

# Calderdale Metropolitan Borough Council



## Pharmaceutical Needs Assessment 2018-2021

Calderdale Pharmaceutical Needs Assessment Steering group

## VERSION CONTROL

---

**Editor:** Paula Holden, with members of the PNA Steering Group

**Date of Issue:** 1st March 2018

**Date of Review:** Supplementary statements to be provided as necessary, with formal review by April 2021 in accordance with Regulation.

Version	Summary of Changes	Date of issue
2011 PNA	First Pharmaceutical Needs Assessment published by Calderdale PCT	January 2011
2015 PNA	Final Pharmaceutical Needs Assessment published by Calderdale Health and Wellbeing Board	April 2015
2018 PNA	Draft Pharmaceutical Needs Assessment	December 2017
2018 PNA	Final Pharmaceutical Needs Assessment published by Calderdale Health and Wellbeing Board	March 2018

# 1 CONTENTS

---

Version Control .....	1
Acknowledgements.....	4
Executive Summary.....	5
2 Introduction .....	6
2.1 Pharmaceutical Needs Assessment .....	6
2.2 Community Pharmacy in Improving the Public's Health .....	7
2.3 Community Pharmacy Funding Background.....	8
2.4 Consolidation of Pharmacies .....	8
2.5 The current Environment.....	9
3 Process .....	10
4 Context.....	12
4.1 Overview of Calderdale.....	12
4.2 Population Overview, Characteristics and Predicted Changes across Calderdale.....	12
4.1.1 Age .....	14
4.1.2 Ethnicity and Migration.....	15
4.1.3 Religion and Belief .....	18
4.1.4 Disability.....	19
4.1.5 Sexual Orientation .....	20
4.2 Calderdale Local Development - Housing Growth.....	20
4.3 Health Needs, Inequalities and Deprivation - Overview.....	21
4.4 Summary of Local Context .....	22
5 Pharmaceutical Services across Calderdale .....	24
5.1 Pharmaceutical Service Providers – overview .....	24
5.2 Comparison of Pharmaceutical Service Providers with other areas.....	25
5.3 Pharmacy access .....	26
5.3.1 Geographical Access .....	26
5.3.2 Opening times and Access .....	27
5.3.3 Access for people with disabilities.....	28
5.4 Pharmaceutical Services – Range and Provision.....	29
5.4.1 Essential Services .....	30
5.4.2 Public Health Campaigns.....	30
5.4.3 Advanced Services.....	30
5.4.4 Community Pharmacy Enhanced and Locally Commissioned Services .....	32
5.5 Pharmacy Survey Results .....	34

6	Local Health Needs and Pharmaceutical Services .....	35
6.1	Public Health Needs and Pharmaceutical Services Provision .....	35
6.1.1	Smoking.....	36
6.1.2	Sexual Health .....	37
6.1.3	Alcohol reduction services .....	38
6.1.4	Drug Misuse .....	38
6.1.5	Public Survey .....	39
6.2	Service Improvements and Future Developments for community pharmacy .....	39
6.2.1	Healthy Living Pharmacy Initiative.....	40
6.2.2	Minor Ailment and Head Lice Service .....	40
6.2.3	Services to Care Homes.....	41
6.2.4	NHS Urgent Medicine Supply Advanced Service (NUMSAS).....	42
6.2.5	Palliative Care Drugs .....	43
7	Conclusions .....	44
8	Further resources.....	45
9	Appendices.....	46
	Appendix 1 Maps .....	46
	Appendix 2: Consultation process .....	61
	Appendix 3: Results of the Public Survey.....	62
	Appendix 4 Results of the Pharmacy Survey .....	75
	Appendix 5: Letter sent to key stakeholders .....	82
	Appendix 6: Consultation responses .....	83

## ACKNOWLEDGEMENTS

---

We would like to thank the following individuals for their contribution to this Pharmaceutical Needs Assessment (PNA):

- Emily Powell for supplying the health needs data contained within this PNA
- Becky Greenwood for creating the maps and intelligence support
- Debra Rodgers for admin support
- Yvette Fisher for support in carrying out the consultations
- Andrew Peacock and Amy Turner for support in managing the communications aspects of the PNA
- All pharmacies who responded to the survey
- Members of the public who contributed their views

### Steering Group Members

Name	Job Title	Organisation
Caron Walker (Chair)	Public Health Consultant	Calderdale Metropolitan Borough Council (MBC)
Paula Holden	Public Health Information Manager	Calderdale MBC
Ruth Buchan	Chief Executive Officer	Community Pharmacy West Yorkshire
Neil Coulter	Senior Primary Care Manager	NHS England North (Yorkshire and the Humber)
Nicola Booth	Medicines Management Pharmacist	Calderdale Clinical Commissioning Group

## EXECUTIVE SUMMARY

---

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Calderdale, considers whether this meets the needs of the population, and identifies any potential gaps to service delivery.

The PNA will be used by NHS England when deciding on applications for pharmaceutical services, in accordance with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The conclusion of this PNA is that current community pharmacy service provision is sufficient in meeting the pharmaceutical needs of the local population, and that there are no gaps in current provision. This is demonstrated through the following:

- Calderdale has good coverage of necessary and other relevant pharmaceutical services across the borough in terms of choice, access and opening hours;
- Calderdale has slightly better coverage of community pharmacies when compared to England, The North of England and Yorkshire and Humber averages;
- The majority of Calderdale residents live within a one mile walk or fifteen minute public transport journey of a pharmacy;
- All areas of Calderdale have a reasonable choice of pharmaceutical services. The results of a public survey suggest that the majority of local residents are satisfied with pharmaceutical service provision;
- A wide range of enhanced or locally commissioned services are offered from community pharmacies across Calderdale, supporting the health and wellbeing needs of the local population;
- The existing distribution of pharmacies corresponds to where future new housing developments will be located;
- The PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area and the risks to the health and wellbeing of people in the area, has not identified any future needs which cannot be met by providers currently on the pharmaceutical list.
- The Health and Wellbeing Board will monitor and note any significant changes to population numbers, demographic composition and housing plans, and will make revisions to this PNA if deemed necessary, in accordance with regulations.

## 2 INTRODUCTION

---

### 2.1 PHARMACEUTICAL NEEDS ASSESSMENT

Since 1st April 2013, every Health and Wellbeing Board (HWbB) in England has had a statutory responsibility, to publish and keep up-to-date, a statement of the need for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Broadly, the PNA should describe the current range of pharmaceutical services, the need for such services and potential future need (for example, to support an ageing population or new housing development). It should identify any service gaps and highlight any new services that may be required.

The PNA is used by NHS England to assess applications for new pharmacies, to determine if the proposed pharmacy meets an identified need. Market entry is the term used to describe this process, by which applications for new premises are made, processed and determined.

PNAs are also used by NHS England and local commissioning bodies, in making decisions on which other NHS and local authority funded local services, need to be provided by local community pharmacies.

PNAs need to be sufficiently robust to withstand potential legal challenges from potential market entrants. The NHS Litigation Authority, Family Health Service Appeal Unit (FHS AU) will refer to the PNA when hearing appeals on NHS England decisions.

This PNA draws on work undertaken in producing the Calderdale [Joint Strategic Needs Assessment](#) (JSNA) and Joint Wellbeing Strategy (JWS). The PNA will not duplicate the details of the JSNA or JWS but will refer readers to those documents where they should be read in conjunction with this PNA.

The majority of pharmaceutical services are provided through a community pharmacy (also known as a chemist). However pharmaceutical services can also be accessed from distance-selling pharmacies and Dispensing Appliance Contractors (DACs) located outside of Calderdale. All pharmaceutical providers (except the hospital pharmacy, which does not provide NHS pharmaceutical services to the general public) and other relevant services have been considered as part of the assessment.

Within this assessment, a systematic approach has been taken to identify pharmaceutical need based on:

- How easy it is for communities to access pharmaceutical services;
- Ensuring adequate provision of high-quality services, linked to local priorities, as described in the Calderdale JSNA;
- Giving people a reasonable choice of provider.

In the past, PNA documents have themselves included detailed information about every community pharmacy and the range of services it provides. In order to produce a more readable document, such detail is not included here. Full details on the services offered by Calderdale community pharmacies can be found on the [NHS Choices](#) website.

For the purpose of assessing pharmaceutical services provision, it is useful to divide the Calderdale district into distinct localities. In Calderdale Metropolitan Borough Council (CMBC) service provision, Calderdale is commonly split into four service areas, made up of a number of electoral wards. The PNA will use these existing boundaries in examining population composition and pharmaceutical service coverage. Data will be presented at ward level, where possible, as these smaller geographies have the advantage of allowing for variations in health and lifestyle to be examined in greater detail. Calderdale's JSNA also provides information at ward level, thus consistency in approach will allow for the JSNA to be used effectively as a supporting document. However, it is important to note that service provision crosses boundaries and that residents of one ward can be reasonably expected to use service provision in neighbouring wards. Population characteristics on maps are displayed at a lower super output area (LSOA) level, the finest level of detail available in official Office for National Statistics outputs, in order to enable an accurate assessment of population characteristics across the district.

## **2.2 COMMUNITY PHARMACY IN IMPROVING THE PUBLIC'S HEALTH**

The community pharmacy offer for improving the public's health: A briefing for local government and health and wellbeing boards was published by the Local Government Association in March 2016. It highlighted the role that community pharmacists and their teams play working at the heart of communities in supporting individual, family and community health.

Pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment with 95 per cent of the population within 20 minutes of their local pharmacy.

Community pharmacies are not only a valuable health asset, but also an important social asset, because often they are the only healthcare facility located in an area of deprivation. Members of staff within pharmacies have the potential to play a critical role in improving the health of deprived communities, by offering convenient and equitable access to health improvement services.

Pharmacy – A Way Forward in Public Health, published in Sept 2017, sets out opportunities for commissioner and provider led action at a local level, to realise community pharmacy's key role in enabling a healthier nation.



## **2.3 COMMUNITY PHARMACY FUNDING BACKGROUND**

The average pharmacy earns 90-95% of its income from NHS services. However individual pharmacy funding varies according to the mix of over the counter sales and volume of prescriptions dispensed.

The Department of Health and NHS England imposed a 4% reduction in community pharmacy funding in 2016/17, whilst at the same time suggesting that services could be enhanced. A further reduction of 3.5% was made in 2017/18, bringing the total reduction to 7.5%. In response to this the Pharmaceutical Services Negotiating Committee (PSNC) commissioned PriceWaterhouseCoopers to conduct a study, to examine and quantify the economic contribution of 12 specific services provided by community pharmacy in England. The report focused on three broad groups of service; public health services, support for self-care and medicine support.

It was found that community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services, with a further £1.9 billion expected to accrue over the next 20 years. This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value.

Pharmacies made more than 150 million interventions through the services in 2015 and there was a benefit of more than £250,000 per pharmacy or £54.61 for every resident of England.

Breaking the combined contribution down into the areas which are benefitting, it was found that:

- The NHS received a net value of £1,352 million, including cash savings as a result of cost efficiencies, and avoided NHS treatment costs;
- Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion through increased output, avoided deaths and reduced pressure on other services such as social care and justice; and
- Patients received around £600 million, mainly in the form of reduced travel time to alternative NHS settings.

## **2.4 CONSOLIDATION OF PHARMACIES**

On 5 December 2016, amendments to the 2013 Regulations came into force, which facilitate pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

## **2.5 THE CURRENT ENVIRONMENT**

The Community Pharmacy Forward View, published by the Pharmaceutical Services Negotiation Committee (PSNC) and pharmacy voice, sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. In the scenarios outlined in the document, pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

The Community Pharmacy Forward View sets out the organisations' shared ambition for the sector, focused on three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub

NHS Five Year Forward View published in 2014 highlighted the following:

- Support and recognition for the role pharmacists can play in treating minor ailments
- Increasing focus on prevention – pharmacies are ideally placed to support this given their location and accessibility.
- Increasing the number of clinical pharmacists working within GP practices

### 3 PROCESS

---

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

A steering group was established by the Calderdale Public Health Department in May 2017 consisting of representatives from the Local Authority's Public Health Department, Calderdale Clinical Commissioning Group (CCG) Medicines Management Team, the West Yorkshire Area Team of NHS England, and Community Pharmacy West Yorkshire (CPWY), representing the professional views of local providers. The steering group has been responsible for the completion of the PNA and for ensuring that the PNA meets statutory requirements. This steering group approved the timetable, the communications plan, outline of the PNA, and the draft for consultation.

The PNA has drawn extensively on the JSNA and other relevant strategy documents, to identify relevant health and pharmaceutical care needs, including current and likely future population size and characteristics (age, ethnicity, and other relevant protected characteristics where data is available); measures of health and ill-health and service provision.

Information regarding current service provision was collected from Calderdale community pharmacies and NHS England. Where appropriate in assessing the extent to which need is met across the district, this information was mapped against population characteristics, such as population density and known demographic factors that are likely to impact on service need such as deprivation.

To develop a comprehensive assessment of pharmaceutical provision and need, it was considered imperative that key stakeholders were involved at all stages. In particular, CPWY was represented on the PNA Steering Group. CPWY is the local voice for all community pharmacies in West Yorkshire, representing over 550 pharmacies including independent pharmacies and those owned by bigger chains. The work of CPWY is guided by their current 2017-2020 Strategy, which can be viewed on the [CPWY website](#).

The opportunity for members of the public to provide views and comment to inform the PNA were made both prior to the Assessment being undertaken, in the form of a public survey, and as part of the formal consultation on the draft document. Public consultation prior to the drafting of the Assessment is not a statutory requirement, but was something that the Steering Group felt would be helpful to the process. The process of consultation is described in detail in Appendix 2.

Information gathered as part of the public survey, (see Appendix 3 for full results) together with other population level data, enables a basic assessment to be made of any specific needs of Calderdale residents who fall into the protected characteristics categories, and allows for consideration of whether current service provision is adequate to meet their needs. Other data that will inform this aspect of the PNA will include ward level local health

profiles and specific needs identified as part of the JSNA and JWS, which should be read in conjunction with this PNA.

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to publication of the final Assessment. Details of the consultation were distributed to key stakeholders, (see Appendix 2). Following the consultation period, the PNA was revised accordingly – with details provided in a “you said, we did” format, in Appendix 6.

Consultation on this draft PNA commenced on 20th December 2017 and closed on 18<sup>th</sup> February 2018.

A short consultation survey was developed to capture views and comments, with letters sent to key stakeholders directing them towards an online version of the draft PNA and consultation response form. The draft report was publicised through the following channels:

- Calderdale Council’s website (<http://www.calderdale.gov.uk/consultations/>);
- Calderdale Council’s social media Twitter account (@Calderdale);
- Calderdale Healthwatch contacts;
- Local media channels via press release;
- Voluntary Action Calderdale contacts and weekly news bulletin.

The body that approves the final PNA document is the local Health and Wellbeing Board, which includes representatives from the NHS, Local Authority and other relevant partners. The PNA will be valid for three years from 1 April 2018 to 31 March 2021, when an updated PNA will be published. However, during this period the PNA will be reviewed periodically, and if there are any major initiatives, health requirements or population changes which could have a significant impact on the Assessment, the Steering Group will make a decision as to whether a revised Assessment is required.

## 4 CONTEXT

---

The PNA for Calderdale is undertaken in the context of the needs of the local population, thus it is necessary to understand what these needs may be both now and in the future.

The health and wellbeing needs for the local population are described in the Calderdale JSNA. Other priorities taken into consideration are those highlighted in the Calderdale JWS. Detailed [JSNA ward profiles](#) have also been reviewed. Information and data from other relevant sources, including the Census, Calderdale Local Plan, Public Survey, and PHE Health Profiles have also informed this document, and enable assessments to be made of the potential pharmaceutical needs of Calderdale residents, and any local specific needs of particular groups, particularly those with protected characteristics.

This PNA does not duplicate these detailed descriptions of health needs and this document should be read in conjunction with the JSNA and the JWS

The PNA will look at what services are currently available or commissioned and whether or not these are adequate. It will also draw on any local aspirations to develop community pharmacies, and any service developments currently underway which will have a positive impact on the pharmaceutical needs of the population of Calderdale.

### 4.1 OVERVIEW OF CALDERDALE

Calderdale, with a population of over 200,000, covers 364 square kilometres and is set in the South Pennines, between the major cities and city regions of Leeds and Manchester. The largest town in Calderdale is Halifax with other towns including Brighouse, Elland, Hebden Bridge, Sowerby Bridge and Todmorden as well as a number of villages.

The M62 runs through the area, linking Calderdale to the ports of Hull and Liverpool. There are also direct rail links to Blackpool, Preston, Leeds, Manchester and London.

The district boundary is coterminous with Calderdale CCG and the borough is divided into 17 electoral wards.

### 4.2 POPULATION OVERVIEW, CHARACTERISTICS AND PREDICTED CHANGES ACROSS CALDERDALE

According to the 2011 Census, the population of Calderdale is 203,800, an increase of 11,400 since the 2001 Census. In line with national trends, this increase over the ten year period is likely to be due to both expected natural population growth and an increase in migration due to European legislation changes.

Calderdale has a population density of just 5.6 people per hectare, compared to 14.3 in Bradford, 10.3 in Kirklees, 13.6 in Leeds and 9.6 in Wakefield. Despite being a metropolitan

district, Calderdale has very strong rural elements; most of the area is classified as rural and while definitions vary, up to a quarter of its population lives in rural areas.

The latest district-level population projections are based on the 2014 ONS mid-year population estimates and assume that recent trends in migration, fertility and mortality will continue (see Table 1). These projections indicate a period of relatively rapid population growth over the coming years, with the total district population projected to grow by around 10,900 between 2014 and 2024. These projections are not forecasts of what *will* happen, since they take no account of housing constraints, policy, changes in migration, etc. - but they are indicators of the implications of current trends.

**Table 1 Calderdale Projected Population Growth 2014-2024**

Age Group	2014-2019 (n)	2014-2024 (n)	2014-2019 (%)	2014-2024 (%)
<b>0-15</b>	+1,200	+1,500	+3.2	+3.9
<b>16-24</b>	-1,700	-1,400	-7.2	-5.9
<b>25-44</b>	-600	+500	-1.1	+1.0
<b>45-64</b>	+2,700	+2,100	+4.8	+3.7
<b>65-74</b>	+1,900	+2,200	+9.3	+10.7
<b>75 plus</b>	+1,900	+6,000	+12.0	+38.0

*Source: Office for National Statistics 2014 Sub-National Population Projections for Local Authorities in England*

Changes in age and ethnicity are considered in more detail later, but significant growth is likely to be in the following areas:

- Largest growth is expected to occur in the older age groups with a 38.0% increase in those aged 75 plus and a 10.7% increase in those aged 65-74 years
- An increase of 3.9% in children aged 0-15
- A 5.9% decrease in those aged 16-24 years
- Data from the Census and National Insurance Number Registrations indicates that the growth may not be uniform across all ethnic groups, which may have implications for services

Some of these specific characteristics within the population and the potential projected changes are described in the sub-sections below and will be considered within the PNA process. Any user views on current and future service need will also be considered.

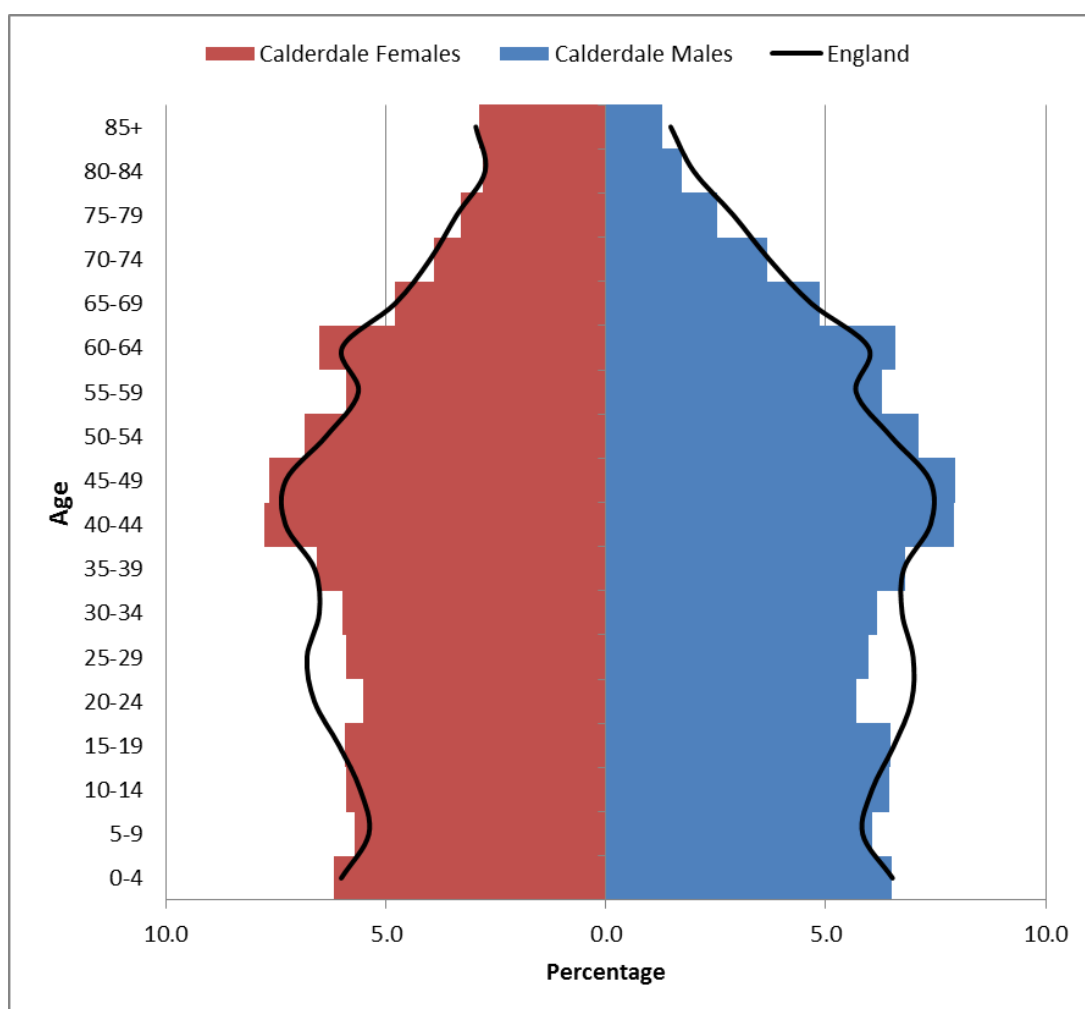
The graphs and figures below outline some of the key areas of Calderdale's population mix, characteristic and growth, specifically:

- Age
- Migration and Ethnicity
- Religion and Belief
- Disability
- Sexual orientation and Gender reassignment

#### 4.1.1 Age

Figure 1 below shows the population structure of Calderdale. From this graph it can be noted that although Calderdale has a similar population structure to the national picture, there is a lower proportion of young adults (between ages 20-30) in both the male and female populations. There are also slightly lower numbers in both male and female populations in the 40-49 year old groups and 60-64 year old groups.

