

Worcestershire Health and Wellbeing Board's Pharmaceutical Needs Assessment update

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Executive Summary

This is the second pharmaceutical needs assessment (PNA) prepared on behalf of the Worcestershire Health and Well-being Board (HWB) and builds on the PNA published in 2015, being updated to reflect current initiatives and standards. Since the publication of the last PNA there have been significant changes to services commissioned locally from pharmacies making this assessment particularly important.

The dispensing of prescriptions remains the cornerstone of pharmaceutical service provision and is a vital local service, clearly valued by patients in Worcestershire and delivered by a range of contractors, including community pharmacies and dispensing GPs. The term 'pharmaceutical services' however incorporates a range of services that can be commissioned from community pharmacy. It is acknowledged that the PNA presents an opportunity for representatives of community pharmacy and service commissioners to explore together how the development of "pharmaceutical services" can further help to deliver the priorities of the HWB in Worcestershire.

The information included throughout is the most current available as of April 2018.

Background – What is a Pharmaceutical Needs Assessment?

A PNA presents a comprehensive picture of current pharmaceutical service provision, which includes dispensing of prescriptions by community pharmacies, dispensing doctors and other providers, as well as a range of other services provided by community pharmacies.

Community pharmacies are based in the heart of local communities, in rural as well as urban areas, where people live, work and shop. With the significant contribution that community pharmacy can make to improve healthcare, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. The PNA helps to achieve this, by providing a basis for decisions about future provision.

The responsibility for producing PNAs transferred from Primary Care Trusts (PCTs) to HWBs in 2012. The *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (The 2013 Regs)* of April 2013 state that HWBs must produce their first PNA by no later than 1st April 2015, and every 3 years thereafter.

Process – how has the Pharmaceutical Needs Assessment been developed and what happens now?

The pharmaceutical services delivered by Worcestershire contractors including 101 pharmacies and 21 dispensing doctors have been evaluated by Worcestershire Directorate of Public Health. Services provided have been surveyed and opening times and locations mapped. The health and well-being needs of the local population are examined and key local strategies summarised. Public and service user views have been sought with 614 responses from the public to a questionnaire on pharmaceutical services.

The picture of current service provision is presented in **Part A** of the PNA. The next section, **Part B**, looks at local health needs and priorities. **Part C** considers the summary of current provision of pharmaceutical services alongside the health needs of the population and identifies where current service provision may be deemed to be inadequate. This highlights potential gaps or “pharmaceutical needs”.

The PNA then considers how the needs and service gaps that have been identified could be met by the provision and development or extension of existing pharmaceutical services. In this way the PNA acts as a steer for planning and commissioning of relevant future services including whether new pharmacies should be allowed to open or GPs allowed to dispense.

HWBs must consult during the process of developing the PNA for a minimum period of 60 days. The responses received during this period have been considered and incorporated into this report.

Findings

Summary findings from the 2018 PNA are contained in the following table:

Access to pharmaceutical services	
Assessment	Opportunities / considerations
<p>Pharmaceutical services are provided by appropriately located contractors, delivering services over an appropriate period to allow reasonable access for the people of Worcestershire.</p> <p>There is a good mix of independent, supermarket and multiple pharmacy contractors providing a good level of choice for dispensing pharmaceutical services. Density of pharmacies, as one might expect, are largely related to density of population (e.g. greater numbers in Worcester & Kidderminster).</p> <p>Dispensing practices are fairly uniformly dispersed across Worcestershire and provide access to medicines in the more rural parts of the County, contributing to the provision of an integrated countywide prescription medicines service together with their pharmacy colleagues.</p> <p>Mapping of locations of pharmacies and travel times by car to pharmacies showed that access to pharmacies is good across the county. We believe that the majority of residents are able to access community pharmacy within 15 minutes by car. Within 20 minutes travelling by car, all residents in Worcestershire should be able to access a community pharmacy between 9am-5pm (though many pharmacies open for longer hours). A sizable proportion can also access community pharmacy within 25 minutes by foot. Some residents will choose to visit pharmacies in neighbouring</p>	<p>The good levels of access to community pharmacy could be utilised further by Clinical Commissioning Groups (CCGs) or local authorities (LAs) to address local health needs.</p>

<p>authority areas.</p> <p>Around a quarter of respondents reported some issues with access in relation to parking. However, the majority of pharmacy contractors and dispensing GP practices indicated that they provided free and disabled parking. Pressures on car parking will be variable depending on day and time of visit. Arguably pressure on car parks will be reduced during non-core times (i.e. pharmacies with extended opening).</p> <p>The vast majority of pharmacies indicate that they are accessible to wheelchairs, pushchairs and walking frames. Around 88% of pharmacies do not have steps to enter premises.</p> <p>No specific issues with access were identified currently for people of a particular race or culture (around 7% of service user survey responses), who are pregnant or who are a particular gender.</p> <p>Pharmacy contractors make an important contribution to services that are not remunerated or reimbursed and are not contracted services, but which are appreciated and relied upon by some service users. An example of this is the prescription home delivery service provided by many contractors which improves access to services particularly for the housebound and those with restricted mobility.</p>	
<p>Although the majority of respondents stated they were satisfied with community pharmacy or GP dispensers' opening times a significant proportion (around 10%) stated that they were either dissatisfied or were not content with these.</p> <p>Late night opening was deemed to be important to a around 33% of respondents. There was a desire expressed by respondents for out-of-hours support with a majority of respondents reporting that they would be very likely or likely to access this service.</p> <p>This provides an opportunity to further build on the service offered by community pharmacy and dispensing GPs.</p>	<p>There is demand and possible associated need with community pharmacies opening later and out of normal working hours. This may provide pharmacies with additional business, as well as being beneficial to patients and the wider health and care system.</p>
<p>What is the extent to which current service provision is adequately responding to the changing needs of the community?</p>	
<p>Assessment</p>	<p>Opportunities / considerations</p>
<p>Around 70% of respondents to the contractor survey said that their pharmacy would be willing to undertake consultations in patient's homes.</p>	<p>This prompts consideration of whether this facility could be further utilised particularly in regards to conducting Medicines Use Reviews (MURs) for housebound patients.</p>
<p>There is an increase in the population of Worcestershire and in particular the numbers of people</p>	<p>Services need to be aware of changing demographics and an</p>

<p>in the older age groups, who may have multiple long-term conditions, is predicted (45.5% increase in people 75 years and older between 2017 and 2027, Office for National Statistics population projections). This means there are some significant challenges to overcome in the drive to improve health and well-being in Worcestershire.</p> <p>The majority of the population is 'white British' with increasing numbers of black, Asian and minority ethnic groups.</p>	<p>increase in the black, Asian and minority ethnic group population.</p>
Public health services provided by community pharmacies	
<p>Assessment</p> <p>Over half of community pharmacies reported that they were part of the Healthy Living Pharmacy programme. Of the pharmacies that were not part of this programme, the majority were planning to join the programme in the next six months.</p> <p>Some pharmacies are providing lifestyle services free of charge. Services provided by a number of contractors include weight and cholesterol management.</p>	<p>Opportunities / considerations</p> <p>This provides an opportunity to positively impact health and well-being in local communities. If pharmacies are to become more central to prevention and primary care services there may be scope to increase the community pharmacy offer, such as commissioning pharmacies to treat a range of conditions and encouraging patients to see a pharmacist first, rather than a GP for these conditions.</p>
<p>Over 90% of patients knew that they could approach their pharmacist for general health advice on disease prevention. Around 280 people stated that they visit their GP for advice about these issues and around the same number sought the same advice from pharmacy.</p> <p>Over 60% of respondents stated that they would be likely or very likely to seek advice from community pharmacy on managing long-term conditions, out of hours support, vaccinations or blood tests.</p>	<p>This highlights a level of trust in pharmacy services and advice, and reinforced by 83% of patients and public stating that their trust in pharmacies was high or very high. This may indicate underutilised potential within community pharmacy to deliver additional advice and services.</p>
<p>Flu vaccination is an extremely important preventative measure that needs more work by partners to achieve the highest possible coverage in eligible and vulnerable groups.</p>	<p>Community pharmacies could play a larger role in achieving this. Locally and nationally, uptake is declining slowly and in Worcestershire the figures are around the 75% national target, but there are significant differences across the County.</p>
Medicines optimisation	
<p>Assessment</p> <p>A high number of pharmacies are currently performing a high number of Medicines Use Reviews (MURs) with a maximum of 400 per pharmacy per year.</p>	<p>Opportunities / considerations</p> <p>Targeting MURs at the most complex patients, and those with complex prescriptions may yield the greatest benefit.</p>
Information technology improvements	
<p>Assessment</p>	<p>Opportunities / considerations</p>

The pharmacy contractor survey highlighted that around 30% of responding pharmacies do not have their own website.	This emphasises the need for NHS Choices to be up-to-date and prompts consideration of a local electronic solution to access information about local pharmacies. Specifically, pharmacies could be invited to use the 'Your Life Your Choice' (YLYC) website as providers.
Service quality improvement	
Assessment	Opportunities / considerations
The majority of patients stated they waited less than 10 minutes to have a prescription dispensed and a minority were waiting more than 30 minutes.	If the role and services offered by community pharmacy were to be extended it would be important that this does not impact on current pharmaceutical provision.
Other findings	
Assessment	Opportunities / considerations
A theme emerging from public and service user engagement was a desire for clear information on opening times, services offered and alternative provision when pharmacies are not open.	Clarity of provision of information is deemed to be of importance to patients and the public. GP surgeries, YLYC website and pharmacies themselves all have a role in facilitating access to information about the services offered at pharmacies.
Around 60% of survey respondents return their unwanted medicines to community pharmacy or dispensing GP practice. However, a significant number of people stated that they were currently disposing of unwanted medicines through their household rubbish, down the sink or storing them in their home.	There is a cohort of people in Worcestershire who may benefit from improved awareness that unwanted or out of date medicines can and should be disposed of through their pharmacy.

Conclusions

The PNA has found that the level of access to pharmaceutical services currently commissioned across Worcestershire generally meets the needs of the population, as described in the findings. A pharmaceutical service in Worcestershire is provided by a variety of contractors that are appropriately located to meet the needs of the vast majority of the population. However, it is clear that the role of community pharmacies in preventing ill-health and supporting self-care could be strengthened.

The total opening hours that contractors cover, provides access from early morning to late evening, during the working week and at weekends. Whilst access is more extensive during normal working hours over the working week, reflecting the rise and fall in demand that normally occurs, access is still considered adequate outside of normal hours and at weekends (particularly for those who are able to drive and have access to a car).

The dispensing pharmaceutical service provided by pharmacies is complemented by the service provided by dispensing GPs in the more rural areas reducing the distance that users have to travel to access the service.

The public, patient and service-user engagement process revealed a high level of satisfaction on the part of respondents. Although the response rate was good for this type of survey, this does only provide a sample of views from the population:

- 84% state that they have easy access to services with no problems
- Almost 70% did not identify any barrier to access for services
- Just under 40% need to travel less than a mile to reach a pharmacy
- 70% need to travel less than 2 miles to access a pharmacy
- Over 76% need to travel for less than 15 minutes to reach a pharmacy
- 90% are very or fairly satisfied with opening hours when pharmaceutical services are available, 7% were neither satisfied nor dissatisfied, and 3% were dissatisfied with opening times.

It was concluded therefore that the PNA has not identified any significant gaps or needs in terms of *pharmaceutical* service provision.

It was noted, however, that there is still some capacity within the existing service profile for community pharmacy to provide further support to help meet the needs and address the priorities of the HWB and the local Sustainability and Transformation Partnership (STP). There are also opportunities for service development in community pharmacy.

The developing public health advisory role for community pharmacy particularly within the structure of the Healthy Living Pharmacy programme offers further opportunity for community pharmacies to support the HWB and STP prevention platforms. These platforms are digital inclusion (such as pharmacies allowing public access to online health information, such as self care), making every contact count (MECC), social prescribing and specific behaviour change programmes, each of which can be delivered by pharmacies.

Specific recommendations derived from the 2018 PNA are listed below. Where new services are required and/or recommended, lead organisations should consider commissioning these appropriately:

Recommendations	Lead organisation(s)
Service quality improvement	
1. Actively support all community pharmacies to achieve standards set out in the national Quality Payments Scheme.	NHSE
2. Continue to consider how community pharmacy can address and respond to patient need as identified through the engagement survey, paying particular consideration to access issues (such as opening times), and accessibility of information about pharmacy	NHSE, WCC PH, CCGs, HEE

services.	
Access to and utilisation of pharmaceutical services	
3. Provide clear information on opening times, services offered (including provision of confidential consulting space), and alternative provision when pharmacies are not open. This information should be available in easy read form and attention should be paid to meeting the needs of people with visual impairments.	NHSE
4. Recognise that there are a number of information sources and websites which can be confusing to patients wishing to access pharmacy information. Explore the opportunity for creating a Worcestershire wide portal for pharmaceutical services which is user friendly and searchable by services offered (a feature lacking in NHS Choices).	NHSE, CCGs, WCC PH
5. Encourage the integration of pharmacy with the wider healthcare economy to create coherent, system-wide services and pathways through appropriate commissioning and frameworks, such as minor ailments scheme, Healthy Living Pharmacies and Care Navigation.	CCGs
6. Consider existing and new pathways to incorporate referral to community pharmacy, such as offering patients advice and treatment for minor ailments and self-care support. Such changes to services would benefit from a clear communications campaign.	CCGs
7. All providers of pharmaceutical services should consider wider access issues including translation and interpreting services for people whose first language is not English and staff training to increase awareness of the needs of different people using the service (e.g. dementia awareness, learning disability awareness, deaf awareness, sight loss and others). Pharmacies should ensure that their communications with the public meet the Accessible Information Standard.	NHSE, CCGs, WCC PH
8. Ensure the potential for community pharmacy to help improve the sustainability and transformation of services is not lost from STPs as they develop. The medicines optimisation workstream within our STP has a focus on community pharmacy which is acknowledged and endorsed.	NHSE, WCC PH, CCGs
Public Health and Primary Care services provided by community pharmacies	
9. As the primary care workforce changes, consider how community pharmacy can address gaps and need in primary care. The NHS five year forward view refers to 'far greater use' of pharmacists to help patients get the right care, at the right time and in the right place.	NHSE, CCGs, WCC PH
10. Continue to work with community pharmacies to support achieving level 1 healthy living pharmacy status (which involves complying with various standards, including pharmacies proactively promoting behaviour change, having an appropriate consulting room for services on offer, and participating in the provision of seasonal flu vaccination).	WCC PH
11. Consider how level 2 healthy living pharmacies could be more integrated into referral pathways, e.g. for minor ailments and self-care support.	CCGs, WCC PH
12. Where new services are commissioned from community pharmacy, ensure that these are related to health need across	All stakeholders and partner

Worcestershire.	organisations
Medicines optimisation service	
<p>13. Encourage pharmacies to maximise 'Medicines Use Reviews' and the 'New Medicines Service' by targeting appropriate patients who are most likely to derive greatest benefit from these interventions. An example of this would be to focus MURs on patients with long term conditions prior to flu season, and for people in care homes. MURs should be recognised as being part of the management of long term conditions, and may particularly benefit patients who see their pharmacist regularly to collect medications (but who may not see any other healthcare professional regularly).</p> <p>Consideration should be given to extend funding of MURs to ensure sufficient capacity to review all patients in risk groups.</p>	NHSE, CCGs
14. Consider how community pharmacy can be utilised to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing).	CCGs
Information technology improvements	
15. Explore how to improve connectivity between community pharmacy and other services (including sending electronic notifications of flu vaccination in pharmacy settings to GP practice systems).	NHSE

Guidance on how to use the PNA

The PNA has been configured to enable both commissioners and service providers to access relevant information in a format that is structured and user friendly.

Introduction

This section details the background and role of the PNA and is designed to inform those involved in local service provision or local service commissioning who are unfamiliar with the concept of a PNA or pharmaceutical service provision.

PART A: Necessary Services and Current Provision

This section is a summary of current provision (at the time of publication) detailing the pharmaceutical services that are provided by community pharmacy and other providers, together with the times and locations where these services are available. It provides details of the full range of services that community pharmacy provides or potentially can provide.

“Pharmaceutical services” in relation to PNAs include:

- **Essential services** - which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service.
- **Advanced services** - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.
- **Enhanced services** - locally commissioned services

A number of other services are commissioned from community pharmacies in Worcestershire which are not included in any of the categories above. It is not a requirement that details of such services be included in the PNA. However, it is the opinion of the Worcestershire PNA Working Group that a comprehensive assessment of the wider pharmaceutical service provision is necessary to support future commissioning decisions. It is important to recognise that only access to and provision of the services listed above can be taken into account when making decisions around applications for new pharmacy contracts (“Market Entry”).

PART B: Local Need

This section considers local health and well-being needs. There is an emphasis on needs which pharmaceutical services could play a role in addressing. Local strategies including the Joint Health and Well-being strategy (JHWS) and Sustainability and Transformation Partnership (STP) Plan are also summarised.

PART C: Necessary Services and Gaps in Provision

Part C explains how a comparison of provision and need was carried out, using sections A and B, to identify potential gaps in services. This will provide a steer for future commissioning and support decisions on applications for new providers of pharmaceutical services.

Introduction

What is a Pharmaceutical Needs Assessment (PNA)?

A Pharmaceutical Needs Assessment (PNA) presents a comprehensive picture of pharmaceutical service need and provision. It also reviews access, range and adequacy of services and choice of provider for service users.

The main aim of the PNA is to establish and review the current NHS pharmaceutical services provided to the local population ensuring that current and future services are of good quality, are easily accessible, meet local health and pharmaceutical needs and provide good use of NHS financial resources.

PNAs are used to guide decisions concerning which NHS funded services need to be provided by local community pharmacies and other providers. The PNA is also an essential tool for deciding if new pharmacies are needed when dealing with applications for entry onto the pharmaceutical list.

In summary, a PNA is an important commissioning tool.

PNA history and legislative background

In 2009 responsibility for PNA development rested with Primary Care Trusts (PCTs). All PCTs were required to prepare a PNA, for publication by February 2011. The NHS Worcestershire PNA (v 1.0) was published in January 2011.

The Health and Social Care Act 2012 established Health and Well-being Boards (HWBs). The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (The 2013 Regulations) stated that HWBs must produce their first PNA by no later than 1st April 2015. The Worcestershire HWB published their first PNA in April 2015.

Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list, transferred from PCTs to NHS England from 1 April 2013.

Under the Act, the Department of Health has powers to make Regulations. Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found here:

<http://www.legislation.gov.uk/uksi/2013/349/contents/made>

What is a Health and Well-being Board?

HWBs became statutory bodies from April 1, 2013. Each Local Authority (LA) has a HWB. The Worcestershire HWB is based at the Council Offices in Worcester. HWBs do not commission services directly but rather they oversee the system for local health commissioning. They have a wide remit across the health and care system, providing strategic oversight and bringing together all the local commissioners. The HWB must produce a Joint Health and Well-being Strategy (JHWS) based on the findings of a local Joint Strategic Needs Assessment (JSNA).

LAs and Clinical Commissioning Groups (CCGs) have equal and joint responsibility for producing the JSNA. The JSNA and the JHWS inform the preparation of the PNA.

What information does this PNA contain?

The content of PNAs is set out in Regulation 4 and Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The minimum content requirements for PNAs are:

- the pharmaceutical services provided that are necessary to meet needs in the area
- the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision)
- the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area
- other NHS services provided by a LA, NHS England, a CCG or an NHS Trust, which affect the needs for pharmaceutical services
- explanation of how the assessment has been carried out (including how the consultation was carried out)
- map of providers of pharmaceutical services

Timelines for publication of revised assessments

HWBs are required to publish a revised assessment within three years of publishing their first assessment.

If HWBs identify significant changes to the availability of pharmaceutical services since the publication of their PNA they are required to publish a revised assessment as soon as is reasonably practical unless they are satisfied that making a revised assessment would be a disproportionate response to those changes. If it is determined a full revised assessment is disproportionate, then a supplementary statement should be produced. A supplementary statement is essentially a statement of fact and does not change the need. These statements can and should be produced as necessary.

Stakeholders involved in the development of the PNA

The HWB has delegated responsibility for the development of the PNA to a working group members include representatives of:

Worcestershire County Council (WCC): WCC is run by elected Councillors who are responsible for ensuring that services the Council provides meet the needs of residents and those who work in the county.

Councillors set policies and strategies for the Council and monitor the way in which these are implemented. The day-to-day work of the council is carried out by employees working within directorates.

NHS England West Midlands Region: NHS England is responsible for commissioning services under the national community pharmacy contract, as well as the other primary care contracts for general practices, dentistry and optometry. It is also responsible for some nationally commissioned public health services. NHS England West Midlands Region is the 'local' arm of the organisation.

NHS England West Midlands Region is responsible not only for determining applications for pharmacy contracts but also the commissioning of enhanced services for pharmacy, contract monitoring, pharmacy opening hours and Electronic Prescription Service (EPS) support.

Worcestershire Local Pharmaceutical Committee (LPC): This is the local statutory representative committee (LRC) for community pharmacies in Worcestershire. Members of the Committee are elected for a four year term. The Committee works with the NHS England West Midlands Region, CCGs and the LA to develop community pharmacy based services to support the residents of Worcestershire. The LPC also works closely with the other LRCs in Worcestershire and neighbouring LPCs within the same region.

Worcestershire Local Medical Committee (LMC): LMCs are statutory representative committees of general practitioners (GPs) elected by their peers at intervals of four years. The Committee in Worcestershire has developed close links with many of the stakeholders involved in planning and providing health care in the community and fulfils an important role linking the views of GPs with these health care organisations.

Clinical Commissioning Groups (CCGs): CCGs have responsibility for planning and commissioning health services. All GP practices within the area of the CCG are 'members' of the CCG. CCGs may wish to commission services such as minor ailments services, palliative care schemes, and other medicines optimisation services from community pharmacies. The CCGs in Worcestershire are: South Worcestershire, Wyre Forest and Redditch and Bromsgrove. South Worcestershire CCG consists of 32 practices serving 292,000 people, whilst Wyre Forest CCG has 11 practices serving 112,000 people and Redditch and Bromsgrove CCG represents 22 member GP practices serving a population of approximately 170,000.

Local Professional Networks (LPNs): NHS England West Midlands Region has three LPNs covering pharmacy, dentistry and optometry. The LPNs are intended to provide clinical input into the operation of NHS England West Midlands Region and local commissioning decisions. They are the focus for NHS England's work on quality improvement for the three local services. The Pharmacy LPN's specific functions include supporting local authorities with the development of the PNA, helping to develop the community pharmacy role in supporting self-care, managing long term conditions, promoting medicines optimisation and developing services commissioned locally by local authorities and CCGs and highlighting inappropriate gaps or overlaps.

Healthwatch Worcestershire: Healthwatch Worcestershire is the independent consumer champion for the public, patients and users of health and social care services in Worcestershire.

For a full list of members and the Terms of Reference of the PNA working group see appendix 1 and 2.

Methods used for identifying providers of pharmaceutical services

Details of providers of pharmaceutical services including community pharmacies, dispensing GPs, Dispensing Appliance Contractors (DACs) and distance-selling (internet) pharmacies were obtained from NHS England West Midlands Region.

Localities used for considering pharmaceutical services



The PNA Working Group decided that the localities defined in the 2015 PNA were still relevant. These localities are the same as those used in many of the HWB's resources and documents. It was concluded that uniformity of locality definition would facilitate cross referencing with the PNA and use of geographic, demographic and health and social information. The working group considered that there was no justification for redefining these localities at this time.

Consultation

As part of the process of developing the PNA, various engagement activities have taken place to ensure valuable input was obtained from key stakeholders. These activities have included:

- regular working group meetings
- distribution of contractor questionnaires
- distribution of public questionnaires
- a focus group

The 2013 Regulations set out that HWBs must consult the following bodies at least once during the process of developing the PNA:

a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) Any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and

(f) Any NHS trust or NHS foundation trust in its area;

(g) The NHSCB; and

(h) Any neighbouring HWB

Any neighbouring HWBs who are consulted should ensure any LRC in the area which is different from the LRC for the original HWB's area is consulted. There is a minimum period of 60 days for consultation responses and those being consulted can be directed to a website address containing the draft PNA but should, if they request, be sent an electronic or hard copy version.

Process for development of the PNA

An introductory meeting was arranged with representatives from the main stakeholders. The full membership of the working group was agreed (Appendix 1) along with the Terms of Reference (Appendix 2). Localities were discussed and it was agreed that those used for the 2015 PNA were still appropriate. A timetable for the project was developed.

Pharmaceutical and Dispensing Medical lists were obtained from the NHS England West Midlands Region.

A joint professional statement was written with the aim of highlighting to contractors the importance of engaging with the PNA process. This was distributed via email to all contractors separately by the LPC and Public Health.

Questionnaires were prepared for completion by all providers of Pharmaceutical Services in Worcestershire, including community pharmacists and dispensing doctors, in order to obtain an accurate picture of the service provision and access. A link to these questionnaires via *SNAP* was shared with contractors (Appendix 3 and Appendix 4).

To gather the views of the public and service users a questionnaire was prepared (Appendix 5) and provided in a range of formats. A focus group, discussed later in this report, was also conducted.

A summary of the local needs for Worcestershire was prepared. Local strategies including the Health and Well-being Strategy and Sustainability and Transformation Partnership (STP) Plan were examined for their relevance to pharmaceutical needs.

The “formal” consultation on this PNA (as defined by regulation) was over a 60 day period (from 23 October until 22 December 2017). A consultation letter and consultation survey were sent to statutory consultees. The draft documentation and survey were also available publically on Worcestershire County Council's website. A report on the consultation is available in Appendix 6.

PART A: Necessary Services and Current Provision

Current Provision

In order to assess the adequacy of provision of pharmaceutical services, current provision by all providers has been reviewed. This includes providers and premises within Worcestershire and the contribution made by those that may lie outside in neighbouring Health and Well-being Board (HWB) areas but who provide the services to the population within Worcestershire.

Examples of this type of service provider are pharmacies, distance-selling pharmacies (those which provide pharmaceutical services but not face-to-face on the premises), dispensing appliance contractors and dispensing doctors.

What are NHS pharmaceutical services?

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

- (a) The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.
- (b) The provision of local pharmaceutical services under an LPS scheme. A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements.
- (c) The dispensing of drugs and appliances by a person on a dispensing doctors list.

What are pharmaceutical lists?

If a person (a pharmacist, a dispenser of appliances, or dispensing doctor) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations, a person who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

- pharmacy contractors (individuals or companies)
- Dispensing appliance contractors (DACs; appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). They cannot supply medicines.
- Dispensing doctors - medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”.

Dispensing Doctors

A Dispensing Doctor is a General Practitioner (GP) who under regulation can dispense medication to patients in their care. Only the provision of those services set out in their pharmaceutical services terms of service (Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services and relates only to the dispensing of medicines.

Dispensing doctors provide primary healthcare to people in rural areas. Only certain people are eligible to receive dispensing services from a dispensing doctor. Many live remotely from a community pharmacy and so dispensing doctors are allowed to dispense prescribed medicines.

Distance selling (internet) pharmacies

Distance selling pharmacies do not have a local presence in the community as they do not have a community pharmacy premises that service users can readily access. They are internet based and as a result provide a service to users across the country irrespective of the locality in which the pharmacy is based. A distance selling pharmacy must not provide Essential services to a person who is present at the pharmacy. However the pharmacy must be able to provide Essential services safely and effectively without face to face contact with staff on the premises. The pharmacy will receive prescriptions via the post and then after dispensing, will send items via courier or a delivery driver to the patient. The pharmacist can talk to the patient via the telephone. A distance selling pharmacy may provide Advanced and Enhanced services on the premises, as long as any Essential service is not provided to persons present at the premises.

Dispensing Appliance Contractors

DACs supply appliances such as stoma bags and accessories, continence bags and catheters and wound management dressings. They do not dispense medicines.

What is the community pharmacy contract?

Community pharmacies, still often referred to colloquially as “chemists”, provide pharmaceutical services under the NHS Community Pharmacy Contractual Framework (contract). This consists of three sets of services:

- Essential services
- Advanced services
- Enhanced and locally commissioned services

Pharmacy owners (contractors) must provide all Essential services, but they can choose whether or not they wish to provide Advanced and Enhanced services.

Essential services

Dispensing

The safe supply of medicines or appliances - advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.

Repeat dispensing

The 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.

Disposal of unwanted medicines

Pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.

Promotion of Healthy Lifestyles (Public Health)

Opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

Signposting people to other healthcare providers

Pharmacists and staff will refer people to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national support groups.

Support for self-care

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

Clinical governance

Pharmacies must have a system of clinical governance to support the provision of excellent care:. Requirements include:

- provision of a practice leaflet for the public
- production, management and use of standard operating procedures
- patient safety incident reporting to the National Reporting and Learning Service
- conducting clinical audits and patient satisfaction surveys

- having complaints and whistle-blowing policies
- acting upon drug alerts and product recalls to minimise patient harm
- having cleanliness and infection control measures in place

Advanced services

Medicines Use Review and Prescription Intervention Service

The pharmacist conducts a focused review with the patient regarding their knowledge of their medicines and how they use them to help increase patient understanding. The review attempts to identify and address any problems they may be experiencing. Where necessary, a referral is made to the patient's GP.

The Medicines Use Review (MUR) can be conducted on a regular basis e.g. every 12 months, or on an *ad-hoc* basis, when a significant problem with a patient's medication is highlighted during the dispensing process.

MURs are conducted in a private consultation area which ensures patient confidentiality.

The four target groups are:

1) Patients taking high risk medicines

The medicines identified for 'high risk' targeted MURs are those that are listed in the chapters/sub-sections, detailed below, of the current edition of the British National Formulary (www.bnf.org).

BNF reference	BNF subsection descriptor
BNF 10.1.1	NSAIDs
BNF 2.8.2 and 2.8.1	Anticoagulants (including low molecular weight heparin)
BNF 2.9	Antiplatelets
BNF 2.2	Diuretics

2) Patients recently discharged from hospital who had changes made to their medicines while they were in hospital

Ideally within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge.

3) Patients with respiratory disease

In order for patients to be eligible for a respiratory MUR they must be prescribed two or more medicines, one of which must be on the asthma and COPD list for the NMS, i.e. any medicines listed in the sub-sections, detailed below, of the current edition of the British National Formulary (www.bnf.org).

3.1.1 Adrenoceptor agonists

3.1.2 Antimuscarinic bronchodilators

3.1.3 Theophylline

3.1.4 Compound Bronchodilator preparations

3.2 Corticosteroids

3.3 Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

4) Patients at risk of, or diagnosed with, cardiovascular disease and regularly being prescribed at least four medicines.

From 1st April 2015 community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the above target groups.

All patients who receive a MUR should experience the same level of service regardless of their condition, i.e. MURs cover all the patient's medicines not just those that fall within a target group.

MUR is a way to:

- improve patients' understanding of their medicines
- highlight problematic side effects and propose solutions where appropriate
- improve adherence and
- Reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

New Medicine Service

This service is designed to improve patients' understanding of a newly prescribed medicine for a long-term condition and to help them get the most from their medicines. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information. The New Medicine Service (NMS) has been designed to fill this identified gap in patient need.

The pharmacist provides the patient with information on their new medicine and how to use it when it is first dispensed (or up to a week afterwards). The pharmacist and patient then agree to meet or speak by telephone in around a fortnight. At this second stage of the service the pharmacist discusses with the patient how they are getting on with their new medicine. Further information and advice on the use of the medicine is provided and where

the patient is experiencing a problem the pharmacist seeks to agree a solution with the patient.

A final consultation (typically 21-28 days after starting the medicine) is held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP.

The NMS is conducted in a private consultation area which ensures patient confidentiality.

Four conditions/therapy areas were selected for inclusion in the initial rollout of the NMS. These are:

- asthma and chronic obstructive pulmonary disease (COPD)
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension

The rationale for selection of these conditions/therapy areas was twofold: firstly, the evidence from the original proof of concept research, and secondly on the basis that these are areas where community pharmacies are best able to demonstrate the value of the service.

If a patient is newly prescribed an NMS medicine then they will be eligible to receive the service.

Appliance Use Review Service

This service is similar to the Medicines Use Review (MUR) service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by:

- establishing the way the patient uses the appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient and advising the patient on the safe and appropriate storage of the appliance and proper disposal of the appliances that are used or unwanted.

The service is conducted in a private consultation area or in the patient's home.

Stoma Appliance Customisation Service

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 the duration of usage, thereby reducing waste.

NHS Flu Vaccinations

The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. This includes older people, pregnant women, and those with certain underlying medical conditions. In 2012 the Joint Committee on Vaccination and Immunisation (JCVI) recommended extending vaccination to children to provide both individual protection to the children themselves and reduce transmission across all age groups.

In 2017/18 the following groups were eligible for flu vaccination:

- all children aged two to eight on 31 August 2017 (nasal spray of Live Attenuated Influenza Vaccine [LAIV]; offered to children aged 2, 3, and 4 via their GP practice and children in reception class and school years 1, 2, 3 and 4 via their school).
- all primary school-aged children in former primary school pilot areas (with LAIV; via school)
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- Frontline health and social care workers (now including care-home workers and domiciliary care workers)

Eligible adults (18 years and over) have the choice of getting their flu vaccine at a pharmacy through a Community Pharmacy Seasonal Influenza Vaccination Advanced Service. The service runs from September to March each year.

The aims of the service are to:

- sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service by completing a notification form on the [NHS BSA](#) website

The eligible groups are:

- all people aged 65 years and over
- people aged from 18 to less than 65 years of age with one or more of the following serious medical conditions:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease

- chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
- diabetes
- a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
- Asplenia or splenic dysfunction
- Morbid obesity (Body Mass Index $\geq 40\text{kg/m}^2$)

And people aged from 18 to less than 65 years of age who are:

- pregnant
- living in long-stay residential care homes or other long-stay care facilities
- carers
- household contacts of immunocompromised individuals

NHS Urgent Medicine Supply Advanced Service

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) is a pilot of a national Advanced Service as part of the Community Pharmacy Contractual Framework and aims to:

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines; and
- increase patients' awareness of electronic repeat dispensing

The service is only available to patients who have been referred to the pharmacy from NHS 111 and not to patients who self-present at the pharmacy and have not been referred by NHS 111. The Urgent Medicine Supply Service commenced in December 2016 and will run until 31st March 2018 and then be reviewed.

Locally commissioned services

Pharmaceutical services for the purpose of a PNA do not include any services commissioned directly from pharmaceutical contractors by local authorities (LAs) or Clinical Commissioning Groups (CCGs). However, a decision was made by the PNA Working Group to include in the PNA all additional services that were provided by local pharmacies to allow presentation of a complete picture of commissioning and to help guide future local commissioning decisions.

It must be stressed that these services cannot be taken into account when considering applications for entry onto the pharmaceutical list. Such services may be commissioned locally by CCGs and LAs in order to meet the needs of their population. The largest group of locally commissioned services fall under the heading of public health services.

Worcestershire County Council commissions the following services from local designated pharmacies:

- Needle and Syringe Exchange (through Swanswell Community Trust)
- Supervised Methadone and Buprenorphine Consumption (through Swanswell Community Trust)

- Emergency Hormonal Contraception (under Patient Group Direction (PGD) through the Worcestershire Health and Care Trust)
- Pregnancy stop smoking services (directly commissioned and provided only at the Hollywood Pharmacy).
- Disposal of patient used sharps (directly commissioned)

Descriptions of the above services can be found in Appendix 7a.

Changes in locally commissioned services since 2015

Since the publication of the last PNA the following services have been de-commissioned:

- Alcohol Brief Interventions
- Nicotine Replacement Therapy Voucher Scheme
- Provision of Varenicline (Champix) under Patient Group Direction (PGD)
- Stop Smoking (Any Qualified Provider tendered service)
- Pivotal® (Compliance Aid Service)
- Chlamydia screening and treatment

Worcestershire County Council retendered the NHS Health Checks service with new contracts with GP only providers commencing in April 2017.

