

Warrington Health and Wellbeing Board

Pharmaceutical Needs Assessment 2022 – 2025

Contents

Foreword.....	4
Executive summary.....	5
Recommendations.....	7
1 Introduction	8
1.1 Purpose of the Pharmaceutical Needs Assessment (PNA).....	8
1.2 Statutory basis for Pharmaceutical Needs Assessments	8
1.3 Scope of Pharmaceutical Needs Assessments	9
1.4 Use of the Pharmaceutical Needs Assessment	9
1.5 Methodology and processes.....	9
1.6 Review process for Pharmaceutical Needs Assessments.....	11
1.7 Overview of pharmaceutical service provision	12
1.8 Clinical governance	17
1.9 Funding of the service elements of the pharmacy contract.....	17
1.10 Training and quality standards for pharmaceutical service providers.....	17
1.11 Future pharmaceutical commissioning arrangements	18
1.12 Overview of pharmaceutical services for Warrington	19
1.13 Pharmaceutical services activity	21
2 Warrington population: demographic and health needs.....	23
2.1 Geographical localities - wards and ward groupings	23
2.2 Socio-Economic Deprivation	24
2.3 Population.....	29
2.4 Future developments.....	35
3 Pharmaceutical services for Warrington	48
3.1 Warrington pharmacy provision	48
3.2 Pharmacy provision by ward grouping area	56

3.3	Views and experiences of pharmacy services: public survey	61
4	Conclusions and recommendations	72
4.1	Access to essential pharmaceutical services.....	72
4.2	Access to essential services during and outside normal working hours	73
4.3	Access to other advanced pharmaceutical services	73
4.4	Future provision of necessary services.....	75
4.5	Locally commissioned services	75
4.6	Recommendations	76
5	Regulatory statements.....	77
Appendix 1: Ward grouping areas – pharmacy services, facilities and opening hours		80
Central ward grouping area pharmacies		80
East ward grouping area pharmacies – services, facilities and opening hours.....		83
South ward grouping area pharmacies – services, facilities and opening hours		85
West ward grouping area pharmacies – services, facilities and opening hours		87
Appendix 2: List of GP practices with wards and primary care networks (as at February 2022)		89
Appendix 3: Acronyms, abbreviations and glossary of terms		90
Appendix 4: Policy context		91
Appendix 5: Public pharmacy user survey questionnaire		96
Appendix 6: Consultation results		104

Foreword

Warrington Health and Wellbeing Board (HWB) has responsibility for the ongoing review, development and publication of the Pharmaceutical Needs Assessment (PNA). This is a statutory document, by virtue of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content has to be taken into account by those responsible at NHS England for the approval of pharmacy contract applications (these responsibilities scheduled to be passed to Integrated Care Boards (ICB) from July 2022).

The document must also inform those commissioning all other health services for the local population. From a Primary Care perspective, this includes Clinical Commissioning Groups (CCG) and Local Authorities (LA) looking to commission and develop local services from General Practice (GP), Dental, Optometry and Pharmacy Contractors.

This document outlines the pharmaceutical services available to the Warrington population and provides information around services being commissioned by NHS England, other services locally commissioned by Warrington Borough Council (WBC) and NHS Warrington Clinical Commissioning Group (CCG), and proposals for future changes and developments. It should be noted that, from July 2022, commissioning responsibilities that currently reside with NHS England (NHSE) and CCGs to secure the provision of health services to meet the needs of the population will pass to ICBs. This change to the system for commissioning healthcare will also involve the abolishment of CCGs.

An overview of locally commissioned services has been included to provide a more comprehensive picture of provision within Warrington. It should be noted that this is intended to support and inform commissioners of future service provision, but in accordance with the regulations, any gaps in locally commissioned services would not constitute a gap in standard pharmaceutical services provided under the NHS contract. Where there is a desire to develop or expand the availability of a locally commissioned service from pharmacies, this will be done by working with existing contractors. In order to help assess overall provision, the PNA also includes information on certain other services available in the local community.

It is recognised that community pharmacy colleagues have a key role to play in helping to develop and deliver the best possible pharmaceutical services for the local population. This document will assist commissioners across the local health economy when reviewing the commissioning strategies upon which decisions are based.

Signed

Chair

Warrington Health and Wellbeing Board

Developed by:

Executive summary

The production and publication of a PNA became a statutory requirement in the Health Act 2009. Following the abolition of Primary Care Trusts (PCT) in 2013, this statutory responsibility was passed to Health and Wellbeing Boards by virtue of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1 April 2013.

This PNA will be used by NHS England when considering whether or not to grant applications to join the pharmaceutical list for the area of Warrington Health and Wellbeing Board under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It will also inform commissioning decisions by Warrington Borough Council and Warrington CCG in identifying where locally commissioned services could help meet local health priorities. Changes to the system for commissioning of healthcare, scheduled to come into effect by July 2022, involve the introduction of measures to allow NHS England and NHS Improvement (NHSE&I) to delegate national commissioning responsibilities to the ICB. This will include the commissioning of pharmaceutical services. As part of this change to the commissioning system, CCGs will be subsumed into ICBs.

Pharmaceutical services are provided across primary, secondary and community care settings. Pharmacies are increasingly expanding their role as safe and effective dispensers of medicines to provide additional clinical services becoming a valuable force in improving health and wellbeing and reducing health inequalities. Commissioners require robust and up-to-date information regarding current pharmaceutical service provision if they are to maximise the opportunities that pharmacies can offer to help improve the health of the local population. A PNA provides the localised information needed to support them in that role.

- This PNA concludes that, across Warrington as a whole, there are currently no pharmaceutical needs that cannot be met by existing services. The PNA has also looked at changes which are anticipated within the lifetime of the document and, given the current population demographics, housing projections and the distribution of service providers across the borough, this document concludes that current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this assessment.
- The population of Warrington local authority area as a whole is adequately served in terms of the range, availability and accessibility of community pharmaceutical services. As at February 2022, Warrington has 39 community contractors, one of which is a distance-selling (internet) pharmacy. Warrington has approximately one pharmacy for every 5,510 residents. The England average is approximately one pharmacy per 4,875 residents (including distance-selling pharmacies).
- The number of pharmacies per head of population varies across ward grouping areas however the borough overall is well served for essential, advanced and locally commissioned services. Geographical mapping of pharmacies and provision highlights that more services are located in the most densely populated areas of the borough. In the main, these are also the areas with the highest levels of socio-economic deprivation and ill-health.

- While all pharmacies are required to provide essential services, not all pharmacies will provide all advanced services. With regard to advanced service provision the assessment notes good provision across the borough, however there are some variations in availability across ward grouping areas with no provision of certain advanced services in the West ward grouping area. Some services can be accessed through distance contractors and out of area pharmacies but this does highlight an opportunity for NHS England and pharmacies to further develop provision to support the improvement of population health and wellbeing.
- Across Warrington there is adequate access to 'out of hours' pharmacy services in that there are four '100-hour contract' pharmacies, two of which are in the Central areas of Warrington, one in South Warrington and one in West Warrington. 30 of Warrington's 39 pharmacies are open on a Saturday, 15 of these for a full day and 15 for half a day. 7 pharmacies are open on a Sunday. The East of the borough has no 100-hour pharmacy and no pharmacy which opens on a Sunday, however there are several pharmacies in neighbouring local authorities, within 1.6km (1 mile) of the Warrington boundary, as a further option for those residents who live near the boundary.
- 93% of the prescriptions issued by Warrington GPs and other healthcare providers for 2020/21 were dispensed by Warrington pharmacies with the remaining 7% issued by non-Warrington pharmacies. Warrington does not have any appliance contractor physically located within its area but Warrington patients can access services by distance selling from appliance contractors registered throughout the country.
- Locally commissioned services (i.e. services commissioned by WBC and Warrington CCG) are delivered by many pharmacies throughout the borough. The pharmacies delivering substance misuse and contraceptive services are, in the main, located in the areas of highest need. However there are opportunities for all pharmacies to further develop provision to support the improvement of population health and wellbeing. This will help ensure that the needs of specific localities are met in an accessible and cost-effective manner which further utilises the skills and expertise of community pharmacists.
- As part of the Community Pharmacy Contractual Framework for 2019-24, the direction set for community pharmacy is an increasingly clinically focused one, with less emphasis on dispensing and more on providing advice and other support for patients in the community setting. The COVID-19 pandemic has placed, and will continue to place, a greater focus on the role of pharmacies and pharmacists as key partners in the primary care response to meeting the health needs of our population.
- As part of this assessment a public survey was undertaken. 263 Warrington residents responded to the survey. Overall, there was much positive feedback, with 83% of respondents reporting no problems finding a pharmacy, 93% finding it very easy or quite easy to get to their pharmacy and 78% being satisfied with their pharmacy opening hours. For those respondents who had experienced issues with pharmacy access or services these problems related to pharmacy not having the medication, waiting times (particularly during COVID-19 pandemic) and communication.

- Assessment of future plans for housing development within Warrington has highlighted potential growth across all of the four Central, East, South and West ward grouping areas. This assessment is satisfied that capacity within existing pharmacy services overall will be able to absorb the increased demand anticipated over the lifespan of this PNA. 74% of existing pharmacy contractors across the borough report having capacity to meet any increases in demand. It is however important that provision continues to be in line with population growth, levels of need, and service configuration across different areas of the borough.

Recommendations

- The number of pharmacies across Warrington as a whole is adequate. However, provision per head of population varies by neighbourhood. Warrington is a growing town and thus there will be a need for regular review to ensure that service provision continues to be in line with population growth, levels of need, and service configuration across different areas of the borough. NHS England should continue to work, wherever possible, with existing contractors to ensure appropriate distribution and accessibility of services.
- The COVID19 pandemic has placed, and will continue to place, a greater focus on the role of pharmacies and pharmacists as key partners in the primary care response to meeting the health needs of our population. Feedback from pharmacy users highlights the confidence and trust placed in pharmacy advice and support. Providing an accessible and welcoming service that supports residents with long-term conditions, additional needs and protected characteristics will be crucial to ensuring equity of access and supporting the health and wellbeing of all residents. The Community Pharmacy Consultation Service should continue to be a key component in this provision.
- While the majority of respondents to the pharmacy user survey provided positive feedback regarding their pharmacies, negative feedback related in the main to waiting times for prescriptions to be processed. However, the unprecedented demands put upon pharmacies by COVID-19, through both extended essential and advanced services and the public need to access advice and support must be recognised. The Community Pharmacy Contractual Framework for 2019-2024 calls for community pharmacies to increase the use of technology and automation to make dispensing more efficient in order to focus more on providing advice and other support for patients in the community setting.

1 Introduction

1.1 Purpose of the Pharmaceutical Needs Assessment (PNA)

The effective commissioning of accessible primary care services is central to improving quality and implementing the vision for health and healthcare. Community pharmacies can, in partnership with other community services and GP practices, support the health and wellbeing of the population of Warrington with services directed towards addressing health inequalities and supporting self-care in the areas of greatest need. Pharmacies are one of the most accessible healthcare settings with an estimated 89% of the population in England having access to a community pharmacy within 1.6km (approximately 20 minute walk), with this figure rising to 99% for those living in areas of highest socio-economic deprivation¹.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it is also used by local authority public health teams and CCGs in decision-making. Therefore, mapping service provision and identifying gaps in demand or provision are essential to provide commissioners with the market intelligence they need to take forward appropriate and cost-effective commissioning of services. An overview of the policy context for pharmaceutical services commissioning and provision in the UK can be found in Appendix 4 of this document.

The PNA presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. An application to be included in the pharmaceutical list for a Health and Wellbeing Board's (HWB) area must be made, by the pharmacy or dispensing appliance contractor, to NHS England. In general, their application must offer to meet a need that is set out in the Health and Wellbeing Board's PNA or to secure improvements or better access similarly identified in the assessment.

The PNA is thus a key tool for NHS England to support the decision making process for pharmacy applications. It should also ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA), of which the PNA is a key component.

Changes to the system for commissioning of healthcare, scheduled to come into effect by July 2022, involve the introduction of measures to allow NHS England and NHS Improvement to delegate national commissioning responsibilities to Integrated Care Boards (ICB). This will include the commissioning of pharmaceutical services. As part of this change to the commissioning system, CCGs will be subsumed into ICBs.

1.2 Statutory basis for Pharmaceutical Needs Assessments

Following the abolition of PCTs in 2013, the statutory responsibility for the production of PNAs was passed to Health and Wellbeing Boards (HWBs) by virtue of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1 April 2013. The regulations state that a Health and Wellbeing Board must, following publication of the first PNA in 2015:

- Publish revised statements (subsequent PNAs), on a three yearly basis, which comply with the regulatory requirements;

¹ [About community pharmacy : PSNC Main site](#)

- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

The Pharmaceutical and Local Pharmaceutical Services Regulations 2013² outline the process that NHS England must comply with in dealing with applications for new pharmacies or changes to existing pharmacies. The Health and Social Care Act 2012 further describes the duty of commissioners, in accordance with the regulations, to arrange for the adequate provision and commissioning of pharmaceutical services for their population.

There is also a statutory duty placed on Health and Wellbeing Boards to carry out a 60-day consultation on the draft PNA, the outcomes from which must be presented in the assessment document.

1.3 Scope of Pharmaceutical Needs Assessments

The information to be contained in PNAs set out in Schedule 1 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, requires the Health and Wellbeing Board to address six statements. These statements are addressed in Section 5 of this document. The services that a PNA must include are also defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

1.4 Use of the Pharmaceutical Needs Assessment

In addition to the statutory basis for the PNA, it can also be utilised as a service development tool in conjunction with the Joint Strategic Needs Assessment (JSNA) and the strategic plans from local commissioners. Mapping out current services and gaining a sense of current and future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

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

- Maps and tables detailing specific services will mean patients can see clearly where they can access a particular service
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list, to ensure that they provide the services most needed by the local community
- Commissioners will have local information readily available that enables them to ensure that pharmaceutical services are delivered in a targeted way

1.5 Methodology and processes

Figure 1.1 below illustrates the development process in producing a PNA. The development of Warrington Health and Wellbeing Board PNA has been undertaken by a small working group and overseen by

² The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 legislation.gov.uk

Warrington Joint Strategic Needs Assessment (JSNA) Steering Group. The working group consists of representatives from the following:

- Public Health (Warrington Borough Council)
- Community Pharmacy Professional Lead (Community Pharmacy Cheshire and Wirral – CPCW)
- NHS England local area team
- Healthwatch Warrington
- NHS Warrington CCG
- Communications Team (Warrington Borough Council)

The data sources and approaches informing this PNA were discussed and agreed on a Cheshire and Merseyside level. The key data sources accessed to conduct this assessment include:

- Warrington Joint Strategic Needs Assessment
- Public Health Annual Report
- Office of National Statistics (ONS) data
- 2011 Census
- Quality and Outcomes Framework (QOF)
- NHS Business Services Authority/NHS England and NHS Improvement
- NHS Digital
- Locally commissioned services activity data
- PharmOutcomes
- Warrington Strategic Housing Land Availability Assessment (SHLAA)
- Public Health England's Strategic Health Asset Planning and Evaluation tool (SHAPE)
- Warrington Local Plan
- ACORN
- Pharmacy user public survey on experience and opinion of local pharmacy services
- Pharmacy contractor survey
- Public consultation (60 day)

It should be noted that some data in this document covers the time period affected by the COVID-19 pandemic and therefore data for this period should be interpreted with caution

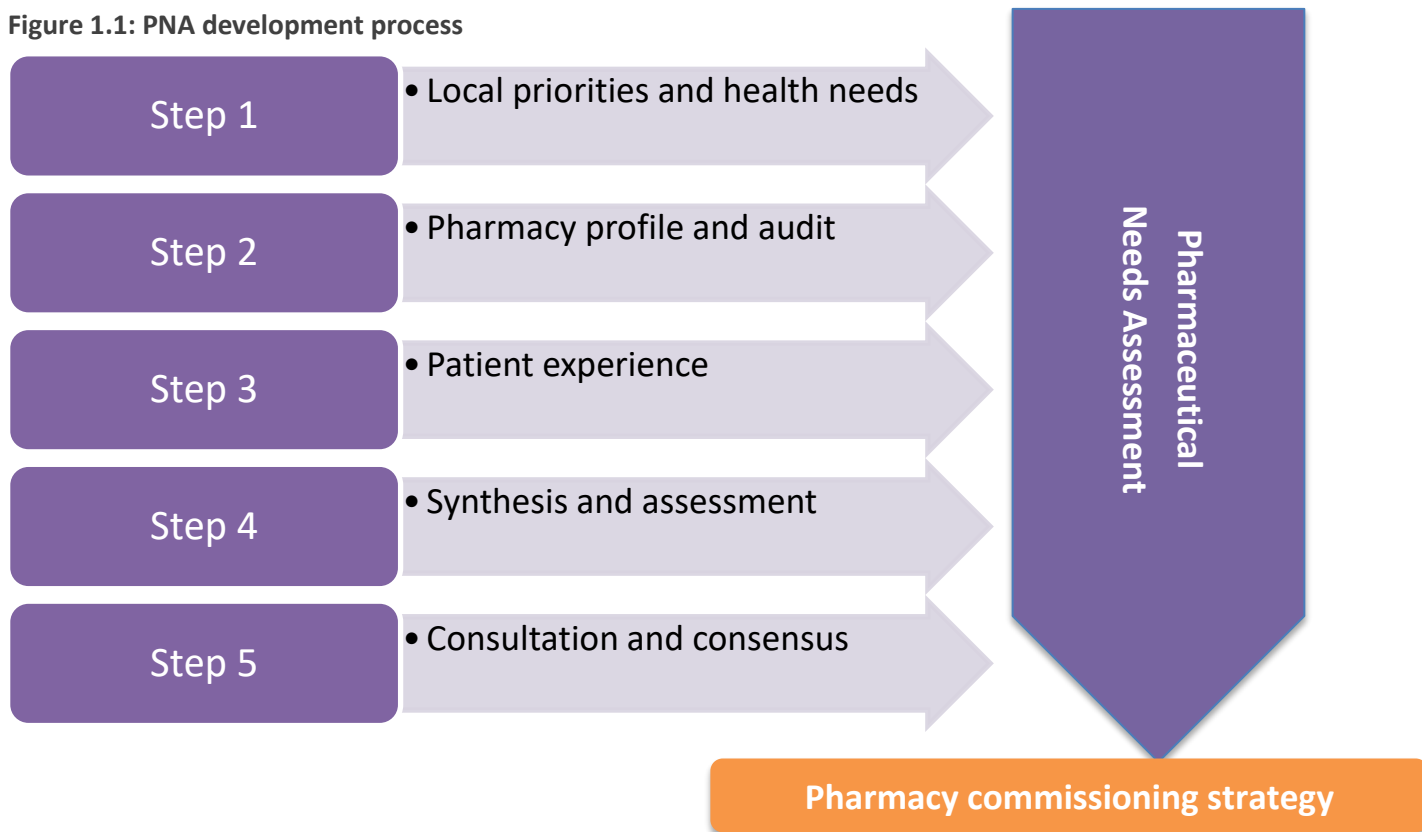
1.5.1 Public consultation

A formal 60 day public consultation was undertaken on the draft PNA which ran from 4th April 2022 to 10th June 2022. The results of the consultation are presented in Appendix 6 of this final PNA document. The consultation was publicised across a range of channels and the public and interested parties were encouraged to share their views on the document. In accordance with the requirements specified in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the following stakeholders were also notified and invited to take part in the consultation.

- GPs (including dispensing practice)
- Community and distance selling pharmacies
- Warrington and Halton Hospitals Foundation Trust (WHHFT)
- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)

- NHS England (NHSE)
- Warrington Clinical Commissioning Group (CCG)
- Warrington Together Integrated Care Partnership Board
- Neighbouring Health and Wellbeing Boards (HWBs)
- Healthwatch Warrington

Figure 1.1: PNA development process



1.6 Review process for Pharmaceutical Needs Assessments

The PNA will be refreshed, or supplementary statements produced, when any changes to the pharmacy contractor list occurs. This action will be overseen by Warrington Health and Wellbeing Board, with input from NHS England. The PNA will be updated or added to via supplementary statements should any of the following occur:

- New pharmacy contracts
- Pharmacy closures
- Pharmacies merge or consolidate
- Changes to pharmacy locations
- Changes to pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in public health intelligence or primary care service developments that may impact either beneficially or adversely on pharmacy-based services.

1.7 Overview of pharmaceutical service provision

NHS England is responsible for preparing, maintaining and publishing the pharmaceutical lists for Health and Wellbeing Board areas. Community pharmacies are contracted and commissioned in England under the national Community Pharmacy Contractual Framework (CPCF). This sets out the services that need to be provided, how quality is assured and other expectations, such as safety. The General Pharmaceutical sets down standards for registered pharmacies³.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board;
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health and Wellbeing Board;
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board; and
- A doctor or GP practice that is included in a dispensing doctor list held for the area of the Health and Wellbeing Board.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework, namely essential, advanced and enhanced services:

1.7.1 Essential services

The following services must be offered by all community pharmacy contractors:

1.7.1.1 Dispensing

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

1.7.1.2 Repeat dispensing

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

1.7.1.3 Disposal of unwanted medicines

Pharmacies act as collection points for returned unwanted medicines from households and individuals. Special arrangements apply to Controlled Drugs (post Shipman Inquiry) and private arrangements must be adopted for waste returned from nursing homes.

1.7.1.4 Promotion of healthy lifestyles (Public Health)

Opportunistic one to one advice provided on healthy lifestyle topics such as smoking cessation, weight management etc., to certain patient groups who present prescriptions for dispensing. Also, involvement in local public health campaigns organised by NHS England and by Public Health on behalf of the HWB.

³ [standards for registered pharmacies june 2018 0.pdf \(pharmacyregulation.org\)](#)

1.7.1.5 Signposting patients to other health care providers

Pharmacists and their staff will refer patients to other healthcare professionals or care providers when appropriate.

1.7.1.6 Support for self-care

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

1.7.1.7 Discharge medicines service (DMS)

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.

1.7.2 Advanced Services

There are ten advanced services within the NHS community pharmacy contract. Community pharmacies can opt to provide any of these services as long as they meet the necessary requirements. A more detailed description of these services, together with full service specifications and funding details are available on the Pharmaceutical Services Negotiating Committee (PSNC) website⁴

1.7.2.1 Appliance Use Review (AUR)

This service can be provided by either a community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. The aim of the service is to help patients use their appliances (e.g. leg bags, catheters and stoma products) more effectively, looking to 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
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

1.7.2.2 Stoma appliance customisation (SAC) service

Stoma appliance customisation services (SAC) can be provided by either pharmacy or appliance contractors. It 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 how long they are used for, thereby reducing waste and unnecessary patient discomfort.

1.7.2.3 Community Pharmacist Consultation Service (CPCS)

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy as their first port of call in order that they can receive a swift, convenient and effective service to meet their needs. The service connects patients who have a minor illness or need an urgent supply of a medicine with a

⁴ PSNC (Pharmaceutical Services Negotiating Committee) psnc.org.uk/services-commissioning/advanced-services/

community pharmacy. Since the CPCS was launched nationally in October 2019, an average of 10,500 patients per week have been referred for a consultation with a pharmacist following a call to NHS 111, patients who might otherwise have gone to see a GP. Since November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The CPCS also provides the opportunity for community pharmacy to play a greater role within the urgent care system with referrals being received from integrated urgent care assessment services and, in some cases, via 999.

1.7.2.4 NHS Influenza Vaccination Programme

Community pharmacies in England offer a seasonal influenza (flu) vaccination service for adults in at-risk groups. The aim of the seasonal influenza vaccination programme is to protect adults who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus.

The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service. The pharmacy-delivered vaccination service is not available for children who are eligible under the overarching NHS Influenza Vaccination Programme. They will continue to receive the vaccination through their usual primary care provision.

1.7.2.5 Hepatitis C testing service

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. The service uses community pharmacies to target PWIDs for testing, as they are the healthcare venue most likely to be visited by that group of people.

Individuals who test positive for Hep C antibodies will, where appropriate, be referred for a confirmatory test and treatment. The UK Government is a signatory to the World Health Assembly resolution and World Health Organization (WHO) goal of eliminating Hepatitis C virus (HCV) as a major public health threat by 2030. This advanced service is part of NHS England and NHS Improvement's national programme to eliminate Hep C virus by 2025, five years earlier than the World Health Organization goal.

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:

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

Any pharmacy that meets the service requirements can provide the service, but it will be of most interest to contractors that provide a locally commissioned needle and syringe programme service. A sufficient number of clients will be needed to make the investment in provision of the service worthwhile. There is currently (as of April 2022) one Warrington pharmacy offering this service based in the Central Ward grouping area.

1.7.2.6 Hypertension Case Finding Service

This service will support cardio vascular disease (CVD) prevention and management work that both general practices and wider PCN teams will be undertaking under changes to the PCN Directed Enhanced Service

which came into effect in October 2021. In the NHS Long Term Plan, NHSE&I and Public Health England (PHE) estimated that fewer than 60% of people with hypertension had been diagnosed, with an estimated 5.5 million people having undiagnosed hypertension across the country. In February 2019, national ambitions for the detection and management of high-risk conditions were set out⁵. These include:

- 80% of the expected number of people with high blood pressure (BP) are detected by 2029
- 80% of the population diagnosed with hypertension are treated to achieve target BP levels.

The aim of the case finding service is 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 ambulatory blood pressure monitoring (ABPM); and
- Provide another opportunity to promote healthy behaviours to patients.

There are two stages to the service - 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 ambulatory blood pressure monitoring (ABPM). Patients identified with high or very high blood pressure will be referred to their general practice.

1.7.2.7 New Medicines Service (NMS)

This service is provided by pharmacies only. NMS is provided to patients who have been prescribed, for the first time, a medicine for a specified long-term condition with the aim of the service being to improve adherence. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service. Where appropriate this service can be provided in the patient's home. It can also be offered to support parents, guardians or carers of children and adults who have been newly prescribed eligible medicines, and who could benefit from the service but are unable to provide informed consent.

1.7.2.8 Stop Smoking

This service, scheduled to commence in early 2022, will enable NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required. Only patients who have been referred during their discharge from secondary care are eligible to receive advice and treatment under this service.

1.7.3 Enhanced services

Enhanced services can only be commissioned by NHS England. For the area of Cheshire and Merseyside (C&M), NHS England commissions one enhanced service relating to antiviral medication whereby four pharmacies in the C&M area are contracted to stock, hold, and supply against prescription, antivirals for at

⁵ NHS England & NHS Improvement (NHSE&I) (2019) [gov.uk/government/publications/health-matters-preventing-cardiovascular-disease/health-matters-preventing-cardiovascular-disease](https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease/health-matters-preventing-cardiovascular-disease)

risk patients on the occasion of an identified flu outbreak including (though not exclusive to) residents of care and residential homes. One of the four pharmacies is located in Stockton Heath in Warrington.

1.7.3.1 Antiviral Stock Holding Service

This is specifically (although not exclusively) to support the patient pathway for access to antiviral medication to protect patients exposed to **influenza (Flu)** or **influenza-like illness (ILI)** in an institution or care setting providing accommodation and care for people who are unable to look after themselves, for example a care home.

Following a declaration of an outbreak of Flu or ILI in a care setting, Oseltamivir (Tamiflu) medication in specified amounts and dosages are expected to be in stock for dealing with public health emergencies. The stock is accessed via Clinical Commissioning Group (CCG) prescribing arrangements to provide prescriptions for affected patients or residents in the case of an influenza outbreak.

These pharmacies dispense against these prescriptions and will arrange (where required) to have the stock delivered or couriered to the care home. These pharmacies are available 365 days a year and their opening hours are published as part of the NHS England Rota arrangements. Outside of bank holidays or weekends, the care homes' normal dispensing pharmacies may easily be able to furnish such prescriptions within the defined timescales. As such this arrangement is designed to support the periods where access to the care homes pharmacy may be more difficult e.g., bank holidays or weekends.

As this is a specialised service to be deployed in a particular set of circumstances, only four pharmacies across Cheshire & Merseyside are providers, one of which is a Warrington pharmacy (see table below):

Table 1.1: Pharmacies in Cheshire & Merseyside holding anti-viral medication stock

ODS Code	Antiviral Pharmacy	Address	HWB area	Postcode
FWP65	Lloyds Pharmacy	Arrowe Park Hospital	Wirral	CH49 5PE
FWK62	Stockton Heath Pharmacy	Stockton Heath Med Centre	Warrington	WA4 6HJ
FJX71	Well Pharmacy	Fountains Health	Cheshire West & Chester	CH1 4DS
FX408	Appleton Village Pharmacy	2-6 Appleton Village	Halton	WA8 6EQ

1.7.4 Locally commissioned services

Locally commissioned services are those developed and negotiated locally based on the needs of the local population. The PNA will help inform the future commissioning need for these services. These services can be commissioned from the pharmacy by the Local Authority (LA), Clinical Commissioning Group (CCG) or other commissioner. The pharmacy-based locally commissioned services are currently:

1.7.4.1 Public Health

- **Substance misuse medication services** comprising: supervised consumption and needle exchange scheme
- **Sexual health services** comprising: emergency hormonal contraception EHC; chlamydia screening and Quickstart contraception service.

Some work has been undertaken by the Community Pharmacy Competence Group (CPCG) to allow pharmacy professionals to be able to declare their own competence to deliver locally commissioned community pharmacy services, via self-Declaration of Competence documents (DoCs).

This self-declaration process provides assurance that pharmacy professionals are competent to provide a service while minimising bureaucracy. The requirement for self-declaration is included within local contracts for locally commissioned services, and pharmacists who fail to meet this requirement will be removed from the Warrington Borough Council provider list.

1.7.4.2 Clinical Commissioning Group (CCG)

- **Palliative care end of life service:** 9 community pharmacies are commissioned to deliver a Community Pharmacy Palliative Care Medicine Service. This service ensures that there is appropriate access to the agreed formulary range of palliative care drugs in accessible locations across NHS Warrington CCG, particularly in the extended hours period and when treatment is needed urgently. The pharmacies hold stock of an agreed range of drugs used in palliative care, which are dispensed against prescriptions generated by the patient's usual prescriber. This service is locally commissioned by Warrington CCG.

1.8 Clinical governance

Underpinning the provision of all services is the requirement on each pharmacy contractor to participate in a system of clinical governance set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. To meet requirements pharmacists must ensure the following processes are in place:

- Use of standard operating procedures
- Patient safety incident reporting
- Demonstrating evidence of pharmacist Continuing Professional Development
- Operating a complaints procedure
- Compliance with Health and Safety legislation
- Compliance with the Disability Discrimination Act 1995 (now superseded by the Equality Act 2010)
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys

1.9 Funding of the service elements of the pharmacy contract

The essential services and the advanced services elements of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the Pharmaceutical Services Negotiating Committee (PSNC), NHS England and NHS employers. This is divided up and devolved to NHS England as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (Surelines Ltd: Drug Tariff Listing Service drugtariff.com) Funding for enhanced or locally commissioned services has to be identified and negotiated locally from the commissioner's own budget.

1.10 Training and quality standards for pharmaceutical service providers

1.10.1 Community pharmacy contract monitoring

NHS England requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All pharmacies are included within a programme of contract monitoring visits as independent providers of services provided under the national pharmacy contract.

As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual. This statement is as meaningful to pharmacies as to other NHS

service providers and is the principle which NHS England adopts when carrying out the Community Pharmacy Contract Monitoring visits.

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

- a rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff;
- self-assessment declarations;
- scrutiny of payment submission processes;
- scrutiny of internal processes for confidential data management;
- structured action plan with set timescales for completion.

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

1.10.2 Locally commissioned services

Pharmacies providing or seeking to provide locally commissioned services need to complete a quality assurance questionnaire, to ensure that the quality of the service recommended in the Service Level Agreement is fulfilled, and best value is achieved. Pharmacists delivering the service must also complete all relevant training to deliver these services and submit a self-declaration of competency, a signed contract and Patient Group Direction (PGD) must be returned prior to service commencement. Services are monitored on a regular basis using an assurance framework and quality visits are carried out at premises as required. For provision of Needle Exchange services, an Integrated Monitoring System (IMS) is also used across Cheshire and Merseyside. This enables prevalence, drug usage and demographics to be monitored and cross-referenced with the invoice payment schedule, to provide a comprehensive overview of provision.

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

1.10.3 The dispensing doctor quality scheme

This introduces defined quality markers for service delivery and sets standards around governance and training. Its aim is to develop and ensure good/safe dispensing practice by rewarding dispensing practices for providing high quality dispensing services by making a payment per dispensing patient. Payment is based on an assessment of compliance against set standards and criteria. Participation in the scheme is voluntary.

1.11 Future pharmaceutical commissioning arrangements

NHS England and NHS Improvement is currently responsible for commissioning pharmaceutical services from pharmacies and dispensing appliance contractors and is responsible for preparing, maintaining and publishing local pharmaceutical lists. It is also responsible for any dispensing service provided by GP practices. Changes to the system for commissioning of healthcare, scheduled to come into effect by July

2022, involve the introduction of measures to allow NHS England and NHS Improvement to delegate national commissioning responsibilities to Integrated Care Boards (ICB). This will include the commissioning of pharmaceutical services.

As part of this change to the commissioning system, Clinical Commissioning Groups will be subsumed into ICBs. NHS England and NHS Improvement have stated an expectation that, subject to Parliament, Integrated Care Boards will be able to take on delegated responsibility for pharmaceutical services (including provision by dispensing doctors and dispensing appliance contractors) from July 2022.

