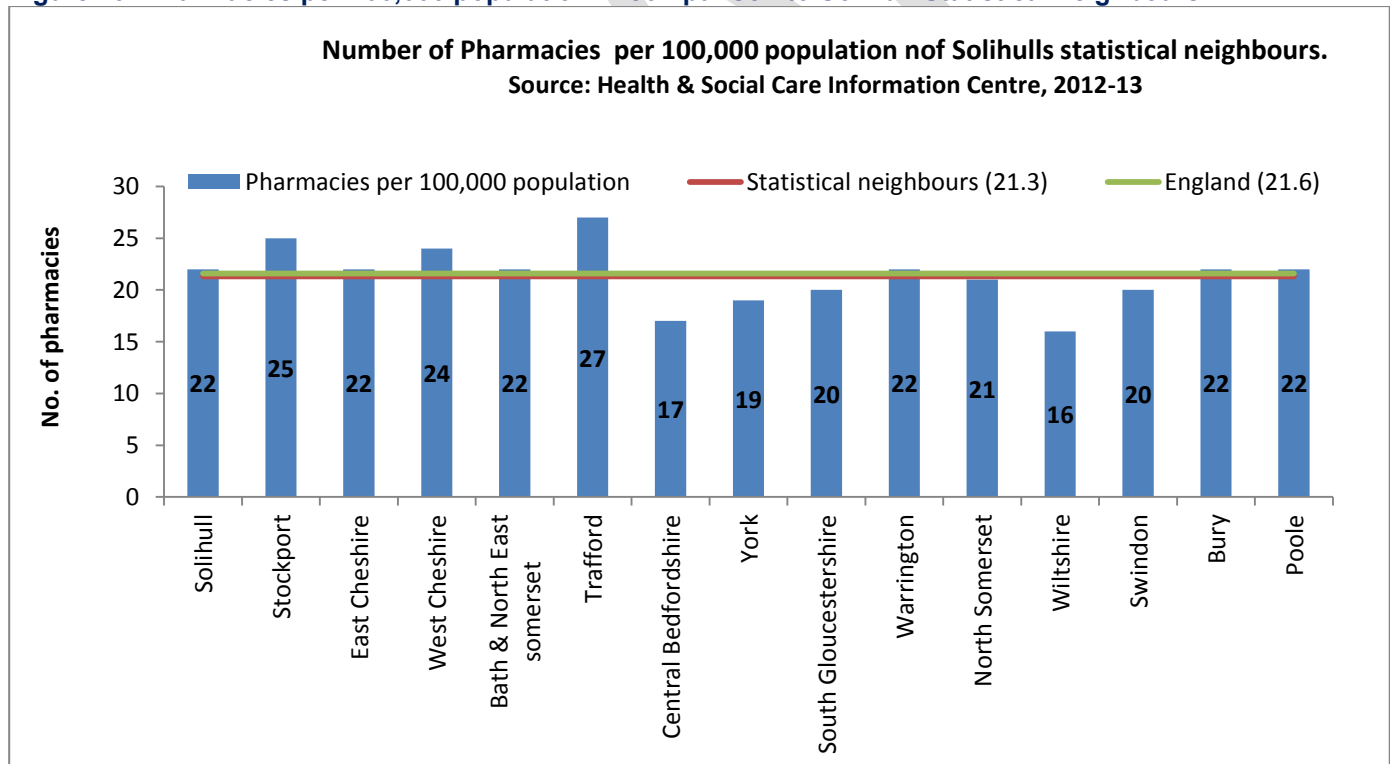


Figure 19: Pharmacies per 100,000 population in comparison to Solihull Statistical neighbours



*In figures 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29, Solihull is being referred to as “Solihull Care Trust.” This is because the most recent data available from the Health and Social Care Information Centre is from 2012 – 2013 prior to the abolition of the PCTs.

Benchmarking provision of pharmacy availability to population size is a precise comparator of access for the Solihull population. The current pharmacy provision suggests that Solihull has more than the number of pharmacies that is consistent with a borough of this size and type in comparison to the West Midlands, England and statistical neighbour average.

Pharmacies are required to open between specific times by their terms of service. All pharmacies are required to open for at least 40 hours per week (core hours). Though these hours can be distributed through the week discretionally, the vast majority operate within or near regular working office hours (between 08:00 and 19:00, Monday to Friday). All pharmacies must apply to the NHS England if they wish to change their opening times, with a 90 day notice period. A visual representation of total pharmacy opening hours is provided in Appendix 5.

The Public survey showed that general access to pharmacy services was good, with 92% of people agreeing with the statement that they could easily find an open pharmacy when needed. However access in the evenings and at weekends is inevitably less good, with a third of people disagreeing that it was easy to find a pharmacy open in the evenings. The most popular ‘additional’ opening hours were Saturdays 9am-1pm and 1pm-6pm, Sunday’s 10-2pm and weekday evenings 6pm-11pm. The next three sections show that Solihull Pharmacies are open in line with demand and access to pharmacy services is good.

7.3.1 100 hour contracts and extended opening hour Pharmacies

There are currently six ‘100 hour’ pharmacies in Solihull. These are included in the pharmaceutical list under regulation 13(1) (b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

- Asda Pharmacy, B37
- Balsall Common Pharmacy, CV7
- Knights Solihull Pharmacy, B91
- Late Night Yew Tree Pharmacy, B91
- Tesco In store Pharmacy, B90 4EN
- Tesco In store Pharmacy, B90 3LU

Figure 15 shows the locations of 100 hour pharmacies in Solihull. The ‘100 hour’ pharmacies listed above are geographically located towards the Urban West locality of Solihull. The provision of Solihull’s 100 hour pharmacies is mainly in Lode Heath, Blossomfield, Monkspath with one in the North of the borough; Chelmsley Wood North.

These 100 hour pharmacies provide the Borough with good access to pharmaceutical services on Saturdays, Sundays and evenings until late. They guarantee access to Pharmaceutical services for 14/15 hours a day except on Sundays due to the Sunday trading act 1994. There are 24 pharmacies with extended opening hours after 6pm on a weekday evening in Solihull.

7.3.2 Saturday Opening Hours

Of the 46 pharmacies in Solihull, 36 open on a Saturday. Of those pharmacies open on a Saturday, 8 of them are closed by 1pm. After 1pm the other 24 remain open with gradual closures over the remainder of the day with 18 open after 5pm.

7.3.3 Sunday Opening Hours

There are 12 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations, with 11 premises open after 1pm and one open until 9.30pm

7.3.4 Bank Holiday Provision

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays, although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where pharmacies are still traditionally closed. NHS England is responsible for working with community pharmacies to ensure an adequate rota. The Bank Holiday rota is also posted on NHS Choices for the general public.

7.3.5 Provision of dispensing services

Figure 20 Prescriptions dispensed on a monthly basis in the West Midlands

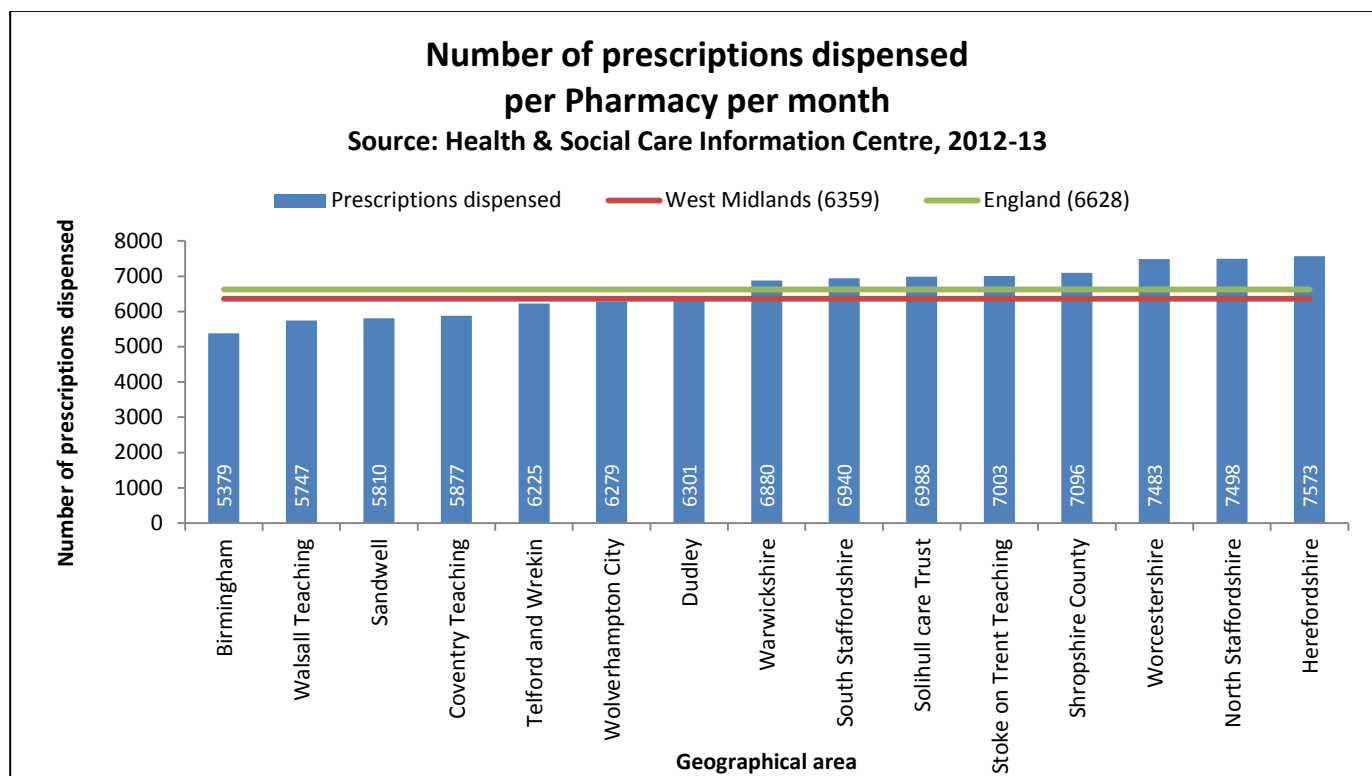
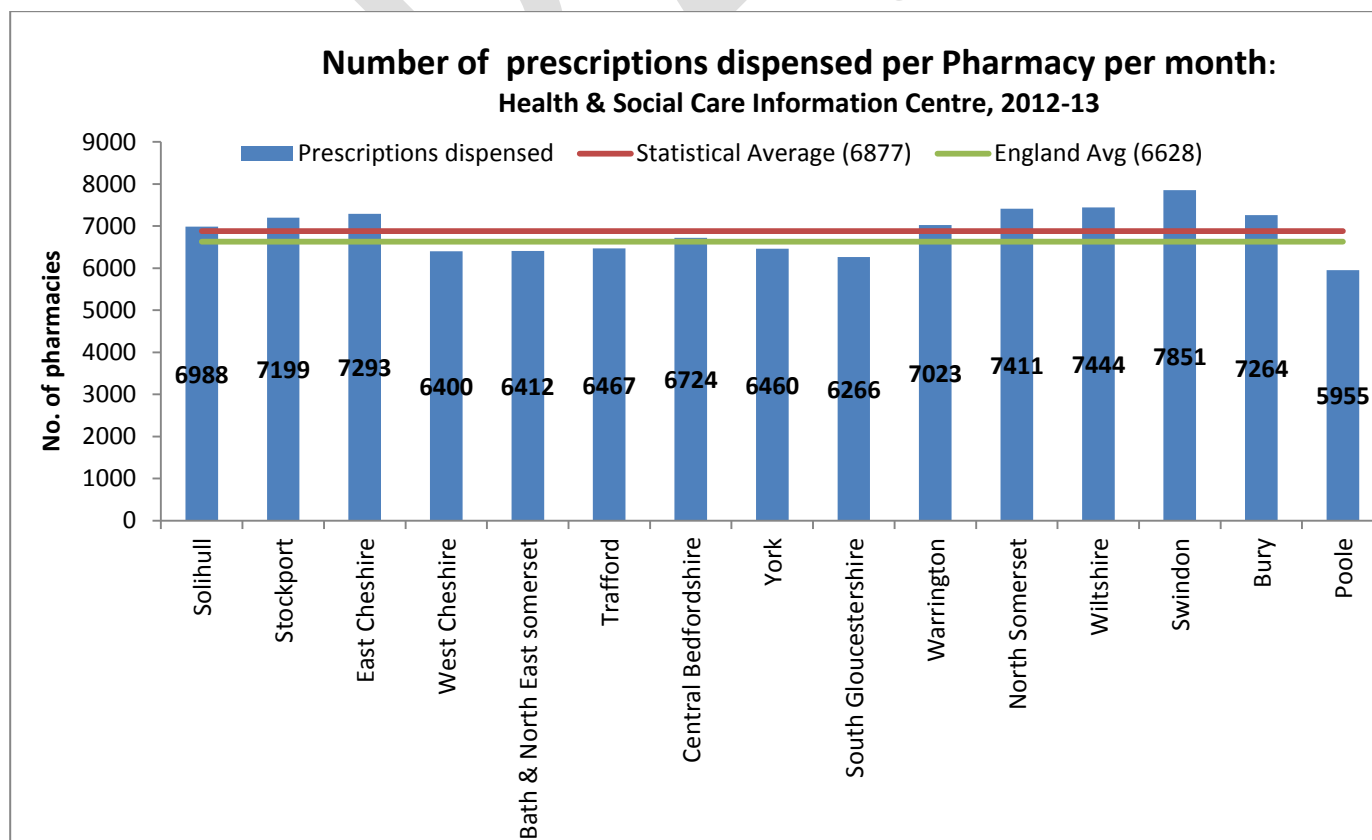


Figure 21 Prescriptions dispensed on a monthly basis in comparison to Solihull’s statistical neighbours



From figure 20 and 21 it can be seen that each pharmacy in Solihull dispenses on average 6988 items per month higher than the West Midlands Median of 6359 and just over the average of Solihull's statistical neighbours. This would imply that pharmacies providing services to the Solihull population are doing so in line with need for a borough of its size and population.

7.3.6 Walk in Centres

The Solihull Healthcare and walk in centre on the grounds of the Solihull Hospital site, approximately 50metres from the A & E department is open from 8.00am – 8.00pm every day. The walk in Centre is provided by a local GP practice Bernays and Whitehouse within the Central Solihull locality. The Walk in Centre is located close to the road network and most attendances are by car.

7.3.7 Out of hour's services

The Carson Review (2004) of out of hour's provision made recommendations relating to medicines supply in the out of hours setting. The review placed the responsibility for ensuring that patients receive medicines, if required, out of hours on the provider and not on the patient.

The Out of Hours centre is next to the A&E department within Solihull Hospital. It is run by the BADGER Out of Hours GP service (Birmingham and District GP Emergency Rooms) and provides a face to face GP service in the evenings and at weekends. On the Solihull Hospital site BADGER is open from 6.30pm - 11.00pm on weekdays and 9.00am - 11.00pm at weekends and on bank holidays

The aim of the Out of Hours service in Solihull is to provide a comprehensive urgent primary care service outside normally accepted GP and GDP working hours (08.00-18.30) Monday to Friday and 24 hours over weekends and bank holidays for the population of Solihull. The OOH service provides emergency dispensing to patients when this is necessary, and signpost patients to extended hours pharmacies when appropriate. Arrangements are in place to ensure that patients seen out of hours are able to get the medicines they need if required urgently or are able to obtain these medicines in the next in-hours period.

Patients accessing walk in centre or OOH services outside normally accepted GP working hours will equally require access to Pharmacy services where appropriate. The results of the pharmacy survey show there is extensive pharmacy opening hour's provision in Solihull during the week. Monday to Friday there are 8 pharmacies open after 8pm. On Saturday 41 pharmacies are open throughout the day with 18 pharmacies open after 5pm. On Sunday, 12 premises are open throughout the day with 8 open after 5pm.

7.3.8 Cross Border dispensing

Patients are free to choose which pharmacy to use irrespective of where their GP is located. There can be cross border movement of patients to neighbouring Coventry, Birmingham, where patients can have their prescription dispensed or access other services. To identify the extent to which our population uses pharmacies outside Solihull we looked at where prescriptions written by Solihull GPs were being dispensed. Pharmacies in Solihull dispense approximately 3.3 million prescription items each year, pharmacies outside Solihull dispense approximately 400,000 Solihull prescriptions each year, pharmacies in Solihull also dispense prescriptions for GPs outside Solihull.

TO PROVIDE FURTHER INFORMATION UPON RECEIPT FROM BSA

7.4 Distance-Selling pharmacies

There is 1 distance selling pharmacy located in Solihull that is contracted to provide pharmacy services via the internet or mail. These are pharmacies that must adhere to all regulations concerning other pharmacies; the only additional stipulation is that they are not permitted to provide essential services on site and must provide a national service. Such pharmacies are permitted to provide any other services (NHS or private) on site if they wish. These pharmacies do not provide any enhanced services in Solihull. Such pharmacies may be particularly useful for those who have difficulty accessing traditional pharmacies, particularly the elderly or those with mobility needs. Such pharmacies may be particularly useful for those requiring repeat prescriptions; they may be less appropriate when an acute prescription is required.

7.5 Views of Solihull Residents

The Patient survey asked for views from Solihull residents relevant to essential services. 92% of residents agreed or strongly agreed with the statement that they could easily find an open pharmacy when needed. Over half of patients accessed their pharmacy on a monthly basis with 85% of residents using their pharmacy between 9am and 6pm on weekdays. Over two thirds of respondents travelled one mile or less to access their pharmacy. However only one third of respondents disagreed with the statement they found it easy to find a pharmacy open in the evenings.

Patients were invited to tell us of anything else they may feel is important regarding your local services and many people who responded to this question, wanted longer opening hours to cover lunch times and week day evenings.

Conclusions in relation to essential services

Essential Services are provided by all of our pharmacy contractors. This includes dispensing of NHS prescriptions which is a fundamental service that is commissioned nationally by the NHS. Essential services

ensure that there is a network of pharmacies through which our population can obtain prescribed medicines in a safe and reliable manner. Access to essential services, specifically dispensing services, is a necessary service the current need for which is secured through our existing pharmacy contractors.

Solihull has a comprehensive network of pharmacies, which has developed to include six 100 hour pharmacies. Of the 46 pharmacies in Solihull, 36 open on a Saturday. Of those pharmacies open on a Saturday, 8 of them are closed by 1pm. After 1pm the other 24 remain open with gradual closures over the remainder of the day with 18 open after 5pm. There are 12 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations, with 11 premises open after 1pm and one open until 9.30pm

Our analysis of opening hours has shown that the people of Solihull have good access to our pharmacy network across an extended period of time.

In relation to our 100 hour pharmacy contractors we have considered the current provision from these contractors and the potential for these contractors to apply to reduce their hours in the future based on the PNA. We have concluded that our current 100 hour contractors perform a crucial role in opening up access in the early morning, evening, late evening and at weekends.

We have concluded that there are no current gaps in Essential Services.

7.5.1 Advanced Services

Since 2005 community pharmacies have been able to provide medicines use reviews (MUR) under the Advanced Services within the community pharmacy contract. Contractors may choose to provide MURs and must make a declaration of conformity with the requirements to provide.

The MUR service is intended to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve concordance; and reduce medicines wastage, by encouraging the patient to take medicines correctly and only order the medicines they require.

The provision of Advanced Services is linked to the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor questionnaire.

7.5.2 Premises and consultation areas

The presence of consultation areas in many pharmacies presents an opportunity to commission pharmacies in new and potentially exciting ways to deliver new services. In some respects this is already happening through

commissioning enhanced and other locally commissioned services.

7.5.3 Medicines Use Reviews

The provision of MURs in Solihull has increased over the past 5 years and this can be seen from the HSCIC data. The patient survey informs us that there is a good awareness of this service. Almost all (95%) of pharmacies in the Borough provide this service. MUR's are a very useful tool to help the Solihull Health and Wellbeing Board and Solihull CCG to achieve their strategic aims by improving the quality of life for people with multiple long-term conditions, reduce hospital admissions and Increase life expectancy - by tackling specific health conditions for certain age groups. However the evidence base for the effectiveness of MURs remains unclear and requires further evaluation.

Figure 22 Mean number of Medicine Use reviews per provider by West Midlands Cluster

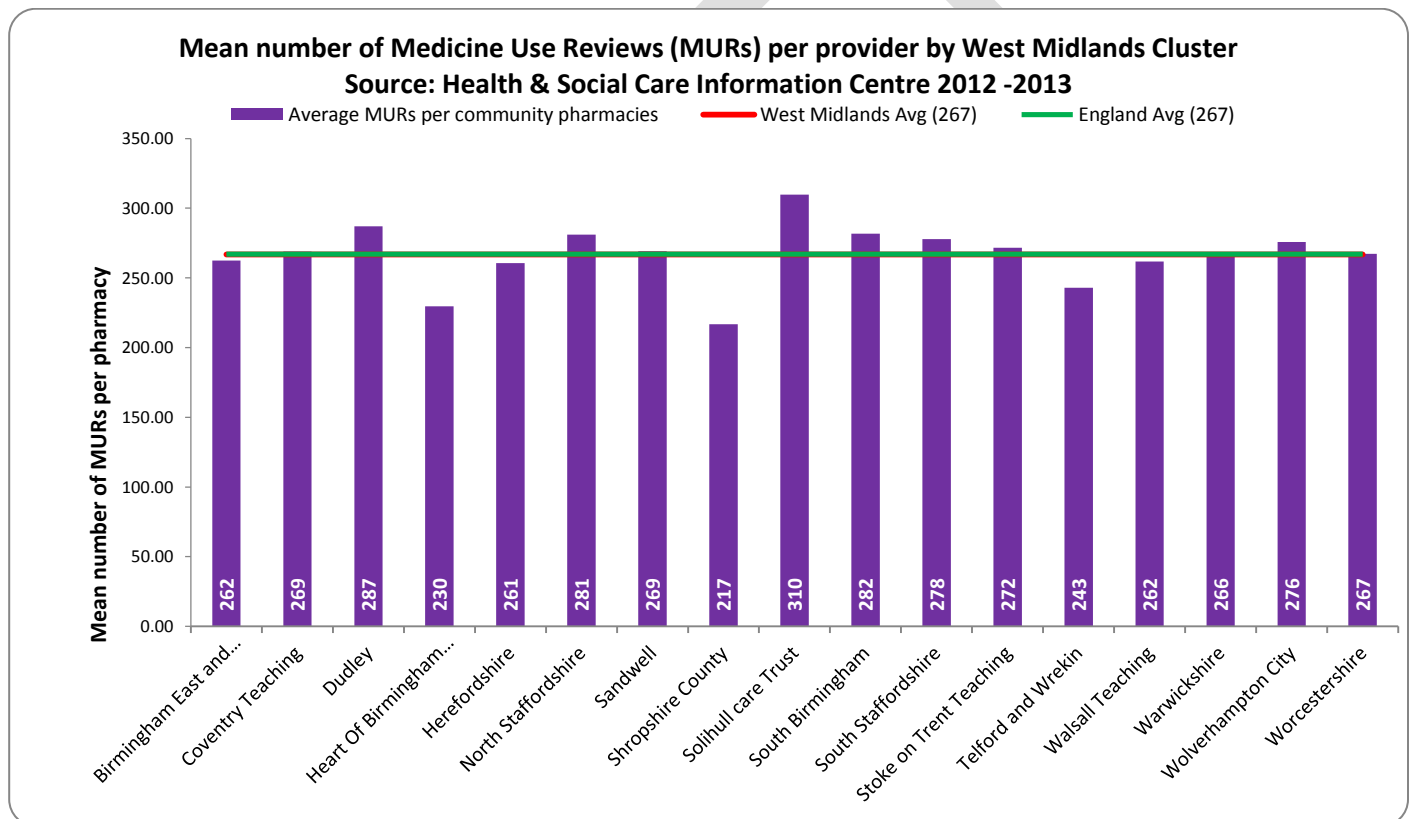


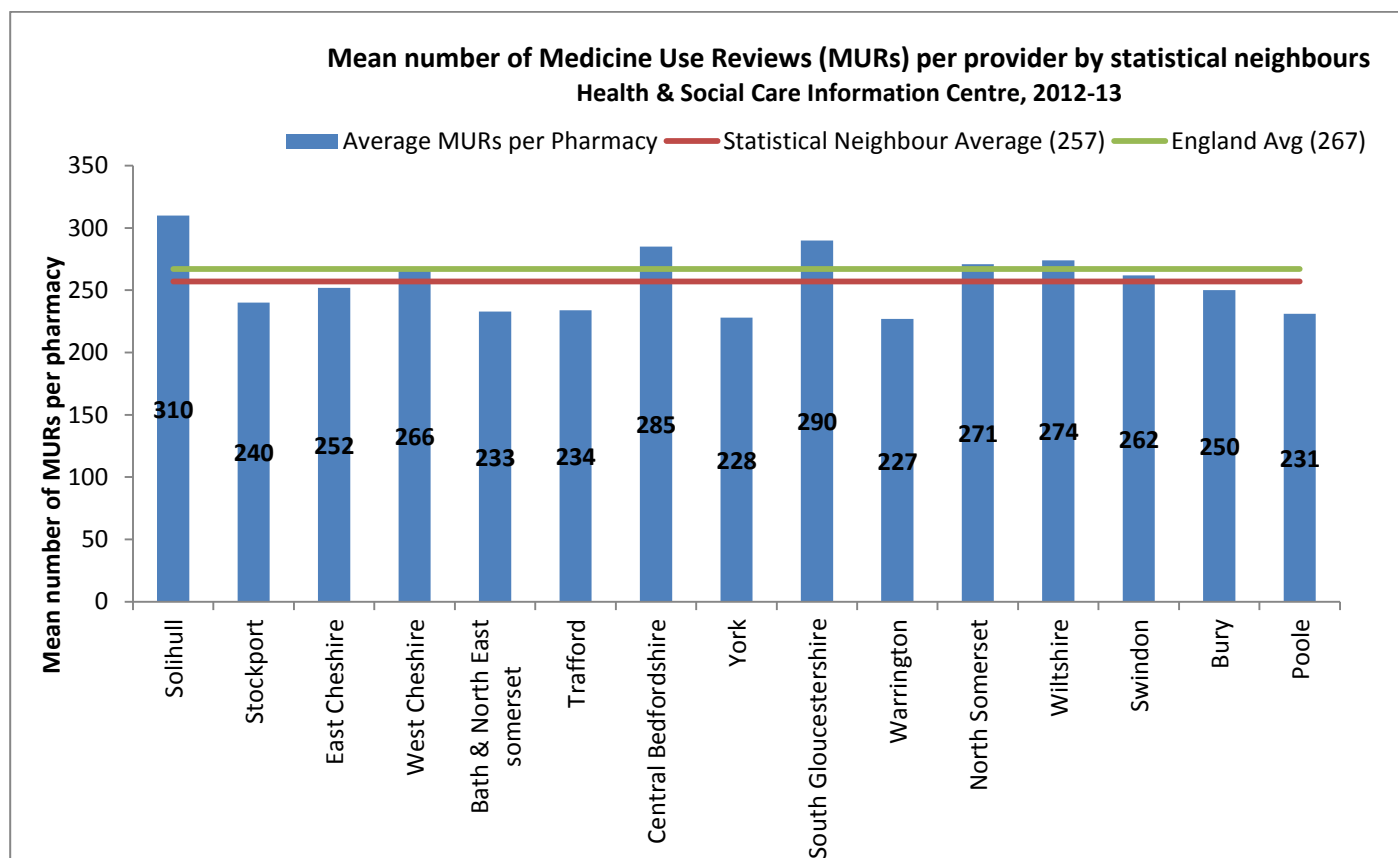
Figure 23 Mean number of Medicine Use reviews per provider by Statistical Neighbour

Figure 22 & 23 above show Solihull is providing a MUR service well above the West Midlands, England and its statistical neighbour average. In fact Solihull has the highest mean number of medicine use reviews per provider in the West Midlands cluster and in comparison to its statistical neighbours.

Patient Views

Our survey of Solihull residents showed that 68% of respondents were aware that medicines use review service was available from Solihull pharmacies with 38% having used it. The conversion rate from awareness to usage for medicines use review was one of the highest at 56%.

7.5.4 Appliance Use Reviews

There is one appliance contractor in Solihull and the Pharmacy Survey identified that of the 41 pharmacies that responded to the survey 81% dispense appliances with 7% dispensing dressings only. It is not surprising therefore that only a small amount 10% of pharmacies provide Appliance Use Reviews. This is because in practice the number of AUR's a pharmacy can provide is proportional to the number of appliances it dispenses.

Figure 24 Mean numbers of Appliance Use Reviews per provider by West Midlands Cluster

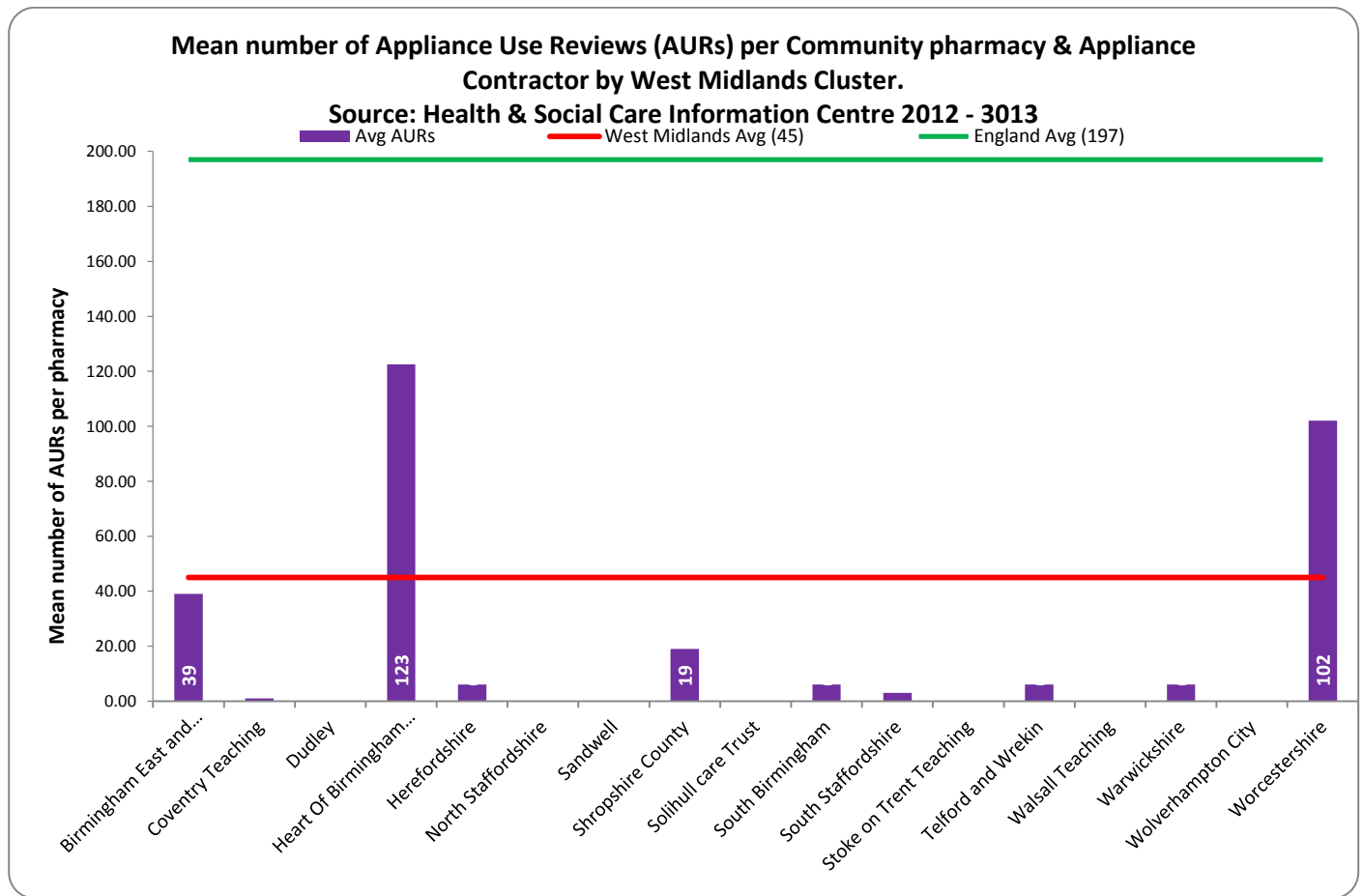


Figure 25 Mean numbers of Appliance Use Reviews per provider compared to Statistical Neighbours

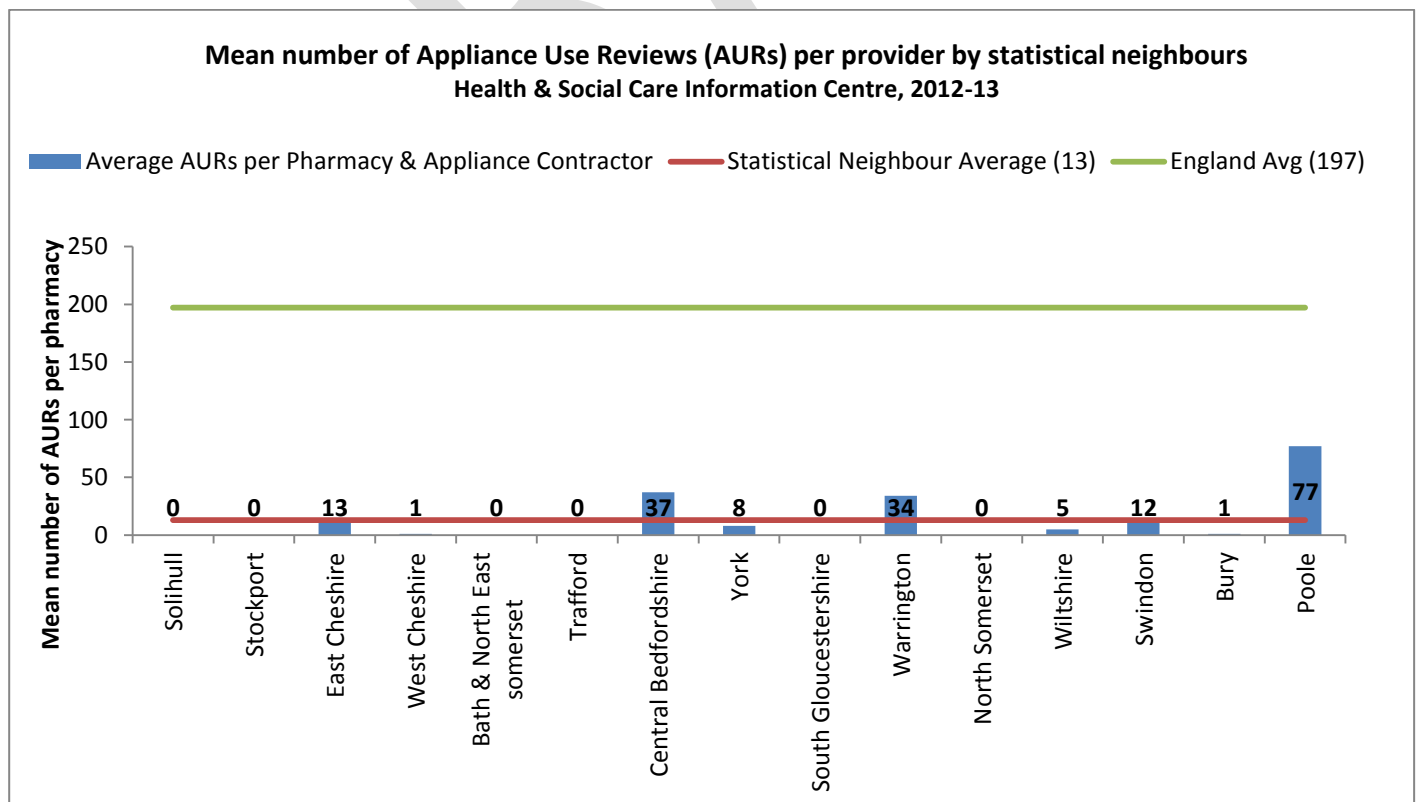


Figure 24 and 25 above show Solihull falls short of the West Midlands & statistical neighbour average of AURs and is a long way off the England average as most Solihull residents get their appliances dispensed from a DAC located outside of Solihull. It is also unclear how well advertised the AUR service is to those that may benefit. Without knowing this, or the demand for such a service, it is not possible to determine if the service is reaching those that could benefit. The need for pharmacy staff to be trained to provide such a service may be a barrier to wider implementation of the service. The use of such services may also be tempered by similar style reviews for patients by GP or secondary care staff.

