

Walsall Health and Wellbeing Board

# Walsall Pharmaceutical Needs Assessment 2022-2025

The document has been prepared to meet the requirements of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

1<sup>st</sup> October 2022

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## Glossary

The table below defines terms included within this PNA:

Term	Definition
AUR	Appliance Use Reviews
BCICB	Black Country Integrated Care Board
CCG	Clinical Commissioning Group
CGL	Change Grow Live
CHD	Chronic Heart Disease
CPCF	Community Pharmacy Contractual Framework
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardio-vascular disease
DH	Department of Health
DSR	Direct Standardised Rate
EHC	Emergency Hormonal Contraception
GP	General Practitioner
HWB	Health and Wellbeing Board
IBA	Interventional Brief Advice
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LCS	Locally Commissioned Services
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LRC	Local Representative Committee
NHS	National Health Service
NHSE&I	NHS England and NHS Improvement
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OHID	Office for Health Improvement & Disparities (formerly Public Health England)
ONS	Office for National Statistics
PCN	Primary Care Network
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
POCT	Point Of Care Testing
SAC	Stoma Appliance Customisation
SMEs	Small and Medium Sized Enterprises
STP	Sustainability and Transformation Plans
TB	Tuberculosis

## Executive Summary

This document is Walsall's Health and Wellbeing Board's (HWB) pharmaceutical needs assessment (PNA). The document has been prepared to meet the requirements of the National Health Service (NHS) (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

### *The purpose of a PNA*

The PNA is a key commissioning tool for NHS England and NHS Improvement (NHSE&I), local authority and Clinical Commissioning Group's (CCG). The PNA includes pharmaceutical services and other services that may be delivered through community pharmacy. The PNA maps current provision, assesses local need, and identifies any gaps in provision.

NHSE&I has the responsibility for determining market entry to a pharmaceutical list and the PNA forms an important part of the decision process.

Robust, up to date evidence is important to ensure that community pharmacy services are provided in the right place and that the pharmaceutical services commissioned by NHSE&I and services commissioned by Walsall Council and the CCG meet the needs of the communities they serve.

This PNA has been developed in accordance with Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and through a process of engagement and collaboration with stakeholders.

This PNA includes information on:

- The legislative background.
- Demography of the Walsall population.
- Pharmacies in Walsall and the services they currently provide.
- Maps relating to Walsall and providers of pharmaceutical services in the area.
- Conclusions on assessments of pharmaceutical need.
- Potential gaps in provision that could be met by providing more services through our existing provision of pharmacies and likely future pharmaceutical needs.

Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. Covering 40 square miles, it is located to the north-west of Birmingham, and is one of the four local authorities that make up the Black Country sub-region (with Dudley, Sandwell and Wolverhampton). Walsall town centre lies at the heart of the borough surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall district centres.

Walsall's overall population of 286,700 (ONS 2020) residents is predicted to increase by 5.9% over 10 years, from 274,200 in 2014 to 290,200 in 2024. Like many areas, the predicted growth of Walsall's older population (> 65) is higher than this at 12.4%. There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017. Therefore, planning to meet the needs of a growing younger

population as well as a growing number of older people is incorporated within the Local Authorities' key strategic priorities, while recognising that the proportion of residents likely to be economically active is projected to fall.

Walsall is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. The number of non-UK born residents in Walsall increased by 3.7% (or 9,900 people) between the 2001 and 2011 censuses and Walsall now has a small Eastern European population who make up about 1% of residents (2,700 people in total). In terms of children and young people aged 0-17, the proportion of pupils from minority ethnic groups has increased to 37.4% of all pupils living in the area from 36.7% in 2016 and 24% Primary pupils have English as an additional language. (School Census, January 2017).

The following sections summarise the conclusions of the PNA which have been derived by mapping health needs of the population from the perspective of pharmaceutical services against current pharmaceutical service provision.

### **Access to Essential Services**

Essential pharmaceutical services are part of the pharmacy contractual framework and must be provided by all community pharmacies. As of June 2022, there are 71 pharmacies in Walsall, of which 10 are '100 hour' pharmacies and seven are wholly Internet/distant selling pharmacies.

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**The pharmacy service provision to patient ratio to be sufficient within the Walsall boundary. This will be kept under review for any increase in population or any future housing developments.**

**There are sufficient pharmacies in Walsall and the surrounding area to provide essential pharmaceutical services to its population. The HWB are not aware of any deficiencies in these services.**

**From the accessibility SHAPE tool, there are sufficient pharmacies located across the borough to meet the needs of the population, in addition of the resident survey, most access via car.**

**Pharmacies are open to provide services at the times needed and used by the population. The resident survey did not highlight the need for additional opening hours.**

**The access to current pharmacy service provision in terms of GP surgery opening hours is sufficient to meet the requirements of the local population.**

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**There is sufficient access to the pharmaceutical service needs of patients during GP extended surgery and Urgent Treatment Centre hours.**

**There is good alignment between pharmacies and GP practices (this reflects responses from the resident survey).**

**This PNA has concluded that there is no need for further pharmaceutical contract applications.**

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### **Access to Advanced Services**

There are Advanced Services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions, these include:

1. Community Pharmacy Consultation Service
2. Flu Vaccination Service
3. Hepatitis C Testing Service
4. Hypertension Case Finding Service
5. New Medicine Service
6. Smoking Cessation Service
7. Appliance Use Review
8. Stoma Customisation Service

These are nationally commissioned services over which the HWB has limited control and has no levers to improve the quality or targeting of the service.

### ***Community Pharmacy Consultation Service***

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***There are 64 out of 72 pharmacies across the borough which offer the community pharmacy consultation service and a further three pharmacies indicated they intend to provide in the next 12 months. This illustrates good coverage across Walsall with no gaps identified.***

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### ***Flu Vaccination Service***

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***There are 40 pharmacies across the borough, actively providing the flu vaccination service, the community pharmacy questionnaire indicated that 51 pharmacies are currently providing the service and another three providers intend to provide within the next 12 months. There is good coverage***



*with GPs and pharmacies working jointly to ensure service delivery.*

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### *Hepatitis C Testing Service*

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**There are currently 4 pharmacies providing this service. The Community Pharmacy questionnaire indicated that there is one further contractor that intends to provide the service within the next 12 months.**

**Whilst there is little cover of this service, this is also available for individuals to access through the Drug and Alcohol provider, Change, Grow, Live (CGL).**

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### *Hypertension Case Finding Service*

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**There are 44 pharmacies across the borough providing the hypertension case finding service, there is good overage of this service.**

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### *New Medicines Service*

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**There is good provision of New Medicine Service across Walsall that help to deal with adherence to medicines and the management of people with long-term conditions.**

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### *Smoking Cessation Service*

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**The location of pharmacies offering the smoking cessation service is judged to be in the right places.**

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### *Appliance Use Reviews and Stoma Appliance Customisation*

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***Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require***

*either from a clinic or hospital or from a dispensing appliance contractor located in another area*

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### **Enhanced Services**

Enhanced services commissioned by NHSE&I in response to the needs of the local population.

### **Community Pharmacy National Enhanced Service COVID-19 Vaccination Programme**

NHSE&I commission a COVID- 19 vaccination service directly from community pharmacy. It has been commissioned where there is a local population need, where Pharmacy Contractors can meet the key designation requirements and where NHSE&I considers the contractor best placed to meet that need.

### **Bank Holiday Rota Service**

NHSE&I commission a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

### **The Community Pharmacy Extended Care Service**

This service aims to provide eligible patients who are registered with a General Practitioner (GP) contracted to NHSE&I Midlands Region with access to support for the treatment of the following:

#### **Tier 1**

- Simple UTI in Females (from 16 years up to 65 years of age)
- Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

#### **Tier 2**

- Treatment of Impetigo
- Treatment of Infected Insect Bites
- Treatment of Infected Eczema

**Tier 3 (to be commissioned late 2022)**, will only be available for offer by selected pharmacies by NHSE&I

- Treatment for Otitis Media (aged from 3 months to 16 years)

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**Currently, 31 pharmacies offer Tier 1 and 21 offer both Tier 1 and Tier 2. There is good provision of this service across Walsall.**

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## Local Authority Commissioned Public Health Services

### *Emergency Hormonal Contraception (EHC)*

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In relation to the teenage mother data thematically mapped, there are pharmacies accessible for accessing EHC should it be needed. Furthermore, additional pharmacies have expressed an interest in providing this service in the future.

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### *Supervised Consumption of Prescribed Medicines Service*

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Many of the localities within the borough in need of this service have a pharmacy(s) signed up to provide.

The recent pharmacy survey indicated 17 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.

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### *Needle Exchange*

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Some areas within the borough, in need of the service have a pharmacy(s) signed up to provide this service

The recent pharmacy survey indicated 24 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.

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### *Supply of Naloxone*

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Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings. Change Grow Live (providers of this service) plan to engage with pharmacies to improve uptake of the service.

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### *Stop Smoking Services (varenicline supply)*

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At the time of writing this PNA, the service is on hold as there are currently long-term supply issues of this drug, and no supply date has been issued by the manufacturer.

All Walsall residents (and those who work within the borough) can access smoking cessation services from the commissioned smoking cessation provider. It is therefore accepted that there are no current gaps in provision at this time. The community pharmacy questionnaire indicated that 39 pharmacies would be willing to provide stop smoking NRT voucher service if commissioned and 40 contractors would be willing to provide the supply of varenicline under a PGD.

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### *Distribution of Healthy Start Vitamins [provided on a voluntary basis]*

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There are currently 8 providers across the borough. Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings.

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### *Black Country Integrated Care Board Commissioned Services*

#### *Minor Ailments Scheme (Pharmacy First)*

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The majority of communities within the borough have a pharmacy(s) signed up to provide this service. Communities that do not have a pharmacy signed up have access to a service nearby. The community pharmacy questionnaire indicated that 15 providers would be willing to provide the service.

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#### *Palliative Care Service*

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The on-call pharmacist covers the whole of the borough so there are no geographical gaps. Walsall does not need any further providers of this service, as there are no issues with covering the on-call rota.

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***COVID-19 urgent and emergency eye care service (CUEs)***

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**Pharmacy distribution is fairly evenly spread and aligned with the ophthalmic optometrists providing the service.**

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## 1. Introduction

To provide pharmaceutical services, there is a requirement to apply to the NHS to be included in a pharmaceutical list. Pharmaceutical lists are compiled and as of October 2021 are held by NHS England and NHS Improvement (NHSE&I). This is commonly known as the NHS “market entry” system.

Under the 2013 regulations, to provide pharmaceutical services, a person must apply to NHSE&I to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant pharmaceutical needs assessment. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. The first Pharmaceutical Needs Assessments (PNAs) were published by Primary Care Trusts (PCTs) and were required to be published by 1 February 2011.

From April 2013, Health and Wellbeing Boards (HWB) became responsible for pharmaceutical needs assessments.

Walsall HWB published their first PNA in 2015 and a revised PNA in 2018.

## Legislation

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1<sup>st</sup> April 2013.

The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

## Wider Context

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to joint strategic needs assessments. The aim of joint strategic needs assessments is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to determine what actions local authorities; the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities.

The preparation and consultation on the pharmaceutical needs assessment should take account of the joint strategic needs assessments and other relevant strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of pharmaceutical needs assessments is a separate duty to that of developing joint strategic needs assessments as

pharmaceutical needs assessments will inform commissioning decisions by local authorities, NHSE&I, and clinical commissioning groups.

### **Implications for Health and Wellbeing Boards**

As the pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises, and is used by NHSE&I (and, on appeal, NHS Resolution) to determine such applications, there are serious implications for health and wellbeing boards who fail to meet their statutory duties.

There is no right of appeal against the findings or conclusions within a pharmaceutical needs assessment. Health and wellbeing boards (although in reality this will be the local authority) therefore face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment, e.g. by failing to consult properly or take into consideration the results of the consultation exercise undertaken, or fail to publish by the required deadlines.

In addition, a pharmaceutical needs assessment that does not meet the requirements of the 2013 regulations, or is poorly worded, may lead to:

- an increase in applications for premises that are not required,
- applications being granted when they should be refused and vice versa,
- applications for new pharmacy premises being granted but which do not meet the local authority's strategic plans, and
- an increase in the number of appeals against decisions made by NHSE&I.

## 2. Definitions

Within the regulations there are a number of words and phrases that need to be understood in the context of pharmaceutical needs assessment. The most relevant ones are explained below.

### Advanced Services

Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. Information on these standards and the services themselves are set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff.

The following services may be provided by pharmacies:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service, and
- community pharmacy hepatitis C antibody testing service
- stop smoking service
- appliance use reviews
- stoma appliance customisation

The community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service were commissioned from community pharmacies in response to the pandemic, these were decommissioned 31<sup>st</sup> March 2022.

### Appliances

Whilst drugs are the most common healthcare intervention and a large proportion of the health and wellbeing board's population will have prescribed them on a regular or occasional basis, a smaller proportion will require access to appliances.

The pharmaceutical needs assessment will therefore need to consider access to both drugs and appliances. Whilst pharmacies are required to dispense valid NHS prescriptions for all drugs, both they and dispensing appliance contractors may choose which appliances they provide in their normal course of business. They may choose to provide a certain type of appliance, or types of appliance, or they may choose to provide all appliances. Some pharmacies may choose not to provide any appliances. A large proportion of patients who are regular users of appliances will have them delivered, often by dispensing appliance contractors based in other parts of the country (see 'Dispensing appliance contractors' section below).

### Controlled localities

Controlled localities are areas that have been determined to be 'rural in character' by NHSE&I (or a preceding organisation) or on appeal by NHS Resolution. There is no one factor that determines whether or not an area is rural in character; rather NHSE&I will consider a range of factors which may include population density, the presence or absence of facilities, employment patterns, community size and distance between settlements, and the availability of public transport.



Their importance comes into play in relation to the ability for a GP practice to dispense to its registered patients. In order to be dispensed to, as a starting point, the patient must live in a controlled locality, more than 1.6km (measured in a straight line) from a pharmacy.

### **Directed services**

This is a collective term for advanced and enhanced services.

### **Dispensing appliance contractors**

Dispensing appliance contractors are different to pharmacy contractors because they:

- only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs
- are not required to have a pharmacist
- do not have a regulatory body
- their premises do not have to be registered with the General Pharmaceutical Council.

Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. There are far fewer of them compared to pharmacies (there were 111 dispensing appliance contractors as of 30 June 2021 compared to 11,201 pharmacies).

### **Dispensing doctors/practices**

Whilst the majority of people living in the health and wellbeing board's area will have their prescriptions dispensed by a pharmacy, some will have them dispensed by their GP practice. In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

- they must live in a controlled locality,
- they must live more than 1.6km (measured in a straight line) from a pharmacy,
- the practice must have approval for the premises at which they will dispense to them, and
- the practice must have the appropriate consent for the area the patient lives in.

### **Distance selling premises**

Distance selling premises are pharmacies, but the 2013 regulations do not allow them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier, for example. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.

### **Enhanced services**

Enhanced services are the third tier of services that pharmacies may provide, and they can only be commissioned by NHSE&I. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) which can be found in the Drug Tariff.

Whilst the local authority may commission public health services from pharmacies these do not fall within the legal definition of enhanced services and are not to be referenced as such in the pharmaceutical needs assessment. See 'locally commissioned services' below.

### Essential services

All pharmacies, including distance selling premises, are required to provide the essential services. As of October 2021, there are seven essential services.

- (i) dispensing of prescriptions,
- (ii) dispensing of repeat prescriptions i.e., prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days, and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
- (iii) disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- (iv) promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight, and participating in six health campaigns were requested to do so by NHSE&I.
- (v) signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- (vi) support for self-care which may include advising on over-the-counter medicines or changes to the person's lifestyle.
- (vii) discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.

Dispensing appliance contractors have a narrower range of services that they must provide:

- dispensing of prescriptions.
- dispensing of repeat prescriptions.
- for certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

It should be noted that clinical governance is not an essential service. Instead, it is a framework which underpins the provision of all pharmaceutical services.

## **Integrated Care Boards and Integrated Care Systems**

From July 1<sup>st</sup> 2022, clinical commissioning groups were replaced by integrated care boards. The Health and Care Act 2022 provides for the establishment of Integrated Care Boards (ICBs) across England, as part of the Act's provisions for Integrated Care Systems (ICSs).

ICSs are partnerships of NHS bodies and local authorities, working with other relevant local organisations, which will come together to plan and deliver joined up health and care services to improve the lives of people in their area.

Each ICS will have an ICB which is a statutory NHS organisation responsible for developing a plan in collaboration with NHS trusts/foundation trusts and other system partners for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the defined area.

For the Black Country, the ICB is the NHS Black Country Integrated Care Board (BCICB) covering the Boroughs of Dudley, Sandwell, Walsall and the City of Wolverhampton.

From this point forward, references to CCGs and services previously commissioned by the CCG will now be referred to as ICBs or BCICB commissioned services.

## **Local pharmaceutical services**

NHSE&I does not hold signed contracts with the majority of pharmacies. Instead, pharmacies provide services under a contractual framework and the terms of service are set out in the 2013 regulations.

The one exception to this rule is local pharmaceutical services. A local pharmaceutical services contract allows NHSE&I to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 regulations. The contract must, however, include an element of dispensing.

## **Locally commissioned services**

Locally commissioned services are not a term that can be found within the 2013 regulations but is often used to describe those services commissioned from pharmacies by local authorities and clinical commissioning groups. As noted in the definition of enhanced services above, they are not enhanced services because they are not commissioned by NHSE&I.

## **Necessary services**

The 2013 regulations require the health and wellbeing board to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the pharmaceutical needs assessment. There is no definition of necessary services within the regulations and the health and wellbeing board therefore has complete freedom in this matter.

## Opening hours

Pharmacies and dispensing appliance contractors have two different types of opening hours – core and supplementary.

In general pharmacies will have either 40 or 100 core opening hours per week, although some may have a number that is between 40 and 100, and some may have less than 40.

Dispensing appliance contractors are required to have not less than 30 core opening hours per week, although some may have more or less.

Core opening hours can only be changed by first applying to NHSE&I. As with all applications, they may be granted or refused.

Any opening hours that are over and above the core opening hours are called supplementary opening hours. They can be changed by giving NHSE&I at least three months' notice.

## Other NHS services

Other NHS services are those services that are provided as part of the health service. They include services that are provided or arranged by a local authority (for example the public health services commissioned from pharmacies), NHSE&I, integrated care board, an NHS trust or an NHS foundation trust.

From April 2023 NHSE&I expects all ICBs will take on delegated responsibility for pharmaceutical services. It should be noted services commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the integrated care boards and will fall then within the definition of enhanced services.

## Other relevant services

These are services that the health and wellbeing board is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements, or better access, to pharmaceutical services. Once the health and wellbeing board has determined which of all the pharmaceutical services provided in or to its area are necessary services, the remainder will be other relevant services.

## Pharmaceutical services

Section 126 of the 2006 Act places an obligation on NHSE&I to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

Pharmaceutical services are a collective term for a range of services commissioned by NHSE&I. In relation to pharmaceutical needs assessments, it includes:

- essential, advanced and enhanced services provided by pharmacies,
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices, and
- services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced and enhanced services.

### **Unforeseen benefit applications**

The pharmaceutical needs assessment sets out needs for, or improvements or better access to, a range of pharmaceutical services or one specific service. This then triggers applications to meet those needs or secure those improvements or better access.

However, there are two types of application which lead to the opening of new premises that are not based on the pharmaceutical needs' assessments – those offering unforeseen benefits and those for distance selling premises. In 2020, these two types of applications accounted for approximately 94 percent of the applications submitted to open new premises (approximately 27 percent and 67 percent respectively).

Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the pharmaceutical needs assessment was written but would confer significant benefits on people in the area of the health and wellbeing board.

### 3. Development Process and Methods

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.

There are **eight** key stages to developing a pharmaceutical needs assessment:

#### 1. Governance

The PNA was overseen by the PNA Steering group, consisting of primary care contracting (NHSE&I), Public Health, Walsall Medicines Management, Local Pharmaceutical Committee and Healthwatch Walsall. Full membership of the working group is described in Appendix 1.

The HWB approved the process of developing the PNA and timeline.

#### 2. Gathering of health and demographic data

Updating of the data and the relevant mapping enabled conclusions to be provided in relation to pharmacy service provision across the borough.

#### 3. Public and contractor engagement

The HWB has engaged in consultation during the development of the draft PNA and these approaches include: -

- A Community Pharmacy survey was undertaken in February-April 2022. All contractors within Walsall Local Authority boundary were invited to participate. Providers were requested to provide details of their premises and current services offered and services they would be willing to provide. The results are summarised later in this document.
- Patient and Public survey was undertaken, a questionnaire developed with Healthwatch Walsall, the results also summarised later in the document.
- The Local Pharmaceutical Committee (LPC) for Walsall have been actively engaged throughout the developments of this PNA. This includes two members participating in the working group.
- Healthwatch Walsall have been actively engaged throughout the developments of this PNA with a representative participating in the working group.
- NHSE&I have been communicated with throughout the PNA development and have been requested to be a member of the working group. This is in addition to the mandatory consultation described below.

#### 4. Pharmaceutical services information

Data was obtained from routine contracting and activity data held by NHS Business Services Authority website, with supplementary information from NHS England and NHS Improvement, the ICB and Public Health and an electronic survey of pharmacy contractors. Data was obtained on other providers of services that are currently or could be provided by pharmacy providers.

## 5. Analysis and drafting

As the required data and information was gathered, drafting the document commenced.

## 6. Review and sign-off

Once the analysis and drafting were complete the steering group reviewed the document, identified any gaps in provision that either currently exist or will arise within the three-year lifetime of the document. The next draft of the document was then produced and shared with the steering group. The pharmaceutical needs assessment was then signed off by the steering group and passed to the board for sign-off prior to the consultation

## 7. Consultation

A mandatory formal consultation lasting 60 days was undertaken on the final draft of the PNA as per the Regulations, 2013. This took place between July and September 2022.

HWBs must consult the bodies set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- any persons on the pharmaceutical lists and any dispensing doctors list for its area.
- any LPS chemist in its area with whom the NHS has made arrangements for the provision of any local pharmaceutical services.
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area.
- the NHSE&I; and
- any neighbouring HWB.

Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC for the original HWB's area is consulted;

- there is a minimum period of 60 days for consultation responses; and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

Feedback received will be considered by the PNA working group and incorporated where appropriate.

## 8. Review, sign-off and publication

A report on the consultation is included in the final version of the document, and the steering group reviewed the responses to the consultation. The finalised document will be signed-off the health and wellbeing board and published on 1<sup>st</sup> October 2022.

### **Pharmaceutical Needs Assessment Objectives**

The aims of the PNA include enabling the NHSE&I, Local Authorities, ICBs, Local Pharmaceutical Committees (LPC), pharmacy contractors and other key stakeholders to:

- Make appropriate decisions regarding applications for NHS pharmacy contracts
- Gain a clear picture of pharmaceutical services currently provided
- Understand the current and future pharmaceutical needs of the local population
- Clearly identify and address any local gaps in pharmaceutical services
- Commission appropriate and accessible services from community pharmacy as the PNA can identify areas for future investment or development or areas where decommissioning is required.



## 4. Information to be included in the PNA

### What the legislation says

Regulation 4 and Schedule 1 of the 2013 regulations outline the minimum requirements for pharmaceutical needs assessments. In addition, regulation 9 sets out matters that the health and wellbeing board is to have regard to.

In summary the regulations require a series of statements of:

- the pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services;
- the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service;
- the pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access;
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other information that is to be included or taken into account is:

- how the health and wellbeing board has determined the localities in its area;
- how it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic;
- a report on the consultation;
- a map that identifies the premises at which pharmaceutical services are provided;
- information on the demography of the area;
- whether there is sufficient choice with regard to obtaining pharmaceutical services; • any different needs of the different localities; and
- the provision of pharmaceutical services in neighbouring health and wellbeing board areas.

### Exclusions from the scope of the PNA

The PNA regulations set out the scope for the PNA. There are elements of pharmaceutical services and pharmacists working in other areas that are excluded from this assessment. These include prison, secondary and tertiary care sites where patients may be obtaining a type of pharmaceutical service.

### Future PNAs and Supplementary Statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. A revised PNA may need to be published when significant changes to the need for pharmaceutical services are

identified, unless this is considered a disproportionate response. The HWB will therefore establish a system that allows them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

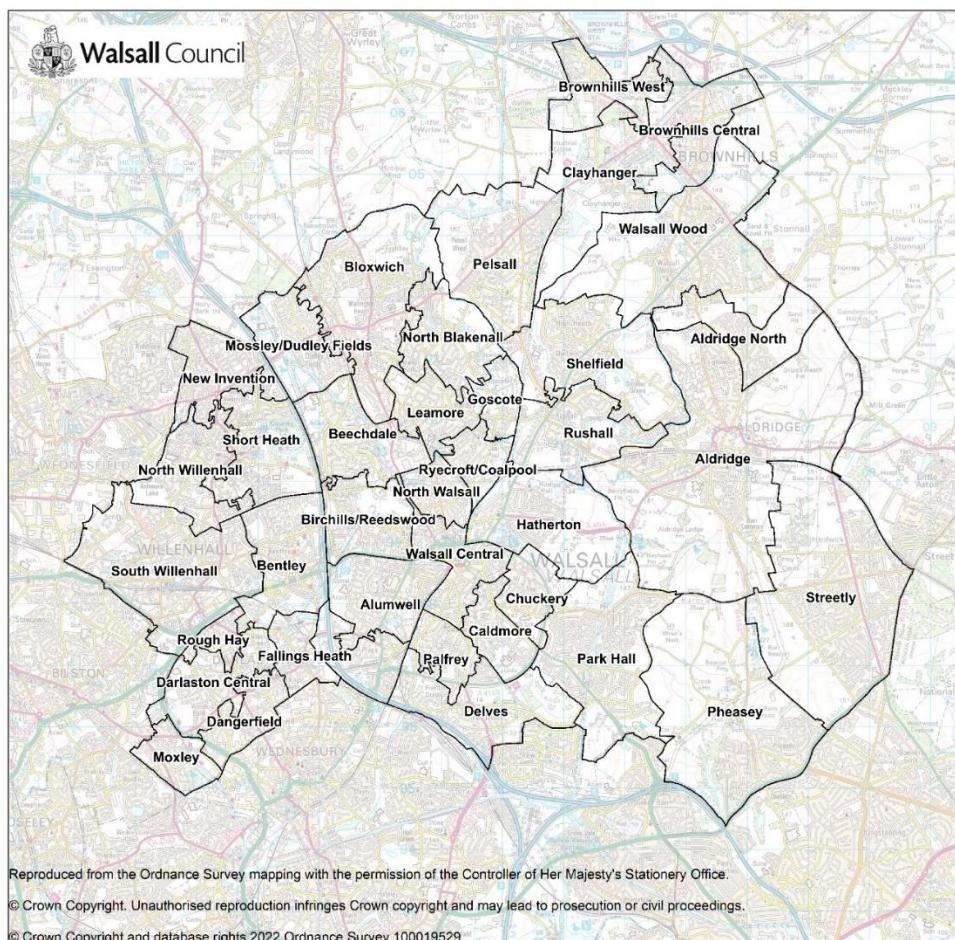
HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by the ICB as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHSE&I and its Area Teams have access to their PNAs.