The expectation is that by April 2023 **all** Integrated Care Boards will have taken on delegated responsibility for pharmaceutical services.

1.12 Overview of pharmaceutical services for Warrington

1.12.1 Community pharmacy contractors

These can range from individuals who independently own one or two pharmacies, to large multi-national companies owning many hundreds of pharmacies UK-wide. As at February 2022, Warrington has 39 pharmacy contractors on the pharmaceutical list; 38 are community pharmacies and one is a distance selling pharmacy.

- All 38 community pharmacies deliver a minimum of 40 core service hours per week
- 17 community pharmacies deliver a minimum of 50 hours per week, 4 of which are 100-hour pharmacies.

The *resident population* of Warrington for mid-year 2020 is estimated at 209,400⁶ which equates to 18.1 community pharmacies per 100,000 population. The average for England is 20.6 pharmacies per 100,000 population (this calculation includes distance-selling pharmacies which the Warrington figure does not). Whilst this is a crude comparator in that it does not take account of rurality, geographical spread or accessibility, it does suggest that, overall, provision in Warrington is slightly lower than the average for England.

In general, pharmacy services are provided free of charge, without an appointment, on a 'walk-in' basis. Pharmacists dispense medicines and appliances, as requested by prescribers, via both NHS and private prescriptions.

1.12.2 Dispensing Doctors

Warrington has practice based in Stretton that provides dispensing services for a proportion of their patients who live in more remote, rural areas to access medicines. There are strict regulations which stipulate when, and to whom, doctors can dispense. Dispensing practices do not offer as comprehensive a range of medication-related services as community pharmacists. It is not a requirement for dispensing practices to employ a qualified pharmacist, although they could choose to do so.

1.12.3 Appliance Contractors

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

⁶ Office of National Statistics, Local Authority mid-year population estimates June 2020

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances, and
- Signposting

Warrington does not have any appliance contractor physically located within its area but Warrington patients can access services by distance selling from appliance contractors registered throughout the country.

1.12.4 Acute Hospital Pharmacy Service (WHHFT)

There is one acute hospital trust within Warrington, namely Warrington and Halton Hospitals NHS Foundation Trust. The main responsibility of hospital trust pharmacy departments is to dispense medications for use on the hospital wards for in-patients and during the outpatient clinics.

1.12.5 GP Out of Hours

During normal pharmacy opening hours, patients who subsequently require a medicine are provided with a prescription that is usually sent electronically to a local community pharmacy. During evenings and part of the weekends, when pharmacy services may be more limited, patients may be provided with pre-packaged short courses of medication directly or a prescription may need to be sent to a pharmacy outside of the local area. Face-to-face consultations are delivered in Warrington from Bath Street Health and Wellbeing Centre from 6.30pm – 11pm on weekdays, and 8am – 11pm on weekends and Bank Holidays.

1.12.6 Urgent Care Centres

There are two Urgent Treatment Centres (UTC) in Widnes and Runcorn (Halton) that can see patients for urgent injuries or illnesses and will provide access to any medication deemed necessary as a result. Access to medication will be via a Patient Group Direction, Patient Specific Direction or via a prescription to take to their local pharmacy. This will depend on the nature of the problem and the medication required.

Consideration is given to the availability of pharmacy services in the out of hours period, at weekends and bank holidays to ensure patients do not experience undue delay in accessing urgent treatment. The Widnes UTC is open 8am to 8pm, seven days a week. The Runcorn UCC is open 8am to 9pm, seven 7 days a week.

1.12.7 Mental health pharmacy services

The population of Warrington is served by the Mersey Care NHS Foundation Trust. As of 1 June 2021, Mersey Care NHS Foundation Trust completed the acquisition of North West Boroughs Healthcare NHS Foundation Trust to provide an enlarged range of mental health and community health services across Merseyside, Cheshire and the North West region. Their pharmacists provide clinical advice within their specialist areas. Hollins Park Hospital in Warrington has a pharmacy which dispenses medicines for use on the hospital ward for in-patients and for outpatient clinics.

1.12.8 Dental practices

There are 30 dental practices in Warrington.

1.12.9 Merseyside & Region Stoma Service (MARSS)

This is a new NHS service run by a team of specialist stoma care nurses and personal stoma advisors. The new service means that GP practices will no longer issue prescriptions for stoma products such as stoma

bags, base plates, adhesive remover and instead these prescriptions will be issued by the MARSS. For Warrington patients it manages the prescribing of stoma products.

1.13 Pharmaceutical services activity

1.13.1 Essential services and prescription volume

Pharmacy services can be accessed out of area and therefore a proportion of prescriptions for Warrington residents will be dispensed from pharmaceutical providers located outside the Local Authority's own boundary. This will most commonly be from pharmacies located in neighbouring Health & Wellbeing Board areas, however a proportion will be dispensed further afield. A breakdown of dispensing activity is presented in Table 1.2 below. Map 3.1 in Part 3 shows the location of pharmacy service providers and Map 3.2 shows the location of pharmacies close to the Warrington border with neighbouring Health and Wellbeing Board areas.

For more detailed information on neighbouring area pharmacy locations please refer to the relevant Health and Wellbeing Board's PNA for that area.

Table 1.2 shows a breakdown of items prescribed by GP practices and other healthcare providers in Warrington. These figures for 2020/2021 taken from NHSBSA ePACT2 show that:

- A total of 3,905,345 individual prescription items were dispensed. Warrington's 26 GP practices issued 3,876,023 individual prescription items with a further 29,322 items prescribed by other healthcare providers (listed below).
- 93% of the prescriptions issued by Warrington GP and other healthcare providers were dispensed by Warrington pharmacies with the remaining 7% issued by non-Warrington pharmacies.

Table 1.2: Items prescribed by Warrington GP practices and other healthcare providers in Warrington, by dispensing location

Area dispensed	Number of items dispensed	% of total number of items dispensed
Warrington*	3,624,248	92.8%
Cheshire & Merseyside	101,646	2.6%
Rest of England	179,078	4.59%
Wales	237	0.006%
Scotland	136	0.003%
Total	3,905,345	100%

NHSBSA Information Services ePACT2, NHSBSA Copyright 2022" This information is licenced under the terms of the Open Government Licence.

*Figures include Warrington's distance selling pharmacy and dispensing doctor (Stretton MC)

Other healthcare provider data included in the above table from:

- Community nursing services (Bridgewater Community Trust and WHHFT)
- Enhanced care home support (Bridgewater);
- Primary Care 24 (delivery of NHS 111 first clinical advice service);
- St Roccas Hospice (urgent prescriptions).

From 2021/2022, the figures will also include prescribing activity from:

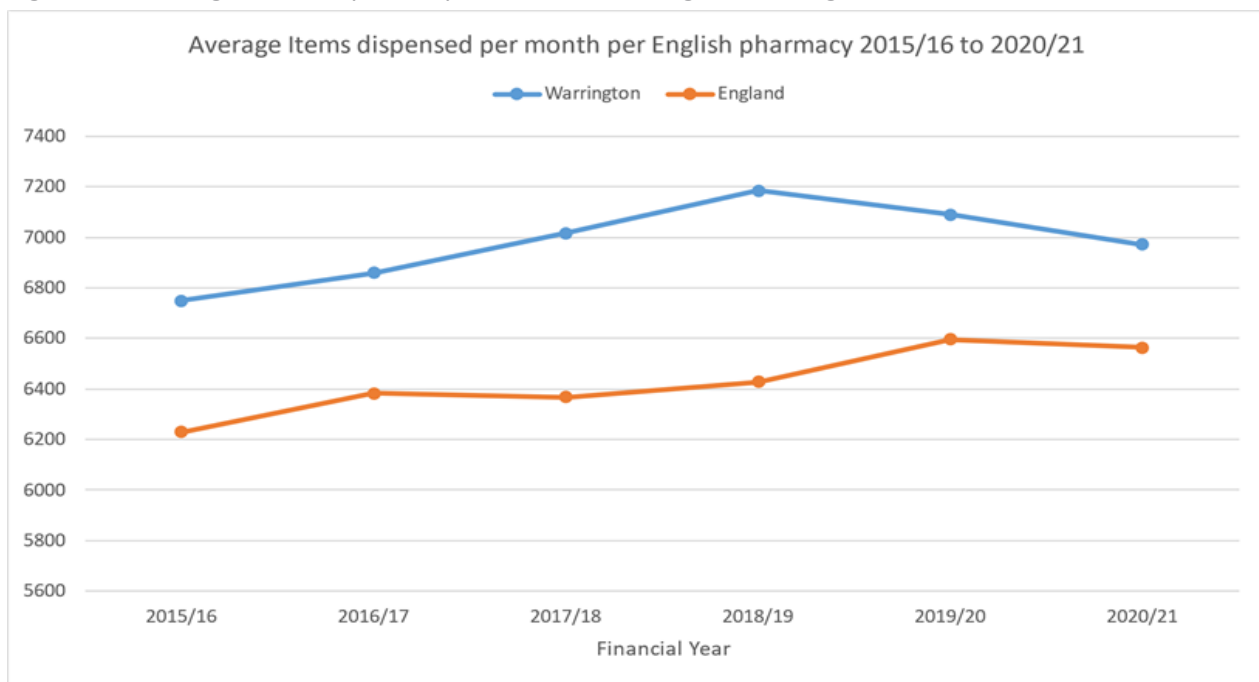
- Quay Primary Healthcare CIC for delivery of Adult ADHD and extended access services

- Central and West Warrington Primary Care Network for delivery of extended access services

Prescribing activity from the following settings and organisations is **not** included in the figures quoted:

- HMP Risley and HMP Thorncross
- GP OOH service
- Mental Health (MerseyCare) pharmacy services
- Bridgewater Community Trust (excluding Community Nursing Teams)
- Warrington and Halton Hospital Foundation Trust (WHHFT) (excluding specified nursing services)
- CGL Pathways to Recovery drug and alcohol service
- Dental services

Figure 1.2: Average items dispensed per month – Warrington and England



1.13.2 Advanced and discharge medicine service activity data

Table 1.3 shows activity data for advanced pharmacy services as at November 2021⁷. For a breakdown of the number of pharmacies in ward grouping areas providing each of these services, please see Section 3. Please note that at time of data extract the Hepatitis C antibody testing service had not yet commenced. Section 2.5.4 provides further information on total flu vaccination rates for Warrington and England.

⁷ NHS Business Services Authority data reports as at 15/11/21

Table 1.3: Activity data for advanced pharmacy services as at November 2021

FINANCIAL YEAR	WARD GROUPING AREA	New Medicine Service (NMS) Activity	Stoma Customisation (STOMA) Activity	Community Pharmacist Consultation Service (CPCS) Activity	Hepatitis C Antibody Testing Service Activity	Seasonal Influenza Vaccination Advances Service (FLU) Income	Discharge Medicine Service Income	COVID Vaccination Service Activity
2021/2022 (6 Months)	CENTRAL WARDS	1201	8	941	0	5259	2176	36029
	EAST WARDS	590	8	179	0	5374	1482	n/a
	SOUTH WARDS	494	2	354	0	17848	3657	n/a
	WEST WARDS	518	0	513	0	4953	3185	n/a
	Warrington total	2803	18	1987	0	33434	10500	36029
2020/2021	CENTRAL WARDS	1581	15	1170	n/a	45289	7022	11530
	EAST WARDS	1008	9	195	n/a	19051	2470	n/a
	SOUTH WARDS	726	30	436	n/a	39534	3667	n/a
	WEST WARDS	492	1	634	n/a	22660	3725	n/a
	Warrington total	3807	55	2435	n/a	126534	16884	11530
2019/2020	CENTRAL WARDS	1295	16	513	n/a	26929	n/a	n/a
	EAST WARDS	518	17	135	n/a	9111	n/a	n/a
	SOUTH WARDS	847	27	202	n/a	17206	n/a	n/a
	WEST WARDS	866	3	306	n/a	11659	n/a	n/a
	Warrington total	3526	63	1156	n/a	64905	n/a	n/a
2018/2019	CENTRAL WARDS	1366	57	n/a	n/a	25198	n/a	n/a
	EAST WARDS	609	25	n/a	n/a	7461	n/a	n/a
	SOUTH WARDS	867	32	n/a	n/a	13566	n/a	n/a
	WEST WARDS	951	4	n/a	n/a	7470	n/a	n/a
	Warrington total	3793	118	n/a	n/a	53695	n/a	n/a

2 Warrington population: demographic and health needs

2.1 Geographical localities - wards and ward groupings

The boundary of Warrington Borough Council is coterminous with that of NHS Warrington Clinical Commissioning Group (CCG), and this is the area also covered by the Health and Wellbeing Board. The advantage of one Local Authority (LA) and one CCG means that the mapping and consultation applies to the geographical footprint of both organisations.

Warrington has 22 electoral wards which are displayed in Map 2.1. Where available, data in this PNA has been calculated and mapped at ward level in order to show the variations in health and lifestyle between smaller areas of the borough. Data in Warrington's Joint Strategic Needs Assessment (JSNA) is also often presented at ward level, and can therefore be used as a supporting document. However, when detailing the services that pharmacies provide, it is impractical to group them at such a small level of geography. Instead, pharmacies have been grouped as being in one of four ward groupings: Central, East, South and West. This

better reflects the areas that customers are likely to travel to in order to access a pharmacy, especially residents of more rural areas. The ward groupings are as follows, and are shown in map 2.1:

- **Central:** Bewsey & Whitecross; Fairfield & Howley; Latchford East; Latchford West; Orford; Poplars & Hulme (Warrington town centre included)
- **East:** Birchwood; Culcheth, Croft & Glazebury; Poulton North; Poulton South; Rixton & Woolston
- **South:** Appleton; Grappenhall; Lymm North & Thelwall; Lymm South; Stockton Heath
- **West:** Burtonwood & Winwick; Chapelford & Old Hall; Penketh & Cuerdley; Great Sankey North & Whittle Hall; Great Sankey South; Westbrook.

GP practices in Warrington work together in five Primary Care Networks (PCN) to optimise the delivery of primary care services, these are depicted in Map 2.2 and practice and PCN details are listed in Appendix 2.

2.2 Socio-Economic Deprivation

Socio-economic deprivation is a major determinant of health and wellbeing. Many of the measures of ill health and health-related lifestyle factors follow patterns of socio-economic deprivation, with more ill health in the more deprived areas.

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not solely financial. The English Indices of Deprivation (Department for Communities and Local Government DCLG, 2019) cover 7 'domains'; Income, Employment, Health and Disability, Education, Barriers to Housing and Services, Crime, and Living Environment. The overall Index of Multiple Deprivation 2019 (IMD 2019) is calculated as a weighted aggregation of these seven domains. Full details of all of the domains and the indicators they contain can be found in the full technical report produced on behalf of the DCLG: gov.uk/government/collections/english-indices-of-deprivation

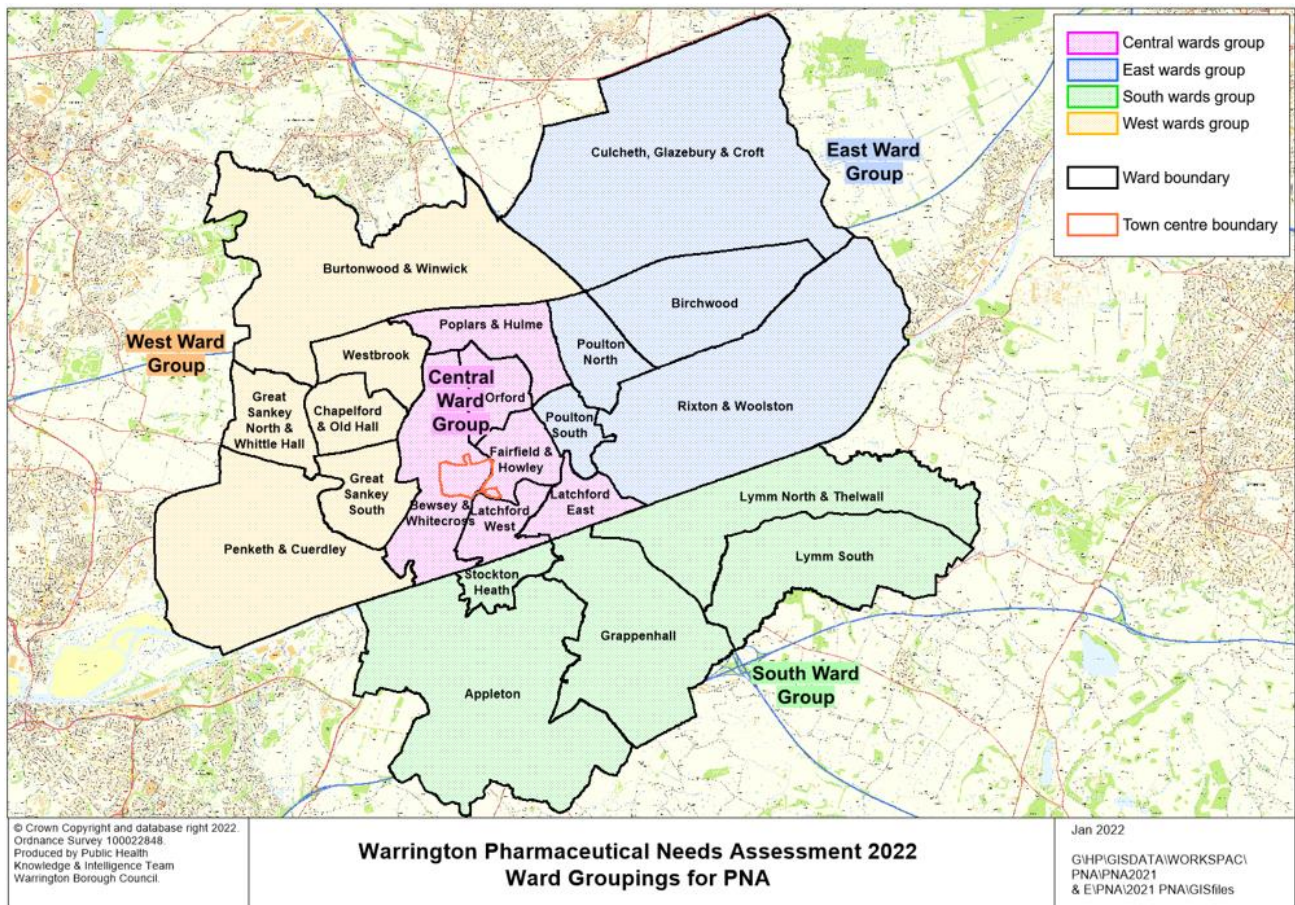
The lowest geographical level for which the indices are produced is at Lower Super Output Area (LSOA) level. LSOAs are small geographical units, each of which has a minimum of 400 households and an average population of approximately 1500 people. Warrington contains 127 LSOAs. These do not all neatly 'nest' inside the 22 electoral wards. LSOAs can be grouped by 'deprivation quintile'; all LSOAs in England were split into five equal-sized groups (quintiles) based on levels of deprivation.

Each LSOA in Warrington is allocated to a deprivation quintile based on how deprived that LSOA is compared to the rest of England: Quintile 1 contains areas of Warrington that are in the most deprived fifth in England, and Quintile 5 contains the areas in the least deprived fifth. Map 2.3 shows levels of deprivation in Warrington. Table 2.1 shows the composition of the four groups of wards in terms of the population and the number of LSOAs in each deprivation quintile. Detailed analysis of the pattern of deprivation across Warrington is available in the Warrington JSNA at warrington.gov.uk/jsna.

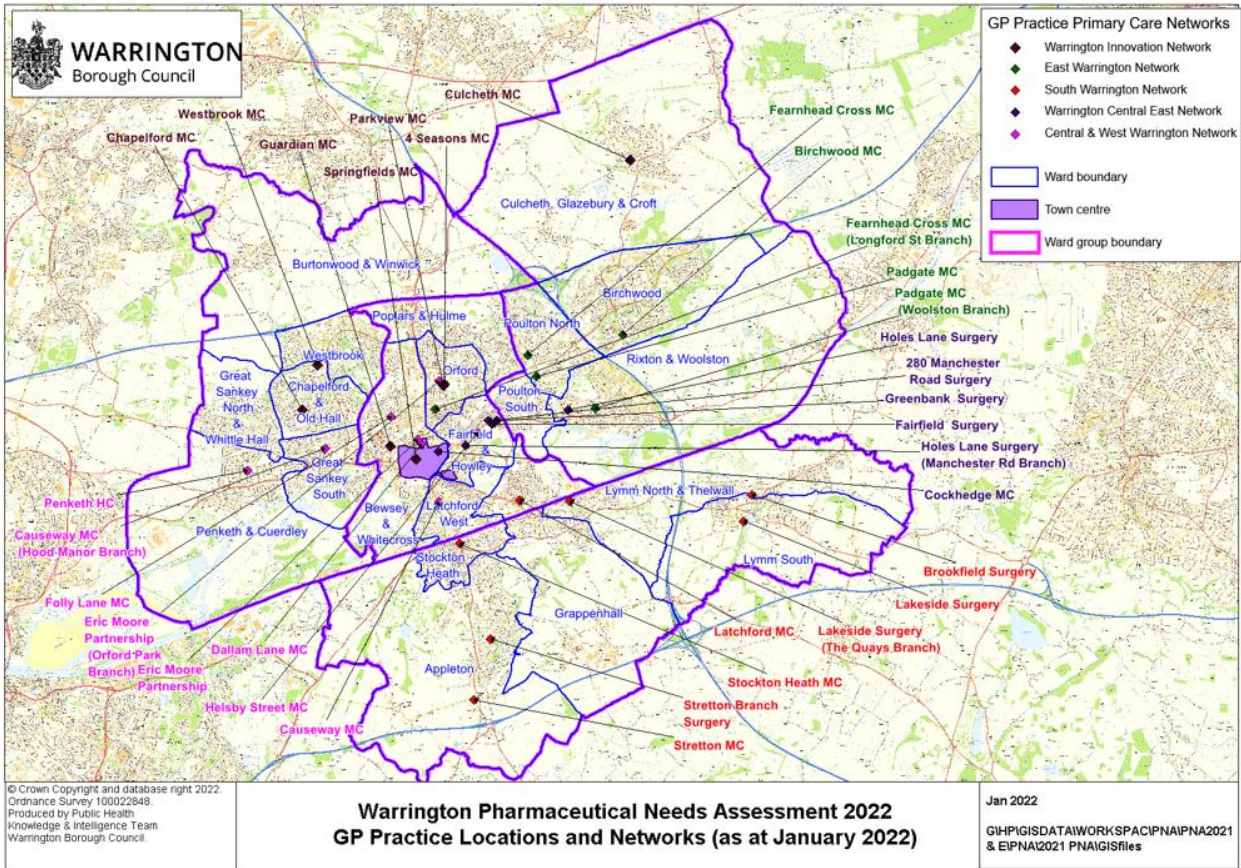
Inequalities in relation to socio-economic deprivation within Warrington are quite stark. As shown in Map 2.3 and Table 2.1, the majority of the population of the East, South and West ward groupings live in quintiles 3, 4 and 5 (the 60% least deprived areas in England). In particular, over three-quarters (82%) of the population in the South grouping live in quintile 5 (the 20% least deprived areas in England).

In contrast, over half of the population (53%) of the Central grouping live in quintile 1, and over a third (37%) live in quintile 2; this means that 90% of residents of the Central ward grouping live in the most deprived 40% of areas in England

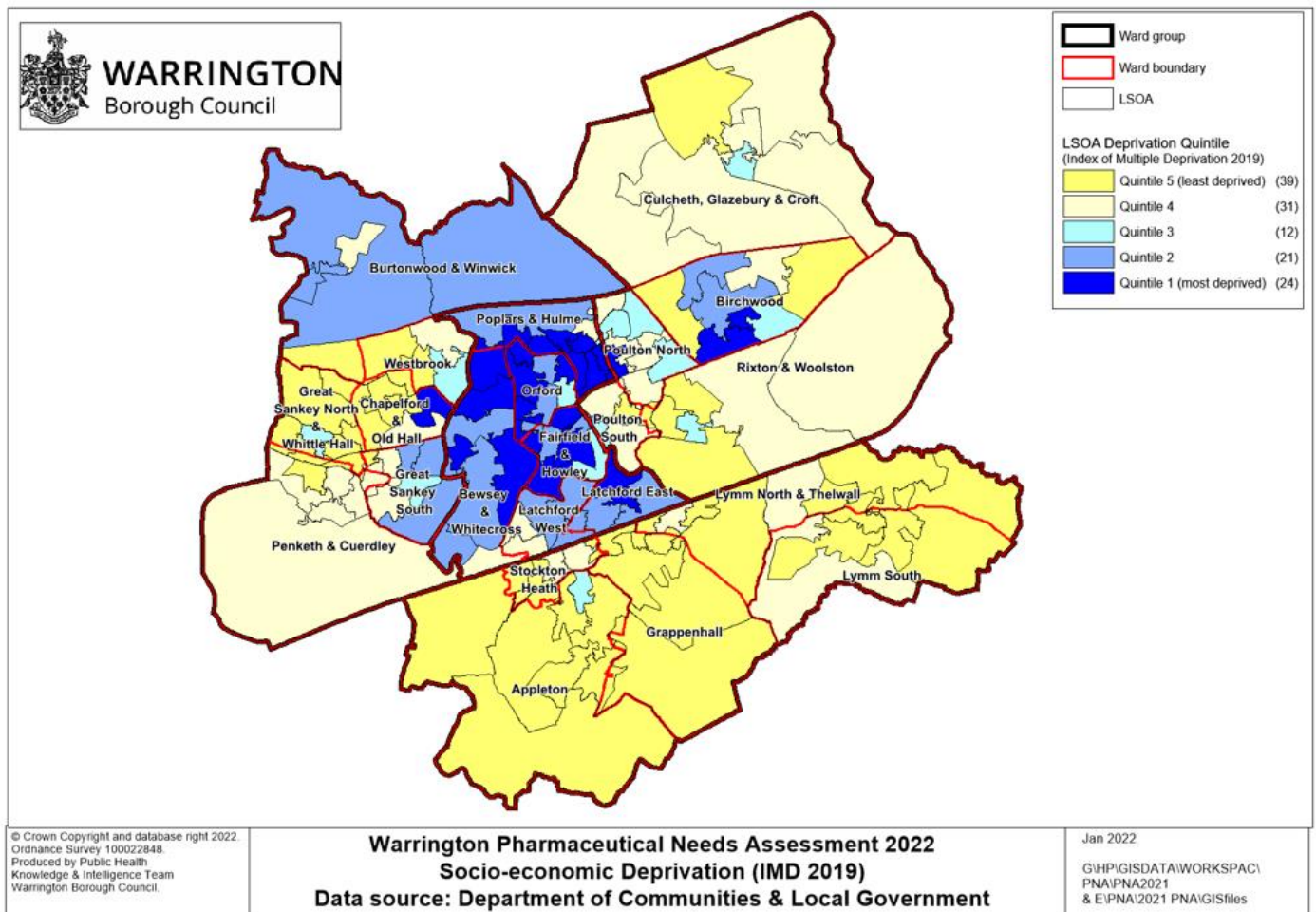
Map 2.1: Warrington ward groupings



Map 2.2: GP practices and primary care networks



Map 2.3: Deprivation in Warrington – Index of Multiple Deprivation (IMD) 2019



Data source: Department of Communities and Local Government (DCLG), Indices of Deprivation 2019, © Crown Copyright.

Table 2.1: Ward Population in Each Deprivation Quintile

	Population in each deprivation quintile (mid-2020)					TOTAL
	Quintile 1 (the 20% most deprived)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (the 20% least deprived)	
Appleton	0	0	1557	0	8337	9894
Bewsey & Whitecross	7370	4397	0	651	0	12418
Birchwood	2906	2771	1184	1164	2229	10254
Burtonwood & Winwick	0	5106	0	1165	0	6271
ChapelFord & Old Hall	1140	0	0	2989	7862	11991
Culcheth, Glazebury & Croft	0	0	1417	8653	1523	11593
Fairfield & Howley	6790	4331	1119	0	0	12240
Grappenhall	0	0	0	0	7127	7127
Great Sankey North & Whittle Hall	0	0	1333	0	8010	9343
Great Sankey South	0	5574	1360	4175	281	11390
Latchford East	3318	5677	0	0	0	8995
Latchford West	0	4539	0	3045	0	7584
Lymm North & Thelwall	0	0	0	1854	9600	11454
Lymm South	0	0	0	1182	5113	6295
Orford	6674	3708	1378	0	0	11760
Penketh & Cuerdley	0	0	0	7302	2552	9854
Poplars & Hulme	10526	1539	0	512	0	12577
Poulton North	879	0	3959	5083	0	9921
Poulton South	0	451	954	3428	1289	6122
Rixton & Woolston	0	0	1353	3470	4299	9122
Stockton Heath	0	0	0	2922	3843	6765
Westbrook	0	0	1291	1465	3673	6429
Warrington	39603	38093	16905	49060	65737	209397

	Percentage of population in each deprivation quintile (mid-2020)					TOTAL
	Quintile 1 (the 20% most deprived)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (the 20% least deprived)	
	0%	0%	16%	0%	84%	100%
	59%	35%	0%	5%	0%	100%
	28%	27%	12%	11%	22%	100%
	0%	81%	0%	19%	0%	100%
	10%	0%	0%	25%	66%	100%
	0%	0%	12%	75%	13%	100%
	55%	35%	9%	0%	0%	100%
	0%	0%	0%	0%	100%	100%
	0%	0%	14%	0%	86%	100%
	0%	49%	12%	37%	2%	100%
	37%	63%	0%	0%	0%	100%
	0%	60%	0%	40%	0%	100%
	0%	0%	0%	16%	84%	100%
	0%	0%	0%	19%	81%	100%
	57%	32%	12%	0%	0%	100%
	0%	0%	0%	74%	26%	100%
	84%	12%	0%	4%	0%	100%
	9%	0%	40%	51%	0%	100%
	0%	7%	16%	56%	21%	100%
	0%	0%	15%	38%	47%	100%
	0%	0%	0%	43%	57%	100%
	0%	0%	20%	23%	57%	100%
	19%	18%	8%	23%	31%	100%

Central group of wards	34678	24191	2497	4208	0	65574
East group of wards	3785	3222	8867	21798	9340	47012
South group of wards	0	0	1557	5958	34019	41535
West group of wards	1140	10680	3984	17096	22378	55278

	53%	37%	4%	6%	0%	100%
	8%	7%	19%	46%	20%	100%
	0%	0%	4%	14%	82%	100%
	2%	19%	7%	31%	40%	100%

Data source: ONS mid-year LSOA population estimates for 2020, DCLG Index of Multiple Deprivation 2019

2.3 Population

The resident population of Warrington for mid-year 2020 is estimated at 209,400.^{8,9} The population of the borough overall is increasing, with a slight increase of 0.8% over the past five years. There are an estimated 103,800 males (49.6%) and 105,600 females (50.4%), rounded to the nearest hundred. By broad age band, an estimate 18.8% are aged 0-15, 62.0% aged 16-64, and 19.1% aged 65+. Table 2.2 shows breakdown by gender and age band.

Resident population estimates are available at LSOA level from the Office of National Statistics (ONS). These have been aggregated to give population estimates for wards and ward groupings, and are shown in Table 2.3. Warrington has a relatively small, but growing, ethnic population. Based on the 2011 Census almost 92.9% of Warrington residents were 'White British'¹⁰. The largest minority group identified in Warrington from the 2011 Census is 'Other White', which includes Europeans, and is estimated at 4,600 (2.3% of the total population); this is higher than the North West estimate (2.1%) but lower than the England and Wales estimate of 4.4%. Results of the 2021 Census are not yet available.

Older people and young families are likely to use access local pharmacies to a greater extent. The breakdown by local area of the population aged under 19 and over 65 is provided in sections 2.32 and 2.33.

Table 2.2: Warrington population by age and gender

Age	Males		Females		Total	
	Number	%	Number	%	Number	%
0 - 15 yrs	20,300	19.5%	19,200	18.2%	39,400	18.8%
16 - 64 yrs	65,300	62.9%	64,600	61.2%	129,900	62.0%
65 and over	18,300	17.6%	21,800	20.6%	40,100	19.1%
Total	103,800	100%	105,600	100%	209,400	100%

Source: ONS population estimates mid-2020 (rounded to nearest 100).

2.3.1 Ward groupings and wards

Map 2.4 shows ward populations by age, looking at population estimates for **ward groupings**:

- The Central group of wards has by far the largest overall population, at over 65,000, and has a much younger population. It has the lowest number and proportion of people aged 65+ (8,890, 13.6%), the highest number and proportion of women of childbearing age (13,870, 21.2%), and the highest number and proportion of children aged 0-4 years (4,304, 6.6%).
- South and East ward groups have quite a high proportion (23%) of people aged 65+. East has the highest number, at over 10,000.

Looking at population estimates for **wards**:

- Ward populations vary from just over 6,000 in Poulton South to over 12,500 in Poplars & Hulme.
- The wards with the highest number of people aged 65+ are Penketh and Cuerdley (about 2,800), followed by Culcheth, Glazebury & Croft (over 2,700), Lymm North & Thelwall (over 2,500) and Appleton (over 2,500). They also have the highest numbers of people aged 75+ (about 1,590 and

⁸ ONS 2020 Estimates for Local Authorities. Sub-borough estimates for 2020 are not yet available. Ward estimates presented for the new ward boundaries are based on internal calculations using Mid 2019 LSOA level estimates

⁹ GP registered population of Warrington is higher than the resident population; currently close to 222,000 (NHS Digital Aug 2021)

¹⁰ Includes: White Irish, Scottish, Welsh and English

1,420 1,290 and 1,200 respectively).

