



Midlands and Lancashire  
Commissioning Support Unit

# Coventry Pharmaceutical Needs Assessment (PNA) 2018 – 2021





**V1.3**

**The data contained in this document is considered correct at the time of preparation**

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This document is an update to the 2015 Coventry PNA document.

Please note data regarding pharmacies is accurate of 5<sup>th</sup> February 2018.

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## ABBREVIATIONS & GLOSSARY

AUR .....	Appliance Use Review
BME.....	Black and Minority Ethnic
CHWB.....	Coventry Health and Wellbeing Board
CCG.....	Clinical Commissioning Group
CVD.....	Cardiovascular Disease
COPD.....	Chronic Obstructive Pulmonary Disease
CPCF.....	Community Pharmacy Contractual Framework
CPPQ.....	Community Pharmacy Payment Questionnaire
DAC.....	Dispensing Appliance Contractors
DCLG .....	Department of Communities and Local Government
DD.....	Dispensing Doctors
DH.....	Department of Health
DSP.....	Distance Selling Pharmacy
EHC.....	Emergency Hormonal Contraception
EU.....	European Union
GP.....	General Practitioner
HLP.....	Healthy Living Pharmacy
HWB.....	Health and Wellbeing Board
ISHS.....	Integrated Sexual Health Services
JSNA .....	Joint Strategic Needs Assessment
LA.....	Local Authorities
LMC.....	Local Medical Committee
LPC.....	Local Pharmaceutical Committee
LSOA.....	Lower Super Output Areas
LTC.....	Long Term Conditions
MAS.....	Minor ailments Scheme

MUR.....	Medicines Use Review
NMS.....	New Medicines Service
MSOA .....	Middle Super Output Area
NHS BSA.....	NHS Business Services Authority
NHSE .....	National Health Service England
NICE.....	National Institute for Clinical Excellence
NSAIDs.....	Non-Steroidal Anti Inflammatory Drugs
NUMSAS.....	NHS Urgent Medicines Advanced Service
OCD.....	Obsessive Compulsive Disorder
OOH.....	Out of Hours
ONS.....	Office of National Statistics
NRT.....	Nicotine Replacement Therapy
PCT.....	Primary Care Trust
PGD.....	Patient Group Directive
PHE.....	Public Health England
PNA.....	Pharmaceutical Needs Assessment
PSED.....	Public Sector Equality Duty
PSNC.....	Pharmaceutical Services Negotiating Committee
QPS.....	Quality Payments Scheme
SAC.....	Stoma Appliance Customisation
STI.....	Sexually Transmitted Infection
STP.....	Sustainability and Transformation Partnership (re-named Better Health, Better Care, Better Value programme)
UHCW.....	University Hospital Coventry & Warwickshire
UK .....	United Kingdom
WHWB.....	Warwickshire Health & Wellbeing Board



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## EXECUTIVE SUMMARY

### Introduction

This pharmaceutical needs assessment (PNA) describes the needs for the population of Coventry. It considers provision of services from local chemists. Since 1<sup>st</sup> April 2015, all Health and Wellbeing Boards (HWB) in England have had a legal responsibility to keep an up to date statement around the needs for services for their population from community pharmacies. PNAs are updated at least every 3 years. PNAs do not consider pharmacy provision from prisons or provision from secondary care settings such as hospital trusts.

Pharmacies present an ideal opportunity for prevention. Patients with long-term conditions are in regular contact with community pharmacies and pharmacies are well placed to support people to reduce their risks by encouraging healthy behaviours. Public Health England (PHE) specifically emphasise pharmacy as playing a key role in:

- Cardiovascular disease (CVD) secondary prevention
- Improving management of patients with high blood pressure
- Delivering effective brief advice on physical activity in clinical care
- Raising public awareness about reducing the risk of dementia
- Alcohol identification and brief advice

Taking into account these PHE views and considering them in relation to the sustainability and transformation partnerships (STP) plans; this creates several opportunities for community pharmacy to have a greater input. These areas are considered in more detail under the STP section 3.6.

### How the PNA was undertaken

Local pharmacies were surveyed to better understand services they provide and could provide. Members of the public were also surveyed and 260 responses were received. Accordingly the views of the public and local pharmacies have been recognised when developing this pharmaceutical needs assessment document. Public survey respondent profiling, showed that over 65% of respondents were aged over 50, with no respondents aged under 20. More than twice as many females responded to the consultation than males and 20% of respondents considered themselves to be disabled.

A PNA examines the needs of the local population in line with key local intelligence and strategies. This PNA identifies how any needs and service gaps can be met by developing services from existing pharmacy providers. A PNA can provide direction for commissioning of future services including whether or not new pharmacies should be allowed to open or GPs allowed to dispense.

As part of the PNA process, there is a legal requirement for a formal consultation with the public on the draft PNA document for at least 60 days. A consultation took place from the 1<sup>st</sup> December 2017 to 5<sup>th</sup> February 2018. Responses from this consultation have helped inform the conclusions and recommendations of this final PNA document, published March 2018.

### Findings

The latest Office of National Statistics (ONS) population estimate for Coventry is 352,900 people in 2016. Coventry's population is projected to increase to 361,400 by 2021, a 7.2% increase from 2015.

The annual population increase between mid-2015 and mid-2016 in Coventry was estimated to be amongst the highest in the England. Coventry is a relatively young city and has been becoming younger on average in recent years, with an average age of 33.5 years. People who live in the most deprived parts of Coventry have worse health prospects than those who live in the least deprived parts of the city. Long Term Conditions (LTCs) that have a notable impact on health in Coventry are cancer, CVD, and chronic obstructive pulmonary disease (COPD). Improving the health outcomes of people with these conditions would help reduce premature mortality in Coventry.

See table below for **assessment of pharmaceutical service provision**.

## Conclusion

The PNA concludes that there is adequate provision of pharmacies and pharmaceutical services in Coventry to serve the needs of the local population. There are no gaps in pharmacy provision that would require new pharmacy premises. There are however variations in pharmaceutical services available across the city which may need to be considered by commissioners – especially with any new future housing developments. Residents may need to travel further to access a particular service or pharmacy when required.

The Coventry and Warwickshire Sustainability and Transformation Partnership Board should as part of the “Better Health, Better Care, Better Value” programme consider the findings of this report, with due regard to the promotion and awareness of pharmacy services. Commissioners should explore avenues of providing better online information to the public. This will lead to better signposting, ensuring information around local pharmacies and the different services they offer is widely available in GP surgeries, pharmacies and other healthcare settings.

Community pharmacy can contribute to the objectives of the STP strategy and should be embedded within all workstreams and transformational programmes. Particular regard should be given to the *‘out of hospital’* and *‘proactive and preventative’* work programmes that can capitalise more so on the range of services offered from community pharmacies.

Assessment of pharmaceutical services provision	
Access to pharmaceutical providers	Opportunities/considerations
<p><i>Access to pharmaceutical services across Coventry is adequate:</i></p> <ul style="list-style-type: none"> <li><i>Coventry has 2.8 community pharmacies per 10,000 population; above the mean for the West Midlands which is 2.4 pharmacies per 10,000.</i></li> <li><i>There are currently 91 community pharmacies in Coventry. 10 of these are contracted to open for at least 100 hours per week. There are an additional 6 distance selling pharmacies and one dispensing appliance contractor.</i></li> <li><i>More rural areas in Coventry to the northwest have reduced pharmacy provision in line with reduced population density.</i></li> <li><i>Opening hours indicate good access during usual working hours and adequate access during evenings and weekends across the city.</i></li> <li><i>Public engagement has not highlighted any significant barriers to access.</i></li> <li><i>More than 80% of respondents to the public survey agreed or strongly agreed with the statement "I am always able to access pharmacy services I require, when I need them."</i></li> <li><i>The public survey showed 84% of Coventry's population could reach a pharmacy within 10 minutes. 7% of respondents stated it took 20 mins or longer to access their pharmacy.</i></li> <li><i>Many pharmacy contractors provide delivery of dispensed medicines free of charge which</i></li> </ul>	<ul style="list-style-type: none"> <li>The number and distribution of pharmaceutical service provision in Coventry is adequate.</li> <li>The distribution of pharmacies in Coventry covers the city well, with some areas of reduced provision and some more concentrated central areas. The areas of Wainbody, Earlsdon and Cheylesmore in the south have no provision of 100 hour pharmacies.</li> <li>The north west of the city includes some less populated areas of the city and has fewer pharmacies relative to the rest of Coventry.</li> <li>Review of the locations and opening hours suggest there is adequate access to NHS pharmaceutical services in Coventry.</li> <li>It should be noted that public survey results show there is a lack of awareness around opening hours</li> <li>It can be difficult to find online information about the services which are available in some pharmacies and that information where available is not necessarily geared towards a public audience. There is no one portal to find out which services are provided and where.</li> </ul>

*improves access to services and is particularly important for the older population who may be less mobile or housebound.*

- Pharmaceutical services are also available from distance selling (internet pharmacies) located inside or outside of the city that make deliveries to individual homes and thus improve access.*
- The pharmacy survey showed that physical access to pharmacies was adequate. 96% of patients can legally park within 50 metres of the pharmacy and 82% within 10 metres of the pharmacy. Results also showed there is a bus stop within walking distance of 99% of pharmacies. 86% of pharmacies do not have any steps to climb to enter the premises. 89% of the pharmacies that responded stated that the pharmacy floor is accessible by wheelchair*
- When asked about other facilities aimed at helping disabled people access their services, results of the pharmacy survey showed 51% had automatic door assistance, 49% have wheelchair ramp access and 67% provided large print labels/leaflets.*

Essential services	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>See section 7.2 for more information on essential services.</i></li> <li>• <i>There are no gaps in the provision of essential services for the city's population.</i></li> <li>• <i>Essential services are provided by all Coventry pharmacy contractors. This includes dispensing of prescriptions which is a core service that is commissioned nationally by the NHS.</i></li> <li>• <i>Essential services are accessible for the majority of Coventry's population both geographically and at different times of day.</i></li> <li>• <i>Results from the public survey showed that there is a low level of awareness around the essential service - repeat dispensing.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Over 20% of patients were not aware of essential services available from community pharmacies, with the exception of disposal of unwanted medicines. There needs to be a joint approach from NHSE, CCGs, LPCs and other organisational bodies to promote services offered from pharmacies.</li> <li>• Although provision of these services is adequate across Coventry further work needs to be undertaken to raise awareness of these services and their benefits.</li> <li>• Essential services are provided by all pharmacies. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities.</li> <li>• Essential services allow pharmacies to support many of the objectives of the Sustainability and Transformation Plan (STP) and Joint Strategic Needs Assessment (JSNA), in particular, the <i>Proactive and Preventative</i> and <i>Urgent and Emergency Care</i> agendas. Pharmacies are required to participate in national public health campaigns as part of Essential services.</li> <li>• Opportunities around essential services from pharmacy have been identified, including: <ul style="list-style-type: none"> <li>○ Pharmacies sign-posting patients to sources of information and appropriate care pathways</li> <li>○ Pharmacies can further support the self-care agenda by advising on the most appropriate choices for self-care.</li> </ul> </li> </ul>



Advanced services – Medicine Use Review (MURs)	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>A high proportion of community pharmacies within Coventry provide MUR services. There were 25,785 MURs conducted in Coventry 2015/16 by 91 providers.</i></li> <li>• <i>Figure 15 shows that the average number of MURs conducted per pharmacy in Coventry in 2016/2017 was 283 which has increased slightly compared with 275 the previous year. Each pharmacy can provide a maximum of 400 MURs a year.</i></li> </ul>	<ul style="list-style-type: none"> <li>• The MUR service could further support the <i>Proactive and Preventative</i> agenda of the STP. Targeting patients with complex needs; the service can help prevent unnecessary GP appointments in line with the <i>Urgent and Emergency care</i> strategy for the STP. MURs are crucial in supporting older people by addressing matters associated with polypharmacy. There is capacity for Coventry pharmacies to increase the number of MURs completed where possible. MURs are by their nature not clinical reviews but more of a medication review. The MUR service scope could however be extended to include clinical reviews as an additional service.</li> <li>• Pharmacy survey results showed community pharmacies are willing to undertake consultations in patient’s homes and this could improve MUR numbers and help target those who require the service the most.</li> <li>• Patients with the long term conditions (LTCs) such as CVD and COPD can be targeted further and more can be done to address on-going monitoring and regular follow ups.</li> <li>• The service promotes multidisciplinary working between pharmacists and GPs by working collaboratively to identify and refer patients for MURs, which supports the <i>Productivity and Efficiency</i> work stream of the STP.</li> <li>• There is capacity for MURs to become more effectively embedded in wider pathways. MURs for cardiovascular patients are linked to the wider Coventry health check programme and stroke prevention agenda.</li> </ul>

Advanced services – New Medicines Service (NMS)	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>A high proportion of contractors in Coventry offer the NMS service.</i></li> <li>• <i>Coventry pharmacies completed on average 59 NMS' in total for the year 2016/17. This is less than the national average.</i></li> <li>• <i>The results from the public survey demonstrated 72% patients are aware of this service and 63% were very satisfied and 23% satisfied with the delivery of this service.</i></li> </ul>	<ul style="list-style-type: none"> <li>• The service supports medicines adherence, self-management of long term conditions and adverse events from medicines thus reducing hospital admissions. These aims support the <i>Proactive and Preventative</i> and <i>Urgent and Emergency</i> agendas of the STP.</li> <li>• The service promotes multidisciplinary working between pharmacists and GPs which supports the <i>Productivity and Efficiency</i> work stream of the STP.</li> <li>• There is capacity to offer the NMS service more widely to patients with LTCs within the target populations (COPD and CVD) and for this service to be accessed by more people.</li> <li>• The NMS service should be better embedded into care pathways. Direct referral or signposting to community pharmacy from primary and secondary (hospital) care and other healthcare providers could further support this service.</li> </ul>
Advanced services – Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SACs)	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services due to the much smaller proportion of the population that may be targeted.</i></li> <li>• <i>NHS BSA data shows only 1 community pharmacy contractor in Coventry completed 13 AURs in 2016/17.</i></li> <li>• <i>NHS BSA data shows that in 2016/17 there were 14 community pharmacies engaged in providing stoma appliance customisation reviews in Coventry.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Appliance use review and stoma customisations are available in other settings such as stoma nurses and dispensing appliance contractors.</li> <li>• Although demand for the appliance based advanced services (SAC and AUR) is lower than for the other advanced services, it is possible for more appliance based reviews to be offered from community pharmacies in Coventry.</li> <li>• Pharmacies could do more to offer these appliance review services to housebound patients.</li> </ul>

Advanced services – Flu vaccination	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>59 of the 72 (82%) pharmacy contractors responding to the pharmacy survey stated they provide seasonal flu vaccinations in Coventry.</i></li> <li>• <i>The public survey showed that 80% (208/260) of respondents were aware of the NHS funded flu service provided from community pharmacy. A high level of satisfaction was expressed with the service.</i></li> <li>• <i>PSNC data shows 71 pharmacies provided the flu vaccination service in Coventry in 2016/17 with 133 vaccinations given on average per pharmacy.</i></li> <li>• <i>This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination.</i></li> </ul>	<ul style="list-style-type: none"> <li>• In line with the STP strategy, vaccination against flu from community pharmacy can reduce pressures on health services by reducing hospital admissions and limiting exacerbations of existing medical conditions.</li> <li>• Community pharmacies in Coventry should be encouraged to provide the flu vaccine and could help target the large proportion of eligible under-65s who do not routinely attend for immunisation.</li> </ul>
Advanced services – New National Urgent Medicines Supply Advance service (NUMSAS) PILOT	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>The NUMSAS pilot service commenced on 1st December 2016 and will run until September 2018.</i></li> <li>• <i>NUMSAS enables access to medicines or appliances Out-of-Hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy</i></li> <li>• <i>Data shows 27 pharmacy contractors in Coventry are registered to provide the NUMSAS service.</i></li> </ul>	<ul style="list-style-type: none"> <li>• This service further supports the <i>Urgent and Emergency Care</i> work stream of the STP. Pharmacies in Coventry should be encouraged to increase uptake of the NUMSAS service. The NUMSAS service from community pharmacy aims to reduce the burden on urgent and emergency care services.</li> <li>• All referrals must come from NHS 111 and guidance from NHSE states that pharmacies should not advertise that they offer NUMSAS. Furthermore, poor rollout of the service will have affected service delivery by community pharmacies.</li> <li>• Evaluation of the pilot service in terms of referral rates to community pharmacy and impact on GP out of hours (OOH) appointments for urgent repeat prescription requests is necessary before an assessment of adequacy of provision can be made.</li> </ul>

Quality Payments Scheme and Healthy Living Pharmacies (HLP)	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>Information provided by Coventry LPC during consultation shows that there are now 80 pharmacies accredited with HLP Level 1 status (DSPs cannot easily be accredited as HLP pharmacies).</i></li> <li>• <i>96% of pharmacies in Coventry meet the gateway criteria for the Quality Payments Scheme (QPS), this is:</i> <ul style="list-style-type: none"> <li>○ <i>Offer at least one of the specified advanced service's</i></li> <li>○ <i>Keep an up to date NHS Choices entry – public can view pharmaceutical provision in their area</i></li> <li>○ <i>Be able to send and receive NHS mail – to receive referrals for NUMSAS</i></li> <li>○ <i>Use the Electronic Prescription Service (EPS) – to prevent patients running out of medications (Controlled drugs cannot currently be sent via EPS).</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of the Healthy Living Pharmacy Level 1 should continue, although this is not currently a funded service. HLPs can deliver effective systematic health promotion, brief advice and signposting across community pharmacy and other commissioned services.</li> <li>• Existing HLP Level 1 (Promotion) pharmacies providing locally commissioned services should be supported to develop to HLP Level 2 (Prevention) status.</li> <li>• Commissioners and the LPC should work together to ensure more HLP level 2 pharmacies develop in Coventry. HLP level 2 pharmacies would then be an ideal platform to commission services through. As HLP level 2 pharmacies continue to develop they could boost the impact of locally commissioned prevention services.</li> <li>• HLPs can also develop to become better embedded as part of long term conditions referral pathways.</li> <li>• The STP and local commissioners such as CCGs should consider when commissioning services, the opportunities that HLP status can bring to support wider programmes of work, including physical and mental health and wellbeing, diabetes, and cardiovascular disease.</li> </ul>

Locally Commissioned Service - Sexual Health (Public Health)	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>There are 24 community pharmacies offering chlamydia screening in Coventry.</i></li> <li>• <i>Community pharmacies are one element of the Integrated Sexual Health Services (ISHS) model. Provision is also available from GP practices and other providers.</i></li> <li>• <i>The public survey showed that over 50% of respondents were aware of sexual health services from community pharmacy (Just over 5% of public survey respondents were aged under 30).</i></li> <li>• <i>In 2016, in Coventry, 15.9% of the population aged 15 to 24 years old were screened for chlamydia via ISHS providers; this was below the national level of 20.7%.</i></li> <li>• <i>The Sexual Health service has adequate levels of provision; pharmacies are generally well located across areas of deprivation and where the population of 13-25 year olds is relatively high in the city. There are however areas of Coventry where provision of chlamydia screening is reduced.</i></li> </ul>	<ul style="list-style-type: none"> <li>• To improve the rate of chlamydia detection, the screening programme could be developed to allow more pharmacies to offer this service.</li> <li>• There is scope for community pharmacies to support health needs by increasing chlamydia detection rates. There is also potential to increase the range of diseases being screened for.</li> <li>• Pharmacies can concurrently offer advice on barrier contraception methods for both males and females and raise awareness of HIV, chlamydia and other STIs.</li> <li>• Additional pharmacies could be commissioned to ensure better provision of sexual health service screening and treatment in those areas that are highly populated by the target demographic.</li> <li>• There is also potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.</li> </ul>

Locally Commissioned Service - Substance Misuse Services (Public Health)	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>There is currently a low level of alcohol screening provision in Coventry. 11 pharmacies are commissioned to provide this service. Service providers are located in areas of deprivation; however there are other deprived areas in the city with no provision of alcohol screening from pharmacy.</i></li> <li>• <i>There are currently 10 pharmacies commissioned to provide the new naloxone service and are located mainly in the city centre.</i></li> <li>• <i>There are 26 pharmacies in Coventry commissioned to provide the needle exchange service. Pharmacies are located in areas of deprivation in Coventry</i></li> <li>• <i>There are 75 pharmacies in Coventry commissioned to provide the supervised consumption service.</i></li> </ul>	<ul style="list-style-type: none"> <li>• New Alcohol screening &amp; Intervention service aims to reduce the rate of hospital admissions for alcohol related harm in the city which is currently higher than the national average. These new services are in early stages of development. Commissioners should consider increasing access to these services from community pharmacies located in areas of deprivation with no provision. Uptake and awareness of these new substance misuse services needs to be increased amongst partners and service users themselves.</li> <li>• Pharmacies can provide advice on safer injecting and harm reduction measures and provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.</li> <li>• Commissioners should give consideration to other more deprived areas in the south, north east and west of Coventry, where provision of needle exchange pharmacies is low and could be improved. Overall provision of the service is adequate.</li> </ul>

Locally Commissioned Service - Smoking Cessation service (Public Health)	Opportunities/considerations
<ul style="list-style-type: none"> <li>• <i>Coventry City Council is recommissioning a new integrated adult lifestyles service for April 2018. This new service will focus on delivering lifestyle behavioural change interventions among the adult population, including smoking cessation and weight management. The service will also deliver the NHS Health Check programme in Coventry. It will replace current stop smoking services</i></li> <li>• <i>Across Coventry there are 55 pharmacies that have been commissioned to provide stop the smoking cessation service. Pharmacies are well distributed in relation to areas of deprivation. Despite some gaps in the North West from community pharmacy, smoking cessation provision is available from GP Practices and alternative providers.</i></li> <li>• <i>The stop smoking service was one of the most recognised services amongst public survey respondents. No respondents indicated dissatisfaction to the service.</i></li> </ul>	<ul style="list-style-type: none"> <li>• As a result of the tender process, service provision may be altered from that which is provided by current smoking cessation services. The smoking cessation service helps reduce levels of smoking-related illness, disability, premature death, and health inequality. Smoking remains one of the largest contributors to avoidable mortality and stopping smoking is one of the key areas to be tackled under the STP plans.</li> <li>• Smoking, COPD and cancer are key priorities in the Coventry JSNA. The Smoking Needs Assessment (2016) recommended that pharmacists should utilise prescription waiting times to engage customers in support to stop smoking and consideration should be made into the delivery of such a service. Community pharmacies remain well placed to offer opportunistic smoking cessation advice when seeing patients attending for prescriptions and customers.</li> <li>• Overall Coventry has good coverage of smoking cessation service providers. The Smoking Cessation Service from Coventry pharmacies illustrates how community pharmacies can improve population health through smoking cessation services, as evaluated by NICE. It is suggested that patients in more deprived areas could be further targeted where there are higher levels of smoking.</li> </ul>



Locally commissioned Service - Phlebotomy Service	Opportunities/considerations
<ul style="list-style-type: none"> <li><i>A total of 18 pharmacies provide the service across the city.</i></li> </ul>	<ul style="list-style-type: none"> <li>In addition 14 more sites including the University Hospital and various medical practices offer the phlebotomy service ensuring there is good access to this service across Coventry. An opportunity is available to promote this service further via GP Practice and other health professionals.</li> </ul>
Other commissioned services in the future	Opportunities/considerations
<ul style="list-style-type: none"> <li><i>From the public survey some respondents would like to use a service that provides blood tests and health tests (cholesterol, blood pressure, diabetes, weight).</i></li> </ul>	<ul style="list-style-type: none"> <li>A minor ailments scheme could be commissioned to support the STP agenda. In particular, the Preventative and Proactive and Urgent and Emergency Care agendas.</li> <li>Shared learning and good practice from other HWB areas indicate there is capacity for more services to be provided from community pharmacy including: <ul style="list-style-type: none"> <li>Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies</li> <li>Outreach NHS Health Checks to include healthy heart checks, weight management and obesity management</li> <li>Promoting awareness of good mental health</li> <li>Pharmacies could under a Patient Group Directions (PGDs) provide advice and immunisation to protect patients from diseases or blood-borne viruses.</li> <li>Targeted case finding of individuals with pre-diabetes for the National Diabetes Prevention Programme</li> <li>Targeted case finding for Atrial Fibrillation – pulse checks combined with flu vaccinations</li> <li>HIV antibody screening tests</li> </ul> </li> </ul>

\* Information in this draft document is accurate as of 5th February 2018. Assessments of services are informed by commissioner data service provider lists accurate as of 5<sup>th</sup> February 2018. The pharmacy survey informing this assessment contained information from community pharmacists on which services they deliver. 72 from a potential 97 community pharmacies responded to the pharmacy survey, analysis is reflective of the size of the survey sample. Readers are encouraged to view commissioner data as the default in service provision.

\*\* There were three consultations with the public and organisational bodies that helped inform this pharmaceutical needs assessment document. During the course of the PNA process the Public survey received 260 responses, the Pharmacy survey received 72 (from a potential 97 respondent pharmacies in Coventry). The Coventry draft 2018 consultation received 42 responses. In comparison the Coventry PNA 2015 received 560 responses to the public survey, 70 responses to the pharmacy survey (from a potential 96 respondent pharmacies in Coventry) and 9 responses to the Coventry draft 2015 consultation. This PNA acknowledges that although the public survey in 2015 received over twice as many responses, this PNA has the added benefit of being informed by the findings of the Healthwatch Coventry report 'Pharmacy Services in Coventry: Pharmacy services in Coventry: what is important to local people' (2017), where the views of 703 members of the public were received. Both this PNA and the Healthwatch Coventry report 2017 received less than 5% of responses to the public surveys from members of the public aged under 24. The views of students and young people populations are therefore under-represented within these reports and more needs to be done to engage these populations when commissioning services.

## 1.0 INTRODUCTION

This document has been prepared on behalf of Coventry's Health and Wellbeing Board (HWB)<sup>1</sup> in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013. It replaces the 2015 Pharmaceutical Needs Assessment (PNA) for Coventry<sup>2</sup>. There is a need for local health partners to work together to ensure the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

The purpose of the PNA is to assess local needs across Coventry; to identify any gaps in service provision, to identify unmet needs of the local population and to identify services that pharmaceutical providers are and could provide to address these needs. A PNA can be used as an effective tool to enable HWBs to identify services that need to be commissioned from pharmaceutical service providers.<sup>3</sup>

Coventry City Council and Warwickshire County Council HWBs approached the development of the 2018 PNAs as a collaborative project, with a distinct and separate PNA being produced for each HWB area. Both HWBs produced their first PNAs in 2015 and were required to publish a new document after three years in accordance with regulations. Coventry and Warwickshire HWBs jointly commissioned Midlands and Lancashire Commissioning Support Unit (MLCSU) to develop these PNAs.

### 1.1 Background and legislation

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>4</sup> impose a statutory requirement on all HWBs to publish and keep-up-to date a statement of the needs for pharmaceutical services for their local populations. These statements are referred to as PNAs.

The PNA is an important and core document which supports NHS England in assessing applications for opening new pharmacies in the city. NHSE uses this document to make informed decisions regarding the commissioning of services, provided by local community pharmacies and other pharmaceutical providers.

The Health and Social Care Act 2012 transferred responsibility for the production and updating of PNAs from Primary Care Trusts (PCTs) to HWBs. PCTs were abolished in April 2013. Local Authorities (LA) and CCGs have equal and joint responsibility for producing the Joint Strategic Needs Assessment (JSNA), through the HWB. The JSNA and the Joint Health and Wellbeing Strategy (JHWS) inform the preparation of the PNA. Each PNA published by a HWB will have a maximum lifetime of three years.

### 1.2 HWB duties in respect of PNA

HWBs became statutory bodies from the 1st April 2013 and every LA has a HWB which works to improve health and wellbeing and reduce inequalities through partnership working and collaboration. HWBs provide a strategic oversight across the health and care system and bring

<sup>1</sup> [http://www.coventry.gov.uk/info/190/health\\_and\\_wellbeing/1383/health\\_and\\_wellbeing\\_board](http://www.coventry.gov.uk/info/190/health_and_wellbeing/1383/health_and_wellbeing_board)

<sup>2</sup> [CoventryPharmaceuticalNeedsAssessment2015.pdf](http://www.coventry.gov.uk/info/190/health_and_wellbeing/1383/health_and_wellbeing_board/CoventryPharmaceuticalNeedsAssessment2015.pdf)

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197634/Pharmaceutical\\_Needs\\_Assessment\\_Information\\_Pack.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

<sup>4</sup> <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

together a range of partners, including local council and NHS local commissioners, councillors and patient representatives. HWBs lead development of the Joint Strategic Needs Assessment (JSNA), Health and Wellbeing Strategy (HWS) and provide strategic influence over local commissioning.

Duties of HWBs in relation to PNAs include:

- Producing an updated PNA which complies with the regulatory requirements.
- Publishing subsequent PNAs on a three yearly basis.

HWBs are required to publish a revised assessment within three years of publishing their first assessment. If HWBs identify significant changes to the availability of pharmaceutical services since the publication of their PNA, they are required to publish a revised assessment as soon as is reasonably practical. This is unless they are satisfied that making a revised assessment would be a disproportionate response to those changes.

Not all changes to pharmaceutical services will result in a change to the need for services. If it is determined a full revised assessment is disproportionate, a supplementary statement should be produced. To facilitate commissioning of pharmaceutical services responsive to population needs the HWB partners will, in accordance with regulations, monitor the development of major housing sites, changes in pharmaceutical lists and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

### 1.3 Scope of the PNA

A PNA is defined in the regulations as:

*“The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments)<sup>5</sup>, whether it is the statement of its first assessment or of any revised assessment, is referred to in these regulations as a pharmaceutical needs assessment.”*

The PNA will inform both public and professional bodies about the need for pharmaceutical services in Coventry and will consider pharmaceutical services as any services delivered through pharmacies, dispensing doctors, or appliance contractors that are commissioned on a national or local basis in the city of Coventry.

### 1.4 Exclusions from the PNA

This PNA will not consider pharmacy provisions in prisons or pharmacy provision from a secondary care setting. Pharmaceutical services are provided in prisons by providers contracting directly with the prison authorities. Coventry has no prisons within its area. Patients in Coventry have a choice of provider for their elective hospital services. Although the PNA makes no assessment of the need for pharmaceutical services in a secondary care setting, it is still important to ensure that patients moving in and out of hospital have an integrated and seamless pharmaceutical service which ensures the continuity of support around medicines.

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<sup>5</sup> <http://www.legislation.gov.uk/ukxi/2013/349/part/2/made>

The PNA does not consider distance selling contractors and appliance contractors that may be used by Coventry residents. Services from these pharmaceutical providers are available nationally and not localised to a particular LA, CCG or NHS England area team. Therefore when evaluating access to pharmaceutical services, provision from these providers has not informed the decision making process.

## 1.5 Minimum requirements

Schedule 1 of the NHS 2013 Regulations state that the PNA must include as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- Other services either provided or arranged by a LA, NHS England, a CCG or a NHS Trust which either; impact upon the need for pharmaceutical services, or would secure improvements, or better access to, pharmaceutical services within the area.
- A map showing the premises where pharmaceutical services are provided
- An explanation of how the assessment was made.

## 2.0 APPROACH TO THE DEVELOPMENT OF THE PNA (METHODOLOGY)

### 2.1 Determining localities

The PNA steering group considered how the areas in Coventry could be defined for the PNA and agreed to use the current system of Coventry City Council's electoral wards as illustrated in Figure 2. Electoral wards were considered to be the most familiar method of describing localities with local people and partners. Electoral wards are consistent with descriptors used in other key strategic documents describing health challenges and services in Coventry. Electoral wards are small enough to distinguish different characteristics of areas within Coventry and large enough for statistical information to be meaningful.

Lower Super Output Areas (LSOAs) are units of geography which have been established by the Office of National Statistics and were designed to improve the reporting of small area statistics. LSOA have been designed to be consistent with population size. The minimum population is 1000 and the mean is 1500.

The mapping within the PNA illustrates pharmacy service provision and other key indicators at LSOA level across the city, often mapped against Indices of Multiple Deprivation. This has allowed the PNA to highlight the range of service needs across the different areas in Coventry in relation to levels of deprivation. Figures 1 & 2 illustrate LSOAs and electoral wards across the city

Figure 1: Map showing LSOAs in Coventry

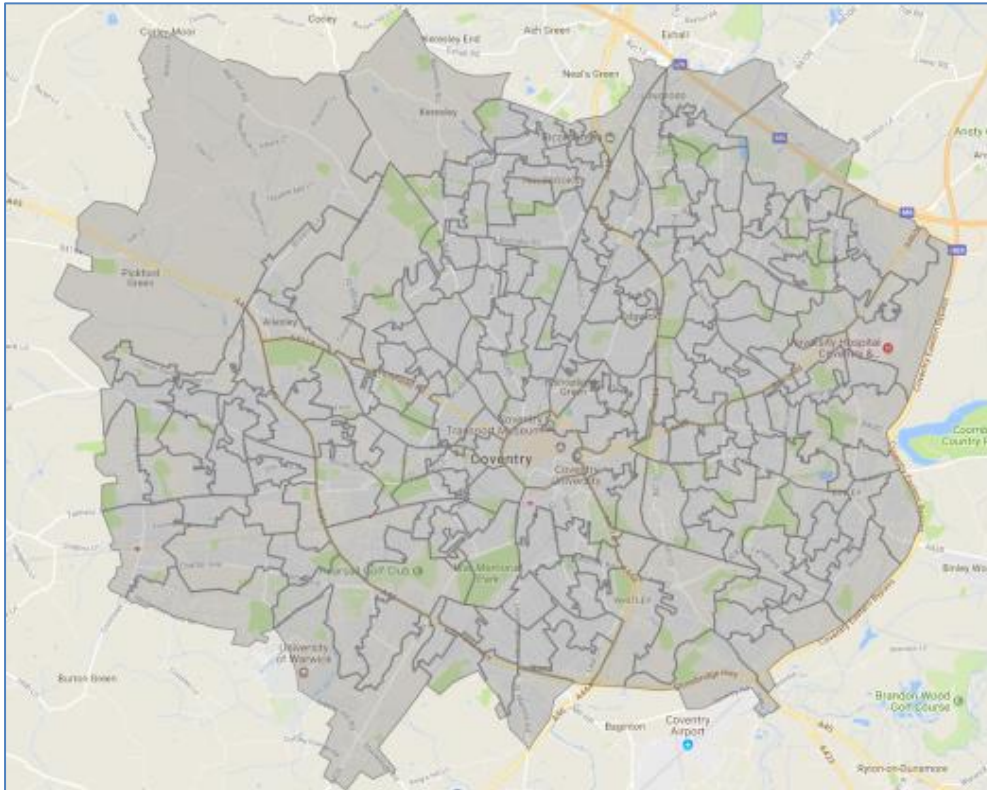


Figure 2: Map showing Coventry Electoral Wards





## 2.2 PNA Steering Group

The HWBs of Coventry and Warwickshire are approaching the development of the PNAs as a collaborative project, with separate reports being produced for Coventry Health and Wellbeing Board (CHWB) and Warwickshire HWB in accordance with the regulations.

The developments of both PNAs for 2018 have been overseen by the same multi-disciplinary steering group which included representation from organisations for both the Coventry and Warwickshire areas including the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), Healthwatch, Local Authorities (LAs) and local CCGs. The steering group has the following responsibilities:

- For reviewing the updated PNA 2018 to ensure it meets the statutory requirements
- Approving all public facing documentation
- Providing advice on the best method to integrate/align the PNA to Joint Strategic Needs Assessment (JSNA)
- Providing advice and information to the HWBs about community pharmacies in the area
- Providing advice and information to the HWBs about the potential of community pharmacy to address health inequalities as addressed by the JSNA
- Providing leadership in developing robust PNAs for both HWBs
- Ensuring the engagement and involvement of relevant people/bodies in the development of the PNA

## 2.3 Information Sources

Various sources of information have been used to identify the local need and the priorities for the PNA. These include:

- Joint Strategic Needs Assessment
- Patient & Public experience survey
- The Healthwatch Coventry report 'Pharmacy Services in Coventry: what is important to local people (2017)<sup>6</sup>
  - Where the views of 703 members of the public were received (March 2017)
- Pharmacy contractor survey
- Office of National Statistics (ONS), Census data 2001
- Public Health Sources
- Local strategies examined in relation to pharmaceutical needs:
  - HWB strategy
  - Sustainable Transformational Partnership (STP) Plan
- NHSE provided pharmaceutical and dispensing medical lists
- Local commissioners service information

This data has been combined to provide a picture of the Coventry population, their current and future health needs and how pharmaceutical services can be used to support the Coventry HWB to improve the health and wellbeing of Coventry City's population.

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<sup>6</sup> <http://www.healthwatchcoventry.co.uk/content/pharmacy-services-coventry-what-important-local-people>



## 2.4 Stages of Development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult with patients and professionals about local health services. All specific legislative requirements in relation to the development of PNAs were duly considered and adhered to.

### Stage 1

A project management approach was used to develop the PNA and a steering group established that met regularly during the development of the PNA. Stakeholder views were gathered through feedback in meetings, via telephone or virtually by email.

### Stage 2

A pharmacy survey and public survey were developed to capture views of Coventry residents and pharmacies on the current pharmaceutical services provision available in Coventry. The content of the survey was then approved by the steering group. Both the pharmacy survey and public survey were live from 29<sup>th</sup> Aug to 4<sup>th</sup> October 2017. Key findings have been incorporated into the document throughout. The full analysis of both surveys including respondent profiling is available in the appendices. This PNA acknowledges that although the public survey in 2015 received over twice as many responses, this PNA has the added benefit of being informed by the findings of the Healthwatch Pharmacy Services in Coventry report 2017, where views of 703 members of the public were received.<sup>7</sup>

\* Information in this draft document is accurate as of 5th February 2018. Assessments of services are informed by commissioner data service provider lists accurate as of 5th February 2018. The pharmacy survey informing this assessment contained information from community pharmacists on which services they deliver. 72 from a potential 97 community pharmacies responded to the pharmacy survey, analysis is therefore skewed by the size of the survey sample. Readers are encouraged to view commissioner data as the default in service provision.

### Stage 3

Following the initial data collection period, results were collated and analysed and a summary of current provisions and the gaps in provision of pharmaceutical services was identified and fed back into the draft report. The content of the PNA including demographics, localities and background information was approved by the steering group.

In addition to taking account of all views submitted from key stakeholders outlined above, this PNA considered a number of other factors including:

- The size and demography of the population across Coventry
- Adequacy of access to pharmaceutical services across Coventry
- Differing needs of individual localities within Coventry
- NHS services provided in or outside Coventry's area which affect the need for pharmaceutical services.
- If further provision of pharmaceutical services would secure better access to pharmaceutical service for the residents of Coventry
- The impact of predicted changes to the size of the population, the demography of the population and changing needs in the future which could lead to gaps in the provision of pharmaceutical services.

<sup>7</sup> <http://www.healthwatchcoventry.co.uk/content/pharmacy-services-coventry-what-important-local-people>

## Stage 4

As required by legislation, a 60 days consultation is necessary during the process of producing this document.

### 2.5 Consultation Overview

In accordance with the 2013 regulations, the PNA process includes a statutory requirement of a public consultation on the contents of the draft PNA for at least 60 days. The Regulations set out that HWBs must consult the following bodies at least once during the process of developing the PNA:

- Any Local Pharmaceutical Committee (LPC) for its area
- Any Local Medical Committee (LMC) for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area
- Any Local Healthwatch organisation for its area
- Any NHS trust or NHS foundation trust in its area
- The NHSCB
- Any neighbouring HWB

CHWB consulted with public and stakeholder organisations to ensure pharmaceutical providers and services supporting Coventry's population are accurately reflected. The statutory public consultation ran from 1<sup>st</sup> December 2017 to 05<sup>th</sup> February 2018. The PNA draft was available electronically on Coventry City Council's website and shared directly with statutory consultation bodies, receiving 42 responses.

Public and organisational responses to the consultation on this draft PNA have been analysed and a full report is available in Appendix 5. This report includes details of any changes made to the PNA as a result of the public's and organisational views. Any concerns raised as a result of consultation have been considered by the steering group in the redrafting of the final PNA document. This document is the final PNA report for publication in March 2018.

### 2.6 Equality Assessment

The Public Sector Equality Duty (PSED) was introduced via the Equality Act 2010. It ensures that Councils and other public bodies consider how different people will be affected by their activities and services.

Council must have due regard, to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it.

In accordance with the PSED; at the outset of the PNA process the appropriate registration and paperwork was completed in accordance with the Midlands and Lancashire Commissioning Support Unit Engagement Policy.

In particular when producing the public survey, the pharmacy contractor survey and the consultation survey, advice was sought to ensure adherence to the PSED. Surveys were also made available in other formats on request including an easy to read format.

## 3.0 RELEVANT STRATEGIES AND PLANS

### 3.1 NHS Five Year Forward View

Published in 2014<sup>8</sup>, this strategy sets a vision for the NHS in England; models of care between primary and specialist care, physical and mental health and health and social care are changing, which may create opportunities for community pharmacy to bid for new services. Part of the process also requires healthcare organisations and local authorities to work together to produce five year 'Sustainability and Transformation Plans'.

STPs are five-year plans covering all NHS spending in England, stemming from NHS England's Five Year Forward View. A total of 44 areas have been identified as the geographical 'footprints' on which the plans will be based, with an average population size of 1.2 million people (the smallest area covers a population size of 300,000 and the largest 2.8 million).

### 3.2 Community Pharmacy Clinical Services Review

An independent review<sup>9</sup> (the "Murray report") was commissioned by the Chief Pharmaceutical Officer Dr Keith Ridge in April 2016 following the opportunity presented by NHS England's publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The report highlights the potential for better utilising the clinical skills and expertise of the community pharmacy team.

The Murray report highlights that there is a risk of leaving community pharmacy on the outside as new care models such as STPs develop. It recommends that efforts are made to ensure that community pharmacy is involved in local and national public health plans. At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the complexities of the commissioning landscape. At a local level, the Health and Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

The Murray Report envisages a future for community pharmacy which is fully integrated into primary care and that better utilise the clinical and prescribing skills of community pharmacists. The community pharmacist would be accountable for decisions they make about the on-going management of patients with long term conditions, but a shift in service provision would put extra capacity into a stretched NHS system. Likewise, community pharmacy has a role in supporting Urgent and Emergency Care by taking referrals at the minor ailment end of the emergency care spectrum.

### 3.3 Community Pharmacy Five Year Forward View

The Community Pharmacy Forward View<sup>10</sup> sets out the sector's ambitions to radically enhance and expand the personalised care support and wellbeing services that community pharmacies provide.

<sup>8</sup> <https://www.england.nhs.uk/five-year-forward-view/>

<sup>9</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>10</sup> <http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/>

Pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

It sets out three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub

Many of the scenarios described are already happening in pharmacies throughout the country. The document calls for a consistent approach to involving community pharmacy's leaders in both national and local planning and decision-making.

### 3.4 Community pharmacy – a way forward

In 2016, the Department of Health and NHS England consulted with the Pharmacy Services Negotiating Committee (PSNC) regarding changes to the Community Pharmacy Contractual Framework (CPCF). Community pharmacy in 2016/17 and beyond<sup>11</sup> set intentions to modernise Community Pharmacy, more effectively integrate community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies (around 40% of pharmacies nationally are in close proximity).

Public Health England recently published a report on the role that community pharmacy could play in making a difference to the public's health: Pharmacy - A way forward for Public Health (September 2017). The report considers that healthcare professionals can play an important role in supporting people to make small and sustainable changes that improve their health. The report states that brief and very brief interventions by healthcare professionals have been shown to be effective ways of supporting sustainable behaviour change.

Pharmacies present an opportunity for prevention as patients with long-term conditions are in regular contact with community pharmacies. Pharmacies are well placed to support people to reduce their risks by encouraging healthy behaviours. Public Health England specifically emphasise pharmacy as playing a role in:

- Cardiovascular disease (CVD) secondary prevention
- improving management of patients with high blood pressure
- deliver effective brief advice on physical activity in clinical care
- raise public awareness about reducing the risk of dementia
- alcohol identification and brief advice

Taking into account the Public Health England report and considering it in relation to the STP plans creates several opportunities for community pharmacy to have greater input. These areas are considered in more detail under the STP section.

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<sup>11</sup> <https://www.gov.uk/government/publications/community-pharmacy-reforms>

### 3.5 Health and Wellbeing Board Strategy Vision

Coventry Health and Wellbeing Board (CHWB) became a statutory body on 1st April 2013; this is as one of the requirements of the Health and Social Care Act 2012. The CHWB has set out a strategy for 2016 - 2019, also known as the Joint Health and Wellbeing Strategy which is ultimately the city's plan for reducing health inequalities and improving health and wellbeing outcomes for Coventry residents. It is based on the findings from Joint Strategic Needs Assessment and consultation with key stakeholders. The Strategy sets the context for other health and well-being plans and for commissioning of NHS, public health, social care and related children's services. The Board expects that the commissioning plans of the City Council and the local NHS are consistent with the strategy, as required by the Health and Social Act 2012. The strategy for 2016-2019 focusses on three priorities where the Health and Wellbeing Board believes it will make the biggest difference to the lives of Coventry people. These are:

- Working together as a Marmot City to reduce health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

The 2016 refresh of the Joint Health and Wellbeing Strategy reflects the progress made towards achieving the objectives originally agreed in 2013, and responds to the rapidly changing and increasingly challenging context for the wider determinants of health and the health and social care system.

**The Health and Wellbeing Strategy** provides Coventry residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will deliver over the next three years and how we will work together to achieve this. The third priority of the HWBS links to the STP focussing on five key areas:






- **Proactive and Preventative Care**
- **Urgent and Emergency Care**
- **Planned Care**
- **Maternity and Paediatrics**
- **Productivity and Efficiency**

### 3.6 Coventry and Warwickshire Sustainability and Transformation Partnership

The Coventry and Warwickshire Sustainability and Transformation Partnership Board as part of the "Better Health, Better Care, Better Value" programme sets out a vision for the future of health and care services and focuses on helping people to stay healthier for longer and on providing better care at home or closer to home. The STP vision is aligned to the identified and understood wider challenges and priorities for the Coventry & Warwickshire Health and Care economy, as agreed by the Health and Wellbeing Boards. The focus is on making sure safe and sustainable services are delivered to Coventry and Warwickshire citizens in ways that benefit them and support the STP vision and all partners have agreed that form will not be a barrier to the delivery of such services.



## Transformation Workstreams (summary)

Workstream	Content	Some Examples	Outcomes
 Proactive & Preventative	Prevention Existing Better Care Fund activity Existing Out of Hospital plans Crisis response Extended scope of proactive care	Public Health activity Social Prescribing & Community support Neighbourhood teams Early intervention	Reducing activity growth related to smoking and obesity for 70% of smokers and all high risk related to obesity Reducing Non-elective(NEL)/A&E activity for top 15% most complex patients Reducing length of stay Reducing NEL/A&E activity for all people with LTCs (not within top 15% most complex patients)
 Urgent & Emergency Care	Enhanced ambulatory care Establish a U&EC network (Senior clinician at front door) Inputting into other workstreams (in particular proactive and preventative) New stroke pathway	Frailty services Improved primary care access Urgent Care centres Paramedic @ home Public education Integrated 111/Out of Hours Stroke pathway redesign Possible A&E reconfiguration	Reducing NEL admissions for people who are frail (largely aligned with 15% most complex) Reducing NEL/ A&E activity for the remainder population
 Planned Care	Pathway redesign Reduction in lower value procedures Consolidation of elective specialties	Musculoskeletal pathway Other pathways redesigned Review of "out-dated"/lower value procedures Patient education	Reducing OP activity for all OP attendances Reducing elective day case activity Removal of duplication Reducing unit cost for identified elective specialties Standardised referrals/pathways across the footprint
 Maternity & Paediatrics	Response to recent national and regional reviews Ongoing sustainability across footprint (eventually part of Planned Care)	Expanded home birth provision Address Workforce challenges Sustainable services	Unit cost analysis of options. Bottom up analysis of configuration options. Service reconfiguration to meet national/local review recommendations and bring ongoing sustainability Realise financial savings
 Productivity & Efficiency	Back office collaboration Consolidation of clinical support services	Procurement, Pay roll Pathology network, Radiation protection, Estates, IM&T	Savings from back-office and clinical support collaborations/consolidation Sustainable clinical support functions

### 3.7 The General Practice Five Year Forward View

The General Practice Forward View represents a step change in the level of investment and support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services. NHS England is committing to an increase in investment to support general practice over the next five years. Furthermore this will be supplemented by GP-led CCGs as they act to transform local care systems.

Issued in April 2016<sup>12</sup>, this strategy promotes the importance of pharmacy in evolving models of health and social care in England. Funding was made available to pilot clinical pharmacists in general practice so that they can play a greater role in minor ailments, long term condition management and medicines optimisation. This strategy promotes the importance of pharmacy in evolving models of health and social care in England. It set out proposals for the future of the NHS based around new models of care, and offers a strategic opportunity to review and revisit the role of community pharmacy in the health and care system. Two funding streams, the GP Access Fund and 'Clinical Pharmacist' programme will be used to pilot ways in which pharmacists can play a greater role in minor ailments, long term condition management and medicines optimisation.

The programmes discussed in the Five Year Forward View will be piloted during the time covered by this PNA. There is not however evidence at this time that these proposals will impact on the need for pharmaceutical services; they may however increase demand.

<sup>12</sup> <https://www.england.nhs.uk/gp/gpfv/>



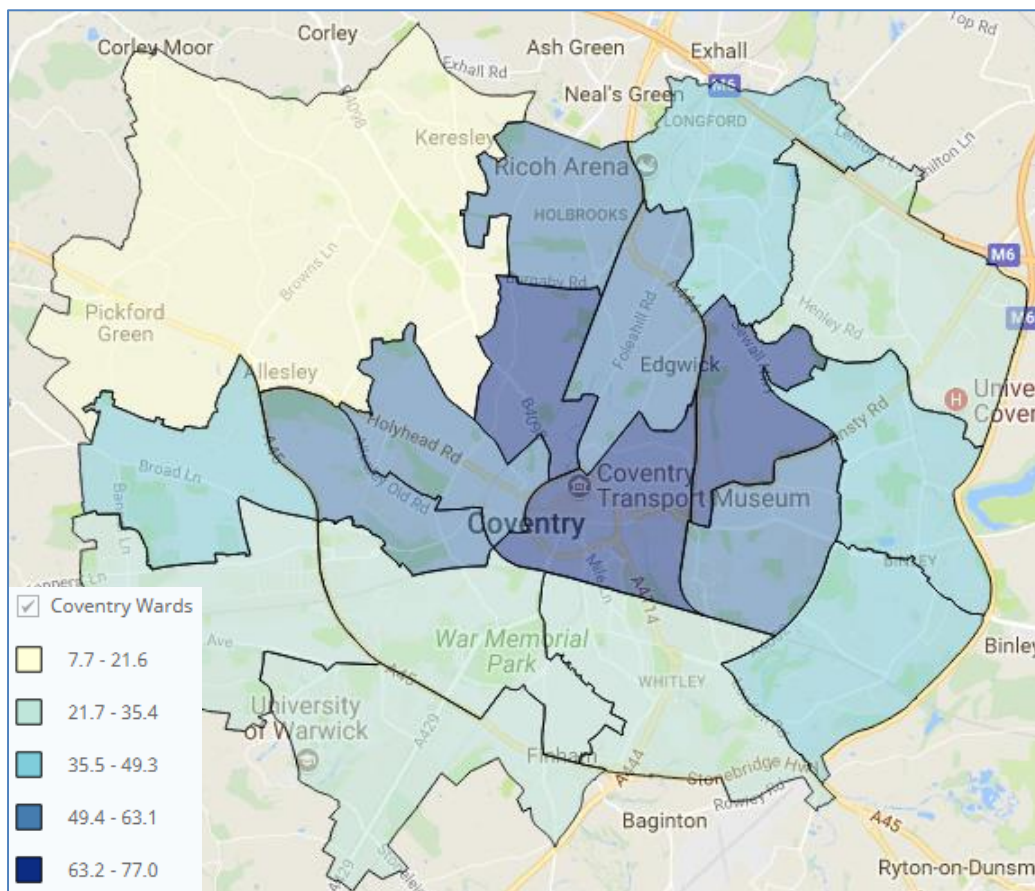
## 4 UNDERSTANDING LOCAL NEED

The Joint Strategic Needs Assessment (JSNA)<sup>13</sup> contains a more complete analysis of health in Coventry; this section of the PNA highlights features relevant to pharmaceutical needs such as prevalence of long term conditions and lifestyle statistics relevant to locally commissioned services.

### 4.1 Coventry City Population Overview

The latest Office of National Statistics (ONS) population estimate for Coventry is 352,900 people in 2016; an increase of 7,500 from 2015 demonstrating a 2.2% year on year increase. The annual population increase between mid-2015 and mid-2016 in Coventry was estimated to be amongst the highest in England where average growth is 0.9%. Population growth in Coventry is mainly due to an increase in net international migration to the city and an increase in the number of births in the city. There are less people migrating abroad from the city than there are people migrating to the city from abroad. This can be seen as a result of the number of international students studying at local universities in the Midlands<sup>14</sup>. Current ONS data suggests that over 78,000 Coventry residents were born abroad.<sup>15</sup>

**Figure 3: Population Density Map of usual residents of an area per hectare of that area.**



<sup>13</sup> [http://www.coventry.gov.uk/info/190/health\\_and\\_wellbeing/1878/joint\\_strategic\\_needs\\_assessment\\_jsna](http://www.coventry.gov.uk/info/190/health_and_wellbeing/1878/joint_strategic_needs_assessment_jsna)

<sup>14</sup> Coventry City Council, Coventry's population estimate 2015

<sup>15</sup> [ONS, Population by country of birth and nationality 2014](https://www.ons.gov.uk/peoplepopulationandcommunity/ethnicityandnationality/bulletins/populationbycountryofbirthandnationality/2014)

## 4.2 Population Forecast

Population projections from the ONS are calculated by casting forward the patterns of change in births, deaths and migration from today. Using this methodology, Coventry's population is projected to increase to 361,400 in 2021, a 7.2% increase from 2015. The ONS, however, emphasize that these estimated projections do not take into account changes in government policy or economic factors which may have an impact on population levels.<sup>16</sup>

## 4.3 Age

Coventry has a young population profile and this is due to many factors, but mainly due to the presence of two large universities within the city. The student population means there is a continually large population of residents aged between 18-24 years.

Coventry is a relatively young city and has been becoming younger on average in recent years; with an average age of 33.5 years; lower than England's average of 40 years. Although the city has a large population of young residents, the most recent ONS estimates there is still a significant number of older people (with 35,000 aged over 70 years old) which is continually increasing. Looking at previous Coventry population values, the population of older people aged 65 years and over has increased by 0.6% between mid-2015 and mid-2016.

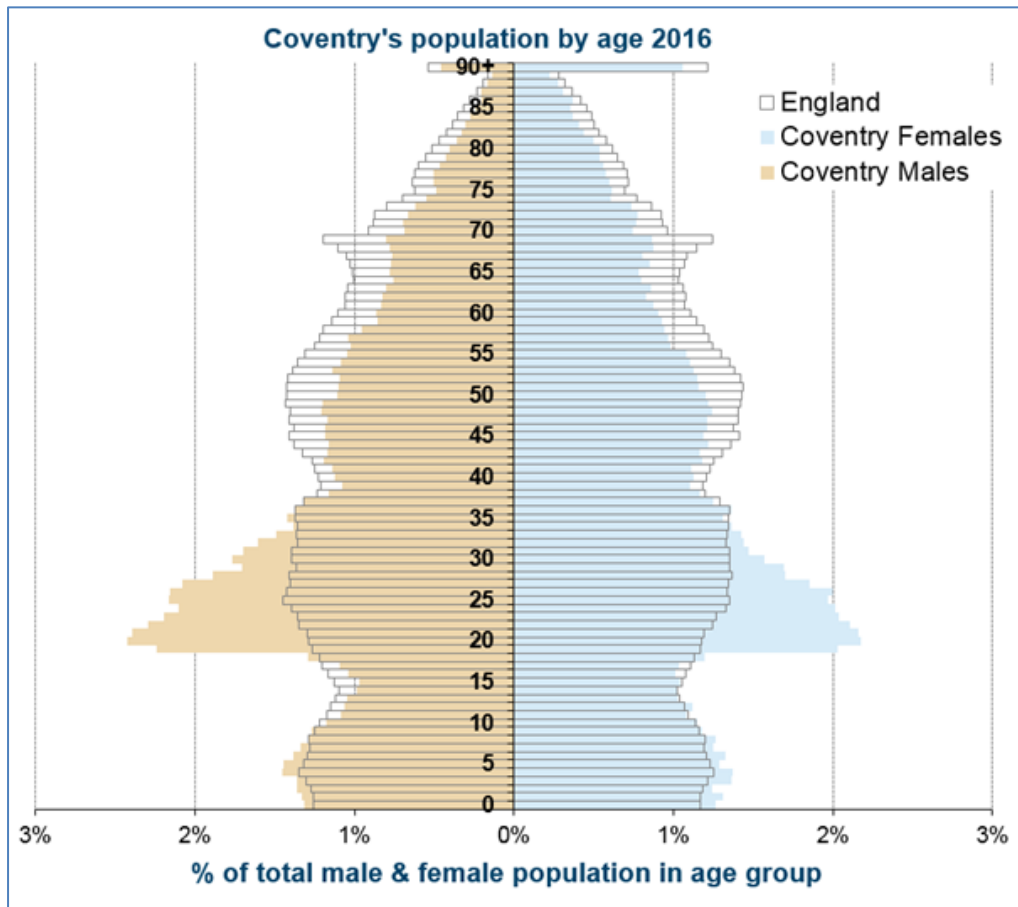
In Coventry, the working age population is also increasing. This is particularly due to the population growth amongst 18 -24 year olds and 25-34 year olds in Coventry. It can be seen that between 2015 and 2016, there were increasing numbers of full-time students enrolled at local universities.

Continuing a recent trend, the average age of Coventry's residents reduced between mid-2015 and mid-2016. The population of 0-15 year olds increased by 1.9%, 16-64 year olds increased by 2.6% and older people aged 65 and over by 0.6%. However, with life expectancy increasing, the population of residents aged 65 years plus is likely to increase faster than younger age groups in the future. Whilst an ageing population can be thought of as positive, reflective of improved healthcare, this is also perhaps the largest demographic issue facing the county. As a result the dependency ratio is set to increase. This places a higher burden on the working age population, and leads to a number of challenges for public services, particularly around health, social care provision, and publicly managed infrastructure such as the transport network.

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<sup>16</sup> [ONS. 2012-based subnational population projections for England.](#)

**Figure 4:** Table showing the population pyramid 2016 profile for Coventry<sup>17</sup>



#### 4.4 Ethnicity

Coventry is an ethnically diverse city, with around one-third (33%) of the population from minority ethnic groups (that includes all non- white British ethnic groups) compared to 20% for England as a whole. The largest minority ethnic group are Asian/Asian British communities, making up 16.3% of the city's population; including 8.8% with an Indian background. The next largest minority group are people with a White Other background, who make up 4.9% of the population. Coventry's population with a Black African background has grown to 4%, which is now more than double the English average (1.8%). The largest numbers of new communities are from Polish, Nigerian, Somali, Cameroonian, Chinese and Roma communities.

The city's population is expected to become more diverse: among schoolchildren, 48% of pupils are from ethnic backgrounds other than White British, including 9% Black African, 8.7% Asian Indian and 7% White Other. In addition, 43 first languages are spoken in Coventry schools. The most common first languages spoken are English (67.2%), followed by Panjabi (4.5%); Polish (3.7%); Urdu (3.3%); Bengali (1.5%); and Romanian (1.5%).

<sup>17</sup> ONS mid-year population estimate 2016

## 4.5 Inequalities and Deprivation

People who live in the most deprived parts of Coventry have worse health prospects than those who live in the least deprived parts of the city. Reducing this variation across the city is a key component of Coventry's Marmot city priority within the HWB strategy.

Coventry is one of seven cities in the UK which was invited to participate in the UK Marmot Network and become a Marmot city, ensuring the activities of Coventry City Council and their partners are focused on reducing health inequalities across the city. Coventry City Council has committed to work with partners across the city and revise its Marmot strategy<sup>18</sup> which will be progressed over the next three years.

Reducing inequality across Coventry will have an impact on the life chances and health outcomes of people across the city. Understanding inequality, both its impact and what contributes to inequality across the city, will help support the identification of priorities and ensure that resources are effectively targeted

Deprivation in this assessment is taken to mean socio-economic deprivation, which is summarised in England using the Indices of Multiple Deprivation score (2015). This score system, published by the Department of Communities and Local Government (DCLG) incorporates the domains of income, employment, health, education and skills, barriers to housing, crime, and the living environment.

Using this system, the key findings for Coventry from the English Indices of Deprivation 2015 were<sup>13</sup>:

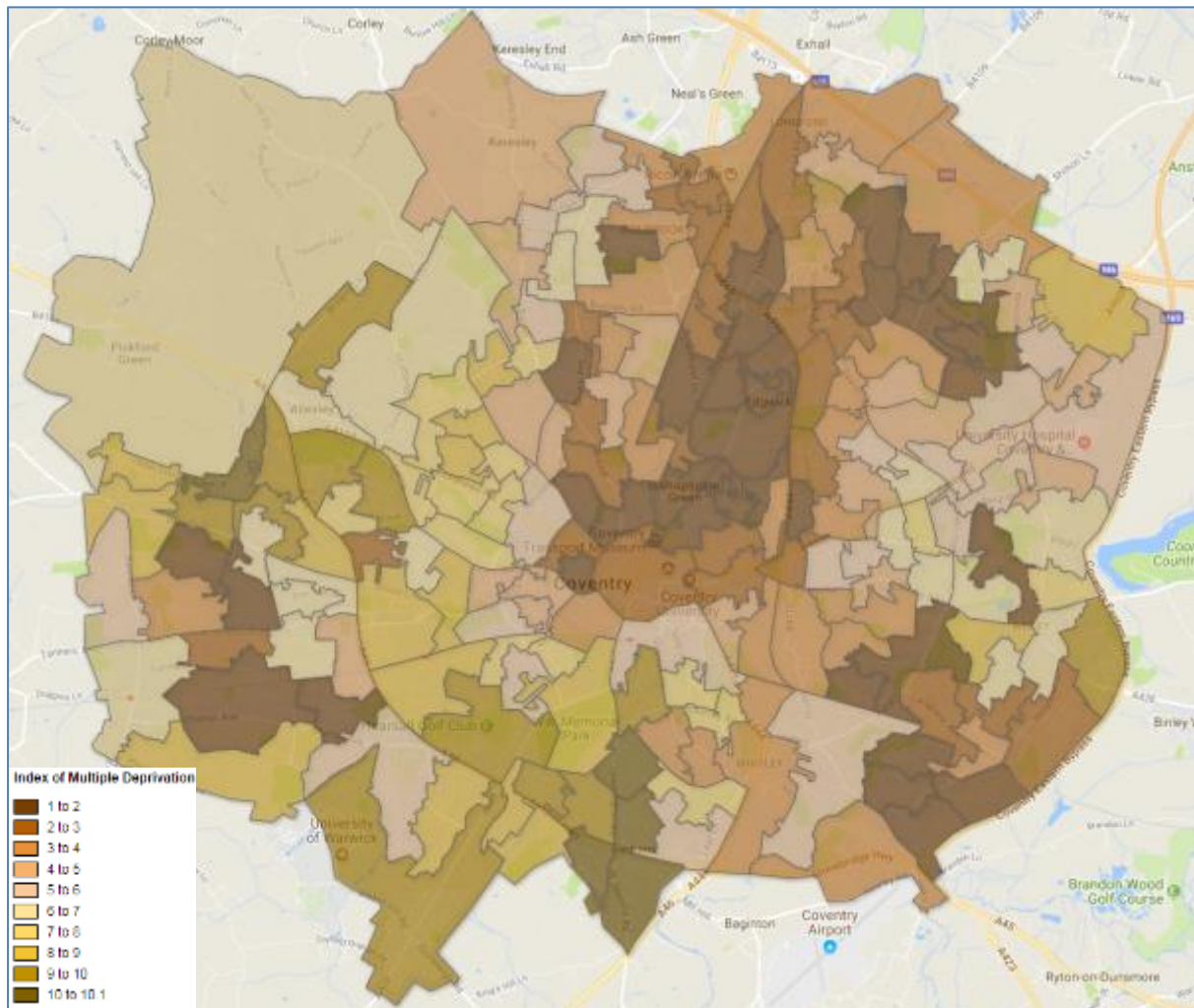
- When English local authorities are ranked in terms of 'how deprived' the most deprived 10% of the local population are, Coventry is ranked as 38<sup>th</sup> most deprived
- When considering the proportion of small neighbourhoods using Lower-layer Super Output areas (LSOAs) that are identified as the most deprived 10% in the England, Coventry is the 46<sup>th</sup> most deprived local authority in England
- Coventry is ranked lower when considering the proportion of most deprived neighbourhoods in each area. Coventry is ranked higher when an average across the whole city is used. This demonstrates inequality across the city.
- Using the average of LSOA Scores, which summarises the district as a whole including deprived and less deprived LSOAs, Coventry is ranked 54<sup>th</sup> out of 326, demonstrating a 'better performance' than when looking at the proportion of neighborhood's population considered to be the most deprived 10% in England.

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<sup>18</sup> UCL Institute of Health Equity, Fair Society, Healthy Lives: The Marmot Review



Figure 5: Map of Coventry LSOAs by deprivation decile from English indices of deprivation<sup>19</sup>



#### 4.6 Mental Health

Good mental wellbeing plays an important role in the promotion of both physical and mental health. Wellbeing and good mental health are fundamental in helping individuals achieve their potential, whether that is in education, employment or socially. It is also a key part of good physical health. Poor mental health is associated with various experiences that cause problems in people's lives. This includes substance abuse, poorer employment prospects and worsening social disadvantage. Mental health and many common mental disorders are influenced by a wide range of social, economic and environmental factors. Mental health problems are increasing and they place an enormous strain on individuals, families and even the local community. Because of this, national policy now demands that mental health be treated on the same level as physical health.

