1.1 **Foreword**

St. Helens Health and Wellbeing Board have responsibility for the on-going review, development and publication of the Pharmaceutical Needs Assessment (a responsibility transferred to it from the now abolished Halton and St. Helens Primary Care Trust).

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content has to be taken into account by those responsible for the approval of pharmacy contract applications (at NHS England) as well as those commissioning all other health services for our local population. From a Primary Care perspective this includes Clinical Commissioning Groups and Local Authorities looking to commission and develop local services from General Practice, Dental, Optometry and Pharmacy Contractors.

As such we are very happy to present our first formal Pharmaceutical Needs Assessment 2015 – 2018 which outlines the Pharmaceutical Services available to our population. This document provides information around current locally commissioned services and proposals for future changes and developments.

This document will assist us as a Health and Wellbeing Board, when reviewing our commissioning strategies upon which we base our decisions. It is recognised that our Community Pharmacy colleagues have a key role to play in helping us develop and deliver the best possible pharmaceutical services for our population.

We commend this report to you and we look forward to your continuing involvement as this document is annually reviewed and updated.

Signed

[Cllr JD Pearson]

*Cllr JD Pearson*

*Chair*

*St. Helens Health and Wellbeing Board*
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- **Sam Omar**: Management Committee Member, Healthwatch St.Helens

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2. Executive Summary

2.1 Background
Community pharmacy is one of the most accessible healthcare settings. Nationally 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. Ninety-six per cent of people living in the most deprived areas have access to a pharmacy either through walking or via public transport. Therefore, pharmacies are a vital health service and asset, and it’s important to ensure that the access to both pharmacies generally and specific services that pharmacies can provide meets the needs of local residents and patients.

From 1st April 2013, each Health and Wellbeing Board (HWB) in England is required to publish and keep up to date a Pharmaceutical Needs Assessment for its area.

The Pharmaceutical Needs Assessment (PNA) presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of St.Helens in partnership with other community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need, so a mapping of service provision and identifying gaps in demand are essential to afford both local commissioners and NHS England with the market intelligence they need to take forward appropriate and cost-effective commissioning of services. PNAs are also relevant when deciding if new pharmacies are needed, or if they can move location. Also, while this assessment provides a start for service development, any actions need to be balanced with cost effectiveness and resource implications.

2.2 Key Findings

2.2.i Pharmacy access
St.Helens has 27 pharmacy contractors who between them operate out of a total of 49 community pharmacy premises. Of the 49 pharmacies:

- 40 deliver a minimum of 40 hours service per week
- 7 deliver a minimum of 100 hours service per week
- 2 provide services via the internet or “distance selling”

The population of St.Helens is 176,221\(^1\) which equates to approximately one pharmacy for every 3,596 residents. This compares with an England average of 4,686 population per pharmacy. This means therefore that there are fewer residents per pharmacy than the national average. Access to pharmacy services is considered adequate, and the locations of pharmacies in the Borough match areas of higher population density or high footfall (e.g. retail parks). There are also a number of

\(^1\) 2013 Mid-year estimates, Office of National Statistics
pharmacies available for St.Helens residents close by in neighbouring authorities, and so pharmacy provision for St.Helens residents living near the border of the Borough is also considered adequate. The seven 100 hour pharmacies are also spread across the authority area, suggesting good coverage.

2.2.ii Surveys
As part of this assessment, two surveys were undertaken, one of the public asking their views on local pharmacies, and one of pharmacies themselves.

The public survey ran from 9th June to 17th July 2014 and received 230 responses. Collectively the general response from the public was positive; when asked to comment on their local pharmacies, 72% (215 respondents) stated that they were very satisfied with their pharmacy. 92% of people (100 respondents) stated they had no difficulty finding a pharmacy to get medicine dispensed, advice or to buy medicines in the last 12 months. This suggests that the availability and accessibility of pharmacy services is generally satisfactory.

The pharmacy survey ran from 9th June to 7th July 2014. It was sent to all pharmacies in the Borough and 38 of a total of 49 completed the questionnaire.

2.3 Conclusions by service area

2.3.i Tobacco
Stop Smoking Services are well served through Pharmacy, General Practices and Specialist Smoking Cessation Services.

2.3.ii Sexual Health
Emergency Hormonal Contraception is generally well served by Community Pharmacy, GP Practices, Community Sexual Health Clinics, through school nursing service or within Walk-in-Centre.

2.3.iii Substance misuse
Needle and Syringe Programme (NSP)
There are a number of pharmacies that have expressed an interest in delivering NSP. Commissioners are assessing the local level of need in these areas, and this will be reviewed through the contracting process.

NICE Guidelines recommend developing a policy on providing needle and syringe programmes to meet the needs of different groups of young people under 18 (including young people under 16) who inject drugs. NICE also acknowledge that there is a lack of evidence about how many young people inject drugs. Service provision to under-18s has potential legal barriers, safeguarding, clinical considerations and sensitive challenges that will need to be fully explored. Therefore, work on developing a policy to best guard against the harms of injecting will be explored.

Supervised Consumption
There is adequate provision of supervised consumption in St.Helens based on our knowledge of local need.
2.3.iv Services that impact on long term conditions and hospital admissions

Medicines Use Review is a service that ensures that patients are using medicines appropriately and supports reducing admissions to hospital and unnecessary appointments to GP, whilst also ensuring effective self-management. There is a good uptake within St.Helens, and 33 of the 38 pharmacies responding to the survey provide this service locally.

New Medicines Service is an advanced service that can be provided by any pharmacy. This scheme is evidence based and should be promoted. In St.Helens, 30 of the 38 pharmacies responding to the survey provide this service.

Care at the Chemist helps reduce unnecessary appointments in General Practice, Walk-in-Centres and Accident and Emergency Departments, freeing time for those health professionals to provide services to those in greater need. In St.Helens there are currently 40 pharmacies contracted to deliver this service so there is good uptake.

Flu vaccination is a relatively new service for pharmacies; the first year of this service was the winter of 2013/14. St.Helens had 5 pharmacies providing this service and this winter, 16 pharmacies have expressed an interest in providing this service and these are well distributed throughout the Borough.

Appliance Use Review and STOMA Appliance Customisation are both nationally commissioned advanced services. In St.Helens, of the 38 pharmacies responding to the survey, four answered that they provide AURs and nine provide STOMA Appliance Customisation.

2.3.v Palliative Care
There is generally good provision of palliative care services throughout the Borough.

2.3.vi Alcohol
There are no alcohol services within community pharmacy but any future development would need to be examined in relation to cost effectiveness and would be subject to Local Authority approval.

2.3.vii Early detection and effective management of long term conditions
There is currently no recommendation to commission NHS Health Checks from community pharmacy. This may change depending on the results of reviews of the local NHS Health Check Programme.

2.3.viii Cancer
Community pharmacy have a role in the cancer agenda linked with their Tobacco Control Services but they also could play a greater role in Public Health campaigns such as cancer screening and sun awareness campaigns. These should be agreed annually and could contribute to the six public health campaigns pharmacies are commissioned to undertake each year.

2.3.ix Mental health
There are no current plans to develop mental health services within community pharmacy.

Public Health awareness campaigns should be promoted as part of the six campaigns per year as agreed by the Cheshire and Merseyside Public Health Network.
2.3.x  Older people
There are opportunities to work with community pharmacy on assessing risks of osteoporosis in women; however, this would be part of the St.Helens Falls Strategy and would need to be commissioned through the local authority and/or the Clinical Commissioning Group and would be subject to local approvals.

2.3.xi  Obesity
Weight management services are undergoing review and as a result there are no plans to commission weight management services from community pharmacies. Any future engagement with community pharmacy should fit the strategic direction for St.Helens highlighted in ‘Healthy Balance Strategy 2014 -2017’.

2.3.xii  Dementia
Until there is further evidence around the use of community pharmacy for Dementia Screening this will not be commissioned.

Community pharmacies themselves can take an active role in Dementia by encouraging Dementia Friends and signing up to the Dementia Action Alliance.

2.3.xiii  Healthy Living Pharmacies
There are no Healthy Living Pharmacies in St.Helens.

This could be considered as a future development linked to pharmacies within the areas and linked with local priorities, especially where there are current gaps. Any decisions would be subject to Local Authority approval processes.

2.3.xiv  Future needs
The population of St.Helens is predicted to both age and increase over the next 20 years; however it is not expected to change significantly over the life-cycle of this PNA. For housing, the vast majority of potential future developments in the Borough will be on previously developed land that is already well served by community pharmacies. Therefore, it is not anticipated that future developments in the short term will require more pharmaceutical provision.

2.4  Potential revisions
The findings of this report will be regularly reviewed over the course of this assessment period. If needs or provision are found to have changed enough to change the actions above, the new needs and actions will be published as a supplementary statement.
3. Introduction and Purpose

The effective commissioning of accessible Primary Care Services is central to improving quality and implementing the vision for health and healthcare. Community pharmacy is one of the most accessible healthcare settings. Nationally 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. Ninety-six per cent of people living in the most deprived areas have access to a pharmacy either through walking or via public transport. Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. Most pharmacies now have a private consultation area specifically for confidential or sensitive discussions.¹

In the past community pharmacists were known as chemists. Like GPs, community pharmacists are part of the NHS family. Every day about 1.6 million people visit a pharmacy in England. The traditional role of the community pharmacist as the healthcare professional who dispenses prescriptions written by doctors has changed. In recent years community pharmacists have been developing clinical services in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS.¹

The NHS Community Pharmacy contract for England and Wales was introduced in 2005. Essential Services consist of the following and have to be offered by all pharmacy contractors (these are managed by NHSE): Dispensing; Repeat dispensing; Disposal of wanted medicines; Public Health (promotion of healthy lifestyles); Signposting patients to other health care providers; and Support for self-care.

Pharmacists must also adhere to Clinical Governance and ensure the following processes are in place:

- Use of standard operating procedures
- Patient safety incident reporting
- Demonstrating evidence of pharmacist Continuing Professional Development
- Operating a complaints procedure
- Compliance with Health and Safety legislation
- Compliance with the Disability Discrimination Act
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys

The pharmacy contract has prompted the installation of private consultation areas in most pharmacies where patients can freely discuss sensitive issues, safe in the knowledge that they will not be overheard by other members of the public.

As well as national services provided by all pharmacies, the pharmacy contract also includes services that are commissioned at a local level by the local Clinical Commissioning Group (CCG), Local Authority (LA) or NHS England. There are many different services that are operating throughout the country, reflecting the varying needs in different areas. Further details of services in St.Helens are available in Section 7.
The General Pharmaceutical Council (GPhC) are the statutory regulator for the pharmacy professions in Great Britain. The Health Act 1999, as amended by the Health and Social Care Act 2008, is the primary legislation which enabled the GPhC to be established as an independent statutory regulator via the Pharmacy Order 2010. In addition, the Council has powers and responsibilities for the registration of pharmacy premises and for enforcing certain provisions under the Medicines Act 1968 and the Poisons Act 1972.

NHS England’s Area Teams have responsibility for monitoring the provision of Essential and Advanced services. Arrangements for monitoring locally commissioned services may be set out in local contracts or Service Level Agreements.

Area Teams currently use the Community Pharmacy Assurance Framework to monitor pharmacy contractors’ compliance with the terms of the community pharmacy contractual framework.

All NHS providers, including community pharmacies need to provide information governance assurances to the NHS on an annual basis. These assurances are provided through completion of an online assessment tool, the NHS Information Governance Toolkit.

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

The Health Act 2009 outlined the process of market entry onto a “Pharmaceutical List” by means of pharmaceutical needs assessments and provided information to Primary Care Trusts for their production. It amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations came into force on 24 May 2010 and they:

- required PCTs to develop and publish PNAs; and
- required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.

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

The Health and Social Care Act 2012 further describes the duty of “commissioners”, in accordance with Regulations, to arrange for the adequate provision and commissioning of pharmaceutical services for their population.
The PNA is thus a key tool for NHS England and local commissioners to support the decision making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a key component.

Further information on the policy context is included in Appendix 1.
4. **Scope and Methodology**

4.1 **Scope of the PNA**

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

- Pharmaceutical care that supports safe and effective use of medicines
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines
- Locally commissioned pharmaceutical services that have the potential to reduce avoidable hospital admissions and to support discharge
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources

4.2 **Methodology and Data Analysis**

The key principles of the Pharmaceutical Needs Assessment are:

- It is an iterative process involving patients, the public and key stakeholders
- It needs to be fully revised every three years; however it should be updated regularly through supplementary statements when required.
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is done through a multidisciplinary PNA Task and Finish Group

Figure 1. **PNA development process**

Development of the St.Helens Local Authority Health and Wellbeing Board’s PNA has been initiated and overseen by the Director of Public Health at St.Helens Council, and a multi-professional steering group. The steering group consists of representatives from the following:
The content of the document is closely linked to the local JSNA and has been produced by means of a structured analysis and distillation of complex and comprehensive data sources in order to identify the following:

- The health and pharmaceutical needs of the population
- Evidence of best practice in meeting need through community pharmacy services
- Current local provision of pharmaceutical services
- Gaps in provision of pharmaceutical services

The following data sources have been used for the purposes of this PNA:

- Joint Strategic Needs Assessment
- Public Health Annual Report
- Census data
- Data on socio-economic circumstances of the local area
- Patient and public pharmacy service questionnaires
- Strategic Housing Land Availability Assessment report
- Patient and public involvement

The patient, public and health professional questionnaire responses informed the first draft which then went out to formal consultation. All quotes in this document are from the first survey and the full results can be found in Appendix 4 and Appendix 5.

This PNA has undergone a formal 60 day consultation and relevant amendments have been made.
4.3 Consultation
A draft Pharmaceutical Needs Assessment was published on 17th October 2014 inviting comments to be made prior to the closing date of the consultation period on 20th December 2014.

The draft document was distributed as follows:-

Community and Hospital Providers, All Local Pharmacies, Professional Bodies, NHS Bodies and Staff

- GP practices in St.Helens
- Community Pharmacies in St.Helens
- Adult Social Care
- Community Health Service Providers (Bridgewater Community Healthcare NHS Trust)
- Mental Health Trust (5 Boroughs Partnership NHS Foundation Trust)
- Local Hospital Trusts (St Helens and Knowsley Teaching Hospitals NHS Trust)
- Local Pharmaceutical Committee (including neighbouring committees)
- Local Medical Committee (LMC)
- Local Optical Committee
- Local Dental Committee
- Local Authorities
- Local Hospices (Willowbrook)
- Public Health Staff
- NHS England Staff
- Clinical Commissioning Groups, (St.Helens, Halton, Warrington, Knowsley, Wigan and West Lancashire)
- Neighbouring HWBBs (St.Helens, Halton, Warrington, Knowsley, Wigan and Lancashire)

Patients and Public

- Healthwatch St.Helens
- Voluntary Sector Groups
- Public Meetings
- Local Councillors
- Discussion at Patient Participation Groups in Primary Care
- Press releases to all local newspapers

Website and use of the Council’s Consultation Suite

Full documentation was published on sthelens.gov.uk/pna on 17th October 2014 with a link to the questionnaire on the Council’s Consultation Suite to help readers make comments on the PNA. Respondents were offered paper copies if required and both free phone and freepost systems were used to make their views known.

A summary of responses received during the consultation period can be found in the appendix.
4.4 PNA Review Process
The PNA will be refreshed as an integrated part of the annual commissioning cycle as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by St.Helens Health and Wellbeing Board with input from the NHS England Pharmacy Contracts Group (PCG). As a minimum, the document will be checked and updated with significant changes in the following areas, once every year:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy locally commissioned service provision
- Appliance provision changes
- Significant changes in Public Health intelligence or primary care service developments that may impact either complimentary or adversely on pharmacy based services

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

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

- Maps and tables detailing specific services will mean patients can see clearly where they can access a particular service.
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need.
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community.
- Commissioners will be able to move away from the ‘one size fits all approach’ to make sure that pharmaceutical services are delivered in a targeted way.
- NHS England will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply.
5. Population and Health Profile of St.Helens

5.1 Location
St.Helens is a large town in Merseyside, England. The area grew during the 18th and 19th century as a significant centre for coal mining and glass making as well as other key industries such as sail making. It was the site of the first competition for steam locomotives, in the Rainhill Trials. Today, St.Helens is a busy commercial town.

Figure 2. Location of St.Helens

Source: PHE; Crown copyright and database rights 2014, Ordnance Survey 100016969; ONS 2014
5.2 Population Structure

5.2.i Resident Population
The resident population of St. Helens is 176,221 (2013 mid-year estimate, ONS). This has stayed fairly constant for the past decade; however it is predicted to increase over the next 10-20 years.

There were 2,049 live births to St. Helens residents in 2013. This is very similar to the number of 2,131 in 2012. The 2013 birth rate in St. Helens is 11.6 live births in a year per 1,000 population. This is slightly below the North West and England averages of 12.2 and 12.3 respectively.

5.2.ii Population by age
The population pyramid for St. Helens is similar to that of England; however there is a larger proportion of people aged between 50 and 79 years old and proportionally less aged less than 40 years old. This highlights the ageing population that St. Helens will face in the coming years. For example, the proportion aged 60-69 in St. Helens is 12.4% of males and 12.7% of females. This is higher than the proportions across England of 10.7% of males and 10.9% of females. Within each age group, the proportion of men and women is similar, with the exception of those aged 90 years and above, which in St. Helens is 1.2% of females and 0.5% of males. This is due to the difference in life expectancy between men and women.

Figure 3. Population projections 2014, St. Helens and England proportions by age group

Within the Borough, there are significant differences in the age structure between different wards. Figure 4 and Figure 5 give the proportions of young people aged up to 15 years and the proportions...
of the population aged 75 years and over, by ward. The wide variations suggest differing levels of needs for early years and older people’s services in different areas.

**Figure 4. Population structure by age by ward: 0-15 years**

![Bar chart showing population structure by age for 0-15 years across different wards.]

Source: Census 2011, NOMIS

**Figure 5. Population structure by age by ward: 75+ years**

![Bar chart showing population structure by age for 75+ years across different wards.]

Source: Census 2011, NOMIS
5.2.iii  GP Registered Population
The current GP registered population in NHS St.Helens Clinical Commissioning Group is 194,028 (St.Helens CCG, 2014), indicating that a number of residents from outside the Borough are registered with St.Helens practices. According to 2012 data from the NHS Commissioning Board, 96% of St.Helens residents are also registered patients in NHS St.Helens CCG. 2.2% of St.Helens residents were registered to NHS Knowsley CCG and 1.1% was registered to NHS Wigan Borough CCG practices. Conversely, 91% of registered patients to NHS St.Helens CCG practices also live in the Borough.

5.2.iv  Ethnicity
Ninety-eight per cent of residents in St.Helens answered that their ethnic group was white on the 2011 census, which is a larger proportion than that for the North West and England (90% and 85% respectively). By ward, the black and ethnic minority population (BME) in St.Helens on Census 2011 varied between 1.0% of residents in Windle and 3.8% in Thatto Heath.

5.2.v  Sexuality
Sexual orientation can be an important health issue, for example lesbian, gay, bisexual and transgender (LGBT) people can also be at higher risk of having poor sexual health. There is also evidence that LGBT people may be more likely to use drugs and alcohol and be at a higher risk of anxiety or depression.

There is limited information on sexuality at a local level; however there are national figures on sexuality and a question on sexual identity was included in the 2012 Integrated Household Survey from the ONS (Office for National Statistics). This survey had 180,000 respondents from across the UK aged 16 years and over. By gender, across the UK, 0.3% of males answered that they were bisexual and 1.5% of males answered that they were gay. Amongst women, 0.5% of respondents answered that they were bisexual and 0.7% answered that they were gay/lesbian. 0.3% of all respondents answered ‘other’ for their sexual identity. It is possible that the true figures are higher, as 4.7% of respondents did not answer the question. Assuming the same proportion by age group as for the UK gives an estimate of 2,077 lesbian, gay or bisexual residents in St.Helens.
5.3 Life Expectancy

Life expectancy at birth is an estimate of the average number of years a newborn baby would survive if he or she experienced the particular area’s age-specific mortality rates for that time period throughout his or her life. It is not therefore the number of years a baby born in the area could actually expect to live, both because the death rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives. (PHE)

In St.Helens between 2011 and 2013, the life expectancy is 78.0 years for men and 81.6 years for women. As shown in Figure 6, since 2007-2009 life expectancy has increased (by 2.1 years for men and 1.3 years for women), and the gap between men and women has reduced. Both of these are highly positive results.