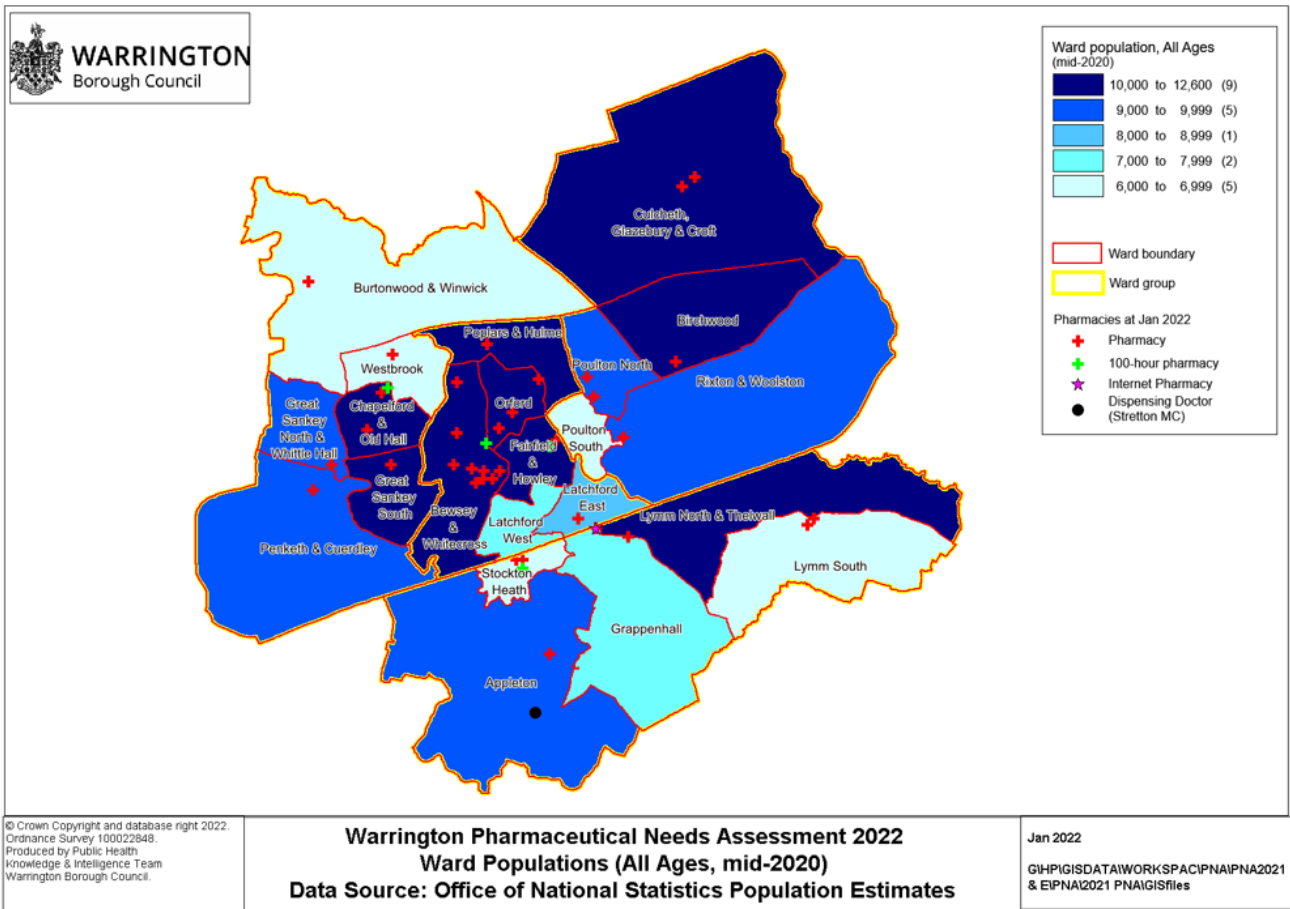
- (Bewsey & Whitecross, Fairfield & Howley, and Poplars & Hulme (all central wards) have a very high number (between 800 and 900) of children aged 0-4.

Table 2.3: Warrington Wards Resident Population

Ward	Total population	Number Aged 65 and over	Percentage aged 65 and over	Number Aged 75 and over	Percentage aged 75 and over	Number Women aged 15-44	Percentage Women aged 15-44	Number Children aged 0-4	Percentage Children aged 0-4
Appleton	9894	2504	25.3%	1194	12.1%	1325	13.4%	372	3.8%
Bewsey & Whitecross	12418	1256	10.1%	543	4.4%	2769	22.3%	808	6.5%
Birchwood	10254	2050	20.0%	705	6.9%	1770	17.3%	573	5.6%
Burtonwood & Winwick	6271	1596	25.5%	900	14.4%	1008	16.1%	277	4.4%
Chapelford & Old Hall	11991	1414	11.8%	490	4.1%	2308	19.2%	675	5.6%
Culcheth, Glazebury & Croft	11593	2715	23.4%	1421	12.3%	1486	12.8%	497	4.3%
Fairfield & Howley	12241	1567	12.8%	760	6.2%	2701	22.1%	814	6.7%
Grappenhall	7127	1633	22.9%	849	11.9%	950	13.3%	324	4.5%
Great Sankey North & Whittle Hall	9343	1814	19.4%	771	8.2%	1580	16.9%	477	5.1%
Great Sankey South	11390	1879	16.5%	767	6.7%	2171	19.1%	629	5.5%
Latchford East	8995	1028	11.4%	465	5.2%	2067	23.0%	706	7.8%
Latchford West	7584	1610	21.2%	836	11.0%	1410	18.6%	349	4.6%
Lymm North & Thelwall	11454	2571	22.4%	1288	11.2%	1713	15.0%	590	5.2%
Lymm South	6295	1463	23.2%	721	11.5%	872	13.9%	289	4.6%
Orford	11760	1885	16.0%	841	7.1%	2259	19.2%	732	6.2%
Penketh & Cuedley	9854	2853	29.0%	1589	16.1%	1456	14.8%	420	4.3%
Poplars & Hulme	12577	1545	12.3%	649	5.2%	2666	21.2%	894	7.1%
Poulton North	9921	2377	24.0%	932	9.4%	1652	16.6%	456	4.6%
Poulton South	6122	1351	22.1%	696	11.4%	1037	16.9%	352	5.8%
Rixton & Woolston	9122	2383	26.1%	987	10.8%	1245	13.7%	380	4.2%
Stockton Heath	6765	1461	21.6%	704	10.4%	1022	15.1%	303	4.5%
Westbrook	6429	1099	17.1%	425	6.6%	1086	16.9%	350	5.4%
Warrington	209,397	40,052	19.1%	18,532	8.9%	36,552	17.5%	11,267	5.4%
Central group of wards	65574	8890	13.6%	4093	6.2%	13870	21.2%	4304	6.6%
East group of wards	47011	10876	23.1%	4740	10.1%	7190	15.3%	2258	4.8%
South group of wards	31640	7127	22.5%	3563	11.3%	4558	14.4%	1506	4.8%
West group of wards	55278	10655	19.3%	4942	8.9%	9609	17.4%	2827	5.1%
	6,000-7,000	900-1,000	10-11.9%	300-500	4.0-5.9%	900-1,200	12-13.9%	200-299	3-3.9%
	7,000-8,000	1,000-1,500	12-14.9%	500-700	6.0-8.9%	1,200-1,600	14-15.9%	300-399	4-4.9%
	8,000-10,000	1,500-2,000	15-19.9%	700-800	9.0-11.9%	1,600-2,100	16-17.9%	400-599	5-5.9%
	10,000-11,000	2,000-2,500	20-24.9%	800-1200	12.0-13.9%	2,100-2,500	18-20.9%	600-799	6-6.9%
	11,000-12,600	2,500-3,000	25-29.9%	1200-1500	14.0-16.9%	2,600-2,800	21-23.0%	800-899	7-8%

Source: Internally calculated using Office for National Statistics LSOA population estimates for 2020.

Map 2.4: Warrington population (all ages)



2.3.2 Children and young people

Warrington’s 0-19 population distribution is shown in Map 2.5.

Ward grouping populations: the Central grouping area has the highest number and proportion of children aged 0-19 (16,295, 25%) whilst the South ward grouping has the lowest number of 0-19 year olds (approximately 9,388 children). East ward group had the lowest proportion (21%).

Ward populations: as shown in Figure 2.1, wards with the lowest number of children aged 0-19 are Burtonwood and Winwick (1,257), Latchford West (1,371) and Poulton South (1,373). The wards with the highest number of children aged 0-19 are Poplars and Hulme (3,698), Chapelford and Old Hall (3,284) and Bewsey and Whitecross (3,043). Poplars and Hulme, Fairfield and Howley and Bewsey and Whitecross also have the highest numbers of children aged 0-4 years (approximately 890, 815 and 800).

Map 2.5: Warrington population aged 0-19 years

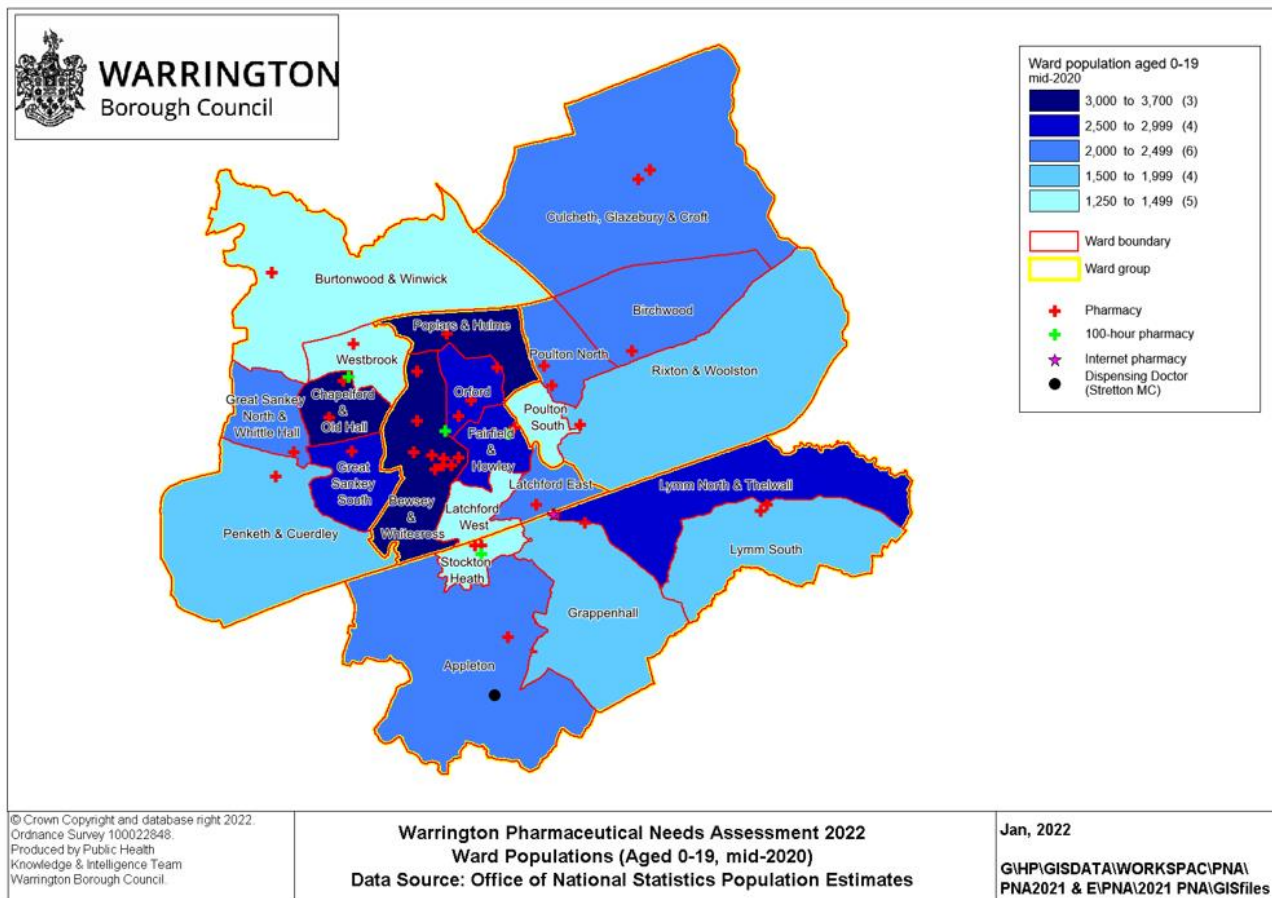
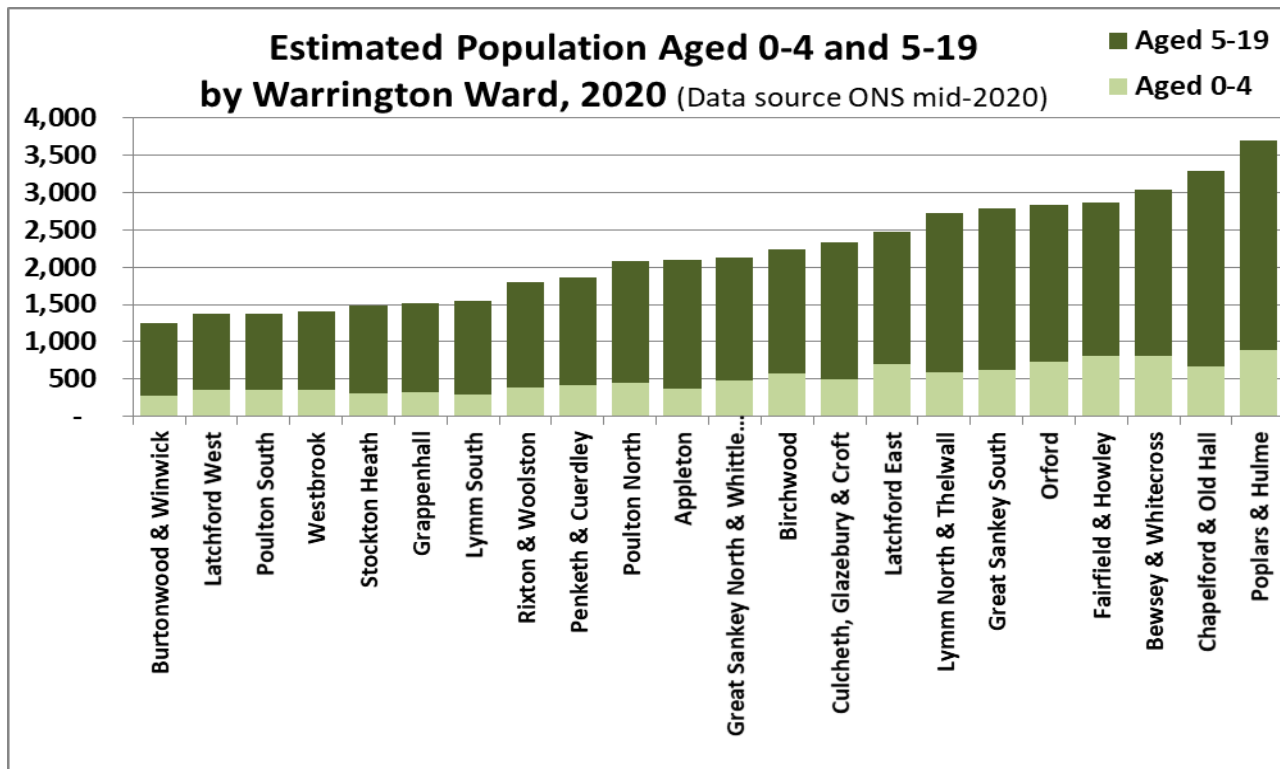


Figure 2.1: 0-19 Warrington population by ward



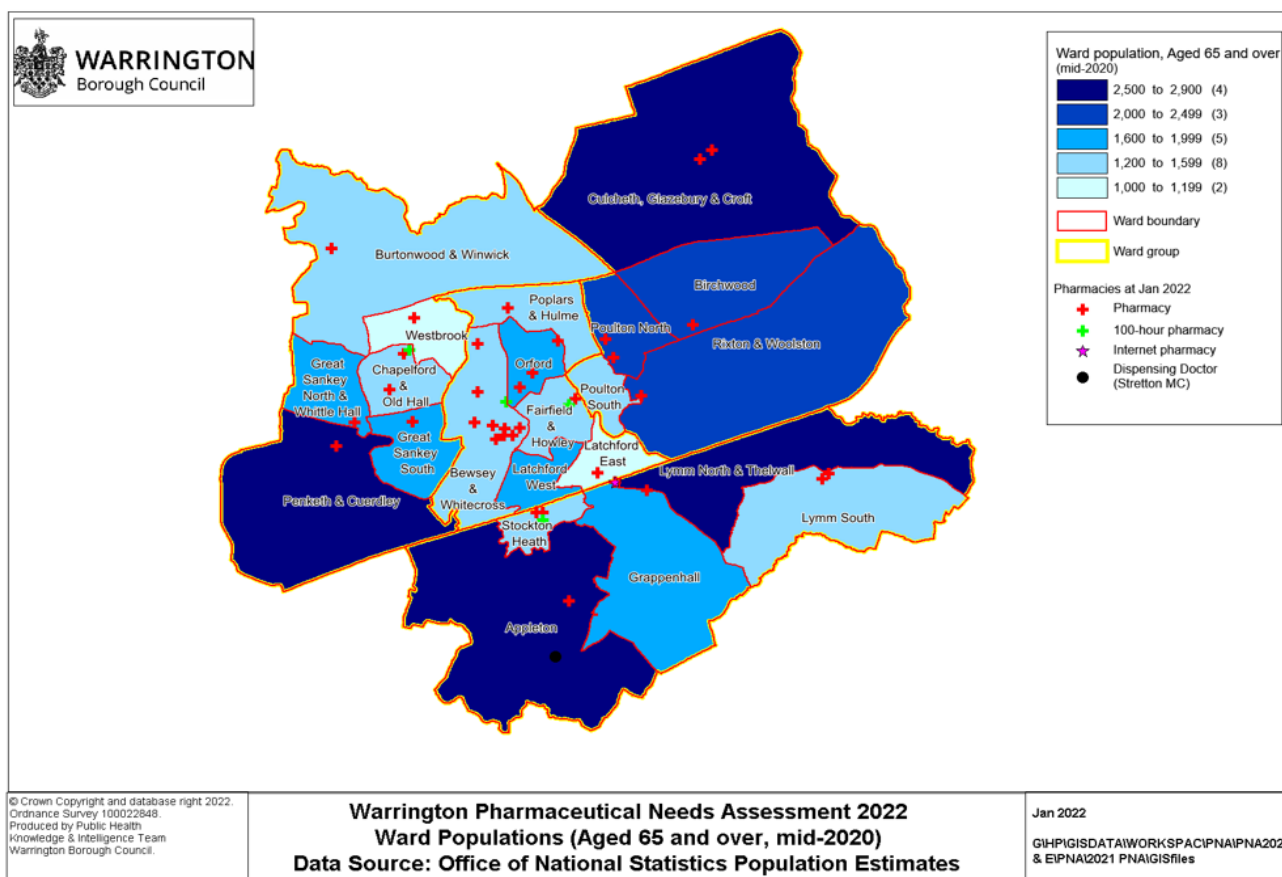
2.3.3 Older people

Warrington's 65+ population distribution is shown in Map 2.6

Ward grouping populations: the Central grouping has the lowest estimated number and proportion of people aged 65+ (8,890, 13.6%). South and East ward groups have a higher proportion (over 20%) of people aged 65+. East has the highest number, at almost 11,000.

Ward populations: the wards with the highest estimated number of people aged 65+ are Penketh and Cuerdley (about 2,850) and Culcheth, Glazebury & Croft (over 2,700). They also have the highest number of people aged 75+ (about 1,600 and 1,400).

Map 2.6: Warrington population aged 65 and over



2.3.4 Population projections

Projections suggest a 2% increase in overall population from 2018 to 2028 (see Table 2.4). The increase is driven by increases in those aged 65 and over, both in terms of percentage increase (21%) and in absolute numbers (approximately an extra 8,100). Decreases in population are forecast for those aged 64 and under, by approximately 4,100. Projections suggest a 6% decrease in children aged 0-15 between 2018 and 2028, approximately 2,483 fewer individuals.

Figure 2.2: Number of people aged 65-74 and aged 75+

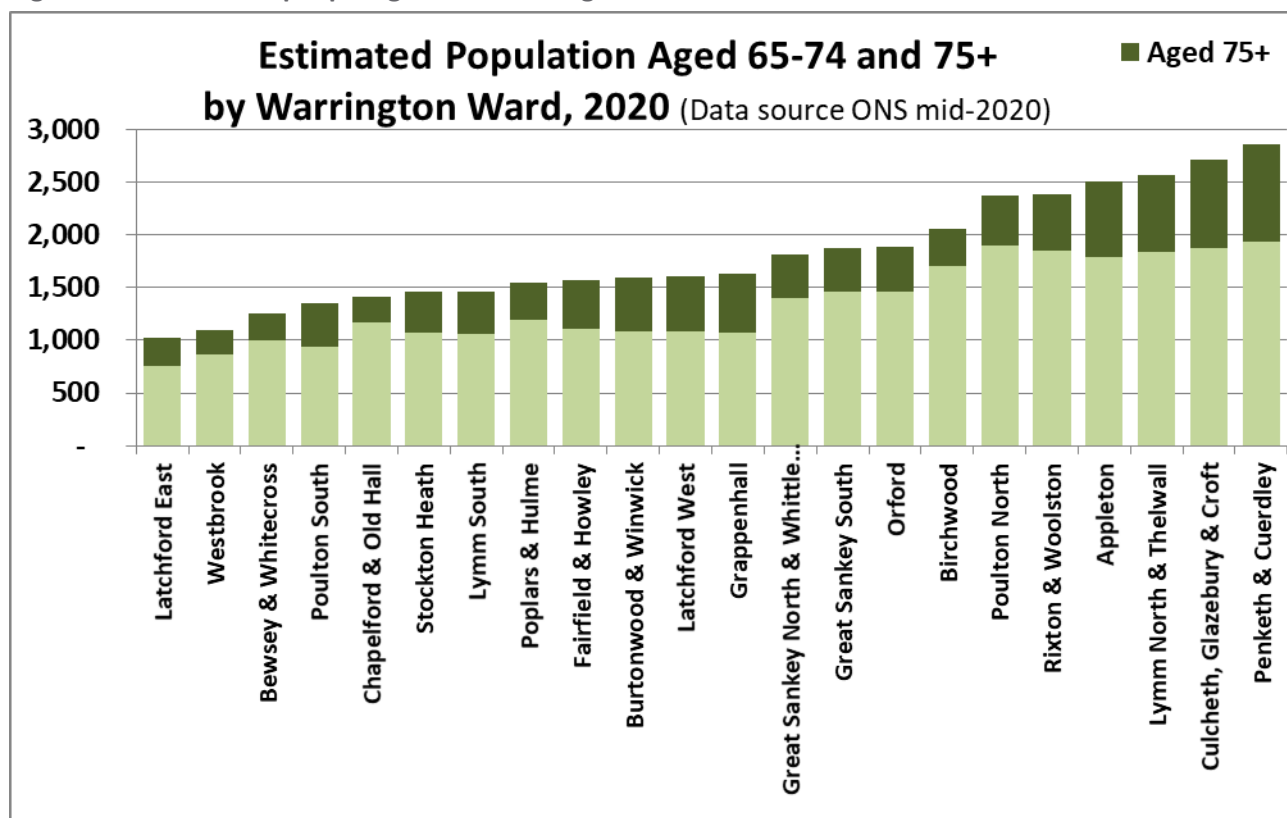


Table 2.4: Warrington Resident Population Projections 2018 to 2028

Year	0-15yrs	16-64yrs	65+yrs	All ages
2018	39,691	130,973	38,883	209,547
2019	39,763	130,736	39,610	210,109
2020	39,705	130,674	40,245	210,625
2021	39,591	130,640	40,887	211,118
2022	39,448	130,578	41,563	211,590
2023	39,200	130,536	42,272	212,008
2024	38,903	130,339	43,131	212,373
2025	38,520	130,306	43,877	212,703
2026	38,147	130,046	44,808	213,002
2027	37,699	129,738	45,825	213,263
2028	37,208	129,334	46,970	213,511
INCREASE FROM 2018 TO 2028	-2,483	-1,639	8,087	3,964
PERCENTAGE INCREASE FROM 2018 TO 2028	-6%	-1%	21%	2%

Source: ONS 2018-based subnational population projections

2.4 Future developments

2.4.1 Housing

Changes in population can affect need for pharmaceutical services. Detail about potential development is available from the Warrington Strategic Housing Land Availability Assessment (SHLAA). The SHLAA is produced annually and makes an assessment about the likelihood that sites are suitable, available and achievable for housing development for a period of 15 years in to the future.

For the purposes of this PNA, those developments that are likely to be achievable by the end of financial year (F/Y) 2025/26 have been considered. Over that time period, there could be potentially 3,902 new dwellings built across Warrington.

The biggest individual potential developments (50 or more dwellings) with number of dwellings are:

- Central Ward Group: In Bewsey and Whitecross ward; Spectra Building & Drivetime Golf Range (495), John St/Winwick Street (362), former Kwik Save/Skate Academy (144), and Bank House on Bank Street (80). Also Beers Building Company on Station Road (189) in Latchford East ward and the former Wilderspool Stadium (160) in Latchford West ward.
- East Ward Group: Former Fox Wood School (69) in Birchwood ward.
- South Ward Group: Grappenhall Heys (400) and Appleton Cross off Dipping Brook Avenue (300) in Grappenhall ward. Former Broomfields care home on Bridge Lane (51) in Appleton ward.
- West Ward Group: Omega site (491) and Lingley Mere (53) in Great Sankey North and Whittle Hall ward and the former Sycamore Lane Primary School (92) in Great Sankey South ward.

Map 2.7 shows the distribution of all potential developments of 50+ houses. There are other smaller developments planned or underway; these are spread across the borough and difficult to visualize on a map of this scale. Total potential numbers are provided in Table 2.5.

Table 2.5: Potential number of new dwellings by area: financial years 2021/22 to 2025/26

Ward Group Area	Number of possible dwellings
Central	1,831
East	221
South	929
West	921
Total	3,902

There are no reliable estimates of population change relating to these housing developments.

Local Plan: Warrington's Local Plan provides the statutory planning framework for the entire Borough for the period 2021 to 2038. The Council concluded consultation on the updated Proposed Submission Draft of the Local Plan in November 2021 and is due to submit the Plan for independent examination in April 2022. Subject to the outcome of the examination, it is anticipated that the Local Plan will be adopted before the end of 2023.

2.4.2 Primary care

The West ward located Omega development is partially built, and when complete will provide an additional 1,400 houses with an estimated 4800-5200 increase in population. Current practices within the area are

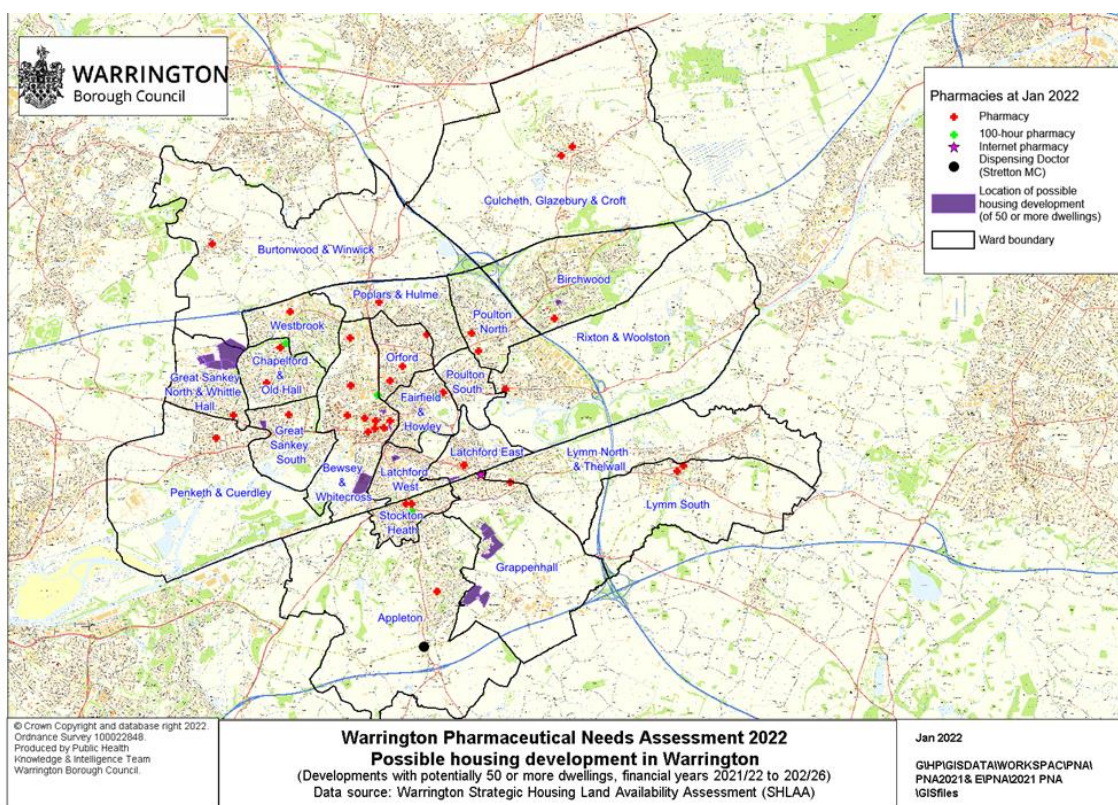
- Chapelford Primary Care Centre
- Westbrook Medical Centre

Both practices are more than 2 miles from housing development sites. Overall, the area around Omega site has seen housing developments over past 5 years with limited increase in primary care capacity. An agreed schedule of accommodation for the proposed facility has a forecasted practice list size of approximately 6000.

A feasibility study for the building of a new primary care facility on the Omega development site to accommodate the increase in the population in this area has been approved by Warrington CCG. As at February 2022, the developer and practices are working together on plans for the full design and development.

Map 2.7: Potential housing developments of 50 or more dwellings (financial years 2021/22 to 2025/26) in Warrington, with existing pharmacies

Map 2.7: Warrington population aged 65 and over



2.5 Population health

2.5.1 Long term conditions

The prevalence of many health conditions is reported by GP practices as part of their contract. GP practices hold registers of patients diagnosed with certain long-term conditions. The number of people with each condition, along with a crude prevalence rate is recorded in the Quality Outcomes Framework (QOF) data. Table 2.6 shows 2020/21 QOF data. As shown, nationally those conditions with higher prevalence are **hypertension, depression, diabetes, asthma and obesity**. The table also shows that **depression, coronary heart disease and palliative care** have a significantly higher recorded prevalence in Warrington than that recorded for England. This would suggest that there might be greater demands placed on local pharmacies in the support around management of these conditions than the average for England:

It should be noted that up to date modelled prevalence estimates for QOF reported conditions are not available, but previous estimates have indicated a potential under-reporting/under-diagnosis of some conditions, notably hypertension.

Table 2.6: Long-term conditions prevalence figures

Long-Term Condition	England Prevalence %	Warrington Prevalence %	No. people on register at Warrington GP practices
Asthma	6.4	6.7	13870
Atrial Fibrillation	2.0	2.2	4,956
Cancer	3.2	3.2	7105
Chronic Kidney Disease (18+)	4.0	3.3	5781
COPD	1.9	1.8	4062
Coronary Heart Disease	3.0	3.5	7804
Dementia	0.7	0.8	1738
Depression (18+)	12.3	13.5	23859
Diabetes Mellitus (17+)	7.1	7.0	12452
Epilepsy (18+)	0.8	0.8	1430
Heart Failure	0.91	0.94	2070
Hypertension	13.9	14.2	31418
Learning Disability	0.5	0.5	1072
Mental Health	0.9	0.9	1892
Non-Diabetic Hyperglycaemia (18+)	5.3	5.6	9910
Obesity (18+)	6.9	6.6	11710
Osteoporosis (50+)	0.8	0.6	522
Palliative Care	0.5	0.8	1706
Peripheral Arterial Disease	0.6	0.7	1488
Rheumatoid Arthritis (16+)	0.8	0.8	1443
Stroke and Transient Ischaemic Attack	1.8	1.9	4139

Data Source: NHS Digital, Quality and Outcomes Framework (QOF) for April 2020- March 2021

2.5.2 Children and young people (0-19)

There are 1.7 million children and young people in England with long-term conditions such as asthma, diabetes and epilepsy¹¹. Asthma is the most common long-term medical condition in children in the UK, with around one in 11 children and young people living with asthma. The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe. About 36,000 children and young people in the UK under the age of 19 years have diabetes, of which about 10% have type 2 diabetes (or other rarer types of diabetes)¹².