**Figure 1: Calderdale population by age group and gender**

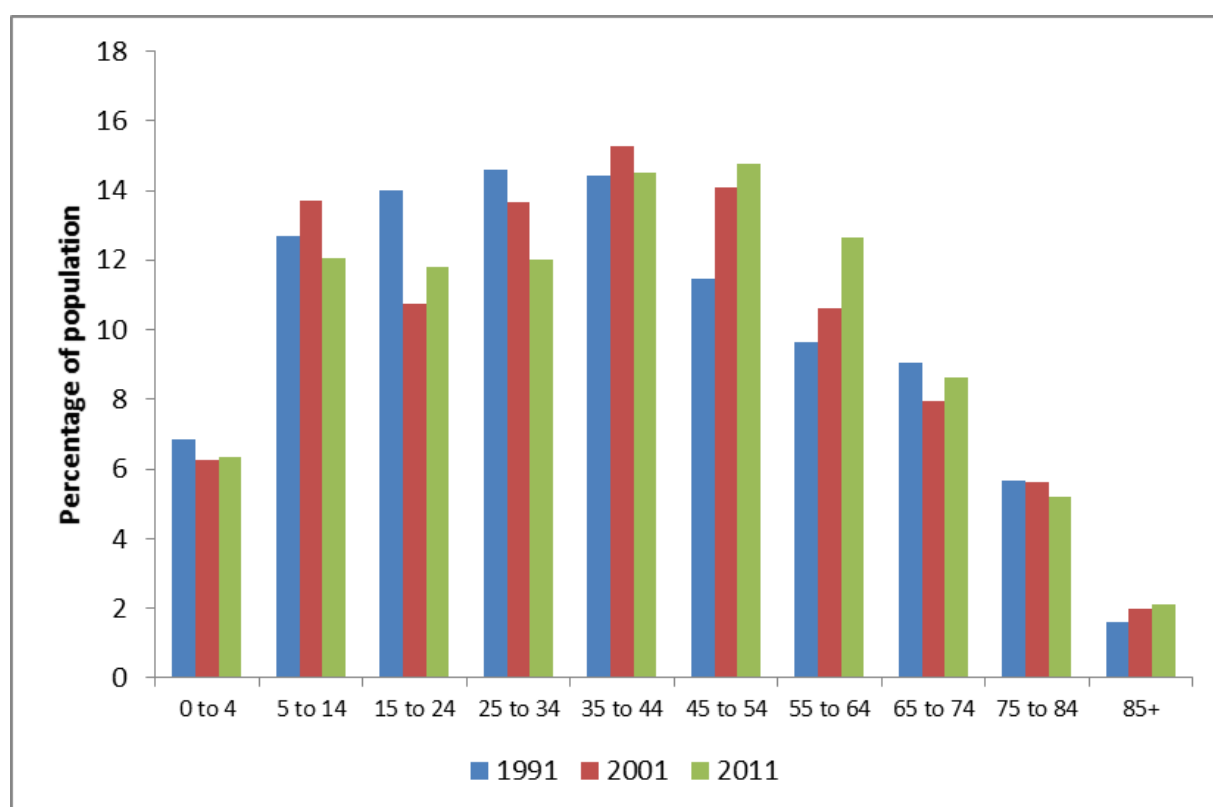


Source: Office for National Statistics 2011 Census

Figure 2, below, considers changes in the age profile of the Calderdale population between 1991 and 2011. From Figure 2 we note that:

- The proportion in the 0-4 age group has decreased slightly from 1991 and then remained static
- The proportion of children aged 5-14 is currently 12.1% which is the lowest of the three time periods
- The proportion aged 25-34 has decreased over time
- There have been large increases in the proportion and the numbers aged 45-54 and 55-64 since 1991, which may have implications for the 65 plus population within the next ten years
- The 85 plus aged population has increased steadily from in 1991 to 2011 - this may impact on services required by this older age group

**Figure 2: Calderdale Population by age**



Source: Office for National Statistics 2011 Census, 2001 Census and 1991 mid-year population estimates

#### 4.1.2 Ethnicity and Migration

Table 2 below, reveals that since the 2001 Census, the biggest increases in ethnic minority groups in Calderdale have been in the Pakistani and White Other groups, with increases of around 4,500 and 2,100 respectively. In examining country of birth data, it can be seen that most of the increase in the Pakistani population is due to natural growth (i.e. births minus deaths) rather than migration. The growth of the White Other population is likely to be as a result of increased migration.



**Table 2 Changes in ethnicity across Calderdale**

<b>Ethnic Group</b>	<b>2001 (n)</b>	<b>2011 (n)</b>	<b>2001 (%)</b>	<b>2011 (%)</b>
<b>White</b>	<i>178,982</i>	<i>182,787</i>	<i>93</i>	<i>89.7</i>
<b>White British</b>	174,775	176,732	90.9	86.7
<b>White Other</b>	4,207	6,055	2.2	3.0
<b>Asian/Asian British</b>	<i>10,942</i>	<i>16,416</i>	<i>5.7</i>	<i>8.1</i>
<b>Pakistani</b>	9,443	13,904	4.9	6.8
<b>Indian</b>	814	1,130	0.4	0.6
<b>Bangladeshi</b>	297	574	0.2	0.3
<b>Other Asian</b>	388	808	0.2	0.4
<b>Mixed</b>	<i>1,544</i>	<i>2,797</i>	<i>0.8</i>	<i>1.4</i>
<b>Black/Black British</b>	<i>427</i>	<i>899</i>	<i>0.2</i>	<i>0.4</i>
<b>Other Asian</b>	<i>481</i>	<i>927</i>	<i>0.3</i>	<i>0.5</i>

*Source: Office for National Statistics 2011 Census and 2001 Census*

The contrasting age profiles of different ethnic groups in Calderdale, as detailed in Table 3 below, coupled with possible language barriers, may have implications for service delivery - both now and into the future if not taken into consideration. The Asian ethnic category accounts for approximately 15% of 0 to 4 year olds, and 13% of 5 to 14 year olds in Calderdale, while the older population is largely white with only 3% of this age group comprising of ethnic minority groups.

**Table 3 Ethnicity and age group profile across Calderdale**

Ethnic Group	0 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+
<b>White</b>	10,333	20,397	20,597	20,349	26,461	28,371	24,696	17,056	10,283	4,224
<b>White British</b>	10,013	19,879	20,087	19,092	25,567	27,578	24,053	16,528	9,851	4,084
<b>White Other</b>	320	518	510	1,257	894	793	643	528	432	160
<b>Asian/Asian British</b>	2,017	3,297	2,772	3,492	2,438	1,266	860	448	250	35
<b>Pakistani</b>	1,713	2,890	2,379	2,820	1,890	980	677	319	205	31
<b>Indian</b>	107	115	108	328	207	110	85	47	19	4
<b>Bangladeshi</b>	80	128	105	115	65	31	15	21	14	-
<b>Other Asian</b>	117	164	180	229	276	145	83	61	12	-
<b>Mixed</b>	461	670	519	354	380	234	97	41	29	12
<b>Black/Black British</b>	61	114	101	157	188	165	56	38	17	2
<b>Other</b>	117	164	180	229	276	145	83	61	12	0

Source: Office for National Statistics 2011 Census

From Table 4 below, it can be seen that there has been an increase of around 4,300 non-UK born residents between the 2001 and 2011 Censuses. The largest relative increase has been of residents born in Poland, whose numbers have increased by around five times since 2001, from 290 to 1,575. There has also been a large increase in those born in Pakistan, with a 31% increase since 2001, from around 3,900 to 5,100.

**Table 4 Migration Changes in Calderdale**

Country of Birth	2001 (n)	2011 (n)	2001 (%)	2011 (%)
<b>UK</b>	181,488	188,590	94.3	92.5
<b>Other Europe(excl. UK)</b>	4,062	6,008	2.1	2.9
<b>Ireland</b>	1,683	1,386	0.9	0.7
<b>Poland</b>	290	1,575	0.2	0.8
<b>Asia</b>	5,443	7,412	2.8	3.6
<b>Pakistan</b>	3,906	5,125	2.0	2.5
<b>India</b>	625	763	0.3	0.4
<b>Africa</b>	597	1,012	0.3	0.5
<b>Other</b>	816	804	0.4	0.4
<b>All</b>	192,406	203,826	100	100

Source: Office for National Statistics 2011 Census

Information collected from community pharmacies show that a range of languages are spoken by pharmacy staff across Calderdale, offering support and access to some ethnic communities.

The languages reported to be spoken and offered in pharmacies at locality level are:

- Lower Valley: English, Urdu, Punjabi, Mirpuri/Potwari, Gujarati, French, Spanish
- Upper Valley: English, Urdu and Punjabi
- Halifax North & East: English, Urdu, Punjabi and Chinese
- Halifax Central: English, Punjabi, Urdu, French German, Greek, Cantonese, Mandarin, Gujarati

#### **4.1.3 Religion and Belief**

Table 5 below shows that the most prominent religion in Calderdale is Christianity, though the proportion of residents identifying as Christian has decreased by 15% since the last Census, in line with national trends. There has been a large increase in the proportion with no religion, with almost a third stating that they have no religion. There has also been a 2% increase in the proportion of residents who are Muslim.

**Table 5 Religion and Belief**

Religion Profile	2001 (%)	2011 (%)
<b>Christian</b>	75.6	60.6
<b>Buddhist</b>	0.2	0.3
<b>Hindu</b>	0.2	0.3
<b>Jewish</b>	0.1	0.1
<b>Muslim</b>	5.8	7.8
<b>Sikh</b>	0.1	0.2
<b>Other</b>	0.2	0.4
<b>No Religion</b>	17.8	30.2

*Source: Office for National Statistics 2011 Census, 2001 Census*

#### **4.1.4 Disability**

There are a number of indicators of disability, from both administrative data sources and the Census, which can be used to give an indication of the number of residents who may require some degree of extra support from a pharmacy.

Employment Support Allowance (ESA) and its predecessor Incapacity Benefit are available to working age people with severe ill-health and/or disability. 9,260 (7.1%) of Calderdale residents received ESA or Incapacity Benefit in November 2016 (Source NOMIS Local authority profile, accessed 08/12/2017).

Disability Living Allowance (DLA) – now Personal Independence Payment (PIP) is a non-means-tested benefit provided to those who become disabled before the age of 65 and need help with personal care or have walking difficulties. 3.5% (7,250) of Calderdale residents received DLA in May 2017. (Source: Office for National Statistics benefit claimants - disability living allowance, accessed 08/12/2017).

Attendance Allowance is a non-means-tested benefit paid to people aged over-65 who are severely disabled. 11.7% (4,250) of people aged over-65 claimed attendance allowance in May 2015. (Source DWP, LG Inform).

Another indicator of all residents who identify as having any form of long-term condition which affects their ability to carry out every day activities is recorded in the Census. Table 6 below demonstrates that the percentage of people in Calderdale who report having a limiting long term illness (LLTI) has fallen very slightly since 2001, but that the number in the working age group has fallen sharply to below the 1991 figure.

**Table 6 Disability profile (Source Census 1991, 2001, 2011)**

Year	All Ages		Working Age	
	Limiting long-term illness (n)	Limiting long-term illness (%)	Limiting long-term illness (n)	Limiting long-term illness (%)
1991	24,080	12.5	16,925	12.3
2001	35,322	18.4	16,056	13.7
2011	36,600	17.9	17,892	9.7

*Source: Office for National Statistics 2011 Census, 2001 Census, 1991 Census*

#### **4.1.5 Sexual Orientation**

According to the 2001 Census, there were 344 people living in a same-sex couple in Calderdale (0.23% of the population, compared to 0.16% in Yorkshire and Humber and 0.20% in England). The most recent Census of 2011, found that there were 491 people in a registered same-sex civil partnership across Calderdale, representing 0.3% of the population. Ward level data shows that there is a significantly higher proportion that is in a registered same-sex civil partnership in Calder (1.13%), Luddendenfoot (0.67%) and Todmorden (0.45%). The number living in same-sex relationships but who are not necessarily registered in civil partnerships is likely to be higher.

Nationally it has been estimated that between 6 and 7% of the population is lesbian, gay or bisexual (LGBT) and if this figure was applied to Calderdale this would equate to approximately 12,504 to 14,588 LGBT people in Calderdale in 2015. Despite the significant LGBT population in Calderdale, sexual orientation is often not recorded when people access services, so there is little local information on pharmaceutical access within this population, though the public survey did not pick up any issues related to sexual orientation.

## **4.2 CALDERDALE LOCAL DEVELOPMENT - HOUSING GROWTH**

Calderdale Metropolitan Borough Council (CMBC) has undertaken significant work in assessing and consulting on its future needs for both jobs and housing. The Authority's Local Development Plan is available [here](#),

From the [Housing Technical Paper](#) it can be seen that there is a requirement for 14, 190 new houses by 2032 - because the population is growing, people are living longer and more people live on their own.

Calderdale is currently working on developing a new [local plan](#). It will replace the Replacement Calderdale Unitary development plan (RCUDP) when it is approved, which could be in 2019.

As part of this work areas for housing growth have been identified (table 7)

**Table 7 Proposed distribution of housing growth by local plan area**

LOCAL PLAN AREA	New Housing Allocations	Planning Permissions	Windfalls	Total
<b>Halifax</b>	4,351	737	631	5,719
<b>Brighouse</b>	5,550	356	163	6,069
<b>Elland</b>	2,472	208	179	2,859
<b>Sowerby Bridge</b>	432	273	18	723
<b>Hebden Bridge</b>	149	86	20	255
<b>Todmorden</b>	354	289	156	799
<b>Mytholmroyd</b>	220	63	21	304
<b>Northowram and Shelf</b>	1,902	78	18	1,998
<b>Ripponden</b>	132	121	168	421
<b>TOTALS</b>	<b>15,562</b>	<b>2211</b>	<b>1374</b>	<b>19,147</b>

Source: Local plan initial draft 2017

The largest increase in housing is expected to occur in Brighouse and based on the current average household size figures from the Census 2011, this may result in a doubling of the population in that area. However as there are currently nine pharmacies within the Brighouse area, there would still be around 37 pharmacies per 100,000 population, which is higher than the national average of 22 per 100,000 population.

Considering the information above alongside details of current pharmacy provision, it is evident that areas of likely future growth have sufficient pharmacy coverage to meet the needs of the population.

### **4.3 HEALTH NEEDS, INEQUALITIES AND DEPRIVATION - OVERVIEW**

In September 2016, Public Health England (PHE) published its Local Health Profile for Calderdale. A Child Health Profile was also published in March 2017. This document has been used here to describe what is known about health across Calderdale, and is supplemented in this section by additional data from other sources, in order to provide a more detailed picture of health needs inequalities and deprivation. Calderdale JSNA ward profiles should be consulted together with the main JSNA and JWS in more fully understanding the health profile of Calderdale residents.

In summary of the PHE Health Profiles for Calderdale, key points to note are that:

- Deprivation is higher than average and about 22.5% children under age 16 years live in poverty
- Life expectancy for both men and women is lower than the England average
- In Year 6, 18.2% (433) of children are classified as obese, worse than the average for England
- For adults, the rate of alcohol related harm hospital stays was 596 per 100,000 which is better than the average for England. This represents 1,196 stays per year
- 65.2% of Calderdale adults were classified as obese or having excess weight
- Estimated levels of adult smoking and physical activity are worse than the England average
- For adults the rate of smoking related deaths was 319 per 100,000 which is also worse than the average for England. This represents 352 deaths per year
- The rate of alcohol-specific hospital stays among those under 18 was 38.7 per 100,000, which is worse than the average for England
- Levels of teenage pregnancy are higher than the England average.

Deprivation, low income and associated unemployment and benefit dependency are closely correlated with a wide range of indicators of poor health or low levels of wellbeing. CMBC has reviewed the Indices of Deprivation 2015 and produced a short summary of deprivation across Calderdale. In summary, the Indices of Deprivation 2015 demonstrate that out of 326 districts in England, Calderdale ranks as the 89th most deprived. This is fairly similar to 2010 when Calderdale was the 105th most deprived out of 354 districts. Deprivation is concentrated in Park, Ovenden, and Illingworth and Mixenden wards.

#### **4.4 SUMMARY OF LOCAL CONTEXT**

Section 3 of this report has aimed to provide background and local context to the assessment of pharmaceutical service provision. It has provided information on the changing demographics and proposed housing developments across Calderdale. It has also set out a summary of health, inequalities and deprivation, all of which are important factors in determining the need for services. JSNA ward profiles provide more local detail of population composition and likely health needs, thus allowing pharmaceutical service providers to see how they can contribute to the health of their local population.

In the period between the 2001 and 2011 Censuses, the population of Calderdale increased and changed in its age and ethnicity profile. Over the coming years, the population is expected to again increase in both age and numbers, and it is possible that changes to its ethnic mix will continue. An increase in population is likely to generate increased demand for pharmaceutical services, but at sub-district level changes in population size will not necessarily result in a need for an increased number of pharmaceutical service providers. It may be that the range and types of services offered from existing providers will meet the

developing needs of the population. This will be reviewed closely by those assessing and commissioning services.

To facilitate the commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board (HWbB) and its strategic partners will monitor changes in population size and composition, together with the planned and actual development of major housing sites. Where changes in need are deemed to be significant, a revised assessment will be made in accordance with regulation. The HWbB will also continue to review the changing health and socioeconomic status of the Calderdale population together with other service commissioners aim to address these needs through service development or extension of existing services.

Current health priorities in Calderdale include tackling health inequalities, obesity, tobacco and road safety/active travel. In addition to these priorities, the JSNA and JWS will also be reviewed to understand the full picture of Calderdale priorities and needs.

Further information on specific services to address population health needs will be included in later sections of this PNA.



## 5 PHARMACEUTICAL SERVICES ACROSS CALDERDALE

The PNA identifies and maps current provision of pharmaceutical services to assess whether current services are adequate and if any specific gaps exist.

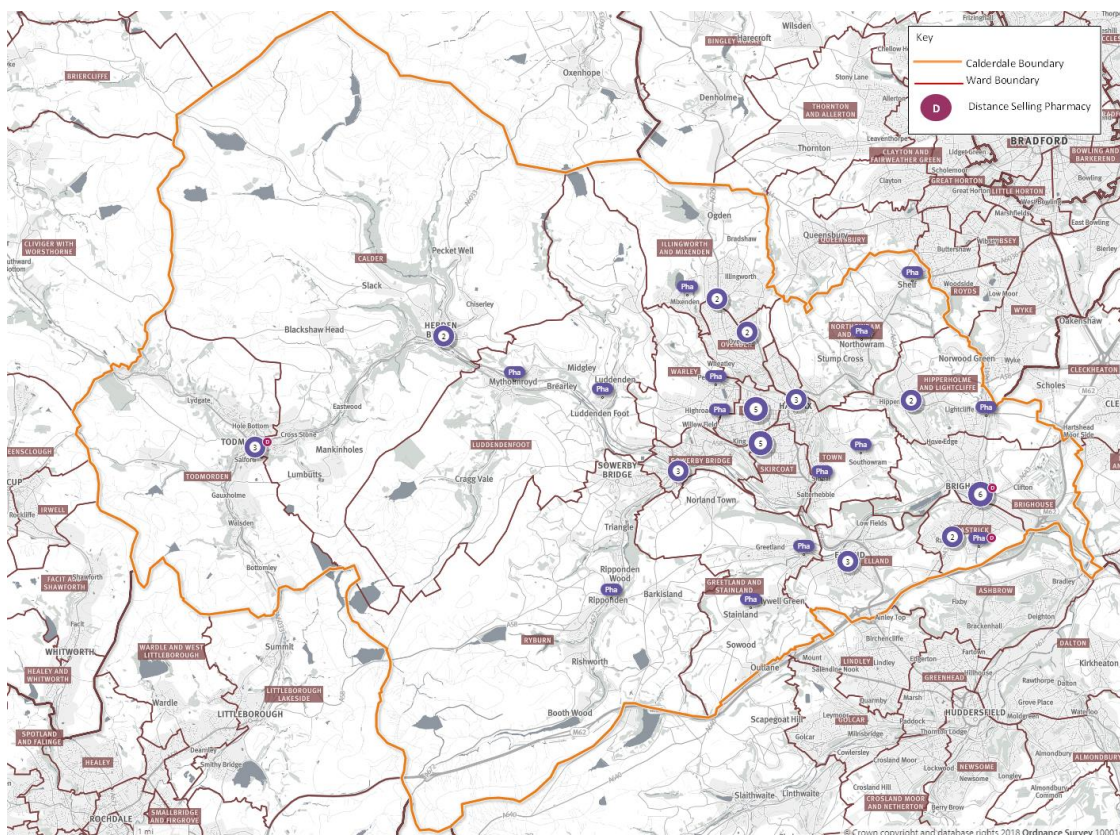
As part of the process of developing this PNA, data for all community pharmacy service providers across the Calderdale area was collated. This information is used in the PNA to make reference to geographic location, opening hours and the services that pharmacies provide.