Approximately 1 in 6 people in Coventry are estimated to be affected by a common mental health condition at any one time<sup>20</sup>. Common mental health disorders include conditions such as depression,

<sup>19</sup> <https://data.gov.uk/> Indices of Deprivation 2015

<sup>20</sup> [Public Health England, Common mental health disorders](#)

anxiety, phobias, obsessive-compulsive disorder (OCD), eating disorders and post-traumatic stress disorder (PTSD). The mental health and wellbeing assets and needs assessment for the Coventry and Rugby CCG area estimated that there are over 67,000 noted common mental health disorders in the Coventry population aged between 16-74 years<sup>21</sup>. Included in this figure are 25,000 people with a depressive or anxiety disorder, and a further 500 with a psychotic disorder. 5% of people in Coventry report low life satisfaction on direct questioning. Given that many mental health problems are not formally diagnosed, and that not all people will actively seek or engage with services, these figures are likely to be an underestimation. The King's Fund estimates that 35% of those with depression and 51% of those with anxiety disorders do not seek support from services.

The prevalence of common mental health diagnoses in Coventry is higher than in both England and in cities with similar deprivation. For example, 10.4% of 16-74 year olds in Coventry are estimated to suffer from mixed anxiety and depressive disorders, compared with 8.9% nationally<sup>22</sup>.

As the numbers of people living to old age increase in Coventry (despite the continued fall in the city's average age) the number of people with dementia will be increasing too. People with dementia typically experience a progressive decline in their memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may also experience behavioural and emotional symptoms. Most people with dementia in Coventry live at home, with support from friends and family members and caring for someone with dementia can increase the risk of depression and physical illness. As a result, dementia causes distress and upheaval for the lives of many family members and carers, so the impact of increases in the numbers of people suffering from dementia has an impact right across the community.

An estimated 3,600 people in Coventry have dementia, although approximately only half of these will have a formal diagnosis, and thus have access to related services<sup>23</sup>. There is a current national target for 67% of cases of dementia to be diagnosed.

The prevalence of dementia in the city is increasing, from 0.45% in 2010/11 to 0.57% in 2014/15, and this is reflective of the increasing proportion of older people<sup>24</sup>. When the prevalence in the population aged 65 years and older is considered, this increases to 3.82%, compared to 4.27% nationally. In line with global trends, the prevalence of dementia is expected to double by 2030<sup>25</sup>. National prevalence estimated for males aged 70-74 stands at 3.1% and for females this is 2.4%. This increases to 16.7% for males and 22.2% for females aged 85-89 and for those aged 90 years and older, the increase is even starker at 27.9% for males and 30.7% for females<sup>26</sup>.

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<sup>21</sup> [Coventry City Council, Mental Health and Wellbeing Assets and Needs Assessment for Coventry and Rugby](#)

<sup>22</sup> Nomis, Labour market profile- Coventry

<sup>23</sup> [Dementia Partnerships, Dementia prevalence calculator](#)

<sup>24</sup> Public Health England, Adult social care outcomes framework

<sup>25</sup> [Alzheimer's Disease International, World Alzheimer's report 2014: Dementia and risk reduction - an analysis of protective and modifiable factors](#)

<sup>26</sup> [Alzheimer's Society, Dementia UK update](#)

## 4.7 Physical Wellbeing

### Substance misuse

Illicit drugs are known to have a variety of detrimental effects on physical and mental wellbeing<sup>27</sup>. The Coventry drugs strategy estimated 2,000 adults in Coventry use opiates and/or crack cocaine on a regular basis<sup>28</sup>. The prevalence of opiate or crack users amongst 15 to 64 year olds in the city is 9.2 per 1000, lower than cities of a similar deprivation profile, but still higher than the England average of 8.4 per 1000. The number of hospital admissions due to substance misuse in young people aged 15 to 24 years is significantly lower than the country's average (65.8 compared to 88.8 per 100,000 respectively)<sup>29</sup>. Early intervention in substance misuse can prevent loss of employment and income, decrease drug-associated crime, and limit the risk of further physical and mental health conditions as a result of substance misuse, such as blood borne virus infection. Treatment data from 2014 notes the percentage of opiate users who completed treatment and who did not re-present within 6 months and this stands at 6.4% in Coventry, compared to 6.2% in the West Midlands and 7.4% in England

### Alcohol

Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community.

While many people enjoy alcohol responsibly, it is estimated that approximately nine million adults in England drink alcohol at levels that may pose a risk to their health<sup>30</sup>. The widespread harms of excessive or chronic alcohol overconsumption range from liver disease to an increase in domestic violence and other crimes. The direct annual costs to the NHS are £3.5 billion, with the indirect societal costs approaching £21 billion.

There are over 13,000 high-risk drinkers in Coventry, defined by the consumption of 50 or more units per week for men and 35 or more units per week for women<sup>31</sup>. Within the city, alcohol is estimated to be a contributing factor in 38,000 emergency department attendances and 3,100 crimes annually and is cited as an issue in one in five child protection cases.

There were 2,348 alcohol-related hospital admissions in 2014/15 at a rate of 767 per 100,000. This is significantly higher than in the West Midlands and England (697 and 641 per 100,000 respectively), but hospital admission rates have been reducing year-on-year for the last three years faster than the national average<sup>32</sup>. Within Coventry, alcohol-related hospital admissions vary considerably; for example, admissions are twice as likely in Foleshill compared to Wainbody. Furthermore, Coventry's alcohol strategy indicates that alcohol-related health harms increase with age and that almost 60% of patients admitted to hospital to receive treatment for alcohol-related conditions were aged 55 years or older.

<sup>27</sup> [NHS Choices, The effects of drugs](#)

<sup>28</sup> Coventry City Council, Coventry Drugs Strategy

<sup>29</sup> Public Health England, Children and young people's health benchmarking tool

<sup>30</sup> [Public Health England, Alcohol treatment in England 2013-14 \(PDF\)](#)

<sup>31</sup> [Coventry City Council, Alcohol Strategy](#)

<sup>32</sup> [Public Health England. Local alcohol profiles](#)



## Smoking

Tobacco is the biggest contributor towards premature and preventable mortality, accounting for approximately 100,000 deaths a year in the UK<sup>33</sup>. It accounts for 1 in 6 deaths in England, and annually costs the NHS £2 billion<sup>34</sup>. The risk of a young person starting smoking is significantly increased if their parents smoke<sup>35</sup>. Furthermore, Coventry's smoke-free strategy highlights that the vast majority of smokers started using tobacco products while still a teenager, with national research indicating that 80% of smokers started smoking before the age of 16<sup>36</sup>. Smoking is also linked with an increased risk of alcohol and substance misuse.

There are around 50,000 smokers in Coventry. The prevalence of adult smokers stands at 15.6% which has decreased from 18.5% in 2013 and an estimated 5.8% of 15-year-olds self-identify as regular smokers<sup>37</sup>. In addition, 13.5% of 15 year olds state that they currently use, have previously used, or tried e-cigarettes. Smoking prevalence figures are lower than that reported for England (18%) and broadly lower than in cities of a similar level of deprivation. Nevertheless, these data do not identify how many cigarettes are smoked and so identify both heavy smokers and those who are occasional smokers and are also based on self-reported use of cigarettes. Nationally, there is an increased prevalence of smoking in areas of greater deprivation. Although accurate data is not available, there is estimated to be a wide range of teenage smoking rates within Coventry, from 3% in Foleshill to 12% in St Michael's<sup>38</sup>.

## 4.8 Long Term Conditions

At a national level research estimates indicate 70% of health spend is accounted for by 30% of the population with 50% of all GP appointments, 64% of appointments as an outpatient and 70% of bed days attributed to long-term conditions. Also, relevant to the analysis on long-term conditions is the fact that people will often have two or more long-term conditions simultaneously. While the number of people with one long term condition is projected to be relatively stable at a national level over the next ten years, the number of people with multiple conditions is projected to rise to 2.9 million in 2018, from 1.9 million in 2008

Long Term Conditions (LTCs) that have a notable impact on health in Coventry are cancer, cardiovascular disease (CVD), and chronic obstructive pulmonary disease (COPD). Improving the health outcomes of people with these conditions would help reduce premature mortality in Coventry.

## Cancer

The overall incidence of cancer is increasing. The NHS spends almost £6 billion on the diagnosis and treatment of cancer annually, and the cost is expected to rise<sup>39</sup>. In Coventry, there are approximately

<sup>33</sup> Action on Smoking and Health, Smoking statistics: illness and death

<sup>34</sup> Action on Smoking and Health, The economics of tobacco

<sup>35</sup> Leonardi-Bee J., Jere ML., Britton J., Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax* 2011; 66(10): 847-55.

<sup>36</sup> [Coventry City Council, Coventry smoke free strategy 2015-2020 \(PDF\)](#)

<sup>37</sup> Public Health England, [public health outcomes framework](#) and Health behaviours in young people- What About YOUth?

<sup>38</sup> Public Health England. Local health profiles

<sup>39</sup> [Nuffield Trust, NHS spending on the top three disease categories in England](#)

1,000 cancer deaths per year. Mortality is not the inevitable end-point of cancer and, whilst survival patterns depend on the location and type of cancer, overall survival from most forms of cancer are improving nationally<sup>40</sup>. Early diagnosis and treatment improves the chances of survival from any cancer and in Coventry, 43.6% of cancers are diagnosed at stages 1 or 2, compared to 45.7% for England and 44.3% for the West Midlands. This is defined as new cases of cancer diagnosed at stage 1 or 2 as a proportion of new cases of cancer diagnosed<sup>41</sup>. Specific cancers vary in their incidence, but the most common cause of cancer mortality, both locally and nationally, is lung cancer. Smoking is the major risk factor for developing lung cancer, and hence a vast proportion of lung cancer deaths are deemed preventable (89%). The premature mortality rate from lung cancer is 71 per 100,000 of the population in Coventry, which is significantly higher than both the West Midlands and England (which have mortality rates of 59 and 60 per 100,000 of the population per year, respectively). The incidence of lung cancer is variable within Coventry; for example, there is more than twice the incidence in Longford and Upper Stoke compared to Wainbody and Earlsdon.

### Cardiovascular disease

Cardiovascular disease (CVD) is a general term that encompasses a disease of the heart or blood vessels<sup>42</sup>. It is the cause of more than a quarter of all deaths in the UK, with annual costs to the NHS and the economy estimated at over £15 billion<sup>43</sup>. Many modifiable risk factors exist for this condition, including hypertension, high cholesterol, obesity and diabetes<sup>44</sup>.

In Coventry, the mortality rate from cardiovascular disease in the under-75s is 89 per 100,000 per year according to 2012-14 data, although cardiovascular mortality has generally been decreasing over the previous decade, both locally and nationally. Across Coventry, there is also a difference between the mortality rates for males and females with a rate of 125.3 deaths per 100,000 within the male population and 53.8 per 100,000 within the female population<sup>45</sup>.

In addition, within the UK, CVD mortality is 50% higher in the most deprived communities compared to the least deprived<sup>46</sup>. This inequality is apparent within Coventry. For example, there is more than twice the number of emergency admissions for heart attacks in Foleshill compared to Earlsdon<sup>47</sup>. When looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths.

<sup>40</sup> Walters, S., Benitez-Majano S., Muller P., et al. Is England closing the international gap in cancer survival? *Br J Cancer* 2015; 113 (5): 848-60

<sup>41</sup> Public Health England, public health outcomes framework [www.phoutcomes.info](http://www.phoutcomes.info) the proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2

<sup>42</sup> [NHS Choices, Cardiovascular disease](#)

<sup>43</sup> British Heart Foundation, Cardiovascular disease statistics - headline statistics

<sup>44</sup> Grundy SM., Pasternak R., Greenland P., Smith S., Jr., Fuster V. Assessment of cardiovascular risk by use of multiple-risk-factor assessment equations: a statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation* 1999; 100(13): 1481-92

<sup>45</sup> [Public Health England, public health outcomes framework](#)

<sup>46</sup> Marmot M, Bell R. Fair society, healthy lives. *Public Health* 2012; 126 Suppl 1: S4-10

<sup>47</sup> Public Health England, Local health profiles

Many cardiovascular deaths can be prevented or delayed by simple lifestyle interventions. The preventable mortality rate in under-75s from CVD in the city is 58.6 per 100,000 of the population per year – significantly worse than the national rate of 49.2 per 100,000 of the population per year.

### Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) occurs secondary to long-term smoking, predominantly affects people over the age of 40, and is characterised by shortness of breath, a persistent cough and frequent chest infections and includes conditions such as chronic bronchitis, emphysema and chronic obstructive airways disease<sup>48</sup>. COPD is associated with a reduced quality of life, frequent hospital admissions and significant mortality<sup>49</sup>.

Data from the Coventry and Rugby Clinical Commissioning Group suggest that 1.6% of GP-registered patients have documented COPD, compared to the national proportion of 1.8%. Emergency admissions for COPD are four times more common within residents of Binley and Willenhall compared to Earlsdon, and this difference may well be due to the underlying variations in smoking rates<sup>50</sup>. Improvements in the medical management of COPD are estimated to reduce admissions by 5%, but smoking interventions and the prevention of respiratory infections (for example via influenza vaccinations) will have a greater benefit on reducing the prevalence and admission rates of COPD<sup>51</sup>.

There has been little change in the incidence of COPD-related mortality locally or nationally over the previous five years. COPD mortality rates in Coventry are significantly higher than in England overall

### Diabetes

Diabetes affects almost 3.5 million people in the UK, with a further half a million people likely to have the condition but be unaware of it<sup>52</sup>. Type 2 diabetes (adult-onset) is the most common form. Diabetes can lead to a multitude of other medical problems, including heart disease, renal failure, amputations and blindness, and this condition is associated with an annual NHS spend of £9.8 billion<sup>53</sup>. The proportion of those aged 17 years and older registered with a GP who have been diagnosed with diabetes has increased from 5.6% in 2010/11 to 6.5% in 2014/15, and these figures are similar to the national average (6.4%)<sup>54</sup>. Type 2 diabetes is up to six times more common in people of South-Asian origin and three times more common in people of Afro-Caribbean origin<sup>55</sup>.

## 4.9 Future Housing Developments

In addition to the growing and ageing population, the housing developments in progress can impact on the need for pharmaceutical services in their area in the future. In total across Coventry and Warwickshire there will be approximately 17,472 homes built over the PNA period of 2017-2020.

<sup>48</sup> [NHS Choices, Chronic obstructive pulmonary disease](#)

<sup>49</sup> Mannino DM., Kiriz VA., Changing the burden of COPD mortality. Int J Chron Obstruct Pulmon Dis 2006; 1(3): 219-33

<sup>50</sup> Public Health England, Local health profiles

<sup>51</sup> National Institute for Health and Clinical Excellence (2011), Chronic obstructive pulmonary disease: costing report, and Strategies for improving outcomes of COPD exacerbations

<sup>52</sup> Diabetes UK, Facts and stats (PDF)

<sup>53</sup> NHS England, Action for diabetes (PDF)

<sup>54</sup> [Public Health England, public health outcomes framework](#)

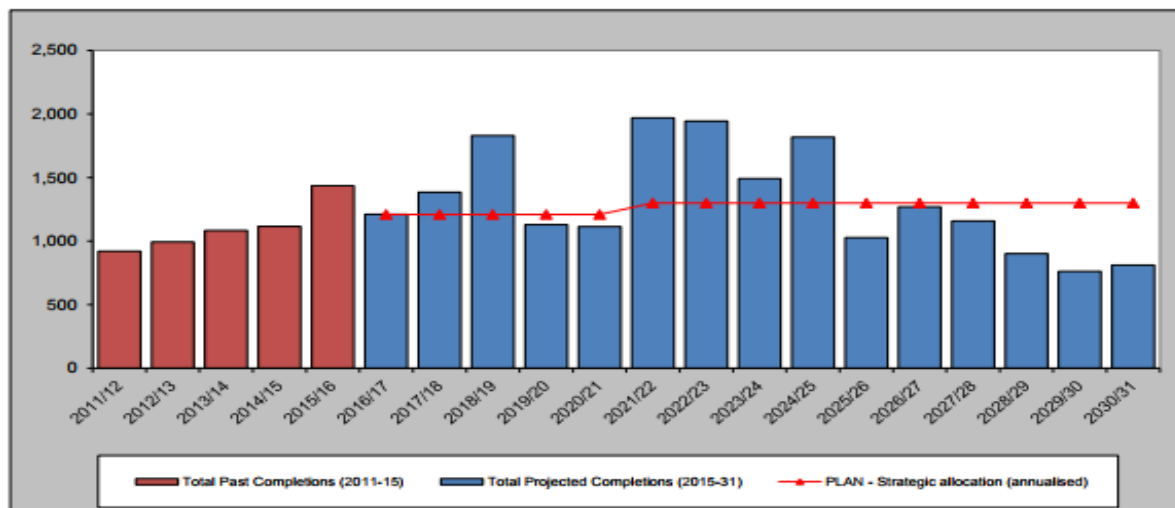
<sup>55</sup> Public Health England, Diabetes prevalence model (APHO), key findings for England

This equates to a population increase of 41,933 people based on the adopted assumption that there will be 2.4 people per dwelling. Please note that the trajectories are rough estimates and these may change year on year depending on the current economy. Coventry has produced a future housing plan for the period of 2011-2031.

The following estimates for Coventry City Council have been made based upon the plan:

- Over Local Plan period (2011-2031) = 24,600 homes
- Trajectory = 1,300 homes built per annum between 2017 and 2031
- Keresley, 531 homes to be built
- Eastern Green, 1282 homes to be built
- Walsgrave Hill Farm, 2000 homes to be built
- Whitmore Park, 1191 homes to be built
- Paragon Park, 400 homes to be built
- Browns Lane, 450 homes to be built

**Figure 6: Projected Housing Development Completions 2011 to 2031**



This has implications for service delivery in new developments. An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

Considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. Such factors may include:

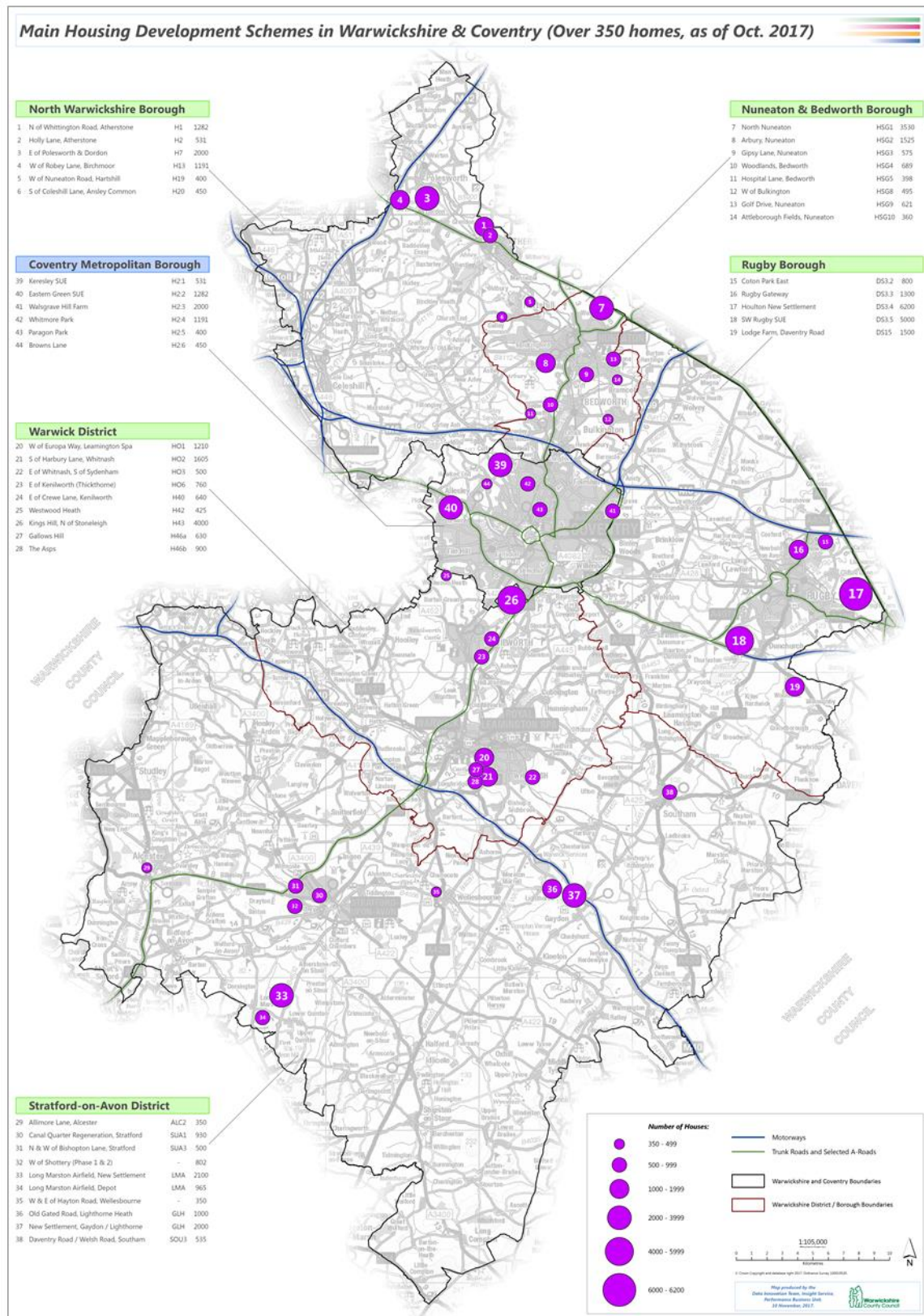
- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e. the proportion of affordable housing at the development.

- Existing pharmaceutical service provision in nearby areas and elsewhere in the city and opportunities to optimise existing local pharmaceutical service provision;
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (e.g. delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities for Coventry

In conclusion, over the coming years, the population in Coventry is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The CHWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available



Figure 7 Housing development schemes in Warwickshire and Coventry



## 5 PHARMACY AND PUBLIC SURVEY S OVERVIEW

### 5.1 Healthwatch survey of views on pharmacy services in Coventry

Healthwatch Coventry carried out a piece of work in its 2016-17 work programme to:

- Understand how and why people use local pharmacy
- Consider what makes good quality pharmacy services
- Enable the views of local people to influence the way forward for pharmacy services in Coventry including ideas for how pharmacy can further support GP services

Healthwatch Coventry gathered the views of 703 local people via a survey and focus groups with sections of the local (BME) community between October 2016 and February 2017. Healthwatch Coventry published the report of this work in March 2017 entitled: 'Pharmacy services in Coventry: what is important to local people'<sup>56</sup>. The findings of this piece of work and the recommendations Healthwatch Coventry made as a result, are relevant to the PNA and relevant findings have been referenced within this document.

Healthwatch Coventry received 610 survey responses and held 5 focus and discussion groups with a total of 93 participants. 60% of the survey sample were female and 50% of respondents were aged 65 or over, reflecting that older people are more as frequent users of pharmacies. 76% of the respondents to this survey were White British; 5% were Indian and 4% were Black African or Caribbean. At least 85 of the focus group participants were from Asian or other BME communities. 63% of respondents said they had a long term health condition and 20% considered themselves to be disabled.

Healthwatch Coventry found that respondents:

- Valued the local nature of pharmacy services and proximity to home and/or their GP practice
- The most common reason given for using pharmacy services were prescriptions followed by advice on medication
- Respondents were confused about method for ordering/re-ordering prescriptions
- 50% of respondent thought that it was very important that pharmacy staff knew them personally
- Factors most frequently mentioned as markers of quality were the interpersonal skills of pharmacists and pharmacy staff and confidence in their abilities and their knowledge
- 81% of respondents thought more healthy lifestyle and health and wellbeing advice via pharmacies would be useful

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<sup>56</sup> <http://www.healthwatchcoventry.co.uk/content/pharmacy-services-coventry-what-important-local-people>



- 59% of respondents indicated they would be willing to use a pharmacy more, rather than their GP practice

A significant issue identified was that respondents were not necessarily aware of all the services that are already available via different pharmacies. Healthwatch also found that it was difficult to obtain understandable and comprehensive information about which pharmacies provided which services. Information was fragmented and respondents indicated they relied on their pharmacy or their GP practice to inform them of other pharmacies which provided specific services e.g. Blood Taking. Healthwatch Coventry's recommendations related to:

1. Better information about pharmacy services is made available to the public:
  - Online information about pharmacy services (what is available and where) be developed using a portal format.
  - Improved signposting information via GP practices
  - Easy Read information
2. Soft patient /customer relationship quality factors are promoted
3. Improve information about electronic prescriptions and other methods of organising repeat prescriptions
4. Pharmacy should feature within STP plans
5. The development of Healthy Living Pharmacies in Coventry should be enabled
6. Issues regarding Prescription Ordering Direct (POD) should be addressed by the management of this service

## 5.2 Public survey Overview

Throughout the draft PNA document, respondent data to both surveys has been analysed to represent views of the public and pharmacies as a percentage of those that responded to the question. Although 260 responses were received to the public survey and 72 responses were received to the pharmacy survey; some questions were only answered by a fraction of respondents. Hence throughout the document the denominator varies to indicate the number of respondents.

In order to gain the views of Coventry patients and the resident public on pharmaceutical services, a survey was developed. The survey was made available online and via paper format at local pharmacies. The public survey ran from 29<sup>th</sup> August 2017 until close on 4<sup>th</sup> October 2017 and provided understanding and analysis as to the usage of community pharmacies and identification of other services that could be offered by pharmaceutical providers. The objectives of the survey were to understand:

- How the public and patients access pharmacy services
- The factors that influence selection of a particular pharmacy
- What services were considered the most important to pharmacy users
- The demographic profile of pharmacy users
- The quality of services offered
- Identification of any gaps in provisions
- What services could be improved

- If there was a demand for any other services.

Respondent profiling showed over 65% of respondents were aged over 50, with no respondents aged under 20. More than twice as many females responded to the consultation than males. 20% of respondents considered themselves to be disabled. Over 50% of respondents were working (employed/self-employed) and over a third were retired. Just over 85% of respondents classed themselves as British. The next most frequent ethnic group to respond to the survey were Indian with almost 4% of responses. The public survey sample is therefore limited and whilst providing useful information, conclusions cannot be a 100% accurate reflection of the needs of the whole population; especially as there is an under representation of young people (students) and BAME communities.

### 5.3 Pharmacy Survey Overview

In order to gain the views of Coventry pharmacy contractors on pharmaceutical services, an online and paper based survey was developed. The contractor survey was made available from local pharmacies. The survey ran from 29<sup>th</sup> August 2017 until close on Tuesday 4<sup>th</sup> October 2017 (The closing date for paper copies was extended to the 11<sup>th</sup> October 2017).

The contractor survey provided an opportunity to ensure that information included in the PNA about current pharmacy services from pharmacy contractors was accurate and up to date. It also enables us to identify any gaps in service provision as part of the PNA process. The survey was developed based on a PSNC template and advice from key stakeholders. The survey requested information about pharmacy premises, staffing, provision of services, identification of any interest in the provision of new services, and information about ease of access which included opening times. Local pharmacies were given five weeks to complete the survey. Further communications were sent via letter, e-mail and telephone call to all pharmacies in the area.

## 6 CURRENT PHARMACY PROVISION

In order to assess the appropriateness of provision of pharmaceutical services in Coventry, pharmaceutical provision from all providers has been considered. This includes providers and premises within Coventry and the contribution made by those providers that may lie in neighbouring HWB areas but provide services to the Coventry population.

### 6.1 Community Pharmacy Contractual Framework

The NHS Community Pharmacy Contractual Framework<sup>57</sup> requires community pharmacies to contribute to the health needs of the population they serve.

All NHS pharmaceutical service providers must comply with the contractual framework that was introduced in 2005.

Fundamentally, the contractual framework is made up of the following components:

1. Essential services – which must be provided by all contractors (that is all community pharmacies nationwide)
2. Advanced services- nationally defined services that can be provided by contractors subject to accreditation requirements
3. Locally commissioned/Enhanced services-services commissioned in response to the needs of the local population

### 6.2 Pharmaceutical Lists

If a person (a pharmacist, appliance contractor, or dispensing doctor) wants to provide NHS pharmaceutical services; they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS Regulations, a person wishing to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

**Pharmacy contractors** – divided into community pharmacies and distance selling pharmacies (DSPs). DSPs must adhere to all regulations concerning all other pharmacies; however a distance selling pharmacy must not provide Essential services onsite to a person who is present at the pharmacy, but the pharmacy must be able to provide Essential services safely and effectively without face to face contact. Currently there are 6 distance selling pharmacies in Coventry (Hub Pharmacy, Hyatt Health Limited, General Wolfe Pharmacy, Dispensing Centre, Care Quality Pharmacy and Simple Pharmacy).

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<sup>57</sup> <http://archive.psn.org.uk/pages/introduction.html>

**Dispensing appliance contractors (DACs)** – DACs are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). However they do not dispense any medicines. Currently there are 2 DACs situated within Coventry (Bullens Healthcare and Fittleworth Medical).

**Dispensing doctors (DDs)** – GP practices are allowed to dispense medicines and appliances to patients who live in an NHS England determined controlled locality (Rural Area) and live more than one mile from a community pharmacy. There are no dispensing GP practices within Coventry. The one GP practice that was accounted for in the previous PNA for 2015 has now ceased any activity. The dispensing doctor's practice was located on the border of Radford and Bablake wards. Pharmaceutical provision in this area is compensated for by the availability of several community pharmacies within the near vicinity of the previous dispensing practice.

### 6.3 Coventry Walk in Centre

Coventry has one walk in centre which is situated within the City of Coventry Health Centre (Stoney Stanton Road, Coventry). It is open 7 days a week and has extended opening hours of 08:00 until 22:00. The facility allows patients to see a GP without being registered. The walk-in centre is a nurse led service with an associated GP practice run by Virgin Health. The walk in centre will direct patients to pharmacies that are open to have their prescriptions dispensed.

### 6.4 Out of Hours Services

The Carson Review (2004) of out of hour's provision made recommendations relating to medicines supply in the out of hours setting. The key point from this review was that the onus for ensuring that patients receive medicines if required, out of hours was placed on the provider, rather than on the patient.

Out of Hours service in Coventry aim to provide a comprehensive urgent primary care service that is available outside normally accepted GP working hours (08.00-18.30) Monday to Friday and 24 hours over weekends and bank holidays for the population of Coventry.

The out of hour's service is provided by Coventry and Warwickshire Partnership Trust and is co-located within the City of Coventry Health Centre. The OOH service provides emergency dispensing to patients when this is necessary, and signpost patients to extended hours pharmacies when appropriate. Arrangements are in place to ensure that patients seen out of hours are able to get the medicines they need if required urgently or are able to obtain these medicines in the next in-hours period.

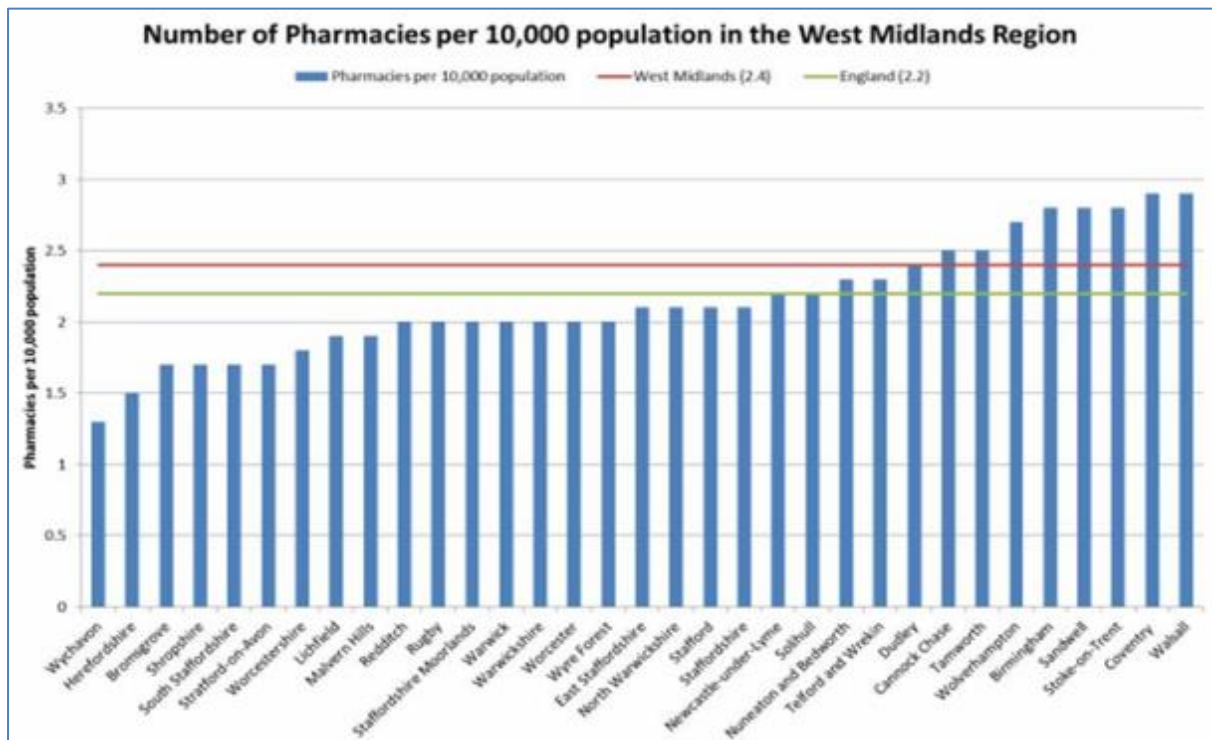
### 6.5 Access to Pharmaceutical Services in Coventry

Coventry has 97 pharmacies. 91 of these are community pharmacies and 6 are distance selling pharmacies. The number of community pharmacies is consistent with the PNA 2015 at 91; however the number of DSPs has increased from 3 to 6. In 2015 there were seven 100 hour opening pharmacies; this has now increased to 10. Two of the additional three 100 hour pharmacies are located to the east of the city in Henley and near the border of Wyken and Binley & Willenhall. There was previously no provision of extended opening hour pharmacies in these areas. The 2015 PNA took into account services provided from a dispensing medical practice located in Radford ward. This

practice has since closed. There is however two community pharmacies located within close proximity of the practice, so pharmaceutical service provision is still available in this area.

## 6.6 Community Pharmacy Benchmarking

Figure 8: Number of pharmacies per 10,000 population in the West Midlands Region



Source: Local Government Association. Snapshot November 2014

Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice and signposting to other services. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Community pharmacies provide pharmaceutical services under the CCPF. Coventry has an overall ratio rate of 2.8 community pharmacies per 10,000 population; higher than the average for Birmingham which is 2.7 pharmacies per 10,000 and above the mean for the West Midlands which is 2.4 pharmacies per 10,000.



## 6.7 Geographical Distribution

Figure 9: Location of pharmaceutical providers in Coventry mapped over LSOAs

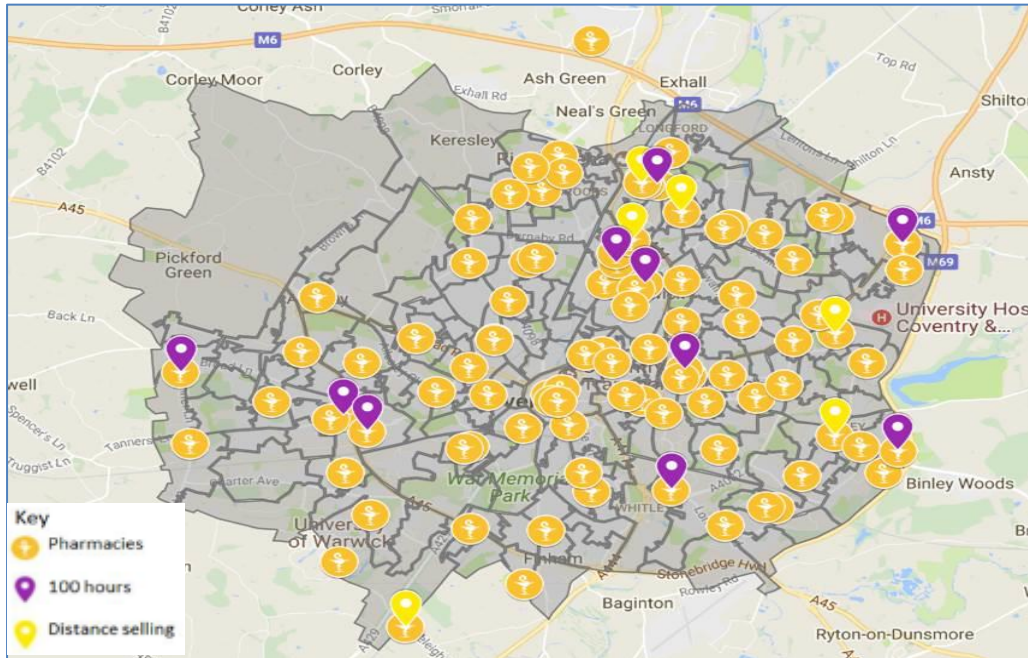
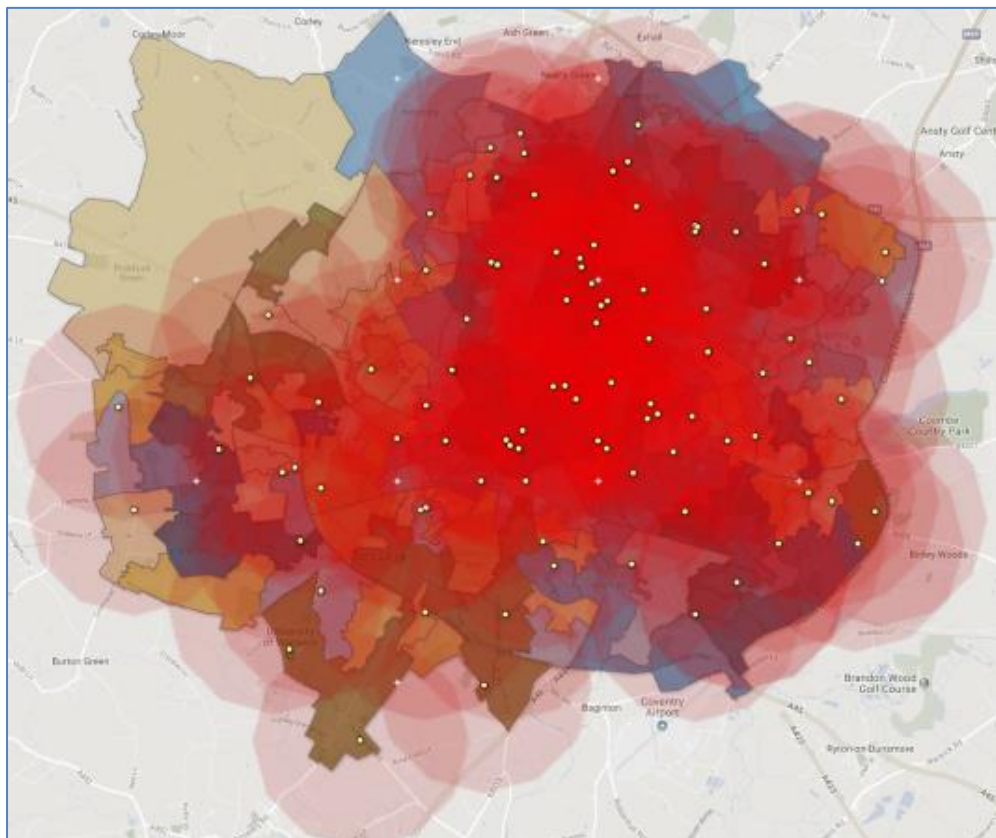
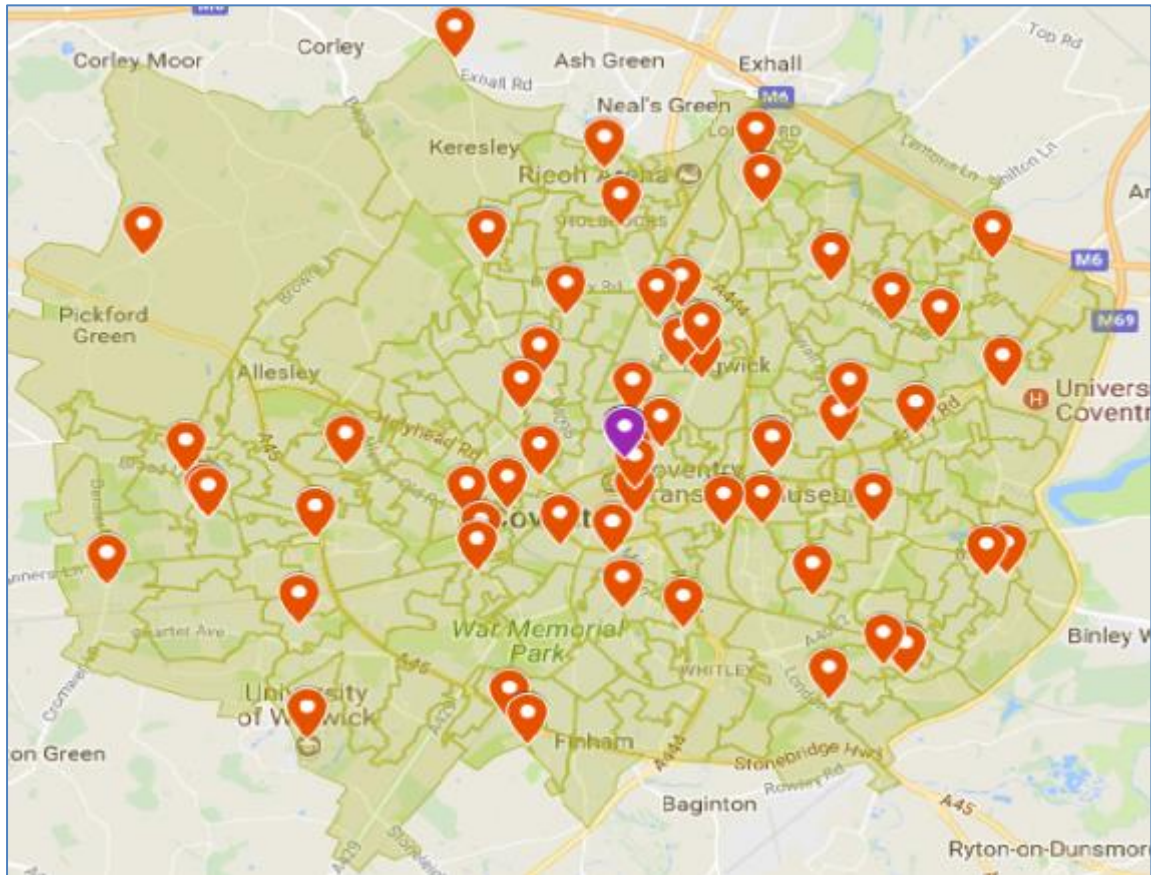


Figure 10: Map of community pharmacies within 1 mile buffer zone in Coventry





**Figure 11: Location of GPs and Out of Hours (OOH) service providers mapped over LSOA**



Figures 9 & 10 illustrate community pharmacy distribution. The 1 mile buffer zone is a standard of measure that indicates accessibility to community pharmacy within a 1 mile radius “as the crow flies”. It is clear to see that a greater concentration of pharmacies is located in the central area of Coventry. The location of these central pharmacies correlates with areas of greatest deprivation and higher density residence.

Figure 9 and figure 10 show that the north west of the city has fewer pharmacies relative to the rest of the city. This falls under the areas of Holbrook and Bablake. Holbrook and Bablake are however more rural areas and although these areas are fairly large, they have a smaller population density per hectare in comparison to the Coventry average. It is therefore likely that the public would need to drive to access a pharmacy in these areas. The 2015 PNA highlighted that the north west of the city had no provision for local pharmacy services. This remains unchanged. Consideration needs to be given to future housing developments in these areas as it is likely the increase in local population will need to be met with provision from local community pharmacy. Provision is available from nearby pharmacies in Coventry as well as provision within Warwickshire from Kenilworth.

Healthwatch Coventry found through its survey of 703 local people, that respondents valued the local nature of community pharmacy services with close proximity to home or GP surgery featuring

in the top reasons for choosing to use a particular pharmacy. 85% of respondents to this survey used the same pharmacy all the time<sup>58</sup>.

There are fewer pharmacies towards the south west of the city however this does not imply inadequate provision. The area of Westwood does not have much pharmacy provision relative to other areas but this is an area which has a lower population density per hectare and has a university covering a significant area. Pharmacy provision for students at the University of Warwick is available from Michael W Phillips Chemists on campus. This ward does however have areas of higher deprivation in which pharmacy provision is also available.

Out of Hours services are available from the following locations in and around Coventry:

- George Eliot Hospital, College Street, Nuneaton, Warwickshire, CV10 7DJ
- St Cross Hospital, Barby Road, Rugby, Warwickshire, CV22 5PX CV22 5PX
- Warwick General Hospital, Lakin Road, Warwick, Warwickshire, CV34 5BW
- Ellen Badger Community Hospital, Stratford Road, Warwickshire, CV36 4AX
- Trinity Court Medical Centre, Arden Street, Stratford Upon Avon, Warwickshire, CV37 6HJ

The OOH provider highlighted in purple in Figure 11 represents Coventry Walk in Centre located in Stoney Stanton, CV1 4FH. In producing this document we have included a map showing distribution of GP Practices and OOH providers as a point of reference and proximity to pharmacies. As expected, there are significantly more community pharmacies than there are GP practices reflecting the higher number of pharmacies per 100,000 population in Coventry. In addition, all neighbourhoods have an equal number of or more pharmacies than GP practices. All GP practices in Coventry have at least one pharmacy located nearby (except Bablake and Holbrook).

## 6.8 Physical Access to Pharmacy – Survey results

Appendix 4 contains details of individual Coventry pharmacies including opening hours (based on NHSE data) and a directory of services (based on service commissioner data).

The pharmacy survey results used hereafter are, as per the analysis of the views received from community pharmacy contractors in Coventry. Of the eligible 97 contractors, only 72 responses were received. Therefore readers should be aware that a significant number of contractors did not complete the survey leaving a gap in results.

### Pharmacy Survey (72 responses from 97 eligible contractors)

- Responses to the Pharmacy survey (72/97) highlighted that in 96% of pharmacies, patients could legally park within 50 metres of the pharmacy and 82% (59/72) within 10 metres of the pharmacy. Results also showed there is a bus stop within walking distance of 99% (71/72) of pharmacies
- 86% (62/72) pharmacies do not have any steps to climb to enter the premises.
- 89% (64/72) of the pharmacies that responded stated that the pharmacy floor is accessible by wheelchair

<sup>58</sup> <http://www.healthwatchcoventry.co.uk/content/pharmacy-services-coventry-what-important-local-people>

- When asked about other facilities aimed at helping disabled people access their services 51% (37/72) had automatic door assistance, 49% (35/72) have wheelchair ramp access and 67% (48/72) provided large print labels/leaflets. It should be noted that these disabled accessibility figures are self-assessed. These figures may vary if assessed against a recognised disability access standard.

#### Public survey (260 responses in total)

- More than 80% (209/260) of respondents to the public survey (who answered this question) agreed or strongly agreed with the statement “I am always able to access pharmacy services I require, when I need them.”
- 39% (100/257) of respondents to the public survey drove to access their pharmacy and 50% (128/257) walked to their pharmacy.
- Responses to the public survey showed 84% (215/255) of Coventry’s population could reach a pharmacy within 10 minutes. 7% (18/255) of respondents stated it took 20 mins or longer to access their pharmacy.

### 6.9 Opening Time Analysis

Pharmacies are required to open between specific times by their terms of service. The majority of pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but pharmacies may choose to open for longer and these hours are referred to as supplementary opening hours. Core hours can be distributed throughout the week discretionally; however it is most common for the vast majority to operate within or near regular working office hours, that is to say, between 08:00 and 19:00, Monday to Friday.

Pharmacies wishing to amend any supplementary hours that they open additional to the core contractual hours must notify NHS England, giving at least three months’ notice of the intended change. NHS England may consent to a shorter period of notice – but because that consent may not be forthcoming, try to ensure that plans are made sufficiently in advance. The discretion to permit less than three months’ notice for changes to supplementary hours is most likely to be exercised where the pharmacy is seeking to align more closely, the pharmacy opening hours with the pharmaceutical needs in the neighbourhood – for example, if a local surgery extends its hours. In this case, if the pharmacy intends to modify its supplementary hours to match the new hours of the surgery, NHS England may be keen to ensure this happens with minimal delay.

There is no requirement for NHS England to grant applications for changes to supplementary hours – the pharmacy has the right to amend hours, so long as three months’ notice is given.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain

a bank or public holiday, or Easter Sunday). These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

#### The public survey shows:

- A generally high level of satisfaction with opening hours. 42% (108/260) of respondents' state that they are very happy with opening hours. 41% (107/260) of respondents' state that they are happy with opening hours. 6% of respondents (16/260) were neither happy nor unhappy with opening hours.
- 95.4% (248/260) of patients are aware that some pharmacies are open outside 9-5, Monday to Friday. However, 37% (91/247) of patients do not know which pharmacies are open at these times.

Further information on pharmacy opening hours in Coventry HWB area can be found on NHS Choices<sup>59</sup> and the appendix at the end of this report titled pharmacy opening hours and directory of services.

### 6.10 Saturday opening hours

From the 72 of 97 respondents to the pharmacy survey, 48 pharmacies in Coventry are open on a Saturday. Of those pharmacies open on a Saturday, 15 of them are closed by 1pm. After 1pm the other 33 remain open with gradual closures over the remainder of the day.

### 6.11 Sunday opening hours

There are 15 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations. Pharmacies based within large stores (over 280 square metres) are legally bound by Sunday trading regulations and can only open between 10:00 and 18:00, for a maximum of 6 consecutive hours

### 6.12 Bank Holiday provision

NHS England works with community pharmacies to ensure a satisfactory rota service is available for traditional bank holidays such as Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where most pharmacies are still closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services.

### 6.13 Extended opening hours pharmacies and 100 Hour contracts

Pharmacies wishing to amend any supplementary hours that they open additional to the core contractual hours must inform NHS England, giving at least three months' notice of the intended change. Extended opening pharmacies differ from 100 hour pharmacies in that 100 hour pharmacies are required in their contracts to be open and able to provide essential services for at least 100 core hours per week. Until September 2012, applications for 100 hour pharmacies did not need to demonstrate any additional need for pharmacy services in a given location; this is no longer the case. Contractors may choose to provide services commissioned by the local authority but must provide those enhanced services commissioned by NHS England.

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<sup>59</sup> <https://www.nhs.uk/pages/home.aspx>

The 100 hour pharmacies in Coventry are: Tesco Instore Pharmacy (CV2), Clay Lane Pharmacy (CV2) Boots Pharmacy (CV3), Asda Pharmacy (CV3) Bannerbrook Pharmacy (CV4), Lloyds Pharmacy (CV4) Wellbeing Pharmacy (CV4), Windmill Late Night Pharmacy (CV6), Stoney Stanton Pharmacy (CV6) and Foleshill Pharmacy (CV6).



**Figure 12: Map showing 100 hour pharmacies in Coventry over LSOAs.**

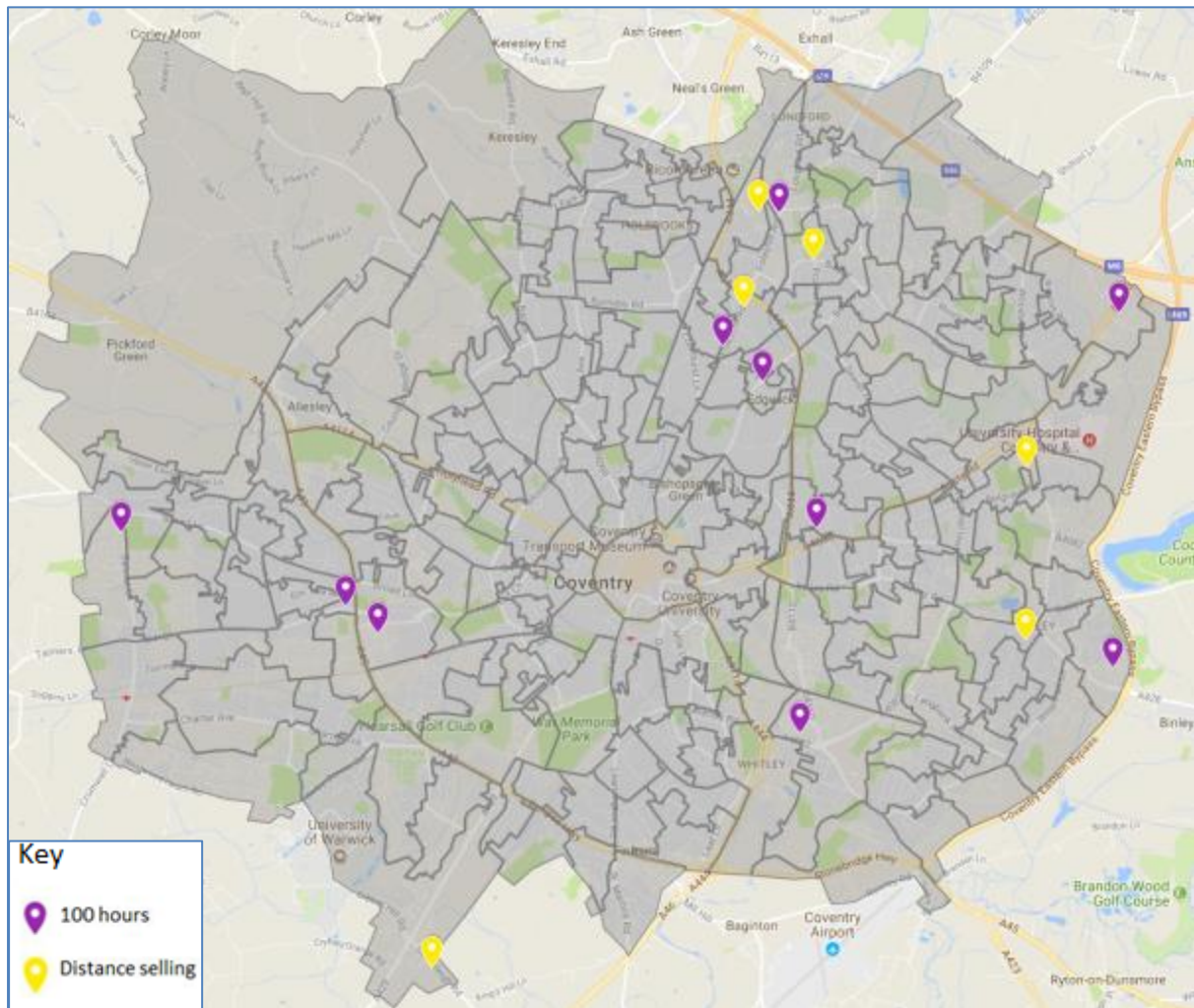


Figure 12 shows 100 hour pharmacies in Coventry with extended opening hours after 6pm on a weekday evening. 10 of the 97 pharmacies in Coventry are 100 hour so provision is available before 8.30am, after 5.30-pm and on weekends. The majority of Coventry’s 100 hour pharmacies are concentrated mainly towards the north of city centre where there is good provision. These 100 hour pharmacies are located centrally in line with more deprived areas and areas of higher population density provision. This is ideal, as these 100 hour pharmacies provide service users in these areas who require additional services from pharmacies with good access to pharmaceutical services into the late evening and on weekends. They guarantee access to pharmaceutical services for circa 14/15 hours a day except on Sundays (due to the Sunday trading act 1994)

There are three 100 hour premises covering the west of Coventry and all three are located in areas of relatively higher population density and deprivation. The areas of Wainbody, Earlsdon and Cheylesmore in the south have no provision of 100 hour pharmacies. It is important to note that the University of Warwick falls within these southern regions and access to sexual health services in these areas should be considered further to meet the needs of the local population.

The north west of the city has no 100 hour provision. Areas in the North West such as Holbrook, Bablake, Sherbourne and Radford are also deficient in provision of 100 hour pharmacies. Consideration should be given to increasing the provision for these areas as service users would need to travel quite a fair distance outside of core hours to access any pharmaceutical services.

Within the east of Coventry in areas of lower population density there are two new 100 hr premises that have opened since the last PNA 2015 was developed. However, the areas of Henley, Wyken, Upper and Lower Stoke in the east of Coventry still do not have good provision for 100 hour pharmacies. Within these wards there is a high availability of standard opening hour community pharmacies so access to pharmacy services is more than sufficient during core hours.

### Conclusion to Access

Although the population is set to increase due in part to the growing student population and new housing developments in Coventry; the per capita assessment of pharmacies to people will still be above the West Midlands and national average. The rate of community pharmacy contractors per 100,000 population at 2.8 is considered adequate. Evidence in this section indicates there is currently adequate access to pharmacies in Coventry, which are generally well geographically distributed by population density and levels of deprivation. There is a greater concentration of pharmacies located in the central areas of Coventry. These central areas are also areas of greater socio-economic deprivation. Levels of deprivation are often used as a proxy for greater health need.

The public survey indicates that the majority of the public were happy with current access to pharmaceutical service providers. Opening hours indicate good access during usual working hours, on evenings and weekends across the city. Pharmaceutical services are provided by a good mix of small and large multiples, supermarket and 100-hour contractors which offers a wide and sufficient level of choice. Into the evenings, provision of pharmaceutical services is reduced and relative to demand and need of the public. There are currently 10 pharmacies in Coventry which are contracted to open for at least 100 hours per week, therefore provision is available before 8.30am, after 5.30pm and on weekends. The areas of Wainbody, Earlsdon and Cheylesmore in the south have no provision of 100 hour pharmacies

No more new pharmacies are required; however there are areas in the south of the city where consideration could be given to having an evening rota of extended opening amongst existing premises. In addition to adequate provision of services, it is important to provide a reasonable choice of pharmacy to the population. Within the city, there appear to be a number of pharmacies within or close to all population centres, including generally wide spread 100-hour pharmacies.



## 7 PHARMACY SERVICES

### 7.1 Provision of Pharmacy services

In order to assess the adequacy of provision of pharmaceutical services, current provision by all providers has been reviewed.

### 7.2 Essential services

There are 7 essential services which are briefly described and tabulated below. All of the 97 community pharmacies in Coventry are required to provide these essential services.

**Figure 13: Table of Essential Services**

Essential Service	Description of service
<b>Dispensing</b>	The safe supply of medicines or appliances ordered on NHS prescriptions. Advice is given to the patient about the medicines being dispensed and also information on how to use them safely and effectively. Records are kept of all medicines dispensed and maintained.
<b>Repeat dispensing</b>	The management and dispensing of repeatable NHS prescriptions for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before dispensing each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine and communicate any clinically significant issues to the prescriber.
<b>Promotion of healthy lifestyles (Public Health)</b>	The provision of opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. These groups include diabetic patients, patients at risk of coronary heart disease especially those with high blood pressure, patients who smoke and patients who are overweight. Pharmacies must also support up to six local campaigns a year. Campaign examples may include topics such as promotion of flu vaccination uptake, healthy living, or stop smoking. Healthwatch Coventry found that 81% of respondents to its survey regarding pharmacy services thought more healthy lifestyle and health and wellbeing advice from pharmacies would be useful.
<b>Disposal of unwanted medicines</b>	Community pharmacies accept unwanted medicines from households and individuals which require safe disposal. The medicines are then safely disposed of by a waste contractor engaged by NHS England. Pharmacies are not under any obligation to accept sharps under the terms of this essential service. Needle and syringe programmes are a locally commissioned service.

<b>Signposting</b>	The provision of information provided by pharmacists and staff to 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 support groups.
<b>Support for self-care</b>	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.

The essential services dispensing and repeat dispensing, support patients living with LTCs by providing timely supply of medicines and advice to patients. Repeat dispensing is of particular benefit to patients on long term medicines as part of their treatment such as those requiring statins or insulin.

The clinical governance aspect of essential services provides the governance structure for the delivery of pharmacy services. It provides an opportunity to audit pharmacy services and influence the evidence base for the best practice and contribution of pharmacy services.

Further support to improving quality in pharmacies has been provided through a new Quality Payments (QP) scheme, introduced for the 2017/2018 Community Pharmacy Contractual Framework (see section on QPS).

The essential service, promotion of healthy lifestyles can support local and national campaigns supporting people to manage risk factors associated with many long term conditions such as smoking, healthy diet, physical activity and alcohol consumption by:

- improving awareness of the signs and symptoms of conditions such as stroke e.g. FAST campaign,
- promoting validated information resources for patients and carers,
- collecting insight data from the local population on their awareness and understanding of different types of disease and their associated risk factors,
- targeting “at risk” groups within the local population to promote understanding and access to screening programmes e.g. NHS health checks.

Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity, providing advice, signposting to services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures.

The disposal of unwanted medicines service allows pharmacies to direct patients in the safe disposal of medicines and reduce the risk of storing excess medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines.

Pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition.

Pharmacies provide support for self-care by advising patients and carers on the most appropriate choices for self-care. Community pharmacy plays a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy (Pharmacy White Paper, 2008) and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms (Pharmacy White Paper, 2008).

Essential services are fundamental services for the population. In 2016/17 each pharmacy in Coventry dispensed on average 5986 items per month, which is lower than the England average of 7,151. This could be the result of having a higher number of pharmacies than other localities, which may suggest current pharmacies have capacity to provide services to more people.

**Figure 14 Prescription items dispensed in Coventry 2015/17**

Area	Prescription items dispensed per month 2015/16	Average monthly items per community pharmacy 2015/16	Prescription items dispensed per month 2016/17	Average monthly items per community pharmacy 2016/17
Warwickshire	766,574	7,232	795,093	7,645
Coventry	543,339	5,970	544,750	5,986
England	82,940,000	7,096	84,583,940	7,151

Source: NHS Digital and NHS Business Services Authority \*Excludes DACs and DSPs data

Results from the public survey showed that out of the essential services, 66.8% of respondents are aware of the repeat dispensing services, 91% were aware that you could dispose of their old medications at the pharmacy, 70% were aware that the local pharmacy team could provide healthy living advice and 75% were aware that the pharmacy can signpost to other services. There is lesser awareness around the repeat dispensing service relative to the other essential services. Healthwatch Coventry found from its survey that people are not necessarily aware of all of the essential services pharmacies provide.

### 7.3 Cross Border Dispensing

Coventry shares borders with the metropolitan areas of Solihull and Warwickshire. There are a range of community pharmacies accessible near the borders and it is likely that residents have prescriptions dispensed in these areas. Further work to establish the extent of cross border dispensing should be undertaken, however at the time of writing this PNA, data was not available.

### Conclusion of Essential Services in Coventry

Essential services are provided by all of our pharmacy contractors in Coventry. This includes dispensing of NHS prescriptions which is a fundamental service that is commissioned nationally by the NHSE. Essential services appear to be very accessible for the majority of Coventry’s population both geographically and at different times of day. There are no gaps in the provision of essential services for the city’s population. Distance selling pharmacies are also able to provide essential

services for their local populations (and nationally) safely and effectively without face to face contact. Many patients are not aware of the breadth of essential services available from community pharmacies. Although provision of these services is adequate across Coventry further work needs to be undertaken to raise awareness of these services and their benefits.

## 8.0 Advanced Services

In addition to essential services, the CPCF allows community pharmacies to optionally provide any of the six NHSE advanced services to support patients. Data within the advanced services sections below in the tables has been received from NHS BSA. Pharmacy survey results have been illustrated throughout the document to show the correlation from pharmacy contractors based in Coventry.

The provision of Advanced Services is linked to the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey. In addition, the Disability Discrimination Act 1995, replaced by the Equality Act 2010, sets out a framework which requires providers of goods and services, not to discriminate against persons with a disability. It is expected that the pharmacy would make reasonable adjustments, if this is what is needed in order to allow the person to access the service. The presence of consultation areas in many pharmacies presents an opportunity to commission pharmacies in new and potentially exciting ways to deliver new services. In some respects this is already happening through commissioning enhanced and other locally commissioned services.

From the pharmacy contractor survey results, out of 72 pharmacies that responded, 98% have consultation areas and provide good facilities to carry out confidential consultations with patients. 94% of these have wheelchair access and only 6% did not have wheelchair access. The results of the pharmacies that have consultation areas concluded that all consultation areas are a closed room facility (100%) allowing privacy and that at least 77.1% provide hand washing facilities within the room.

### 8.1 Medicines Use Reviews (MURs) Advanced Service

The MUR service is a medicines adherence service designed to improve patient outcomes for those taking regular medication. The service will provide support to people with long term conditions in particular the elderly. The MUR process involves accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines. The MUR process aims to establish a picture of the patient's use of their medication. The review allows patients to understand their therapy and why it has been prescribed. It is also an opportunity to identify any problems the patient is experiencing and provide solutions (whilst concurrently providing feedback to the prescriber). An MUR Feedback Form is provided to a patient's GP where there is an issue for them to consider.

Each pharmacy can provide a maximum of 400 MURs a year. 70% of MURs undertaken have to be from a specified group of patients:

- Patients taking high risk medicines (NSAIDs, anticoagulants, antiplatelets and diuretics)
- Patients recently discharged from hospital – ideally within 4 weeks of discharge
- Patients prescribed certain respiratory medicines

- Patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease.

**Figure 15: Mean number of MURs per provider in Coventry 2015/2017**

Area	Mean number of MURs/ pharmacy in 2012/13	Mean number of MURs/ pharmacy in 2015/16	Mean number of MURs/ pharmacy in 2016/17
Coventry	269	275	283
Warwickshire	Data unavailable	278	279
England	267	300	285

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data

Figure 15 shows that the average number of MURs conducted per pharmacy in Coventry in 2015/2017 was 283 which has increased slightly compared with 275 that were previously completed in 2015/2016. There were 25,785 MURs provided by 91 community pharmacies in Coventry in 2016/17.

### Healthwatch Coventry Results

The Healthwatch Coventry public survey looked to better understand how Medicines Use Reviews and other advice provided by pharmacists regarding medicines, were working from a patient perspective. The results showed that of the 466 respondents who had ongoing repeat prescriptions; a high number were confident they knew what their medication was for and how to take it. Fewer said they were aware of potential side effects and even less stated they knew how different medications they took affected each other.