7.5.5 New Medicine Service

The New Medicine Service (NMS) is the most recent Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The Department of Health (DH) commissioned researchers at the University of Nottingham to lead an academic evaluation of the service. The findings from the evaluation were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. This was the basis for NHS England's firm decision to continue commissioning the service throughout 2014/15.

The pharmacy survey informs us that there is a good awareness of this service. Almost all 95% of pharmacies in the Borough provide this service.

Figure 26 Mean number of New Medicine Service Reviews per provider by West Midlands Cluster

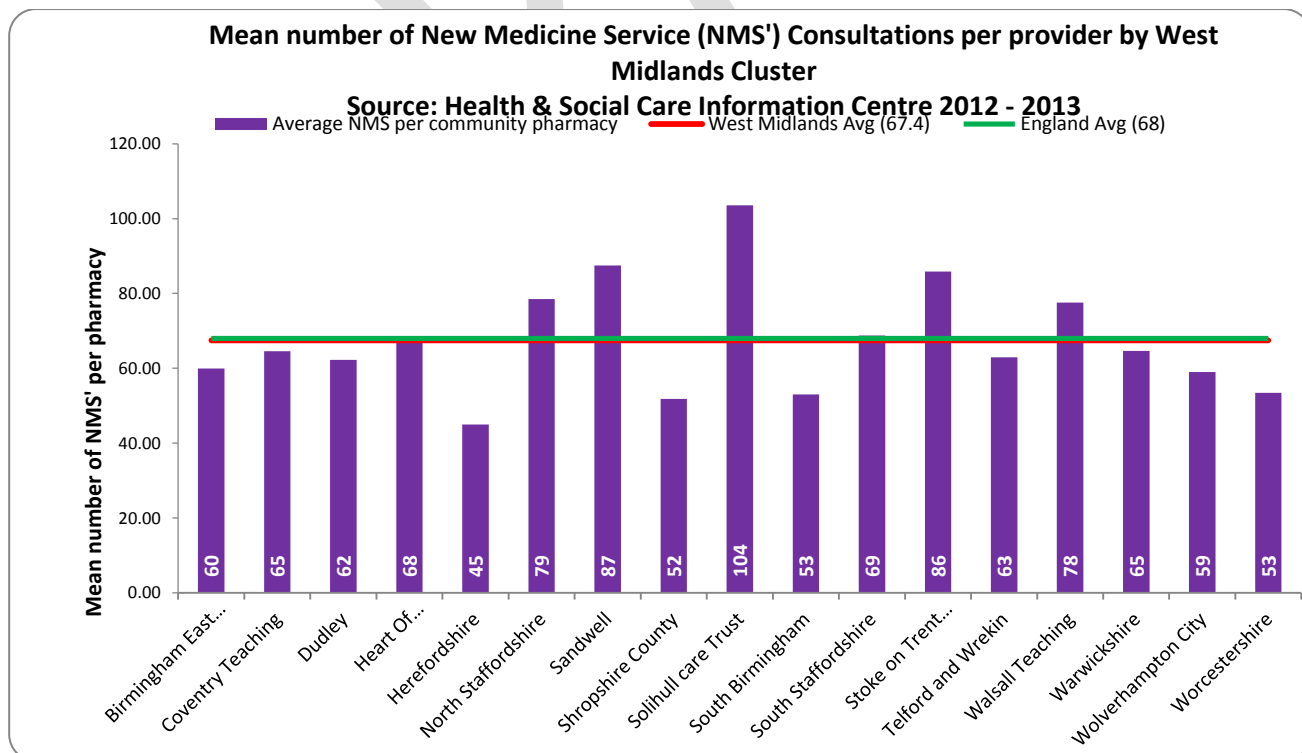


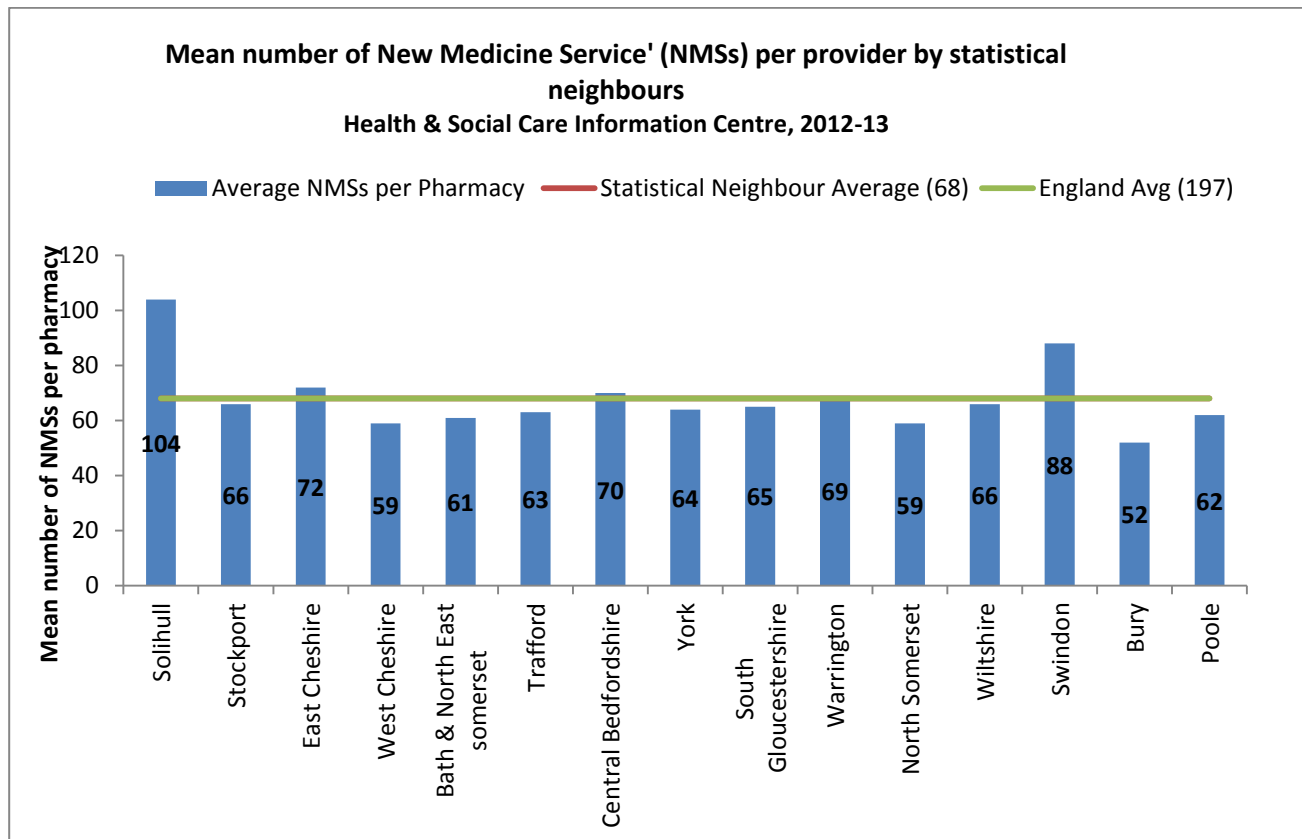
Figure 27 Mean number of New Medicine Service Reviews per provider by Statistical neighbour

Figure 26 and 27 above shows Solihull is well above the West Midlands, statistical neighbours and England average of reviews provided and Solihull has the highest mean number of NMS reviews per provider in the West Midlands Cluster and statistical neighbour group.

7.5.6 Stoma Appliance Customisation Service

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The patient survey informs us that 21% of pharmacies that responded to the survey in the borough provide this service with a further 17% intending to do so within the next 12 months. Certain conditions must be fulfilled prior to offering the SAC service and this includes the service must be provided from an 'acceptable location', which means:

- an area within the pharmacy that is distinct from the public area;
- is clearly designated as a private area whilst the service is being provided;
- is suitable and designated for the retention of the appropriate equipment for customisation;
- is suitable and designated for modification of the appliances; and
- that it is suitable for the volume of customisation being undertaken at any given time

Therefore it is fortunate that the community pharmacy consultation areas have good characteristics in the sense that almost all (97%) consultation areas are a closed room.

Figure 28 Mean number of Stoma Appliance Customisation reviews per provider by West Midlands Cluster

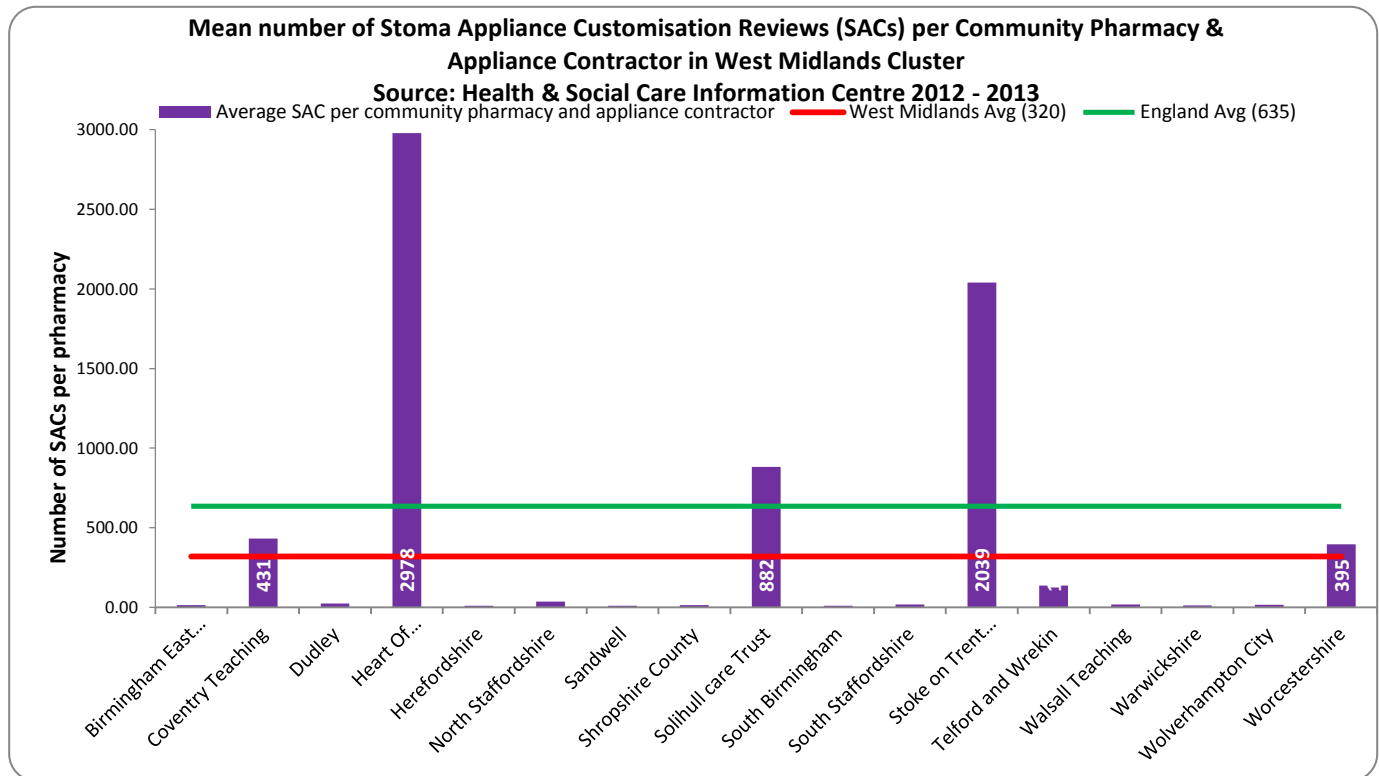


Figure 29 Mean number of Stoma Appliance Customisation reviews per provider by Statistical neighbours

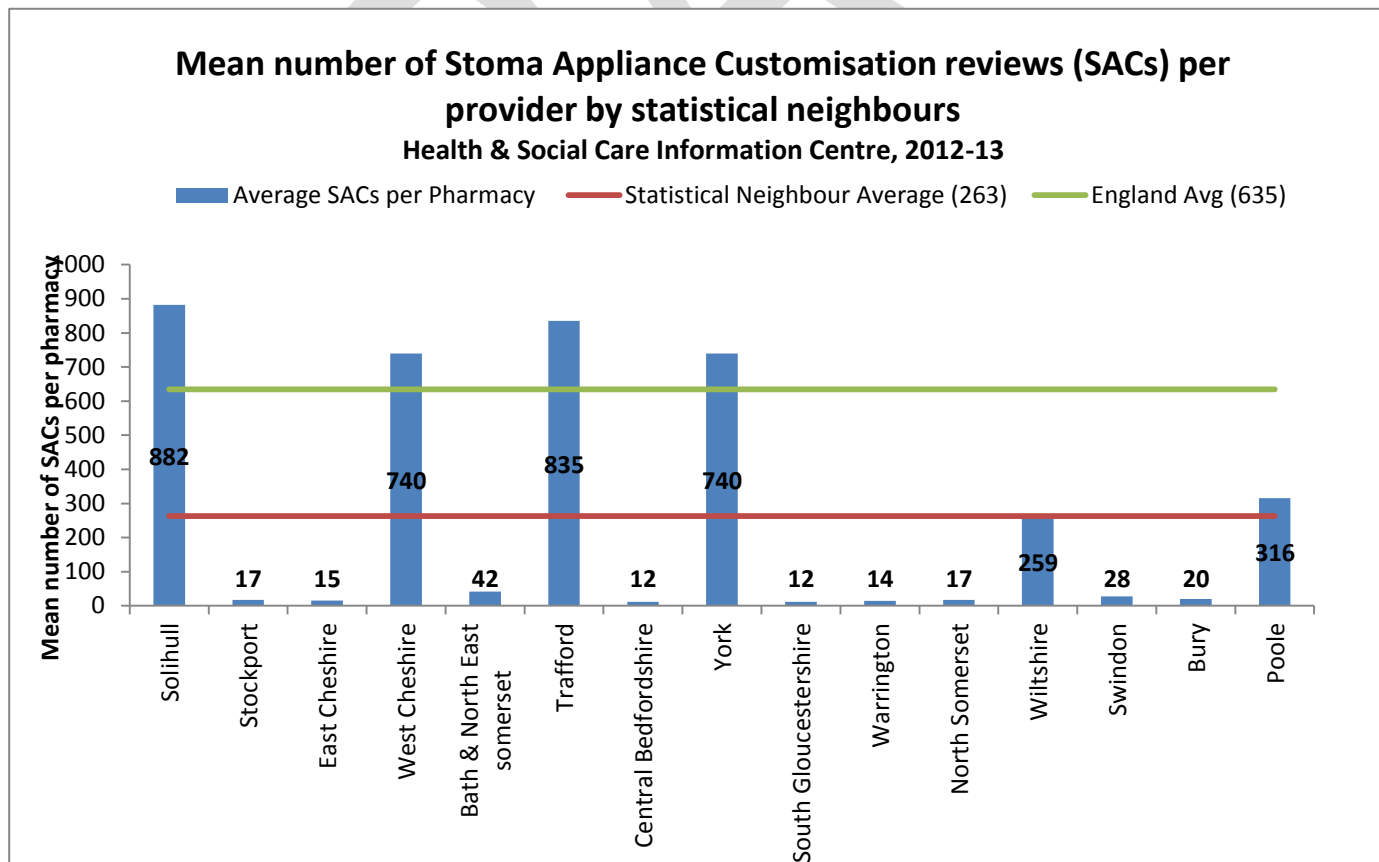


Figure 28 and 29 above shows that Solihull is doing more reviews than the West Midlands, statistical neighbours and England average.

Conclusions in relation to advanced services

The stated purpose of advanced services fits well with the SHWB strategic aims, particularly improving outcomes for patients with long term conditions (LTCs). Solihull is providing a high volume of advanced services reviews which can be demonstrated by the mean number of MUR per pharmacy. It can be seen that Solihull is providing a NMS, SAC and MUR service well above the West Midlands, England and its statistical neighbour average. However Solihull is below average in AURs.

MURs can target patients recently discharged from hospital. New changes to MUR's have been in line with NHS objectives to improve patient outcomes and resource utilisation by targeting patients with or at risk of developing cardiovascular disease. There is good awareness of the MUR service in Solihull. We have concluded that MUR is a necessary service for our population.

The NMS service has been evaluated overwhelmingly positively in terms of its effectiveness. Solihull is well above the West Midlands, statistical neighbours and England average of reviews provided and Solihull has the highest mean number of NMS reviews per provider in the West Midlands Cluster and statistical neighbour group.

The SAC service in Solihull is well above the West Midlands, statistical neighbours and England average of reviews provided and Solihull has the highest mean number of NMS reviews per provider in Solihull's statistical neighbour group.

There appears to be scope for more pharmacies to provide AURs but this can be explained by the fact that most residents obtain their appliances from a DAC located outside of Solihull. In addition Pharmacies in the borough are free to choose whether they should provide this service. We have noted the comments of patients and stakeholders in relation to promoting the current range of services that are available from pharmacies.

We have concluded that there are no current gaps in provision of Advanced Services. We will work to develop and focus advanced services in order to improve the delivery of these services from contractors.

7.6 Enhanced Services

Before 1 April 2013 Primary Care Trusts (PCTs) commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1 April 2013 those enhanced services previously commissioned by PCTs transferred to NHS England. The remaining services may be commissioned by the local authority or the local Clinical Commissioning Board but cannot be referred to as enhanced services.

Public health services

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

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception service through patient group directions.

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

Enhanced services

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by health and wellbeing boards (HWBs) thereafter:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service

- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

PNAs are primarily concerned with pharmaceutical services, i.e. those services commissioned from pharmacy and dispensing appliance contractors by NHS England. Until SHWBs produce their first PNA (31 March 2015 at the latest), PNAs produced by PCTs will refer to services some of which may no longer be treated as enhanced services as they will no longer be commissioned by NHS England.

Although the PNA is primarily concerned with pharmaceutical services, HWBs will need to take account of other NHS services which are provided or arranged by a local authority, NHS England, a clinical commissioning group (CCG), an NHS trust or an NHS foundation trust in order to provide as complete a description of relevant services as possible and to avoid erroneously identifying gaps in provision.

7.6.1 Drug Action Services

Currently the Drug Action service has been commissioned as three services to support drug treatment:

- Needle Exchange
- Supervised consumption of Methadone
- Supervised consumption of Buprenorphine

7.6.1.1 Needle Exchange

The Needle exchange service commissioned by SMBC allows injecting drug users to exchange used needles for clean needle replacements, which reduces the risk of needle re-use and the transmission of infectious disease.

Community pharmacies will arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service. This service helps users to remain healthy until they are ready and willing to cease injecting and begin their journey through recovery. We consider the needle exchange service to be a **necessary** service.

A total of 13 pharmacies provide the service in the borough. Figure 30 shows the location of pharmacies offering the Needle Exchange service mapped over Indices of multiple deprivations (IMDs) in Solihull. Deprivation in this assessment is taken to mean socio-economic deprivation, which is summarised in England using the Indices of Multiple Deprivation score (2010). This score system, published by the Department of Communities and Local Government (DCLG) incorporates the domains of income, employment, health, education and skills, barriers to housing, crime, and the living environment. IMDs are a good indicator of need for drug action services. There is correlation between deprivation and health outcomes, with higher incidence of long term condition, earlier onset of disease and lifestyle related health inequalities. Pharmacy services are often an accessible source of health services and the promotion of positive health messages in these localities.

Pharmacies commissioned to provide the needle exchange services are well located in the areas of Solihull with greater numbers of people aged 15 to 24. This can be seen in particular in central Solihull, south Solihull and Dorridge.

Pharmacies commissioned to provide the services are well located and have been developed and extended to areas where the service is required. The current pattern of provision is consistent with the needs of the population and we have concluded that there are no gaps in provision.

7.6.1.2 Supervised Consumption

The supervised consumption service provides access to substitute therapy for people with opiate addiction, directly through pharmacies. This service requires the pharmacist to witness and supervise the consumption of prescribed medicines such as methadone and buprenorphine following the point of dispensing in the pharmacy against a valid prescription. The overall aims of pharmacy services to drug users are to assist the service user to remain healthy, reduce risk, and provide service users with regular contact with a healthcare professional and help them access further advice or assistance. These are considered necessary services as pharmacies can be a primary access route

for this vulnerable population. The service not only reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. This service ensures frequent (usually daily) contact with patients by the pharmacist during the early, more chaotic stages of treatment and as such offers the opportunity to monitor patients closely. We consider the supervised consumption service from pharmacies to be a **necessary** service. A total of 29 pharmacies provide the service in Solihull. Figure 31 shows the location of pharmacies offering the supervised consumption service mapped over Indices of multiple deprivations in Solihull.

Pharmacies are commissioned to provide the service on the presentation of a prescription across most areas in Solihull – Knowle, Cheswick Green, Dickens Heath, Balsall Common and central Solihull. The service is available from many pharmacies and patients have the opportunity to access the service from many locations.

Pharmacies commissioned to provide the service are very well located in line with need in Solihull. The current pattern of provision is consistent with the needs of the population and we have concluded that there are no gaps in provision.

Conclusions in relation to Drug Action services

Needle exchange service is an important public health service which reduces the risk to drug users and the general population. Consequently we have concluded that the provision of needle exchange service from pharmacies is a necessary service and there are currently no gaps in provision.

The supervised administration service performs a critical role in supporting drug users in treatment to manage their treatment programme while minimising the diversion of drug treatment onto the streets. We have concluded the supervised administration service from pharmacies is a necessary service and that the current provision meets the needs of the population.

Figure 30 Location of Pharmacies in Solihull providing the Needle Exchange Service mapped over Indices of Multiple Deprivation in Solihull

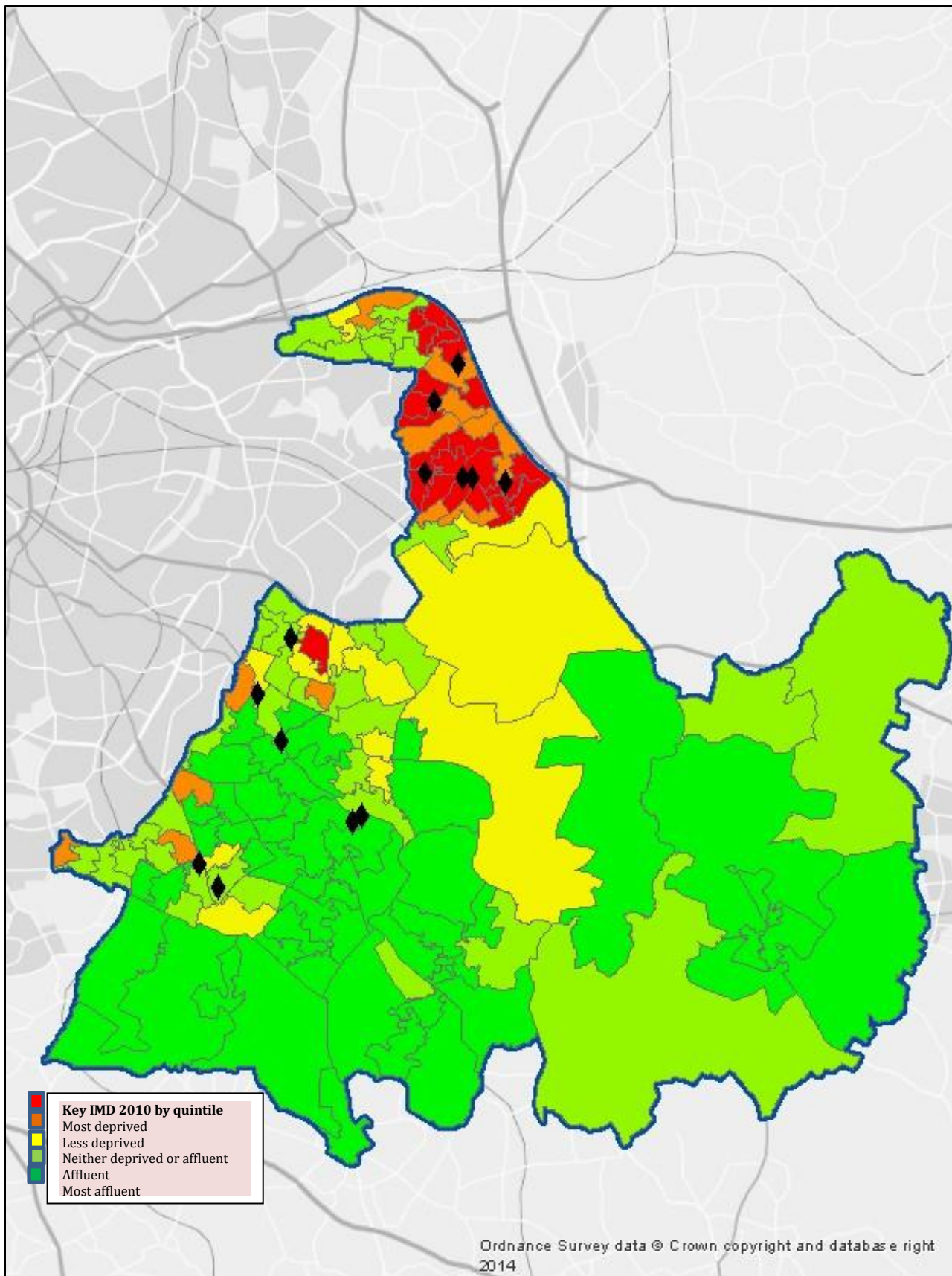
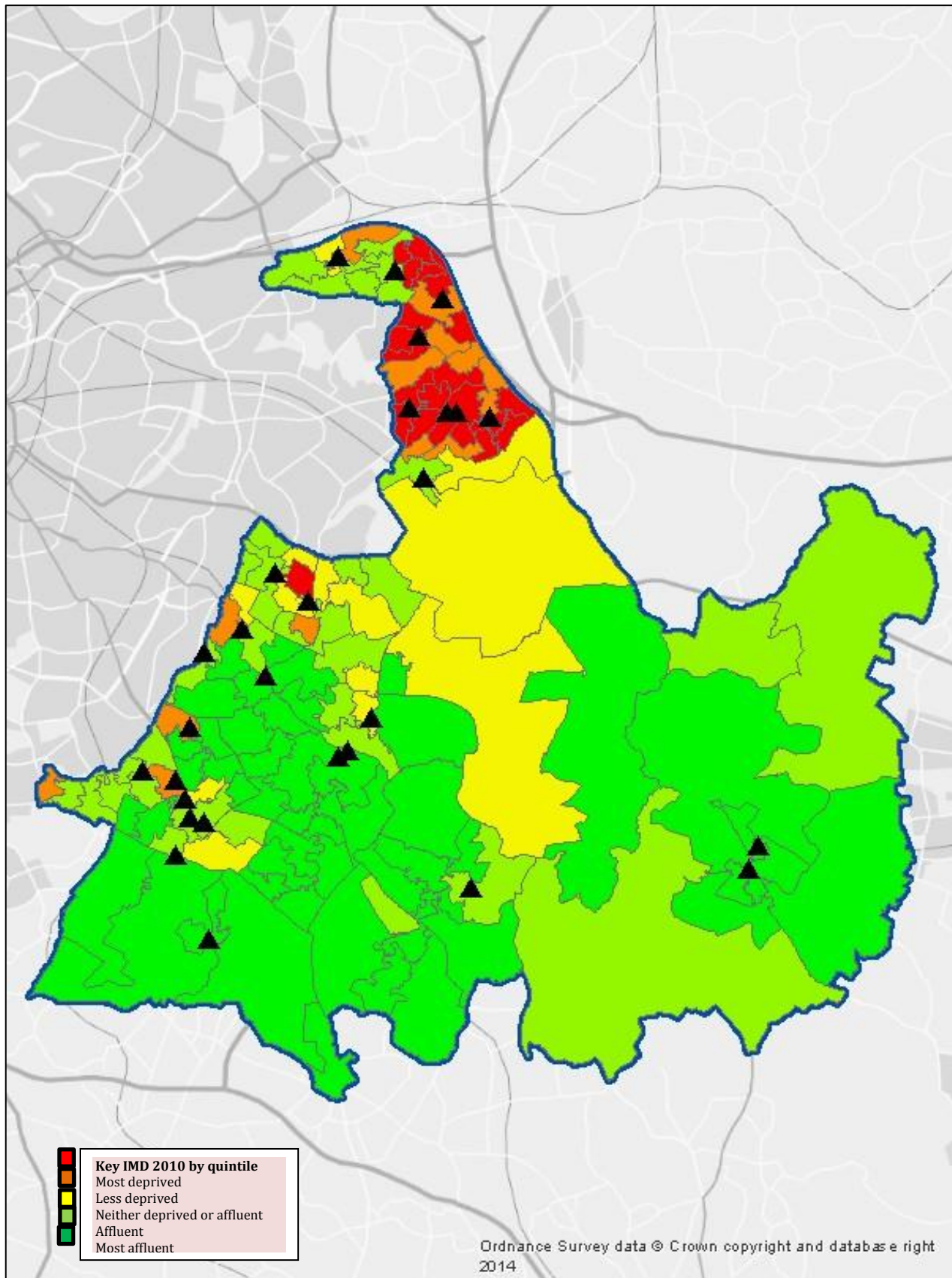


Figure 31 Location of Pharmacies in Solihull providing the Supervised Consumption Service mapped over Indices of Multiple Deprivation in Solihull



7.6.2 Sexual Health Services

Currently the Sexual Health Services have been commissioned as:

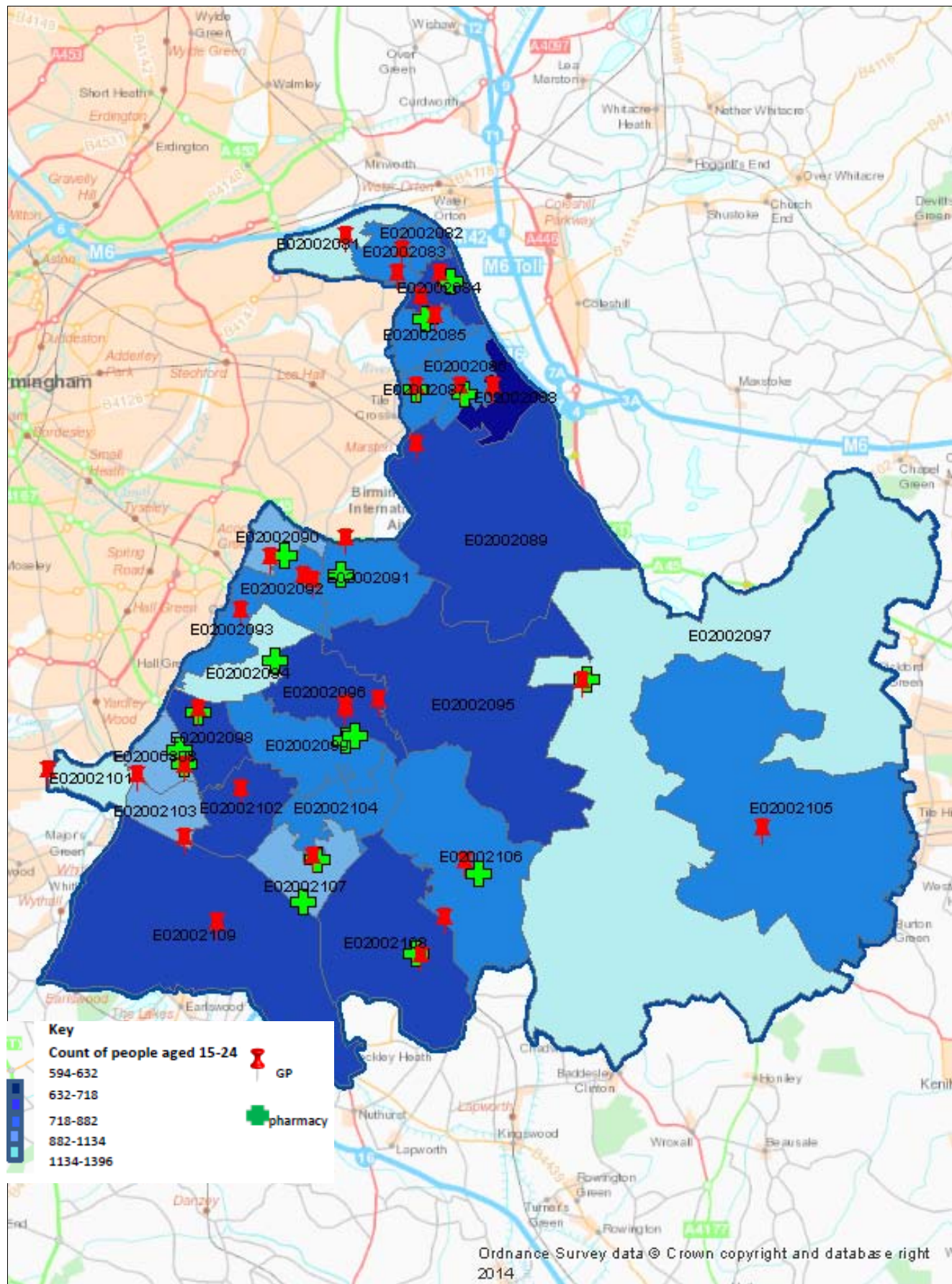
- BeSure – Chlamydia & Gonorrhoea Screening Programme
- Emergency Hormonal Contraception

7.6.2.1 Birmingham & Solihull Chlamydia & Gonorrhoea Screening Programme (BeSure) in young people aged 15-24

The purpose of BeSure is to locally implement the National Chlamydia Screening Programme (NCSP). The NCSP is a control and prevention programme targeted at the highest risk group for chlamydia infection in England, young people under 25 who are sexually active. The NCSP is an opportunistic screening programme which aims to prevent and control chlamydia through early detection and treatment of asymptomatic infection, reduce onward transmission to sexual partners and prevent the consequences of untreated infection. The NCSP extends opportunities for young people to be tested in locations they frequently visit by providing access to opportunistic screening in clinical and non-clinical settings, in hospital, community and social settings across Birmingham and Solihull. The aim is to normalise the idea of regular chlamydia screening among young people so that they expect to be screened annually or when they change partner. The NCSP aims to ensure that all sexually active men and women under 25 years of age are aware of chlamydia and gonorrhoea, its effects, and have access to services providing screening, prevention and treatment to reduce their risk of infection or onward transmission. The BeSure service is considered to be a **relevant** service

A total of 17 pharmacies and 32 GP Practices provide the service in Solihull. Figure 32 shows the location of pharmacies offering the screening service mapped over count of people aged 15 to 24 years old. Pharmacies commissioned to provide the services are well located in the areas of Solihull with greater numbers of people aged 15 to 24. This can be seen in the North and West of Solihull and in particular in central Solihull, south Solihull. The following MSOA's have no screening service provision within their MSOA's and are located in areas with a greater population of 15 to 24 year olds: Lyndon Barn Lane, Elmdon Heath & Catney, Blythe Parishes and Blossomfield. However provision is available within a 1 mile radius. As the PNA is a Pharmaceutical need assessment based on local health needs it is not concerning that the Meriden MSOA has a lesser provision of the screening service as this area has a much reduced count of 15 to 24 year olds and therefore has a much reduced need for the screening service. The current pattern of provision is consistent with the needs of the population and we have concluded that there are no gaps in provision.

Figure 32: Map of Pharmacies and GP Surgeries offering the Chlamydia Screening Service in Solihull



7.6.2.2 Emergency Hormonal Contraception for women (aged 13 and over)

Emergency Hormonal Contraception (levonorgestrel and ulipristal Acetate) is provided via Patient Group Directive (PGD) to women who present in person at the Pharmacy and wish to prevent pregnancy following unprotected sexual intercourse. The EHC service via pharmacies provides safe and easy access to EHC for women of any age (over 13) in Solihull by trained and competent Pharmacists. Without this service access would only be available via a GP appointment or sexual health clinics which would limit access considerably. The provision from pharmacies in Solihull is well spread and there is strong willingness to provide from other pharmacies not currently providing the service. The EHC service is considered a necessary service. Without this service access would only be available via a GP appointment or sexual health clinics which would limit access considerably. The contraceptive pill is available from pharmacies for all women that require it, at a cost of approximately £25. The “morning after” pill is provided at no cost through this scheme.

A total of 36 pharmacies provide the service in Solihull. Figure 33 shows the location of EHC pharmacies mapped over the female population count aged 15 to 44 years old in Solihull. There is a good geographical spread of providers across the borough. Pharmacies commissioned to provide the service appear to be well located, in areas where the population of women aged 15 to 44 is at its highest in Solihull. There are no MSOAs with no EHC provision, however provision is much sparser in the semi-rural south and east of the borough. Services are however available in neighbouring MSOA's and these areas also have some of the lowest populations of women who could potentially use this service for example Meriden. Where there is reduced provision of Pharmacies offering the free EHC service neighbouring MSOA's offering the service are available within a 1 mile radius. Patients can obtain the morning after pill at cost from any pharmacy within Solihull. EHC provision is an enhanced commissioned service, but pharmacies have the option of providing EHC privately by charging a patient and those will not be included in this report.

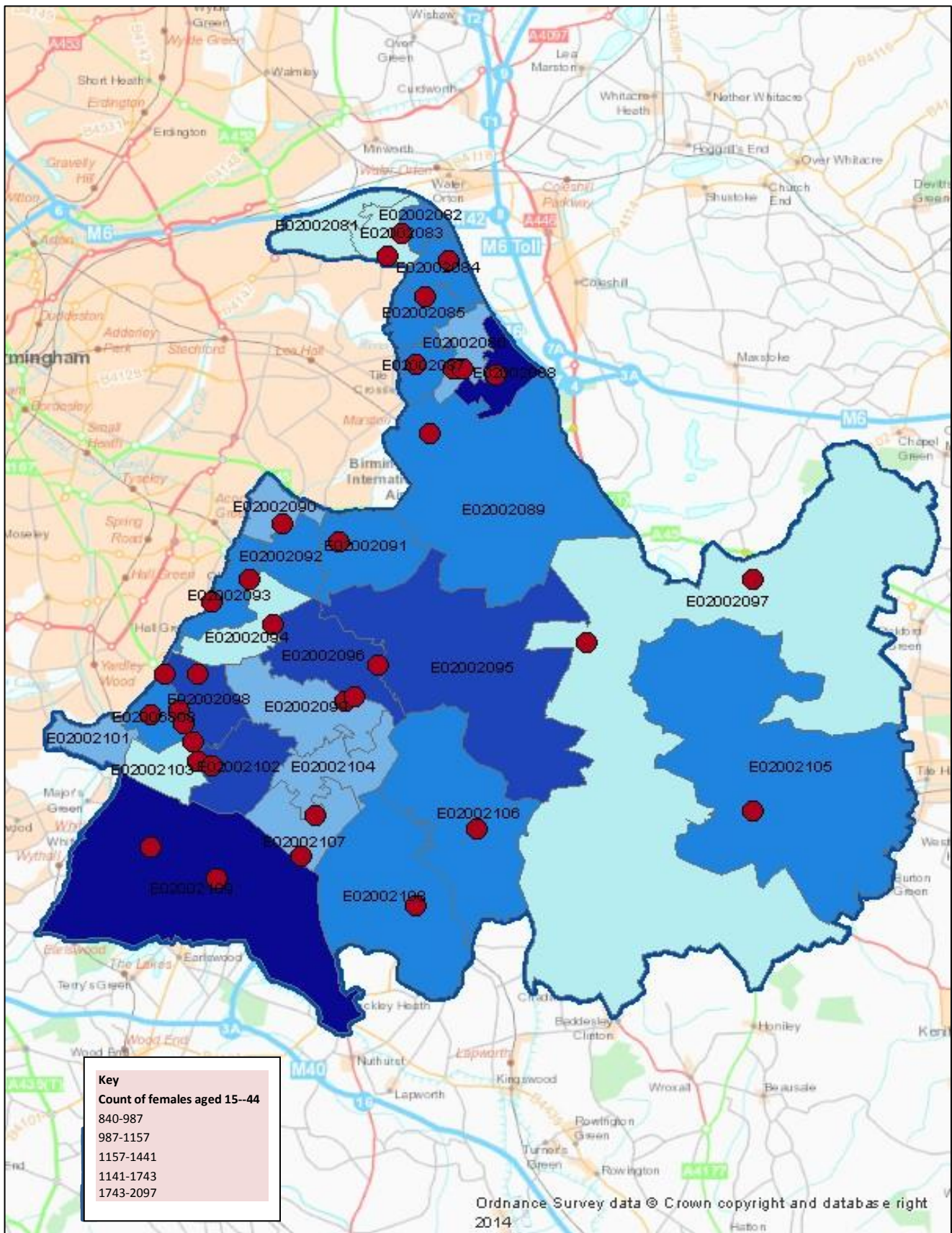
Public Views

EHC has medium awareness levels and low usage. Usage is understandable at low levels as the service is only targeted at women between 15 to 24 and the respondent profiling indicating that this particular demographic only made up 4 % of respondents.

Conclusions in relation to the Emergency Hormonal Contraception Service

We consider the EHC service to be a relevant service which provides additional primary care capacity. The current pattern of provision is consistent with the needs of the population and we have concluded that there are no gaps in provision.

Figure 33 Location of Pharmacies in Solihull providing the EHC service mapped over the female population count aged 15 to 44 years old



7.6.3 Smoking Cessation Service

Smoking cessation services from community pharmacies are provided as two related services:

- a nicotine replacement therapy (NRT) service - pharmacies dispense vouchers for NRT
- a smoking cessation advisory service

7.6.3.1 Nicotine Replacement Therapy (NRT) Service

The purpose of stop smoking services is to reduce the number of smokers by providing evidence based treatment and behavioural support to smokers making quit attempts. The delivery for the service will reduce levels of smoking-related illness, disability, premature death, and health inequality.

Pharmacies are seen as key providers of stop smoking services due to their often extended opening hours, accessibility and ability to give advice and supply NRT and medicines as well as providing counselling without delay. The Solihull stop smoking service (SSSS) directly addresses a key target for the CCG and HWB. Reducing smoking and exposure to smoke is the single most effective health care intervention that can be made. Tobacco use is the single biggest cause of premature death, killing over 84,000 people in the UK every year. In Solihull, smoking is responsible for the deaths of around 305 people per year. The purpose of stop smoking services is to reduce the number of smokers by providing evidence based treatment and behavioural support to smokers making quit attempts. The delivery for the service will reduce levels of smoking-related illness, disability, premature death, and health inequality.

Smoking cessation services from community pharmacies are provided as two related services:

- a nicotine replacement therapy (NRT) service - pharmacies dispense vouchers for NRT
- a smoking cessation advisory service

The SSSS currently supports a number of pharmacies to deliver an enhanced Stop Smoking Service whereby pharmacists may offer a comprehensive stop smoking service. Ensure only those who are motivated to stop smoking permanently or for a short term period (minimum 4 weeks and only in the case of clinical need e.g. surgery), and are prepared to set a quit date, should be considered for the treatment programme. There must be an accurate assessment of each client's suitability for NRT, bupropion or varenicline. Treatment must be in accordance with NICE guidance and must be recorded in the client's notes. Each new client who wishes to receive NRT will be issued with a voucher which they will exchange at a Pharmacy. The NRT service will enable participating pharmacies to facilitate

the accessibility and availability of NRT to those clients who are currently enrolled in the Solihull Stop Smoking Service, upon receipt of an NRT supply recommendation form.

Smoking remains one of the largest contributors to avoidable mortality; this service is therefore considered **necessary**.

A total of 31 pharmacies provide the NRT voucher service in Solihull, 13 Pharmacies provide the smoking cessation advisory service and 11 providing both. Figure 34 shows the location of pharmacies offering the smoking cessation service mapped over estimated smoking prevalence

Provision of smoking cessation services is well located across the borough. There are some gaps with a lesser provision in the MSOA areas of Meriden, Berkswell & Balsall Common, Dorridge & Knowle Village. However, even those areas that don't have any pharmacies operating Stop Smoking Services (SSS) such as Bickenhill North and Elmdon Heath & Catney do have access to GPs that provide cessation advice and services. Thus, it is unlikely that there is under-provision of SSS for the population in general

Patient views

The stop smoking service was one of the most recognised services among respondents. Smoking cessation has a high awareness but relatively low usage, probably as its only relevant to smokers who want to give up, therefore the service had a low conversion rate from awareness to usage.

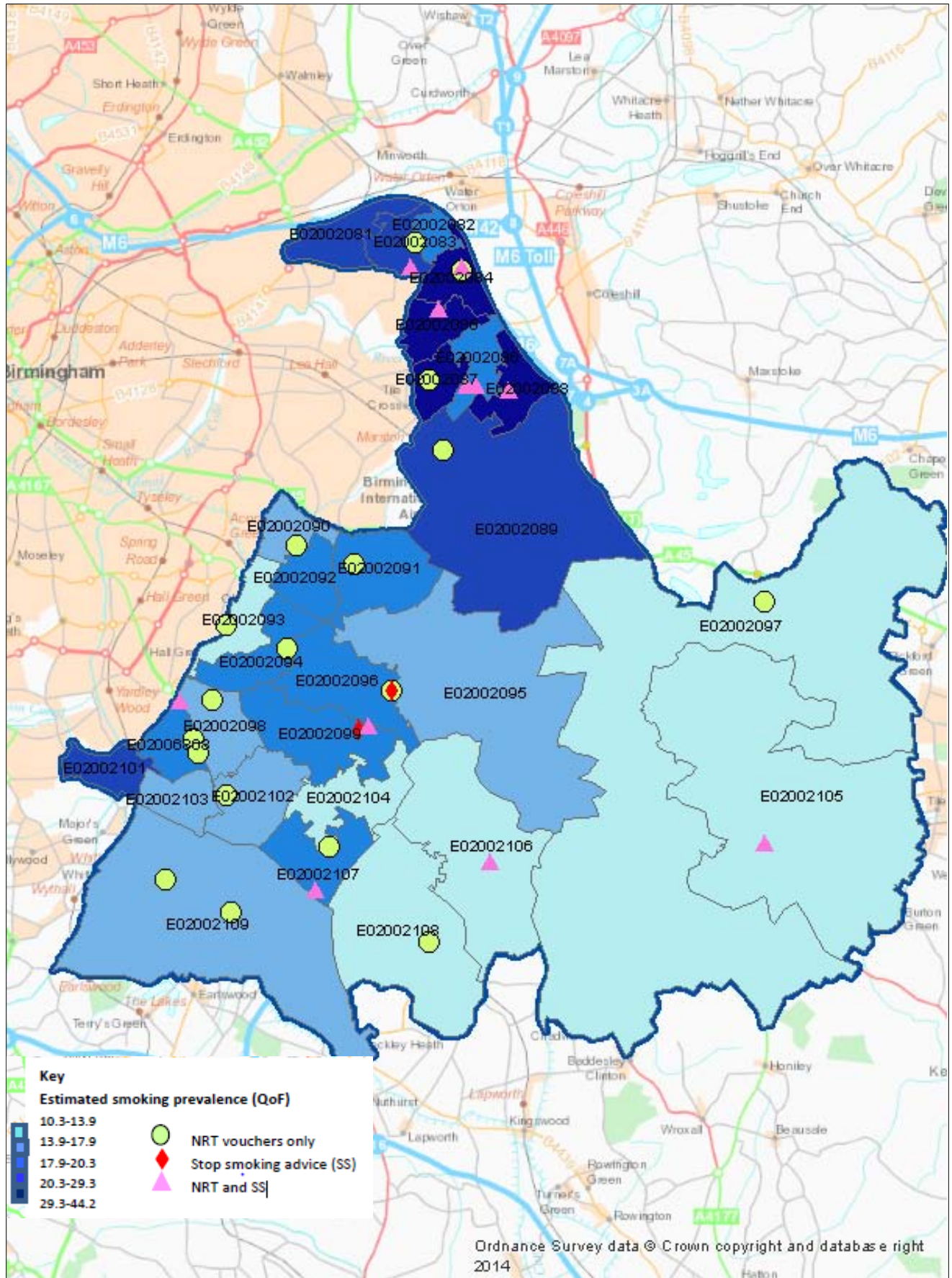
Conclusions in relation to the Stop Smoking enhanced service

The stop smoking service through pharmacies is an important to reduce smoking rates among the population. However the way in which we commission this service has now changed and pharmacy is just one of a number of providers who we contract with the deliver smoking cessation services.

Given the current arrangements for commissioning we have concluded that the Stop Smoking service is a necessary service as they play a key role in reducing one of the biggest harms to health in the borough.

There appears to be some gaps in the provision of this service in the Borough, however, these gaps appear to be filled by GPs that that provide cessation advice and services. Based on this provision of the Stop Smoking Service for the population in general appears to be sufficient.

Figure 34 Locations of Pharmacies in Solihull offering the Smoking Cessation service mapped over estimated smoking prevalence



7.6.4 Blood Borne Virus (BBV) Testing

The BBV service aims to increase levels of testing for Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) in the population and reduce the proportion of undiagnosed infections.

The aim of this service is to deliver a HBV, HCV and HIV testing service in a pharmacy setting to:

- Increase diagnosis
- Permit effective interventions
- Decrease costs of treatment
- Decrease onward transmission

Therefore the community pharmacy can provide an accessible and convenient place from which testing for these diseases can occur. This service has been commissioned to be provided through community pharmacies according to the following criteria:

- The pharmacy must be providing a needle exchange service
- The pharmacy must have a separate consultation room with hand washing facilities available.

Pharmacists will both opportunistically and through referrals offer BBV testing to anyone 18 or over and people in the 'at risk' groups listed below:

- Current/former injecting drug users
- Sexual partner of a current or former injecting drug user
- People at risk through the sharing of drug paraphernalia such as notes, straws and pipes
- Person born in a high prevalence country
- Person receiving medical or dental procedures in a high prevalence country (Any country from the following parts of the world: Asia, Africa, South America, Pacific Islands, Eastern Europe, and the Middle East)
- Recipients of blood products/organs in the UK prior to 1991
- People given tattoos, piercings or acupuncture in unregistered premises or with possibly unsterile equipment

- People at risk through needle stick injury, sharing of razors or toothbrushes with someone with HBV/HCV, contact sports where blood may have been present
- Men who have sex with men

The BBV service is considered a **necessary** service.

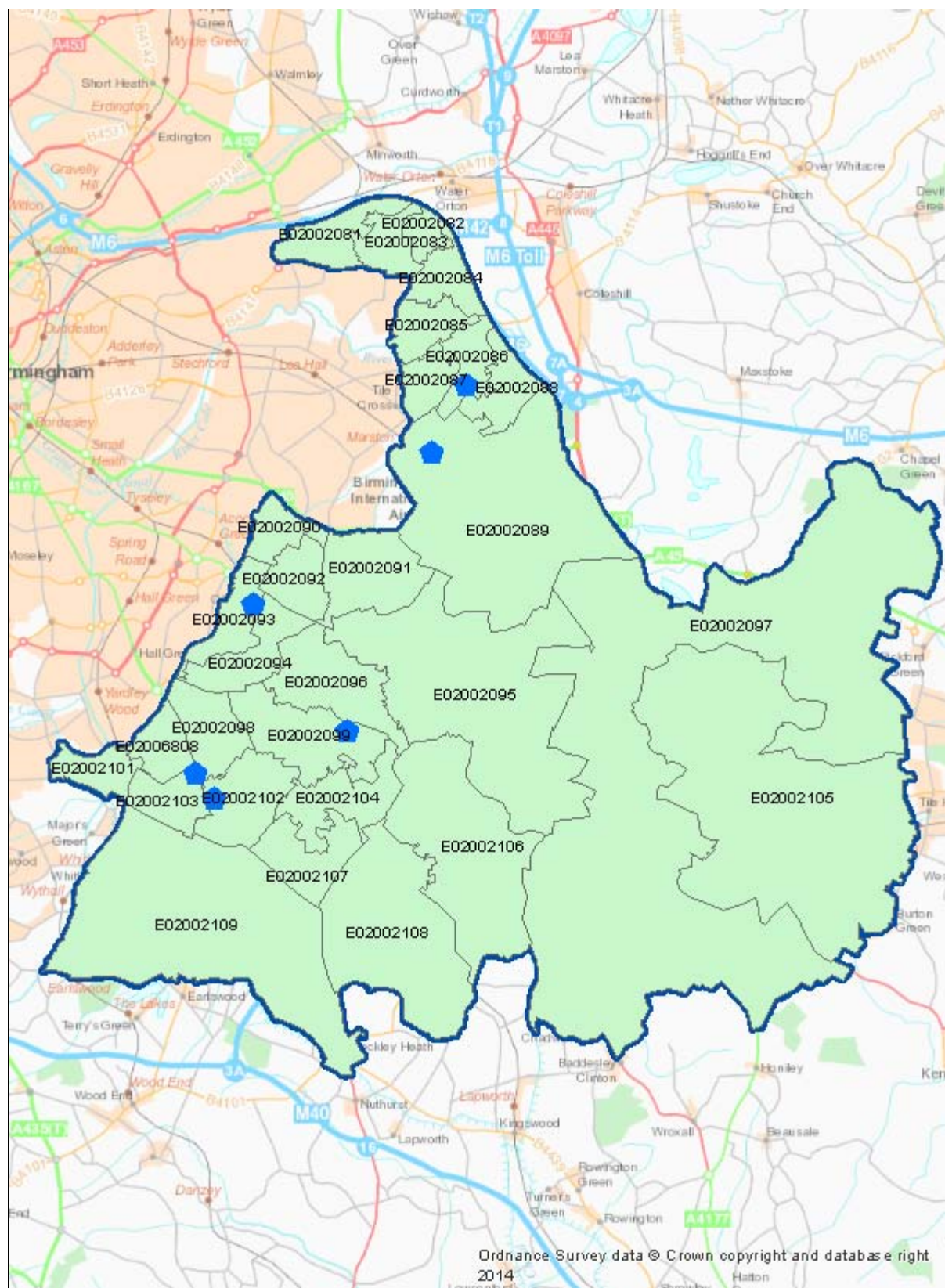
A total of 6 pharmacies provide the service in the Borough. Figure 35 shows the location of pharmacies offering the BBV service. Provision of BBV services is well located based on need in Solihull. It is unreasonable to suggest that there are gaps in the service in some areas of Solihull as the need for Needle Exchange and subsequently BBV screening has not been proven. The BBV service is offered in line with local health need thus the provision is adequate for the population in general.

Conclusions for the BBV service

There are 6 pharmacies offering the BBV service across Solihull with a good geographical spread in the North and West of the borough.

The BBV service is considered a necessary service

Figure 35 Locations of Pharmacies in Solihull offering the BBV Service



7.6.7.5 Specialist Palliative Care Drugs Service

This is considered a **necessary** service.

The commissioning aim of the SPCD service is to provide a network of Community Pharmacies, across Birmingham and Solihull, who undertake to:

- Hold agreed stocks of Specialist Palliative Care Drugs as listed in the formulary
- Allow timely access to specialist palliative care drugs during pharmacy opening hours including into the evening 7 days per week.
- Signpost to alternative providers of the service where, in exceptional circumstances, the required specialist palliative drugs cannot be supplied in a timely fashion
- Meet the needs of the healthcare professionals and other service users (e.g. Palliative Care Team, carers, patients) who require access to this service
- Enhance the care and safety of palliative patients with regards to treatment

There are 20 pharmacies offering the specialist palliative care drugs service across the Birmingham & Solihull NHS Cluster. Figure 36 shows the location of pharmacies offering the specialist palliative care drugs service in Solihull with a good geographical spread across the borough.

The current service provision is limited in terms of the opening hours of Pharmacies during the week. Only 12 of the pharmacies that provide the service in Birmingham (outside of Solihull) are open 7 days a week, and 4 are available 6 days per week.

There are 4 pharmacies offering the service in Solihull specifically with 3 of those 4 open on a Saturday and 2 open on a Sunday until 4pm; with patients having the option to access the service from alternative pharmacies in Birmingham.

As well as ensuring current providers of the service are open when needed, there is scope for current pharmacy contractors to provide this service so that there is easier access for the population by having more of an extensive range of opening hours.

Public Views

Patients have commented that they have struggled to access palliative care medicines on Bank holidays in particular. A rota system for Bank holidays could be incorporated into the service level agreement to resolve this issue. Several patients expressed a lack of knowledge as to where the service was being provided so it seems best to increase the distribution of the palliative pharmacy list to: Care homes, community pharmacies, Out of hour's clinics, district nursing leads and acute trusts for their on call bags.

The recommendation for Specialist Palliative Care Drugs service is for the board to consider whether a review of the need for this service is necessary in terms of the accessibility of current providers, and determine if further provision is necessary.

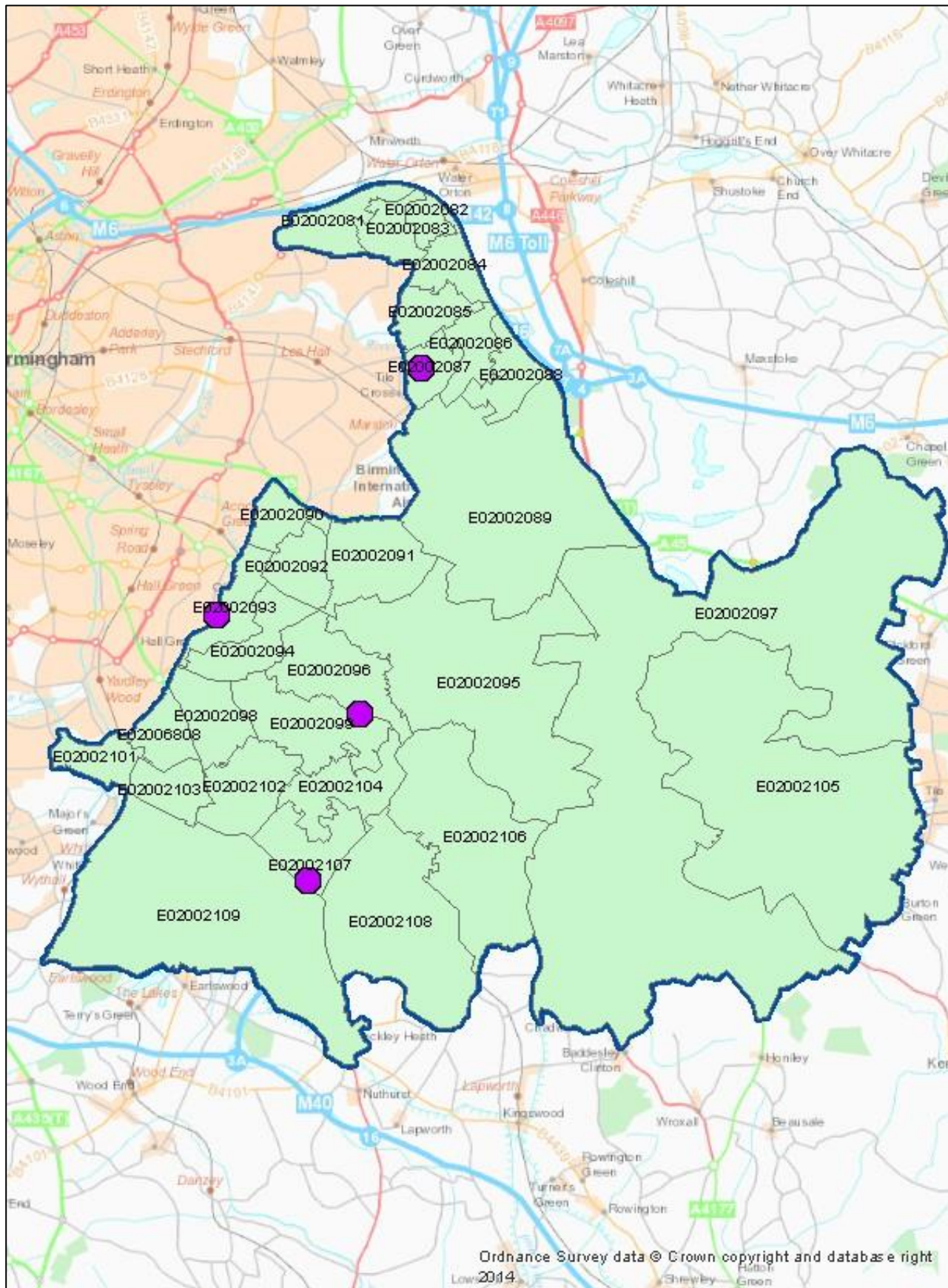
Conclusions for the Specialist Palliative Care Drugs service

There are 20 pharmacies offering the specialist palliative care drugs service across the Birmingham & Solihull NHS Cluster with a good geographical spread across the borough.

The current service provision is limited in terms of the opening hours of Pharmacies during the week. Only 12 of the pharmacies that provide the service in Birmingham (outside of Solihull) are open 7 days a week, and 4 are available 6 days per week. The commissioners of the service should review the accessibility of current providers, and determine if further provision is necessary.

The Specialist Palliative Care Drugs service is considered a necessary service

Figure 36 Location of Pharmacies offering the specialist palliative care drugs service in Solihull



7.6.6 Seasonal Influenza Vaccination Service

In order to increase the uptake of seasonal influenza vaccine across Solihull and the rest of the Black Country and Birmingham Area Team in line with Department of Health recommendations, local community pharmacies have been commissioned to provide the influenza immunisation service. This is in addition to the current arrangement with local GP practices - so that Solihull residents will have improved choice and access to the seasonal influenza vaccine.

Eligible patients receive the influenza vaccination free of charge at the pharmacy. It is administered by an accredited pharmacist under the authority of a Birmingham Solihull Black Country Area Team (BSBC AT) approved Pharmacy Patient Group Directive (PGD). The service was delivered widely across the borough and this included Central Solihull, South Solihull and in the outlying villages where there are no pharmacies, The Department of Health (DH) recommends seasonal flu vaccination to Individuals aged 65 years on or before 31 March 2015 (born on or before 31 March 1950) and Individuals aged 18 years to 64 years of age and in one of the clinical risk groups:

- Chronic respiratory disease
- Chronic heart disease
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease
- Diabetes
- Immunosuppression (includes asplenia or dysfunction of the spleen).