For 2011-2013, the life expectancy at birth for St.Helens was significantly worse than the England average (78.0 years for males in St.Helens compared to 79.4 years across England; 81.6 years for females in St.Helens compared to 83.1 years across England).

Figure 6. Life expectancy at birth trends in St.Helens, males and females, 2007-13

Within St.Helens, life expectancy varies substantially. For male life expectancy, there is a 10 year difference between wards, varying between 71.4 years in Town Centre and 81.4 years in Rainford. For women there is a 7 year difference, increasing from 78.2 years in Town Centre to 85.4 years in Eccleston (Public Health Intelligence, 2011-13).
Figure 7. Life expectancy by ward for males (2011-13)

Source: St.Helens Public Heath Intelligence from Primary Care Mortality Database

Figure 8. Life expectancy by ward for females (2011-13)

Source: St.Helens Public Health Intelligence from Primary Care Mortality Database
Healthy life expectancy adds a quality of life aspect to life expectancy by estimating the time spent in self-rated "very good" or "good" health, as recorded in local surveys. This was lower than the England average in 2010-12. Men in St.Helens had an average 61.5 years in good health compared to 63.4 for England, and women had 61.9 years in good health compared to 64.1 for England.

Table 1 compares life expectancy at birth and healthy life expectancy for St.Helens and neighbouring local authorities. It shows that life expectancy in St.Helens is ranked second for males and fourth for females; however when looking at healthy life expectancy, St.Helens ranks second for men and third for women.

### Table 1. Life expectancy (LE) and Healthy life expectancy (HLE) 2010-12

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LE</td>
<td>HLE</td>
</tr>
<tr>
<td>Sefton</td>
<td>82.8</td>
<td>63.9</td>
</tr>
<tr>
<td>Wirral</td>
<td>82.0</td>
<td>61.8</td>
</tr>
<tr>
<td><strong>St.Helens</strong></td>
<td><strong>81.6</strong></td>
<td><strong>61.9</strong></td>
</tr>
<tr>
<td>Wigan</td>
<td>80.8</td>
<td>59.9</td>
</tr>
<tr>
<td>Knowsley</td>
<td>80.7</td>
<td>57.5</td>
</tr>
<tr>
<td>Halton</td>
<td>80.6</td>
<td>60.9</td>
</tr>
<tr>
<td>Liverpool</td>
<td>80.2</td>
<td>59.1</td>
</tr>
</tbody>
</table>

Source: ONS, 2014

It is also worth noting that St.Helens has the highest male life expectancy at birth of any local authority in Merseyside.

### 5.4 All age all-cause mortality trends

All age all-cause mortality is a key indicator of the overall health of the Borough. This gives an overall rate of mortality over all age groups and is standardised by age to allow fair comparisons between different areas. It is linked to life expectancy and as the mortality rate falls, life expectancy increases.

In 2013, there was a slight change in all age all-cause mortality rates in St.Helens. For males, the rate decreased from 711.7 per 100,000 in 2012 to 705.4 per 100,000 and for females, increased from 513.0 to 516.1. Mortality rates in St.Helens are similar to those for the North West for 2012, but are statistically significantly higher than the national average for both men and women.
The long term trend in mortality in St.Helens is downward, which is very positive, and the inequality in mortality rate between men and women has narrowed.

### 5.5 Major causes of ill health and mortality in St.Helens

Cancers and neoplasms and circulatory disease remain the two primary causes of mortality in the Borough. In 2013, the mortality rate from cancers and neoplasms was 176.6 deaths per 100,000 and 149.9 for circulatory disease. The mortality rates by disease group are given in Figure 10 and Figure 11. These are followed by a bubble chart (Figure 12) showing the numbers and proportions of deaths in St.Helens by main cause for 2013.
Figure 10. St.Helens mortality trends for males

Figure 11. St.Helens mortality trends for females

Source: St.Helens Public Health Intelligence, Primary Care Mortality Database, 2014. (Deaths not caused by disease include accidents.)
Figure 12. Main Causes of death in St. Helens during 2013

![Main Causes of death in St. Helens during 2013](image-url)
Figure 13. Main causes of death under the age of 75 in St. Helens during 2013
5.6 Specific Causes of Death in St.Helens in 2013

Figure 12 and Figure 13 show the major causes of death in St.Helens, both for all ages and specifically below the age of 75. The section below describes specific causes of death in more detail.

5.6.i Infant Mortality

Infant mortality (deaths in the first year of life) remains below the national average in St.Helens, though the difference is not statistically significant. It has risen since 2009-11, though again this is not significant. The current figure of 3.0 per 1,000 is however the lowest rate in Cheshire and Merseyside and the second lowest in the whole of the North West, which is a highly positive result. The long term trend is also very positive; this most recent infant mortality rate is half that of a decade ago (6.1 per 1,000 in St.Helens in 2001-03).

Table 2. Infant mortality by three-year period (crude rate per 1,000 births)

<table>
<thead>
<tr>
<th>Period</th>
<th>St.Helens</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-10</td>
<td>3.1</td>
<td>4.8</td>
<td>4.4</td>
</tr>
<tr>
<td>2009-11</td>
<td>2.5</td>
<td>4.5</td>
<td>4.3</td>
</tr>
<tr>
<td>2010-12</td>
<td>3.0</td>
<td>4.3</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Source: Public Health Outcomes Framework 2014

5.6.ii Cardiovascular Disease

Early mortality due to cardiovascular diseases (CVD), such as heart disease and stroke, (in those aged up to 75 years) has continued to fall over the last decade nationally, and St.Helens has followed this trend. The three-year rate has almost halved from 169.5 per 100,000 people in 2001-03 to just 90 per 100,000 in 2010-12.

Figure 14. Under 75 mortality rate from all cardiovascular diseases per 100,000 (persons)

This rate of early CVD deaths in St. Helens is now lower than the North West average, although the difference is not statistically significant. However it is significantly lower than neighbouring authorities including Wigan, Knowsley and Liverpool.

Within St. Helens, there is a significant difference between the highest and lowest ranked wards for early CVD deaths. In 2011-13, the highest ward rate (Town Centre; 109.3 per 100,000) is over three times higher than the lowest ward rate (Rainhill, 31.4 per 100,000).

5.6.iii Cancer Mortality

Mortality due to cancer in those aged up to 75 years has also fallen, though not at the same rate. In 2001-03, the directly standardised rate in St. Helens was 196.8 per 100,000; by 2010-12 this had fallen significantly to 152.0. This death rate did fall at a faster rate in St. Helens than the same measure across England though, which fell from 169.4 per 100,000 to 146.5 in the same time period. This means that the rate of early deaths due to cancer in St. Helens is now statistically similar to the England average, which is a highly positive result.

<table>
<thead>
<tr>
<th>Table 3. Under 75 mortality rate from cancer per 100,000 (persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>2008-10</td>
</tr>
<tr>
<td>2009-11</td>
</tr>
<tr>
<td>2010-12</td>
</tr>
</tbody>
</table>


When compared with neighbouring authorities, St. Helens has the lowest early death rate due to cancer on Merseyside. This rate is statistically significantly lower than those for Halton, Knowsley and Liverpool.

Figure 15. Early mortality due to cancer by local authority

Source: Public Health England, July 2014
Amongst St. Helens wards, there is a significant difference in rates of early deaths due to cancer. The highest rate in 2011-13 is found in Parr (185.1 per 100,000), which is over two and a half times higher than the lowest ward rate in Eccleston (67.3 per 100,000).

### 5.6.iv Respiratory disease

Early mortality due to respiratory diseases, including pneumonia and bronchitis, remains significantly higher than the England average. However the rate in St. Helens is statistically similar to that for the North West. While causing fewer deaths than cardiovascular disease and cancer, the high local rate when compared nationally suggests that respiratory disease should continue to be a priority.

**Figure 16. Under 75 mortality rate from respiratory disease per 100,000 (persons)**

<table>
<thead>
<tr>
<th>Period</th>
<th>St. Helens</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-10</td>
<td>47.0</td>
<td>47.4</td>
<td>35.3</td>
</tr>
<tr>
<td>2009-11</td>
<td>44.9</td>
<td>45.7</td>
<td>34.2</td>
</tr>
<tr>
<td>2010-12</td>
<td>47.1</td>
<td>44.4</td>
<td>33.5</td>
</tr>
</tbody>
</table>


As with CVD and cancer, there is a large difference between the highest and lowest ranked wards for early deaths due to respiratory diseases in 2011-13. Town Centre ward, with a rate of 82.1 per 100,000, is over six times higher than the lowest ranked ward (Rainford, 12.5 per 100,000). The rate for Town Centre is much higher than all other wards in the Borough, with an 81% increase compared to the second highest ward (Thatto Heath, 51.1 per 100,000).
6. Overview of current providers of Pharmaceutical Services

6.1 Community Pharmacy Contractors
Community Pharmacy Contractors can be individuals who independently own one or two pharmacies or large multinational companies e.g. Lloyds, Boots, Tesco etc. who may own many hundreds of pharmacies UK wide.

St. Helens has 27 “Pharmacy Contractors” who between them operate out of a total of 49 community pharmacy premises. The population of the area is 176,221 \(^8\) which equates to approximately one pharmacy for every 3,596 residents, (the England average is 4,686 people per pharmacy). However, the number of patients per pharmacy does not necessarily relate to adequacy of service provision as multiple factors are involved such as location, access etc.

Every pharmacy premises has to have a qualified pharmacist available throughout all of its contractual hours, to ensure services are available to patients. In general, pharmacy services are provided free of charge, without an appointment, on a “walk–in” basis. Pharmacists dispense medicines and appliances as requested by “prescribers” via both NHS and private prescriptions, including vets prescriptions. In terms of the type of community pharmacies in our area there are:

- 40 - Delivering a minimum of 40 hours service per week
- 7 - Delivering a minimum of 100 hours service per week
- 2 - Providing services via the internet or “distance selling”

Further details of community pharmacies operating in St. Helens can be found in section 8.1 of this Pharmaceutical Needs Assessment.

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

6.3 Dispensing Appliance Contractors
These cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Currently St. Helens does not have an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas, for example there are three appliance contractors based in Liverpool.

6.4 Essential Small Pharmacy Local Pharmaceutical Service (ESPLPS)
This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, Local Pharmaceutical Services (LPS) provide commissioners with the flexibility to commission services that address specific local needs which may include

\(^8\) 2013 Mid-year estimates, Office of National Statistics
services not covered by the community pharmacy contractual framework. Currently there are no LPS contracts in St.Helens.

6.5 Hospital Pharmacy Services
Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for inpatients and during the outpatient clinics. St.Helens Hospital in the Borough has a hospital pharmacy, as does Whiston Hospital, (which is just in the Knowsley Borough but is the main hospital serving St.Helens residents). These pharmacies support the hospital rather than the local community; however there are opportunities for greater links between pharmacies in hospital and those in the local community to ensure effective liaison when people come to hospital and are discharged from hospital and therefore these pharmacies play an important role in the health of the St.Helens population.

There is also a pharmacy in Newton Hospital however this has a standard pharmacy contract and does not supply medicines to the hospital.

6.6 Mental Health Pharmacy Services
The population of St.Helens is served by 5 Boroughs Partnership NHS Trust. They employ pharmacists to provide clinical advice within their specialist areas.

6.7 GP Out of Hours Services
There is currently one out of hours GP service operating from two sites, Albion Street Clinic and Taylors Haydock. During normal pharmacy opening hours, patients attending these sites who subsequently require a medicine to be dispensed are provided with a prescription to take to a local community pharmacy. During evenings and weekends, where pharmacy services may be more limited, patients are provided with pre-packaged short courses of medication directly. By default this service operates a limited formulary (a list of approved medications) and tends to provide medications needed for immediate, acute use e.g. courses of antibiotics or short term pain relief.

6.8 Bordering Services / Neighbouring Providers
The population of St.Helens can access services from pharmaceutical providers not located within the Local Authority's own boundary. When hearing pharmacy contract applications, or making locally commissioned service decisions, the accessibility of services close to the borders will need to be taken into account. For further information on such services, please refer to the relevant neighbouring Health and Wellbeing Boards’ PNAs.

6.9 Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Contract Monitoring
NHS England (NHSE) requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies are included within a programme of contract monitoring visits as independent providers of services provided under the national pharmacy contract. The delivery of any enhanced services is also scrutinised.
As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.

This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that NHSE adopts when carrying out the community pharmacy contract monitoring visits for essential, advanced services and enhanced services.

The community pharmacy contract assurance process follows a structured sequence of events including:

- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff
- Self-assessment declarations
- Scrutiny of payment submission processes
- Scrutiny of internal processes for confidential data management
- Recommendations for service development or improvement
- Structured action plan with set timescales for completion

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

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iiiHigh Quality Care For All - NHS Next Stage Review Final Report, Department of Health June 2008
7. National Pharmaceutical Services Contract

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

The pharmaceutical services contract consists of four different levels:

- Essential services
- Advanced services
- Enhanced services
- Locally commissioned services

7.1 Essential Services

Essential Services consist of the following and have to be offered by all pharmacy contractors (these are managed by NHSE):

**Dispensing** - Supply of medicines or appliances, advice given to the patient about the medicines being dispensed and advice about possible interactions with other medicines. Also the recording of all medicines dispensed, significant advice provided, referrals and interventions made using a Patient Medication Record.

**Repeat dispensing** - Management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient’s need for a repeat supply of a particular medicine. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate.

**Disposal of unwanted medicines** – Pharmacies act as collection points for patient returned unwanted medicines from households and individuals, including controlled drugs, and private arrangements must be adopted for waste returned from nursing homes.

**Public Health (promotion of healthy lifestyles)** - Opportunistic one to one advice provided on healthy lifestyle topics such as smoking cessation, weight management etc. to certain patient groups who present prescriptions for dispensing. Also, involvement in local Public Health campaigns throughout the year, organised by the HWBB and NHSE.

**Signposting patients to other health care providers** - Pharmacists and their staff will refer patients to other healthcare professions or care providers when appropriate.

**Support for self-care** - The provision of advice and support by pharmacy staff to enable patients to derive maximum benefit from caring for themselves or their families. The service will initially focus on self-limiting illness, but support for people with long term conditions is also a feature of the service.

**Clinical Governance** – pharmacists must ensure the following processes are in place:
• Use of standard operating procedures
• Patient safety incident reporting
• Demonstrating evidence of pharmacist Continuing Professional Development
• Operating a complaints procedure
• Compliance with Health and Safety legislation
• Compliance with the Disability Discrimination Act
• Significant event analysis
• Commitment to staff training, management and appraisals
• Undertaking patient satisfaction surveys

7.2 Advanced Services
There are four advanced services within the NHS Community Pharmacy contract, two of which were introduced in April 2010, and the fourth in October 2011. Community pharmacies can opt to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. They require accreditation of the pharmacist and/or pharmacy.

Medicines Use Review (MUR) & Prescription Intervention Service - The pharmacist conducts a concordance medication review with the patient. The review assesses any problems with understanding current medication, its administration / patient compliance. The patient’s knowledge of their medication regime is assessed and a report is provided to the patient’s GP. The patient’s knowledge of their medication and why they are taking it is increased; problems with their medication are identified and addressed. The MUR is conducted on a regular basis e.g. every 12 months. MURs have to be conducted in a consultation area which ensures patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services. Currently this service is targeted at patients taking high-risk medication; patients recently discharged from hospital with changes to their medicines whilst in hospital; and patients with respiratory conditions. However this scheme will extend throughout 2014/15 to patients at-risk or diagnosed with cardiovascular conditions that are prescribed at least four medicines.

Appliance Use Review (AUR) – An Appliance Use Review was the second advanced service, introduced in April 2010. This service is similar to that above where it relates to patients prescribed appliances such as leg bags, catheters, stoma products.

Stoma Appliance Customisation (SAC) service - Stoma appliance customisation was the third advanced service introduced in April 2010. This service involves the customisation of stoma appliances, 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 how long they are used for, thereby reducing waste and unnecessary patient discomfort.

Pharmaceutical Service Negotiating Committee (PSNC) accessed from www.psnc.org.uk/pages/advanced_services.html (June 2010)
New Medicines Service (NMS) – This service was introduced in October 2011 and provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / COPD, Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service.

7.3 Enhanced services
Local Enhanced Services (LES) are also locally commissioned services but can only be used to describe services commissioned by NHSE.

Examples of enhanced services are as follows:

- Flu vaccination services (usually commissioned by NHSE at the request of Public Health England)
- Pharmacy Rota services (usually commissioned by NHSE)

7.4 Locally commissioned services
Locally commissioned services are those commissioned, developed and negotiated locally based on the needs of the local population. They are directly commissioned by the Local Authority Public Health Teams (LAPH) or CCGs. The PNA will inform the future commissioning need for these services.

Both community NHS trusts and secondary care NHS trusts (hospital trusts) may commission services from community pharmacists.

It is possible for neighbouring organisations to commission similar services from pharmacies at differing remuneration rates or using different service specifications / patient group directions. This is because financial / commissioning arrangements for services are based on local negotiation and are dependent on available resources as well as local need. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across HWB /CCG boundaries. Wherever possible, commissioners are advised to work together to eliminate such anomalies and provide continuity of patient care across local boundaries.

The continuity of locally commissioned service provision is often difficult for contractors to achieve, as individual pharmacists/locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training isn’t available for new staff. This should be addressed by both the contractors and commissioners, but may result in some of the information in this document relating to locally commissioned service provision being subject to question.

Examples of pharmacy based locally commissioned services are as follows:

- Minor ailment management (usually commissioned by CCG)
- Diabetes screening (usually commissioned by CCG)
- Substance misuse medication services / Needle exchange scheme (usually commissioned by LAPH)
- Palliative care services (usually commissioned by CCG)
- Emergency Hormonal Contraception service / sexual health services (usually commissioned by LAPH)
- NHS Health Checks or vascular screening (usually commissioned by LAPH)
- Care home services (usually commissioned by CCG)
- Smoking cessation service (usually commissioned by LAPH)

7.5 Funding the Pharmacy Contract
The essential and advanced services of the community pharmacy contract are funded from a national ‘Pharmacy Global Sum’ agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHSE as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (www.drugtariff.com). Funding for locally commissioned services has to be identified and negotiated locally, from the commissioners own budget.
8. Pharmacy Premises and Workforce

8.1 Pharmacy locations and level of provision
As of September 2014, there are 49 pharmacies in St.Helens of which 7 are contracted to open 100 hours a week. There are two distance selling pharmacies in the Borough. See Figure 17 and Appendix 3 for further location detail.

Figure 17. Location of GPs, pharmacies, hospitals and walk-in centre

Access to pharmacies in St.Helens is adequate, with 49 pharmacies available for a population of 176,221. This equates to one pharmacy per 3,596 people, higher than the national rate of one per 4,686 people (based on mid-2013 population estimates).

Pharmacies in St.Helens are generally located in areas of high population or in areas where there is a high footfall of people, i.e. the Town Centre or the retail park.
According to the National Pharmacy Association (2014), there is a greater density of pharmacies in more deprived areas. Figure 19 suggests that there are areas in the Borough with few pharmacies (i.e. Bold); however this is due to the low population density in those areas (Figure 18).
8.2 Pharmacy opening hours, including out-of-hours and 100 hour pharmacies

Across the Borough there are 49 pharmacies; seven of these are contracted to open for 100 hours per week, and are predominantly located in the Town Centre. In general there is an adequate level of extended opening hours; during the week, 29% of pharmacies open before 9am and 35% of pharmacies open after 6pm. At the weekend, 63% of pharmacies open on a Saturday and 16% open on a Sunday.

The consultation for the 2014 PNA revealed that in St.Helens, 89% of people were satisfied with the opening hours of their pharmacy (216 respondents); however some people specifically noted that they would prefer their local pharmacy to be open on a Saturday; currently 2 out of 3 pharmacies in St.Helens are open on a Saturday. People were asked over the past 12 months had they ever wanted
to use their local pharmacy when it was closed; 61% of people said not at all and 21% of people said on one or two occasions.

Local pharmacy opening hours on weekdays can be further summarised as:

- Of the 17 pharmacies that are open later than 6pm during the week, six pharmacies are open after 10pm.
- 14 pharmacies are open before 9am during the week; four of these are open by 7am and are evenly distributed across the Borough.