This information is included in the PNA together with information on population, health needs and other relevant data to help provide a picture of the current service provision as part of the PNA process.

### 5.1 PHARMACEUTICAL SERVICE PROVIDERS – OVERVIEW

#### Community pharmacies

There were a total of 52 community pharmacies in Calderdale as of 1<sup>st</sup> October 2017. The map below illustrates their locations.



#### Dispensing GP practices

There are currently no dispensing practices in the Calderdale area.

## Distance selling pharmacies

There are three distance selling (otherwise known as “internet”) pharmacies within Calderdale.

A distance selling pharmacy must not provide essential face to face services. However they may provide advanced and enhanced services on the premises.

Patients have the right to access pharmaceutical services from any community pharmacy including distance selling pharmacies of their choice and therefore can access any of the many internet pharmacies available nationwide.

## Dispensing Appliance Contractor (DAC)

Contracted to the NHS, these businesses dispense appliances listed in the Drug Tariff against prescriptions issued by GPs and specialist nurse prescribers.

There are no Dispensing Appliance Contractors (DAC) in Calderdale.

However there is provision in the neighbouring areas of Burnley and Rochdale.

## Hospital pharmacies

There is one hospital pharmacy at Calderdale Royal (part of Calderdale and Huddersfield NHS Foundation Trust (CHFT)), which provides services to patients at the hospital. However it does not provide NHS pharmaceutical services to the general public

## 5.2 COMPARISON OF PHARMACEUTICAL SERVICE PROVIDERS WITH OTHER AREAS

Table 8 below illustrates the number of pharmacies by region, together with the number of pharmacies per 100,000 residents. The number of community pharmacies per 100,000 residents’ ranges from 24 in the North of England to 18 in the South.

Calderdale has a population of approximately 208,000 and 52 community pharmacy service providers, including three distance-selling pharmacies. This means that across Calderdale there are 25 pharmaceutical service providers per 100,000 people - higher than the England average of 22. This demonstrates that the Calderdale area is very well resourced in terms of community pharmacy service providers.

**Table 8 Community pharmacies on the pharmaceutical list, prescription items dispensed per month, population and average items per pharmacy by regions, England 2015-16**

Region	Number of Community Pharmacies	Prescription items dispensed per month (000s)	Average monthly items per community pharmacy	Population mid-2014 (000s)	Number of Pharmacies per 100,000 population
England	11,688	82,940	7,096	54,317	22
North of	3,723	28,542	7,666	15,259	24

<b>England</b>					
<b>Midlands and East of England</b>	3,446	24,642	7,151	16,487	21
<b>London</b>	1,853	10,455	5,642	8,539	22
<b>South of England</b>	2,666	19,301	7,240	14,032	18

Source: Health and Social Care Information Centre. General Pharmaceutical Services Report 2006-07 to 2015-16 (published November 2016) <http://www.content.digital.nhs.uk/catalogue/PUB22317/gen-pharm-eng-201516.pdf> Accessed 1st June 2017

### 5.3 PHARMACY ACCESS

The geographic location of pharmacies across the Calderdale area was considered in Section 4 of this report. This section will provide further detail on the provision of and access to pharmacy services across Calderdale in order to identify any potential access issues.

#### 5.3.1 Geographical Access

The number of pharmacies per 100,000 residents is higher in Calderdale than the England average. Table 9 below shows the number of pharmacies, number of residents, population density and pharmacies per 100,000 residents across the four localities of Calderdale.

As can be seen, Halifax Central and Lower Valley have higher numbers of pharmacy service providers per 100,000 residents than both England and the North of England, while Halifax North and East and Upper Valley have fewer.

Population densities across the four localities vary significantly. The Upper Valley area is the largest geographically, though has a largely rural landscape with its population concentrated in a few areas of the locality. The other three localities are smaller and have more urban areas, with Halifax Central being the most densely populated.

**Table 9 Community Pharmacy Service Providers by locality and relative population across Calderdale**

Locality	Number of Pharmacies	Population	Population per Pharmacy	Pharmacies per 100,000 population	Population density (per hectare)
<b>Halifax Central</b>	20	53,316	2,666	38	31.2
<b>Halifax North and East</b>	8	49,932	6,242	16	12.5
<b>Lower Valley</b>	15	57,457	3,830	26	9.8
<b>Upper Valley</b>	9	46,671	5,186	19	1.8

Source: 2014 mid-year population estimates and NHS England West Yorkshire Area Team

Map 2 (appendix 1) shows the spread of pharmacy locations across Calderdale and pharmacies within 2 miles of the Calderdale area. Map 3 shows pharmacy locations across Calderdale and population density by Lower Super Output Area (LSOA). Examining the two maps, it appears that the current location of community pharmacies across Calderdale and its localities is adequate in terms of geographic access for the resident population. This assertion is further supported by map 4 which shows accessibility of pharmacies on foot (represented by a one mile area around pharmacies). Taking into account population density, these maps suggest that there is adequate pharmacy access for the Calderdale population.

### **5.3.2 Opening times and Access**

As well as having adequate geographical access to community pharmacies, the population requires access across a range of times and days of the week.

There are 52 community pharmacies across Calderdale, including three distance selling pharmacies. The vast majority of Calderdale's community pharmacies are open Monday to Friday between 9.00am and 5.30pm with some opening earlier, between 7.00am and 8:30am. The majority of community pharmacies close between 5.30pm and 6.45pm. 15 pharmacies remain open after 6.30pm; four are open until 10.00pm, three until 10.30pm and three until 11.00pm.

There are 34 pharmacies open on a Saturday, with opening times from 6.30am and closing times that range from 5.30pm to 11.00pm. Twelve pharmacies open on a Sunday with one remaining open until 9.00pm, one open until 9.30pm and one open until 10.00pm. Community pharmacy opening times can be accessed via the [NHS Choices](#) website.

One distance selling pharmacy is open 7 days a week from 9am to 6pm with extended opening until 8pm on three of the days. However distance pharmacies cannot offer face-to-face essential services.

Across Calderdale there are eight 100-hour pharmacies. These are included in the Pharmaceutical List under Regulation 13(1) (b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services. These 100-hour pharmacies are:

- Brighouse Pharmacy, Brighouse;
- Elland Pharmacy, Elland;
- King Cross Pharmacy, Halifax;
- Ovenden Pharmacy, Halifax;
- Queens Road Pharmacy, Halifax;
- Sowerby Bridge Pharmacy, Sowerby Bridge;
- Tesco In-Store Pharmacy, Halifax;
- Tesco In-Store Pharmacy, Brighouse.

These 100-hour pharmacies are located across most localities, as shown in Table 10 below. Whilst there are no 100-hour pharmacies in the Upper Valley, four Upper Valley pharmacies

are open on Saturdays. In addition, two pharmacies in Upper Valley open on Sundays. On Monday to Friday there is provision until at least 6.30pm in Hebden Bridge and until 7.30pm in Todmorden.

**Table 10 100-Hour Pharmacies across Calderdale by locality**

Locality	Number
Halifax Central	4
Halifax North and East	1
Upper Valley	0
Lower Valley	3

Maps showing the geographic locations of 100-hour pharmacies and those open on Saturdays and Sundays are presented in appendix 1.

There are also two pharmacies that are open for 90 hours; Asda and Lloyds in Sainsbury's both in Halifax.

Information on opening times, location and population spread suggest that access to community pharmacies across Calderdale is adequate.

NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days when pharmacies are traditionally closed. NHS England is also responsible for working with community pharmacies to ensure an adequate rota service is in place for all other Bank Holidays. Publication of Bank Holiday opening hours can be found on the [NHS Choices](#) website; in the local press and in the Directory of Services (DoS) for the NHS 111 services.

### **5.3.3 Access for people with disabilities**

There are 52 community pharmacies across Calderdale, three of which are distance selling pharmacies.

The Equality Act 2010 sets out a framework which requires providers of goods and services, not to discriminate against persons with a disability. As such, it is expected that each pharmacy would make reasonable adjustments as required in order to allow the person to access the service.

The public survey highlighted that around 89% of those surveyed who had a blue badge were unable to park within 10 metres of their usual pharmacy (appendix 3). However 31 pharmacies have disabled parking (table 11) and there is provision across most wards.

Table 11 below shows that 34 pharmacies have wheelchair access, with provision being available in most wards.

97% of pharmacies that responded to the survey (appendix 4) said they offer prescription collection services and 85% of pharmacies provide a delivery service free of charge.

When all this information is looked at together it shows that across Calderdale, community pharmacies provide reasonable access or extended service provision for people with disability or mobility impairments. However, it is noted that this situation can always be improved.

**Table 11 Pharmacies with wheelchair access and disabled parking by ward**

Ward	Wheelchair Access	Disabled parking
Brighouse	3	2
Calder	2	1
Elland	2	2
Greetland and Stainland	1	1
Hipperholme and Lightcliffe	2	3
Illingworth and Mixenden	1	1
Luddendenfoot	2	2
Northowram and Shelf		2
Ovenden	2	2
Park	6	4
Rastrick	2	2
Ryburn		1
Skircoat	3	2
Sowerby Bridge	1	1
Todmorden	1	
Town	5	4
Warley	1	1
<b>Total</b>	<b>34</b>	<b>31</b>

Source: NHS Choices December 2017

## 5.4 PHARMACEUTICAL SERVICES – RANGE AND PROVISION

In the following section, the range and provision of services provided by community pharmacies in Calderdale is considered. Community Pharmacies provide four tiers of Pharmaceutical Services:

- Essential Services – services all pharmacies are required to provide;
- Advanced Services – services to support patients with safe use of medicines;
- Enhanced Services – services that can be commissioned by NHS England;
- Locally Commissioned Services – services that are mainly commissioned by the CCG and / or the local authority but can also be commissioned by others including NHS England local Area Teams.



### **5.4.1 Essential Services**

All community pharmacies are required to provide all essential services. These services are:

- Dispensing medicines and actions associated with dispensing;
- Dispensing appliances;
- Repeat dispensing;
- Disposal of unwanted medicines;
- Public health campaigns (see 5.4.2 below);
- Signposting;
- Support for self-care;

All these services are provided under a clinical governance framework which includes clinical audit.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide evidence will be asked to provide an action plan, outlining with timescales how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

All pharmacies across Calderdale have been assessed as compliant with the contract to date. NHS England will continue work, previously undertaken by NHS Calderdale, to work with pharmacies and their representative organisation to provide this assurance of service delivery.

### **5.4.2 Public Health Campaigns**

As part of the essential services, at the request of NHS England, community pharmacies offering NHS services are required to participate in up to six campaigns each year to promote public health messages to their users. Participation in these campaigns is part of the community pharmacy essential services remit.

### **5.4.3 Advanced Services**

In addition to essential services, the community pharmacy contractual framework allows for community pharmacy contractors to provide Advanced Services once accreditation requirements have been met. Currently there are six advanced services; Medicines use review (MUR), Stoma Appliance Customisation Service(SAC), Appliance Use Review Service(AUR), New Medicines Service (NMS), Flu Vaccination Service, NHS Urgent Medicine Supply Advanced Service (NUMSAS) . Each of the advanced services is intended to support and empower patients to optimise the safe and effective use of their medicines or appliances and to reduce waste. Further information about these services can be found on the [PSNC](#) website.

There is a good distribution of MUR, NMS Advanced Services and stoma appliance review across Calderdale, as shown in Table 12 below. Whilst there is less provision of NUMSAS at ward level, Table 13 shows that there is provision in most localities across Calderdale. It is

expected that there will be another three pharmacies providing NUMSAS in the near future (two in Park and one in Rastrick).

**Table 12 Advanced Service Provision from Community Pharmacies across Calderdale by ward**

Ward	MUR	Flu	NUMSAS	Stoma appliance review	NMS
Brighouse	5	4	2	3	6
Calder	1	2	1	1	
Elland	3	1	1	1	1
Greetland and Stainland	2	1		2	
Hipperholme and Lightcliffe	3	2	1	3	2
Illingworth and Mixenden	2	1		2	2
Luddendenfoot	2	2	1	2	2
Northowram and Shelf	2	1	1	1	1
Ovenden	2	2		1	1
Park	7	5		3	5
Rastrick	3	1		2	
Ryburn	1	1		1	
Skircoat	3	2	1	2	2
Sowerby Bridge	3	2	1	1	1
Todmorden					
Town	5	5		4	5
Warley	1	1		1	

Source: NHS England 4<sup>th</sup> Dec 2017

**Table 13 Advanced Service Provision from Community Pharmacies across Calderdale by locality**

Locality	MUR	Flu	NUMSAS	Stoma appliance review	NMS
Halifax Central	18	14	2	10	13
Halifax North and East	7	5	1	5	4
Lower Valley	16	9	4	11	9
Upper Valley	4	5	2	4	2

Source: NHS England 4<sup>th</sup> Dec 2017

It should be noted that patients requiring appliance or stoma services can also access these from pharmacies and Dispensing Appliance Contractors (DACs) from outside of the Calderdale area. In addition, some stoma and appliance providers offer personalised services directly to patients in their own homes, providing another access route into these services.



## NHS Influenza Vaccination Services

The flu vaccination service is commissioned nationally by NHS England. It has been commissioned to increase uptake in the 'at-risk' patient group aged 18+ while ensuring that other patients groups listed have choice of where to access flu vaccination. Increasing flu vaccine uptake in clinical risk groups is important because of increased risk of death and serious illness if people in these groups catch flu.

This service is a great opportunity for community pharmacies to offer both opportunistic access to vaccination service without the need for an appointment and to target those requiring vaccination in at-risk groups alongside the dispensing process in order to improve the uptake of flu vaccination in at-risk groups. The service can only be offered by those pharmacies that have undertaken appropriate training and have been deemed competent to administer vaccinations. A full service specification and additional information regarding this service can be found on the [NHS Flu Service pages at NHS England](#). This is another example of community pharmacies delivering public health services, which improve access.

Table 12 shows that there is a good distribution of pharmacies providing flu vaccinations across Calderdale.

### 5.4.4 Community Pharmacy Enhanced and Locally Commissioned Services

Pharmaceutical service providers are an important part of primary care and public health advice and support. As well as dispensing prescription medicines, they provide important information about medicines, self-care, general health care and other sources of healthcare advice and support to local communities.

The third tier of Pharmaceutical Service provided by community pharmacies is that of Enhanced Services. Services can only be referred to as Enhanced Services if they are commissioned by NHS England. In Calderdale, such services include a minor ailments scheme, advice to care homes and head lice treatment. Currently advice and access to specific palliative care drugs is provided by four pharmacies, though this is under review by NHS England, and a new service is due to start on 1<sup>st</sup> April. The new service is considering access both in terms of geography and opening hours. The range of enhanced services available across Calderdale is shown in Table 14.

**Table 14 Current provision of enhanced pharmaceutical services on offer across Calderdale (Correct as at December 2017)**

Ward	Care home services	Head lice	Minor Ailments
Brighouse		3	3
Calder		3	3
Elland		2	3
Greetland and Stainland		1	1
Hipperholme and Lightcliffe	1	1	1
Illingworth and Mixenden		2	2
Luddendenfoot		2	2
Northowram and Shelf	1	1	1

Ovenden		2	2
Park	1	7	7
Rastrick		1	1
Ryburn		1	1
Skircoat		3	3
Sowerby Bridge		2	1
Todmorden			1
Town	1	4	5
Warley		1	1

Data from NHS England

Pharmaceutical services can also be commissioned by CCGs or local authorities, and in this case they are referred to as “locally commissioned services”. Across Calderdale a number of locally commissioned services are available. These include stop smoking services (commissioned by South West Yorkshire Partnership Trust, sexual health services (commissioned by CHFT) and a needle exchange scheme.

Table 15 details the range of services commissioned and the numbers of pharmacies commissioned to provide the service in each ward.

**Table 15 Current provision of services “Locally Commissioned” offer across Calderdale (correct as at December 2017)**

Ward	Stop smoking	Needle Exchange	Supervised consumption	Sexual Health
Brighouse	1	1	4	4
Calder Valley	2	1	3	3
Elland	1	1	2	2
Greetland and Stainland	1	0	2	1
Hipperholme and Lightcliffe	1	0	3	1
Illingworth and Mixenden	2	2	2	1
Luddendenfoot	1	0	2	2
Northowram and Shelf	2	0	2	1
Ovenden	2	0	3	1
Park	6	5	7	5
Rastrick	1	1	1	1
Ryburn	1	0	1	1
Skircoat	1	2	3	3
Sowerby Bridge	3	2	2	1
Todmorden	1	1	1	3
Town	4	1	6	1
Warley	1	1	1	0

Tables 14 and 15 evidence that across Calderdale a range of locally commissioned services or enhanced services are available outside the standard “core” pharmaceutical contract.

In the next section the link between health needs and pharmaceutical services across Calderdale will be considered in more detail.

## **5.5 PHARMACY SURVEY RESULTS**

A survey of community pharmacies was conducted to inform the PNA, the detailed results of which can be found in appendix 4. 34 pharmacies responded to the survey, giving a response rate of 68%. The survey demonstrated a high level of willingness from pharmacies to provide new services if they are commissioned to do so.

## 6 LOCAL HEALTH NEEDS AND PHARMACEUTICAL SERVICES

---

Health needs, inequalities and deprivation across Calderdale were described in section 3.4 of this PNA. The JSNA, JWS and PHE Local Health Profile for Calderdale also give more detailed information on the state of the populations' health.

In summary, some of the key health issues for Calderdale (2016) are:

- Life expectancy for both men and women is lower than the England average;
- In School Year 6 (age 10-11) 18.6% of children are classified as obese, worse than the average for England;
- 65.2% of Calderdale adults were classified as having excess weight;
- For adults, the rate of alcohol related hospital stays is 596 per 100,000, which is worse than the average for England and represents 1,196 stays per year;
- Estimated levels of adult smoking and physical activity are worse than the England average;
- For adults, the rate of smoking related deaths is 319 per 100,000, which is worse than the average for England, and represents 352 deaths per year;
- The rate of alcohol-specific hospital stays among those under 18 is 38.7 per 100,000. This is worse than the average for England, representing 18 hospital stays per year;
- Levels of teenage pregnancy are higher than the England average.

The most recent information shows that:

- 6.2% of patients aged 17+, recorded on practice registers have diabetes mellitus, compared to 6.5% nationally
- The estimated prevalence of opiate or crack cocaine users aged 15-64 years is 7.9 per 100,000 (1,058 adults) which is consistent with the national average;
- The estimated prevalence for those injecting opiates or crack cocaine population is 1.89 per 100,000 (253 adults);
- The percentage of patients with established hypertension as recorded on practice registers is 13.6% (28,579 adults) but the estimated prevalence of hypertension (2011 data) in Calderdale is thought to be 25.5%, showing a significant level of undetected hypertension;
- It is estimated that only approximately 25.6% of the adult population eat five or more portions of fruit or vegetables a day.

The tool also shows significant levels of smoking, obesity and physical inactivity in the Calderdale population, which is consistent with other health need analyses.

### 6.1 PUBLIC HEALTH NEEDS AND PHARMACEUTICAL SERVICES PROVISION

Providers of pharmaceutical services have a very important role to play in improving the health and wellbeing of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services.

Community pharmacies can directly contribute to the local public health agenda in a number of ways, including but not limited to:

- Motivational interviewing;
- Providing education, information and brief advice;
- Providing on-going support for behavioural change;
- Signposting to other services or resources.

In section 5.4.4, enhanced and locally commissioned services available across Calderdale were outlined. These locally commissioned services are provided to support the public health agenda. The range of services provided by community pharmacies varies due to several factors, including: the “need” for a service (which in turn affects how many/which pharmacies are commissioned), availability of accredited pharmacists, capacity issues in the pharmacy and changes to service level agreements.

Looking at some of the specific health needs across Calderdale, described above, and linking this to current commissioned services we can see that community pharmacies across Calderdale are actively involved in supporting the health and wellbeing of the population.

#### **6.1.1 Smoking**

Smoking is the single biggest cause of preventable death in Calderdale and in Britain, claiming more lives each year than the next six most common risk factors combined. Tobacco use is a major cause of coronary heart disease, lung and other cancers, and respiratory diseases, particularly Chronic Obstructive Pulmonary Disease (COPD).

Around 390 people in Calderdale die from smoking related illnesses each year, this is significantly worse than the England average. The estimated cost to the NHS each year of treating diseases caused by smoking is upwards of £5 billion.

The estimated prevalence of smoking in adults across Calderdale in 2015 was 18.7%.

In 2016, secondary school students (years 7 and 10) across Calderdale completed an anonymous, online electronic survey about their health and wellbeing. 3.8% of respondents stated that they used tobacco daily.

Across Calderdale, 29 pharmacies are commissioned locally to provide Stop Smoking Services. Further details of the [stop smoking services](#) offered by community pharmacies across Calderdale can be found on the CPWY website.

A map of the current provision of Stop Smoking Services commissioned from community pharmacies can be found in appendix 1. From this we can see that there is good provision of these services across Calderdale with appropriate geographical spread, allowing good access.

In addition to these services commissioned from community pharmacies, there are also other smoking cessation services offered by GP practices and other accredited providers across Calderdale.

### 6.1.2 Sexual Health

Although sexual health services may be required universally, the burden is not evenly distributed across society, thus the age and gender structure of the population has important implications for sexual health and maternity services.

Chlamydia screening is a nationally mandated public health programme (NCSP) which transferred to Local Authorities to commission from 1st April 2013. As the main commissioners of sexual health services, CMBC commission services through CHFT who sub commission from a number of providers to deliver a range of sexual health and contraceptive services, including from community pharmacies.

The CMBC supply of Emergency Hormonal Contraception (EHC) through Community pharmacists has a crucial role in preventing unwanted pregnancies by providing fast, convenient, local access to EHC without an appointment, often out of hours.

The Emergency Hormonal Contraception Service (EHC Service) aims to:

- Increase access to EHC and sexual health advice;
- Increase choice of health care professionals who can provide EHC free of charge;
- Reduce the rate of unintended pregnancies, in particular among women under-25 years of age;
- Direct clients who fall outside the protocol or who need advice on ongoing contraception into mainstream contraceptive services and appropriate healthcare services;
- Improve Chlamydia diagnosis, particularly among 15-24 year olds and referral onto other sexual health services, as necessary for other screening and treatment.