Healthy Living Pharmacy



What is a Healthy Living Pharmacy?

The Healthy Living Pharmacy (HLP) concept was developed by the Department of Health with the aim of achieving consistent delivery of a broad range of health improvement interventions through community pharmacies to meet local needs, improve the health and well-being of the local population and to help reduce health inequalities.

There are three levels of HLP and community pharmacies receive a payment for achieving HLP status.

The following are gateway requirements which must be met before a pharmacy can be registered as an HLP:

- The pharmacy has a consultation room which is compliant with the Advanced Services standards and is appropriate for the services on offer
- In the past year, the pharmacy has participated in the provision of both Medicines Use Reviews (MURs) and the New Medicine Service (NMS), and has proactively engaged in health promoting conversations
- In the past year, the pharmacy has participated in the provision of the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service or has actively referred patients to other NHS providers of vaccinations
- The pharmacy complies with the General Pharmaceutical Council's Standards for Registered Premises and Standards of Conduct, Ethics and Performance; and

- The pharmacy complies with the NHS Community Pharmacy Contractual Framework (CPCF) requirements.

In addition to these requirements in order to become a HLP level 1 a pharmacy must meet certain criteria linked to the following:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing
- premises that are fit for purpose and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities

More information on healthy living pharmacies can be found on the Pharmaceutical Services Negotiating Committee (PSNC) website¹.

Which services can HLPs provide?

The services provided as part of HLP are tailored to meet local health needs and build on the existing core pharmacy services with a series of Enhanced services at three different levels of engagement: promotion (Level 1), prevention (Level 2) and protection (Level 3); these reflect local health need and increasing capability within the pharmacy to deliver.

Services are commissioned based on local health need and provision by other providers.

HLPs are aware of other local services, signposting and referral routes and offer a range of public health services depending on the need of their local community. As part of the HLP, 'Quality Marks' are issued to those HLP premises that meet the quality and productivity criteria outlined in their local HLP prospectus. This quality mark then allows members of the public to identify which pharmacies are considered Healthy Living Pharmacies.

The pharmacies that are part of the Healthy Living Pharmacy programme in Worcestershire can be found in appendix 7b.

Can public health interventions be delivered in a pharmacy setting, effectively and cost-effectively?

The evidence base for pharmacy's contribution to public health is growing, although like general practice or community nursing, there is little research into which healthcare professional is most effective or cost efficient to deliver services. A systematic review of pharmacy based public health interventions concluded that, given the potential reach, effectiveness and associated costs of public health interventions, commissioners should consider using community pharmacies to help deliver public health services².

¹ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

² Public Health England (2017). Pharmacy: A Way Forward for Public Health. Available from: <https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions>

Local Pharmaceutical Services

A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements.

NHS England has powers to include in LPS contracts other NHS services or other wider services, such as services relating to the provision of education and training. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing medicines.

The Pharmacy Access Scheme

In December 2016 the Government introduced the Pharmacy Access Scheme (PhAS). The stated aims are to support access where pharmacies are sparsely spread and patients depend on them most. Qualifying pharmacies receive additional monthly payments (PhAS payments). A pharmacy is eligible for the PhAS if it meets all of the following criteria:

- The pharmacy is more than a mile away from its nearest pharmacy (measured by road distance); and,
- The pharmacy is on the pharmaceutical list as at 1 September 2016; and,
- The pharmacy is not in the top 25% largest pharmacies by dispensing volume.

In Worcestershire, 18 pharmacies are listed as part of the PhAS, as listed in Appendix 7bi

Quality Payments Scheme (QPS)

A quality scheme has been introduced. To qualify for a payment pharmacies must meet four essential criteria including:

- Provision of at least one specified advanced service; and
- NHS Choices entry up to date; and
- Ability for staff to send and receive NHS mail; and
- Ongoing utilisation of the Electronic Prescription Service

Pharmacies meeting the essential criteria will receive a quality payment if they also meet one or more specific criteria linked to the following areas: patient safety, patient experience, public health, digital, clinical effectiveness and workforce.

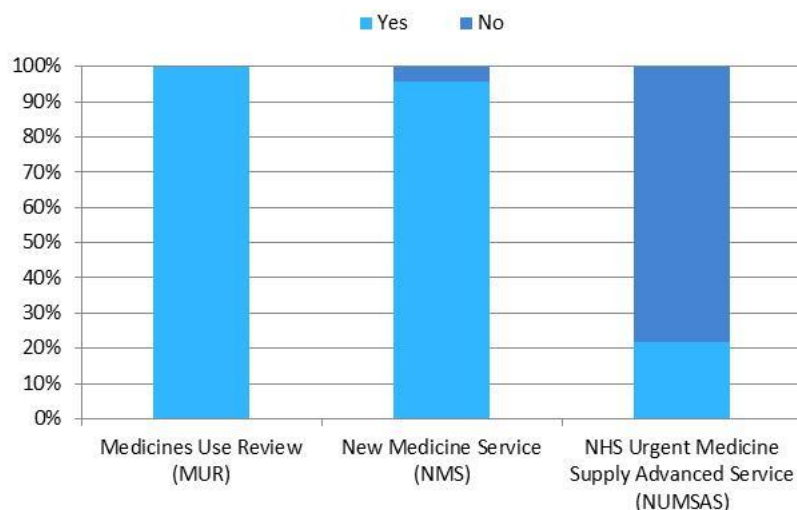
There are two review dates during the year at which pharmacies can claim quality payments. Results from contractor declarations in April 2017 have been analysed and are presented below.

QPS Contractor Declarations: LPC Herefordshire and Worcestershire

There were a total of 118 responses to the survey from Hereford and Worcestershire pharmacies. All responders met the essential criteria.

100.0% (n.118) of pharmacies provided the Medicines Use Review (MUR) service, 97.5% (n.115) provided the New Medicine Service (NMS) and 19.5% (n.23) were registered to provide the NHS Urgent Medicine Supply Advanced Service (NUMSAS).

Services Provided at Pharmacies



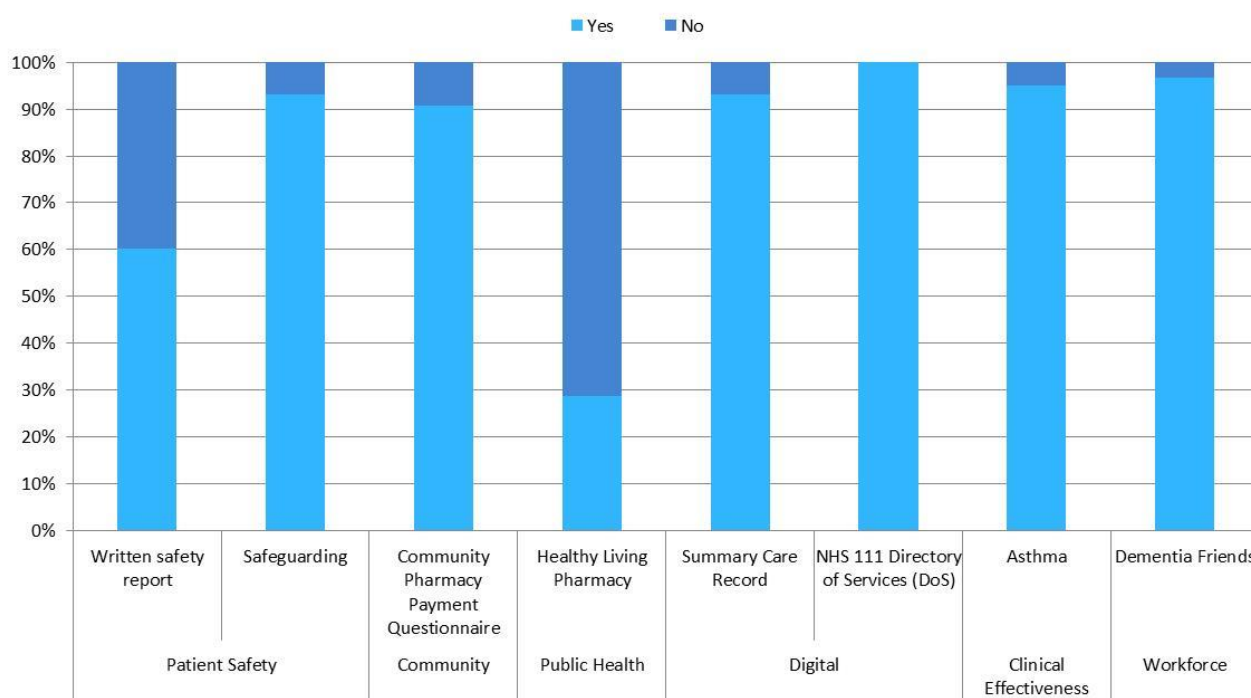
- 100.0% (n.118) of pharmacies were signed up to NHS Choices.
- 100.0% (n.118) of pharmacies used NHS Mail.
- 100.0% (n.118) of pharmacies used an Electronic Prescription Service (EPS).

Quality Measures

All pharmacies that responded to the survey were eligible to respond to the quality measure section of the survey.

- 60.2% (n.71) of pharmacies reported that they had they had written a safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
- 93.2% (n.110) of pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.
- 90.7% (n.107) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire was available on the pharmacies NHS choices page.
- 28.8% (n.34) of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment).
- 93.2% (n.110) of pharmacies reported that they had increased access to their Summary Care Records over two given time periods.
- 100.0% (n.118) of pharmacies reported that their entry on the NHS 111 Directory of Services was up to date at the time of survey.
- 94.9% (n.112) of pharmacies reported that on the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.
- 96.6% (n.114) of pharmacies reported that 80% of their staff working within the pharmacy were Dementia Friends.

Quality Criteria: Achievement



Geographical location of pharmaceutical services

Maps showing the location of community pharmacies and dispensing GPs are available in Appendix 8 (c-j).

Travel time to pharmacy (maps)

Public Health England produce a graphical interface system called 'PHE SHAPE'³. This has been used to produce a series of maps to illustrate various travel times to pharmacies in Worcestershire. For each map, the areas shaded in green have access to a pharmacy by car within each time period stated. Each number represents the total number of pharmacies within that geographical area. Larger numbers indicate more pharmacies in a given area.

³ Public Health England SHAPE tool Available at: <https://shapeatlas.net>.

Figure 1: 5 minute travel time (car) to pharmacies within Worcestershire

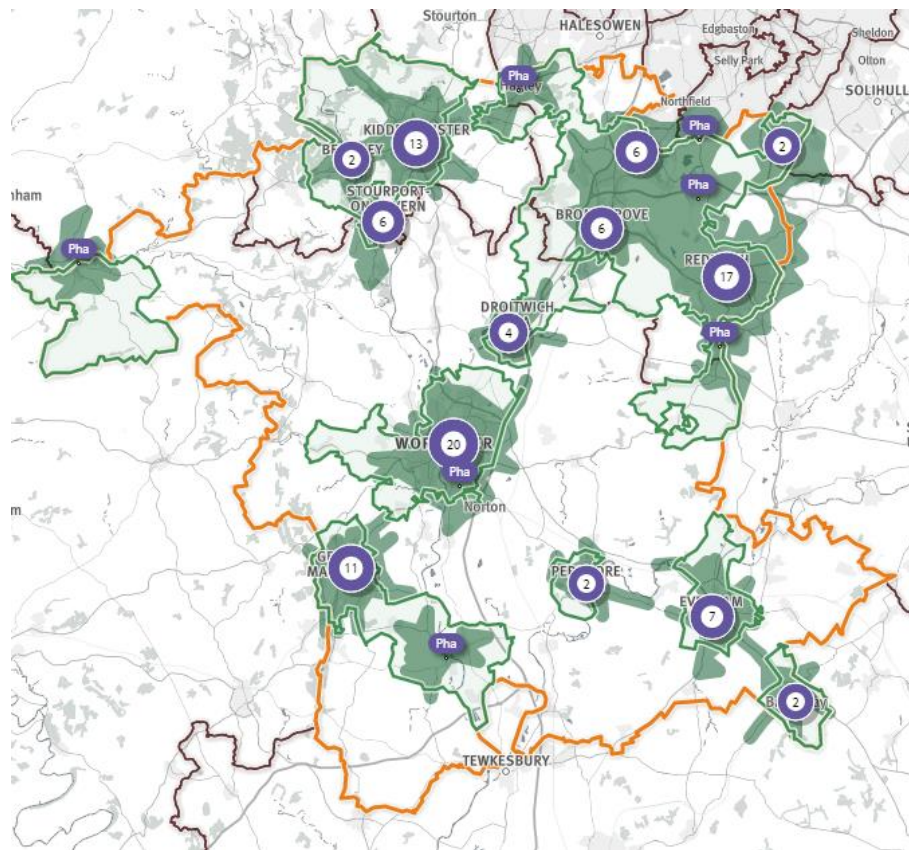


Figure 2: 10 minute travel time (car) to pharmacies within Worcestershire

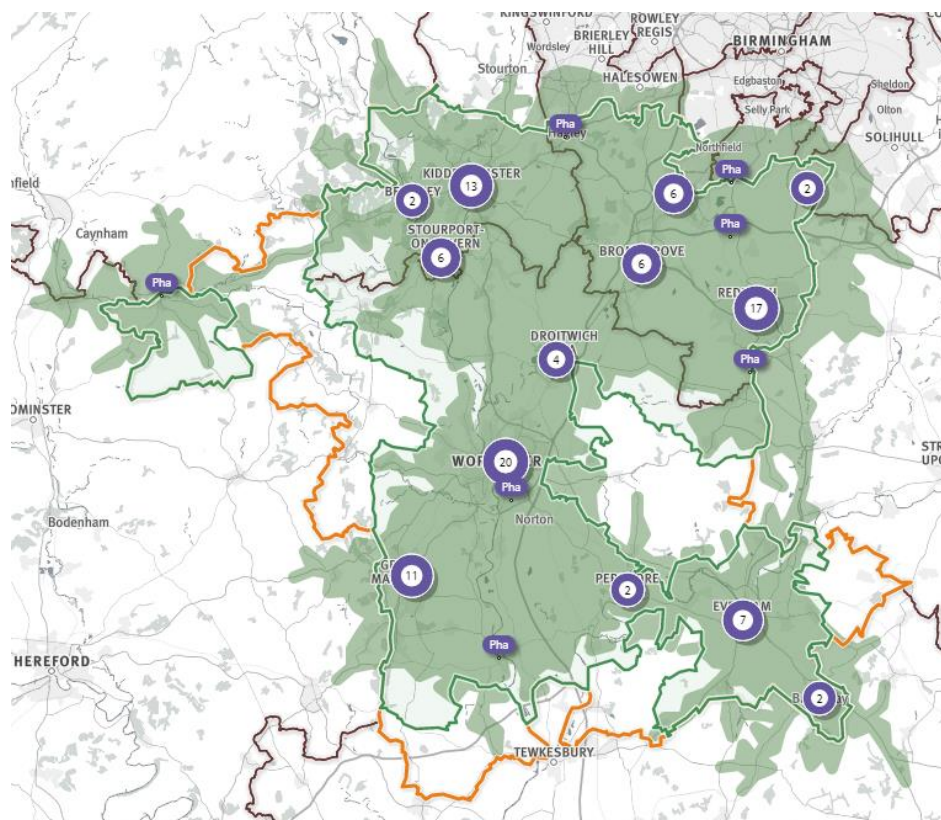
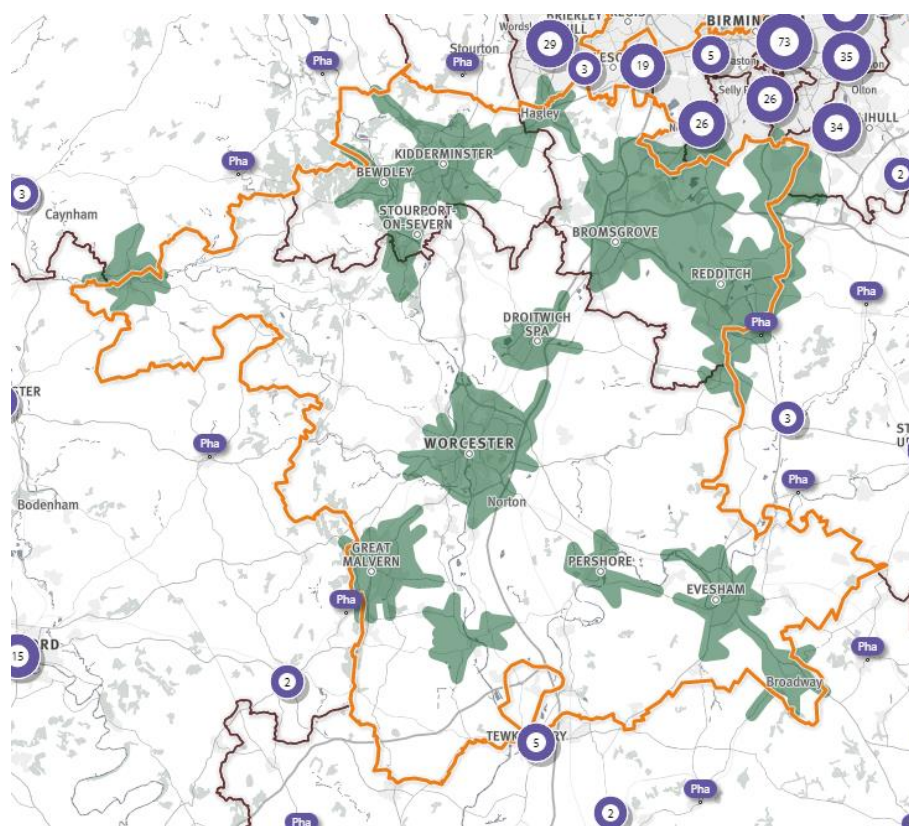


Figure 5: 5 minute travel time (car) to pharmacies outside of Worcestershire



Greater than half of Worcestershire's population could reach a pharmacy via a 10 minute car journey. The entire population of Worcestershire could reach a pharmacy via a 20 minute car journey. 83.4% of the population of Worcestershire have access to 1 or more cars in the household (Census, 2011).

Walking distances to pharmacies within Worcestershire have also been mapped (Figure 6)

Figure 7 indicates, as one would expect, that people living in or around urbanised or town areas generally have the best access to community pharmacy on foot. The following table illustrates the population with access to a community pharmacy within each walk time period (taken from PHE SHAPE):

Walk time	Estimated population with access to a community pharmacy
5 minutes	117,585
10 minutes	255,501
15 minutes	326,525
20 minutes	384,160
25 minutes	414,378

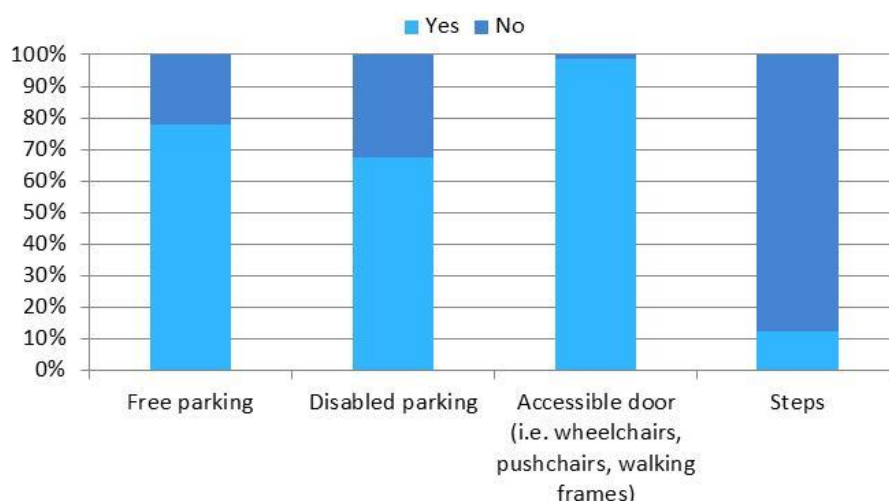
Current Provision of Pharmaceutical Services by Pharmacy Contractors

A questionnaire was sent out to all pharmacy contractors providing pharmaceutical services (for details see Appendix 3). 83 questionnaires were completed. Two pharmacies have been removed from the analysis below as they were out of area. The data collected is summarised in the following section, and additional information on opening times and maps are available in appendices 8a, 8b, 8c, 8d, 8e, 8f, 8g, 8h, 8i, 8j)

Physical access to pharmacy

In relation to physical access the pharmacies surveyed 77.8% (n.63) offered free parking, 66.7% (n.54) offered disabled parking, 97.5% (n.79) had a door that was accessible for a range of users including people with wheelchairs, pushchairs and wakening frames and 12.3% (n.10) had steps.

Qu1. Physical Access to Pharmacy



53.2% (n.41) of respondents reported that they had made some adjustments or alterations to enable physical access such as automatic doors or ramps. Some responses are below:

Question 2. Free text responses:

"Ramp & automatic doors"

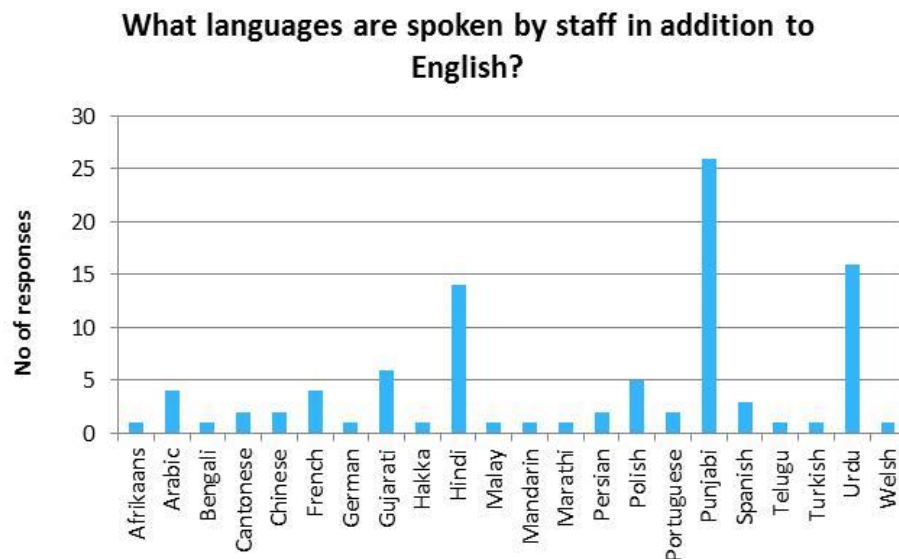
"The pharmacy has a listed frontage, so alterations cannot be made, but we have installed a bell system, for customers needing help in any way"

"Portable ramp available that can be fitted to the door on request. There is also a bell at the door that can be used if assistance is required."

Workforce

- 37.0% (n.30) of pharmacies reported that there were periods where more than one pharmacist was on duty.
- 39.5% (n.32) of pharmacies reported that their premises was approved for pre-registration training. 15 pharmacies reported having 1 pre-registration pharmacist and one pharmacy reported having 2 pre-registration pharmacists.

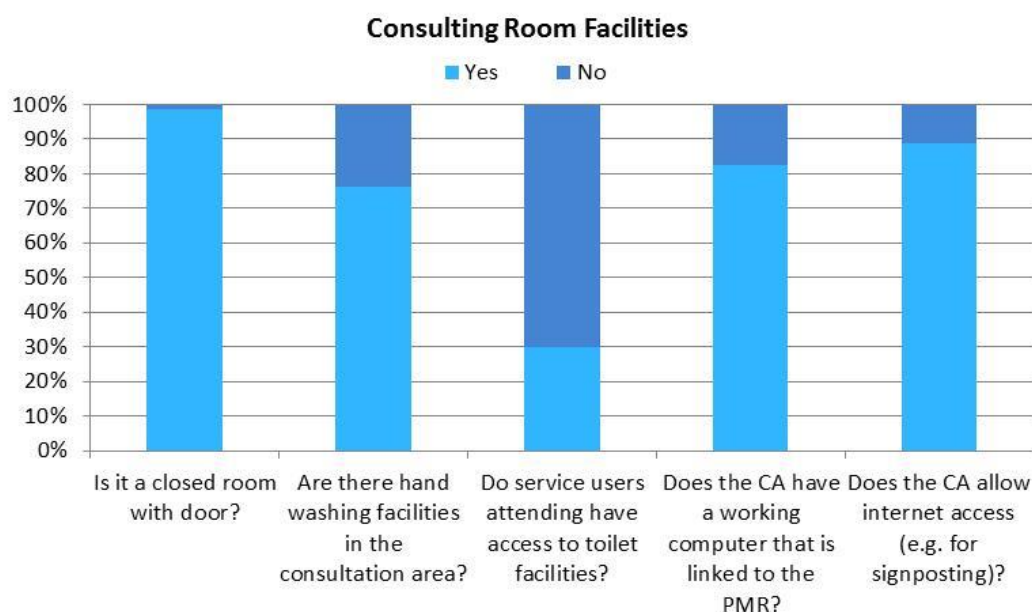
The most popular additional languages spoken within pharmacies were Punjabi (n.26), Urdu (n.16) and Hindi (n.14).



69.1% (n.56) of respondents said that their pharmacy would be willing to undertake consultations in patient's homes. 66.7% (n.54) of pharmacies reported that the regular pharmacist had been assessed under the Disclosure & Barring service (DBS).

Facilities

80 out of 81 (98.8%) pharmacies reported that the pharmacy was equipped with a consultation area meeting the specifications within the Pharmaceutical Services (Advanced and Enhanced Services) Directions 2013. 79 (98.8%) consultation areas were closed rooms with a door. There was one pharmacy where this was not the case. Handwashing facilities were available in 61 (76.3%) pharmacies. 24 (30.0%) pharmacies had access to toilet facilities for service users. 66 (82.5%) pharmacies had a computer that is linked to the patient medical record and 71 (88.8%) pharmacies reported that they had a computer that allowed internet access for signposting.



- There was a hearing loop in 44 pharmacies surveyed (54.3%).

Q46. Are there any planned improvements due to be completed over the next 6 months?	No.	%
Yes	8	9.9%
No	73	90.1%

- 12 (14.8%) pharmacies were entitled to Pharmacy Access Scheme payments.

Information Technology

72.8% (n.59) of pharmacies surveyed have a public facing website.

80 (98.8%) pharmacies reported that they were Release 2 enabled⁴, with the remaining pharmacy reporting they were intending to become Release 2 enabled in next 12 months.

All pharmacies reported being able to open documents in a range of formats. All pharmacies (100%, n.81) were able to receive PDF documents. 80 (98.8%) pharmacies were able to receive Microsoft Word and Microsoft Excel files and 49 pharmacies (60.5%) were able to open files in Microsoft Access. 77 pharmacies reported having computers that were linked with access to patient records (95.1%). Almost all pharmacies accessed e-mails on a daily basis (98.8%, n.80).

Most pharmacies had two computers (44.4%, n.36) or three computers (33.3%, n.27). 6 practices had more than five computers (7.4%). All but one pharmacy had access to the internet (98.8%, n.80). Of those pharmacies who had internet access, 54 (67.5%)

⁴ EPS release 2 is the latest electronic prescription service version, allowing additional functionality to release 1.

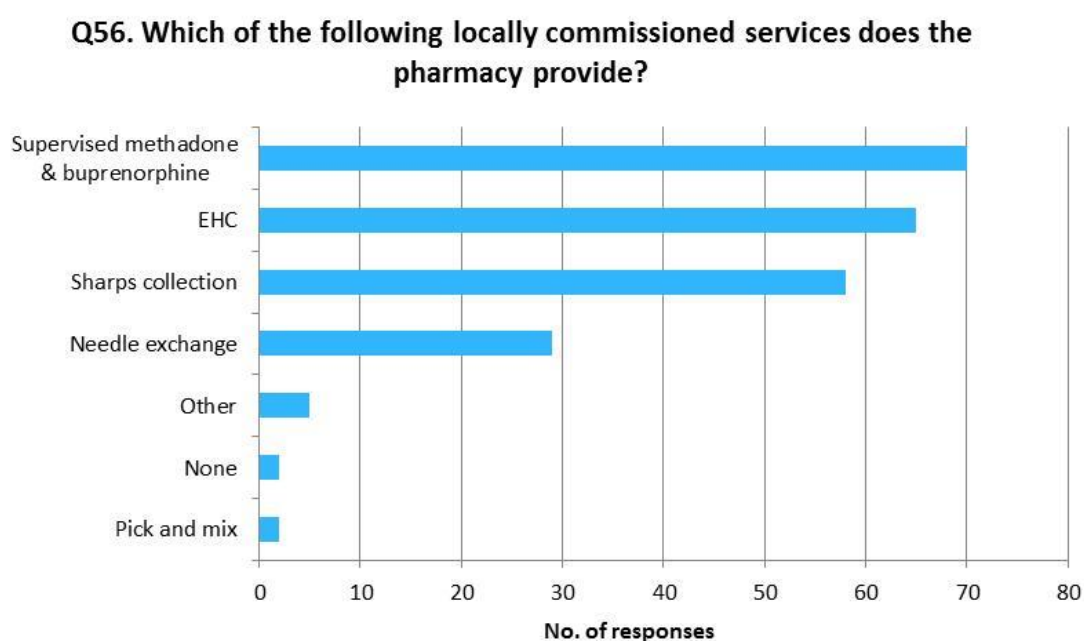
reported having full internet access and 26 (32.5%) reported having access to certain websites only.

Services

9 out of 10 pharmacies dispensed appliances of all types (91.4%, n.74). 3 (3.7%) pharmacies reported dispensing just dressings. 2 (2.5%) pharmacies dispensed appliances excluding stoma and incontinence appliances and 1 (1.2%) pharmacy dispensed appliances excluding incontinence appliances.

52 (64.2%) pharmacies reported that they were part of the Healthy Living Pharmacy programme. Of the 29 pharmacies who were not part of the Healthy Living Pharmacy programme, 27 (93.1%) were planning to join the programme in the next six months. Maps of healthy living pharmacies (coded as current HPA, and planning to become HLP within the next 6 months) can be found in appendices 7c, 7d, 7e, 7f, 7g, 7h.

The most popular locally commissioned services provided at pharmacies were supervised methadone & buprenorphine (n.70), Emergency Hormonal Contraception (n.65) and Needle exchange (n.29).

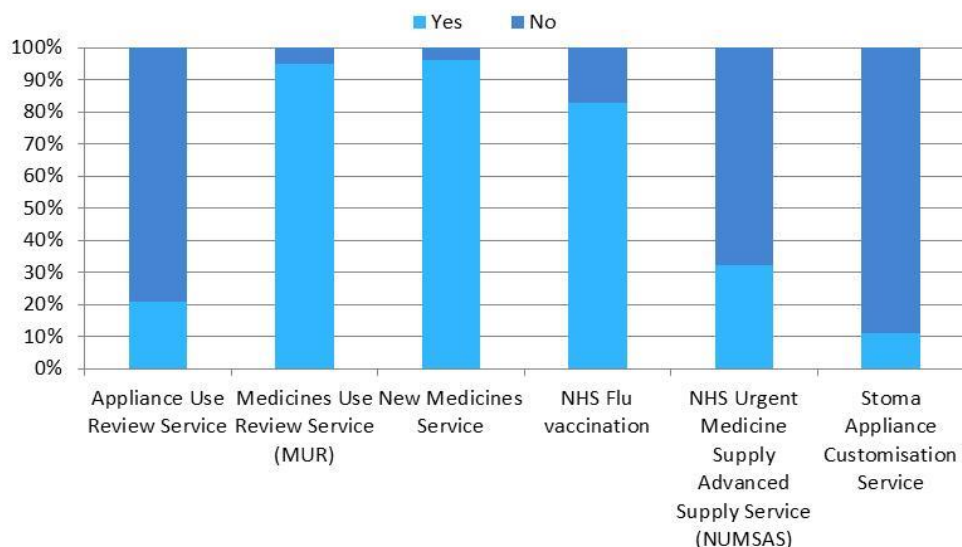


Two pharmacies provided an independent prescribing service (2.5%). 44 (54.3%) pharmacies participated in bank holiday rota arrangements.

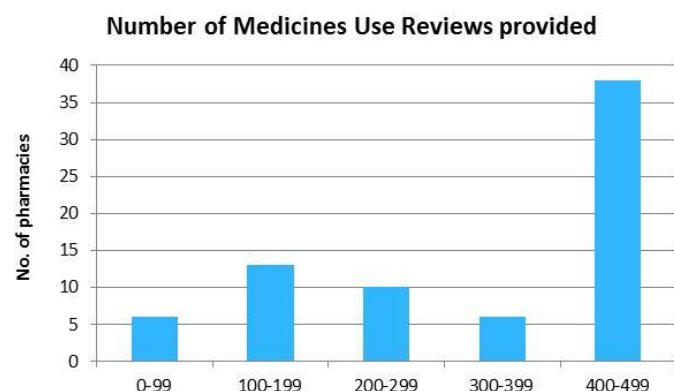
Services: Advanced services

78 (96.3%) pharmacies reported that as part of their advanced services they provided the New Medicines Service. 67 (82.7%) pharmacies provided NHS Flu Vaccination services. Around a third of pharmacies (32.1%, n.26) provided the NHS Urgent Medicine Supply Advanced Supply (NUMSAS) service. One in five (21.0%) pharmacies provided an Appliance Use Review service. A small number of pharmacies provided a Stoma Appliance Customisation service (11.1%, n.9).

Qu59. Does the pharmacy provide any of the following advanced services?



77 (95.1%) pharmacies reported that they provided a Medicines Use Review service (MUR). The median number of reviews carried out by a pharmacy was 400 (Range: 0-473)



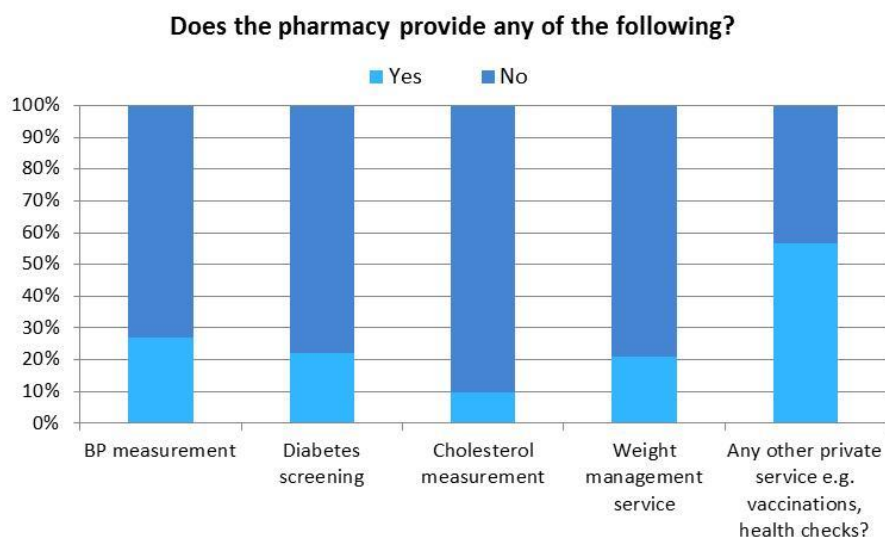
All pharmacies completing the survey collected prescriptions from GP surgeries and practices. 79 (97.5%) pharmacies also collected prescriptions from surgeries and this included putting in the repeat request slip.

Non-NHS Funded Services

90.1% (n.73) of pharmacies reported that they delivered dispensed medicines free of charge. 4 pharmacies reported that they would deliver dispensed medicines for a fee. 22 (27.2%) pharmacies delivered dispensed medicines to selected patient groups only.

Additional services

Pharmacies provided a range of additional services including blood pressure measurement (n.22, 27.2%), diabetes screening (n.18,22.2%), weight management service (n.17, 21.0%) and cholesterol measurement (n.8, 9.9%). Other services were reported to be provided by pharmacies (n.46, 56.8%) including, but not limited to, travel vaccinations, private flu vaccination and health checks.



