

Pharmaceutical Needs Assessment for Staffordshire

September 2022



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Document details

Working group	Amin Mitha, Acting Deputy Director of Primary Care - Medicines Optimisation, Staffordshire and Stoke on Trent ICB Matthew Bentley, Public Health Analyst, Staffordshire County Council Tania Cork, Chief Officer, North Staffordshire Local Pharmaceutical Committee (LPC) Emma Sandbach, Consultant in Public Health, Staffordshire County Council Andrew Pickard, Pharmacy Advisor, NHS England North Midlands Peter Prokopa, Chief Officer, South Staffordshire LPC Health Watch Representatives
Produced by	Strategy Team Staffordshire County Council
Contacts	Emma Sandbach, Consultant in Public Health Email: emma.sandbach@staffordshire.gov.uk Matthew Bentley, Senior Researcher Email: matthew.bentley@staffordshire.gov.uk

This document was revised after the consultation period to include responses and feedback.

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 third comprehensive PNA for Staffordshire.

What is the population of Staffordshire like?

Staffordshire has a resident population of 867,100 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 significantly younger population 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 almost one in five 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, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Overall healthy life expectancy at birth has remained similar over the five years until the end of March 2020. However, women spend more time in poor health than the average at retirement age and 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. Childhood immunisation rates and coverage of screening programmes in Staffordshire are generally better than average. However fewer Staffordshire adults who are eligible take up their offer of an NHS health check and a lower proportion of people classed as at risk take up their offer of a flu vaccination than average. The Covid19 immunisation programme was successfully rolled out across Staffordshire, with higher uptake of first, second and booster vaccinations than the England average.

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% and increases significantly to 20% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average in Newcastle-under-Lyme and East Staffordshire. Newcastle-under-Lyme has obesity rates in Year 6 that are higher than the England average. Whilst adult smoking rates overall in Staffordshire have fallen 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. Admission rates in Staffordshire for acute conditions that could be managed

effectively in primary care or outpatient settings are increasing more rapidly than average. In addition those that are admitted to hospital are often delayed from being discharged.

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 9% of respondents used their pharmacy weekly and a further 68% monthly.

Staffordshire has 174 community pharmacies, of which six 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 22 per 100,000 population which is similar to the national average (22 per 100,000) but ranges between districts from 19 per 100,000 in South Staffordshire to 25 per 100,000 population in East Staffordshire and 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.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors.

The engagement survey found that local pharmacy services met the needs of respondents, with around 88% 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 currently 16 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week.

Around three quarters of pharmacies are also open on Saturdays, although about half close around lunchtime (Midday or 1pm), around a quarter close between 4pm and 6pm and around one in seven are open until at least 10pm. 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. 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. 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:

- Antenatal and postnatal support to pregnant women and mothers
- 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

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. 40% of respondents also used their pharmacy for disposal of unwanted medicines. 51% used their pharmacy for health advice, however very few respondents used their pharmacy for lifestyle advice (9%). Around 16% of respondents would like pharmacies to maintain their current level of services with small proportions wanting to see the introduction of basic testing such as blood pressure measurements, blood tests and holiday vaccinations (7%) and ENT services (8%).

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.

Provision of NMS varies by district and pharmacy although 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. The number of vaccinations given by community pharmacists in Staffordshire had steadily been increasing year on year before the covid-19 pandemic, from 18,700 in 2017/18 to 25,600 in 2019/20. During the Covid-19 pandemic members of the public were urged to get a flu vaccination and the eligibility of the Flu vaccination was expanded. Pharmacies increase the number of vaccines they delivered to ease the pressure on Health services. During the autumn and winter of 2020/21 Staffordshire pharmacies delivered 49,000 vaccinations, increasing further to 84,900 during 2021/22.

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.

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: common ailment service, emergency supply of medication, treatment of urinary tract infections and impetigo, emergency hormonal contraception, 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.

1 Introduction

1.1 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 2018 and due to the Covid-19 pandemic publication of this PNA was delayed by a year and a half. The HWBB is also required to keep up-to-date a map of provision of NHS pharmaceutical services within its area through supplementary statements which Staffordshire last did in December 2020.

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

1.2 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.

1.3 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 for community pharmacists, flu vaccination service, Community Pharmacist Consultation Service, hepatitis C testing service, smoking cessation service, hypertension case-finding service and during the pandemic until the 31st of March 2022 the C-19 LFD distribution 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***.

1.4 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, NHSE/I Midlands Region, the Local Pharmaceutical Committees (LPC) for North Staffordshire and South Staffordshire, the Local Professional Network (LPN) for pharmacies and members from local Clinical Commissioning Groups.

The PNA process included:

- **Engagement** with the public, through a survey run by Healthwatch and through an online survey of pharmacy contractors using PharmOutcomes, 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
- Production of the PNA for Staffordshire and **sign-off by the HWBB** for publication by 1 October 2022.

Figure 1: The role of the JSNA in the commissioning cycle



1.5 Definition of localities for the PNA

Staffordshire has a resident population of 867,100 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.

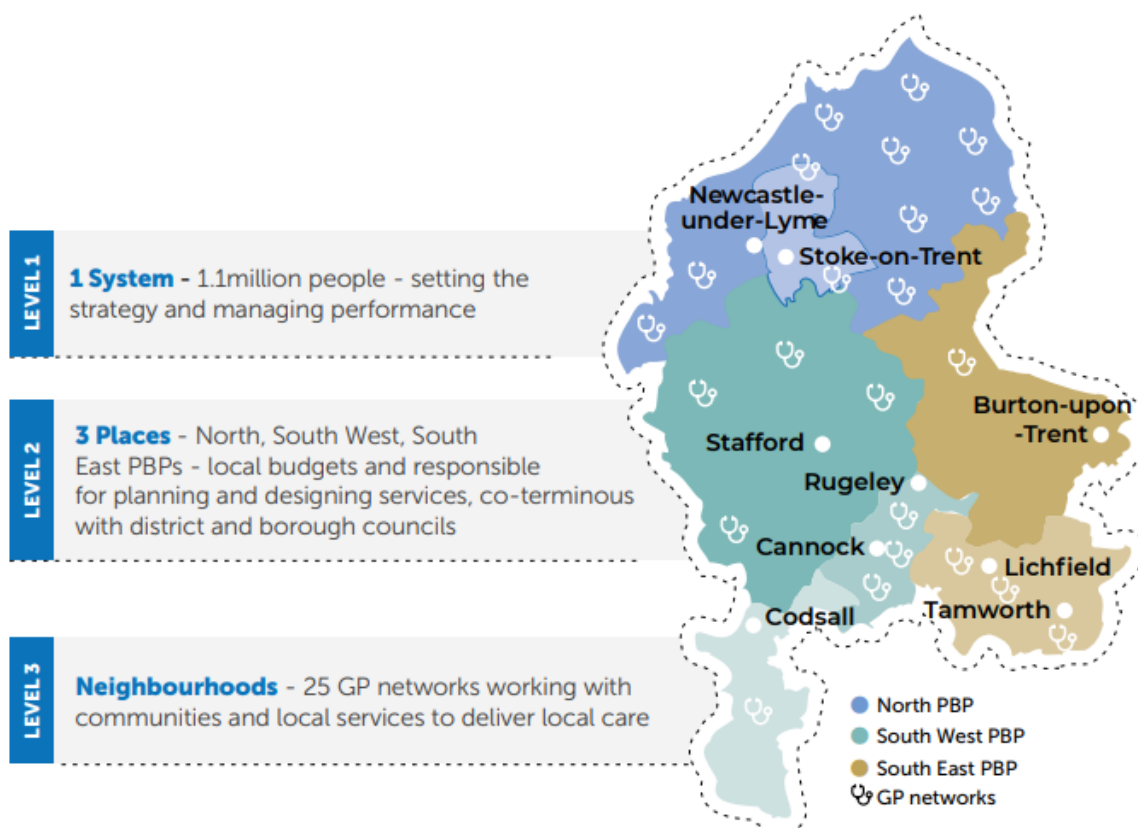
The PNA for Staffordshire will use its eight district areas in the main to assess needs; this is in line with the disaggregation of intelligence within the Joint Strategic Needs Assessment (JSNA) and endorsement of recommendations by the HWBB in July 2014 of '*Achieving strategic outcomes through locality-based delivery*'.

1.6 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. NHS England and Improvement remain responsible for the commissioning of pharmaceutical services until April 2023 when this will be delegated to the ICB. The local ICB covers Staffordshire and Stoke-on-Trent and details how current demographic changes, increasing health needs and financial constraint challenges will be tackled, including:

- An increase in services delivered in the community through two place-based partnerships (Staffordshire and Stoke-on-Trent) and 23 Primary Care Networks working with communities and local services to deliver local care.
- Encouraging more people to live healthily and avoid illness, and when they are ill to provide them with the tools and technology to help manage their own conditions.

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 the table below:

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

Strategic Transformation Priorities			
Medicines Optimisation Harmonised governance arrangements & new medicines approval process Medicines safety Greener NHS Agenda Best Value Medicines Patient and public engagement CP Quality Framework	Workforce Development ICS Workforce plan Clinical Leadership Link with HEE – Foundation & Post Foundation training; cross sector working opportunities Mental Health and Learning Disabilities Portfolio Careers and partnership working Clinical pharmacy and career development Contingency planning Communication strategy	Interface Working Collaborative working System wide research/evaluation Strategic working COVID and Influenza Vaccination programme <u>nMABs</u> for COVID-19	Digital Medicines and IT Infrastructure Discharge Medicines Service SCR, ICR, EPMA OPD Medicines Supply Remote consultations Interoperability

1.7 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.

1.8 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 5th July to the 5th September. The consultation questions and a summary of the results can be found in (Appendix 4). There were no major changes to the PNA as a result of the consultation, however smaller changes and points of accuracy have been made.

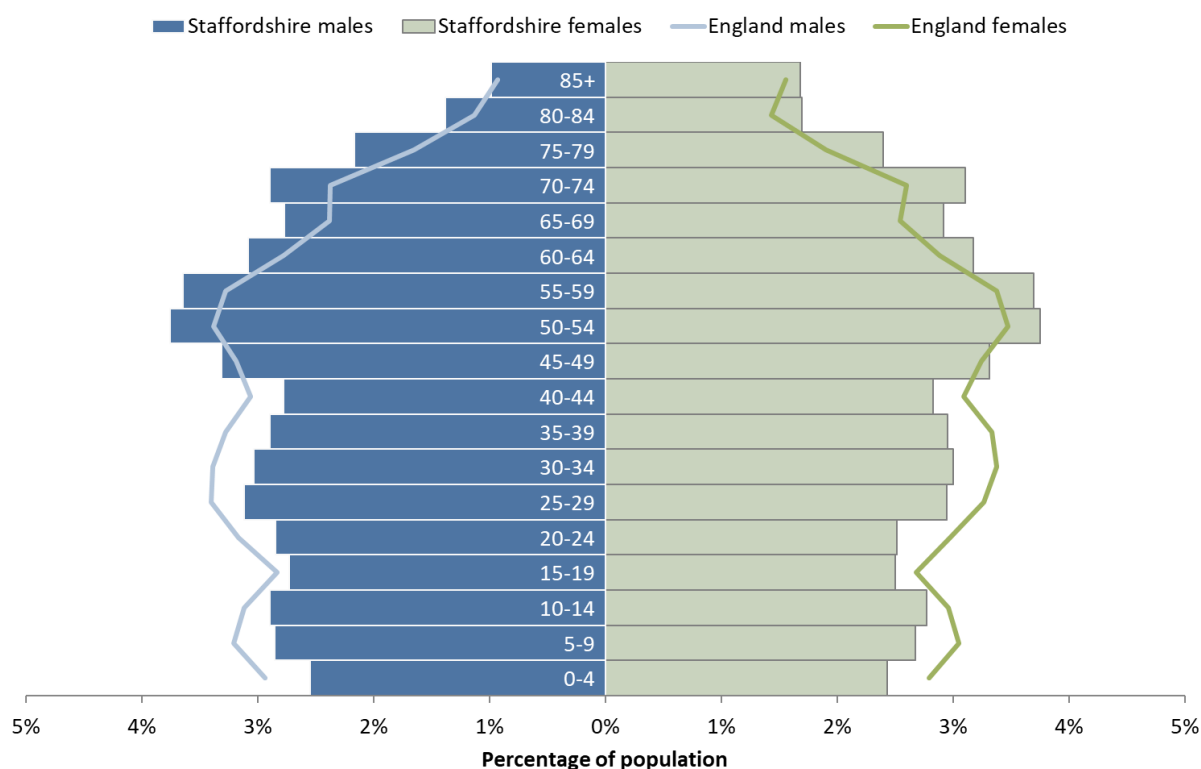
2 What is the population of Staffordshire like?

2.1 Population structure

Staffordshire has a resident population of 883,200 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 Cannock Chase, East Staffordshire and Tamworth to 25% in Staffordshire Moorlands (Figure 4). East Staffordshire has a significantly younger population than the national average.

Figure 3: Population structure of Staffordshire compared with England, 2020



Source: 2020 mid-year population estimates, Office for National Statistics, Crown copyright

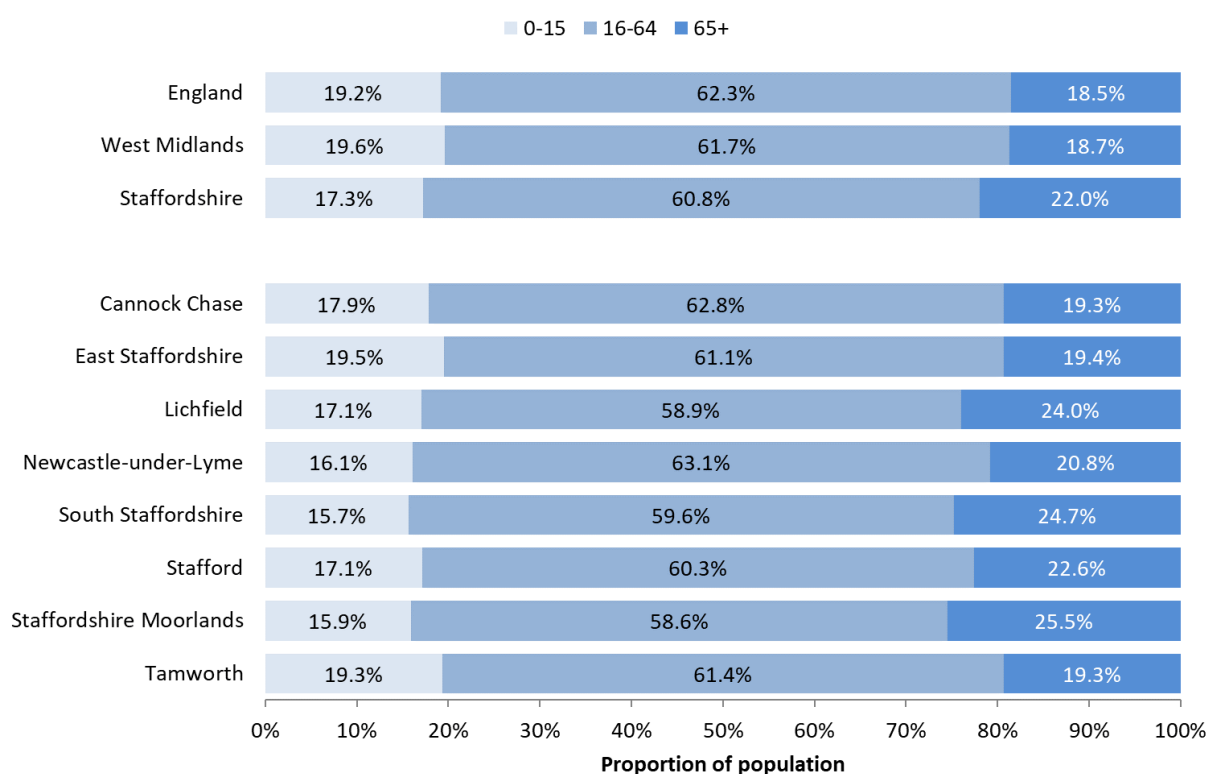
Table 1: Population structure by age group and district, 2020

	0-4	5-15	16-24	25-49	50-64	65-74	75+	All ages
Cannock Chase	5,400 (5.3%)	12,700 (12.5%)	9,400 (9.2%)	33,000 (32.5%)	21,300 (21.0%)	10,700 (10.5%)	9,000 (8.8%)	101,500 (100.0%)
East Staffordshire	7,100 (5.9%)	16,500 (13.6%)	11,300 (9.3%)	37,900 (31.3%)	24,800 (20.5%)	12,500 (10.3%)	10,900 (9.0%)	120,900 (100.0%)
Lichfield	5,100 (4.9%)	12,900 (12.2%)	9,300 (8.8%)	30,600 (29.0%)	22,300 (21.2%)	13,100 (12.4%)	12,300 (11.6%)	105,600 (100.0%)
Newcastle-under-Lyme	5,900 (4.5%)	15,000 (11.6%)	16,400 (12.7%)	39,800 (30.7%)	25,500 (19.7%)	14,300 (11.0%)	12,700 (9.8%)	129,600 (100.0%)
South Staffordshire	5,100 (4.5%)	12,600 (11.2%)	10,100 (9.0%)	31,500 (28.0%)	25,300 (22.5%)	14,400 (12.8%)	13,400 (11.9%)	112,400 (100.0%)
Stafford	6,800 (4.9%)	16,800 (12.2%)	11,600 (8.4%)	42,200 (30.6%)	29,300 (21.3%)	16,400 (11.9%)	14,800 (10.7%)	137,900 (100.0%)
Staffordshire Moorlands	4,100 (4.2%)	11,500 (11.7%)	8,300 (8.5%)	26,800 (27.2%)	22,600 (22.9%)	13,500 (13.7%)	11,500 (11.7%)	98,400 (100.0%)
Tamworth	4,400 (5.8%)	10,400 (13.6%)	7,400 (9.6%)	24,600 (31.9%)	15,200 (19.8%)	8,500 (11.0%)	6,400 (8.3%)	76,900 (100.0%)
Staffordshire	43,900 (5.0%)	108,500 (12.3%)	83,800 (9.5%)	266,400 (30.2%)	186,400 (21.1%)	103,200 (11.7%)	91,000 (10.3%)	883,200 (100.0%)
West Midlands	349,300 (5.9%)	821,300 (13.8%)	661,000 (11.1%)	1,896,700 (31.8%)	1,120,600 (18.8%)	585,600 (9.8%)	527,400 (8.8%)	5,961,900 (100.0%)
England	3,239,400 (5.7%)	7,612,800 (13.5%)	5,950,600 (10.5%)	18,449,300 (32.6%)	10,833,900 (19.2%)	5,598,400 (9.9%)	4,865,600 (8.6%)	56,550,100 (100.0%)

Note: Numbers may not add up due to rounding

Source: 2020 mid-year population estimates, Office for National Statistics, Crown copyright

Figure 4: Population structure by age group and district, 2020



Source: 2020 mid-year population estimates, Office for National Statistics, Crown copyright

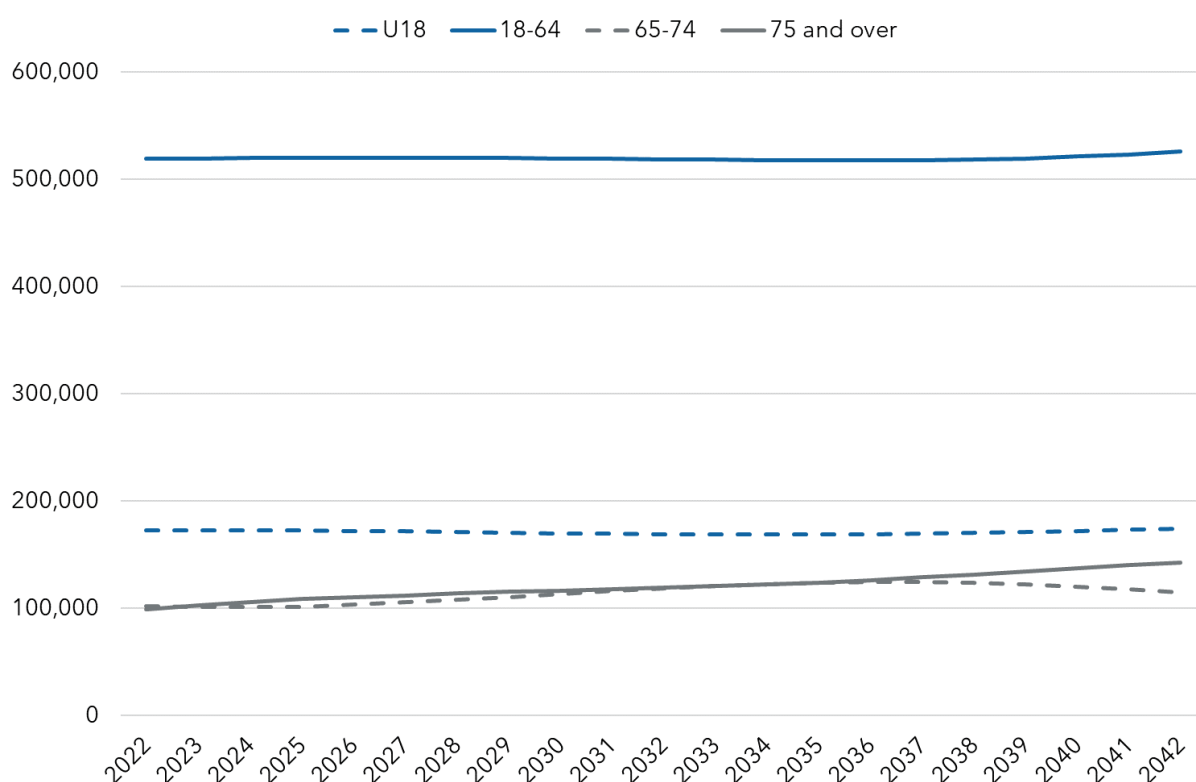
2.2 Population projections

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 68,700 more people aged 65 and over than there were 20 years ago. This trend is predicted to continue.

The overall population for Staffordshire is projected to increase by 4% between 2022 and 2032 to 924,900. Staffordshire's older population is predicted to grow faster than average: by 2032 the number of residents aged 75 and over, traditionally people who need the most support will rise dramatically from 98,800 in 2022 to 119,000 in 2026, an increase of 20% or around 20,200 people (Figure 5). The number of children under 16 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 three people of working age for every person aged 65 and over in 2022 to two people by 2042.

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: 2018-based population projections, Office for National Statistics, Crown copyright

In line with projected population growth, Table 2 shows the planned housing requirements by district. 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 for the next 4 years

	Average planned houses per year	Planned location over next four years for large sites
Cannock Chase	457	Hednesford and Norton Canes
East Staffordshire	947	Burton and Uttoxeter
Lichfield	985	Burntwood, Fradley and Lichfield
Newcastle-under-Lyme	733	Various sites across the Borough
South Staffordshire	601	Codsall, Penkridge and Wombourne
Stafford	665	Various sites across the Borough
Staffordshire Moorlands	480	Leek, Biddulph and Cheadle
Tamworth	221	Various sites across the Borough
Staffordshire	5,088	

Source: Local Plans, Strategic Housing Land Availability Assessments, Staffordshire and Stoke-on-Trent Strategic Infrastructure Plan 2018-2038, District and Borough Councils in Staffordshire and Staffordshire County Council

2.3 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 2016 ONS Population Estimates by Characteristics Research Report there were approximately 65,000 people from a minority ethnic group in Staffordshire, which is 7.5% of the population, with the single largest minority group being 'White Other'. Whilst this is a significant increase from the 2001 Census (3.8%), it remains lower than the England average of 22.1%.

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

Table 3: Ethnic populations in Staffordshire, 2016

	Staffordshire	West Midlands	England
White British	92.5%	76.1%	77.9%
All Other White	3.3%	4.3%	6.6%
Mixed	0.8%	1.6%	1.8%
Asian	2.4%	12.7%	8.1%
Black	0.3%	3.6%	3.6%
Other	0.6%	1.6%	1.9%
Minority Ethnic Groups	7.5%	23.9%	22.1%
Total 2020 Population	883,172	5,961,929	56,550,138

Source: 2016 Population Estimates by Characteristics Research Report and 2020 mid-year population estimates, Office for National Statistics Office for National Statistics, Crown copyright.

Table 4: Ethnic populations by local authority, 2011

	Number from minority ethnic group	Percentage
Cannock Chase	4,000	4.0%
East Staffordshire	23,000	19.7%
Lichfield	4,000	3.9%
Newcastle-under-Lyme	7,000	5.5%
South Staffordshire	7,000	6.3%
Stafford	11,000	8.2%
Staffordshire Moorlands	4,000	4.1%
Tamworth	5,000	6.5%
Staffordshire	65,000	7.50%
West Midlands	1,386,000	23.9%
England	12,202,000	22.1%

Source: 2016 Population Estimates by Characteristics Research Report, Office for National Statistics, Crown copyright

2.4 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.

2.5 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.

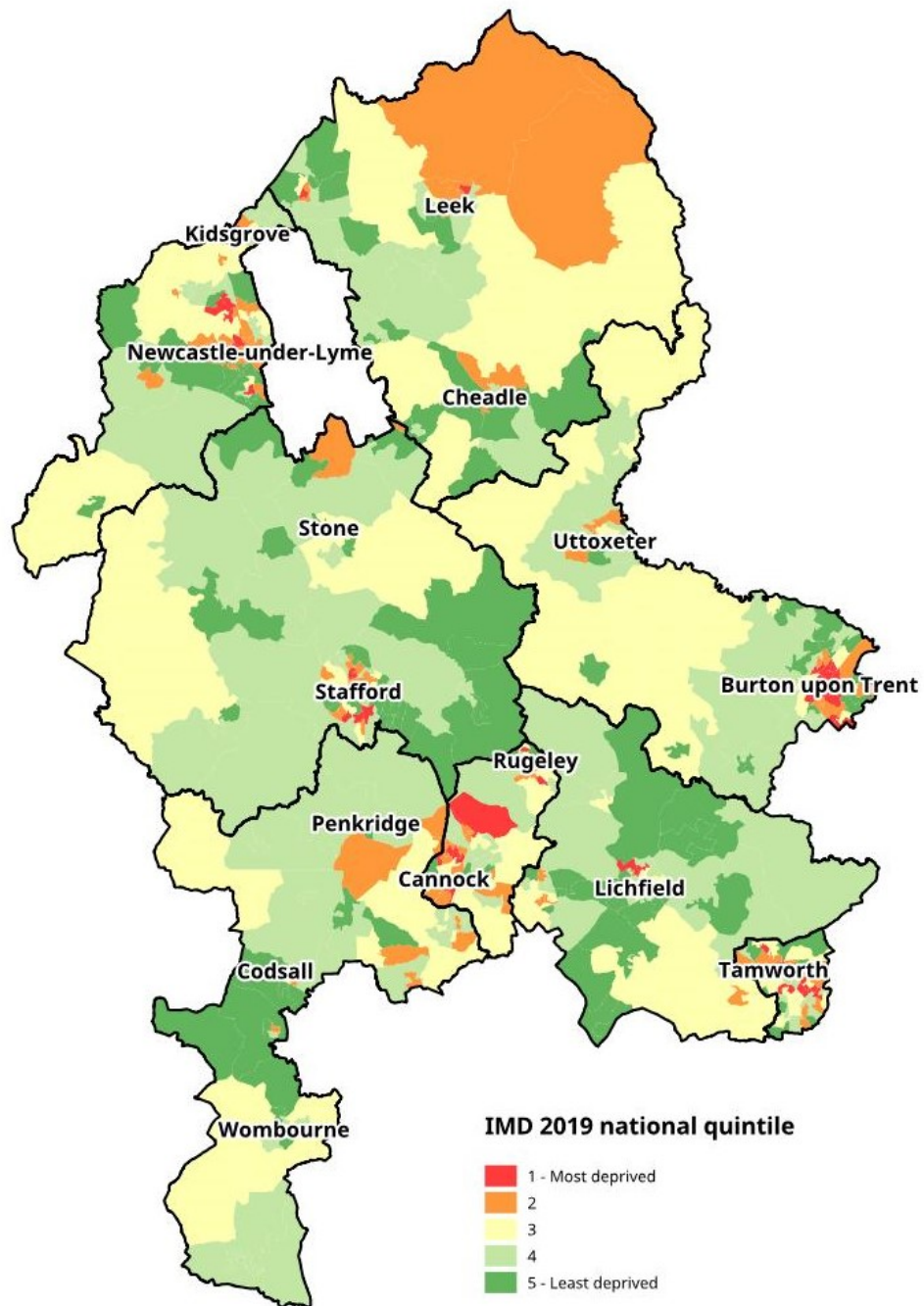
Based on the IMD 2019, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population living in the most deprived fifth of areas nationally. As the following map shows these fall in:

- 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).

