Worcestershire Pharmaceutical Needs Assessment 2022

October 2022

Produced in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013

Contents

Executive Summary

This is the third pharmaceutical needs assessment (PNA) prepared on behalf of the Worcestershire Health and Well-being Board (HWB). The document is structured in three sections, Parts A, B and C. Part A of the assessment evaluates the current provision of pharmaceutical services within Worcestershire. Part B summarises the current and future health and well-being needs of the Worcestershire population. Part C then determines gaps in provision by considering Part A (Current provision) and Part B (Population health needs). It also highlights opportunities for service development.

To review the current provision of pharmaceutical services within Worcestershire, the PNA assesses if there are sufficient pharmacies for the population of Worcestershire, if they provide sufficient services for the population of Worcestershire, and if they are sufficiently accessible for the population of Worcestershire. This assessment considers the population per pharmacy, maps the geographical locations of services, and collates service user (online survey and focus groups) and provider (online survey) views.

This PNA iteration concludes that currently there are sufficient numbers of pharmacies and that they are geographically accessible to the majority of the population of Worcestershire. However, the review does highlight potential reductions in access for rural locations, those reliant on public transport particularly during the weekends and those in full time employment and younger residents who were more likely to report using the pharmacy after 18:00pm. The review highlights the importance of offering a range of access including online or telephone ordering and also the non-commissioned delivery service provided by some pharmacies.

Service users regarded pharmacists as knowledgeable and approachable professionals and experts in prescribed and over the counter medicines. Pharmacy services were praised for their continued professional service during the covid-19 pandemic. There was high satisfaction with the range of services offered and many of the pharmacies reported that they would provide additional services (advanced, additional, disease specific, screening and vaccination services) if they were to be commissioned. Awareness of additional services offered by pharmacies was highlighted as a potential limiting factor to make better use of existing services offered. Effective communication with the public when advertising services and providing information should be considered with awareness of potential barriers within the local population served. These may include language / literacy barriers, digital exclusion and visual or hearing impairments.

Health and wellbeing priorities proposed by the Health and Wellbeing Board and the NHS long term plan for integrated care are highlighted alongside current and future health and well-being needs of the Worcestershire population. Greater emphasis is put on topics where there is an opportunity for community pharmacies to meet the need including smoking cessation, screening, vaccination, management and assessment services. Consideration to the variation in need between districts and populations is addressed. Recommendations to evolve the pharmacy service in Worcestershire include focusing on effective and inclusive communication methods to raise awareness of available services; continuing to address barriers to access such as transport and opening times; adapting to new technologies to evolve service, whilst considering digital inclusion; and further utilising the pharmacy service to address health needs of the population.

Introduction

This is the third pharmaceutical needs assessment (PNA) prepared on behalf of the Worcestershire Health and Well-being Board (HWB) and builds on the previous two assessments from 2015 and 2018. There have been a number of changes to pharmaceutical services since the publication of the 2018 PNA which are reflected in this latest assessment. Whilst the dispensing of prescriptions continues to be an essential provision, pharmaceutical services extend to promoting health and wellbeing, acting as a community hub for health information and advice, and offering face to face appointments for a range of health issues, treatments, and vaccinations.

We are excited to present in this PNA the findings from a number of bespoke focus groups, set up specifically with the task of hearing directly from a range of people in the community. This level of insight has provided a unique opportunity to understand more fully the experiences of some of Worcestershire's communities and highlights the opportunities and challenges for pharmacy provision. 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 new priorities of the HWB in Worcestershire. The information included throughout is the most current available as at Oct 2022.

This introductory section of the assessment will begin by describing what a PNA is. It will then outline the aims of the PNA and explain the legislative foundation for its content and publication. The members of the PNA working group are listed along with details of the process of development. Finally in this section, the 7 statements of assessments that are required by legislation are stated with a summary of the applicable findings from this review.

What is a Pharmaceutical Needs Assessment?

A Pharmaceutical Needs Assessment (PNA) is a process of reviewing pharmaceutical service need and provision within counties in England. This assessment reviews the location and specific provision of services across Worcestershire. The development of this PNA was achieved through various engagement activities to ensure valuable input was obtained from key stakeholders whilst ensuring the 2013 regulations for engagement were met. These activities have included:

1. Regular working group meetings
2. Distribution of contractor questionnaires
3. Distribution of public questionnaires
4. Focus groups of population groups who are often under-represented in responses to public questionnaires

Current pharmaceutical services locally include dispensing of prescriptions by community pharmacies, dispensing doctors and other providers, as well as a range of other services provided by community pharmacies. Details of providers of pharmaceutical services were obtained from NHS England and Herefordshire and Worcestershire LPC. The localities defined in the 2018 PNA were used as they were still relevant and would facilitate cross referencing with the PNA and use of geographic, demographic and health and social information.

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. The report identifies gaps in services, unmet needs, provides recommendations to the Health and Wellbeing Board, and NHS England/Improvement that can provide a basis for decisions

about future provision. Particularly this year the PNA will report on the impacts of the COVID-19 pandemic on the provision and accessibility of pharmaceutical services within Worcestershire.

The responsibility for producing PNAs (Pharmaceutical Needs Assessments) transferred from Primary Care Trusts (PCTs) to HWBs (Health and Wellbeing Boards) in 2012. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (The 2013 Regs) of April 2013 state that Health and Wellbeing Boards (HWB) must produce their first PNA by no later than 1st April 2015, and every 3 years thereafter. The last Worcestershire PNA was published in March/April 2018 and was due for refresh by April 2021. However, in light of the COVID-19 pandemic and subsequent pressure on resources, NHS England has extended the deadline for publication of the PNA to October 2022.

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)

The 2013 Regulations 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

HWBs became statutory bodies from April 1, 2013. Each Local Authority (LA) has an 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 that are now Hereford and Worcestershire Integrated Care Board since July 1st 2022) have equal and joint responsibility for producing the JSNA. The JSNA and the JHWS inform the preparation of the PNA.

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:

1. The pharmaceutical services provided that are necessary to meet needs in the area
2. The pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision)
3. The other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
4. 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
5. Other NHS services provided by a LA, NHS England, a CCG or an NHS Trust, which affect the needs for pharmaceutical services
6. Explanation of how the assessment has been carried out (including how the consultation was carried out)
7. Map of providers of pharmaceutical services

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

- Worcestershire County Council (WCC) To ensure that services the Council provides meet the needs of residents and those who work in the county.
- NHS England West Midlands Region: NHS England is responsible for commissioning services under the national community pharmacy contract, for determining applications for pharmacy contracts, the commissioning of enhanced services for pharmacy, contract monitoring, pharmacy opening hours and pharmacy rota arrangements, unwanted medicines returned to pharmacies and their appropriate collection and disposal plus Electronic Prescription Service (EPS) support.
- Worcestershire Local Pharmaceutical Committee (LPC): This is the local statutory representative committee (LRC) for community pharmacies in Worcestershire.
- Worcestershire Local Medical Committee (LMC): LMCs are statutory representative committees of general practitioners (GPs) who plan and provide health care in the community.
- Clinical Commissioning Groups (CCGs): CCGs have responsibility for planning and commissioning health services.
- Local Professional Networks (LPNs): The LPNs are intended to provide clinical input into the operation of NHS England West Midlands Region and local commissioning decisions. They help 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 Appendices 1 and 2.

Process of PNA Development

Figure 1: Process of PNA Development

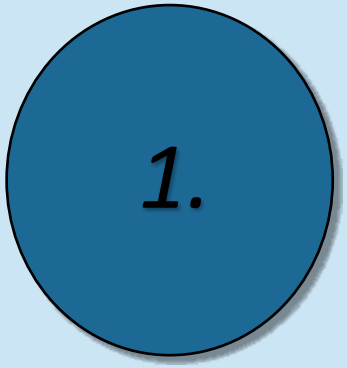
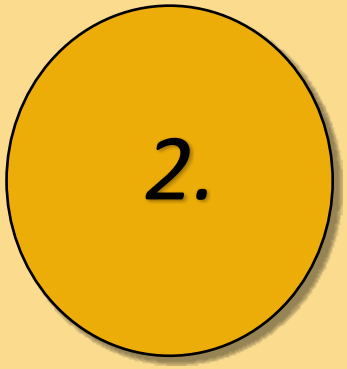
The picture of current service provision is presented in Part A of the PNA. The next section, Part B, looks at local health needs and priorities. Part C considers the summary of current provision of pharmaceutical services alongside the health needs of the population and identifies where current service provision may be deemed to be inadequate. This highlights potential gaps or "pharmaceutical needs". An additional element has been the collection of qualitative data from focus groups of

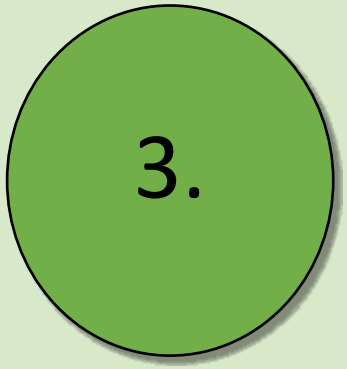
populations who are not always reached by traditional surveys. This has provided a rich source of information which can help in developing services.

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 GP practices allowed to dispense as defined within the Pharmaceutical Services Regulations. 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.

Assessments required within the pharmaceutical needs assessment (Regulations 2013)

NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (reg.4, schedule 1) provisions require certain assessments to be made within the PNA. These are described in the following table summary.

Statement	Description	Response
	<u>Current provision of necessary services</u> A statement of the pharmaceutical services that the health and wellbeing board (HWB) has identified as services that are provided: • In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and • Outside the area of the HWBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services)	It has been assessed that there is currently sufficient provision of pharmacies and dispensing GP practices through Worcestershire who deliver essential pharmaceutical services. There are 95 pharmacies and 21 dispensing GP practices in Worcestershire which serve a mixed urban and rural population of 598,070 people. This equates to one pharmacy per 6,295 people which is higher than the England average of one pharmacy per 5,056 people. When GP dispensing practices are included the difference with England is reduced, with one contractor per 5,154 people compared to one contractor per 4,605 people in England.
	<u>Gaps in provision of necessary services</u> A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied: • Need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area. • Will in specified future circumstances, need to be provided (whether or not they are located in the area of the HWBB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.	Travel time analysis indicates very good access to services by car (the entire population lives within a 30-minute journey by car to a pharmacy or GP dispensing practice but poorer access on foot or by public transport, particularly in more rural areas.

Statement	*Description*	*Response*
	<u>Current provision of other relevant services</u> A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided: • In the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area. • Have secured improvements, or better access, to pharmaceutical services in its area. • Outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area. • In or outside the area of the HWBB and, whilst not being services of the types described above, they nevertheless affect the assessment by the HWBB of the need for pharmaceutical services in its area	All the pharmacies surveyed offered the new medicine service. Based on contractor survey results (covering 70% of pharmacies), the provision of selected advanced services (appliance use review service, stoma appliance customisation, hypertension case finding, community pharmacist consultation service and flu vaccination service) varies across Worcestershire districts. This is due to differences in commissioning across the county. In general, a larger range of service were offered within the districts of Bromsgrove and Redditch, with a lower variety offered in Malvern Hills. There was a low provision of screening and vaccination services (apart from seasonal flu vaccinations) across the county, which may indicate that more of these should be commissioned where there is a need identified. Many of the pharmacies reported that they would provide the advanced, additional, disease specific, screening and vaccination services if they were to be commissioned.

Statement	*Description*	*Response*
	<u>Improvements and better access, gaps in provision</u> A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied: • Would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type in its area • Would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area	No such services have been identified in this assessment.
	<u>Other NHS services</u> A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG (Clinical Commissioning Group), an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect: • The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or • Whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or	Locally commissioned Services include NHSE – Extended Care. NHSEI Midlands has extended the local enhanced service (LES) agreements for Tier 1 and 2 of the Extended Care Services for the financial year 2022/2023. The service is currently provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region who have signed this local enhanced service agreement to provide this service.

	pharmaceutical services of a specified type, in its area	Worcestershire County Council commissions the following services from local designated pharmacies: 1. Needle and Syringe Exchange (through Cranstoun) 2. Supervised Methadone and Buprenorphine Consumption (through Cranstoun) 3. Emergency Hormonal Contraception (under Patient Group Direction (PGD) through the Worcestershire Health and Care Trust) and oral contraceptive services. 4. Disposal of patient used sharps (directly commissioned) Herefordshire and Worcestershire CCG commissions the following services: • Herefordshire Worcestershire Community pharmacy palliative care medicines hubs. • Urgent Access Medicines Scheme Analysis indicates adequate provision of these services across the county. These services are described in detail on page 9. The pharmacy survey indicates that pharmacies would be willing to provide the following additional services if commissioned: Healthy Start Vitamins (75% of pharmacies would provide), Stop Smoking Service (74%), Chlamydia Treatment Service (72%), Chlamydia Testing service (72%) and Vascular Risk Assessment Service (71%).
Statement	***Description***	***Response***

6.	<u>How the assessment was carried out</u>
	An explanation of how the assessment has been carried out, and in particular:
	• How it has determined what are the localities in its area.
	• How it has taken into account (where applicable)
	  ○ the different needs of different localities in its area, and
	  ○ the different needs of people in its area who share a protected characteristic; and
	• A report on the consultation that it has undertaken.
		The 2022 PNA has assessed pharmaceutical needs and service provision within Worcestershire at county and district level. Needs of different localities have been considered, and evidence and intelligence gathered on people with protected characteristics.
		
		This has been further enhanced through focus group findings within a number of community groups.
		
		A consultation report summary is provided in Appendix 12.

7.	<u>Map of provision</u> A map that identifies the premises at which pharmaceutical services are provided in the area of the HWBB	A number of maps have been provided in Appendices 9a-9h which detail the location of each pharmacy at a locality level and the location of dispensing GP practices across the county. In addition, in Part B there are maps showing pharmaceutical services in relation to travel times and rurality.

Part A

Necessary Services and Current Provision

The Part A section of the PNA begins by assessing the current provision of pharmaceutical services within Worcestershire. It does this by comparing population per pharmacy in each district to that of England. It then details the different types of contract and services that are provided throughout pharmaceutical services in the county. Geographical location of pharmaceutical services is then evaluated using SHAPE to produce a series of maps to illustrate various travel times to pharmacies and dispensing practices in Worcestershire.

Results from 3 online surveys devised to gather public, service-user, pharmacy and dispensing practices views on current provision are reported and results discussed. Finally, a series of seven focus groups were undertaken by Voluntary, Community and Social Enterprise (VCSE) organisations in Worcestershire. This is the first time this kind of data has been incorporated into the Pharmaceutical Needs Assessment for Worcestershire. It was intended both to provide an additional data source to triangulate findings from the surveys and also to gain a richer understanding of the perspectives of the population using these services.

Current Provision

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 Wellbeing 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 GP practices.

Table 1 shows population coverage for pharmaceutical services by council district. Worcestershire has 95 pharmacies (including 3 online and 7 100-hour), providing an average of one pharmacy per 6295 people per pharmacy, compared to 5056 in England. When GP dispensing practices are included the gap with England is reduced, with an average of one contractor per 5154 people compared to 4608 in England. At district level Worcester has the lowest population per pharmacy and Wychavon the highest.

GP dispensing practices are invaluable in improving access in rural areas, for example in the relatively rural Wychavon district, the addition of dispensing practices makes a significant difference in population per pharmacy.

Table 1: Number of pharmacies and dispensing practices by council district

	Pharmacies	Dispensing practices	Total contractors	Population per pharmacy (England=5056)	Population per contractor (England=4605)
Worcestershire	95 (including 3 online and 7 100-hour pharmacies)	21	116	6295	5154
Bromsgrove	15	3	18	6704	5586
Malvern Hills	14	4	18	5674	4405
Redditch	16 (including 2 online)	1	17	5348	5025
Worcester	20 (including 1 online)	1	21	5013	4784
Wychavon	14	9	23	9363	5714
Wyre Forest	16	3	19	6321	5319

Source: NHS digital, local data

Prescribing activity

Financial Year	Dispenser Account Type	Prescription Items dispensed	Actual Cost
2021/2022	Dispensing Doctor	2,114,584	£12,503,652.96
2021/2022	Personal Administration	162,143	£2,133,694.65
2021/2022	Pharmacy	9,323,264	£79,070,200.75

The dispensing figures are for the number of prescription items which are prescribed and dispensed within the same county in which the prescription was generated as an indicator of the volume of activity. Personally administered items are where GP practices can submit prescriptions for specific medicines only which are used in the course of practice-based treatments.

Table 2: Number and proportion of pharmacies open early and late on weekdays and open at weekends

	All Pharmacies	Open Early	Open Early %	Open Late	Open Late %	Open Sat	Open Sat %	Open Sun	Open Sun %
Bromsgrove	15	8	53.3%	11	73.3%	15	100.0%	3	20.0%
Malvern Hills	14	2	14.3%	3	21.4%	11	78.6%	2	14.3%
Redditch	16	10	62.5%	7	43.8%	11	68.8%	5	31.3%
Worcester	19	11	57.9%	5	26.3%	18	94.7%	3	15.8%
Wychavon	14	11	78.6%	5	35.7%	12	85.7%	3	21.4%
Wyre Forest	17	13	76.5%	10	58.8%	13	76.5%	5	29.4%
Worcestershire	**95**	**55**	**57.9%**	**41**	**43.2%**	**80**	**84.2%**	**21**	**22.1%**

* Open early: open at least one weekday before 9:00am, open late: open at least one weekday after 18:00pm.

- Over a half of pharmacies in Bromsgrove are open early at least one weekday, whilst almost three quarters are open late in the evening after 18:00 on a weekday.
- All pharmacies in Bromsgrove are open on Saturdays, although the proportion open on a Sunday is relatively low at 20%.
- Less than 15% of pharmacies in Malvern Hills are open early at least one weekday, just over 20% are open late in the evening after 18:00 on a weekday.
- Less than 80% of pharmacies in Malvern Hills are open on Saturdays, and less than 15% are open on a Sunday.
- Over 60% of pharmacies in Redditch are open early at least one weekday, whilst over 40% are open late in the evening after 18:00 on a weekday.
- Less than 70% of pharmacies in Redditch are open on Saturdays, and almost a third are open on a Sunday.
- Almost 60% of pharmacies in Worcester are open early at least one weekday, whilst just over a quarter are open late in the evening after 18:00 on a weekday.
- Almost 95% of pharmacies in Worcester are open on Saturdays, and less than 16% are open on a Sunday.
- Almost 80% of pharmacies in Wychavon are open early at least one weekday, whilst over 35% are open late in the evening after 18:00 on a weekday.
- Over 85% of pharmacies in Wychavon are open on Saturdays, and over 20% are open on a Sunday.
- Over three quarters of pharmacies in Wyre Forest are open early at least one weekday, whilst almost 60% are open late in the evening after 18:00 on a weekday.
- Just over three quarters of pharmacies in Wyre Forest are open on Saturdays, and almost 30% are open on a Sunday.

NHS pharmaceutical services

Pharmaceutical services are provided under arrangements made by NHS England for:

- The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.

- 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.
- The dispensing of drugs and appliances by a person on a dispensing doctors list.

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.

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.

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.

Dispensing Appliance Contractors

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

Community pharmacy contract

Community pharmacies, still often referred to colloquially as "chemists", provide pharmaceutical services under the NHS Community Pharmacy Contractual Framework(contract).

Essential services

A summary of the essential services is given below, more detailed information is provided in Appendix 8a.

Discharge Medicines Service

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021. This service, which all pharmacy contractors have to provide, was originally trialled in the 5-year CPCF agreement, with a formal announcement regarding the service made by the Secretary of State for Health and Social Care in February 2020.

Dispensing Appliances

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIIIA listed) medicine "with reasonable promptness", for appliances the obligation to dispense arises only if the pharmacist supplies such products "in the normal course of business".

Dispensing Medicines

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service.

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients. The local NHS England and NHS Improvement team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

Public Health (Promotion of Healthy Lifestyles)

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England and NHS Improvement (NHSE&I). This generally involves the display and distribution of leaflets provided by NHSE&I.

Repeat Dispensing/electronic Repeat Dispensing (eRD)

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).

Managed repeats

The provision of regular medicines to patients is facilitated by a variety of different mechanisms and these repeat medication services offer benefits, choice and flexibility to patients.

Signposting

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help, for example 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.

Advanced services

Activity data for Pharmacy and Appliance Contractors by STP for Advanced Services for April-December 2021, Herefordshire and Worcestershire STP

Advanced Service	Pharmacy contractors	Appliance contractors
New Medicine Service (NMS) interventions declared	14332	0
Appliance Use Reviews (AURs) conducted in user's home	0	84
Appliance Use Reviews (AURs) conducted at premises	0	57
Stoma Customisation Fees	88	10279
Community Pharmacist Consultation Service (CPCS) Fees	5364	0
Community Pharmacy Hepatitis C Antibody Testing Service Fees	0	0
Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service	221366	0
Community Pharmacy Clinic Blood Pressure checks	11271 (started Oct 2021)	0
Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM)	59(started Oct 2021)	0
Community Pharmacy Seasonal Influenza Vaccination Advanced Service Fees	40203	0
Community Pharmacy Claims associated with initial local engagement in preparation for delivering GP referral pathway of the CPCS	0 (started late 2021, data to follow)	0

NB. 80% of pharmacies are in Worcestershire. Fees may not correspond exactly with the number of services provided but will give a good guide.

A short summary of the advanced services is given below, more detailed information is provided in Appendix 8a.

Appliance Use Review (AUR)

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation, in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer).

Community Pharmacist Consultation Service (CPCS)

The service, which replaced the NUMSAS and DMIRS pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

The service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply and minor illness), Integrated Urgent Care Clinical Assessment Services and in some cases patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

As of August 2022, 91 of the 95 pharmacies in Worcestershire are registered for CPCS.

GP Community Pharmacist Consultation Service (GPCPCS)

From 1st November 2020, the CPCS was extended across England to include referrals from general practices for minor illness only as well as from NHS 111. Unlike NHS 111, GPs cannot refer patients for an urgent supply of a medicine or appliance).

The purpose of the GP CPCS is to reduce the burden on general practices by referring patients needing advice and treatment for certain low acuity conditions from a GP practice to a community pharmacist. The aim is for community pharmacists to work closely with the local GP teams to reduce pressure on GP appointments.

Flu Vaccination Service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

In the 2021/22 flu season, 52,902 flu vaccines were dispensed via pharmacies in the Herefordshire and Worcestershire STP area. It is estimated that nearly a quarter of all flu vaccines in the area were administered by pharmacies.

Hepatitis C testing service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trialled in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

Hypertension case-finding service

The Hypertension case-finding service was commissioned as an Advanced service from 1st October 2021. The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included a plan to pilot case finding for undiagnosed cardiovascular disease.

As of August 2022, 60 of the 95 pharmacies in Worcestershire were signed up to provide this service.

New Medicine Service

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions. It 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.

Smoking Cessation Service

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment.

As of August 2022, 14 of the 95 pharmacies in Worcestershire were signed up to provide this service.

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. Further information is in Appendix 8a.

NHSE Commissioned Services

NHSE – Extended Care

NHSE Midlands has extended the local enhanced service (LES) agreements for Tier 1 and 2 of the Extended Care Services for the financial year 2022/2023. The service will be provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region who have signed this local enhanced service agreement to provide this service

NHS England Midlands commission a service from pharmacies who have signed up to provide pharmaceutical advice and treatment through a Patient Group Direction (PGD) for specific conditions:

- Advice and treatment of simple UTI service for females aged 16-64 years (Tier 1)
- Acute bacterial conjunctivitis (ABC) service for children under 2 years. (Tier 1)
- Advice and treatment for suspected impetigo, infected insect bites and infected eczema. (Tier 2)

As of August 2022, there are 43 pharmacies in Worcestershire providing tier 1 services), of which 37 also provide tier 2 services. Further information on this service is given in Appendix 8a.

NHSE – COVID-19 Vaccination Programme

During the COVID-19 pandemic community pharmacies adapted to changing needs in the population and began providing COVID-19 vaccinations in addition to maintaining normal provision of services. The COVID-19 vaccination programme was hugely successful with community pharmacies having played a critical role delivering 8.9% of vaccinations in total (1,344,661 Overall total vaccinations delivered as of 24/08/22 in Worcestershire, of which 119.933 were delivered by community pharmacies). They have also helped to address vaccine inequalities and improve vaccination take-up through strong relationships within local populations. This service is evolving and adapting to need whilst the programme continues.

Local Authority Commissioned Services

A summary is provided below, further information is given in Appendix 8a.

Providing needle syringe programme

The service provides managed access to sterile needles and syringes, sharps containers and associated materials (including citric acid and swabs), in exchange for the return of used injecting equipment wherever reasonably practicable. This increases the availability of the service across the area and greater flexibility in terms of the hours that the service is available.

Supervised Consumption

Methadone and Buprenorphine are suitable substitutes for withdrawal from opiates and are beneficial in terms of harm reduction. This service allows pharmacists to supervise the consumption of methadone and buprenorphine to service-users at the point of such medicines being dispensed by the pharmacy ensuring that the correct dose has been administered to the service user and that it has been consumed in its entirety.

Emergency Hormonal Contraception (under Patient Group Direction (PGD) through the Worcestershire Health and Care Trust)

81 pharmacies provide EHC (listed in Appendix 8a). Those who wish to access this service should contact the pharmacy before visiting to make sure someone is on duty who is qualified to issue emergency contraception free of charge.

COC Service (Combined Oral Contraceptive)

There are 13 pharmacies signed up to provide the service (listed in Appendix 8a).

POP Service (Progesterone Only Pill)

12 pharmacies are signed up to provide this service (listed in Appendix 8a).

Disposal of patient used sharps (directly commissioned)

The aims of the service are to: reduce the risk of needle stick injury in the community, reduce the inappropriate disposal of patient's personal used sharps and to provide a safe, secure and convenient means of disposal of patient's personal sharps. 65 pharmacies were participating in this service in 2021/22.

Herefordshire and Worcestershire CCG commissioned services

Herefordshire Worcestershire Community pharmacy palliative care medicines hubs

All NHS community pharmacies will stock medicines commonly used in palliative care. NHS Herefordshire Worcestershire CCG has commissioned 35 NHS community pharmacies to always keep in stock an agreed list of medicines which may be accessed urgently if required. Having good and convenient access to these medicines means that patients can have the medicines at home they may need and if appropriate can remain in their place of choice.

Urgent Access Medicines Scheme

NHS Herefordshire and Worcestershire has commissioned 35 community pharmacies to keep in stock a particular antibiotic which is required to commence treatment promptly to treat an infection C. Difficile which would otherwise involve a hospital admission.

Access to Antiviral medicines for outbreaks of flu in the out of season period.

Nine NHS community pharmacies are commissioned to hold in stock a range of antiviral medicines which need to be accessed promptly to commence supportive treatment for early out of season outbreaks of flu.

Support for the safe management of medicines in quarantine/ isolated settings

NHS Herefordshire and Worcestershire CCG has commissioned using community pharmacies a service whereby patients are being managed in a self- contained setting to receive pharmaceutical advice and supply of medicines for short term conditions where self-care has been clinically appropriate.

Transportation of COVID-19 vaccines within NHS Herefordshire and Worcestershire ICS

To maximise the uptake and availability of vaccinations of COVID-19 a community pharmacy has transferred vaccine stocks between vaccination sites in line with national directives on COVID-19 vaccination movements thereby maintaining detailed cold chain requirements for vaccine integrity. This is a specific service commissioned by NHS Herefordshire and Worcestershire CCG which has played a significant role within the vaccine programme in both counties.

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. In 2020/21 as agreed in the 5-year CPCF, it is now an Essential Service requirement for community pharmacy contractors to become a HLP.

What is an HLP?

HLP is an organisational development framework underpinned by three enablers of:

1. Workforce Development – A skilled team to pro-actively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion who has undertaken the Royal Society for Public Health (RSPH) Level 2 Award 'Understanding Health Improvement', and a team member who has undertaken leadership training.
2. Engagement – Local stakeholder engagement with other health and care professionals (especially general practice), community services, local authorities and members of the public; and
3. Environment (Premises Requirements) – Premises that facilitate health promoting interventions with a dedicated health promotion zone.

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).

Geographical location of pharmaceutical services

A number of maps have been provided in Appendices 9a-9h which detail the location of each pharmacy at a locality level and the location of dispensing GP practices across the county.

Travel time to pharmacy and dispensing practice (maps)

Strategic Health Asset Planning and Evaluation (SHAPE) is a web enabled, evidence-based application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE is managed by OHID (Office for Health Improvement and Disparities) within the Department of Health and Social Care. The SHAPE tool can be accessed at shapeatlas.net.

SHAPE has been used to produce a series of maps to illustrate various travel times to pharmacies and dispensing practices in Worcestershire. For each map, the areas shaded in green have access to a pharmacy or dispensing practice by car within each time period stated. Each number represents the total number of pharmacies/dispensing practices within that geographical area. Larger numbers indicate more pharmacies/dispensing practices in a given area.

We were not able to map travel times to pharmacies outside of Worcestershire, and we would expect there to be some cross border flows.

Table 3: Population within 5/10/20 minutes travel time by car to pharmacies/dispensing practices within Worcestershire

Travel time by car	Estimated Worcestershire population with access to a community pharmacy	Estimated Worcestershire population with access to a community pharmacy or dispensing practice
5 minutes	493,952	518,572
10 minutes	581,207	590,956
20 minutes	599,222	599,222

According to this analysis the entire population of Worcestershire lives within a 20-minute car journey to a pharmacy or GP dispensing practice. The following maps show the populations within a travel time or 5 or 10 minutes.

Figure 2: 5-minute travel time (car) to pharmacies/dispensing practices within Worcestershire

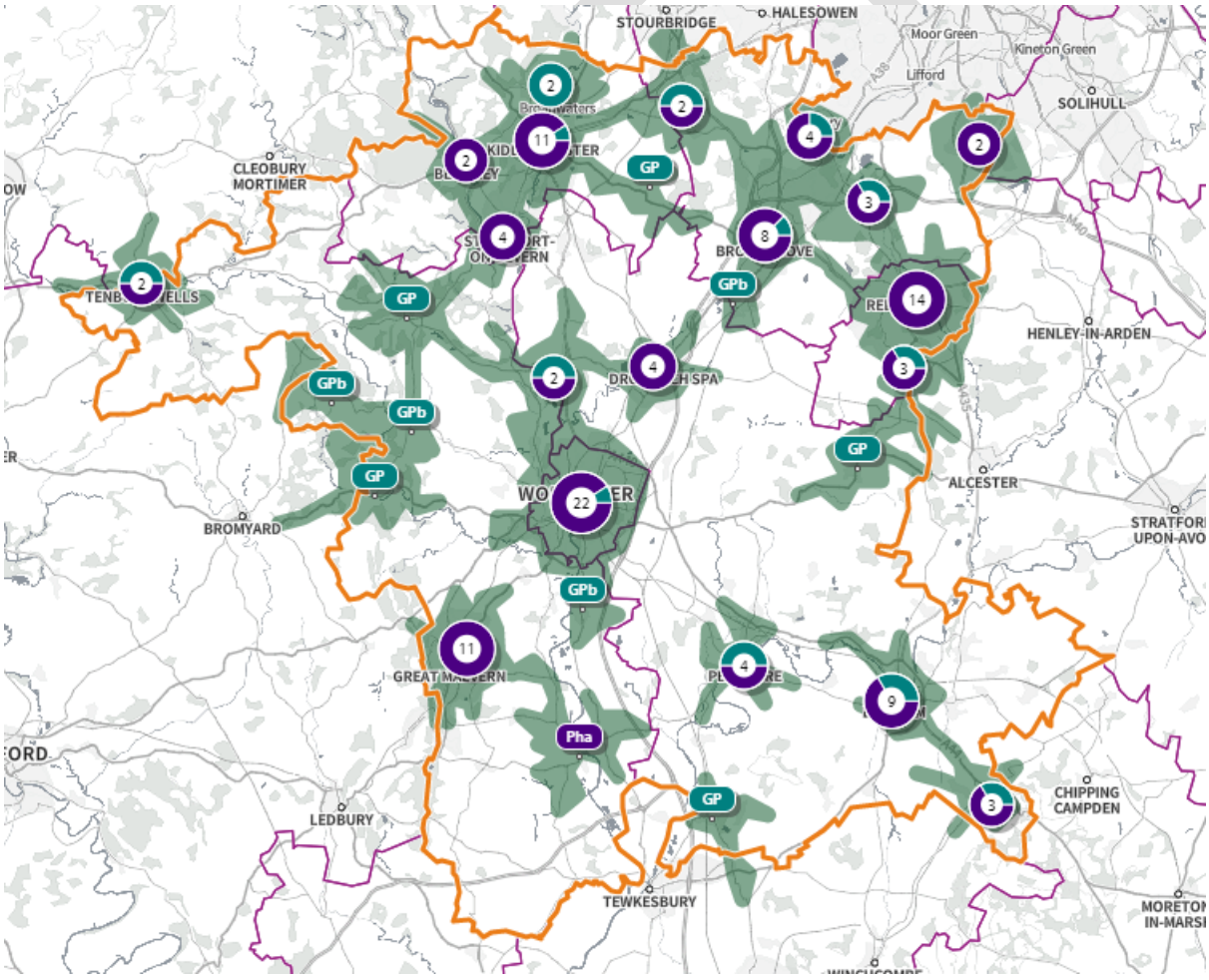


Figure 3: 10-minute travel time (car) to pharmacies/dispensing practices within Worcestershire