- 62 pharmacies offered blood pressure measurement free of charge, 1 pharmacy charged for this service.
- 15 pharmacies offered diabetes screening free of charge, 3 pharmacies charged for this service.
- 4 pharmacies offered cholesterol measurement free of charge and 4 pharmacies charged for this service.
- 14 pharmacies offered a weight management service.
- 76 (93.8%) pharmacies reported that their dispensary provided a monitored dosage system (MDS) service. Only one pharmacy charged for this service.
- 35 pharmacies reported that they carried out Disability Discrimination Act Assessments.
- 35 pharmacies provided other compliance aids including, but not limited to, medidoses, haler aid, autodrop, coloured boxes, magnifiers, MAR charts and Pivotell charts.

All pharmacies have contractual responsibilities to comply with the Equality Act 2010. Some pharmacies provide services over and above their contractual requirement. For example, some pharmacies provide monitored dosage systems (MDS) and/or free delivery of medications to selected patients. MDS help patients to take the correct medicine/s at the correct time. Typically medicines are supplied in a tray that has separate sections for each day of the week and within these separate compartments for the different times of the day. Tablets are placed into the slots according to what time they are best taken. Trays are clearly labelled to make them easier to comprehend.

Current Provision of Pharmaceutical Services by Dispensing Doctor Contractors

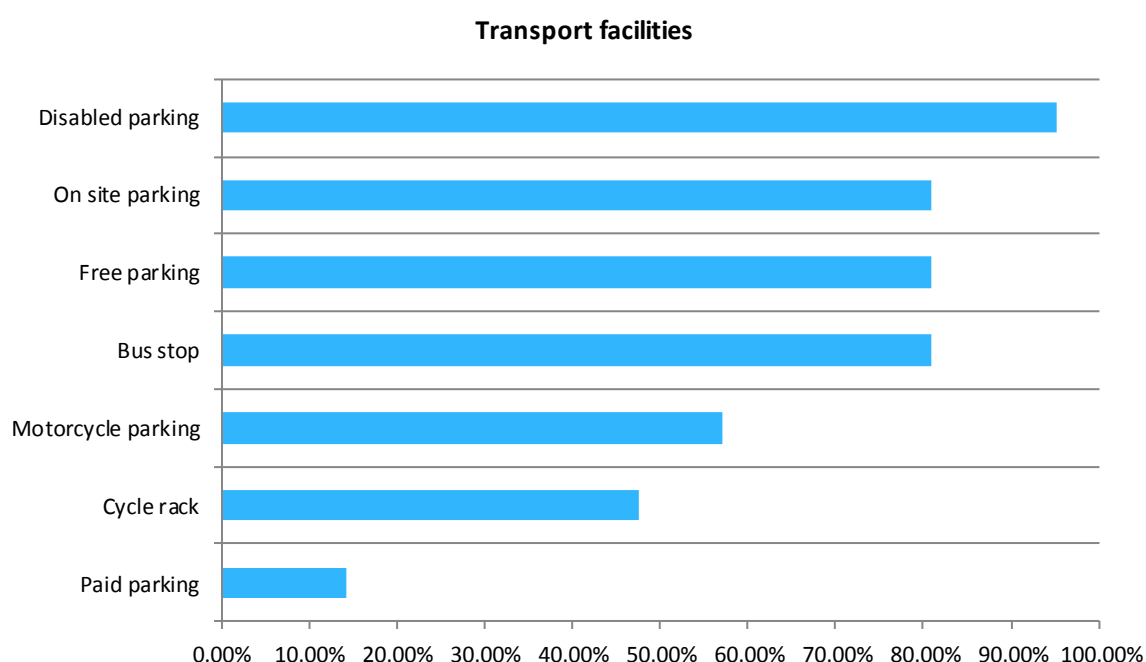
In Worcestershire, 21 dispensing GP practices provide pharmaceutical services. A questionnaire was sent out to all of these practices to find out about services provided (Appendix 4).. All 21 dispensing GPs provided a response to the survey.

Transport

Figure 8 provides an overview of transport facilities and amenities around practices. All practices offer parking around their premises. The majority of practices have free and onsite parking. Visitors to 3 practices pay to park their vehicle. 20/21 (95%) have disabled parking.

A bus stop is located within 100 metres of 81% of practices, and a cycle rack is available at 10/21 (47%) of practices.

Figure 8: graph showing provision of transport facilities within 100 metres of each dispensing practice within Worcestershire



Accessibility and equality

All practices are accessible to prams, buggies, wheelchairs and walking frames. Only 1 practice has steps leading up to it, but has a ramp to allow access. There have been various amendments to improve accessibility to practices including automatic doors, ramps and doorbells. A further 6 practices are intending to complete additional improvement works over the next 6 months.

Seventeen practices stated that English was their sole language, whilst 4 practices stated a range of languages were spoken by staff, including Punjabi, Bengali, Hindi, Urdu, Polish, Czech, German and Slovakian. A hearing loop is present in 17/21 practices, with 6 practices indicating that further accessibility improvements were planned in the next 6 months. All practices state that they comply with the 2010 equalities act.

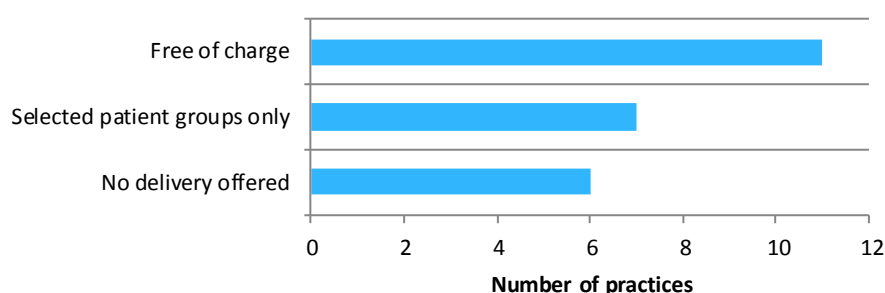
Workforce

Four practices state that they employ a pharmacist full time, and two practices employ a pharmacist part time. Twelve practices have dispensing technicians, with the majority of staff employed usually being dispensing assistants. Regular locum pharmacists are used at 3 practices.

Delivery service

Figure 9 shows eleven practices offer delivery free of charge, and 7 practices offer a service for specific patient groups only, and six practices do not offer delivery at all. One practice offers a chargeable delivery service.

Figure 9: graph showing whether dispensaries provide a delivery service, and whether these are charged for, or restricted to certain patients



Eighteen practices provide a monitored dosage service, 2 practices provide Pivottell, and 5 practices provide compliance aids. Nineteen practices dispense all types of appliances, whilst 2 practices dispense appliances excluding stoma and incontinence appliances.

A number of practices commented specifically on the rurality of the practice and the dependency and value that patients place on services offered.

Public and Service-user Views on Current Provision of Pharmaceutical Services

Public and Service-user Questionnaire

A questionnaire was prepared to source the views of public and service users and administered during July-August 2017 (see Appendix 5). The questionnaire was modelled into an electronic survey package (SNAP survey) and distributed through various channels including Healthwatch Worcestershire, CCG communications and Worcestershire County Council. A minimum of 10 hard copy questionnaires were posted to each pharmacy (with a franked envelope for return) for completion by their customers. A total of 614 completed questionnaires were received and collated for analysis. The results of the survey are summarised here.

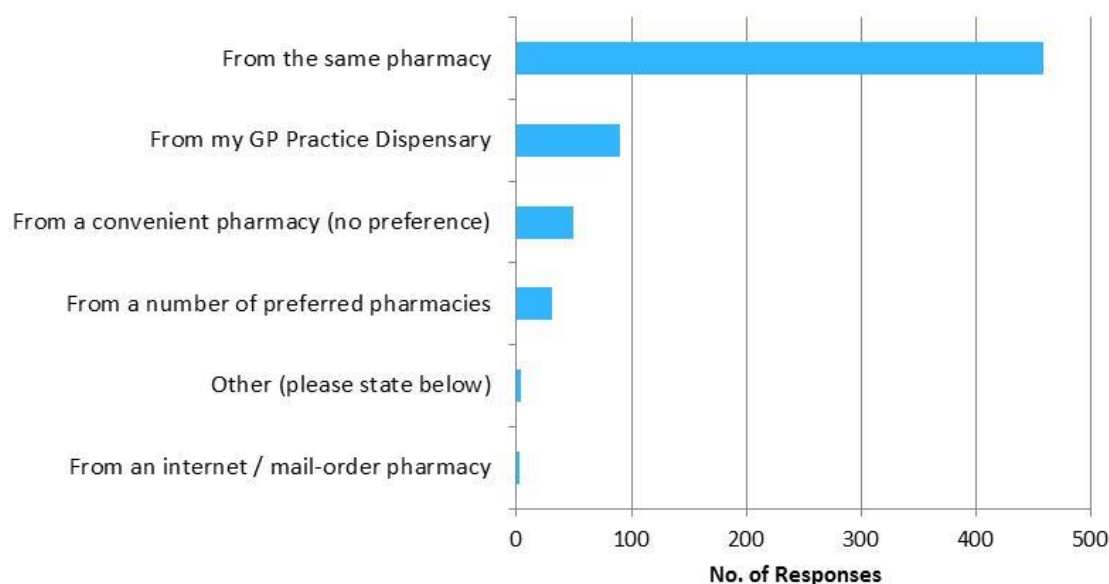
Access

Q1. Are you on regular medication prescribed by your doctor?

A large proportion of individuals 84.8% (n.513) who responded to the questionnaire were receiving medication from their doctor.

The majority of respondents indicated that they would usually get their prescriptions dispensed from the same pharmacy. (n.459), followed by GP practice dispensary (n.90) or from a convenient pharmacy (n.49).

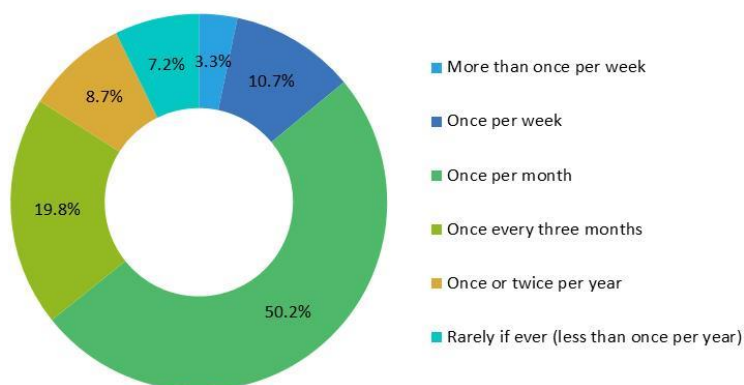
Q2. Where do you usually get your prescriptions dispensed?



More than one answer could be selected

50.2% (n.305) of respondents reported that they used a pharmacy for reasons other than prescriptions once per month with 19.8% (n.120) reporting they used pharmacy once every three months.

**Q3. On average, how frequently do you use a pharmacy/
doctor's dispensary/appliance
contractor for any reason not just prescriptions?**

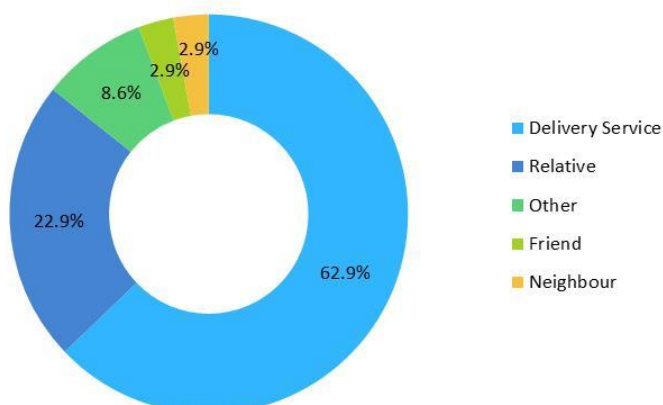


Q4. Do you collect your medicines from the pharmacy (or dispensing GP) yourself?

94.5% (n.550) of patients reported that they collected their medicines themselves from the pharmacy or GP.

A total of 35 respondents said that someone else collected their medicines for them. Of these, 22 respondents (62.9%) used a delivery service provided by the pharmacy. 11 respondents (37.2%) had their prescription collected by a relative, friend or neighbour.

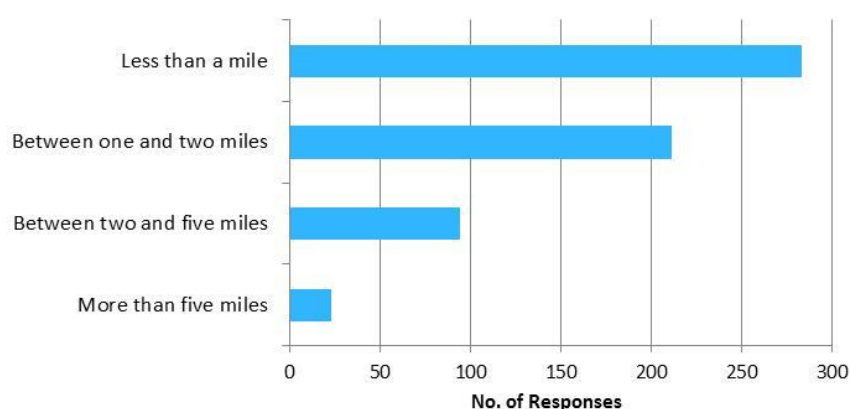
Q5. If not you, who collects your medicines for you?



46.3% (n.283) of all respondents reported travelling less than a mile to their nearest pharmacy. 34.5% (n.211) reported travelling between one and two miles to their nearest pharmacy. 15.4% (n.94) individuals reported travelling between two and five miles and a further 3.8% (n.23) reported travelling more than five miles to travel to a pharmacy.

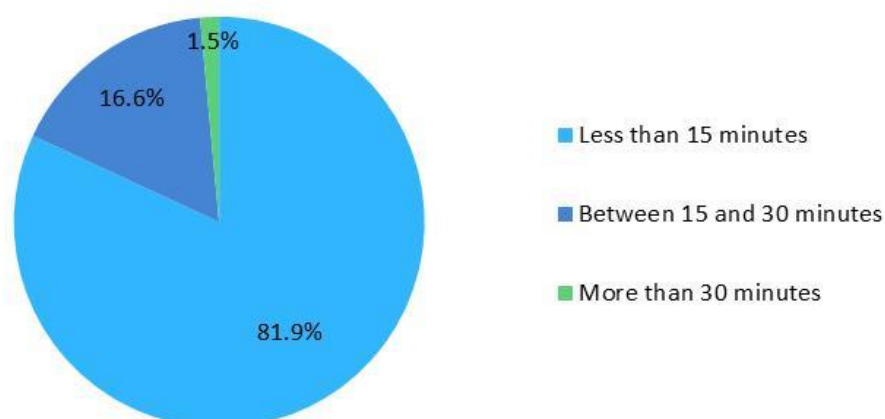
Of the 283 patients who reported that they had less than a mile to travel to their nearest pharmacy 164 reported that they walked, 142 reported that they used a car and 6 reported using public transport or other (n.3) which included bike, mobility scooter.

Q6. How far do you have to travel from your home to get to your nearest pharmacy/dispensing GP?



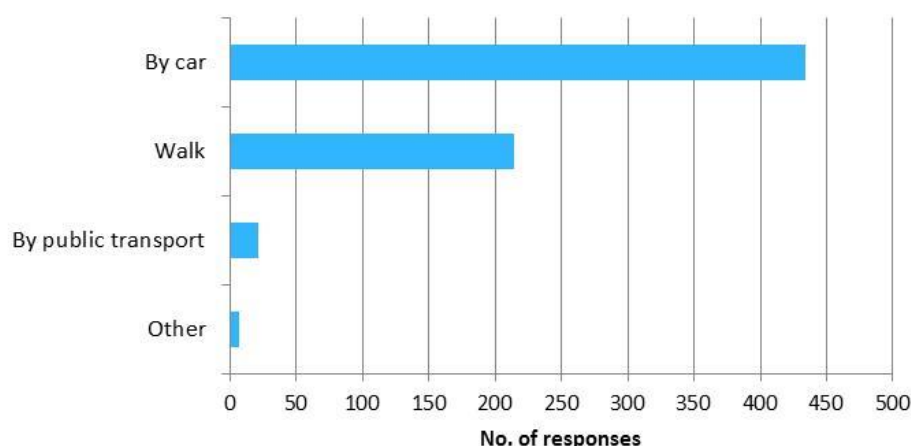
81.9% (n.498) reported that their journey time to their nearest pharmacy or dispensing GP was less than 15 minutes away. 16.6% (n.101) of respondents reported a journey time between 15 and 30 minutes and 1.5% (n.9) reported a journey time greater than 30 minutes.

Q7. How long is your usual journey time to your nearest pharmacy/dispensing GP?



The usual method of travel to get to a pharmacy was by car (n. 434) or walking (n. 214) with a small number of respondents reporting the use of public transport to access services (n.21).

Q8. How do you usually travel to access pharmacy services?

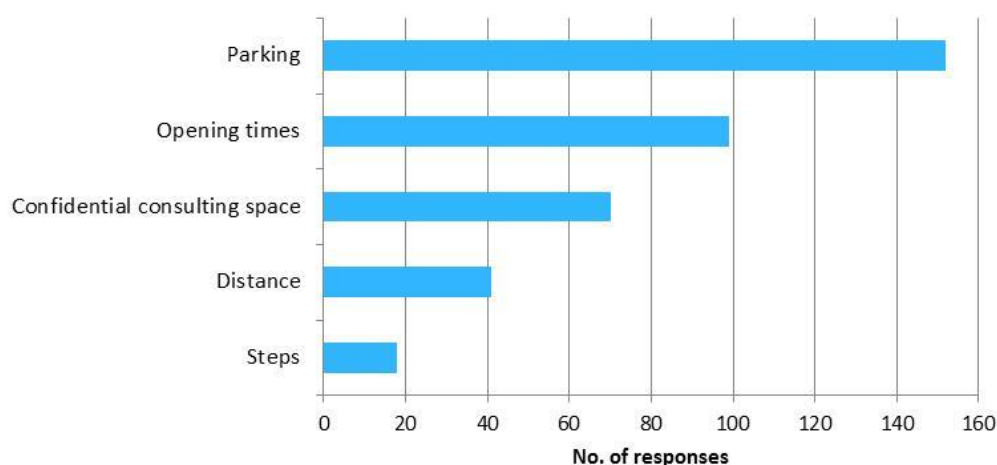


More than one answer could be selected

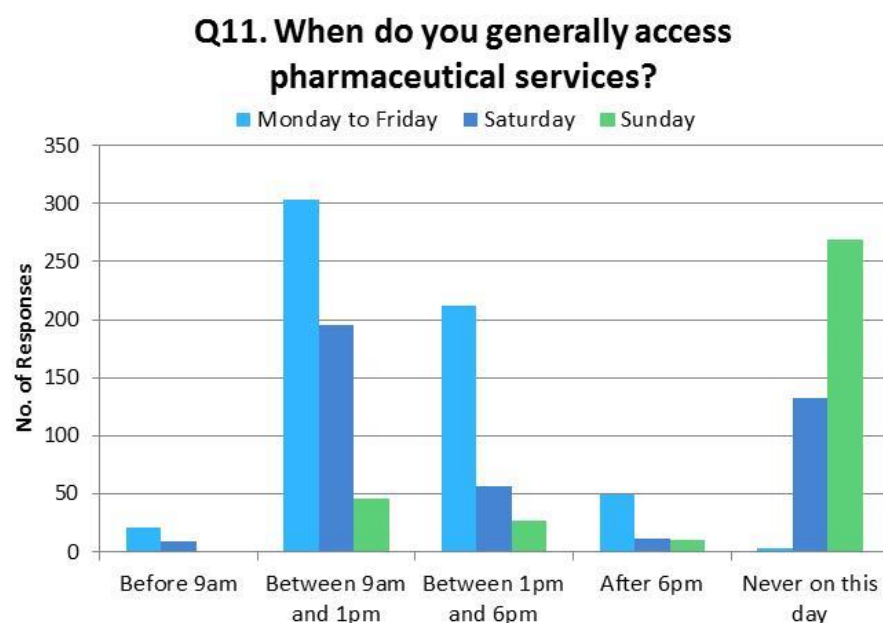
Respondents to the survey did not report significant problems with accessing a pharmacy in relation to distance (93.2%, n.561) or to physical access to the pharmacy via steps (96.8%, n.553) reporting that there were 'No problems, easy to access'.

Over a quarter of respondents (26.6%, n.152) reported that they had some issues or significant issues in relation to access in relation to parking. 16.7% (n.99) reporting 'some issues' or 'significant issues' in relation to opening times. 12.2% (n.70) individuals reported issues in relation to a confidential consulting space.

Q9. Ease of Access - Some issues or Significant issues with access

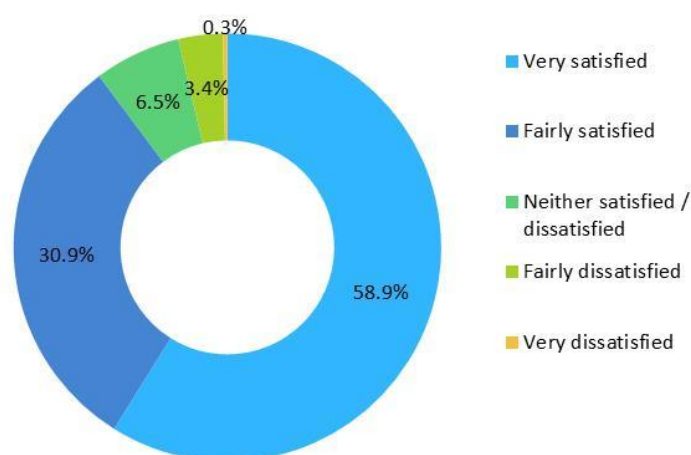


Services were most frequently accessed Monday to Friday between 9am and 1pm; this pattern was the same for Saturday and Sundays. 132 individuals reported never using pharmacy services on a Saturday and 269 never used a pharmacy on a Sunday.



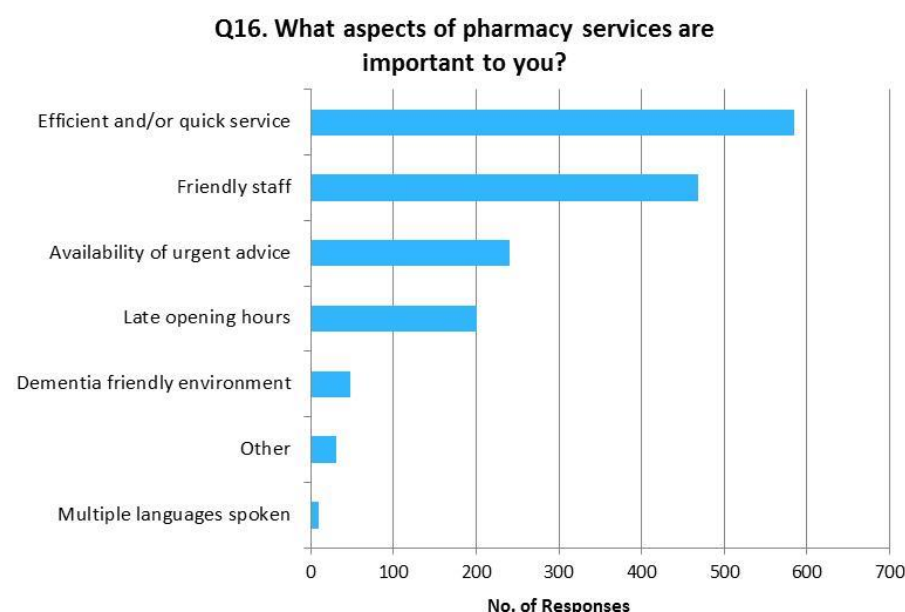
89.8% (n.535) of respondents reported being 'very satisfied' or 'fairly satisfied' with the opening times of their local pharmacy or dispensary that they used.

Q12. To what extent are you satisfied or dissatisfied with the opening times of community pharmacies, doctor's surgery dispensaries or appliance contractors that you use?



A high proportion of individuals reported that they found it easy to find information on pharmacy opening times (92.3%, n.555). Over two-thirds (67.4%, n.405) of respondents reported that they would use the internet to find information on opening times outside of normal opening hours. Other popular methods of finding information included reading the local newspaper 7.2% (n.43), calling NHS 111 7.0% (n.42), accessing the Pharmacy website 6.7% (n.40) and also NHS Choices 6.0% (n.36).

The things that patients felt were an important part of pharmacy services were efficient and/or quick service (n.585), friendly staff (n.469). Availability of urgent advice (n.241) and late opening hours (n.201).

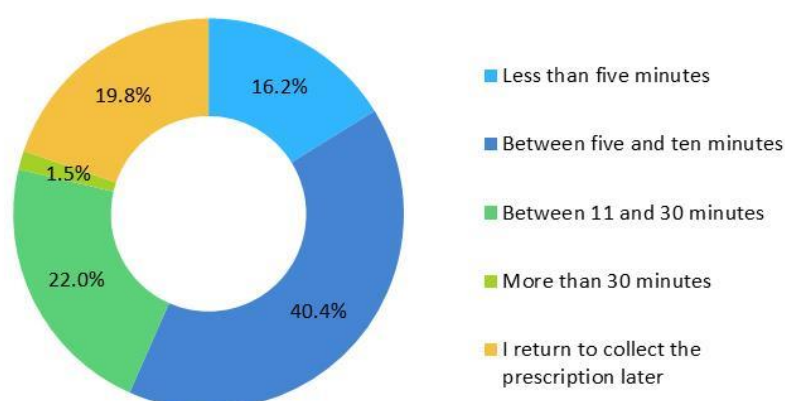


More than one answer could be selected

Waiting times when waiting to be served or to speak to someone were felt to be adequate by respondents overall with 93.4% of respondents stating that the time they had to wait was very short (24.0%, n.145), short (35.2%, n.212) or neither short or long (34.2%, n.206). 5.6% (n.34) of patients reported that they had to wait a long time or very long time 1.0% (n.6).

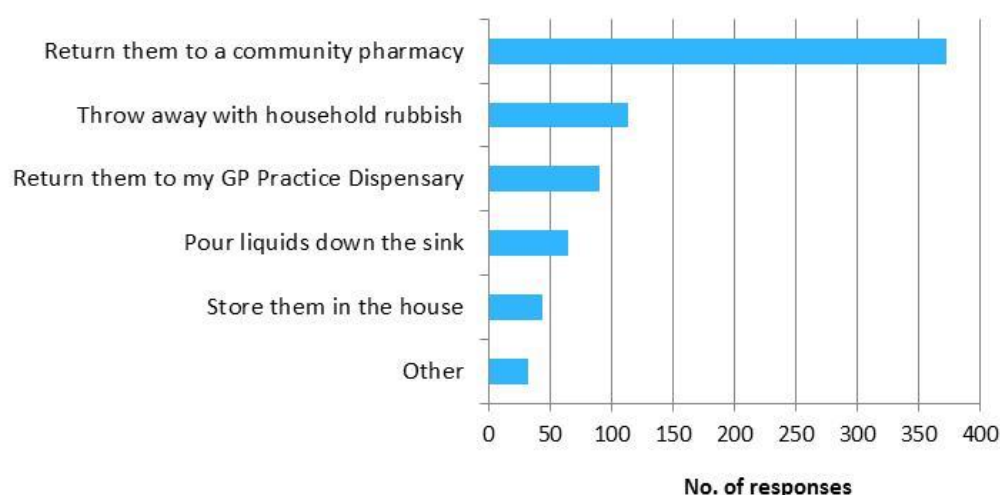
Overall, 56% of patients reported waiting less than five minutes 16% (n.94) or between five and ten minutes (n.235). 22% (n.128) of patients reported waiting between 11 and 30 minutes and a small proportion of patients waited for longer than 30 minutes (1.5%, n.9). 19.8% (n.115) of patients reported that they returned to collect their prescription later. 88.5% of patients felt that this waiting time was reasonable (n.514). 11.5% (n. 67) respondents felt the waiting time was unreasonable

Q21. After handing in your prescription, how long do you normally wait at the pharmacy or GP dispensary to have your prescription dispensed?



88.6% (n.535) of patients knew that they could return any unused or unwanted medicines to either a pharmacy or GP dispensary. When questioned what they would usually do with unused or unwanted medication 372 patients reported they would return them to a community pharmacy, 90 patients reported that they would return them to GP practice dispensary and 114 patients reported they would throw them away with the household rubbish and 65 patients reported they would pour liquids down the sink.

Q19. What do you usually do with out-of-date, unused or unwanted medicines?

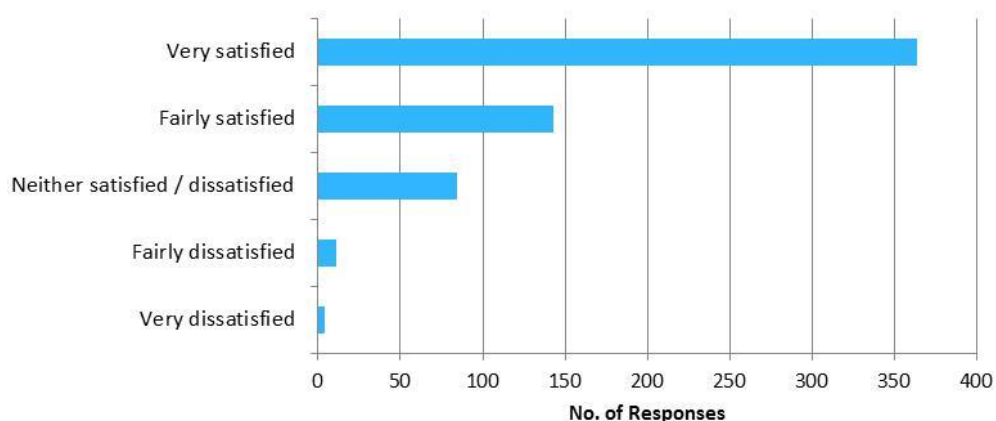


More than one answer could be selected

65.0% (n.390) of patients reported needing to dispose of unused or unwanted medications less than once per year or once per year 21.3% (n.128).

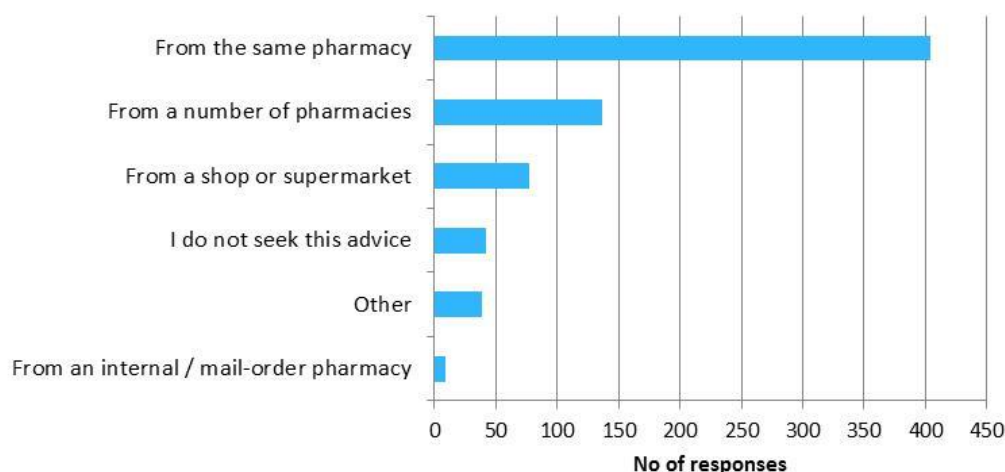
Four out of five respondents (79.8%, n.483) stated they would speak to their pharmacist about medicines prescribed by their GP. 83.7% (n.507) of patients reported that they were very satisfied or fairly satisfied with the amount of information they received in relation to their medication from their pharmacy or dispensing practice. 13.9% (n.84) were neither satisfied or dissatisfied, 1.8% (n.11) reported feeling fairly dissatisfied and 0.7% (n.4) reported feeling very dissatisfied.

Q23. To what extent are you satisfied with the amount of information that you normally receive about your medication from your pharmacy or dispensing practice?



Most patients reported that they would get advice from the same pharmacy (n. 404) or from a number of pharmacies (n.137). A number of respondents reported they would get this information from a shop or a supermarket (n.77).

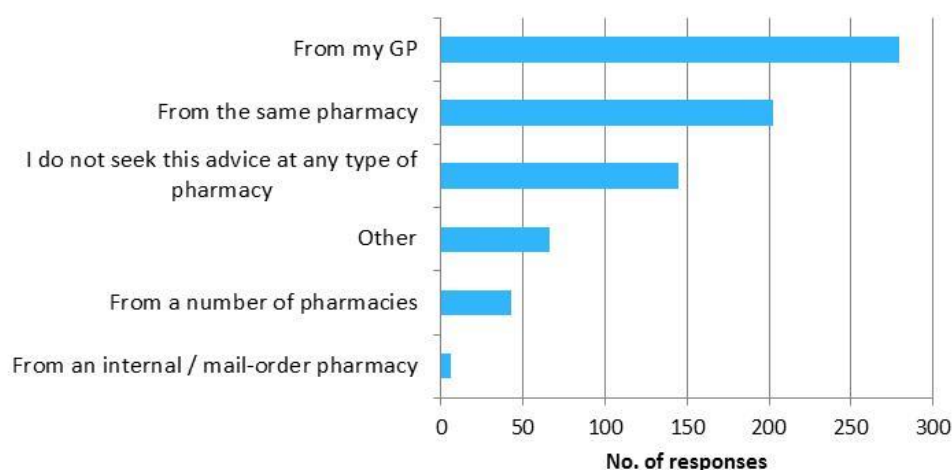
Q25. Where do you usually go to get advice about buying over-the-counter (OTC) medicines?



More than one answer could be selected

92.4% (n.560) of patients knew that they could approach their pharmacist for general health, lifestyle and disease prevention advice and information.

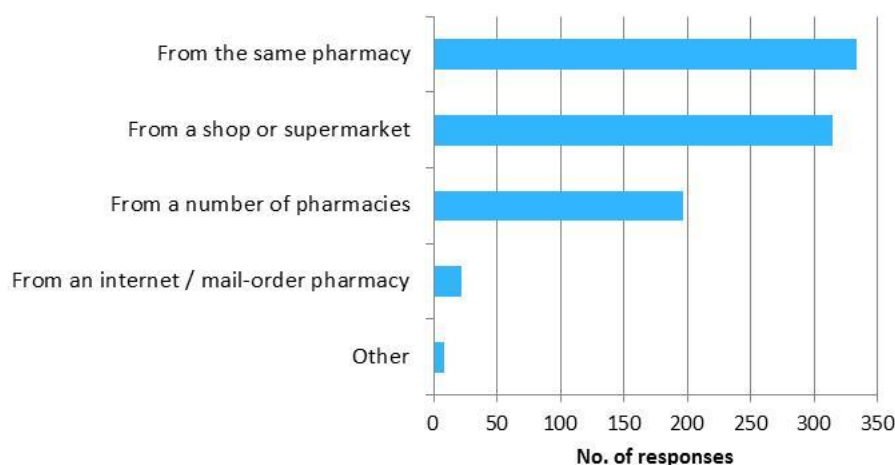
Q27. Where do you usually go for advice about general health, lifestyle and disease prevention?



279 patients reported they would go to their GP for advice about general health, lifestyle and disease prevention and 202 reported that they would access this information from the same pharmacy. 145 respondents stated that they would not seek this advice at any type of pharmacy. Overall, 82.9% (n.499) of patients reported that their confidence in their pharmacist was very high (45.5%, n.274) or quite high (37.4%, n.225). 14.8% (n.89) reported that confidence was neither high nor low, 1.0% (n.6) quite low or very low 1.3% (n.8).

333 patients reported that they would buy over the counter (OTC) medications from the same pharmacy, 314 reported that they would buy from a shop or a supermarket, 196 reported that they would purchase OTC medications from a number of pharmacies with a small number obtaining from a mail-order pharmacy (n.22) or other (n.8).

Q29. Where do you usually go to buy over-the-counter (OTC) medicines?

