Pharmaceutical Needs Assessment

1st February 2011 - 31st March 2014
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1. Executive Summary

1.1. Purpose of a Pharmaceutical Needs Assessment

The Purpose of a Pharmaceutical Needs Assessment (PNA) is to assess;

- The pharmaceutical needs of its area
- Publish a statement as to its assessment

To do this the PCT needs to answer three questions;

- Is there a need for new pharmacies in South Staffordshire?
- Do the existing pharmacies provide an adequate level of services as commissioned by the PCT?
- Is there a need for the PCT to commission new services that Pharmacists could provide?

1.2. Is there a need for new pharmacies in South Staffordshire?

Generally there is a comprehensive network of pharmacies across South Staffordshire. The PCT’s view for this consultation document is that there is no need for any new pharmacies as;

- Existing pharmacies are close to GP practices providing choice and convenience for patients
- Existing pharmacies opening and closing times generally mirror GP practices opening and closing times during the week

However although there are pharmacies near to the two acute, three community hospitals and Burntwood Health and Well Being Centre their services are not available before 10am and after 6/7 pm on Sundays or bank holidays depending on the locality.

1.3. Do the existing Pharmacies provide an adequate level of services as commissioned by the PCT?

The analysis of services provided by South Staffordshire pharmacies demonstrates that the majority of pharmacies provide PCT commissioned services. Pharmacies can choose if they wish to provide PCT commissioned services. However there are some areas of South Staffordshire where patients are unable to access some services from existing Community Pharmacies.

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation</td>
<td>No service in Great Haywood, Barlaston, Brewood, or Streetly</td>
</tr>
<tr>
<td>Minor Ailments</td>
<td>No service in Great Haywood, Wombourne or Streetly</td>
</tr>
</tbody>
</table>
Emergency Hormonal Contraception  No service in Amington and Dosthill areas of Tamworth or Barton under Needwood

Palliative Care Box Scheme  This service is in the process of being developed across the PCT as GP practices as well as District Nursing Teams agree to provide the service

The PCT and LPC continue to, support those pharmacies not currently providing services to become accredited and provide PCT Commissioned services.

1.4. Is there a need for the PCT to commission new services that Pharmacies could provide?

The Joint Strategic Needs Assessment and PCT’s Health Profile support an approach where patients are encouraged to improve their health. The Joint Strategic Needs Assessment is the big picture relating to health, well being and inequalities of the population now and in the future. The PCT’s Health Profile and Staying Healthy Strategy analyses the factors that affect an individual’s health by Local authority population and identify priority areas for action.

Pharmacists can contribute to improving health overall and in the priority areas subject to funding availability.

In particular Pharmacies could offer;

- Weight Management Clinics
- Alcohol Screening Services
- Support for Exercise regimes
- Reviewing and extending supervised consumption of methadone and needle exchange
- Screening for Long Term Conditions i.e. CVD Risk Assessment
- Directed services for Long Term Chronic Conditions
- Extending Sexual Health Services

The above could support the health needs identified through the Joint Strategic Needs Assessment.

1.5. Public Consultation

The PCT carried out a public consultation on the draft Pharmaceutical Needs Assessment. The period of consultation was from 1st September to 26th November 2010. The report on the responses to the public consultation is on the PCTs website with this document.

2. Introduction and Process for Developing the PNA
2.1. The purpose of a Pharmaceutical Needs Assessment (PNA) is to:

- Assess the pharmaceutical needs for its area
- Publish a statement of its assessment

The assessment of needs and analysis of any gaps in services provided by South Staffordshire Pharmacies will enable the PCT to:

- Determine if any new pharmacies are required
- Assess the services pharmacists currently provide, identify any gaps in services and if there are any new services based on health needs which the PCT may wish to commission in the future, subject to funding availability

All Primary Care Trusts (PCT’s) must publish a PNA by 1\textsuperscript{st} February 2011 with a full review every three years. The public consultation period was between 1\textsuperscript{st} September and 26\textsuperscript{th} November 2010. The PCT has considered the responses to the document and amended it where agreed by the PCT board, prior to publishing the final PNA on 1\textsuperscript{st} February 2011.

A summary of the PNA including a questionnaire was sent widely to statutory consulters and patient groups/voluntary sector. The summary set out the purpose of the PNA, and asked consulters if they agreed with the PCT’s views. Appendix 3, Consultation and Communications Plan provided the detail of the consultation and communications plan.

The report on the outcome of public consultation was discussed by the PCT Board at its January 2011 meeting and is included with the published Pharmaceutical Needs Assessment.

2.2. Localities

The PCT has used the current GP Practice Based Commissioning Groups as localities. The localities are:

- Stafford and Surrounds
- Cannock Chase
- Seisdon Peninsula
- South East Staffordshire
- East Staffordshire

These localities were established in 2006 and the majority of the PCT’s budget for acute and community services are commissioned on a locality basis.

2.3. Context

The national context for the PNA is:
- The Pharmacy White Paper – Pharmacy in England Building was published in April 2008. The aim of the paper was to identify practical, achievable ways in which pharmacists and their teams can contribute towards improving patient care. The White Paper has been superseded by Equity and Excellence.
- The Health Act 2009 requires PCT’s to develop and publish a PNA and use it for determining market entry into NHS Pharmaceutical Services i.e. open a new pharmacy, minor relocations etc.
- Joint Strategic Needs Assessments (JSNAs). A JSNA establishes the current and future health and well-being needs of a population. The preparation of a PNA should take into account the work of the JSNA.
- Future housing developments, the PCT’s GP premises development programme and any major permanent health developments should be included in the PNA.
- Equity and Excellence, Liberating the NHS July 2010 proposes that the Community Pharmacy contract will incentivise and support high quality and efficient services. Pharmacists working with doctors and other health professionals have an important and expanding role in optimising the use of medicines and supporting better health.
- PCTs will be abolished on 31st March 2013. Pharmacy functions will be transferred to the NHS Commissioning Board. This Board will be responsible for the review of the Pharmaceutical Needs Assessment after April 2013.

2.4. Key Documents

This document includes a number of key appendices. Underpinning the document are a number of key PCT documents, these are:

- Health Profile for South Staffordshire PCT 2009
- Joint Strategic Needs Assessment
- Current services provided by Pharmacies
- Pharmacy and GP Opening times
- Analysis of Listening Exercise May/June 2010

These documents are available on the PCT’s website; [www.southstaffordshirepct.nhs.uk](http://www.southstaffordshirepct.nhs.uk) and click Pharmaceutical Needs Assessment, Archive Public Consultation. This section will include a summary of the reasons for the Pharmaceutical Needs Assessment and seeking the consulters and publics views regarding the need for new pharmacies, adequacy of existing services and future services that pharmacies could provide subject to funding availability.

A further set of Public Health reports that have been used in the preparation of the Pharmaceutical Needs Assessment are on [www.southstaffordshirepct.nhs.uk/yourhealth/profile/healthneeds](http://www.southstaffordshirepct.nhs.uk/yourhealth/profile/healthneeds).
2.5. Process in Developing the PNA

2.5.1. Process and Method

The PCT established a Project Board; The members were:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Support</td>
<td>Director of Commissioning</td>
</tr>
<tr>
<td>Strategic Support</td>
<td>Head of Primary Care Commissioning</td>
</tr>
<tr>
<td>Project Management</td>
<td>Primary Care Managers</td>
</tr>
<tr>
<td></td>
<td>Primary Care Administrators</td>
</tr>
<tr>
<td>Partnership Support</td>
<td>Local Pharmaceutical Committee</td>
</tr>
<tr>
<td></td>
<td>Professional Executive Committee</td>
</tr>
<tr>
<td>Wider Reference Group</td>
<td>GP Practice Based Commissioning Groups</td>
</tr>
<tr>
<td>Patient and Public Involvement</td>
<td>Patient Liaison Manager</td>
</tr>
<tr>
<td>Technical Support</td>
<td>Community Pharmacy Development Officer/Public Health</td>
</tr>
</tbody>
</table>

The Project Board comprised of core members and a wider reference group. The PCT’s Executive Team has approved the Terms of Reference, process and timescale for the PNA.

2.6. Services provided across the border by other PCT’s and the impact on South Staffordshire’s PNA

The PCT is adjacent to 10 other PCT’s. Many of their pharmacies are near to South Staffordshire’s border. Patients can have their prescriptions dispensed at a pharmacy of their choice. Many patients live on the border of South Staffordshire and other PCT’s. It is often convenient for patients to have their prescriptions dispensed and receive other pharmaceutical services in pharmacies in other PCT areas. This document does not include the numbers, locations or impact of services that other PCT’s pharmacies, near to our border.

During the public consultation period the PCT sent the consultation document to neighbouring PCTs and received theirs for comment. The review of the public consultation document includes a summary of neighbouring PCT responses and the PCTs response.

2.7. Accuracy of Information

The information in this document is accurate as of 1st February 2011 unless otherwise stated.

The maps in Appendix 1 identify 123 pharmacies. Three new pharmacies opened during the public consultation period in Kinver, Fradley and
Huntington. The PNA does not include any pharmacy applications pending at February 2011.

The PCT will provide update the Pharmaceutical Needs Assessment in February 2012 and February 2013, with the names and addresses of any new pharmacies that have opened in the preceding 12 months.

The PCT will at the same time update the Pharmaceutical Needs Assessment with any new services that have been commissioned by the PCT and any changes in opening hours and services provided by Pharmacies.

3. Current Pharmaceutical Provision

3.1. Distribution of Pharmacies by Locality

Context

Appendix 1, Overview of Pharmacy Contracts and Control of Entry Regulations, is the context for this section. The location of Pharmacies is subject to detailed “Control of Entry” Regulations. The appendix summarises the application process and different types of applications.

The PCT has a Board approved Pharmaceutical Committee which decides if an application for a new pharmacy or relocation of an existing pharmacy should be approved.

This section answers the questions;

- “Is there a need for any new pharmacies in South Staffordshire?”
- “Do the existing pharmacies provide an adequate level of services as commissioned by the PCT?”

3.2. Number of Pharmacies per Head of Population per Locality

The population per pharmacy and by locality is:

<table>
<thead>
<tr>
<th>Location</th>
<th>Population per Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>5,500 : 1</td>
</tr>
<tr>
<td>South Staffs PCT</td>
<td>5,162 : 1</td>
</tr>
<tr>
<td>Cannock Chase</td>
<td>4,813 : 1</td>
</tr>
<tr>
<td>East Staffordshire</td>
<td>5,846 : 1</td>
</tr>
<tr>
<td>Stafford and Surrounds</td>
<td>6,805 : 1</td>
</tr>
<tr>
<td>South East Staffordshire</td>
<td>5,471 : 1</td>
</tr>
<tr>
<td>Seisdon Peninsula</td>
<td>3,177 : 1</td>
</tr>
</tbody>
</table>

The numbers of Pharmacies provide a broad network across all localities and are broadly similar to the national picture in terms of population per pharmacy.