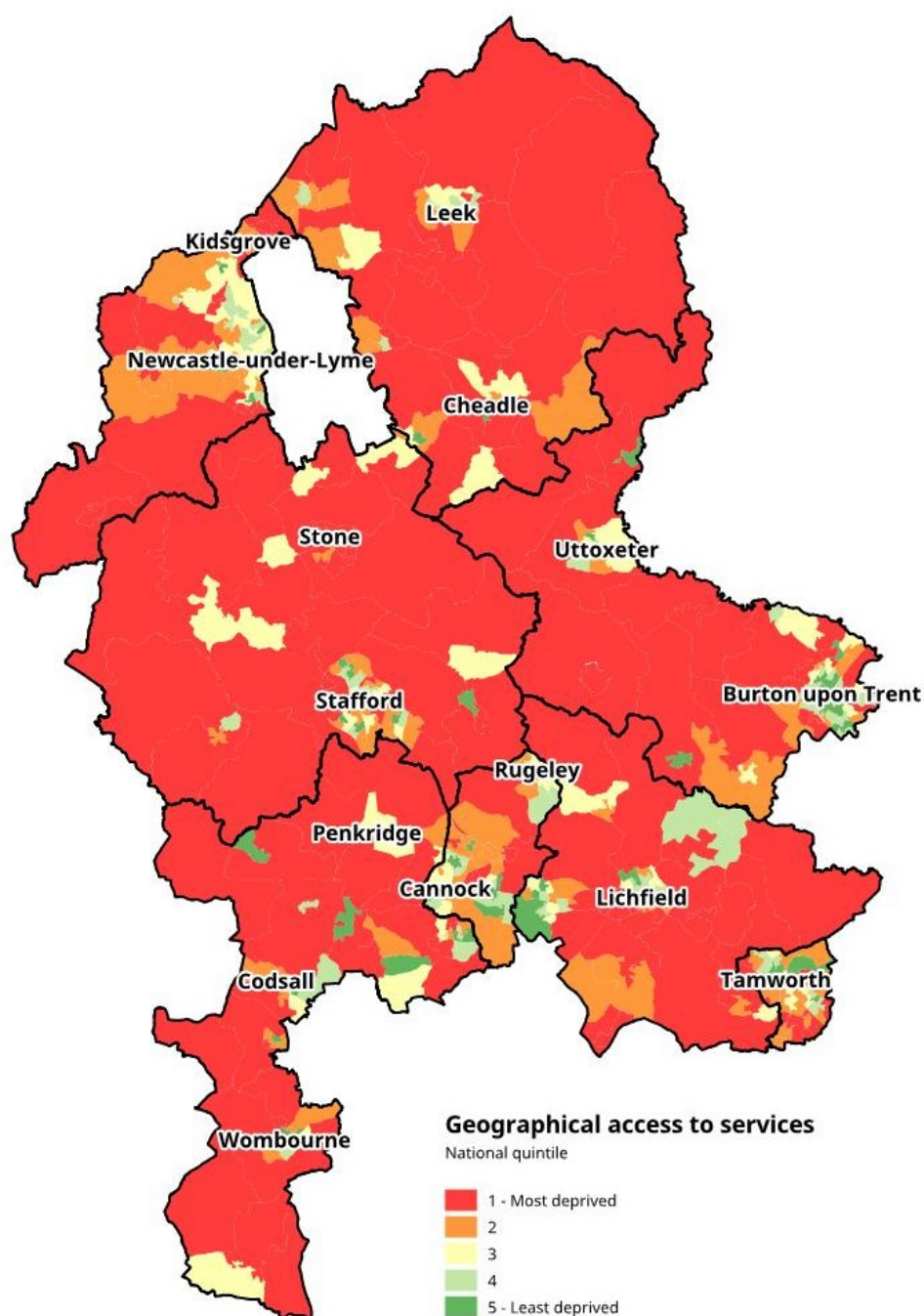
Map 2: Index of Multiple Deprivation 2019



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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3 What is health like in Staffordshire?

The population's health and wellbeing is described in detail in various key documents which together form Staffordshire's JSNA evidence base 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 - 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.

3.1 Life expectancy and healthy life expectancy

Overall health life expectancy at birth has remained fairly similar over the five years until the end of March 2020. Men and women in Staffordshire live on average for 79 years and 83 years respectively. Men in East Staffordshire have shorter life expectancy at birth than the national average by 15 months whilst women in Newcastle can also expect to live 10 months less than the national average (Table 5). The latest life expectancy figures are for the period up to the end of March 2020 so do not include the impact of Covid-19.

Overall there is a six year difference between the average life expectancy of a man in East Staffordshire, compared to a woman in South Staffordshire. Furthermore, men living in the Burton ward live 17 years less than those living in Maer & Whitmore in Newcastle and women living in the Town ward of Newcastle live 13 years less than those living in Hagley in Cannock Chase (Map 4 and Map 5). 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, 2018-2020

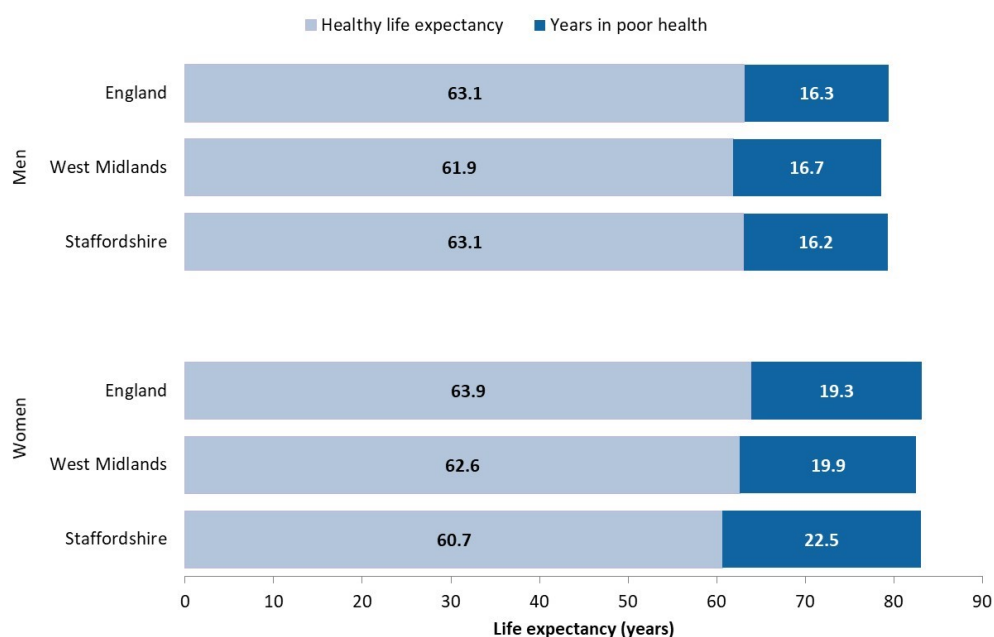
	Men		Women	
	Life expectancy at birth (years)	Difference to England (months)	Life expectancy at birth (years)	Difference to England (months)
Cannock Chase	78.4	-12	82.6	-7
East Staffordshire	78.2	-15	82.5	-7
Lichfield	80.3	11	83.5	4
Newcastle-under-Lyme	78.5	-11	82.3	-10
South Staffordshire	80.1	9	84.1	12
Stafford	80.0	7	84.0	10
Staffordshire Moorlands	80.1	9	83.2	0
Tamworth	78.6	-10	82.4	-9
Staffordshire	79.3	-1	83.1	0
West Midlands	78.5	-10	82.5	-8
England	79.4		83.1	

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

Source: Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

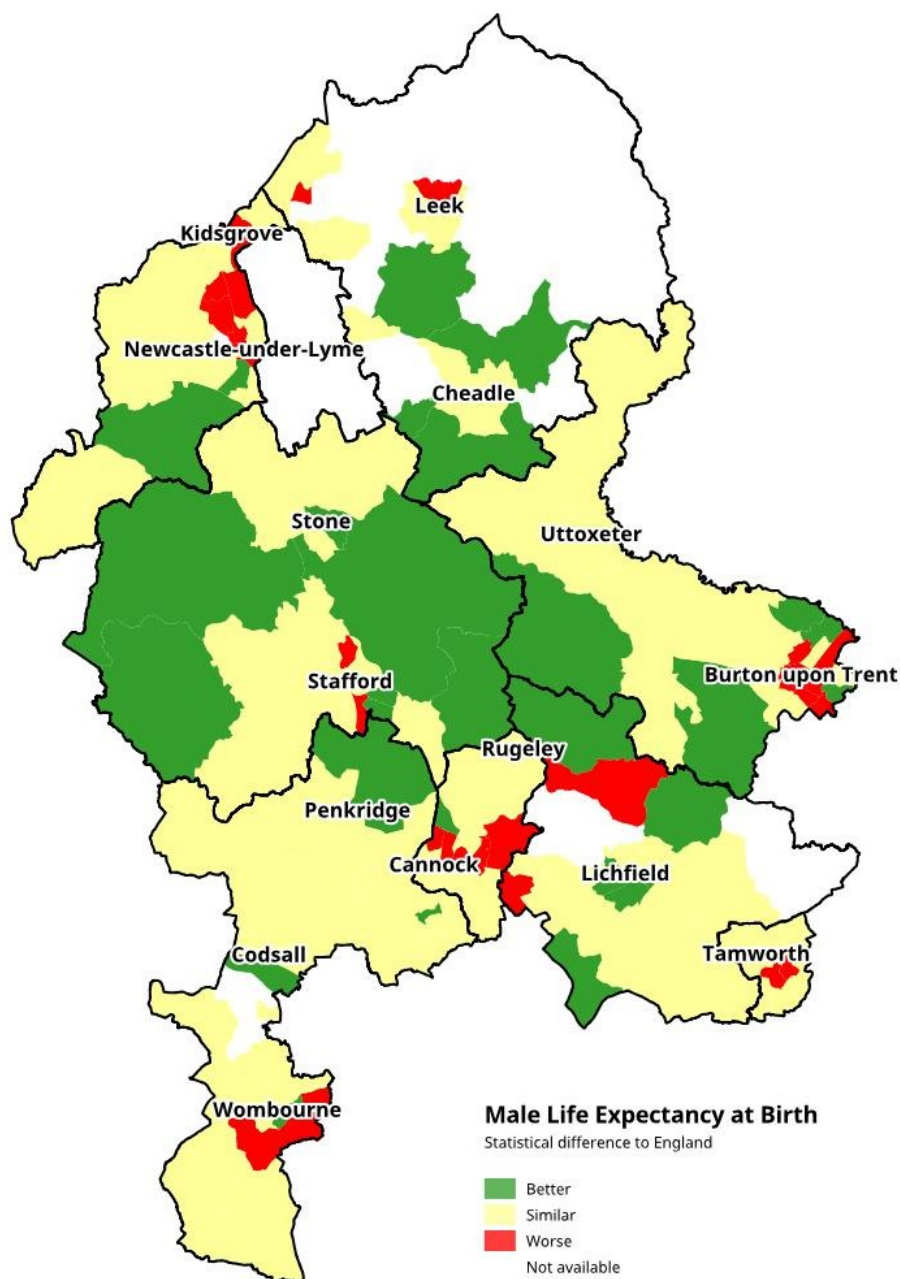
Advances in care also mean that people are living longer with diseases. A key measure of the quality of life years is healthy life expectancy (HLE). HLE has not kept up with increases in life expectancy, particularly for older people, so the number of years we spend in poor health in older age has increased. HLE in Staffordshire is 63.07years for men and 60.65 for women, with men spending an additional 16 years of life in poor health, while women spend an additional 22 years in poor health (Figure 6).

Figure 6: Healthy life expectancy at birth, 2018-2020



Source: Office for National Statistics

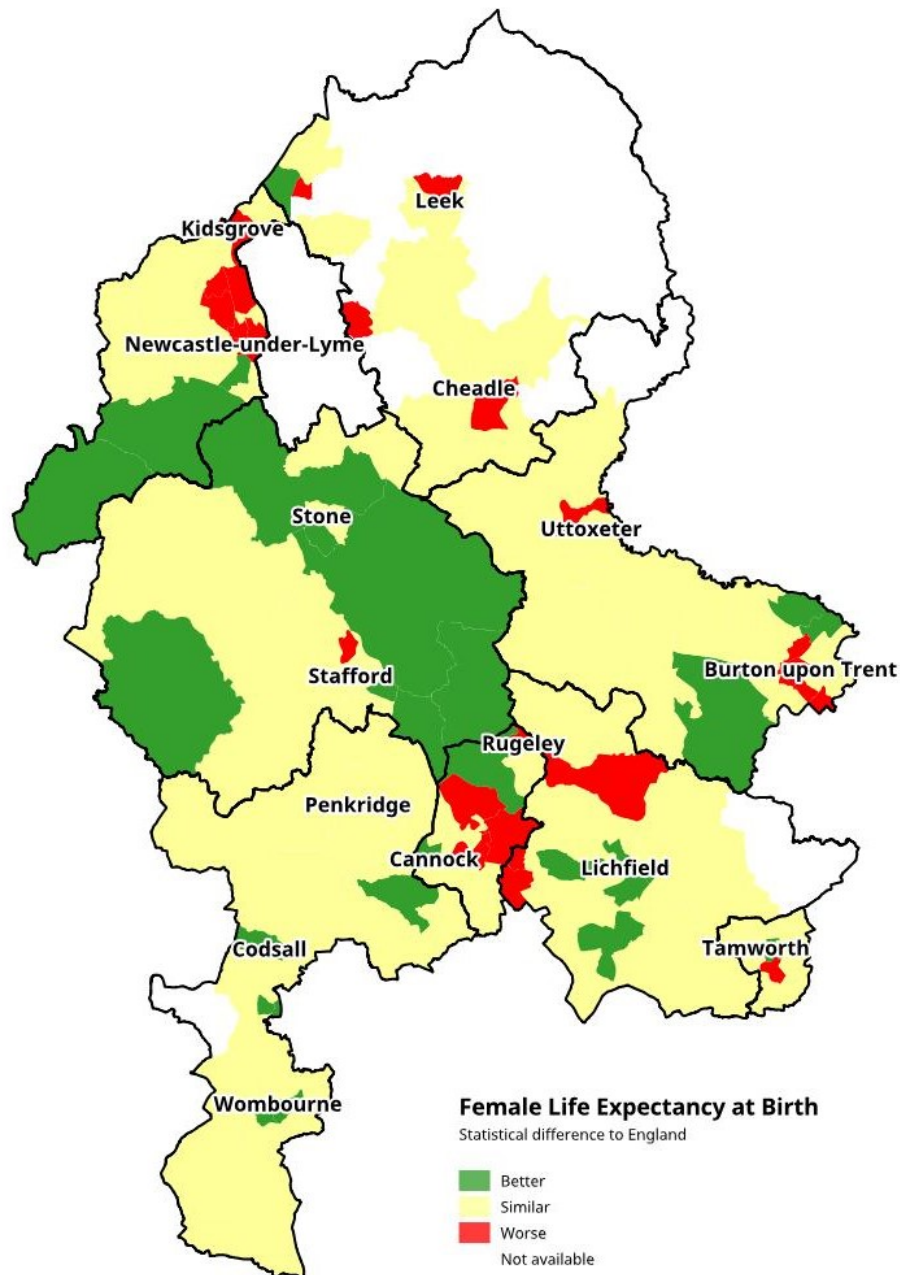
Map 4: Life expectancy for males – comparison to England, 2015-2019



Source: Office for National Statistics

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Map 5: Life expectancy for females – comparison to England, 2015-2019



Source: Office for National Statistics

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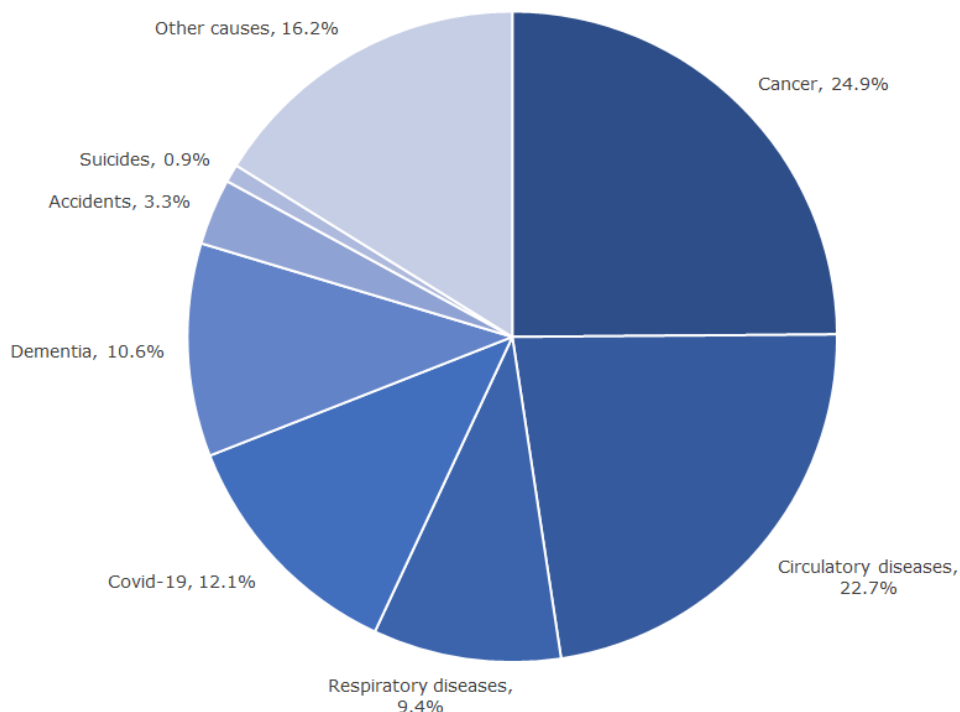
3.2 Common causes of death

Around 9,600 people died in Staffordshire during 2021, with around two-thirds of all deaths occurring to people aged 75 and over. The common broad causes of deaths in Staffordshire during 2021 were cancer (2,400 deaths, 25%), circulatory disease (2,200 deaths, 23%), Covid-19 (1,200, 12%) and other respiratory diseases (900 deaths, 9%) (Figure 7). During 2019, before Covid-19, deaths from cancer (29%), circulatory disease (23%) and respiratory disease (13%) were the most common causes of death.

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) and it still one of the leading causes of death in Staffordshire (1,000 deaths, 11% in 2021) despite the effect of Covid-19 on mortality statistics. 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 8).

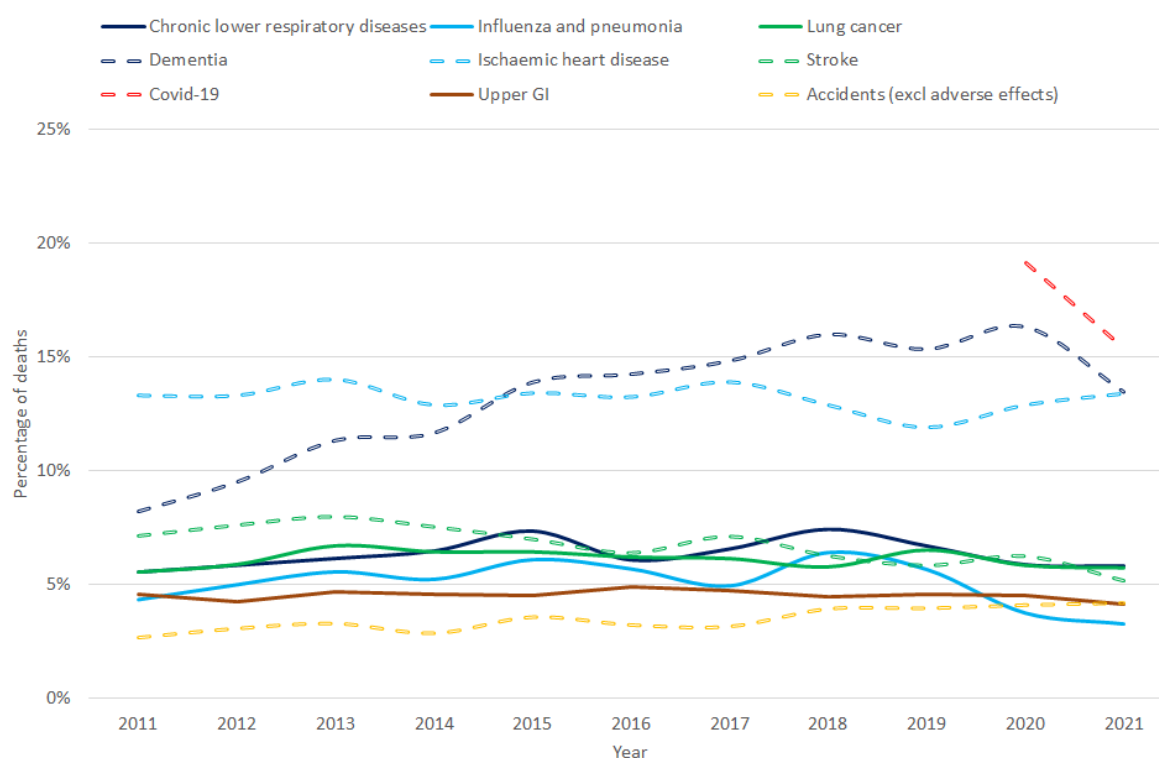
Community pharmacies can support the reduction of preventable mortality through supporting healthy lifestyles as well as provision of advice on management of long-term conditions. They also provide support through public health campaigns such as early detection of cancer and dementia.

Figure 7: Common causes of deaths in Staffordshire, 2021



Source: Primary Care Mortality Database, Office for National Statistics

Figure 8: Trends in leading causes of death in Staffordshire



Source: Primary Care Mortality Database, Office for National Statistics

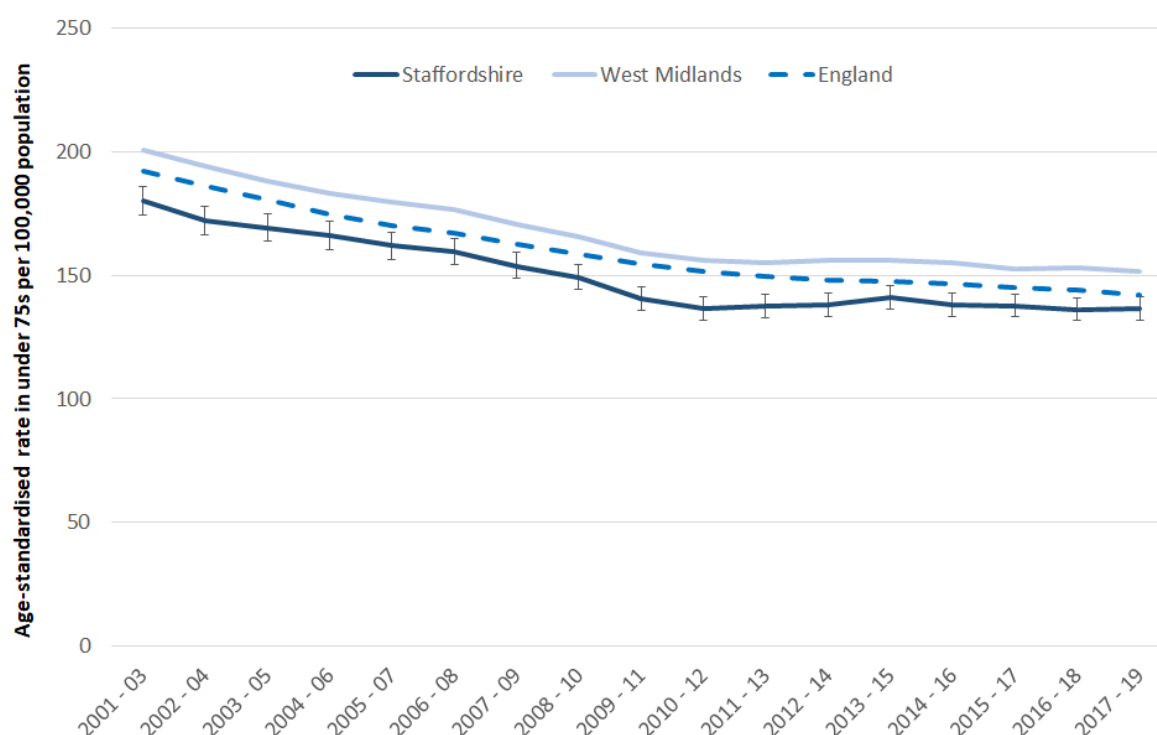
3.3 Preventable mortality

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 13% of people die from causes that are thought to be preventable, equating to around 1,200 deaths every year.

Preventable mortality rates in Staffordshire fell by 24% between 2001-2003 and 2017-2019 compared with 26% for England with overall rates being lower than the England average (Figure 9). During 2017-2019 preventable mortality rates in East Staffordshire were higher than the England average.

Figure 9: Trends in preventable mortality



Source: Mortality Profile Source: Office for Health Improvement and Disparities. Public health profiles. 2022
<https://fingertips.phe.org.uk> © Crown copyright 2022 (based on ONS source data)

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). More than one in three people will develop cancer at some stage in their lives and around 2,400 Staffordshire residents died from cancer during 2021 (equating to 25% of all deaths). During 2020 around 1,090 Staffordshire residents died prematurely from cancer, accounting for 36% of all premature deaths with rates being similar to the England average. Similar to the national trends, rates of premature cancer fell between 2001 and 2020 in Staffordshire by 29%.
- Circulatory disease** - Up until 2011, circulatory disease was the largest killer both nationally and locally. Around 2,200 Staffordshire residents died from circulatory disease in 2021 making up around 23% of all deaths. During 2020, around 610 deaths from circulatory disease were premature making up a fifth of all premature deaths. Premature mortality due to circulatory diseases have fallen by 50% between 2001 and 2020 with Staffordshire rates similar to England.
- Respiratory disease** - In 2019 1,200 people died from respiratory disease in Staffordshire, making it the third biggest killer. It was also the third biggest cause of premature death with 270 people dying prematurely in Staffordshire making up around 10% of all premature deaths. During 2019 respiratory deaths in Staffordshire were similar to the England average. Partly due the effect of Covid-19, deaths from

respiratory disease (excluding Covid-19) reduced to 220 during 2020 with rates lower than national

- **Covid-19** – In 2020, 1,450 people died from Covid-19 in Staffordshire, making it the third biggest killer. It was also the third biggest cause of premature death with 360 people dying prematurely in Staffordshire making up around 12% of all premature deaths.
- **Liver disease** - Around 300 Staffordshire residents died from liver disease during 2021, 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 doubled between 2001 (84 deaths) and 2020 (200 deaths) with rates being higher than the England average. This may be a result of increased alcohol consumption over the life course and consequently increased alcohol-related harm within Staffordshire.

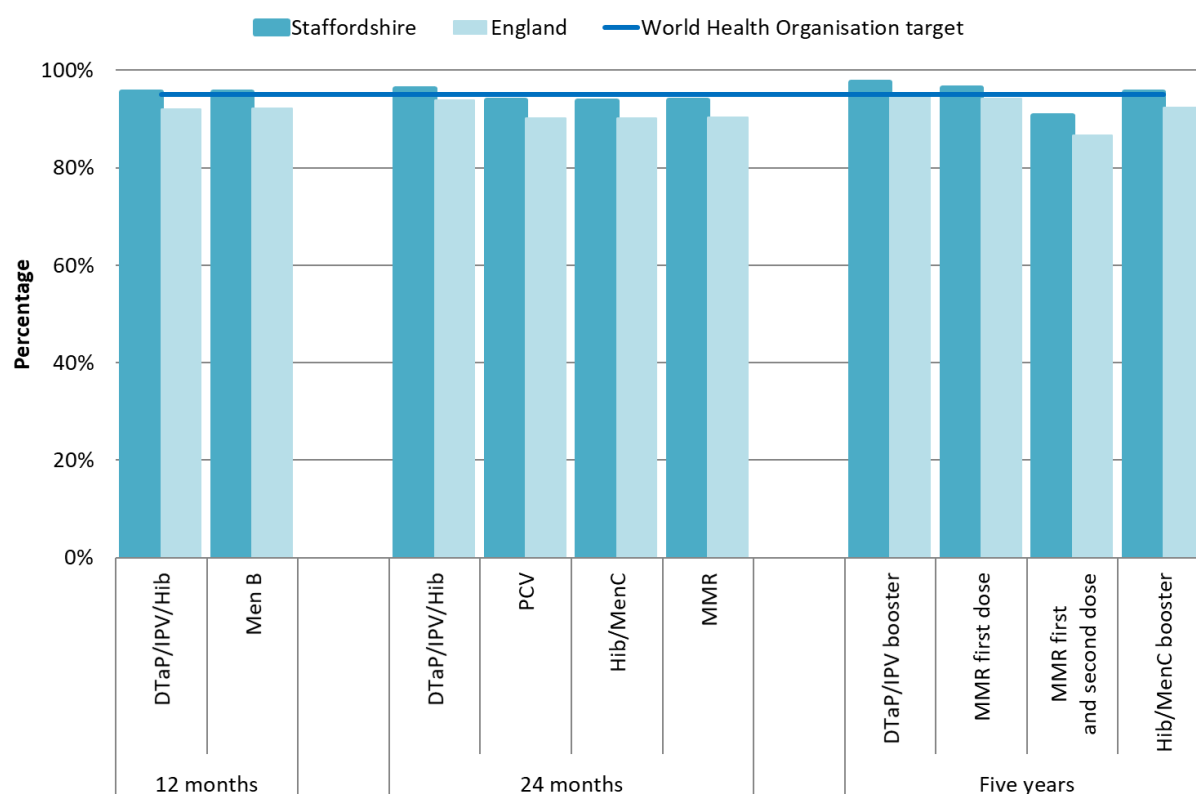
3.4 Health protection

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 10). However, 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** - During 2020/21 uptake of adult Flu and Pneumococcal vaccinations increased significantly (Figure 11) in line with national increases. 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** – Community Pharmacies played a vital role in the roll out of Covid-19 vaccinations across Staffordshire. Uptake in Staffordshire was higher than the national average for dose 1 (92% compared to 91%), dose 2 (88% compared to 86%) and dose 3 (72% compared to 67%). Dose one coverage varied from Lichfield (97%) to Newcastle (89%) (Figure 12), dose two varied from Lichfield (92%) to Newcastle (84%) (Figure 13) and dose three from Lichfield (76%) to Cannock Chase, East Staffordshire, Newcastle and Tamworth (all 69%) (Figure 14).
- **Cancer screening** - coverage of screening programmes in Staffordshire are generally better than the England average although breast cancer screening fell in 2021 in line with national trends (Figure 15).