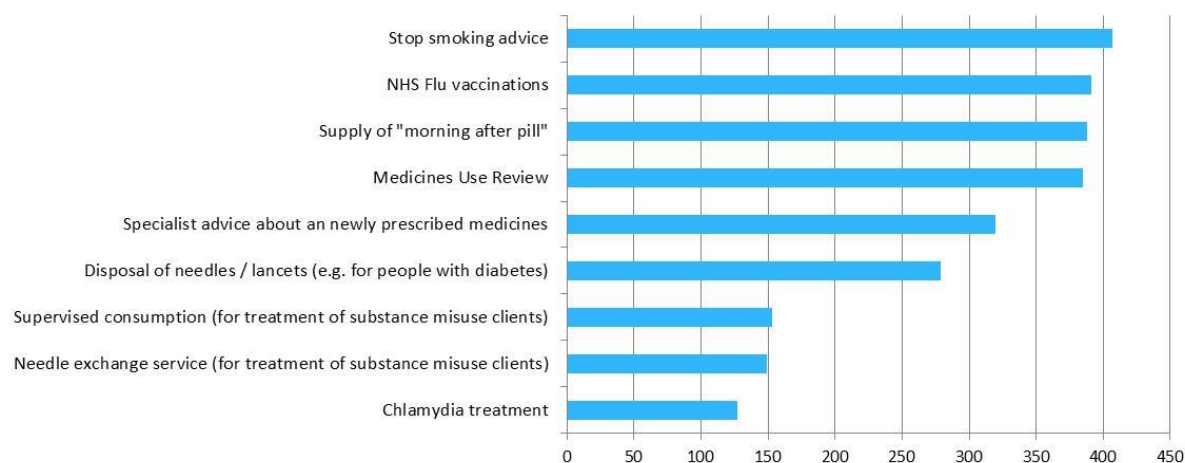


More than one answer could be selected

81.6% (n.496) of patients reported that their pharmacist has a room available where they were able to have a confidential discussion. 4.8% (n.29) reported that they didn't have access to a confidential consulting space and a further 13.7% (n.83) reported that they didn't know or were not sure if there was a room/area available.

There was a high level of awareness about some services that were provided at pharmacies including Stop Smoking advice (n.407); NHS Flu Vaccinations (n.391), morning after pill (n.388), Medicines use review (n.385). There was less awareness about supervised consumption for treatment of substance abuse (n.153), needle exchange service (n.149) and Chlamydia screening and treatment (n.127).

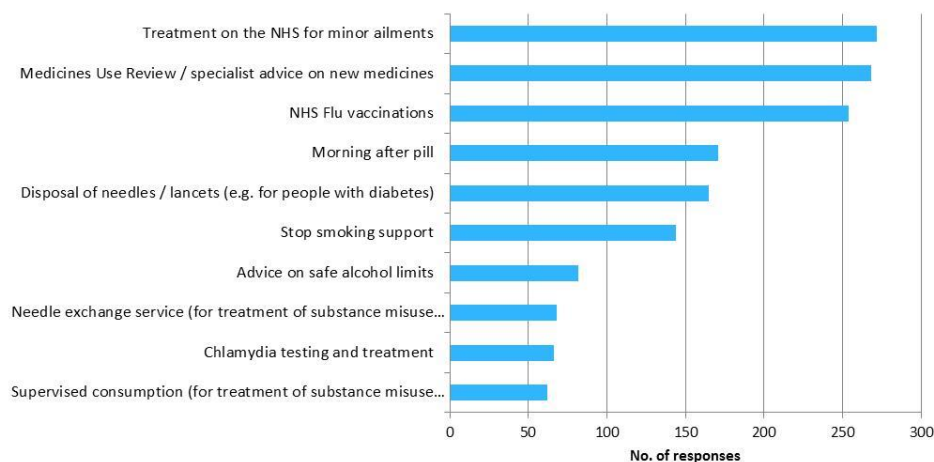
Q31. In addition to dispensing services, which of the following are you aware that you can access from pharmacies?



More than one answer could be selected

There was a positive response to the types of services people would be willing to access from a pharmacy 272 patients reported they would use a pharmacy for treatments of minor ailments. 268 respondents stated they would use medicines use review and specialist advice on new medicines. 254 patients reported they would use a pharmacy for flu vaccinations. There were a number of respondents who reported they would use a pharmacy for lifestyle advice and support for stopping smoking (n.144) or advice on safe alcohol limits (n.82). Other services for specific groups of individuals such as access to morning after pill (n.171), disposal of needles/lancets (n.165), needle exchange (n.68), supervised consumption (n.62) and chlamydia screening and treatment (n.66).

Q32. If you ever needed any of the following, would you access them from a pharmacy?

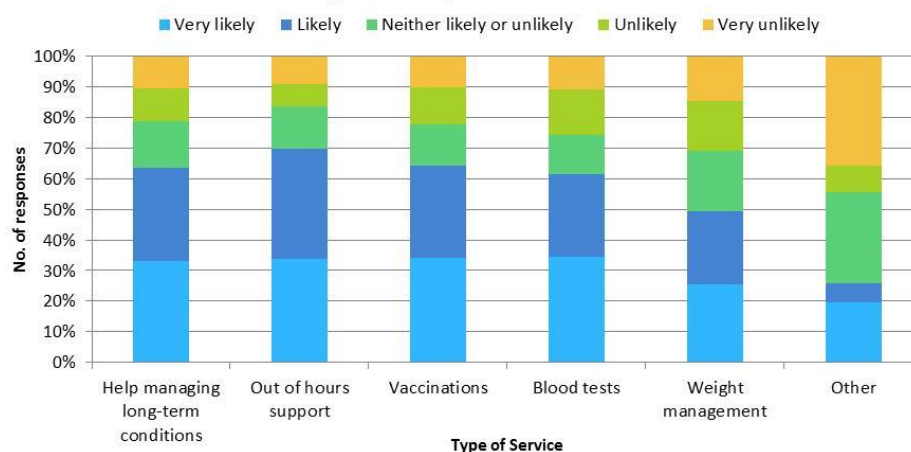


More than one answer could be selected

Patients were asked about services that they might access from their pharmacy or dispensary. Respondents reported that they would be 'very likely' to access blood tests (34.6%, n.192), vaccinations (34.1%, n.187) and out of hours support (33.8%, n.190).

Overall, there was a desire expressed by respondents for out of hours support with 69.8% (n.392) of respondents reporting that they would be very likely (33.8%, n.190) or likely (35.9%, n.202) to access this service. The second most popular service was vaccinations with 64.1% of respondents indicating that they would be very likely (34.1%, n.187) or likely (30.1%, n.165) to use this.

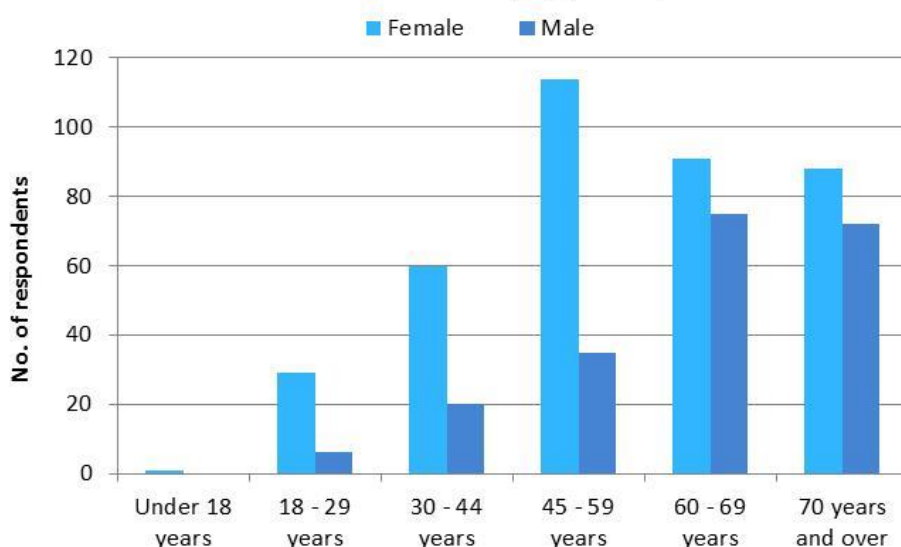
**If the following were available from your pharmacy,
how likely would you be to use them?**



Demographics

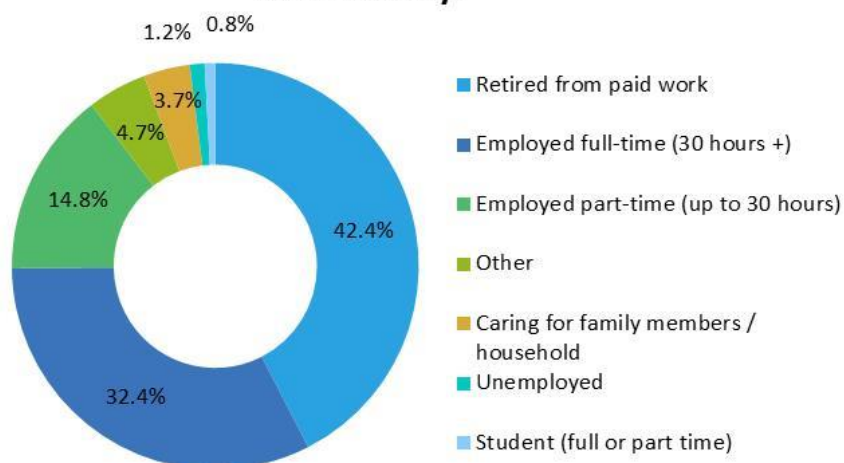
- Two out of three respondents were female (64.8%)
- The highest number of responses overall were in the 60-69 year old age group (n.166)
- There were differences in number of responses from males and females by age group. The highest number of responses was for females in the 45-59 year old age group (n.114). For males the highest number of responses was in the 60-69 year old age group (n.75).

Breakdown of respondents by Age Group and Gender



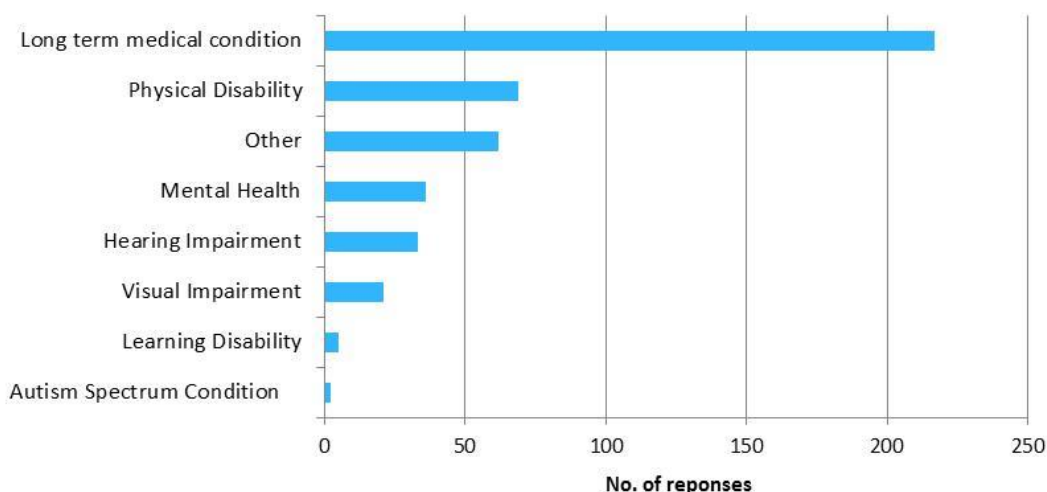
- 84.9% (n.494) of respondents reported that they did not have any children under the age of 16 years living with them at home. 15.1% (n.88) reported that they did.

Q39. Which of the following best describes your main activity?



- Over half of respondents reported that they had a disability or long-term medical condition (53.7%, n.323). 217 patients reported that they had a long-term medical condition such as diabetes, 69 reported having a physical disability, 36 patients reported having a mental health condition, 33 patients reported having a hearing impairment, 21 patients reported having a visual impairment, 5 patients reported having a learning disability and 2 patients reported having Autism Spectrum condition. 62 patients reported "other" which included hypertension, arthritis, Type 2 diabetes, prostate cancer, MS,

Q41. If you consider yourself to have a disability or long-term medical condition, please select any that apply



More than one answer could be selected

- 98.5% (n.579) of respondents reported that English was their first language. The following first languages were reported by respondents whose language was not English these included Polish (2), Chinese (1), Estonian (1), Punjabi (1) and Slovakian (1).

Ethnicity

Worcestershire has a higher proportion of individuals who identify as being White British (92.4%) compared to England (79.8%). In Worcestershire, there are a lower proportion of individuals who are in Black and Minority Ethnic Groups (BAME) at 7.6% when compared to England (20.2%). In this survey it appears that individuals in the mixed ethnicity group, may have been underrepresented in this survey with 0.7% of respondents from this ethnic group. In Worcestershire this ethnic group accounts for 1.2% of the population.

Q44. In which of these ethnic groups do you consider you belong?	No.	%	Group Total	Group %
White				
White English/Welsh/Scottish/Northern Irish/British	528	93.3%	545	96.3%
White Irish	8	1.4%		
White Eastern European	3	0.5%		
Any other White background	6	1.1%		
Asian/Asian British				
Asian or Asian British - Indian	5	0.9%	13	2.3%
Asian or Asian British - Chinese	3	0.5%		
Asian or Asian British - Pakistani	3	0.5%		
Asian or Asian British - Bangladeshi	1	0.2%		
Any other Asian or Asian British background	1	0.2%		
Black or Black British				
Black or Black British - African	1	0.2%	2	0.4%
Black or Black British - Caribbean	1	0.2%		
Mixed				
Mixed: White and Asian	3	0.5%	4	0.7%
Any other Mixed background	1	0.2%		
Other				
Other ethnic group (please state below)	2	0.4%	2	0.4%
Total	566			

Focus Group

An informal focus group was held at an Extra Care housing scheme with approx 6-10 people joining in and commenting throughout the session.

The group comprised older people (60+ years) with most people taking medication or having experience of using pharmacy services for relatives taking medication.

General feedback from the group:

The same pharmacy was usually used to obtain their required medication. Most people had their medication delivered to the Extra Care scheme by a pharmacy delivery service. Individuals spoke very positively about this delivery service, and one lady cited a specific example of the driver having to go from Stourport to Wolverley to Kidderminster to pick up the prescription, process it, and drop off the medication at the requested location.

Opening times were raised as a potential issue for obtaining medication for some - particularly if an individual works during the week, (an example of a relative was given) as most pharmacies only open Monday - Friday (mainly office hours).

Most people said they would use the same pharmacy even if they were collecting their medication as opposed to getting it from another pharmacy or from a supermarket, for example. They were satisfied with what the pharmacist told them and often checked/consulted the pharmacist if they were prescribed different or new medication to ensure there were no contraindications with anything they were already taking. For this reason, most also said that if they were buying over the counter medicines, they would also use the same pharmacist.

Most people said they wouldn't know where to look to find out the opening hours of the pharmacy and most were aware that unused medication could be returned to the pharmacy.

Those who did access the pharmacy in person were satisfied in terms of the length of time they had to wait for a prescription. Individuals were positive about the GP practice sending the prescription to the pharmacy electronically, streamlining the process (one individual said one practice didn't offer this). Particular praise came from having pharmacies on the same site (or in very close proximity) to the GP practice. Bewdley Medical Centre was cited as a particular example, and the individual said that by the time they walked from the GP practice round to the pharmacy, the prescription was usually ready for collection. Individuals were also satisfied by the information they received on timescales from the pharmacist. Most reported that if they were having their prescription delivered, it would usually take two days.

Regarding other services, individuals did say they would be willing to access the likes of blood tests and (flu) vaccinations as long as staff were appropriately trained and services were free of charge.

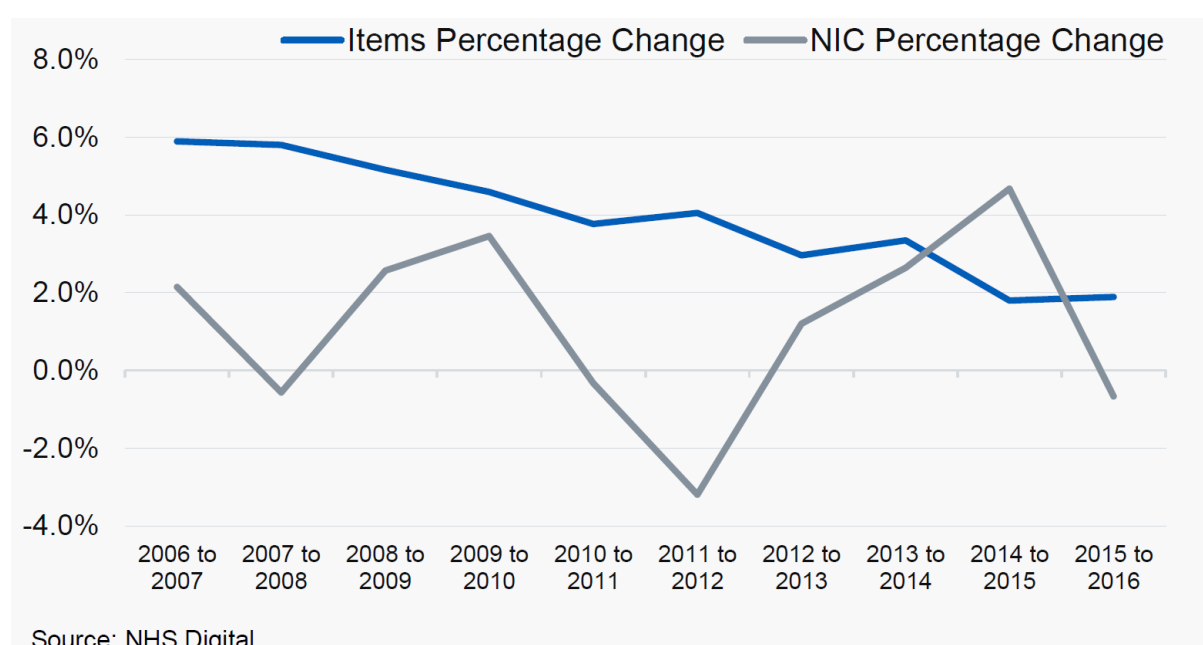
Most people said they were aware that their pharmacy had a consultation room; one person said they weren't sure.

PART B: Local Need

Part B of the PNA summarises the current and future health and well-being needs of the Worcestershire population. It makes particular reference to local policies including the Health and Well-being Strategy (JHWS) and Sustainability and Transformation Partnership (STP) plan. Greater emphasis has been put on topics where there is a greater opportunity for community pharmacy to meet the need.

Nationally, since 2006, the number of prescription items dispensed in the community has increased year on year. Although the percentage change is showing a declining trend. The total number of items dispensed in 2016 was 1,104.1 million, an increase of 1.9 per cent, (20.5 million) on the number of items dispensed in 2015. See Figure 10.

Figure 10 Items and Net Ingredient Cost, 2006 to 2016, annual percentage change, England



Characteristics of the Worcestershire Population

Current population

The current resident population in Worcestershire is estimated to be around 583,053; a breakdown by district is included (Table 1) revealing Wychavon as having the largest proportion of the total population in the county, followed by Worcester City and Wyre Forest. However, there is a difference in population when looking at people registered with a Worcestershire GP. In 2018, the registered population for all 3 Worcestershire clinical commissioning groups is around 596,256 people.

Table 1: 2016 Mid-year population estimates by Worcestershire district (resident)

District in Worcestershire	Total Population
Bromsgrove	96,769
Malvern Hills	76,130
Redditch	84,971
Worcester	102,338
Wychavon	122,943
Wyre Forest	99,902
Worcestershire	583,053

Ethnicity

Worcestershire has a higher proportion of individuals who identify as being White British (92.4%) compared to England (79.8%). In Worcestershire, there are a lower proportion of individuals who are in Black and Minority Ethnic Groups (BAME) at 7.6% (43,247 people) when compared England (20.2%). The proportion of White Gypsy or Irish Travellers in Worcestershire is twice that of the national rate at 0.2% compared to 0.1% in England, which equates to 1,165 people (Table 2). Note: The data below comes from the 2011 Census as it is the most up to date information that is available for estimating ethnicity at county level.

Table 2: Ethnicity of the Worcestershire population

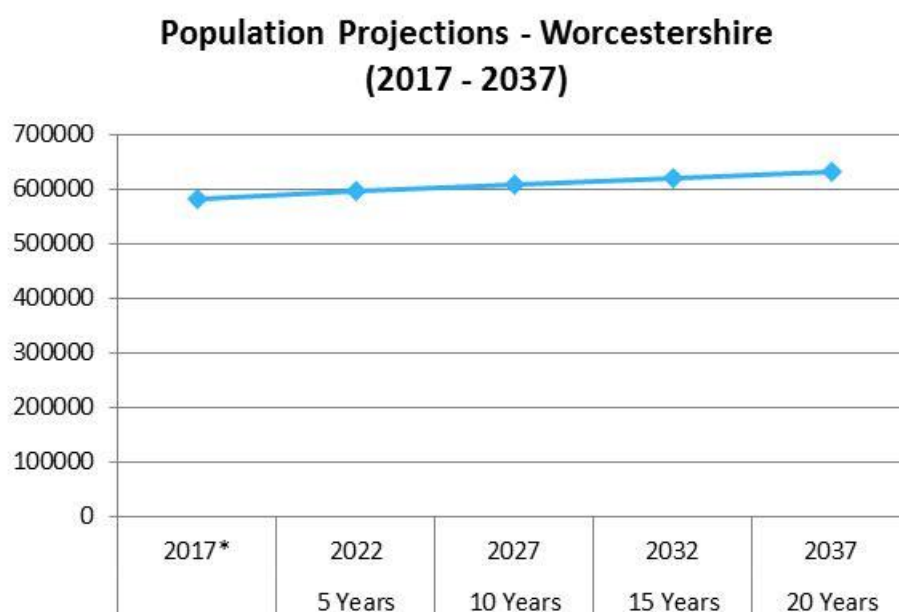
	Worcestershire (%)	England (%)	Worcestershire (No.)
Total White	95.7%	85.4%	542058
White British	92.4%	79.8%	522922
White Irish	0.6%	1.0%	3480
White: Gypsy or Irish Traveller	0.2%	0.1%	1165
White Other	2.6%	4.6%	14491
Total Asian/Asian British:	2.4%	7.8%	13741
Asian/Asian British: Indian	0.6%	2.6%	3634
Asian/Asian British: Pakistani	0.9%	2.1%	4984
Asian/Asian British: Bangladeshi	0.2%	0.8%	1316
Asian/Asian British: Chinese	0.3%	0.7%	1601
Asian/Asian British: Other Asian	0.4%	1.5%	2206
Total Black:	0.4%	3.5%	2372
Black/Black British: African	0.1%	1.8%	767
Black/Black British: Caribbean	0.2%	1.1%	1275
Black/Black British: Other	0.1%	0.5%	330
Total Mixed:	1.2%	2.3%	7045
Mixed: White & Black Caribbean	0.6%	0.8%	3150
Mixed: White & Black African	0.1%	0.3%	592
Mixed: White & Asian British	0.4%	0.6%	2053
Mixed: Other	0.2%	0.5%	1250
Total Other:	0.2%	1.0%	953
Total	100.0%	100.0%	566169

Source: Census 2011

Future population

The following section describes how the population of Worcestershire is projected to grow assuming that observed trends in births, deaths and migration continue. Data is taken from Office of National Statistics (ONS) projections and as such does not predict the impact that

national or local government policies or changing economic circumstances may have on the population. Planned developments which may influence the population are listed on a district by district basis in later sections.



Source: Office for National Statistics [2014 based population projections](#)

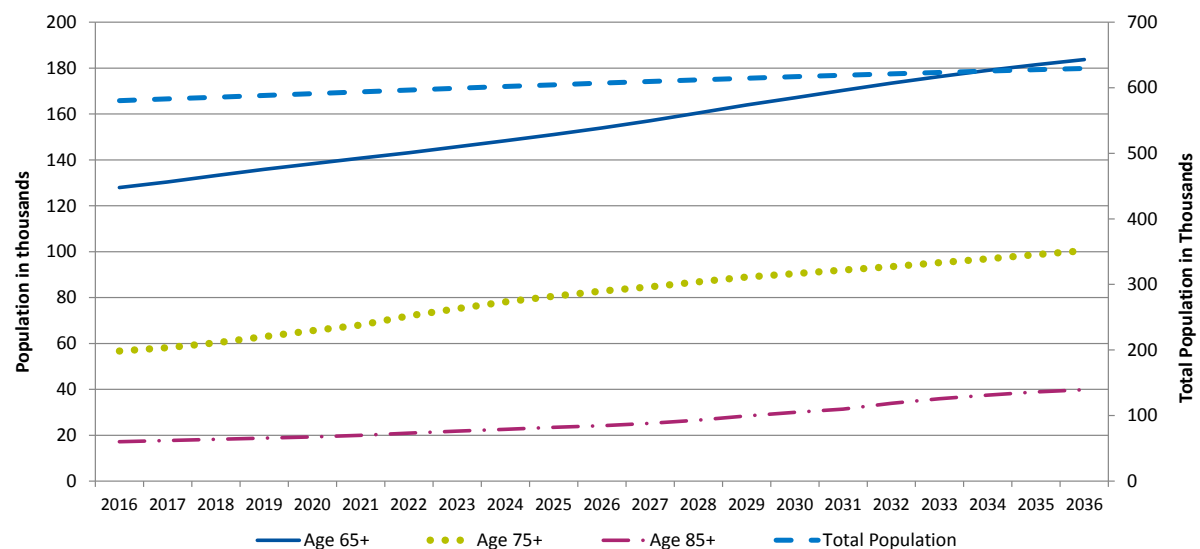
Population Projections by District Area (2017-2037)

		5 Years	10 Years	15 Years	20 Years
Group	2017*	2022	2027	2032	2037
Worcestershire	582900	596600	609600	621200	631300
Bromsgrove	96700	99500	102200	104900	107300
Malvern Hills	77100	79600	82100	84300	86200
Redditch	84800	85500	86000	86300	86600
Worcester	102700	105200	107700	110100	112100
Wychavon	121900	125700	129100	132000	134500
Wyre Forest	99600	101100	102500	103600	104500

The total population in Worcestershire is estimated to increase by around 8.3% over the next 20 years (48,400). There is variation across age groups but the biggest increase is projected to be in individuals aged 65 and over,

The population aged 65+ is projected to increase steeply to 2030 and beyond in Worcestershire; a slower increase is expected when all age groups are included (Figure 11). Within the older population (65+ age groups), the rate of increase is steeper for oldest age groups (Figure 12), with the rate of change for the 75+ population predicted to increase steeply post 2021, and the rate of change for the 85+ population to show a sharp increase from around 2027.

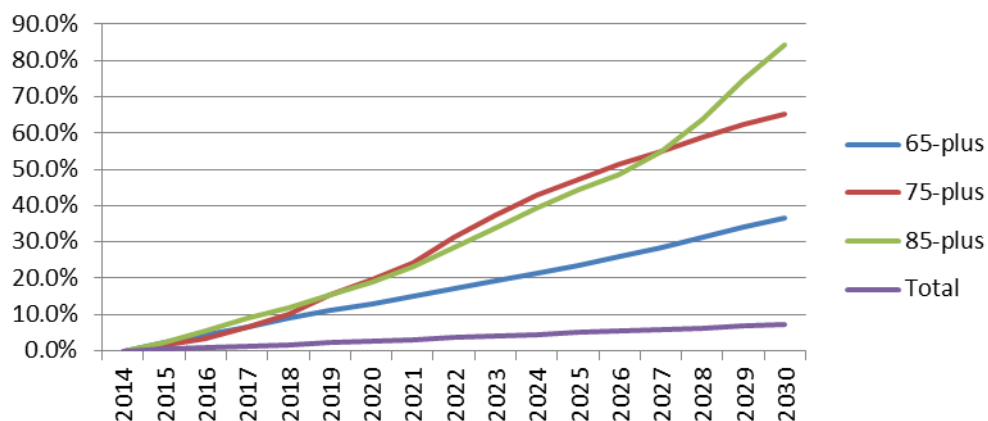
Figure 11: Aged 65+ population projections in Worcestershire to 2036



Source: Office for National Statistics 2014 based population projections

Source: Office for National Statistics [2014 based population projections](#)

Figure 12: Aged 65+ Population projections to 2030: rate of change by age group



Source: Office for National Statistics [2014 based population projections](#)

Locality Specific Need

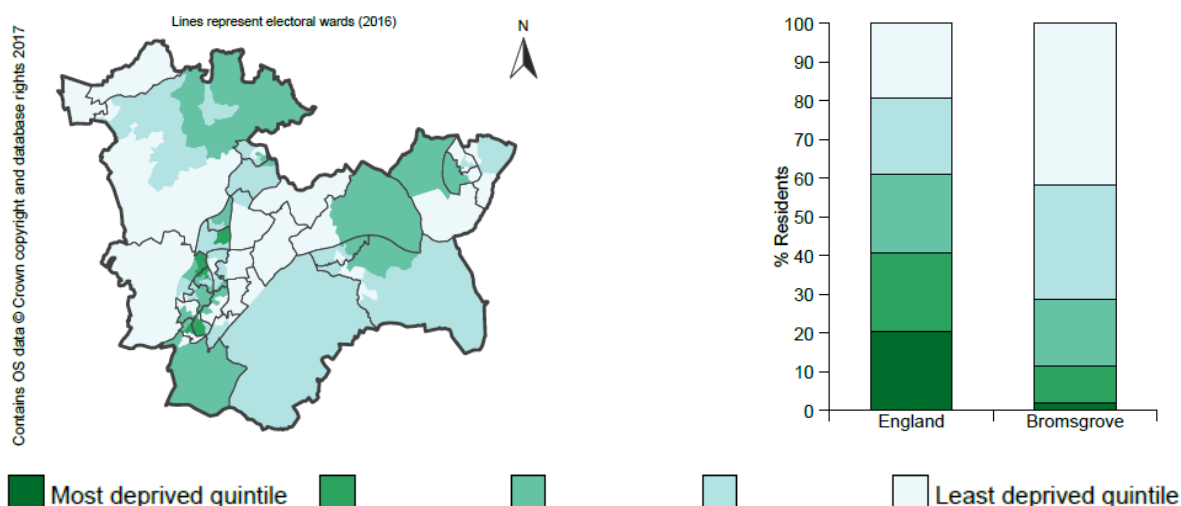
The following section provides a summary of current and future needs specific to the Worcestershire districts.

Bromsgrove District

Population & Demographics: Key Facts

- Population: 96,769⁵
- Bromsgrove has a lower proportion of younger people aged 20-39 and higher proportion of adults aged 40 upwards compared to England.
- One of the 20% least deprived districts in England.
- 11.0% of children living in low income households (1,700)
- 3.8% of people living in Bromsgrove are from an ethnic minority group, compared to 13.2% in England.
- Compared to England GCSE attainment (5 GCSEs A*-C) is significantly higher in Bromsgrove at 65.0%.
- Life expectancy is 7.2 years lower for men and 3.8 years lower for women in the most deprived areas of Bromsgrove compared to the least deprived areas.
- The gap between the richest and poorest areas in Bromsgrove for premature deaths in males has widened since 2011-13.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA % of population in Bromsgrove living in areas at each level of deprivation compared to England



Source: Public Health England – Health Profile 2017: Bromsgrove

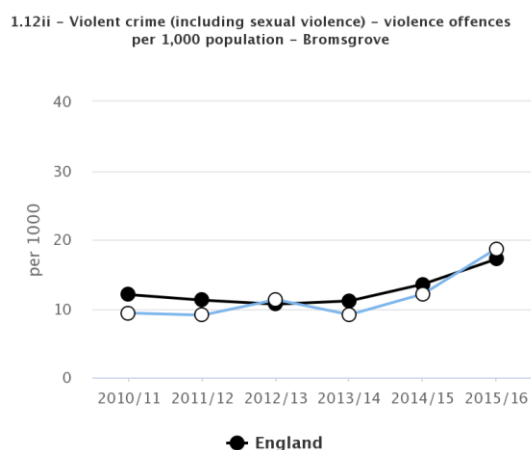
⁵ ONS mid-year population estimates 2016.

The map shows differences in deprivation in this area based on national comparisons, the darker coloured the area the more deprived the neighbourhood (national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area).⁶.

Areas of Concern and Changing Needs

Violent Crime (violence offences per 1,000 population)

The rate of violent crime in Bromsgrove for 2015-16 was 18.7 per 1,000 population and was significantly higher than the rate for England and West Midlands. This is the highest rate since the indicator was set up in 2010-11. The rate of violent crime appears to be rising at a faster rate in comparison to England, where the increase has been more gradual. The caveat with this data is that there has been an improvement in the recording of crime statistics and it is thought that the rise in recorded crime is largely due to process improvements, rather than a genuine rise in violent crime. However, given rates are significantly higher in Bromsgrove it is important to monitor this indicator for the future.



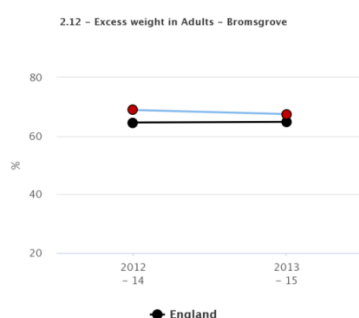
Source: Public Health Outcomes Framework (PHOF)

Excess Weight in Adults

Tackling obesity is a key public health priority as excess weight is associated with premature mortality and avoidable ill health. Excess weight is classified as any individual reported as having a BMI of 25 or greater via the Active People Survey. In Bromsgrove in 2013-15 there were estimated to be a significantly higher proportion of adults with excess weight than in England as a whole (67.5% vs 64.8%) and Bromsgrove is one of two districts in Worcestershire where this is the case.

Bromsgrove has a higher proportion of people who are estimated to be overweight (BMI 25 to 30) than other Worcestershire districts at 43.5%, which is significantly higher than the England and West Midlands average. However, proportions of individuals who are estimated to be obese (BMI of 30 or greater) are similar to the England and West Midlands average.

⁶ Public Health England, Health Profile 2017 – Bromsgrove. Online. Available from: <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000234.pdf>



Source: Public Health Outcomes Framework (PHOF)

There are differences across demographic groups. When looking at national estimates, adults aged 16-34 have a significantly lower proportion of excess weight in comparison to adults aged 35-65+. Adults aged 55-64yrs having the highest rates overall at 76.0%. Males have significantly higher rates of excess weight when compared to the national average at 68.4% compared to 61.1% of females.

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and also limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ in an at-risk group or category.

Redditch and Bromsgrove CCG fell short of the target at 71.0% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 50.5% of individuals in at-risk groups were vaccinated against a target of 55.0%.

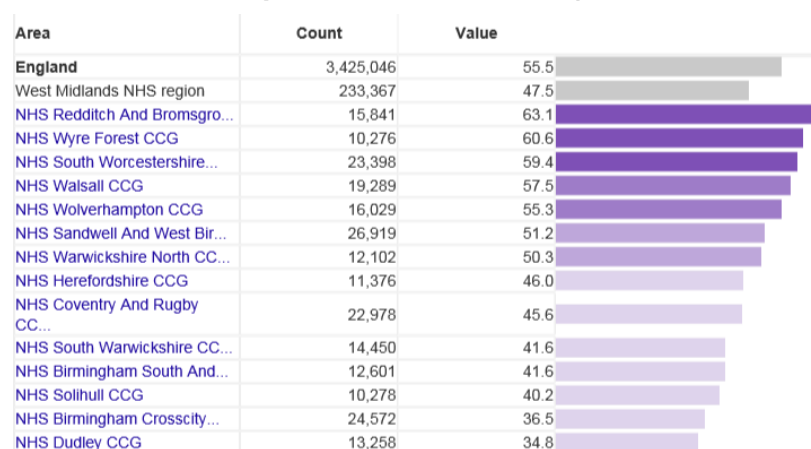
Antibiotic prescribing and antimicrobial resistance

Antibiotic resistance has been identified by the World Health Organisation as a significant worldwide public health issue. In 2015, a global action plan⁷ was established to tackle rising levels of antimicrobial resistance. Part of the action plan has been ensuring the correct use of available antibiotics and limiting unnecessary use, including antibiotic stewardship programmes, which have been adopted here in the UK.