3.3. Access
3.3.1. As at 1st February 2011 there were 123 pharmacies in South Staffordshire. Appendix 1 and 2 contain maps which show the location of Pharmacies and GP Practices by PBC Locality. In summary;

- The majority of pharmacies are located adjacent to or near GP practices. Pharmacies opening hours and closing times generally mirror GP practice opening hours, including those practices that provide extended hours. 23% of pharmacies close at lunchtimes, with the remainder open all day. All localities have pharmacies open on a Saturday morning with peak hours 9am-1pm. 18 pharmacies are open between 7pm and 8pm, 14 until 10pm and 4 until midnight, Monday to Friday.

- The PCT has two acute hospitals, Stafford General Hospital, Stafford and Queens Hospital, Burton. There are three Minor Injury Units in Cannock Hospital, Samuel Johnson Hospital, Lichfield and Sir Robert Peel Hospital, Tamworth. Burntwood Health and Well Being Centre are open 8am to 8pm, 365 days a year.

- The PCT has eight 100 hour Pharmacies. They are open until 11pm Monday to Friday, 10pm on Saturday and 4pm on Sunday.

There are pharmacies near to the Acute and Community Hospitals and Burntwood Health and Well Being Centre i.e. within half a mile of Samuel Johnson, Cannock Chase Hospitals and Burntwood Health and Well Being Centre. There are pharmacies within 1 mile of Staffordshire General Hospital and Sir Robert Peel and a Pharmacy within one and a half miles of Queens Hospital. However, community pharmacy services are not available before 10am and after 6/7pm on a Sunday or Bank Holidays, depending on the locality.

- There has been an indication by the Department of Health that further guidance may be issued regarding 100 hour Pharmacies for implementation by 1st April 2011. When the PCT receives further guidance it will be implemented and the Pharmaceutical Needs Assessment updated as appropriate.

- The PCT`s current position regarding 100 hour pharmacies is that the current 100 hour pharmacies form part of the comprehensive network of pharmacies in place across South Staffordshire. Any further exempt application pharmacies which open are not necessary to meet the needs of the population but may improve services as long as no other pharmacy closures occur.

- The PC agrees a rota for Pharmacies to open on Bank Holidays. There is no formal overnight Pharmacy rota. Where there is no local pharmacy open the Out of Hours organisations provide sufficient medication for a patient to commence their treatment until a pharmacy is open.
- The PCT opened the Burntwood Health and Well Being Centre on 31st March 2009. The centre is open 8am to 8pm every day of the year. The PCT is building a new health centre on the Burntwood leisure centre site. This development will relocate several existing Burntwood GP practices and will open in spring 2013. Several existing pharmacies meet the minor relocation criteria and the PCT proposes to carry out a tendering exercise for those pharmacies during 2011, with the successful pharmacy closing its current premises, in order to relocate to the development.

- The PCT has a contract with Badger Health Care Limited to provide GP Out of Hours services to all localities apart from Seisdon Peninsula. In that locality Primecare provides GP Out of Hours services.

- There are two Essential Local Small Pharmacy Services in Belgrave in Tamworth and Streetly in Sutton Coldfield. The terms of these contracts expire on 31st March 2011 and the PCT will be discussing the future contractual arrangements with the two pharmacies.

- There are three mail order only pharmacies in Burton on Trent, Kinver and Tamworth. A wholly mail order or internet based pharmacy must:

  - Provide the full range of NHS Pharmacy services
  - Be registered with the Royal Pharmaceutical Society of Great Britain
  - Have premises within the PCT area
  - Provide no face to face services

3.3.2. Dispensing by Community Pharmacies and GP Practices

Dispensing doctors are GP practices who are allowed to both prescribe and dispense prescription only medicines to their patients from within their surgeries.

GP’s are only allowed to become dispensing practices in specific circumstances. The Control of Entry Regulations require the GP practice to have registered patients in a designated rural area with a minimum distance (currently 1.6km) between a patients home and the nearest community pharmacy.

The map at the end of this section identifies the areas of South Staffordshire that have been classified as rural. There are 17 GP Practices that dispense to approximately 41,500 patients within this designated area.

3.3.3. Exempt Pharmacies

Four categories of pharmacy applications are exempt from the reformed Control of Entry test; they are:

- Pharmacies based in approved retail areas (large retail shopping areas 15,000 square metres or more leasehold gross floor space away from
town centres). A list of these is held by the Secretary of State and is published on the Department of Health website.

- Pharmacies that intend to open for at least 100 hours per week.
- Consortia establishing new one stop primary care centres, and
- Wholly mail-order or internet based pharmacy services.

All exempt pharmacies must provide the full range of essential services under the contractual framework. The PCT may also specify additional directed services for all of the exempt categories with the exception of wholly mail-order or internet based pharmacies. The additional minimum directed services which must be provided by qualifying exempt pharmacies included in the PCT’s Pharmaceutical List are -

- Smoking Cessation
- Supervised consumption of methadone
- Emergency Hormonal Contraception
- Minor Ailments
- Chlamydia Testing and Treating Service
- Palliative Care Box Service

The PCT may offer other services according to local needs and PCT priorities. The four exemptions apply in both controlled and non-controlled localities; however the prejudice test must be applied to applications for premises within controlled localities.

A controlled locality is an area which has been determined by the PCT as being rural in character. Special rules relate to the provision of pharmaceutical services in such areas.

3.4. Is There a Need for Additional New Pharmacies in South Staffordshire?

The PCT’s position is that there is no need for additional new pharmacies. The reasons for this are as follows;

- The PCTs population per pharmacy is broadly similar to the national average
- Existing pharmacies are close to GP practices providing choice and
- Convenience for patients who may wish to have their prescription dispensed on leaving the GP practice
- Existing pharmacies opening and closing times generally mirror those of GP practices
- There have been few complaints received by the PCT regarding lack of access to these services

However although there are pharmacies near to the acute and community hospitals and Burntwood Health and Well Being Centre their services are not available before 10am and after 6/7pm on a Sunday or Bank Holidays depending on the location.
3.5. Current Pharmaceutical Provision by Locality

The documents on the PCT’s public website Pharmaceutical Needs Assessment set out the services currently provided by South Staffordshire Pharmacies.

The table below summarises the current services provided by PBC Locality.

<table>
<thead>
<tr>
<th>Population PBC Locality</th>
<th>Cannock Chase</th>
<th>East Staffordshire</th>
<th>South East Staffordshire</th>
<th>Stafford &amp; Surrounds</th>
<th>Seisdon Peninsula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Pharmacies/100 hour Pharmacies</td>
<td>27/1</td>
<td>23/3</td>
<td>31/2</td>
<td>27/2</td>
<td>12/0</td>
</tr>
<tr>
<td>Number of Dispensing Practices</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Collection &amp; Delivery</td>
<td>21</td>
<td>15</td>
<td>25</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>Repeat Dispensing</td>
<td>20</td>
<td>13</td>
<td>25</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Medicines Use Reviews</td>
<td>25</td>
<td>14</td>
<td>25</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

**Enhanced Services**

| Smoking Cessation | 20            | 14                | 28                       | 15                   | 13               |
| Emergency Hormonal Contraception/Chlamydia Testing | 9/12          | 18/14             | 16/17                    | 18/10                | 3/4              |
| Needle Exchange | 8             | 4                 | 8                        | 2                    | 1                |
| Minor Ailments | 10            | 11                | 16                       | 15                   | 5                |
| Palliative Care | 8             | 7                 | 6                        | 10                   | 0                |

All South Staffordshire pharmacies have a NHS Pharmaceutical Services contract with the PCT. The contract consists of three different levels of services:

- Essential
- Advanced
- Enhanced

### 3.5.1. Essential Services

Essential Services have to be offered by all contractors. The essential services include:

- Dispensing medicines or appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting patients to other healthcare providers
- Advice and support for self care

All the PCT’s pharmacies offer a full dispensing service for NHS prescriptions and are able to obtain a supply of medicine ordered within 24 hours of first handling the prescription. Collection and delivery services are voluntary but
the majority of Pharmacies provide this service with most offering email or telephone re-order service.

3.5.2. Advanced Services

Advanced services are those that require the Pharmacist to be accredited against a competency framework and their premises should meet the required standards that enable them to provide these services in a suitable confidential environment.

The key advanced service is Medicines Use Reviews (MURs), where pharmacists review a person’s medication and provide a report to the patients GP.

Each pharmacy can provide up to 400 MUR’s each year; this includes MUR’s carried out in patients own home. Each pharmacy has to be accredited to provide MUR’s, including private consultation rooms which are signposted as private.

Between April 2008 and March 2009, 94 of the PCT’s pharmacies carried out 18,091 MUR’s of a maximum 31,200, this was 58% of the total available MUR’s.

Between April 2009 and March 2010, 105 of the PCT’s pharmacies carried out 22,476 MUR’s of a maximum of 35,200; this was 64% of the total available MUR’s and an increase of 6% from 2008/09.

3.5.3. Enhanced Services

Enhanced Services are local services commissioned by the PCT and other agencies and reflect the needs of an area. The majority of Enhanced Services are offered to all Pharmacies i.e. Smoking Cessation, Emergency Hormonal Contraception. Pharmacies are not required to provide Enhanced Services.

The PCT currently commissions the following enhanced services across the whole PCT:

- Smoking cessation
- Supervised consumption of Methadone
- Emergency Hormonal Contraception under a Patient Group Directive.
- Chlamydia testing and Treatment.
- Palliative care
- Minor ailments
- Needle exchange
- Domiciliary MURs (Cannock Chase only)
- IV Antibiotics (Uttoxeter only)

Where a pharmacy does not provide an enhanced service this is often due to
- the availability and close proximity of an alternative PCT or local funded service i.e. very few practices provide a needle exchange service in Cannock as this is a service offered by the Integrated Drug and Alcohol Team based in the town centre
- The service may have a limited number of outlets commissioned i.e. needle exchange
- Some contractors may consider that funding is not sufficient to warrant providing the service
- The PCT and LPC continue to support those pharmacies not currently providing services to become accredited and provide services

The analysis does identify some gaps in current services provided by South Staffordshire pharmacies.

