

Pharmaceutical Needs Assessment for Staffordshire

September 2025



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2. Executive summary

Introduction

A pharmaceutical needs assessment (PNA) is a statement of the needs of pharmaceutical services for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made in future pharmaceutical service provision.

The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to health and wellbeing boards (HWBBs). Every HWBB has a statutory responsibility to publish and keep up to date a PNA for the population in its area which can be used:

- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
- As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
- By NHS England & Improvement (NHSE/I) area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.

In addition, the HWBB is required to keep up to date a map of provision of NHS pharmaceutical services within its area through supplementary statements and update changes to the availability of pharmaceutical services since the publication of the PNA.

This document forms the fourth comprehensive PNA for Staffordshire.

What is the population of Staffordshire like?

Staffordshire has a resident population of 898,521 and covers a large geographical area of over 1,010 square miles. Similar to many other County areas, a major characteristic of Staffordshire is its ageing population with its population continuing to grow in both size and average age rapidly. Tamworth and East Staffordshire are the only districts in Staffordshire that have a higher proportion of under 16s than the national average.

The proportion of people from minority ethnic groups is growing but remains lower than the national average. The single largest minority group is 'White Other'. East Staffordshire has the largest proportion of people from a minority ethnic group.

Around a quarter of residents live in rural areas. South Staffordshire (40%), Stafford (33%), Staffordshire Moorlands (31%) and Lichfield (31%) are particularly rural whilst Tamworth's population is classified as entirely urban.

Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas. However, some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. This is coupled with around one in six households not having access to a car.

The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

What is health like in Staffordshire?

Overall people in Staffordshire are healthy, with men in Staffordshire having significantly higher life expectancy than the national average and similar for women. Trends in life expectancy show that there was a decrease between 2017-19 and 2020-22, however this trend has reversed in the most recent data. Men and women spend less time in poor health than the average at retirement age, although there remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. Uptake rates for childhood immunisation are higher than the England average. However, there has been a gradual decline in coverage across most immunisations over the last decade. Uptake of Flu vaccination in the over 65s is higher than the national average, however since 2020/21 uptake of adult Flu and vaccinations has decreased in line with national trends. Uptake of flu vaccinations in the at-risk cohort is now at pre-pandemic levels and below the uptake figures for England.

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10.7% and increases significantly to 22.8% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average. Newcastle-under-Lyme and Tamworth have obesity rates in Year 6 that are higher than the England average, although the Staffordshire figure overall is similar to England. Whilst adult smoking rates overall in Staffordshire have fallen and are lower than the national average there are large numbers of our population who drink too much over the life course, eat unhealthily and remain inactive.

More people in Staffordshire report having a limiting long-term illness than the national average. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. Of particular concern are the growing numbers of people with multiple or complex conditions.

Most care will occur in primary care or community settings. However, a higher-than-average proportion in Staffordshire also occurs in hospital settings. Older people are higher users of social care.

Current provision of pharmaceutical services

What is current pharmaceutical provision like and are there any gaps?

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month. Local data from a resident survey found around 13% of respondents used their pharmacy weekly and a further 73% monthly.

Staffordshire has 166 community pharmacies, of which seven are distance-selling and in rural areas there are 27 GP practices who can dispense to patients registered with their practice and live more than 1 mile (1.6km) from a pharmacy. The rate of community pharmacies and dispensing practices is 21 per 100,000 population which is similar to the national average (20 per 100,000) but ranges between districts from 17 per 100,000 in Lichfield to 25 per 100,000 population in Staffordshire Moorlands although districts with low rates do also have nearby access to pharmacies in neighbouring areas. Neighbouring areas that see greater levels of cross boundary activity are Wolverhampton, Stoke-on-Trent, Walsall and Dudley.

The engagement survey found that local pharmacy services met the needs of respondents, with around 89% of respondents stating that their pharmacy either meets their needs a great deal or a fair amount.

- Overall, there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

There remains a gap as to the clarity of controlled localities (geographical area judged to be rural in nature by NHSE/I) and reserved locations. It is therefore proposed that NHSE/I Midlands Region undertake further mapping of controlled localities, dispensing practice areas and reserved locations. This will provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

There are 18 pharmacies open for a minimum of 72 hours across Staffordshire equating to around one in nine pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 72 hours during the week.

Around seven in ten pharmacies are also open on Saturdays. About a half of pharmacies open on a Saturday close around lunchtime. However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. Around one in six pharmacies are open on Sunday from around 10am but tend to close by around 4pm. There are some areas in Staffordshire with no pharmacies open on Sunday. This includes South Staffordshire, where there are pharmacies open on Sunday in neighbouring areas, and some towns in Staffordshire Moorlands – for example Leek. Leek has pharmacies open during weekdays and on Saturdays, ensuring residents have good access to pharmaceutical services for the majority of the week. Existing pharmacies in the town have the option to extend their opening hours to include

Sundays, and could consider this on the basis of whether it were commercially viable. This gap in pharmaceutical provision is not considered to be a gap that is generating an unmet need for services.

Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However, Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

A number of pharmacies also now open on Bank Holidays. NHSE/I Midlands Region also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

There appears to be a gap in service provision on Sunday evenings. However, the demand for dispensing services is likely to be much lower at weekends compared to weekdays as GP surgeries are usually closed; immediate needs can also be met through alternative provision.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- At least two-fifths of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access.
- Delivery of dispensed medicines to an individual's home, (this is at the discretion of the community pharmacy as it is not commissioned).

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions (see Appendix 1:). 51% of respondents also used their pharmacy for disposal of unwanted medicines. 55% used their pharmacy for the pharmacy first service, however very few respondents used their pharmacy for lifestyle advice (5%). 56% of respondents used their pharmacy for vaccinations. In terms of other services respondents stated they would like to see at their local pharmacy weekend opening was the most reported comment.

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall, there is good provision of advanced pharmacy services such as the New Medicine Service (NMS) across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

- There is good coverage of the Pharmacy First service in Staffordshire (98%) which relieves pressure on the NHS.

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

An adult flu vaccination service was introduced as the fifth advanced service in September 2015. After the Covid-19 pandemic increased vaccination rates the numbers have reduced over the years since, both locally and nationally. Across the County, at least 80% of all pharmacies in each District provided Flu vaccinations with 100% of pharmacies providing the service in Lichfield, Stafford and Staffordshire Moorlands.

- GP practices are ideally placed to work with their local pharmacies to identify and refer on patients who require an NMS and blood pressure screening. 98% of pharmacies in Staffordshire provide the hypertension case finding service.

There are also opportunities for pharmacies to support the health, wellbeing and care needs of Staffordshire residents through locally commissioned services. In Staffordshire there are a number of services that are currently provided by pharmacies alongside other providers helping to meet the health needs of local residents. These include provision of emergency hormonal contraception, STI testing, quick and easy access to free condoms, supervised administration, needle exchange and palliative care. Provision across the County is generally matched to needs.

- NHSE/I Midlands Region, Staffordshire County Council, and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire.

Local commissioners, providers and key stakeholders such as Local Pharmaceutical Committees (LPCs) and Local Medical Committees (LMCs) should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS.

- The ICB should consider the wider role of pharmacies in commissioning strategies (e.g. primary care, urgent care, healthy lifestyles and population health) so that opportunities to provide effective services are maximised locally.

The HWBB does not currently believe there are any unmet pharmaceutical needs through any planned development over the next three to five years. However, the HWBB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to update the provision of pharmaceutical services as deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

- The HWBB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and continue to publish supplementary statements where needed.

3. Introduction

What is a pharmaceutical needs assessment?

A pharmaceutical needs assessment (PNA) is a statement of pharmaceutical service needs for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs and identifies any potential gaps to service delivery.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBBs). The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) stated that HWBBs must have published their first PNA by 1st April 2015 which should be updated at least once every three years or before if there has been a significant change in service need or provision. The last PNA was published in October 2022 and the HWBB is also required to keep up-to-date a map of provision of NHS pharmaceutical services within its area through supplementary statements. There have been no supplementary statements since the publication of the PNA in 2022.

This consultation document will form the basis of the fourth comprehensive PNA for Staffordshire.

How will the PNA be used?

Uses of the PNA include:

- Identifying areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities. It will help the HWBB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- Providing an evidence base to NHSE/I regional teams to identify and commission advanced and enhanced services. It should also be used to inform local authority and Integrated Care Boards (ICBs) when commissioning local services from community pharmacies.
- Market entry - the PNA will be used by NHSE/I's regional team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision. Under legal regulations potential contractors of NHS pharmaceutical services must submit a formal application to NHSE/I to be included on a relevant list by proving they are able to meet a current or future pharmaceutical need that has been identified in the relevant PNA. NHSE/I regional team will then review the application in light of any gaps identified in local PNAs. The NHS Resolution will also refer to the PNA when hearing appeals on NHSE/I decisions.

What are NHS pharmaceutical services?

NHS pharmaceutical services as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 are commissioned solely by NHSE/I.

For the purposes of the PNA, pharmaceutical services included within the scope are:

- **Community pharmacies** are registered premises where pharmacists work as healthcare professionals either as sole traders, partnerships or limited companies.
- **Dispensing appliance contractors (DACs)** are appliance suppliers for a specific subset of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages but cannot supply medicines.
- **Distance selling pharmacy contractors** are internet and mail order-based contractors who provide their services across England to anyone who requests it. They may be pharmacy or dispensing appliance contractors. Under the 2013 Regulations only pharmacy contractors may now apply to be distance selling premises.
- **Local pharmaceutical services (LPS) contractors** provide a level of pharmaceutical services in some HWBB areas. A LPS contract allows NHSE/I to commission community pharmaceutical services tailored to specific local requirements. The last two LPS contractors in Staffordshire have now returned to the pharmaceutical list.
- **Dispensing doctors** are medical practitioners authorised to provide pharmaceutical services from medical practice premises in designated rural areas known as “controlled localities” to eligible patients. They can dispense NHS prescriptions to their own patients who live more than one mile (1.6 km as the crow flies) from a pharmacy. **Controlled localities** are rural areas which have been determined by NHSE/I, a predecessor organisation (primary care trust), or on appeal by the NHS Litigation Authority. The one-mile rule does not apply to practices in **reserved locations** and patients in these localities both within one mile of the pharmacy and beyond have the right to choose whether to have their medicines dispensed at a pharmacy or at their GP surgery. A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of one mile of the proposed premises or location is fewer than 2,750.

Under the NHS Community Pharmacy Contractual Framework (CPCF) there are three different levels of services that pharmacies can provide. These are:

- **Essential services** - these are those services which every community pharmacy who provides NHS pharmaceutical services must provide as set out in their terms of service and includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- **Advanced services** - these are services that community pharmacies and dispensing appliance contractors (DACs) can provide subject to accreditation as necessary. These include the New Medicines Service, flu vaccination service, smoking cessation service,

hypertension case-finding service, pharmacy contraception service, pharmacy first service and lateral flow device service. Community pharmacies and DAC's can also deliver Appliance Use Reviews and the Stoma Customisation Service.

- **Enhanced services** - additional locally commissioned services that are commissioned by NHSE/I such as services to care homes, language access and patient group directions.

Other organisations, for example ICBs and local authorities can commission services from community pharmacies. However, these services are not part of NHS Pharmaceutical Services as defined by the Regulations and described above and therefore cannot be described as enhanced services and should be described as ***locally commissioned services***.

What has been the process for developing the Staffordshire PNA?

A PNA working group was set up in Staffordshire to shape the production of the Staffordshire PNA. This includes a range of stakeholders from Staffordshire County Council, the Local Pharmaceutical Committee (LPC) for Staffordshire and Stoke on Trent, the Local Professional Network (LPN) for pharmacies and members from local Integrated Care Board (ICB).

The PNA process included:

- **Engagement** with the public, through a survey run by Healthwatch and through an online survey of pharmacy contractors, about current and future pharmaceutical needs and services to feed into the PNA
- **Identifying local needs** through use of the Joint Strategic Needs Assessment (JSNA) process (see Figure 1 which illustrates the JSNA process in the commissioning cycle)
- Collecting information on **service provision** from NHSE/I, Staffordshire County Council, the LPC and other commissioners
- **Consultation on the draft PNA** with residents and professionals

Figure 1 The role of the JSNA in the commissioning cycle



Definition of localities for the PNA

Staffordshire has a resident population of 898,521 and covers a large area of 1,010 square miles. The area is composed from a mixture of cities, towns and villages and is governed locally by an upper-tier authority: Staffordshire County Council and eight district councils (Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth).

In Staffordshire, health, social and wellbeing services or programmes are commissioned by the Integrated Care Board, NHSE/I, Staffordshire County Council and eight Borough/District Councils.

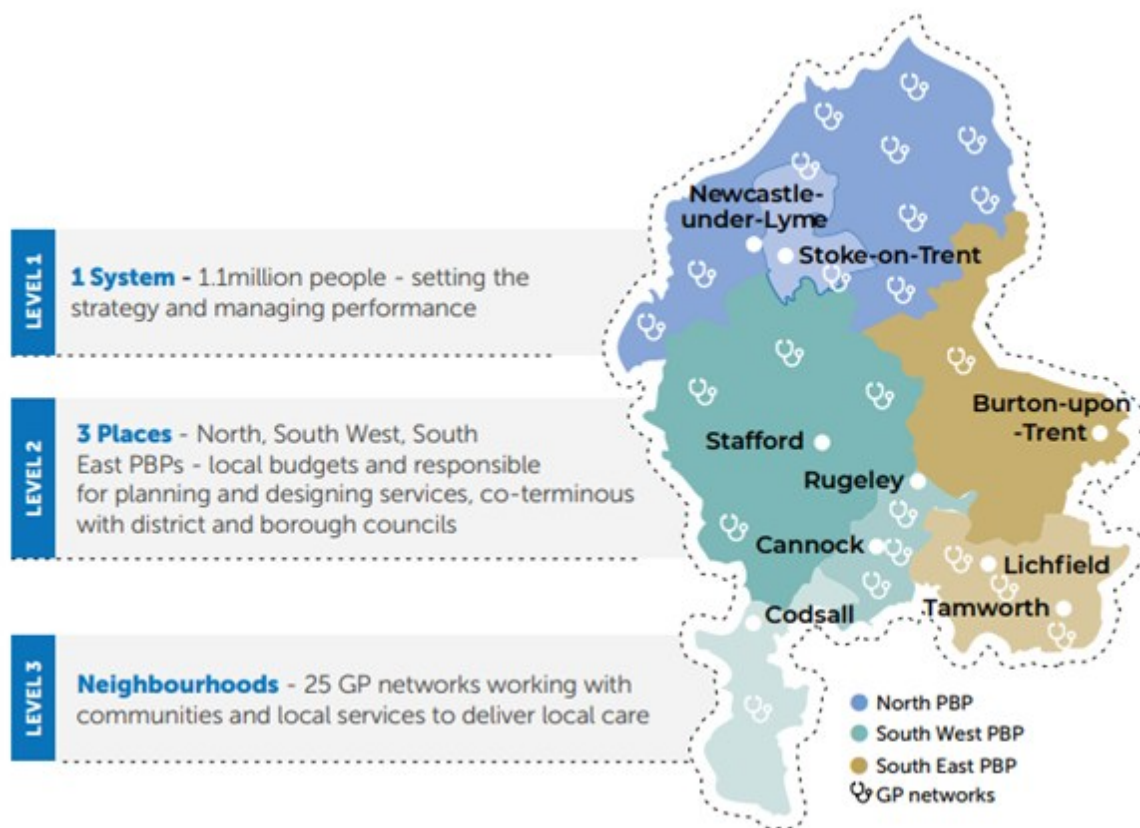
The PNA for Staffordshire will use its eight district areas in the main to assess needs; this is in line with the disaggregation of intelligence within the Joint Strategic Needs Assessment (JSNA).

Pharmacy services and the Integrated Care Board (ICB)

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) is responsible for the planning and commissioning the majority of NHS services for their populations and providing system leadership. It brings together NHS providers, commissioners and local authorities to work in

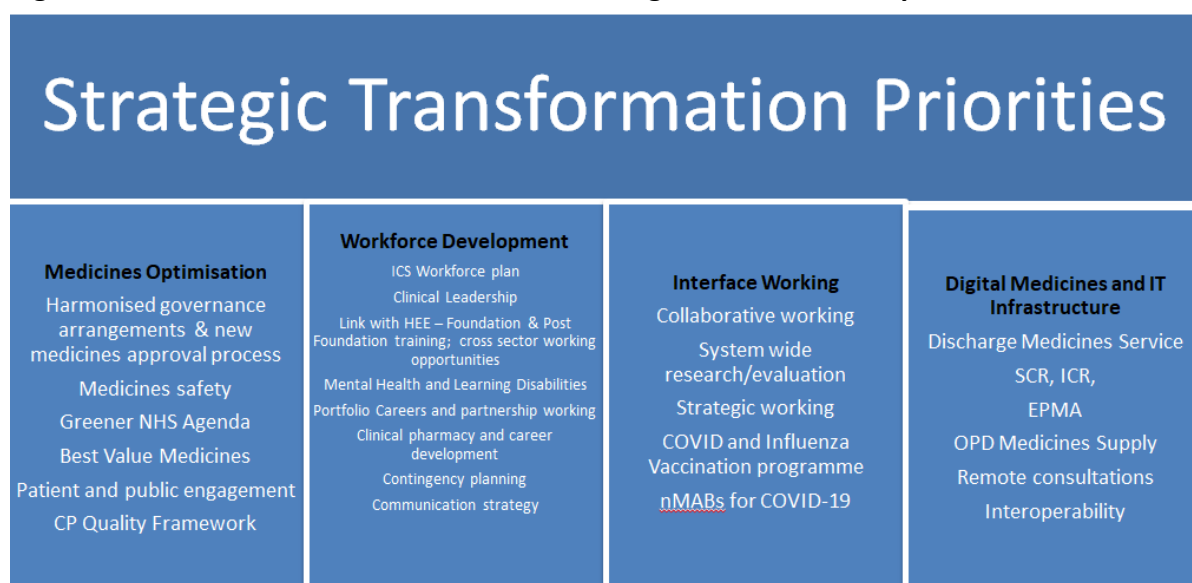
partnership in improving health and care in their area. From 1 April 2023 NHS England and Improvement have delegated responsibility for the commissioning of pharmacy services, in addition to existing responsibility for medicines management in the NHS. The local ICB covers Staffordshire and Stoke-on-Trent and acts as a strategic commissioner of health and care services. The ICB plans and commissions delivery of services that reflect population health needs, address inequalities and prevention, increasingly integrates NHS care into community-based models to improve health outcomes for the local population and delivers value in publicly funded services.

Map 1 ICB Place Based Partnerships and GP Networks



Pharmacies are at the centre of the community and provide an opportunity to further deliver health and wellbeing services tailored to meet the needs of the people in their locality and grow as community assets. The strategic transformation priorities for pharmacies in Staffordshire and Stoke-on-Trent are highlighted in Figure 2:

Figure 2 Staffordshire and Stoke-on-Trent strategic transformation priorities for Pharmacy



The Murray Report

An independent *Community Pharmacy Clinical Services Review* (also known as the Murray report) was commissioned by the Chief Pharmaceutical Officer and published by the Kings Fund in December 2016. The Murray report proposes that pharmacy needs to “work in partnership with other parts of the health and care system whether this means other professions or, critically, patients themselves” and be a “core part of the integrated, convenient services that people need”.

The report provides a summary of national policy reports, presents barriers, opportunities and recommendations for expanding the role of community pharmacy and pharmacists. The full recommendations from the report can be found in Appendix 1:.

The PNA Consultation

There is a requirement for consultation with the public and local organisations on the contents of the PNA. The consultation period must run for a minimum of 60 days. The consultation period for the Staffordshire PNA ran from the 2nd July to the 1st September. The consultation questions and a summary of the results can be found in (Appendix 4 and Appendix 5). There were no major changes to the PNA as a result of the consultation, however smaller changes and points of accuracy have been made.

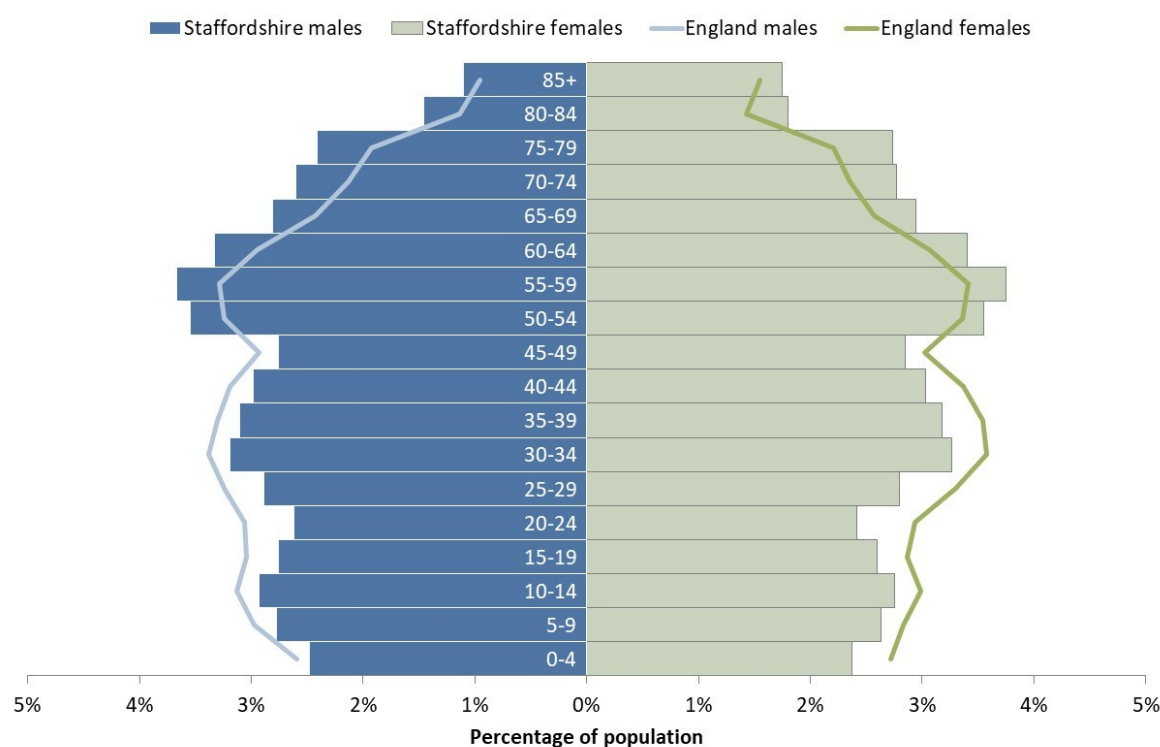
4. What is the population of Staffordshire like?

Population structure

Staffordshire has a resident population of 898,521 and covers a large geographical area of over 1,010 square miles. The age structure of a population gives an indication of potential utilisation of health services, for example people aged over 50 are more likely to have long-term conditions and are consequently greater users of health and social care services including pharmaceutical services.

The overall population pyramid shows that Staffordshire has a relatively older population compared to the England average (Figure 3). Around 22% residents are aged 65 and over compared to the national average of 19%. This ranges from 19% in East Staffordshire and Tamworth to 27% in Staffordshire Moorlands (Table 1 and Figure 4). The proportion of residents aged under 16 is higher than the national average in East Staffordshire and Tamworth.

Figure 3 Population structure of Staffordshire compared with England, 2023



Source: 2023 mid-year population estimates, Office for National Statistics, Crown copyright

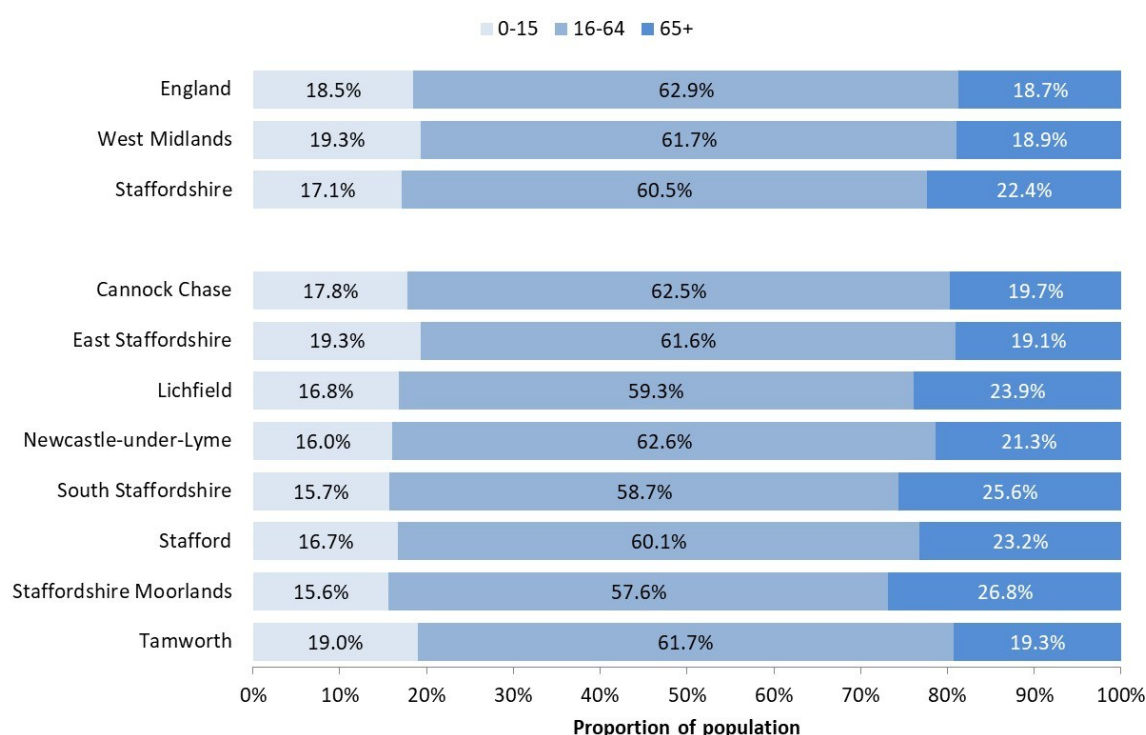
Table 1: Population structure by age group and district, 2023

	0-4	5-15	16-24	25-49	50-64	65-74	75+	All ages
Cannock Chase	5,500 (5.3%)	12,900 (12.5%)	9,200 (8.9%)	33,100 (32.2%)	22,000 (21.4%)	10,300 (10.1%)	9,900 (9.6%)	102,800 (100.0%)
East Staffordshire	7,200 (5.7%)	17,400 (13.6%)	11,600 (9.1%)	41,000 (32.1%)	26,100 (20.4%)	12,500 (9.8%)	11,800 (9.3%)	127,600 (100.0%)
Lichfield	5,300 (4.8%)	13,200 (12.0%)	9,200 (8.4%)	32,500 (29.5%)	23,500 (21.4%)	12,400 (11.3%)	13,900 (12.6%)	110,200 (100.0%)
Newcastle-under-Lyme	5,800 (4.6%)	14,700 (11.5%)	17,300 (13.5%)	37,200 (29.1%)	25,600 (20.0%)	13,600 (10.7%)	13,700 (10.7%)	128,100 (100.0%)
South Staffordshire	4,900 (4.3%)	12,900 (11.4%)	9,400 (8.3%)	31,800 (28.2%)	25,100 (22.2%)	14,000 (12.4%)	15,000 (13.3%)	113,100 (100.0%)
Stafford	6,600 (4.7%)	16,900 (12.0%)	11,400 (8.1%)	42,800 (30.4%)	30,300 (21.6%)	16,000 (11.4%)	16,600 (11.8%)	140,700 (100.0%)
Staffordshire Moorlands	3,900 (4.1%)	11,000 (11.5%)	7,600 (8.0%)	25,100 (26.2%)	22,400 (23.4%)	12,600 (13.2%)	13,100 (13.6%)	95,800 (100.0%)
Tamworth	4,400 (5.5%)	10,800 (13.5%)	7,300 (9.1%)	26,300 (32.7%)	16,000 (19.9%)	8,300 (10.4%)	7,200 (8.9%)	80,300 (100.0%)
Staffordshire	43,600 (4.9%)	109,900 (12.2%)	83,000 (9.2%)	269,900 (30.0%)	191,000 (21.3%)	99,900 (11.1%)	101,200 (11.3%)	898,500 (100.0%)
West Midlands	337,600 (5.5%)	839,200 (13.8%)	662,900 (10.9%)	1,929,400 (31.7%)	1,165,600 (19.2%)	578,400 (9.5%)	572,600 (9.4%)	6,085,700 (100.0%)
England	3,064,600 (5.3%)	7,583,700 (13.1%)	6,155,400 (10.7%)	18,959,800 (32.9%)	11,143,600 (19.3%)	5,472,900 (9.5%)	5,310,200 (9.2%)	57,690,300 (100.0%)

Note: Numbers may not add up due to rounding

Source: 2023 mid-year population estimates, Office for National Statistics, Crown copyright

Figure 4 Population structure by age group and district, 2023



Source: 2023 mid-year population estimates, Office for National Statistics, Crown copyright

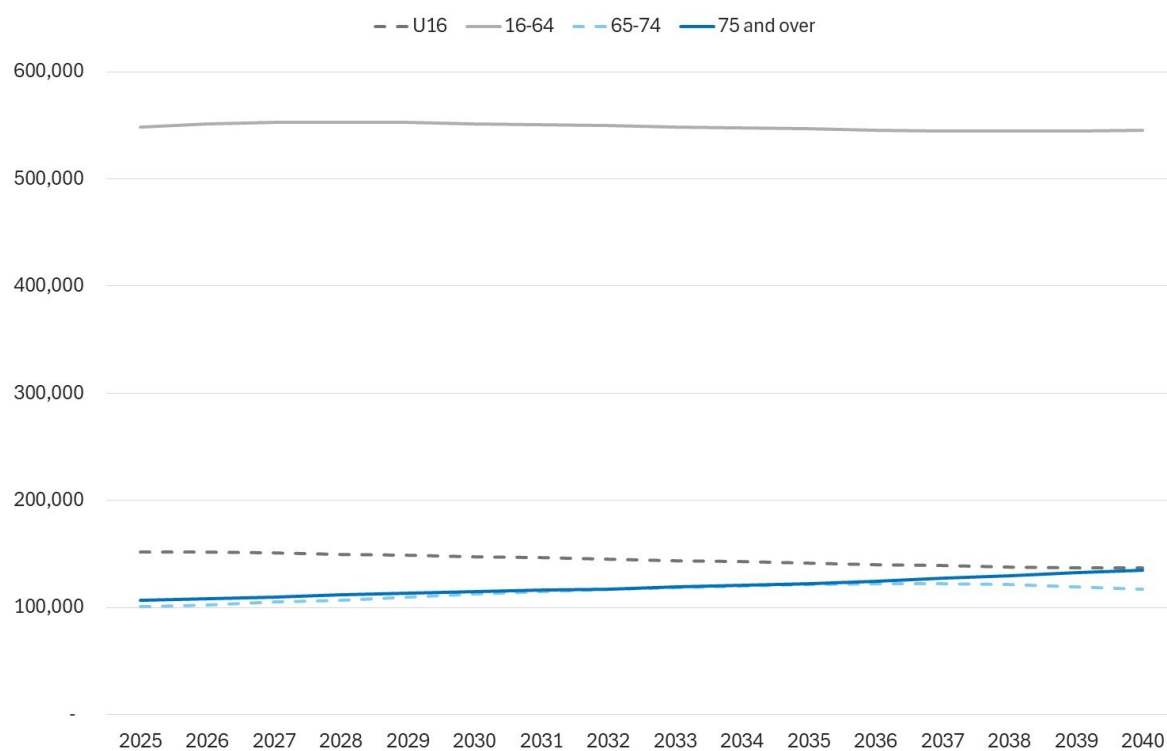
Population projections

A major characteristic of Staffordshire like many other County areas is its ageing population with its population continuing to grow in both size and average age. There are now 70,000 more people aged 65 and over than there were 20 years ago, which equates to a 53% increase. This trend is predicted to continue.

The overall population for Staffordshire is projected to increase by 3% between 2025 and 2035 to 932,200. Staffordshire's older population is predicted to grow faster than average: by 2035 the number of residents aged 75 and over, traditionally people who need the most support will rise dramatically by 15% to 122,500 in 2035, an increase of around 16,000 people (Figure 5). The number of children under 16 will reduce by 7% to 141,400, a reduction of 10,300 people and working age people (16-64) will remain fairly stable. The impact of these demographic changes means there will be a significant fall in old age dependency support ratios with the ratio falling from 2.6 people of working age for every person aged 65 and over in 2025 to 2.2 people by 2035.

The changing population of Staffordshire will continue to have an impact on the provision and use of a range of health, social care and pharmaceutical services with the ageing population bringing greater challenges to already scarce resources within the area. It also is likely to put strains on the formal care workforce and may mean a necessary increase in informal, unpaid care from family, friends and communities in the future.

Figure 5 Population projection trends in Staffordshire



Source: 2022-based population projections, Office for National Statistics, Crown copyright

In line with projected population growth,

Table 2 shows the annual housing need by district using the current method and new method used to calculate need and the average annual number of additional homes added during 2021/22 to 2023/24. Local authorities will have to consider the new method when producing new local plans. However, across Staffordshire there are a number of housing developments in various stages of planning and not all plans have been adopted yet and are subject to change. We do not believe that any changes to housing currently in planning will impact on the needs for services within the lifetime of this PNA.

However, the Health and Wellbeing Board will continue to monitor whether future housing developments require additional pharmaceutical provision. As well as schools and other community facilities such as local shops and newsagents, districts need to ensure they also include pharmaceutical provision as part of their planning process under the consideration of provision of health care facilities.

Table 2: Planned housing requirements

	Local Housing Need per year (standard method)	Local Housing Need per year (new standard method)	Average Annual Net additions (2021/22-2023/24)
Cannock Chase	248	518	415
East Staffordshire	417	602	808
Lichfield	289	745	738
Newcastle-under-Lyme	330	545	371
South Staffordshire	223	651	486
Stafford	358	751	520
Staffordshire Moorlands	159	454	219
Tamworth	123	445	347
Staffordshire	2,145	4,713	3,904

Source: Ministry of Housing, Communities & Local Government, @ Crown copyright

Ethnicity

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

According to the 2021 census there were approximately 86,000 people from a minority ethnic group in Staffordshire, which is 10% of the population, whilst this is a significant increase from the 2011 Census (6.4%), it remains lower than the England average of 26%. The largest minority groups are 'All Other White' (3.5%) and Asian (3.3%).

At a district level East Staffordshire has the highest proportion of residents from minority ethnic groups, mainly concentrated in Burton-on-Trent (Table 4).

Table 3: Ethnic populations in Staffordshire, 2021

	Staffordshire	England
White British	90.2%	73.5%
All Other White	3.5%	7.5%
Asian	3.3%	9.6%
Mixed or Multiple ethnic groups	1.7%	3.0%
Black	0.8%	4.2%
Other	0.5%	2.2%
Minority Ethnic Groups	10%	26%
Total 2021 Population	876,104	56,490,048

Source: 2021 Census, Office for National Statistics, Crown copyright

All Other White includes White Gypsy or Irish Traveller, White Irish, White Roma and White Other

Table 4: Ethnic populations by local authority, 2021

	Number from minority ethnic group	Percentage
Cannock Chase	5,504	5%
East Staffordshire	27,002	22%
Lichfield	8,484	8%
Newcastle-under-Lyme	12,352	10%
South Staffordshire	8,643	8%
Stafford	13,667	10%
Staffordshire Moorlands	3,277	3%
Tamworth	7,186	9%
Staffordshire	86,111	10%
England	14,949,257	26%

Source: 2021 Census, Office for National Statistics, Crown copyright

Rurality

Living in a rural area has a positive association with people's overall life satisfaction. However, it can also present difficulties in accessing services with evidence suggesting that poor access and availability of good transport, both private and public, can mean that some people living in rural areas may not make use of health and care services that they need. This is sometimes known as "distance decay" where uptake of services decreases with increasing geographical remoteness from the service. The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

Based on the 2011 Rural and Urban Classification 24% of Staffordshire residents live in rural areas, which is higher than the national average of 17%. South Staffordshire (40%), Stafford (33%), Staffordshire Moorlands (31%) and Lichfield (31%) are particularly rural whilst Tamworth's population is classified as entirely urban.

Deprivation

Poverty, poor education and inappropriate housing can all have an adverse effect on an individual's health with people living in deprived communities often experiencing poorer health outcomes compared with those living in more affluent communities. Other groups of people who have poorer health outcomes compared to the average include prisoners, people with disabilities and people with severe mental illness.

The Index of Multiple Deprivation 2019 (IMD 2019) measures deprivation in its broadest sense by including indicators which assess deprivation by combining seven areas (called domains): income, employment, health and disability, education, skills and training, barriers to housing and services, crime and disorder and living environment at a lower super output area (LSOA) level. LSOAs are geographical areas which have a population of around 1,500 people.

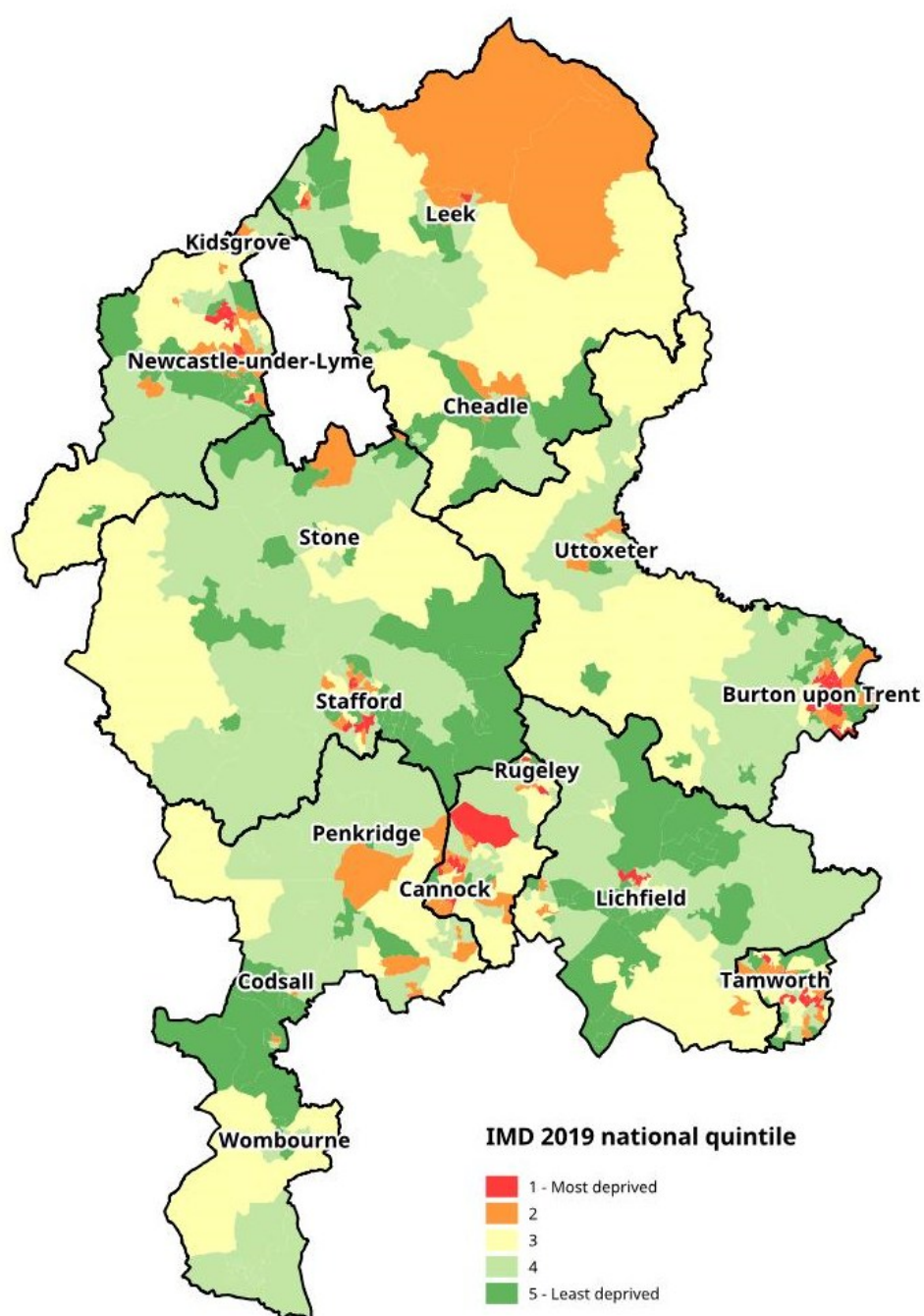
Based on the IMD 2019, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population living in the most deprived fifth of areas nationally. As Map 2 shows these fall in:

- Brereton and Ravenhill, Cannock East, Cannock North, Cannock South, Etching Hill and The Heath and Hednesford North wards in Cannock Chase
- Burton, Eton Park, Horninglow, Shobnall, Stapenhill and Winshill in East Staffordshire
- Chadsmead and Curborough in Lichfield
- Crackley & Red Street, Cross Heath, Holditch & Chesterton, Kidsgrove & Ravenscliffe, Knutton, Westlands and Town in Newcastle
- Common, Highfields & Western Downs, Manor and Penkside in Stafford
- Biddulph East and Leek North in Staffordshire Moorlands
- Amington, Belgrave, Castle, Glascote, Mercian and Stonydelph in Tamworth

High levels of limiting long-term illness, higher levels of hospital admissions, shorter life expectancy and high teenage pregnancy rates have been noted in some of these areas.