### Localities for the purpose of the PNA

The PNA written in 2011 considered at depth the options for defining localities. It was unanimously agreed on the option of using “neighbourhoods/communities”. And that this approach for defining localities would inform the JSNA.

Walsall has 39 ‘community’ areas with an average of 6,400 residents in each. They are predominantly named after local urban centres, villages or large housing estates and the boundaries were the result of a large local authority consultation with residents at the turn of the century in Walsall and therefore more likely to be a ‘real world view’ of Walsall geography. The 39 communities are represented on the map below.

Map 1 – Walsall’s Community Boundaries



Source – Walsall Council, Ordnance Survey

## 5. Demographics

### Walsall Health Profiles

Health Profiles are produced annually by the Office for Health Improvement and Disparities (OHID) (formerly known as Public Health England (PHE)). The latest health profile for Walsall can be accessed using the following link - [Walsall Health Profile 2019](#). It is summarised as follows:

#### Health in Summary

The health of people in Walsall is varied compared with the England average. Walsall is one of the 20% most deprived districts/unitary authorities in England and about 25.8% (15,070) of children live in low-income families. Life expectancy for both men and women are lower than the England average.

#### Health Inequalities

Life expectancy is 10.4 years lower for men and 8.8 years lower for women in the most deprived areas of Walsall than in the least deprived areas.

#### Child Health

In Year 6, 26.2% (958) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 15 per 100,000 population, better than the average for England. This represents 10 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are worse than the England average.

#### Adult Health

The rate for alcohol-related harm hospital admissions is 688 per 100,000 population. This represents 1,814 stays per year. The rate for self-harm hospital admissions is 182 per 100,000 population. This represents 520 admissions per year. Estimated levels of adult excess weight in adults (aged 18+) are worse than the England average. The rates of new sexually transmitted infections and those killed and/or seriously injured on the roads fare better when compared to the England average. The rates of hip fractures in older people (aged 65+) and new cases of TB are worse than the England average. The rate of statutory homelessness is better than the England average. The rates of under 75 mortality from cardiovascular diseases and cancer are worse than the England average.

### Deprivation

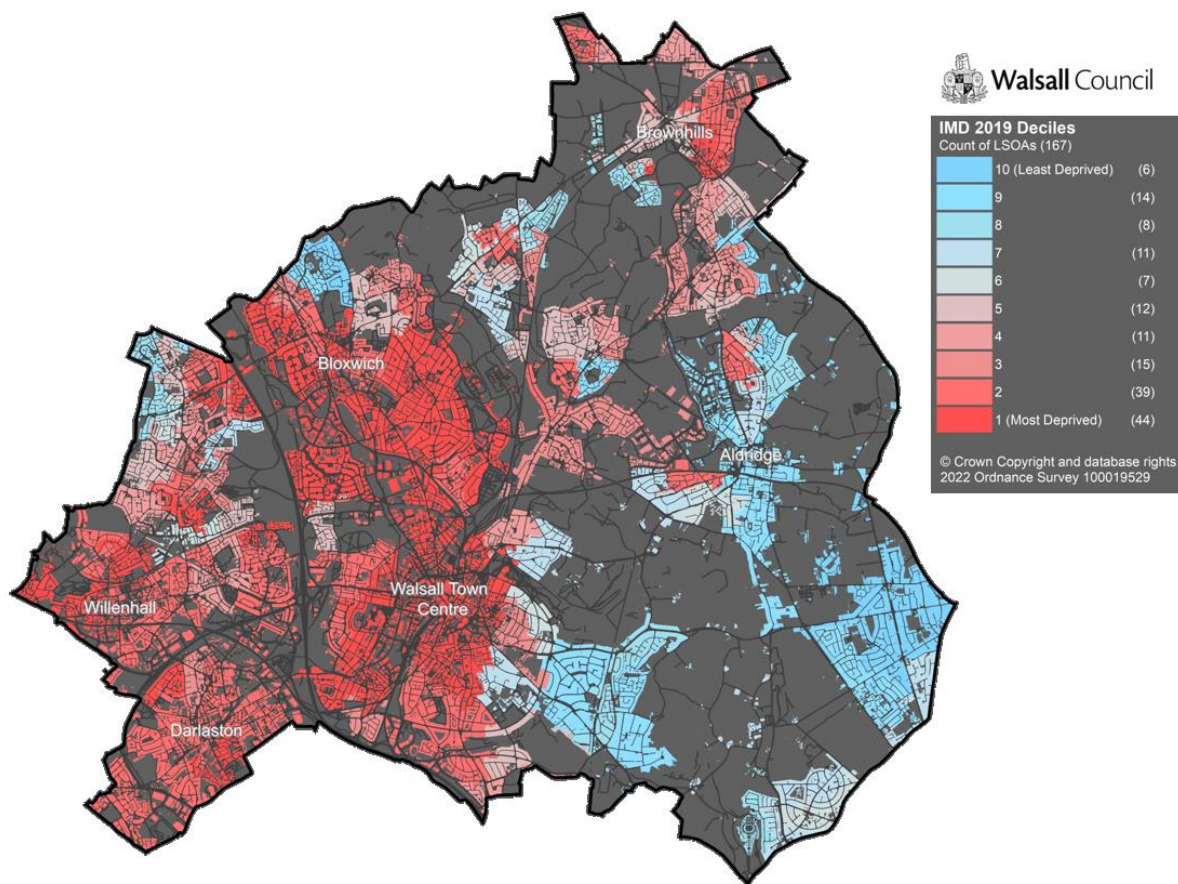
The English Indices of Deprivation 2019, produced by the Ministry of Housing, Communities and Local Government (MHCLG), identify small areas of England which are experiencing multiple aspects of deprivation. The Indices are based on seven aspects of deprivation:

1. Income
2. Employment
3. Health and Disability
4. Education, Skills and Training
5. Crime
6. Barriers to housing and services
7. Living environment

There are also two supplementary domains – Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI).

Within Walsall, there is considerable variation in the levels of deprivation experienced. There are pockets of extreme deprivation in some areas and over a quarter of LSOAs (44 out of 167) are amongst the most deprived 10% in England. This is more than the 34 LSOAs in 2015 and the 41 in 2010. These highly deprived LSOAs are located primarily in Blakenall, Birchills Leamore, Pleck, St Matthew’s and Bloxwich East and Bloxwich West wards. Darlaston and Willenhall South also have widespread multiple deprivation.

Map 2 – Indices of Multiple Deprivation (IMD), 2019



Source – Ministry of Housing, Communities and Local Government – English Indices of Deprivation, 2019

Further detail about Walsall’s IMD can be accessed on the Walsall Insight Website - [Walsall IMD 2019 Dashboard](#)

### Age Profiles

Walsall has an estimated population of 286,700 (ONS 2020 Mid-Year Estimates), comprised of approximately 21.7% children 0-15 (62,300), 60.8% working-aged 16-64 (174,300), and 17.5% 65 years & over (50,100), giving a dependency ratio of 0.64 dependents to every 1 working age adult. In terms of density, this equates to around 2,757 people per square kilometre. The population has seen a 7.45% increase over the past decade, from 266,800 in 2010: most of this increase

has been under 16s, increasing by 12.2% & over 65s growing by 10.2%, contrasted to a working age (16-64 years) increase of around 5.1% (2020 & 2010 ONS Mid-Year Estimates).

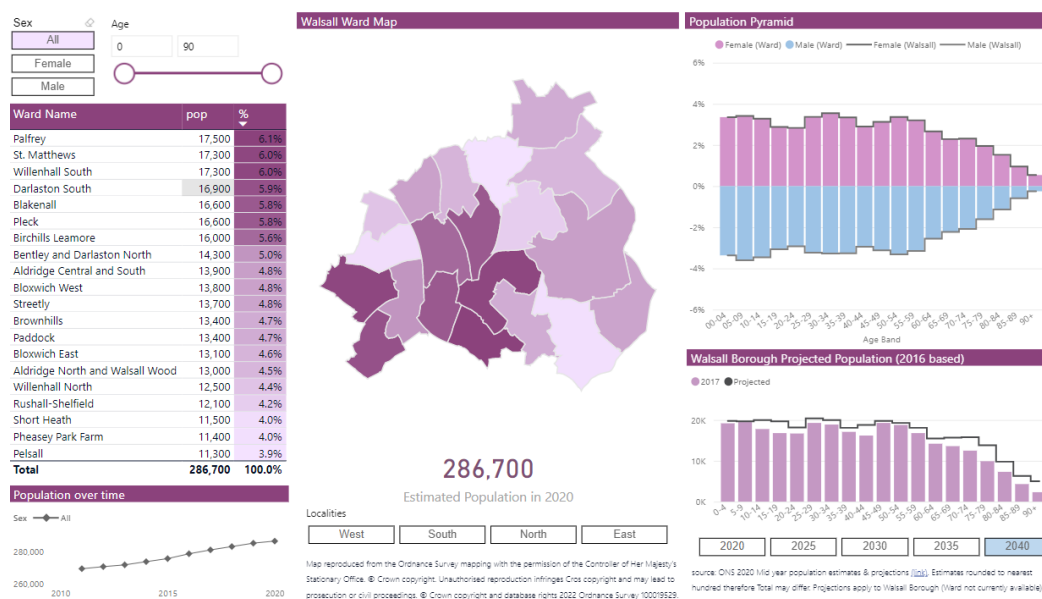
The mid-year 2020 estimates include the first wave of the COVID-19 pandemic, which saw population growth relatively decelerate due to COVID-19 mortality and reduced population movement via internal and external migration. As a consequence, it is estimated Walsall's population grew by 1200 (0.43%) from 2019-2020, contrasted to the previous year (2018-19) growth of 2,100 (0.74%). Against a five-year average (0.83% per year), 2020 saw the rate of population growth roughly halve.

Walsall's overall population is predicted to increase over the next 10 years by 5.9% from 274,173 in 2014 to 290,238 in 2024. In addition to this, Walsall's older population (those aged 65 and above) is also predicted to increase by 12.4%, with the number of older people 85 years and older increasing from 6,008 in 2014 to 8,669 in 2024 (an increase of 44.3%).

Walsall is expected to see continued and consistent population growth, projected to increase by 7% to an estimated 304,400 by 2030 and further by 13% to an estimated 320,400 by 2040 (2020 ONS, 2018-based projections). The largest increases are expected within older age groups; the population over 65 years of age will increase their share of the population from approximately 18% to 20% by 2040 (around a 1% decline in population share for both children and working-age adults). There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of Walsall of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017.

Therefore, planning to meet the needs of a growing number of a younger population as well as a growing number of older people is incorporated within our key strategic priorities, while recognizing that the proportion of residents likely to be economically active is projected to fall.

Figure 1 – Population in Walsall



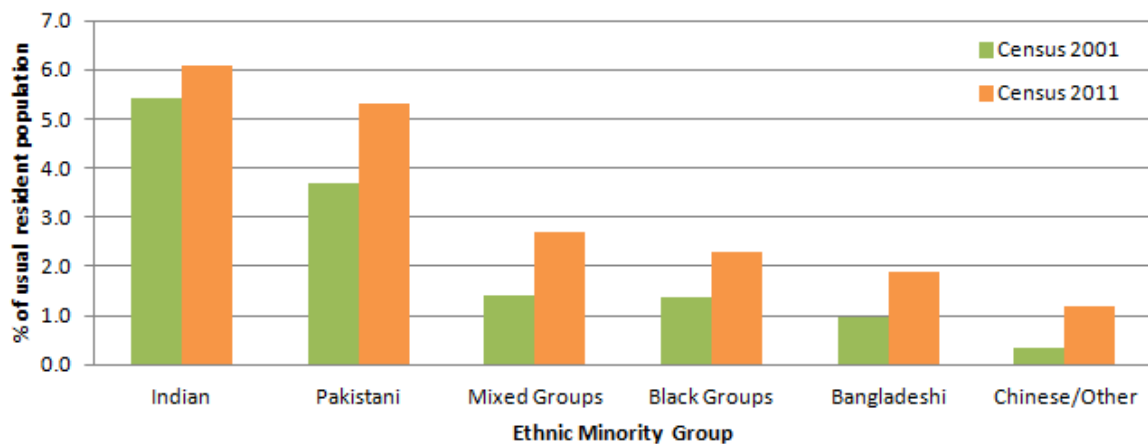
Source – MYE, ONS, Walsall Insight website

Further detail about Walsall's population can be accessed on the **Walsall Insight Website** - [Walsall 2020 Population](#)

### Ethnicity

The population of Walsall in 2011 was around 269,000. Of these, 'White British' remain the largest single group at 76.9%, the number of residents from a minority ethnic group has risen to almost one in four. People of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups in Walsall. The number of Non-UK Born residents in Walsall has increased by 3.7% (or 9,859 people) between the 2001 and 2011 censuses.

Figure 2– Minority ethnic group trends in Walsall – 2001 to 2011



Source- 2011 Census

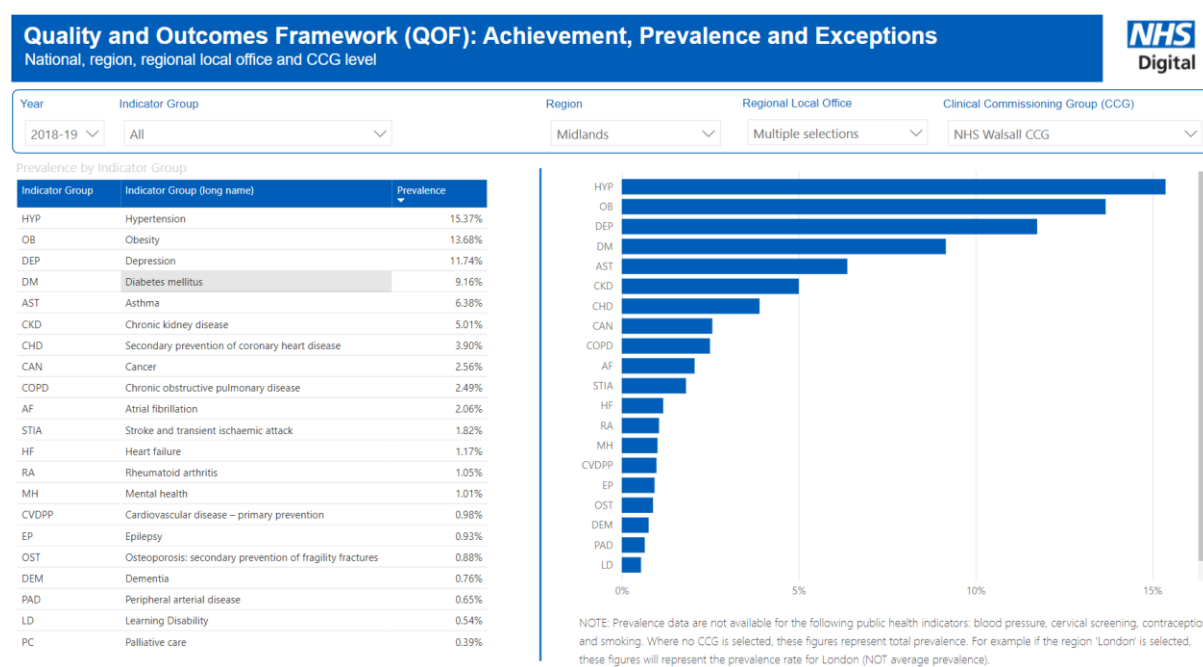
NB: White British population is not included in the chart.

The release of the Census 2021 results is not due until Summer 2022 and so at the time of writing this PNA, updated ethnicity data was not available to include. It is anticipated however that Walsall's ethnic population will have increased over the last decade, and it is important to ensure pharmacies are accessible to all residents needs across the borough.

### Disease Prevalence

The demographic trends described previously, coupled with higher-than-average recorded levels of several long-term conditions, poses significant challenges for the health and social care of the borough's elderly population in the future. This set of circumstances also provides extensive opportunities for primary prevention of disease.

Figure 3– Prevalence of long-term conditions in Walsall – 2018/19



Source – NHS Digital - Quality & Outcomes Framework

In Walsall the recorded prevalence of the majority of long-term conditions covered by the Quality and Outcomes Framework has increased since the last PNA, with the top three conditions consistent to last time:

1. Hypertension
2. Obesity
3. Depression

The most prevalent diseases as listed above are largely linked to unhealthy lifestyles, including poor diet and lack of exercise. Without significant intervention and reversal of these lifestyle factors, the burden of these conditions will likely continue to increase in the future resulting in additional costs to local health and social care services. Additionally, it may contribute to increasing levels of social exclusion and widening the inequalities gap between Walsall and England in relation to key outcomes such as healthy life expectancy.

## Potential Future Developments

Potential housing development sites in Walsall are illustrated in the map below to help determine the future impact upon pharmacy and health needs in the future. These sites include those allocated in the Unitary Development Plan (UDP) or Site Allocation Document (SAD) plus information from the 2020-21 Strategic Housing Land Availability Assessment (SHLAA).

As of April 2022, Walsall has a target of 5,454 homes to be completed over the next five years 2022-27. Known sites that have planning permission, are under construction or are allocated in the development plan are shown on the map below.

Furthermore, the Reg. 18 Draft Black Country Plan, which was consulted on last autumn proposed that 13,344 new homes will be provided in Walsall over the period 2021-2039 and will include site allocations to address these. An increased population would still surmount to an above average rate of pharmacies per 100,000 population of 24.5.

## Centres Uses

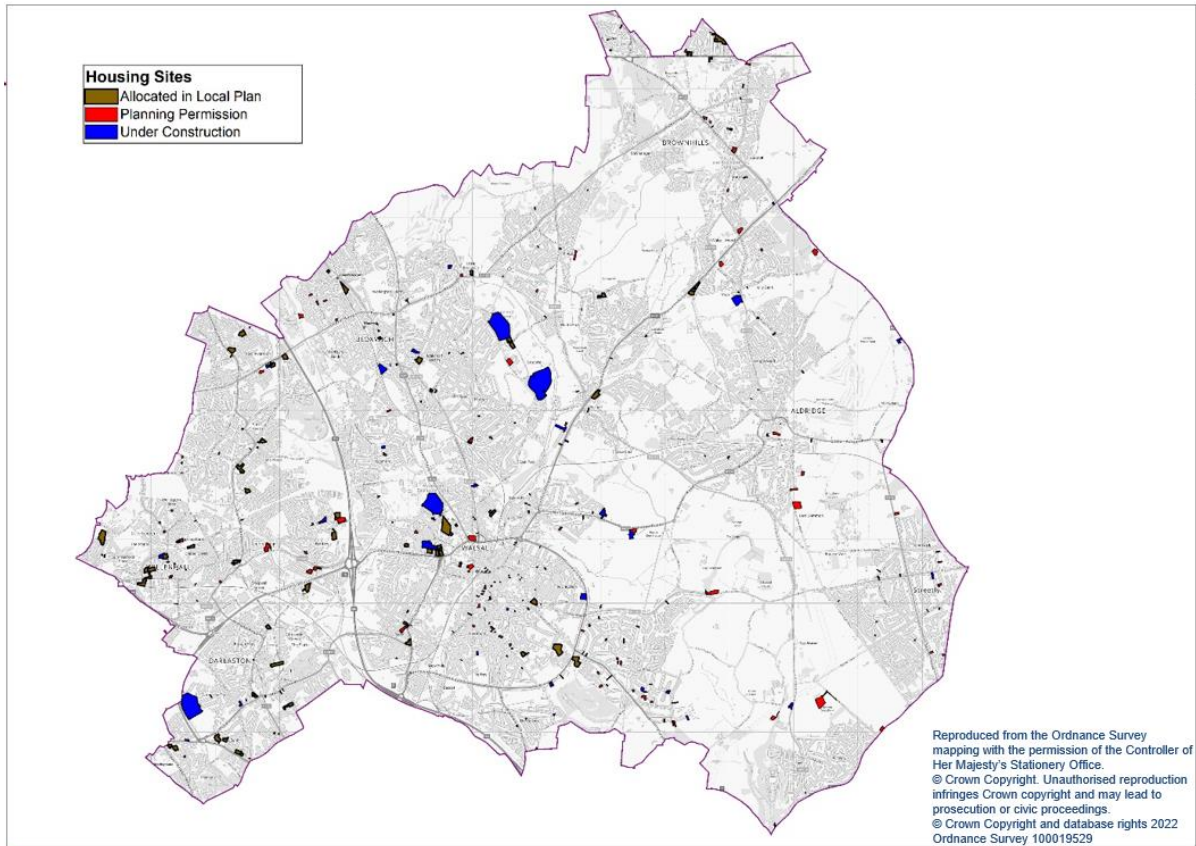
For Planning purposes, pharmacies are generally considered to be “Centres Uses” which means they should ideally be located within town, or local centres alongside other shops and community uses so the first choice of location from a Planning point of view should be in one of our existing Strategic (Walsall Town Centre), District (Aldridge, Bloxwich, Brownhills, Darlaston, Willenhall) or Local (35 listed in the SAD document, e.g. Caldmore, Turnberry Road, Pelsall) Centres ahead of any other sites.

The adoption of the [Site Allocation Document \(SAD\)](#) in 2019 means that there are now some Centre’s policies which will need to be taken into account when proposing new locations for pharmacies in the PNA.

The preferred locations for proposed new pharmacies should prioritise district centres or local centres as far as possible in line with SAD Policies SLC1: Local Centres, and SLC2: Local Centre Development Opportunities in order to ensure that centres remain active, vibrant places to visit and that they meet a variety of their community’s needs.



**Map 3 – Potential future housing development sites in Walsall**



**Source – Walsall Council Planning Policy, Ordnance Survey**

## Local Health Needs by Community

The data included to identify the local health needs in Walsall was extracted using the market segmentation tool – Mosaic. This uses an array of data sources to identify people with similar characteristics into ‘group types’ and notes their key feature. Data was also used from the updated locality profiles using a ‘best fit’ approach for the community areas.

The regulations guidance (The National Health Service (Pharmaceutical and Local Pharmaceutical Services), Regulations 2013) states that the PNA should distinguish between diverse needs and lifestyles of its localities and distinguish between those needs that can be met using pharmaceutical services and those that cannot. The table below shows, for each locality the issues relating to demography and lifestyle challenges.

Community	Demographic ‘Characteristics’	Health & Lifestyle ‘Characteristics’
1. Aldridge	Prestige Positions <ul style="list-style-type: none"> <li>• High value detached homes</li> <li>• Married couples</li> <li>• Managerial and senior positions</li> <li>• Supporting students and older children</li> <li>• High assets and investments</li> <li>• Online shopping and banking</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• High level of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
2. Aldridge North	Senior Security <ul style="list-style-type: none"> <li>• Elderly singles and couples</li> <li>• Homeowners</li> <li>• Comfortable homes</li> <li>• Additional pensions above state</li> <li>• Don't like new technology</li> <li>• Low mileage drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• High level of Cancer prevalence</li> <li>• Medium levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
3. Alumwell	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• High levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
4. Beechdale	<p>Family Basics</p> <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
5. Bentley	<p>Family Basics</p> <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
6. Birchills / Reedswood	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Average levels of mental health prevalence</li> </ul>
7. Bloxwich	Vintage Value <ul style="list-style-type: none"> <li>• Elderly</li> <li>• Living alone</li> <li>• Low income</li> <li>• Small houses and flats</li> <li>• Need support</li> <li>• Low technology use</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
8.Brownhills Central	Vintage Value <ul style="list-style-type: none"> <li>• Elderly</li> <li>• Living alone</li> <li>• Low income</li> <li>• Small houses and flats</li> <li>• Need support</li> <li>• Low technology use</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>
9.Brownhills West	Aspiring Homemakers <ul style="list-style-type: none"> <li>• Younger households</li> <li>• Full-time employment</li> <li>• Private suburbs</li> <li>• Affordable housing costs</li> <li>• Starter salaries</li> <li>• Buy and sell on eBay</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
10.Caldmore	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
11. Chuckery	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
12. Clayhanger	Domestic Success <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Upmarket suburban homes</li> <li>• Owned with a mortgage</li> <li>• 3 or 4 bedrooms</li> <li>• High internet use</li> <li>• Own new technology</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Average levels of mental health prevalence</li> </ul>
13. Dangerfield	Family Basics <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
14. Darlaston Central	<p>Family Basics</p> <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>
15. Delves	<p>Urban Cohesion</p> <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
16. Fallings Heath	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
17. Goscote	Family Basics <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
18. Hatherton	Senior Security <ul style="list-style-type: none"> <li>• Elderly singles and couples</li> <li>• Homeowners</li> <li>• Comfortable homes</li> <li>• Additional pensions above state</li> <li>• Don't like new technology</li> <li>• Low mileage drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
19. Leamore	Family Basics <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
20. Mossley / Dudley Fields	<p>Family Basics</p> <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Average levels of mental health prevalence</li> </ul>
21. Moxley	<p>Family Basics</p> <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
22. New Invention	Aspiring Homemakers <ul style="list-style-type: none"> <li>• Younger households</li> <li>• Full-time employment</li> <li>• Private suburbs</li> <li>• Affordable housing costs</li> <li>• Starter salaries</li> <li>• Buy and sell on eBay</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• High level of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
23. North Blakenall	Family Basics <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
24. North Walsall	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>
25. North Willenhall	Aspiring Homemakers <ul style="list-style-type: none"> <li>• Younger households</li> <li>• Full-time employment</li> <li>• Private suburbs</li> <li>• Affordable housing costs</li> <li>• Starter salaries</li> <li>• Buy and sell on eBay</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
26. Palfrey	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>
27. Park Hall	Prestige positions <ul style="list-style-type: none"> <li>• High value detached homes</li> <li>• Married couples</li> <li>• Managerial and senior positions</li> <li>• Supporting students and older children</li> <li>• High assets and investments</li> <li>• Online shopping and banking</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
28. Pelsall	Senior Security <ul style="list-style-type: none"> <li>• Elderly singles and couples</li> <li>• Homeowners</li> <li>• Comfortable homes</li> <li>• Additional pensions above state</li> <li>• Don't like new technology</li> <li>• Low mileage drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
29. Pheasey	Senior Security <ul style="list-style-type: none"> <li>• Elderly singles and couples</li> <li>• Homeowners</li> <li>• Comfortable homes</li> <li>• Additional pensions above state</li> <li>• Don't like new technology</li> <li>• Low mileage drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
30. Pleck	Urban Cohesion <ul style="list-style-type: none"> <li>• Settled extended families</li> <li>• City suburbs</li> <li>• Multicultural</li> <li>• Own 3-bedroom homes</li> <li>• Sense of community</li> <li>• Younger generation love technology</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>
31. Rough Hay	Family Basics <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Above average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Average levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
32. Rushall	Modest Traditions <ul style="list-style-type: none"> <li>• Mature age</li> <li>• Homeowners</li> <li>• Affordable housing</li> <li>• Kids are grown up</li> <li>• Suburban location</li> <li>• Modest income</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• High level of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Average levels of mental health prevalence</li> </ul>
33. Ryecroft / Coalpool	Family Basics <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
34. Sheffield	Modest Traditions <ul style="list-style-type: none"> <li>• Mature age</li> <li>• Homeowners</li> <li>• Affordable housing</li> <li>• Kids are grown up</li> <li>• Suburban location</li> <li>• Modest income</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• High level of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• High levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>
35. Short Heath	Senior Security <ul style="list-style-type: none"> <li>• Elderly singles and couples</li> <li>• Homeowners</li> <li>• Comfortable homes</li> <li>• Additional pensions above state</li> <li>• Don't like new technology</li> <li>• Low mileage drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• Average levels of unpaid care provision</li> <li>• Low levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Low levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
36. South Willenhall	<p>Family Basics</p> <ul style="list-style-type: none"> <li>• Families with children</li> <li>• Aged 25 – 40</li> <li>• Limited resources</li> <li>• Some own low-cost homes</li> <li>• Some rent from social landlords</li> <li>• Squeezed budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Average rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Low levels of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Average levels of mental health prevalence</li> </ul>
37. Streetly	<p>Prestige positions</p> <ul style="list-style-type: none"> <li>• High value detached homes</li> <li>• Married couples</li> <li>• Managerial and senior positions</li> <li>• Supporting students and older children</li> <li>• High assets and investments</li> <li>• Online shopping and banking</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• High level of Cancer prevalence</li> <li>• Low levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health prevalence</li> </ul>