- Smoking Cessation – no service in Gnosall, Great Haywood, Barlaston, Brewood and Streetly
- Minor ailments – No service provided in Great Haywood, Wombourne and Streetly
- Emergency Hormonal Contraception - no service provided in Amington and Dosthill areas of Tamworth, and Barton under Needwood.
- Palliative Care – The service is being developed as GP practices and District Nurse teams agree to provide the service as well as Pharmacies
- The PCT and LPC continue to support pharmacies to become accredited and provide the services

Pharmacies provide a range of other services which include;

- General advice on self care and health promotion
- Dietary management, obesity advice and weight reduction
- Blood pressure testing
- Flu vaccinations - provided by the pharmacies on a voluntary basis or paid by the patient
- Collection and Delivery

3.6. Housing and GP Premises Developments

3.6.1. Housing Developments

The table below sets out the number of proposed new houses in each local authority area 2006-2026:

<table>
<thead>
<tr>
<th></th>
<th>Proposed Total (NET) 2006 - 2026</th>
<th>Indicative National Average 2006 - 2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannock Chase</td>
<td>5,800</td>
<td>290</td>
</tr>
<tr>
<td>East Staffordshire</td>
<td>12,900</td>
<td>645</td>
</tr>
<tr>
<td>Lichfield</td>
<td>8,000</td>
<td>400</td>
</tr>
<tr>
<td>South Staffordshire</td>
<td>3,500</td>
<td>175</td>
</tr>
<tr>
<td>Stafford</td>
<td>10,100</td>
<td>505</td>
</tr>
<tr>
<td>Tamworth</td>
<td>2,900</td>
<td>145</td>
</tr>
<tr>
<td>------------------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>South Staffordshire Primary Care Trust</strong></td>
<td>43,200</td>
<td>2,160</td>
</tr>
</tbody>
</table>

3.6.2. GP Developments

The PCT does not propose to commission any new GP practices in the foreseeable future. There are two developments in Cannock and Burntwood where it is proposed that some existing practices (Cannock) and all existing practices (Burntwood) move to new developments by spring 2013. Following a PCT wide premises assessment of GP practice premises, the PCT’s priority is to ensure that all practices meet statutory requirements.

3.7. Do the Existing Pharmacies Provide an Adequate Level of Services as commissioned by the PCT?

The analysis of services provided by South Staffordshire Pharmacies in Appendix 2 demonstrates that the majority of pharmacies provide services offered by the PCT. Pharmacies can choose if they wish to provide services, collection and delivery services are for example, voluntary. However there are areas of South Staffordshire where patients are currently unable to access some services from these pharmacies.

Section 3.5.3. summarised the gaps in services provided.

4. Health Needs Analysis

4.1. Introduction

The Health Profile for South Staffordshire Primary Care Trust August 2009 was carried out by the PCT’s Public Health Directorate and provides analysis highlighting the need for additional services. This profile is available on the PCT’s website on the PNA section.

This section summarises the key demographic information and health needs against the main pre-existing diseases and preventative services. The section then proposes new services that Pharmacies could provide subject to funding availability in response to the health needs identified in the Joint Strategic Needs Assessment and PCT priorities.

4.2. Demography

The PCT’s geographical population is 615,700 and the age structure of the PCT is broadly similar to that of England. Some council areas have higher than the national average numbers of:

- Young people – Tamworth, East Staffordshire and Cannock Chase
- Older people – Seisdon Peninsula, Stafford and Lichfield
The PCT population is expected to increase by 6% between 2009 and 2019 with a 32% increase in people aged 65 years and over; 24% of the population live in areas that are classified as rural, with higher proportions in Seisdon Peninsula, Stafford and Lichfield.

**Potential Pharmacy Solutions to an Increased Ageing Population**

- Minor ailment schemes and access to over the counter medication
- Working partnerships across health and social care
- Support to reduce hospital admissions – to include MURs, education and expert patient programmes
- Aids to daily living
- Signposting to social care services
- Referral to social care services
- Healthy lifestyle and living advice

**Black and Minority Ethnic Groups**

The proportion of Black and Minority Groups is lower than the national average; 2.7% compared to 9.1% nationally. East Staffordshire has the largest proportion with 7.6%, which accounts for 28% of the total ethnic population across the PCT.

**Potential pharmacy solutions for Black and Minority Ethnic Group needs**

- Language specific services/ multilingual services
- Diabetes screening and monitoring for type 2 diabetes
- Culturally and gender sensitive health promotion and healthy lifestyle advice
- Increase access to community available mental health services.
- Screening services
- Ethnic specific vascular screening services where matched to demography

**4.2.2. Deprivation**

To identify deprived areas within South Staffordshire, the PCT analyses the Index of Multiple Deprivation (IMD) 2007. This index measures deprivation against 37 indicators and at a Super Output Area (SOA) level. In South Staffordshire PCT 31 of the PCT’s 358 SOA’s fall within the most deprived fifth of areas in England, making up 8% of the South Staffordshire population. The 31 areas by locality and highest IMD are:

- South East Staffs – 9: Glascote in Tamworth
- East Staffordshire – 12: Eton Park and Shobnall
- Cannock Chase – 8: Cannock North
- Stafford & Surrounds – 2: Highfields and Western Downs

**Areas for Potential Pharmacy Support**
• Healthy weight – Healthy Lives – to include Body Mass Index (BMI) and waist circumference measurements, weight management clinics with or without associated prescribing of weight reduction pharmaceuticals, education, advice, vascular screening and lifestyle checks
• Smoking – brief advice and interventions, nicotine replacement therapy over the counter and under PGD schemes, one-to-one and group support programmes
• Sexual health – advise on safer sex, prevention and treatment of Sexually Transmitted Diseases as appropriate, sign posting, availability of Emergency Hormonal Contraception (under a Patient Group Direction (PGD))
• Alcohol use – brief advice and interventions, to include screening. Provision of medicines to manage alcohol misuse under a PGD and within an extended alcohol management service
• Management of long term conditions including repeat dispensing and medicines related advice to reduce emergency admissions, MUR’s, population screening to include blood pressure, cholesterol and glucose
• Mental health – signposting to services, including substance misuse services
• Services to support self care and increasing access to medicines via minor ailments scheme and PGD

4.3. Health Need

4.3.1. Mortality and Deprivation

PCT trends show that overall mortality is declining for men and women. Disability Free Life Expectancy measures the number of years a person will be free from a long term illness or disability. Men and women in Cannock Chase are expected to have significantly more time with a limiting long term illness or disability compared to the national average.

Premature deaths (i.e. those dying before 75 years) make up 34% of the total deaths in the PCT. There is a strong correlation between premature mortality rates and deprivation. Eton Park, Shobnall and Cannock North wards have the highest IMD and highest premature mortality rates.

Premature mortality rates from circulatory diseases are similar to the national average, with higher rates in Cannock Chase and significantly lower rates in the Seisdon Peninsula and Lichfield.

In terms of premature mortality from Coronary Heart Disease, Stroke and Cancer, the Seisdon Peninsula is below or similar to the national average, with Cannock Chase higher than the national average.

**Potential pharmacy solutions to CVD needs**
• Screening for blood pressure, cholesterol and glucose as part of vascular checks and cardiovascular risk management programme
• Measurement of BMI and waist circumference
• Obesity management clinics and services
• Smoking cessation services
• MUR’s and compliance of medication, including PGD prescribing in these conditions
• Healthy heart review service
• Male and female tailored vascular screening services
• Ethnic specific vascular screening services where matched to demography
• Health trainers in pharmacies – trained to ensure quality and consistency
• Healthy lifestyle, advice, eating and exercise under the ethos of self care – as part of a co-ordinated patient care pathway

Potential pharmacy solutions to Stroke needs

• Blood pressure and cholesterol screening
• Smoking cessation services
• Obesity management clinics and services
• Anti-coagulant monitoring services
• Health trainers in pharmacies
• Healthy lifestyle, advice, eating and exercise

Potential pharmacy solutions to Cancer needs

• Out of hour’s availability of medication
• Oral anti-cancer chemotherapy services via community pharmacy
• Smoking cessation services
• Encourage uptake of screening services including bowel, cervical and breast cancer
• Human Papilloma Virus immunisation in pharmacies
• Obesity management clinics and services
• Healthy lifestyle, advice, eating and exercise

Potential pharmacy solutions to Respiratory needs

• Reduction of unintended hospital admissions via asthma and Chronic Obstructive Pulmonary Disease
• Smoking cessation services
• Healthy lifestyle, advice, eating and exercise
• Advice on inhaler techniques
• Advice and management of how to manage exacerbations

4.3.2. Preventative Services
Smoking

There are approximately 2,300 children aged 11-15 who regularly smoke. The highest numbers are in Stafford and the Seisdon Peninsula.

Approximately 112,000 adults smoke regularly, 23% of the PCT’s population. Stafford and East Staffordshire have the highest numbers.

The PCT has national targets to support smokers who wish to quit smoking. The PCT’s quit rates are significantly higher than the national average, with particular success in Stafford and Tamworth, but lower than average in East Staffordshire.

Potential pharmacy solutions to Smoking Cessation needs

- Advice and interventions from pharmacies
- Provision of Nicotine Replacement Therapy (NRT) over the counter
- Provision of NRT under PGD’s
- One to one and group counselling and support for smoking cessation.
- PGD provision of *varenicline* or *bupropion*
- Tailored support after 4 week quit is achieved to maintain smoking cessation

Alcohol

Staffordshire County Councils Children’s Alcohol Survey 2007 estimated that 30% of children aged 11-15 reported drinking alcohol regularly each week, compared to 20% nationally.

The North West Public Health Observatories estimates of hazardous and harmful drinking estimates that in South Staffordshire there are:

- 96,000 hazardous drinkers
- 23,000 harmful drinkers
- 16,000 alcohol dependent drinkers

Alcohol specific mortality is currently 80 deaths per year and alcohol misuse is thought to be responsible for 41% of all Accident and Emergency attendances. Tamworth in South East Staffordshire has the highest rates of mortality and alcohol specific hospital admissions.

Potential pharmacy solutions to Alcohol needs

- Interventions and alcohol screening services
- Healthy lifestyle advice and unit calculations
- Prescribing/PGD’s for medication to reduce alcohol intake
- Prescribing/PGD’s for medication to treat alcohol withdrawal
- Nutritional and healthy eating advice
• Managing alcohol misuse as a long term condition, and associated prescribing advice
• Vascular screening services
• Mental health and well-being screening services

Obesity and Healthy Eating

National surveys estimate the number of obese children is 16,000 and 27% of the adult population. The PCT’s Adult Lifestyle survey 2008 identified 19% of the PCT’s population as obese, with the highest prevalence in Cannock and Tamworth.

The PCT’s survey identified 23% of the population consumed five or more portions of fruit and vegetables a day, with the highest percentage of consumption in Lichfield and the Seisdon Peninsula and the lowest in Tamworth and Cannock.

Potential pharmacy solutions to Weight Management needs

• Weight management clinics (with or without PGD anti-obesity medication) – weight, measurements, advice
• Individual/group weight management
• Exercise on prescription

Physical Activity

Department of Health surveys and the PCT’s Adult Lifestyle survey estimate that:

- 70% of boys and 61% of girls aged 2 to 15 years achieve at least 60 minutes of physical activity each week; these figures fall to 50% by 15 years.
- 47% of men and 54% of women report doing no physical activity in a week. These figures are highest in Cannock, Tamworth and the Seisdon Peninsula.

Potential pharmacy solutions to Physical Exercise needs

• Advice and interventions for physical activity
• Active lifestyle promotion campaigns – walk to work/school
• ‘Exercise on prescription’ (including non-medical prescribers)
• PGD referrals for exercise

Sexual Health

Between 1998 and 2007 under 18 conception rates in Staffordshire reduced by 2.8%, compared with 10.7% across England. Several wards have
conception rates significantly higher than the national average, Burton in East Staffordshire, Penkside in Stafford, Glascote in Tamworth and Western Downs in Stafford have the highest rates.