Traditionally deprivation scores have tended to use indicators that are biased towards urban areas. The 'geographical barriers' sub-domain measures geographical access to local services that are important for people's day-to-day life such as supermarkets, post offices, GP surgeries and primary schools. This measure is therefore particularly relevant for some of the more rural areas of Staffordshire where individuals have to travel long distances to key services and are therefore disadvantaged. This shows that some of the remote rural areas in Staffordshire have issues around access to services (Map 3).

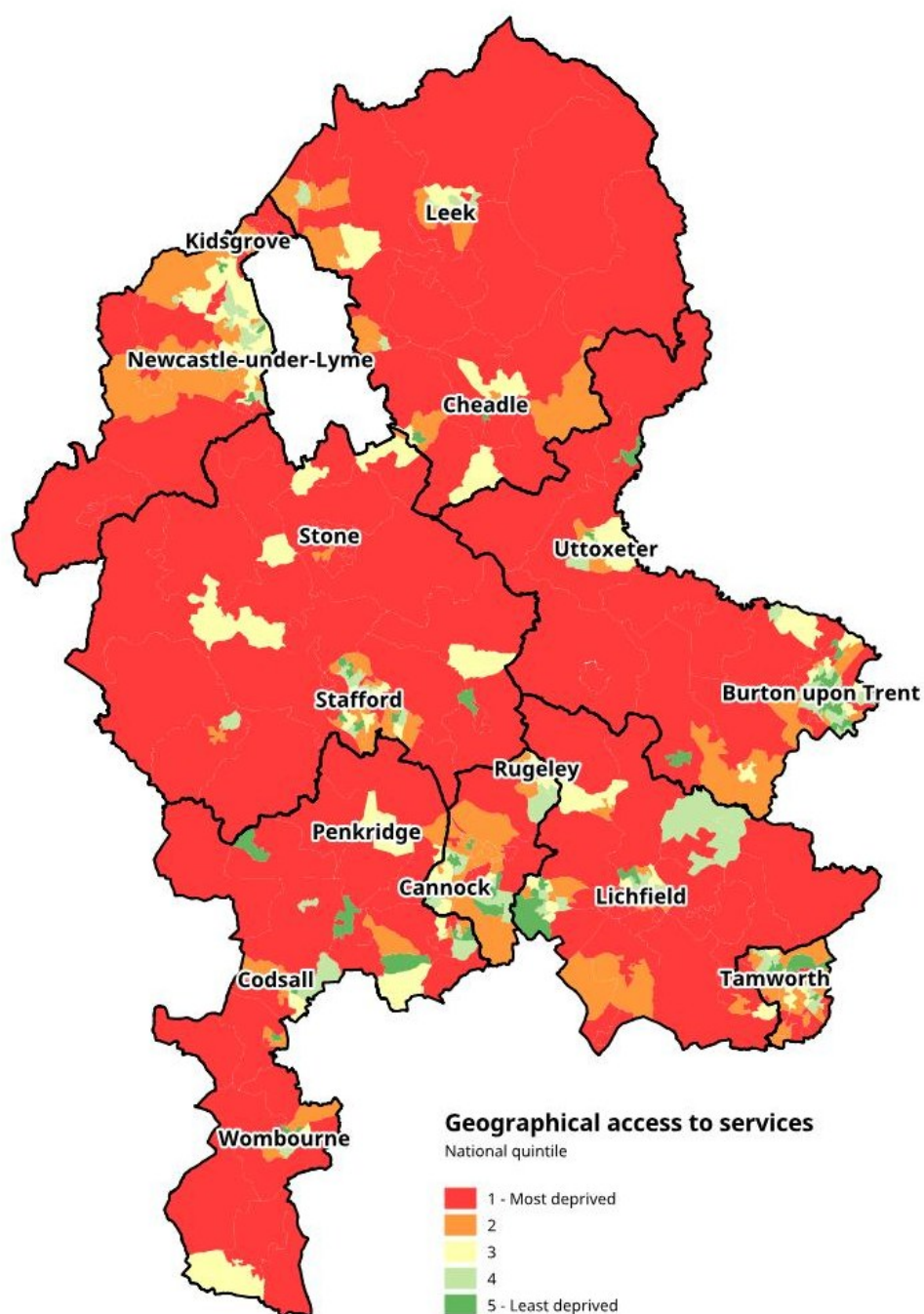
Map 2 Index of Multiple Deprivation 2019



Source: Indices of Deprivation, 2019, Communities and Local Government, Crown Copyright 2019.

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Map 3 Geographical barriers (access to services) sub-domain, 2019



Source: Indices of Deprivation, 2019, Communities and Local Government, Crown Copyright 2019.

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5. What is health like in Staffordshire?

The population's health and wellbeing are described in detail in the Staffordshire Joint Strategic Needs Assessment (JSNA) which is available on the Staffordshire Observatory website. An overview of the latest position of a range of health and wellbeing indicators by districts is also provided on the OHID Local Authority Health Profiles website which will allow pharmacies to identify more localised needs:

- [Joint Strategic Needs Assessment 2024 - Staffordshire Observatory](#)
- [Local Authority Health Profiles - OHID \(phe.org.uk\)](#)

This section provides a summary of the key health challenges from these reports and particularly focuses on those where pharmacies could potentially contribute to improving.

The priorities that have been identified in Staffordshire's Health and Wellbeing Strategy are across the life course as shown below:

- **Health in early life** - Improving health in pregnancy and infancy with a priority focus on reducing infant mortality.
- **Good mental health** - Building strong and resilient communities and individuals who are in control of their own mental wellbeing.
- **Healthy weight** - Creating the conditions to help people to make healthy choices that will help adults and children reach a healthy weight.
- **Healthy ageing** - Promoting well-being and enabling independence for older people

The latest strategy can be found at: [Health and wellbeing strategy 2022 - 2027 - Staffordshire County Council](#)

Pharmacies are ideally located and a local community asset. They are frequently visited by our residents and therefore ideally placed to provide information, advice and guidance about healthy living, self-care and the management of long-term conditions and support the priorities of both the Health and Wellbeing Board and the Integrated Care system.

Life expectancy and healthy life expectancy

Compared to England life expectancy for men in Staffordshire is significantly higher and similar for women. Trends in life expectancy show that there was a decrease between 2017-19 and 2020-22, however this trend has reversed in the latest data for 2021-23. Men and women in Staffordshire live on average for 79.5 years and 83.2 years respectively. Men and women in Cannock Chase have shorter life expectancy at birth than the national average by 8 months and 12 months respectively (Table 5).

Overall, there is a five years and seven months difference between the average life expectancy of a man in Cannock Chase, compared to a woman in South Staffordshire or Lichfield. Furthermore, men living in the Common ward of Stafford live 11 years less than those living in Weeping Cross & Wildwood, also in Stafford and women living in the Town ward of Newcastle live 13 years less than those living in Baggots in East Staffordshire. Map 4

and Map 5 show the difference between life expectancy in wards across Staffordshire. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

Table 5: Life expectancy at birth, 2021-2023

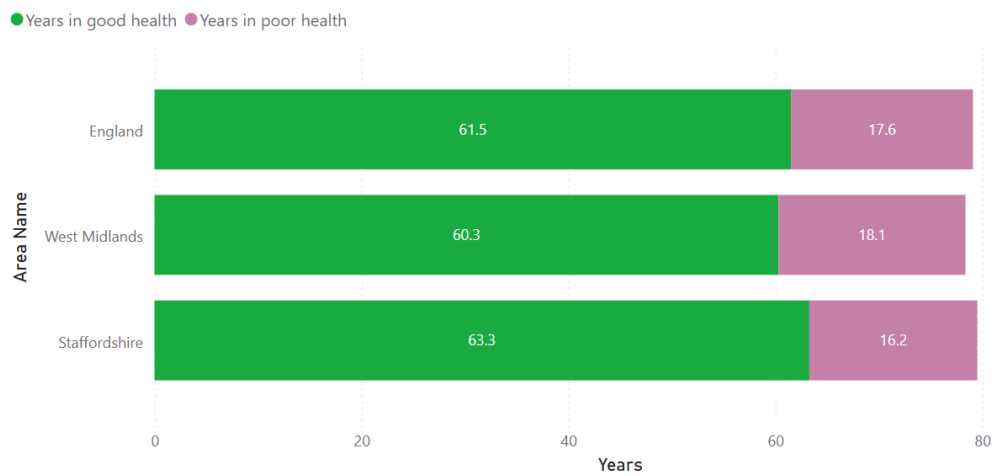
	Men		Women	
	Life expectancy at birth (years)	Difference to England (months)	Life expectancy at birth (years)	Difference to England (months)
Cannock Chase	78.4	-8	82.1	-12
East Staffordshire	78.9	-2	82.6	-6
Lichfield	80.9	22	84	11
Newcastle-under-Lyme	78.5	-7	82.5	-7
South Staffordshire	80.2	13	84	11
Stafford	80.4	16	83.8	8
Staffordshire Moorlands	79.7	7	83.6	6
Tamworth	78.9	-2	82.7	-5
Staffordshire	79.5	5	83.2	1
West Midlands	78.4	-8	82.5	-7
England	79.1		83.1	

Key: *Statistically better than England*; *statistically worse than England*

Source: Staffordshire Joint Strategic Needs Assessment, 2024

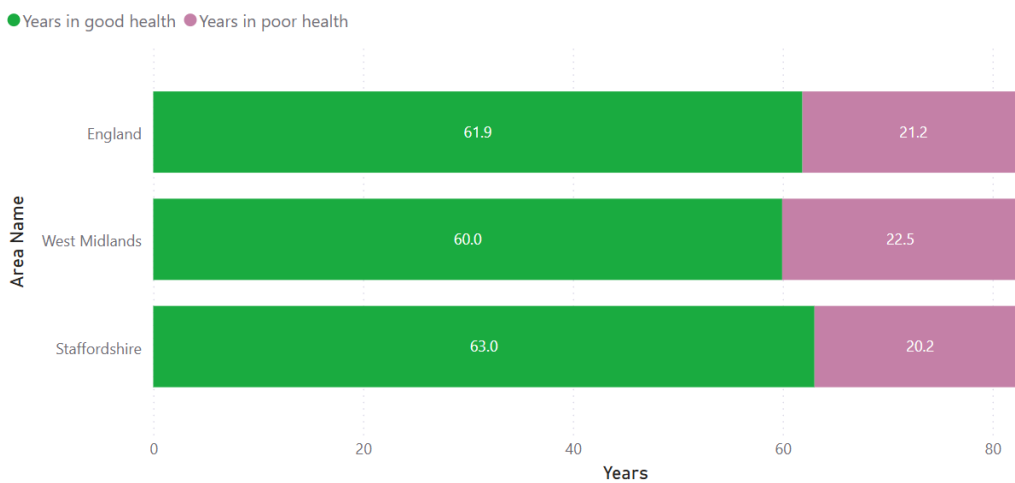
Advances in care also mean that people are living longer with diseases. A key measure of the quality-of-life years is healthy life expectancy (HLE). HLE has not kept up with increases in life expectancy, particularly for older people, so the number of years we spend in poor health in older age has increased. HLE in Staffordshire is 63.3 years for men and 63 for women, with men spending an additional 16.2 years of life in poor health, while women spend an additional 20.2 years in poor health (Figure 6 and Figure 7).

Figure 6 Healthy life expectancy at birth (males), 2021-2023



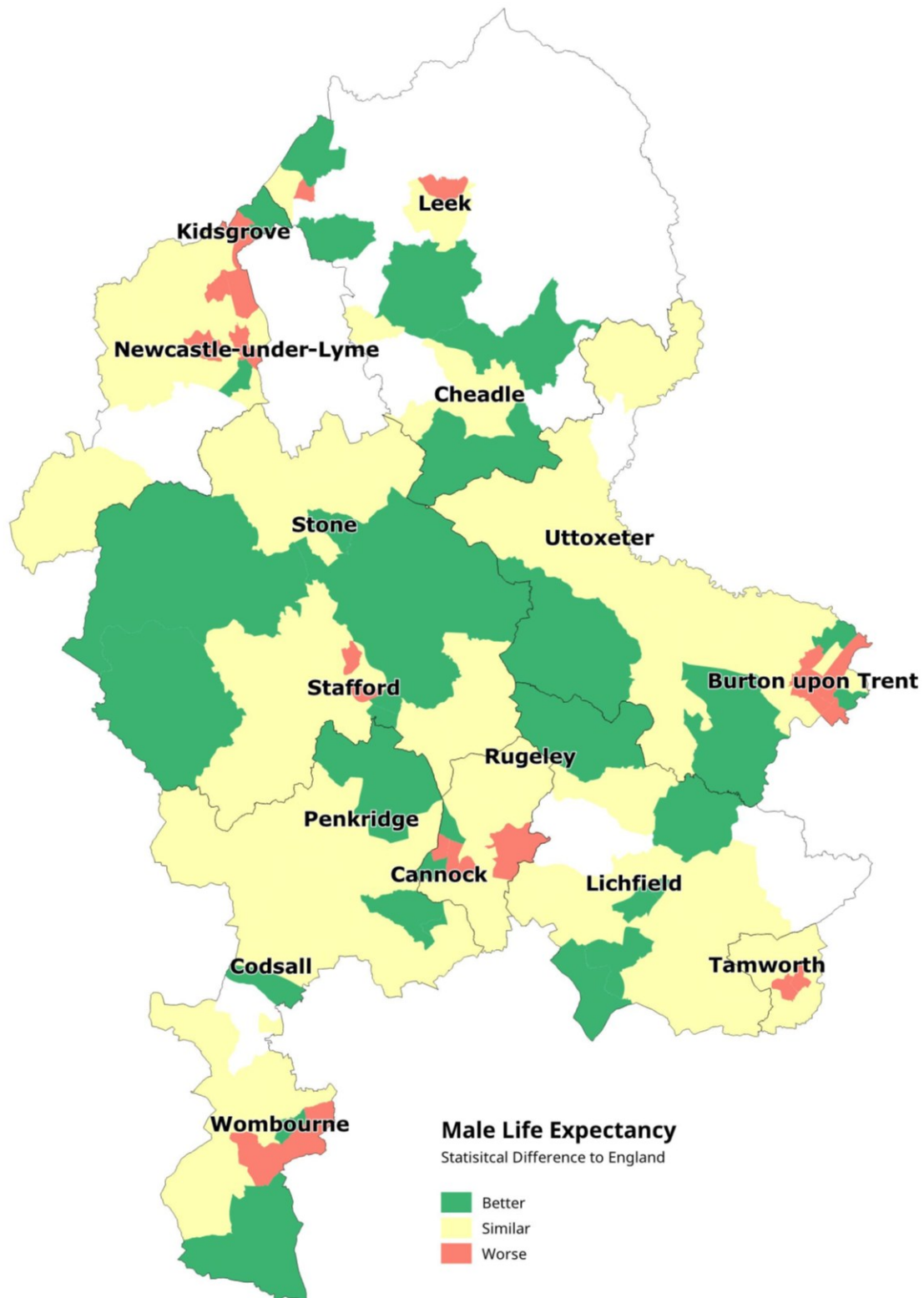
Source: Staffordshire Joint Strategic Needs Assessment, 2024

Figure 7 Healthy life expectancy at birth (females), 2021-2023



Source: Staffordshire Joint Strategic Needs Assessment, 2024

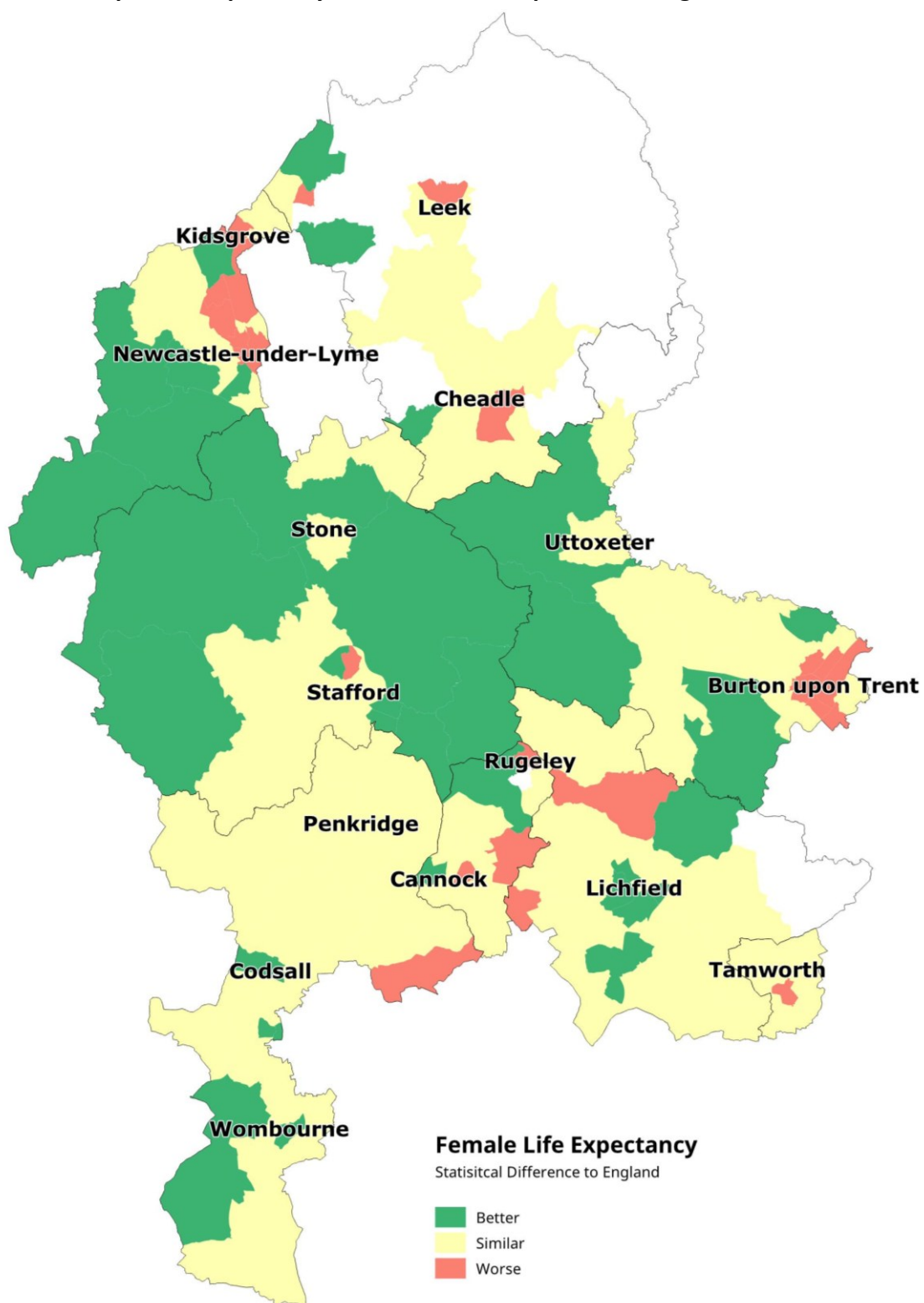
Map 4 Life expectancy for males – comparison to England, 2016-2020



Source: Public Health Profiles *Fingertips* | Department of Health and Social Care

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Map 5 Life expectancy for females – comparison to England, 2016-2020



Source: Public Health Profiles *Fingertips* | Department of Health and Social Care

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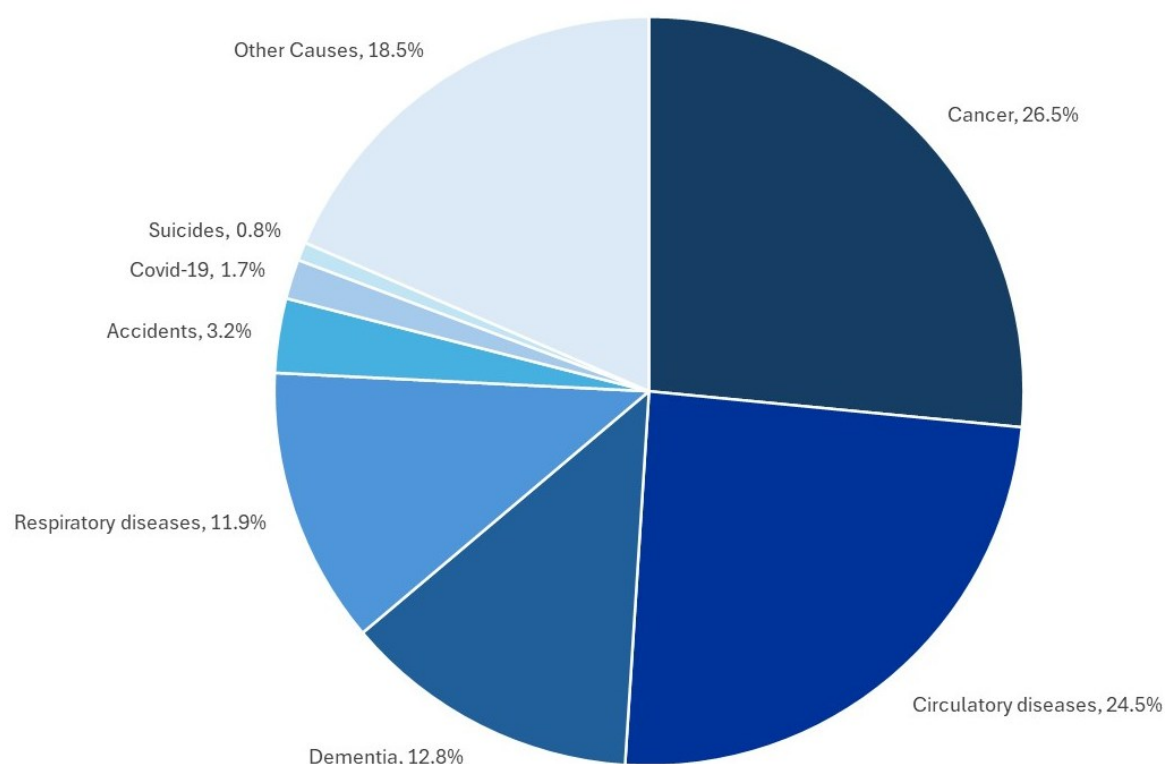
Common causes of death

Around 9,600 people died in Staffordshire during 2024, with around seven out of ten deaths occurring to people aged 75 and over. The common broad causes of deaths in Staffordshire during 2023 were cancer (2,500 deaths, 27%), circulatory disease (2,300 deaths, 24%), dementia (1,200 deaths, 13%) and respiratory diseases (1,100 deaths, 12%) (Figure 8).

During the years leading up to Covid-19, there had been a rise in the number of dementia deaths (1,200 deaths, 13% in 2019). During the pandemic Covid-19 became the most common cause of death but since this dementia has risen again to be the leading cause of death in Staffordshire (1,200 deaths, 13% in 2024). This is largely due to people living longer, improved detection and diagnosis of dementia which has been accompanied with reductions in other causes such as heart disease and stroke (Figure 9).

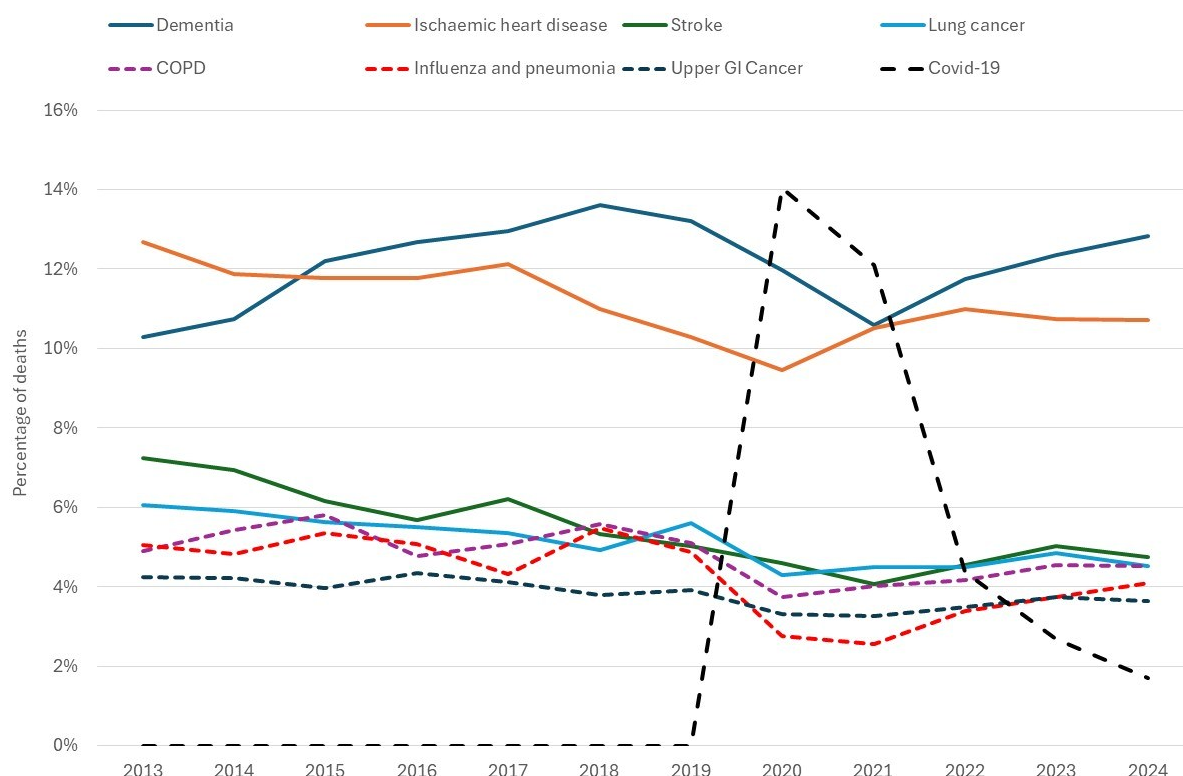
Community pharmacies can support the reduction of preventable mortality through supporting healthy lifestyles as well as provision of advice on management of long-term conditions. They also provide support through public health campaigns such as early detection of cancer and dementia.

Figure 8 Common causes of deaths in Staffordshire, 2024



Source: Primary Care Mortality Database, Office for National Statistics

Figure 9 Trends in leading causes of death in Staffordshire



Source: Primary Care Mortality Database, Office for National Statistics

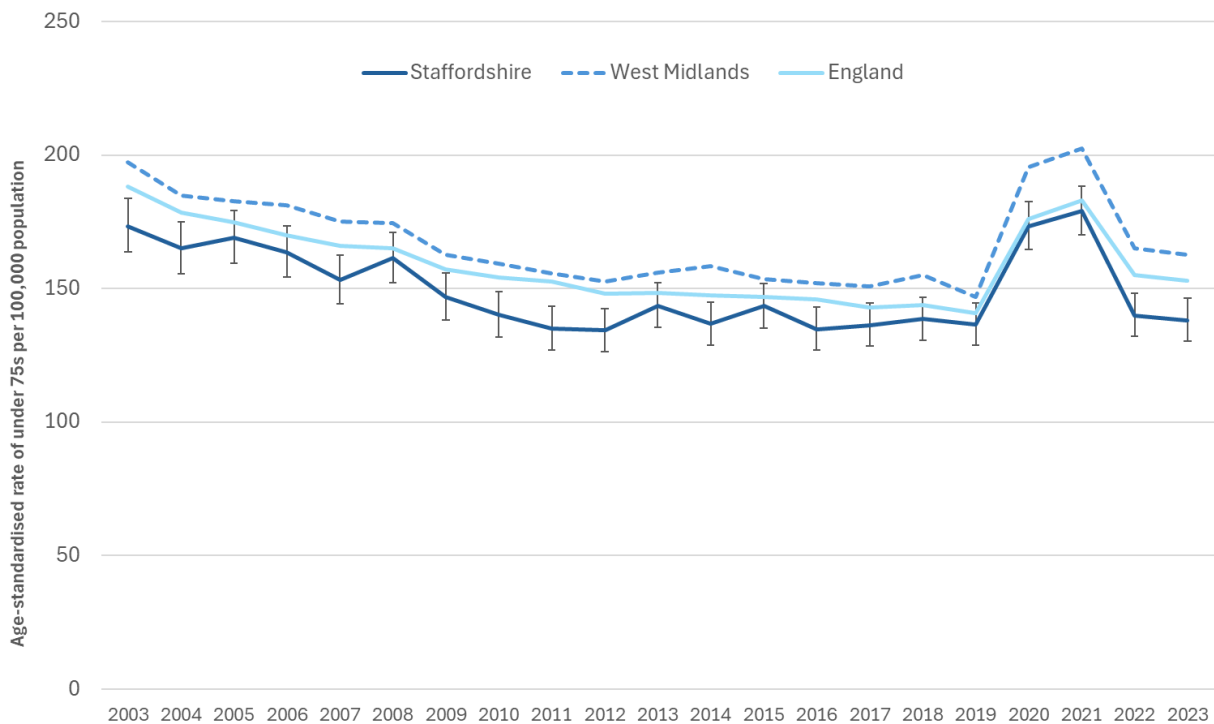
Preventable mortality

Preventable mortality is a high-level indicator that can be used to measure the success of public health interventions in their broadest sense within communities. The major causes of preventable deaths can be attributed to the roots of ill-health, for example education, employment and housing as well as lifestyle risk factors such as smoking, drinking too much alcohol, unhealthy diets, physical inactivity and poor emotional wellbeing.

In Staffordshire 12% of people died from causes that are thought to be preventable in 2023, equating to around 1,200 deaths every year.

Preventable mortality rates in Staffordshire fell by 20% between 2003 and 2023 compared with 19% for England with overall rates being lower than the England average (Figure 10). During the Covid-19 pandemic preventable mortality rates increased in line with national trends.

Figure 10 Trends in preventable mortality



Source: Public Health Profiles: *Fingertips* | Department of Health and Social Care © Crown copyright

Note: Above figures use an updated 2019 definition of preventable mortality

- Cancer** - Since 2011 cancer overtook cardiovascular disease as the largest killer. It also remains the biggest cause of premature death (those under 75). One in two people will be diagnosed with cancer at some point in their lives and around 2,550 Staffordshire residents died from cancer during 2024 (equating to 27% of all deaths). Cancer is the most common cause of premature death in Staffordshire. During 2023 around 1,050 Staffordshire residents died prematurely from cancer, accounting for 38% of all premature deaths with rates being similar to the England average. Similar to the national trends, rates of premature cancer fell between 2003 and 2023 in Staffordshire by 25%. The most common causes of cancer deaths are from Lung cancer and Upper GI cancer, both overall and prematurely.
- Circulatory disease** - Up until 2011, circulatory disease was the largest killer both nationally and locally. Around 2,350 Staffordshire residents died from circulatory disease in 2024 making up around 24% of all deaths. During 2023, around 650 deaths from circulatory disease were premature making up 24% of all premature deaths. Premature mortality due to circulatory diseases have fallen by 41% between 2003 and 2023 with Staffordshire rates similar to England. The most common causes of deaths from circulatory diseases are Ischaemic heart disease (CHD) and Stroke, both overall and prematurely.

- **Respiratory disease** - In 2024 1,150 people died from respiratory disease in Staffordshire, 12% of all deaths. During 2023, around 240 deaths from respiratory disease were premature making up 9% of all premature deaths. Premature mortality due to respiratory diseases have fallen by 22% between 2003 and 2023 with Staffordshire rates lower than England. The most common causes of deaths from respiratory diseases are COPD and Influenza & pneumonia, both overall and prematurely.
- **Covid-19** – In 2024, 160 people died from Covid-19 in Staffordshire, significantly lower than the peak of the pandemic in 2020 when there were 1,450 deaths and in 2021 when there were 1,170 deaths.
- **Liver disease** - Around 260 Staffordshire residents died from liver disease during 2024, accounting for about 3% of all deaths. Around two thirds of these deaths occur to people who are under 75. Unlike the reductions seen in under 75 mortality from cancer and cardiovascular disease, rates of people dying early as a result of liver disease increased by 61% between 2003 (100 deaths) and 2023 (180 deaths) with rates similar to the England average. The increase may be a result of increased alcohol consumption over the life course and consequently increased alcohol-related harm within Staffordshire.

Health protection

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. This section reports on some interventions designed to keep Staffordshire's population healthy by preventing ill health or detecting disease early to improve treatment outcomes.

- **Child Immunisation** - uptake rates for childhood immunisation are higher than the England average (Figure 11). However, there has been a gradual decline in coverage across most immunisations over the last decade and for some diseases, for example MMR and PCV, immunisation rates do not reach the 95% optimum protective target set by the World Health Organisation (WHO).
- **Flu and Pneumococcal vaccinations** – Since a peak in 2020/21 uptake of adult Flu and vaccinations has decreased (Figure 12) in line with national trends. During 2023/24 coverage of the 65+ cohort (80%) was still above pre pandemic levels and higher than England but coverage of at risk cohorts (44%) had slipped to pre pandemic levels and below the England coverage. During 2022/23 coverage of the PPV vaccine was 72.5% and similar to the England coverage. Adult vaccination for seasonal flu is already available within community pharmacy settings. Having developed this skill set there is also the potential for pharmacies to support delivery of pneumococcal vaccination to increase uptake rates across the County.
- **Covid-19 vaccinations** – During the Covid-19 pandemic Community Pharmacies played a vital role in the roll out of Covid-19 vaccinations across Staffordshire with uptake in Staffordshire was higher than the national average. Pharmacies still play a vital role

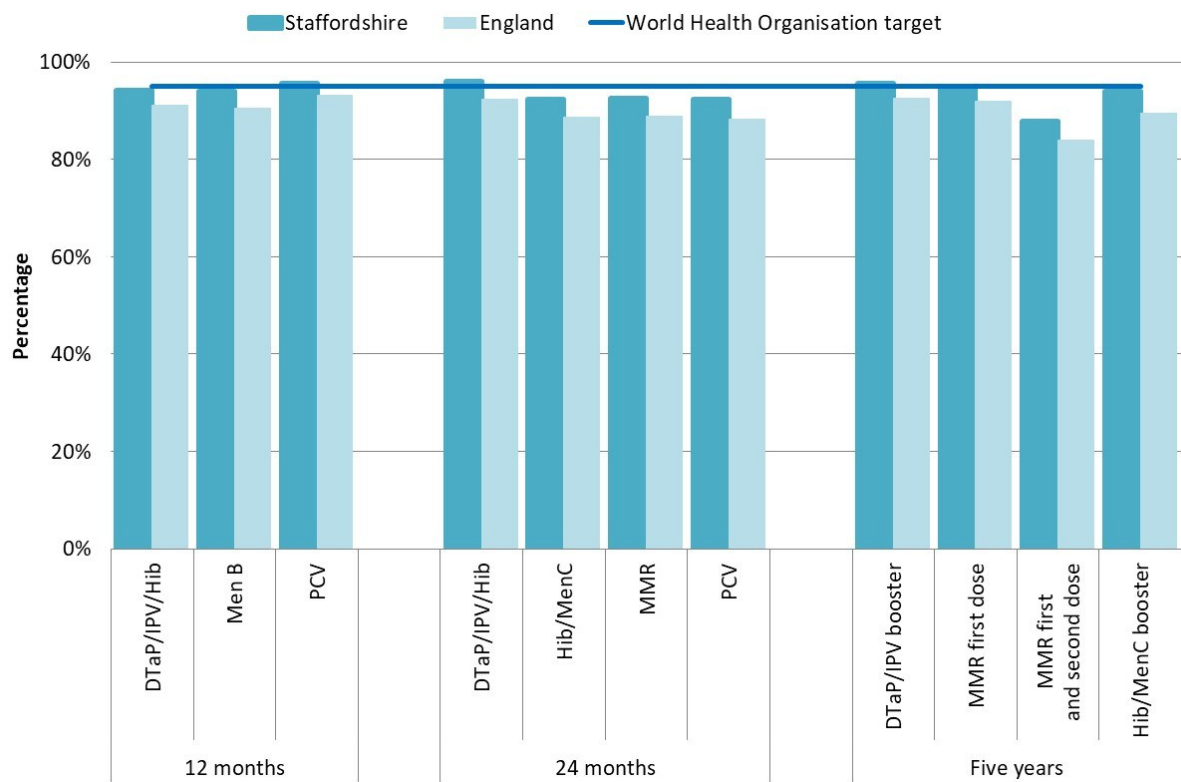
in delivering Covid-19 vaccinations. Currently, the Covid-19 vaccine is available to the following individuals as part of the autumn/winter vaccine programme from 3rd October 2024:

- Residents in a care home for older adults
- All adults aged 65 years or older
- Persons aged 6 months to 64 years in a clinical risk group
- Front-line health and social care workers

As of the 13th January 2025 over 220,000 COVID-19 vaccinations have been administered to the Staffordshire and Stoke-on-Trent ICS population. Coverage of the autumn / winter 2024/25 vaccination is above average for uptake in all cohorts (Table 1).

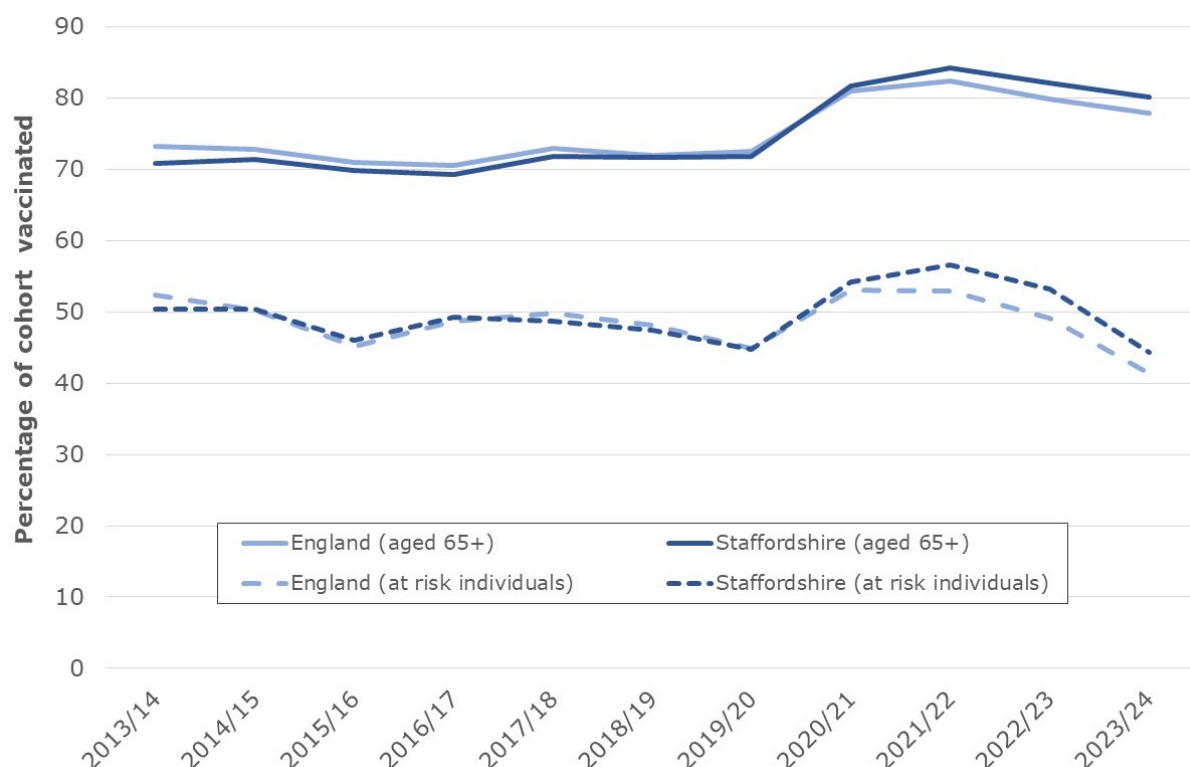
- **Cancer screening** - coverage of screening programmes in Staffordshire are better than the England average (Figure 13) although cervical cancer screening coverage has declined over the last decade, in line with national trends.
- **NHS health checks** - this programme aims to help prevent cardiovascular conditions by offering everyone between the ages of 40 and 74 a health check that assesses their risk of heart disease, stroke, kidney disease, diabetes and some forms of dementia and gives them support and advice to reduce that risk. Fewer adults in Staffordshire have attended to receive their health check to assess their cardiovascular risk than the average. During 2023/24 11,819 (5%) of the eligible population were invited with 8,025 (3% compared to 22% nationally) received by the eligible population.