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
38. Walsall Central	Transient Renters <ul style="list-style-type: none"> <li>• Private renters</li> <li>• Low length of residence</li> <li>• Low-cost housing</li> <li>• Singles and shares</li> <li>• Older terraces</li> <li>• Few landline telephones</li> </ul>	<ul style="list-style-type: none"> <li>• Lower than average levels of children who are overweight / obese</li> <li>• High positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• Low adult obesity prevalence</li> <li>• High rates of successful 4-week smoking quitters (16+)</li> <li>• Low levels of unpaid care provision</li> <li>• Average levels of CHD prevalence</li> <li>• Average levels of Cancer prevalence</li> <li>• High levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Above average levels of mental health prevalence</li> </ul>
39. Walsall Wood	Aspiring Homemakers <ul style="list-style-type: none"> <li>• Younger households</li> <li>• Full-time employment</li> <li>• Private suburbs</li> <li>• Affordable housing costs</li> <li>• Starter salaries</li> <li>• Buy and sell on eBay</li> </ul>	<ul style="list-style-type: none"> <li>• Average levels of children who are overweight / obese</li> <li>• Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds)</li> <li>• High levels of adult obesity prevalence</li> <li>• Low rates of successful 4-week smoking quitters (16+)</li> <li>• High levels of unpaid care provision</li> <li>• High level of CHD prevalence</li> <li>• High level of Cancer prevalence</li> <li>• Average levels of diabetes prevalence</li> <li>• Average levels of dementia prevalence</li> <li>• Below average levels of mental health</li> </ul>

Source - Experian Mosaic - Market Segmentation; 2020 Ward Profiles, Walsall Council

## 6. Health and Wellbeing Board Priorities

### Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) is the means by which the local health economy, local authorities and third sector organisations work together to understand the future health, care and well-being needs of their community. The JSNA aims to support action to improve local people's well-being by ensuring that services meet their needs. It is designed to inform and drive future investment priorities and thereby help to plan services more efficiently. Walsall updated their JSNA in 2021/22 with the emerging needs identified from the refresh including:

1. Mental health (children, young people & adults)
2. Healthy weight (children & adults)
3. Behaviour choices (diet, exercise, substance misuse)
4. Covid-19 implications (multi-faceted – i.e., impact on school readiness, mental health, business & economy, vaccination hesitancy)
5. Health inequalities (in general or specifically i.e., healthy life expectancy, infant mortality)
6. Dementia prevalence
7. Diabetes detection
8. Childhood Immunisations
9. Changing town centre
10. Impact of poor air quality

Interactive dashboards and further detail can be accessed on the **Walsall Insight website** [Walsall JSNA 2021](#).

These needs, along with those identified in the other two key assessments (Economic Needs Assessment and the Strategic Assessment to inform the Community Safety Plan) have fed into the updated 'Joint Health and Wellbeing Strategy 2022-2025'. There are three overarching priorities for the Strategy where value can be added by working together in partnership:

- 1. Mental wellbeing – especially isolation for all ages and the impact of Covid-19**
- 2. Our digital approach – infrastructure and inclusion**
- 3. Children and young people**

**Reducing Inequalities** will remain a core action within and underlying each of the priorities. The principle of 'proportionate universalism' will be applied, i.e., the scale and intensity of effort will be greatest where our need in Walsall is greatest.

A Marmot life course approach has been applied to the three over-arching priorities with sub priorities identified under each.

**Pharmacy Providers can contribute to the above priorities through the community pharmacy contractual framework and locally commissioned services.**

Contractual Framework- managed by NHSE&I:

1. Signposting to help people who ask for assistance by directing them to the most appropriate source of help.
2. Healthy lifestyle advice to be given patients presenting prescriptions for certain conditions e.g., diet, physical health and smoking
3. Participating in health promotional campaigns e.g., alcohol consumption or providing an alcohol brief intervention service, cancer screening, tackling isolation and loneliness
4. Self care
5. Relevant Staff are aware of safeguarding guidance and the local safeguarding arrangements
6. Supporting patients with long term conditions with new medicines service, flu vaccinations, hypertension case finding service

Locally Commissioned Services:

7. Reducing teenage pregnancies through provision of Emergency Hormonal Contraception (EHC)
8. Reducing smoking prevalence through provision of smoking cessation services
9. Providing substance misuse services- supervised consumption and needle exchange
10. Minor ailments service
11. COVID Urgent Eye Care services

Other services provided but not commissioned:

12. Distribution of Healthy Start Vitamins

Through the Pharmacy Quality Scheme, which forms part of the Community Pharmacy Contractual Framework (CPCF), though not mandatory, it supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. These domains change each year.

For 2021/22; domains covered Medicines safety and optimisation domain:

- Respiratory domain
- Digital domain
- Primary Care Networks domain
- Prevention domain
- Addressing unwarranted variation in care domain
- Healthy living support domain



## 7. Benchmarking Provision of Pharmacy Services

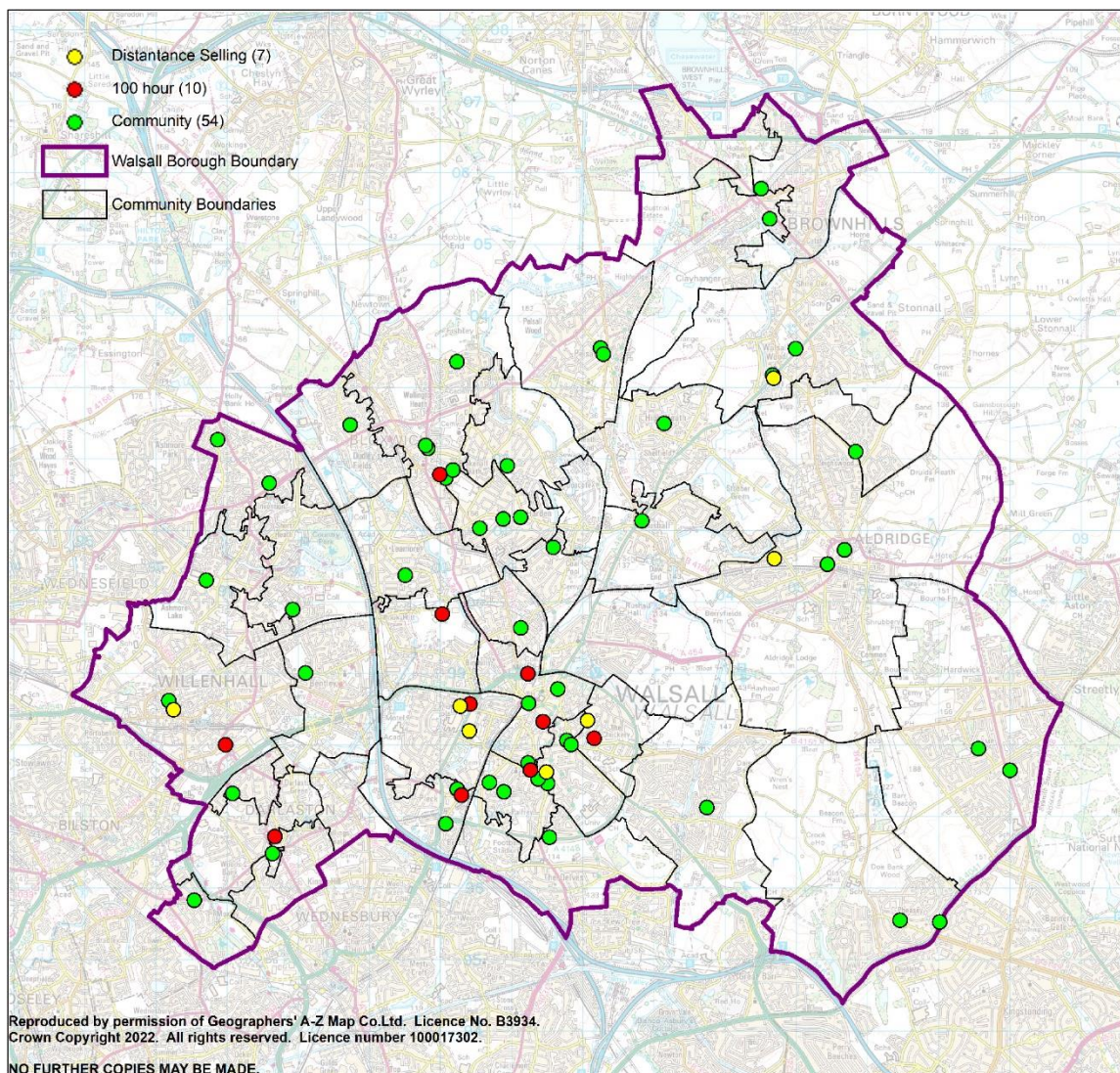
Data was obtained from routine contracting and activity data held by NHSE&I, Walsall Public Health and BCICB, a survey of pharmacy contractors.

### Distribution and Pharmacy Types

The map below shows the distribution of pharmacy contractors by type across the borough. See appendix 2 for a larger labelled map by pharmacy type.

Map 4 – Community, 100 hour & distance selling pharmacies in Walsall (as of 16<sup>th</sup> June 2022) by Community

In total, Walsall has **71** pharmacies. Of these, **54** are community pharmacies, **7** are distance selling / internet pharmacies and **10** are 100-hour pharmacies.



Source – NHSE&I, Walsall Council, Ordnance Survey

Tables 1 and 2 - 100-hour and distance selling / internet pharmacies

100-hour Pharmacies	
Pharmacy	Community
A Karim's Chuckery Pharmacy	Chuckery
Asda	Dangerfield
Asda	Walsall Central
Asda	Bloxwich
Lloyds Pharmacy	Birchills / Reedswood
Manor Pharmacy	Alumwell
Pharmacy Dept. at Tesco	South Willenhall
Pleck Pharmacy	Pleck
Tesco Instore Pharmacy	Walsall Central

Distance Selling / Internet Pharmacies	
Pharmacy	Community
8pm Chemist	South Willenhall
The Online Pharmacy	Aldridge
Click 4 Pharmacy	Caldmore
118 Pharmacy Limited	Walsall Wood
PharmHub Pharmacy	Alumwell
The Prescription Centre	Caldmore
CO-OP PHARMACY	Alumwell

Source - Data from OHID – Strategic Health Asset Planning and Evaluation (SHAPE tool)

Data from the Office for Health Improvement and Disparities (OHID) 'Shape' tool, enables a comparison of community pharmacy services provision per capita with other areas across the Area Team geography (Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton).

Table 3 – Community pharmacies by population per 100,000

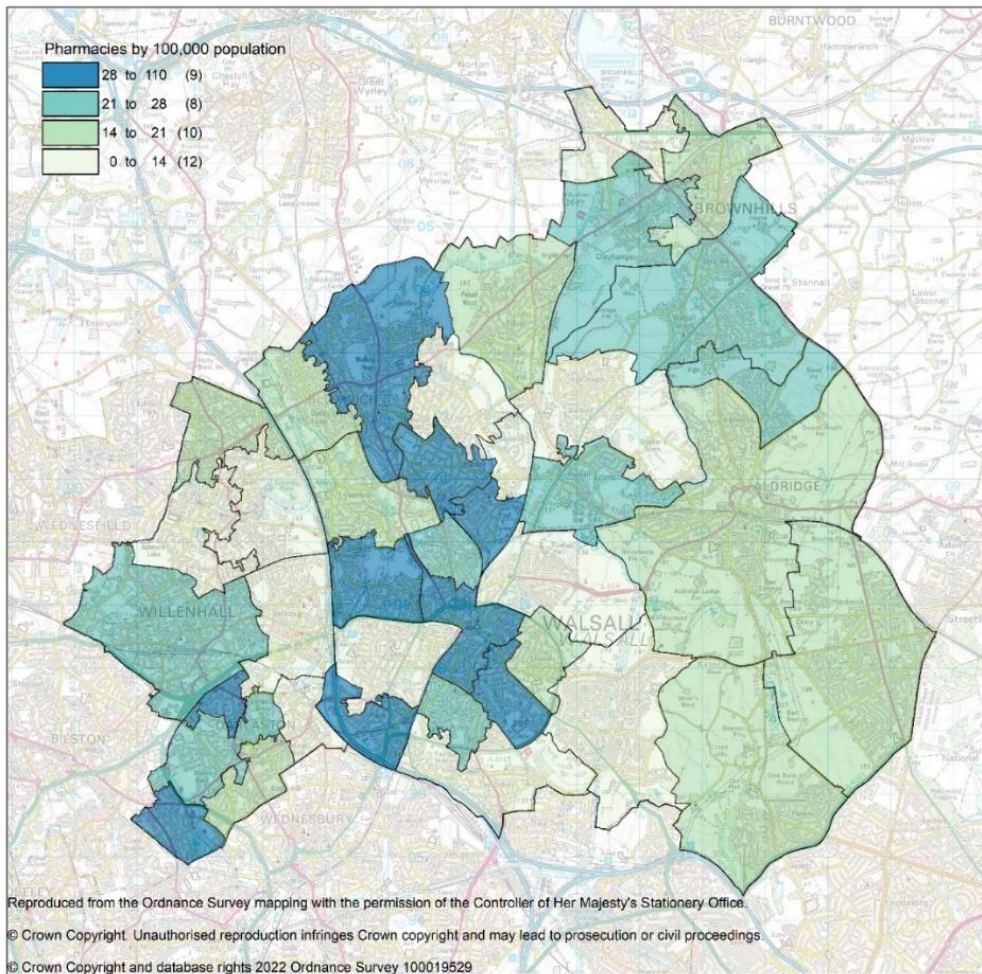
	Pharmacies	Population	Rate
Walsall	71	286,716	24.76
Dudley	68	322,363	21.09
Wolverhampton	61	264,407	23.07
Sandwell & West Birmingham	130	507,323	25.62

Source – OHID, Shape tool & 2020 MYE (<https://shape.phe.org.uk/themes/index.asp>)

With the exception of Sandwell and West Birmingham, Walsall has a higher number of community pharmacies per 100,000 population to the rest of the CCG geography.

Map 5 illustrates the number of pharmacies per 100,000 population by community. It is clear that some community areas have a greater proportion of pharmacies for their population size than others, those being Leamore, Ryecroft / Coalpool, Walsall Central, Caldmore and Pleck.

**Map 5 – Walsall pharmacies per 100,000 population**



**Source – NHSEI, ONS MYE, Ordnance Survey**

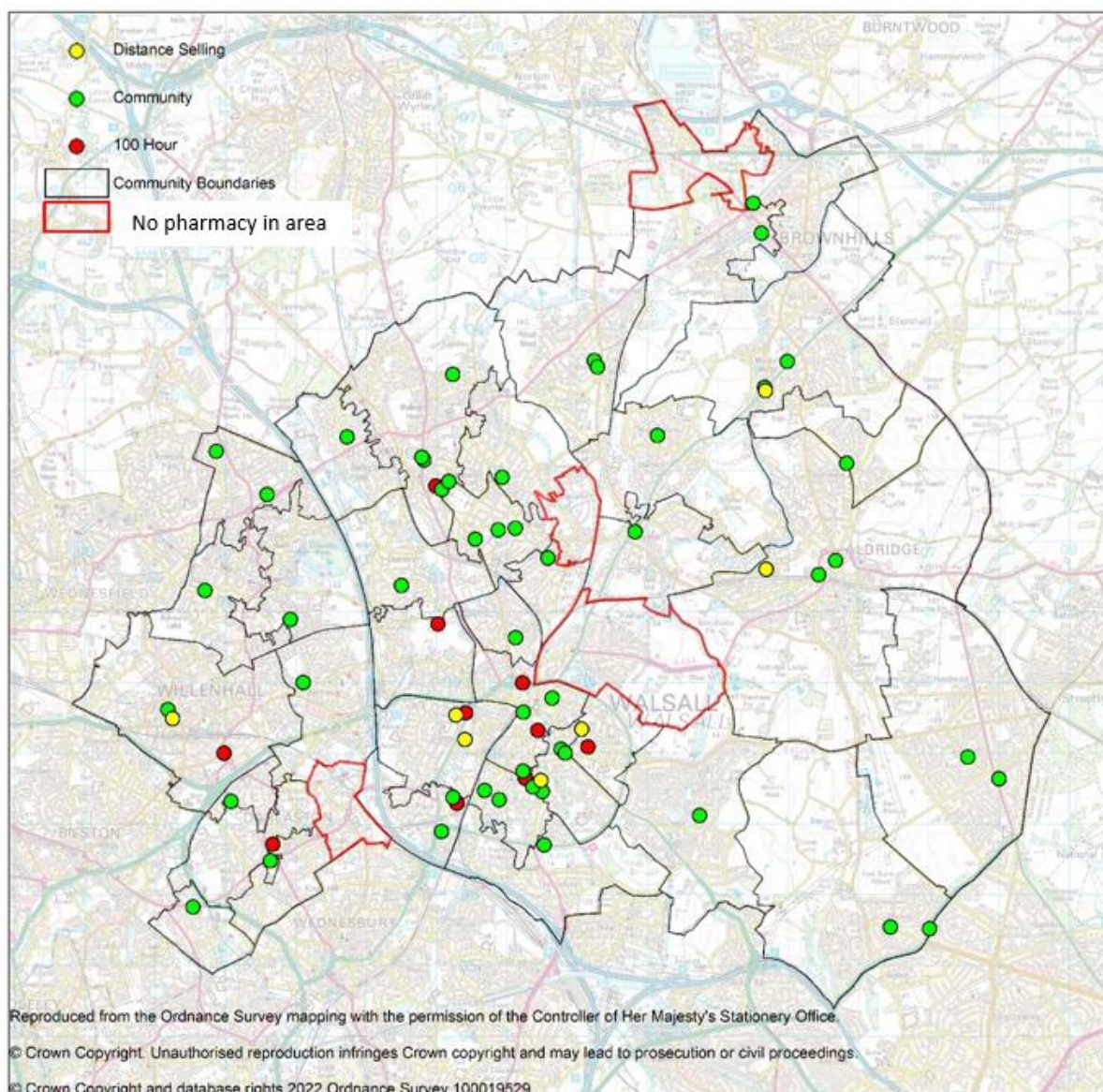
There are some communities where the rate of pharmacy per population is low and map 6 identifies four communities which do not have a pharmacy within them. These are explored in more detail below.

### **Community Area Analysis**

The map below shows like last time, there are four community areas without a pharmacy located within them, these are:

1. Brownhills West
2. Goscote
3. Hatherton
4. Fallings Heath

Map 6 - Communities & pharmacies by type



Source – NHSE&I, Walsall Council, Ordnance Survey

Each community has been reviewed to identify whether there is a need for a new pharmaceutical provider.

Of the four communities where there is no pharmacy currently located within the area;

- Brownhills West is largely an industrial area
- Goscote and Fallings Heath are both small communities when compared to the others, and have sufficient provision in neighbouring communities
- Hatherton is largely non-residential but with close links to North Walsall and Walsall Central which has the largest number of pharmacies.

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**Based on the above information, we conclude there is no need for a new pharmaceutical provider in the above communities.**

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## Community Area Analysis – Accessibility

The Office for Health Improvement and Disparities' (OHID) SHAPE tool was utilised to analyse accessibility. It uses the detailed Ordnance Survey road network, along with the latest data on public transport stops and timetables, to generate accurate journey times between any given point in the borough to a defined destination (in this case, community and 100 hour pharmacies).

The results are visually displayed as travel time contours (or 'isochrones') on a map of Walsall.

Contour maps have been produced for three types of transport:

1. Walking
2. Driving
3. Public Transport (including walking where necessary)

There is no standard definition of what makes a service 'accessible' or not. This will depend on the type of service being provided, the mode of transport used, the time it is being accessed and the circumstances of the individual. Different time bands have been used for each mode of transport, based on a range of what might be considered an acceptable travel time for the majority of residents. Clearly, not all modes of transport will be available to all residents.

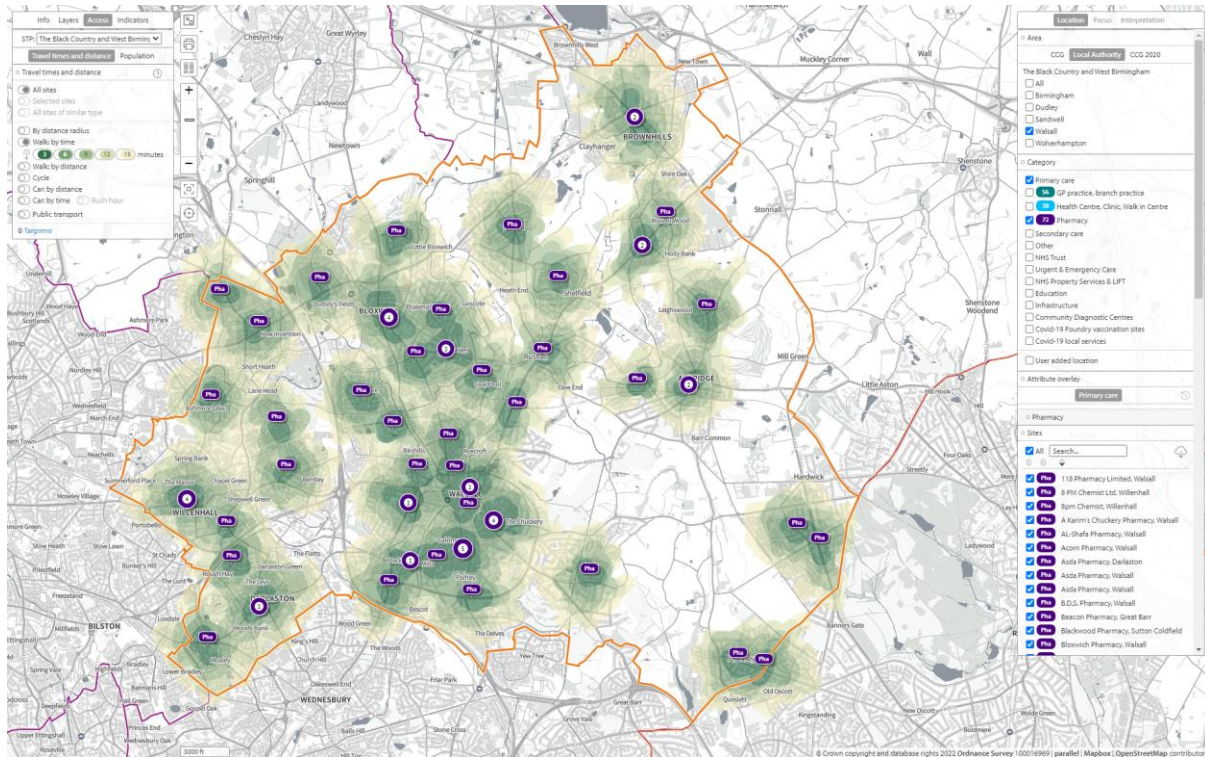
The maps have coloured contours shaded according to the key in each map. This is overlaid on a borough map.

The resident survey indicated that the majority of responses (79%) travel up to 15 minutes to a pharmacy.

Analyses travel times by foot is based on an average walking speed of 4.8 km per hour – the standard set by the Department for Transport. It uses the fastest distance along the actual highways network rather than straight-line distance 'as the crow flies' – thus taking into account natural or manmade obstacles such as canals or motorways, as well as areas where there are no roadways. They may not include all footpaths that are available to pedestrians, so accessibility may actually be slightly higher than reflected in some areas. Analysis is based on walking times of 10 minutes, 15 minutes and 20 minutes.

# Accessibility – Walking

## Map 7 - Access to a pharmacy – Walking



Source – OHID SHAPE tool

Access to pharmacies via walking does highlight some potential gaps to the East of the borough and parts of Brownhills. These areas however are not densely populated (Hatherton).