Community Pharmacies are commissioned:

- To supply free condoms (no age restrictions apply);
- To supply free chlamydia testing kits to people in the eligible population;
- To supply emergency hormonal contraception to women under twenty-five years old and those women who are receiving certain benefits or who are exempt from prescription charges.

Map 11a in appendix 1 shows those pharmacies commissioned to provide sexual health services mapped to include the population density of people aged 16-24 years (who are known to be the most frequent users of these services). Sexual health services have also been mapped against deprivation (map 11b). These show that there is adequate service provision in both the most deprived areas as well as in those areas with the highest concentration of 16-24 year olds. In addition to this, EHC can also be accessed from the three sexual health services in Calderdale located in Halifax centre, Brighouse and Todmorden or from their GP. Overall there is a good provision of EHC across Calderdale.

### **6.1.3 Alcohol reduction services**

Alcohol abuse has a significant impact on the health and wellbeing of individuals and also on the wider community and society as a whole. As was noted in Section 3.4, above, across Calderdale there are some significant issues related to alcohol abuse with a rate of alcohol related hospital stays for adults of 596 per 100,000. This represents 1,196 stays per year and is worse than the average for England. In addition the rate of alcohol-specific hospital stays among those under 18 was 38.7 per 100,000. This represents 18 hospital stays per year, which again is worse than the average for England.

Local authorities are responsible for the commissioning of alcohol prevention and treatment services as of April 2013. Alcohol misuse has an impact on the whole community through crime, health and wellbeing, affecting families and the wellbeing of children, placing a strain on key health services and local authority resources. From April 2018 CMBC will no longer commission an Alcohol Intervention and Brief Advice Service from accredited community pharmacies across the area.

### **6.1.4 Drug Misuse**

Drug use causes a wide range of health and social harms including damage to physical and mental health. It can affect unborn babies and it can expose drug users to the risks of overdose and infection from blood borne viruses. Drug use contributes towards wider public health risks as a result of discarded drug paraphernalia and unprotected sex. Drug use also limits the ability to work, to parent and to function effectively in society. It contributes to social exclusion and makes it difficult for people to play full and active roles in society as a result of their vulnerability. Public Health protective measures include vaccination against Hepatitis B and screening for Hepatitis C.

From the Public Health England [Healthier Lives](#) project described above we can see that across Calderdale:

- The estimated prevalence of opiate or crack cocaine users aged 15-64 years is 7.9 per 100,000, (1,058 adults) which is consistent with the national average;
- Of these the estimated prevalence for those injecting opiates or crack cocaine population is 1.89 per 100,000 (253 adults).

The current service for drug misusers across Calderdale is provided by South West Yorkshire Partnership Foundation Trust (SWYFT). The core aims of the service are:

- To reduce drug related harm to communities, individuals and their families in Calderdale;
- To provide drug treatment in Calderdale, based on the best possible evidence that will have positive outcomes on health, crime, personal and social functioning;
- To promote a holistic client-centered approach to recovery involving the service user every step of the way to help them with their drug problem.

In addition, community pharmacies across Calderdale are commissioned to provide needle/syringe exchange and supervised consumption of controlled substances.

In summary the supervised consumption element of the service targets high-risk substance use in all areas of Calderdale with an aim to reduce mortality and morbidity risks among high-risk drug users; to link clients with treatment, social, and health services; and to provide the target population with safe, clean, and designated space within pharmacies where supervised consumption of Methadone & Subutex can be undertaken.

The needle exchange element of the service aims to provide needle exchange facilities in all areas of Calderdale where levels of intravenous drug use pose a challenge to public health. This helps to protect the public from health risks associated with coming into contact with discarded injecting equipment; provides opportunities for intravenous drug users to exercise some responsibility with their drug use and promotes 'safer' drug use within the community, for drug users themselves and their families.

Maps outlining the location of pharmacies across Calderdale which provide needle exchange and/or supervised consumption services, linked to deprivation can be found in appendix 1.

These show that there is currently a good geographic spread of these service providers.

#### **6.1.5 Public Survey**

In addition to the population health information and relevant demographic data used to support this PNA process, a public survey was carried out. The survey, which asked about pharmacy use, was run in July/August 2017. The survey was completed by 151 people, with 89% of respondents being White British (compared to 87% in the general population) and 64% of respondents being female (compared to 51% in the general population of Calderdale). There was a high level of respondents in the age 45-64 age group, with 51% of respondents to the survey being aged 45-64 compared to 27% in the total population of Calderdale. There were a disproportionately large number of responses from Todmorden residents and it is suspected there were duplicate responses from one or more persons. Therefore analysis was conducted separately for Todmorden residents.

There was an increase from the previous survey in the percentage of respondents who would like to access health tests, vaccinations, health and medicines advice, online ordering and stop smoking services if they were available at their pharmacy.

The majority of respondents use the same pharmacy each time. Just over half of respondents travel to their pharmacy by car. The highest proportion of respondents wanted the pharmacy to be located close to their home, followed by being close to their GP surgery. Having public transport links nearby was also important.

Appendix 3 provides detailed survey results.

## **6.2 SERVICE IMPROVEMENTS AND FUTURE DEVELOPMENTS FOR COMMUNITY PHARMACY**

There are a number of local developments and service improvements underway to support community pharmacies, which could impact on future service needs and widen the offer that community pharmacies can provide to potential commissioners.



### 6.2.1 Healthy Living Pharmacy Initiative

The Healthy Living Pharmacy (HLP) concept has been described in a number of strategic papers including *The community pharmacy offer for improving the public's health* published in 2016, which recognised the contribution that Healthy Living Pharmacies can make to public health services.

The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise, with pharmacies aspiring to go from one level to the next.

The Healthy [Living Pharmacy \(HLP\) framework](#) is a tiered framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

It is also an organisational development framework underpinned by three enablers of:

- Workforce development – a skilled team to pro-actively support and promote behavioural change, improving health and wellbeing;
- Premises that are fit for purpose;
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

Achieving HLP level 1 (self-assessment) is now a Quality Payment criterion for the Quality Payments Scheme 2017/18

The Healthy Living Pharmacy programme continues to develop both nationally and across West Yorkshire. Nationally, Public Health England, who now hosts the Healthy Living Pharmacy programme, wants to ensure that all community pharmacies have the opportunity to gain Healthy Living Pharmacy status. Healthy Living Pharmacy is the foundation level needed for the skills development, culture change and practical planning needed to enable community pharmacy to play a greater role in the delivery of quality health and wellbeing services to the public at a local level. The aim is to create a network of “community health and wellbeing hubs”

As of December 2017 there are 39 Healthy Living Pharmacies in Calderdale and 470 across West Yorkshire.

Clearly the HLP initiative provides real scope for the continued development of community pharmacy services across both Calderdale and the wider West Yorkshire area.

A Healthy Living Pharmacy (HLP) register is available on the Royal Society for Public Health (RSPH) [website](#)

### 6.2.2 Minor Ailment and Head Lice Service

NHS England's West Yorkshire Area Team currently commission a Minor Ailment Service and a standalone Head Lice service from community pharmacies across the Calderdale area. Pharmacists must be accredited to provide these services.

The key aim of the Minor Ailment scheme is to improve access and choice for people with minor ailments by:

- Promoting self-care through the pharmacy, including provision of advice, printed information relevant to the minor ailment and where appropriate medicines without the need to visit the GP practice;
- Operating a referral system from local medical practices;
- Supplying appropriate medicines at the NHS expense to patients who are exempt from prescription charges;
- Improving primary care capacity by reducing medical practice workload related to minor ailments.

The pharmacies offering this service will provide advice (including printed information) and support to people on the management of minor ailments including, where necessary, the supply of medicines (free of charge to those exempt from prescription charges) for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription.

The key aim of the Head Lice service is to improve access and choice for people with head lice by:

- Promoting self-care through the pharmacy, including provision of advice, printed information and where appropriate treatment without the need to visit a GP practice;
- Supplying appropriate detection combs;
- Removing the payment barrier by supplying head lice treatments free of charge to patients who are normally exempt from prescription charges. For patients not exempt from prescription charges the patient can either pay the cost of the treatment over the counter (as per essential service 6) or the current NHS prescription charge, whichever is the cheaper;
- Providing evidence-based treatments;
- Improving primary care capacity by reducing medical practice workload related to head lice.

Further information regarding these services can be found at the [Minor Ailments and Head Lice Services website pages](#) of CPWY.

These two services seem to be well used by the public. They provide a service which would otherwise have to be offered via a GP practice, taking up valuable appointments which can therefore be accessed by the public for other issues that cannot be currently managed routinely in a community pharmacy.

### **6.2.3 Services to Care Homes**

Care Home services are commissioned by NHS England West Yorkshire Area Team to provide medicines governance advice from community pharmacies into care homes across Calderdale. The care home service is limited by NHS England in its commissioning from a small number of pharmacy contractors. This commissioning decision is to ensure that a

small number of pharmacies are experts in providing this service. The service is provided by this small number of pharmacies to all care homes within Calderdale.

The service exists to assist care homes in having systems and processes that ensure the safe and secure handling of medicines.

The Medicines Governance to Care Home Service aims to improve patient safety within care homes. There is a particular focus on the ordering, storage, administration and disposal of medicines and appliances; use of residents' own medicines (prescribed and purchased); and systems and records required to facilitate the sharing of information about the person's medicines when they move from one care environment to another.

In addition to improving patient safety it is expected that the service will have other positive outcomes, including:

- Reduced medicines wastage in care homes;
- Reduced risk of errors on administration of medicines (by supporting good medicines handling practice);
- Improved compliance of the care home with the national minimum standards and legislation relating to handling and storage of medicines;
- Identification of issues relating to the supply of medication from the community pharmacy;
- Identification of training needs relating to medicines and medicines management.

This will be assessed by:

- Measurable improvement in compliance in the areas audited;
- Increase in the ratio between the number of indicators that are met and indicators not met over subsequent visits;
- A high level of implementation of the action plan points by the care home assessed at subsequent visits.

Further details, including the full service specification can be found on the [Care Home Service pages](#) of the CPWY website.

#### **6.2.4 NHS Urgent Medicine Supply Advanced Service (NUMSAS)**

The West Yorkshire Pharmacy Urgent Repeat Medicine (PURM) Service has been replaced by the nationally commissioned NHS urgent Medicine Supply Advanced Service (NUMSAS). This service is a pilot and will run until September 2018 to determine whether it will be continued. Its purpose is to facilitate appropriate access to repeat medication out of hours and relieve pressure on urgent and emergency care services by enabling access to repeat medicines, where appropriate, for patients in emergency situations.

Patients access this service via NHS 111. The service is offered from several locations across the Calderdale area (as shown in table 12). The service can also be accessed by Calderdale residents from pharmacies outside Calderdale.

### **6.2.5 Palliative Care Drugs**

Pharmacies commissioned to provide this service stock a locally agreed list of medicines and make a commitment to ensure that users of the service have prompt access to these medicines, in response to the presentation of an NHS prescription, during the pharmacies' contracted opening hours. It should be noted that other pharmacies will routinely stock many, if not all, of these drugs as part of their usual dispensary stock.

In the event of there being insufficient stock to fill an immediate need the pharmacy will liaise with another community pharmacy in the service with stock and/or other local community pharmacies. The pharmacy will aim to locate a pharmacy with sufficient in-date stock and request that they reserve that stock for collection by the user. If no further stock can be located the pharmacy will contact the prescriber to discuss a suitable alternative.

This service is currently under review by NHS England and a new West Yorkshire wide service will be commissioned from 1<sup>st</sup> April 2018.

## 7 CONCLUSIONS

---

- Community pharmacies have an important role to play in improving the health and wellbeing of the Calderdale population. As well as their core offer of essential and advanced services, they contribute to the identified health needs of the population in a number of ways, including motivational interviewing, providing information and brief advice, providing on-going support for behaviour change and signposting to other services;
- Calderdale has good coverage of pharmaceutical services across the borough, in terms of choice, access and opening hours, with no gaps in the current provision of necessary or other relevant services. The area as a whole has slightly better coverage of community pharmacies than the England average;
- The majority of Calderdale residents live within a two mile walk or a 15 minute public transport journey of a community pharmacy, and public survey results suggest that the majority of residents are satisfied with pharmacy provision. There were some issues identified around lack of disabled parking, which pharmacies should consider. Comments provided by this survey will be fed back to community pharmacy contractors and used to plan future service provision with commissioners;
- The current locations of community pharmacies and provision of pharmaceutical services fit well with future planned housing developments and expected population change. The PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area and the risks to the health and wellbeing of people in the area, has not identified any future needs which are not already met by providers currently on the pharmaceutical list. The Health and Wellbeing Board will monitor the development of major housing sites and revise this PNA if deemed necessary, in accordance with regulation.

## 8 FURTHER RESOURCES

---

Calderdale JSNA [www.calderdale.gov.uk/jsna](http://www.calderdale.gov.uk/jsna)

LGA & PHE (2016) The community pharmacy offer for improving the public's health; A briefing for local government and health and wellbeing boards.

PHE (2017) Pharmacy: A way forward for public health

PCSN and Pharmacy Voice (2016) Community Pharmacy Forward View

NHS England (2014) Five year forward view

Public Health England Public Health Profiles <http://fingertips.phe.org.uk/>

Calderdale IMD 2015 Results at LSOA, Neighbourhood and Ward

<https://dataworks.calderdale.gov.uk/dataset/calderdale-imd-2015-results-at-lsoa--neighbourhood-and-ward>

## 9 APPENDICES

---

### APPENDIX 1 MAPS

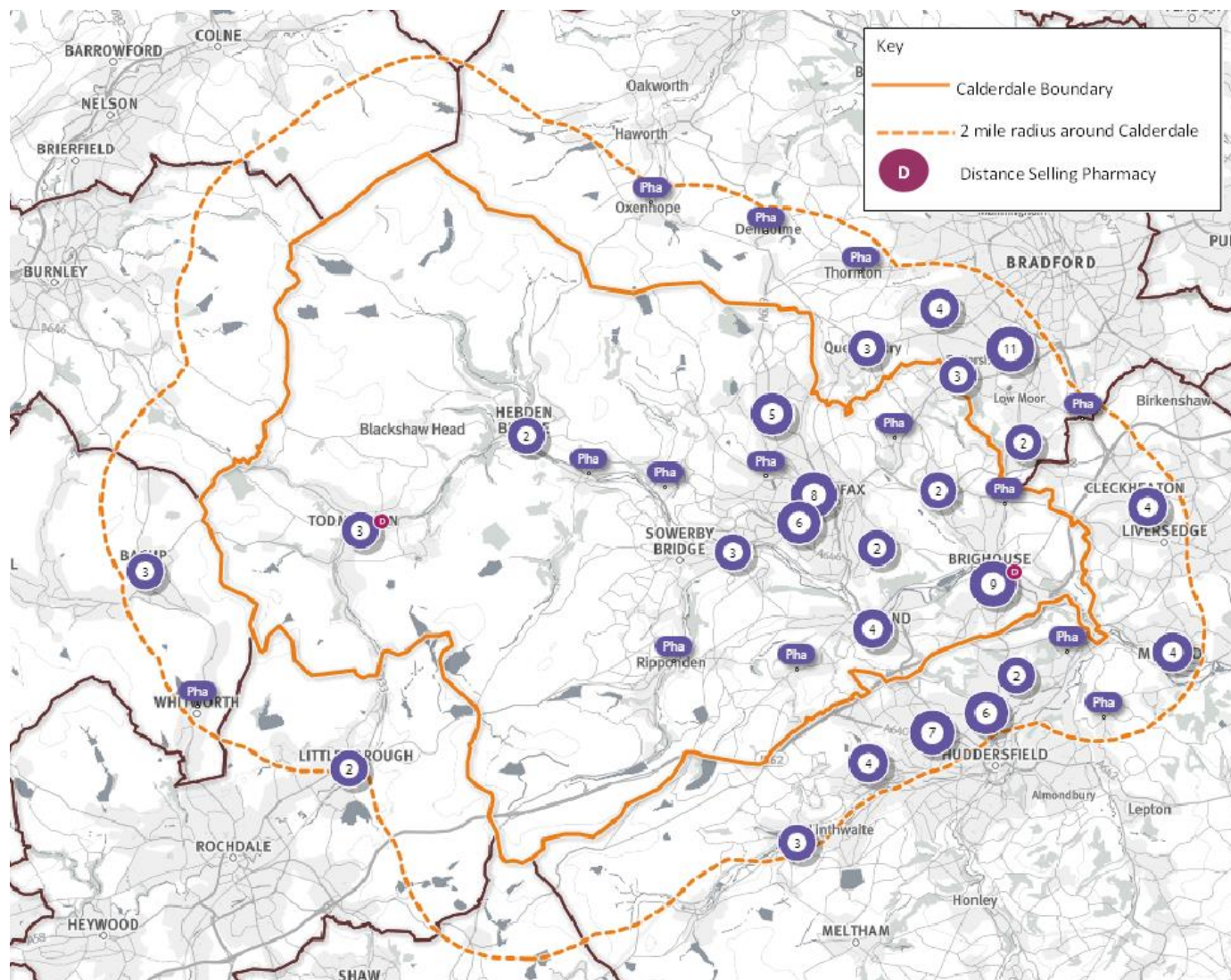
1. The Calderdale Area
2. Pharmacy locations across Calderdale and those pharmacies located within two miles of the Calderdale boundary
3. Pharmacy locations across Calderdale mapped to population density by LSOA
4. Pharmacy locations across Calderdale mapped against a one mile walking radius (assumed 20 minutes)
5. Pharmacies that open on a Saturday AM mapped against population density across Calderdale
6. Pharmacies that open on a Saturday PM mapped against population density across Calderdale
7. Pharmacies that open on a Sunday mapped against population density across Calderdale
8. Pharmacies that open on an evening (after 6.30pm) mapped against population density across Calderdale
9. Location of pharmacies across Calderdale holding a 100 hours contract mapped against population density
10. Location of community pharmacies offering stop smoking services mapped against deprivation
- 11a. Location of pharmacies providing emergency hormonal contraception mapped against population concentration of 16-24 year olds
- 11b. Location of pharmacies providing emergency hormonal contraception mapped against deprivation
12. Location of community pharmacies across Calderdale that provide needle exchange mapped against deprivation
13. Location of pharmacies providing supervised consumption services mapped against deprivation