Figure 11 Childhood immunisation rates, 2023/24



Source: Childhood Vaccination Coverage Statistics: Data Tables, NHS England, Copyright © 2024, NHS England

Figure 12 Trends in Adult Flu Vaccination rates



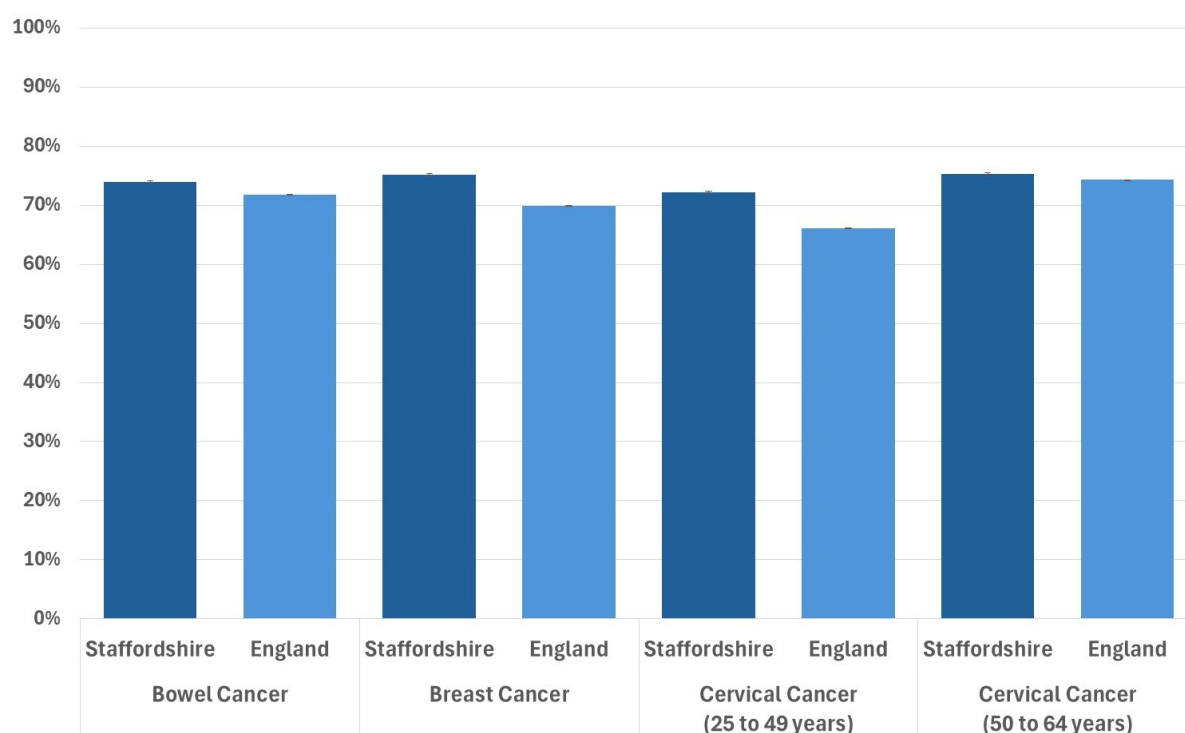
Source: Public health profiles. 2025 [Fingertips / Department of Health and Social Care](#) © Crown copyright

Table 6 COVID-19 vaccine performance autumn/winter 2024/25 (as of 13/01/25)

Cohort	Staffordshire and Stoke ICB	Midlands	England
Care Home resident	75%	70%	72%
Aged 65+	64%	60%	60%
Under 65 at risk	26%	22%	22%
Frontline healthcare worker	35%	29%	33%
Social Care worker	40%	39%	40%

Source: Vaccination Update Report, Staffordshire and Stoke-on-Trent Integrated Care Board (January 2025) [Appendix+1+-+ICB+Vaccination+Update+Report+January+2025.pdf](#) and [Committee Report](#)

Figure 13 Coverage of cancer screening programmes 2024



Public health profiles. 2025 [Fingertips](#) / [Department of Health and Social Care](#)

Lifestyle risk factors

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The focus of lifestyle strategies and interventions tend to be on single risk factors and addressed independently of other risk factors. However, those people with one lifestyle risk factor are likely also to have others as well. National research also indicates that highest concentrations of people with multiple lifestyle risk factors are in more deprived communities leading to inequalities in health outcomes.

Poorer lifestyles, combined with an ageing population will mean that not only are there more older people in the population, but they will be suffering from more of the conditions related to poor lifestyles than in previous generations.

People are more likely to make healthier lifestyle choices when they are fully informed about the risks to ill health. Community pharmacies are ideally placed to provide information, advice and guidance to residents about healthy lifestyles.

Smoking

In Staffordshire, the percentage of mothers who continued to smoke throughout their pregnancy has reduced over the last few years from 13% during 2017/18 to 7.7% during 2023/24 and is now similar to the England average. Although smoking in pregnancy in Cannock Chase reduced from 15% in 2017/18 to 8.2% in 2023/24, it remains higher than the national average (7.4%).

Based on data from the latest Annual Population Survey (2024) smoking prevalence for adults aged 18 and over in Staffordshire was 7.3%, which is lower than the England average. Data from the same survey found that the prevalence of smoking in routine and manual groups was higher (10.6%) contributing to increases in health inequalities.

Alcohol and substance misuse

Across England, 24% of adults drink more than the recommended 14 units of alcohol a week with 4% drinking more than 50 units a week.

Synthetic estimates of alcohol hospital admissions in adults are the highest rate of all its statistical neighbours and higher than England. In Staffordshire there were 6,500 alcohol related adult admissions during 2023/24. All of Staffordshire's districts have rates higher than the national average.

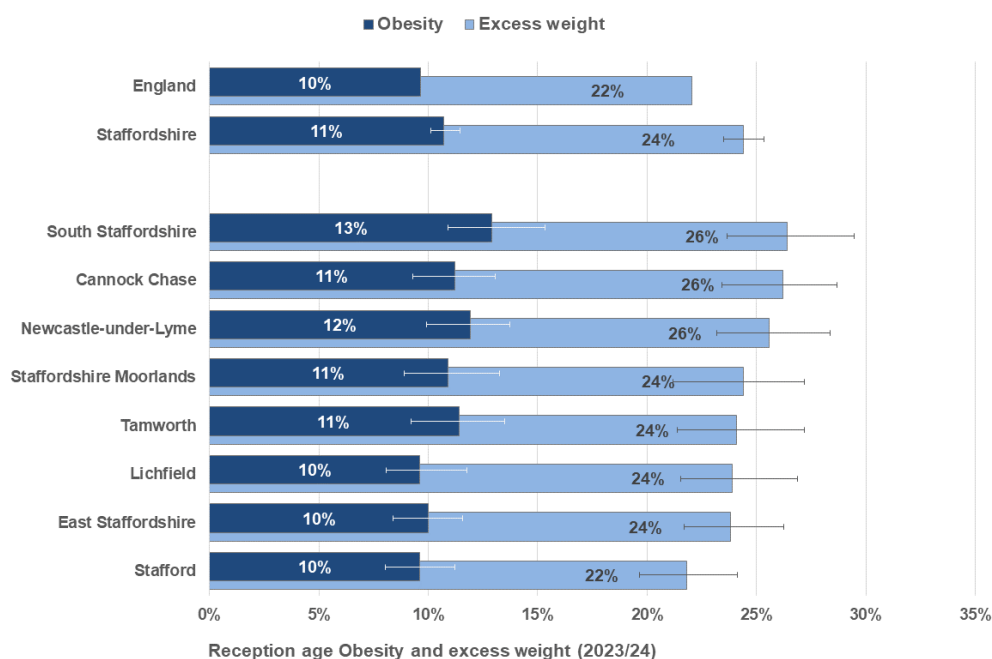
Obesity, healthy eating and physical activity

The prevalence of Staffordshire children living with obesity in Reception age is 10.7%, higher than England and increases significantly to 22.8% by the time children are in Year 6 similar to England). This increase is seen across all districts (Figure 14 and Figure 15). At reception age Newcastle and South Staffordshire both have a higher than national prevalence for obesity and excess weight, with Cannock Chase being higher for excess weight. At year six age the prevalence of obesity and excess weight are both higher than national in Newcastle, with Tamworth being higher for excess weight.

Children from poorer families are more likely to be obese; this is predominately due a combination of the food they eat and insufficient levels of physical activity. Children from deprived areas are twice as likely to be obese compared with children from less deprived areas.

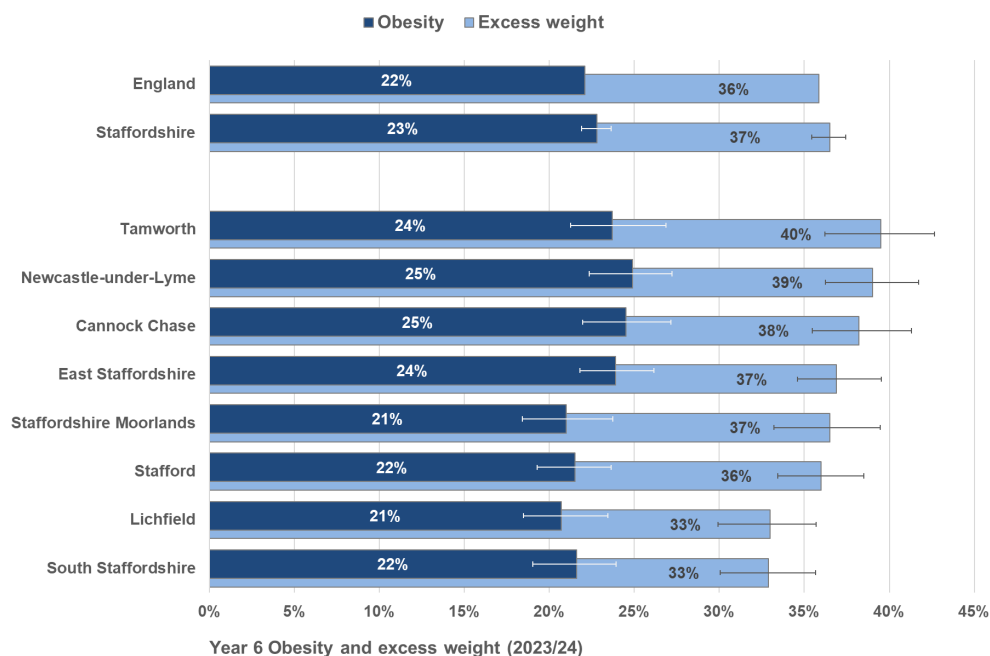
Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with high numbers of people who eat unhealthily and are inactive. The effects of obesity in Staffordshire are seen through obesity related hospital admissions being higher than average and on an upward trend and high levels of Musculoskeletal conditions.

Figure 14 Reception age obesity and excess weight, 2023/24



Source: Obesity Profiles Source: Obesity Profiles – Fingertips | Department of Health and Social Care © Crown copyright

Figure 15 Year Six obesity and excess weight, 2023/24



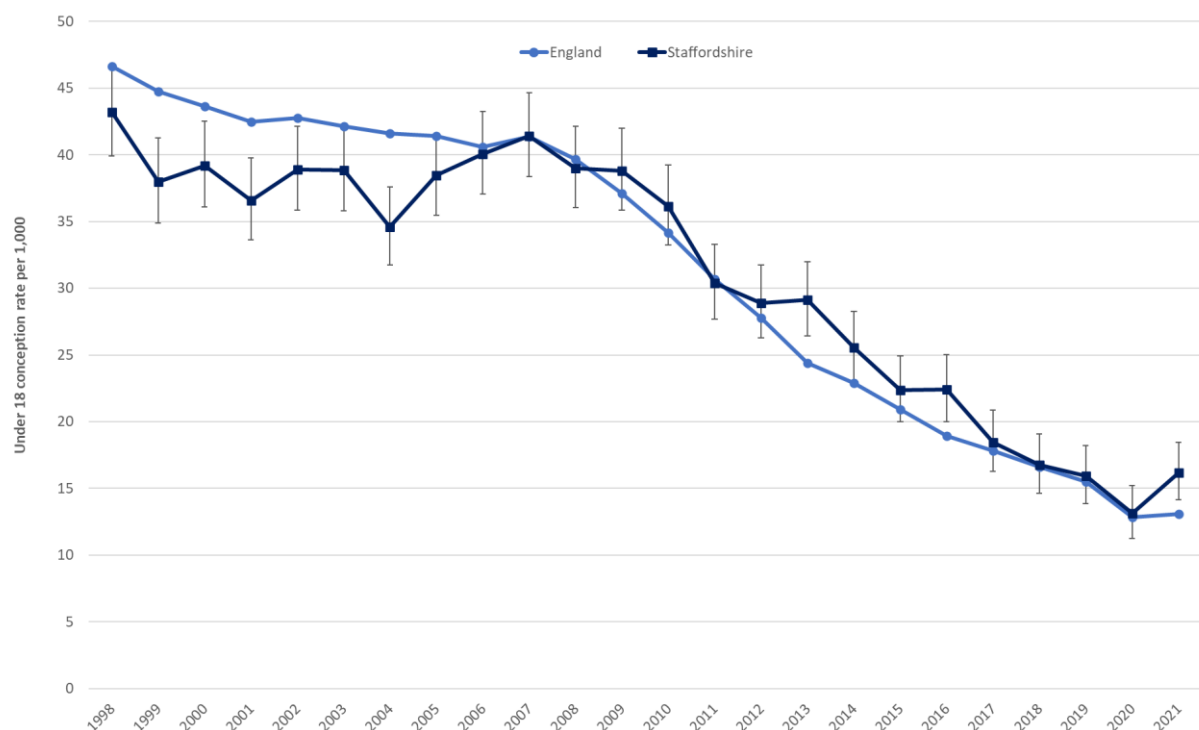
Source: Obesity Profiles Source: Obesity Profiles - Fingertips | Department of Health and Social Care © Crown copyright

Sexual health

There were around 224 under-18 teenage conceptions in Staffordshire during 2021, with overall rates being significantly higher than the national level after an increase in teenage conceptions between 2020 to 2021 (Figure 16).

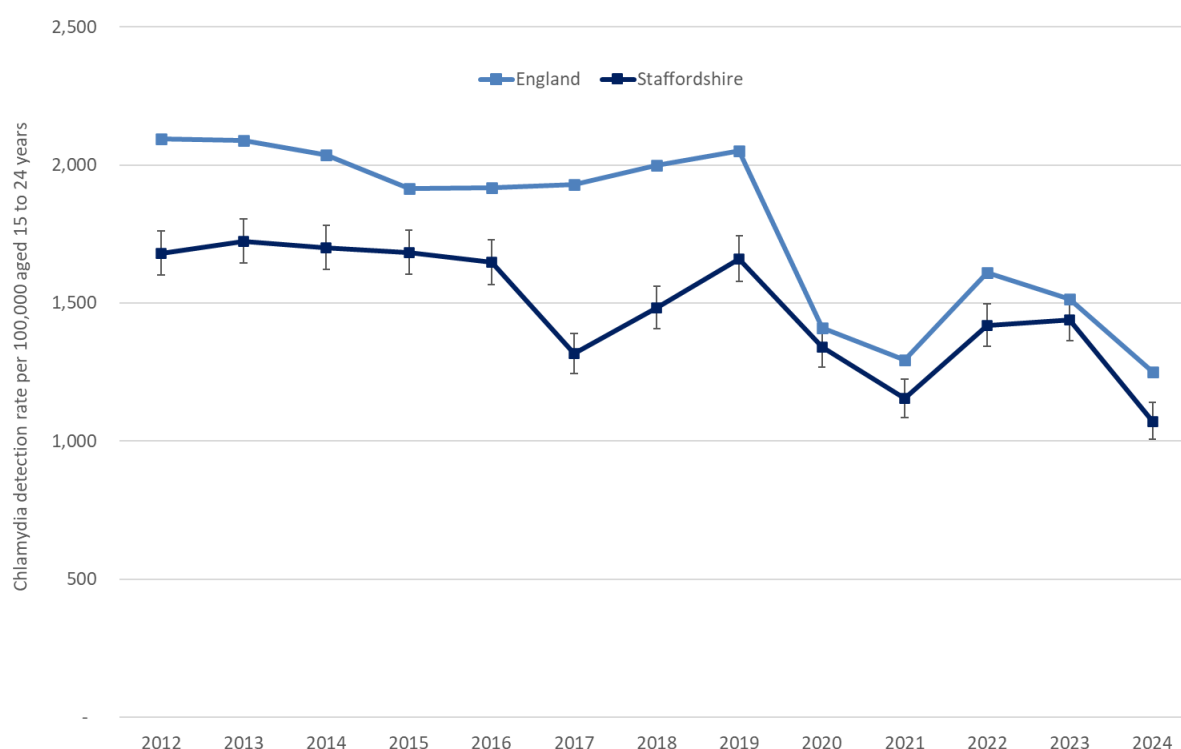
Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed. The National Chlamydia Screening Programme (NCSP) was set up to control and prevent the spread of chlamydia, targeting the high risk group, i.e. young people aged under 25 who are sexually active. Around 1,000 young people aged 15-24 in Staffordshire were tested for Chlamydia during 2024. The diagnosis rate for this age group is lower than average and has reduced from 2023 (Figure 17).

Figure 16 Trends in Under-18 conception rates



Source: *Sexual and Reproductive Health Profiles: Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care* © Crown copyright

Figure 17 Trends in Chlamydia diagnosis rates in 15-25 year olds



Source: Public Health Profiles: *Fingertips* | Department of Health and Social Care © Crown copyright

Long-term conditions

Long-term conditions (LTCs) are those that cannot currently be cured but can be controlled with the use of medication or other therapies. People with LTCs are more likely to see their GP, be admitted to hospital and stay in hospital longer than people without LTCs. People with LTCs account for a significant and growing proportion of health and social care resources.

National estimates also suggest that there is a rising demand for the prevention and management of people with multiple conditions rather than single conditions. By the time people reach 65 most will have developed at least one chronic condition and large proportions will also have developed two or three conditions. The proportion of multiple conditions is also more prevalent in deprived communities.

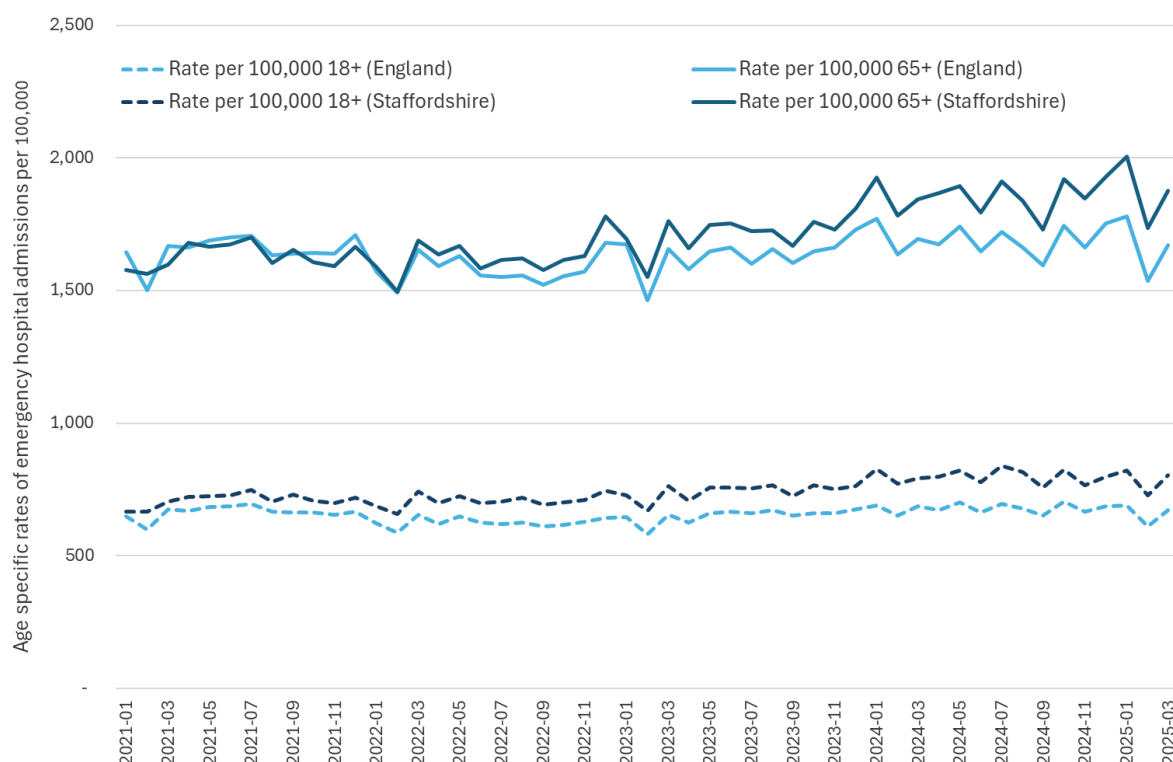
More people in Staffordshire report having a limiting long-term illness than average. The recorded number and prevalence of selected LTCs according to disease registers within general practice are: hypertension (17.4%, 157,000 patients), diabetes (8.2% people aged 17 and over, 61,000 patients), asthma (7.0%, 60,000 patients) and chronic kidney disease (4.7%, aged 18 and over, 34,000 patients). Many of these conditions can also be supported by pharmacies, for example through the New Medicine Services and hypertension case finding service.

- **Dementia** - assuming that the prevalence of dementia remains the same, the ageing population means that the total number of people aged 65 and over with dementia in Staffordshire is projected to rise from around 15,000 in 2025 to 18,800 in 2035, an increase of 25%. Diagnosis rates of dementia were 68% of patients (8,500 people) during 2024.
- **Frail elderly** - research suggests that around one in three people aged 85 and over are estimated to be frail which equates to around 8,250 Staffordshire residents.
- **Carers** - Around one in ten (9.6%) residents aged over five provide some unpaid care every week, higher than the England average (8.9%). Carers are often older and in poor health themselves. Pharmacies can act as resource for carers to help meet the needs of both carers and the people they care for. This could be through dispensing medicines, provision of advice on management of conditions as well as signposting to local community support groups.

Growing demand on health and social care

The demand on health and care has been rising. Figure 18 shows monthly age specific rates of emergency hospital admissions for all adults (18+) and older people (65+) from January 2021 to March 2025. Rates for over 65s have gradually increased from around 1,600 emergency admissions per 100,000 population in January 2021 to become significantly higher than the national average in January 2025 (around 2,000). Whilst age specific, the rates are not age standardised.

Figure 18 Trends in monthly emergency admissions to hospital (January 2021 to March 2025)



Source: Source: NHS Digital (*Non-elective inpatient spells at English hospitals - April 2020 to March 2025 - NHS England Digital*) and 2023 mid-year population estimates, Office for National Statistics, Crown copyright

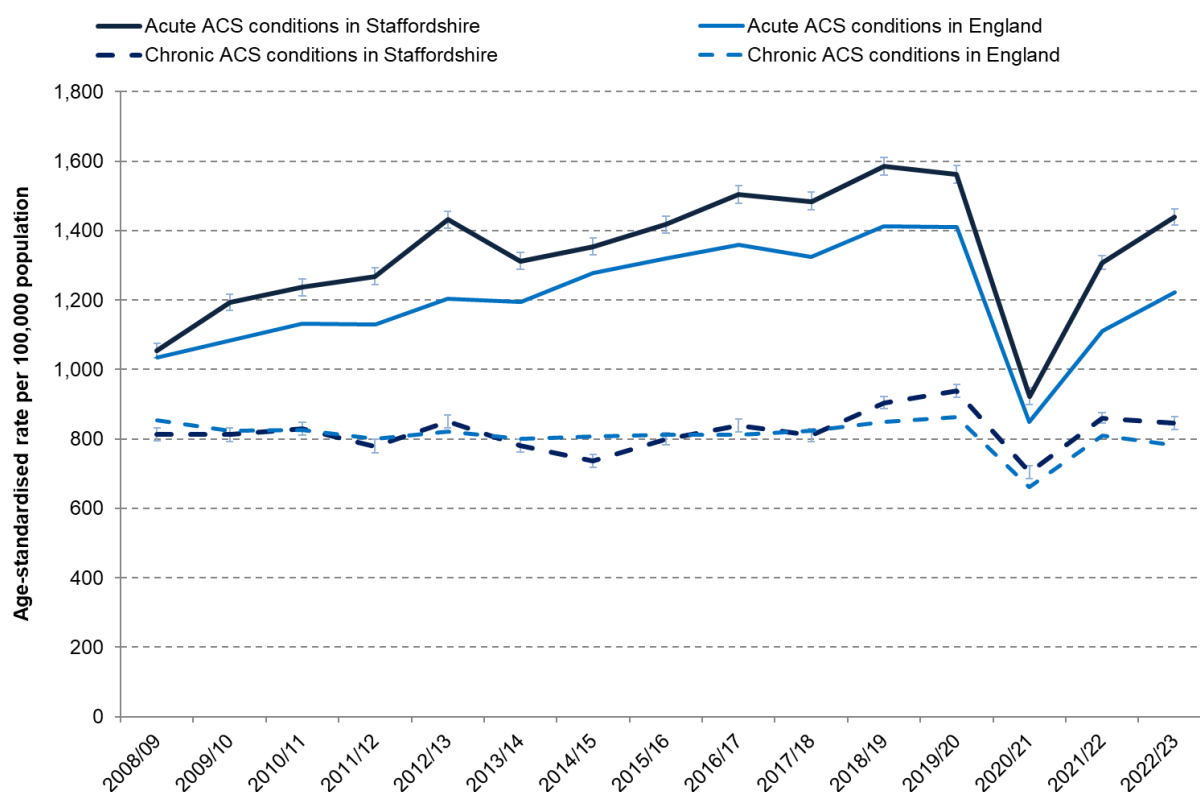
Note: Emergency admissions defined as non-elective inpatient spells at English with a length of stay of at least 1 day, for specific acute treatment functions

Many people in Staffordshire are admitted to hospital for acute and chronic conditions that can be managed effectively in primary care including community pharmacy or outpatient settings (known as ambulatory care sensitive (ACS) conditions).¹

After a reduction in unplanned admissions during the Covid-19 pandemic, trends in Staffordshire for patients being admitted to hospital for acute conditions are increasing more rapidly than across England while admissions for chronic conditions have stabilised but are still higher than England (Figure 19).

¹ Common acute ACS conditions include urinary tract infections, influenza and pneumonia, dehydration and gastroenteritis; common chronic ACS conditions include management of chronic obstructive pulmonary disease, heart failure and atrial fibrillation

Figure 19 Unplanned admissions from ambulatory care sensitive (ACS) conditions



Source: NHS Digital (NHS Outcomes Framework (NHS OF) - NHS England Digital)

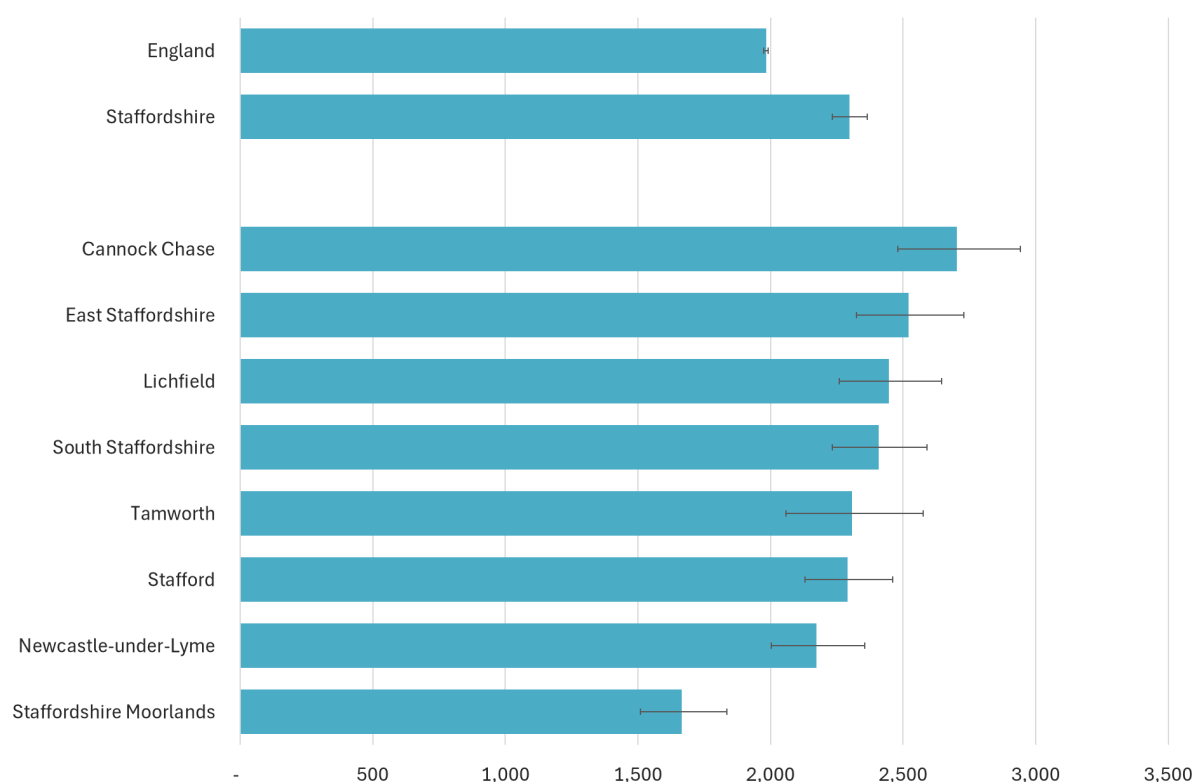
During 2023/24 around 4,650 Staffordshire residents aged 65 and over were admitted to hospital as a result of a fall-related injury, with the rate increasing to be higher than the England average (Figure 20). Rates for falls in people aged over 80 make up two-thirds of all falls in older people.

The risk of adverse effects and interactions with other drugs increases with the number of medicines an individual takes and may contribute to the increased risk of falls, particularly amongst older people. The risk of falls can also increase when starting a new medicine or changing a dose and community pharmacists are well placed to advise patients on this.

Some examples of how community pharmacy contractors can support patients at risk of falls in England are identifying people at risk of falls due to their age and usage of medications that are associated with falls risk and supporting them with face-to-face consultations at the pharmacy to undertake targeted falls prevention or providing ongoing support every few months to those identified as at risk of falls with face-to-face consultations².

² Quick Guide: Extending the role of community pharmacy in urgent care, NHS England, [quick-guid-comm-pharm-urgent-care.pdf \(england.nhs.uk\)](https://www.nhs.uk/quick-guides/comm-pharm-urgent-care/)

Figure 20 Admissions due to falls in people aged 65 and over, 2023/24



Source: Public Health Profiles, *Fingertips* / Department of Health and Social Care © Crown copyright

End of life care

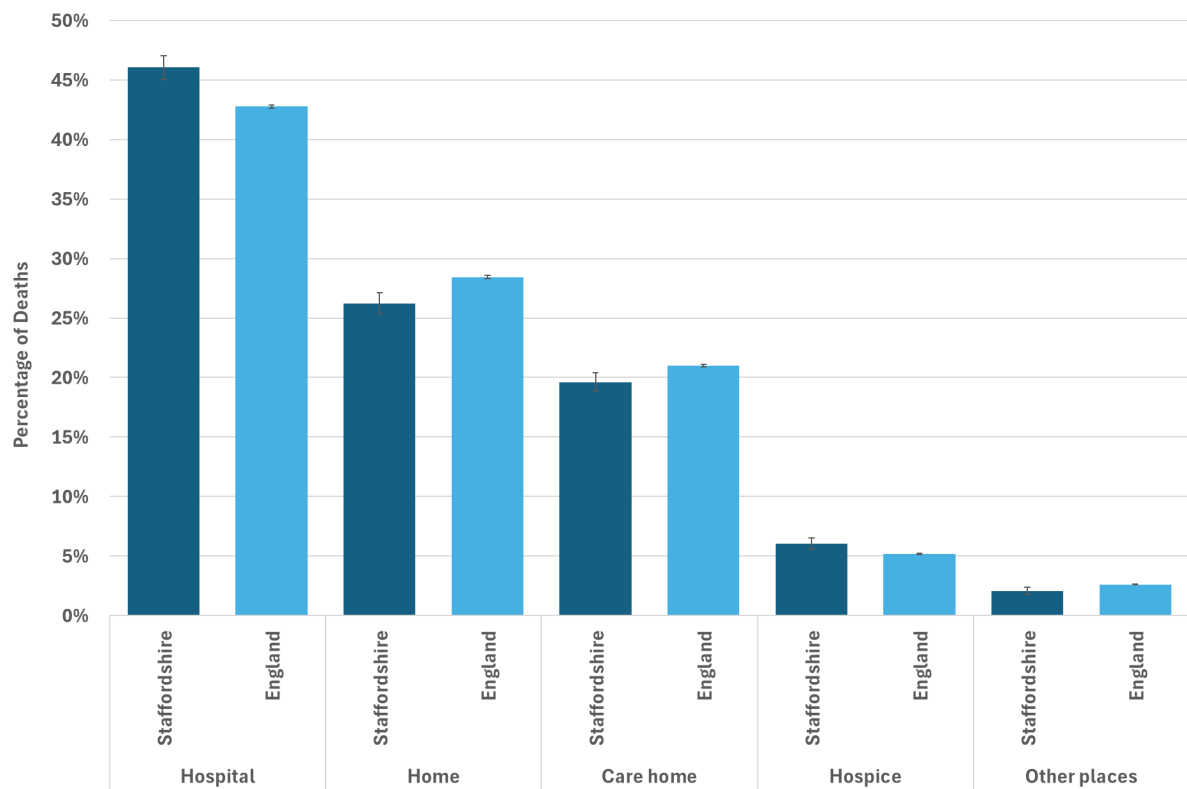
Research by Public Health England suggests that on average around 25% of deaths are unexpected. This means that around 75% of people who have died should be on palliative care GP registers which record the number of patients who are expected to die within the next six to 12 months.

Hospital is the least likely place that people choose to die compared with home, hospices and care homes. Nationally only 3% of people choose to die in hospital but 47% of people actually die in hospital and nearly 30% of all hospital beds are occupied by someone in their last year of life.

In 2023, a higher proportion of Staffordshire residents died in hospital (46%) compared with England (43%). In Staffordshire, the proportion of people dying at home or their usual place of residence was 26% in 2023, lower than the England average of 28% (Figure 21).

The pharmacy palliative care service supports end of life care within community settings by providing timely medicines that are commonly prescribed in palliative care. Pharmacists should also be considered as being part of the community multidisciplinary palliative care team.

Figure 21 Staffordshire deaths by dying location (2023)



Source: Palliative and End of Life Care Profiles. *Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care* © Crown copyright

6. Current provision of pharmaceutical services

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 *Regulations*) provide the legal framework that govern the services that pharmaceutical services providers can provide. Although dispensing practices provide a wide range of services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulation and PNA.

There are three tiers of pharmaceutical services that community pharmacies can provide:

- Essential services – services all pharmacies are required to provide
- Advanced services – optional services commissioned by NHSE/I to support patients with safe use of medicines
- Enhanced services – services that can be commissioned locally by NHSE/I

Pharmacies can also provide locally commissioned services which are commissioned by local commissioners such as Staffordshire County Council.

Pharmaceutical provision in Staffordshire

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around 7 million visits are made to community pharmacies for health-related reasons annually in Staffordshire, which is around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month¹. The Staffordshire engagement survey found that around 96% of respondents visited a pharmacy at least once a year and around 72% visited once a month.

NHSE/I are responsible for the commissioning of the 166 pharmaceutical service providers of which seven are distance-selling pharmacies in Staffordshire. There are also 27 dispensing GP practices aligned to Staffordshire ICB, (Table 7 and Map 6) that serve Staffordshire residents, two of which are located in neighbouring authorities (Derbyshire and Shropshire). Map 7 shows the location of pharmaceutical providers alongside GP practices within Staffordshire.

Table 7 Pharmaceutical providers in Staffordshire at March 2025*

	Community pharmacies	Distance selling pharmacies	Dispensing practices
Cannock Chase	21	0	1
East Staffordshire	22	1	7
Lichfield	18	1	1
Newcastle-under-Lyme	23	1	4
South Staffordshire	19	2	2
Stafford	26	0	4
Staffordshire Moorlands	17	0	7
Tamworth	13	2	1
Staffordshire	159	7	27

Source: NHS England and Dispensing Practice Name and Address and NHS Business Services Authority (NHSBSA)

*A distance selling pharmacy opened in Burton on July 1st, data had already been received by service providers and so is not included in this PNA.

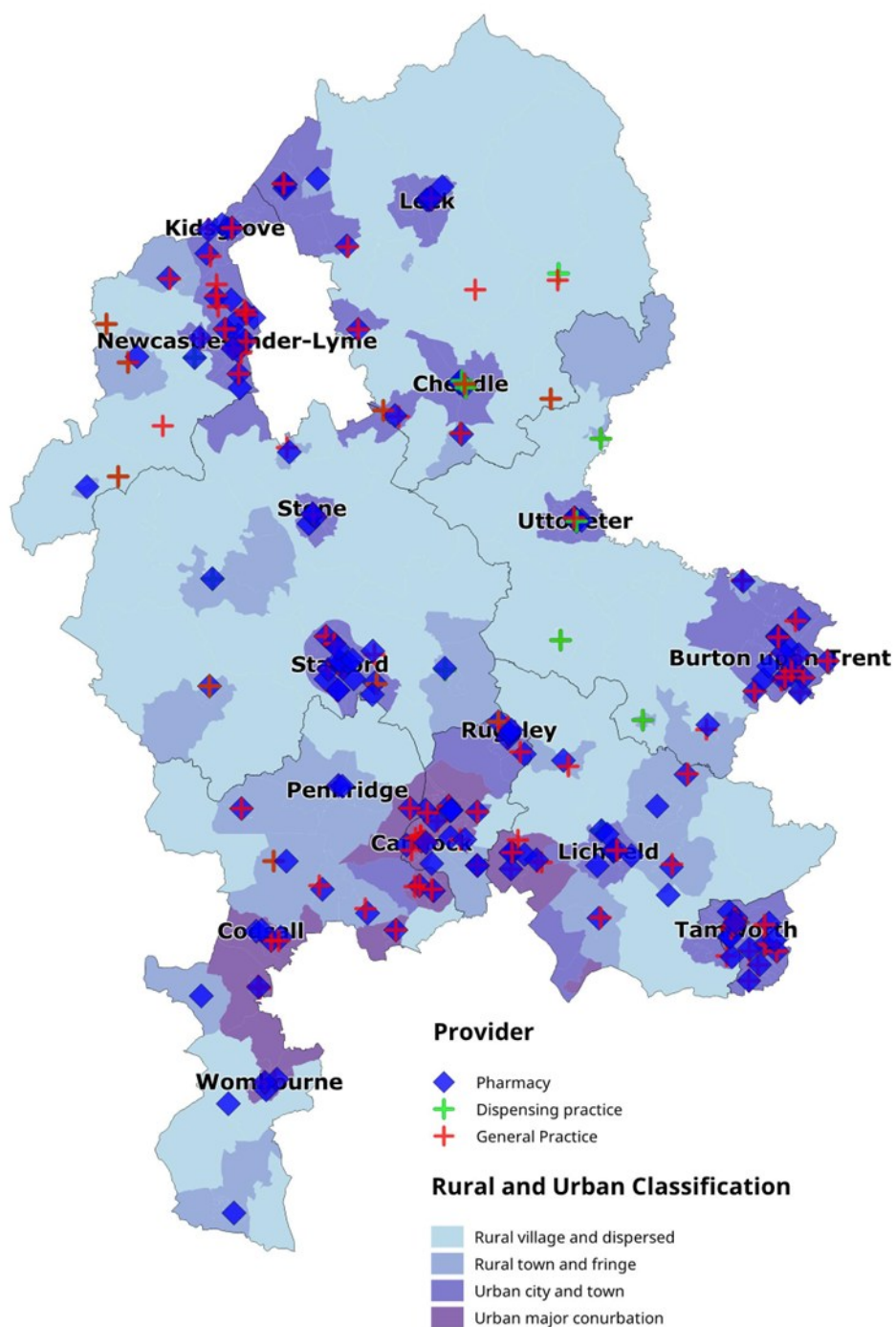
Changes to Pharmacy provision

Since the publication of the 2022 Pharmaceutical Needs Assessment there have been some changes to community pharmacy provision throughout the UK. Lloyds Pharmacy who were the second largest pharmacy chain in the UK have sold all of their community pharmacies and many of them have closed. Some of these pharmacies have new owners, but of their branches including all that were located in Sainsbury's stores have shut down.