In Redditch and Bromsgrove CCG, the ratio of prescribing trimethoprim to nitrofurantoin was 63.1%. This was the highest proportion across all CCG areas in the West Midlands. The rate is higher than the England average at 55.5%. Resistance to trimethoprim is high and as such, national guidance states the use of nitrofurantoin for first line treatment for UTIs. Redditch and Bromsgrove CCG also has a lower rate of Antibiotic Guardians per 100,000 population at 17.2 per 100,000 in comparison to the England average (23.3 per 100,000) and West Midlands average (37.4 per 100,000).

⁷ World Health Organisation (2015) Global action plan on antimicrobial resistance. Online. Available from: <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

Twelve month rolling proportion of trimethoprim class prescribed antibiotic items as a ratio of trimethoprim to nitrofurantoin (March 2017, CCG)



Source: NHS Digital supply monthly prescribing data <http://digital.nhs.uk>

Source: Public Health Outcomes Framework (PHOF)

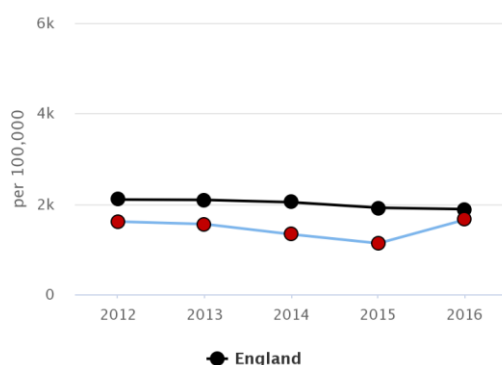
Chlamydia Detection Rate 15-24yr Olds

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others.

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set as a level that would encourage high volume screening and diagnoses⁸.

Chlamydia screening and treatment in Bromsgrove has improved between 2015 and 2016 increasing from 1,127 per 100,000 to 1,651 per 100,000 population aged 15-24 but remains significantly lower than the England rate at 1,882 per 100,000 population aged 15-24.

3.02 – Chlamydia detection rate (15–24 year olds) – Bromsgrove



Source: Public Health Outcomes Framework (PHOF)

⁸ Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: www.phoutcomes.info

Late Diagnosis of HIV

Late diagnosis of HIV infection is an important predictor of morbidity and mortality amongst individuals diagnosed with HIV infection. Individuals who are diagnosed late have a ten-fold risk of death in comparison to those receiving a diagnosis at an earlier stage. National data shows that the highest rates of late diagnosis across exposure groups are for Heterosexual contact for both males (59.0%) and females (50.5%) and injecting drug users (52.1%).

Even though there are small numbers of individuals being diagnosed, in Bromsgrove a higher proportion of individuals receive their diagnosis at a later stage 60% (n=3) in comparison to the West Midlands (45.5%) and England average (40.1%). The proportion of HIV late diagnoses is the third highest across the West Midlands region next to Malvern Hills (80%, n=4) and Wychavon at 66.7% (n=6), also within Worcestershire.

Developments/Expansions

Across Worcestershire there is a need to provide homes for people due to a growing population. There is a significant demand for housing across the county.

The following major developments are proposed below:

Area	Proposed Development	Comments	Approximate Time Frame (Start/End)	Increased population ⁹ (estimated)
Bromsgrove Town Urban Expansion	2106 dwellings within town sites	Provision of affordable housing.	2015-16 - 2029-30	3536
	200 unit "Extra Care" facility	Improvements to community infrastructure, public open spaces, play facilities; local community centres (Football pitches, allotment sites). Significant improvements to local transport infrastructure required.		
Hagley	Approximately 293 dwellings	Existing site with residential development. Plans for expansion to provide additional dwellings.	2016-17 - 2020-21 Proportion of housing targets delivered to plan.	449

⁹ National formula for calculating increase in local population. For each house build increase in 1.5 adults and for every 30 houses built 1 child. Estimates have been provided for illustrative purposes only.

Local Strategy

The local strategy details outlined below are for the financial year 2017-18.

Priority Area	Projects
Improve mental wellbeing	<ul style="list-style-type: none"> • Raise awareness of Wellbeing Hub and Worcestershire Healthy Minds hub • Wider partner agency engagement for Secondary Care Mental Health Transformation • Support initiatives and training including: Time to Change, Mental Health First Aid, Your life Your Choice, 5 Ways to wellbeing • Raise awareness and consider local impact of integrated 0-19 prevention service "Starting Well", Parenting and Family support providers. • Set up cross provider network to increase awareness of activities taking place with different providers.
Increase physical activity (including inactivity)	<ul style="list-style-type: none"> • Raise awareness of locally delivered services which increase physical activity including input on existing provision and barriers to delivery • Support initiatives and training including: One You, Worcestershire Works Well, Health Chat training, Eating Well on a Budget, Worcestershire Welcomes Breastfeeding. • Set up Bromsgrove Children and Young people provider network to raise awareness of activities taking place across district. • Consider Childhood Obesity: A plan for action and identify and relevant local actions.
Reduce harm from alcohol	<ul style="list-style-type: none"> • Raise awareness of local service provision with consideration how agencies can support existing provision and support wider partners to address alcohol related issues highlighted in the Bromsgrove Health and Wellbeing Plan.
Ageing Well	<ul style="list-style-type: none"> • Improve dementia awareness • Tackle fuel poverty and reduce excess winter deaths • Falls Prevention • Address social isolation and loneliness and promote ageing well • Improve stroke awareness • Support carers
Local Priorities	<ul style="list-style-type: none"> • Stroke Awareness • Alcohol Awareness and Dry January • Ageing Well and Pensioners Day • Digital inclusion • Mental Health
Support and reduce NEETs	<ul style="list-style-type: none"> • Work closely with partners for continued reduction of NEETs, Partnership panels and raising awareness and consideration of the impact of WCC proposals to change provision of family support and individuals at risk of becoming NEET.

Summary of Pharmaceutical Services and Need

- 16 pharmacies service Bromsgrove of which 2 are 100-hour contracts.
- There is access to 4 pharmacies from 08:00 onwards from Monday to Friday with all open by 09:00.
- 2 pharmacies close at lunchtime, but there is still good provision during the normal working day. The majority of contractors open beyond 18:00 and 2 contractors are open until 22:30 (Mon-Fri).
- 15 pharmacies are open in the locality on Saturday, providing coverage from 08:30 until 22:30.
- On Sunday a service is provided by 4 pharmacies to cover the hours from 09:00 until 22:30.
- 3 dispensing GP practices also service this locality.
- There are 15 Healthy Living Pharmacies (HLPs) in this locality. The population of 96769 is serviced by 16 pharmacies and 3 dispensing GPs (18.6 contractors per 100,000 population, including dispensing GPs).
- 7 pharmacies offer needle and syringe exchange and 16 pharmacies offer Supervised Methadone and Buprenorphine Consumption.
- 14 pharmacies offer emergency hormonal contraception (EHC).
- One pharmacy offers a pregnancy stop smoking service.
- 15 pharmacies offer a Medicines Use Review (MUR) service.
- 15 pharmacies offer a New Medicine Service (NMS).

CONCLUSION

- Pharmaceutical services are relatively easily accessible in this locality from 08:00 until 22:30 from Monday to Friday, from Saturday and Sunday.
- The rate of contractors per 100,000 population is considered adequate with reference to local geography and size of locality.
- Road access is good.
- Pharmaceutical services are provided by a good mix of small and large multiples, supermarket and 100-hour contractors which offers a wide and sufficient level of choice.
- The pharmaceutical service provided by community pharmacies in the locality is supplemented by 3 dispensing GP practices serving the more rural areas.
- The range of services provided is comprehensive including advanced and locally commissioned services in addition to the contractually required essential services.
- The priorities in this locality include Antibiotic prescribing, Alcohol, Mental Health, Physical Activity and Obesity can be particularly well supported by the development of the community pharmacy public health role including the Healthy Living Pharmacy programme in Bromsgrove.
- Cross-border availability of pharmaceutical services is significant in this locality.
- Public engagement has not highlighted any significant serious barriers to access in this locality. However all contractors are encouraged to consider the findings, feedback and general comments about service access in Worcestershire that has been highlighted as part of this process. This will further enable contractors to meet the changing needs of their community.

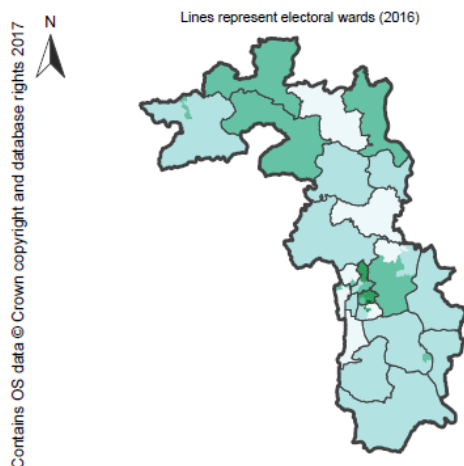
- There may be an opportunity to address areas of concern such as late diagnosis of HIV and low Chlamydia detection rates through appropriately commissioning pharmacies to screen for these diseases.

Malvern Hills District

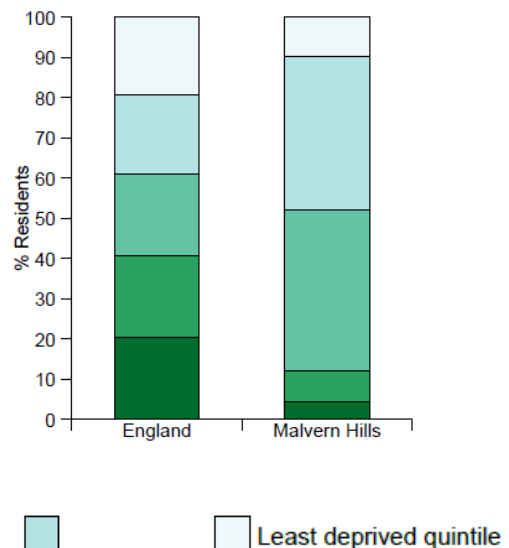
Population & Demographics: Key Facts

- Population: 76,130¹⁰
- Malvern Hills has the highest proportion of people aged 65 and over (27.4%) in comparison other Worcestershire districts.
- 15.0% of children living in low income households (1,700)
- 3.9% of people living in Malvern Hills are from an ethnic minority group, compared to 13.2% in England.
- Compared to England as a whole GCSE attainment (5 GCSEs A*-C) is significantly higher in Malvern Hills at 64.9%
- The gap in life expectancy for women is 3.9 years between the most deprived and least deprived areas in Malvern Hills.
- There are a lower proportion of people living in most deprived areas in the country when compared to the England average.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



% of population in Malvern Hills living in areas at each level of deprivation compared to England



Source: Public Health England – Health Profile 2017: Malvern Hills

¹⁰ ONS mid-year population estimates 2016

The map shows differences in deprivation in this area based on national comparisons, the darker coloured the area the more deprived the neighbourhood (national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area).¹¹.

¹¹ Public Health England, Health Profile 2017 – Malvern Hills. Online. Available from: <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000235.pdf>

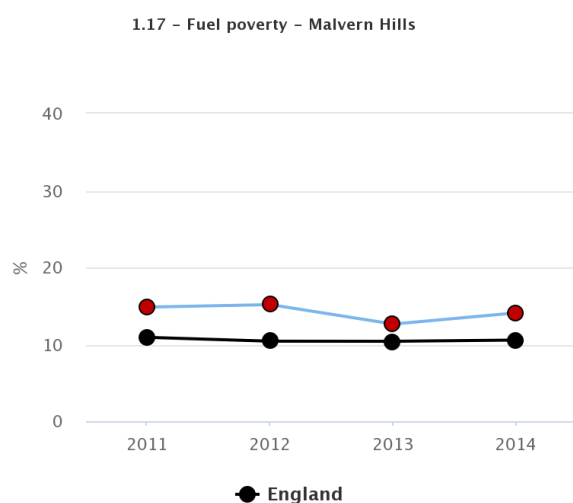
Areas of Concern and Changing Needs

Fuel Poverty

Living at low temperatures has substantial negative effect on individual health and wellbeing, including being responsible for approximately 1 in 10 excess winter deaths¹², exacerbation of medical conditions such as circulatory diseases, respiratory problems, mental health and other conditions such as colds and flu, rheumatism and arthritis¹³. The most vulnerable groups in society, the very young and the elderly and those with long-term conditions are at highest risk from fuel poverty.

For some people living in Malvern Hills, fuel poverty is a significant issue. 14.1% of households experience Fuel Poverty and this is the highest across the Worcestershire districts and one of the top 5 areas within the West Midlands. In 2014 the rate was significantly higher than both the England and West Midlands average. The proportion of households living in fuel poverty has always been significantly higher than the England rate. Rates have not changed much over a 4 year period from 2011. The lowest rate was in 2013 where 12.6% of households experienced fuel poverty.

National data shows that rural areas have significantly higher levels of fuel poverty. Nationally fuel poverty rates are highest in lone parent with dependent children households (22.3%), other multi-person households (17.8%) and couples with dependent children (15.1%). Households where people are unemployed experience significant fuel poverty (approximately 28% of these households). There is a clear gradient in relation to deprivation where 12.5% of households in the most deprived decile experience fuel poverty compared to 7.6% in the least deprived decile.



Source: Public Health Outcomes Framework (PHOF)

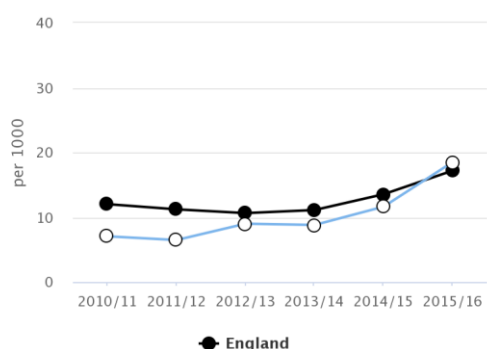
¹² Indicator Definitions and Supporting Information: Fuel Poverty. Available from: www.phoutcomes.info

¹³ Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty, pp. 23 -30. Available from: https://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf

Violent Crime

The rate of violent crime in Malvern Hills for 2015-16 was 18.5 per 1,000 population and was significantly higher than the rate for England and West Midlands. This is the highest rate since the indicator was set up in 2010-11. The rate has been gradually increasing for the last two years from its lowest point in 2013-14. The rate of violent crime appears to be rising at a faster rate in comparison to England, where the increase has been more gradual. The caveat with this data is that there has been an improvement in the recording of crime statistics and it is thought that the rise in recorded crime is largely due to process improvements, rather than a genuine rise in violent crime. However, given rates are significantly higher in Malvern Hills it is important to monitor this indicator for the future.

1.12ii – Violent crime (including sexual violence) – violence offences per 1,000 population – Malvern Hills



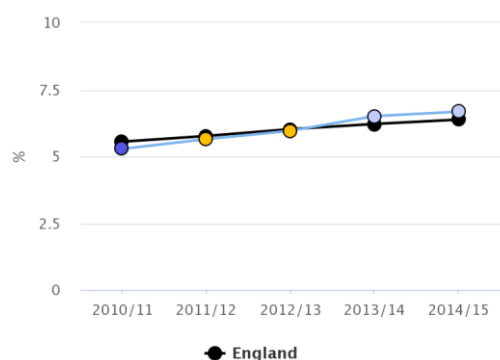
Recorded Diabetes

Approximately 90% of diagnosed cases of diabetes are Type 2 and are partially preventable. Changes to lifestyle can help delay the progression of the disease and help to manage the condition. Complications can arise from diabetes which can have significant impact upon an individual's life and can increase disease ¹⁴.

The proportion of recorded diabetes in Malvern is significantly higher at 7.0% compared to England average at 6.4%. National data shows that there are a higher proportion of individuals with recorded status of diabetes when looking at deprivation with a higher proportion of recorded diabetes within more deprived areas in comparison to less deprived areas with a proportion of recorded diabetes of 7.2% in the most deprived areas to 5.1% in the least deprived areas.

¹⁴ Indicator Definitions and Supporting Information: Recorded Diabetes. Available from: www.phoutcomes.info

2.17 - Recorded diabetes - Malvern Hills



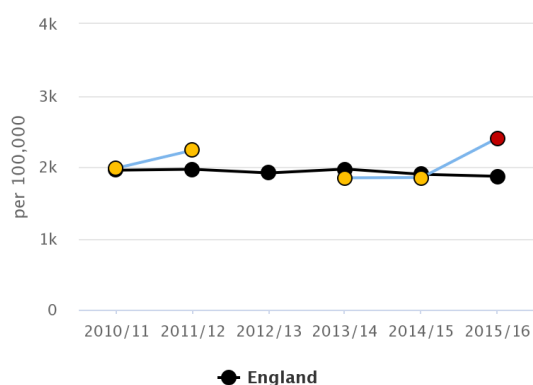
Source: Public Health Outcomes Framework (PHOF)

Hip Fractures 80+

Hip fractures in older people can be a debilitating condition, resulting in loss of independence, increase in morbidity and mortality. It is estimated that the average age of a person with hip fracture is 83 years of which, 73% are female. Findings from the National Hip Fracture database also estimate that mortality following hip fractures is high with approximately 1 in 10 individuals estimated to die within a month and 1 in 3 within a year¹⁵.

In 2015-16, the rate of hip fractures in females aged 80+ in the Malvern Hills district was significantly higher than the England average and the West Midlands average. It had the second highest rate across the West Midlands region at 2,404 per 100,000 admissions second only to Redditch district at 2,405 per 100,000 emergency admissions

4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Female) - Malvern Hills



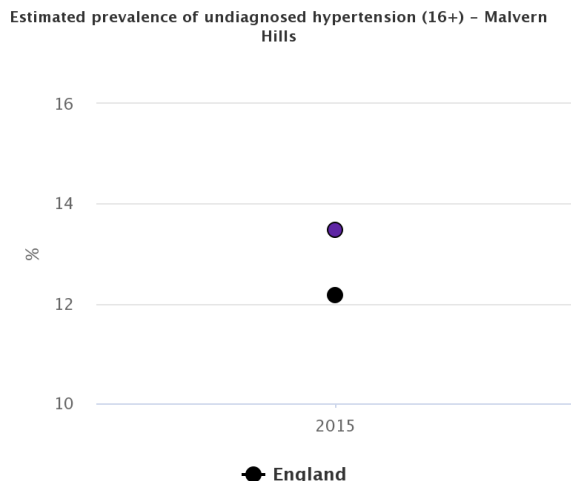
Source: Public Health Outcomes Framework (PHOF)

¹⁵ Indicator Definitions and Supporting Information: Hip fractures in people aged 65 and over. Available from: www.phoutcomes.info

Estimated prevalence of undiagnosed hypertension (16+)

Hypertension is a significant risk factor for heart disease, stroke and kidney disease and is therefore a key priority for public health programmes. Lifestyle changes can help to lower blood pressure including being more physically active, reducing alcohol intake, losing weight if overweight and stopping smoking. Some individuals may require medication to help to lower their blood pressure.

Wyre Forest has the highest proportion of undiagnosed hypertension 13.5% across the West Midlands region. The proportion nationally is 12.2%.



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ in an at-risk group.

South Worcestershire CCG just fell short of the target at 73.3% of individuals aged 65+ were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.8% of individuals in at-risk groups were vaccinated against a target of 55.0%.

Antibiotic prescribing and antimicrobial resistance

Antibiotic resistance has been identified by the World Health Organisation as a significant worldwide public health issue. In 2015, a global action plan¹⁶ was established to tackle rising levels of antimicrobial resistance. Part of the action plan has been ensuring the

¹⁶ World Health Organisation (2015) Global action plan on antimicrobial resistance. Online. Available from: <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

correct use of available antibiotics and limiting unnecessary use, including antibiotic stewardship programmes, which have been adopted here in the UK.

South Worcestershire CCG has the highest proportion of prescriptions of broad spectrum antibiotics in across the West Midlands region at 10.22% compared to 7.5% regionally and 8.92% across England overall. Careful use and monitoring of these classes of antibiotics are crucial to manage the increasing levels of drug resistance. Levels of prescribing of trimethoprim to nitrofurantoin are also higher at 59.4% in comparison to the West Midlands at 47.5% and England 55.5%. Resistance to trimethoprim is high and as such, first line recommendation is to use nitrofurantoin for UTIs. South Worcestershire CCG also has a lower rate of Antibiotic Guardians per 100,000 population in comparison to England (23.3 per 100,000) and West Midlands average (37.4 per 100,000).

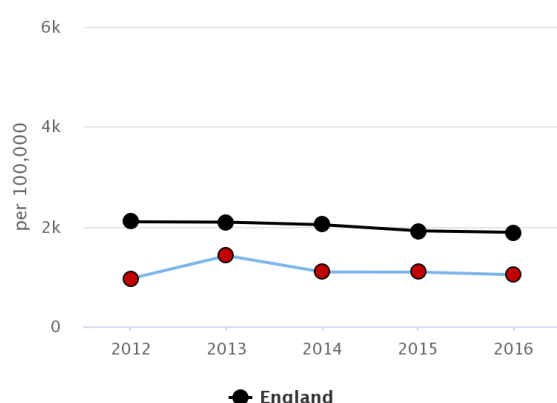
Chlamydia Detection Rate 15-24yr olds

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others.

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set as a level that would encourage high volume screening and diagnoses¹⁷.

The chlamydia detection rate in Malvern Hills remained relatively static between 2014-2016. The rate is significantly lower than the England rate at 1,882 per 100,000 population aged 15-24. Malvern Hills has the lowest Chlamydia detection rate across the Worcestershire districts.

3.02 – Chlamydia detection rate (15–24 year olds) – Malvern Hills



Source: Public Health Outcomes Framework (PHOF)

¹⁷ Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: www.phoutcomes.info

Late HIV Diagnosis

Late diagnosis of HIV infection is an important predictor of morbidity and mortality amongst individuals diagnosed with HIV infection. Individuals who are diagnosed late have a ten-fold risk of death in comparison to those receiving a diagnosis at an earlier stage. National data shows that the highest rates of late diagnosis across exposure groups are for Heterosexual contact for both males (59.0%) and females (50.5%) and injecting drug users (52.1%).

Even though there are small numbers of individuals being diagnosed, in Malvern Hills a higher proportion of individuals receive their diagnosis at a later stage (80.0% n=4 in comparison to the West Midlands (45.5%) and England average (40.1%). The proportion of HIV late diagnoses is the highest across the West Midlands region and twice the rate of the England average.

Developments/expansions

Across Worcestershire there is a need to provide homes for people due to a growing population. There is a significant demand for housing across the county.

Good planning and management of such large scale projects are vital to the wider benefits that new developments bring to an area. The following major developments are proposed below:

Area	Proposed Development	Comments	Approximate Time Frame (Start/End)	Increased population ¹⁸ (estimated)
Malvern Technology Centre (QinetiQ)	4.5ha employment land 300 dwellings	Increase in affordable housing stock Recreational facilities/Open spaces Improved access to site, transport links and improvement of public transport infrastructure.	2019-20 – 2027-28	460
North East Malvern Urban Extension	800 dwellings	Increase in affordable housing stock Community infrastructure including primary school/community hall. Green infrastructure. Improved public transport network, linking community areas (health care/education) Neighbourhood shopping facilities.	2021-22 – 2029-30	1227

¹⁸ National formula for calculating increase in local population. For each house build increase in 1.5 adults and for every 30 houses built 1 child. Estimates have been provided for illustrative purposes only.

Local Strategy

The local Health and Wellbeing strategy (2017-18) for Malvern Hills is below:

Priority Area	Projects
Mental health and well-being throughout life	<ul style="list-style-type: none"> • Promotion of mental health campaigns locally. • Delivery of health chats training sessions • Older peoples showcasing events • Delivering dementia friends sessions, support businesses and communities to become dementia friendly and aware. • Reduce social isolation & support individuals living with dementia, vulnerable individuals and wider communities. • Reconnections for people aged 50+ tackling social isolation and loneliness. • Support local volunteering schemes • Digital inclusion • Community first aid programmes • Mental Health Awareness support networks, mental health champions, family and community support programmes.
Being active at every age	<ul style="list-style-type: none"> • Supporting children aged 4+ to learn how to ride a bike • Community sports awards • Support local sports clubs and individuals • Strength and balance classes • Active holiday play schemes - YMCA/Freedom Leisure Holiday activity programme • Sportivate - Increase activity in 11-25yr olds • Free swimming for over 75's and Under 8's • Couch to 5k • Walking for health • Fortis living - community lifestyle programme for over 55's
Reducing harm from drinking too much alcohol	<ul style="list-style-type: none"> • Alcohol awareness and education • Peer mentor support • Worcestershire Works Well Scheme • Best Bar None Scheme

Summary of Pharmaceutical Services and Need

- 14 pharmacies service Malvern Hills, of which none are 100-hour contracts.
- There is access to 1 pharmacy from 08:00 hrs onwards from Monday to Friday with all open by 09:00.
- 5 pharmacies close at lunchtime, but there is still good provision during the normal working day. The majority of contractors open beyond 17:30 hrs and 2 contractors are open until 20:00 (Mon-Fri).
- 12 pharmacies are open in the locality on Saturday, providing coverage from 08:00 until 20:00.
- On Sunday a service is provided by 2 pharmacies to cover the hours from 10:00 until 16:30.
- 4 dispensing GP practices also service this locality.
- There are 12 Healthy Living Pharmacies (HLPs) in this locality.
- The population of 76,130 is serviced by 14 pharmacies and 4 dispensing GPs (22.3 contractors per 100,000 population, including dispensing GPs).
- 4 pharmacies offer needle and syringe exchange and 12 pharmacies offer Supervised Methadone and Buprenorphine Consumption.
- 11 pharmacies offer emergency hormonal contraception (EHC).
- .
- No pharmacy offers a pregnancy stop smoking service.
- 12 pharmacies offer a Medicines Use Review (MUR) service.
- 12 pharmacies offer a New Medicine Service (NMS).

CONCLUSION

- Pharmaceutical services are relatively easily accessible in this locality from 08:00 until 24:00 from Monday to Friday, 08:00 until 24:00 Saturday and 10:30 until 16:30 Sunday.
- The rate of contractors per 100,000 population is considered adequate with reference to local geography and size of locality.
- Road access and travel time is good.
- Pharmaceutical services are provided by a good mix of independent, small and large multiples, supermarket and 100-hour contractors which offers a wide and sufficient level of choice.
- The pharmaceutical service provided by community pharmacies in the locality is supplemented by 4 dispensing GP practices serving the more rural areas.
- The range of services provided is comprehensive including advanced and locally commissioned services in addition to the contractually required essential services.
- The priorities in this locality include Recorded Diabetes, Antibiotic prescribing, , Alcohol, Mental Health, Physical Activity and Obesity which can be particularly well supported by the development of public health role including the Healthy Living Pharmacy programme in Malvern Hills.
- Cross-border availability of pharmaceutical services is significant in this locality.
- Public engagement has not highlighted any significant serious barriers to access in this locality. However all contractors are encouraged to consider the findings, feedback and general comments about service access in Worcestershire that has

been highlighted as part of this process. This will further enable contractors to meet the changing needs of their community.

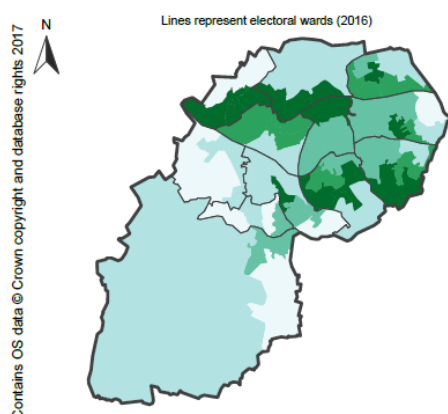
- There may be an opportunity to address areas of concern such as late diagnosis of HIV and low Chlamydia detection rates through appropriately commissioning pharmacies to screen for these diseases. There is also an opportunity for pharmacies to contribute to diabetes prevention and detection.

Redditch District

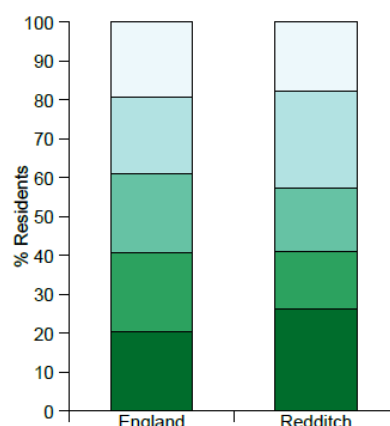
Population & Demographics: Key Facts

- Population: 84,971¹⁹
- Redditch has a higher proportion of children and young people aged 0-19 (24.4%) in comparison to Worcestershire overall.
- 18.0% of children live in low income households (3,000)
- 9.4% of people living in Redditch are from an ethnic minority group, compared to 13.2% in England.
- GCSE attainment (5 GCSEs A*-C) is similar to the national average at 55.9%.
- There are a higher proportion of people living in most deprived areas in the country compared to the England average.
- Life expectancy is 8.3 years lower for men and 6.9 years lower for women in the most deprived areas of Redditch, compared to the least deprived.
- For premature deaths in males the gap between the richest and poorest areas in Redditch has widened since 2011-13.

Index of Multiple Deprivation 2015 (Quintiles)
by LSOA



% of population in Redditch living in areas at
each level of deprivation compared to England



¹⁹ ONS mid-year population estimates 2016



Source: Public Health England – Health Profile 2017: Redditch

The map shows differences in deprivation in this area based on national comparisons, the darker coloured the area the more deprived the neighbourhood (national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area).²⁰

Areas of Concern and Changing Needs

Hospital admissions caused by unintentional and deliberate injuries in children

Injuries are a leading cause of premature mortality and hospitalisation for children.

In Redditch, the rate of hospital admissions caused by unintentional and deliberate injuries in children and young people is significantly higher than both the West Midlands and England average across all age groups (0-4 years, 0-14 years and 15-24 years).

Hospital admissions caused by unintentional and deliberate injuries in children in Redditch, West Midlands and England (2015-16)



Source: Public Health Outcomes Framework (PHOF)

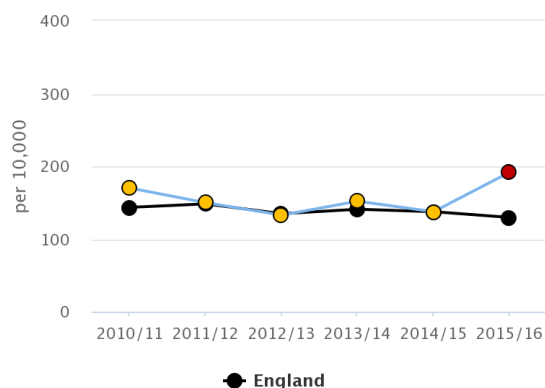
In Redditch, 2015/16, the rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years was significantly higher than both the West Midlands and England rates at 191.7 hospital admissions per 10,000. This is also the same for children aged 0-14 where rates were 145.4 hospital admissions per 10,000 in 2015/16, compared to 125.2 in 2014/15.

This is the first year that rates have been significantly higher and have increased sharply from 2014/15 when the rate was 137.5 per 10,000 for children aged 0-4 years. The rate is also the second highest across the West Midlands region, second only to Coventry. This will

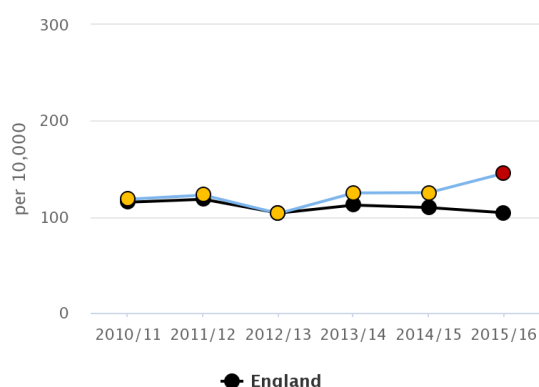
²⁰ Public Health England, Health Profile 2017 – Redditch. Online. Available from: <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000236.pdf>

require monitoring at a local level to see if this is a trend. It is important to consider that whilst Hospital Episode Statistics (HES) data is considered to be generally robust, it can be sensitive to changes in coding practices at trust level.

2.07i – Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–4 years) – Redditch



2.07i – Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years) – Redditch



Source: Public Health Outcomes Framework (PHOF)

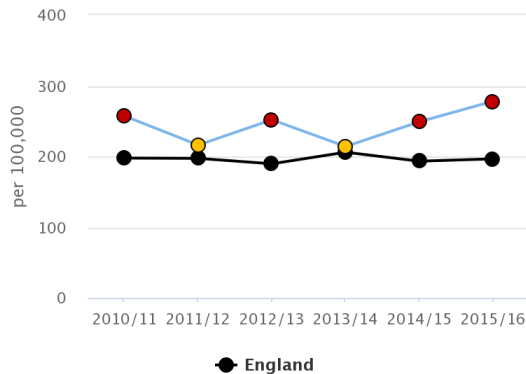
Emergency Hospital Admissions for Intentional Self-Harm (hospital admissions per 100,000, DSR)

Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at Accident and Emergency within the year. One study of people presenting at Accident and Emergency (A&E) showed a subsequent suicide rate of 0.7% in the first year – 66 times the suicide rate in the general population²¹.

The rate of emergency hospital admissions for intentional self-harm in Redditch is significantly higher at 278.1 admissions per 100,000 compared to 208.9 admissions per 100,000 in the West Midlands and 196.5 admissions per 100,000 for England overall. Redditch has the second highest rate of admissions across the West Midlands region. Rates are significantly higher for females (341.7) in comparison to males (218.3).

²¹ Indicator Definitions and Supporting Information: Emergency Hospital Admissions for Intentional Self-Harm. Available from: www.phoutcomes.info

2.10ii – Emergency Hospital Admissions for Intentional Self-Harm – Redditch



Source: Public Health Outcomes Framework (PHOF)

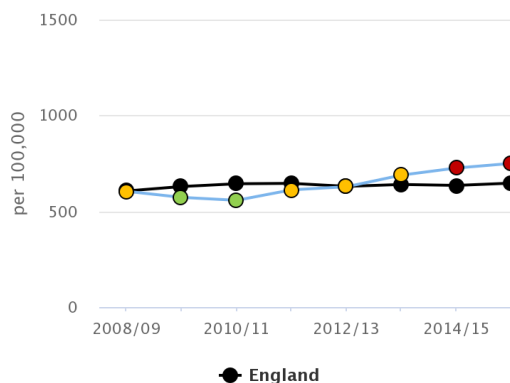
Some caution is urged when interpreting data on self-harm trends from Hospital Episode Statistics (HES) data. Large increases could be due to improved data collection. However, it is important to monitor the trend over time to see whether this trend is likely to continue.

Hospital Stays for Alcohol Related Harm

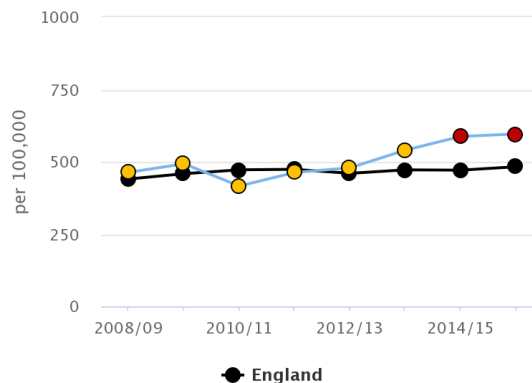
The reduction of alcohol-related harm is one of the key indicators within Public Health England's national strategy. Alcohol is a significant contributory factor for a range of health conditions and is estimated to cost the NHS approximately £3.5 billion per year and society as a whole £21 billion annually²².

The rate of hospital admissions for alcohol related harm (narrow definition²³) in Redditch has been increasing and has been significantly higher than England for the last two years. The latest data shows that the rate is 750 admissions per 100,000 compared to the England rate of 647 admissions per 100,000. Rates of admissions for males are not significantly higher compared to the England average. The rate of admissions for females is significantly higher than the England average and has been for the last two years.