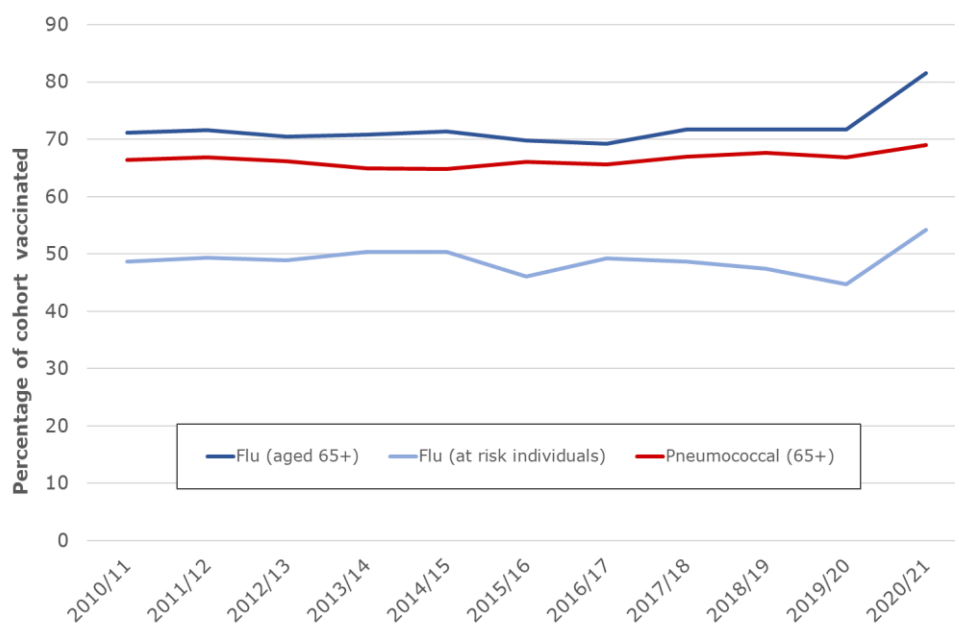
- NHS health checks** - this programme aims to help prevent cardiovascular conditions by offering everyone between the ages of 40 and 74 a health check that assesses their risk of heart disease, stroke, kidney disease, diabetes and some forms of dementia and gives them support and advice to reduce that risk. Fewer adults in Staffordshire have attended to receive their health check to assess their cardiovascular risk than the average. During 2021/22 Q2 4,990 of the eligible population were invited with 790 (16% compared to 41% nationally) taken up by the eligible population.

Figure 10: Childhood immunisation rates, 2020/21



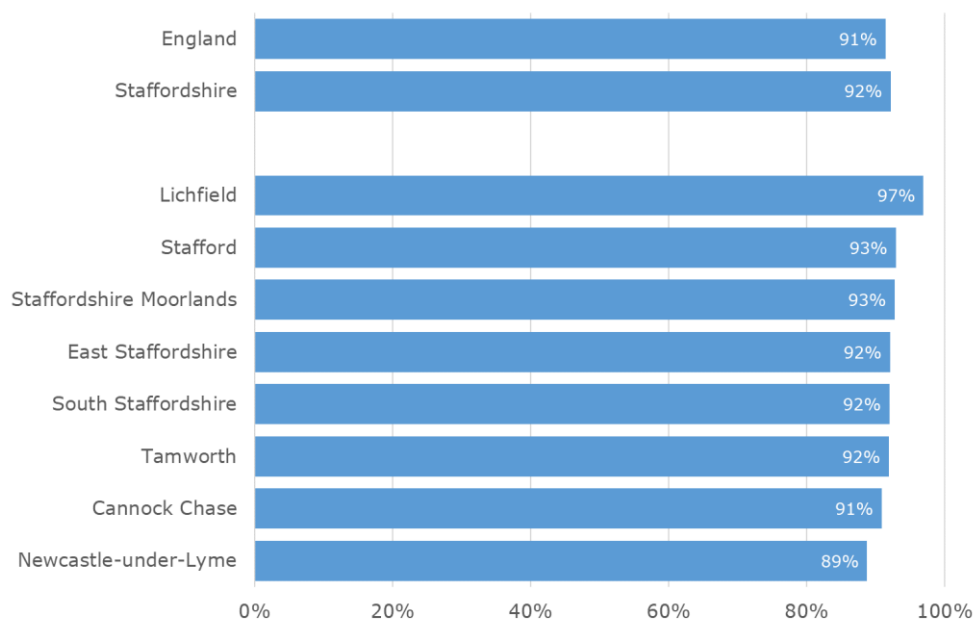
Source: COVER statistics, NHS Digital

Figure 11: Trends in Adult Flu Vaccination rates



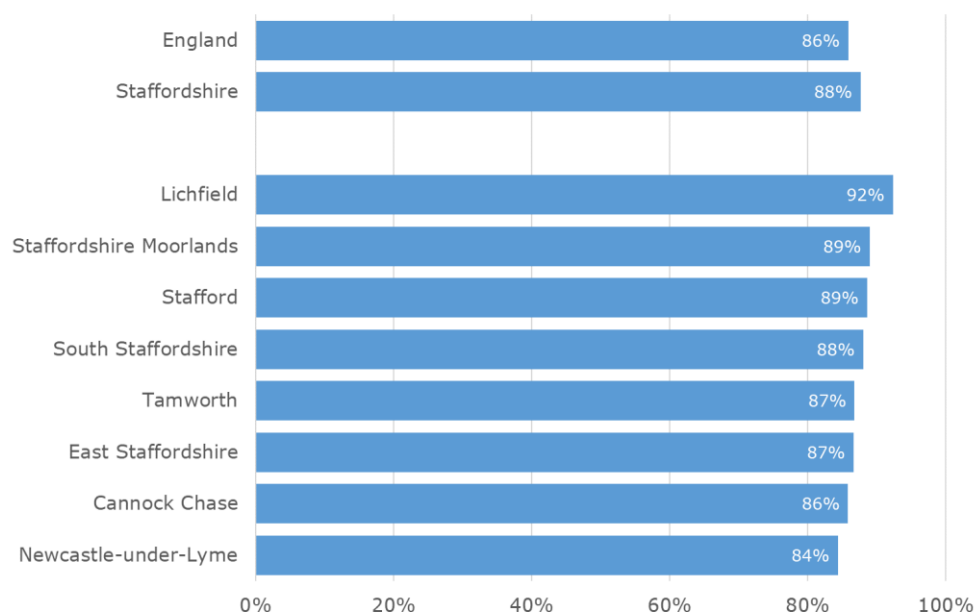
Source: Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022 (based on ONS source data)

Figure 12: Percentage of 12+ population who have received 1st dose vaccinations (8th December 2020 to 1st May 2022)



Source: National Immunisation Management System (NIMS).
<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

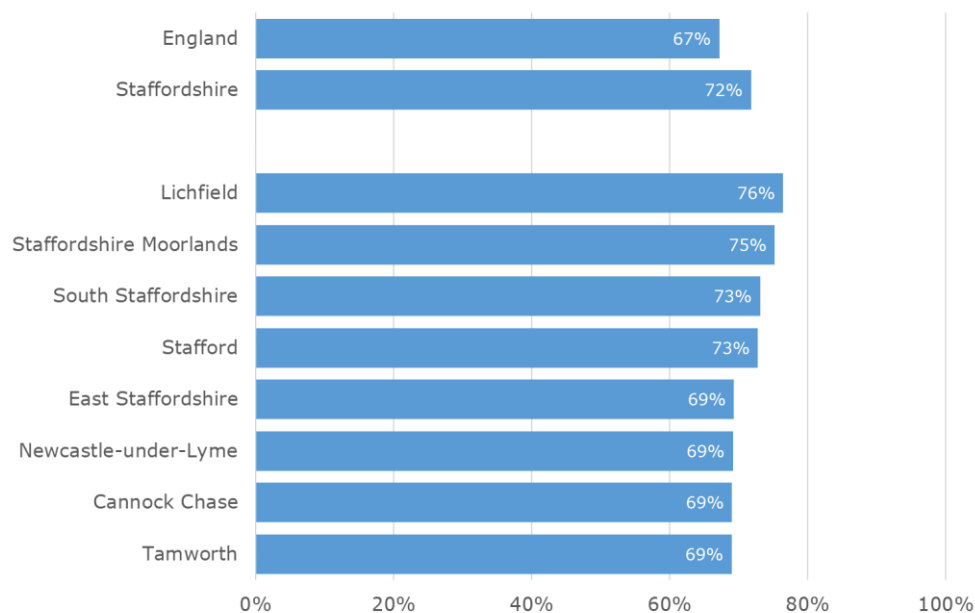
**Figure 13: Percentage of 12+ population who have received 2nd dose vaccinations
(8th December 2020 to 1st May 2022)**



Source: National Immunisation Management System (NIMS).

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

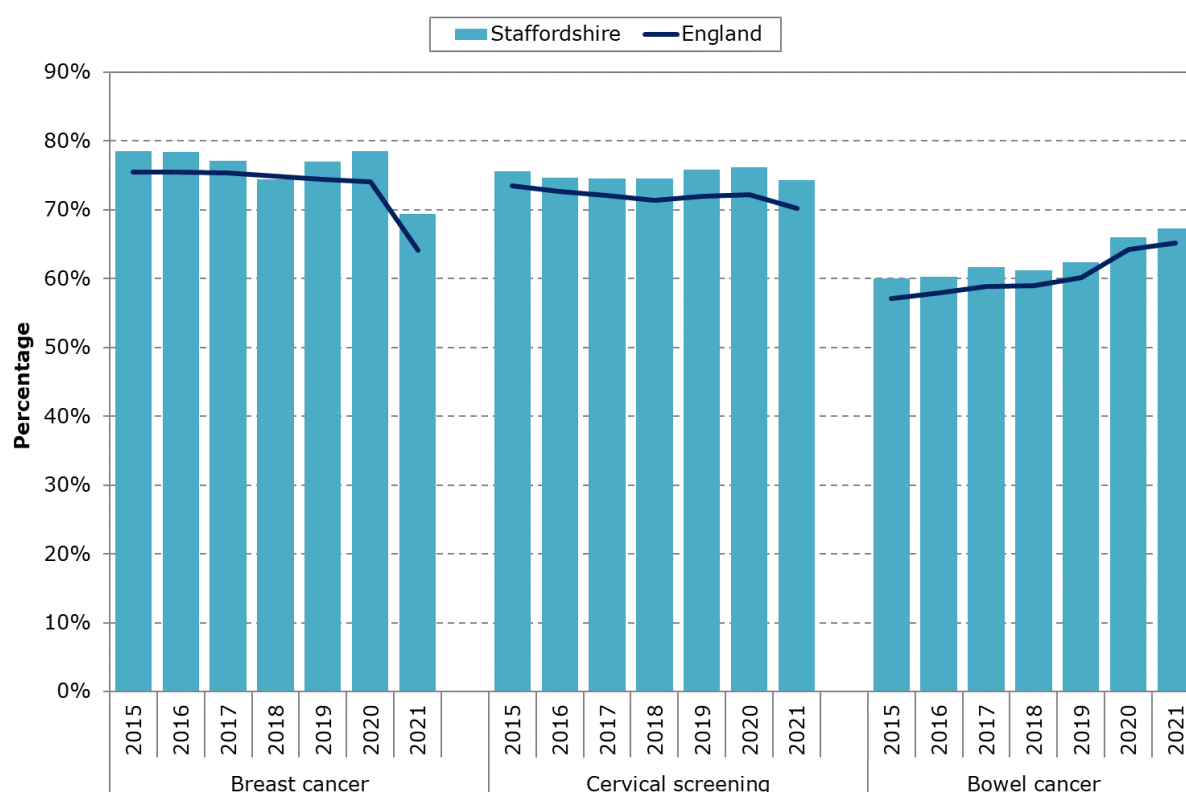
**Figure 14: Percentage of 12+ population who have received 3rd dose vaccinations
(8th December 2020 to 1st May 2022)**



Source: National Immunisation Management System (NIMS).

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

Figure 15: Coverage of cancer screening programmes



Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022 (based on ONS source data)

3.5 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 10% during 2020/21 and is now similar to the England average. Although smoking in pregnancy in

Cannock Chase reduced from 15% in 2017/18 to 13% in 2020/21, it remains higher than the national average (10%).

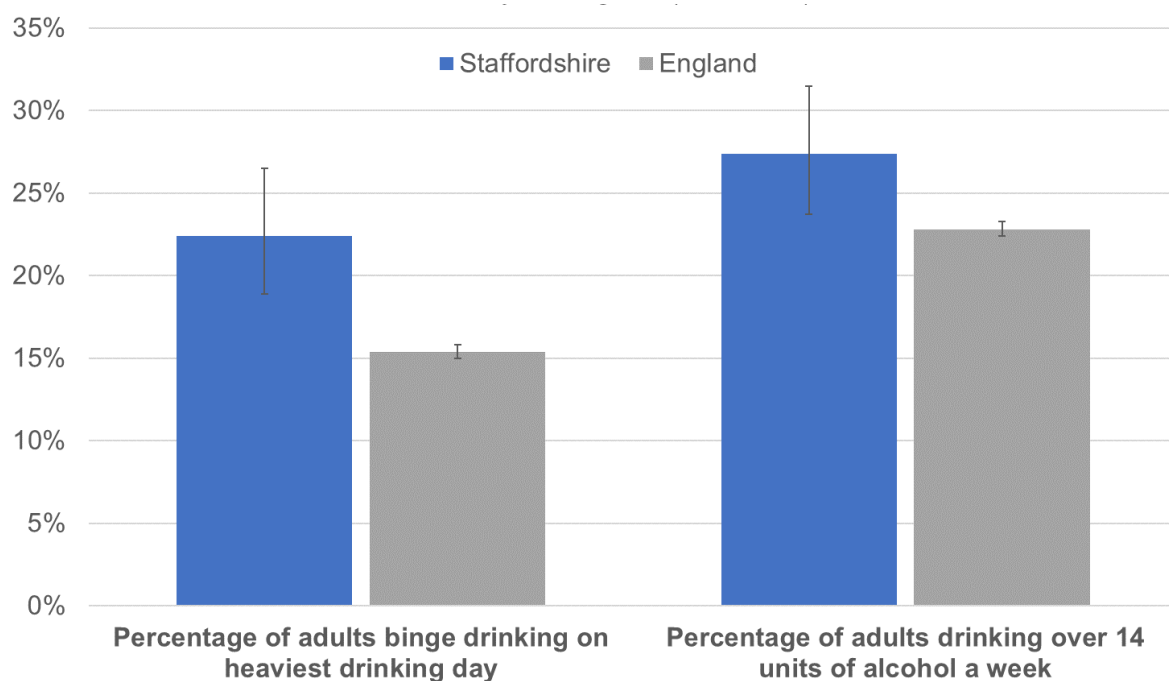
Based on data from the latest Annual Population Survey (2020) smoking prevalence for adults aged 18 and over in Staffordshire was 13%, which is similar to the England average. Data from the same survey found that the prevalence of smoking in routine and manual groups was significantly higher (24%) contributing to increases in health inequalities.

Around 1,100 Staffordshire residents die every year as result of smoking with overall smoking-attributable death rates for Staffordshire being lower than the England average.

Alcohol and substance misuse

In Staffordshire, 27% of adults drink more than the recommended 14 units of alcohol a week, higher than national average of 23%. The percentage binge drinking on their heaviest drinking day is 22%, higher than national (Figure 16) and the highest of similar authorities.

Figure 16: Alcohol consumption in Staffordshire (2015-2018)



Source: *Health Survey for England (2015-18)*

Following on from higher than average alcohol consumption in Staffordshire, 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 6,200 alcohol related adult admissions during 2019/20, with rates increasing. All of Staffordshire's districts have rates higher than the national average with the exception of Lichfield.

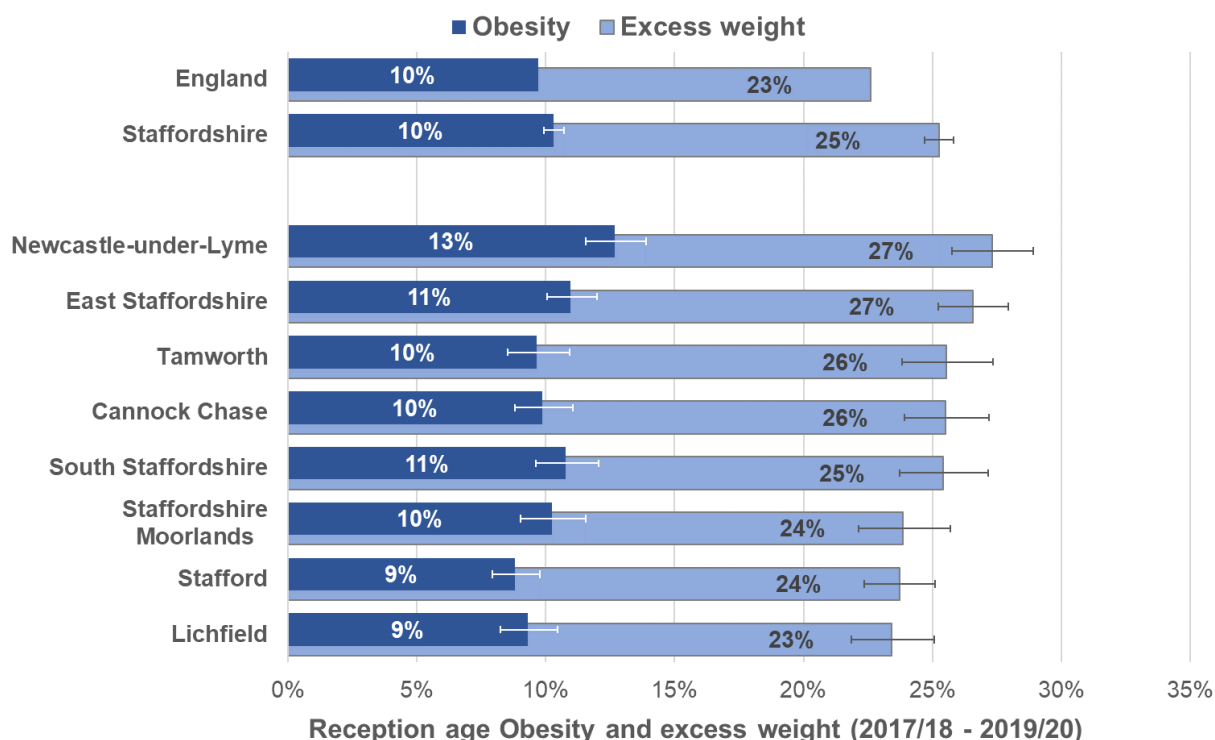
Obesity, healthy eating and physical activity

The prevalence of Staffordshire children living with obesity in Reception (aged four to five) is 10% and increases significantly to 20% by the time children are in Year 6 (aged 10-11). This trend is seen across all districts (Figure 17 and Figure 18). At reception age, East Staffordshire and Newcastle both have a higher than national prevalence for obesity and excess weight. At year six age Newcastle has higher than national prevalence for both obesity and excess weight, with Cannock Chase close to being higher for both years but remaining similar due to larger confidence intervals due to smaller number of children measured.

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.

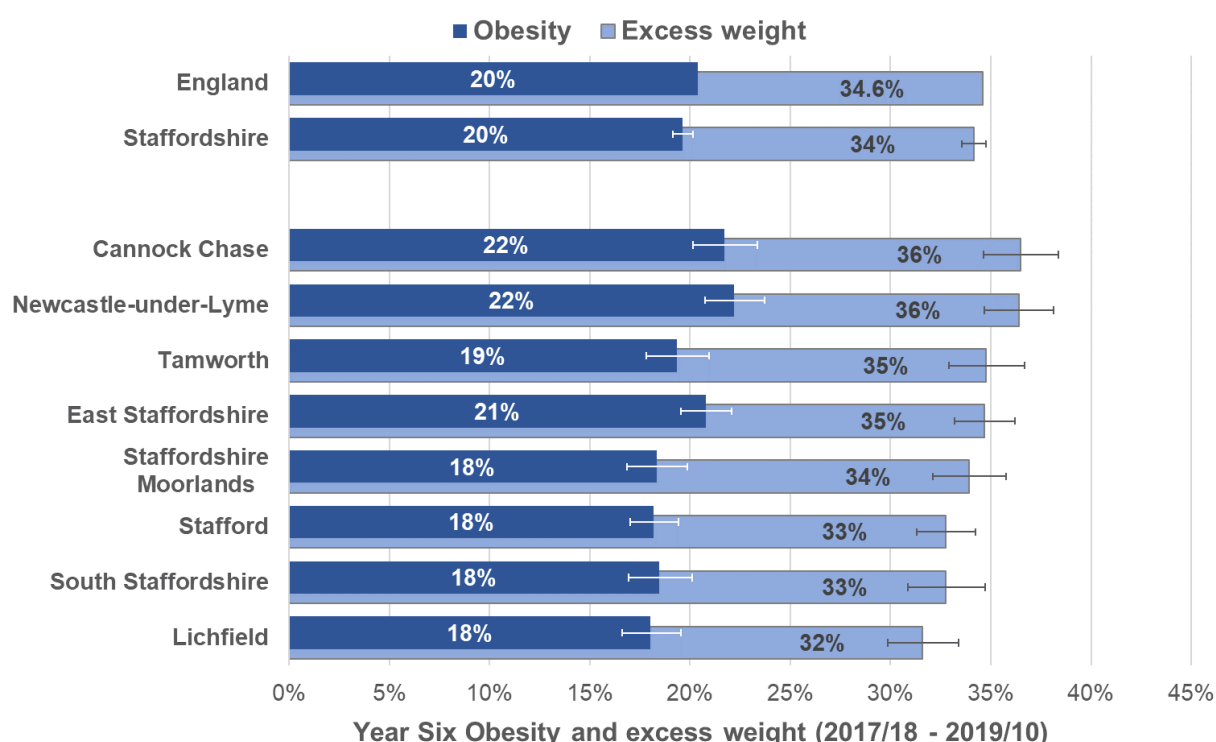
Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with high numbers of people who eat unhealthily and are inactive. The effects of obesity in Staffordshire are seen through obesity related hospital admissions being higher than average and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

Figure 17: Reception age obesity and excess weight, 2017/18 to 2019/20



Source: Obesity Profiles - Office for Health Improvement and Disparities. Public health profiles. 2022
<https://fingertips.phe.org.uk> © Crown copyright 2022 (based on ONS source data)

Figure 18: Year Six obesity and excess weight, 2017/18 to 2019/20



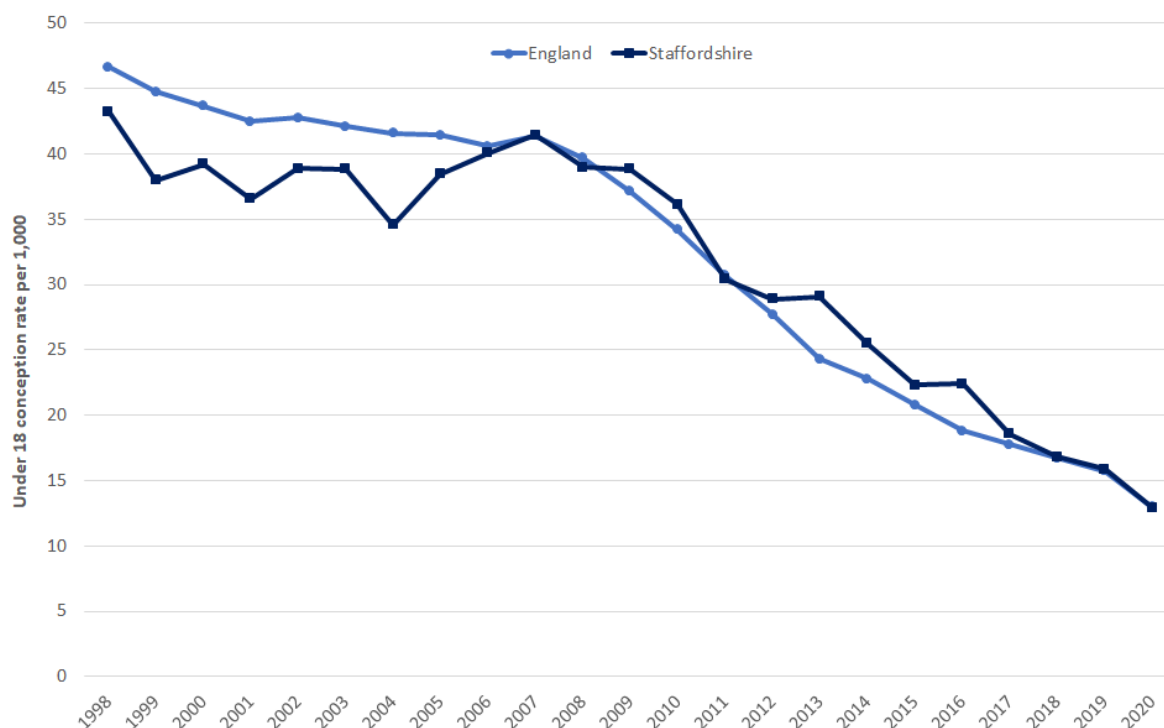
Source: *Obesity Profiles - Office for Health Improvement and Disparities. Public health profiles. 2022*
<https://fingertips.phe.org.uk> © Crown copyright 2022 (based on ONS source data)

Sexual health

There were around 180 under-18 teenage conceptions in Staffordshire during 2020, with overall rates being similar to the national level and decreasing (Figure 19).

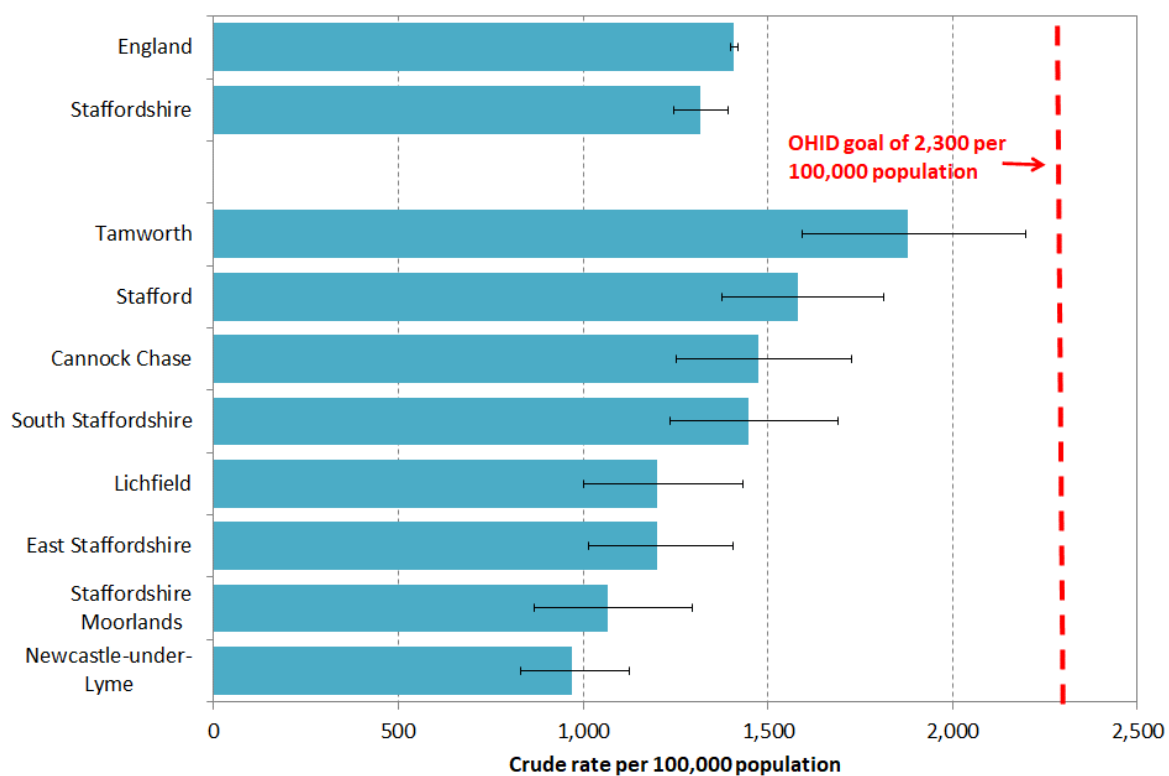
Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed. The National Chlamydia Screening Programme (NCSP) was set up to control and prevent the spread of chlamydia, targeting the high risk group, i.e. young people aged under 25 who are sexually active. Around 1,200 young people aged 15-24 in Staffordshire were tested for Chlamydia during 2020. The diagnosis rate for this age group is lower than average and falls below the Public Health England target of at least 2,300 per 100,000 population aged 15-24 years (Figure 20).

Figure 19: Trends in Under-18 conception rates



Source: Sexual and Reproductive Health Profiles: Office for Health Improvement and Disparities. Public health profiles. 2022
<https://fingertips.phe.org.uk> © Crown copyright 2022

Figure 20: Chlamydia diagnosis rates in 15-25 year olds, 2020



Source: Sexual and Reproductive Health Profiles: Office for Health Improvement and Disparities. Public health profiles. 2022
<https://fingertips.phe.org.uk> © Crown copyright 2022

3.6 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 (16.1%, 139,000 patients), depression (12.4% people aged 18 and over, 86,300 patients), diabetes (7.6% people aged 17 and over, 54,000 patients), asthma (6.9%, 59,400 patients) and chronic kidney disease (4.3%, aged 18 and over, 29,700 patients). Many of these conditions can also be supported by pharmacies, for example through the New Medicine Services.

- **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 12,800 in 2022 to 16,800 in 2032, an increase of 31%. Diagnosis rates of dementia reduced in 2021 to around three-fifths of patients (6,900 people) were known to have a dementia diagnosis.
- **Frail elderly** - research suggests that between a quarter and half of people aged 85 and over are estimated to be frail and that the overall prevalence in people aged 75 and over is around 9% which equates to around 8,200 Staffordshire residents.
- **Carers** - around 12% of Staffordshire's population provide unpaid care to family and friends which is higher than the England average. 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.