The overall number of community pharmacies in Staffordshire has reduced from 167 in 2022 to 159 in 2025. However, some of these changes have been the result of consolidations. An example of this is in Wolstanton High Street; in 2022 there were three pharmacies (two of which were Lloyds). All three pharmacies have now consolidated into one - Cornwell's pharmacy.

It should be noted that the maps below only display one service where there is more than one service per postcode, meaning that not all services are visible. This is due to limitations of the mapping software.

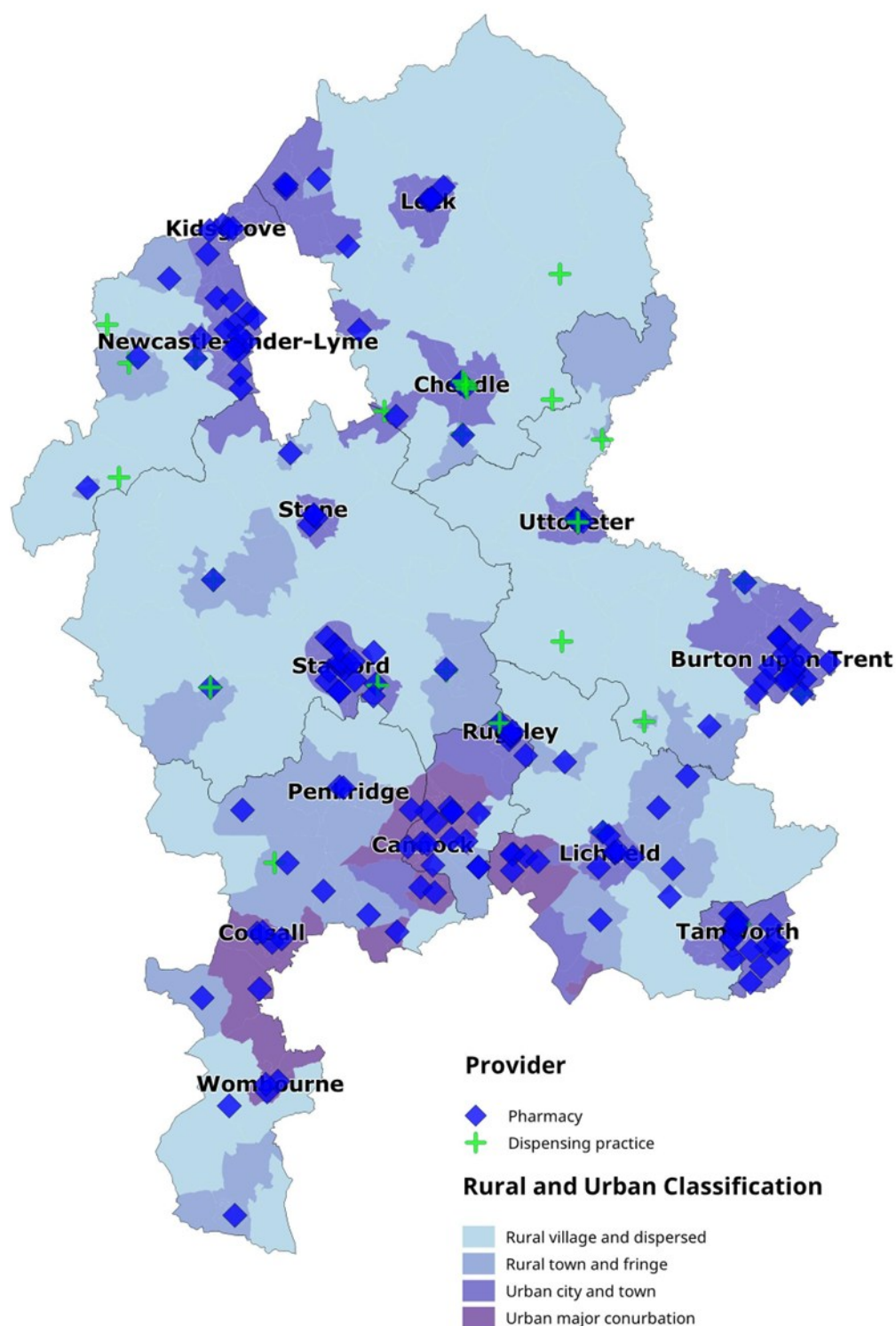
Map 6 Pharmaceutical providers in Staffordshire, March 2025



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Source: NHS England, Dispensing Practice Name and Address, NHS Business Services Authority (NHSBSA) and Staffordshire and Stoke-on-Trent Integrated Care System.

Map 7 Pharmaceutical providers and GP practices in Staffordshire, March 2025

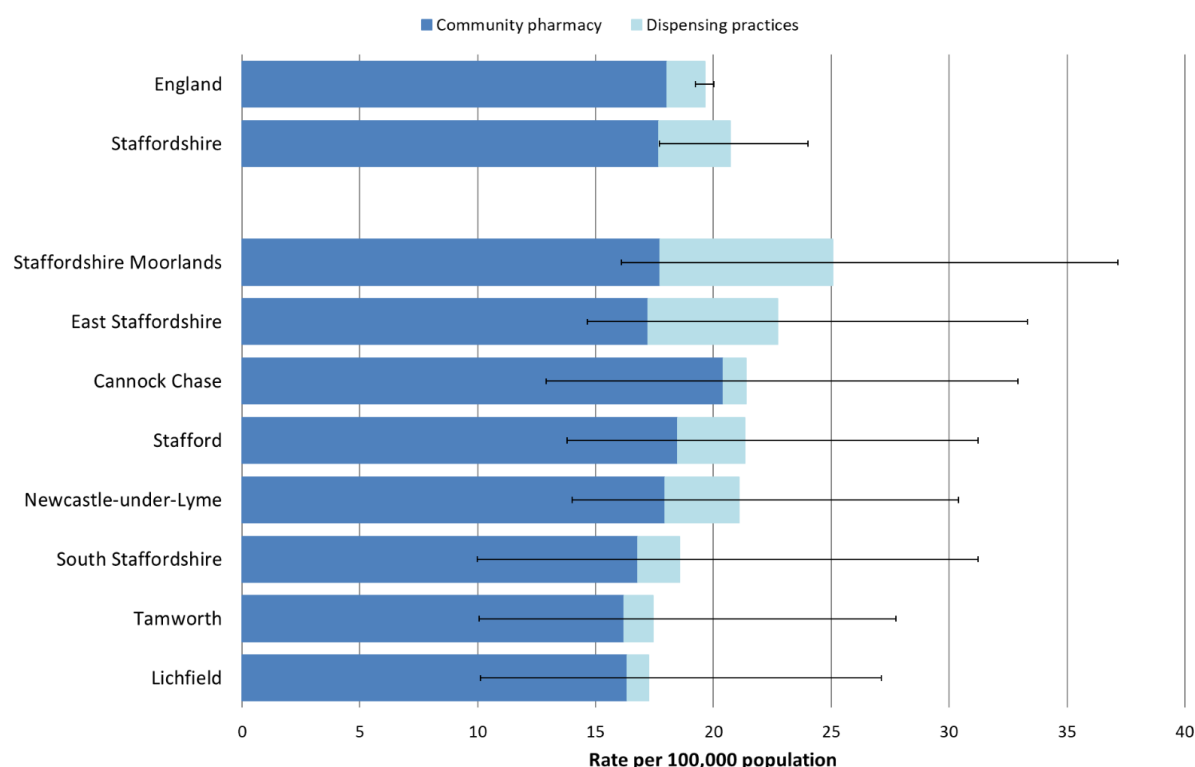


Source: NHS England and The Rural and Urban Classification 2011, Office for National Statistics.

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The rate of community pharmacies and dispensing practices is 21 per 100,000 population which is similar to the national average (20 per 100,000) but ranges between districts from 17 per 100,000 in Lichfield to 25 per 100,000 population in Staffordshire Moorlands, although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton, Dudley, Walsall and Stoke-on-Trent. Rates across all Staffordshire districts are similar to the national average rate (Figure 22).

Figure 22 Pharmaceutical providers per 100,000 population, March 2025



Source: NHS England and Dispensing Practice Name and Address, NHS Business Services Authority (NHSBSA) and Pharmacy Openings and Closures, NHS Business Services Authority (NHSBSA) Master Data Replacement (MDR).

There remains a gap as to the clarity of controlled localities and reserved locations. NHSE/I Midlands Region are currently undertaking further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

The Staffordshire PNA engagement survey asked respondents whether their local pharmacy met their needs. Over 51% responded that they met their needs a great deal and almost 89% stated they met their needs either a fair amount or a great deal. An example of a comment left by a respondent on why this was the case is below:

“Our community pharmacy are fab. Always happy to help, friendly and efficient. Really can't complain about anything.”

Essential pharmacy services

These are services which pharmacies providing NHS pharmaceutical services must provide as part of the NHS Community Pharmacy Contractual Framework. Whilst distance-selling pharmacy contractors provide essential services they must not provide these services face-to-face at their premises. Essential services include:

- Dispensing medicines
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health - promotion of healthy lifestyles
- Signposting
- Support for self-care
- Clinical governance
- Electronic prescription service
- Discharge Medicine Service
- Healthy Living Pharmacies

Dispensing medicines and/or appliances - the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made. An Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service.

Electronic Prescription Service (EPS) allows prescriptions to be sent direct to pharmacies and appliance contractors through IT systems used in GP surgeries. This means that patients do not have to collect a paper repeat prescription from the GP practice but can go straight to the pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. Patients have the choice to either nominate a particular community pharmacy or appliance contractor or to decide when a prescription is issued where they would like it to be dispensed. The electronic prescription is then sent to the community pharmacy securely.

Factors which influence the number of prescriptions dispensed are:

- the size of the population
- the age structure of the population, notably the proportion of the those aged 60 and over, who generally receive more prescriptions than the young
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long-term conditions, for example, diabetes

- shifts in prescribing practice in response to national policy, and new guidance and evidence
- increased prescribing for prevention or reducing risk of serious events, e.g. use of lipid-lowering drugs to reduce risk of stroke or heart attack

Source: Prescriptions dispensed in the community in England, 2003-2013, Copyright 2014, Health and Social Care Information Centre. All rights reserved

Repeat dispensing - the management of repeat medication for up to one year, in partnership with the patient and prescriber. It is a great way for the GP practice to stay in control of prescription items and the service specification states that pharmacies must ask if anything has changed since the previous items were issued and do they need everything on the prescription today. 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. It is suitable for stable patients on regular medication and pharmacies can help identify suitable patients.

Disposal of unwanted medicines - pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of. This does not include sharps/needles.

Healthy living pharmacies (HLP) – HLPs are a requirement for all community pharmacy contractors under their Terms of Service. This ensures that community pharmacies can provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities. HLPs are required to deliver a range of services based on local need and promote a healthy living environment to the communities they serve.

Promotion of healthy lifestyles (public health) - opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in up to four local campaigns every year as directed by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

In Staffordshire campaigns are coordinated by NHSE/I across the West Midlands Region with every pharmacy normally provided with posters and/or leaflets or links on where to access them.

Signposting patients to other healthcare providers - pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.

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

Clinical governance - pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:

- use of standard operating procedures
- patient safety incident reporting to the learn from patient safety events (LPSE) service
- conducting audits
- having complaints and whistle-blowing policies
- acting upon drug alerts and product recalls to minimise patient harm
- having cleanliness and infection control measures in place

Discharge Medicine Service – this became an essential service in February 2021. NHS Trusts are able to refer patients, upon discharge from hospital, who would benefit from extra guidance around prescribed medicines to their local community pharmacy. The programme has been designed to contribute to patient safety at transitions of care and support the reduction of readmissions to hospital.

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. More than half of respondents used their pharmacy for health advice. Around 10% of respondents stated that they had used their pharmacy as a result of advice or referral from NHS 111 and 14% stated they used their pharmacy as a result of advice or referral from their GP.

Advanced pharmacy services

There are currently nine advanced services that are available within the community pharmacy contract. Community pharmacies can choose to provide any of these services commissioned by NHSE/I as long as they meet the requirements set out in the Secretary of State Directions. The services are:

- Appliance Use Review (AUR)
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device (LFD) Service
- New Medicine Service (NMS)
- Pharmacy Contraception Service (PCS)
- Pharmacy First service
- Smoking Cessation Service (SCS)

The number of pharmacies who provide these in Staffordshire is shown in Table 8. There is overall good coverage of Flu Vaccination Service, Hypertension case findings, Lateral Flow Device (LFD) Service, New Medicine Service (NMS), Pharmacy Contraception Service (PCS) and Pharmacy First across Staffordshire.

The coverage of the Smoking Cessation service is lower with about half of Staffordshire pharmacies offering this service. Provision of the Smoking Cessation service is lowest in East Staffordshire (35% of pharmacies) and Lichfield (37% of pharmacies). However, provision is not low compared to national provision where 39% of pharmacies provide the service. In

addition, there are multiple providers of smoking cessation available across the health care system.

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

Table 8 Pharmacies providing advanced services in Staffordshire, 2024*

	Appliance Use Review	Flu Vaccination Service	Hypertension Case Finding Service	Lateral Flow Device Service	New Medicine Service	Pharmacy Contraception Service	Pharmacy First	Smoking Cessation
Cannock Chase	0 (0%)	17 (81%)	20 (95%)	18 (86%)	21 (100%)	19 (90%)	20 (95%)	12 (57%)
East Staffordshire	0 (0%)	22 (96%)	22 (96%)	15 (65%)	22 (96%)	20 (87%)	22 (96%)	8 (35%)
Lichfield	0 (0%)	19 (100%)	19 (100%)	16 (84%)	19 (100%)	17 (89%)	19 (100%)	7 (37%)
Newcastle-under-Lyme	0 (0%)	22 (92%)	24 (100%)	22 (92%)	24 (100%)	21 (88%)	24 (100%)	12 (50%)
South Staffordshire	0 (0%)	18 (86%)	20 (95%)	17 (81%)	20 (95%)	20 (95%)	21 (100%)	10 (48%)
Stafford	0 (0%)	26 (100%)	26 (100%)	21 (81%)	25 (96%)	25 (96%)	26 (100%)	12 (46%)
Staffordshire Moorlands	0 (0%)	17 (100%)	17 (100%)	17 (100%)	17 (100%)	17 (100%)	17 (100%)	12 (71%)
Tamworth	1 (7%)	14 (93%)	14 (93%)	9 (60%)	15 (100%)	14 (93%)	14 (93%)	7 (47%)
Staffordshire	1 (1%)	155 (93%)	162 (98%)	135 (81%)	163 (98%)	153 (92%)	163 (98%)	80 (48%)
England	76 (1%)	9,169 (76%)	9,873 (82%)	8,167 (68%)	11,010 (92%)	8,427 (70%)	9,642 (80%)	4,728 (39%)

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA) and Community Pharmacy Services Activity Dashboards based on publicly available data published by NHS Digital and NHS Business Service Authority.

*A distance selling pharmacy opened in Burton on July 1st, data had already been received by service providers and so is not included in this PNA.

New Medicine Service (NMS) - This service is designed to improve patients' understanding of a newly prescribed medicine for a long-term condition and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information. The service covers certain conditions, which are:

- asthma and COPD
- diabetes (Type 2)
- hypertension
- hypercholesterolaemia
- osteoporosis
- gout
- glaucoma
- epilepsy
- Parkinson's disease
- urinary incontinence/retention
- heart failure
- acute coronary syndromes
- atrial fibrillation
- long term risks of venous thromboembolism/embolism
- stroke / transient ischemic attack
- coronary heart disease.

From October 2025, the service will be expanded to include depression within the conditions and associated medicines covered by the service.

The successful implementation of NMS is designed to:

- improve patient adherence which will generally lead to better health outcomes
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management
- reduce medicines wastage
- reduce hospital admissions due to adverse events from medicines

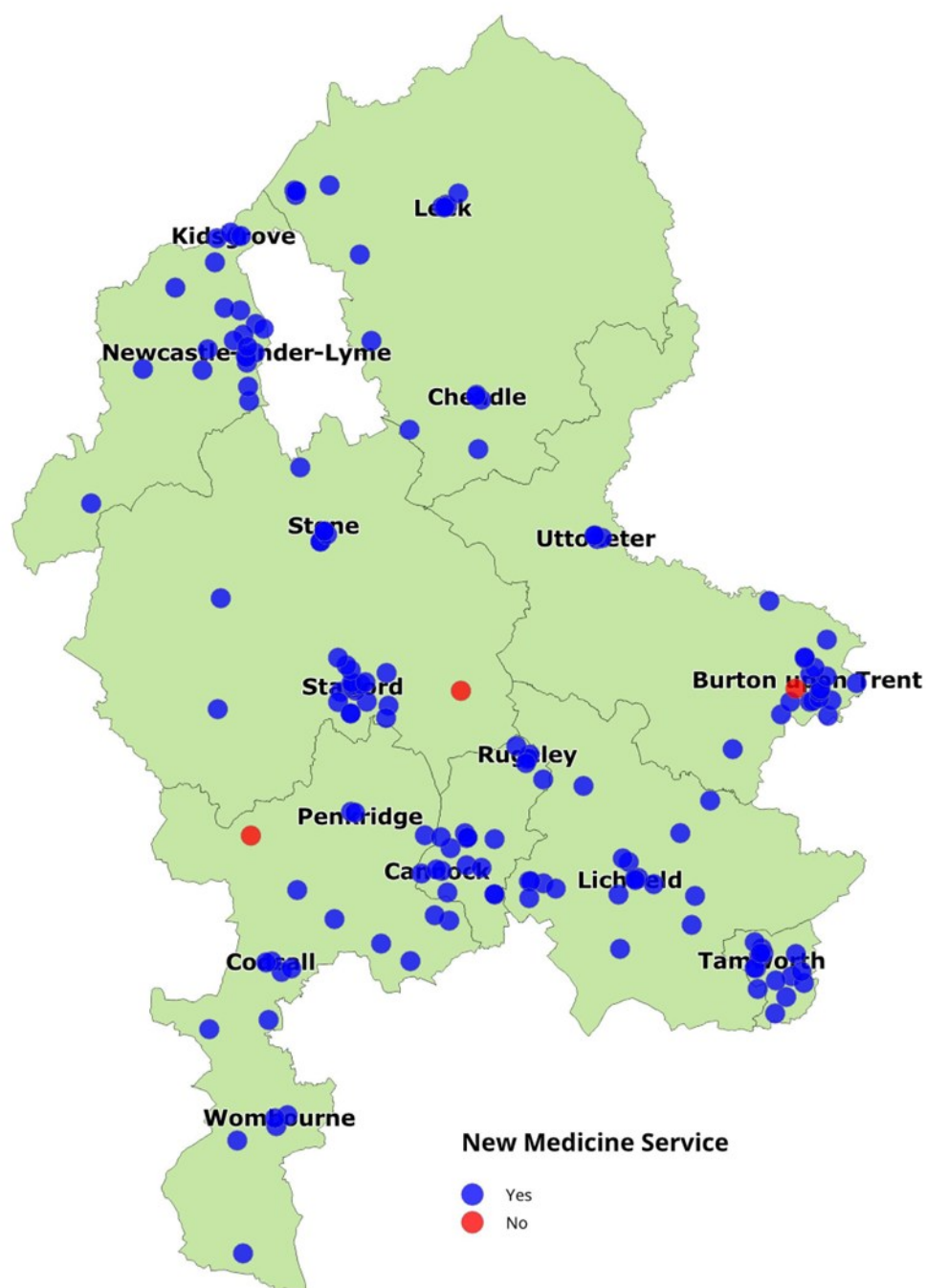
The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight and a final consultation around 14-21 days after starting the medicine. Any issues or concerns identified can therefore be resolved. Almost all community pharmacies across Staffordshire provide the New Medicine Services, a higher proportion than nationally. On average every participating pharmacy saw 625 patients annually which is higher than the national average of 367 (Table 9 and Map 8).

Table 9 New Medicine Service activity (2024)

	Number of pharmacies	Percentage of pharmacies	Number of NMS	Average number per pharmacy
Cannock Chase	21	100%	12477	594
East Staffordshire	22	96%	12577	572
Lichfield	19	100%	13454	708
Newcastle-under-Lyme	24	100%	16056	669
South Staffordshire	20	95%	10769	538
Stafford	25	96%	13048	522
Staffordshire Moorlands	17	100%	12860	756
Tamworth	15	100%	10641	709
Staffordshire	163	98%	101882	625
England (2023/24)	11,010	92%	4,038,300	367

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Map 8 Provision of New Medicine Service in Staffordshire, March 2025



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Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Appliance Use Review (AUR) Service - This service is similar to the former Medicines Use Review service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by establishing the way the patient uses the appliance and the patient's experience of such use and identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, advising the patient on the safe and appropriate storage of the appliance and proper disposal of the appliances that are used or unwanted. The service is conducted in a private consultation area or in the patient's home.

Stoma Appliance Customisation (SAC) Service - This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Only one pharmacy provided AURs during 2024 in Staffordshire, similar to the national average shown in Table 10. There were no pharmacies in Staffordshire offering stoma Customisation. However as mentioned earlier patients receive the support they require either from a clinic or hospital or from a dispensing appliance contractor.

Table 10 Appliance Use Review and Stoma Appliance Customisation (SAC) Service activity in Staffordshire, 2024

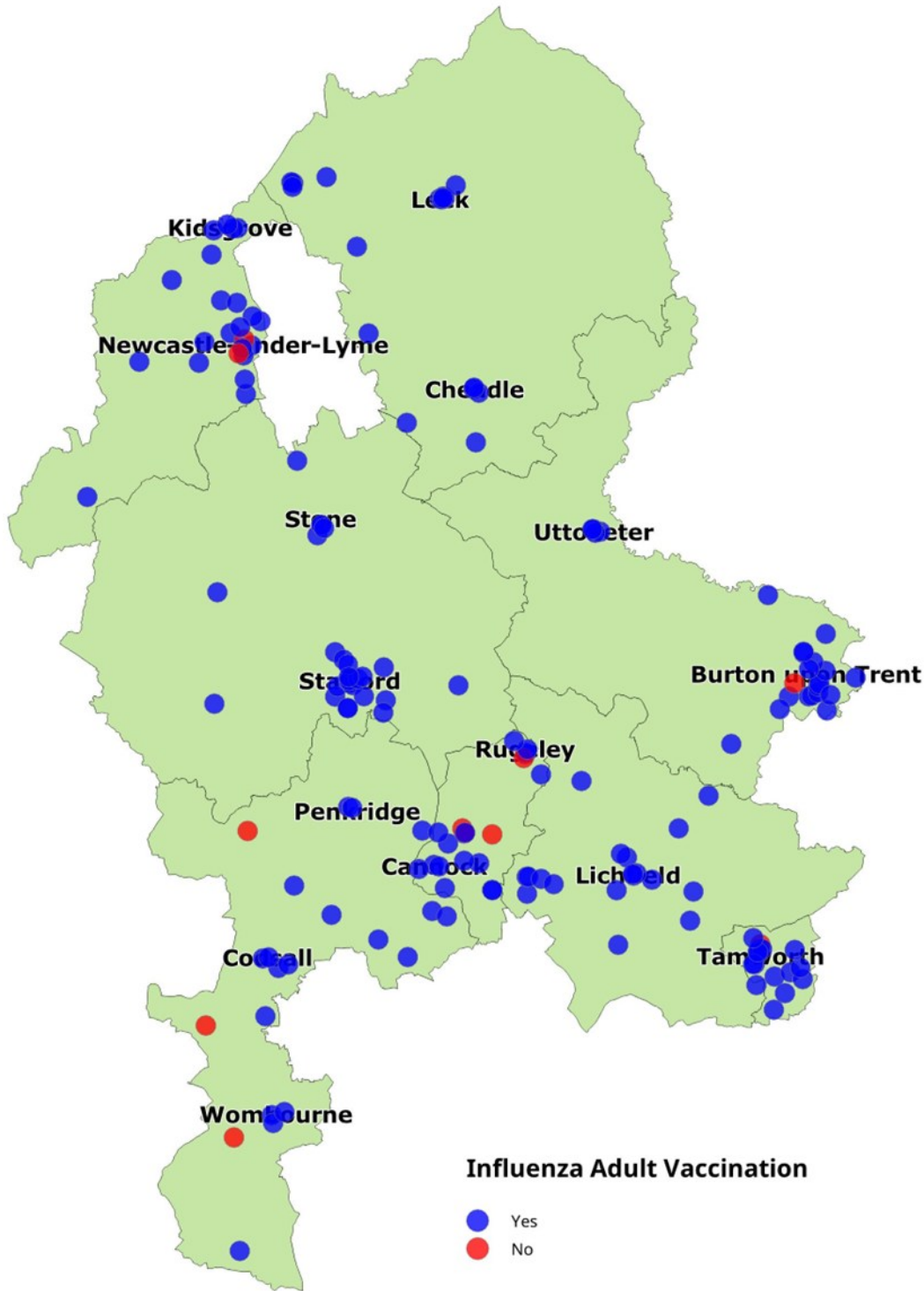
	Number of pharmacies	Number	Average per pharmacy
Appliance Use Review (AURs)			
Staffordshire	1	6	6
England (2023/24)	76	94	1

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Adult Influenza Vaccination Service - this service supports the provision of the national flu vaccination programme between October and March every year and provides an alternative option to general practice. For most healthy people, influenza is usually a self-limiting disease. However, children, older people, pregnant women and those with certain long-term conditions are at increased risk of severe illness if they catch it. The vaccination provides protection against the most prevalent strains of the virus. This service commenced in September 2015.

The increased vaccination rates seen after the Covid-19 pandemic have declined in more recent years, both locally and nationally. Across the County, at least 80% of all pharmacies in each District provided Flu vaccinations with 100% of pharmacies providing the service in Lichfield, Stafford and Staffordshire Moorlands (Table 11 and Map 9).

Map 9 Provision of Influenza Adult Vaccination Services in Staffordshire, March 2025



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Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Table 11 Influenza Adult Vaccination Service activity, 2024

	Number of pharmacies	Percentage of Pharmacies	Number of vaccinations	Average number per pharmacy
Cannock Chase	17	81%	6446	379
East Staffordshire	22	96%	7633	347
Lichfield	19	100%	8823	464
Newcastle-under-Lyme	22	92%	8756	398
South Staffordshire	18	86%	7209	401
Stafford	26	100%	9943	382
Staffordshire Moorlands	17	100%	9363	551
Tamworth	14	93%	8510	608
Staffordshire	155	93%	66,683	430
England (2023/24)	9,169	76%	3,773,389	412

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Pharmacy First Service

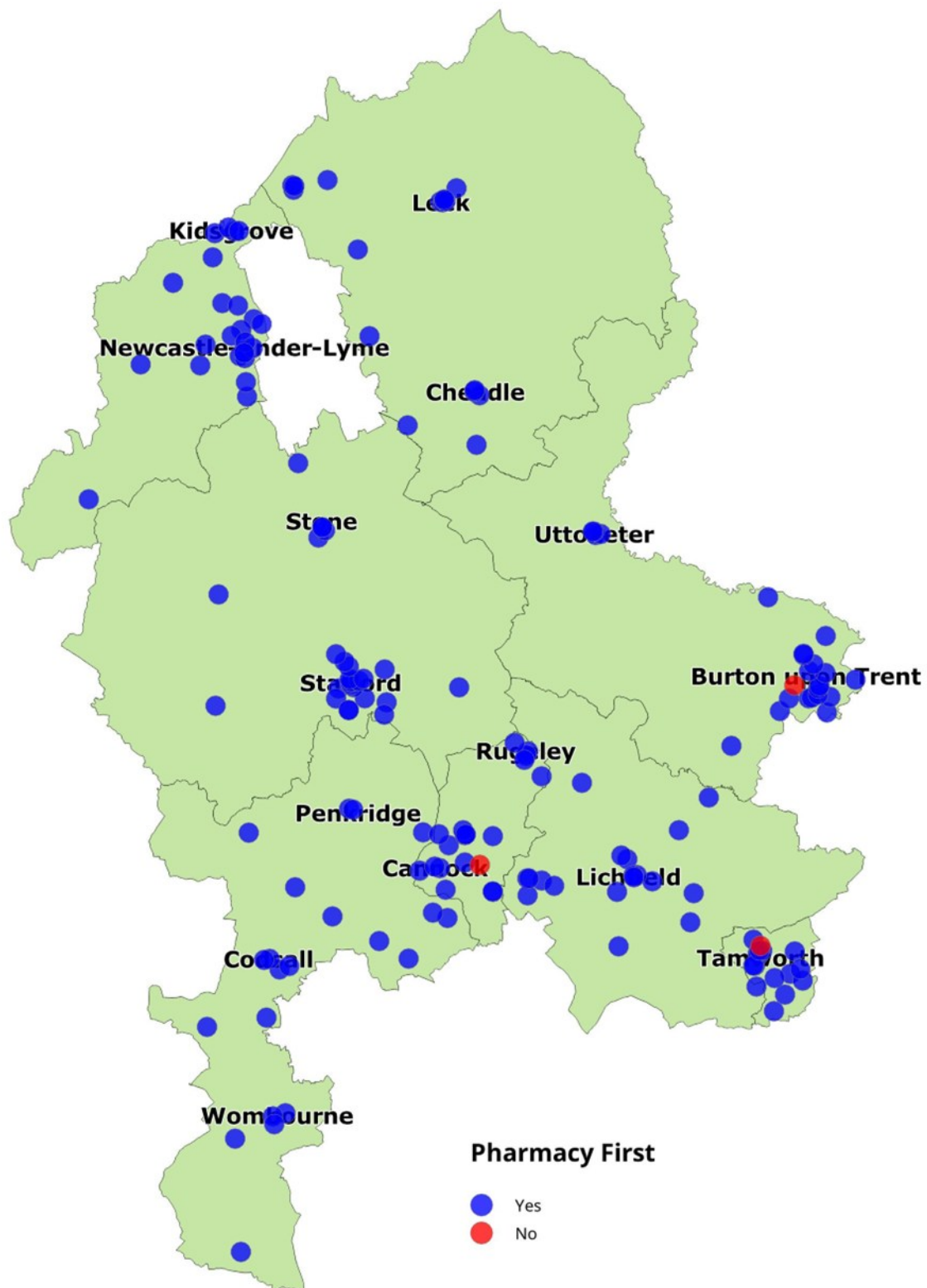
This NHS commissioned service commenced on 31st January 2024 and replaced the two elements of the previous community pharmacy consultation service (CPCS). The Pharmacy First Service is part of the pharmacy Advanced services and has three elements.

- Clinical Pathway Consultations
- Referrals for minor illness consultations (previously part of CPCS)
- Urgent supply of repeat medicines and appliances (previously part of CPCS)

Pharmacies opting-in must provide all three elements.

Across Staffordshire 98% of pharmacies provide the Pharmacy First service, with 100% of pharmacies providing Pharmacy First in five districts (Table 12 and Map 10).

Map 10 Provision of Pharmacy First Service in Staffordshire, March 2025



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Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Table 12 Pharmacy First Provision, 2024

	Number of pharmacies	Percentage of pharmacies
Cannock Chase	20	95%
East Staffordshire	22	96%
Lichfield	19	100%
Newcastle-under-Lyme	24	100%
South Staffordshire	21	100%
Stafford	26	100%
Staffordshire Moorlands	17	100%
Tamworth	14	93%
Staffordshire	163	98%
England (2023/24)	9,642	80%

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

The Clinical Pathway Consultations element of the Pharmacy First service involves pharmacists providing advice and NHS-funded treatment where clinically appropriate, for seven common conditions.

Acute otitis media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

* Distance selling pharmacies will not complete consultations for acute otitis media

It should be noted that there are age restrictions on some of the common conditions

For each of the seven common conditions pharmacists follow a robust clinical pathway which also includes self-care and safety-netting advice and, only if appropriate, supply a restricted set of prescription only medicines, without the patient needing to visit a GP, using the legal framework of 23 associated Patient Group Directions. The consultation must take place in a consultation room that meets the Terms of Service requirements for pharmacies and there must be IT equipment accessible within the consultation room to allow

contemporaneous records of the consultations provided to be made within the NHS-assured Pharmacy First IT system. In addition, the pharmacy must have Standard Operating Procedures (SOPs). After the completed consultation the pharmacist will send a notification to the patients GP so the information can be recorded onto the patient's records at their GP surgery.

Patients can present to the pharmacy for this element of the service (without the need for a referral from their GP) and the service can be provided remotely, except for the otitis media pathway due to the need to examine the ears with an otoscope.

From 1st June 2025, pharmacies offering Pharmacy First will be required to also deliver the oral contraception service and the hypertension case finding service.

The average number of consultations per pharmacy generally remained similar to national levels across the seven conditions. Reflecting the national picture, the conditions with the most consultations were Uncomplicated UTI and Acute Sore Throat with the lowest being Impetigo and Shingles (Table 13).

Table 13 Average number of Pharmacy First consultations per pharmacy (2024)

	Pharmacy First Acute Otitis Media	Pharmacy First Acute Sore Throat	Pharmacy First Impetigo	Pharmacy First Infected Insect Bites	Pharmacy First Shingles	Pharmacy First Sinusitis	Pharmacy First Uncomplicated UTI
Cannock Chase	20	49	7	17	5	16	75
East Staffordshire	31	57	8	21	7	20	71
Lichfield	29	54	8	23	6	25	73
Newcastle-under-Lyme	20	52	9	25	5	17	66
South Staffordshire	22	43	6	20	5	16	66
Stafford	30	52	7	19	6	21	60
Staffordshire Moorlands	18	52	6	20	5	26	56
Tamworth	28	72	10	21	9	17	79
Staffordshire	25	53	8	21	6	20	68
England	24	67	9	20	6	22	57

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Referrals for minor illness consultations (previously part of CPCS) General practices can refer patients for a minor illness consultation.

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

During 2024 there were over 16,000 minor illness referral consultations in Staffordshire, which equates to 100 consultations per pharmacy (Table 14).

Table 14 Pharmacy First Minor Illness Referral consultations per pharmacy (2024)

	Number of consultations	Number per pharmacy
Cannock Chase	1,996	100
East Staffordshire	3,700	168
Lichfield	2,098	110
Newcastle-under-Lyme	1,730	72
South Staffordshire	1,085	52
Stafford	2,509	97
Staffordshire Moorlands	1,003	59
Tamworth	2,217	158
Staffordshire	16,338	100
England)	1,281,201	133

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Urgent supply of repeat medicines and appliances - Prescription only medicines (POMs) and prescription items that are not POMs that have previously been prescribed on an NHS prescription, can be supplied as part of the service where the pharmacist determines that it is appropriate to do so in an emergency.

POMs must be supplied in line with the provisions of the Human Medicines Regulations. Prescription items that are not POMs can be supplied under this service if the criteria of the service are met (i.e. the supply is urgently needed, and it is an item previously provided on an NHS prescription to the patient). If a medicine or appliance which is not a POM is cheaper than a current NHS prescription charge and the patient is not exempt from prescription charges, the item can be purchased if the supply is within the product licence. Referrals can come from general practice, NHS111, Integrated Urgent Care Assessment Services and in some cases via the 999 service.

During 2024 there were over 21,000 urgent medicine supply consultations in Staffordshire, which equates to 131 consultations per pharmacy (Table 15).

Table 15 Pharmacy First Urgent Medicine Supply consultations per pharmacy (2024)

	Number of consultations	Number per pharmacy
Cannock Chase	2,121	106
East Staffordshire	4,628	210
Lichfield	2,726	143
Newcastle-under-Lyme	3,221	134
South Staffordshire	1,195	57
Stafford	3,111	120
Staffordshire Moorlands	1,977	116
Tamworth	2,317	166
Staffordshire	21,296	131
England)	1,222,033	127

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Hypertension case finding Service – In 2020, NHSE/I commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension. Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSE/I proposed the commissioning of a new Hypertension case-finding service, as an Advanced service.

The service aims to:

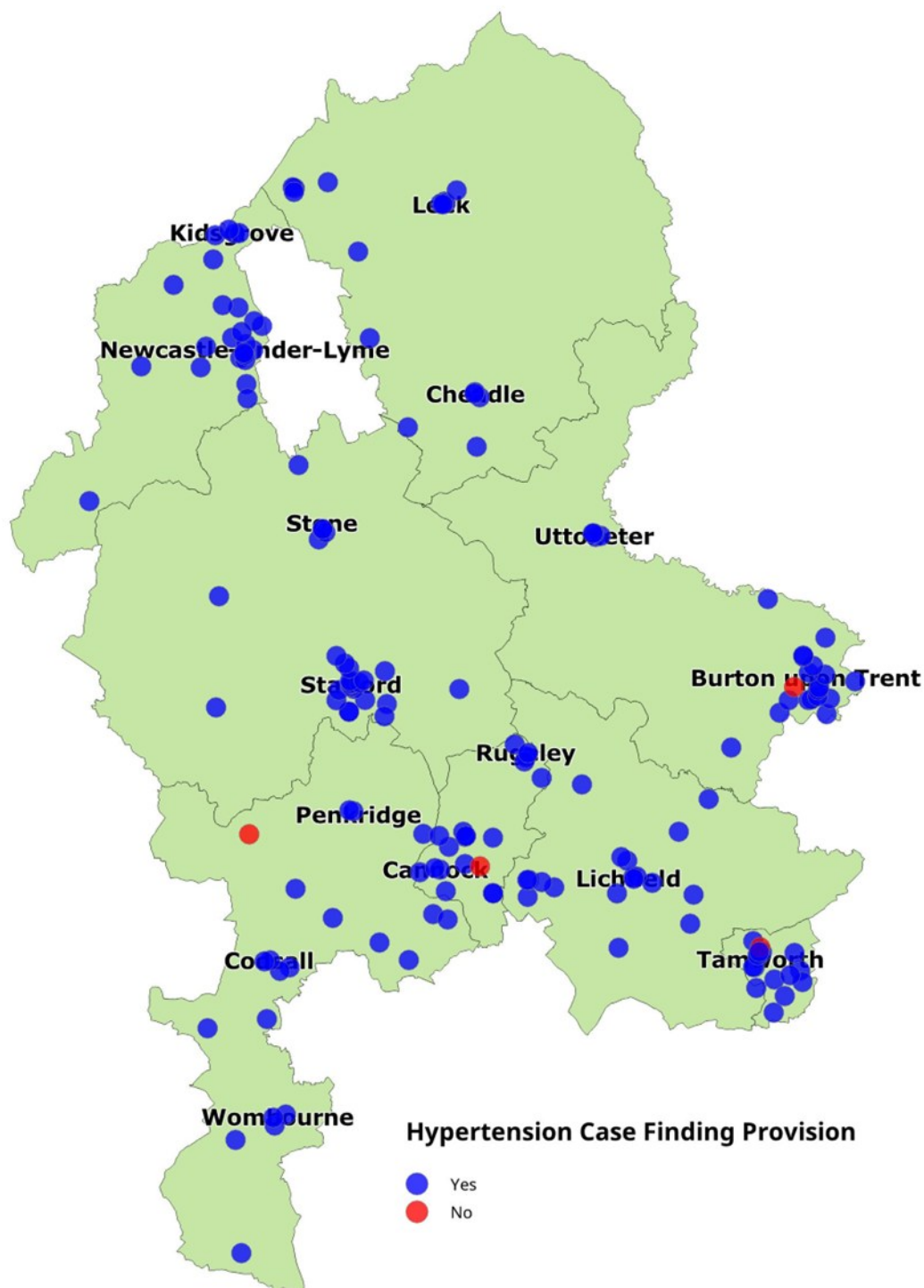
- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory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

Identifying hypertension is important as it is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. CVD is one of the leading causes of premature death in England, affecting seven million people and accounting for 1.6 million disability adjusted life years. This places a financial burden on the NHS of approximately £9 billion per year.