220 respondents said they had been prescribed new medication within the previous 6 months and 88 said they had received enough information about this. This indicated some room for improvement in helping patients to understand their medication.

### Pharmacy Survey Results

99% of respondents to the Pharmacy survey (71/72) are accredited to deliver this service. 100% of contractors responding to the pharmacy survey stated that their pharmacy would be willing to undertake consultations in patient's homes. This facility could potentially be used to conduct more MURs for housebound patients. The pharmacy contractor and public survey results concluded that there is a good awareness of this service. Results from the public survey of Coventry residents showed that 76% (198/260) of respondents were aware that medicines use review service was available from Coventry pharmacies with 66% of respondents who have used the service, being very satisfied with the service and 26% satisfied.

Medication errors in care homes for older people can also be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. Pharmacists and pharmacy technicians can work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste. Consideration should be given by commissioners to offer a care home advice service that could include MURs. Permission is required for domiciliary and care homes visits from NHSE.

MURs should be offered to patients with complex needs and complex prescriptions to enable achievement of the best outcomes from these interventions. When looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths. Many cardiovascular deaths can be prevented or delayed by simple lifestyle interventions. Improvements in the medical management of COPD are estimated to reduce hospital admissions by 5% and the MUR service is crucial in doing so. Patients with cardiovascular disease and COPD can be targeted further. There is an opportunity for MURs to target patients with more complex needs and long term conditions. MURs can support Coventry HWB to achieve their strategic health aims by improving the quality of care for people with multiple long-term conditions which will in turn help to reduce hospital admissions and thus increase life expectancy. The 'Community Pharmacy Clinical Services Review' (The 'Murray report', 2016)<sup>60</sup> recommends that "the MURs element of the pharmacy contract should be re-designed to include on-going monitoring and regular follow-up with patients as an element of care pathways". The report proposes that MURs evolve into full clinical medication reviews for patients with long term conditions and/or multiple morbidities. This would require a national service change or to be commissioned as a locally commissioned service.

#### Conclusions for MURs

The average number of MURs conducted per pharmacy in Coventry in 2016/2017 was 283. This highlights there is capacity for Coventry pharmacies to increase the number of MURs completed. There is also an opportunity for MURs to be embedded into wider care pathways thus allowing patients to be targeted with more complex needs and long term conditions.

MURs should be offered to patients with complex needs to enable achievement of the best outcomes from their medications. MURs can help prevent unnecessary GP appointments which fit in with the urgent and emergency care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy. Pharmacy survey results showed community pharmacies are willing to undertake consultations in patient's homes and this could improve MUR numbers and help target those who require the service the most.

There is capacity for Coventry pharmacies to increase the number of MURs completed where possible. MURs are by their nature not clinical reviews but more of a medication review. The MUR service scope could however be extended to include clinical reviews as an additional service.

<sup>60</sup> [Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. \(December 2016\) Page 18. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf)



## 8.2 New Medicines Service (NMS) Advanced Service

This service introduced in 2011, provides support for people, (often with long-term conditions) newly prescribed a medicine. This service helps to improve medicines adherence and patient outcomes. Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. Currently the service is limited to a specific range of drugs

The service can only be provided to patients with the following conditions and medications and this therefore limits the total numbers of eligible patients:

- **Asthma and COPD** (adrenoreceptor agonists, antimuscarinic bronchodilators, theophylline, compound bronchodilator preparations, corticosteroids, cromoglycate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors)
- **Type 2 diabetes** (short acting insulins, intermediate and long acting insulins, antidiabetic drugs)
- **Antiplatelet/anticoagulant therapy** (oral anticoagulants and antiplatelet drugs)
- **Hypertension** (thiazides and related diuretics, beta blockers, vasodilators, centrally acting antihypertensive, alpha blockers, drugs affecting the renin-angiotensin system, Calcium-channel blockers)

The primary aim of the NMS consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition. The NMS service helps to identify any need from the patient for further information and support in relation to the treatment or the long-term condition.

Pharmacy teams should be able to identify patients eligible for the NMS who present a prescription. Currently a patient can also be referred into the service by a secondary care provider that has already dispensed the new medicine as part of the discharge process. Usage and awareness of the service could increase if patients were referred or signposted to the NMS service at the time of prescribing for example from a patient's GP or hospital contact. The NMS process involves the pharmacist providing a patient with information on their new medicine and how to use it when it is first dispensed. The second stage involves the pharmacist and patient to meet or speak again by telephone in around a fortnight, meaning that the patient has met with the pharmacist on two separate occasions before their review at four weeks with their GP. The pharmacist will discuss with the patient how they are getting on with their new medication.

If during the process the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP. The NMS is conducted in a private consultation area which ensures patient confidentiality. The optimal use of appropriately prescribed medicines is vital to the management of long term conditions, and the pharmacist is fundamental to this service as they can intervene and offer support and advice to patients who are newly prescribed a medicine that will be used to manage a long term condition.

Community pharmacy contractors are remunerated for each completed NMS they provide (depending on the total number of patients who receive the service in the month). More information on NMS can be accessed via the PSNC website <sup>61</sup>

**Pharmacy survey results show:**

Within Coventry, the results of the pharmacy contractor survey identified that 100% of pharmacies (of the 72 that responded) in the city provide this service. When comparing the mean number of NMS reviews nationally, as shown in Figure 16, Coventry is performing below the national average.

**Public survey results show:**

The results from the public survey demonstrated 72% (186/260) patients are aware of this service and 63% very satisfied and 23% satisfied with the delivery of this service. It can therefore be said that provision of this service (from a patient perspective) is generally good across the city but could be improved and promotion of this service to patients from community pharmacies could be increased. The Healthwatch Coventry Report 2017 also highlighted that finding up to date information about where this service is offered from proved difficult.

**Figure 16: Mean number of new medicines services consultations 2015/17**

Area	Total NMS 2015/16	Mean number of NMS/ pharmacy in 2015/16	Total NMS 2016/17	Mean number of NMS/ pharmacy in 2016/17
Coventry	5,708	63	5,413	59
Warwickshire	6,006	57	6,046	58
England	821,072	70	871,690	74

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data

Coventry pharmacies dispense on average 5986 items per month based on NHS Digital data for 2016/17. This indicates that as per the NMS targets of 20%, 60 NMS' per pharmacy should be completed each year. To achieve a 100% target, 300 NMS' need to be completed each year. Coventry pharmacies completed on average 59 NMS' in total for the year 2016/17. This equates to almost 5 NMS' per month. All pharmacies who responded to the pharmacy survey stated they were undertaking NMS consultations. LPC data shows that currently almost all community pharmacies in Coventry offer the NMS service.

There is therefore scope for community pharmacies to do more NMS consultations to help improve long term conditions, care and compliance and safety with new medicines. Non-adherence to prescribed medicines in patients with long term conditions is often a hidden problem and ends up costing the NHS a great deal in the long term. The NMS service can further support patients with cardiovascular disease. Within the UK, CVD mortality is 50% higher in the most deprived communities compared to the least deprived. This inequality is apparent within Coventry, for example, there are more than twice the number of emergency admissions for heart attacks in Foleshill compared to Earlsdon. When looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths.

<sup>61</sup> <https://psnc.org.uk/funding-and-statistics/funding-distribution/advanced-service-payments/>

Data from the Coventry and Rugby CCG suggest that emergency admissions for COPD are four times more common within residents of Binley and Willenhall compared to Earlsdon, (this difference may well be due to the underlying variation in smoking rates).

The NMS service is a useful healthcare intervention in particular in areas of health inequalities. NMS can support patients with respiratory disorders and cardiovascular problems. Many cardiovascular deaths can be prevented or delayed by simple lifestyle interventions. Adherence to medicines has been linked with better patient outcomes. In delivering the NMS service, community pharmacies can better support patients in managing their newly prescribed medicines. A hospital discharge referral scheme leading to MURs and NMS, could help in particular the frail and elderly groups as part of the preventative strategy. This particular demographic largely have complex needs that put the urgent and emergency care network under strain. Further consideration should be given to how community pharmacy can be utilized to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing). The offering of all community pharmacy interventions should be embedded as an improvement into the day to day working practice. This is crucial to increasing the uptake of services.

#### Conclusion for NMS

A high proportion of contractors in Coventry provide the NMS service. Coventry's level of delivery is less than the national average for the NMS service. There is therefore capacity to offer the NMS service more widely and based on the data, to offer more NMS consultations per month on average by those pharmacies currently providing the service. There is potential for this service to be accessed by more people. Awareness of the NMS service amongst prescribers should be promoted to boost onwards signposting to the service.

NMS is considered a relevant service.

### 8.3 Appliance Use Reviews (AUR) Advanced Service

This particular service can be carried out by a pharmacist or a specialist nurse, in the pharmacy or at a patient’s home. Similar to the MUR service, the AUR service should serve to improve the patient’s knowledge and use of any ‘specified appliance’ by:

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

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require these services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide this appliance use review service.

#### Pharmacy Survey Results

The survey also shows that only 13% (9/72) of pharmacies offer the AUR service. According to the survey a further 11% (8/72) of pharmacy contractors do intend to offer the appliance use review service within the next 12 months.

**Figure 17: Mean number of Appliance Use Reviews per provider 2015/17**

Area	Community pharmacy contractors providing AURs 2015/16	Total AURS 2015/16	Community pharmacy contractors providing AURs 2016/17	Total AURS 2016/17
Coventry	1	16	1	13
Warwickshire	1	10	0	0
England	72	1,492	85	2,057

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data

Figure 17 shows community pharmacy contractors in Coventry completed very few AURs in 2016/17. The results of the pharmacy survey indicate that in 2017/18 there are at least 9 community pharmacies offering the AUR service (contradictory to the NHS BSA data presented), with more contractors indicating they are planning to do so in the next 12 months.

NHS BSA data shows that during 2016/17, the AUR service was available from a single community pharmacy in Coventry (Allesley Pharmacy, CV5 9HA). In addition, provision of the AUR service for Coventry residents is available from a DAC (Salts Medilink, WR12 7DT) located in Worcester. This low level of delivery of the AUR service reflects the specialist nature of the provision of appliances. The AUR service is also available through GP and secondary care settings, so part of the reason for fewer AURs from community pharmacy is that provision is available elsewhere in the wider health economy.

With life expectancy increasing; the population of residents aged 65 years plus is likely to increase faster than younger age groups in the future. An ageing population is perhaps an indicator that patients in Coventry will require greater access to AUR services in the future. NHS England continues to encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

#### **Conclusion for AURs**

Provision of the AUR service from community pharmacies is very low in Coventry. Pharmacies are free to choose whether they should provide this service. There is an opportunity in Coventry for existing pharmacies to provide more AURs. Pharmacies could offer this service in areas of the city that have an older population.

This service is viewed as **relevant** service.

## 8.4 Stoma Application Customisation (SAC) Advanced Service

This service involves the fitting and use of stoma appliances, based on a patient's measurements. The aim of the service is to ensure proper use and comfortable fitting of a stoma appliance.

In order to provide this service, certain criteria must be fulfilled. The main criteria being the service must be provided from an 'acceptable location' meaning an area within the pharmacy that is distinct from the public area and:

- is clearly designated as a private area whilst the service is being provided
- is suitable and designated for the retention of the appropriate equipment for customisation
- is suitable and designated for modification of the appliances
- that it is suitable for the volume of customisation being undertaken at any given time

Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide this appliance use review service.

### Pharmacy Survey Results

Results from the pharmacy contractor survey recognised that of the 72 pharmacies that responded to the survey, 92% (66/72) dispense all types of appliances, 1% (1/72) dispense appliances but not stoma appliances, 4% (3/72) dispense only dressings and 3% (2/72) dispense no appliances.

The 2017 pharmacy contractor survey results identified 12/72 respondent pharmacies offered the SAC service. A further four premises proposed to provide this service within the next 12 months.

### Public Survey Results

Results from the public survey show that more than half of the public responding were not aware they could receive advice from their local pharmacy around appliance use. It is unclear how well advertised the SAC service is to those who may benefit the most from it. When asked later on in the same survey which services patients would like to see from their pharmacy in the future; using medical devices was in the top 10 key themes.

**Figure 18: SAC Providers in Coventry 2015/17**

Area	Community pharmacy contractors providing SAC 2015/16	Total SAC 2015/16	Community pharmacy contractors providing SAC 2016/17	Total SAC 2016/17
Coventry	12	325	14	373
Warwickshire	13	306	20	235
England	1,660	29,016	1,629	27,503

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data \*\*2016/17 figures to be incorporated in final PNA.

NHS BSA data shows that in 2016/17 there were 14 community pharmacies engaged in providing stoma appliance customisation reviews in Coventry. The SAC service, like the AUR service is a specialist service. Fittleworth Medical, a DAC located in Coventry, undertake the majority of SAC reviews in Coventry. The SAC service is also available for Coventry residents from a DAC located in nearby Worcester (Salts Medilink, WR12 7DT). Stoma customisations are also available through



other healthcare settings. Patients may also access a stoma nurse from secondary care for advice or guidance regarding their stoma. Community pharmacies in Coventry providing the SAC service have an opportunity to provide AURs to the same patients as a follow up. Demand for the appliance based advanced services (SAC and AUR) is lower than for the other advanced services such as MURs and NMS', due to the smaller population demographic requiring access to these services.

#### **Conclusion for SAC**

Based on the information available at the time of developing this PNA, no gaps have been identified in the need for more stoma appliance reviews for Coventry residents.

This SAC service is viewed as **relevant service**.

## 8.5 Seasonal Influenza (Flu) Vaccination Advanced Service

Each year the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

The aims of the service are to:

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

JSNA information shows that in Coventry, around 37,500 people are eligible for the flu vaccine. In the over-65s, 72.4% received the vaccine in 2014/15. This has risen from 70.8% in 2011/12 and is currently similar to national vaccination rates. Fewer eligible people under the age of 65 are successfully vaccinated, with only 54.8% receiving the vaccine in 2014/15. This is higher than the national average (50.3%).

In 2017/18 the following groups were eligible for flu vaccination:

- all children aged two to eight on the 31<sup>st</sup> August 2017 are offered the nasal spray of Live Attenuated Influenza Vaccine (LAIV). Children aged 2 and 3 receive the vaccine via their GP practice and children aged 4 to 8 (in reception class and school years 1, 2, 3 and 4) receive the vaccine via their school.
- all primary school-aged children in former primary school pilot areas (with LAIV; via school)
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- frontline health and social care workers (provided with flu vaccination by their employer)

There has been a local flu vaccination scheme in place since 2012 in Coventry and Warwickshire. From 2015/16 NHS England also commissioned a flu vaccination scheme from community pharmacy as a new Advanced Service. All pharmacy contractors can choose to provide the flu vaccination service. Eligible adults (18 years and over) have the choice of getting their flu vaccine at a pharmacy from September to March each year. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local vaccination targets.

**Figure 19 PSNC Coventry Flu data 2016/17**

Area	Total Flu vaccinations provided	Average number of flu vaccinations per pharmacy	Count of Pharmacies providing flu vaccinations
Coventry	9,426	133	71
Warwickshire	2,422	44	55

### Pharmacy Survey Results

59 of the 72 (82%) pharmacy contractors responding to the pharmacy survey stated they provide seasonal flu vaccinations in Coventry. PSNC data in figure 19 above shows 78% (71 community pharmacies in Coventry from an eligible 91) actually provided the service in 2016/17 flu season, delivering on average 133 vaccinations each.

Community pharmacies may also provide private seasonal flu vaccinations (at a cost) to those who are not in the NHS at risk groups.

### Public Survey Results

The public survey showed that 80% (208/260) of respondents were aware of the NHS funded flu service provided from community pharmacy. Of those respondents who had used the flu service, a high level of satisfaction was expressed with the service, 57% were very satisfied and 22% satisfied. Flu jabs was one of the themes from the question asked to the public in the survey around which services they would like to see. This shows that awareness of this being available from community pharmacy needs to be increased. Healthwatch Coventry has recommended that more is done to ensure local people know which pharmacies provide which services. Flu jabs are one service where it is difficult to find information about which local pharmacies provide this national advanced service.

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. In line with the STP strategy, vaccination against flu can reduce pressures on health services by reducing hospital admissions and limiting exacerbations of existing medical conditions. NHSE data shows that the vast majority of patients vaccinated in community pharmacy are aged 65 and over. Approximately 1 in 10 patients vaccinated in community pharmacy belong to the eligible patient group with a chronic respiratory disease.

Community pharmacies in Coventry should be encouraged to provide the flu vaccine and could help target the large proportion of eligible under-65s who do not routinely attend for immunisation.

### Conclusion for Flu Vaccination

The flu vaccination service is a cost effective health protection intervention. Influenza vaccinations have the potential to reduce morbidity and mortality in those infected with the virus, as well as to prevent the spread to those who are not immunised. **There is adequate provision of this service in Coventry** (data regarding geographical distribution of the community pharmacies and wider providers, would enable further focus on opportunities for equity of service provision in Coventry).

Flu vaccination is considered a **relevant service**.

## 8.6 NHS Urgent Medicines Supply Advanced Service (NUMSAS)

In December 2016, the Department of Health (DoH) commissioned a national NHS Urgent Medicine Supply Advanced Service (NUMSAS) **pilot** as part of the wider Quality Payments Scheme (QPS) changes to the Community Pharmacy Contractual Framework (CPCF). The NUMSAS pilot service commenced on 1st December 2016 and will run until September 2018.

As part of the NHS 111 pathway, the NUMSAS service is available to patients who have been directly referred to a pharmacy via NHS 111 and not to patients who self-present at the pharmacy without referral. Fundamentally the NUMSAS service allows a pharmacist to supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM in an emergency situation and at the request of a patient via NHS 111 telephone service. The aim is to manage more efficiently the approximate 200,000 calls per year to NHS 111 for urgent repeat prescription medications. These calls normally default to a GP out of hours appointment to arrange an urgent prescription and as a result, block access to GP appointments for patients with greater clinical need and it will route patients away from A&E who might otherwise attend to request urgent medicines. The aim of the NUMSAS service is to reduce the burden on urgent and emergency care services to ensure patients have access to the medicines or appliances when needed. NUMSAS focusses on the handling of urgent medication requests and offers an avenue by which NHS 111 requests for urgent medicine supply can be managed appropriately. The NUMSAS service can resolve problems leading to patients running out of their medicines and increase awareness of electronic repeat dispensing.

### Pharmacy Survey Results

19 of the 72 (26%) pharmacy contractors responding to the pharmacy survey stated they provide the NUMSAS service in Coventry. 32 of the 72 respondent (44%) pharmacies are intending to begin this service with the next 12 months. Pharmacy contractor engagement is low as this is a relatively new service.

### Quality Payments Scheme Data

Although pharmacy survey results show only 19/72 contractors offer the NUMSAS service, this is a reflection of not all pharmacy contractors completing the pharmacy survey. PSNC data shows that

currently, that 27 pharmacy contractors in Coventry are registered to provide the NUMSAS service. Local LPCs in conjunction with HLP Public Health specialists have engaged with community pharmacies since the initiation of the QPS scheme to encourage community pharmacies to adopt the quality based aspects of the CPCF. The local LPC have been vital in increasing the uptake of the NUMSAS service.

#### Conclusion for NUMSAS

Provision of this service is available from 27 community pharmacies in Coventry. Evaluation of the pilot NUMSAS service in terms of; referral rates to community pharmacy and impact on GP OOH appointments for urgent repeat prescription requests is necessary, before an assessment of adequacy of provision can be made. Getting an emergency supply of medication was the second most requested service from the question asked to the public in the survey around which services the public would like to see offered from their local pharmacy. This shows that awareness of this service availability from community pharmacy needs to be increased. However, as all referrals must come from NHS 111, guidance from NHSE states that pharmacies should not advertise that they offer NUMSAS. NUMSAS is considered a **relevant service**.

## 9.0 Quality Payments Scheme

The CPCF introduced a new scheme for 2017/2018 called the Quality Payments scheme (QPS). To become eligible for QPS payments the contractor must meet the following gateway criteria:

- Offer at least one of the specified advanced services (MUR/NMS/FLU/NUMSAS)
- Keep an up to date NHS Choices entry – this allows the public to ascertain which pharmaceutical services are available in their area
- Be able to send and receive NHS mail – to receive referrals for NUMSAS
- Use the Electronic Prescription Service (EPS) – to prevent patients running out of medications.

Pharmacies meeting the gateway criteria will receive a quality payment if they also meet one or more of the following quality domains: **patient safety, patient experience, public health, digital, clinical effectiveness** and **workforce**. Patients benefit from pharmacies meeting the QPS gateway criteria and the achievement of quality domains by increasing patient safety. Having an up to date NHS Choices profile allows the public to view services offered from pharmaceutical providers. Being able to send and receive NHS mail allows access to the NUMSAS advanced service.

There are two review dates during the year at which pharmacies can claim for quality payments. Results from contractor declarations in April 2017 have been analysed and are presented below.

## 9.1 NHS BSA Data at April 2017 QPS Review Point

The NHSBSA has published the declaration data for the April 2017 review point of the Quality Payment Scheme.<sup>62</sup> The data for community pharmacies and DSPs shows:

### Gateway Criteria

- 96%, that is 93 of 97 of Coventry's community pharmacies and DSPs, met the gateway criteria to participate in the QPS.
- Of those pharmacies that meet the gateway criteria in April 2017;
  - 91/93 (98%) of pharmacies in Coventry stated they provided the MUR advanced service as part of meeting the gateway criteria.
  - 90 of 93 (97%) stated they provided the NMS advanced service as part of the gateway criteria.
  - 27 of 93 (29.0%) stated they provided the NUMSAS advanced service as part of the gateway criteria.

### Quality Domains

- 69% (64/93) of pharmacies stated they had they had completed a written safety report at premises level. The report covers analysis of incidents and actions taken in response to national patient safety alerts. The report patterns evidence of shared learning locally and nationally.
- 97% (90/93) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.
- 92% (85/93) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire (CPPQ), was available on the pharmacies NHS Choices page.
- 15/93 of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment).
- 85% (79/93) of pharmacies reported that they had increased access to their Summary Care Records over two given time periods
- 97% (90/93) of pharmacies reported that their entry on the NHS 111 Directory of Services was up to date at the time of survey.
- 95% (88/93) pharmacies reported that on the day of the review, the pharmacy could show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.
- 95% (88/93) of pharmacies reported that 80% of their staff working within the pharmacy were Dementia Friends.

## 9.2 Pharmacy Survey QPS declarations

### Gateway Criteria

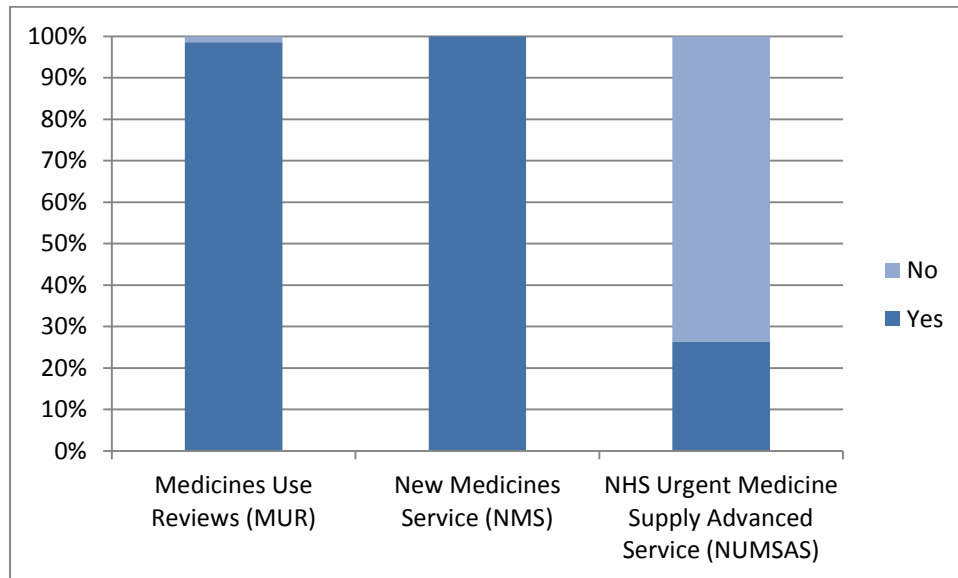
- 72/72 (100%) pharmacies have an up to date NHS Choices entry
- 53/72 (74%) pharmacies used NHS Mail
- 72/72 (100%) pharmacies are Electronic Prescription Service Release 2 enabled
- 71/72 respondents (99%) respondents provide MURs, with the remaining contractor intending to do so within the next 12 months.

<sup>62</sup> <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/quality-payments-scheme-statistics/>



- 72/72 (100%) respondents provide the NMS service.
- 19/72 (26%) respondents provide NUMSAS with 32 (44%) intending to begin within the next 12 months. 9 respondents (13%) do not intend to provide NUMSAS

**Figure 20 Pharmacy Survey results showing Advanced Services provided at Coventry pharmacies**

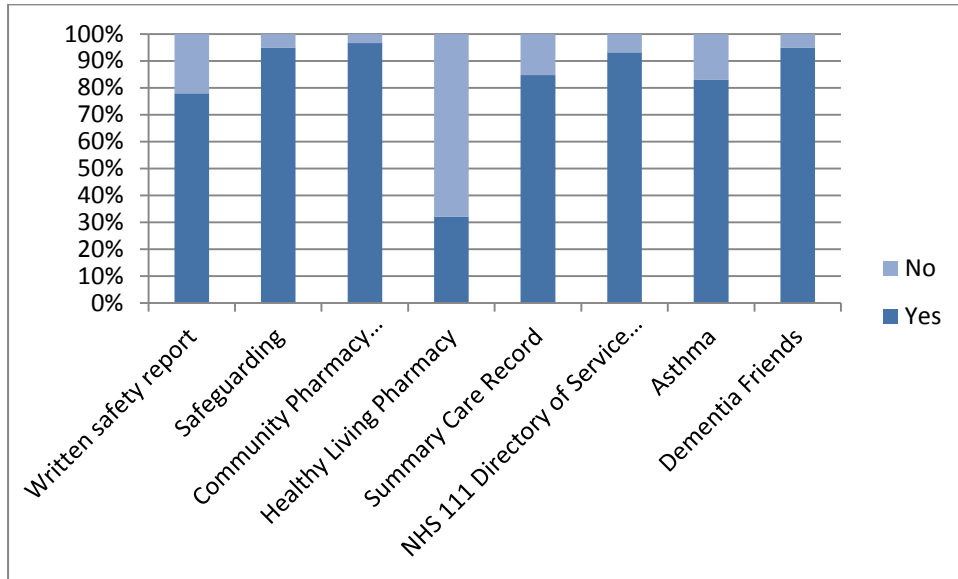


### Quality Domains

59 out of the 72 respondents to the pharmacy survey were eligible to respond to the quality criteria section of the survey.

- 46 (78%) pharmacies reported that they have written a safety report at premises level.
- 56 (95%) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.
- 57 (97%) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire was available on the pharmacies NHS choices page.
- 19 (32%) of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment). See HLP section.
- 50 (85%) pharmacies reported that they had increased access to their Summary Care Records over two given time periods.
- 55 (93.2%) pharmacies reported that their entry on the NHS 111 Directory of Services was up to date at the time of survey.
- 49 (83.1%) pharmacies reported that on the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.
- 56 (94.9%) pharmacies reported that 80% of their staff working within the pharmacy was a Dementia Friend.

Figure 21: Pharmacy Survey results Quality Criteria: Achievement



### 9.3 Healthy Living Pharmacies (HLP)

The Healthy Living Pharmacy (HLP)<sup>63</sup> is a tiered commissioning framework which was developed by the Department of Health. Pharmacies meeting the gateway criteria of the QPS scheme are able to receive payment for achieving HLP status – one of the QPS quality domains. The objective of Healthy Living Pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

The services provided as part of HLP are tailored to meet local health needs and build on the existing core pharmacy services with a series of enhanced services at three different levels of engagement:

- **Promotion (Level 1)**
- **Prevention (Level 2)**
- **Protection (Level 3).**

These levels of engagement reflect local health need and increasing capability within the pharmacy to deliver. HLPs aim to improve the health and wellbeing of the local community and help to reduce health inequalities by delivering a broad range of high quality public health services to meet local health needs.

In July 2016 the Pharmacy and Public Health Forum, accountable to Public Health England, developed a profession-led self-assessment process for level 1 HLPs, based on clear quality criteria and underpinned by a proportionate quality assurance process. *“Achieving level 1 Healthy Living Pharmacy status will require pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment.”*<sup>64</sup>

In terms of what patients or customers can expect from a HLP, the Pharmaceutical Services Negotiating Committee (PSNC) states that: *“The public will feel the difference when entering an HLP; the Health Champion and other staff may proactively approach them about health and wellbeing issues and will know about local services for referral or signposting. If a health trainer service exists locally then Health Champions can extend their reach. There will be a health promotion zone and there should be a health promotion campaign running linked into local priorities and health needs.”*

#### HLP Gateway Requirements

The stipulations below are gateway requirements which must be met before a pharmacy can be registered as an HLP:

- The pharmacy has a consultation room which is compliant with the Advanced Services standards and is appropriate for services on offer.

<sup>63</sup> <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

<sup>64</sup> PSNC Briefing. ‘Healthy Living Pharmacies: Information for Local Authorities’ (May 2015) Available at: [http://psnc.org.uk/wp-content/uploads/2013/08/LA\\_HLP\\_briefing\\_May2015.pdf](http://psnc.org.uk/wp-content/uploads/2013/08/LA_HLP_briefing_May2015.pdf)

- In the past year, the pharmacy has participated in the provision of both Medicines Use Reviews (MURs) and the New Medicine Service (NMS), and has proactively engaged in health promoting conversations
- In the past year, the pharmacy has participated in the provision of the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu) or has actively referred patients to other NHS providers of vaccinations
- The pharmacy complies with the General Pharmaceutical Council's Standards for Registered Premises and Standards of Conduct, Ethics and Performance; and
- The pharmacy complies with the NHS Community Pharmacy Contractual Framework (CPCF) requirements.

A pharmacy can only be considered as an HLP if it is already meeting all the contractual requirements for essential and advanced services provided within the pharmacy contract. To qualify for HLP status, a pharmacy must also meet a set of agreed criteria:

- Consistently deliver a broad range of health and wellbeing services to a high quality.
- Promote healthy living and wellbeing as core activity.
- Support a team that is proactive in promoting health and wellbeing and the community's health at the centre of what it does.
- Staff meet locally agreed training and accreditation requirements to provide customers with health and wellbeing advice. They will signpost patients to community pharmacy services and other services where appropriate.
- Is identifiable to the public and other healthcare professionals

Public Health England (PHE) have published the national criteria and assessment process which now enables any pharmacy to become a Level 1 Healthy Living Pharmacy if they meet the required standards and complete an online Assessment of Compliance. DSPs are not prevented from working towards achieving HLP status; however it is difficult for them to demonstrate compliance with the requirements.

### HLP Framework

The HLP framework is underpinned by three enablers<sup>65</sup>:

- **Workforce development** – a skilled team to pro-actively support and promote behaviour change.
- **Premises** that are fit for purpose
- **Engagement** with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities

HLPs can deliver effective systematic health promotion, brief advice and signposting across community pharmacy and other commissioned services.

From the April 2017 QPS review point data (available from the PSNC) it can be seen that 15/93 of pharmacies (including DSPs) reported that they were a Healthy Living Pharmacy – Level 1 (self-

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<sup>65</sup> <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

assessment). Information provided by Coventry LPC during consultation shows that there are now 80 pharmacies accredited with HLP status.

Following on from the good uptake of HLP Level 1 to date, it is recommended that in the future opportunities for new services be developed and commissioned based on local health needs from HLP pharmacies. Expansion of HLP Level 1 should continue (although this is not currently a funded service). HLP Level 1 provides a framework for community pharmacies to contribute to health promotion and prevention at a scale which should be built in to Coventry wide prevention plans.

Existing HLP Level 1 (Promotion) pharmacies providing locally commissioned services should be supported to develop to HLP Level 2 (Prevention) status. Commissioners and the LPC should work together to ensure more HLP level 2 pharmacies develop in Coventry.

Evaluations<sup>66, 67</sup> of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quit rates, extensive delivery of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services. It is recommended that HLP be utilised to support brief interventions now and to build on this with development of commissioned services that align with the priority requirements identified within the STP strategy.

#### Conclusion for HLPs

HLPs can develop to become better embedded as part of long term conditions referral pathways. HLP level 2 pharmacies are an ideal platform to commission services through. As HLP level 2 pharmacies continue to develop they could boost the impact of locally commissioned prevention services.

The STP and local commissioners should consider the opportunities that HLP status can support in wider programmes of work, including physical and mental health and wellbeing, diabetes, and cardiovascular disease.

<sup>66</sup> University of Bradford. 'Evaluation of the West Yorkshire Healthy Living Pharmacy Programme' (Jan 2016). Available at: <http://www.cpwv.org/doc/973.pdf>

<sup>67</sup> Mohan L, McNaughton R & Shucksmith J. Teeside University. 'An Evaluation of the Tees Healthy Living Pharmacy Pilot Scheme' (2013) Available at: <https://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites/messageboard/hlp-forum/358672516/600199395/healthy-living-pharmacy-electronic-3-pdf>

## 10.0 Enhanced and Locally Commissioned Services

The third sets of pharmaceutical services as per the CPCF that can be provided from pharmacies are Enhanced Services or locally commissioned services. These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services.

These services are commissioned to meet an identified need in the local population and pharmacies can choose whether to provide these services.

\* Information in this draft document is accurate as of 5th February 2018. Assessments of services are informed by commissioner data service provider lists accurate as of 5th February 2018. The pharmacy survey informing this assessment contained information from community pharmacists on which services they deliver. 72 from a potential 97 community pharmacies responded to the pharmacy survey. Readers are encouraged to view commissioner data as the default in service provision.

### 10.1 Integrated Sexual Health Service (ISHS)

Coventry City Council is the commissioner for the ISHS. Coventry & Warwickshire Partnership Trust are the lead provider holding the council contract for ISHS. Community pharmacies are one element of the ISHS model. Testing, treatment and advice for people with Sexually Transmitted Infections; full contraception choices, pregnancy testing, emergency contraception, HIV management and outreach provision is also available from the City of Coventry Health Centre (CV1 4FS). Free and confidential chlamydia screening and treatment is available for under 25s in Coventry via the post and provision is also available from school nursing services and GP practices.

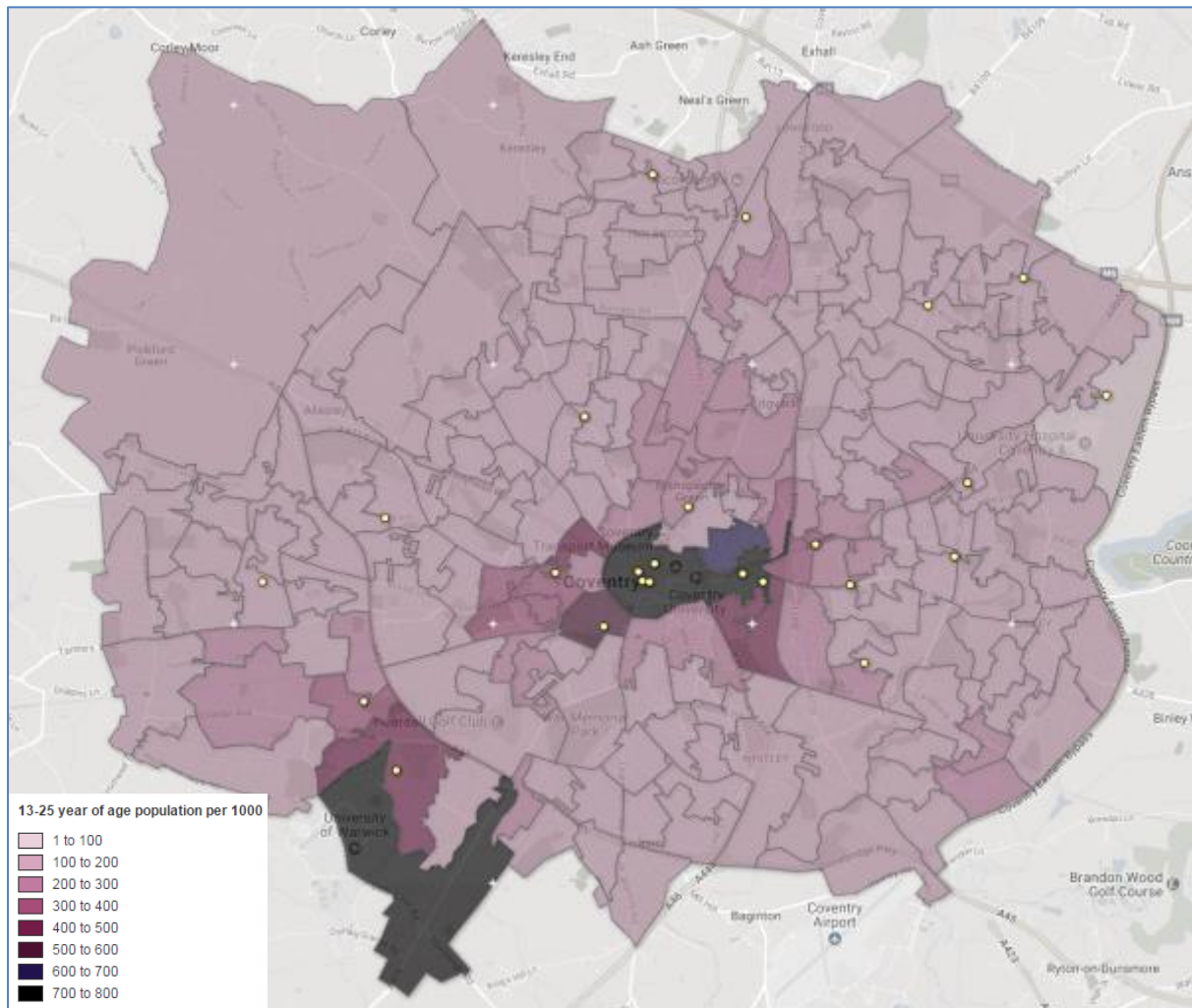
Under the ISHS service, community pharmacies are able to make key interventions across a range of sexual health areas including: chlamydia screening, emergency hormonal contraception (EHC), and the C-card scheme. Community pharmacies are sub-contracted to offer all of these services as an essential component of their agreement with Integrated Sexual Health Services (ISHS).

The public survey showed that over 50% of respondents (132/260) were aware of the sexual health service. This shows awareness of sexual health services provided from pharmacies could be better, however it should be caveated here that the majority of respondents to the public survey were aged 40 or over. Only 5% of respondents were aged between 13 – 25 years. The survey showed that of the 89 people who responded to the awareness and satisfaction for this service question, 40% were very satisfied with the service and 27% were satisfied, 33% were neither satisfied nor dissatisfied. It is important to note that although the survey indicates that awareness of the service needs to be increased, interpreting the results in this manner may not be a true reflection of service user views.

ISHS services in Coventry are offered as chlamydia screening, EHC, C-card distribution and pregnancy testing. See below for more detail.



**Figure 22 Sexual Health service providers mapped over population (per 1000) aged 13-25 years.**



### 10.1.1 Chlamydia Screening

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). Chlamydia infection is the most frequently diagnosed sexually transmitted infection (STI) in genitourinary medicine (GUM) clinics in England. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

There are 24 community pharmacies commissioned to offer the chlamydia screening service in Coventry. 32% (23/72) of pharmacies that responded to the pharmacy survey stated they offer the chlamydia screening service (19 pharmacies did not reply). Results showed that 25% (18/72) intended to begin this service within the next 12 months where available.

Community pharmacies are ideally positioned to provide opportunistic chlamydia screening to clients aged 13 - 25 years who are at highest risk of this infection. Young people aged 13 - 25 years

that attend a pharmacy for EHC or C-card services are encouraged to complete the chlamydia screening test. The screening test involves providing a urine sample, which is then tested. If the sample returns positive, a referral to the GUM services is made for treatment and subsequent follow ups where necessary.

Coventry has a young population profile and this is due to many factors, but mainly due to the presence of two large universities within the city. The student population means there is a continually large population of residents aged between 18-24 years. Evidence shows the younger population; particularly those in the age group ranging from 15 to 24 years are at highest risk of chlamydia infection. In 2008 the National Chlamydia Screening Programme commenced to screen young people aged between 15 and 24 years of age for the infection and to reduce the underlying prevalence of this STI.<sup>68</sup> The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others. Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set at a level that would encourage high volume screening and diagnoses<sup>69</sup>.

- In 2016, in Coventry the rate of chlamydia detection per 100,000 young people aged 15 to 24 years was 1936 below the PHE target of 2300.
- In 2016, in Coventry, 15.9% of the population aged 15 to 24 years old were screened for chlamydia via ISHS providers; this was below the national level of 20.7%.

To improve the rate of chlamydia detection, the screening programme could be developed to allow more pharmacies to offer this service. The role of pharmacies in chlamydia is invaluable. There is scope for community pharmacies to support health needs by increasing chlamydia detection rates. There is also potential to increase the range of diseases being screened for. There is also potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

### 10.1.2 Emergency Hormonal Contraception (EHC)

As part of the wider ISHS contract from Coventry City Council, community pharmacies can provide a free EHC service to women aged from 13 to 24 years of age to prevent unintended pregnancies. The purpose of the Emergency Hormonal Contraception (EHC) Pharmacy service is to provide rapid access to emergency contraception in the under 25 age group, support the promotion of safer sexual practices, and signpost young women into appropriate services. Patients aged 13 to 15 are able to access the PGD service within pharmacies.

The EHC service helps to reduce the number of teenage pregnancies. JSNA data in Coventry shows that in 2013 there were 39.5 conceptions in women aged under 18 years per 1,000 females (aged 15-17 years). In total this equates to 227 teenage conceptions in Coventry. This is the ninth highest

<sup>68</sup> <https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview>

<sup>69</sup> Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: [www.phoutcomes.info](http://www.phoutcomes.info)

for any local authority in England and Wales. This is higher than the levels seen in the West Midlands (28.9) and England as a whole (24.3). There are 7.3 conceptions per 1,000 females aged 13-15 years compared to 4.8 for England.

Community pharmacies offering the EHC service do so via the provision of an oral EHC pill (levonorgestrel) which can be taken up to 72 hours post unprotected sexual intercourse. In community pharmacy the EHC service is supplied under a Patient Group Directive (PGD) to women who meet specific PGD inclusion criteria and believe they are at risk of becoming pregnant. There are 24 community pharmacies commissioned to offer the EHC service in Coventry. 35% (25/72) of community pharmacies that responded to the pharmacy survey stated they offered the EHC service. Another 32% (23/72) are intending to offer this service within the next 12 months.

EHC treatment is also available from:

- GP Practices and can be prescribed via a FP10 prescription.
- Specialist Contraception clinics
- Sexual Health clinics
- Over the counter from pharmacies at a cost of approximately £25 (users 16 years or over).
- NHS Walk in Centres

The under 18s and under 16s conception rate has been decreasing gradually in line with national trends. It is reasonable to state that interventions from EHC service providers have contributed to this decrease in conception rates in Coventry. It is known that the rate of teenage conceptions can be up to ten times higher in the most deprived areas. Therefore provision in settings and at times that most suit vulnerable groups, is an important public health measure to reduce the adverse outcomes associated with some unplanned pregnancies.

### 10.1.3 C-Card Distribution

Pharmacies are commissioned to provide free availability and easy access to condoms. Condoms are the only type of contraception that protect from a pregnancy and most STIs. Pharmacies provide support and advice to people accessing this service, including advice on safer sex, condom use and on the use of regular contraceptive methods.

45% (32/72) of pharmacies that responded to the pharmacy survey offer the C-card service. Results showed that another 18% (13/72) are intending to begin this service with the next 12 months

The C-Card service is a free condom supply service aimed at young people aged between 13 and 25 years with the main intention of the service is to reduce rates of teenage pregnancy in Coventry. The C-Card can be presented to any of the service providers who will issue a supply of free condoms.

### 10.1.4 Pregnancy testing

This is a service available from community pharmacy which offers free pregnancy testing to any woman up to the age of 25 years, who may suspect she is pregnant. Increasing access to pregnancy testing services will allow young women to make informed choices at an early stage regarding their pregnancy - with streamlined referral pathways to the most appropriate services. This service is

commissioned by Coventry & Warwickshire Partnership Trust. EHC and pregnancy testing kit distribution can be provided in line with the EHC PGD.

31% (22/72) of respondents to the survey are currently providing the pregnancy testing service. 21% (15/72) of pharmacies are intending to begin this service within the next 12 months

### Assessment of Sexual Health Providers

Information provided by the sexual health service commissioner shows that 24 pharmacies have been commissioned to provide sexual health services across Coventry.

Figure 22 shows the location of pharmacies offering sexual health services mapped over population aged 13 to 25 years old. The map illustrates there is an adequate geographical spread of providers of sexual health services across the city. Pharmacies commissioned to provide the service appear to be well located, in areas where the population of women aged 13 to 25 is at its highest in Coventry and where levels of deprivation are high. The vast majority of pharmacies offering sexual health services are located centrally in and around the city. Pregnancy testing, condom provision and EHC services are widely available on a private or retail basis and advice continues to be available through GP Practices, sexual health clinics and alternative providers. Unlike the EHC service, pregnancy testing and condom provision service; chlamydia screening provision can only be accessed from community pharmacy under the wider ISHS scheme and not on a retail basis. When considering provision of sexual health services across Coventry provision of pregnancy testing, condom provision and EHC is considered to be adequate.

There are however areas of Coventry where provision of chlamydia screening is reduced. Figure 21 illustrates the following areas have no Chlamydia screening provision from community pharmacy: Keresley & Holbrooks, Allesley Village & Bablake, Courtaulds & Edgwick, Radford & Canal Basin, Whoberley, Central, Torrington & Canley, Green Lane, Finham & South Cheylesmore and Wyken & Sowe Valley. All of these areas are within one mile of pharmacies offering sexual health services. In addition these low provision areas also have some of the lowest populations of females aged 13 – 25 years, therefore the demand for this service is relatively low. It can also be seen that although there are a large number of pharmacies in Coventry providing sexual health services, most of these pharmacies are located in less densely populated areas of the younger female population (13 -25 years). The south east of the city (Binley and Willenhall, Cheylesmore, Wyken) has no provision and service users would need to travel into the city centre to access services.

Coventry has two large universities located centrally and towards the south of the city in Wainbody. Provision for chlamydia screening from community pharmacy centrally is good. However near Warwick University in the south, provision is sparse from community pharmacy and not easily accessible to the student population. Sexual health service provision is also available from a GP practice located in the area. Additional pharmacies could be commissioned to ensure better provision of sexual health services in those areas that are highly populated by the target demographic. It is unclear, where students are accessing sexual health services from.

### Conclusions for Sexual Health Services

Although the level of provision is generally good and well distributed with the city centre, consideration needs to be made into providing more pharmacies offering sexual health services in some areas across Coventry, in particular to the south west and south east of the city, to cater to the needs of the younger population.

Sexual health services are viewed as **relevant services**.

## 10.2 Substance Misuse Services

Until the end of October 2017, the needle exchange (NEX) and supervised consumption service was sub-contracted by the LA to the Recovery Partnership. Since November 2017, the contract now sits with Change Grow Live (CGL) Coventry for an initial three year period. CGL state that the NEX and supervised consumption service will remain broadly unchanged however with technical changes in the manner the services will be provided. A major change to the previously commissioned drug action service is the addition of two new services:

- Alcohol screening and Intervention service and the,
- Naloxone service.

There are a range of services available in Coventry for drug and alcohol users. CGL Coventry provides advice, support and treatment for adults affected by drug or alcohol misuse. Wider services help young people (aged 18 and under) move away from substance misuse and achieve their full potential. Coventry Recovery Community can offer support and mutual aid to those in recovery.

Substance misuse services available from community pharmacies, improve the health and wellbeing of local residents by helping them to lead healthier lifestyles and reduce health inequalities among the city's adult population by supporting people to change lifestyle behaviours including excess alcohol consumption.

Public views on awareness and satisfaction from service users can be difficult to capture, as there is a tendency to provide little or no information about themselves.

### 10.2.1 Needle Exchange

Pharmacies are commissioned to provide intravenous drug users with sterile injecting equipment in order to reduce the transmission of blood borne infections such as HIV and Hepatitis. Community pharmacies will arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service. Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users.

The service aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV by providing sterile injecting equipment and safe disposal of used injecting equipment
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction. There are 26 pharmacies in Coventry commissioned to provide the needle exchange service.



The Coventry Drug and Alcohol Strategy 2017 - 2020 estimated 2,000 adults in Coventry use opiates and/or crack cocaine on a regular basis. The prevalence of opiate or crack users amongst 15 to 64 year olds in the city is 9.2 per 1000, lower than cities of a similar deprivation profile, but still higher than the England average of 8.4 per 1000. Early intervention in substance misuse can prevent loss of employment and income, decrease drug-associated crime, and limit the risk of further physical and mental health conditions as a result of substance misuse, such as blood borne virus infection.

**Pharmacy survey results:**

The pharmacy contractor survey showed that 32% (23/72) of pharmacies that responded to the survey offer the needle exchange service (\*reflective of respondent profile, commissioner data indicates there are 26 pharmacies commissioned to provide this service). Results from the pharmacy survey show that 14% (10/72) intended to begin this service within the next 12 months.

**Figure 23: Location of pharmacies offering the Needle Exchange service mapped over Indices of multiple deprivations in Coventry**

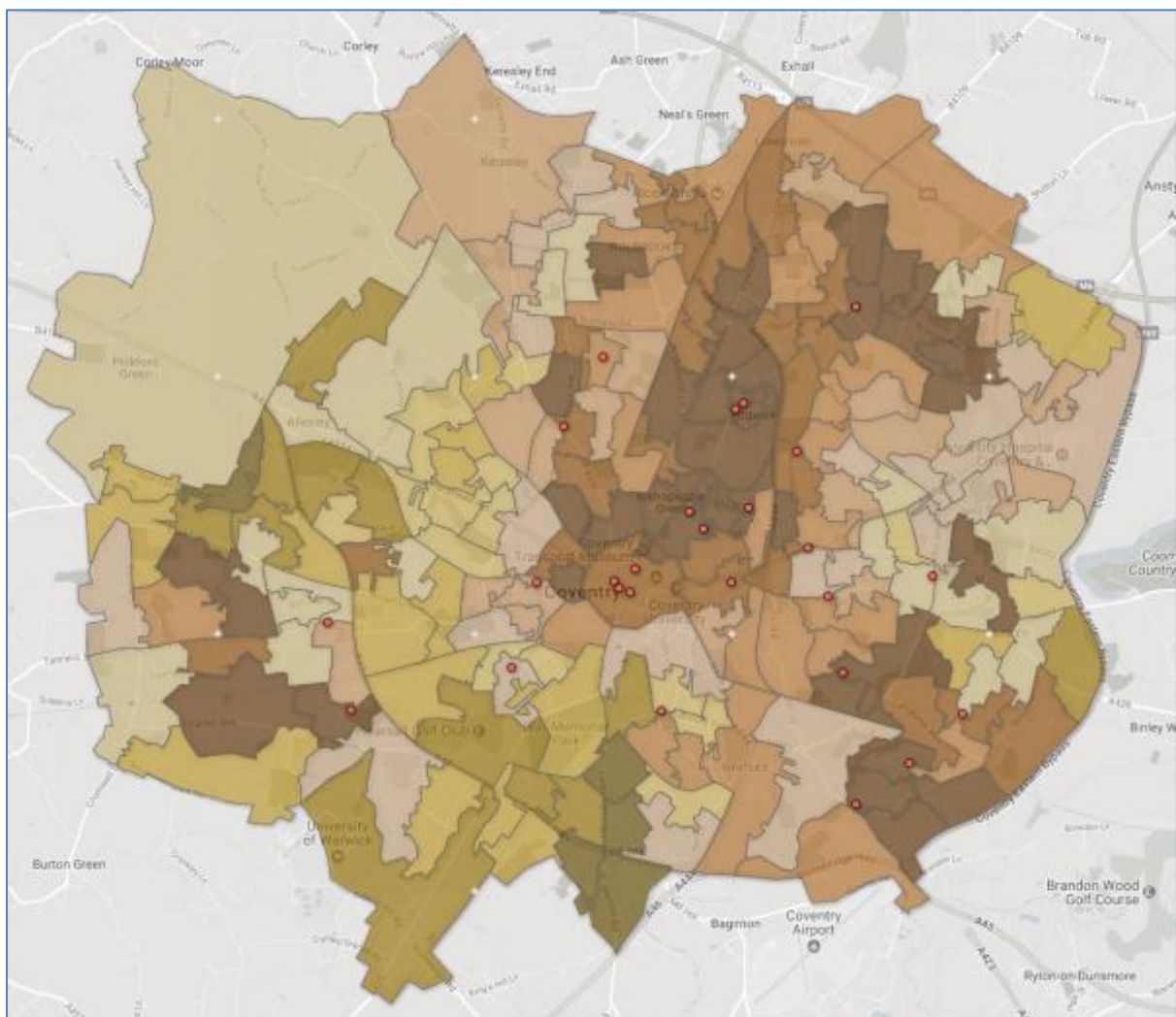


Figure 23 shows the location of pharmacies offering the Needle Exchange service mapped over indices of multiple deprivations in Coventry. The map shows that pharmacies commissioned to provide the service appear to be reasonably well located with respect to the most deprived areas of Coventry. There is a greater provision in the centre and east of the city than any other region.

The following areas have gaps in needle exchange provision: Cheylesmore and Wainbody in the south, Longford and Henley located in the north east of the city and a large majority of areas in the west of the city such as Whoberley, Woodland and Sherborne. However these areas are less deprived but consideration should be given to commission pharmacies to offer this service in these areas. Gaps in provision must be improved for this service in the previously mentioned areas which have no needle exchange provision and are located in more deprived areas.

### Conclusion for Needle Exchange

The needle exchange service is an important public health service which reduces the risk to drug users and the general population. The provision of needle exchange service from pharmacies is a **necessary service** and there are currently some gaps in geographic distribution of commissioned substance misuse pharmacies.

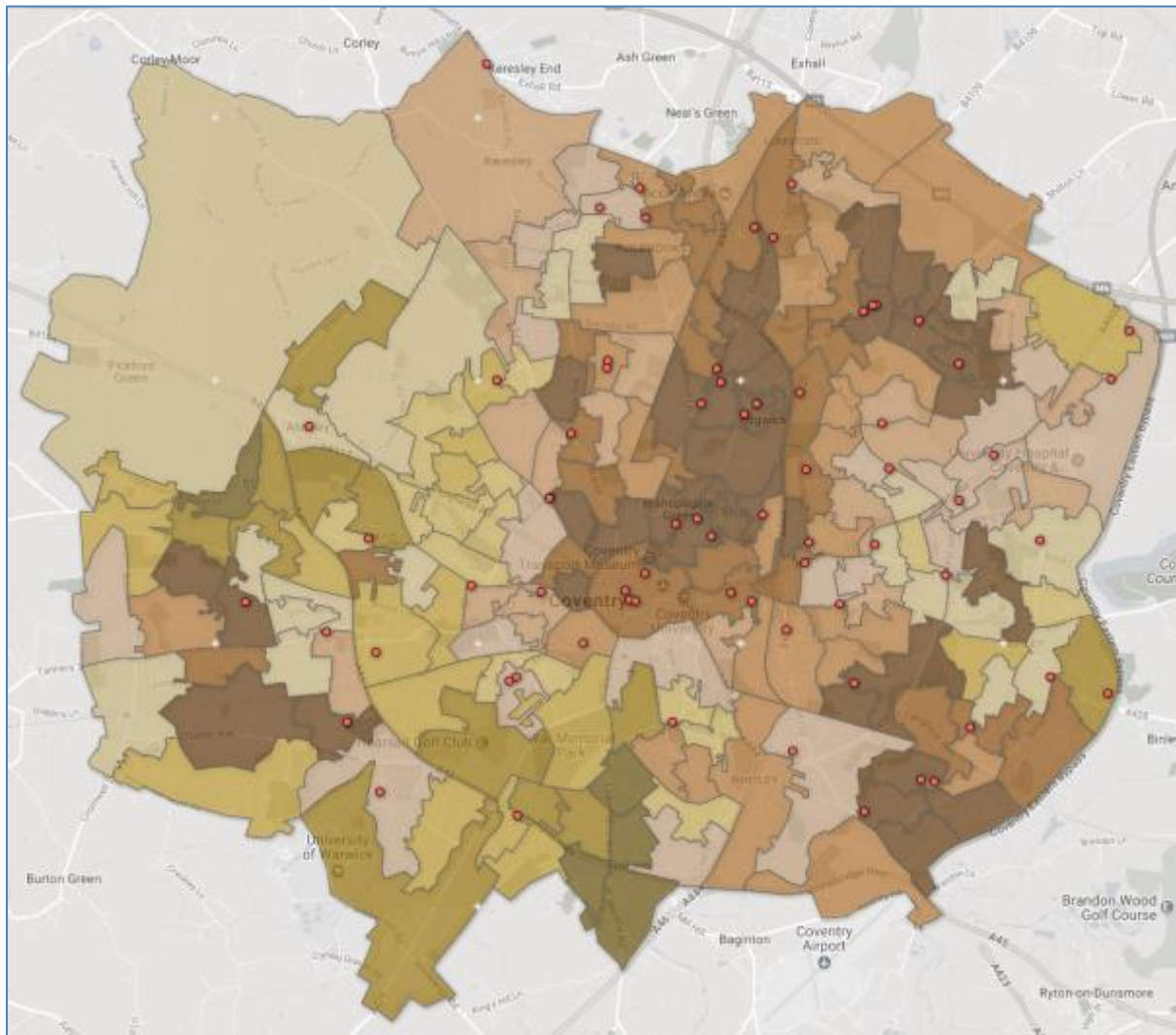
#### 10.2.2 Supervised Consumption

The overall aims of pharmacy services to drug users are to assist the service user to remain healthy, reduce risk, and provide service users with regular contact with a healthcare professional and help them access further advice or assistance. Pharmacies can act as an important primary access point for drug users. The supervised consumption service reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. There is compelling evidence to support the effectiveness of supervised consumption with long term health benefits to drug users and the whole population.

Pharmacies are commissioned to provide registered drug addicts with regular monitored doses of opiate substitute to support them becoming progressively drug free. Clients often need support to prevent them stopping treatment. The supervised consumption service provides access to substitute therapy with methadone or buprenorphine for people with an opiate addiction, via direct supply through community pharmacies. This service requires the pharmacist to physically witness and supervise the consumption of the prescribed medicines at the point of dispensing in the pharmacy against a valid prescription. Contracted pharmacies aim to offer a user-friendly, non-judgemental, client-centred and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. This service ensures frequent (usually daily) contact between the service user and the pharmacist especially during the early and more chaotic stages of treatment. This also allows the opportunity to monitor patients closely.

The pharmacy contractor survey results showed that 67% (48/72) of pharmacies that responded to the survey offer the supervised consumption service. Results show that 8% (6/72) intended to begin this service within the next 12 months.

**Figure 24: Location of pharmacies offering the Supervised Consumption Service mapped over Indices of multiple deprivation in Coventry**



In Coventry, data from commissioners indicates 75 pharmacies provide this particular service. Figure 24 shows the location of pharmacies offering the supervised consumption service mapped over indices of multiple deprivation in Coventry. The most deprived areas of Coventry have good provision of pharmacies located within these areas providing this service. Looking at the map, it can be said areas of Westwood, Wainbody, Sherborne and Bablake and Holbrook have no supervised consumption service accessible from community pharmacy. Some of these areas are deprived, but less so than the city centre. Although there are pharmacies nearby providing this service, these areas would be suitable for an increased provision of the supervised consumption service. It is important to note that in these areas such as Bablake and Westwood there is a reduced number of pharmacies in these areas in line with reduced population density, rather than an absence of pharmacies commissioned to offer the supervised consumption service.

Where pharmacies do not offer the needle exchange or other substance misuse services, patients should be signposted to other providers of the service.

Supervised consumption is considered a **necessary service**. Service provision is considered to be adequate.

### 10.2.3 NEW Alcohol Screening and Interventions Service

Alcohol, drugs and substance abuse services improve the health and wellbeing and reduce health inequalities among the city's adult population by supporting people to change lifestyle behaviours including excess alcohol consumption.

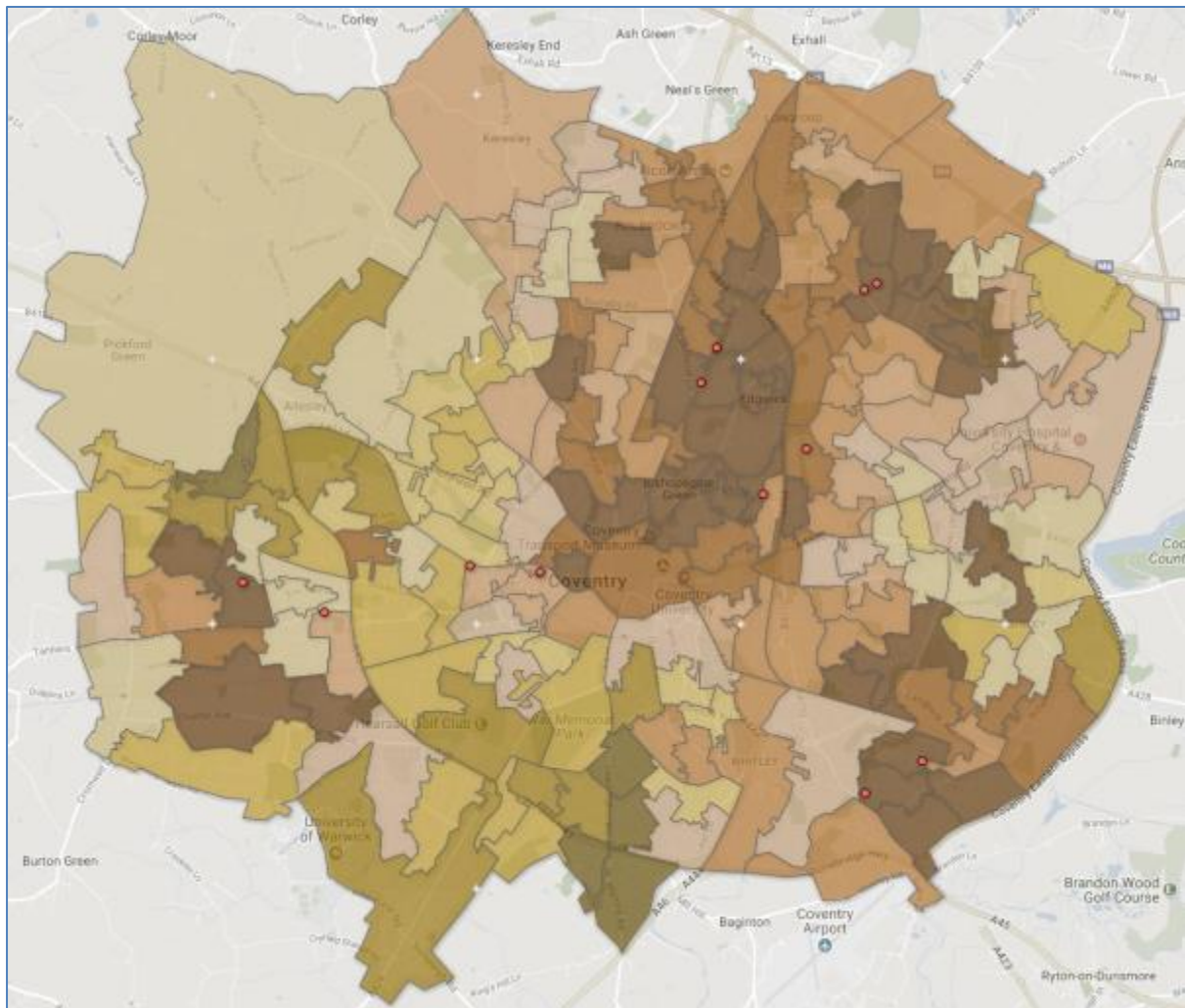
The reduction of alcohol-related harm is one of the key indicators within Public Health England's national strategy. Alcohol is a significant contributory factor for a range of health conditions and is estimated to cost the NHS approximately £3.5 billion per year and society as a whole £21 billion annually.<sup>70</sup> The latest data shows that the rate of hospital admissions for alcohol related harm is 768 admissions per 100,000 compared to the England rate of 647 admissions per 100,000. Rates of admissions for males are higher compared to the England average. The rate of admissions for females is higher than the England average. For the new alcohol screening and intervention service in community pharmacy, service users will undergo an initial AUDIT C screen at the pharmacy. Depending on the score, the patient may then go on to receive a brief intervention, and possibly a referral into CGL's alcohol services. There are currently 11 pharmacies providing the alcohol screening service in Coventry. The new alcohol and screening intervention service should also reduce alcohol related admissions to hospital among adults

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<sup>70</sup> Indicator Definitions and Supporting Information: Admission episodes for alcohol related harm – narrow definition Available from: [www.phoutcomes.info](http://www.phoutcomes.info)



**Figure 25: Location of Pharmacies offering the Alcohol Screening Service mapped over Indices of multiple deprivation in Coventry**



\*Commissioner data following consultation indicates that as of 08<sup>th</sup> February, 2018 there are now 11 pharmacies offering the alcohol screening service in Coventry.

Figure 25 shows that there is a low level of provision of alcohol screening in Coventry. The pharmacies offering this service are well located in a large majority of the deprived areas of Coventry such as Foleshill, Henley, Binley and Willenhall. The east of the city has reduced provision as there are no pharmacies offering this service and although areas within this region (Upper Stoke, Wyken, and Lower Stoke) are not the most deprived, there are still pockets of deprivation within them. The north west of the city, areas such as Bablake, Woodlands and Holbrook also have no provision of the alcohol screening service but these areas are much less deprived and have fewer inhabitants due to the rural nature of the areas.

### Conclusions for the Alcohol Screening Service

The new alcohol screening service is considered a **necessary service**. Commissioners need to raise awareness of support available for alcohol related issues. This is a relatively new service and service uptake should be reviewed and expanded where necessary in the future.

