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# Pharmaceutical Needs Assessment (PNA) 2015 – 2019

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## Coventry

V0.5 DRAFT

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

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Please note data regarding pharmacies is accurate to November 2014.

This document has been developed by Midlands & Lancashire Commissioning Support Unit with Public Health of Coventry City Council.

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## Abbreviations and Glossary

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### Abbreviations used in this document

AUR	Appliance Use Review
CHWB	Coventry Health and Wellbeing Board
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
DCLG	Department of Communities and Local Government
DH	Department of Health [England]
EHC	Emergency Hormonal Contraception
EU	European Union
GP	General Practitioner
HWB	Health and Wellbeing Board
IDU	Injecting Drug User
JSNA	Joint Strategic Needs Assessment
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
MAS	Minor ailments PILOT Scheme
MUR	Medicines Use Review
MSOA	Middle Super Output Area
NHS	National Health Service
NRT	Nicotine Replacement Therapy
OCU	Opiate and Crack Users
PCT	Primary Care Trust
PIS	Prescription Intervention Service
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework
SAC	Stoma Appliance Customisation
SPCD	Specialist Palliative Care Drugs
SSS	Stop Smoking Services
STI	Sexually Transmitted Infection
UK	United Kingdom

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## Addendum

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This PNA reflects the circumstances in Coventry at the time of preparation.

However, pharmaceutical services are subject to change; this page summarises any changes or potential future changes that have been brought to our attention since the date of preparation or that we anticipate will take place in the future. Where they are relevant then these will be reflected in a supplementary statement at the appropriate time.

Ref	Note
PNA 0.1	Minor ailments PILOT - NHS England has extended the Minor ailments PILOT enhanced service that was originally commissioned by Coventry Primary Care Trust. The transfer of responsibility between Primary Care Trusts, Local Authorities and NHS England has delayed the appropriate evaluation of this pilot scheme and so no clear decision on current or future commissioning of enhanced service is available at the time of the production of the PNA. Until such time, NHS England has to consider that the need for a Minor ailments PILOT enhanced service has yet to be proven. When the evaluation of the service is complete, a supplementary statement may be prepared for publication under Regulation 6(3).

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## FOREWORD

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This draft is Coventry's pharmaceutical needs assessment (PNA). It has been prepared by a steering group on behalf of Coventry's Health and Wellbeing Board by Coventry City Council in conjunction with the NHS England Area Team, Midlands & Lancashire Commissioning Support Unit, Coventry & Rugby Clinical Commissioning group, Coventry Local Pharmaceutical Committee and the wider stakeholders and residents of Coventry. 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. Before 1 April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1 April 2013 public health enhanced services previously commissioned by PCTs transferred to local authorities.

We welcome any comments from the public or professionals involved in providing pharmaceutical services on this consultation draft.

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The final version will be prepared when the consultation period has closed on the 26th January.

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## 1.0 Executive Summary

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### 1.1 Overview

As a result of the Health and Social Care Act 2012<sup>1</sup> the responsibility to develop and update PNAs has passed on to the local Health and Wellbeing Board and given the Department of Health (DH) the power to make regulations.

The PNA will be used to inform NHS England in its determination as to whether to approve applications to join the pharmaceutical list. It also considers whether the number of pharmacies will still be adequate in the next four years. 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.

A PNA will use the Joint Strategic Needs Assessment (JSNA) and other Board approved documents to identify local health priorities. Current demographics, future trends and developments that may impact on the health of the local population must also be looked at. The PNA will also take into consideration any issues that may affect it across the three years it could be valid for.

### 1.2 Access

There are 91 community pharmacies (not including distance selling pharmacies, dispensing doctors' practices or dispensing appliance contractors) in Coventry, with 28 pharmacies per 100,000 population. This is access to 6 pharmacies more per person than the national median (21.6) and higher than many comparable cities. There are no gaps in provision of essential services during the core hours of 9am to 6pm. Provision is reduced in the evenings in line with need, and 7 pharmacies in Coventry are contracted to open for at least 100 hours per week.

There is good provision of pharmaceutical services on weekends, with 65 pharmacies opening at some point on Saturday, and 16 open past 1pm. 19 pharmacies open for some time on Sundays

### 1.3 Services

In making this assessment we have tried to balance the need for a high quality accessible network of pharmacies with patient needs for services. The PNA regulations require us to consider whether current services are:

**Necessary services** – Services currently commissioned that are necessary to meet a current need

**Relevant services** – Services that are currently commissioned which secure improvements or better access to services

To achieve this, the PNA should identify the following:

- The current provision of necessary services

- The gaps in provision of necessary services to meet current need or in specified future circumstances are provided to meet future need.
- The current provision of other relevant services. Relevant services are not thought to be necessary to meet the need for pharmaceutical services but should secure improvements to, or better access to, pharmaceutical services or pharmaceutical services of a specified type.
- The gaps in provision of other relevant services or in specified future circumstances be provided to secure improvements to, or better access to pharmaceutical services or pharmaceutical services of a specified type.

The main aspect of the essential services for pharmacies is dispensing of medicines – these are provided by all pharmacies. As there are no gaps in provision of pharmacies in Coventry, essential services can be obtained by the local population within a reasonable distance.

Advanced services are commissioned on a national basis, and include Medicines/Appliance Use Review (MUR and AUR), New Medicines Service (NMS) and Stoma Appliance Customisation (SAC). Pharmacies are free to choose whether to provide these services. The overwhelming majority of pharmacies provide the MUR service, ensuring good access to this service. These services are considered relevant rather than necessary.

Enhanced services are commissioned locally, and should address locally specific needs. Each service provided in Coventry is addressed:

### **Emergency Hormonal Contraception**

Emergency Hormonal Contraception (Levonorgestrel and Ulipristal Acetate) is provided via a Patient Group Direction (PGD) to women who believe they are at risk of becoming pregnant. The EHC service via pharmacies provides safe and easy access to EHC for women in Coventry within 120 hours of unprotected sexual intercourse/failed contraception. Without this service access would only be available via a GP appointment or sexual health clinics which would limit access considerably. The contraceptive pill is available from pharmacies for all women that require it, at a cost of approximately £25. The “morning after” pill is provided at no cost through this scheme.

Emergency Hormonal Contraception (EHC) is considered to be a necessary service for the city.

### **Chlamydia Screening**

At this time, we have concluded that the Chlamydia screening service is a relevant service. Community pharmacies will provide/supply postal Chlamydia screening kits to sexually active males and females aged 15-24 years. This service targets young people aged below 25 and evidence shows that this age group is at highest risk of Chlamydial infection.

### **C-card distribution**

The C Card service is a free condom supply service. The main aim 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. This service is considered a relevant service.

### **Pregnancy Testing**

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 considered a necessary service.

### **Needle Exchange**

Needle exchanges allow injecting drug users to exchange used needles for clean needle replacements, which reduces the risk of needle re-use and the transmission of infectious disease. Community pharmacies will arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service.

This is considered necessary services as pharmacies can be a primary access route for this vulnerable population.

### **Supervised Consumption**

The supervised consumption service provides access to substitute therapy for people with opiate addiction, directly through pharmacies. This service requires the pharmacist to witness and supervise the consumption of prescribed medicines such as methadone and buprenorphine following the point of dispensing in the pharmacy against a valid prescription.

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 to access further advice or assistance. This is considered a necessary services as pharmacies can be a primary access route for this vulnerable population.

### **Not Dispensed Service**

The "Not Dispensed" scheme (ND scheme) allows the pharmacist to intervene and identify and thus prevent dispensing of those items included on repeat prescriptions which the patient does not actually require at that time. This service is considered a relevant service.

### **Tuberculosis Medicine Supervision Service**

This service is aimed at the supply of specialist TB medicines for treatment of TB as defined by the Coventry TB service. The pharmacy contractor will stock the agreed range of specialist TB medicines and will make a commitment to ensure that users of this service have prompt access to these medicines during core & supplementary hours as agreed. This service is considered a relevant service.

### **Minor ailments PILOT Scheme**

This service enables pharmacists to provide advice and treatment for a specific set of conditions, and potentially alleviates the pressure on GPs and even A&E departments so that they can focus on more serious acute and chronic conditions. Pharmacies offering the Minor ailments PILOT scheme are thought to be more appropriately located in poorer more deprived areas as they remove a time and cost barrier for treatment.

This is considered a relevant service. The commissioning of this service is currently being reviewed in the city due to historical commissioning practice. The value of such a service across Coventry should be factored into any commissioning decisions.

### Stop Smoking Service

This service is considered a **necessary service** allows pharmacists to provide advice and medication to assist people with smoking cessation.

Pharmacies are suitable locations for such a service as they are easily accessible, often open over extended hours, and can provide medications without delay.

Smoking remains one of the largest contributors to avoidable mortality; this service is therefore considered necessary. There are some gaps in the provision of this service in the city. However, even those areas that are not as heavily served with pharmacies operating Stop Smoking Services (SSS) have access to GPs that provide cessation advice and services. Thus, it is unlikely that there is under-provision of SSS for the population in general. The commissioners of the service should review service need as appropriate.

### 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. This service is considered a relevant service.

### Seasonal Influenza vaccination

It is recommended by the Department of Health (DH) that all individuals aged 65 years and over (including those individuals who will be 65 years old at 31st March 2015) should receive an annual seasonal influenza vaccination. DH also recommends that individuals from 6 months of age to less than 65 years of age should receive annual seasonal influenza vaccine if in a recognised clinical risk group. Community Pharmacy offers an easily accessible route for patients to obtain the Flu vaccine. This service is considered a necessary service.

## 1.4 Conclusion

The report looks at where pharmacies and dispensing practices are, when they are open and what services they offer. The main findings are that the 91 community pharmacies offer a good provision of pharmaceutical services across Coventry. They are evenly distributed across the city with a higher concentration in the East of the city where the population density is greater. It finds that pharmacies provide a good range of services across the city. This not only includes essential services such as furnishing prescriptions, but also advanced services such as medicines use reviews, and enhanced services such as emergency contraception.

The conclusion of this PNA is that the population of Coventry currently has sufficient numbers of pharmacy contractors to meet the pharmaceutical needs of the patients and public. This is clearly demonstrated by the following points:

- Coventry has good coverage across the city for pharmaceutical services in terms of choice, access and opening hours, with no gaps in current provision.
- The range of opening hours over 7 days a week is welcome for the delivery of enhanced services and the access to essential services such as dispensing and self-care advice. The presence of several 100 hour service contracts is important to maintain this provision

- Coventry has slightly better or similar coverage of community pharmacies or dispensing GP practices than the England and West Midlands averages.
- The majority of residents live within a 1 mile radius or a 10 minute drive of a pharmacy.
- Public views on Coventry pharmacy services suggest that the majority of respondents were satisfied with current pharmacy provision.

The recommendations for this PNA are as follows:

- To raise awareness around opening times particularly evenings and weekends - Most people are aware that some pharmacies are open late into the evening, early in the morning, at weekends and bank holidays, but only half of those surveyed know where these are located. Work is required to raise awareness of extended hour provision.
- For commissioners of statutory and locally defined services to work with pharmacies to increase awareness of pharmacy services. This would help services to be used more effectively and contribute to the improvement of the health of the local population
- To increase uptake of enhanced services including the Not Dispensed service, the TB medication supervision service and Minor ailments PILOT scheme by Pharmacy contractors. In particular the Minor ailments PILOT scheme would fit in to the objective of reducing unnecessary A & E and/or GP attendance.
- Focus on managing the interface between community, hospital and tertiary care to reduce the risk associated with medicines e.g. palliative care scheme
- Develop services to support specific diseases appropriate to the needs of Coventry patients e.g. NHS Health Checks for Cardiovascular disease

This Overview of the Coventry PNA has found that access to pharmaceutical services is good for the city, with some enhanced services not being equitably distributed to the wider population of Coventry via a combination of lack of uptake of services from existing Pharmacies in Coventry and unclear commissioning intentions.

## 2.0 Introduction

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The PNA should describe the current pharmaceutical services provided, the needs for such services, potential future need (to support a growing population for example), and identify any new services that may be required. Pharmaceutical services are an important part of the overall health care system, making a major contribution to improving health and reducing health inequalities.

Currently Coventry has 84, 40 hour community pharmacy contracts and 7, 100 hour community pharmacy contracts. These pharmacies form an important network of accessible healthcare outlets where the population of Coventry can obtain a range of services using the professional expertise of pharmacists and trained staff.

Local people were asked what they thought of pharmacy services in Coventry, and their responses were overwhelmingly positive. They expressed high levels of satisfaction and a clear message that there is more that pharmacy could do. We also learned how we could improve pharmacy services in the future to build on this.

Pharmacy contractors were requested to tell us more about the services they provide and their intentions for the future. There was a clear message from them that pharmacies in Coventry are eager to broaden and extend the services that they provide in the future.

## 2.1 Coventry Health and Wellbeing Board

- Coventry Health and Wellbeing Board (CHWB) became a statutory body on 1<sup>st</sup> April 2013, as one of the requirements of the Health and Social Care Act 2012. To discharge the functions of the Board as set out in the Act, the Board will:
- Promote the reduction of health inequalities across the city
- Assess the needs of Coventry's population through the Joint Strategic Health Assessment (JSNA) process
- Develop the Coventry Joint Health and Wellbeing Strategy
- Identify opportunities for effective joint commissioning arrangements, integrated provision and pooled budget arrangements
- Provide a forum to promote greater service integration across health and social care

Based on the findings of the Joint Strategic Needs Assessment (JSNA) the Health and Wellbeing Board has identified key areas for action in Coventry, these are broken into four key themes: Healthy People, Healthy Communities, Reducing Variation and Improving Outcomes. A full copy of the Health and Wellbeing Strategy and JSNA can be found here:

[http://www.coventry.gov.uk/info/2000897/health\\_and\\_wellbeing\\_board/1383/health\\_and\\_wellbeing\\_board](http://www.coventry.gov.uk/info/2000897/health_and_wellbeing_board/1383/health_and_wellbeing_board)

The board continues to monitor changes in the health of the local population under priority areas. An overview of the latest health outcomes in Coventry is available at:

[http://www.apho.org.uk/default.aspx?QN=HP\\_METADATA&AreaID=50322](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50322)

CWHB is also working to improve outcomes on a number of key health measures where Coventry is under performing, these include: Cancer, variations in primary care, and lifestyle risk management.

Amongst these responsibilities, the Health and Social Care Act 2012<sup>1</sup> makes explicit the duty for Local Authorities, through Health and Wellbeing Boards (HWBs), to produce a PNA for their population. The pharmaceutical regulations coming into force on 1 April 2013 give a deadline of 1 April 2015 for Health and Wellbeing Boards to produce a new PNA. More information about Coventry's HWBB can be found here:

<http://www.coventry.gov.uk/hwb>

## 2.2 Coventry and Rugby CCG

The current health ambitions of Coventry & Rugby CCG are to:

- Increase **life expectancy** - by tackling specific health conditions for certain age groups, we will be able to improve life expectancy amongst local people.
- Improve the quality of life for people with **multiple long-term conditions** - by changing the way we provide care to these patients and ensuring consistency of care across the area, we aim to improve patients' health and their quality of life.
- Reduce the amount of time people unnecessarily spend **in hospital** - by putting care plans in place to support patients with certain health conditions, we will prevent them needing to be admitted to hospital.

- Give more people a positive **experience of hospital care** - by improving patient experience of hospital care, we hope to increase positive feedback about our hospital services.
- Give more people a positive experience of care **outside hospital** - by improving the experience patients have of services in the community, we hope to increase positive feedback

Coventry pharmacies contribute to these challenges through the services we commission from them. In the future we see pharmacies playing an even greater role.

The PNA is the foundation for future pharmacy services planning in Coventry; we have drawn conclusions about current services in the PNA and highlighted areas where efforts could be focussed in the future to develop pharmacy services.

## 2.3 Pharmaceutical needs assessment

A PNA is defined in the regulations as: “The statement of the needs for pharmaceutical services [in its area] which each Primary Care Trust [Health and Wellbeing Board] is required to publish”<sup>2</sup>.

The PNA is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable HWBs to identify the current and future commissioning of services required from pharmaceutical service providers. The DH recently published an Information pack to help HWBs to undertake PNAs <sup>2</sup>.

The PNA is the key document that informs both the public and professionals about the need for pharmaceutical services in a specified area. It is a statutory document that must be produced, as per The Health Act 2009 regulations<sup>3</sup>, and updated at a minimum of every 3 years. The PNA should be used a single point of reference regarding pharmaceutical services in Coventry.

The purpose of the Coventry PNA is to:

1. Engage widely with the Coventry community about pharmaceutical services to enable mapping of current provision across the city.
2. Identify local health priorities and future trends and developments which may impact on the health of the local population.
3. Inform commissioners of current position, in line with local demographics and identify any gaps.
4. This PNA considers pharmaceutical services as any services delivered through pharmacies, dispensing doctors, or appliance contractors that are commissioned on a national or local basis

## 3. Context for the PNA

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### 3.1 The evolution of PNAs

The PNA for Coventry is undertaken in the context of the needs of the local population. The health and wellbeing needs for the local population are described in the Coventry JSNA.

PNAs were first developed in 2005 to assist Primary Care Trusts in preparing for changes to market entry. Since that time PNAs have been used to support market entry decisions. The White Paper ‘*Pharmacy in England: Building on strengths – delivering the future*<sup>4</sup>’, was published by the Department of Health in April 2008. It highlighted the variation in the structure and data requirements of PNAs and confirmed that they required further review and strengthening to ensure they are an effective and robust commissioning tool which supports decisions.

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations were consulted on in late 2009 and early 2010 and were laid in Parliament on 26 March 2010 and came into force on 24 May 2010.

Appendix 2 has a detailed description of the policy background and references to further reading on PNAs.

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## 3.2 Scope of the PNA

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types:

**Essential services** – mandatory services every community pharmacy must provide as set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations)

**Advanced services** – services community pharmacists and dispensing appliance contractors can provide subject to accreditation by the NHS England area team.

**Enhanced services** – optional locally commissioned services and should address specific local needs

### 3.2.1 Pharmaceutical Providers

Within the category of Pharmacy contractors there are the following groups:

- **Distance-selling pharmacies** - which provide pharmaceutical services remotely to the patient, no essential services may be provided face-to-face on the pharmacy's premises. Patients will place orders by post, telephone or over the internet and then post their prescription to the pharmacy, which will deliver the medication to the patient's home. There are currently 3 distance-selling pharmacies based in Coventry.
- **Dispensing appliance contractors** - appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply on prescription appliances including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. For appliance contractors the scope of the service to be **assessed** in the PNA is the dispensing of appliances and the provision of the Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide. Most Coventry pharmacies provide a dispensing service for the full range of surgical appliances. There is currently 1 dispensing appliance contractors based in Coventry.
- **Dispensing practices** – these are medical practitioners who are authorised to provide drugs and appliances particularly in designated rural areas known as controlled localities. For dispensing practices the scope of the service to be **assessed** in the PNA is the dispensing service. This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing services, including where those services are provided by dispensing GPs but not concerned with assessing the need for other services dispensing GPs may provide as part of their national or local contractual arrangements. There is currently 1 dispensing doctor's practice based in Coventry.
- **Community pharmacies** - mainly provide pharmaceutical services in person from premises in high street shops, supermarkets or adjacent to doctors' surgeries. Most community pharmacies open for at least 40 hours per week, however some are required to be open for a minimum of 100 hours per week. There are currently 91 pharmacies based in Coventry, which includes 7 pharmacies operating under a 100hr license. For community pharmacy contractors the scope the services to be assessed in the PNA are broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts.

### 3.2.2 Essential Services

The fundamental aspect of essential services for all community pharmacies is dispensing of medicines. Dispensing of medicines is commissioned nationally by the NHS and provides a network of pharmacies through which local populations can obtain prescribed medicines in a safe and reliable manner. Essential services are described by the PSNC as:

- **Dispensing** - the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** - the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery, and the pharmacy will provide only those items that are required at that time.
- **Disposal of unwanted medicines** - pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Public health (Promotion of healthy lifestyles)** - opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking,
- **Signposting patients to other healthcare providers** - pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **Support for self-care** - the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – includes the use of standard operating procedures (SOPs), patient safety incident reporting, conducting audits, complaints procedures amongst others
- **MDS service** - MDS is a medication storage device designed to simplify the administration of solid oral dose medication. MDS can potentially address the issues of difficulty accessing medication and following the regimen due to sight impairment and/or confusion / forgetfulness. MDS Service - pharmacy contractors have an existing and on-going responsibility under the Disability Discrimination Act 1995 to make reasonable adjustments to their services and provide auxiliary aids where appropriate for people with disabilities. All Community pharmacists thus have a contractual obligation to make an assessment of a patient's needs under the DDA and to provide reasonable adjustments to the service provided to those who, in the professional opinion of the pharmacist, require such an adjustment. The adjustment provided does not necessarily need to be a MDS; it may be a compliance chart, non-childproof lids, or larger print labels
- All pharmacy contractors must provide the full range of essential services.

### 3.2.3 Advanced Services

Advanced Services within the Community Pharmacy Contractual Framework (CPCF) are commissioned on a national basis. This includes Medicines Use Reviews (MURs) and the New Medicine Service (NMS), both are key medicines optimisation services which all community pharmacists are encouraged to offer to eligible patients to help them to ensure that they get the most benefit from their prescribed medicines.

Other advanced services include Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AUR) for dispensing appliance contractors. Pharmacies are free to choose whether to provide these services.

### **Medicine use review (MUR) service**

During an MUR the pharmacist conducts a medicines review with the patient to identify any medicines related or administration problems. The patient is given advice on medicines taking and with the patient's permission any clinical issues are referred to their GP. This service is usually provided in the private consultation areas within pharmacies. This confidential medicines check-up will help patients to find out more about their medicines, identify any problems they may be having in taking medicines as intended and help take medicines to best effect.

PSNC and NHS England have agreed some important changes to the MUR service target which will be introduced during 2014/15. NHS England has agreed that funding for MURs will continue throughout 2014/15 and the basic service specification and payments to contractors will remain unchanged. However, in line with NHS objectives to improve patient outcomes and resource utilisation, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed that the percentage of MURs which contractors must complete within the MUR target groups in any given year will increase from 50% to 70%. This will ensure that the MUR service is even better targeted at patients who will derive the most benefit from it. The total maximum number of MURs for which a pharmacy will be paid for in any year remains unchanged at 400.

### **New medicine service**

'When you are prescribed a medicine to treat a long-term condition for the first time, the pharmacist will support you to use the medicine safely and to best effect. The pharmacist will talk to you approximately one-two weeks after you first receive the medicine to see how you are getting on with it and to discuss any problems you may have. A second follow-up will be a month after you first receive the medicine. The service is only available to people using certain medicines. In some cases where there is a problem apparent and a solution cannot be found between you and the pharmacist, you will be referred back to your doctor.

### **Appliance use review service**

An appliance (medical device) check-up service, which is useful if you regularly use a medical device such as stoma bags. This confidential medical device check-up will help you to find out more about your device, identify any problems you are having with it, and give you guidance on the correct use of your device.

The AUR and SAC services were introduced on 1st April 2010 under new national arrangements for supply of appliances.

### **Stoma appliance customisation service**

This service involves the customisation of a quantity of more than one stoma appliance, based on your measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to prolong the duration of its use.

### 3.2.4 Enhanced Services

Only Services commissioned by the NHS England area team can be referred to as enhanced services. Services commissioned from CCGs and the Local Authority <sup>5</sup> are referred to as locally commissioned services. Enhanced services and locally commissioned services currently commissioned for Coventry pharmacy contractors include:

- The “ASC” Sexual Health Service
  - EHC
  - Chlamydia Screening
  - C-card distribution
  - Pregnancy Testing
- Drug Action Services
  - Needle Exchange
  - Supervised consumption
- Not Dispensed Service
- Tuberculosis Medicine Supervision Service
- Minor ailments PILOT
- Smoking Cessation Service
- Phlebotomy Service
- Seasonal Influenza vaccination

### 3.2.5 What is excluded from the PNA.

In line with the DH 2013 regulations this PNA will not consider pharmacy provision in prisons or hospital settings. 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. Most patients choose to be treated at one of the following NHS Trusts.

- Coventry and Warwickshire Partnership NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- George Eliot Hospital NHS Trust
- South Warwickshire NHS Foundation Trust

The PNA makes no assessment of the need for pharmaceutical services in secondary care settings; however we are concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines.

Community Pharmacy contractors also provide services directly to patients that are not commissioned by the Local Authority, the CCG or NHS England for example some pharmacies provide a home delivery service but this is not commissioned or paid for by any of the above.

The PNA also excludes any analysis of distance selling of medicines and appliances that may be used by Coventry residents, although these should be noted as additional available services. With the growth in use of high speed internet, distance selling is likely to become more significant in the future.

### 3.3 Circumstances under which the PNA is to be revised or updated

The Department of Health (DH) guidance states a duty on Health & Wellbeing Boards (HWB) that the PNA should be reviewed at least every 3 years. There is a statutory requirement for PNAs to be published by 1 April 2015. It is important that the PNA reflects changes that affect the need for pharmaceutical services in Coventry. Where there has been a change which, in the opinion of the committee, has affected the need for pharmaceutical services, stakeholders will be consulted and the PNA revised.

It is likely that the PNA will be updated as changes take place, however an annual review will be conducted to ensure that any changes that have taken place are reflected in the PNA or its supplementary statements

### 3.4 Future Housing Developments

In April 2013 as a result of Planning Inspectorate recommendations, Coventry City Council withdrew a previous version of its Core Strategy for examination. In response to the Inspectorate's recommendations, a Joint Strategic Housing Market Assessment (SHMA) recommended that a minimum of 23,600 homes need to be built in Coventry between 2011 and 2031. Although no decisions have been made to identify precise locations of proposed housing developments at this time, it is highly likely that land will be made available within the city's current Green Belt. As such, some initial areas are being considered as possible opportunities for growing the city and these are identified within the councils draft Strategic Housing Land Availability Assessment (SHLAA). The proposals map, with site allocations will be revised through the Local Development Plan and is likely to be adopted in May 2016. Consequently we have not identified any specific developments which will create a need for additional pharmaceutical services in Coventry. Coventry City Council's planning department will ensure NHS Midlands and Lancashire Commissioning Support Unit is engaged with the planning process and will explore policy to expand pharmaceutical need in areas where new housing may justify it. Link to SHLAA:

**[http://www.coventry.gov.uk/info/1004/planning\\_policy/1871/strategic\\_housing\\_land\\_availability\\_assessment](http://www.coventry.gov.uk/info/1004/planning_policy/1871/strategic_housing_land_availability_assessment)**

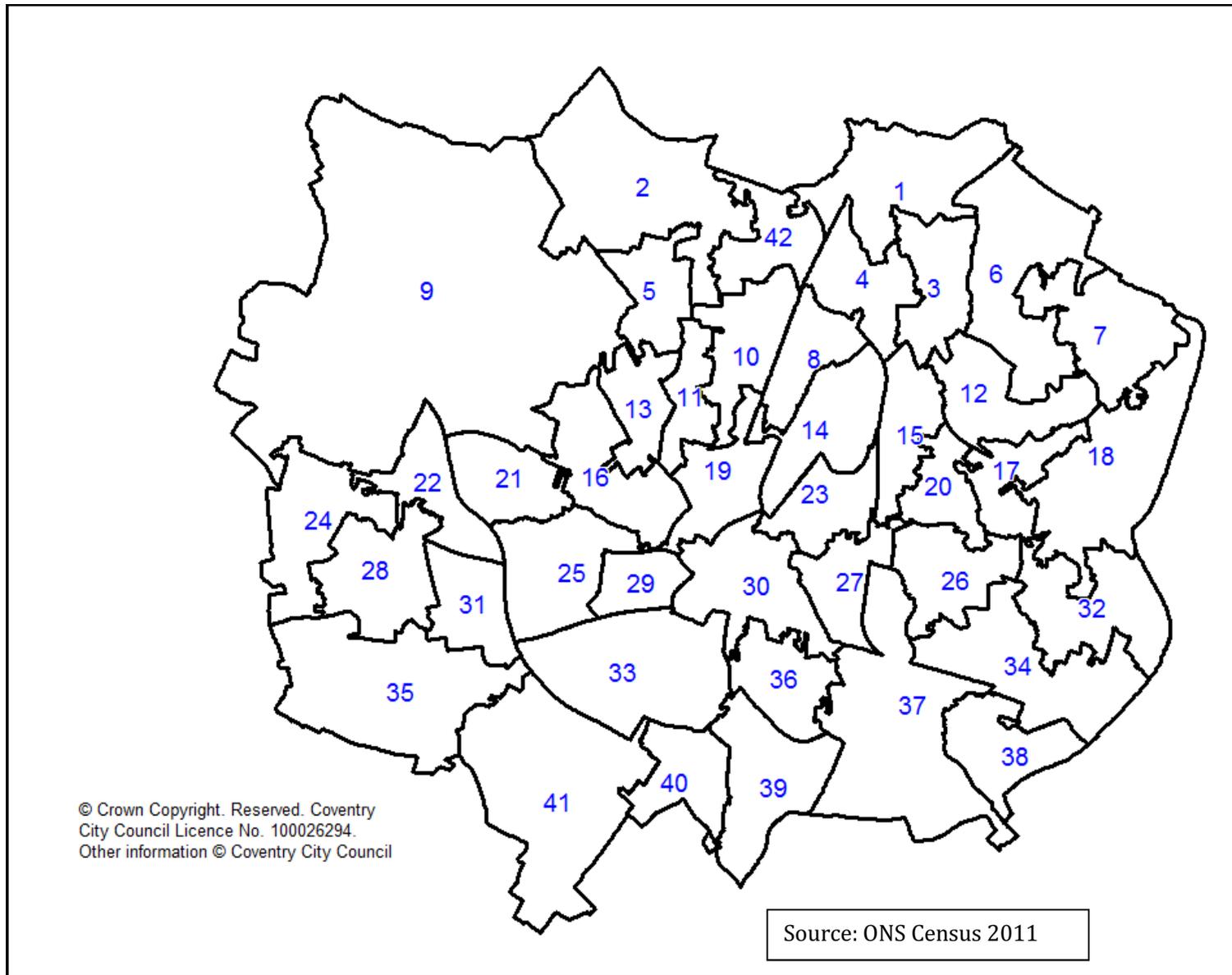
## 4.0. THE PNA DEVELOPMENT PROCESS

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### 4.1 Determining Localities

Super Output areas (SOAs) are units of geography which have been established by the Office of National Statistics. SOAs are useful for comparison of need and services because they do not change over time, and they are smaller in size than for example electoral wards. As the SOA maps do not change they are useful for understanding changes to populations for a defined area over time. GIS Cartography (Map Info) mapping software has been used to draw maps to show provision of services against need. The maps are produced under © Crown Copyright 2010 Licence No. 100026294. Middle layer Super output areas (MSOAs) are the chosen unit of geography we have decided to use. In one instance we have used Lower layer super output areas (LSOA's) to map deprivation as this was the level at which it was produced. MSOA's are ideal for the PNA as they are small enough to distinguish different characteristics of areas within Coventry and large enough for statistical information to be meaningful. Figure 1 shows in Coventry, there are 42 Mid-Layer Super Output Areas defined for Census data purposes – each contains approximately the same number of households – 4,000 or so. Appendix 3 has a key to identify the MSOAs.

Figure 1: Map of Coventry showing Middle Super Output Areas



## 4.2 Governance and steering group

A Steering Group was established for the development of the PNA as per the guidance which includes key stakeholders listed in Appendix 1. The membership was developed in accordance with recommendations in the practical guide produced by NHS Employers <sup>6</sup>.

The Steering Group is responsible for scrutinising and approving the project plan, providing leadership for delivery of the project, monitoring the delivery and providing advice. Stakeholders have met regularly to fulfil regulatory stakeholder responsibilities towards the PNA as well as to get an update on the work in progress in the development of the PNA. The group will continue to meet until the PNA is published. The Terms of Reference are shown in Appendix 1

Overall this group is responsible for ensuring that the outcome of the project is in accordance with the statutory regulations and to ensure the PNA output is able to influence commissioning.

## 4.3 Information Sources

A range of information sources have been used to identify local need and the priorities for the PNA. These include;

5. Joint Strategic Needs Assessment (JSNA)
6. Patient experience survey
7. Pharmacy contractors survey
8. Office of National Statistics (ONS), Census data 2001

These data have been combined to provide a picture of our population, their current and future health needs and how pharmaceutical services can be used to support the PCT to improve the health and wellbeing of our population.

## 4.4 Stages of development of PNA

This PNA has been developed using a mixture of methods drawing on a range of information sources and reinforced through consultation with patients and pharmaceutical services providers. The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs <sup>5</sup> were duly considered. There were essentially 5 main phases in the development of Coventry's PNA:

**Phase 1:** In early 2014 a paper was presented to CHWBB proposing the review of the local PNA and asking a series of questions. The paper was endorsed and the Public Health team were asked to lead the process in conjunction with key stakeholders. An internal Public Health task group was convened to map out the process and begin the PNA.

**Phase 2:** In August 2014 a core group was established consisting of representatives from the Local Authority, Midlands and Lancashire Commissioning Support Unit, and Coventry and Rugby CCG. The first meeting took place in August 2014 and the terms of reference and timescales were agreed. A virtual stakeholder group was established and contacts made for future consultations. The core group considered the following actions: consultation; community engagement; legal aspects; communications; mapping of current services; links to neighbouring areas and the development of the final report.

**Phase 3:** The design and concept testing of stakeholder and public questionnaires was undertaken in October 2014 and links were also made with neighbouring areas regarding their PNA processes and cross boundary provision. The stakeholder and public questionnaires were then sent out across to Coventry City Council for printing and dissemination.

**Phase 4:** Following the initial data collection period, results were collated and analysed in October and a summary of gaps in provision identified and fed back into the draft report.

**Phase 5:** The results of a 60 day consultation on this document with the Coventry wide community (as stipulated in the DH 2013 regulations) will be received and will inform the final version of the PNA. The final document will be presented to the CHWB for ratification in February 2015 and the final PNA report will be published and available on local websites by 1st April 2015.