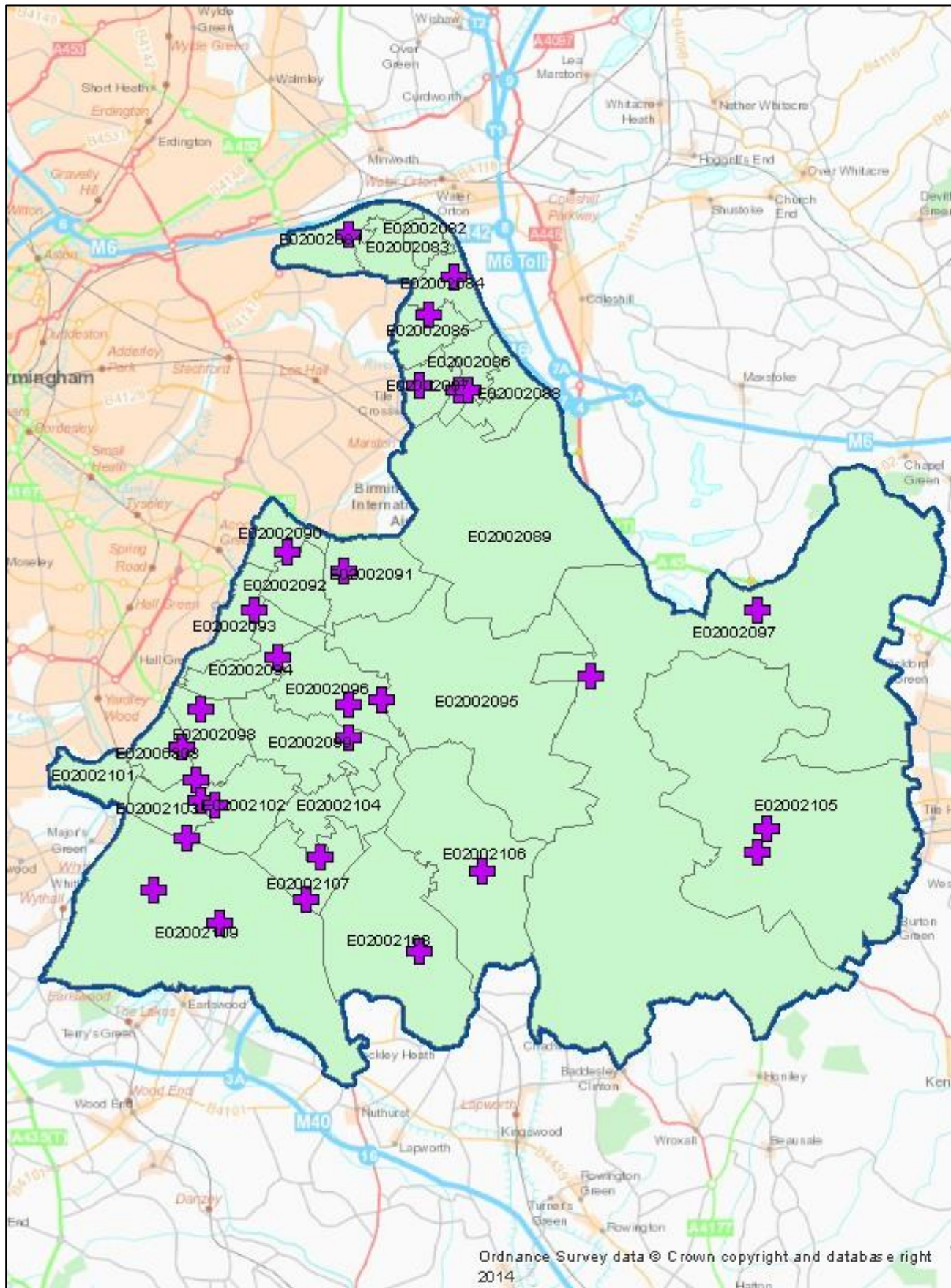
Patients aged 18 – 64 years and not in clinical risk groups, under 18's, and pregnant women were excluded from vaccination through pharmacy and these patients were referred to their GPs where appropriate

A total of 30 pharmacies provide the service in Solihull. Figure 27 shows the location of pharmacies offering the Flu service in Solihull. Where there is reduced provision from community pharmacies offering the FLU service, patients are always able to obtain the flu vaccine from their local GP surgery. Over 1700 vaccinations have already been up taken in community pharmacy by the end of December. At the time of writing the commissioning intentions for the service are unclear. The intentions for 2015-15 will be taken forward through individuals meeting with CCG planned for late January/early February.

Conclusions in relation to the Seasonal Influenza Vaccination service

We consider the Seasonal Influenza Vaccination Service to be a necessary service which provides additional primary care capacity.

Figure 37 Location of Pharmacies offering the seasonal influenza vaccination service mapped over MSOA



7.6.7 Supply of Fosfomycin Service

This service aims to provide a network of community Pharmacies across Solihull who undertake to hold agreed stocks of oral fosfomycin 3g sachets, and allow timely access to these drugs during extensive pharmacy opening hours including into the evening, 7 days per week, in specified locations.

One of only two pharmacies will supply fosfomycin against an FP10 when prescribed by a GP on the advice of a HEFT Microbiologist

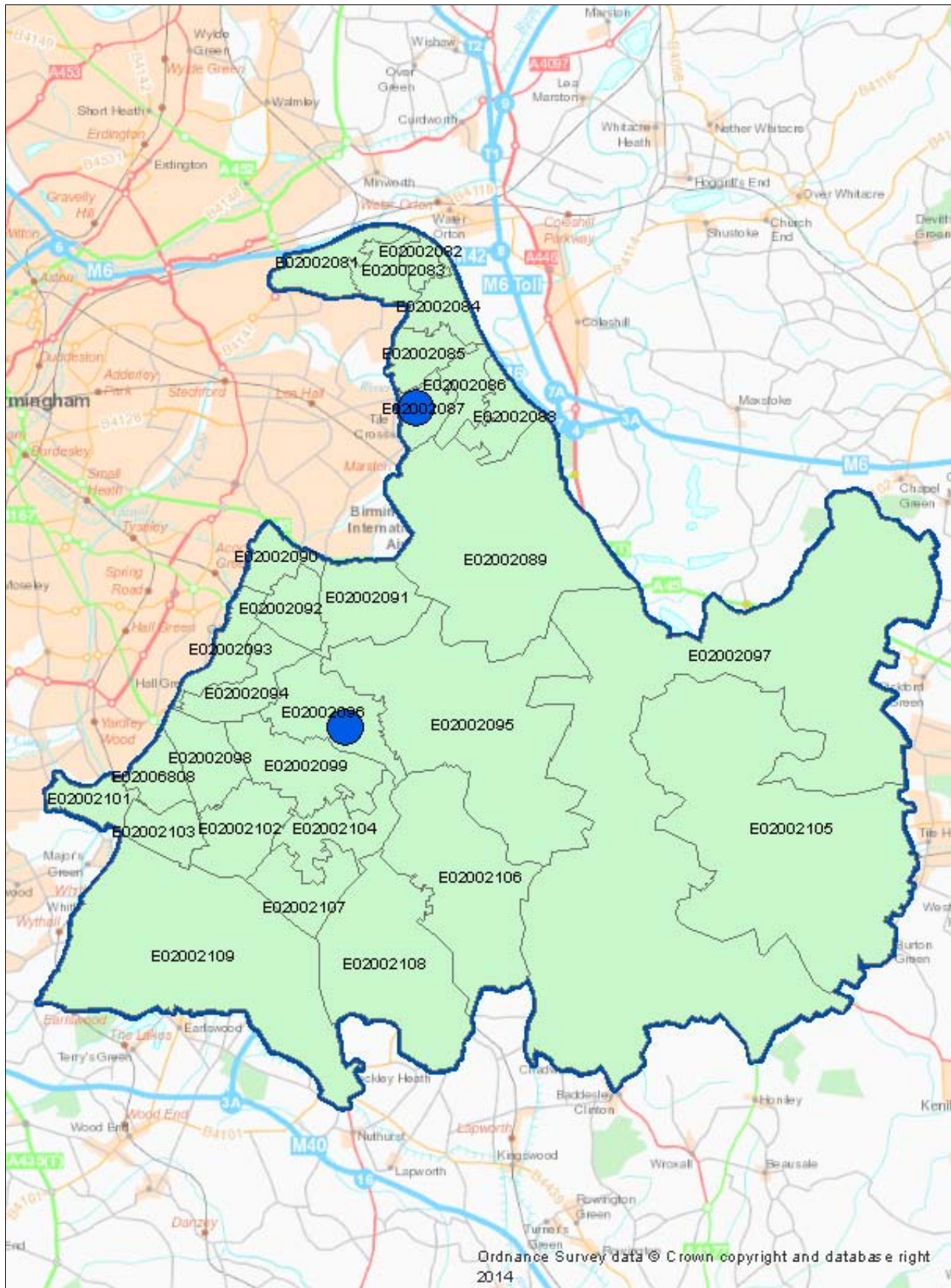
We have concluded that this service is a **necessary** service.

Conclusions in relation to the Supply of Fosfomycin service

We consider the supply of fosfomycin Service to be a relevant service which is provided in line with local health need.

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Figure 38 Location of Pharmacies offering the Supply of Fosfomycin service in Solihull



7.6.8 Minor Ailments Scheme

The Minor Ailments Scheme in Solihull is a cost-effective NHS alternative for some patients who would otherwise access the services provided by the Walk-In Centre, Out-Of-Hours GP Services, or A&E. It allows local pharmacists to intervene upon referral from their GP. The trigger for this discretionary scheme is when pharmacists ascertain that the only alternative for the patient is to attend the Walk-in-Centre, or A&E services, or to make an appointment with a GP for a condition that can be managed within the service.

The general population experiences the symptoms of minor ailments almost every day and the vast majority of people are very responsible about what they do to deal with them including the sensible practice of self-care and self-medication. However, people who turn to their doctor as the first port of call for these ailments cost the NHS some £2billion and generate 57million consultations taking up valuable GP time, and using up finite resources of the NHS. Of these consultations 51.4million are for minor ailments alone at a cost of £1.5billion just for GPs' time. If these consultations could be handled by a pharmacist at least an hour a day could be released for every GP to see patients with more complex needs.

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A total of 17 pharmacies provide the service in the borough linked to GP Practices in Solihull. Figure 39 shows the location of pharmacies offering the minor ailments scheme service in Solihull. The recommendation for the minor ailments service is for the board to consider whether a review of the need for this service is necessary in terms of the accessibility of current providers, and determine if further provision is necessary.

Minor ailments Scheme are a well-established feature of commissioning in other area teams in the West Midlands. The service makes good use of pharmacies as an accessible and flexible resource to improve access to primary care.

Public Views

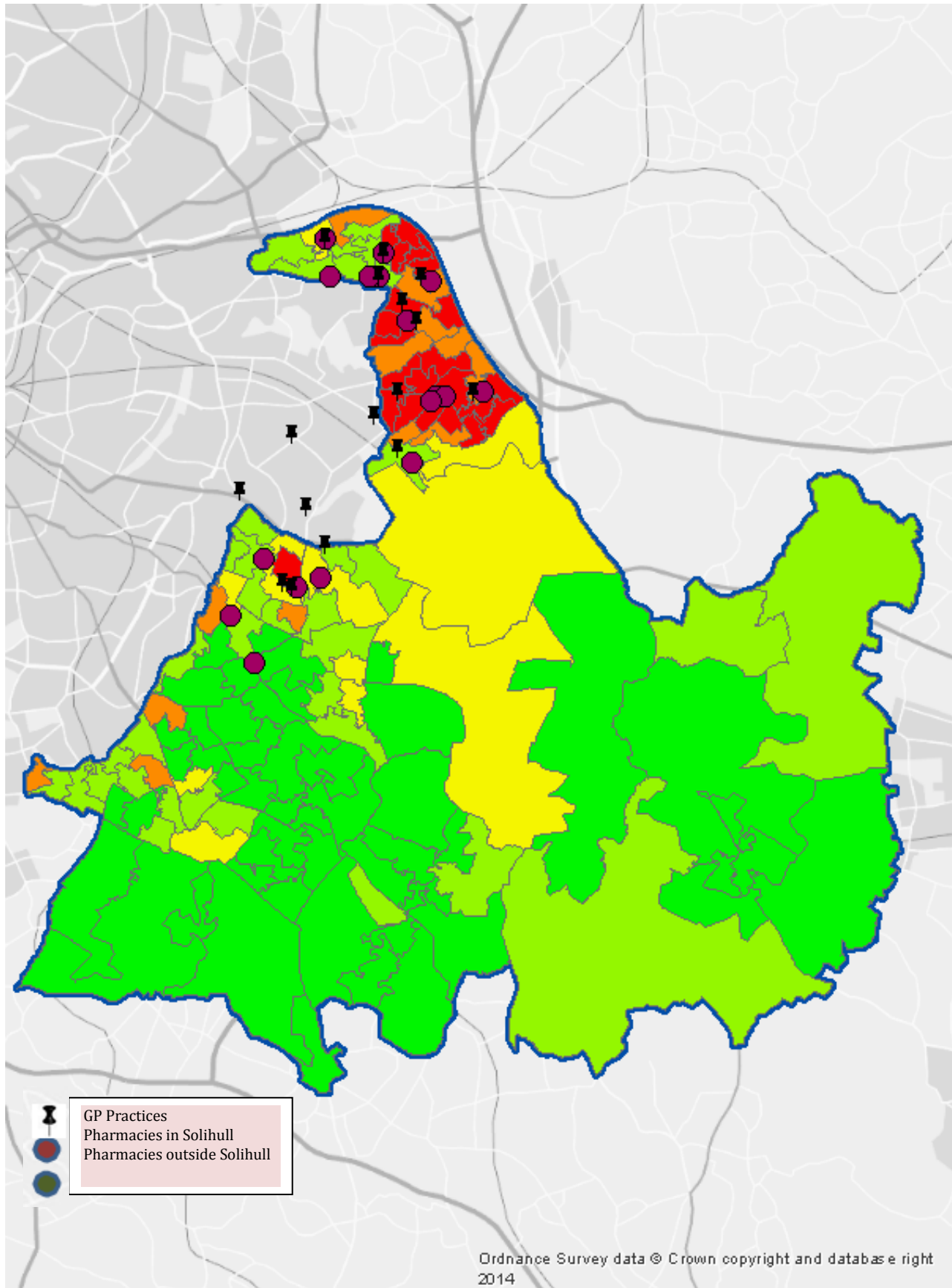
The Minor Ailments Service had high usage and awareness conversion percentage of 45%

Conclusions in relation to the Minor Ailments Scheme enhanced service

We consider the Minor Ailments Service to be a relevant service which provides additional primary care capacity. The provision of the service is in line with local health needs. Solihull CCG has extended the pilot Minor Ailments enhanced service that was originally commissioned. The service will be evaluated in March 2015. This will include staff/patients questionnaires to gather information on the way the scheme has run over the past year and will allow us to decide whether the scheme will continue in the same manner, or whether changes are required to further improve and increase the impact of the scheme. So at the time of writing no clear decision on current or future commissioning of this enhanced service is available. When the evaluation of the service is complete, a supplementary statement will be prepared for publication under Regulation 6(3).

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Figure 39 Location of Pharmacies in Solihull providing the Minor Ailments Service mapped over Indices of Multiple Deprivation



Conclusions in relation to enhanced and locally commissioned services

Using the PNA, the commissioners of each enhanced service may determine where each need may be met by pharmacies in Solihull, and commission services accordingly.

We have concluded that the drug action service from pharmacies is a necessary service and that the current provision meets the needs of the population.

The current pattern of provision for sexual health services is consistent with the needs of the population and we have concluded that there are no gaps in provision.

The stop smoking service through pharmacies is an important way to reduce smoking rates among the population. Stop Smoking service is a necessary service as it plays a key role in reducing one of the biggest harms to health in the borough. There appears to be some gaps in the provision of this service in the Borough, however, these gaps appear to be filled by GPs that provide cessation advice and services. Based on this provision of the Stop Smoking Service for the population in general appears to be sufficient.

Provision of BBV services is well located in the North and West of Solihull. There are some gaps with a lesser provision in the semi-rural South and East of Solihull. The BBV service is offered in line with local health need and thus the provision is adequate for the population.

There are 20 pharmacies offering the specialist palliative care drugs service across the Birmingham & Solihull NHS Cluster with a good geographical spread across the borough. The current service provision is limited in terms of the opening hours of Pharmacies during the week. The commissioners of the service should review the accessibility of current providers, and determine if further provision is necessary. The Specialist Palliative Care Drugs service is considered a necessary service

The spread of providers across the borough for the Flu service is concentrated to the North and West of Solihull. The semi-rural South and East of Solihull has limited or no provision. Where there is reduced provision of Pharmacies offering the FLU service patients can obtain the vaccine from their GP surgery. The Flu service is considered a necessary service.

We consider the supply of fosfomycin Service to be a relevant service which is provided in line with local health need.

We consider the Minor Ailments Service to be a relevant service which provides additional primary care capacity. The provision of the service is in line with local health needs. Solihull CCG has extended the pilot

Minor Ailments enhanced service that was originally commissioned. The service will be evaluated in March 2015. This will include staff/patients questionnaires to gather information on the way the scheme has run over the past year and will allow us to decide whether the scheme will continue in the same manner, or whether changes are required to further improve and increase the impact of the scheme. So at the time of writing no clear decision on current or future commissioning of this enhanced service is available. When the evaluation of the service is complete, a supplementary statement will be prepared for publication under Regulation 6(3).

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8.0 Conclusions

The population of Solihull is, according to ONS mid-2010 estimates, 206,100 (100,100 males and 106,000 females), having increased by 3.3% since the 2001 Census. This compares with population increases of 5.6% in England and 3.3% also in the West Midlands over the same period.

The most notable feature of the Solihull population profile is the relatively higher proportion of older people in the borough, with 18.8% of the population aged 65 and over compared with 16.5% in England and 17.2% in the West Midlands. Solihull also has an above average representation of people approaching retirement age (27% aged 45 to 64 compared with 25% nationally). The number of children and young people (aged 15 and below) in Solihull is, at 19%, in-line with the England average, although it is notable the borough has a relatively low proportion of pre-school age children; those aged 0-4 years represent 29% of all children in Solihull compared to 34% nationally.

Current services across Solihull

There are 46 community pharmacies in Solihull, with 22.2 pharmacies per 100,000 population an increase from 19.2 pharmacies per 100,000 population in 2011. This is access to 6 more pharmacies per person than the national median (21.6) and higher than many comparable Boroughs. There appear to be no gaps in provision of essential services during the core hours of 9am to 6pm. Provision is reduced in the evenings, however 7 pharmacies in Solihull are contracted to open for at least 100 hours per week. There appears to be good provision of essential services in the borough, with no gaps identified. There are 46 community pharmacy providers in Solihull, 1 appliance contractors, 0 dispensing doctor's practices and 1 distance selling pharmacies.

The proximity of pharmacies and physical access to pharmacy services across the borough for the vast majority of the population is good, considering the concentration of pharmacies is higher in the north and west of the borough as these areas are associated with the greatest deprivation and ethnic diversity. The West of the borough also has a high concentration of pharmacies and this can be explained by a greater population density in this area where one in five of the population in the urban west is of retirement age, with nearly half aged 45 or over (48%).

Primary Care Developments

As the new NHS structure is in its infancy there will inevitably be some movement of commissioned services between the new NHS organisations. This may lead to services being de-commissioned and different ones commissioned in their place due to service changes and re-design.

Any potential change to the services should be based on the population need of the local areas of which the PNA, along with the JSNA and HWB strategy, is an important document to inform such decisions

This assessment has found that the population of Solihull currently enjoys good access to pharmaceutical services with a broad range of services available when and where they are needed. We have identified areas where we could improve access to some of the services we currently commission and opportunities for future commissioning which we will explore as part of our commissioning planning process.

- Solihull has good coverage across the borough for pharmaceutical services in terms of choice, access and opening hours, with no gaps in current provision.
- Solihull has more provision of community pharmacies than the England and West Midlands averages
- Solihull is providing a high volume of advanced services reviews which can be demonstrated by the mean number of MUR per pharmacy. It can be seen that Solihull is providing a NMS, SAC and MUR service well above the West Midlands, England and its statistical neighbour average. However Solihull is below average in AURs.
- The range of opening hours over 7 days a week is welcome for access to essential services such as dispensing and the delivery of enhanced services. The presence of six 100 hour service contracts is important to maintain this provision.
- 72% of residents live within a 1 mile radius or a 10 minute drive of a pharmacy.
- The Public survey recorded a high degree of satisfaction with Solihull pharmacies and the services offered, with 44% or more rating the service 'Excellent' on all aspects, and over 75% rating them 'Good' or 'Excellent' on all aspects
- The service with the highest awareness and usage was the 'Disposal of unwanted medicines'. The 'NHS repeat prescription service', 'Medicines use review' and the 'Minor Ailments service', also had high awareness and claimed usage.
- A third of people were aware of the availability of 'Emergency contraception', 'Early pregnancy testing', 'Smoking cessation' and 'NHS Screening services', which suggests that if these services were needed people would know that they could find these services at their pharmacy.

An ageing population is likely to generate increased demand for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical services providers. The Health and Wellbeing Board will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Pharmaceutical services play an important role in helping the HWB and their partners deliver the desired health outcome for the population of Solihull. Services that utilize pharmacists rather than GP surgeries or Hospitals help with the Health and Wellbeing Board to achieve its strategic priorities.

Community pharmacists should be considered when commissioning services as they are in an ideal situation to serve local populations and to contribute to the wider self-care and prevention agenda.

In order that the public can benefit more widely from the current pharmaceutical services on offer it is suggested that public promotion of pharmacies is necessary. This is not necessarily a focus just for the local commissioners and contractors themselves, but should also be addressed by the national and local pharmacy bodies.

As the new NHS structure is in its first year there will inevitably be some movement of commissioned services between the new NHS organizations. This may lead to services being de-commissioned and different ones commissioned in their place due to service changes and re-design.

Any potential change to the services should be based on the population need of the local areas of which the PNA, along with the JSNA and HWB strategy, is an important document to inform such decisions..

Future services

We have identified a number of future service ideas from the public survey which could be developed and advanced through the NHSE Area Teams and SMBCs commissioning cycle to identify candidates for future commissioning. These include:

- Brief interventions for Alcohol use
- Develop community pharmacists role in supporting patients to be adherent to their treatment
- Phlebotomy service – where patients could have bloods taken at their local pharmacy instead of going to hospital. Phlebotomy had the highest score on the measure of which services patients would like to see

available, with over half of the sample saying they'd like to see this service available, suggesting there is significant demand for a phlebotomy service in pharmacies.

- NHS Health Checks – where patients are offered a straightforward risk assessment for diseases affecting the vascular system, including diabetes and chronic kidney disease. 40% of our public survey sample said they'd like to see this service available

8.1 Recommendations

We have identified a number of future service ideas which could be developed and advanced through the commissioning cycle to identify candidates for future commissioning. Examples include:

The recommendations for this PNA are as follows:

- Raising awareness around opening times particularly evenings and weekends. Over 90% agreed with the statement that they can easily find an open pharmacy when needed. However access specifically at the weekends and evenings was less good, with a third saying they disagree that it's easy to find a pharmacy open in the evenings. Work is required to raise awareness of extended hour provision, appropriate sign posting to pharmacies and making information more accessible e.g. NHS Choices.
- For commissioners of statutory and locally defined services to work with pharmacies to increase awareness of pharmacy services. In addition pharmacies could be doing more to contribute to health improvement and provide health care. This would help services to be used more effectively and contribute to the improvement of the health of the local population
- Consider the impact on health, social and wellbeing services due to an ageing population. The growing population and increasing life expectancy means more people will reach very old and extreme old age, with the associated health problems that result in low healthy life expectancy. Community pharmacies need to be prepared for increasing demand, to support older people to be a valued part of society, leading full and active lives for as long as possible, and to be cared for in the best possible way up to the end of their lives
- To increase access to enhanced services including the specialist palliative care drugs service and the minor ailments scheme by Pharmacy contractors. In particular the minor ailments scheme would fit in to the objective of reducing unnecessary A & E and/or GP attendance.
- Appliance Use Review Service – Only 10% of Pharmacies stated they were providing the service with 90% of the Pharmacies stating they had no intention of providing the service.

- Pharmacy contractors stated quite evenly that they would be willing to provide the following services if commissioned with/without training, facilities adjustment: Anticoagulation service, Antiviral service, care home service.
- 'Phlebotomy' and the 'Alcohol Cessation' service are not yet available at Solihull pharmacies and consequently had low awareness and usage. 'NHS Health check' is not yet available at Solihull pharmacies either but 42% claimed awareness, probably as it seems to be a likely pharmacy service.
- Over half of the sample said they'd like to see Phlebotomy services available at pharmacies. There was also high demand (over a third of sample) for 'NHS Screening services', 'NHS Health check Services'

DRAFT

Appendix 1: Steering group membership & Terms of reference

Accountable to: Councillor Meeson (Chair for Solihull Health and Wellbeing Board)

Constitution and Accountability

The Health and Social Care Act 2012 transfers the duty to prepare a PNA from Primary Care Trusts to Health and Wellbeing Boards (HWB) from April 2013. Each HWB must publish its PNA by 1 April 2015.

Purpose

- Review current Solihull PNA Overview document (2011) and update as necessary
- Provide advice on how best to integrate/align the PNA to JSNA
- Provide advice and information to SHWB about community pharmacies in the area
- Provide advice and information to SHWB about potential of community pharmacy to address health inequalities as addressed by JSNA
- Provide leadership in developing a single robust PNA across Solihull
- Ensure the engagement and involvement of relevant people/bodies in the development of the PNA

Membership

Gurjinder Samra	Author & Medicines Management Pharmacist	Midlands & Lancashire Commissioning Support Unit
Angela Collard	Public Health Epidemiologist	Solihull Public Health
Preetpal Channa	Comms & Engagement Specialist	Midlands & Lancashire Commissioning Support Unit
Jonathan Horgan	Project Sponsor	Midlands & Lancashire Commissioning Support Unit
Christine de Souza	Comms & Engagement Lead	Midlands & Lancashire Commissioning Support Unit
Stephen Munday	Director of Public Health	Solihull Public Health
Donna Vines	PA to Director of Public Health	Solihull Public Health
Len Dalton	Chair	Solihull Local Pharmaceutical Committee
Phil Maslin	Communications Lead	Solihull Local Pharmaceutical Committee
Martin Clarke	Operations manager	Health watch Solihull
Kate Arnold	Medicines Management Lead	Solihull CCG

Appendix 2: Background Papers and Legislation

From the 1st April 2013 the responsibility for using PNAs as a basis for determining market entry to a pharmaceutical list was transferred from PCTs to NHS England. The NHS (Pharmaceutical Services and Local Pharmaceutical services) regulations 2013 sets out the legislative framework for development of PNA's: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

According to the new legislation each HWB must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment. (Pharmaceutical Needs Assessments Information Pack for Local Authority Health and Wellbeing Boards, DH 2013).

The PNA is now due for review and in accordance with changes put in place by The Health and Social Care Act CWBB have the responsibility to complete this review.

The Health Act 2009 128A made amendments to the National Health Service Act 2006 stating that each Primary Care Trust must in accordance with regulations:

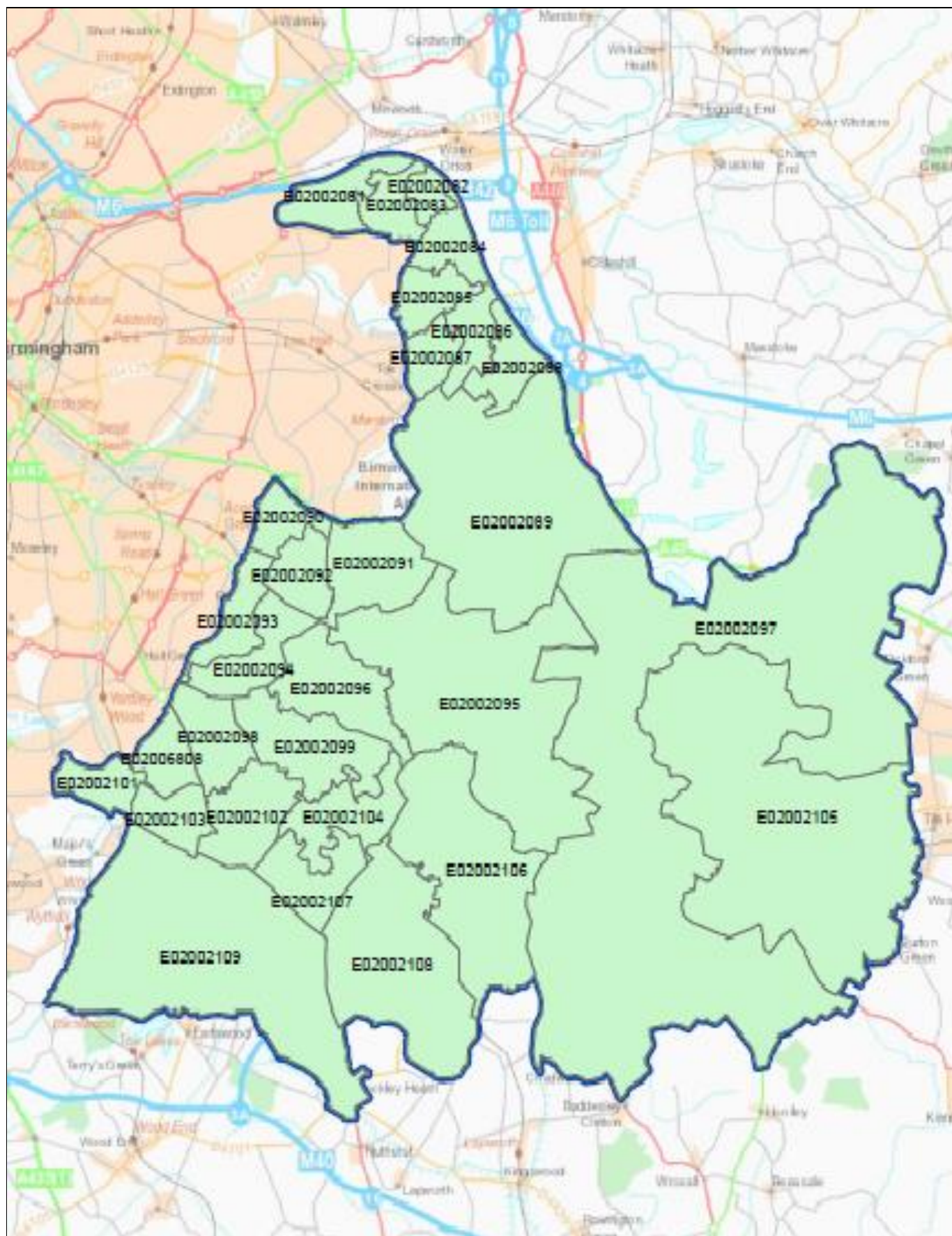
- Assess needs for pharmaceutical services in its area, and
- Publish a statement of its first assessment and of any revised assessment.

The regulations stated that a PNA must be published by each Primary Care Trust (PCT) by the 1st February 2011. There was a duty to rewrite the PNAs within 3 years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCTs locality. This meant that subsequently revised PNAs were due to be produced by February 2014. However the Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included abolition of PCTs and the introduction of clinical commissioning groups (CCGs) who now commission the majority of NHS services. Public Health functions were not transferred to CCGs and are now form part of the remit of Local Authorities.

The 2012 legislation calls for Health and Wellbeing Boards (HWB) to be established and hosted by local authorities. These boards should bring together the NHS, public health, adult social care and children's services, including elected representatives and the Local Health watch.

In order that these newly established HWB had enough time to gather the information and publish a new PNA the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 now gives a requirement that each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

Appendix 3: Key of MSOAs



Appendix 3: Key of MSOAs

Codes	Names	Codes	Names
E02002081	Castle Bromwich West	E02002100	Shirley Stratford Road West
E02002082	Smith's Wood North	E02002101	Solihull Lodge & Colebrook
E02002083	Castle Bromwich East	E02002102	Blossomfield
E02002084	Smith's Wood South	E02002103	Bills Wood
E02002085	Kingshurst	E02002104	Hillfield
E02002086	Chelmsley Wood North	E02002105	Berkswell & Balsall
E02002087	Fordbridge	E02002106	Knowle Village
E02002088	Chelmsley Wood South	E02002107	Monkspath
E02002089	Bickenhill North	E02002108	Dorridge
E02002090	Lyndon Barn Lane	E02002109	Blythe Parishes
E02002091	Hatchford Brook & Elmdon Park	E02002099	Solihull Central
E02002092	Hobs Moat		
E02002093	Olton West		
E02002094	Olton East		
E02002095	Elmdon Heath & Catney		
E02002096	Lode Heath		
E02002097	Meriden Villages		
E02002098	Shirley Stratford Road East		

APPENDIX 4 PHARMACY SURVEY

PharmOutcomes® Delivering Evidence

Home Services Reports Claims Admin Gallery Help

Service Design PNA Questionnaire (Preview)

- View service accreditations
- Edit Service Design

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire **ONCE** only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact Insert name of local contact here for advise on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

Date of completion

Trading Name

Post Code

Is this a Distance Selling Pharmacy? Yes No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?