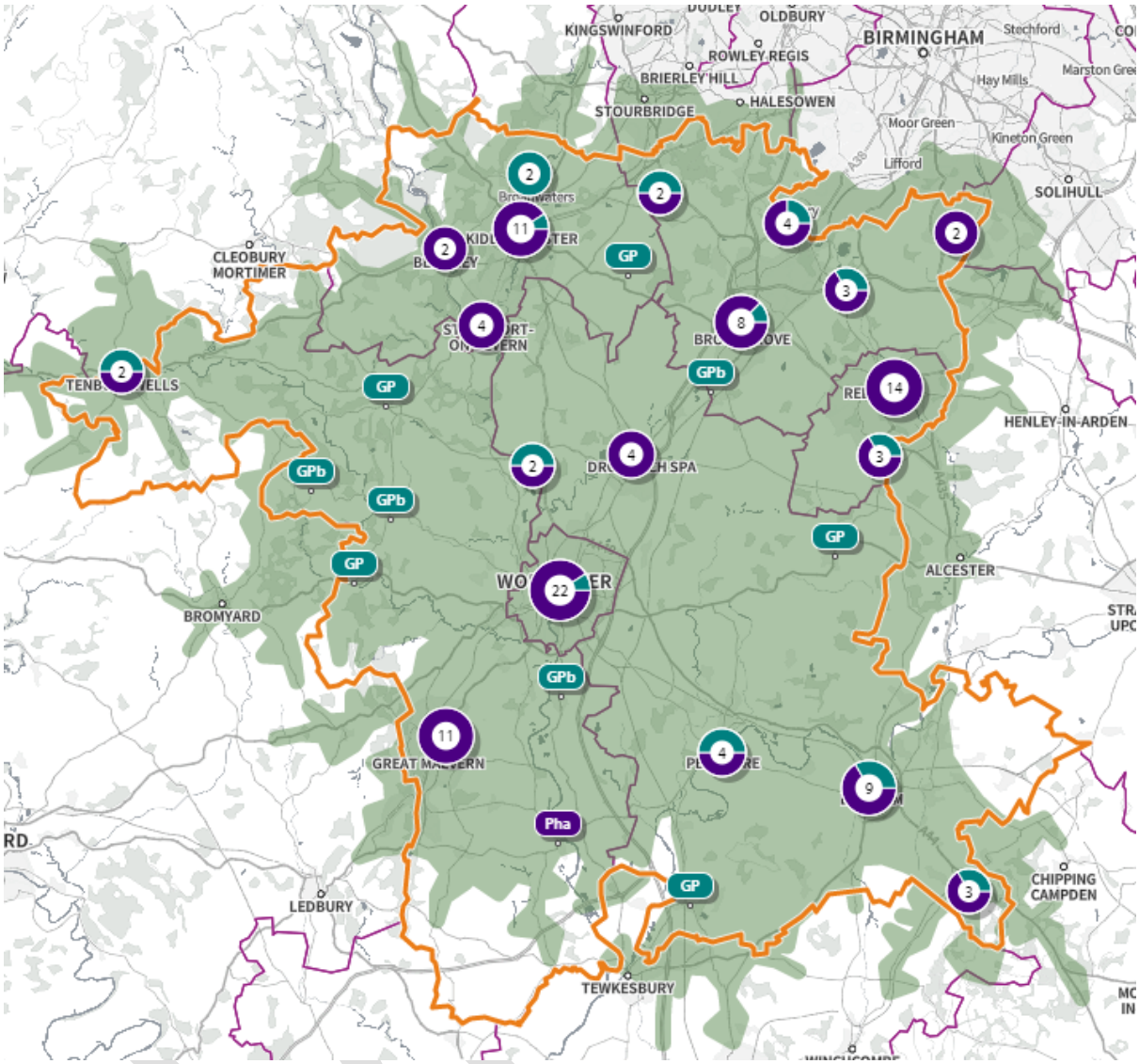


Figure 4: 5-minute travel time (car) to pharmacies within Worcestershire

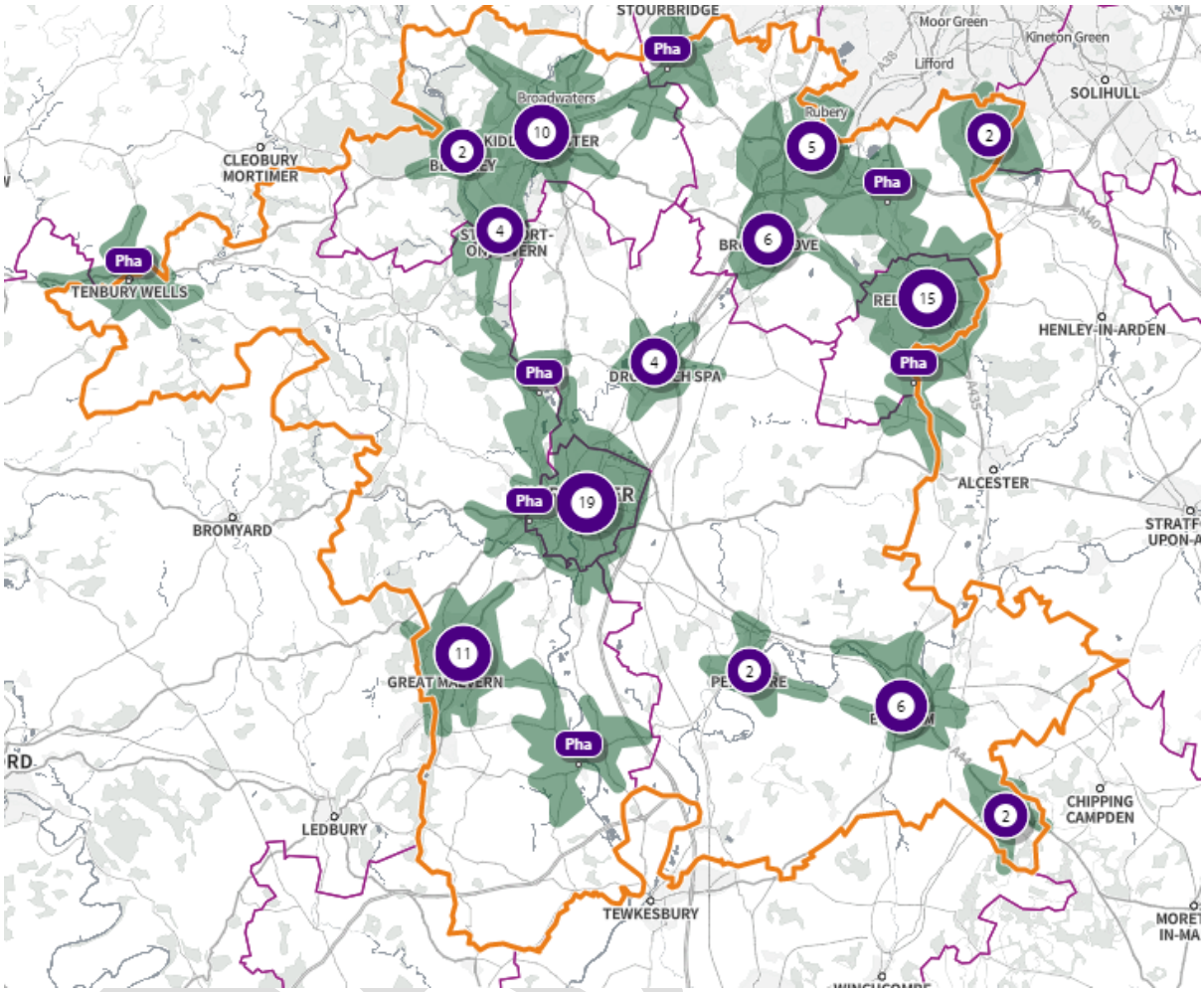
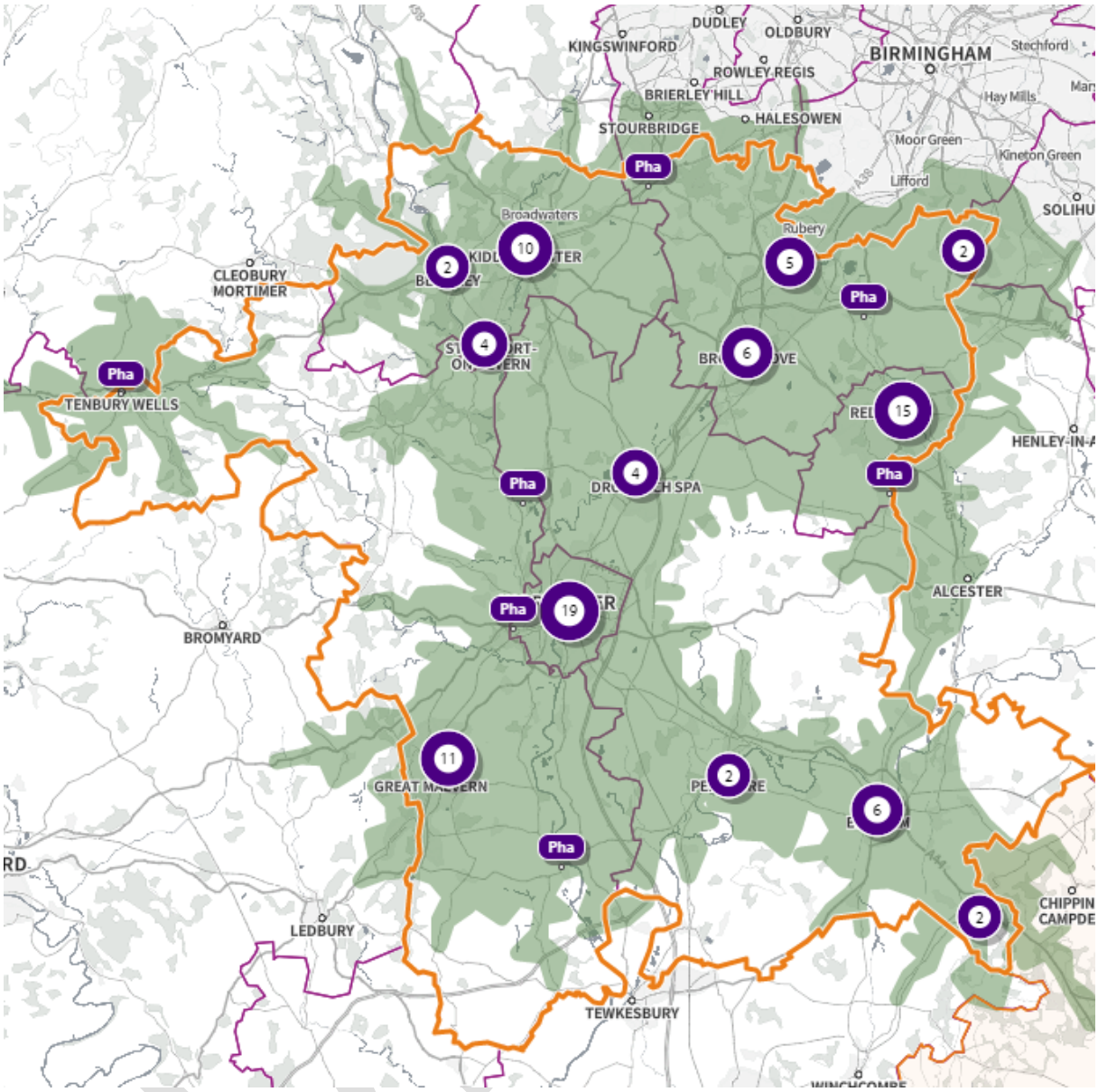


Figure 5: 10-minute travel time (car) to pharmacies within Worcestershire



Walking time

As one would expect, people living in or around urbanised or town areas generally have the best access to community pharmacy/dispensing practices on foot. Table 3 illustrates the population with access to a community pharmacy within each walk time period (taken from PHE SHAPE):

It shows that around 5/6 of the total population of Worcestershire lives within a 30-minute walking distance of a pharmacy of GP dispensing practice

Table 4: Estimated population living withing 5–30-minute travel time (on foot) to pharmacies and dispensing practices within Worcestershire

WALK TIME	ESTIMATED WORCESTERSHIRE POPULATION WITH ACCESS TO A COMMUNITY PHARMACY	ESTIMATED WORCESTERSHIRE POPULATION WITH ACCESS TO A COMMUNITY PHARMACY OR DISPENSING PRACTICE
5 minutes	135,476	154,452
10 minutes	266,179	297,127
15 minutes	350,797	380,164
20 minutes	423,075	450,744
30 minutes	466,786	494,136

(Total population 599,222- midyear estimate for 2020, ONS)

Figure 6: 5–30-minute travel time (on foot) to pharmacies and dispensing practices within Worcestershire

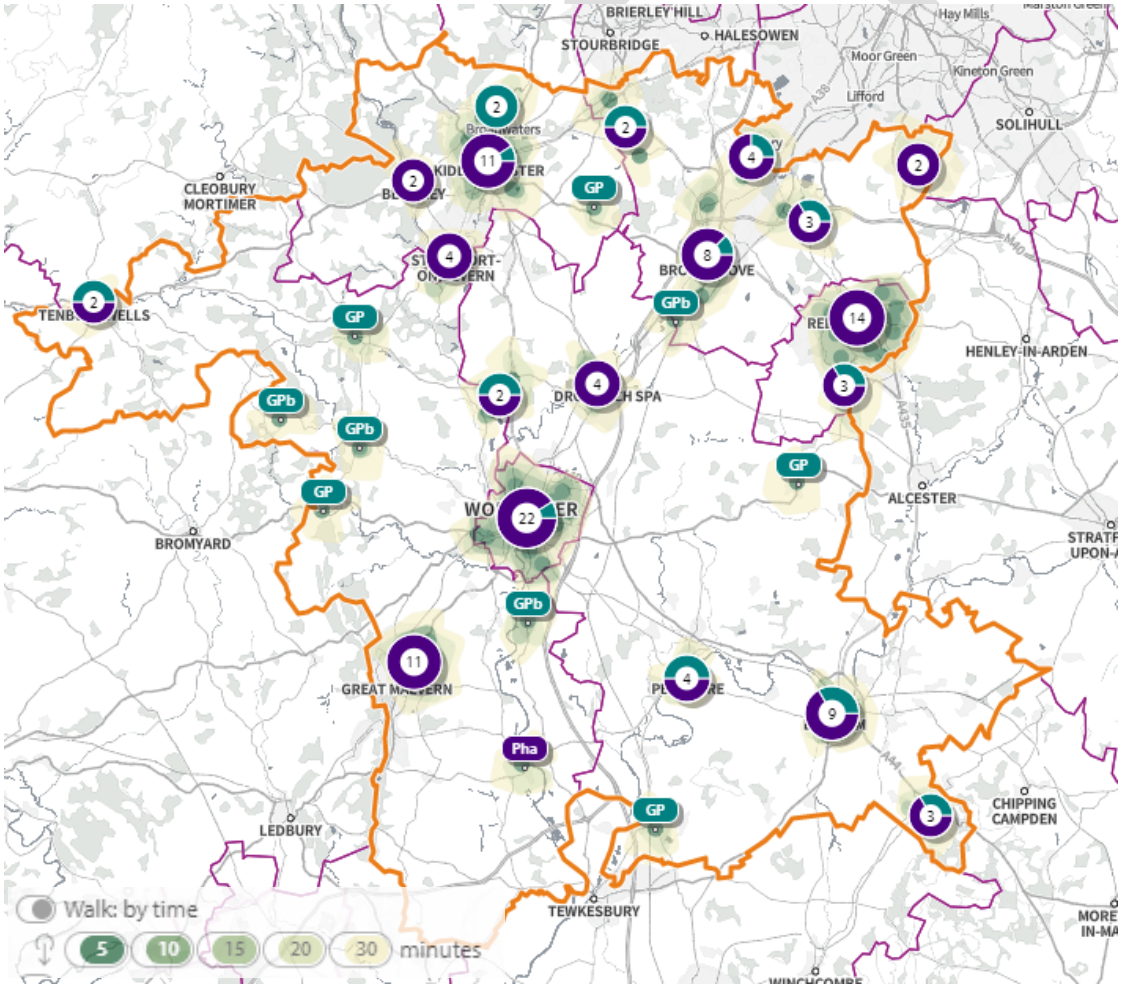
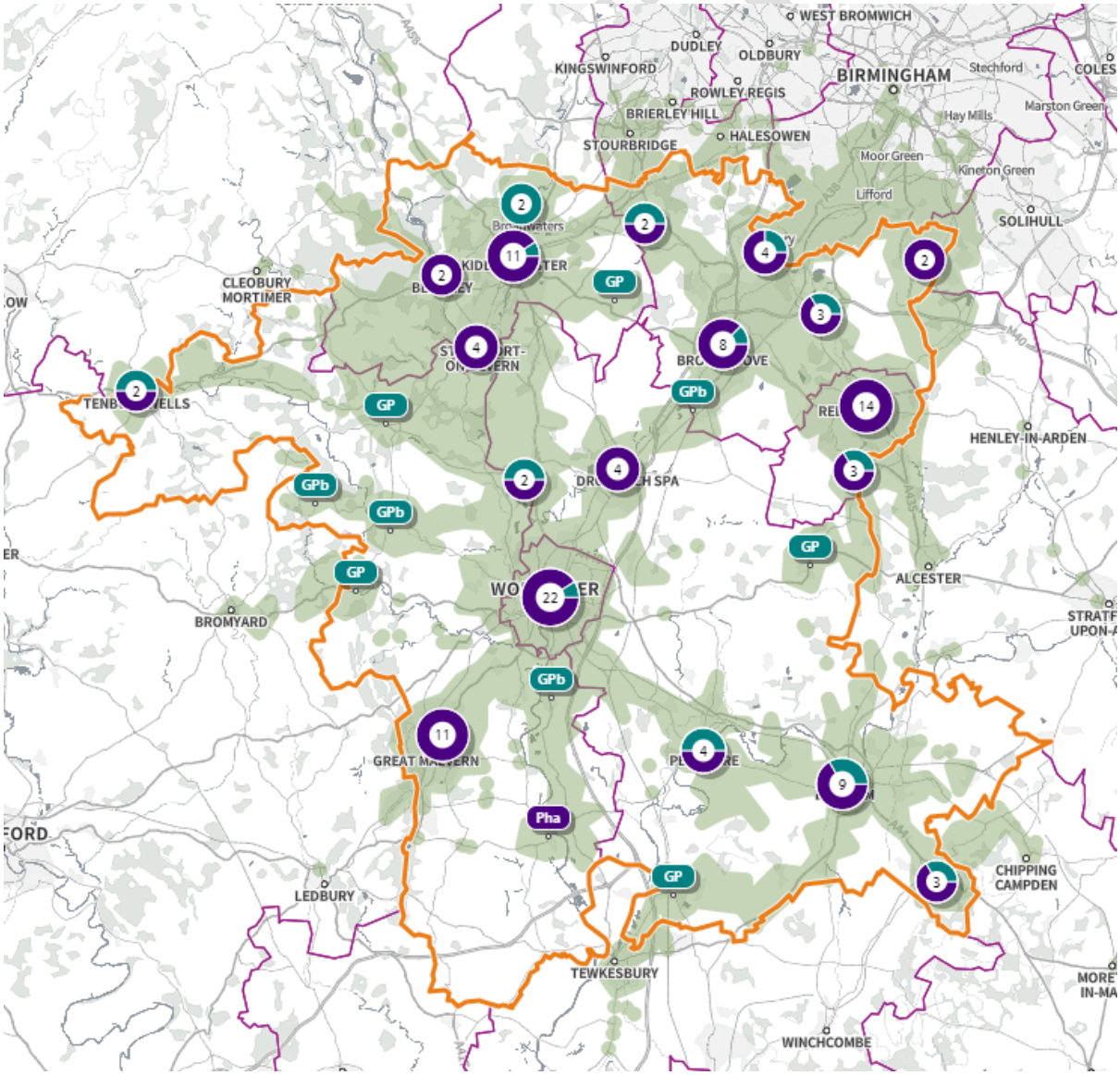


Table 5: 20–45-minute travel time by public transport (weekday morning) to pharmacies and dispensing practices within Worcestershire

TRAVEL TIME	ESTIMATED WORCESTERSHIRE POPULATION WITH ACCESS TO A COMMUNITY PHARMACY	ESTIMATED WORCESTERSHIRE POPULATION WITH ACCESS TO A COMMUNITY PHARMACY OR DISPENSING PRACTICE
20 minutes	530,005	542,024
30 minutes	569,433	579,333
45 minutes	586,093	591,437

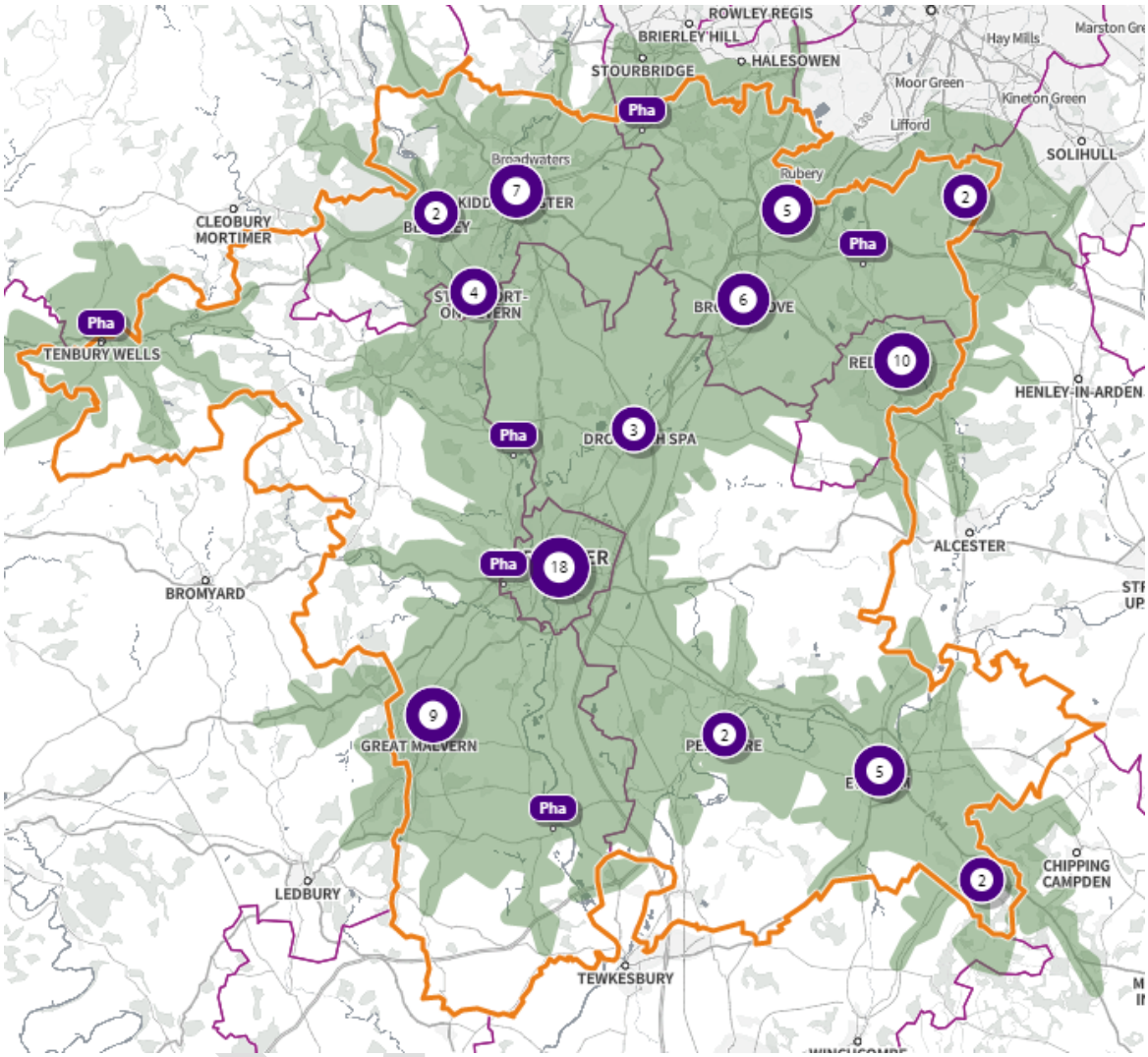
Figure 7: 30-minute travel time by public transport (weekday morning) to pharmacies and dispensing practices within Worcestershire



A total of 566,637 people live within 10 minutes travelling time by car of pharmacies that open on Saturdays, compared with 581,287 during the week. This is a 3% decrease.

The following maps relating to weekend opening only feature pharmacies as there are no dispensing practices that open at weekends.

Figure 8: Pharmacy open on Saturday within 10 minutes travelling time by car



A total of 480,873 people live within 30 minutes travelling time by public transport of pharmacies that open on Saturdays, compared with 581,287 during the week. This is a 17% decrease.

Figure 9: Pharmacy open on Saturday within 30 minutes travelling time by public transport

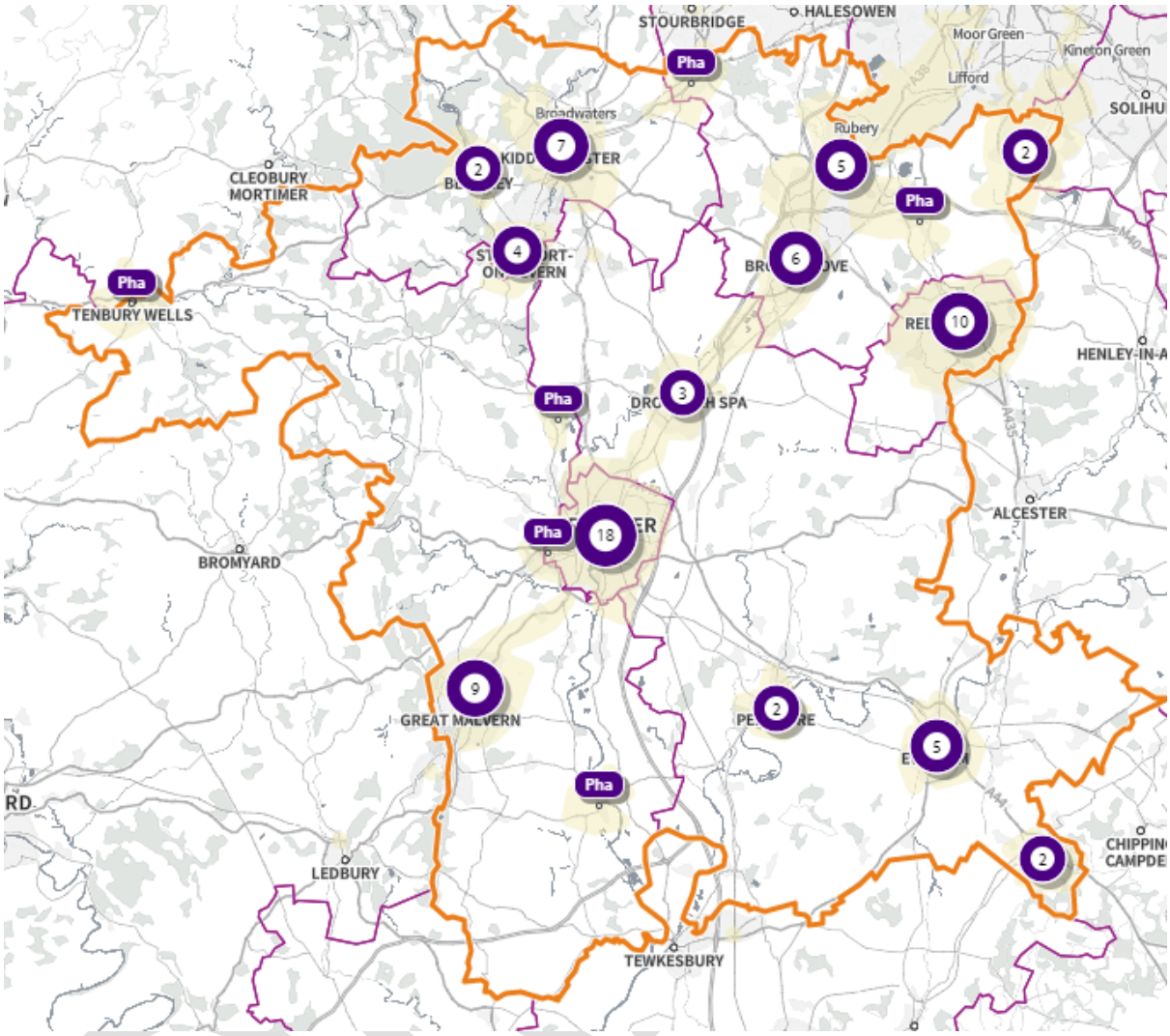


Figure 10: Pharmacy open on Sunday within 10 minutes by car

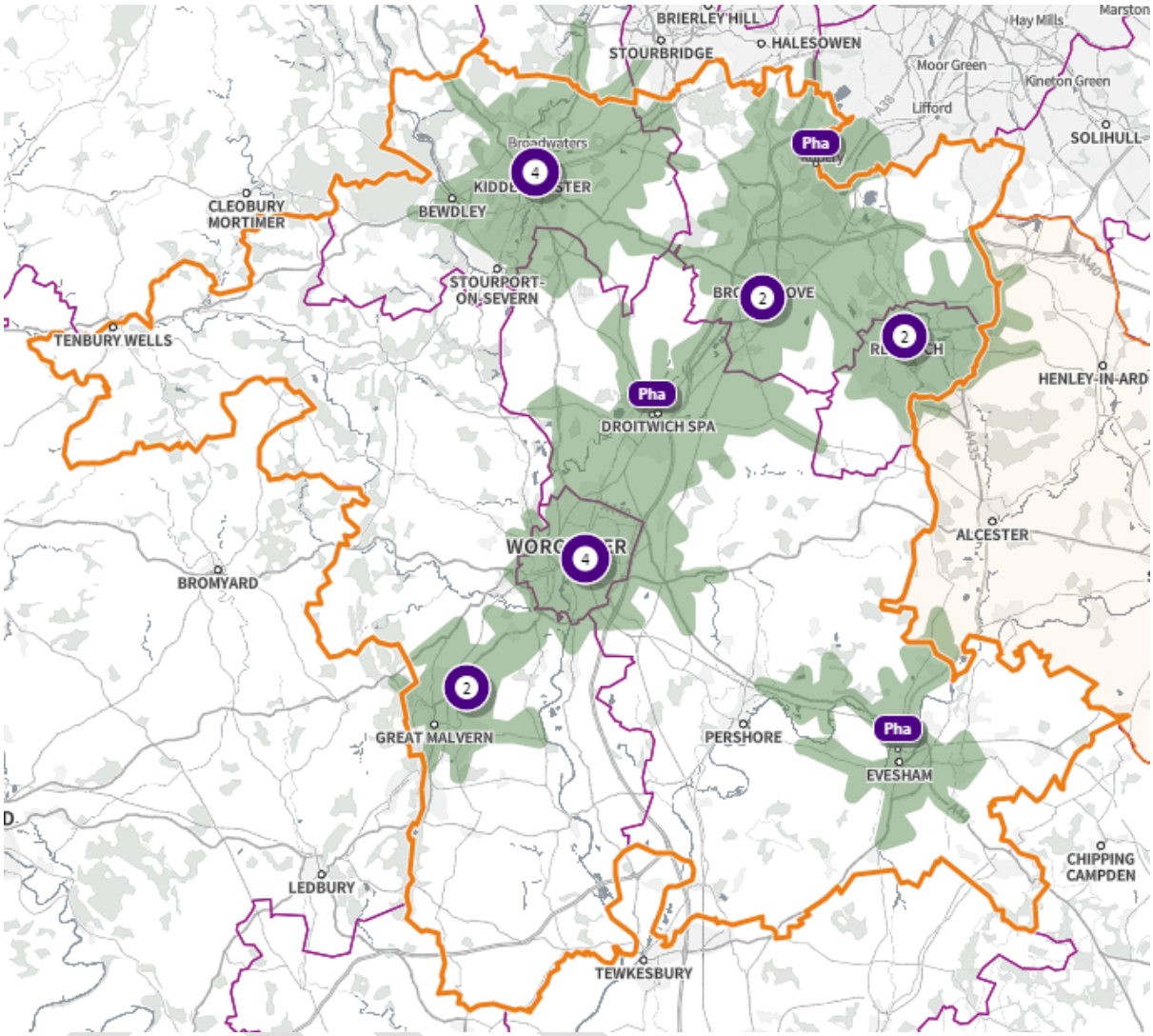
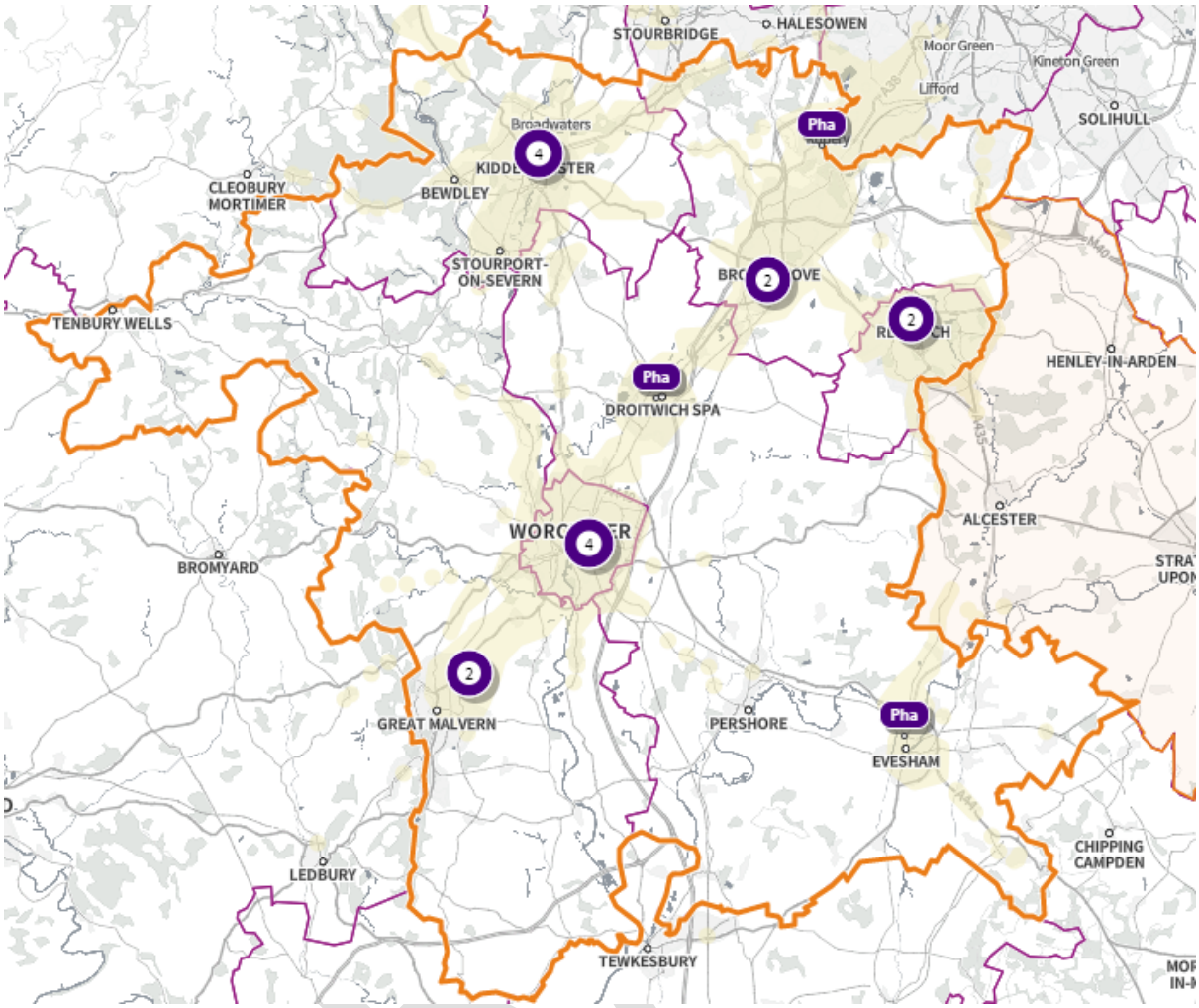


Figure 11: Pharmacy open on Sunday within 30 minutes by public transport



Rurality

NHSE are going to redetermine the Rurality Determination which is a separate statutory process which ultimately provides the information on eligibility to receive pharmaceutical services from a dispensing practice. At the time of updating this PNA, NHS England who are responsible for updating the Determination of Rurality as defined under the Pharmaceutical Services Regulations. are undertaking this exercise. This will either be available for reference within the PNA when completed or will be issued as a Supplementary Statement to the PNA.

In the meantime, the map at Figure 12 illustrates how dispensing practices help to cover the more rural areas of Worcestershire, as community pharmacies tend to be located in more urban areas.

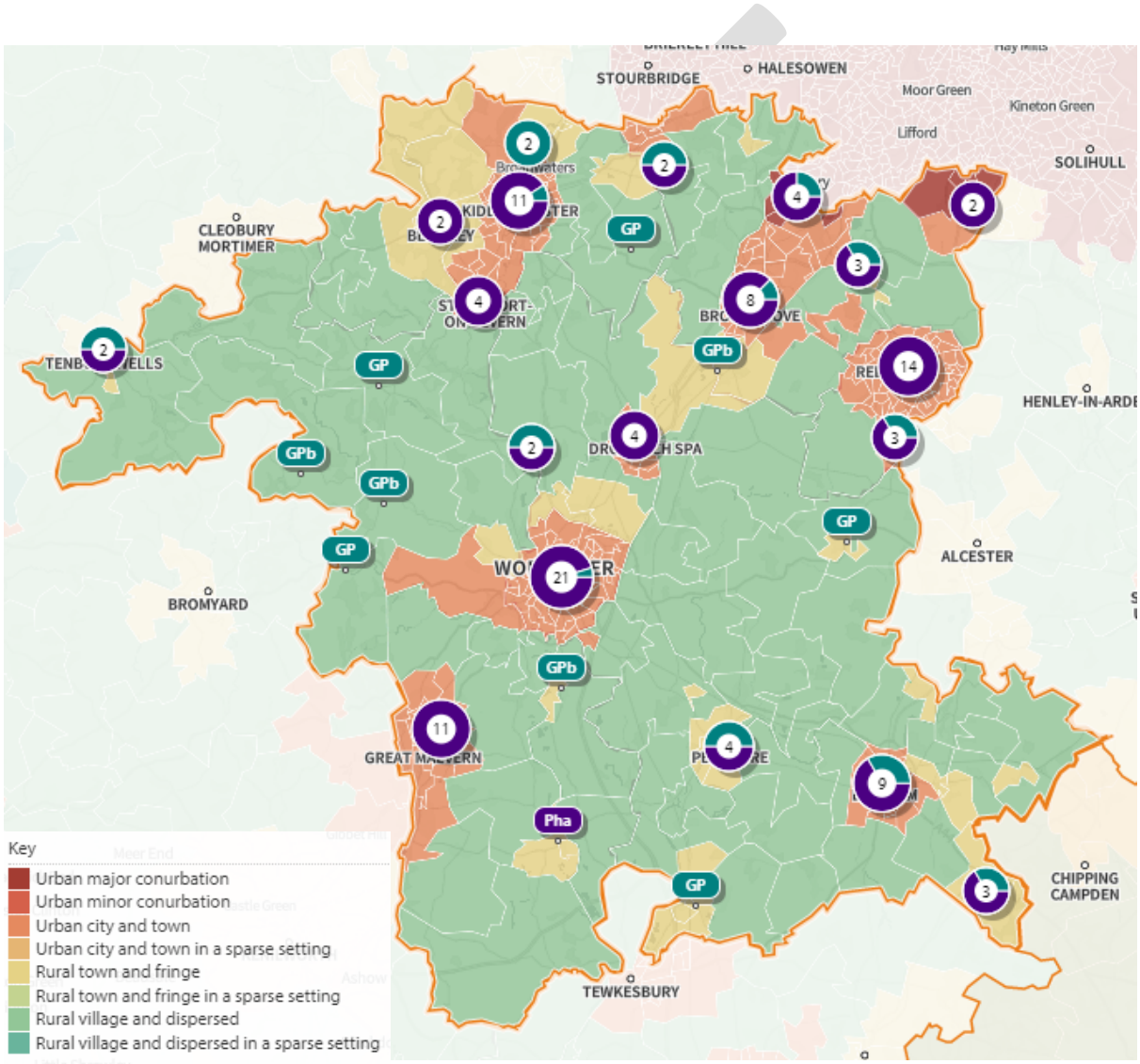


Figure 12: Pharmacy or dispensing practice by urban rural classification

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

Public Survey: Executive Summary

- Worcestershire Pharmacy Services Public Questionnaire (see Appendix 3) was published online and asked people who use the services about their experience. The questionnaire was opened to public from 10 November 2021 until 31 January 2022. From Worcestershire there were a total of 915 responses.
- Most commonly, 58% of respondents used pharmacy once a month (high rurality and older age particularly) to primarily collect prescribed medicines. Most respondents said it took at least 10 minutes to collect medication (80%). Around ¾ of respondents found that there is a sufficient supply of medicines that they required. 82% of respondents were satisfied with the range of services offered by their community pharmacy or dispensing GP surgery. Over three quarters of respondents indicated that 'efficient and/or quick service' (89%), 'knowledge' (82%) and 'friendly staff' (81%) were the most important aspects of pharmacy service. 74% accessed a pharmacy within two miles of their home or work, High rurality was associated with travelling more than five miles. A large majority of respondents (87%) said that they know they can return any unused / unwanted medicines (except sharps) to either a community pharmacy or a dispensing GP surgery.
- Popular times to visit were Mon-Fri between 9:00am and 18:00pm, Sat am between 9:00am and 13:00pm. Higher % of use in employed people after 18:00pm, weekend use associated also with employed residents and students. 92% able to access pharmacy when convenient for them, 87% were able to find information on opening times.
- 75% of respondents were satisfied with the amount of information that they normally received about medication. Only 8% had used the new medicine service, 95% said that their experience with this service has been helpful. Residents' high confidence in the pharmacy team's knowledge in both prescribed and OTC medicines was reflected in residents reporting using the service to advise on buying over the counter medicines (OTC). Lower confidence was reflected in residents reporting using the internet and GP to advise on general health, lifestyle, and disease prevention.
- Additional services mostly accessed by residents were NHS flu vaccinations (32%) and Minor ailment advice to avoid a GP visit (24%), they were mostly unaware of Chlamydia testing and treatment (62%- though this is not currently commissioned) and supervised consumption (for treatment of substance misuse clients) (52%). If made available from pharmacies, most respondents said they would be very likely to use 'blood test service (30%) 'out of hours support' (23%), 'NHS health checks' (23%).
- Residents were satisfied with: Communication (93%), accessibility of building (92%) and distance (89%) – although this was more of a problem in rural areas
- Despite 92% of respondents reporting being able to access pharmacy when convenient for them, 22% reported problems with opening times. 27% reported problems with parking (more of a significant problem for long term health/disability) and 31% problems transport (more of a significant problem for long term health/disability)
- 87% of respondents collected their medicines from the pharmacy, 13% used a delivery service or relative to collect it for them. Residents with a long-term condition or disability along with older residents relied more on a delivery service and relatives to collect for them. There was also variation between the districts in the way respondents accessed their regular prescriptions if they were unable to attend the service in person. A delivery service was more widely used in the Wyre Forest District (19%) compared to the Malvern Hills district (5%).