**Figure 2: Diagrammatic representation of PNA development process**



## 4.5 Equality Assessment

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

The general duty (3 main aims) requires the council to 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. An Equalities statement was completed and has been continually updated throughout the consultation process. This is available on request.

In producing the public survey advice was sought around the PSED. The survey was also made available in other formats on request and was written in an easy to read format

## 4.6 Process of formal consultation

Guide 7 of NHS Employers' practical guide outlines a timetable to follow when developing PNAs and how this fits with the JSNA, Strategic Plan, Organisation Development Plan and Annual Operating Plan. The Guide emphasises the need for consultation with relevant stakeholders such as the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC) and patient groups throughout the process of developing a PNA. Under the draft Regulations, we will be required to consult at least once on a draft of their PNA during the process (regulation [3F (2)]) and this consultation period must last for a minimum of 60 days (regulation [3F (3)]).

- The development, distribution, data collection of a public and patient survey as part of the pre-consultation phase and to understand local pharmacy service provision and usage trends.
- The development, distribution, data collection and analysis of a community pharmacy survey as part of the pre-consultation phase and to understand local pharmacy service provision.
- A stakeholder engagement plan was developed based on the regulations stipulated in NHS Employers Guide,
- Engagement with key stakeholders took place in November 2014 to provide an opportunity to feedback on first draft of PNA

## 5.0 Surveys for Information gathering

### 5.1 Pharmacy Survey Overview

As part of the development of the PNA, all Coventry community pharmacies were asked to complete an online questionnaire. This ensured information included in the PNA about current pharmacy services from pharmacy contractors was accurate and up to date enabling us to identify any gaps in service provision as part of the PNA process. The questionnaire was developed based on a PSNC template and guidance by NHS employers, and advice from the local pharmaceutical committee. 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 four weeks to complete the questionnaire. Letters and e-mails were sent to all Pharmacies in the area, and phone calls were made to support the process.

### 5.2. Pharmacy Survey analysis and key findings

The results of the survey can be found in appendix 6. 70 Pharmacies responded to the survey out of 91 eligible contractors. Therefore the analysis represents 75% of pharmacies in Coventry. See Appendix 11 for a table of Coventry Pharmacies and services offered. Analysis of the results is as follows:

#### Consultation Facilities

The pharmacy survey included a question asking if any consultation facilities existed on site and if they included wheelchair access. 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.

A high percentage of pharmacies had a consultation area/room (86%) with wheelchair access; 13% of premises had a consultation area without wheelchair access. Of those pharmacies who answered yes to having a consultation area, 97% stated it was a closed room. One Pharmacy without a consultation area was planning to have one in the next 12 months. A small percentage of pharmacies (4%) had access to an off-site consultation area. A large percentage (81%) of pharmacies was willing to undertake consultations in the patient's home or suitable site.

During consultations 91.3% of pharmacy premises either had access to hand washing facilities either within the consultation area or close by. Just over half of pharmacy premises could not provide toilet facilities to patients attending for consultation. Encouragingly there were 26 languages spoken across Coventry pharmacies. Other than English the most widely spoken language across all local pharmacies is Punjabi (57%), Hindi (41%), Gujarati (37%), and Urdu (24%).

### **I.T. Facilities**

The Electronic Prescription Service (EPS) provides a framework, through technology, for GPs to issue electronic prescriptions and for pharmacies to be able to receive these. The programme is phased into two releases of functionality. All Pharmacies responding to the survey stated they were EPS release 1 enabled and almost all (99%) of pharmacies stating they were release 2 enabled.

### **Essential Services**

78% of Pharmacies stated they were dispensing all types of appliances with 17% stating they only dispensed dressings.

### **Advanced Services**

- Medicine Use Review Service – 96% of Pharmacies that responded to the survey stated they were providing the service with a further 3% planning on providing the service within the next 12 months.
- New Medicine Service – 89% of Pharmacies that responded to the survey stated they were providing the service with a further 7% planning on providing the service within the next 12 months.
- Appliance Use Review Service – Only 21% of Pharmacies stated they were providing the service with a further 20% planning on providing the service within the next 12 months. Over half (51%) of the Pharmacies stated they had no intention of providing the service.
- Stoma appliance customisation service – Only 21% of pharmacies stated they were providing the service with a further 17% planning on providing the service within the next 12 months. Over half (56%) of pharmacies stated they had no intention of providing the service.

### **Enhanced Services**

For Enhanced services we are aware of being offered in Coventry, please see the results in Appendix 11 as the data will be discussed further in the current pharmacy provision and services section. It should be noted that the data in appendix 11 has been received from the Pharmacist contractors of Coventry and this data has not yet been validated. The services pharmacy contractors offer as they are aware will differ to that which the service leads consider they are offering. Maps that follow later on in the PNA will reflect locations of pharmacies offering services as per the participating pharmacies lists provided by service leads.

Care home service - 5% of contractors are offering this service. This service isn't locally commissioned by the Area team, the CCG or the local authority. Upon contacting the Pharmacies involved it seems there is an agreement directly between the care homes and the pharmacy.

### Disease specific management services

The most commonly provided services were Asthma (11%), COPD (6%), Diabetes (10%) and Hypertension (5%). All Pharmacist contractors stated overwhelmingly (over 90%) that they would be willing to provide all the separate disease specific management services if commissioned.

### Screening Services

Only three of the screening services of those listed were provided by Coventry pharmacies. Diabetes screening was the most popular at 7%, followed by alcohol screening at 3% and 1% providing a cholesterol screening service. Although the uptake of the screening services was low almost all contractors stated they would be willing to provide the screening services if commissioned.

## 5.3 Patient Survey Overview

Little is currently known about the views of patients in Coventry about pharmacy services; however, we are aware that current and future pharmaceutical commissioning needs to be informed by, and sensitive to, the views of the population. Coventry City Council and the NHS Midlands and Lancashire Commissioning Support Unit ran a survey from 22<sup>nd</sup> September to 17 October 2014 to understand the usage of community pharmacies, and to identify other services, which could be offered by community pharmacies. 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 where there are gaps in provision/ demand for other services
6. To understand what aspects could be improved upon
7. To understand factors that influence choice of a particular pharmacy

The survey was disseminated using the following methods:

- Printed copies were left in all GP surgeries and local pharmacies, with Freepost return envelopes
- Via email to local organizations and key stakeholders
- Via email and print to members of the public who have highlighted their wish to Coventry Council be involved in any public engagement activity
- Project team members included a link to the online survey within their email signature
- Tweeted from CSU account (@NHSInvolvement – 400 followers), mentioning Coventry City Council (@CoventryCC - 17,000 followers) and linking to the survey.

A total of 560 responses were received, of which approximately half were paper copies, the rest were entered directly via Survey Monkey. A further 30 paper copies were received after the closing date, but

were too late to include in the analysis. This was an excellent rate of return for a 4 week period and suggests very effective publicity for the survey and a high level of interest in the subject

## 5.4 Patient Survey Respondent profile

People responding to the patient survey were analysed by location and demographics.

### 5.4.1 Location of Respondents and use of Pharmacies

Nearly all the respondents lived in Coventry. The home postcodes show a high concentration of respondents from CV2, CV3, CV5 and CV6, which are the four postcodes that encircle CV1 at the centre.

Fewer respondents were able to give a postcode for their pharmacy, and some may have got them wrong. However the distribution of the pharmacy postcodes is more focused on CV1 with respondents using more city centre pharmacies.

Respondents used about 120 pharmacies between them. Many were only mentioned by one respondent but the following were mentioned by over 10 respondents, suggesting a particularly busy pharmacy or an effort by the pharmacy to encourage participation:

**Table 1 most frequently used Pharmacies in Coventry sourced from Patient Survey.**

Name of Pharmacy:	Road:	Town/City:	Postcode:	Mentions
Broomfield Park	Spon End	Coventry	CV1 3HP	22
Allesley pharmacy	134 Birmingham Road	Coventry	CV5 9HA	18
ASDA	Brade Drive	Coventry	CV2 2PN	11
Bannerbrook Pharmacy	5-7 Gramercy Park	Coventry	CV4 9AE	11
Goes Pharmacy	Holyhead Road	Coventry	CV5 8LJ	12
Lloyds	19 Earlsdon Street	Coventry	CV5 6EP	12
Lloyds	Kenpas Highway	Coventry	CV3 6DH	11
Mount Nod	Sutherland Ave	Coventry	CV5 7NJ	11
Norton Hill Pharmacy	Norton Hill Drive	Coventry	CV2 3AS	12
Styvechale	84 Baginton road	Coventry	CV3 6FQ	13

### 5.4.2 Demographics of respondents

One of the objectives of the survey was to assess the demographics of pharmacy users. We cannot be completely confident that the people who chose to complete the survey are entirely representative of all pharmacy users, as some people may have been more motivated to complete the survey than others (e.g. those who have become more dependent on health services). It may also be the case that the method of dissemination was more likely to reach some people than others.

- 65% of respondents were female and 33% male. The dominance of women responding is probably linked to higher female involvement in caring for children and relatives, a greater use of health service themselves.
- The majority of the sample said they were heterosexual (88%). 8% preferred not to say, 2% were homosexual, and 1% Bisexual. Less than 1% said they were transgender.
- The sample was older than the Coventry adult population. The age groups of 65-74 and 75-84 were the most strongly represented in the survey. This probably reflects the fact that these age groups are heavier users of pharmacies.

- 42% of the sample was employed or self-employed, and 41% were retired, reflecting the older profile of the sample. Less than 2% were students, which suggests this sector of the population were under – represented.
- 27% of the sample respondents had considered themselves to have a disability, again reflecting the older sample, and reliance on health services
- The sample under represented ethnic minorities. 78% of the sample was White British compared to 67% of the Coventry population. The Asian and Black populations of Coventry were under represented.

## 5.5 Patient survey analysis and key findings

- The survey recorded a high degree of satisfaction with Coventry pharmacies and the services offered. Over half rated the service ‘Excellent’, and a further quarter rated them ‘Good’ on the following aspects. No more than 5% rated pharmacies poor/very poor on any of these aspects
  - Is customer friendly and polite
  - Is easy to get to by public transport
  - Offers a quick service
  - Can provide you with the right advice when you’re unwell
  - Has staff who are impartial and objective
  - Provides a confidential and private service
  - Stocks the medicine / items you require
- Over 90% agreed with the statement that they can easily find an open pharmacy when needed. However access specifically at the weekends and evenings was less good, with a third saying they disagree that it’s easy to find a pharmacy open in the evenings.
- The most popular ‘additional’ opening hours were weekends 9am-6pm, weekday evenings 6pm-11pm and weekend evenings 6pm-11pm. Respondents also mentioned the inconvenience of not being able to pick up prescriptions at lunchtimes.
- Analysis of usage and awareness of current and potential services showed;
  - ‘NHS repeat prescription service – A non-commissioned pharmacy service for patients who have repeat prescriptions for long-term conditions collected and dispensed by pharmacies on their behalf,’ and the ‘Disposal of unwanted medicines’ have highest awareness and usage. ‘The Minor ailments PILOT service’, and ‘Medicines use review’ also had high awareness and usage.
  - ‘Info and advice on medications and healthy lifestyles’ has high awareness, but comparatively low usage. People asked for this sort of service spontaneously so perhaps it needs to be publicized more effectively.
  - The ‘Vaccination Programme’ and ‘Management of Long Term Conditions’ both had medium awareness and relatively high usage suggesting high take up.
  - ‘Smoking cessation’ has high awareness but relatively low usage, probably as it’s only relevant to smokers who want to give up.
  - ‘Emergency hormonal contraception’, ‘Early pregnancy testing’, and ‘NHS Screening’ all have medium awareness levels, but low usage probably because they are only relevant to a small proportion of the population on rare occasions.

- 'Language access service - pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them ' Alcohol cessation and 'End of life / palliative care' have low awareness and usage, probably due to limited relevance to most people.
- Satisfaction levels are highest for some of the least used services 'Early pregnancy testing', 'Emergency hormonal contraception', 'Smoking and Alcohol cessation services', 'NHS Screening', and 'Language access services', suggesting that these services are much appreciated when the need arises.
- The services recording the highest demand (when not currently available) were 'End of life/ palliative care', 'NHS Screening services', and the 'Vaccination Programme'. 'Alcohol cessation services', 'Minor ailments PILOT Service', and 'Language access service', all also recorded relatively high demand.
- The service that was most requested that wasn't included in the questionnaire was blood testing, and there was also interest in other screening/tests ( e.g. Cholesterol, Allergy)

## 6.0 Current Pharmacy provision and assessment

### 6.1 Essential Services

In order to assess the provision of essential services against the needs of our population we have focussed on:

- Distribution of pharmacies
- Opening hours
- Provision of dispensing services

These three key areas were deemed to be most important in determining the extent to which the current provision of essential services meet the need of Coventry's population.

Figure 3 shows there are 96 pharmaceutical service providers located in the city. This includes 1 dispensing appliance contractor, 1 dispensing doctors, 3 distance selling pharmacies, and 91 community pharmacies of which 7 are 100 hour opening. All 91 community pharmacies are required to provide essential services. Some pharmacies are open for longer periods of time, for instance evenings, overnight and weekends, with some pharmacies in the city specifically contracted to be open for at least 100 hours per week. Figure 4 shows all pharmacies with a 1 mile radius around them. This illustrates the proximity of pharmacies for the population and indicates physical access to pharmacy services across the city is good. The results of the patient survey show that two thirds of the public travel up to and including 1 mile to access their local Pharmacy. The provision of pharmacies appears to be adequate for all MSOA's in Coventry. It is clear from the map that the concentration of pharmacies is greatest in the central part of Coventry, which is unsurprising. These are also the MSOA's with greatest deprivation and greatest ethnic diversity. The North West of the city seemingly has a very sparse amount of pharmacies. This falls under the MSOA areas of Keresley & Holbrooks and Allesley Village & Bablake. Allesley village and Bablake seem to have a reduced provision of Pharmacies relative to other MSOA's in Coventry. Upon further examination this can be explained by the fact that although large, this MSOA has a much smaller population density per hectare than expected in comparison to the Coventry average. Allesley Village & Bablake MSOA is a rural area sitting amongst green belt land and has the busy arterial route the A45

running through it. Allesley Village & Bablake MSOA has a few isolated pockets of settlement that are mainly situated around the two main villages.

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## 6.2 Distribution of Coventry Pharmaceutical providers

Figure 3: Map showing location of Coventry Pharmaceutical Providers mapped over MSOA.

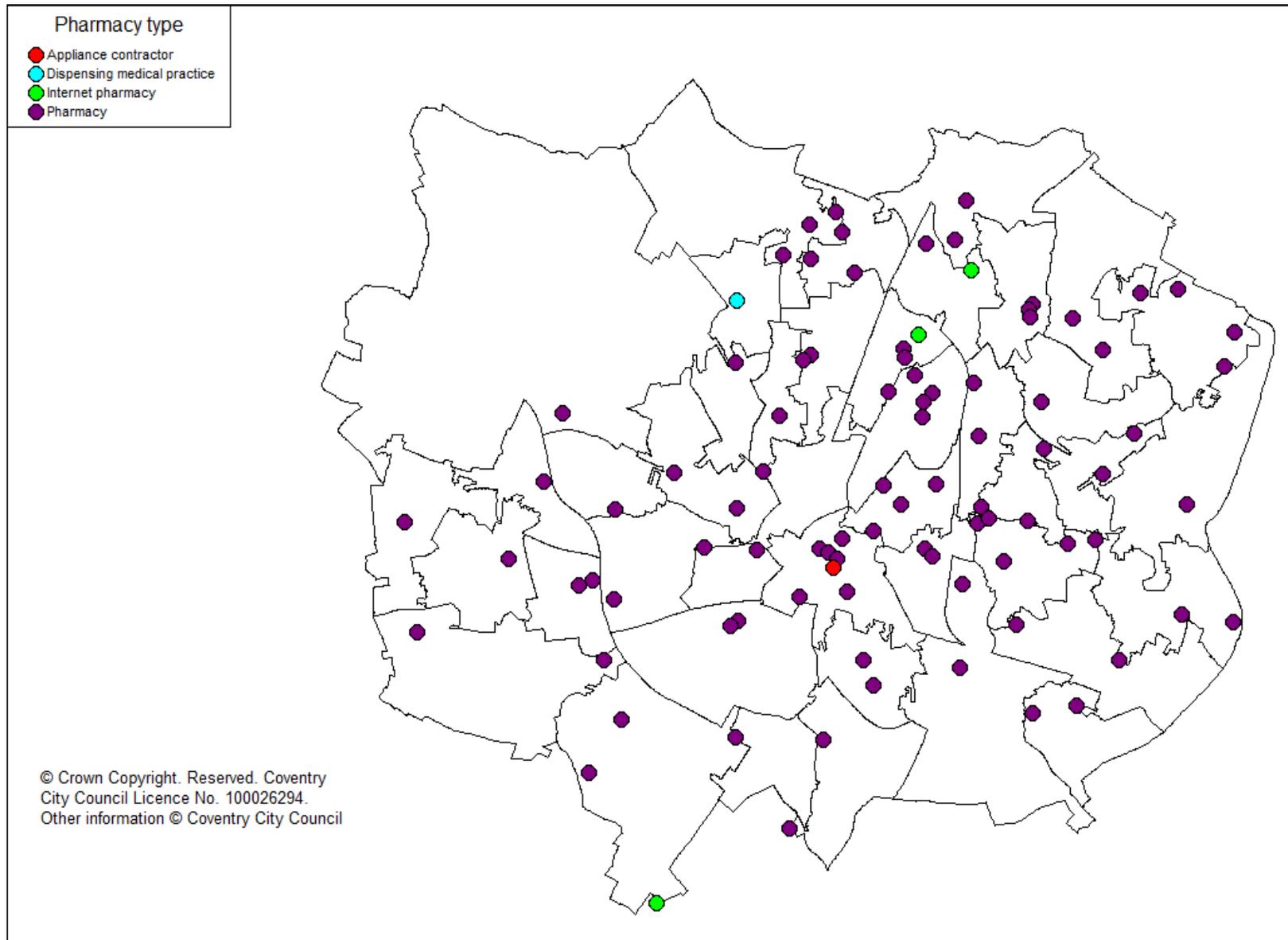
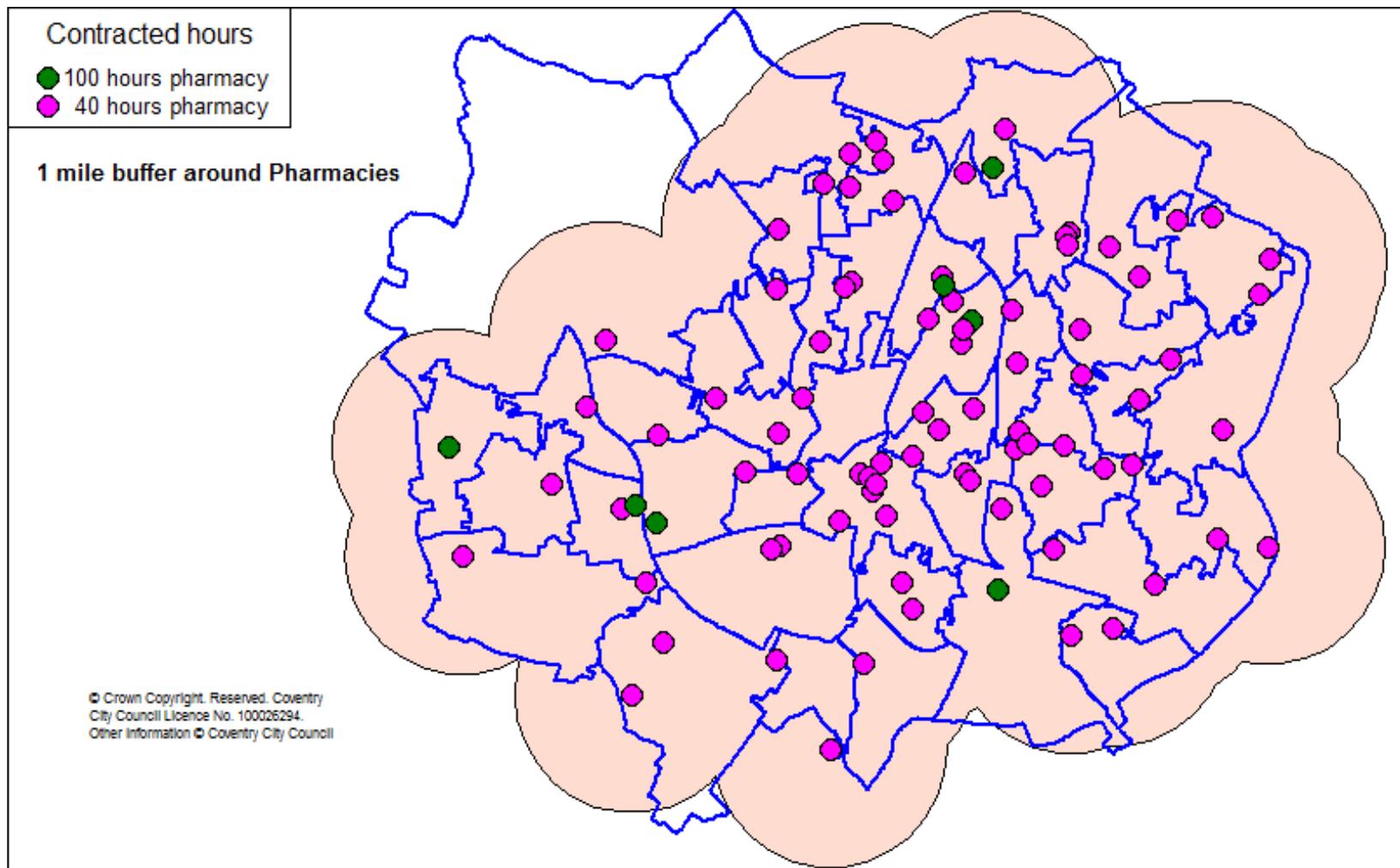


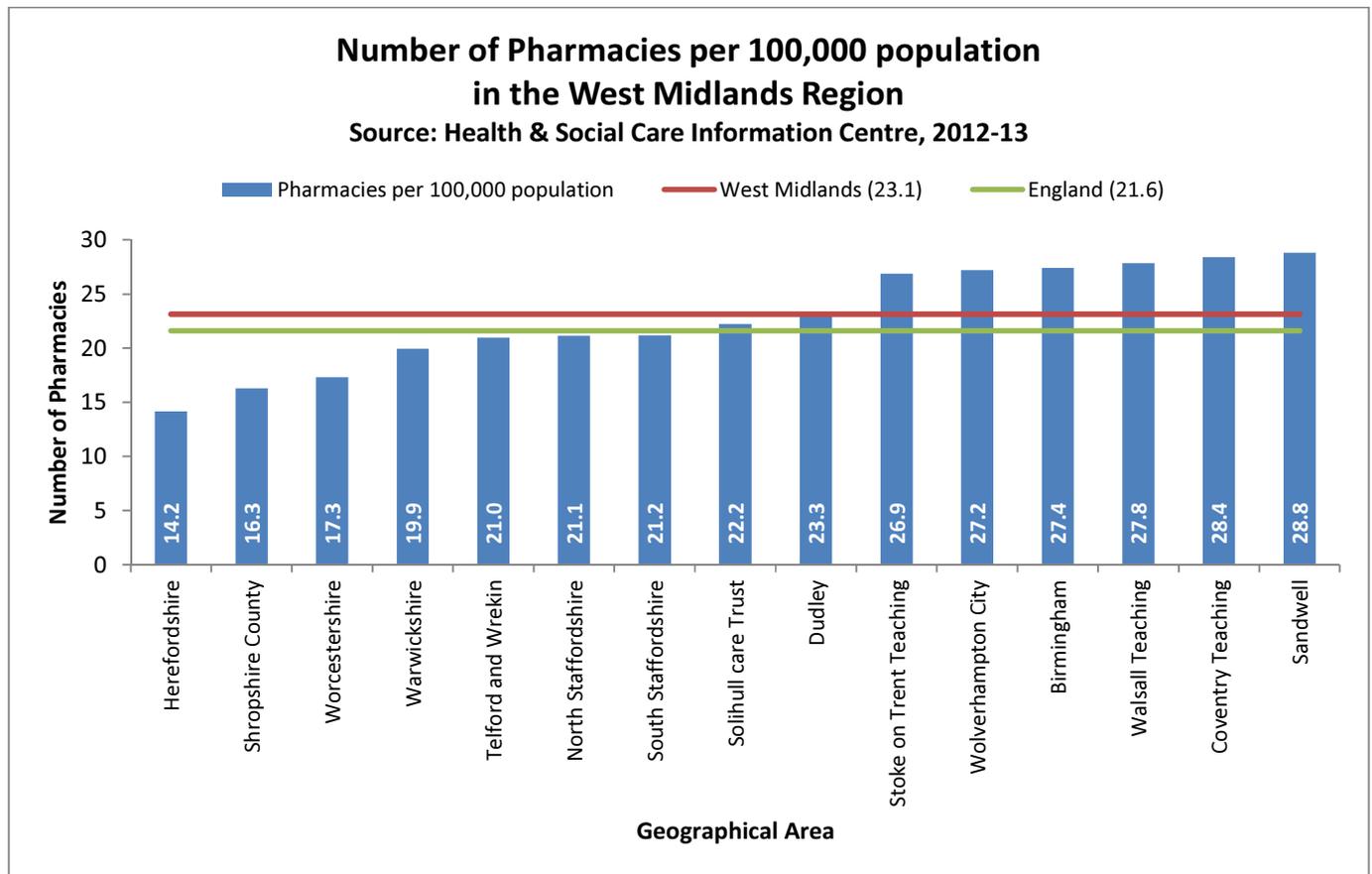
Figure 4: Map showing location of Coventry Pharmacies with a 1 mile buffer zone mapped over MSOA.



## 6.2 Benchmarking provision of pharmacy services

This chart below shows that Coventry had 28.4 pharmacies per 100,000 population, higher than the West Midlands average (23.1) and more so than the England median (21.6)<sup>7</sup>.

Figure 5: Pharmacies per 100,000 population in the West Midlands region



The current pharmacy provision suggests that Coventry has more than the number of pharmacies that is consistent with a city of this size and type.

## 6.3 Analysis of opening Hours

Pharmacies are required to open between specific times by their terms of service. All pharmacies are required to open for at least 40 hours per week (core hours). Though these hours can be distributed through the week discretionally, the vast majority operate within or near regular working office hours (between 08:00 and 19:00, Monday to Friday). All pharmacies must apply to the NHS England Area Team if they wish to change their opening times, with a 90 day notice period.

A visual representation of total pharmacy opening hours is provided in Appendix 6.

### 6.3.1 100 hour contracts and extended opening hour Pharmacies

Pharmacy contractors on 40 hour contracts wishing to extend their opening hours must apply to NHS England with a 90 day notice period to do so.

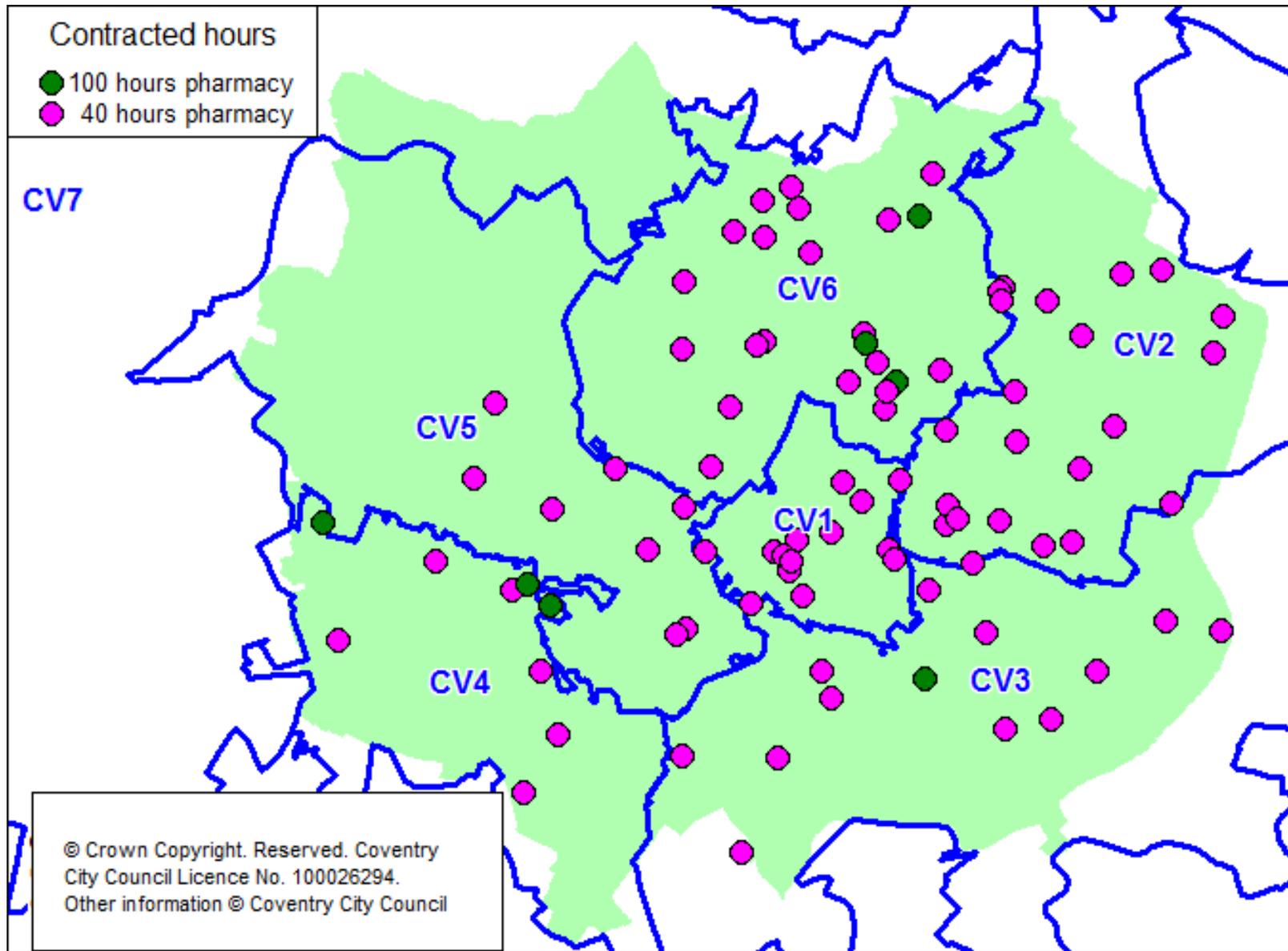
100-hour pharmacies are required in their contracts to be open and able to provide essential services for at least 100 core hours per week, although it is not stipulated at what times this should be. Until September 2012, applications for 100 hour pharmacies did not need to demonstrate any additional 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 the area team.

There are currently seven '100 hour' pharmacies in Coventry. These are included in the pharmaceutical list under regulation 13(1) (b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

- Foleshill Pharmacy, CV6
- Sainsbury's Pharmacy, CV4
- Stoney Stanton Pharmacy, CV6
- Wellbeing Pharmacy, CV4
- Windmill late night pharmacy, CV6
- Asda Pharmacy, CV3
- Bannerbrook Pharmacy, CV4

Figure 6 shows the postcode mapping of Coventry. The '100 hour' pharmacies listed above are geographically located around the city centre (CV1). The provision of Coventry's 100 hour pharmacies is mainly in CV4 and CV6, to the North and West of the city centre. These 100 hour pharmacies provide the city with good access to pharmaceutical services on Saturdays, Sundays and evenings until late. They guarantee access to Pharmaceutical services for 14/15 hours a day except on Sundays due to the Sunday trading act 1994. There are 33 pharmacies with extended opening hours after 6pm on a weekday evening in Coventry.

Figure 6 Map of Coventry Postcodes in relation to 100 hour pharmacies



### 6.3.2 Saturday Opening Hours

Of the 91 community pharmacies in Coventry 65 open on a Saturday. Of those pharmacies open on a Saturday, 25 of them are closed by 1pm. After 1pm the other 40 remain open with gradual closures over the remainder of the day.

### 6.3.3 Sunday Opening Hours

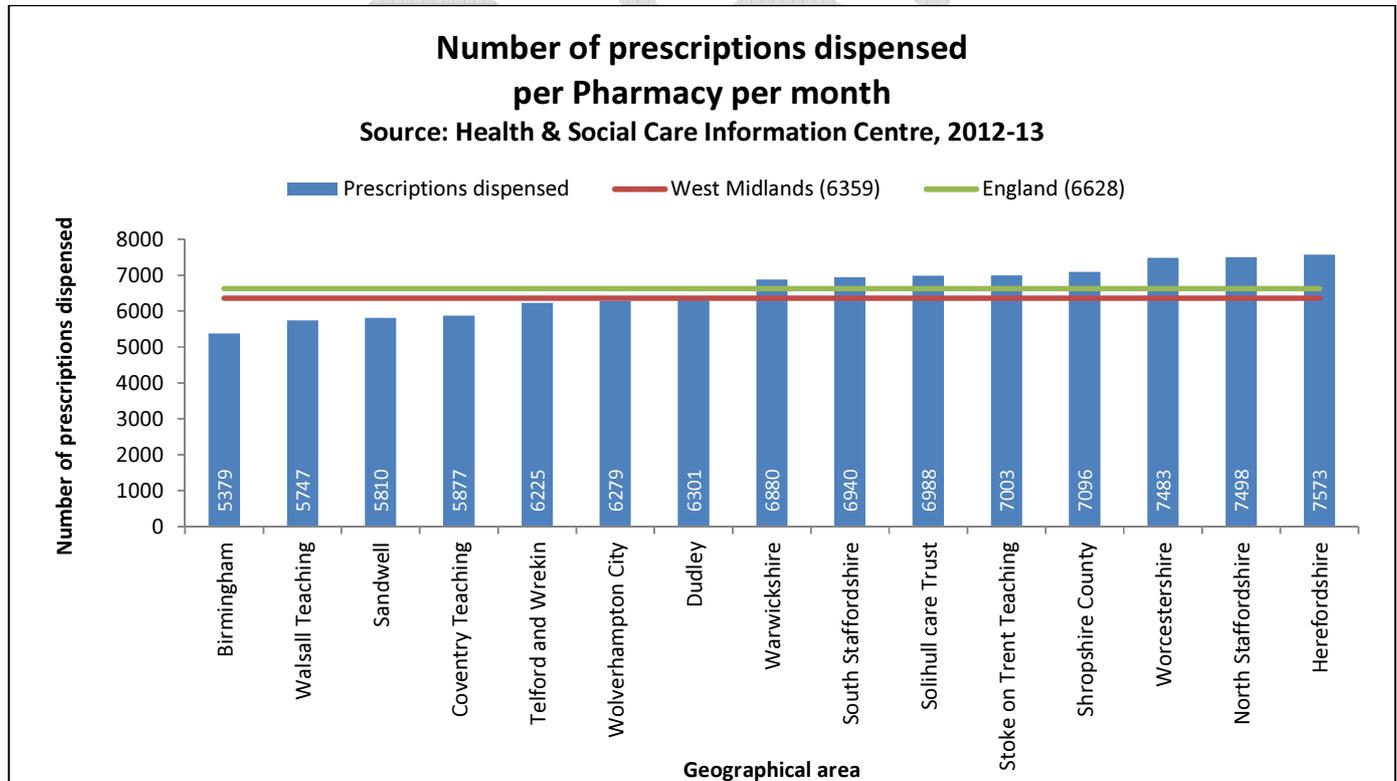
There are 19 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations<sup>8</sup>

### 6.3.4 Bank Holiday Provision

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays, although they are not contractually obliged to do so. The NHS England Area Team works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year’s Day and Easter Sunday as these are days where pharmacies are still traditionally closed. NHS England is responsible for working with community pharmacies to ensure an adequate rota. The Bank Holiday rota is also posted on NHS Choices for the general public.