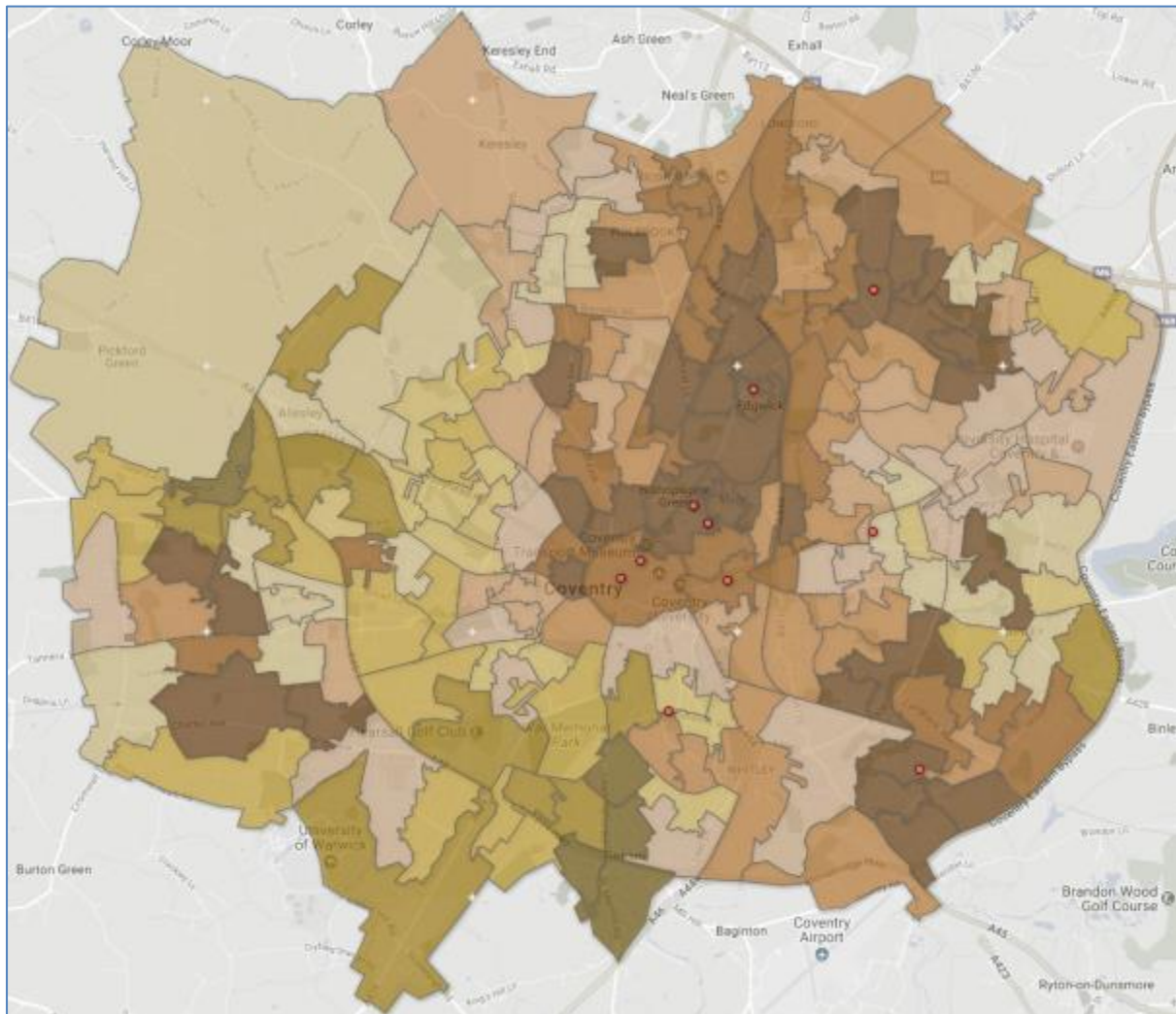
#### 10.2.4 NEW Naloxone Service

Naloxone is a safe and effective antidote to opioid overdose. It works by blocking and rapidly reversing the effects of respiratory depression. Prior to 2015 it could only be distributed on prescription so the supply of naloxone kits and training was restricted to clinical teams. This often meant that treatment was not in place when needed at the time of a critical drugs overdose. A change in the law in 2015 meant naloxone could now be given directly to service users. Within 2016/17 over 13,000 kits were issued across England and Wales. Naloxone has already been used in 464 overdose situations.

For the new naloxone service, a take home naloxone kit will be offered to all service users; they will be given training in how to administer the naloxone and issued with a kit. Kits are available from CGL Coventry and pharmacies commissioned to provide this service. There are currently 10 pharmacies commissioned to provide the new naloxone service in Coventry.



**Figure 26: Location of Pharmacies offering the Naloxone Kit Intervention service mapped over Indices of multiple deprivation in Coventry**



Similarly to the alcohol screening service offered by pharmacies, the naloxone service too is in its early stages of development. The few pharmacies offering this service are located in the city centre, which is one of the most deprived parts of Coventry. Access to these services in the city centre is useful as getting to the centre of Coventry is very accessible for the majority of people with good public transport links to and from it. As this service develops further, it is suggested that other areas of deprivation within the city such as north east of the city (Longford) and also areas north of the centre such as Foleshill could be considered for future service provision for this service. Increased uptake and awareness of this new naloxone service needs to be increased amongst service users and others by working with partners. Many people who use opioids do not access core treatment. Partner agencies that come into contact with these vulnerable cohorts such as hostel workers should be encouraged to train staff and help arrange supply of naloxone treatment.

### Conclusion for the naloxone service

The new naloxone service is considered a **necessary service**. Commissioners need to work with partners to raise awareness of naloxone kit provision. This is a relatively new service and service uptake should be reviewed and expanded where necessary in the future.

### 10.3 Smoking Cessation Services

Smoking cessation services are commissioned by Coventry City Council and sub-contracted to Coventry and Warwickshire Partnership trust. Coventry City Council is recommissioning a new Integrated Adult Lifestyles service for April 2018, which will be provided by ICE Creates. This new service will focus on delivering lifestyle behavioural change interventions among the adult population, including smoking cessation and weight management. The service will also deliver the NHS Health Check programme in Coventry. It will replace provision currently delivered by stop smoking services, NHS health checks and lifestyle adviser (also known as health trainer) services and a smoking harm reduction service for people with mental health conditions. Service provision may be altered as a result.

The smoking cessation service helps reduce levels of smoking-related illness, disability, premature death, and health inequality. The aims of this service fit in with the CHWB plans to:

- improve access to and choice of stop smoking services
- reduce smoking related illness and deaths by helping people to give up smoking
- improve the health of the population by reducing exposure to passive smoke
- help the service users access additional treatment by offering referral to specialist services, where appropriate

There are around 50,000 smokers in Coventry. The prevalence of adult smokers stands at 15.6% which has decreased from 18.5% in 2013. Smoking prevalence figures are lower than that reported for England (18%) and broadly lower than in cities of a similar level of deprivation. Evidence for the effectiveness of pharmacies in contributing to smoking cessation has also led to a recommendation in the 'Community Pharmacy Clinical Services Review' (the Murray report, 2016)<sup>71</sup> for smoking cessation services to be considered an element of the national contract. Pharmacies are suitable locations for such a service as they are accessible, often open extended hours, and can provide medications without delay. SSS in pharmacies is recommended by the National Institute for Health and Clinical Excellence (NICE)<sup>72</sup>

Pharmacies are commissioned to provide patients who wish to stop smoking, with an assessment, appropriate nicotine replacement therapy and counselling support. Other providers operate in community outreach areas and in hospital. The service involves the provision of behavioural support and pharmacotherapy delivered via a time-limited intervention to support people to successfully and permanently stop smoking. Nicotine Replacement Therapy is provided via a voucher scheme and Champix (varenicline) is provided mainly via GP prescription or via a PGD (currently in a trial phase) Progress is then assessed after 4 weeks and success is assessed after 12 weeks. Any interventions are delivered by a stop smoking advisor, who has received stop smoking service training one-to-one and/or group support and NCSCT (National Centre Smoking Cessation Training). The Integrated Adult Lifestyles service (IALS) will take over all current provision from 1 April 2018. ICE will be the single

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<sup>71</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>72</sup> Smoking Cessation Services. NICE Public Health Guidance PH10. <http://publications.nice.org.uk/smoking-cessation-services-ph10>

provider (who may well subcontract) responsible for behaviour change around a number of lifestyle issues including smoking.

Across Coventry there are 55 pharmacies that have been commissioned to provide the stop smoking cessation.

**Pharmacy survey results show:**

Community pharmacies remain well placed to ensure the services are accessible to the smoking population, particularly with many offering extended opening hours. 70% (57/72) contractors responded to the survey to state that they provide smoking cessation services with a further 6% (4/72) intending to provide the service over the next 12 months.

**Public survey results show:**

Results from the patient survey showed that the stop smoking service was one of the most recognised services amongst respondents at 81% (210/260). The smoking cessation service satisfaction rates amongst the 42 respondents (who answered the satisfaction question within the survey) indicated that 40% were very satisfied with the service and 14% satisfied. 45% were neither satisfied nor dissatisfied. There were no views from respondents indicating dissatisfaction to the service.

**Figure 27: Map of pharmacies offering stop smoking services over Indices of multiple deprivation in Coventry**

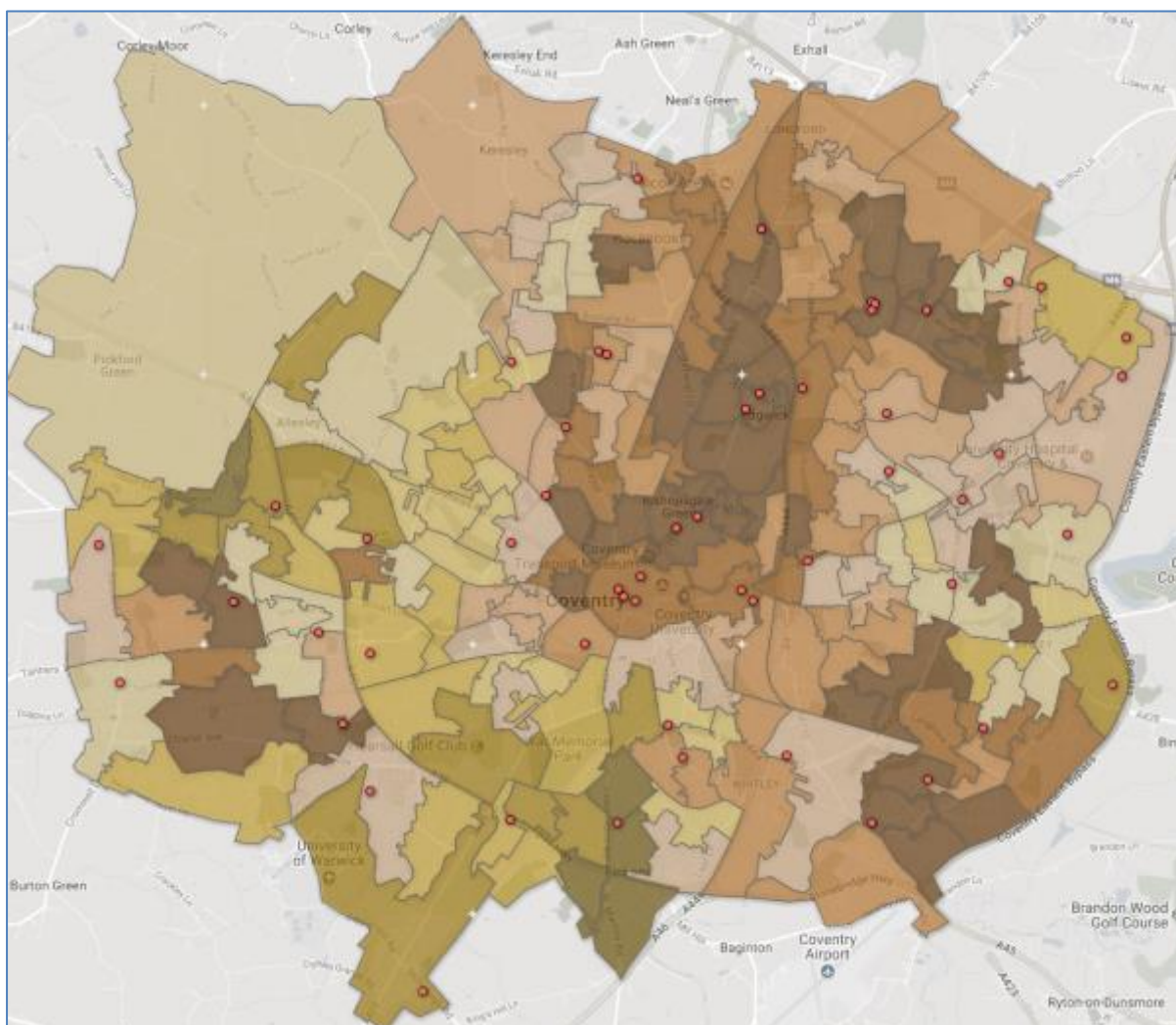


Figure 27 shows the location of pharmacies in Coventry commissioned to deliver smoking cessation services by level of deprivation (used as a proxy as recent data on smoking prevalence at ward level is not available and smoking is more prevalent in deprived areas). The pharmacies are well located and spread across all areas of the city. The map illustrates pharmacy distribution in relation to areas of deprivation and it can be noted that the most deprived areas situated mainly in the city centre (St Michaels, Foleshill, Radford and Sherborne) have an adequate provision of community pharmacies offering the service. There are some gaps in provision however within the North West regions of the city (Bablake and Holbrook) but these areas are not densely populated and the prevalence of smoking varies by district. Despite some gaps from community pharmacy, smoking cessation provision is available from GP Practices and alternative providers.

Community pharmacies remain well placed to offer opportunistic smoking cessation advice when seeing patients attending for prescriptions and customers. This ensures services are accessible to the smoking population and evidence suggests community pharmacies can improve quit rates. Smoking remains one of the largest contributors to avoidable mortality and stopping smoking is one of the key areas to be tackled under the STP plans.

### Conclusion for the Smoking Cessation Service

The stop smoking service is therefore considered a **necessary service** and provision is adequate across Coventry. Areas that are not as heavily served with pharmacies offering the smoking cessation service have access to GPs that provide cessation advice and services. Commissioners should ensure that on recommissioning of this service, provision is available across Coventry in a range of venues reflective of local needs.



## 10.4 Phlebotomy Service

University Hospitals Coventry & Warwickshire NHS Trust are currently commissioning the collection of blood samples by trained and competent members of staff from community pharmacy service providers. The providers are responsible for the delivery of blood samples to UHCW for analysis. UHCW will provide training, regular assessment, and all consumables necessary to community pharmacies to provide the service. The providers must ensure the premises comply with the accreditation standards set by the former PCT's.

Phlebotomy service offered by pharmacies in Coventry aims to enable patients (especially older people and those with long term health conditions who require blood monitoring) an accessible and convenient service. The phlebotomy service has been available in pharmacy since 2005 – over 100,000 bleeds a year are done in pharmacy. The swiftqueue website allows patients to book blood tests across a number of providers including community pharmacies

<https://www.swiftqueue.co.uk/uhcw.php>.

**Figure 28: Map showing locations of Community Pharmacies offering the phlebotomy service in Coventry.**

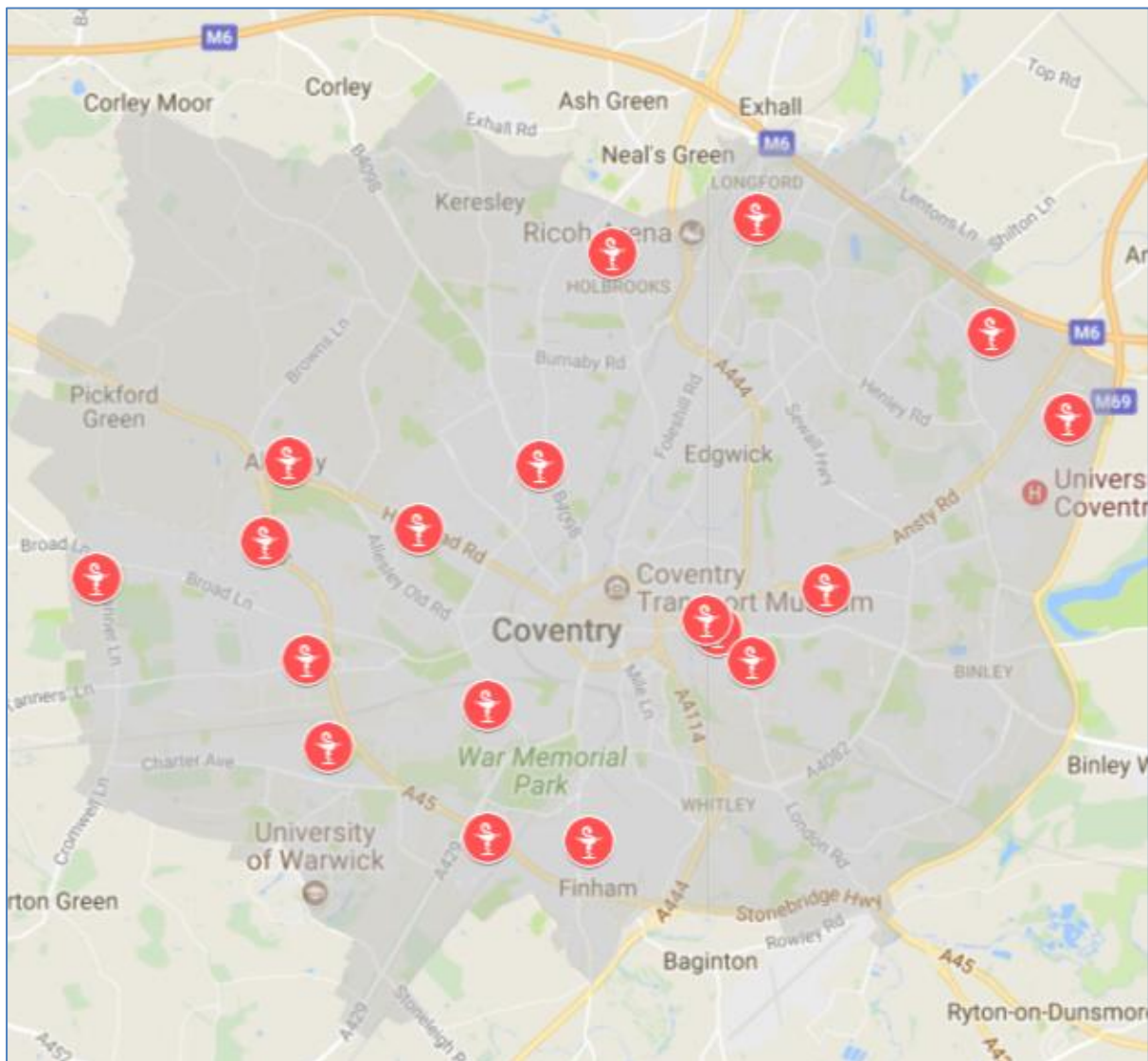


Figure 28 shows the location of pharmacies offering the phlebotomy service. The map (from commissioner data) shows a total of 18 pharmacies were commissioned to provide the service across the city (information received during consultation indicates that 5 Boots pharmacies from the original list of phlebotomy providers have now stopped providing the service). In addition 14 other sites including the University Hospital and various medical practices offer the phlebotomy service, ensuring there is good access to this service across Coventry. Provision of the phlebotomy service is well spread out across Coventry with a slightly reduced provision on the outskirts of the city. Consideration needs to be given to those areas that have no provision of the service, as this will ease the burden on hospitals for this service and also prove more convenient access for patients.

## Conclusion for the Phlebotomy Service

This service is considered a **relevant service**. Commissioners can do more to raise awareness of this service.

## 10.5 Improvements and Other Commissioned Services in the future

There are opportunities to develop the contribution of community pharmacies further. As an example of the potential scope for community pharmacy provision we outline below potential opportunities to strengthen local provision and services which are being offered in other health and wellbeing areas that are not currently commissioned from Coventry community pharmacies:

- Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach.
- Pharmacies in Coventry could deliver outreach NHS Health Checks as part of a pilot service as is currently offered in Cambridge. The NHS Health Check is a health check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, in adults in England aged 40-74 without a pre-existing condition. In Coventry, when looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths. Pharmacies located in St Michaels ward may therefore be suitable as a location for offering this health checks service.
- Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures. This could be harnessed more effectively to support health promotion at scale across Coventry.
- Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc. Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.
- In addition, pharmacies could under a Patient Group Directions (PGDs) provide advice and immunisation to protect patients from diseases or blood-borne viruses.
- Minor ailments management - a NHSE Pharmacy First scheme is available in Birmingham for under 16s. The service aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. During the consultation period NHSE extended the Pharmacy First under 16s scheme from Birmingham and the Black country to

Coventry and North Warwickshire. This PNA highlights to commissioners at primary care and CCG level that there is an opportunity to commission this service into the next financial year. The service could be expanded to cover over 16s exempt from prescription charges and geographically expanded further into Warwickshire too.

- Palliative care services – a specialist palliative care drugs supply (SPCD) scheme is available across Birmingham and the Black Country with the aim to improve end of life care.
- Pharmacy support in care home services - medication errors in care homes for older people can be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes
- Targeted case finding of individuals with pre-diabetes for the National Diabetes Prevention Programme
- Targeted case finding for Atrial Fibrillation – pulse checks combined with flu vaccinations

There is currently a wide variation in services commissioned on a local level from community pharmacy. There are opportunities for local service commissioning to assist in providing effective, integrated healthcare services. A wide range of services are described in the Drug Tariff which are locally commissioned across England including: head lice management services, services to schools, out of hours services, supplementary and independent prescribing by pharmacists and medicines assessment and compliance support.

Healthwatch Coventry asked people participating in its survey if they would be willing to use pharmacy more rather than go to their GP practice. 58.6% of people said that they would be willing for this. Healthwatch also asked participants if they would be willing to go to a pharmacy for more services:

- Minor illness and minor injury advice, support and treatment (e.g. dressings/stitches)
- More support for long term conditions e.g. diabetes, asthma, and blood pressure
- Clinical annual medication reviews
- Blood tests such as Warfarin dosing checks
- Other vaccinations

Not all respondents understood the distinctions between these and the service which pharmacies already provided, but where people did there was a relatively strong indication that people would use these services if they were provided by pharmacy.

## 11 CONCLUSION AND RECOMMENDATIONS

In conclusion, the Coventry Health and Wellbeing Board consider community pharmacies to be a key health and wellbeing resource and recognise that they offer potential opportunities to support health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies across all of the currently commissioned services. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Any commissioning of services or initiatives in community pharmacies should be informed by the evidence base and evaluated locally ideally using an evaluation framework that is planned before implementation.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to "ensure that community pharmacy is integrated into the evolving new models of care alongside 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." At a local level, the Health and Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

Populations in Coventry are forecast to increase in the future and with an ageing population these are some of the factors which will contribute to an increased need for pharmaceutical services. However, it is important to note that on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs.

The expectations regarding Community Pharmacy are not laid out in the STP so far. There are however many opportunities where community pharmacies can support all workstreams of the STP, improving health and wellbeing and reducing health inequalities. Key opportunities for the STP exist around making the most of existing commissioned services (essential, advanced and locally commissioned services) particularly in relation to medicines optimisation. The PNA tells us that even though coverage of community pharmacies is adequate for our needs, all community pharmacy services could be more effectively integrated into local pathways to ensure maximum benefits for population level health and wellbeing. Community pharmacies are often located in deprived areas with high population density. They can provide an important first point of contact for patients seeking ad-hoc health advice alongside picking up regular prescribed medicines or purchasing over the counter medicines.

There is capacity for community pharmacy to address local priorities described in the JSNA and STP. Community pharmacies have close links with their communities and are therefore well placed to support CHWB to deliver their priorities. For example, the development of the Healthy Living Pharmacy programme, supporting health promotion and prevention across community pharmacies, can support many of the STP work streams. The contribution of community pharmacies and Healthy Living Pharmacies should be considered as local primary care and out of hospital services develop. Local commissioning organisations should therefore continue to consider pharmacies among potential providers when they are looking at the health needs of the local population, including when considering options for delivering integrated care.



## Recommendations

The Sustainability and Transformation Programme should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population. The STP plan identifies Proactive and Preventative care as a key theme. The STP should consider better utilisation of community pharmacies to aid in reducing projected future demand growth. There are many avenues community pharmacy can offer such as the uptake of flu vaccinations in vulnerable groups and carers. Taking into account current service provision and other factors that may affect need for pharmaceutical services in the future; the following recommendations have been put forward:

- Patients and public should be provided with clear information on opening times, services offered (including provision of confidential consulting space), and alternative provision when pharmacies are not open.
- Community Pharmacies should be encouraged to integrate into the wider healthcare economy to create coherent, system-wide services and pathways. Increased referral from GP and secondary care can help encourage pharmacies to fulfil their full quota of Medicines Use Reviews and the New Medicines Service reviews by targeting appropriate patients who are most likely to derive greatest benefit from these interventions. MURs can help prevent unnecessary GP appointments which fit in with the urgent and emergency care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy.
- Community pharmacies in Coventry should be encouraged to provide the flu vaccine and could help target the large proportion of eligible under-65s who do not routinely attend for immunisation. Pharmacies and GPs should work together to help increase uptake of flu vaccinations going forward.
- To improve the rate of chlamydia detection, the screening programme could be developed to allow more pharmacies to offer this service.
- Commissioners should consider increasing access to alcohol and screening intervention services from community pharmacies located in areas of deprivation with no provision. Uptake and awareness of these new substance misuse services needs to be increased amongst partners and service users themselves.
- A hospital discharge referral scheme leading to MURs and NMS could help in particular the frail and elderly groups as part of the preventative strategy. This particular demographic largely have complex needs that put the urgent and emergency care network under strain.
- Community pharmacies should be supported to achieve standards set out in the national Quality Payments Scheme with development and support given to Level 2 Healthy Living Pharmacies as part of a robust, system wide prevention offer. The use of Healthy Living Pharmacies is important to consider in supporting preventative care, in particular dementia in the community. Pharmacies can become dementia friends by integrating with the wider dementia network. Community pharmacies can contribute to the wider STP strategy of improving mental health. Pharmacy staff can act as mental health champions. HLP pharmacies can offer a safe space and resource for promoting patient wellness. STP leads could also utilise community pharmacies as a means for identifying patients at risk from alcohol abuse.

- It should be further considered as to how community pharmacy can be utilized to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing). The offering of all community pharmacy interventions should be embedded as an improvement into the day to day working practice. This is crucial to increasing the uptake of services.
- Improve connectivity between community pharmacy and other services (including exploration of sending electronic notifications of flu vaccination in pharmacy settings to GP practice systems).
- Community pharmacies should be encouraged to offer community pharmacy Advanced services such as NUMSAS. NUMSAS can contribute significantly to reduce the pressure on the urgent & emergency care network through less frequent hospital attendances.
- Pharmacies should be encouraged to have a specific focus on areas that have been considered to have a significant impact on the health of the local population. Community Pharmacy already support smoking cessation and encourage patients to self-care. There are many avenues community pharmacy can offer such as minor ailments schemes to reduce pressures on emergency services.
- Commissioners should consider increasing capacity for more services to be provided from community pharmacy including:
  - Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies
  - Outreach NHS Health Checks
  - Promoting awareness of good mental health
  - Pharmacies could under a Patient Group Directions (PGDs) provide advice and immunisation to protect patients from diseases or blood-borne viruses.
- Community Pharmacies can do more to target groups at greatest risk of experiencing poor health outcomes from unhealthy lifestyle behaviours, the following should be the target population:
  - People in greater deprivation. This will include people resident within deprived neighbourhoods and people on out-of-work benefits
  - Those with or most at significant risk of developing a preventable long term condition
  - People with serious and enduring mental health problems
  - People with two or more unhealthy lifestyle behaviours

The Coventry and Warwickshire Sustainability and Transformation Partnership Board should consider the findings of this report especially regarding the promotion of pharmacy services and awareness. Commissioners should explore avenues of providing better online information. This will lead to better signposting information ensuring lists of pharmacies and their different services are available in GP surgeries, in pharmacies and other healthcare settings. The STP workstreams need to ensure pharmacy features strongly to help meet the objectives of the STP strategy, with particular regard to the out of hospital and proactive and preventative work programmes capitalising on the range of services offered from community pharmacies. HLP Pharmacies are an effective means to do so. This pharmaceutical needs assessment should be used as a basis for future planning around

pharmacy provision. The PNA Steering Group will now become a Community Pharmacy Steering Group taking forward the recommendations of the PNA and considering when to issue supplementary statements.

# Appendix

## Appendix 1: Pharmacy survey online version



# Coventry and Warwickshire PNA Community Pharmacy Survey

### Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
If part of a Chain, is the person completing this survey a member of staff in the pharmacy or Head Office?	Local Member of Staff <input type="checkbox"/> Head Office <input type="checkbox"/>
Trading Name	
Address of Contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the LPC store the above information and use it to contact you?	<input type="checkbox"/> Yes

### Core hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



**Supplementary hours of opening**

Day	Open from (am)	To (am)	Open from (pm)	To (pm)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Bank Holiday Rotas**

Does the pharmacy participate in bank holiday rota arrangements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Pharmacy Access**

Can customers legally park within 50 metres of the Pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can customers park within 10 metres of your pharmacy? (e.g. with a blue badge)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a bus stop within walking distance of the pharmacy? • If yes, how long does it take to walk?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Minutes
Are there any steps to climb when entering the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entrance of the pharmacy suitable for customers using wheelchairs, pushchairs and walking frames unaided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all areas of the pharmacy floor accessible by wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other facilities in the pharmacy aimed at helping disabled people access your services? If yes, tick as many as appropriate • Automatic door assistance • Bell at front door • Disabled toilet facility • Hearing loop • Large print labels/leaflets • Wheelchair ramp access Other (Please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



### Consultation facilities

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

On premises	None, or	<input type="checkbox"/>
	Available (including wheelchair access), or	<input type="checkbox"/>
	Available (without wheelchair access), or	<input type="checkbox"/>
	Planned within the next 12 months, or	<input type="checkbox"/>
	Other (specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there seating for 3 people?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a bench or table suitable for writing or examining medicines / products?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an examination couch that could be used for simple physical examinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other facilities e.g. scales, height chart (Please specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a computer terminal within the area to access patient records and the internet?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any planned improvements due to be completed over the next 6 months? If yes, please provide details		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your consultation room been used to deliver services by other professionals?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If not, would you consider making it available where appropriate?</li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the pharmacy carry out DDA assessments?		<input type="checkbox"/> Yes <input type="checkbox"/> No

During consultations are there hand-washing facilities	In the consultation area, or	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>

Patients attending for consultations have access to toilet facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Off-site consultation area	The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The pharmacy is willing to undertake consultations in patient's home / other suitable site	<input type="checkbox"/> Yes <input type="checkbox"/> No



### IT Facilities

Select any that apply.

Please specify how many computers have access to the PMR		
Do your computers have access to the internet? Please specify how many		<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, do you have full access or only to certain websites?</li> </ul>		<input type="checkbox"/> Full <input type="checkbox"/> Limited
Can the internet be accessed while the PMR system is running?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the pharmacy have facility to open documents in the following formats?		
<ul style="list-style-type: none"> <li>MS Word</li> <li>MS Excel</li> <li>MS Access</li> <li>PDF</li> </ul>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Does the pharmacy access emails on a daily basis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use NHS mail?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the email address that can be used for official communications and is accessible to all authorised members of staff		
Do you have a printer that will print A4 size paper		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the pharmacy have a website?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Prescription Service Release 2 enabled		<input type="checkbox"/> Yes <input type="checkbox"/> No
NHS Summary Care Record enabled		<input type="checkbox"/> Yes <input type="checkbox"/> No
Up to date NHS Choice entry		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Information on Pharmacy Services

Do you promote your services online? If so, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you promote your services in other ways other than online? Please give a brief description	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide easy read information on clinical topics and services	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Staffing

Please state the total hours worked by your staff per week

Drivers	hours
Counter staff	hours
Pharmacy Technicians	hours
Accredited Checking Technicians	hours
Pharmacists	hours

Dispensing Assistants		hours
Other (please specify)		hours
Are there any periods when there is more than one pharmacist on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for how many hours per week are the two pharmacists working?		
Is your pharmacy premises approved for pre-registration training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What foreign languages are spoken by staff		
• Arabic	<input type="checkbox"/>	
• Bengali	<input type="checkbox"/>	
• Cantonese	<input type="checkbox"/>	
• Czech	<input type="checkbox"/>	
• Farsi	<input type="checkbox"/>	
• French	<input type="checkbox"/>	
• Georgian	<input type="checkbox"/>	
• Gujarati	<input type="checkbox"/>	
• Hindi	<input type="checkbox"/>	
• Japanese	<input type="checkbox"/>	
• Kurdish	<input type="checkbox"/>	
• Malaysian	<input type="checkbox"/>	
• Polish	<input type="checkbox"/>	
• Punjabi	<input type="checkbox"/>	
• Somali	<input type="checkbox"/>	
• Spanish	<input type="checkbox"/>	
• Urdu	<input type="checkbox"/>	
• None of these	<input type="checkbox"/>	
Disclosure and Barring Service (DBS) checks?		
Has your regular Pharmacist been assessed under the DBS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your regular Locums assessed under the DBS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Quality Payment Scheme

<p>Did your pharmacy meet all four gateway criteria listed below for April 2017:</p> <ul style="list-style-type: none"> <li>• Provision of at least one specified Advanced Service;</li> <li>• Have their NHS Choices entry up to date;</li> <li>• Have the ability for staff to send and receive NHS mail</li> <li>• Ongoing utilisation of the Electronic Prescription Service.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you met the gateway criteria, which of the following quality criteria did you meet and how many points were you awarded:</p> <ol style="list-style-type: none"> <li>1. Written safety report</li> <li>2. Level 2 Safeguarding for 80% of staff in the last two years</li> <li>3. Community Pharmacy Patient Questionnaire from the last 12 months is publicly available:             <ol style="list-style-type: none"> <li>a. On NHS Choices or</li> <li>b. Pharmacy website for distance selling pharmacies</li> </ol> </li> <li>4. The pharmacy is a healthy living pharmacy level 1</li> <li>5. Total increase in Summary Care Record Access</li> <li>6. NHS 111 Directory of Services entry is up to date</li> <li>7. Evidence of asthma patients being referred for an asthma review</li> <li>8. 80% of patient facing staff are trained 'Dementia Friends'</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Healthy Living Pharmacies (HLP)

Select the one that applies.

<p>The pharmacy has achieved HLP status</p> <ul style="list-style-type: none"> <li>• If so, have you achieved any recognition for the quality of your services other than the Quality Payments Scheme?</li> <li>• Would you support a 'Sign Up to Quality Charter' to promote quality standards in community pharmacy?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is the pharmacy working toward HLP status</p> <ul style="list-style-type: none"> <li>• If not, would you be interested in becoming a Healthy Living Pharmacy?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Services

Does the pharmacy dispense appliances? (please tick one)

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other (please specify)	
None	<input type="checkbox"/>

### Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide	No – referred elsewhere
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Locally Commissioned Services – Warwickshire Pharmacies

Which of the locally commissioned services does the pharmacy provide?

	Yes	No - Intending to begin within next 12 months	No - not intending to provide	No – referred elsewhere
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Locally Commissioned Services – Coventry Pharmacies**

Which of the locally commissioned services does the pharmacy provide?

	Yes	No - Intending to begin within next 12 months	No - not intending to provide	No – referred elsewhere
ASC Sexual Health Service				
• EHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chlamydia screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• C-Card Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pregnancy Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Action Services				
• Needle Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Supervised Consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not dispensed service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis Medicine Supervision Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment PILOT scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Enhanced<sup>1</sup> and Other Locally Commissioned Services

Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service <sup>(2)</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disease Specific Medicines Management Service:</b>					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

<sup>2</sup> These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'





	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Home Delivery Service (not appliances) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?					
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/Medicines Optimisation Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?					
Obesity management (adults and children) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)				<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
<b>Screening Service</b>					
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
<b>Other vaccinations<sup>(2)</sup></b>					
Childhood vaccinations	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)					
Sharps Disposal Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (what therapeutic areas are covered?)				<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER SERVICES</b>					
OTHER: Please detail any other services you provide / want to provide not listed above					

**Non-commissioned services**

Does the pharmacy provide any of the following? (Please tick all that apply)

Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/>
Monitored Dosage Systems – chargeable	<input type="checkbox"/>
None of these	<input type="checkbox"/>

**Prescription Ordering Processes – Coventry & Warwickshire Pharmacies**

Do you collect prescriptions from GP practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you order prescriptions on behalf of patients? If so, how do you communicate the prescription ordering process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you communicate the Electronic Prescription Service process to patients? If so, how?	

**Prescription Ordering Processes – Coventry Pharmacies Only**

Are any of your local surgeries part of the Prescription Ordering Direct (POD) scheme that is manned by the CCG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide information about the POD scheme to patients? If so, how?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional services**

<b>Warwickshire only</b> – Do you refer patients to the Fitter Futures programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Would your pharmacy be willing to purchase and promote assistive technology products to support people they see to improve hydration and prevent injury from falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**Details of the person completing this form:**

Contact name of person completing questionnaire, if	
---	--

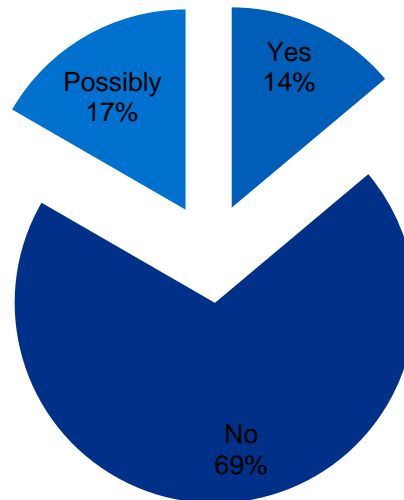


questions arise	
Role/ position	
Contact telephone number	

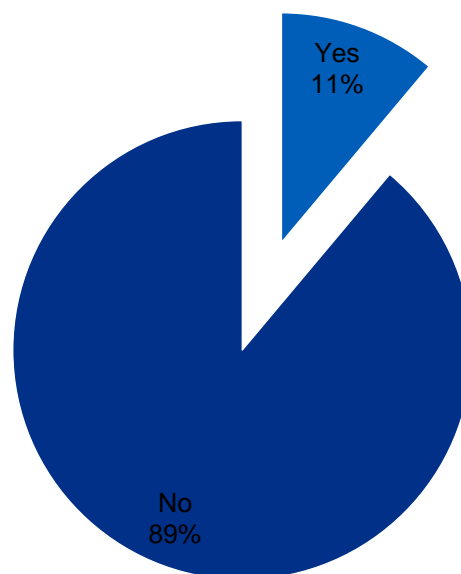
## Appendix 2: Pharmacy survey results analyses report

### Premises Details

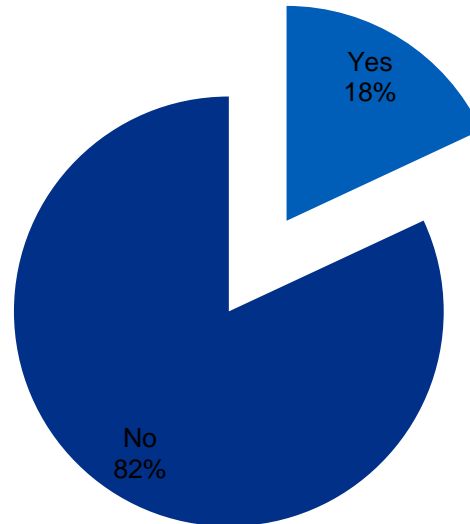
Q8 Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?



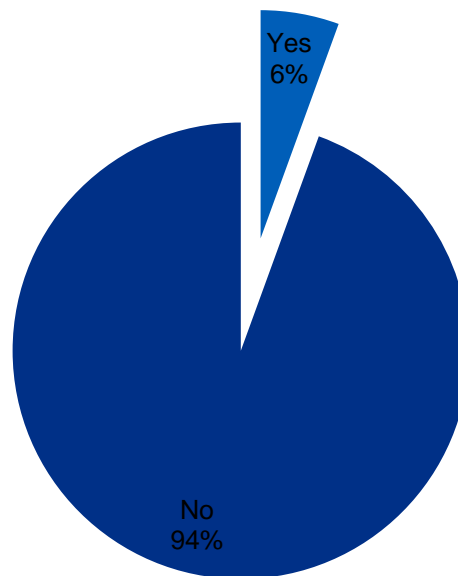
Q9 Is this pharmacy a 100-hour pharmacy?



Q10 Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?



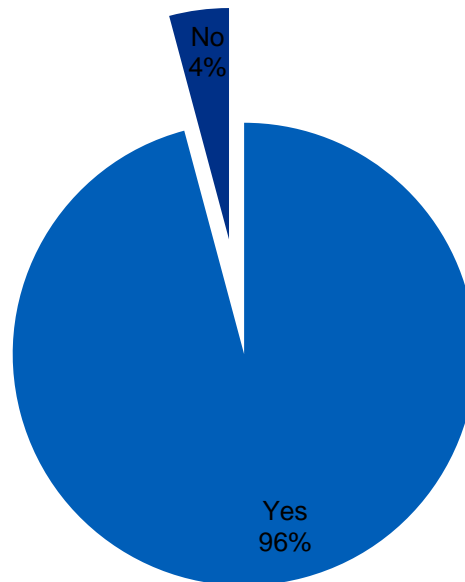
Q11 Is this pharmacy a Distance Selling Pharmacy?



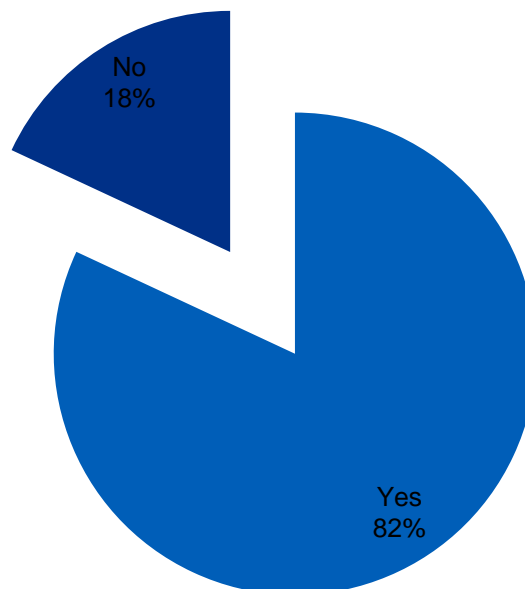


## Pharmacy Access

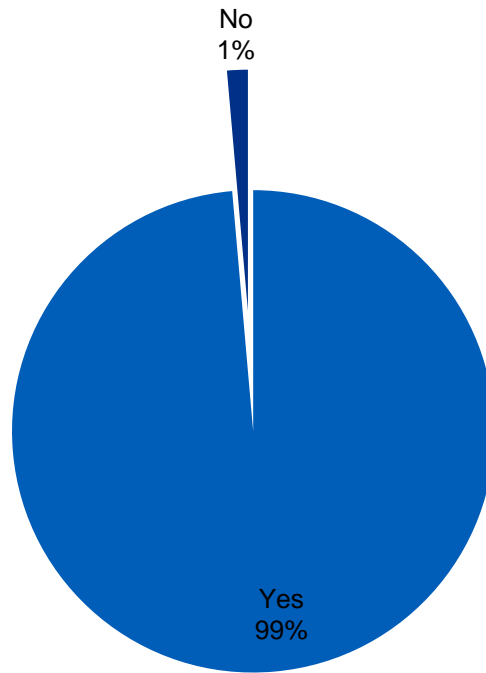
Q18 Can customers legally park within 50 metres of the Pharmacy?



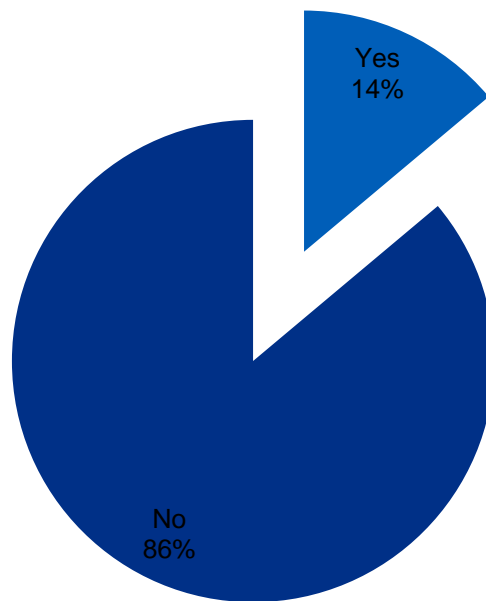
Q19 Can customers park within 10 metres of your pharmacy?



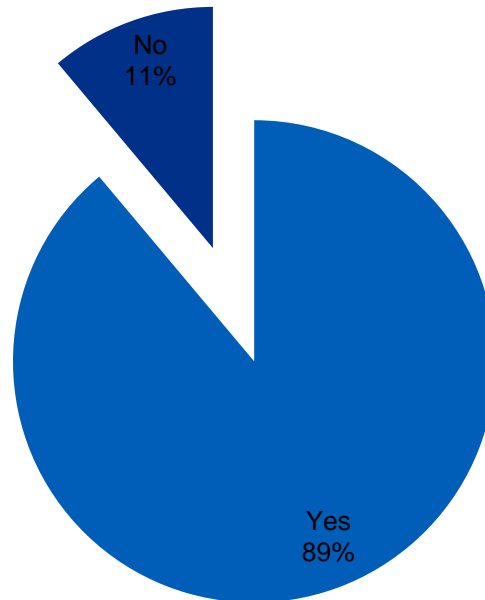
Q20 Is there a bus stop within walking distance of the pharmacy?



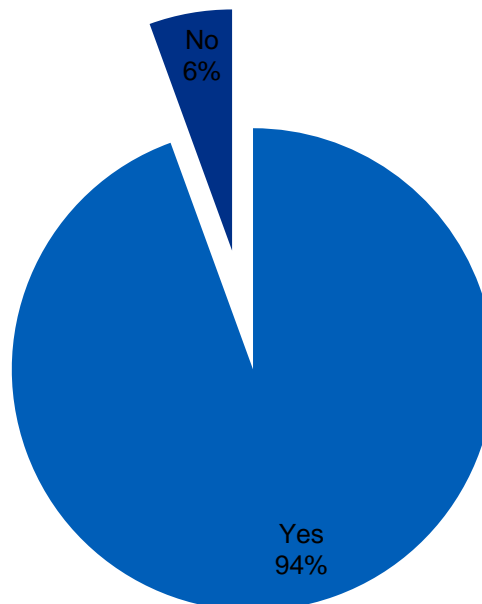
Q22 Are there any steps to climb when entering the pharmacy?



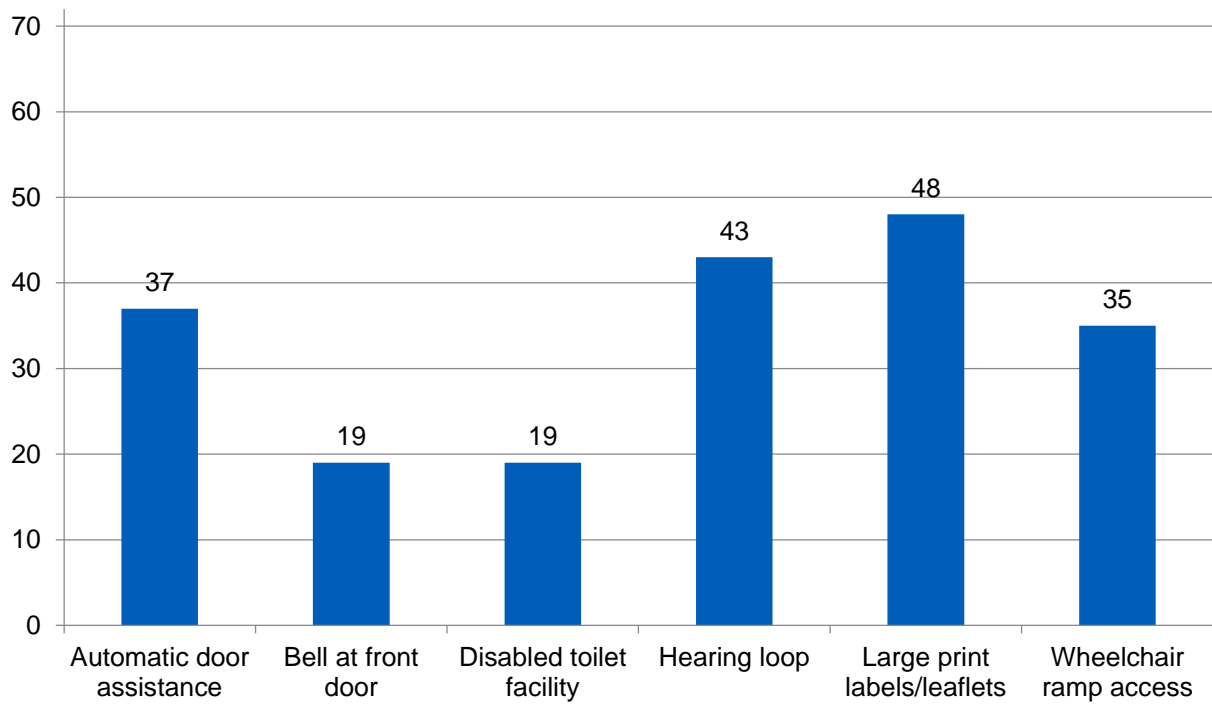
Q23 Is the entrance of the pharmacy suitable for customers using wheelchairs, pushchairs and walking frames unaided?



Q24 Are all areas of the pharmacy floor accessible by wheelchair?

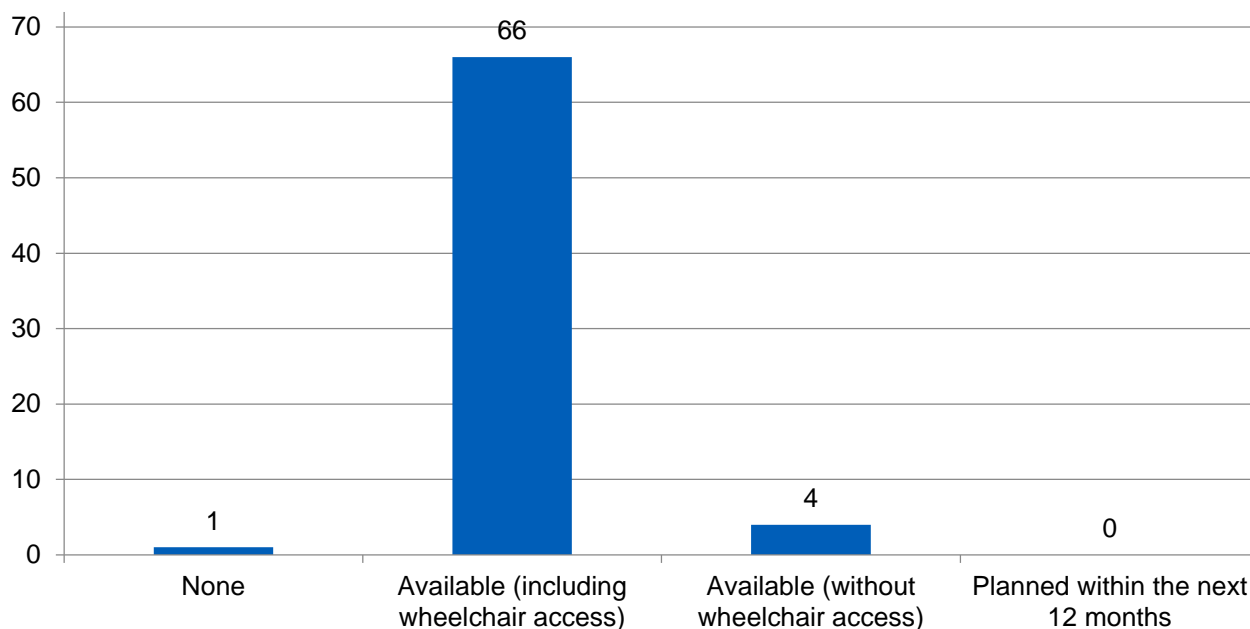


Q26 Which other facilities do you have in the pharmacy that are aimed at helping disabled people access your services?

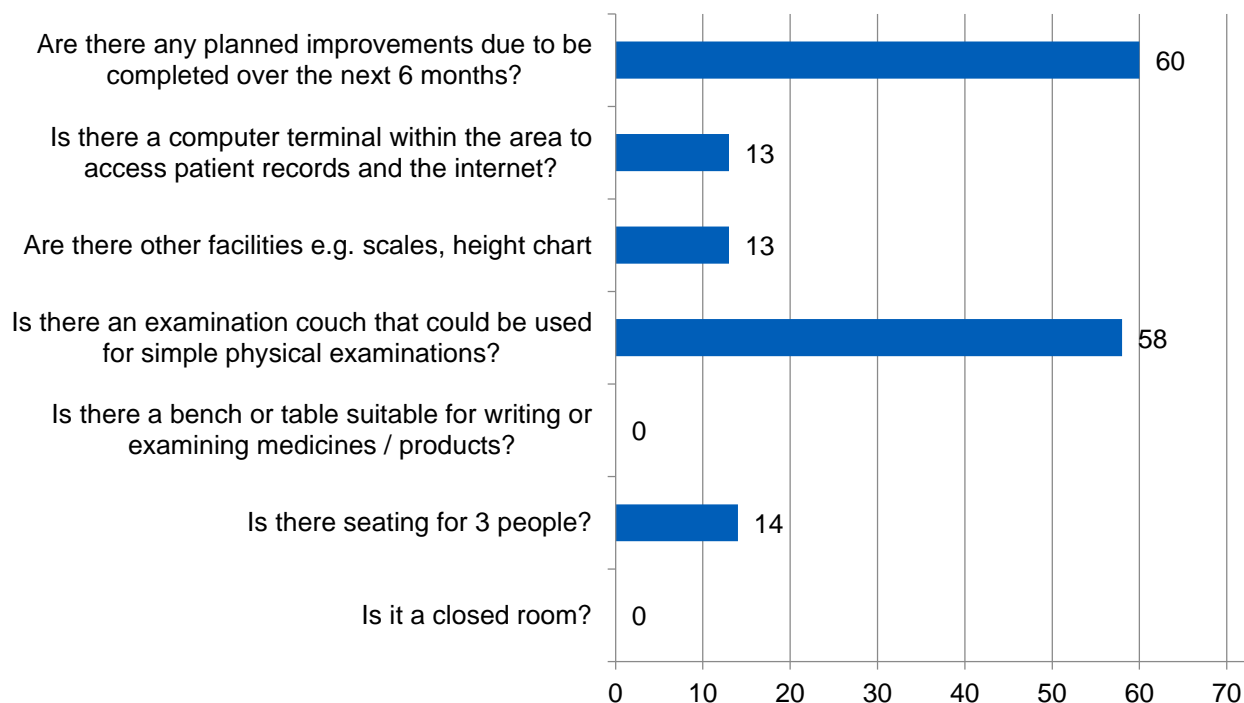


## Consultation Facilities

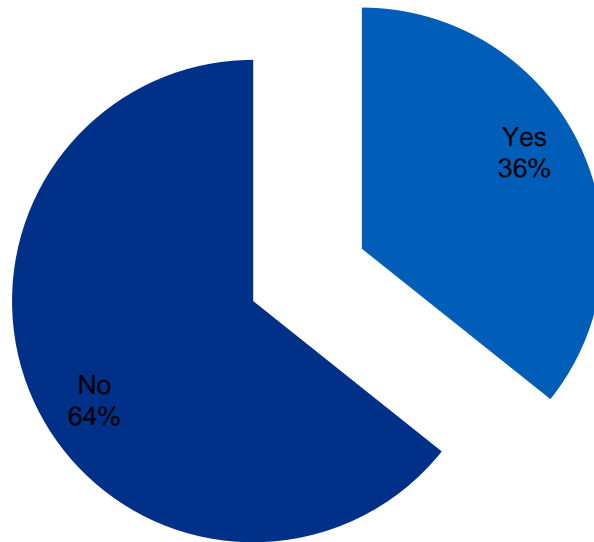
Q28 Is there a consultation area (meeting the criteria for the Medicines Use Review service) on the premises?



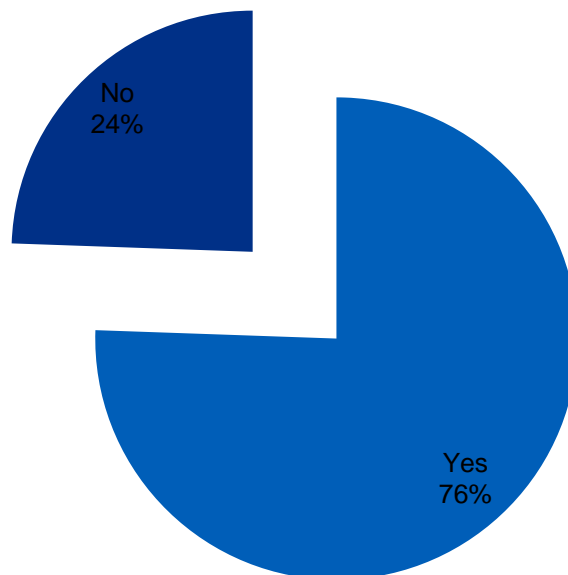
Q29 Thinking about your consultation area....



Q32 Has your consultation room been used to deliver services by other professionals?

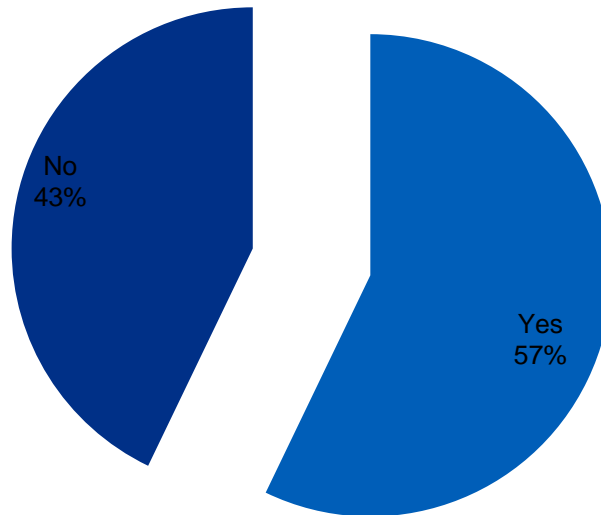


Q33 Would you consider making it available where appropriate?

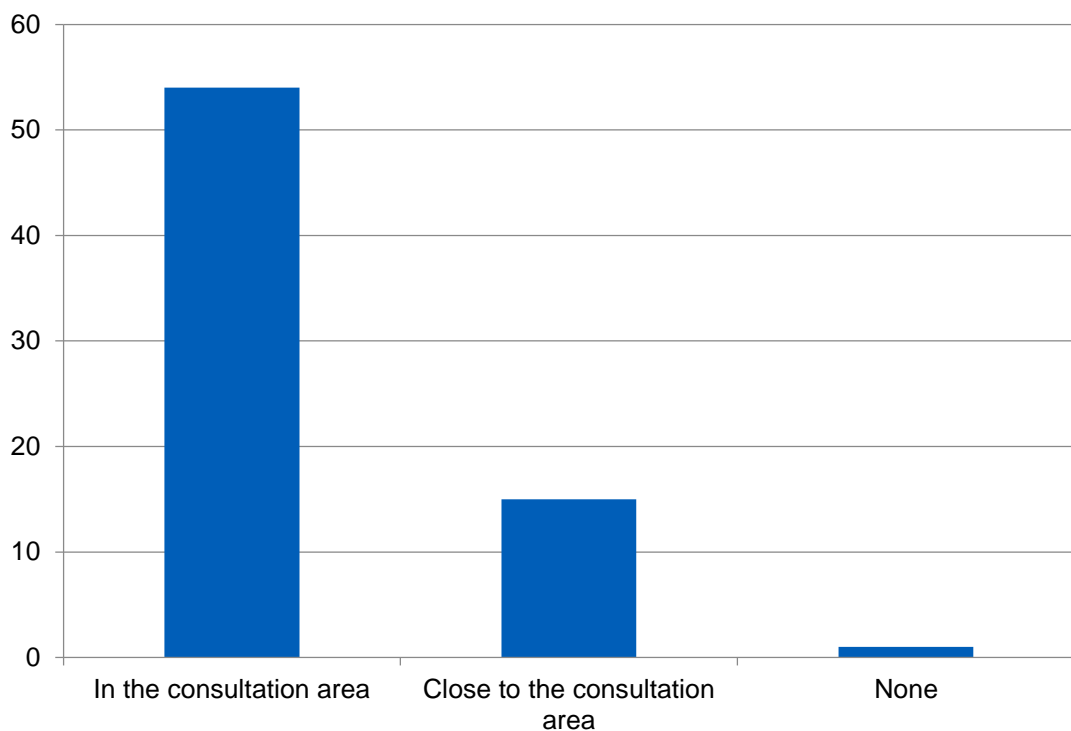




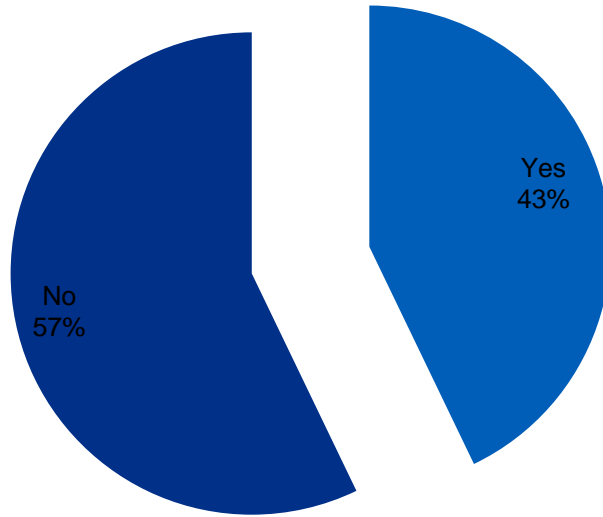
Q34 Does the pharmacy carry out DDA assessments?



Q35 During consultations are there hand-washing facilities?

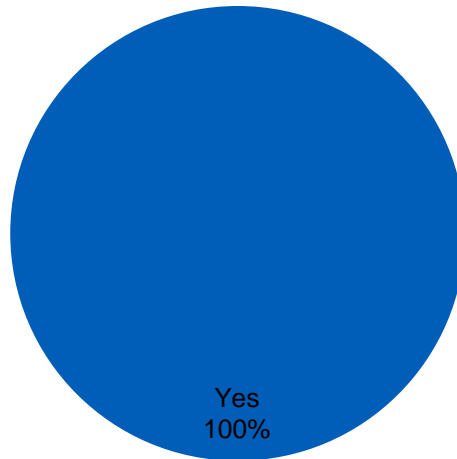


Q36 Do patients attending consultations have access to toilet facilities?

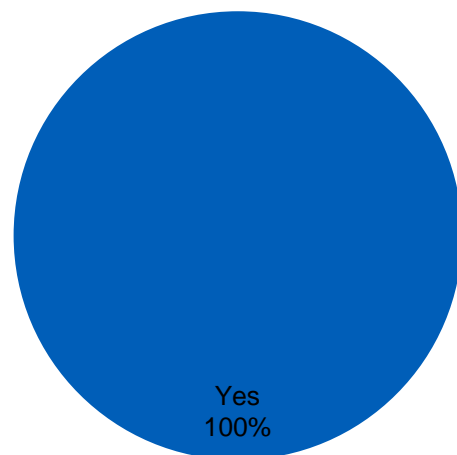


## Off-site consultation area

Q37 Does the pharmacy have access to an off-site consultation area?

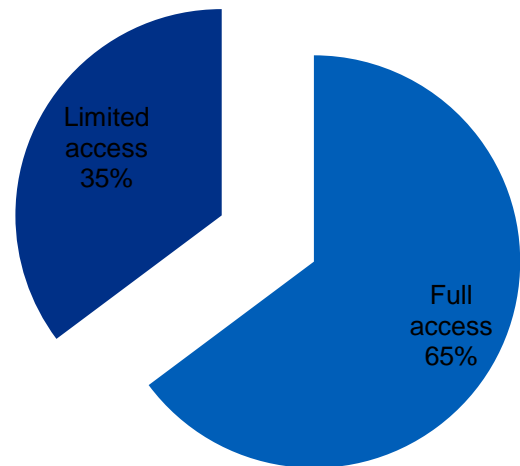
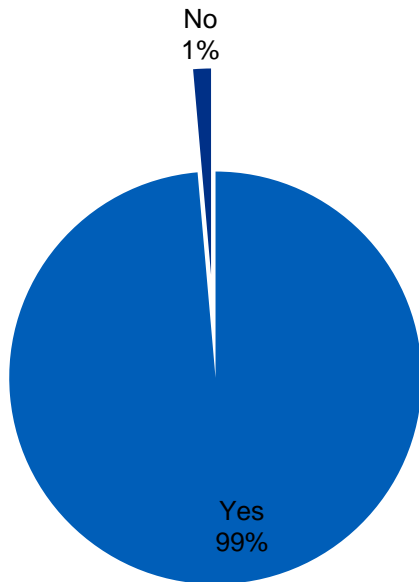


Q38 Is the pharmacy willing to undertake consultations in patient's home / other suitable sites?

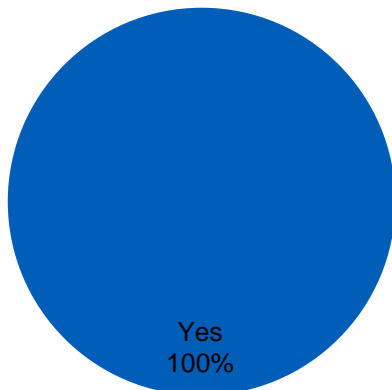


## IT Facilities

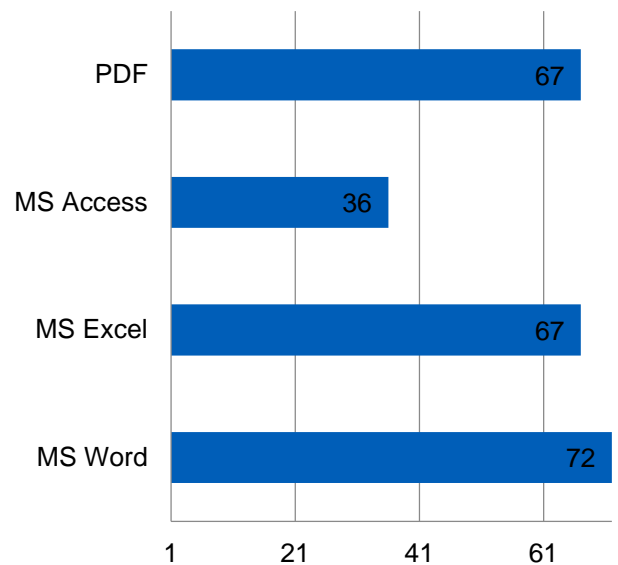
Q42-43 Do your computers have access to the internet? Type of access?