2.5.3 Older people

Age is a risk factor for most diseases, with prevalence rates of most conditions rising with increasing age. Most chronic or long-term conditions are more prevalent amongst older people. Some mental health problems, notably dementia, are most common among older people. Warrington currently has an old population compared to England, with a slightly higher proportion of people aged over 65. The proportion of older people in Warrington is forecast to increase; this will have a considerable impact on the burden of ill-health locally and on local services, with rates of dementia and various chronic diseases projected to increase. Statistics suggest that the health of older people within Warrington is worse than the England average. Male life expectancy at age 65 is 18.0 years in Warrington, lower than 18.7 years in England¹³. Female life expectancy at age 65 is 20.5 years in Warrington, lower than 21.1 years in England. Figure 2.2 shows older age-bands for all wards and Map 2.4 displays the population aged 65 and over by ward.

2.5.4 Flu vaccinations

Influenza, or 'flu', is a highly infectious acute viral infection that can affect people of all ages. Although most people who are infected recover within 1-2 weeks, the disease can cause serious complications and death amongst older or more vulnerable people. Since 2000/2001 there has been a national campaign to vaccinate all patients aged 65 and over against the disease on an annual basis, as well as younger patients in certain high risk groups including those with certain medical conditions (e.g. asthma, diabetes) and pregnant women, and from 2013/14 young children aged 2 and 3. The NHS seasonal flu vaccination programme is delivered predominantly through GP practices and also as an advanced service commissioned from community pharmacies within Warrington by NHS England.

The ambition for vaccine coverage is to reach or exceed 75% uptake for people aged 65 years and over as recommended by the World Health Organization. In addition, a national ambition to reach or exceed 75% uptake was also set for: those aged 6 months to under 65 years and in one or more clinical risk group(s); all pregnant women and; pre-school children aged 2 and 3 years old (PHE, 2021). Table 2.7 shows vaccination rates for Warrington for the 2020/21 flu season. As shown, in Warrington, the overall uptake in those aged 65 and over was 80.5%, slightly lower than England (80.9%) and higher than the 75% target, for the first time in 11 years. There was a large flu vaccination drive in the 2020/21 flu season, and the high uptake is likely due to the COVID-19 pandemic and the lack of a COVID-19 vaccine until early December 2020. The flu programme was expanded in 2020/21 as a result of the COVID-19 pandemic to include more patient groups.

¹¹ [Managing long-term conditions in the community | NICE impact children and young people's healthcare | Reviewing the impact of our guidance | Measuring the use of NICE guidance | Into practice | What we do | About | NICE](#)

¹² [Prevalence | Background information | Diabetes - type 2 | CKS | NICE](#)

¹³ 2018-2020 Office for National Statistics contained in the PHE Older People's Health and Wellbeing Profile fingertips.phe.org.uk/profile/older-people-health

Table 2.7: Warrington and England flu vaccination uptake - for 2020 to 2021 (1 Sept 2020 to 28 Feb 2021)¹⁴

Flu vaccine uptake - for 2020 to 2021 (1 Sept 2020 to 28 Feb 2021)						
	65 and over - % vaccine uptake	6 months to under 65 (at-risk only) - % vaccine uptake	All Pregnant women - % vaccine uptake	50 to under 65 years and NOT in a clinical risk group** - % vaccine uptake	Aged 2 and NOT IN a clinical risk group - % vaccine uptake	Aged 3 and NOT IN a clinical risk group - % vaccine uptake
Warrington	80.5	51.2	41.0	35.0	57.8	58.6
England	80.9	53.0	43.6	35.2	55.2	57.8

*The age under 65 clinical at-risk group data includes pregnant women with other risk factors but excludes otherwise 'healthy' pregnant women and carers. ** All 50 to 64 year olds became eligible for vaccination on 1 December 2020.

2.5.5 Mental health and depression

As shown in the QoF recorded long-term conditions in Table 2.5, the prevalence of depression amongst the 18+ population for 2020/21 was 13.5% in Warrington, higher than 12.3% in England. Multiple studies have revealed deteriorations in mental health and wellbeing pre and post COVID pandemic¹⁵. Analysis of data from the UK Household Longitudinal Study (UKHLS) suggests the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, then falling back to 21.3% by September 2020.

Between 2015 to 2016 and 2017 to 2018 the rate of prescribing for antidepressants increased from 15.8% of the adult population to 16.6%. PHE's analysis shows that, in 2017 to 2018, 11.5 million adults in England (26% of the adult population) received, and had dispensed, one or more prescriptions for antidepressants, opioids, gabapentinoids, benzodiazepines or z drugs. These figures show that the prescriptions for 17% (7.3 million) of these adults were for antidepressants. Around half of patients in each medicine class were estimated to have been receiving a prescription continuously for at least 12 months¹⁶.

2.5.6 Lifestyle and risk factors

Behavioural risk factors such as smoking and drug use, alcohol consumption, physical activity and diet have a strong influence on health. Incidence of major health conditions like cardiovascular and respiratory diseases, diabetes and cancer can be delayed or prevented through changes in behaviours. For further information on these topics please access Warrington's JSNA chapters warrington.gov.uk/jsna

2.5.6.1 Obesity

In England, two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality and are associated with a wide range of diseases including cardiovascular disease, type 2 diabetes, and some cancers. In the latest PHOF data (2019/20), 63.7% of adults in Warrington were overweight or obese, worse (but not statistically significantly different) than 62.8% for England overall. Nationally, there is a strong link between obesity and socio-economic deprivation (although

¹⁴ Source: ImmForm website via UK Health Security Agency, published 24 June 2021: [Seasonal flu vaccine uptake in GP patients: winter 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2020-to-2021)

¹⁵ www.gov.uk/government/publications/COVID-19-mental-health-and-wellbeing-surveillance-report/2-

¹⁶ [Prescribed medicines review: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/prescribed-medicines-review-summary)

not between overweight prevalence and deprivation).

2.5.6.2 Smoking

Smoking, and exposure to second-hand smoke, causes a wide variety of disease, death and disability on an immense scale. Tobacco use is a highly complex behaviour that is particularly resistant to change. It is determined by a wide range of personal, social and environmental influences and so must be approached simultaneously from multiple angles and on various levels.

It is one of the most significant contributory factors to reduced life expectancy, health inequalities and ill-health, particularly cancer, coronary heart disease and respiratory disease. Smoking-attributable mortality rates in Warrington are reducing, data from Public Health England (2017-19) shows that Warrington had a rate of 47.8 deaths from COPD per 100,000 population compared to 50.4 in England. Historically Warrington had higher rates of lung cancer registrations, smoking-attributable mortality and lung cancer mortality rates than the average for England, however in recent years Warrington rates are similar that of England.

In 2019, prevalence in Warrington was 11.3%, lower than England's 13.9%. Warrington has consistently had lower prevalence rates than England; from 2016 to 2019, the difference between Warrington and England was statistically significant. Smoking in pregnancy rates have been reducing both locally and nationally. The smoking in pregnancy rate in Warrington is 8.2% (2020/21)¹⁷, lower than England (9.6%). However, rates are substantially higher in the most deprived quintile (18.6% in 2020/21 compared to 8.7% in the rest of Warrington). This is in keeping with the patterns in the general population of higher prevalence in more deprived areas.

2.5.6.3 Alcohol

The impact of alcohol misuse is widespread, encompassing alcohol-related illness and injuries as well as significant social impacts including crime and violence, teenage pregnancy, loss of workplace productivity, and homelessness. Alcohol consumption is a contributory factor to hospital admissions and deaths from a diverse range of conditions. As at March 2020, of people in alcohol and drug treatment services, 35.3% stated that they had a child/children aged under 18.

For the four periods for which data was available (2016/17–2019/20) Warrington has had consistently higher hospital admission rates¹⁸ than England for alcohol-related conditions. The Warrington rate for hospital admissions amongst under 18s was 41.2 per 100,000, significantly higher than England. The long-term trend for Warrington for young people shows a reduction although the rate fluctuates over time.

2.5.6.4 Substance misuse

The Warrington Public Health Team commission drug and alcohol treatment services from CGL (Pathways to Recovery). The locally commissioned services relating to pharmacies are needle exchange and supervised consumption. These services are currently provided by some Warrington pharmacies and by CGL Pathways to Recovery, the drug and alcohol service which is located in Warrington's town centre.

¹⁷ Public Health Outcomes Framework 2020/21 (PHE)

¹⁸ Source: Local Alcohol Profiles for England, calculated by Public Health England using data from NHS Digital Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figures for **needle exchange service use**, extracted from PharmOutcomes shows both number of patients and total number of provision instances.

- 2019/20: 741 needle exchange service users, total of 2202 provisions
- 2020/21: 487 needle exchange service users, total of 1383 provisions

Further analysis of data available on PharmOutcomes¹⁵ for 2019/20 showed that for substance injected (not always recorded), the most common substance recorded was steroids/performance enhancers. Activity data for this period also showed that 78.5% of provisions took place in pharmacies with 21.5% taking place at CGL.

Commissioners of Warrington's substance misuse service have reported the impact that the COVID pandemic has had on use of the supervised consumption service. Data from the commissioned drug and alcohol treatment service for Warrington (CGL Pathways to Recovery) for March 2019 showed that **34%** (n=122) of those clients to whom the supervised consumption offer was made available took up the service. In September 2020 this had fallen to **2.8%** (n=11), data taken in June 2021 showed a rise in this rate to **10%** (n=33). Warrington data for supervised consumption doses dispensed taken from PharmOutcomes¹⁹ show:

- 2019/20: 3264 doses dispensed
- 2020/21: 1059 doses dispensed

CGL has recognised that, for many service users, the opportunity to manage their own methadone without supervision has assisted in their recovery and CGL will consider this model offer for future service users. CGL will continue to offer daily supervised consumption for people released from prison and people who present to the service with chaotic drug usage.

2.5.6.5 Sexual health

Good sexual health is an important aspect of health and wellbeing and it is vital that people have the information, confidence and the means to make choices that are right for them. It helps people to develop positive relationships and enables them to protect themselves and their partners from infections and unintended pregnancy. Sexual health services can provide cost savings to the NHS and can significantly reduce physical and emotional ill-health through prevention and early intervention. Increasing access and uptake of the most effective contraception methods, and facilitating earlier diagnosis of HIV, are important priorities in reducing poor sexual health in Warrington. Enhancing service provision and delivery, particularly through service integration, has the potential to increase the quality of patient experiences and outcomes, and deliver cost savings.

Sexually Transmitted Infections (STIs): In 2020, 833 new STIs were diagnosed in Warrington, equivalent to a rate of 398.0 per 100,000 residents (lower than 562.0 in England). The number of new diagnoses is substantially lower than numbers seen in previous years (a 25% reduction since 2019), with data reported in 2020 being impacted by the reconfiguration of sexual health services during the national response to COVID-19. In Warrington, over half of the diagnoses (52%) were in young people aged 15-24, compared to 47% in England (for 2019, latest data).

¹⁹ PharmOutcomes data extracted 7th January 2022.

Table 2.8 shows the rates per 100,000 population of the 4 most common STIs in 2020, for Warrington, the North West and England. Warrington had lower rates than England and the North West for nearly all of the STIs shown in the table, apart from Chlamydia in those aged 15-24 years. However, because of the COVID-19 pandemic, there have been lower screening rates and less diagnosis taking place across England, and a true picture cannot be ascertained from the data.

Chlamydia infections often have no noticeable symptoms. Young adults (under 25s) are disproportionately affected by STIs, as shown in Table 2.6, where the diagnosis rate of chlamydia in Warrington in the 15 to 24 year-old population was nearly 12 times higher than in the population aged 25 years and over. However, it should be recognised that the high rates are also likely to be partly due to the National Chlamydia Screening Programme (NCSP) which targets the 15 to 24 age group.

The aim of the NCSP, as of June 2021, is to reduce the reproductive harm of untreated chlamydia infection through opportunistic screening offered to young women aged under 25 years. Prior to 2021, the aim of the NCSP was that, by detecting and treating sufficient chlamydia infections that have no noticeable symptoms, it would result in a decrease in incidence. Chlamydia diagnoses for those aged 15 to 24 are measured against a national target of 2,300 per 100,000 young people, and therefore higher rates are better.

Table 2.8: Diagnosis rate of the four most common sexually transmitted infections (STIs), 2020

	No. of Diagnoses	Rate per 100,000 population		
		Warrington	North West	England
Chlamydia 15-24 years	327	1,521	1,249	1,408
Chlamydia 25+ years	197	131	134	171
Genital warts	88	42	45.5	48.6
Genital herpes	38	18.1	32.1	36.3
Gonorrhoea	121	58	66	101

Source: PHE - Sexual & Reproductive Health Profiles, 2021

In 2020, Warrington had a prevalence rate of 1.09 cases of HIV per 1,000 people (aged 15 to 59), significantly better than the current England (2.31) and North West (1.99) averages. Warrington's rate was based on 131 cases of HIV. New diagnoses of HIV in Warrington are low, with less than 10 cases per year. In 2020, there were seven new diagnoses, equivalent to a rate of 4.1 per 100,000 population. Warrington's rate was lower, but not statistically different to the North West rate of 5.0, and the England rate of 5.7. Early diagnosis of HIV, and prompt treatment with antiretroviral therapy, improves life expectancy for the individual and helps reduce further transmission of the virus. In the period 2018-20, 36.4% of new cases in Warrington were diagnosed at a late stage of infection; this is lower but not significantly different to the North West (42.5%) and England (42.4%).

Teenage conceptions: In 2019, the under-18 conception rate in Warrington was 17.7 per 1,000 females (aged 15-17), not significantly different to England's rate of 15.7 and 19.4 in the North West. Overall, the long-term trend in Warrington shows a reduction, with some fluctuations year-to-year, which reflects the small number of conceptions. Actual numbers of teenage pregnancies are amongst the lowest since monitoring the indicator, with 62 pregnancies in 2019 (higher only than the 60 pregnancies in 2016).

Although under-18 conception rates are reducing in Warrington, rates in the most deprived areas of the borough are significantly higher than the rest of Warrington. Latest data from the Office for National

Statistics for the period 2016 to 2018 show 191 under-18 conceptions in Warrington (an average of 64 per year). Just over half were in the 6 wards in the Central ward grouping (Poplars & Hulme, Bewsey & Whitecross, Orford, Fairfield & Howley, Latchford East, and Latchford West), where deprivation is worse. Although ward-level data is available to Local Authorities, they are not allowed to publish this data externally.

2.5.7 Population with protected characteristics

This section of the PNA looks at the particular health needs of individuals who share one or more of the nine protected characteristics as defined in the Equality Act 2010²⁰ namely:

- Age
- Disability - defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
- Pregnancy and maternity
- Race which includes colour, nationality, ethnic or national origins
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sex
- Sexual orientation
- Gender re-assignment
- Marriage and civil partnership

Demographic and health needs data relating to the above characteristics may also be referred to elsewhere in this demographic and health section.

The Equality Act 2010 also details other groups with a shared protected characteristic such as refugees and asylum seekers, offenders and homeless and rough sleepers, traveller and gypsy communities, and military veterans. These groups can also face barriers to accessing health, social care and general support services. It is also recognized that experiences of poor health can be because of circumstances often affected by, but going beyond, sharing a protected characteristic or socio-economic status.

Please note that in this section, where local figures are not available, national evidence and insight is also presented.

2.5.7.1 Age

Older residents: Sections 2.3.3 and 2.5.3 provide demographic and health profile of Warrington residents aged 65+ along with presenting some information on the possible health needs of resident who fall into this age group

- 75% of 75 year olds in the UK have more than **one long term condition**, rising to 82% of 85 year olds²¹
- In the next 20 years, the over 65 population will see increases in the number of individuals who are independent but also in those with **complex care needs**. This increase is due to more

²⁰ legislation.gov.uk/ukpga/2010/15/contents

²¹ [NHS England » Improving care for older people](#)

individuals reaching 85 years or older who have higher levels of **dependency, dementia, and comorbidity**²².

- Elderly patients often receive multiple drugs for their multiple diseases. This greatly increases the risk of drug interactions as well as adverse reactions, and may affect compliance in taking medication appropriately. Elderly patients' medicines should be reviewed regularly²³.

Children and young people: All evidence supports the long-term value of focusing on children and young people's health and wellbeing outcomes. The best start in life provides important foundations for good health and wellbeing into adulthood and throughout life.

- **Breastfeeding** provides ideal nutrition for infants in the first stages of life. However, breastfeeding initiation has been consistently and significantly lower in Warrington than in England.
- Warrington is consistently higher than the England averages for **immunisations** given in the 1st, 2nd and 5th year of life.
- National Child Measurement Programme (NCMP) figures for 2019/20²⁴ showed 1 in 12 reception children in Warrington were **obese** rising to almost 1 in 5 in year 6.
- In 2019, more than 1.3 million **chlamydia tests** were carried out among young people aged 15 to 24 years in England. A total of 134,418 chlamydia diagnoses were made among this age group²⁵.
- In 2016, 19% of pupils reported they had tried **smoking** at least once, and a quarter of pupils (25%) reported they had ever used e-cigarettes. Pupils were more likely to smoke themselves if they lived in a household with other smokers²⁶.
- **Teenage conception** rates for Warrington during 2019 showed a slight decrease on the previous year. Over the long term, rates have been reducing in Warrington, North West and England. However, overall in the most deprived areas, rates are still significantly higher than the rest of England.
- There were 14,291 young people in contact with drug and alcohol services between 1 April 2019 and 31 March 2020. Two-thirds were male (67%), which was similar to the previous 2 years. The median age was 15 years old for both boys and girls. Warrington's rates for hospital admissions for **alcohol** (under 18's) and **substance misuse** (15-24 yrs) are significantly higher than the England average.

2.5.7.2 Disability

- **Physical health** problems significantly increase the risk of **poor mental health**, and vice versa. Around 30 per cent of all people with a long-term physical health condition also have a mental

²² [NHS England » Improving care for older people](#)

²³ [Prescribing in the elderly | Medicines guidance | BNF content published by NICE](#)

²⁴ Caution must be used when interpreting the 2019/20 data as the NCMP programme stopped in March 2020 when schools were closed due to the COVID-19 pandemic. Only 63% of the children in the NCMP cohort were weighed and measured.

²⁵ [National chlamydia screening programme \(NCSP\): data tables - GOV.UK \(www.gov.uk\)](#)

²⁶ [Part 4: Smoking patterns among young people - NHS Digital](#)

health problem, most commonly depression/anxiety. Many of them experience significantly poorer health outcomes and reduced quality of life as a result²⁷.

- On average, the life expectancy of women with a **learning disability** is 18 years shorter than for women in the general population. The life expectancy of men with a learning disability is 14 years shorter than for men in the general population. Common associated health conditions for people with a learning disability include mental health problems, epilepsy, and being underweight or overweight²⁸
- It is estimated that for people with **severe mental illness** (SMI), 2 in 3 deaths are from physical illnesses that can be prevented. Major causes of death in people with SMI include chronic physical medical conditions such as **cardiovascular disease, respiratory disease, diabetes and hypertension**²⁹.

2.5.7.3 Race

Among minority ethnic groups **structural racism** can reinforce inequalities, for example, in **housing, employment and the criminal justice system**, which in turn can have a negative impact on health.

- Evidence shows that racism and discrimination can also have a **negative impact on the physical and mental health** of people from ethnic minority groups.³⁰
- Warrington's population is less ethnically diverse than the North West and England. In the 2011 Census, only 4.1% were non-white, compared to 14.0% for England and Wales, and 9.8% for the North West.
- Polish, Urdu and Chinese are the main languages spoken in Warrington schools as a first language other than English.
- The **COVID-19 pandemic** has had a disproportionate impact on ethnic minority communities, who have experienced higher infection and mortality rates than the white population. Geography, deprivation, occupation, living arrangements and health conditions such as CVD and diabetes accounted for a large proportion, but not all, of the excess mortality risk of COVID-19 in ethnic minority groups³¹
- Although **stillbirth and infant mortality rates** in England and Wales have fallen in all ethnic groups since 2007, they remain higher among ethnic minority groups. They are highest among babies from the Pakistani and Black ethnic groups³¹.
- **Cardiovascular disease** (CVD) is a leading cause of death nationally and in ethnic minority groups, causing 24 per cent of all deaths in England and Wales in 2019³¹.
- The risk of developing **diabetes** is up to six times higher in South Asian groups than in white groups and South Asian groups have higher mortality from diabetes³¹.

²⁷ [Mental health | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/mental-health)

²⁸ [Learning Disability - Health Inequalities Research | Mencap](#)

²⁹ [Severe mental illness \(SMI\) and physical health inequalities: briefing - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/briefings/severe-mental-illness-smi-and-physical-health-inequalities)

³⁰ [The health of people from ethnic minority groups in England | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/ethnic-minority-groups)

2.5.7.4 Pregnancy and maternity

- Women who are healthier at conception have a better chance of becoming pregnant, having a safe and healthy pregnancy and giving birth to a healthy baby. Opportunities to promote **preconception health** and reduce risk occur across the early and reproductive years of the life-course³¹.
- **Overweight and obese** women have a higher risk of poor birth outcomes and of their children being overweight or obese. 27.4% of women were overweight, 18.3% were obese and 3.3% were severely obese when they attended their first booking appointment³³.
- **Smoking** in pregnancy is the single biggest modifiable risk factor for miscarriages, stillbirths, premature birth and birth defects. Younger women were more likely to smoke at the time of their booking appointment, with almost 1 in 4 women (24.8%) aged under 25 smoking compared to 7.1% of women aged 35 and over³².

2.5.7.5 Religion

- Cultural, spiritual and religious beliefs and practices can impact on **health behaviours and practices**, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment³³
- It is important for professionals to deliver **culturally responsive healthcare**, providing healthcare to individuals that is tailored to their needs and that takes into account the unique cultural, spiritual and religious factors that influence their health. Religious literacy involves being open to the role that religion may play in an individual's understanding of their health needs. It does not require specific knowledge of religious traditions³⁴
- Cultural, spiritual and **religious considerations** are important when requesting language interpreters. In some situations, patients may wish to have an interpreter of the same religion, cultural background and sex³⁴.
- 2011 census data shows a larger proportion of Christians living in Warrington compared with the North West and England and Wales. People with no religion account for the next highest group.

2.5.7.6 Sex

- Male life expectancy at age 65 is 18.0 years in Warrington, lower than 18.7 years in England. Female life expectancy at age 65 is 20.5 years in Warrington, lower than 21.1 years in England³⁴.
- Women are more likely to experience common **mental health conditions** than men, and while rates remain relatively stable in men, prevalence is increasing in women³⁵.
- Suicide rates nationally are consistently higher in males, males were less likely than females to have received a mental health diagnosis or be in the care of mental health services, suggesting that males may not be seeking or receiving the support they need³⁶

³¹ [Preconception care: making the case - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

³² [Health of women before and during pregnancy: health behaviours, risk factors and inequalities \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

³³ [Culture, spirituality and religion: migrant health guide - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

³⁴ warrington.gov.uk/jsna

³⁵ DHSC (2018) The Women's Mental Health Taskforce Final report

- Females in Warrington have a significantly higher rate of emergency hospital admission for intentional self-harm than males, this is a pattern also seen nationally³⁶
- Male mortality rates from causes considered preventable are significantly higher than females in Warrington, a pattern also seen nationally. In 2017-19 in Warrington, the rate for males was 195.2 compared to 94.5 for females³⁶

2.5.7.7 Sexual orientation

- Health Survey for England (HSE) data showed 16% of LGB adults said they had a **mental, behavioural or neurodevelopmental disorder** as a longstanding condition. The proportion of heterosexual adults reporting the same was much lower at 6%³⁶.
- 16% of respondents to a national LGBT survey who **accessed or tried to access** public health services reported a negative experience because of their sexual orientation, and at least 38% had a negative experience because of their gender identity³⁷.
- One in five LGBT people surveyed for Stonewall had **not disclosed** their sexual orientation to any healthcare professional when seeking general medical care³⁸.
- HSE data showed LGB adults were more likely to drink at levels which put them at **increased or higher risk of alcohol-related harm**; 32% of LGB adults compared with 24% of heterosexual adults. Findings also showed more LGB adults (27%) than heterosexual adults (18%) were current smokers.³⁵

2.5.7.8 Gender re-assignment

- Since the passing of the Gender Recognition Act 2004, there has been increasing public awareness of the transgender population. Evidence is mounting that this community experiences significant health inequalities due to numerous factors. One such determinant is termed '**minority stress**' – this is the lifelong, cumulative, psychological and physical effects of having a minority identity³⁹.
- Two thirds of transgender people surveyed for Stonewall had experienced **depression** in the last year³⁷.
- 62% of transgender people said they had experienced a **lack of understanding** of specific trans health needs by healthcare staff³⁷.
- Transgender people with other protected characteristics often face **multiple barriers to accessing healthcare**. A Race Equality Foundation report found that transgender people of colour experience higher rates of discrimination when trying to access mental health support, substance abuse treatment and domestic violence support⁴⁰

³⁶ [National representative data on the health of lesbian, gay and bisexual adults in England published for the first time - NHS Digital](#)

³⁷ [NHS England » LGBT health](#)

³⁸ [lgbt_in_britain_health.pdf \(stonewall.org.uk\)](#)

³⁹ [Meeting the health promotion needs of the transgender population | Nursing Times](#)

⁴⁰ [Better-Health-41-Trans-NB-final.pdf \(raceequalityfoundation.org.uk\)](#)

3 Pharmaceutical services for Warrington

This section provides a detailed overview of current pharmacy provision across Warrington and those in the HWB area of neighbouring boroughs located within 1.6km (1 mile) of the border of Warrington. The information on pharmacy services, facilities and opening hours presented in this section and throughout this PNA is based on intelligence gathered through the pharmacy contractor survey (conducted in Summer 2021) in addition to commissioning information as at November 2021 held by NHS England and NHS Improvement, WBC Public Health, Warrington CCG and Community Pharmacy Cheshire & Wirral (CPCW). The pharmacy contractor survey asked pharmacies to indicate whether they were currently providing a service and if not, if they would be 'willing and able' to do so. This section provides a summary of provision of essential, advanced and locally commissioned services by ward grouping areas. A detailed breakdown of service provision relating to individual pharmacies is presented in Appendix 1.

Travel times quoted have been calculated using Public Health England's Strategic Health Asset Planning and Evaluation (or SHAPE)⁴¹ which is a web enabled, evidence-based application which links national data sets, clinical analysis, public health, primary care and demographic data with information on the location of premises. It includes a fully integrated geographical information system-mapping tool and supports travel time analysis.

3.1 Warrington pharmacy provision

3.1.1 Opening hours

Opening hours are based on information provided by NHS England as these are the contractual hours that are included in the pharmaceutical list for the area of Warrington Health and Wellbeing Board⁴².

- 22 pharmacies are open 40-49 hours per week
- 13 pharmacies are open 50-72 hours per week
- 4 pharmacies are open 100 hours per week
- Monday to Friday opening and closing hours across the borough range from 7am to 11pm
- 30 pharmacies are open on a Saturday with 15 of these open all day. Opening and closing hours range from 6.30am to 10.30pm
- 7 pharmacies are open on a Sunday with opening and closing hours ranging from 9am to 10pm.

3.1.2 Pharmacy lists and locations

Map 3.1 shows the locations of the 38 community pharmacies and the distance selling (internet) pharmacy in Warrington. The addresses and ward location of these pharmacies are listed in Table 3.1. Table 3.2 shows the distribution of Warrington pharmacies by ward and per 100,000 population.

⁴¹ [Public Health England's Strategic Health Asset Planning and Evaluation](#)

⁴² In the contractor survey 17 pharmacies reported different opening times (including lunchtime closing) than those recorded on the NHS England pharmaceutical list. NHS England reviewed, clarified and corrected their original list (where appropriate) leaving a total of 10 pharmacies reporting different opening hours than those kept by NHS England

Table 3.1: List of Pharmacies in Warrington (as at February 2022)

		Pharmacy name	Address
Central Ward Group	Non-Town Centre	Dallam Pharmacy	7 Harrison Square, Dallam, Warrington, Cheshire, WA5 0HQ
		Green Cross Pharmacy	1 Allen Street, Warrington WA2 7JD
		Lloyds (Orford)	52 Earl Street, Warrington WA2 7PW
		Manchester Rd/Hub Pharmacy	264 Manchester Rd, Warrington WA1 3RB
		Orford/Faith Pharmacy	45 Cotswold Road, Orford, Warrington WA2 9SF
		Rowlands (Folly Lane)	Folly Lane, Bewsey, Warrington WA5 0LZ
		Rowlands (Thelwall Lane)	3 Thelwall Lane, Latchford, Warrington WA4 1LJ
		Rowlands (Guardian St)	Guardian Street, Warrington WA5 1UP
		Rowlands (Orford)	Orford Park, Primary Care Resource Centre, Jubilee Way, Orford, Warrington, WA2 8AG
		Tesco (Winwick Rd)	Winwick Road, WARRINGTON, WA2 7NE
		Well (Orford)	96 Capesthorne Road, Orford, Warrington WA2 9LN
	Well (Manchester Rd)	276 Manchester Road, Warrington WA1 3RB	
	Town Centre	Boots (Golden Square)	19 The Mall, Golden Square, Warrington WA1 1QE
		Corkers Pharmacy	14-16 Buttermarket Street, Warrington WA1 2LR
		Superdrug (Savers, Cockhedge)	Unit E, Cockhedge Centre, Warrington WA1 2QQ
Superdrug (Golden Square)		36/38 The Mall, Golden Square, Warrington WA1 1QE	
		Well (Bath Street Health & Wellbeing Centre)	Bath St Health & Wellbeing Centre, Legh Street, Warrington, WA1 1UG
East Ward Group	Lloyds (Padgate)	1 Station Road, Padgate, Warrington WA2 0PD	
	Lloyds (Woolston)	22 Manchester Road, Woolston, Warrington WA1 3PP	
	Tims & Parker (Culcheth)	Culcheth Clinic, Jackson Avenue, Culcheth, Warrington WA3 4DZ	
	Well (Birchwood)	28 Benson Road, Birchwood, Warrington WA3 7PQ	
	Well (Culcheth)	70-72 Lodge Drive, Culcheth, Warrington WA3 4ER	
	Well (Fearnhead)	14-15 Insall Road, Fearnhead Cross, Warrington WA2 0HD	
South Ward Group	Boots (Lymm)	33 The Cross, Lymm WA13 0HR	
	Boots (Stockton Heath)	19 London Road, Stockton Heath, Warrington WA4 6SG	
	Click Trading (Internet)	Unit 3 Osborne Court, Thelwall New Road, Warrington WA4 2LS	
	Hughes (Grappenhall)	158 Knutsford Road, Grappenhall, Warrington WA4 2QU	
	Lloyds (Lymm)	12 The Cross, Lymm WA13 0HP	
	Stockton Heath Pharmacy	Stockton Heath Medical Centre, The Forge, London Rd, Stockton Heath, Warrington, WA4 6HJ	
	Thomas Brown (Stockton Heath)	51 London Road, Stockton Heath, Warrington WA4 6SG	
	Well (Appleton)	45 Dudlow Green Road, Appleton, Warrington WA4 5EQ	
West Ward Group	ASDA (Westbrook)	Westbrook Centre, Cromwell Ave, Westbrook, WARRINGTON, WA5 8UQ	
	Aston Pharmacy	2 Station Road, Great Sankey, Warrington WA5 1RQ	
	Boots (Gemini)	Gemini Retail Park, Warrington WA5 7TY	
	Chapelford/Hub Pharmacy	Chapelford Medical Centre, Burtonwood Road, WA5 3AN	
	Cohens Chemist	Unit 6, Westbrook Shopping Centre, Westbrook, WA5 8UG	
	Hood Manor Pharmacy	Great Sankey Medical Centre, Hood Manor Centre, Dorchester Road, Great Sankey, Warrington WA5 1UH	
	Lloyds (Penketh)	Honiton Way, Penketh, Warrington WA5 2EY	
	Rydale (Burtonwood)	16 Chapel Lane, Burtonwood, Warrington WA5 4HF	

Table 3.2: Warrington pharmacies: distribution by ward groupings and populations served

Ward Grouping	Population (ONS Mid 2020)	No. of pharmacies	Population per pharmacy	Pharmacies per 100,000 population
Central wards	65,574	17	3857	25.9
East wards	47,011	6	7835	12.8
South wards	41,534	7	5933	16.9
West wards	55,278	8	6910	14.5
Warrington (excluding DSP)	209,397	38	5510	18.1
Warrington (including DSP)	209,397	39	5369	18.6
*England (2020/21)	56,550,138	11,636	4859	20.6

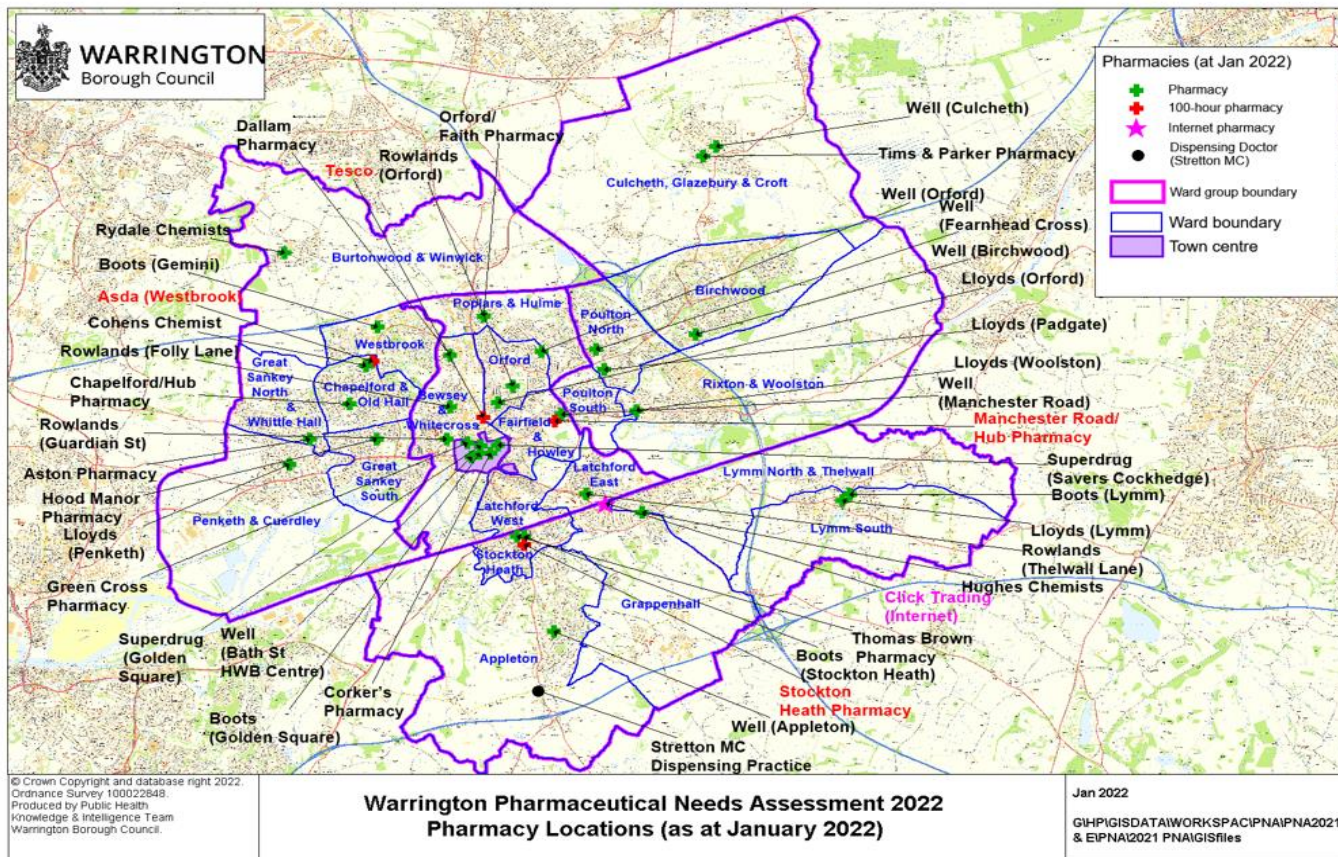
**England calculation includes distance-selling pharmacies*

3.1.3 Pharmacy services outside Warrington Health and Wellbeing Board area

Map 3.2 shows Warrington pharmacies and 19 pharmacies located in neighbouring boroughs within 1.6 km (1 mile) of the boundary of Warrington HWB area. 5 of these are bordering on wards in the East grouping area, 3 the South grouping area and 9 the West grouping area. For more detailed information on neighbouring area pharmacy locations please refer to the relevant Health and Wellbeing Board's PNA for that area.