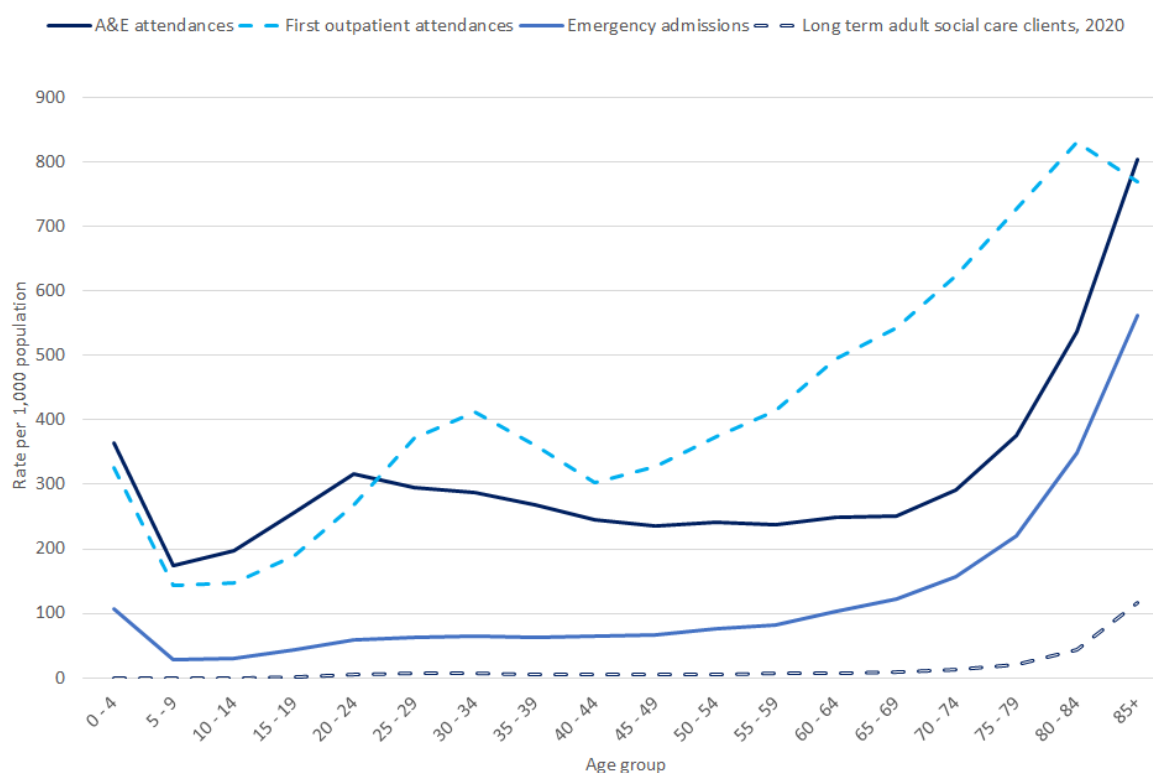
3.7 Growing demand on health and social care

Most care will occur in primary care or community settings. However a higher than average proportion in Staffordshire also occurs in hospital settings. Based on 2020/21 activity every day in Staffordshire:

- Almost 700 patients attend an accident and emergency department
- Around 3,300 patients attend an out-patient clinic of which 1,000 are new patient whilst the remaining 2,300 are follow-up attendances
- Over 600 patients are admitted to hospital, 260 of these are unplanned admissions and 40 are those who are readmitted within 30 days of discharge

In addition, the demand on health and care has been rising. These increases are more than likely explained by demographic change (e.g. increase in older people) alone and are likely to continue with increased complexity of needs. Young children and older patients tend to be greater users of hospital services; as expected older people are also higher users of social care (Figure 21). In addition those that are admitted to hospital are often delayed from being discharged.

Figure 21: Health and care utilisation by age group in Staffordshire, 2020/21



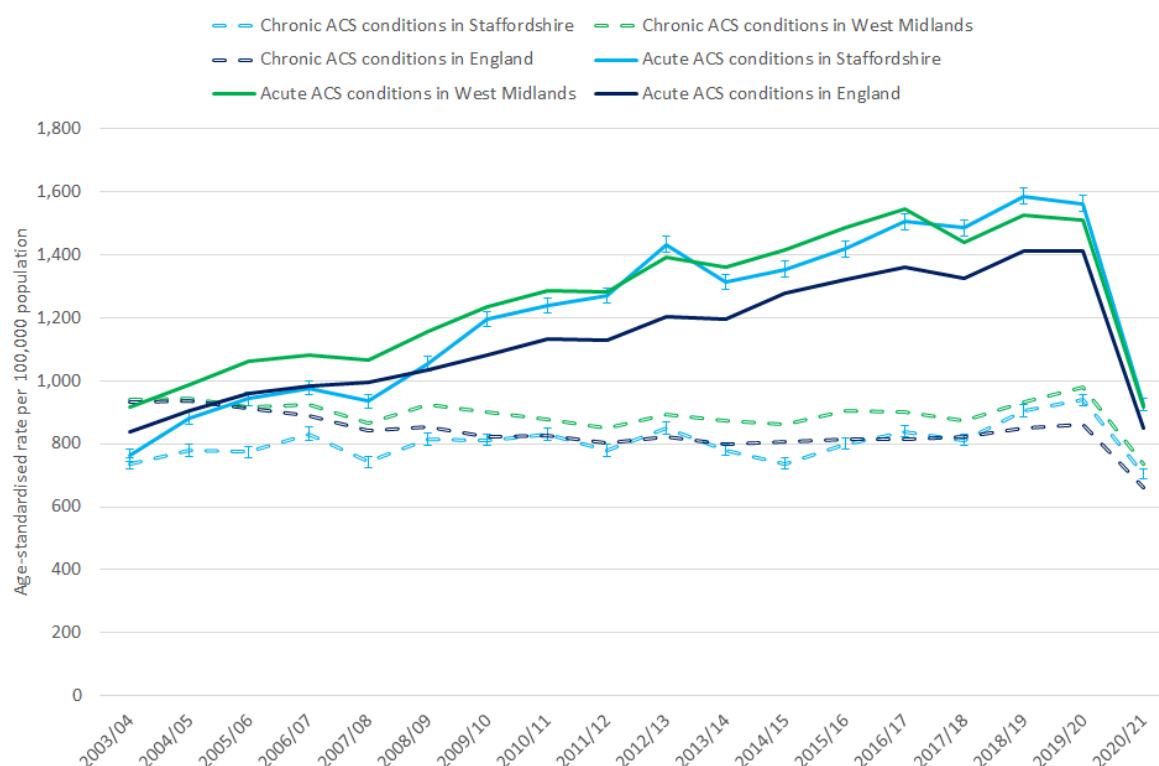
Source: Source: NHS Digital (Data Access Environment extracts) and 2020 mid-year population estimates, Office for National Statistics, Crown copyright

Older people also spend longer in hospital because their needs are often more complex, for example people aged 65 and over spend on average 6.2 days in hospital for unplanned admissions compared to 3 days for those under 65. National research suggests that longer hospital stays themselves can lead to harm.

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

Trends in Staffordshire for patients being admitted to hospital for acute conditions are increasing more rapidly than average until Covid-19 lead to a reduction in unplanned admissions (Figure 22).

Figure 22: Unplanned admissions from ambulatory care sensitive (ACS) conditions



Source: NHS Digital ([NHS Outcomes Framework Indicators - March 2022 release - NHS Digital](#))

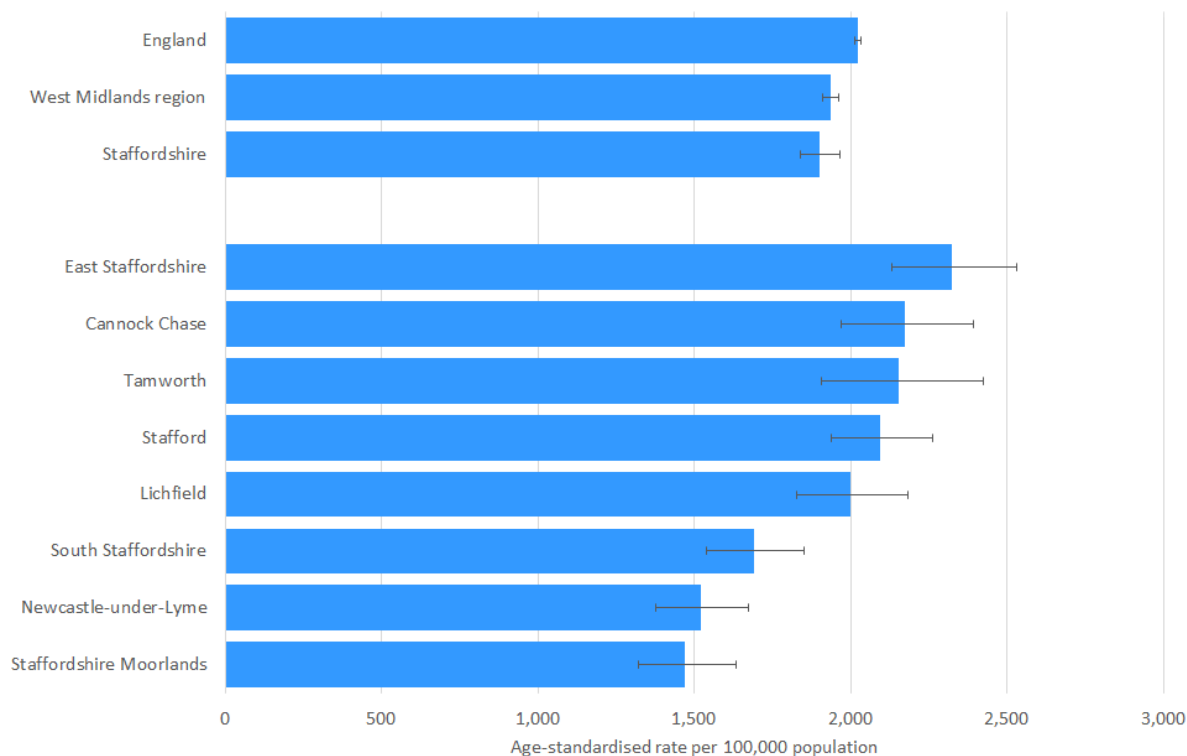
During 2020/21 around 3,600 Staffordshire residents aged 65 and over were admitted to hospital as a result of a fall-related injury with rates being lower than the England average (Figure 23). Rates for falls in people aged over 80 make up two-thirds of all falls in older people.

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

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

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.

Figure 23: Admissions due to falls in people aged 65 and over, 2020/21



Source: Hospital Episode Statistics (HES), NHS Digital via Fingertips <https://fingertips.phe.org.uk> © Crown copyright

During 2020/21 around 77% of people aged 65 and over who were discharged from hospital into reablement services were still at home after 91 days which is similar to the national average. The number of people who were offered reablement services is higher than the national average.

During 2016/17 there were around 880 permanent admissions to people aged 65 and over to residential and nursing care homes with the rate being lower than the national average.

3.8 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. During 2019, before Covid-19, this equates to around 6,600 deaths in Staffordshire. However during 2020/21 only around 4,800 Staffordshire residents were on such registers indicating that many people's end of life care needs are not being identified prior to their death.

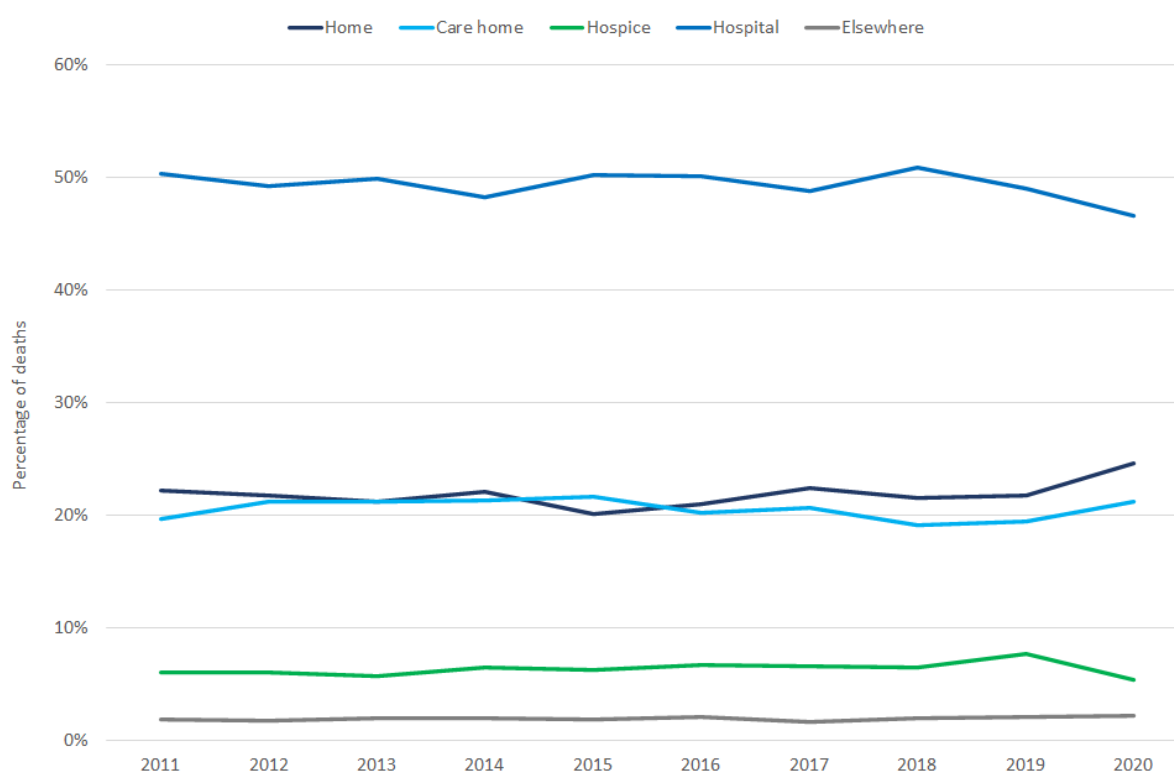
² Quick Guide: Extending the role of community pharmacy in urgent care, NHS England, [quick-guid-comm-pharm-urgent-care.pdf \(england.nhs.uk\)](https://www.nhs.uk/quick-guides/quick-guide-extending-the-role-of-community-pharmacy-in-urgent-care/)

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 Staffordshire, the proportion of people dying at home or their usual place of residence increased to 25% in 2020 (Figure 24), lower than the England average of 27%. Annual figures are not available to assess whether this trend has continued without the effect of increased deaths due to Covid-19

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 24: Trends in proportion of Staffordshire residents dying by location



Source: Office for Health Improvement and Disparities. Palliative and End of Life Care Profiles. 2022
<https://fingertips.phe.org.uk> © Crown copyright 2022.

4 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 levels of pharmaceutical services that community pharmacies can provide:

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

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

4.1 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 month³. The Staffordshire engagement survey found that around 95% of respondents visited a pharmacy at least once a year and around 77% visited once a month.

NHSE/I are responsible for the commissioning of the 174 pharmaceutical service providers of which six are distance-selling pharmacies in Staffordshire, however it should be noted that a Pharmacy in East Staffordshire is due to close on 30th September 2022. There are also 27 dispensing GP practices aligned to Staffordshire ICB, (Table 6 and Map 6) that serve Staffordshire residents, two of which are located in neighbouring authorities (Derbyshire and Shropshire). In addition, a Walsall practice also dispenses from its branch practice, Stonnall Surgery, in Lichfield district. Map 7 shows the location of pharmaceutical providers alongside GP practices within Staffordshire.

Table 6: Pharmaceutical providers in Staffordshire as at September 2022

	Community pharmacies	Distance selling pharmacies	Dispensing practices
Cannock Chase	23	0	1
East Staffordshire	23 (22 from 30/09/2022)	1	7
Lichfield	19	1	1
Newcastle-under-Lyme	26	1	4
South Staffordshire	19	1	2
Stafford	26	0	4
Staffordshire Moorlands	18	0	7
Tamworth	14	2	1
Staffordshire	168 (167 from 30/09/2022)	6	27

Note: A pharmacy in East Staffordshire is due to close on 30/09/2022. It is likely a Pharmacy will either move or close in the Burntwood area of Lichfield in October, although this is yet to be finally confirmed.

Source: NHS England North Midlands and NHS Business Services Authority

Consolidation of Pharmacies in Cannock – August 2020

On 5 December 2016, amendments to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations) came into force which facilitate pharmacy business consolidations from two sites on to a single existing site.

³ Local Government Association, The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards (March 2016)

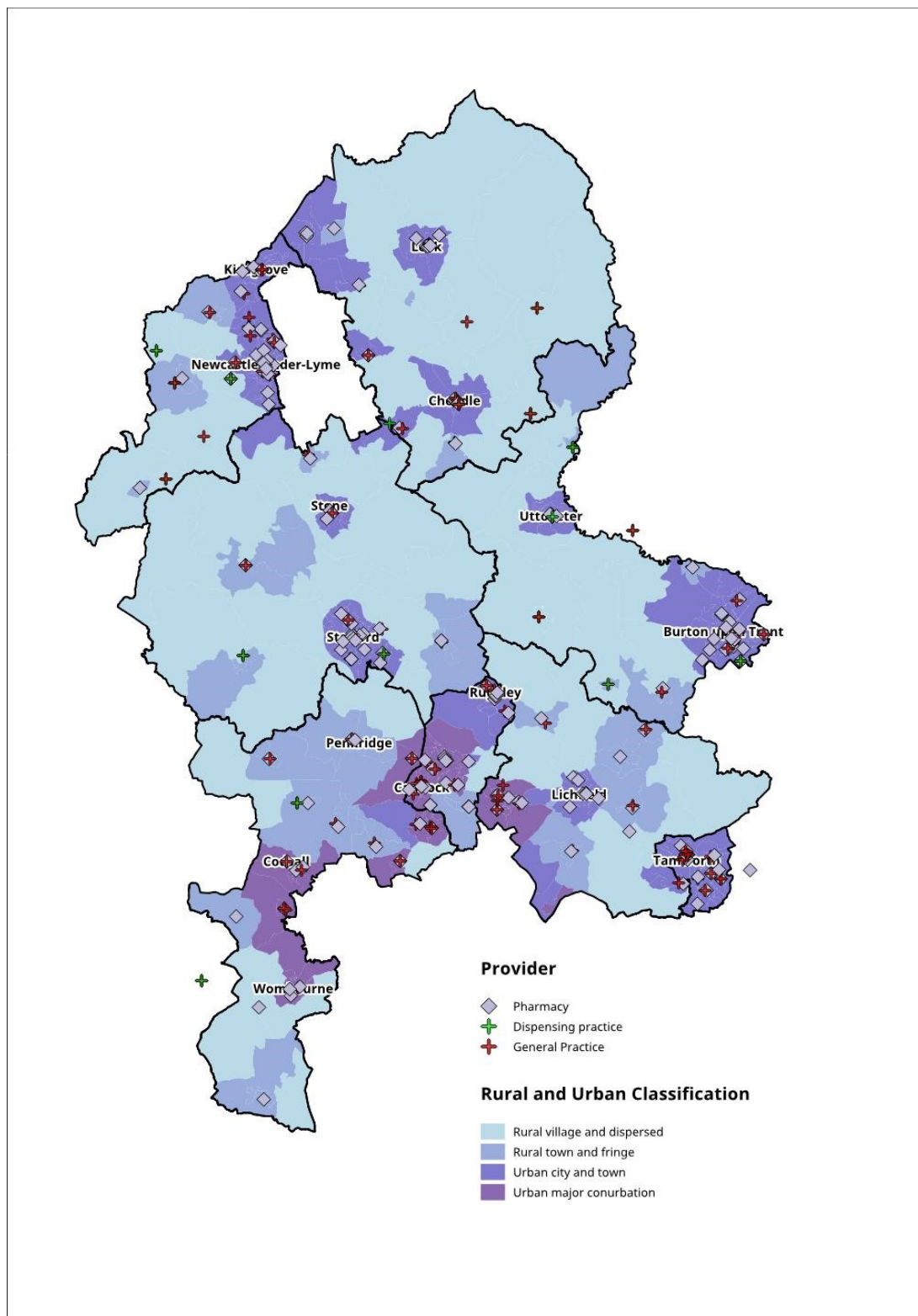
Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

Such a Consolidation was approved by NHS England in August 2020, allowing the closure of the Boots UK site at Park Road, Cannock with the services being consolidated into their branch at Church Street Cannock; this was approved on the basis that there was no impact on the provision of Pharmaceutical Services within Cannock, and this was reflected in the Supplementary Statement of (March 2021).

There being no further changes to the provision of Pharmaceutical Services in the Cannock area, the Health and Wellbeing Board is of the opinion that there continues to be no resulting gap in the provision of services in Cannock.

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.

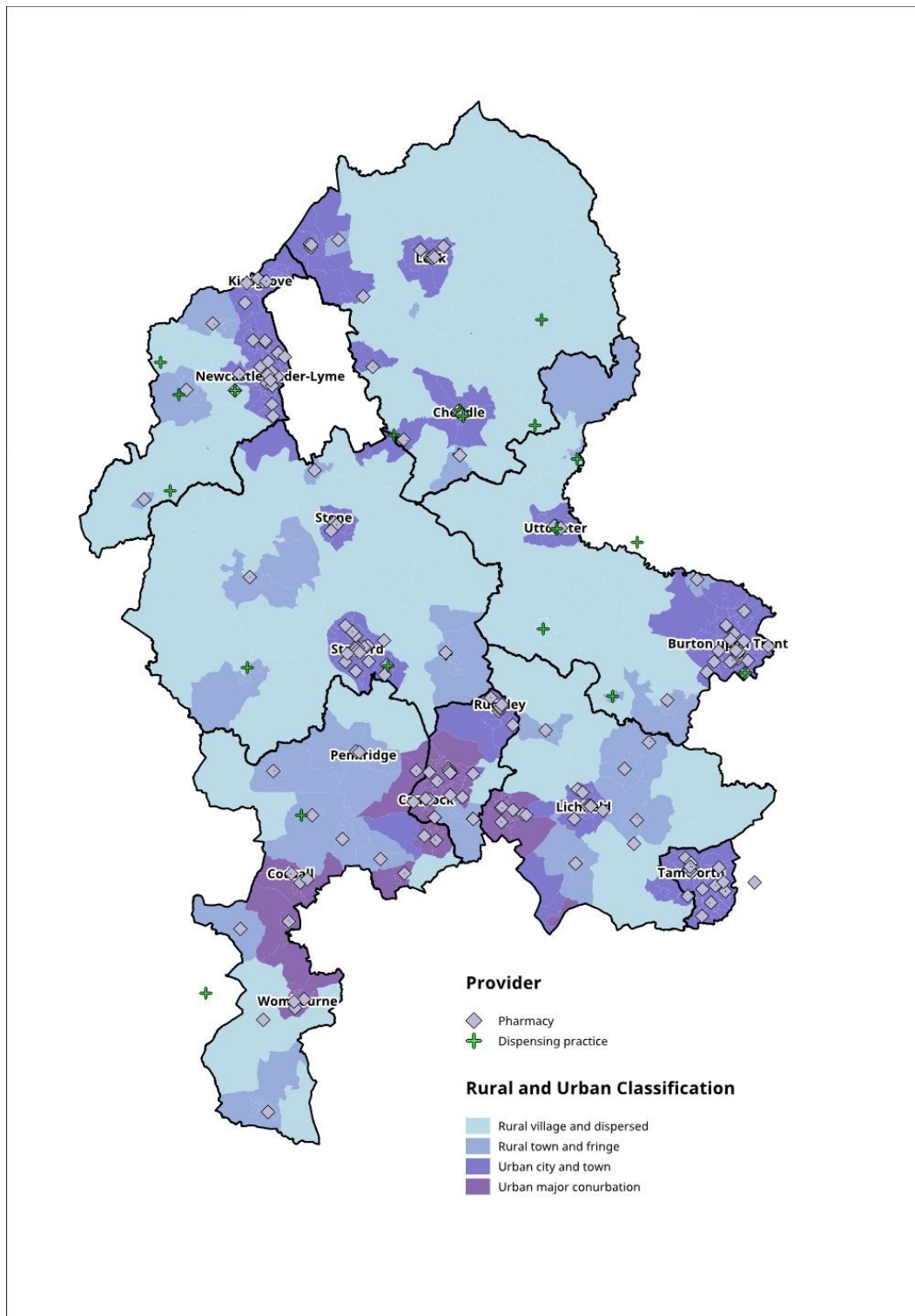
Map 6: Pharmaceutical providers in Staffordshire, September 2022



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

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Map 7: Pharmaceutical providers and GP practices in Staffordshire, September 2022

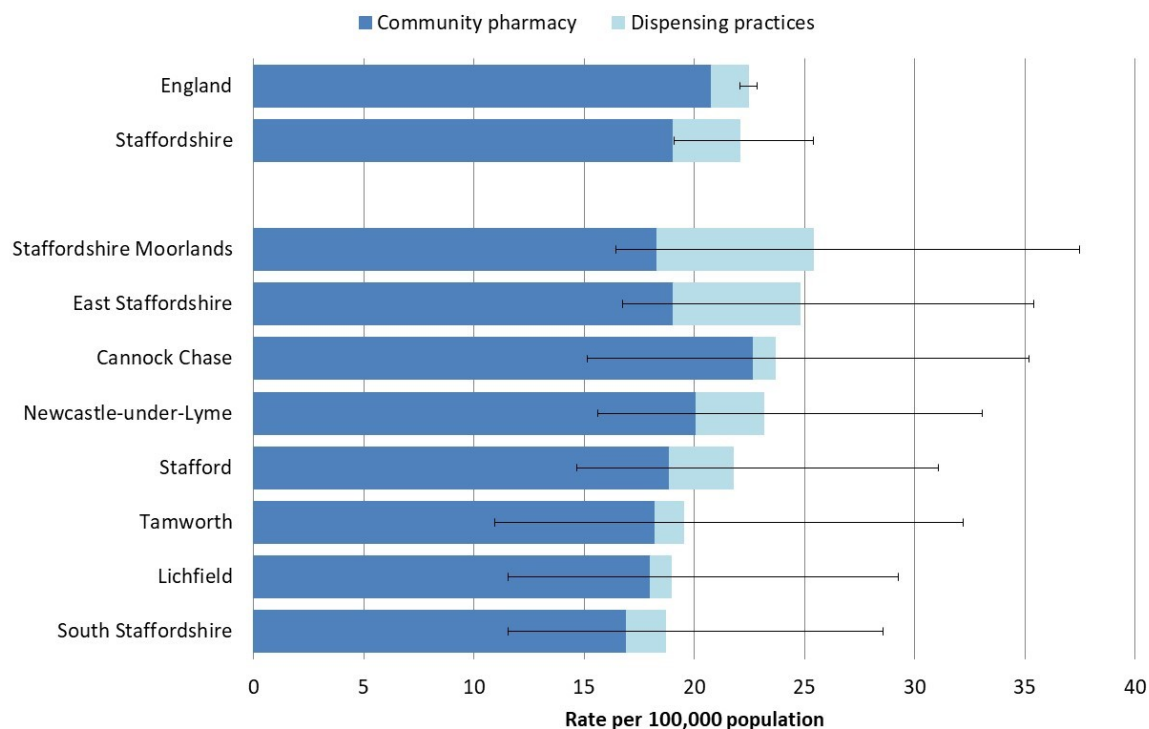


Source: NHS England and NHS Improvement, NHS Business Services Authority and The Rural and Urban Classification 2011, Office for National Statistics.

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The rate of community pharmacies and dispensing practices is 22 per 100,000 population which is similar to the national average (22 per 100,000) but ranges between districts from 19 per 100,000 in South Staffordshire to 25 per 100,000 population in East Staffordshire and 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 25).

Figure 25: Pharmaceutical providers per 100,000 population, September 2022



Source: NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

There remains a gap as to the clarity of controlled localities and reserved locations. NHSE/ 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.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors. (Note: for the purposes of this assessment the national definition of multiple contractors is used which are those community pharmacies who own six or more pharmacies).

The Staffordshire PNA engagement survey asked respondents whether their local pharmacy met their needs. Over 60% responded that they met their needs a great deal and almost

90% 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:

“It is a 3rd generation family-run business. All staff are very helpful and friendly and go out of their way to help. Kieran, the owner, is a first-class pharmacist and you can ask his advice at any time, and he is happy to spend what time is needed with his customers. He also has an online website which is first class and now, also has a 24/7 dispensing machine for people who cannot collect medicines for whatever reason during opening hours. A real asset to the community.”

4.2 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 each a prescription is issued where they would like it to be dispensed. The electronic prescription is then sent to community pharmacy securely.

Table 7: Factors which influence the number of prescriptions dispensed

- 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 script 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.

Healthy living pharmacies (HLP) – HLPs are an essential 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 six 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. During 2021/22 the public health campaigns were: winter vaccines, weight managements and smoking cessation.

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:

- provision of a practice leaflet for patients
- use of standard operating procedures
- patient safety incident reporting to the National Reporting and Learning Service
- conducting clinical audits and patient satisfaction surveys
- 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 a new essential service in February 2021. NHS Trusts are able to refer patients 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 and 40% also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (9%).

4.3 Advanced pharmacy services

There are currently eight advanced services that are available within the community pharmacy contract. Community pharmacies can choose to provide any of these services commissioned by NHS England as long as they meet the requirements set out in the Secretary of State Directions.

The number of pharmacies who provide these in Staffordshire is shown in Table 8. There is overall good coverage of Community Pharmacist Consultation Service (CPCS), Flu Vaccination Service, Hypertension case findings and New Medicine Service (NMS) across Staffordshire.

The coverage of new services such as Smoking Cessation vary across district. There is no provision of Smoking Cessation services in East Staffordshire or Staffordshire Moorlands.

Currently work to support the pathway for referral of smoking cessation patients from secondary care into community pharmacy is being developed. There are multiple providers of smoking cessation available across the health care system.

Coverage of appliance use reviews, stoma appliance customisation services and Hepatitis C testing 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, September 2022

	Appliance Use Review	Consultation Service (CPCS)	Flu Vaccination	Hepatitis C testing	Hypertension case finding	New Medicine Service	Smoking Cessation	Stoma Appliance Customisation
Cannock Chase	0 (0%)	23 (100%)	22 (96%)	0 (0%)	6 (26%)	23 (100%)	2 (9%)	3 (13%)
East Staffordshire	0 (0%)	23 (96%)	22 (92%)	0 (0%)	5 (21%)	24 (100%)	0 (0%)	0 (0%)
Lichfield	0 (0%)	19 (95%)	20 (100%)	0 (0%)	5 (25%)	20 (100%)	4 (20%)	3 (15%)
Newcastle-under-Lyme	0 (0%)	26 (96%)	25 (93%)	0 (0%)	10 (37%)	27 (100%)	1 (4%)	1 (4%)
South Staffordshire	1 (5%)	19 (95%)	18 (90%)	0 (0%)	5 (25%)	20 (100%)	1 (5%)	4 (20%)
Stafford	0 (0%)	26 (100%)	26 (100%)	0 (0%)	12 (46%)	26 (100%)	3 (12%)	3 (12%)
Staffordshire Moorlands	0 (0%)	18 (100%)	18 (100%)	0 (0%)	5 (28%)	18 (100%)	0 (0%)	2 (11%)
Tamworth	0 (0%)	16 (100%)	15 (94%)	1 (6%)	9 (56%)	16 (100%)	2 (13%)	0 (0%)
Staffordshire	1 (1%)	170 (98%)	166 (95%)	1 (1%)	57 (33%)	174 (100%)	13 (7%)	16 (9%)
England	29 (0%)	9,284 (80%)	9,816 (84%)	10 (0%)	No data	9,543 (82%)	No data	1,183 (10%)

Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, January 2022, Pharmaceutical List (NHS Futures) April 2021, NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

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 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. Every community pharmacy across Staffordshire provided New Medicine Services, a higher proportion than national. On average every participating pharmacy saw 246 patients annually which is higher than the national average of 98 (Table 9 and Map 8).