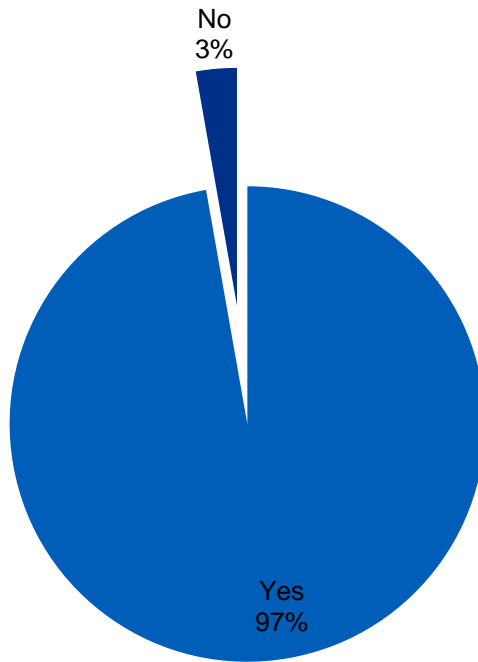
Q44 Can the internet be accessed while the PMR system is running?



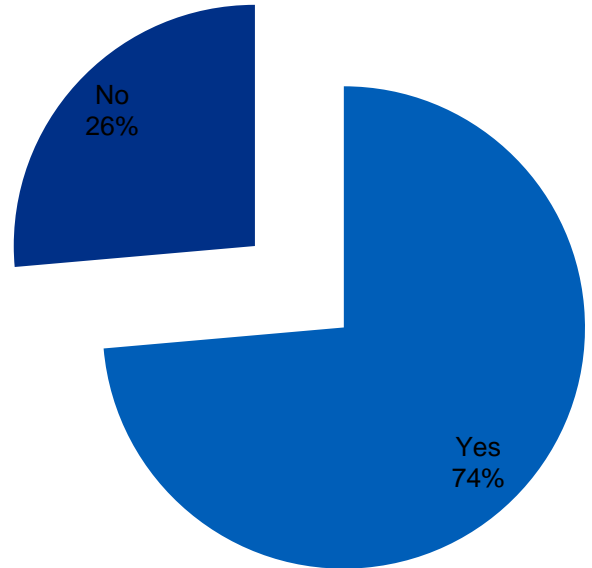
Q45 Does the pharmacy have facility to open documents in the following formats?



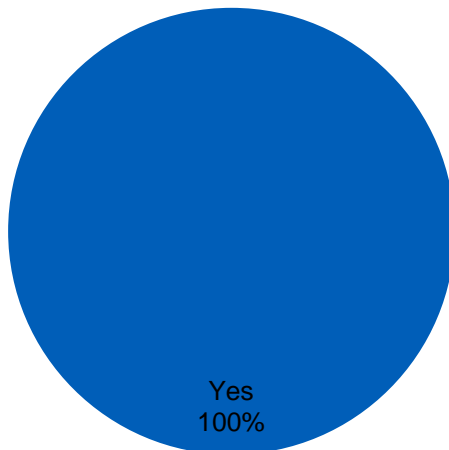
Q46 Does the pharmacy access emails on a daily basis?



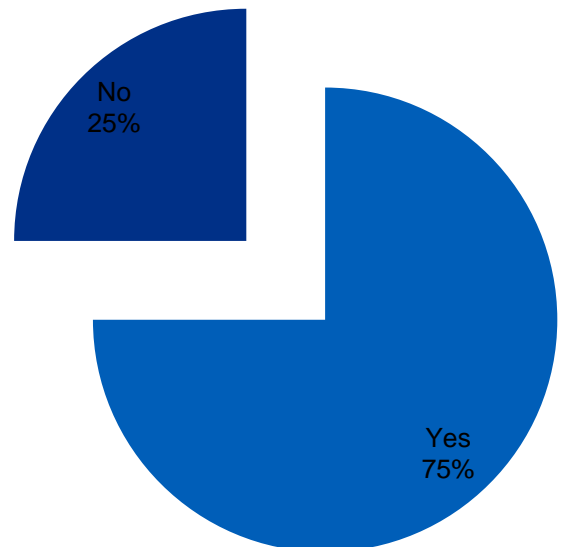
Q47 Do you use NHS mail?



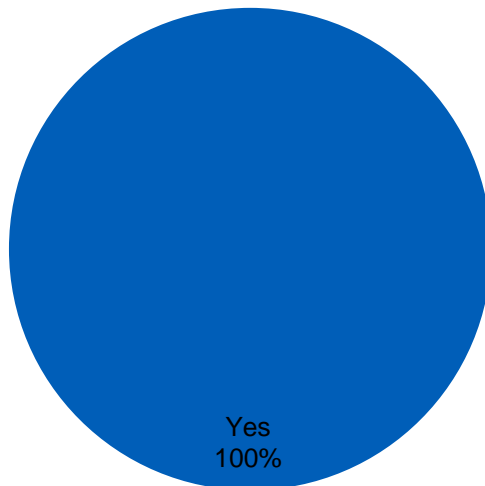
Q49 Do you have a printer that will print A4 size paper?



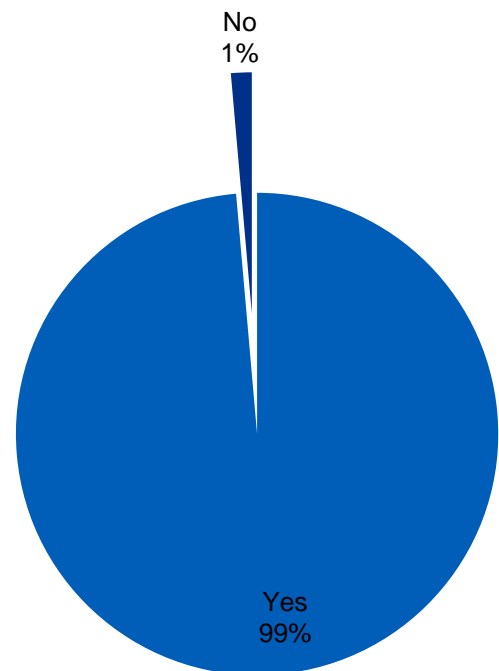
Q50 Does the pharmacy have a website?



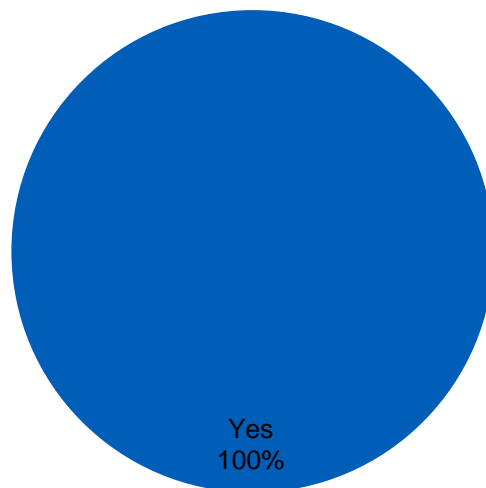
Q51 Is Electronic Prescription Service Release 2 enabled?



Q52 Is NHS Summary Care Record enabled?

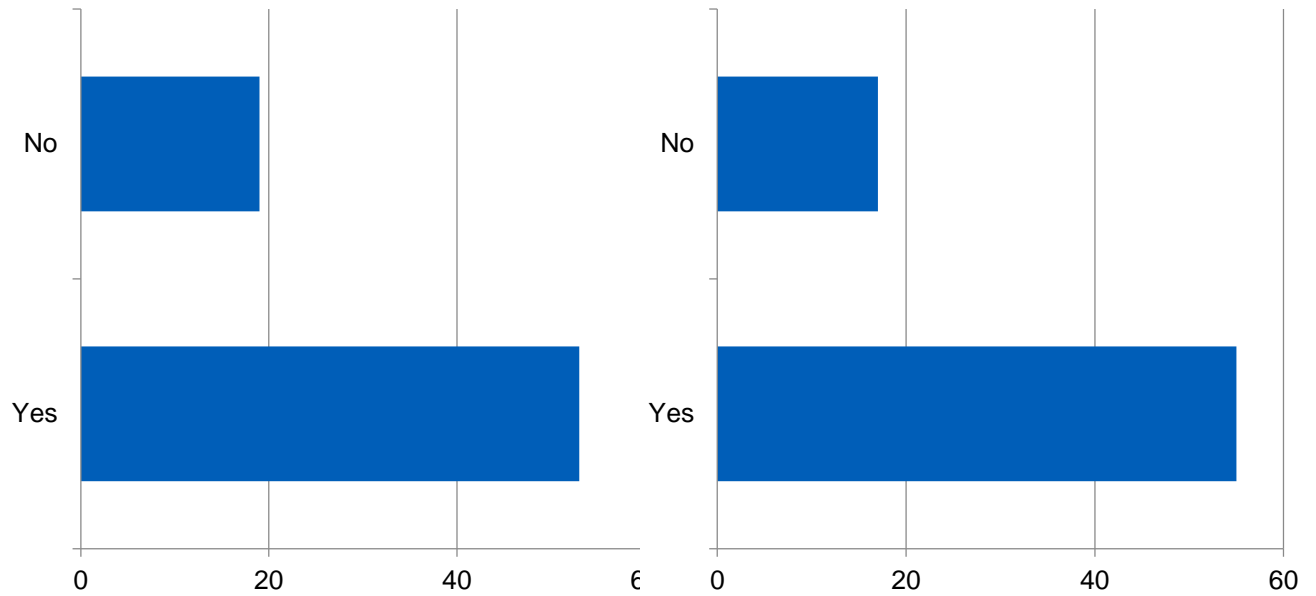


Q53 Up to date NHS Choices entry?

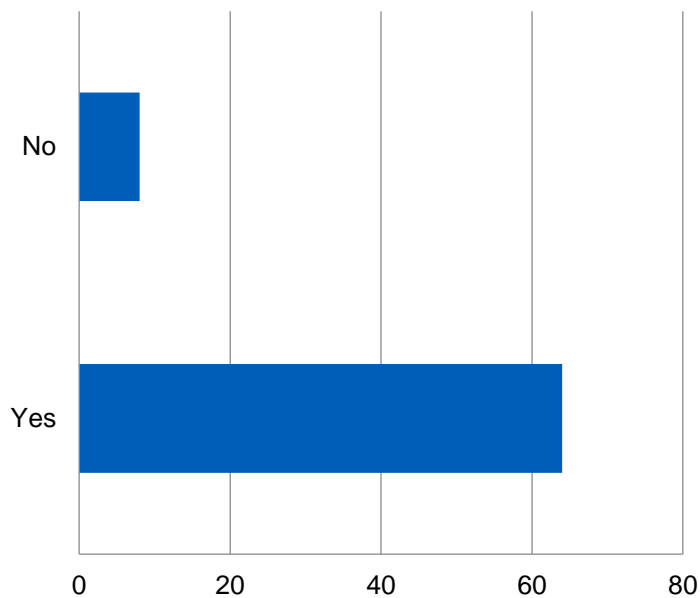


## Information on Pharmacy Services

Q55 Do you promote your services online?    Q57 Do you promote your services in other ways other than online?



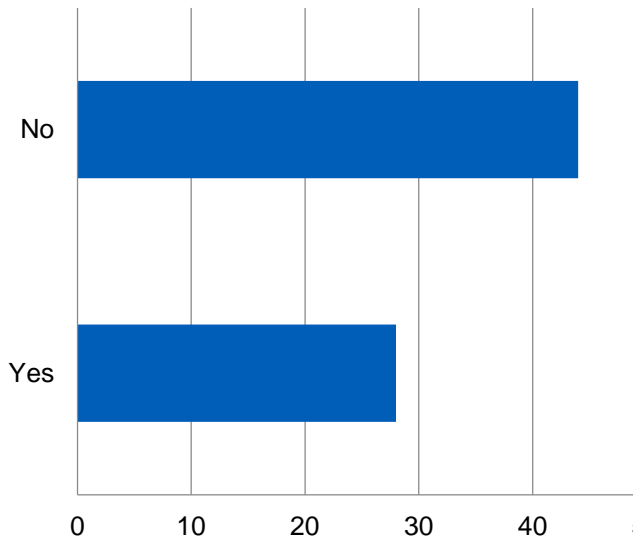
Q59 Do you provide easy read information on clinical topics and services?



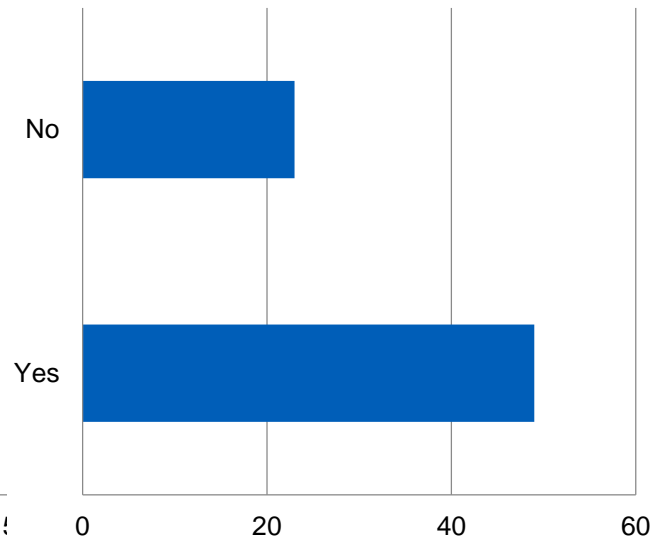


## Staffing

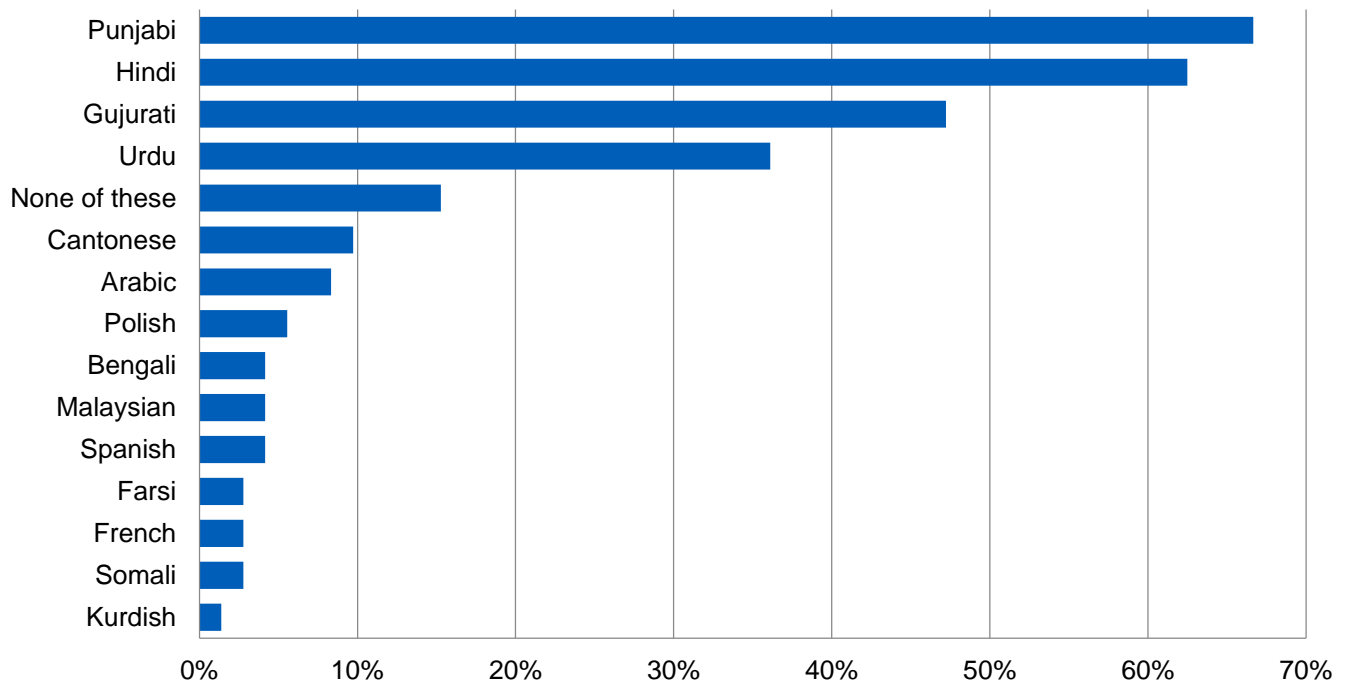
Q62 Are there any periods when there is more than one pharmacist on duty? If yes, for how many hours per week are the two pharmacists working?



Q63 Is your pharmacy premises approved for pre-registration training?

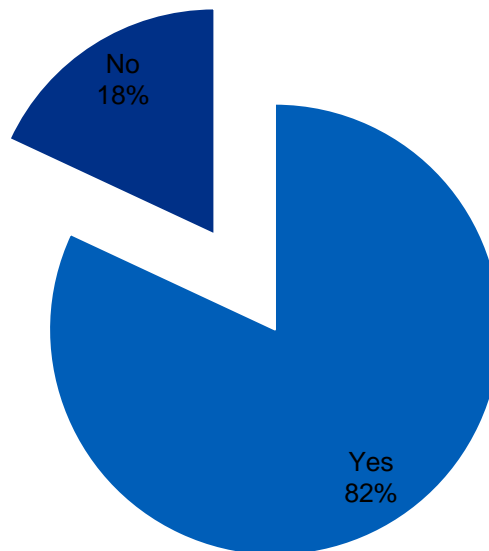


Q64 What foreign languages are spoken by staff?

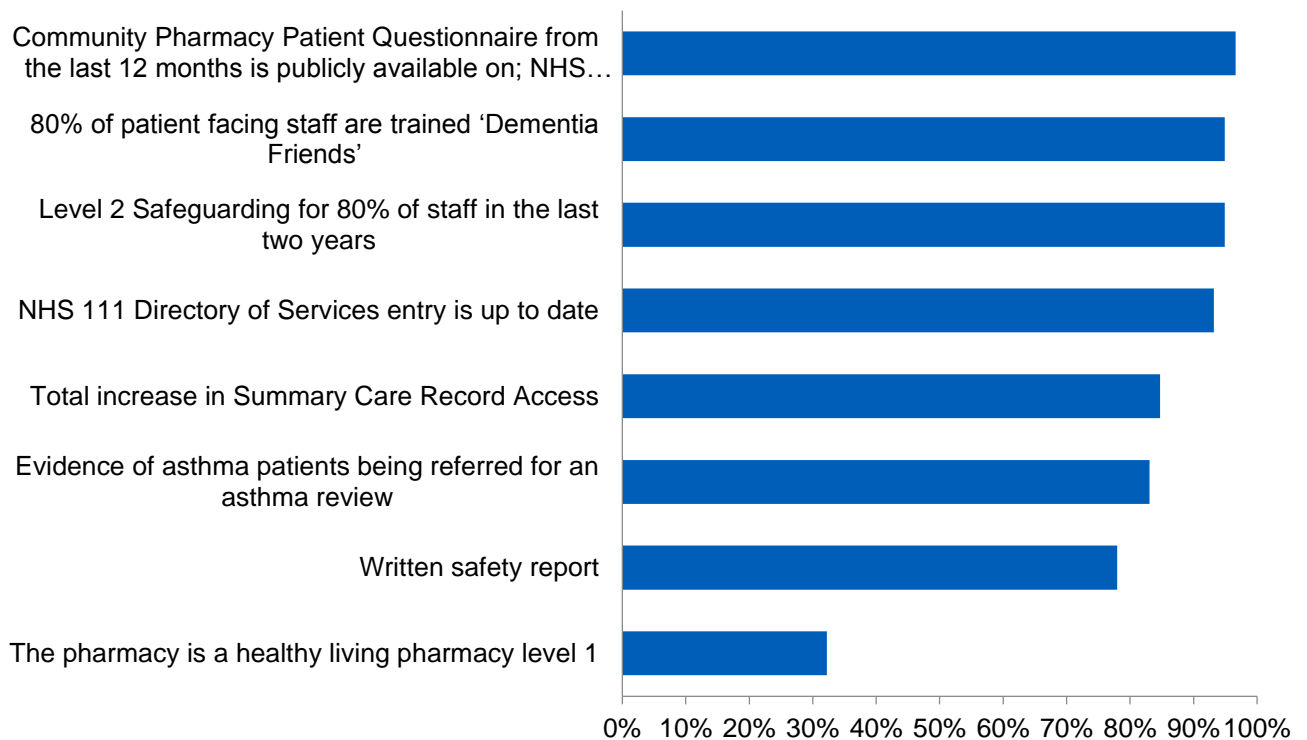


## Quality Payment Scheme

Q68 Did your pharmacy meet all four gateway criteria listed for April 2017?

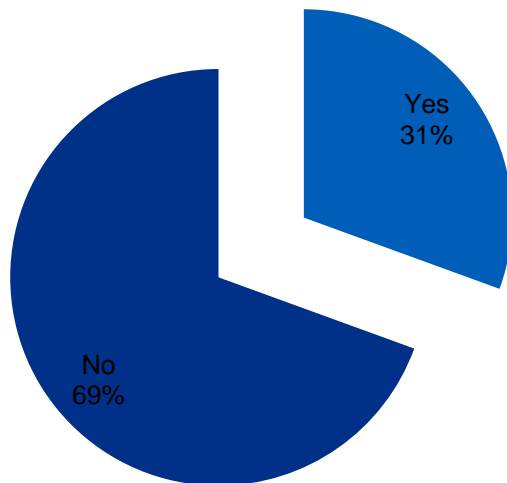


Q69 If you met the gateway criteria, which of the following quality criteria did you meet?

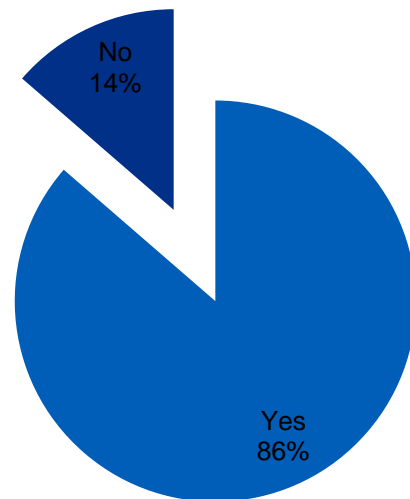


## Healthy Living Pharmacies (HLP)

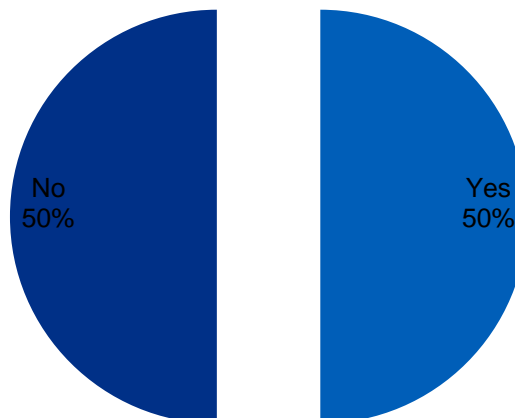
Q72 Has the pharmacy achieved HLP status



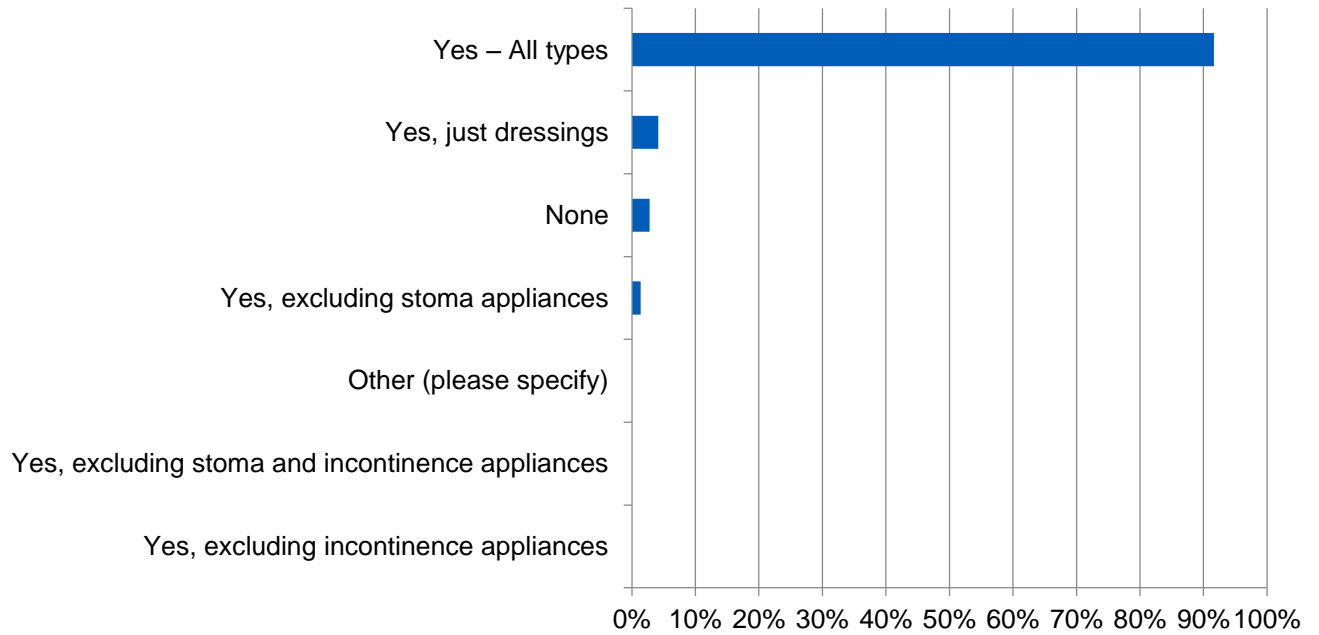
Q75 Would you support a 'Sign Up to Quality Charter' to promote quality standards in community pharmacy?



Q76 Would you be interested in becoming a Healthy Living Pharmacy?

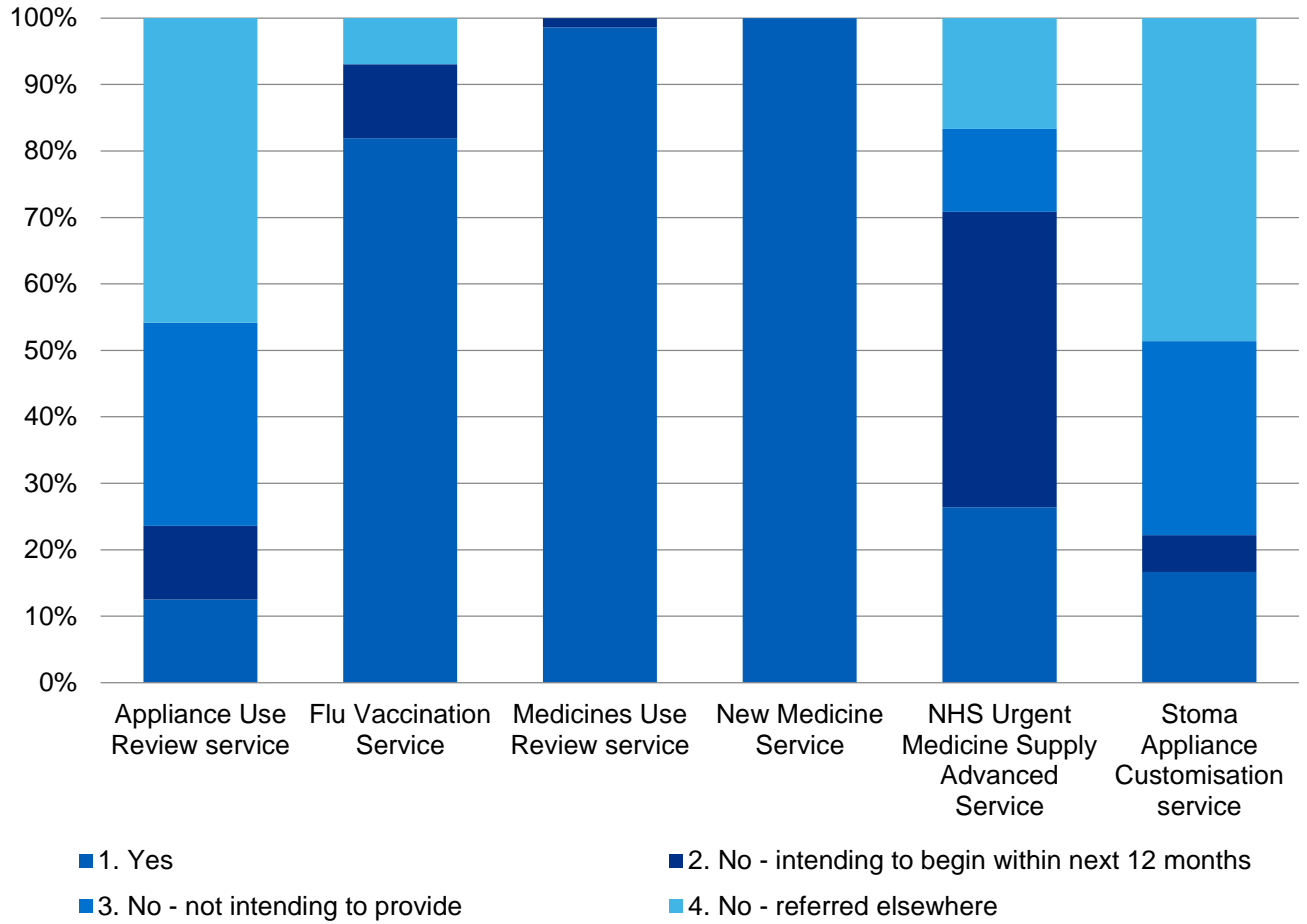


Q78 Does the pharmacy dispense appliances?



## Advanced Services

Q80 Does the pharmacy provide the following services?



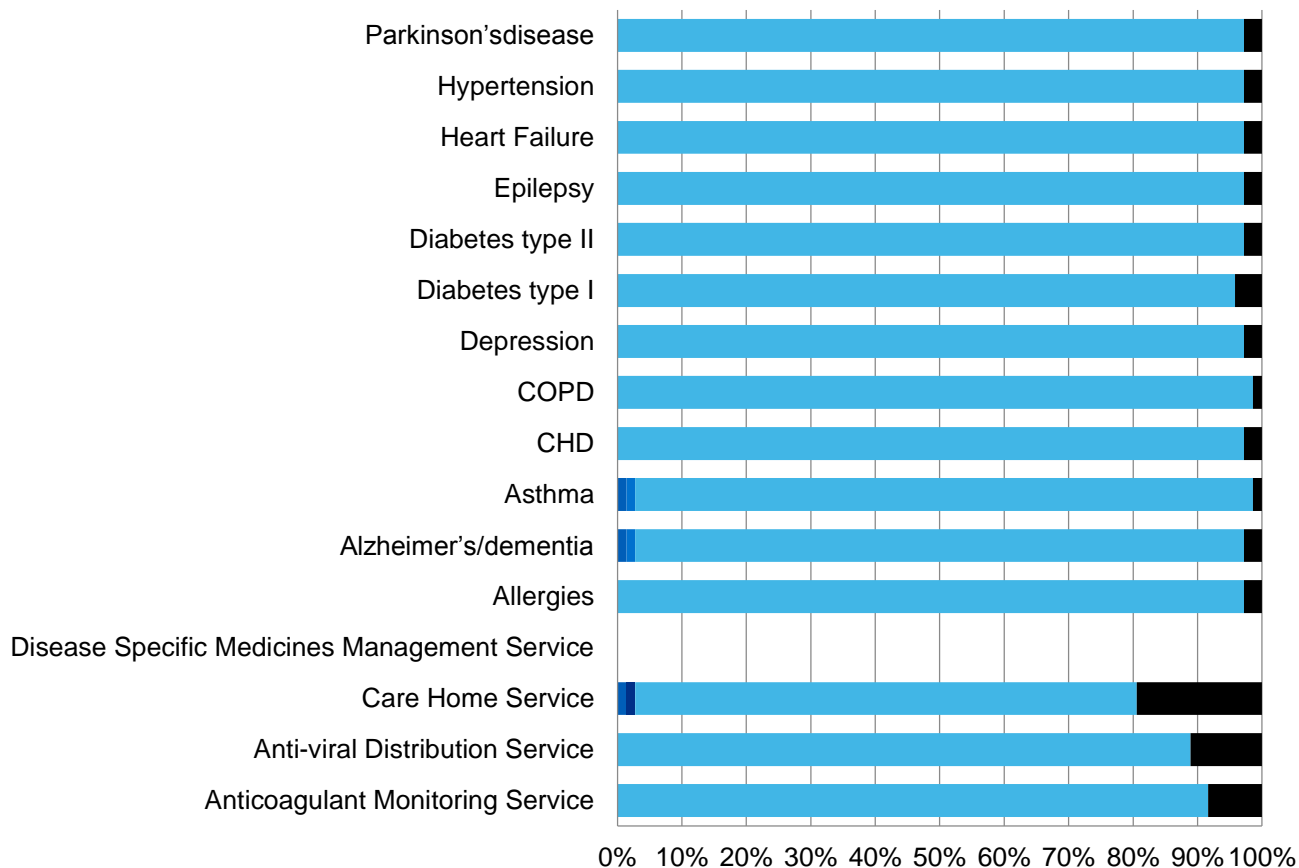
## Locally commissioned services

Q82 Which of the locally commissioned services does the pharmacy provide?

Locally commissioned service	1. Yes	2. No - intending to begin within next 12 months	3. No - not intending to provide	4. No - referred elsewhere
Smoking cessation	0%	0%	0%	0%
NRT Supply	0%	0%	0%	0%
Supervised consumption	0%	0%	0%	0%
Needle exchange	0%	0%	0%	0%
EHC	0%	0%	0%	0%

## Enhanced and Other Locally commissioned services

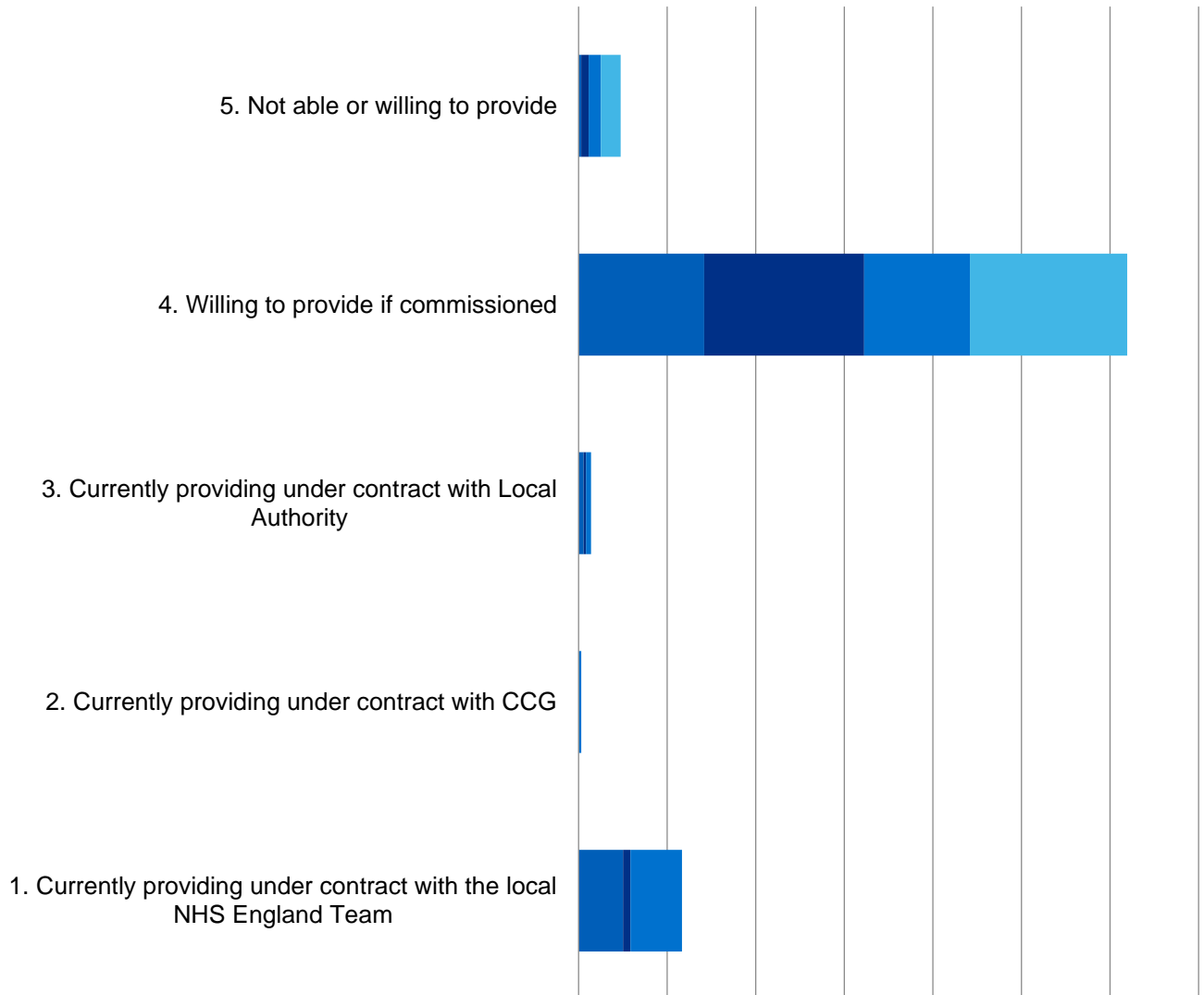
Q85 Which of the following services does the pharmacy provide, or would be willing to provide?



- 1. Currently providing under contract with the local NHS England Team
- 2. Currently providing under contract with CCG
- 3. Currently providing under contract with Local Authority
- 4. Willing to provide if commissioned
- 5. Not able or willing to provide

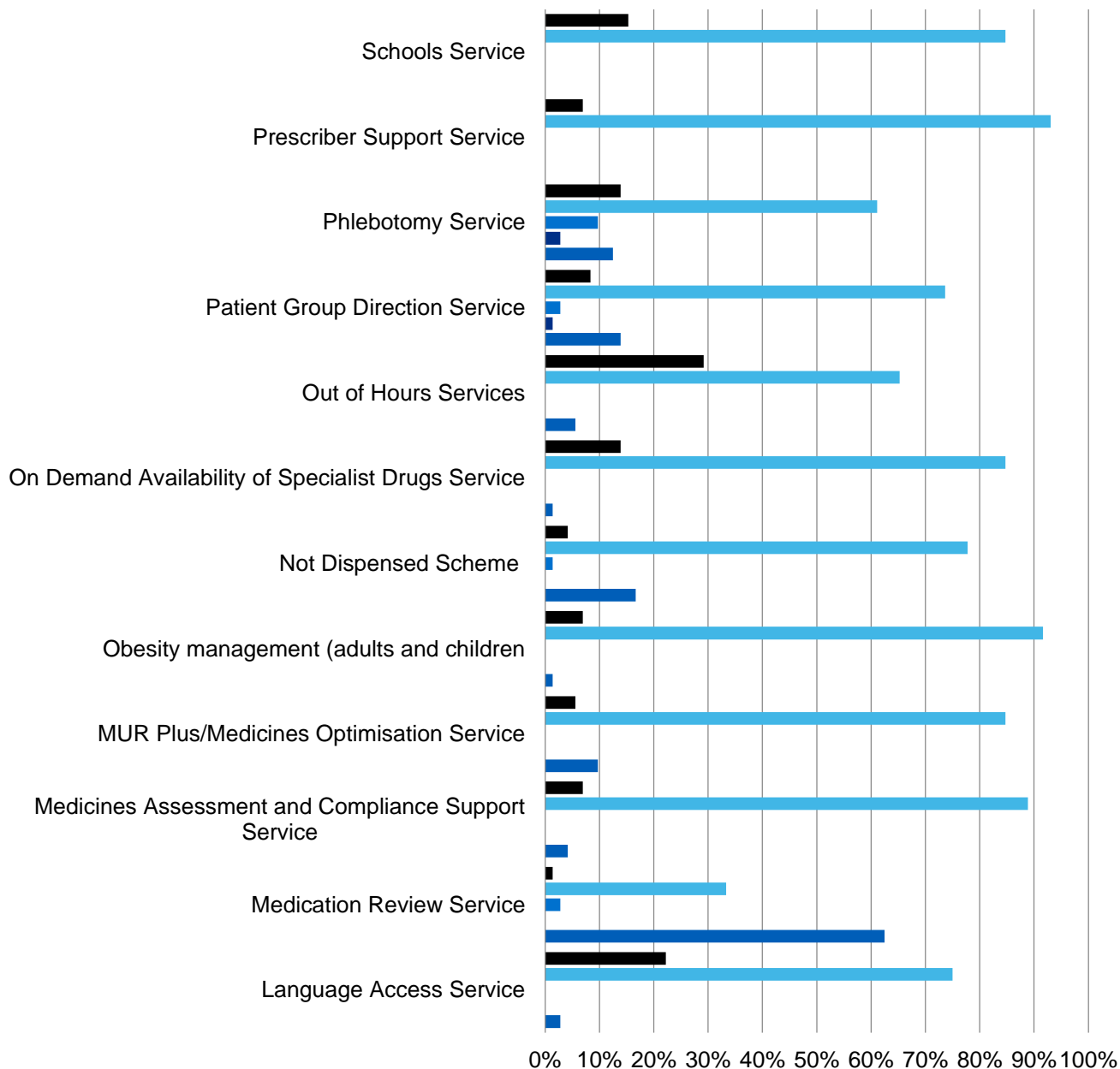


Q87 Which of the following services does the pharmacy provide, or would be willing to provide?



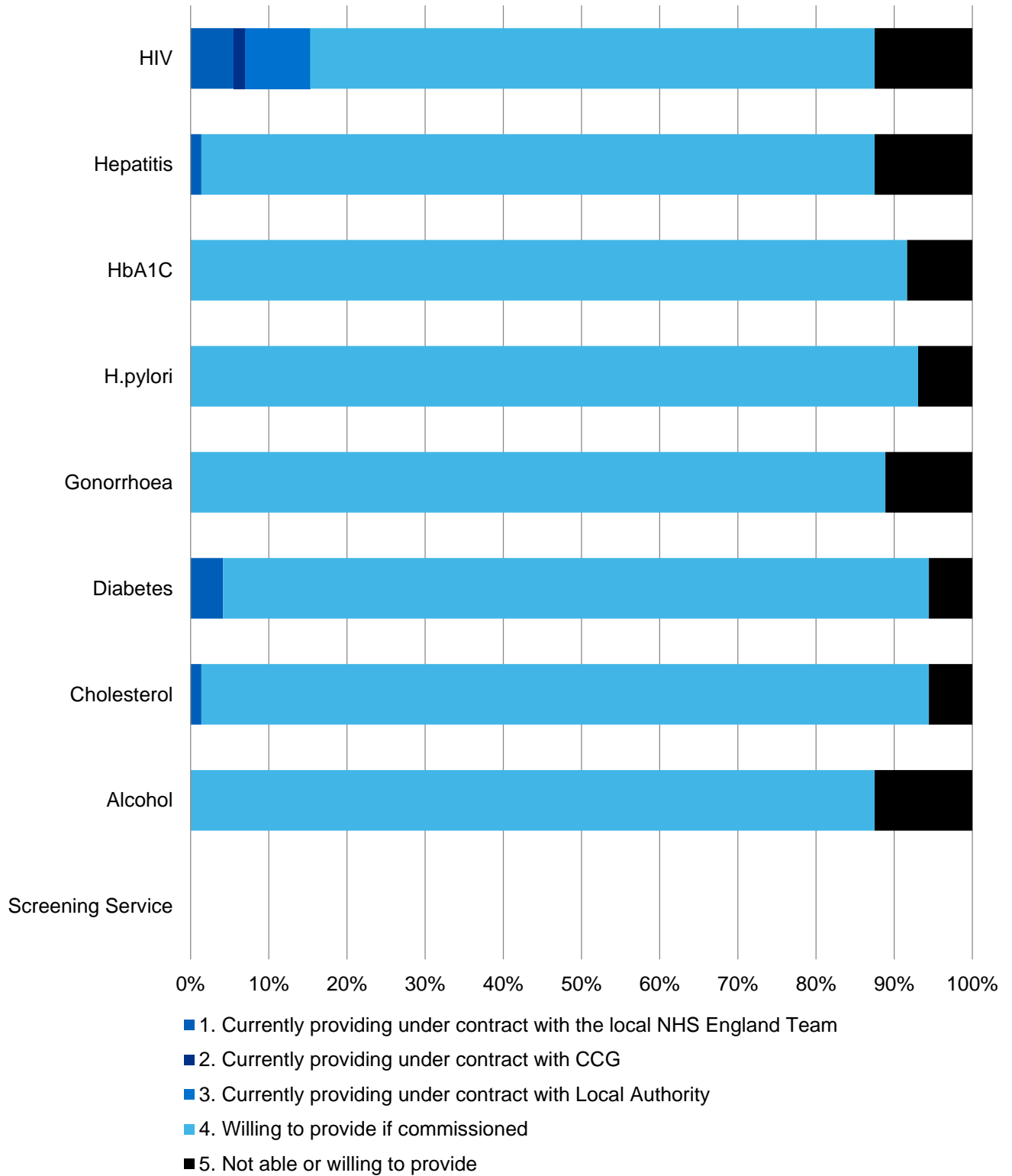
	1. Currently providing under contract with the local NHS England Team	2. Currently providing under contract with CCG	3. Currently providing under contract with Local Authority	4. Willing to provide if commissioned	5. Not able or willing to provide
■ Emergency Supply Service	25%	0%	3%	71%	1%
■ Gluten Free Food Supply Service (i.e. not via FP10)	4%	0%	1%	90%	4%
■ Home Delivery Service (not appliances)	29%	1%	3%	60%	7%
■ Independent Prescribing Service	0%	0%	0%	89%	11%

Q89 Which of the following services does the pharmacy provide, or would be willing to provide?

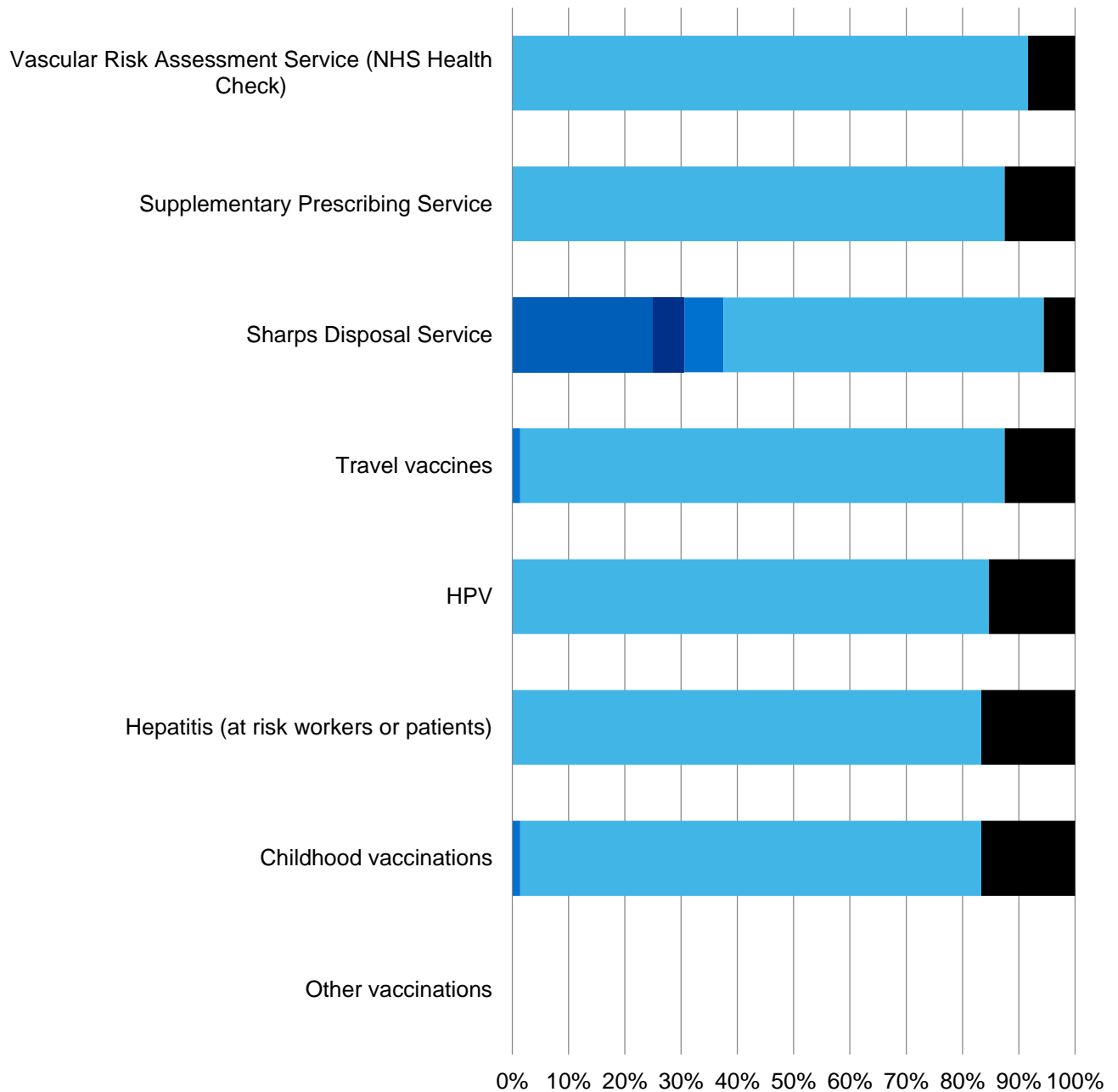


- 5. Not able or willing to provide
- 4. Willing to provide if commissioned
- 3. Currently providing under contract with Local Authority
- 2. Currently providing under contract with CCG
- 1. Currently providing under contract with the local NHS England Team

Q92 Which of the following services does the pharmacy provide, or would be willing to provide?



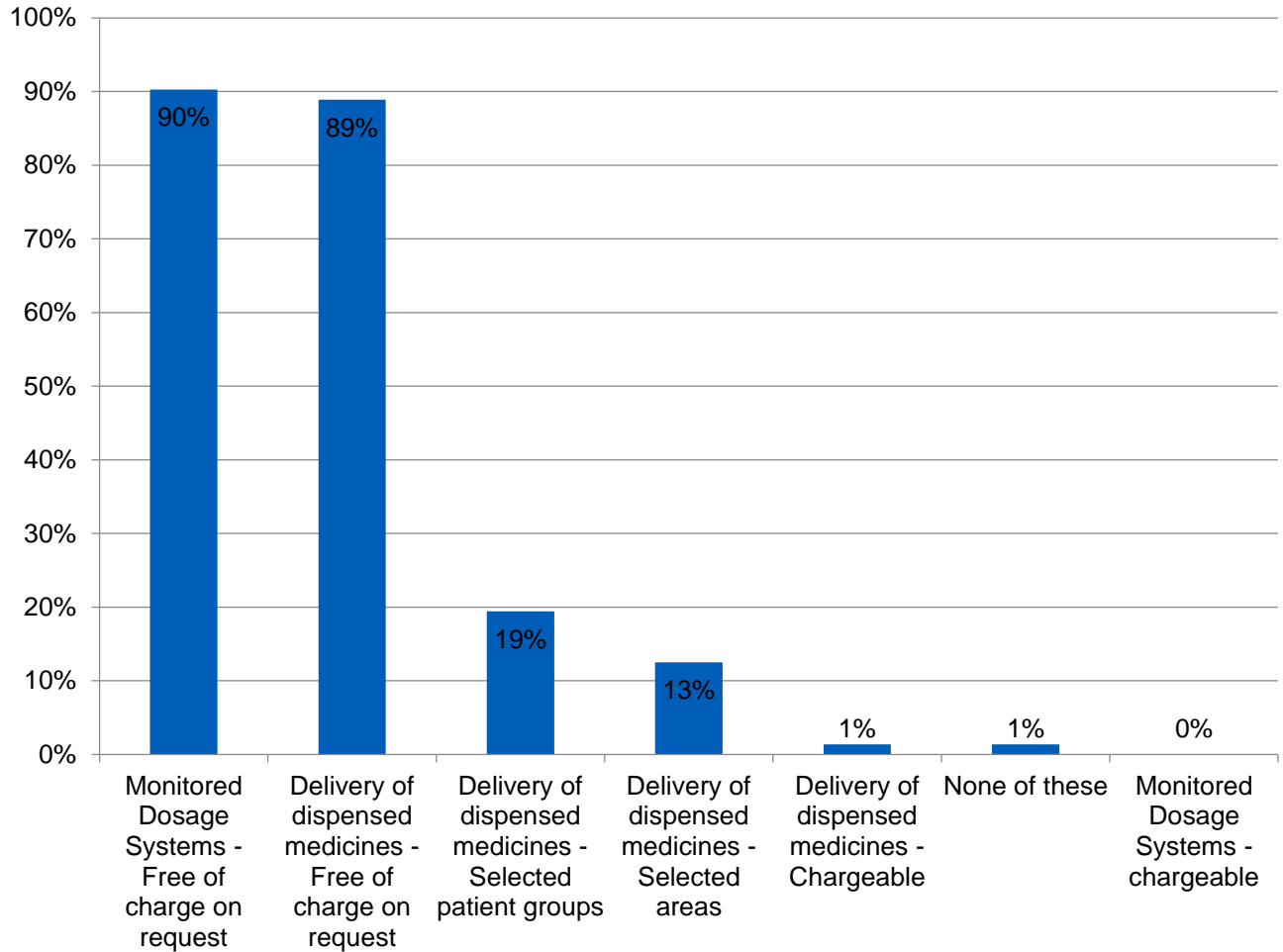
Q94 Which of the following services does the pharmacy provide, or would be willing to provide?



- 1. Currently providing under contract with the local NHS England Team
- 2. Currently providing under contract with CCG
- 3. Currently providing under contract with Local Authority
- 4. Willing to provide if commissioned
- 5. Not able or willing to provide

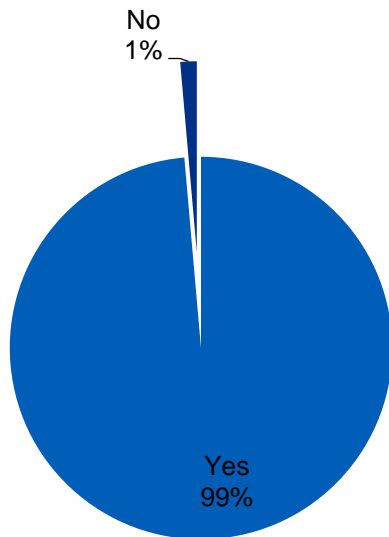
## Non-commissioned services

Q99 Does the pharmacy provide any of the following?

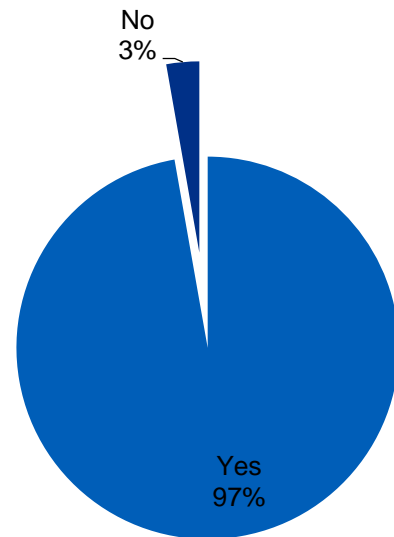


## Prescription Ordering Processes

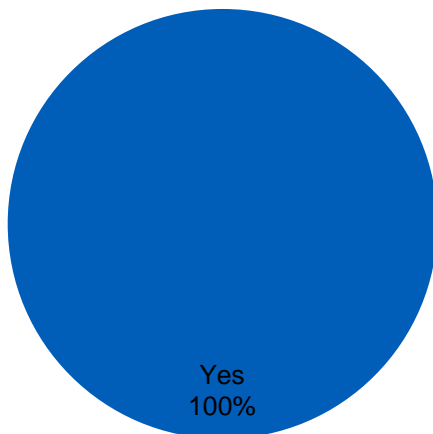
Q102 Do you collect prescriptions from GP practices?



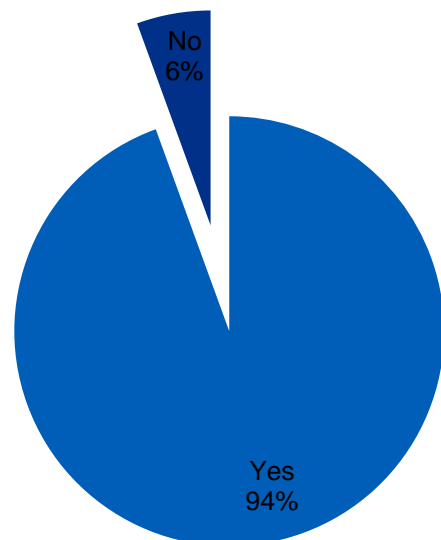
Q103 Do you order prescriptions on behalf of patients?



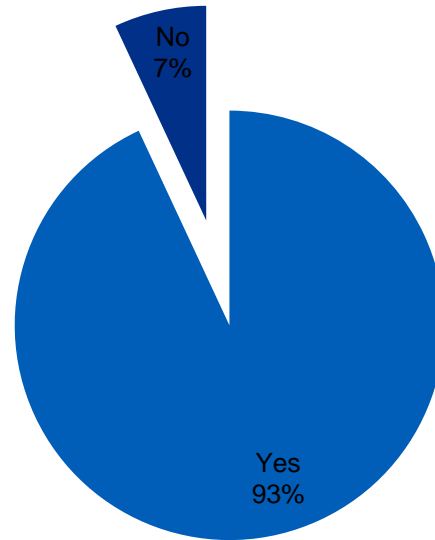
Q105 Do you communicate the Electronic Prescription Service process to patients?



Q107 Are any of your local surgeries part of the Prescription Ordering Direct (POD) scheme that is manned by the CCG?



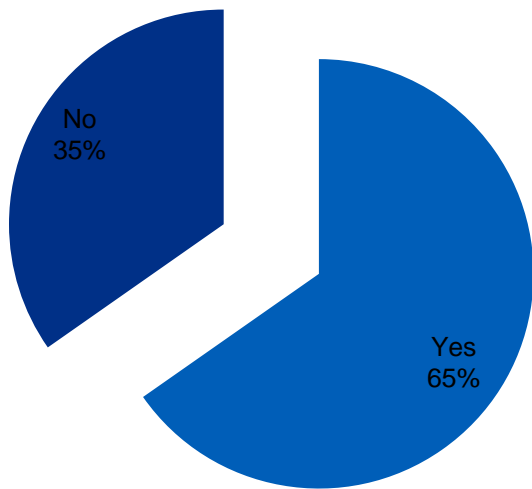
Q108 Do you provide information about the POD scheme to patients?



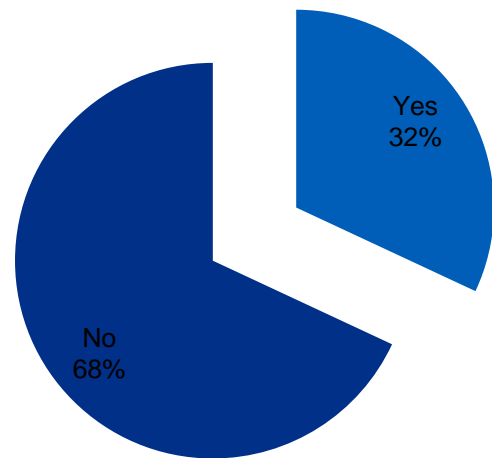


## Additional Services

Q112 Would your pharmacy be willing to purchase and promote assistive technology products to support people they see to improve hydration and prevent injury from falls?



Q113 Is there a particular need for a locally commissioned service in your area?



## Appendix 3: Results of the Coventry public survey with online survey

### Introduction

Coventry's pharmaceutical needs assessment (PNA) has been prepared by Midlands & Lancashire Commissioning Support Unit. The PNA has been prepared to support how decisions are made about pharmacy services in Coventry, we hope that it will generate discussion and debate as to how we can make the most of the pharmacy services and identify areas for improvement going forward

The PNA is also a tool used to inform commissioners of the current provision of pharmaceutical services and identify any gaps in relation to local health needs. These gaps can therefore be addressed by improving services or even access to those services in those local areas.

PNA's as a statutory requirement must be updated at least every 3 years. This document provides an update to Coventry's previous PNA. It includes data from an in-depth assessment of needs for pharmaceutical services in Coventry. This needs assessment was produced by evaluating the health need of the local population with consideration of the existing services that are provided by pharmacies.

Coventry City Council and the NHS Midlands and Lancashire Commissioning Support Unit ran a survey from 30<sup>th</sup> August to 4<sup>th</sup> October 2017, and its aim was to understand how people use pharmacy services in Coventry. In detail the objectives were

1. To explore when and how people access pharmacy services
2. To understand what factors are most important to pharmacy users
3. To explore the demographic profile of pharmacy users
4. To understand the quality of services that pharmacies offer
5. To understand there are where gaps in provision/ demand for other services
6. To understand what aspects could be improved
7. To understand factors that influence choice of a particular pharmacy

The survey was disseminated using the following methods:

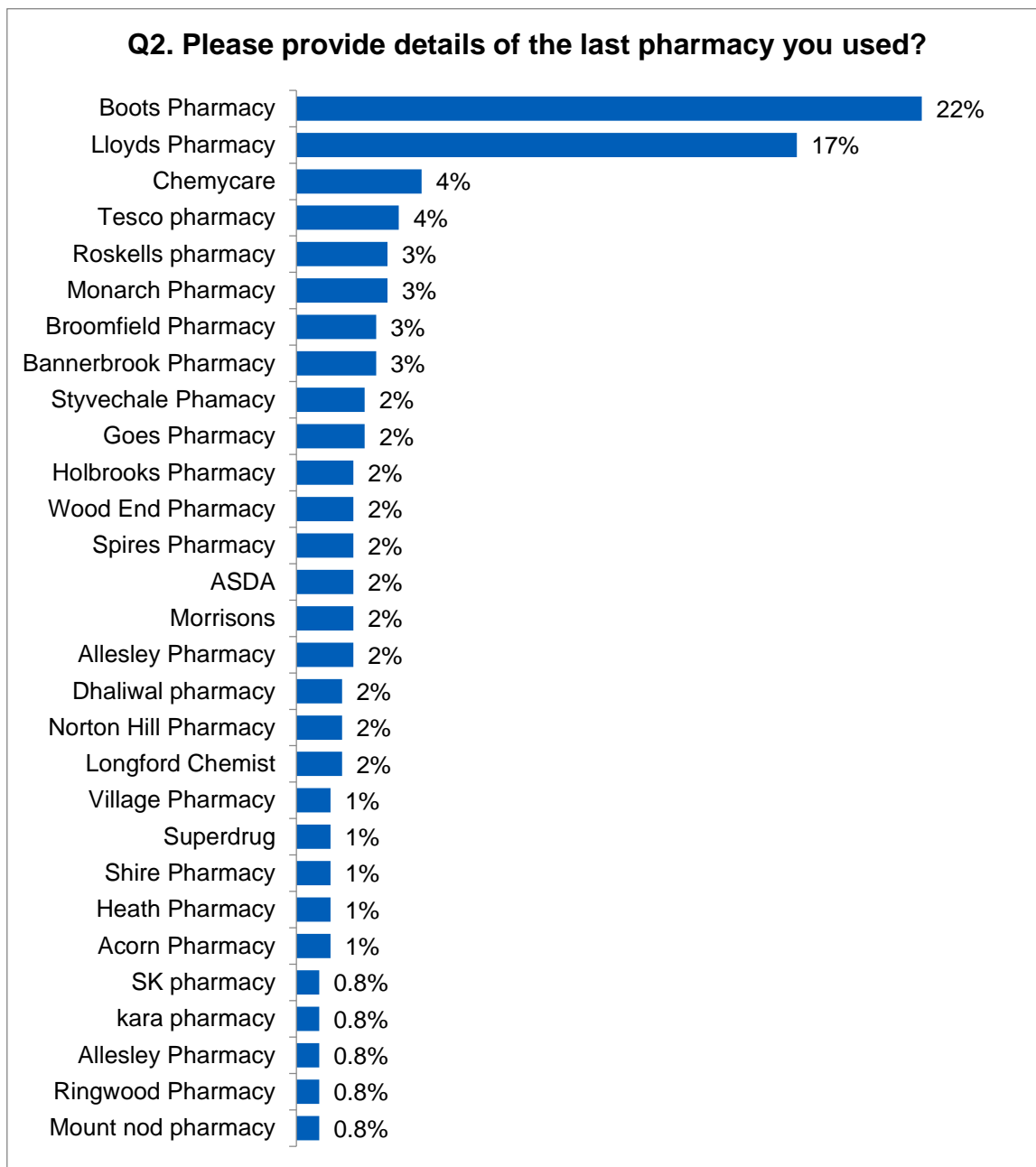
- Via email to local organisations and key stakeholders
- Links to the online survey were also promoted through social media
- Printed copies were left in local pharmacies, with Freepost return envelopes

A total of 260 responses were received, the vast majority of responses were received via the online survey.

## Survey Findings

### The pharmacy you use and why

When asked about details of the last pharmacy used, over 50 different outlets were mentioned, of which the two high street pharmacies, Boots and Lloyds are most popular.