2.18 – Admission episodes for alcohol-related conditions – narrow definition (Persons) – Redditch



2.18 – Admission episodes for alcohol-related conditions – narrow definition (Female) – Redditch



²² Indicator Definitions and Supporting Information: Admission episodes for alcohol related harm – narrow definition Available from: www.phoutcomes.info

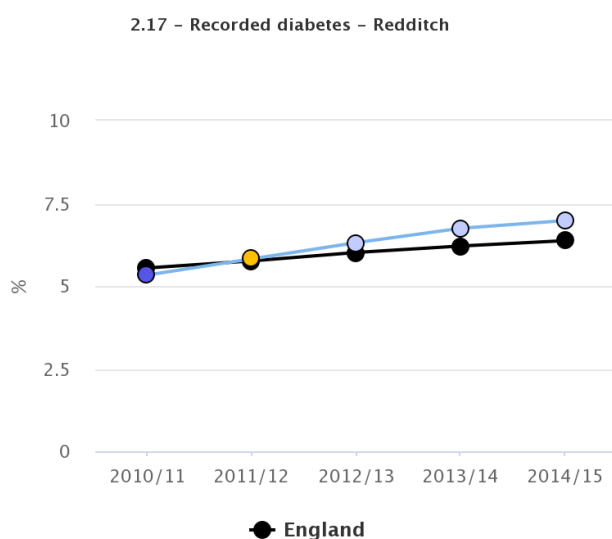
²³ PROVIDE DEFINITION OF NARROW CRITERIA

Violent Crime (violence offences per 1,000 population)

The rate of violent crime in Redditch for 2015-16 was 18.7 per 1,000 population and was significantly higher than the rate for England and West Midlands. This is the highest rate since the indicator was set up in 2010-11. The rate has been gradually increasing for the last two years from its lowest point in 2013-14. The rate of violent crime appears to be rising at a faster rate in comparison to England, where the increase has been more gradual. The caveat with this data is that there has been an improvement in the recording of crime statistics and it is thought that the rise in recorded crime is largely due to process improvements, rather than a genuine rise in violent crime. However, given rates are significantly higher in Redditch it is important to monitor this indicator for the future.

Recorded Diabetes

The proportion of recorded diabetes in Redditch is significantly higher at 7.0% compared to the England average at 6.4%. It is the highest recorded rate across the Worcestershire districts. National data shows more deprived areas have a higher proportion of people with recorded diabetes than less deprived areas with a proportion of recorded diabetes of 7.2% in the most deprived areas compared to 5.1% in the least deprived areas.



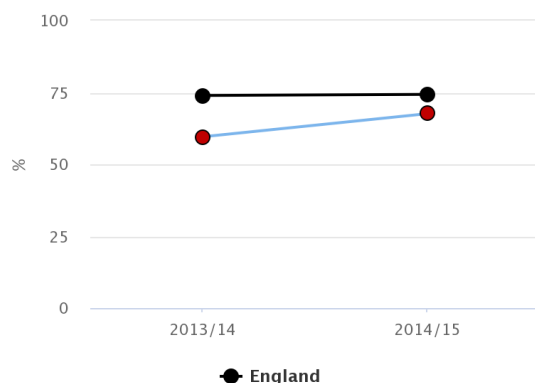
Source: Public Health Outcomes Framework (PHOF)

Breastfeeding Initiation

Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Babies who are breastfed have lower rates of respiratory and gastrointestinal infection. Breastfeeding also lowers the risk of both breast and ovarian cancers.

The rate of breastfeeding initiation in Redditch was significantly lower than both England and West Midlands average at 67.6% in 2014/15. This is the most up to date information available at district level and it is difficult to comment on whether this has changed over the last two financial years. Between 2013/14 and 2014/15, there was an increase in breastfeeding initiation rates from 59.6% to 67.6% respectively.

2.02i – Breastfeeding – breastfeeding initiation – Redditch



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals considered being at-risk aged 18+.

Redditch and Bromsgrove CCG fell short of the target at 71.0% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 50.5% of individuals in at-risk groups were vaccinated against a target of 55.0%.

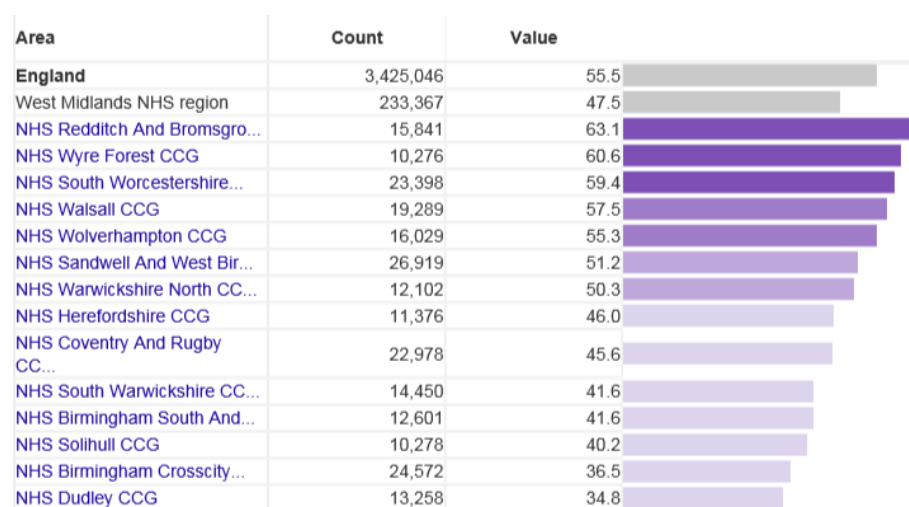
Antibiotic prescribing and antimicrobial resistance

Antibiotic resistance has been identified by the World Health Organisation as a significant worldwide public health issue. In 2015, a global action plan²⁴ was established to tackle rising levels of antimicrobial resistance. Part of the action plan has been ensuring the correct use of available antibiotics and limiting unnecessary use, including antibiotic stewardship programmes, which have been adopted here in the UK.

The ratio of prescribing trimethoprim to nitrofurantoin was 63.1% for Redditch and Bromsgrove CCG. This was the highest proportion across all CCG areas in the West Midlands. The rate is higher than the England average at 55.5%. Resistance to trimethoprim is high and as such, national guidance states the use of nitrofurantoin for first line treatment for UTIs. Redditch and Bromsgrove CCG also has a lower rate of Antibiotic Guardians per 100,000 population at 17.2 per 100,000 in comparison to the England average (23.3 per 100,000) and West Midlands average (37.4 per 100,000).

²⁴ World Health Organisation (2015) Global action plan on antimicrobial resistance. Online. Available from: <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

Twelve month rolling proportion of trimethoprim class prescribed antibiotic items as a ratio of trimethoprim to nitrofurantoin (March 2017, CCG)



Source: NHS Digital supply monthly prescribing data <http://digital.nhs.uk>

Source: Public Health Outcomes Framework (PHOF)

Chlamydia Detection Rate 15-24yr olds

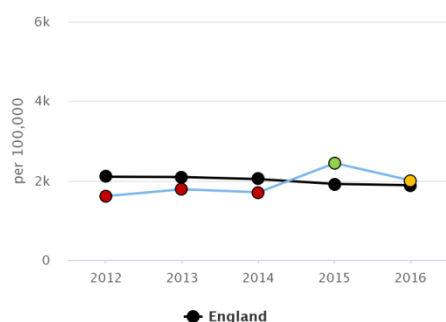
The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set as a level that would encourage high volume screening and diagnoses²⁵.

The chlamydia detection rate in Redditch was significantly higher in 2015 but in 2016 the rate was similar to the national average at 2,000 per 100,000 population aged 15-24 compared to the England rate at 1,882 per 100,000 population aged 15-24

²⁵ Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: www.phoutcomes.info

3.02 – Chlamydia detection rate (15–24 year olds) – Redditch



Source: Public Health Outcomes Framework (PHOF)

Developments/expansions

Across Worcestershire there is a need to provide homes for people due to a growing population. There is a significant demand for housing across the county. Good planning and management of such large scale projects are vital to the wider benefits that new developments bring to an area. The following major developments are proposed below:

Area	Proposed Development	Comments	Approximate Time Frame (Start/End)	Increased population ²⁶ (estimated)
Redditch Urban Extensions	Foxlydiate: 2,800 new dwellings	Expansion of community infrastructure to include a first school and local centre.	2016-17 - 2020-21 (595 by 2020-21 ²⁷)	5213
	Brockhill: 600 new dwellings			
	Brockhill East: 1,025 new dwellings	Increase in affordable housing Increase in transport infrastructure – bus/cycle/walking Community services & facilities, District Centre, first school & public transport network.	2016-17 - 2020-21 (449 by 2020-21 ⁸)	1572
Alexandra Hospital	Mixture of business use and residential: approx. 145 new dwellings		2017-18 - 2019-20	222
Web Heath	400-600 new	Plan will not be fully	2016-17 - 2018-19	Between

²⁶ National formula for calculating increase in local population. For each house build increase in 1.5 adults and for every 30 houses built 1 child. Estimates have been provided for illustrative purposes only.

²⁷ Phased development at this site. 5 year forward plan published at current time.

	dwellings	implemented in next 10 years. Long term development plan.	(285 by 2020-21 ⁸)	613 - 920
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Local Strategy

The local strategy below is for 2016/17. The plan is currently under review and will be finalised later in the financial year.

Priority Area	Projects
Maternal and Early Years Health and	<ul style="list-style-type: none"> • Increase awareness and uptake of the Healthy Start (HS) programme/ vouchers • Increase positive lifestyles choices during pregnancy
Obesity	<ul style="list-style-type: none"> • Increase the development of healthy cooking on a budget within communities • Increase the amount of activity families and individuals are doing in the Borough • Improve health in the workplace • Ensure frontline staff across Redditch are able to deliver Healthy Lifestyle brief interventions in order to 'make every contact count' • Deliver an information campaign increasing awareness of diabetes and positive lifestyle behaviours to prevent and manage diabetes
Mental Health and Wellbeing throughout life	<ul style="list-style-type: none"> • Increase support for those with low level mental health conditions • Improve the mental wellbeing of staff in Redditch/Bromsgrove councils • Provide low level coaching and mentoring support for people stepping down from more intensive counselling and coaching • Provide additional opportunities for people in Redditch to access Counselling services • Increase the confidence of frontline staff in Redditch to support children and young people they are working with that may have mental health issues
Ageing Well	<ul style="list-style-type: none"> • Promote healthy lifestyle services and opportunities available for older people • Support Redditch to become Dementia friendly • Reduce social isolation amongst older people in Redditch • Improve older peoples health by raising awareness and informing them of healthy eating choices and options.
Reducing harm from drinking too much	<ul style="list-style-type: none"> • Increase awareness of support available for alcohol related issues • Promote safe drinking for residents of Redditch
Improving attainment and aspirations in young people	<ul style="list-style-type: none"> • To investigate what issues exist around school readiness and attainment at the Early Years Foundation Stage. • To understand how and where illegal exclusions are taking place and how extensive the use of part time timetables is for young people in the town. To understand the impact of this on children and young people.
Support and enhance youth activities for Young People in Redditch	<ul style="list-style-type: none"> • Ensure services for young people are joined up and also aligned with the commissioned Positive Activities. • Facilitate the development of the Redditch Youth Forum. • Look at the sustainability of the current PA activities and how these might be built on in the future.

Summary of Pharmaceutical Services and Need

- 16 pharmacies service Redditch, of which 4 are 100-hour contracts.
- There is access to 1 pharmacy from 07:00 onwards from Monday to Friday with all open by 09:00.
- 6 pharmacies close at lunchtime, but there is still good provision during the normal working day. The majority of contractors open beyond 17:30 and 3 contractors are open until 22:30 (Mon-Fri).
- 12 pharmacies are open in the locality on Saturday, providing coverage from 06:30 until 22:30.
- On Sunday a service is provided by 5 pharmacies to cover the hours from 00:01 until 22:30.
- 1 dispensing GP practice also services this locality.
- There are 13 Healthy Living Pharmacies (HLPs) in this locality.
- The population of 84,971 is serviced by 16 pharmacies and 1 dispensing GP (21.2 contractors per 100,000 population, including dispensing GPs).
- 9 pharmacies offer needle and syringe exchange and 14 pharmacies offer Supervised Methadone and Buprenorphine Consumption.
- 14 pharmacies offer emergency hormonal contraception (EHC).
- No pharmacy offers a pregnancy stop smoking service.
- 15 pharmacies offer a Medicines Use Review (MUR) service.
- 15 pharmacies offer a New Medicine Service (NMS).

CONCLUSION

- Pharmaceutical services are relatively easily accessible in this locality from 09:00 until 22:30 from Monday to Friday 06:30 until 22:30 Saturday and 09:00 until 22:30 Sunday.
- The rate of contractors per 100,000 population is considered adequate with reference to local geography and size of locality.
- Road access is good.
- Pharmaceutical services are provided by a good mix of independent, small and large multiples, supermarket and 100-hour contractors which offers a wide and sufficient level of choice.
- The pharmaceutical service provided by community pharmacies in the locality is supplemented by 1 dispensing GP practice serving the more rural areas.
- The range of services provided is comprehensive including advanced and locally commissioned services in addition to the contractually required essential services.
- The priorities in this locality including Recorded Diabetes, Antibiotic prescribing, Breastfeeding, Alcohol, Mental Health, Physical Activity and Obesity can be particularly well supported by the development of public health role including the Healthy Living Pharmacy programme in Redditch.
- Cross-border availability of pharmaceutical services is significant in this locality.
- Public engagement has not highlighted any significant serious barriers to access in this locality. However all contractors are encouraged to consider the findings, feedback and general comments about service access in Worcestershire that has been highlighted as part of this process. This will further enable contractors to meet the changing needs of their community.

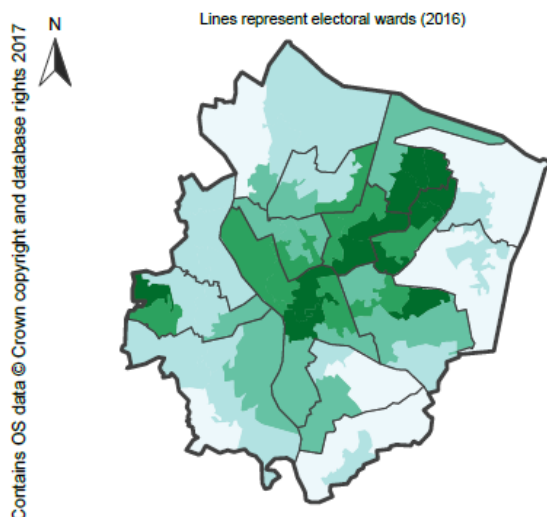
- There may be an opportunity to address low Chlamydia detection rates through appropriately commissioning pharmacies to screen for this disease. There is also an opportunity for pharmacies to contribute to diabetes prevention and detection.

Worcester District

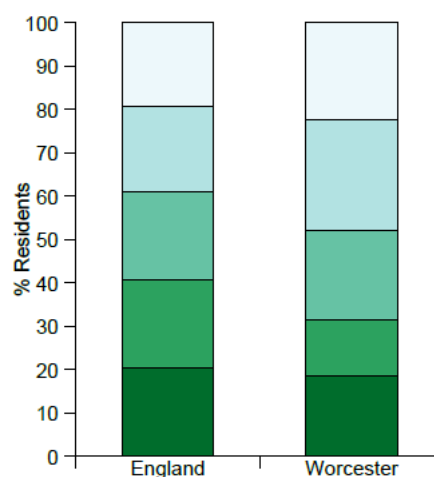
Population & Demographics: Key Facts

- Population: 102,338²⁸
- Higher proportion of males and females in 20-24yr old age group in comparison to the England average.
- 18.0% of children living in low income households (3,500)
- 2.8% of people living in Worcester are from an ethnic minority group, compared to 13.2% in England.
- GCSE attainment (5 GCSEs A*-C) is similar to the England average in Worcester at 59.2%
- Life expectancy is 10.9 years lower for men and 5.9 years lower for women in the most deprived areas of Worcester, in comparison to the least deprived.
- For premature deaths the gap between the richest and poorest areas in Worcester in males has widened since 2011-13.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



% of population in Worcester living in areas at each level of deprivation compared to England



²⁸ ONS mid-year population estimates 2016



Source: Public Health England – Health Profile 2017: Worcester

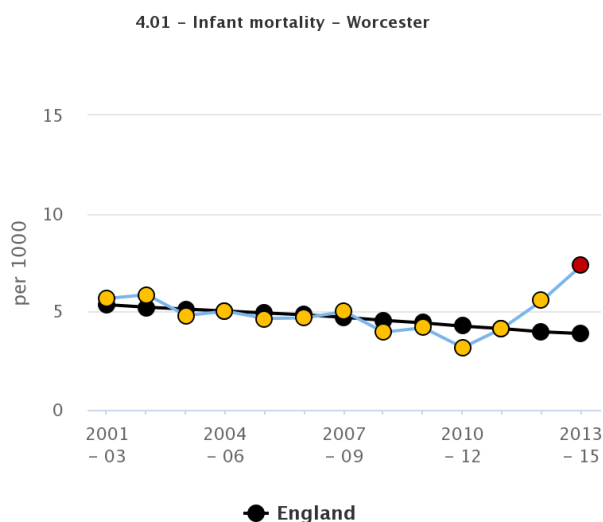
The map shows differences in deprivation in this area based on national comparisons, the darker coloured the area the more deprived the neighbourhood (national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area).²⁹

Areas of Concern and Changing Needs

Infant Mortality

Infant mortality is an indicator of the overall health of the population. Particularly in relation to the wider determinants of health including social, economic and environmental conditions. Reducing infant mortality is a key public health priority to reduce the levels of inequality between the richest and poorest in society.

The infant mortality rate in Worcester has increased significantly from 2008-10 where the rate was similar to the England average at 4.0 per 1,000 live births to 7.3 per 1,000 in 2013-15. The latest data shows that the infant mortality rate is now significantly higher than the England average for the first time over a 15 year period. The rate in Worcester is almost twice as high as the England rate and is a significant cause for concern. When compared to all districts across the country Worcester has one of the highest rates in the country, and ranks 4th worst overall.

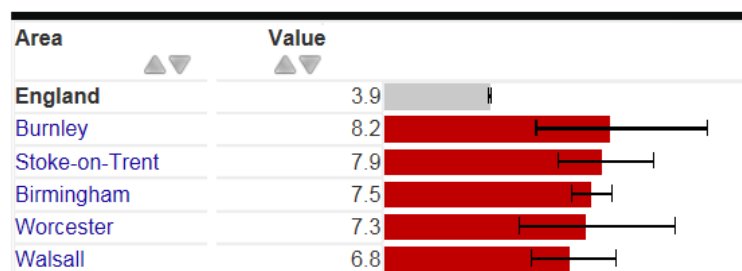


Source: Public Health Outcomes Framework (PHOF)

²⁹ Public Health England, Health Profile 2017 – Worcester. Online. Available from: <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000237.pdf>

Infant mortality rate top 5 highest rates nationally (2013-15)

4.01 - Infant mortality 2013 - 15



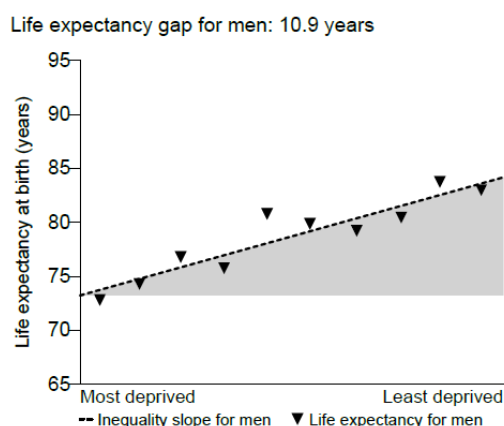
Source: Public Health Outcomes Framework (PHOF)

There is a significant correlation between deprivation and infant mortality rates. Data is not available at district level for deprivation but nationally, the difference between rates in the most deprived and least deprived decile are significant. Infant mortality rates in the most deprived decile were 5.6 per 1,000 live births and 2.9 per 1,000 live births in the least deprived decile. This is currently being investigated locally to better understand the reasons for the change in the rate.

Life Expectancy at Birth – Male

In Worcester, Life expectancy at birth for males is significantly lower than the England average at 78.6 compared to 79.5 in England. Life expectancy had been increasing gradually until 2011-13 where life expectancy has started to fall. Life expectancy is now at its lowest level since 2009-11. The life expectancy gap between the most deprived and the least deprived is 10.9 years for males living in Worcester and is the highest across the Worcestershire districts.

The figure below shows life expectancy for men and in this district for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

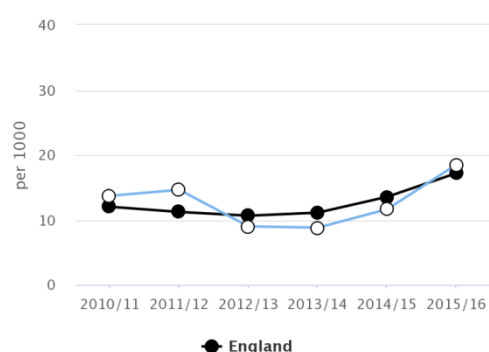


Source: Public Health England – Health Profile 2017: Worcester

Violent Crime (violence offences per 1,000 population)

The rate of violent crime in Worcester for 2015-16 was 18.5 per 1,000 population and was significantly higher than the rate for England and West Midlands. This is the highest rate since the indicator was set up in 2010-11. The rate of violent crime appears to be rising at a faster rate in comparison to England, where the increase has been more gradual. The caveat with this data is that there has been an improvement in the recording of crime statistics and it is thought that the rise in recorded crime is largely due to process improvements, rather than a genuine rise in violent crime. However, given rates are significantly higher in Wyre Forest it is important to monitor this indicator for the future.

1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population - Worcester

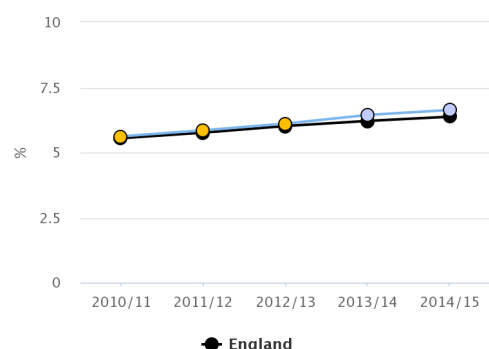


Source: Public Health Outcomes Framework (PHOF)

Recorded Diabetes

The proportion of recorded diabetes in Worcester is significantly higher at 6.6% compared to the England average. There are a higher proportion of individuals with recorded status of diabetes within more deprived areas in comparison to less deprived areas. National data shows that a higher proportion of recorded diabetes in the most deprived decile at 7.2% compared to 5.1% in the least deprived decile.

2.17 - Recorded diabetes - Worcester



Source: Public Health Outcomes Framework (PHOF)

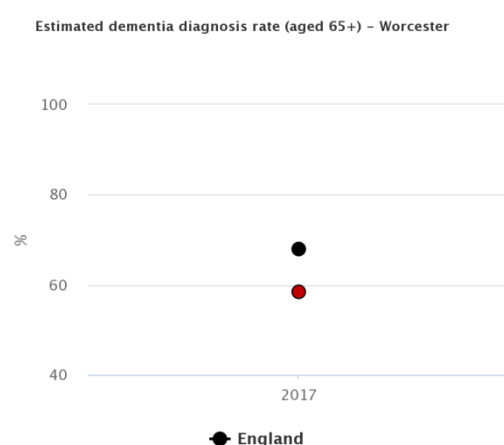
Estimated Diagnosis Rate of Dementia in People Aged 65 and Over

Estimated diagnosis rate of dementia in the over 65's is a new measure that has been developed to improve the rate of diagnosis of dementia across the country and ultimately aimed at improving care of people living with dementia. People living with dementia have

better outcomes with earlier formal diagnosis and in addition to this the correct levels of support can be put in place for families and carers³⁰.

The indicator itself is a complex one and uses age and sex specific dementia prevalence rates, which are subsequently, applied to the local patient population aged 65+ by age group and gender, which provides the number of expected cases of dementia within the local population. This is then divided by the actual number of cases diagnosed and provides an estimated diagnosis rate.

Worcester has a significantly lower proportion of individuals receiving a formal diagnosis of dementia 58.3% compared to 67.9% in England. It also ranks third lowest across the West Midlands. This is lower than expected given the characteristics of the local population.



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous communicable disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ considered being at-risk.

South Worcestershire CCG just fell short of the target at 73.3% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.8% of individuals in at-risk groups were vaccinated against a target of 55.0%.

³⁰ Indicator Definitions and Supporting Information: Dementia: 65+ Estimated Diagnosis Rate. Available from: www.phoutcomes.info

Antibiotic prescribing and antimicrobial resistance

Antibiotic resistance has been identified by the World Health Organisation as a significant worldwide public health issue. In 2015, a global action plan³¹ was established to tackle rising levels of antimicrobial resistance. Part of the action plan has been ensuring the correct use of available antibiotics and limiting unnecessary use, including antibiotic stewardship programmes, which have been adopted here in the UK.

South Worcestershire CCG has the highest proportion of prescriptions of broad spectrum antibiotics in across the West Midlands region at 10.22% compared to 7.5% regionally and 8.92% across England overall. Careful use and monitoring of these classes of antibiotics are crucial to manage the increasing levels of drug resistance. Levels of prescribing of trimethoprim to nitrofurantoin are also higher at 59.4% in comparison to the West Midlands at 47.5% and England 55.5%. Resistance to trimethoprim is high and as such, first line recommendation is to use nitrofurantoin for UTIs. South Worcestershire CCG also has a lower rate of Antibiotic Guardians per 100,000 population in comparison to England (23.3 per 100,000) and West Midlands average (37.4 per 100,000).

Chlamydia Detection Rate 15-24yr olds

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others

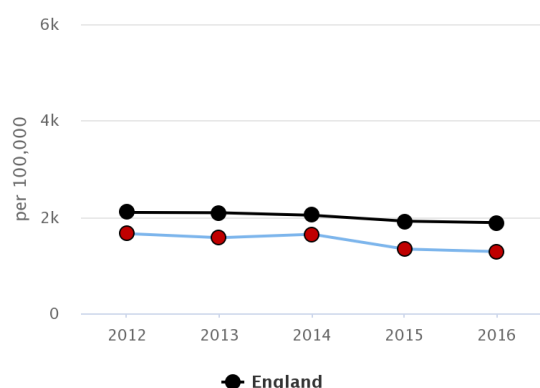
Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set as a level that would encourage high volume screening and diagnoses³².

Worcester has seen the Chlamydia detection rate fall between 2015 and 2016, the rate is significantly lower than the national average at 1,281 per 100,000 population aged 15-24. There has been a downward trend in the Chlamydia detection rate in Worcester district. It has one of the lowest screening rates across Worcestershire, second only to Malvern Hills. which is of concern, given the high proportion of 15-24 year olds living in this area.

³¹ World Health Organisation (2015) Global action plan on antimicrobial resistance. Online. Available from: <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

³² Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: www.phoutcomes.info

3.02 – Chlamydia detection rate (15–24 year olds) – Worcester



Source: Public Health Outcomes Framework (PHOF)

Developments/expansions

Across Worcestershire there is a need to provide homes for people due to a growing population. There is a significant demand for housing across the county. Good planning and management of such large scale projects are vital to the wider benefits that new developments bring to an area. The following major developments are proposed below:

Area	Proposed Development	Comments	Approximate Time Frame (Start/End)	Increased population ³³ (estimated)
Shrub Hill Railway Station/St Martins Quarter	750 dwellings including student/extra care	Bring improvements to public infrastructure, less reliance on cars. Urban regeneration increase in smaller businesses	2020-21 - 2026-27	1150
Worcester South Urban Extension (Broomhall/Norton Barracks)	20ha employment land 2,600 dwellings 10 Travellers pitches	Increase in affordable housing stock Build central local centre (community centre, schools, infrastructure) Small scale business developments appropriate to local community Improved sports facilities	2017-18 – 2029-30	3987

³³ National formula for calculating increase in local population. For each house build increase in 1.5 adults and for every 30 houses built 1 child. Estimates have been provided for illustrative purposes only.

		Improved transport infrastructure		
Worcester West Urban Extension (Temple Laugherne)	5ha employment land 2,150 dwellings 10 Travellers pitches	Increase in affordable housing stock Dependant on completion of local transport infrastructure. Community facilities (Primary school, community hall) Small scale business developments appropriate to local community Open spaces (play facilities, sporting and allotments)	2017-18 - 2029-30	3297
Worcester Technology Park	16ha Technology park for research and development and manufacturing related to environmental and new technologies.	Improve non-car modes of transport into city centre and to key residential and transport destinations.	Phased development – Currently under development.	-

Local Strategy

The local strategy below is for projects between 2016 and 2018.

Priority Area	Projects
Good mental health and wellbeing throughout life	Training - Health chats, parenting courses, Plan and deliver a mental health campaign locally Host an annual 'Wise and Well' event for people over the age of 50 years. Community gardening - building networks, allotments and healthy living, volunteering opportunity, community involvement. Dementia - Awareness sessions, action alliance Reconnections - reducing isolation and loneliness, Snack and Chat, community connectors Digital inclusion Parenting groups Home from Hospital Independent living - aids & adaptations, handyperson Homelessness health care centre Bereavement support Living with long term conditions Carers support - Macmillan
Increasing physical activity	Multi-skill sports community programme School sports programmes Fortis living - Healthy lifestyle roadshow Sportivate - motivating younger generation to be physically active Community clubs and programmes Living Well service Strength and Balance classes Loving later life - Over 55's reducing social isolation Walking for health & Walking programmes Disability Sport Worcester Healthier Food Choices scheme for Employers Promoting physical activity in over 50's
Reducing harm from Alcohol	Alcohol Awareness Campaign Worcestershire Works Well Alcohol Education Sessions Best Bar None - Responsible operation of premises serving alcohol
Local health Needs	Air Quality Improvements Health Outcomes for BAME Groups Smart Move - Helping individuals who are homeless or who are at risk of homelessness to secure accommodation. Smart Lets - Affordable private rented accommodation Money Management and Budgeting

Summary of Pharmaceutical Services and Need

- 20 pharmacies service Worcester, of which 1 is a 100-hour contract.
- There is access to all pharmacies from 08:00 onwards from Monday to Friday with all open by 09:00.
- 3 pharmacies close at lunchtime, but there is still good provision during the normal working day. The majority of contractors open beyond 17:30 and one contractor is open until 22:00 (Mon-Fri).
- 15 pharmacies are open in the locality on Saturday, providing coverage from 08:00 hrs until 20:00.
- On Sunday a service is provided by 1 pharmacies to cover the hours from 10:00 until 20:00.
- One dispensing GP practices also service this locality.
- There are 15 Healthy Living Pharmacies (HLPs) in this locality.
- The population of 102,338 is serviced by 20 pharmacies and 1 dispensing GP (20.5 contractors per 100,000 population).
- 7 pharmacies offer needle and syringe exchange and 18 pharmacies offer Supervised Methadone and Buprenorphine Consumption.
- 19 pharmacies offer emergency hormonal contraception (EHC).
- No pharmacy offers a pregnancy stop smoking service.
- 19 pharmacies offer a Medicines Use Review (MUR) service.
- 18 pharmacies offer a New Medicine Service (NMS).
- 7 pharmacies offer a NHS Flu Vaccination Service.

CONCLUSION

- Pharmaceutical services are relatively easily accessible in this locality from 08:00 until 22:00 from Monday to Friday, 08:00 until 20:00 Saturday and 10:00 until 20:00 Sunday.
- The rate of contractors per 100,000 population is considered adequate with reference to local geography and size of locality.
- Road access and travel times is considered good.
- Pharmaceutical services are provided by a good mix of independent, small and large multiples and supermarket which offers a wide and sufficient level of choice.
- The pharmaceutical service provided by community pharmacies in the locality is supplemented by 1 dispensing GP practice serving the more rural areas.
- The range of services provided is comprehensive including advanced and locally commissioned services in addition to the contractually required essential services.
- The priorities in this locality include Recorded Diabetes, Antibiotic prescribing, , Alcohol, Mental Health, Physical Activity and Obesity can be particularly well supported by the development of public health role including the Healthy Living Pharmacy programme in Worcester.
- Cross-border availability of pharmaceutical services is significant in this locality.
- Public engagement has not highlighted any significant serious barriers to access in this locality. However all contractors are encouraged to consider the findings, feedback and general comments about service access in Worcestershire that has been highlighted as part of this process. This will further enable contractors to meet the changing needs of their community.

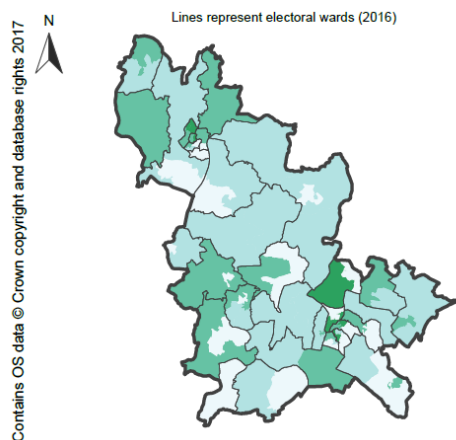
- There may be an opportunity to address areas of concern such as low Chlamydia and dementia detection rates through appropriately commissioning pharmacies to screen for these diseases. There is also an opportunity for pharmacies to contribute to diabetes prevention and detection.

Wychavon District

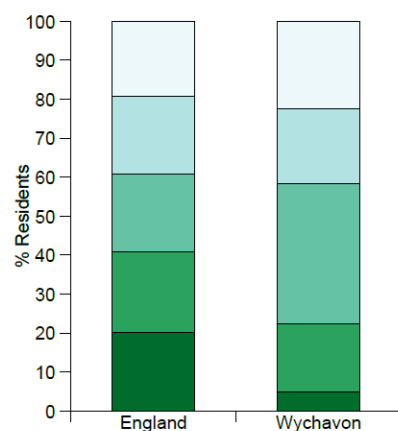
Population & Demographics: Key Facts

- Population: 122,943³⁴
- Wychavon has a higher proportion of people aged 65 and over (24.3%) in comparison to Worcestershire overall.
- 1.1% of people living in Wychavon are from an ethnic minority group, compared to 13.2% in England.
- 13.0% of children living in low income households (2,500)
- GCSE attainment (5 GCSEs A*-C) is significantly higher in Wychavon at 62.2% compared to the England average of 57.8%.
- Life expectancy is 7.5 years lower for men and 8.8 years lower for women in the most deprived areas of Wychavon, in comparison to the least deprived. For women, the gap in life expectancy is the largest compared to all other districts in Worcestershire.
- For premature deaths in females the gap between the richest and poorest areas in Wychavon has widened since 2011-13.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



% of population in Wychavon living in areas at each level of deprivation compared to England



³⁴ ONS mid-year population estimates 2016



Source: Public Health England – Health Profile 2017: Wychavon

The map shows differences in deprivation in this area based on national comparisons, the darker coloured the area the more deprived the neighbourhood (national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area).³⁵

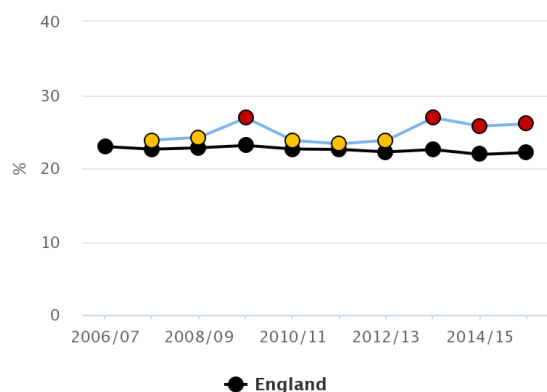
Areas of Concern and Changing Needs

Excess Weight – Reception

Tackling obesity is a key national public health priority and there is significant concern about the increasing levels of children who are overweight or obese. Studies have found that children who are overweight or obese have a greater probability of becoming overweight or obese in older age. There are a number of health issues related to childhood obesity including glucose intolerance, Type 2 Diabetes, exacerbation of asthma and psychological issues relating to social isolation and low self-esteem from bullying and teasing³⁶.