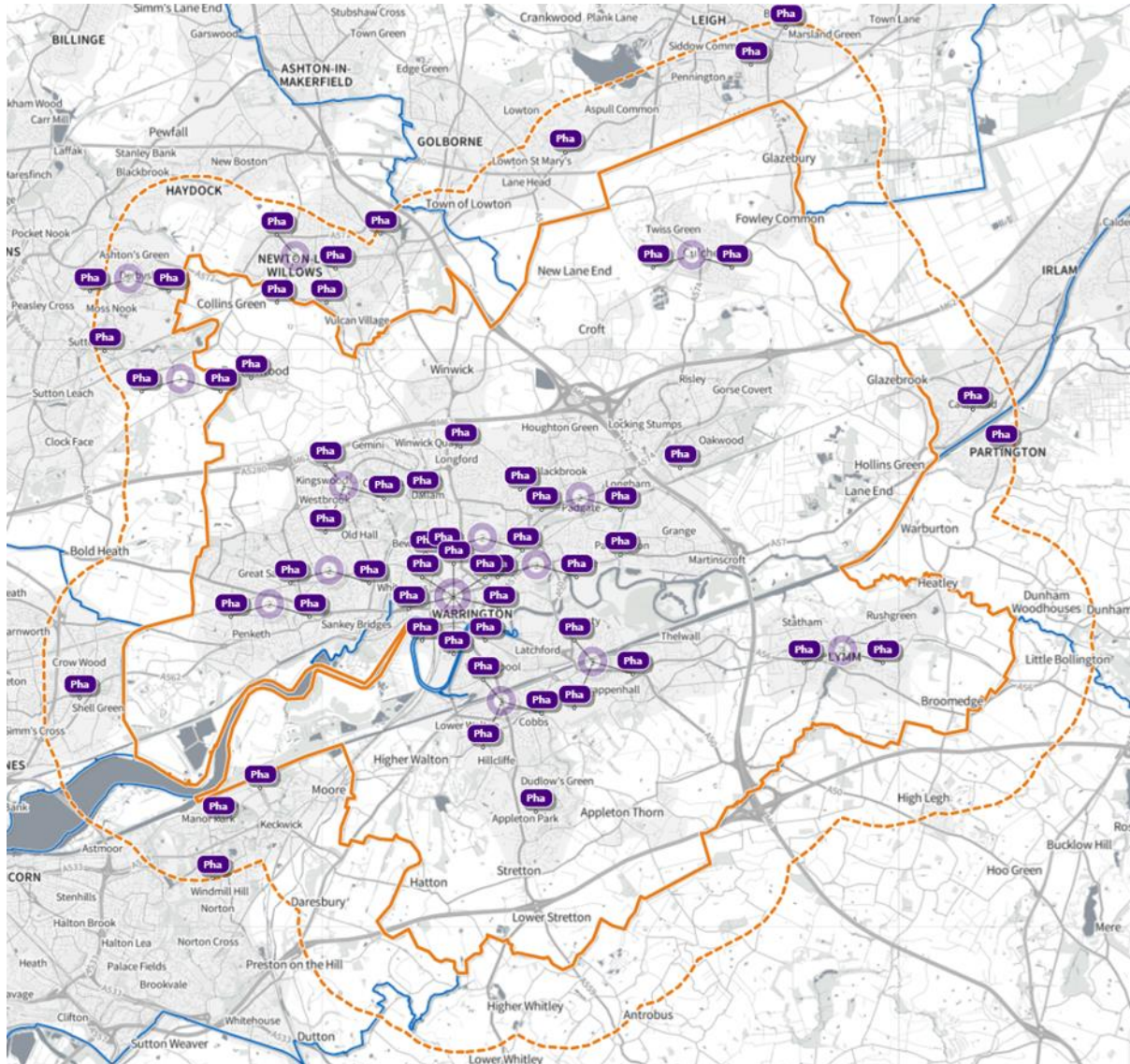


Map 3.1: Warrington pharmacies and dispensing doctor locations



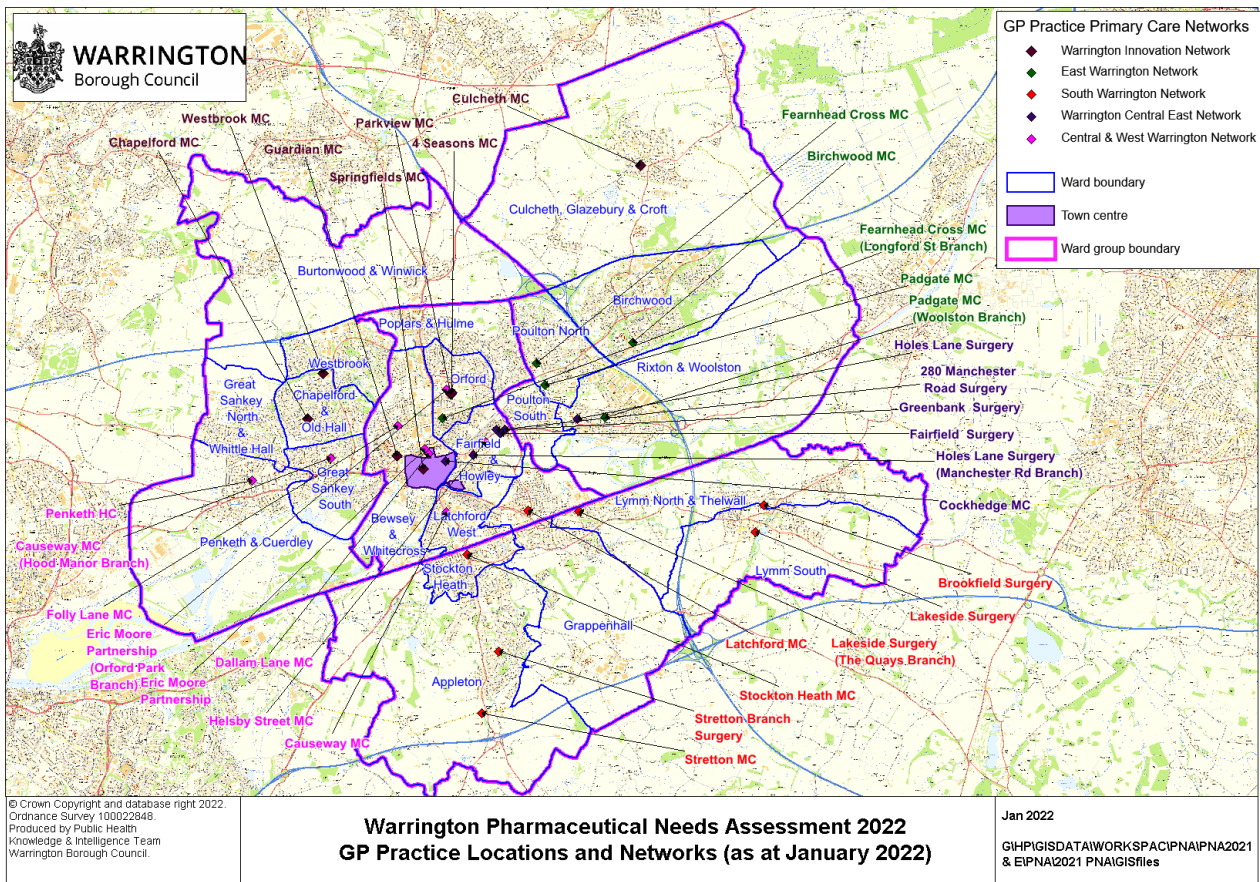
Map 3.2 Location of pharmacies in Warrington and surrounding areas as at February 2022⁴³

*Dotted line shows areas within approximately 1.6km (1 mile) outside the Warrington Health and Wellbeing Board boundary.



⁴³ [Public Health England's Strategic Health Asset Planning and Evaluation](#)

Map 3.3 Location of GP practices in Warrington (as at February 2022)⁴⁴



⁴⁴ From July 2019, GP practices across England began working with other practices in their local area in groups called Primary Care Networks (PCNs). Warrington has 5 PCNs.

3.2 Pharmacy provision by ward grouping area

3.2.1 Central ward grouping

Comprising: Bewsey & Whitecross; Fairfield & Howley; Latchford East; Latchford West; Orford; Poplars & Hulme

The **Central** ward grouping area has 17 community pharmacies serving an estimated population of 65,574, 5 pharmacies are situated in Warrington's town centre.

There are 17 GP surgeries in the area, 14 GP practices are located in the Central wards area, one of which also has a branch surgery in the area. In addition, two GP practices based in the East wards area have branch surgeries located in the Central wards area.

Overall, pharmacy services are well distributed both throughout the area and per head of population. There is excellent access to pharmacies for residents who live in Central Wards area, up to 10 minutes by car, up to 15 minutes by public transport and the majority if not all residents in the area able to access pharmacies within a 15 minute walk. Data available on ACORN⁴⁵ shows car ownership in Central ward areas at 67%.

- 12 of the 17 operate a prescription collection service
- 16 pharmacies offer a delivery service for all patients, 13 of which can do so free of charge.
- 10 offer a monitored community dosage service (blister packs) free of charge on request to all patients, whilst a further four pharmacies only provide this service to patients covered by the Equality Act (DDA)

Ability to adapt to demand: The pharmacy contractor survey asked whether the pharmacy would be able to adapt to an increase in demand. 12 pharmacies said they had *'sufficient capacity within their existing premises and staffing levels to manage an increase in demand in our area'*. Four pharmacies responded that they *'don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area'*. one pharmacy did not respond to this question.

Essential and advanced services: There is good access to essential pharmacy services and appliances in the Central ward area with advanced services available as follow:

- Seven pharmacies offer appliance use reviews (AUR)
- Six pharmacies offer stoma appliance customisation (SAC)
- 16 offer new medicines services (NMS)
- 16 pharmacies offer flu vaccinations
- 16 pharmacies offer the community pharmacist consultation service (CPCS)
- Seven pharmacies offer hypertension case finding service

Locally commissioned services

- **Needle exchange and supervised consumption:** There is good provision of **needle exchange** services, with three community pharmacies in the area commissioned to offer needle exchange, one of which is situated in the town centre. Needle exchange is also provided by CGL Pathways to Recovery the drug and alcohol treatment service which is based in the town centre. In addition, 12 pharmacies offer **supervised**

⁴⁵ ACORN is a geodemographic segmentation tool. Car ownership data was extracted on 22nd February 2022.

consumption, three of which are situated in the town centre. CGL Pathways monitoring data⁴⁶ shows that 68% of their clients who are eligible for supervised consumption services live in one of the Central grouping area wards.

- **Emergency hormonal contraception** is offered by 13 community pharmacies in this area including one 100-hour pharmacy. Four of these pharmacies are located in the town centre. 11 pharmacies are accredited to offer the **Quickstart contraception service** and one pharmacy situated in the town centre offers a **chlamydia testing service**.
- **Palliative/End of Life drugs** service is commissioned by Warrington CCG from three pharmacies in the Central ward area.

Opening hours: Pharmacy opening hours in Central wards provide excellent coverage with two pharmacies open 100 hours per week, four open all day Saturday and Sunday morning, and nine open on Saturday morning. Only two are not open at weekends.

Facilities: All but one of the pharmacies in the Central ward area reported having wheelchair access to the pharmacy entrance with all having wheelchair access to their consultation area. Five reported being within 100 metres of a bus stop or train station, and a further 11 within 100-500m. 15 reported having parking within 50 metres of the premises. 11 reported having disabled parking provision.

3.2.2 East ward grouping

Comprising: Birchwood; Culcheth, Croft & Glazebury; Poulton North; Poulton South; Rixton & Woolston

The **East** ward grouping area has six pharmacies serving an estimated population of 47,011. There are five GP surgeries one of which also has a branch surgery in the area making a total of six surgeries.

Per head of population, East has the fewest pharmacies. However, on the whole, services are relatively well distributed throughout the area. Residents in East area are able to access one of the six pharmacy within a 20 minute drive (outside of rush hour, longer in rush hour), and there are several pharmacies in neighbouring local authorities, within 1.6 km (1 mile) of the Warrington boundary, as a further option for those residents who live near the boundary. Data available on ACORN⁴⁷ shows car ownership in East ward areas at 85%. Public transport to pharmacies generally takes less time for those living in the more populated areas, and up to 30 minutes travel for those who live in settings that are more rural.

- All six pharmacies in the East ward area offer delivery to patients, four of which will do so free of charge.
- All six pharmacies offer a prescription collection service.
- All six pharmacies only provide a monitored community dosage service (blister packs) if the patient is covered by the Equality Act (DDA)

Ability to adapt to demand: The pharmacy contractor survey asked whether the pharmacy would be able to adapt to an increase in demand. five pharmacies said they had *'sufficient capacity within their existing premises and staffing levels to manage an increase in demand in our area'*. The remaining pharmacy responded that they *'don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area'*.

⁴⁶ CGL Pathways to Recovery analysis of client records as of 25th January 2022

⁴⁷ ACORN is a geodemographic segmentation tool. Car ownership data was extracted on 22nd February 2022.

Essential and advanced services: there is good access to essential pharmacy services and appliances in the East ward area with advanced services available as follows:

- One pharmacy offers stoma appliance customisation (SAC)
- All six pharmacies offer new medicines services (NMS)
- All six offer flu vaccinations
- All six offer the community pharmacist consultation service (CPCS)
- Four pharmacies offer hypertension case finding service
- No pharmacies offer appliance use reviews (AUR)

Locally commissioned services:

- **Needle exchange and supervised consumption:** there are no pharmacies located in the East ward grouping commissioned to offer **needle exchange**. Five of the six pharmacies offer a **supervised consumption** service. CGL Pathways monitoring data⁴⁵ shows that 14% of their clients who are eligible for supervised consumption services live in one of the East grouping area wards
- **Emergency hormonal contraception:** is offered by all six pharmacies in this area and four are accredited to offer the **Quickstart contraception service**. There are currently no pharmacies offering a **chlamydia testing service**.
- **Palliative/End of Life drugs service:** is commissioned by Warrington CCG from one pharmacy in the East ward area.

Opening hours: There are no 100-hour pharmacies and no pharmacies are open on Sundays. Only one pharmacy is open all day Saturday, and four are open Saturday morning. However, there is good pharmacy coverage Monday to Friday.

Facilities: All pharmacies in the East ward area have wheelchair access to the pharmacy entrance and to the consultation area. Two reported being within 100m of a bus stop or train station and the other four within 100-500m. All six reported having parking within 50 metres of the premises, and four reported having disabled parking provision.

3.2.3 South ward grouping

Comprising: Appleton; Grappenhall; Lymm North & Thelwall; Lymm South; Stockton Heath

The **South** ward grouping area has seven community pharmacies serving a population of 41,534, and one distance selling pharmacy (DSP) which is located in the area but provides a service nationally. There are four GP practices with two of these having additional branch practices making a total of 6 GP surgeries. One of the GP surgeries is a dispensing doctor.

The number of pharmacies and the dispensing doctor provides an adequate level of service provision and a varied choice of provider offering essential services and delivery services. Residents in South area are able to access one of the seven pharmacies within a 15-minute drive (outside of rush hour, longer in rush hour). Data available on ACORN⁴⁸ shows car ownership in South ward areas at 88%. For those residents travelling by public transport, the majority would have less than a 30 minute journey to reach a pharmacy. Stretton Medical Centre is a dispensing practice within a locality deemed to be rural in nature and can supply patients who live more than 1.6km (1 mile)

⁴⁸ ACORN is a geodemographic segmentation tool. Car ownership data was extracted on 22nd February 2022.

away from a pharmacy with their medicines. The service is only a dispensing service and it does not provide the essential services required of community pharmacy contractors such as self-care or signposting.

- All community pharmacies offer a delivery service, three of which do so free of charge. The distance selling pharmacy offers free delivery to certain patient groups.
- All but one community pharmacy offers a free prescription collection service.
- One community pharmacy offers a monitored community dosage service (blister packs) free of charge on request, and a further four only this service only to patients covered by the Equality Act (DDA).

Ability to adapt to demand: The pharmacy contractor survey asked whether the pharmacy would be able to adapt to an increase in demand. Five pharmacies (one of which was the distance selling pharmacy) said they had *'sufficient capacity within their existing premises and staffing levels to manage an increase in demand in our area'*. The remaining three pharmacies responded that they *'don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area'*.

Essential and advanced services: there is good access to essential pharmacy services and appliances in the South ward area with advanced services available from the community pharmacies as follows:

- All seven community pharmacies offer new medicines services (NMS).
- All seven community pharmacies offer flu vaccinations
- All seven community pharmacies offer the community pharmacist consultation service (CPCS).
- Four community pharmacies offer hypertension case finding service.
- Two pharmacies offer appliance use review (AUR).
- Two offer stoma appliance customisation (SAC).

Locally commissioned services:

- **Needle exchange and supervised consumption:** there are no pharmacies located in the South ward grouping commissioned to offer **needle exchange**. One pharmacy provides a **supervised consumption** service. CGL Pathways monitoring data⁴⁵ shows that 6% of their clients who are eligible for supervised consumption services live in one of the South ward area wards.
- **Emergency hormonal contraception** is offered by six of the seven community pharmacies and four are accredited to provide the **Quickstart contraception service**. None currently offers a **chlamydia testing service**.
- **Palliative/End of Life drugs** service is commissioned by Warrington CCG from one community pharmacy in the South area, and it is also commissioned from the distance selling pharmacy.

Opening hours: There is good pharmacy coverage in the South ward area, in addition to the Monday to Friday opening, four pharmacies are open all day on Saturdays and two for half a day. One pharmacy is contracted to open for 100 hours a week, including on a Sunday.

Facilities: of the seven community pharmacies in the South ward area, four reported having wheelchair access to the pharmacy entrance, and six having wheelchair access to the consultation area. Five reported being within 100m of a bus stop or train station, and the other two within 100-500m. Five reporting having parking within 50 metres of the premises, and three reported having disabled parking provision.

3.2.4 West ward grouping

Comprising: Burtonwood & Winwick; Chapelford & Old Hall; Penketh & Cuerdley; Great Sankey North & Whittle Hall; Great Sankey South; Westbrook

The **West** ward group area has eight community pharmacies serving a population of 55,278. There are three GP practices and a branch surgery of a GP practice located in the Central area making a total of 4 GP surgeries.

The majority of residents in West area are able to access one of the 8 pharmacies within a 15-minute drive (outside of rush hour, longer in rush hour). Data available on ACORN⁴⁹ shows car ownership in West ward areas at 85%. With some pharmacies located within 1.6km (1 mile) of the Warrington boundary, this improves access times for some residents if they choose to use them. Residents of West ward grouping area would have up to a 30-minute journey by public transport to pharmacies.

While per head of population, provision is lower in West overall than the average for Warrington, the majority of West is currently reasonably well served by pharmacies. For those residents in more sparsely populated areas who may have to travel further to access a pharmacy, delivery services are available as is access to pharmacy services in neighbouring boroughs due to local natural community boundaries and geography.

- Seven pharmacies offer a delivery service for all patients, four of which do so free of charge.
- Six pharmacies offer a free prescription collection service.
- Four pharmacies offer an MDS (monitored community dosage system) service (blister packs) free of charge on request, and two offer this service only to patients covered by the Equality Act (DDA).

Ability to adapt to demand: The pharmacy contractor survey asked whether the pharmacy would be able to adapt to an increase in demand. Five pharmacies said they had *'sufficient capacity within their existing premises and staffing levels to manage an increase in demand in our area'*. Two responded that they *'don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area'*. One pharmacy said that they *'don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand'*.

Essential and advanced services: there is good access to essential pharmacy services and appliances in the West ward area with advanced service provision as follows:

- All offer new medicines services (NMS)
- All offer flu vaccinations
- All offer the community pharmacist consultation service (CPCS)
- Four pharmacies offer the hypertension case finding service.
- None offer Appliance Use Reviews (AUR)
- None offer Stoma Appliance Customisation (SAC)

Locally commissioned services:

- **Needle exchange and supervised consumption:** no pharmacies in the West wards area are commissioned to offer **needle exchange**. Three provide a **supervised consumption** service. CGL Pathways monitoring data⁴⁵ shows that 12% of their clients who are eligible for supervised consumption services live in one of the West wards.
- **Emergency hormonal contraception** is offered by all eight pharmacies in the West area, one offers **chlamydia testing** and six are accredited to provide the **Quickstart contraception service**.
- **Palliative/End of Life drugs** service is commissioned from three pharmacies in the West ward area.

⁴⁹ ACORN is a geodemographic segmentation tool. Car ownership data was extracted on 22nd February 2022.

Opening hours: In addition to the Monday to Friday opening, three pharmacies are open all day on Saturdays with another pharmacy open for half a day. Two pharmacies are open on a Sunday, one of which is open for 100 hours a week.

Facilities: Six pharmacies in the West ward area report having wheelchair access to the pharmacy entrance, and six report having wheelchair access to the consultation area. Six were within 100m of a bus stop or train station, and the other two were within 100-500m. Seven reporting having parking within 50 metres of the premises, and five reported having disabled parking provision.

3.2.5 Additional pharmacy support and services

As part of the pharmacy contractor survey, pharmacies were also asked questions around provision of support to manage long-term conditions. The survey did not collect any information on the types of support offered nor how they were delivered.

- Five pharmacies reported their provision of a **diabetes** screening service, a further 32 pharmacies indicated they were willing and able to do this if commissioned.
- Two pharmacies reported their current provision of advice and support for **CHD, Type 1 and 2 diabetes, COPD, blood pressure and asthma**. The majority of the other 36 community pharmacies indicated that they were willing and able to provide advice and support on these issues if commissioned to do so.
- Three pharmacies reporting their provision of **obesity/weight management** support with a further 30 pharmacies indicated that they were willing and able to provide this service if commissioned.

3.3 Views and experiences of pharmacy services: public survey

To help inform this PNA a public survey was undertaken to find out about local people's views and experiences of pharmacy provision. The survey questions are listed in Appendix 5. The questionnaire used was developed by the Cheshire & Merseyside PNA working group and used across the nine local authority areas. The survey was available online and paper copies were available on request. The public were also invited to contact Healthwatch if they needed support to complete the survey. The survey was available during November and December 2021. The survey was communicated through a range of press and social media WBC and CCG communication channels, CPCW newsletter and posters in local pharmacies developed and distributed by Healthwatch.

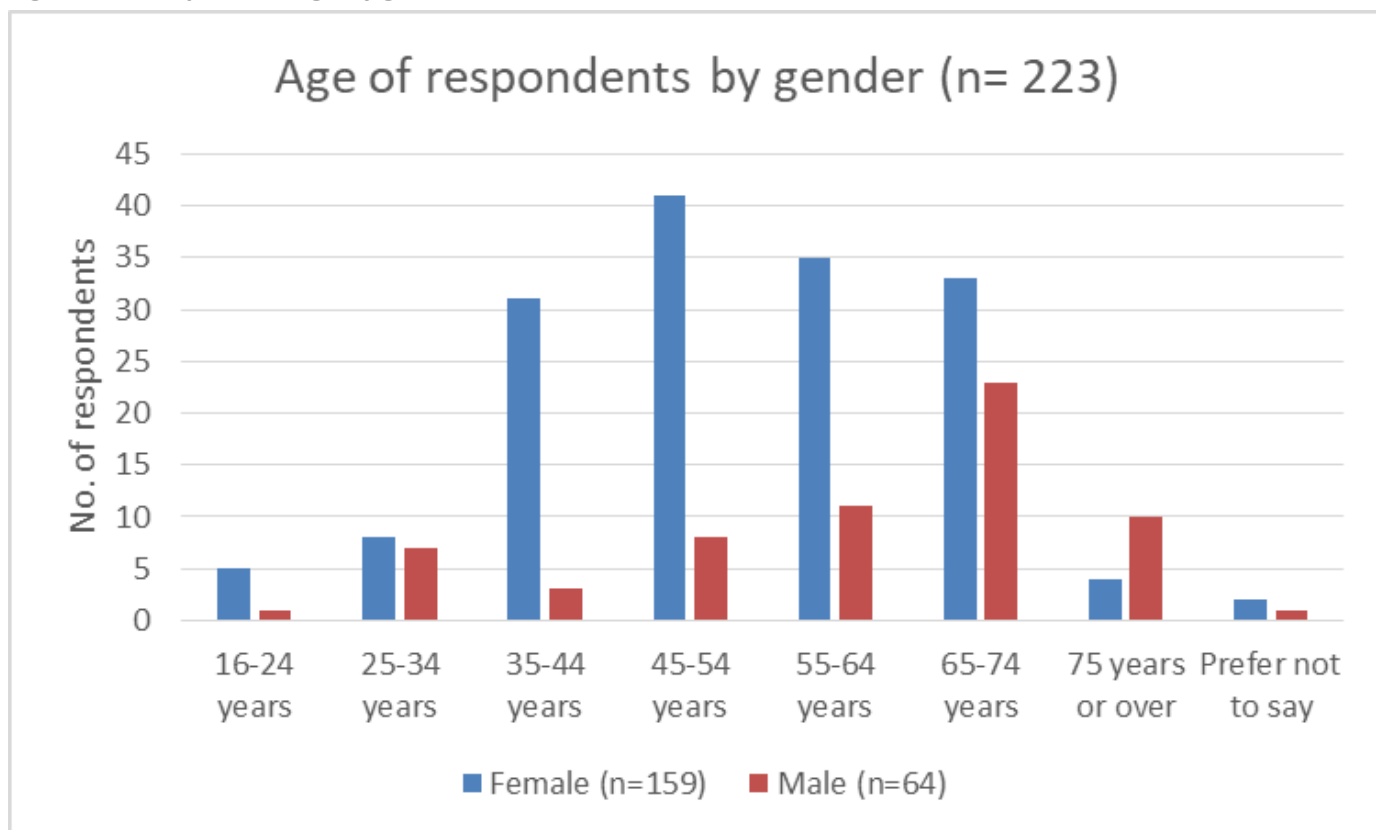
The work of Healthwatch and Speak Up (Warrington's advocacy service) was key to both communicating and supporting completion of the survey. Colleagues from Speak Up, used their weekly support groups to collect the views and experiences of 20 residents with a learning disability or mental health issues. The outcome of these discussions is included in this findings section.

A total of **263** Warrington residents responded to the public pharmacy survey. The results of the survey are presented in this section. Please note that as some respondents did not answer all questions, the figure on which the analysis is based is shown as 'n=' in graphs and text.

3.3.1 Profile of respondents

Out of 228 respondents who stated their gender, 70% (n=159) of respondents were female and 28% (n=64) male, a further 2% (n=5) marked the 'prefer not to say' option. Figure 3.1 shows analysis of the age distribution of respondents by gender where (n=223). As shown, 59% (n=154) of those completing the survey were aged between 45–74 years. 69% of the male cohort of respondents were aged over 55 years compared with 45% of the female respondent group.

Figure 3.1: Respondent age by gender



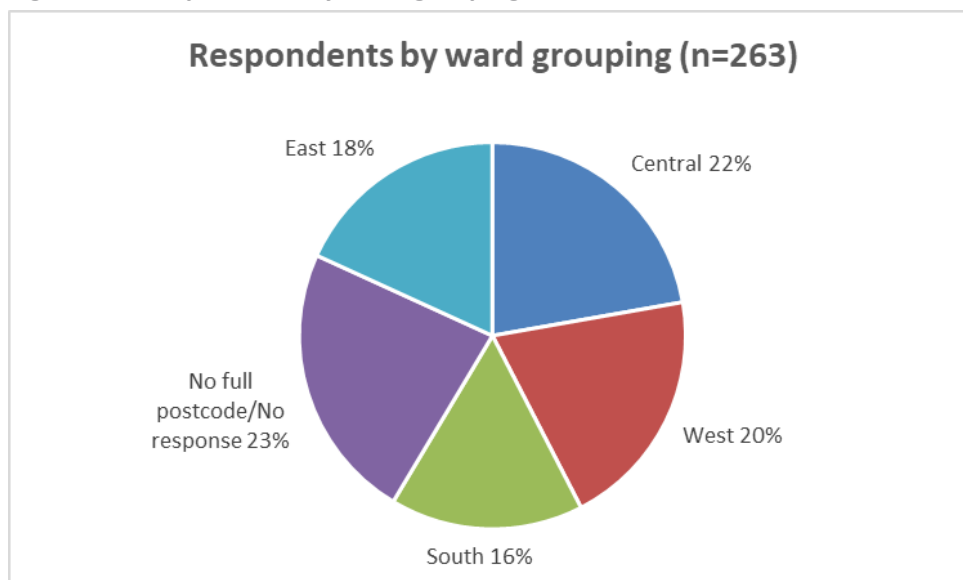
Ward: Respondents were asked for their postcode and this was used to identify which of Warrington’s 22 wards the individual resided in order to allocate to the appropriate ward grouping, Central, South, East or West. In order to accurately allocate to wards and ward groupings a full postcode is needed, 18 respondents (7%) did not provide a full postcode and 45 respondents (17%) did not provide any response to this question. As shown in Figure 3.2, there was a good distribution of respondents across ward grouping areas.

Disability: 24% of respondents (n=63) identified themselves as having a disability, one third of these respondents identified having more than one disability or condition.

Ethnicity: Of the 228 respondents who recorded their ethnicity, 93% (n=213) identified themselves as White British or White English. A further 4% (n=8) identified as White Scottish, Welsh or Irish whilst 2% (n=4) of respondents identified as Indian, Black British or Mixed Ethnic Background. 1% (n=3) identified as White Other. Please note that due to the small numbers of respondents from minority ethnic groups, analysis presented by ethnic group will not be presented for reasons of viability and confidentiality.

Religion: Of the 122 respondents who recorded their religion, 93% (n=113) identified themselves as Christian with 3% identifying themselves as Hindu or Buddhist and 4% recording ‘other’. Please note that, due to the small numbers of respondents from these latter faith groups, analysis by religion will not be presented for reasons of viability and confidentiality.