## 1. The Calderdale Area

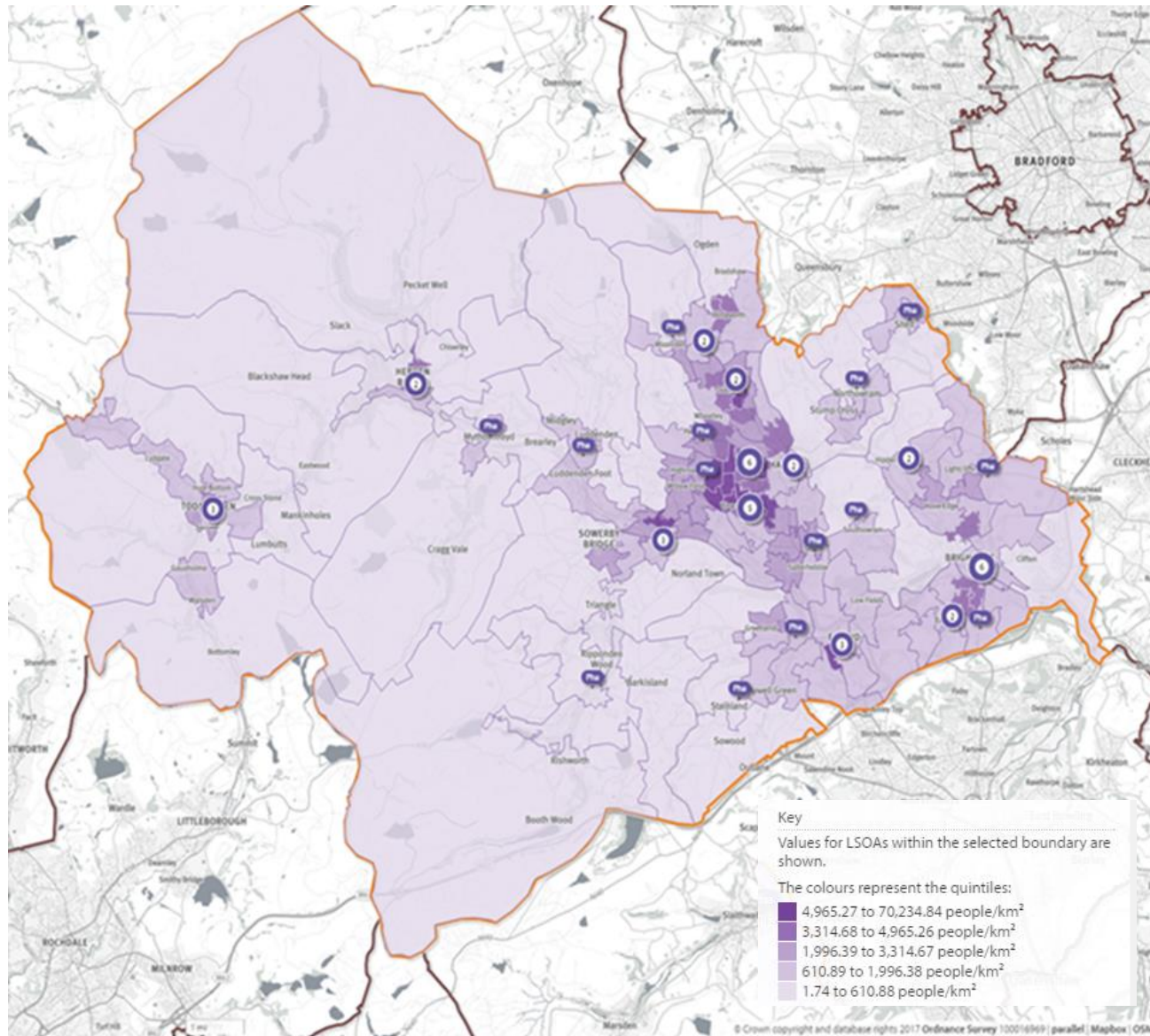




## 2. Pharmacy locations across Calderdale and those pharmacies located within two miles of the Calderdale boundary

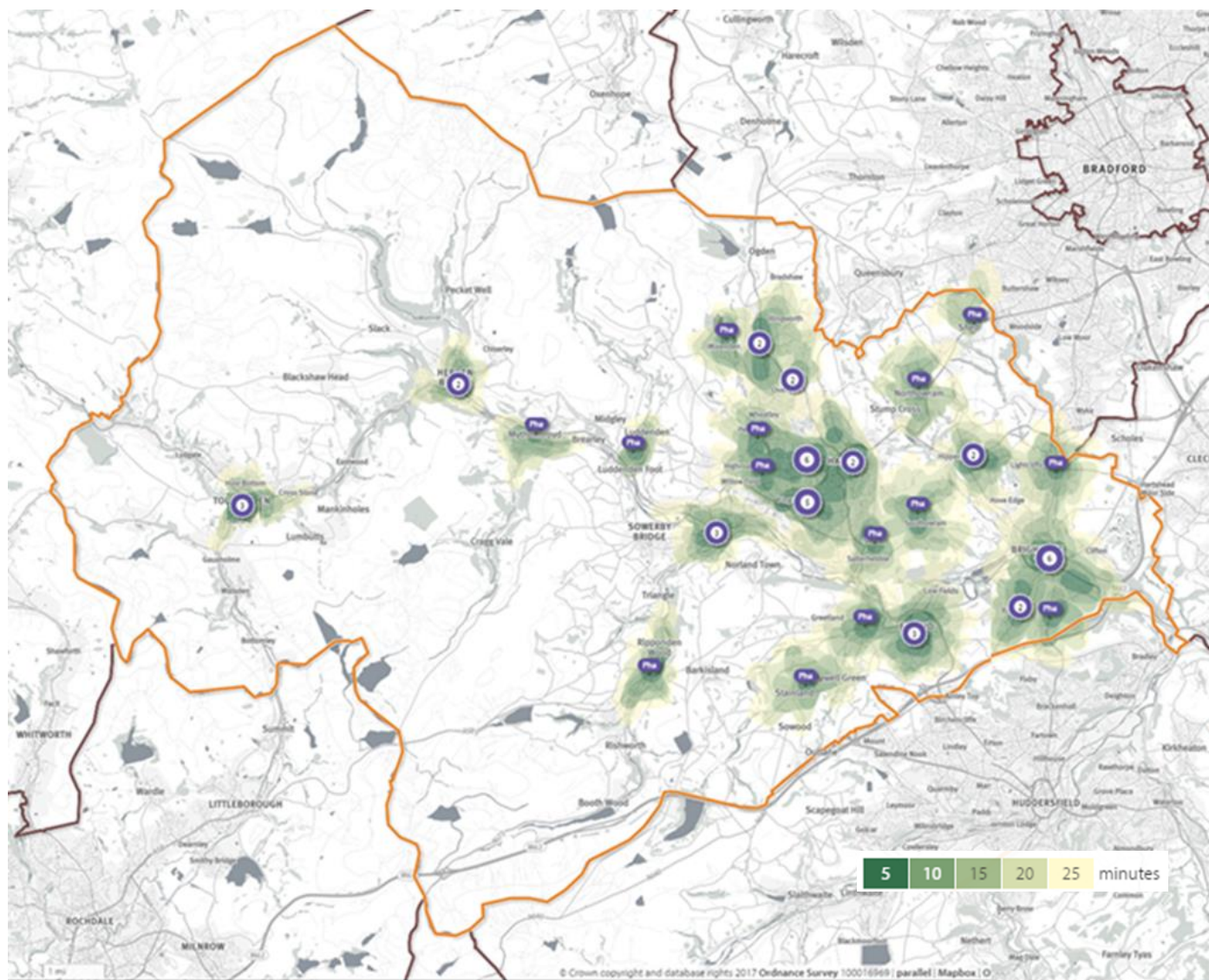


### 3. Pharmacy locations across Calderdale mapped to population density by LSOA

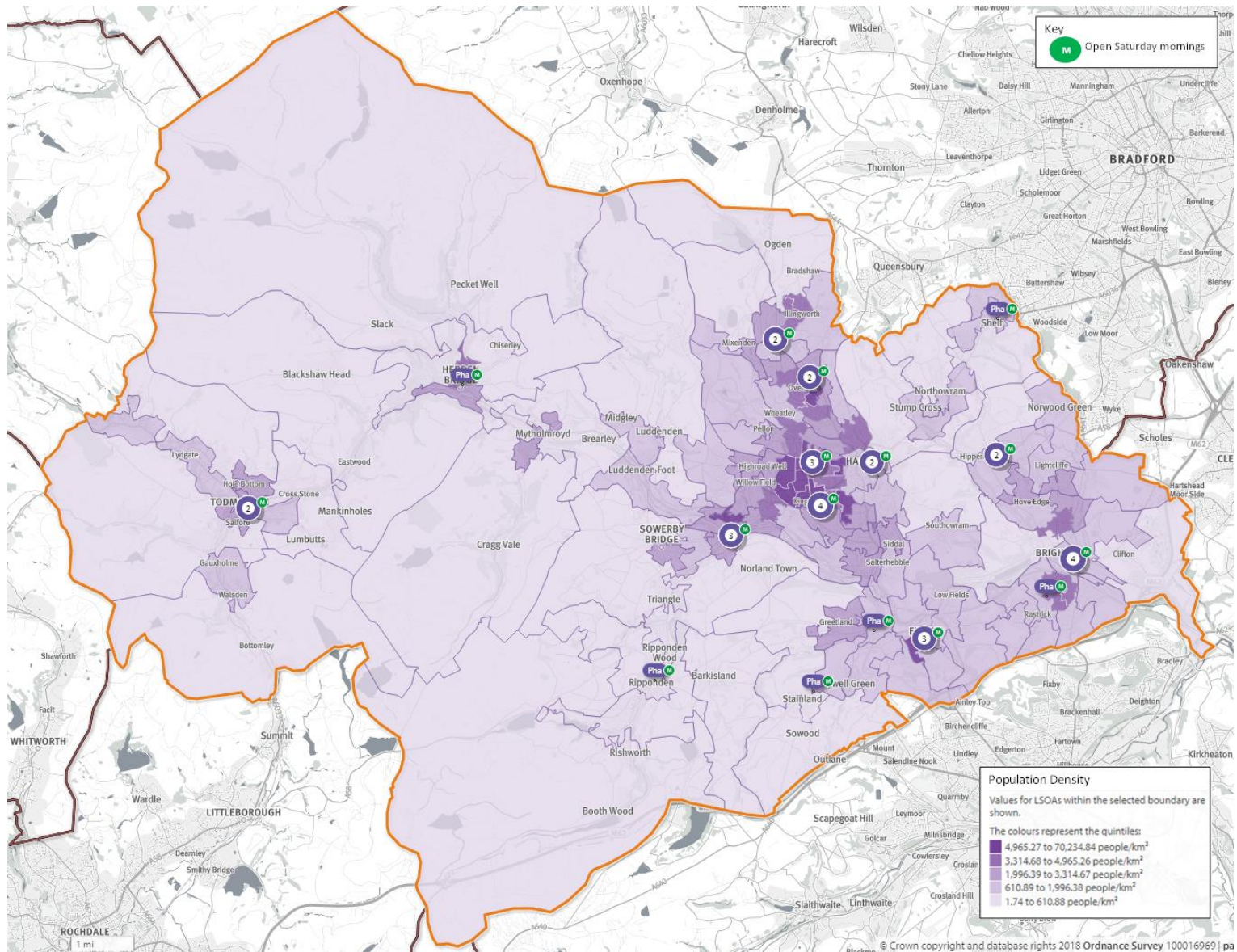




#### 4. Pharmacy locations across Calderdale mapped against a one mile walking radius (assumed 20 minutes)

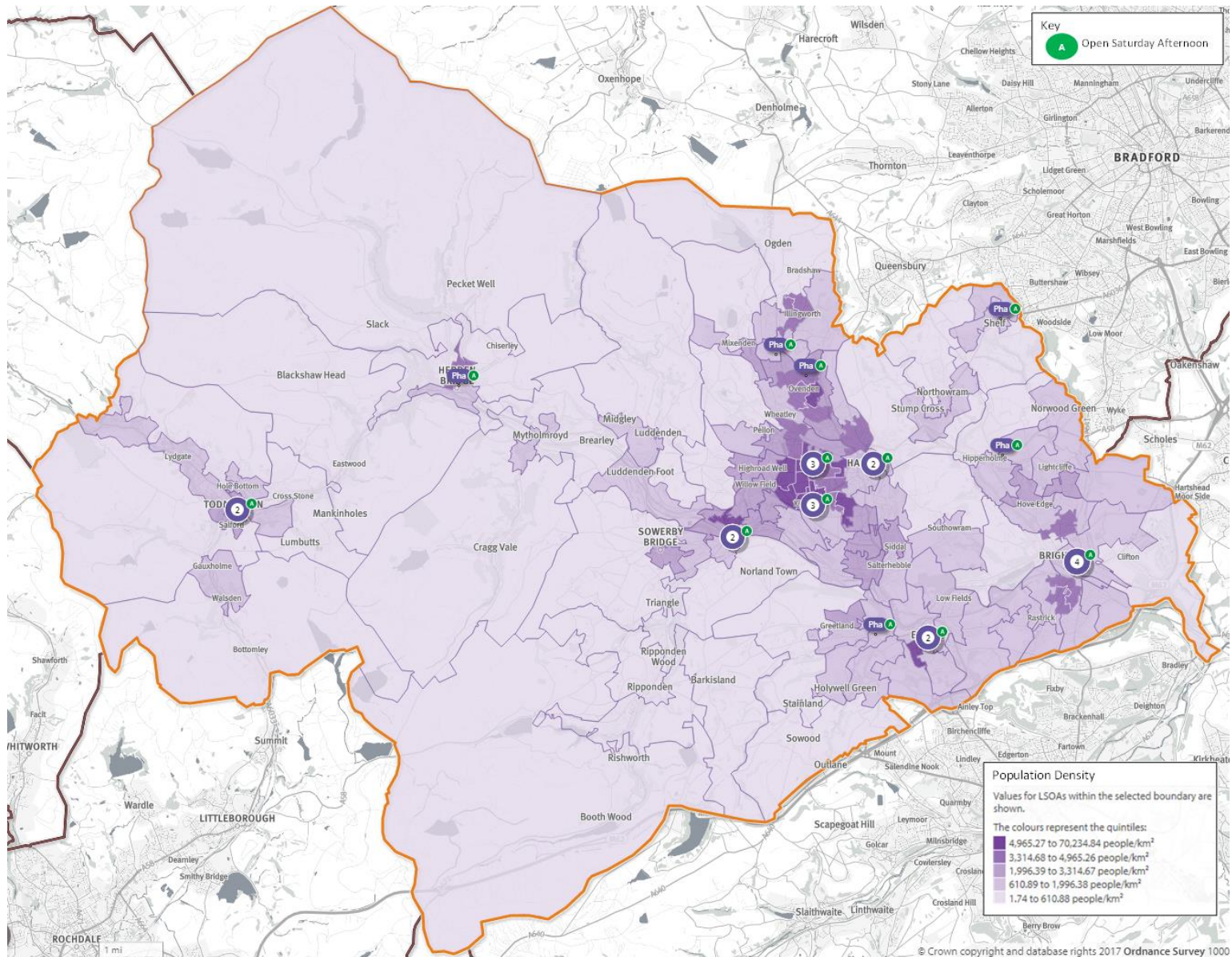


## 5. Pharmacies open on a Saturday morning mapped against population density



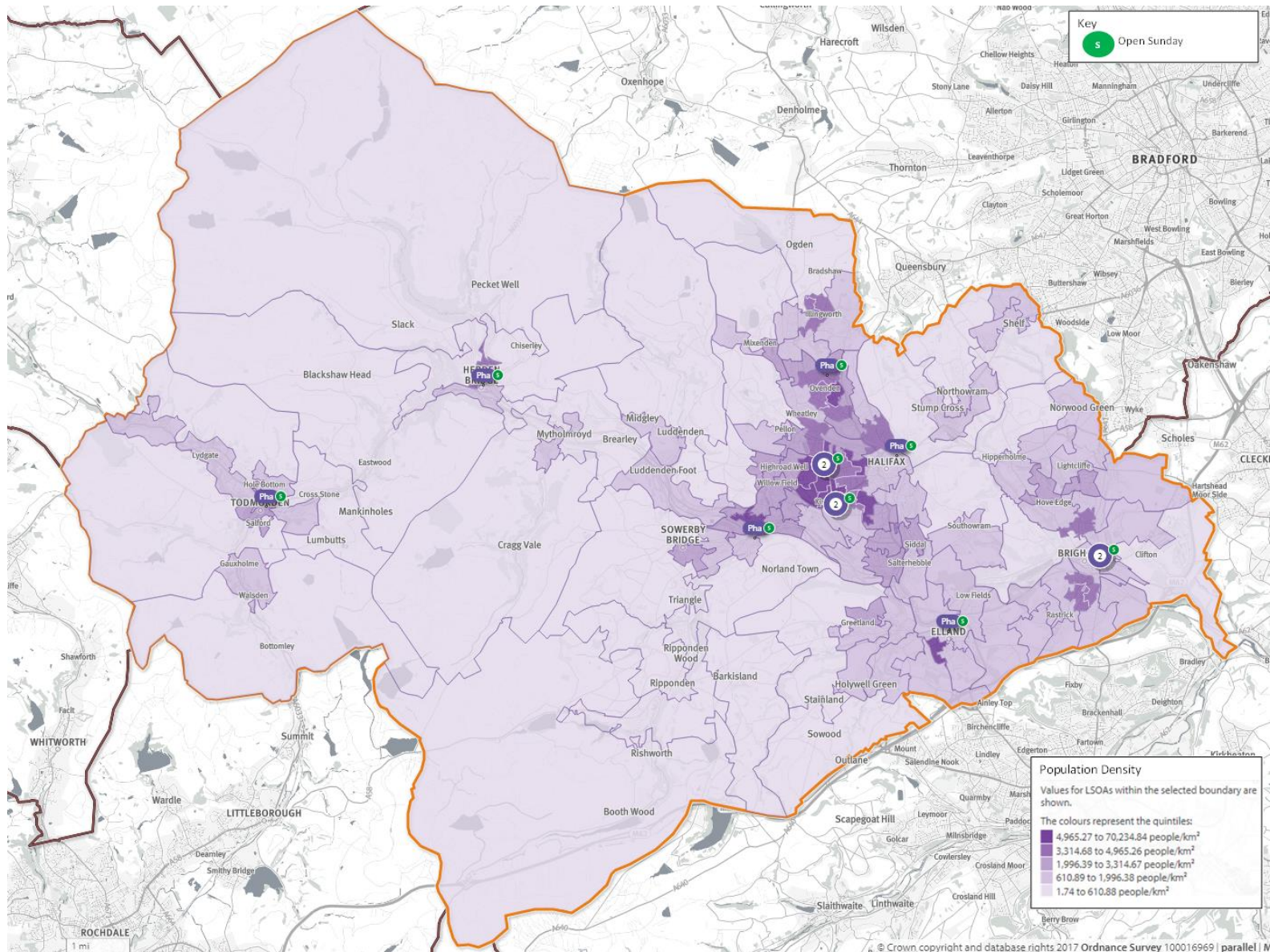


## 6. Pharmacies open on a Saturday afternoon mapped against population density



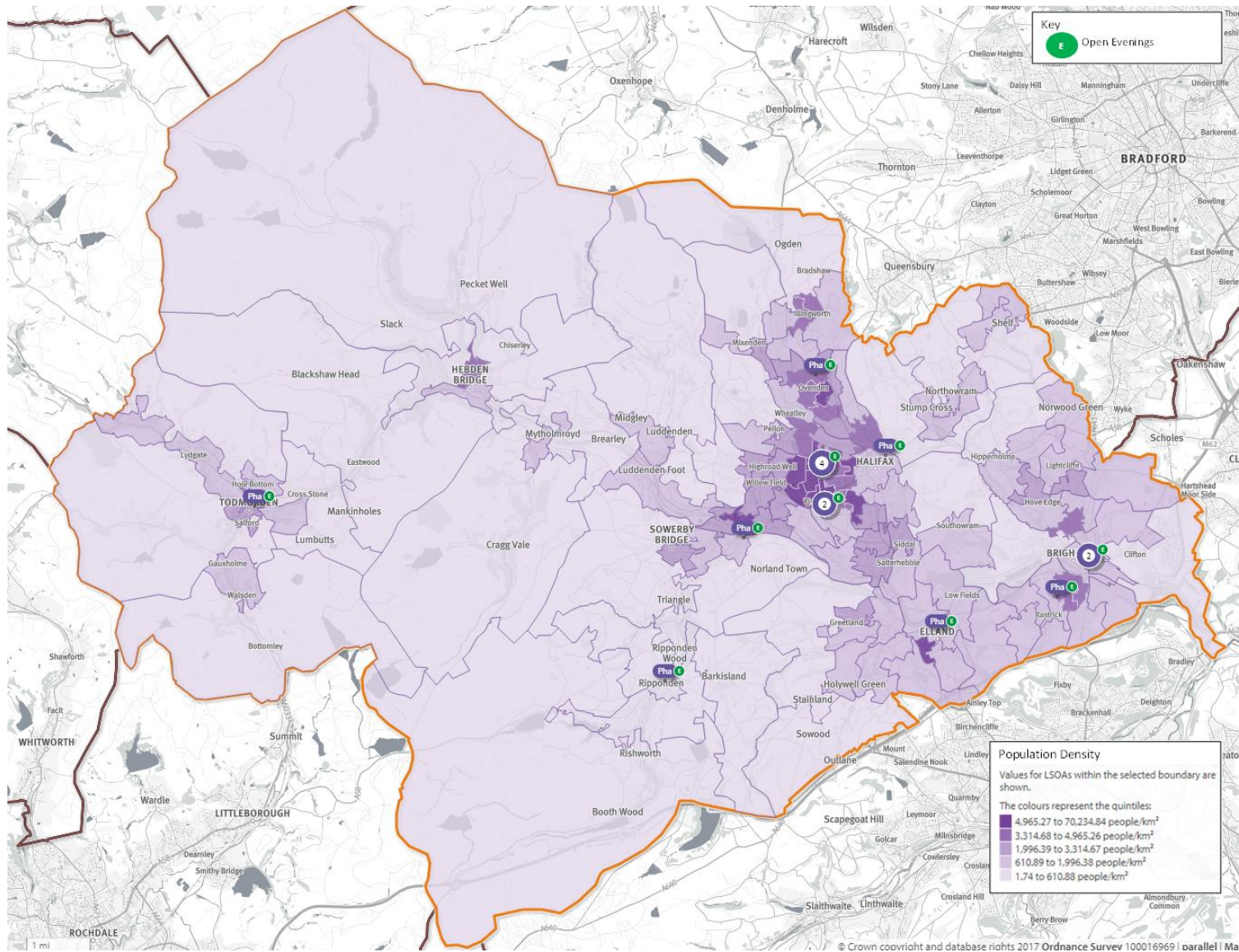


## 7. Pharmacies open on a Sunday mapped against population density



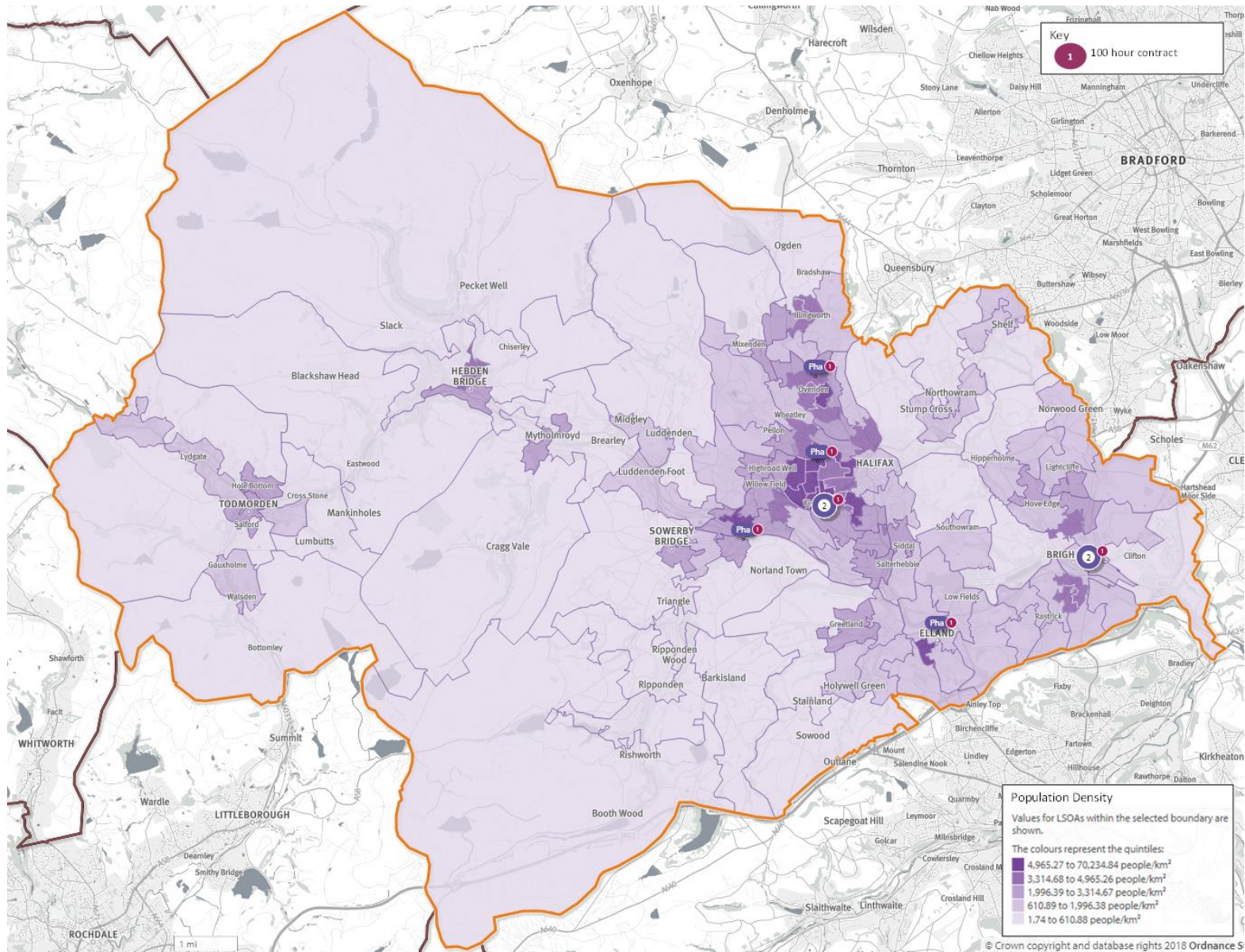


## 8. Pharmacies open on an evening (after 6.30pm) mapped against population density



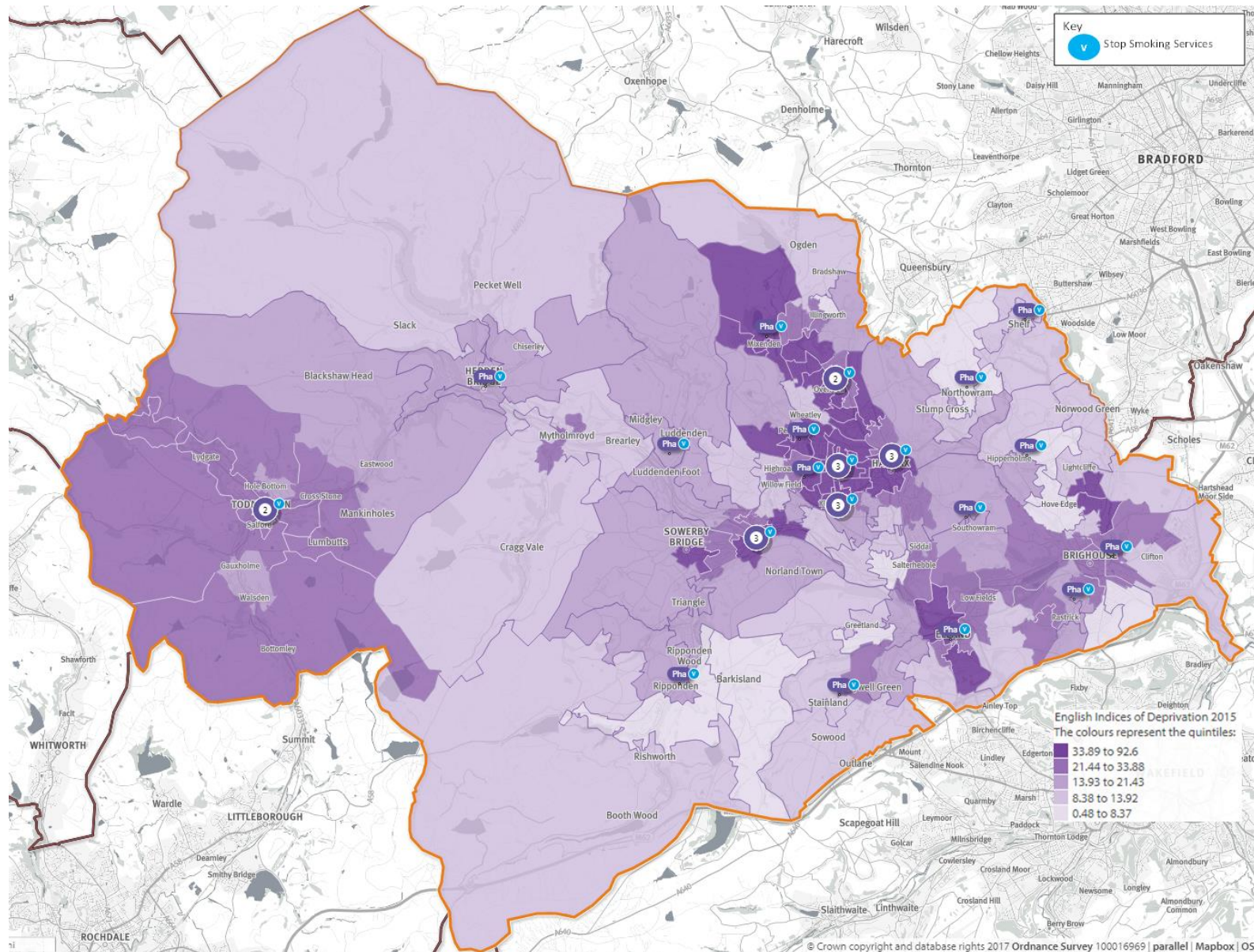


## 9. Location of pharmacies holding a 100 hour contract



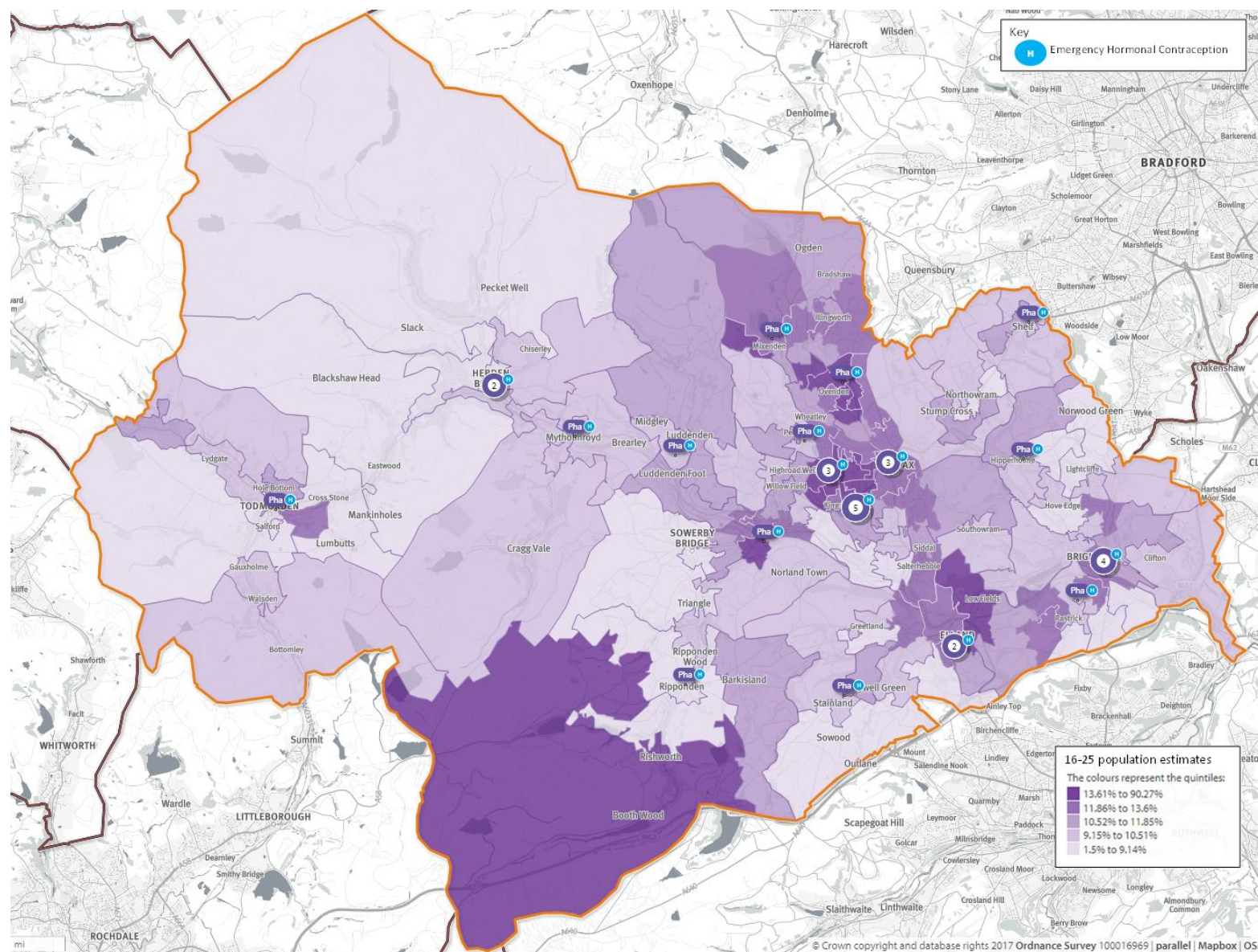


## 10. Location of community pharmacies offering stop smoking services mapped against deprivation (IMD 2015)



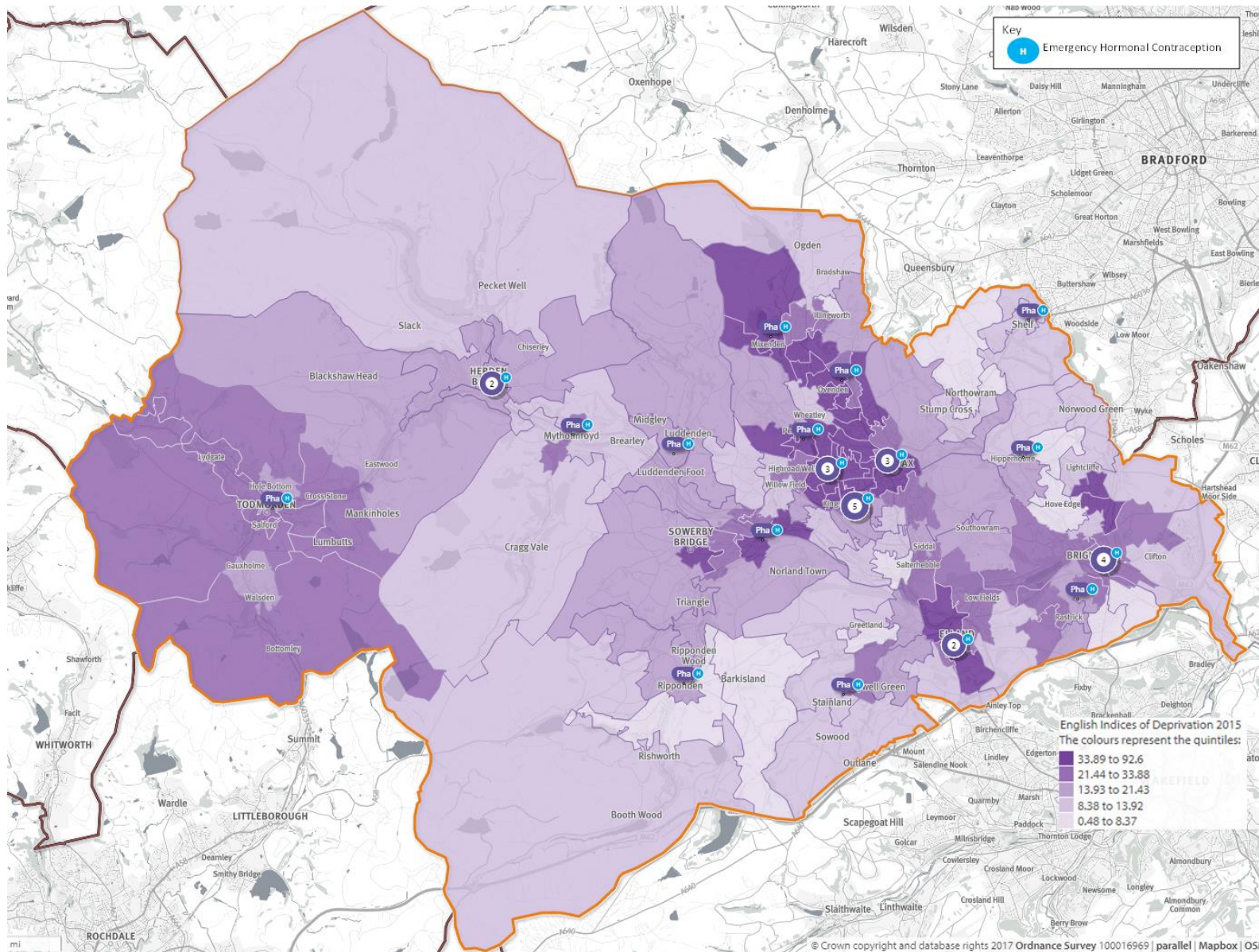


**11a. Location of pharmacies providing Emergency Hormonal Contraception mapped against 16-25 population estimates**



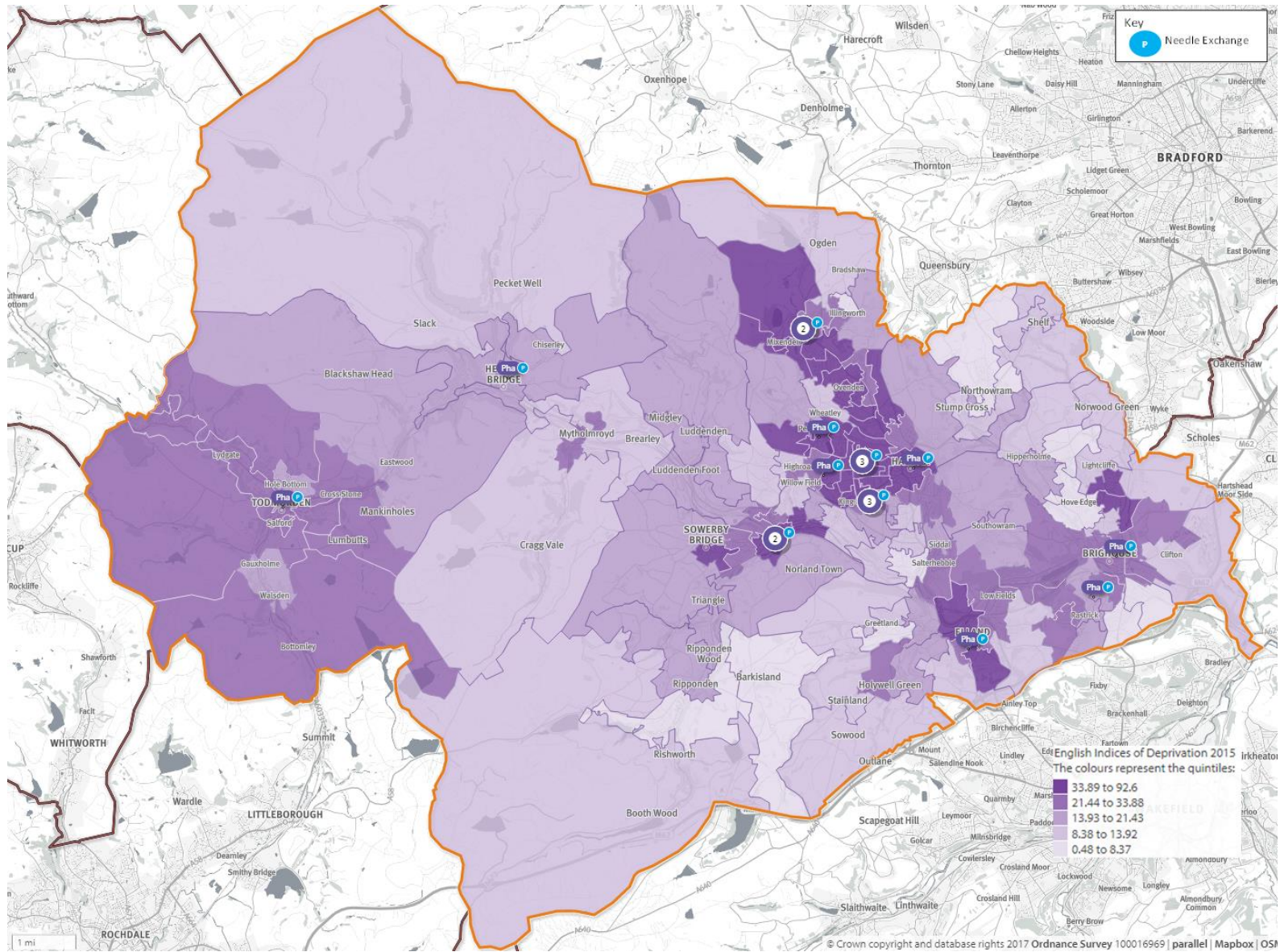


## 11b. Location of pharmacies providing Emergency Hormonal Contraception mapped against deprivation (IMD 2015)



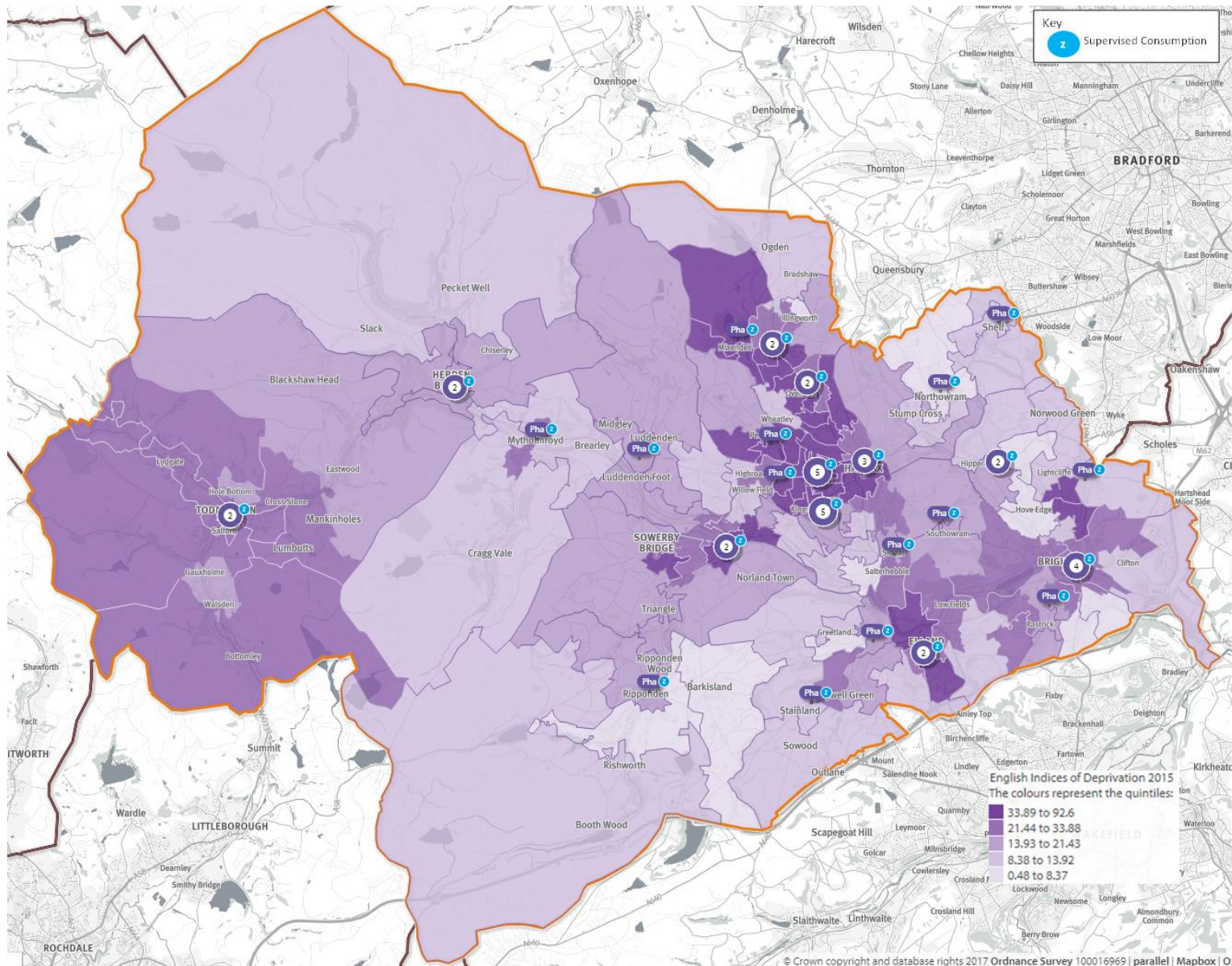