### 6.3.5 Provision of dispensing services

Figure 7 Prescriptions dispensed on a monthly basis in the West Midlands



From figure 7 it can be seen that each pharmacy in Coventry dispenses on average 5877 items per month lower than the West Midlands Median of 6359. This would imply that pharmacies have capacity to provide more services to more people.

### 6.3.6 Out of hour's services

The Carson Review (2004) of out of hour's provision made recommendations relating to medicines supply in the out of hours setting. The review placed the responsibility for ensuring that patients receive medicines, if required, out of hours on the provider and not on the patient.

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

The service is provided by Coventry Community Health Services and is co-located with Coventry's Walk in 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.

### 6.3.7 Walk in Centres

Coventry has one walk in centre situated in the city centre MSOA. It is open extended hours (8:00 – 22:00, 7 days) and allows patient to see a GP without being registered. The walk-in centre is a nurse lead 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.

### 6.3.8 Cross Border dispensing

Coventry is densely populated, and as a major part of the West Midlands conurbation, it is also the second largest city in the West Midlands region, after Birmingham, with a population of 329,810 in 2013. However, the population actually registered with Coventry GPs as of July 2014 was approximately 372,000. The protected West Midlands Green Belt surrounds the city on all sides and has prevented the expansion of the city. Patients are free to take their prescription to any pharmacy; however in practice most prescriptions issued by Coventry GPs are dispensed by Coventry pharmacies. An insignificant amount of Coventry prescriptions are dispensed in the neighbouring towns of Kenilworth, Nuneaton, Leamington Spa, Warwick, Rugby and Balsall Common.

## 6.4 Distance-Selling pharmacies

There are 3 pharmacies in Coventry (Simple Pharmacy, Care Quality Pharmacy and General Wolfe Pharmacy) that are contracted to provide pharmacy services via the internet or mail. These are pharmacies that must adhere to all regulations concerning other pharmacies; the only additional stipulation is that they are not permitted to provide essential services on site. Such pharmacies are permitted to provide any other services (NHS or private) on site if they wish. These pharmacies do not provide any enhanced services in Coventry. Such pharmacies may be particularly useful for those who have difficulty accessing traditional pharmacies, particularly the elderly or those with mobility needs. Such pharmacies

may be particularly useful for those requiring repeat prescriptions; they may be less appropriate when an acute prescription is required.

Distance-selling pharmacies still only make up a small proportion of pharmaceutical provision in the city, but this may increase in the near future. Future PNAs should monitor the activity of such pharmacies to see if they could be utilised to provide non-essential services for the Coventry population.

## Views of Coventry Residents

The patient survey asked for views from Coventry residents relevant to essential services. Over 90% of patients agreed with the statement that they found it easy to find an open pharmacy when needed. Over two thirds of respondents travelled one mile or less to access their pharmacy. However one third of respondents disagreed with the statement they found it easy to find a pharmacy open in the evenings.

Patients were invited to tell us of anything else they may feel is important regarding your local services and of the 139 people who responded to this question, 19 wanted longer opening hours.

## Conclusions in relation to essential services

Essential Services are provided by all of our pharmacy contractors. This includes dispensing of NHS prescriptions which is a fundamental service that is commissioned nationally by the NHS. Essential services ensure that there is a network of pharmacies through which our population can obtain prescribed medicines in a safe and reliable manner. Access to essential services, specifically dispensing services, is a necessary service the current need for which is secured through our existing pharmacy contractors.

Coventry has a comprehensive network of pharmacies, which has developed to include seven 100 hour pharmacies. More than half of Coventry pharmacies are open after 6pm on a weekday with a good provision opening on weekends too.

Our analysis of opening hours has shown that the people of Coventry have good access to our pharmacy network across an extended period of time.

In relation to our 100 hour pharmacy contractors we have considered the current provision from these contractors and the potential for these contractors to apply to reduce their hours in the future based on the PNA. We have concluded that our current 100 hour contractors perform a crucial role in opening up access in the early morning, evening, late evening and at weekends.

We have concluded that there are no current gaps in Essential Services.

### 6.5.1 Advanced Services

Since 2005 community pharmacies have been able to provide medicines use reviews (MUR) under the Advanced Services within the community pharmacy contract. Contractors may choose to provide MURs and must make a declaration to the PCT of conformity with the requirements to provide.

The MUR service is intended to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve concordance; and reduce medicines wastage, by encouraging the patient to take medicines correctly and only order the medicines they require.

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 questionnaire.

### 6.5.2 Premises and consultation areas

Of the 70 pharmacies that responded to our questionnaire, 86% have a consultation area with wheelchair access, providing good facilities to undertake confidential consultations with patients. These consultation areas have good characteristics in the sense that almost all (97%) consultation areas are a closed room and most (70%) have hand washing facilities within the room. Only half of pharmacies give access to a toilet nearby for patients attending for consultations.

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.

### 6.5.3 Medicines Use Reviews

The patient survey informs us that there is a good awareness of this service. Almost all 96% of pharmacies in the city provide this service. MURs are a very useful tool to help the Coventry Health and Wellbeing Board and Coventry & Rugby CCG to achieve their strategic aims by improving the quality of life for people with multiple long-term conditions, reduce hospital admissions and Increase life expectancy - by tackling specific health conditions for certain age groups. However the evidence base for the effectiveness of MURs remains unclear and requires further evaluation.

Figure 8 Mean number of Medicine Use reviews per provider by West Midlands Cluster

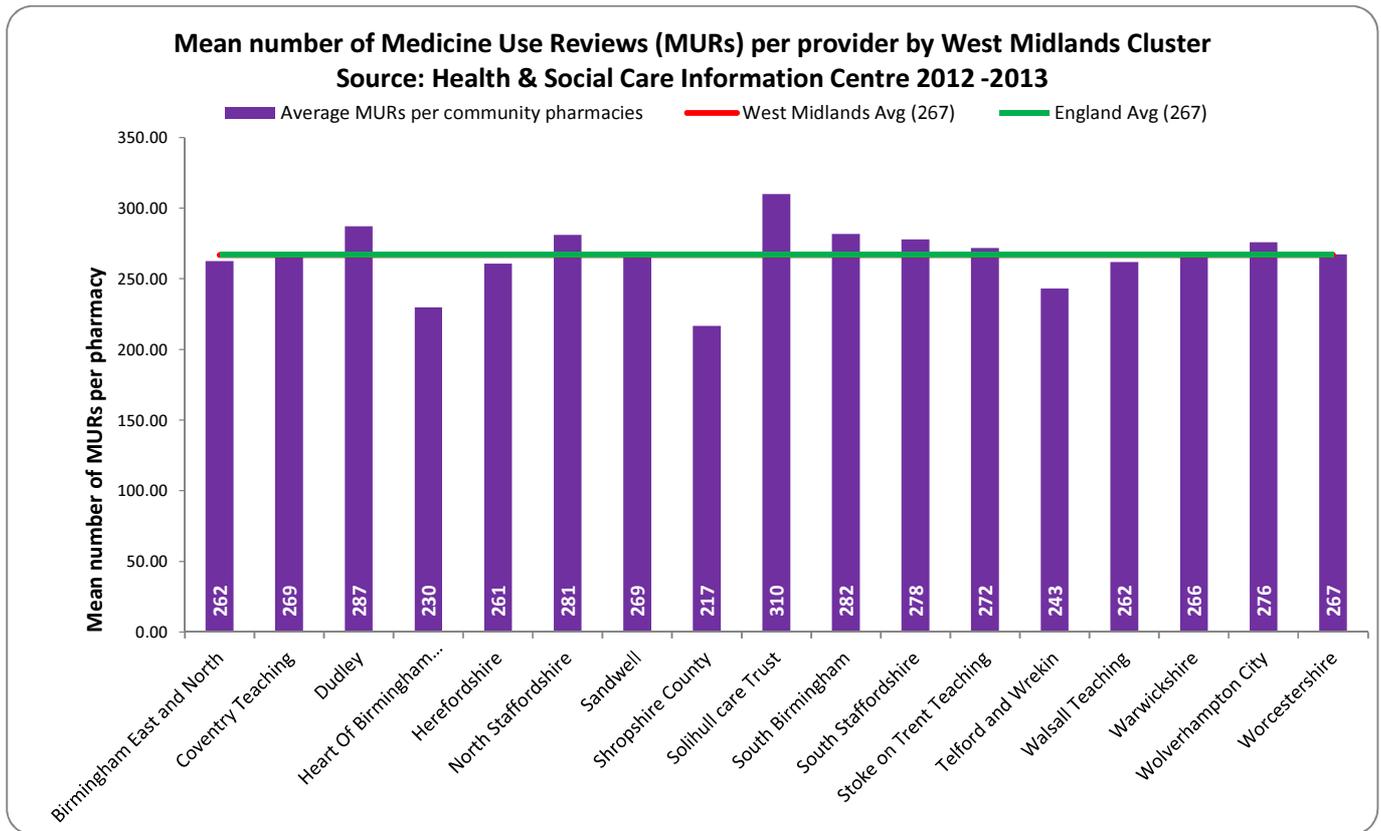


Figure 8 above shows Coventry is providing a MUR service on par with the West Midlands and England average.

**Patient Views**

Our survey of Coventry residents showed that 68% of respondents were aware that medicines use review service was available from Coventry pharmacies with 38% having used it. The conversion rate from awareness to usage for medicines use review was one of the highest at 56%.

**6.5.4 Appliance Use Reviews**

There is one appliance contractor in Coventry and the Pharmacy Survey identified that of the 70 pharmacies that responded to the survey 78% dispense appliances with 16% just dispensing dressings only. It is not surprising therefore that only a small amount (21%) of pharmacies provide Appliance Use Reviews. This is because in practice the number of AUR’s a pharmacy can provide is proportional to the number of appliances it dispenses. According to the survey a further 20% of pharmacy contractors do intend to offer the appliance use review service within the next 12 months.

Figure 9 Mean number of Appliance Use Reviews per provider by West Midlands Cluster

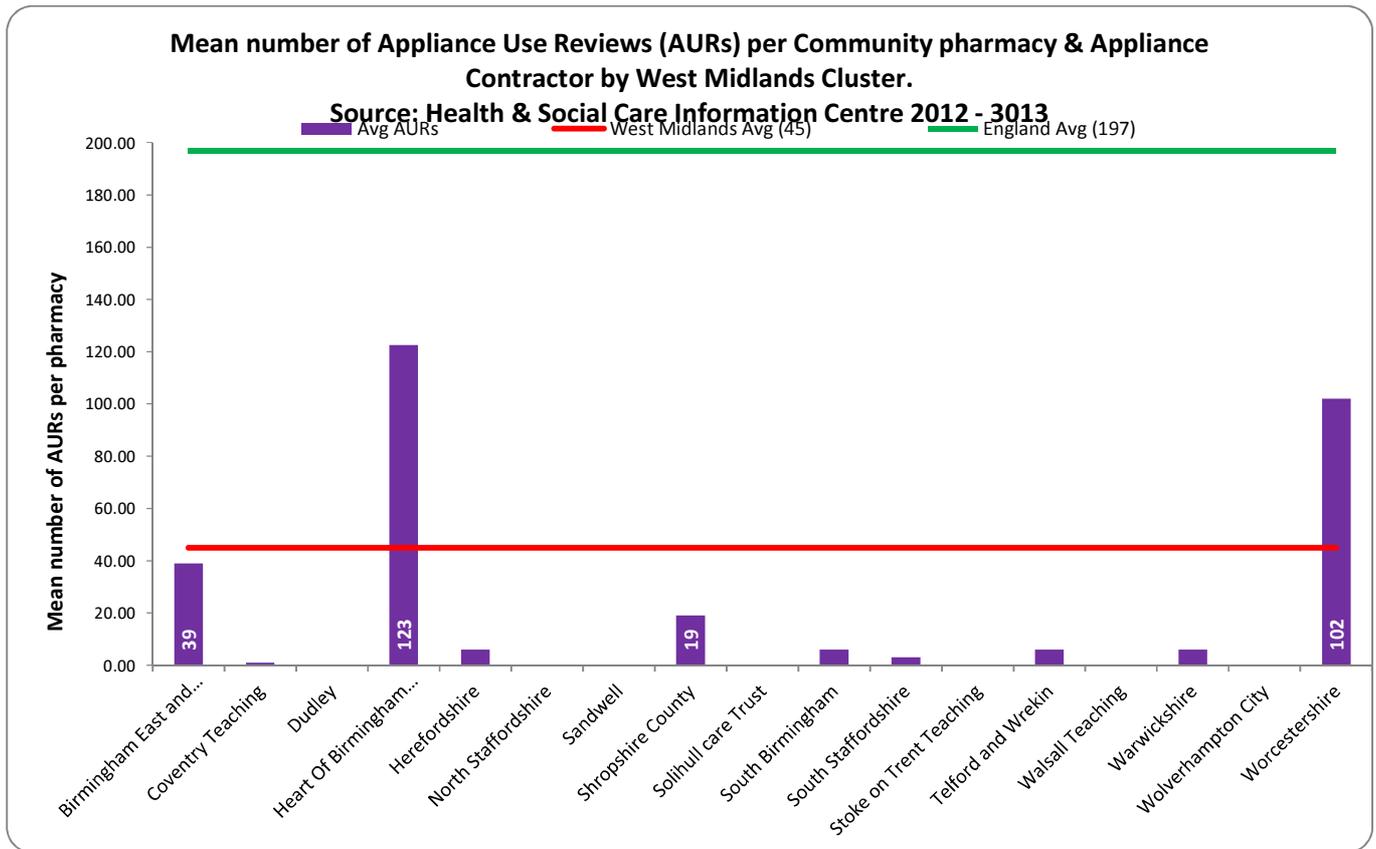


Figure 9 above shows Coventry falls well short of the West Midlands average of AURs and is a long way off the England average.

### 6.5.5 New Medicine Service

The New Medicine Service (NMS) is the most recent Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The Department of Health (DH) commissioned researchers at the University of Nottingham to lead an academic evaluation of the service. The findings from the evaluation were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. This was the basis for NHS England’s firm decision to continue commissioning the service throughout 2014/15.

The patient survey informs us that there is a good awareness of this service. Almost all 89% of pharmacies in the city provide this service with a further 7% intending to do so within the next 12 months.

Figure 10 Mean number of New Medicine Service Reviews per provider by West Midlands Cluster

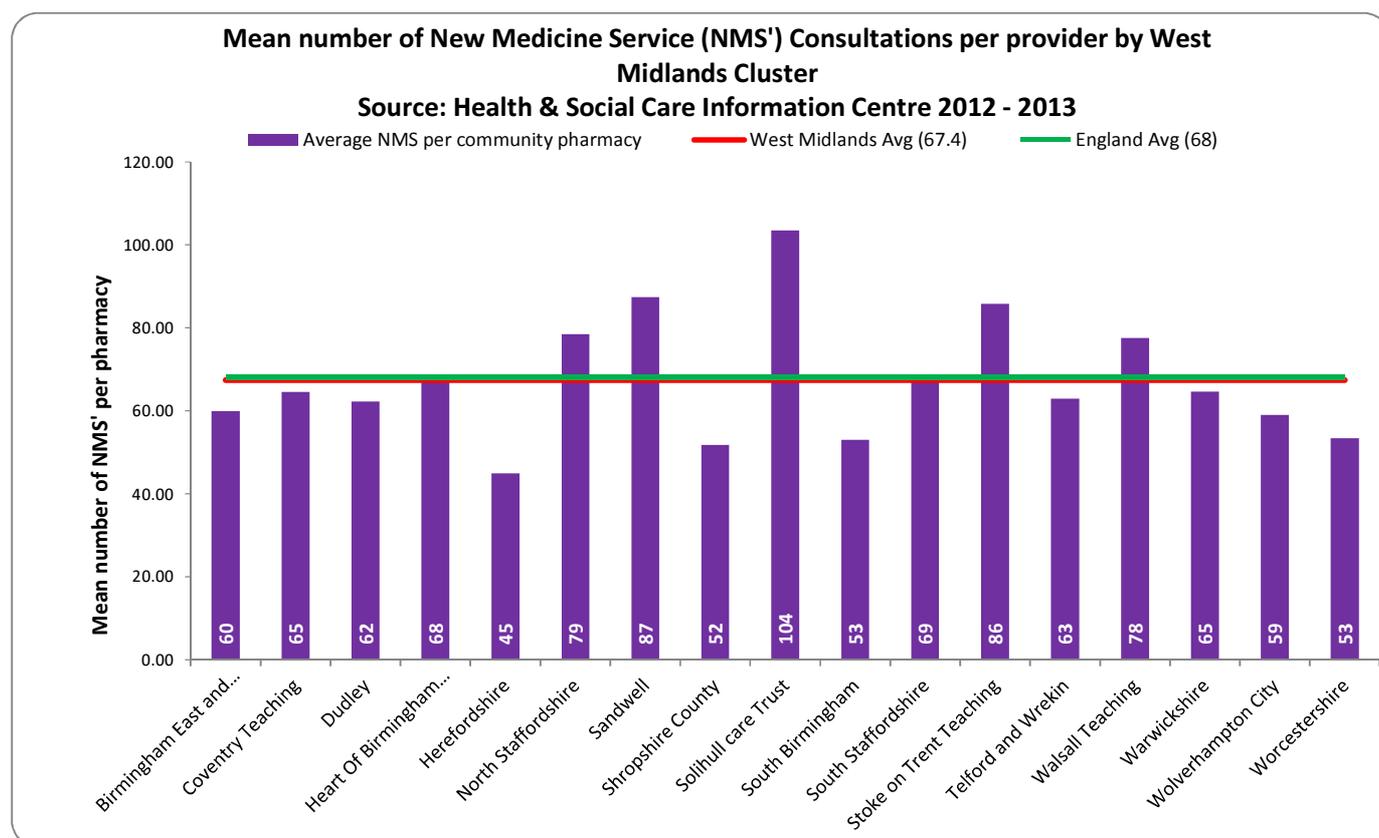


Figure 10 above shows Coventry is only just below the West Midlands and England average of reviews provided.

### 6.5.6 Stoma Appliance Customisation Service

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The patient survey informs us that 21% of pharmacies that responded to the survey in the city provide this service with a further 17% intending to do so within the next 12 months. Certain conditions must be fulfilled prior to offering the SAC service and this includes the service must be provided from an 'acceptable location', which means:

- an area within the pharmacy that is distinct from the public area;
- 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; and
- that it is suitable for the volume of customisation being undertaken at any given time
- Therefore it is fortunate that the community pharmacy consultation areas have good characteristics in the sense that almost all (97%) consultation areas are a closed room and most (70%) have hand washing facilities within the room.

Figure 11 Mean number of Stoma Appliance Customisation reviews per provider by West Midlands Cluster

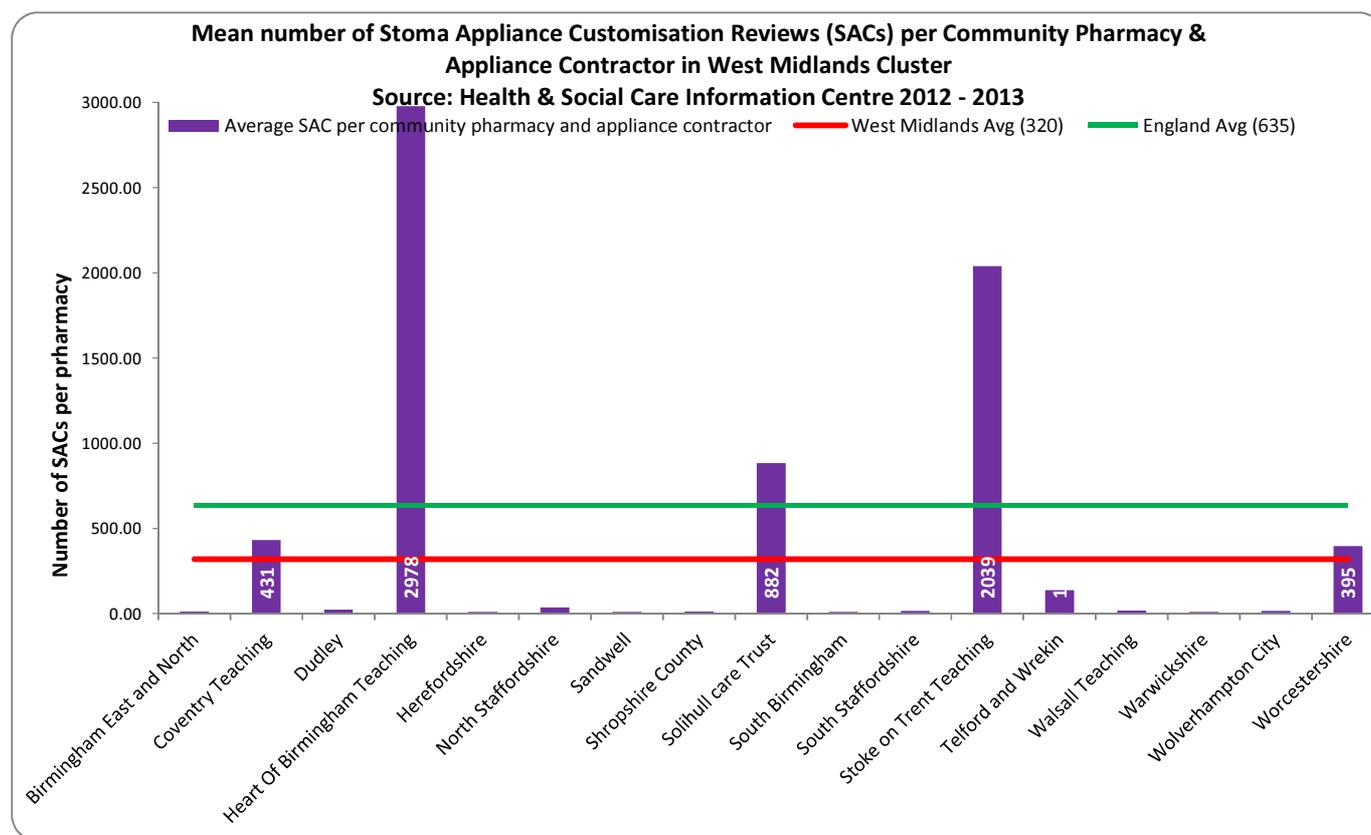


Figure 11 above shows that Coventry is doing more reviews than the West Midlands average but is falling short of the national average

### Conclusions in relation to advanced services

The stated purpose of advanced services fits well with the CHWB strategic aims, particularly improving outcomes for patients with long term conditions (LTCs). MUR also targets patients recently discharged from hospital. New changes to MUR's have been in line with NHS objectives to improve patient outcomes and resource utilisation by targeting patients with or at risk of developing cardiovascular disease.

We have concluded that MUR is a necessary service for our population. We will work to develop and focus MUR services in order to improve the link between MUR and outcomes for patients. We will also focus on making the most of MUR, to link this to our priorities and use our powers to improve the delivery of this service from contractors

There is good awareness of the MUR service in Coventry but the usage could be improved, we have noted the comments of patients and stakeholders in relation to promoting the current range of services that are available from pharmacies.

The NMS service is a new service which has been evaluated overwhelmingly positively in terms of its effectiveness, within 12 months almost all pharmacies will be offering the service.

There appears to be scope for more pharmacies to provide SACs. However, Coventry's population has a much younger age profile than England in general; the average age of Coventry's residents is 34, notably lower than the England average of 40, and is falling. This is partly because Coventry is home to two large Universities and the SAC service is pre dominantly offered to an older population. In addition Pharmacies in the city are free to choose whether they should provide this service.

The provision of AURs appears to be insufficient, though this is difficult to determine with any clarity as there are so few performed in the city each year.

We have concluded that there are no current gaps in provision of Advanced Services.

## 6.6 Enhanced Services

Enhanced Services are commissioned by the Local Authority, Coventry and Rugby CCG and the NHS England area team. Appendix 11 illustrates the enhanced services offered by Community Pharmacies that replied to the pharmacy survey. The following enhanced services are currently commissioned from pharmacy contractors:

- The “ASC” Sexual Health Service
  - EHC
  - Chlamydia Screening
  - C-card distribution
  - Pregnancy Testing
- Drug Action Services
  - Needle Exchange
  - Supervised consumption
- a) Not Dispensed Service
- b) Tuberculosis Medicine Supervision Service
- c) Minor ailments PILOT Scheme
- d) Smoking Cessation Service
- e) Phlebotomy Service
- f) Seasonal Influenza vaccination

### 6.6.1 The “ASC” Sexual Health service

This service specification aims to deliver a range of sexual health services in community pharmacy under the ‘ASC’ advice on sexual health service. This service aims to increase access to a range of sexual health interventions including emergency hormonal contraception (EHC), Chlamydia screening and C-card registration and distribution (condom distribution scheme). From 1<sup>st</sup> April 2015, this service will be subcontracted by the providers of Integrated Sexual Health Services for Coventry.

#### 6.6.1.2 Emergency Hormonal Contraception for women (aged 15 – 24 years old)

Emergency Hormonal Contraception (EHC) is considered to be a necessary service for the city. Emergency Hormonal Contraception (Levonorgestrel and Ulipristal Acetate) is provided via a Patient group directive (PGD) to women who believe they are at risk of becoming pregnant. The EHC service via pharmacies provides safe and easy access to EHC for women in Coventry within 120 hours of unprotected sexual intercourse/failed contraception. Without this service access would only be available via a GP appointment or sexual health clinics which would limit access considerably. The contraceptive pill is available from pharmacies for all women that require it, at a cost of approximately £25. The “morning after” pill is provided at no cost to the 15 – 24 female age group through this scheme.

A total of 42 pharmacies provide the EHC service. This includes those premises that at the time of writing are currently in process of completing training to provide the EHC service in the city. Figure 12 shows the location of EHC pharmacies mapped over the percentage female population aged 15 to 44 years old in Coventry. There appears to be a good geographical spread of providers across the city. Pharmacies commissioned to provide the service appear to be well located, in areas where the population of women aged 16 to 44 is at its highest in Coventry.

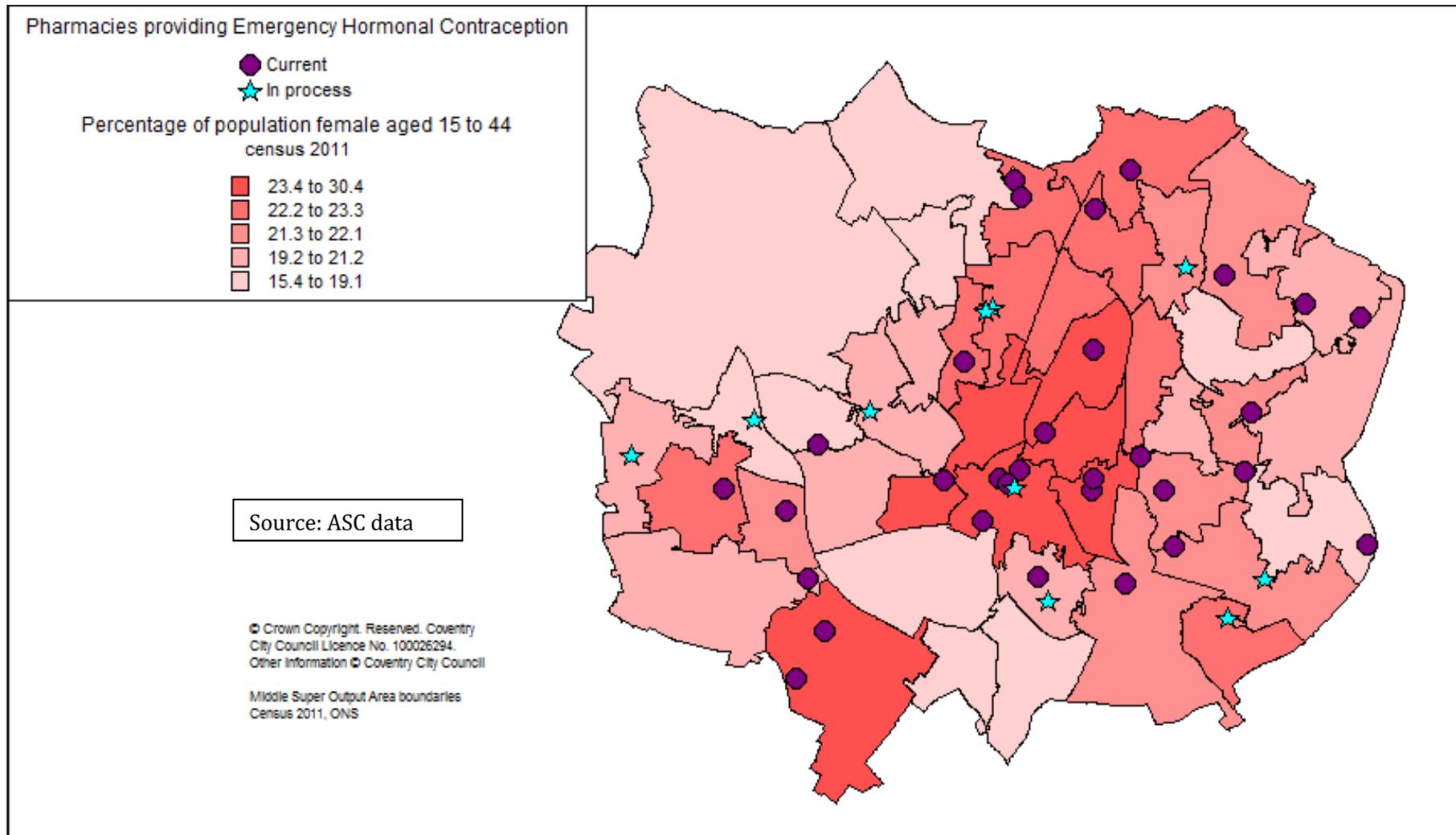
The following MSOA's have no EHC provision: Keresley & Holbrooks, Keresley, Allesley village & Bablake, Earsldon & Beechwood, Green Lane and Finham South. Services are however available in neighbouring MSOA's and these areas also have some of the lowest populations of women who could potentially use this service. Whilst there is no provision in these areas of Pharmacies offering the free EHC service neighbouring MSOA's offering the service are available within a 1 mile radius. Finham & south Cheylesmore and Green Lane have three pharmacies within the MSOA where women can obtain the morning after pill at a charge. EHC provision is an enhanced commissioned service, but pharmacies have the option of providing EHC privately by charging a patient and those will not be included in this report.

### **Patient Views**

EHC has medium awareness levels and low usage. Usage is understandable at low levels as the service is only targeted at women between 15 to 24 and the respondent profiling indicating that this particular demographic only made up 3% of respondents.