Across the County, nearly all pharmacies provided the Hypertension Case Finding Service with 100% of pharmacies providing the service in Lichfield, Newcastle-under-Lyme, Stafford and

Staffordshire Moorlands. During 2024, there were nearly 50,000 blood pressure checks across Staffordshire at an average of 307 per pharmacy, higher than across England (Table 16 and Map 11).

Map 11 Provision of Hypertension Case Finding Service in Staffordshire, March 2025



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Table 16 Hypertension Case Finding Service activity, 2024

	Number of pharmacies	Percentage of Pharmacies	Number of Checks	Average number per pharmacy
Cannock Chase	20	95%	5,545	277
East Staffordshire	22	96%	5,006	228
Lichfield	19	100%	4,423	233
Newcastle-under-Lyme	24	100%	7,229	301
South Staffordshire	20	95%	6,777	339
Stafford	26	100%	6,276	241
Staffordshire Moorlands	17	100%	8,818	519
Tamworth	14	93%	5,717	408
Staffordshire	162	98%	49,791	307
England (2023/24)	9,873	82%	1,726,733	175

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA) and Community Pharmacy Services Activity Dashboards based on publicly available data published by NHS Digital and NHS Business Service Authority.

Smoking Cessation – in this service community pharmacies receive stop smoking referrals from secondary care following a patient’s discharge from hospital. It is designed to enable secondary care health trusts to transfer patients for smoking cessation into the community.

There are currently 80 Pharmacies providing the Smoking Cessation advanced service in Staffordshire with coverage in every district with coverage ranging from 35% in East Staffordshire to 71% in Staffordshire Moorlands. During 2024, there were 126 consultations across Staffordshire at an average of 2 per pharmacy, similar to the national average (Table 17).

Table 17 Smoking Cessation Service activity, 2024

	Number of pharmacies	Percentage of Pharmacies	Number of Consultations	Average number per pharmacy
Cannock Chase	12	57%	21	2
East Staffordshire	8	35%	1	0
Lichfield	7	37%	9	1
Newcastle-under-Lyme	12	50%	23	2
South Staffordshire	10	48%	38	4
Stafford	12	46%	0	0
Staffordshire Moorlands	12	71%	0	0
Tamworth	7	47%	34	5
Staffordshire	80	48%	126	2
England (2023/24)	4,728	39%	11,057	2

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA) and Community Pharmacy Services Activity Dashboards based on publicly available data published by NHS Digital and NHS Business Service Authority.

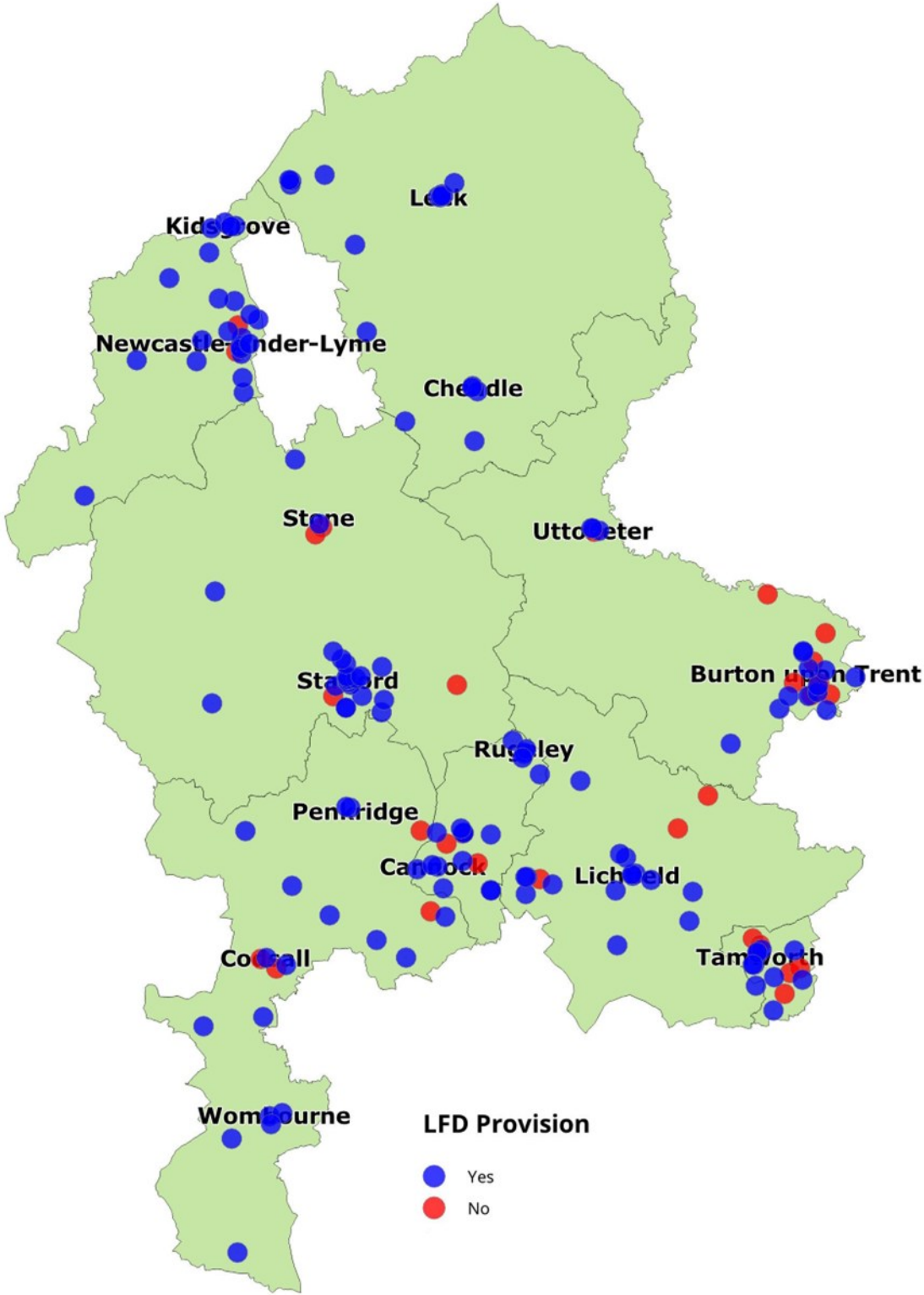
Lateral Flow Device (LFD) Service - the Lateral flow device supply service is for patients potentially eligible for COVID-19 treatments (LFD service) and was commissioned as an Advanced service from 6th November 2023. Since 6th November 2023, LFD tests are no longer available via GOV.UK or via NHS 119. LFD tests still need to be available and easily accessible to people who are potentially eligible for COVID-19 treatments through routine NHS access routes. It is estimated that in the short-term, the number of potentially eligible patients is around 5.3m.

Although access to LFD tests may be supplemented by other pathways (e.g., through anticipatory or specialist care), community pharmacy is well placed within the local community to provide local and rapid access for patients.

In March 2024 it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service. In late May 2024, the service specification was updated emphasising that patients eligible for the service do not need to have symptoms of COVID-19 to obtain a free box of LFD test kits under the service.

There are 135 Pharmacies providing the Lateral Flow Device advanced service in Staffordshire with at least 60% of pharmacies providing the service in every district. Coverage ranges from 60% in Tamworth to 100% in Staffordshire Moorlands. During 2024, there were 10,600 supplies across Staffordshire at an average of 79 per pharmacy, similar to the national average (Table 18 and Map 12).

Map 12 Provision of Lateral Flow Device (LFD) Service in Staffordshire, March 2025



Source: NHS England and General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Table 18 Lateral Flow Device Service activity, 2024

	Number of pharmacies	Percentage of Pharmacies	Number of supplies	Average number per pharmacy
Cannock Chase	18	86%	482	27
East Staffordshire	15	65%	471	31
Lichfield	16	84%	390	24
Newcastle-under-Lyme	22	92%	1,444	66
South Staffordshire	17	81%	4,386	258
Stafford	21	81%	986	47
Staffordshire Moorlands	17	100%	1,652	97
Tamworth	9	60%	818	91
Staffordshire	135	81%	10,629	79
England (2023/24)	8,167	68%	515,319	63

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA) and Community Pharmacy Services Activity Dashboards based on publicly available data published by NHS Digital and NHS Business Service Authority.

Pharmacy Contraception Service (PCS) - this service is designed to provide people greater choice from where they can access contraception services and create extra capacity in GP practices and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

Contraception services in pharmacies play a crucial role in providing accessible, confidential, and affordable birth control options to individuals seeking to prevent unintended pregnancies. Pharmacies have increasingly become important points of access for sexual and reproductive health services, particularly in the context of growing demand for convenience. In 2019 NHSE/I set out to "test a range of prevention services", and a tiered pharmacy contraception service was designed. The initial tiered approach proposed was as follows:

Tier 1 – Ongoing monitoring and supply of repeat oral contraception (OC);

Tier 2 – Initiation of OC via a Patient Group Direction (PGD);

Tier 3 – Ongoing monitoring and management of repeat long-acting reversible contraception (LARC), excluding intrauterine systems (IUS) and intrauterine devices (IUD); and

Tier 4 – Initiation of LARCs.

In 2021 NHSE/I commenced a pilot for community pharmacies to provide ongoing management and supply routine oral contraception to people who had already had a product prescribed from either a GP or sexual health clinic. Building on the learning from the pilot,

NHSE/I proposed the commissioning of a Pharmacy Contraception Service, as an Advanced service and so in April 2023 Teir 1 was implemented. Supplies of routine oral contraception are via a Patient Group Directive (PGD), with appropriate checks, such as the measurement of the person's blood pressure and body mass index (BMI), being undertaken, where necessary.

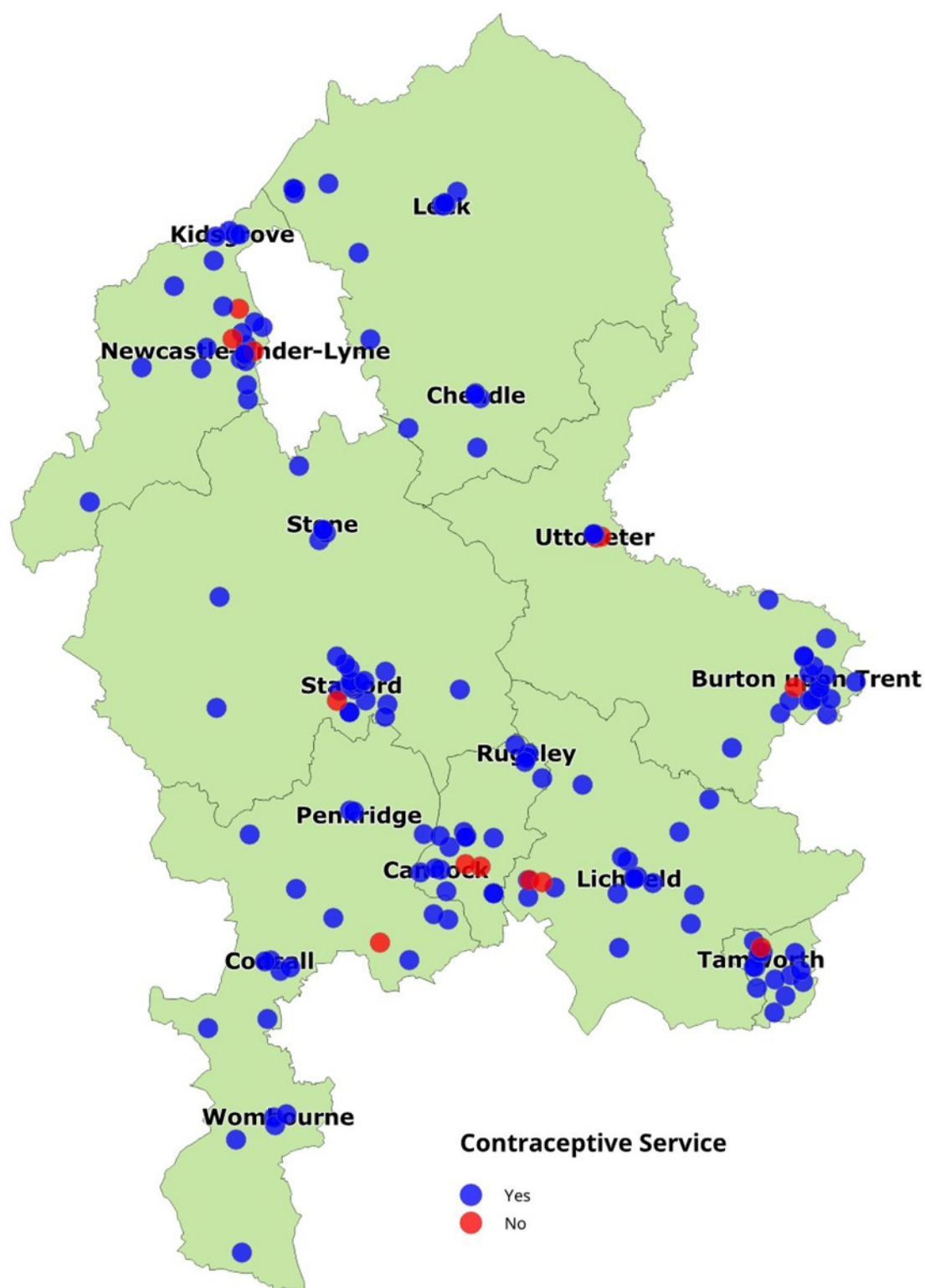
In 2023 NHSE/I highlighted the ambition to expand the PCS to increase access to and convenience of contraception services in line with the Government's Women's Health Strategy for England. With this in mind, in Nov 2023 NHSE expanded the service (tier 2) which enables community pharmacists to also initiate oral contraception, via a PGD, and provide ongoing clinical checks and annual reviews.

Individuals can access the service by any of the following routes:

- Identified as clinically suitable by the pharmacist and accepts the offer of the service;
- Self-refer to a community pharmacy;
- Referred by their general practice;
- Referred from a sexual health clinic (or equivalent); or
- Referred from other NHS service providers, e.g. urgent treatment centres or NHS 111.

There are 153 Pharmacies providing the Pharmacy Contraception Service advanced service in Staffordshire with at least 87% of pharmacies providing the service in every district. During 2024, there were 8,900 consultations across Staffordshire at an average of 58 per pharmacy (Table 19 and Map 13).

Map 13 Provision of Pharmacy Contraception Service (PCS) in Staffordshire, March 2025



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Source: NHS England and General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA)

Table 19 Contraception Service activity, 2024

	Number of pharmacies	Percentage of Pharmacies	Number of consultations	Average number per pharmacy
Cannock Chase	19	90%	1,293	68
East Staffordshire	20	87%	1,154	58
Lichfield	17	89%	284	17
Newcastle-under-Lyme	21	88%	1,578	75
South Staffordshire	20	95%	1,076	54
Stafford	25	96%	1,489	60
Staffordshire Moorlands	17	100%	1,441	85
Tamworth	14	93%	599	43
Staffordshire	153	92%	8,914	58
England (2023/24)	8,427	70%	253,117	30

Source: NHS England, General Pharmaceutical Services in England 2015-16 - 2023-24 and Dispensing contractors' data, NHS Business Services Authority (NHSBSA) and Community Pharmacy Services Activity Dashboards based on publicly available data published by NHS Digital and NHS Business Service Authority.

Enhanced and locally commissioned pharmacy services

Local commissioners (e.g. NHSE/I Midlands region and Staffordshire County Council) can commission additional services through service level agreements. Some services are also contracted by other providers, e.g. Central Health Solutions subcontract sexual health services to some Pharmacies. Services that are commissioned in Staffordshire are shown in Table 20.

Table 20 Provision of local commissioned services in Staffordshire, April 2025*

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Cannock Chase	16 (76%)	2 (10%)	15 (71%)	11 (52%)	9 (43%)	0 (0%)	1 (5%)	1 (5%)	2 (10%)
East Staffordshire	22 (96%)	3 (13%)	16 (70%)	13 (57%)	12 (52%)	1 (4%)	0 (0%)	2 (9%)	2 (9%)
Lichfield	13 (68%)	2 (11%)	9 (47%)	5 (26%)	5 (26%)	0 (0%)	0 (0%)	1 (5%)	1 (5%)
Newcastle-under-Lyme	16 (67%)	4 (17%)	15 (63%)	13 (54%)	7 (29%)	1 (4%)	2 (8%)	0 (0%)	0 (0%)
South Staffordshire	11 (52%)	0 (0%)	13 (62%)	10 (48%)	1 (5%)	2 (10%)	1 (5%)	1 (5%)	2 (10%)
Stafford	24 (92%)	5 (19%)	19 (73%)	15 (58%)	11 (42%)	1 (4%)	3 (12%)	1 (4%)	2 (8%)
Staffordshire Moorlands	12 (71%)	2 (12%)	15 (88%)	14 (82%)	0 (0%)	1 (6%)	0 (0%)	0 (0%)	2 (12%)
Tamworth	12 (80%)	4 (27%)	11 (73%)	10 (67%)	7 (47%)	0 (0%)	0 (0%)	2 (13%)	0 (0%)
Staffordshire	126 (76%)	22 (13%)	113 (68%)	91 (55%)	52 (31%)	6 (4%)	7 (4%)	8 (5%)	11 (7%)

Source: NHS England, Staffordshire Treatment and Recovery System (STaRS) - Midlands Partnership University NHS Foundation Trust (MPFT), Central Health Solutions Ltd, OpenClinic - Midlands Partnership University NHS Foundation Trust (MPFT), Staffordshire County Council (Public Health, Health and Care Directorate).

*A distance selling pharmacy opened in Burton on July 1st, data had already been received by service providers and so is not included in this PNA.

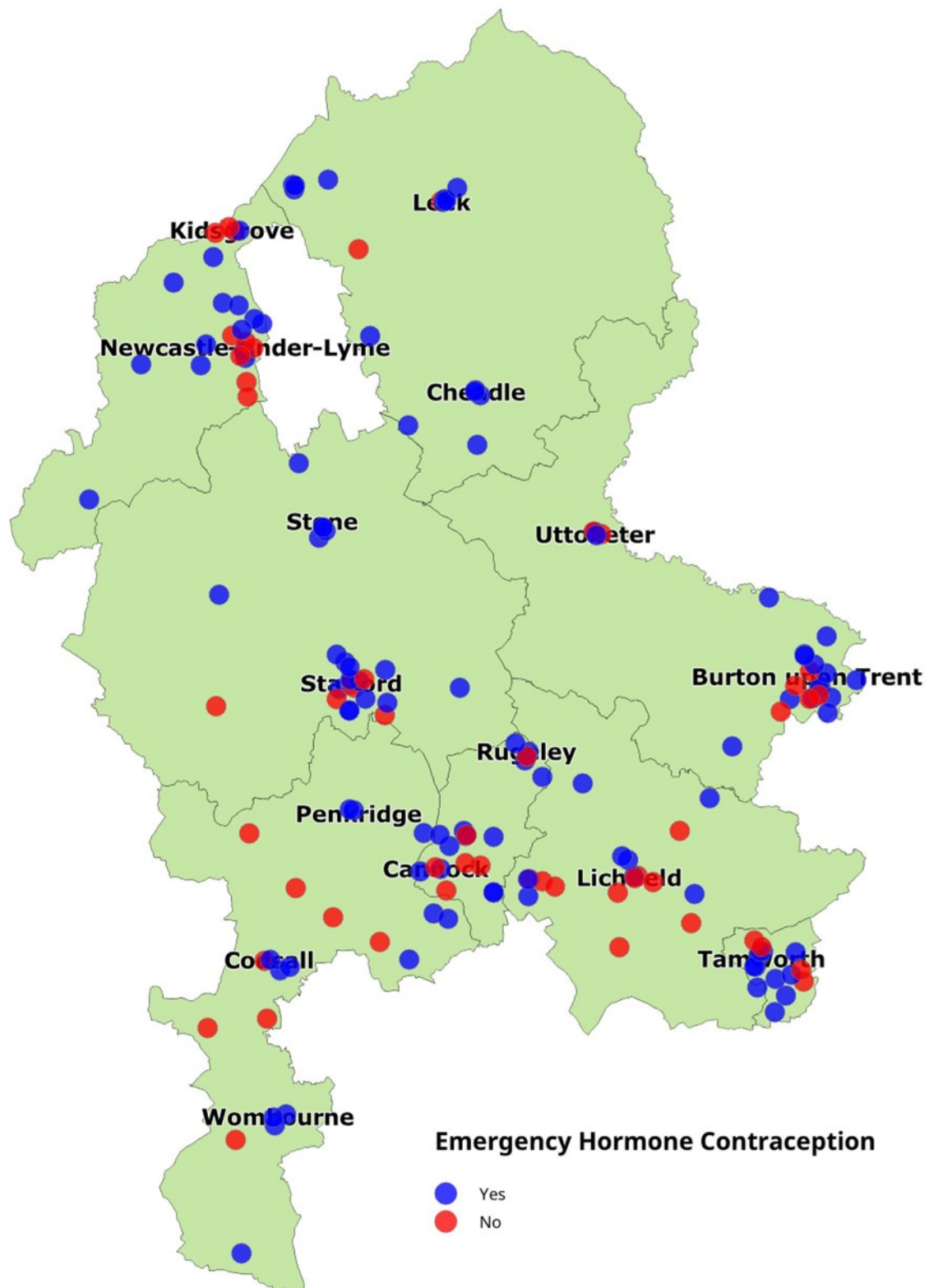
Emergency hormonal contraception - this service allows pharmacies to provide emergency hormonal contraception (EHC) where appropriate in line with the locally agreed PGD. Evidence suggests that community pharmacy based EHC services provide timely access to treatment and are rated highly by women who use them. This is one of Staffordshire's strategies to support reducing teenage pregnancy rates across the County. EHC is provided in a number of settings of which pharmacy is one.

This service is commissioned by Staffordshire County Council and managed through a contract with Central Health Solutions who sub-contract with community pharmacies in the area. The service is available when an accredited pharmacist is at the pharmacy. The service is confidential and available free of charge without an appointment to women of all ages. Free pregnancy testing is also available on referral from a professional, including school nursing and health visitors. Pharmacies commissioned through the sexual health prime provider contract have also been upskilled to provide sexual health advice and guidance. Chlamydia

and gonorrhoea testing is also available for those who present for emergency hormonal contraception and those deemed to be at risk of poor sexual health and Chlamydia treatment can also be provided.

There is generally good availability of EHC from pharmacies (68% coverage) across the County with coverage ranging from 47% of pharmacies in Lichfield to 88% in Staffordshire Moorlands (Map 14). There is cover in areas where there are higher teenage pregnancy rates. During 2024/25 there were 4,100 EHC consultations across Staffordshire.

Map 14 Emergency hormonal contraception provision in Staffordshire, March 2025



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Source: NHS England and Central Health Solutions Ltd

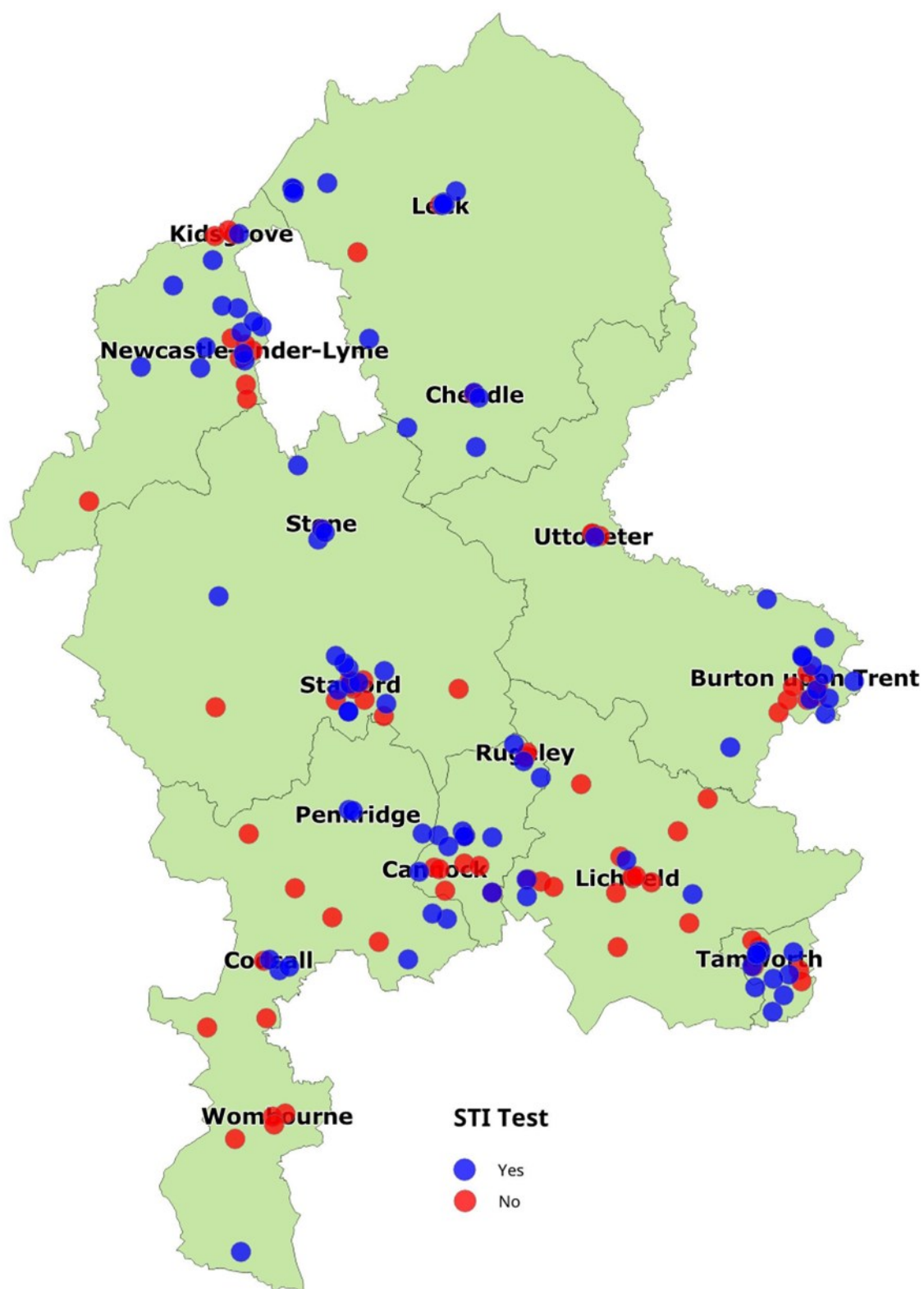
Table 21 EHC Provision 2024/25

	Number of pharmacies	Percentage of Pharmacies	2021 U18 conception rate	Statistical Difference to England
Cannock Chase	15	71%	19.4	Higher
East Staffordshire	16	70%	18.2	Similar
Lichfield	9	47%	11.3	Similar
Newcastle-under-Lyme	15	63%	14.2	Similar
South Staffordshire	13	62%	11.9	Similar
Stafford	19	73%	14.7	Similar
Staffordshire Moorlands	15	88%	16.3	Similar
Tamworth	11	73%	25.8	Higher
Staffordshire	113	68%	16.2	Higher
England (2023/24)	n/a	n/a	13.1	n/a

Source: NHS England and Central Health Solutions Ltd

There is generally good availability of Chlamydia and Gonorrhoea testing kits available from Pharmacies (55% coverage) across the County with coverage ranging from 26% of pharmacies in Lichfield to 82% in Staffordshire Moorlands (Table 20 and Map 15).

Map 15 Chlamydia and Gonorrhoea testing kits provision in Staffordshire, March 2025



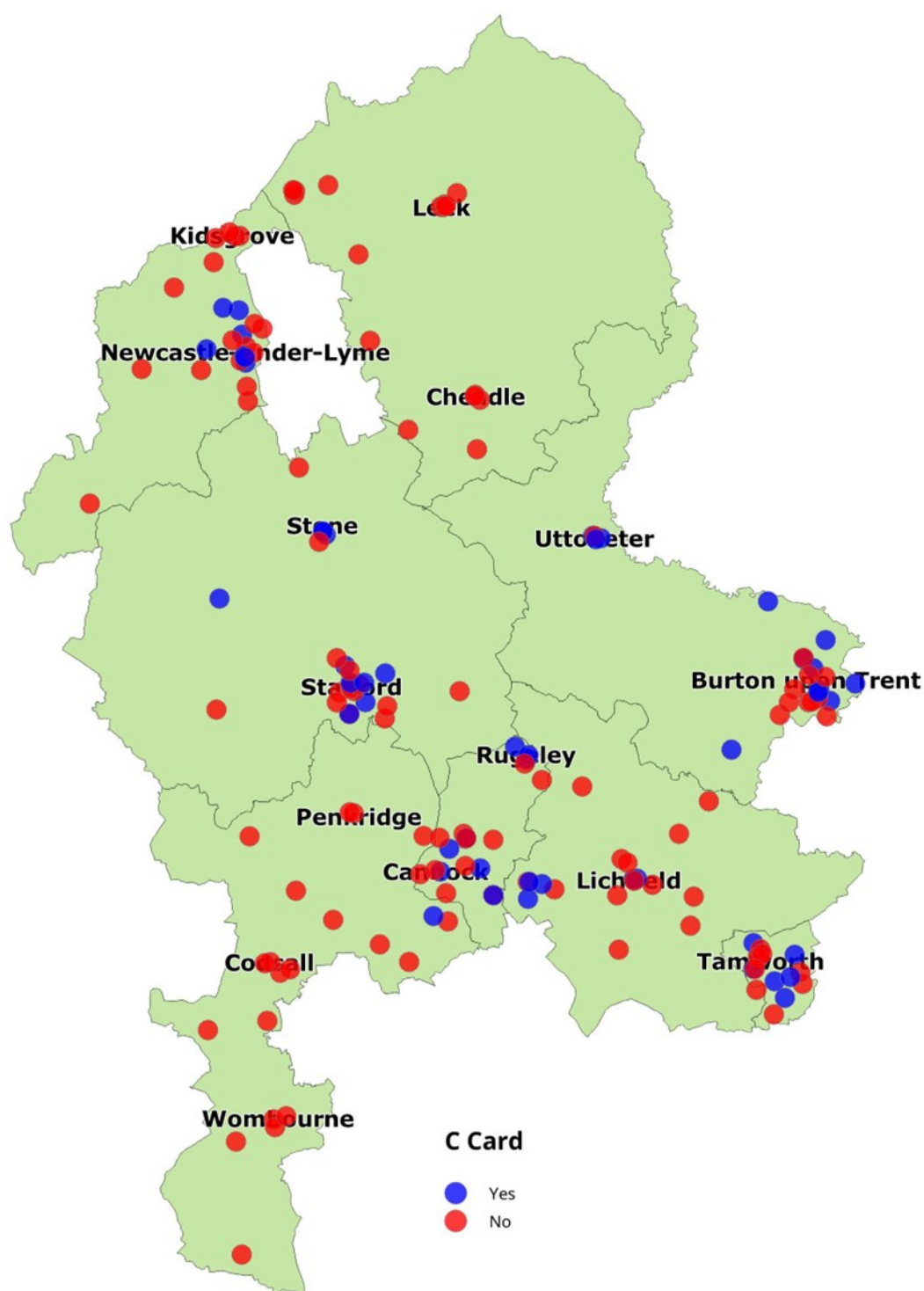
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Source: NHS England and Central Health Solutions Ltd

C-card – The C-Card is a card that gives people quick and easy access to free condoms. This service is available to anyone aged 13 or over in Staffordshire, Shropshire, Stoke-on-Trent, and Telford and Wrekin. It is a confidential service which also offers information and advice about sexual health and relationships.

Overall, around one in three pharmacies in Staffordshire offer easy to access free condoms through the C-card scheme but coverage varies across the County from no provision in Staffordshire Moorlands to 52% of pharmacies in East Staffordshire (Table 20 and Map 16). During 2024/25 there were over 700 distributions of condoms through the C-card across Staffordshire.

Map 16 C-card condom provision in Staffordshire, March 2025

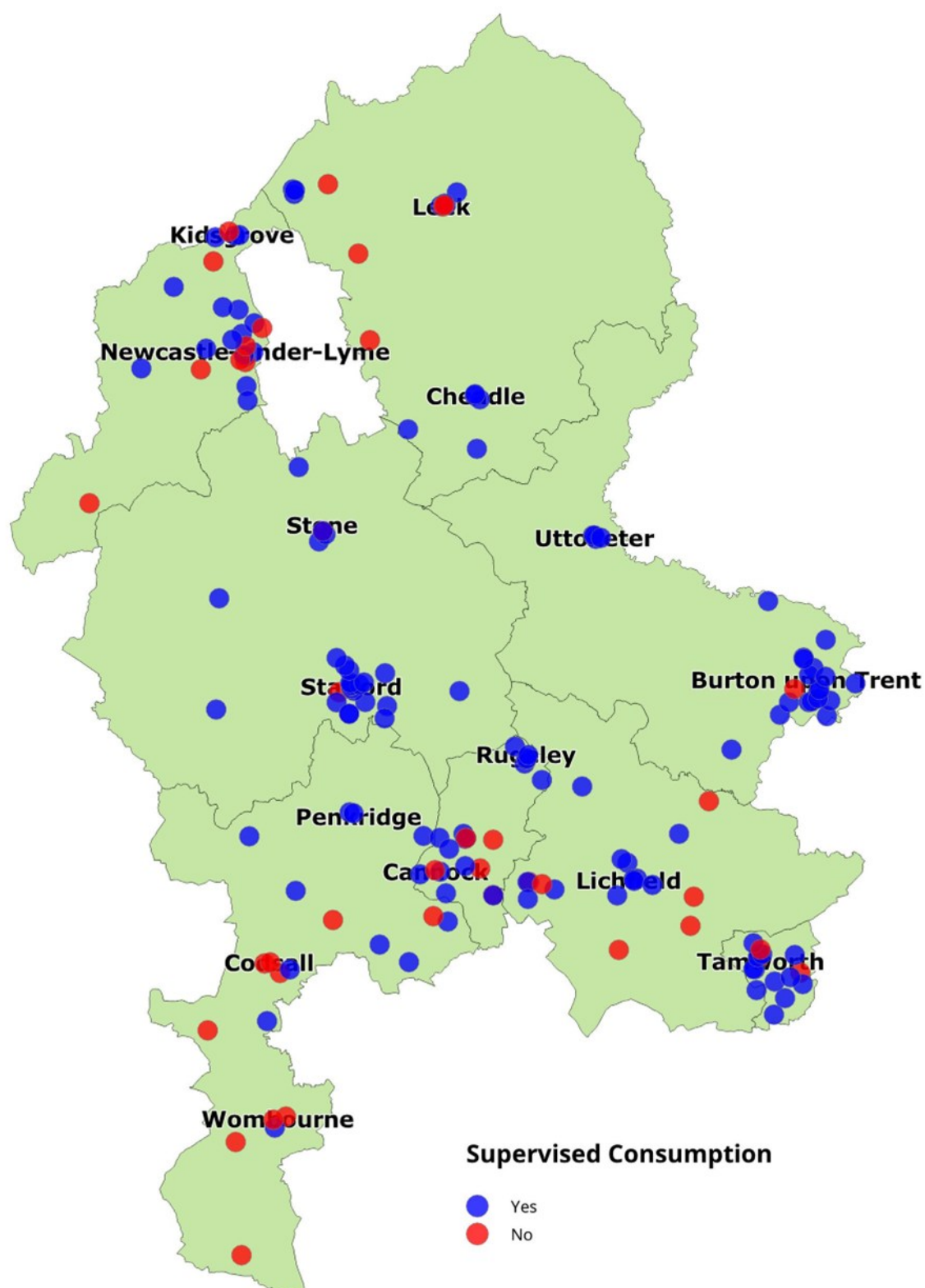


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Source: NHS England and OpenClinic - Midlands Partnership University NHS Foundation Trust (MPFT)

Supervised consumption - supervised consumption of prescribed medicines (methadone and buprenorphine, primarily) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient, particularly for treatment of opiate dependence, patients with some mental health conditions and other vulnerable groups. Three quarters of pharmacies in Staffordshire provide a supervised consumption service with a good spread of access to this service across the County (Table 20 and Map 17).

Map 17 Provision of supervised consumption in Staffordshire, March 2025



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Needle and syringe exchange service - access to sterile needles and syringes, and sharps containers for return of used equipment. Pharmacies will also promote safe injecting practice and reduce transmission of infections by people who inject drugs through associated materials, for example condoms, citric acid and swabs. This service is commissioned by Staffordshire County Council through the Staffordshire Treatment and Recovery Service (STARS) who have placed needle exchange services in seven pharmacies across the County to ensure there is adequate coverage of needle exchange services in areas not served by the STARS inhouse needle exchanges. The needle and syringe exchange service is available at 22 pharmacies across Staffordshire (Table 20).

Palliative care - this service support anticipatory prescribing and allows rapid access to medicines commonly prescribed in palliative care to enable a greater percentage of patients to have end of life treatment in a preferred place of care, such as the individual's home, and avoid unnecessary admissions to hospital. The service ensures that a network of community pharmacies hold stocks of palliative care medications to ensure patients have timely access to end of life medicines when required. There are 19 pharmacies providing the palliative care service in Staffordshire across the County in every district or borough with the exception of Newcastle-under-Lyme (Table 20).

Stop smoking support and **NHS Health Checks** are commissioned through Everyone Health Staffordshire to a handful of pharmacies throughout Staffordshire (Table 17).

Independent Prescribing Pathfinder Programme - the NHS Community Pharmacy Independent Prescribing Pathfinder Programme has been set up to inform the development of a framework, for the future commissioning of NHS community pharmacy clinical services. From August 2026 all newly qualified pharmacists that have completed a UK MPharm degree will be qualified to independently prescribe. The programme is testing how these highly skilled professionals and those existing qualified pharmacists that have completed their Independent Prescribing qualification, might support primary care services.

It's been just over a year since the first Independent Prescribing Pathfinder site went live in Staffordshire and Stoke – on- Trent. There are currently 4 Community Pharmacies involved in the programme and their independent pharmacist prescribers have carried out over 5,000 consultations. In addition to these sites a 5th site will be joining the programme, and they will start providing consultations at the end of May 2025.

The table below shows the pharmacies involved across Staffordshire and Stoke-on-Trent (SSOT) ICB and what clinical services they are providing.