Local pharmacy opening hours on weekends can be further summarised as:

- On a Saturday, of the 30 pharmacies that open, seven open before 9am and ten stay open after 5pm.
- Of the eight pharmacies that open on a Sunday, three stay open after 5pm. These are located in Blackbrook, Haydock and the Town Centre.
8.3 100 hour and internet-based/mail order pharmacy provision

There are two distance selling pharmacies in St. Helens. These are registered pharmacy businesses that receive and fulfil orders for medicines “remotely” from a patient or customer rather than face to face as in a traditional pharmacy. All internet-based or wholly mail order pharmacies must provide the complete range of essential services as set out in the NHS contractual framework but these cannot be provided on a face to face basis. Advanced and locally commissioned services may be provided. Therefore, the means of delivery of such services is different from traditional shop-front pharmacies. The full range of essential services must be available from such pharmacies for their weekly 40 core contractual hours.
8.4  Access for people with a disability and/or mobility problem
In February 2014, 1,540 (1.4%) people in St.Helens were receiving Disability Living Allowance; a proportion higher than the national average (1.1%)\(^7\), indicating the requirement for adequate facilities for disabled people using pharmacy services across the Borough. In addition, 38% of people (213 respondents) who responded to the public consultation stated that they had a long term illness, health problem or disability which limited their daily activities or the work that they can do.

Of the 38 pharmacies responding to the survey, the majority of pharmacies (82%) have an entrance to their pharmacy which is suitable for unaided wheelchair access, 89% have premises which allows disabled customers to park within 10 metres from the pharmacy and 95% of pharmacies stated that all areas of their pharmacy floor is accessible by wheelchair.

Furthermore, pharmacies have made adjustments to their premises and services to accommodate for a large scope of impairments; 22 pharmacies offer large print labels and leaflets, 17 pharmacies have a hearing loop and 10 pharmacies have automatic door assistance; other facilities offered by St.Helens community pharmacies include a sign language service, front door bell and a disabled toilet.

8.5  Access for clients whose first language is not English
In the 2011 census, 98 per cent of St.Helens residents answered that their ethnic group was white; which suggests that St.Helens is principally an English-speaking Borough; however, given that 414\(^8\) people in St.Helens cannot speak English well or at all, there are some communities which may require assistance with language translation.

Ten pharmacies have employees that speak languages other than English and across the Borough, a total of fifteen languages are spoken; including Polish, Spanish, French and Chinese by pharmacy staff. Furthermore, 39% of pharmacies stated that they offer some level of support to customers whose first language is not English; including interpreters, language lines (NHS direct translation service) and leaflets.

8.6  Pharmacy consulting rooms
Of the 36 pharmacies that responded, 92% provide a consultation area that meets the criteria for the MURs where a patient and a pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation. Furthermore, all these consultation areas were available with wheelchair access.

The public consultation revealed that 68% of people requiring a personal discussion with a pharmacist were offered a private area to do so. It should be noted that those individuals requiring a private area should be given the option by the pharmacist.

Consideration must also be given to individuals who may require a consultation with a pharmacist of the same sex; in St.Helens, 76% of the 38 responding pharmacies are able to provide advice and support if a customer wishes to speak to a person of the same sex; this however may not be a pharmacist but pharmacies are able to do so by arrangement.
8.7 Prescription records

To help patients collect their prescriptions the Electronic Prescription Service (EPS) is available in all St. Helens community pharmacies. This service enables prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to NHS Prescription Services for payment.

The EPS is being deployed through two key releases. Release 1 in which the paper prescription form remains the legal prescription and Release 2 which supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, the cancellation of e-prescriptions and the electronic submission of reimbursement claims to NHS Prescription Services. Currently, prescribers can only issue an electronic NHS prescription where it is being sent electronically to a patient’s nominated pharmacy.

Pharmacies also use electronic systems to maintain patient records. All prescriptions dispensed are recorded on the Patient Medication Records (PMR), so that the pharmacy maintains a complete dispensing record to enable safety checks to be made for interactions with other medicines, allergies etc. Care at the chemist and other public health services are also recorded on the PMR. Some pharmacies also record medicines sold to patients and healthcare advice given to patients. The PMR generates a label for the prescription which tells the patient how to take their medication and includes any warnings the patient need be aware of when taking the medication. The PMR can also generate a medicines administration chart where needed. Electronic prescriptions are received in the pharmacy via the PMR. The PMR is also used to record any medicines owing to the patient and repeatable prescriptions issued to the patient.

In addition to the PMR, there has been initial piloting of the Summary Care Record (SCR) system in community pharmacy. The SCR is an electronic summary of key health information. A patient’s SCR will contain essential information about any medicines, allergies and adverse reactions derived from their GP record. Where a patient and their doctor wish to add additional information to the patient’s Summary Care Record, this may be added with the explicit consent of the patient.

The SCR is already live in several care settings including: GP Surgeries, Out of hours, emergency departments, acute admissions wards, ambulance trusts and walk in centres. In September 2014 five areas were chosen by HSCIC and NHSE to pilot community pharmacy access to the SCR. A total of 100 pharmacies across Somerset, Northampton, North Derbyshire, Sheffield and West Yorkshire will be able to view a patient’s SCR where the patient consents to this.

The PSNC believes that “there is value in further community pharmacy SCR pilots, particularly in settings where there are transient patient populations. As well as planned service provision, for example the provision of annual MURs, pharmacies also need to respond to unscheduled requests from patients, for example in certain circumstances, pharmacies can provide prescription only medicines in an emergency to patients. Access to information about patients in this scenario, for example a list of all medicines that the patient has recently been prescribed, has the potential to improve patient safety.”
8.8 Prescribing rates

In St. Helens, the prescribing rate of all medicines and appliances in 2013/14 was 23,934 items per 1,000 population; the second highest compared with its neighbours and higher than the Merseyside and England averages (see Figure 21).

Figure 21. Prescribing rate per 1,000 population

![Prescribing rate per 1,000 population](image)

Source: HSCIC, CCG Prescribing data

The average number of items prescribed per month per community pharmacy in St. Helens for 2013/14 was 7,895. This is higher than both the average for Merseyside (7,210) and for the whole of England (7,324) (please note that dispensing rates may differ as not all prescriptions will be fulfilled and some prescriptions are not dispensed by pharmacies within the prescribing CCG).

Table 4. St. Helens and Merseyside Prescribing rate (Items per 1,000 population)

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Medicines &amp; Appliances</th>
<th>Rate per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>St. Helens CCG</td>
</tr>
<tr>
<td>1</td>
<td>Analgesics</td>
<td>1815.9</td>
</tr>
<tr>
<td>2</td>
<td>Lipid-Regulating Drugs</td>
<td>1557.9</td>
</tr>
<tr>
<td>3</td>
<td>Hypertension and Heart Failure</td>
<td>1538.9</td>
</tr>
<tr>
<td>4</td>
<td>Antidepressant Drugs</td>
<td>1404.2</td>
</tr>
</tbody>
</table>
In St.Helens the most prescribed medication type is Analgesics; identical to Merseyside prescribing pattern. The table above (Table 4) represents the ten most frequently prescribed items in St.Helens and Merseyside. The prescribing rates for St.Helens and Merseyside are higher than the England averages. The top 10 most prescribed medicines and appliances in St.Helens and Merseyside are similar to the England pattern (Table 5). However, the prescribing of bronchodilators ranks higher in St.Helens and Merseyside compared to England, whereas prescribing for hypertension and heart failure ranks lower in St.Helens and Merseyside compared to England. As expected, the prescribing rates for bronchodilators in St.Helens and Merseyside are higher than the prescribing rates for England due to the high prevalence of asthma and COPD compared with England.

**Table 5. England Prescribing Rate (Items per 1,000 population)**

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Medicines &amp; Appliances</th>
<th>Rate per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hypertension and Heart Failure</td>
<td>1226.0</td>
</tr>
<tr>
<td>2</td>
<td>Lipid-Regulating Drugs</td>
<td>1194.3</td>
</tr>
<tr>
<td>3</td>
<td>Analgesics</td>
<td>1184.7</td>
</tr>
<tr>
<td>4</td>
<td>Antisecretory Drugs + Mucosal Protectants</td>
<td>978.0</td>
</tr>
<tr>
<td>5</td>
<td>Antidepressant Drugs</td>
<td>958.5</td>
</tr>
<tr>
<td>6</td>
<td>Nit, Calc Block &amp; Other Antianginal Drugs</td>
<td>819.8</td>
</tr>
<tr>
<td>7</td>
<td>Drugs Used In Diabetes</td>
<td>800.2</td>
</tr>
<tr>
<td>8</td>
<td>Antiplatelet Drugs</td>
<td>685.9</td>
</tr>
<tr>
<td>9</td>
<td>Antibacterial Drugs</td>
<td>650.8</td>
</tr>
<tr>
<td>10</td>
<td>Diuretics</td>
<td>648.2</td>
</tr>
</tbody>
</table>

Source: HSCIC, CCG Prescribing Data
8.9 Prescription Collection and Delivery Services
Individuals who are unable to visit their pharmacy depend on the pharmacies’ home delivery services, which help to provide medicines and appliances to vulnerable individuals or those who do not have access to a car or are unable to use public transport.

All of the pharmacies involved in the consultation stated they provided the collection of prescriptions from surgeries. Ninety-five per cent of the pharmacies who responded to the consultation stated they delivered medicines free of charge on request. Some pharmacies held restrictions around delivery; some only delivered to selected areas or selected patient groups.

8.10 Patient and public satisfaction with pharmacy services
Collectively the general response from the public was positive; when asked to comment on their local pharmacies, 72% (of 215 respondents) stated that they were very satisfied with their pharmacy. People were asked in the last 12 months if they had had any problems finding a pharmacist to get medicines dispensed, advice or to buy medicines; 92% of people answered no, indicating that the availability and accessibility of pharmacy services is generally satisfactory.

8.11 Access to and provision of community pharmacy services in local authorities bordering St.Helens
St.Helens borders Wigan, Warrington, Knowsley, Halton and West Lancashire areas for both local authorities and CCGs. Figure 22 shows the location of pharmacies in these neighbouring local authorities. Pharmacy provision for St.Helens residents living near the border of the Borough is considered adequate.
Figure 22. Out of area Pharmacy locations
9. Pharmacy services that support local priorities

The services described in this section cover those that are provided over and above the core pharmaceutical contract and therefore are either:

- Advanced services (commissioned by NHSE)
- Enhanced services (commissioned by NHSE)
- Locally commissioned services (commissioned by either the CCG or Local Authority)

This section describes how these services support the priorities of the Health and Wellbeing Board, the CCG 5 year commissioning plan or other specific priorities.

St.Helens Health and Wellbeing Board have 8 priorities for 2013-16. These are:

- Give every child the best start in life
- Support for young people
- Tackling alcohol misuse
- Obesity and excess weight
- Promoting mental health and wellbeing
- Early detection and effective management of long term conditions
- Reduce unnecessary hospital admissions and readmissions
- Support for people with dementia

The services that are provided are often complimentary to other health services by providing access within local communities and often at hours of the day and weekend when other health services may not be available.

The CCG has just developed their 5 year plan 2014-2019. The priorities within this plan focus on certain key service areas which are:

**Urgent Care** - reducing avoidable admissions and A&E attendances.

**Out of hospital care** - focus on improving care for frail elderly and those with Dementia.

**Mental Health** - improved detection of those with dementia and improving adult psychological therapies and Child and Adolescent Mental Health.

**Children's Services** - focusing on speech and language services, autism pathway, community nursing and ante-natal pathways.

**Collaborative working** - working together with partners such as the local authority to provide for example for joint care packages.

**Voluntary sector** - review current services provided to ensure no duplication whilst maintaining services that provide support in the community.
**9.1 Tobacco Control**

Tobacco control is not a specific priority as defined in the St.Helens Health and Wellbeing Strategy; however it is a major risk factor for many diseases and is relevant to many aspects of the 8 priorities. Smoking is still the biggest preventable cause of death and therefore, reducing maternal smoking or reducing second-hand smoking will help give every child the best start in life, providing services targeted at young people will reduce the risks for young people and supporting people with long term conditions to stop smoking will support effective management of their condition.

**9.1.i Level of need**

Smoking is the most significant modifiable risk factor for both heart disease and cancer. According to the World Health Organisation, 6 million people die annually as a result of tobacco use (including exposure to second-hand smoke).9

The smoking prevalence in St.Helens according to the Integrated Household Survey 2012 is 23.1%. When compared to neighbouring boroughs, St.Helens has a significantly higher percentage of smokers than Warrington and Wirral.

**Figure 23. Smoking rates by local authority**

![Smoking rates by local authority graph](Image)


Inequalities are apparent when looking at smoking rates in St.Helens with those in more deprived areas being more likely to be smokers. The NHS Merseyside Lifestyle Survey found that 50% of those who rent accommodation from the Council or a housing association currently smoke compared to 17% who own their property. Half of unemployed residents in St.Helens smoke and the survey showed that smokers are less likely to participate in physical activity than non-smokers. Moreover, fruit and vegetable consumption is lower in those who smoke.
As such, tobacco control has a major role to play in reducing health and social inequalities. The local authority’s strategic plan is to prevent people from starting smoking, to help smokers quit smoking and to reduce exposure to second-hand smoke. In 2013, St.Helens voted to sign up to a Declaration on Tobacco Control and joined the SmokeFree Coalition to lobby government and the EU for effective tobacco legislation.

With regards to helping smokers to quit, the LAPH commissions a range of smoking cessation services and efforts to support smokers to quit needs to be offered as part of a comprehensive tobacco control and smoking cessation plan. GP practices have been actively involved in providing this level of service.

9.1.ii Evidence of effective interventions in the community pharmacy setting
Evidence suggests that community pharmacies have a key role to play in providing brief interventions for smoking cessation.\(^1\)\(^2\)\(^3\) Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link.\(^4\) However, this requires adequate training to enhance confidence and skills.\(^4\)\(^1\)\(^5\) This is based on evidence that community pharmacist smoking cessation support has the same success rate as that of nurses but is lower than that of specialist advisors. There is also some evidence that involving community pharmacy support staff in brief interventions around smoking can increase the provision and the recording of smoking status in patient’s medications records.\(^6\)

9.1.iii Local provision
In 2014, St.Helens had 40 pharmacies providing smoking cessation services. Pharmacies offer two levels of support to those wanting to stop smoking.

a. Stop Smoking Voucher Dispensing Service
The stop smoking dispensing service dispenses Nicotine Replacement Therapy (NRT) against vouchers issued by the Specialist Support Service. As of April 2014, the LAPH have opened up the NRT contracts to all pharmacies in St.Helens. Forty-one pharmacies provide NRT by voucher (as of January 2015).

b. Stop Smoking Intermediate Service
The Pharmacy Stop Smoking Intermediate Service has been established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the pharmacy team. Where appropriate NRT is supplied or a referral is made to the person’s GP for a prescription of alternative stop smoking drugs. The service is provided during normal pharmacy opening hours.

Thirty-one pharmacies provide a stop smoking intermediate service in St.Helens (as of January 2015).

Most areas in St.Helens have either availability of a stop smoking service or pharmacy provision within the area.

Future developments within existing pharmacies are to consider the roll out of a patient group direction for community pharmacists to administer Varenicline, which has a higher quit rate than NRT. This is already highlighted as a potential development within the current service specification.
Conclusions
Stop Smoking Services are well served through Pharmacy, General Practices and Specialist Smoking Cessation Services
9.2 Sexual Health
Good sexual health is important to individuals and society. It is essential that accessible, high quality services and interventions are in place to support and promote good sexual health. Improving the sexual health of the population requires measures to prevent and reduce incidences of Sexually Transmitted Infections (STIs) and physical ill health as a result of those infections. In addition, there is the need to ensure that people, whatever their age, have the right information and support to assist them in making informed choices about relationships and sex, that they have choices about creating a family at a time that is right for them and that they stay emotionally healthy and free of discrimination.

The provision of good quality sexual health services contributes towards the Health and Wellbeing priority ‘Support for young people’. In ensuring good quality sexual health services, good access to help and advice and access to contraception will help to reduce the unintended pregnancy rate and abortion rates.

9.2.i Level of Need

a. **Under 18 conceptions**
In 2012, there were a total of 123 under-18 conceptions compared to 147 in 2011. This gives a rate of 38.1 per 1000 females aged 15-17, which is the lowest rate since records began in 1998.

Figures for England and Wales show that the under-18 conception rate for 2012 is the lowest since 1969 at 27.9 conceptions per thousand women aged 15–17. This represents a decline and continues the overall downward trend observed since 1998.

**Figure 25. Under 18 conception rate by year, 1998-2012**

![Graph showing under 18 conception rate by year, 1998-2012](source: ONS, 2014)
St. Helens Pharmaceutical Needs Assessment 2015-18

There continues to be a downward trend across local authorities and it is important to bear in mind that, given the small numbers involved, local authority rates can be subject to large year on year fluctuations. St. Helens has the second highest under-18 conception rate in Merseyside.

The number of under-16 conceptions for the year has had a noticeable decrease over recent years, falling from 47 in 2010 and 35 in 2011, to just 26 conceptions in 2012. The under 16 rate for England which is based on a three year rolling rate is 6.1 and 7.1 for the North West per 1000 for 2010-12.

b. ** Abortions**
There were 560 abortions in St. Helens in 2012 (DH, 2013). The abortion rate for 15-44 year olds in St. Helens is 17.7 per 1000 (GP registered population), slightly higher than the England rate of 16.6. 20-24 year olds have the highest rate of abortions (32 per 1,000); however the rate for 18-19 year olds is similar (31 per 1,000). In 2012, over a quarter (28%) of abortions in women under-25 years were repeat abortions\(^a\). 99% of all abortions in St. Helens in 2012 were NHS funded.

**Figure 26. Abortion rate for England, Merseyside and St. Helens by Age**

![Abortion rate by age](image)

Source: Department of Health, 2012

\(^a\) DH (2013) Abortion Statistics 2012

c. **Sexually transmitted infections (STIs)**
Sexually Transmitted Infections are diseases that can be transmitted by unprotected sex. If left undetected and untreated they may result in serious complications in later years ranging from infertility to cancer. STIs include gonorrhoea, chlamydia, herpes, syphilis and genital warts.
The latest data show new STI diagnoses in England rose by five per cent in 2012 (up to 448,422 from 428,255 in 2011); however this is mostly due to improved data collection. The overall rate of STIs diagnosed in St.Helens is decreasing; however STI management is still important especially in relation to herpes.

In England, chlamydia remained the most commonly diagnosed STI (206,912; 46%), but considerable numbers of genital warts (73,893; 16%) and genital herpes (32,021; 7%) cases were also reported in 2012 (GUMCAD, 2013).

**Figure 27.** STI diagnosis rate by year

![New STI diagnosis rate by year](source)

Source: GUMCAD 2013

Looking at specific conditions, the number of new cases of chlamydia in St.Helens was 625 in 2012, a decrease of 30% since 2009. The diagnosis rate was lower than the North West region and England rates in 2012. Between 2009 and 2012, the number of cases of gonorrhoea diagnosed in St.Helens decreased by 29%, with 42 cases in 2012. The rate of gonorrhoea infections was lower than the North West region and England in 2012. The number of cases of newly diagnosed herpes in St.Helens was 113 in 2012, an increase of 59% since 2009. The rate of herpes infections was higher than both the North West region and England in 2012. The rate of syphilis infections has fallen in recent years and is lower than both the North West region and England (2012). The number of cases in St.Helens decreased, from 13 in 2009 to 4 in 2012. The number of cases of genital warts in St.Helens has decreased by 15% since 2009. In 2012, there were 228 cases diagnosed. This rate was lower than the North West region and England in 2012.
9.2.ii Evidence of effective interventions in the community pharmacy setting

NICE guidance on contraceptive services for young people (up to the age of 25)\(^1\), key recommendations include:

- Public Health Departments should analyse local data on contraception and sexual health inequalities. In conjunction with sexual health leads in the NHS and Health and Wellbeing Boards, local authorities should publish the results in the JSNA in order to inform commissioners to provide services for those with the greatest need.
- Establish collaborative, evidence-based commissioning arrangements between different localities to ensure comprehensive, open-access services are sited in convenient locations, such as city centres, or near to colleges and schools.
- Doctors, nurses and pharmacists should where possible, provide the full range of contraceptive methods, especially long-acting reversible contraception (LARC), condoms to prevent transmission of STIs and emergency contraception (both hormonal and timely insertion of an intrauterine device), as well as providing culturally appropriate, confidential advice and guidance to each young person in need.
- Service managers and staff working in contraceptive services should provide additional support for socially disadvantaged young people, such as access to interpreters or offering one-to-one consultations to help them gain instant access to contraceptive services and support them, as necessary, to use this service.
- Engage with young people to design, implement and promote on-site and outreach services and near education settings. All young people should be made aware of the health services available to them, specifically Emergency Hormonal Contraception (EHC) and the location and hours of their local services.
- After pregnancy, midwives should check that women have chosen a method of contraception. If not, they should offer contraceptive advice on a range of effective methods tailored to the woman's circumstances and sensitive to any concerns she may have.