Consent to store Yes No

Core hours of opening

Please complete your core hours of opening.
Enter closed if closed

Monday Open Monday Close

Monday Lunchtime (from - to)

Tuesday Open Tuesday Close

Tuesday Lunchtime (from - to)

Wednesday Open Wednesday Close

Wednesday Lunchtime (from - to)

Thursday Open Thursday Close

Thursday Lunchtime (from - to)

Friday Open Friday Close

Friday Lunchtime (from - to)

Sunday Open _____ Sunday Close _____
 Sunday Lunchtime (from _____
 - to) _____

- Total hours of opening (Core + Supplementary) _____

Please complete your total hours of opening

Monday Open _____ Monday Close _____
 Monday Lunchtime (from _____
 - to) _____

Tuesday Open _____ Tuesday Close _____
 Tuesday Lunchtime (from - to) _____

Wednesday Open _____ Wednesday Close _____
 Wednesday Lunchtime (from - to) _____

Thursday Open _____ Thursday Close _____
 Thursday Lunchtime (from - to) _____

Friday Open _____ Friday Close _____
 Friday Lunchtime (from - to) _____

Saturday Open _____ Saturday Close _____
 Saturday Lunchtime (from - to) _____

Sunday Open _____ Sunday Close _____
 Sunday Lunchtime (from - to) _____

- Consultation Facilities _____

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area? _____

- Available (including wheelchair access) on the premises
- Available (without wheelchair access) on premises
- Planned within next 12 months
- No consultation room available
- Other _____

If Other please specify

Where there is a consultation area

is this enclosed? Yes No N/A
N/A, if no consultation room

Other _____
If Other please specify

- Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

Handwashing in consultation area
 Hand washing facilities close to consultation area
 Have access to toilet facilities
 None

Tick all that apply

- Information Technology

Is the pharmacy EPS* R2 enabled?

Yes, EPS R2 enabled
 Planning to become EPS R2 enabled in the next 12 months
 No current plans to provide EPS R2

EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

Microsoft word
 Microsoft Excel
 Microsoft Access
 PDF
 Unable to open or view any file formats

Please tick all that apply

- Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

Yes - All types, or
 Yes, excluding stoma appliances, or
 Yes, excluding incontinence appliances, or
 Yes, excluding stoma and incontinence appliances, or
 Yes, just dressings, or
 None
 Other _____

If Other please specify

- Advanced Services

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

**Appliance Use Review
service**

Stoma Appliance Yes Soon No
Customisation service

-Services already commissioned in Solihull

The services below are currently commissioned in Solihull. Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services.
Please tick the box that applies for each service.

CP - Currently Providing NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
If you are not willing or able to provide please leave blank.

EHC service CP WA WT WF PP
levonorgestrel

EHC service CP WA WT WF PP
ulipristal

Minor Ailments Scheme CP WA WT WF PP

Out of hours services CP WA WT WF PP

Palliative Care scheme CP WA WT WF PP

Seasonal Influenza CP WA WT WF PP

Vaccination Service

Fosfomycin Supply CP WA WT WF PP
Service

Blood Borne Virus CP WA WT WF PP
Screening

Stop Smoking Service:

NRT Voucher Service CP WA WT WF PP

Smoking Cessation CP WA WT WF PP
Counselling Service

End of Stop Smoking Service options

Needle and Syringe CP WA WT WF PP
Exchange Service

Supervised CP WA WT WF PP
Administration Of methadone, buprenorphine etc.

Methadone

Supervised CP WA WT WF PP

Administration

Buprenorphine

End of Supervised Administration Service options

Please tick the box that applies for each service.

- CP - Currently Providing NHS funded service
 - WA - Willing and able to provide if commissioned
 - WT - Willing to provide if commissioned but would need training
 - WF - Willing to provide if commissioned but require facilities adjustment
 - PP - Currently providing private service
- If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service CP WA WT WF PP

Anti-viral Distribution Service CP WA WT WF PP

Care Home Service CP WA WT WF PP

Chlamydia Treatment Service CP WA WT WF PP

Contraception Service CP WA WT WF PP
(not an EHG service)

Disease Specific Medicines Management Service:

Allergies CP WA WT WF PP

Alzheimer's/dementia CP WA WT WF PP

Asthma CP WA WT WF PP

CHD CP WA WT WF PP

Depression CP WA WT WF PP

Diabetes type I CP WA WT WF PP

Diabetes type II CP WA WT WF PP

Epilepsy CP WA WT WF PP

Heart Failure CP WA WT WF PP

Hypertension CP WA WT WF PP

Parkinson's disease CP WA WT WF PP

Other (please state - including funding source)

Area Team Services
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

Gluten Free Food Supply Service CP WA WT WF PP
(i.e. not supply on PP10)

Independent Prescribing Service CP WA WT WF PP

Therapeutic areas covered (if providing)

Language Access Service CP WA WT WF PP

Note: This is not the NMS or MUR service.

Obesity management CP WA WT WF PP
(adults and children)

On Demand Availability of Specialist Drugs Service:

Directly Observed CP WA WT WF PP
Therapy

If yes state which
medicines

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD, please list those provided by the pharmacy in the text box below but indicate who commissions the service by ticking the boxes below and annotating each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction AT LA CCG Pr
Service Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD services

Medicines available

Phlebotomy Service CP WA WT WF PP

Prescriber Support CP WA WT WF PP
Service

Schools Service CP WA WT WF PP

Screening Service/Brief advice:

Alcohol CP WA WT WF PP

Chlamydia CP WA WT WF PP

Cholesterol CP WA WT WF PP

Dementia CP WA WT WF PP

Diabetes CP WA WT WF PP

Gonorrhoea CP WA WT WF PP

H. pylori CP WA WT WF PP

HbA1c CP WA WT WF PP

Hepatitis CP WA WT WF PP

HIV CP WA WT WF PP

Other Screening (please
state - including funding
source)

HPV CP WA WT WF PP

Hepatitis B CP WA WT WF PP
(at risk workers or patients)

Travel vaccines CP WA WT WF PP

Other (please state -
including funding
source)

End of Other vaccinations options

Sharps Disposal Service CP WA WT WF PP

Supplementary CP WA WT WF PP
prescribing

Which therapy area

NHS Health Checks CP WA WT WF PP
NHS Healthchecks
 (Vascular Risk
Assessment)

- Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of Yes No
prescriptions from
surgeries

Delivery of dispensed Yes No
medicines - Free of
charge on request

Delivery of dispensed
medicines - Selected
patient groups
List criteria

Delivery of dispensed
medicines - Selected
areas
List areas

Delivery of dispensed Yes No
medicines - chargeable

- Languages

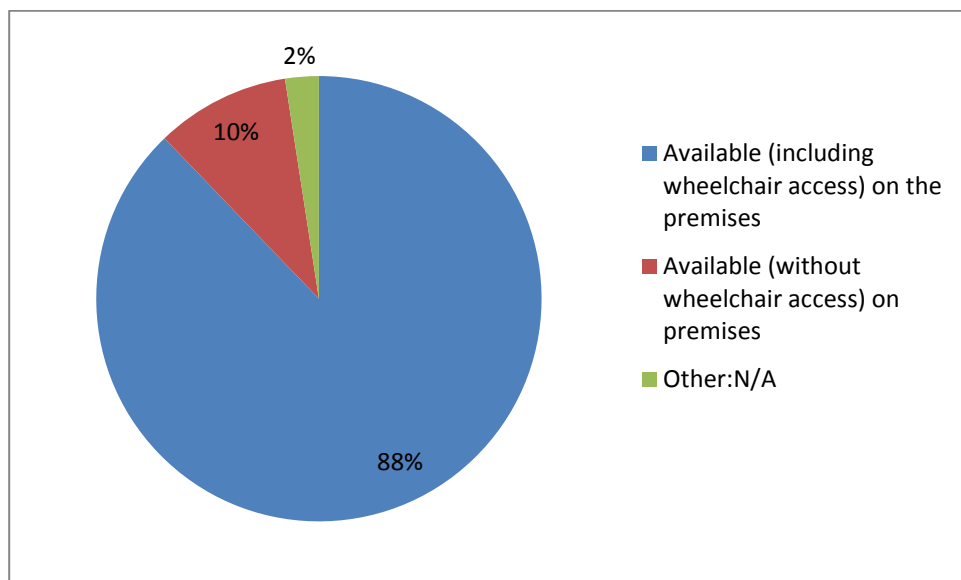
One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other
than English are spoken

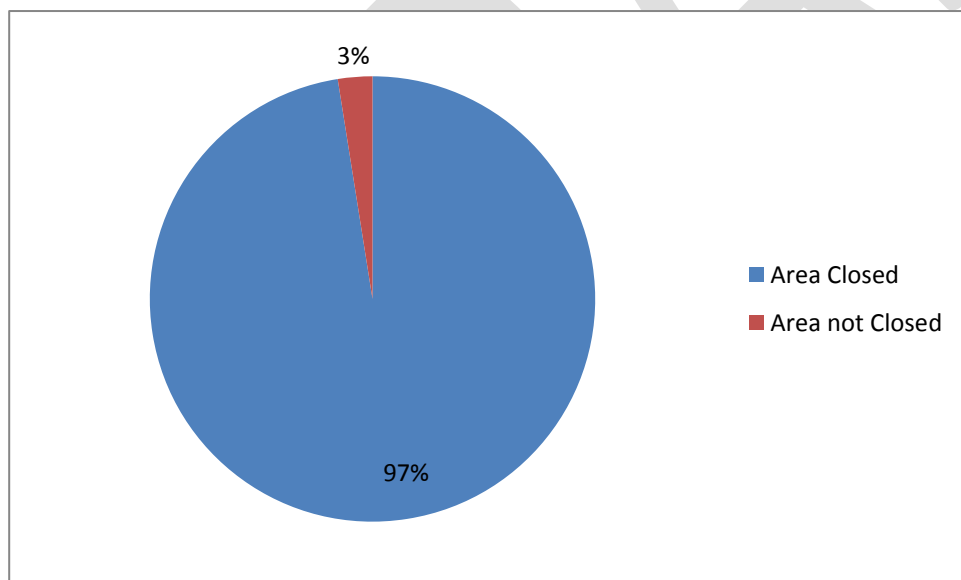
APPENDIX 5: Pharmacy Survey Results

Consultation Facilities

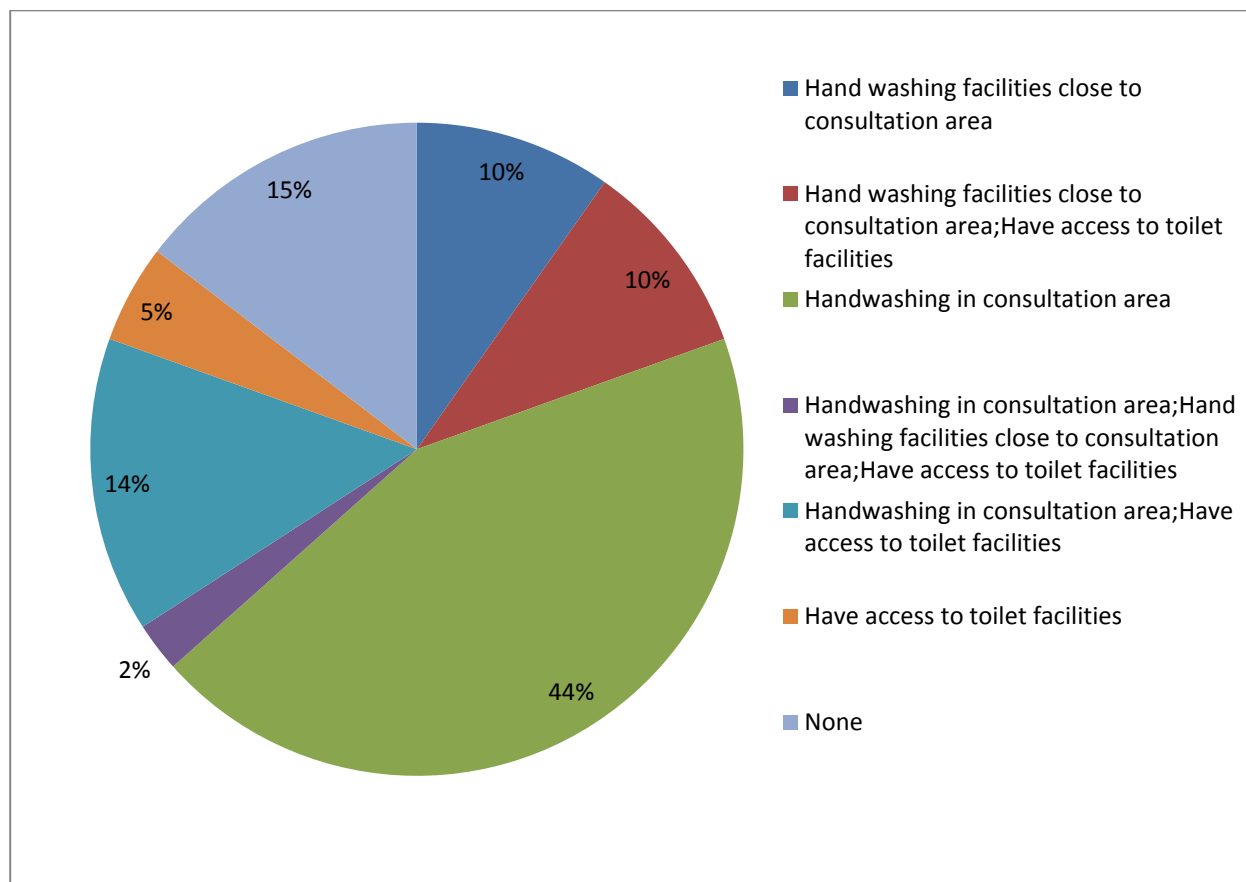
Q1a. Is there a consultation area on the premises?



Q1b. Where there is a consultation area on the premises, is it enclosed?

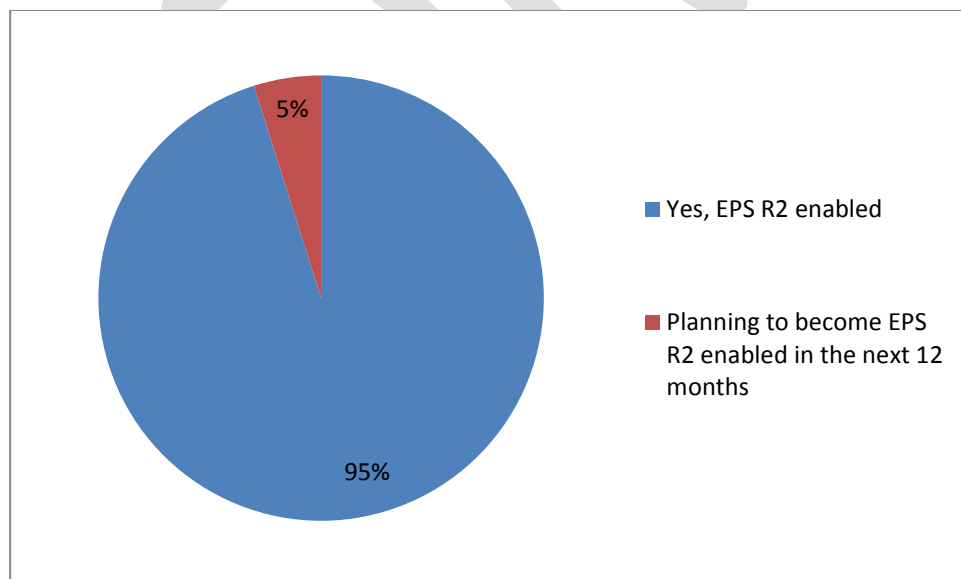


Q2. What facilities are available to patients during consultations?

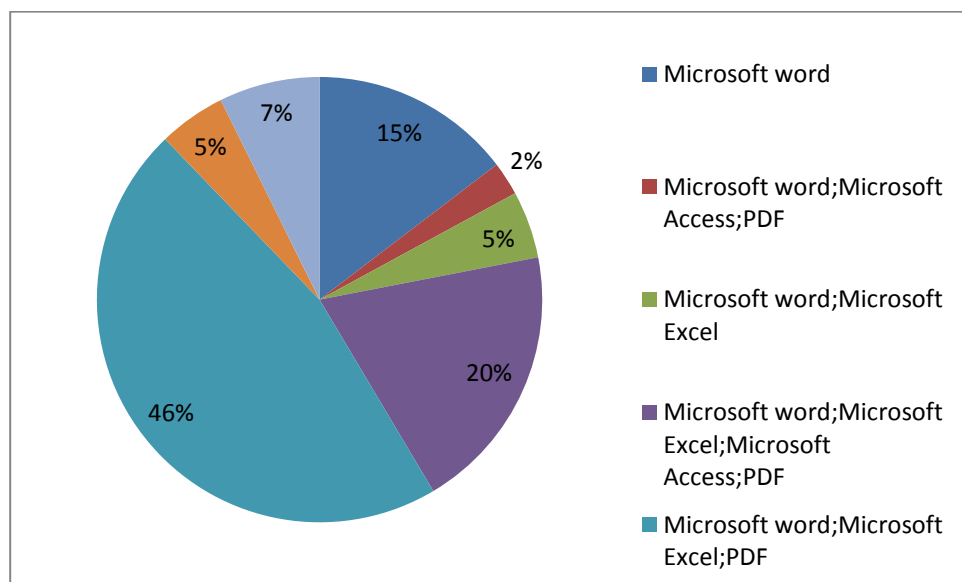


I.T. Facilities

Q3. Is the Pharmacy EPS* R2 enabled?

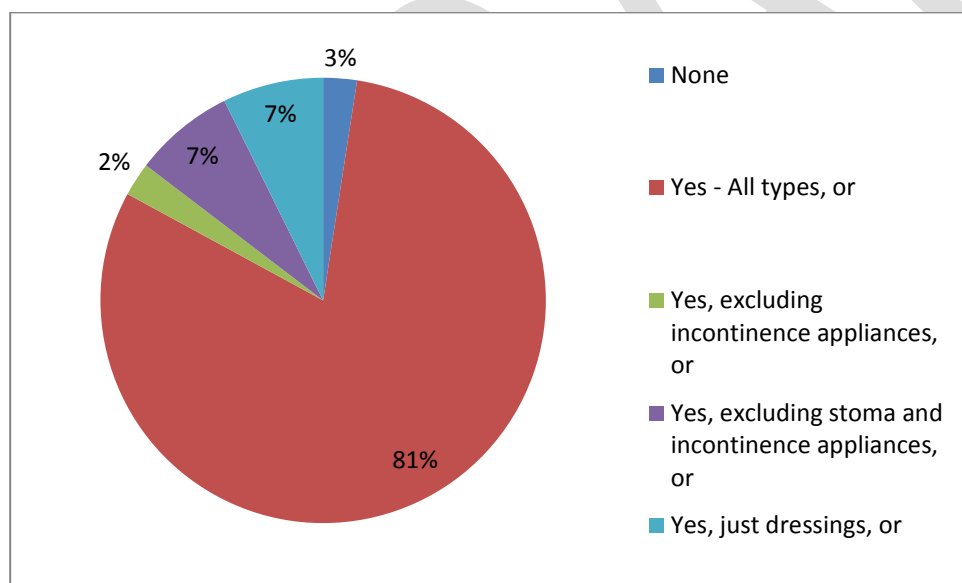


Q4. Information is often distributed to pharmacies as e-mail attachments or via websites. Please Indicate whether you are able to use the following common file formats in your pharmacy?



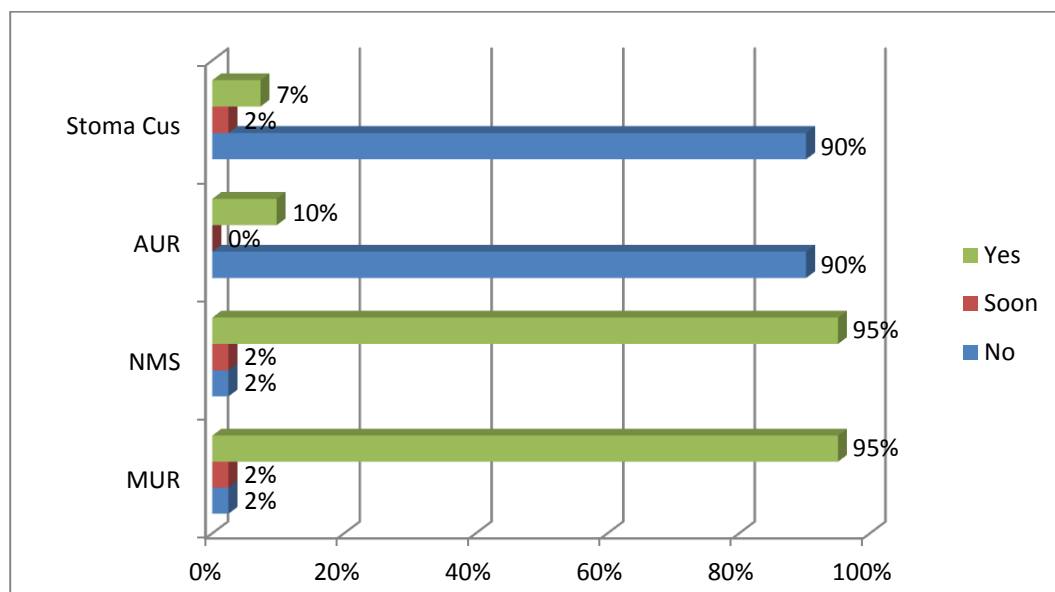
Essential Services

Q5. Does the pharmacy dispense appliances?



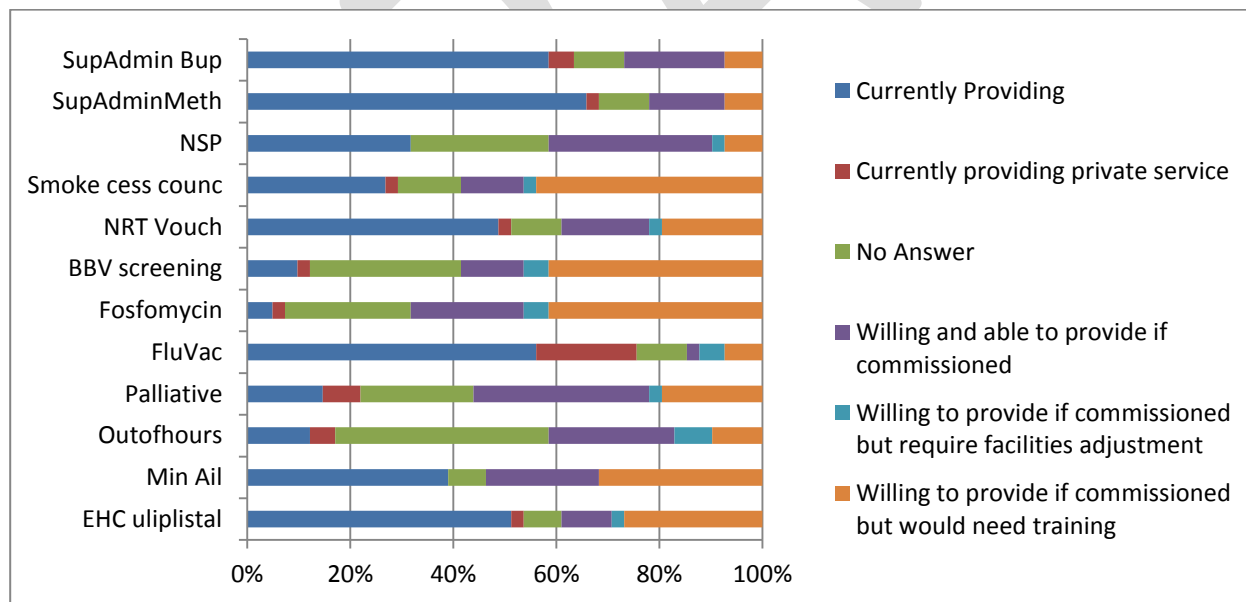
Advanced Services

Q6. Please give details of the Advanced Services provided by your pharmacy.



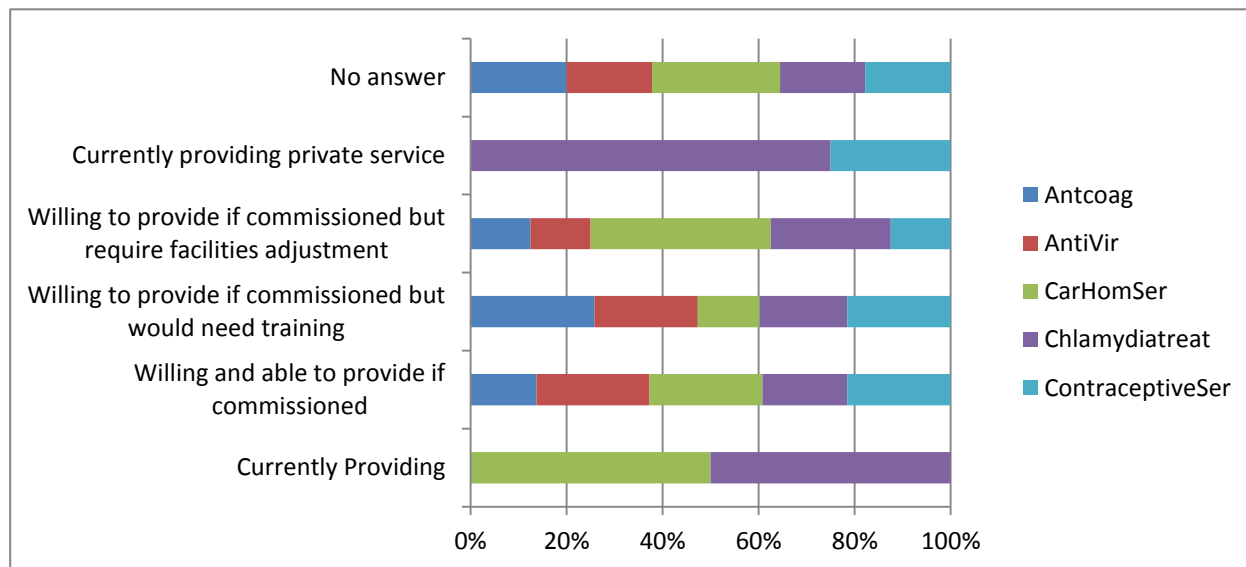
Enhanced and other Locally Commissioned Services

Q7. Please give details of which enhanced and locally commissioned services currently delivered or would like to see delivered in your pharmacy.

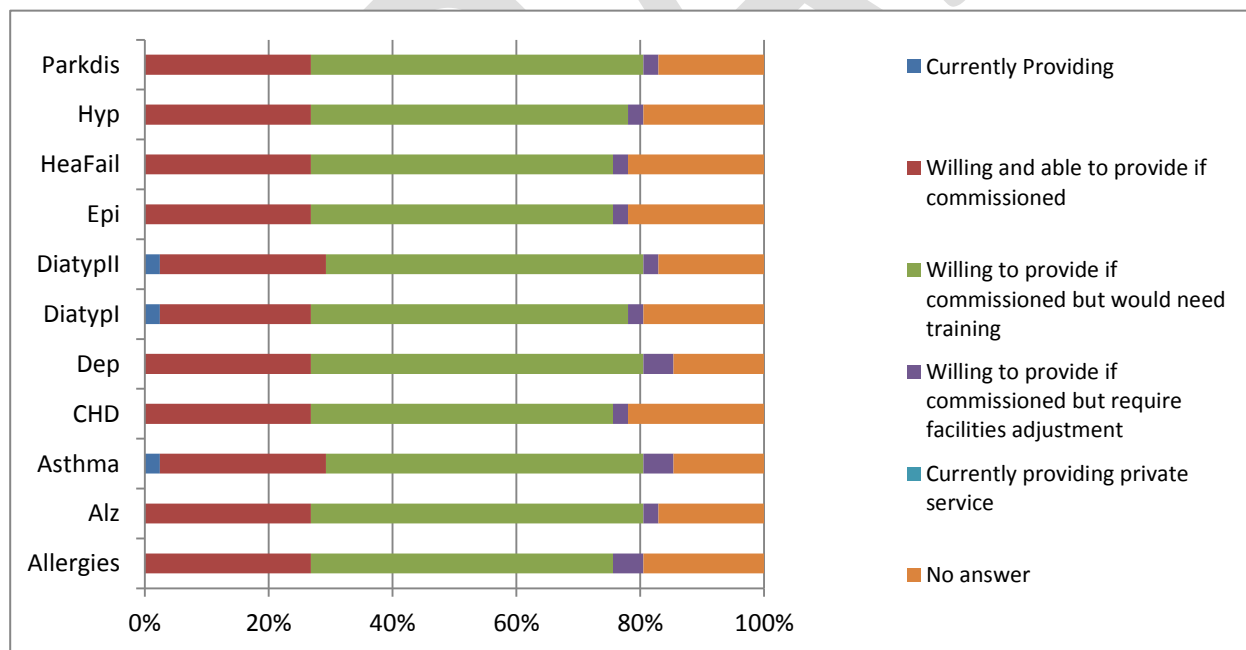


Future Services

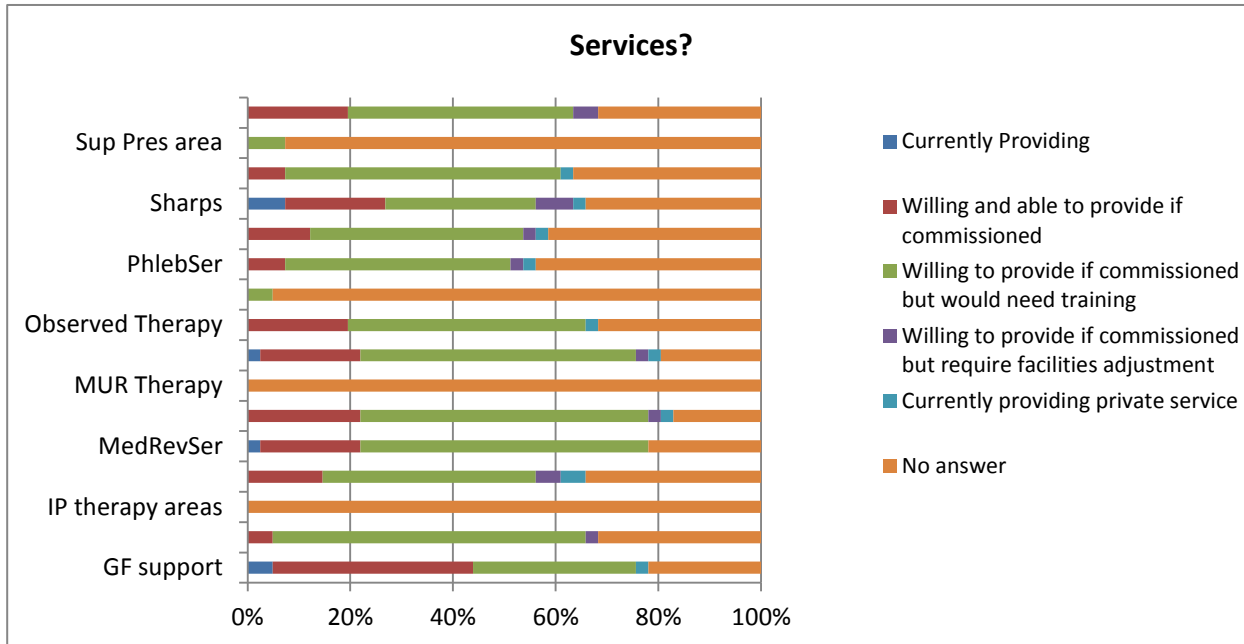
Q8. Please record any enhanced or locally commissioned services you would like to see delivered at your pharmacy.



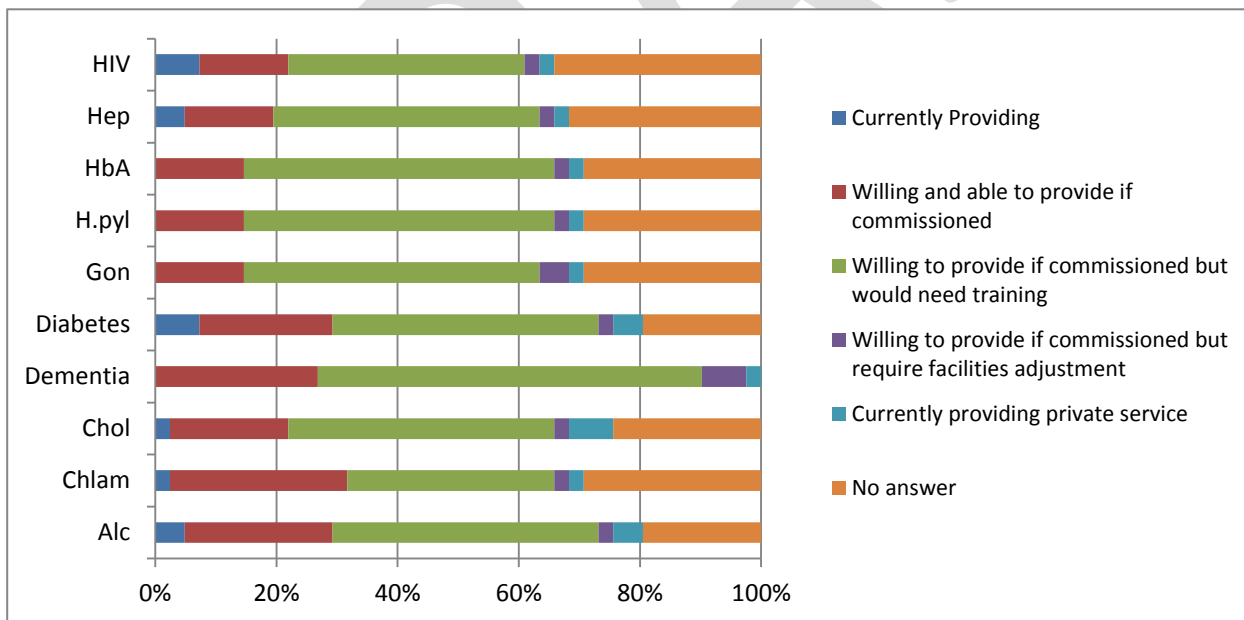
Q8b. Please record any Disease Specific Medicines Management Services you would like to see delivered from your pharmacy.