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Figure 12 Maps of Pharmacies providing EHC service mapped over percentage of female population aged 15 to 24 years old



### 6.6.1.3 Chlamydia screening for 15-24 year olds

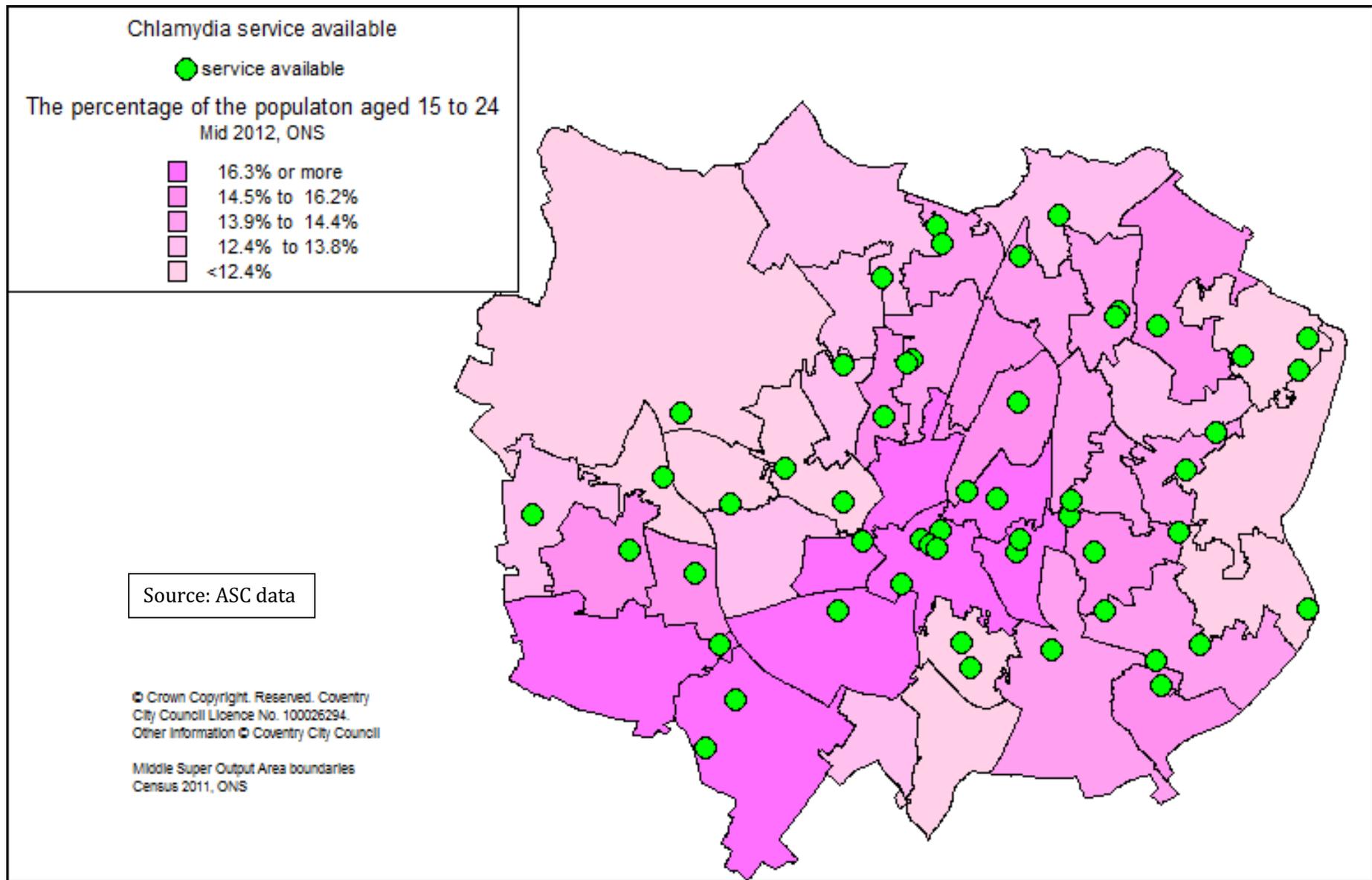
Community pharmacies will provide/supply postal Chlamydia screening kits to sexually active males and females aged 15-24 years. This service targets young people aged below 25 and evidence shows that this age group is at highest risk of Chlamydial infection. Genital chlamydia trachomatis infection is the sexually transmitted infection (STI) most frequently diagnosed in genitourinary medicine (GUM) clinics in England.

Young people attending pharmacies for any of the sexual health services are encouraged to complete the chlamydia screening test in order to increase screening rates. The test involves providing a urine sample. Once the sample is tested and returns positive, this is followed by a referral to GUM services for treatment and follow up. Community Pharmacy provides an ideal opportunity to approach clients at risk of infection.

A total of 55 pharmacies provide the service in the city. Figure 13 shows the location of pharmacies offering the chlamydia screening service mapped over population aged 15 to 44 years old. The geographical provision is similar to that of the EHC service with the North West and south east of the city having reduced provision. The following MSOA's have no Chlamydia screening provision: Keresley & Holbrooks, Keresley, 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 1 mile of pharmacies offering the service.

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Figure 13 Map of Chlamydia service available over percentage of population aged 13 to 24 years old.



#### 6.6.1.4 C-card distribution (13 – 24 years old)

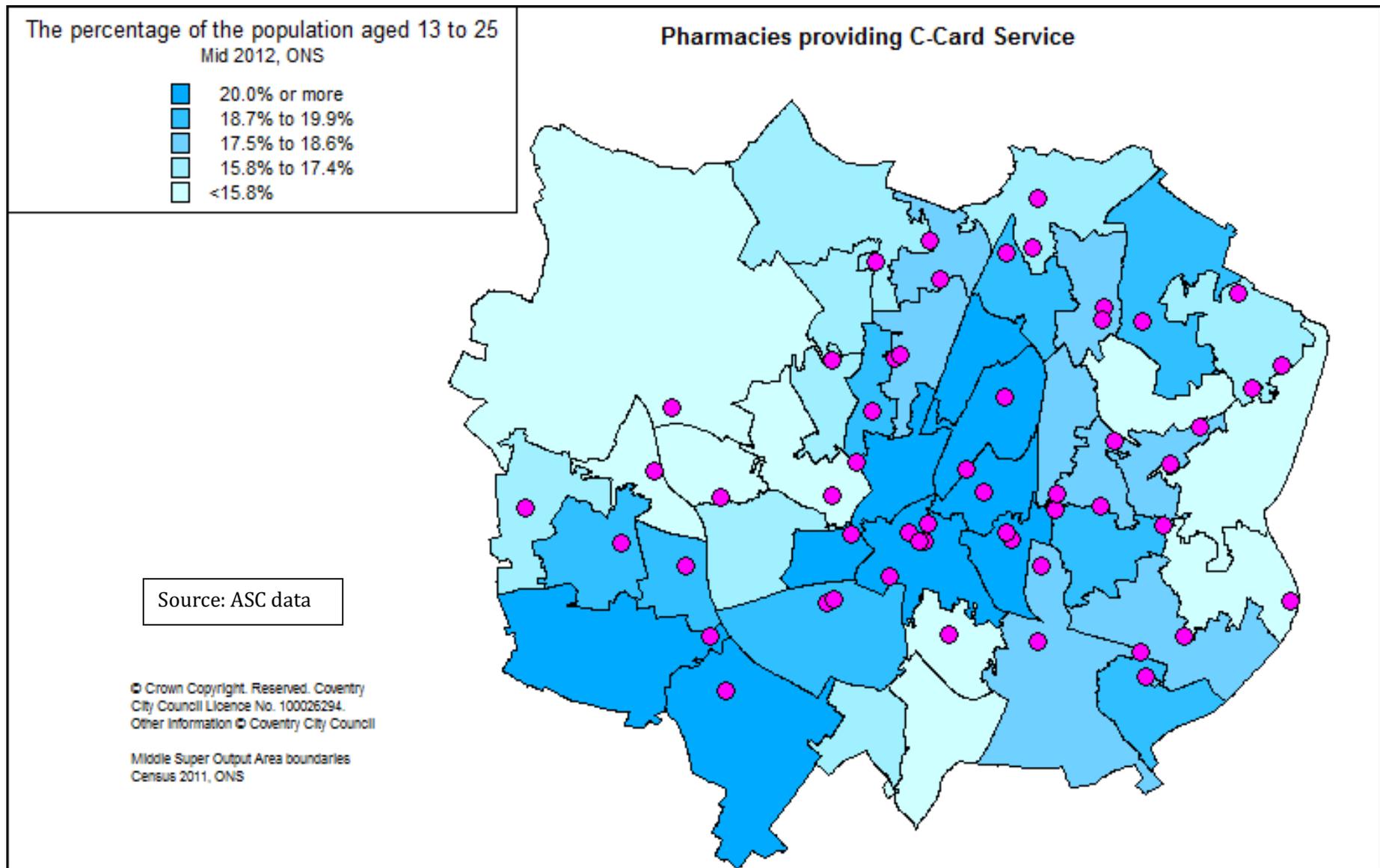
The C Card service is a free condom supply service. The main aim of the service is to reduce rates of teenage pregnancy in Coventry. The C Card can be presented to any of the service providers who will issue a supply of free condoms.

A total of 55 pharmacies provide the service in the city. Figure 14 shows the location of pharmacies offering the C-card service mapped over percentage population aged 15 to 24 years old in Coventry. Pharmacies commissioned to provide the service appear to be well located, in areas where the population of women aged 13 to 24 is at its highest in Coventry.

The following MSOAs have no C-card distribution provision within their MSOA's: Finham & South Cheylesmore, Green Lane, Whoberley & Central, Courtaulds, Edgwick, Wyken & Sowe Valley and Radford & Canal Basin. For Wyken & Sowe Valley and Radford & Canal Basin services are available in neighbouring MSOA's within 1 mile. Wyken & Sowe Valley have some of the lowest populations of 13 to 25 year olds eligible to potentially use this service. Consideration needs to be given to the lack of provision in Torrington & Canley as this area has a higher proportion of people aged between 13 to 24 years old.

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Figure 14 Locations of Pharmacies offering the C Card distribution service mapped over percentage of population aged 13 to 24 years old in Coventry



### 6.6.1.5 Pregnancy testing (to those Coventry women aged 25 and under)

This service offers free pregnancy testing to any woman aged 25 and under 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.

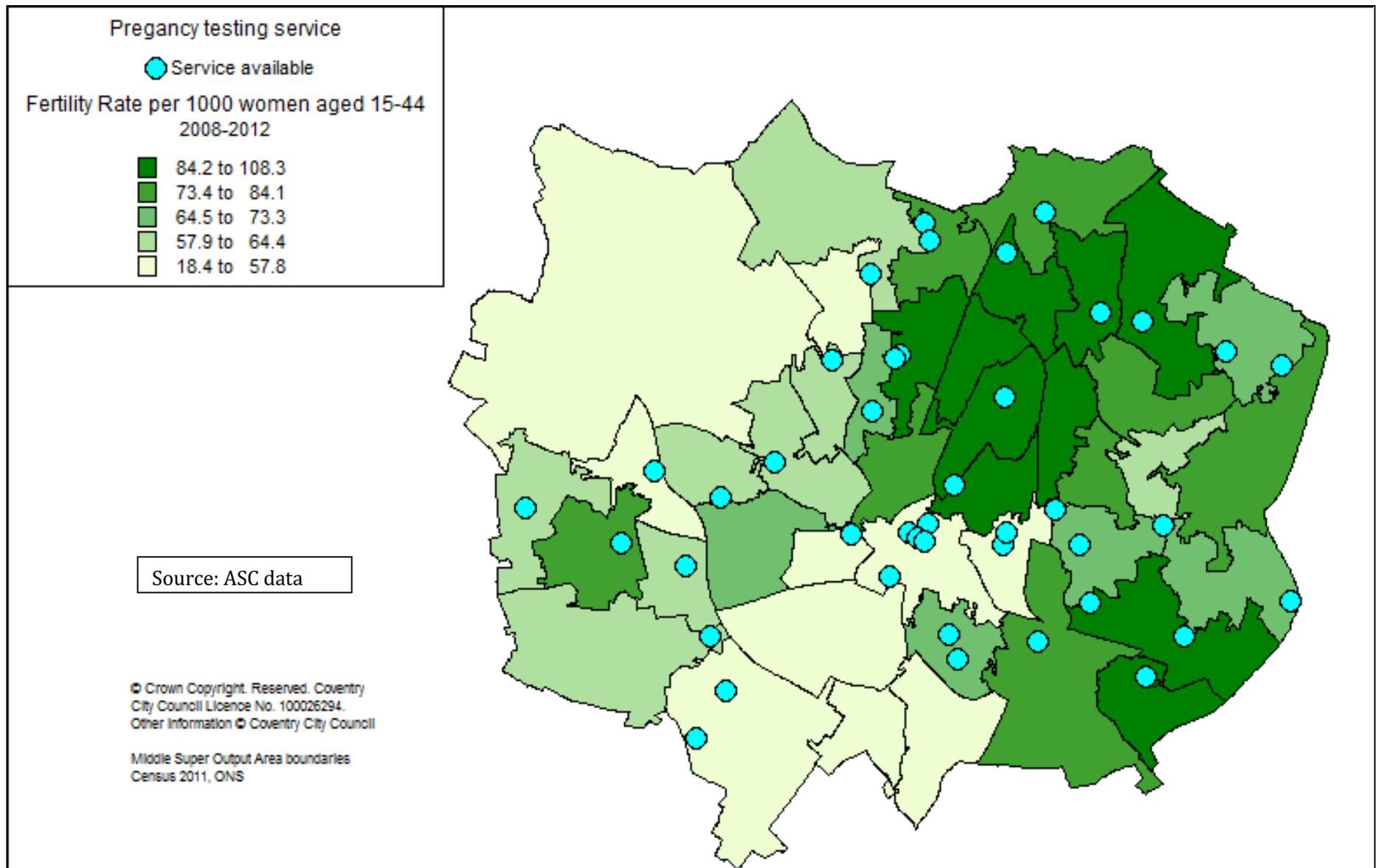
A total of 42 pharmacies provide the service in the city. Figure 15 shows the location of pharmacies offering the Pregnancy testing service mapped over fertility rate per 1000 women aged 15 to 44 in Coventry. Pharmacies commissioned to provide the service appear to be well located, in areas where the population of women aged 15 to 44 is at its highest in Coventry. The following MSOA's have no free pregnancy testing provision within their MSOA's: Allesley Village & Bablake, Green Lane and Finham & South Cheylesmore with provision over 1 mile away. These MSOA's have the lowest fertility rate per 1000 women aged 15 to 44 years old.

The following MSOA's have provision within neighbouring MSOA within 1 mile: Earlsdon, Beechwood, Wyken & Sowe Valley and Radford & Canal Basin. Pregnancy testing is widely available on a private or retail basis and advice continues to be available through GP and family planning services.

#### Patient Views

Early Pregnancy Testing has medium awareness levels and low usage. Usage is understandable at low levels as the service is only targeted at women under 25 years old and the respondent profiling indicating that this particular demographic only made up 3% of respondents.

Figure 15 Location of pharmacies offering the pregnancy testing service mapped over fertility rate per 1000 women aged 15 to 44 years in Coventry



## Conclusions in relation to Sexual Health enhanced services

The combined sexual health service provides access to EHC for women in Coventry. Without this service access would only be available via a GP appointment or sexual health service clinic and Walk in Centre, this would limit access considerably when compared to including pharmacy as an outlet for EHC. We have concluded that there are no current gaps in provision. At this time the EHC service is considered a necessary service.

We are keen to see the uptake of Chlamydia screening increase, in particular with clients that have had an EHC consultation with the pharmacist. By combining the EHC and Chlamydia screening service we hope to see screening rates increase. This setting provides an ideal opportunity to approach clients at risk of infection. The Chlamydia screening service performs an important function in improving access for the target population to screening. At this time, we have concluded that the Chlamydia screening service is a relevant service.

The C Card service is a free condom supply service adequately located across the city. At this time, we have concluded that the C- card distribution service is a relevant service.

The Early pregnancy testing service like the other sexual health services is conveniently located and all of the sexual health services are available through patients GP's and family planning clinics. The pregnancy testing service is considered a necessary service.

### 6.6.2 Drug Action Service

Coventry Local Authority have tendered out the needle exchange (NEX) and supervised consumption service to the Recovery Partnership. Commissioning intentions for the drug action services are as follows:

- The current drug action service contract runs until November 2017, the NEX and supervised consumption service will remain broadly unchanged until then.
- Post 2017 we anticipate it is likely the NEX and supervised consumption service in Coventry will continue to be commissioned. There will of course be a review of all drug action services commissioning activity between now and then, however the outcomes of the review cannot be predicted.

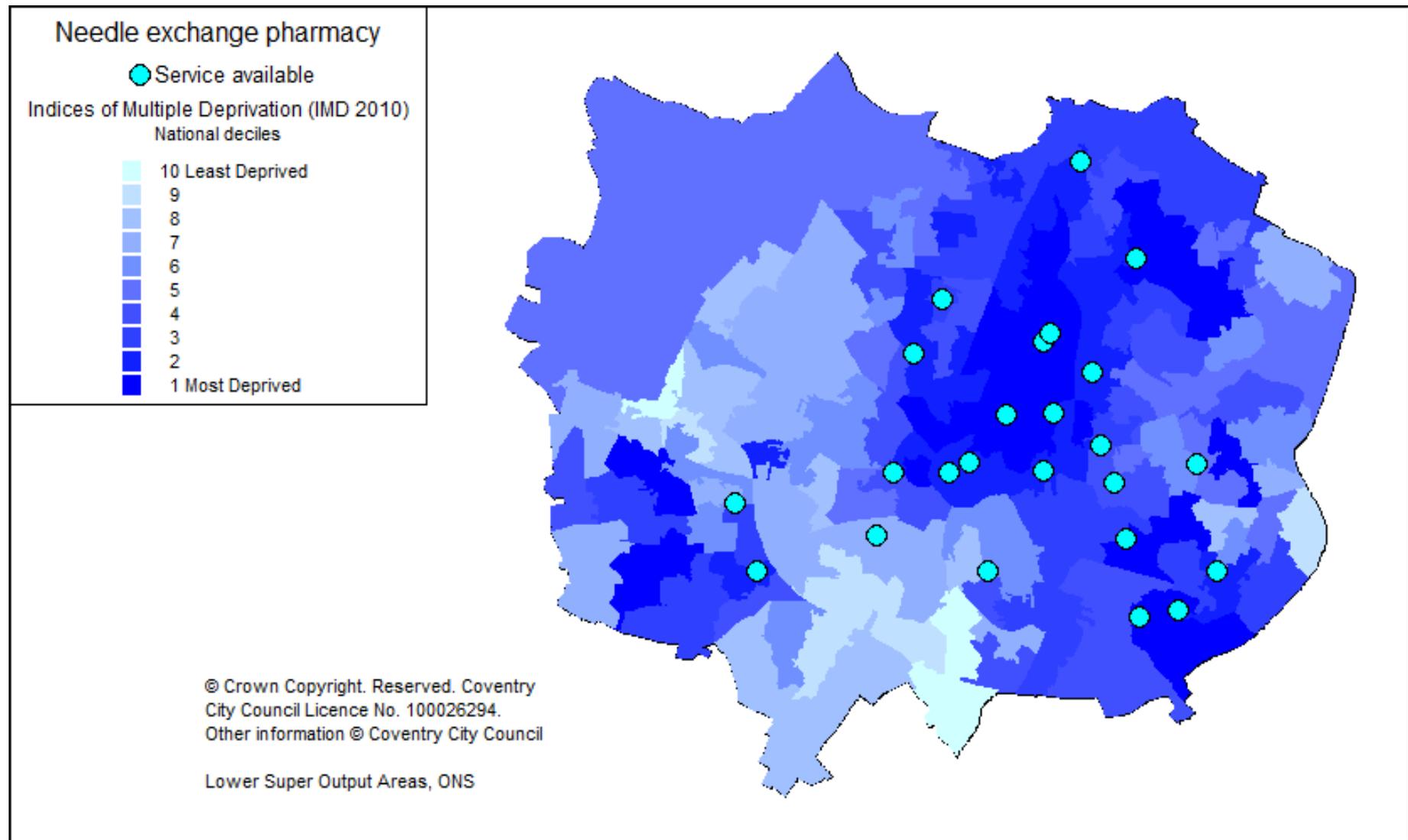
#### 6.6.2.1 Needle Exchange

Needle exchanges allow injecting drug users to exchange used needles for clean needle replacements, which reduces the risk of needle re-use and the transmission of infectious disease. Community pharmacies will arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service. There is good evidence that needle exchange services are effective in reducing harm<sup>9</sup>.

A total of 24 pharmacies provide the service in the city. Figure 16 shows the location of pharmacies offering the Needle Exchange service mapped over Indices of multiple deprivations in Coventry. Pharmacies commissioned to provide the service appear to be reasonably well located in the most deprived areas of Coventry with greater provision in the East of the city than the West. The following MSOAs have no needle exchange provision within their MSOA's but are located in less deprived areas: Potters Green & Mount Pleasant, Banner Lane, Binley, Green Lane, University & Gibbet Hill and Finham & South Cheylesmore.

Consideration must be given to the following MSOAs which have no needle exchange provision within their MSOA's and are located in more deprived areas: Upper Foleshill, Tile Hill and Cheylesmore & Whitley. These areas would be suitable for an increased provision of the needle exchange service

Figure 16 Location of Pharmacies offering the Needle Exchange Service mapped over indices of multiple Deprivation in Coventry



### 6.6.2.2 Supervised Consumption

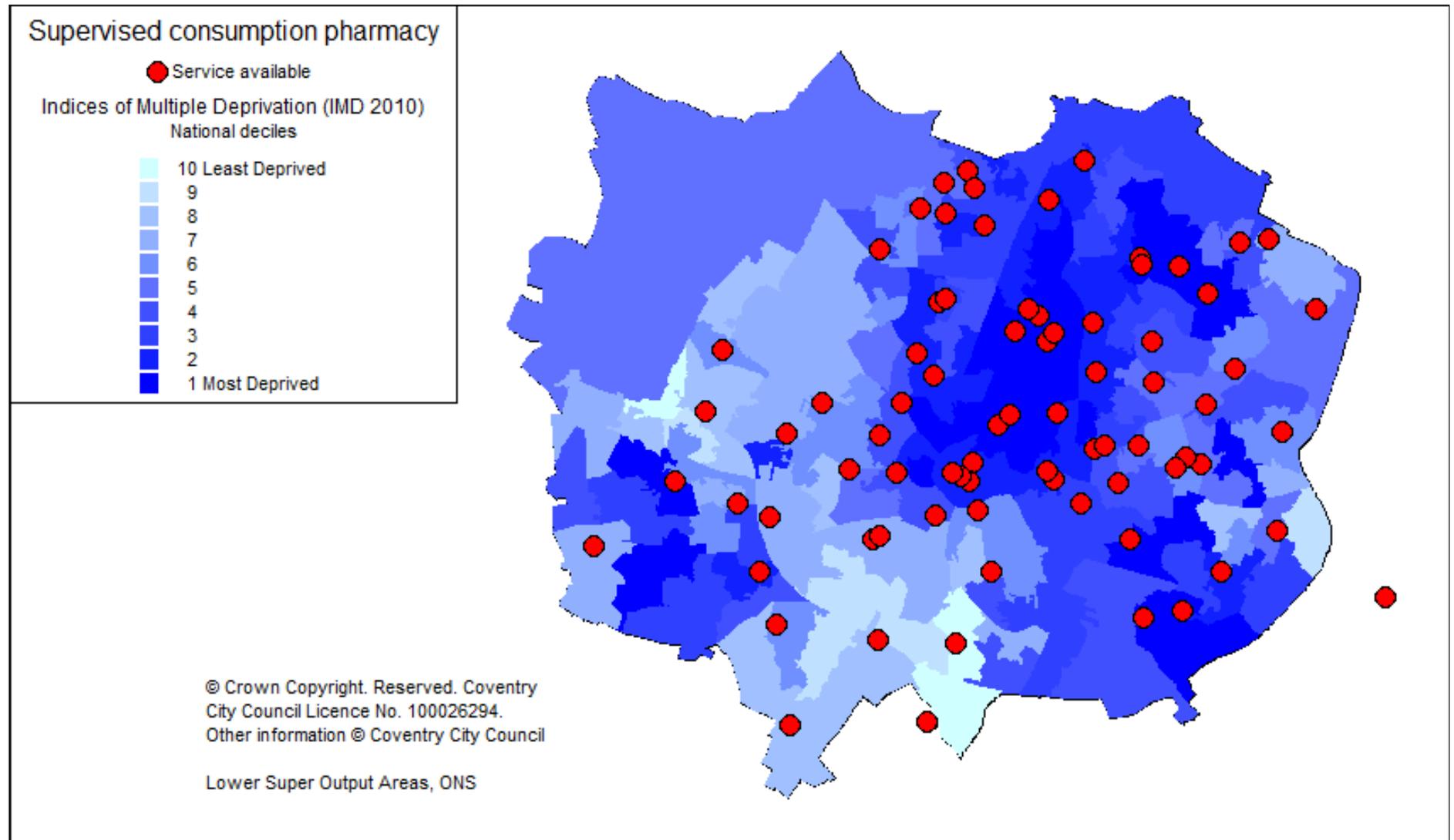
The supervised consumption service provides access to substitute therapy for people with opiate addiction, directly through pharmacies. This service requires the pharmacist to witness and supervise the consumption of prescribed medicines such as methadone and buprenorphine following the point of dispensing in the pharmacy against a valid prescription. There is evidence that this method of treating people with heroin addiction is effective, and is approved by NICE <sup>10</sup>.

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. These are considered necessary services as pharmacies can be a primary access route for this vulnerable population. The service not only reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. This service ensures frequent (usually daily) contact with patients by the pharmacist during the early, more chaotic stages of treatment and as such offers the opportunity to monitor patients closely.

A total of 81 pharmacies provide the service in the city. Figure 17 shows the location of pharmacies offering the supervised consumption service mapped over Indices of multiple deprivations in Coventry. Pharmacies commissioned to provide the service appear to be very well located in the most deprived areas of Coventry. The following MSOAs have no needle exchange provision within their MSOA's: Keresley & Holbrooks, Allesley Village and Bablake, Longford Village, Wood End, Henley & Manor Farm and Cheylesmore & Whitley.

These areas would be suitable for an increased provision of the supervised consumption service however there is a lack of Pharmacies in these areas rather than a lack of pharmacies commissioned to offer the supervised consumption service in these areas.

Figure 17 Location of Pharmacies offering the Supervised Consumption Service mapped over Indices of multiple deprivation in Coventry



## Conclusions in relation to Drug Action enhanced services

Needle exchange service is an important public health service which reduces the risk to drug users and the general population. Consequently we have concluded that the provision of needle exchange service from pharmacies is a necessary service and there are currently no gaps in provision.

The supervised administration service performs a critical role in supporting drug users in treatment to manage their treatment programme while minimising the diversion of drug treatment onto the streets. We have concluded that the supervised administration service from pharmacies is a necessary service and that the current provision meets the needs of the population. A further 13 GP's offer the drug action services in Coventry so there is no lack of provision for patients.

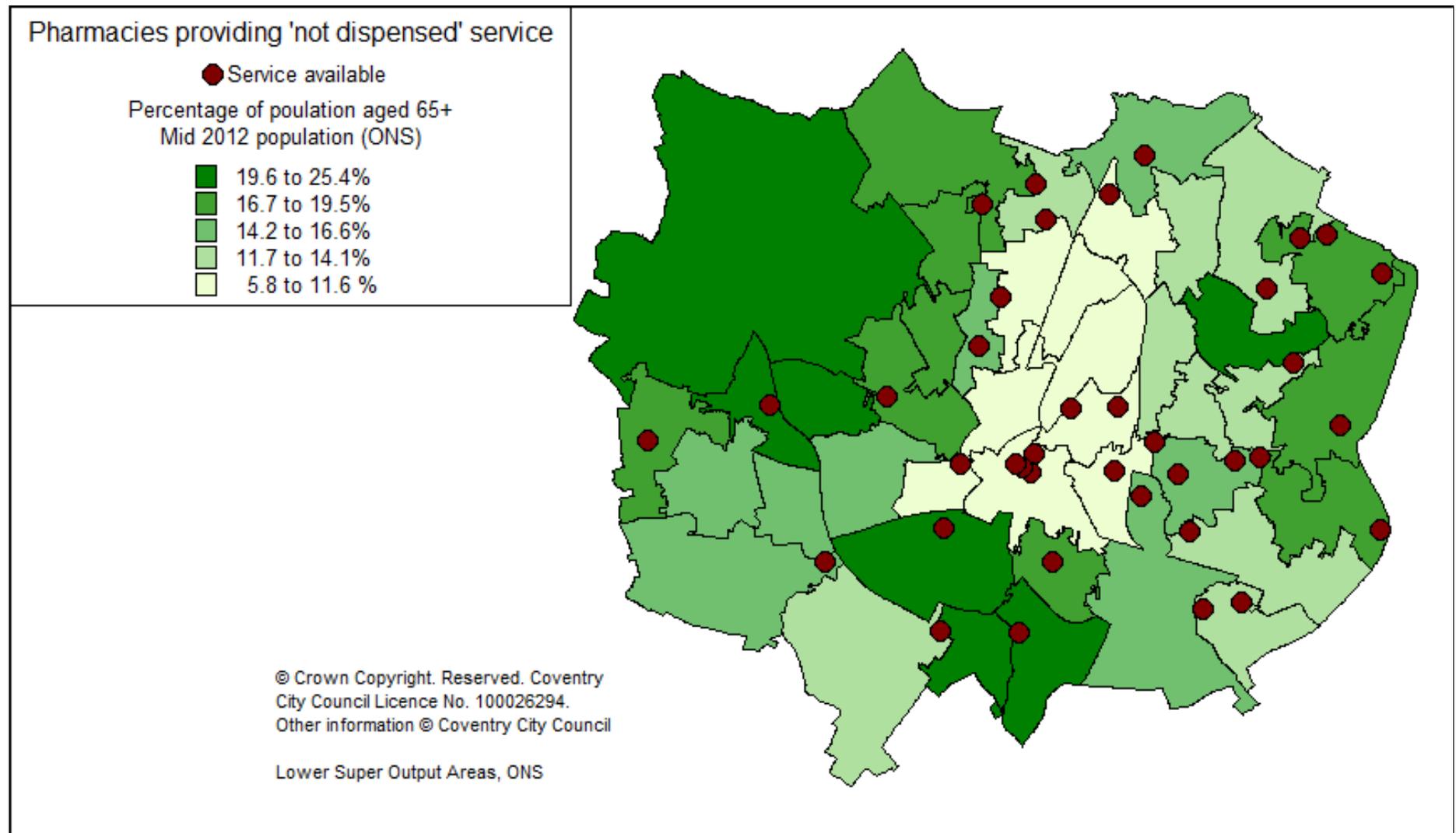
### 7.6.3 Not dispensed service

The Not dispensed service helps to address the substantial problem of prescribing waste estimated to account for between £2-8 million in Coventry each year. The "Not Dispensed" scheme (ND scheme) allows the pharmacist to intervene and identify and thus prevent dispensing of those items included on repeat prescriptions which the patient does not actually require at that time.

The pharmacist or an appropriately trained member of staff will engage with a patient presenting a prescription to determine whether they require all of the items on the prescription at that particular time. Contractors are required to feedback details of interventions to the relevant prescribers. This prescription intervention service is intended to support the safe and effective use of medicines, provide value for money for the NHS and to improve the quality of prescribing. This service remains commissioned by the CCG and will continue to be so for the foreseeable future

A total of 38 pharmacies provide the service in the city. Figure 18 shows the location of pharmacies offering the not dispensed service mapped over the percentage of population aged 65 years and older in Coventry. This particular indicator has been used for mapping purposes as users of the service are older people often with long term conditions having to take a range of different medicines. The older population of Coventry chooses to live in the outer suburbs of the city where provision is well located. Consideration should be given to the south west of the city i.e. the MSOA areas of Tile Hill, Lime Tree Park and Torrington & Canley, as they have scope for further service provision from pharmacies located in the area not currently offering the service.

Figure 18 Location of Pharmacies offering the not dispensed service mapped over the percentage of population aged 65 years and older in Coventry



Responses from Pharmacist contractors in the Pharmacy survey conveyed the fact that the service was dependent on the repeat prescribing from GP surgeries. This meant that if a surgery was efficient in their prescribing to an extent that the Pharmacist had very few interventions to make; then the service would become less significant. This is what is happening across Coventry due to good practice on the part of GP surgeries.

### Conclusions in relation to the Not Dispensed enhanced service

The Not Dispensed service addresses the need to support quality and value for money in repeat prescribing.

This service makes an important contribution to delivering savings for the NHS.

We have concluded that the Not Dispensed service is a necessary service and there are some gaps in provision.

#### 6.6.4 Tuberculosis medication supervision service

This service is aimed at the supply of specialist TB medicines for treatment of TB as defined by the Coventry TB service. The pharmacy contractor will stock the agreed range of specialist TB medicines and will make a commitment to ensure that users of this service have prompt access to these medicines during core & supplementary hours as agreed.

Service aims are:

- To improve access for people (including children and young people) to specialist TB medicines when they are required by ensuring prompt access and continuity of supply.
- To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.
- To reduce the risk of sub-optimal treatment and ensure compliance with the agreed treatment plan for patients.
- This will remain as a locally commissioned service for the foreseeable future

A total of 6 pharmacies provide the service in the city. Figure 19 shows the location of pharmacies offering the TB supervision service mapped over the percentage of the Black and Minority Ethnic population in Coventry. This particular indicator has been used for mapping purposes as users of the service are much more likely to be of an ethnic minority background whose location is positively correlated with the more deprived areas of the city. Figure 20, shows the location of pharmacies offering the TB treatment supervision service mapped over Indices of multiple deprivation in Coventry. Apart from in the South East of the city, the map of Black & Ethnic minority's percentage and Indices of multiple deprivation could be superimposed over each other to demonstrate the correlation.

Pharmacies offering the service are banded across the middle of Coventry from East to West with one sole provider covering the North of the city. Pharmacist contractors expressed a lack of awareness of the service.