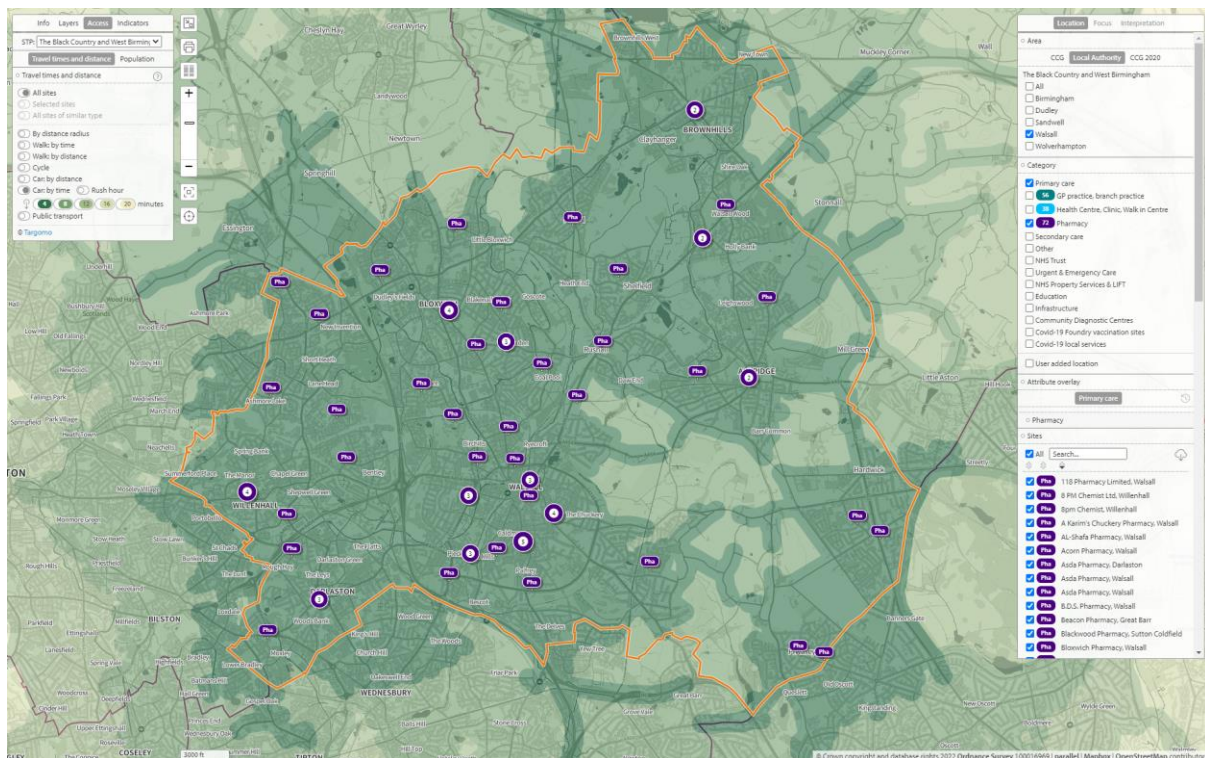
There is excellent coverage to the West of the borough, the majority of pharmacies being accessible within 20 minutes of walking.

The resident survey indicates that those close enough to a pharmacy do walk to it, with 31% opting to.

## Accessibility - Driving

Driving analyses look at accessibility by car/van or motorcycle. Calculations are based on the average driving speed for the type of roads involved – as determined by the Department for Transport. Depending on volumes of traffic, journey times may vary slightly during the day. This analysis does not take into account any time taken to park and to walk to services, as on-site or nearby parking facilities are assumed to be available.

Map 8 - Access to a pharmacy – Driving



Source – OHID SHAPE tool

Access to pharmacies via car / van does not highlight any accessibility gaps. The majority of pharmacies are accessible within a 4-minute journey time and this was echoed from the survey results, with car being the favoured mode of travel to pharmacies.

To the east of the borough, journey times may be slightly longer (up to 8 minutes).

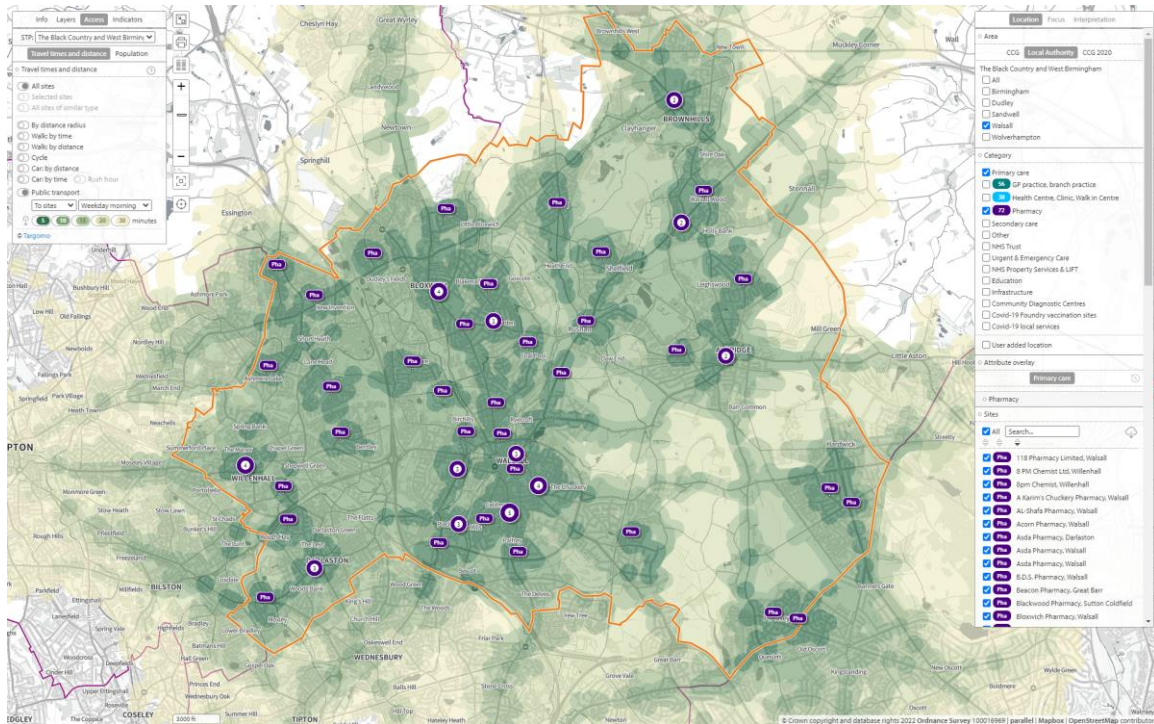
The resident survey indicates that travel mode by car is most popular at 64%.

## Accessibility – Public Transport

Public transport journey times are calculated based on the minimum time it would take to walk to the nearest bus stop, travel to the stop nearest to the destination, and then walk to the final destination. It also allows for interchanges between services to be made (as well as taking into account the time needed to make the interchange). It is the shortest time possible to reach a community pharmacy or 100-hour pharmacy location – and obviously just missing a bus and having to wait for another would add extra time to the journey.

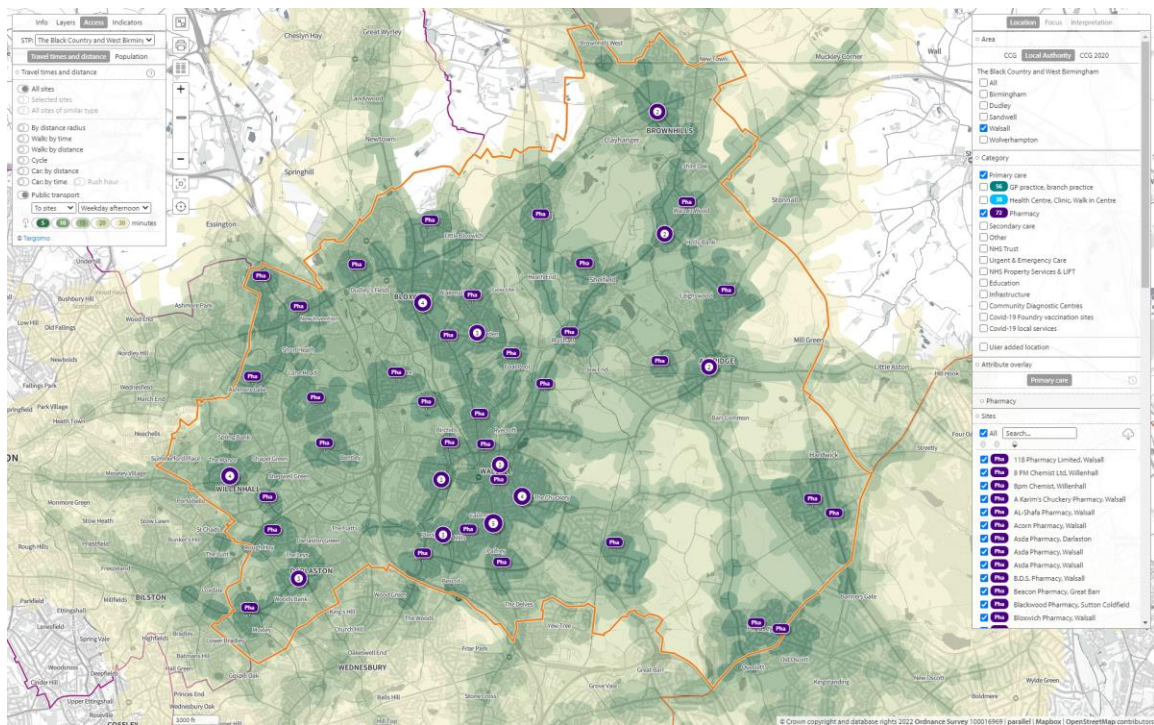
As the calculations are done using actual public transport timetables, it is necessary to specify a day and time at which to run the calculation (as frequency of buses varies according to days of the week and times of the day). This initial analysis is based on weekday morning, weekday afternoon and weekday evening. Analysis is based on journey times of 5, 10, 15, 20 and 30 minutes.

**Map 9 - Access to a pharmacy – Public Transport Weekday morning**



**Source – OHID SHAPE tool**

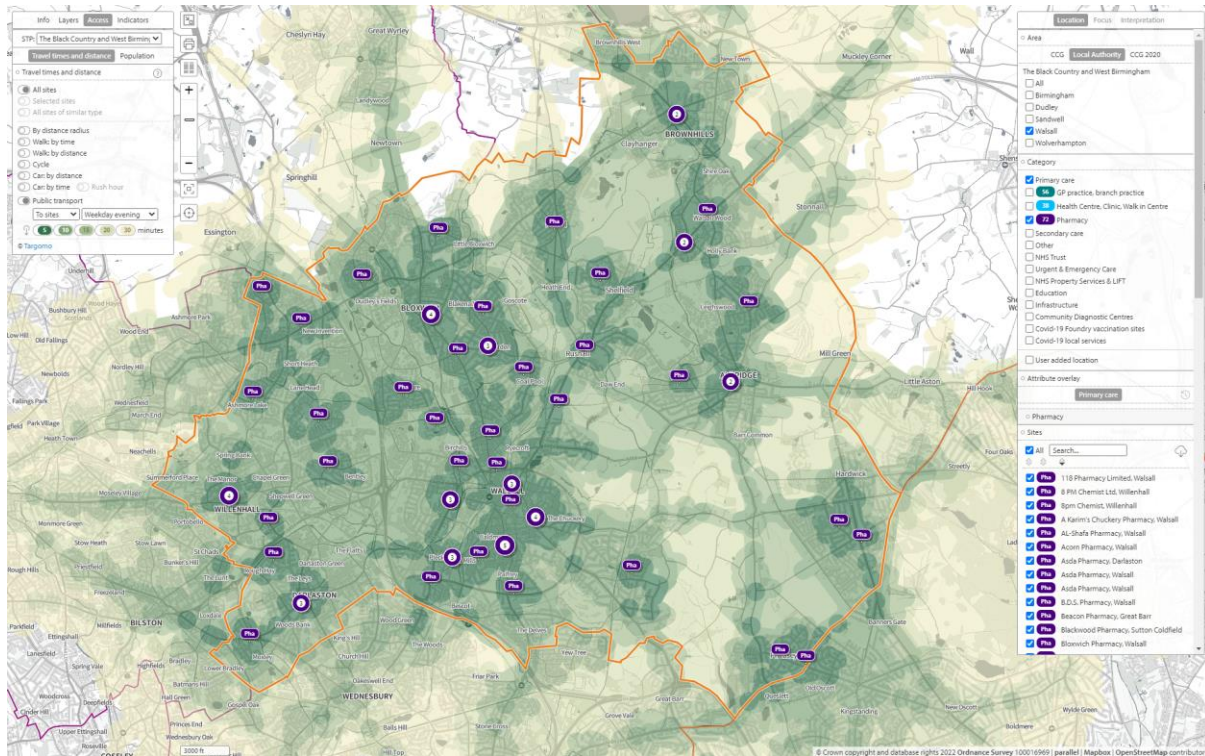
**Map 10 - Access to a pharmacy – Public Transport Weekday afternoon**



**Source – OHID SHAPE tool**



## Map 11 - Access to a pharmacy – Public Transport Weekday evening



Source – OHID SHAPE tool

Access to pharmacies via public transport indicates that residents could access a pharmacy within a 30-minute journey time during the week.

The survey results show that public transport was not a common form of accessing pharmacy services (<3%).

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**Based on the above information, we conclude:**

**Conclusions agreed from the accessibility SHAPE tool, that there are sufficient pharmacies located across the borough to meet the needs of the population, in addition of the resident survey, most access via car.**

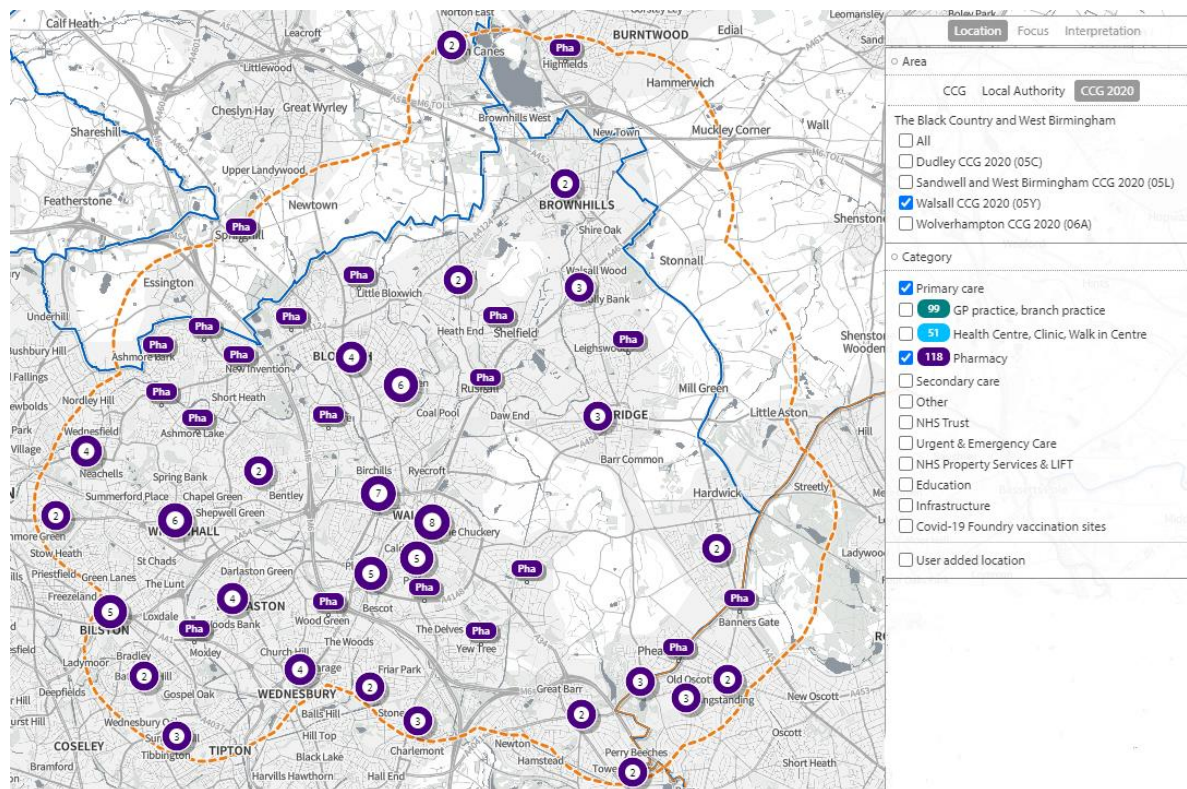
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## Dispensing Services – Cross Border and Dispensing Doctors

### Cross Border Provision

Pharmacies that dispense a large number of prescriptions for Walsall residents are a potential source of pharmaceutical services for our patients. The map below illustrates where cross border pharmacies are located within a 2-mile (as the crow flies) radius, which may be accessed by Walsall residents.

Map 12 - Walsall pharmacies & cross border pharmacies with a 1.6km (1 mile) buffer

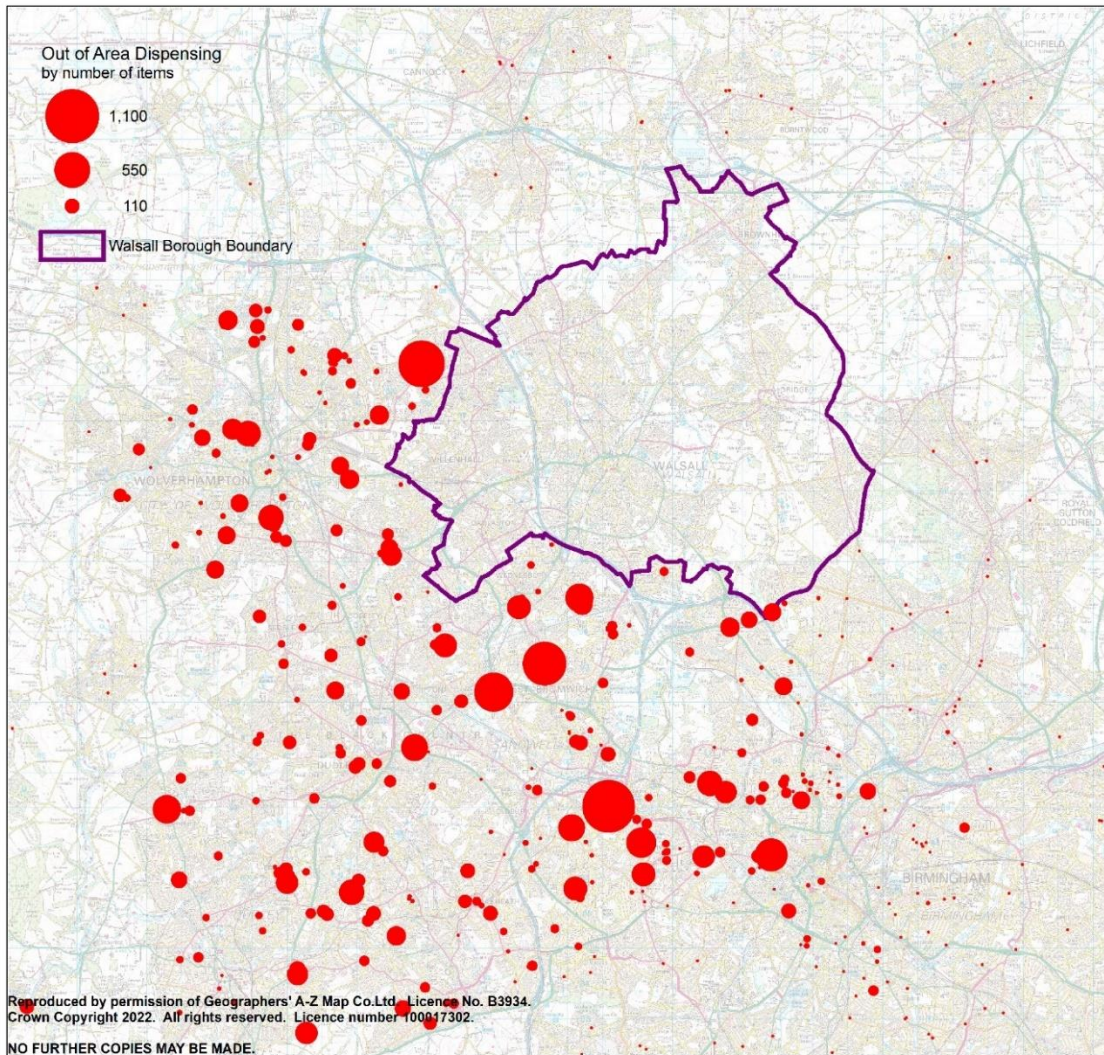


Source – OHID SHAPE tool

Walsall has 71 pharmacies within the borough with an additional 46 pharmacies located within a 1.6km (1 mile) buffer of the borough. These are mainly located to the South and West of the borough, where the population is more densely populated, and residents are able to utilise these pharmacies.

Pharmacies highlighted below show where patients have had prescriptions dispensed outside the Walsall area during March 2022.

Map 13 - Pharmacy dispensing by number of items



Source – EPACT2

### *Dispensing GPs*

There are no dispensing GPs within the Walsall geographical boundary. However, a GP practice within Walsall has a branch surgery which is a dispensing practice based in Stonnall (commissioned by NHSE&I).

---

**Based on this information, we conclude: The pharmacy service provision to patient ratio be sufficient within the Walsall boundary. This will be kept under review for any increase in population or any future housing developments.**

**There are sufficient pharmacies in Walsall and the surrounding area to provide essential pharmaceutical services to its population.**

**The accessibility analysis illustrates there is access for the majority of residents by car at most times**

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## Pharmacy Services Provision

### *Opening Times*

Under the NHS Terms of Service for community pharmacies, all pharmacy contractors are expected to provide essential services. Advanced and enhanced services are opted to provide to all patients during their core hours as approved by NHSE&I, and during their supplementary hours as notified to NHSE&I.

Pharmacies are expected to provide pharmacy services throughout the day to maximise health outcomes. In cases where accredited pharmacists are unavailable i.e., Emergency Hormonal Contraception and supply of varenicline, the pharmacy staff would be expected to signpost patients appropriately. Certain services do not have to be provided all day as they can be operated by an appointment system e.g., Flu vaccinations.

Contractors are not required to open on public holidays (Christmas Day and Good Friday) or bank holidays (including any specially declared bank holidays). In addition, they are not required to open on Easter Sunday, which is neither a public nor bank holiday. They are encouraged to notify the NHSE&I well in advance so that consideration can be given as to whether the provision of pharmaceutical services on these days will meet the reasonable needs of patients and members of the public.

The local NHSE&I have commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

Consideration should be given to the need for pharmaceutical services during the opening hours of the Extended access services and urgent care centres.

The Regulations Guidance also states that the PNA should state how the 100-hour pharmacies are meeting the needs of residents within a locality.

100-hour pharmacies are required to open for a minimum of 100 hours per week. There are currently ten 100-hour pharmacies in Walsall.

The opening hours of these contractors allows Walsall residents to access pharmaceutical services out of usual opening hours. The pharmacies are summarised below with the availability of advanced and locally commissioned services outside of normal pharmacy opening hours provided to improve access to services for Walsall residents.

Details of opening hours are included in Appendix 3.

### *GP Access*

52 GPs in Walsall provide surgery times between the hours of 8.00am to 6.30pm, Monday to Friday (excluding bank holidays). The earliest surgery appointments some practices offer outside of core hours are between 7am and 8am in the morning and in the evening the latest surgery appointments are held between 6.30pm and 8.00pm. A number of GP practices hold weekend surgeries on Saturdays only between 8am and 12.00pm (excluding the urgent treatment centre).

Since April 2020, the Walsall Primary Care Networks (PCNs) have jointly commissioned OurNet Health Services Ltd to provide a Walsall Extended Access Service to allow patients increased access to primary care appointments.

The service is open weekday evenings, weekends and bank holidays and is operated from two hubs, the Walsall North Hub (Pinfold Health Centre, WS3 3JP) and the Walsall South Hub (Broadway Medical Centre, WS1 3HD.)

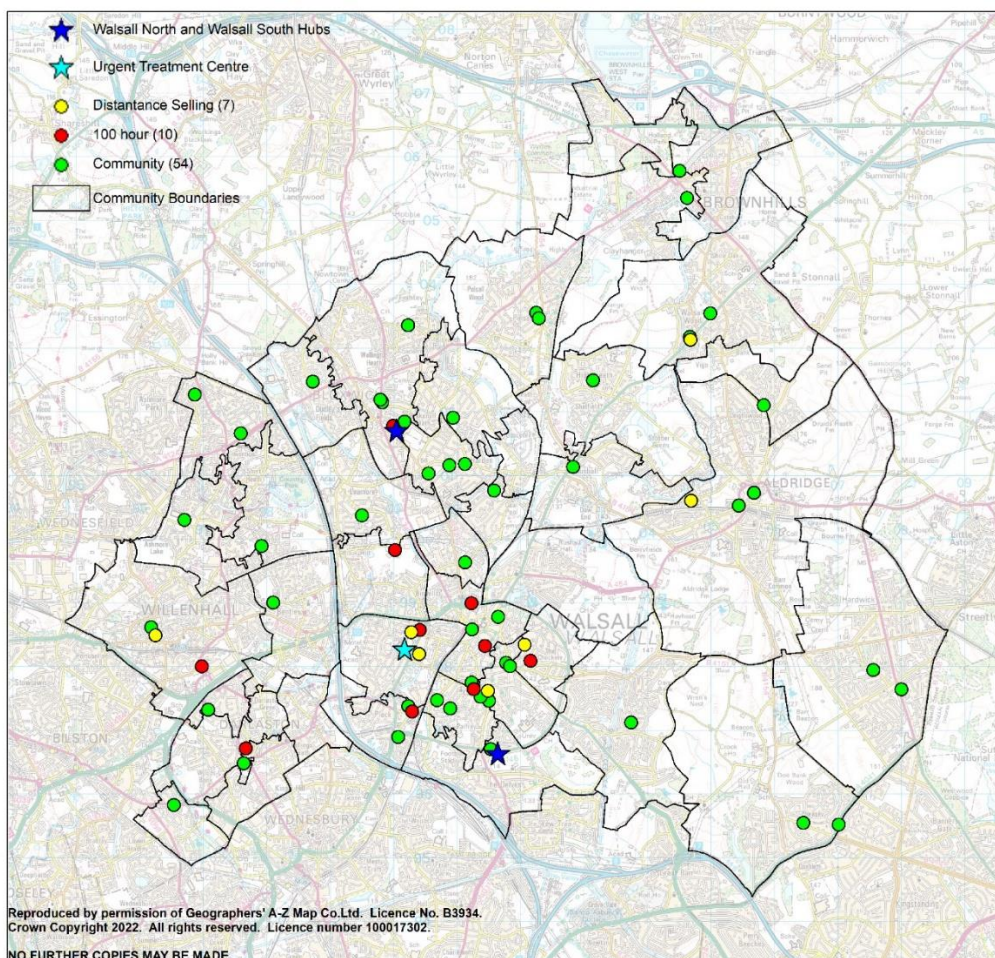
Malling Health also cover the Out of Hours across Walsall which is accessed through NHS111.

There is currently one Urgent Treatment Centre in Walsall, at Walsall Manor Hospital, Wilbraham Road, off Moat Road, Walsall, WS2 9PS (refer to map below) Open 7am – midnight every day (including bank holidays).

### *Pharmacy Coverage for Extended Access and Urgent Treatment Centre*

There are a number of pharmacies in close proximity to cover the pharmaceutical needs of any patients accessing the centres.