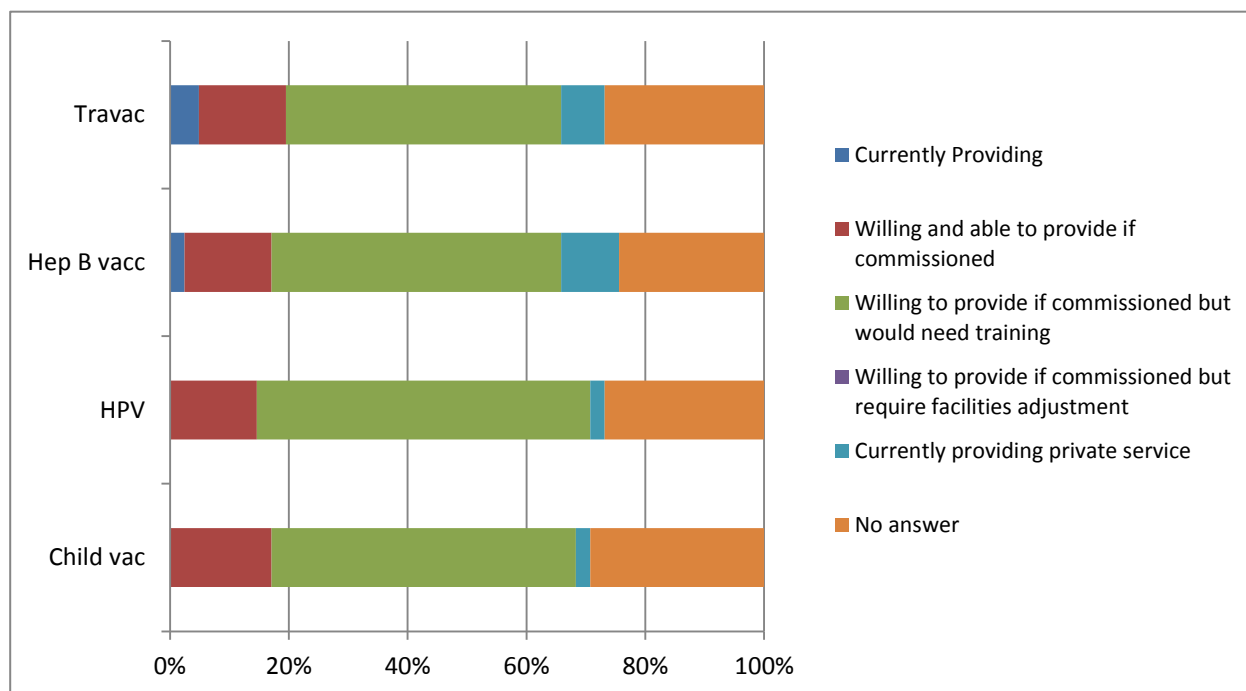
Q8c. Please record any End of disease specific Medicines Management Services you would like to see delivered from your pharmacy.



Q8d. Please record any screening advice/Brief advice services you would like to see delivered from your pharmacy.



Q8e. Please record any other vaccination services you would like to see delivered from your pharmacy.



DRAFT

Total Weekly Pharmacy Opening Hours

***To Provide Table here**

DRAFT

APPENDIX 6: Patient Survey – promotion.

1) Screenshots of websites

The screenshot shows the Solihull Metropolitan Borough Council website. The header includes the council logo and navigation links for Resident, Business, and About the Council. A secondary navigation bar lists various services like Councillors & committees, Voting, Consultations, Complaints, Statistics & data, Customer services, and More... The main content area is titled 'Consultations' and features a specific consultation: 'Your views needed on use of local pharmacies', which ends on Friday 5 December 2014. The text explains that the council is working with the NHS to understand community pharmacy use and offers an online survey. Contact information for telephone (0121 612 3806) and email (solihull.pna@nhs.net) is provided. A sidebar on the right contains an 'Archive' of consultations by month from June to December 2014 and a 'See Also...' section with a link to 'Roadworks consultations'. The Windows taskbar at the bottom shows the date as 08/12/2014 and the time as 17:38.

The screenshot displays the 'Pharmacy Services Survey' page. The top navigation bar includes links for Home, About us, Publications, News, Your health, Get involved, Clinical Programmes, and Contact us, along with a search box. The page title is 'Pharmacy Services Survey' with 'Print' and 'Email' options. The main heading is 'Do you use local pharmacies in Solihull?'. The text states that Solihull Metropolitan Borough Council, in partnership with NHS Midlands and Lancashire Commissioning Support Unit, is conducting a survey to understand local pharmacy services. It notes that the survey is live from Monday 24th November to Friday 5th December 2014 and can be completed online at www.surveymonkey.com/s/solihull-pna. A sidebar on the left lists other services like 'Have your say on infertility services' and 'Emotional wellbeing and mental health services for children and young people'. The footer contains links for Cookies, Terms & Conditions, Sitemap, Accessibility, and Freedom of Information, along with copyright notices for 2014 Solihull Clinical Commissioning Group and NHS in Solihull, and a note that the website is by Central Midlands CSU. The browser status bar at the bottom indicates 'Local intranet | Protected Mode: Off' and a zoom level of 100%.

APPENDIX 6: Patient Survey – promotion

SUSTAIN Support & Development Services for Solihull's Voluntary Sector

News Blog What We Do Who We Are Resources Your Reqs Volunteering Fundraising Contact

CONSULTATIONS

Pharmacy services in Solihull – survey

Do you use local pharmacies in Solihull?

Solihull Metropolitan Borough Council in partnership with the NHS Midlands and Lancashire CSU are undertaking a survey to understand the use of local pharmacy services in Solihull. We will use this information to help us understand the gaps in provision and make recommendations for improvements.

This survey is live from

[Continue Reading →](#)

Solihull Partnership Volunteering Survey

Thank you to everyone who completed the survey on volunteering in Solihull. The

LATEST POSTS

- Fundraiser – Warwickshire Association of Youth Clubs
- Enhancing Services for Support of Victims
- Pharmacy services in Solihull – survey
- Board members for Colebridge Enterprises
- Every One A Winner

OPPORTUNITIES

- Volunteering (11)
- Funding (157)
- Commissioning (9)
- Training (11)
- Consultations (9)
- Events (10)
- Governance (117)

Start Chrome Office 10:34 24/11/2014

Patient survey promotion using social media

Your Tweet got retweeted!

Involvement
@NHSinvolvement

What do you think of [#pharmacy](#) services in [#Solihull](#)? Take part in this survey today to share your views: socsi.in/SolihullPNA_j1...

10:03 AM - 24 Nov 14

Retweeted by

Solihull CCG @SolihullCCG
To 2373 followers.

Poster for promotion – posted along with hard copy questionnaires and freepost envelopes



Tell us what you think about pharmacy services in Solihull.

Solihull Metropolitan Borough Council is working in partnership with the NHS to understand your use of community pharmacies.

- Please return this questionnaire in the freepost envelope provided. You do not need a stamp.
- You can also fill in this survey online at www.surveymonkey.com/s/solihull-pna
- This survey closes on **Friday 5th December 2014**

Should you wish to speak to someone about this consultation or about the survey, please contact us on:

- Telephone: 0121 612 3806
- Email: solihull.pna@nhs.net

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

Your views needed on use of local pharmacies

Introduction and background

Solihull Metropolitan Borough Council working in partnership with the NHS would like to understand your use of community pharmacies. We would also like to identify other potential services, which could be offered by a community pharmacy that you would consider using.

The information that you provide is completely confidential and anonymous.

This survey **closes on Friday 5th December 2014**

Should you wish to speak to someone about this consultation or about the survey, please contact us on:

Telephone: **0121 612 3806**

Email: **solihull.pna@nhs.net**

HOW TO RETURN THIS QUESTIONNAIRE

Please return this questionnaire in the freepost envelope provided. You do not need to use a stamp.

You can also fill in this survey online
at **www.surveymonkey.com/s/solihull-pna**

Thank you in advance for taking the time to complete this survey.

The data controller is NHS Midlands and Lancashire CSU. The information from this survey will be used to improve Solihull Pharmacy services, the information may be shared with Solihull Metropolitan Borough Council to improve service delivery across the borough. Your response will be temporarily stored on SurveyMonkey's secure servers based in the USA. SurveyMonkey undertakes not to disclose the responses to others without lawful grounds.

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

Using pharmacy services

1. Which pharmacy do you regularly use?

Name of Pharmacy	
Road	
Town/City	
Postcode	

2. Why do you normally use this pharmacy? Please tick all that apply:

It is near my home	<input type="checkbox"/>	It has on-site parking	<input type="checkbox"/>
It is near my work	<input type="checkbox"/>	It has the service that I require	<input type="checkbox"/>
It is near / at my local GP surgery	<input type="checkbox"/>	It stocks the medicines that I need	<input type="checkbox"/>
It is easy to get to whilst shopping	<input type="checkbox"/>		

3. How do you normally travel to your regular pharmacy?

Car	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

4. How far do you travel to your regular pharmacy?

Less than 0.5 miles	<input type="checkbox"/>	Between 2 - 4.9 miles	<input type="checkbox"/>
Between 0.5 - 0.9 miles	<input type="checkbox"/>	5 miles or more	<input type="checkbox"/>
Between 1 - 1.9 miles	<input type="checkbox"/>		

5. On average how often do you go to a pharmacy?

Daily	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
Twice or more per week	<input type="checkbox"/>	Quarterly (4 times per year)	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	Less than 4 times per year	<input type="checkbox"/>
Fortnightly (every 2 weeks)	<input type="checkbox"/>	Never	<input type="checkbox"/>

6. At what time of the day do you usually use pharmacy services?

Weekdays 6am - 9am	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Weekdays 9am - 6pm	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Weekdays 6pm - 11pm	<input type="checkbox"/>		

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

Using pharmacy services continued

7. Beyond normal opening hours (Weekday 9am - 6pm), what other times would you find it most useful to visit a pharmacy?

Weekdays 6am - 9am	<input type="checkbox"/>	Saturday 9am - 1pm	<input type="checkbox"/>	Sunday before 10am	<input type="checkbox"/>
Weekdays 6pm - 11pm	<input type="checkbox"/>	Saturday 1pm - 6pm	<input type="checkbox"/>	Sunday 10am - 2pm	<input type="checkbox"/>
		Saturday 6pm - 11pm	<input type="checkbox"/>	Sunday after 4pm	<input type="checkbox"/>

8. Access to pharmacy services – Please rate how strongly you agree with the following statements. Please tick ONE box for each statement

	Strongly agree	Agree	Disagree	Strongly disagree
I can easily find an open pharmacy when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy near where I want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open in the evening (i.e. after 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open at the weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open at lunchtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How many different pharmacies do you normally use over a year?

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	----	--------------------------

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

Using pharmacy services continued

10. To what extent do you think your regular pharmacy:						
	Very poor	Poor	Satisfactory	Good	Excellent	Don't know
Is customer friendly and polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easy to get to by public transport or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers a quick service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can provide you with the right advice when you're unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has staff who are impartial and objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides a confidential and private service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks the medicine/ items you require	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Does your pharmacy have the following provisions?						
Seating available while you wait	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
Electronic Prescription Service (EPS)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
Sells independent living aids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
Good disability access	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
Prescription delivery service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
Information and advice on medications and healthy lifestyles e.g. diet and nutrition, physical activity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

Using pharmacy services continued

12. Thinking about your regular Pharmacy; which of the following services are you aware of, have used or would like to see available? Please tick ALL columns that apply:

Service	Aware of	Have used	Would like to see available
Minor Ailments service (advice and support to eligible people and where appropriate supply of medicines without the need for a prescription or purchase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination programme (for seasonal flu, travel vaccines, childhood immunisations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Screening Services (e.g. Diabetes, HIV, Hepatitis C, Chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation (service to support you in quitting smoking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency hormonal contraception (morning after pill)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS repeat prescription service (a service by which some patients are able to obtain supplies of their regular medication without the need to get a new prescription every time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

Using pharmacy services continued

12. Thinking about your regular Pharmacy; which of the following services are you aware of, have used or would like to see available? Please tick ALL columns that apply:

Service	Aware of	Have used	Would like to see available
Medicines use review (private discussion with your pharmacist about your medication to ensure you are getting the best from your medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of patients with Long Term Conditions (e.g. diabetes, asthma or COPD) Improves a patient's understanding and use of their medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol cessation service (help with alcohol misuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of Life / palliative care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language access service (advice and support to patients in a language understood by them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Healthcheck Service: e.g. blood pressure or cholesterol tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy - Collection of blood samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Are there any health services that we haven't described that you would use if they were provided by your pharmacy?

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

Using pharmacy services continued

14. Are you aware that pharmacies can help to direct you to other services? For example, if you require a service which the pharmacy does not offer they can direct you to other services such as 'walk-in centres' or patient support groups e.g. Diabetes UK.

Yes No

15. How have you previously found out about the services offered by a pharmacy? (please tick all that apply)

At the Pharmacy	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>
Website (NHS Choices)	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Poster	<input type="checkbox"/>	Local press	<input type="checkbox"/>
Radio	<input type="checkbox"/>	Mail drop	<input type="checkbox"/>
TV at GP surgery	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
GP or Practice Staff	<input type="checkbox"/>		

16. Please provide your postcode, so we can identify pharmacy provision in your area

17. Where did you obtain this questionnaire?

At the Pharmacy	<input type="checkbox"/>	From the Internet	<input type="checkbox"/>
At GP surgery	<input type="checkbox"/>	By email	<input type="checkbox"/>
From a patient group	<input type="checkbox"/>	Via social media	<input type="checkbox"/>
From a voluntary organisation	<input type="checkbox"/>	From the Solihull Metropolitan Borough Council	<input type="checkbox"/>
From your local Healthwatch	<input type="checkbox"/>	From my work	<input type="checkbox"/>
From your local Library	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
From your local Clinical Commissioning Group (CCG)	<input type="checkbox"/>	-----	

18. Please use the space below to briefly tell us of anything else you may feel is important regarding your local pharmacy services:

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

ABOUT YOU

We will not be able to identify you from any of the information provided below in this questionnaire

19. How would you best describe yourself?

Employed or self-employed (working)	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Student	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Full time parent	<input type="checkbox"/>	Carer	<input type="checkbox"/>
		Other (please state)	<input type="checkbox"/>
		

20. Which of the following describes your involvement with pharmacy services?

Customer/Patient	<input type="checkbox"/>
Pharmacy Service Provider	<input type="checkbox"/>
GP Practice Staff	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

21. Which age group do you fall into?

under 16	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>
16 - 24	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	75 - 84	<input type="checkbox"/>
35 - 44	<input type="checkbox"/>	85+	<input type="checkbox"/>
45 - 54	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

22. What is your sexual orientation?

Heterosexual or straight	<input type="checkbox"/>	Gay woman / lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>
		

23. What is your gender?

Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Male	<input type="checkbox"/>		

Appendix 7 Patient Survey



Midlands and Lancashire
Commissioning Support Unit

ABOUT YOU continued

24. How would you describe your ethnic origin? If you select other for any of the options below, please provide details	
ASIAN OR ASIAN BRITISH	WHITE
Bangladeshi <input type="checkbox"/>	British (includes English / Welsh / Scottish / Northern Irish) <input type="checkbox"/>
Indian <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Gypsy / Irish Traveller <input type="checkbox"/>
Any other Asian background (please specify) <input type="checkbox"/>	Any other White background (please specify) <input type="checkbox"/>
-----	-----
BLACK OR BLACK BRITISH	OTHER ETHNIC GROUP
African <input type="checkbox"/>	Chinese <input type="checkbox"/>
Caribbean <input type="checkbox"/>	Arab <input type="checkbox"/>
Any other Black background (please specify) <input type="checkbox"/>	Any other Ethnic group (please specify) <input type="checkbox"/>
-----	-----
MIXED	Prefer not to say <input type="checkbox"/>
White and Asian <input type="checkbox"/>	
White and Black African <input type="checkbox"/>	
White and Black Caribbean <input type="checkbox"/>	
Any other Mixed background (please specify) <input type="checkbox"/>	

25. Do you consider yourself to have a disability?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	

Thank you for taking the time to fill in our survey.
Your views are important to us.

APPENDIX 8: Patient Survey Report



Midlands and Lancashire
Commissioning Support Unit

Solihull Pharmaceutical Needs Assessment

Patients Survey Report

15th December 2014



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West Midlands
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APPENDIX 8: Patient Survey Report

Solihull Pharmaceutical Needs Assessment

Patients Survey Report

1. Introduction

Solihull Metropolitan Borough Council, in partnership with NHS Midlands and Lancashire Commissioning Support Unit ran a survey from 24th November to 5th December 2014 to understand the usage of local pharmacy services in Solihull and to understand the gaps in provision and make recommendations for improvements. In detail the objectives were

1. To explore when and how people access pharmacy services
2. To understand what factors are most important to pharmacy users?
3. To explore the demographic profile of pharmacy users
4. To understand the quality of services that pharmacies offer
5. To understand there are where gaps in provision/ demand for other services
6. To understand what aspects could be improved?
7. To understand factors that influence choice of a particular pharmacy

The survey was disseminated using the following methods:

- Printed copies were left in all GP surgeries and local pharmacies
- Printed copies also available through Solihull library, Community and Voluntary organizations, Patient Groups, Solihull Healthwatch
- Promoted by Solihull CCG via website, Twitter and Email with PPG distribution list
- Distributed by Solihull Sustain through Voluntary Sector Reference Group, and Age UK Solihull.
- Project team members included a link to the online survey within their email signature
- Online through networks of the Area team newsletter

A total of 326 responses were received, of which 93 were paper copies, and the rest were entered directly via Survey Monkey. This was an very good rate of return for a 2 week period and suggests effective publicity for the survey and a high level of interest in the subject

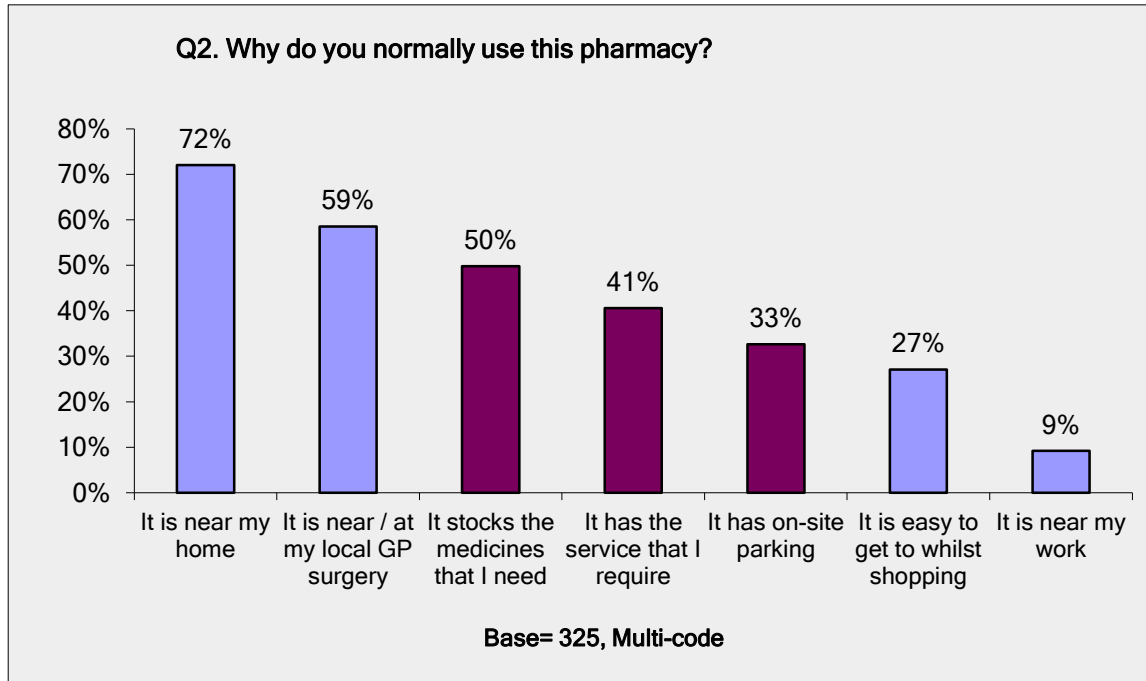
2. Overall summary of findings

- The survey recorded a high degree of satisfaction with Solihull pharmacies and the services offered, with 44% or more rating the service ‘Excellent’ on all aspects, and over 75% rating them ‘Good’ or ‘Excellent’ on all aspects. No more than 6% rated pharmacies poor/very poor on any of the aspects measured;
 - Is customer friendly and polite
 - Is easy to get to by public transport or car
 - Offers a quick service
 - Can provide you with the right advice when you’re unwell
 - Has staff who are impartial and objective
 - Provides a confidential and private service
 - Stocks the medicine / items you require
- Over 90% agreed with the statement that they can easily find an open pharmacy when needed. However access specifically at the weekends and evenings was less good, with a third saying they disagree that it’s easy to find a pharmacy open in the evenings.
- The most popular ‘additional’ opening hours were Saturdays 9am-1pm and 1pm-6pm, Sunday’s 10-2pm and weekday evenings 6pm-11pm. The early morning opening hours and weekend evenings were less popular.
- Analysis of usage and awareness of current and potential services showed;
- The service with the highest awareness and usage is the ‘Disposal of unwanted medicines’. The ‘NHS repeat prescription service’, ‘Medicines use review’ and the ‘Minor Ailments service’, also had high awareness and claimed usage.
- ‘The ‘Vaccination Programme’ and ‘Management of Long Term Conditions’ both had good awareness but low usage. (These services are not available in Solihull, so people must be assuming that they are available).
- All the other services have awareness under 50% and usage under 5%.
- Low usage of some of the services can be attributed to them being applicable to only a small sector of the population. (E.g. ‘Language access service’, ‘Emergency contraception’ and ‘Early pregnancy testing’, ‘End of Life/palliative care’, ‘Smoking cessation’, ‘NHS Screening services’). However over a third of people were aware of the availability of ‘Emergency contraception’, ‘Early pregnancy testing’, ‘Smoking cessation’ and ‘NHS Screening services’, which suggests that if these services were needed people would know that they could find these services at their pharmacy.
- ‘Phlebotomy’ and the ‘Alcohol Cessation’ service are not yet available at Solihull pharmacies and consequently had low awareness and usage. ‘NHS Health check’ is not yet available at Solihull pharmacies either but 42% claimed awareness, probably as it seems to be a likely pharmacy service.
- Over half of the sample said they’d like to see Phlebotomy services available at pharmacies. There was also high demand (over a third of sample) for ‘NHS Screening services’, ‘NHS Health checks Services’ and ‘End of life/ palliative care’.
- The ‘Vaccination Programme’, ‘Alcohol cessation services’, ‘Language access service’, and ‘Management of Long Term Conditions’ all also recorded levels of demand of 25% or higher.

3. Survey Findings

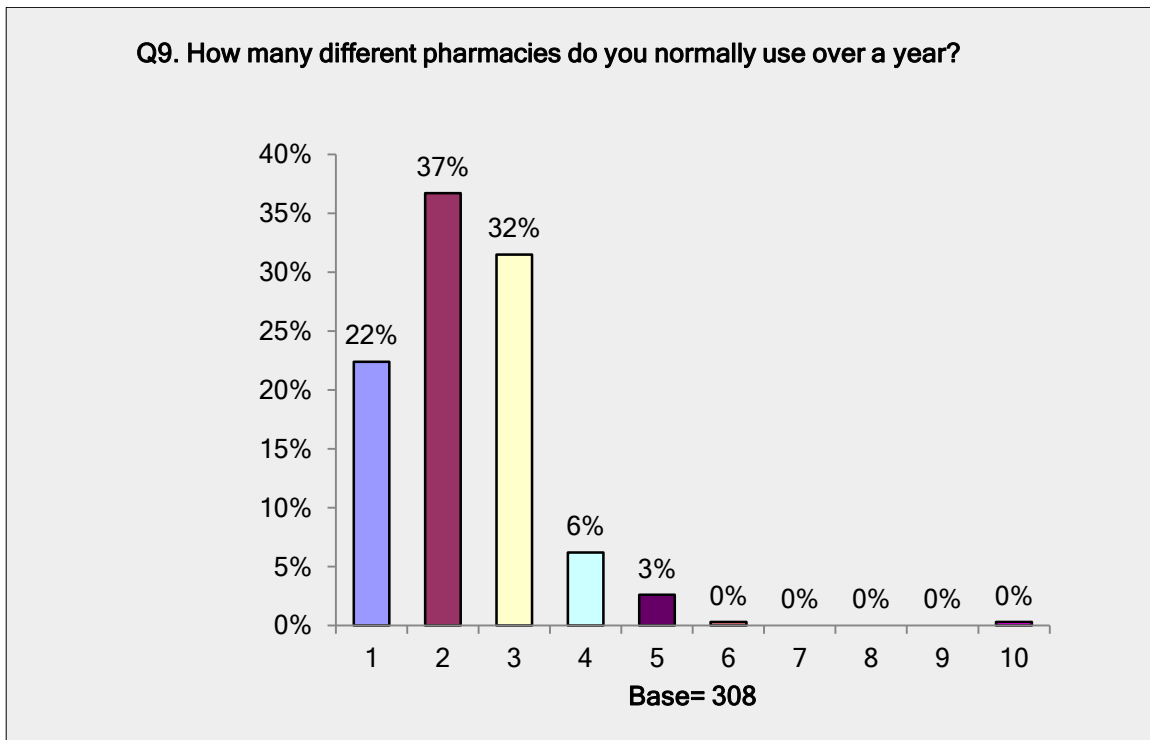
3.1 Choice of pharmacy and travel

Location was the most common reason for choice of surgery. 90% of respondents chose to use a pharmacy that was either close to their home and/or their GP's surgery. Other popular reasons for choice were stocking the required medicines, having the required services and on-site parking.

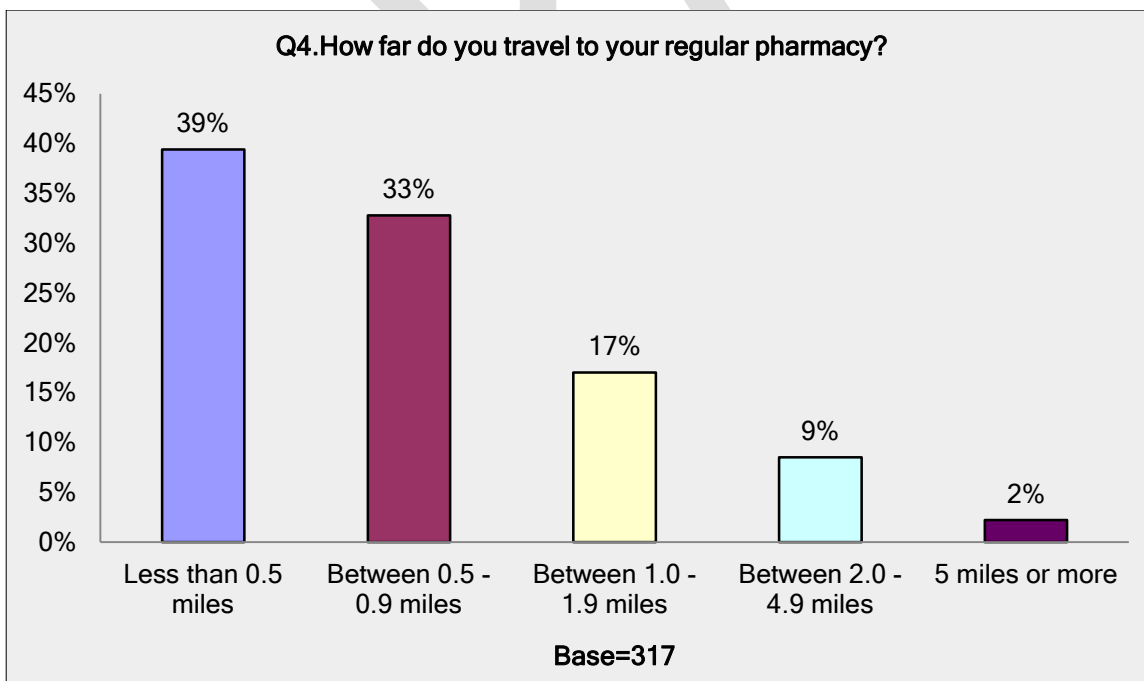


The retired were more likely than working respondents to choose a pharmacy for stocking the required medicines (65% vs. 33%), having the required services (53% vs. 24%) and on-site parking (42% vs. 23%). (NB. Bases for Retired=156, Working= 116)

The average number of pharmacies used in a year was 2.3. 22% used just one pharmacy, most used two or three, and very few used 4 or more. The average for retired people was 2.0 pharmacies, and the average for working people was 2.6 pharmacies.

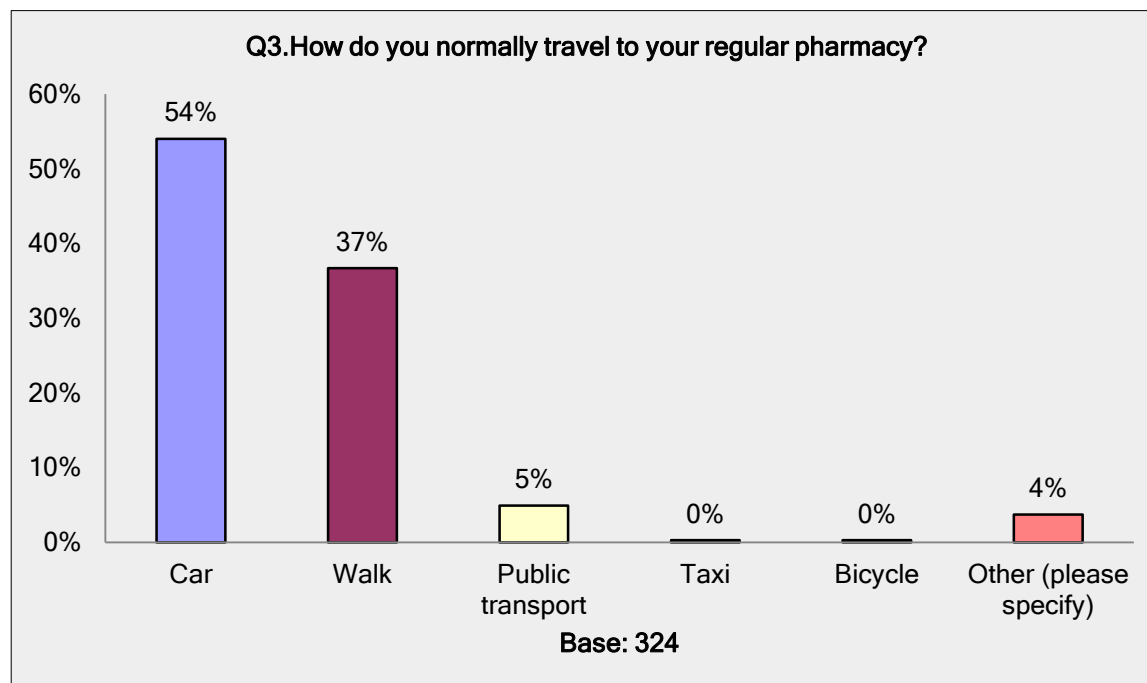


Over a third of respondents travelled less than 0.5 miles to their regular pharmacy, and over two thirds travelled less than a mile. In Solihull there was very little difference in the distance travelled by the retired and those who worked.