Table 22 independent prescribing pathfinder programme locations

Pharmacy Name	location	Clinical Model
A Magrath Pharmacy	Tamworth	Antidepressants prescribing reviews and Gabapentin deprescribing
Middleport Pharmacy	Stoke-on-Trent	Minor ailment prescribing, hypertension and lipid prescribing reviews and initiation
Dean & Smedley Pharmacy	Burton upon Trent	Warfarin Clinic
PCP Direct	Tamworth	Asylum seeker minor ailment clinics, hypertension and lipid prescribing reviews and initiation
Cornwell's Chemist	Great Wyrley	Prescription alignment & Lipid Prescribing Clinic

The Independent Prescribing Pharmacists have worked closely with their GP and secondary care colleagues to establish themselves in these roles. As well as gaining valued experience, they have had a positive effect on freeing up GP appointments and have addressed inequalities and filled commissioning gaps within SSOT ICB.

Patients have provided positive feedback about the service, they have especially liked the continuity of seeing the same clinician at each consultation, the extended opening hours and the ease at which to get an appointment.

Our Pharmacies will be continuing to provide their clinical services until the programme comes to an end in December 2025 when the service will be evaluated and the future framework for commissioning of prescribing within community pharmacy will be developed.

Based on data from the engagement survey many respondents would like pharmacies to deliver further services such as:

- Introducing more diagnostic tests.
- More treatments for conditions, including antibiotics, minor ailments, women's health.
- Prescriptions, including home delivery and emergency prescriptions.

7. Access to pharmaceutical services

Geographical access

Large numbers of Staffordshire residents are disadvantaged in terms of geographical access to key services (as shown in Map 3). Whilst the percentage of residents without access to a car is lower than England in all Districts and Boroughs in Staffordshire, there are still around one in six people without access, meaning they are reliant on others or good accessible public transport to get around (Table 23).

Table 23 Number and proportion of households with no car or van, 2021

	Number	Percentage
Cannock Chase	7,354	16.9%
East Staffordshire	9,483	18.5%
Lichfield	5,767	12.6%
Newcastle-under-Lyme	10,374	19.4%
South Staffordshire	5,619	12.2%
Stafford	8,920	14.9%
Staffordshire Moorlands	5,538	13.1%
Tamworth	6,004	18.3%
Staffordshire	59,059	15.7%
England	5,777,957	23.3%

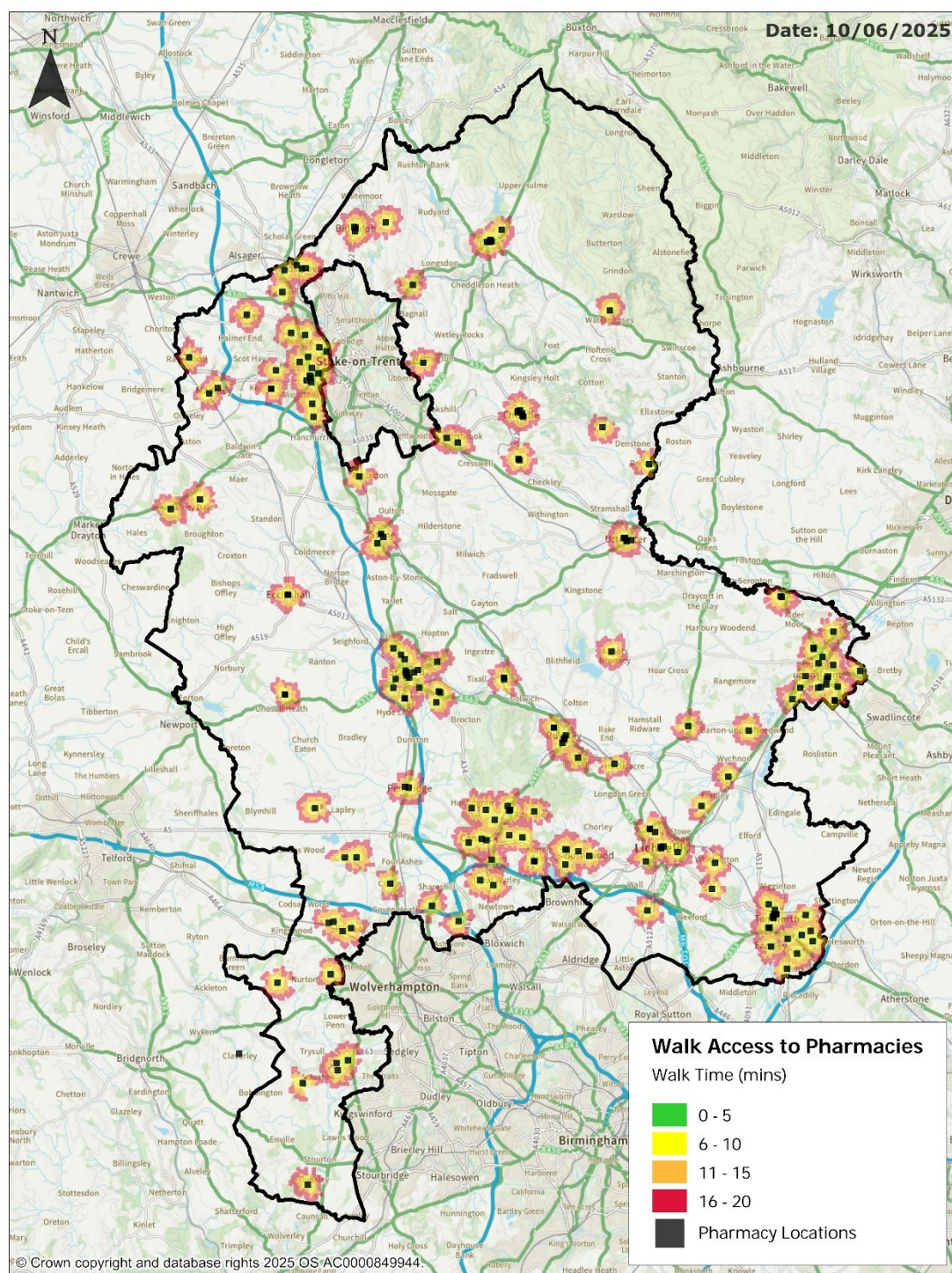
Source: 2021 Census, Office for National Statistics, Crown copyright

The following analysis looks at the distances it takes to get to local pharmacies by walking, driving and public transport. The methodology for the analysis can be found in Appendix 3. Due to the rural nature of Staffordshire there are large areas of the county where walking to a pharmacy is not possible. However, much of the population live in towns and larger settlements where walking to the local pharmacy is possible (Map 18).

The vast majority of areas in Staffordshire can be accessed within 20 minutes by car (Map 19). However, when it comes to public transport the picture is mixed. For those that live on a public transport route there is often access to a pharmacy within 10 minutes. There are many areas of the county where public transport is not available (Map 20).

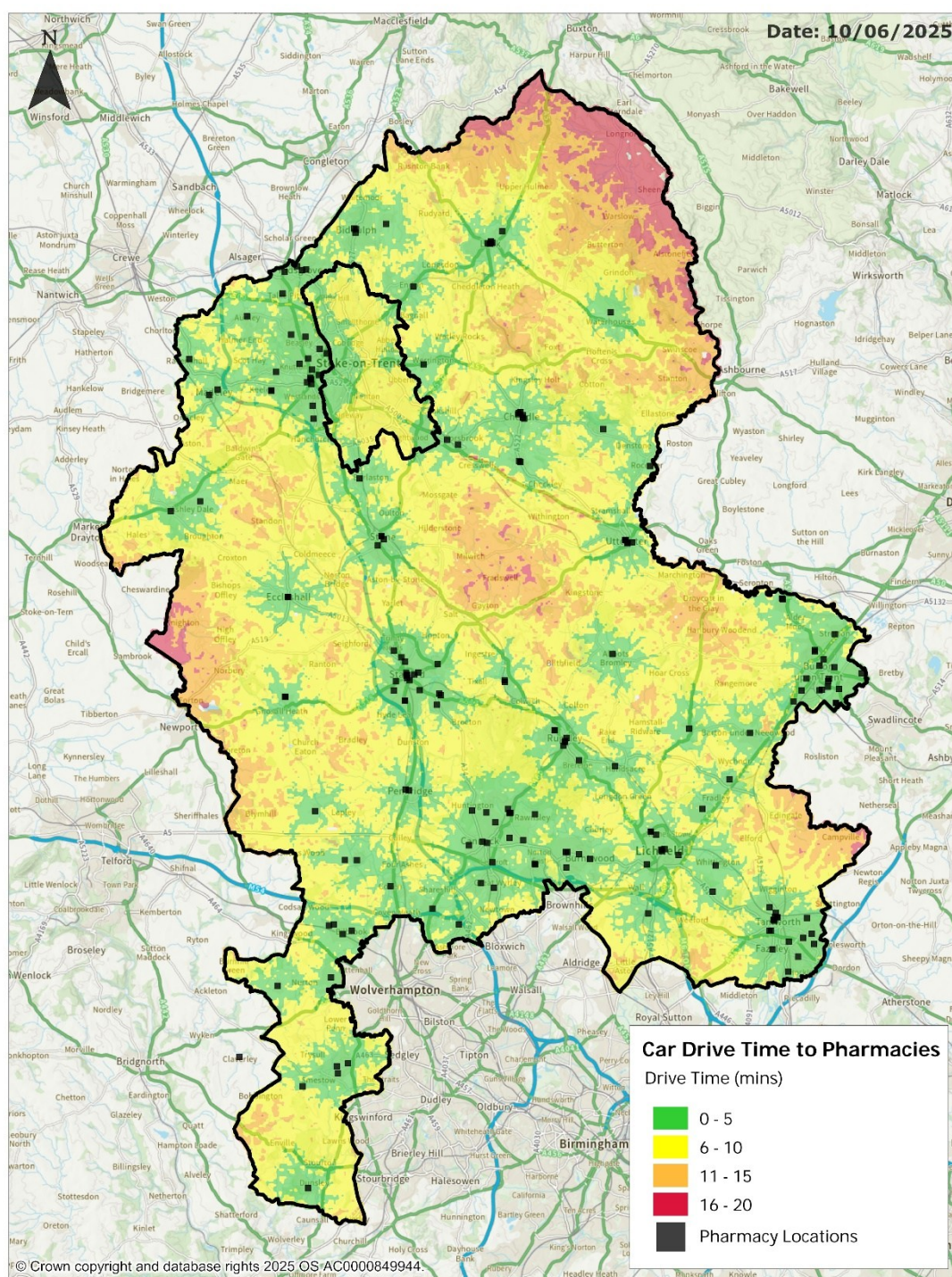
Map 18 Walking access to community pharmacies / dispensing practices

Walking Access to Pharmacies/Dispensing Practices



Map 19 Car driving times to pharmacies / dispensing practices

Car Drive Times to Pharmacies/Dispensing Practices

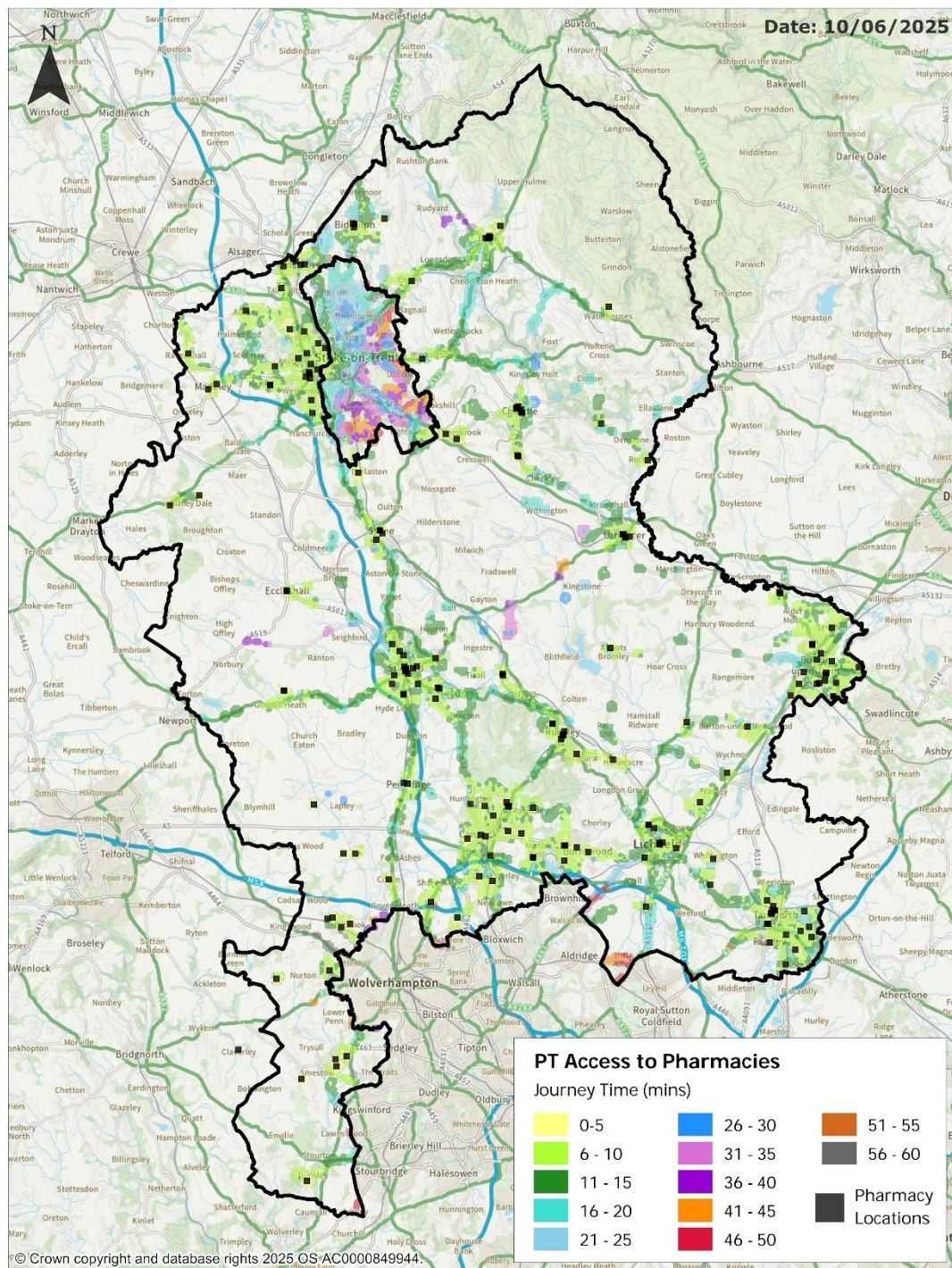


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Source: NHS England and Dispensing Practice Name and Address and NHS Business Services Authority (NHSBSA)

Map 20 public transport access to pharmacies / dispensing practices

Public Transport Access to Pharmacies/Dispensing Practices



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www.staffordshire.gov.uk/maps.

Source: NHS England and Dispensing Practice Name and Address and NHS Business Services Authority (NHSBSA)

Opening hours

In 2022 there were 16 '100 hours pharmacies' across Staffordshire. There are currently 18 pharmacies open for a minimum of 72 hours across Staffordshire equating to around one in nine pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 72 hours during the week. This change to opening hours occurred following the implementation of the "NHS pharmaceutical and local pharmaceutical regulations 2013" in May 2023 which allowed 100-hour pharmacies to reduce their core opening hours to no less than 72 hours.

Community pharmacies generally complement GP opening hours. In Staffordshire they open from around 8:00am on Monday to Fridays. Almost all are open by 9am when there is likely to be an increase in demand for dispensing of prescriptions generated by GP services. On a weekday around two thirds of pharmacies close by 6.00pm in the evening with around one in eight open until 8pm and two pharmacies open during the week after 9pm.

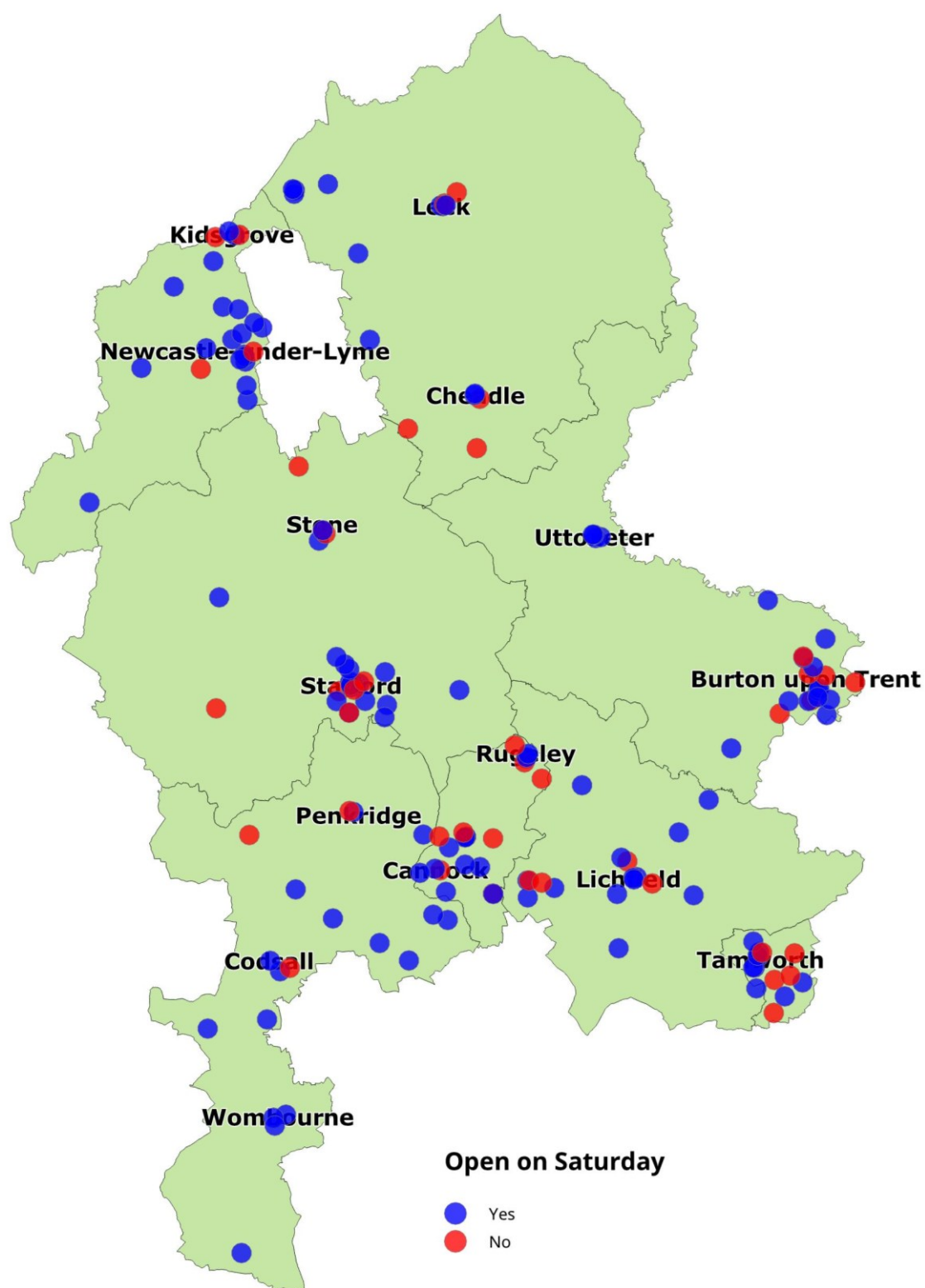
Around seven in ten pharmacies (115) are also open on Saturdays, opening times start from 8.00am and average at around 9am. About a half of pharmacies open on a Saturday close around lunchtime (Midday or 1pm), around one in five close between 4pm and 6pm and there are nine pharmacies open until 9pm (Map 21).

Around one in six pharmacies are also open on Sunday, with opening times starting from 9am and most closing by around 4pm. There are three pharmacies across the County that are open after 5pm. There are at least three pharmacies open on Sundays in each Staffordshire district (Map 22) apart from Staffordshire Moorlands where one is open and South Staffordshire where there are no pharmacies open on a Sunday. Feedback from the consultation highlighted that the lack of pharmaceutical provision on a Sunday in the Leek area, however this was not thought to be a gap that is generating an unmet need for services. Trading regulations restrict opening hours for pharmacies located in supermarkets and shopping centres to six hours on Sundays. Some patients also have access to nearby access to pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

A number of pharmacies also now open on Bank Holidays, although contractors are not required to do this, but many choose to open. NHS England Midlands Region also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

Information on the latest opening hours for every pharmacy is available at NHS Choices. <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10> Community pharmacy contractors are now required under the Terms of Service to ensure they verify and, where necessary, update the information contained in their NHS website profile and their Directory of Services (DoS) profile at least once each quarter of the financial year.

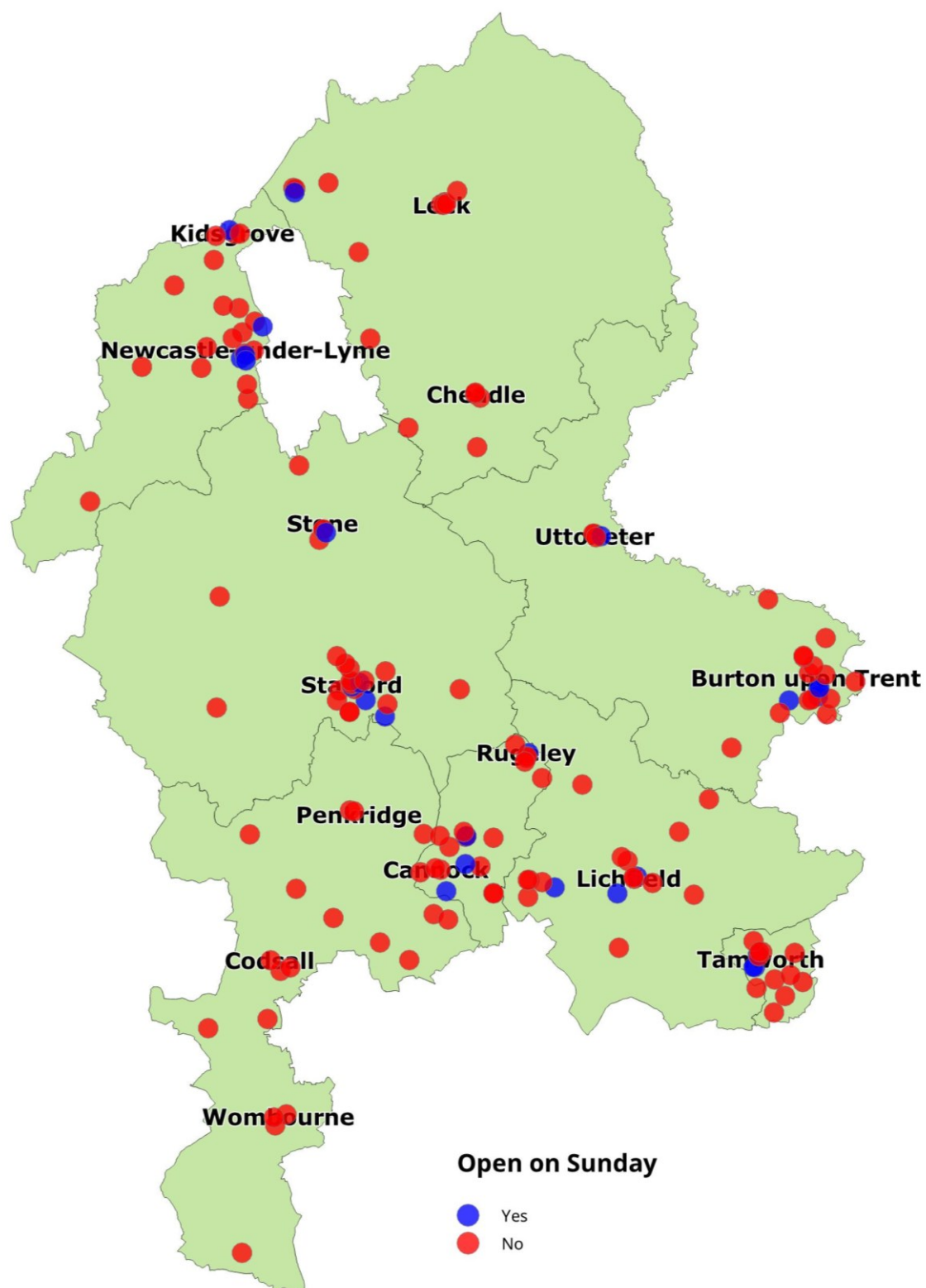
Map 21 Pharmacies that are open on Saturdays, March 2025



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Source: NHS England

Map 22 Pharmacies that are open on Sundays, March 2025



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Source: NHS England

Access to pharmaceutical services for protected groups

The Equality Act (2010) protects people on the basis of nine protected characteristics. The equality duty covers the following nine protected characteristics: age, disability, gender (sex), gender reassignment, marriage and civil partnership, pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality), religion or belief (this includes lack of belief) and sexual orientation.

The PNA regulations require that the HWBB considers the different needs of people who share protected characteristics. This section of the PNA summarises how these have been considered and addressed for each of the protected characteristics.

In addition all pharmacies are expected to comply with the provisions of the Equality Act 2010.

Age

The protected characteristic of age means a person belonging to a particular age or age-group (for example, 32 years) or being within an age group (for example, 30-39 years). This covers all ages, including children and young people.

It is important that pharmaceutical services meet the needs of all ages. National data suggests that families with young children and older people are more frequent users of pharmacy services. The ageing population has implications for the future demand for all health and care services, including those provided by community pharmacies, for example there may be an increased demand for pharmaceutical services in terms of dispensing of medicines and also additional need for supporting older people living independently for longer.

Examples of where Staffordshire pharmacies are already supporting residents of all ages are:

- access to sexual health services such as emergency hormonal contraception for young people
- raising disease awareness, e.g. through a dementia awareness campaign
- supporting adults and in particular older populations through NMS in the management of long-term conditions
- treatment of minor ailments for families with young people and older people

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disabilities can have an impact on people of all ages and from all communities, and can be present from birth or acquired through accident, illness or as a consequence of ageing. Many people who are disabled may have more than one disability. Adults with

learning disabilities or dementia and are most likely to have repeat adult protection referrals, as are those in a permanent care home and those in a mental health inpatient setting.

There is no complete dataset that contains the numbers of people with disabilities. Therefore a number of measures are presented to estimate levels of disability within Staffordshire:

Census data - the 2021 Census collected information on self-reported limiting long-term illness that can be used as a proxy for overall disease and disability. Based on these data around 164,750 Staffordshire residents (19%) have a limiting long-term illness which is higher than the average in England (as would be expected given the higher number of older people).

GP disease registers - these provide the number of patients on clinical registers in general practice, which can then be used to calculate disease prevalence. The data are captured as part of the Quality and Outcomes Framework (QOF) which was introduced as part of the General Medical Services (GMS). In most cases GPs are only required to capture 80% of the population to achieve payment with some practices seeking to identify all patients who will benefit, and others stopping once the target level is achieved. The recorded number and prevalence of selected LTCs according to disease registers within general practice are: hypertension (17.4%, 156,985 patients), depression (14.2% people aged 18 and over, 100,036 patients), diabetes (8.2% people aged 17 and over, 60,801 patients), asthma (7.0%, 59,621 patients) and chronic kidney disease (4.7%, aged 18 and over, 33,992 patients).

Estimates of people with sensory impairments - Information on the number of people who have a sensory impairment at a local level is limited. Some information is available from local registers held by social care. Registration of sensory impairment is voluntary and therefore these figures do not provide a complete picture of the numbers of people in Staffordshire who have a visual or hearing impairment.

- There were 1,810 people on the blind register in Staffordshire and a further 2,275 on the partially sighted register as at 31st March 2023. Around 1,570 people were on the deaf register and a further 2,400 on the hard of hearing register as at 31st March 2019.
- Based on national prevalence surveys, it is estimated 64% live with mild sight loss, 22% with moderate sight loss and 13% with severe sight loss.
- Based on national estimates, one in three adults in the UK are deaf, have hearing loss or tinnitus, rising to 80% of those aged 70 or over.
- The proportion of people with hearing and vision impairment increases with age.

People with disabilities are however a high risk group and may require additional support in terms of services meeting their pharmaceutical needs. Some of the adjustments that pharmacies currently make include easy open containers and / or large print labels. Some pharmacies also have facilities to provide labels printed with Braille (and many original packs provided by manufacturers are now embossed with Braille). Pharmacies also need to continue to link in with carers where appropriate to enable vulnerable groups to meet their service needs.

Gender (sex)

Gender is being male or female. The wider social roles and relationships that structure men's and women's lives change over time and vary between cultures.

There are some services that are currently provided for women, e.g. EHC. National research indicates that men may be less frequent visitors of pharmacies and therefore some additional marketing may be required to ensure that men's pharmaceutical needs are met. There are currently no specific services that target men delivered in community pharmacy across Staffordshire.

Gender reassignment

Gender dysphoria is a condition in which an individual's psychological experience of themselves as a man or woman is incongruent with their external bodily sexual characteristics. The individual's physical sex is not aligned to their gender identity. Sometimes, the distress/discomfort is sufficiently intense that an individual undergoes transition from one point on a notional gender continuum to another; this is most commonly from male-to-female or female-to-male. This typically involves changes to social role and presentation and may necessitate treatment with cross-sex hormones and/or having gender-related surgery. As a national service patients may be referred to a gender identity clinic for initial assessment and treatment before potentially being referred for sex reassignment surgery, although there is no specialist centre in the West Midlands providing these services.

Protection is provided where someone has proposed, started or completed a process to change their sex and this is referred to as gender reassignment in the legislation. Reports suggest that there has been a growth in the number of people who have presented for treatment in the UK.

For the first time in 2021, voluntary questions on gender identity and sexual orientation were included in the Census. The gender identity question was voluntary and asked those aged 16 and over; "Is the gender you identify with the same as your sex registered at birth?".

This question was answered by 95.1% (690,905) of Staffordshire residents, of which:

- The majority identified with the same gender as the sex they were registered with at birth (688,500 or 99.7%).
- 0.3% (2,405) did not identify with the sex stated at birth; a lower proportion than in England (0.6%).
- The most common of these were trans man (471 or 0.07%) and trans woman (464 or 0.07%).

Pharmacies may be part of the care pathway for people who undergo gender reassignment. Their role is typically to ensure that medicines (e.g. hormone therapy) which form part of the treatment are available.

Marriage and civil partnership

Marriage is the legal union between a man and a woman, whilst civil partnership has the legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.

Protection from discrimination for being married or in a civil partnership is provided in employment and vocational training only.

Data from the 2021 Census provides information on marital and civil partnership status at a local level. Around 48% of Staffordshire's population are married (Table 24).

Table 24 Population by marital and civil partnership, 2021

	Staffordshire	England
Never married and never registered a civil partnership	238,485 (33%)	18,401,795 (38%)
Married or in a civil partnership	352,150 (48%)	21,682,570 (45%)
Separated, but still legally married or still legally in a civil partnership	15,315 (2%)	1,084,850 (2%)
Divorced or formerly in a civil partnership	69,100 (10%)	4,423,315 (10%)
Widowed or surviving partner from a civil partnership	51,160 (7%)	2,968,830 (7%)
All residents aged 16 and over	726,210 (100%)	48561360 (100%)

Source: 2021 Census, Office for National Statistics, Crown copyright

There are no pharmaceutical needs that have been identified by the PNA with respect to marriage and civil partnership.

Pregnancy and maternity

Maternity is defined as the period after giving birth. It is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding. For all areas covered by the Act, a woman is protected from unfavourable treatment because of pregnancy or because she has given birth.

There were 7,740 live births in Staffordshire in 2023. Community pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning on becoming pregnant. They are also ideally placed to provide information on antenatal care at the point of sale of pregnancy tests. They can also provide advice around diet and nutrition including vitamins.

Pharmacists also provide advice to women who are pregnant or breastfeeding about which medicines can be taken and those to avoid as they may be potentially harmful to their foetus or breast-fed baby. There are no specific services targeted at pregnant women or those within 26 weeks of giving birth.

Race and ethnicity

Race refers to a group of people defined by their colour, nationality, ethnic or national origins. A racial group can also be made up of two or more distinct racial groups.

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

The ethnic profile of Staffordshire has been described briefly in the population chapter. In terms of main language spoken, findings from the 2021 Census found that around 96.5% of Staffordshire residents stated English as their main language. Other common main languages spoken in Staffordshire were:

- Polish (0.7%)
- Romanian (0.6%)
- Panjabi (0.2%)
- Urdu (0.2%)

In those areas where there are higher proportions of people from minority ethnic groups (mainly Burton), pharmacies may need to consider how they communicate health messages effectively, and particular for those communities where English is not the first spoken language. Based on the 2021 Census data the most commonly spoken languages in East Staffordshire are Polish (2.4%), Romanian (1.4%), Urdu (1.1%) and Punjabi (0.8%).

The languages spoken by staff were collected through the community pharmacy questionnaire and shows that 27 of the 65 Staffordshire pharmacies have staff members who speak languages in addition to English. The most common languages spoken were Urdu (15 Pharmacies), Punjabi (14) and Hindi (11). In total there were 17 different languages spoken across the different pharmacies. The most language diverse districts were South Staffordshire and Lichfield with 80% of pharmacies in each area speaking languages other than English. The least language diverse district was Stafford with only 20% of pharmacies speaking languages other than English.

Religion or belief

This area includes any religious or philosophical belief and includes a lack of belief, for example Humanism and Atheism. A belief need not include faith or worship of a God or Gods but must affect how a person lives their life or perceives the world.

The 2021 Census found Christianity (54%) to be the majority religious affiliation in Staffordshire (Table 25). Over the last decade this proportion has dropped, with significant

increases in people stating they had no religious affiliation over the same time period. Muslims are the next largest group in the County (2%).

In terms of pharmaceutical needs, pharmacies should be able to provide additional medicine-related support, for example advice on whether an individual's medicines include ingredients from animals and/or during certain times of the year, e.g. during Ramadan.

Table 25 Population by religion, 2021

	Staffordshire	England
Christian	53.9% (472,050)	46.3% (26,167,900)
Buddhist	0.3% (2,490)	0.5% (262,430)
Hindu	0.4% (3,720)	1.8% (1,020,530)
Jewish	0.0% (350)	0.5% (269,280)
Muslim	1.9% (17,040)	6.7% (3,801,190)
No religion	37.2% (325,610)	36.7% (20,715,660)
Not answered	5.3% (46,480)	6.0% (3,400,550)
Other religion	0.4% (3,810)	0.6% (332,410)
Sikh	0.5% (4,560)	0.9% (520,090)
Grand Total	100.0% (876,110)	100.0% (56,490,050)

Source: 2021 Census, Office for National Statistics, Crown copyright

Sexual orientation

Sexual orientation is an umbrella term that encompasses sexual identity, attraction and behaviour.

The 2021 was the first census to ask questions on both gender identity and sexual orientation, results are were not published at the time of writing.

HM Treasury and the Department of Trade and Industry completed a survey to help the Government analyse the financial implications of the Civil Partnerships Act (such as pensions, inheritance and tax benefits). They concluded that there were 3.6 million gay people in Britain - around 6% of the total population or one in 17 people.

In the 2021 census the question on sexual orientation was voluntary and asked those aged 16 and over; “Which of the following best describes your sexual orientation?”. This question was answered by 93.9% (682,171) of Staffordshire residents, of which:

- The majority said they were ‘Straight or Heterosexual’ (655,414 or 97.5%).
- 2.5% (16,757) identified with an LGB+ orientation; a lower proportion than in England (3.4%).
- The most common LGB+ sexual orientations were gay or lesbian (8,504 or 1.2%) followed by bisexual (6,779 or 1.0%).
- The district and boroughs with the highest proportions of those with LGB+ orientations were Newcastle-under-Lyme (3.2%) and Stafford (2.7%) and the lowest Staffordshire Moorlands (1.9%) and South Staffordshire (1.8%).

The range of estimates indicate that whilst in certain groups there will be a visible community of LGBT people in the County there will also be a significant invisible community which may need to be considered by both commissioners and pharmaceutical providers. There are no pharmaceutical needs that have been identified by the PNA with respect to sexual orientation.

8. Are there any gaps in the provision of Pharmaceutical Services in Staffordshire?

Staffordshire has a resident population of 898,521 and covers a large geographical area of over 1,010 square miles. Similar to many other County areas, a major characteristic of Staffordshire is its ageing population with its population continuing to grow in both size and average age rapidly. It is a relatively affluent area but has notable pockets of high deprivation in some urban areas. However, some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

Overall people in Staffordshire are healthy, with men in Staffordshire having significantly higher life expectancy than the national average and similar for women. Trends in life expectancy show that there was a decrease between 2017-19 and 2020-22, however this trend has reversed in the most recent data. Men and women spend less time in poor health than the average at retirement age, although there remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. Uptake rates for childhood immunisation are higher than the England average. However, there has been a gradual decline in coverage across most immunisations over the last decade. Uptake of Flu vaccination in the over 65s is higher than the national average, however since 2020/21 uptake of adult Flu and vaccinations has decreased in line with national trends. Uptake of flu vaccinations in the at risk cohort is now at pre-pandemic levels and below the uptake figures for England.

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10.7% and increases significantly to 22.8% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average. Newcastle-under-Lyme and Tamworth have obesity rates in Year 6 that are higher than the England average, although the Staffordshire figure overall is similar to England. Whilst adult smoking rates overall in Staffordshire have fallen and are lower than the national average there are large numbers of our population who drink too much over the life course, eat unhealthily and remain inactive.

More people in Staffordshire report having a limiting long-term illness. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. Of particular concern are the growing numbers of people with multiple or complex conditions.

Most care will occur in primary care or community settings. However, a higher than average proportion in Staffordshire also occurs in hospital settings. Older people are higher users of social care.

Staffordshire has 166 community pharmacies, of which seven are distance-selling and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 21 per 100,000 population which is similar to the national average (20 per 100,000) but ranges between districts from 17 per 100,000 in Lichfield to 25 per 100,000 population in Staffordshire Moorlands although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton, Walsall, Dudley and Stoke-on-Trent.

The engagement survey found that local pharmacy services met the needs of respondents, with around 89% of respondents stating that their pharmacy either meets their needs a great deal or a fair amount.

There remains a gap as to the clarity of controlled localities (geographical area judged to be rural in nature by NHSE/I) and reserved locations. It is therefore proposed that NHSE/I Midlands Region undertake further mapping of controlled localities, dispensing practice areas and reserved locations. This will provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

There is good geographical coverage across the County for pharmaceutical services. There are 18 pharmacies open for a minimum of 72 hours across Staffordshire equating to around one in nine pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 72 hours during the week. Most residents have good access to a pharmacy during weekdays and Saturdays.

However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. Around one in six pharmacies are also open on Sunday, with opening times starting from around 10am and most closing by around 4pm. This is not considered to be a gap that is generating an unmet need for services.

Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However, Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

A number of pharmacies also now open on Bank Holidays. NHS England Midlands Region also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

There appears to be a gap in service provision on Sunday evenings. However, the demand for dispensing services is likely to be much lower at weekends compared to weekdays as GP surgeries are usually closed; immediate needs can also be met through alternative provision.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- At least two-fifths of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access.
- Delivery of dispensed medicines to an individual's home, (this is at the discretion of the community pharmacy as it is not commissioned).

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions (see Appendix 2:). 51% of respondents also used their pharmacy for disposal of unwanted medicines. 55% used their pharmacy for the pharmacy first service, however very few respondents used their pharmacy for lifestyle advice (5%). 56% of respondents used their pharmacy for vaccinations. In terms of other services respondents stated they would like to see at their local pharmacy weekend opening was the most reported comment.

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the NMS across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions. Although there is good provision of New Medicine Service by district this is dependent on the number of patients that start new medicines during the year.

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

An adult flu vaccination service was introduced as the fifth advanced service in September 2015.

GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require an NMS and blood pressure screening.

There are also opportunities for pharmacies to support the health, wellbeing and care needs of Staffordshire residents through locally commissioned services. In Staffordshire there are a number of services that are currently provided by pharmacies alongside other providers

helping to meet the health needs of local residents. These include provision of: hypertension case finding, pharmacy first, contraception, smoking cessation, supervised administration, needle exchange, NHS health checks and palliative care.

Provision across the County is generally matched to needs. Although there are some gaps in service. Smoking cessation is available in a lower percentage of pharmacies than other services. There is no needle exchange service in community pharmacies in South Staffordshire, although there will be access in neighbouring areas. There is also no palliative care service in community pharmacies in Newcastle-under-Lyme and there are no NHS Health Checks in community pharmacies in East Staffordshire, Lichfield, Staffordshire Moorlands or Tamworth.