Figure 19 Location of Pharmacies offering the Tuberculosis treatment supervision service mapped over the percentage of Black & Minority Ethnic population in Coventry

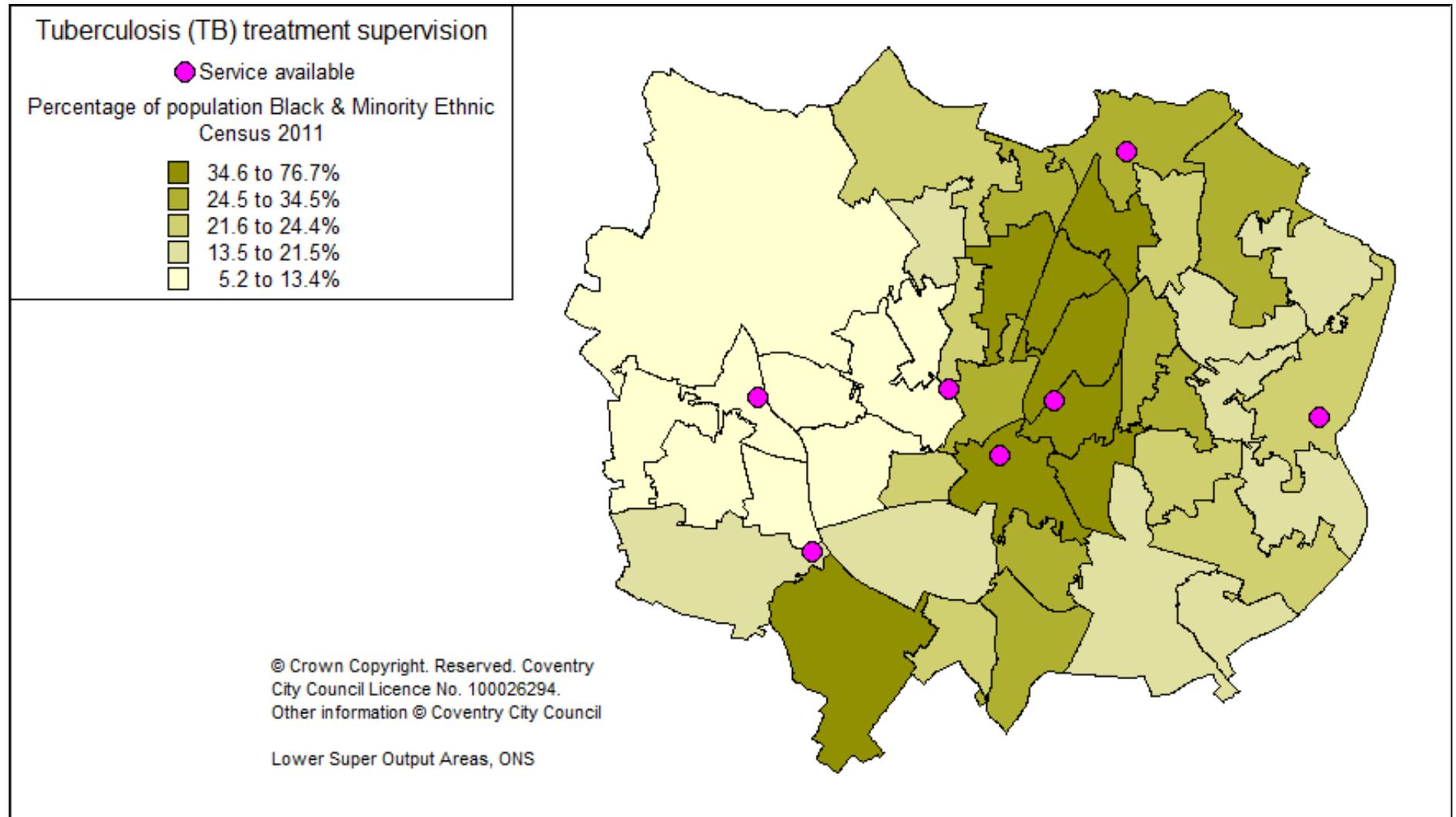
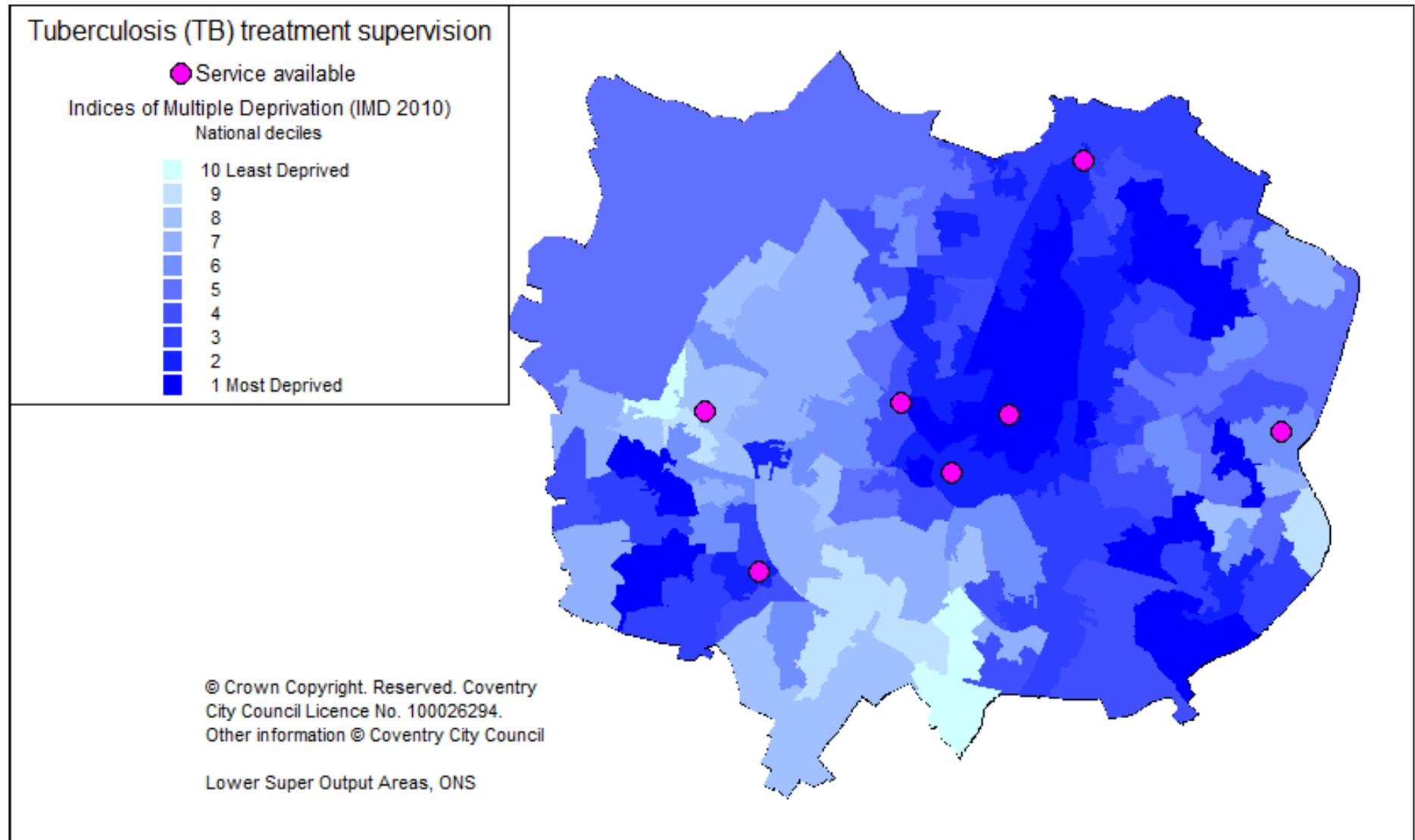


Figure 20 Location of Pharmacies offering Tuberculosis treatment supervision service mapped over Indices of multiple Deprivation



## Conclusions in relation to the Tuberculosis Treatment Supervision enhanced service

The TB Supervision Service has demonstrated that community pharmacists can play a key role in ensuring the success of therapy through a simple but effective intervention. This service is a template for other related services where adherence to therapy is in the interests of the patient, for example mental health and HIV.

We have concluded that the TB Supervision Service is a relevant service in Coventry and provision could be increased depending on the needs of the population.

### 6.6.5 Minor ailments PILOT Scheme (Pharmacy First Service)

The general population experiences the symptoms of Minor ailments PILOT almost every day and the vast majority of people are very responsible about what they do to deal with them including the sensible practice of self-care and self-medication. However, people who turn to their doctor as the first port of call for these ailments cost the NHS some £2billion and generate 57million consultations taking up valuable GP time, and use up finite resources of the NHS. Of these consultations 51.4million are for Minor ailments PILOT, at a cost of £1.5billion just for GPs' time. Every community pharmacy deals with multiple minor ailment interventions on a daily basis outside of any locally commissioned scheme or enhanced service; to address the needs of patients that can afford over the counter products should a medicine be necessary. When appropriate the pharmacy contract allows pharmacists to sign post individuals to relevant services according to need.

The Minor ailments PILOT Service in Coventry was originally commissioned as a small scale pilot in Coventry with a view to be extended in the future. There have been three incarnations of the Minor ailments PILOT scheme which was first commissioned under the Sure Start banner in 2003. The service was then re-invigorated in 2009 and the successor version was designed in 2011 specifically to meet any unmet need and to ease the pressure off emergency services, however the numbers of consultations were capped to 3 in a six month period due to limited funding.

The current version of the Minor ailments PILOT service known as the **Pharmacy First** service in Coventry is meant to be a cost-effective NHS alternative for some patients who would otherwise access the services provided by the Walk-In Centre, Out-Of-Hours GP Services, or A&E. It should allow local pharmacists discretion to intervene where it is clear that the patient would otherwise attempt to use the above more expensive services, which are designed to deal with more urgent or serious acute conditions. Ideally this would help to reduce waiting times for these services which would benefit those patients who do need to access them appropriately, and provide a more efficient option.

When accessing the Minor ailments PILOT scheme in pharmacy, patients would be seen and treated without the need to see a GP or nurse. The trigger for this discretionary scheme is when pharmacists ascertain that the only alternative for the patient is to attend the Walk-in-Centre, or A&E services, or to make an appointment with a GP for a condition that can be managed within the service. If a patient presents with symptoms, which are outside the Scheme, they should be advised to refer back to their GP Practice (within surgery hours), or to contact the on-call doctor, or telephone NHS 111. Historically the previous incarnations of the Minor ailments PILOT scheme failed to deliver on their target outcomes due to

a lack of engagement with the scheme and a failure to exploit the target audience. Currently only 3 pharmacies provide the service in the city. Figure 21 shows the location of pharmacies offering the Minor ailments PILOT scheme service in Coventry.

The Area Team, of NHS England, has extended the Minor ailments PILOT scheme that was originally commissioned in by the PCT. The Area team believe that the Minor ailments PILOT service in its current form is not fit for purpose and is considering a scheme which more closely meets the needs of the community, particularly in light of winter pressures. Coventry and Rugby CCG agree that any unmet need to reduce pressure on emergency services must be considered, however, it also feels that this could be done via an alternative model that does not necessarily involve community pharmacies as past experience has shown that the Minor ailments PILOT service commissioned from community pharmacy, has been unable to deliver on this front. Minor ailments PILOT Schemes are a well-established feature of commissioning for other area teams in the Midlands, where the service makes good use of pharmacies as an accessible and flexible resource to improve access to primary care. The current commissioning environment pertains to the possibility of a nationally commissioned advanced service for Minor ailments PILOT.

### Patient Views

The Minor ailments PILOT Service had high awareness and a conversion percentage of 40% which was surprising due to the fact that only 3 pharmacies in Coventry were providing the service.

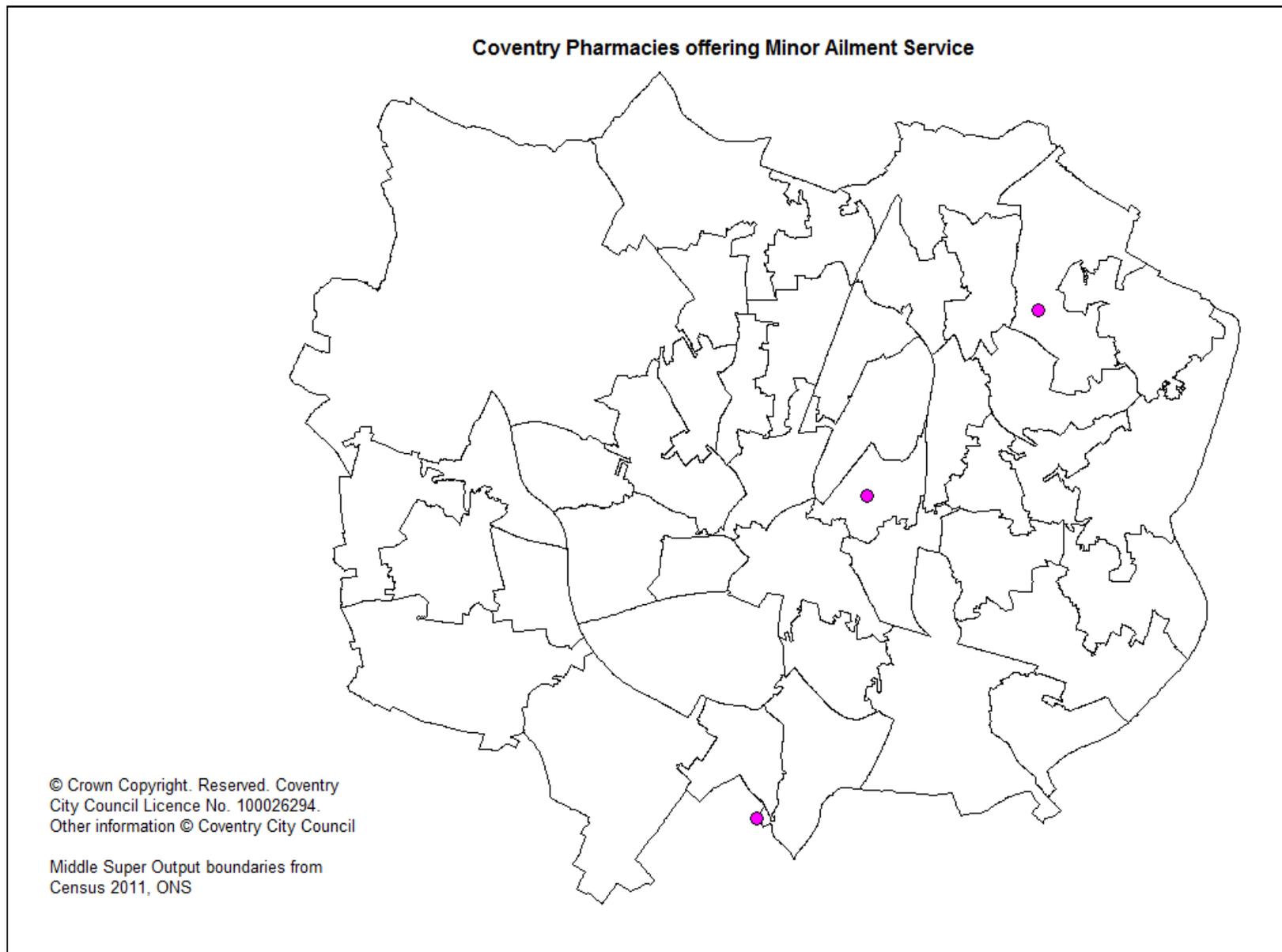
## Conclusions in relation to the Minor ailments PILOT Scheme enhanced service

The Minor ailments PILOT service is one of the services commissioned by NHS England from 1st April 2013 in line with PNAs produced by PCTs up to 31 March 2013 and by health and wellbeing boards (HWBs) thereafter.

Currently we consider the Minor ailments PILOT Service to be a relevant service which could provide additional primary care capacity.

NHS England has extended the Minor ailments PILOT enhanced service that was originally commissioned by Coventry Primary Care Trust. The transfer of responsibility between Primary Care Trusts, Local Authorities and NHS England has delayed the appropriate evaluation of this pilot scheme and so no clear decision on current or future commissioning of enhanced service is available at the time of the production of the PNA. Until such time, NHS England has to consider that the need for a Minor ailments PILOT enhanced service has yet to be proven. When the evaluation of the service is complete, a supplementary statement may be prepared for publication under Regulation 6(3).

Figure 21 Location of Pharmacies offering the Minor Ailment Service in Coventry



### 6.6.6 Smoking Cessation Service

The purpose of stop smoking services is to reduce the number of smokers by providing evidence based treatment and behavioural support to smokers making quit attempts. The delivery for the service will reduce levels of smoking-related illness, disability, premature death, and health inequality.

The core elements of the service are:

- The provision of behavioural support and pharmacotherapy delivered via a time-limited intervention to support people who smoke to successfully and permanently stop smoking.
- Progress is assessed after 4 weeks and success is assessed after 12 weeks.
- 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).

This service allows pharmacists to provide advice and medication to assist people to quit smoking. Pharmacies are suitable locations for such a service as they are accessible, often open extended hours, and can provide medications without delay.

Smoking remains one of the largest contributors to avoidable mortality; this service is therefore considered necessary. Smoking cessation is recommended by the National Institute for Health and Clinical Excellence (NICE) <sup>11</sup>.

A total of 68 pharmacies provide the service in the city. Figure 22 shows the location of pharmacies offering the smoking cessation service mapped over the percentage of smokers in the 2013 Coventry.

Provision of smoking cessation services is well located across the city. There are some gaps with a lesser provision in the MSOA areas of Allesley Village & Bablake and Keresley & Holbrooks. However, even those areas that are not as heavily served with pharmacies operating Stop Smoking Services (SSS) have access to GPs that provide cessation advice and services. Thus, it is unlikely that there is under-provision of SSS for the population in general

#### Patient views

The stop smoking service was one of the most recognised services among respondents. Smoking cessation has a high awareness but relatively low usage, probably as its only relevant to smokers who want to give up, therefore the service had a low conversion rate from awareness to usage.

### Conclusions in relation to the Stop Smoking enhanced service

The stop smoking service through pharmacies is an important way to reduce smoking rates among the population. The way in which the service is commissioned this service has altered meaning pharmacy is just one of a number of providers who could deliver the smoking cessation service.

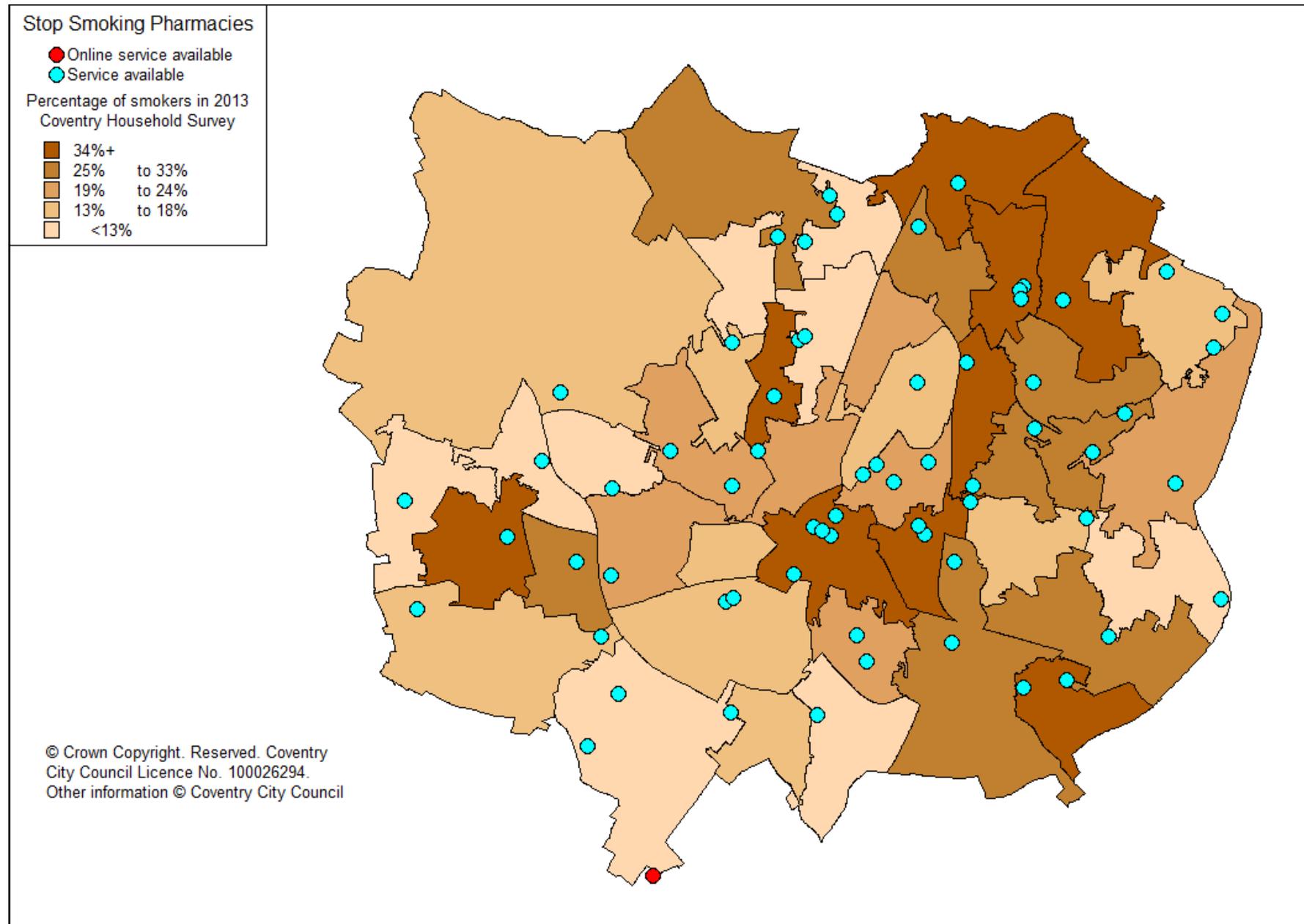
Given the current arrangements for commissioning we have concluded that the Stop Smoking service is a necessary service.

There appears to be some gaps in the provision of this service in the city, however, these gaps appear to be filled by GPs that provide smoking cessation advice and services. Based on this, provision of the Stop Smoking Service for the population in general appears to be sufficient.

Given the current arrangements for commissioning we have concluded that the Stop Smoking service is a necessary service

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Figure 22 Location of Pharmacies offering the Stop Smoking Service mapped over percentage of smokers in 2013 Coventry Household Survey



### 6.6.7 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. This service will continue to be commissioned for the foreseeable future

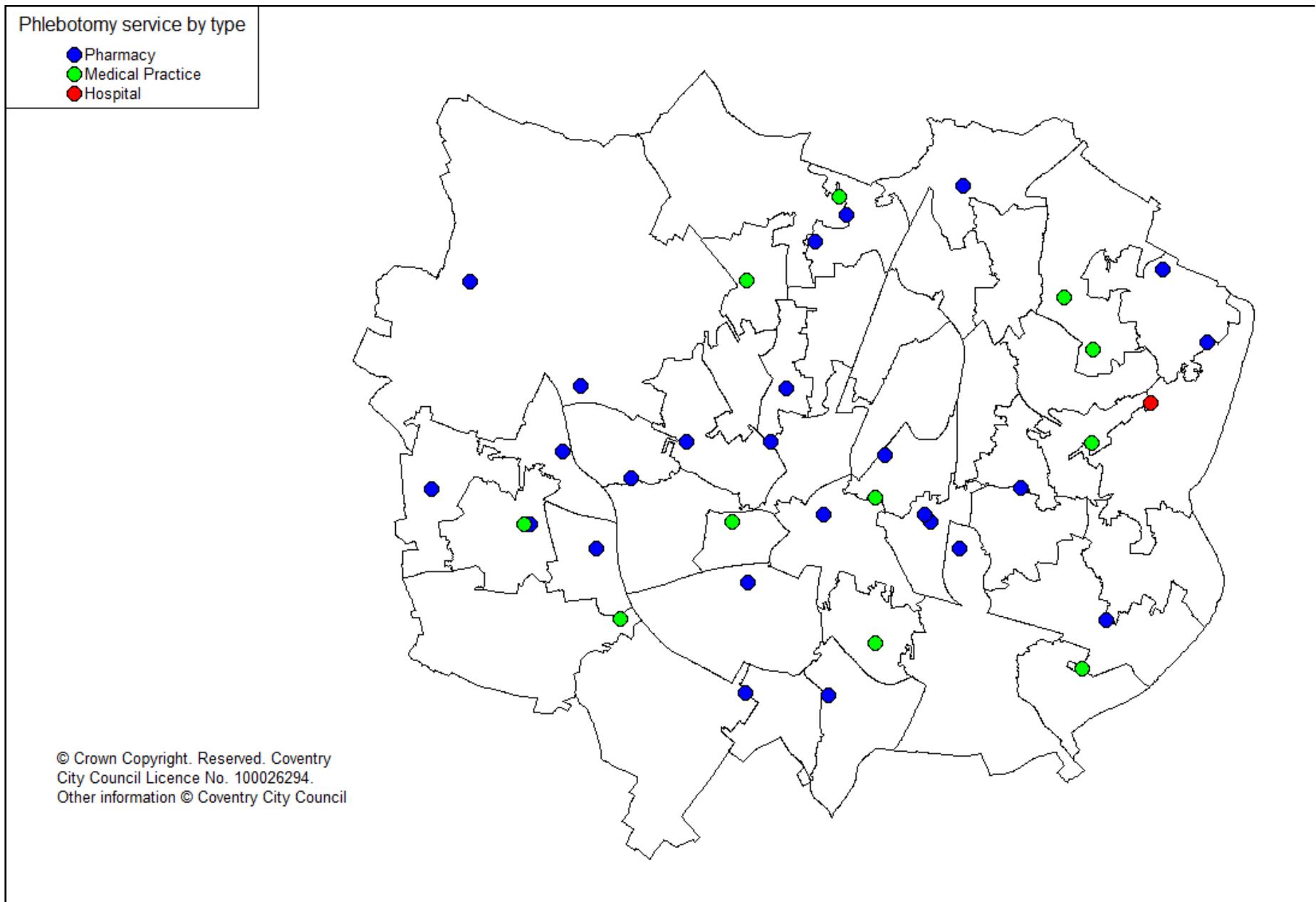
When the phlebotomy service was first introduced from pharmacies in Coventry it broke new ground in using pharmacy premises and the skills of pharmacists and their teams to deliver a service which patients find more accessible and convenient.

A total of 40 pharmacies provide the service across the city. In addition 12 more sites including the University Hospital and various medical practices offer the phlebotomy service ensuring there is good access to this service across Coventry. Figure 23 shows the location of pharmacies offering the phlebotomy service. 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 the following MSOA areas that have no provision of the service: Bell Green, Upper Foleshill, Courtalds & Edgwick, Jubilee area, Wyken Green, South Foleshill & Paradise and Stoke & Stoke Heath.

#### Conclusions in relation to the Phlebotomy enhanced service

We have concluded that this is a relevant service. Provision is highly available across the city and where not available from pharmacy, it is available from medical practices.

Figure 23 Location of Premises offering the Phlebotomy Service



### 6.6.8 Community pharmacy provision of Seasonal Influenza vaccination

The Department of Health (DH) have recommended that all individuals aged 65 years and over (including those individuals who will be 65 years old at 31st March 2015) should receive an annual seasonal influenza vaccination. DH also recommends that individuals from 6 months of age to less than 65 years of age should receive annual seasonal influenza vaccine if in a recognised clinical risk group.

The Royal Pharmaceutical Society recently highlighted a case study on flu vaccinations <sup>12</sup>.

*Case study: Flu vaccinations in community pharmacy*

*In 2012-13, following accredited training, 24 community pharmacies in Sheffield were commissioned by the local primary care trust to provide flu vaccination services for difficult-to reach groups identified as being at risk. An evaluation indicated that the programme succeeded in reaching individuals beyond the reach of general practice. 20% in a survey with a high response rate, said that they would not otherwise have received vaccination. 58% expressed convenience as the main reason that they had chosen to visit a pharmacy for the service <sup>13</sup>.*

The Local Enhanced Service is divided into three parts:

- Inactivated Intramuscular Seasonal Influenza Vaccination for adults (those aged 65 years and over and those 18 years to 64 years of age in a clinical risk group)
- Live Intranasal Seasonal Influenza Vaccination for those 12 to 17 years of age in clinical risk groups.
- (PILOT) Live Intranasal Seasonal Influenza Vaccination Pilot for all children in School Years 7 & 8

The service aims to increase the uptake of seasonal influenza vaccine across Coventry by improving access to seasonal influenza vaccination for eligible patients. This in turn will allow a reduction in serious morbidity/mortality and hospitalisations from influenza by immunising those most likely to have a serious or complicated illness should they develop influenza. The commissioning intentions for the flu vaccination service are as follows:

- The main service - inactivated flu vaccine for 18 years & over + Fluenz® for those at clinical risk aged 12 - < 18 years is to remain in place going forward.
- The pilot service - the commissioning intentions for the provision of Fluenz® in the age group of school years 7 to 8, going forward are unclear at the time of writing.

There are currently a total of 32 pharmacies offering the flu vaccination service in Coventry. Figure 24 shows the location of pharmacies offering the flu vaccination service mapped over percentage of population aged 65 years and over in Coventry. Provision of the service is quite sparsely spread across the city. In particular the West of the city has relatively to the rest of Coventry a reduced provision.

The MSOA areas of Courtalds & Edgwick, Wyken Green, Radford & Canal Basin, Upper Stoke Central, Allesley Park, Lower Eastern Green, Hillfields, Banner Lane, Whoberley & Central, Stoke Park & New Century Business Park, Tile Hill, Torrington & Canley and Cheylesmore & Whitley all have no provision of the flu vaccination service.

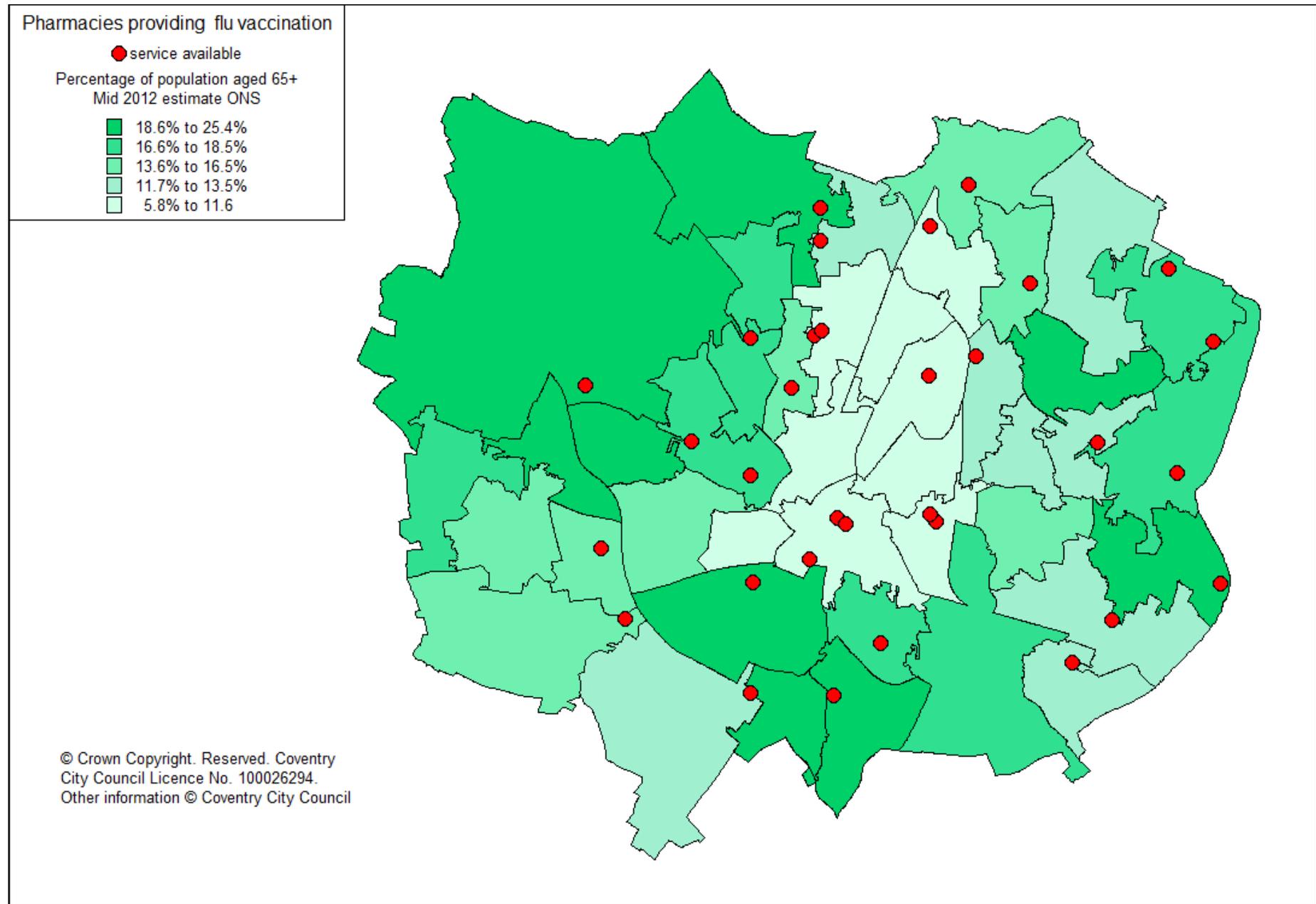
The flu vaccine is available from GP's surgeries too.

### **Conclusions in relation to the Seasonal Influenza vaccine enhanced service**

We have concluded that this is a relevant service. Provision is adequately available across the city but less so in the east. Where not available from pharmacy, it is available from medical practices. All Pharmacy contractors can choose to provide the Flu service but this will not be a condition of their inclusion in the pharmaceutical lists as these services are commissioned by the local authority and are not therefore enhanced services.

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Figure 24 Location of Pharmacies offering the flu vaccination service mapped percentage of population aged 65+



## 7.0 Conclusions

Coventry is a city with high levels of ethnic diversity, socio-economic deprivation, and poorer health compared to England. The population distribution is also younger than the country overall. 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, due to the range of other factors influencing local pharmaceutical needs.

There are 91 community pharmacies in Coventry, with 28 pharmacies per 100,000 population. This is access to 6 pharmacies more per person than the national median (21.6) and higher than many comparable cities. There appear to be no gaps in provision of essential services during the core hours of 9am to 6pm. Provision is reduced in the evenings, however 7 pharmacies in Coventry are contracted to open for at least 100 hours per week. There appears to be good provision of essential services in the city, with no gaps identified. There are 91 community pharmacy providers in Coventry, 1 appliance contractors, 1 dispensing doctor's practice and 3 distance selling pharmacies

This assessment has found that the population of Coventry currently enjoys good access to pharmaceutical services with a broad range of services available when and where they are needed. We have identified areas where we could improve access to some of the services we currently commission and opportunities for future commissioning which we will explore as part of our commissioning planning process.

The conclusion of this PNA is that the population of Coventry currently has sufficient numbers of pharmacy contractors to meet the pharmaceutical needs of the patients and public. This is clearly demonstrated by the following points:

- Coventry has good coverage across the city for pharmaceutical services in terms of choice, access and opening hours, with no gaps in current provision.
- The range of opening hours over 7 days a week is welcome for the delivery of enhanced services and the access to essential services such as dispensing and self-care advice. The presence of several 100 hour service contracts is important to maintain this provision
- Coventry has slightly better or similar coverage of community pharmacies or dispensing GP practices than the England and West Midlands averages.
- The majority of residents live within a 1 mile radius or a 10 minute drive of a pharmacy.
- Public views on Coventry pharmacy services suggest that the majority of respondents were satisfied with current pharmacy provision.

An increase in population is likely to generate increased demand 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 services providers. The Health and Wellbeing Board will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Pharmaceutical services play an important role in helping the HWBB and their partners deliver the desired health outcome for the population of Coventry. Services that utilise pharmacists rather than GP surgeries or Hospitals help with the Health and Wellbeing Board to achieve its strategic priorities.

Community pharmacists should be considered when commissioning services as they are in an ideal situation to serve local populations and to contribute to the wider self-care and prevention agenda.