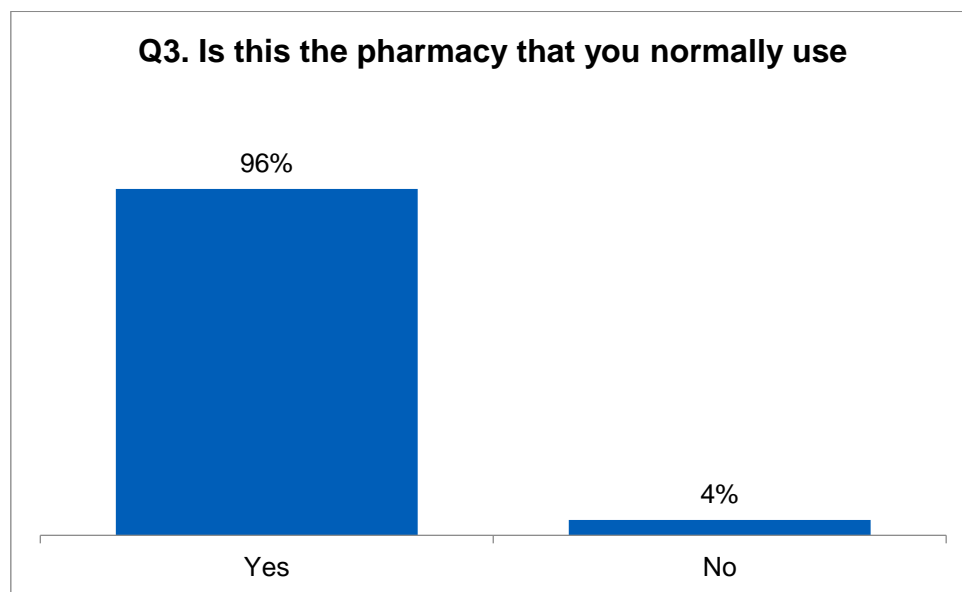


Base: 255 (open responses)

Other less frequently mentioned pharmacies are shown in the table below;

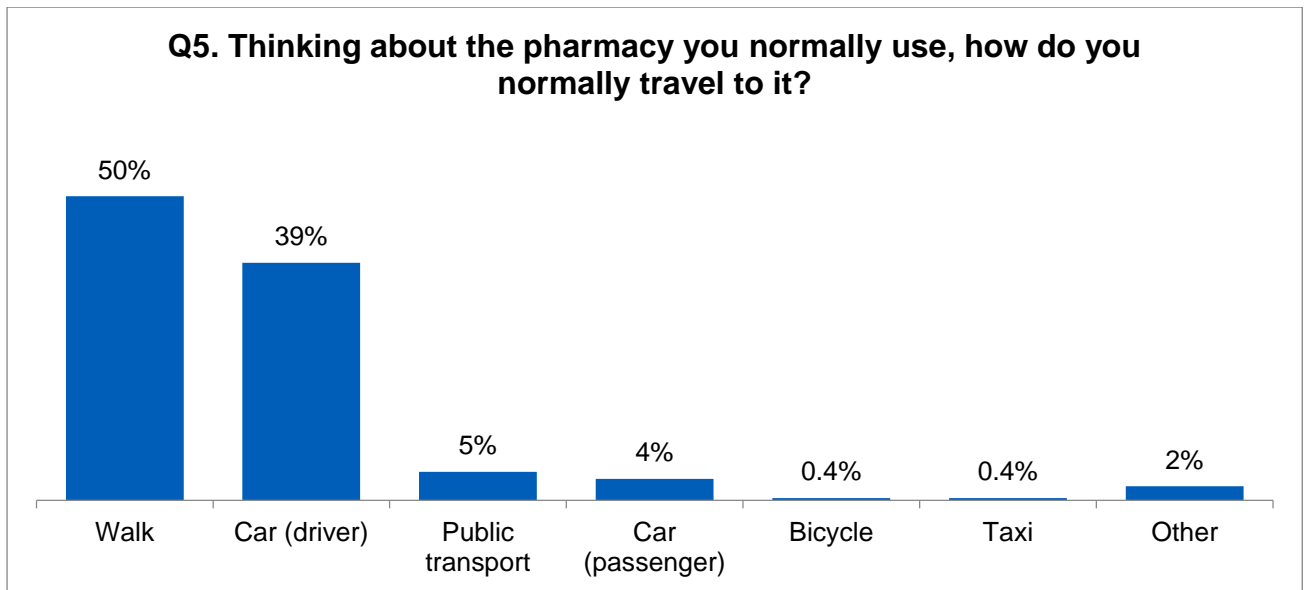
Other less frequently mentioned pharmacies	
KK Mistry	Hillfields Pharmacy
Copswood Alliance Chemist	Wills pharmacy
Medicare	Stoney Staunton pharmacy
Rotherham Road Pharmacy	Gables pharmacy
Mistry	Biraj Pharmacy
Clay Lane Pharmacy	Philips
B J chemist	Mankia Chemist
Balsall Common Pharmacy	Primary Care Pharmacy
Chemist	Walsgrave Pharmacy
Cheylesmore Boots	MW Phillips Chemist
Unknown based in doctor surgery	Foleshill Pharmacy
S&G Pharmacy	Baginton
Adam Myers	Phoenix pharmacy

The vast majority state the last pharmacy they visited is also the pharmacy they normally use. A small proportion (4%) state the last pharmacy they used is not their normal pharmacy.



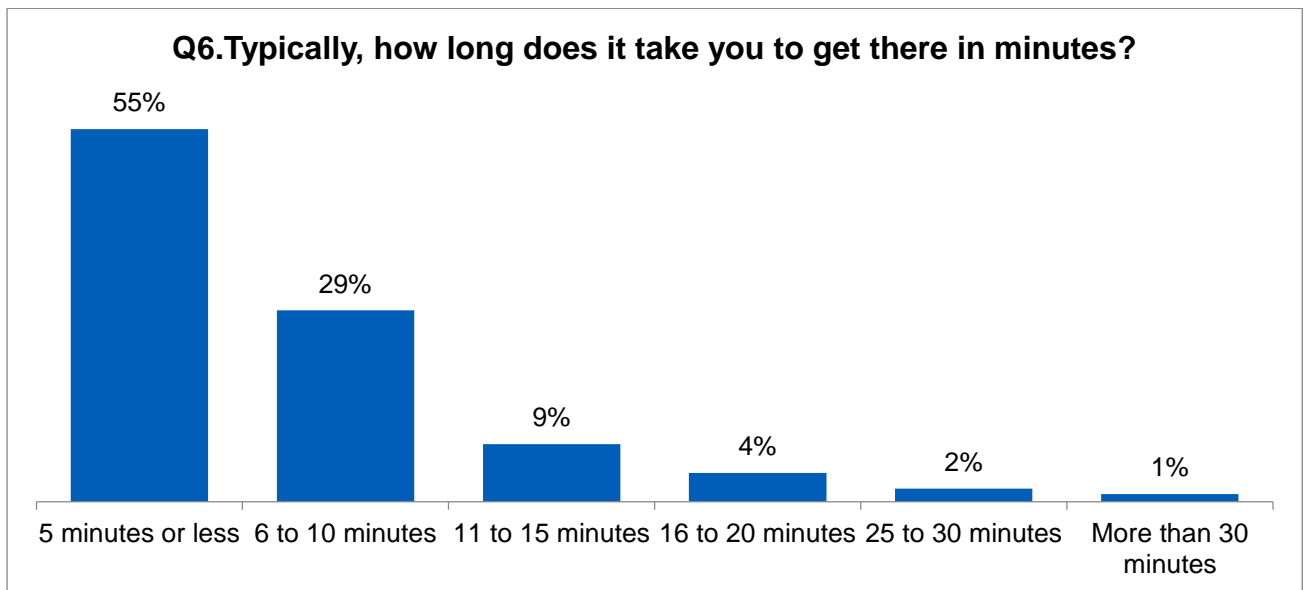
Base: 260 (single response)

Half walk to their pharmacy and around four in ten drive their own car. Public transport is used by 5%. Of those stating 'Other', 5 make use of a delivery service from the pharmacy.



Base: 260 (single response)

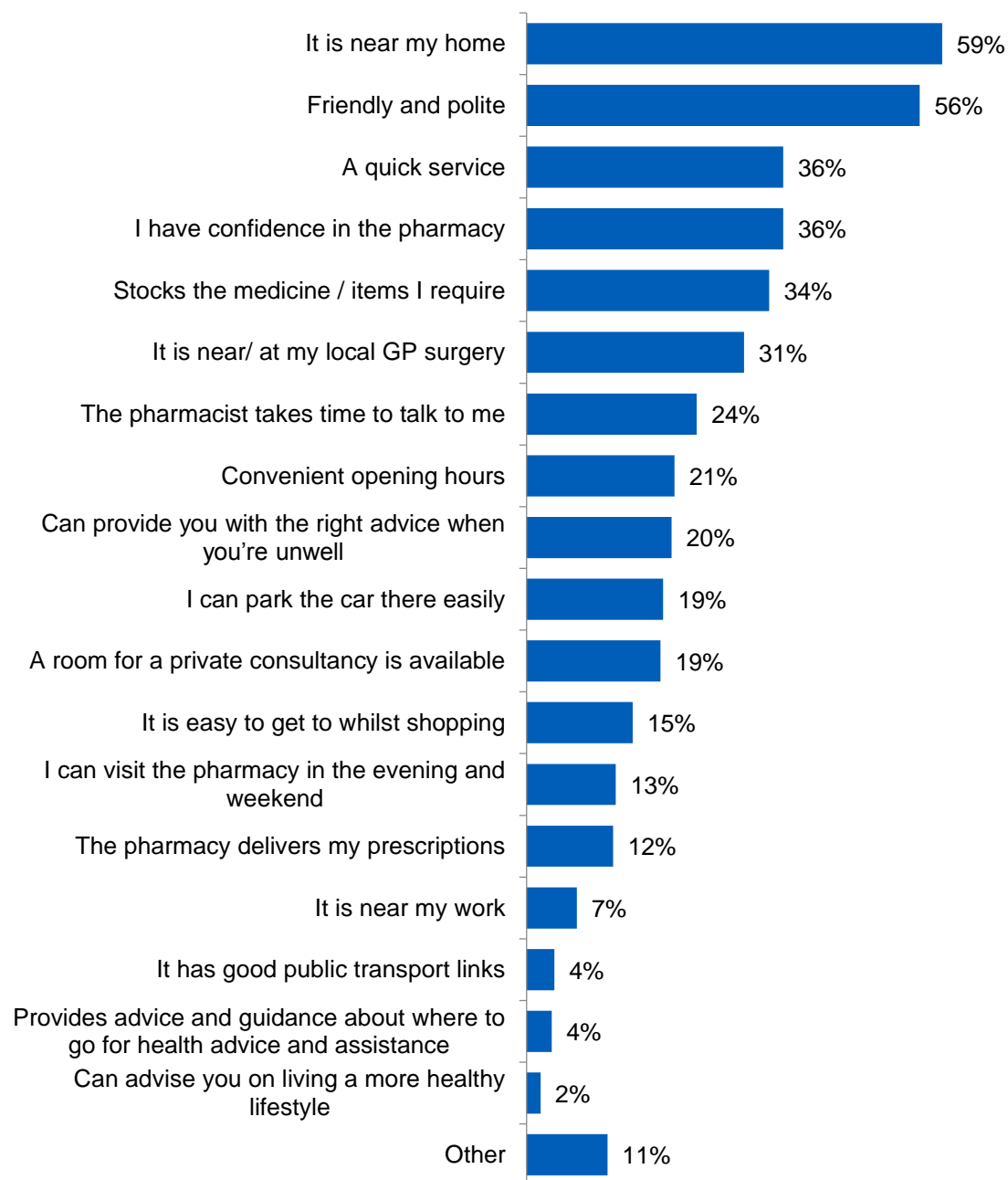
For over three quarters, their pharmacy is less than 10 minutes away, perhaps justifying the large proportion of participants who choose to walk to their pharmacy. Only small proportions have to travel more than 30 minutes to reach their pharmacy.



Base: (258 open responses)

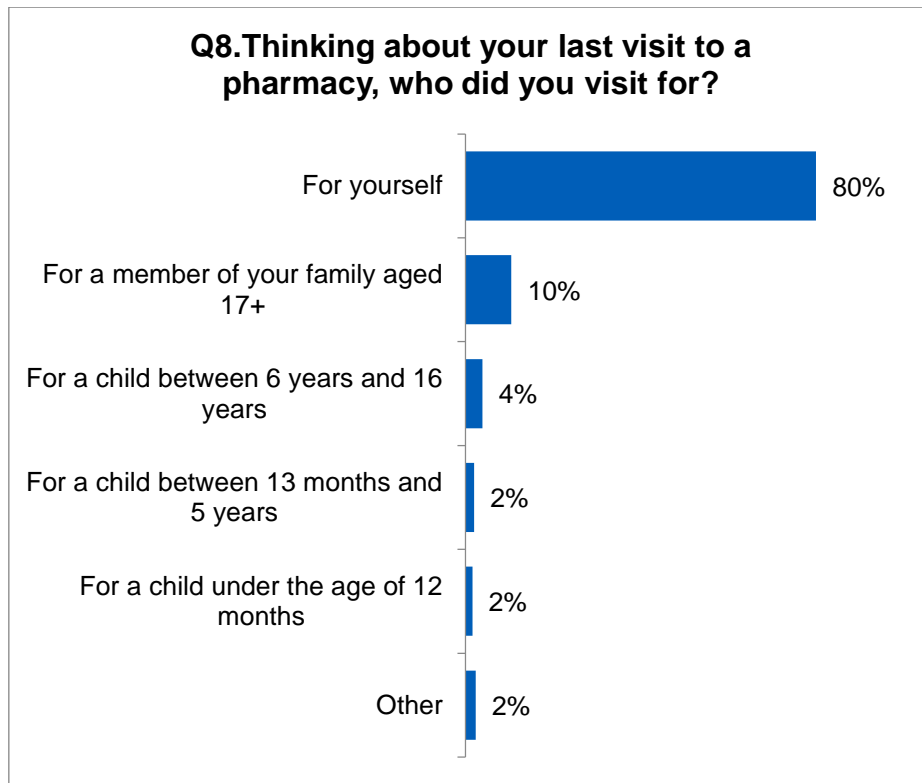
Delving into greater depth, the main reasons for choosing to visit the pharmacy individuals choose to do is because it is near their home, the staff are friendly, polite and the service is quick, they have confidence in the pharmacy and the pharmacy stock the medicine that is required by the individual.

**Q7. Again, thinking about your normal pharmacy, what are your main reasons for choosing to visit this pharmacy?**



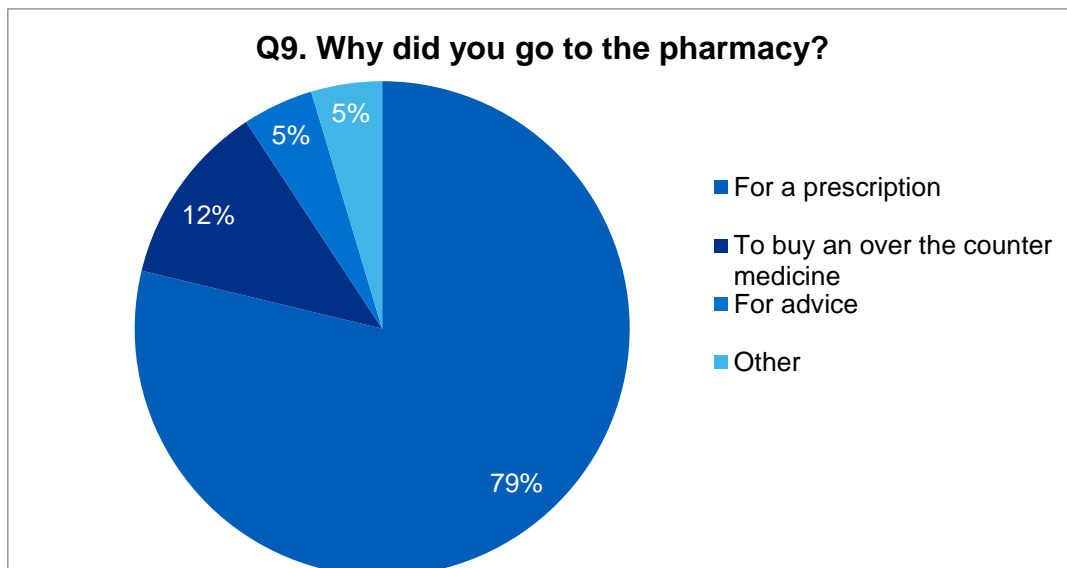
Base: 258 (multi responses)

Focusing on the last visit, the vast majority visited the pharmacy for themselves. One tenth visit for family member aged 17 years and older and a small proportion for young children.



Base: 259 (single response)

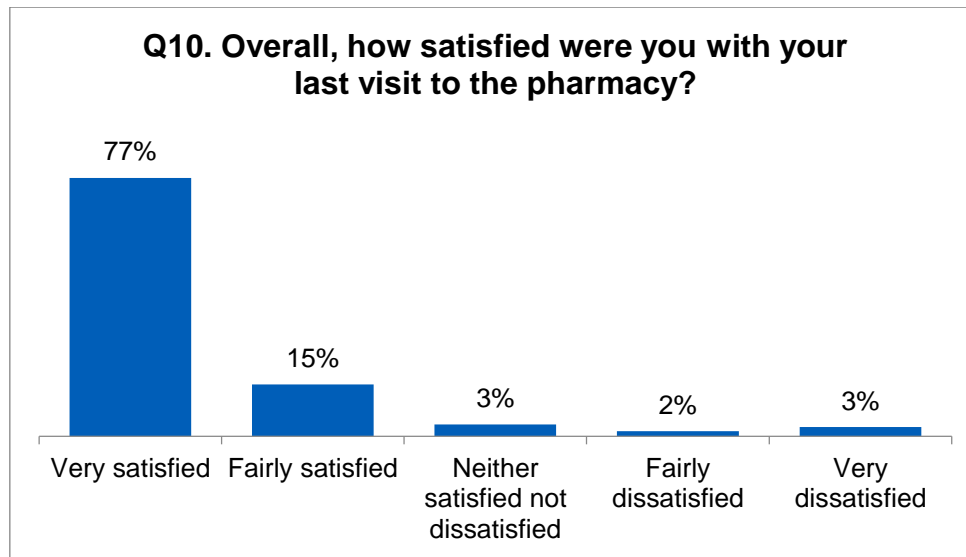
Most people visited the pharmacy to pick up a dispensed prescription. Promisingly, to see over one in ten survey participants visited the pharmacy for advice.



Base: 259 (single response)

When evaluating the level of satisfaction, over three quarters of participants state they were very satisfied following their last visit. Positively, only a small minority (5%) state they were dissatisfied after their visit.

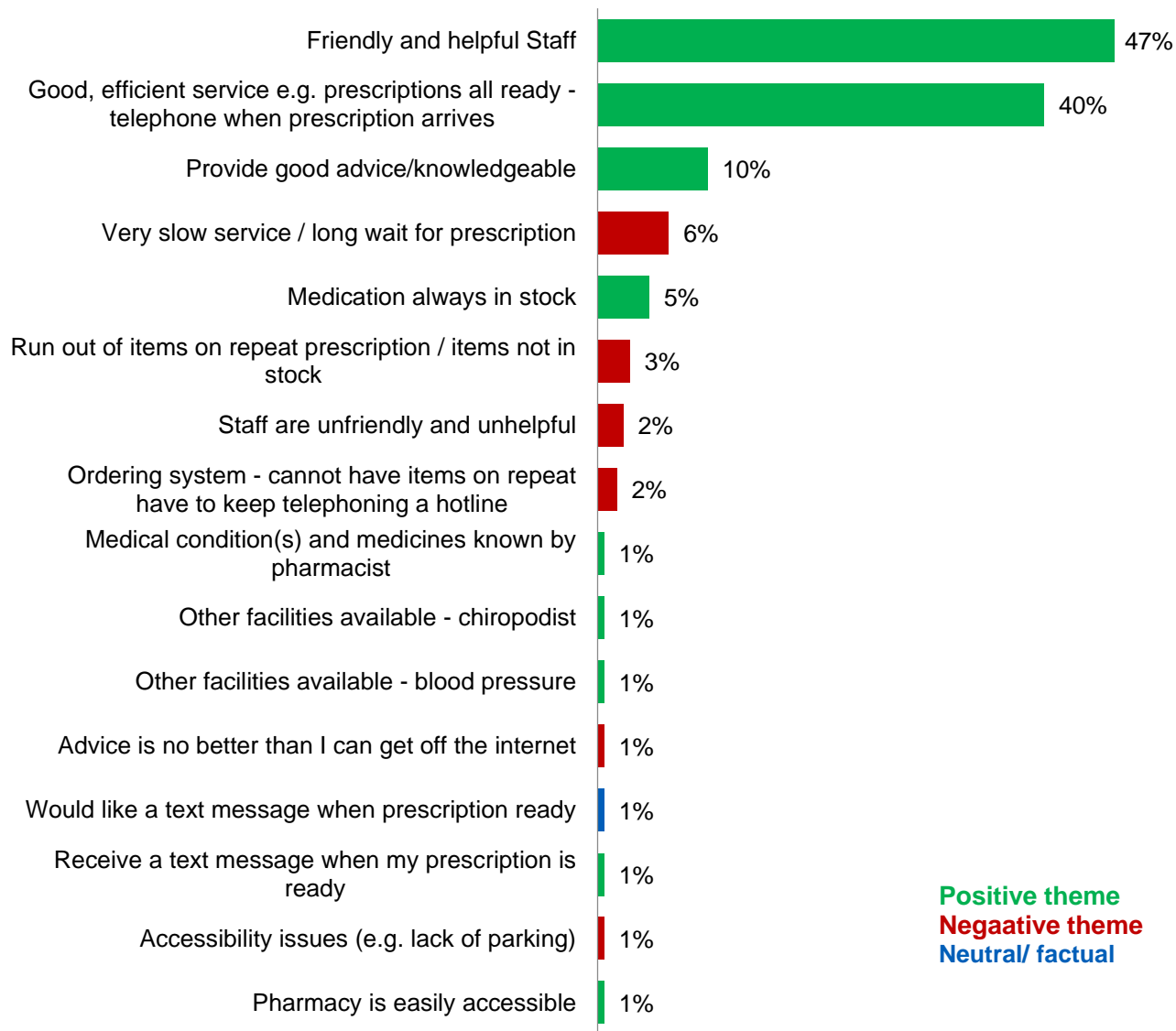




**Base: 260 (single response)**

When asked why to provide further detail behind their level of satisfaction, around half stated the staff were friendly and helpful and four in ten, cite the high level of service. However some experienced poor service from staff and trouble obtaining all of the medication they required. The figure and verbatim responses below summarises the key themes mentioned by individuals in this survey and the colour coding used in the chart illustrates whether the theme is positive, negative or neutral/ factual.

**Q11. Please explain why you were or were not satisfied with your last visit**



Base: 136 single responses

*“Always been very satisfied. Staff and pharmacists know their local community. Always helpful and have time to talk to you if you need help or assistance. Good communication can also do blood tests and are fairly prompt.”*

*“Always very efficient. My last visit was for a blood test - I was in and out in less than 10mins. It would have taken hours to go to the hospital plus I would have had to have found and paid for parking. This is an example of the excellent additional services the pharmacist provides.”*

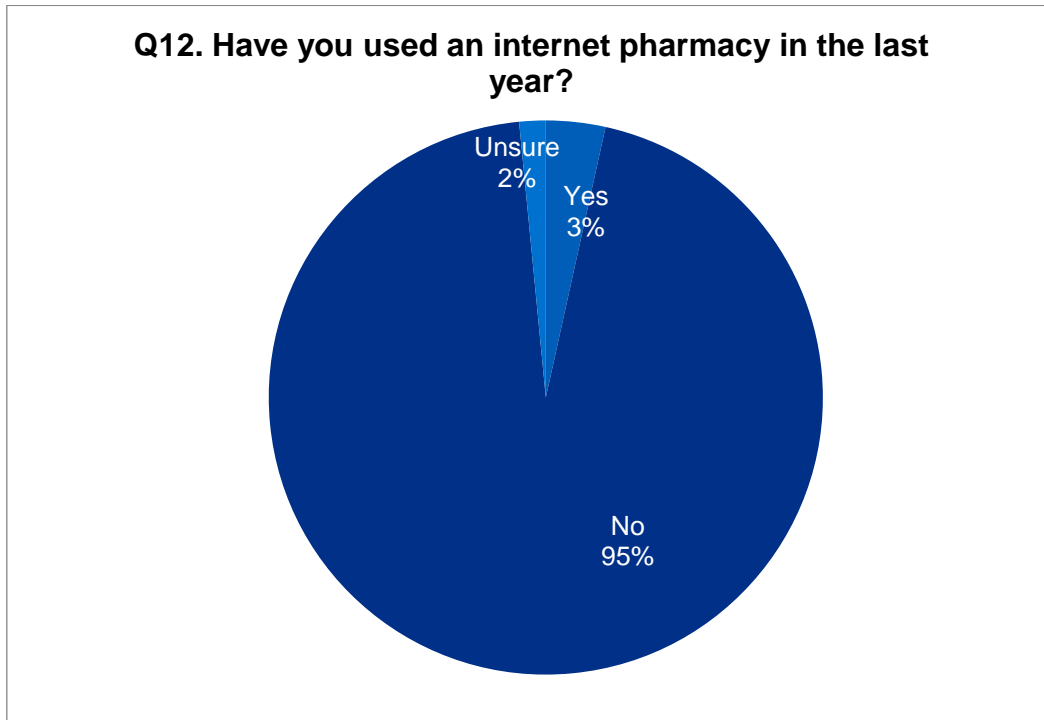
*“Always need to remind them when meds are due, staff clueless and not people friendly. Always getting things wrong giving the customer different meds on a regular accuracies.”*

*“I always receive a fantastic service from this pharmacy. It is local to my home but I use it primarily as I can call in on my way home work when I do my weekly shopping. If I were to go there from home it*

*is close enough for me to walk”*

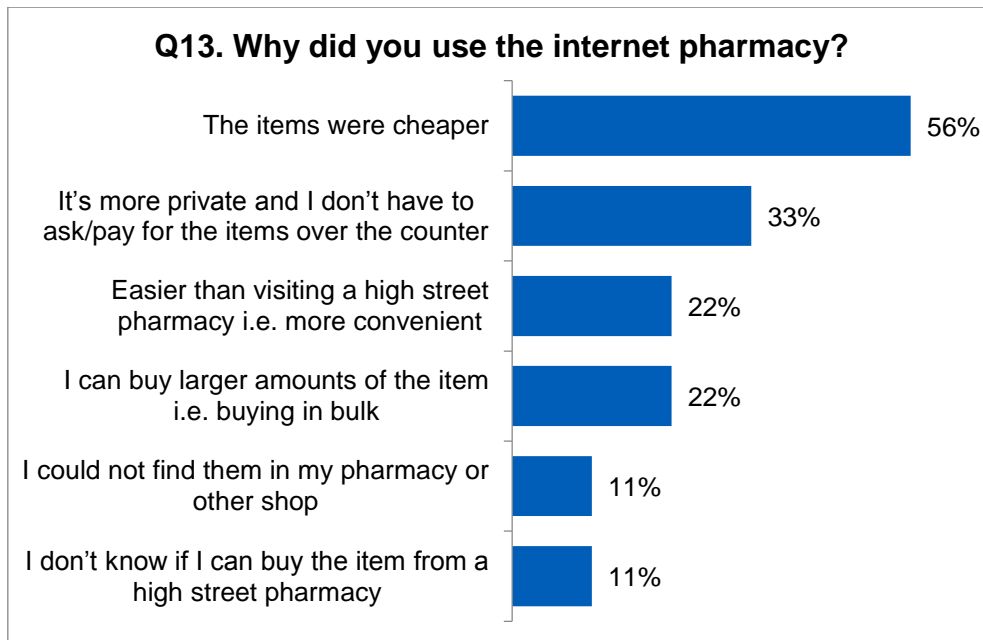
### Using an internet pharmacy

The vast majority have not used an internet pharmacy in the last year.



**Base: 260 (single response)**

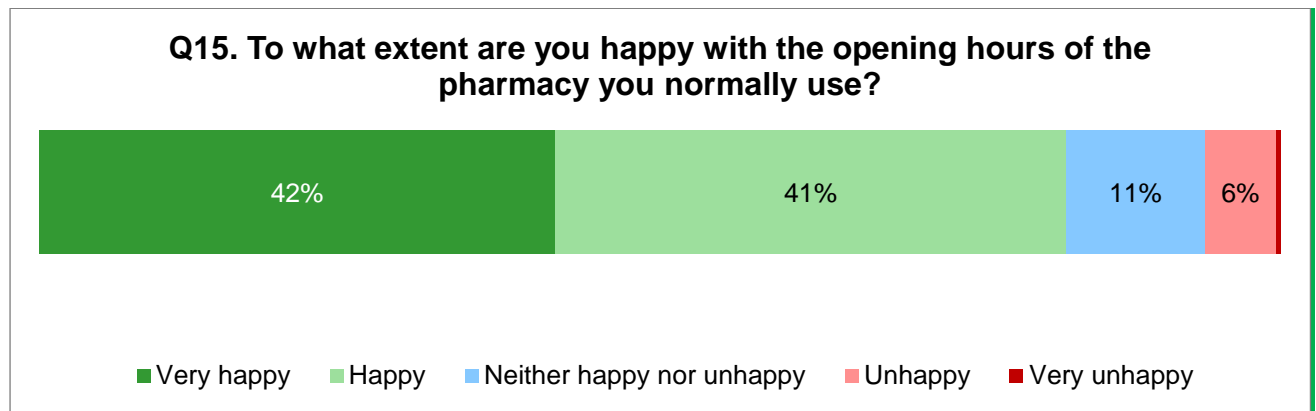
Of the minority using an internet pharmacy the main reason for use is because items were cheaper, it's more private, larger amount of items can be purchased and it is easier than visiting a high street pharmacy. Also when asked name of the online pharmacy used, 'Pharmacy2U', 'Tower health', 'Select' and 'Pharmacy 4 U' were stated, with Pharmacy2U the most commonly mentioned.



Base: 9 (single response)

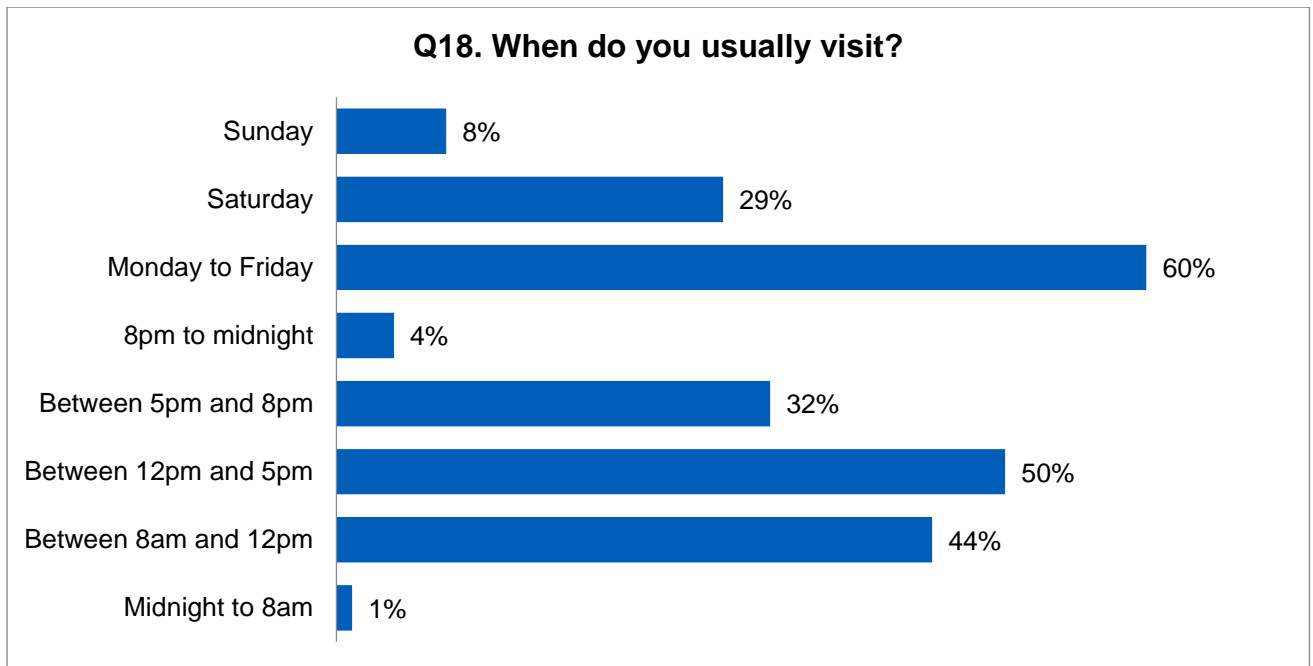
### Pharmacy opening hours

Focusing on pharmacy opening hours, over eight in ten are happy with the opening hours of the pharmacy they use whilst a very small proportion are unhappy.



Base: 260 (single response)

The figure below shows at which times survey participants usually visit the pharmacy. Whilst six in ten choose to visit the pharmacy during the week, around three in ten state they usually visit on Saturday. Only a small proportion tends to visit the pharmacy on Sunday. Focusing on the time of day, 50% state they tend to visit between 12pm and 5pm, whilst around two fifths state they visit between 8am and 12pm. Interestingly the most popular out of hours' time to visit the pharmacy is between 5pm to 8pm with one third stating they usually visit at this time.

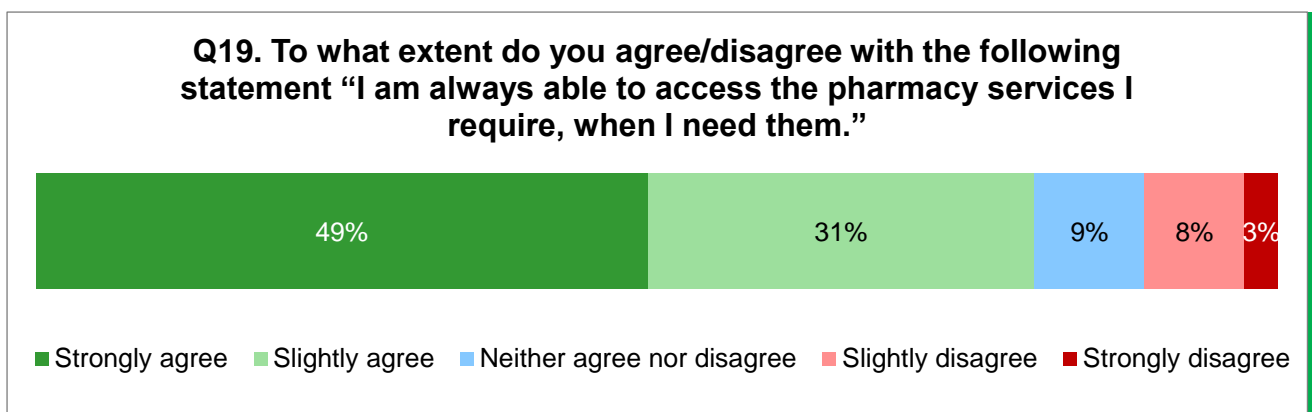


Base: 258 (multiple responses)

When asked if individuals were aware some pharmacies are opened outside the conventional working hours of 9am-5pm, Monday to Friday, the vast majority (95%) state they knew this information. However only two thirds (63%) of those who knew this information knew which pharmacies operated out of conventional hours.

### Pharmacy services

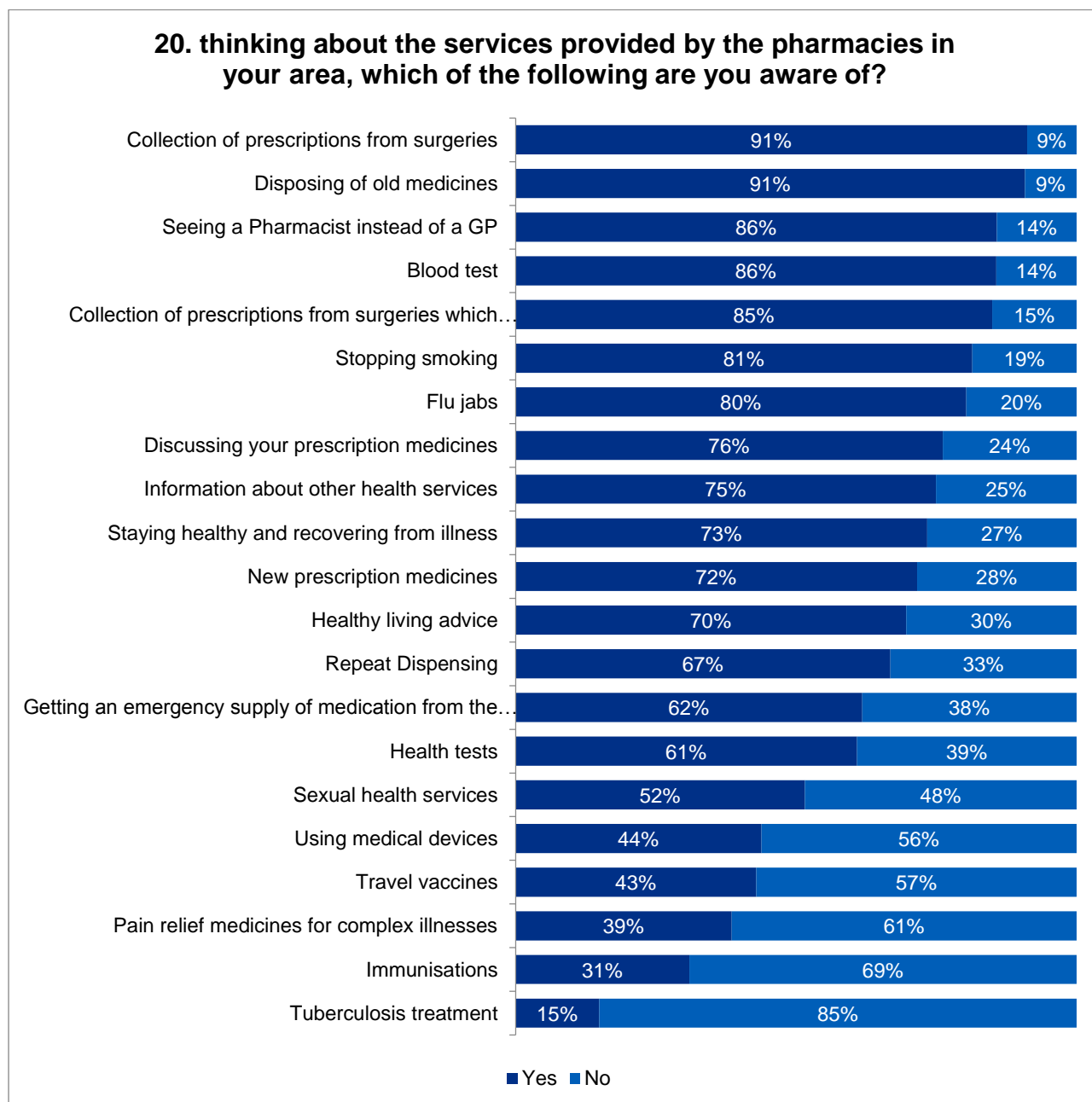
When focusing on the level of access to pharmacy services, the vast majority feel as though they are able to access the pharmacy services they need when they require them. Positively only one tenth of those surveyed feel they are unable to access the services they require.



Base: 260 (single response)

When evaluating the level of awareness of the different services offered by local pharmacies, over nine in ten are aware of the surgery prescription collection service and the ability to dispose of old medicines. Other services which the majority is aware of include; seeing a pharmacist instead of a GP, blood testing, dealing with repeat prescriptions, smoking cessation assistance and flu jab services.

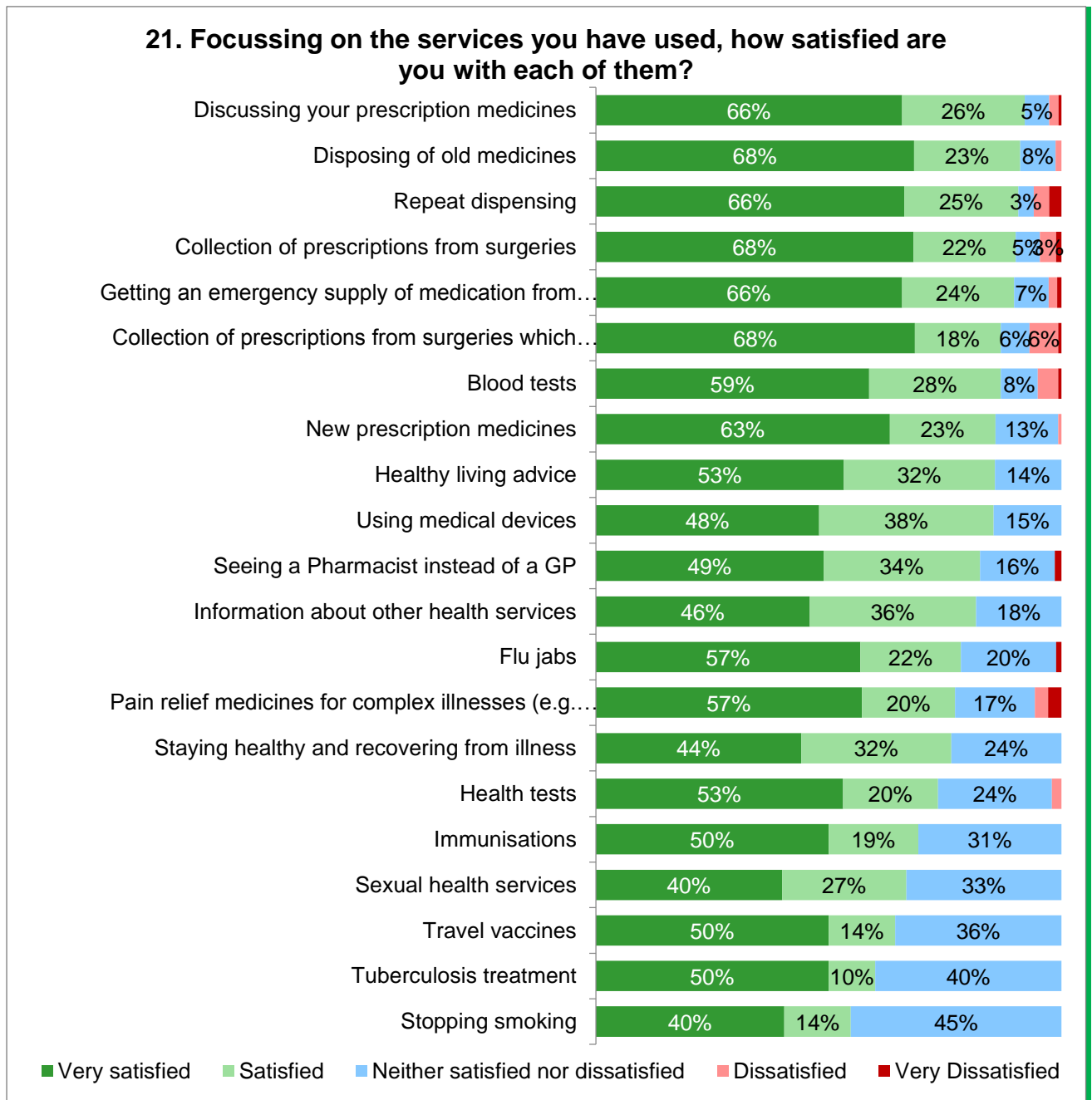
However, there are some services which are not as well known amongst participants, namely; Tuberculosis treatment, immunisations and pain relief medicines for complex illnesses.



(Base: 260 multiple responses)

Overall the pharmacy services that are applicable to survey participants are rated very highly, with very few stating they were dissatisfied with any of the services they have used.

Satisfaction is particularly high for repeat dispensing, discussing prescription medicines, collection of prescriptions from surgeries and disposing of old medicines. Interestingly the data suggests health tests, immunisations, Tuberculosis treatment, travel vaccines, sexual health and smoking cessation services are least used.

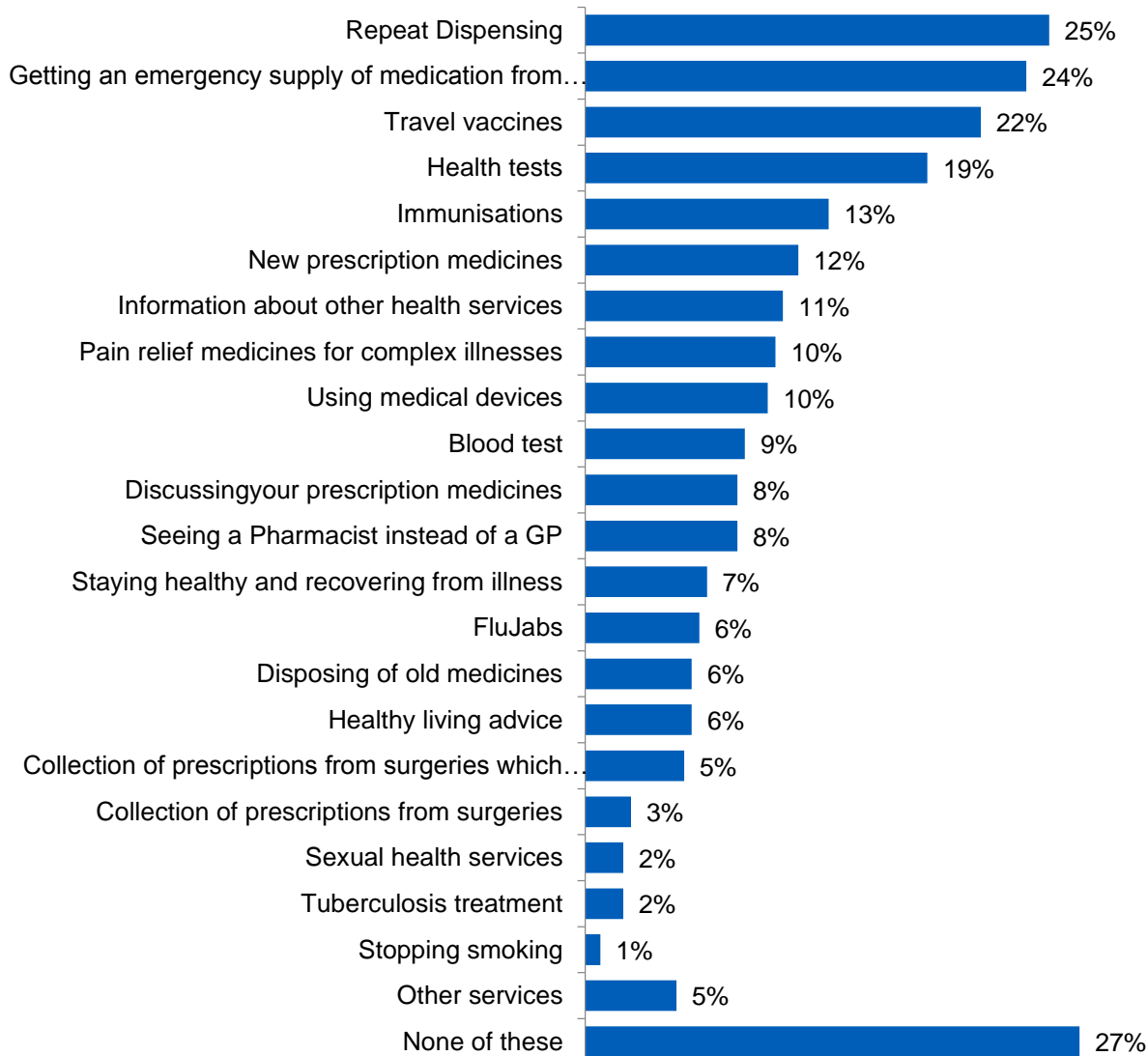


**Base: 258 (single response)**

Respondents were asked of the services they are not aware of, which services they would like to use if it were available in their local pharmacy. Around one quarter state they would use the repeat dispensing and obtaining an emergency supply of medication services, whilst around one fifth states they would use the travel vaccine and health test services. However, very few would be willing to use the sexual health, Tuberculosis treatment and smoking cessation services if they were available in local pharmacies.



**Q22. Thinking about the services you're not aware of, which of the following services would you like to use if they were available in your local pharmacies?**

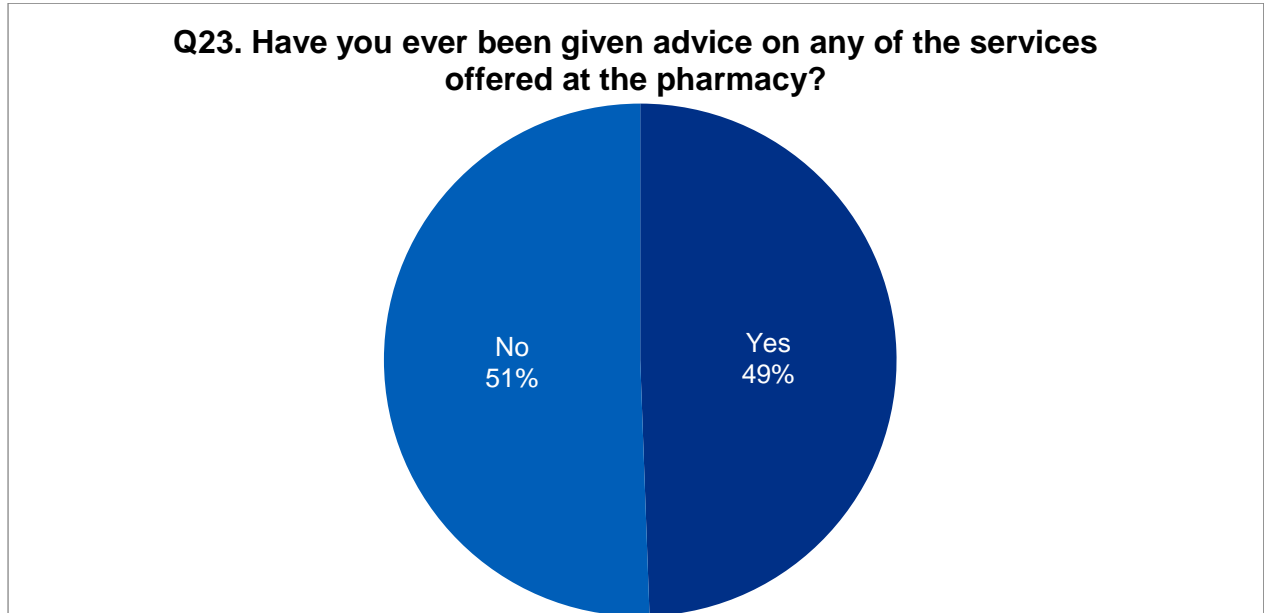


(Base: 240 multiple responses)

Other services mentioned by survey participants include; the disposal of sharps, free blood tests at pharmacies, services for the repeat prescription of medicines that are taken irregularly (e.g. asthma inhalers), overnight accessibility and public toilets. Interestingly, over one quarter state they would not use any of the above services if they were available at their local pharmacy.

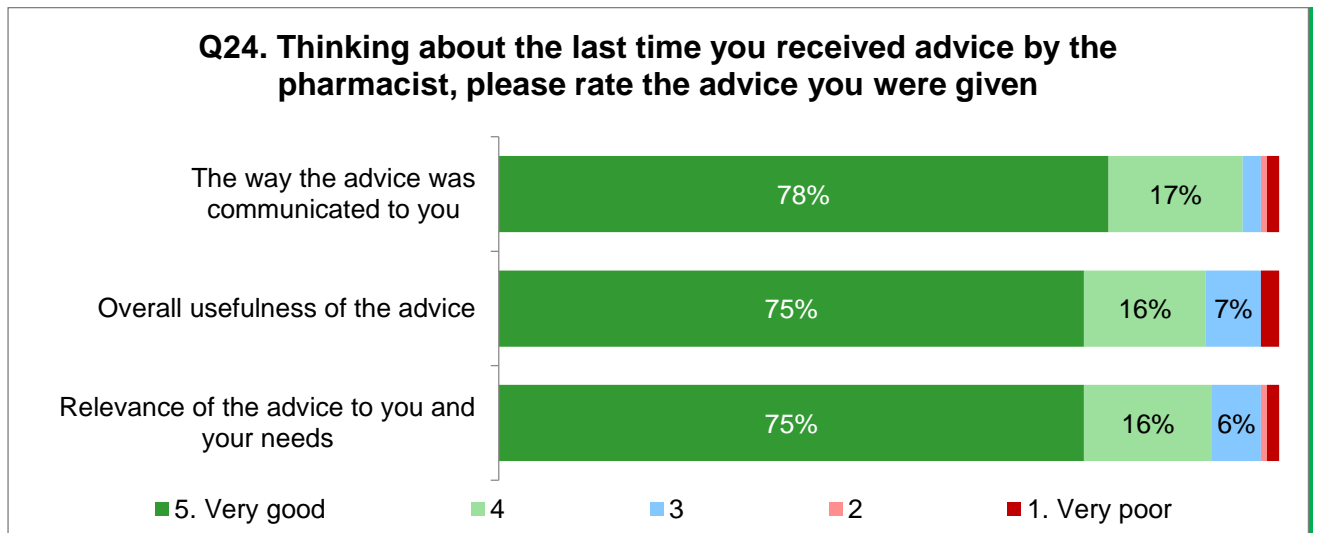
### Obtaining advice at the pharmacy

When asked whether participants had ever been given advice on any of the services offered by the pharmacy the response was split, with 49% stating they had been given advice and 51% stating they hadn't.



(Base: 259 single response)

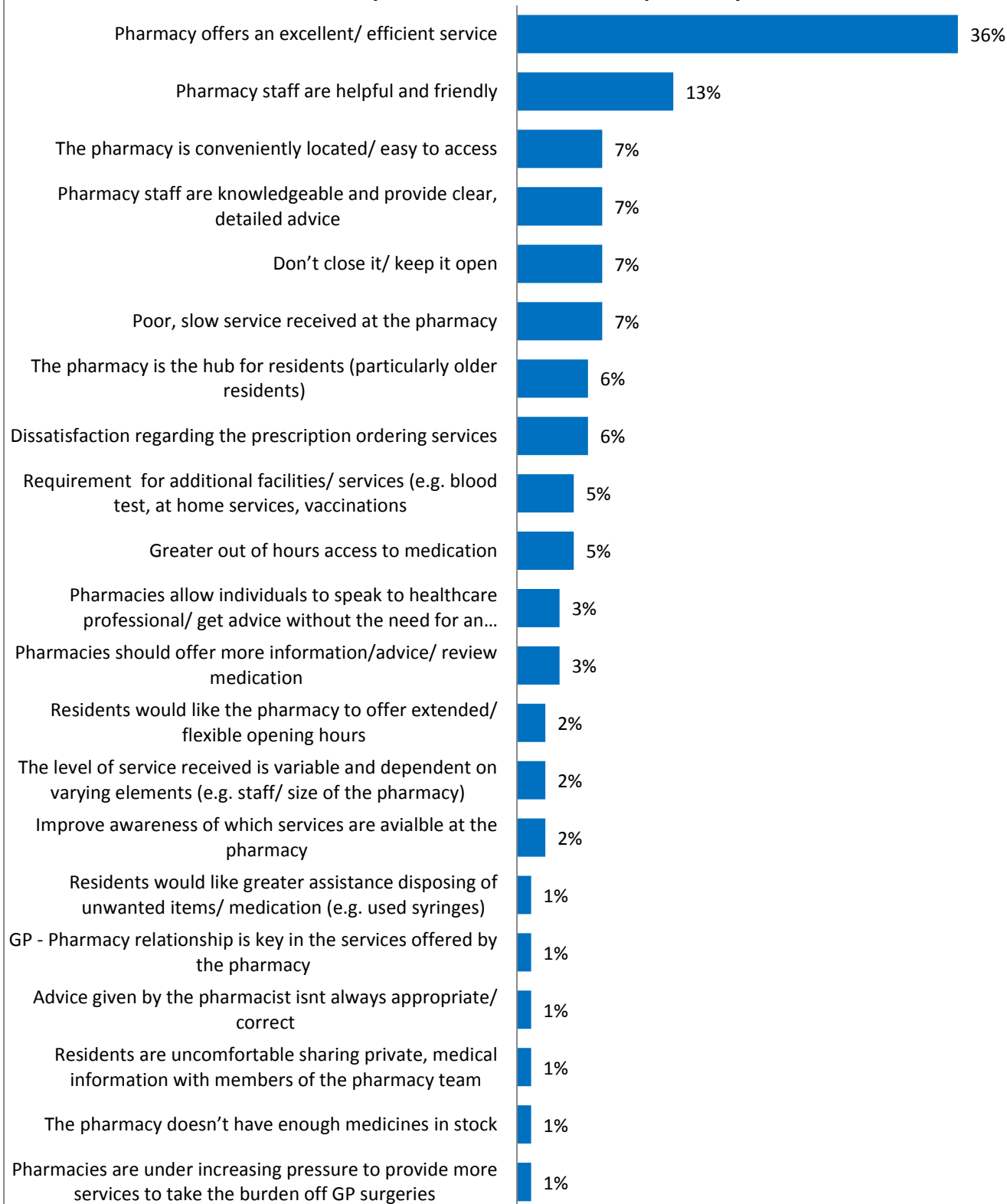
Of those who have received advice about services at the pharmacy, the vast majority feel the advice they were given was very good with around three quarters stating the advice was communicated well, was relevant and useful



(Base: 128 single response)

During the survey, participants were given the opportunity to share any further comments regarding the pharmacy services in the area. Interestingly, almost half commented on the excellent service they receive and the helpfulness of staff. Other comments surrounded the themes of the location and easy access, knowledge of the pharmacy team and the need of the service – all of which suggests the majority of local residents are happy with the current services they are receiving from their local pharmacy.

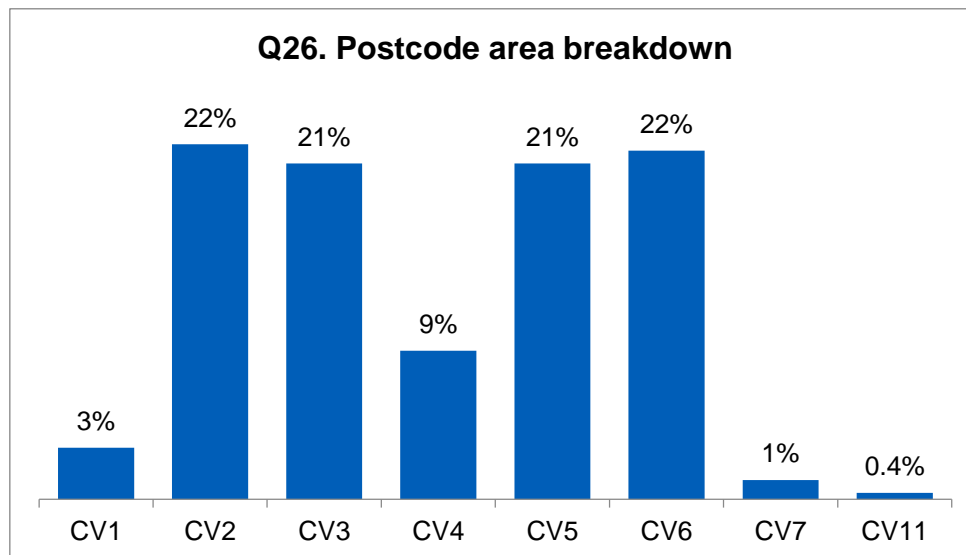
**Q25. Please share any further comments about pharmacy services here.**



Base: 65 (open responses)

## About you

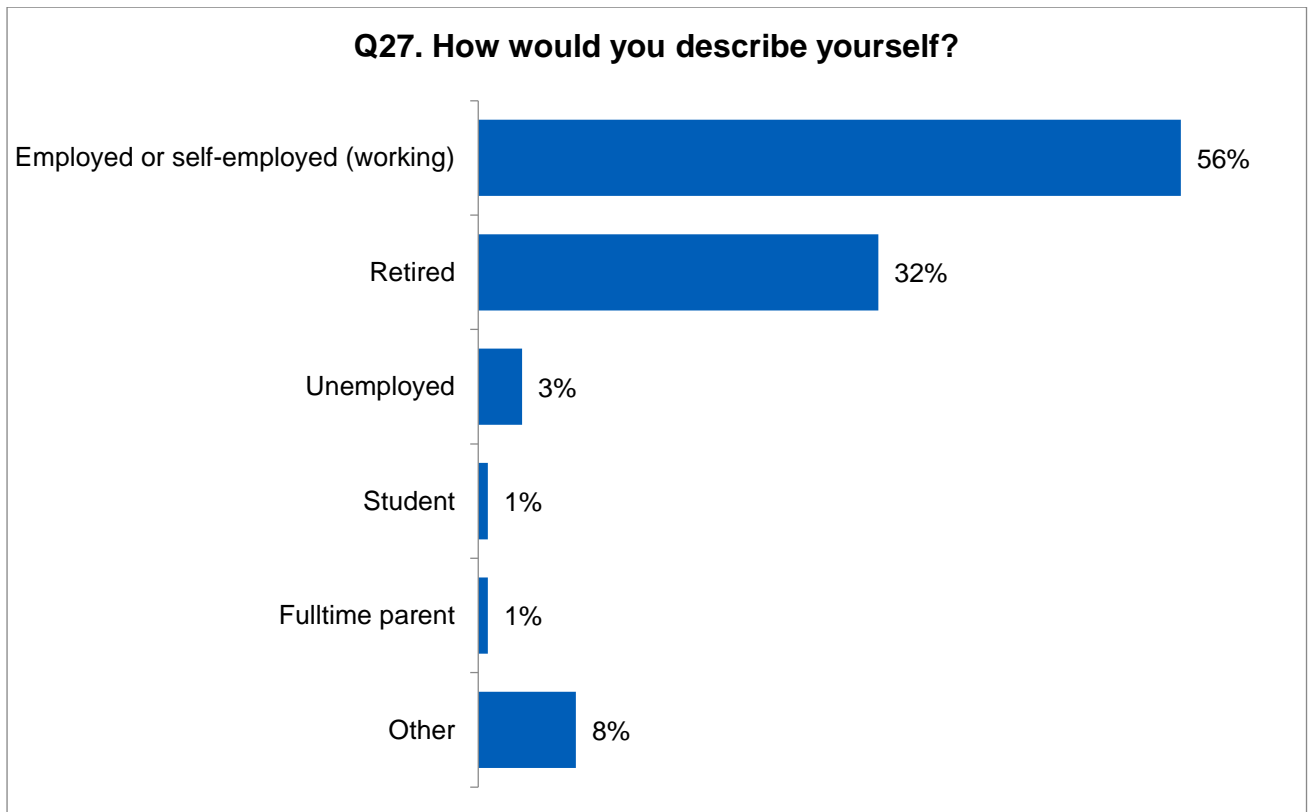
The vast majority of participants live in the postcode areas of CV2, CV3, CV5 and CV6. The table below also shows the areas covered within these postcodes.



(Base: 249 single response)

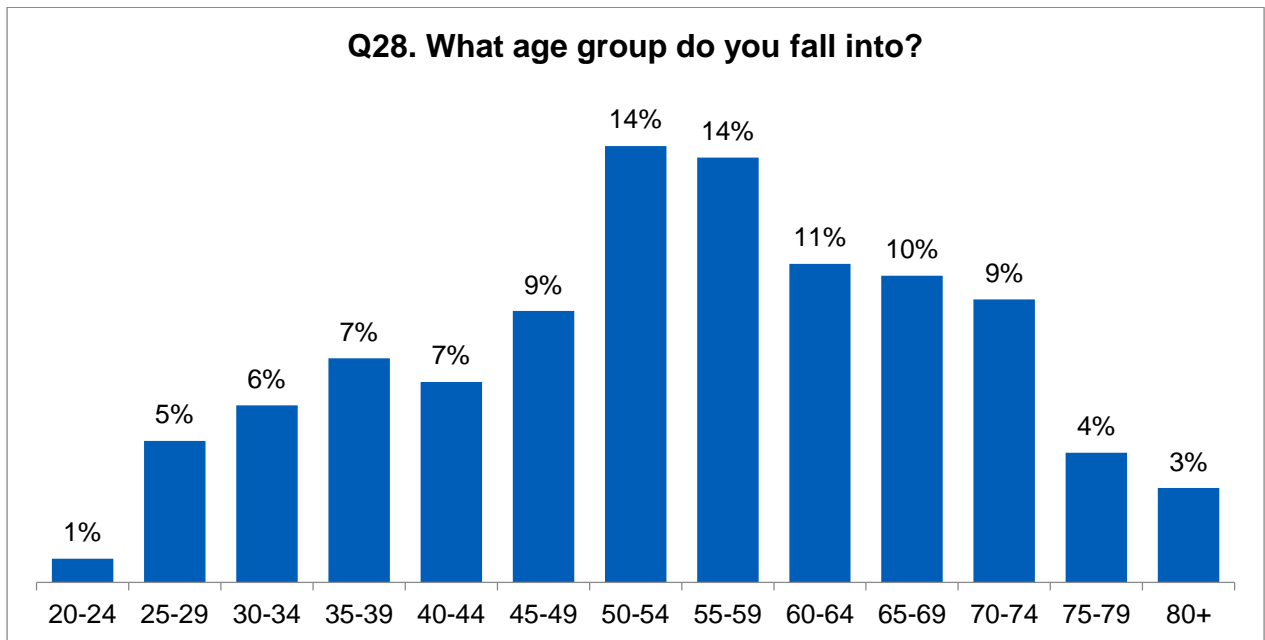
Postcode	Coverage Area	Local Authority Area
CV1	Coventry C (Coventry City Centre, Gosford Green, Hillfields, Spon End, Coventry University)	Coventry
CV2	Coventry NE (Walsgrave, Wyken, Stoke, Bell Green, Wood End, Potters Green, Aldermans Green, Clifford Park, Woodway Park)	Coventry
CV3	Coventry SE (Binley, Whitley, Willenhall, Cheylesmore, Styvechale, Finham, Fenside, Stoke Aldermoor, Green Lane, Ernesford Grange, Binley Woods)	Coventry, Rugby
CV4	Coventry SW (Tile Hill, Canley, Cannon Park, Lime Tree Park, Gibbet Hill, Westwood Heath, University of Warwick)	Coventry
CV5	Coventry NW (Allesley, Allesley Park, Allesley Green, Earlsdon, Eastern Green, Whoberley, Chapelfields, Mount Nod, Brownhill Green)	Coventry
CV6	Coventry N (Holbrooks, Coundon, Radford, Longford, Rowley's Green, Courthouse Green, Whitmore Park), Hawkesbury	Coventry, Nuneaton and Bedworth
CV7	Exhall, Ash Green, Keresley, Meriden, Balsall Common, Berkswell, Corley, Arley, Ansty, Shilton, Fillongley	Nuneaton and Bedworth, North Warwickshire, Coventry, Rugby, Solihull

Over half of those participating in the survey are employed or self-employed whilst around one third are retired. A small proportion of the sample include those who are unemployed, students and full time parents.