NHS England Midlands region, Staffordshire County Council, and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. This could be coordinated through the ICB.

Local commissioners, providers and key stakeholders such as LPCs and LMCs should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS.

- The ICB should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

Appendix 1:

Recommendations from Community Pharmacy Clinical Services Review

Extract from Community Pharmacy Clinical Services Review undertaken by Richard Murray, Director of Policy at the King's Fund published by NHS England on 14th December 2016.

With other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well action at local level. Looking into the medium-term, there is a need to ensure that community pharmacy is integrated into the evolving new models of care alongside other primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these. Progress here will necessarily be more local in nature, built around the needs of patients and localities, however, NHS England and Public Health England can support and encourage this progress, not least to overcome some of the barriers that have to date prevented full use of community pharmacy. To make progress on these broader priorities, there are a number of specific steps national bodies can make. Action should include, but not be limited to, these steps.

Services

1. Full use should be made of the electronic repeat dispensing service. Except for patients not yet stabilised on their medication, electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.
2. The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways. This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (ERD) and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest. It should also include consideration of appropriate prescription duration to optimise outcomes and convenience for patients. Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. For these to be safe and effective they would require access to a patient's full medical record which may not be possible immediately in all situations.

The MUR service as described has now been decommissioned, and a new Essential Service (Discharge Medicines Service) has been commissioned by NHSE&I as part of the five-year Contractual Framework agreement.

3. There is now a commitment that a minor ailments scheme should be locally commissioned across England by April 2018. There is a debate over whether this needs to be a national service, or a service commissioned locally by Integrated Care Boards (ICB). Either way, NHS England should set out how it intends to deliver on this commitment and this should include testing models that use patient registration to enhance take-up, building on the experience in Scotland. While this could take place within the Vanguard programme as new care models develop, progress toward the April 2018 commitment clearly needs to happen sooner.
4. Consideration should be given to smoking cessation services becoming an element of a national contract.

New models of care

5. Existing Vanguard programs and resources should be used, in conjunction with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care. This applies to all the Vanguard types that work in community settings but should also specifically include:
 - Integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes. This should include pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing.
 - Community pharmacists being involved in case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression.
 - Utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, in order to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.

In all cases, new models of care that integrate pharmacy should involve appropriate patient engagement to ensure that both the service offer is built around patient need and that any necessary marketing with potential new users is effective. As best practice in commissioning and delivering these additional services from community pharmacy becomes clear, NHS England, Public Health England and other national partners should look to roll these out at pace, given the opportunities to use community pharmacy better and the deep challenges facing other parts of the NHS. This should include consideration of any workforce training implications for community pharmacists, pharmacy technicians and their teams.

Overcoming barriers

6. Public Health England already plans to provide advice to local government and to STPs presenting the evidence base for action. More widely, NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services now. Specifically this should look at the changes necessary to make Local Pharmaceutical Services (LPS) Contracts easier to use.
7. Digital maturity and connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team. This should include the ability for registered pharmacy professionals to see, document and share information with clinical records held by other healthcare professionals and allow the actions, recommendations and rationale for clinical interventions made by registered pharmacy professionals to be visible to the relevant wider healthcare team.
8. Regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions to allow better use of skill-mix in delivering clinical pharmacy services.
9. Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise. The leaders of the profession both at national and local level should consider what support is needed to pharmacists to build their professional confidence and break down barriers to new ways of working.
10. The Royal Pharmaceutical Society, Royal College of General Practitioners, the British Medical Association and the Pharmaceutical Services Negotiating Committee should come together to explore the practical steps that could be taken to unravel professional boundary issues and promote closer working between the professions. This would include consideration of professional responsibility and accountability, as well as how to conceptually put the patient at the centre of both professional worlds in a way that allows common objectives to be focused on patient outcomes. Initiatives involving pharmacists working in General Practice, and in some case becoming partners in those practices, should be encouraged and expanded as a way of contributing towards achieving this objective.
11. New evidence becomes available, circumstances change and new barriers can appear. Community pharmacy leaders and trade bodies across the sector, such as Pharmacy Voice, should come together with NHS England and Public Health England as a formal group to keep oversight of progress and recommend further action where necessary.

Appendix 2:

Findings from the engagement survey

An engagement survey was conducted to capture the views of Staffordshire residents on their local pharmacy services between February and March 2025. The survey comprised of 11 questions collecting both quantitative and qualitative data on people's use of their local pharmacy. The aim was to capture specific detail regarding their reasons for and frequency of using their local pharmacies, what services they made use of, how satisfied they were and what they disliked or might improve. This information would go on to inform the pharmaceutical needs assessment. The survey was carried out via an online form and disseminated to local organisations by email. Staffordshire Healthwatch and Staffordshire County Council also promoted the survey via their communications and it was available online through their websites, Facebook and X/Twitter.

Demographics (Q1, 9, 10, 11)

In total, there were 341 respondents to the survey. This analysis excluded respondents from the Stoke-on-Trent area to leave 331 respondents. Of the remaining respondents, over half lived in the Staffordshire Moorlands district. The second most common area was Stafford, followed by South Staffordshire. 13 respondents did not provide information on their district.

District	Number of respondents	Percentage
Cannock Chase	8	2%
East Staffordshire	8	2%
Lichfield	19	6%
Newcastle-under-Lyme	14	4%
South Staffordshire	30	9%
Stafford	50	15%
Staffordshire Moorlands	184	56%
Tamworth	5	2%
No response	13	4%

Over 80% respondents were female and 15% were male. The majority of respondents were of a White/White British ethnic background with only 6 respondents from an other or mixed ethnic background and 14 who did not provide this information. Nearly half of respondents belonged to the 45-64 age bracket and nearly a third to the 65-74 age bracket. The predominant demographics of respondents were White, female and middle to older age adults.

Gender	Number of respondents	Percentage
Female	269	81%
Male	51	15%
Prefer not to say	6	2%
No response	5	2%
Ethnicity	Number of respondents	Percentage
White / White British	311	94.0%
Mixed / Multiple ethnicity	5	1.5%
Other ethnic group	1	0.3%
Prefer not to say	9	2.7%
No Answer	5	1.5%

Age Group	Number of respondents	Percentage
18-24	6	2%
25-34	15	5%
35-44	36	11%
45-64	161	49%
65-74	96	29%
85 or over	4	1%
Prefer not to say	6	2%
No Answer	7	2%

Q2: On average, how often do you use your local community pharmacy?

Nearly two thirds of respondents made use of their local pharmacy on a monthly basis. Over 20% made use multiple times per year whilst over 10% made weekly use. The overall impression is that the majority of respondents are at least monthly users, likely for regular prescription collections while a small but sizeable contingent are weekly users.

Frequency	Number of respondents	Percentage
At least once a week	42	12.7%
At least once a month	199	60.1%
Several times a year	76	23.0%
Once per year	4	1.2%
Rarely	3	0.9%
Never	1	0.3%
No answer	6	1.8%

Q3: To what extent does your local community pharmacy meet your needs?

Most respondents had a positive sense of their needs being met by their local pharmacy. 51.1% responded that their needs were met “a great deal” whilst 37.8% responded with “a fair amount”. 5.7% reported that it didn’t meet their needs very much.

Response	Number of respondents	Percentage
A great deal	169	51.1%
A fair amount	125	37.8%
Not very much	19	5.7%
Don't know	2	0.6%
No Answer	6	1.8%
Other (please specify)	10	3.0%

10 respondents opted to provide a written answer in reply to the question. In 6 of these responses there was expression of dissatisfaction/desire for their pharmacy to be open on Sundays/weekends. 2 of these expressed a desire for later opening times. 3 were general positive comments. 1 response came from a wheelchair user who wished for better wheelchair accessibility. Taking the expression of negative sentiment in some of these written replies in combination with the 5.7% who responded "not very much", there are approximately 8-9% of respondents whose needs are unmet by their local pharmacy.

Q4: What services do you use at the local Community Pharmacy?

For this question, patients were presented with 17 different services and would respond via tick box selection of 4 options depending on their usage/awareness of the service. A small number of respondents left certain sections unanswered.

Reason	Response	Number of respondents	Percentage
Accessing advice and treatment for Pharmacy First conditions e.g. ear ache, impetigo, shingles, infected insect bites, sinusitis, sore throat, urinary tract infections	Use the service	183	55%
	Aware of the service but do not use	109	33%
	Not aware of the service	17	5%
	Does not apply to me	16	5%
	No Answer	6	2%
Advice on other common health conditions	Use the service	176	53%
	Aware of the service but do not use	111	34%
	Not aware of the service	22	7%

	Does not apply to me	16	5%
	No Answer	6	2%
Advice and help with understanding your prescription medicines	Use the service	177	53%
	Aware of the service but do not use	110	33%
	Not aware of the service	22	7%
	Does not apply to me	14	4%
	No Answer	8	2%
Appliance use review	Use the service	6	2%
	Aware of the service but do not use	59	18%
	Not aware of the service	29	9%
	Does not apply to me	176	53%
	No Answer	61	18%
Dispensing your medicines (collecting your prescription medicines)	Use the service	291	88%
	Aware of the service but do not use	24	7%
	Not aware of the service	2	1%
	Does not apply to me	8	2%
	No Answer	6	2%
Disposing of your unwanted prescription medicines	Use the service	168	51%
	Aware of the service but do not use	101	31%
	Not aware of the service	27	8%
	Does not apply to me	29	9%
	No Answer	6	2%

Health lifestyle advice, such as weight loss, quit smoking, exercise etc.	Use the service	16	5%
	Aware of the service but do not use	206	62%
	Not aware of the service	51	15%
	Does not apply to me	52	16%
	No Answer	6	2%
Lateral flow device (Covid-19 test) service for eligible groups	Use the service	49	15%
	Aware of the service but do not use	124	37%
	Not aware of the service	69	21%
	Does not apply to me	81	24%
	No Answer	8	2%
New medicine service (a call from your pharmacist after receiving new medicine)	Use the service	93	28%
	Aware of the service but do not use	70	21%
	Not aware of the service	123	37%
	Does not apply to me	39	12%
	No Answer	6	2%
Emergency Contraception service (the morning after pill)	Use the service	6	2%
	Aware of the service but do not use	99	30%
	Not aware of the service	12	4%
	Does not apply to me	209	63%
	No Answer	5	2%

Management and supply of oral contraceptives (the pill)	Use the service	17	5%
	Aware of the service but do not use	79	24%
	Not aware of the service	18	5%
	Does not apply to me	212	64%
	No Answer	5	2%
Purchasing over the counter medicines	Use the service	290	87.6%
	Aware of the service but do not use	28	8.5%
	Not aware of the service	1	0.3%
	Does not apply to me	5	1.5%
	No Answer	7	2.1%
Help to stop smoking	Use the service	1	0.3%
	Aware of the service but do not use	59	17.8%
	Not aware of the service	11	3.3%
	Does not apply to me	255	77.0%
	No Answer	5	1.5%
Stoma appliance customisation	Use the service	0	0%
	Aware of the service but do not use	29	9%
	Not aware of the service	30	9%
	Does not apply to me	265	80%
	No Answer	7	2%
Vaccinations, such as covid and flu vaccines	Use the service	185	56%
	Aware of the service but do not use	91	27%

	Not aware of the service	15	5%
	Does not apply to me	35	11%
	No Answer	5	2%
Other	Use the service	44	13%
	Aware of the service but do not use	25	8%
	Not aware of the service	15	5%
	Does not apply to me	111	34%
	No Answer	136	41%

- **Accessing advice and treatment for Pharmacy First conditions** – Over half (55%) of respondents were users, a third (33%) were aware but made no use
- **Advice on other common health conditions** – A similar distribution to the responses to Pharmacy First conditions
- **Advice and help with understanding your prescription medicines** - A similar distribution to the responses to Pharmacy First and other common health conditions
- **Appliance use review** – A very small percentage (2%) of users with most having no need of this service (53%) or aware non-users (18%)
- **Dispensing your medicines (collecting your prescription medicines)** – Used by the majority (88%) with a small portion of aware non-users (7%)
- **Disposing of your unwanted prescription medicines** - Over half of respondents were users (51%), a third (31%) were aware non-users
- **Health lifestyle advice, such as weight loss, quit smoking, exercise etc.** – A very small percent (5%) of users with the majority aware non-users (62%). 16% reported no need for the service, although 15% were unaware
- **Lateral flow device (Covid-19 test) service for eligible groups** – A more even distribution of responses compared to other services. Most were aware non-users or had no use. 21% were unaware and 15% were users
- **New medicine service (a call from your pharmacist after receiving new medicine)** – Most were unaware of the service. 28% were users. 21% were aware non-users
- **Emergency Contraception service (the morning after pill)** – The majority of respondents had no use (63%) or were aware non-users (30%)
- **Management and supply of oral contraceptives (the pill)** – A similar distribution to the responses to Emergency Contraception
- **Purchasing over the counter medicines** - Used by the majority (87.6%) with a small portion of aware non-users (8.5%)
- **Help to stop smoking** – Almost no users, the majority had no use (77%) or were aware non-users (17.8%)
- **Stoma appliance customisation** – Zero users, the majority had no use (80%)

- **Vaccinations, such as covid and flu vaccines** – Over half (56%) of respondents were users, close to a third (27%) were aware non-users
- **Other** – Most left this unanswered (41%) or negative (34%). 13% made use of some other service (detailed in the written response to question 6)

Q5: What other services would you like to see at your local community pharmacy?

For this question, respondents were allowed to reply with a freeform written answer, 168 (51%) opted to do so. The emergent themes from their collected responses were as follows:

- **Desire for weekend opening times (84 mentions)** – This was the most common theme in all responses with particularly frequent mention of the Leek area which apparently had a pharmacy open on Sunday until recently. Respondents from this area made mention of having to travel out of area to obtain their prescriptions on the weekend for this reason.
- **Desire for longer opening times (25 mentions)** – A significant overlap between the previous theme and this was apparent. Mentions were made either in addition to or as an alternative to weekend opening to give respondents more time in which to collect their prescriptions.
- **Satisfied with current services/no other services (26 mentions)** – No mentions of additional desire for services or expressions of general satisfaction with their current pharmacy service
- **Diagnostics (8 mentions)** – Varied desires ranging from testing for urinary infections, blood tests or blood pressure checks as an alternative to having to attend the GP for these
- **Treatments (14 combined mentions)**
 - Antibiotics (4 mentions) – as an alternative to obtaining these from the GP, desire for penicillin alternative mentioned
 - Treatment for minor ailments (3 mentions) – as an alternative to attended minor injuries unit, overlap with expressed desire for antibiotics
 - Vaccinations (2 mentions) – flu and Covid mentioned
 - Ear syringing (2 mentions)
 - Women's health (2 mentions) – support for periods, menopause and HRT
 - Nicotine replacement therapy (1 mention)
- **Prescriptions (15 combined mentions)**
 - Home prescription delivery (4 mentions)
 - Emergency prescriptions (2 mentions) – no mention of which specific medications
 - Repeat prescriptions within 48 hours (2 mentions) – for when prescriptions have not come through from their doctors
 - Texts for when prescriptions are available for collection (2 mentions)
 - Better stocked/greater choice of OTC medication (2 mentions)
 - Blister packs (1 mention)
 - Prescription dispensing records (1 mention)
 - Dermatologist prescriptions/advice (1 mention)
- **Staffing**
 - More staffing/funding for pharmacists (3 mentions)
 - More helpful/better trained staff (2 mentions)

Q6: For what reasons do you visit your community pharmacy?

For this question, patients were provided with 5 options and responded via tick box selection. They could tick as many options as applied or none. The most common reason with 93% affirmative responses was the dispensing of prescriptions. There were near equal numbers in affirmative and negative responses to obtaining health advice or treatment. Comparatively, most responses were negative to attending on NHS 111/GP advice.

Reason	Response	Number of respondents	Percentage
To have a prescription dispensed	Yes	308	93%
	No	23	7%
I was referred/advised to attend by NHS 111	Yes	33	10%
	No	298	90%
I was referred/advised to attend by my GP practice	Yes	47	14%
	No	284	86%
To get health advice or treatment	Yes	170	51%
	No	161	49%
Other (please specify)	Yes	33	10%
	No	298	90%

33 respondents selected “Other” and provided written answers. 14 of these stated purchasing OTC medication/non-prescription items as their reason for visiting the pharmacy. 12 stated they went for vaccinations, most specified Flu but some also mentioned Covid. 5 described using their pharmacy to obtain advice regarding their medications.

Q7: What if anything, do you find difficult about using services at your local community pharmacy?

A sizeable percentage (46%) of respondents reported a dissatisfaction with opening times, consistent with the responses to question 5. Comparatively few seem to have issues with distance (8%) or disabled access (2%) though this would undoubtedly have a considerable impact of the small number of those who are affected. Most respondents (79%) report no issues with stocks of medications although one fifth (21%) reported yes to this question)

Reason	Response	Number of respondents	Percentage
Opening hours	Yes	152	46%
	No	179	54%
Distance from home	Yes	27	8%
	No	304	92%
Stocks of medicines	Yes	70	21%
	No	261	79%
Difficult to access due to a disability	Yes	5	2%
	No	326	98%
No significant access issues	Yes	105	32%
	No	226	68%
Other (please specify)	Yes	21	6%
	No	310	94%

21 respondents selected “Other” and provided written answers. 10 expressed their frustration regarding slow service/Long wait times/queues. 5 described their pharmacy as being frequently busy or understaffed with overlap between these themes. 6 described annoyance over medications being out of stock or prescriptions not being supplied on time. 8 reiterated the desire for weekend and later opening times.

Q8: Do you have any other comments about your local community pharmacy?

For this question, respondents were allowed to reply with a freeform written answer, 164 (50%) opted to do so. The emergent themes from their collected responses were as follows:

- **Desire for weekend opening times (73 mentions)** – consistent with the answers to question 5. Again specific mentions to Leek were made and to the problem of having to travel out of area to obtain prescriptions on Sundays
 - **Desire for longer opening hours (3 mentions)**
- **General positive comments/no other comments (30 mentions)** – nonspecific expressions of positive sentiment
- **Staff**
 - **Positive comments about staff competence (23 mentions)** – describing staff as helpful, efficient, knowledgeable, organised, professional, informative and other descriptions of positive service
 - **Positive comments about staff service (20 mentions)** – describing staff as friendly, pleasant, approachable
 - **Busy (6 mentions)**

- **Understaffed (5 mentions)** – frequent overlap with mentions of being busy
- **Poor service/negative user experience (6 mentions)** – varied descriptions of specific individuals negative experience with their local pharmacy ranging from incorrect/delayed prescriptions to rude staff

Appendix 3

Access to Pharmacies/Dispensing GPs

Visography TRACC accessibility planning software was used to calculate the accessibility of the pharmacies by walk, public transport and by road. Visography TRACC calculates journey times based upon public transport timetable data, road network information and a range of user-defined parameters.

The results for the accessibility calculations for each mode are shown as travel time contours. The data represents the shortest travel time that can be made from each origin point to any pharmacy within the destination set. The destinations supplied were based on postcodes of the pharmacy which could have an impact on the public transport calculation as this relies on a 400m distance to access the destination, so if the postcode centroid is outside of this distance it may not show access by public transport, where in reality the exact location of the pharmacy may be within 400m walk distance of a bus stop. We have previously used a distance of 350m access with this calculation but this time a 400m access distance has been used as this aligns with our emerging Local Transport Plan (LTP).

The locations of pharmacies were provided by Staffordshire Public Health and included all pharmacies within the Staffordshire County Council area. Previously when running this calculation Pharmacies within the City of Stoke-on-Trent were included so there is a limitation on the plans as residents themselves won't recognise the boundary when choosing the pharmacy to visit.

Public Transport Accessibility: Public transport accessibility included bus and/or rail services. The timetables used were dated June 2025 and May 2025 for bus and rail, respectively. When calculating accessibility for public transport, the software considers walk time to a bus stop/station, wait time for the service, in vehicle travelling time and walk time to the destination. It also allows for interchange between services and modes such as bus and rail. The software includes a five minute interval between changes of services to model passenger acceptance of service interchange. Calculations were made for the time period 0800 to 1000 on an average Wednesday. Parameters have been set to define the maximum walk distance to access a public transport stop as 400m. Access to the bus stops is calculated on a crow-flies basis with a correctional factor to acknowledge that this is not possible. If a public transport stop cannot be reached within this distance, then a result of "no access" is returned. The maximum travel time was 60 minutes in total.

For public transport, the average speed of walking will vary between individuals (the assumption used within the analysis is a pace of 4.8km per hour).

Walk Accessibility: Walking calculations make use of the Ordnance Survey OS Highways data which includes the road network, off road footpaths and pedestrian shortcuts. Parameters have been set to define the maximum walk distance to access the walking network as 400m. If the network cannot be reached within this distance, then a result of “no access” is returned. Walking speed has been defined as 4.8kph. The maximum travel time was set at 20 minutes.

Car Accessibility: Car based calculations use the Ordnance Survey OS Highways data and use and average road speed for each road class based on average speeds from TomTom road network data extracted for the AM Peak 08:00-09:00 for a representative part of the County for April 2024 to March 2025. The maximum connection distance to the road network is 400m; if the road network cannot be reached within this distance, then a result of “no access” is returned. The maximum travel time was set at 20 minutes.

Appendix 4: Findings from the PNA consultation

Introduction to the consultation process

The Regulations set out that when making an assessment for the purposes of publishing a pharmaceutical needs assessment each Health and Wellbeing Board must consult on the contents of the assessment for a minimum period of 60 days. The statutory consultation for Staffordshire's second PNA took place between 2nd of July and the 1st of September. The Regulations set out a list of key stakeholders that must be consulted with. These are listed in Appendix A and were contacted via email or letter asking for their feedback on the content of the PNA. In addition, Staffordshire residents were also consulted to have their say on pharmaceutical services.

The consultation was made available on Staffordshire County Council's consultation website and promoted through social media channels and communications to stakeholders. Feedback was encouraged through the feedback portal which contained an electronic survey. However, feedback was also taken via email and in written form.

Findings from the PNA consultation

There were 61 responses to the online consultation survey. Most responses were from members of the public (51 responses), 3 were from local pharmacists, 2 from a local council, 1 from patient, community or voluntary organisations, 1 from a local NHS organisation and the remainder not known or representing other groups.

Do you think the PNA accurately reflects the current range of pharmacy services available to local people in Staffordshire?

12 of the respondents felt that the PNA reflected the pharmacy needs of Staffordshire residents with 9 answering "Don't know" and 39 felt that it doesn't reflect the needs of Staffordshire residents.

There were 51 comments for this question. 34 of which were in relation to weekend and out of hours services – of which 24 mention Leek in particular, with one of those mentioning Leek stating they didn't see a need for Sunday services in Leek and the other 23 feeling that Leek did require Sunday services. 4 comments felt the PNA was very comprehensive with one saying, "It is clear that a lot of thought and discussion has gone into the production of the PNA". 2 felt the report was not accessible and too long. 2 felt that there were not enough services or

those services had been “watered down”. 2 felt that although the PNA did reflect the current range of services available to local people of Staffordshire current opening hours were at risk due to “ongoing funding cuts”. 2 people had not read the PNA. 2 reported the ease with which they were able to get medication from their local pharmacy. 2 responses were specific complaints about pharmacy services. 1 response felt that the PNA had not been well publicised.

Do you think the draft PNA accurately reflects the pharmacy needs of local people in Staffordshire?

15 people felt that the draft PNA accurately reflected the pharmacy needs of the people in Staffordshire. 18 “Didn’t know” and just under half (27) felt that the draft PNA didn’t accurately reflect the needs of local people in Staffordshire.

There were 22 comments for this question. Most of these responses (12) were in relation to Sunday services in Leek with a further 7 in relation to weekend and out of hours cover in general. 2 of the responses felt the PNA did not reference the increasing role of private services offered by community pharmacies which they felt reduced pressures elsewhere in the health system and “...reflects a gap in commissioning and a need for more sustainable funding for services that pharmacies are already well-positioned to deliver”. Although this is correct, the PNA only covers contractual services and therefore private services have not been assessed. 1 comment was a specific complaint about pharmacy dispensing times.

Do you think there are any gaps in the services pharmacies currently provide to local people in Staffordshire?

47 of the 61 responses felt that there are gaps in the current services provided to the local people of Staffordshire. 7 responded “Don’t know” and 7 felt that there were no gaps.

There were 45 responses to this question. Of which 25 were in relation to Sunday services in Leek and 12 were in relation to weekend and out of hours services in general – one comment referenced the effect this had on care homes on weekends with antibiotics or end of life medications needing collection from up to “40 miles away”. 2 responses gave specific examples of key gaps they felt there were currently in Staffordshire – weight management services, Children’s flu vaccination and other services they state have been lost in the transition from the local pharmacy first model to the national model. 2 responses discussed stock issues that required them to use other pharmacies on occasions. It is understood that this is an issue at present however this is large due to wider geopolitical issues outside of the control of local pharmacies. 1 response felt space for

charity and third sector leaflets would be beneficial. 1 person felt that pharmacies are too busy because they cover too wide an area and do too many enhanced services. Another felt that pharmacies should be taking on more services to support doctors. 1 response was in relation to the cessation of routine funding for blister packs. It should be noted that blister packs have never been routinely funded and that often pharmacies would fund this out of their own budget. This has become less financially viable in recent years, however under the Equality Act 2010 patients who cannot manage their own medicines may have reasonable adjustments made such as blister packs.

Do you think there are other services that could be provided by pharmacies in the future to local people in Staffordshire?

11 people felt there were no other services that could be provided to local people in Staffordshire in the future. 26 felt there were other services that could be offered and 23 “didn’t know”.

Of the 24 comments 10 related to weekend and out of hours services with one specifically referencing Leek. 12 related to additional pharmacy first services that people felt would lighten load on GPs and A&Es. Some responses mentioned services that are already existing such as minor illness triage and antibiotics for UTIs (already existing within women 16-64). These comments have highlighted a need for an increased awareness of services currently offered under the Pharmacy first model to increase utilisation of these services and alleviate other areas of the NHS. 2 of the 12 went into greater detail with ideas to address access and availability challenges such as increased funding for Saturday opening, increased funding for medical compliance aids and prescription deliveries. They also discussed medication waste and felt that it should be mandatory for all pharmacies to accept medication waste. This is currently already the case, and it is an essential service that all pharmacies must accept patient waste, this includes distance selling pharmacies.

One comment was complimentary of their local pharmacy stating they offer many services and felt all pharmacies should do also but acknowledged they don’t know if this is the case already. One comment felt that pharmacies should help with referrals for social care help. Although direct referrals cannot be made into social care there is ongoing work looking at strengthening relationships with social prescribers and consideration is being made about how best to link community pharmacies with existing services.

Is there any other information that you would like to see included in the PNA?

Over one in three people did not feel other information should be included in the PNA with under one in three stating they didn't know and under one in three feeling that they did want additional information.

There were 15 comments for this section, 7 of which were related to Leek with 2 comments asking for specifics regarding the risks and costs of not having a weekend service in Leek or the figures of car ownership in Leek. Data relating to car ownership is included within the PNA. 2 comments were asking for a summary or a basic version with simple words/pictures. Although an executive summary is already included within the PNA, consideration will be made in future editions for simplified summaries for the public consultation. Two were generic complaints about waiting times for picking up medication. One comment requested an explanation for lack of medications in pharmacies. Another comment went into detail regarding branded generics which they felt should be discouraged or phased out due to financial implications. This reflects a wider national issue, however, the PNA does not have influence over this. They also discussed prescription duration which they felt should default to 28 days unless clear clinical need was given to reduce waste and reduce pressure on pharmacy teams. However, the responsibility over setting prescription length lies with the department of health and social care. One comment requested the criteria used to define a "gap in provision". There were no predefined criteria used to determine a gap in provision. All decisions were made by experts in the field with a deep understanding of the pharmaceutical needs of the local communities. They took into account a multitude of factors such as local need, population demographics, stock provision, commercial viability and the complex relationships that exist between these factors.

Do you have any other comments to make on the draft PNA?

There were 19 comments in this section. 14 of these comments were in relation to Sunday pharmacy services with many referencing Leek in particular. Of these many give examples of times where they personally had to travel a distance to pick up medications prescribed by A&Es or out of hours services and this could be an issue for some due to poor public transport links on Sundays. One comment felt that Sunday opening in Leek is not necessary and that getting pharmacists or pharmacy dispensers to work on Sundays would not be worthwhile. One comment referenced that the report included NHS England which is being shut down – it should be noted that this report references NHS England as the functions they provide have not yet been handed over to another service at present. One comment was a repeat of an earlier comment about routine blister pack funding being removed which has been discussed earlier.

Appendix 5: PNA Consultation Questionnaire

Consultation period

2nd July to 1st September

Consultation on the draft Pharmaceutical Needs Assessment (PNA) 2025

Have your say on local pharmacy services

The Staffordshire Health and Wellbeing Board have produced a draft Pharmaceutical Needs Assessment (PNA) that aims to help make sure all residents have good access to local pharmacy services. The PNA looks at the current provision of pharmaceutical services across Staffordshire and whether this meets the needs of the population and identifies any potential gaps to service delivery.

The last PNA was produced in 2022 and by law, all Health and Wellbeing Boards in England must publish a new PNA every three years.

The PNA will be used by NHS England to consider applications to open a new pharmacy, or to commission additional services from existing pharmacies as well as by local commissioners to identify and commission services from community pharmacies as appropriate.

We want to know what you think of the draft PNA. Your answers are important. They will help to shape the final version of the pharmaceutical needs assessment

The survey should take no more than 10-15 minutes to complete. Your answers will be treated in the strictest confidence and will be stored securely. We will not share any of your personal details.

The survey will run between 2nd July 2025 and 1st September 2025.

1. Do you think the draft PNA accurately reflects the **pharmacy needs** of local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

Please give reasons for your answer

2. Do you think the PNA accurately reflects the **current range** of pharmacy services available to local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If no, please tell us why and what additional services need to be included

3. Do you think there are any **gaps** in the services pharmacies currently provide to local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If yes, please tell us what these gaps are and where they exist

4. Do you think there are **other services** that could be provided by pharmacies in the future to local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If yes, please tell us what other services should be provided

5. Is there any **other information** that you would like to see included in the PNA? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If yes, please tell us what information you would like to see

6. Do you have any **other comments** to make on the draft PNA?

7. Which **best** describes you? *(please select one only)*

- | | | | |
|---------------------------|--------------------------|--|--------------------------|
| A member of the public | <input type="checkbox"/> | A local pharmacist | <input type="checkbox"/> |
| A dispensing practice | <input type="checkbox"/> | A non-dispensing practice | <input type="checkbox"/> |
| A local NHS organisation | <input type="checkbox"/> | A local council | <input type="checkbox"/> |
| An Elected Member / MP | <input type="checkbox"/> | A Health & Wellbeing Board | <input type="checkbox"/> |
| Healthwatch Staffordshire | <input type="checkbox"/> | A patient/community group / voluntary organisation | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

If other, please provide details

Thank you very much for taking the time to complete this survey.

Appendix 6:

Individual pharmacies by advanced service provision and district (2025)

Distance selling pharmacy

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Cannock Chase								
Bains Pharmacy, 160-162 Hednesford Road, Heath Hayes, Cannock, Staffordshire, WS12 3DZ		✓			✓			
Boots, 5 Brook Square, Rugeley, Staffordshire, WS15 2DT		✓	✓	✓	✓	✓	✓	
Boots, Unit 5, Orbital Retail Park, Voyager Drive, Cannock, Staffordshire, WS11 8XP		✓	✓	✓	✓	✓	✓	
Cornwell's Chemists, 235 Cannock Road, Chadsmoor, Cannock, Staffordshire, WS11 2DD		✓	✓		✓	✓	✓	✓
Hednesford Pharmacy, 100 Market Street, Hednesford, Hednesford, Staffordshire, WS12 1AG		✓	✓		✓	✓	✓	
Jhoots Pharmacy, Sandy Lane Health Centre, Sandy Lane, Rugeley, Staffordshire, WS15 2LB			✓	✓	✓	✓	✓	✓
Jhoots Pharmacy, Unit 2b, Victoria Street Shopping Park, Victoria Street, Hednesford, Staffordshire, WS12 1BT			✓	✓	✓	✓	✓	✓
Jhoots Pharmacy, Hednesford Valley Health Centre, Station Road, Hednesford, Staffordshire, WS12 4DH			✓	✓	✓	✓	✓	✓
Morrisons Pharmacy, Morrisons Supermarket, Market Street, Rugeley, Staffordshire, WS15 2JJ		✓	✓	✓	✓	✓	✓	
Northwood Pharmacy, Springfields Health & Wellbeing Centre, Lovett Court, Rugeley, Staffordshire, WS15 2FH		✓	✓	✓	✓	✓	✓	✓

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Northwood Pharmacy Brereton, 88 Main Road, Brereton, Rugeley, Staffordshire, WS15 1HT		✓	✓	✓	✓	✓	✓	✓
Nucare Pharmacy, 3 Hamilton Lea, Brownhills Road, Norton Canes, Cannock, WS11 3SE		✓	✓	✓	✓	✓	✓	✓
Pyramid Pharmacy, 62 Hednesford Street, Cannock, Staffordshire, WS11 1DJ		✓	✓	✓	✓	✓	✓	✓
Pyramid Pharmacy, 29 Market Hall Street, Cannock, Staffordshire, WS11 1EB		✓	✓	✓	✓	✓	✓	✓
Rawnsley Pharmacy, The Surgery, Rawnsley Road, Cannock, WS12 1JF			✓	✓	✓	✓	✓	
Rugeley Pharmacy, 11 Upper Brook Street, Rugeley, Staffordshire, WS15 2DP		✓	✓	✓	✓	✓	✓	
Tesco Instore Pharmacy, Heath Way, Cannock, Staffordshire, WS12 3YY		✓	✓	✓	✓		✓	
Tesco Instore Pharmacy, Victoria Shopping Park, Victoria Street, Hednesford, Staffordshire, WS12 1BT		✓	✓	✓	✓	✓	✓	
Well, Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock, WS11 9SE		✓	✓	✓	✓	✓	✓	✓
Well, 7 Devon Court, Bideford Way, Cannock, Staffordshire, WS11 1NP		✓	✓	✓	✓	✓	✓	✓
Well, 2 Festival Court, Pye Green Road, Hednesford, Staffordshire, WS11 5RP		✓	✓	✓	✓	✓	✓	✓
East Staffordshire								
All Saints Pharmacy, 28 All Saints Road, Burton upon Trent, Staffordshire, DE14 3LS		✓	✓	✓	✓	✓	✓	✓
Asda Pharmacy, The Octagon Centre, Orchard Street, Burton upon Trent, Staffordshire, DE14 3TN		✓	✓	✓	✓	✓	✓	
Balance Street Pharmacy, Balance Street Health Centre, Balance Street, Uttoxeter, Staffordshire, ST14 8JG		✓	✓		✓		✓	
Boots, 1 Cooper Square, Burton upon Trent, Staffordshire, DE14 1DG		✓	✓		✓	✓	✓	
Boots, 6 High Street, Uttoxeter, Staffordshire, ST14 7HT		✓	✓	✓	✓	✓	✓	

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Branston Pharmacy, Branston Medical Centre, Main Street, Burton upon Trent, Staffordshire, DE14 3EY		✓	✓	✓	✓	✓	✓	
Burton Pharmacy, 251 Branston Road, Burton upon Trent, Staffordshire, DE14 3BT		✓	✓		✓	✓	✓	✓
Carlton Pharmacy, 118 Calais Road, Burton upon Trent, Staffordshire, DE13 0UW		✓	✓	✓	✓	✓	✓	✓
Carters Pharmacy, Unit 2 , Carters Square, Uttoxeter, Staffordshire, ST14 7FN		✓	✓	✓	✓	✓	✓	✓
Dean & Smedley, 65 - 67 Horninglow Road, Burton upon Trent, Staffordshire, DE14 2PP		✓	✓		✓	✓	✓	
Dean & Smedley, 16 High Street, Tutbury, Burton upon Trent, Staffordshire, DE13 9LP		✓	✓		✓	✓	✓	✓
Dean & Smedley, Unit 1, Main Street, Stretton, Burton upon Trent, Staffordshire, DE13 0DZ		✓	✓		✓	✓	✓	✓
Dean & Smedley, 35 - 36 St Peters Street, Stapenhill, Burton upon Trent, Staffordshire, DE15 9AW		✓	✓		✓	✓	✓	✓
Morrisons Pharmacy, Morrisons Supermarket, Wellington Road, Burton upon Trent, Staffordshire, DE14 2AR		✓	✓	✓	✓	✓	✓	
Peak Pharmacy, 14 Wetmore Road, Burton upon Trent, Staffordshire, DE14 1SN		✓	✓	✓	✓	✓	✓	
Peak Pharmacy, Melbourne Avenue, Winshill, Burton upon Trent, Staffordshire, DE15 0EP		✓	✓	✓	✓	✓	✓	
Sciensus Pharma, Fifth Avenue, Centrum 100, Burton upon Trent, Staffordshire, DE14 2WS								
Tesco Instore Pharmacy, Tesco Superstore, Brookside Road, Uttoxeter, Staffordshire, ST14 8AU		✓	✓	✓	✓		✓	
Tesco Pharmacy, Tesco Superstore , St Peters Bridge, Burton upon Trent, Staffordshire, DE14 3RJ		✓	✓	✓	✓	✓	✓	
Trent Pharmacy, 171 Calais Road, Burton upon Trent, Staffordshire, DE13 0UN		✓	✓	✓	✓	✓	✓	
Waterloo Pharmacy, 172 Waterloo Street, Burton upon Trent, Staffordshire, DE14 2NQ		✓	✓	✓	✓	✓	✓	
Well, Fyfield Road, Stapenhill, Burton upon Trent, Staffordshire, DE15 9QD		✓	✓	✓	✓	✓	✓	

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Well, 52-54 Main Street, Barton under Needwood , Burton upon Trent, Staffordshire, DE13 8AA		✓	✓	✓	✓	✓	✓	✓
Lichfield								
Alrewas Pharmacy, 120A Main Street, Alrewas, Burton upon Trent, Staffordshire, DE13 7AE		✓	✓		✓	✓	✓	
Boots, Langton Medical Centre, Eastern Avenue, Lichfield, Staffordshire, WS13 7FA		✓	✓	✓	✓	✓	✓	
Boots, 67 New Armitage Road, Armitage, Rugeley, Staffordshire, WS15 4AA		✓	✓	✓	✓	✓	✓	
Boots, 4-8 Tamworth Street, Lichfield, Staffordshire, WS13 6JJ		✓	✓	✓	✓	✓	✓	
Boots, c/o Waitrose Store, Stonnyland Drive, off Sainte Foy Avenue, Lichfield, WS13 6RX		✓	✓	✓	✓	✓	✓	
Chase Terrace Pharmacy, 4 Rugeley Road, Chase Terrace, Walsall, Staffordshire, WS7 1AQ		✓	✓	✓	✓		✓	
Chasetown Pharmacy, 23 High Street, Chasetown, Staffordshire, WS7 3XE		✓	✓	✓	✓	✓	✓	✓
CrestPharmacy, 11 Coleshill Street, Fazeley, Tamworth, Staffordshire, Staffordshire, B78 3RB		✓	✓	✓	✓	✓	✓	
Day Night Pharmacy, 4 Swan Corner Shopping Precinct, Chase Road,, Burntwood, Staffordshire, WS7 0DW		✓	✓	✓	✓	✓	✓	✓
Fradley Pharmacy, Unit 6, The Stirling Centre, Tye Lane, Fradley, Lichfield, WS13 8ST		✓	✓		✓	✓	✓	
Jhoots Pharmacy, St Chads Health Centre, Dimbles Lane, Lichfield, Staffordshire, WS13 7HT		✓	✓	✓	✓	✓	✓	✓
Jhoots Pharmacy, Unit 3, Burntwood Town Shopping Centre, Chase terrace, Burntwood, Staffordshire, WS7 1JR		✓	✓	✓	✓	✓	✓	✓
M W Phillips Chemists, 33b Main Street, Shenstone, Lichfield, Staffordshire, WS14 0LZ		✓	✓	✓	✓	✓	✓	✓
N & J's Chemist, Unit 10 Morley Road, Burntwood , Walsall, Staffordshire, WS7 9AZ		✓	✓		✓		✓	
Prescription Care Services, 1c Packington Hayes, Tamworth Road, Lichfield, Staffordshire, WS14 9PN		✓	✓	✓	✓	✓	✓	✓