In 2015-16, Wychavon had a significantly higher proportion of children aged 4 to 5 in Reception who are either overweight or obese (26.0%) in comparison to the West Midlands (23.3%) and England average (22.1%). The rate in Wychavon is the second highest in the West Midlands region and the highest in Worcestershire. The proportion of children who are classed as overweight or obese has remained relatively stable in Wychavon for the last three years. Data for England shows a significant link between levels of deprivation, with 26.2% of children in the most deprived areas classed as overweight or obese compared to 16.8% of children in the least deprived areas.

2.06i – Child excess weight in 4–5 and 10–11 year olds – 4–5 year olds – Wychavon



Source: Public Health Outcomes Framework (PHOF)

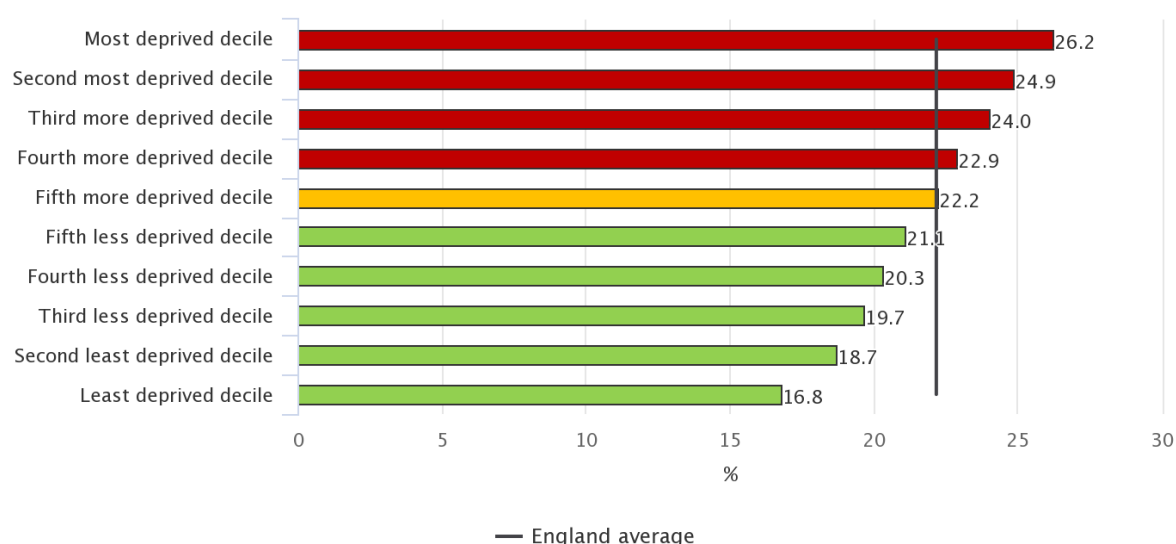
National data shows there are notable within group differences. Boys in Reception are more likely to have a higher prevalence of being overweight or obese at 22.7% compared to 21.5% for females. There are also significant differences amongst different ethnic groups.

³⁵ Public Health England, Health Profile 2017 – Wychavon. Online. Available from: <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000238.pdf>

³⁶ Indicator Definitions and Supporting Information: Child excess weight in 4-5 and 10-11yr olds. Available from: www.phoutcomes.info

There is a stark contrast between the prevalence of overweight and obese children in reception from 26.2% in the most deprived area to 16.8% in the least deprived area.

Reception: Prevalence of overweight (including obese) – England, 2015/16 – Data partitioned by LSOA11 deprivation deciles in England (IMD2015)



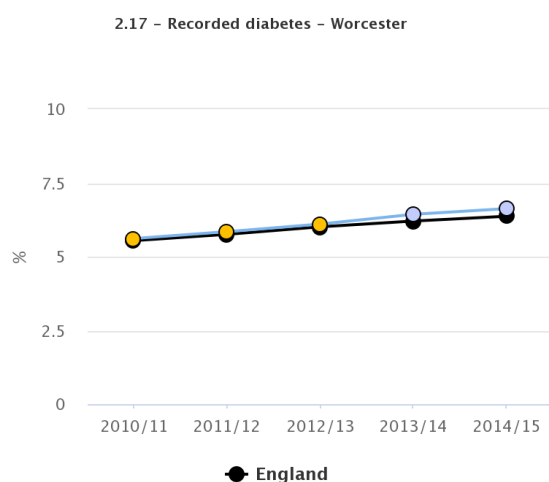
Source: Public Health Outcomes Framework (PHOF)

Violent Crime

The rate of violent crime in Wychavon for 2015-16 was 18.5 per 1,000 population and was significantly higher than the rate for England and West Midlands. This is the highest rate since the indicator was set up in 2010-11. The rate has been gradually increasing for the last two years from its lowest point in 2013-14. The rate of violent crime appears to be rising at a faster rate in comparison to England, where the increase has been more gradual. The caveat with this data is that there has been an improvement in the recording of crime statistics and it is thought that the rise in recorded crime is largely due to process improvements, rather than a genuine rise in violent crime. However, given rates are significantly higher in Wychavon it is important to monitor this indicator for the future.

Recorded Diabetes

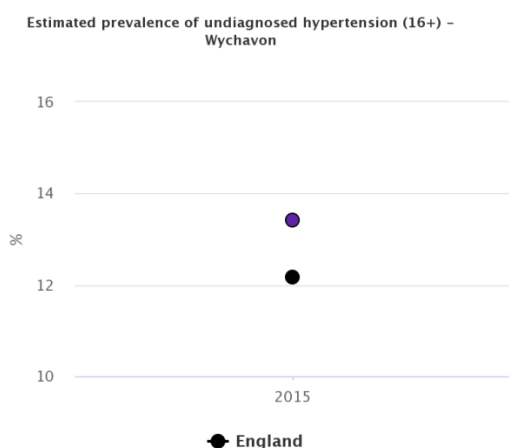
The proportion of recorded diabetes in Wychavon is significantly higher at 7.0% compared to England average at 6.4%. National data shows that there are a higher proportion of individuals with recorded status of diabetes within more deprived areas in comparison to less deprived areas with a proportion of recorded diabetes of 7.2% in the most deprived areas to 5.1% in the least deprived areas.



Source: Public Health Outcomes Framework (PHOF)

Estimated prevalence of undiagnosed hypertension (16+)

Hypertension is a significant risk factor for heart disease, stroke and kidney disease and is therefore a key priority for public health programmes. Lifestyle changes can help to lower blood pressure including being more physically active, reducing alcohol intake, losing weight if overweight and stopping smoking. Some individuals may require medication to help to lower their blood pressure. Wychavon has one of the highest proportion of undiagnosed hypertension 13.4% across the West Midlands region. The proportion nationally is 12.2%.



Source: Public Health Outcomes Framework (PHOF)

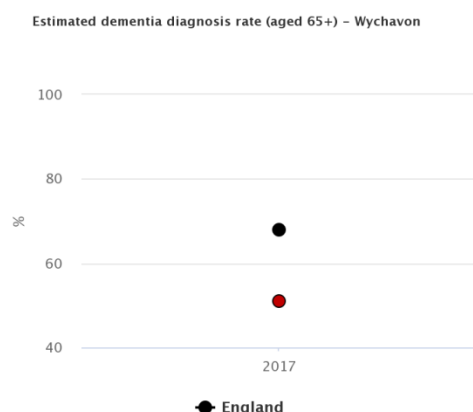
Estimated diagnosis rate of Dementia in people aged 65 and over

Estimated diagnosis rate of dementia in the over 65's is a new measure that has been developed to improve the rate of diagnosis of dementia across the country and ultimately aimed at improving care of people living with dementia. People living with dementia have better outcomes with earlier formal diagnosis and in addition to this the correct levels of support can be put in place for families and carers³⁷.

³⁷ Indicator Definitions and Supporting Information: Dementia: 65+ Estimated Diagnosis Rate. Available from: www.phoutcomes.info

The indicator itself is a complex one and uses age and sex specific dementia prevalence rates, which are subsequently, applied to the local patient population aged 65+ by age group and gender, which provides the number of expected cases of dementia within the local population. This is then divided by the actual number of cases diagnosed and provides an estimated diagnosis rate.

Wychavon has the lowest proportion of people with a formal dementia diagnosis across the West Midlands at 51.0% compared to 67.9% in England and 65.6% in West Midlands. It is also one of the lowest in the country. This is lower than expected given the characteristics of the local population.

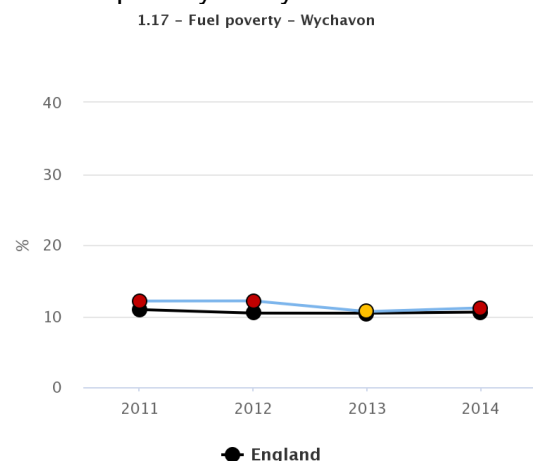


Source: Public Health Outcomes Framework (PHOF)

Fuel Poverty

Wychavon has a significantly higher proportion of households considered to be fuel poor (11.1%) in comparison to England average (10.5%). Rural areas have significantly higher levels of fuel poverty at 14.5%. National data shows that fuel poverty rates are highest in lone parent with dependent children households (22.3%), other multi-person households (17.8%) and couples with dependent children (15.1%). Households where people are unemployed experience significant fuel poverty, approximately 28% of households. There is a clear gradient in relation to deprivation where 12.5% of households in the most deprived decile experience fuel poverty compared to 7.6% in the least deprived decile.

Rates are significantly lower than the West Midlands region overall and encouragingly; have reduced at a steady rate year on year since 2011 where the proportion was 13.9% to 11.1% in 2014. There has been a significant reduction in the proportion of households considered to be in fuel poverty in Wychavon.



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ and considered to be at-risk.

South Worcestershire CCG just fell short of the target at 73.3% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.8% of individuals in at-risk groups were vaccinated against a target of 55.0%.

Antibiotic prescribing and antimicrobial resistance

Antibiotic resistance has been identified by the World Health Organisation as a significant worldwide public health issue. In 2015, a global action plan³⁸ was established to tackle rising levels of antimicrobial resistance. Part of the action plan has been ensuring the correct use of available antibiotics and limiting unnecessary use, including antibiotic stewardship programmes, which have been adopted here in the UK.

South Worcestershire CCG has the highest proportion of prescriptions of broad spectrum antibiotics in across the West Midlands region at 10.22% compared to 7.5% regionally and 8.92% across England overall. Careful use and monitoring of these classes of antibiotics are crucial to manage the increasing levels of drug resistance. Levels of prescribing of trimethoprim to nitrofurantoin are also higher at 59.4% in comparison to the West Midlands at 47.5% and England 55.5%. Resistance to trimethoprim is high and as such, first line recommendation is to use nitrofurantoin for UTIs. South Worcestershire CCG also has a lower rate of Antibiotic Guardians per 100,000 population in comparison to England (23.3 per 100,000) and West Midlands average (37.4 per 100,000).

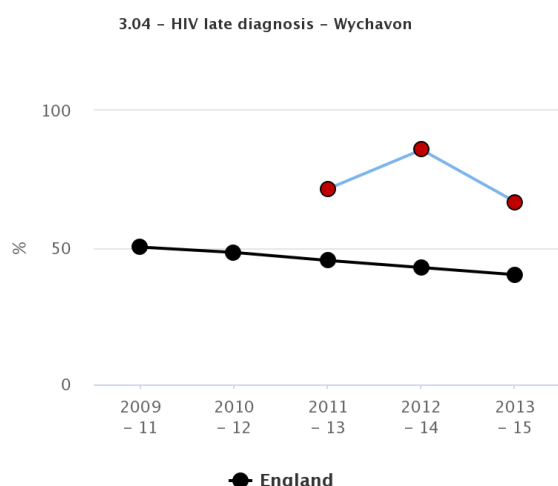
Late HIV Diagnosis

Late diagnosis of HIV infection is an important predictor of morbidity and mortality amongst individuals diagnosed with HIV infection. Individuals who are diagnosed late have a ten-fold risk of death in comparison to those receiving a diagnosis at an earlier stage.³⁹ National data shows that the highest rates of late diagnosis across exposure groups are for Heterosexual contact for both males (59.0%) and females (50.5%) and injecting drug users (52.1%).

Even though there are small numbers of individuals being diagnosed, in Wychavon a higher proportion of individuals receive their diagnosis at a later stage (66.7%, n=6) in comparison to the West Midlands (45.5%) and England average (40.1%).

³⁸ World Health Organisation (2015) Global action plan on antimicrobial resistance. Online. Available from: <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

³⁹ Indicator Definitions and Supporting Information: Late HIV Diagnosis. Available from: www.phoutcomes.info



Source: Public Health Outcomes Framework (PHOF)

Developments/expansions

Across Worcestershire there is a need to provide homes for people due to a growing population. There is a significant demand for housing across the county. Good planning and management of such large scale projects are vital to the wider benefits that new developments bring to an area. The following proposals have been put forward within this district:

Area	Proposed Development	Comments	Approximate Time Frame (Start/End)	Increased population ⁴⁰ (estimated)
Land to North of Pershore Urban Extension	695 new homes	Infrastructure improvements including public transport investment and local link to major link/bypass road required.	2015-16 - 2022-23	1066
Worcestershire Parkway Scheme	New train station to improve connections to the area regionally and nationally.	Supports reduction in use of car travel across the city. Greener transport Potential to increase people travelling in/out of the city.	2016-17 - 2018-19	-

⁴⁰ National formula for calculating increase in local population. For each house build increase in 1.5 adults and for every 30 houses built 1 child. Estimates have been provided for illustrative purposes only.

Droitwich Spa Urban extensions	Copcut Lane: 740 new dwellings	Introduction of neighbourhood centre with local shops, community facilities and infrastructure. Improved public transport networks	2013-14 2016-17	-	1135
	Yew Tree Hill: 765 new dwellings, 200 unit care facility	Introduction of neighbourhood centre with local shops, community facilities and infrastructure. Upgrade junctions from major roads. Improved public transport networks	2016-17 2025-26	-	1173
Evesham Urban extensions	Cheltenham Road: 500 new dwellings	Enhancements to local infrastructure and investments in different modes of transport – cycling, walking, local ferry (Hampton).	2018-19 2028-29	-	676
	Hampton: 400 new dwellings		2015-16 2020-21	-	613
	Abbey Road, Evesham: 200 dwellings		2021-22 2025-26	-	307

Local Strategy: Health and Wellbeing

The health and wellbeing strategy below is for the time period 2016 to 2020:

Priority Area	Projects
Being active at every age	<ul style="list-style-type: none"> • Campaign promoting physical activity • Investment in sport and leisure facilities • At least 3 new play areas/open spaces in the towns— • Improved public access to wildlife sites including encouragement of volunteering and community involvement
Mental health and wellbeing throughout life	<ul style="list-style-type: none"> • Visit older people in at least 14 rural areas support across a range of public health priority areas - loneliness, isolation, energy, fire safety, health and independent living. • Pilot offering services to families and younger people in one or more deprived urban areas in Wychavon. • Work with parish councils and community groups to identify and raise awareness of local needs. • Identify local housing needs and support the delivery of sites for affordable rural housing.
Local priorities	<ul style="list-style-type: none"> • Smoking in pregnancy - identify reasons for higher rates and strategies to reduce rates. • Homelessness - Identify reasons for homelessness, cross-partnership working to reduce homelessness • Undertake Health Impact Assessments for new developments and how these encourage physical activity and healthy living environments. • Rurality - Equality of access to services should be considered as part of commissioning decisions. • Older people - Support Droitwich to become a dementia friendly town. Implement befriending scheme for people living with dementia. Ensure new developments are dementia friendly. Ensure support is in place for older carers.

Summary of Pharmaceutical Services and Need

- 15 pharmacies service Wychavon, of which 1 is a 100-hour contract.
- There is access to 15 pharmacies from 08:00 onwards from Monday to Friday with all open by 09:00.
- 5 pharmacies close at lunchtime, but there is still good provision during the normal working day. The majority of contractors open beyond 17:00 and one contractor is open until 24:00 (Mon-Fri).
- 9 pharmacies are open in the locality on Saturday, providing coverage from 08:00 until 22:00.
- On Sunday a service is provided by 3 pharmacies to cover the hours from 09:00 until 16:00.
- 8 dispensing GP practices also service this locality.
- There are 13 Healthy Living Pharmacies (HLPs) in this locality.
- The population of 122,943 is serviced by 15 pharmacies and 8 dispensing GPs (18.7 contractors per 100,000 population).
- 9 pharmacies offer needle and syringe exchange and 12 pharmacies offer Supervised Methadone and Buprenorphine Consumption.
- 13 pharmacies offer emergency hormonal contraception (EHC).
- No pharmacy offers a pregnancy stop smoking service.
- 13 pharmacies offer a Medicines Use Review (MUR) service.
- 13 pharmacies offer a New Medicine Service (NMS).

CONCLUSION

- Pharmaceutical services are relatively easily accessible in this locality from 08:00 until 18:00 from Monday to Friday, 08:00 until 22:00 Saturday and 09:00 until 16:00 Sunday.
- The rate of contractors per 100,000 population is considered adequate with reference to local geography and size of locality.
- Road access and travel time is good.
- Pharmaceutical services are provided by a good mix of independent, small and large multiples, supermarket and 100-hour contractors which offers a wide and sufficient level of choice.

The pharmaceutical service provided by community pharmacies in the locality is supplemented by 8 dispensing GP practices serving the more rural areas.

- The range of services provided is comprehensive including advanced and locally commissioned services in addition to the contractually required essential services.
- The priorities in this locality include Recorded Diabetes, Antibiotic Prescribing, Alcohol, Mental Health, Physical Activity and Obesity can be particularly well supported by the development of the community pharmacy public health role including the Healthy Living Pharmacy programme in Wychavon.
- Cross-border availability of pharmaceutical services is significant in this locality.
- Public engagement has not highlighted any significant serious barriers to access in this locality. However all contractors are encouraged to consider the findings, feedback and general comments about service access in Worcestershire that has been highlighted as part of this process. This will further enable contractors to meet the changing needs of their community.

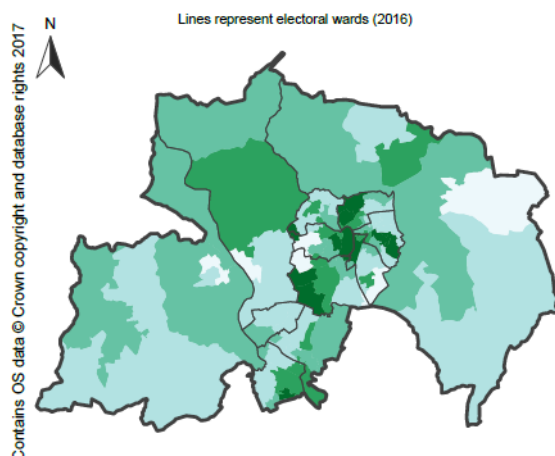
- There may be an opportunity to address areas of concern such as low Chlamydia and dementia detection rates and late HIV diagnosis through appropriately commissioning pharmacies to screen for these diseases. There is also an opportunity for pharmacies to contribute to diabetes prevention and detection.

Wyre Forest District

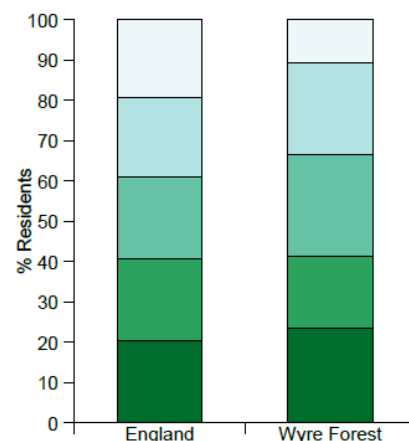
Population/Demographics

- Population: 99,902⁴¹
- Wyre Forest has a higher proportion of people aged 65 and over (24.2%) in comparison to Worcestershire overall.
- 20% of children are living in low income households (3,400).
- 1.7% of people living in Wyre Forest are from an ethnic minority group, compared to 13.2% in England.
- GCSE attainment (5 GCSEs A*-C) is similar to the national average at 58.8%.
- Life expectancy is 9.4 years lower for men and 8.5 years lower for women in the most deprived areas of Wyre Forest, in comparison to the least deprived.
- For premature deaths in both males and females the gap between the richest and poorest areas in Wyre Forest has widened since 2011-13.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



% of population in Wyre Forest living in areas at each level of deprivation compared to England



⁴¹ ONS mid-year population estimates 2016



Source: Public Health England – Health Profile 2017: Wyre Forest

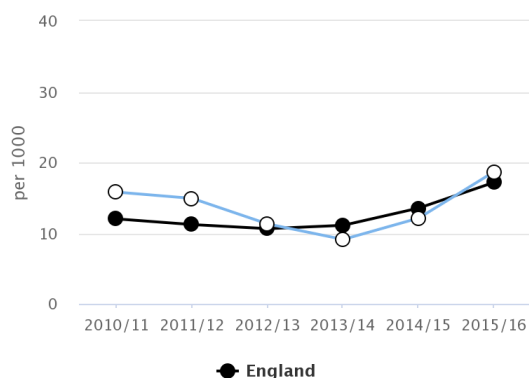
The map shows differences in deprivation in this area based on national comparisons, the darker coloured the area the more deprived the neighbourhood (national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area).⁴²

Areas of Concern and Changing Needs

Violent Crime (violence offences per 1,000 population)

The rate of violent crime in Wyre Forest for 2015-16 was 18.7 per 1,000 population and was significantly higher than the rate for England and West Midlands. This is the highest rate since the indicator was set up in 2010-11. The rate of violent crime appears to be rising at a faster rate in comparison to England, where the increase has been more gradual. The caveat with this data is that there has been an improvement in the recording of crime statistics and it is thought that the rise in recorded crime is largely due to process improvements, rather than a genuine rise in violent crime. However, given rates are significantly higher in Wyre Forest it is important to monitor this indicator for the future.

1.12ii – Violent crime (including sexual violence) – violence offences per 1,000 population – Wyre Forest



Source: Public Health Outcomes Framework (PHOF)

Smoking status at time of delivery

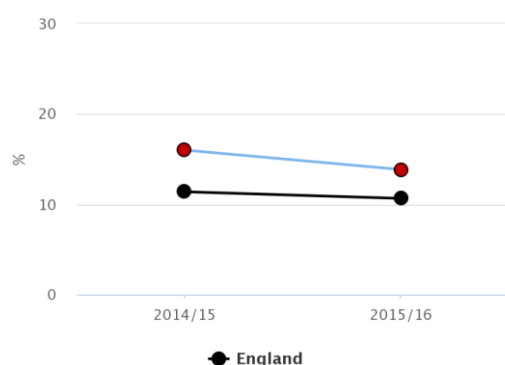
Smoking status of mothers at the time of delivery is an important public health measure because smoking during pregnancy can cause a multitude of issues for both mother and child including premature birth, increased risk of miscarriage, complications during labour, low birth weight and unexpected death during infancy⁴³.

⁴² Public Health England, Health Profile 2017 – Wyre Forest. Online. Available from: <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000239.pdf>

⁴³ NHS Digital (2017) Statistics on Women's Smoking Status at Time of Delivery. Online. Available from: <http://content.digital.nhs.uk/catalogue/PUB24222/stat-wome-smok-time-deli-eng-q4-16-17-rep.pdf>

The proportion of mothers who were smoking at the time of delivery in Wyre Forest was 13.8% in 2015-16, compared to 10.6% in England.

Smoking status at time of delivery – NHS Wyre Forest CCG

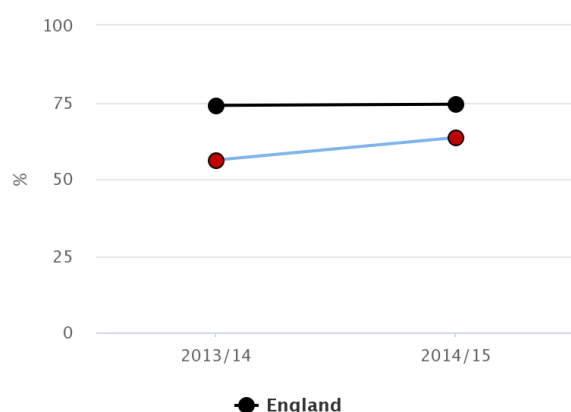


Source: Public Health Outcomes Framework (PHOF)

Breastfeeding Initiation

The rate of breastfeeding initiation in Wyre Forest was significantly lower than both England and West Midlands average at 63.5% in 2014/15. This is the most up to date information available at district level and it is difficult to comment on whether this has changed over the last two financial years. Between 2013/14 and 2014/15, there was a notable increase in breastfeeding initiation rates from 56.2% to 63.5% respectively. Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Lower rates of respiratory and gastrointestinal infection are experienced in babies who are breastfed. Breastfeeding also lowers the risk of both breast and ovarian cancers.

2.02i – Breastfeeding – breastfeeding initiation – Wyre Forest



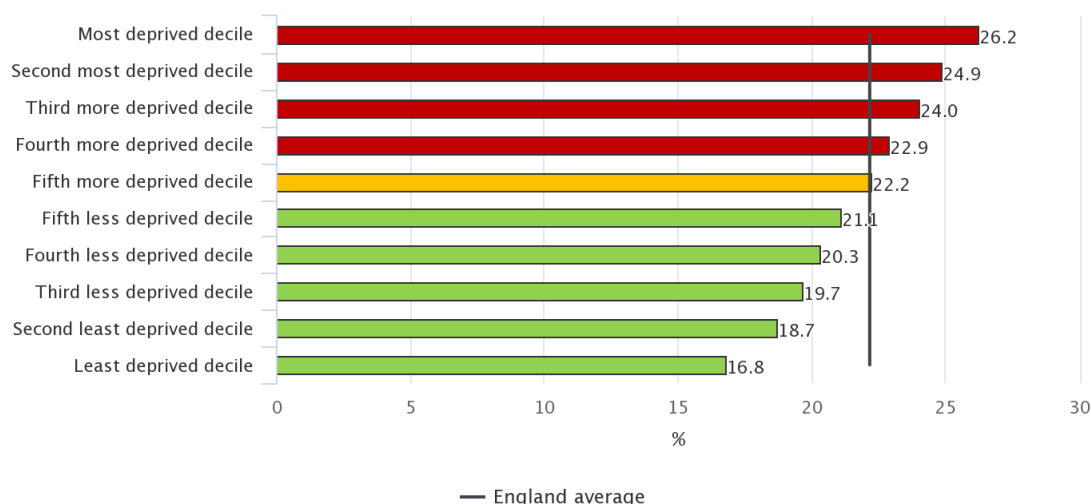
Source: Public Health Outcomes Framework (PHOF)

Children Who are Overweight and Obese (Reception and Year 6)

Wyre Forest has a significantly higher rate of children who are overweight or obese in comparison to the England average. There has been a downward trend in the last four years from 29.8% in 2011/12 to 24.5% in 2014/15 with a slight increase during 2015-16 to 25.2%. However, the proportion of children in Reception who are overweight or obese has always remained significantly higher than the England average since the NCMP began in 2006/7.

National data shows, there are notable within group differences. Boys in Reception are more likely to have a higher prevalence of being overweight or obese at 22.7% compared to 21.5% for females. There are also significant differences amongst different ethnic groups. There is a stark contrast between the prevalence of overweight and obese children in reception from 26.2% in the most deprived area to 16.8% in the least deprived area.

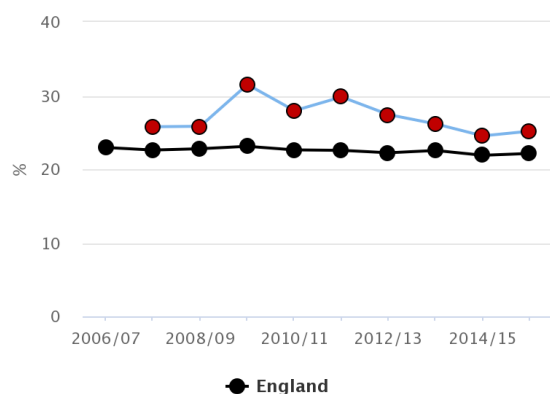
Reception: Prevalence of overweight (including obese) – England, 2015/16 – Data partitioned by LSOA11 deprivation deciles in England (IMD2015)



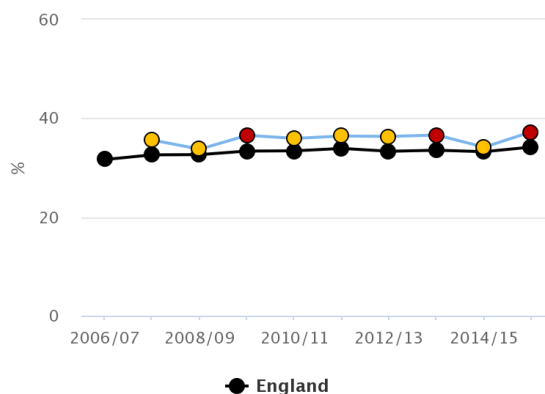
Source: Public Health Outcomes Framework (PHOF)

In 2015-16, Wyre Forest had a significantly higher prevalence of children in Year 6 who were overweight or obese at 37.3% and it is the highest across Worcestershire overall. Boys have a higher prevalence of being overweight and obese at 36.0% compared to 32.3% for females. There is a stark contrast between the prevalence of overweight and obese children in Year 6 from 40.6% in the most deprived area to 24.8% in the least deprived area.

Reception: Prevalence of overweight (including obese) – Wyre Forest



Year 6: Prevalence of overweight (including obese) – Wyre Forest



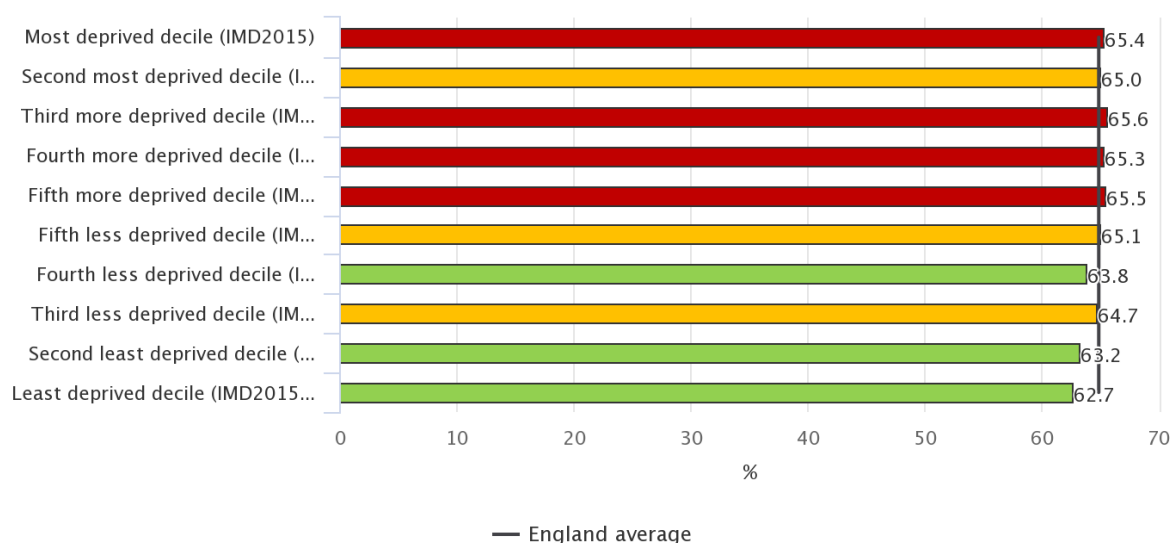
Source: Public Health Outcomes Framework (PHOF)

Excess Weight in Adults

There are a significantly higher proportion of adults who are overweight or obese across Wyre Forest in comparison to the national average between 2013/15 the proportion of adults with excess weight was 70.3% compared to the national average of 64.6%. Excess weight in adults is a key public health priority and a leading contributory factor for premature mortality and avoidable ill health. Wyre Forest is the only district within Worcestershire with significantly higher rates in comparison to the national average. The proportion of individuals who are obese is significantly higher than the England average at 27.0%.

There are differences across demographic groups. Adults aged 16-34 having a significantly lower proportion of excess weight in comparison to adults aged 35-65+. Adults aged 55-64yrs having the highest rates overall at 76.0%. Males have significantly higher rates of excess weight when compared to the national average at 68.4% compared to 61.1% of females.

2.12 – Excess weight in Adults – England, 2013 – 15 – Data partitioned by District & UA deprivation deciles in England (IMD2015)

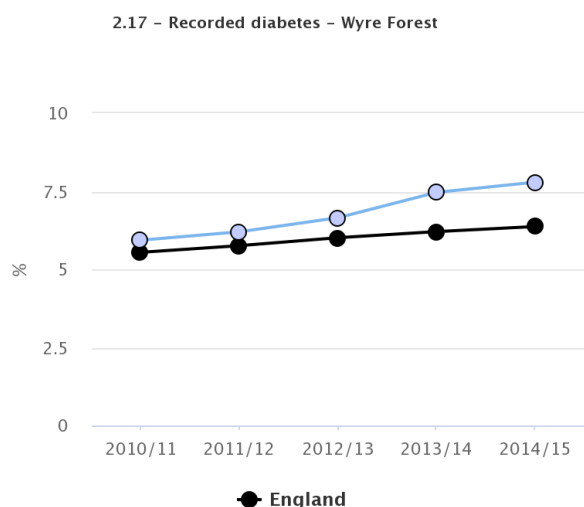


Source: Public Health Outcomes Framework (PHOF)

When considering deprivation, four out of five, 'more deprived' areas have a significantly higher proportion of adults who are overweight. In comparison to less deprived areas where rates of adult excess weight are either similar to or significantly lower than the England average.

Recorded Diabetes

The proportion of recorded diabetes in Wyre Forest is significantly higher at 7.8% compared to England and West Midlands average at 6.4% and 7.3% respectively. It is the highest recorded rate of the Worcestershire districts. There are a higher proportion of individuals with recorded status of diabetes within more deprived areas in comparison to less deprived areas - with a proportion of recorded diabetes of 7.2% in the most deprived decile compared to 5.1% in the least deprived decile.



Source: Public Health Outcomes Framework (PHOF)

Estimated diagnosis rate of Dementia in people aged 65 and over

Estimated diagnosis rate of dementia in the over 65's is a new measure that has been developed to improve the rate of diagnosis of dementia across the country and ultimately aimed at improving care of people living with dementia. People living with dementia have better outcomes with earlier formal diagnosis and in addition to this the correct levels of support can be put in place for families and carers⁴⁴.

The indicator itself is a complex one and uses age and sex specific dementia prevalence rates, which are subsequently, applied to the local patient population aged 65+ by age group and gender, which provides the number of expected cases of dementia within the local population. This is then divided by the actual number of cases diagnosed and provides an estimated diagnosis rate.

Wyre Forest has a lower proportion of individuals receiving a formal diagnosis of dementia at 61.3% compared to 67.9% in England.

Estimated dementia diagnosis rate (aged 65+) – Wyre Forest



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ considered being at-risk.