Figure 3.2: Respondents by ward grouping area

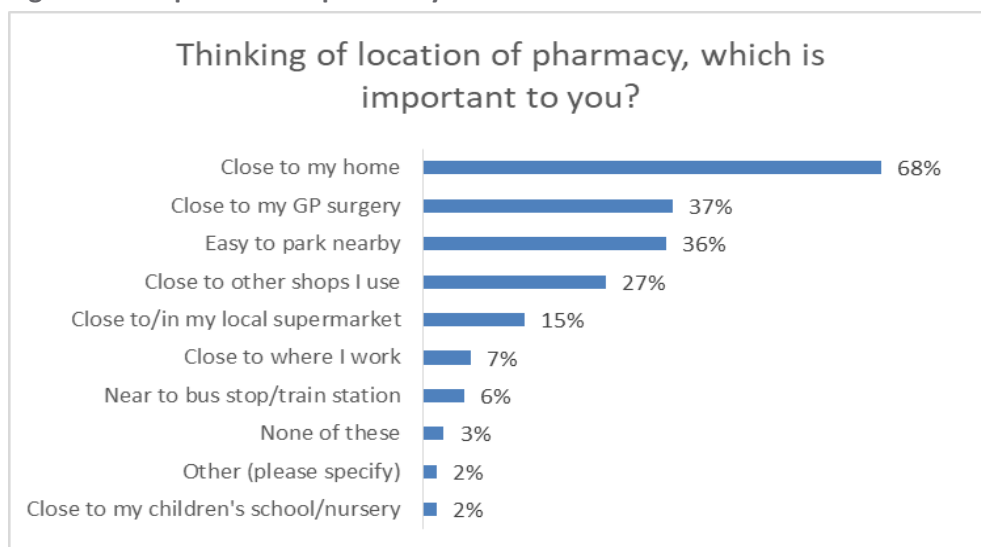


3.3.2 Use of pharmacy services

Asked **when they had last used** a pharmacy, 63% of respondents (n=167) had visited in the last two weeks. 68% (n=179) of respondents said it was 'to collect a prescription for themselves' with 18% (n=47) marking 'to collect a prescription for someone else'. Analysis by gender showed similar responses to this question amongst males and female respondents. A further 7% (n=18) said it was 'to buy other medications I cannot buy elsewhere' and 2% saying it was 'to get advice from the pharmacist'. A further 3% (n=8) said it was to have their flu vaccination and 2% said it was to collect lateral flow tests.

Respondents were asked **how they travelled** to the pharmacy they used and given the option to select more than one response. The most popular results were: by car 63% (n=167); walking 35% (n=91) and public transport 5% (n=13). More males drove to the pharmacy than females and, for respondents with a disability (n=63) this question showed 59% using a car and 29% walking. Respondents were asked what was **important to them in choosing the pharmacy they used**, responses are presented in Figure 3.3, please note that multiple answers could be given to this question therefore percentages and numbers add up to more than the total number of respondents.

Figure 3.3: Importance of pharmacy location

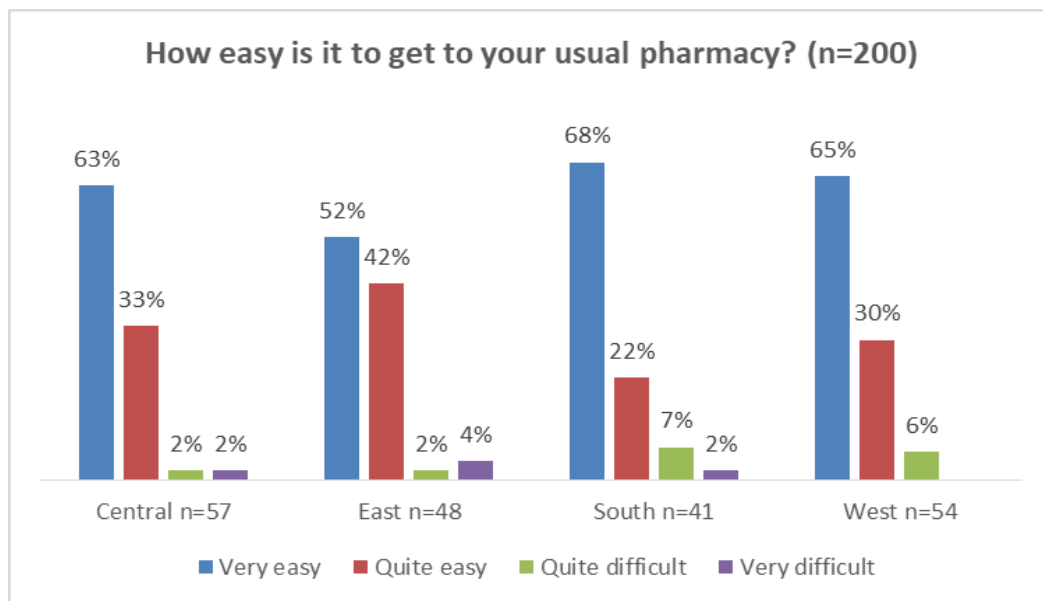


In response to the question of **how easy it was to get to their pharmacy** 63% said it was 'very easy' and 30% said it was 'quite easy'. 90% of those respondents with a disability reported that it was 'very easy' or 'quite easy'. Figure

3.4 shows a breakdown of responses by ward grouping (postcodes missing for 63 respondents). As shown, although the distribution of 'easy' (very or quite) responses to this question did not differ greatly between ward groupings, the East ward grouping saw a more even split between 'very' and 'quite' than other wards where 'very' was the clear preferred choice.

Respondents were asked if they had a condition that affected their mobility, 43% (n=112) of respondents said they had a condition. These respondents were asked **how easy they found it to park near their pharmacy**. Analysis by ward grouping showed 89% of those from the East saying they were able to park close enough to their pharmacy, 86% from West and 78% from Central. Responses for the South (n=12) showed a notable difference with nearly three quarters of those respondents (n=9) saying they were not able to park close.

Figure 3.4: How easy to get to pharmacy



3.3.3 Access to pharmacies and pharmacy services

Respondents were asked if they could remember a recent time they had had problems finding a pharmacy. 18% (n=46) answered yes to this question and were asked to provide some more detail of the circumstances. A total of 46 respondents provided feedback in relation to problems with accessing medication, these were evenly distributed across ward grouping areas. For over half of this group comments related to **prescribed items not being in stock** with some respondents having been informed that this was due to manufacturing issues meaning that there was limited or no supply. Sometimes it was the specified strength of the medication that the pharmacy did not stock. Some respondents pointed out the frustration of trying different pharmacies unsuccessfully and two respondents shared their difficulties accessing end of life medication for a family member:

‘Item was out of stock and had to ring round various other pharmacies to find one that could dispense it. As the prescription was sent electronically I had to go the normal pharmacy to get a paper copy to take to another pharmacy actually one more local to me but only opens weekdays’. (#17)

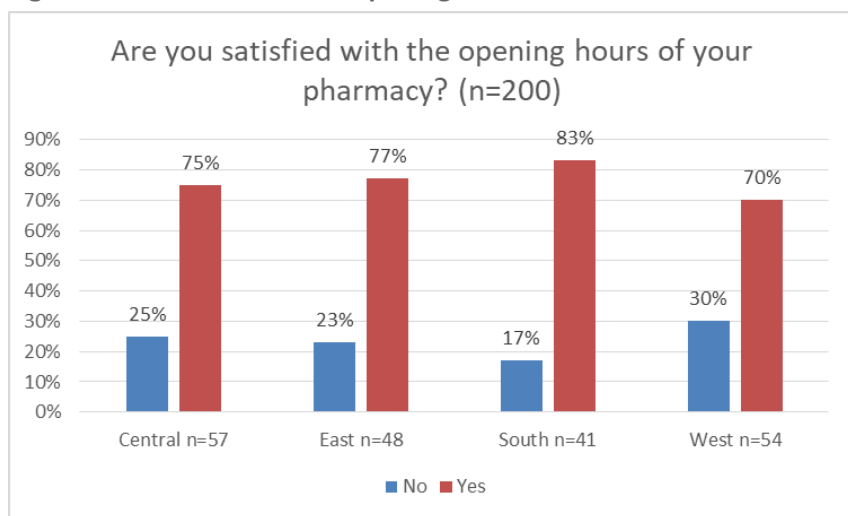
‘My (family member) needed end of life medicines and we weren’t informed by the dr prescribing them that there was only one pharmacy in the area that prescribed them. We were informed by our local pharmacy where to get the prescription dispensed. We wasted time going to the wrong pharmacy when we could have gone to the right one had the doctor given us the information’. (#27)

Opening times: Figure 3.5 shows a breakdown by ward grouping of responses on satisfaction with the opening hours of their pharmacy. Overall 78% of respondents said they were satisfied with the opening hours of their pharmacy,

analysis by gender showed this rising to 80% amongst female respondents and falling to 75% amongst male. 73% of respondents who reported a disability said they were satisfied. A quarter of respondents (n=11) pointed out problems with accessing medication due to pharmacy opening times of the pharmacy, this due to there being no late night opening nearby or needing a pharmacy on a Sunday. One respondent said that changes to opening hours (due to COVID) had not been communicated by the pharmacy resulting in several visits.

Reduced staffing and reduced services: Some respondents cited occasions where there was no pharmacist available at their pharmacy to provide advice or dispense medication. Six respondents were of the view that their difficulties were due to their being a lack of pharmacies in their area, recent closures being cited by two users. Analysis of responses by location where available (n=5) showed these respondents were quite evenly distributed across all four ward grouping areas. One respondent resident in the South expressed concern at the ability of pharmacies to meet the increased demand which housing developments would bring.

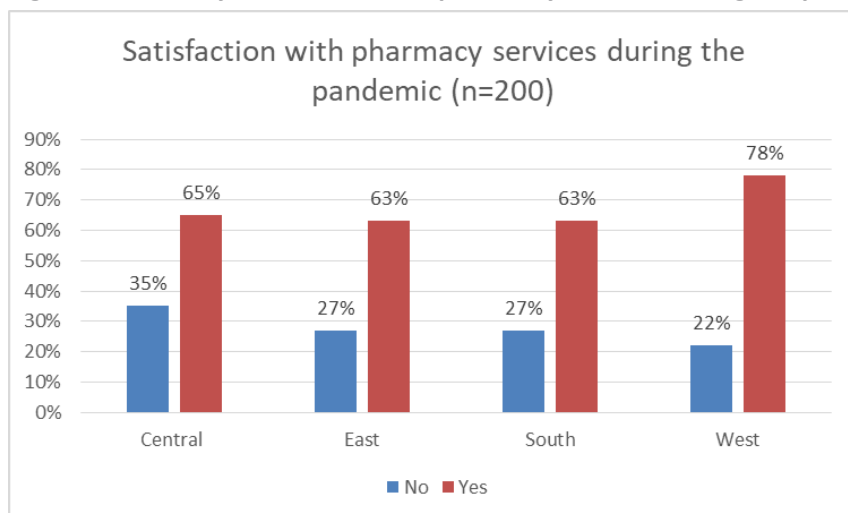
Figure 3.5: Satisfaction with opening hours



3.3.4 Pharmacy services during the COVID-19 pandemic

Respondents were asked about their satisfaction with pharmacy services during the pandemic. **Over two thirds of all respondents (67%) said that they were satisfied** with services. Further analysis of responses from respondents with a disability showed this figure at 65% and analysis by gender showed satisfaction rising to 75% amongst male respondents. As shown in Figure 3.6, analysis by ward grouping where postcode available (n=200) shows a higher rate of satisfaction amongst respondents in the West (78%) compared with East and South (63%).

Figure 3.6: Were you satisfied with pharmacy services during the pandemic?



Respondents providing a negative answer were asked to comment on this, a total of 77 respondents did so and this feedback is presented here. No feedback was sought from those who said that they were satisfied.

Waiting times: Nearly half of this respondent group expressed dissatisfaction with waiting times (n=38), these comments related to both waiting times to be served whilst actually in or outside the pharmacy and days spent waiting for the prescriptions to be processed. In some cases, this meant being told to come back another day and some respondents cited waits of a week or more. However, several did acknowledge the limitations placed on pharmacies due to COVID restrictions. Frustrations were also expressed about unnecessary visits to collect when the prescription items were not yet ready:

“I have tried 3 local Pharmacies and all have a few days waiting time before prescriptions can be collected. Adding up to 48 hours for the prescription to be generated (normally on the ball) It can take 5 or more days before you get the prescription” (#48)

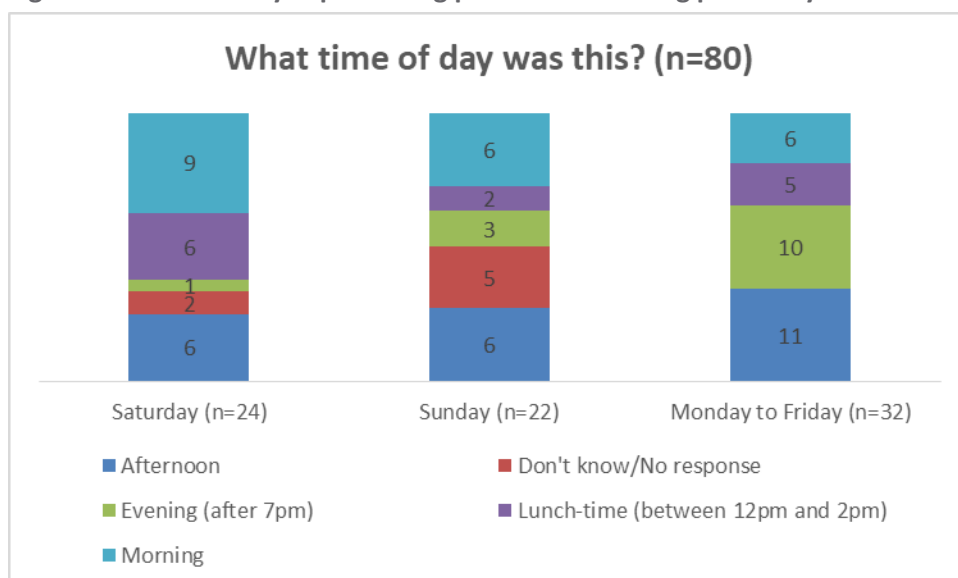
Quality and availability of services: For half of those expressing frustration with the length of time spent waiting for prescriptions, their feedback also contained comments on poor customer service (n=16). Several were of the view that this was due to a lack of efficiency and organisation and, in some cases, the problem was attributed to poor communication, particularly where waiting times were not properly communicated. Comments were also shared which highlighted difficulties telephoning some pharmacies where calls were left unanswered. Some respondents were disappointed that, due to capacity issues, pharmacies had been unable to deliver medication.

3.3.5 Problems accessing pharmacies

Respondents were asked **how often they had needed to use their pharmacy recently and found it closed**. Of those who responded to this question (n=234), 64% said they 'hadn't needed to use the pharmacy when it was closed'. 27% (n=64) said this had happened 'once or twice' and 9% (n=20) said this had happened 'three or more times'. Analysis of responses from respondents reporting a disability showed 60% 'hadn't needed to use the pharmacy when it was closed'. Those who had had a problem were asked to give details of the day and time this had occurred, Of the 80 respondents who identified the day they had needed a pharmacy, 40% said this had been on a weekday (Monday to Friday), 30% on a Saturday and 28% on a Sunday. Only 2 respondents said this had occurred on a bank holiday.

Figure 7 below shows the time of day that they had been affected, not included in the chart are the 2 respondents who stated a bank holiday, one could not remember what time and the other said it had been during lunchtime.

Figure 3.7: Time of day experiencing problems accessing pharmacy services



Where ward grouping data was available (n=71), analysis showed 34% (n=24) of those respondents who identified having problems from residences in the West ward grouping area, 30% (n=21) from East, 23% (n=16) from Central and 14% (n=10) from South ward grouping areas.

3.3.6 Experience of pharmacy services

Table 3.3 shows responses to a series of questions around pharmacy experience, as shown nearly three quarters (73%) of respondents reported having got all the medication they needed and a similar percentage (72%) feeling their wait for prescriptions was reasonable. This percentage dropped to 65% amongst those respondents with a disability.

Table 3.3: Questions on pharmacy service experiences

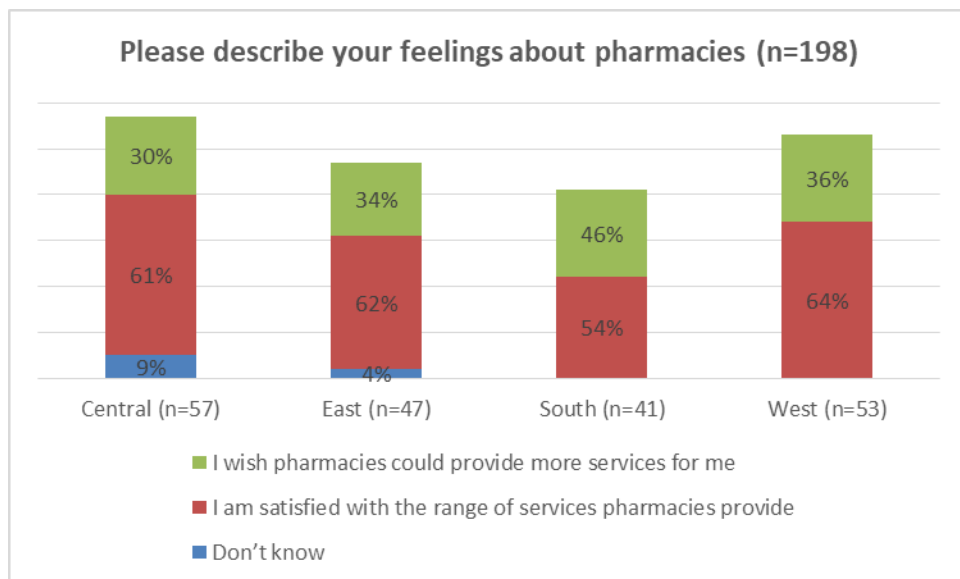
Question	Yes	No
Were you told how long you would have to wait for your prescription? (n=200)	58%	42%
Did you mind not being told how long you would have to wait? (n=82)	59%	41%
Did you feel your wait was reasonable? (n= 179)	72%	28%
Did you get all the medicines you needed (n=224)	73%	27%
Have you had a consultation with a pharmacist recently for any health related purpose (n=227)	27%	73%

Of the 27% of respondents who said they had **not** received all the medicines they needed on their visit (n=60), 35% were from East wards, 34% Central, 18% from South compared with 13% from West wards. The respondents group were asked to provide more information on this problem. Three quarters of this group said it was because 'the pharmacy had run out of my medicine or the 'pharmacy told me medicine was unavailable' whilst 18% (n=11) said it was because 'my prescription had not arrived at the pharmacy'. Asked how long they had waited for the rest of their medicines, 28% said it had been later that day or the next day, 60% said 'two to seven days', 4 respondents (7%) said they waited more than a week and 3 said they had never got their medication.

Analysis by gender showed similar usage of pharmacy consultation service between females and male respondent groups, this was the same looking at uptake of the service amongst respondents with a disability. Respondents were asked the purpose of their consultation and given option to select more than one option. 64 respondents gave 67 reasons for consultations, the most frequently cited were 'minor ailment' (42%), 'medicines advice' (36%) and

'vaccination' (12%). **Two thirds of those who had used the consultation service rated the privacy of this consultation as 'excellent, very good or good'.**

Figure 3.8: Feelings about pharmacies



3.3.7 Views on current and potential pharmacy services

Respondents were asked how they felt about the services available to them at their pharmacy. 60% (n=140) of the 238 who provided a response to this question answered that they were satisfied with the range of services. This rose to 63% amongst those respondents with a disability. 35% wished there were more services available while 5% said they 'didn't know'. Figure 3.8 shows the breakdown of responses to this question by ward grouping area (where full postcodes were provided). These respondents were given a list of services and asked whether they thought they should be available locally through pharmacies. A breakdown of responses is shown in Figure 3.9 below. As shown, **flu vaccinations, treatment of minor illnesses, review of new medicines with advice and other immunisations were the most popular choices.**

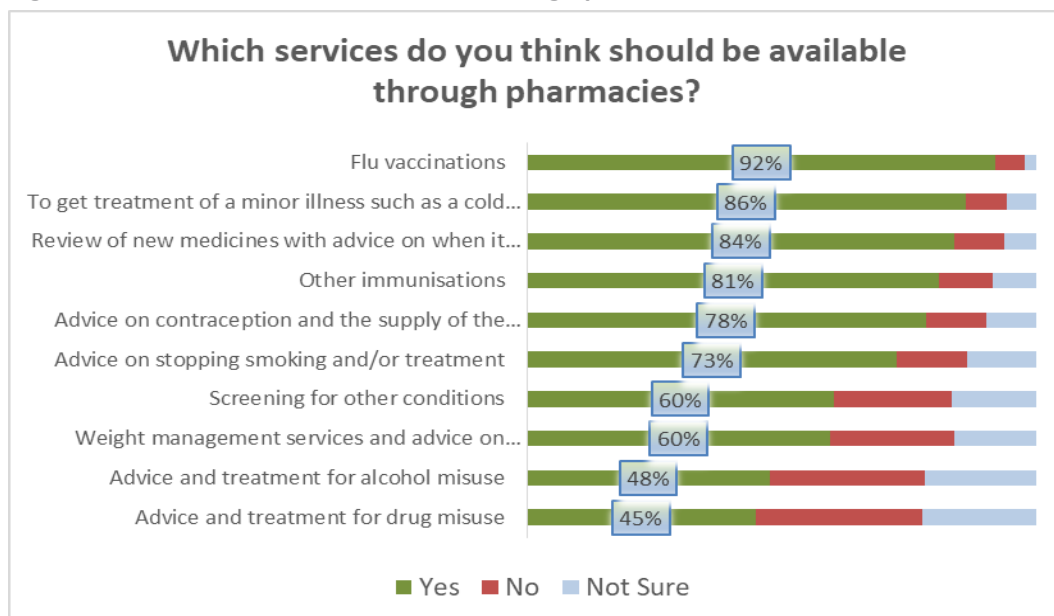
3.3.8 Further comments on additional services and support

Respondents were asked if there were any other services they felt could be provided by their pharmacy. A total of 57 respondents provided some additional comments. For almost one fifth of these respondents (n=11) the **ability to access medications to treat 'minor illnesses'** such as chest infections and tonsillitis would be welcomed. The convenience of this for the public along with the use of pharmacies to reduce stress on primary care services were cited.

"Chemist being able to treat chest infections minor things. As I feel more confident these days going to chemist as my chemist in...is more welcoming and obliging than the doctors"
(#46)

17 respondents suggested additional services for their local pharmacy, **blood tests and COVID vaccinations** being mentioned the most. Also mentioned were blood pressure testing, PCR tests, holiday immunisations, acupuncture, chiropody and the promotion of local wellbeing and mental health services.

Figure 3.9: Potential services available through pharmacies



Some suggestions related to improvements in current services rather than additional services that could be provided. Some respondents asked for a **speeding up of prescribing services** and, in the case of repeat prescriptions, **better coordinated**. **Increased staffing** was also suggested as a means of improving and extending services.

“Would like quicker dispensing of prescriptions and not having to go back up to 4 or 5 times to collect medication. Waiting for a week is too long. Have recently changed pharmacy in hope of better service and so far am happier with service.” (#55)

If services were constant and staffing levels consistent I think they could provide a lot of good services alongside their existing ones but COVID has put a strain on the existing services’. (#123)

3.3.9 Valued pharmacy support and services

A total of 96 respondents provided further comment on what they **appreciated** about their pharmacies. For almost one fifth of these, comments relating to their appreciation of pharmacies as a **place they could access timely access to minor illness or general health advice**. Some of these comments also cited feelings of **confidence in the knowledge** of staff at their pharmacy. Being able to access advice on medications was highlighted with respondents making particular reference to the **pharmacist’s knowledge of side effects and interactions** with other medications. Some respondents also expressed the view that, in some situations the pharmacist had more **detailed knowledge of medications** than the GP with one pharmacy user valuing:

“The ability to ask questions on side effects/multi-pharmacy complications of multiple meds, and the opportunity to ask specifics re: doses, as sometimes my GP isn't as clear as I need them to be and I don't feel it's a worthwhile use of their/my time to ask for a GP callback to discuss” (#227)

A further fifth of comments pointed to their **relationship with their pharmacy** as a source of satisfaction, feeling that they were known to the staff and were a **valued customer**. **Trust and confidence** were also cited with many comments linking to feeling known by the staff along with their **knowledge of the respondent’s medication and history**.

“Vaccinations, and also the personal touch - my pharmacy knows me and the staff are lovely. I would feel able to ask for help if I needed it” (#53)

“I value being known by my pharmacy. I have been using the same one for a long time and you build up trust as they know you and your medication” (#225)

Additional positive comments were also made on: the benefit of the **delivery services, online ordering and repeat prescriptions**; ease of access to **flu vaccinations and blood pressure checks**, along with the **texting service** offered by some pharmacies.

Several respondents pointed to the **opening hours and accessibility/convenience** of their pharmacy during the pandemic as elements that they valued, several comments valued the **late opening hours** at their local pharmacy. In praising the **accessibility of pharmacies and pharmacists during the pandemic**, some respondents cited the problems they had experienced accessing their GP surgery. As illustrated in the following comments, some respondents were frustrated at the **difficulties accessing their GP** whilst others saw easier access to the pharmacy as a way of **reducing the demand on GP surgeries**.

‘It can save me from having to go and see the doctor and that frees up an appointment for someone who needs it more’. (#60)

Some pharmacy users provided suggestions on services and support they would value from their pharmacy:

“I would like to get antibiotics from the pharmacy. Sometimes a person knows what is wrong with them and just needs a course of antibiotics and when u can't get to see a doctor then thus would be better” (#63)

“Pharmacy prescribers on every high street and in the most deprived areas as they will give detailed advice and be able to prescribe thus alleviating pressure on GP practices” (#210)

3.3.10 Feedback from users of Speak Up advocacy service in Warrington

3.3.10.1 Views and experiences on pharmacy services shared by adults with a learning disability who attend a weekly self-advocacy group supported by Speak Up Warrington.

Using the survey tool as a guide, colleagues from Speak Up used one of their weekly support group meet ups to gather some views and experiences of pharmacy use.

Thirteen people from across Warrington took part. Ages ranged from 28 to 71 years, 7 participants were female and 6 were male.

Why did you visit the pharmacy? 6 participants had visited a pharmacy for their own or someone else’s medication whilst 4 get medication delivered. 2 had been to the pharmacy for their flu jab.

How long since your visit? 3 participants had visited a pharmacy in the last two weeks, 3 in the last 6 months and, for 7 participants their visit had taken place over 6 months previously.

How did you get to the pharmacy? 7 participants provided an answer to this, 2 had walked to the pharmacy and 2 gone by car. The remaining 3 individuals had gone by bus, bike or mobility car.

Why that pharmacy? Some participants selected more than one reason for choosing their pharmacy: 9 - ‘near to the GP surgery’; 3 - ‘close to home’; 3 ‘near to the bus stop’, 2 ‘near to, or in, the local supermarket’; 2 ‘close to other shops’; 1 ‘easy to park’.

Easy to get to? 8 participants answered this question, 6 said their pharmacy was easy to get to with 2 saying they were not sure.

Does your pharmacy deliver? 7 participants said their pharmacy did delivery medication to them with the remaining 6 participants unsure whether or not this was the case.

Problems finding a pharmacy? No participants could recall having had any problems.

Hospital prescriptions dispensed at your local pharmacy? All participants said they would like this option.

Satisfied with services? All participants said they were satisfied with the range of services provided at their pharmacy. All also reported being satisfied with the opening hours and the services they had received from their pharmacy. Of the 7 participants who had visited their pharmacy to collect prescription, 4 thought that they had been told of the waiting time and said that they felt that this had been a reasonable time to wait. All recalled having been given all the medications required on that occasion. None of the participants reported having had any consultations with the pharmacist at their pharmacy.

The group considered the list of possible services in Question 30, e.g. minor illness advice, medication reviews and support with improving a variety of health and lifestyle issues. The group said that they thought the more information and advice made available through pharmacies on all of the issues listed would be beneficial as pharmacies were so accessible.

Additional comments: Participants shared some additional thoughts on what they would like from their pharmacy. Blister packs were identified as being very helpful as was the delivery service that pharmacies offered. A further suggestion from the group was some easy read explanation sheets which could help people more fully understand the information and advice being provided.

3.3.10.2 Views and experiences on pharmacy services shared by those with experience of mental illness who attend a weekly self-advocacy group supported by Speak Up Warrington

Using the survey tool as a guide, colleagues from Speak Up used one of their weekly support group meet ups to gather some views and experiences of pharmacy use.

Seven people from across Warrington took part. Ages ranged from 31 to 57 years, 2 participants were female and 5 were male.

Why did you visit the pharmacy? 5 participants had visited a pharmacy for their own medication whilst 2 get their medication delivered.

How long since your visit? 4 participants had visited a pharmacy in the last week, 2 in the last three months and 1 longer than 6 months ago.

How did you get to the pharmacy? 6 participants provided an answer to this, 3 had travelled by car, 1 by bus and 2 had walked to the pharmacy.

Why that pharmacy? Some participants selected more than one reason for choosing their pharmacy: 4 - 'near to the GP surgery'; 4 - 'close to home'; 2 'close to other shops'

Easy to get to? 5 participants answered this question, 3 said their pharmacy was easy to get to with 2 saying they were not sure.

Does your pharmacy deliver? All participants said their pharmacy did delivery medication.

Problems finding a pharmacy? No participants could recall having had any problems.

Hospital prescriptions dispensed at your local pharmacy? All said they would like this option.

Satisfied with services? All participants said they were satisfied with the range of services provided at their pharmacy. All also reported being satisfied with the opening hours and the services they had received from their pharmacy. 5 participants said they thought they had been told when there was going to be a wait for medication and all said that they thought the waiting time had been reasonable. 4 recalled having been given all the

medications required on that occasion, 1 said that their prescription hadn't been sent by their GP and they collected it the next day. 2 couldn't recall. None of the participants reported having had any consultations with the pharmacist at their pharmacy.

The group considered the list of possible services in Question 30, e.g. minor illness advice, medication reviews and support with improving a variety of health and lifestyle issues. The group thought all the services listed should be available through pharmacies.

Additional comments: Participants shared some additional thoughts on their experience of pharmacy services. One participant reported they often experienced **difficulties when collecting** their medication due to confusion at the pharmacy as to whether the prescription had been received from the GP. Although the problem was always sorted out, it did cause them frustrations particularly due to the frequency with which it happened. Another participant pointed to the positive experience they had ordering online and using blister packs. Being able to order in advance was also highlighted as beneficial.

4 Conclusions and recommendations

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the borough and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Warrington and whether there are any potential gaps in essential pharmaceutical service provision either now or within the lifetime of the document.

Overall, access to pharmaceutical services in Warrington is good due to the spread of premises across the borough and the times at which they are open. There are currently 39 pharmacies (including one distance selling pharmacy) all providing the full range of essential services with many also providing advanced and locally commissioned services. These pharmacies serve a resident population of 209,400 (mid 2020 ONS estimate), which equates to approximately one pharmacy for every 5,510 residents. The England average is approximately one pharmacy per 4,859 population⁵⁰ (this rate includes distance selling pharmacies). Whilst this is a crude comparator, in that it does not take account of geographical spread or accessibility, it suggests that overall provision in Warrington is slightly lower than that in England.

The COVID-19 pandemic has placed, and will continue to place, a greater focus on the role of pharmacies and pharmacists as key partners in the primary care response to meeting the health needs of our population. Unlike most other businesses and healthcare settings, community pharmacies remained open throughout the COVID-19 pandemic. In addition to remaining open throughout the pandemic, pharmacies were adaptable in extending the scope of their offer e.g. pandemic delivery service, lateral flow tests distribution, COVID vaccinations. In the case of locally WBC or CCG commissioned services such as EHC or minor ailments service, they also adapted their working arrangements to allow for telephone consultations to ensure patients could still access services. It is also noted that feedback from pharmacy users highlights the confidence and trust placed in pharmacy advice and support.

4.1 Access to essential pharmaceutical services

Warrington pharmacies provide the full range of essential services all of which the HWB had identified as necessary. All pharmacies must be able to receive electronic prescriptions from any prescribing site which increases patient access to the medicines they require. All residents are able to access a pharmacy within a 20 minute drive. Residents can also access online pharmacy services and those residents living near to Warrington's borders can reasonably access pharmacies in neighbouring HWB areas. Warrington does not have any appliance contractor

⁵⁰ NHS BSA figures for 2020/21 show 11,636 community pharmacies in England (including distance selling)

physically located within its area but Warrington patients can have appliances delivered by one of the 111 dispensing appliance contractors based in other parts of the country.

There are two Urgent Treatment Centres (UTC) in Widnes and Runcorn (Halton) who can provide their patients with access to any medication deemed necessary to treat urgent injuries or illnesses.

Warrington has a population of approximately 209,400. The projected population changes and housing developments identified in this PNA may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the borough. However, given the current population demographics, housing projections, the distribution of pharmacies across Warrington and their stated capacity to meet increases in demand, it is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs.

4.2 Access to essential services during and outside normal working hours

Current opening hours of Warrington pharmacies ensure a good level of access to essential pharmaceutical services during normal working hours. **Therefore, this pharmaceutical assessment has not identified any current gaps in the provision of necessary services across Warrington during normal working hours.**

- Monday to Friday opening and closing hours across the borough range from 7am to 11pm with
- 30 pharmacies are open on a Saturday with 15 of these open all day. Opening and closing hours range from 6.30am to 10.30pm
- 7 pharmacies are open on a Sunday with opening and closing hours ranging from 9am to 10pm.
- 1 dispensing doctor based in South grouping area.