When asked why they do not access a pharmacy, around a fifth (22%) of respondents said the pharmacy opening hours are not suitable and a sixth said either because have a disability, 12% said they have no transport access to pharmacy.

- During Covid-19 63% of residents used the pharmacy as they normally would (particularly low rurality areas). Change in use was associated with high rurality and age, 38% used changed to use the service by phone, particularly older age and those who reported having a long-term health condition or disability.

Public Survey: Report

Worcestershire Pharmacy Services Public Questionnaire was published online and asked people who use the services about their experience. The questionnaire was opened to public from 10 November 2021 until 31 January 2022. From Worcestershire there were a total of 915 responses.

- 52% of the respondents were females, 47% males and 1% preferred not to say.
- 92% of respondents were from a White English/Welsh/Scottish/Northern Irish/British background.
- 11% have children under the age of 16 years who live with them.
- Long term medical condition (e.g., diabetes) and a physical disability were the most frequently cited disability or long-term medical condition.

Results

Of the 915 respondents 627 provided a valid postcode, this was used to map the details of where respondents live (District, Level of IMD, Level of Urbanicity). The level of urbanisation was deduced from the total urban population numbers within each District from Office of national statistics data, 2001. Level 6 is the most rural, level 1 is the most urban. The level of IMD was determined using the: The English Indices of Deprivation data, 2019. Level 1 is the most deprived, level 10 is the least deprived.

The responses were segmented using pivot charts in Microsoft Excel to demonstrate:

- Where the respondents live (Districts)
- The age of respondents
- The level of Index of Multiple Deprivation Decile (IMD)
- The level of urbanicity (Urban Rural Classification)
- The presence of long-term health condition/disability.

The value of the data was shown as percentages within the pivot charts, this was then used to create various charts to present results. Within the charts, the co-efficient of Determination (R^2) was calculated to determine the strength of the relationship between two variables (*X* and *y* axis on the graphs). Whilst an R^2 value cannot prove causality, a high R^2 does indicate a correlation between the two variables and can be used to predict future relationships.

R^2 values are always between 0 and 1 and can be represented as a percentage that represents the variability of the results. For example, an R^2 value of 1 would indicate that the data perfectly fits the model, and any R^2 value less than 1.0 e.g., an R^2 value of 0.5 indicates that 50% of the variability in the outcome data cannot be explained by the model.

Figure 13 shows that there was variation in the percentage response from each of the districts. The highest response was from the district of Wychavon (28%) and the lowest was from the district of Wyre Forest (12%).

Figure 13: Percentage PNA public survey response by District

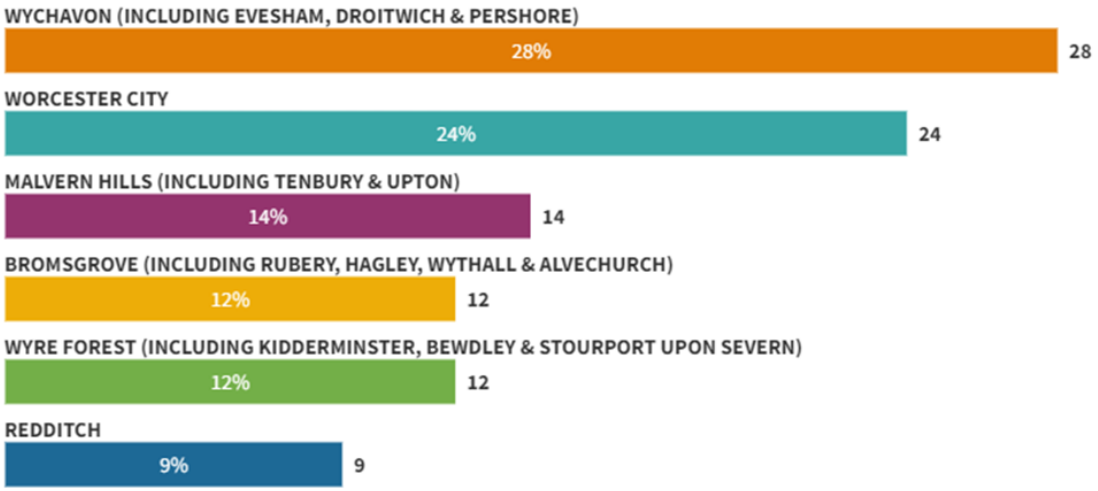


Figure 14 shows the spread of response across the levels of urbanicity across Worcestershire. There were not any responses from levels 1 or 2 (Most Urban). The highest response was from level 3 (33%) and the lowest from level 5 (14%).

Figure 14: Percentage PNA public survey response by level of urbanicity

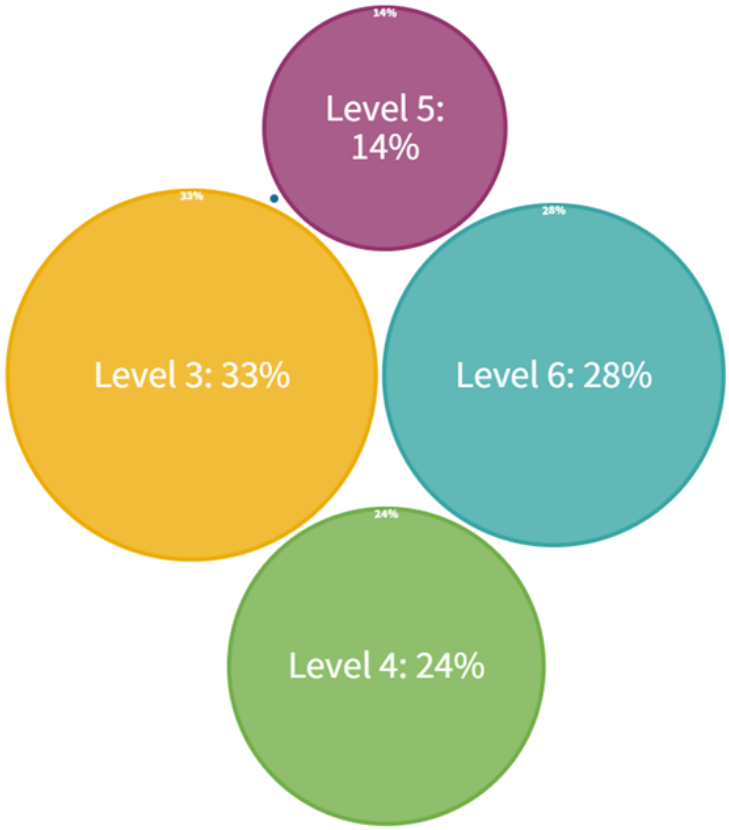
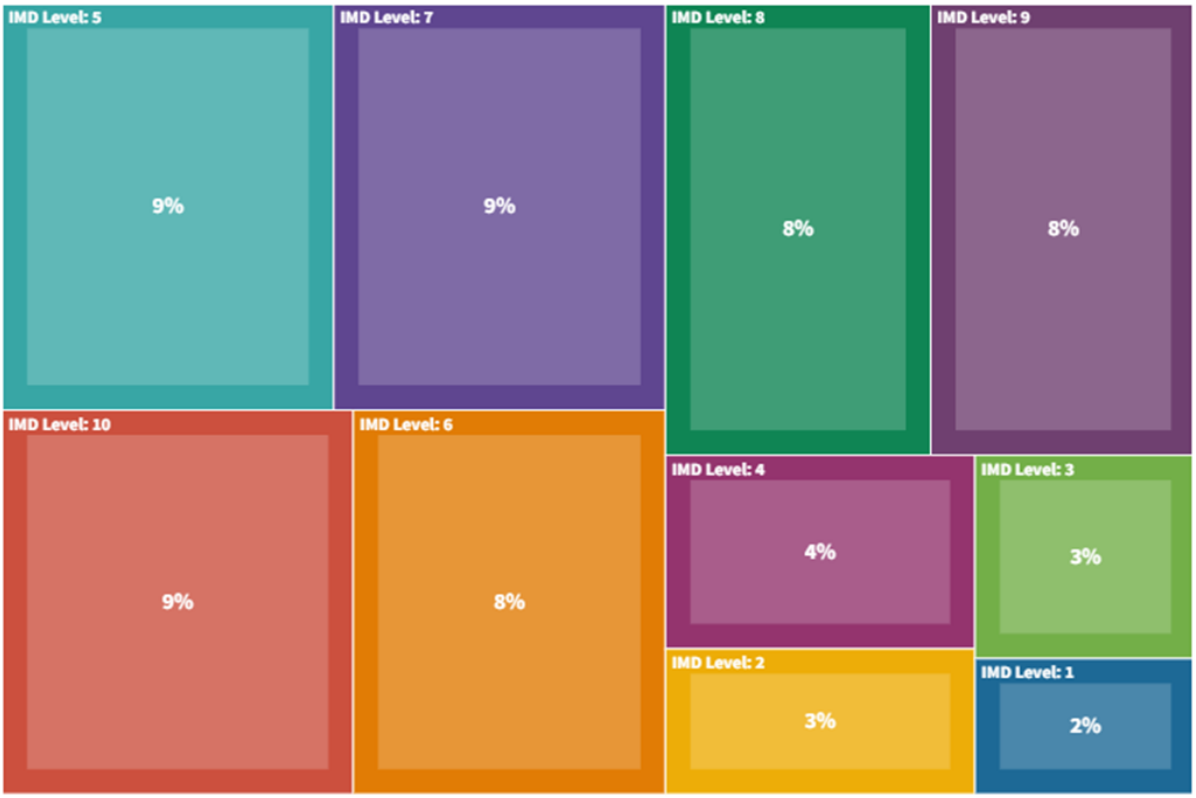


Figure 15 shows the data from responses across the levels of IMD. There are more responses from the higher IMD levels (least deprived) compared to the lower IMD levels (more deprived).

Figure 15: Percentage PNA public survey response by IMD



Of the 915 respondents 905 provided details of long-term health condition/ Disability, there were 661 without a long-term health condition/ Disability, and 246 that reporting a long-term condition/disability (figure 16).

Figure 16: Percentage PNA public survey response by long term health condition/Disability

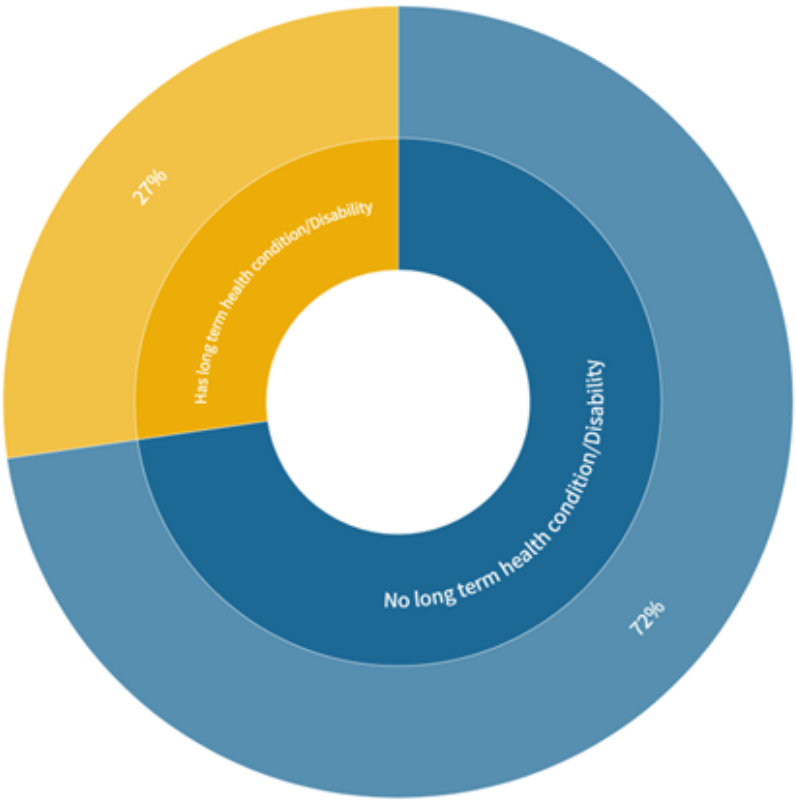


Figure 17 demonstrates the unequal spread across the different age ranges, there is under representation from people under 45 years of age.

Figure 17: Percentage PNA public survey response by Age

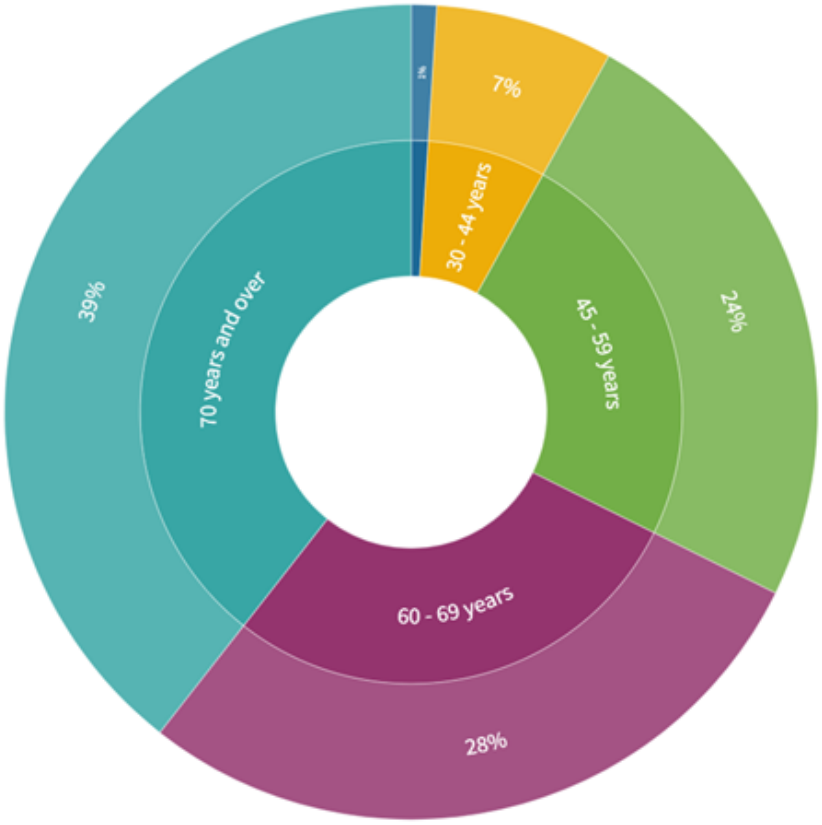
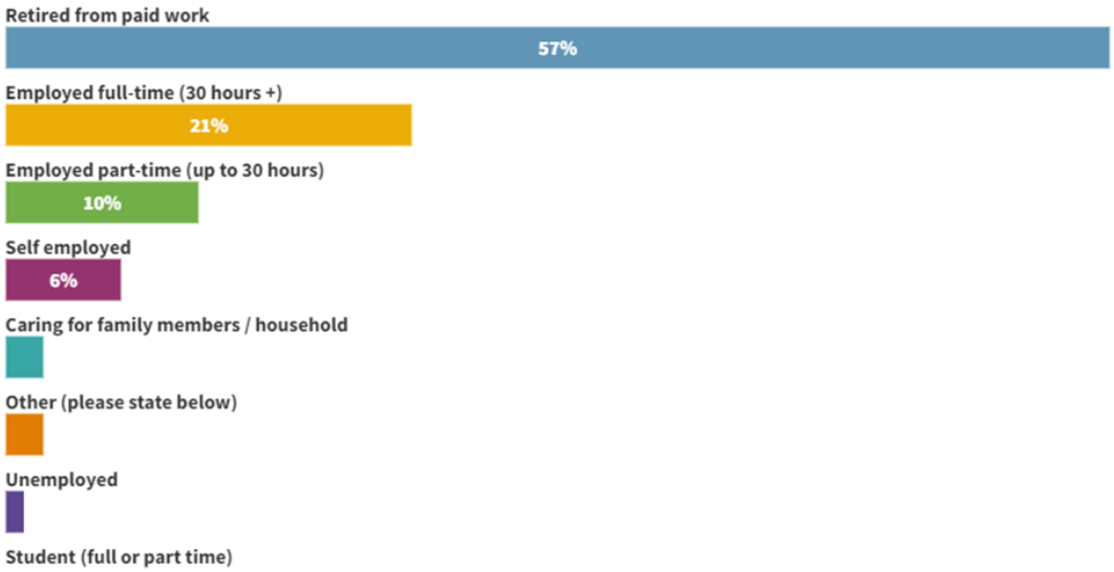


Figure 18 demonstrates the employment status of the respondents to the survey, the majority of which are retired from paid work (57%)

Figure 18: Percentage PNA public survey response by employment status



Note: The percentages are based on respondents to each question/statement. If respondents could select more than one answer to a particular question, the percentages may add up to more than 100%.

Access

WHY AND WHEN RESPONDENTS USE A COMMUNITY PHARMACY / DISPENSING GP SURGERY

By far the most common reason to access a pharmacy was for 'collecting prescription medicines' (94% of respondents) followed by 'buying over the counter (OTC) medicine' (54%) and 'getting advice and information on prescription or OTC medicines' (32%).

A total of 99 of respondents (11%) had used a pharmacy or dispensing GP at least once a week on average, 58% used one once a month and the rest (29%) used one less frequently. Those who lived in a high rurality location were more likely to use the pharmacy services once a month and were less likely to use the service once a week ($R^2 = 0.7$). Those of an older age were also more likely to use the pharmacy once a month ($R^2=0.5$).

USAGE DURING COVID-19

During Covid-19 restrictions, just two thirds (63%) used a pharmacy as they normally would and a quarter (24%) used it in a different way, while 13% did not use a community pharmacy or a dispensing GP surgery at all. Respondents from low rurality areas were more likely to continue using pharmacy services as normal during lockdown ($R^2 = 0.9$). Those from high rurality were more likely to change the way they accessed the service over lockdown ($R^2 = 0.9$). Older age was also correlated to likelihood of changing how they accessed services during lockdown ($R^2 = 0.9$).

Of the few (267) who responded about how they accessed a pharmacy service during the period of lockdown restrictions 38% said they accessed the services 'by phone', 35% said 'online' and 45% 'in person'. Those in high rurality areas were more likely to access services 'in person' ($R^2 = 0.8$), Those of higher age were more likely to use services 'by phone' ($R^2 = 0.9$). There was a higher percentage of people using phone service during lockdown that had a long-term health condition or disability.

As was the case pre-pandemic, 'collecting prescription medicines' was the main reason that most respondents (65%) accessed a pharmacy/dispensing GP surgery during lockdown. 20% accessed one for 'buying over-the-counter medicines.

DISTANCE, TRAVEL TIME AND ISSUES RELATING TO ACCESS

Just under three quarters of respondents (74%) accessed a pharmacy within two miles of their home or work while a fifth travelled between two and five miles and the rest (4%) travelled more than five miles to get to the nearest community pharmacy or dispensing GP surgery.

High rurality was associated with travelling more than five miles ($R^2 = 0.9$), low rurality was associated with travelling between one and two miles ($R^2 = 0.9$), For three quarters (77%), it was a less than a 15-minute journey to their nearest pharmacy, this was less likely for those in a high rurality area ($R^2 = 0.7$).

Whilst 68% of respondents usually travelled to the pharmacy by car, 44% walked and 10% cycled, or used a taxi or public transport.

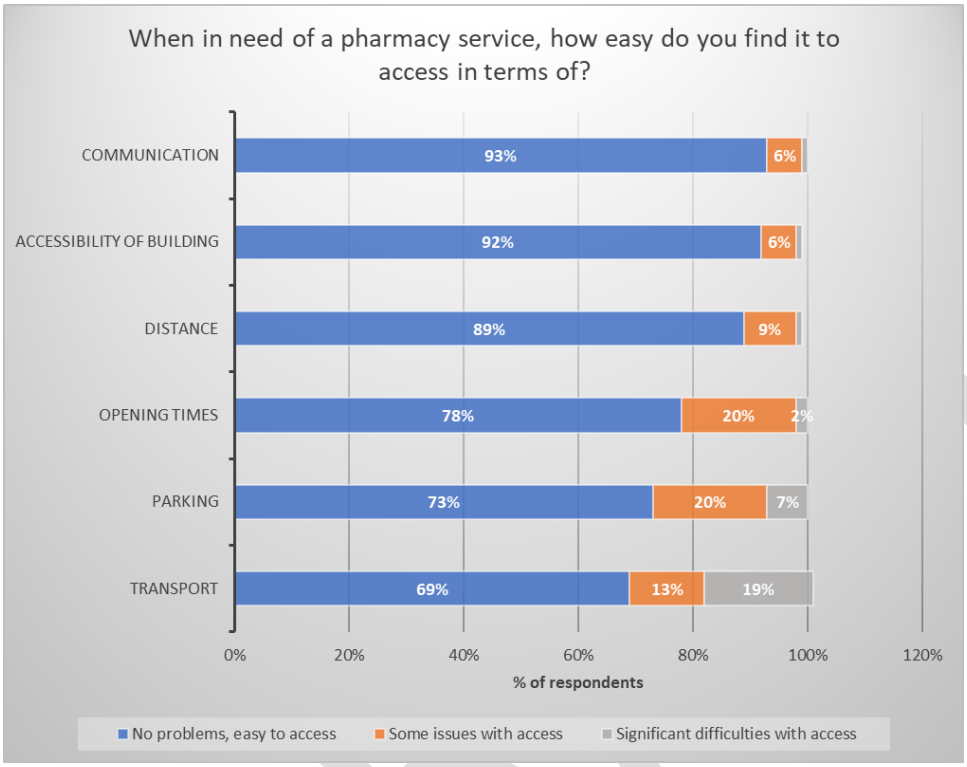
ISSUES WITH ACCESSIBILITY

A large majority of respondents found accessing pharmacy services were easy in terms of communication, accessibility of building and distance (Figure 19). There were some highlighted

problems with parking (27%) and opening hours (22%). A third of respondents highlighted a problem with transport (32%).

For respondents with a long-term health condition or disability, there were higher percentages in in reporting some or significant issues with: Distance (15%), Parking (24%), Building accessibility (11%), Communication (8%) and public transport (8%).

Figure 19: Ease of access to pharmacy services



Distance was more likely to reported as an issue for people in high rurality and higher age ($R^2 = 0.8$). Opening times were more likely to be reported as an issue for people living in high rurality areas ($R^2 = 0.9$) along with communication areas ($R^2 = 0.9$) and public transport ($R^2 = 0.9$).

Opening times and visiting times

The most popular times for visiting a pharmacy were between 9:00am and 13:00pm (52%) and between 13:00pm and 18:00pm (38%) on weekdays, or between 9:00am and 13:00pm on Saturdays (46%) see table 5.

Table 6: Pharmacy visiting times

When do you generally visit a community pharmacy / dispensing GP surgery?	Monday - Friday	Saturday	Sunday
Before 9:00am	3%	2%	0%
Between 9:00am and 13:00pm	52%	46%	8%
Between 13:00pm and 18:00pm	38%	13%	6%
After 18:00pm	6%	2%	1%
Never on this day	2%	37%	85%

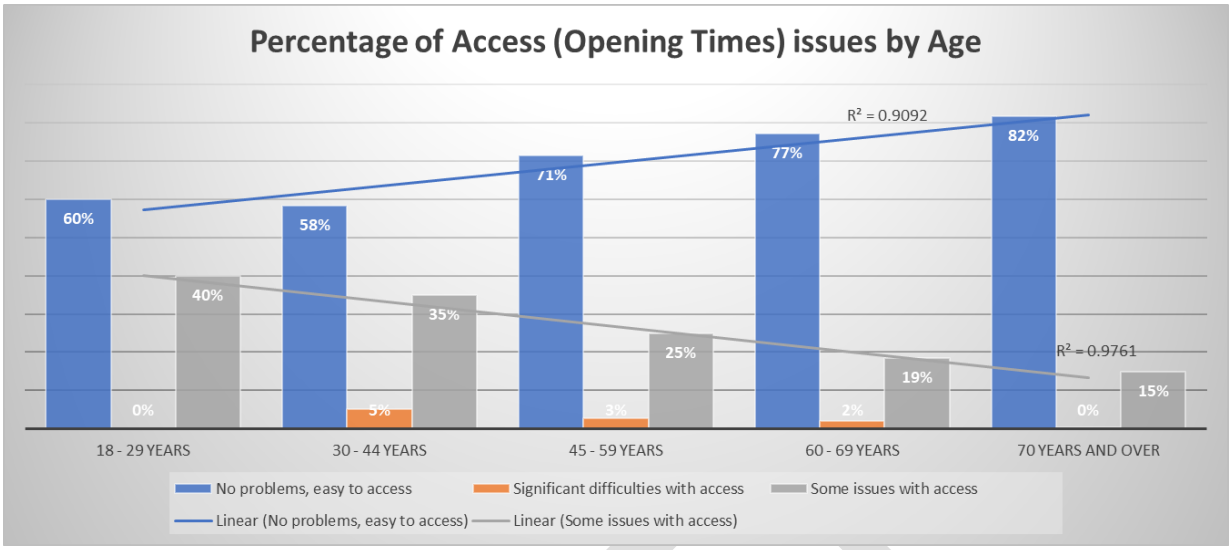
This did vary within the different age groups; older age was associated with using the pharmacy between 9:00am and 13:00pm Mon-Fri ($R^2 = 0.9$), whereas younger ages were associated with using the pharmacy between 13:00pm and 18:00pm Mon-Fri ($R^2 = 0.9$). Variation in times of use was also seen between the different employment statuses. There was a higher % of use after 18:00pm from those in full time employment, compared to other employment statuses.

Variation was also seen in the use of pharmaceutical services at the weekend, there as a higher percentage of students and employed respondents using the service at this time. Particularly on a Sunday, respondents in lower IMD were more likely to use the services on this day ($R^2 = 0.4$).

A large majority of respondents (92%) were able to access a pharmacy at least most of the time when convenient for them and 7% were sometimes able to access one at a convenient time, but 1% said they were never able to access a pharmacy at a time convenient. Around a tenth of respondents (14%) found some issues or significant difficulties with finding information on pharmacy opening times but the majority (87%) did not have any problems.

There was an obvious correlation between the percentage of reported issues with opening times and age. Higher age groups were more likely to report no issues with opening times ($R^2 = 0.9$), conversely lower age groups were more likely to report issues with opening times ($R^2 = 0.9$) See figure 21. This may be influenced by employment status.

Figure 20: Percentage of access (opening times) issues by age



Outside of normal hours

If they needed a pharmacy outside of normal hours, respondents looked out for information on opening times through:

1. Internet search (75%)
2. NHS.uk website (31%)
3. Pharmacy website (26%)
4. NHS 111 (11%)
5. Local directory, or local newspaper (less than 10%)

Advice and Information

Pharmacy leaflet

Over 63% of respondents indicated that they were not aware that their pharmacy produces a leaflet about the services that they provide, 19% knew about this but only 18% had actually seen a leaflet. This may have been influenced by guidance to reduce paper within the pharmacies to mitigate the spread of COVID-19 during 2021-2021.

Satisfaction with the service

75% of respondents were satisfied (very satisfied or fairly satisfied) with the amount of information that they normally received about medication from their community pharmacy or dispensing GP surgery. 4% were either very or fairly dissatisfied.

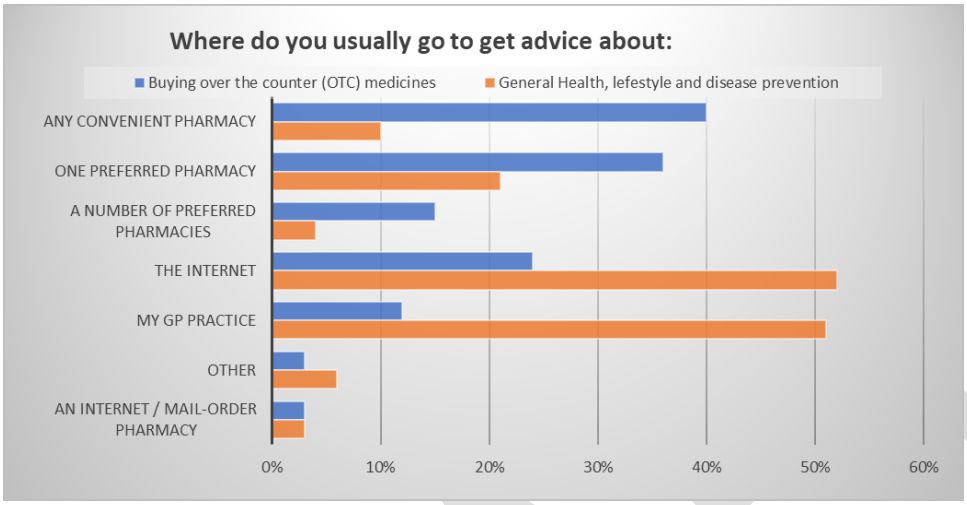
Of the 69 (8%) respondents who used a new medicine service provided by their pharmacy 66 (95%) said that their experience with this service has been helpful. Most of the respondents usually got advice about:

- Buying over the counter (OTC) medicines from
1. Any convenient pharmacy (40%)
2. One preferred pharmacy (36%)
3. A number of preferred pharmacies (15%)
- General health, lifestyle, and disease prevention from
    - The internet (52%)

- GP practice (51%)
- One preferred pharmacy (21%)

Although respondents used the internet or their GP mostly for getting advice, 84% were aware that a pharmacist can provide / offer advice on general health, lifestyle, and disease prevention.

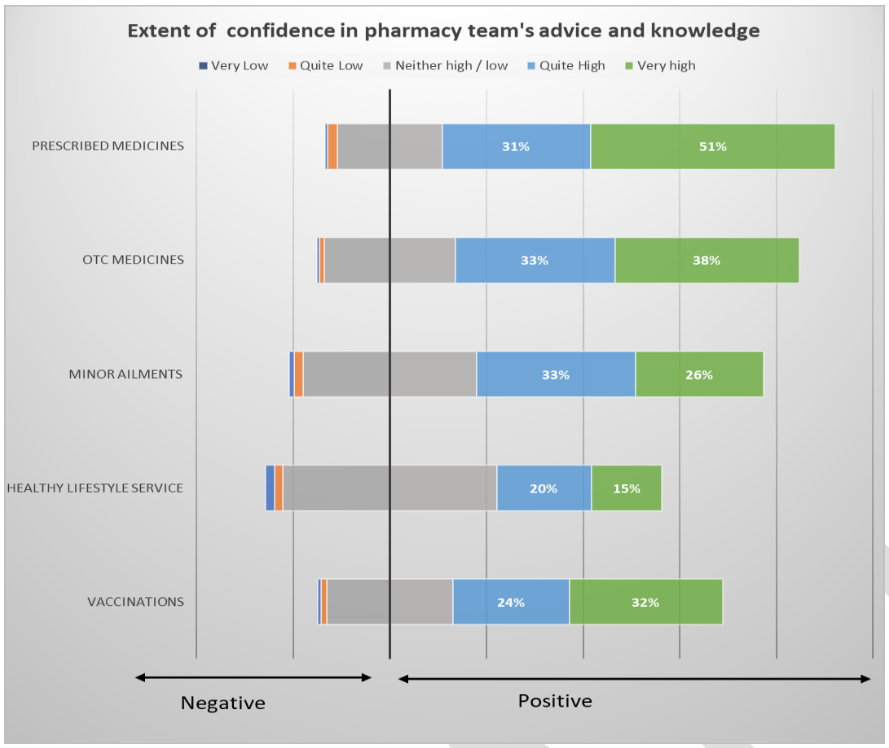
Figure 21: Where respondents usually get advice about Over the Counter (OTC) medicines and general health



Confidence in your pharmacy team's advice and knowledge

Respondents were asked to rate their confidence in their pharmacy team's advice and knowledge of services. Excluding respondents who answered, “not applicable,” the services that respondents had the highest levels of confidence in were: ‘prescribed medicines’ (82%) and ‘OTC medicines’ (71%). The level of confidence in pharmacy team’s advice and knowledge in ‘healthy lifestyle services,’ minor ailments and vaccinations were not so high, all were below 60%.

Figure 22: Extent of confidence in pharmacy team's advice and knowledge



SUPPORT SERVICES

Contracted additional services

Respondents were asked about their awareness of the additional services that some pharmacies may be contracted to provide in addition to dispensing services (Figure 24).