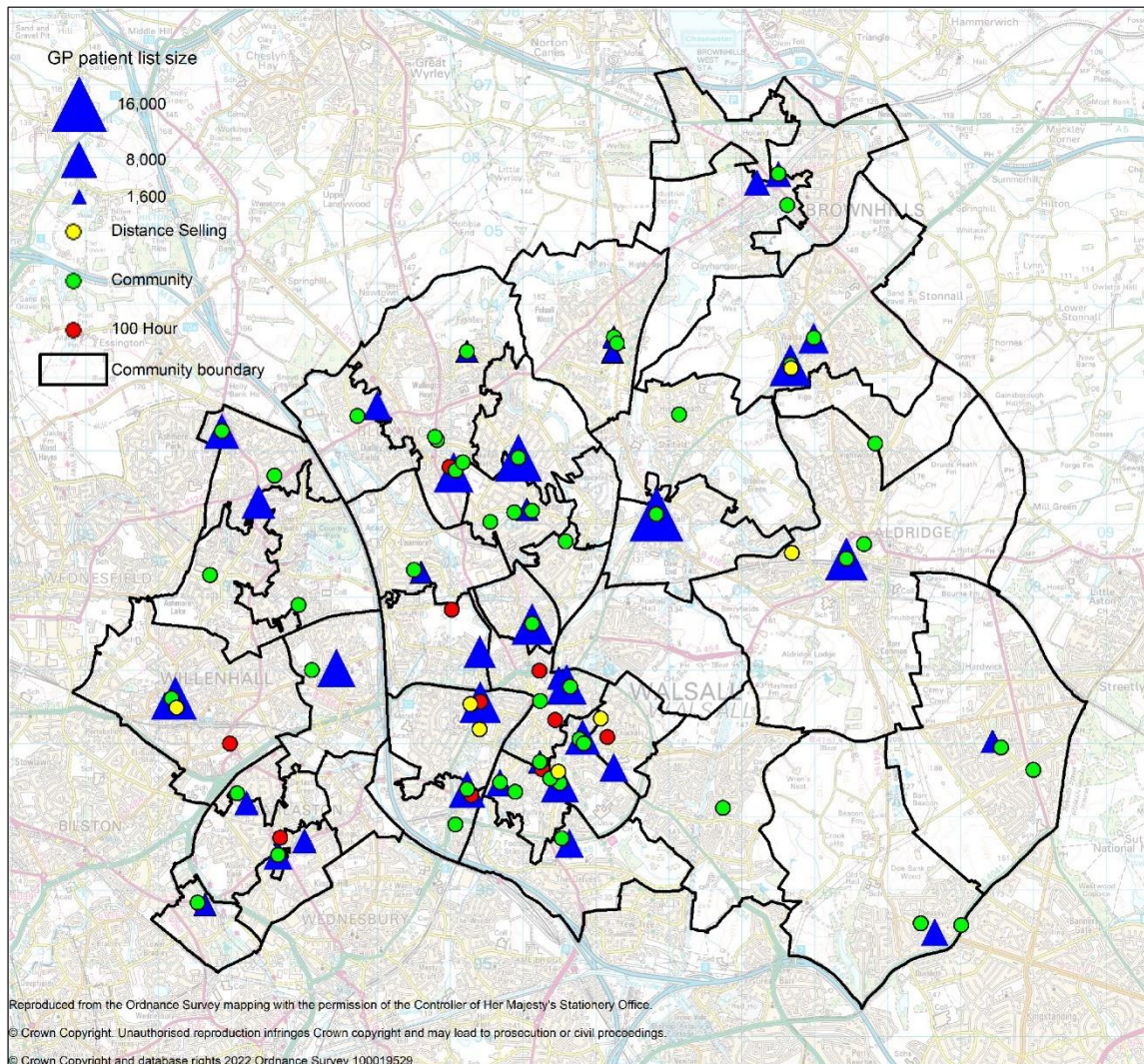
**Map 14 - Urgent Treatment Centre, Hubs and pharmacies by type by community**



Source – NHSE&I, Walsall Council, Ordnance Survey

All Walsall pharmacies and their opening times are provided in Appendix 3. Of the 71 pharmacies across the borough, 15 open on a Sunday (including wholly internet / distance selling pharmacies).

Map 15 - GP practices by list size and pharmacies by type



Source – NHSE&I, Walsall Council, Ordnance Survey

The map shows the relative size of each GP practice based on their list size and the relation to pharmacies. There is good alignment between pharmacies and GP practices.

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***Based on the above information, we conclude: Pharmacies are open to provide services at the times needed and used by the population. The resident survey did not highlight the need for additional opening hours.***

***The access to current pharmacy service provision in terms of GP surgery opening hours is sufficient to meet the requirements of the local population.***

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***There is sufficient access to the pharmaceutical service needs of patients during GP extended surgery and Urgent Treatment Centre hours.***

***There is good alignment between pharmacies and GP practices (this reflects responses from the resident survey)***

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## **Community Pharmacy Services Provision**

### ***Current Premises***

Information obtained from the pharmacist survey carried out between February to May 2022, has been used to inform the following:

### ***Consultation Rooms***

Of the 53 pharmacy contractors who responded, 98% have a consultation area available on site. Of these, 48 contractors are able to accommodate wheelchair access. One Distance Selling pharmacy contractor stated no consultation area is available.

Six of these pharmacies allow patients access to on site toilet facilities and 48 have on site hand washing facilities for consultations available.

### **Essential Services**

The Essential Services listed below are offered by all pharmacy contractors as part of the NHS community pharmacy contractual framework.

- Dispensing medicines / appliances

*[In addition to the essential service, whilst many prescriptions will be sent electronically from GP practices to pharmacies, the pharmacy survey indicated 52 pharmacy contractors that responded, provide a prescription collection service from GP practices. 43 of these pharmacies also provide a free of charge delivery of dispensed medicines on request. Ten pharmacies charge for delivery of dispensed medicines].*

- Dispensing of repeat prescriptions i.e., prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days, and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
- Disposal of unwanted medicines - to ensure the public has an easy method of safely disposing of unwanted medicines, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them and reduces the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.

Also reduces the environmental damage caused by the use of inappropriate disposal methods for unwanted medicines.

- Public health (promotion of healthy lifestyles) - the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:
  - have diabetes; or
  - be at risk of coronary heart disease, especially those with high blood pressure; or
  - who smoke; or
  - are overweight

In addition, pro-active participation in national / local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. Past campaigns have included Health Screening awareness; sexual health; oral health and alcohol awareness. Aims to increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health and target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

- Signposting - the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, to other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- Support for self-care - the provision of advice and support by pharmacists/pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- Clinical governance - clinical governance is a system through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.
- Discharge Medicines Service (DMS) - NHS Trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital. Using the information in the referral, pharmacists will



be able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check will also be made when the first new prescription for the patient is issued in primary care and a conversation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

- Healthy Living Pharmacy - The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

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**Based on the above information, we conclude:**

**All Walsall pharmacies provide essential services. The HWB are not aware of any deficiencies in these services.**

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### **Pharmacy Quality Scheme (PQS)**

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF).

It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.

The criteria change each year.

## Advanced Services

There are Advanced Services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions, these include:

1. Community Pharmacy Consultation Service
2. Flu Vaccination Service
3. Hepatitis C Testing Service
4. Hypertension Case Finding Service
5. New Medicine Service
6. Smoking Cessation Service
7. Appliance Use Review
8. Stoma Customisation Service

### 1. Community Pharmacy Consultation Service (CPCS)

This service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

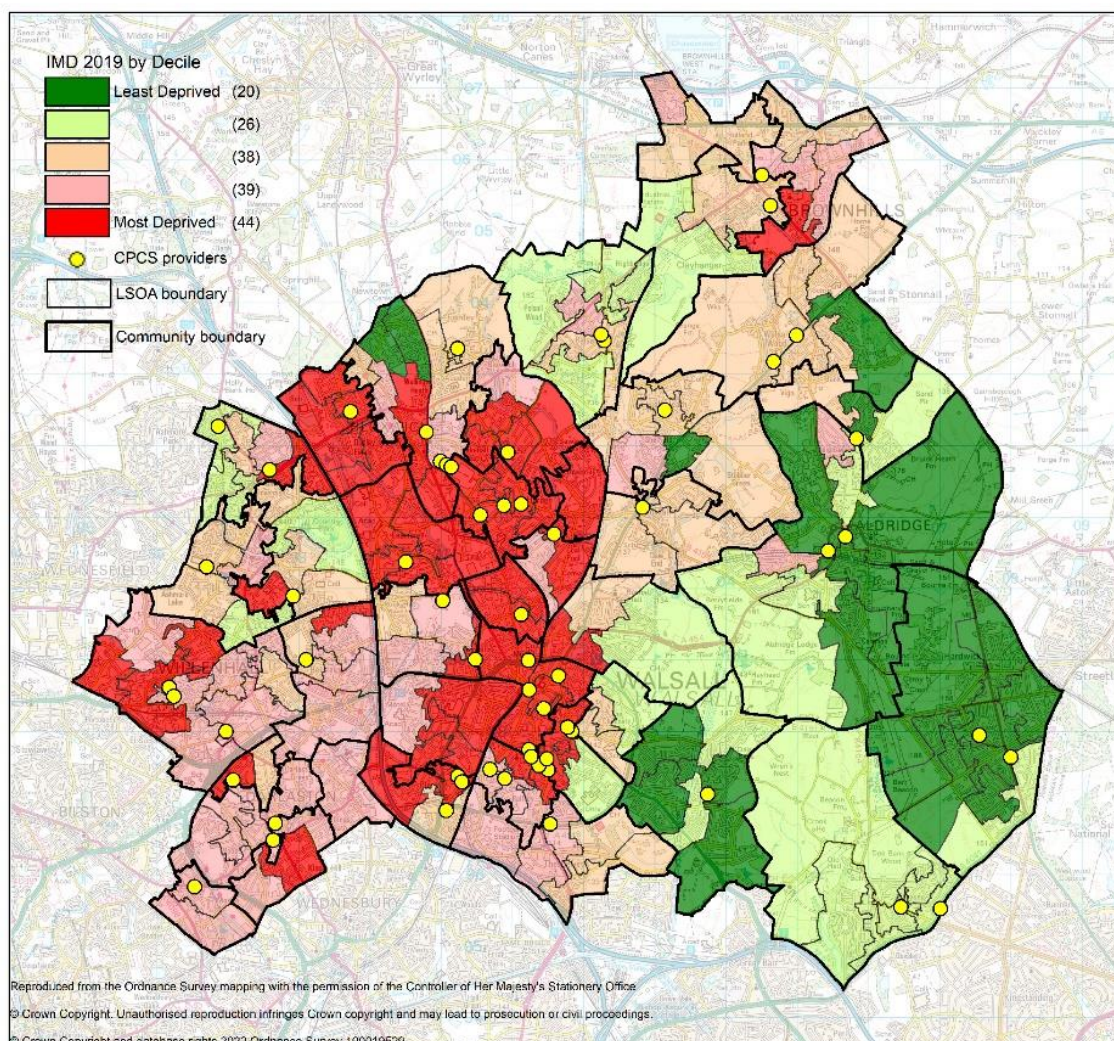
As well as referrals for minor illness from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

As of 7<sup>th</sup> March 2022, 64 pharmacies in Walsall are registered to provide this service. The Community Pharmacy questionnaire also indicated another provider intends to provide within the next 12 months.

Map 16 – CPCS pharmacy providers and IMD 2019



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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**Based on the above information, we conclude:**

**There are 64 out of 71 pharmacies across the borough which offer this service and three pharmacies intend to provide in the next 12 months. The map illustrates good coverage across Walsall with no gaps identified.**

---

## 2. Flu Vaccination Service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening

hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) will support NHSE&I, in providing an effective vaccination programme in England. It aims to:

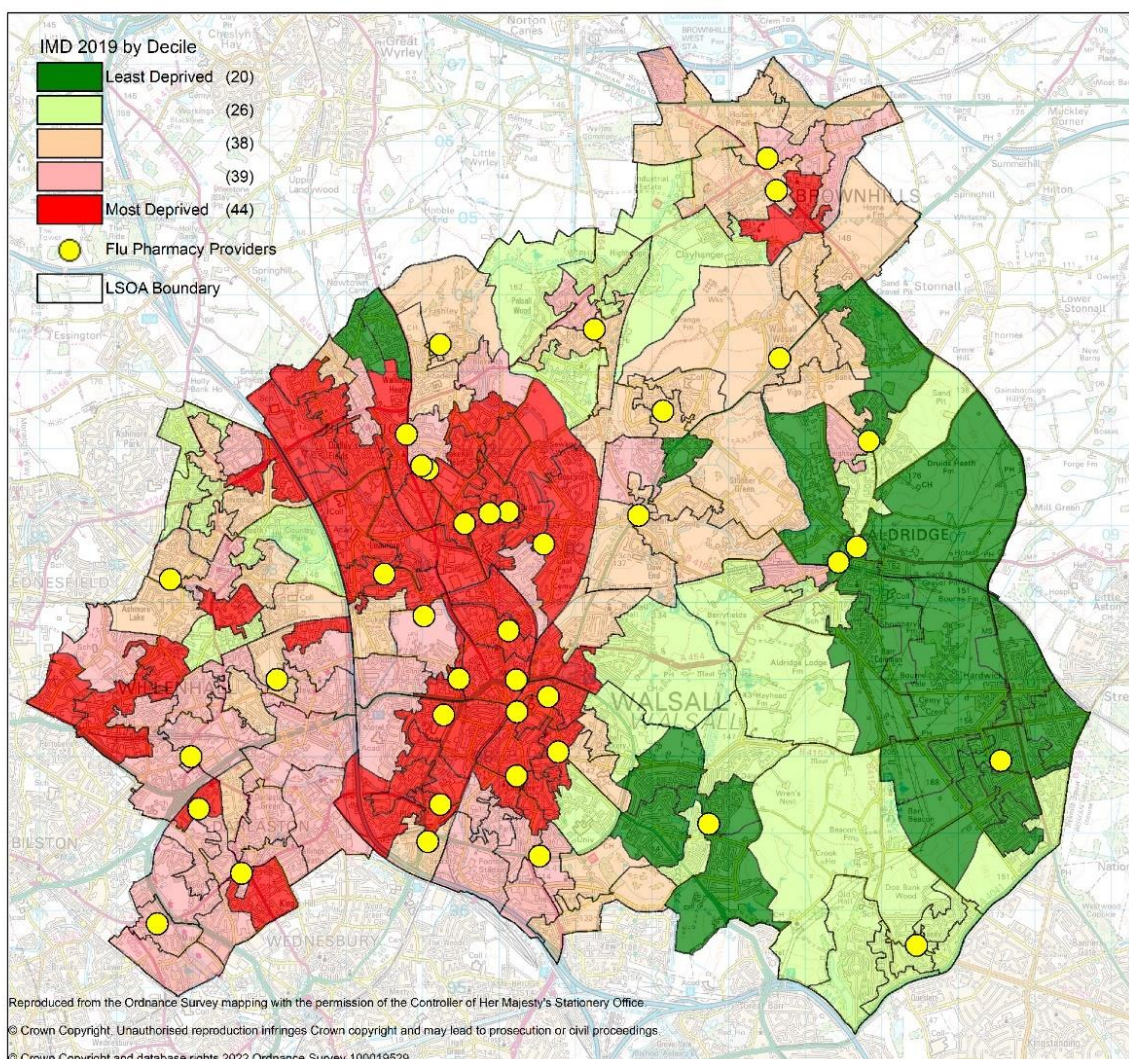
1. sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice.
2. provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
3. reduce variation and provide consistent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

NHSE&I database provided the data and during the 2021-2022 season to January 2022, **40** pharmacies in Walsall were actively providing the service.

For year 2020-21, there were 64 pharmacies providing the service, in 2019-20 there were 55 pharmacies and during 2018-19 there were 48 pharmacies providing the service.

The data provided does not provide the number of pharmacies that have signed up to provide the service. This may maybe higher than the 40 that were actively providing the service. The community pharmacy questionnaire indicated that 51 pharmacies are currently providing the service and another three providers intend to provide within the next 12 months.

Map 17 - Pharmacies offering flu vaccination service with IMD 2019 by LSOA



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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Based on the above information, we conclude:

*The activity data shows, there are 40 pharmacies across the borough, actively providing the flu vaccination service, the community pharmacy questionnaire indicated that 51 pharmacies are currently providing the service and another three providers intend to provide within the next 12 months. The map illustrates good coverage with GPs and pharmacies working jointly to ensure service delivery.*

---

### 3. Hepatitis C testing service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in September 2020, and it has been agreed in March 2022 the service should continue to be commissioned until 31st March 2023.

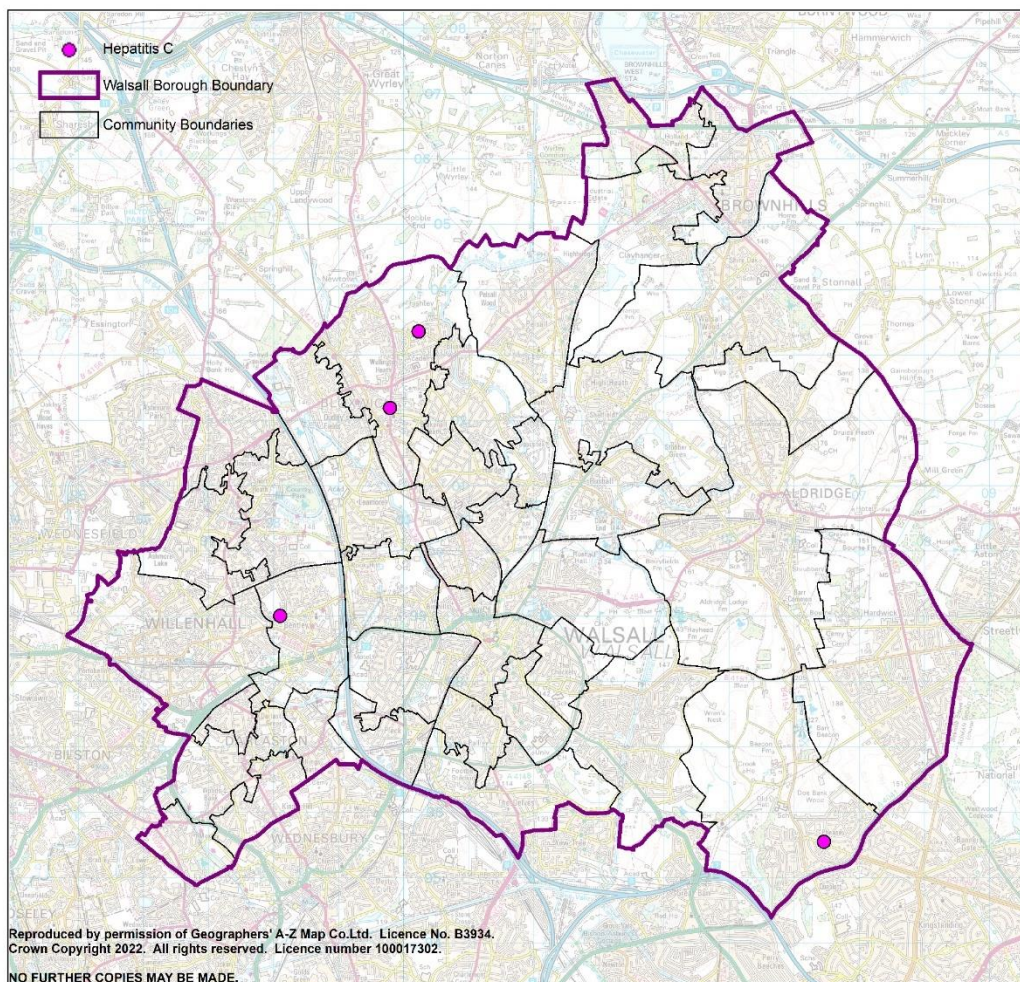
The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

The overall aim of the service is to increase levels of testing for HCV amongst PWIDs who are not engaged in community drug and alcohol treatment services to:

- a. increase the number of diagnoses of HCV infection;
- b. permit effective interventions to lessen the burden of illness to the individual;
- c. decrease long-term costs of treatment; and
- d. decrease onward transmission of HCV.

There has been no service provision in Walsall since the commencement of this service.

**Map 18 - Pharmacies offering Hepatitis C Antibody testing service by Community Boundary**



Source – NHSBSA, Walsall Council, Ordnance Survey

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**Based on the above information, we conclude:**

**The Community Pharmacy questionnaire indicated that there is one further contractor that intends to provide the service within the next 12 months.**

**Whilst there is little cover of this service, this is also available for individuals to access through the Drug and Alcohol provider, Change, Grow, Live (CGL).**

---

#### **4. Hypertension Case Finding Service**

This service has been commissioned as an Advanced service from 1st October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

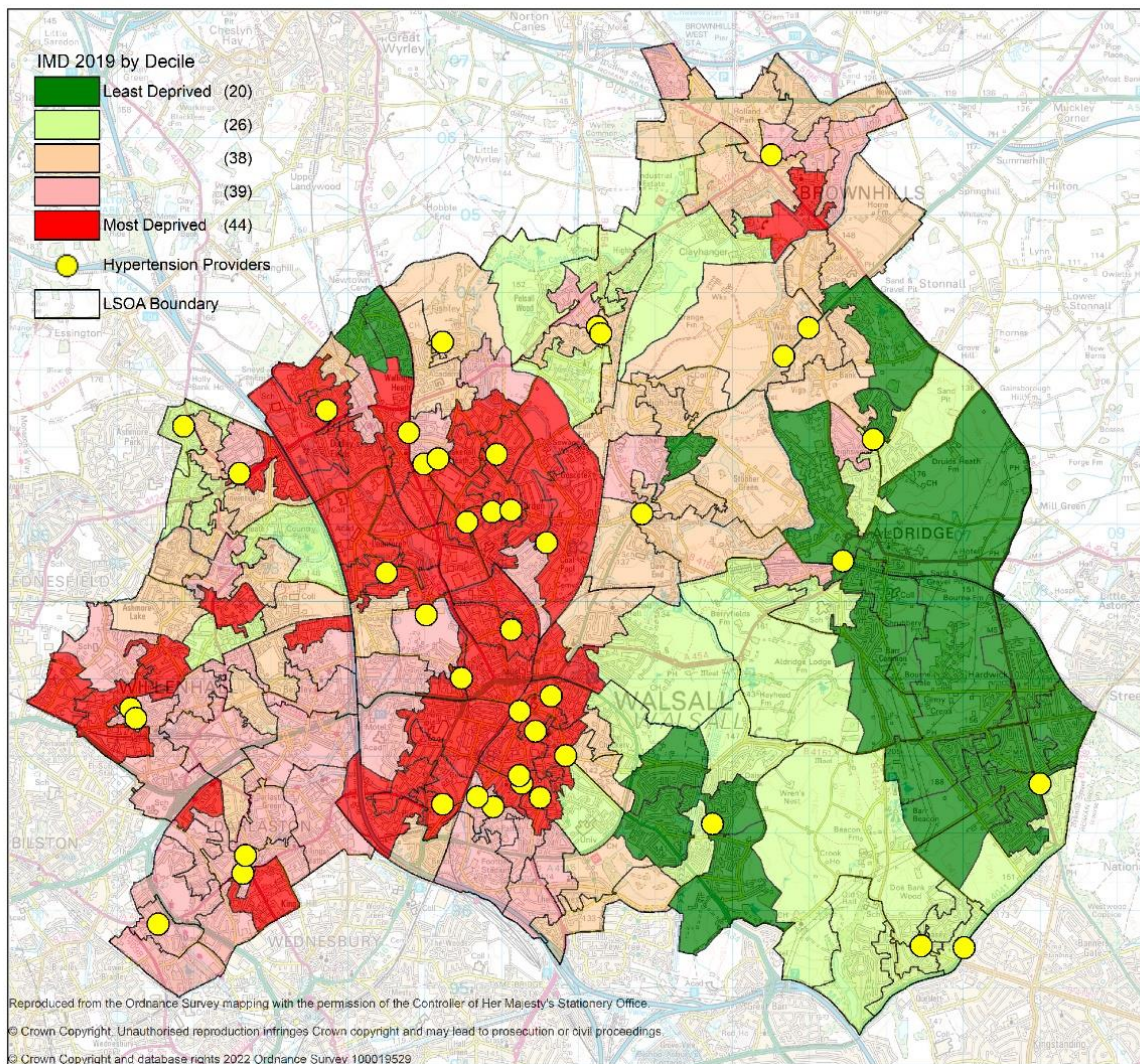
The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic measurements and ABPM
- Provide another opportunity to promote healthy behaviours to patients.

The service will support the work that both general practices and wider PCN teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service.

In Walsall there are **44** pharmacies that have signed up to provide this service as at 23.05.2022.