A review of the contribution of community pharmacists to the Public Health agenda\(^2\) found:

- EHC can be effectively and appropriately supplied by pharmacists.
- Pharmacy supply of EHC enables most women to receive it within 24 hours of unprotected intercourse.
- Community pharmacies are highly rated by women as a source of supply and associated advice for EHC on prescription, by Patient Group Directions (PGDs), or over-the-counter (OTC) sales.
- 10% of women choose pharmacy supply of EHC in order to maintain anonymity.
- Pharmacists were positive about their experience of providing EHC through PGDs and OTC sales.
- The role of pharmacy support staff in provision of EHC services is reported by pharmacists to be important.
9.2.iii  Local Provision

a. **Teenage Advice Zone (TAZ)**

The TAZ outreach team, part of St.Helens Council, provide a sexual health and wellbeing service to young people across the Borough in a range of venues from schools, colleges, training providers and supported housing projects.

The team supports young people on an individual, group and drop-in basis to:

- Improve sexual health and wellbeing
- Choose healthy relationships
- Prevent early parenting
- Gain confidence to access services
- Increase young people’s resilience
- Provide free training advice and guidance to professionals, parents and carers on sexual health and the law, top tips to talk to teens, sex, drugs and risk control.

The TAZ outreach team work collaboratively with the current CASH (Community Sexual Health Services) service and are scheduled to support four clinical drop-in sessions per week. This includes C-Card issuing, pregnancy testing, screening, advice and information, signposting to key services and pregnancy choices support.
Figure 28. CASH clinics against teenage conception rates by ward
b. **Contraceptive and Sexual Healthcare services (CASH)**

Contraceptive and Sexual Healthcare services deliver clinics within the community to provide contraception advice, support and interventions alongside STI advice, testing and treatment of symptomatic but uncomplicated infections in men (excluding MSM) and women (exclusions apply).

In addition the service is also responsible for Sexual Health Improvement and Primary Prevention. This is delivered by the Health Improvement Team and includes delivery of training, events and promotional materials and the development and updating of the Halton and St.Helens branded website ‘www.getiton.org.uk’. The service also co-ordinates the young people’s condom distribution scheme ‘C-Card’ and supports the pharmacy Emergency Hormonal Contraceptive scheme with condoms and leaflets.

CASH attendances have remained steady, with an average of 677 new patients attending per quarter (2012/13). The majority of attendances to the services are adults, with 70% of new attendances and 78% of repeat attendances being over 18 years old.

The main method of contraception that clients leave with is the Combined Oral Contraception (COC) and the male Condom. The percentage of Long Acting Reversible Contraception (LARC) uptake as a percentage of all contraception is variable; on average it is 34.6% per quarter (delivered via CASH Clinics) (Public Health Intelligence, 2014).

c. **Emergency Hormonal Contraception (EHC)**

Across St.Helens, Emergency Hormonal Contraception is provided by a host of providers at different times:

- Pharmacy under patient group direction (Locally Enhanced Service)
- GPs
- Walk in Centre
- A & E
- Community Sexual Health Services
- School nursing (within 5 High Schools and 2 Pupil Referral Units)

Thirty pharmacies provide EHC as a locally commissioned service; this includes five 100 hour pharmacies (as of January 2015). Pharmacists must be accredited to provide the service; the pharmacist also provides advice and signposting in respect of contraception and sexual health and those in the 15-24 year old age group can be offered a Chlamydia Screening test. Pharmacies providing EHC can signpost people to other sexual health services where there are specialists who can provide a full range of sexual health services. These pharmacies are mapped in Figure 29.

The number of EHC consultations by commissioned pharmacies is greatest in areas in which there is a high population of women aged 15-44 years. There are five 100 hour pharmacies in areas of high teenage pregnancy and by looking at the number of consultations for EHC it appears that the Town Centre is the most common location for people to seek help. Some wards do not have access to pharmacy EHC, but there is access through General Practice and CASH clinics. Currently, there are a number of pharmacies that Public Health local authority team is working with to ensure they have the necessary training to deliver EHC. This will improve the overall access to emergency hormonal contraception.
Figure 29. Locations with EHC provision against number of female residents aged 15-44

Conclusions
Emergency Hormonal Contraception is generally well served by Community Pharmacy, GP Practices, Community Sexual Health Clinics, through the school nursing service or within Walk-in- Centre.
9.3 Substance Misuse

From the crime in local neighbourhoods, through families forced apart by drug dependency, to the corrupting effect of international organised crime, drugs have a profound and negative effect on communities, families and individuals.

Information about the number of people who use illicit drugs such as heroin, other opiates or crack cocaine is key to formulating effective policies for tackling drug-related harm as these drugs are associated with the highest levels of harm. It also helps inform commissioning of service provision at a local level and provides a context in which to understand the population impact of interventions to reduce drug-related harm.

There are two aspects to currently commissioned pharmaceutical services relating to substance misuse. These are ‘Needle and Syringe Programme’ (NSP) and ‘Supervised Consumption’. Both NSP and Supervised Consumption are harm reduction services and contribute to improving the health of local communities by preventing the spread of blood-borne infections and reducing drug-related deaths.

9.3.i Level of Need

a. National Prevalence:

The true extent of injecting drug use is difficult to determine. National estimates (2011/12) suggest the number of injecting drug users aged 15-64 years in England is between 85,307 and 90,353. These estimates relate to people injecting heroin, other opiate drugs or crack cocaine and do not include people injecting image and performance enhancing drugs (IPEDs) such as anabolic steroids.

NICE (PH52, 2014) report that Hepatitis C is still the most widespread infectious disease affecting people who inject drugs, with 49% of people in England testing positive for antibodies in 2012 (Public Health England 2013). In contrast, HIV prevalence has remained relatively low among injecting drug populations over the last decade (Health Protection Agency 2012). In addition, the prevalence of Hepatitis B infection has declined (Health Protection Agency 2010).

NICE present that there is a lack of evidence about how many people (adults and young people) inject drugs within different subgroups and the behaviours of different subgroups. Information is also limited regarding the number of people using IPEDs, such as anabolic steroids.

b. Local Prevalence:

The latest available ‘Glasgow prevalence estimation’ figures (based on 2011/12 data), indicates that St. Helens had a 15-64 population of 113,800 and has an estimated total number of 1,232 opiates and/or crack cocaine users (OCUs), with a 95% confidence interval of between 1,091 and 1,453. This figure contains an estimated 280 injecting drug users.
Table 6. Estimated numbers and rates by substance in St.Helens

<table>
<thead>
<tr>
<th></th>
<th>Estimated Number of Users</th>
<th>Rate per thousand of the population</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCUs*</td>
<td>1,232</td>
<td>10.83</td>
</tr>
<tr>
<td>Opiate</td>
<td>1,154</td>
<td>10.14</td>
</tr>
<tr>
<td>Crack</td>
<td>600</td>
<td>5.27</td>
</tr>
<tr>
<td>Injecting</td>
<td>280</td>
<td>2.46</td>
</tr>
</tbody>
</table>

* ‘OCU’ refers to use of opiates and/or crack cocaine, including those who inject either of these drugs. It does not include the use of cocaine in a powder form, amphetamine, ecstasy or cannabis, or injecting by people who do not use opiates or crack cocaine. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs from the available data sources.

Based on a 12 month rolling period, at the end of 2012/13 there were a total of 932 individuals that had received structured treatment; and according to the Specialist Treatment provider, approximately 121 clients were subject to Supervised Consumption.

The true extent of all injecting drug use is difficult to determine. Using local data from the Centre for Public Health Inter Agency Database (non-structured treatment) that monitors Needle and Syringe Programme (NSP) activity in community pharmacies and specialist agency treatment providers shows that there were a combined total of 2,012 individuals accessing NSP services during 2012/13 (1,759 were steroid users).

In summary, the presentation of drug users at services provides an opportunity to gain an insight into current practices among a section of injecting drug users and provides systematically collected information for monitoring trends. However, it is felt that the estimate of 280 OCU injectors is underestimated, as the total number currently accessing NSPs was 1,759; furthermore, it is not possible to ascertain the true extent of injecting IPHDs, but the above data would suggest that the ‘known / met need’ is around 253.

9.3.ii Evidence of effective interventions in the community pharmacy setting

NICE guidance on the optimum provision of Needle & Syringe Programmes places community pharmacies at the heart of the provision of these programmes. NICE recommends commissioning a range of generic and targeted NSPs to meet local need. Research also demonstrates that community pharmacy-based supervised methadone administration services can achieve high attendance rates and are acceptable to clients. NICE guidelines recommend that each new treatment for opiate dependence be subject to supervised administration for the first three months or a period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour. This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy – ideally within a private consultation room, and ensuring that the dose has been administered to the patient.
a. **Local provision**

**Needle and Syringe Programmes (NSPs)** -

NSPs are currently commissioned for people over the age of 18 years who inject illicit substances and non-prescribed anabolic steroids (including other performance and image-enhancing drugs which may be injected). It is a confidential service that provides the necessary level of privacy to clients, it provides people who inject drugs with (free) needles and syringes and other equipment used to prepare and take illicit drugs; it also provides a safe route of disposal for used equipment.

Currently there are twenty-one pharmacies commissioned to deliver a ‘Level 1 Pack Service’ (as of January 2015). A ‘Level 1 Pack Service’ involves the distribution of individual sharps bins, needles, syringes and other injecting equipment in pre-packaged ‘packs’ and pharmacies provide a service for safe disposal of used equipment. Service users currently have a choice of 3 packs containing a range of needles and syringes in a range of sizes. The quantity dispensed is not subject to an arbitrary limit, but meets the needs of service users. There is on average, 2,357 transactions taking place per quarter (a client can ‘pick up’ more than one pack per transaction, the pharmacy is paid on a transactional basis, not on the number of packs a client ‘picks up’).

A total of 1,449 individuals accessed pharmacy NSPs during 2012/13 (88.6% were male, 11.3% were female, with 46.3% aged between 35-44 years).

Addaction (specialist treatment provider) is also commissioned to deliver a NSP service. This is a targeted ‘Pick and Mix’ confidential service that provides the necessary level of privacy to people who inject drugs, it provides people with (free) needles and syringes and other equipment used to prepare and take illicit drugs and it also provides a safe route of disposal for used equipment. The ‘Pick and Mix’ service involves the distribution of bespoke/ loose injecting equipment plus health promotion advice. A total of 640 individuals accessed the Addaction NSP during 2012/13.

Figure 30 illustrates the location of NSP provision within the Borough.
Supervised Consumption

Supervised Consumption is a service that can only be provided by a pharmacy following dispensing of the diamorphine substitute methadone. It is not part of the essential tier of the pharmacy contract but greatly reduces harm by reduction of diversion of prescribed methadone onto an illicit market and protection of vulnerable individuals from overdose. A period in supervised consumption can also be utilised when a patient restarts Methadone or Buprenorphine after a break, or receives a significant increase in their methadone dose.

Supervised Consumption is provided in conjunction with specialist prescribing services as an integral part of stabilisation and maintenance regimes. A ‘Substance Misuse Recovery Worker’ at the Specialist Treatment Provider will assess a client’s suitability for the Supervised Consumption Service.
and discuss with the client their choice of pharmacy, being mindful of location and opening hours and make a referral to the pharmacy. If the pharmacy agrees to take on a client, the pharmacy will be supplied with necessary information from the prescriber.

The supervision shall be carried out by qualified community pharmacists within a private consultation room. Regular contact with clients allows the pharmacist to monitor client compliance, offer advice and respond to issues of concern. The pharmacist should liaise with the prescriber to report any issues/problems and/or concerns regarding a client within the Supervised Consumption service and inform the Prescriber/Specialist Substance Misuse Service of a client’s failure to collect their medication no later than after the third missed pick-up (same day if client is being titrated).

Currently there are 30 pharmacies (correct as of January 2015) commissioned to deliver this service; the number of individuals subject to Supervised Consumption can fluctuate; this may range from approximately 120 – 200.

**Figure 31. Location of supervised consumption pharmacies in St.Helens**
9.3.iii Overall

Looking ahead, with an ageing drug using and injecting cohort, a small but significant number that have been using drugs have been in the system for some time, with the fall in the number of new heroin users and the emergence of new substances in general will pose a challenge to the system from both a health and treatment need.

NSP and Supervised Consumption are key treatment tools and particularly effective in stabilising heroin users and weaning people off dangerous injecting practices. Harm reduction interventions, in particular those delivered by community pharmacies and recovery, are essential parts of any drug treatment system. However, a more integrated approach to the involvement of pharmacies with general practice and specialist service is advocated. The need for NSPs and for Supervised Consumption services is transient but is needed across the entire Borough. Therefore, a rational number and distribution of pharmacies providing these services is required based on need.

Conclusion

Needle and Syringe Programme

There are a number of pharmacies that have expressed an interest in delivering NSP. Commissioners are assessing the local level of need in these areas, and this will be reviewed through the contracting process.

NICE Guidelines recommends developing a policy on providing Needle and Syringe Programmes to meet the needs of different groups of young people under 18 (including young people under 16) who inject drugs. NICE also acknowledge that there is a lack of evidence about how many young people inject drugs. Service provision to under-18s has potential legal barriers, safeguarding, clinical considerations and sensitive challenges that will need to be fully explored therefore, work on developing a policy to best guard against the harms of injecting will be explored.

Supervised Consumption

There is adequate provision of the Supervised Consumption service in St.Helens based on our knowledge of local need.
9.4 Services that impact on long term conditions and hospital admissions

Ensuring the population use their medicines properly is an important element of health care in reducing unnecessary trips to the doctor. Medicines Use Review Services, New Medicines Service, Care at the Chemist and providing influenza vaccines to ‘at risk’ people 18-65 can contribute towards the priorities to ensure that there is greater access to services in the community and particularly support the Health and Wellbeing priorities of Early Detection and Effective Management of Long Term Conditions and Reducing Unnecessary Planned and Unplanned Admissions to Hospital.

9.4.i Level of need

Based on changing population numbers and age structures, it is estimated that the number of people being admitted to hospital for an elective procedure will increase. Diseases of the digestive system, cancers (neoplasms), musculoskeletal and diseases of the genitourinary system accounted for 57% of elective hospital admissions in 2013/14.

Table 7. Top 10 elective hospital admissions, St.Helens, all ages, 2013/14

<table>
<thead>
<tr>
<th>ICD 10 Classification</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the digestive system</td>
<td>20%</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>12%</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>12%</td>
</tr>
<tr>
<td>Diseases of the genitourinary system</td>
<td>12%</td>
</tr>
<tr>
<td>Diseases of the eye and adnexa</td>
<td>11%</td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>8%</td>
</tr>
<tr>
<td>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere specified</td>
<td>5%</td>
</tr>
<tr>
<td>Factors influencing health status and contact with health services</td>
<td>5%</td>
</tr>
<tr>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>3%</td>
</tr>
<tr>
<td>Injury, poisoning and certain other consequences of external causes</td>
<td>3%</td>
</tr>
<tr>
<td>Total admissions</td>
<td>29,153</td>
</tr>
</tbody>
</table>
As with elective admissions, unless current trends can be stemmed, the number of emergency (non-elective) admissions is set to rise. Table 8 illustrates that, as with elective admissions, the top four reasons for people being admitted to hospital make up over 50% of all emergency admissions.

Table 8. Top 10 emergency hospital admissions, St.Helens, all ages, 2013/14

<table>
<thead>
<tr>
<th>ICD 10 Classification</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere specified</td>
<td>23%</td>
</tr>
<tr>
<td>Injury, poisoning and certain other consequences of external causes</td>
<td>16%</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>12%</td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>8%</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>8%</td>
</tr>
<tr>
<td>Diseases of the genitourinary system</td>
<td>6%</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>5%</td>
</tr>
<tr>
<td>Certain infectious and parasitic diseases</td>
<td>5%</td>
</tr>
</tbody>
</table>
### Table 33

<table>
<thead>
<tr>
<th>Condition</th>
<th>Admission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental and behavioural disorders</td>
<td>3%</td>
</tr>
<tr>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>3%</td>
</tr>
<tr>
<td>Total admissions</td>
<td>23,301</td>
</tr>
</tbody>
</table>

#### Figure 33. Emergency hospital admissions by ward, 2013/14

When looking by ward, Town Centre has by far the highest rate of emergency hospital admissions and is significantly greater than all other wards. The inequality gradient is quite steep and the rate in the Town Centre ward is approximately double that for the Billinge and Seneley Green ward.

As well as emergency admissions, section 0 highlights some of the burden of long term conditions within our local area, specifically hypertension and coronary heart disease. St.Helens GP patients have high levels of reported prevalence for coronary heart disease (4.7%), hypertension (17%), diabetes (6.9%) and asthma (6%) when compared to the rest of Merseyside and England, ensuring effective management will help to save the NHS money in relation to repeat admissions to hospital, unnecessary visits to the doctor and will improve quality of life and life expectancy.

### 9.4.ii Medicines Use Review

#### a. Evidence of effective interventions in the community pharmacy setting

Medicines adherence support services are an important part of the community pharmacist’s role. A study of 10,000 adults aged 35+ found that 76% of women but only 63% of men had obtained medicines or asked for advice with only 12% asking for advice but not obtaining medicines. The difference in gender is not surprising and offers some particular challenges to targeting men for
advice especially around lifestyle issues. As a men’s health project in Knowsley found, most men being targeted for a health check (in the pilot year, 400 men aged 50-65 were given a health check) had never had such lifestyle advice from a pharmacist. However, once on-board the majority made a positive lifestyle change. Despite these differences this and other studies demonstrate that pharmacies are an important first port of call for advice on minor ailments.

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

b. **Local provision**

Medicines Use Reviews (MURs) form part of the pharmacy contract and is an advanced service. Medicines Use Reviews are structured reviews undertaken by an accredited pharmacist to help patients manage their medicines – to improve their understanding, knowledge and use of medicines they have been prescribed. MURs are conducted on a regular basis, e.g. every 12 months and must be conducted in a consultation area to ensure patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services.

The national target groups are:

- Patients taking high risk medicines
- Patients recently discharged from hospital that had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- Patients with respiratory disease

At least 50% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups. This service is due to change with a target of at least 70% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups, which this year will also extend to those at-risk or diagnosed with cardiovascular conditions that are on at least 4 prescribed medicines.

The 2008 Pharmacy White Paper proposed a strengthening of commissioning for services in the area of medicines adherence and that other pharmaceutical services could be tailored to meet individual patient group needs. For instance, MURs could be targeted to patients with other long term conditions (LTCs) including specialised pharmacy led clinics to support disease management for those with LTCs and general clinical pharmaceutical role to reduce medication related harm.

Currently the CCG management team support annual medication reviews for care home residents. The MUR programme targets those with a history of a fall. Feedback from the pharmacy premises survey indicated local community pharmacists believe that carers should receive more support in managing medicines, which should be provided by GPs, who have a responsibility to review all patients on medication regularly.

In the pharmacy survey, 33 of the 38 pharmacies responding answered that they provide Medicine Use Reviews.
9.4.iii New Medicines Service

a. **Evidence of effective interventions in the community pharmacy setting**

New Medicine Service is an Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The service provides support for people with asthma, chronic obstructive pulmonary disease (COPD), type 2 diabetes, hypertensions and antiplatelet/anticoagulant treatment, who are newly prescribed a medicine. The aim is to support the person to try and improve compliance with medicines and reduce any issues relating to new medicines. It is estimated that about 25% of medicines prescribed for long term conditions are not taken as directed and 15% of people receiving new medicines take few, if any, doses.\(^{32}\)

Since the introduction of the scheme in October 2011, more than 90% of community pharmacies across England have provided the service to their patients.
A recent review of the scheme by the University of Nottingham found that the service significantly increased compliance by 10% and also increased the number of medicine problems identified and dealt with, compared with not having the service. The service was well received by patients and economic evaluation suggests the service will produce better patient outcomes at an overall reduced cost to the NHS.