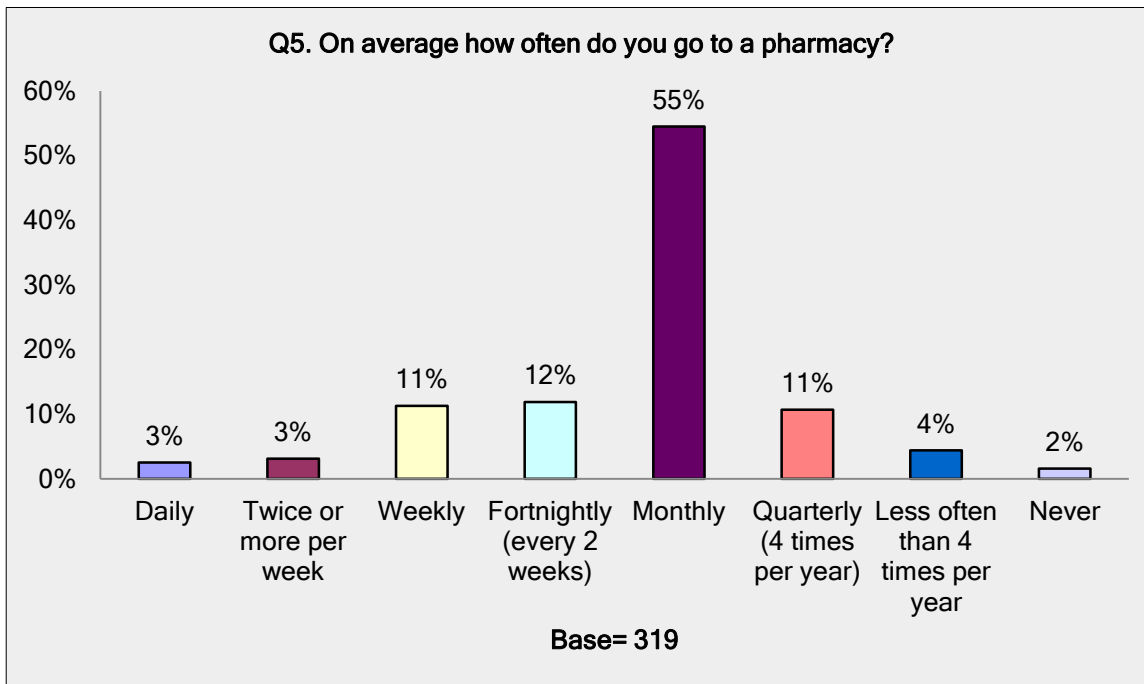
Over half travelled by car and just over a third walked. Public transport was used only 5%. Of the 12 people that specified 'Other', 5 used a delivery service (so presumably did not visit their Pharmacy) and 4 used a Mobility Scooter.

Working respondents were only slightly more likely to travel by car than retired respondents (60% vs. 52%).

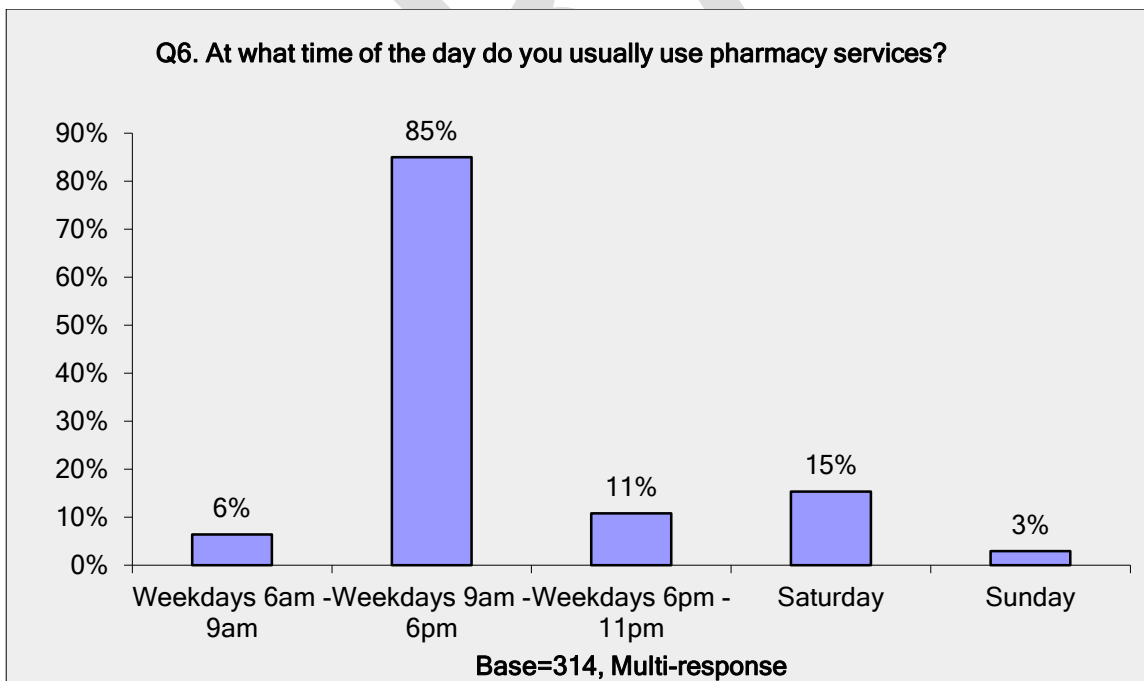


3.2 Usage and Access to pharmacy

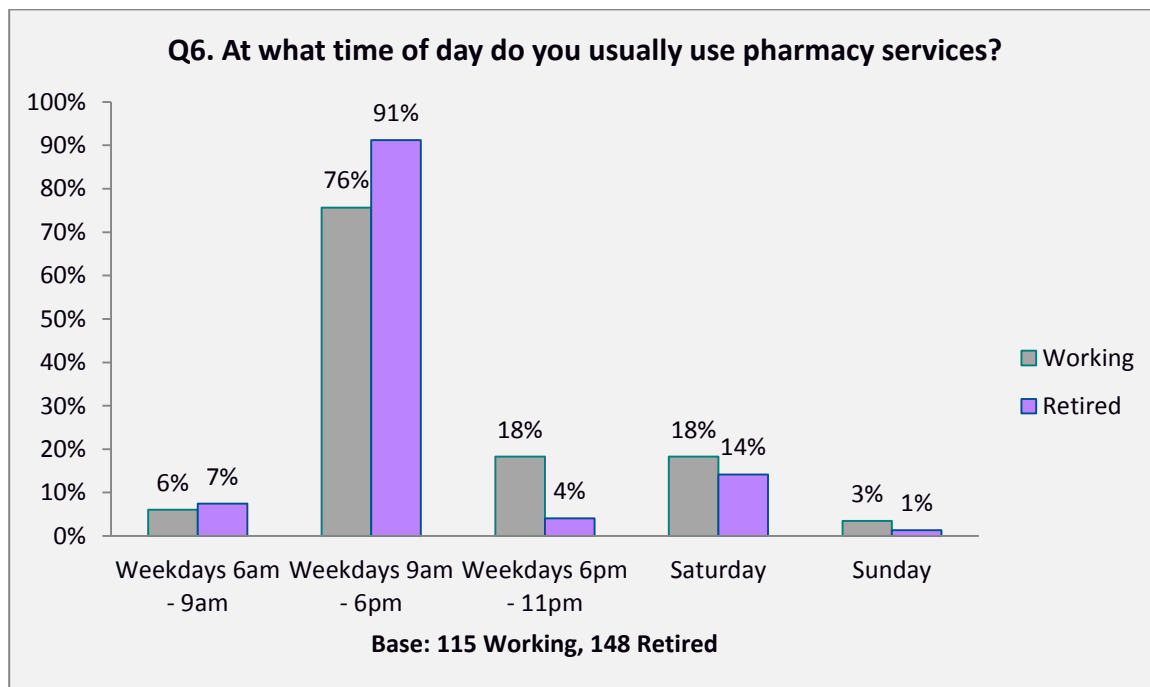
The most common visit pattern was a monthly visit (over half visited monthly), and almost a third visiting more frequently than once a month. The retired were slightly more likely than working respondents to visit more frequently than monthly. (29% vs. 23%).



The most frequent time of day to use the services was weekdays 9am-6pm.

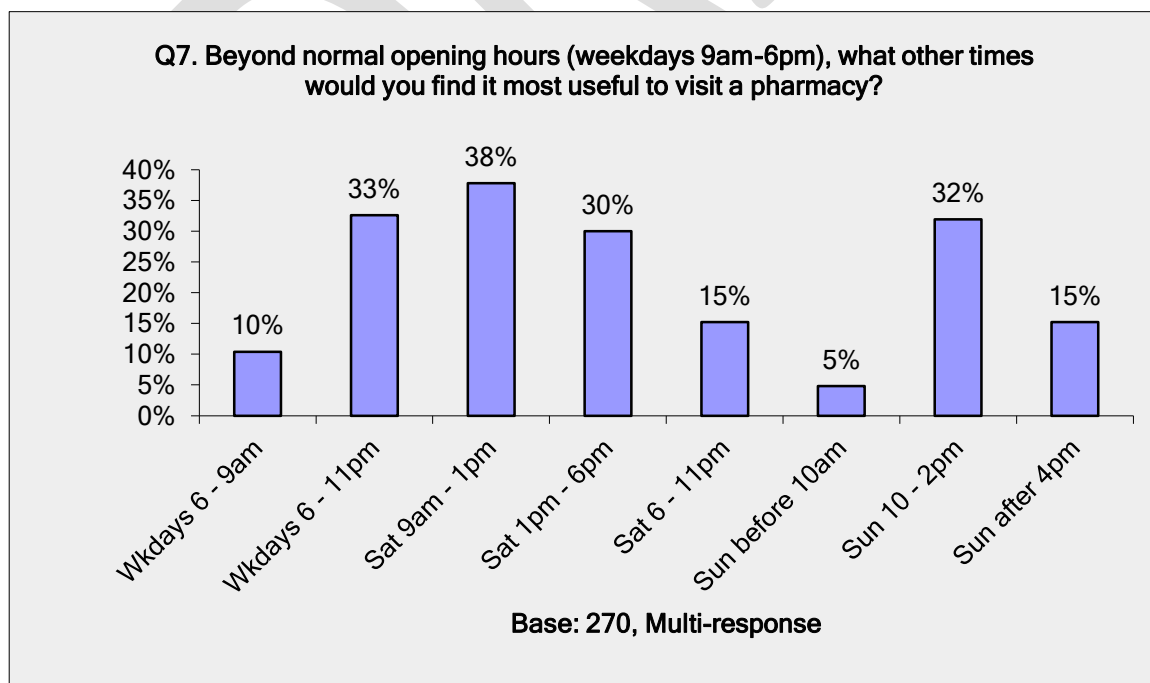


For the retired this pattern was stronger with 91% visiting on weekdays 9am-6pm, compared to 76% of working people. Working people were understandably more likely to visit after 6pm on weekdays or on Saturdays.



The most popular 'additional' opening hours were Saturdays 9am-1pm and 1pm-6pm, Sunday's 10-2pm and weekday evenings 6pm-11pm. The early morning opening hours and weekend evenings were less popular.

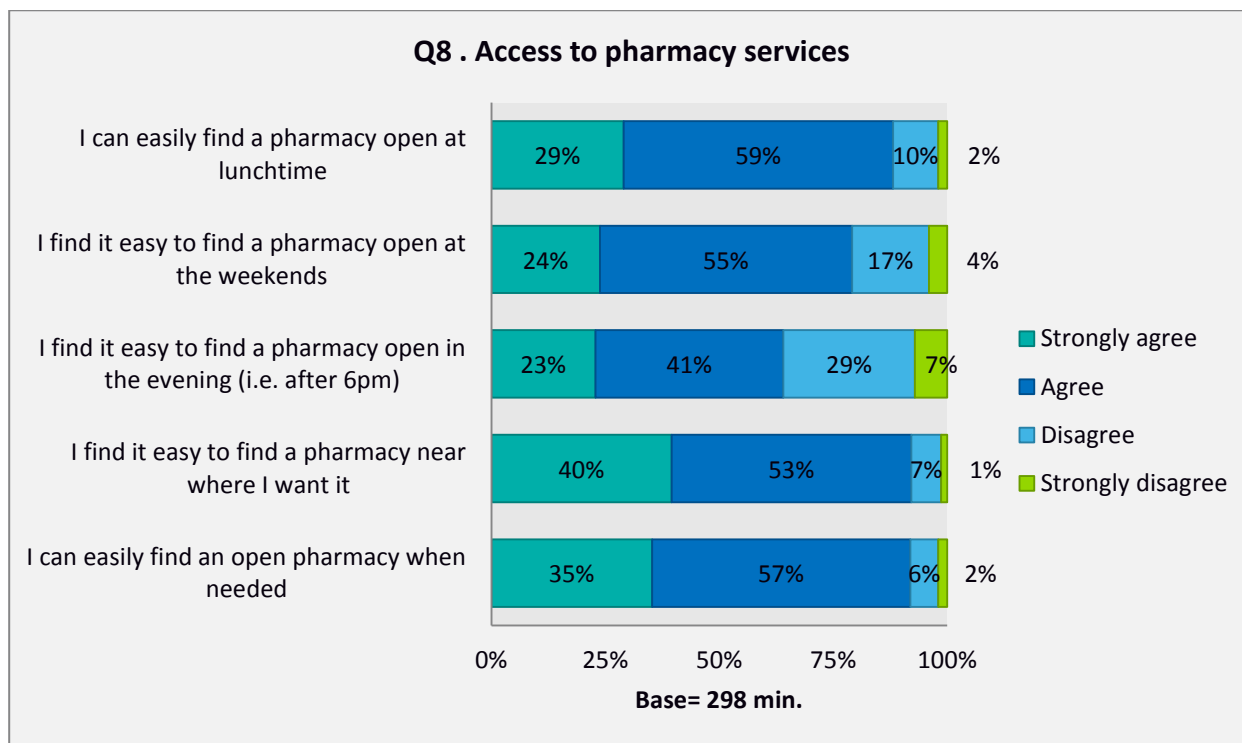
Predictably working people were more interested in weekday evening opening than retired people. (38% vs. 22%).



General access to pharmacy services seems good, with 92% agreeing with the statement that they can easily find an open pharmacy when needed.

However access in the evenings and at weekends is inevitably less good, with a third disagreeing that it's easy to find a pharmacy open in the evenings.

Working and retired people responded similarly to this question.



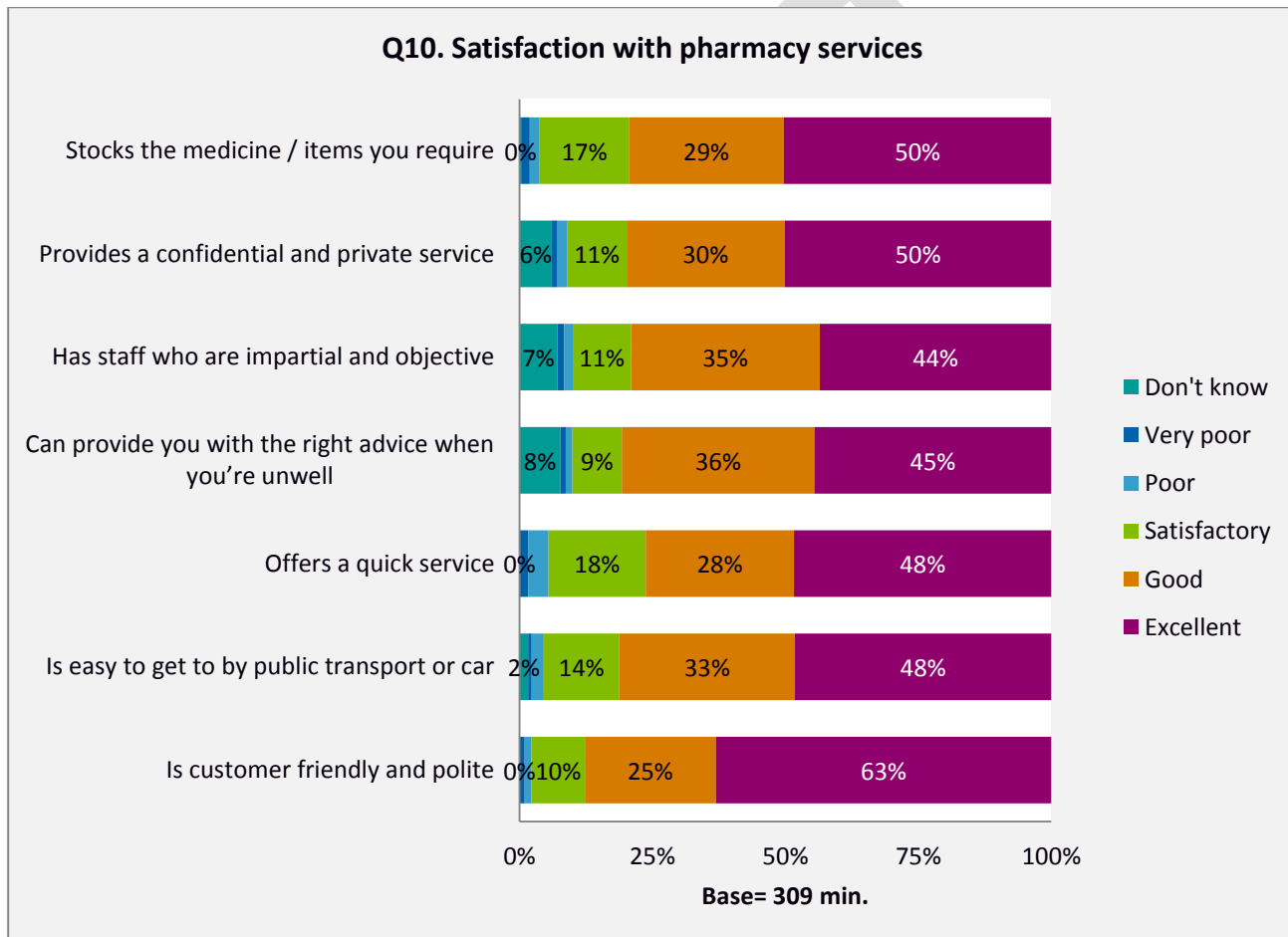
3.3 Satisfaction with local pharmacy

Pharmacy services were generally rated very highly, with 44% or more rating the service 'Excellent' on all aspects, and over 75% rating them 'Good' or 'Excellent' on all aspects.

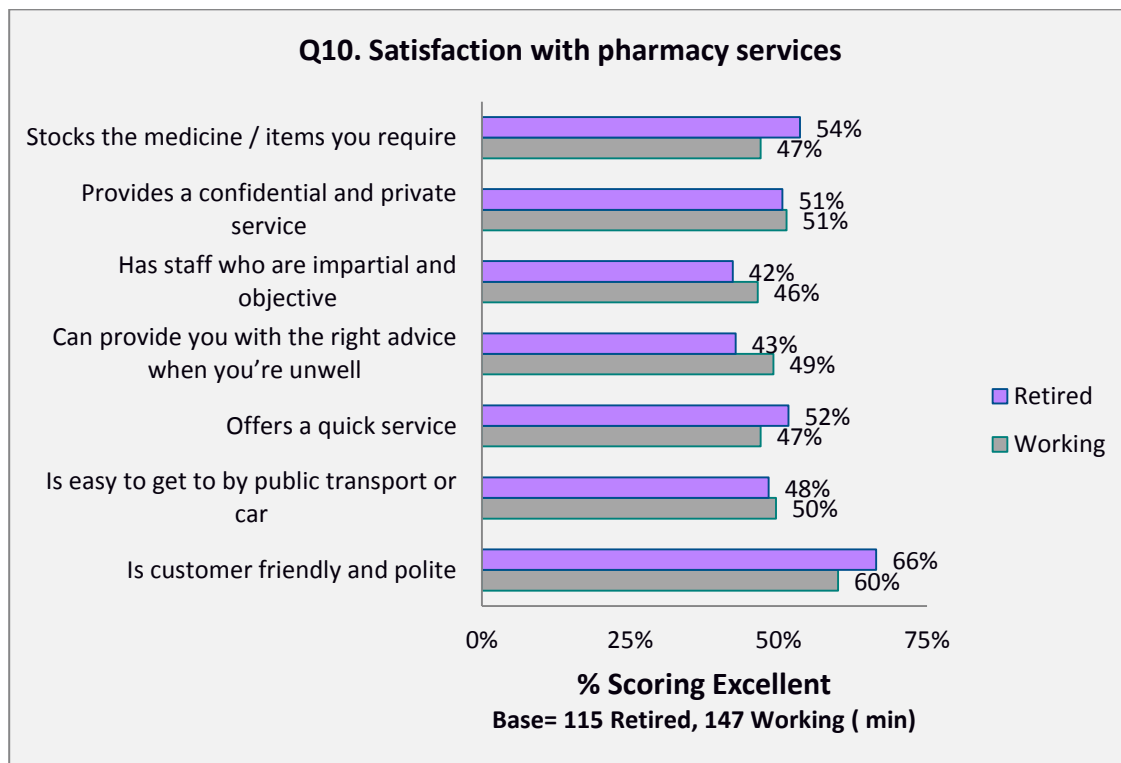
Customer service had the highest ratings with 63% rating 'Is customer friendly and polite' 'Excellent' and a further 25% 'good'.

Speed of service had the lowest rating, but was still very good with only 6% rating 'Offers a quick service', as 'poor' or 'very poor'.

The advisory services (i.e. 'Can provide you with the right advice when you're unwell', 'has staff who are impartial and objective', 'Provides a confidential and private service'), were rated highly by those who knew enough to rate them.



Retired respondents rated pharmacy services better than working respondents on customer service and stocking the right medicines, but were less likely to think that the pharmacy could 'offer the right advice when unwell'

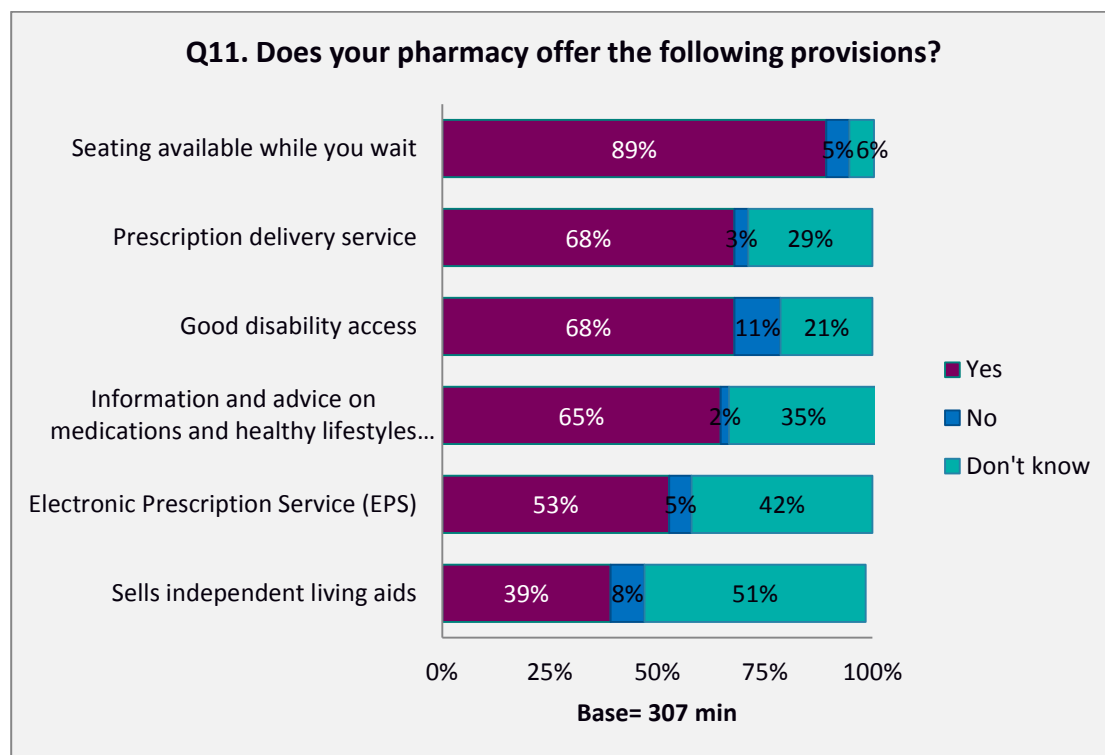


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Most people said that their pharmacy had seating available, and about two thirds were aware of a prescription delivery service and an information/advice service on medications and health.

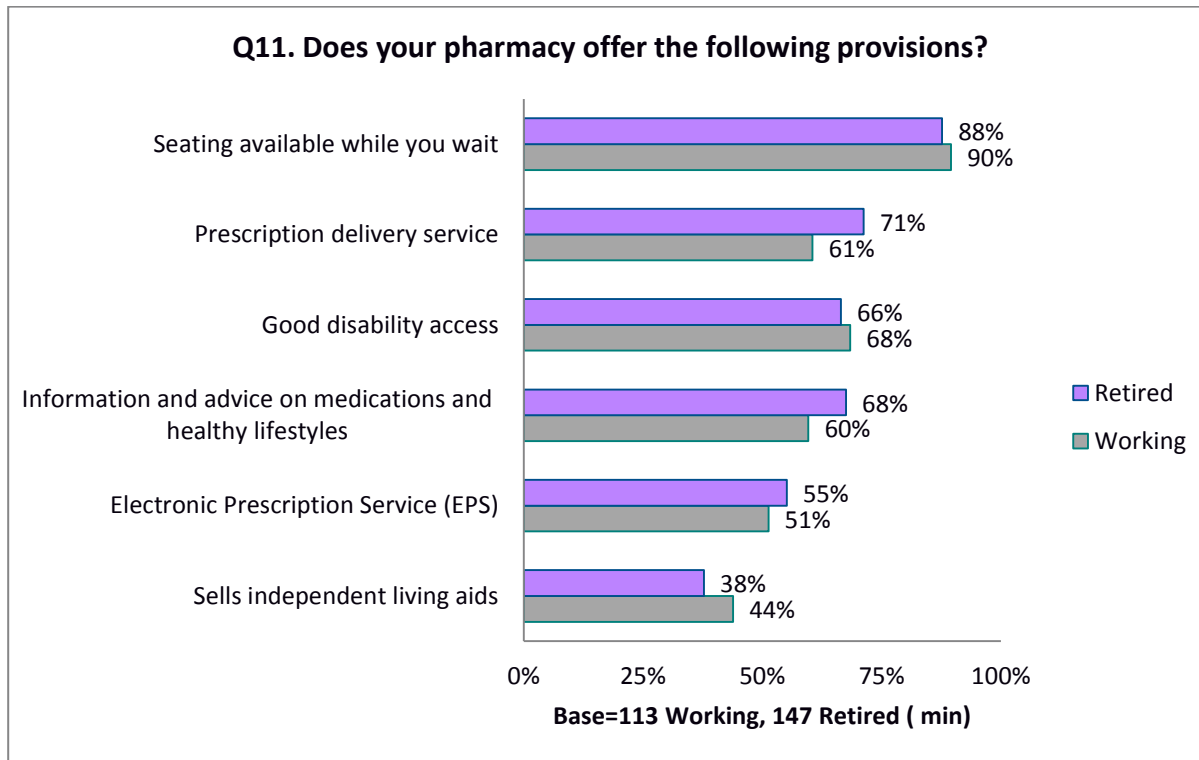
Two thirds felt their pharmacy had good disability access, but 11% did not.

Around half did not know if their pharmacy offered independent living aids or an Electronic Prescription Service.



Retired people were more likely to know their pharmacy had a prescription delivery service, an Electronic Prescription Service and an information/advice service on medications and health.

The survey included 77 respondents who considered that they had a disability. Their responses to this question were very similar to the retired sample. They were slightly more likely to think that their pharmacy had good disability access (perhaps because they'd selected the pharmacy on this basis).



3.4 Awareness, Usage and Satisfaction with services

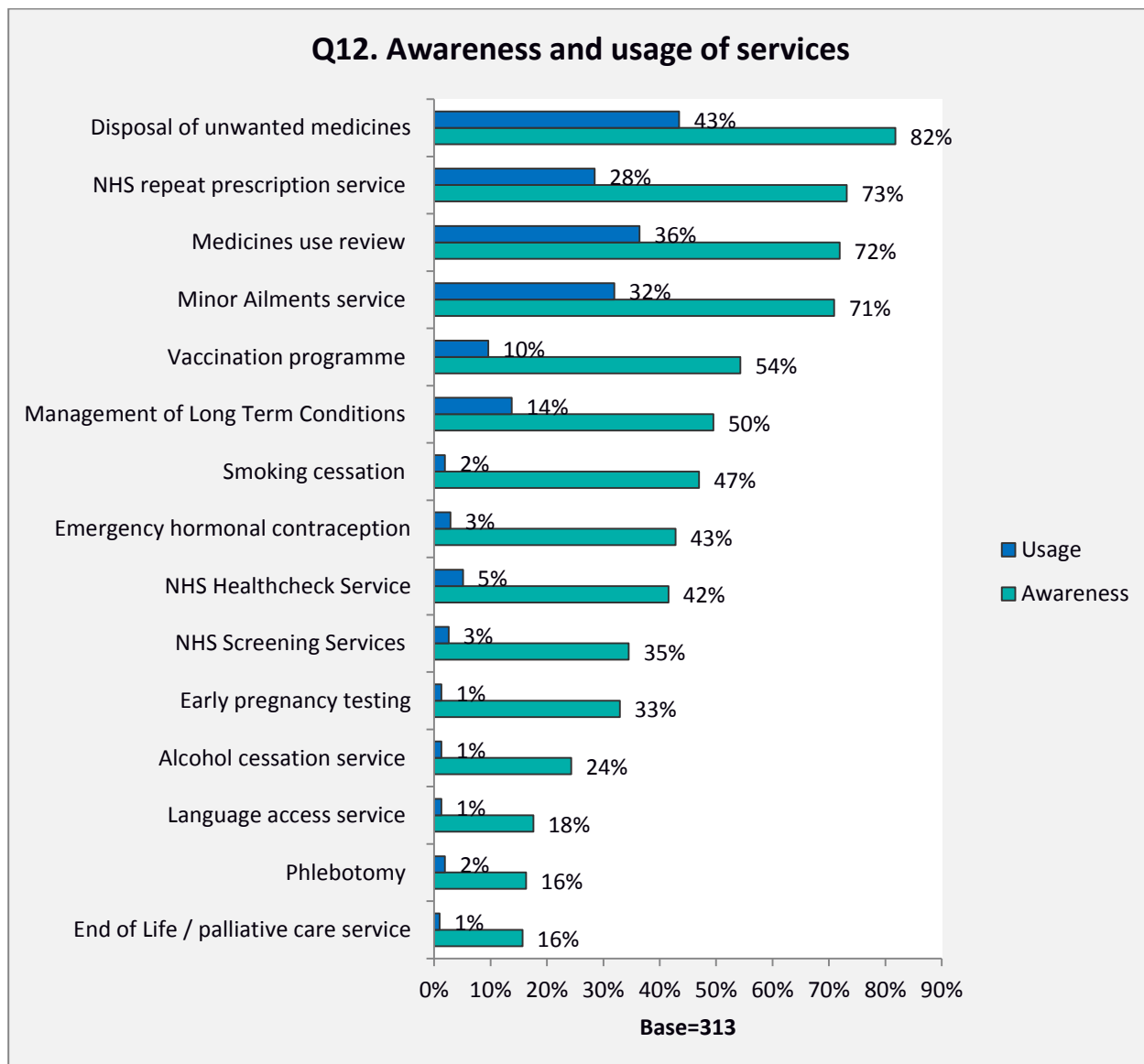
Question 12 was designed to provide information about awareness, usage and demand for the following 14 current and potential pharmacy services. The full descriptions used in the questionnaire are given below with details of current availability at Solihull pharmacies.

Description	Current availability
Minor Ailments service (advice and support to eligible people and where appropriate supply of medicines without the need for a prescription or purchase)	Yes
Smoking cessation (service to support you in quitting smoking)	Yes
Emergency hormonal contraception (morning after pill)	Yes
Early pregnancy testing	Yes
Disposal of unwanted medicines	Yes
End of Life / palliative care service	Yes
Language access service (advice and support to patients in a language understood by them)	Yes
NHS repeat prescription service (a service by which some patients are able to obtain supplies of their regular medication without the need to get a new prescription every time)	It is offered
Medicines use review (private discussion with your pharmacist about your medication to ensure you are getting the best from your medication)	It is offered
Vaccination programme (for seasonal flu, travel vaccines, childhood immunisations)	Flu –Yes Others-No
NHS Screening Services (e.g. Diabetes, HIV, Hepatitis C, Chlamydia)	Chlamydia –Yes Hepatitis –Yes Diabetes/HIV- No
Management of patients with Long Term Conditions (e.g. diabetes, asthma or COPD) Improves a patient's understanding and use of their medicines	No
NHS Health check Service (e.g. blood pressure or Cholesterol tests)	No
Phlebotomy (collection of blood samples)	No
Alcohol cessation service (help with alcohol misuse)	No

The structure used for Q12 is shown below. Unfortunately people did not respond to it as intended. Many people only ticked one option per service. Only 1 in 4 of those who said they had used a service also said they were aware of the service (It should be 100%).