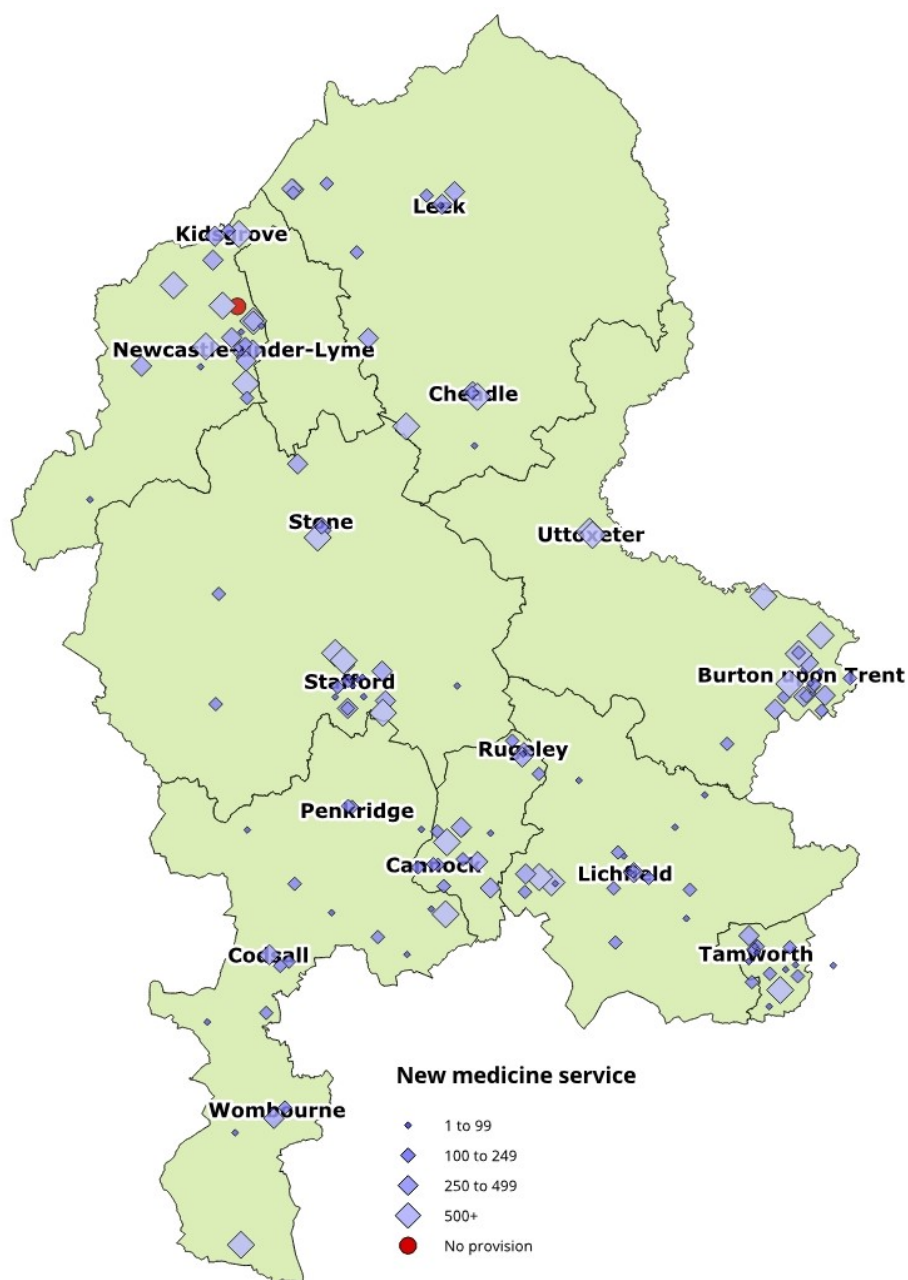
Table 9: New Medicine Service activity (2021/22)

	Number of pharmacies	Percentage of pharmacies	Number of NMS	Average number per pharmacy
Cannock Chase	23	100%	4,733	206
East Staffordshire	24	100%	7,765	324
Lichfield	20	100%	4,556	228
Newcastle-under-Lyme	27	100%	8,340	309
South Staffordshire	20	100%	3,156	158
Stafford	26	100%	6,626	255
Staffordshire Moorlands	18	100%	5,071	282
Tamworth	17	100%	2,607	153
Staffordshire	174	100%	28,138	246
England	9543	82%	932,880	98

Note: The total number of pharmacies includes a pharmacy in Tamworth that is now closed

Source: Pharmaceutical List (NHS Futures) April 2021, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Map 8: Provision of New Medicine Service in Staffordshire, 2020/21



Note: The point showing no provision is a Dispensing Appliance Contractor and not included in table 9.

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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.

The provision of AUR and SACs during 2020/21 in Staffordshire is lower than the national average shown in Table 10. However as mentioned earlier many patients receiving 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, 2020/21

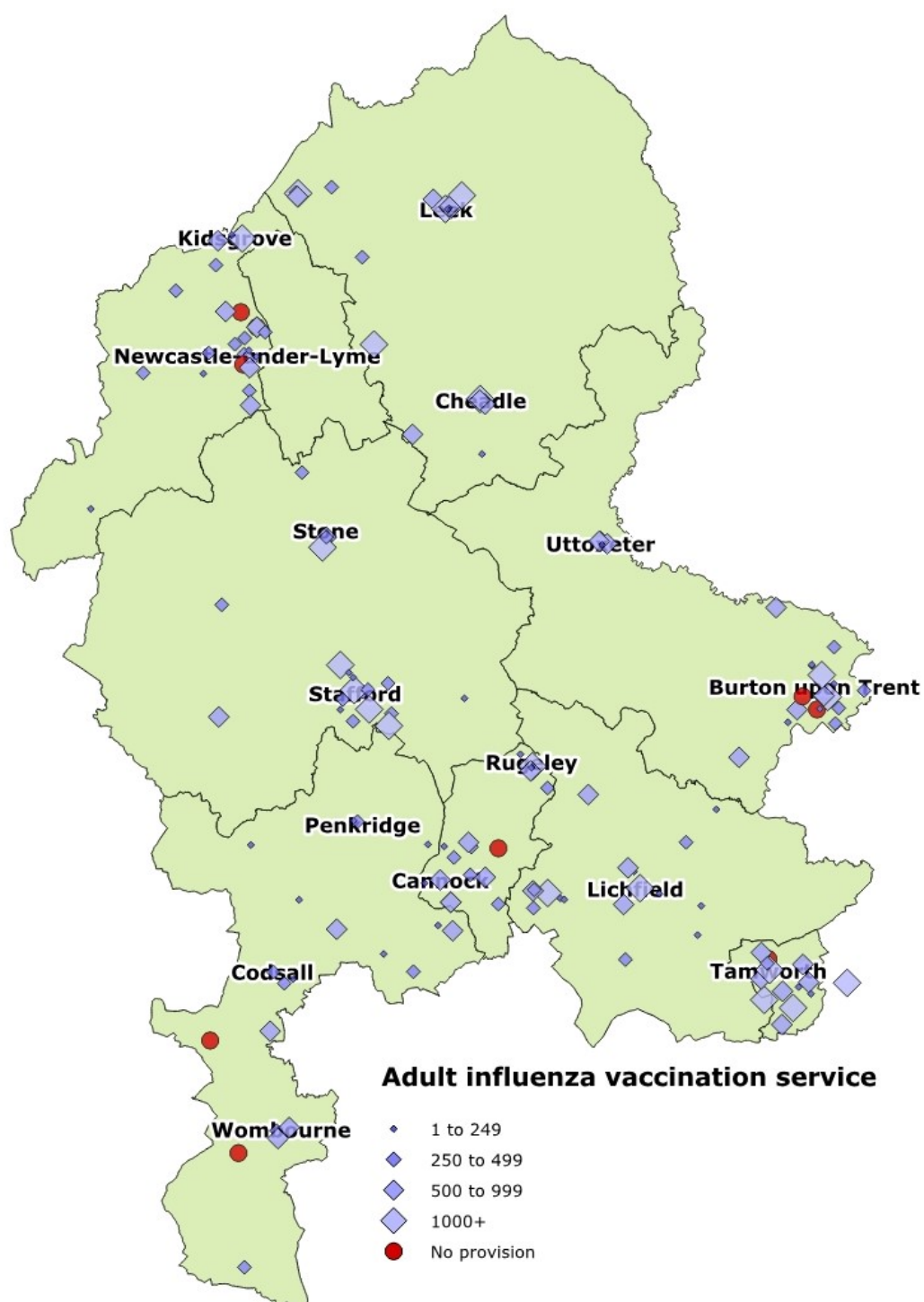
	Number of pharmacies	Number	Average per pharmacy
Appliance Use Review (AURs)			
Staffordshire	1	7	7
England	29	330	11
Stoma Appliance Customisation (SAC)			
Staffordshire	16	118	7
England	1,183	11,570	10

Source: Pharmaceutical List (NHS Futures) April 2021, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Influenza Adult Vaccination Service - this service supports the provision of the national flu vaccination programme between September 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.

There has been a significant increase in the number of vaccinations provided by pharmacies nationally between during the Covid-19 pandemic; both the proportion of pharmacies signed up to provide flu vaccination services and average provision per pharmacy is higher than the national average (Table 11). Across the County, at least 90% of all pharmacies in each district provide flu vaccinations (Map 9).

Map 9: Provision of Influenza Adult Vaccination Services in Staffordshire, 2020/21



Note: A point in Newcastle-under-Lyme showing no provision is a Dispensing Appliance Contractor and not included in table 11.

Source: Pharmaceutical List (NHS Futures) April 2021, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved©

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Table 11: Influenza Adult Vaccination Service activity, 2021/22

	Number of pharmacies	Percentage of Pharmacies	Number of vaccinations	Average number per pharmacy
Cannock Chase	22	96%	8,655	393
East Staffordshire	22	92%	11,691	531
Lichfield	20	100%	9,895	495
Newcastle-under-Lyme	25	93%	11,454	458
South Staffordshire	18	90%	7,621	423
Stafford	26	100%	13,341	513
Staffordshire Moorlands	18	100%	11,584	644
Tamworth	16	94%	10,694	668
Staffordshire	167	95%	84,935	509
England	9816	84%	2,770,330	282

Note: The total number of pharmacies includes a pharmacy in Tamworth that is now closed

Source: Pharmaceutical List (NHS Futures) April 2021, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Community Pharmacy Consultation Service (CPCS) – Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. Referrals can come from general practice, NHS111, Integrated Urgent Care Assessment Services and in some cases via the 999 service.

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

The proportion of pharmacies signed up to provide the Community Pharmacy Consultation Service (CPCS) is higher than national with at least 95% of all pharmacies in each district providing the service. The average provision per pharmacy is lower than the national average (Table 12).

Table 12: Community Pharmacy Consultation Service activity, 2021/22

	Number of pharmacies	Percentage of Pharmacies	Number provided	Average number per pharmacy
Cannock Chase	22	100%	1,191	52
East Staffordshire	23	96%	1,002	44
Lichfield	19	95%	760	40
Newcastle-under-Lyme	26	96%	1,139	44
South Staffordshire	19	95%	605	32
Stafford	26	100%	1,182	45
Staffordshire Moorlands	18	100%	596	33
Tamworth	17	100%	833	49
Staffordshire	170	98%	7,308	43
England	9284	80%	509,050	55

Note: The total number of pharmacies includes a pharmacy in Tamworth that is now closed

Source: Pharmaceutical List (NHS Futures) April 2021, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Hepatitis C testing – This service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

Nationally, only ten pharmacies provide Hepatitis C testing of which one is based in Tamworth (Figure 26: Pharmacies providing advanced services in Staffordshire, April 2022).

Hypertension case finding – 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.

One in three Staffordshire Pharmacies currently provide the Hypertension case finding service with provision varying by district (Figure 27: Pharmacies providing advanced services in Staffordshire, April 2022). As the Hypertension Case finding service develops it is expected that provision will increase across Staffordshire and activity data will become available.

Smoking Cessation – in this service community pharmacies take stop smoking referrals from secondary care following their discharge from hospital. It is designed to enable MHS trusts to transfer patients for smoking cessation into the community.

There are currently 13 Pharmacies providing the Smoking Cessation advanced service in Staffordshire with coverage in every district apart from East Staffordshire and Staffordshire Moorlands. As the Smoking Cessation service develops it is expected that provision will increase across Staffordshire and activity data will become available, depending on the pathway for referrals from hospitals. There were 63 Pharmacies stating that they will soon be providing this service in the latest Pharmoutcomes survey.

Covid-19 services - During the first wave of the pandemic, community pharmacy became the first point of contact for many patients as they struggled to access other healthcare providers, such as GPs, dentists and hospitals. Pharmacies also provided services specific to covid-19 such as:

- Pandemic delivery service

The pandemic delivery service delivered medicines and appliances to the homes of patients who were shielding or considered to be at high risk for Covid-19. Across Staffordshire, 63% of all Pharmacies (111 Pharmacies) provided the pandemic delivery service, with provision in every district of Staffordshire.

- COVID-19 lateral flow device distribution service

The Community Pharmacy COVID-19 Lateral Flow Device (LFD) Distribution Service improved access to testing by making test kits readily available at community pharmacies. The tests are for asymptomatic people to identify positive cases in the community and break the chain of transmission. Across Staffordshire, 77% of all Pharmacies (135 Pharmacies) provided the pandemic delivery service, with provision in every district of Staffordshire.

4.4 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. needle exchange through ADS Human Kind Staffordshire. Services that are commissioned in Staffordshire are shown in

Table 13.**Table 13: Provision of local commissioned services in Staffordshire, September 2022**

	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire
Emergency Supply	17 (74%)	14 (58%)	10 (50%)	25 (93%)	12 (60%)	18 (69%)	14 (78%)	7 (44%)	117 (67%)
Palliative Care	3 (13%)	3 (13%)	4 (20%)	1 (4%)	2 (10%)	4 (15%)	1 (6%)	4 (25%)	22 (13%)
UTI and Impetigo Consultation & Supply	16 (70%)	15 (63%)	15 (75%)	23 (85%)	14 (70%)	20 (77%)	11 (61%)	9 (56%)	123 (71%)
Infected Eczema Consultation & Supply	0 (0%)	2 (8%)	2 (10%)	6 (22%)	1 (5%)	1 (4%)	0 (0%)	1 (6%)	13 (7%)
Infected Insect Bites Consultation & Supply	5 (22%)	7 (29%)	6 (30%)	16 (59%)	5 (25%)	10 (38%)	4 (22%)	4 (25%)	57 (33%)
Acute Bacterial Conjunctivitis	3 (13%)	6 (25%)	3 (15%)	10 (37%)	3 (15%)	4 (15%)	7 (39%)	5 (31%)	41 (24%)
CPOSS - Optometry Supply Service	0 (0%)	0 (0%)	3 (15%)	0 (0%)	2 (10%)	2 (8%)	0 (0%)	0 (0%)	7 (4%)
Joint Pain in the Community Consultation	0 (0%)	0 (0%)	0 (0%)	1 (4%)	1 (5%)	1 (4%)	0 (0%)	0 (0%)	3 (2%)

Emergency Hormonal Contraception	13 (57%)	17 (74%)	8 (42%)	17 (65%)	13 (68%)	18 (69%)	15 (83%)	8 (50%)	109 (63%)
Supervised Consumption	15 (65%)	18 (75%)	10 (50%)	16 (59%)	12 (60%)	17 (65%)	15 (83%)	13 (81%)	116 (67%)
Home delivery	1 (4%)	5 (21%)	5 (25%)	6 (22%)	4 (20%)	4 (15%)	10 (56%)	4 (25%)	39 (22%)
Chlamydia testing	12 (52%)	10 (43%)	6 (32%)	13 (50%)	10 (53%)	11 (42%)	14 (78%)	6 (38%)	82 (47%)
Chlamydia treatment	8 (35%)	9 (39%)	4 (21%)	9 (35%)	6 (32%)	9 (35%)	11 (61%)	6 (38%)	62 (36%)
Needle And Syringe Exchange Service	2 (9%)	2 (8%)	2 (10%)	0 (0%)	0 (0%)	0 (0%)	1 (6%)	1 (6%)	8 (5%)

Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, January 2022, Pharmaceutical List (NHS Futures) April 2021, NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Emergency supply - this service enables pharmacies to issue up to 14 days' worth of medication to patients who had run out of their prescribed medication during the pharmacy's regular opening hours.

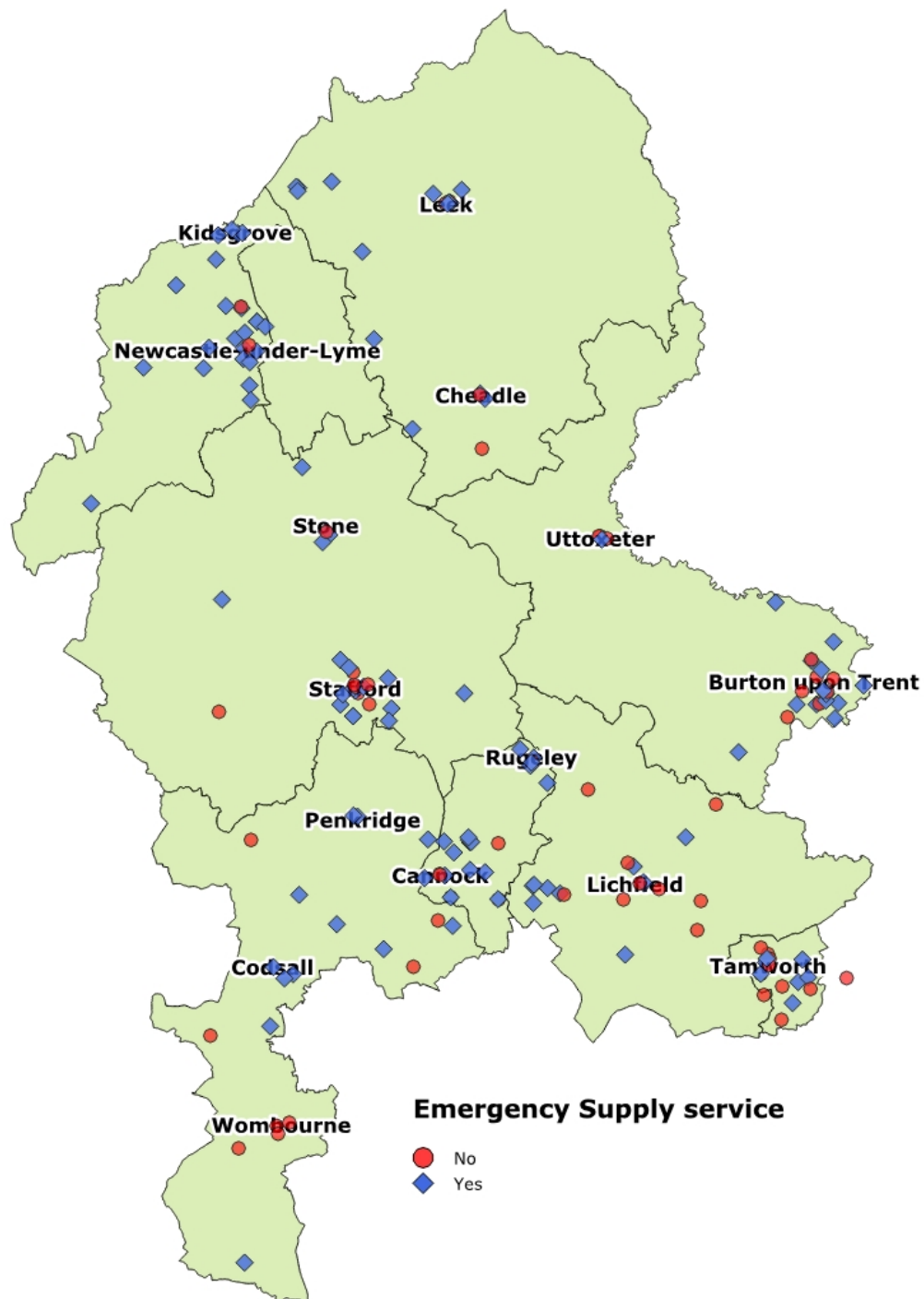
As of April 2022 there were 117 pharmacies signed up to provide the service in Staffordshire and 8,800 provisions being made during the year (average of around 75 per year). Provision ranged from 93% of pharmacies in Newcastle-under-Lyme to 41% of Tamworth pharmacies (Table 14 and Map 10).

Table 14: Emergency supply activity, 2021/22

	Number of pharmacies	Percentage of pharmacies	Number of Provisions	Average number per pharmacy
Cannock Chase	17	74%	355	21
East Staffordshire	14	58%	1,618	116
Lichfield	10	50%	842	84
Newcastle-under-Lyme	25	93%	2,047	82
South Staffordshire	12	60%	724	60
Stafford	18	69%	1,853	103
Staffordshire Moorlands	14	78%	794	57
Tamworth	7	41%	589	84
Staffordshire	117	67%	8,822	75

Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, January 2022, Pharmaceutical List (NHS Futures) April 2021, NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Map 10 Provision of emergency supply services in Staffordshire, January 2022



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Urinary tract infections (UTI) and impetigo - this service allows pharmacies to provide antibiotic treatment for urinary tract infections (UTI) for women aged 16-74 and impetigo in children and adults who meet the inclusion criteria following accreditation of pharmacists under a Patient Group Direction (PGD). There are 123 pharmacies in Staffordshire who are signed up to provide at least one of these services (Table 15 and Map 11).

During 2021/22 across Staffordshire:

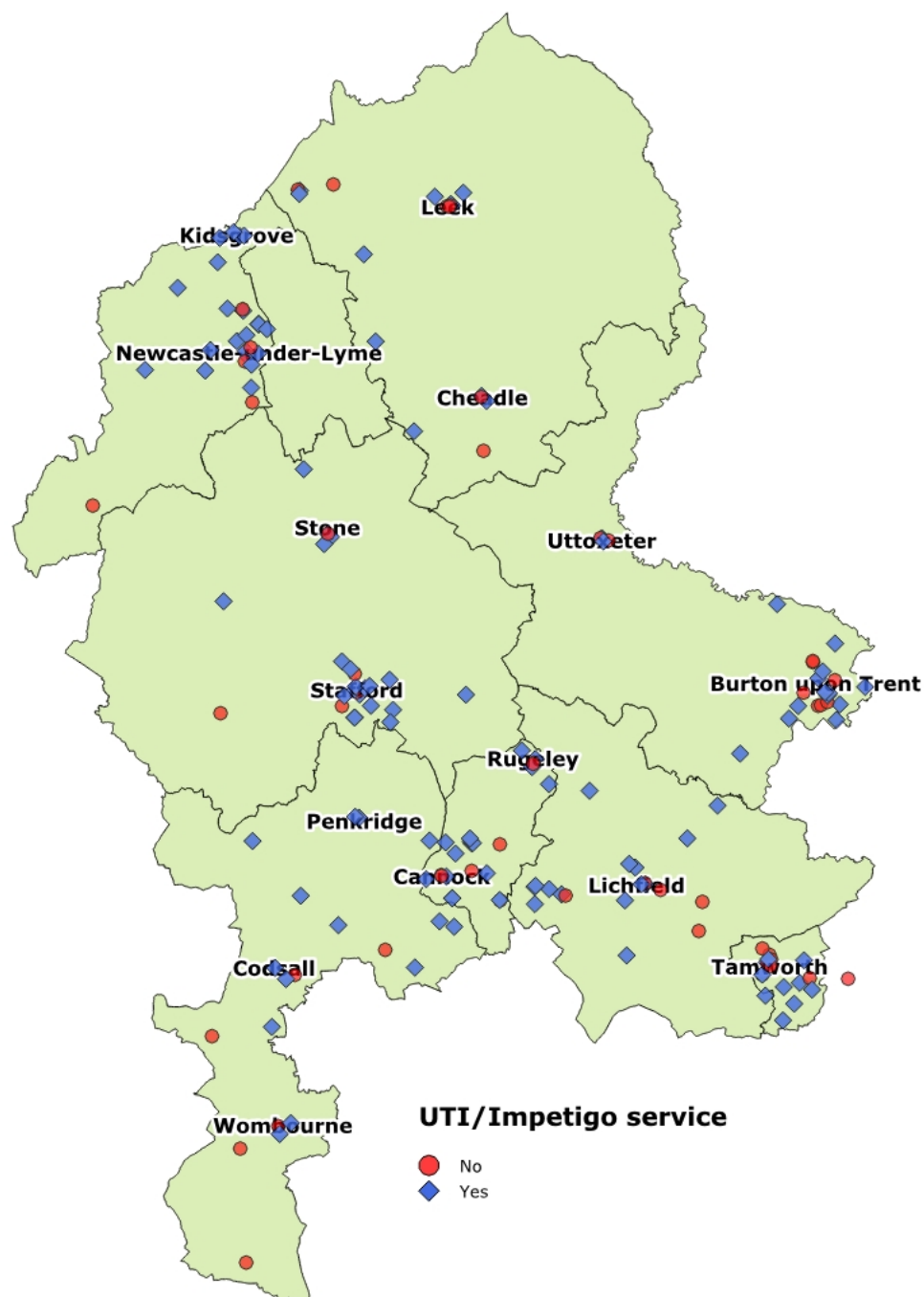
- There were 123 providers for treatment of UTI or impetigo with 3,678 provisions being made (average of 30 per pharmacy).
- There were 122 providers for treatment of UTI with 3,503 provisions being made (average of 29 per pharmacy).
- There were 50 providers for treatment of impetigo with 175 provisions being made (average of 4 per pharmacy).

Table 15: UTI and impetigo consultation and supply activity, 2021/22

	Number of pharmacies	Percentage of pharmacies	Number of Provisions	Average number per pharmacy
Cannock Chase	16	70%	475	30
East Staffordshire	15	63%	336	22
Lichfield	15	75%	378	25
Newcastle-under-Lyme	23	85%	999	43
South Staffordshire	14	70%	451	32
Stafford	20	77%	438	22
Staffordshire Moorlands	11	61%	164	15
Tamworth	9	53%	437	49
Staffordshire	123	70%	3,678	30

Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, January 2022, Pharmaceutical List (NHS Futures) April 2021, NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Map 11: Provision of Urinary tract infections (UTI) and/or impetigo service in Staffordshire, January 2022



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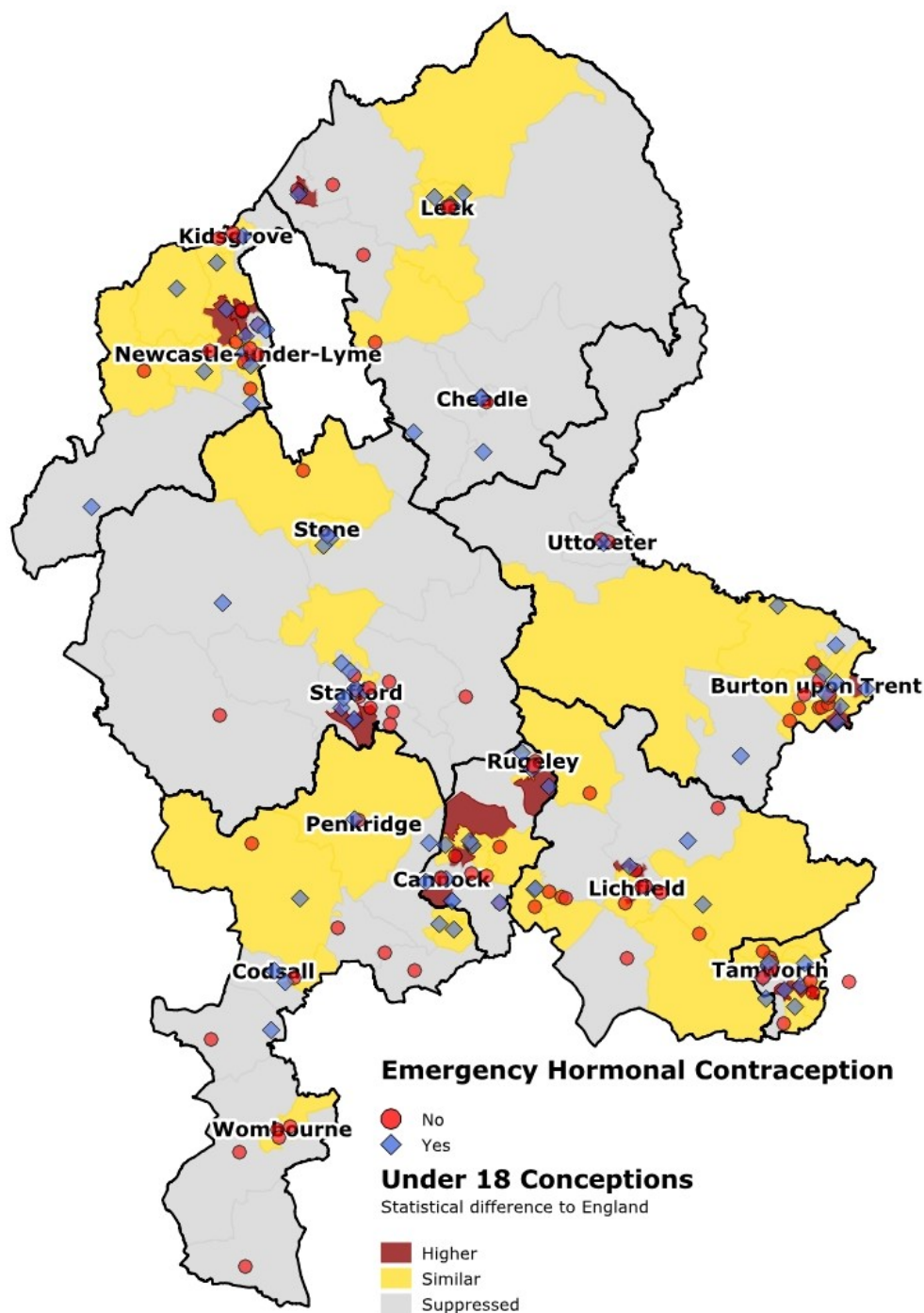
Source: Pharmaceutical List (NHS Futures) April 2021, NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2015/16 to 2020/21, Copyright 2021, Health and Social Care Information Centre. All Rights Reserved

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 (63% coverage) across the County with coverage ranging from 42% of pharmacies in Lichfield to 83% in Staffordshire Moorlands. There is cover in areas where there are higher teenage pregnancy rates (Map 12).