Locality information is not currently available for pregnancy terminations or sexually transmitted infections (STI’s), including HIV. The key statistics from these areas for South Staffordshire are:

- 1,900 terminations of pregnancy in 2008, with 24% of terminations for women under 25 years
- Approximately 17,000 men and women were treated for STD’s in 2008; a 42% increase from 2004, with a 25% rise in Chlamydia and 58% rise in Syphilis infections
- The prevalence of HIV in people aged 15-59 years in 2007 is 136 people, with the highest estimated numbers in East Staffordshire and Stafford

Potential pharmacy solutions to Sexual Health needs

- EHC provision via PGD
- Out of hour’s availability of EHC service
- STD screening and advice (as part of a wider sexual health remit)
- Oral contraception service from community pharmacy
- Provision of free condoms and safe sex promotion material through pharmacies
- Pregnancy testing services and early detection

Mental Health and Substance Misuse

The Mental Illness Needs Index (MINI) produces predicted numbers and rates of admission to hospitals at ward level.

The rates of mental illness are predicted to be higher in Burton on Trent, Cannock, Rugeley and Tamworth. The PCT estimates that there are 34 suicides annually, with the highest rates in Stafford and Cannock.

Potential pharmacy solutions to Mental Health and Substance Misuse needs

- Supervised consumption services
- Cognitive Behavioural Therapy
- Needle exchange provision
- Harm reduction information
- Promotion and advice on health lifestyles
- Early detection and referral
- Signposting to age appropriate services

Maternal and Infant Health
Reducing infant mortality is a high PCT priority. Reducing the numbers of women smoking and drinking during pregnancy, improving diet and nutrition before and during pregnancy and reducing teenage pregnancies are some of the factors that contribute towards reducing infant mortality. In South Staffordshire PCT between 2005 and 2007 there were on average annually:

- 35 still births
- 64 perinatal births
- 41 infant deaths

These rates are higher than the England average, with East Staffordshire the highest of all localities.

Potential pharmacy solutions to Maternal and Infant Health needs

- Provision of folic acid
- Integrated service provision from pharmacist and health visitor
- Encouragement, advice and support for breast feeding (reduce childhood obesity)
- Advice and support on milk formula and supplements
- Advice and support on child nutrition and supplementation
- Advice and support on child development
- Advice and support on childhood immunisation programme
- First aid for babies and toddlers

Summary Table of Identified Areas of Health Needs and Current Services Provided By Existing Pharmacies

<table>
<thead>
<tr>
<th></th>
<th>East Staffs</th>
<th>Seisdon Peninsula</th>
<th>South East Staffs</th>
<th>Stafford &amp; Surrounds</th>
<th>Cannock Chase</th>
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</thead>
<tbody>
<tr>
<td>Demography (Elderly)</td>
<td>Lichfield (Elderly)</td>
<td>Stafford (Elderly)</td>
<td>Cannock Chase (Young People)</td>
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<tr>
<td>Deprivation</td>
<td>Eton Park &amp; Shobnall</td>
<td>Glascoe - Tamworth</td>
<td>Highfields and Western Downs</td>
<td>Cannock North Western Springs</td>
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<tr>
<td>Mortality</td>
<td>Eton Park &amp; Shobnall</td>
<td>Stafford (Young People)</td>
<td>Cannock North &amp; Cannock Chase (CHD, stroke &amp; Cancer)</td>
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<tr>
<td>Smoking (Young people)</td>
<td>Stafford (Young People &amp; Adults)</td>
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<tr>
<td>Alcohol</td>
<td>Tamworth</td>
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<tr>
<td>Obesity &amp; Healthy Eating</td>
<td>Tamworth</td>
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<tr>
<td>Physical</td>
<td>All the area</td>
<td>Tamworth</td>
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<td></td>
<td>Cannock</td>
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<table>
<thead>
<tr>
<th>Activity</th>
<th>Burton</th>
<th>Glascote - Tamworth</th>
<th>Penkridge</th>
<th>Western Springs - Rugeley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Health</td>
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<tr>
<td>Mental Health &amp; Substance Misuse</td>
<td>Burton</td>
<td>Tamworth</td>
<td></td>
<td>Cannock &amp; Rugeley</td>
</tr>
<tr>
<td>Infant &amp; Maternal Health</td>
<td>All the area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced Services Commissioned by PBC Locality</td>
<td>Smoking cessation, EHC, Chlamydia Screening, IV antibiotic supply, Minor Ailments, Needle Exchange, Supervised Consumption</td>
<td>Smoking cessation, EHC, Chlamydia Screening, Minor Ailments, Needle Exchange, Supervised Consumption</td>
<td>Smoking cessation, EHC, Chlamydia Screening, Minor Ailments, Needle Exchange, Supervised Consumption</td>
<td>Smoking cessation, EHC, Chlamydia Screening, Minor Ailments, Needle Exchange, Supervised Consumption</td>
</tr>
</tbody>
</table>

**Summary Table of Potential Services That Could Be Commissioned to Support Health Needs**

<table>
<thead>
<tr>
<th>Enhanced Services to Commission by Service</th>
<th>Demography</th>
<th>Deprivation</th>
<th>Mortality</th>
<th>Smoking</th>
<th>Alcohol</th>
<th>Obesity &amp; Healthy Eating</th>
<th>Physical Activity</th>
<th>Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demography</td>
<td>Targeted MUR's for the elderly, medication review and domiciliary services in line with QIPP agenda.</td>
<td>NHS Health checks screening and alcohol screening, extension of minor ailments scheme.</td>
<td>Target MUR's for Long Term Conditions (CHD, Stroke, Cancer and Respiratory Disease).</td>
<td>Review provision spread in these areas and extend to group counselling and PGD supported cessation.</td>
<td>Alcohol screening services and referral and PGD medication support for service.</td>
<td>Weight management clinics with PGD support physical activity support and pharmacy staff as health trainers.</td>
<td>Supports for exercise regimes i.e. walk to work etc. Exercise on prescription available for referral from pharmacies.</td>
<td>Review provision of EHC and Chlamydia screening in these areas and extend for early pregnancy testing, free condom supply, PGD supply of oral contraception.</td>
</tr>
</tbody>
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5. Insight from Patients and the Public

5.1. Community Pharmacy Patient Satisfaction Survey 2008/09

These surveys are an annual contract requirement for all pharmacies to complete. The results for 2008/09 are as follows:

- 97 pharmacies sent summaries – 81%
- 90%+ of those surveyed viewed their pharmacy as:
  - Clean and attractive for patients
  - Friendly, efficient and knowledgeable staff
- 47% requested that pharmacies provide more advice regarding lifestyles and healthy eating
- 26% requested clearer signposting for consulting rooms
- 8% requested further advice on self care and management of Long Term Conditions

5.2. Listening Exercise May/June 2010

The PCT sent 1,700 questionnaires to GP practices, pharmacies, Patient Groups and Voluntary Groups. The questionnaire asked patients to comment on:

- Three good things you like about pharmacy services
- Three not so good things about pharmacy services
- Three things you would like to see improved in pharmacy services

300 (18%) questionnaires were returned. The detailed analysis is in the PCT’s public website PNA consultation.

The main findings were:

- The majority of respondents visit a pharmacy for a prescription and medication advice
- Friendly, knowledgeable and efficient staffs were the three good things about their pharmacy
- Three not so good things were:
  - Waiting time to obtain a prescription
  - Occasional lack of medication available
  - Pharmacy not open for long enough at the weekend
- The three areas for improvements to pharmacy were:
  - Longer opening times during weekdays
- Longer opening times at weekends
- Shorter waiting time to obtain prescriptions
APPENDIX 1

Overview of Primary Contracts, Performance Management Arrangements, Control of Entry Regulations and Dispensing Practices

All South Staffordshire pharmacies have an NHS pharmaceutical services contract.

National Pharmaceutical Services Contract Overview

All national NHS pharmaceutical service providers comply with the contractual framework which was introduced in April 2005. The national framework is set out below and can be found in greater detail on the PSNC website: http://www.psnc.org.uk/pages/introduction.html

South Staffordshire PCT follows a robust process for contract monitoring and quality assurance for compliance with the contractual framework.

The contract consists of three different levels of services;

- Essential services
- Advanced services
- Enhanced services

Essential services - offered by all contractors

Dispensing

Supply of medicines and appliances and advice provided to patient regarding medicines dispensed and possible interactions with other medication. Records kept of all medicines dispensed, significant advice provided and any referrals/interventions made.

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.
Disposal of unwanted medicines

Patients with unwanted medicines can return them to a local Pharmacy where they are collected and disposed appropriately. Special arrangements are made to collect and dispose of controlled drugs.

Promotion of Healthy Lifestyles

One to one advice on healthy lifestyle topics such as smoking cessation to certain patient groups who present prescriptions for dispensing.

Pharmacy involvement in six local campaigns a year organized by the PCT. Recent campaign examples include promotion of flu vaccination uptake or educating the public about the appropriate use of antibiotics.

Signposting patients to other health care providers

Pharmacist and staff refer patients to other health care professionals or care providers.

Support for Self Care

Advice and support by Pharmaceutical staff to enable patients to manage their health.

Clinical governance

Contractual requirements include:

- Use of standard operating procedures
- Patient safety incident reporting to National Patient Safety Agency
- Demonstrating evidence of pharmacist CPD
- Conducting clinical audits
- Complaints procedures
- Compliance with health & safety legislation
- Compliance with Disability Discrimination Act
- Significant event analysis
- Commitment to staff training, management and appraisals
- Patient satisfaction surveys
**Advanced Services** – requiring accreditation of the pharmacist and pharmacy

**Medicines Use Review & Prescription Intervention Service**

The pharmacist conducts a medication review with the patient. The review assesses any problems with current medication and its administration. The patient’s knowledge of their medication regimen is assessed and a report is provided to the patients GP.

A Pharmacy can only carry out a maximum of 400 MUR’s per annum.

The Prescription Intervention Service is the same as the MUR service, but conducted on an ad hoc basis, when a significant problem with a patient’s medication is highlighted during the dispensing process.

Reviews have to be conducted in a consultation area which ensures patient confidentiality.

Pharmacists must successfully pass a competency assessment before they can provide advanced services.

**Enhanced Services**

All services are commissioned locally by the PCT and are developed and negotiated locally based on the needs of the local population. The PNA will inform the commissioning decisions for these services and any additional services the PCT may wish to commission on a 12-24 month basis.

Services can include the following (list not exhaustive):

- Minor ailments management
- Diabetes screening
- Substance misuse services
- Disease specific medicines management services
- Palliative care services
- Emergency Hormonal Contraception service
- Sexual health services
- Vascular screening
- Full Clinical medication review
- Care home services
- Head Lice management service
- Smoking cessation service
- Gluten Free food supply service
- Needle exchange scheme
- Services to schools
Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS)

LPS provides PCT's with the flexibility to commission services that address specific local needs as well as general situations not covered by the national community pharmacy contractual framework.