12. Thinking about your regular Pharmacy; which of the following services are you aware of, have used or would like to see available? Please tick ALL columns that apply:			
Service	Aware of	Have used	Would like to see available
Minor Ailments service (advice and support to eligible people and where appropriate supply of medicines without the need for a prescription or purchase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination programme (for seasonal flu, travel vaccines, childhood immunisations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

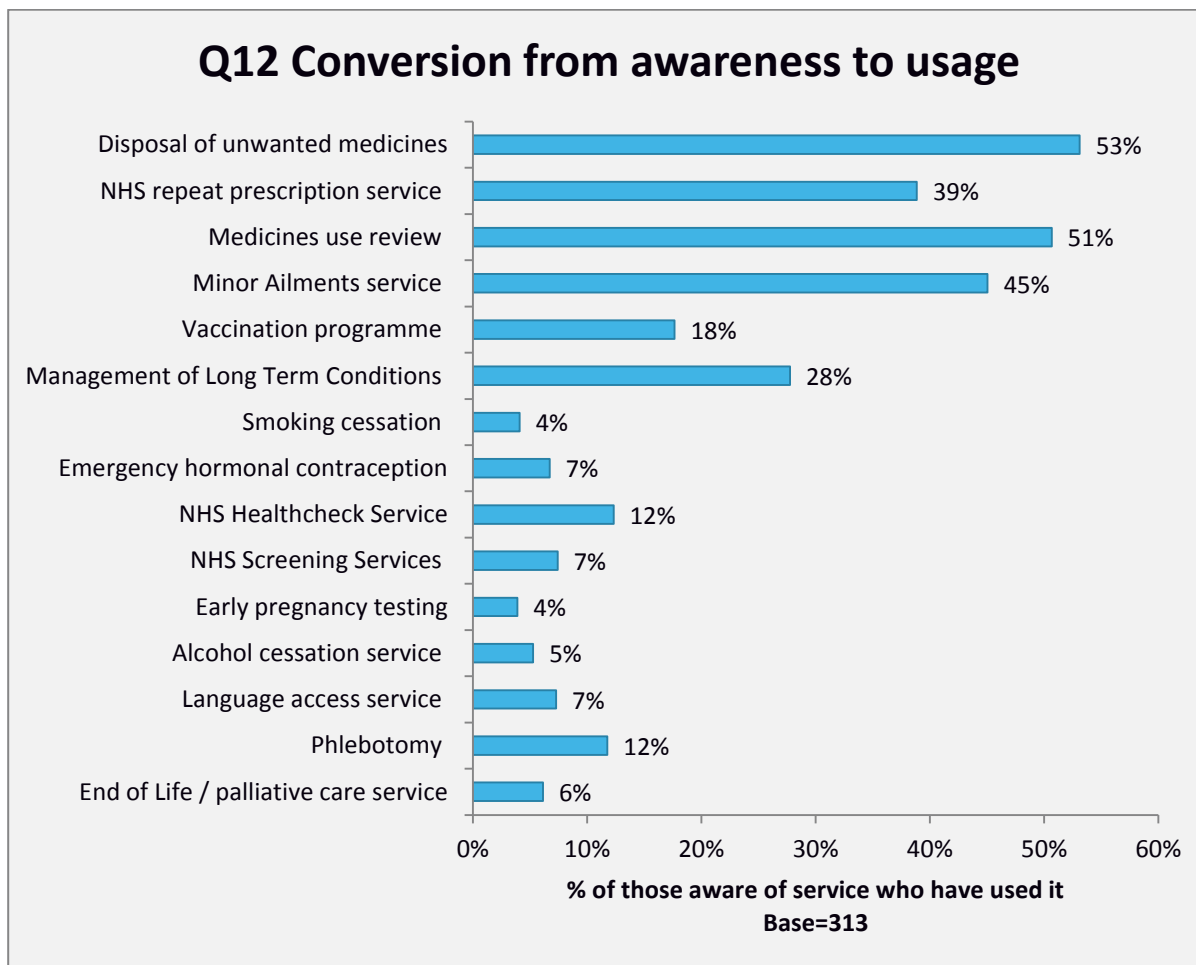
This misunderstanding occurred with both the paper and online survey. The data has consequently been adjusted; assuming awareness for all service users. The following chart compares the awareness and usage of the 14 services.



- The service with the highest awareness and usage is the 'Disposal of unwanted medicines'.
- The 'NHS repeat prescription service', 'Medicines use review' and the 'Minor Ailments service', all had high awareness and claimed usage.
- The 'Vaccination Programme' and 'Management of Long Term Conditions' both had good awareness but low usage. (These services are not available in Solihull, so people must be assuming that they are available.)
- All the other services have awareness under 50% and usage under 5%.
- Low usage of some of the services can be attributed to them being applicable to only a small sector of the population. (E.g. 'Language access service', 'Emergency contraception' and 'Early pregnancy testing', 'End of Life/palliative care', 'Smoking cessation', 'NHS Screening services').

- However over a third of people were aware of the availability of 'Emergency contraception', 'Early pregnancy testing', 'Smoking cessation' and 'NHS Screening services', which suggests that if these services were needed people would know that they could find these services at their pharmacy.
- 'Phlebotomy' and the 'Alcohol Cessation' service are not yet available at Solihull pharmacies and consequently had low awareness and usage.
- 'NHS Health check' is not yet available at Solihull pharmacies either but 42% claimed awareness, probably as it seems to be a likely pharmacy service.

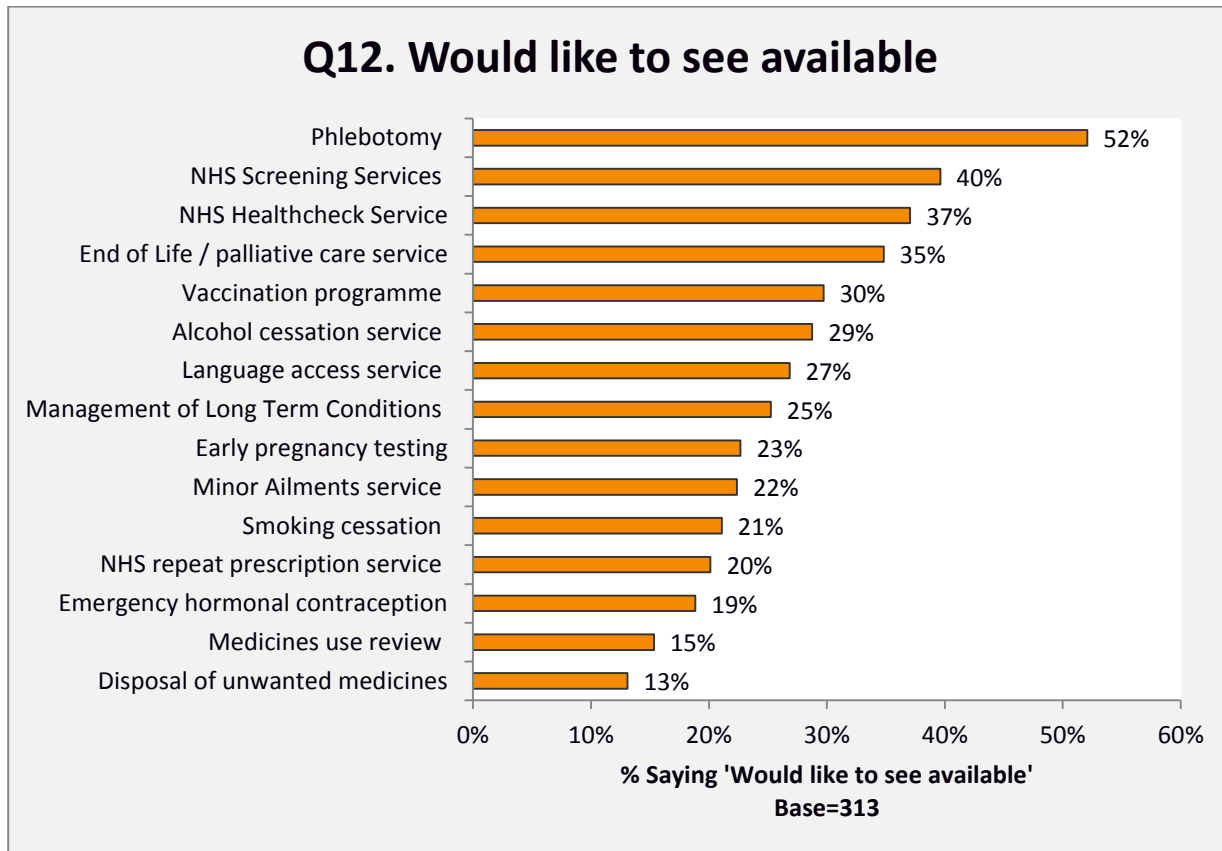
The following chart compares the 'conversion rate' from awareness to usage which gives some measure of the demand/appeal of the services.



- The 'Disposal of unwanted medicines' and 'Medicines use review' had the highest 'take up' rates with about half of those who were aware of the services having used them.
- 'The Minor Ailments service', and 'NHS repeat prescription service' also had very good conversion rates.
- Conversion rates were below 10% for those services previously identified as having lower applicability (e.g. Language access service, Emergency contraception and early pregnancy testing, End of Life/palliative care, Smoking cessation, NHS Screening services)

The next chart compares the endorsement levels recorded in the final column of Q12 'Would like to see available'. Very few people ticked this column as well as ticking the 'used' column so we can assume this

is mainly reflecting interest by those that have not used the service elsewhere, so services with existing high usage will not figure highly.

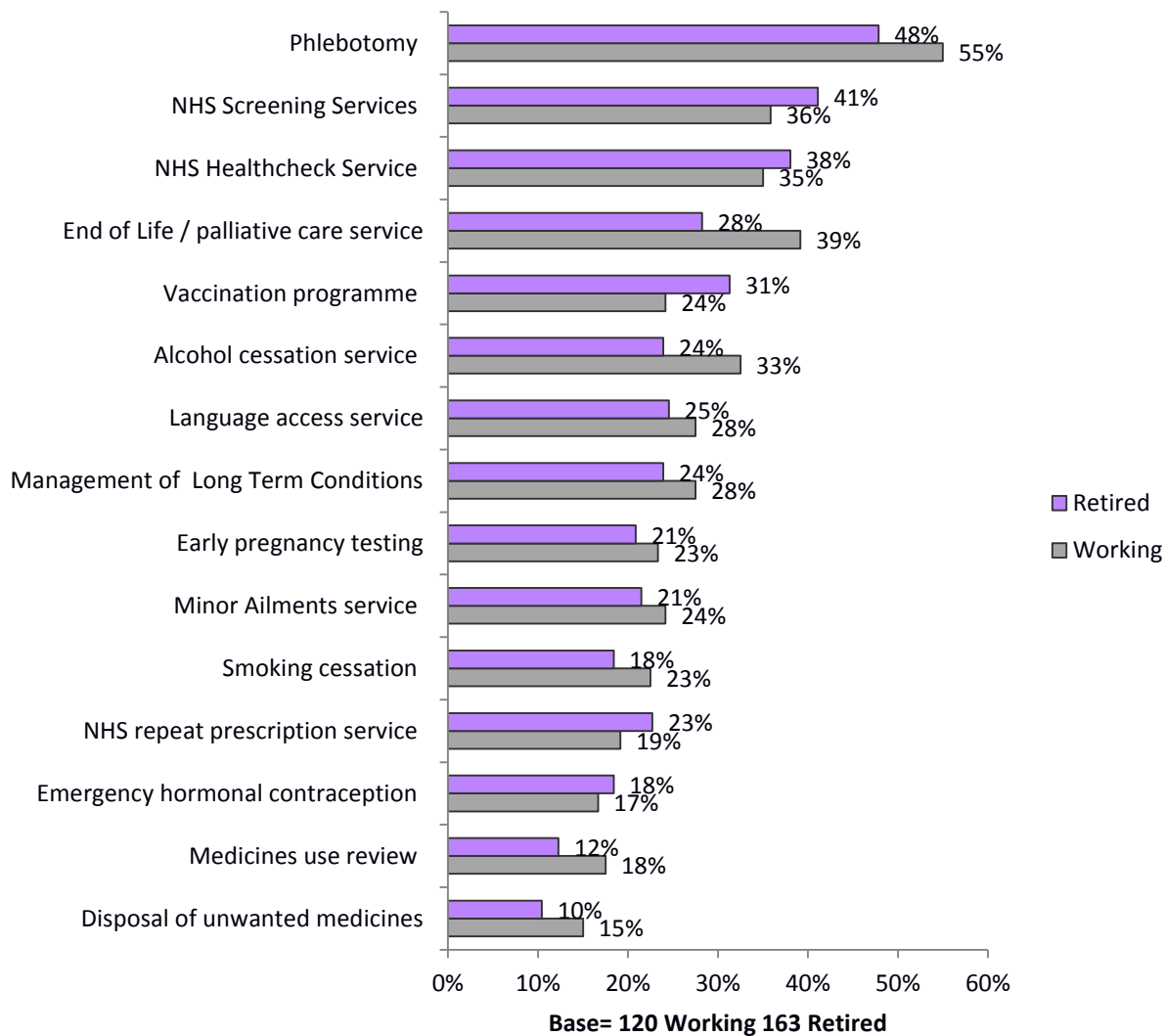


- Phlebotomy has the highest score on this measure with over half of the sample saying they'd like to see this service available, suggesting there is significant demand for a phlebotomy service in pharmacies.
- There was also high demand (over a third of sample) for 'NHS Screening services', 'NHS Health check Services', 'End of life/ palliative care'.
- The 'Vaccination Programme', 'Alcohol cessation services', 'Language access service', and 'Management of Long Term Conditions' all also recorded levels of demand of 25% or higher.

Working people are more interested in seeing more additional services being delivered by pharmacies than retired people. This is particularly the case with 'End of Life/palliative care' where perhaps there are fears that they will be dealt with by a pharmacist rather than a doctor at the end of their lives.

The only exceptions to this pattern are for 'Vaccination programme', 'NHS Screening' and 'NHS Health checks', where retired people are more interested in seeing the services at pharmacies than working people.

Q12.Would like to see available



3.5 Other services requested

Respondents were asked if there are any other health services that they would use if they were provided by their pharmacy. Only 13 respondents made suggestions, and most of these are already available or suggested in Q12.

Q13. Are there any health services that we haven't described that you would use if they were provided by your pharmacy?		
Category	Suggestion	Number of times mentioned
Already available or suggested in Q12	Blood tests	3
	General Health Checks/ screening	2
	Travel Vaccinations	2
Additional suggestions	Ear Syringing	1
	Filling Pill dispenser	1
	Daily Delivery of medicines	1

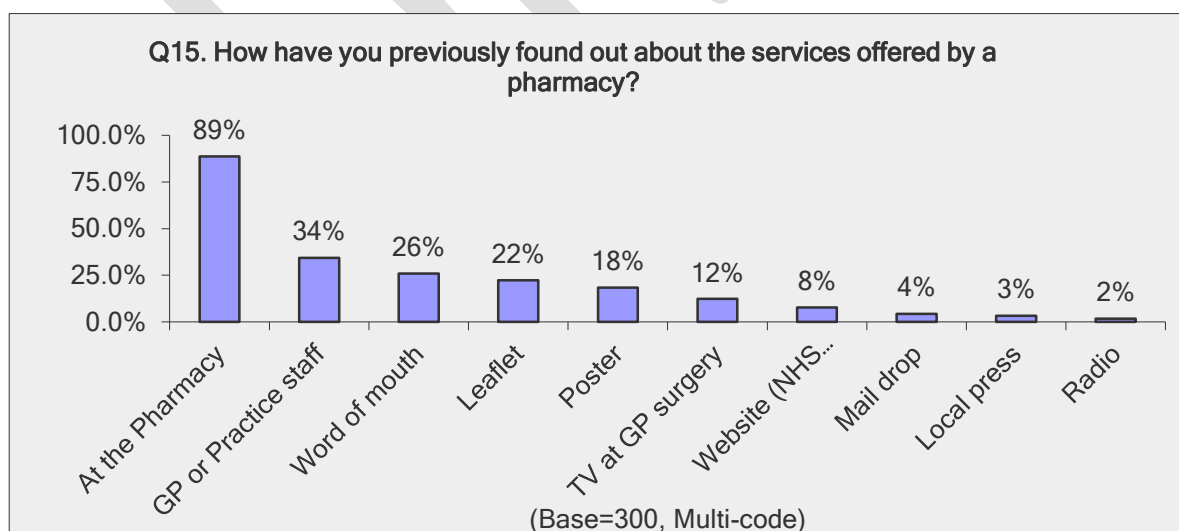
Respondents were asked “Q14. Are you aware that pharmacies can help to direct you to other services? For example, if you require a service which the pharmacy does not offer they can direct you to other centres such as ‘walk-in centres’ or patient support groups e.g. Diabetes UK.” 71% answered ‘Yes’, and 29% ‘No’, suggesting good awareness of the service, but room for improvement.

3.5 Communication methods

Most people found out about pharmacy services at the pharmacy (89%), but GP and practice staff, Word of Mouth, Leaflets, Posters and the TV at the GP surgery all played significant part in communication.

Working people used more methods of communication than the retired. Working people were more likely than retired people to find out about services from the Pharmacy (94% vs. 85%), Leaflets (38% vs. 20%), and NHS website (11% vs. 3%). The retired were slightly more likely to pick up information at GPs' surgery.

Other' sources of information mentioned were the PPG Group and 101 Service.



3.6 Other comments

Respondents were invited to “Tell us of anything else you may feel is important regarding your local pharmacy services”. 78 respondents made suggestions and the responses have been reviewed, analysed and categorised below;

Q18. Please use the space below to briefly tell us of anything else you may feel is important regarding your local pharmacy services:		
Category	Suggestion	Number of times mentioned
Praise pharmacy service	Praise pharmacy service	37
	Have/like delivery service	2
	Helpful staff	12
Criticize pharmacy services	Criticise pharmacy service	4
	Stock issues	8
	Don't like cheap substitutes	1
	Don't like piped advertising	1
Privacy concerns	Privacy concerns	2
Requests for improvements and new services	Want longer opening hours	5
	Want more less clutter/more space	1
	Want better comms with GP surgery	1
	Want better parking	1
	Want staff without heavy accents	1
Request for info	Would like more info on services	1
Criticize process	Criticize questionnaire	3

- The most common response by far was praise for pharmacies. Respondents took this opportunity to give very positive feedback about the pharmacies and pharmacists that they used. Here are some examples.

“The pharmacy I use offers excellent service. They have a friendly staff and always have my medication in stock.”

“Provide an excellent service 17 items required they will obtain in very short time. Staff are lovely, friendly and efficient. Have noted they are very helpful and patient with elderly.”

“I would like to praise our wonderful local pharmacy in Cheswick Green - I am a regular user as my three sons have asthma and require many repeat prescriptions. The service is exceptional and they are extremely friendly and know people by name. They are an integral part of our village life!”

“I find it really valuable that my pharmacist will advise me about potential side effects to medication, and how they interact with my usual prescription medication.”

- There were also a few criticisms. The specific problem that was mentioned the most was lack of stock of prescribed medicines and consequent waits to get medicine.

“7 items on prescription each 28 days. Very rarely has our pharmacy all of them so a second visit is required.”

“Maybe having service where you can ring up beforehand and put things on hold so you don't turn up to be told they don't have the prescription available or your doctor's being able to locate the nearest pharmacy that stocks the item on your prescription?”

“Never stock the meds you need even if you have them every month. Also do not check meds off until you go to collect prescription which should be ready and waiting if it us a repeat.”

- There were various requests for extra services. Longer opening hours was mentioned more often than anything else.

“The hours need to be extended and prescriptions dispensed during lunchtime”

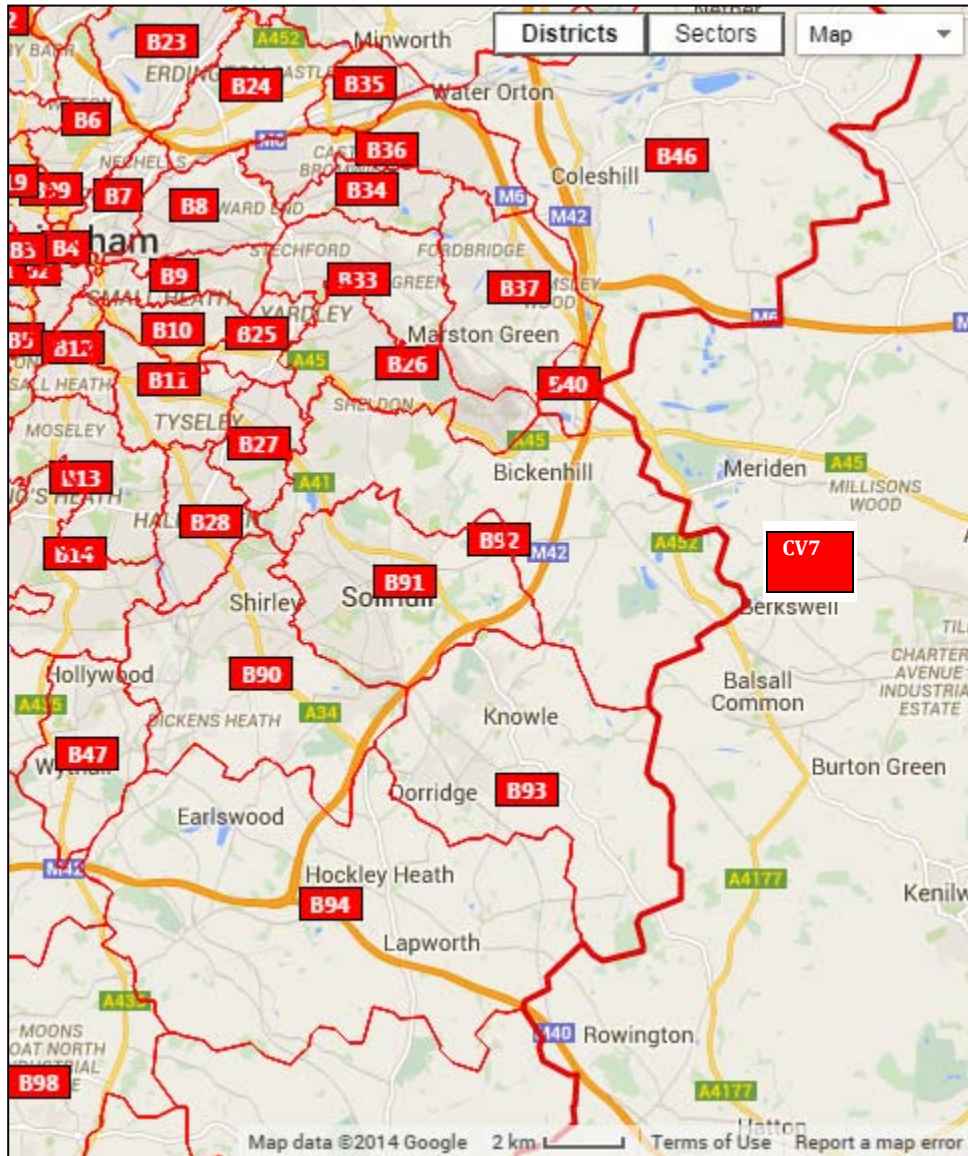
“My pharmacy does not open after 6pm or at weekends which is inconvenient.”

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4.0 Location and Demographics of respondents

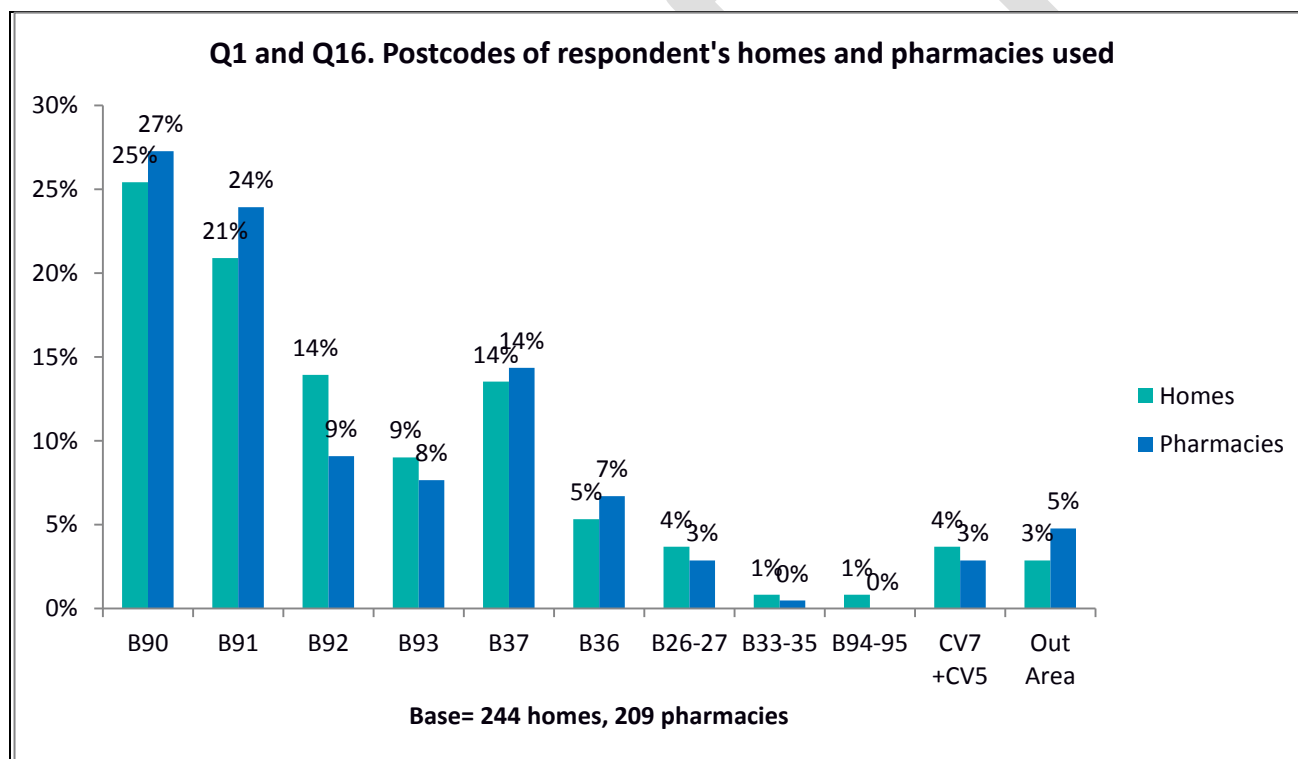
4.1 Location of respondent' homes and pharmacies

70% of the survey respondents lived in B90-93 with a further 20% from B33-37 and 4% from B26-27. 4% of respondents lived at Coventry postcodes; mainly CV7, which is adjacent to Solihull. 7 survey participants came from outside the immediate area (including Birmingham centre, Northfield, Alvechurch, Bromsgrove and Smethwick) perhaps working in Solihull and using pharmacies there.



Fewer respondents were able to give a postcode for their pharmacy, and some may have got them wrong. The distribution of the pharmacy postcodes given is slightly more focused on B90, B91 and B37.

Q16. Please provide your postcode, so we can identify pharmacy provision in your area			Q1. Which pharmacy do you regularly use	
Postcode area	Homes	%	Pharmacies	%
Total responding	244		209	
B90	62	25%	57	27%
B91	51	21%	50	24%
B92	34	14%	19	9%
B93	22	9%	16	8%
B37	33	14%	30	14%
B36	13	5%	14	7%
B26-27	9	4%	6	3%
B33-35	2	1%	1	0%
B94-95	2	1%	0	0%
CV7 +CV5	9	4%	6	3%
Out Area	7	3%	10	5%



4.2 Demographics of respondents

One of the objectives of the survey was to assess the demographics of pharmacy users. We cannot be completely confident that the people who chose to complete the survey are entirely representative of all pharmacy users, as some people may have been more motivated to complete the survey than others (e.g. those who have become more dependent on health services). It may also be the case that the method of dissemination was more likely to reach some people than others. The table below shows how respondents obtained their questionnaires;

Q17. Where did you obtain this questionnaire?	
	Total Sample
<i>Base</i>	(309)
At the pharmacy	35%
At GP surgery	9%
From Solihull MBC	11%
From patient group	11%
From voluntary organisation	10%
From local CCG	2%
From local Library	6%
From my work	6%
By email	5%
On internet	1%
Via social media	3%
From Church	1%

Pharmacies and GPs' surgeries and Solihull MBC obviously worked effectively distributing the survey. Voluntary organisations and patients' groups were also very effective distributors.

It is likely that those who responded to the survey are those that are most interested in pharmacy services and are therefore a valid sample. The following is a summary of their profile;

- 96% of the sample respondents were customers/patients. The survey also included 16 responses from pharmacy service providers and 12 from GP practice staff.
- 65% of respondents were **female** and 34% **male**. The dominance of women responding is probably linked to higher female involvement in caring for children and relatives, a greater use of health service themselves.
- The majority of the sample said they were heterosexual (89%). 6% preferred not to say, 3% were homosexual, and 1% Bisexual.
- The sample was **older** than the Solihull adult population. The age groups of 65-74 and 75-84 were the most strongly represented in the survey. This probably reflects the fact that these age groups are heavier users of pharmacies.

Q21. Which age group do you fall into?			
	Total Sample	Solihull Population 2011 census	Solihull Population. excluding Under 16s
<i>Base</i>	(312)	(206,700)	(170,300)
Under 16*	0%	18%	N/A
16-24	4%	12%	15%
25-34	4%	10%	12%
35-44	11%	13%	16%
45-54	19%	15%	18%
55--64	13%	13%	15%
65-74	30%	10%	12%
75 -84	14%	7%	8%
85 or over	5%	3%	3%

*Estimated as age brackets do not match census data.

- Less than half of the sample was employed or self-employed. 50% of the samples were retired, reflecting the older profile of the sample.

Q19. How would you best describe yourself?	
	Total Sample
<i>Base</i>	(311)
Employed or self employed	37%
Retired	50%
Unemployed	5%
Carer	4%
Full time parent	2%
Disabled/long term ill	1%
Student	0%

- 26% of the sample respondents had **considered themselves to have a disability**, again reflecting the older sample, and reliance on health services.
- The sample under represented ethnic minorities in Solihull. 92% of the sample was White British compared to 86% of the Solihull population.

Q24. How would you describe your ethnic origin?		
	Total Sample	Solihull Population 2011 census
<i>Base</i>		(206,700)
Any White (<i>English/ Scottish/ Welsh/ NI/ British</i>)	95% (92%)	89% (86%)
Any Asian (<i>Indian</i>)	3% (1%)	7% (3%)
(<i>Pakistani</i>)	(1%)	(2%)
Any Black	1%	2%
Any Mixed race	1%	2%
Any Other	0%	1%

Appendix 9 – Dissemination Matrix for Consultation

This table shows the range stakeholders that were consulted on the PNA

CATEGORY	NUMBER OF ORGANISATIONS THAT WERE SENT HARD COPY QUESTIONNAIRES	ORGANISATIONS THAT HAD EMAIL ADDRESSES AND WERE ALSO SENT INFORMATION VIA EMAIL
Addiction Support	12	9
Advocacy and Advice	24	21
Abuse & Survivor Support	1	1
Bereavement Support	10	7
Black or Minority Ethnic	4	3
Caring Services & Support	30	22
Children's Organisations	24	15
Community Development	23	19
Disability - Learning	13	8
Disability – Physical Sensory	38	27
Domestic Violence	1	0
Employment Support	3	3
Equality & Human Rights	2	1
Faith & Belief	39	28
Funding & Fundraising	15	13
Health – Mental	12	7
Health – Physical	29	22
Housing Support	3	3
HIV, AIDS, Sexual Health	4	4
Law & Rights	1	1
Lifelong Learning	2	2
Lifestyle Group	6	1
Parents & Families	17	12
Refugee and Asylum	4	4
Senior Citizens	22	14
Sport & Leisure	35	23
Tenants & Resident Group	20	13
Town & Parish Councils	15	15
Training & Development	6	5
Transport	3	1
Uniformed Organisation	29	23
Volunteering	5	2
Young People	14	11

Appendix 9 – Dissemination Matrix for Consultation

Organisation	Type or organisation	Distribution via
Solihull Metropolitan Borough Council		Via their - website consultation page Hard copies available to staff Via Twitter
Solihull CCG		Via their website 250 hard copies to staff and patients groups GPs via CCG bulletin Via Twitter
Local Professional Network (LPN Network)	A group of professionals who ensure the PNA is robust and help its development	Email to members of the LPN
Sustain	Voluntary sector umbrella organisation	Via website
Healthwatch Solihull		100 hard copies
Solihull PPG Network	Group of patient leaders	Presentation to the group
Local Pharmaceutical Committee - LPC		Via email and hard copies
Local Medical Committee - LMC		Via email
GPs in Solihull	Individual practices	32 GPs - 10 questionnaires each with envelopes and poster
Pharmacies in Solihull	Individual Pharmacies	44 Pharmacies - 10 questionnaires with envelopes and poster
Solihull Library		200 hard copies

Appendix 10 Pharmacy Details

**To populate table*

TRADING NAME	TRADING ADDRESS	EHC	CHLAMYDIA SCREENING	C-CARD	PREGNANCY TESTING	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION	NOT DISPENSED	MINOR AILMENTS	SMOKING CESSATION	PHLEBOTOMY	FLU VACCINE
Acorn Chemist												

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APPENDIX 11 Report on Consultation

A consultation is set to take place on the draft of this PNA document with a broad cross section of stakeholders. The consultation will build on the significant engagement activity with patients and the public during the development of the surveys used to inform the PNA. A report of the consultation will be provided here in appendix 15. A Review of the services available from Solihull pharmacies and plans for future services has been conducted looking in particular at the needs of the population and the current provision from pharmacies.

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APPENDIX 12 References

- 1 Health and Social Care Act (2012). Section 206: Pharmaceutical needs assessments. <http://www.legislation.gov.uk/ukpga/2012/7/section/206/enacted> [accessed 10/09/2014]
- 2 The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010. <http://www.legislation.gov.uk/uksi/2010/914/regulation/1/made> [accessed 10/09/2014]
3. Callum C. The UK smoking epidemic: deaths in 1995. London: Health Education Authority, 1998.
4. NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations)

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