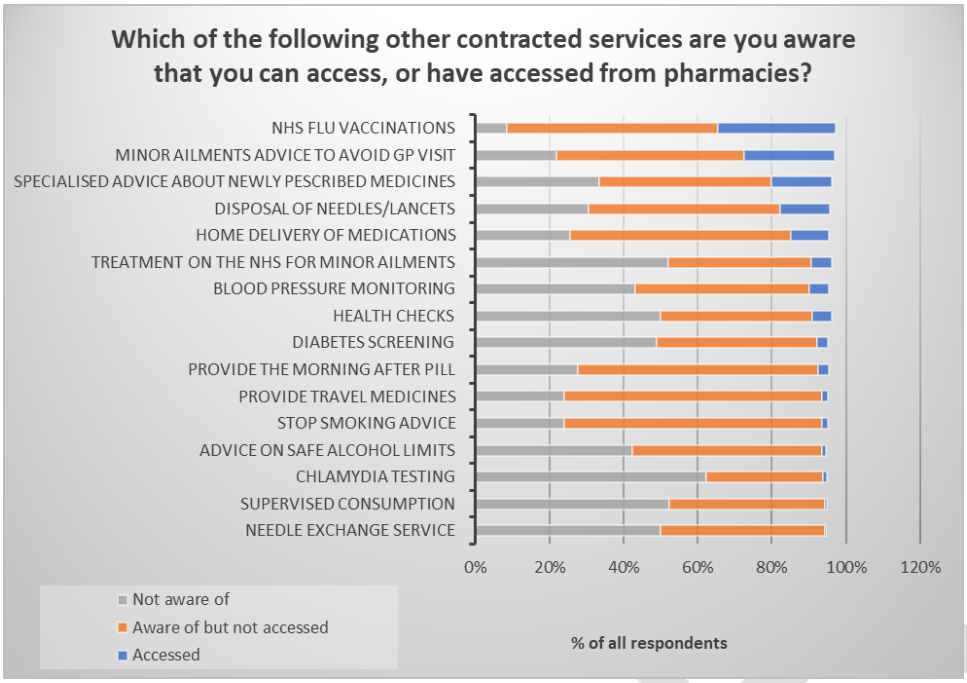
The additional services that most of the respondents accessed from pharmacies are:

- NHS flu vaccinations (32%)
- Minor ailment advice to avoid a GP visit (24%)
- respondents were mostly aware of but had not accessed were:
- Stop smoking advice (70%)
- Provide travel medicines (70%)

The services that respondents were mostly not aware of were:

- Chlamydia testing and treatment (62%). This is not currently commissioned in Worcestershire.
- Supervised consumption (for treatment of substance misuse clients) (52%)

Figure 23: Respondents' awareness of additional pharmacy services



If made available from pharmacies, most respondents said they would be very likely to use 'blood test service (30%) 'out of hours service' (23%), 'NHS health checks' (23%). (See figure 25)

Figure 24: % likelihood of using additional services if available

	Very likely	Likely	Neither likely or unlikely	Unlikely	Very unlikely
Blood test service	30	35	15	9	7
Out of hours service	23	37	21	10	6
Health checks	23	33	20	10	11
Wider Vaccinations	22	37	18	10	9
Managing long term conditions	21	31	26	12	7
NHS Blood pressure Management	20	34	20	12	12
Childrens Vaccinations	6	9	19	14	47
NHS Regular contraception	5	5	15	11	57
Weight Management	5	5	15	11	57
NHS stop smoking report	3	3	17	8	63

Created with Datawrapper

Dispensing: Collecting dispensed medicine

81% of respondents said that they take regular prescription medication.

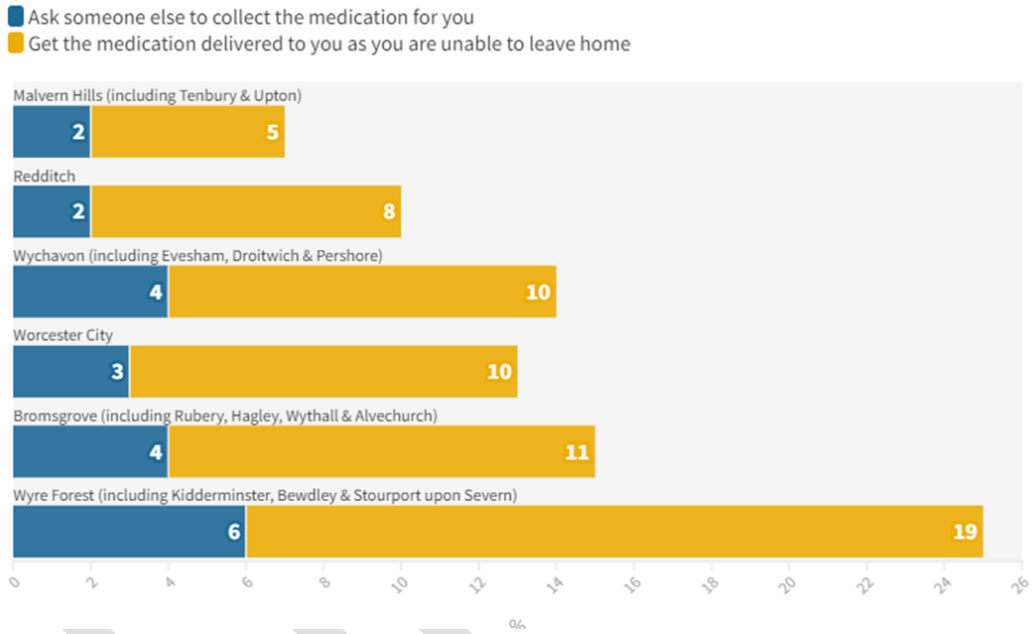
Whilst the majority (68%) called into collect the medication at a convenient time for them, some respondents (19%) collected medication when the pharmacy tells it is ready, a small minority either

get the medication delivered as they were unable to leave home (10%) or asked someone else to collect it (3%). This was mainly a relative (63%), or delivery service (23%).

For respondents with a long-term health condition or disability a much lower percentage (51%) were able to call into the pharmacy when it was convenient for them, they reported a higher percentage of using a delivery service (22%) or by asking someone to collect for them (7%). A delivery service was also used more in the older age groups ($R^2 = 0.9$).

There was also variation between the districts in the way respondents accessed their regular prescriptions if they were unable to attend the service in person. (See Figure 26). A delivery service (non-commissioned service) was more widely used in the Wyre Forest District (19%) compared to the Malvern Hills district (5%)

Figure 25: Access via delivery to Pharmacy services for regular prescriptions by districts



Respondents mostly get their prescriptions dispensed by a preferred pharmacy or from their dispensing GP surgery (92%). A small proportion get them done by any convenient pharmacy or from an internet/mail-order pharmacy (7%).

Accessing a community pharmacy or dispensing GP surgery

When asked why they do not access a pharmacy, around a fifth (22%) of respondents said the pharmacy opening hours are not suitable and a sixth said either because have a disability, 12% said they have no transport access to pharmacy.

Those respondents who said they had visited a community pharmacy/dispensing practice on behalf of someone else to collect their medication, said this was because:

- Patient does not have transport to access the pharmacy (25%)
- Pharmacy opening hours are not suitable for the patient (22%)
- Patient cannot access the pharmacy because of a disability (27%)

Most of the respondents said it took 10 minutes or less to collect medication (80%), while for some respondents it took longer (15% - 11 minutes or more). A small proportion (5%) of respondents said that they returned to collect the prescription later.

Unwanted medicine

A large majority of respondents (87%) said that they know they can return any unused / unwanted medicines (except sharps) to either a community pharmacy or a dispensing GP surgery.

What respondents usually do with out-of-date, unused, or unwanted medicines:

- Return them to a community pharmacy or dispensing GP surgery (71%)
- Throw away with household rubbish (25%)
- Store them in the house or pour liquids down the sink (11%)

Sufficient supply of medicine and the range of services offered

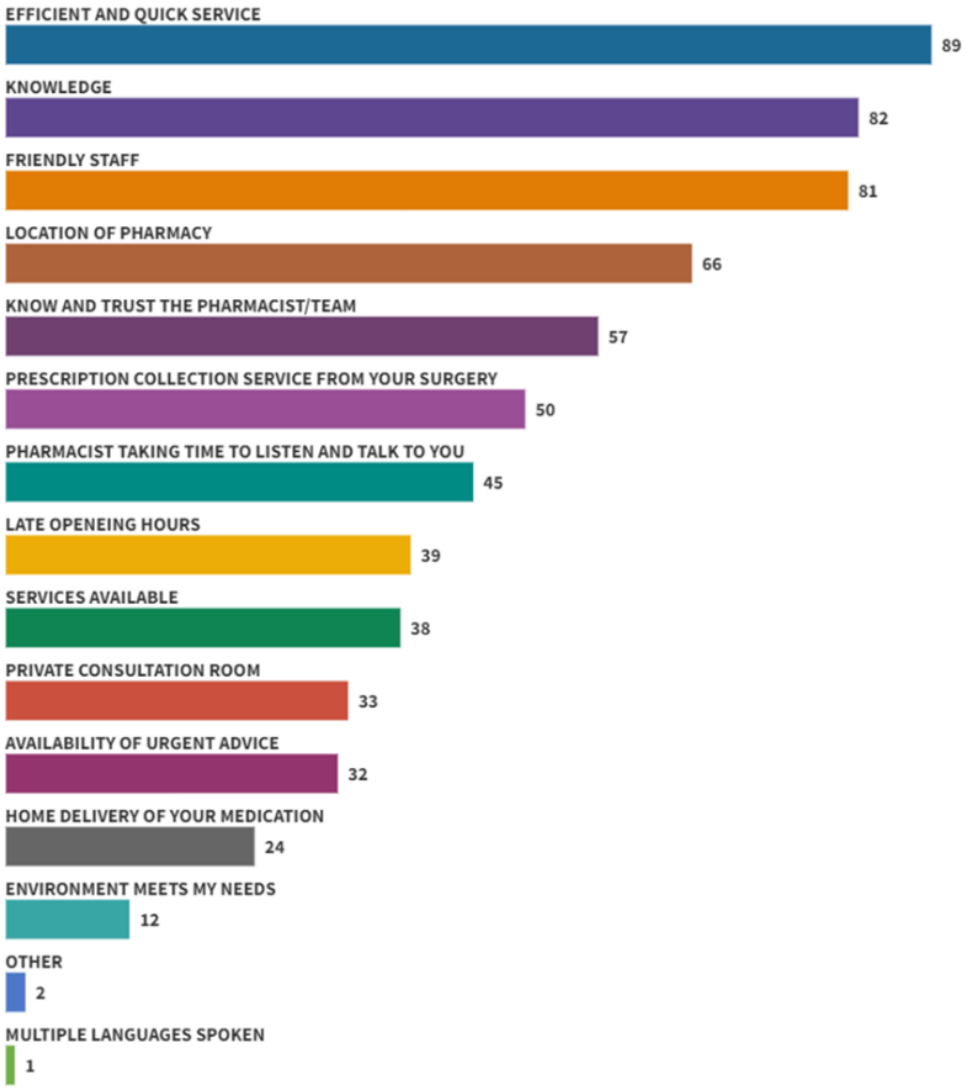
Around 76% of respondents agreed (strongly agree or agree) that their community pharmacy or dispensing GP surgery has a sufficient supply of medicines that they need.

82% of respondents were satisfied (very satisfied or satisfied) with the range of services offered by their community pharmacy or dispensing GP surgery.

Overall thinking about the community pharmacy or dispensing GP surgery

Over three quarters of respondents indicated that 'efficient and/or quick service' (89%), 'knowledge' (82%) and 'friendly staff' (81%) were the most important aspects of pharmacy services. Fewer respondents selected 'home delivery of your medication' (24%), 'environment meets their needs (e.g., dementia friendly, learning disability friendly, physical space)' (12%) and 'multiple languages spoken' (1%) as important, although in Redditch this was higher at 5%.

Figure 26: % Importance of various aspects of pharmacy services



Pharmaceutical focus groups (Qualitative research)

Introduction

A series of seven focus groups were undertaken by Voluntary, Community and Social Enterprise (VCSE) organisations in Worcestershire during March and April 2022. This is the first time this kind of data has been incorporated into the Pharmaceutical Needs Assessment for Worcestershire. This was intended both to provide an additional data source to triangulate findings from the survey and also to gain a richer understanding of the perspectives of the population using these services.

Although focussed on predefined topics, the participants have shared personal and sometimes wide-ranging views on their experiences of accessing pharmacy services and some of the issues raised go beyond the responsibility of pharmacies themselves and link to wider system issues. These are recorded here for reference and as an accurate reflection of the data generated from the focus groups.

In addition, the relative strengths and limitations of this data source are discussed at the end of this section.

Pilot Group

As this research was using an untried technique, a focus group pilot session was undertaken by Healthwatch Worcestershire in February 2022. Questions were trialled in a group of 8 residents of a hostel in Worcester, which has accommodation for around 50 single homeless men and women.

This pilot was invaluable in informing the approach and questions used in the subsequent research. Key reflections included:

- The topic guide was quite extensive and needed to be used flexibly in bringing questions for discussions in the group
- Language used in questions for discussion may need to be adapted to individual groups
- The format and running of the group should be adapted to different groups of participants in order to support a positive atmosphere and encourage engagement
- A standardised reporting template would be beneficial – this was produced for the main groups

The findings of this group have been integrated into the main analysis below. Although it was run as a pilot, the format was sufficiently similar, and results were clearly reported so as to make it appropriate to analyse together. As with the other groups, there were common themes (albeit presented from the particular perspective of those participants) as well as some unique issues which are highlighted separately.

Main Focus Groups

Organisations and group characteristics

A range of VCSE organisations were approached to recruit participants to undertake focus groups. They were selected on the basis of recruiting participants from a broad range of demographics and life circumstances but who were considered to be under-represented in other data sources. The group characteristics and a more detail overview of the participants is summarised in Table 6 and Figures 28 and 29.

Methods

Recruitment of participants

Participants were recruited through existing forms of contact with the organisations. Some groups provided incentives to attend including one offering a £10 voucher. Others supported attendance through the provision of transport and the use of widely accessible locations, some of which were already familiar to participants.

Running the groups

A mix of in-person and online focus groups were run. One organisation had a hybrid with one participant joining online due to travel problems on the day. One organisation ran individual, in-person interviews in place of focus groups. This reflected concerns about risk to participants during the pandemic. Facilitators from each organisation ran the groups and submitted a report summarising the main points of discussion including recommendations. They were also requested to provide a transcript for independent analysis.

Analysis

The documents analysed for this report were the summary reports submitted by facilitators. This consisted both of summary points from discussions as well as illustrative quotes. As such, this analysis is a synthesis both of participant contributions but also of the initial analysis undertaken by focus group facilitators in their reporting.

Quirkos (qualitative analysis software) was used to analyse findings documented in these reports and were drawn together to form the main findings below.

An inductive thematic analysis approach was employed with sections of text assigned to newly generated codes which were then reviewed and grouped together into broader themes (which are shown in Figure 30). These were presented according to five areas of interest which organisations were asked to explore with participants.

Each focus group report was added with existing codes applied or new ones generated where needed. The final themes therefore reflect the sum of all groups though the analysis presented below also highlights issues specific to different groups.

Focus Group Characteristics

Each focus group was convened to gather perspectives from underrepresented groups in the main survey. The theme of each group and a description of the group participants is summarised below.

Table 7: Focus group themes and descriptions of the groups

Code	Target group	Group description
FGP	Pilot Group People with experience of substance misuse	• 8 participants • Face-to-face focus group • All with experience of substance misuse and currently residing in hostel accommodation
FG1	People with long term health conditions, e.g. diabetes, COPD including participants from BAME groups	• 10 participants • Face-to-face focus group • All report some health issue or disability including cognitive impairment, impaired mobility and fatigue.
FG2	Older people over the age of 75 years living independently	• 10 participants • Face-to-face focus group • 5/10 report some health issue or disability
FG3	Refugees and Asylum Seekers	• 10 participants • Individual face-to-face interviews • None reported existing health issues or disability • All were refugees
FG4	Carers including participants from BAME groups	• 10 participants • Online focus group • 2/10 report some health issue or disability • All were carers
FG5	People with sensory impairments including participants from BAME groups	• 12 participants • Face-to-face focus group with one online participant • All report having visual impairment
FG6	People with mental health conditions to include participants from BAME communities	• 10 participants • Online focus group • All report some mental health condition: Depression (4), Anxiety/panic attacks (4) eating disorder (1) Post Traumatic Stress Disorder (1) • Note all participants 18-25 years
FG7	Young people aged between 18-25 years including participants from BAME groups	• 10 participants • Online focus group • 1/10 report having depression

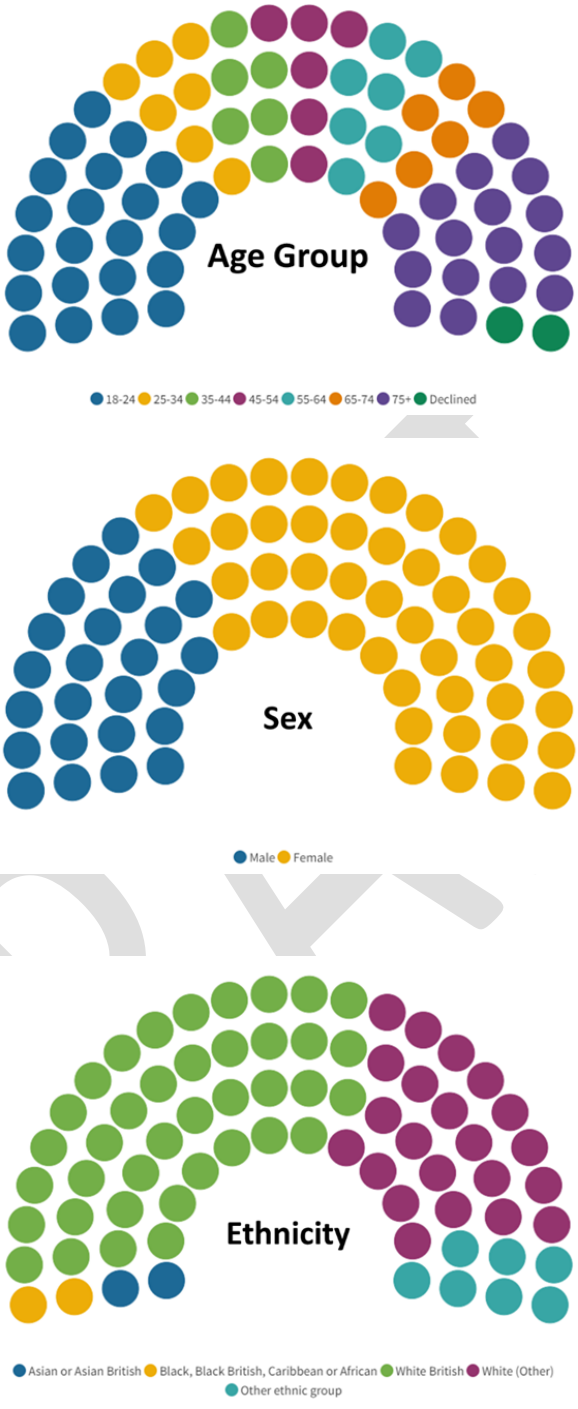


Figure 27: Age, Sex and Ethnicity characteristics of participants across all groups (excluding pilot)

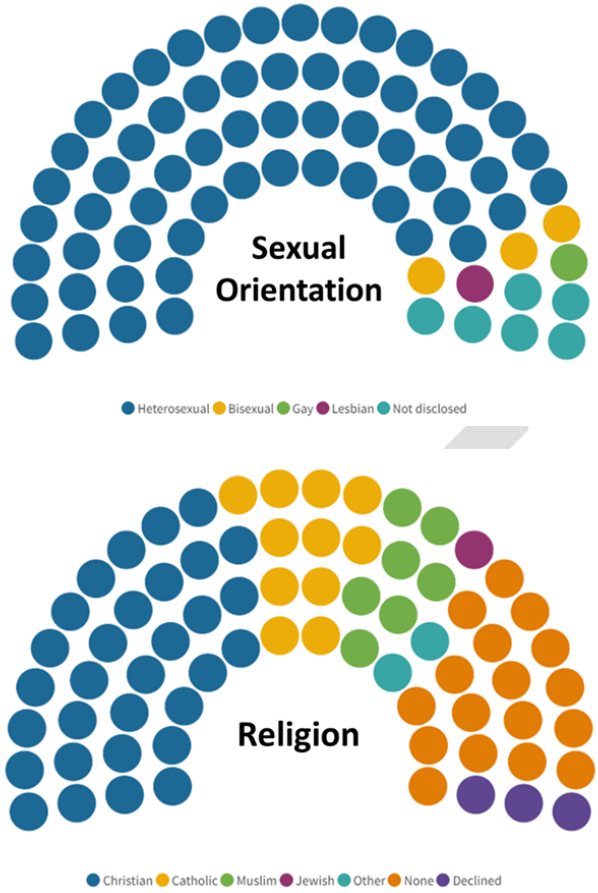


Figure 28: Sexual orientation and religion across all focus groups (excluding pilot)

The focus groups achieved an appropriate mix of participant characteristics. There was a wide range of ages in the sample with clustering in young adults and older adults, reflective of the target population of specific groups. There was a greater proportion of women (65%) than men in the sample and this was generally reflected in individual groups too.

There is representation from a range of BAME backgrounds though the largest non-white British group was those from other white (Eastern European) backgrounds (31%) primarily reflecting the sample from FG4 and FG6. Representation from a range of religions was achieved and additionally from non-heterosexual orientations (6% of the total sample).

A full summary of the participant characteristics including a breakdown of individual groups is shown in Appendix 6b.

Overview of thematic analysis

The main themes identified in the analysis were grouped according to five pre-defined areas to explore. In addition, a specific group collating recommendations from each focus group was included. These are described in more detail in this next section of the report.

The main findings and Illustrative quotes are presented in relation to five key areas of exploration set out in the focus group topic guide:

- **Access to pharmacy services:** How do participants experience accessing pharmacy services?
- **Impact of the COVID-19 pandemic:** What were their experiences of pharmacy services during the pandemic?
- **Advice and information:** What are their experiences of accessing health and lifestyle advice through pharmacies?
- **Dispensing:** What are their experiences of medication dispensing, particular in regard to prescription medications?
- **Other services:** Do they access any other pharmacy services and what are their experiences of these? Are there barriers to accessing these?

1 Access to pharmacy services

Key findings

- **Location determines accessibility by different forms of transport**
- **The environment of the pharmacy influences experiences and privacy is valued**
- **Pharmacists are held in high regard as knowledgeable and approachable professionals**
- **Barriers to access can be identified and reasonable adjustments made to improve equity**
- **Technology is playing an increasing role in how people of all ages access pharmacy services**
- **A wider range of opening hours are valued by some participants**
- **Disruptions to pharmacy opening can have a significant impact for those who rely on time critical services (such as daily medication dispensing)**

The location of pharmacies has important implications for their accessibility and an important determinant of which pharmacy people choose to use. Inadequate public transport links may be a major barrier to access for some people. For those driving, provision of parking was an important consideration.

> **"It depends where you are. You choose the nearest one to where you are."** *FG5*

Other valued the co-location of pharmacies with other services. These included having them located with GP practices but also located with other shops which meant visits could be combined with other activities.

> **"I prefer to tie it in with supermarket or other shopping to make it more of a pleasant and enjoyable experience"** *FG4*

Whilst opening hours suited many participants, others highlighted the challenges for some working people along with concerns about accessing services outside of normal working hours. This included those who did variable shift work where flexibility to attend at a wider range of times was particularly

important. In addition, some participants in the pilot group highlighted the impact of unexpected closures of the pharmacy they relied on for daily medication collection.

The environment of the pharmacy also has a strong influence on the experience of using them. For some participants including some of those with mental health conditions, busy environments were very challenging, and they valued having smaller, quieter pharmacies. Furthermore, participants expressed the importance of having private spaces to discuss sensitive issues.

> **"I think they've come a long way in the last few years and then if you want to talk to a pharmacist, I think they all have private rooms now. So, you don't have to have those conversations in the middle of, you know a big queue of people"** *FG1*

More general concerns about privacy were raised in one of the focus groups in relation to how personal information was required to be shared in an open space with other people overhearing this when collecting prescriptions. Whilst raised only in one group, there was wide agreement in that group that this was a concern.

> **"There was particular concern regarding the apparent lack of discretion and potential breach of GDPR at dispensing counters and other areas within chemists whereby the disclosure of personal data including name, address, medical condition, symptoms and other matters of a personal and sensitive nature were often disclosed at full volume and with the risk of strangers in close proximity hearing such information and discussions held."** *FG4 Facilitator comment*

Privacy was specifically raised in the context of methadone dispensing discussed in the pilot group. Although private spaces should be available in pharmacies, they were not always offered for use and so supervised medication was taken in public spaces instead. It was also highlighted that reducing the length of time between arrival at the pharmacy and dispensing of methadone might improve the experience and some participants wondered if medication could be prepared in advance to facilitate this.

> **"People described that they were not offered a private space to take supervised medication, and felt uncomfortable doing this in front of other people using the pharmacy"** *FGP Facilitator Comment*

Many participants reported very positive experiences of interaction with pharmacists. There was evidence that some felt a personal connection to the pharmacy and that pharmacists were perceived as being approachable, knowledgeable and polite professionals. Having continuity of contact with an individual pharmacist was also valued by some participants across multiple focus groups. For many, good customer service experienced by themselves or reported by others was seen as a strong determinant of their overall experience and could influence the choice of pharmacy used.

> **"Very nice, very professional."** *FG3*

Some participants reported negative experiences, and these could sometimes result in a change in the pharmacy used. A more general comment from participants from the pilot groups was their experience of feeling stigmatised. This may be symptomatic of wider experiences of societal stigma in relation to substance misuse but appeared to be an important determinant of their experience in a service that some of them were accessing very frequently for supervised medication.

> **"So judging. They get your notes, it says you're on meth …. they look down their noses at you"** FGP

In addition to transport issues, a number of barriers to accessing pharmacy services were highlighted. Language barriers could prevent people from accessing services themselves and they may rely on friends and family to collect medications for them or support them to use other services. This included issues around literacy as well as spoken English.

> **"In the beginning, when I moved to UK, I did not speak English, so I did not use it"** *FG3*

> **"Some said this wasn't helpful for anyone who can't read – a suggestion was made for TV monitors in the waiting area providing spoken information about services available"** *FGP Facilitator Comment*

Some specific challenges were highlighted for those with visual impairment. These included limitations to the provision of written information in Braille and some reported poor experiences in pharmacies where reasonable adjustments were not made or they felt stigmatised. These highlight more general concerns about how pharmacies can make reasonable adjustments to make their services more accessible to those with a range of different circumstances and needs.

> **"I think you've got to be prepared to be a little bit creative…It's not one size fits all for any of us…there are places that can just use a little bit of a brain and it doesn't take them any longer [to make their service accessible] once they've twigged."** *FG5*

Some participants accessed pharmacy services in part or in whole through telephone and online methods. Online ordering appeared to be increasingly popular and was perceived as being relatively easy to use and could be more efficient. Others valued telephone access both for ordering medications but also seeking pharmacy advice.

2 Impact of the COVID-19 pandemic

Key findings

- **Pharmacy services continued to be provided with a high degree of continuity**
- **Specific problems arose for those with limited social support**
- **Increased use of online and delivery services may be a positive legacy**

Overall, it appears that participants pharmacy services to have responded well during extremely challenging circumstances. Despite some concerns about whether medication supplies would be disrupted, this did not happen, though some products including alcohol hand gel were frequently out of stock.

> **"In all honesty, knowing how much I rely on my medication every day, I was afraid"** *FG7*

> **"Thankfully my local Pharmacy handled the crisis very efficiently, but it could definitely have been worse"** *FG6*

The main negative impacts included longer queues at pharmacies and difficulties communicating with personal protective equipment (PPE). Furthermore, disruption to other services such as General Practice may have introduced some delays in accessing medications. Difficulties were encountered however by those with limited social support as they may not have had friends or family who could collect medications on their behalf if they were self-isolating or shielding.

> **"It was hard to see a doctor. I had temperature and doctor say – stay at home, but I need medicine and I did not have a friend to help. I must go to pharmacy, but you cannot enter if you have temperature. What can you do in such situation?"** *FG3*

Adaptations during the pandemic supported access to pharmacy services. In particular, there was an increased use of online services and delivery services for medications. Some perceived this as a positive legacy of the pandemic and felt more confident using these services.

3 Advice and information

Key findings

- **Pharmacists are well regarded, and participants valued their expertise in relation to advice on prescribed and over the counter medications**
- **Some saw pharmacists as a preferable alternative to GPs for advice on minor health issues**

Participants reported seeking additional advice about their medications including any specific consideration around when or how to take them, and also for advice about over the counter (OTC) medications. They perceived medication reviews as happening at a distance by GPs and some wondered if their pharmacist would be well placed to help review repeat prescriptions face-to-face.

Pharmacists are also perceived as representing a good alternative to GPs for advice on minor medical problems. Participants often reported having sought such advice and had good experiences with this. This included advice for themselves as well as other family members.

> **"I think generally you know, pharmacists are very, very helpful and especially if you don't want to trouble the doctors for minor things, they go in there and also they might bring up all the medication you are on, and they will advise you"** *FG1*

> **"If my children or I have a flu or something simple I do not call GP, I go to the pharmacy"** *FG3*

However, some expressed uncertainty about the level of training that staff they met at the counter had. They wished to have greater reassurance about the level of knowledge regarding medical advice if they were to feel more confident in seeking advice from a less familiar source.

> **"...This was deemed to potentially provide assurance and confidence that general advice and information or recommendations for over-the counter medication was knowledgeable and accurate"** *FG4 Facilitator Comment*

The advantages appeared to be the immediate accessibility. Privacy concerns may be a barrier for some though whilst others appeared unaware of what advice could be sought. In addition, some participants reported having had negative experiences with NHS 111 and expressed a preference to be able to seek out of hours pharmacy advice directly.

> **"I don't know if they do this just, you can't ring the pharmacy can you, to get advice?"** *FG1*

4 Dispensing

Key findings

- **A range of methods are used to order repeat prescription medications, and each may better suit different people**
- **Delivery was a valued service for some, but this is not a commissioned service outside of a limited period during the pandemic**

Dispensing of medications was perceived as a key role of the pharmacy for the majority of participants. Many of them were prescribed repeat medications by their GP to collect from pharmacies. There were a range of methods to order repeat medication from their GP practice with some preferring one method over another. This perhaps reflects a more general finding that different ways of accessing any aspect of pharmacy services may be valued by different people.

> **"Some preferred to order through an online company/site and found it very easy to do. This cut down on the number of trips needed… Some of the group agreed they still preferred putting their paper repeat prescription into the box in the doctors and then collecting from the pharmacy a few days later."** *FG2 Facilitator comment*

There appeared to be a growing use of online and telephone ordering reported by the older participants since the onset of the pandemic and this was generally considered to be easy and more convenient. However, some concerns were raised about whether some people would not be able to access these due to lack of internet connectivity or skills.

Some reported frustration with having to go multiple times to collect repeat medications if prescription dates were not aligned, prescriptions were not received at the pharmacy or medication was not in stock. Furthermore, some reported they valued longer prescription durations to reduce collection frequency.

> **"Following a recent illness, the number of tablets I need to take has increased. I asked my GP to put these onto a 3-month prescription rather than monthly. This has been better than having to collect every month"** *FG2*

One focus group mentioned concerns that the brand of medication dispensed could change without notice, with inhalers given as an example. This was perceived as sometimes being an issue of cost saving.

Medication delivery was also frequently mentioned, and this appeared to be very important to some participants who were not able to attend the pharmacy independently. Delivery services were valued but some problems were reported with missed deliveries. As a non-commissioned service, there appears to be inconsistency in how it is offered and whether there is a charge.

> **"I love the delivery service, straight to my door. Absolutely great."** *FG5*

Some specific dispensing issues were raised that would impact disabled users. Some participants with visual impairment reported that dispensing labels would sometimes cover Braille on medication boxes. Another reported difficulty in removing medication from blister packs due to problems with find hand movements. Finally, some benefited from having compliance aids prepared by the pharmacy but there appeared to be some uncertainty amongst participants about who was eligible for this and how it could be arranged.

5 Other services

Key findings

- **Participants reported limited use of other pharmacy services**
- **Lack of awareness of what is available may in part contribute to this**
- **Vaccination and blood pressure checks were amongst the most commonly reported services used**

Participants generally saw pharmacies as primarily being for the sale and dispensing of medications. Many of the participants reported having repeat prescriptions and some collected medications for others or had medication collected for them.

> **"It was identified that the main factor for accessing pharmaceutical services for all in attendance was primarily for the issuing/collection of prescriptions and the purchase of over-the counter medication"** *FG4 Facilitator Comment*

They reported fairly limited use of other services within the pharmacy which may in part reflect a lack of knowledge about what is available. Awareness of what services were available varied across the groups. Whilst some felt that they did have need of these additional services, others expressed these could be beneficial to them if they were more aware of what was available. Pharmacies were seen as potentially reflecting an alternative to accessing services through the GP.

> **"I didn't realise there's so many services they could do."** *FG1*

> **"None of the participants were aware of the general health and lifestyle advice or disease prevention"** *FG3 Facilitator Comment*

> **"All participants knew that pharmacies offer vaccinations and immunizations; advice for minor illnesses; advice on sexual health; disposal of unwanted medicines; information and advice on lifestyle services; prescription"** *FG5 Facilitator Comment*

Amongst the services most frequently mentioned were vaccinations and blood pressure checks, whilst accessing contraceptive advice was also mentioned by one participant. Again, privacy concerns may be a barrier to wider uptake of some more sensitive services.

> **"Some participants choose to get their vaccinations at the pharmacist because it is less busy and available quicker than at their GP surgery"** *FG5 Facilitator Comment*

6 How participants felt their experiences of accessing pharmacy services could be improved

Group facilitators generated a summary of recommendations to improve pharmacy services from the perspective of the focus group participants and should not be read as the recommendations of the PNA itself. The summary presented below integrates suggestions across all groups, some of which were duplicated in multiple groups.

These covered aspects of pharmacy services but also wider system issues including prescribing in primary care.

6.1 Increase awareness of additional services offered by pharmacies

- This was a common theme through all groups and was considered a significant limiting factor to making better use of existing services offered
- Ideas to share information included through direct advertising on prescription bags, leaflets/posters in GP surgeries, TV adverts, apps and online adverts on YouTube/TikTok

6.2 Address barriers to accessing pharmacy services

- Ensure pharmacies are located at a reasonable distance and accessible by public transport
- Consider the impact of language barriers on access to services – some participants suggested the use of translation apps to support understanding
- Flexible opening hours meeting different needs and align staffing with busiest periods
- Ensure privacy and confidentiality is maintained including in relation to sharing of personal details at counters
- Ensure adequate provision and awareness of private spaces to support confidence in sharing personal concerns and for sensitive issues including supervised medication
- Busy spaces can be challenging for some groups – a variety of smaller and larger pharmacies is valued by some participants
- Some participants expressed a preference to access out of hours pharmacy support direct rather than through NHS 111
- Some are not aware of the high level of training and qualification pharmacy staff have and would like reassurance on this to feel more comfortable in seeking additional advice

6.3 Ensure information is accessible

- Be aware of issues of language and literacy barriers when advertising services and providing information
- Specifically relating to written information for those with visual impairment
- This includes physical written materials and the design of websites and apps to facilitate the use of screen readers
- Recognising that some may experience digital exclusion and so multiple ways of accessing information (including offline options) are required

6.4 Convenience of repeat prescription medications could be improved by…

- Continuing to develop digital solutions to improve ease of ordering medications in primary care
- Continuing home delivery including for those in most need of it

6.5 Continue to focus on providing high quality customer service

- Ensure changes in brands of medication dispensed are clearly communicated
- Ensure changes to opening times or unexpected closures are communicated to those who rely on critical services e.g., supervised medication
- Multiple groups highlighted that their experience of customer service was important to their choice of pharmacy. Building a relationship with the pharmacist was important for some, for example where they had regular contact such as for supervised medication
- Whilst many reported very positive experiences, the few negative experiences often resulted in participants switching pharmacies, which may be less accessible in other ways
- Some participants

- Pharmacists are well liked, trusted and respected professionals and this status opens the door to engaging in a wider range of health promoting services

Key messages from focus groups data

1 Location, transport links and opening hours influence accessibility of pharmacies

Participants use different modes of transport to attend pharmacies. How easy these are to access is determined by their location (including distance), parking availability and public transport links. For some, additional extended opening hours would be welcomed to ensure working people can attend pharmacies. Unexpected changes to opening hours can be very disruptive to those requiring critical supervised medication.

2 High quality customer service is an important determinant of the overall experience of using pharmacy services and privacy is also valued

The experience of interactions with pharmacy staff was seen as an important determinant of which pharmacy participants used. Pharmacists are widely seen as approachable and knowledgeable professionals whose expertise may be underused currently. Positive experiences were often associated with developing personal connections to individual pharmacies. In addition, the environment of the pharmacy can influence the experience of users. Providing a private space to discuss more sensitive issues is valued and maintaining privacy around supervised medication was also considered very important. Less busy pharmacies may suit some people better including some of those with mental health conditions or visual impairment. More generally, some participants expressed concerns about privacy and confidentiality when sharing personal details at counters.

3 Telephone and online access supported by medication delivery provides an important alternative to attending in person

Beyond attendance in person, participants made wide use of telephone and online access. The latter has particularly developed as a result of the COVID-19 pandemic. Positive experiences of online access were reported across groups including older participants and highlights a potential area of further development. For those who find attending pharmacies in person more challenging, the addition of medication delivery is valued.

4 Pharmacies can provide a valuable alternative to GP practices for advice on minor medical conditions and potentially for reviews of medication

Pharmacies are already seen as a good alternative to GPs for advice on minor medical conditions. Some participants have also received advice relating to their prescribed medications, but it was suggested that this could be an area for further development.

5 Other services currently have limited use and increasing use may be dependent on greater awareness and ensuring privacy can be maintained for sensitive consultations

Awareness of the range of other pharmacy services varied across participants but generally the level of use of these services was reported to be low. Some of this may reflect a lack of awareness of what is available, whilst others perceive that they have no need of these services currently. In general, the services which are accessed are considered to be more convenient alternatives to GP practices and there may be scope to increase awareness of some of these.