South Staffordshire has two ESPLPS services in Belgrave, Tamworth and Streetly, Sutton Coldfield. The terms of these contracts expire on 31st March 2011 and the PCT will be discussing the future contractual arrangements with the two pharmacies.

Dispensing Doctors

Dispensing doctors are GP’s who are allowed to both prescribe and dispense prescription only medicines to their patients from within their surgeries.

Doctors are only allowed to become dispensing practices in specific circumstances. The Control of Entry Regulations require the GP practice to have registered patients in a designated rural area with a minimum distance (currently 1.6km) between a patient's home and the nearest community pharmacy.

Parts of South Staffordshire are classed as rural and as such the PCT has 17 dispensing practices in total dispensing to an approximate population of 41,500.

Appliance Contractors

As well as medicines, GP’s can prescribe a range of dressings and appliances. These can be dispensed by pharmacies but they can also be dispensed by Appliance Contractors who specialize in the supply of stoma appliances - colostomy, urostomy and ileostomy bags and associated materials.

South Staffordshire currently has no appliance contractors.

Performance Management of Pharmacy Contracts

South Staffordshire Primary Care Trust requires all service providers to meet standards expected by patients and the public in the delivery of their healthcare. The PCT approach to Quality Assurance is as follows:
Quality Assurance Process

A number of key processes are used to assure quality in regards to community pharmacy:

- The PCT employs a Community Pharmacy Clinical Governance Officer to help ensure that quality is integrated into all services provided from pharmacies.
- The PCT also operates a programme of annual self-assessment to support the requirements of a governance framework within the pharmacy.
- The PCT provides assurance monitoring visits for independent providers, including pharmacies, for all services provided under the national contract and any locally commissioned services.

The PCT works with South Staffordshire’s Local Pharmaceutical Committee to ensure that training identified by the pharmacists to support the delivery of high quality, safe and personalised care is provided through evening workshops, presentations and newsletters.

The PCT’s complaints policies and processes deal with any complaints or concerns rose about a Pharmacist. Where the PCT assesses that standards have fallen below local and national levels the PCT works with the relevant professional regulatory body such as the Royal Pharmaceutical Society of Great Britain to ensure appropriate steps are taken to protect the public.

The PCT also has a Performers Panel that assesses the performance standards of any independent contractor of NHS Services. The panel will initiate any investigations required to secure safe services for patients or if allegations of fraud are suspected. The ultimate sanction of the PCT can be removal of the contractor from the contractors list. This sanction can apply to all contractors including pharmacists.

Current Principles of Pharmacy Applications

Pharmaceutical services are those services which are defined in the NHS Act 2006, Section 126. They include:

- The provision of proper and sufficient drugs, medicines and appliances which are ordered by doctors;
- The provision of proper and sufficient drugs and medicines which are ordered by dentists; and
- The provision of such other services as may be prescribed in the regulations.
Arrangements for the provision of pharmaceutical services within the NHS are the responsibility of Primary Care Trusts, acting under the framework of sections 126 and 127 of the 2006 Act.

Detailed regulations relating to the arrangements for securing the provision of these services are made under the authority of Section 126 and 129 of the NHS Act 2006.

Section 129 (1) provides:

(1) Regulations must provide for securing that arrangements made by a Primary Care Trust under Section 126 above will

(a) enable persons for whom drugs, medicines or appliances mentioned in that section are ordered as there mentioned to receive them from person with whom such arrangements have been made; and
(b) ensure the provision of services prescribed under section 3(e) of that section by persons with whom such arrangements have been made.

Section 129 also specifically states that, save in prescribed cases, any applications for inclusion in a pharmaceutical list may:

‘be granted only if the Primary Care Trust is satisfied, in accordance with the regulations, that it is necessary or expedient to grant the application in order to secure in the neighbourhood in which the premises are located the adequate provision by persons included in the list of the services, or some of the services, specified in the application’.

This is the Control of Entry Test, where a Primary Care Trust assesses under Regulation 12 whether an application is necessary or expedient for a new pharmacy to dispense NHS prescriptions in order to secure adequate pharmaceutical services in a particular neighbourhood.

Once an application is received and the payment of the appropriate fee has been cleared, the Primary Care Trust invites a range of interested parties to send representations on the application. These views have to be made known to the Primary Care Trust within 45 days of the date of the notification.

There are some exemptions from the Control of Entry Test, but where it does apply, there are specific statutory limits on Primary Care Trusts power simply to determine applications as they see fit. Regulation 12(2) requires Primary Care Trusts to take account of certain particular factors. They include:
• Whether any of the pharmaceutical or directed services proposed are already provided within the neighbourhood;
• Whether there are any local pharmaceutical services provided which are the same as any in the application;
• Whether the recipients of pharmaceutical or directed services already have a reasonable choice regarding the services or the range of persons already on the pharmaceutical list in the neighbourhood;
• Other information the Primary Care Trust considers relevant; and
• Any representations received from those invited to give views.

In taking account of these factors, PCTs are to disregard any services in the neighbourhood which are provided by a distance selling chemist – in practical terms this means a chemist operating a wholly mail-order or internet based pharmacy.

Primary Care Trusts can make decisions (under Regulation 24) based on the written documentation received or may decide to hold an oral hearing. If they decide to hold an oral hearing, the PCT must give at least fourteen days’ notice to the applicant and to those that have sent in views. If a Primary Care Trust receives more than one application, it can consider them together in relation to each other and give notice in writing to the applicants.

Once a decision has been made the PCT notifies the applicant and those that have made representations giving a statement of the reasons for the decision and the right of appeal, where appropriate.

Similar procedures apply where a PCT determines:

• Whether or not an area is “controlled” (i.e. rural in character) under regulation 31;
• Applications to open a pharmacy in a controlled locality under regulation 33; and
• Applications to be given preliminary consent for inclusion in the PCT list under regulation 40.

**Rural Dispensing**

The “control of entry” system applies equally to urban and rural areas. However, where a PCT has determined that a certain area is “controlled”, (i.e. rural in character) provided certain conditions are met; doctors as well as pharmacies can dispense NHS medicines.

A controlled locality is an area which has been determined by the PCT to be “rural in character” and special rules apply to the provision of pharmaceutical services in such areas.
Other areas by definition will not be rural areas unless, or until they are determined as such. The areas which are currently rural areas will remain controlled localities unless or until they are determined otherwise.

Occasionally changes can occur to the designation of an area particularly where an urban area is expanding or there has been substantial development locally in what has hitherto been a controlled locality.

There is presently not a way of defining what is “rural in character” and each new case must be judged on its own merits and individual circumstances and will depend on a variety of factors which are viewed in context with their surroundings. Such factors may include environment, employment patterns, size of community, population density, transportation and the range of local services. None of these will automatically determine the matter and it will remain a question of judgement by the PCT.

The question of whether an area is a controlled locality or not, may be considered by the PCT at any time or in response to an application for inclusion in the list, and may be raised by the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) at any time. However where it has been determined within the past five years it will not be reconsidered unless the PCT considers there has been a substantial change in the circumstances in the area.

The PCT will always check the status of any area when receiving an application to provide pharmaceutical services or a GP application to dispense.

The overall objective of defining rural areas as controlled localities is to help PCT’s to ensure that patients in rural areas have access to pharmaceutical services which are no less adequate than would be in a non controlled locality.

Where a new application to provide pharmaceutical services is received the PCT decides if the location applied for is within a controlled locality or where a GP has been granted outline consent within the past five years or is within 1.6 km of a GP dispensing location.

On receipt of an application for a controlled locality the PCT considers whether the application relates to premises in a “reserved location”.

A GP who wishes to apply to dispense to patients need only show that to do so would not prejudice the proper provision of medical or pharmaceutical services locally (known as the “prejudice” test) There is no “control of entry” test.

There are two matters concerning pharmacy applications for premises in controlled localities:
• The “Prejudice Test”
• The “Necessary or Expedient Test”

If the PCT has determined that the premises will be in a reserved location, the application should only be considered under the “necessary or expedient” test.

Reserved Locations

Reserved locations in controlled localities are where the patient population (on all of the patient lists) within 1.6km of the proposed location or the actual premises is less than 2,750 (regulation 25(2)(a)).

If a Primary Care Trust determines that an area is a reserved location, the effect is that:

• The “prejudice test” does not apply (regulation 18ZA);
• A pharmacy will not have the usual 1.6km protection that patients within that area should cease receiving dispensing services and instead use the services of a pharmacy; and
• Patients will continue to be able to exercise a choice as to whether to continue to receive dispensing from their dispensing doctor or from the pharmacy.

Primary Care Trusts can remove (or not apply) reserved location status under two specific circumstances:

1. If the patient population exceeds 2,750
2. If that population is still below 2,750 but nonetheless the needs of the patient population in that reserved location are such that they are similar to those areas with a larger population (regulation 35(3))

Where either of these events occurs, the “prejudice test” will re-engage.

Outline Consents

If a GP practice wishes to continue providing pharmaceutical services where it has not previously done so they must apply for outline consent to provide services and in addition for approval of any premises from which they wish to dispense. The PCT must refuse an application if it is within 1.6km of a pharmacy or would otherwise prejudice the proper provision of primary medical services, dispensing services or pharmaceutical services.

Applications for outline consent are dealt with on the same basis as applications by pharmacists in controlled localities.
GP’s may, in general, dispense NHS prescriptions only with NHS approval and only to their own patients who live in such controlled localities and live more than 1.6 km from a pharmacy.

**The Control of Entry Test**

This provision raises three distinct issues:

1) Locality 
2) Adequacy. 
3) Necessary or Expedient including competition and choice

**Locality**

Neither the Act nor the regulations define the term “locality”. This is essentially a matter of fact and degree for the PCT to determine based on the evidence. The PCT has defined the localities as the existing practice based commissioning localities.

Certain principles can be derived which help the PCT determine the “locality” element.

**Adequacy**

Having determined the locality, the PCT considers the question of adequacy of service provision within that locality.

The concept of “adequacy” of service provision in a locality is for the PCT to determine on the facts of the case. Such determinations may vary over time. A PCT can start by asking if a provision is wholly adequate or inadequate. It can then proceed to consider whether it is necessary or expedient to grant an application to secure adequate provision.

**Necessary and Expedient**

From April 2005 clearer emphasis has been placed within the Regulations on promoting more choice for people in order to promote more competition.

As far as the legislation is concerned, the criteria of choice is defined in Regulation 12(2)(b) (as amended by The NHS (Miscellaneous Amendments Relating to Community Pharmaceutical Service and Optometrist Prescribing) Regulations 2009. This simply states that PCTs shall have regard in particular to:

> ‘whether the recipients of pharmaceutical services already have a reasonable choice with regard to:
i. the pharmaceutical services, or directed services provided in the locality in which the premises named in the application are located, by persons in the pharmaceutical list; and

ii. the persons included in a pharmaceutical list from whom such recipients may obtain pharmaceutical services, or directed services in the locality in which the premises named in the application are located’.