Map 12 Under 18 conception rates (2017-2019) and emergency hormonal contraception provision in Staffordshire, January 2022

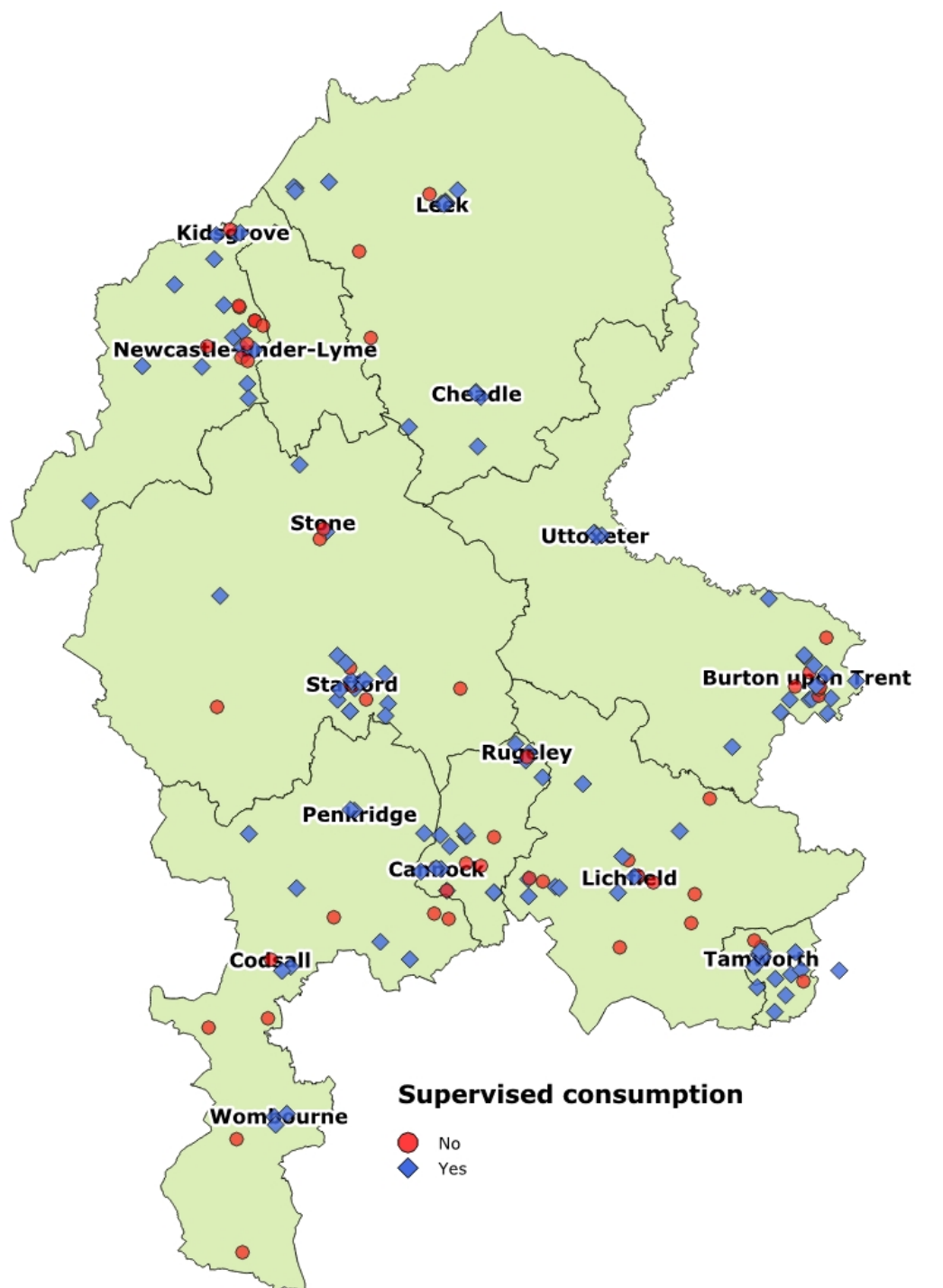


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Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, January 2022, Pharmaceutical List (NHS Futures) April 2021, NHS England North Midlands, Health and Social Care Information Centre. All Rights Reserved

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. Two thirds of pharmacies in Staffordshire provide a supervised consumption service with a good spread of access to this service across the County (Map 13).

Map 13 : Provision of supervised consumption in Staffordshire, January 2022



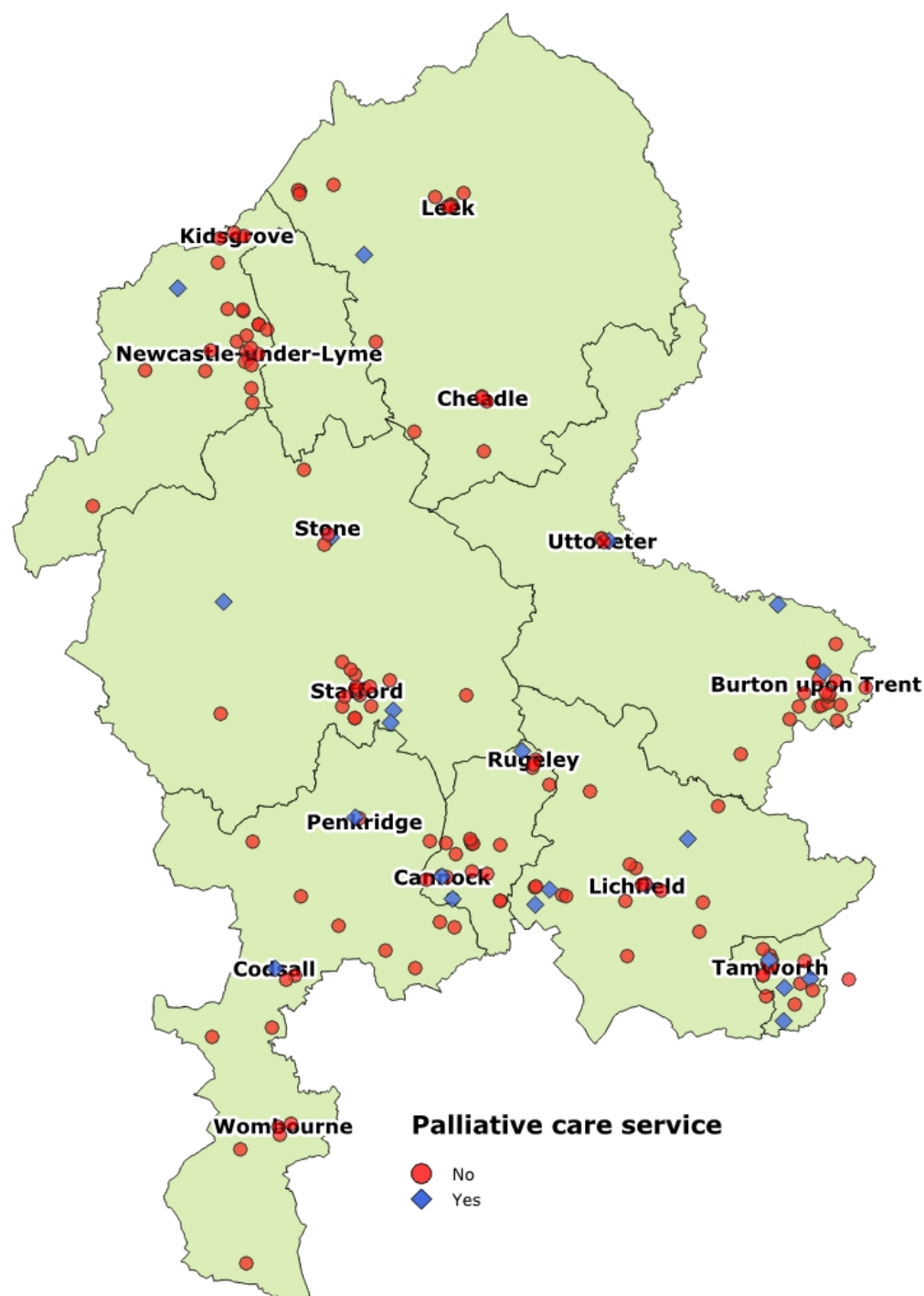
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Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, January 2022, Pharmaceutical List (NHS Futures) April 2021, NHS England North Midlands, Health and Social Care Information Centre. All Rights Reserved

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 has 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.

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 22 pharmacies providing the palliative care service in Staffordshire with a good spread of access to this service across the County (Map 14).

Map 14 Provision of palliative care services in Staffordshire, January 2022



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Chlamydia testing and treatment - There are 82 pharmacies providing Chlamydia testing and 62 providing Chlamydia treatment services across Staffordshire with coverage in every district.

Infected Insect Bites Consultation and Supply – A third of Pharmacies in Staffordshire provide the Infected Bites Consultation and Supply service across all Staffordshire districts, providing 474 provisions in 2021/22.

Infected Eczema Consultation and Supply – There are 13 pharmacies providing the Infected Eczema Consultation and Supply service across Staffordshire with coverage in every district apart from Cannock Chase and Staffordshire Moorlands.

Home delivery – There are 41 pharmacies providing the Home delivery service across all Staffordshire districts.

Acute Bacterial Conjunctivitis Consultation and Supply – There are 41 pharmacies providing the Acute Bacterial Conjunctivitis Consultation and Supply service across all Staffordshire districts, providing 133 provisions in 2021/22.

CPOSS - Optometry Supply Service – There are 7 pharmacies providing CPOSS - Optometry Supply Service across Staffordshire.

Joint Pain in Community Pharmacy Patient Consultation - There are 7 pharmacies providing Joint Pain in Community Pharmacy Patient Consultation across Staffordshire.

Covid-19 vaccination delivery - Across the UK, Pharmacies played an important role in achieving vaccination rates, both in their own premises or at offsite vaccination centres. This was commissioned by NHSE/I, who worked with the local ICB to identify how this service could best meet local needs. There were nine Staffordshire Pharmacies providing Covid-19 vaccinations, on their own premises and off site, delivering about one in five of all vaccinations in across the County (358,500 vaccinations). This contributed to Staffordshire achieving higher than average Covid-19 vaccination uptake rates.

Covid-19 Lateral Flow Device locally commissioned service – Staffordshire County Council also commissioned LFD tests from local community pharmacies. There were 30 pharmacies delivering the service, which ended 31st March 2022 and 62,427 tests were delivered in just under 12 months.

Other services - There are also a range of non-commissioned services that pharmacies provide. These are either privately arranged or are provided free of charge to their communities and include: home delivery service (excludes appliances), medicines assessment and compliance support services, care home service, diabetes screening, travel vaccines and contraceptive services

Based on data from the engagement survey many respondents would like pharmacies to maintain their current. Other responses included:

- Introduce basic testing such as blood pressure measurements, blood tests and holiday vaccinations
- Provide ENT services

5 Access to pharmaceutical services

5.1 Geographical access

Large numbers of Staffordshire residents are disadvantaged in terms of geographical access to key services (as shown in Section 2.5) and around one in five people do not have access to a car meaning they are reliant on others or good accessible public transport to get around (Figure 28).

Figure 28: Number and proportion of households with no car or van, 2011

	Number	Percentage	Statistical difference to England
Cannock Chase	8,213	20.2%	Lower
East Staffordshire	10,123	21.4%	Lower
Lichfield	5,594	13.6%	Lower
Newcastle-under-Lyme	11,632	22.1%	Lower
South Staffordshire	5,879	13.2%	Lower
Stafford	9,742	17.5%	Lower
Staffordshire Moorlands	6,196	14.8%	Lower
Tamworth	6,514	20.6%	Lower
Staffordshire	63,893	18.0%	Lower
West Midlands	566,621	24.7%	Lower
England	5,691,251	25.8%	

Source: 2011 Census, Office for National Statistics, Crown copyright

5.2 Opening hours

There are currently 16 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week. As of 30 September this is due to decrease to 15 as a Pharmacy in Burton on Trent is due to close. (Note: due to relocations in the Burntwood area of Lichfield, the only 100 hour pharmacy in Lichfield District is due to reduce hours to below 100 hours from November 2022).

Community pharmacies generally complement GP opening hours. In Staffordshire they open from 7am on Monday mornings and from 6:30am on Tuesday 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 most pharmacies close by 6.30pm in the evening with around one in six open until 8pm and around a tenth of pharmacies across the County open during the week until at least 10pm.

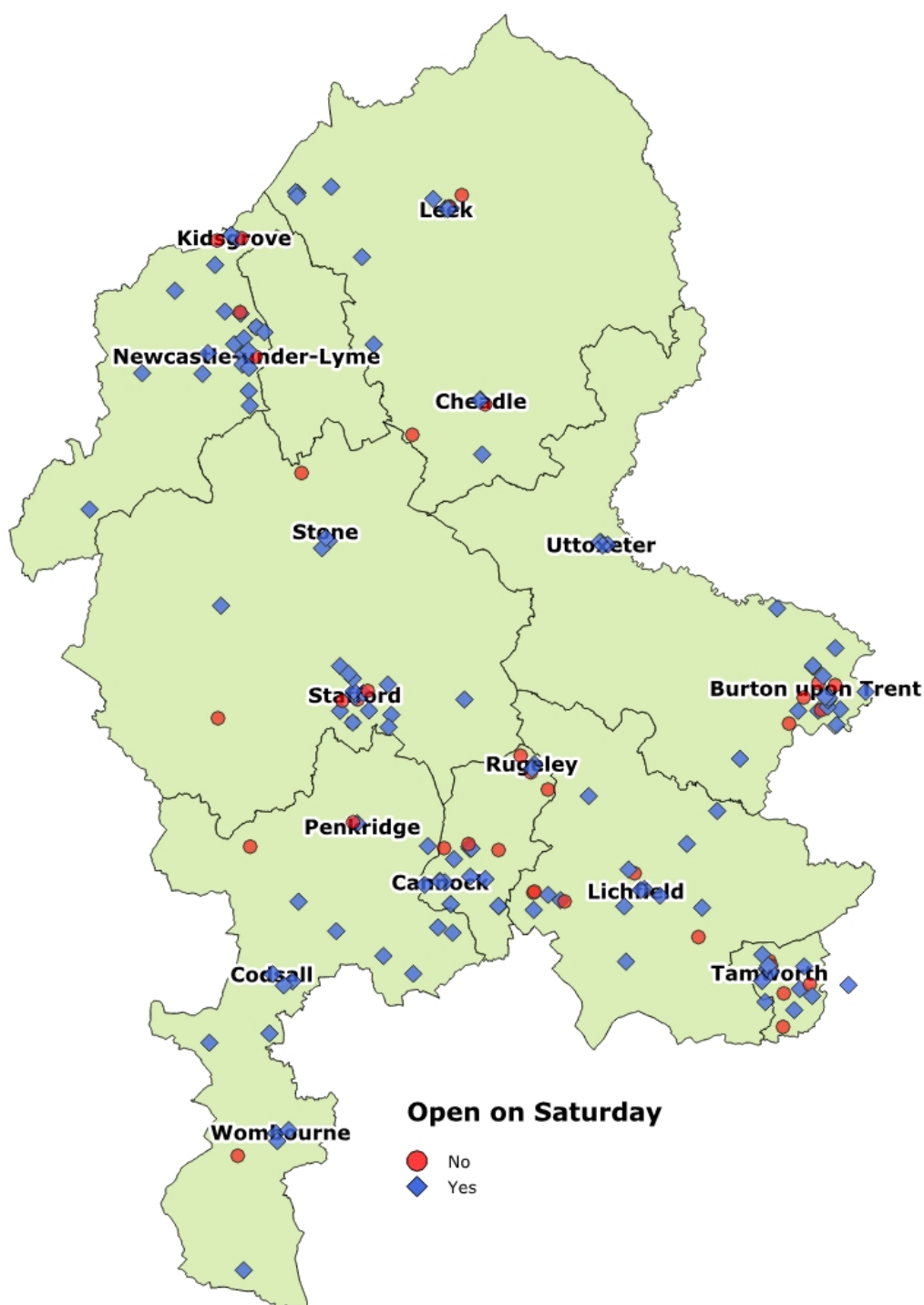
Around three quarters of pharmacies are also open on Saturdays, opening times start from 6.30am and average at around 9am. About half of pharmacies open on a Saturday close around lunchtime (Midday or 1pm), around a quarter close between 4pm and 6pm and around one in seven (19) are open until at least 10pm (Map 15).

Around one in six pharmacies are also open on Sunday, with opening times starting from around 10am and most closing by around 4pm. There is at least one Pharmacy open on Sundays in each Staffordshire district (Map 16), many of which are 100-hour pharmacies. There are four pharmacies across the County that are open after 5pm (including the Lichfield pharmacy due to reduce hours as of November 2022). Some of this is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. All districts have at least one pharmacy open on Sundays and 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.

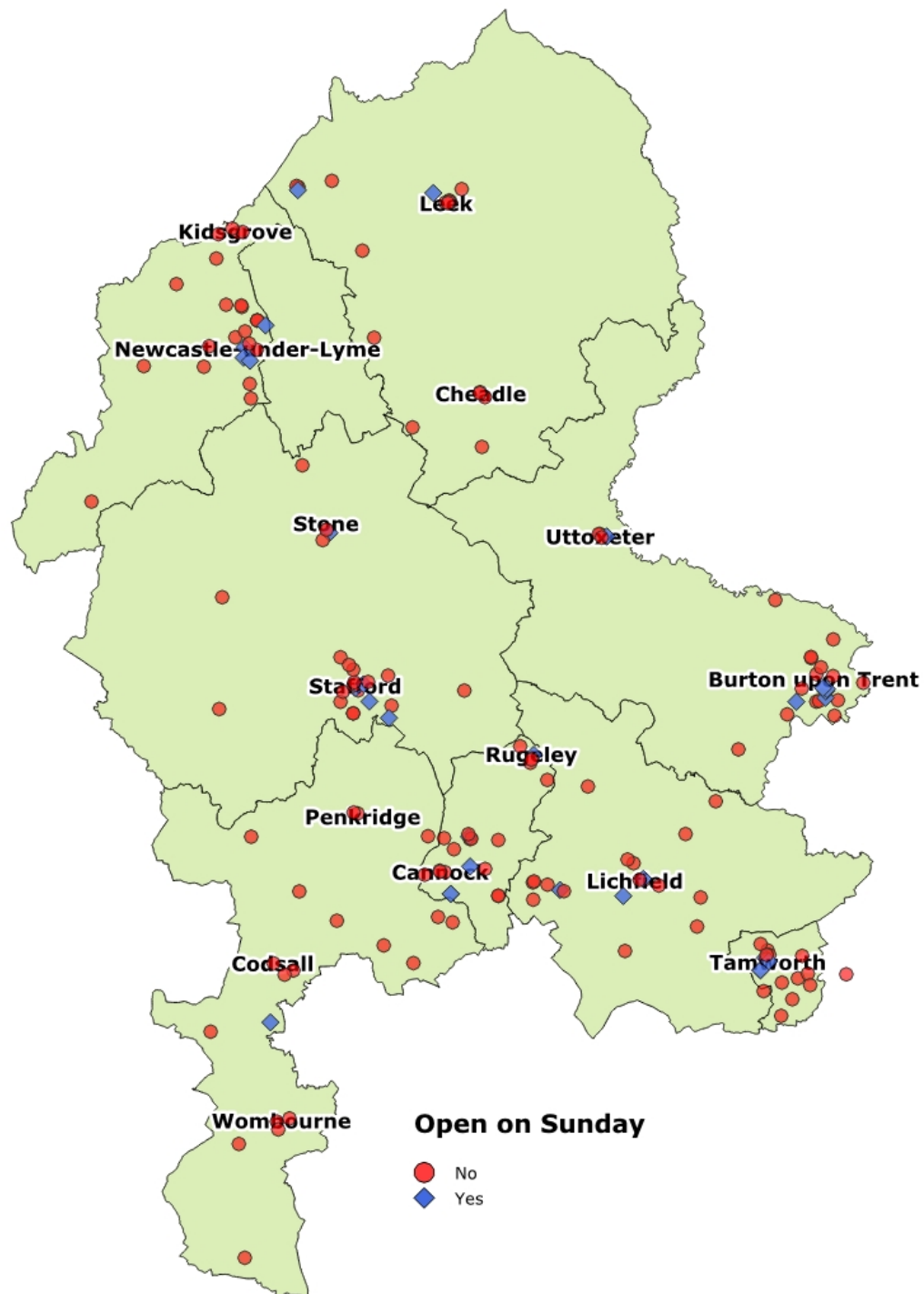
Map 15: Pharmacies that are open on Saturdays, March 2022



Source: NHS England North Midlands

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Map 16: Pharmacies that are open on Sundays, March 2022



Source: NHS England North Midlands

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5.3 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.

The age profile for Staffordshire residents has been described in Chapter 2.

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 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 2011 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 162,600 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 (16.1%, 139,000 patients), depression (12.4% people aged 18 and over, 86,300 patients), diabetes (7.6% people aged 17 and over, 54,000 patients), asthma (6.9%, 59,400 patients) and chronic kidney disease (4.3%, aged 18 and over, 29,700 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 2,350 people on the blind register in Staffordshire and a further 2,550 on the partially sighted register as at 31st March 2019. 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 there are around 340 adults aged 18-64 who have a serious visual impairment, 17,110 adults aged 65 and over who have a moderate or severe visual impairment and 5,820 adults aged 75 and over who have registerable eye conditions.

- Based on national estimates, there are around 2,260 adults with profound hearing loss in Staffordshire and a further 104,200 adults with moderate or severe hearing loss.
- People with hearing and vision impairment are more likely to be older people (aged 75 and over).

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. It is estimated nationally that one in four thousand people are receiving medical help for gender dysphoria, which equates to around 220 people in Staffordshire. Reports suggest that there has been a growth in the number of people who have presented for treatment in the UK.

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 2011 Census provide information on marital and civil partnership status at a local level. Around 51% of Staffordshire's population are married (Table 16). An additional 1,000 people are in a registered same-sex civil partnership making up around 0.1% of the population.

Table 16: Population by marital and civil partnership, 2011

	Staffordshire	West Midlands	England
Single (never married or never registered a same-sex civil partnership)	206,742 (29.6%)	1,517,613 (33.7%)	14,889,928 (34.6%)
Married	359,238 (51.4%)	2,141,698 (47.5%)	20,029,369 (46.6%)
In a registered same-sex civil partnership	1,000 (0.1%)	7,242 (0.2%)	100,288 (0.2%)
Separated (but still legally married or still legally in a same-sex civil partnership)	16,018 (2.3%)	117,396 (2.6%)	1,141,196 (2.7%)
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	63,061 (9.0%)	393,163 (8.7%)	3,857,137 (9.0%)
Widowed or surviving partner from a same-sex civil partnership	52,364 (7.5%)	330,293 (7.3%)	2,971,702 (6.9%)
All residents aged 16 and over	698,423 (100.0%)	4,507,405 (100.0%)	42,989,620 (100.0%)

Source: 2011 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 7,950 live births in Staffordshire in 2020. 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 Section 2.3. In terms of main language spoken, findings from the 2011 Census found that around 98% of Staffordshire residents stated English as their main language. Other common main languages spoken in Staffordshire were:

- Polish (0.6%)
- Punjabi (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 2011 Census data the most commonly spoken languages in Burton are Urdu, Polish and Punjabi.

The languages spoken by staff were collected through the community pharmacy questionnaire and shows that 54 of Staffordshire pharmacies have staff members who speak a variety of languages equating to one in three of all responding pharmacies and 31% of all community pharmacies. Common languages include: Punjabi (33 pharmacies), Urdu (27 pharmacies) and Hindi (12 pharmacies) spread across the County. Among Pharmacies with a Burton address additional languages also included Gujarati, Kiswahili, Latvian, Mirpuri, Polish and Russian.

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 2011 Census found Christianity to be the majority religious affiliation in Staffordshire (Figure 29). 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.

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.

Figure 29: Population by religion, 2011

	Staffordshire	West Midlands	England
Christian	578,352 (68.2%)	3,373,450 (60.2%)	31,479,876 (59.4%)
Buddhist	2,017 (0.2%)	16,649 (0.3%)	238,626 (0.5%)
Hindu	2,773 (0.3%)	72,247 (1.3%)	806,199 (1.5%)
Jewish	299 (0.0%)	4,621 (0.1%)	261,282 (0.5%)
Muslim	10,817 (1.3%)	376,152 (6.7%)	2,660,116 (5.0%)
Sikh	3,086 (0.4%)	133,681 (2.4%)	420,196 (0.8%)
Other religion	2,783 (0.3%)	25,654 (0.5%)	227,825 (0.4%)
No religion	193,662 (22.8%)	1,230,910 (22.0%)	13,114,232 (24.7%)
Religion not stated	54,700 (6.4%)	368,483 (6.6%)	3,804,104 (7.2%)
Total	848,489 (100.0%)	5,601,847 (100.0%)	53,012,456 (100.0%)

Source: 2011 Census, Office for National Statistics, Crown copyright

Sexual orientation

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

There is no hard data on the number of lesbian, gay, bi, trans, queer, questioning and asexual (LGBTQ+) in the UK, although the 2021 was the first census to ask questions on both gender identity and sexual orientation, results 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.

The ONS publish sexual orientation statistics based on Annual Population survey data. The proportion of the UK population aged 16 years and over identifying as heterosexual or straight was 93.6% in 2020; there has been a decreasing trend since the series began in 2014. Estimates vary depending on region, age, socio economic classification, marital status

and ethnic group. Younger age groups are in particular less likely to report being Heterosexual or Straight (87.3% of 16-24 year olds). ⁴

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.

⁴ Sexual orientation in the UK from 2012 to 2020 by region, sex, age, marital or legal partnership status, ethnic group. and National Statistics Socio-economic Classification, Office for National Statistics, Crown copyright, [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationandgender/articles/sexualorientationintheukfrom2012to2020byregionsexageandmaritalorlegalpartnershipstatusandnationalstatisticsocioeconomicclassification/1)

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

Staffordshire has a resident population of 883,200 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, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Overall health life expectancy at birth has remained fairly similar over the five years until the end of March 2020. However, both men and women spend more time in poor health than the average retirement age and 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. Childhood immunisation rates and coverage of screening programmes in Staffordshire are generally better than average. However fewer Staffordshire adults who are eligible take up their offer of a NHS health check and a lower proportion of people in at risk groups take up their offer of a flu vaccination than average.

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% and increases significantly to 20% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average in Newcastle-under-Lyme and East Staffordshire. Newcastle-under-Lyme has obesity rates in Year 6 that are higher than the England average. Whilst adult smoking rates overall in Staffordshire have fallen 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 particularly young children and older patients. Older people are also higher users of social care. Admission rates in Staffordshire for acute conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. In addition those that are admitted to hospital are often delayed from being discharged.

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%. Local data from a resident survey found around 9% of respondents used their pharmacy weekly and a further 68% monthly.

Staffordshire has 174 community pharmacies, of which six 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 22 per 100,000 population which is similar to the national average (22 per 100,000) but ranges between districts from 19 per 100,000 in South Staffordshire to 25 per 100,000 population in East Staffordshire and 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 88% of respondents stating that their pharmacy either meets their needs a great deal or a fair amount.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.
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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. In terms of opening hours, there are 16 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 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:

- Antenatal and postnatal support to pregnant women and mothers
- 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

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. 40% of respondents also used their pharmacy for disposal of unwanted medicines. 51% used their pharmacy for health advice, however very few respondents used their pharmacy for lifestyle advice (9%). Around 16% of respondents would like pharmacies to maintain their current level of services with small proportions wanting to see the introduction of basic testing such as blood pressure measurements, blood tests and holiday vaccinations (7%) and ENT services (8%).

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. The number of vaccinations given by community pharmacists in Staffordshire had steadily been increasing year on year before the covid-19 pandemic, from 18,700 in 2017/18 to 25,600 in 2019/20. During the Covid-19 pandemic members of the public were urged to get a flu vaccination and the eligibility of the Flu vaccination was expanded. Pharmacies increase the number of vaccines they delivered to ease the pressure on Health services. During the autumn and winter of 2020/21 Staffordshire pharmacies delivered 49,000 vaccinations, increasing further to 84,900 during 2021/22.

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: common ailment service, emergency supply of medication, treatment of urinary tract infections and impetigo, emergency hormonal contraception, supervised administration, needle exchange and palliative care. Provision across the County is generally matched to needs.

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.

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.

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 with Staffordshire residents by Healthwatch during February and March 2022 to capture their views on local pharmacy services. The survey aimed to capture people's experience and satisfaction with the use and whether there is anything you would wish to change about local pharmacy services to inform the PNA.

An online survey was available to capture people's views. This was done by sending the survey out by email to local organisations for dissemination. Staffordshire Healthwatch and Staffordshire County Council also promoted the survey via their communications, and it was available online through their websites, Facebook and Twitter. Overall there were 286 respondents to the survey.

On average, how often do you use your local community pharmacy (chemist)?

Local data from the engagement survey found that around 9% of respondents used their pharmacy on a weekly basis whilst 68% of respondents used their pharmacy monthly.

	Number	Percentage
At least once a week	27	9%
At least once a month	195	68%
Several times a year	52	18%
Once a year	2	1%
Rarely	8	3%
Never	1	1%
Total respondents	285	100%

To what extent does your pharmacy meet your needs?

Most people felt that their pharmacy met their needs a great deal (61%) or a fair amount (27%) with only 31 respondents (10%) feeling that it didn't meet their needs very much.