## 12. Pharmacies providing Needle Exchange Service mapped against deprivation (IMD 2015)





### 13. Pharmacies providing supervised consumption services mapped against deprivation (IMD 2015)



## **APPENDIX 2: CONSULTATION PROCESS**

Prior to the drafting of the Pharmaceutical Needs Assessment (PNA), a public survey was conducted with the aim of ascertaining the public's views on the pharmaceutical services that they use, or would use if available. The survey was published on the Calderdale Metropolitan Borough Council website, and promoted through social media. Appendix 3 details the results of this survey, with comments taken into account when considering the adequacy of pharmaceutical service provision.

Regulations set out the requirement to undertake a period of formal consultation on a draft of the PNA, with key stakeholders as outlined below.

- The Local Pharmaceutical Committee;
- The Local Medical Committee for its area;
- Any persons on the pharmaceutical lists and any dispensing doctors;
- Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- Any Local Healthwatch organisation, and any other patient, consumer or community group which has an interest in the provision of pharmaceutical services in its area;
- The local NHS trust or NHS foundation trust;
- Any neighbouring Health and Wellbeing Board.

In order to meet these requirements, details of the consultation were distributed widely, by letter and/or email (see Appendix 5), to neighbouring local authorities and HWBs, Calderdale and Huddersfield Foundation Trust, Community Pharmacy West Yorkshire, the Local Medical Committee, and to community and voluntary sector groups throughout the borough. The consultation was made available on the CMBC website on 20<sup>th</sup> December 2017, alongside a short online consultation response questionnaire. As required by legislation, a paper copy of both draft PNA and consultation response form was made available on request, to be supplied within 14 days of a request being made.