Most pharmacies open in excess of their core contract hours with Monday to Friday access from 7am to 11pm. There is good provision at weekends with over three quarters of pharmacies open on a Saturday enabling access to pharmacy services from 6.30am to 10.30pm. Nearly one in five pharmacies are open on a Sunday with hours from 9am to 10pm. Four pharmacies are open for 100 hours. 78% of respondents to the public survey stated that they were satisfied with the general opening hours of their pharmacies.

During evenings and part of the weekends, when pharmacy services may be more limited, patients of the GP OOH service may be provided with pre-packaged short courses of medication directly or a prescription may need to be sent to a pharmacy outside of the local area. Face-to-face consultations are delivered in Warrington from Bath Street Health and Wellbeing Centre from 6.30pm to 11pm on weekdays, and 8am to 11pm on weekends and Bank Holidays. Pharmacy services are required to support patients in obtaining their medicines and the onsite pharmacy based at Bath Street operates extended hours on a Sunday from 5pm to 10pm to support this. Access to medication outside normal hours is also facilitated by the four 100-hour pharmacies operating in Warrington. **Therefore, this pharmaceutical assessment has not identified any current gaps in the provision of necessary services across Warrington outside normal working hours.**

NHS England is responsible for ensuring patients have access to an appropriate level of Pharmaceutical Services. In accordance with NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, NHS England will carry out an assessment to assist with the direction to pharmacy contractors to provide pharmaceutical services at specified times. NHS England (North) Cheshire and Merseyside Area Team have developed a rota policy which explains the process that is in place.

4.3 Access to other advanced pharmaceutical services

Appliance Use Review (AUR)

Within Warrington there are 9 community pharmacies providing an AUR service. 7 of these are in the Central ward grouping area and 2 are in the South. There are no dispensing appliance contractors located in the borough but patients can access services out of the borough. There are also a number of specialist nurses working within the area who provide support to these patients, and who can establish links with appliance contractors at the patients' request. In view of there being no provision in the West or the East of the area, this may suggest an opportunity for NHS England and current pharmacies to further develop provision to support the improvement of population health and wellbeing.

Stoma Customisation Service (SCS)

Within Warrington there are 9 community pharmacies providing the SCS. 6 are in Central grouping area, 2 in the South and 1 in the East area. Analysis of 2018-2021 data relating to SCS has shown a steady decrease in demand for this service however it is unclear whether this has been as a result of increased use of contractors from outside the area or has been impacted by disruptions to wider services caused by the COVID-19 pandemic. In view of there being no provision in the West grouping area this may suggest an opportunity for NHS England and current pharmacies to better understand the reduction in demand overall, and, if appropriate, further develop provision..

New Medicines Service (NMS)

Research has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of long-term conditions such as asthma, hypertension, COPD, CHD and Type 2 diabetes. All but one of Warrington's community pharmacies currently provide a new medicines service (NMS).

NHS Community Pharmacist Consultation Service (CPCS)

As part of the Community Pharmacy Contractual Framework for 2019–24, a direction was set for community pharmacy that is increasingly clinically focused, with less emphasis on dispensing and more on providing advice and other support for patients in the community setting. The COVID-19 pandemic has placed, and will continue to place, greater focus on the role of pharmacies and pharmacists as key partners in the primary care response to meeting the health needs of our population. All but one of Warrington's 39 pharmacies provides the CPCS. Activity data analysis comparing figures from 2020/21 and the first six months of the 2021/22 financial year would indicate that demand for this service has more than doubled.

Flu vaccination

The NHS commissioned Seasonal Flu Vaccination programme offers vaccination against seasonal flu for those people in identified higher-risk groups. Community pharmacies in England are a key strand of the delivery of this annual vaccination programme for adults, and delivery through community pharmacies in addition to GP Practices ensures greater accessibility for Warrington residents and for key staff sectors such as Health and Social care workers.

Hepatitis C testing service

As of April 2022 there is one pharmacy in Warrington registered to offer this service based in Central Ward grouping area. The service forms an important part of the NHS in England's goal to eliminate the hepatitis C virus (HCV) by 2025. Any pharmacy that meets the service requirements can provide the service, but it will be of most interest to contractors that provide a locally commissioned needle and syringe programme service.

A sufficient number of clients will be needed to make the investment in provision of the service worthwhile. Further work may be needed with current pharmacies, treatment services and public health teams to identify barriers and opportunities to providing this service within Warrington.

Hypertension case finding

As of February 2022 there are 19 Warrington pharmacies providing this service. QoF figures from NHS Digital for Warrington and England presented in this PNA show hypertension as the long-term condition with the highest prevalence. This long term condition affects the highest number of people registered at Warrington GP practices. In the NHS Long Term Plan, NHSE&I and Public Health England (PHE) estimated that fewer than 60% of people with hypertension had been diagnosed, with an estimated 5.5 million people having undiagnosed hypertension across the country.

This is a new advanced service therefore uptake may increase over the next months, however there is a clear role for pharmacies in contributing to this vital work which suggests the need for further efforts to increase pharmacy registrations to deliver this service.

4.4 Future provision of necessary services

The Health and Wellbeing Board has taken into account future housing and primary care developments, current population demographics, provision across the borough and capacity to meet increased in demand. Asked about their ability to meet increased demand, 28 of the 39 Warrington pharmacies report having 'sufficient capacity within their existing premises and staffing levels to manage an increase in demand in our area' with 10 out of the remaining 11 contractors reporting that although they 'don't have sufficient premises and staffing capacity at present' they could 'make adjustments to manage an increase in demand in our area'.

It is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs and that no necessary services will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services. Therefore no gaps in the need for pharmaceutical services in specified future circumstances have been identified.

4.5 Locally commissioned services

'Locally Commissioned Services' (i.e. services not commissioned by NHS England) are delivered by many pharmacies throughout the borough. The pharmacies delivering public health commissioned substance misuse and contraceptive services are, in the main, located in the areas of highest need. Teenage conception rates follow the pattern of deprivation, with inner wards having much higher rates of teenage conceptions, therefore access to free contraceptive service and advice is vital.

Needle exchange services, although not widely provided across the borough are concentrated in the Central ward grouping area where the majority of intravenous users reside. The supervised consumption service is provided by over half of Warrington's pharmacies so there is excellent access. These services are crucial to minimising harm from substance misuse and play a vital role in Warrington's Harm Reduction Agenda.

The CCG commissioned palliative care service is provided by 9 pharmacies across Warrington; however, there is no service available in the East grouping area. Feedback from two respondents to the public survey spoke of difficulties accessing end of life medication for a family member. Whilst this may not be representative of a widespread problem with access to end of life medicines, consideration could be given to opportunities to increase the network of pharmacies providing palliative medication, in this way ensuring that carers and other health care professionals do not experience unnecessary delays in obtaining medicines for the patients for whom they care.

Access to services to support for residents that are more vulnerable is key to improving health and wellbeing outcomes. Although these locally commissioned services are not considered necessary to meet the need for pharmaceutical services and no gaps have been identified in their provision, these services have secured improvements, or better access to pharmaceutical services in the HWB area.

There are opportunities for existing pharmacies to further develop provision to support the improvement of population health and wellbeing. Regular review and, where appropriate, further development of provision will help ensure that the needs of specific localities are met in an accessible and cost-effective manner which further utilises the skills and expertise of community pharmacists.

4.6 Recommendations

The number of pharmacies across Warrington as a whole is adequate. However, provision per head of population varies by neighbourhood. Warrington is a growing town and thus there will be a need for regular review to ensure that service provision continues to be in line with population growth, levels of need, and service configuration across different areas of the borough, with NHSE working, wherever possible, with existing contractors to ensure appropriate distribution and accessibility of services.

The COVID-19 pandemic has placed, and will continue to place, a greater focus on the role of pharmacies and pharmacists as key partners in the primary care response to meeting the health needs of our population. Feedback from pharmacy users highlights the confidence and trust placed in pharmacy advice and support. Providing an accessible and welcoming service that supports residents with long-term conditions, additional needs and protected characteristics will be crucial to ensuring equity of access and supporting the health and wellbeing of all residents. The Community Pharmacy Consultation Service should continue to be a key component in this provision.

While the majority of respondents to the pharmacy user survey provided positive feedback regarding their pharmacies, negative feedback related in the main to waiting times for prescriptions to be processed. However, the unprecedented demands put upon pharmacies by COVID-19, through both extended essential and advanced services and the public need to access advice and support must be recognised. The Community Pharmacy Contractual Framework for 2019–24 calls for community pharmacies to increase the use of technology and automation to make dispensing more efficient in order to focus more on providing advice and other support for patients in the community setting.

5 Regulatory statements

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 2013 set out the legislative basis for developing and updating PNAs. Schedule 1 sets out the minimum information to be contained in pharmaceutical needs assessments. This section of Warrington's PNA addresses the six statements detailed in Schedule 1 of the regulations.

Statement 1:

A statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided-

- (a) In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and**
- (b) Outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).**

There is adequate provision of essential pharmacy services in Warrington and this PNA has not identified any gaps in pharmaceutical service provision. There are a number of pharmacies located in neighbouring Boroughs outside the HWB area that Warrington residents can reasonably access. These pharmacies increase choice and accessibility for Warrington residents, particularly for residents of more rural areas to the east and north of the borough.

Statement 2:

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which is satisfied-

- (a) Need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;**
- (b) Will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.**

Current provision for areas across Warrington as a whole is adequate. No gaps in the provision of essential pharmaceutical services have been identified in this PNA. Warrington is a growing town, with on-going development anticipated over the lifetime of this PNA. Assessment of the current population demographics, housing projections, the distribution of pharmacies across Warrington and their stated capacity to meet increases in demand, it is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs. There will however be a need for regular review to ensure provision is equitably distributed in light of development.

Statement 3:

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided-

- (a) In the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;**
- (b) Outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;**

- (c) In or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.**

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the borough and specifically the demography and health needs of the population. It has identified that current provision of pharmaceutical services offered by both community pharmacies and other health care providers meet the needs of the population of Warrington.

Statement 4:

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-

- (a) Would, if they were provided (whether or not they were located in the area of the HWB), secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type, in its area,**
- (b) Would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB) secure future improvements or better access to pharmaceutical services or pharmaceutical services or a specified type in its' area.**

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the borough and specifically the demography and health needs of the population. It has identified that there are no services that are not currently provided in the HWB area that would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type in its area.

Assessment of future plans for housing development within Warrington has highlighted potential growth across all of the four Central, East, South and West ward grouping areas. For the purposes of this PNA, those housing developments that are likely to be achievable by 2025 have been considered, along with the development of a GP practice in the West of the borough. The HWB is satisfied that capacity within existing pharmacy services overall will be able to absorb the increased demand anticipated over the lifespan of this PNA. However, regular review will be needed to ensure equitable distribution of provision in light of population growth.

Statement 5:

A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board (NHSCB)⁵¹, a Clinical Commissioning Group (CCG), an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-

- (a) The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or**
- (b) Whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.**

This PNA provides an overview of services commissioned locally to improve population health. This PNA has identified that there may be opportunities to further develop and extend the delivery of some of these services within pharmacies. Local commissioners will continue to explore options for improvements in service delivery and accessibility as part of their on-going service monitoring and review.

⁵¹ Following publication of the Regulations, the NHS Commissioning Board was renamed NHS England (NHSE)

Statement 6:

An explanation of how the assessment has been carried out, in particular-

- (a) How it has determined what are the localities in its area;**
- (b) How it has taken into account (where applicable)-**
 - (i) The different needs of different localities in its area, and**
 - (ii) The different needs of people in its area who share a protected characteristic; and**
- (c) A report on the consultation that it has undertaken.**

The boundary of Warrington Borough Council is coterminous with that of Warrington Clinical Commissioning Group (CCG), and this is also the area covered by Warrington Health and Wellbeing Board. Warrington has 22 electoral wards. Where available, much of the data in this PNA has been calculated and mapped at ward level in order to show the variations in health within the borough. Data in Warrington's Joint Strategic Needs Assessment (JSNA) is also often presented at ward level, and can therefore be used as a supporting document. However, when detailing the services that pharmacies provide, it is impractical to group them at such a small level of geography. Instead, wards have been allocated to one of four larger ward groupings: Central, East, South and West. Aggregation at this level better reflects the areas that customers are likely to travel to in order to access a pharmacy, especially residents of more rural areas. Warrington town centre lies within the Central ward grouping.

The PNA presents and assesses the needs of the population according to both geodemographic and prevalence data. The PNA also includes evidence and data on the particular needs and issues experienced by groups with a protected characteristic as defined in the Equality Act 2010.

The methodology undertaken to solicit the views and experience of Warrington's pharmacy users are detailed in the PNA along with the findings from this public engagement. Also presented in this assessment are the methodology and results from the 60-day public consultation on the draft document and subsequent relevant amendments.



Appendix 1: Ward grouping areas – pharmacy services, facilities and opening hours

The information on pharmacy services and facilities presented in these tables is based on intelligence gathered through the pharmacy contractor survey (conducted in Summer 2022) in addition to commissioning information held by NHS England and NHS Improvement, WBC Public Health, Warrington CCG and Community Pharmacy Cheshire & Wirral (CPCW).

Central ward grouping area pharmacies

CENTRAL WARD GROUPING AREA			ADVANCED SERVICES										LOCALLY COMMISSIONED SERVICES ('OTHER NHS')						FACILITIES AND ACCESSIBILITY																															
ODS CODE	PROVIDER/ TRADING NAME	WARD	Distance selling (internet) pharmacy	100-hour pharmacy	Stoma Appliances	Incontinence Appliances	Dressings	AUR Appliance Use Review	SAC Stoma Appliance Customisation	NMS New Medicines Service	NHS Flu Vaccination	NHS Community Pharmacist Consultation Service (CPCS)	Hepatitis C testing service	Hypertention case finding	Stop smoking service - delay to Jan 2022 start date	Needle & Syringe Exchange Service	Supervised Consumption	SA done in separate room	Emergency Hormonal Contraception EHC (commissioner data)	Quickstart Contraception Service (accredited to provide)	Chlamydia Testing	Palliative Care/End of Life Drugs	Prescription Collection Service	Delivery free/ chargeable	Monitored/Community Dosage - Free	Monitored/Community Dosage - Chargeable	Monitored/Community Dosage if covered by DDA	Consultation Area	Number of consulting rooms	Parking within 50M	Distance to bus stop / train station	Disabled Parking	Wheelchair Access to pharmacy entrance	All areas of pharmacy floor accessible by wheelchair?	Automatic door assistance	Bell at front door	Toilet facilities accessible by wheelchair users	Hearing loop	Sign language	Large print labels	Large print leaflets	Wheelchair ramp access	Support for patients whose first language isn't English	Interpreter / Language Line	Can speak to staff member of same sex					
FEL21	Boots (Golden Square)	Bewsey and Whitecross	N	N	Y	Y	Y	N	N	Y	Y	Y	N	N	TBC	NW	WA	APR	Y	Y	NW	N	Y	C	Y	Y	N	Y	W	1	N	100-500m	Y	Y	Y	N	N	N	Y	N	Y	N	N	N	N	N	BA			
FV857	Corker's Pharmacy	Bewsey and Whitecross	N	N	Y	Y	Y	N	Y	Y	Y	Y	N	N	TBC	WA	CP	Y	Y	Y	WA	N	Y	F/C	N	N	Y	Y	W	1	Y	Within 100m	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	N	N	N	BA			
FD639	Dallam Pharmacy	Bewsey and Whitecross	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	TBC	WA	CP	Y	Y	N	WA	Y	Y	F	Y	Y	N	Y	W	2	Y	Within 100m	Y	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	BA		
FK402	Green Cross Pharmacy	Bewsey and Whitecross	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	TBC	WA	CP	Y	Y	Y	WA	Y	Y	F	Y	N	N	Y	W	1	Y	Within 100m	N	Y	N	N	N	N	N	N	N	Y	Y	Y	Y	N	Y	BA		
FNV60	Lloyds (Orford)	Orford	N	N	N	N	N	N	N	Y	Y	Y	N	Y	TBC	CP	CP	Y	Y	Y	WA	N	N	C	Y	N	N	Y	W	1	Y	Within 100m	N	Y	Y	Y	N	N	N	Y	Y	Y	N	Y	N	BA				
FK321	Manchester Road/Hub Pharmacy	Fairfield and Howley	N	Y	N	N	Y	Y	N	Y	Y	Y	Y	N	TBC	WA	CP	Y	Y	Y	WA	N	Y	F/C	Y	Y	Y	Y	W	2	Y	Within 100m	Y	Y	Y	N	Y	N	Y	N	N	Y	Y	Y	N	BA				
FW716	Orford/Faith Pharmacy	Poplars and Hulme	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	TBC	WA	CP	Y	N	N	WA	N	Y	F	Y	Y	Y	Y	W	1	Y	Within 100m	N	Y	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

FCC94	Rowlands (Folly Lane)	Bewsey and Whitecross	N	N	N	N	Y	N	N	Y	Y	Y	N	N	TBC	WA	CP	Y	Y	Y	WA	N	Y	F	Y	N	Y	Y	W	1	Y	Within 100m	Y	Y	Y	N	N	N	N	N	Y	N	N	N	N	BA	
FPA75	Rowlands (Thelwall Lane)	Latchford East	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	TBC	CP	CP	Y	Y	Y	WA	N	N	C	Y	N	Y	Y	W	1	Y	Within 100m	N	N	Y	Y	Y	N	Y	N	Y	N	N	N	N	Y		
FXH02	Rowlands (Guardian St)	Bewsey and Whitecross	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	TBC	WA	WA	Y	Y	Y	WA	N	Y	F	Y	N	Y	Y	W	1	Y	500-1000m	Y	Y	Y	N	N	Y	Y	N	Y	N	Y	N	N	N	N	BA
FXV35	Rowlands (Orford)	Orford	N	N	N	N	N	N	N	Y	Y	Y	N	N	TBC	NW	NW	N	Y	Y	NW	N	Y	F	N	N	N	Y	W	1	Y	Within 100m	Y	Y	Y	N	N	Y	N	N	Y	Y	Y	N	N	Y	
FME80	Superdrug (Savers Cokchedge)	Latchford East	N	N	Y	Y	Y	N	N	Y	Y	Y	N	N	TBC	NW	CP	N	N	N	NW	N	N	F	C	N	N	Y	W	1	Y	Within 100m	N	Y	Y	Y	N	N	N	N	N	N	N	Y	N	Y	
FM011	Superdrug (Golden Square)	Bewsey and Whitecross	N	N	N	N	Y	Y	N	Y	Y	Y	N	N	TBC	NW	WA	Y	Y	Y	WA	N	N	F	C	N	N	Y	W	1	N	100-500m	Y	Y	Y	N	N	N	N	N	Y	Y	N	Y	N	BA	
FP793	Tesco	Bewsey and Whitecross	N	Y	N	Y	Y	N	N	N	N	N	N	N	TBC	NW	NW	N	Y	Y	NW	N	N	*	*	*	Y	Y	W	1	Y	Within 100m	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y		
FAA49	Well (Bath St HWB Centre)	Bewsey and Whitecross	N	N	Y	Y	Y	N	N	Y	Y	Y	N	Y	TBC	CP	CP	Y	Y	Y	CP	Y	Y	F	N	N	Y	Y	W	1	Y	100-500m	Y	Y	Y	Y	N	N	Y	N	Y	N	N	N	N	BA	
FM256	Well (Orford)	Orford	N	N	N	Y	Y	N	N	Y	Y	Y	N	Y	TBC	WA	CP	Y	N	N	WA	N	Y	F	N	N	Y	Y	W	1	Y	100-500m	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	N	BA	
FR798	Well (Manchester Road)	Fairfield and Howley	N	N	N	Y	Y	N	N	Y	Y	Y	N	Y	TBC	WA	CP	Y	Y	N	WA	N	Y	F	N	N	Y	Y	W	1	Y	Within 100m	N	Y	Y	N	N	N	Y	N	Y	Y	Y	N	N	BA	

*Town Centre; **Non-NHS commissioned; Service provision: CP – currently providing; PP – private (Non-NHS) provision; WA – willing and able if commissioned; NW – not willing to provide; ***No service due to staffing issues; Delivery service: F – free; C – chargeable; F/C – free to certain patients; APR – at patient request; BA – by arrangement

Opening hours tables are based on information provided by NHS England as these are the contractual hours that are included in the pharmaceutical list for the area of Warrington Health and Wellbeing Board. In the contractor survey 17 pharmacies reported different opening times (including lunch time closes) than those recorded on the NHS England pharmaceutical list. NHS England reviewed, clarified and corrected their original list (where appropriate) leaving a total of 10 pharmacies reporting different opening hours than those kept by NHS England.

ODS Code	Provider/Trading Name	Ward	Weekly Total	Mon Open	Mon Close	Tue Open	Total Tue Close	Wed Open	Wed Close	Thur Open	Thur Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close	Mon Lunch	Tue Lunch	Wed Lunch	Thu Lunch	Fri Lunch	Sat Lunch	Sun Lunch
FEL21	Boots (Golden Square)	Bewsey and Whitecross	62	09:00	18:00	09:00	18:00	09:00	18:00	09:00	20:00	09:00	18:00	09:00	18:00	11:00	17:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FV857	Corkers Pharmacy Ltd	Bewsey and Whitecross	46	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	15:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FD639	Dallam Pharmacy (Harrison Square)	Bewsey and Whitecross	42.5	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FK402	Green Cross Pharmacy	Bewsey and Whitecross	49	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FNV60	Lloyds (Orford)	Orford	49	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FK321	Manchester Road/Hub Pharmacy	Fairfield and Howley	100	07:00	22:00	07:00	22:00	07:00	22:00	07:00	22:00	07:00	22:00	07:00	22:00	09:00	19:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FW 716	Orford/Faith Pharmacy Ltd	Poplars and Hulme	44	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	18:00	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	1300 - 1400	N/A	N/A
FCC 94	Rowlands (Folly Lane)	Bewsey and Whitecross	46.2	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	12:00	N/A	N/A	13:00-13:20	13:00-13:21	13:00-13:22	13:00-13:23	13:00-13:24	N/A	N/A
FPA 75	Rowlands (Thelwall Lane)	Latchford East	51.5	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	09:00	13:00	N/A	N/A	13:20-13:40	13:20-13:41	13:20-13:42	13:20-13:43	13:20-13:44	N/A	N/A
FXH 02	Rowlands (Guardian St)	Bewsey and Whitecross	40.5	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	N/A	N/A	N/A	N/A	13:20-13:40	13:20-13:40	13:20-13:40	13:20-13:40	13:20-13:40	N/A	N/A
FXV 35	Rowlands (Orford)	Orford	47.2	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FM E80	Superdrug (Savers Cockhedge)	Bewsey and Whitecross	51	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FM 011	Superdrug (Golden Square)	Bewsey and Whitecross	53.5	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	09:00	17:30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FP7 93	Tesco	Bewsey and Whitecross	100	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FAA 49	Well (Bath St HWB Centre)	Bewsey and Whitecross	61.5	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	09:00	18:00	17:00	22:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FM 256	Well (Orford)	Orford	49	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FR7 98	Well (Manchester Road)	Fairfield and Howley	54.25	08:00	18:15	08:00	18:15	08:00	18:15	08:00	18:15	08:00	18:15	09:00	12:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

East ward grouping area pharmacies – services, facilities and opening hours

EAST WARD GROUPING							ADVANCED SERVICES							LOCALLY COMMISSIONED SERVICES ('OTHER NHS')							FACILITIES AND ACCESSIBILITY																										
ODS CODE	PROVIDER/ TRADING NAME	WARD	Distance selling (internet) pharmacy	100-hour pharmacy	Stoma Appliances	Incontinence Appliances	Dressings	AUR Appliance Use Review	SAC Stoma Appliance Customisation	NMS New Medicines Service	NHS Flu Vaccination	NHS Community Pharmacist Consultation	Hepatitis C testing service	Hypertention case finding	Stop smoking service - delay to Jan 2022	Needle & Syringe Exchange Service	Supervised Consumption	SA done in separate room	Emergency Hormonal Contraception EHC	Quickstart Contraception Service	Chlamydia Testing	Palliative Care/End of Life Drugs	Prescription Collection Service	Delivery free/ chargeable	Monitored/Community Dosage - Free	Monitored/Community Dosage -	Monitored/Community Dosage if covered	Consultation Area	Number of consulting rooms	Parking within 50M	Distance to bus stop / train station	Disabled Parking	Wheelchair Access to pharmacy entrance	All areas of pharmacy floor accessible by	Automatic door assistance	Bell at front door	Toilet facilities accessible by wheelchair	Hearing loop	Sign language	Large print labels	Large print leaflets	Wheelchair ramp access	Support for patients whose first language	Interpreter / Language Line	Can speak to staff member of same sex		
FT D 67	Lloyds (Woolston)	Rixton and Woolston	N	N	Y	Y	Y	N	N	Y	Y	Y	N	N	T B C	W A	C P	Y	Y	N	W A	N	Y	C	N	N	Y	Y	W	1	Y	With in 100 m	N	Y	Y	N	N	N	Y	N	N	N	Y	Y	Y	BA	
FX Y8 8	Lloyds (Padgate)	Poulton North	N	N	N	N	N	N	N	Y	Y	Y	N	N	T B C	W A	C P	Y	Y	Y	W A	N	Y	C	N	N	Y	Y	W	1	Y	With in 100 m	N	Y	Y	N	N	N	Y	N	N	N	Y	Y	Y	N	
F Q X2 9	Tims & Parker Pharmacy	Culcheth, Glazebury and Croft	N	N	Y	Y	Y	N	Y	Y	Y	Y	N	Y	T B C	W A	W A	Y	Y	N	W A	Y	Y	F	N	N	Y	Y	W	1	Y	100 - 500 m	Y	Y	Y	N	Y	N	N	N	Y	Y	Y	N	Y	Y	BA
FN 40 8	Well (Birchwood)	Birchwood	N	N	N	Y	Y	N	N	Y	Y	Y	N	Y	T B C	W A	C P	Y	Y	Y	W A	N	Y	F	N	N	Y	Y	W	1	Y	100-500 M	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	N	BA	
FT M 77	Well (Culcheth)	Culcheth, Glazebury and Croft	N	N	N	Y	Y	N	N	Y	Y	Y	N	Y	T B C	W A	C P	Y	Y	Y	W A	N	Y	F	N	N	Y	Y	W	1	Y	100-500 M	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	N	BA	
F W X2 2	Well (Fearnhead Cross)	Poulton North	N	N	N	Y	Y	N	N	Y	Y	Y	N	Y	T B C	W A	C P	Y	Y	Y	W A	N	Y	F	N	N	Y	Y	W	1	Y	100-500 M	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	N	BA	

*Town Centre; **Non-NHS commissioned; **Service provision:** CP – currently providing; PP – private (Non-NHS) provision; WA – willing and able if commissioned; NW – not willing to provide; ***No service due to staffing issues; **Delivery service:** F – free; C – chargeable; F/C – free to certain patients; APR – at patient request; BA – by arrangement

ODS Code	Provider/Trading Name	Ward	Weekly Total	Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thur Open	Thur Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close	Mon Lunch	Tue Lunch	Wed Lunch	Thu Lunch	Fri Lunch	Sat Lunch	Sun Lunch
FTD 67	Lloyds (Woolston)	Rixton and Woolston	50.25	09:00	18:15	09:00	18:15	09:00	18:15	09:00	18:15	09:00	18:15	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FXY8 8	Lloyds (Padgate)	Poulton North	49	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FQX 29	Tims & Parker Pharmacy (CULCH)	Culcheth, Glazebury and Croft	46.5	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	N/A	N/A	13:30-14:00	13:30-14:00	13:30-14:00	13:30-14:00	13:30-14:00	N/A	N/A
FN4 08	Well (Birchwood)	Birchwood	58	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	09:00	17:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FTM 77	Well (Culcheth)	Culcheth, Glazebury and Croft	49	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FWX 22	Well (Fearnhead Cross)	Poulton North	47.5	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

South ward grouping area pharmacies – services, facilities and opening hours

SOUTH WARD GROUPING			ADVANCED SERVICES											LOCALLY COMMISSIONED SERVICES ('OTHER NHS')					FACILITIES AND ACCESSIBILITY																											
ODS CODE	PROVIDER / TRADING NAME	WARD	Distance selling (internet) pharmacy	100-hour pharmacy	Stoma Appliances	Incontinence Appliances	Dressings	AUR Appliance Use Review	SAC Stoma Appliance Customisation	NMS New Medicines Service	NHS Flu Vaccination	NHS Community Pharmacist Consultation Service	Hepatitis C testing service	Hypertention case finding	Stop smoking service - delay to Jan 2022 start date	Needle & Syringe Exchange Service	Supervised Consumption	SA done in separate room	Emergency Hormonal Contraception EHC	Quickstart Contraception Service (accredited to Chlamydia Testing)	Palliative Care/End of Life Drugs	Prescription Collection Service	Delivery free/ chargeable	Monitored/Community Dosage - Free	Monitored/Community Dosage - Chargeable	Monitored/Community Dosage if covered by DDA	Consultation Area	Number of consulting rooms	Parking within 50M	Distance to bus stop / train station	Disabled Parking	Wheelchair Access to pharmacy entrance	All areas of pharmacy floor accessible by	Automatic door assistance	Bell at front door	Toilet facilities accessible by wheelchair users	Hearing loop	Sign language	Large print labels	Large print leaflets	Wheelchair ramp access	Support for patients whose first language isn't	Interpreter / Language Line	Can speak to staff member of same sex		
FN185	Boots (Lymm)	Lymm South	N	N	Y	Y	Y	N	N	Y	Y	Y	N	Y	TBC	WA	WA	Y	Y	Y	WA	N	Y	C	N	N	Y	YNW	1	Y	Within 100m	N	N	Y	Y	Y	N	Y	N	Y	N	N	N	N	BA	
FV C77	Boots (Stockton Heath)	Stockton Heath	N	N	Y	Y	Y	N	N	Y	Y	Y	N	Y	TBC	WA	WA	Y	Y	Y	WA	N	Y	C	N	N	N	Y	YNW	1	Y	Within 100m	Y	Y	Y	Y	N	N	Y	N	N	N	N	Y	N	N
FE279	Click Trading	Grappe nhall	Y	N	Y	Y	Y	N	N	N	N	Y	N	N	TBC	NW	NW	N/A	N	N	WA	Y	Y	F/C	Y	N	N	N	N/A	1	N	No bus stop	N	N	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y
FYT65	Hughes Chemists	Grappe nhall	N	N	N	N	N	N	N	Y	Y	Y	N	N	TBC	WA	NW	N/A	Y	N	WA	Y	N	C	N	N	Y	Y	1	Y	Within 100m	N	N	Y	N	N	N	Y	Y	Y	N	Y	Y	Y	Y	
FLA08	Lloyds (Lymm)	Lymm South	N	N	N	N	Y	N	N	Y	Y	Y	N	N	TBC	WA	CP	N/A	Y	Y	WA	N	Y	C	N	N	N	Y	Y	1	N	Within 100m	N	Y	Y	Y	N	N	N	N	Y	N	N	N	Y	
FWK62	Stockton Heath Pharmacy	Stockton Heath	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	TBC	NW	NW	N/A	Y	Y	WA	N	Y	F	N	N	Y	Y	1	Y	100-500m	Y	N	Y	N	Y	N	Y	N	Y	Y	Y	N	N	Y	
FD825	Thomas Brown Pharmacy	Stockton Heath	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	TBC	WA	WA	Y	Y	N	WA	N	Y	F	Y	N	N	Y	Y	1	N	Within 100m	N	Y	Y	N	N	N	Y	Y	Y	N	Y	Y	Y	
FPX39	Well (Appleton)	Appleton	N	N	N	Y	Y	N	N	Y	Y	Y	N	Y	TBC	WA	WA	Y	N	N	WA	N	Y	F	N	N	Y	Y	1	Y	100-500M	Y	Y	Y	N	N	N	Y	N	Y	Y	Y	N	N	N	BA

*Town Centre; **Non-NHS commissioned; **Service provision:** CP – currently providing; PP – private (Non-NHS) provision; WA – willing and able if commissioned; NW – not willing to provide; ***No service due to staffing issues; **Delivery service:** F – free; C – chargeable; F/C – free to certain patients: APR – at patient request; BA – by arrangement

ODS Code	Provider/Trading Name	Ward	Weekly Total	Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thur Open	Thur Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close	Mon Lunch	Tue Lunch	Wed Lunch	Thu Lunch	Fri Lunch	Sat Lun ch	Sun Lun ch
FN185	Boots (Lymm)	Lymm South	53	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FVC7 7	Boots (Stockton Heath)	Stockton Heath	55	08: 30	18: 00	08: 30	18: 00	08: 30	18: 00	08: 30	17: 30	08: 30	18: 00	09: 00	17: 00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FE27 9	Click Trading Ltd	Grappenhall	40	09: 00	17: 00	09: 00	17: 00	09: 00	17: 00	09: 00	17: 00	09: 00	17: 00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FYT6 5	Hughes Chemist	Grappenhall	44	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	13: 00	N/A	N/A	13:00- 14:00	13:00- 14:01	13:00- 14:02	13:00- 14:03	13:00- 14:04	N/A	N/A	N/A	N/A	
FLA0 8	Lloyds (Lymm)	Lymm South	53	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	17: 00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FWK 62	Stockton Heath Pharmacy (Branch: 668 - Stockton Heath)	Stockton Heath	100	07: 00	22: 30	07: 00	22: 30	07: 00	22: 30	07: 00	22: 30	07: 00	22: 30	07: 00	22: 30	10: 00	17: 00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FD82 5	Thomas Brown Pharmacy Ltd	Stockton Heath	48.5	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	17: 30	09: 00	18: 00	09: 00	13: 00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FPX3 9	Well (Appleton)	Appleton	45	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	09: 00	18: 00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