6 Reasonable adjustments supporting access to pharmacy services for groups with different needs

Each participant group shared particular experiences and issues relating to accessing services.

For pilot group participants with experience of substance misuse, pharmacies can be a critical resource and they may have very frequent contact. Stigma can be experienced, and this is also reported by some participants in relation to their interactions with pharmacies. Steps taken to maintain privacy around supervised medication are valued. Building relationships through consistent engagement with individual pharmacists was valued.

For older participants, transport could be an issue and they were more likely to benefit from telephone/online ordering and delivery, though some valued attending in person and the personal connection to pharmacies. This has relevance in the continuity of service provided as well as ensuring adequate public transport provision. In addition, whilst some may experience difficulties with online provision, the majority of older participants reported positive experiences of this.

For those who did not speak English fluently, this could be a major barrier to attending. Whilst some were content with friends or family attending on their behalf, this may limit their access to other services (for example women accessing contraceptive services). Access and provision of information was also an issue raised by those with visual impairment, who reported specific issues of accessibility with written information as well as the importance of adjustments in-store to support them in accessing required services.

For this with mental health conditions, they may regularly use pharmacies to collect medications but may experience some difficulties in certain environments, particularly those that were very busy. They valued pharmacists showing an insight into their experiences and would welcome wider mental health awareness and mental health first aid training.

Finally, for younger participants, they reported being occasional pharmacy users. They expressed the importance of having accessible information particularly about OTC medications and other services relevant to their needs. Some expressed that information may be best provided through online media including via social media platforms.

Strengths and limitations

These focus groups provide rich qualitative data from several under-represented groups in other PNA data sources. They closely resemble some of the findings from other parts of the PNA, adding additional strength to these. They also help to illustrate some of the particular experiences and concerns of members of our local population in relation to accessing pharmacy services. Having seven groups allowed common themes to emerge across them, as well as highlighting some of the diversity of experiences and perspective of different groups.

In terms of limitations, as with most in-depth qualitative data, participants are a small and non-representative sample of the population as a whole. Therefore, they should not be considered as generalisable to the population but rather that the findings are considered alongside other data sources. In addition, the analysis was undertaken at the level of the focus group reports rather than the individual transcripts and coded by a single person. This was felt to be appropriate to the purpose here and the findings reflect a synthesis of the summarised views of each group.

Finally, participants have expressed views on aspects that are beyond the scope of pharmaciesF83 themselves as well as perspectives that may not be reflective of what is actually provided. These remain important in accurately reflecting what was shared and informing wider system working. In addition, where there are misperceptions about services provided, this is perhaps highlighting issues of public awareness, the extent of which might be further explored in the wider population.

Pharmacy Survey: Executive Summary

Responses were received from 68 (72%) pharmacies within Worcestershire. Accessibility within pharmacies surveyed was overall of a high standard. 96% (65/68) had doors that were accessible for customers using pushchairs, wheelchairs or walking frames. Three quarters had free parking, and 72% had disabled parking available. Additionally, 51% of the pharmacies had adjusted or made alterations to enable physical access to the pharmacy. There was a wide variety of languages spoken in addition to English within the pharmacies.

A large majority (65/68) of pharmacies could provide a consultation room that was able to have the door closed, with 95% of these having hand washing facilities close or near to it. The survey did highlight that only 28% of the pharmacies had access to toilet facilities, and that only 46% had a hearing loop available.

100% of responding pharmacies provided the New Medicine Service. Other services that were reported frequently being offered were Community Pharmacist Consultation Service (CPCS) (96%) and the Flu Vaccination Service (82%). 47% currently offer Hypertension Case finding, with a further 32% being able to offer this service in the next 12 months. The variation of available services reflects differences in commissioning throughout the county.

The common theme throughout the pharmacy survey was that a high percentage of pharmacies would be willing to provide additional services if they were to be commissioned. This was true across other, disease specific, screening and vaccination services. Commissioning of services should be proportionate for local public health needs. Smoking Cessation (12%) and Alcohol Management (4%), Sexual health (4%), and needle exchange (4%) were highlighted by pharmacies as being required locally to be commissioned.

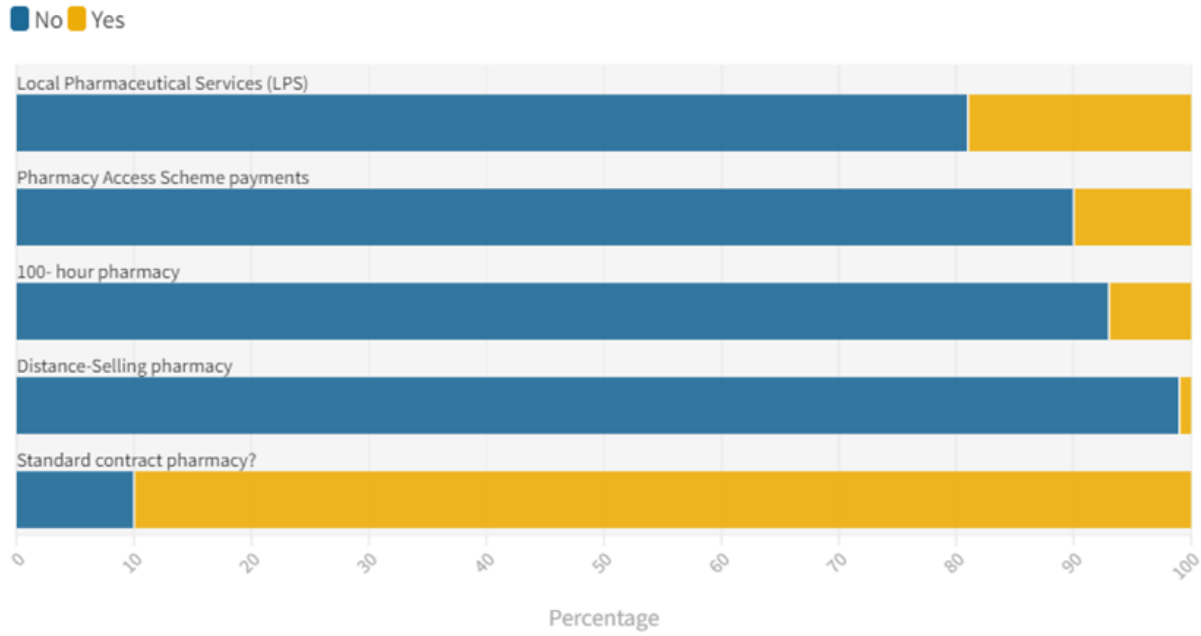
Pharmacy Survey: Report

Worcestershire County Council conducted an online Pharmacy Survey to gather vital information from local pharmacies to best inform the Pharmaceutical Needs Assessment. The questionnaire ran from Monday 14th March to Sunday 29th April 2022.

About the respondents:

- Responses were received from 68 (72%) pharmacies within Worcestershire.
- 90% of the pharmacies that responded were a ‘standard contract pharmacy’
- 19% were Local pharmaceutical services (LPS)

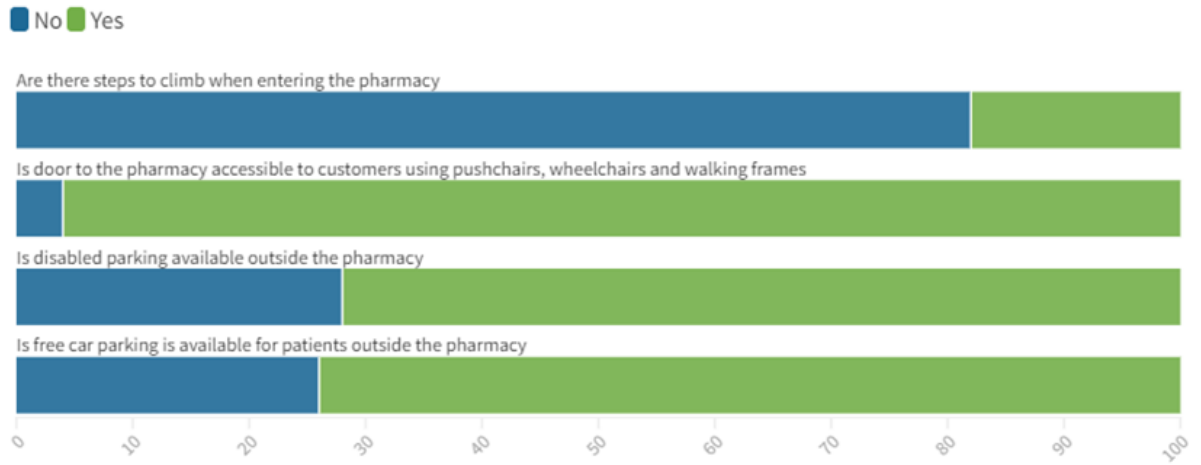
Figure 29: Types of contracts of respondents



Access

- The majority of the pharmacies surveyed were accessible to customers using pushchairs, wheelchairs and walking frames (96%).
- 74% had free car parking available outside the pharmacy, and 72% had disabled parking available outside the pharmacy.
- Only 18% had steps to access the pharmacy.

Figure 30: Access to pharmacy

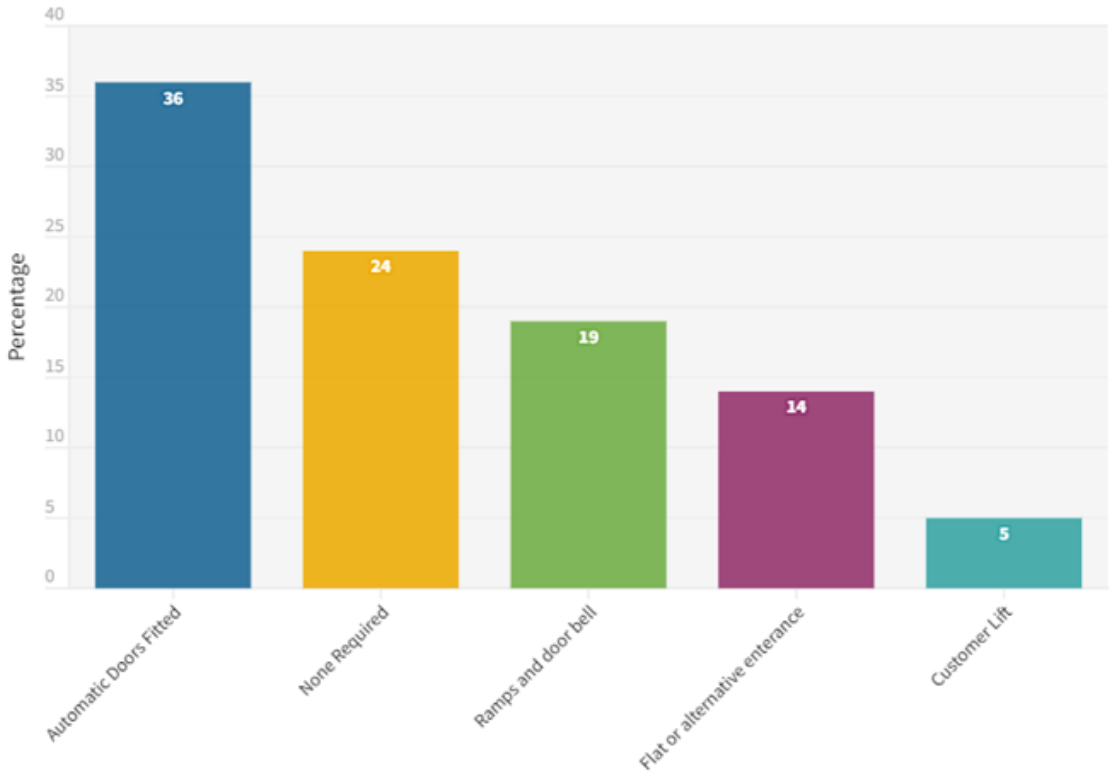


Physical Access

- 51% of the pharmacies had adjusted or made alterations to enable physical access to the pharmacy.

- Examples of adjustments made to enable physical access; 36% had automatic doors fitted, 19% had ramps and a doorbell, 14% had a flat or alternative entrance, 5% had a lift.
- 24% reported no adjustments were required.

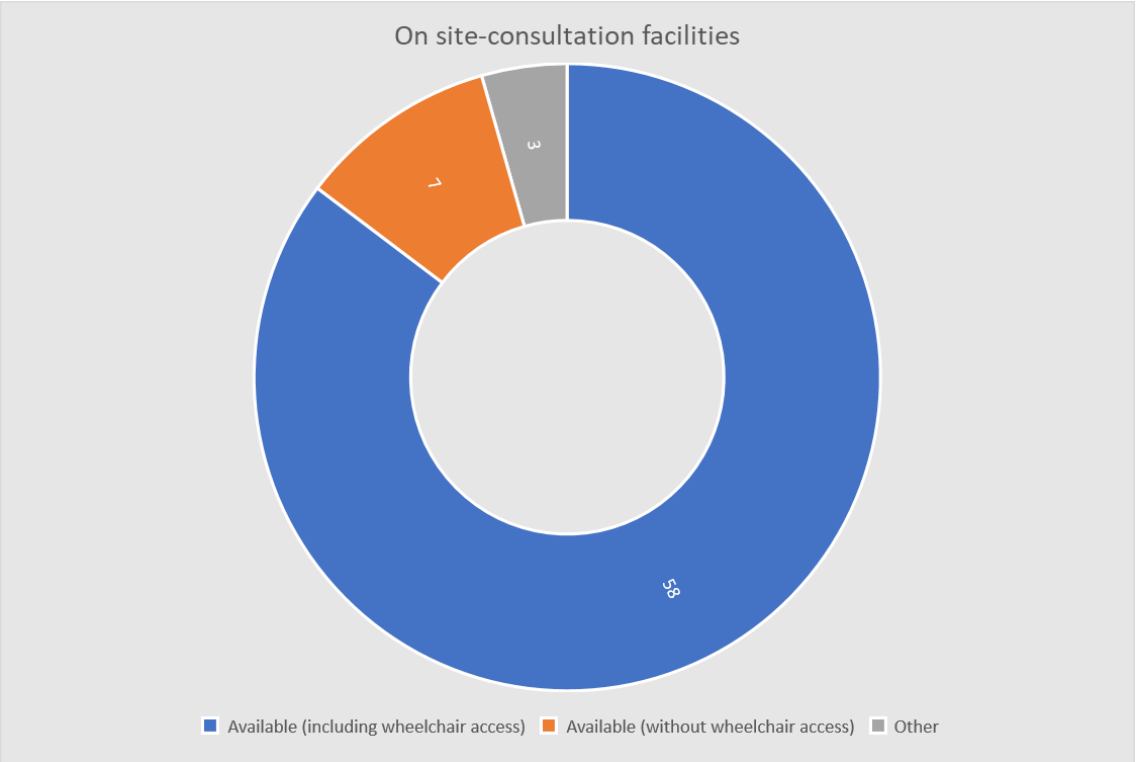
Figure 31: Adjustments made to improve physical access to the pharmacy



On-site consultation facilities

- 58 of the pharmacies reported that there is a consultation room with wheelchair access.
- 6 reported having a consultation room without wheelchair access, a further pharmacy reported that wheelchair access was planned before April 2023.
- The remaining pharmacies that reported no access to a consultation room; 1 reported being a distance pharmacy, 1 being too small and finally 1 gave no reason.
- 100% of the consultation rooms could be closed.

Figure 32: Onsite Consultation Facilities



- During consultations 95% had access to hand-washing facilities either inside or close to the consultation area.
- 28% of patients attending for consultations had access to toilet facilities.
- 95% of pharmacies were willing to undertake consultations in patient's home/other suitable site.
- Only 46% of pharmacies had a hearing loop in the available.

Languages Spoken with Worcestershire's pharmacies

Advanced Services available within Pharmacies in Worcestershire

- 100% of responding pharmacies provided the New Medicine Service. Other services that were reported frequently being offered were Community Pharmacist Consultation Service (CPCS) (96%) and the Flu Vaccination Service (82%).
- Infrequently offered advanced services were Appliance Use Review Service (18%) and Stoma Appliance Customisation Service (26%).

Other services offered by pharmacies

a. The most common services currently being providing by the surveyed pharmacies were Supervised Administration Service (78%), Home Delivery Service (59%), Emergency Supple Service (59%), Sharps Disposal Service (52%) and Extended Care Tier One (UTI) (46%) (Figure 36).
b. The five most reported services that would provide if commissioned were: Healthy Start Vitamins (75%), Stop Smoking Service (74%), Chlamydia Treatment Service (72%), Chlamydia Testing service (72%) and Vascular Risk Assessment Service (71%) (Figure 37).
c. The most popular to be provided privately were Care Home Service (60%), Sharps Disposal Service (43%), Contraceptive service (not EHC) (24%), Oral Contraceptive supplies (24%) and Language Access Service (22%) (Figure 38).

d. And the most likely not to be provided even if commissioned were: Out of hours service (40%), Phlebotomy Service (32%), Schools Service (29%), Language Access Service (29%) and Care Home Service (28%) (Figure 39).

Figure 33: Services currently providing

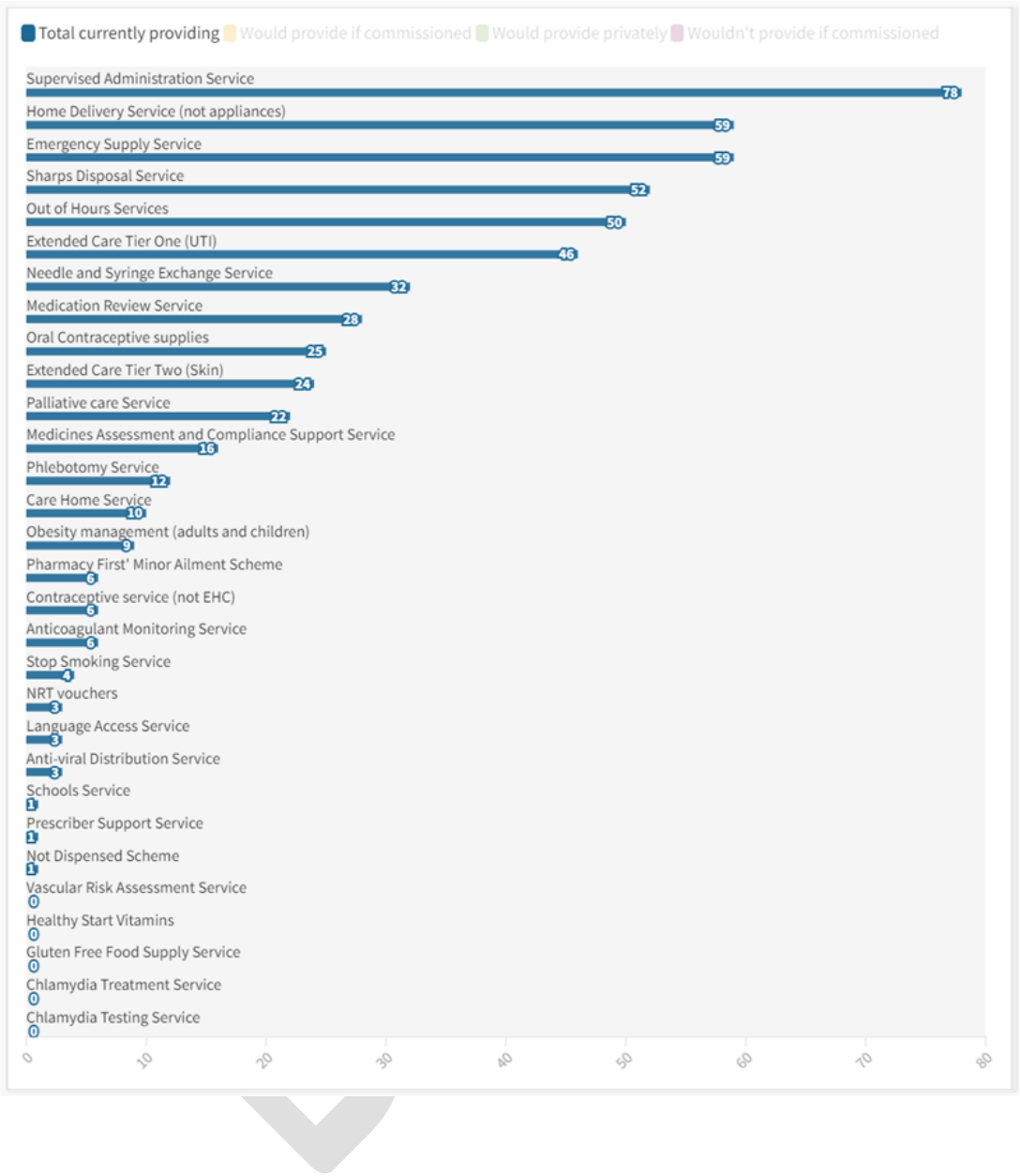


Figure 34: Services that would be provided if commissioned

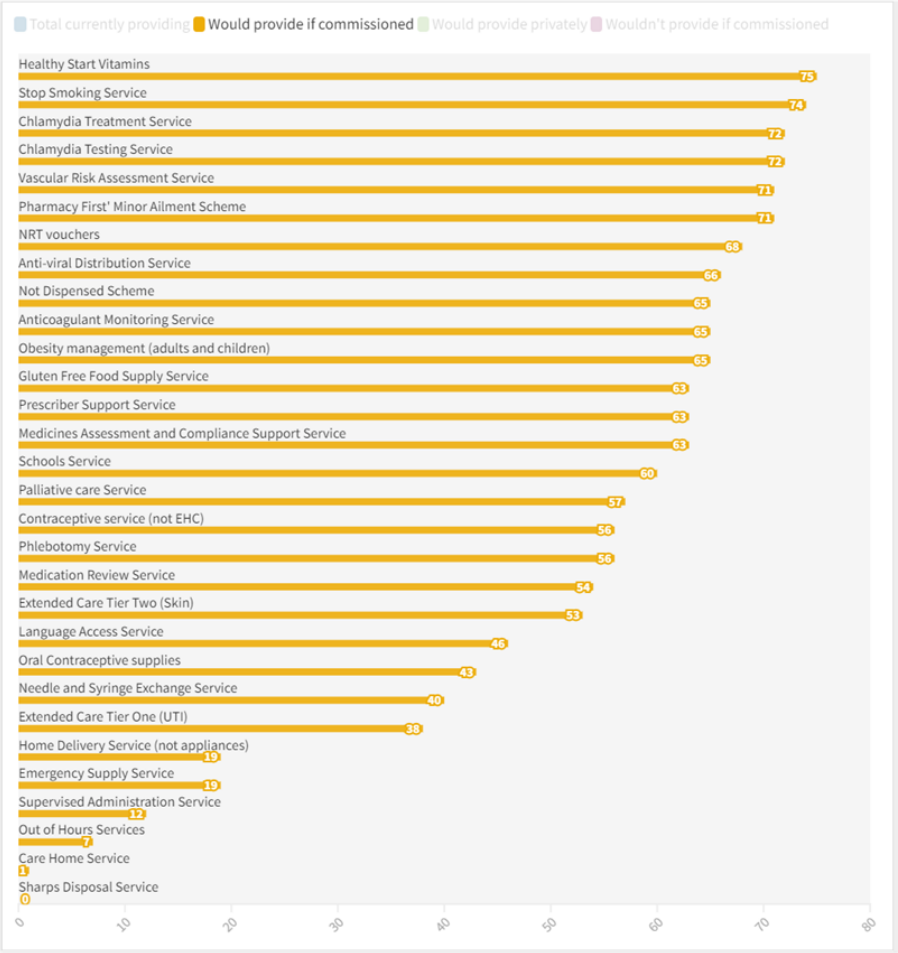


Figure 35: Services that would be provided privately

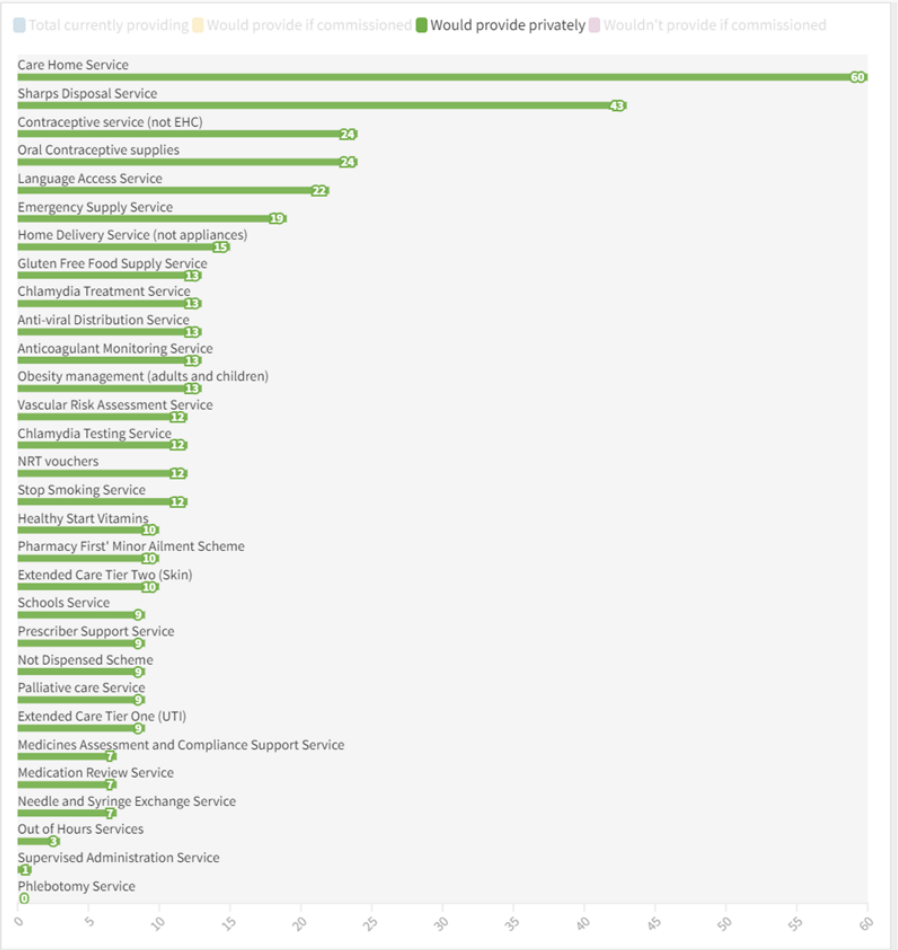
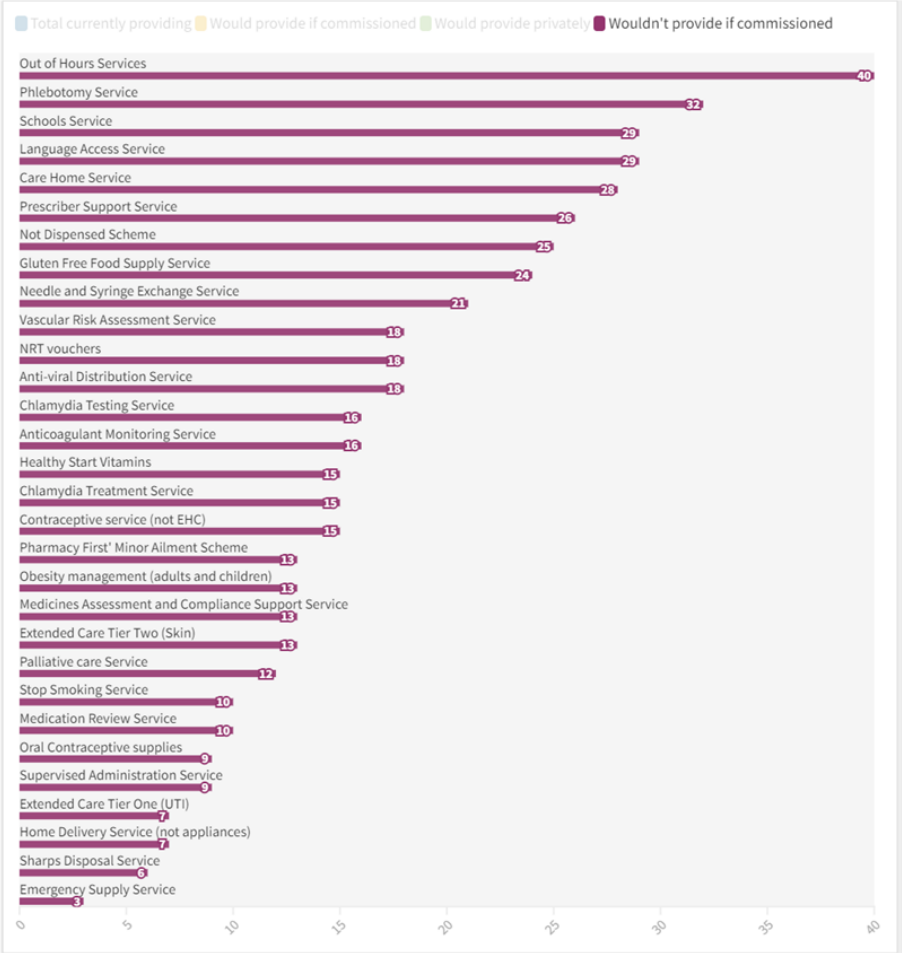


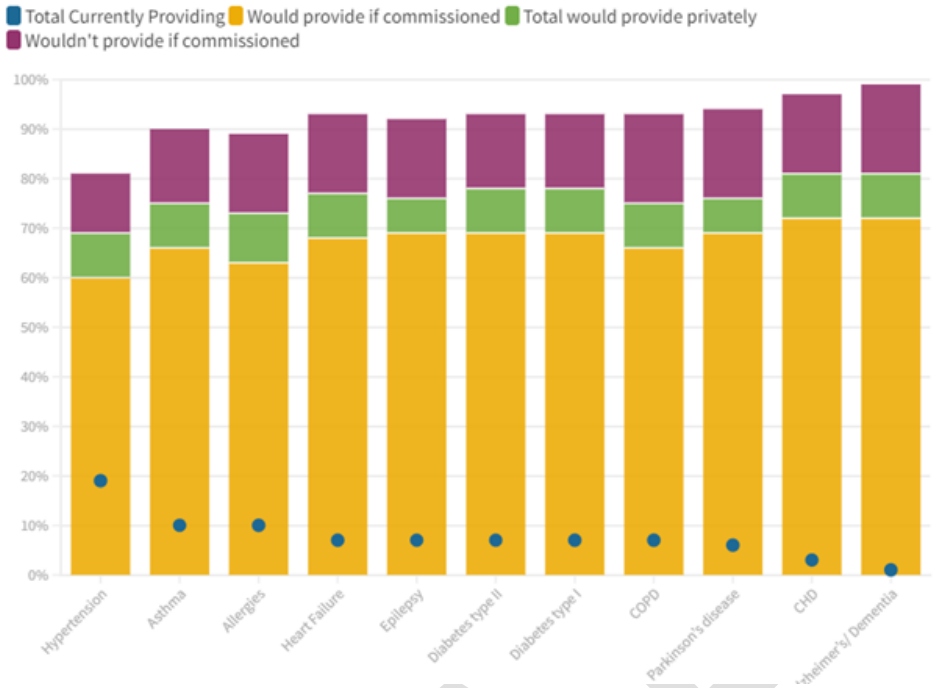
Figure 36: Services that wouldn't be provided if commissioned



Disease Specific Services

- Overall, there was a low provision for the disease specific services. The majority of the services were only provided by 10% or less of the pharmacies, with the exception of the hypertension service which was provided by 19% of pharmacies.
- A high percentage ranging from 63% to 72% of the pharmacies reported that they would provide the disease specific services if they were to be commissioned.

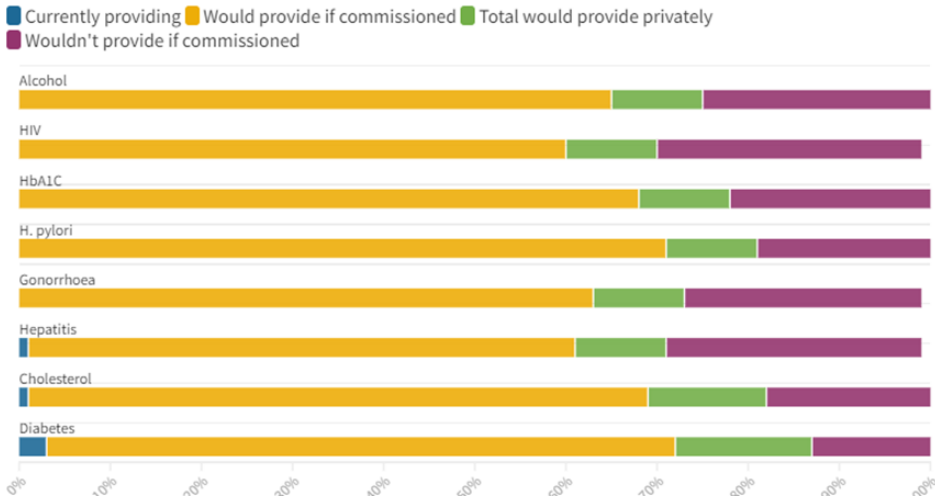
Figure 37: Disease Specific Services



Screening Services

- There was very low provision of screening services reported from the pharmacies as these are not commissioned within the county. Only 3% offered diabetes screening as a service, followed by 1% offering Cholesterol, and 1% providing Hepatitis screening.
- A high percentage ranging from 63% to 71% of pharmacies reported that they would provide the screening services if they were to be commissioned.

Figure 38: Screening Services

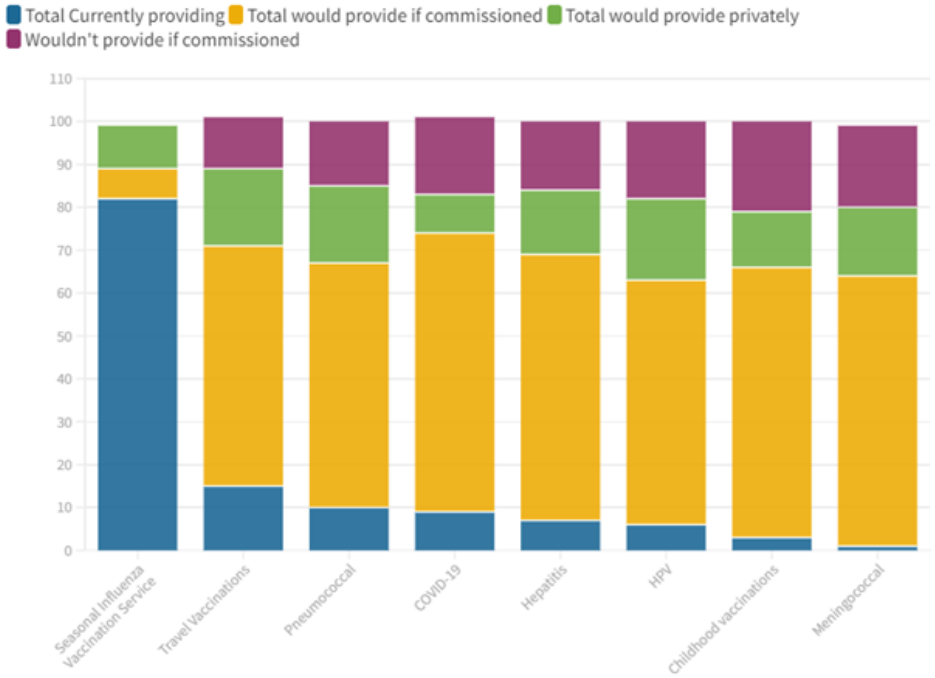


Vaccinations

- 82% of the pharmacies provided a seasonal flu vaccination service.
- There were low numbers of other vaccinations service reported again as these are not currently commissioned within the county.

- A high percentage ranging from 56% to 65% of pharmacies reported that they would provide other vaccinations if they were to be commissioned.

Figure 39: Vaccination Service



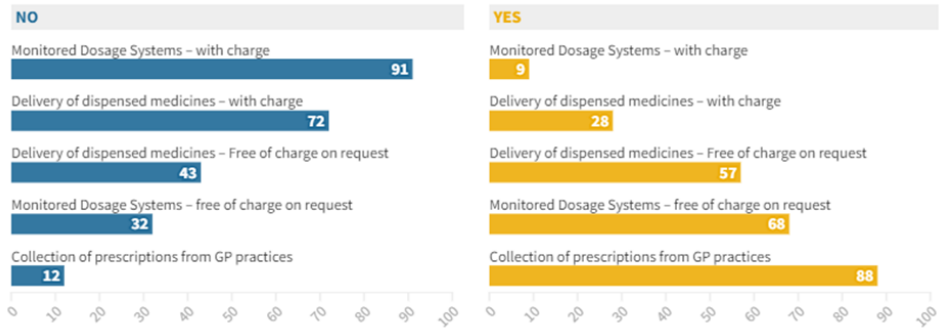
Other Services

- Only 1% of the pharmacies currently provides the Independent Prescribing Service, but 66% would provide if commissioned.
- Only 1% of the pharmacies currently provides a medicines optimisation service, but 74% would provide if commissioned.
- Where the private service is provided the therapeutic areas covered are Travel-Antimalarials and Erectile Dysfunction.