Following a 60 day consultation period, ending on 18<sup>th</sup> February, a summary of consultation responses will be shared with the project Steering Group, who will consider responses on behalf of the Health and Wellbeing Board, and make amendments to the report as appropriate. A summary of responses will be included as an appendix to the final version of the report.

# Calderdale Pharmacy Services Public Survey July/August 2017

Web based Survey

## Calderdale Pharmacy Services 2017

An online survey was available for completion during July/August. The survey was open to all members of the public and advertised via facebook, twitter and a press release.

151 individual questionnaires were completed prior to the closing date (25.08.2017) from participants using the online survey, the data of which has been used to prepare this report.

Respondents were asked for their postcodes and where these were completed (131) we were able to assign the responses to area of residence. There were a disproportionately large number of responses from Todmorden residents (58), so these have been analysed separately for most questions. Those whose postcode was unknown have been included in the “excluding Todmorden” analysis, which is all areas of Calderdale except Todmorden.

**Please note:** It is suspected that there have been some multiple responses from respondent(s) to this survey. These duplications have not been removed from the analysis of other questions as the survey was anonymous and answers to some of the questions were different.



**Q1. Which of the following pharmacy services do you use? (Please tick ✓ all that apply)**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Prescription dispensing (e.g. handing in a prescription and receiving your medication)	87	93.5%	54	93.1%
Buying over-the-counter medicines (e.g. paracetamol)	79	84.9%	51	87.9%
Collection/delivery services (e.g. where prescriptions are collected from your GP surgery and/or medicines are delivered to your home)	35	37.6%	14	24.1%
Online ordering	23	24.7%	0	0.0%
Health and medicines advice (e.g. medicine use reviews, inhaler techniques, Minor Ailment Service)	30	32.3%	0	0.0%
Health tests (e.g. cholesterol, blood pressure, diabetes)	8	8.6%	0	0.0%
Vaccinations (e.g. 'flu jab)	14	15.1%	0	0.0%
Stop smoking help	3	3.2%	0	0.0%
Sexual health services (e.g. Emergency contraception (morning after pill) and testing for sexually transmitted infections)	3	3.2%	1	1.7%
Help with drug/alcohol misuse (e.g. supervised administration of methadone, needle exchange)	1	1.1%	0	0.0%

Base = 93(excluding Todmorden), 58 Todmorden n.b. percent's total >100 as more than one response was possible

As can be seen from the table above the most commonly used pharmacy services are prescription dispensing, followed by buying over the counter medicines and collection/delivery services.

However the table below shows that 55% of respondents would like to access health tests via pharmacies but the service is unavailable at their usual pharmacy; 40% would like to be able to have vaccinations there, 36% would like health and medicines advice and 36% would like to be able to order their medicines online. Only 2% of respondents are accessing stop smoking help at their pharmacy however a further 24.5% said they would access stop smoking services if they were available.

This is an increase on the previous survey (conducted in November 2014) where only 24.3% would like to access health tests if they were available, 16.8% said they would like to have vaccines there, 11% said they would like to have health and

medicines advice and 23.1% said they would like to be able to order medicines online.

**Q2. Which of the following pharmacy services would you use if they were available? (Please ✓ tick all that apply)**

	Frequency	Percent
Prescription dispensing (e.g. handing in a prescription and receiving your medication)	0	0.0%
Buying over-the-counter medicines (e.g. paracetamol)	6	4.0%
Collection/delivery services (e.g. where prescriptions are collected from your GP surgery and/or medicines are delivered to your home)	15	9.9%
Online ordering	54	35.8%
Health and medicines advice (e.g. medicine use reviews, inhaler techniques, Minor Ailment Service)	55	36.4%
Health tests (e.g. cholesterol, blood pressure, diabetes)	83	55.0%
Vaccinations (e.g. 'flu jab')	61	40.4%
Stop smoking help	37	24.5%
Sexual health services (e.g. Emergency contraception (morning after pill) and testing for sexually transmitted infections)	6	4.0%
Help with drug/alcohol misuse (e.g. supervised administration of methadone, needle exchange)	2	1.3%

Base = 151 nb percents total >100 as more than one response was possible

**Q3. Which of the following pharmacy facilities do you use? (please tick ✓ all that apply)**

Base = 138 nb percents total >100 as more than one response was possible

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Private consultation area	27	29.0%	32	55.2%
Seated waiting area	52	55.9%	47	81.0%
Extended opening hours: Early morning opening	14	15.1%	0	0.0%
Extended opening hours: Late night opening	36	38.7%	1	1.7%
Extended opening hours: Weekend opening	31	33.3%	1	1.7%

**Q3a. Other**

None of the above my pharmacy doesn't even have seats anymore

**Q4. Which of the following pharmacy facilities would you use if they were available? (please tick ✓ all that apply)**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Private consultation area	17	11.3%	1	1.7%
Seated waiting area	7	4.6%	1	1.7%
Extended opening hours: Early morning opening	38	25.2%	55	94.8%
Extended opening hours: Late night opening	36	23.8%	56	96.6%
Extended opening hours: Weekend opening	44	29.1%	56	96.6%

As can be seen from the table above residents in Todmorden would like extended opening hours at their pharmacies.

**Q4a. Other**

The pharmacy I use shuts for lunch which is inconvenient as that is often the time I can get there in my own lunch break as I use the pharmacy closest to my GP surgery

Specialist pharmacists in mental health

**Q5. When you use a pharmacy, do you usually: (Please tick ✓ all that apply)**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Visit the pharmacy yourself	83	89.2%	32	55.2%
Ask someone to go to the pharmacy with you	18	19.4%	34	58.6%
Collect a prescription for someone else (child, friend, someone you care for etc.)	38	40.9%	3	5.2%
Use a collection and delivery service	14	15.1%	5	8.6%
Use an online ordering and delivery service	9	9.7%	0	0.0%

**Q6. How would you usually travel to a pharmacy?**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Walk	27	29.3%	9	15.5%
Car	49	53.3%	30	51.7%
Public transport (e.g. bus, train)	8	8.7%	0	0.0%
Bicycle	1	1.1%	0	0.0%
Taxi	5	5.4%	18	31.0%
I only use collection/delivery services	2	2.2%	1	1.7%

#### Q6a. Other

Wheelchair

Just over half of respondents travel to a pharmacy by car (53.3% and 51.7%), however this is a reduction on the previous survey where 73.5% travelled by car. In Todmorden, travel by a taxi is quite high at 31%

#### Q7. How often do you use a local (community) pharmacy?

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
About once a week	21	23.1%	40	69.0%
About once a month	51	56.0%	18	31.0%
Less often	19	20.9%	0	0.0%

#### Q8. Do you tend to use the same pharmacy?

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Yes	81	89.0%	56	96.6%
No	10	11.0%	2	3.4%

The majority of respondents tend to use the same pharmacy.

#### Q9. What is important to you about the location of a pharmacy? (Please tick ✓ all that apply)

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Being close to my GP surgery	54	58.1%	6	10.3%
Being close to my home	59	63.4%	42	72.4%
Having parking facilities	35	37.6%	5	8.6%
Having public transport links nearby	22	23.7%	20	34.5%

Being near my place of work	14	15.1%	7	12.1%
Being in a shopping area (e.g. a town centre or supermarket)	15	16.1%	0	0.0%

Despite just over half of respondents travelling to their pharmacy by car, only 37.6% (and 8.6% in Todmorden) said that having parking facilities was important. This is a reduction on the previous survey where 51.6% said having parking facilities was important.

63% of respondents wanted the pharmacy to be located close to their home, followed by being close to their GP surgery (58%). Having public transport links nearby was also important.

#### Q9a. Other

The good advice that I get. They know me and my conditions.

Having wheelchair accessible area

Providing a good local service in a semi-rural area

Being able to get the medication my son requires

Bicycle access

A well stocked over the counter products like gripe water

#### Q10. Do you consider yourself to have a disability or long-term health condition?

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Yes	43	46.2%	37	64.9%
No	50	53.8%	20	35.1%

#### Q11. Has your usual pharmacy made adjustments to help you to collect your medicines? For example, providing an MDS/tablet tray.

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
I do not require adjustments	68	73.1%	1	1.7%
No, but I think adjustments would help me	16	17.2%	55	94.8%
Not applicable: I do not have a usual pharmacy	6	6.5%	1	1.7%
Yes	1	1.1%	1	1.7%

**Q11a. Other**

Mds trays

5 x Medisure tablet blister box

17.2% of respondents said that their pharmacy hadn't make adjustments to help them collect their medicines, but adjustments would help them. This was even higher for the Todmorden residents with 94.8% saying that adjustments would help them.

**Q12. If you have a "blue badge" for parking, can you park within 10 metres of your usual pharmacy?**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Yes	4	13.3%	0	0.0%
No	22	73.3%	45	100.0%
Don't know	4	13.3%	0	0.0%

73.3% of respondents who had a blue badge said that they were unable to park within 10 metres of their usual pharmacy. This was even higher for Todmorden respondents where 100% said they were unable to park nearby. This is higher than the previous survey where 31% said they were unable to park within 10 metres.

**Q13. Are you able to get to a pharmacy of your choice?**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Yes	71	79.8%	15	25.9%
No	18	20.2%	43	74.1%

74.1% of Todmorden respondents stated they were unable to get to a pharmacy of their choice.

**Q13a. If no, please state why:****Excluding Todmorden**

\*\*\*\*\* is my only option and i am not happy with their service

\*\*\*\*\* is the closest pharmacy to me and the service i receive is unacceptable

\*\*\*\*\* pharmacy is my only option and they never stock the brands i need

getting to the \*\*\*\*\* pharmacy takes too much of my time

i am currently using \*\*\*\*\* pharmacy and they never have the required brand i want for my medicine

I do not wish to use \*\*\*\*\* but that is all that is available

i work full time long hours and when ever i go to pick up my medicine the \*\*\*\*\* pharmacy are closed

Local one is \*\*\*\*\*

My nearest one is a local, independent. There are no direct bus services and while it is only 0.8 miles away finding time to walk there and back is difficult as a working parent.

no parking spaces available around \*\*\*\*\* pharmacy

Not accessible for wheelchairs it has a step

Only \*\*\*\*\* available- I don't like not having the choice locally. Would much prefer an independent pharmacist and try to seek one whenever I can, however both local branches in Hebden Bridge are \*\*\*\*\*

the \*\*\*\*\* pharmacy never stock the brand i want

the pharmacy i use is \*\*\*\*\* and THE WAITING TIME IS TOO LONG

the pharmacy i use which is \*\*\*\*\* do not provide satisfactory service

## Todmorden

\*\*\*\*\* are always delivering my medicine late

\*\*\*\*\* can never deliver my medicine on time and find it hard to deliver as i am a full time carer for someone

\*\*\*\*\* is my only option and i am not getting the service i want

\*\*\*\*\* never deliver my medicine on time

\*\*\*\*\* never have any stock in

\*\*\*\*\* pharmacy is my only option and they never the stock the required brand

\*\*\*\*\* pharmacy is my only option and they never the stock the required brand

\*\*\*\*\* pharmacy takes too much of my time as the waiting time is too long

\*\*\*\*\* pharmacy takes too much of my time as the waiting time is too long

\*\*\*\*\* pharmacy takes too much of my time as the waiting time is too long

\*\*\*\*\* pharmacy takes too much of my time as the waiting time is too long

Do not like using \*\*\*\*\* , but they are the only ones in the area

Every time I've had to wait in a lengthy queue and more often than not they cannot find prescription or have made mistakes, ordering wrong brand of medicine.

i am currently using \*\*\*\*\* and the the level of service i receive in terms of delivery if awful

i am currently using \*\*\*\*\* pharmacy and they never have the required brand i want for my medicine

i am currently using \*\*\*\*\* pharmacy and they never have the required brand i want for my medicine

i am currently using \*\*\*\*\* pharmacy and they never have the required brand i want for my medicine

i am currently using \*\*\*\*\* pharmacy and they never have the required brand i want for my medicine

i am currently using \*\*\*\*\* pharmacy and they never have the required brand i want for my medicine

and i am extremely annoyed

i am currently using \*\*\*\*\* pharmacy and they never have the required brand i want for my medicine

and i am extremely annoyed

i often use the \*\*\*\*\* pharmacy, however they never have the medicine i need and the always deliver my medicine late

i work full time long hours and when ever i go to pick up my medicine the \*\*\*\*\* pharmacy are closed and the only day i am off which is a sunday, they are closed

i work full time long hours and when ever i go to pick up my medicine the \*\*\*\*\* pharmacy are closed and the only day i am off which is a sunday, they are closed

my current pharmacy \*\*\*\*\* , do not provide satisfactory service and do not deliver my prescription time

my current pharmacy \*\*\*\*\* , do not provide satisfactory service and do not deliver my prescription time

My pharmacy of choice is miles away as the only \*\*\*\*\* pharmacies in todmorden are diabolical in their services. In 18 months not one of my monthly prescriptions or my sons monthly prescriptions have been right or delivered on time. My carer spends at least 2 hours per month going down to sort it out which I have to pay her for. The problem never ends

My pharmacy of choice is miles away as the only \*\*\*\*\* pharmacies in todmorden are diabolical in their services. In 18 months not one of my monthly prescriptions or my sons monthly prescriptions

have been right or delivered on time. My carer spends at least 2 hours per month going down to sort it out which I have to pay her for. The problem never ends

the \*\*\*\*\* pharmacy dont have a seating area and as i am old i find it hard

the \*\*\*\*\* pharmacy i use do not provide good enough service

the \*\*\*\*\* pharmacy in todmorden are reluctant in delivering my medicine

the \*\*\*\*\* pharmacy in todmorden are reluctant in delivering my medicine

the \*\*\*\*\* pharmacy in todmorden are reluctant in delivering my medicine

the \*\*\*\*\* pharmacy in todmorden are reluctant in delivering my medicine

the \*\*\*\*\* pharmacy never deliver my medicine on time

the \*\*\*\*\* pharmacy never have the medicine i want and need

the only pharmacy available is \*\*\*\*\* and they provide bad service

the pharmacy i use is \*\*\*\*\* and THE WAITING TIME IS TOO LONG

the pharmacy i use is \*\*\*\*\* and THE WAITING TIME IS TOO LONG

the waiting time in \*\*\*\*\* is far too long

the waiting time in \*\*\*\*\* is far too long

the waiting time in \*\*\*\*\* is unbelievable and horrible

there is no space available space in \*\*\*\*\* pharmacy every time i go

**Q14. Is there anything else you would like to say about pharmacy services? If so, please write here:**

### **Excluding Todmorden**

Apart from being able to order online occasionally, I would like my pharmacy to remain as it is and also keep offering the human the contact that so vital to people suffering ailments and aging. Encourage the ones that provide a good local service and don't use the corporate tax evaders. Feel this pharmacy would benefit from being open on a Saturday

Give pharmacies more funding to support their work.

I changed my pharmacy to one that is open at weekends and evenings and one that orders and collects my prescription from my go as I work full time and was previously running out of medication frequently. I think it is important to keep the facility where pharmacies can order repeat prescriptions from to surgeries. I work in an area where this has changed leading to vulnerable people missing vital medication. None of these people have access to the internet(through both lack of ability to use and financial inability to pay for it) and so are unable to order repeat prescriptions online.

I don't use \*\*\*\*\* because they are tax evaders

I object to the take over of our local pharmacies by \*\*\*\*\* due to their tax avoidance

I use \*\*\*\*\* because its town centre or the one next to my GP but it is normally a long wait so would wait and use \*\*\*\*\*

I use \*\*\*\*\* Pharmacy in Brighouse and they provide an excellent service.

I use the GP pharmacy, but the only other choice in the centre is \*\*\*\*\* - extremely busy prescription service, as has driven smaller community pharmacies out of centre

I would like lunchtime openings

I'd really value more independent pharmacies. I don't like having to go to \*\*\*\*\*.

I'm not keen on \*\*\*\*\*. They're a giant, tax-evading company out for profit and there shouldn't be such a strong link to NHS services

It would be good if pharmacists could diagnose ear infections and chest infections and give out suitable medication (ie antibiotics if needed) rather than having to go to the doctors.



Later opening times or Saturday openings. I think have the staff trained to answer certain illness questions to free up time for the doctor.

Long dispensing waits, vitamin D3 always out of stock

My local pharmacy are very helpful and I would choose this over \*\*\*\*\* or any other town centre or supermarket pharmacy

My pharmacy on Crown Street in Hebden Bridge provides excellent service, and every enquiry - whether in shop or over the phone - is always dealt with very efficiently.

Need specialist hospital pharmacist in the community

Needs to be accessible to wheelchairs

Not geared up for private consultations make you ask in front of everyone so we all go to gp instead loads of services could be provided they are poorly used

Pharmacies should not be run by tax avoiding/evading companies like \*\*\*\*\*

Pharmacists are the only healthcare professionals you can just see without an appointment

Pharmacy services near me are actually quite poor, i think the pharmacy operates on just 2 members of staff and also the staff at the front don't seem to be fully trained as they never even ask me who the medicines is for etc. hence i don't use this pharmacy which is actually not far from me

Regularly ring me to discuss my medication, helps with any queries I have & gives general advise if I need to chat

\*\*\*\*\* pharmacy provides an excellent delivery service. I never have to visit premises

Staff are always very pleasant and try and accommodate requests wherever possible.

\*\*\*\*\* chemist king cross the best

Text service saying medicine ready to collect would be helpful

the online ordering of prescriptions service is fantastic

The pharmacy I go to for my ETP (Electronic Transfer Prescriptions) is 6 miles away as it is the best pharmacy for getting my prescriptions ready within 2 days or sooner if I need them. The pharmacy in my health centre is currently 5 days behind with their ETP's. I have given up going there and have changed to \*\*\*\*\* who are professional and very competent. I cannot wait 5 days for my monthly prescription when my doctor's surgery won't issue them early to cover this amount of extra time needed while I wait for a pharmacy who is 5 days behind - especially my blood pressure medicine! The service \*\*\*\*\* provide is awful. Waiting times are too long for a prescription and to see a Pharmacist.

There are no pharmacies in Skircoat HX3. The nearest is Free School Lane HX1 and no direct bus services to get there and up a hill. Otherwise it's a bus fare into town (not always easy with a small child)

They are excellent. No improvements or changes are required. Far better than in the past..

Too many \*\*\*\*\* , need to encourage independents

Valuable- they are open at times when my GP practice is closed

very good

We need to keep our local pharmacies in residential areas. They have loyal customers who trust the staff and the staff in turn know their customers. This is important, especially for elderly people, and will help in the aim of preventing people making unnecessary trips to the GP or hospital.

## Todmorden

I strongly believe a pharmacy that is more patient friendly and efficient in the area would benefit me and many others

Rip off merchants.

The \*\*\*\*\* pharmacy are far too over stretched. The waiting time is too long even to buy over the counter. Customer service is not the best.

Todmorden is lacking in pharmacies. \*\*\*\*\* currently cannot meet demands in the town despite having 2 stores. We are trapped into these pharmacies especially if you are disabled like myself and

can't travel out of town.

Todmorden is lacking in pharmacies. \*\*\*\*\* currently cannot meet demands in the town despite having 2 stores. We are trapped into these pharmacies especially if you are disabled like myself and can't travel out of town.

Waiting times for a prescription in both pharmacies in Todmorden are ridiculous!! The staff are overworked and never have the right stock in!!

We need pharmacy services on a Sunday in Todmorden! Travelling out of town a Sunday is a pain especially when you have to rely on a taxi for a lift

**Q15. Please indicate where you live by providing your postcode:**

Data provided in the separate raw data Excel spreadsheet for data protection purposes

**Q16. My age is:**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
16 - 24	1	1.1%	0	0.0%
25 - 44	29	31.2%	23	39.7%
45-64	47	50.5%	18	31.0%
65 - 74	14	15.1%	16	27.6%
75+	0	0.0%	0	0.0%
Prefer not to say	2	2.2%	1	1.7%

**Q17. Ethnicity:**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
White British	83	89.2%	55	94.8%
White Irish	0	0.0%	2	3.4%
White Gypsy or Irish traveller	0	0.0%	0	0.0%
Other white	1	1.1%	0	0.0%
Asian/Asian British/Indian	1	1.1%	0	0.0%
Asian/Asian British/Pakistani	2	2.2%	0	0.0%
Asian/Asian British/Bangladeshi	0	0.0%	0	0.0%
Asian/Asian British/Chinese	0	0.0%	0	0.0%
Other Asian	0	0.0%	0	0.0%
Black/Black British/African	0	0.0%	0	0.0%
Black/Black British/Caribbean	0	0.0%	0	0.0%
Other Black	0	0.0%	0	0.0%
White and Asian	0	0.0%	0	0.0%
White and Black Caribbean	1	1.1%	0	0.0%

White and Black African	0	0.0%	0	0.0%
Other mixed	1	1.1%	0	0.0%
Arab	0	0.0%	0	0.0%
Prefer not to say	4	4.3%	1	1.7%

**Q18. My gender is:**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Male	28	30.4%	20	35.1%
Female	59	64.1%	37	64.9%
Other gender not listed	0	0.0%	0	0.0%
Prefer not to say	5	5.4%	0	0.0%

**Q19. I would describe my sexuality as:**

	Excluding Todmorden		Todmorden	
	Frequency	Percent	Frequency	Percent
Heterosexual/Straight	64	71.1%	23	40.4%
Gay or Lesbian	6	6.7%	27	47.4%
Bisexual	4	4.4%	4	7.0%
Prefer not to say	16	17.8%	3	5.3%

**Q20. I would describe my religion/belief as:**

	Frequency	Percent
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	52	34.7%
Muslim	2	1.3%
Sikh	-	-
Hindu	-	-
Jewish	1	0.7%
Buddhist	2	1.3%
None	33	22.0%
Prefer not to say	60	40.0%

Base = 150

# Calderdale Pharmacy Services Pharmacy Survey Nov 2017

Paper based Survey

## Purpose of the Pharmacy questionnaire

As part of the Pharmaceutical Needs Assessment, a mapping exercise was carried out to identify what services are provided by pharmacies within the Calderdale MBC area. This was carried out using a questionnaire. All pharmacies within Calderdale were sent a paper copy of the questionnaire by post during August, the closing date was extended to November and repeated reminders were sent to try and increase the response rate. The main findings from the exercise were that there is a lot of willingness from pharmacies to provide enhanced services if they were commissioned to do so.