In order that the public can benefit more widely from the current pharmaceutical services on offer it is suggested that public promotion of pharmacies is necessary. This is not necessarily a focus just for the

local commissioners and contractors themselves, but should also be addressed by the national and local pharmacy bodies.

As the new NHS structure is in its first year there will inevitably be some movement of commissioned services between the new NHS organisations. This may lead to services being de-commissioned and different ones commissioned in their place due to service changes and re-design.

Any potential change to the services should be based on the population need of the local areas of which the PNA, along with the JSNA and HWB strategy, is an important document to inform such decisions.

## Conclusions in relation to Pharmaceutical Services in Coventry

Before 1 April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1 April 2013 the following public health enhanced services previously commissioned by PCTs transferred to local authorities and as such no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation, and therefore should not be referred to as enhanced services:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions.

Although the PNA is primarily concerned with pharmaceutical services, HWBs need to take account of other NHS services which are provided or arranged by a local authority, NHS England, a clinical commissioning group (CCG), an NHS trust or an NHS foundation trust in order to provide as complete a description of relevant services as possible and to avoid erroneously identifying gaps in provision.

Pharmacies in Coventry provide a range of NHS England locally commissioned services that are appropriate to the needs of the population. Geographical distribution of pharmacies is reflective of where need is greatest. Using the PNA, the commissioners of each enhanced service may determine where each need may be met by pharmacies in Coventry, and commission services accordingly.

## 7.1 Recommendations

We have identified a number of future service ideas which could be developed and advanced through the commissioning cycle to identify candidates for future commissioning. Examples include:

- To raise awareness around opening times particularly evenings and weekends - Most people are aware that some pharmacies are open late into the evening, early in the morning, at weekends and bank holidays, but only half of those surveyed know where these are located. Work is required to raise awareness of extended hour provision.
- To ensure pharmacy provision is equitable across the city
- For commissioners of statutory and locally defined services to work with pharmacies to increase awareness of pharmacy services. This would help services to be used more effectively and contribute to the improvement of the health of the local population
- To increase uptake of enhanced services including the Not dispensed service, the TB medication supervision service and Minor ailments PILOT scheme by Pharmacy contractors. In particular the Minor

ailments PILOT scheme would fit in to the objective of reducing unnecessary A & E and/or GP attendance.

- To ensure there are systems in place to monitor potential changes that will affect the delivery of pharmaceutical services and have a process in place to decide whether the changes are significant and hence what action it needs to take.
- Focus on managing the interface between community, hospital and tertiary care to reduce the risk associated with medicines e.g. palliative care scheme
- Develop services to support specific diseases e.g. NHS Health Checks for Cardiovascular disease
- Current pharmaceutical provision in areas where possible future housing is planned to establish if it is sufficient to meet likely need/demand

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## Appendix 1: Steering group membership & Terms of reference

Accountable to: Alison Gingell (Chair for Coventry Health and Wellbeing Board)

### Constitution and Accountability

The Health and Social Care Act 2012 transfers the duty to prepare a PNA from Primary Care Trusts to Health and Wellbeing Boards (HWB) from April 2013. Each HWB must publish its PNA by 1 April 2015.

### Purpose

- Review current Coventry PNA Overview document (2011) and update as necessary
- Provide advice on how best to integrate/align the PNA to JSNA
- Provide advice and information to CHWB about community pharmacies in the area
- Provide advice and information to CHWB about potential of community pharmacy to address health inequalities as addressed by JSNA
- Provide leadership in developing a single robust PNA across Coventry
- Ensure the engagement and involvement of relevant people/bodies in the development of the PNA

### Membership

Midlands & Lancashire Commissioning Support Unit Project Sponsor	Jonathan Horgan
Midlands & Lancashire Commissioning Support Unit Project Lead	Gurjinder Samra
Midlands & Lancashire Commissioning Support Unit Comms and Engagement Lead	Christine de Souza
Midlands & Lancashire Commissioning Support Unit Comms and Engagement Specialist	Preetpal Channa
Coventry and Rugby CCG Head of Medicines Management	Mark Galloway
Public Health Contract Manager	Michelle Pouton
Public Health Epidemiologist	Anne Hartley
Insight Team Programme manager	Andy Baker
Local Pharmacy Network Chair (Coventry)	Satyan Kotecha
Local Pharmaceutical Committee representative (Coventry)	Sandeep Dhani
Coventry and Rugby CCG	Madeleine Wells

Members were expected to attend and should not send deputies without permission of the Chair. The Committee may co-opt/invite other attendees for specific agenda items/ reports.

### Meeting attendance

The first 3 steering group meetings took place without attendance or deputation from the Coventry LPC and LPN leads.

### Frequency of Meetings

The group will meet every two months, or more frequently as required.

## Appendix 2: Background Papers and Legislation

From the 1st April 2013 the responsibility for using PNAs as a basis for determining market entry to a pharmaceutical list was transferred from PCTs to NHS England. The NHS (Pharmaceutical Services and Local Pharmaceutical services) regulations 2013 sets out the legislative framework for development of PNA's: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

According to the new legislation each HWBB must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment. (Pharmaceutical Needs Assessments Information Pack for Local Authority Health and Wellbeing Boards, DH 2013).

The PNA is now due for review and in accordance with changes put in place by The Health and Social Care Act CWBB have the responsibility to complete this review.

The Health Act 2009 128A made amendments to the National Health Service Act 2006 stating that each Primary Care Trust must in accordance with regulations:

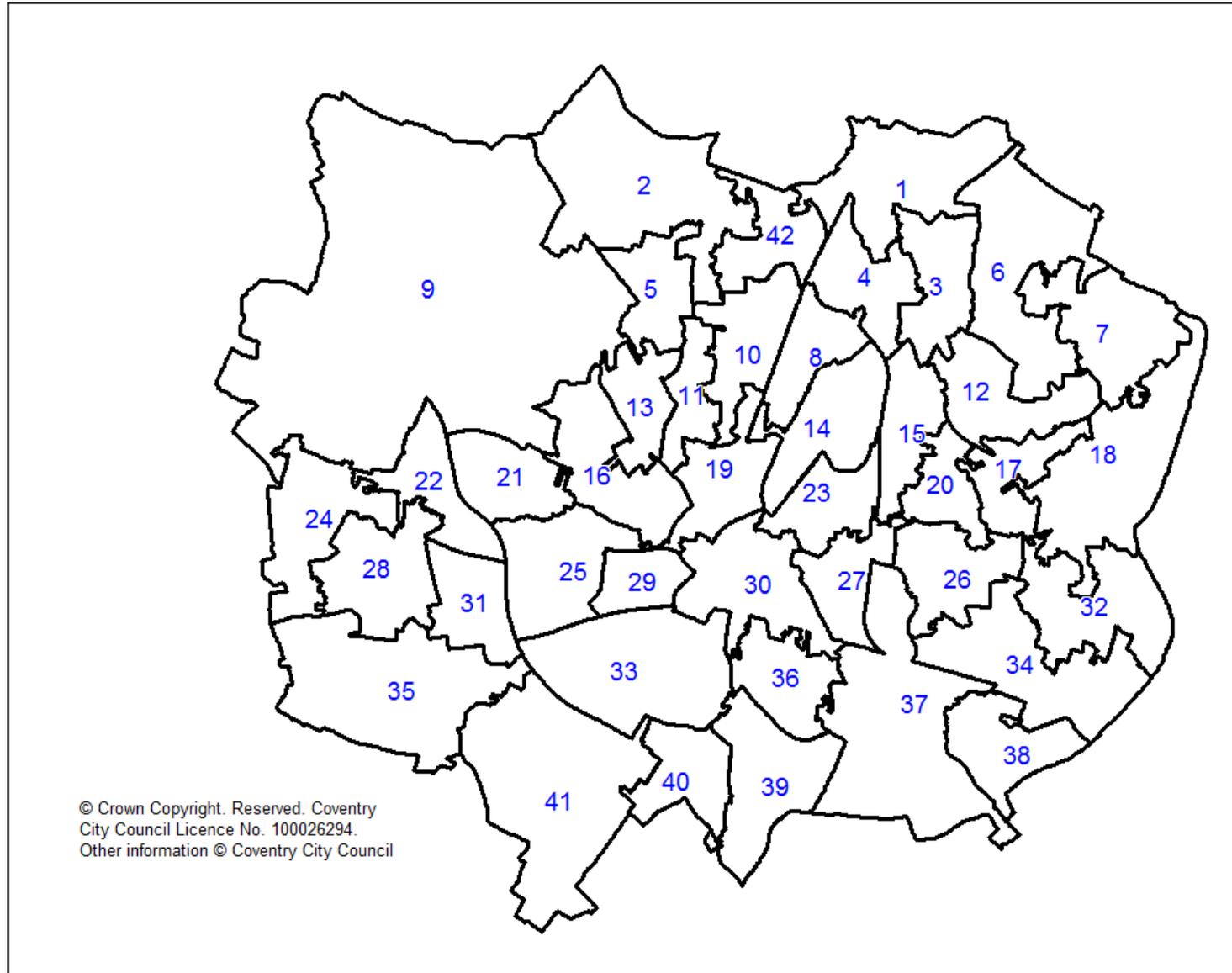
- Assess needs for pharmaceutical services in its area, and
- Publish a statement of its first assessment and of any revised assessment.

The regulations stated that a PNA must be published by each Primary Care Trust (PCT) by the 1<sup>st</sup> February 2011. There was a duty to rewrite the PNAs within 3 years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCTs locality. This meant that subsequently revised PNAs were due to be produced by February 2014. However the Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included abolition of PCTs and the introduction of clinical commissioning groups (CCGs) who now commission the majority of NHS services. Public Health functions were not transferred to CCGs and are now form part of the remit of Local Authorities.

The 2012 legislation calls for Health and Wellbeing Boards (HWB) to be established and hosted by local authorities. These boards should bring together the NHS, public health, adult social care and children's services, including elected representatives and the Local Health watch.

In order that these newly established HWBB had enough time to gather the information and publish a new PNA the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 now gives a requirement that each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

### Appendix 3: Key of MSOA's

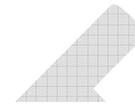


## Appendix 3: Key of MSOA's

<b>ID</b>	<b>MSOA code</b>	<b>MSOA name</b>
1	E02001958	Longford Village
2	E02001959	Keresley, Holbrooks
3	E02001961	Bell Green
4	E02001962	Upper Foleshill
5	E02001963	Keresley
6	E02001964	Wood End, Henley & Manor Farm (WEHM)
7	E02001965	Potters Green & Mount Pleasant
8	E02001966	Courtaulds, Edgwick
9	E02001967	Allesley Village & Bablake
10	E02001968	Jubilee Area
11	E02001969	Radford
12	E02001970	Wyken Green
13	E02001971	Coundon
14	E02001972	South Foleshill & Paradise
15	E02001973	Stoke & Stoke Heath
16	E02001974	Allesley Old Road Area
17	E02001975	Hipswell Highway & Ansty Road
18	E02001976	Wyken, Sowe Valley
19	E02001977	Radford & Canal Basin
20	E02001978	Upper Stoke Central
21	E02001979	Allesley Park
22	E02001980	Lower Eastern Green
23	E02001981	Hillfields
24	E02001982	Banner Lane
25	E02001983	Whoberley, Central
26	E02001984	Stoke Park & New Century Business Park
27	E02001985	Charterhouse
28	E02001986	Tile Hill
29	E02001987	Earlsdon, Chapelfields
30	E02001988	City Centre
31	E02001989	Lime Tree Park
32	E02001990	Binley
33	E02001991	Earlsdon, Beechwood
34	E02001992	Aldermoor & Ernesford Grange
35	E02001993	Torrington & Canley
36	E02001994	Cheylesmore, Quinton
37	E02001995	Cheylesmore, Whitley
38	E02001996	Willenhall
39	E02001997	Finham, South Cheylesmore
40	E02001998	Green Lane
41	E02001999	University & Gibbet Hill
42	E02006805	North Holbrooks

## APPENDIX 4: Pharmacy Survey Online Version

### Pharmacy Survey screenshot example from survey monkey



#### Coventry Community Pharmacy Survey 2014

#### PREMISES DETAILS

14%

**1. Please provide the following details of your premises:**

Contractor Code (OOS Code):

Name of Contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Trading Name:

Trading Address:

Postcode:

Email Address:

Pharmacy Telephone:

Pharmacy Fax:

Pharmacy Website:

**2. Can we store the above information and use this to contact you?**

Yes

No

**3. Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at the pharmacy)**

Yes

No

Prev

Next

## APPENDIX 4: Pharmacy Survey Online Version

### Pharmacy Survey Screenshot 2 example from survey monkey

  
Coventry City Council

**Coventry Community Pharmacy Survey 2014**

**CONSULTATION FACILITIES**

6. Is there is a consultation area ON THE PREMISES (meeting the criteria for the Medicines Use Review service)?

No

Yes including wheelchair access)

Yes (without wheelchair access)

No, but planned within the next 12 months

Other (please specify):

7. Where there is a consultation area, is it a closed room?

Yes

No

8. Does the pharmacy have access to an OFF-SITE consultation area? (i.e. one which the former PCT or Area Team has given consent for use)

Yes

No

9. Is the pharmacy willing to undertake consultations in patient's home / other suitable site?

Yes

No

## APPENDIX 5: Pharmacy Survey Design Version

# Coventry Community Pharmacy Survey 2014

To ensure that public health pharmacy based services are being provided which meet the needs of the local population, it is essential that we regularly review the quality, accessibility and breadth of provision. This is in addition to taking the opportunity to encourage our primary care providers to promote public health to the local population. As such we would be grateful if you could complete the enclosed questionnaire. The data provided will also be used to support the statutorily required Pharmaceutical Needs Assessment which must be completed by April 2015.

The questionnaire below is based on the PNA Pharmacy Questionnaire produced by the PSNC (Pharmaceutical Services Negotiating Committee).

## Premises Details

Contractor Code (ODS Code)			
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)			
Trading Name			
Trading Address			
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at the	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	
Pharmacy email address			
Pharmacy telephone			
Pharmacy fax			
Pharmacy website address			
Can we store the above information and use this to contact you?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	

## Core hours of opening

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

## Total hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			

Coventry Pharmaceutical Needs Assessment 2015 – 2019

Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Consultation facilities**

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

On premises	None, or		
	Available (including wheelchair access), or		
	Available (without wheelchair access), or		
	Planned within the next 12 months, or		
	Other (specify)		
Where there is a consultation area, is it a closed room?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No

Off-site	Does the pharmacy has access to an off-site consultation area (i.e. one which the former PCT or Area 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

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

Patients attending for consultations have access to toilet facilities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
-----------------------------------------------------------------------	--------------------------	-----	--------------------------	----

Languages spoken (in addition to English)	
-------------------------------------------	--

**I.T Facilities**

Electronic Prescription Service (select any that apply)

Release 1 enabled	<input type="checkbox"/>
Release 2 enabled	<input type="checkbox"/>
Intending to become Release 1 enabled within next 12 months	<input type="checkbox"/>
Intending to become Release 2 enabled within next 12 months	<input type="checkbox"/>
No plans for EPS at present	<input type="checkbox"/>

## Services

### Essential services

Does the pharmacy dispense appliances?

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 [identify]	
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
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customization service	<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 Area 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 type="checkbox"/> <sup>(2)</sup>	<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"/>
Chlamydia Testing Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> 'Enhanced Services' are those commissioned by the NHS England Area 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 NHS England Area Team. The Area 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'

Coventry Pharmaceutical Needs Assessment 2015 – 2019

Chlamydia Treatment Service <sup>(2)</sup> Contraceptive service (not EHC) <sup>(2)</sup>	Currently providing under contract with area team <sup>(2)</sup>	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>				
Alzheimer's/dementia Disease specific management services					
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Hormonal Contraception Service <sup>(2)</sup>	<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"/>
Home Delivery Service (not appliances) <sup>(2)</sup>	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service					
Medication Review Service					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coventry Pharmaceutical Needs Assessment 2015 – 2019

	Currently providing under contract with Area 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
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	(2)				
MUR Plus/Medicines Optimisation Service <sup>(2)</sup>	<input type="checkbox"/>	<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?					
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) <sup>(2)</sup>	(2)	<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					
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service <sup>(2)</sup>	(2)				
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"/>
Screening Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol</b>					
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently providing under contract with Area 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
Seasonal Influenza Vaccination Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<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"/>

**Non-commissioned services**

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
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"/>

Please tell us what you think:

Email: [Coventrypna@nhs.net](mailto:Coventrypna@nhs.net)

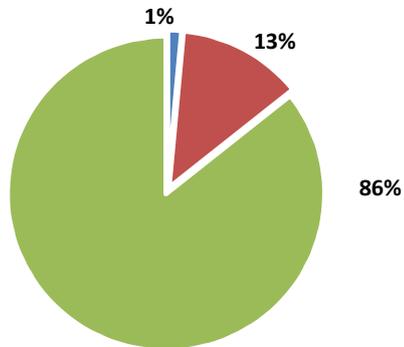
Website: <http://www.coventry.gov.uk/>

Thank you for your view

## APPENDIX 6: Pharmacy Stakeholder Questionnaire Results

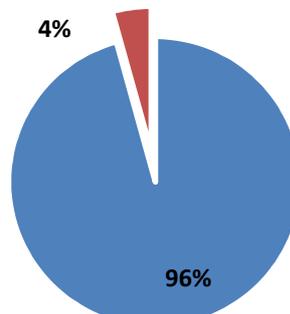
### Consultation Facilities

**Q1. Is there a consultation area (meeting the criteria for the Medicine Use Review Service) on the premises?**



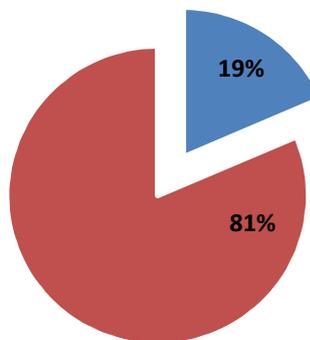
- No, but planned within the next 12 months
- Yes (without wheelchair access)
- Yes including wheelchair access

**Q2. Does the Pharmacy have access to an off-site consultation area?**



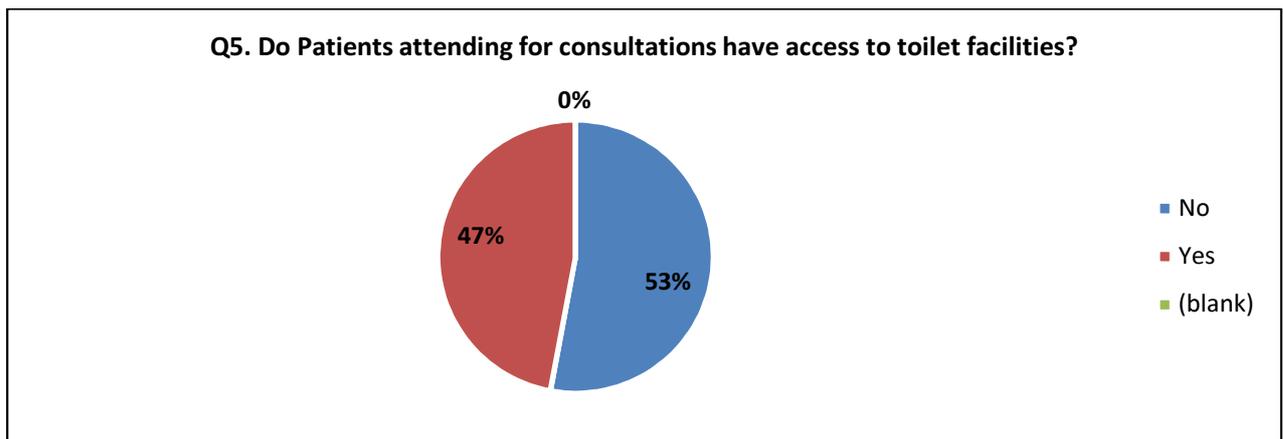
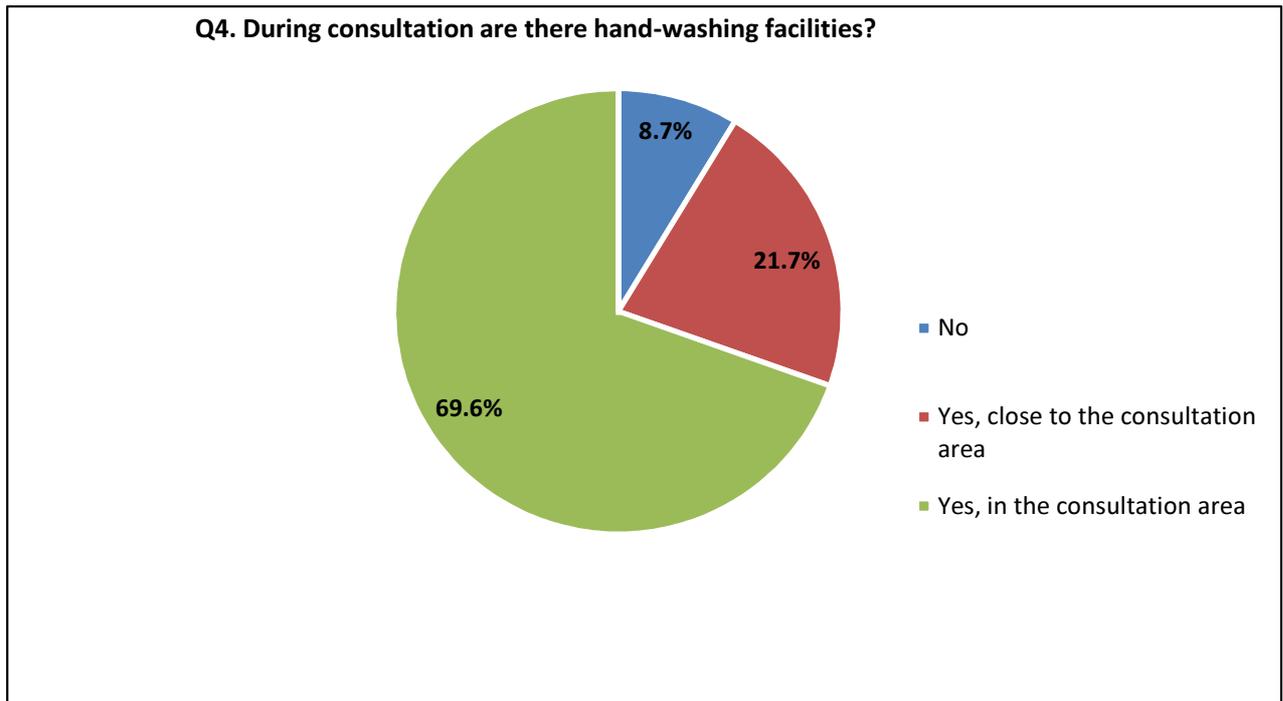
- No
- Yes

**Q3. Is the pharmacy willing to undertake consultations in patients homes/other suitable site?**

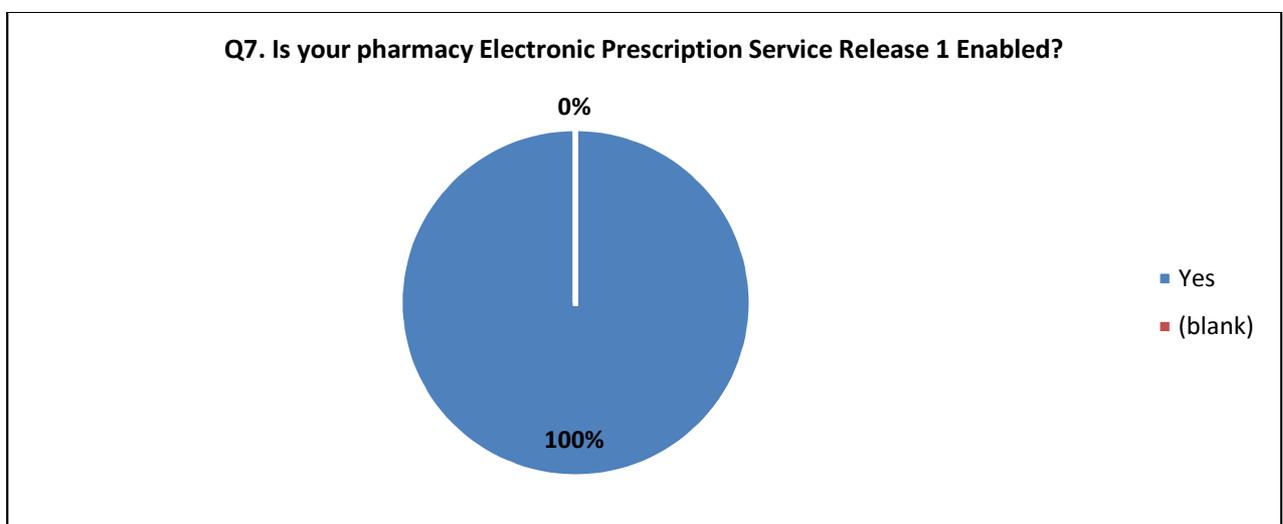


- No
- Yes

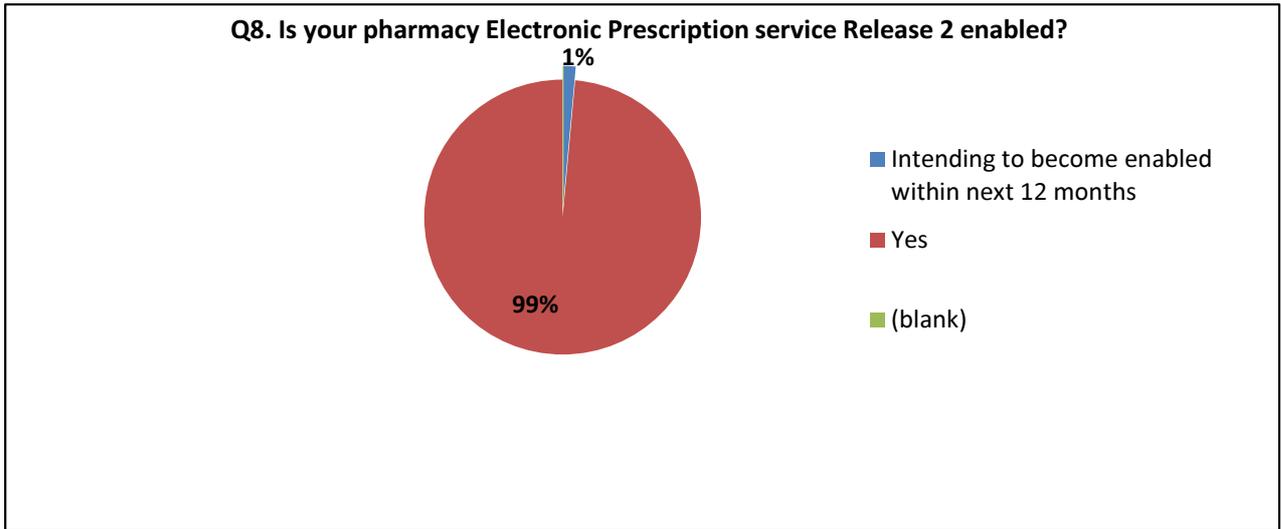
## APPENDIX 6: Pharmacy Stakeholder Questionnaire Results



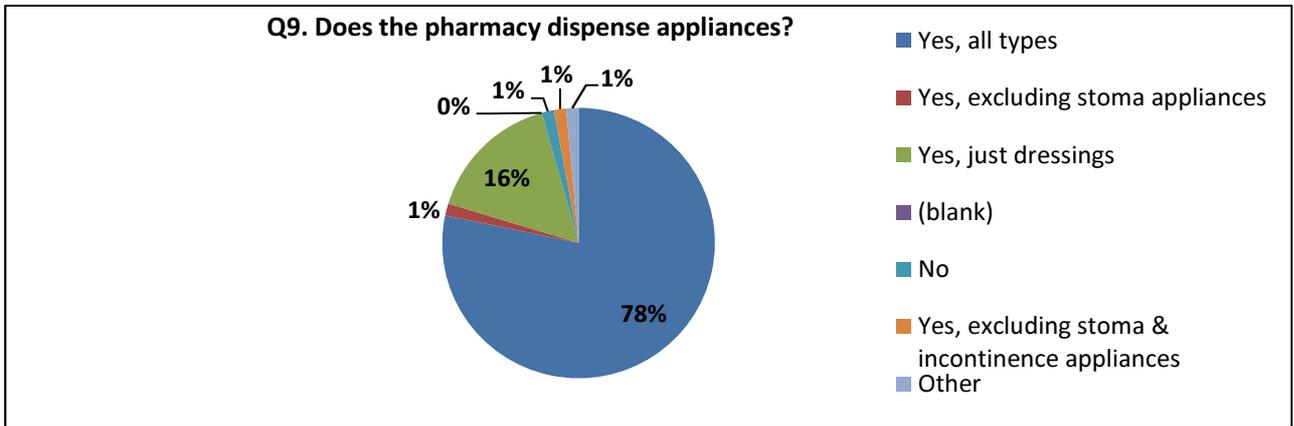
### I.T. Facilities



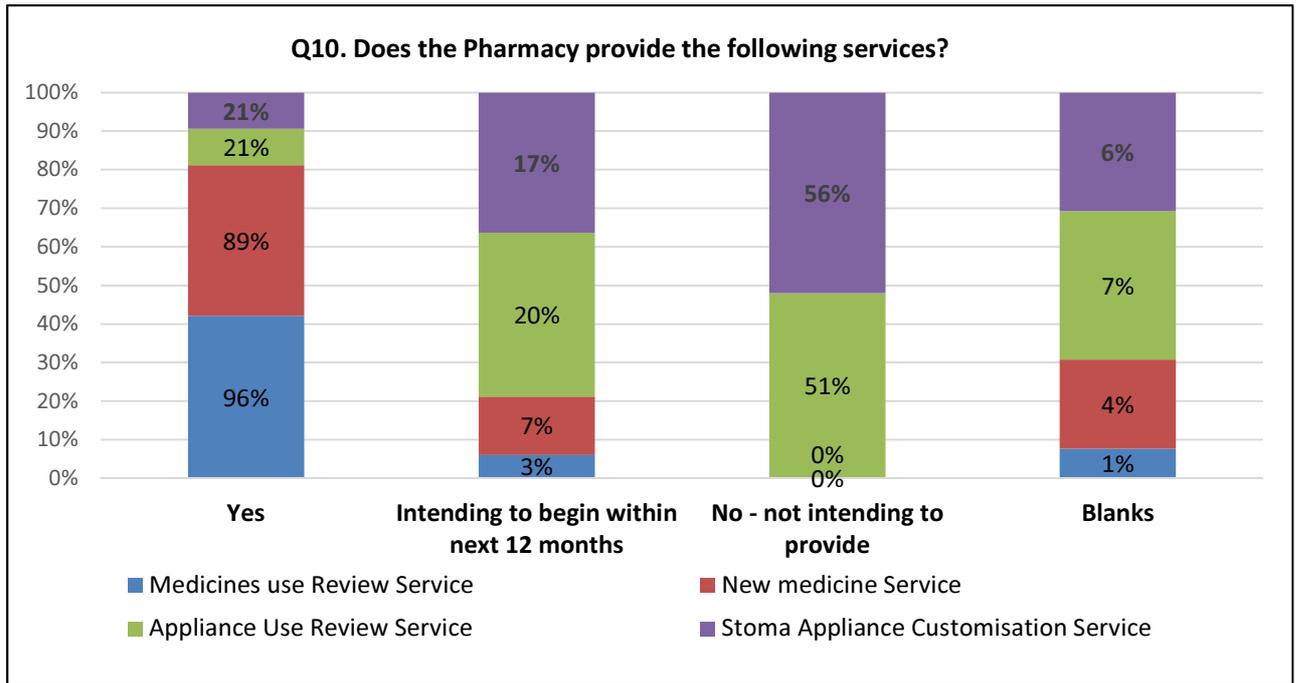
## APPENDIX 6: Pharmacy Stakeholder Questionnaire Results