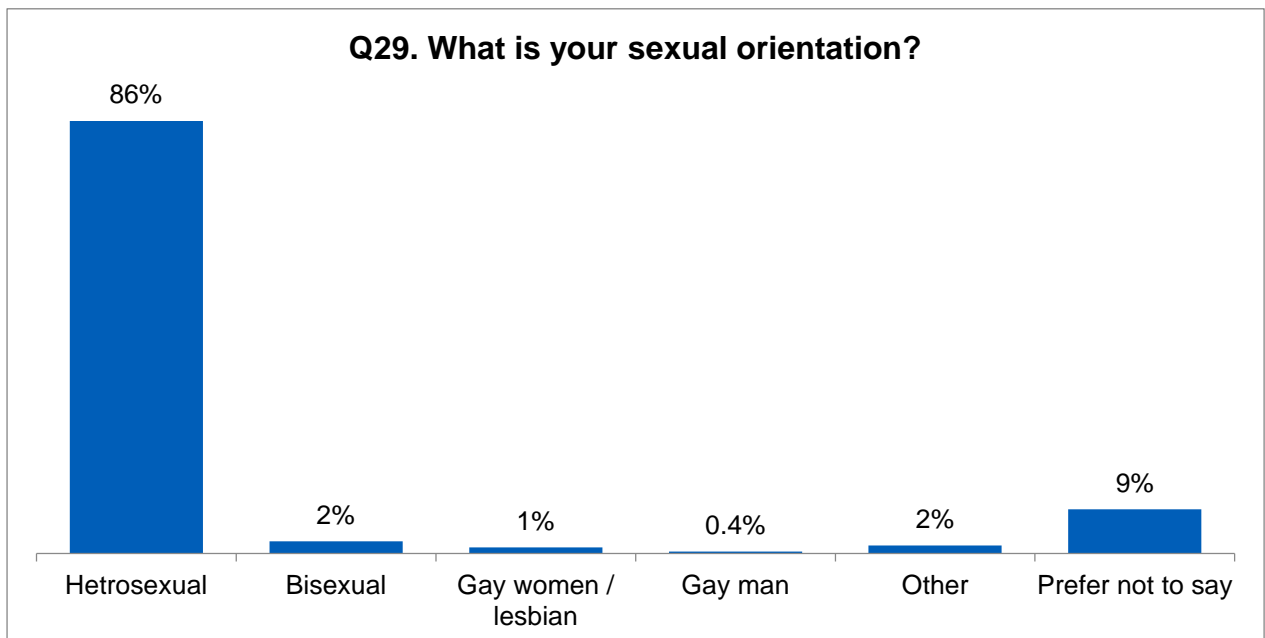
Base: 259 (single response)

All age groups above 25 are well represented in this survey. The age groups of 50-59 and 60-74 were the most strongly represented in the survey.



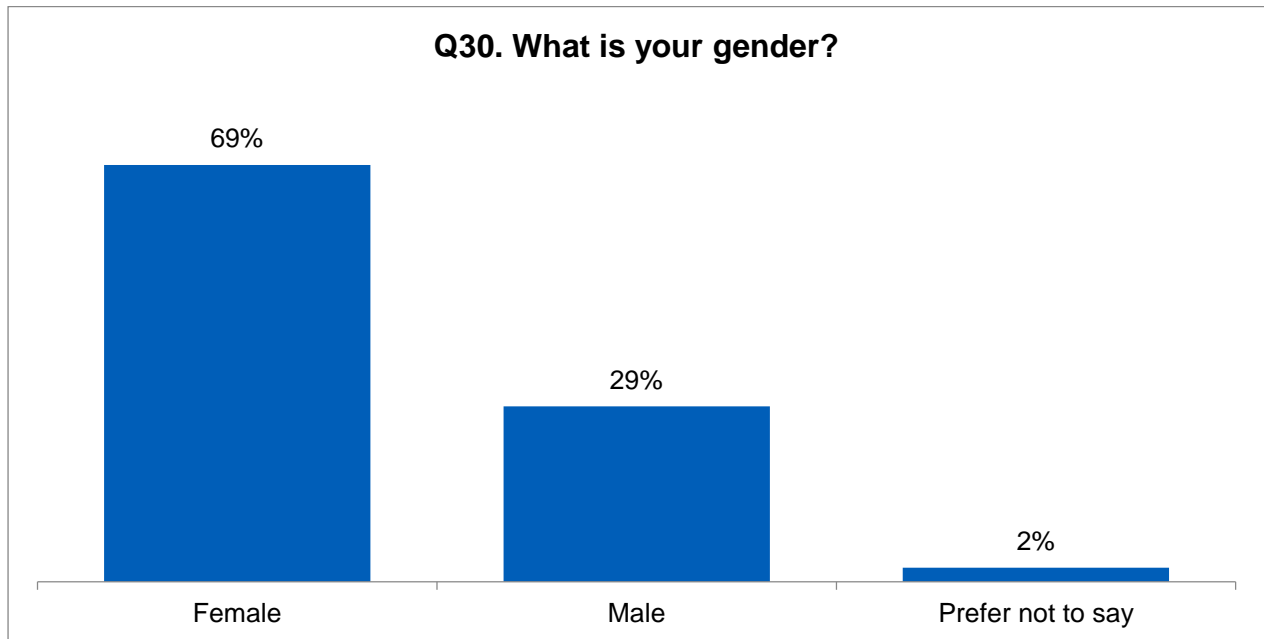
Base: 257 (single response)

The majority of participants are heterosexual (86%). However, also state they are bisexual, gay women/ lesbian and gay man. Around a tenth of participants chose not to disclose their orientation.



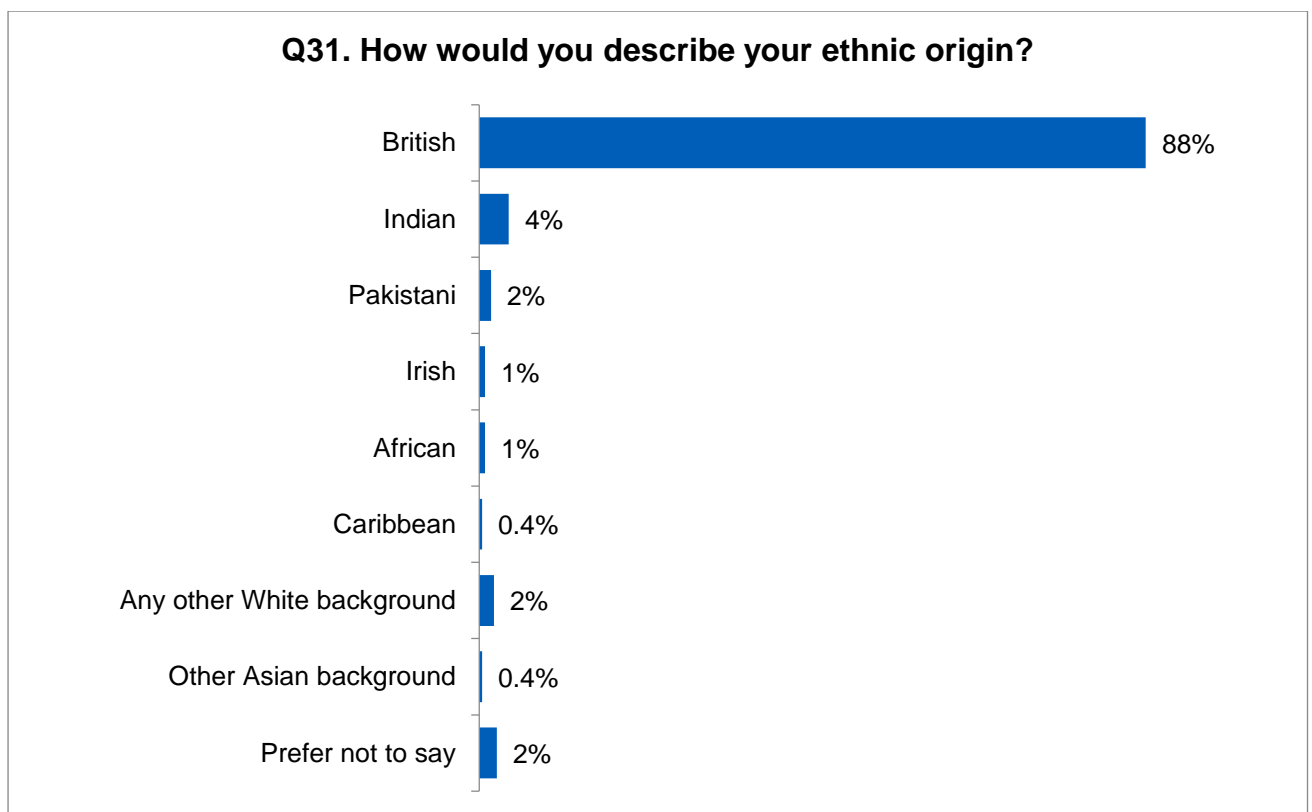
Base: 251 (single response)

Around seven in ten participants are female and three in ten male.



Base: 256 (single response)

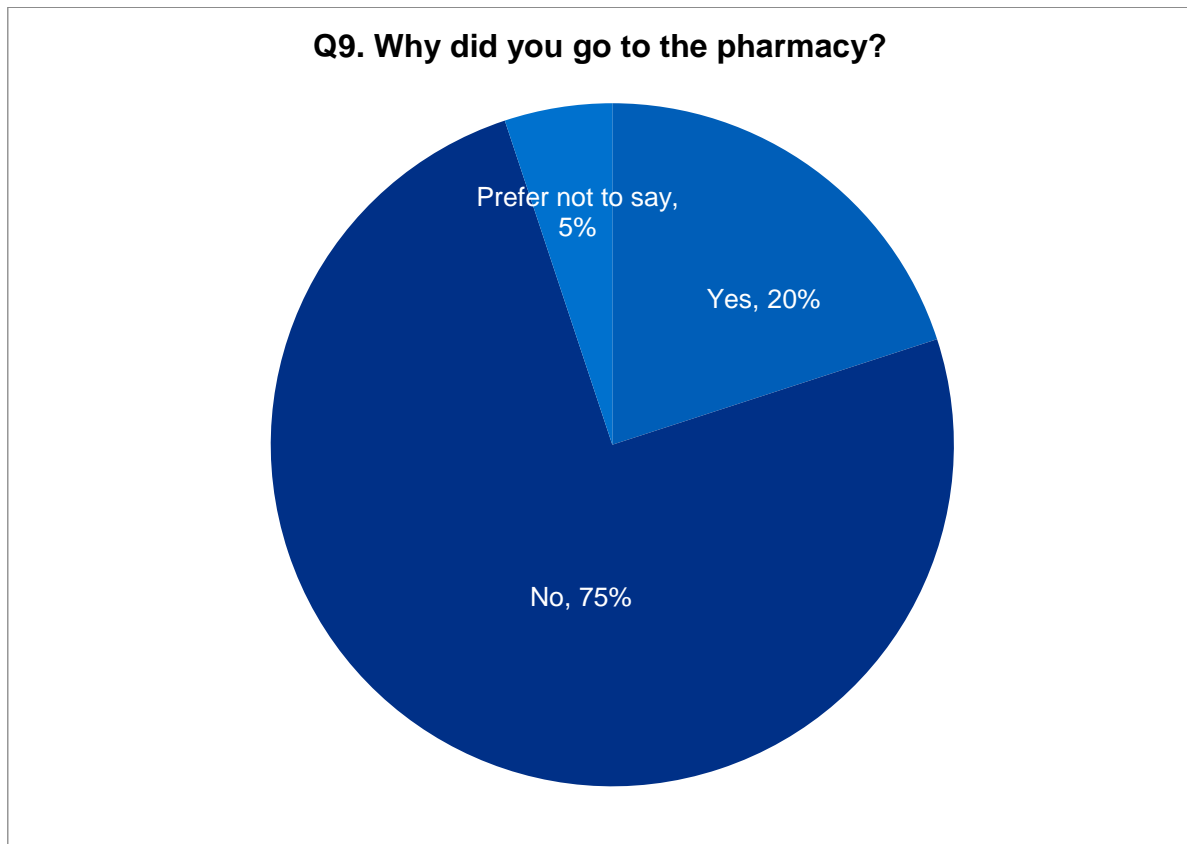
The sample under represented ethnic minorities.



Base: 256 (single responses)



20% of those participating in the survey consider themselves to have a disability, whilst three quarters do not.



## Coventry public survey: questionnaire



### Local Views needed for Local Pharmacies

#### Introduction and background

Coventry City Council and Warwickshire County Council are working in partnership with the NHS to understand how you use pharmacies (or chemists) and the services they provide that are most important to you.

Those based in Coventry may recall a similar survey conducted between October 2016 and February 2017 by Healthwatch that focussed on pharmacy services. However, this survey focuses on your experiences in more detail.

The information that you provide is completely confidential and anonymous.

This survey closes at 8am on Monday 25<sup>th</sup> September 2017

**Should you wish to speak to someone about this consultation or about the survey, please contact us on:**

**Telephone: 0121 612 3806**

**Email: [mlcsu.researchservices.@nhs.net](mailto:mlcsu.researchservices.@nhs.net)**

#### HOW TO RETURN THIS QUESTIONNAIRE

Please return this questionnaire in the freepost envelope provided. You do not need to use a stamp.

You can also fill in this survey online at: <http://tinyurl.com/CovWarPNA-Public-Survey>

Thank you in advance for taking the time to complete this survey.

The data controller is NHS Midlands and Lancashire CSU. The information from this survey will be used to improve Coventry and Warwickshire Pharmacy services, the information may be shared with Coventry and Warwickshire City Council partners to improve service delivery across the city. Your response will be temporarily stored on Elesurvey's secure servers based in the UK. Elesurvey undertakes not to disclose the responses to others without lawful grounds.

**Section 1 – The pharmacies you use and why**

1. Which of the following best describes your location?	
Coventry	
Warwickshire	

2. Please provide details of the last pharmacy you used? <i>(please include as much as you know)</i>	
Name of Pharmacy	
Road	
Town/City	
Postcode	

3. Is this the pharmacy that you normally use?	
Yes – Proceed to Q4	
No – Proceed to Q3	

4. If no, which pharmacy do you normally use? <i>(please include as much as you know)</i>	
Name of Pharmacy	
Road	
Town/City	
Postcode	

5. Thinking about the pharmacy you normally use, how do you normally travel to it? <i>(please tick one)</i>	
Car (driver)	
Car (passenger)	
Public transport	
Bicycle	
Taxi	
Walk	
Other (please specify)	

6. Typically, how long does it take you to get there in minutes?
Answer:

7. Again thinking about your normal pharmacy, what are your main reasons for choosing to visit this pharmacy? <i>(Please select up to 5 reasons)</i>	
Friendly and polite	
A quick service	
Can provide you with the right advice when you're unwell	
Can advise you on living a more healthy lifestyle	
A room for a private consultancy is available	
Stocks the medicine / items I require	
Provides advice and guidance about where to go for health advice and assistance	
The pharmacist takes time to talk to me	
The pharmacy delivers my prescriptions	
I have confidence in the pharmacy	
I can park the car there easily	
It is near my home	
It is near my work	
It is near/ at my local GP surgery	
It is easy to get to whilst shopping	
It has good public transport links (e.g. bus)	
Convenient opening hours	
I can visit the pharmacy in the evening and weekend	
Other (please specify)	

8. Thinking about your last visit to a pharmacy, who did you visit for? <i>(please tick one)</i>	
For yourself	
For a child under the age of 12 months	
For a child between 13 months and 5 years	
For a child between 6 years and 16 years	
For a member of your family aged 17+	
For a friend/neighbour etc. aged 17+	
Other (please specify)	

9. Why did you go to the pharmacy? <i>(please tick one)</i>	
For a prescription (to have a prescription dispensed)	
To buy an over the counter medicine (e.g. paracetamol or plasters)	
For advice (e.g. on medicines, illnesses, symptoms you were experiencing, minor ailments)	
Other (please specify)	



10. Overall, how satisfied were you with your last visit to the pharmacy? <i>(Please tick one)</i>	
Very satisfied	
Fairly satisfied	
Neither satisfied not dissatisfied	
Fairly dissatisfied	
Very dissatisfied	

11. Please explain why you were or were not satisfied with your last visit.

12. Have you used an internet pharmacy in the last year?	
Yes – Proceed to Q13	
No – Proceed to Q15	
Unsure – Proceed to Q15	

13. Why did you use the internet pharmacy? <i>(please tick all that apply)</i>	
Easier than visiting a high street pharmacy i.e. more convenient	
It's more private and I don't have to ask/pay for the items over the counter	
The items were cheaper	
I could not find them in my pharmacy or other shop	
I can buy larger amounts of the item i.e. buying in bulk	
I don't know if I can buy the item from a high street pharmacy	
Other (please specify)	

14. If you can remember please tell us the name of the website / internet pharmacy you used?

### Section 2 – Pharmacy opening hours

15. To what extent are you happy with the opening hours of the pharmacy you normally use? (please tick one)	
Very happy	<input type="checkbox"/>
Happy	<input type="checkbox"/>
Neither happy nor unhappy	<input type="checkbox"/>
Unhappy	<input type="checkbox"/>
Very unhappy	<input type="checkbox"/>

16. Did you know some pharmacies are open outside 9-5, Monday to Friday?	
Yes – Proceed to Q17	<input type="checkbox"/>
No – Proceed to Q18	<input type="checkbox"/>

17. Do you know which pharmacies are open at these times?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

18. When do you usually visit? (Please tick all that apply)			
Midnight – 8am	<input type="checkbox"/>	8pm to midnight	<input type="checkbox"/>
Between 8am and 12pm	<input type="checkbox"/>	Monday to Friday	<input type="checkbox"/>
Between 12pm and 5pm	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Between 5pm and 8pm	<input type="checkbox"/>	Sunday	<input type="checkbox"/>

### Section 3 – Pharmacy Services

19. To what extent do you agree/disagree with the following statement...  “I am always able to access the pharmacy services I require, when I need them.”  (please tick one)	
Strongly agree	<input type="checkbox"/>
Slightly agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Slightly disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>

20. Thinking about the services provided by the pharmacies in your area, which of the following are you aware of?		
	Yes	No
<b>Collection of prescriptions from surgeries</b>		
<b>Collection of prescriptions from surgeries which includes putting in the repeat request slip</b>		
<b>Repeat Dispensing:</b> If you are regularly being prescribed the same medicines, you may be able to get prescriptions for up to 6-12 months issued as a batch of forward dated prescription by your GP		
<b>Disposing of Old Medicines:</b> If you or your family have medicines that are out of date or you no longer need, you can take them to a pharmacy so they can be safely destroyed		
<b>Healthy Living Advice:</b> Your local pharmacy team can provide advice on a range of subjects to help you and your family live well, e.g. what food you should eat to stay healthy, healthy levels of alcohol etc.		
<b>Information about other health services:</b> If your pharmacy team can't help you with a particular issue, they can help you find out who you need to speak to and where to go to get the support you need		
<b>Staying healthy and recovering from illness:</b> Pharmacy team can help you to avoid getting ill, they can also help you to use your medicines properly so you can recover quickly if you do get ill		
<b>Discussing your prescription medicines:</b> You can arrange a private meeting with your pharmacist to discuss how you feel your medicines are working		
<b>New prescription medicines:</b> When your GP gives you a new medicine, you can meet with your pharmacist to make sure you know how to use it properly to get the best out of it		
<b>Using Medical Devices:</b> Some people with severe conditions or after surgery need to use devices which can be complicated. Your pharmacist can meet with you to discuss any problems you have		
<b>Getting an emergency supply of medication from the pharmacy:</b> This when you run out of your medicines or leave them at home while on holiday and the pharmacy provides you with a few days supply under certain circumstances		
<b>Sexual Health Services:</b> Some pharmacies provide a range of services to help people practice safe sex, use contraception to avoid unplanned pregnancies, and to treat sexually transmitted infections		
<b>Tuberculosis Treatment:</b> Pharmacies storing the treatment you need to take if you have been diagnosed with Tuberculosis and providing you with the medicine to treat the condition		
<b>Seeing a Pharmacist instead of a GP:</b> There are some conditions that you can get treated by your pharmacy team instead of having to wait for a GP appointment e.g. aches and pains, coughs, colds		
<b>Stopping Smoking:</b> Pharmacy teams can help you to quit by providing advice and treatment		
<b>Blood test:</b> You can go to some pharmacies to have your blood sample taken		
<b>Flu Jabs:</b> You can get the flu jab at pharmacies in the same way as it is provided by GP practices in that anyone eligible for a free flu jab at a GP practice is also eligible for the jab in pharmacies that offer the NHS England commissioned service.		
<b>Travel vaccines:</b> Some pharmacies provide injections that you need to have when travelling to some foreign countries		
<b>Immunisations:</b> Some pharmacies provide some of the jabs your children would normally have in a GP practice		
<b>Health Tests:</b> Some pharmacies test for things like high cholesterol, diabetes, blood pressure, weight		
<b>Pain Relief Medicines for Complex Illnesses (e.g. Cancer):</b> Certain pharmacies keep regular stocks of medicines like Morphine so that people who need strong pain relief do not go without it		



<b>21. Focussing on the services you have used, how satisfied are you with each of them?</b> <i>(Please tick your level of satisfaction for the services you have used. For those you haven't used, please leave the row blank)</i>						
	<b>Very satisfied</b>	<b>Satisfied</b>	<b>Neither</b>	<b>Dissatisfied</b>	<b>Very dissatisfied</b>	<b>N/A</b>
Collection of prescriptions from surgeries	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Collection of prescriptions from surgeries which includes putting in the repeat request slip	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Repeat Dispensing	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Disposing of Old Medicines	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Healthy Living Advice	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Information about other health services	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Staying healthy and recovering from illness	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Discussing your prescription medicines	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
New prescription medicines	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Using Medical Devices	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Getting an emergency supply of medication from the pharmacy	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Sexual Health Services	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Tuberculosis Treatment	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Seeing a Pharmacist instead of a GP	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Stopping Smoking	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Blood tests	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Flu Jabs	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Travel vaccines	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Immunisations	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Health Tests	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A
Pain Relief Medicines for Complex Illnesses (e.g. Cancer)	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	N/A



<b>22. Thinking about the services you're <i>not</i> aware of, which of the following services would you like to use if they were available in your local pharmacies?</b> <i>(Please tick all that apply)</i>	
Collection of prescriptions from surgeries	
Collection of prescriptions from surgeries which includes putting in the repeat request slip	
<b>Repeat Dispensing:</b> If you are regularly being prescribed the same medicines, you may be able to get prescriptions for up to 6-12 months issued as a batch of forward dated prescription by your GP	
<b>Disposing of Old Medicines:</b> If you or your family have medicines that are out of date or you no longer need, you can take them to the pharmacy so they can be destroyed in a safe manner	
<b>Healthy Living Advice:</b> Your local pharmacy team can provide advice on a range of subjects to help you and your family live well, e.g. what food you should to eat to stay healthy, healthy levels of alcohol etc.	
<b>Information about other health services:</b> If your pharmacy team can't help you with a particular issue, they can help you find out who you need to speak to and where to go to get the support you need	
<b>Staying healthy and recovering from illness:</b> Pharmacy team can help you to avoid getting ill, they can also help you to use your medicines properly so you can recover quickly if you do get ill	
<b>Discussing your prescription medicines:</b> You can arrange a private meeting with your pharmacist to discuss how you feel your medicines are working	
<b>New prescription medicines:</b> When your GP gives you a new medicine, you can meet with your pharmacist to make sure you know how to use it properly to get the best out of it	
<b>Using Medical Devices:</b> Some people with severe conditions or after surgery need to use devices which can be complicated. Your pharmacist can meet with you to discuss any problems you have	
<b>Getting an emergency supply of medication from the pharmacy:</b> This when you run out of your medicines or leave them at home while on holiday and the pharmacy provides you with a few days supply under certain circumstances	
<b>Sexual Health Services:</b> Some pharmacies provide a range of services to help people practice safe sex, use contraception to avoid unplanned pregnancies, and to treat sexually transmitted infections	
<b>Tuberculosis Treatment:</b> Pharmacies storing the treatment you need to take if you have been diagnosed with Tuberculosis and providing you with the medicine to treat the condition	
<b>Seeing a Pharmacist instead of a GP:</b> There are some conditions that you can get treated by your pharmacy team instead of having to wait for a GP appointment e.g. aches and pains, coughs, colds	
<b>Stopping Smoking:</b> Pharmacy teams can help you to quit by providing advice and treatment	
<b>Blood test:</b> You can go to some pharmacies to have your blood sample taken	
<b>Flu Jabs:</b> You can get the flu jab at pharmacies in the same way as it is provided by GP practices in that anyone eligible for a free flu jab at a GP practice is also eligible for the jab in pharmacies that offer the NHS England commissioned service.	
<b>Travel vaccines:</b> Some pharmacies provide injections that you need to have when travelling to some foreign countries	
<b>Immunisations:</b> Some pharmacies provide some of the jabs your children would normally have in a GP practice	
<b>Health Tests:</b> Some pharmacies test for things like high cholesterol, diabetes, blood pressure, weight	
<b>Pain Relief Medicines for Complex Illnesses (e.g. Cancer):</b> Certain pharmacies keep regular stocks of medicines like Morphine so that people who need strong pain relief do not go without it	
<b>Please outline any other services you'd like to use here</b>	

### Section 4 – Obtaining advice at the pharmacy

**23. Have you ever been given advice on any of the services offered at the pharmacy?**

Yes – Proceed to Q24	
No – Proceed to Q25	

**24. Thinking about the last time you received advice by the pharmacist, please rate the advice you were given on the following...**  
(Where 5 is 'very good' and 1 is 'very poor')

	1 – very poor	2	3	4	5 – very good
The way the advice was communicated to you (e.g. spoken, written down)					
Relevance of the advice to you and your needs					
Overall usefulness of the advice					

**25. Please share any further comments about pharmacy services here.**

### Section 4 – About you

We want to make sure we have listened to a diverse and representative group of people from across Coventry and Warwickshire. You are not obliged to answer these questions however we would greatly appreciate it if you did.

We will not be able to identify you from any of the information provided below in this questionnaire.

**26. Please provide your postcode, so we can identify pharmacy provision in your area**

**27. How would you best describe yourself?**

Employed or self-employed (working)	
Student	
Fulltime parent	
Unemployed	
Retired	
Other (please specify)	

28. Which age group do you fall into?	
10 - 14	
15 - 19	
20 - 24	
25 - 29	
30 - 34	
35 - 39	
40 - 44	
45 - 49	
50 - 54	
55 - 59	
60 - 64	
65 - 69	
70 - 74	
75 - 79	
80 +	

29. What is your sexual orientation?	
Heterosexual or straight	
Bisexual	
Gay man	
Gay women/ lesbian	
Prefer not to say	

30. What is your gender?	
Female	
Male	
Intersex	
Transgender	
Prefer not to say	

31. How would you describe your ethnic origin?	
<b>ASIAN OR ASIAN BRITISH:</b>	<b>WHITE</b>
Bangladeshi	British (includes English/ Welsh/ Scottish/ Northern Irish)
Indian	Irish
Pakistani	Gypsy/ Irish Traveller
Any other Asian background (please specify)	Any other White background (please specify)
<b>BLACK OR BLACK BRITISH</b>	<b>OTHER ETHNIC GROUP</b>
African	Chinese
Caribbean	Arab
Any other Black background (please specify)	Any other Ethnic group (please specify)
<b>MIXED</b>	Prefer not to say
White and Asian	
White and Black African	
White and Black Caribbean	
Any other Mixed background (please specify)	

32. Do you consider yourself to have a disability?	
Yes	No
Prefer not to say	

Thank you for taking the time to complete our survey. Your views are important to us. Please now post your completed questionnaire back to us using the freepost address below.

Freepost Plus RTAA XTHA LGGC  
FAO Janet Carr  
Midlands and Lancashire CSU  
Heron House  
120 Grove Road  
Fenton  
Stoke-on-Trent  
Staffordshire  
ST4 4LX

## Appendix 4: Pharmacy directory of services and opening hours

\*Information relating to hours of service from contractors in Coventry was provided by NHSE. Information is accurate as of the 06th October 2017.

\*\*Information relating to locally commissioned services provided by contractors in Coventry was provided by service commissioners and is accurate as of 5th February 2018.

CODE	CATEGORY	TRADING NAME	ADDRESS	TELEPHONE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	SEXUAL HEALTH SERVICES	SUPERVISED CONSUMPTION	NEEDLE EXCHANGE	SMOKING CESSATION	PHLEBOTOMY	MALOXONE	ALCOHOL
FWE23	100 Hour Pharmacy	Asda Pharmacy	Abbey Park, London Road, Coventry, CV3 4AR	02476 507713	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600		YES		YES			
FPP94	100 Hour Pharmacy	Bannerbrook Pharmacy	5-7 Gramercy Park, off Banner Lane, Coventry, CV4 9AE	02476 422120	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0800-2300	0900-1400				YES	YES		
FLG69	100 Hour Pharmacy	Boots Pharmacy	Unit 2, Warwickshire Shopping Park, Kynner Way, Coventry, CV3 2SB	02476 443767	0800-0000	0800-0000	0800-0000	0800-0000	0800-0000	0900-2300	1030-1630		YES		YES			
FJ355	100 Hour Pharmacy	Clay Lane Pharmacy	Upper Stoke Health Centre, Clay Lane, Coventry, CV2 4LJ	02476 442283	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0900-2100	1000-1800		YES					
FHD63	100 Hour Pharmacy	Foleshill Pharmacy	579A Foleshill Road, Coventry, CV6 5JR	02476 66 4919	0630-2200	0630-2200	0630-2200	0630-2200	0630-2200	0630-2200	1000-1700		YES					
FP899	100 Hour Pharmacy	Lloyds Pharmacy	330 Fletchamstead Highway, Coventry, CV4 9BJ	02476 679736	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	1000-1500		YES		YES			
FD713	100 Hour Pharmacy	Stoney Stanton Pharmacy	631-633 Stoney Stanton Road, Coventry, CV6 5GA	02476 661758	0730-2300	0730-2300	0730-2300	0730-2300	0730-2300	0730-2300	0900-1700		YES	YES	YES		YES	YES
FDT12	100 Hour Pharmacy	Tesco Instore Pharmacy	Tesco Store, Cross Point Business Park, Coventry, CV2 2SH	02476 291847	0800-2230	0630-2230	0630-2230	0630-2230	0630-2230	0630-1230, 1300-2200	1000-1600		YES		YES			
FE612	100 Hour Pharmacy	Wellbeing Pharmacy	298 Tile Hill Lane, Coventry, CV4 9DR	02476 429950	0830-2300	0830-2300	0830-2300	0830-2300	0830-2300	0800-2145	0800-2145							
FCQ13	100 Hour Pharmacy	Windmill Late Night Pharmacy	2-8 Longford Road, Coventry, CV6 8DX	02476 272141 02476 638310	0630-2315	0630-2315	0630-2315	0630-2315	0630-1300, 1400-0000	0700-2330	Closed		YES					
FEC67	Appliance Contractor	Bullens Healthcare	Unit 11, Gregston Trade Centre, Oldbury, B69 4EX	0800 888 501	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed							
FH804	Appliance Contractor	Fittleworth Medical	Unit 4 Leofric Court, Progress Way, Coventry, CV3 2NT	0800 378846	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	Closed	Closed							
FLT34	Community Pharmacy	Acorn Pharmacy	83 Remembrance Road, Coventry, CV3 3DP	02476 302325	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed		YES		YES			
FXF48	Community Pharmacy	Allesley Pharmacy	134 Birmingham Road, Coventry, CV5 9HA	02476 404177	0900-1300, 1400-1830	0900-1300, 1400-1830	0900-1300, 1400-1830	0900-1500	0900-1300, 1400-1830	Closed	Closed		YES			YES		
FP784	Community Pharmacy	Asda Pharmacy	Asda Shopping Centre, Brade Drive, Coventry, CV2 2PN	02476 625817	0900-1230, 1430-1700	0900-1230, 1430-1700	0900-1230, 1430-1700	0900-1230, 1430-1700	0900-1230, 1430-1700	0900-1230, 1430-1700	1100-1300, 1400-1600	YES	YES		YES	YES		
FP057	Community Pharmacy	B J Chemist	197/199 Gulson Road, Coventry, CV1 2HZ	02476 257930	0900-1800	0900-1800	0900-1800	0900-1300	0900-1800	Closed	Closed	YES	YES		YES	YES		
FCM34	Community Pharmacy	Biraj Pharmacy	445-447 Foleshill Road, Coventry, CV6 5AQ	02476 689274	0900-1300, 1400-1900	0900-1300, 1400-1900	0900-1300, 1400-1900	0900-1300, 1400-1900	0900-1300, 1400-1900	Closed	Closed		YES					YES
FLL66	Community Pharmacy	Boots Pharmacy	Arena Park, Phoenix Way, Coventry, CV6 6AS	02476 685219	0900-2000, 2000-0000	0900-2000, 2000-0000	0900-2000, 2000-0000	0900-2000, 2000-0000	0900-2000, 2000-0000	0900-1900, 1900-0000	1000-1600		YES					

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CODE	CATEGORY	TRADING NAME	ADDRESS	TELEPHONE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	SEXUAL HEALTH SERVICES	SUPERVISED CONSUMPTION	NEEDLE EXCHANGE	SMOKING CESSATION	PHLEBOTOMY	MALDOXONE	ALCOHOL
FQJ18	Community Pharmacy	Boots Pharmacy	19/193 Walsgrave Road, Coventry, CV2 4HH	02476 458066	1000-1400, 1500-1730	1000-1400, 1500-1730	1000-1400, 1500-1730	1000-1400, 1500-1730	0930-1400, 1500-1730	0930-1400, 1500-1730	Closed	YES	YES		YES			
FR761	Community Pharmacy	Boots Pharmacy	10 Quorn Way, Coventry, CV3 2JU	02476 459909	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	Closed	Closed		YES	YES	YES			
FRES8	Community Pharmacy	Boots Pharmacy	248 Hipswell Highway, Coventry, CV2 5FS	02476 455554	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	Closed	Closed	YES	YES	YES	YES			
FT759	Community Pharmacy	Jhoots Pharmacy	94 Moseley Avenue, Coventry, CV6 1HQ	02476 592298	0900-1400, 1500-1730	0900-1400, 1500-1730	0900-1400, 1500-1730	0900-1400, 1500-1730	0900-1400, 1500-1730	0930-1200	Closed		YES					
FWM79	Community Pharmacy	Boots Pharmacy	58 Earlsdon Street, Coventry, CV5 6EJ	02476 675482	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed		YES					
FXG55	Community Pharmacy	Boots Pharmacy	163 Daventry Road, Coventry, CV3 5HD	02476 501574	0900-1400, 1500-1700	0900-1400, 1500-1700	0900-1400, 1500-1700	0900-1400, 1500-1600	0900-1400, 1500-1700	0900-1400, 1500-1600	Closed		YES	YES	YES			
FXW35	Community Pharmacy	Boots Pharmacy	116 Jardine Crescent, Coventry, CV4 9PP	02476 466824	0900-1330, 1430-1800	0900-1330, 1430-1800	0900-1330, 1430-1800	0900-1330, 1430-1800	0900-1330, 1430-1800	Closed	Closed	YES	YES		YES			
FC722	Community Pharmacy	Boots Pharmacy	49 The Precinct, Coventry, CV1 1DS	02476 226561	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	Closed	YES	YES	YES	YES			
FJ477	Community Pharmacy	Boots pharmacy	91 Jubilee Crescent, Coventry, CV6 3EX	02476 595068	0900-1230, 1330-1800	0900-1230, 1330-1800	0900-1230, 1330-1800	0900-1300	0900-1230, 1330-1800	0900-1300	Closed		YES		YES			
FK857	Community Pharmacy	Boots Pharmacy	25 Farren Road, Coventry, CV2 5EP	02476 457689	0800-1900	0800-1900	0800-1900	0800-1900	0800-1900	0900-1300	Closed	YES	YES		YES			
FF996	Community Pharmacy	Boots Pharmacy	3-5 Cross Cheaping, Coventry, CV1 1HF	02476 226644	0930-1400, 1500-1730	0930-1400, 1500-1730	0930-1400, 1500-1730	0930-1400, 1500-1730	0930-1400, 1500-1730	0930-1400, 1500-1530	Closed	YES	YES	YES	YES			
FHK05	Community Pharmacy	Boots Pharmacy	Unit 7, Central Six Retail Park, Coventry, CV3 6TA	02476 225637	1000-1400, 1500-1730	1000-1400, 1500-1730	1000-1400, 1500-1730	1000-1400, 1500-1730	1000-1400, 1500-1730	1000-1400, 1500-1630	1200-1400	YES	YES		YES			
FHL20	Community Pharmacy	Boots Pharmacy	585 Stoney Stanton Road, Coventry, CV6 5ED	02476 688224	0900-1300, 1400-1830	0900-1300, 1400-1830	0900-1300, 1400-1830	0900-1300	0900-1300, 1400-1830	0900-2300	Closed		YES	YES	YES			
FHW14	Community Pharmacy	Boots Pharmacy	51 Quinton Park, Coventry, CV3 5PZ	02476 502826	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed		YES		YES			
FF533	Community Pharmacy	Boots UK Limited	Cannon Park Centre, Lynchgate Road, Coventry, CV4 7EH	02476 417158	0900-1415, 1500-1730	0900-1415, 1500-1730	0900-1415, 1500-1730	0900-1415, 1500-1800	0900-1415, 1500-1800	0900-1415, 1500-1800	1000-1600	YES	YES		YES			
FDP01	Community Pharmacy	Broomfield Pharmacy	Broomfield Park, Spon End, Coventry, CV1 3HQ	02476 555399	0815-1300, 1400-1800	0815-1300, 1400-1800	0815-1300, 1400-1800	0815-1300	0815-1300, 1400-1800	Closed	Closed	YES	YES	YES			YES	YES
FPP51	Community Pharmacy	Chemycare Pharmacy	53 Broad Park Road, Coventry, CV2 1DB	02476 612051	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed		YES					
FG097	Community Pharmacy	Chemycare Chemist	33A Park Road, Coventry, CV1 2LE	02476 552206	0830-1300, 1430-1830	0830-1300, 1400-1830	0830-1300, 1400-1830	0830-1300	0830-1300, 1400-1830	Closed	Closed							

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FKC57	Community Pharmacy	Chemycare Chemist	19 Ringwood Highway, Coventry, CV2 2GG	02476 614365	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed				YES			
FTA32	Community Pharmacy	Chemycare Chemist	471 Beake Avenue, Coventry, CV6 2HT	02476 338488	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed							
FA658	Community Pharmacy	Dhalival Chemist	17 Station Street East, Coventry, CV6 5FL	02476 665272	0900-1400, 1500-1800	0900-1400, 1500-1800	0900-1400, 1500-1800	0900-1400	0900-1300, 1500-1800	0900-1200	Closed		YES					
FRH78	Community Pharmacy	Dhalival Chemist	Edgwick MC, 2 Queen Mary's Road, Coventry, CV6 5LL	02476 688384	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed							
FWF47	Community Pharmacy	Dhalival Chemist	110 Brandon Road, Binley, Coventry, CV3 2JF	02476 449642	0900-1300, 1430-1830	0900-1300, 1430-1830	0900-1300, 1430-1830	0900-1300	0900-1300, 1430-1830	0900-1300	Closed		YES					
FLX38	Community Pharmacy	Forum Pharmacy	304 Walsgrave Road, Coventry, CV2 4BL	02476 454523	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed					YES		
FJ630	Community Pharmacy	Gables Pharmacy	Gables Medicentre, 268 Holbrook Lane, Coventry, CV6 4DD	02476 688302	0900-1800	0830-1800	0830-1300	0900-1800	0900-1700	Closed	Closed							
FHF55	Community Pharmacy	Goes Pharmacy	475 Holyhead Road, Coventry, CV5 8HU	02476 594149	0830-1300, 1400-1730	0830-1300, 1400-1730	0830-1300, 1400-1730	0830-1300, 1400-1730	0830-1300, 1400-1730	Closed	Closed					YES		
FTW85	Community Pharmacy	Heath Pharmacy	36 Heath Crescent, Coventry, CV2 4PR	02476 635178	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	0900-1200, 1300-1800	Closed	Closed		YES	YES				YES
FPJ78	Community Pharmacy	Hillfields Pharmacy	88-89 King William Street, Coventry, CV1 5JF	02476 228374	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed		YES	YES			YES	
FMT23	Community Pharmacy	Holbrook Pharmacy	75-77 Wheelwright Lane, Coventry, CV6 4HN	02476 645566	0815-1930	0815-1830	0715-1900	0818-1830	0818-1830	Closed	Closed	YES	YES		YES			
FRC01	Community Pharmacy	Humber Pharmacy	9 Humber Road, Coventry, CV3 1AT	02476 455464	0900-1330, 1430-1730	0900-1330, 1430-1730	0900-1330, 1430-1730	0900-1300	0900-1330, 1430-1730	0900-1330, 1430-1730	Closed		YES			YES		
FRM28	Community Pharmacy	Imperium Pharmacy	1 Wheelwright Lane, Coventry, CV6 4HF	02476 683437	0900-1300, 1415-1815	0900-1300, 1415-1815	0900-1300, 1415-1430	0900-1300, 1415-1800	0900-1300, 1415-1815	0900-1300	Closed		YES			YES		
FPN23	Community Pharmacy	Kara's Pharmacy	13 Acorn Street, Coventry, CV3 1DP	02476 454178	0900-1800	0900-1800	0900-1800	0900-1300	0900-1800	None	Closed	YES	YES	YES				
FNK17	Community Pharmacy	Kara's Pharmacy	55 Binley Road, Coventry, CV3 1HU	02476 457513	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1330	0900-1300, 1400-1800	0900-1230	Closed	YES	YES	YES			YES	
FG189	Community Pharmacy	KK Mistry Pharmacy	34 Station Avenue, Coventry, CV4 9HS	02476 461900	0900-1330, 1430-1800	0900-1330, 1430-1800	0900-1330, 1430-1800	0900-1330, 1430-1800	0900-1330, 1430-1800	Closed	Closed				YES			
FT071	Community Pharmacy	L H Wills Ltd	14 Parkville Highway, Coventry, CV6 4HZ	02476 689297	0845-1745	0845-1745	0900-1300	0845-1745	0845-1745	Closed	Closed		YES					
FEF12	Community Pharmacy	Lloyds Pharmacy	9 Riley Square, Coventry, CV2 1LS	02476 687011	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1130, 1430-1700	Closed		YES	YES	YES		YES	YES



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FJH67	Community Pharmacy	Lloyds Pharmacy	19 Earlsdon Street, Coventry, CV5 6EP	02476 714634	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1230, 1500-1830	0900-1130, 1500-1730	Closed		YES	YES		YES		
FN524	Community Pharmacy	Jhoots Pharmacy	100 Moseley Avenue, Coventry, CV6 1HQ	02476 597703	0830-1230, 1500-1800	0830-1230, 1500-1800	0830-1230, 1500-1800	0830-1230, 1500-1800	0830-1230, 1500-1800	0900-1130, 1500-1730	Closed		YES		YES			
FRT33	Community Pharmacy	Lloyds Pharmacy	343 Tile Hill Lane, Coventry, CV4 9DU	02476 466172	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1130, 1500-1730	Closed		YES	YES	YES	YES	YES	YES
FTX63	Community Pharmacy	Lloyds Pharmacy	43 Torcross Avenue, Coventry, CV2 3NE	02476 451045	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1100, 1500-1730	Closed		YES		YES			
FXA78	Community Pharmacy	Lloyds Pharmacy	Austin Drive, Off Bell Green Road, Coventry, CV6 7NS	02476 683031	0900-1200, 1500-1800	0900-1200, 1500-1800	0900-1200, 1500-1800	0900-1200, 1500-1800	0900-1200, 1500-1800	0900-1200, 1500-1700	1000-1300, 1400-1600		YES		YES			
FP570	Community Pharmacy	Lloyds Pharmacy	47149 Riley Square, Coventry, CV2 1LW	02476 683415	1030 - 1830	1030 - 1830	1030 - 1830	1030 - 1830	1030 - 1830	Closed	Closed				YES			
FPN97	Community Pharmacy	Lloyds Pharmacy	55/58 Jubilee Crescent, Coventry, CV6 3ET	02476 596331	0900-1200, 1800-2100	0900-1200, 1800-2100	0900-1200, 1800-2100	0900-1200, 1800-2100	0900-1200, 1800-2100	0900-1200, 1800-2100	1400-1700		YES	YES	YES			
FNX69	Community Pharmacy	Lloyds Pharmacy Limited	102 Remembrance Road, Coventry, CV3 3DP	02476 303356	0900-1230, 1430-1900	0900-1230, 1430-1900	0900-1230, 1430-1900	0900-1230, 1530-1700	0900-1230, 1430-1900	0900-1100, 1600-1700	Closed		YES	YES			YES	YES
FP654	Community Pharmacy	Lloyds Pharmacy Limited	48 Kenpas Highway, Coventry, CV3 6BP	02476 416786	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed		YES		YES	YES		
FCN25	Community Pharmacy	Lloydspharmacy	City of Coventry Health Centre, Stoney Stanton Road, Coventry, CV14FS	02476 226230	0900-1230, 1430-1900	0900-1230, 1430-1900	0900-1230, 1430-1900	0900-1230, 1300-1500	0900-1230, 1430-1900	0900-1100, 1200-1300	Closed	YES	YES		YES			
FK359	Community Pharmacy	Lloydspharmacy	Allesley Park Medical Centre, Whitaker Road, Coventry, CV5 3JE	02476 673494	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1230, 1530-1900	0900-1130, 1500-1730	Closed	YES	YES		YES			
FNF08	Community Pharmacy	Longford Chemist	Longford Primary Care Centre, Longford Road, Coventry, CV6 6DR	02476 365273	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1700	0900-1300, 1400-1800	Closed	Closed		YES			YES		
FAP57	Community Pharmacy	MHussain Chemists Ltd	1A Harnall Lane East, Coventry, CV15AE	02476 222447	0900-1700	0900-1700	0900-1700	0900-1600	0900-1800	Closed	Closed		YES	YES	YES		YES	
FAJ95	Community Pharmacy	Medi-Care Pharmacy	15a Chace Avenue, Coventry, CV3 3AD	02476 306742	0900-1700	0900-1700	0900-1800	0900-1500	0900-1800	Closed	Closed		YES	YES	YES			YES
FWD18	Community Pharmacy	Michael W Phillips Chemists	University of Warwick Campus, Gibbet Hill Road, Coventry, CV4 7AL	02476 572860	0900-1345, 1415-1730	0900-1345, 1415-1730	0900-1345, 1415-1730	0900-1345, 1415-1730	0900-1345, 1415-1730	Closed	Closed							
FCL32	Community Pharmacy	Monarch Pharmacy	42 Prior Deram Walk, Coventry, CV4 8FT	02476 674826	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed	YES	YES	YES	YES	YES		
FK356	Community Pharmacy	Monarch Pharmacy	318 Radford Road, Coventry, CV6 3AA	02476 597071	0830-1230, 1400-1800	0830-1230, 1400-1800	0830-1230, 1400-1800	0830-1230, 1400-1800	0830-1230, 1400-1800	Closed	Closed	YES	YES	YES	YES	YES		
FQ188	Community Pharmacy	Morisons Pharmacy	Alvis Works, Holyhead Road, Coventry, CV5 8BX	02476 597287	0900-1300, 1400-1700	0900-1300, 1400-1700	0900-1300, 1400-1700	0900-1300, 1400-1700	0900-1300, 1400-1700	0900-1300, 1400-1500	Closed				YES			

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FPC30	Community Pharmacy	Mount Nod Pharmacy	126 Sutherland Avenue, Mount Nod, Coventry, CV5 7NJ	02476 470352	0900-1300, 1430-1800	0900-1300, 1430-1800	0900-1300, 1430-1800	0900-1300, 1430-1730	0900-1300, 1430-1800	0900-1200	Closed				YES	YES		
FN194	Community Pharmacy	MW Phillips Chemist	471 Stoney Stanton Road, Coventry, CV6 5EA	02476 680399	0845-1310, 1400-1830	0845-1310, 1400-1830	0845-1310, 1400-1830	0845-1305	0845-1310, 1400-1830	Closed	Closed							
FPE13	Community Pharmacy	MW Phillips Chemists	373 Green Lane, Coventry, CV3 6EJ	02476 414722	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300	0900-1300, 1400-1800	0900-1300	Closed							
FP425	Community Pharmacy	Norton Hill Pharmacy	10 Norton Hill Drive, Coventry, CV2 3AS	02476 612355	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300	0830-1330, 1400-1800	0900-1200	Closed		YES		YES			
FFA69	Community Pharmacy	Ringwood Pharmacy	200 Wigston Road, Coventry, CV2 2RH	02476 618643	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed	YES			YES	YES		
FHX62	Community Pharmacy	Roskells Pharmacy	175 Allesley Old Road, Coventry, CV5 8FJ	02476 672535	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed		YES					YES
FCC39	Community Pharmacy	Rotherham Road Pharmacy	102 Rotherham Road, Coventry, CV6 4FR	02476 663581	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed							
FR545	Community Pharmacy	Rowlands Pharmacy	1 Henley Road, Coventry, CV2 1LQ	02476 688922	0900-1300, 1330-1800	0900-1300, 1330-1800	0900-1300, 1330-1800	0900-1300, 1400-1600	0900-1300, 1330-1800	Closed	Closed		YES		YES			YES
FK206	Community Pharmacy	S & G Pharmacy	16 Bromleigh Drive, Coventry, CV2 5LX	02476 459779	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed							
FV546	Community Pharmacy	Shire Pharmacy	Keresley Green, MC, Bennetts Road South, Coventry, V6 2FL	02476 333065	0900-1300, 1430-1830	0900-1300, 1430-1830	0900-1300, 1430-1830	0900-1300, 1430-1830	0900-1300, 1430-1830	Closed	Closed							
FF105	Community Pharmacy	SK Pharmacy	279 Harnall Lane East, Coventry, CV1 5AX	02476 722877	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300	0900-1300, 1400-1800	0900-1300	Closed		YES	YES				YES
FG007	Community Pharmacy	Spire Pharmacy	245 Walsgrave Road, Coventry, CV2 4BA	02476 458252	1000-1400, 1500-1800	1000-1400, 1500-1800	1000-1400, 1500-1800	1000-1400, 1500-1730	1000-1400, 1500-1800	0900-1400	Closed		YES	YES			YES	
FM838	Community Pharmacy	Styvechale Pharmacy	84 Baginton Road, Coventry, CV3 8FQ	02476 412195	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed				YES	YES		
FGF23	Community Pharmacy	Superdrug Pharmacy	21/23 Market Way, Coventry, CV1 1DL	02476 225287	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1330, 1430-1730	Closed	YES	YES	YES	YES			
FKY40	Community Pharmacy	Superdrug Pharmacy	30/31 Hertford Street, Coventry, CV1 1LF	02476 227722	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1300, 1500-1730	0900-1300, 1500-1730	Closed	YES	YES	YES	YES			
FT253	Community Pharmacy	Tesco Instore Pharmacy	Tesco Store, Clifford Bridge Road, Coventry, CV2 2TS	0345 6779185	0800-1300, 1400-1700	0800-1300, 1400-1700	0800-1300, 1400-1700	0800-1300, 1400-1700	0800-1300, 1400-1700	Closed	Closed		YES					
FW870	Community Pharmacy	Tesco Instore Pharmacy	Tesco Store, Cov Arena Extra, Phoenix Way, Coventry, CV6 6AS	02476 817249	0900-1300, 1400-1730	0900-1300, 1400-1730	0900-1300, 1400-1730	0900-1300, 1400-1730	0900-1300, 1400-1730	0900-1130	Closed	YES	YES		YES			
FT576	Community Pharmacy	Vantage Chemist	130 Far Gosford Street, Coventry, CV1 5EA	02476 222985	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed	YES	YES	YES	YES	YES	YES	

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FDL05	Community Pharmacy	Village Pharmacy	39 Bennetts Road North, Keresley End, Coventry, CV7 8HZ	02476 336392	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1300	Closed		YES					
FLM91	Community Pharmacy	Well Pharmacy	Norman Place Road, Coventry, CV6 2BQ	02476 332313	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed				YES			
FNH72	Community Pharmacy	Wood End Pharmacy	67 Deedmore Road, Coventry, CV2 1XA	02476 613637	0815-1300, 1415-1815	0815-1300	0815-1300, 1415-1815	0815-1715	0815-1300, 1415-1815	Closed	Closed	YES	YES		YES			
FA137	Community Pharmacy	Wyken Pharmacy	13/17 Brixham Drive, Coventry, CV2 3LA	02476 688371	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1100	Closed		YES		YES			
FCR12	Distance Selling Pharmacy	Care Quality Pharmacy	Unit SFT1, Little Heath Industrial Estate, Old Church Road, Coventry, CV6 7NB	02476 664343	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1300	Closed							
FW754	Distance Selling Pharmacy	Dispensing Centre	Unit 9a, Boston Place, Holbrooks, Coventry, CV6 5NN	0800 240 4204	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed							
FX271	Distance Selling Pharmacy	General Wolfe Pharmacy	576B Foleshill Road, Coventry, CV6 5HP	02476 275891	0800 - 2200	Closed	0800-2100	Closed	0800- 2100	Closed	Closed							
FKG73	Distance Selling Pharmacy	Hayat Health Ltd	Studio 2, Fargo Studios, Grafton Street, Coventry, CV3 2HW	02477 714940	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed							
FCQ36	Distance Selling Pharmacy	Hub Pharmacy	Unit 5, 5 Bodmin Road, Coventry, CV2 5DB	02476 610155	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	0900-1300, 1400-1800	Closed	Closed							
FPD15	Distance Selling Pharmacy	Simple Pharmacy	Ashlands, Stoneleigh Road, Coventry, CV4 7AD	0800 848 8777	0800-1800	0800-1800	0800-1800	0800-1800	Closed	Closed	Closed				YES			

## Appendix 5: Consultation analysis report with online survey

### 1.0 Introduction

Coventry's pharmaceutical needs assessment (PNA) has been prepared by Midlands & Lancashire Commissioning Support Unit (MLCSU). The PNA has been prepared to support how decisions are made about pharmacy services in Coventry, we hope that it will generate discussion and debate as to how we can make the most of the pharmacy services and identify areas for improvement going forward.

The PNA is a tool used to inform commissioners of the current provision of pharmaceutical services and identify any gaps in relation to local health needs. These gaps can therefore be addressed by improving services or even access to those services in local areas.

PNA's as a statutory requirement must be updated at least every 3 years. As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population are accurately reflected in the final PNA document, which is to be published in March 2018. This report outlines the considerations and responses to the consultation.

In order to complete the PNA, MLCSU consulted with key stakeholders as identified under Regulation 8 of the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013. This was to establish if the draft PNA document addresses issues they consider relevant to the provision of pharmaceutical services. Examples of statutory consulted parties include; local pharmacies, Healthwatch Coventry and Coventry Local Medical Committee.

In addition, other local stakeholders were invited to consult on the draft. These included local GP practices and members of the public. The consultation ran from **1<sup>st</sup> December 2017 until 5<sup>th</sup> February 2018** and it was disseminated using the following methods:

- Via email to local organisations and key stakeholders
- The online survey was also promoted and made available on Coventry City Council's website
- Via PharmOutcomes to all local pharmacies
- Key stakeholders were contacted by telephone to promote the consultation and encourage response.

**Overall 42 responses were received to this consultation.**

\*Please note figures are shown to 0 decimal places, therefore, if values do not add to 100%, this is due to rounding. Also data labels are not included on charts for values 3% or below.



## 2.0 Survey Findings

### 2.1 Key themes emerging from the consultation

Participants provided 94 responses to the free text questions in the consultation survey. Around one third (30) of the responses expressed general agreement with the conclusions and recommendations outlined in the draft PNA document, some example verbatims illustrating this have been included below:

*“The surveys that have been conducted seem to have accessed the needs of the Coventry population.”*

*“It would appear to cover the main needs, and categories of service that are reasonable to expect of pharmacies.”*

*“As far as I am aware the document does reflect the situation, but I only can confirm it from my perspective as a user.”*

The remaining responses refer to the information presented in the draft PNA document and the consultation process as a whole. Upon review of these responses, 3 key themes have been identified;

Comments around the accuracy of pharmacy provider data

The requirement to raise awareness of the services offered by pharmacies

Comments around the scope for community pharmacies to offer more services

Each comment was reviewed and where applicable the PNA document was updated accordingly, the following sections provide an overview of the comments that were received and the resulting response.

#### Comments around the accuracy of pharmacy provider data

**‘You said’** Examples of what participants said are;

*“The information presented is confusing in some sections as different figures are given for the number of pharmacies providing certain services. The pharmacy survey was not returned by 100% of pharmacies. Where other data is used as well it should be made clear which is the most reliable.”*

*“Coventry and Warwickshire Pathology Services oversee the Coventry Community phlebotomy Service including clinics provided by pharmacies. The section in the PNA on phlebotomy services needs updating due to Boots pharmacies ceasing to provide phlebotomy clinics from 5 January 2018. The clinics this affects are Boots, Lower Precinct, Moseley Avenue, Quorn Way, Farren Road and Jardine Crescent. There are therefore 18 pharmacies who now provide the phlebotomy service in Coventry. In addition there are 14 other sites - GP surgeries, health centre’s and the hospital that provide phlebotomy services. The map shown in the PNA shows only the pharmacies that provide the phlebotomy service - this does not give a true reflection of the coverage of the service for the population of Coventry and is misleading. Either all clinic locations need to be included in the map of this service or the fact that the map shows only the pharmacies in the service and does not show*

*service coverage needs to be included very clearly in the text.”*

**‘We did’** in response to the comments provided, the following clarifications and actions have been outlined;

Comments were received around the accuracy of pharmacy provider data as indicated by the comments on the Phlebotomy service above. Prior to consultation the information in the draft document was accurate as of 30<sup>th</sup> November 2017. Assessments of services were informed by commissioner data service provider lists accurate as of 30<sup>th</sup> November 2017. Following consultation the Phlebotomy service assessment was reviewed and updated in light of changes to commissioning. UHCW have also confirmed the accuracy of the consultation response with regards to the phlebotomy service. As a result of information provided following consultation, maps and service assessment in the phlebotomy section of the document have been updated in February 2018. The swiftqueue website allows patients to book blood tests across a number of providers including community pharmacies <https://www.swiftqueue.co.uk/uhcw.php>. Readers are encouraged to view commissioner data as the default in service provision. During consultation additional comments were received on the draft document from the LPC and Healthwatch. Some of these comments helped shape the conclusions and recommendations in a more concise manner with clearer actions for commissioners.

Comments were also received around the pharmacy survey that also informs this assessment. 72 from a potential 97 community pharmacies responded to the pharmacy survey. Analysis of the pharmacy survey is reflective of the size of the survey sample. In total, there were three consultations with the public and organisational bodies that helped inform this pharmaceutical needs assessment document. During the course of the PNA process the Public survey received 260 responses. The Pharmacy survey received 72 (from a potential 97 respondent pharmacies in Coventry). The Coventry PNA draft consultation received 42 responses. In comparison the Coventry PNA 2015 received 560 responses to the public survey, 70 responses to the pharmacy survey (from potential 96 respondent pharmacies and 9 responses to the Coventry PNA draft 2015 consultation. This PNA acknowledges that although the public survey in 2015 received over twice as many responses, this PNA has the added benefit of being informed by the findings of the Healthwatch Pharmacy Services in Coventry report 2017, where views of 610 members of the public were received.

## The requirement to raise awareness of the services offered by pharmacies

**‘You said’** Examples of what participants said are;

*“Again they might be available but not known to public.”*

*“The chemist should display what services are available at their chemist.”*

*“Difficult to see the bigger picture. Some services e.g. sexual health services seem to be closed when I've tried to research more about providing the EHC service.”*

*“Staff shortages in most chemists lead to services not available at all times and what services are available and where should be on display on the outside of the chemist shop so that the public get to know where they should go as and when the need arises.”*

**‘We did’** in response to the comments provided, the following clarifications and actions



have been outlined;

Throughout this PNA document there is a repeated recommendation that pharmacies and organisational bodies need to do more to raise awareness of services available from pharmacies. Whilst this PNA acknowledges the existence of NHS Choices and the Directory of Services (DoS), the issue of raising awareness of pharmacy services needs to be addressed. The Steering group established for this PNA going forward will work with commissioners to consider the opportunities and recommendations from this assessment.

This PNA has made several recommendations on additional locally commissioned services that could be provided in Coventry. Phlebotomy service provision is currently available from community pharmacy and is also available from alternative healthcare providers. Awareness of service provision could be increased.

NHSE is responsible for commissioning pharmacies to be open over Bank holidays. This PNA acknowledges that this information could be provided in a more timely and accessible manner. Going forward the steering group will consider the opportunities and conclusions from this PNA and make recommendations to commissioners accordingly.

A Directory of Services listing pharmacy name, full address, contact details, and opening hours has also been added as an appendix to the PNA document.

### Comments around the scope for community pharmacies to offer more services

**‘You said’** Examples of what participants said are;

*“There is scope for further advanced services. For example phlebotomy and anticoagulant services through pharmacy on a wider scale.”*

*“Draft covers the main areas needed, it will become necessary to relocate some pharmacies to where new housing developments are, especially near more deprived areas.”*

*“Those with complex mental health issues may not go to the doctor when they are obviously becoming ill. An opportunity exists for the chemist to advise and alert a doctor if medication is not being collected or ordered. Or to contact the patient to encourage them to continue with medication or get a prescription. The doctor’s surgeries are not always aware of this and consequently a person can become very ill before this is picked up.”*

*“Might be worth considering how community nursing is serviced by local pharmaceutical services and what access they have to this service.”*

*“Opportunities to commission mini health checks alongside other substance misuse services.”*

**‘We did’** in response to the comments provided, the following clarifications and actions have been outlined;

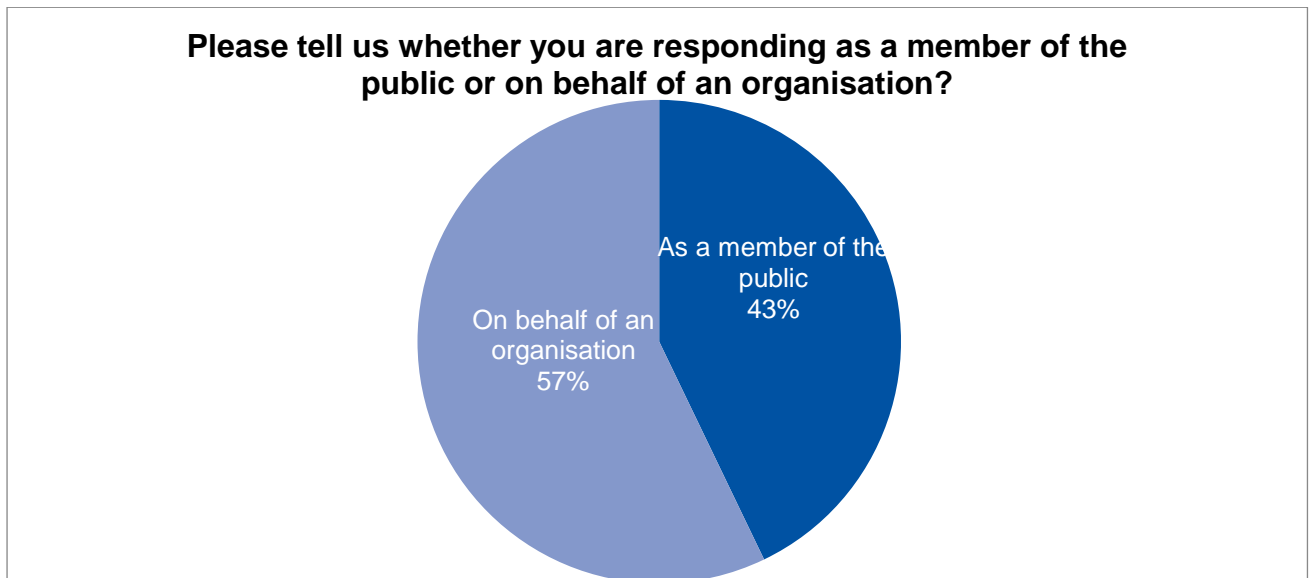
As outlined above, this PNA has made several recommendations on additional locally commissioned services that could be provided in Coventry.

The PNA document has also been updated to reflect the views of the public around the need for a mini health check, 24hr pharmacy and emergency delivery services. However, the delivery service from community pharmacies is outside the scope of this PNA, the purpose of which is assessing pharmaceutical needs.

Going forward the steering group will consider the opportunities and conclusions from this PNA and make recommendations to commissioners accordingly. The steering group will also monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available.