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Tesco Pharmacy, Tesco Superstore, Church Street, Lichfield, Staffordshire, WS13 6DZ		✓	✓	✓	✓	✓	✓	
Touchwood Pharmacy, 41 Bakers Lane, Lichfield, Staffordshire, WS13 6NG		✓	✓	✓	✓	✓	✓	
Touchwood Pharmacy, 3 Boley Park Shopping Centre, Ryknild Street, Lichfield, Staffordshire, WS14 9XU		✓	✓	✓	✓	✓	✓	
Whittington Pharmacy, 13B Main Street, Whittington , Lichfield, WS14 9JU		✓	✓	✓	✓	✓	✓	✓
Newcastle under Lyme								
Asda Pharmacy, Asda Superstore, Wolstanton Retail Park, Wolstanton, Newcastle under Lyme, ST5 0AY		✓	✓	✓	✓	✓	✓	✓
Boots, 60-62 High Street, Newcastle under Lyme, Staffordshire, ST5 1QL		✓	✓	✓	✓	✓	✓	
Bradwell Pharmacy, 111 Hanbridge Avenue, Bradwell, Newcastle-under-Lyme, Staffordshire, ST5 8HX		✓	✓	✓	✓		✓	
Butt Lane Pharmacy, 147 Congleton Road, Butt Lane, Kidsgrove, Stoke on Trent, ST7 1LL		✓	✓	✓	✓	✓	✓	
Cornwell's Chemists, 117-119 High Street, Wolstanton, Newcastle-under-Lyme, Staffordshire, ST5 0EP		✓	✓	✓	✓	✓	✓	✓
Cornwell's Chemists, 11 High Street, Newcastle under Lyme, Staffordshire, ST5 1RB		✓	✓	✓	✓	✓	✓	✓
Cornwell's Chemists, 5 The Parade, Silverdale, Staffordshire, ST5 6LQ		✓	✓	✓	✓	✓	✓	
Higherland Pharmacy, 3 Orme Road, Poolfields, Newcastle-under-Lyme, Staffordshire, ST5 2UE			✓		✓	✓	✓	
Hollywood Chemists, Kingsbridge House, Kingsbridge Avenue, Clayton, Newcastle under Lyme, ST5 3HP		✓	✓	✓	✓	✓	✓	✓
Inspire Pharmacy, Unit 18 , Croft Road Ind Estate, Newcastle-under-Lyme, Staffordshire, ST5 0TW			✓	✓	✓	✓	✓	✓
Kidsgrove Pharmacy, 42 Market Street, Kidsgrove, Stoke-on-Trent, Staffordshire, ST7 4AB		✓	✓	✓	✓	✓	✓	✓
King Street Pharmacy, 58 - 60 King Street, Newcastle, Staffordshire, ST5 1HX		✓	✓	✓	✓		✓	

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Loggerheads Pharmacy, 9 Eccleshall Road, Loggerheads, Market Drayton, Staffordshire, TF9 4NX		✓	✓	✓	✓	✓	✓	✓
Millers Pharmacy, Newcastle Road, Middle Madeley, Crewe, Shropshire, CW3 9JP		✓	✓	✓	✓	✓	✓	
Milwards Chemist, 65 Milehouse Lane, Cross Heath, Newcastle-under-Lyme, Staffordshire, ST5 9JZ		✓	✓		✓	✓	✓	✓
Morrells Pharmacy, Milehouse Primary Care Centre, Millrise Village, Lymebrook Way, Milehouse, Newcastle under Lyme, ST5 9GA		✓	✓	✓	✓		✓	
Morrisons Pharmacy, Morrisons Supermarket, Goose Street, Off Brook Lake, Newcastle under Lyme, ST5 3HY		✓	✓	✓	✓	✓	✓	
Tesco Pharmacy, Liverpool Road , Kidsgrove, Staffordshire, ST7 1DX		✓	✓	✓	✓	✓	✓	
Well, 21-23 London Road, Chesterton, Newcastle-under-Lyme, Staffordshire, ST5 7EA		✓	✓	✓	✓	✓	✓	✓
Well, Jamage Road, Talke Pits, Stoke-on-Trent, Staffordshire, ST7 1QD		✓	✓	✓	✓	✓	✓	
Well, Mount Road, Kidsgrove, Stoke-on-Trent, Staffordshire, ST7 4AY		✓	✓	✓	✓	✓	✓	✓
Well, Audley Health Centre, Church Street, Audley, Staffordshire, ST7 8DE		✓	✓	✓	✓	✓	✓	✓
Well, Unit 4, Student Building, Keele University Science Park, Newcastle-under-Lyme, Staffordshire, ST5 5BG		✓	✓	✓	✓	✓	✓	
Westbury Pharmacy, 7 The Westbury Centre, Westbury Road, Clayton, Newcastle under Lyme, ST5 4LY		✓	✓	✓	✓	✓	✓	✓
South Staffordshire								
Bilbrook Pharmacy, 8 Bilbrook Road, Codsall, Wolverhampton, Staffordshire, WV8 1EZ		✓	✓	✓	✓	✓	✓	✓
Bills Pharmacy, 29 High Street, Kinver, Stourbridge, Staffordshire, DY7 6HF		✓	✓	✓	✓	✓	✓	
Birches Bridge Pharmacy, 86 Wolverhampton Road, Codsall, Wolverhampton, Staffordshire, WV8 1PE		✓	✓		✓	✓	✓	✓

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Boots, High Street, Wombourne, Wolverhampton, Staffordshire, WV5 9DP		✓	✓	✓	✓	✓	✓	
Boots, 5 & 6 Giggetty Lane, Wombourne, Wolverhampton, Staffordshire, WV5 0AW		✓	✓	✓	✓	✓	✓	
Brewood Pharmacy, Broadgate House, 6 Market Place, Brewood, Staffordshire, ST19 9BS		✓	✓	✓	✓	✓	✓	
Codsall Pharmacy, 9 - 11 Church Road, Codsall, Wolverhampton, WV8 1EA		✓	✓	✓	✓	✓	✓	✓
Colliery Pharmacy, Colliers Way, Huntington, Cannock, Staffordshire, WS12 4UD		✓	✓		✓	✓	✓	
Cornwell's Chemists, 126 Wardles Lane, Great Wyrley, Walsall, Staffordshire, WS6 6DZ		✓	✓	✓	✓	✓	✓	✓
Coven Pharmacy, 25 Brewood Road, Coven, Wolverhampton, WV9 5BX		✓	✓	✓	✓	✓	✓	✓
Hawthorne Chemist, Essington Community Centre, Hobnock Road, Essington, Wolverhampton, West Midlands, WV11 2RF		✓	✓	✓	✓	✓	✓	
I-Meds Pharmacy, Kartar Farm, New Road, Swindon, South Staffordshire, DY3 4PP			✓	✓	✓	✓	✓	✓
Leabank house pharmacy, Leabank house, The cobles, Wheaton Aston, Staffordshire, ST19 9NB				✓		✓	✓	
Medking Pharmacy, Unit 2 Oaktree House, Oaktree Rise, Codsall, Wolverhampton, WV8 1DT		✓	✓		✓	✓	✓	✓
Millstream Pharmacy, The Avenue, Featherstone, Wolverhampton, Staffordshire, WV10 7AX		✓	✓	✓	✓		✓	
Northwood Dispensing Chemists, Pinfold Lane, Penkridge, Stafford, Staffordshire, ST19 5AP		✓	✓	✓	✓	✓	✓	✓
Pattingham Pharmacy, 1 Meadow View, High Street, Pattingham, Wolverhampton, WV6 7BD			✓	✓	✓	✓	✓	
Stevenson Chemist, 3 High Street, Cheslyn Hay, Walsall, Staffordshire, WS6 7AB		✓	✓		✓	✓	✓	
Well, 2-3 Anders Square, Perton, Wolverhampton, Staffordshire, WV6 7QH		✓	✓	✓	✓	✓	✓	

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Whitehouse Pharmacy, Market Street, Penkridge, Stafford, Staffordshire, ST19 5DH		✓	✓	✓	✓	✓	✓	✓
Wombourne Pharmacy, 45a Planks Lane, Wombourne, Wolverhampton, WV5 8DX		✓	✓	✓	✓	✓	✓	✓
Stafford								
Asda Pharmacy, Asda Superstore, Queensway, Stafford, Staffordshire, ST16 3TA		✓	✓	✓	✓	✓	✓	
Birchill & Watson Pharmacy, 16 High Street, Stone, Stafford, Staffordshire, ST15 8AW		✓	✓		✓	✓	✓	✓
Boots, Queen's Retail Park, Silkmore Lane, Stafford, ST17 4SU		✓	✓	✓	✓	✓	✓	
Boots, 10-14 Market Square, Stafford, Staffordshire, ST16 2BD		✓	✓	✓	✓	✓	✓	
Boots, 18-20 High Street, Stone, Stafford, Staffordshire, ST15 8AW		✓	✓	✓	✓	✓	✓	
Cornwell's Chemists, Holmcroft Road, Stafford, Staffordshire, ST16 1JG		✓	✓	✓	✓	✓	✓	✓
Cornwell's Chemists, 51 Bodmin Avenue, Weeping Cross, Stafford, Staffordshire, ST17 0EF		✓	✓	✓	✓	✓	✓	✓
Cornwell's Chemists, Weston Road, Stafford, Staffordshire, ST18 0BF		✓	✓	✓	✓	✓	✓	✓
Day Lewis Pharmacy, Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 0GP		✓	✓	✓	✓	✓	✓	
Eccleshall Pharmacy, 8 High Street, Eccleshall, Stafford, ST21 6BZ		✓	✓	✓	✓	✓	✓	
Haywood Pharmacy, 3 Trent Close, Great Haywood, Stafford, Staffordshire, ST18 0SS		✓	✓			✓	✓	
Jhoots Pharmacy, 9 – 10 Burton Square, Rising Brook, Stafford, ST17 9LT		✓	✓	✓	✓	✓	✓	✓
Millers Pharmacy, 8 Orchard Place, Barlaston, Stoke-on-Trent, Staffordshire, ST12 9DL		✓	✓	✓	✓	✓	✓	✓
Pyramid Pharmacy, Millbank Surgery, Millbank, Stafford, Staffordshire, ST16 2QT		✓	✓	✓	✓	✓	✓	

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Pyramid Pharmacy, 161 Marston Road, Stafford, Staffordshire, ST16 3BS		✓	✓	✓	✓	✓	✓	
Stafford Health and Wellbeing Pharmacy, Whitgreave Court, Stone Road, Stafford, ST16 3EB		✓	✓	✓	✓	✓	✓	✓
Stone Pharmacy, Mansion House Surgery, Abbey Street, Stone, Stafford, Staffordshire, ST15 8YE		✓	✓		✓	✓	✓	✓
Superdrug, 18 Greengate Street, Stafford, Staffordshire, ST16 2HS		✓	✓	✓	✓	✓	✓	✓
Tesco Instore Pharmacy, Newport Road, Stafford, Staffordshire, ST16 2HE		✓	✓	✓	✓	✓	✓	
Walton Pharmacy, 46 Eccleshall Road, Walton, Stone, Staffordshire, Staffordshire, ST15 0HN		✓	✓		✓	✓	✓	
Well, Castle Way, Newport Road, Stafford, Staffordshire, ST16 1BS		✓	✓	✓	✓	✓	✓	✓
Well, Burton Square, Rising Brook, Stafford, ST17 9LT		✓	✓	✓	✓	✓	✓	✓
West Way Pharmacy, 128 West Way, Highfields, Stafford, Staffordshire, ST17 9YF		✓	✓		✓		✓	
Weston Road Pharmacy, 65 Weston Road, Littleworth, Stafford, Staffordshire, ST16 3RL		✓	✓	✓	✓	✓	✓	
Wildwood Pharmacy, Somerfield Centre, Wildwood Gate, Cannock Road, Stafford, Staffordshire, ST17 4RA		✓	✓	✓	✓	✓	✓	✓
Wolverhampton Road Pharmacy, 112 Wolverhampton Road, Stafford, Staffordshire, ST17 4AH		✓	✓	✓	✓	✓	✓	
Staffordshire Moorlands								
Biddulph Pharmacy, 1 - 3 Tunstall Road, Biddulph, Stoke-on-Trent, Staffordshire, ST8 6HJ		✓	✓	✓	✓	✓	✓	✓
Blythe Bridge Pharmacy, 240 Uttoxeter Road, Blythe Bridge, Staffordshire, ST11 9LY		✓	✓	✓	✓	✓	✓	✓
Boots, 13 Derby Street, Leek, Staffordshire, ST13 6HT		✓	✓	✓	✓	✓	✓	
Boots, 47 High Street, Cheadle, Staffordshire, ST10 1AR		✓	✓	✓	✓	✓	✓	

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Fountain Street Pharmacy, 15 Fountain Street, Leek, Staffordshire, ST13 6JS		✓	✓	✓	✓	✓	✓	✓
J C Ratcliffe Pharmacy, 42 Ashbourne Road, Cheadle, Staffordshire, ST10 1HQ		✓	✓	✓	✓	✓	✓	✓
Leek Pharmacy, 55 Queen's Drive, Leek, Staffordshire, West Midlands, ST13 6QF		✓	✓	✓	✓	✓	✓	✓
McMullen Pharmacy, Alder House, Station Road, Endon, Stoke on Trent, ST9 9DR		✓	✓	✓	✓	✓	✓	✓
Moorlands Pharmacy, Park Medical Centre, Ball Haye Road, Leek, Staffordshire, ST13 6QR		✓	✓	✓	✓	✓	✓	✓
Ratcliffe Pharmacy, 44a High Street, Cheadle, Staffordshire, ST10 1AF		✓	✓	✓	✓	✓	✓	✓
Tea Pharmacy, 19 High Street, Tea, Staffordshire, ST10 4DY		✓	✓	✓	✓	✓	✓	
Well, 16-18 Ball Haye Street, Leek, Staffordshire, ST13 6JW		✓	✓	✓	✓	✓	✓	✓
Well, Biddulph Primary Care Centre, Wharf Road, Biddulph, Stoke on Trent, ST8 6AG		✓	✓	✓	✓	✓	✓	
Well, 62 High Street, Biddulph, Stoke-on-Trent, Staffordshire, ST8 6AS		✓	✓	✓	✓	✓	✓	✓
Well, 46-48 Derby Street, Leek, Staffordshire, ST13 5AJ		✓	✓	✓	✓	✓	✓	✓
Well, 396 New Street, Biddulph Moor, Stoke-on-Trent, Staffordshire, ST8 7LR		✓	✓	✓	✓	✓	✓	
Werrington Pharmacy, 339 Ash Bank Road, Werrington, Stoke-on-Trent, Staffordshire, ST9 0JS		✓	✓	✓	✓	✓	✓	✓
Tamworth								
Aldergate Pharmacy, Fraser House, 75 Upper Gungate, Tamworth, Staffordshire, B79 8AX					✓			
Asda Pharmacy, Asda Stores, Ventura Park, Tamworth, Staffordshire, Staffordshire, B78 3HB		✓	✓	✓	✓	✓	✓	✓
Boots, Unit A, Ventura Retail Park, Tamworth, Staffordshire, B78 3JD		✓	✓	✓	✓	✓	✓	

	Appliance Use Review	Flu Vaccination	Hypertension case-finding	Lateral Flow Device	New Medicine Service	Contraception Service	Pharmacy First	Smoking Cessation
Crest Pharmacy, 54 Albert Road, Tamworth, Staffordshire, B79 7JN		✓	✓	✓	✓	✓	✓	✓
Crest Pharmacy - Dosthill, Dosthill GP Surgery, Cadogan Road, Dosthill, Tamworth, B77 1PQ		✓	✓	✓	✓	✓	✓	✓
Crest Pharmacy - Aldergate/Peel Court, 2 Aldergate, Tamworth, Staffordshire, B79 7DJ		✓	✓	✓	✓	✓	✓	✓
Eason Pharmacy, 215a Watling Street, Wilnecote, Tamworth, Staffordshire, B77 5BB		✓	✓		✓	✓	✓	
Exley Pharmacy, Unit 4, Exley Centre, Belgrave, Tamworth, Staffordshire, B77 2LA	✓	✓	✓	✓	✓	✓	✓	✓
Magrath Pharmacy, 68 Caledonian, Glascote Heath, Tamworth, Staffordshire, B77 2ED		✓	✓		✓	✓	✓	
PCP Direct (online), Unit 13, Mercian Park, Tamworth, Staffordshire, Staffordshire, B77 4DP		✓	✓		✓	✓	✓	
Peak Pharmacy, 266 Tamworth Road, Amington, Tamworth, Staffordshire, B77 3DQ		✓	✓	✓	✓	✓	✓	
Primary Care Pharmacy, 30 Hospital Street, Tamworth, Staffordshire, B79 7EB		✓	✓		✓	✓	✓	✓
Stonydelph Pharmacy, 29 Ellerbeck, Stonydelph, Tamworth, Staffordshire, B77 4JA		✓	✓	✓	✓	✓	✓	
The Pharmacy, 146 Masfield Drive, Leyfields, Tamworth, Staffordshire, B79 8JA		✓	✓		✓	✓	✓	
Well, 1-5 Church Street, Tamworth, Staffordshire, B79 7DH		✓	✓	✓	✓	✓	✓	✓

Appendix 7:

Individual pharmacies by locally commissioned service provision and district (2025)

Distance selling pharmacy

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Cannock Chase									
Bains Pharmacy, 160-162 Hednesford Road, Heath Hayes, Cannock, Staffordshire, WS12 3DZ					✓				
Boots, 5 Brook Square, Rugeley, Staffordshire, WS15 2DT	✓		✓		✓				
Boots, Unit 5, Orbital Retail Park, Voyager Drive, Cannock, Staffordshire, WS11 8XP	✓								
Cornwell's Chemists, 235 Cannock Road, Chadsmoor, Cannock, Staffordshire, WS11 2DD	✓		✓	✓	✓		✓		
Hednesford Pharmacy, 100 Market Street, Hednesford, Hednesford, Staffordshire, WS12 1AG	✓		✓	✓					✓
Jhoots Pharmacy, Sandy Lane Health Centre, Sandy Lane, Rugeley, Staffordshire, WS15 2LB	✓	✓	✓	✓					
Jhoots Pharmacy, Unit 2b, Victoria Street Shopping Park, Victoria Street, Hednesford, Staffordshire, WS12 1BT	✓		✓	✓					
Jhoots Pharmacy, Hednesford Valley Health Centre, Station Road, Hednesford, Staffordshire, WS12 4DH	✓		✓	✓					
Morrisons Pharmacy, Morrisons Supermarket, Market Street, Rugeley, Staffordshire, WS15 2JJ	✓		✓		✓				
Northwood Pharmacy, Springfields Health & Wellbeing Centre, Lovett Court, Rugeley, Staffordshire, WS15 2FH	✓		✓	✓	✓				✓
Northwood Pharmacy Brereton, 88 Main Road, Brereton, Rugeley, Staffordshire, WS15 1HT	✓		✓	✓					

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Nucare Pharmacy, 3 Hamilton Lea, Brownhills Road, Norton Canes, Cannock, WS11 3SE	✓		✓		✓				
Pyramid Pharmacy, 62 Hednesford Street, Cannock, Staffordshire, WS11 1DJ	✓	✓	✓		✓				
Pyramid Pharmacy, 29 Market Hall Street, Cannock, Staffordshire, WS11 1EB									
Rawnsley Pharmacy, The Surgery, Rawnsley Road, Cannock, WS12 1JF			✓	✓					
Rugeley Pharmacy, 11 Upper Brook Street, Rugeley, Staffordshire, WS15 2DP	✓				✓				
Tesco Instore Pharmacy, Heath Way, Cannock, Staffordshire, WS12 3YY	✓								
Tesco Instore Pharmacy, Victoria Shopping Park, Victoria Street, Hednesford, Staffordshire, WS12 1BT					✓				
Well, Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock, WS11 9SE			✓	✓				✓	
Well, 7 Devon Court, Bideford Way, Cannock, Staffordshire, WS11 1NP	✓		✓	✓					
Well, 2 Festival Court, Pye Green Road, Hednesford, Staffordshire, WS11 5RP	✓		✓	✓					
East Staffordshire									
All Saints Pharmacy, 28 All Saints Road, Burton upon Trent, Staffordshire, DE14 3LS	✓								
Asda Pharmacy, The Octagon Centre, Orchard Street, Burton upon Trent, Staffordshire, DE14 3TN	✓		✓	✓	✓				
Balance Street Pharmacy, Balance Street Health Centre, Balance Street, Uttoxeter, Staffordshire, ST14 8JG	✓		✓	✓	✓				✓
Boots, 1 Cooper Square, Burton upon Trent, Staffordshire, DE14 1DG	✓		✓		✓				
Boots, 6 High Street, Uttoxeter, Staffordshire, ST14 7HT	✓		✓						
Branston Pharmacy, Branston Medical Centre, Main Street, Burton upon Trent, Staffordshire, DE14 3EY	✓								

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Burton Pharmacy, 251 Branston Road, Burton upon Trent, Staffordshire, DE14 3BT	✓		✓	✓		✓			
Carlton Pharmacy, 118 Calais Road, Burton upon Trent, Staffordshire, DE13 0UW	✓	✓	✓	✓	✓			✓	
Carters Pharmacy, Unit 2 , Carters Square, Uttoxeter, Staffordshire, ST14 7FN	✓	✓			✓				
Dean & Smedley, 65 - 67 Horninglow Road, Burton upon Trent, Staffordshire, DE14 2PP	✓		✓	✓	✓				✓
Dean & Smedley, 16 High Street, Tutbury, Burton upon Trent, Staffordshire, DE13 9LP	✓		✓	✓	✓			✓	
Dean & Smedley, Unit 1, Main Street, Stretton, Burton upon Trent, Staffordshire, DE13 0DZ	✓		✓	✓	✓				
Dean & Smedley, 35 - 36 St Peters Street, Stapenhill, Burton upon Trent, Staffordshire, DE15 9AW	✓		✓	✓	✓				
Morrisons Pharmacy, Morrisons Supermarket, Wellington Road, Burton upon Trent, Staffordshire, DE14 2AR	✓		✓						
Peak Pharmacy, 14 Wetmore Road, Burton upon Trent, Staffordshire, DE14 1SN	✓		✓	✓					
Peak Pharmacy, Melbourne Avenue, Winhill, Burton upon Trent, Staffordshire, DE15 0EP	✓		✓	✓	✓				
Sciensus Pharma, Fifth Avenue, Centrum 100, Burton upon Trent, Staffordshire, DE14 2WS									
Tesco Instore Pharmacy, Tesco Superstore, Brookside Road, Uttoxeter, Staffordshire, ST14 8AU	✓				✓				
Tesco Pharmacy, Tesco Superstore , St Peters Bridge, Burton upon Trent, Staffordshire, DE14 3RJ	✓								
Trent Pharmacy, 171 Calais Road, Burton upon Trent, Staffordshire, DE13 0UN	✓	✓	✓	✓					
Waterloo Pharmacy, 172 Waterloo Street, Burton upon Trent, Staffordshire, DE14 2NQ	✓								
Well, Fyfield Road, Stapenhill, Burton upon Trent, Staffordshire, DE15 9QD	✓		✓	✓					
Well, 52-54 Main Street, Barton under Needwood , Burton upon Trent, Staffordshire, DE13 8AA	✓		✓	✓	✓				

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Lichfield									
Alrewas Pharmacy, 120A Main Street, Alrewas, Burton upon Trent, Staffordshire, DE13 7AE			✓						
Boots, Langton Medical Centre, Eastern Avenue, Lichfield, Staffordshire, WS13 7FA	✓		✓						
Boots, 67 New Armitage Road, Armitage, Rugeley, Staffordshire, WS15 4AA	✓		✓						
Boots, 4-8 Tamworth Street, Lichfield, Staffordshire, WS13 6JJ	✓		✓		✓				
Boots, c/o Waitrose Store, Stonnyland Drive, off Sainte Foy Avenue, Lichfield, WS13 6RX	✓								
Chase Terrace Pharmacy, 4 Rugeley Road, Chase Terrace, Walsall, Staffordshire, WS7 1AQ					✓				
Chasetown Pharmacy, 23 High Street, Chasetown, Staffordshire, WS7 3XE	✓	✓	✓	✓	✓				✓
CrestPharmacy, 11 Coleshill Street, Fazeley, Tamworth, Staffordshire, Staffordshire, B78 3RB	✓		✓	✓					
Day Night Pharmacy, 4 Swan Corner Shopping Precinct, Chase Road,, Burntwood, Staffordshire, WS7 0DW	✓								
Fradley Pharmacy, Unit 6, The Stirling Centre, Tye Lane, Fradley, Lichfield, WS13 8ST	✓							✓	
Jhoots Pharmacy, St Chads Health Centre, Dimbles Lane, Lichfield, Staffordshire, WS13 7HT	✓		✓	✓					
Jhoots Pharmacy, Unit 3, Burntwood Town Shopping Centre, Chase terrace, Burntwood, Staffordshire, WS7 1JR	✓		✓	✓					
M W Phillips Chemists, 33b Main Street, Shenstone, Lichfield, Staffordshire, WS14 0LZ									
N & J's Chemist, Unit 10 Morley Road, Burntwood , Walsall, Staffordshire, WS7 9AZ					✓				
Prescription Care Services, 1c Packington Hayes, Tamworth Road, Lichfield, Staffordshire, WS14 9PN									
Tesco Pharmacy, Tesco Superstore, Church Street, Lichfield, Staffordshire, WS13 6DZ	✓				✓				

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Touchwood Pharmacy, 41 Bakers Lane, Lichfield, Staffordshire, WS13 6NG	✓	✓							
Touchwood Pharmacy, 3 Boley Park Shopping Centre, Ryknild Street, Lichfield, Staffordshire, WS14 9XU	✓								
Whittington Pharmacy, 13B Main Street, Whittington , Lichfield, WS14 9JU			✓	✓					
Newcastle under Lyme									
Asda Pharmacy, Asda Superstore, Wolstanton Retail Park, Wolstanton, Newcastle under Lyme, ST5 0AY			✓	✓					
Boots, 60-62 High Street, Newcastle under Lyme, Staffordshire, ST5 1QL	✓		✓		✓				
Bradwell Pharmacy, 111 Hanbridge Avenue, Bradwell, Newcastle-under-Lyme, Staffordshire, ST5 8HX	✓		✓	✓	✓				
Butt Lane Pharmacy, 147 Congleton Road, Butt Lane, Kidsgrove, Stoke on Trent, ST7 1LL	✓	✓							
Cornwell's Chemists, 117-119 High Street, Wolstanton, Newcastle-under-Lyme, Staffordshire, ST5 0EP	✓		✓	✓		✓	✓		
Cornwell's Chemists, 11 High Street, Newcastle under Lyme, Staffordshire, ST5 1RB	✓	✓	✓	✓	✓				
Cornwell's Chemists, 5 The Parade, Silverdale, Staffordshire, ST5 6LQ	✓	✓	✓	✓	✓		✓		
Higherland Pharmacy, 3 Orme Road, Poolfields, Newcastle-under-Lyme, Staffordshire, ST5 2UE									
Hollowood Chemists, Kingsbridge House, Kingsbridge Avenue, Clayton, Newcastle under Lyme, ST5 3HP	✓								
Inspire Pharmacy, Unit 18 , Croft Road Ind Estate, Newcastle-under-Lyme, Staffordshire, ST5 0TW									
Kidsgrove Pharmacy, 42 Market Street, Kidsgrove, Stoke-on-Trent, Staffordshire, ST7 4AB	✓								
King Street Pharmacy, 58 - 60 King Street, Newcastle, Staffordshire, ST5 1HX	✓	✓							
Loggerheads Pharmacy, 9 Eccleshall Road, Loggerheads, Market Drayton, Staffordshire, TF9 4NX			✓						

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Millers Pharmacy, Newcastle Road, Middle Madeley, Crewe, Shropshire, CW3 9JP	✓		✓	✓					
Milwards Chemist, 65 Milehouse Lane, Cross Heath, Newcastle-under-Lyme, Staffordshire, ST5 9JZ	✓		✓	✓	✓				
Morrells Pharmacy, Milehouse Primary Care Centre, Millrise Village, Lymebrook Way, Milehouse, Newcastle under Lyme, ST5 9GA	✓								
Morrisons Pharmacy, Morrisons Supermarket, Goose Street, Off Brook Lake, Newcastle under Lyme, ST5 3HY			✓	✓	✓				
Tesco Pharmacy, Liverpool Road , Kidsgrove, Staffordshire, ST7 1DX									
Well, 21-23 London Road, Chesterton, Newcastle-under-Lyme, Staffordshire, ST5 7EA	✓		✓	✓	✓				
Well, Jamage Road, Talke Pits, Stoke-on-Trent, Staffordshire, ST7 1QD			✓	✓					
Well, Mount Road, Kidsgrove, Stoke-on-Trent, Staffordshire, ST7 4AY	✓		✓	✓					
Well, Audley Health Centre, Church Street, Audley, Staffordshire, ST7 8DE	✓		✓	✓					
Well, Unit 4, Student Building, Keele University Science Park, Newcastle-under-Lyme, Staffordshire, ST5 5BG			✓	✓					
Westbury Pharmacy, 7 The Westbury Centre, Westbury Road, Clayton, Newcastle under Lyme, ST5 4LY	✓								
South Staffordshire									
Bilbrook Pharmacy, 8 Bilbrook Road, Codsall, Wolverhampton, Staffordshire, WV8 1EZ	✓		✓	✓					
Bills Pharmacy, 29 High Street, Kinver, Stourbridge, Staffordshire, DY7 6HF			✓	✓					✓
Birches Bridge Pharmacy, 86 Wolverhampton Road, Codsall, Wolverhampton, Staffordshire, WV8 1PE			✓	✓					
Boots, High Street, Wombourne, Wolverhampton, Staffordshire, WV5 9DP			✓						

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Boots, 5 & 6 Giggetty Lane, Wombourne, Wolverhampton, Staffordshire, WV5 0AW	✓		✓						
Brewood Pharmacy, Broadgate House, 6 Market Place, Brewood, Staffordshire, ST19 9BS	✓								
Codsall Pharmacy, 9 - 11 Church Road, Codsall, Wolverhampton, WV8 1EA			✓	✓					
Colliery Pharmacy, Colliers Way, Huntington, Cannock, Staffordshire, WS12 4UD	✓		✓	✓					
Cornwell's Chemists, 126 Wardles Lane, Great Wyrley, Walsall, Staffordshire, WS6 6DZ	✓		✓	✓			✓		
Coven Pharmacy, 25 Brewood Road, Coven, Wolverhampton, WV9 5BX									
Hawthorne Chemist, Essington Community Centre, Hobnock Road, Essington, Wolverhampton, West Midlands, WV11 2RF	✓		✓	✓					
I-Meds Pharmacy, Kartar Farm, New Road, Swindon, South Staffordshire, DY3 4PP									
Leabank house pharmacy, Leabank house, The cobles, Wheaton Aston, Staffordshire, ST19 9NB	✓								
Medking Pharmacy, Unit 2 Oaktree House, Oaktree Rise, Codsall, Wolverhampton, WV8 1DT									
Millstream Pharmacy, The Avenue, Featherstone, Wolverhampton, Staffordshire, WV10 7AX	✓								
Northwood Dispensing Chemists, Pinfold Lane, Penkridge, Stafford, Staffordshire, ST19 5AP	✓		✓	✓		✓			✓
Pattingham Pharmacy, 1 Meadow View, High Street, Pattingham, Wolverhampton, WV6 7BD									
Stevenson Chemist, 3 High Street, Cheslyn Hay, Walsall, Staffordshire, WS6 7AB			✓	✓	✓				
Well, 2-3 Anders Square, Perton, Wolverhampton, Staffordshire, WV6 7QH	✓								
Whitehouse Pharmacy, Market Street, Penkridge, Stafford, Staffordshire, ST19 5DH	✓		✓	✓		✓			

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Wombourne Pharmacy, 45a Planks Lane, Wombourne, Wolverhampton, WV5 8DX			✓					✓	
Stafford									
Asda Pharmacy, Asda Superstore, Queensway, Stafford, Staffordshire, ST16 3TA	✓		✓	✓					
Birchill & Watson Pharmacy, 16 High Street, Stone, Stafford, Staffordshire, ST15 8AW			✓	✓	✓				
Boots, Queen's Retail Park, Silkmore Lane, Stafford, ST17 4SU	✓		✓		✓				
Boots, 10-14 Market Square, Stafford, Staffordshire, ST16 2BD	✓		✓		✓				
Boots, 18-20 High Street, Stone, Stafford, Staffordshire, ST15 8AW	✓		✓		✓				
Cornwell's Chemists, Holmcroft Road, Stafford, Staffordshire, ST16 1JG	✓	✓	✓	✓			✓		✓
Cornwell's Chemists, 51 Bodmin Avenue, Weeping Cross, Stafford, Staffordshire, ST17 0EF	✓	✓	✓	✓			✓		
Cornwell's Chemists, Weston Road, Stafford, Staffordshire, ST18 0BF	✓	✓	✓	✓	✓		✓		
Day Lewis Pharmacy, Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 0GP	✓								
Eccleshall Pharmacy, 8 High Street, Eccleshall, Stafford, ST21 6BZ	✓		✓	✓	✓				✓
Haywood Pharmacy, 3 Trent Close, Great Haywood, Stafford, Staffordshire, ST18 0SS	✓		✓						
Jhoots Pharmacy, 9 – 10 Burton Square, Rising Brook, Stafford, ST17 9LT	✓		✓	✓					
Millers Pharmacy, 8 Orchard Place, Barlaston, Stoke-on-Trent, Staffordshire, ST12 9DL	✓		✓	✓					
Pyramid Pharmacy, Millbank Surgery, Millbank, Stafford, Staffordshire, ST16 2QT	✓		✓	✓					
Pyramid Pharmacy, 161 Marston Road, Stafford, Staffordshire, ST16 3BS	✓		✓	✓					

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Stafford Health and Wellbeing Pharmacy, Whitgreave Court, Stone Road, Stafford, ST16 3EB	✓	✓	✓	✓	✓				
Stone Pharmacy, Mansion House Surgery, Abbey Street, Stone, Stafford, Staffordshire, ST15 8YE	✓	✓	✓	✓	✓	✓		✓	
Superdrug, 18 Greengate Street, Stafford, Staffordshire, ST16 2HS	✓				✓				
Tesco Instore Pharmacy, Newport Road, Stafford, Staffordshire, ST16 2HE	✓								
Walton Pharmacy, 46 Eccleshall Road, Walton, Stone, Staffordshire, Staffordshire, ST15 0HN	✓		✓	✓					
Well, Castle Way, Newport Road, Stafford, Staffordshire, ST16 1BS			✓	✓					
Well, Burton Square, Rising Brook, Stafford, ST17 9LT	✓		✓	✓	✓				
West Way Pharmacy, 128 West Way, Highfields, Stafford, Staffordshire, ST17 9YF	✓								
Weston Road Pharmacy, 65 Weston Road, Littleworth, Stafford, Staffordshire, ST16 3RL	✓				✓				
Wildwood Pharmacy, Somerfield Centre, Wildwood Gate, Cannock Road, Stafford, Staffordshire, ST17 4RA	✓								
Wolverhampton Road Pharmacy, 112 Wolverhampton Road, Stafford, Staffordshire, ST17 4AH	✓								
Staffordshire Moorlands									
Biddulph Pharmacy, 1 - 3 Tunstall Road, Biddulph, Stoke-on-Trent, Staffordshire, ST8 6HJ	✓	✓	✓	✓					
Blythe Bridge Pharmacy, 240 Uttoxeter Road, Blythe Bridge, Staffordshire, ST11 9LY	✓		✓	✓					
Boots, 13 Derby Street, Leek, Staffordshire, ST13 6HT	✓								
Boots, 47 High Street, Cheadle, Staffordshire, ST10 1AR	✓		✓						
Fountain Street Pharmacy, 15 Fountain Street, Leek, Staffordshire, ST13 6JS	✓	✓	✓	✓					

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
J C Ratcliffe Pharmacy, 42 Ashbourne Road, Cheadle, Staffordshire, ST10 1HQ	✓		✓	✓					
Leek Pharmacy, 55 Queen's Drive, Leek, Staffordshire, West Midlands, ST13 6QF	✓		✓	✓					
McMullen Pharmacy, Alder House, Station Road, Endon, Stoke on Trent, ST9 9DR									
Moorlands Pharmacy, Park Medical Centre, Ball Haye Road, Leek, Staffordshire, ST13 6QR	✓		✓	✓					
Ratcliffe Pharmacy, 44a High Street, Cheadle, Staffordshire, ST10 1AF	✓		✓	✓		✓			
Tean Pharmacy, 19 High Street, Tean, Staffordshire, ST10 4DY	✓		✓	✓					
Well, 16-18 Ball Haye Street, Leek, Staffordshire, ST13 6JW			✓	✓					✓
Well, Biddulph Primary Care Centre, Wharf Road, Biddulph, Stoke on Trent, ST8 6AG	✓		✓	✓					
Well, 62 High Street, Biddulph, Stoke-on-Trent, Staffordshire, ST8 6AS	✓		✓	✓					
Well, 46-48 Derby Street, Leek, Staffordshire, ST13 5AJ			✓	✓					
Well, 396 New Street, Biddulph Moor, Stoke-on-Trent, Staffordshire, ST8 7LR			✓	✓					
Werrington Pharmacy, 339 Ash Bank Road, Werrington, Stoke-on-Trent, Staffordshire, ST9 0JS			✓	✓					✓
Tamworth									
Aldergate Pharmacy, Fraser House, 75 Upper Gungate, Tamworth, Staffordshire, B79 8AX									
Asda Pharmacy, Asda Stores, Ventura Park, Tamworth, Staffordshire, Staffordshire, B78 3HB	✓		✓	✓	✓				
Boots, Unit A, Ventura Retail Park, Tamworth, Staffordshire, B78 3JD	✓		✓						
Crest Pharmacy, 54 Albert Road, Tamworth, Staffordshire, B79 7JN	✓		✓	✓					

	Supervised Consumption	Needle Exchange	EHC	STI testing	C-Card	Stop smoking support	NHS Health checks	Palliative care Tier 1	Palliative care Tier 2
Crest Pharmacy - Dosthill, Dosthill GP Surgery, Cadogan Road, Dosthill, Tamworth, B77 1PQ	✓		✓	✓				✓	
CrestPharmacy - Aldergate/Peel Court, 2 Aldergate, Tamworth, Staffordshire, B79 7DJ	✓		✓	✓					
Eason Pharmacy, 215a Watling Street, Wilnecote , Tamworth, Staffordshire, B77 5BB	✓	✓	✓	✓	✓				
Exley Pharmacy, Unit 4, Exley Centre, Belgrave, Tamworth, Staffordshire, B77 2LA	✓	✓	✓	✓	✓			✓	
Magrath Pharmacy, 68 Caledonian, Glascote Heath, Tamworth, Staffordshire, B77 2ED	✓		✓	✓	✓				
PCP Direct (online), Unit 13 , Mercian Park, Tamworth, Staffordshire, Staffordshire, B77 4DP									
Peak Pharmacy, 266 Tamworth Road, Amington , Tamworth, Staffordshire, B77 3DQ	✓	✓	✓	✓	✓				
Primary Care Pharmacy, 30 Hospital Street, Tamworth , Staffordshire, B79 7EB	✓	✓	✓	✓	✓				
Stonydelph Pharmacy, 29 Ellerbeck, Stonydelph, Tamworth, Staffordshire, B77 4JA	✓								
The Pharmacy, 146 Masefield Drive, Leyfields, Tamworth, Staffordshire, B79 8JA	✓				✓				
Well, 1-5 Church Street, Tamworth, Staffordshire, B79 7DH			✓	✓					