Map 19 - Pharmacies offering hypertension service with IMD 2019 by LSOA



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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**Based on the above information, we conclude:**

**There are 44 pharmacies across the borough which offer this service. The map illustrates good coverage.**

---

## 5. New Medicines Service (NMS)

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

Implementation of NMS will:

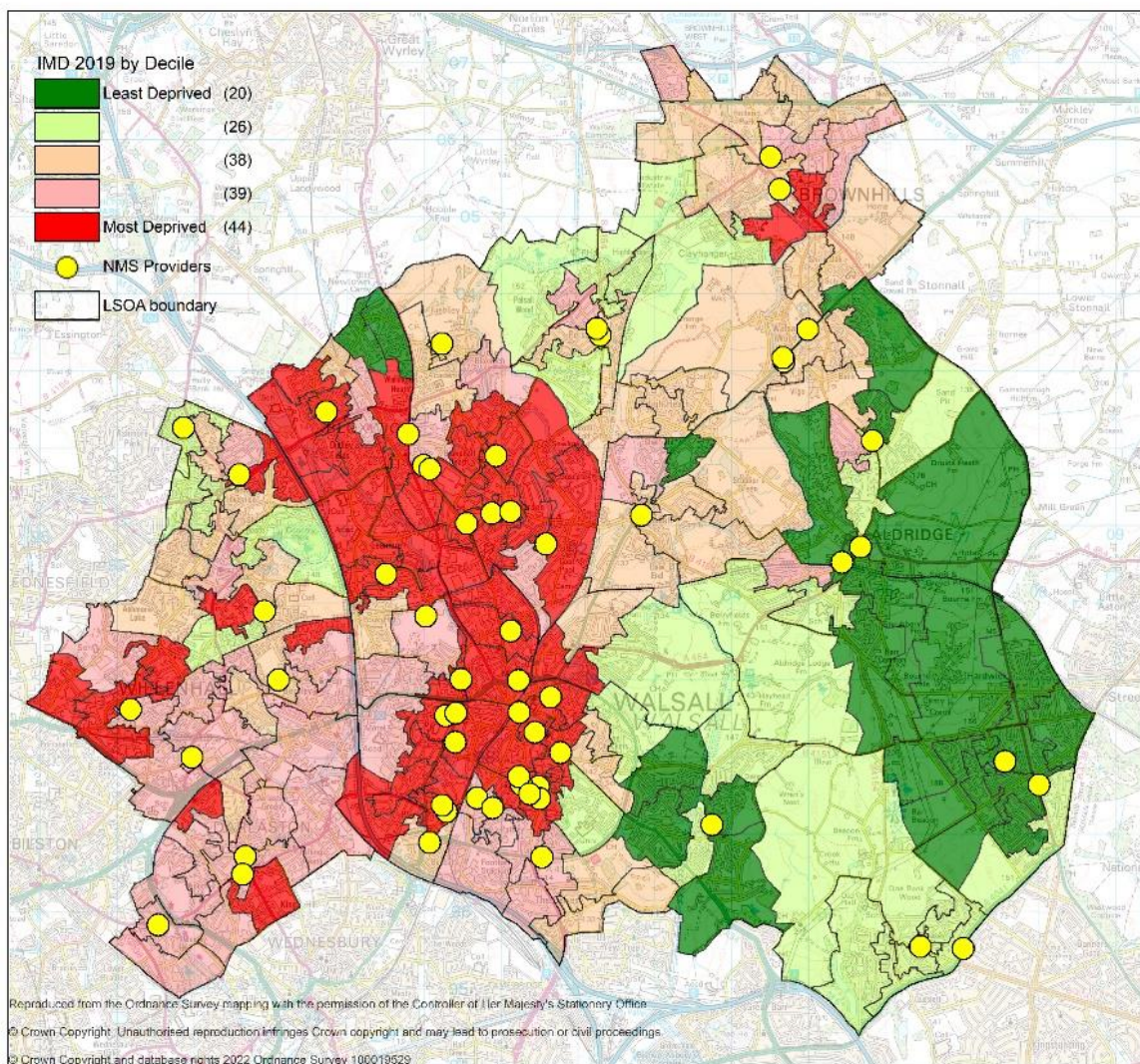
- improve patient adherence which will generally lead to better health outcomes;



- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines;
- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance;
- receive positive assessment from patients;
- improve the evidence base on the effectiveness of the service; and
- support the development of outcome and/or quality measures for community pharmacy.

In the first six months during 2021/22, 60 pharmacies provided the services.

**Map 20 - Pharmacies offering NMS service with IMD 2019 by LSOA**



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

**Based on the above information, we conclude:**

There is good provision of New Medicine Service the (NMS) across Walsall that help to deal with adherence to medicines and the management of people with long-term conditions.

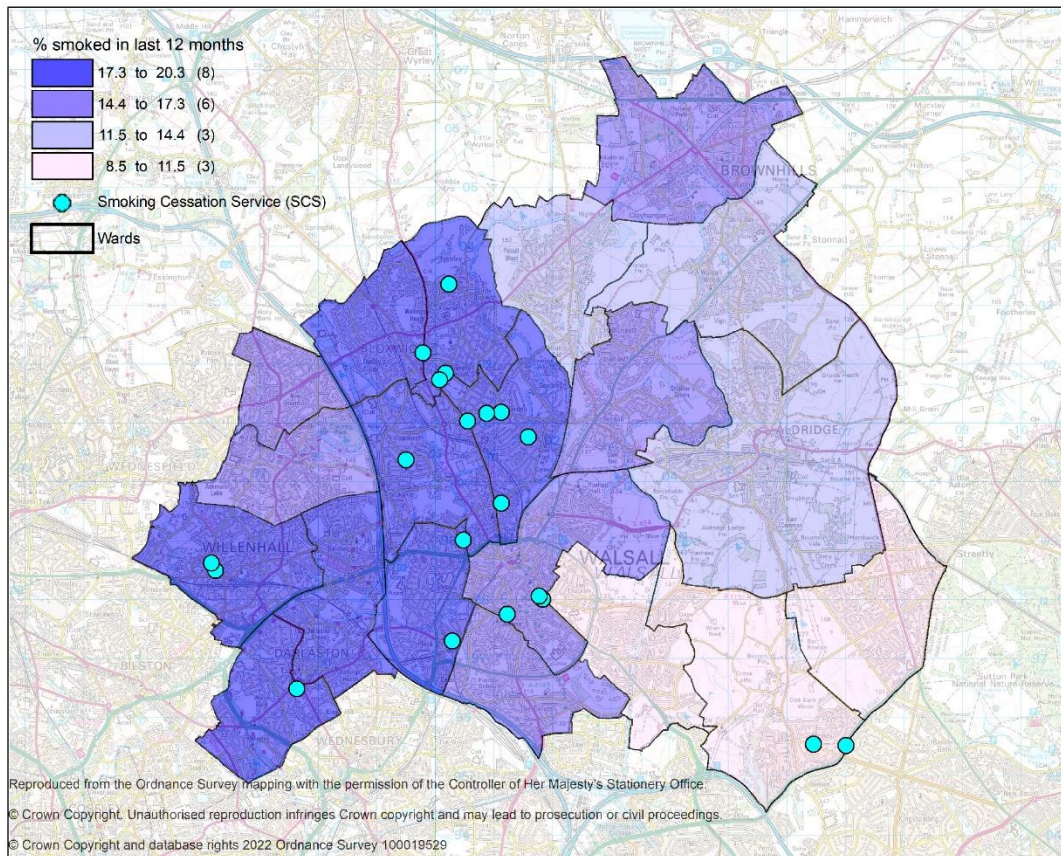
## 6. Smoking Cessation Service (SCS)

This service has been commissioned as an advanced service from March 2022. It has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The aim of the SCS is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking with the objective of the service being to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the Ottawa Model for Smoking Cessation.

At the time of writing this PNA, there were **23** pharmacy providers as at September 2022. There has been no activity.

Map 21 - Pharmacies offering Smoking Cessation Service (SCS) with Mosaic data by ward on 'smoked in the last 12 months'



The data from Experian illustrating those who claim to have ‘smoked in the last 12 months’ links closely to high deprivation levels across the borough. Smoking rates are highest within Blakenall ward, and this has the largest number of pharmacies offering the smoking cessation service.

In addition, the Community Pharmacy questionnaire indicated that 31 contractors intend to provide the service in the next 12 months.

---

**Based on the above information, we conclude:**

**The location of pharmacies offering the service is judged to be in the right places.**

---

## **7. Appliance Use Reviews (AURs)**

Appliance Use Review (AUR) is the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient’s home. AURs should improve the patient’s knowledge and use of any ‘specified appliance’ by:

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

Within Walsall in 2021 there was **0** provision.

## **8. Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on the presentation of a prescription for such an appliance, a community pharmacy contractor is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist’s normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy contractor or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service, if contact details are known to the pharmacist. The local NHS England team may provide the information, or it may be established by the pharmacist.

Within Walsall in 2021 there were **120** provisions.

---

**Based on the above information, we conclude:**

**Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area.**

---

### **Enhanced Services**

Enhanced services commissioned locally by NHSE&I in response to the needs of the local population.

*Participation in LCS is voluntary*; therefore, pharmacies will decide to participate or not based on local needs and whether the service will be financially viable to them as a business.

### **COVID-19 vaccination programme**

NHS England commission a COVID- 19 vaccination service directly from community pharmacy. It has been commissioned where there is a local population need, where Pharmacy Contractors can meet the key designation requirements and where NHS England considers the contractor best placed to meet that need.

The aims of this service are to:

- maximise uptake of COVID-19 vaccine by Patients in [identified at-risk groups](#) by providing vaccination services from Pharmacy Contractors alongside other sites where a need is identified by the Commissioner (NHSE).
- administer vaccines as recommended by the JCVI as part of an initial course of vaccination, or any additional subsequent doses or revaccination boosters that may be recommended.
- increase opportunities for specified cohorts of patients to access COVID-19 vaccinations and/or improve Patient convenience and choice.
- ensure that vaccination services can be provided from a variety of settings and effectively utilising available staff from across primary care.

### **Bank Holiday Rota Service**

The Regional NHSE&I have commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

### **The Community Pharmacy Extended Care Service**

This service aims to provide eligible patients who are registered with a General Practitioner (GP) contracted to NHS England & Improvement Midlands Region with access to support for the treatment of the following:

## Tier 1

- Treatment of Simple UTI in Females (from 16 years up to 65 years of age)
- Treatment of Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

## Tier 2

- Treatment of Impetigo
- Treatment of Infected Insect Bites
- Treatment of Infected Eczema

The service will be provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their General Practitioner (GP) or Out of Hours (OOH) provider, walk in centre or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions
- Educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

**Tier 3 (to be commissioned late 2022)**, will only be available for offer by selected pharmacies by NHSE&I

- Treatment for Otitis Media (aged from 3 months to 16 years)

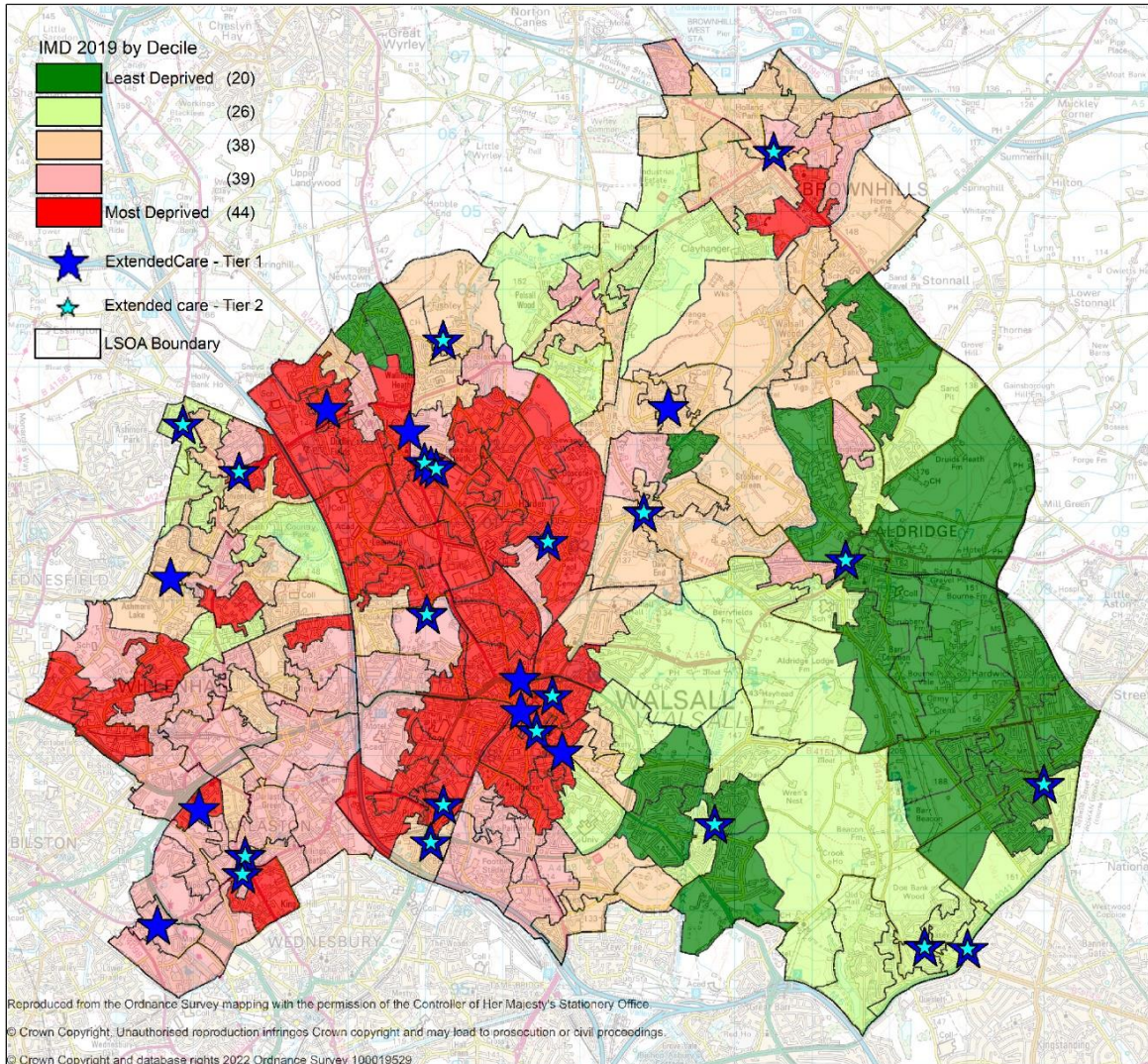
The service will be provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their General Practitioner (GP) or Out of Hours (OOH) provider, walk in centre or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions

- Educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

Map 22 – Extended Care service – tiers 1 and 2



Source – Regional NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

Currently, 31 pharmacies just offer Tier 1 and 21 offer both Tier 1 and Tier 2.  
\* to provide Tier 2, pharmacies must first provide Tier 1.

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Based on the above information, we conclude:

There is good provision of this service across Walsall.

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## **Local Authority Commissioned Public Health Services**

1. Emergency Hormonal Contraception (EHC)
2. Supervised Consumption of Prescribed Medicines Service
3. Needle Exchange Service
4. Supply of Naloxone
5. Smoking Cessation [Varenicline Supply under PGD]
6. Distribution of Healthy Start Vitamins

The following sections will provide service descriptions and outcomes for each of the services and provide maps showing where pharmacies are accredited to provide each service.

### **1. Emergency Hormonal Contraception (EHC)**

#### ***Service Description, Aims and Outcomes***

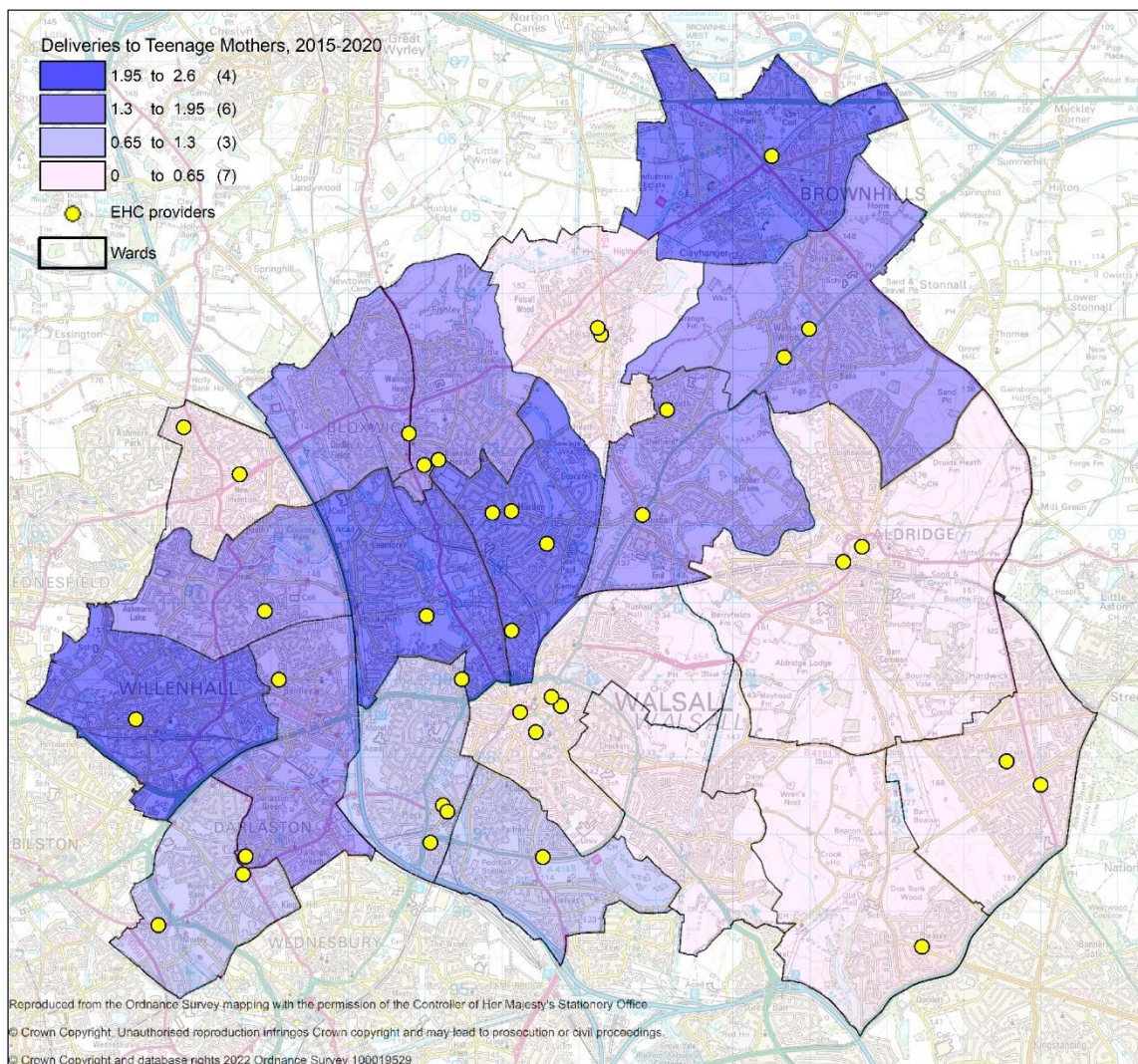
The service is commissioned to offer convenient and rapid access to free EHC through pharmacies to help contribute to a reduction in unplanned /unwanted pregnancies which remains significant public health problem.

The aim of this service is to improve access as well as increasing choice to emergency contraception and sexual health advice. It also follows up those clients and signposts into mainstream contraceptive services.

#### ***Distribution of Service Providers***

The map below shows the pharmacy providers that are accredited to provide EHC.

**Map 23 - Pharmacies offering Emergency Hormonal Contraception by deliveries to teenage mothers, 2015-2020**



*Source – Central Health Solutions Ltd., NHS Digital, Ordnance Survey*

The majority of localities within the borough in need of this service currently have a pharmacy(s) signed up to provide this service. Localities that do not have a pharmacy signed up have access to a service nearby.

In addition, the community pharmacy questionnaire indicated that 16 contractors were willing to provide the service. The public health team will work with Walsall Healthcare Trust (providers of this service) to engage with these contractors if there is a need.

---

**Based on the above information, we conclude:**

**In relation to the teenage mother data thematically mapped, there are pharmacies accessible for accessing EHC should it be needed. Furthermore, additional pharmacies have expressed an interest in providing this service in the future.**

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## 2. Supervised Consumption of Prescribed Medicines Service

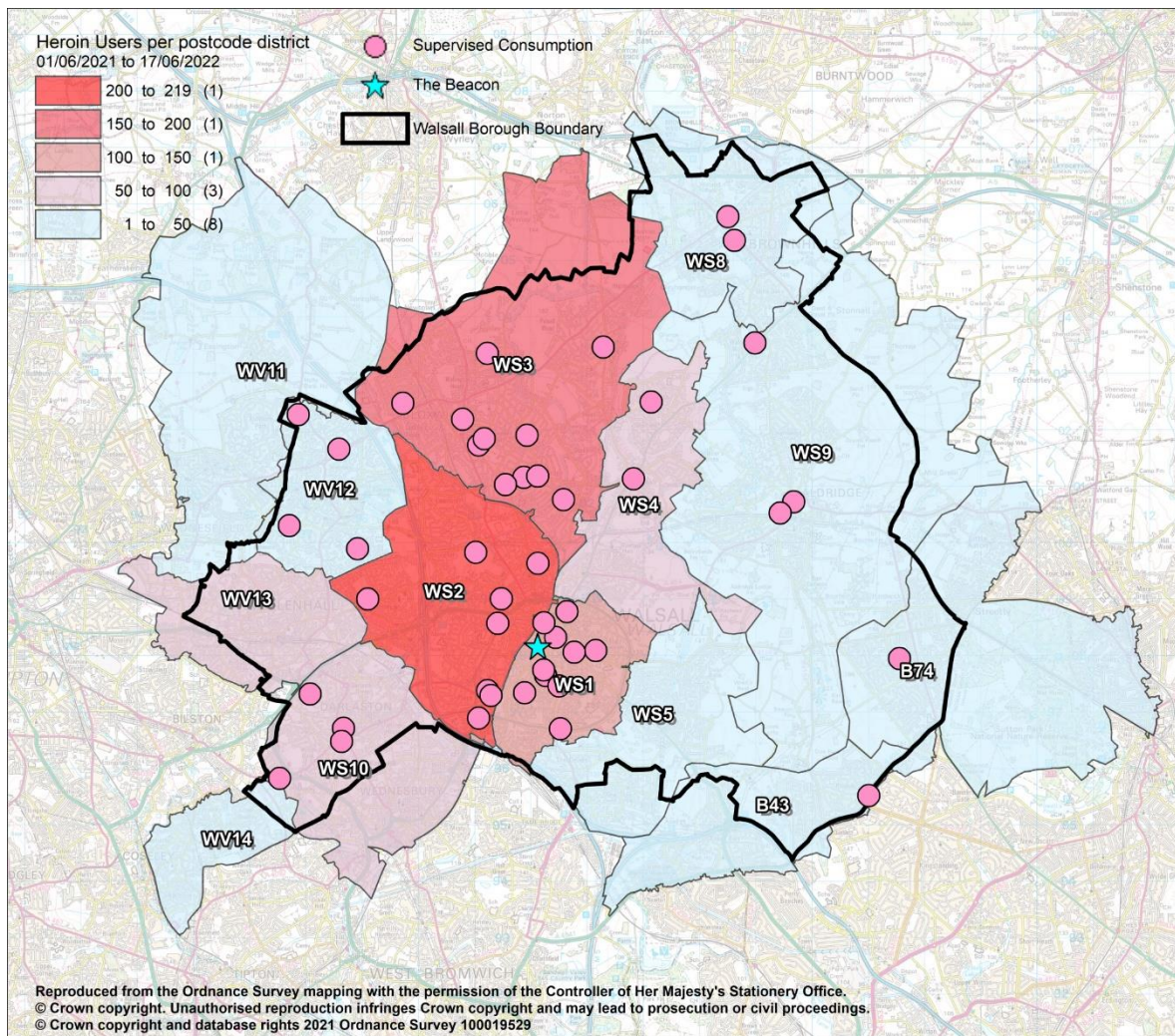
### *Service Description, Aims and Outcomes*

Drug misuse is an increasing problem that affects not only the drug user themselves, but also their family, their friends and the public at large. Pharmacists are well placed to be able to provide services to drug users as part of the strategy of harm reduction. The supervised consumption of prescribed medicines service requires the pharmacist to note and report any signs of over sedation or intoxication and seek clinician advice on continuation of administering. They are also encouraged to report any safeguarding issues directly to social care or seek further advice / information from The Beacon (drug and alcohol recovery service in Walsall).

### *Distribution of Service Providers*

Public Health Commissioners actively seek service user feedback to understand their needs for accessing services across the Walsall borough. The map below shows the pharmacy providers that are accredited to provide Supervised Consumption of Prescribed Medicines, mapped against the need for the service (heroin drug users).

**Map 24 - Pharmacies offering Supervised Consumption of Prescribed Medicines Service and heroin drug users by postcode district**



Source – CGL, Walsall Council, Ordnance Survey

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**Based on the above information, we conclude:**

**Many of the localities within the borough in need of this service have a pharmacy(s) signed up to provide.**

**The recent pharmacy survey indicated 17 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.**

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### **3. Needle Exchange Service**

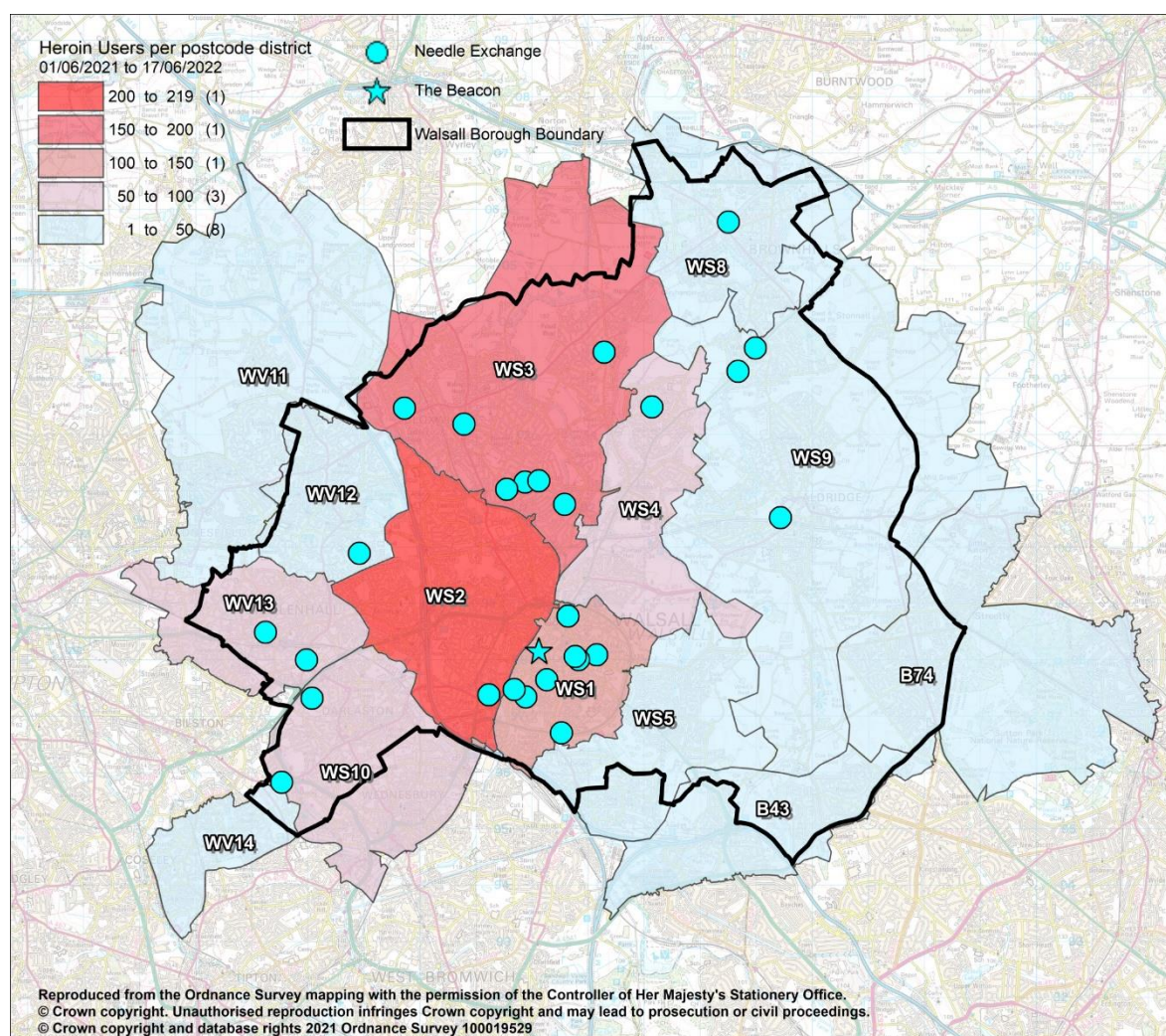
#### **Service Description, Aims and Outcomes**

The needle exchange service allows pharmacies to provide access to sterile needles and syringes and a sharps container for return of used equipment. The service aims to assist service users in remaining healthy until they are ready and willing to cease injecting by reducing the rate of sharing and other high risk injecting behaviours; providing sterile injecting equipment and other support; and promoting safer injecting practices. The service encourages the return of used equipment by the service user for safe disposal, reducing the risk of spreading blood borne viruses. Pharmacists accredited to provide this service provide the service user with appropriate health promotion materials, support and advice, referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

#### **Distribution of Service Providers**

Public Health Commissioners actively seek service user feedback to understand their needs for accessing services across the Walsall borough. The following map shows sign up of community pharmacists for the needle exchange service and The Beacon (drug and alcohol recovery service in Walsall).