### Essential Services

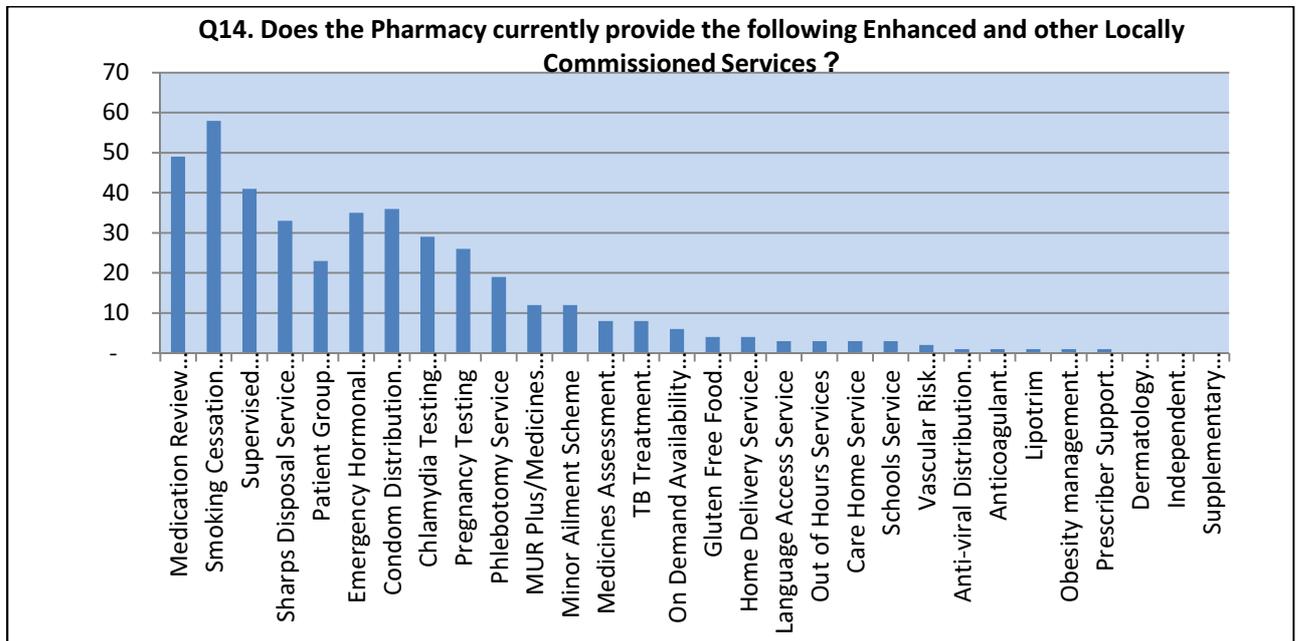


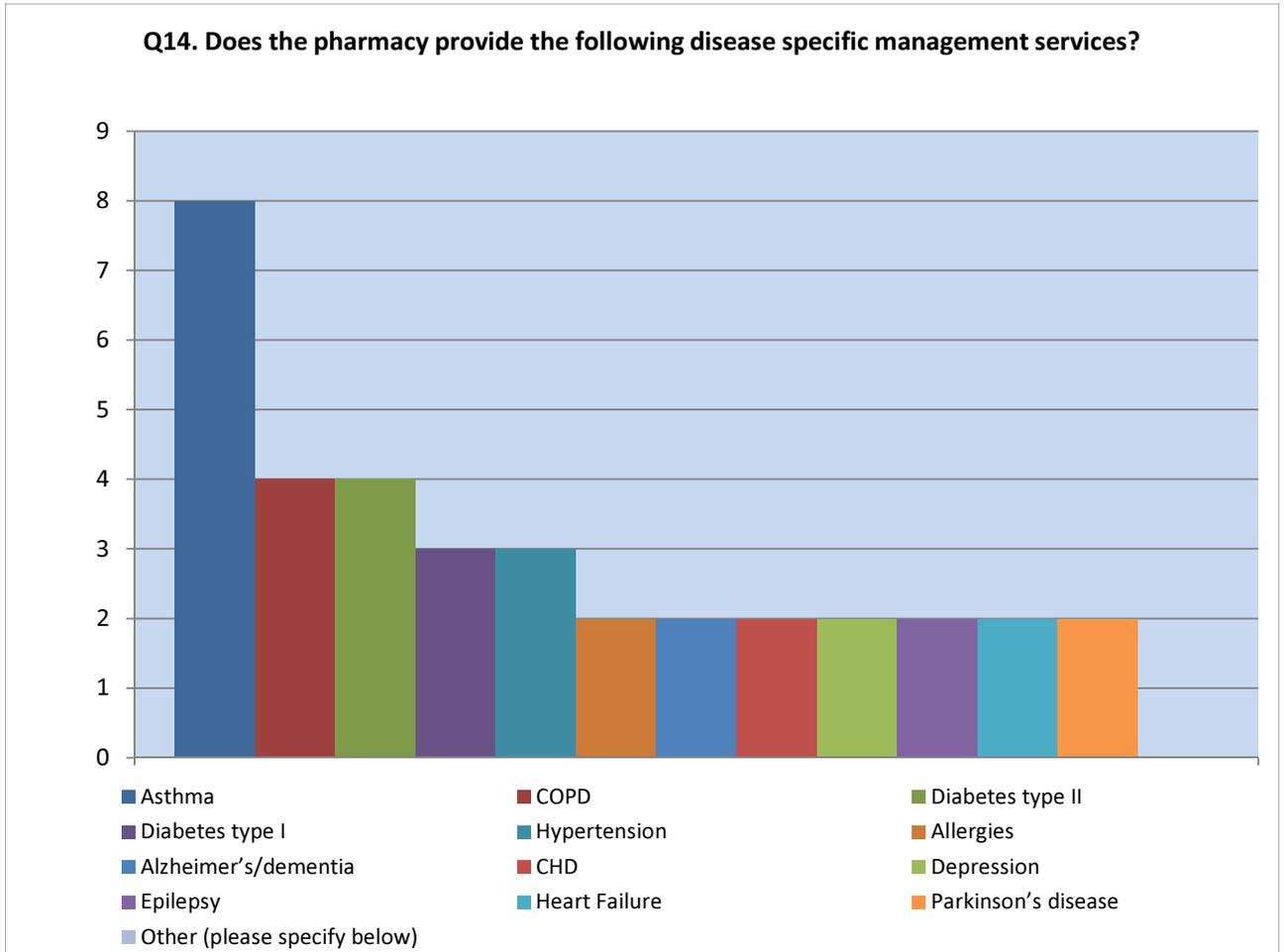
Advanced Services



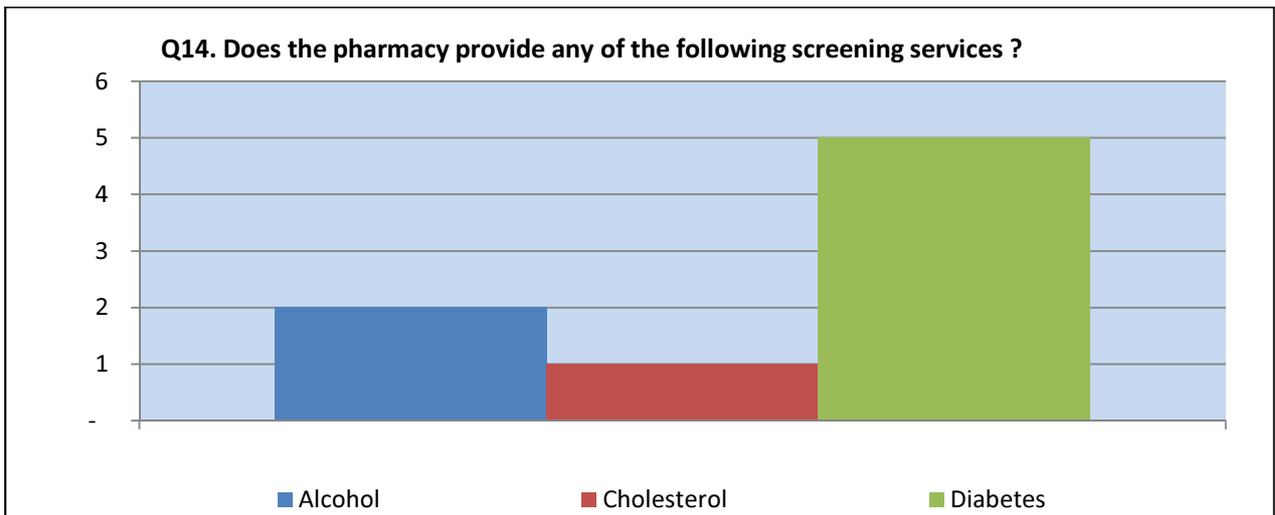
APPENDIX 6: Pharmacy Stakeholder Questionnaire Results

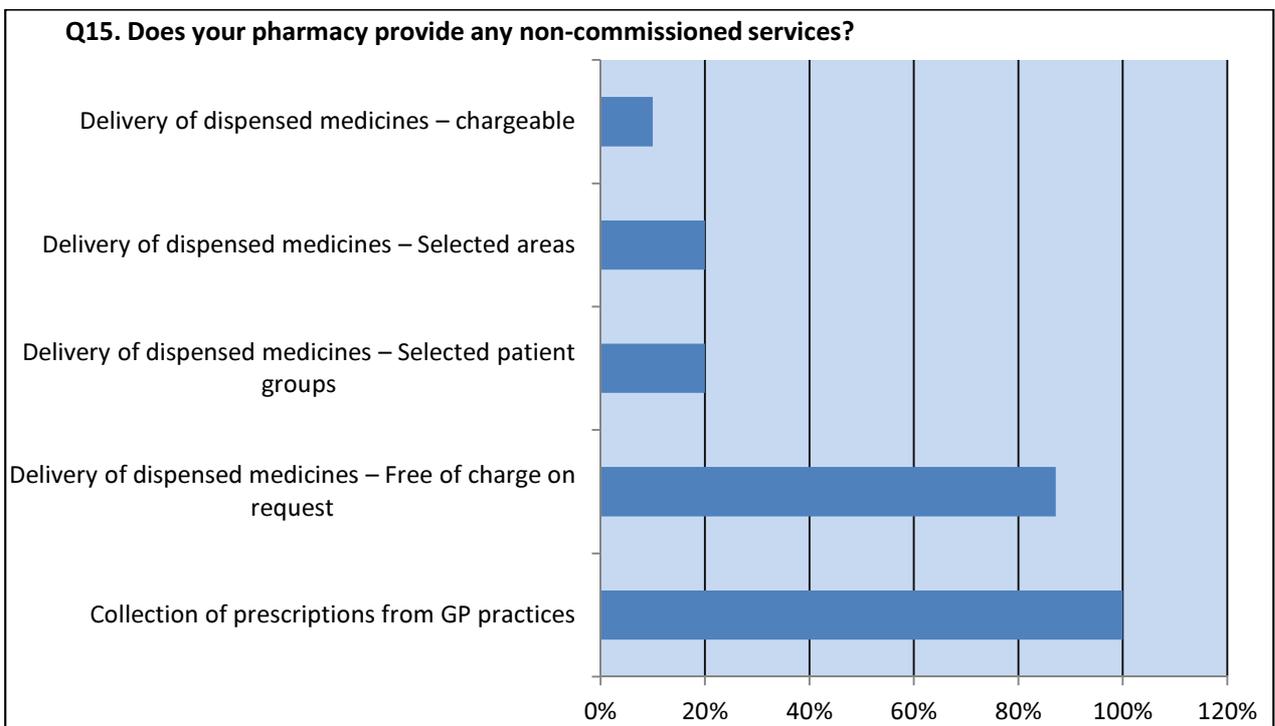
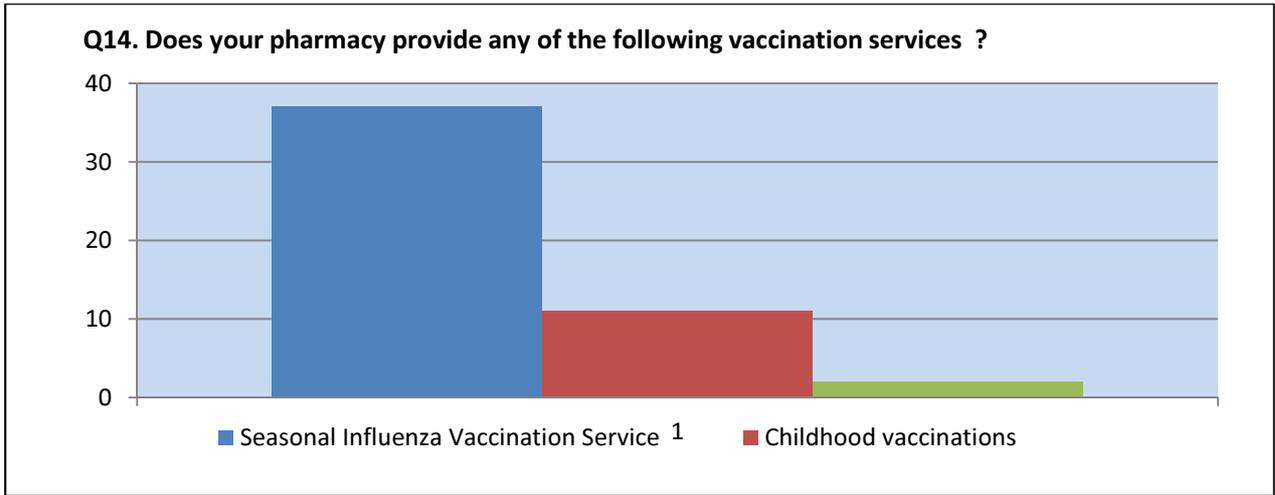
Enhanced and other Locally Commissioned Services





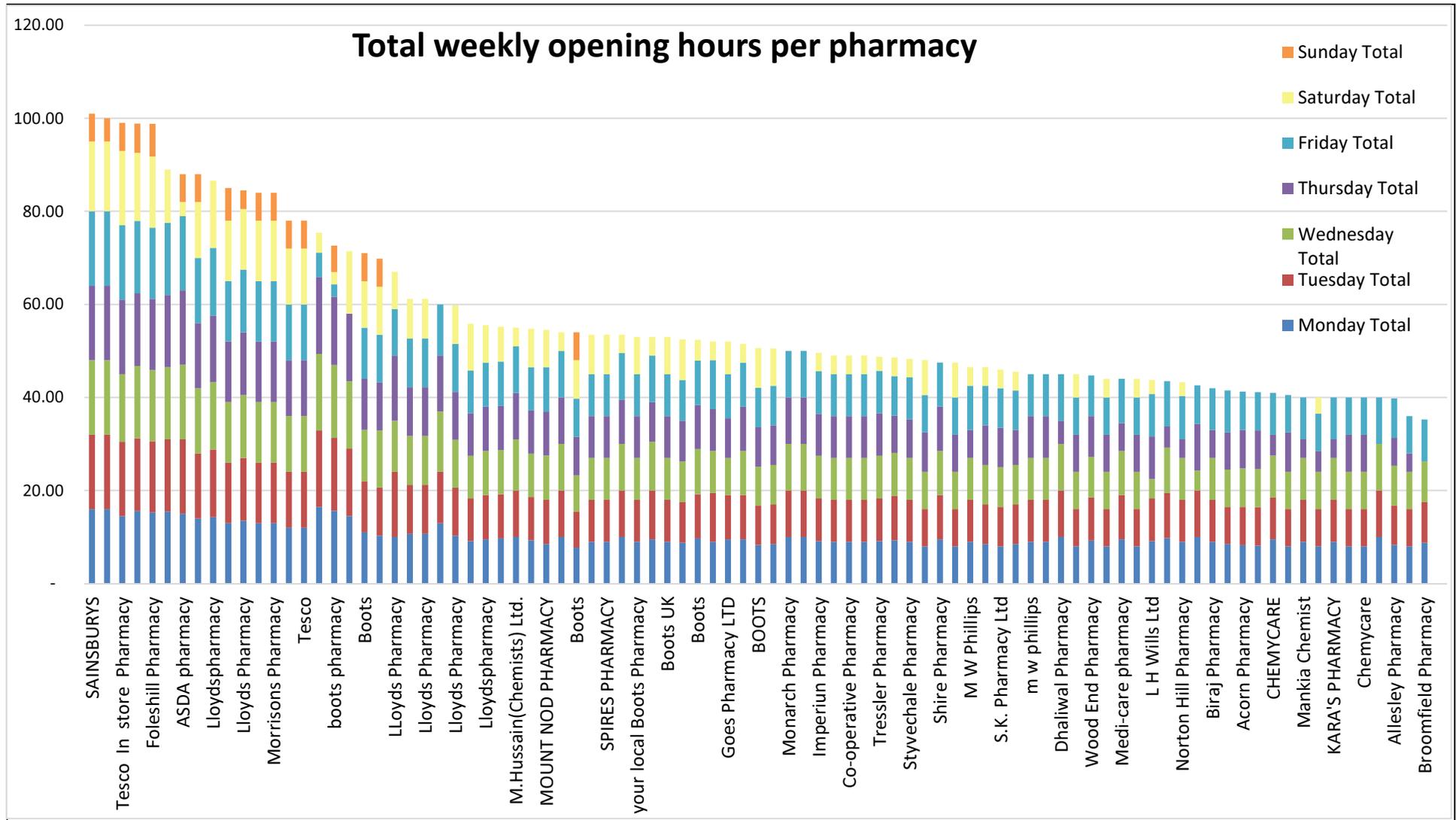
## APPENDIX 6: Pharmacy Stakeholder Questionnaire Results





## APPENDIX 6: Pharmacy Stakeholder Questionnaire Results

### Total Weekly Pharmacy Opening Hours



Appendix 7 Patient Survey screenshot example from survey monkey



**Views needed on use of local Pharmacies**

Using pharmacy services

22%

**1. Which pharmacy do you normally use?**

Name of Pharmacy:

Road:

Town/City:

Postcode:

**2. Why do you normally use this pharmacy?**

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 on-site parking

**3. How do you normally travel to your local pharmacy?**

Car

## APPENDIX 7: Patient Survey Questionnaire – paper copy



# Your views needed on use of local pharmacies

## Introduction and background

Coventry City Council working in partnership with the NHS would like to understand you and your use of community pharmacies. We would also like to identify other potential services, which could be offered by a community pharmacy that you would consider using.

The information that you provide is completely confidential and anonymous.

This survey **closes on 17th October 2014**

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

Telephone: **0121 612 3806**

Email: **NHSCMCSU.PNAcoventry@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 **[www.surveymonkey.com/s/coventry-pna-patient](http://www.surveymonkey.com/s/coventry-pna-patient)**

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 Pharmacy services, the information may be shared with Coventry City Council partners to improve service delivery across the city. Your response will be temporarily stored on SurveyMonkey's secure servers based in the USA. SurveyMonkey undertakes not to disclose the responses to others without lawful grounds.

APPENDIX 7: Patient Survey Questionnaire – paper copy



## Using pharmacy services

1. Which pharmacy do you regularly use?	
Name of Pharmacy	
Road	
Town/City	
Postcode	

2. Why do you normally use this pharmacy?			
It is near my home	<input type="checkbox"/>	It is easy to get to whilst shopping	<input type="checkbox"/>
It is near my work	<input type="checkbox"/>	It has on-site parking	<input type="checkbox"/>
It is near / at my local GP surgery	<input type="checkbox"/>		

3. How do you normally travel to your local pharmacy?			
Car	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
		.....	

4. How far do you travel to your local pharmacy (please specify in miles)	

5. On average how often do you go to a pharmacy?			
Daily	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
Twice or more per week	<input type="checkbox"/>	Quarterly (4 times per year)	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	Less than 4 times per year	<input type="checkbox"/>
Fortnightly (every 2 weeks)	<input type="checkbox"/>	Never	<input type="checkbox"/>

6. At what time of the day do you usually use pharmacy services?			
Weekdays 6am - 9am	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Weekdays 9am - 6pm	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Weekdays 6pm - 11pm	<input type="checkbox"/>		

7. Beyond normal opening hours (9am - 6pm), what other times would you find it most useful to visit a pharmacy?			
Weekdays 6am - 9am	<input type="checkbox"/>	Weekends 6am - 9am	<input type="checkbox"/>
Weekdays 6pm - 11pm	<input type="checkbox"/>	Weekends 9am - 6pm	<input type="checkbox"/>
		Weekends 6pm - 11pm	<input type="checkbox"/>

APPENDIX 7: Patient Survey Questionnaire – paper copy



Using pharmacy services continued

**8. Access to pharmacy services – Please rate how strongly you agree with the following statements. Please tick ONE box for each statement**

	Strongly agree	Agree	Disagree	Strongly disagree
I can easily find an open pharmacy when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy near where I want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open in the evening (i.e. after 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open at the weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. How many different pharmacies do you normally use over a year?**

1  2  3  4  5  6  7  8  9  10

**10. To what extent do you think your local pharmacy:**

	Very poor	Poor	Satisfactory	Good	Excellent	Don't know
Is customer friendly and polite	<input type="checkbox"/>					
Is easy to get to by public transport or car	<input type="checkbox"/>					
Offers a quick service	<input type="checkbox"/>					
Can provide you with the right advice when you're unwell	<input type="checkbox"/>					
Can advise you on living a more healthy lifestyle	<input type="checkbox"/>					
Has staff who are impartial and objective	<input type="checkbox"/>					
Provides a confidential and private service	<input type="checkbox"/>					
Stocks the medicine/ items you require	<input type="checkbox"/>					

## APPENDIX 7: Patient Survey Questionnaire – paper copy



Coventry City Council

## Using pharmacy services continued

11. Please indicate if you were aware of the following services in your local pharmacy, used them, found them satisfactory or would like them to be made available:				
Service	Aware of service	Used service	Service Satisfactory	Would like it delivered in your areas as not available currently
<b>Information and advice on medications and healthy lifestyles</b> e.g. diet and nutrition, physical activity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Minor Ailments service</b> (advice and support to eligible people and where appropriate supply of medicines without the need for a prescription or purchase)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Vaccination programme</b> (for seasonal flu, travel vaccines, childhood immunisations)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>NHS Screening Services</b> (e.g. Diabetes, HIV, Hepatitis C, Chlamydia)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Smoking cessation</b> (service to support you in quitting smoking)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Emergency hormonal contraception</b> (morning after pill)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Early pregnancy testing</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

## APPENDIX 7: Patient Survey Questionnaire – paper copy



Coventry City Council

## Using pharmacy services continued

11. Please indicate if you were aware of the following services in your local pharmacy, used them, found them satisfactory or would like them to be made available: (Continued)				
Service	Aware of service	Used service	Service Satisfactory	Would like it delivered in your areas as not available currently
<b>NHS repeat prescription service</b> (a service by which some patients are able to obtain supplies of their regular medication without the need to get a new prescription every time)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Medicines use review</b> (private discussion with your pharmacist about your medication to ensure you are getting the best from your medication)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Disposal of unwanted medicines</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Management of patients with Long Term Conditions</b> (e.g. diabetes, asthma or COPD) Improves a patient's understanding and use of their medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Alcohol cessation service</b> (help with alcohol misuse)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>End of Life / palliative care service</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Language access service</b> (advice and support to patients in a language understood by them)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

5

APPENDIX 7: Patient Survey Questionnaire – paper copy



Using pharmacy services continued

12. Are there any health services that we haven't described that you would use if they were provided by your pharmacy?

Blank response area for question 12.

13. Are you aware that pharmacies can help to direct you to other services? For example, if you require a service which the pharmacy does not offer they can direct you to other services such as 'walk-in centres' or patient support groups e.g. Diabetes UK.

Yes  No

14. How have you previously found out about the services offered by a pharmacy? (please tick all that apply)

At the Pharmacy	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>
Website (NHS Choices)	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Poster	<input type="checkbox"/>	Local press	<input type="checkbox"/>
Radio	<input type="checkbox"/>	Mail drop	<input type="checkbox"/>
TV at GP surgery	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
		-----	

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

Blank response area for question 15.

16. Where did you obtain this questionnaire?

At the Pharmacy	<input type="checkbox"/>	From your local Clinical Commissioning Group	<input type="checkbox"/>
At GP surgery	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
From a patient group	<input type="checkbox"/>		
From a voluntary organisation	<input type="checkbox"/>		
From your local Healthwatch	<input type="checkbox"/>	-----	

APPENDIX 7: Patient Survey Questionnaire – paper copy



**ABOUT YOU**

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

**17. Please use the space below to briefly tell us of anything else you may feel is important regarding your local pharmacy services:**

--

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

Employed or self-employed (working)	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Student	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Full time parent	<input type="checkbox"/>	Carer	<input type="checkbox"/>
		Other (please state)	<input type="checkbox"/>
.....			

**19. Which age group do you fall into?**

under 16	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>
16 - 24	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	75 - 84	<input type="checkbox"/>
35 - 44	<input type="checkbox"/>	85+	<input type="checkbox"/>
45 - 54	<input type="checkbox"/>		

**20. What is your sexual orientation?**

Heterosexual or straight	<input type="checkbox"/>	Gay women/ lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>
.....			

**21. What is your gender?**

Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Male	<input type="checkbox"/>		

APPENDIX 7: Patient Survey Questionnaire – paper copy



ABOUT YOU continued

22. How would you describe your ethnic origin? If you select other for any of the options below, please provide details	
ASIAN OR ASIAN BRITISH	WHITE
Bangladeshi <input type="checkbox"/>	British (includes English / Welsh / Scottish / Northern Irish) <input type="checkbox"/>
Indian <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Gypsy / Irish Traveller <input type="checkbox"/>
Any other Asian background (please specify) <input type="checkbox"/>	Any other White background (please specify) <input type="checkbox"/>
-----	-----
BLACK OR BLACK BRITISH	OTHER ETHNIC GROUP
African <input type="checkbox"/>	Chinese <input type="checkbox"/>
Caribbean <input type="checkbox"/>	Arab <input type="checkbox"/>
Any other Black background (please specify) <input type="checkbox"/>	Any other Ethnic group (please specify) <input type="checkbox"/>
-----	-----
MIXED	Prefer not to say <input type="checkbox"/>
White and Asian <input type="checkbox"/>	
White and Black African <input type="checkbox"/>	
White and Black Caribbean <input type="checkbox"/>	
Any other Mixed background (please specify) <input type="checkbox"/>	
-----	
23. Do you consider yourself to have a disability?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	

Thank you for taking the time to fill our survey.  
Your views are important to us.

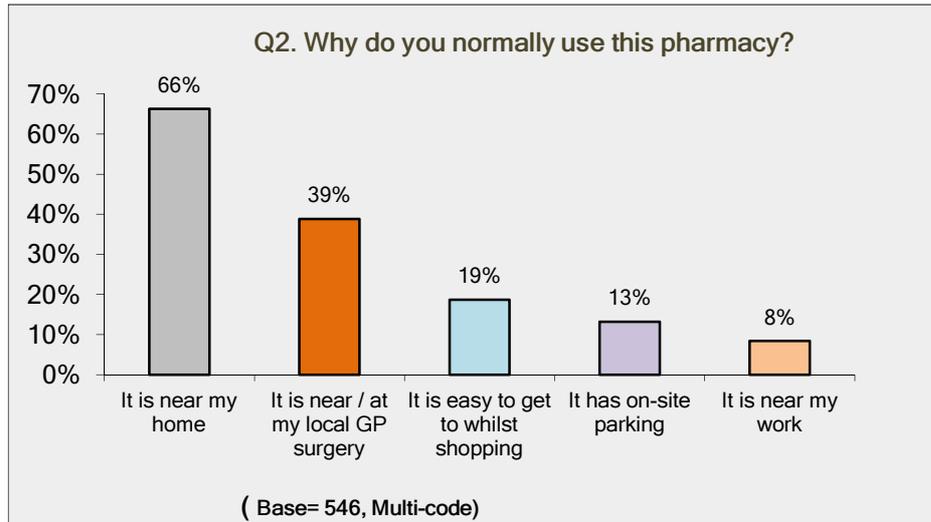
## APPENDIX 8: Patient Survey Report

### 1.0 Survey Findings

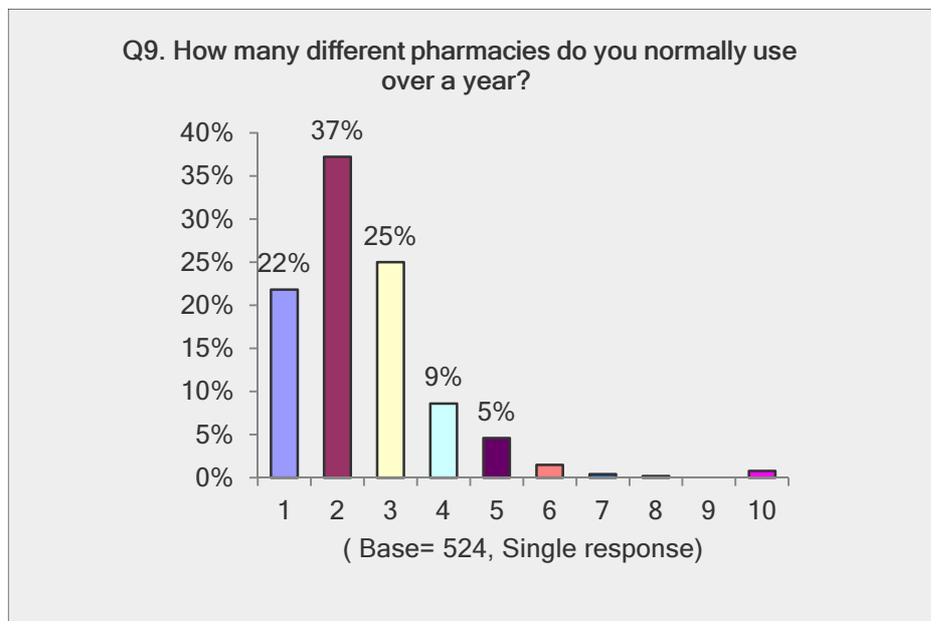
#### 1.1 Choice of pharmacy and travel

Two thirds of respondents chose to use a pharmacy close to their home. Proximity to the GP's surgery was also a popular reason for choice. The retired were more likely to choose a pharmacy near their home (75%), than those who were working (62%).

(NB. Bases for Retired=209, Working= 214)

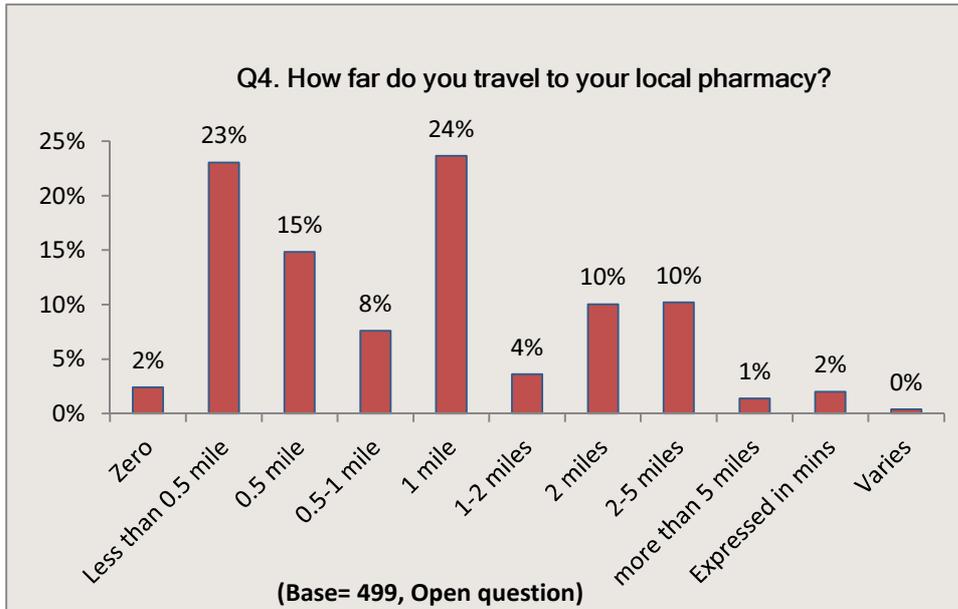


The average number of pharmacies used in a year was 2.5, with 22% using only one, and a further 37% using two. The average for retired people was 2.0 pharmacies, and the average for working people was 3.0 pharmacies.

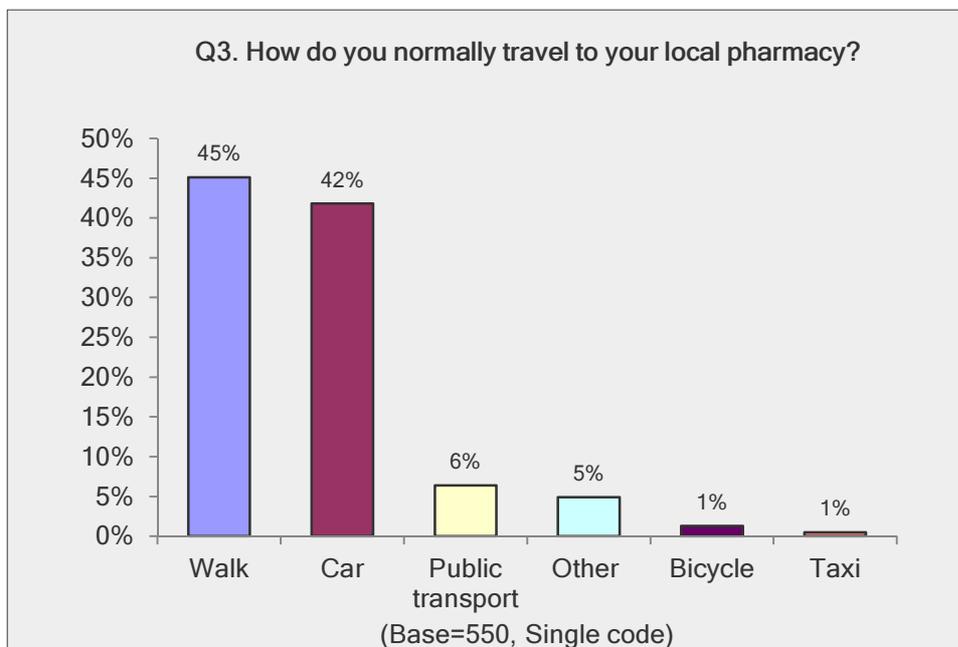


Over a third of respondents travelled 0.5 miles or less to their local pharmacy, and over two thirds travelled one mile or less. The retired were more likely to travel less than half a mile than those who worked (30% versus 17%).

## APPENDIX 8: Patient Survey Report



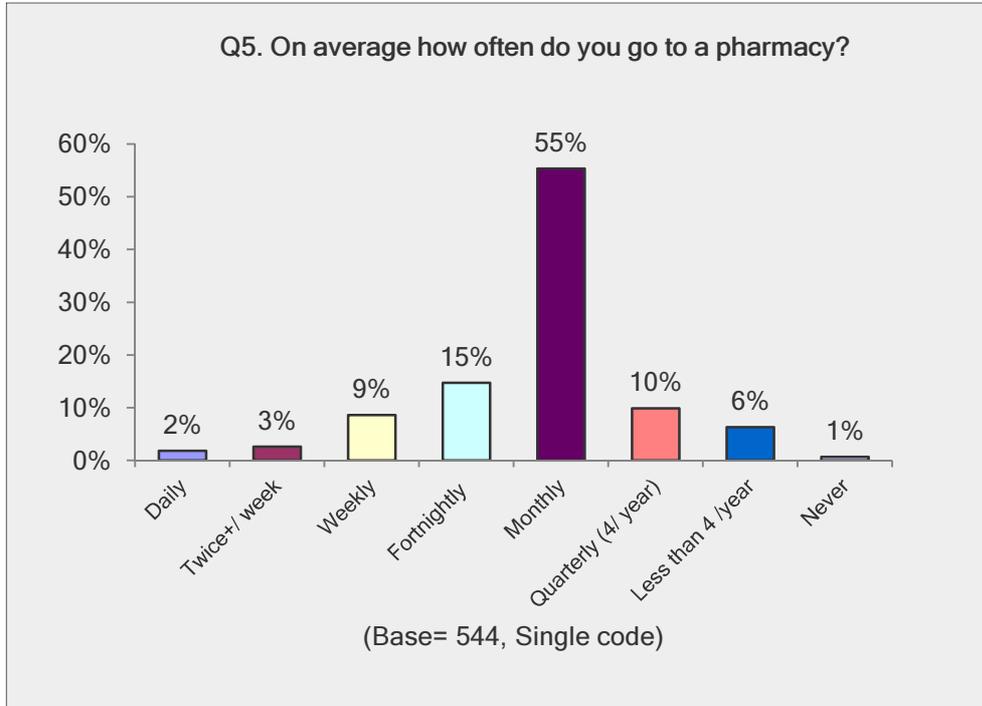
Almost half travelled by car and almost as many walked. Public transport was used by less than 10%. Of those that specified 'Other', 8 used a delivery service (so presumably did not visit their Pharmacy) and 14 said the way they travelled varied or was a mixture (e.g. Travel by car to GP and then walk to Pharmacy). Retired and working respondents had a very similar pattern of travel.