	Number	Percentage
A great deal	176	61%
A fair amount	76	27%
Not very much	31	10%
Don't know	6	2%
Total respondents	283	100%

92% (or 264 respondents overall) commented on why they had rated how they had. Respondents commonly remarked on the prescription service and how this meets their needs. Views on the usefulness of the advice shared by pharmacists was also expressed. Respondents additionally shared their views on other staff, stock and the general reliability of the pharmacy service.

- **Prescriptions (133 responses)** - The majority who shared views on prescriptions (94 respondents or 71% of those commenting) were generally extremely positive about their experiences commenting that their pharmacy provides them may stating how easy and convenient it is to collect prescriptions, e.g. *"they text me when my prescription is ready for collection"*. Prescriptions are *"always ready without any problems"* and *"Good pharmacy linked into the GP surgery"*. Respondents applauded

their pharmacist for *"listening to concerns, they offer professional advice and are discreet and efficient"*.

Some respondents did not feel that their pharmacy had met all their needs. For example, on occasion, *"the items I need on prescription are not always in stock", "Prescriptions are sent from go surgery electronically, but I always have to wait for my items to be made available"* and *"repeat prescriptions take a least a week to be issued"*.

- **Advice (81 responses)** - Pharmacists were highly valued by respondents who stated that they were *"extremely helpful and knowledgeable"* and that *"they are there with support, information and advice regarding minor health problems"*. Respondents also stated that they thought pharmacists were *"helpful with advice and provision of suitable products. I am able to see the pharmacist to privately discuss some health concerns"* and that they supported them with *"advice on medication and minor illnesses. I have two long term chronic conditions and the pharmacy are excellent at helping me manage them"*. Several respondents stated how valuable the pharmacy had been during the Covid19 pandemic with comments including *"throughout the pandemic the pharmacy has been my first point of access for medical advice"*.
- **Staff (92 responses)** - Respondents spoke very highly about their pharmacy staff describing them as *"professional", "caring", "confident", "friendly", "efficient"* and *"always happy to help"*. However, a minority of respondents stated that the pharmacy staff were *"rude"*.
- **Stock (18 responses)** - For the majority of respondents the stock requirements more than met their needs (11 respondents). For example my pharmacy has a *"good supply of prescription drugs & wide range of non-prescription drugs"* and that *"it has everything I want to buy from a pharmacy"*. However, stock was an issue for some respondents as outlined under the prescriptions theme for example some respondents stated that the pharmacy *"haven't got the meds in"* that they required.
- **Additional responses (32 responses)** – There were a number of other responses to the survey, these included issues around access, both positive *"it is local and accessible"* and negative *"hours change constantly", "you have to wait absolutely ages"* and *"no buses and a long walk"*. Some respondents commented on the additional services on offer *"they have dedicated consulting rooms"* and *"they can do injections"*. Finally, there was one response about issues around mask wearing during the Covid19 pandemic *"didn't wear masks, and were not behind any shields and this was during all the lockdowns"*.

What services do you use at the pharmacy?

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Over half of respondents also used their pharmacy for health advice and 40% for disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (9%).

	Number	Percentage
Dispensing of prescriptions	275	96%
Health advice	147	51%
Disposal of unwanted medicines	114	40%
Home delivery	47	16%
Lifestyle advice	26	9%
Other	60	21%

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

54% (or 155 of respondents overall) commented on this theme with commonly mentioned comments including the need to maintain the current service. There was also some support for the introduction of other services:

- **Maintain the current service (47 responses)** - It was most common for respondents to confirm that their pharmacy meets and that they were *“happy with what they provide”*. Some respondents felt that the introduction of other services would put more pressure on the pharmacy staff and made comments such as *“none they cannot deal with customers or prescriptions”*.
- **Introduce basic testing (19 responses)** - Other respondents would like to see more services at their local pharmacy and these included being able to visit their pharmacy for basic testing and vaccinations for *“testing for diabetes”, “blood pressure”, “blood tests”, “holiday vaccinations”* and *“immunisations”*.
- **ENT Services (24 responses)** - Some respondents would like to see ENT services reinstated or established, for example stating *“to reinstate ENT”*. Another respondent commented that they would like the pharmacy to *“be able to check my ears as I struggle with infections”*.
- **Additional responses** - Additional responses were received on the ability to facilitate *“online ordering”, “drug reviews”, “weekend opening”* and *“larger stock levels”*.

What if anything, prevents you from using services at your local pharmacy?

72% (207 respondents) commented on this question. Respondents were most likely to indicate that *“nothing”* prevents them from using services at their local pharmacy (110 respondents or 53% of those commenting). Reasons given included *“good accessibility”* and *“a good service”*.

Some respondents said something did prevent them from accessing their local pharmacy. Reasons given included the *“service”* provided by staff (17 responses), *“opening hours”* (21

responses), *“lack of services”* (11 responses), *“transport”* (nine responses) and *“privacy”* (six responses).

Other comments

One third of respondents overall (26%) or 74 respondents shared additional comments. The majority of these were expressing gratitude for the service that they had received for example *“My pharmacy is excellent and has staff that go above and beyond what they need to do”*. Many customers highlighted the extent they had relied on pharmacy throughout the Covid19 pandemic *“The staff at my local pharmacy have been kind and helpful. Goodness knows what we would do in these difficult times without them”*.

Appendix 3: The PNA Consultation

Appendix A: Stakeholders that were consulted

A list of stakeholders who were sent a formal letter to participate in the consultation is listed below.

Staffordshire Health and Wellbeing Board members	Patient and community organisations
Pharmaceutical stakeholders	Carers Hub
All pharmaceutical providers	Healthwatch Staffordshire
All dispensing practices	Staffordshire Council of Voluntary Youth Services
North Staffordshire LPC	Support Staffordshire
South Staffordshire LPC	VAST
The Staffordshire and Shropshire LPN for pharmacy	Local authorities
NHS stakeholders	Cannock Chase District Council
All GP practices (including patient groups)	East Staffordshire District Council
VoCare (Staffordshire Doctors Urgent Care)	Lichfield District Council
North Staffordshire Local Medical Committee	Newcastle-under-Lyme Borough Council
South Staffordshire Local Medical Committee	South Staffordshire District Council
ICBs	Stafford Borough Council
NHS England North Midlands	Staffordshire Moorlands District Council
Burton Hospitals NHS Foundation Trust	Tamworth Borough Council
Derby Teaching Hospitals NHS Foundation Trust	Staffordshire County Council
Dudley Group NHS Foundation Trust	Stoke-on-Trent City Council
Heart of England NHS Foundation Trust	Neighbouring Health and Wellbeing Boards
North Staffordshire Combined Healthcare	Birmingham HWBB
Royal Wolverhampton NHS Trust	Cheshire HWBB
Midlands Partnership NHS Foundation Trust (MPFT).	Derbyshire HWBB
University Hospital of North Midlands NHS Trust	Dudley HWBB
Walsall Healthcare NHS Trust	Leicestershire HWBB
West Midlands Ambulance Service NHS Trust	Telford & Wrekin HWBB
	Shropshire HWBB
	Stoke on Trent HWBB
	Walsall HWBB
	Warwickshire HWBB
	Wolverhampton HWBB
	Worcestershire HWBB

Appendix B: Email to stakeholders

Share your views about pharmaceutical needs in Staffordshire

The Staffordshire Health and Wellbeing Board have written a new draft [Pharmaceutical Needs Assessment](#) that aims to make sure all residents have good access to local pharmacy services. We would like to know what you think about our plans, so have launched a survey to gather feedback. The last Pharmaceutical Needs Assessment (PNA) was produced in 2018; by law, a new PNA must be published every three years, but this was delayed because of the COVID-19 pandemic. The new deadline for publication is 1 October 2022, and this survey is open until 5 September to allow plenty of time for partner and public consultation.

As an important stakeholder, you are invited to comment on the draft version before the plans are finalised and published.

The draft PNA looks at the current provision of pharmaceutical services across Staffordshire, whether it meets the needs of the population, and identifies any potential gaps in service delivery. Once finalised, 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.

All feedback will be considered for the final PNA and a summary of the consultation findings will also be included in the final report.

How to share your views

Please [visit the consultation page](#) online to read the draft PNA (there is a PDF at the bottom of the page) and take the survey. It is open from 5 July to 5 September 2022.

You can email your thoughts to

pharmacyconsultation@staffordshire.gov.uk

To limit environmental impacts, we would prefer you to complete feedback digitally, but if you need a paper version of the feedback form, please contact us on **0300 111 8000**.

If you have any questions, please contact us on the same number, or use the email address above.

Thank you for your time, and we look forward to reading your responses.

Yours faithfully,

Dr Richard Harling

Director of Health and Care, Staffordshire County Council

Appendix C: Pharmaceutical Needs Assessment Survey

Consultation on the draft Pharmaceutical Needs Assessment (PNA) 2022

6.1 Have your say on local pharmacy services

The Health and Wellbeing Board in Staffordshire have produced a draft local Pharmaceutical Needs Assessment (PNA), which will help ensure 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 current and future needs of the County. Any potential gaps have been identified alongside suggestions for how these could be addressed.

The last PNA was produced in 2018 and by law, all Health and Wellbeing Boards in England must publish a new PNA every three years. The latest iteration of the PNA has been delayed due to the Covid-19 pandemic and the new deadline for publication is the 1st of October 2022.

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 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

The consultation document is available below, under related.

The survey will run between 5th July 2022 and 5th September 2022.

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 ☐

6.1.1 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 ☐

6.2 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 ☐

6.3 *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 ☐

6.4 *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 ☐

6.5 *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"/> | | |

6.6 *If other, please provide details*

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

Appendix D: 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 5th July 2022 and 5th September 2022. 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 109 responses to the online consultation survey as well as an emailed response from a local pharmaceutical committee. The majority of responses were from members of the public (94 responses), five were from local pharmacists, four from patient, community or voluntary organisations 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?

Half of responses felt that the PNA reflected the pharmacy needs of Staffordshire residents with just under a quarter believing it doesn't and just over a quarter answering 'Don't know'.

There were 26 comments for this question. Two comments stated that they had not read the report and one commented on how sexual health services were described in the report.

The remaining comments were general comments with most (8 comments) commenting that pharmacies should be open for longer or offer a free delivery service. There were three comments on specific services, three complaining about missing or incorrectly dispensed items, three comments with general complaints about pharmacy and two commenting on a lack of privacy.

"We need more availability for people who work. Additionally a lot of pharmacies are not accessible for the disabled especially if they need to have a private conversation"

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

Half of responses thought the draft PNA accurately reflects the pharmacy needs of people in Staffordshire, 15% thought it didn't reflect the needs and a third of responses were 'Don't know'.

There were 31 comments for this question. Most of the comments were personal opinions of local pharmacies, of these most (12) were about how pharmacy could be improved with the most common theme being a desire for greater access to Pharmaceutical services through delivery or more stores open and / or for longer. There was some positive feedback towards pharmacies (6) and one response giving negative feedback. Of the comments that were regarding the content of the PNA, most comments stated that the respondent hadn't read the PNA but a couple of responses did give views on the content:

"at present maybe yes but with all the newbuilds in and around Stafford it does concern me that our present resources will be overwhelmed."

"Survey can only be completed on personal experience. As a person of Staffordshire I can only respond that the pharmacy provision in my area might look geographically correct but the service is dreadful..."

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

A third of responses thought that there were currently gaps in Pharmaceutical Services, 43% thought there were not gaps and about a quarter answered 'Don't know'.

Six responses believed a gap exists because of restricted opening hours. There were six responses requesting pharmacies offer a certain service, with each response unique in the service desired. There were two comments on a lack of privacy and two thought there was a gap in that pharmacists are limited in their powers to prescribe.

"Weekend availability of services"

"pharmacies should be able to issue repeat medicines without having to go back to the doctor"

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

Around two in five people thought that there are other services that could be provided by pharmacies in the future, around one in five people didn't think there are other services that could be provided by pharmacies and around two in five answered 'Don't know'.

There were 48 comments to this question. The most common theme was a desire for pharmacists to take on more work traditionally done by GPs such as prescribing and referrals. More vaccines, including for Covid-19 was also a common theme. Testing and checks were the next most common theme followed by healthy living services and free delivery for certain groups such as pensioners.

A couple of answers made the point that Pharmacists already provide services but this needs to be communicated. There were also answers regarding poor communication between Pharmacists and GPs.

"prescribing of medicines which would not require the input of a doctor such as antibiotics"

"Covid tests and vaccines; all pharmacies should give any vaccines such as flu, travel or for children to save work for the NHS"

"pharmacists are under utilised as medical knowledge and training under used"

"free delivery service for pensioners"

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

Around two in five people said they didn't think any other information should be included in the PNA and another two in five didn't know, the remaining one in five thought that more information should be included. There were 23 comments to this question of which most were general comment about pharmacy and what services they would like pharmacies to provide. There were a couple of comments regarding additional information to be included in the PNA:

"I have no idea as to what is included in the PNA. I only know the situation in my local village, where we now have an excellent pharmacy."

"A full and clear list of what is on offer and where -- needs more publicity"

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

There were 22 comments provided. Four comments provided general positive feedback about their local pharmacy or pharmacies in general. Three more commented on a need for more pharmacies with a further

three comments around a desire for more staff and greater stock. Two comments focussed on greater opening hours for pharmacies. The remaining comments were requests for free delivery, negative comments about pharmacies, poor communications between GPs and pharmacies, a comment on wording of Sunday evening opening and a comment pointing out a typing error in the PNA.

"I would just like to praise the work done by local pharmacies, who have taken on a great deal more work since the outbreak of Covid 19. So much so that I don't know what the general public would have done without them. They are very deserving of our support and gratitude."

"Pharmacy very important source of up to date health care information. No appointment required and now very difficult to see a GP."

Appendix 4: Individual pharmacies by advanced service provision and district (2022)

Distance selling pharmacy

	Appliance Use Review	Consultation Service (CPCS)	Flu Vaccination	Hepatitis C testing	Hypertension case-finding	New Medicine Service	Smoking Cessation	Stoma Appliance Customisation
Cannock Chase								
Bains Pharmacy, 160 - 162 Hednesford Road, Heath Hayes, Cannock, WS12 3DZ		✓	✓		✓	✓		
Boots The Chemist, 5 Brook Square, Rugeley, WS15 2DT		✓	✓			✓		
Boots The Chemist, Unit 9, Orbital Retail Park, Voyager Drive, Cannock, WS11 8XP		✓	✓			✓		
Boots The Chemist, 1 Church Street, Cannock, WS11 1DE		✓	✓			✓		
Cornwell's Chemists, 235 Cannock Road, Chadsmoor, Cannock, WS11 2DD		✓	✓		✓	✓	✓	
Hednesford Pharmacy, 100 Market Street, Hednesford, Hednesford, WS12 1AG		✓	✓		✓	✓		
Lloyds Pharmacy, Sandy Lane Health Centre, Sandy Lane, Rugeley, WS15 2LB		✓	✓			✓		✓
Lloyds Pharmacy, Unit 2b, Victoria Shopping Centre, Victoria Street, Hednesford, WS12 1BT		✓	✓		✓	✓		✓
Lloyds Pharmacy, Hednesford Valley Health Centre, Station Road, Hednesford, WS12 4DH		✓	✓			✓		✓
Lloyds Pharmacy, Voyager Drive, Orbital Retail Centre, Cannock, WS11 8XP		✓	✓			✓		
Morrisons Pharmacy, Morrisons Supermarket, Market Street, Rugeley, WS15 2JJ		✓	✓			✓		
Northwood Pharmacy, Springfields Health & Wellbeing Centre, Lovett Court, Rugeley, WS15 2FH		✓	✓		✓	✓		
Northwood Pharmacy Brereton, 88 Main Road, Brereton, Rugeley, WS15 1HT		✓	✓			✓		
Nucare Pharmacy, 3 Hamilton Lea, Brownhills Road, Norton Canes, Cannock, WS11 3SE		✓	✓		✓	✓		
Pyramid Pharmacy, 29 Market Hall Street, Cannock, WS11 1EB		✓	✓			✓		
Rawnsley Pharmacy, Rawnsley Road, Rawnsley, Cannock, WS12 1JF		✓				✓		
Rugeley Pharmacy, 11 Upper Brook Street, Rugeley, WS15 2DP		✓	✓			✓		
Tesco Instore Pharmacy, Hawks Green District Centre, Heath Hayes, Cannock, WS12 3YY		✓	✓			✓	✓	
Tesco Instore Pharmacy, Victoria Shopping Park, Victoria Street, Hednesford, WS12 1DW		✓	✓			✓		
Well Pharmacy, 7 Devon Court, Bideford Way, Cannock, WS11 1NP		✓	✓			✓		
Well Pharmacy, 2 Festival Court, Pye Green Road, Hednesford, WS11 5RP		✓	✓			✓		
Well Pharmacy, 62 Hednesford Street, Cannock, WS11 1DJ		✓	✓			✓		
Well Pharmacy, Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock, WS11 9SE		✓	✓			✓		
East Staffordshire								
All Saints Pharmacy, 28 All Saints Road, Burton upon Trent, DE14 3LS		✓				✓		
Asda Pharmacy, The Octagon Centre, Orchard Street, Burton upon Trent, DE14 3TN		✓	✓			✓		

	Appliance Use Review	Consultation Service (CPCS)	Flu Vaccination	Hepatitis C testing	Hypertension case-finding	New Medicine Service	Smoking Cessation	Stoma Appliance Customisation
Balance Street Pharmacy, Balance Street Health Centre, Balance Street, Uttoxeter, ST14 8JG		✓	✓			✓		
Boots The Chemist, 1 Cooper Square, Burton upon Trent, DE14 1DG		✓	✓			✓		
Boots The Chemist, 6 High Street, Uttoxeter, ST14 7HT		✓	✓			✓		
Branston Pharmacy, Main Street, Branston, Burton upon Trent, DE14 3EY		✓	✓			✓		
Carlton Pharmacy, 118 Calais Road, Burton upon Trent, DE13 0UW		✓	✓			✓		
Carters Pharmacy, Unit 2, Carters Square, Uttoxeter, ST14 7FN		✓	✓		✓	✓		
Dean & Smedley, 65 - 67 Horninglow Road, Burton upon Trent, DE14 2PP		✓	✓			✓		
Dean & Smedley, 16 High Street, Tutbury, Burton upon Trent, DE13 9LP		✓	✓			✓		
Dean & Smedley, Unit 1, Main Street, Stretton, Burton upon Trent, DE13 0DZ		✓	✓			✓		
Dean & Smedley, 35 - 36 St Peters Street, Stapenhill, Burton upon Trent, DE15 9AW		✓	✓			✓		
Healthcare At Home, Fifth Avenue, Centrum 100, Burton upon Trent, DE14 2WS						✓		
Lloyds Pharmacy, Instore Sainsbury's, Union Street, Burton upon Trent, DE14 1AA		✓	✓			✓		
Morrisons Pharmacy, Morrisons Supermarket, Wellington Road, Burton upon Trent, DE14 2AR		✓	✓			✓		
Peak Pharmacy, 14 Wetmore Road, Burton upon Trent, DE14 1SN		✓	✓		✓	✓		
Peak Pharmacy, Melbourne Avenue, Winshill, Burton upon Trent, DE15 0EP		✓	✓		✓	✓		
Peak Pharmacy, 171 Calais Road, Burton upon Trent, DE13 0UN		✓	✓		✓	✓		
Peak Pharmacy, 251 Branston Road, Burton upon Trent, DE14 3BT		✓	✓		✓	✓		
Tesco Instore Pharmacy, Tesco Superstore, Brookside Road, Uttoxeter, ST14 8AU		✓	✓			✓		
Tesco Pharmacy, Tesco Superstore, St Peters Bridge, Burton upon Trent, DE14 3RJ		✓	✓			✓		
Waterloo Pharmacy, 172 Waterloo Street, Burton upon Trent, DE14 2NQ		✓	✓			✓		
Well Pharmacy, Fyfield Road, Stapenhill, Burton upon Trent, DE15 9QD		✓	✓			✓		
Well Pharmacy, 52 - 54 Main Street, Barton under Needwood, Burton upon Trent, DE13 8AA		✓	✓			✓		
Lichfield								
Alrewas Pharmacy, Main Street, Alrewas, Burton upon Trent, DE13 7AE		✓	✓			✓		
Bakers pharmacy, 7 Lichfield Road, Burntwood, WS7 0HQ		✓	✓			✓		✓
Boots The Chemist, 4 - 8 Tamworth Street, Lichfield, WS13 6JJ		✓	✓			✓		
Boots The Chemist, c/o Waitrose Store, Stonnyland Drive, off Sainte Foy Avenue, Lichfield, WS13 6RX		✓	✓			✓		
Chasetown Pharmacy, 23 High Street, Chasetown, WS7 8XE		✓	✓		✓	✓	✓	
Day Night Pharmacy, Unit 4, Swan Island Shopping Precinct, Chase Road, Burntwood, WS7 0DW		✓	✓			✓		
Fazeley Pharmacy, 11 Coleshill Street, Fazeley, Tamworth, B78 3RB		✓	✓		✓	✓	✓	
Fradley Pharmacy, Unit 6, The Stirling Centre, Tye Lane, Fradley, Lichfield, WS13 8ST		✓	✓		✓	✓		
Jhoots Pharmacy, St Chads Health Centre, Dimbles Lane, Lichfield, WS13 7HT		✓	✓			✓		

	Appliance Use Review	Consultation Service (CPCS)	Flu Vaccination	Hepatitis C testing	Hypertension case-finding	New Medicine Service	Smoking Cessation	Stoma Appliance Customisation
Lloyds Pharmacy, 4 Rugeley Road, Chase Terrace, Walsall, WS7 8AQ		✓	✓			✓		✓
Lloyds Pharmacy, Unit 3, Burntwood Shopping Centre, Burntwood, WS7 8JR		✓	✓			✓		✓
M W Phillips Chemists, 33b Main Street, Shenstone, Lichfield, WS14 0LZ		✓	✓		✓	✓	✓	
N & J's Chemist, 10 Morley Road, Burntwood, Walsall, WS7 9AZ		✓	✓			✓		
Prescription Care Services Ltd, 1c Packington Hayes, Tamworth Road, Lichfield, WS14 9PN		✓	✓			✓		
Tesco Pharmacy, Tesco Superstore, Church Street, Lichfield, WS13 6DZ		✓	✓			✓		
Touchwood Pharmacy, Greenhill Health Centre, Church Street, Lichfield, WS13 6JL		✓	✓		✓	✓	✓	
Touchwood Pharmacy, 3 Boley Park Shopping Centre, Ryknild Street, Lichfield, WS14 9XU			✓			✓		
Whittington Pharmacy, 13b Main Street, Whittington, Lichfield, WS14 9JU		✓	✓			✓		
Your Local Boots Pharmacy, Langton Medical Centre, Eastern Avenue, Lichfield, WS13 7FA		✓	✓			✓		
Your Local Boots Pharmacy, 67 New Armitage Road, Armitage, Rugeley, WS15 4AA		✓	✓			✓		
Newcastle under Lyme								
Asda Pharmacy, Asda Superstore, Wolstanton Retail Park, Wolstanton, Newcastle under Lyme, ST5 0AY		✓	✓		✓	✓		
Boots The Chemist, 60 - 62 High Street, Newcastle under Lyme, ST5 1QL		✓	✓		✓	✓		
Bradwell Pharmacy, 111 Hanbridge Avenue, Bradwell, Newcastle under Lyme, ST5 8HX		✓	✓			✓		
Butt Lane Pharmacy, 147 Congleton Road, Butt Lane, Kidsgrove, Stoke on Trent, ST7 1LL		✓	✓		✓	✓		
Cornwell's Chemists, 11 High Street, Newcastle under Lyme, ST5 1RB		✓	✓		✓	✓		
Cornwell's Chemists, 5 The Parade, Silverdale, ST5 6LQ		✓	✓		✓	✓		
Higherland Pharmacy, 3 Orme Road, Poolfields, Newcastle under Lyme, 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, ST5 0TW			✓			✓		
Kidsgrove Pharmacy, 42 Market Street, Kidsgrove, Stoke on Trent, ST7 4AB		✓	✓			✓		
Lloyds Pharmacy, 117 - 119 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP		✓	✓			✓		
Lloyds Pharmacy, Ashfields New Road (Sainsburys), Newcastle under Lyme, ST5 2AF		✓	✓			✓		
Lloyds Pharmacy, 1 - 2 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP		✓	✓		✓	✓		
Lloyds Pharmacy, 7 The Westbury Centre, Westbury Road, Clayton, Newcastle under Lyme, ST5 4LY		✓	✓			✓		✓
Loggerheads Pharmacy, 9 Eccleshall Road, Loggerheads, Market Drayton, Shropshire, TF9 4NX		✓	✓			✓		
Millers Chemist, Newcastle Road, Middle Madeley, Crewe, Shropshire, CW3 9JP		✓	✓		✓	✓		
Milwards Chemist, 65 Milehouse Lane, Cross Heath, Newcastle under Lyme, ST5 9JZ		✓	✓		✓	✓		
Morrells Pharmacy, Milehouse Primary Care Centre, Millrise Village, Lymebrook Way, Milehouse, Newcastle under Lyme, ST5 9GA		✓	✓		✓	✓		

	Appliance Use Review	Consultation Service (CPCS)	Flu Vaccination	Hepatitis C testing	Hypertension case-finding	New Medicine Service	Smoking Cessation	Stoma Appliance Customisation
Morrisons Pharmacy, Morrisons Supermarket, Goose Street, Off Brook Lane, Newcastle under Lyme, ST5 3HY		✓	✓			✓		
Tesco Pharmacy, Liverpool Road East, Kidsgrove, ST7 1DX		✓	✓			✓		
W S Low, 101 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP		✓				✓		
Well Pharmacy, 21 - 23 London Road, Chesterton, Newcastle under Lyme, ST5 7EA		✓	✓			✓		
Well Pharmacy, Jamage Road, Talke Pits, Stoke on Trent, ST7 1QD		✓	✓			✓		
Well Pharmacy, Mount Road, Kidsgrove, Stoke on Trent, ST7 4AY		✓	✓			✓		
Well Pharmacy, 58 - 60 King Street, Newcastle under Lyme, ST5 1HX		✓	✓			✓		
Well Pharmacy, Audley Health Centre, Church Street, Audley, ST7 8DE		✓	✓			✓		
Well Pharmacy, Unit 4, Student Building, Keele University Science Park, Newcastle under Lyme, ST5 5BG		✓	✓			✓		
South Staffordshire								
Bills Pharmacy, 29 High Street, Kinver, Stourbridge, DY7 6HF		✓	✓			✓		
Colliery Pharmacy, Colliers Way, Huntington, Cannock, WS12 4UD		✓	✓			✓		
Cornwell's Chemists, 126 Wardles Lane, Great Wyrley, Walsall, WS6 6DZ		✓	✓		✓	✓		
Coven Pharmacy, 25 Brewood Road, Coven, Wolverhampton, WV9 5BX		✓	✓			✓		
Hawthorne Chemist, Essington Community Centre, Hobnock Road, Essington, WV11 2RF		✓	✓		✓	✓		
I-Meds Pharmacy, Kartar Farm, New Road, Swindon, DY3 4PP		✓				✓		
Lloyds Pharmacy, Broadgate House, 6 Market Place, Brewood, ST19 9BS		✓	✓			✓		
Lloyds Pharmacy, 8 Bilbrook Road, Codsall, Wolverhampton, WV8 1EZ		✓	✓			✓		✓
Lloyds Pharmacy, 2 - 3 Anders Square, Perton, Wolverhampton, WV6 7QH		✓	✓			✓		✓
Lloyds Pharmacy, 86 Wolverhampton Road, Codsall, Wolverhampton, WV8 1PE	✓	✓	✓			✓		✓
Lloyds Pharmacy, 9 - 11 Church Road, Codsall, WV8 1EA		✓	✓			✓		✓
Millstream Pharmacy, The Avenue, Featherstone, Wolverhampton, WV10 7AX		✓	✓			✓		
Northwood Dispensing Chemists, Pinfold Lane, Penkridge, Stafford, ST19 5AP		✓	✓			✓		
Pattingham Pharmacy, 1 Meadow View, High Street, Pattingham, Wolverhampton, WV6 7BD						✓		
Stevensons Chemists, 3 High Street, Cheslyn Hay, Walsall, WS6 7AB		✓	✓		✓	✓		
Wheaton Aston Pharmacy, 39 High Street, Wheaton Aston, Stafford, ST19 9NP		✓	✓			✓		
Whitehouse Pharmacy, Market Street, Penkridge, Stafford, ST19 5DH		✓	✓		✓	✓	✓	
Wombourne Pharmacy, 45a Planks Lane, Wombourne, Wolverhampton, WV5 8DX		✓	✓		✓	✓		
Your Local Boots Pharmacy, High Street, Wombourne, Wolverhampton, WV5 9DP		✓	✓			✓		
Your Local Boots Pharmacy, 5 & 6 Giggetty Lane, Wombourne, Wolverhampton, WV5 0AW		✓	✓			✓		
Stafford								