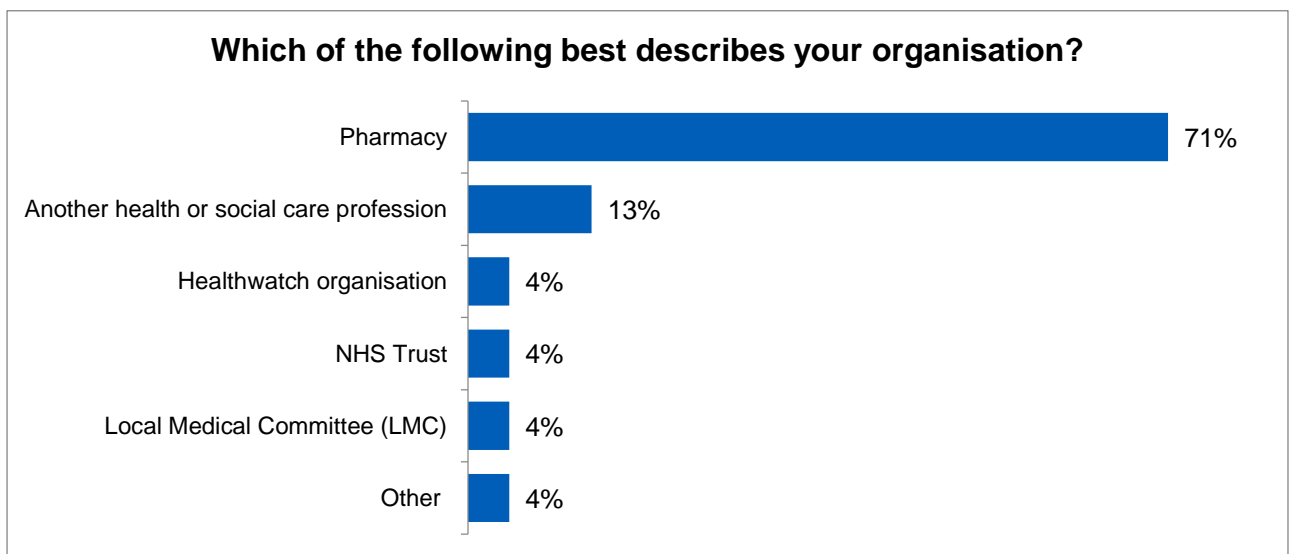
## 2.2 Survey participants

In total there were 42 responses to the consultation survey, with over half (57%) responding on behalf of an organisation, whilst the remaining responses were from members of the public.



**Base: 42 (closed responses)**

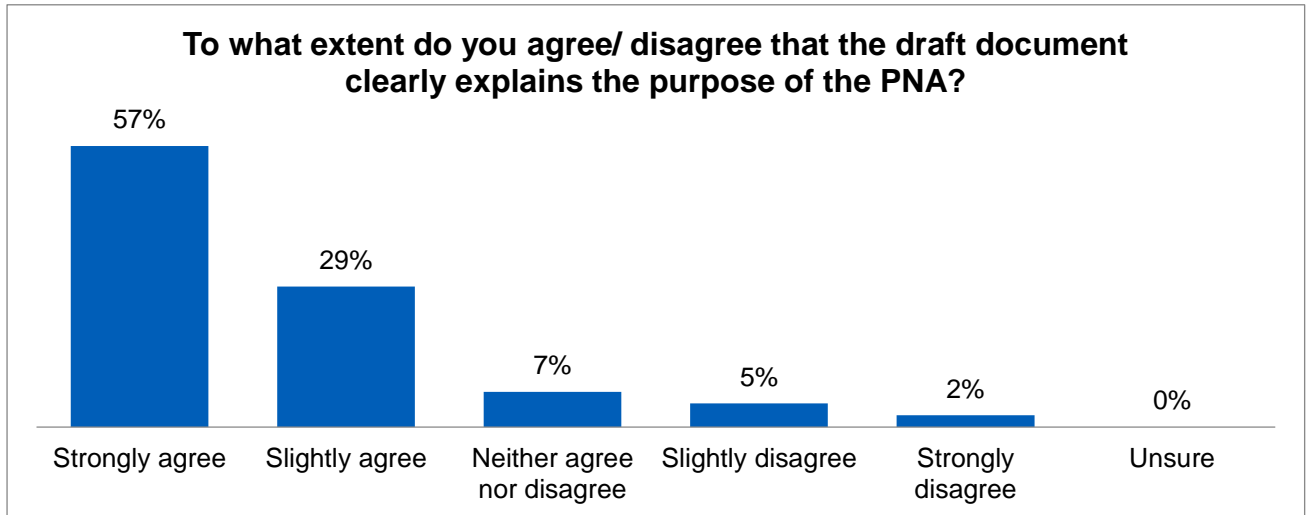
Focusing on those responding on behalf of an organisation, over seven in ten (71%) of responses were received from pharmacies, whilst 12% of responses were received from other health or social care professions.



**Base: 24 (closed responses)**

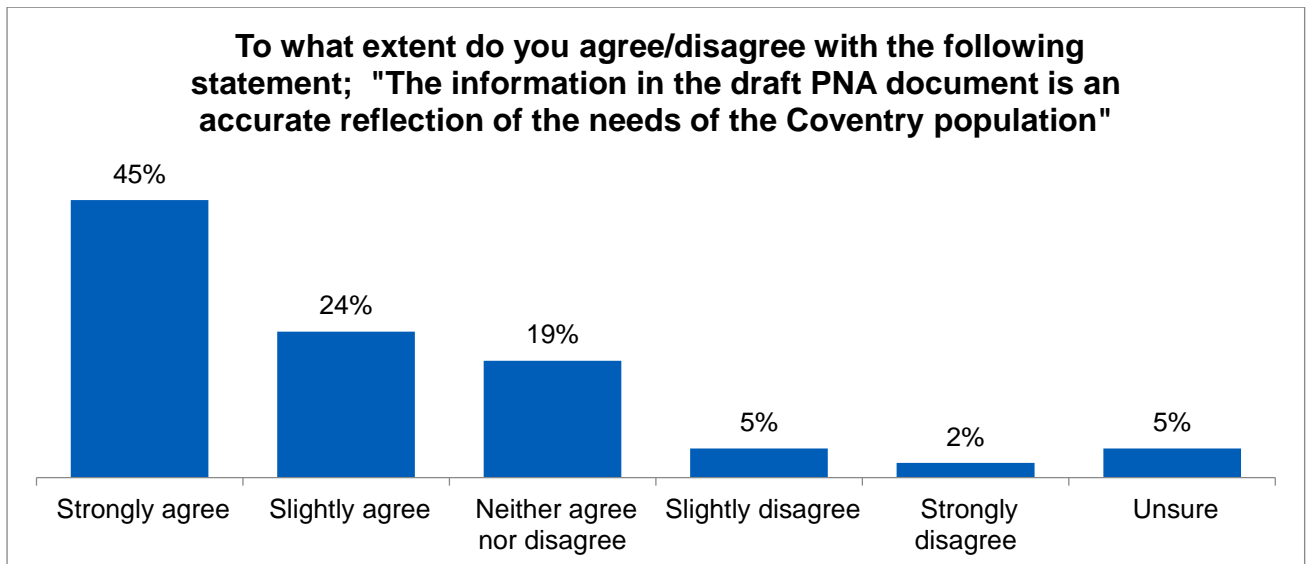
### 2.3 Feedback on the draft PNA document

The vast majority (86%) agree the draft document clearly explains the purpose of the PNA, with over half (57%) strongly agreeing with this statement.



Base: 42 (closed responses)

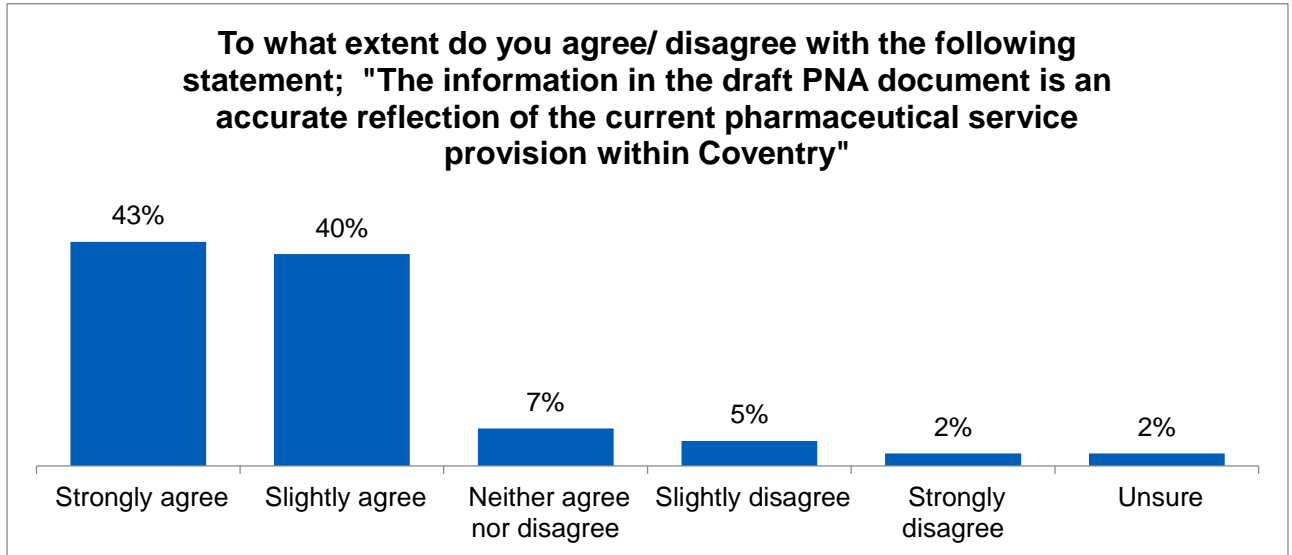
Around seven in ten (69%) agree with the statement “the information in the draft PNA document is an accurate reflection of the needs of the Coventry population”. However one fifth ‘neither agree nor disagree’, and one in ten disagree.



Base: 42 (closed responses)

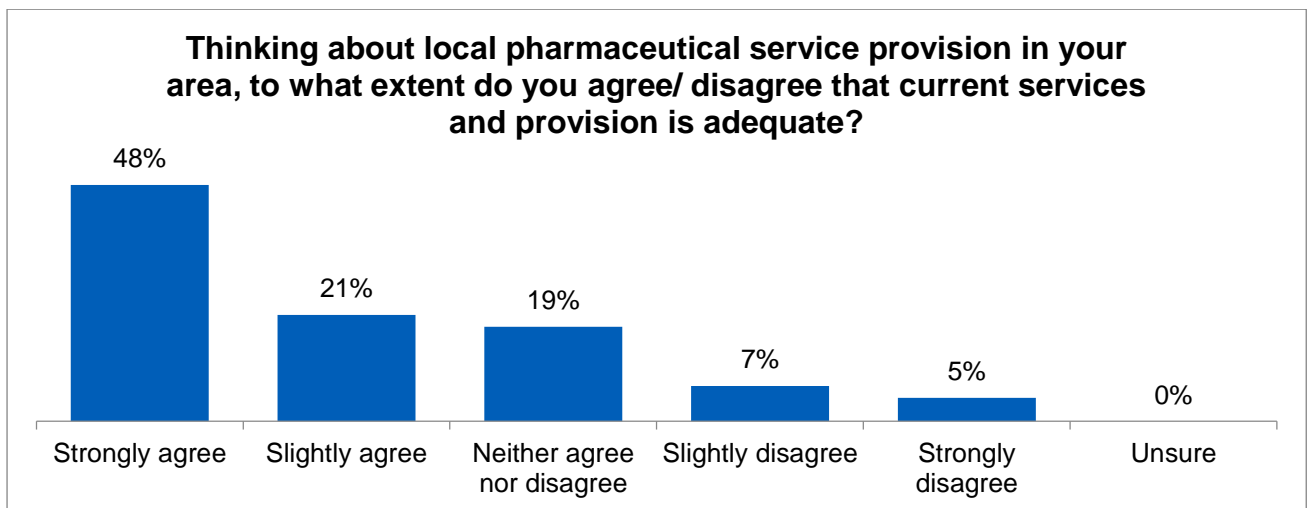
## 2.4 Feedback on local pharmaceutical service provision

From the 42 responses received 83% agree the information in the draft PNA document is an accurate reflection of current pharmaceutical service provision within Coventry.



Base: 42 (closed responses)

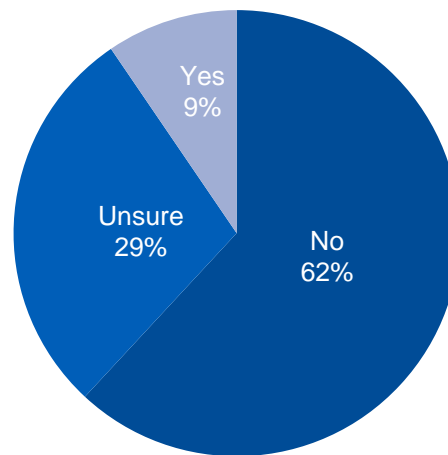
Around half of participants strongly agree the current level of services and provision is adequate, with a further fifth slightly agreeing with this statement. However, there is a small cohort (12%) that disagrees.



Base: 42 (closed responses)

When asked whether there are services available that are not covered in the draft PNA document, only a small minority said yes (9%).

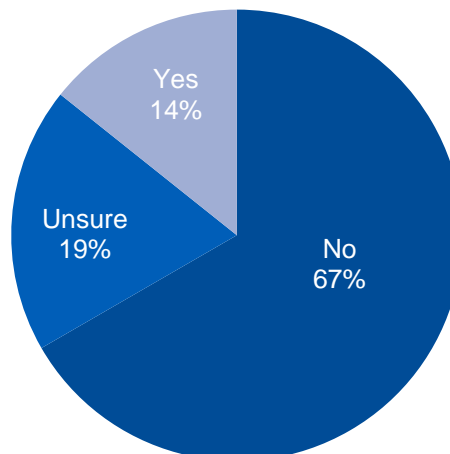
**Are there any pharmaceutical services currently provided that are not currently highlighted within the draft PNA document?**



Base: 42 (closed responses)

When asked if any additional information should be included in the draft PNA document, two thirds state 'No' (67%), whilst 14% feel additional information should be included in the PNA document.

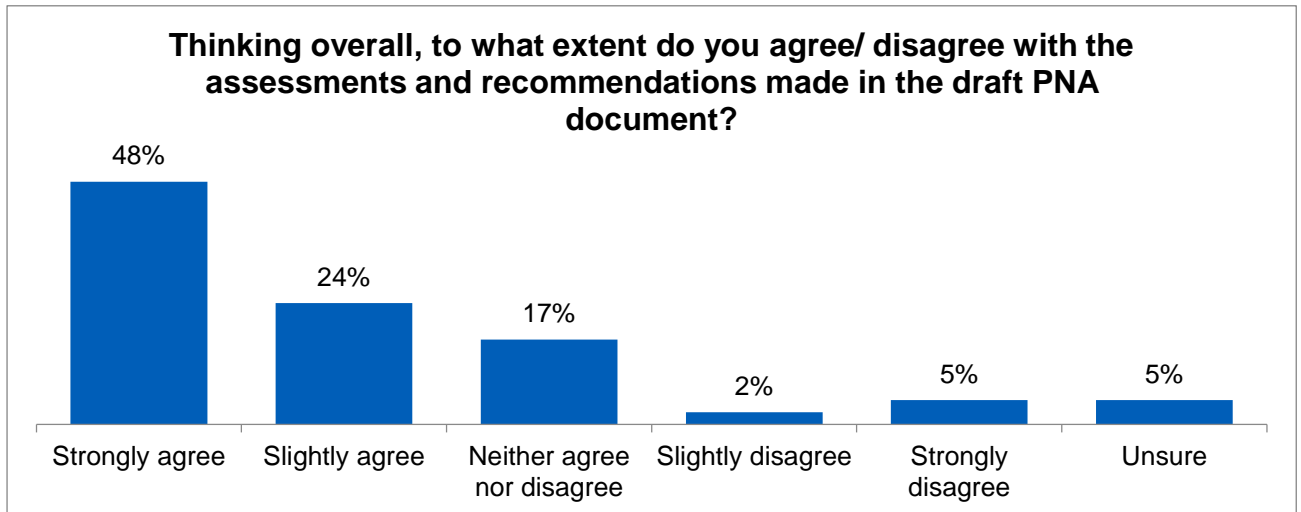
**Is there any additional information that you believe should be included in the draft PNA document?**



Base: 42 (closed responses)

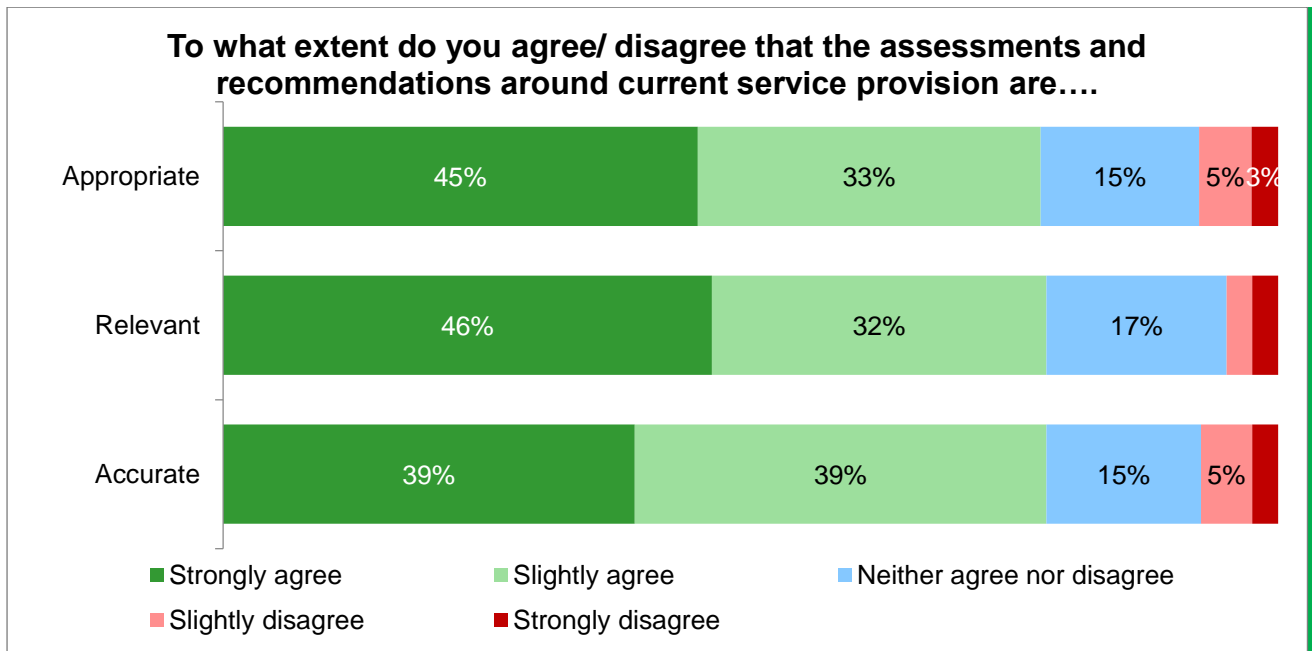
## 2.5 Assessments and Recommendations in the draft PNA

Approximately seven in ten respondents strongly/slightly disagree with the assessments and recommendations made in the draft PNA.



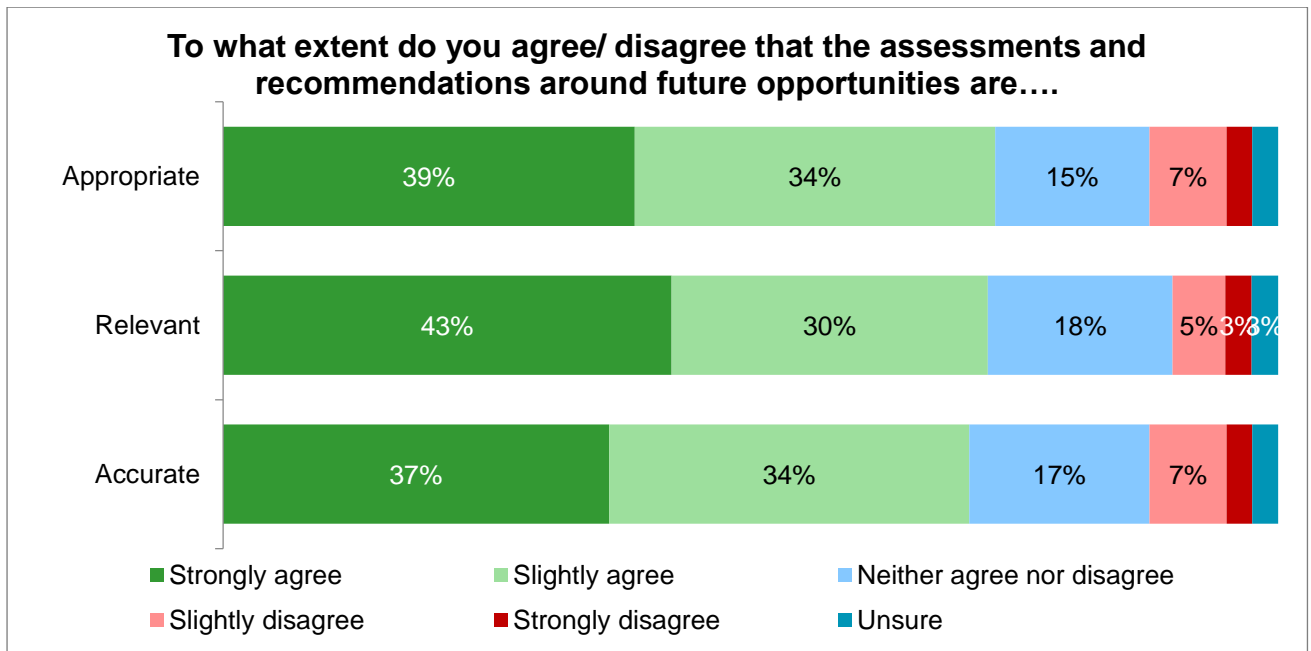
Base: 42 (closed responses)

Focusing on the assessments and recommendations made in the document around current provision of services, over three quarters agree they are appropriate, relevant and accurate. Positively, only a small minority disagree.



Base: 42 (closed responses)

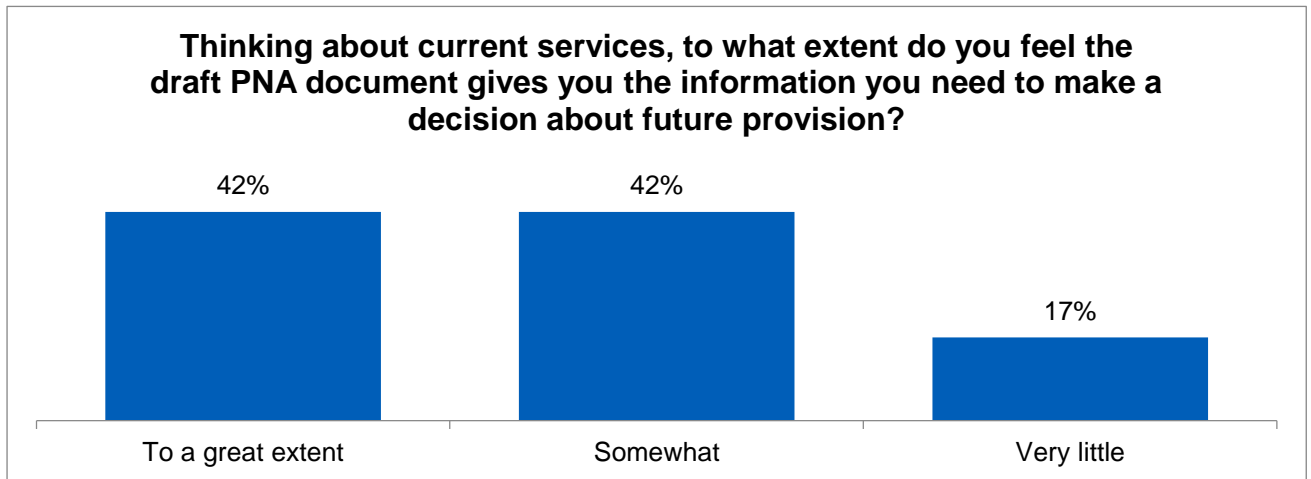
Thinking about the assessments and recommendations made in the document around future opportunities, over seven in ten agree they are appropriate, relevant and accurate. Positively, only a small minority disagree.



Base: 42 (closed responses)

### 2.6 Draft PNA document – Services

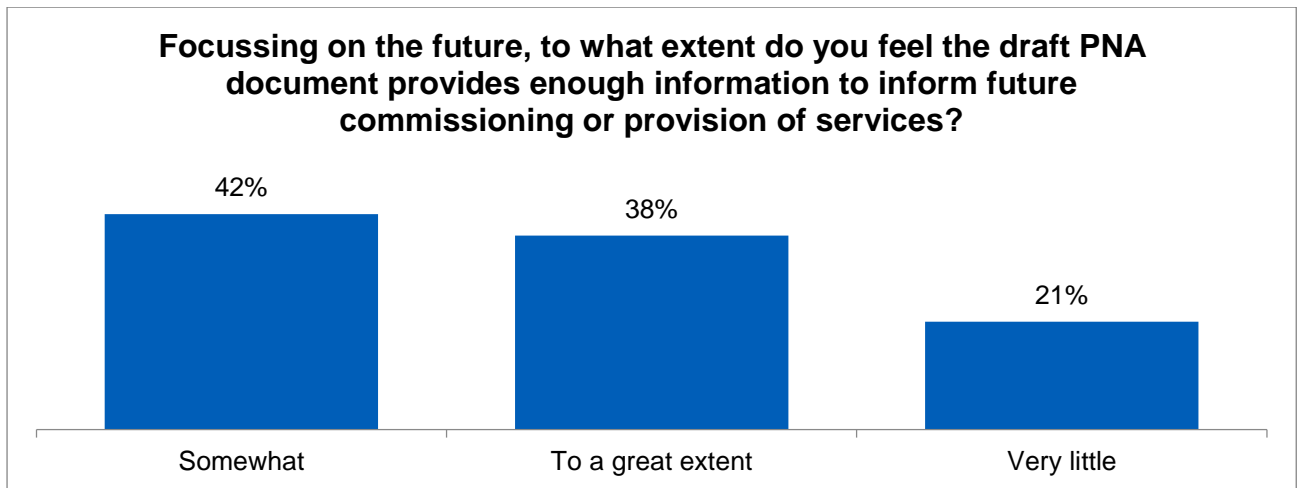
Thinking about current services, when asked to what extent participants feel the draft document provides the information to make decisions about future provision, the majority state; 'To a great extent' or 'Somewhat' in response.



Base: 24 (closed responses)

Equally, significant proportions of those responding to the consultation feel the draft document provides enough information to inform future commissioning or provision of services.





Base: 24 (closed responses)

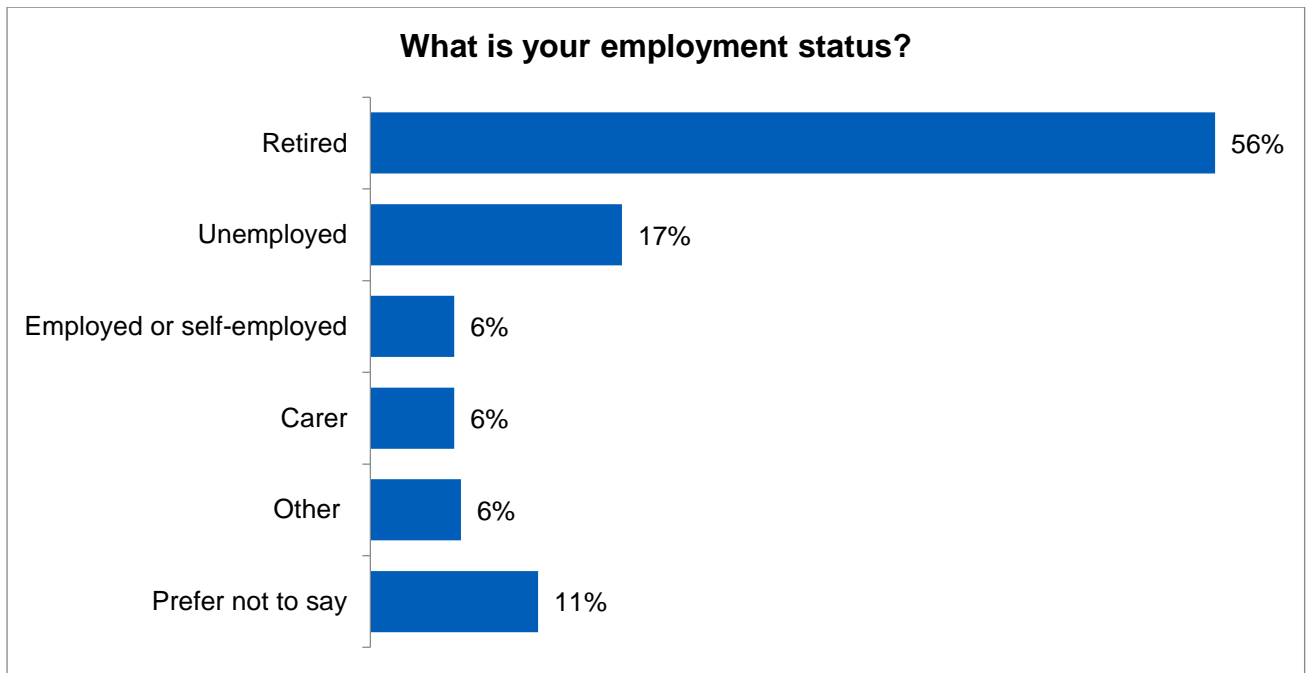
### 3.0 Demographic profiling

To ensure the consultation considered the views of a diverse and representative group of individuals across Coventry a series of demographic profiling questions were asked to members of the public, the results of which are summarised below.

To gain an idea of which area participant's resided, the consultation survey asked members of the public to provide the first half of their postcode. Overall, 18 members of the public provided their postcode, and the table below shows a breakdown by postcode region.

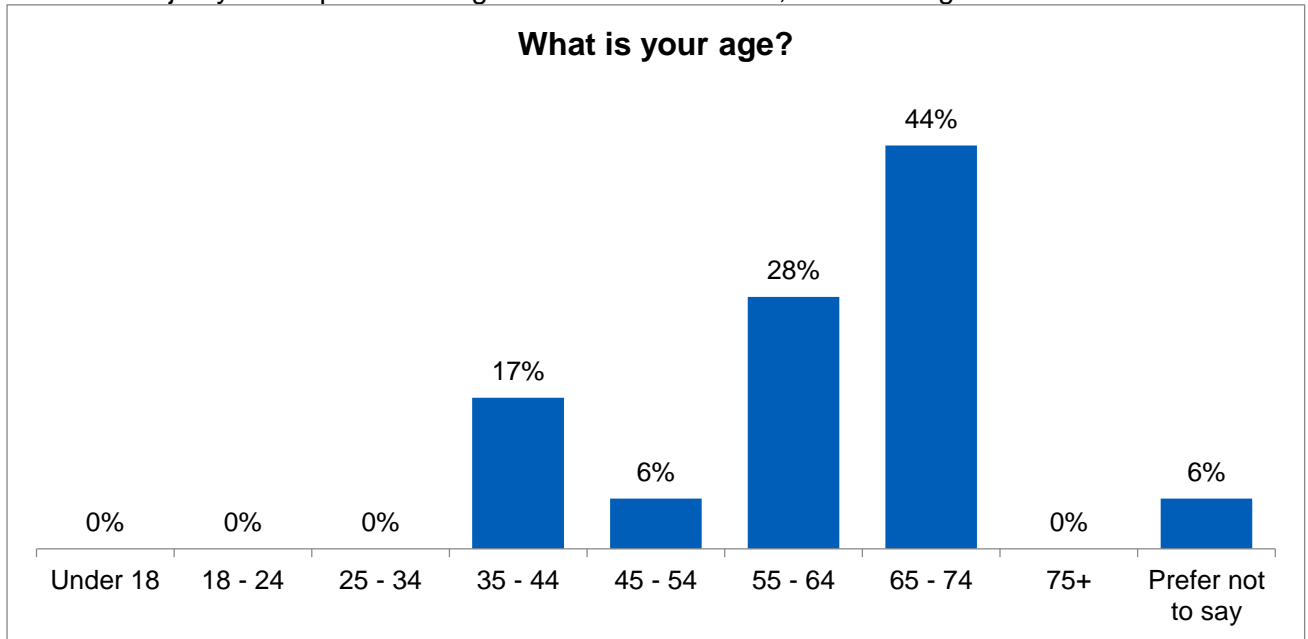
Postcode	Number of participants
CV3	6
CV1	3
CV6	3
CV5	2
CV2	2
CV4	2

Over half of members of the public participating in the survey and answering this demographic profiling question are retired (56%), whilst around one fifth are unemployed. A small minority stated they are a carer or employed/ self-employed.



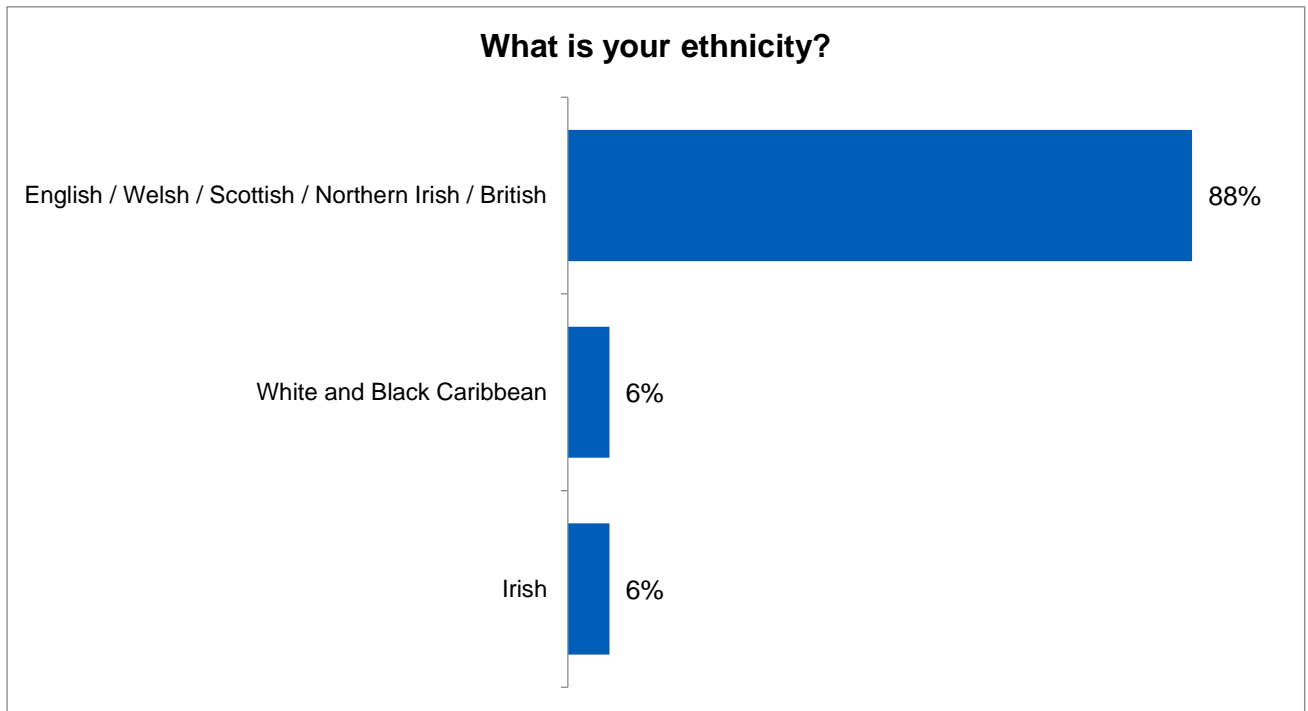
Base: 18 (closed responses)

The vast majority of the public are aged between 35 and 74, with 44% aged over 65.



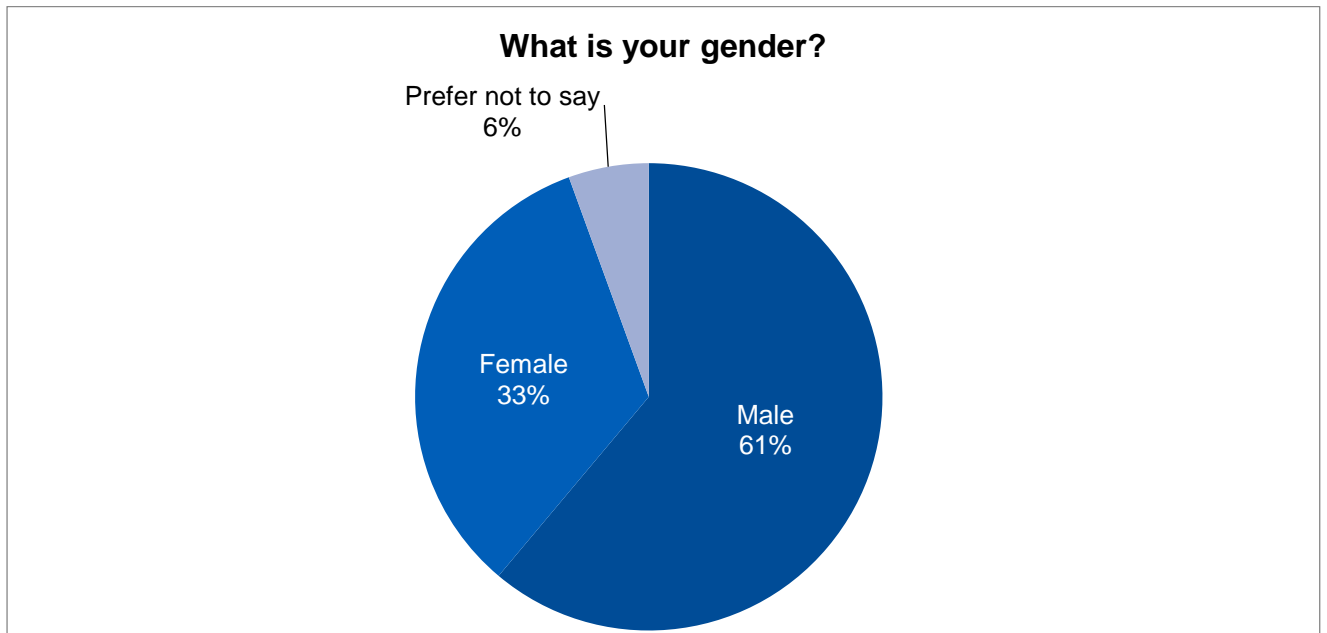
Base: 18 (closed responses)

The vast majority are of English/ Welsh/ Scottish/ Northern Irish/ British ethnicity.



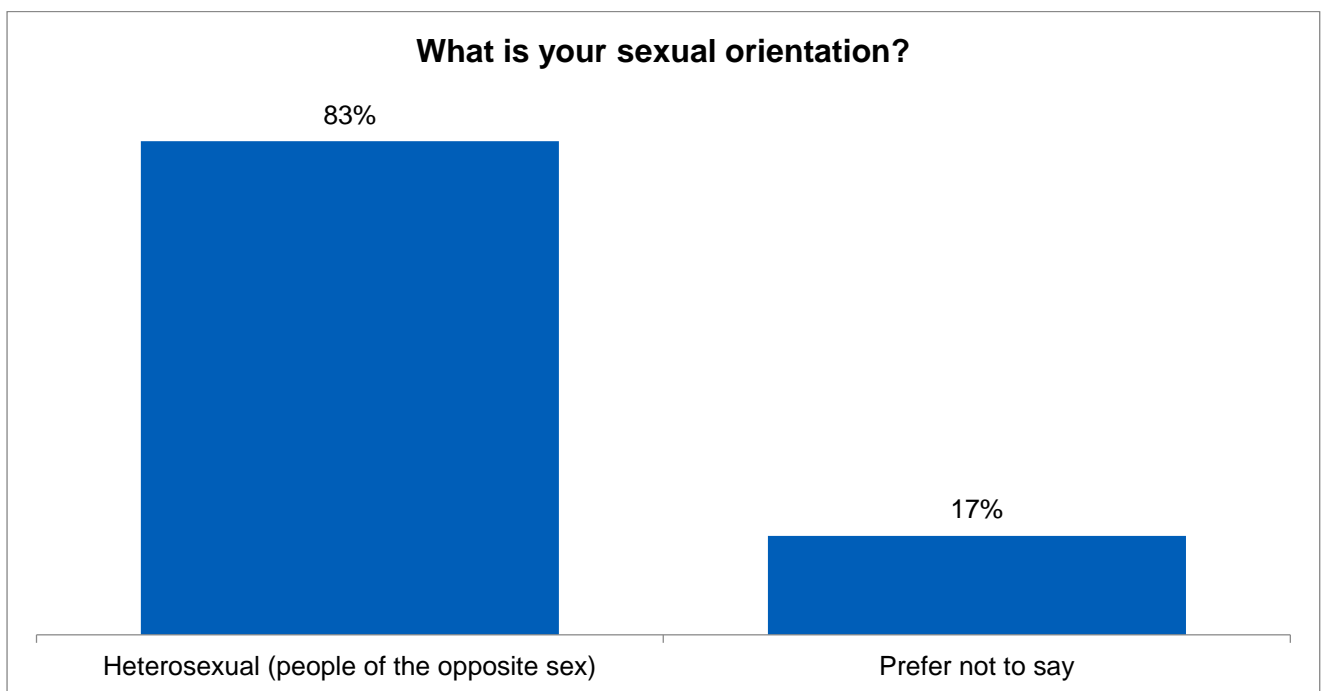
Base: 17 (closed responses)

Almost two thirds of those stating their gender are male.



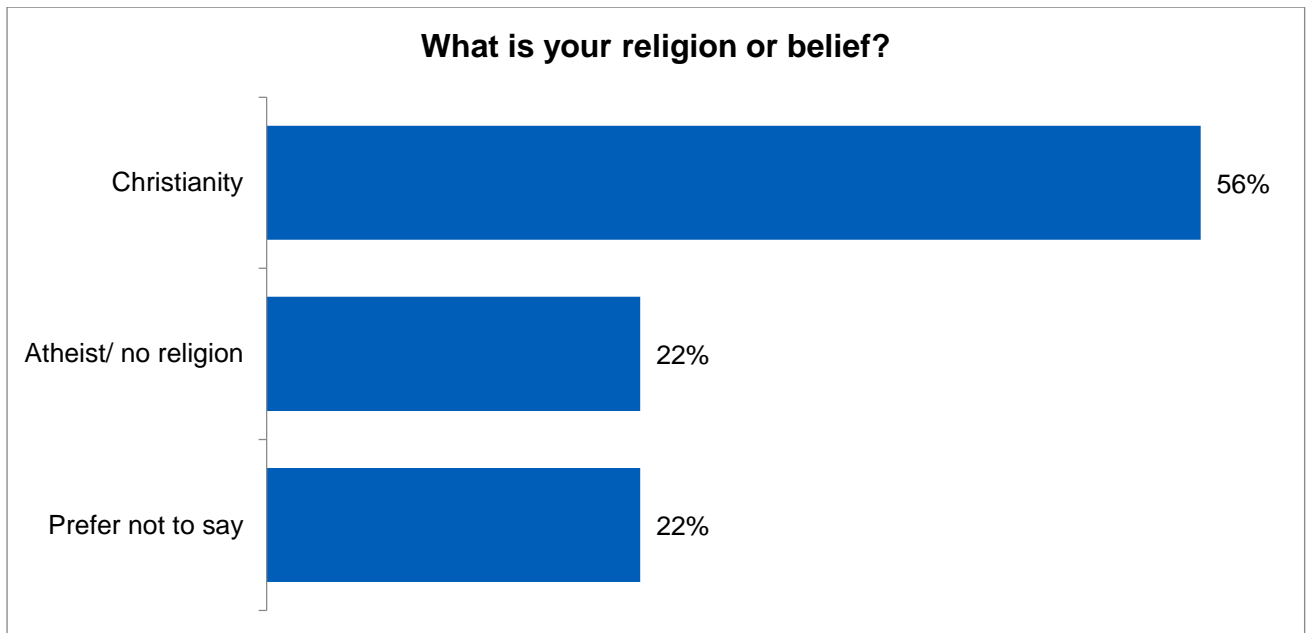
Base: 42 (closed responses)

The majority of respondents are heterosexual (83%).



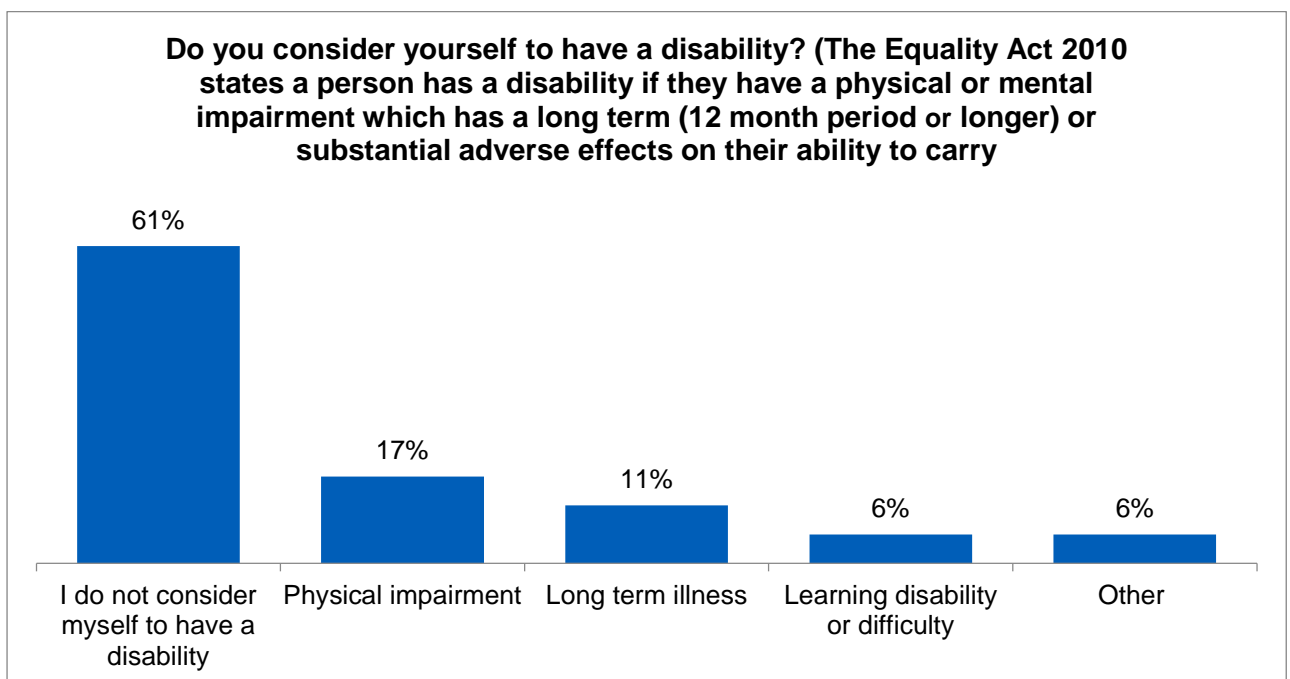
Base: 18 (closed responses)

Over half of respondents state they are Christian, whilst around a quarter state they are Atheist/ do not have a religion. 22% decided not to provide a response.



Base: 18 (closed responses)

Around six in ten of the members of the public do not consider themselves to have a disability. However, some state they have a physical impairment (17%), long term illness (11%) or learning disability (6%).



Base: 18 (closed responses)

## Coventry Draft PNA Online Consultation Survey



### Coventry Draft Pharmaceutical Needs Assessment (PNA) Consultation Survey

Thank you for taking part in the consultation on Coventry's Draft Pharmaceutical Needs Assessment (PNA). Your views are very important to us.

- [Please click here to read the full draft PNA document](#)
- [Please click here to read the draft PNA summary document](#)
- [Appendix 1: Public survey findings](#)
- [Appendix 2: Pharmacy survey findings](#)
- [Appendix 3: Public survey questionnaire](#)
- [Appendix 4: Pharmacy survey questionnaire](#)

Once you have read the draft PNA please let us have your views by completing this short survey to provide your feedback

Thank you in advance for your time

**Please read this data protection act statement which explains how we will use the information we are collecting from you.**

#### Data Protection

The information you supply will be stored and processed by Midlands and Lancashire Commissioning Support Unit (MLCSU) in accordance with the Data Protection Act 1998. It will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to gather feedback more effectively in the future.

Any reports published using this information will not contain any personally identifiable information. We will provide anonymised and aggregated responses to Coventry City Council.

(\*) Please tell us whether you are responding as a member of the public or on behalf of an organisation?

- As a member of the public
- On behalf of an organisation

To what extent do you agree/ disagree that the draft document clearly explains the purpose of the PNA?

- Strongly agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Strongly disagree
- Unsure

To what extent do you agree/disagree with the following statement; "The information in the draft PNA document is an accurate reflection of the needs of the Coventry population"

- Strongly agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Strongly disagree
- Unsure

Please explain your response and provide further details on your level of agreement.

.....

.....

.....

.....

To what extent do you agree/ disagree with the following statement; "The information in the draft PNA document is an accurate reflection of the current pharmaceutical service provision within Coventry"

- Strongly agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Strongly disagree
- Unsure

Please explain your response and provide further details on your level of agreement.

.....

.....

.....

.....

Thinking about local pharmaceutical service provision in your area, to what extent do you agree/ disagree that current services and provision is adequate?

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

Unsure

Are there any pharmaceutical services currently provided that are not currently highlighted within the draft PNA document?

Yes

No

Unsure

Please list the services that you are aware of that are not highlighted in the draft PNA document

.....

.....

.....

.....

Is there any additional information that you believe should be included in the draft PNA document?

Yes

No

Unsure

Please outline what other information should be included in the draft PNA document below

.....

.....

.....

.....



Thinking overall, to what extent do you agree/ disagree with the assessments and recommendations made in the draft PNA document?

- Strongly agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Strongly disagree
- Unsure

Please explain your response and provide further details on your level of agreement.

.....

.....

.....

.....

To what extent do you agree/ disagree that the assessments and recommendations around current service provision are....

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Unsure
Accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your response and provide further details on your level of agreement.

.....

.....

.....

.....

To what extent do you agree/ disagree that the assessments and recommendations around future opportunities are....

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Unsure
Accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your response and provide further details on your level of agreement.

.....

.....

.....

.....



Thinking about current services, to what extent do you feel the draft PNA document gives you the information you need to make a decision about future provision?

- To a great extent
- Somewhat
- Very little
- Not at all
- Unsure

Focussing on the future, to what extent do you feel the draft PNA document provides enough information to inform future commissioning or provision of services?

- To a great extent
- Somewhat
- Very little
- Not at all
- Unsure

Please outline any opportunities or links that you feel have not been covered in the draft PNA document below

.....  
.....  
.....  
.....

Please include any further comments you have below

.....  
.....  
.....  
.....



(\*) Which of the following best describes your organisation?

- Pharmacy
- Another health or social care profession
- Health and Wellbeing Board HWB
- NHS England (including Area Team)
- Local Medical Committee (LMC)
- Local Pharmaceutical Committee (LPC)
- NHS Trust
- Healthwatch organisation
- Clinical Commissioning Group (CCG)

Other (please specify below)

About you

We want to make sure we have listened to a diverse and representative group of people from across Coventry. You are not obliged to answer these questions however we would greatly appreciate it if you did We will not be able to identify you from any of the information provided below in this consultation survey

What are the first three letters of your postcode?

What is your employment status?

- Employed or self-employed
- Student
- Full time parent
- Carer
- Unemployed
- Prefer not to say

Other (please specify)

What is your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75+
- Prefer not to say

What is your ethnicity?

- White
- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Mixed / Multiple ethnic groups
- White and Black Caribbean
- White and Black African
- White and Asian
- Asian / Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Black / African / Caribbean / Black British
- African
- Caribbean
- Other ethnic group
- Arab

Any other ethnic group, please describe

.....



What is your gender?

- Male
- Female
- Prefer not to say

Other (please state)

.....

What is your sexual orientation?

- Heterosexual (people of the opposite sex)
- Lesbian (both female)
- Gay (both male)
- Bisexual (people of either sex)
- Prefer not to say

Other (please specify)

.....

What is your religion or belief?

- Hinduism
- Sikhism
- Christianity
- Judaism
- Buddhism
- Islam
- Atheist/ no religion
- Prefer not to say

Other (please specify)

.....



Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities)

I do not consider myself to have a disability

Physical impairment

Mental health need

Long term illness

Sensory impairment

Learning disability or difficulty

Other (please specify)

.....

We may need to contact you for more information or to clarify some of your comments.

Please click here if you're happy for us to contact you

hidden

Please enter your contact details below

Name

.....

Organisation (if applicable)

.....

e-mail address

.....

Telephone

.....

Thank you for taking the time to complete this survey, please press the submit button below to send your answers back to us

For assistance with completing this survey, please contact the Pharmaceutical Needs Assessment Team - mlcsu.pna@nhs.net

For technical assistance with this survey please contact the Midlands and Lancashire CSU Research Services.

## Appendix 6: PNA layman's summary

# Background

This is the second 'pharmaceutical needs assessment' (PNA) prepared on behalf of the Coventry Health & Wellbeing Board (CHWB) and Coventry's third PNA. Since 1 April 2015, all Health and Wellbeing Boards have a legal responsibility to keep an up-to-date statement of the pharmaceutical needs for their population. PNAs are updated at least every 3 years.

## What is a Pharmaceutical Needs Assessment (PNA)?

The purpose of the PNA is to assess local needs for pharmacy provision across Coventry to identify any gaps in service or unmet needs and to highlight any services that community pharmacies could provide to address these needs. Community pharmacies are at the heart of our communities and as such have an important role to play in improving the health and wellbeing of our population. The PNA can be used to identify and plan the current and future commissioning of services required from pharmaceutical providers including whether new pharmacies should be allowed to open or GPs allowed to dispense. It can also be an effective tool to promote pharmacy services to the population to improve the uptake of services and accessibility to health and wellbeing provision and advice.

## How has the PNA been produced?

Coventry has 97 community pharmacies and 6 of these are distance selling pharmacies. Pharmacies were surveyed to understand current services and future opportunities. The questionnaire included current opening times and locations of premises. Public and service user's views were sought and responses were received from 260 members of the public. These views have been used to inform the PNA document. In addition, the health and well-being needs of the local population were examined using the Coventry Joint Strategic Needs Assessment (JSNA) and key local and national strategies. Conclusions and recommendations are drawn on the basis of this information and described in the report.

As part of the PNA process there is a legal requirement that requires a formal consultation on this draft document for at least 60 days. The consultation took place from the 1<sup>st</sup> December 2017 to 5<sup>th</sup> February 2018. Responses from this consultation informed the conclusions and recommendations of the final PNA document published in March 2018.

# Access to Pharmaceutical services in Coventry

Community pharmacies are available within the local area and access is considered to be adequate across the city.

Coventry has a rate of 2.8 community pharmacies per 10,000 population; higher than the average for Birmingham which is 2.7 pharmacies per 10,000 and above the mean for the West Midlands which is 2.4 pharmacies per 10,000. The number of pharmacies within the city has increased by 6, compared with the number last reported in the previous PNA for 2015, where 91 pharmacies were identified.

Public survey (260 responses)	Pharmacy Survey (72 responses)
More than 80% of respondents agreed or strongly agreed with the statement “I am always able to access pharmacy services I require, when I need them.”	96% of patients can legally park within 50 metres of the pharmacy and 82% within 10 metres of the pharmacy. Results also showed there is a bus stop within walking distance of 99% of pharmacies
39% of respondents drove to access their pharmacy and 50% (128/257) walked to their pharmacy.	86% pharmacies do not have any steps to climb to enter the premises. 89% of the pharmacies that responded stated that the pharmacy floor is accessible by wheelchair
84% of Coventry’s population could reach a pharmacy within 10 minutes. 7% of respondents stated it took 20 mins or longer to access their pharmacy.	51% had automatic door assistance 49% have wheelchair ramp access 67% provided large print labels/leaflets

This assessment looks at current provision of pharmacy services and concludes that overall provision, that is the number and distribution of pharmacy services is sufficient for the population of Coventry.

## Availability of Pharmaceutical services in Coventry

Across Coventry, the opening times of pharmacies are variable. Some pharmacies are open for longer periods of time, for instance evenings, overnight and weekends, whereas other pharmacies in the city are only specifically contracted to be open for at least 100 hours per week.

Most pharmacies in Coventry have core opening hours starting from 8.30am to 5.30pm on Monday to Friday, indicating good access to pharmacy services on weekdays. Generally, in the evenings, provision of pharmacy services is reduced. There are 10 pharmacies which are contracted to open for at least 100 hours per week.

### The Public survey shows:

- A generally high level of satisfaction with opening hours.
- 42% of respondents state that they are very happy with opening hours
- 41% of respondents state that they are happy with opening hours
- 6% of respondents were neither happy nor unhappy with opening hours
- 95.4% of patients are aware that some pharmacies are open outside 9-5, Monday to Friday
- 37% of patients do not know which pharmacies are open at these times.

### The Pharmacy survey shows:

- 48 pharmacies in Coventry are open on a Saturday. Of those pharmacies open on a Saturday, 15 of them are closed by 1pm. After 1pm the other 33 remain open with gradual closures over the remainder of the day.
- There are 15 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations. Pharmacies based within large stores (over 280 square metres) are legally bound by Sunday trading regulations and can only open between 10:00 and 18:00, for a maximum of 6 consecutive hours.



# Services offered in community pharmacies

Community pharmacies offer many services beyond the dispensing of medicines and are key contributors to health and wellbeing in the city. They are a gateway to our diverse population some of whom may not be in contact with other health services.

## Essential & Advanced services

- There are no gaps in the provision of essential services for the city's population.
- Essential services are accessible for the majority of Coventry's population both geographically and at different times of day.
- Results from the public survey showed that there is a low level of awareness around the repeat dispensing service

In addition to essential services, community pharmacies can opt to provide any of 6 advanced services to support patients with the safe use of medicine following appropriate training or accreditation by NHS England.

### Medicines Use Reviews (MURs)

MURs establish a picture of the patient's use of their medication; this includes prescribed and non-prescribed medication. The review allows patients to understand their therapy and why it has been prescribed. It is also an opportunity to identify any problems the patient is experiencing and providing any possible solutions whilst providing feedback to the prescriber.

- The vast majority of community pharmacies within Coventry provide MUR services. There were 25,785 MURs conducted in Coventry 2016/17 by 91 providers.
- The average number of MURs conducted per pharmacy in Coventry in 2016/2017 was 283. Each pharmacy can provide a maximum of 400 MURs a year.
- From the results of the public survey it shows that many Coventry residents are aware and satisfied with this service.

### New Medicines Service (NMS)

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist will discuss with the patient how they are getting on with their new medication. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient.

- A high proportion of contractors in Coventry offer the NMS service.
- When comparing the mean number of NMS reviews locally and nationally, Coventry is performing below the national average.
- The results from the public survey demonstrated 72% patients are aware of this service and 53% were very satisfied and 19% satisfied with the delivery of this service.

### Appliance Use Reviews (AURs)

This particular service can be carried out by a pharmacist or a specialist nurse, in the pharmacy or at a patient's home, if more convenient. Similar to the MUR service, the AURs should serve to improve the patient's knowledge and use of any specified appliance.

No gaps in provision have been identified based on the information available. Coventry residents may be receiving AURs from other national providers of appliances/AURs. There is the opportunity for more existing pharmacies to provide AURs which should be explored.

The survey of Coventry pharmacies shows that 13% (9/72) of pharmacies offer the AUR service.

NHS BSA data shows that during 2016/17, the AUR service was provided by a single community pharmacy in Coventry (Allesley Pharmacy, CV5 9HA). Provision of the AUR service for Coventry residents is available from a DAC (Salts Medilink, WR12 7DT) located in Worcester

## Stomas Appliance Customisation (SACs)

The service involves customisation of a quantity of more than one stoma appliance, based on the patient's measurements or 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.

No gaps in provision have been identified based on the information available. Coventry residents may be receiving SACs from other national providers of stomas.

NHS BSA data shows that in 2016/17 there were 14 community pharmacies engaged in providing stoma appliance customisation reviews in Coventry.

The 2017 pharmacy contractor survey results identified 12/72 respondent pharmacies offered the SAC service. A further four premises proposed to provide this service within the next 12 months.

The SAC service, like the AUR service is a specialist service. Fittleworth Medical, a DAC located in Coventry, undertake the majority of SAC reviews in Coventry. The SAC service is also available for Coventry residents from a DAC located in nearby Worcester (Salts Medilink, WR12 7DT). Stoma customisations are also available through other healthcare settings.

## Flu Vaccination

Each year the NHS runs a seasonal flu vaccination campaign as a national advanced service aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

- 82% of community pharmacies stated they provide seasonal flu vaccinations in Coventry.
- The public survey showed that 80% of respondents were aware of the flu jab service from community pharmacy.
- In 2016/17, 71 community pharmacies provided flu vaccinations leading to on average 133 vaccinations per pharmacy.

## New National Urgent Medicines Supply Advance services (NUMAS) Pilot

- The NUMSAS pilot service commenced on 1st December 2016 and will run until September 2018.
- NUMSAS enables access to medicines or appliances Out-of-Hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy
- Current data shows 27 pharmacy contractors in Coventry are registered to provide the NUMSAS service.
- 62% of the public were aware they could get an emergency supply of medication from the pharmacy. In contrast, emergency supply of medication was also the second most requested service the public would like to see from Coventry pharmacies.

## Enhanced and Locally Commissioned Services

These services are commissioned to meet an identified need in the local population and pharmacies can choose whether to provide these services.

### Sexual Health (Public Health)

Community Pharmacy sexual health services in Coventry are designed to improve access to key treatments such as emergency hormonal contraception (“the morning after pill”). Providers of sexual health services also encourage clients to access mainstream contraceptive services and provide education on available contraception and the prevalence of sexually transmitted diseases.

- There are 24 community pharmacies offering chlamydia screening in Coventry.
- The public survey showed that over 50% of respondents were aware of sexual health services from community pharmacy.
- The Sexual Health service has adequate levels of provision; pharmacies are generally well located across areas of deprivation and where the population of 13-25 year olds is relatively high in the city. There are however areas of Coventry where provision of chlamydia screening is reduced.

### Alcohol Screening & Intervention Service

The new Alcohol screening & Intervention service aims to reduce the rate of hospital admissions for alcohol related harm in the city which is currently higher than the national average. These new services are in early stages of development.

- There is currently a low level of alcohol screening provision in Coventry. 12 pharmacies are commissioned to provide this service.
- Service providers are well located in areas of deprivation; however there are other deprived areas in the city with no provision of alcohol screening from pharmacy.

### Substance Misuse Services (Public Health)

There are three services commissioned for the management of drug action services; needle exchange, supervised consumption and the naloxone kit service.

The **needle exchange service** is available in 26 pharmacies in Coventry. Needle and syringe exchange services are an integral part of the harm reduction strategy for drugs. It aims to reduce the spread of Hepatitis B, C and HIV by providing sterile injecting equipment and safe disposal of used injecting equipment. There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population.

The **supervised consumption service** provides access to substitute therapy with methadone or buprenorphine for people with an opiate addiction, via direct supply through 75 community pharmacies. This service involves the pharmacist to physically witness and supervise the consumption of the prescribed medicines at the point of dispensing in the pharmacy against a valid prescription. The overall aim is assist the service user to remain healthy, reduce risk, and provide regular contact with a healthcare professional. Pharmacies can act as an important primary access point for these service users, with frequent contact between the service user and pharmacist, allowing the opportunity to monitor patients closely.

There are currently 10 pharmacies commissioned to provide the new naloxone service and these are

located mainly in the city centre.

### Smoking Cessation service (Public Health)

The smoking cessation service helps reduce levels of smoking-related illness, disability, premature death, and health inequality. Smoking, COPD and cancer are key priorities in the Coventry JSNA.

- Across Coventry there are 57 pharmacies that have been commissioned to provide the stop smoking cessation.
- The stop smoking service was one of the most recognised services amongst public survey respondents. No respondents echoed views showing dissatisfaction to the service.
- The new integrated adult lifestyles service will begin in April 2018. The new service will focus on delivering lifestyle interventions including smoking cessation. A new smoking harm reduction service for people with mental health conditions will also be delivered.

### Phlebotomy service

There are currently 18 pharmacies provide this service, in addition 12 more sites including University Hospitals Coventry and Warwickshire NHS Trust and various medical practice offer the phlebotomy service ensuring there is good access across the city of Coventry.

The recent Healthwatch report and patient survey showed that some patients were not aware of Blood Taking (Phlebotomy) services at local pharmacies, even though these services have been provided in this way for a considerable number of years.

## What does the PNA recommend?

The PNA concludes that there is adequate provision of pharmacies and pharmaceutical services in Coventry to serve the needs of the population. There are no gaps in pharmacy provision that would require new pharmacy premises.

Taking into account current service provision and other factors that may affect the need for pharmaceutical services in the future; the following recommendations have been put forward:

- The public should be provided with clear information on opening times, services and alternative provision when pharmacies are not open.
- Community pharmacies in Coventry should be encouraged to provide the flu jab service and could help target the large proportion of eligible under-65s who do not routinely attend for a jab. Pharmacies and GPs should work together to help increase uptake of flu vaccinations going forward.
- To improve the rate of chlamydia detection, the screening programme could be developed to allow more pharmacies to offer this service.
- Commissioners should consider increasing access to alcohol and screening intervention services from community pharmacies located in areas of deprivation with no provision.
- Community pharmacies should be supported to achieve Level 2 Healthy Living Pharmacies status. The use of Healthy Living Pharmacies is important to consider in supporting preventative care, in particular dementia in the community.
- It should be further considered as to how community pharmacy can be utilized to facilitate admission to and discharge from hospital.

- Community pharmacies should be encouraged to offer community pharmacy advanced services such as Medicines Use Reviews, Flu jabs, the New Medicines Service and NUMSAS. NUMSAS can contribute significantly to reduce the pressure on the urgent and emergency care network through reduced hospital attendances. Community Pharmacies should be encouraged to integrate into the wider healthcare economy to create system-wide services and pathways. Increased referral from GP and secondary care can help encourage pharmacies to fulfil their full quota of Medicines Use Reviews and the New Medicines Service reviews by targeting patients more likely to achieve greater benefits from these interventions. MURs can help prevent unnecessary GP appointments which fit in with the urgent and emergency care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy.
- Pharmacies should be encouraged to have a specific focus on areas that have been considered to have a significant impact on the health of the local population. Community Pharmacy already support smoking cessation and encourage patients to self-care. There are many avenues community pharmacy can offer such as minor ailments schemes to reduce pressures on emergency services.
- Commissioners should consider increasing capacity for more services to be provided from community pharmacy including:
  - Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies
  - Outreach NHS Health Checks

Better online information needs to be provided. This will lead to better signposting, ensuring lists of pharmacies and their different services are available in GP surgeries, in pharmacies and other healthcare settings.