PCT’s apply the new criteria equally, both to applications from new entrants and to applications received from existing contractors who are already on the PCT’s pharmaceutical list, but who do not currently provide, or who wish to expand the range of, services within the locality.

The factors which a PCT may consider in determining whether an application is “necessary or expedient” are likely to include the following:

- Demographic data (age, gender, ethnicity) and projections;
- Known health problems and any particular local needs;
- The views of the local patient and consumer groups, residents’ or tenants’ associations, parish councils etc;
- Environmental (i.e. communication and availability of public transport) or seasonal factors (i.e. holidaymakers);
- Social factors such as deprivation indices;
- Local authority plans (i.e. for regeneration, new housing developments, improved transport links);
- Local business profile (i.e. new businesses starting up, whether there are commuters coming in during the day – or commuters leaving the neighbourhood to work elsewhere);
- The existing availability of pharmaceutical services, the extent of services provided and evidence of any deficiencies (e.g. complaints, routine contractual monitoring); and
- The PCT’s plans for development of primary care services.

Exemptions to the Regulatory Test

Four categories of pharmacy applications are exempted from the reformed control of entry test. They are:

- Pharmacies based in approved retail areas (large retain shopping areas 15,000 square metres or more leasehold gross floor space away from town centres.
- Pharmacies that intend to open for at least 100 hours per week.
- Consortia establishing new one stop primary care centres.
• **Wholly mail order or internet based pharmacy services.**
• **Enhanced services that the PCT stipulate a pharmacy should provide.**

It is not possible to make a single application which combines one type of exemption with another. Applicants must identify for which exemption category that they are applying. All such applications are still subject to such pharmacies providing a full and prescribed range of services, appropriate to local needs, determined by the PCT.

All exempted pharmacies must provide the full range of essential services under the new contractual framework (Schedule 1: Part 2 Regulations). PCT’s must specify additional directed services for the first three categories of exemption.

The four categories apply in both controlled and non controlled localities. However where an application is received for premises within a controlled locality, the “prejudice test” will continue to apply unless the PCT determines the locality of the premises relating to the application is a reserved location.

**New Pharmacies that have opened since production of the Maps – explanatory note**

The following six maps were produced in May 2010; they display 120 pharmacies including dispensing practices. Since May 2010 three new pharmacies have opened. These are;

**Fradley Pharmacy**  
Unit 6, The Stirling Centre  
Tye Lane  
Fradley  
WS7 8ST

**Blounts Pharmacy at Home**  
1 Chenevere Mews  
Kinver  
DY7 6HF

**Colliery Pharmacy**  
Colliers Way  
Huntington  
WS12 4UD

The three pharmacies are not located on the maps for South East Staffordshire PBC, Cannock PBC and Seisdon Peninsula PBC.
Figure 6 shows the distribution of South Staffordshire PCT GP Dispensing Practices and approximate delineation of controlled areas. The yellow areas are the PCTs dispensing areas. Some numbered pharmacies are located outside the yellow areas. These pharmacies are in the dispensing areas.
Figure 6 – Distribution of South Staffordshire PCT GP Dispensing Practices and Approximate Delineation of Controlled Areas
<table>
<thead>
<tr>
<th>Identifier</th>
<th>Practice Type</th>
<th>Service Type</th>
<th>Practice Name</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Gnosall Health Centre</td>
<td>ST20 0GP</td>
</tr>
<tr>
<td>2</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Weeping Cross Health Centre</td>
<td>ST17 0HE</td>
</tr>
<tr>
<td>3</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Great Haywood Surgery, Hazeldene House</td>
<td>ST18 0SU</td>
</tr>
<tr>
<td>4</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Crown Medical Practice</td>
<td>ST21 6BW</td>
</tr>
<tr>
<td>5</td>
<td>Branch</td>
<td>Dispensing Practice</td>
<td>Branch of Laurel House Surgery</td>
<td>B78 3JQ</td>
</tr>
<tr>
<td>6</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>The Surgery, School House Lane</td>
<td>WS15 3BT</td>
</tr>
<tr>
<td>7</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Balance Street Surgery</td>
<td>ST14 8JG</td>
</tr>
<tr>
<td>8</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Dove River Practice</td>
<td>DE6 5HY</td>
</tr>
<tr>
<td>9</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Mill View Surgery</td>
<td>ST14 5JX</td>
</tr>
<tr>
<td>10</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Northgate Surgery</td>
<td>ST14 8AG</td>
</tr>
<tr>
<td>11</td>
<td>Branch</td>
<td>Dispensing Practice</td>
<td>Branch of Stapenhill Medical Centre</td>
<td>DE12 8JW</td>
</tr>
<tr>
<td>12</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>Yoxall Health Centre</td>
<td>DE13 8PD</td>
</tr>
<tr>
<td>13</td>
<td>Branch</td>
<td>Dispensing Practice</td>
<td>Branch of Horsefair Practice</td>
<td>WS15 4UZ</td>
</tr>
<tr>
<td>14</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>The Surgery, Spicers Close</td>
<td>WV5 7BY</td>
</tr>
<tr>
<td>15</td>
<td>Branch</td>
<td>Dispensing Practice</td>
<td>Pattingham Surgery, Branch of Claverley</td>
<td>WV6 7AF</td>
</tr>
<tr>
<td>16</td>
<td>Main</td>
<td>Dispensing Practice</td>
<td>The Surgery, Sandy Lane</td>
<td>ST19 9ES</td>
</tr>
<tr>
<td>17</td>
<td>Branch</td>
<td>Dispensing Practice</td>
<td>Wheaton Aston Surgery, Branch of Brewood</td>
<td>ST19 9PD</td>
</tr>
<tr>
<td>18</td>
<td>Branch</td>
<td>Dispensing Practice</td>
<td>Whittington Practice, Branch of Langton</td>
<td>WS14 9LR</td>
</tr>
</tbody>
</table>
APPENDIX 2

Current Pharmaceutical Provision

There are currently 123 pharmacies in South Staffordshire PCT. Of these 8 operate as 100-hour pharmacies.
Opening Hours

Monday to Friday

Generally, most pharmacies open at 0900 Monday - Friday, with some opening earlier between 0700 and 0830. Approximately 23% of pharmacies close for an hour, or more, during the day for lunch, with the rest remaining open throughout the day. Half of the pharmacies close 1700 - 1800 during the week, with the others remaining open for extended hours. There are 8 existing 100 hour pharmacies which are open until 2300 Monday to Friday, 2200 on Saturday and 1600 on Sunday. The minimum contracted opening hours for any pharmacy is 40, however many pharmacies open for longer. There are 3 mail order only pharmacies.

Saturday

All localities have some pharmaceutical provision on a Saturday with peak coverage during the hours of 0900-1300. 18 pharmacies are open 1900-2000, with 14 open after 2000 until 2200. Four pharmacies are open until midnight.

Pharmacy Opening Hours – Saturday
Pharmacies Open on Saturday
Sunday

All localities have some pharmaceutical provision on a Sunday with peak coverage during the hours of 1100-1230. No pharmaceutical provision is available from midnight until 0630 Sunday morning.

Pharmacy Opening Hours – Sunday
Pharmacies Open on Sunday
Advanced Services: Medicines Use Reviews

Article I. April 2008 – March 2009

<table>
<thead>
<tr>
<th>Month</th>
<th>MURs Returned</th>
<th>Number of Pharmacies Claiming</th>
<th>Total Number of Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>1788</td>
<td>82</td>
<td>116</td>
</tr>
<tr>
<td>May</td>
<td>1727</td>
<td>83</td>
<td>117</td>
</tr>
<tr>
<td>June</td>
<td>1805</td>
<td>79</td>
<td>117</td>
</tr>
<tr>
<td>July</td>
<td>1119</td>
<td>68</td>
<td>117</td>
</tr>
<tr>
<td>August</td>
<td>1575</td>
<td>80</td>
<td>116</td>
</tr>
<tr>
<td>September</td>
<td>1541</td>
<td>79</td>
<td>117</td>
</tr>
<tr>
<td>October</td>
<td>1615</td>
<td>85</td>
<td>117</td>
</tr>
<tr>
<td>November</td>
<td>1141</td>
<td>74</td>
<td>115</td>
</tr>
<tr>
<td>December</td>
<td>1431</td>
<td>75</td>
<td>115</td>
</tr>
<tr>
<td>January</td>
<td>1492</td>
<td>79</td>
<td>114</td>
</tr>
<tr>
<td>February</td>
<td>1328</td>
<td>76</td>
<td>114</td>
</tr>
<tr>
<td>March</td>
<td>1529</td>
<td>75</td>
<td>113</td>
</tr>
<tr>
<td>Average</td>
<td>1508</td>
<td>77.92 = 78</td>
<td>116</td>
</tr>
<tr>
<td>Total</td>
<td>18,091</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average MURs per claiming pharmacy per month – 1508/78 = **19.33**
Total MURs completed is 18,091 of a maximum 31,200 for financial year 2008-2009 (58%).

Article II. April 2009 – March 2010

<table>
<thead>
<tr>
<th>Month</th>
<th>MURs returned</th>
<th>Number of Pharmacies Claiming</th>
<th>Total number of pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>1527</td>
<td>90</td>
<td>118</td>
</tr>
<tr>
<td>May</td>
<td>1383</td>
<td>87</td>
<td>118</td>
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<td>June</td>
<td>1984</td>
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<td>118</td>
</tr>
<tr>
<td>July</td>
<td>1721</td>
<td>90</td>
<td>118</td>
</tr>
<tr>
<td>August</td>
<td>1850</td>
<td>88</td>
<td>118</td>
</tr>
<tr>
<td>September</td>
<td>1897</td>
<td>90</td>
<td>119</td>
</tr>
<tr>
<td>October</td>
<td>2006</td>
<td>91</td>
<td>120</td>
</tr>
<tr>
<td>November</td>
<td>1952</td>
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<td>120</td>
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<td>December</td>
<td>1510</td>
<td>80</td>
<td>120</td>
</tr>
<tr>
<td>January</td>
<td>2205</td>
<td>89</td>
<td>120</td>
</tr>
<tr>
<td>February</td>
<td>2270</td>
<td>85</td>
<td>120</td>
</tr>
<tr>
<td>March</td>
<td>2171</td>
<td>82</td>
<td>120</td>
</tr>
<tr>
<td>Average</td>
<td>1873</td>
<td>87.5 = 88</td>
<td>118.9 = 119</td>
</tr>
<tr>
<td>Total</td>
<td>22,476</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Average MURs per claiming pharmacy per month – 1873/88 = 21.3
Total MURs completed is 22,476 of a maximum 35,200 (88 x 400) for financial year 2009-2010 (64%).