	Appliance Use Review	Consultation Service (CPCS)	Flu Vaccination	Hepatitis C testing	Hypertension case-finding	New Medicine Service	Smoking Cessation	Stoma Appliance Customisation
Asda Pharmacy, Asda Superstore, Queensway, Stafford, ST16 3TA		✓	✓		✓	✓		
Birchill & Watson, 16 High Street, Stone, Stafford, ST15 8AW		✓	✓		✓	✓		
Boots The Chemist, Queen's Retail Park, Silkmore Lane, Stafford, ST17 4SU		✓	✓			✓		
Boots The Chemist, 10 - 14 Market Square, Stafford, ST16 2BD		✓	✓			✓		
Boots The Chemist, 18 - 20 High Street, Stone, Stafford, ST15 8AW		✓	✓			✓		
Cornwell's Chemists, Holmcroft Road, Stafford, ST16 1JG		✓	✓		✓	✓		
Cornwell's Chemists, 51 Bodmin Avenue, Weeping Cross, Stafford, ST17 0EF		✓	✓		✓	✓		
Cornwell's Chemists, Weston Road, Stafford, ST18 0BF		✓	✓			✓		
Eccleshall Pharmacy, 8 High Street, Eccleshall, Stafford, ST21 6BZ		✓	✓		✓	✓		
Gnosall Pharmacy, Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 OGP		✓	✓			✓		
Haywood Pharmacy, 3 Trent Close, Great Haywood, Stafford, ST18 OSS		✓	✓			✓		
Kitsons Chemist, 8 Orchard Place, Barlaston, Stoke on Trent, ST12 9DL		✓	✓		✓	✓		
Lloyds Pharmacy, 9 - 10 Burton Square, Rising Brook, Stafford, ST17 9LT		✓	✓			✓		✓
Lloyds Pharmacy, Millbank Surgery, Millbank, Stafford, ST16 2AG		✓	✓			✓		✓
Rowlands Pharmacy, 161 Marston Road, Stafford, ST16 3BS		✓	✓		✓	✓		✓
Stafford Health and Wellbeing Pharmacy, Whitgreave Court, Stafford, ST16 3EB		✓	✓		✓	✓		
Stone Pharmacy, Mansion House Surgery, Abbey Road, Stone, Stafford, ST15 8YE		✓	✓		✓	✓	✓	
Superdrug, 18 Greengate Street, Stafford, ST16 2HS		✓	✓			✓		
Tesco Instore Pharmacy, Newport Road, Stafford, ST16 2HE		✓	✓			✓		
Walton Pharmacy, 46 Eccleshall Road, Walton, Stone, ST15 0HN		✓	✓		✓	✓		
Well Pharmacy, Castle Way, Newport Road, Stafford, ST16 1BS		✓	✓			✓		
Well Pharmacy, Burton Square, Rising Brook, Stafford, ST17 9LT		✓	✓			✓		
Well Pharmacy, 128 West Way, Highfields, Stafford, ST17 9YF		✓	✓			✓		
Weston Road Pharmacy, 65 Weston Road, Littleworth, Stafford, ST16 3RL		✓	✓		✓	✓	✓	
Wildwood Pharmacy, The Co-operative Centre, Cannock Road, Stafford, ST17 4RA		✓	✓		✓	✓	✓	
Wolverhampton Road Pharmacy, 112 Wolverhampton Road, Stafford, ST17 4AH		✓	✓			✓		
Staffordshire Moorlands								
Biddulph Pharmacy, 1 - 3 Tunstall Road, Biddulph, Stoke on Trent, ST8 6HJ		✓	✓		✓	✓		
Blythe Bridge Pharmacy, 240 Uttoxeter Road, Blythe Bridge, ST11 9LY		✓	✓		✓	✓		
Boots The Chemist, 13 Derby Street, Leek, ST13 6HT		✓	✓			✓		
Boots The Chemist, 47 High Street, Cheadle, ST10 1AR		✓	✓			✓		
D McMullen Pharmacy, Alder House, 22 Station Road, Endon, Stoke on Trent, ST9 9DR		✓	✓			✓		
Leek Pharmacy, 55 Queen's Drive, Leek, ST13 6QF		✓	✓			✓		

	Appliance Use Review	Consultation Service (CPCS)	Flu Vaccination	Hepatitis C testing	Hypertension case-finding	New Medicine Service	Smoking Cessation	Stoma Appliance Customisation
Lloyds Pharmacy, In Store Sainsbury's Supermarket, Churnet Way, Macclesfield Road, Leek, ST13 8YG		✓	✓			✓		
Lloyds Pharmacy, 15 Fountain Street, Leek, ST13 6JS		✓	✓			✓		✓
Lloyds Pharmacy, The New Pharmacy Unit, Park Medical Centre, Buxton Road, Leek, ST13 6QR		✓	✓			✓		✓
Ratcliffe Pharmacy, 42 Ashbourne Road, Cheadle, ST10 1HQ		✓	✓		✓	✓		
Ratcliffe Pharmacy, 44a High Street, Cheadle, ST10 1AF		✓	✓		✓	✓		
Tean Pharmacy, 19 High Street, Tean, ST10 4DY		✓	✓			✓		
Well Pharmacy, 16 - 18 Ball Haye Street, Leek, ST13 6JW		✓	✓			✓		
Well Pharmacy, Biddulph Primary Care Centre, Wharf Road, Biddulph, Stoke on Trent, ST8 6AG		✓	✓			✓		
Well Pharmacy, 62 High Street, Biddulph, Stoke on Trent, ST8 6AS		✓	✓			✓		
Well Pharmacy, 46 - 48 Derby Street, Leek, ST13 5AJ		✓	✓			✓		
Well Pharmacy, 396 New Street, Biddulph Moor, Stoke on Trent, ST8 7LR		✓	✓			✓		
Werrington Pharmacy, 339 Ash Bank Road, Werrington, Stoke on Trent, ST9 0JS		✓	✓		✓	✓		
Tamworth								
Aldergate Pharmacy, Forge Retail Park, Tamworth, B79 8AX		✓				✓		
Asda Pharmacy, Asda Stores, Ventura Park, Tamworth, B78 3HB		✓	✓		✓	✓		
Boots The Chemist, Unit A, Ventura Retail Park, Tamworth, B79 7LQ		✓	✓			✓		
Boots The Chemist, 18 - 24 Ankerside, Tamworth, B78 1BS		✓	✓			✓		
Dosthill Pharmacy, GP Surgery, Cadogan Road, Dosthill, Tamworth, B77 1PQ		✓	✓		✓	✓	✓	
Eason Pharmacy, 215a Watling Street, Wilnecote, Tamworth, B77 5BB		✓	✓		✓	✓		
Exley Pharmacy, Unit 4, Exley Centre, Belgrave, Tamworth, B77 2LA		✓	✓		✓	✓		
Magrath Pharmacy, 68 Caledonian, Glascote Heath, Tamworth, B77 2ED		✓	✓		✓	✓		
PCP Direct (online), Unit 13, Mercian Park, Tamworth, B77 4DP		✓	✓		✓	✓		
Peak Pharmacy, 266 Tamworth Road, Amington, Tamworth, B77 3DQ		✓	✓		✓	✓		
Peel Court Pharmacy, 2 Aldergate, Tamworth, B79 7DJ		✓	✓			✓		
Primary Care Pharmacy, 30 Hospital Street, Tamworth, B79 7EB		✓	✓	✓	✓	✓		
Rowlands Pharmacy, 54 Albert Road, Tamworth, B79 7JN		✓	✓			✓		
Stonydelph Pharmacy, 29 Ellerbeck, Stonydelph, Tamworth, B77 4JA		✓	✓		✓	✓	✓	
Tamworth Pharmacy, 146 Masefield Drive, Leyfields, Tamworth, B79 8JA		✓	✓			✓		
Well Pharmacy, 1 - 5 Church Street, Tamworth, B79 7DH		✓	✓			✓		

Appendix 5: Individual pharmacy by enhanced and locally commissioned service provision and district (2022)

Distance selling pharmacy

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Cannock Chase														
Bains Pharmacy, 160 - 162 Hednesford Road, Heath Hayes, Cannock, WS12 3DZ	✓		✓		✓									
Boots The Chemist, 5 Brook Square, Rugeley, WS15 2DT														
Boots The Chemist, Unit 9, Orbital Retail Park, Voyager Drive, Cannock, WS11 8XP			✓							✓				
Boots The Chemist, 1 Church Street, Cannock, WS11 1DE		✓								✓				
Cornwell's Chemists, 235 Cannock Road, Chads Moor, Cannock, WS11 2DD	✓		✓							✓				
Hednesford Pharmacy, 100 Market Street, Hednesford, Hednesford, WS12 1AG	✓		✓						✓	✓				
Lloyds Pharmacy, Sandy Lane Health Centre, Sandy Lane, Rugeley, WS15 2LB	✓		✓						✓	✓		✓		✓
Lloyds Pharmacy, Unit 2b, Victoria Shopping Centre, Victoria Street, Hednesford, WS12 1BT	✓		✓						✓	✓		✓		
Lloyds Pharmacy, Hednesford Valley Health Centre, Station Road, Hednesford, WS12 4DH	✓		✓						✓	✓		✓		
Lloyds Pharmacy, Voyager Drive, Orbital Retail Centre, Cannock, WS11 8XP	✓	✓	✓						✓			✓		
Morrisons Pharmacy, Morrisons Supermarket, Market Street, Rugeley, WS15 2JJ	✓		✓			✓			✓	✓		✓	✓	
Northwood Pharmacy, Springfields Health & Wellbeing Centre, Lovett Court, Rugeley, WS15 2FH	✓	✓	✓			✓			✓	✓		✓	✓	
Northwood Pharmacy Brereton, 88 Main Road, Brereton, Rugeley, WS15 1HT	✓		✓		✓				✓	✓	✓	✓	✓	
Nucare Pharmacy, 3 Hamilton Lea, Brownhills Road, Norton Canes, Cannock, WS11 3SE									✓	✓		✓	✓	
Pyramid Pharmacy, 29 Market Hall Street, Cannock, WS11 1EB														
Rawnsley Pharmacy, Rawnsley Road, Rawnsley, Cannock, WS12 1JF														
Rugeley Pharmacy, 11 Upper Brook Street, Rugeley, WS15 2DP	✓													
Tesco Instore Pharmacy, Hawks Green District Centre, Heath Hayes, Cannock, WS12 3YY	✓													

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Tesco Instore Pharmacy, Victoria Shopping Park, Victoria Street, Hednesford, WS12 1DW	✓		✓											
Well Pharmacy, 7 Devon Court, Bideford Way, Cannock, WS11 1NP	✓		✓		✓				✓	✓		✓	✓	
Well Pharmacy, 2 Festival Court, Pye Green Road, Hednesford, WS11 5RP	✓		✓		✓				✓	✓		✓	✓	
Well Pharmacy, 62 Hednesford Street, Cannock, WS11 1DJ	✓		✓						✓	✓		✓	✓	✓
Well Pharmacy, Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock, WS11 9SE	✓		✓		✓	✓			✓	✓		✓	✓	
East Staffordshire														
All Saints Pharmacy, 28 All Saints Road, Burton upon Trent, DE14 3LS	✓									✓				
Asda Pharmacy, The Octagon Centre, Orchard Street, Burton upon Trent, DE14 3TN	✓		✓		✓				✓					
Balance Street Pharmacy, Balance Street Health Centre, Balance Street, Uttoxeter, ST14 8JG	✓		✓						✓	✓		✓	✓	
Boots The Chemist, 1 Cooper Square, Burton upon Trent, DE14 1DG			✓						✓					
Boots The Chemist, 6 High Street, Uttoxeter, ST14 7HT			✓						✓	✓				
Branston Pharmacy, Main Street, Branston, Burton upon Trent, DE14 3EY			✓			✓			✓	✓		✓	✓	
Carlton Pharmacy, 118 Calais Road, Burton upon Trent, DE13 0UW	✓									✓	✓			
Carters Pharmacy, Unit 2, Carters Square, Uttoxeter, ST14 7FN										✓	✓			✓
Dean & Smedley, 65 - 67 Horninglow Road, Burton upon Trent, DE14 2PP	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓	
Dean & Smedley, 16 High Street, Tutbury, Burton upon Trent, DE13 9LP	✓	✓	✓		✓				✓	✓	✓	✓	✓	
Dean & Smedley, Unit 1, Main Street, Stretton, Burton upon Trent, DE13 0DZ	✓		✓		✓	✓			✓		✓	✓	✓	
Dean & Smedley, 35 - 36 St Peters Street, Stapenhill, Burton upon Trent, DE15 9AW	✓		✓						✓	✓	✓	✓	✓	
Healthcare At Home, Fifth Avenue, Centrum 100, Burton upon Trent, DE14 2WS														
Lloyds Pharmacy, Instore Sainsbury's, Union Street, Burton upon Trent, DE14 1AA	✓		✓		✓	✓			✓	✓		✓		
Morrisons Pharmacy, Morrisons Supermarket, Wellington Road, Burton upon Trent, DE14 2AR	✓		✓	✓	✓	✓			✓	✓		✓	✓	
Peak Pharmacy, 14 Wetmore Road, Burton upon Trent, DE14 1SN									✓	✓				✓
Peak Pharmacy, Melbourne Avenue, Winhill, Burton upon Trent, DE15 0EP	✓		✓						✓	✓				
Peak Pharmacy, 171 Calais Road, Burton upon Trent, DE13 0UN									✓	✓				
Peak Pharmacy, 251 Branston Road, Burton upon Trent, DE14 3BT									✓	✓				

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Tesco Instore Pharmacy, Tesco Superstore, Brookside Road, Uttoxeter, ST14 8AU		✓								✓				
Tesco Pharmacy, Tesco Superstore, St Peters Bridge, Burton upon Trent, DE14 3RJ	✓													
Waterloo Pharmacy, 172 Waterloo Street, Burton upon Trent, DE14 2NQ			✓		✓									
Well Pharmacy, Fyfield Road, Stapenhill, Burton upon Trent, DE15 9QD	✓		✓						✓	✓		✓	✓	
Well Pharmacy, 52 - 54 Main Street, Barton under Needwood, Burton upon Trent, DE13 8AA	✓		✓			✓			✓	✓		✓	✓	
	Lichfield													
Alrewas Pharmacy, Main Street, Alrewas, Burton upon Trent, DE13 7AE			✓			✓			✓					
Bakers pharmacy, 7 Lichfield Road, Burntwood, WS7 0HQ										✓				
Boots The Chemist, 4 - 8 Tamworth Street, Lichfield, WS13 6JJ			✓						✓	✓				
Boots The Chemist, c/o Waitrose Store, Stonnyland Drive, off Sainte Foy Avenue, Lichfield, WS13 6RX			✓							✓	✓			
Chasetown Pharmacy, 23 High Street, Chasetown, WS7 8XE	✓	✓	✓						✓	✓	✓	✓	✓	✓
Day Night Pharmacy, Unit 4, Swan Island Shopping Precinct, Chase Road, Burntwood, WS7 0DW	✓		✓		✓	✓	✓			✓				
Fazeley Pharmacy, 11 Coleshill Street, Fazeley, Tamworth, B78 3RB			✓							✓				
Fradley Pharmacy, Unit 6, The Stirling Centre, Tye Lane, Fradley, Lichfield, WS13 8ST	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	
Jhoots Pharmacy, St Chads Health Centre, Dimbles Lane, Lichfield, WS13 7HT	✓		✓						✓			✓	✓	
Lloyds Pharmacy, 4 Rugeley Road, Chase Terrace, Walsall, WS7 8AQ	✓		✓		✓				✓			✓		
Lloyds Pharmacy, Unit 3, Burntwood Shopping Centre, Burntwood, WS7 8JR	✓		✓						✓	✓	✓	✓		
M W Phillips Chemists, 33b Main Street, Shenstone, Lichfield, WS14 0LZ	✓		✓		✓									
N & J's Chemist, 10 Morley Road, Burntwood, Walsall, WS7 9AZ	✓	✓	✓	✓	✓									
Prescription Care Services Ltd, 1c Packington Hayes, Tamworth Road, Lichfield, WS14 9PN											✓			
Tesco Pharmacy, Tesco Superstore, Church Street, Lichfield, WS13 6DZ	✓													
Touchwood Pharmacy, Greenhill Health Centre, Church Street, Lichfield, WS13 6JL	✓	✓	✓		✓		✓				✓			✓
Touchwood Pharmacy, 3 Boley Park Shopping Centre, Ryknild Street, Lichfield, WS14 9XU														
Whittington Pharmacy, 13b Main Street, Whittington, Lichfield, WS14 9JU									✓			✓	✓	

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Your Local Boots Pharmacy, Langton Medical Centre, Eastern Avenue, Lichfield, WS13 7FA			✓							✓				
Your Local Boots Pharmacy, 67 New Armitage Road, Armitage, Rugeley, WS15 4AA			✓							✓				
Newcastle under Lyme														
Asda Pharmacy, Asda Superstore, Wolstanton Retail Park, Wolstanton, Newcastle under Lyme, ST5 0AY	✓		✓						✓					
Boots The Chemist, 60 - 62 High Street, Newcastle under Lyme, ST5 1QL			✓						✓	✓				
Bradwell Pharmacy, 111 Hanbridge Avenue, Bradwell, Newcastle under Lyme, ST5 8HX	✓		✓		✓	✓			✓					
Butt Lane Pharmacy, 147 Congleton Road, Butt Lane, Kidsgrove, Stoke on Trent, ST7 1LL	✓		✓		✓	✓				✓				
Cornwell's Chemists, 11 High Street, Newcastle under Lyme, ST5 1RB	✓		✓		✓				✓			✓	✓	
Cornwell's Chemists, 5 The Parade, Silverdale, ST5 6LQ	✓		✓					✓				✓	✓	
Higherland Pharmacy, 3 Orme Road, Poolfields, Newcastle under Lyme, 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, ST5 0TW														
Kidsgrove Pharmacy, 42 Market Street, Kidsgrove, Stoke on Trent, ST7 4AB	✓		✓			✓				✓				
Lloyds Pharmacy, 117 - 119 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓		✓		✓				✓			✓		
Lloyds Pharmacy, Ashfields New Road (Sainsburys), Newcastle under Lyme, ST5 2AF	✓		✓	✓	✓	✓			✓	✓		✓		
Lloyds Pharmacy, 1 - 2 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓		✓			✓			✓		✓	✓		
Lloyds Pharmacy, 7 The Westbury Centre, Westbury Road, Clayton, Newcastle under Lyme, ST5 4LY	✓								✓	✓		✓		
Loggerheads Pharmacy, 9 Eccleshall Road, Loggerheads, Market Drayton, Shropshire, TF9 4NX	✓								✓	✓		✓	✓	
Millers Chemist, Newcastle Road, Middle Madeley, Crewe, Shropshire, CW3 9JP	✓		✓		✓				✓	✓	✓	✓	✓	
Milwards Chemist, 65 Milehouse Lane, Cross Heath, Newcastle under Lyme, ST5 9JZ	✓		✓	✓	✓	✓			✓	✓		✓	✓	
Morrells Pharmacy, Milehouse Primary Care Centre, Millrise Village, Lymebrook Way, Milehouse, Newcastle under Lyme, ST5 9GA	✓		✓	✓	✓	✓				✓				

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Morrisons Pharmacy, Morrisons Supermarket, Goose Street, Off Brook Lane, Newcastle under Lyme, ST5 3HY	✓		✓	✓	✓	✓			✓			✓	✓	
Tesco Pharmacy, Liverpool Road East, Kidsgrove, ST7 1DX	✓		✓											
W S Low, 101 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓		✓	✓	✓				✓					
Well Pharmacy, 21 - 23 London Road, Chesterton, Newcastle under Lyme, ST5 7EA	✓		✓		✓	✓			✓	✓	✓			
Well Pharmacy, Jamage Road, Talke Pits, Stoke on Trent, ST7 1QD	✓		✓		✓					✓	✓			
Well Pharmacy, Mount Road, Kidsgrove, Stoke on Trent, ST7 4AY	✓		✓	✓	✓				✓	✓		✓	✓	
Well Pharmacy, 58 - 60 King Street, Newcastle under Lyme, ST5 1HX	✓		✓		✓					✓	✓			
Well Pharmacy, Audley Health Centre, Church Street, Audley, ST7 8DE	✓	✓	✓		✓	✓			✓	✓	✓	✓	✓	
Well Pharmacy, Unit 4, Student Building, Keele University Science Park, Newcastle under Lyme, ST5 5BG	✓		✓		✓				✓	✓		✓	✓	
South Staffordshire														
Bills Pharmacy, 29 High Street, Kinver, Stourbridge, DY7 6HF	✓								✓			✓	✓	
Colliery Pharmacy, Colliers Way, Huntington, Cannock, WS12 4UD	✓		✓						✓	✓				
Cornwell's Chemists, 126 Wardles Lane, Great Wyrley, Walsall, WS6 6DZ	✓		✓	✓	✓			✓	✓			✓	✓	
Coven Pharmacy, 25 Brewood Road, Coven, Wolverhampton, WV9 5BX	✓		✓											
Hawthorne Chemist, Essington Community Centre, Hobnock Road, Essington, WV11 2RF			✓						✓	✓			✓	
I-Meds Pharmacy, Kartar Farm, New Road, Swindon, DY3 4PP											✓			
Lloyds Pharmacy, Broadgate House, 6 Market Place, Brewood, ST19 9BS	✓		✓						✓	✓		✓		
Lloyds Pharmacy, 8 Bilbrook Road, Codsall, Wolverhampton, WV8 1EZ	✓								✓	✓		✓		
Lloyds Pharmacy, 2 - 3 Anders Square, Perton, Wolverhampton, WV6 7QH	✓		✓		✓	✓			✓			✓		
Lloyds Pharmacy, 86 Wolverhampton Road, Codsall, Wolverhampton, WV8 1PE	✓		✓						✓	✓		✓		
Lloyds Pharmacy, 9 - 11 Church Road, Codsall, WV8 1EA	✓	✓	✓		✓	✓			✓			✓		
Millstream Pharmacy, The Avenue, Featherstone, Wolverhampton, WV10 7AX	✓									✓	✓			
Northwood Dispensing Chemists, Pinfold Lane, Penkridge, Stafford, ST19 5AP	✓	✓	✓		✓		✓		✓	✓		✓	✓	
Pattingham Pharmacy, 1 Meadow View, High Street, Pattingham, Wolverhampton, WV6 7BD														
Stevensons Chemists, 3 High Street, Cheslyn Hay, Walsall, WS6 7AB			✓								✓			

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Wheaton Aston Pharmacy, 39 High Street, Wheaton Aston, Stafford, ST19 9NP			✓				✓			✓				
Whitehouse Pharmacy, Market Street, Penkridge, Stafford, ST19 5DH	✓		✓		✓				✓	✓		✓	✓	
Wombourne Pharmacy, 45a Planks Lane, Wombourne, Wolverhampton, WV5 8DX									✓	✓		✓	✓	
Your Local Boots Pharmacy, High Street, Wombourne, Wolverhampton, WV5 9DP			✓							✓				
Your Local Boots Pharmacy, 5 & 6 Giggetty Lane, Wombourne, Wolverhampton, WV5 0AW			✓			✓			✓	✓	✓			
	Stafford													
Asda Pharmacy, Asda Superstore, Queensway, Stafford, ST16 3TA	✓		✓		✓				✓	✓				
Birchill & Watson, 16 High Street, Stone, Stafford, ST15 8AW	✓		✓			✓								
Boots The Chemist, Queen's Retail Park, Silkmore Lane, Stafford, ST17 4SU			✓						✓					
Boots The Chemist, 10 - 14 Market Square, Stafford, ST16 2BD			✓						✓	✓	✓			
Boots The Chemist, 18 - 20 High Street, Stone, Stafford, ST15 8AW									✓					
Cornwell's Chemists, Holmcroft Road, Stafford, ST16 1JG	✓		✓		✓				✓	✓	✓			
Cornwell's Chemists, 51 Bodmin Avenue, Weeping Cross, Stafford, ST17 0EF	✓	✓	✓		✓				✓	✓	✓	✓	✓	
Cornwell's Chemists, Weston Road, Stafford, ST18 0BF	✓		✓		✓				✓	✓		✓	✓	
Eccleshall Pharmacy, 8 High Street, Eccleshall, Stafford, ST21 6BZ	✓	✓	✓		✓		✓		✓	✓		✓	✓	
Gnosall Pharmacy, Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 0GP														
Haywood Pharmacy, 3 Trent Close, Great Haywood, Stafford, ST18 OSS	✓		✓						✓					
Kitsons Chemist, 8 Orchard Place, Barlaston, Stoke on Trent, ST12 9DL	✓		✓		✓				✓	✓		✓	✓	
Lloyds Pharmacy, 9 - 10 Burton Square, Rising Brook, Stafford, ST17 9LT	✓		✓		✓				✓	✓		✓		
Lloyds Pharmacy, Millbank Surgery, Millbank, Stafford, ST16 2AG	✓		✓						✓			✓		
Rowlands Pharmacy, 161 Marston Road, Stafford, ST16 3BS														
Stafford Health and Wellbeing Pharmacy, Whitgreave Court, Stafford, ST16 3EB	✓		✓		✓	✓		✓	✓	✓		✓	✓	
Stone Pharmacy, Mansion House Surgery, Abbey Road, Stone, Stafford, ST15 8YE	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓	
Superdrug, 18 Greengate Street, Stafford, ST16 2HS										✓				
Tesco Instore Pharmacy, Newport Road, Stafford, ST16 2HE	✓													
Walton Pharmacy, 46 Eccleshall Road, Walton, Stone, ST15 0HN	✓		✓						✓					
Well Pharmacy, Castle Way, Newport Road, Stafford, ST16 1BS	✓		✓						✓	✓		✓	✓	

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Well Pharmacy, Burton Square, Rising Brook, Stafford, ST17 9LT	✓		✓						✓	✓		✓	✓	
Well Pharmacy, 128 West Way, Highfields, Stafford, ST17 9YF	✓								✓	✓		✓	✓	
Weston Road Pharmacy, 65 Weston Road, Littleworth, Stafford, ST16 3RL			✓				✓			✓				
Wildwood Pharmacy, The Co-operative Centre, Cannock Road, Stafford, ST17 4RA	✓	✓	✓			✓				✓				
Wolverhampton Road Pharmacy, 112 Wolverhampton Road, Stafford, ST17 4AH			✓		✓					✓	✓			
Staffordshire Moorlands														
Biddulph Pharmacy, 1 - 3 Tunstall Road, Biddulph, Stoke on Trent, ST8 6HJ	✓		✓			✓			✓	✓		✓	✓	
Blythe Bridge Pharmacy, 240 Uttoxeter Road, Blythe Bridge, ST11 9LY	✓		✓		✓	✓			✓	✓	✓	✓	✓	
Boots The Chemist, 13 Derby Street, Leek, ST13 6HT										✓				
Boots The Chemist, 47 High Street, Cheadle, ST10 1AR									✓	✓	✓			
D McMullen Pharmacy, Alder House, 22 Station Road, Endon, Stoke on Trent, ST9 9DR	✓	✓	✓			✓								
Leek Pharmacy, 55 Queen's Drive, Leek, ST13 6QF	✓		✓			✓				✓				
Lloyds Pharmacy, In Store Sainsbury's Supermarket, Churnet Way, Macclesfield Road, Leek, ST13 8YG	✓		✓			✓			✓			✓		
Lloyds Pharmacy, 15 Fountain Street, Leek, ST13 6JS	✓		✓		✓				✓	✓		✓		✓
Lloyds Pharmacy, The New Pharmacy Unit, Park Medical Centre, Buxton Road, Leek, ST13 6QR			✓						✓	✓	✓	✓		
Ratcliffe Pharmacy, 42 Ashbourne Road, Cheadle, ST10 1HQ	✓		✓		✓	✓			✓	✓	✓	✓	✓	
Ratcliffe Pharmacy, 44a High Street, Cheadle, ST10 1AF	✓		✓		✓				✓	✓	✓	✓	✓	
Tean Pharmacy, 19 High Street, Tean, ST10 4DY									✓	✓		✓	✓	
Well Pharmacy, 16 - 18 Ball Haye Street, Leek, ST13 6JW	✓								✓	✓	✓	✓	✓	
Well Pharmacy, Biddulph Primary Care Centre, Wharf Road, Biddulph, Stoke on Trent, ST8 6AG	✓								✓	✓	✓	✓	✓	
Well Pharmacy, 62 High Street, Biddulph, Stoke on Trent, ST8 6AS	✓		✓						✓	✓	✓	✓	✓	
Well Pharmacy, 46 - 48 Derby Street, Leek, ST13 5AJ	✓								✓	✓	✓	✓	✓	
Well Pharmacy, 396 New Street, Biddulph Moor, Stoke on Trent, ST8 7LR	✓								✓	✓	✓	✓	✓	
Werrington Pharmacy, 339 Ash Bank Road, Werrington, Stoke on Trent, ST9 0JS	✓		✓			✓			✓			✓	✓	
Tamworth														
Aldergate Pharmacy, Forge Retail Park, Tamworth, B79 8AX														

	Emergency Supply	Palliative Care	UTI and Impetigo	Infected Eczema	Infected Insect Bites	Acute Bacterial Conjunctivitis	CPOSS - Optometry Supply Service	Joint Pain in Pharmacy	Emergency Hormonal Contraception	Supervised Consumption	Home delivery	Chlamydia testing	Chlamydia treatment	Needle And Syringe Exchange Service
Asda Pharmacy, Asda Stores, Ventura Park, Tamworth, B78 3HB	✓		✓			✓			✓	✓				
Boots The Chemist, Unit A, Ventura Retail Park, Tamworth, B79 7LQ										✓				
Boots The Chemist, 18 - 24 Ankerside, Tamworth, B78 1BS										✓	✓			
Dosthill Pharmacy, GP Surgery, Cadogan Road, Dosthill, Tamworth, B77 1PQ		✓	✓		✓					✓				
Eason Pharmacy, 215a Watling Street, Wilnecote, Tamworth, B77 5BB	✓		✓	✓	✓	✓			✓	✓		✓	✓	
Exley Pharmacy, Unit 4, Exley Centre, Belgrave, Tamworth, B77 2LA		✓	✓						✓	✓		✓	✓	
Magrath Pharmacy, 68 Caledonian, Glascote Heath, Tamworth, B77 2ED	✓		✓						✓	✓	✓	✓	✓	
PCP Direct (online), Unit 13, Mercian Park, Tamworth, B77 4DP	✓	✓								✓				
Peak Pharmacy, 266 Tamworth Road, Amington, Tamworth, B77 3DQ	✓		✓		✓	✓			✓	✓				
Peel Court Pharmacy, 2 Aldergate, Tamworth, B79 7DJ			✓							✓	✓			
Primary Care Pharmacy, 30 Hospital Street, Tamworth, B79 7EB	✓	✓	✓		✓	✓			✓	✓		✓	✓	✓
Rowlands Pharmacy, 54 Albert Road, Tamworth, B79 7JN										✓	✓			
Stonydelph Pharmacy, 29 Ellerbeck, Stonydelph, Tamworth, B77 4JA			✓			✓								
Tamworth Pharmacy, 146 Masefield Drive, Leyfields, Tamworth, B79 8JA									✓			✓	✓	
Well Pharmacy, 1 - 5 Church Street, Tamworth, B79 7DH	✓								✓	✓		✓	✓	