**Map 25 - Pharmacies offering Needle Exchange Service and heroin drug users by postcode district**



Source – CGL, Walsall Council, Ordnance Survey

**Based on the above information, we conclude:**

**Some areas within the borough, in need of the service have a pharmacy(s) signed up to provide this service**

**The recent pharmacy survey indicated 24 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.**

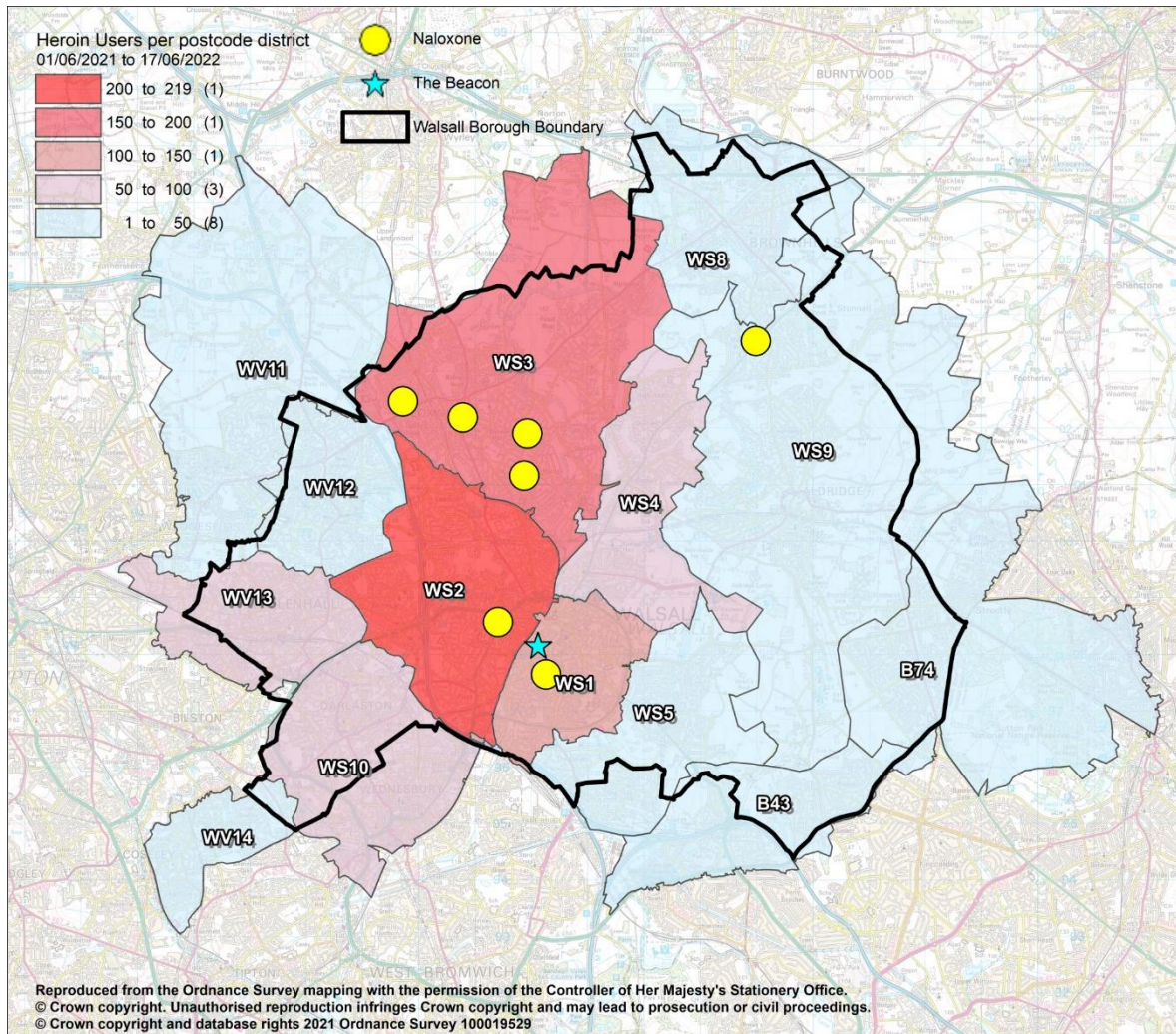
#### **4. Supply of Naloxone**

##### ***Service Description, Aims and Outcomes***

To widen the availability and removing barriers to naloxone provision to keeping people safe and reducing drug-related deaths. This service is for pharmacies will dispense naloxone to increase accessibility across a larger geographical area in

pharmacies where community drug and alcohol services are delivered. service opening hours. This will also make naloxone available to those who are not in treatment and may therefore not be engaged with a service but who are at high risk of an opiate overdose.

**Map 26 - Pharmacies offering supply of naloxone and heroin drug users per postcode district**



Source – CGL, Walsall Council, Ordnance Survey

There are few pharmacies offering the supply of naloxone, however, they are concentrated centrally, within the most deprived areas of the borough and where highest rates of heroin rates are highlighted.

---

**Based on the above information, we conclude:**

**Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings. Change Grow Live (providers of this service) plan to engage with pharmacies to improve uptake of the service.**

---

## 5. Stop Smoking services [Varenicline supply]

### *Service Description, Aims and Outcomes*

The service aims are to provide one to one smoking cessation behavioural change support and advice over three months for those who wish to quit smoking and provide an appropriate form of Nicotine Replacement Therapy (NRT).

### *Distribution of Service Providers*

Currently Public Health only directly commission the service a non-pharmacy single provider.

Walsall Public Health commissioned the supply of varenicline under a Patient Group Direction (PGD) to support the stop smoking service through a community pharmacy. This is a local agreement between the smoking cessation service provider and community pharmacy. At the time of writing this PNA, the service is on hold as there are currently long-term supply issues of this drug and no supply date has been issued by the manufacturer.

---

**Based on the above information, we conclude:**

**All Walsall residents (and those who work within the borough) can access stop smoking services from the provider. It is therefore accepted that there are no current gaps in provision at this time. The community pharmacy questionnaire indicated that 39 pharmacies would be willing to provide stop smoking NRT voucher service if commissioned and 40 contractors would be willing to provide the supply of varenicline under a PGD.**

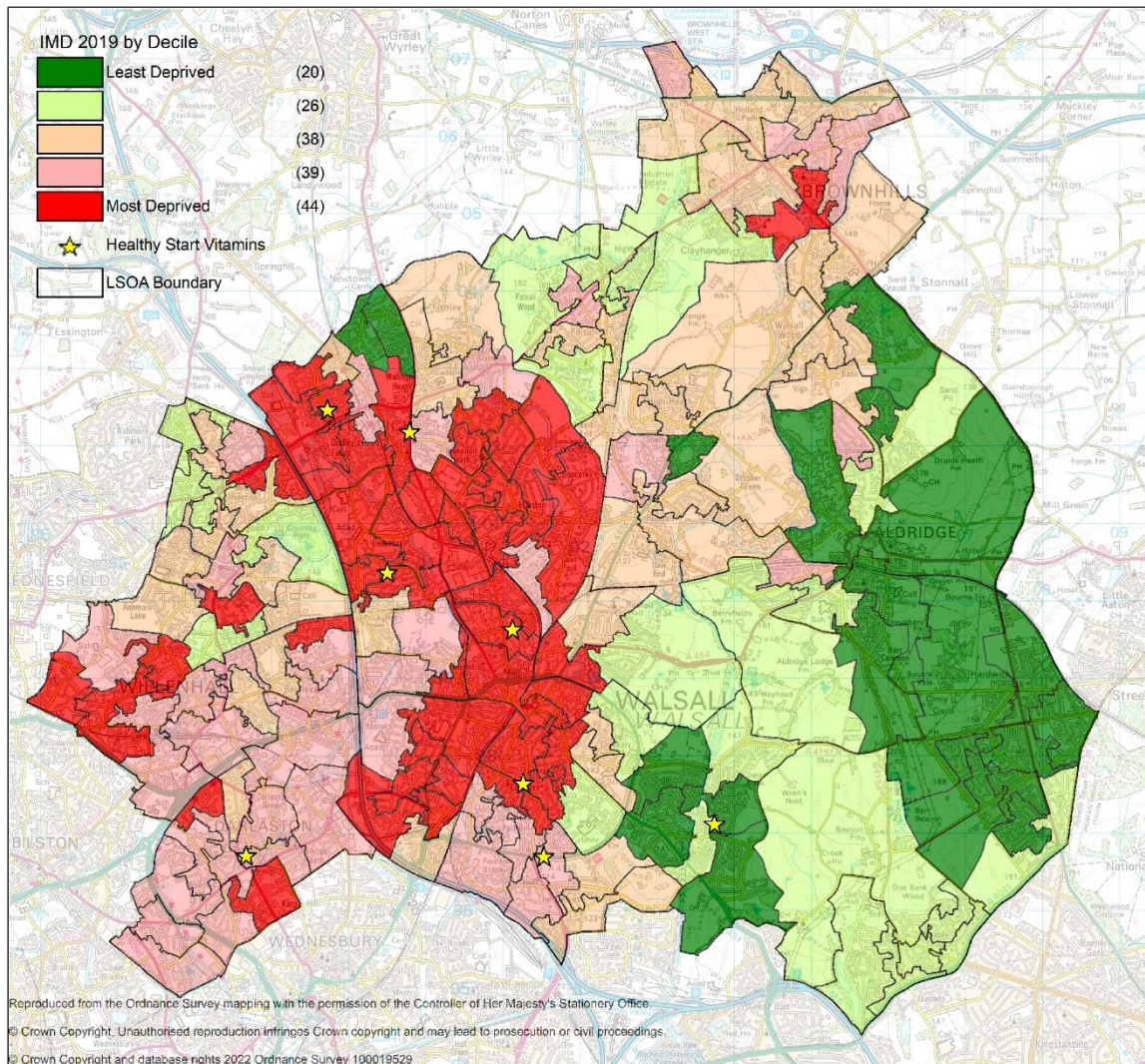
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## 6. Distribution of Healthy Start Vitamins

Although this is not a commissioned service, some pharmacies have volunteered to offer Healthy Start vitamins for pregnant women, new mothers and young children by:

- The exchange of Healthy Start vouchers for Healthy Start Vitamins in pharmacies
- Increasing promotion of the Healthy Start Scheme through pharmacies in localities
- Promoting the sale of Healthy Start Vitamins to non-beneficiaries

Map 27 - Pharmacies offering health start vitamins and IMD 2019



Source – Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

---

Based on the above information, we conclude:

There are currently 8 providers across the borough. Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings.

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## **BCICB Commissioned Services**

1. Minor Ailments (Pharmacy First)
2. Palliative Care
3. COVID Urgent Eye Care Service (CUEs)

### **1. Minor Ailments (Pharmacy First)**

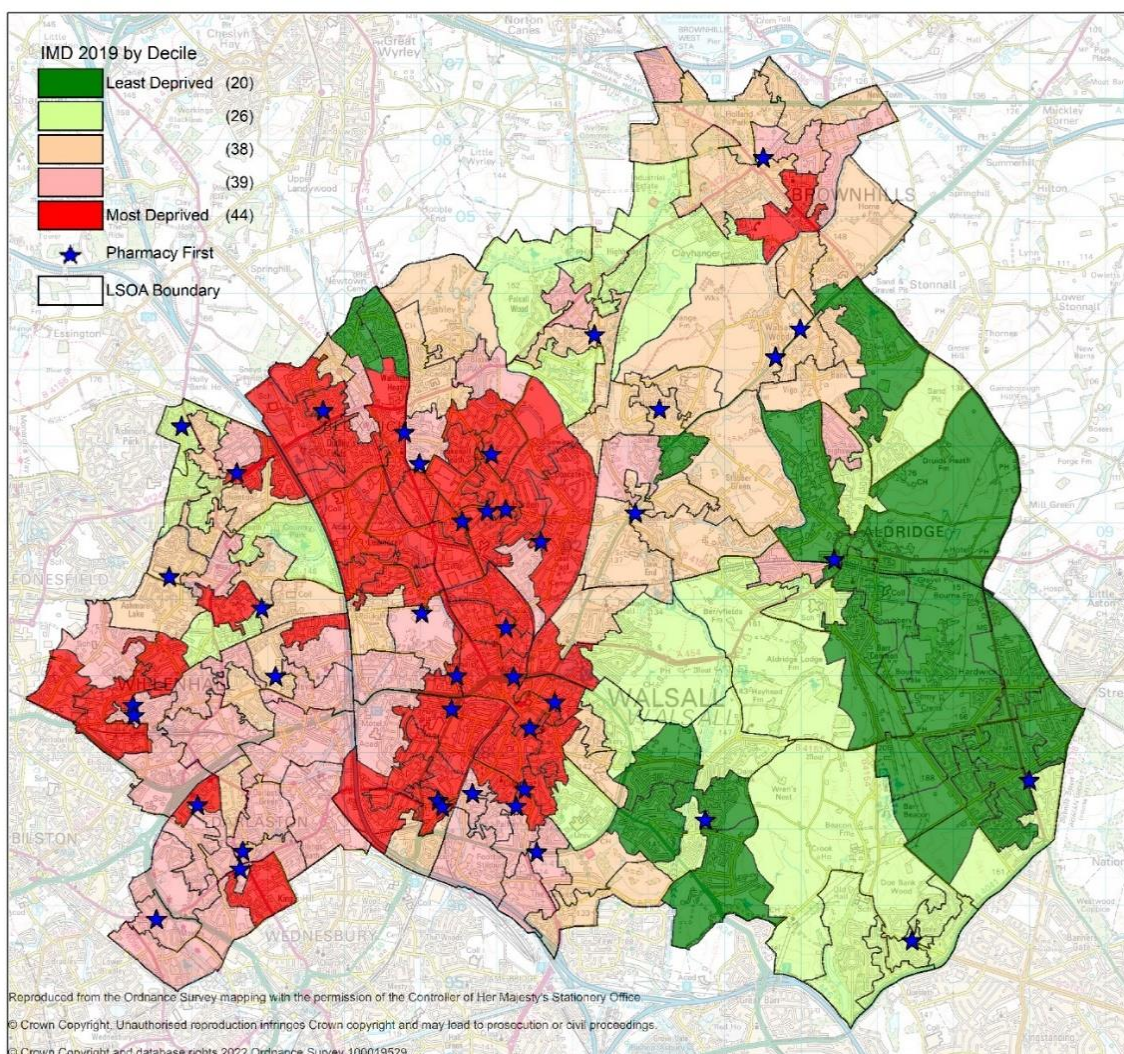
#### ***Service Description, Aims and Outcomes***

Pharmacy First (Minor Ailments Scheme) aims to improve access and choice for people with minor ailments by enabling those who wish to, to be seen by a community pharmacist. The pharmacist will provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription, thus aiming to improve primary care capacity by reducing medical practice workload related to minor ailments and support General Practitioners in seeing those patients whose condition necessitates a consultation and promoting and empowering patients to self-care when suffering from a minor ailment. The service also promotes self-care to support the NHSE&I guidance on *Conditions for which over the counter items should not routinely be prescribed in primary care*.

#### ***Distribution of Service Providers***

The map below shows the pharmacy providers that are accredited to provide Pharmacy First mapped against the need for the service (deprivation). Pharmacies offering a minor ailments scheme are thought to be more appropriately located in poorer more deprived areas as they remove a time and cost barrier for treatment.

Map 28 - Pharmacies offering Pharmacy First service and IMD 2019



Source – BCICB, Indices of Multiple Deprivation 2019, Ordnance Survey

A review in January 2022 showed if the service had not been in place, 89% would have accessed the GP, 1% would have gone to A&E 9.3% would gone to the Urgent Treatment Centre. Thereby showing the benefits of the service by the number of GP consultations saved, hence improving GP capacity and easing pressures on the A&E department and primary care urgent services.

---

**Based on the above information, we conclude:**

**The majority of communities within the borough have a pharmacy(s) signed up to provide this service. Communities that do not have a pharmacy signed up have access to a service nearby. The community pharmacy questionnaire indicated that 15 providers would be willing to provide the service.**

---



## 2. Palliative Care

### *Service Description, Aims and Outcomes*

The palliative care service allows the pharmacist on call to dispense a prescription for palliative care drugs to improve access and ensure continuity of supply, to support people, carers and clinicians by providing them with up-to-date information and advice and referral where appropriate and thereby reducing the demand for hospital-based services and lower levels of unplanned hospital admissions.

The providers of this service sign up to the on-call rota so that weekends and bank holidays are covered. The service is supported by one 100-hour pharmacy during their normal opening hours. Access to these drugs during weekday out of hours is being reviewed.

Access to these specialist drugs has improved both 'in hours' and 'out of hours'.

---

**Based on the above information, we conclude:**

**The on-call pharmacist covers the whole of the borough so there are no geographical gaps. Walsall does not need any further providers of this service, as there are no issues with covering the on-call rota.**

---

## 3. COVID-19 urgent and emergency eye care service (CUEs)

### *Service Description, Aims and Outcomes*

In response to the coronavirus (COVID-19) pandemic, NHS England/Improvement set out that routine sight testing had ceased (NHS England Publication approval reference: 001559), COVID-19 urgent and emergency eye care service (CUEs) was commissioned by the Black Country STP and is provided by local optical practices via the optometry federation, Primary Eyecare Services Ltd (PES) with the support of the Black Country Local Optical Committees. This has superseded the commissioned Minor Eye Care Conditions service (MECs).

Through a network of optical practices, and utilisation of technology, patients gain prompt access to a remote consultation and, in most cases, a care plan for the patient to either self-manage their ocular condition (with access to appropriate topical medications where appropriate), be managed by their optometrist with advice, guidance and remote prescribing as necessary by hospital eye service or be appropriately referred to ophthalmology services.

### **Benefits**

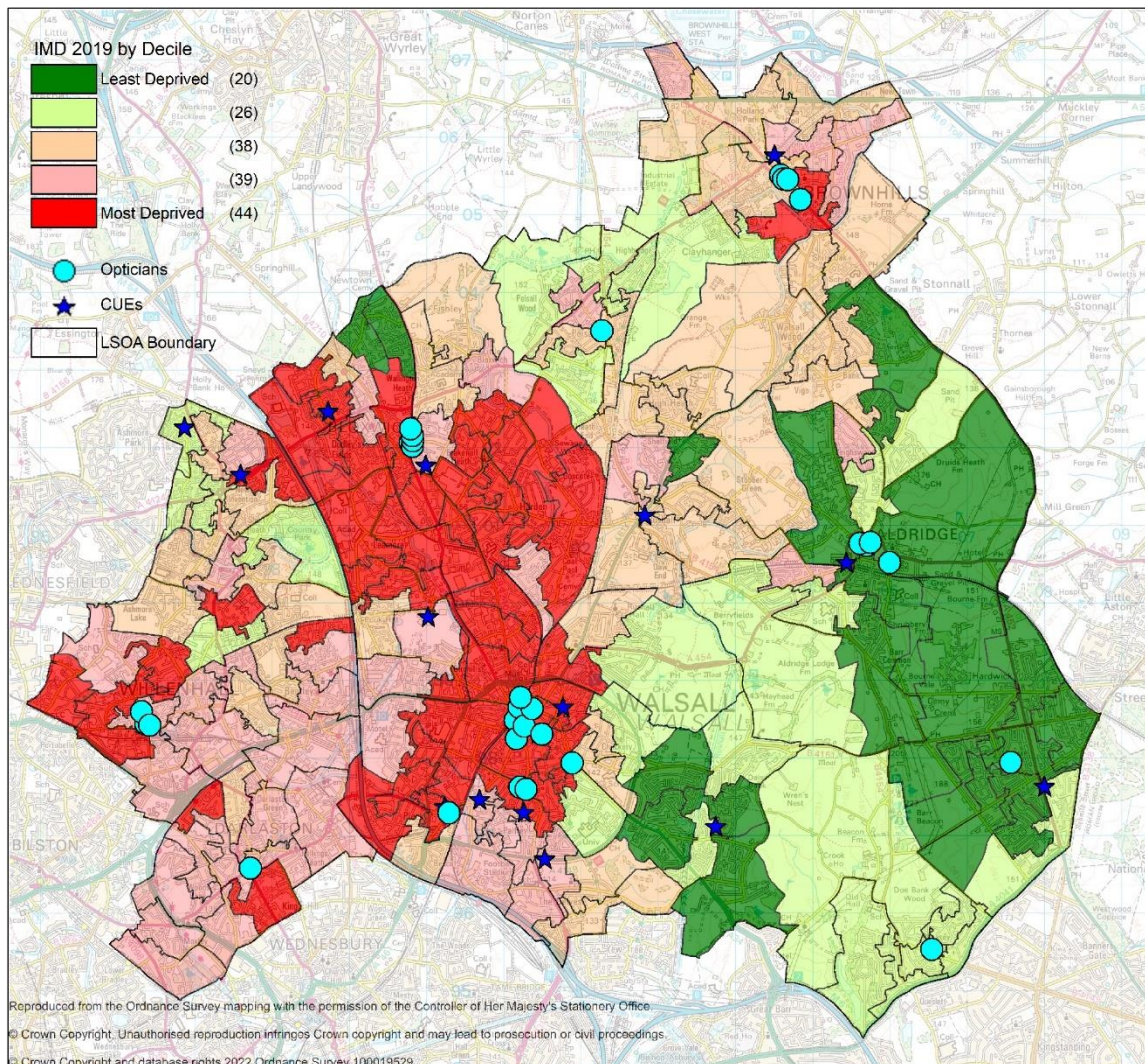
- Reduction in the number of ophthalmology attendances, an essential outcome in response to the COVID-19 due to limited staff and numbers of clinicians redeployed to assist patients requiring critical care
- Reduction in the number of eye-related GP appointments
- Release hospital workforce for more complex ophthalmic care and potential for front-line COVID-19 response

- Reduce coronavirus infection risk by minimising patient travel and patient – practitioner contact time
- Provide a rapid, safe access, high quality service for patients
- Reduce the total number of patient face to face appointments
- Improve the quality of referrals and referral pathway
- Care closer to home and in a lower risk setting
- Direction to self-care, e.g. patient leaflets, websites, online symptom checker
- Improve quality of life

### Distribution of Service Providers

The map below illustrates the dissemination of pharmacy provision across the borough. Access to the service is fairly evenly distributed, except for the Short Heath / Willenhall South area towards the West. However, patients from these localities are able to access in nearby pharmacies.

Map 29 - Pharmacies offering Covid-19 Urgent and Emergency Eye Care service (CUEs), opticians and IMD 2019



Source – BCICB, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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**Based on the above information, we conclude:**

**Pharmacy distribution is fairly evenly spread and aligned with the ophthalmic optometrists providing the service.**

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### **Other Enhanced / Locally Commissioned Services**

Pharmacies can provide a number of additional services such as:

- Anticoagulant Monitoring Service
- Anti-viral Distribution Service
- Care Home Service
- Chlamydia Testing Service
- Chlamydia Treatment Service
- Contraception Service
- Disease Specific Medicines Management Services
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service
- Medicines Optimisation Service
- Obesity management (adults and children)
- Not Dispensed Scheme
- Phlebotomy Service
- Prescriber Support Service
- Schools Service
- Screening Services
- Vaccination Services

Predominantly these services are not currently commissioned, however the majority of pharmacists expressed a willingness to provide, if commissioned in the future. Further details from the questionnaire are available in Appendix 4.

## Patient Experience

### PNA Specific Patient Survey

To ensure engagement was captured from Walsall residents on their perception and use of pharmacy services, a resident survey was undertaken. This decision was made following discussions within the working group, and the offer from Healthwatch Walsall to conduct this survey for us (report available [HERE](#)).

Appendix 5 has a link to the survey and report in full, however it consisted of two key sections:

1. Your use of pharmacies (which included a free text option to share any other relevant detail)
2. About You

The survey was sent out via a series of avenues including promotion via pharmacies through the LPC and through the promotional efforts of Healthwatch Walsall.

The survey was available to complete via the Walsall Council and Healthwatch Walsall websites as well as hard copies distributed throughout pharmacies for a period from 4<sup>th</sup> to 25<sup>th</sup> February 2022.

A total of 142 completed surveys were returned, an improvement on the 61 received for inclusion within the 2018 PNA. 57% of returns were from females and 40% males with a mix of ages responding, but the majority aged 45 to 64 years.

The majority of respondents visit a pharmacy 'once a month' (39%) but 20% also visit 'once a week or more' and / or 'once every few months' or 'once every few months' (38%) and purchase non-prescription medicines, either 'for themselves' or 'for a family member'.

Almost 90% of respondents have a particular pharmacy that they visit most often with the top 3 reasons supporting this being:

1. Close to home
2. Friendly / familiar staff
3. Efficiency

In relation to how users travel to a pharmacy, car (64%) is the most common mode, followed by walking (31%). Only 3% of the responses gained use public transport to access the pharmacy they visit. Almost 79% of responses travel no more than 15 minutes to a pharmacy with the time of the day to visit 'varies' (46.5%) but according to responses, 'Monday to Friday' is most common (43.7%) than weekends and during a morning (28.2%).

When users were asked about their use of specific services pharmacies provide over the last 12 months, the top 3 responses were:

1. Prescription collection
2. Purchasing over the counter medication
3. Prescription service

And ranked 4<sup>th</sup>, was the collection of lateral flow tests (LFTs) – a national commissioned service, now no longer available. Almost 84% of responders stated Covid-19 had not changed the way in which they used a pharmacy.