**b. Local provision**

As stated above, the New Medicines Service is an Advanced Service and as such, any community pharmacy with a standard contract can provide this service. The service has been extended for 2014/15 as the national evaluation of the service indicated that this service helped to improve patient outcomes. Of the 38 pharmacies that answered the local community pharmacy questionnaire, 79% (30) said they provided this service.
Care at the Chemist (CATC) is a minor ailment service that enables patients to receive treatment for minor ailments via the pharmacy without the need for them to purchase over the counter. This reduces the demand on GP appointments for those patients exempt from prescription charges seeking a prescription for a minor ailment in order to prevent them having to pay the over the counter costs.

Evidence of effective interventions in the community pharmacy setting
Several of the research papers identified by the literature search included in their health outcomes reduction in unplanned/emergency admissions. An enhanced medicines management scheme of patients with heart failure post-discharge from hospital included community pharmacists as part of multi-disciplinary teams. This improved patient outcomes and decreased unplanned readmissions. Unfortunately, a scheme focused on medicine reviews of high risk elderly found no difference in hospital admissions but did result in modest prescribing savings. However, it was not possible to determine the cost-effectiveness of this intervention. Similarly a study by Walker et al also failed to reduce hospital readmissions. Using a quasi-experimental study evaluating post-discharge health care resource use of patients discharged from hospital, the study intervention added a pharmacist to the discharge team to identify and reconcile medication discrepancies at discharge.

Results revealed that whilst the pharmacist identified medication discrepancies at discharge and reconciled all of them, no significant differences in hospital readmission rates and emergency department visits were found. However, the authors note that the strength of the intervention might have been compromised by (1) broad inclusion criteria that might not have identified patients at high risk for hospital readmission and (2) the pharmacist not completing follow-up calls for all intervention patients. However, studies in Trafford PCT and Darlington Memorial Hospital both helped to identify and reconcile medications changes. The Darlington Study included an analysis of the impact the intervention had on hospital readmissions and found they had reduced amongst those who had taken part in the study. Similarly a scheme in Bournemouth and Poole PCT has also seen positive impacts on admissions, with savings being far greater than the cost per patient of the scheme.

The community pharmacist is an important first port of call for advice on minor ailments. A survey conducted in support of the development of the White Paper of pharmacies found that 14% of people had used pharmacies to treat one-off common conditions, such as colds, coughs, aches and pains, and stomach problems. Thus, increasing the use of minor ailments schemes would be beneficial for both GP workload and A&E attendance.
b. **Local provision**  
**Minor ailments scheme: Care at the Chemist**

Unlike GPs, community pharmacies are a ‘walk up and get seen’ service. As such they are a key resource for advice on treating minor, self-limiting ailments and the purchase of appropriate over-the-counter medicines. The minor ailments service takes this concept a stage further. Patients register via the pharmacy of their choice. This service is open to patients registered with a St.Helens Clinical Commissioning Group GP and most eligible pharmacies who wish to participate and this will soon extend to all pharmacies who want to provide the service. The service can be commissioned in any pharmacy but restrictions on providing pharmaceutical services on the premises in distance selling pharmacies make doing so in such sites inadvisable. The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice and where appropriate, medicines without the need to visit their GP practice. The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long term conditions.

The St.Helens CCG currently has 40 of its 49 pharmacies providing CATC across the Borough (see Figure 36). The service is well used, with data showing higher uptake in pharmacies in the more deprived wards of St.Helens. Available data illustrates a large variation in client uptake between pharmacies. The most common ailments patients access the service for are minor pain, coughs and colds, stomach upset and head lice (CCG, 2013).

There is a mutual agreement with Liverpool, Knowsley and Halton CCGs for pharmacies to provide CATC to residents of St.Helens, with Wigan Borough’s Minor Ailment Scheme also available to all patients regardless of whether they are registered in Wigan or not. Currently there is no agreement with Warrington or West Lancashire to provide this service. There is not a gap in provision due to this as there are sufficient pharmacies within the Borough that provide CATC to those near the affected borders.
Figure 36. Care at the Chemist provision and deprivation quintile

St. Helens Public Health Intelligence.
Source: DCLG 2010
© Crown Copyright and database right 2011.
Ordnance Survey 100050516.
9.4.v Flu vaccinations

9.4.vi Local Need

Flu immunisation is important to reduce harm from flu and reduce pressures on health and social care services during the winter. It is particularly vital for the flu vaccine to reach people in clinical risk groups because of increased risk of death and serious illness if people in these groups catch flu. For a number of years only around half of patients aged six months to less than 65 years in clinical risk groups have been vaccinated. Influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for the mother. Improving vaccination uptake in the elderly and those in risk groups will help to reduce unnecessary hospital admissions related to long term conditions such as respiratory conditions that are high for emergency admissions.

9.4.vii Evidence of effective interventions in the community pharmacy setting

Influenza vaccination is a key intervention to protect older people’s health and those in risk groups such as those with long term conditions. Research has shown that immunisation services can be safely provided in community pharmacy settings\(^{40}\), that the review of medication records is a useful tool in flagging up those ‘at risk’ and inviting them to take part in the programme.\(^{41}\) Such programmes are also well received by both patients and doctors.\(^{42}\)

9.4.viii Local provision

Locally the annual, seasonal influenza vaccination programme is primarily managed through GP practices. Figure 37 shows that, for those over the age of 65, St.Helens (78.1%) reached the target of 75% uptake in over 65s between September 2013 and January 2014. Flu vaccine uptake was higher in St.Helens than both the England and Merseyside average.

Figure 37. Flu vaccine uptake in GP patients aged 65 and over, 2013/14

![Flu vaccine uptake in GP patients aged 65 and over, 2013/14](source: Public Health England)
During the seasonal flu vaccine period between September 2013 and January 2014, the percentage uptake amongst at risk groups recommended to receive the flu vaccine was higher in St.Helens than the England average (Figure 39). In 2014/15 there are sixteen pharmacies which have been commissioned to provide the NHS Seasonal Flu Vaccination Service. This service is available to patients aged 18 to 64 years old in clinical at risk groups and pregnant women. Pharmacies are commissioned to opportunistically identify and offer flu vaccination to those patients in at risk groups that may not be routinely attending their GP practice for vaccination.

As the flu vaccination programme changes each year the service commissioned in pharmacies is constantly under review and is only provided on an annual basis based on the flu vaccination programme that year.
9.4.ix  Other services

a.  **Appliance Use Review (AUR)**
An Appliance Use Review was the second advanced service, introduced in April 2010. This service is similar to that above where it relates to patients prescribed appliances such as leg bags, catheters, stoma products. Four of the 38 pharmacies in St.Helens that responded to the survey answered that they provide this service.

b.  **Stoma Appliance Customisation (SAC) service**
Stoma appliance customisation was the third advanced service introduced in April 2010. This service involves the customisation of stoma appliances, 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 how long they are used for, thereby reducing waste and unnecessary patient discomfort. Locally, eight of the 38 pharmacies answering the survey provide this service (21%).

c.  **Monitored Dosage System (MDS) Service**
Monitored Dosage Systems (MDS) are storage devices for medication which reduce administration difficulties for individuals who require additional support. The MDS is often referred to as a ‘blister pack’, and has the potential to address complications with medication regimes and increase medicine adherence in patients who require assistance due to, but not exclusive to, confusion, forgetfulness, sight impairment etc.
While there is no conclusive evidence to support the benefits of MDS in enhancing patients’ consistency with medicine dosage and consequent outcomes, the system is in place to support patients who are covered by the 2010 Equality Act (formerly the Disability Discrimination Act (DDA)).

Although initially proposed as an essential service in the new pharmacy contract, MDS was not allocated onto the New Contract Regulations, yet pharmacy contractors still have a responsibility under the Equality Act guidelines to deliver the service appropriately.

**Commissioning**
NHS England commission the MDS service to a degree; however more specifically the national funding for MDS derives from the community pharmacy contract for patients who comply under an Equality Act assessment which is undertaken by the pharmacist. Patients who are not compliant with the act will need to pay for the service.

**Local Provision**
Across St. Helens, all the pharmacies who responded to the survey (38) stated that they provide MDS to a person living in their own home, 79% of pharmacies said they would do so at the request of the surgery, 76% would do so at the request of a family member and 79% would do so at the request of a care worker or agency. Furthermore, 37 of these pharmacies stated they would supply an MDS container to a person living in their own home if the patient is eligible under the Equality Act.
Conclusion

Medicines Use Review is a service that ensures that patients are using medicines appropriately and supports reducing admissions to hospital and unnecessary appointments to GP, whilst also ensuring effective self-management. In St.Helens, 33 of the 38 pharmacies responding to the survey provide this service locally.

New Medicines Service is an advanced service that can be provided to any pharmacy. This scheme is evidence based and should be promoted. In St.Helens, 30 of the 38 pharmacies responding to the survey provide this service.

Care at the Chemist helps reduce unnecessary appointments in General Practice, Walk-in-Centres and Accident and Emergency Departments, freeing time for those health professionals to provide services to those in greater need. In St.Helens there are currently 40 pharmacies contracted to deliver this service so there is good uptake.

Flu vaccination is a relatively new service for pharmacies, the first year of this service the winter of 2013/14. St.Helens had 5 pharmacies providing this service in 2013/14. In winter 2014/15, 16 pharmacies are providing this service and these are well distributed throughout the Borough.

Appliance Use Review and STOMA Appliance Customisation

These are both nationally commissioned advanced services. Four local pharmacies answer that they provide AURs and eight provide STOMA Appliance Customisation.

Monitored Dosage System is a service which reduces medicine administration difficulties for individuals who require additional support. MDS is funded by the community pharmacy contract for patients who comply under an Equality Act assessment. All of the pharmacies who responded to the survey stated that they would provide MDS to a person living in their own home.
9.5 Palliative Care

9.5.i Level of Need

The Department of Health’s *End of Life Care Strategy*\(^4^\) states that patients should have access to:

- Rapid specialist advice and clinical assessment through 24/7 telephone helplines and rapid access to home care
- 9-5 access to specialist nurses – 7 days a week including bank holidays
- High quality care in the last days of life
- Coordinated care and support, ensuring that patients’ needs are met in hospices and care homes with palliative care beds

Coordinated care will be delivered through multi-agency training and the ‘gold standards framework’. Pharmacists play a vital role for patients who have stipulated their preferred priorities of care and wish to die at home.

Most research into people’s preference for place of death has been undertaken with cancer patients. This has found that 50-70% would like to die at home\(^4^\) yet the percentage of those doing so has been decreasing\(^4^\). Deprivation, availability of appropriate home care and whether the individual is living with relatives or alone are all factors in determining the likelihood of a home death\(^4^\)\(^4^\).

In St.Helens, 53% of residents die of cancers or circulatory disease. A further 19% of residents die from a respiratory disease.

**Figure 40. Place of death, amongst 65-84 and 85+ year olds, 2010-12**

![Place of death chart]

Source: National End of Life Care Intelligence Network, PHE

St.Helens CCG registered patients aged 65-84 and 85+ are most likely to die in hospital, with a similar proportion to the England average. St.Helens CCG patients aged 65-84 are significantly more likely to
die in a care home than the England average (17.1% and 13.6% respectively). Deaths in hospices are significantly less likely amongst St.Helens CCG population, compared to the national average for those aged 65-84 and 85 years and over.

**Table 9. Proportion of deaths in usual place of residence**

<table>
<thead>
<tr>
<th>Age group</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2011-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>St.Helens - 65+</td>
<td>44%</td>
<td>45%</td>
<td>46%</td>
<td>45%</td>
</tr>
<tr>
<td>St.Helens - All age</td>
<td>43%</td>
<td>42%</td>
<td>44%</td>
<td>43%</td>
</tr>
<tr>
<td>Cheshire and Merseyside - All age</td>
<td>41%</td>
<td>42%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>England - All age</td>
<td>42%</td>
<td>44%</td>
<td>45%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Source: St.Helens Public Health Intelligence, PCMD (2014); ONS

**9.5.ii Evidence of effective interventions in the community pharmacy setting**

Palliative care is designed to provide pain relief and improve the quality of life of patients with life-threatening illness. The number of patients with chronic, slowly debilitating conditions has risen, so even where patients die in a hospital or other care institution, many will live in their own homes with the need to manage the condition before this happens. NICE guidance on palliative care showed that, amongst other things, there was inadequate access to pharmacy services outside normal working hours nationally so local schemes should seek to address this issue. Pharmacists are a vital part of the multidisciplinary team supporting an individual and their family during this time, ensuring that medications are assessed and the effectiveness of medications is reviewed and needs change. Supporting the provision of access to the necessary medication for people with life limiting illness helps to facilitate the choice of where a person wishes to die.

**9.5.iii Local provision**

There are currently ten pharmacies, two of which are 100 hour pharmacies, providing a palliative care drugs supply locally commissioned service. The aim of the service is to improve access to palliative care medicines for people when they are required. The pharmacies were historically selected based on opening hours and geographical spread. Some 100 hour pharmacies would be expected to deliver this service to provide considerable enhanced access as requests for palliative care medicines may be both urgent and unpredictable.

Pharmacies that provide the service maintain a stock of a locally agreed range of palliative care medicines and commit to ensuring continuity of supply so that users of this service have prompt access to these medicines during the opening hours of the pharmacy. Pharmacists are able to support users, carers and clinicians by providing information and advice.

To help ensure patients’ care is joined-up and to improve accessibility, a list of participating pharmacies and the Pharmacy Palliative Care Drug Formulary is shared with providers of out of hours care, walk-in-centres, specialist palliative care nurses and district nursing teams.
Conclusion
There is generally good provision of pharmacy palliative care services throughout the Borough.
10. Key health areas not currently provided

10.1 Alcohol

Alcohol is a major priority for the Health and Wellbeing Board due to the high level of need. The following section examines the level of need in St.Helens and the evidence relating to the use of community pharmacy in delivering services to support people with alcohol problems.

10.1.i Level of Need

Levels of alcohol use have been rising over recent years. Nationally, 24% of men and 18% of women aged 16 and over consume alcohol to an increased risk level (22-50 units per week for men or 15-35 units per week for females) (HES, 2012). 5% of men and 4% of women drink to a high risk level (over 50 units and over 35 units per week, respectively) (HES, 2012). Alcohol misuse can have an effect on social, environmental factors as well as physical and mental health of those consuming the substance.

For St.Helens, despite positive progress in recent years, alcohol misuse continues to be a major source of harm in our local communities, impacting significantly on individuals, families and health and social care services.

Alcohol-related harm remains a significant issue locally. There are 326 upper and lower tier local authorities in England, and St.Helens ranks in the worst ten for alcohol-specific hospital admissions for females (322nd) and the narrow alcohol-related hospital admissions measures for both men (322nd) and women (319th).
Figure 42. Alcohol-specific and alcohol related admissions by year - Males

Figure 43. Alcohol-specific and alcohol related admissions by year – Females

Figure 44. Alcohol related hospital admissions by ward, 2013/14

Source: St.Helens Public Health Intelligence from SUS data

There is a wide range in alcohol-related hospital admissions by ward, with residents of Town Centre ward significantly more likely to have an alcohol-related admission than all other wards. This suggests that Town Centre may be particularly relevant to target for interventions on alcohol.

Alcohol misuse is directly linked to deaths from certain types of diseases, such as liver cirrhosis. The trend of premature deaths from liver disease in St.Helens can be seen in Figure 45.
10.1.ii Evidence of effective interventions in the community pharmacy setting

There is little in the published research relating to alcohol interventions being delivered within a pharmacy setting. NICE commissioning guide [CMG38] ‘Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults’ suggests that commissioning opportunistic screening and brief interventions for adults, underpinned by NICE guidance and quality standards,\(^{50}\) is likely to contribute to the overarching outcome of reducing alcohol-related harm and alcohol-related hospital admissions. The guide also indicates that there are some places across the country that have adopted this approach in a community pharmacy setting. We know from other health initiatives that community pharmacies have been effective in supporting people to stop smoking using brief interventions and there is evidence in the literature that such an approach is also effective for alcohol within other primary care settings.\(^{51, 52}\)

10.1.iii Local provision

Pharmacies do not currently provide services to reduce alcohol harm reduction, as this is provided by a specialist service. This is an area where there could be future development for brief interventions, but this would need to be examined in relation to cost effectiveness and could be provided through existing pharmacy provision.
**Conclusion**

There are no alcohol services within community pharmacy but any future development would need to be examined in relation to cost effectiveness and would be subject to Local Authority approval.
10.2 Early detection and effective management of long term conditions

Long term conditions are classified as conditions which a person may have for a long time and unless well managed could have a serious impact on the health and quality of life of the individual. These conditions require self-management and pharmacies already support this management through medicines use reviews, new medicines service and influenza vaccination for those ‘at risk’ aged 18-64. However, due to the burden of long term conditions locally, it is useful to examine the need and whether there is more that can be commissioned locally to support this area.

10.2.i Level of Need

Section 9.4 describes conditions that are more likely to be reported to hospital either via an emergency or a planned admission. Many of these conditions are some of the major long term conditions such as asthma, heart disease and cancers. In relation to early detection and effective management of long term conditions (a Health and Wellbeing Priority), there are still areas where we can improve within St.Helens. Generally, identification of heart disease in St.Helens is higher than our neighbours 4.7% but there is wide variation in prevalence by General Practice. Based on the cardiovascular disease profile for St.Helens release in August 2014, in 2012/13 there were 9,110 people diagnosed with heart disease. However based on research the total number is more likely to be around 10,750. Therefore locally over 1,400 are expected to yet to be diagnosed.

Figure 46. Percentage of GP patients with coronary heart disease, QOF 2012/13

Source: PHE, QOF data

Hypertension (high blood pressure) is a significant risk factor for cardiovascular disease. In 2012/13 the percentage of the population with recognised hypertension was 17%. Research estimates that the levels locally should be a lot higher at 26.6%; therefore 9% of adults could have high blood
pressure and not realise it and may not have many health related symptoms to warn people to seek help.

Figure 47. Percentage of GP patients with established hypertension, QOF 2012/13

Source: PHE, QOF data

10.2.ii Evidence of effective interventions
Research has shown that pharmacy based initiatives are effective in reducing cholesterol and blood pressure. NICE produced public health guidance on pro-active case finding to reduce health inequalities in deaths from cardiovascular disease and smoking related deaths, where the recommendation was to make services available in places that are easily accessible to people in disadvantaged communities such as community pharmacies and shopping centres.

The NHS Health Checks programme is designed to provide a vascular screen for all people without pre-existing conditions in the 40-74 year old age group once every 5 years. There are national targets to try and screen 75% of this population once every 5 years. Whilst general practice is well based to invite the population, not everyone wants to attend a general practice for a check. Whilst nationally there is no recommendation of the best model to provide this programme, it is generally accepted that a mixed model i.e. both general practice and community services for the NHS Health Check programme are more likely to ensure greater access to the service.

10.2.iii Local provision
Most of the services to support the management of long term conditions are already commissioned through Medicines Use Review Service and CATC; however NHS Health Checks is not currently commissioned through local pharmacies. The cost of developing this service would need to be reviewed separately against the current uptake within the service. Many pharmacies however do
provide testing for blood pressure, cholesterol, diabetes testing and asthma management but these are services that the public pay for and are not free at the point of delivery.

A review of NHS Health Checks was undertaken in 2013/14 which extended the current GP only provision of the service to ensure that Health Trainers also provide the service within their current contractual arrangements. Health Trainers have only just been trained and therefore there is not the level of performance to analyse whether this new model is effective in getting to the population that are currently not accessing general practice. The patient survey asked what additional services the population would like to see in their community pharmacy; of the 202 that answered this question, 52% said they would like to see NHS Health Checks.

It is therefore recommended that the new NHS Health Checks contract should be monitored before any decisions are made about contracting with community pharmacy.

**Conclusion**

To review the NHS Health Check Programme annually to ensure current providers deliver on the targets. Therefore currently there is no recommendation to commission NHS Health Checks from Community Pharmacy.

## 10.3 Cancers

### 10.3.i Level of Need

Whilst the evidence indicates that substantial reduction in deaths from cancers can be achieved by healthy lifestyles, interventions to bring about this change are long term. Local assessment suggests capacity in secondary care is not a significant issue. In the short term the most likely way to improve survival times and reduce deaths from cancer is to get people who have symptoms to come forward for treatment faster. Table 10 shows the 3 year rate of under 75 cancer mortality has fallen over recent years in St.Helens, and is now below the North West average and is closer to the England average.