## Responses

34 pharmacies responded out of a possible 51, which gives a response rate of 66.7% the questionnaire was adapted from the Pharmacy Pharmaceutical Needs Assessment produced by the PSNC (Pharmaceutical Services Negotiating committee).

The following report shows the number and proportion of responses for each question.

*Is this pharmacy a 100-hour pharmacy?*

<b>100-hour pharmacy</b>	<b>Frequency</b>	<b>Percentage</b>
No	22	64.7%
Yes	5	14.7%
No Response	7	20.6%

Five pharmacies said that they are a 100 hour pharmacy; there are eight 100 hour pharmacies across Calderdale. Therefore 3 of which did not respond.

*Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?*

Although 2 pharmacies responded that they hold an LPS contract, NHS England has confirmed that no pharmacy in Calderdale holds an LPS contract.

<b>LPS Contract</b>	<b>Frequency</b>	<b>Percentage</b>
No	22	64.7%
Yes	2	5.9%
No Response	10	29.4%

*Is this pharmacy a Distance Selling Pharmacy?*

There was one pharmacy which identified as being a distance selling pharmacy, there are three distance selling pharmacies in total across Calderdale. Therefore two did not respond.

<b>Distance selling pharmacy</b>	<b>Frequency</b>	<b>Percentage</b>
No	23	67.6%
Yes	1	2.9%
No Response	10	29.4%

## Consultation facilities

The majority of respondents have a consultation room within their pharmacy. 87% of which is a closed room, with access to hand washing facilities and toilet facilities. Only 1 pharmacy stated that they are willing to undertake consultations in an individual's home or an alternative location. Pharmacies were asked if they have any members of staff who speak an additional language to English, 16 pharmacies gave a list of other languages spoken; the most common languages spoken were Urdu and Punjabi.

Is there a consultation area on premises	Frequency	Percentage
Available (including wheelchair access)	25	73.5%
Available (not including wheelchair access)	7	20.6%
Planned within the next 12 months	1	2.9%
No Response	1	2.9%

Is it a closed room	Frequency	Percentage
Yes	29	87.5%
Not responded	3	9.4%

During consultation, are there hand washing facilities: In the consultation area?	Frequency	Percentage
Close to the consultation area	2	6.3%
In the consultation area	29	90.6%
None	1	3.1%

Access to toilet facilities	Frequency	Percentage
No	6	18.8%
Yes	14	43.8%
Not responded	12	37.5%

The pharmacy has access to an offsite consultation area	Frequency	Percentage
No	5	14.7%
Yes	2	5.9%
Not responded	27	79.4%

The pharmacy is willing to undertake consultations in patient's home / other suitable site	Frequency	Percentage
No	1	3%
Yes	15	44%
Not responded	18	53%

## IT Facilities

The questionnaire asked pharmacies a number of questions around their IT facilities. 97% of respondents are EPS 2 enabled. Over ¾ of pharmacies are using NHS mail, 70.6% of respondents have an up-to-date NHS choices entry. 88% of respondents can access summary care records for patients.

EPS 2 enabled	Frequency	Percentage
Yes	33	97.1%
Not responded	1	2.9%

NHS mail being used	Frequency	Percentage
No	1	2.9%
Yes	26	76.5%
Not responded	7	20.6%

NHS Summary Care Record Enabled	Frequency	Percentage
Yes	30	88.2%
Not responded	4	11.8%

Up to date NHS Choices Entry	Frequency	Percentage
Yes	24	70.6%
Not responded	10	29.4%

## Healthy Living Pharmacies (HLP)

82.4% of pharmacies has either achieved Healthy Living Pharmacy level 1, or are working towards it.

Healthy Living Pharmacies	Frequency	Percentage
The pharmacy has achieved HLP level 1	14	41.2%
The pharmacy is not currently working towards HLP level 1	1	2.9%
The pharmacy is working towards HLP level 1	14	41.2%
Not Responded	5	14.7%

## Services

The following section looks at the services provided by the pharmacies. This is broken down by advanced and enhanced services.

Does the Pharmacy dispense appliances	Frequency	Percentage
Yes – All types, or	28	82.4%
Yes, excluding stoma appliances, or	2	5.9%
Yes, excluding incontinence appliances, or	0	0.0%
Yes, excluding stoma and incontinence appliances, or	0	0.0%
Yes, just dressings, or	2	5.9%

Other [identify]	0	0.0%
None	2	5.9%

For advanced services pharmacies were asked their intentions to provide the service over the next 12 months. Pharmacies were least likely to provide 'Appliance use review service' and 'stoma appliance customization service' with little intention to provide this in the future.

## Advanced services

*Does the pharmacy provide the following services?*

	Frequency				Percentage			
	Yes	Intending to begin within next 12 months	No - not intending to provide	Not Responded	Yes	Intending to begin within next 12 months	No - not intending to provide	Not Responded
<b>Advanced Services</b>								
Medicines Use Review service	32	1	0	1	94.1%	2.9%	0.0%	2.9%
New Medicine Service	31	1	0	2	91.2%	2.9%	0.0%	5.9%
Appliance Use Review service	2	1	21	10	5.9%	2.9%	61.8%	29.4%
Stoma Appliance Customisation service	4	2	18	10	11.8%	5.9%	52.9%	29.4%
Flu Vaccination Service	24	6	1	3	70.6%	17.6%	2.9%	8.8%
NHS Urgent Medicine Supply Advanced Service (pilot)	7	7	9	11	20.6%	20.6%	26.5%	32.4%

For enhanced and other locally commissioned services, pharmacies were asked their willingness to provide the services if they were commissioned to do so. It highlighted that there is a clear willingness to provide services if they are not already doing so.

## Enhanced and Other Locally Commissioned Services

*Which of the following services does the pharmacy provide, or would be willing to provide?*

	Frequency				Percentage			
	Currently providing	Willing to provide if commissioned	Not able or willing to provide	Not Responded	Currently Providing	Willing to provide if commissioned	Not able or willing to provide	Not Responded
<b>Enhanced and Other Locally commissioned services</b>								
Anticoagulant Monitoring Service	0	24	6	4	0.0%	70.6%	17.6%	11.8%
Anti-viral Distribution Service	0	25	5	4	0.0%	73.5%	14.7%	11.8%
Care Home Service	7	16	6	5	20.6%	47.1%	17.6%	14.7%
Chlamydia Testing Service	13	14	4	3	38.2%	41.2%	11.8%	8.8%
Chlamydia Treatment Service	2	21	6	5	5.9%	61.8%	17.6%	14.7%
Contraceptive service (not EC)	4	2	0	28	11.8%	5.9%	0.0%	82.4%



	Frequency				Percentage			
Disease Specific Medicines Management Service:	Currently Providing	Willing to provide if commissioned	Not able or willing to provide	Not Responded	Currently Providing	Willing to provide if commissioned	Not able or willing to provide	Not Responded
Minor Ailment Scheme	24	6	1	3	70.6%	17.6%	2.9%	8.8%
Emergency Contraception Service	19	9	2	4	55.9%	26.5%	5.9%	11.8%
Needle and Syringe Exchange Service	16	13	6	5	47.1%	38.2%	17.6%	14.7%
Medication Review Service	14	15	2	3	41.2%	44.1%	5.9%	8.8%
Emergency Supply Service (not NUMSAS)	6	22	0	2	17.6%	64.7%	0.0%	5.9%
Medicines Assessment and Compliance Support Service	3	22	4	5	8.8%	64.7%	11.8%	14.7%
Diabetes type I	2	26	3	3	5.9%	76.5%	8.8%	8.8%
Independent Prescribing Service	2	19	8	5	5.9%	55.9%	23.5%	14.7%
Prescriber Support Service	2	17	7	8	5.9%	50.0%	20.6%	23.5%
Asthma	1	27	2	4	2.9%	79.4%	5.9%	11.8%
COPD	1	27	2	4	2.9%	79.4%	5.9%	11.8%
Diabetes type II	1	27	2	4	2.9%	79.4%	5.9%	11.8%
Hypertension	1	25	4	4	2.9%	73.5%	11.8%	11.8%
MUR Plus/Medicines Optimisation Service	1	24	3	6	2.9%	70.6%	8.8%	17.6%
On Demand Availability of Specialist Drugs Service	1	20	7	6	2.9%	58.8%	20.6%	17.6%
Out of Hours Services	1	14	13	6	2.9%	41.2%	38.2%	17.6%
Allergies	0	27	3	4	0.0%	79.4%	8.8%	11.8%
Alzheimer's/dementia	0	27	3	4	0.0%	79.4%	8.8%	11.8%
CHD	0	27	3	4	0.0%	79.4%	8.8%	11.8%
Depression	0	27	3	4	0.0%	79.4%	8.8%	11.8%
Epilepsy	0	27	3	4	0.0%	79.4%	8.8%	11.8%
Heart Failure	0	24	5	5	0.0%	70.6%	14.7%	14.7%
Parkinson's disease	0	24	5	5	0.0%	70.6%	14.7%	14.7%
Other (please state)	0	0	2	32	0.0%	0.0%	5.9%	94.1%
Gluten Free Food Supply Service (i.e. not via FP10)	0	25	6	3	0.0%	73.5%	17.6%	8.8%
Commissioned Home Delivery Service (not appliances) <sup>(2)</sup>	0	22	7	5	0.0%	64.7%	20.6%	14.7%
Language Access Service	0	16	11	7	0.0%	47.1%	32.4%	20.6%
Obesity management (adults and children)	0	25	3	6	0.0%	73.5%	8.8%	17.6%
Not Dispensed Scheme	0	23	5	6	0.0%	67.6%	14.7%	17.6%
Phlebotomy Service	0	17	8	9	0.0%	50.0%	23.5%	26.5%
Schools Service	0	19	7	8	0.0%	55.9%	20.6%	23.5%

	Frequency				Percentage			
	Currently Providing	Willing to provide if commissioned	Not able or willing to provide	Not Responded	Currently Providing	Willing to provide if commissioned	Not able or willing to provide	Not Responded
<b>Screening Service</b>								
Alcohol	6	18	5	5	17.6%	52.9%	14.7%	14.7%
Cholesterol	3	22	4	5	8.8%	64.7%	11.8%	14.7%
Diabetes	4	23	3	4	11.8%	67.6%	8.8%	11.8%
Gonorrhoea	0	23	6	5	0.0%	67.6%	17.6%	14.7%
H. pylori	0	24	5	5	0.0%	70.6%	14.7%	14.7%
HbA1C	0	24	5	5	0.0%	70.6%	14.7%	14.7%
Hepatitis	0	22	7	5	0.0%	64.7%	20.6%	14.7%
HIV	0	19	8	7	0.0%	55.9%	23.5%	20.6%
<b>Other Vaccinations</b>								
Seasonal Influenza Vaccination Service	21	5	3	5	61.8%	14.7%	8.8%	14.7%
Childhood vaccinations	1	18	8	7	2.9%	52.9%	23.5%	20.6%
Hepatitis (at risk workers or patients)	0	19	9	6	0.0%	55.9%	26.5%	17.6%
HPV	1	19	9	5	2.9%	55.9%	26.5%	14.7%
Travel vaccines	3	22	4	5	8.8%	64.7%	11.8%	14.7%
<b>Other Services</b>								
Sharps Disposal Service	12	14	5	3	35.3%	41.2%	14.7%	8.8%
Stop Smoking Service	16	14	0	4	47.1%	41.2%	0.0%	11.8%
Supervised Administration Service	23	7	2	2	67.6%	20.6%	5.9%	5.9%
Vascular Risk Assessment Service (NHS Health Check)	0	22	4	8	0.0%	64.7%	11.8%	23.5%

### Non-commissioned services

Pharmacies were also asked about the additional services they provide which are not commissioned these included the collection of prescriptions from GP practices, the delivery of dispensed medicines and monitored dosage systems. Almost all of the respondents provide a collection service from GP practices. Of the other additional services all of the pharmacies providing these services are doing this free of charge.

*Does the pharmacy provide any of the following?*

	Frequency	Percentage
Collection of prescriptions from GP practices	33	97.1%
Delivery of dispensed medicines – Free of charge on request	29	85.3%
Delivery of dispensed medicines - Chargeable	0	0.0%
Monitored Dosage Systems – Free of charge on request	31	91.2%
Monitored Dosage Systems – chargeable	0	0.0%

## **APPENDIX 5: LETTER SENT TO KEY STAKEHOLDERS**

### **Chief Executive's Office**

Public Health Team  
2nd Floor Princess Buildings  
Princess Street  
Halifax  
HX1 1TP

Dear Sir/Madam

#### **Your views on Calderdale's Pharmaceutical Needs Assessment**

Calderdale Metropolitan Borough Council is in the process of producing a new Pharmaceutical Needs Assessment (PNA) for 2018-2021. This is a statutory Health and Wellbeing Board responsibility, as set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The PNA sets out a statement of pharmaceutical services currently provided and assesses whether current provision meets the needs of the local population. This will then be used by NHS England in considering applications to open a new pharmacy, move an existing pharmacy, or to commission additional services from a pharmacy. The PNA will also be used by the Clinical Commissioning Group and Local Authority when reviewing relevant service commissioning arrangements.

As part of the development process, we are required to make a draft of the PNA available for local health partners to comment on ahead of publication by 1st April 2018. The draft PNA is now available on the Calderdale Metropolitan Borough Council website, along with a consultation response form to collect your comments and feedback. Both the PNA document and response form can be found by accessing this link: [www.calderdale.gov.uk/consultations](http://www.calderdale.gov.uk/consultations).

The consultation will open on 20th December and will remain open until 18th February.

If you require a paper copy of either the PNA or response form, please contact the above address and we will send you a copy within 14 days.

All feedback received by 18th February will be used as appropriate to revise the PNA for final publication by 1st April 2018.

We look forward to receiving your feedback on the draft Calderdale PNA 2018.

Yours faithfully

Paula Holden

**Public Health Information Manager**

## APPENDIX 6: CONSULTATION RESPONSES

In total, 9 responses to the draft PNA consultation were received. Seven were on behalf of pharmacies in the area, and two from other organisations (Community Pharmacy West Yorkshire and Rochdale Health and Wellbeing Board).

Comments from the consultation are outlined below, along with the authors' response to these.

Comment/Theme	Response
Table 14 (p33) does not show Head Lice and Minor Ailments Service Provision from Shelf Pharmacy-NHS Choices shows these services as being available.	Shelf pharmacy wasn't included on the lists sent to us by NHS England in December 2017 for those providing head lice and minor ailments services. However as it's on the NHS choices website we have updated the PNA to include this.
Would be better to detail specific service provision from individual pharmacies-rather than a general overview of each ward (electoral wards don't mean much to people in my opinion-they are concerned with what's happening in their neighbourhood)	Grouping the service provision by ward allows us to ensure that there is good coverage geographically. Some services have been shown on maps where you can see the ward and exact location.
I also can't find a list of HLPs.	A link to a register of healthy living pharmacies has been added
I feel the use of the word majority should be replaced by a percentage (e.g. if 51% approved and 49% disagreed then almost half the population are unsatisfied)	Have replaced/re-phrased some, where percentage is below 75%
Need enhanced minor ailment scheme also why restrict EHC to just women under 25 and receiving free prescriptions?	It is beyond the scope of the PNA to challenge commissioning decisions
The new directive of pharmacies not being allowed to order on behalf of patients is causing problems in some areas	It is beyond the scope of the PNA to challenge commissioning decisions
The results of Annual Community Pharmacy Questionnaires should be incorporated. These are produced each year by every Community Pharmacy and although the surveys should be taken into account by individual pharmacies they contain a wealth of information/data that would inform the	<a href="#">The Annual Community Pharmacy Questionnaire</a> is essentially a customer satisfaction survey. It is beyond the scope of the PNA to assess how pharmacies in Calderdale are performing against customer expectations

PNA.	
The results of the public survey at Todmorden- although possibly skewed-seem to show there should be concerns with the Service Provision there.	The response rate to the survey was very low and respondents of the survey were not representative of the general population of Calderdale. Just over a third of all responses were from Todmorden residents and it was suspected that there were some duplicate responses. Results should be interpreted with extreme caution. They have been included for transparency and completeness.
On a minor point p6 bullet point 2 carries an additional 'and' typo.	Amended
The map included as appendix 1 -Pharmacy locations at ward level across Calderdale and those pharmacies located within two miles of the Calderdale boundary- is not clear as to which pharmacies are within the Calderdale boundary and which are outside of the HWB but who provide services to those within the HWB. It is suggested that an explanation is given that the yellow-line denotes the area 2 miles outside of the HWB area and the (currently unclear) maroon line is marked differently and identified as the boundaries of the HWB area.	Amended to make clearer
The PNA assessment would be enhanced if, as suggested in the DH guidance for Health and Wellbeing Boards, the PNA used data from the Information Services Portal at the NHS Business Services Authority (NHSBSA) <sup>2</sup> to assess the use of distance-selling pharmacies and dispensing appliance contractors by people residing within the HWB's area.	Have been unable to gain access to this data
<p>Within the draft PNA introduction (p6) it is stated that 'This Assessment does not consider pharmaceutical services provided outside of a community pharmacy setting, as responsibility for assessing these lies elsewhere'.</p> <p>A PNA must consider all pharmaceutical providers on the pharmaceutical list; pharmacy contractors, dispensing appliance contractors (DAC), dispensing doctors and Local Pharmaceutical Services (LPS)</p>	Updated to make this clearer

<p>contractors. Although Calderdale HWB only includes pharmacy contractors in order to comply with</p> <p>Schedule 1, para 1 the PNA must include pharmaceutical services that are outside the HWB area but contribute to pharmaceutical services within its area. This will include DACs, distance-selling pharmacy contractors. A PNA must also include information on other relevant services in order to meet Schedule 1, para 3. Relevant services may include other providers of stop smoking services or non-pharmacy access to emergency contraception.</p> <p>The PNA introduction statement must be amended to make it clear that all pharmaceutical providers and other relevant services have been considered as part of the assessment.</p>	
<p>It is recommended that PNA consistently uses distance-selling when referring to this contractor type. Use of other terms (such as mail order in section 5.2) may cause confusion.</p>	Amended
<p>P31 states 'It should be noted that patients requiring appliance or stoma services can also access these from pharmacies outside the Calderdale area.' This statement should be amended to include that patients can access these services from pharmacies and Dispensing Appliance Contractors (DACs) from outside the area.</p>	Amended
<p>The PNA should make it clear that the care home service is limited by NHS England in its</p> <p>commissioning from a small number of pharmacy contractors. This commissioning decision is to ensure that a small number of pharmacies are experts in providing this service. The service is provided by this small number of pharmacies to all care homes within Calderdale.</p>	Added
<p>Reference to other relevant services should be made including the provision of EHC via the GP and sexual health clinics.</p> <p>Section 4.3 includes a statement that levels of teenage pregnancy are higher than the England</p>	Added

average. Given this fact it would be wise to outline that the provision of EHC services by community pharmacy, sexual health clinics and GPs and an assessment that access to emergency contraception is sufficient.	
Reference to other relevant drug misuse services should be made including the provision needle exchange from non-pharmacy sites.	The PNA already contains information on the current service for drug misusers across Calderdale that is provided by South West Yorkshire Partnership Foundation Trust (SWYFT).
CPWY have been mapping pharmacy accreditation with the RSPH with the existing HLP local accreditation data. In Dec 17 there were 39 HLPs in Calderdale and 470 across West Yorkshire.	Amended to reflect the latest data
Reference to activity data for minor ailments and head lice from the last two quarters of 2013/14 is not relevant to the 2018 PNA. This should either be removed or updated with recent activity data from NHS England who commission the service.	Removed
It may be worthwhile noting that as an advanced service NUMSAS is available from pharmacies outside of Calderdale. Patients are given a choice of NUMSAS pharmacy to access and may find a NUMSAS pharmacy located outside of Calderdale more convenient for them.	Added
Appendix 5 (and other maps with note regarding opening of DSP)  It is suggested that the statements relating to the DSP are removed. E. g. 'Please note there is also a distance selling pharmacy located in Todmorden (not shown on the map) that is open on a Saturday morning, however distance selling pharmacies cannot offer essential face-to-face services'. Many other non-Calderdale DSP will also be open on a Saturday mornings, afternoons and Sundays, however, as they cannot provide essential face-to-face services their opening is not relevant.	Amended
Appendix 9. Location of pharmacies holding a 100-hour contract The map identifies that a pharmacy in	Amended

<p>Todmorden holds a 100-hour contract. This map should only</p> <p>identify pharmacies open under the Regulatory exemption for pharmacies open for 100-hour which are:</p> <p>Brighouse Pharmacy Church Lane Surgery 24 Church Lane Brighouse HD6 1AT</p> <p>Elland Pharmacy 18 Huddersfield Road Elland HX5 9DW</p> <p>King Cross Pharmacy 206 King Cross Road Halifax HX1 3JP</p> <p>Ovenden Pharmacy Beechwood Medical Centre 60a Keighley Road Halifax HX2 8AL</p> <p>Queen's Road Pharmacy 238 Queen's Road Halifax HX1 4NE</p> <p>Sowerby Bridge Pharmacy Unit 4a Station Road Sowerby Bridge HX6 3AA</p> <p>Tesco In-Store Pharmacy Huddersfield Road Brighouse HD6 1RZ</p> <p>Tesco In-Store Pharmacy Haugh Shaw Road Halifax HX1 3TU</p>	
<p>LPS contracts (p75)</p> <p>It would be wise to note that although 2 pharmacies responded that they hold an LPS contract NHS England have confirmed that no pharmacy in Calderdale holds an LPS contract.</p>	Added
<p>Calderdale Pharmacy Services Pharmacy Survey</p> <p>Given that this survey demonstrated a high level of willingness to provide new and innovate services the body of the PNA should include a statement to reflect this willingness as this supports the PNA conclusion that any future needs are likely to be met by providers currently on the pharmaceutical list.</p>	Added