**Pharmacies with consultation rooms**

- 78% of pharmacies reported as actively undertaking MUR’s.
- Within the Cannock Chase PBC locality 25 of the 27 pharmacies reported as having private consultation facilities, 17 of which are signposted as private. These 25 also provide the MUR advanced service.
- Within the East Staffordshire PBC locality, 19 of the 23 pharmacies have a private consulting room, 13 of which are signposted as private. 14 of these 19 provide the MUR service. At present there is no MUR service provided in Barton under Needwood.
- Within the South East PBC locality 24 of the 31 pharmacies have a private consulting room, 16 of which are signposted as private. 25 of those with consulting rooms actively undertake MUR’s.
- Within the Stafford PBC locality, 24 of the 27 pharmacies have a private consulting room, 18 of which are marked as private. 21 of the 27 undertake MUR’s.
- Within the Seisdon Peninsula PBC locality all 12 pharmacies have a consulting room, 6 of which are signposted as private. 11 of those 12 under take MUR’s.
Enhanced Services

The PCT and other agencies currently commission the following enhanced services across the whole of the PCT:

- Palliative Care Box Scheme
- Smoking Cessation
- Supervised consumption of Methadone
- Minor Ailments
- Needle Exchange
- Chlamydia Testing and Treating
- EHC (via PGD)
- Domiciliary MURs – (Cannock Chase only)
- IV Antibiotics (Uttoxeter only)

Community Pharmacy Survey: Pharmacy Questionnaire Provider Responses

The PCT conducted a survey of all its pharmacies in December 2009 and asked them to complete and return a proforma detailing all the services that they currently provide and also those that they may wish to provide in the future. The results of this survey and also PCT intelligence obtained through pharmacy contractor visits formed the basis for the review of services across the PBC localities, below.
Enhanced Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection and Delivery</td>
<td>76</td>
<td>24</td>
</tr>
<tr>
<td>Repeat dispensing scheme</td>
<td>62</td>
<td>38</td>
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<tr>
<td>Compliance Aid dispensing scheme</td>
<td>65</td>
<td>35</td>
</tr>
<tr>
<td>Smoking cessation scheme</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>Emergency Hormonal Contraception</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>Needle Exchange</td>
<td>18</td>
<td>82</td>
</tr>
<tr>
<td>Supervised Consumption of Minor Ailments</td>
<td>69</td>
<td>31</td>
</tr>
<tr>
<td>Chlamydia testing and treatment</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>Palliative care box scheme</td>
<td>52</td>
<td>26</td>
</tr>
</tbody>
</table>

Services provided by GP practice based commissioning locality

Cannock Chase:

There are 27 pharmacies within the Cannock Chase Practice Based Commissioning Locality, one of which is a 100-hour pharmacy.

21 of the 27 currently provide a voluntary collection and delivery service.

20 of the 27 pharmacies actively provide the repeat dispensing scheme.

18 of the 27 pharmacies provide the Compliance Aid Dispensing Service under the Disability Discrimination Act (DDA).

20 of the 27 pharmacies provide the Smoking Cessation service. Though there is good coverage for the service across the Cannock Chase locality, there is only one out of four pharmacies in Hednesford providing this service.

9 pharmacies currently provide the Emergency hormonal Contraceptive Service through a Patient Group Directive (PGD) and 12 pharmacies currently provide Chlamydia testing and treatment. There are very few pharmacies providing the services within Cannock town centre, Hednesford, Norton Canes and Heath Hayes however, there is a Contraception and Sexual Health (CASH) service based within Crown House in Cannock town centre.
8 pharmacies currently provide the needle exchange service. Very few pharmacies are providing the enhanced service across the patch however the Integrated Drug and Alcohol Team are based in Park House in Cannock town centre and provide this service.

20 Pharmacies provide supervised consumption of methadone.

10 pharmacies currently provide the minor ailments scheme. There are no pharmacies within Hednesford or Norton canes providing this service.

8 pharmacies currently provide the palliative care box scheme. This service is in the process of being developed.

4 pharmacies provide additional services not commissioned by the PCT; namely:

- Dietary management & Lipotrim + Blood Pressure testing
- Seasonal Flu vaccinations
- Obesity & nutrition counselling

**East Staffordshire Practice Based Commissioning Locality**

There are 23 pharmacies within the East Staffordshire PBC area, one of which is solely mail order/internet. There are also three 100 hour pharmacies, one in Uttoxeter and two in Burton, all of which are contained in supermarkets. It is worth noting here that East Staffordshire is largely rural and as such has seven dispensing practices within its area.

15 of the 23 pharmacies provide a voluntary collection and delivery service.

13 of the 23 pharmacies provide the repeat dispensing service.

12 of the 23 pharmacies provide the Compliance Aid Dispensing Service under DDA.

14 of the 23 pharmacies provide the Smoking Cessation Service. On the whole Burton Town Centre has good coverage of service, however at present only one of the pharmacies within Uttoxeter provides this service for an approximate population of 20,000.

18 of the 23 pharmacies currently provide the Emergency Hormonal Contraceptive through a PGD. Coverage across the East Staffordshire area is consistent for this service, the only noticeable gaps being Alrewas and Barton under Needwood. Contraceptive services are currently provided out of Cross Street Clinic in Burton town centre in addition to the pharmacy services and also Uttoxeter Health Centre in the centre of Uttoxeter, though the opening times to the service in Uttoxeter is limited to a Monday.
Only 4 of the 23 pharmacies provide the needle exchange service. These are based in Burton Town Centre and one in Uttoxeter. There is also currently an Integrated Drug and Alcohol Service (IDAS) operating in Station Street, Burton town centre which has a needle exchange service.

17 of the 23 pharmacies provide supervised consumption of methadone service. There is good coverage for this service across the East Staffordshire locality.

11 of the 23 pharmacies provide the minor ailments scheme with good coverage across the locality.

14 of the 23 pharmacies provide the Chlamydia testing and treatment service. Though there is good coverage across the locality it appears to be within the smaller pharmacies that provide shorter opening hours rather than the supermarket pharmacies or 100 hour pharmacies. Sexual health services are currently provided out of Cross Street Clinic in Burton town centre in addition to the pharmacy services.

7 of the 23 pharmacies currently provide the palliative box scheme service. The most noticeable gap in service is in Uttoxeter with none of the pharmacies providing this service. This service is in the process of being developed.

3 pharmacies have also reported that they provide further services, namely:

- Dietary management & Lipotrim
- Weight reduction
- PGD supply of GTN spray to cardiac rehabilitation staff

**South East Staffordshire:**

There are 31 pharmacies within the South East Staffordshire locality, two of which are open for 100 hours, both based in Tamworth, one of which is a supermarket pharmacy and the other contained within a town centre GP practice.

25 of the 31 pharmacies provide the voluntary collection and delivery service with good coverage across the patch.

25 pharmacies also provide the repeat dispensing service.

23 pharmacies provide the Compliance Aid Dispensing Service under DDA.

28 of the 31 pharmacies provide the smoking cessation service, with the only area having no service being Streetly.
16 pharmacies currently provide an Emergency Hormonal Contraception Service via a PGD. There are fewer providers in the Burntwood area, however there are providers at both ends of Burntwood, namely Chase Terrace and Swan Island. There is a contraceptive service clinic operating out of Salters Meadow Health Centre in the Chase Terrace end of Burntwood. There is also no provision in Amington and Dosthill in Tamworth. There are two contraceptive service clinics in Tamworth, namely Glascote Health Centre and Tamworth Health Centre.

There is also a service that operates out of Samuel Johnson Community Hospital in Lichfield that is open until late in the evening.

8 pharmacies provide the needle exchange service. There are few providers in Burntwood; however there is one pharmacy in Chase Terrace that does provide. There is good service provision within Tamworth and Lichfield. There is also an IDAS service operating in Tamworth.

23 of the 31 pharmacies provide the supervised consumption of methadone service, with coverage across the whole of the locality excluding Streetly.

16 pharmacies provide the minor ailments scheme.

17 pharmacies provide the Chlamydia testing and treatment service, with coverage across all areas but less providers in Lichfield. Chlamydia testing and treatment is also available on a walk in basis at the Burntwood Health and Wellbeing Centre which operates 8am – 8pm 7 days a week, 365 days a year.

Only 6 pharmacies provide the palliative care box scheme service and these are all based within the Tamworth area. This service is in the process of being developed.

4 pharmacies have reported that they also provide further services not commissioned by the PCT; namely:

- Weight loss
- Acute Urinary Tract Infection
- Blood pressure and cholesterol checks
Stafford and Surrounds:

There are 27 pharmacies within the Stafford and surrounds PBC locality, two of which are 100 hour pharmacies and both are based in supermarkets within Stafford town centre.

21 of the 27 pharmacies provide a voluntary collection and delivery service.

12 of the 27 pharmacies provide the repeat dispensing service.

19 pharmacies provide the compliance aid dispensing service under DDA.

15 pharmacies provide the smoking cessation scheme operated by the PCT.

Only 2 pharmacies provide the needle exchange service. 18 pharmacies provide the supervised consumption of methadone service. There is also an IDAS service which operates out the centre of Stafford.

15 pharmacies provide the minor ailments scheme service with good coverage across Stafford.

18 pharmacies provide the Emergency Hormonal Contraceptive Service through a PGD. There is also a contraception service that operates out of Stafford Central Clinic.

10 pharmacies provide the palliative care box scheme service. This service is in the process of being developed.

4 pharmacies have also reported that they provide further services, not commissioned by the PCT; namely:

- Blood pressure testing
- Seasonal Flu vaccinations

Seisdon Peninsula:

There are 12 pharmacies within the Seisdon Peninsula area. There are no 100 hour pharmacies.

9 of the 12 pharmacies provide a voluntary collection and delivery service.

4 pharmacies provide the repeat dispensing scheme, the majority within Codsall.

6 pharmacies provide the compliance aid dispensing service under DDA.

13 pharmacies provide the Smoking Cessation service.
3 Pharmacies in Codsall and Kinver provide an Emergency Hormonal Contraception service through a PGD.

Only 1 Pharmacy in Codsall provides the needle exchange service.

5 pharmacies provide supervised consumption of methadone service.

The survey also requested that pharmacies feedback to the PCT on the facilities within their premises. Again this information was collated from the actual survey results and premises visits conducted by the PCT. The responses are for the total amount of pharmacies.

### Workforce

<table>
<thead>
<tr>
<th>Workforce Manager</th>
<th>Workforce Pharmacist</th>
<th>Workforce Non Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes %</td>
<td>73</td>
<td>23</td>
</tr>
<tr>
<td>No %</td>
<td>27</td>
<td>77</td>
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</tbody>
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### Pharmacy Facilities

<table>
<thead>
<tr>
<th>Car parking</th>
<th>Ease of access</th>
<th>Patient handwashing facilities</th>
<th>Patient toilets</th>
<th>Seating for patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes %</td>
<td>57</td>
<td>69</td>
<td>32</td>
<td>15</td>
</tr>
<tr>
<td>No %</td>
<td>43</td>
<td>31</td>
<td>68</td>
<td>85</td>
</tr>
</tbody>
</table>

- 71 -
- 72 -

- 43% of pharmacy sites currently have no parking for patients. Therefore patients have to find a suitable car park.
- 31% of pharmacies confirmed that ease of access for patients could be improved.
- Only 32% of pharmacies have hand washing facilities for patients and only 15% have toilet facilities on site for use by patients.
- 24% of pharmacies reported as having no patient seating available which means that patients have to stand and wait for prescriptions.