**Table 10. Under 75 mortality rate from cancer per 100,000 (persons)**

<table>
<thead>
<tr>
<th>Period</th>
<th>St.Helens</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-10</td>
<td>168.3</td>
<td>167.8</td>
<td>150.6</td>
</tr>
<tr>
<td>2009-11</td>
<td>159.0</td>
<td>165.0</td>
<td>148.5</td>
</tr>
<tr>
<td>2010-12</td>
<td>152.0</td>
<td>162.5</td>
<td>146.5</td>
</tr>
</tbody>
</table>


### 10.3.ii Evidence of effective interventions in the community pharmacy setting

Community pharmacy is an ideal place for the public to obtain information on skin cancer. Pharmacy based information, such as touch screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling clients. However,
the effect of this advice on the behaviour of clients is currently unknown. This could be rolled out to include awareness campaigns about skin and bowel cancer such as the work by Essex LPC and Cancer Network which during the month of their campaign, distributed 8869 information packs and had 4667 conversations in pharmacies about cancer. Six per cent (161) of these interactions resulted in the pharmacist advising the person to see their GP because they had one or more symptoms that may be indicative of cancer. Feedback from the public has been very positive with over 92% reporting that they are comfortable discussing issues such as cancer in a pharmacy setting with the pharmacy team.

10.3.iii Local provision
The ‘Get Checked’ programme is an ‘early detection of cancer’ initiative that combines social marketing with clinical staff training. Social marketing is used to encourage people with symptoms to seek medical advice. Their campaigns use a wide range of outlets and vehicles to spread the key messages. Pharmacies should be included in this. However, it would not be appropriate for pharmacies to offer cancer screening. Both the breast and cervical screening require specialist equipment and staff. The bowel screening programme is based on home testing that is posted direct to laboratories. It would be appropriate to include cancer screening and/or sun awareness as one of the six health education campaigns pharmacies should support each year.

**Conclusion**
Community pharmacy have a role in the cancer agenda linked with their Tobacco Control Services but also could play a greater role in Public Health campaigns such as cancer screening and sun awareness campaigns. These should be agreed annually and could contribute to the 6 Public Health campaigns pharmacies are commissioned to undertake each year.
10.4 Mental Health

10.4.i Level of Need
This is a significant challenge in St. Helens; the latest North West Mental Wellbeing Survey 2012/13 shows that the mean wellbeing (WEMWBS) score for St. Helens was 26.4, which was significantly lower than the average for the North West (27.7). Many of our wider determinants of health such as deprivation and unemployment are significantly worse than the England rate and these factors impact on the capacity for good mental wellbeing.

St. Helens has high levels of deprivation and it is estimated that 64,064 people live in one of the 20% most deprived areas in the country. Financial resources are a significant factor for people with poor mental wellbeing and are often an issue for those who complete a suicide. Alongside deprivation and unemployment are indicators of financial capacity. In St. Helens, 1.2% of the working age population (March 2014) were long term unemployed i.e. more than a year; this is compared to 0.9% for the region and 0.8% nationally; being out of work for significant periods of time has an impact both financially and with that person’s self-worth.

People who are carers have a significant burden in relation to their caring responsibilities and their financial resources; the Borough has a high number of carers dedicating more than 50 hours to look after someone else. Some may have had to give up work or there have been other significant changes to the household finances, the physical, financial and loss of social activity can put a significant health strain on carers. In St. Helens, the percentage of unpaid carers (over 50 hours) is 3.7% of the adult population; this compares with lower rates of 2.8% regionally and 2.4% nationally.

Research tells us that people with long term health problems are more likely to suffer from poor mental health. In St. Helens, the percentage of people with long term health problems or disabilities that impact on their ability to undertake day to day activities is significantly higher than the national rate; 23% for St. Helens compared with 17.6% nationally and 20.2% regionally.

The North West Mental Wellbeing Survey 2012/13 showed that in St. Helens, low educational attainment was associated with a poorer wellbeing score. With lower than average educational attainment for adults, this is likely to increase the proportion of people with lower mental wellbeing. In the Census 2011, 3.7% of the St. Helens population had lower educational attainment levels compared with 2.8% regionally and 2.4% nationally (Census 2011).

Common mental illnesses
The most common mental health conditions include mild to moderate depression, anxiety, phobias and panic disorders. Common mental health problems can also be severe and enduring, and the impact that they have on individuals and their families can be substantial.

The prevalence of common mental health problems has been estimated by the Mental Health Dementia and Neurology Intelligence Network. The data in Table 11 estimates the size of the problem in St. Helens and will help when planning service configuration.

North West Mental Wellbeing Survey 2012/13, Jones et al, 2013
Table 11. Estimated number of people with common mental health problems in the 16-74 year old age group

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed anxiety and depressive disorder</td>
<td>14,591</td>
<td>11.2%</td>
</tr>
<tr>
<td>Generalised anxiety disorder</td>
<td>8,585</td>
<td>6.6%</td>
</tr>
<tr>
<td>Depressive episode</td>
<td>3,628</td>
<td>2.8%</td>
</tr>
<tr>
<td>All phobias</td>
<td>3,494</td>
<td>2.7%</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>2,268</td>
<td>1.8%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>392</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Source: Mental Health Dementia and Neurology Intelligence Network, Public Health England

Figure 48 shows the level of mental health burden in general practice in certain mental health categories. Based on these statistics St.Helens has the third highest level of schizophrenia, bipolar affective disorder and other psychoses amongst its neighbours. Figure 49 however shows the high levels of recorded depression in general practice in St.Helens and a great deal of variation.

Figure 48. Percentage of GP patients with schizophrenia, bipolar affective disorder and other psychoses, QOF 2012/13

Source: PHE, QOF data
10.4.ii Evidence of effective interventions in the community pharmacy setting

No relevant studies on the early detection of depression were found in the literature review undertaken. A report by the Department of Health on the public health role of pharmacists, acknowledges this lack of an evidence base, suggesting that it is not beyond the scope of community pharmacists to have a role in mild to moderate mental ill health. For example, customers purchasing products to reduce stress and anxiety, such as sleeping products, could be offered support and advice from appropriately training pharmacists such as signposting or referral to local services\textsuperscript{56}. This role in detecting the early signs and symptoms of mental health problems and providing information on how to deal with them is supported by a joint pharmacy report in which they conclude that there is a potential role for pharmacy staff to offer support and advice in relation to mental health issues\textsuperscript{57}. Studies have also shown that the community pharmacist can make a valuable contribution to community mental health teams (CMHTs)\textsuperscript{58, 59, 60}.

10.4.iii Local provision

There are no specific services commissioned by community pharmacy which fall within the remit of mental health; however, under the core contract pharmacies are required to deliver 6 Public Health campaigns per year. These are coordinated through the Cheshire and Merseyside Public Health Network.
10.5 Older People

10.5.i Level of Need

St. Helens has an ageing population, (as described in section 5.2.ii), with a larger proportion of people aged between 50 and 79 years old and proportionally less aged less than 40 years. For example, the proportion aged 60-69 in St. Helens is 12.4% of males and 12.7% of females. This is higher than the proportions across England of 10.7% of males and 10.9% of females. Within each age group, the proportion of men and women is similar, with the exception of those aged 90 years and above, which in St. Helens is 1.2% of females and 0.5% of males. This is due to the difference in life expectancy between men and women.

The proportion of the population in St. Helens over the age of 65 with a limiting long term illness (LLTI) is higher than the North West and England rates, illustrating high levels of need for older people. Figure 51 shows that long term health problems and disability increase with age.

Figure 50. People aged 65 and over with a limiting long-term illness

Source: POPPI 2014

Conclusion
There is no plan to develop mental health services within community pharmacy.

Public Health awareness campaigns should be promoted as part of the six campaigns per year as agreed by the Cheshire and Merseyside Public Health Network.
Figure 51.  Percentage of people with a long term health problem or disability by age group

Source: ONS, Nomis 2014 (Census 2011)

St.Helens has a lower disability-free life expectancy (DFLE) at age 65 than England for both males and females (Figure 52). Females in St.Helens have a slightly higher DFLE at age 65 than males (7.0 and 6.7 years respectively).

Figure 52.  Disability-free life expectancy (DFLE) at age 65 by CCG, 2010-2012

Source: ONS, 2014
a. **Falls**

Falls are the largest cause of emergency hospital admissions for older people. The rate of emergency hospital admissions for falls in St.Helens is significantly higher than both the England and North West averages. This is also true of the age sub-groups of 65-79 and 80+ years.

**Figure 53.** Emergency admissions due to falls (directly standardised rate per 100,000 population)

![Graph showing emergency admissions due to falls](image)

Source: Public Health Outcomes Framework 2014

b. **Excess winter mortality**

Excess winter mortality compares the number of deaths that occurred in winter (December to March) with the average number of deaths occurring in the preceding August to November and the following April to July. Results from local data show that the excess winter mortality index (EWMI) for St.Helens has increased significantly between 2011/12 and 2012/13 from 12.9% to 34.5%. This increase in winter deaths was also seen across England & Wales, where the number of excess winter deaths in 2012/13 was the highest since 2008/09. One of the main reasons for excess winter deaths will be the lower temperatures and after a comparatively warm winter in 2011/12, the winter of 2012/13 was the coldest since 2009/10. This excess winter death is greatest in both relative and absolute terms in elderly people and for certain disease groups. It also varies from area to area. Within St.Helens there are large variations between wards, although this does not follow deprivation like many other mortality figures. Between 2010/11 and 2012/13, Eccleston, on average the least deprived ward in the Borough, had the lowest EWMI (0.4%); but the second most deprived ward, Town Centre, had the second lowest EWMI (7%). Rainhill has the highest EWMI across St.Helens (42%) and is the fourth least deprived ward in the Borough.
It is estimated that if all older people were immunised against influenza, almost 5,000 additional lives might be saved each year in England. Studies show influenza immunisation among older people is cost-effective. Older people, as a vulnerable group, are eligible for NHS flu immunisation, and are included in groups that may be offered flu vaccine. The national targets are based on World Health Organisation (WHO) targets. For this year the WHO target for influenza for those aged 65 years and over is 75%. Everyone aged 65 and over should be actively contacted and offered flu vaccine.61

A qualitative study by Evans et al 200762 shows that many older people do not feel vulnerable to influenza and this affects their likelihood of taking up the immunisation. Both refusers and defaulters overstated adverse effects from influenza vaccine so this is a potential target for an intervention. Individual prompts, particularly from GPs, seemed to be the most significant motivators to attend for immunisation. However, whilst influential, other research suggests that the messages healthcare workers give need to be sensitive to the reasons for non-uptake and people’s views about their health.63 64

10.5.ii Evidence of effective interventions in the community pharmacy setting
Community pharmacy-based services assessing older women’s risk of osteoporosis were well received and were able to identify women at different levels of risk.65 Those that followed women up post intervention found they had made lifestyle changes such as increased calcium in the diet, increased physical activity and relevant medication.66 67 68

Influenza vaccination is a key intervention to protect older people’s health. Research has shown that immunisation services can be safely provided in community pharmacy settings69, that the review of medication records is a useful tool in flagging up those ‘at risk’ and inviting them to take part in the programme70. Such programmes are also well received by both patients and doctors71.
reviews for the elderly are both perceived favourably by participants and can help reduce prescribing costs. However, it is unclear if such interventions are cost effective as the cost of the interventions was not detailed.

10.5.iii Local provision
Locally the annual, seasonal influenza vaccination programme is primarily managed through GP practices and is commissioned through NHS England. The uptake of flu vaccination in older people is generally good and exceeds national targets. Therefore the only part of the flu vaccination programme managed in community pharmacy is the 18-64 year olds in an ‘at-risk’ group.

Currently the CCG management team support annual medication reviews for care home residents. The MUR programme targets those with a history of a fall. Feedback from the pharmacy premises survey indicated local community pharmacists believe that carers should receive more support in managing medicines, which should be provided by GPs, who have a responsibility to review all patients on medication regularly.

Conclusion
Flu vaccination schemes are in place for 18 to 64 year olds at risk within community pharmacy and generally older people uptake is good from general practice.

There are opportunities to work with community pharmacy on assessing risks of osteoporosis in women; however this would be part of the St.Helens Falls Strategy and would need to be commissioned through the Local Authority and/or the Clinical Commissioning Group and would be subject to local approvals.

10.6 Obesity
10.6.i Level of need
Two in three men and one in two women in St.Helens are overweight or very overweight (obese). There is a particular problem in St.Helens; much higher levels of young adults are overweight than in other Merseyside areas and nationally. People tend to get more overweight over time. Twice as many children in Year 6 are obese than in reception year. Young adults, children and families are a particular priority for action. The local picture in St.Helens is outlined in section 5. Small imbalances can have a large impact over time. For example, a weight gain in adults of only 2lbs per year leads to an increase in weight of nearly 3 stone over a 20 year period.

Being very overweight dramatically increases the risk of diabetes, heart disease, mental health problems and joint problems (section 7). There are 10,000 people with diabetes in St.Helens and 33,000 with high blood pressure. This is likely to increase in the coming years.

Unhealthy weight costs the NHS in St.Helens £14 million annually and the St.Helens economy an additional £45 million annually through lost productivity. Being overweight reduces life by an average of 3 years and being very overweight reduces life by an average of 8 years.
10.6.ii Evidence of effective interventions in the community pharmacy setting
There is little systematic evidence on the use of community pharmacies in the management of obesity but there are some examples of weight management services in community pharmacies that show promising results which show weight loss equivalent to those in other primary care settings.75

10.6.iii Local service
Currently there are no weight management services within community pharmacies in St.Helens. The services to support weight management fall into 3 main categories described below:

Self-Care: Most people don’t actively manage their weight. Those who do achieve their energy balance without the aid of formal services although they may access information from a range of sources. They may make use of food products that are identified as being “lighter”, “healthy living” or lower in fat or calories. They may also access a range of leisure, sports or fitness services and opportunities in their local community.

Informal weight management services such as Slimming World and Weight Watchers are popular in St.Helens as elsewhere in the UK. They provide group support and motivation and focus on reducing calorie intake through a healthy diet. Generally they do not provide physical activity programmes. An estimated 5,000 people self-fund through these groups in St.Helens per year. These programmes can be evidence based and form part of an overall offer as recommended by the National Institute for Clinical Excellence. However we do not have evidence on outcomes and anecdotal feedback suggests that some participants may not achieve long term change and experience weight gain when they stop attending.

Formal weight management programmes are commissioned by St.Helens Council. They include Fit for Life 6 week programmes for children and families and the Freshstart and Freshstart Plus programmes for adults. They also include group support and motivation but also include specialist dietary advice and bespoke physical activity programmes, and focus on longer term lifestyle changes. They are evidence based and demonstrate improvements for those who complete the programmes although not everyone completes the programmes.

Conclusion
Weight management services are undergoing review and as a result there are no plans to commission weight management services from community pharmacies. Any future engagement with community pharmacy should fit the strategic direction for St.Helens highlighted in ‘Healthy Balance Strategy 2014-2017’.
10.7 Dementia

10.7.i Level of need

St. Helens is experiencing increasing numbers of people diagnosed with Dementia. The increasing ageing population means that the burden of dementia locally is set to rise. Early detection of dementia can help to improve the outcomes for the individuals and their carers.

The recorded prevalence of dementia by GP practice population is significantly higher than the England average. The proportion with a diagnosis has increased at a faster rate than the national average.

Table 12. Prevalence of patients diagnosed with dementia

<table>
<thead>
<tr>
<th>Period</th>
<th>St. Helens</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>0.52%</td>
<td>0.52%</td>
<td>0.48%</td>
</tr>
<tr>
<td>2010-11</td>
<td>0.57%</td>
<td>0.57%</td>
<td>0.53%</td>
</tr>
<tr>
<td>2011-12</td>
<td>0.67%</td>
<td>0.61%</td>
<td>0.57%</td>
</tr>
</tbody>
</table>

Source: Qualities and Outcomes Framework data from Mental Health Dementia and Neurology Profiles, PHE

The provisional data for 2013/14 has the recorded prevalence in St. Helens as 0.68% of patients, which compares with an England prevalence of 0.61%. When considering these figures, it is important to also bear in mind that there is potentially an unmet need, since not all people with dementia have a diagnosis. The Health and Social Care Information Centre publish a diagnosis rate, by dividing the total number of diagnoses by the estimated total population with dementia from published research. These are not published at local levels, but nationally, the estimate is that only 49% of people living with dementia in England have a recorded diagnosis.

The St. Helens Health and Wellbeing Board have a Dementia Sub Group to coordinate all relevant activity in the Borough. This combined with a multi-agency review of the Care Pathway for people requiring Later Life and Memory Services (LLAMS) is likely to have contributed to a fall in hospital admissions for people with a dementia diagnosis as shown in Table 13.

Table 13. Admissions for patients with a dementia diagnosis

<table>
<thead>
<tr>
<th>Period</th>
<th>St. Helens Clinical Commissioning Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>1290</td>
</tr>
<tr>
<td>2012-13</td>
<td>1393</td>
</tr>
<tr>
<td>2013-14</td>
<td>1097</td>
</tr>
</tbody>
</table>

Source: Secondary Uses Service data, 2014

---

**vii** QOF Prevalence for Local Authorities is calculated by summing the patient lists for all practices located within the LA.
10.7.ii Evidence of effective interventions in the community pharmacy setting
Dementia screening on a population basis is not recommended by NICE. However, vascular dementia awareness is part of the NHS Health Check Programme. There is very little international evidence on the use of community pharmacy for dementia screening; however a study in the United States did show that screening people ‘at risk’ in community pharmacy was easily incorporated into the system. In England there is little published evidence on the commissioning of community pharmacies to deliver dementia screening; however South Manchester Clinical Commissioning Group is undertaking a pilot of dementia screening that is due to be published this year.

10.7.iii Local service
Dementia screening is undertaken by general practitioners. A project to increase screening in general practice has seen an increase in the number of people diagnosed in St.Helens and as a result the local prevalence is higher than in neighbouring boroughs. Patients diagnosed will be seen by the Later Life Memory Service provided by Five Boroughs Partnerships.

Conclusion
Until there is further evidence around the use of community pharmacy within dementia screening this will not be commissioned.

Community pharmacies themselves can take an active role in dementia by encouraging Dementia Friends and signing up to the Dementia Action Alliance.

10.8 Healthy Living Pharmacies

10.8.i What is a Healthy Living Pharmacy
This is a new concept of a pharmacy that was first developed by NHS Portsmouth, where the role of the community pharmacy was recognised in relation to the contribution they could have in reducing health inequalities. The idea is simple: to deliver consistent high quality health and wellbeing services, promoting health and providing proactive health advice and interventions.

A Healthy Living Pharmacy would provide services that are tailored to the local health needs with an aim at improving health outcomes in their communities. The services would be delivered over and above core, advanced, enhanced and current local commissioned services e.g. smoking cessation, Emergency Hormonal Contraception, Medicines Use Reviews. The pharmacies which become Healthy Living Pharmacies must be currently hitting all their contractual arrangements. There would be development of the staff and recognition that the environment within the pharmacy must lend itself to a proactive approach to health. A Healthy Living Champion will be developed within the pharmacy.

10.8.ii Evidence of Healthy Living Pharmacies
There are over 11,000 community pharmacies in England giving a great amount of access to a health venue. The majority of the population (99%) can get to a pharmacy within 20 minutes by car and 96% by walking or public transport. There are an estimated 1.8 million visits per day to pharmacies and an average of 14 visits per year. 84% of adults visit a pharmacy at least once a year, 78% of those for health related reasons. Females are the most frequent visitors. People with long term
conditions and/or live in rural areas are more likely to visit the same pharmacy and more than 75% of the population use the same pharmacy all the time. These facts illustrate that pharmacies are a good venue to access a large proportion of the population for health related interventions.

**Outcomes in the first year of Portsmouth Healthy Living Pharmacy (HLP) include.**

Information from the National Pharmacy Association on Healthy Living Pharmacies showed that in the first year of the Portsmouth pilot the following outcomes/activities were achieved:

- 140% increase in smoking quits from pharmacies compared with the previous year
- 75% of the 200 smokers with asthma or chronic obstructive pulmonary disease who had a medicines use review (MUR) accepted help to stop smoking
- Smokers walking into an HLP in Portsmouth were twice as likely to set a quit date and give up compared to a person walking into a pharmacy which is not an HLP.
- Over 3,500 patients received brief advice on safe alcohol consumption; 36% were at increasing risk and 10% at high risk from current levels of use.
- Over 750 patients with a respiratory condition have been supported in the effective use of their medicines.
- 70% of patients with a respiratory condition showed an improvement in the management of their condition as a result of the pharmacist intervention.