⁴⁴ Indicator Definitions and Supporting Information: Dementia: 65+ Estimated Diagnosis Rate. Available from: www.phoutcomes.info

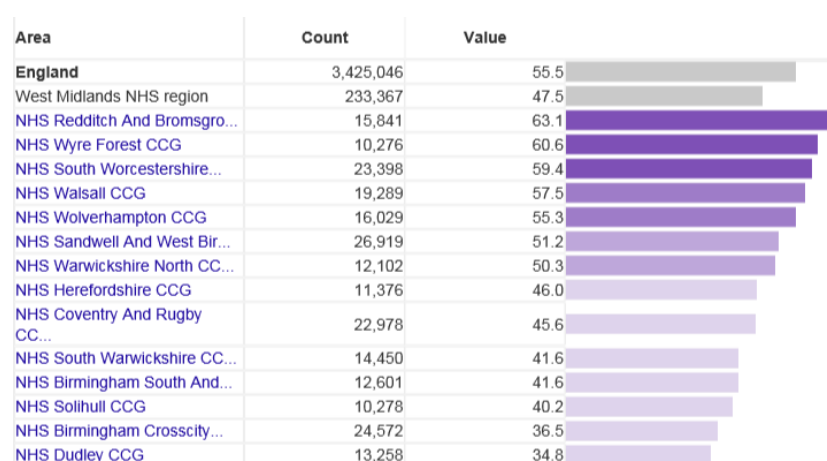
Wyre Forest CCG just fell short of the target at 73.6% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.2% of individuals in at-risk groups were vaccinated against a target of 55.0%.

Antibiotic prescribing and antimicrobial resistance

Antibiotic resistance has been identified by the World Health Organisation as a significant worldwide public health issue. In 2015, a global action plan⁴⁵ was established to tackle rising levels of antimicrobial resistance. Part of the action plan has been ensuring the correct use of available antibiotics and limiting unnecessary use, including antibiotic stewardship programmes, which have been adopted here in the UK.

Wyre Forest CCG one of the highest proportions of prescriptions of broad spectrum antibiotics in across the West Midlands region at 9.05% compared to 7.5% regionally and 8.92% across England overall. Careful use and monitoring of these classes of antibiotics are crucial to manage the increasing levels of drug resistance. The ratio of prescribing trimethoprim to nitrofurantoin was 60.6% for Wyre Forest CCG. This was the highest proportion across all CCG areas in the West Midlands. The rate is higher than the England average at 55.5%. Resistance to trimethoprim is high and as such, national guidance states the use of nitrofurantoin for first line treatment for UTIs.

Twelve month rolling proportion of trimethoprim class prescribed antibiotic items as a ratio of trimethoprim to nitrofurantoin (March 2017, CCG)

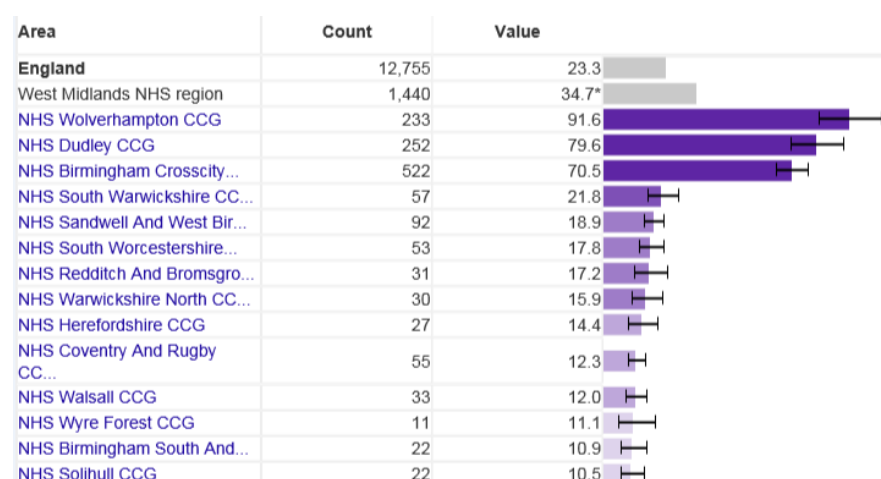


Source: Public Health Outcomes Framework (PHOF)

Wyre Forest CCG also has a lower rate of Antibiotic Guardians per 100,000 population at 11.1 per 100,000 in comparison to the England average (23.3 per 100,000) and West Midlands average (37.4 per 100,000). Wyre Forest CCG has the third lowest rate across the West Midlands region.

⁴⁵ World Health Organisation (2015) Global action plan on antimicrobial resistance. Online. Available from: <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

Antibiotic Guardians per 100,000 population (2016, CCG)

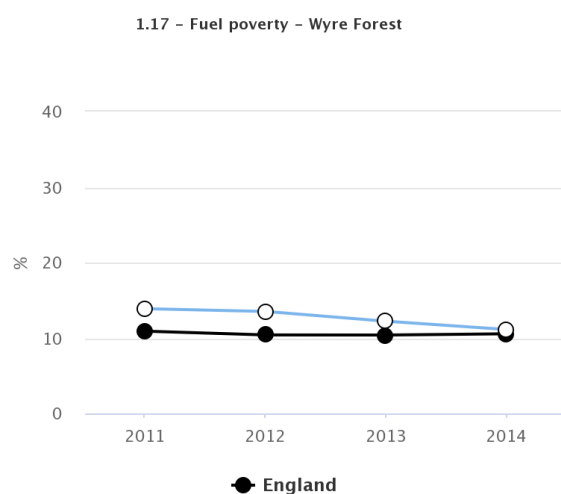


Source: Public Health Outcomes Framework (PHOF)

Fuel Poverty

Wyre Forest has a significantly higher proportion of households considered to be fuel poor than England as a whole. Rural areas have significantly higher levels of fuel poverty at 14.5%. Fuel poverty rates are highest in lone parent with dependent children households (22.3%), other multi-person households (17.8%) and couples with dependent children (15.1%). Households where people are unemployed experience significant fuel poverty, approximately 28% of households. There is a clear gradient in relation to deprivation where 12.5% of households in the most deprived decile experience fuel poverty compared to 7.6% in the least deprived decile.

Rates are significantly lower than the West Midlands region overall and encouragingly; have reduced at a steady rate year on year since 2011 where the proportion was 13.9% to 11.1% in 2014.



Source: Public Health Outcomes Framework (PHOF)

Developments/expansions

Across Worcestershire there is a need to provide homes for people due to a growing population. There is a significant demand for housing across the county. Good planning and management of such large scale projects are vital to the wider benefits that new developments bring to an area. The following major developments are proposed:

Area	Proposed Development	Comments	Approximate Time Frame (Start/End)	Increased population ⁴⁶ (estimated)
Kidderminster Lea Castle Hospital (Plan A)	600 new dwellings		2019-20 - 2024-25	
Hurcott (Plan A)	200 new dwellings	Plans are currently under wider local consultation.		Plan A - 3335
East of Kidderminster (Plan A)	1735 new dwellings	Plan A preferable due to wider dispersion of sites across Stourport on Severn and impacts upon local traffic, services and communities.	2025-26 - 2029-30	Plan B - 1740
Stourport (various sites – Plan B)				
Kidderminster Lea Castle Hospital (Plan B)	775 new dwellings			
	360 new dwellings			

⁴⁶ National formula for calculating increase in local population. For each house build increase in 1.5 adults and for every 30 houses built 1 child. Estimates have been provided for illustrative purposes only.

Local Strategy

The local strategy below relates to strategy for Wyre Forest for 2016-2021. A revision of this strategy is planned.

Priority Area	Projects
Good mental health and wellbeing throughout life	<ul style="list-style-type: none">• Mental Health First Aid Training• Mental Health & Wellbeing in schools• Dementia Friendly Communities• Reduce Social Isolation and Loneliness• Digital Inclusion
Being active at every age	<ul style="list-style-type: none">• Sports Development / Activities• Adult Cycle Training• Leisure Centre• Green Gyms and Parks
Reducing harm from alcohol at all ages	<ul style="list-style-type: none">• Raising Alcohol Awareness• Training on Alcohol Awareness• Reducing the strength / accessibility to encourage responsible drinking
Local Priorities	<ul style="list-style-type: none">• Raising rates of breastfeeding• Reducing Statutory Homelessness• Reducing Diabetes• Tackling fuel poverty• Reducing Smoking in pregnancy• Reducing overweight & obese adults• Brief Interventions – Eating well on a budget, Health Chats• Campaigns – Stroke Campaign, Ageing well, implementation of social media to promote lifestyle messages.• Worcestershire Works Well.

Summary of Pharmaceutical Services and Need

- 19 pharmacies service Wyre Forest, of which 3 are 100-hour contracts.
- There is access to 19 pharmacies from 07:00 onwards from Monday to Friday with all open by 09:00.
- 5 pharmacies close at lunchtime, but there is still good provision during the normal working day. The majority of contractors open beyond 18:30 and 2 contractors are open until 23:00 (Mon-Fri).
- 15 pharmacies are open in the locality on Saturday, providing coverage from 09:00 hrs until 22:00.
- On Sunday a service is provided by 4 pharmacies to cover the hours from 10:00 until 22:00.
- 3 dispensing GP practices also service this locality.
- There are 16 Healthy Living Pharmacies (HLPs) in this locality.
- The population of 99,902 is serviced by 19 pharmacies and 3 dispensing GPs (23 contractors per 100,000 population).
- 12 pharmacies offer needle and syringe exchange and 16 pharmacies offer Supervised Methadone and Buprenorphine Consumption.
- 13 pharmacies offer emergency hormonal contraception (EHC).
- No pharmacy offers a pregnancy stop smoking service.
- 16 pharmacies offer a Medicines Use Review (MUR) service.
- 16 pharmacies offer a New Medicine Service (NMS).

CONCLUSION

- Pharmaceutical services are relatively easily accessible in this locality from 07:00 until 23:00 from Monday to Friday, 09:00 until 22:00 Saturday and 10:00 until 22:00 Sunday.
- The rate of contractors per 100,000 population is considered adequate with reference to local geography and size of locality.
- Road access and travel times is considered good.
- Pharmaceutical services are provided by a good mix of independent, small and large multiples, supermarket and 100-hour contractors which offers a wide and sufficient level of choice.
- The pharmaceutical service provided by community pharmacies in the locality is supplemented by 3 dispensing GP practices serving the more rural areas.
- The range of services provided is comprehensive including advanced and locally commissioned services in addition to the contractually required essential services.
- The priorities in this locality include Recorded Diabetes, Antibiotic Prescribing, Alcohol, Mental Health, Physical Activity and Obesity can be particularly well supported by the development of the community pharmacy public health role including the Healthy Living Pharmacy programme in Wyre Forest.
- Cross-border availability of pharmaceutical services is significant in this locality.
- Public engagement has not highlighted any significant serious barriers to access in this locality. However all contractors are encouraged to consider the findings, feedback and general comments about service access in Worcestershire that has been highlighted as part of this process. This will further enable contractors to meet the changing needs of their community.

- Chlamydia screening through pharmacies is an opportunity to address the low Chlamydia detection rates. It might also be logical for pharmacies to provide treatment where Chlamydia screening is positive.
- There is an opportunity for pharmacies to contribute to diabetes prevention and detection.
- There is an opportunity for pharmacies to conduct dementia screening.

Relevant Strategies and Plans

Health and Well-being Priorities

The Worcestershire Health and Well-being Strategy (JHWS) is a statement of the Health and Well-being Board's vision and priorities for the period 2016 to 2021. It is based on the findings from Joint Strategic Needs Assessment (JSNA) and consultation with key stakeholders. The Strategy sets the context for other health and well-being plans and for commissioning of NHS, public health, social care and related children's services. The Board expects that the commissioning plans of the County Council and the local NHS are consistent with the Strategy, as required by the Health and Social Act 2012. It places a strong emphasis on prevention in order to meet the rising tide of avoidable ill-health.

Key principles stated in the strategy include:

- Working in partnership
- Empowering individuals and families to take responsibility and improve their own health and wellbeing
- Recognising local assets and strengthening the ability of communities to look after themselves
- Using evidence of what works when developing plans for action

The Board will ensure that actions to implement the strategy align with five principles of prevention:

- Creating a health promoting environment by developing and enforcing healthy public policy and taking health impact into account systematically in decision making.
- Encouraging and enabling people to take responsibility for themselves, their families and their communities by promoting resilience, peer support and the development of community assets.
- Providing clear information and advice across the age-range, so that people make choices that favour good health and independence.
- Commissioning prevention services for all ages based on evidence of effectiveness and within the funding available.
- Gate-keeping services in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

The Board identifies three overarching priorities for Worcestershire:

- Being active at every age
- Reducing harm from alcohol at all ages
- Good mental health and well-being throughout life

The Sustainability and Transformation Partnership Plan

To deliver 'the Five Year Forward View' vision of better health, better patient care and improved NHS efficiency NHS organisations and local councils have developed shared proposals. They have been drawn up by senior figures from different parts of the local health and care system, following discussion with staff, patients and others in the communities they serve. The local Sustainability and Transformation Partnership (STP) covers the counties of Worcestershire and Herefordshire. Proposals relevant to the pharmaceutical needs assessment are summarised here.

The plan identifies the need to place equal if not greater focus on helping communities and individuals to live healthily, be resilient and avoid the need to access organised services for things that many people are able to deal with themselves.

Themes identified from public engagement were:

- **Out of hospital care:** Many respondents support the idea of having well-publicised, local services provided by a range of health care professionals who are available at known community bases/health hubs.
- **General Practice:** Access to services at present is not straightforward and is more complex for particular groups. Many respondents believe that access to GP services needs to be changed with good support for the idea that some might see a professional other than a GP, and the proposal that GP appointments should be kept for those who really need them.
- **Prevention, self-care and promoting independence:** Most people recognise they have a responsibility to look after their own health but currently, information about health and services and what people can do for themselves is difficult to access, sometimes contradictory, and often confusing. Respondents want clear information about all services/conditions provided in one trusted place or by trusted individuals or organisations that are known to them and their community.
- **Better use of resource:** Many respondents were keen to offer views around how services could be made more efficient; including better use of resources like pharmacists, mobile units and community venues.

The plan states that there will be a system wide approach to tackling key local issues, for example:

- The uptake of flu vaccinations in vulnerable groups and carers.
- Obesity: The National Diabetes Prevention Programme will be rolled out across the two counties, as part of an integrated obesity strategy.
- Dementia: creating dementia friendly communities by integrating with dementia services to provide dementia friends training and support for Dementia Alliances.

Medicines optimisation is part of the detailed plan for operationalising the STP proposals. The plan states that there will be a significantly enhanced role for community pharmacies, including a review of dispensing practices in light of local population access and the most recent guidance and legislation and increased reporting of medication reviews across multiple care settings.

The plan also states that Making Every Contact Count (MECC) and 'a better conversation' health coaching approach will be taken. Front-line staff across the system will be trained with accredited materials to enable them to have motivational conversations with patients and

public about lifestyle choice and healthy behaviours, guiding individuals to achieve goals and outcomes that are important to them. Whilst delivering brief interventions and signposting to further support.

The approach to prevention, self-care and promoting independence is described.

Building on the success of existing self-care initiatives is regarded as a high priority area within the prevention agenda, helping people to stay well. The following key interventions are to be expanded and further innovation applied:

- More individuals will utilise the range of solutions available to manage their condition including information, peer support, informal and formal education, digital approaches (e.g. Map My Diabetes, Patient Management Programme). These will include a strong offer on behaviour change linked to the NHS health checks programme.
- Care planning and self-management will be hardwired into how care is delivered. Care plans will be digital and shared between care settings, owned by and useful for patients, their families and carers (e.g. iCompass).
- People already at high risk of ill health will be identified and offered behaviour change support (e.g. Pre Diabetes Project, Living Well service).
- Social prescribing schemes will be systematic, connecting individuals to non-medical and community support services (e.g. care navigators based in primary care to signpost and link people to social prescribing support).
- Extension of the roll out of national screening tools used to assess an individual's motivation to self-care - thus tailoring the needs of the intervention (e.g. Patient Activation Measure).
- Early prevention will be embedded within each service that the person comes in contact with thus proactively supporting self-care programmes, reducing social isolation and improving social integration [e.g. Health Checks, Falls Prevention, Strength and Balance classes, Reconnections] tailoring and focussing services on those who have the greatest need.
- We will be working more closely with front line services such as police, the Fire Service and housing agencies to deliver the prevention agenda.

The Worcestershire and Herefordshire STP can be found on the YourConversation website⁴⁷.

⁴⁷ <http://www.hacw.nhs.uk/yourconversation/>

PART C: Assessment to determine gaps in provision and opportunities for service development

Parts A and B of this PNA have summarised the current position in terms of provision of pharmaceutical services by pharmaceutical contractors and the local needs which might be met by pharmaceutical services. Part C aims to identify if there are any gaps in provision and opportunities for service development.

It is the view of the PNA Working Group that there are commonalities between health and well-being needs and local priorities and opportunities for contractors to develop local services. The PNA should form a foundation for discussions between local representatives of contractors and local commissioners.

Opportunities for action

At local level, led through the Health and Well-being Strategy (JHWS) and Sustainability and Transformation Partnership (STP) Plan, there are many opportunities where pharmacy teams could offer interventions to help reduce the burden of disease and premature mortality and to reduce health inequalities. Community pharmacies are often located in some of the most deprived and challenging communities, providing daily contact for individuals seeking ad-hoc and unplanned health advice alongside picking up prescribed medicines or purchasing over the counter health related products.

The 2016 JHWS identified the following three local priorities:

- Being active at every age
- Reducing harm from alcohol at all ages
- Good mental health and well-being throughout life

Reducing health inequalities is a cross cutting theme.

The local Sustainability and Transformation Partnership (STP) Plan also identifies flu vaccination uptake, obesity and dementia as key local issues. The STP plan supports making better use of resources like pharmacists to offer patients self-care support and advice and treatment for minor ailments.

Public Health England have recently published a report on the role community pharmacy could play in making a difference to the public's health: *Pharmacy - A way forward for Public Health* (September 2017)⁴⁸.

The report states that healthcare professionals can play an important role in supporting people to make small and sustainable changes that improve their health through the making every contact count (MECC) approach and that brief and very brief interventions by healthcare professionals have been shown to be effective ways of supporting sustainable behaviour change. Consumer research suggests that most people feel it is appropriate for healthcare professionals to ask about these behaviours and offer help.

Pharmacies present an opportunity for secondary prevention as patients with long-term conditions are in regular contact with community pharmacies to collect their prescribed medicines. The pharmacy team is well placed to support people to reduce their risks through healthy behaviours.

⁴⁸ Available at: <https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions>

Public Health England specifically emphasise pharmacy as playing a role in:

- Cardiovascular disease (CVD) secondary prevention
- improving management of patients with high blood pressure
- deliver effective brief advice on physical activity in clinical care
- raise public awareness about reducing the risk of dementia
- alcohol identification and brief advice

Specific opportunities for action highlighted in the Public Health England report are listed by HWB and/or STP priority area in the following section.

Priority Area	Opportunity
Physical Activity	<ul style="list-style-type: none"> • LA Commissioners could work with local pharmacies, who could refer people to the local leisure centres • LA Directors of PH could help connect local physical activity providers with community pharmacies as potential signposting healthcare settings • Pharmacy teams are encouraged to integrate asking about physical activity and brief advice routinely into consultations • pharmacy teams could connect with local County Sport Partnerships to find out about local health related physical activity offer • pharmacy teams engaging in physical activity conversations should access the E-Learning BMJ resources on increasing physical activity
Mental Health	<ul style="list-style-type: none"> • Pharmacy teams are encouraged to use 'Making Every Contact Count' (MECC) for mental health. This involves conducting health conversations and brief interventions in a way that doesn't cause stress, anxiety or discontent but helps improve wellbeing, motivation, self-efficacy and sense of control; and including conversations about steps to take that can improve personal mental wellbeing, such as the Five Ways to Well-being Framework. • Pharmacy staff could be trained as mental health champions, attaining knowledge and skills on improving mental well-being. Pharmacy-based mental health champions could play a key role in creating 'mentally healthy pharmacies'. Training should include promoting well-being and resilience, awareness of symptoms and referral pathways, reducing stigma and preventing suicide. The E-IfH has an open-access 20 minute introductory session on mental illness for healthcare staff. http://www.e-lfh.org.uk/programmes/mental-health-awareness-programme/open-access-session/ • Pharmacy staff, especially health champions and mental health champions could provide a leadership role in creating a mentally healthy community, advocating for the mental health needs of local people and the role of the Healthy Living Pharmacy as a safe space and resource for promoting individual and community wellness. See the PHE/ NHSE guide to community-centred approaches. • Being a mentally healthy workplace, supporting a culture of work-life balance and adopting organisational approaches

	that assess and manage demands, job control, support, relationships, role and change. See NICE guidance and the Workplace Well-being Charter.
Alcohol	<ul style="list-style-type: none"> Pharmacy teams could familiarise themselves with the new online training module on alcohol IBA in community pharmacy settings www.alcohollearningcentre.org.uk/eLearning, which will be particularly useful for those with less experience and as a good refresher for others The Sustainability and Transformation Partnership (STP) programme provides an opportunity for a renewed focus on preventative measures to improve health and well-being across the footprint. A menu of preventative interventions for STPs was published in November 2016. This specifically references the role which pharmacy teams could play in the delivery of alcohol identification and brief advice. STP leads could include pharmacy teams in their plans for identifying people whose level of risk from alcohol use maybe at risky levels PHE has published resources to support the delivery of IBA through the Have a Word approach and pharmacy teams could make these materials available to the public. www.alcohollearningcentre.org.uk/have-a-word
Dementia	<ul style="list-style-type: none"> LA Directors of PH can help connect local specific behaviour change support service providers with community pharmacies as potential signposting sources LA commissioners should consider commissioning the NHS Health Check service from community pharmacies, which will raise awareness of dementia risk reduction Pharmacy teams are encouraged to share learning, case studies and best practice about how people with dementia can be best supported in a pharmacy setting
Diet and Obesity	<ul style="list-style-type: none"> LA Commissioners could commission Healthy Living Pharmacies to deliver promotion of healthy eating using the Eat Well Guide as the basis of advice pharmacy teams could: <ul style="list-style-type: none"> promote weight management services discuss government advice on specific vitamin supplement requirements (e.g. 400 microgram of folic acid with women of childbearing age and pregnant women) discuss government advice on vitamin D (8.5-10 microgram per day as drops from birth to 1 year, 10 micrograms per day from 1 to 4 years as drops and 10 micrograms upwards for everyone else) pharmacists and their staff are encouraged to use

	<p>opportunities to help their communities understand food labelling and choose healthier options alongside avoiding allergens where appropriate</p> <ul style="list-style-type: none"> •
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Pharmacy Integration Fund

In October 2016 NHS England announced a £42 million pharmacy integration fund (PhIF). The PhIF is intended to fund commissioning and evaluation activities that bring about clinical pharmacy integration within the NHS and the community demonstrating improvements in health outcomes for patients and the public in primary care and in the community. This includes the delivery of medicines optimisation and the improvement of health and wellbeing, both through community pharmacies and elsewhere in primary care as part of an integrated patient pathway and for the general public.

Funding was initially for the period 2016-18. Initiatives include:

1. Two work streams aimed at integrating community pharmacy into the NHS' national urgent care system, to run in parallel from December 2016 to April 2018: the urgent medicines supply service and the urgent minor illness care work with NHS 111.
2. Health Education England has been commissioned to produce a workforce plan for pharmacy professionals in primary care to be able inform the workforce development needs for pharmacy across the health care system linking with the work they have already done in secondary care.
3. From April 2017: deployment of pharmacy professionals in care homes and funding workforce development for pharmacists who work in care homes including a prescribing qualification.
4. From April 2017: there will be funding for pharmacists working in urgent care clinical hubs, such as NHS 111, integrated urgent care clinical hubs or GP out of hours services, and again this will include a prescribing qualification.
5. There will be educational grants for community pharmacists to access postgraduate clinical pharmacy education and training courses up to diploma level from April 2017.
6. Also from April 2017, a programme of pharmacy technician clinical leadership development.
7. An agreed priority will be to evaluate the impact of digital technologies on the health care system to improve efficiencies and modernise.

Other reports relevant to integration of community pharmacy with the wider health economy

Independent review of community pharmacy clinical services⁴⁹

⁴⁹ Available at: <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/ind-review-cpcs/>

An independent review of community pharmacy clinical services was commissioned by the Chief Pharmaceutical Officer in April 2016 following the opportunity presented by NHS England's publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care.

Findings of the review on current interventions relevant locally are:

- Looking beyond the evidence around Medicines Utilisation Reviews and New Medicines Service, there is evidence supporting the wider role for pharmacy in supporting patients with long-term conditions;
- The provision of minor ailments services by community pharmacy is supported by the review, which is important given the current pressures on other parts of the urgent and emergency care system and particularly on GPs;
- There is support for a wide range of public health services provided by community pharmacy

The new Vanguard programme launched by the Five Year Forward View looks to develop practical exemplars for these new models of care and community pharmacy needs to be fully integrated into these new care models. There are five new care models being developed in the Vanguard programme of which four are particularly relevant for community pharmacy:

- Integrated primary and acute care systems (PACs) that are joining up GP, hospital, community and mental health services;
- Multispecialty community providers (MCPs) that are moving specialist care out of hospitals into the community and establishing better out-of-hospital integration;
- Enhanced health in care home Vanguards that are offering older people better, joined up health, care and rehabilitation services; and
- Urgent and emergency care Vanguards that are supporting new approaches to improve the coordination of urgent and emergency care services and reduce the pressure on A&E departments.

NICE guideline in development

In addition NICE is expected to publish a guideline in 2018 about the role of community pharmacy in promoting health and well-being.

Local Findings

Findings from this needs assessment together with opportunities for service development are tabulated below.

Access to pharmaceutical services	
Assessment	Opportunities / considerations
Pharmaceutical services are provided by appropriately located contractors, delivering services over an appropriate period to allow reasonable access for the people of Worcestershire.	The good levels of access to community pharmacy could be utilised further by Clinical Commissioning Groups (CCGs) or local authorities (LAs) to address local health needs.
There is a good mix of independent, supermarket and multiple pharmacy contractors providing a good level of choice for dispensing pharmaceutical services. Density of pharmacies, as one might expect, are largely related	

<p>to density of population (e.g. greater numbers in Worcester & Kidderminster).</p> <p>Dispensing practices are fairly uniformly dispersed across Worcestershire and provide access to medicines in the more rural parts of the County, contributing to the provision of an integrated countywide prescription medicines service together with their pharmacy colleagues.</p> <p>Mapping of locations of pharmacies and travel times by car to pharmacies showed that access to pharmacies is good across the county. We believe that the majority of residents are able to access community pharmacy within 15 minutes by car. Within 20 minutes travelling by car, all residents in Worcestershire should be able to access a community pharmacy between 9am-5pm (though many pharmacies open for longer hours). A sizable proportion can also access community pharmacy within 25 minutes by foot. Some residents will choose to visit pharmacies in neighbouring authority areas.</p> <p>Around a quarter of respondents reported some issues with access in relation to parking. However, the majority of pharmacy contractors and dispensing GP practices indicated that they provided free and disabled parking. Pressures on car parking will be variable depending on day and time of visit. Arguably pressure on car parks will be reduced during non-core times (i.e. pharmacies with extended opening).</p> <p>The vast majority of pharmacies indicate that they are accessible to wheelchairs, pushchairs and walking frames. Around 88% of pharmacies do not have steps to enter premises.</p> <p>No specific issues with access were identified currently for people of a particular race or culture (around 7% of service user survey responses), who are pregnant or who are a particular gender.</p> <p>Pharmacy contractors make an important contribution to services that are not remunerated or reimbursed and are not contracted services, but which are appreciated and relied upon by some service users. An example of this is the prescription home delivery service provided by many contractors which improves access to services particularly for the housebound and those with restricted mobility.</p>	
<p>Although the majority of respondents stated they were satisfied with community pharmacy or GP dispensers' opening times a significant proportion (around 10%) stated that they were either dissatisfied or were not content with these.</p>	<p>There is demand and possible associated need with community pharmacies opening later and out of normal working hours. This may provide pharmacies with additional business, as well as being</p>

<p>Late night opening was deemed to be important to a around 33% of respondents. There was a desire expressed by respondents for out-of-hours support with a majority of respondents reporting that they would be very likely or likely to access this service.</p> <p>This provides an opportunity to further build on the service offered by community pharmacy and dispensing GPs.</p>	<p>beneficial to patients and the wider health and care system.</p>
What is the extent to which current service provision is adequately responding to the changing needs of the community?	
Assessment	Opportunities / considerations
<p>Around 70% of respondents to the contractor survey said that their pharmacy would be willing to undertake consultations in patient's homes.</p>	<p>This prompts consideration of whether this facility could be further utilised particularly in regards to conducting Medicines Use Reviews (MURs) for housebound patients.</p>
<p>There is an increase in the population of Worcestershire and in particular the numbers of people in the older age groups, who may have multiple long-term conditions, is predicted (45.5% increase in people 75 years and older between 2017 and 2027, Office for National Statistics population projections). This means there are some significant challenges to overcome in the drive to improve health and well-being in Worcestershire.</p> <p>The majority of the population is 'white British' with increasing numbers of black, Asian and minority ethnic groups.</p>	<p>Services need to be aware of changing demographics and an increase in the black, Asian and minority ethnic group population.</p>
Public health services provided by community pharmacies	
Assessment	Opportunities / considerations
<p>Over half of community pharmacies reported that they were part of the Healthy Living Pharmacy programme. Of the pharmacies that were not part of this programme, the majority were planning to join the programme in the next six months.</p> <p>Some pharmacies are providing lifestyle services free of charge. Services provided by a number of contractors include weight and cholesterol management.</p>	<p>This provides an opportunity to positively impact health and well-being in local communities. If pharmacies are to become more central to prevention and primary care services there may be scope to increase the community pharmacy offer, such as commissioning pharmacies to treat a range of conditions and encouraging patients to see a pharmacist first, rather than a GP for these conditions.</p>
<p>Over 90% of patients knew that they could approach their pharmacist for general health advice on disease prevention. Around 280 people stated that they visit their GP for advice about these issues and around the same number sought the same advice from pharmacy.</p> <p>Over 60% of respondents stated that they would be likely or very likely to seek advice from community</p>	<p>This highlights a level of trust in pharmacy services and advice, and reinforced by 83% of patients and public stating that their trust in pharmacies was high or very high. This may indicated underutilised potential within community pharmacy to deliver additional</p>

pharmacy on managing long-term conditions, out of hours support, vaccinations or blood tests.	advice and services.
Flu vaccination is an extremely important preventative measure that needs more work by partners to achieve the highest possible coverage in eligible and vulnerable groups.	Community pharmacies could play a larger role in achieving this. Locally and nationally, uptake is declining slowly and in Worcestershire the figures is around the 75% national target, but there are significant differences across the County.
Medicines optimisation	
Assessment	Opportunities / considerations
A high number of pharmacies are currently performing a high number of Medicines Use Reviews (MURs) with a maximum of 400 per pharmacy per year.	Targeting MURs at the most complex patients, and those with complex prescriptions may yield the greatest benefit.
Information technology improvements	
Assessment	Opportunities / considerations
The pharmacy contractor survey highlighted that around 30% of responding pharmacies do not have their own website.	This emphasises the need for NHS Choices to be up-to-date and prompts consideration of a local electronic solution to access information about local pharmacies. Specifically, pharmacies could be invited to use the 'Your Life Your Choice' (YLYC) website as providers.
Service quality improvement	
Assessment	Opportunities / considerations
The majority of patients stated they waited less than 10 minutes to have a prescription dispensed and a minority were waiting more than 30 minutes.	If the role and services offered by community pharmacy were to be extended it would be important that this does not impact on current pharmaceutical provision.
Other findings	
Assessment	Opportunities / considerations
A theme emerging from public and service user engagement was a desire for clear information on opening times, services offered and alternative provision when pharmacies are not open.	Clarity of provision of information is deemed to be of importance to patients and the public. GP surgeries, YLYC website and pharmacies themselves all have a role in facilitating access to information about the services offered at pharmacies.
Around 60% of survey respondents return their unwanted medicines to community pharmacy or dispensing GP practice. However, a significant number of people stated that they were currently disposing of unwanted medicines through their household rubbish, down the sink or storing them in their home.	There is a cohort of people in Worcestershire who may benefit from improved awareness that unwanted or out of date medicines can and should be disposed of through their pharmacy.

Conclusions

The PNA has found that the level of access to pharmaceutical services currently commissioned across Worcestershire generally meets the needs of the population, as described in the findings. A pharmaceutical service in Worcestershire is provided by a variety of contractors that are appropriately located to meet the needs of the vast majority of the population. However, it is clear that the role of community pharmacies in preventing ill-health and supporting self-care could be strengthened.

The total opening hours that contractors cover, provides access from early morning to late evening, during the working week and at weekends. Whilst access is more extensive during normal working hours over the working week, reflecting the rise and fall in demand that normally occurs, access is still considered adequate outside of normal hours and at weekends (particularly for those who are able to drive and have access to a car).

The dispensing pharmaceutical service provided by pharmacies is complemented by the service provided by dispensing GPs in the more rural areas reducing the distance that users have to travel to access the service.

The public, patient and service-user engagement process revealed a high level of satisfaction on the part of respondents. Although the response rate was good for this type of survey, this does only provide a sample of views from the population:

- 84% state that they have easy access to services with no problems
- Almost 70% did not identify any barrier to access for services
- Just under 40% need to travel less than a mile to reach a pharmacy
- 70% need to travel less than 2 miles to access a pharmacy
- Over 76% need to travel for less than 15 minutes to reach a pharmacy
- 90% are very or fairly satisfied with opening hours when pharmaceutical services are available, 7% were neither satisfied nor dissatisfied, and 3% were dissatisfied with opening times.

It was concluded therefore that the PNA has not identified any significant gaps or needs in terms of *pharmaceutical* service provision.

It was noted, however, that there is still some capacity within the existing service profile for community pharmacy to provide further support to help meet the needs and address the priorities of the HWB and the local Sustainability and Transformation Partnership (STP). There are also opportunities for service development in community pharmacy.

The developing public health advisory role for community pharmacy particularly within the structure of the Healthy Living Pharmacy programme offers further opportunity for community pharmacies to support the HWB and STP prevention platforms. These platforms are digital inclusion (such as pharmacies allowing public access to online health information, such as self care), making every contact count (MECC), social prescribing and specific behaviour change programmes, each of which can be delivered by pharmacies.

Key Abbreviations

3sd	Three Standard Deviations	LRC	Local Representative Committee
NHSE WM	NHS England West Midland region	MAR	Medication Administration Record
AUR	Appliance Use Review	MAS	Minor Ailments Scheme
BMI	Body Mass Index	MDS	Monitored Dosage System
CA	Consultation Area	MUR	Medicines Use Review
CCG	Clinical Commissioning Group	NHSCB	National Health Service Commissioning Board
CHD	Coronary Heart Disease	NMS	New Medicines Service
COPD	Chronic Obstructive Pulmonary Disease	NPA	National Pharmacy Association
CVD	Cardiovascular Disease	NRT	Nicotine Replacement Therapy
DAC	Dispensing Appliance Contractor	OCU	Opiate and/or Crack Users
DSQS	Dispensing Services Quality Scheme	ONS	Office of National Statistics
EHC	Emergency Hormonal Contraception	PCT	Primary Care Trust
EPS	Electronic Prescription Service	PGD	Patient Group Direction
GP	General Practitioner	PH	Public Health
GUM	Genito-Urinary Medicine	PHIT	Public Health Intelligence Team
HC	Health Champion	PID	Pelvic Inflammatory Disease
HLP	Healthy Living Pharmacy	PNA	Pharmaceutical Needs Assessment
HWB	Health & Wellbeing Board	PMR	Patient Medication Record
JHWS	Joint Health and Wellbeing Strategy	PSNC	Pharmaceutical Services Negotiating Committee
JSNA	Joint Strategic Needs Assessment	SOA	Super Output Area
LA	Local Authority	SOP	Standard Operating Procedure
LMC	Local Medical Committee	STI	Sexually Transmitted Infection
LPC	Local Pharmaceutical Committee	TB	Tuberculosis
LPN	Local Professional Networks	WCC	Worcestershire County Council
LPS	Local Pharmaceutical Services	WHO	World Health Organisation.