Non commissioned services

- The most commonly provided non-commissioned services were collection of prescriptions from GP (88%), free of charge monitored dosage systems (68%) and delivery of dispensed medicines (57%)

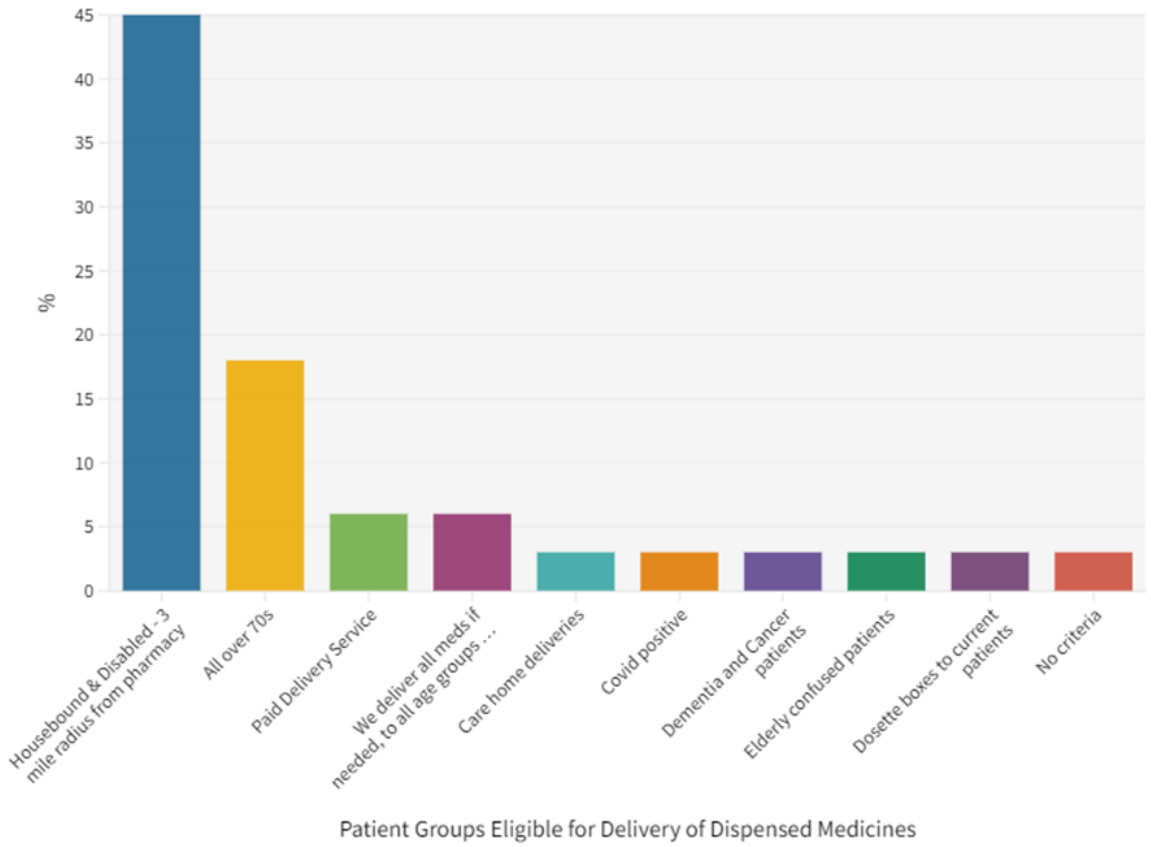
Figure 40: Non-Commissioned Services



Patients Eligible for Delivery Service

- Housebound and disabled patients were most commonly reported as being eligible for a non-commissioned prescription delivery service (45%)
- 18% of pharmacies offered this service to all over 70s despite not being commissioned.

Figure 41: Patients Eligible for Delivery Service



Local Need

- Smoking Cessation (12%) and Alcohol Management (4%), Sexual health (4%), and needle exchange 4% were highlighted by pharmacies as being required locally to be commissioned.

Dispensing Practices Survey: Report

Worcestershire County Council conducted an online Dispensing Practices Survey to gather vital information from local pharmacies to best inform the Pharmaceutical Needs Assessment. The questionnaire ran from Monday 14th March to Sunday 29th April 2022.

About the respondents:

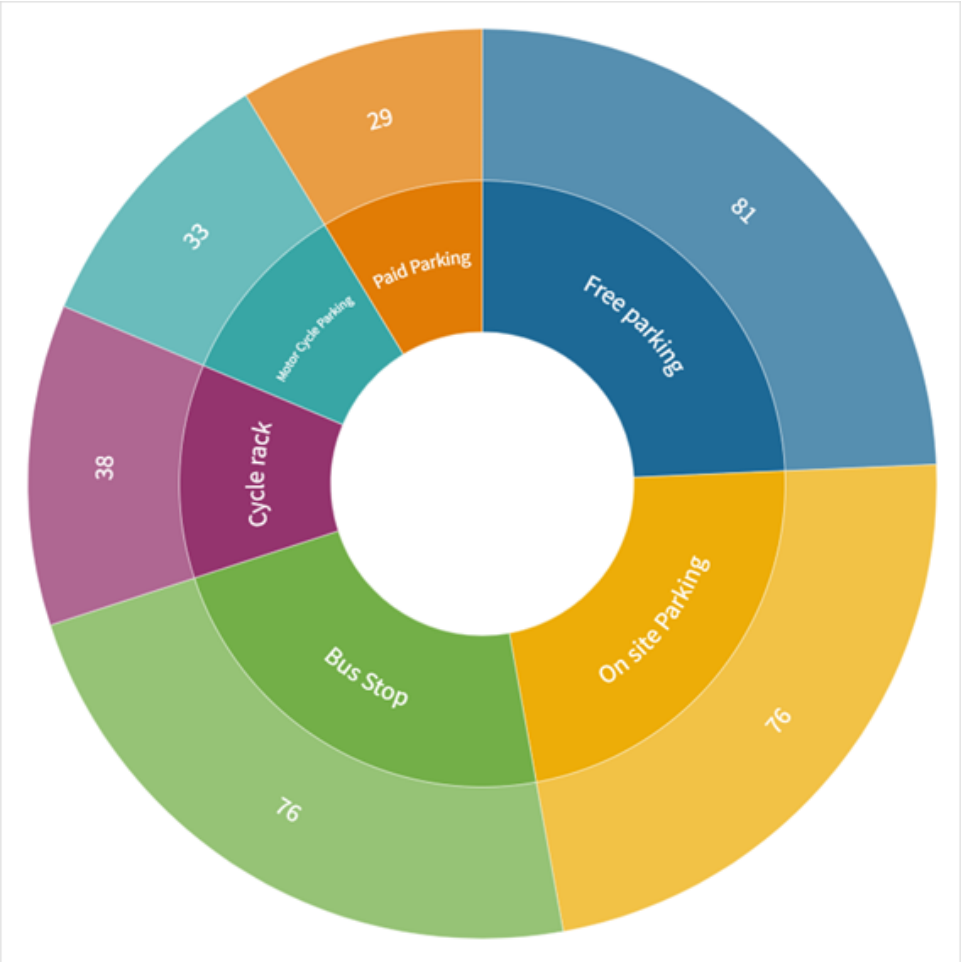
- Responses were received from 21 (100%) dispensing practices within Worcestershire.

Transport

- Figure 43 gives an overview of the transport facilities available around the 21 practices that were surveyed.
- Around three quarters of the practices provided free, onsite, and disabled parking facilities.

- 76% reported a bus stop within 100 meters of the premises.

Figure 42: Transport facilities



Accessibility and equality

- 20/21 of the dispensing practices had doors that were accessible to prams, wheelchairs and walking frames. Limited room for expansion has limited any improvement works within the practice that has limited accessibility.
- Only 1 practice had steps leading up to it, and 71% of the dispensing pharmacies had a hearing loop available. All 21 of the surveyed dispensing practice were compliant with the 2010 Equalities Act.
- 6 practices reported intending to complete improvements to access such as COVID friendly environment and also installation of automation to dispense medicines.
- 4 practices stated that in addition to English other languages were spoken by staff. These included Bengali, Hindi, Punjabi, Polish, Czech, Russian, and Slovakian.

Opening hours

- 13/21 practices were open after 18:00pm

Figure 43: Extended Opening Hours

- None of the practices were open on a Saturday or Sunday, 1 practice did have a 24/7 prescription collection machine.

Services

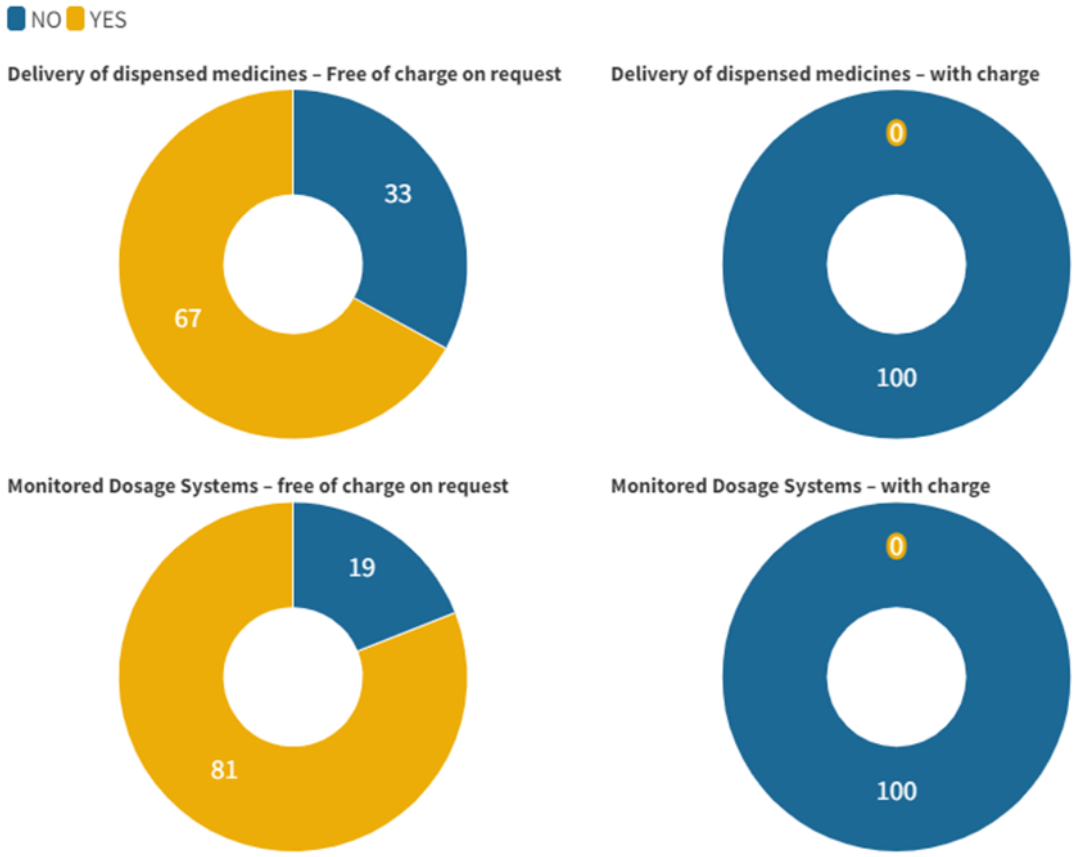
- 90% (19/21) had a clinical pharmacist working at the practice
- 71% dispensed all appliances.
- Many therapeutic areas were covered within the Independent Prescribing Service/Medicines Optimisation Service, see Figure 49.

Figure 44: Areas covered in Independent Prescribing Service/Medicines Optimisation Service

Delivery Services

- None of the practices charged for either the delivery of dispensed medicines or monitored Dosage systems.
- 67% of practices offered delivery of medicines without charge and 81% offered monitored Dosage systems.

Figure 45: Delivery of dispensed medicines



- Monitored dosage systems provided included dosette boxes, NOMAD system, and weekly packs, additionally some practices offered pill cutters and Mars sheets for patients.
- 14 practices detailed eligibility for delivery of dispensed medicines. Inclusion for 4 practices was anyone who required it, 5 practices used to be housebound, 2 being elderly.

Part A conclusions

Part A of the assessment evaluates the current provision of pharmaceutical services within Worcestershire. It does this in 3 parts. Firstly, by comparing population per pharmacy, then by mapping geographical locations, and finally by collating service user and provider views. Firstly, it compared the population per pharmacy in each district to that of England. It established that within Worcestershire the rate is one pharmacy per 6,295 people. This is higher than the England average of one pharmacy per 5,056 people. When GP dispensing practices are included the gap with England is reduced, with one contractor per 5,154 people compared to one contractor per 4,605 people in

England. It was concluded that there is currently sufficient provision of pharmacies and dispensing GP practices through Worcestershire.

Part A then mapped the geographical location of pharmaceutical services (Appendices 9a-9h), this information was used to investigate travel time to pharmacies and dispensing practices using the Strategic Health Asset Planning and Evaluation (SHAPE) tool. According to this analysis the entire population of Worcestershire lives within a 20-minute car journey to a pharmacy or GP dispensing practice. It also shows that around 5/6 of the total population of Worcestershire lives within a 30-minute walking distance of a pharmacy of GP dispensing practice. It concluded that people living in or around urbanised or town areas generally have the best access to community pharmacy/dispensing practices on foot. It also concludes that dispensing practices help to cover the more rural areas of Worcestershire, as community pharmacies tend to be located in more urban areas. To complete the assessment of geographical location, SHAPE was used to collate travel times to pharmacies and dispensing GP practices at the weekend. This analysis revealed that there was a 3% decrease in people living within 10 minutes travelling time by car of pharmacies that open on Saturdays and a 17% decrease in people living within 30 minutes travelling time by public transport of pharmacies that open on Saturdays.

To complete Part A, results from 3 online surveys and seven focus groups were presented. The public survey reported a high level of approval with; the range of services offered (82%), the efficiency of service (89%), knowledge (82%), communication (93%), accessibility of building (92%) and staff friendliness (81%). High levels of satisfaction were reported in ability to access pharmacy when convenient for them (92%) and 87% were able to find information on opening times. 75% of respondents were satisfied with the amount of information that they normally received about medication and overall, 95% said that their experience with this service has been helpful. Focus groups reported that pharmacists are widely seen as approachable and knowledgeable professionals whose expertise may be underused currently. Positive experiences were often associated with developing personal connections to individual pharmacies.

Problems in access were reported with Parking (27%) and with Opening times (22%) both were more of a significant problem for those with long term health/disability suggesting there may be inequalities between user groups. Pharmacies and dispensing GP practices reported that 74% had free car parking available outside the pharmacy, and 72% had disabled parking available outside the pharmacy. Focus groups also highlighted the challenges for some working people along with concerns about accessing services outside of normal working hours. In depth analysis showed that those in full time employment and younger residents were more likely to report using the pharmacy after 18:00pm.

68% of respondents usually travelled to the pharmacy by car, 44% walked and 10% cycled, or used a taxi or public transport, 31% of respondents reported problems with transport. This was also an issue highlighted in the focus groups, inadequate public transport links may be a major barrier to access for some people. This may be more present at weekends as there is a 17% decrease in people living within 30 minutes travelling time by public transport of pharmacies that open on Saturdays. 76% of dispensing GP practices reported a bus stop within 100 meters of the premises and 38% provided a cycle rack for users. Focus groups emphasise for users that drive the provision of parking and location of the setting were important considerations.

When asked why they do not access a pharmacy, around a fifth (22%) of respondents said the pharmacy opening hours are not suitable and a sixth said either because have a disability, 12% said they have no transport access to pharmacy. Focus groups reported that language barriers could prevent people from accessing services themselves. This included issues around literacy as well as

spoken English. Pharmacies reported that 96% of them were accessible to users requiring wheelchairs and walking frames and a large variety of spoken languages other than English were reported. However, only 46% of pharmacies had a hearing loop in the available. Focus groups work also suggested at less busy pharmacies may suit some people better including some of those with mental health conditions or visual impairment.

13% of survey respondents used a delivery service or relative to collect medications for them. Residents with a long-term condition or disability along with older residents relied more on the delivery service and relatives to collect for them. The delivery service is more widely used in the Wyre Forest District (19%) compared to the Malvern Hills district (5%) suggesting provision of such services must be proportional to local need. Focus groups reported that medication delivery was frequently mentioned and appeared to be very important to some participants who were not able to attend the pharmacy independently.

A large majority (65/68) of pharmacies could provide a consultation room that was able to have the door closed. Privacy was highlighted as a potential barrier from the focus groups, with methadone dispensing discussed in the pilot group. Although private spaces should be available in pharmacies, focus groups reported they were not always offered for use and so supervised medication was taken in public spaces instead. Providing a private space to discuss more sensitive issues is valued and maintaining privacy around supervised medication was also considered very important.

Whilst 82% of the residents surveyed were satisfied with the range of services offered, there was limited knowledge and use of other services within the pharmacy from the focus groups and from the resident survey. Supporting data shows that despite 100% of responding pharmacies providing the New Medicine Service, only 8% of residents had used it. Effective communication with the public when advertising services and providing information should be considered with awareness of potential barriers within the local population served. These may include language / literacy barriers, digital exclusion and visual or hearing impairments.

Other services that were reported frequently being offered were Community Pharmacist Consultation Service (CPCS) (96%) and the Flu Vaccination Service (82%). Other common services reported as being offered were: Supervised Administration Service (78%), Home Delivery Service (59%), Emergency Supple Service (59%), Sharps Disposal Service (52%) and Extended Care Tier One (UTI) (46%). Many of the pharmacies reported that they would provide additional services (advanced, additional, disease specific, screening and vaccination services) if they were to be commissioned.

During the Covid-19 pandemic, 63% of residents used the pharmacy as they normally would (particularly low rurality areas). Change in use was associated with high rurality and age. There was a 38% change in using the service by phone, particularly older age and those who reported having a long-term health condition or disability. Findings from the focus groups reported that online ordering appeared to be increasingly popular and was perceived as being relatively easy to use and could be more efficient. Telephone access both for ordering medications but also seeking pharmacy advice was also reported. Future provision of these services may need to be prioritised during the ongoing pandemic and its effects on vulnerable residents.

PART B

Local Need

Part B of the PNA summarises the current and future health and well-being needs of the Worcestershire population. It begins by highlighting health and wellbeing priorities proposed by the Health and Wellbeing Board and the NHS long term plan for integrated care. Part B then describes the characteristics of Worcestershire including current and projected populations, ethnicity and deprivation within the county. Areas of Concern and Changing Needs are then presented. Greater emphasis has been put on topics where there is a greater opportunity for community pharmacy to meet the need. Finally, Part B summaries future and current health needs and provides a summary specific to each district within the county.

Relevant Strategies and Plans:

1. *Health and Well-being Priorities*

Worcestershire Health and Wellbeing Board (HWB) is required to develop a strategy including a vision and priorities for improving the health and wellbeing of people who live and work in Worcestershire. For the 2022 - 2032 Strategy, which is currently out to consultation, the HWB has proposed good mental health and wellbeing as the main priority, supported by action in areas that we all need to **'Be Well in Worcestershire'**. The supporting areas are:

- Healthy living at all ages
- Safe, thriving and healthy homes, communities and places
- Quality local jobs and opportunities

2. *Integrated Care System*

The NHS Long Term Plan confirmed that all parts of England would be served by an integrated care system from April 2021, building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.

NHS Herefordshire and Worcestershire Clinical Commissioning Group was established on 1 April 2020 following a merger of NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG. The CCG is formed of 80 member GP practices and is responsible for buying health services for 800,888 people across Herefordshire and Worcestershire

Characteristics of Worcestershire

The following sections provides a summary of the current and future demographics in Worcestershire including population breakdown by age group, deprivation and ethnicity, as well as population projections by age group to help look forward to future need.

A summary of current and future needs specific to Worcestershire is then included, followed by needs that are specific to each of the districts within Worcestershire as each district has different characteristics and different demographics, leading to differences in specific needs.

Worcestershire County

Current population

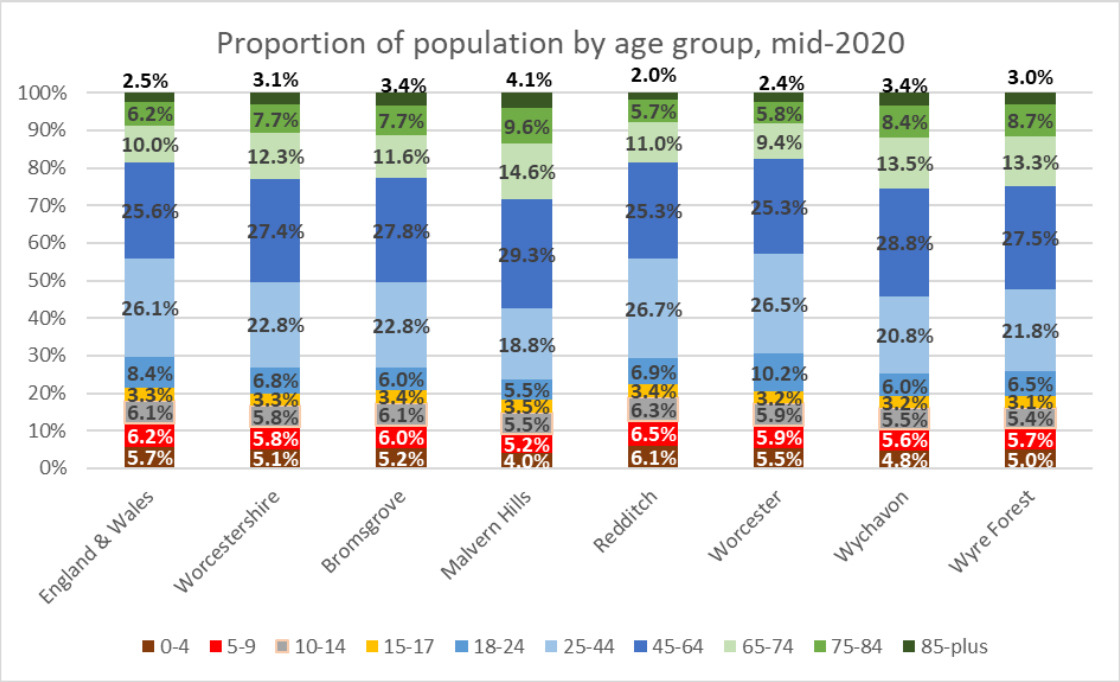
The current resident population in Worcestershire according to ONS 2020 population estimates is around 598,100. The district population breakdown shows that Wychavon has the highest population at over 131,000, whilst Malvern Hills has the lowest population at less than 80,000.

Table 8: Population estimates for Worcestershire and districts, 2020

Name	All ages
England & Wales	59,719,72
Worcestershire	598,070
Bromsgrove	100,569
Malvern Hills	79,445
Redditch	85,568
Worcester	100,265
Wychavon	131,084
Wyre Forest	101,139

Source – 2020 ONS mid-year estimates

Figure 46: Population breakdown by age group for Worcestershire and Districts, 2020



Source – 2020 ONS mid-year estimates

Population breakdown by age group shows that Worcestershire has a higher proportion of population in older age ranges (65-plus) compared to England & Wales as a whole, with a lower proportion of children, most notably among younger children.

In January 2022 the combined population of the ten Primary Care Networks (PCNs) within Worcestershire is around 612,300 people. This number could potentially include people living outside the border of Worcestershire but registered with a GP within the Worcestershire PCNs.

Ethnicity

Table 9: Ethnicity breakdown for Worcestershire, Census 2011

	Worcestershire numbers	Worcestershire percentage	England & Wales percentage
All categories: Ethnic group	**566,169**	100.0%	100.0%
Total - White	**542,058**	**95.7%**	**86.0%**
White: English/Welsh/Scottish/Northern Irish/British	522,922	92.4%	80.5%
White: Irish	3,480	0.6%	0.9%
White: Gypsy or Irish Traveller	1,165	0.2%	0.1%
White: Other White	14,491	2.6%	4.4%
Total - Mixed/multiple ethnic group	**7,045**	**1.2%**	**2.2%**
Mixed/multiple ethnic group: White and Black Caribbean	3,150	0.6%	0.8%
Mixed/multiple ethnic group: White and Black African	592	0.1%	0.3%
Mixed/multiple ethnic group: White and Asian	2,053	0.4%	0.6%
Mixed/multiple ethnic group: Other Mixed	1,250	0.2%	0.5%
Total - Asian/Asian British	**13,741**	**2.4%**	**7.5%**
Asian/Asian British: Indian	3,634	0.6%	2.5%
Asian/Asian British: Pakistani	4,984	0.9%	2.0%
Asian/Asian British: Bangladeshi	1,316	0.2%	0.8%
Asian/Asian British: Chinese	1,601	0.3%	0.7%
Asian/Asian British: Other Asian	2,206	0.4%	1.5%
Total - Black/African/Caribbean/Black British	**2,372**	**0.4%**	**3.3%**
Black/African/Caribbean/Black British: African	767	0.1%	1.8%
Black/African/Caribbean/Black British: Caribbean	1,275	0.2%	1.1%
Black/African/Caribbean/Black British: Other Black	330	0.1%	0.5%
Total - Other ethnic group	**953**	**0.2%**	**1.0%**
Other ethnic group: Arab	236	0.0%	0.4%
Other ethnic group: Any other ethnic group	717	0.1%	0.6%
All except White British	**43,247**	**7.6%**	**19.5%**

Source – Census 2011

The most recent ethnicity data source available remains the 2011 Census, until new data emerges from the 2021 Census later this year. In 2011, Worcestershire has a higher proportion of individuals who identify as being White British (92.4%) compared to England and Wales (80.5%). In

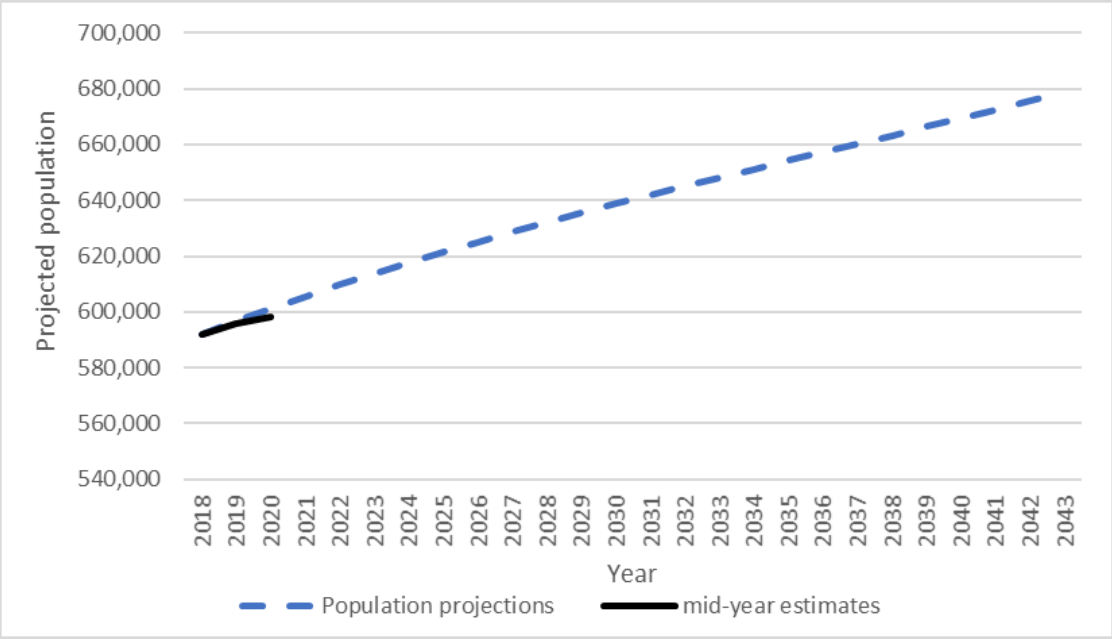
Worcestershire, there are a lower proportion of individuals who are not White British, at 7.6% (43,247 people) compared England and Wales (19.5%).

This largest ethnic groups in Worcestershire apart from the White English/Welsh/Scottish/Northern Irish/British are the White: Other group at 2.6%, and the Asian/Asian British: Pakistani group at 0.9%. 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.

Projected 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 which is trend based, and as such does not predict the impact that changes in housing policy or rates of housebuilding, changes in local or national economy, or changes in internal or international migration may have.

Figure 47: Projected population for Worcestershire, 2018-2043



Source – ONS population projections, 2018 based

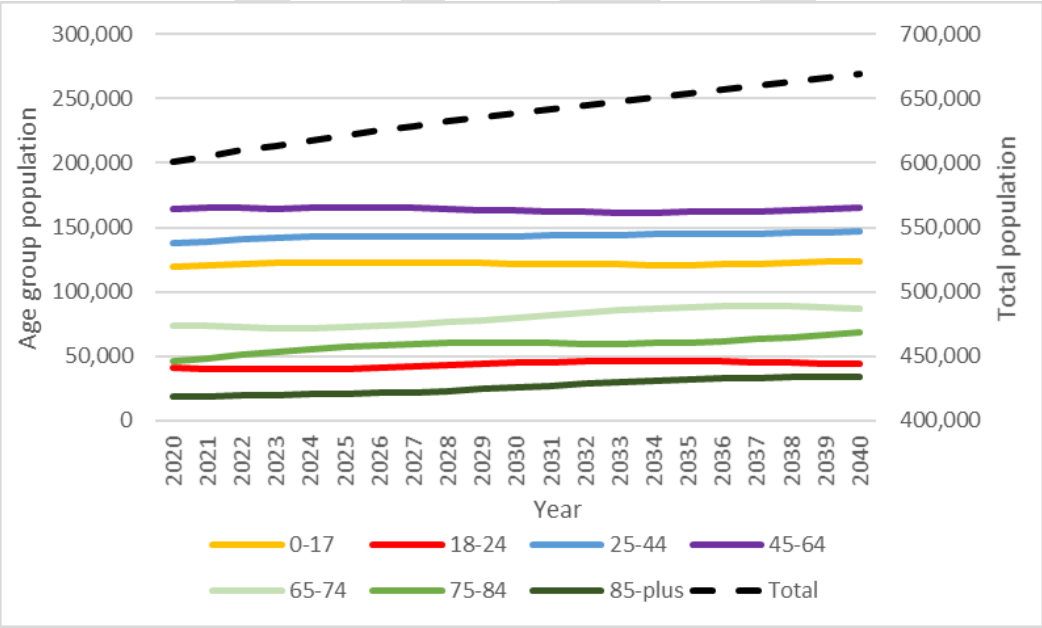
Table 10: Projected population for Worcestershire by 5-year increments, 2020-2040

	ONS estimate	ONS estimate	*Projected 5 years*	*Projected 10 years*	*Projected 15 years*	*Projected 20 years*
Year	**2018**	**2020**	**2025**	**2030**	**2035**	**2040**
Population	592,057	598,070	*621,309*	*638,783*	*654,234*	*669,457*
Population increase since 2020			23,239	40,713	56,164	71,387
Population percentage increase since 2021			3.9%	6.8%	9.4%	11.9%

Source – ONS population projections, 2018 based

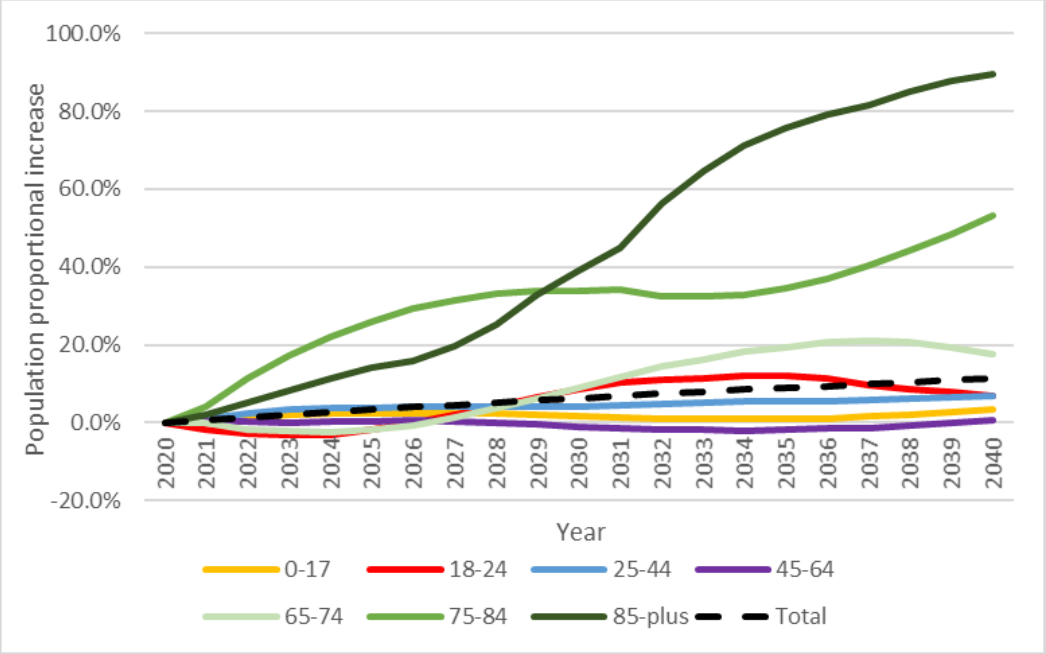
The total population in Worcestershire is projected to increase by over 71,000 persons in the next 20 years, equating to an increase of almost 12%. There is variation in the projected increase by age group, but the largest increases are projected to be in the 65-plus age ranges.

Figure 48: Projected population numbers by age group, 2020-2040



Source – ONS population projections, 2018 based

Figure 49: Projected percentage population change by age group, 2020-2040

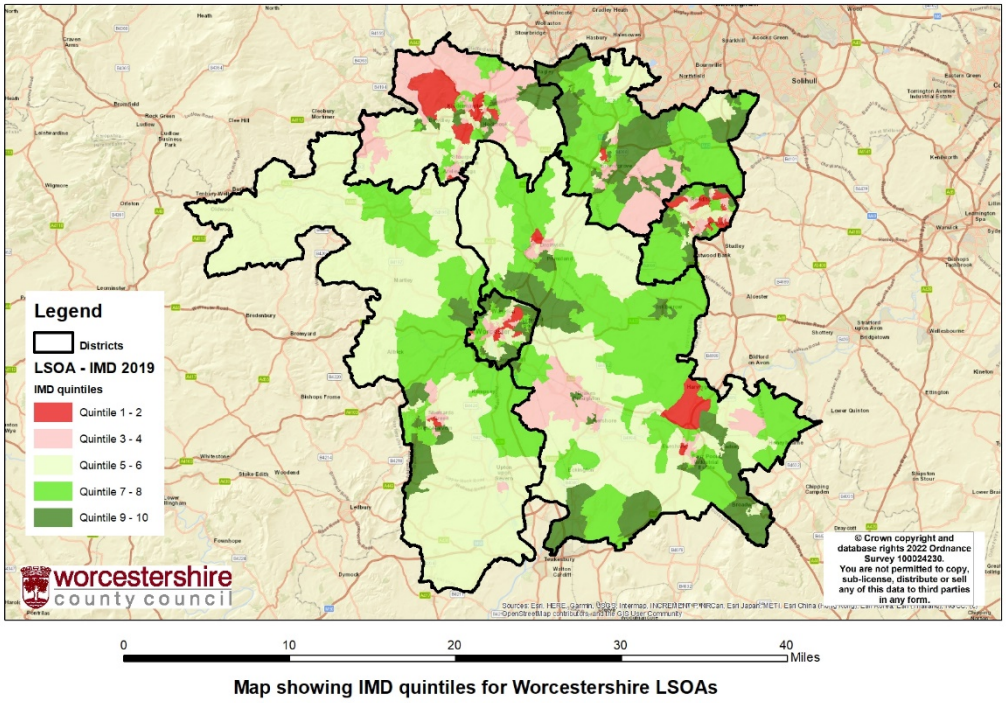


Source – ONS population projections, 2018 based

The number of people aged 65-plus in Worcestershire is projected to increase by around 51,000 in the 20 years up to 2040, representing an increase of almost 37%. The 75-plus population is projected to increase by over 59% (over 38,000 persons), whilst the projected increase in the 85-plus age range is particularly pronounced, at almost 90% (over 15,800 persons). The rise in the 85-plus age group is projected to be particularly prevalent between 2027 and 2034.