<table>
<thead>
<tr>
<th>IM&amp;T</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network printer</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>Computers with PMR and labelling facilities</td>
<td>78</td>
<td>22</td>
</tr>
<tr>
<td>Email and internet access</td>
<td>73</td>
<td>28</td>
</tr>
<tr>
<td>Laser printing facilities</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>SMART Cards for EPS1</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>SMART Cards for EPS2</td>
<td>5</td>
<td>95</td>
</tr>
</tbody>
</table>

- Only 73% of pharmacies are currently able to access the internet and email. It is not clear if this includes intranet sites.
Appendix 3

PHARMACEUTICAL NEEDS ASSESSMENT – CONSULTATION PLAN

1. Purpose of Plan

To set out:
- The requirements for public consultation
- The communications plan
- Actions following public consultation

2. PUBLIC CONSULTATION REQUIREMENTS

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Assessment) Regulations 2010, section 3F (1) require a PCT to consult with:

a) The Local Pharmaceutical Committee
b) The Local Medical Committee
c) Pharmacies
d) Any Essential Local Small Pharmaceutical Services (ESPLS). The PCT has two ESPLS providers
e) Any relevant local involvement; patient, consumer or interest group
   The PCT proposes to consult with Patient Councils, District Patient Groups, LINks groups and the voluntary sector
f) Councils – Staffordshire County Council, District and Town Council Overview and Scrutiny Committees
g) Any NHS Trust or Foundation Trust in its area
h) Any neighbouring PCT

Those persons must be consulted at least once on the draft of the assessment. The negotiations determine that the period of consultation must be a minimum of 60 days.

3. COMMUNICATIONS PLAN

The attached communications plan sets out the detail of who will be consulted.

4. FOLLOWING THE CONSULTATION

A report of the outcome of consultation will be prepared, covering:

- The persons/organisations consulted
- The information provided to them
- What matters these persons were consulted on
- The result of the consultation, including a summary of the differences between the views expressed by those consulted
- The details of the decisions or changes made following the consultation had on that decision change
PHARMACEUTICAL NEEDS ASSESSMENT – COMMUNICATION PLAN

1. INTRODUCTION

1.1 This Communication Plan sets out a framework for the communication and dissemination of activities for the public consultation of the PCTs Pharmaceutical Needs Assessment.

1.2 The purpose of the Communication Plan is to outline the activities that will be undertaken to inform and involve not just statutory consulters but to seek patients groups and voluntary sectors views as to the proposals in the Pharmaceutical Needs Assessment (PNA).

1.3 The plan outlines the objectives, key messages, target audiences and as well as the activities to be implemented.

1.4 This initiative is steered by a Project Board which reports to the PCTs Executive Team acting on behalf of the Board.

1.5 The Plan will be published in the PNA, no later than 1st February 2011. The PNA reflects a wide range of views of those who have been involved in consultation.

2. CONTEXT

All PCTs are required to publish a PNA by 1st February 2011. The PNA covers a three year period until 31st January 2014 and is to be updated annually.

The PNA is both a strategic and practical document which will enable commissioners of pharmaceutical services to determine, subject to funding, if additional or new services should be provided by existing pharmacies and if there are any areas in the PCT where a new pharmacy would benefit patients.

3. OBJECTIVES

The objectives of a PNA are to:

- Assess the existing provision of pharmacies and identify if any additional pharmacies are required
- Assess the adequacy of existing provision of services provided by pharmacies and identify any gaps in services
- Is there a need for the PCT to commission new services that pharmacies could provide
4. **KEY MESSAGES**

A range of key messages will be used to convey the purpose of the PNA and clearly identify if additional pharmacies and services provided by services are required.

5. **POSITIONING**

The PNA is the key document for commissioners to use in developing pharmaceutical services and identifying if the existing availability of pharmacies is adequate.

6. **TARGET AUDIENCES AND SEGMENTATION**

6.1 There are a wide range of target audiences/stakeholders that need to be informed and involved, as set out in figure 1.

**Figure 1: Stakeholders Prioritized.**

<table>
<thead>
<tr>
<th>Involve</th>
<th>Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PCT Provider Services</td>
<td>- Social Care and Health</td>
</tr>
<tr>
<td>- Local Acute Trusts</td>
<td>- Voluntary and Community Sector</td>
</tr>
<tr>
<td>- South Staffordshire and Shropshire Healthcare NHS Foundation Trust</td>
<td></td>
</tr>
<tr>
<td>- Local Patient Participation Groups/Patient Council</td>
<td></td>
</tr>
<tr>
<td>- PCT website</td>
<td></td>
</tr>
<tr>
<td>- Media</td>
<td></td>
</tr>
<tr>
<td>- Practice Based Commissioning Groups</td>
<td>- Local Involvement Networks (LINks)</td>
</tr>
<tr>
<td></td>
<td>- Health Overview and Scrutiny Committees</td>
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<td></td>
<td>- Local MPs</td>
</tr>
<tr>
<td></td>
<td>- Voluntary Sector</td>
</tr>
<tr>
<td></td>
<td>- Local Medical Committee</td>
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<tr>
<td></td>
<td>- Patient Councils</td>
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<tr>
<td></td>
<td>- Local Pharmaceutical Committee</td>
</tr>
<tr>
<td></td>
<td>- Neighbouring PCTs</td>
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<tr>
<td></td>
<td>- Pharmacies</td>
</tr>
</tbody>
</table>

**Inform**

**Consult**
8. COMMUNICATION CHANNELS

8.1. A range of formal and informal communications channels already exist internally and externally, including the website, staff intranet, PCT newsletter, links to Patient Councils and District Patient Groups.

8.2. Whilst these methods of communicating should not be used exclusively, it is important that they are a key method used to deliver messages about the PNA. Communications with the general public directly will be necessary as part of public consultation.

The PCT will produce a questionnaire which will set out the purpose of the PNA and seek views regarding the distribution of pharmacies, services provided and if any new services based on health need could be commissioned by the PCT, subject to funding availability. The questionnaire will be distributed to Patient Groups and the voluntary sector for their views. Statutory consulters will receive the full consultation document and the questionnaire.

9. COMMUNICATIONS ACTIVITIES

Enclosure 1 sets out the Communications activities. In addition to sending out the public consultation document and questionnaire the PCT will, during consultation:

- Issue press releases
- Attend overview and scrutiny committee meetings as requested
- Attend the PCTs Patient Council meeting
- Deal with all enquiries in a timely manner

10. INITIAL TASKS/TIMETABLE – 2010/11

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2010</td>
<td>– Project Team established</td>
</tr>
<tr>
<td>August 2010</td>
<td>– Strategic Health Authority and PCT Approve Public Consultation including the Communications Plan</td>
</tr>
<tr>
<td>1(^{st}) September – 26(^{th}) November 2010</td>
<td>– Public Consultation</td>
</tr>
<tr>
<td>January 2011</td>
<td>– PCT approve the PNA</td>
</tr>
</tbody>
</table>
11.  RISKS

11.1. The PCT needs to ensure that the messages are clear and backed up by facts, particularly via the media.

11.2. **Process for media enquiries** – The PCT has a protocol for handling proactive and reactive media enquiries which take account of any work undertaken jointly. This protocol will be followed for the public consultation.

12.  MONITORING AND EVALUATION

12.1. The Head of Primary Care Commissioning is the Project Manager for the PNA and will deal with any communication or public consultation matter. A full report on the outcomes of consultation will be produced for the PCTs Executive Team to consider. Any amendments and/or additions to the PNA will be agreed at Executive Team level prior to the approving of the PNA.
COMMUNICATION TIMETABLE/ACTIONS FOR PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

1st September – 26th November 2010

Formal consultation to take place between 1st September and 26th November 2010 with Councils Overview and Scrutiny Committees, Independent Contractor Committees Patient Councils, Voluntary and Community organisations/groups, Health and Social Care Staff and other stakeholders on the PNA. All Statutory Consulters will receive a copy of the consultation. A summary including a questionnaire will be sent to the Patient Council and District Patient Groups, including a summary of what this means to patients and how they can respond.

<table>
<thead>
<tr>
<th>Date happening</th>
<th>What is it</th>
<th>To who</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Press release</td>
<td>• To all local press that cover South Staffs.</td>
<td>A general press release to raise awareness and how to respond. This needs to be done with formal consultation</td>
</tr>
<tr>
<td>September</td>
<td>Public consultation Document</td>
<td>• Statutory Consulters</td>
<td>Consultation document with explanatory letter</td>
</tr>
<tr>
<td>September</td>
<td>Executive Summary of PNA and what this means to patients and questionnaire including proposals for patient groups</td>
<td>• Patients Council, for cascading to District Groups and Patient Groups</td>
<td>The questionnaire’s in the Executive Summary will be returned to the Head of Primary Care Commissioning for analysis</td>
</tr>
<tr>
<td>September</td>
<td>Executive Summary including Questionnaire including proposals and how they can respond</td>
<td>• Voluntary sector for inclusion in county wide newsletter</td>
<td>The newsletter will give progress on development of the PNA and how to respond</td>
</tr>
<tr>
<td>Date happening</td>
<td>What is it</td>
<td>To who</td>
<td>Additional comments</td>
</tr>
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<td>-----------------------------------------------------</td>
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<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>September</td>
<td>Full document, summary and how they can respond</td>
<td>• PCT website to general public who wish to respond via website</td>
<td>Questionnaire’s can be completed on line during the consultation period</td>
</tr>
<tr>
<td></td>
<td>through the questionnaire.</td>
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<tr>
<td>September</td>
<td>Article, based on summary</td>
<td>• PCT Post</td>
<td>Offering staff the opportunity to comment/feedback</td>
</tr>
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</tr>
<tr>
<td>September</td>
<td>Full document, and summary to statutory consulters</td>
<td>• Staffordshire Health Overview and Scrutiny Committee</td>
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<td></td>
<td></td>
<td>• Each Overview and Scrutiny Committee</td>
<td></td>
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<td></td>
<td></td>
<td>• Local pharmaceutical/Medical Committees.</td>
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<tr>
<td></td>
<td></td>
<td>• Acute and Foundation trusts</td>
<td></td>
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<td></td>
<td></td>
<td>• Pharmacies</td>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Summary document and how people can respond</td>
<td>• Local Involvement Networks (LINks)</td>
<td>LINks Coordinator to cascade</td>
</tr>
<tr>
<td></td>
<td>Summary of document and how people can respond</td>
<td>PCT Provider Services PALS service</td>
<td>Provider Services, who will also cascade to PALS Teams</td>
</tr>
<tr>
<td></td>
<td>through the questionnaire</td>
<td></td>
<td></td>
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</tbody>
</table>