The recommendations from the residents' survey concluded by Healthwatch Walsall include:

- To ensure that patients and users of pharmacies continue to have choice of pharmacies locally and that pharmacies continue to be flexible in their opening hours, wherever possible to include some weekend opening times. If this is not possible, then to provide patients with information of locally available pharmacies during out of hours.
- Pharmacies to ensure they have sufficient medication available to meet the needs of people on repeat prescriptions, in order that there are no delays in treatment.
- More pharmacies to offer delivery services for medication.
- Dossett box/blister packs are made available wherever possible.
- Information is provided to patients about any change of medication brand/labelling to avoid confusion.
- Promote additional services offered by pharmacies.

### **Pharmacy Patient Survey**

Each year as part of their Community Pharmacy Framework, pharmacies are expected to undertake a Community Pharmacy Patient Questionnaire (CPPQ). The survey results should be used to inform consideration of how contractors can develop their pharmacy service.

The pharmacy must publish their results of the survey. The report should identify the areas where the pharmacy is performing most strongly and the areas for improvement together with a description of the action taken or planned.

## Appendix 1 – Membership of PNA Working Group and Acknowledgments

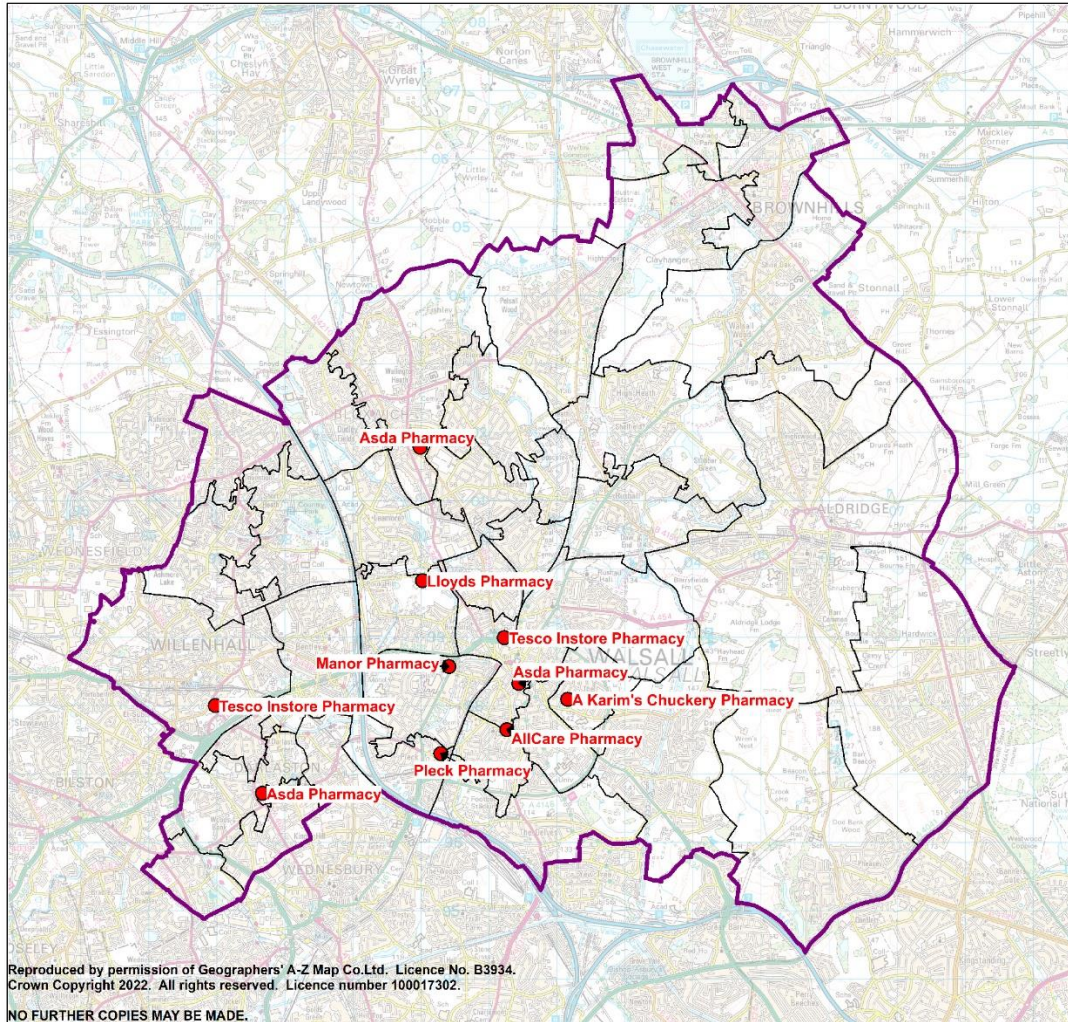
<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Emma Thomas	Public Health Intelligence Manager	Walsall Council Public Health
Hema Patel	Community Pharmacy Facilitator	Walsall Council Public Health / Walsall Place - BCICB
Jayesh Patel	Chair	Walsall LPC
Jan Nicholls	Chief Officer	Walsall LPC
Sumaira Tabussum	Head of Medicines Management	Walsall Place - BCICB
Tracey Harvey	Senior Commissioning Manager; Pharmacy, Optometry and Dental	NHS England and NHS Improvement; Midlands (West)
Aileen Farrer	Manager	Healthwatch Walsall
Paul Nelson	Interim Consultant in Public Health	Walsall Council Public Health

Thanks is extended to the following people, who provided invaluable advice and support in the production of this PNA:

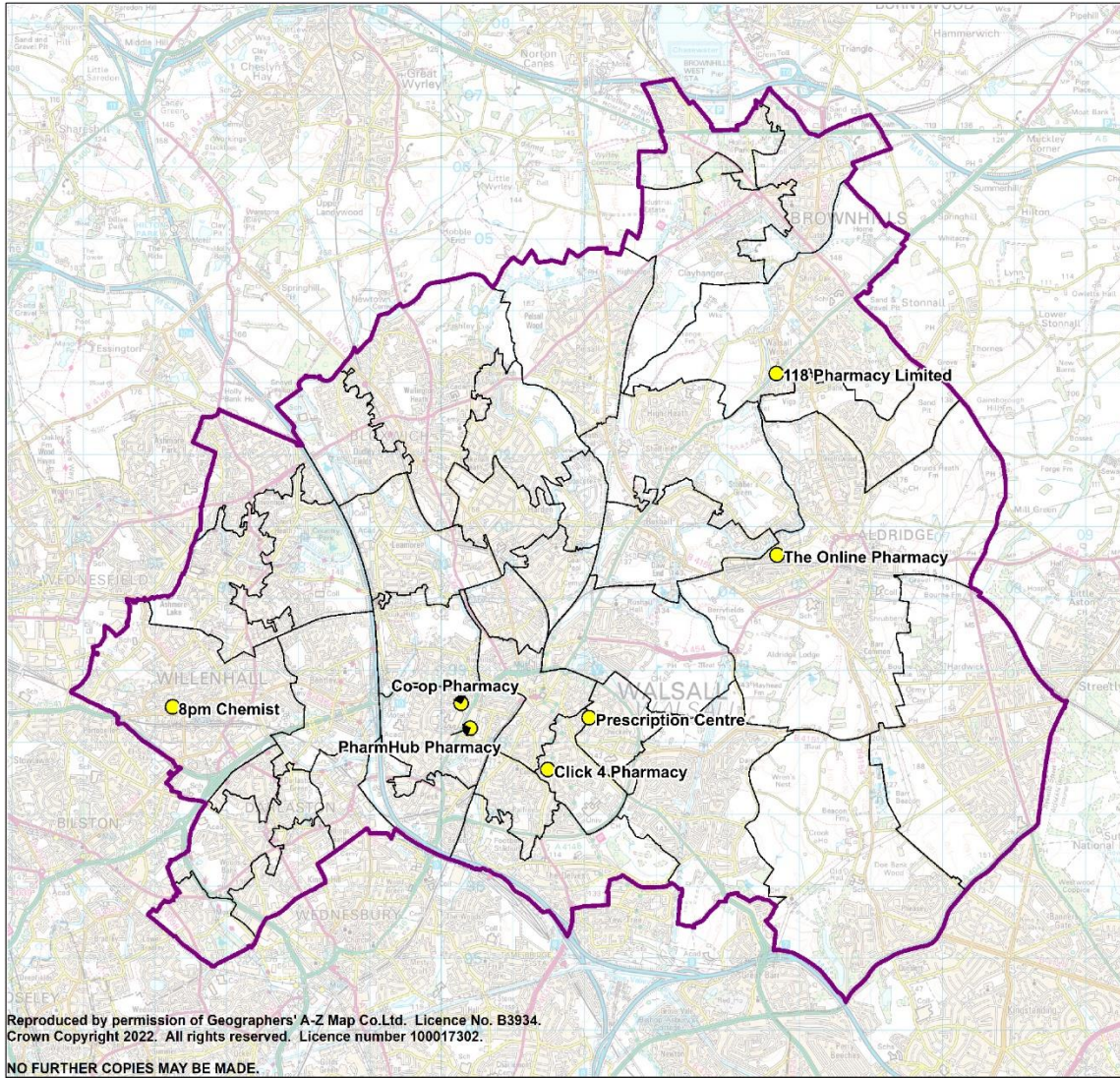
<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Dr Claire Heath	Public Health Intelligence – Senior Analyst	Walsall Council
David Hughes	Public Health Intelligence – Technical Officer	Walsall Council
Lee Harley	Public Health Intelligence – Technical Officer	Walsall Council
Sandip Nagra	Public Health Intelligence – Senior Analyst	Walsall Council
Anne Brunozzi	Services Manager Change, Grow, Live Walsall – The Beacon	Change, Grow, Live
Anna King	Corporate Consultation Officer	Walsall Council
Elizabeth Forster	Planning Policy Officer	Walsall Council

## Appendix 2 – Maps showing Pharmacy Contractors by Type within Walsall

100 Hour Pharmacies:

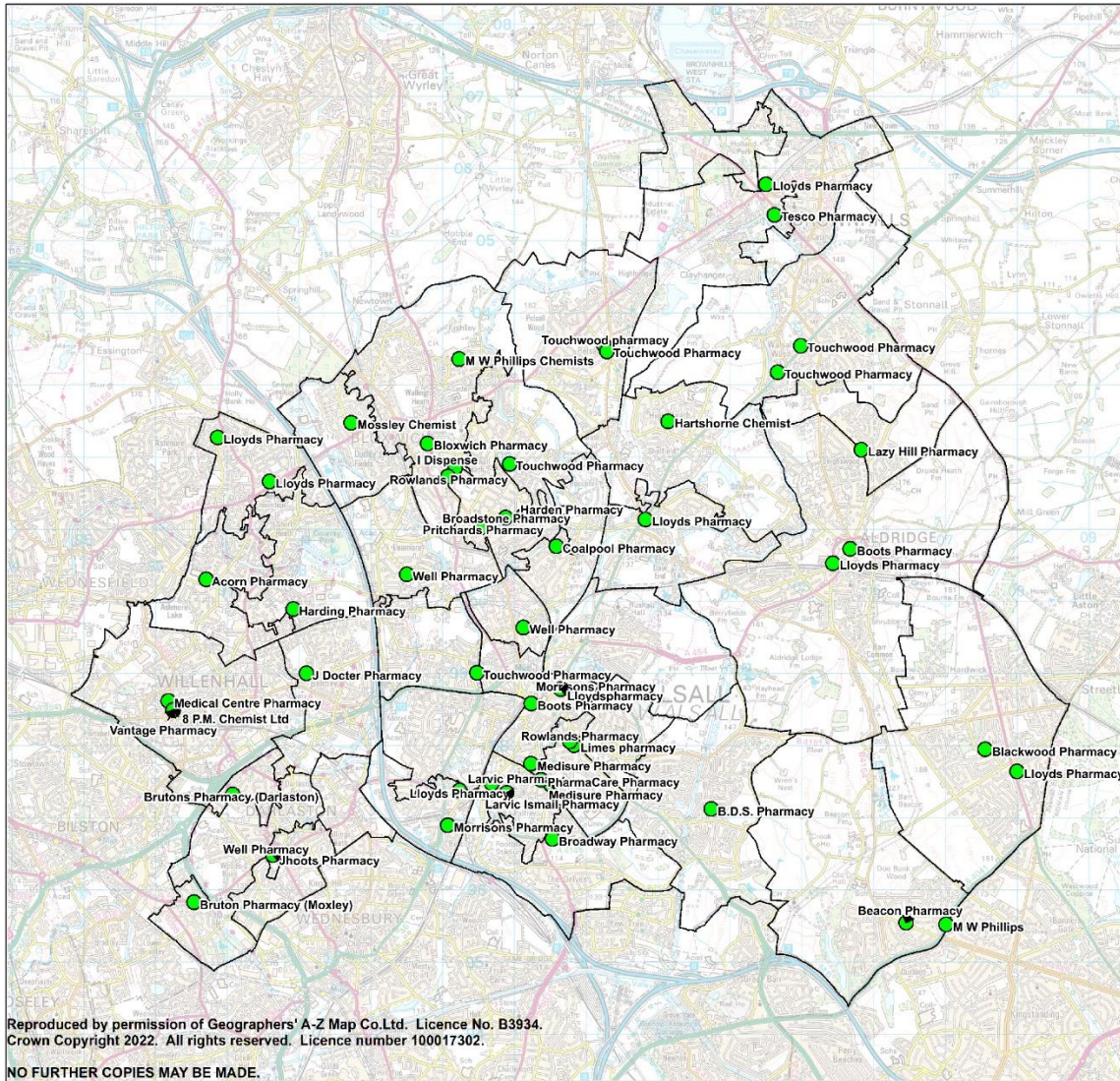


Distance Selling Pharmacies:





## Community Pharmacies:



## Appendix 3 – Pharmacy Contact Details & Opening Times by Type

### Community Pharmacies

TRADING NAME	ADDRESS 1	POSTCODE	TOTAL HOURS MONDAY		LUNCH		TOTAL HOURS TUESDAY		LUNCH		TOTAL HOURS WEDNESDAY		LUNCH		TOTAL HOURS THURSDAY		LUNCH		TOTAL HOURS FRIDAY		LUNCH		TOTAL HOURS SATURDAY		LUNCH		TOTAL HOURS SUNDAY	
8 P.M. Chemist Ltd	61 Wolverhampton Street	WV13 2NF	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	18:00				
Acom Pharmacy	41 Castle Drive	WV12 4QY	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	13:00				
B.D.S. Pharmacy	Unit 11	WS5 3EY	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	13:00				
Beacon Pharmacy	81 Collingwood Drive	B43 7JW	08:30	18:00			08:30	18:00			08:30	18:00			08:30	18:00			08:30	18:00			09:00	12:00				
Blackwood Pharmacy	87 Blackwood Road	B74 3PW	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			09:00	13:00				
Bloxwich Pharmacy	169 High Street	WS3 3LH	09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:00				
Boots Pharmacy	Unit A	WS1 1NG	08:30	17:30			08:30	17:30			08:30	17:30			08:30	17:30			08:30	17:30			08:30	17:30			10:30	16:30
Boots Pharmacy	14-16 Anchor Parade	WS9 8QP	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00				
Broadstone Pharmacy	63A Broadstone Avenue	WS3 1ER	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30								
Broadway Pharmacy	4 Hawes Close	WS1 3HG	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:00			09:00	18:30								
Bruton Pharmacy (Moxley)	101 High Street	WS10 8RT	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	17:30	13:30	14:00	09:00	12:00				
Brutons Pharmacy (Darlaston)	26A Hall Street East	WS10 8PL	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Coalpool Pharmacy	140 Dartmouth Avenue	WS3 1SP	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Harden Pharmacy	1 Chestnut Road	WS3 1BB	09:00	18:15			09:00	18:15			09:00	18:15			09:00	18:15			09:00	18:15			09:00	13:00				
Harding Pharmacy	Shop 3, Brackendale Shopping Centre	WV12 4HA	09:00	18:30			09:00	18:30			09:00	18:30			09:00	17:00			09:00	18:30			09:00	13:00				
Hartshorne Chemist	54 Spring Lane	WS4 1AT	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	13:00				
I-Dispense Limited	2 Field Road	WS3 3JE	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30								
J Doctor Pharmacy	1 Churchill Road	WS2 0AW	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00				
Jhoots Pharmacy	36A Pinfold Street	WS10 8SY	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Larvic (small Pharmacy)	Unit 2	WS1 4LA	09:00	18:30			09:00	18:30			09:00	14:00			09:00	18:30			09:00	18:30			10:00	14:00				
Larvic Pharmacy	151 Wednesbury Road	WS1 4JQ	09:00	19:00			09:00	19:00			09:00	19:00			09:00	19:00			09:00	14:00								
Lazy Hill Pharmacy	159 Walsall Wood Road	WS9 8HA	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	13:00				
Limes pharmacy	The Limes Business Centre	WS1 2LT	08:30	18:00			08:30	18:00			08:30	18:00			08:30	18:00			08:30	17:30								

TRADING NAME	ADDRESS 1	POSTCODE	TOTAL HOURS MONDAY		LUNCH		TOTAL HOURS TUESDAY		LUNCH		TOTAL HOURS WEDNESDAY		LUNCH		TOTAL HOURS THURSDAY		LUNCH		TOTAL HOURS FRIDAY		LUNCH		TOTAL HOURS SATURDAY		LUNCH		TOTAL HOURS SUNDAY			
Lloyds Pharmacy	Chester Road North	WS8 7JB	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00										
Lloyds Pharmacy	121 Chester Road	B74 2HE	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00								
Lloyds Pharmacy	14 Oxford Street	WS2 9HY	08:30	18:00			08:30	18:00			08:30	17:00			08:30	18:00			08:30	18:00										
Lloyds Pharmacy	Sina Health Centre	WV12 5XZ	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30										
Lloyds Pharmacy	107 Lichfield Road	WS4 1HB	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30										
Lloyds Pharmacy	18-20 The Square	WV12 5EA	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	17:00						
Lloyds Pharmacy	Anchor Meadow	WS9 8AJ	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30										
Lloyds pharmacy	126 Lichfield Street	WS1 1SY	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			09:00	17:00						
M W Phillips	526 Queslett Road	B43 7DY	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30										
M W Phillips Chemists	111 Buxton Road	WS3 3RT	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00								
Medical Centre Pharmacy	40 Gomer Street	WV13 2NS	08:30	18:30			08:30	18:30			08:30	13:00			08:30	18:30			08:30	18:30										
Medisure Pharmacy	Little London Surgery	WS1 3EP	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00										
Medisure Pharmacy	49 Brace Street	WS1 3PS	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00						
Morrisons Pharmacy	125 Lichfield Street	WS1 1SY	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	19:00	13:00	14:00	10:00	16:00		
Morrisons Pharmacy	Wm. Morrison Superstore	WS2 9BZ	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	08:00	19:00	13:00	14:00	11:00	17:00		
Mossley Chemist	10 Cresswell Crescent	WS3 2UW	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	13:00						
PharmaCare Pharmacy	The Crown	WS1 4BP	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	17:30						
Pritchards Pharmacy	594 Bloxwich Road	WS3 2XE	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	13:00						
Rowlands Pharmacy	10 Birmingham Road	WS1 2NA	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20								
Rowlands Pharmacy	29A The Pinfold	WS3 3JJ	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20								
Tesco Pharmacy	Silver Street	WS8 6DZ	08:00	20:00			08:00	20:00			08:00	20:00			08:00	20:00			08:00	20:00			08:00	20:00			10:00	16:00		
Touchwood Pharmacy	St Johns Medical Centre, 60 High Street	WS9 9LP	08:45	18:30			08:45	18:30			08:45	18:30			08:45	18:30			08:45	18:30										
Touchwood Pharmacy	83 Lichfield Road	WS9 9NP	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00						
Touchwood Pharmacy	Blakenall Village Centre	WS3 1LZ	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00										
Touchwood pharmacy	Pelsall Village Centre, High Street	WS3 4LX	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00										
Touchwood Pharmacy	47 High Street	WS3 4LT	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00						
Touchwood Pharmacy	47-47A Birchills Street	WS2 8NG	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00										
Vantage Pharmacy	18 Wolverhampton Street	WV13 2NF	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Well Pharmacy	Darlaston Health Centre	WS10 8SY	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00										
Well Pharmacy	53 Leckie Road	WS2 8DA	08:00	18:30			08:00	18:30			08:00	18:30			08:00	18:30			08:00	18:30										
Well Pharmacy	8 Stephenson Square	WS2 7DY	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00										

## Distance Selling / Internet Pharmacies

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
118 Pharmacy Limited	WS9 9LR	Walsall Wood	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed
8pm Chemist	WV13 2NF	South Willenhall	0830-2000	0830-2000	0830-2000	0830-2000	0830-2000	0830-1900	Closed
Boots Online Pharmacy (Internet)	WS1 1NG	Walsall Central	0830-1745	0830-1745	0830-1745	0830-1745	0830-1745	0800-1745	1030-1630
Click 4 Pharmacy	WS1 3BT	Caldmore	1000-1800	1000-1800	1000-1800	1000-1800	1000-1800	CLOSED	CLOSED
I-Dispense Ltd	WS3 3JS	Leamore	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
Pharmacare Pharmacy	WS2 7PH	Beechdale	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed
Pharmahub Pharmacy	WS29ES	Alumwell	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
The Online Pharmacy	WS9 8DL	Aldridge	0930-1730	0930-1730	0930-1730	0930-1730	0930-1730	Closed	Closed

TRADING NAME	ADDRESS 1	POSTCODE	MON		LUNCH		TUES		LUNCH		WED		LUNCH		THURS		LUNCH		FRI		LUNCH		SAT		LUNCH		SUN		LUNCH	
118 Pharmacy Limited	9 High Street	WS9 9LR	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
8pm Chemist	First Floor	WV13 2NF	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Click 4 Pharmacy	49a Bath Road	WS1 3BT	10:00	18:00			10:00	18:00			10:00	18:00			10:00	18:00			10:00	18:00										
Co-op Pharmacy	2 Moat Road	WS2 9PJ	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	13:00						
PharmHub Pharmacy	Unit 149D	WS2 9ES	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00										
Prescription Centre	7 Selborne Street	WS1 2JN	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30								
The Online Pharmacy	Unit N2B Westpoint	WS9 8DT	09:30	17:30			09:30	17:30			09:30	17:30			09:30	17:30			09:30	17:30										

## 100 Hour Pharmacies

TRADING NAME	ADDRESS 1	POSTCODE	MON		LUNCH		TUES		LUNCH		WED		LUNCH		THURS		LUNCH		FRI		LUNCH		SAT		LUNCH		SUN		LUNCH	
A Karim's Chuckery Pharmacy	7-9 Kinnery Street	WS1 2LD	08:00	23:59			08:00	23:59			08:00	23:59			08:00	23:59			08:00	23:59			08:00	23:59			08:00	12:00		
AllCare Pharmacy	41 Caldmore Green	WS1 3RW	08:00	22:00			08:00	23:59			08:00	23:59			08:00	23:59			08:00	22:00			09:00	22:00			09:00	20:00		
Asda Pharmacy	Woodall Street	WS3 3JR	08:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Asda Pharmacy	St Lawrence Way	WS10 8UZ	08:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Asda Pharmacy	42 George Street	WS1 1RS	08:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Lloyds Pharmacy	Reedswold Way	WS2 8XA	07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Manor Pharmacy	59 Forrester Street	WS2 9PL	09:00	23:30			09:00	23:30			09:00	23:30			09:00	23:30			09:00	23:30			09:00	23:30			11:00	23:59		
Pleck Pharmacy	246A Wednesbury Road	WS2 9QN	07:30	22:00			07:30	22:00			07:30	22:00			07:30	22:00			07:30	13:30			07:30	22:00			07:30	20:30		
Tesco Instore Pharmacy	Littleton Street West	WS2 8EQ	06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30	13:30	14:30	06:30	22:00	12:30	13:00	11:00	17:00		
Tesco Instore Pharmacy	Pharmacy Dept. at Tesco Willenhall	WV13 2PZ	08:00	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:00			10:00	16:00		

## **Appendix 4 – Pharmacy Survey**

A survey of pharmacists was conducted via PharmOutcomes, the full report is available on request. Please contact [walsallpna2022@walsall.gov.uk](mailto:walsallpna2022@walsall.gov.uk) for a copy.

## **Appendix 5 – Resident Survey**

Healthwatch Walsall conducted a resident survey on behalf of Walsall's Health and Wellbeing Board and the process for updating this PNA. The report can be accessed in full, from Healthwatch Walsall's website [Walsall PNA Resident Survey Report - March 2022](#)

## **Appendix 6 – Mandatory 60 Day Consultation Feedback**

HWBs must consult the bodies set out as below at least once during the process of developing the PNA.

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

Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC for the original HWB's area is consulted;

- there is a minimum period of 60 days for consultation responses; and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

A 60-day mandatory consultation period took place from Friday 8<sup>th</sup> July to Monday 5<sup>th</sup> September 2022 with a reminder sent at the midway point. Promotion was raised via the Walsall Council and Healthwatch Walsall websites, via the working group and through HWB in general.

For ease, a simple survey was made available to capture any feedback / comments from the consultation phase. In addition, a PNA 2022 email address was set up for additional comments / feedback. There were two comments received from the following organisations:

- on behalf of an organisation
- on behalf of a community pharmacy business

Ongoing input was provided by Walsall LPC and Healthwatch Walsall as key members of the working group.

All feedback has been incorporated / actioned (where applicable) following the closure date with all answers to questions posed about Walsall's PNA, responded to positively.

The following comments were provided:

It was interesting to see (as an example of patients accessing a pharmaceutical service in adjacent local authorities) the distribution of dispensing in chart 13 across pharmacies throughout the wider Black Country and much of Birmingham. Access to local commissioned services by Black Country ICB should be better given our Dudley population should now be able to access services such as pharmacy first or CUES within all pharmacies in the Black Country (as opposed to Dudley previously).

**Walsall's PNA response** – BC ICB currently commission the above services across the entire BC ICB geography.



The following comments were provided:

There have been minor changes to opening hours for the Boots stores in the appendices. Localities specified in the PNA allow for a good level of local detail but the 'potential gap' label on the map on page 59 might lead potential applicants to believe a gap may exist. Map 24, map 25 and map 26 are not consistent with the other service maps that identify the providing pharmacies. We would suggest that all maps are consistent stating pharmacy provision only and not highlighting specific drug user areas.

**Walsall's PNA response** – all pharmacy opening hours have been checked and updated, discrepancies have arisen as we have received notification of changes to opening hours after completing the draft PNA. We have removed the reference to 'potential gap' on page 59. Whilst we acknowledge the comments referencing maps 24, 25 and 26; we have mapped service provision against IMD, teenage pregnancy, smoking and heroin use to demonstrate the need for these services where the need is greatest.