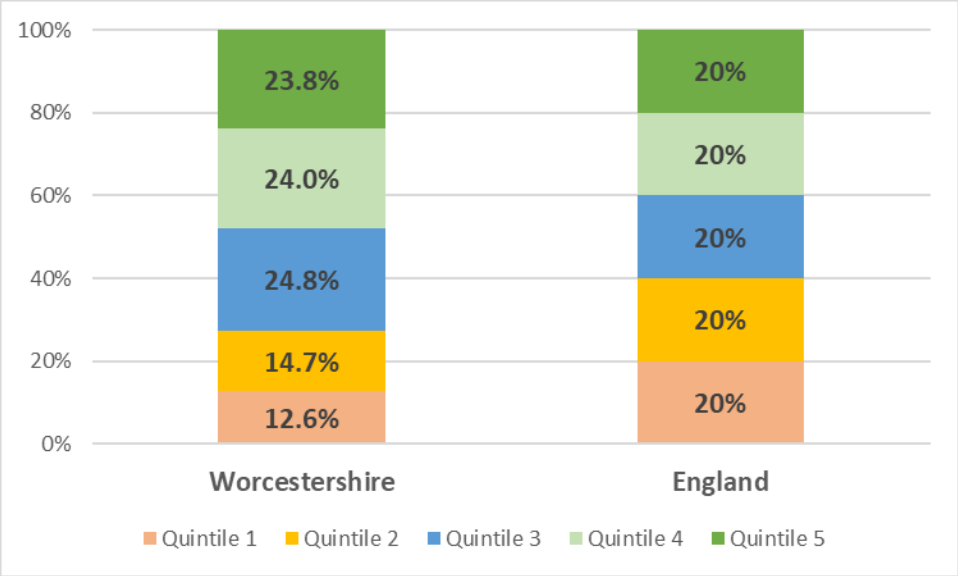
Projected changes in other age groups are much lower over the same time frame, and in some age groups a decline is projected – the 45-64 age group shows a decline across many years of the projection, for example, and is projected to be around the same level in 2040 as it is in 2020.

Figure 50: Map of Index of Multiple Deprivation 2019 (Quintiles) by LSOA (Lower Super Output Areas) - Worcestershire



Map showing IMD quintiles for Worcestershire LSOAs

Figure 51: Population Proportion by IMD 2019 (Quintiles) - Worcestershire



Source – Indices of Deprivation, 2019

Almost 13% of the population in Worcestershire live in the lowest quintile

There are a number of different ways to compare deprivation at Local Authority level, as the IMD was derived for small areas and there are several ways of aggregating up to district and county level. Three methods of aggregating up to district and county level are summarised below: -

- Average rank - Population weighted average of the combined ranks for the LSOAs in a larger area. This measure is calculated by averaging all of the LSOA ranks in each larger area after they have been population weighted. The 'average rank' scores for the larger areas are then ranked, where the rank of 1 (most deprived) is given to the area with the highest score. (For the purpose of calculating the score for the larger area, LSOAs are ranked such that the most deprived LSOA is given the rank of 32,844.)
- Average score - Population weighted average of the combined scores for the LSOAs in a larger area. The average score summary measure is calculated by averaging the LSOA scores in each larger area after they have been population weighted. The resultant scores for the larger areas are then ranked, where the rank of 1 (most deprived) is given to the area with the highest score.
- Proportion of Lower-layer Super Output Areas (LSOAs) in most deprived 10% nationally - Proportion of a larger area's LSOAs that fall in the most deprived 10% of LSOAs nationally. The score is the proportion of the larger area's LSOAs that fall in the most deprived 10% of LSOAs nationally. The scores for the larger areas are then ranked, where the rank of 1 (most deprived) is given to the area with the highest score. (Larger areas which have no LSOAs in the most deprived 10 per cent of all such areas in England have a score of zero for this summary measure).

Table 11: IMD ranking for Worcestershire, 2015 and 2019

	IMD - Rank of average rank	IMD - Rank of average score	IMD - Rank of proportion of LSOAs in most deprived 10% nationally
IMD 2015	110	111	98
IMD 2019	105	105	86

Source – Indices of Deprivation, 2019. Ranking out of 151 upper tier local authorities where 1 is the most deprived.

Worcestershire was ranked 105 out of 151 upper tier local authorities using the average rank method, compared with 110 in 2015, with very similar rankings in 2015 and 2019 using the average score method.

The county was ranked 86 for the proportion of LSOAs in the most deprived 10%, compared with 98 in 2015. Worcestershire can therefore be described as slightly "more deprived" in comparison with other upper tier local authorities in England in 2019 than it was in 2015 using this particular measure.

Table 12: IMD ranking for Worcestershire districts, 2019

District	IMD Average Score 2019 Rank	2019 Rank of proportion of LSOAs in most deprived 10%
Bromsgrove	268	195
Malvern Hills	192	159
Redditch	107	86
Worcester	135	69

Wychavon	197	195
Wyre Forest	109	111

Source – Indices of Deprivation, 2019. Ranking out of 317 local authority districts where 1 is the most deprived.

Redditch is ranked just below Wyre Forest and is the "most deprived" district in Worcestershire using the average score measure. Redditch and Worcester are in the lowest ranked (most deprived) 100 local authorities using the proportion of LSOAs in the most deprived 10%.

Figures from the Department of Work and Pensions suggest that just over 18,000 children aged 15 and under in Worcestershire are living in relative low-income families, defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits or Housing Benefit) at any point in the year to be classed as low income.

Provision of pharmaceutical services must accommodate the projected changes in demography and age over time and the potential impact of the social determinants on local populations health.

Areas of Concern and Changing Needs

Various indicators across injuries and ill-health, child health, behavioural risk factors, health protection, health care and premature mortality were analysed for Worcestershire and the districts. Indicators that were significantly below the national average for Worcestershire or districts were identified.

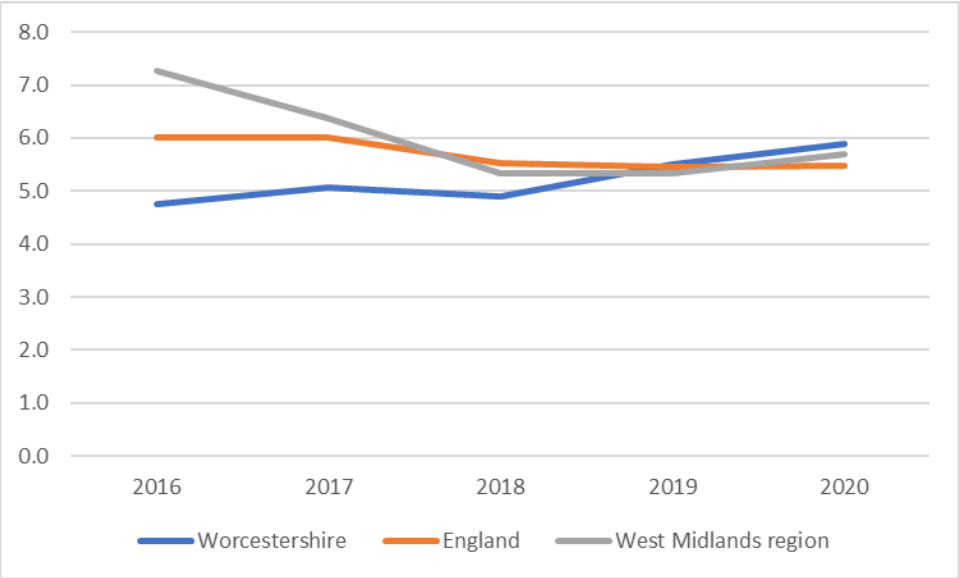
16–17-year-olds not in education, employment or training (NEET) or whose activity is not known

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work.

The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives but is also central to the Government's ambitions to improve social mobility and stimulate economic growth.

To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation was included in 2013 to raise the participation age as contained within the Education and Skills Act 2008. This required that from 2013 all young people remain in some form of education or training until the end of the academic year in which they turn 17.

Figure 52: Proportion of 16–17-year-olds not in education, employment or training (NEET) or whose activity is not known – Worcestershire



The proportion of 16–17-year-olds who are not in education, employment or training (NEET) or whose activity is not known has increased in Worcestershire in recent years and in 2020 stands at 5.9%, compared to the national average of 5.5%. The proportion of 16–17-year-olds who are NEET was lower or similar to the national average up to the 2020 value, which is significantly higher than the national average.

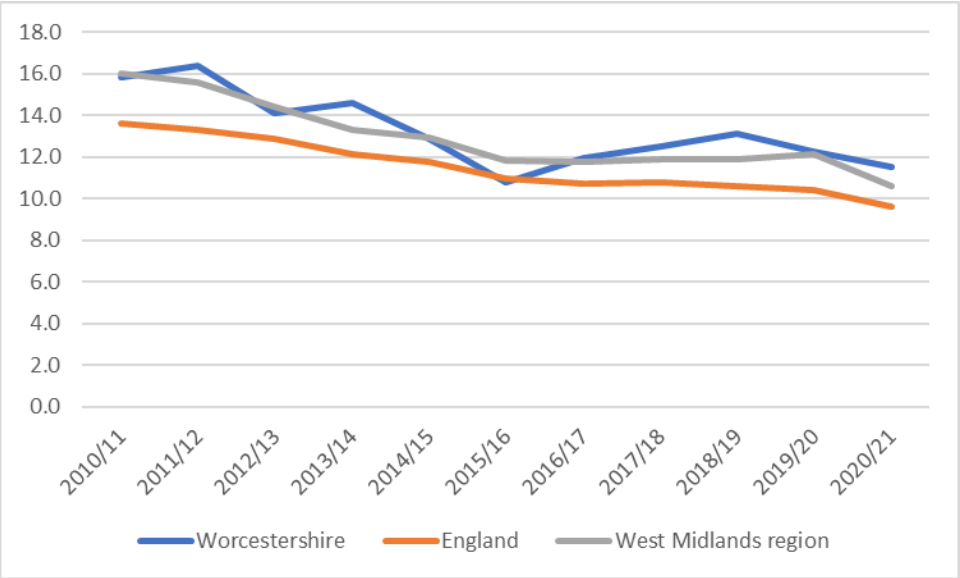
Smoking status at time of delivery

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight and sudden unexpected death in infancy.

Figure 53: The proportion of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status - Worcestershire



The proportion of mothers that were smokers at time of delivery has decreased in Worcestershire over the time period since 2010-11 but has consistently been significantly higher than the national average. The proportion of mothers that were smokers at time of delivery in Worcestershire was 11.5% compared to the national average of 9.6%.

Although the proportion of mothers that were smokers at time of delivery in Worcestershire as a whole is significantly higher than the national average, no individual district within Worcestershire recorded a value significantly higher than the national average.

Smokers that have successfully quit at 4 weeks

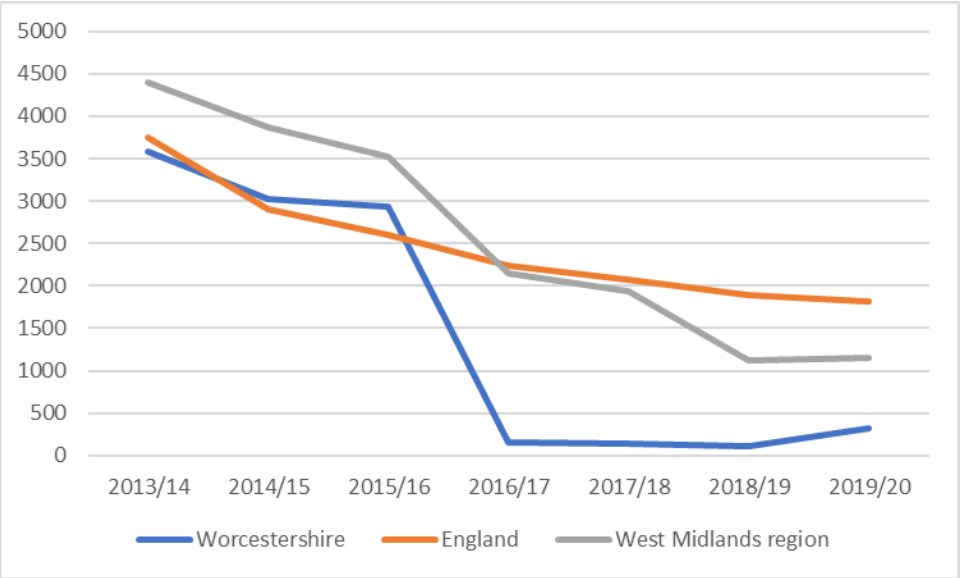
Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Successful quitters are those smokers who successfully quit at the four-week follow-up. A client is counted as a 'self-reported 4-week quitter' when assessed four weeks after the designated quit date, if they declare that they have not smoked, even a single puff on a cigarette, in the past two weeks. This information is collected on NHS Stop Smoking returns in line with requirements from the Department of Health.

This indicator measures the number of self-reported successful quitters at 4 weeks, as a proportion of the population aged 18-plus who currently smoke.

Figure 54: Smokers that have successfully quit at 4 weeks – Worcestershire



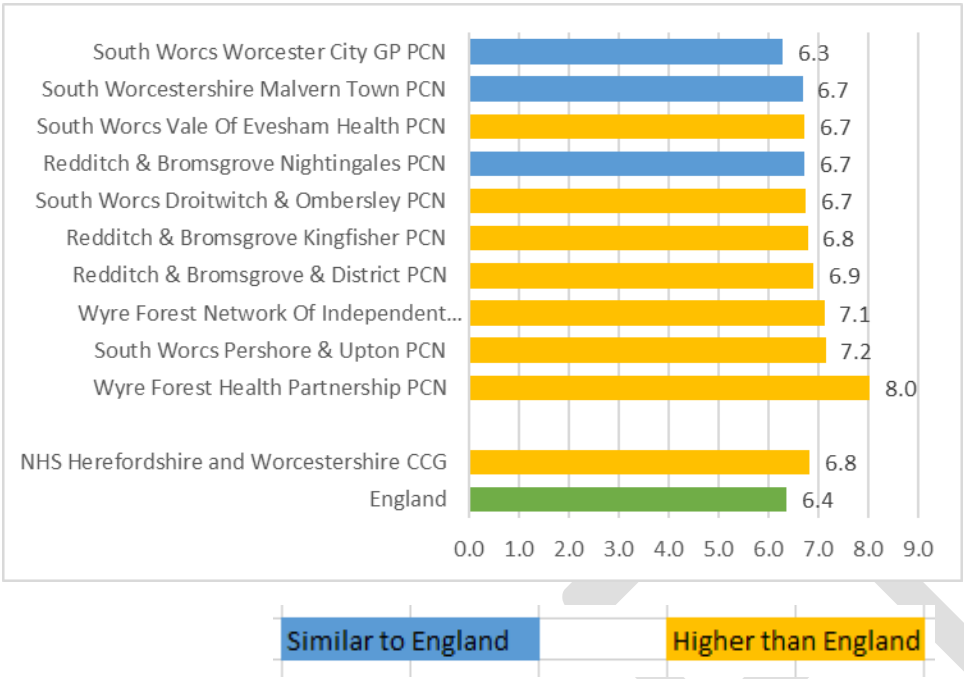
The proportion of smokers that had successfully quit at 4 weeks in Worcestershire was similar to the national average up to 2015-16 before a dramatic observed decline in the following year, with rates still very low in the county. In 2019-20 the rate of smokers that had successfully quit after 4 weeks in Worcestershire stands at 327 per 100,000 smokers aged 16 and over, significantly worse than the national average of 1,808 per 100,000 smokers aged 16 and over.

Asthma

Asthma is a common condition which responds well to appropriate management, and which is principally managed in primary care. This indicator set was originally informed by the British Thoracic Society (BTS)/SIGN guidelines which were published in early 2003. In keeping with the other indicators, not all areas of management are included in the indicator set in an attempt to keep the data collection within manageable proportions.

The indicator measures the percentage of patients aged 6 years and older with asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months, as recorded on practice disease registers from all registered patients aged 6 years and older. Many pharmacies offer asthma inhaler use and advice.

Figure 55: The percentage of patients aged 6 years and older with asthma - Worcestershire



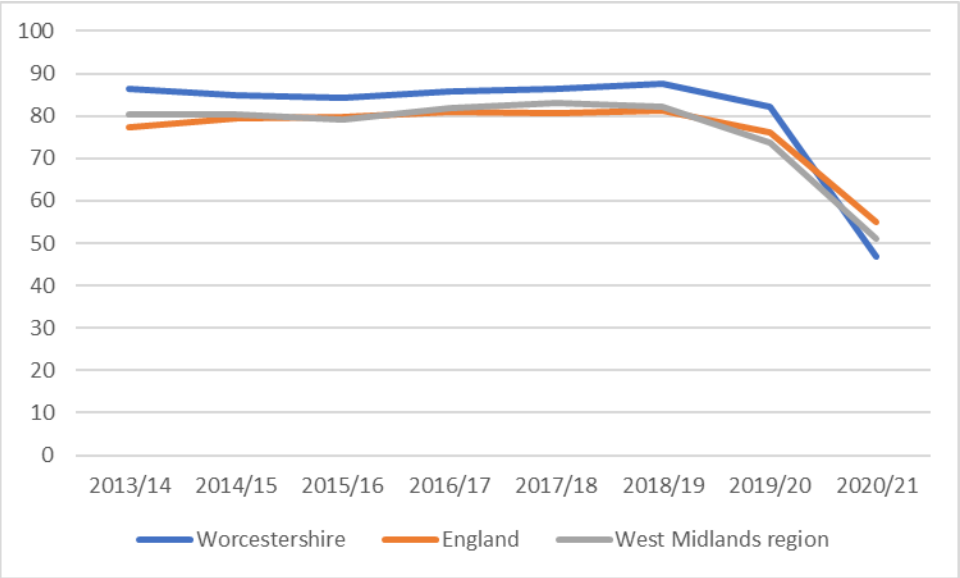
Data is only available at CCG and PCN level rather than county and district level for asthma prevalence. The proportion of patients aged 6-plus with asthma in Herefordshire and Worcestershire PCN in 2020-21 was 6.8%, significantly higher than the national average of 6.4%. Proportions of patients with asthma were significantly higher in PCN's within the districts of Wychavon, Redditch, Bromsgrove, and Wyre Forest.

Abdominal Aortic Aneurysm Screening - Coverage

Abdominal aortic aneurysm (AAA) screening aims to reduce AAA related mortality among men aged 65 to 74. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of AAA screening. Improvements in coverage would mean more AAAs are detected in a timely manner.

Pharmacies have a role in aiding in the prevention of patients getting an AAA. High blood pressure and high cholesterol increase the risk in people getting an AAA, whilst maintaining a healthy weight can help reduce the chances of getting an AAA or prevent it getting bigger.

Figure 56: The proportion of men eligible for AAA screening who are conclusively tested – Worcestershire



The proportion of men eligible for AAA screening who were conclusively tested in Worcestershire has been consistently higher than the national average up until the most recent data in 2020-21 which saw a significant reduction in the proportion. A notable decline was also seen in both national and regional figures due to the effects of the Covid-19 pandemic on number of screenings.

The proportion of men eligible for AAA screening who were conclusively tested in Worcestershire in 2020-21 was 46.7%, significantly lower than the national average of 55.0%.

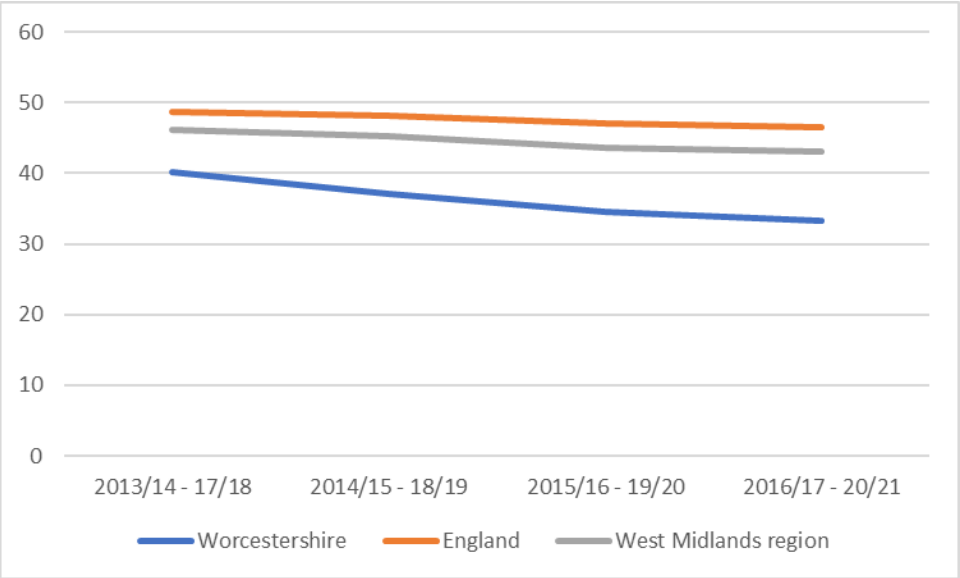
AAA screenings were significantly lower than the national average in Bromsgrove, Redditch, Worcester and Wyre Forest.

Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

Local authorities have a legal duty to make arrangements to provide the NHS Health Check programme to 100% of the eligible population over a five-year period and to achieve continuous improvement in uptake. This data demonstrates the cumulative progress made by local authorities in NHS Health Checks received by the eligible population.

Figure 57: The rolling 5-year cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check – Worcestershire



The cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check has been consistently significantly lower in Worcestershire than the national average. The proportion in Worcestershire in 2016-17 to 2020-21 was 33.2%, significantly lower than the national average of 46.5%.

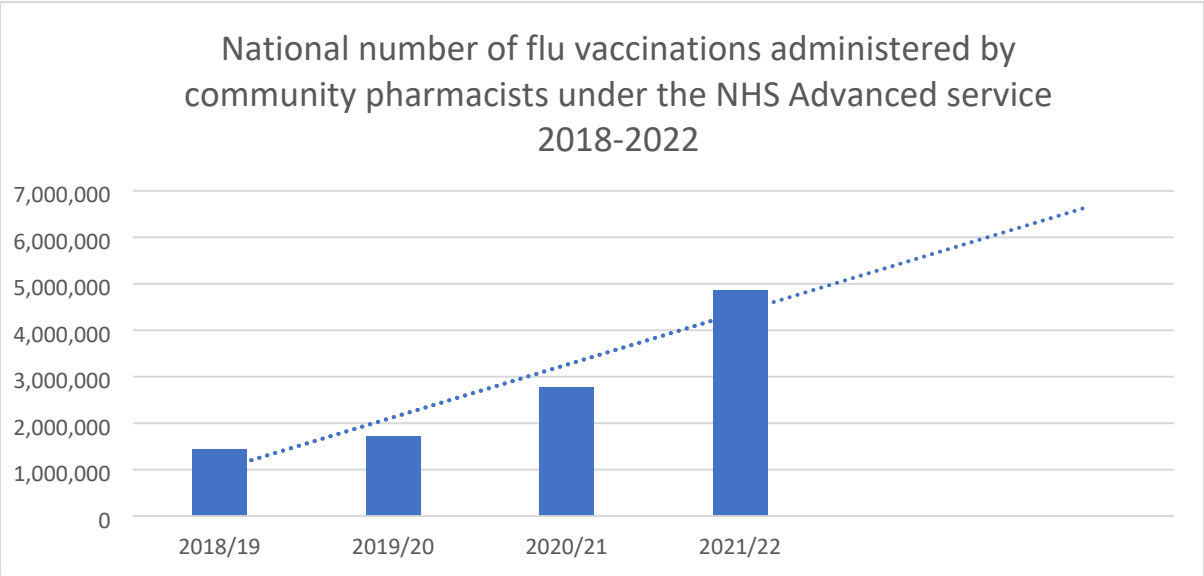
Flu vaccinations

Flu vaccinations are important because:

- more people are likely to get flu over the winter as fewer people will have built up natural immunity to it during the COVID-19 pandemic
- if you get flu and COVID-19 at the same time, research shows you're more likely to be seriously ill
- getting vaccinated against flu and COVID-19 will provide protection especially for more vulnerable people and those around them for both these serious illnesses

The flu vaccination service provided by pharmacies has significantly increased each year both nationally and locally. Nationally the number of flu vaccinations administered by community pharmacists under the NHS Advanced service grew by 75% in 2021/22 compared to the previous year.

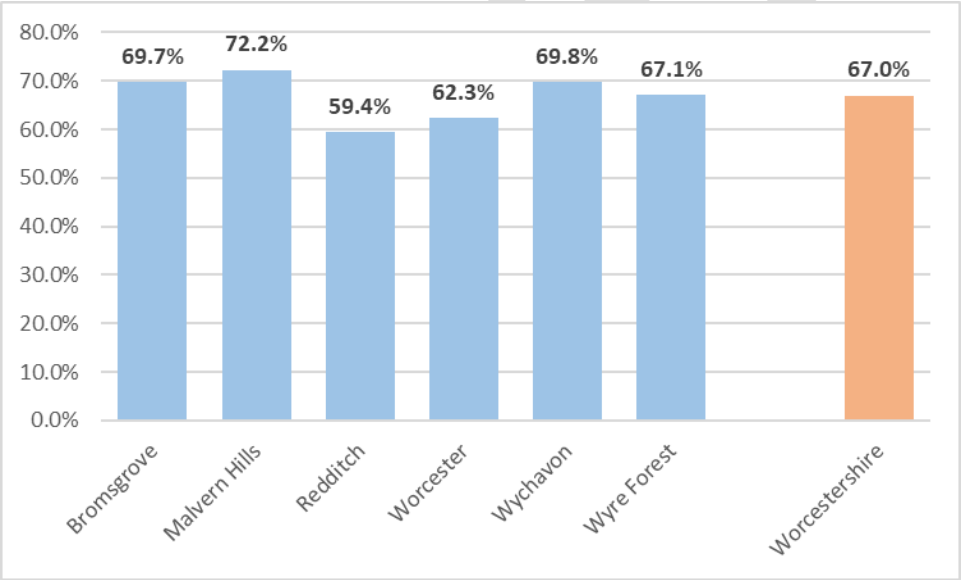
58 National number of flu vaccinations administered by community pharmacists under the NHS Advanced service 2018-2022



Source – PSNC Flu vaccination statistics

In Hereford and Worcestershire approximately 80% of pharmacies provide flu vaccinations. Pharmacies in Herefordshire and Worcestershire STP area administered 52,902 flu vaccines in the 2021/22 flu season representing almost a quarter off all vaccines delivered across the counties.

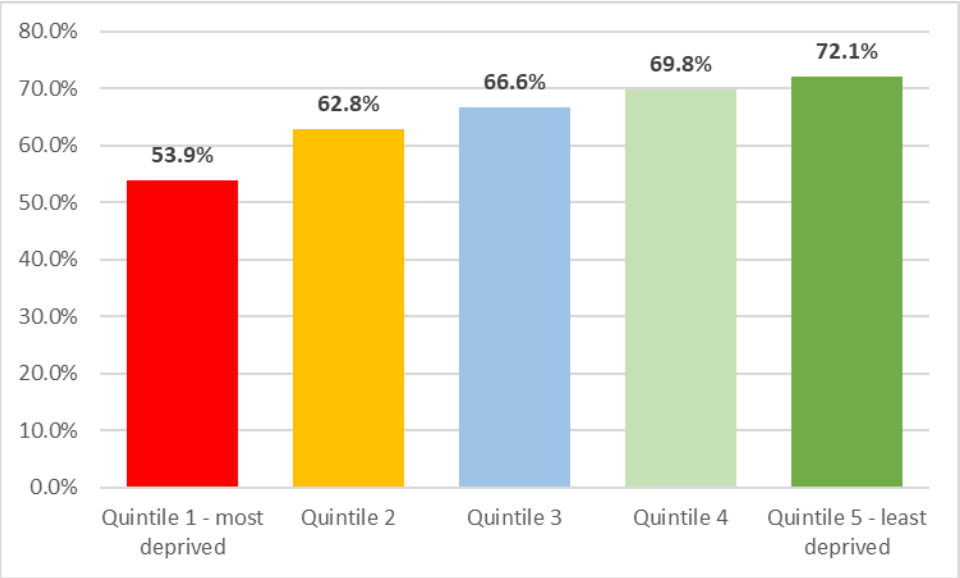
Figure 59: Proportion of eligible people receiving the flu vaccination during the Winter 2021 season – Worcestershire and districts



Source – NIMS, 2021 flu vaccine uptake report

67% of eligible people in Worcestershire have received the flu vaccine in Winter 2021. The districts of Redditch and Worcester both have lower proportions of eligible people receiving the vaccination at just over 59% and just over 62% respectively.

Figure 60: Proportion of eligible people receiving the flu vaccination during the Winter 2021 season – Worcestershire IMD quintiles



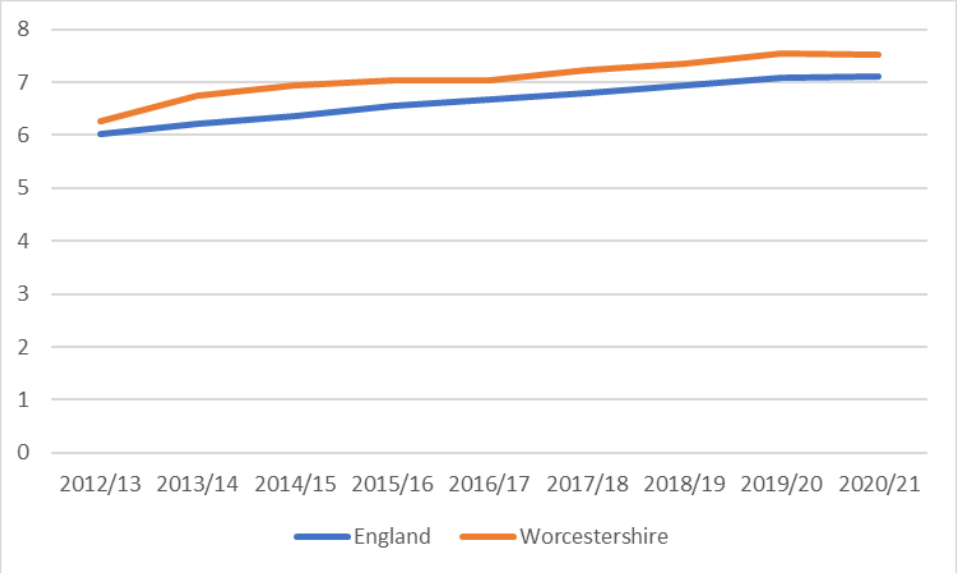
Source – NIMS, 2021 flu vaccine uptake report

The proportion of people in the most deprived quintile in Worcestershire is less than 54%. This compares to 67% overall, and over 72% in the least deprived quintile.

Diabetes QOF prevalence among people aged 17-plus

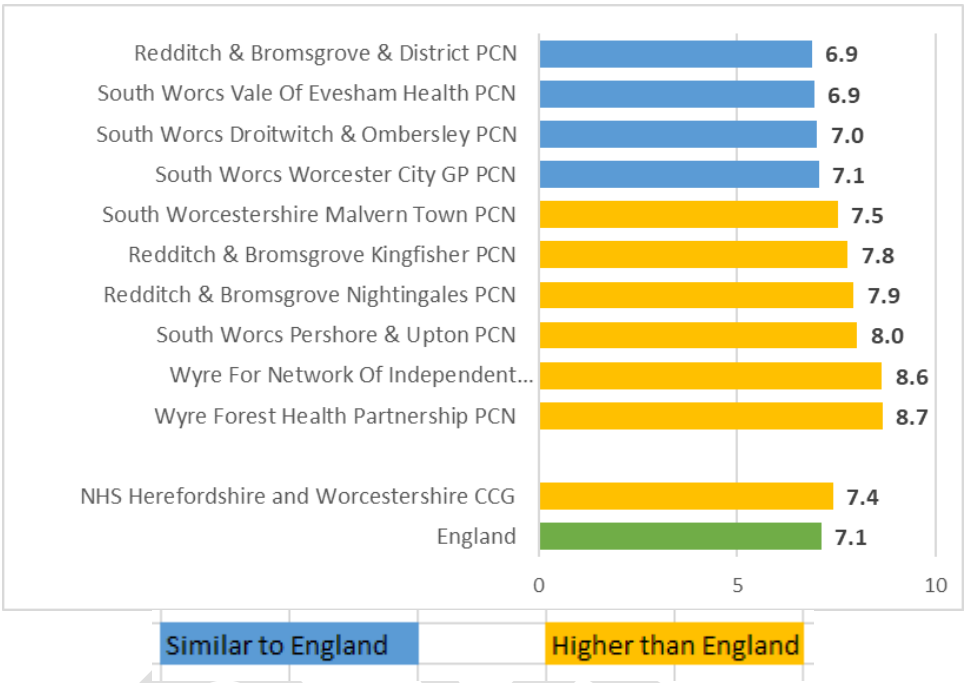
Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. This indicator measures the percentage of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

Figure 61: Percentage of patients aged 17 years and over with diabetes mellitus



The proportion of patients aged 17 years and over with diabetes mellitus is higher than the national average and has been in the second highest quintile in England since 2013-14. In 2020-21 the percentage of patients aged 17 years and over with diabetes mellitus in Worcestershire was 7.5% compared to a national average of 7.1%.

Figure 62: Percentage of patients aged 17 years and over with diabetes mellitus – Worcestershire PCNs



PCNs in Wyre Forest, Wychavon, and Redditch have rates of patients aged 17 years and over with diabetes mellitus statistically higher than the national average.

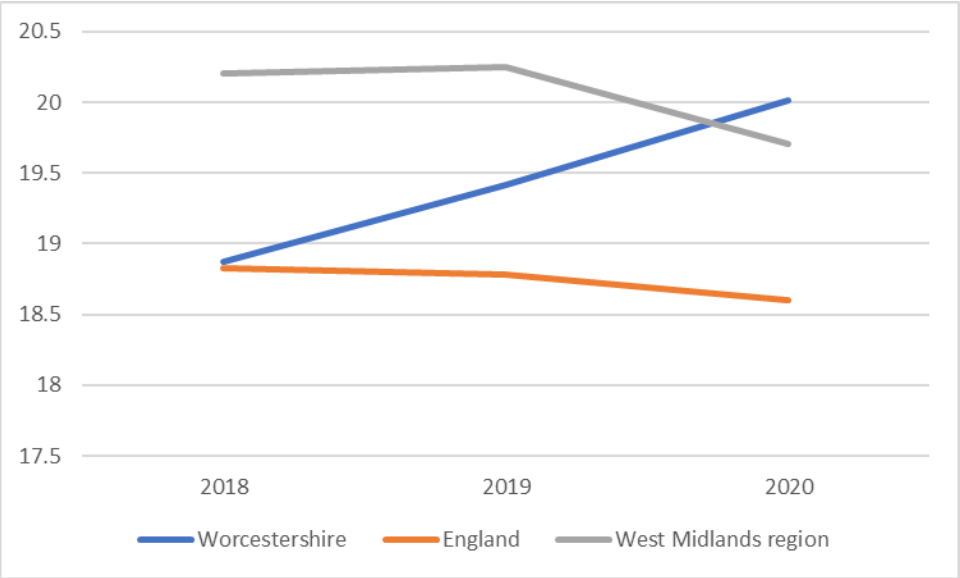
Percentage reporting a long term Musculoskeletal (MSK) problem

In England low back and neck pain was ranked as the top reason for years lived with disability and other musculoskeletal (MSK) conditions was ranked as number 10 (Global Burden of Disease for England: international comparisons - GOV.UK (www.gov.uk)). MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life such as attending work.

This indicator shows the amount of people reporting long term MSK pain in England. It can be used to compare reported MSK prevalence rates across the country and can be used in combination with other indicators on the Musculoskeletal Diseases profile to build a bigger picture of MSK in local areas.

Pharmacies have a role in helping patients who suffer from back pain and joint pain in offering advice, advising, administering appropriate medication and aiding healthy behavioural changes.

Figure 63: The percentage of people aged 16+ reporting an MSK condition, either long term back pain or long-term joint pain - Worcestershire



The percentage of people aged 16+ reporting an MSK condition, either long term back pain or long-term joint pain in Worcestershire was similar to the national average up until 2020. The proportion of people reporting an MSK condition in Worcestershire has been increasing, and in 2020 was 20.0%, significantly higher than the national average of 18.6%.

The percentage reporting a long-term Musculoskeletal (MSK) problem is higher than the national average in Redditch and Wyre Forest.