A presentation for the Local Pharmacy Committee produced in May 2013 shows varied results from Healthy Living Pharmacies, but many show positive results in reaching the population for brief interventions.

**10.8.iii Local service**

There are currently no Healthy Living Pharmacies in St.Helens; however this should be considered as a model linking closely with our local priorities that may not have currently been commissioned.

---

**Conclusion**

There are no Healthy Living Pharmacies in St.Helens.

This could be considered as a future development linked to pharmacies and linked with local priorities especially where there are current gaps. Any decisions would be subject to local authority approval processes.
11. Future Needs

11.1 Resident Population Forecasts

The population of St. Helens is projected to reach 189,000 by 2037, mainly due to an increase in life expectancy (ONS, 2014). This will mean a greater demand on services, particularly for the elderly.

The 2012 estimated population by different age groups in St. Helens is plotted in Figure 55, along with projections of the population for 2022 and 2032. The proportion of older residents increases in 2022 and again in 2032 as the population ages. In 2012, the largest 10 year cohort in the Borough is those aged 40-49 years. As this group ages, (and as there is not expected to be sizable migration in and out of the Borough), this means that the largest 10 year group in 2032 is predicted to be those aged 60-69 years.

Figure 55. Population projections for St. Helens by age group, for 2012, 2022 and 2032

By 2032, the number of people aged 65 years and over is projected to increase from 33,100 to 47,700 (an increase of 44%). The number of people aged 80 years and over will double from 7,900 to 15,900, (an increase of 101%). This suggests there will be greater needs of services for older people over the next twenty years. However, over the life-cycle of this Pharmaceutical Needs Assessment, the population is not expected to change significantly, with the overall population increasing by 3,000 to 180,000 residents in 2018.

Source: ONS Population Projections 2014
11.2 Housing

11.2.i Future development

The National Planning Policy Framework (NPPF) requires local planning authorities to annually identify and update a supply of specific deliverable sites sufficient to provide five years’ worth of housing against their housing requirements (with an additional buffer of either 5% or 20%).

There are 403 suitable sites that could deliver a projected 7,917 units over the next fifteen years. 80% of these units are expected to be built on previously developed land. A further 593 units are expected to come forward in years sixteen and beyond.

As Table 14 shows, 3,541 units are expected to be completed over the next 5 years. 83% of these are on previously developed sites. The locations of these units are shown in Figure 56.

Table 14. Projection of units developed

<table>
<thead>
<tr>
<th></th>
<th>0-5 years</th>
<th>6-10 years</th>
<th>11-15 years</th>
<th>TOTAL</th>
<th>16+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected completions</td>
<td>3,541</td>
<td>2,508</td>
<td>1,868</td>
<td>7,917</td>
<td>593</td>
</tr>
<tr>
<td>Proportion on previously developed land</td>
<td>83%</td>
<td>70%</td>
<td>89%</td>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: St.Helens local Plan Core Strategy, 2012

Conclusion

The vast majority of potential future developments in the Borough will be on previously developed land that is already well served by community pharmacies. Therefore it is not anticipated that future developments in the short term will require more pharmaceutical provision.
Figure 56. Map of proposed housing developments in St.Helens over the next 15 years

Source: St.Helens Strategic Housing Land Availability Assessment 2012, Urban Regeneration Department, St.Helens Council. (Key: red – deliverable in 0-5 years, blue – deliverable in 6-10 years, green – deliverable in 11-15 years).
12. Appendix 1: Policy Context

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

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

‘Choosing Health Through Pharmacy’

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

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

A New Contractual Framework

As part of the Vision for Pharmacy, a new community pharmacy contractual framework was put in place in April 2005. It comprised of three tiers of services – essential, advanced and local enhanced services.

- Essential services are those which every pharmacy must provide, including dispensing.

- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services: Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can help resolve. For SAC, the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.

- Local enhanced services (now locally commissioned services) such as health and lifestyle advice or help for substance misusers are commissioned locally by LAs with contractors.

Community pharmacies are remunerated through this national contractual framework, the majority of the income to community pharmacy is made through fees, allowances and retained purchasing
profit which is controlled at a national level to provide an agreed return on investment to pharmacy contractors. In return pharmacy contractors must provide certain specified services at agreed times. Around 85% of community pharmacy income nationally comes from NHS services. A growing source of income to community pharmacies comes from providing locally commissioned services by LAs. Pharmacies provide both NHS funded care and services that are paid for directly by the patient. Some community pharmacies provide these non-NHS services to our population. These include:

- Over the counter medication, including supply of Emergency Hormonal Contraception and smoking cessation
- Measurements like blood pressure, weight and height
- Diagnostic tests like cholesterol and blood glucose

‘Our health, our care, our say’

This White Paper in January 2006 set out a new strategic direction for improving the health and wellbeing of the population. It focused on a strategic shift to locate more services in local communities closer to people’s homes. This recognised the vital role that community pharmacies have in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

‘NHS Next Stage Review’

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

‘Pharmacy in England: building on strengths - delivering the future’

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

This White Paper sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country which it seeks to address through a work programme which will challenge and engage PCTs, pharmacists and the NHS.

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years. It sets out a reinvigorated vision of pharmacy’s potential to contribute further to a fair, personalised, safe and effective NHS. This vision demonstrates how pharmacy can continue, and expand further, its role in an NHS that focuses as much on prevention as it does on
treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting wellbeing for patients and public alike.

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

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

**Figure 1: Pharmacy White Paper: Summary**

**Building on strengths – delivering the future**

**The Aims of the White Paper, Pharmacy in England**

**Supporting healthy living and better care**
Community pharmacies will become ‘healthy living’ centres providing a primary source of information for healthy living and health improvement.

Pharmacy will be integrated into Public Health initiatives such as stop smoking, sexual health services and weight management, or offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country.

**Better, safe use of medicines**
Safe medication practices should be embedded in patient care by identifying, introducing and evaluating systems designed to reduce unintended hospital admissions related to medicines use.

Identifying specific patient groups for MURs, using MURs and repeat dispensing to identify and reduce the amount of unused medicines and including pharmacists in care pathways for long term conditions are all examples of this.

**Access and choice**
Community pharmacies improve access and choice through more help with medicines. This will be realised by developing MURs, repeat dispensing, access to urgent medicines, emergency supply and working with hospitals on medicine reconciliation.

**Integration and interfaces**
Community based pharmaceutical care will be developed which will involve creating new alliances between hospital and community pharmacists as well as primary care pharmacists and pharmacy technicians.

**Quality**
Underpinning all of this in the White Paper and the other policy drivers mentioned earlier is continual improvement in quality. This is a recurring theme throughout all the policy drivers currently influencing the development of community pharmacy. This refers to staff, premises and services alike. PCTs have a responsibility to ensure continuous quality by monitoring the community pharmacy services against the strategic tests.
“Healthy lives, healthy people”,

The Public Health strategy for England (2010) says: “Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.” This will be relevant to local authorities as they take on responsibility for Public Health in their communities.

In addition, community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies as a health asset and long term partner.

*Equity and excellence: Liberating the NHS (2010)*

“Information, combined with the right support, is the key to better care, better outcomes and reduced costs. Patients need and should have far more information and data on all aspects of healthcare, to enable them to share in decisions made about their care and find out much more easily about services that are available. Our aim is to give people access to comprehensive, trustworthy and easy to understand information from a range of sources on conditions, treatments, lifestyle choices and how to look after their own and their family’s health”.

Community pharmacy is at the forefront of self-care, health promotion and is ably qualified to assist people to manage long term conditions, the vast majority of which are managed via the use of medication. Advanced services under the contract should be maximised to ensure patients get access to the support that they need.

*October 2011 - Market entry by means of pharmaceutical needs assessments and quality and performance (market exit)*

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that:

- PCTs must develop and publish local pharmaceutical needs assessments (known as “PNAs”);
- and
- PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions PCTs can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

The first set of regulations dealing with the development and publication of PNAs, the NHS (Pharmaceutical Services and Local Pharmaceutical Services)(Amendment) Regulations 2010 (S.I. 2010/914) were laid on 26 March 2010 and came into force on 24 May 2010.
Later the National Health Service (Pharmaceutical Services) Regulations 2012 ("the 2012 Regulations") and draft guidance came into force concerning the remaining provision under the Health Act 2009.

Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

From 1st April 2013, every Health and Wellbeing Board (HWB) in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

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

“The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people’s plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).”

Information pack for HWBs – Pharmaceutical Needs Assessments, Department of Health 2013
### 13. Appendix 2: Abbreviations Used/Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAACM</td>
<td>All Age All Cause Mortality Rate</td>
</tr>
<tr>
<td>AUR</td>
<td>Appliance Use Review</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnicities</td>
</tr>
<tr>
<td>CATC</td>
<td>Care at the Chemist</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence Interval</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>CPPQ</td>
<td>Community Pharmacy Patient Questionnaire</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardio Vascular Disease</td>
</tr>
<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
</tr>
<tr>
<td>DFLE</td>
<td>Disability-free life expectancy</td>
</tr>
<tr>
<td>DSR</td>
<td>Directly Standardised Rate</td>
</tr>
<tr>
<td>EHC</td>
<td>Emergency Hormonal Contraception</td>
</tr>
<tr>
<td>EoLC</td>
<td>End of Life Care</td>
</tr>
<tr>
<td>ESPSLPS</td>
<td>Essential Small Pharmacy Services Local Pharmaceutical Services</td>
</tr>
<tr>
<td>EWMII</td>
<td>Excess Winter Mortality Index</td>
</tr>
<tr>
<td>Formulary</td>
<td>At its most basic level, a ‘formulary’ is a list of medicines which have been approved for use</td>
</tr>
<tr>
<td>GP</td>
<td>General Practice / General Practitioner</td>
</tr>
<tr>
<td>GUM</td>
<td>Genito-urinary Medicine</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HLP</td>
<td>Healthy Living Pharmacy</td>
</tr>
<tr>
<td>HWB</td>
<td>Health and Wellbeing Board</td>
</tr>
<tr>
<td>IMD</td>
<td>Index of Multiple Deprivation</td>
</tr>
<tr>
<td>JSNA</td>
<td>Joint Strategic Needs assessment</td>
</tr>
<tr>
<td>LAPH</td>
<td>Local Authority Public Health Teams</td>
</tr>
<tr>
<td>LE</td>
<td>Life Expectancy</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>LES</td>
<td>Local Enhanced Service</td>
</tr>
<tr>
<td>LLAMS</td>
<td>Later Life and Memory Services</td>
</tr>
<tr>
<td>LLTI</td>
<td>Limiting Long Term Illness</td>
</tr>
<tr>
<td>LMC</td>
<td>Local Medical Committee</td>
</tr>
<tr>
<td>LPC</td>
<td>Local Pharmaceutical Committee</td>
</tr>
<tr>
<td>LPS</td>
<td>Local Pharmaceutical Services</td>
</tr>
<tr>
<td>LSOA</td>
<td>Lower Super Output Area - is a geographic hierarchy designed to improve the collection, analysis and reporting of small area statistics in England, they have an av. Population of 1,500</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Condition</td>
</tr>
<tr>
<td>MAR</td>
<td>Medicine Administration Record</td>
</tr>
<tr>
<td>MDS</td>
<td>Monitored Dose System</td>
</tr>
<tr>
<td>MSOA</td>
<td>Middle Super Output Area – is a geographic hierarchy designed to improve the collection, analysis and reporting of small area statistics, they have an av. Population of 7,200. CECPCT contains 65 MSOAs</td>
</tr>
<tr>
<td>MUR</td>
<td>Medicines Use Review</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NHSE</td>
<td>NHS England</td>
</tr>
<tr>
<td>NPPF</td>
<td>National Planning Policy Framework</td>
</tr>
<tr>
<td>NW</td>
<td>North West</td>
</tr>
<tr>
<td>ONS</td>
<td>Office of National Statistics</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>PGD</td>
<td>Patient Group Direction</td>
</tr>
<tr>
<td>PNA</td>
<td>Pharmaceutical Needs Assessment</td>
</tr>
<tr>
<td>PSNC</td>
<td>Pharmaceutical Services Negotiating Committee</td>
</tr>
<tr>
<td>SAC</td>
<td>Stoma Appliance Customisation</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
### 14. Appendix 3: Community Pharmacy addresses and opening hours

#### Figure 1 Community Pharmacy Addresses and Opening Hours

<table>
<thead>
<tr>
<th>Pharmacy Name</th>
<th>Address</th>
<th>Ward</th>
<th>Post code</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Pharmacies Ltd</td>
<td>Unit 18 Neills Road</td>
<td>Bold</td>
<td>WA9 4TU</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>07.00 - 22.00</td>
<td></td>
</tr>
<tr>
<td>Asda Pharmacy</td>
<td>Kirkland Street</td>
<td>Town Centre</td>
<td>WA1 02EF</td>
<td>08.00 - 23.00</td>
<td>07.00 - 23.00</td>
<td>07.00-23.00</td>
<td>07.00-23.00</td>
<td>07.00-23.00</td>
<td>07.00-23.00</td>
<td>07.00-23.00</td>
</tr>
<tr>
<td>AT Derbyshire Ltd</td>
<td>115 Higher Parr Street</td>
<td>Town Centre</td>
<td>WA9 1AG</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
</tr>
<tr>
<td>Ashcroft Chemist</td>
<td>97 Greenfield Road</td>
<td>Windle</td>
<td>WA1 06SL</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
<td>09.00 - 13.00 - 14.00 18.00</td>
</tr>
<tr>
<td>Boots</td>
<td>Unit 3, Milverney Way</td>
<td>Town Centre</td>
<td>WA9 1JF</td>
<td>09.00 - 20.00</td>
<td>09.00 - 20.00</td>
<td>09.00 - 20.00</td>
<td>09.00 - 20.00</td>
<td>09.00 - 20.00</td>
<td>09.00 - 20.00</td>
<td>09.00 - 18.00</td>
</tr>
<tr>
<td>Boots</td>
<td>8 Church Street</td>
<td>Town Centre</td>
<td>WA1 01BD</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
</tr>
<tr>
<td>Boots</td>
<td>32 Market Street</td>
<td>Earlestown</td>
<td>WA1 29AN</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
<td>09.00 - 17.30</td>
</tr>
<tr>
<td>Boggiano’s Pharmacy</td>
<td>101 Walmsley Road</td>
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15. **Appendix 4: Community Pharmacy Public Questionnaire**

15.1 **Findings from the Public Consultation 2014**

9th June - 17th July 2014

15.1.i **Background**

The St.Helens Health and Wellbeing Board (HWB) has a responsibility to assess the pharmaceutical needs of St.Helens in order to ascertain whether there are enough pharmaceutical services available to ensure that the needs of the population are being met.

15.1.ii **Introduction**

A formal public consultation was conducted in order to understand what the public require from pharmacies, whether they are satisfied with their pharmacy services and to determine what local people now need from pharmaceutical services and what may be required in the future.

To ensure an effective coverage of awareness of the survey, it was publicised in GP newsletters, St.Helens First magazine, on the council’s website, Facebook and Twitter accounts, Local Pharmacy Committee (LPC) website, Helena Housing website and Facebook and in an internally distributed press release.

The consultation ran from 9th June to 17th July and received 230 responses; 151 participants completed the survey online, and 79 participants responded by a physical copy via HealthWatch members, one-to-one public consultations and pharmacy waiting rooms. St.Helens residents were asked their opinion on various aspects of their pharmacy experience, including:

- Availability of medicines
- Opening hours
- Location
- Accessibility
- Private consultations

It should be noted that there were some differences between the online survey and this report summarises the public responses from the consultations, percentages are calculated from the amount of responses to that question in particular and are rounded to the nearest whole number. Additional comments feature in the supplementary feedback section.
15.2 Demographics of Respondents
Of the 230 people who responded to the survey, 189 provided valid postcodes. The map below depicts the places of residence of the survey respondents in St.Helens.

Although the survey aims to provide a condensed picture of the Borough, the representation is not always accurate given that approximately two thirds of respondents were female (66% of 212 respondents). When asked about age the majority of people stated they were aged over 45 years, shown in Figure 57. The chart displays the percentage of responses from each age category, the highest percentage of responses came from the 46-64 age category (36%), followed by the over 65 category (33%).
Of the 210 people who responded to the ethnicity question, 99.5% of people identified themselves as ‘white’ and 1 individual answered ‘Asian or Asian British’. When asked about their religion, 76% of people (209 respondents) classified themselves as Christian, 22% of people stated they did not follow any religion, one person stated they were a Hindu, two people indicated they were Buddhists and three people chose ‘Other’. When asked about sexual orientation, most of the respondents stated that they were heterosexual/straight (92% of 203 respondents).

15.2.i Dependents
Most of the participants stated they were not a parent of a child aged under 16 (79% of 213 respondents), 20% of people stated they were. Of the 77 people who were able to respond to the question, 70% of people said they looked after someone who is sick, disabled or elderly which was not part of their job.

15.2.ii Health Status
When asked how they would describe their health over the last 12 months, the majority of people (230 respondents) said their health was good (40%) or fairly good (39%); conversely 19% of people said that their health in the last year was not good. Some respondents (38% of 213) indicated that they had a long term illness, health problem or disability which limited their daily activities or the work they could do. When asked if they were looked after due to illness or age, a small proportion of people answered yes (16% out of 212 respondents); 83% stated that they were not looked after.

15.3 Pharmacy Services
This section summarises public opinion on the pharmaceutical services available and their experiences when using these services.

The majority of consultation participants (71% of 221 respondents) stated that they have used a pharmacy for a health related purpose in the last month, a further 14% of people said in the last 1 to 3 months and 6% said 3 to 6 months. In the last 12 months 46% (out of 220 respondents) answered that they had had a consultation with a pharmacist for a health related purpose.

Of the 109 respondents, over two thirds of people (68%) stated that the pharmacist offered them a private area in which to have the consultation. Additionally participants were asked where they had a consultation with a pharmacist, 50% of respondents answered that they had a consultation in a
separate room, 42% had their consultation over the pharmacy counter, 6% said in a quiet area of the shop and 2% said over the telephone.

**Figure 58.** 'Where did you have your consultation with the pharmacist?' 109 Respondents

![Chart showing location of consultation](chart)

**Figure 59.** The pharmacy (chemist) services listed below are currently provided in pharmacies in St. Helens, which are the most important to you? 209 respondents

![Bar chart showing services provided](chart)

When asked which of the pharmacy services in St. Helens people thought were the most important to them, a large proportion of people (64% of 209 respondents) said the Care at the Chemist service and approximately 1 in 5 people (21%) answered supervised medical consumption.

**15.4 Using the Local Pharmacy**

This section summarises key aspects of the pharmacy experience, such as location, opening times, accessibility etc. The purpose of this section is to gain an insight into how residents of St. Helens view
their local pharmacy service. The consultation revealed that people deem the location to be the most important aspect of their pharmacy, and the vast majority of people (92%) indicated they had not had any problems finding a pharmacist to get medicine dispensed, advice or to buy medicines in the last 12 months.

15.4.1 Opening Hours
The consultation asked people their opinion on the opening hours of their local pharmacy; 89% of people (216 respondents) indicated they were happy with the opening hours. Additionally people were asked if they had ever wanted to use their local pharmacy when it was closed; most people answered not at all (61% of 219) and of those who answered yes (74 respondents), a large proportion said that their pharmacy was closed on a Sunday (57%); furthermore the majority of people (44% of 68 respondents) stated that their pharmacy was closed between 6pm and midnight.

Figure 60. ‘What did you do when your pharmacy was closed?’ 71 Respondents

15.4.2 Accessibility
People were asked how they usually travel to their local pharmacy; a large proportion of people said that they travel by car to get to their local pharmacy (58% of 99 respondents), some people stated that they walk (48%), or use public transport or a taxi (13%). A small proportion of individuals said that they use the home delivery service (6%).

15.5 Overall Public/Patient Satisfaction
Collectively the general response from the public was positive; 92% of people (100 respondents) stated they had no difficulty finding a pharmacist to get medicine dispensed, advice or to buy medicines in the last 12 months. When asked to comment on their local pharmacies, of the 215 people who responded to the pharmacy services consultation, 72% stated that they were very satisfied with their pharmacy.
The majority of respondents (68% of 210 responses) stated that the location was the most important thing about their local pharmacy, followed by opening hours (49%).