West ward grouping area pharmacies – services, facilities and opening hours

WEST WARD GROUPING				ADVANCED SERVICES										LOCALLY COMMISSIONED SERVICES (OTHER NHS)						FACILITIES AND ACCESSIBILITY																												
ODS CODE	PROVIDER/ TRADING NAME	WARD	100-hour pharmacy	Stoma Appliances	Incontinence Appliances	Dressings	AUR Appliance Use Review	SAC Stoma Appliance Customisation	NMS New Medicines Service	NHS Flu Vaccination	NHS Community Pharmacist Consultation Service (CPCS)	Hepatitis C testing service	Hypertension case finding	Stop smoking service - delay to Jan 2022 start date	Needle & Syringe Exchange Service	Supervised Consumption	SA done in separate room	Emergency Hormonal Contraception EHC (commissioner data)	Quickstart Contraception Service (accredited to provide)	Chlamydia Testing	Palliative Care/End of Life Drugs	Prescription Collection Service	Delivery free/chargeable	Monitored/Community Dosage - Free	Monitored/Community Dosage - Chargeable	Monitored/Community Dosage if covered by DDA	Consultation Area	Number of consulting rooms	Parking within 50M	Distance to bus stop / train station	Disabled Parking	Wheelchair Access to pharmacy entrance	All areas of pharmacy floor accessible by wheelchair?	Automatic door assistance	Bell at front door	Toilet facilities accessible by wheelchair users	Hearing loop	Sign language	Large print labels	Large print leaflets	Wheelchair ramp access	Support for patients whose first language isn't English	Interpreter / Language Line	Can speak to staff member of same sex				
FRQ 87	Asda (Westbrook)	Chapelford and Old Hall	Y	N	N	Y	N	N	Y	Y	Y	N	Y	T B C W A	W A	WA	Y	Y	N	C P	Y	N	No ne	N	N	N	Y W	1	Y	Within 100m	Y	Y	Y	Y	N	Y	Y	N	Y	Y	N	N	N	N	N	N	B A	
FV5 58	Aston Pharmacy	Great Sankey North and Whittle Hall	N	N	N	N	N	N	Y	Y	Y	N	Y	T B C W A	N W	NW	N /A	Y	N	N W	N	Y	F	Y	N	N	Y N	1	N	Within 100m	N	N	N	N	N	Y	N	N	N	Y	N	N	N	N	N	N	N	B A
FJ7 29	Boots (Gemini)	Westbrook	N	Y	Y	Y	N	N	Y	Y	Y	N	Y	T B C W A	N W	WA	Y	Y	Y	N W	Y	Y	C	N	N	N	Y	1	Y	Within 100m	Y	Y	Y	Y	N	N	Y	N	N	N	N	Y	Y	Y	Y	N	B A	
FE3 61	Chapelford/Hub Pharmacy	Chapelford and Old Hall	N	Y	Y	Y	N	N	Y	Y	Y	N	N	T B C W A	N W	NW	N /A	Y	Y	W A	N	Y	F	Y	Y	N	Y	1	Y	100-500m	Y	Y	Y	N	N	Y	N	N	Y	N	N	N	N	N	N	B A		
FQV 12	Cohens Chemist	Chapelford and Old Hall	N	Y	N	Y	N	N	Y	Y	Y	N	Y	T B C W A	W A	NW	N /A	Y	Y	N W	N	Y	F	N	N	Y	Y N	1	Y	100-500m	Y	Y	Y	N	Y	N	Y	N	N	Y	N	N	N	N	N	N		
FR2 45	Hood Manor Pharmacy	Great Sankey South	N	Y	Y	Y	N	N	Y	Y	Y	N	N	T B C W A	W A	CP	Y	Y	Y	W A	Y	Y	F	Y	N	N	Y	1	Y	Within 100m	Y	Y	Y	Y	N	N	N	N	N	Y	Y	N	N	N	N	B A		
FT1 75	Lloyds (Penketh)	Penketh and Cuerdley	N	N	N	N	N	N	Y	Y	Y	N	N	T B C W A	W A	CP	Y	Y	Y	W A	N	N	C	N	N	Y	Y	1	Y	Within 100m	N	Y	Y	N	N	Y	Y	N	N	N	Y	Y	N	N	N			
FL7 89	Rydale Chemists	Burtonwood and Winwick	N	Y	Y	Y	N	N	Y	Y	Y	N	N	T B C W A	W A	CP	Y	Y	Y	W A	N	Y	C	Y	Y	N	Y	1	Y	Within 100m	N	N	N	N	N	Y	N	N	N	N	Y	Y	N	N	N	N	B A	

*Town Centre; **Non-NHS commissioned; **Service provision:** CP – currently providing; PP – private (Non-NHS) provision; WA – willing and able if commissioned; NW – not willing to provide; ***No service due to staffing issues; **Delivery service:** F – free; C – chargeable; F/C – free to certain patients; APR – at patient request; BA – by arrangement

ODS Code	Provider/Trading Name	Ward	WEEKLY TOTAL	MON	TUE	WED	THUR	FRI	SAT	SUN	MON LUNCH	TUE LUNCH	WED LUNCH	THU LUNCH	FRI LUNCH	SAT LUNCH	SUN LUNCH
----------	-----------------------	------	--------------	-----	-----	-----	------	-----	-----	-----	-----------	-----------	-----------	-----------	-----------	-----------	-----------

FRQ 87	Asda (Westbrook)	Chapelford and Old Hall	100	08:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	10:30	16:30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
FV55 8	Aston Pharmacy	Great Sankey North and Whittle Hall	40	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	N/A	N/A	N/A	N/A	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	N/A	N/A	
FJ72 9	Boots (Gemini)	Westbrook	72	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	11:00	17:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
FE36 1	Chapelford/Hub Pharmacy	Chapelford and Old Hall	45	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	N/A	N/A	N/A	N/A	13:00-13:30	13:00-13:31	13:00-13:32	13:00-13:33	13:00-13:34	N/A	N/A	
FQV 12	Cohens Chemist (Westbrook)	Chapelford and Old Hall	45	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	N/A	N/A	N/A	N/A	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	N/A	N/A	
FR24 5	Hood Manor Pharmacy	Great Sankey South	45	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
FT17 5	Lloyds (Penketh)	Penketh and Cuedley	54.5	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
FL78 9	Rydale Chemists	Burtonwood and Winwick	43.5	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:00	12:30	N/A	N/A	12:45-13:45	12:45-13:45	12:45-13:45	12:45-13:45	12:45-13:45	N/A	N/A

Appendix 2: List of GP practices with wards and primary care networks (as at February 2022)

GP Code	GP Practice	Ward Name	Ward group	Primary Care Network
N81107	280 Manchester Road	Fairfield and Howley	Central	Warrington Central East
N81114	Birchwood MC	Birchwood	East	East Warrington
N81014	Brookfield Surgery	Lymm North and Thelwall	South	South Warrington
N81028	Causeway MC	Latchford West	Central	Central & West Warrington
N81028	Causeway MC (Great Sankey Branch)	Great Sankey South	West	Central & West Warrington
Y04925	Chapelford Health Care	Chapelford and Old Hall	West	Warrington Innovation
N81637	Cockhedge MC	Bewsey and Whitecross	Central	Warrington Central East
N81059	Culcheth MC (Jackson Ave)	Culcheth, Glazebury & Croft	East	Warrington Innovation
N81097	Dallam Lane MC	Bewsey and Whitecross	Central	Central & West Warrington
N81628	Eric Moore Partnership	Bewsey and Whitecross	Central	Central & West Warrington
N81628	Eric Moore Partnership (Orford Park Branch)	Orford	Central	Central & West Warrington
Y01108	Fairfield Surgery	Fairfield and Howley	Central	Warrington Central East
N81048	Fearnhead MC	Poulton North	East	East Warrington
N81048	Fearnhead MC (Longford St Branch)	Orford	Central	East Warrington
N81056	Folly Lane MC	Bewsey and Whitecross	Central	Central & West Warrington
N81645	Four Seasons MC	Orford	Central	Warrington Innovation
N81089	Greenbank MC	Fairfield and Howley	Central	Warrington Central East
N81012	Guardian MC	Bewsey and Whitecross	Central	Warrington Innovation
N81041	Helsby Street MC	Fairfield and Howley	Central	Central & West Warrington
N81007	Holes Lane MC	Rixton and Woolston	East	Warrington Central East
N81007	Holes Lane MC (Manchester Rd Branch)	Fairfield and Howley	Central	Warrington Central East
N81108	Lakeside MC	Lymm South	South	South Warrington
N81108	Lakeside MC (The Quays Branch)	Lymm North and Thelwall	South	South Warrington
N81065	Latchford MC	Latchford East	Central	South Warrington
N81109	Padgate MC	Poulton North	East	East Warrington
N81109	Padgate MC (Woolston Branch)	Rixton and Woolston	East	East Warrington
N81083	Parkview MC	Orford	Central	Warrington Innovation
N81020	Penketh MC	Penketh and Cuedley	West	Central & West Warrington
N81036	Springfields MC	Bewsey and Whitecross	Central	Warrington Innovation
N81075	Stockton Heath MC	Stockton Heath	South	South Warrington
N81623	Stretton MC	Appleton	South	South Warrington
N81623	Stretton MC (Grappenhall Branch)	Grappenhall	South	South Warrington
N81122	Westbrook MC	Chapelford and Old Hall	West	Warrington Innovation

Appendix 3: Acronyms, abbreviations and glossary of terms

A&E	Accident and Emergency
ABPM	Ambulatory Blood Pressure Monitoring
AUR	Appliance Use Review
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CHD	Chronic Heart Disease
CPCW	Community Pharmacy Cheshire & Wirral
DCLG	Department of Communities and Local Government
DMS	Discharge Medicines Service
EHC	Emergency Hormonal Contraception
GP	General Practice / General Practitioner
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area - small geographical units, each of which has a minimum of 400 households and an average population of approximately 1500. Warrington Local Authority contains 127 LSOAs.
MDS	Monitored Dose System
MUR	Medicines Use Review
NCMP	National Child Measurement Programme
NMS	New Medicines Service
NHS	National Health Service
NHSCB	NHS Commissioning Board (renamed NHS England in April 2013)
NHSE	NHS England
ONS	Office of National Statistics
OOH	Out of Hours
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
STI	Sexually Transmitted Infection
WBC	Warrington Borough Council
WHHFT	Warrington and Halton Hospital Foundation Trust
WHO	World Health Organization

Appendix 4: Policy context

'A Vision for Pharmacy in the New NHS'

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

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

'Choosing Health through Pharmacy'

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

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

A New Contractual Framework

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

- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services, Medicines Use Reviews (MUR), Appliance Use Reviews (AUR) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can help resolve. For SAC the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.
- Local enhanced services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by PCTs direct with contractors.

Community pharmacies are remunerated through this national contractual framework, the majority of the income to community pharmacy is made through fees, allowances and retained purchasing profit which is controlled at a national level to provide an agreed return on investment to pharmacy contractors. In return pharmacy contractors must provide certain specified services at agreed times. Around 85% of community

pharmacy income nationally comes from NHS services. A growing source of income to community pharmacies comes from providing enhanced services commissioned by PCTs. Pharmacies provide both NHS funded care and services that are paid for directly by the patient. Some community pharmacies provide these non-NHS services to our population. These include:

- Over the counter medication, including supply of emergency hormonal contraception and smoking cessation
- Measurements like blood pressure, weight and height
- Diagnostic tests like cholesterol and blood glucose

‘Our health, our care, our say’

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

‘NHS Next Stage Review’

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

‘Pharmacy in England – Building on strengths delivering the future’

In April 2008 the government set out its plans in this Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy. This White Paper sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country which it seeks to address through a work programme which will challenge and engage PCTs, pharmacists and the NHS.

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years. It sets out a reinvigorated vision of pharmacy’s potential to contribute further to a fair, personalised, safe and effective NHS. This vision demonstrates how pharmacy can continue, and expand further, its role in an NHS that focuses as much on prevention as it does on treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting well-being for patients and public alike. This White Paper has put forward a broad range of proposals to build on progress over the last three years which has succeeded in embedding community pharmacy’s role in improving health and well-being and reducing health inequalities. An overview is set out below in Figure 34. This

includes proposals for nationally commissioned additions to the contract in future years for how pharmacies will, over time:

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

Figure 1: Pharmacy White Paper – Summary

Building on strengths – delivering the future

The Aims of the White Paper, Pharmacy in England

Supporting healthy living and better care

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

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

Better, safe use of medicines

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

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

Access and choice

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

Integration and interfaces

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

Quality

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

'Healthy lives, healthy people'

The public health strategy for England (2010) says:

“Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.”

This will be relevant to local authorities as they take on responsibility for public health in their communities.

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

Equity and excellence: Liberating the NHS (2010)

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

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

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

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that PCTs must develop and publish PNAs; and PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market. The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions PCTs can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard. The first set of Regulations dealing with the development and publication of PNAs, the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2010 (S.I. 2010/914) were laid on 26 March 2010 and came into force on 24 May 2010. Later the National Health Service (Pharmaceutical Services) Regulations 2012 (“the 2012 Regulations”) and draft guidance came into force concerning the remaining provision under the Health Act 2009.

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

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

authorities and commissioning bodies. Guidance outlines the steps required to produce relevant, helpful and legally robust PNAs.

Consolidation Applications: On 5 December 2016, amendments to the 2013 Regulations come into effect. NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means they will not be assessed against the pharmaceutical needs assessment. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services so, if NHS England commissions enhanced services from the contract the closing premises, then the applicant is required to give an undertaking to continue to provide those services following consolidation.

If NHS England is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. If NHS England grants the application, it must then refuse any further “unforeseen benefits applications” seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.

July 2019 – the Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan

This builds upon the reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service whilst confirming community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks.

Appendix 5: Public pharmacy user survey questionnaire

Patient survey of community pharmacy services 2021

Thank you for agreeing to complete this questionnaire which is asking for your views on the current provision of pharmacy services in your local area

A pharmacy or Chemist is a place you would use to get a prescription dispensed or buy medicines or ask a pharmacist for advice. A pharmacist is the most qualified person in the pharmacy to dispense and sell medicines and give advice.

1. In which Local Authority do you live?

- Cheshire East
- Cheshire West and Chester
- Halton
- Knowsley
- Liverpool
- Sefton
- St. Helens
- Warrington
- Wirral

The following questions are about the last time you used a pharmacy

2. Why did you visit the pharmacy? (Please one box only)

- To collect a prescription for yourself
- To collect a prescription for someone else
- To get advice from the pharmacist
- To buy other medications I cannot buy elsewhere
- Other (please specify)

3. When did you last use a pharmacy to get a prescription, buy medicines or to get advice? (Please tick one answer only)

- In the last week
- In the last two weeks
- In the last month
- In the last three months
- In the last six months
- Not in the last six months

4. How did you get to the pharmacy? (Please tick all that apply)

- Walking
- Public transport

- Car
- Motorbike
- Taxi
- Bicycle
- Mobility transport
- Other (please specify)

5. Thinking about the location of the pharmacy, which of the following are the most important to you? (Please tick all that apply)

- It is close to my doctor surgery
- It is close to home
- It is close to other shops
- It is close to children's school/nursery
- It is easy to park
- It is near train/bus stops
- It is close to work
- It is close to my local supermarket
- None of these
- Other (please specify)

6. How easy is to get to your usual pharmacy? (Please tick one answer only)

- Very easy
- Quite easy
- Quite difficult
- Very difficult

7. If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?

- Yes
- No
- Don't know
- Not applicable

8. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

- Yes
- No
- Don't know/I have never used this service

9. Can you remember a recent time when you had problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?

- Yes
- No (go to question 12)

10. If yes, what was your main reason for going to the pharmacy? (Please tick one answer only)

- To get medicine on prescription
- To buy medicine from the pharmacy
- To get advice at the pharmacy
- Other (please specify)

11. Please tell us what was the problem in finding a pharmacy?

12. Are you satisfied with the opening hours of your pharmacy?

- Yes
- No (please specify below)

13. Were you satisfied with services received from your pharmacy during the pandemic?

- Yes
- No (please specify below)

About the last time you found your usual pharmacy, or the one closest to you, closed.

14. How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?

- I haven't needed to use the pharmacy when it was closed (Go to question 17)
- Once or twice
- Three or four times
- Five or more times

15. What day of the week was it?

- Monday to Friday
- Saturday
- Sunday
- Bank Holiday
- Can't remember

16. What time of the day was it?

- Morning
- Lunch time (between 12pm and 2pm)
- Afternoon
- Evening (after 7pm)
- Can't remember

17. What did you do when your pharmacy was closed?

- Went to another pharmacy
- Waited until the pharmacy opened
- Went to hospital
- Went to a walk-in centre

- Called NHS 111
- Other (please specify)

About any medicines you receive on prescription and are dispensed by your usual or local pharmacy

18. Did you get a prescription the last time you used a pharmacy?

- Yes
- No (Go to question 20)
- Can't Remember (Go to question 20)

19. Did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

- Yes
- No, but I would have liked to have been told
- No, but I did not mind
- Can't remember

20. Was this a reasonable period of time?

- Yes
- No
- Not applicable

21. Did you get all the medicines that you needed on this occasion?

- Yes (Go to question 24)
- No
- Can't remember (Go to question 24)

22. What was the main reason for not getting all your medicines on this occasion? (Please tick one answer only)

- The pharmacy had run out of my medicine
- My GP had not prescribed something I wanted
- My prescription had not arrived at the pharmacy
- Pharmacy told me medicine was unavailable
- Some other reason

23. How long did you have to wait to get the rest of your medicines?

- Later the same day
- The next day
- Two to seven days
- More than a week
- Never got it

24. If you have needed to use a hospital pharmacy (e.g. as an outpatient or on discharge following a stay in hospital), would you like to have the option to have the prescription dispensed at your local pharmacy?

- Yes
- No
- I have never used a hospital pharmacy

About times when you needed a consultation, or wished to talk to the pharmacist in the pharmacy

25. Have you had a consultation with the pharmacist recently for any health related purpose?

- Yes
- No (Go to question 29)
- Can't remember (Go to question 29)

26. What advice were you given during your consultation? (Please tick all that apply)

- Lifestyle advice (e.g. stop smoking, diet, physical activity etc.)
- Advice about a minor ailment
- Medicine advice
- Emergency contraception advice
- Blood pressure monitoring
- Referred to another service
- Other (please specify)

27. Where did you have your consultation with the pharmacist? (Please tick one answer only)

- At the pharmacy counter
- In the dispensary or a quiet part of the shop
- In a separate room
- Over the telephone
- Other (please specify)

28. How do you rate the level of privacy you have in the consultation with the pharmacist?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

About what you feel pharmacies should be able to offer you

29. Please tell us how you would describe your feelings about pharmacies

- I wish pharmacies could provide more services for me
- I am satisfied with the range of services pharmacies provide
- Don't know

**30. Which, if any, of the services below do you think should be available locally through pharmacies?
(Please select 'Yes', 'No' or 'Not Sure' for each)**

- To get treatment of a minor illness such as a cold instead of my doctor (free of charge if you don't pay for prescriptions)
- Advice on stopping smoking and/or treatment
- Advice on contraception and the supply of the 'morning after pill' free of charge
- Weight management services and advice on diet/exercise for weight management
- Screening for other conditions
- Advice and treatment for alcohol misuse
- Review of new medicines with advice on when it is best to take them, what they are for and side-effects to expect
- Provision of the flu vaccinations
- Other immunisations

31. Is there anything you particularly value as a service from pharmacies?

**32. Is there anything else, or any additional service that you feel could be provided by local pharmacies?
Finally please provide some details about yourself**

33. Please tell us your postcode:

34. Are you?

- Male
- Female
- Prefer not to say
- Prefer to self-define (please specify)

35. How old are you?

- Under 16 years
- 16-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 years or over
- Prefer not to say

36. Are you disabled*?

*Disability is defined in the Equality Act 2010 as 'a physical or mental impairment that has a substantial and long-term (12 months or more) adverse effect on your ability to carry out normal day-to-day activities'.

- Yes
- No
- Prefer not to say

37. If yes, is your disability related to: (please tick all that apply)

- Deaf/hard of hearing
- Learning
- Long term illness
- Mental health
- Physical
- Visual
- Other

38. Ethnicity: Do you identify yourself as:

- Asian - Bangladeshi
- Asian - Indian
- Asian - Pakistani
- Asian - Other Background
- Black - African
- Black - British
- Black - Caribbean
- Black - Other Background
- Chinese
- Other Chinese background
- Mixed Ethnic Background - Asian & White
- Mixed Ethnic Background - Black African & White
- Mixed Ethnic Background - Caribbean & White
- Mixed Ethnic Background - Other
- White - British
- White - English
- White - Irish
- White - Scottish
- White - Welsh
- White – Gypsy/Traveller
- White – Other

The following questions are a little more personal and you can choose to stop here if you wish. However, it would be helpful if you would consent to complete these questions

39. Do you have a religion or belief?

- Yes
- No
- Prefer not to say

40. If yes, please tick one of the options below:

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please specify)

41. How would you describe your sexual orientation?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other
- Prefer not to say

42. Do you live in the gender you were given at birth?

- Yes
- No
- Prefer not to say

Thank you for taking the time to complete this survey. The findings will help inform the development of pharmacy services in your local area.

The data you have provided is private and confidential and will not be shared. Only overall anonymised results of this consultation will form part of the final report which will be used to improve the delivery of local services.

Appendix 6: Consultation results

14 consultation response surveys were completed - All respondent feedback to the PNA consultation was considered at a meeting of the PNA Steering Group on 22nd June 2022. Steering group members comprise: Public Health (Warrington Borough Council); Community Pharmacy Professional Lead (Community Pharmacy Cheshire and Wirral); NHS England local area team; Healthwatch Warrington; NHS Warrington CCG; Communications Team (Warrington Borough Council). The outcome from discussions is presented in the table below.

Key: Y – yes; N – no; NS – not sure; B – Blank

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
Q1. Has the purpose of a PNA been adequately explained within the draft Warrington PNA?	11	0	3		Comment related to use of acronyms and suggested a separate summary is needed given the size of the full PNA.	Use of acronyms in document revisited and reviewed. Have ensured that all acronyms are introduced when first used in the document and there is an appendix listing all acronyms. The document has an Executive Summary, which will be made available separately for anyone not wishing to download the full document.
Q2. Does the draft Warrington Pharmaceutical Needs Assessment reflect the current provision of	5	3	6		Two comments focused on perceived poor quality of service in one pharmacy in particular, with issues of wait times, queues and availability of medicines cited as specific issues.	CPCW and NHSE representatives on the Steering Group highlighted that staffing, services and supply have been impacted nationally by events such as Brexit and the COVID-19 pandemic. Efforts are being made centrally to address this situation, this is not a Warrington specific issue.

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
pharmaceutical services within your area?					One comment expressed the view that there are areas of the borough with poor service provision.	The statutory requirement of the PNA is to assess provision overall, not undertake a review of the quality of services. Comments relating to perceived quality issues have been passed to NHSE as commissioner of pharmacy services to investigate and address through their standard processes. The assessment of pharmaceutical service provision across Warrington as a whole found that existing provision is adequate to meet need. One of the PNA recommendations is that NHS England should continue to work, wherever possible, with existing contractors to ensure appropriate distribution and accessibility of services.
Q3. Are there any gaps in service provision; i.e. when, where and which services are available, that have not been identified in the draft Warrington Pharmaceutical Needs Assessment?	Y 7	N 3	NS 4	B	<p>Comment about need for another 100 hr pharmacy</p> <p>Comment about need for a 24 hour pharmacy</p> <p>Comment about out of hours provision</p> <p>Comment about adequate staffing</p> <p>Comment about quality of provision</p> <p>Comment about variation in provision</p>	<p>A pharmacy opening 100 hours a week or more was an exemption to the control of entry test, allowing a pharmacy to open without having to prove the need. That exemption was removed in 2012 and so no new applications using this exemption have been possible since then.</p> <p>The assessment of pharmaceutical service provision across Warrington as a whole found that existing provision is adequate to meet need. NHSE cannot instruct a pharmacy to open 24 hours, it can only insist on the standard 40 hours as this is the contractual obligation.</p> <p>Section 4.2 of the document details all out of hours provision, 78% of respondents to the public survey said they were satisfied with opening hours in their area. In considering out of hours provision, the PNA finds that 30 pharmacies are open on a Saturday with 15 of these open all day and seven on a Sunday. In relation to access,</p>

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
					<p>Comment about care and treatment for a specific condition</p>	<p>car ownership in Warrington is quite high with levels in the West, South and East areas ranging from 85% to 88%. Although car ownership is 67% in Central there is a higher provision per head of population. Distance selling pharmacy services are also available to residents.</p> <p>CPCW and NHSE representatives on the Steering Group highlighted that staffing, services and supply have been impacted nationally by events such as Brexit and the COVID-19 pandemic. Efforts are being made centrally to address this situation, this is not a Warrington specific issue.</p> <p>See response relating to quality of provision under Q2 above.</p> <p>The assessment of pharmaceutical service provision across Warrington as a whole found that existing provision is adequate to meet need. In relation to neighbourhood variations in provision, one of the PNA recommendations is that NHS England should continue to work, wherever possible, with existing contractors to ensure appropriate distribution and accessibility of services.</p> <p>Care and treatment for the condition cited is not related to pharmaceutical services however the issue raised has been forwarded to relevant NHS commissioners.</p>

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
<p>Q4. Does the draft Warrington Pharmaceutical Needs Assessment reflect the needs of your area's population?</p>	<p>Y 4</p>	<p>N 4</p>	<p>NS 6</p>	<p>B</p>	<p>Comment highlighting need to consider the role that pharmacies can play. Also reference to use of public survey responses in considering needs of those with protected characteristics.</p> <p>Comment regarding out of hours provision</p> <p>Comment relating to problems with specific pharmacy also comment about problems accessing medication</p> <p>Comment on need to assess and provide recommendations on improving quality of pharmacy provision</p>	<p>One of the conclusions of the PNA is that 'the COVID-19 pandemic has placed, and will continue to place, a greater focus on the role of pharmacies and pharmacists as key partners in the primary care response to meeting the health needs of our population'. In reference to the comment regarding protected characteristics, detailed analysis of the results from the public survey are presented in the PNA. However, where available, further analysis by gender, disability and age has been added, where appropriate, in response to this consultation comment. Due to the small numbers of respondents from minority ethnic groups and those respondents stating a religion, analysis has not been included for reasons of confidentiality and statistical viability.</p> <p>See response relating to out of hours provision under Q3 above.</p> <p>See response relating to specific pharmacy under Q2 above.</p> <p>See response relating to quality of provision under Q2 above. The group reiterated that the requirement of the PNA is to assess provision rather than quality of specific services therefore quality is not a focus of the document.</p>

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
Q5. Has the draft Warrington Pharmaceutical Needs Assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	6	2	6		<p>Comment relating to finding that provision sufficient to meet future needs – reference to provision in Warrington being lower than the England average.</p> <p>Comment querying whether pharmacy provision aligned to new developments has been taken into consideration.</p> <p>Comment querying processes to address changes to provision within the lifetime of the PNA</p> <p>Query regarding additional pharmacy need in specific area.</p>	<p>The average for England is used as a comparator, however it is recognised that this only provides a crude benchmark. The national average is based on provision covering more rural and remote parts of the country where transport links and infrastructure provide more challenges to access. These factors, along with the borough's demographic profile, high levels of car ownership and close proximity to further provision in neighbouring areas is taken into account when assessing how Warrington compares to national averages.</p> <p>With regard to provision for new developments, only pharmaceutical applications approved at time of writing have been included in this assessment.</p> <p>A supplementary statement will be produced and published if there are any substantial unforeseen changes to pharmacy provision during the lifespan of the PNA. If there are major or significant unforeseen changes in provision and/ or need, a decision may be taken to refresh the PNA at an earlier point.</p> <p>The assessment of provision showed that the majority of pharmacies said that they had <i>'sufficient capacity within their existing premises and staffing levels to manage an increase in demand in our area'</i>.</p>

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
Q6. Has the draft Warrington Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future?	Y 6	N 1	NS 7	B	Comment on the difficulties which a lack of clarity around the upcoming changes to the commissioning landscape presents in assessing and planning provision.	It is recognised that the Health and Social Care system is undergoing significant change at the point of developing this PNA. The PNA timescale is prescribed by central Government, and so it has not been possible to delay until there is more clarity around changes in commissioning responsibilities that may happen once Integrated Care Systems are fully established. As above, a supplementary statement will be developed for any material changes in provision locally.
Q7. Has the draft Warrington Pharmaceutical Needs Assessment provided pharmacies and dispensing appliance contractors with enough information to inform future	Y 5	N 2	NS 7	B	<p>Comment repeated from Q5 regarding provision averages.</p> <p>Comment repeating query from Q5 around changes during PNA life.</p> <p>Comment regarding uncertainty of future plans for the respondent's area.</p>	<p>See response relating to national and local provision comparators under Q5 above.</p> <p>See response relating to changes during lifetime of the PNA under Q5 above.</p> <p>Any developments in terms of housing known at the time of analysis have been included in the projected population figures.</p>

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
pharmaceutical services provision and plans?						
Q8. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted in the draft Warrington Pharmaceutical Needs Assessment?	5	1	7	1	<p>Comment regarding the important role of pharmacies during COVID. Need to use pharmacies across borough to ensure equity of access to care and treatment, service demand and upstream prevention.</p> <p>Enquiry regarding pharmacy administration of COVID boosters</p> <p>Comment repeating query regarding</p>	<p>A conclusion of the PNA is that the COVID-19 pandemic has placed, and will continue to place, a greater focus on the role of pharmacies and pharmacists as key partners in the primary care response to meeting the health needs of our population. At present the only service commissioned from pharmacies by Warrington CCG is the palliative care service. As the Integrated Commissioning Board (ICB) across Cheshire & Merseyside becomes established, it is anticipated that a review of pharmacy commissioned services to meet the health and social care needs of our population will be undertaken.</p> <p>Two pharmacies in Warrington are currently involved in the administration of COVID-19 boosters.</p> <p>See response regarding addressing demand through existing services under Q5 above.</p>

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
					<p>additional pharmacy need in specific area.</p> <p>Comment regarding critical medicines supply and access and importance of communication around stock and shortages.</p> <p>Comment regarding patient expectations around standards of service.</p> <p>Suggestion of the need for a locally commissioned Pharmacy First Minor Ailments service.</p>	<p>NHS and CCG commissioners have developed a Prescription Medication Shortages Guidance document, to be published shortly, which is guidance for community pharmacies and general practice and includes a template form for communication between community pharmacy and general practice around medication shortages.</p> <p>In response to the comment regarding quality standards, a link has been added to Section 1.7 of the PNA showing the standards for registered pharmacies set down by the General Pharmaceutical Council.</p> <p>As detailed above in this section, it is anticipated that, as the ICB becomes established, a review of pharmacy commissioned services to meet the health and social care needs of our population will be undertaken.</p>

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
Q9. Do you agree with the conclusions of the draft Warrington Pharmaceutical Needs Assessment?	Y 4	N 3	NS 7	B	<p>Comment querying whether provision is sufficient to serve the upcoming housing development.</p> <p>Comment calling for improvements to address provision and stock shortages citing Brexit and government issues.</p> <p>Comment regarding patient expectations around standards of service.</p>	<p>Section 2.4 of the PNA assesses future plans for housing development within Warrington and the projected growth in East, South and West ward grouping areas. Given current levels of provision and capacity and the finding that 74% of current contractors report an ability to meet any increase in demand, the PNA finds that 'capacity within existing pharmacy services overall will be able to absorb the increased demand anticipated over the lifespan of this PNA'.</p> <p>See response under Q2 regarding efforts to address national issues with staffing and stock shortages.</p> <p>See reference to General Pharmaceutical Council standards for registered pharmacies in response to comment in Q8 above.</p>
Q10.1 Opening hours accurate?	Y 2	N 3	NS	B 9	Amendments for two pharmacies provided by one contractor respondent.	Amendments regarding opening hours forwarded to NHS England commissioners.
Q10.2 Service provision accurate?	4	1		9	No comments	

Consultation question	Y	N	NS	B	Respondent comments (further comments asked for where respondent had given 'no' as their answer to Qs 1,2,4,5,6,7,9 and 'yes' in answer to Qs 3,8)	PNA Steering group response and action taken in relation to comments shared
Further comments					<p>Comments relating to the need for the assessment to consider the changing role of pharmacies, the changes to the commissioning landscape and age and deprivation profile of the borough.</p> <p>Comments relating to provision generally and in one specific area of the borough.</p>	<p>The demographic and health needs of the Warrington population are presented in Section 2 of this PNA and have been considered in the assessment of pharmaceutical needs.</p> <p>The points raised under 'further comments' were re-stating the comments made under other questions and have therefore been addressed in the steering group responses presented.</p>