Chlamydia proportion aged 15 to 24 screened

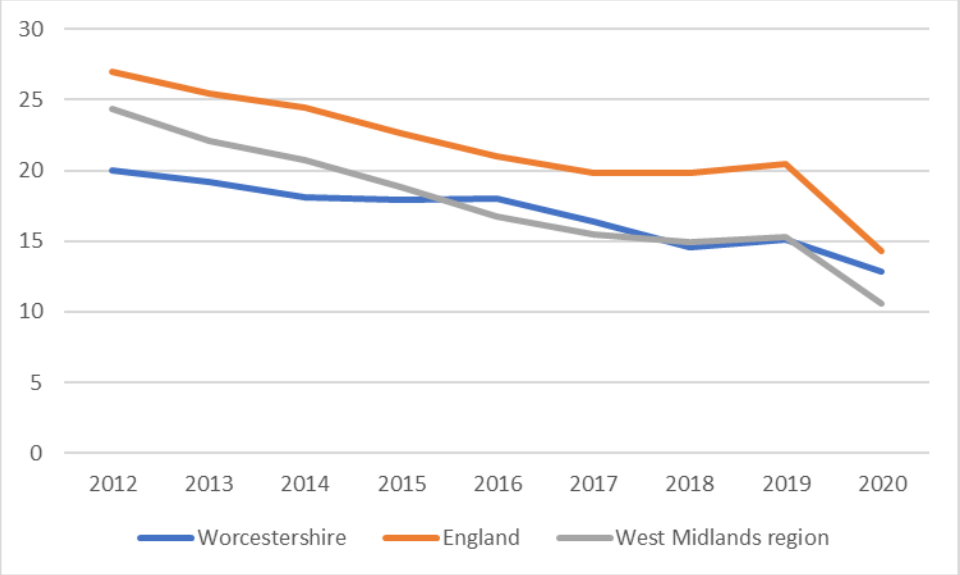
Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group.

By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, which will reduce an individual's chance of developing chlamydia associated complications, and also reduce the amount of time someone is at risk of passing the infection on, which in turn will reduce the spread of chlamydia in the population.

The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening to sexually active young people aged under 25 years. In June 2021 changes to the programme were announced with a focus on reducing reproductive harm of untreated infection through opportunistic screening offered to young women aged under 25 years. This indicator relates to data until December 2020.

Pharmacies have a potential role to play in helping patients with chlamydia given the potential of extending future sexual health-based services, as well as administering treatment and medicines.

Figure 64: Chlamydia proportion aged 15 to 24 screened - Worcestershire



The proportion of people aged 15 to 24 screened has been consistently significantly below the national average since 2012. Rates in Worcestershire and in England as a whole have fallen over the time frame and the decline is directly due to the Covid 19 pandemic (STI rates remain a concern despite fall in 2020 - GOV.UK (www.gov.uk)). In 2020 the proportion of 15–24-year-olds screened for chlamydia in Worcestershire was 12.8%, significantly below the national average of 14.3%.

Proportions of people aged 15-25 being screened for chlamydia is significantly lower than the national average in all of the Worcestershire districts with the exception of Worcester City.

Chlamydia detection rate in people aged 15 to 24

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

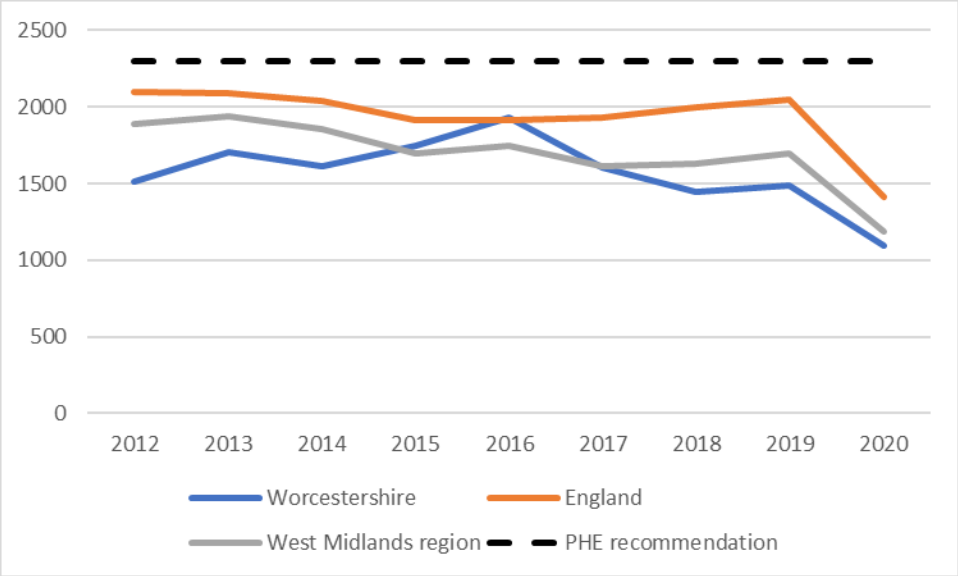
The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening to sexually active young people aged under 25 years. In June 2021 changes to the programme were announced with a focus on reducing reproductive harm of untreated infection through opportunistic screening offered to young women aged under 25 years. This indicator relates to data until December 2020 when the NCSP offered screening to all young people under 25.

The chlamydia detection rate among 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. An increased detection rate is indicative of increased control activity; the detection rate is not a measure of morbidity.

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 to 24. The recommendation was set as a level that would encourage high volume screening and diagnoses, be ambitious but achievable, high enough to encourage community screening, rather than specialist sexual health clinic only

diagnoses, and would be likely to result in a continued chlamydia prevalence reduction, according to mathematical modelling.

Figure 65: Chlamydia detection rate per 100,000 population aged 15 to 24 - Worcestershire



Chlamydia screening in Worcestershire has declined in the past few years, most notably since 2016. This is in line with national and regional trends which are below the recommended detection rate, and is directly due to the Covid 19 pandemic[1]. Screenings in Worcestershire in 2020 are significantly below the PHE recommendation of 2,300 per 100,000, at 1,097 per 100,000 population aged 15-24, and are also below the national average of 1,408 per 100,000.

Chlamydia detection rate is significantly lower than the PHE recommendation of 2,300 per 100,000 in all of the Worcestershire districts.

Infant mortality rate

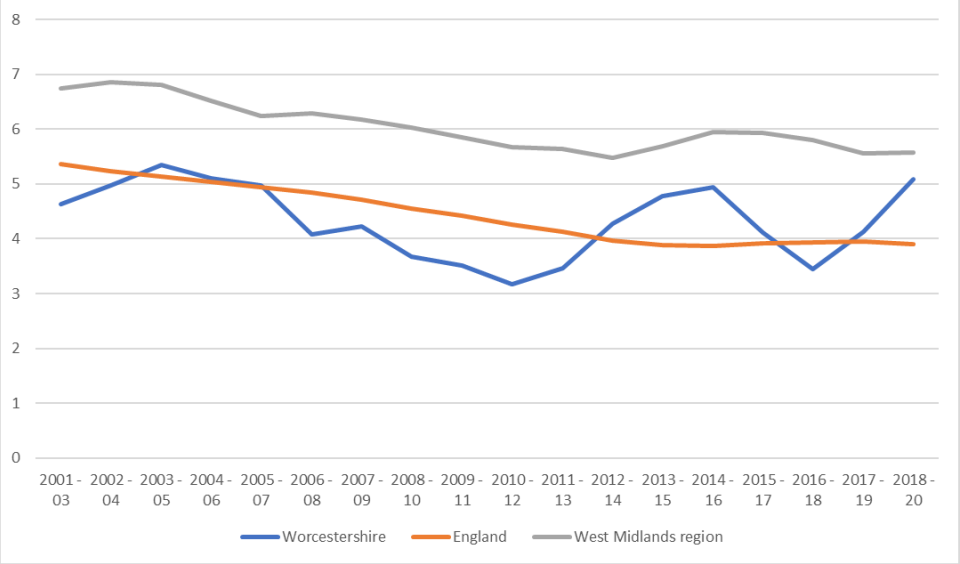
Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

Reducing infant mortality overall and the gap between the richest and poorest groups are part of the Government's strategy for public health (Healthy Lives, Healthy People: Our Strategy for Public Health November 2010)

Infant deaths under 1 year of age per 1000 live births - Worcestershire

[1] STI rates remain a concern despite fall in 2020 - GOV.UK (www.gov.uk)

Figure 66: Infant deaths under 1 year of age per 1000 live births - Worcestershire

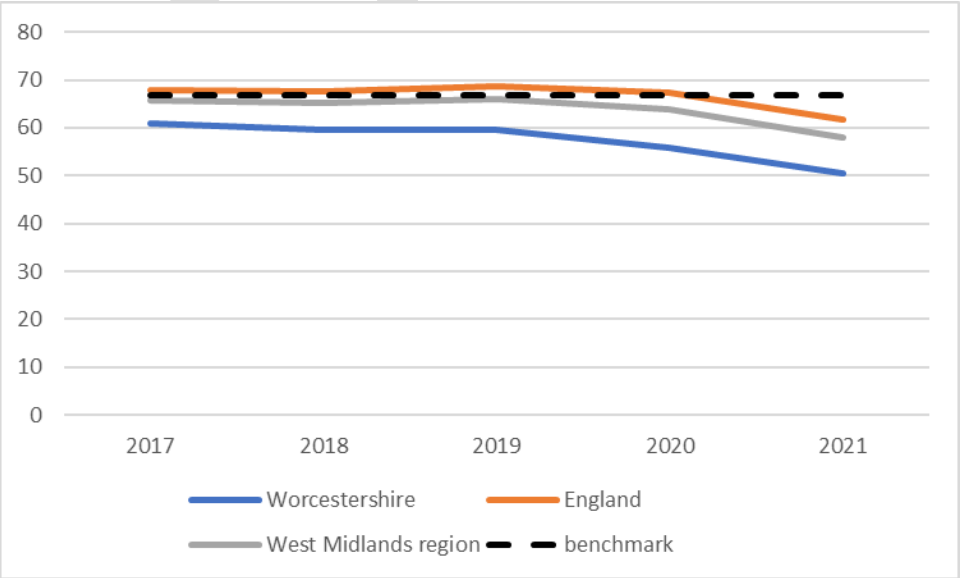


Infant mortality rate in Worcestershire has increased notably in recent years. For most of the time frame since 2001-03, infant mortality rate in Worcestershire has been lower than the national average but has increased to be significantly worse than the national average in 2018-20. The infant mortality rate in Worcestershire in 2018-20 was 5.1 per 1000 live births, compared to the national average of 3.9 per 1000 live births. Infant mortality rate is significantly higher than the national average in Bromsgrove.

Estimated dementia diagnosis rate (aged 65 and over)

This indicator is to increase the number of people living with dementia who have a formal diagnosis. The rationale is that a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes. The definition looks at the rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia. Significance is determined by the nonoverlapping of confidence intervals with the benchmark that has been set of 66.7%.

Figure 67: Estimated dementia diagnosis rate (aged 65 and over) - Worcestershire



The rate of dementia diagnosis in Worcestershire has been consistently below the national averages since 2017. The recent decline in the rate is in line with national trends, but in 2021 the rate of dementia diagnosis was significantly below the benchmark of 66.7%, at 50.5%. This is also lower than the national average of 61.6%. The rate of dementia diagnosis is significantly lower than the national average in all Worcestershire districts.

Hip fractures

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care . Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year.

The average age of a person with hip fracture is about 83 years with about 73% of fractures occurring in women. There is a high prevalence of comorbidity in people with hip fracture [2]. The National Hip Fracture Database [2] reports that mortality from hip fracture is high - about one in ten people with a hip fracture die within 1 month and about one in three within 12 months.

The National Institute for Health and Clinical Excellence (NICE) has produced a quality standard that covers the management and secondary prevention of hip fracture in adults (18 years and older). The standard is designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness for fragility fracture of the hip or fracture of the hip due to osteoporosis or osteopenia.

Interventions for recently retired and active older people are likely to be different in provision and uptake for frailer older people. This indicator therefore has sub indicators for ages 65-79 and 80+ disaggregated into males and females in the Public Health Outcome Framework data tool. Inclusion of this indicator in the Public Health Outcomes Framework will encourage prioritisation of such interventions.

Pharmacies have a role in supporting people who have suffered hip fractures, for example, in helping with medicines reviews, offering discharge medicines service, and support for fall services,

Figure 68: Emergency Hospital Admission for fractured neck of femur in persons aged 65 and over, directly age standardised rate per 100,000 - Worcestershire

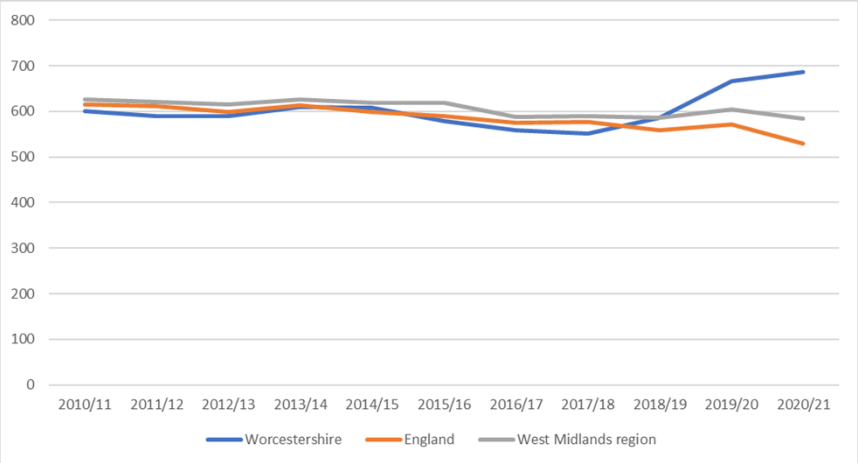
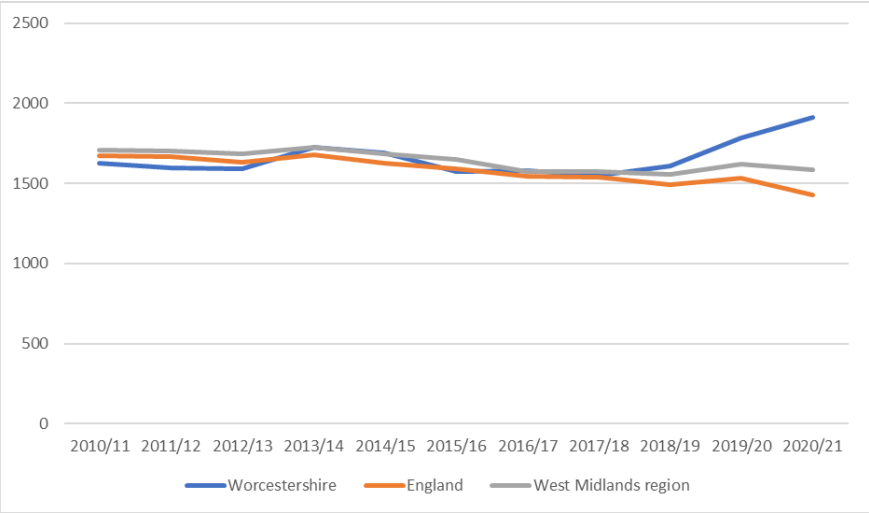


Figure 69: Emergency Hospital Admission for fractured neck of femur in persons aged 80 and over, directly age standardised rate per 100,000 - Worcestershire



Rates of hip fractures in Worcestershire have been similar to the national average for both 65-plus and 80-plus age range up until the last two years, which have seen an increase in rates leading to values significantly above the national average. The rate in Worcestershire among the 65-plus age group in 2020-21 was 686 per 100,000 population compared to the national average of 529 per 100,000 population, and in the 80-plus age group the rate in Worcestershire was 1,914 per 100,000 population compared to the national average of 1,426 per 100,000 population. Rates of hip fractures are significantly higher than the national average in all Worcestershire districts with the exception of Worcester. Full profiles including breakdowns of population and demographics, areas of concern and changing need, and a summary of pharmaceutical services and need are presented in Appendix 10.

Table 13: Indicators where Worcestershire and districts perform poorly compared to national average

Indicator		Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
Injuries and Ill Health	Hip fractures	✓	✓			✓	✓
	Estimated dementia diagnosis rate (aged 65 and over)	✓	✓	✓	✓	✓	✓
Behavioural Risk Factors	Smokers that have successfully quit at 4 weeks						
	Admission episodes for alcohol-related conditions			✓			✓
	Admission episodes for alcohol-specific conditions - Under 18s					✓	
	Percentage of adults classified as overweight or obese			✓			✓
	Percentage of physically active adults			✓			
Child Health	Smoking status at time of delivery						
	Infant mortality rate	✓					
Wider Determinants of Health	16-17-year-old NEET						
	Gap in employment rate between those with a long-term health condition and the overall employment rate					✓	✓
	Homelessness - households owed a duty under the Homelessness Reduction Act				✓		
	Loneliness: Percentage of adults who feel lonely often / always or some of the time				✓		✓
Health Improvement	Cancer screening coverage - bowel cancer			✓	✓		✓
	Cancer Screening Coverage – Breast cancer	✓			✓		
	Cancer screening coverage - cervical cancer				✓		
	Percentage of 40-74 population offered an NHS Health Check who received an NHS Health Check						
	AAA Screening Coverage	✓	✓		✓		✓
	Percentage with a long term MSK problem		✓				✓
	Blood pressure			✓			
Health Protection	Chlamydia detection rate – age 15-24	✓	✓	✓	✓	✓	✓
	Chlamydia proportion screened - age 15-24	✓	✓	✓		✓	✓
	HIV late diagnosis	✓		✓			
	Flu vaccinations			✓	✓		
Healthcare and Premature Mortality	Under 75 mortality rates from causes considered preventable			✓			
	Under 75 mortality rates from all cardiovascular diseases				✓		
	Emergency readmissions within 30 days of discharge from hospital			✓	✓		
	Asthma						
	Proportion with diabetes			✓		✓	✓
Totals		8	6	13	11	7	12

Table 13 presents the breakdown of indicators across the districts within Worcestershire. Whilst there is much variation between the districts there are common themes underperforming in indicators across the county:

1. Estimated dementia diagnosis rate (aged 65 and over)
2. AAA Screening Coverage
3. Chlamydia detection rate – age 15-24
4. Chlamydia proportion screened - age 15-24

Table 13 also demonstrates the variation in the number of indicators that are being underperformed, for example Redditch has the highest number (13) followed by Wyre Forest (12) and Wychavon (11).

Part B Conclusions

Worcestershire is in general not a deprived county. There are however 13% of people that live in the most deprived quintile. Social determinants of health may influence health seeking behaviour in deprived populations. Deprivation may also limit access to transport and increase digital poverty. Community pharmacies are often located in some of the most deprived and challenging communities and can be the first point of contact for individuals who may traditionally be hard to reach for health services. This provides an opportunity to engage, signpost and build trust within these communities. Projected changes in demography and age should also be considered when evolving the current service.

Part B identifies several areas of concern within Worcestershire, they include:

- Infant mortality rate
- Indicators around smoking, including smoking status of mother at time of delivery and smokers who have successfully quit after 4 weeks
- Indicators focussing on chlamydia, including the proportion aged 15-24 screened and the detection rate within the same age group.
- Physical indicators including the proportion of adults reporting a long term Musculoskeletal (MSK) problem and the proportion of emergency hospital admissions among people aged 65-plus for hip fractures.
- Some screening and detection rates for condition affecting older people, including estimated dementia diagnosis rate and Abdominal Aortic Aneurysm Screening coverage.
- Proportion with diabetes
- Proportion of the eligible population aged 40-74 receiving an NHS Health Check

At a district level, Redditch, Wyre Forest and Worcester City in particular had a relatively high number of areas of concern highlighted. As well as those already highlighted at the county level, these include:

- Under 75 mortality rates from causes considered preventable, percentage of overweight and obese adults, percentage of physically active adults, and alcohol-related admission episodes in Redditch.
- Percentage of adults aged 18-plus classified as overweight or obese, alcohol-related admission episodes, bowel cancer screening coverage, and the gap in the employment rate between those with a long-term health condition and the overall employment rate in Wyre Forest.

- Cancer screening coverage including for bowel cancer, breast cancer and cervical cancer, as well as under 75 mortality rates from all cardiovascular diseases in Worcester.
- In addition, Wychavon has a high level of admission episodes for alcohol-specific conditions among under 18s

PART C

Parts A and B of this PNA have summarised the current provision of pharmaceutical services 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. The PNA should form a foundation for discussions between local representatives of contractors and local commissioners. Local pharmaceutical services should also be assessed in the context of national and local healthcare strategies which may affect their implementation and delivery. Part C provides an outline of these strategies and then goes on to identify local findings and recommendations from Parts A and B.

Community Pharmacy Contractual Framework 2019-24

The Department of Health and Social Care, NHSE&I, and the Pharmaceutical Services Negotiating Committee have agreed a new Community Pharmacy Contractual Framework. The joint document describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan (LTP), which includes:

- Commitment of almost £13 billion to community pharmacy through its contractual framework recognising the contribution that community pharmacies make towards the delivery of the NHS LTP
- Alignment with the GP contract, providing 5-year stability and reassurance to community pharmacy
- Builds upon the reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks
- Describes new services which will be offered through community pharmacy including the new national NHS Community Pharmacist Consultation Service
- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community
- Recognises that an expanded service role is dependent on optimising the use of pharmacist capacity, and will maximise the opportunities of automation and developments in information technology
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme; and
- Commits to reforms to reimbursement arrangements to deliver smoother cash flow, and fairer distribution of medicines margin and better value for money for the NHS

Pharmacy Integration Fund & NHS Long Term Plan

The Pharmacy Integration Fund (PhIF) was established in 2016 to accelerate the integration of:

  - Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system;
  - Clinical pharmacy services into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan

The continued work of the pharmacy integration programme needs to build on what has already been delivered and support these priorities ensuring the continued development of the evidence base that informs future commissioning in line with these priorities for transformation.

The community pharmacy contractual framework (CPCF) agreement for 2019 – 2024 sets out the ambition for developing new clinical services for community pharmacy as part of the five-year commitment. The pharmacy integration programme will pilot and evaluate these services with the intention of incorporating them into the national framework depending on pilot evaluations. The GP contract for 2019 – 2024 also set out a plan to develop a "pharmacy connection scheme" for community pharmacy.

The NHS Long Term Plan (NHS LTP) published January 2019 is now the driver for determining the priorities for the Pharmacy Integration Programme. The ambition in the NHS Long Term Plan to move to a new service model for the NHS sets out five practical changes that need to be achieved over the five-year period 2019 to 2024:

- Boosting "out of hospital care" to dissolve the historic divide between primary and community health services
- Redesign and reduce pressure on emergency hospital services
- Deliver more personalised care when it is needed to enable people to get more control over their own health
- Digitally enable primary and outpatient care to go mainstream across the NHS
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through new Integrated Care Systems (ICSs) everywhere.

The NHS must continually move forward so that in 10 years' time we have a service fit for the future. The NHS LTP is a plan for the NHS to improve the quality of patient care and health outcomes. The plan focuses on building an NHS fit for the future by enabling everyone to get the best start in life, helping communities to live well, and helping people to age well, and covers the following areas:

- A new service model for the 21st century
- More NHS action on prevention and health inequalities
- Further progress on care quality and outcomes
- NHS staff will get the backing they need
- Digitally enabled care to go mainstream across the NHS
- Taxpayers' investment to be used to maximum effect

The role of pharmaceutical services in the implementation of the NHS LTP: Key areas of action for the NHS LTP

1. A new service model for the 21st century:

1. Expanded community health teams will be required under new national standards to provide support to people in their own homes as an alternative to in-hospital care
2. Over the next five years, every patient will have the right to online 'digital' GP consultations
3. The LTP sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es
4. Building on recent gains, in partnership with local councils' further action to cut delayed hospital discharges will help free up pressure on hospital beds

The clinical role of community pharmacists will be enhanced, with pharmacists able to support the timely discharge of patients from hospital through the Discharge Medicines Service to help hospital flow and bed capacity.

2. Stronger NHS action on prevention and health inequalities:

- Wider action on prevention will help people stay healthy and also moderate demand on the NHS

- The LTP funds evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, to limit alcohol-related A&E admissions; and to lower air pollution
- NHSE will base its five-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years

Local pharmacies actively promote healthy lifestyle initiatives on priority areas such as smoking, obesity, and alcohol, as well as providing opportunistic prescription-linked support.

3. Further progress on care quality and outcomes

The LTP builds on the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. It also extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.

By 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters

Local pharmacies are often the first point of contact between a patient and the health service, and local pharmacists possess clinical and service knowledge to effectively signpost patients. Pharmacists are a key part of the workforce in supporting early detection and improved survival from serious conditions by signposting patients to the appropriate service perhaps earlier than they would have presented without speaking to a pharmacist.

4. NHS staff will get the backing they need

- The LTP sets out action to expand roles and careers to reflect future needs.
- There is a move towards more primary care and generalist skills to complement specialised hospital-based care.

Local pharmacies play a key role in the future workforce, such as serving as training locations for pharmacy students and newly qualified pharmacists.

5 & 6. Digitally enabled care will become mainstream across the NHS / best use of investment

- In ten years' time, care will look very different. The NHS will offer a digital first option for most, allowing for longer and more productive face to face consultations. When ill, people will increasingly be cared for their own home, with remote monitoring of wearable devices. People will be helped to stay well, to recognise symptoms early, and to manage their own health guided by digital tools.

Worcestershire community pharmacies continue working towards a digital first future. Community pharmacies support the NHS LTP through repeat dispensing, most of which is carried out by the Electronic Prescription Service.

Local strategic developments

Local pharmacies should continue to play a key role in prevention of ill health and premature mortality, whilst having a lens on reducing health inequalities. There are several new strategic developments in the local system which align with priorities of the NHS LTP. A new joint health and wellbeing strategy (JHWS) has been developed for Worcestershire (awaiting formal Health and Wellbeing Board signoff). The strategy will be in place for the next 10 years.

The draft 2022 JHWS identified good mental health and wellbeing as a local priority in Worcestershire.

This is supported by:

- Healthy living at all ages
- Safe, thriving and healthy homes, communities and places
- Quality local jobs and opportunities

H&W Integrated Care System (ICS) priorities and strategy, and work on reducing health inequalities.

The ICS has 4 core objectives:

1. To ensure healthier, well connected and more resilient communities with targeted support to reduce health inequalities and inequities, preventing ill health
2. To provide high quality services through improving access to clinically effective treatments
3. To make the best use of resources, being exemplar employers and strengthening the local economy by employing local people, and investing in local businesses wherever possible
4. To promote a healthier physical environment, reducing our carbon footprint through positive action around our buildings, working practices and digital transformation.

NICE guideline: community pharmacies, promoting health and wellbeing (2018)

NICE published a guideline in August 2018[2] about the role of community pharmacy in promoting health and well-being. These guidelines summarised evidence and best practice across the following themes which partners are encouraged to consider:

1. Work to help all community pharmacies become health and wellbeing hubs
    a. gradually integrating into existing care and referral pathways

2. Overarching principles of good practice for community pharmacy teams
    a. Use an integrated approach
    b. Ensure consistent, high-quality services tailored to local communities and not based solely on commercial interest
    c. Address health inequalities
    d. Tailor approaches and use knowledge of the local community, making the most of staff skills
    e. Promote community pharmacies
    f. Ensure community pharmacies are an integral part of NHS primary care services
    g. Proactively seek opportunities to promote physical and mental health and wellbeing

3. Awareness raising and providing information
    a. Ensure awareness raising campaigns and information is in line with NICE's guidelines on behaviour change: individual approaches

4. Advice and education
    a. Offer advice and education as the opportunity arises in line with NICE's guidelines on behaviour change
    b. Opportunistically advise on how to improve general health and wellbeing

5. Behavioural support
    a. Offer individual approaches to behaviour change in line with NICE guidelines on obesity, weight management, preventing excess weight and obesity prevention.

6. Referrals and signposting
    a. Consider establishing formal referral processes with pharmacies and services providers, and base triage and referrals on agreed tools that do not need reassessment by other provide

[2] https://www.nice.org.uk/guidance/ng102/chapter/Recommendations#awareness-raising-and-providing-information

Local Findings & recommendations

A huge amount of evidence has been compiled and synthesised to assess the pharmaceutical needs of Worcestershire. As demonstrated by contractor questionnaires and focus groups, pharmacies currently provide a highly integral role in supporting the health needs of people in Worcestershire.

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 most people in Worcestershire. It has been assessed that there is currently sufficient provision of pharmacies and dispensing GP practices throughout Worcestershire who deliver essential pharmaceutical services. There are 95 pharmacies and 21 dispensing GP practices in Worcestershire which serve a mixed urban and rural population of 598,070 people. This equates to one pharmacy per 6,295 people which is higher than the England average of one pharmacy per 5,056 people. When GP dispensing practices are included the gap with England is reduced, with one contractor per 5,154 people compared to one contractor per 4,605 people in England. 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). Dispensing practices are 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. Mapping of locations of pharmacies and travel times by car to pharmacies has demonstrated that access to pharmacies is good across the county, where residents have access to a car. Where a car is available, we believe that most residents can access community pharmacy within 15 minutes by car. Within 20 minutes travelling by car, the vast majority of residents in Worcestershire should be able to access a community pharmacy between 09:00am-17:00pm (though many pharmacies open for longer hours).	There are opportunities to leverage further the good levels of access to community pharmacy through different commissioning models and inclusion of community pharmacy in more pathways. Seeking such opportunities is recommended by NICE guideline NG102.

Where residents are physically able, the majority can access community pharmacy within 30 minutes of their home address by foot. However, some residents will choose to visit pharmacies in neighbouring authority areas. Around a quarter of respondents reported some issues with access in relation to parking. However, most 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). Most pharmacies indicate that they are accessible to wheelchairs, pushchairs and walking frames. Around 88% of pharmacies do not have steps to enter premises. 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. 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.	
Although the majority of respondents stated they were satisfied with community pharmacy or GP dispensers' opening times a significant proportion (around 22%) reported some issues with opening hours.	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.

What is the extent to which current service provision is adequately responding to the changing needs of the community?

Assessment	Opportunities / considerations
95% of pharmacies in the pharmacy survey were willing to undertake consultations in patient's home/other suitable site.	This prompts consideration of whether this facility could be further utilised.
The Covid-19 pandemic may have changed the way in which people access pharmacies. During Covid-19 restrictions, just two thirds (63%) used a pharmacy as they normally would and a quarter (24%) used it in a different way, while 13% did not use a community pharmacy or a dispensing GP surgery at all. The focus groups indicated an increased use of online services and delivery services for medications. Some perceived this as a positive legacy of the pandemic and felt more confident using these services.	The pandemic increased the use of online provision with pharmacists having access to teams/zoom. This may enable online consultations with the pharmacist. This could be built on and may be of particular benefit to vulnerable groups and residents in rural areas.
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 (Office for National Statistics population projections indicate a 59% increase in people 75 years and older between 2020 and 2040, whilst the projected increase in the 85-plus age range is particularly pronounced, at almost 90% (over 15,800 persons). This means there are some significant challenges to overcome in the drive to improve health and well-being in Worcestershire. The majority of the population is 'white British' with increasing numbers of black, Asian and minority ethnic groups.	Demand on existing services such as flu vaccinations are already increasing year on year. Consideration should also be given to the predicted increased number of those eligible (Those aged over 50). Services need to be aware of changing demographics and an increase in the black, Asian and minority ethnic group population.

Public health services provided by community pharmacies

Assessment	Opportunities / considerations
Over 84% of patients knew that they could approach their pharmacist for general health advice on disease prevention.	This highlights a level of trust in pharmacy services and advice. Supported by focus groups reporting that pharmacists were widely seen as approachable and knowledgeable professionals whose expertise may be underused currently. This may indicate underutilised potential within community pharmacy to deliver additional advice and services.
Flu vaccination is an extremely important preventative measure that continues to need more work by partners to achieve the highest possible coverage in eligible and vulnerable groups.	Uptake in over 65s has increased markedly in Worcestershire from 74.8% in 2019/20 to 83.7% in 2020/21, with a similar rate of increase nationally. Between April and December 2021, pharmacies in Herefordshire and Worcestershire administered 40,203 flu vaccinations and the number is increasing. Approximately 80% of pharmacies provide flu vaccinations. Consideration should also be given to the predicted increased number of those eligible (Those aged over 50)

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 this.	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.
A large majority of respondents (87%) said that they know they can return any unused / unwanted medicines (except sharps) to either a community pharmacy or a dispensing GP surgery. Around 71% of survey respondents return their unwanted medicines to community pharmacy or dispensing GP practice (an improvement on the 2018 finding of 60%). However, a significant number of people stated that they were currently disposing of unwanted medicines through their household rubbish (25%), down the sink or storing them in their home (11%).	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.

Part C conclusions

Health and wellbeing priorities proposed by the Health and Wellbeing Board and the NHS long-term plan for integrated care, along with current and future health and well-being needs of the Worcestershire population are considered in Part C of the PNA. Part C highlights the role of pharmaceutical services evolving far beyond dispensing prescriptions. They play a significant role in the community in the prevention of ill health and premature mortality, whilst having a lens on reducing health inequalities.

Pharmacies present an opportunity for secondary prevention particularly in challenging/deprived areas where populations can be difficult to reach. Aswell as patients with long-term conditions who are in regular contact to collect their prescribed medicines, pharmacies can be the first point of contact for individuals who may seek ad-hoc and unplanned health advice. The pharmacy team is well placed to support people to reduce their risks through healthy behaviours using a making every contact count (MECC) approach. Pharmacies can act as a community hub for health information and advice, signposting and promoting services to meet individual and community needs.

The potential topics where there is an opportunity for community pharmacies to meet both the local need and the ICS and JHWS priorities include smoking cessation services, screening services, vaccination services, management of conditions, and assessment services. Whilst there are commonalities across the districts of Worcestershire in terms of need, there is also variation between districts and populations which is highlighted in Part C to be considered when evolving the service at a local level.

Overall Conclusions

It is evident that pharmacies are integral to the health and wellbeing needs of people in Worcestershire. This PNA has found that the level of access to pharmaceutical services currently commissioned across Worcestershire continues to generally meets the needs of the population, as described in the findings. The 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. There are also a number of opportunities to improve the provision of pharmaceutical services and experience that people have of pharmaceutical services in Worcestershire.

There are a number of key findings from the extensive focus group work conducted as part of this report. Focus groups found that pharmacists are held in high regard, are seen as knowledgeable and approachable professionals, and being experts on prescribed and over the counter medicines. Maintaining sufficient access in terms of opening times and location is important, but barriers to access need to continually be identified and addressed (e.g., parking and transport). As technology progresses, this is changing the way people of all ages access pharmaceutical services. Feedback from focus groups suggested that a range of methods are used (and should be available) to order repeat prescriptions and possibly consider remote consultations. Reducing the frequency of medication collections would be valued by pharmaceutical service users, where possible.

Focus group participants reported that pharmacy services continued to be provided with a high degree of continuity during the covid-19 pandemic. There were specific issues noted from certain groups with limited social support, such as the ability to collect medications whilst having to isolate. However, the increased use of online and delivery services are a positive legacy from pandemic disruption.

Beyond prescribing, participants saw pharmacists as a preferable alternative to GPs for advice on minor health issues. However, participants reported limited use of other pharmacy services which presents a potential opportunity through raising awareness and communications. Where other services were reported as being accessed, vaccination and blood pressure checks were amongst the most commonly reported services used.

Public, patient and service-user surveys 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. For instance, 82% of respondents are satisfied with the range of service offered by community pharmacies or dispensing GPs, 78% were content with opening times, but 22% reported some issues. Most access a pharmacy within 2 miles of home or work, but this distance increases with rurality, and most usually travel by car. It is unsurprising with an increasing number of cars on the road that over a quarter of respondents experienced parking issues, but opportunities should be sought to improve parking provision, and perhaps more importantly to promote alternative methods of travel. Of significant note, for respondents with a long-term health condition or disability, there were higher percentages reporting issues relating to physical access.

This PNA concludes that there are sufficient pharmacies serving Worcestershire with good accessibility via walking or public transport. Whilst there are pharmacies in each district open at weekends, just under a quarter of survey respondents suggested some issues with opening times. With varying availability of advanced services across the county, core and wider services offered by pharmacists should continue to be promoted to raise awareness of how pharmacies can support health needs. Results of this assessment suggest that most pharmaceutical needs can be met by the existing network of community pharmacies. However, a continued assessment of need is recommended, particularly as the population of Worcestershire changes, and in areas of higher deprivation and populations of higher health need.

Recommendations

The following recommendations are proposed to strengthen the provision of pharmaceutical services in Worcestershire:

1. Commissioners to continue considering how pharmaceutical service providers can address and respond to patient need as identified through the focus groups, engagement survey, paying particular consideration to access issues and accessibility of information about pharmacy services.

2. Commissioners and pharmaceutical service providers should consider how best to communicate with the public about services provided by community pharmacies (including health promotion messages in line with NICE guideline NG102). The formation of H&W ICS provides an opportunity to consolidate and simplify provision of pharmacy information to the public.

3. Commissioners to encourage the integration of pharmacy with the wider healthcare economy to create coherent, system-wide services and pathways.

4. All providers of pharmaceutical services should consider language accessibility, 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.

5. The role of pharmacies in the prevention and management of CVD risk factors could be strengthened through commissioning related services.

6. Pharmacies should be aware of how to signpost to other service providers (including, where relevant, voluntary/community sector organisations, other pharmacies providing advanced/enhanced services)

7. Pharmacy workforce strategy should be considered by the local system to ensure current and future pharmaceutical service demand can be met.

8. A working group will be convened to monitor and implement these recommendations.