**Figure 61.** ‘What is the most important thing to you about your local pharmacy?’ 210 respondents

- **Answers**
  - Location
  - Opening hours
  - Parking
  - Private consultation availability

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<thead>
<tr>
<th>Answers</th>
<th>Percentage of Responses</th>
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<tr>
<td>Location</td>
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<td>Opening hours</td>
<td>49%</td>
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<td>Parking</td>
<td>0%</td>
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<tr>
<td>Private consultation availability</td>
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**15.6 Supplementary Feedback**

- Of 103 respondents 40% of people indicated they would not improve anything about their local pharmacy. 17% of people stated that the opening hours of their local pharmacy could be longer. ‘Better coordination between the surgery and the pharmacy’

- 5% of people said they would like their pharmacy to be open on a Saturday. ‘A Saturday opening would be helpful as I work full time and can’t always make it before 6pm’ ‘My pharmacy isn’t open at lunchtime of Saturday afternoon’

- 7% of people said they would like to see an improvement in waiting times.

- 6% of people said they would like staff to uphold confidentiality protocol; i.e. being private when discussing patients’ / customers’ personal information and /or medication.

- Other issues surrounding the electronic system, staff attentiveness and availability of medicines were also mentioned by individuals.
15.7 Amendments
It should be noted that there are some differences between the survey released online and the paper copy survey due to a technical error.

The online survey does not include the question ‘Do you look after anyone who is sick, disabled or elderly which is not part of your job?’

In Question 14 there is an additional option on the paper copy survey ‘Advice about healthy living’, which 30 people selected.

In question 10 ‘In the last 12 months how many times have you wanted to use your usual pharmacy (or the pharmacy closest to you) when it was closed?’ the paper copy states ‘five or more times’ the online copy states ‘five or six times’.
16. Appendix 5: Pharmacy Premises and Services Questionnaire

16.1.i Pharmacy Questionnaire
Introduction

St. Helens Council Public Health Team distributed the link to the online pharmacy questionnaire (Survey Monkey) to all the pharmacies in the Borough (49), of which 38 completed surveys were received. Ideally the questionnaires were to be completed by pharmacy managers, or in some case other pharmacy staff providing information on their behalf. The consultation ran from 9th June to 7th July 2014.

*It should be noted that some duplicate survey responses were received, i.e. different pharmacy staff completed the survey with regards to the same pharmacy, in which case the most recent survey was accepted as truth and the former disregarded.*

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<td>Provide an estimate of which local authority residents represent your major customer base</td>
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<td><strong>Advanced Services</strong></td>
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<td>Which of these Advanced Services do you currently provide?</td>
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<td>Medicine Use Review</td>
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<td>New Medicines Service</td>
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<td>Appliance Use Review</td>
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<td>Stoma Customisation</td>
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<td>Are you currently commissioned to provide any of these locally commissioned services?</td>
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</tr>
<tr>
<td>Advice to Care Homes</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
</tr>
<tr>
<td>Emergency Hormonal Contraception</td>
</tr>
<tr>
<td>Minor Ailments e.g. Care at the Chemist</td>
</tr>
<tr>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>Needle/Syringe Exchange</td>
</tr>
<tr>
<td>Supervised Administration of Methadone</td>
</tr>
<tr>
<td>Supervised Administration of Subutex</td>
</tr>
<tr>
<td>Supply of Palliative Care Medicines - Stock Holder</td>
</tr>
<tr>
<td>Supply of Palliative Care Medicines - Guaranteed Dispenser</td>
</tr>
<tr>
<td>Anticoagulant Monitoring</td>
</tr>
<tr>
<td>Gluten Free Food Supply</td>
</tr>
<tr>
<td>Weight Management</td>
</tr>
<tr>
<td>Domiciliary Medicine Administration Records (MAR)</td>
</tr>
<tr>
<td>NHS (Cardiovascular) Health Checks</td>
</tr>
<tr>
<td>NHS Emergency Medicines Service</td>
</tr>
<tr>
<td>NHS Seasonal Influenza Vaccination Service</td>
</tr>
</tbody>
</table>
### Dispensing and other Services

#### Appliances

<table>
<thead>
<tr>
<th>What appliances does the pharmacy dispense?</th>
<th>Of the 38 pharmacies that responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoma Appliances</td>
<td>97% of pharmacies dispense stoma appliances</td>
</tr>
<tr>
<td>Incontinence Appliances</td>
<td>97% of pharmacies dispense this incontinence appliances</td>
</tr>
<tr>
<td>Dressings</td>
<td>97% of pharmacies dispense dressings</td>
</tr>
</tbody>
</table>

#### Delivery Service

<table>
<thead>
<tr>
<th>Does the pharmacy provide the delivery of dispensed medicines?</th>
<th>All pharmacies provide the collection of prescriptions from surgeries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free of charge on request</td>
<td>Of the 38 pharmacies that responded, 36 (95%) of pharmacies provide the delivery of dispensed medicines free of charge on request.</td>
</tr>
<tr>
<td>Chargeable</td>
<td>Of the 25 pharmacies that responded 1 pharmacy charges for the delivery of dispensed medicines</td>
</tr>
<tr>
<td>Select patient groups only</td>
<td>Of the 26 pharmacies that responded, 3 (12%) provide the delivery of dispensed medicines to select patient groups only</td>
</tr>
<tr>
<td>Selected areas only</td>
<td>Of the 28 pharmacies that responded, 6 (21%) provide the delivery of dispensed medicines to selected areas only.</td>
</tr>
</tbody>
</table>

#### Monitored Dosage Systems (MDS)

<table>
<thead>
<tr>
<th>Does the pharmacy provide Monitored Dosage Systems (MDS) to patients living in their home?</th>
<th>Of the 38 pharmacies that responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the pharmacies provide MDS to patients living in their home.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under what circumstances would you supply an MDS container to a person living in their own home?</th>
<th>All of the pharmacies provide MDS to patients living in their home.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the patient is eligible under the 2010 Equality Act (formally the DDA) and the pharmacy considers it reasonable adjustment</td>
<td>37 (98%) pharmacies stated that they would supply an MDS container to a person living in their own home if the patient is eligible under the 2010 Equality Act (formally the DDA) and the pharmacy considers it reasonable adjustment</td>
</tr>
<tr>
<td>At the request of the surgery</td>
<td>30 (79%) pharmacies stated that they would provide MDS to a person living in their own home at the request of the surgery</td>
</tr>
<tr>
<td>At the request of a family member</td>
<td>29 (76%) pharmacies stated that they would provide MDS to a person living in their own home at the request of a family member</td>
</tr>
</tbody>
</table>
At the request of a care worker/agency, 30 (79%) pharmacies stated that they would provide MDS to a person living in their own home at the request of a care worker/agency.

<table>
<thead>
<tr>
<th>Support Services</th>
<th>Of the 37 people who responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your pharmacy provide the safe and efficient supply of medicines, including the additional non-commissioned support services provided by pharmacies for:</td>
<td></td>
</tr>
<tr>
<td>Housebound patients and older people</td>
<td>36 (97%) pharmacies provide the safe and efficient supply of medicines for housebound patients and older people</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>36 (97%) pharmacies provide the safe and efficient supply of medicines for people with learning difficulties</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Services</th>
<th>Of the 37 people who responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide any other services which are not commissioned by NHS England, your local CCG, or local Public Health team?</td>
<td>19 (51%) pharmacies stated that they provide services which are not commissioned by NHS England, the local CCG, or local Public Health team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accessibility to pharmacy location</th>
<th>Of the 38 pharmacies that responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a bus stop within walking distance of the pharmacy?</td>
<td>All the pharmacies who responded stated there was a bus stop within walking distance to their pharmacy</td>
</tr>
<tr>
<td>If yes how long does the walk take on average?</td>
<td>87% said their nearest bus stop was within a walking distance of 2 minutes. 8% said their nearest bus stop was within a walking distance of 2-5 minutes 5% said their nearest bus stop was a walking distance of more than 5 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabled Access</th>
<th>Of the 38 pharmacies that responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can disabled customers park within 10 metres of the pharmacy?</td>
<td>89% of pharmacies said that disabled customers could park within 10 metres of the pharmacy.</td>
</tr>
<tr>
<td>Is the entrance to the pharmacy suitable for wheelchair access unaided?</td>
<td>82% of pharmacies stated the entrance to their pharmacy was suitable for unaided wheelchair access</td>
</tr>
<tr>
<td>Are all areas of the pharmacy floor accessible by wheelchair?</td>
<td>95% of pharmacies stated that all areas of their pharmacy floor is accessible by wheelchair</td>
</tr>
</tbody>
</table>
### Facilities for the Disabled

<table>
<thead>
<tr>
<th>Service</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic door assistance</td>
<td>Of the 34 pharmacies who responded, 10 (29%) stated they had automatic door assistance</td>
</tr>
<tr>
<td>Bell at front door</td>
<td>Of the 33 pharmacies who responded, 5 (15%) stated they had a bell at the front door</td>
</tr>
<tr>
<td>Disabled toilet facility</td>
<td>Of the 33 pharmacies who responded, 7 (21%) stated that they had a disabled toilet</td>
</tr>
<tr>
<td>Hearing loop</td>
<td>Of the 37 pharmacies who responded, 17 (46%) pharmacies stated they had a hearing loop</td>
</tr>
<tr>
<td>Sign language</td>
<td>Of the 32 pharmacies who responded, 1 pharmacy offered a sign language service.</td>
</tr>
<tr>
<td>Large print labels/leaflets</td>
<td>Of the 34 pharmacies that responded, 22 (65%) offered large print labels/leaflets</td>
</tr>
<tr>
<td>Wheelchair ramp access</td>
<td>Of the 33 pharmacies that responded, 15 (45%) provided wheelchair ramp access.</td>
</tr>
</tbody>
</table>

### Language Support

<table>
<thead>
<tr>
<th>Question</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you able to offer support for people whose first language is not English?</td>
<td>Of the 36 pharmacies that responded, 14 (39%) stated that they provided support to people whose first language is not English</td>
</tr>
<tr>
<td>What support is offered for people whose first language is not English?</td>
<td>5 pharmacies stated that they use an interpreter/language line&lt;br&gt;10 pharmacies stated they have staff who speak languages other than English&lt;br&gt;A total of 15 different language are spoken by pharmacy staff; Including Spanish, French, Italian, German, Gujarati, Hindi, Arabic, Kurdish, Punjabi, Urdu, Polish, Chinese, Greek and Russian</td>
</tr>
<tr>
<td>Please state any other support your pharmacy provides to people who don’t speak English</td>
<td>1 pharmacy stated they would use the NHS direct translation service&lt;br&gt;2 pharmacies said they would use the consultation room for privacy.</td>
</tr>
</tbody>
</table>

### Additional Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?</td>
<td>76% of pharmacies stated they are able to provide advice and support if a customer wishes to speak to a person of the same sex at all times.&lt;br&gt;24% of pharmacies said they could do so by arrangement.</td>
</tr>
<tr>
<td>Consultation room</td>
<td>33 (92%) pharmacies stated that they had a consultation room which adequately met the requirements.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Is there a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation?</td>
<td>34 (89%) pharmacies have a consultation room available which is accessible via a wheelchair and 2 (5%) pharmacies have plans to make this feasible in the next 12 months.</td>
</tr>
<tr>
<td>Is the consultation area available with wheelchair access? And if not are measures to make this feasible planned within the next 12 months?</td>
<td>14 (37%) pharmacies have a toilet on their premises.</td>
</tr>
<tr>
<td>Other Facilities</td>
<td>Of the 38 pharmacies that responded</td>
</tr>
<tr>
<td>Do the premises have toilets that patients can access for screening e.g. for chlamydia and pregnancy testing?</td>
<td>14 (37%) pharmacies have a toilet on their premises.</td>
</tr>
</tbody>
</table>
17. Appendix 6: Formal Consultation Letter and Questionnaire

The consultation questionnaire and cover letter are attached below. The consultation ran from 17 October to 20 December 2014, with a web survey available on the Council website and letters sent to relevant groups in St.Helens and neighbouring areas. The draft report was also presented at a number of relevant groups.
# Appendix 7: Formal Consultation Response

Requests from the consultation are outlined below, along with our response.

<table>
<thead>
<tr>
<th>Respondee</th>
<th>Date and method of response</th>
<th>You said…</th>
<th>We did…</th>
</tr>
</thead>
<tbody>
<tr>
<td>St.Helens Council Chief Officer Group</td>
<td>22-10-14 via a meeting</td>
<td>Is it possible to include something around use of technology by community pharmacies and home delivery services?</td>
<td>Pharmacy information technology including electronic prescriptions and electronic records is now covered in section 8.7. The availability of pharmacy home delivery services in St.Helens is covered in section 8.9.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can we include a section on the role of the pharmacy and how they are regulated and quality assured?</td>
<td>Details on the role and regulation of pharmacy has been added to Section 3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do we have any data on collection and disposal of unused meds as this could be a safeguarding and self-harm issue?</td>
<td>This query was passed onto NHS England. Their response is below. &quot;While we can get volume of waste returned in each pharmacy, this data is of little use as it relates to pharmacies to which medicines are returned. We cannot track back to patients and just because a medicines is returned to a pharmacy does not necessarily indicate a safeguarding issue has arisen. Ultimately the PNA is probably not the best place for this issue. The Pharmacy LPN is working on a similar theme to this.&quot;</td>
</tr>
<tr>
<td>Wigan Borough CCG</td>
<td>11-11-14 via a letter</td>
<td>With reference to the provision of community pharmacy services provided to the residents of your Borough which are commissioned by the CCG, page 74 notes that there is a mutual agreement for Liverpool,</td>
<td>Section 9.4.iv b. edited to reflect this.</td>
</tr>
</tbody>
</table>

136
<table>
<thead>
<tr>
<th>Name</th>
<th>Email/Contact Method</th>
<th>Feedback</th>
<th>Action/Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Williams,</td>
<td>17-12-14 via email</td>
<td>In Haydock we have 2 Donlon Pharmacies, but the PNA only shows one of</td>
<td>Figure 34 (Location of pharmacies providing Medicine Use Reviews) and Figure 35</td>
</tr>
<tr>
<td>Director of Donlon's Pharmacy</td>
<td></td>
<td>the pharmacies providing MURs and NMSs but the services are provided</td>
<td>(Location of pharmacies providing New Medicines Service) have been updated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from both pharmacies.</td>
<td>with correct postcode for Donlons pharmacy.</td>
</tr>
<tr>
<td>Consultation</td>
<td>via online consultation</td>
<td>Rowlands Pharmacy, 1 Leslie Road is not open on a Saturday</td>
<td>Appendix 3 table updated. Figure 20 (Pharmacy opening times and population</td>
</tr>
<tr>
<td>respondent</td>
<td>tool</td>
<td></td>
<td>density) updated.</td>
</tr>
<tr>
<td>Consultation</td>
<td>via online consultation</td>
<td>9.5 Palliative Care at 9.5i / page 81 Level of Need: please remove</td>
<td>Reference to Liverpool Care Pathway removed</td>
</tr>
<tr>
<td>respondent</td>
<td>tool</td>
<td>reference to the Liverpool Care Pathway</td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td>via online consultation</td>
<td>9.5ii / page 82 Evidence of effective interventions: last sentence</td>
<td>Text changed.</td>
</tr>
<tr>
<td>respondent</td>
<td>tool</td>
<td>should read 'Life limiting illnesses' not life threatening.</td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td>via online consultation</td>
<td>The age groups mentioned in the text on page 105 do not match those</td>
<td>The chart in figure 55 has been amended to use the same age groups as those</td>
</tr>
<tr>
<td>respondent</td>
<td>tool</td>
<td>in the population chart referred to (figure 55).</td>
<td>quoted in the text.</td>
</tr>
<tr>
<td>Consultation</td>
<td>via online consultation</td>
<td>If we have such a high level of mental illness and young pregnancies</td>
<td>Pharmacies will be considered as part of the pathway for any changes to</td>
</tr>
<tr>
<td>respondent</td>
<td>tool</td>
<td>which are often unwanted in our area wouldn't it be good to use</td>
<td>sexual health or mental health service provision.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pharmacy to help in those groups eg daily dispensed services for the</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>most vulnerable mentally ill, and provision of long term</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>contraceptive pills seeing as pharmacy is so accessible.</td>
<td></td>
</tr>
<tr>
<td>Consultation respondent</td>
<td>via online consultation tool</td>
<td>The area 8.4 and 8.5 makes no reference to Deaf British Sign Language (BSL) users in the English as a second language. It is essential that Deaf BSL users receive information on medication in their first language. To assume that writing information down is not as BSL is a visual language not a written and spoken language and a high proportion of Deaf BSL users would not understand the written complexities of medication.</td>
<td>Five pharmacies answered that they use interpreter services. NHS interpreter services can include access to British Sign Language.</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Consultation respondent</td>
<td>via online consultation tool</td>
<td>Although it gives info on number of pharmacies per head of population, 2.2.i it gives no info on average items dispensed per pharmacy or % items dispensed outside the boundaries, including which pharmacies St Helens residents mostly use outside the boundaries.</td>
<td>The average number of items prescribed per pharmacy has now been included. The issue of items being dispensed outside the boundaries was discussed by the Working Group during the production of the document. It was concluded that St.Helens is well provided for in terms of the number and spread of pharmacies and that any cross border dispensation would be minimal and to be expected.</td>
</tr>
<tr>
<td>Consultation respondent</td>
<td>via online consultation tool</td>
<td>2.3.iv and conclusion on pg 80 give the wrong number of pharmacies providing flu vaccination 13/14 - it should read 5 pharmacies</td>
<td>Section 2.3.iv and Section 9 conclusions updated</td>
</tr>
<tr>
<td>Consultation respondent</td>
<td>via online consultation tool</td>
<td>2.3.iv pg 10 there is duplication of sentence on AUR</td>
<td>Section edited.</td>
</tr>
<tr>
<td>Consultation respondent</td>
<td>via online consultation tool</td>
<td>9.4.ix MDS - DDA has been replaced by the equalities act</td>
<td>Text updated where appropriate.</td>
</tr>
</tbody>
</table>
19. Appendix 8: References

1 Pharmaceutical Services Negotiating Committee http://psnc.org.uk/
2 Outcomes Benchmarking Support Packs: St Helens, NHS Commissioning Board, 2012
3 Department of Health 2013, A Framework for Sexual Health Improvement in England
4 Promoting the health and wellbeing of gay, bisexual and other men who have sex with men, Public Health England (2014)
6 St Helens Joint Strategic Needs Assessment Refresh, 2014
8 Local Health Profiles, Public Health England (2011)
11 NICE (2007). Smoking cessation services, including the use of pharmacotherapies, in primary care, pharmacies, local authorities and workplaces, with particular reference to manual working groups, pregnant women who smoke and hard to reach communities. London: NICE.
17 NICE (2010) Contraceptive services for socially disadvantaged young people (up to the age of 25)
19 NICE (2014) Needle and syringe programmes PH52: Public Health guidance
24 Pilling M. (n/d) Pharmacy in Action case study: Men’s health checks in Knowsley in Merseyside London: RPSGB
31 Department of Health (2008) Pharmacy in England - Building on strengths delivering the future
32 Nottingham University School of Pharmacy, Department of Health Policy Research Programme project (2014) Understanding and Appraising the New Medicines Service in the NHS in England (029/0124). Nottingham University
36 Lewis H. & Ledger-Scott M. (n/d) Pharmacy in Action case Study: Patient hospital discharge services London: RPSGB
43 Department of Health (2008) End of Life Care Strategy - promoting high quality care for all adults at the end of life
48 NICE (2004) Improving Supportive and Palliative Care for Adults with Cancer
61 Department of Health 2001, National Service Framework for Older People.
63 Telford R. & Rogers A. (2003) What influences elderly peoples' decisions about whether to accept the influenza vaccination? A qualitative study Health Education Research 18(6); 743-753
65 MacLaughlin EJ, MacLaughlin AA, Snella KA, Winston TS, Fike DS, Raefi CR. (2005) Osteoporosis Screening and Education in Community Pharmacies Using a Team Approach. Pharmacotherapy 25(3); 379–3


http://www.npa.co.uk/Documents/HLP/HLP_overview_12.11.pdf

psnc.org.uk/wp-content/.../HLP-presentation-for-LPCs-May-2013.ppt
St. Helens Health and Wellbeing Board

**Members:**

St. Helens Council  
St Helens Clinical Commissioning Group  
Halton and St. Helens Voluntary and Community Action  
Healthwatch St. Helens  
NHS England  
Helena Partnerships  
Bridgewater Community Healthcare NHS Trust  
5 Boroughs Partnership NHS Trust  
St. Helens and Knowsley Teaching Hospitals NHS Trust

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