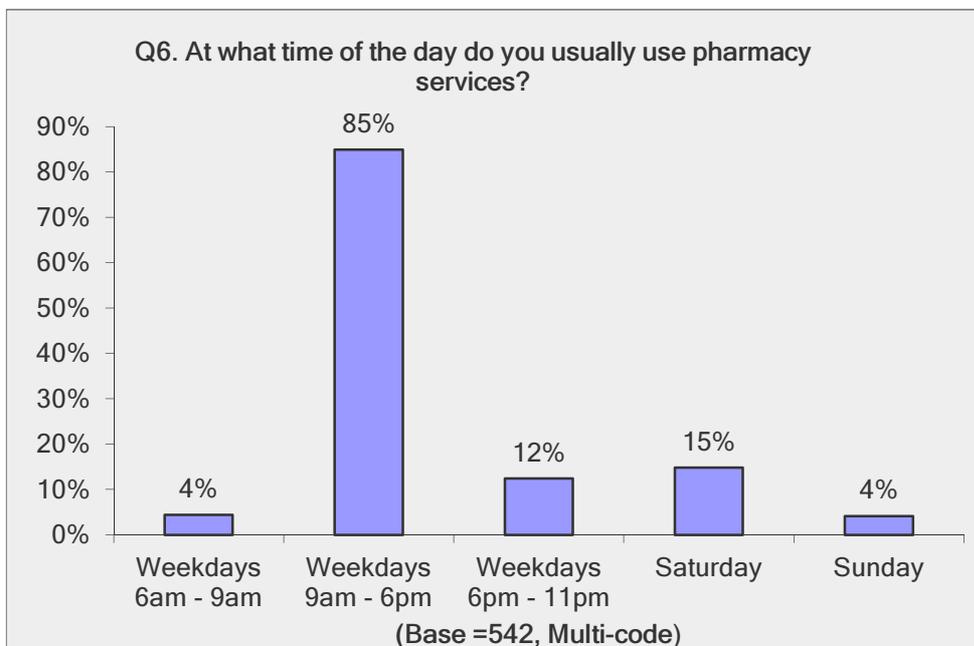
## APPENDIX 8: Patient Survey Report

### 1.2 Usage and access to pharmacy

The most common visit pattern was a monthly visit (over half visited monthly), with a third visiting more frequently than once a month. The retired were more likely than working respondents to visit more frequently than monthly. (34% vs.18%).

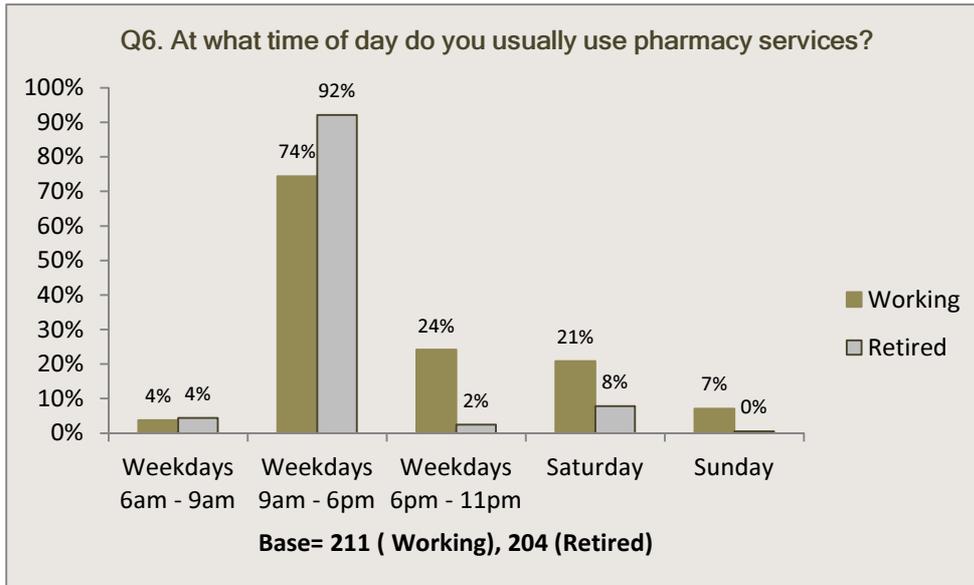


The most frequent time of day to use the services was weekdays 9am-6pm.

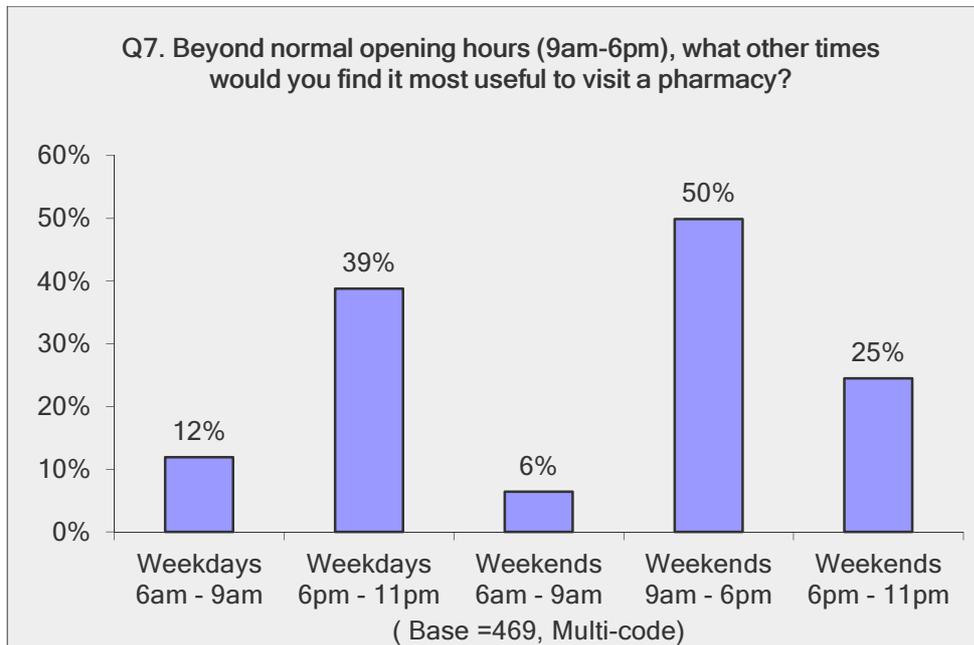


For the retired this pattern was much stronger with 92% visiting on weekdays 9am-6pm, compared to 74% of working people. Working people were much more likely to visit after 6pm on weekdays, or at weekends.

## APPENDIX 8: Patient Survey Report

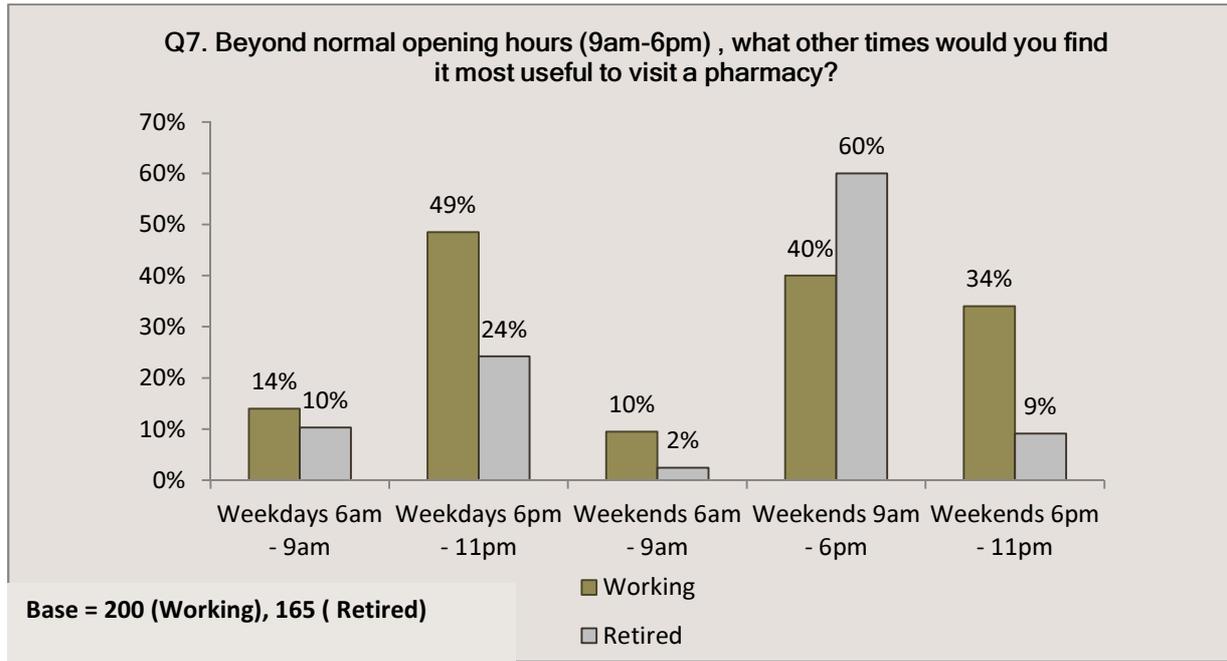


The most popular 'additional' opening hours were weekends 9am-6pm, weekday evenings 6pm-11pm and weekend evenings 6pm-11pm. The early morning opening hours were less popular.



Working people were more interested in evening opening than retired people.

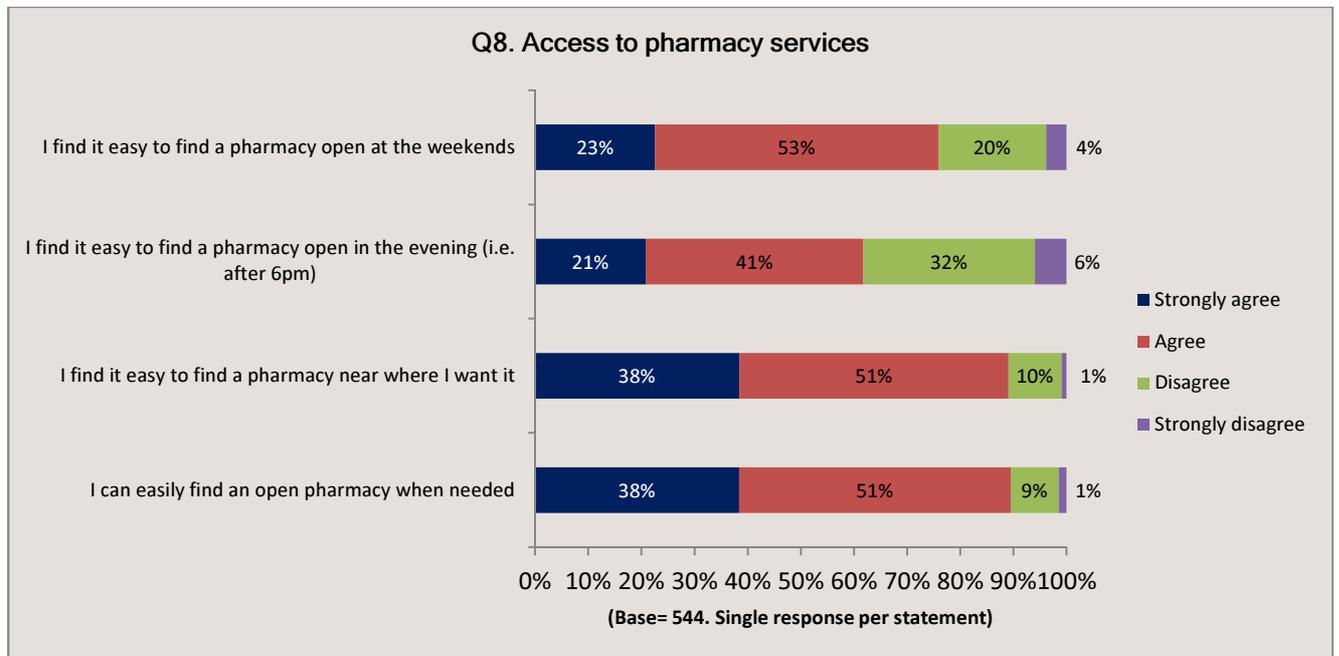
## APPENDIX 8: Patient Survey Report



General access to pharmacy services seems good, with over 90% agreeing with the statement that they can easily find an open pharmacy when needed.

However access at the weekends and evenings is inevitably less good, with a third saying they disagree that it's easy to find a pharmacy open in the evenings.

Working and retired people responded similarly to this question. Working people were a little less likely to agree with the statement that they can 'easily find an open pharmacy when needed' (89% agreeing versus 94% of retired people).

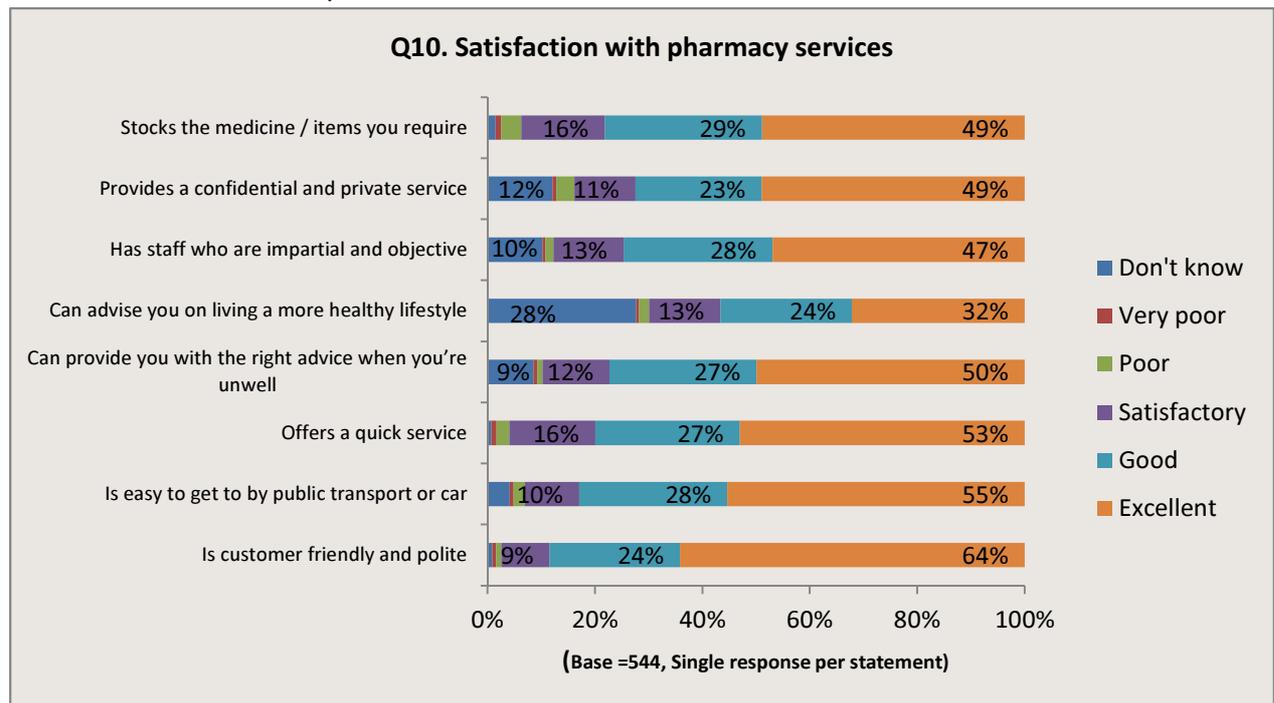


## APPENDIX 8: Patient Survey Report

### 1.3 Satisfaction with local pharmacy

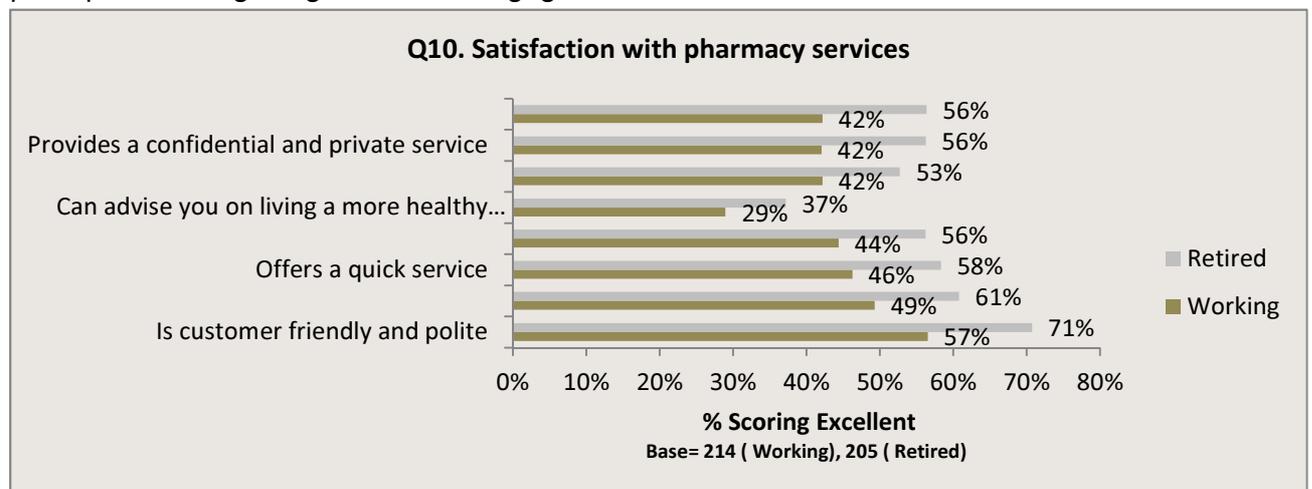
Pharmacy services were generally rated very highly, with 50% or more rating the service 'Excellent' on most aspects, and a further 25%+ rating them 'Good'.

The only exception was 'Can advise you on living a more healthy lifestyle', but this was because 28% rated this 'Don't know', suggesting they hadn't tried the service. Other services which had a high level of 'Don't know' were 'Provides a confidential and private service' (Don't know=12%), 'Has staff who are impartial and objective' (Don't know=10%), 'Can provide you with the right advice when you're unwell' (Don't know=9%), again suggesting they hadn't experienced these services. None of the aspects assessed in



Q10 were rated poor/very poor by more than 5% of the respondents.

The retired respondents rated the pharmacies higher than working respondents on all aspects, perhaps indicating a higher level of engagement overall.



## APPENDIX 8: Patient Survey Report

### 1.4 Awareness, usage and satisfaction with services

Question 11 was designed to provide information about awareness, usage and satisfaction for the following 14 current and potential pharmacy services. (The full descriptions used in the questionnaire are given below).

- Information and advice on medications and healthy lifestyles e.g. diet and nutrition, physical activity
- Minor ailments PILOT service (advice and support to eligible people and where appropriate supply of medicines without the need for a prescription or purchase)
- Vaccination programme (for seasonal flu, travel vaccines, childhood immunisations)
- NHS Screening Services (e.g. Diabetes, HIV, Hepatitis C, Chlamydia)
- Smoking cessation (service to support you in quitting smoking)
- Emergency hormonal contraception (morning after pill)
- Early pregnancy testing
- NHS repeat prescription service (a service by which some patients are able to obtain supplies of their regular medication without the need to get a new prescription every time)
- Medicines use review (private discussion with your pharmacist about your medication to ensure you are getting the best from your medication)
- Disposal of unwanted medicines
- Management of patients with Long Term Conditions (e.g. diabetes, asthma or COPD) Improves a patient's understanding and use of their medicines
- Alcohol cessation service (help with alcohol misuse)
- End of Life / palliative care service
- Language access service (advice and support to patients in a language understood by them)

The structure used for Q11 is shown below. Unfortunately people did not respond to it as intended. Many people only ticked one option per service.

11. Please indicate if you were aware of the following services in your local pharmacy, used them, found them satisfactory or would like them to be made available:				
Service	Aware of service	Used service	Service Satisfactory	Would like it delivered in your areas as not available currently
Information and advice on medications and healthy lifestyles e.g. diet and nutrition, physical activity	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
			N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
Minor Ailments service (advice and support to eligible people and where appropriate supply of medicines without the need for a prescription or purchase)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
			N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
Vaccination programme (for seasonal flu, travel vaccines, childhood immunisations)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
			N/A <input type="checkbox"/>	N/A <input type="checkbox"/>

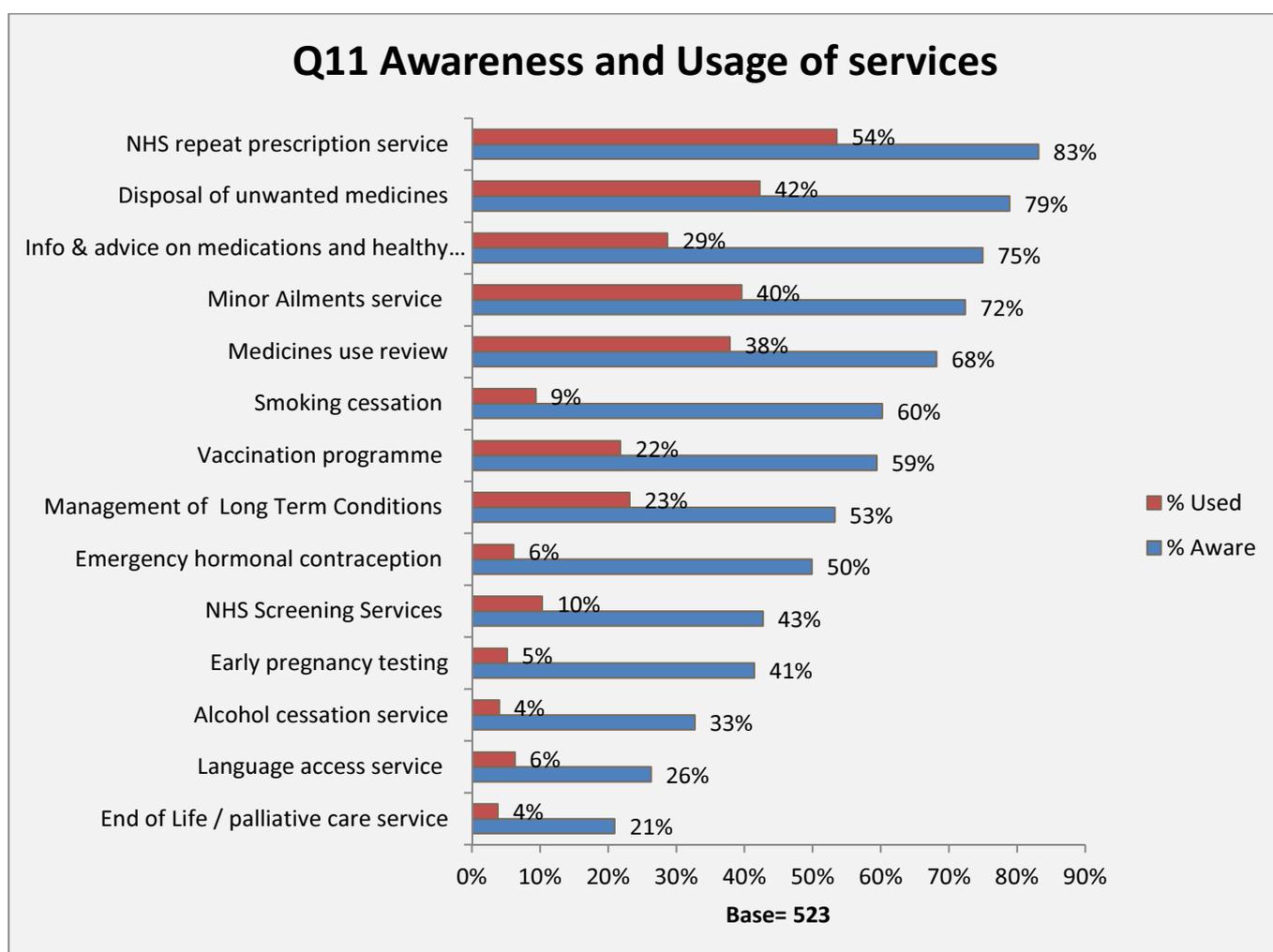
## APPENDIX 8: Patient Survey Report

For example if they were ‘satisfied’, some people omitted to tick they had also used and were aware of the service.

- Only 53% of service users said they were aware of the service (It should be 100%)
- Only 50% of satisfied users said they’d used the service (It should be 100%)
- Only 46% of satisfied users said they were aware of the service. (It should be 100%)

This misunderstanding occurred with both the paper and online survey. The data has consequently been adjusted, assuming awareness and usage where implied, to arrive at better estimates for awareness and usage. It should therefore be acknowledged that this data and calculations based upon it may not be 100% reliable.

The following chart compares the awareness and usage of the 14 services.

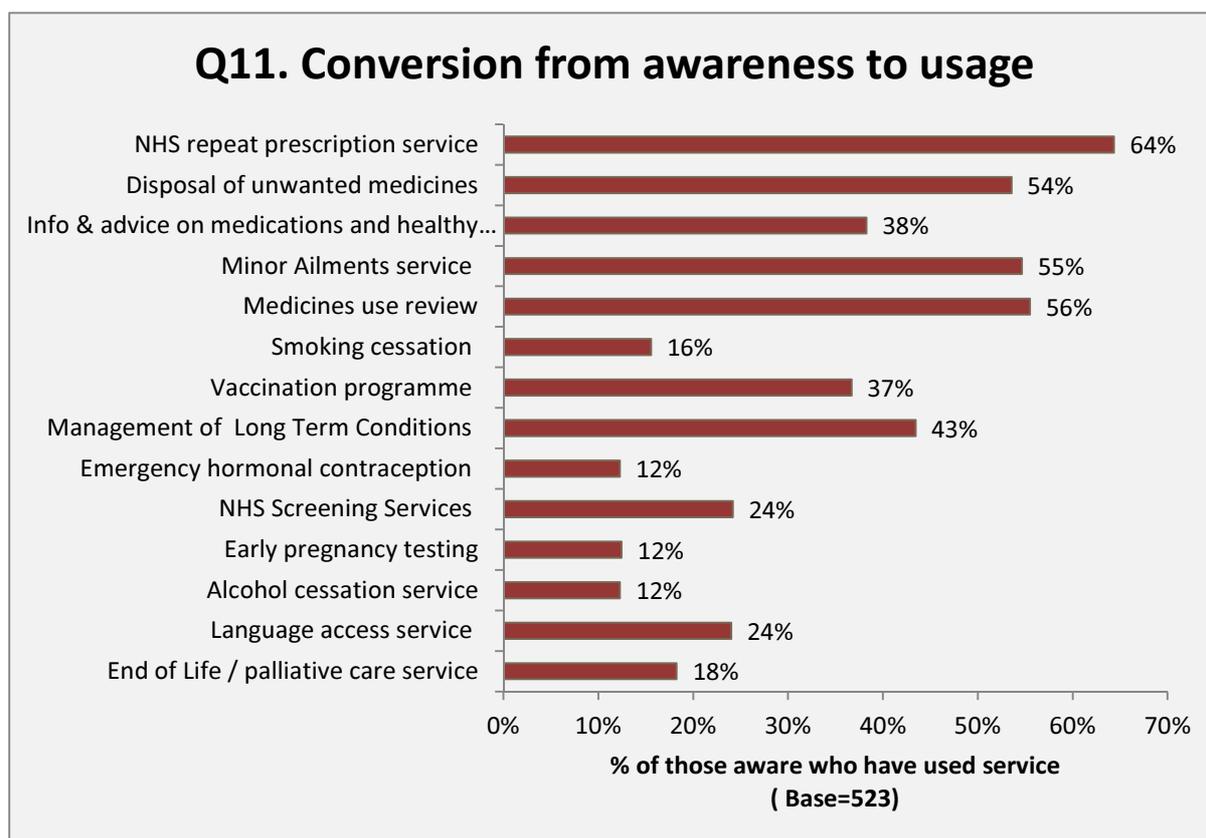


- The services with the highest awareness and usage is the ‘NHS repeat prescription service’ and the ‘Disposal of unwanted medicines’.
- ‘The Minor ailments PILOT service’, and ‘Medicines use review’ also had high awareness and usage.
- ‘Info and advice on medications and healthy lifestyles’ has high awareness, but comparatively low usage. (N.B. At Q12 respondents were asked to describe other services they would be interested in

## APPENDIX 8: Patient Survey Report

- and many mentioned weight-loss/ BMI measurement and diet and nutrition advice, so there is clearly a demand. The issue may be in positioning the service in an appealing way).
- The 'Vaccination programme' and 'Management of Long Term Conditions' both had medium awareness and relatively high usage suggesting high take up.
- The 'NHS Screening services' has awareness below 50% and low usage, perhaps due to the conditions listed on the questionnaire. (Diabetes, HIV, Hepatitis C, Chlamydia)
- 'Smoking cessation' has high awareness but relatively low usage, probably as it's only relevant to smokers who want to give up.
- 'Emergency hormonal contraception', 'Early pregnancy testing', both have medium awareness levels. Usage is low (Particularly amongst men!), but this is understandable as it is only relevant to a small proportion of the population on rare occasions.
- 'Language access service' has low awareness and usage overall, but this is higher amongst Indian and Pakistani racial groups where language is likely to be an issue.
- 'Alcohol cessation', and 'End of life/ palliative care' have low awareness and usage, but this may be due to limited relevance to most people.

The following chart compares the 'conversion rate' from awareness to usage which gives some measure of the demand/appeal of the services.

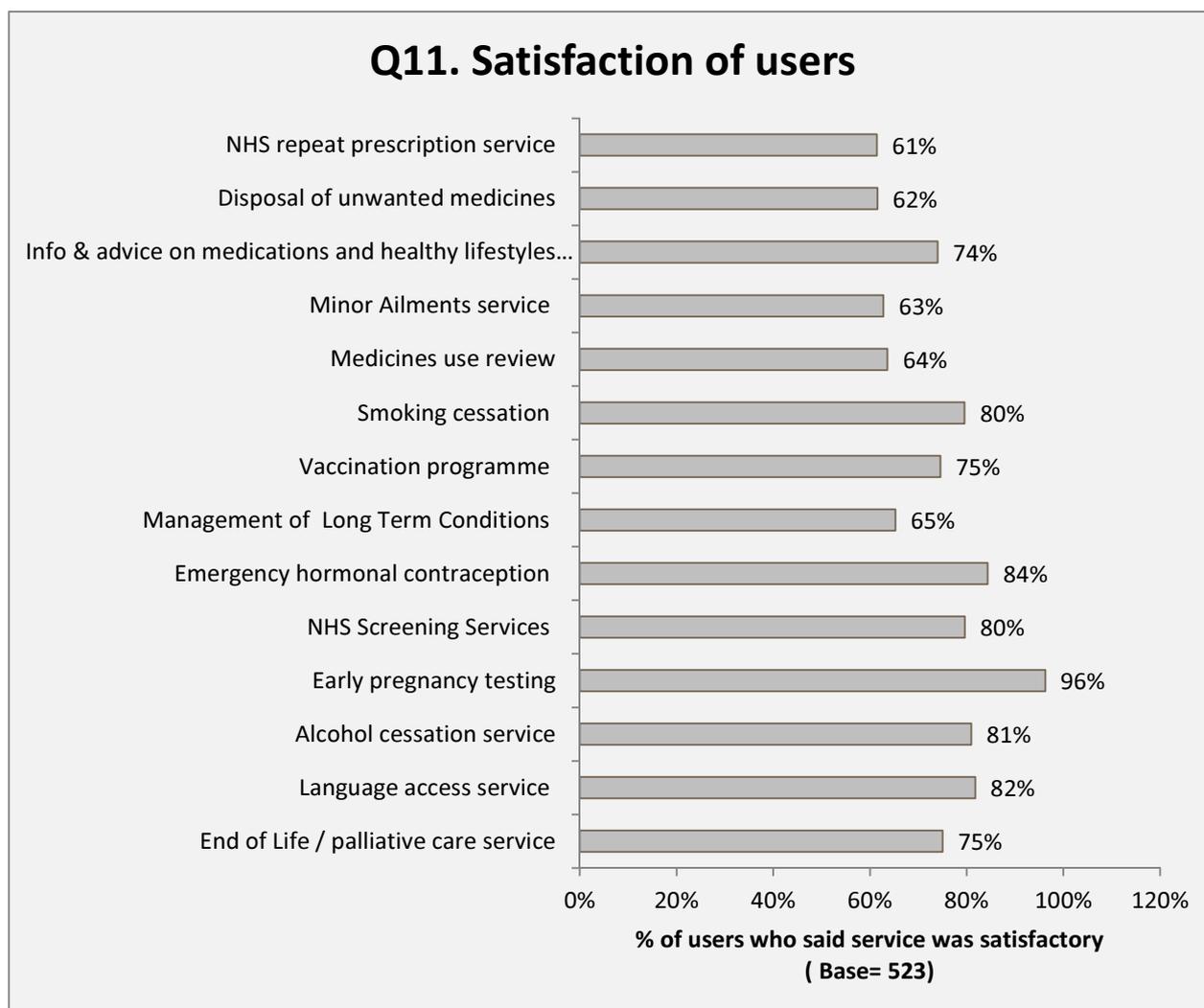


- As already suggested the 'take up' was highest for the 'NHS repeat prescription service', 'The Minor ailments PILOT service', and 'Medicines use review' and the 'Disposal of unwanted medicines'.
- There was also good conversion from awareness to usage for 'Info and advice on medications and healthy lifestyles', 'The 'Vaccination Programme' and 'Management of Long Term Conditions'.

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- Conversion was low for services which had lower applicability; 'Smoking cessation', 'Alcohol cessation', and 'End of life/ palliative care', 'Emergency hormonal contraception', 'Early pregnancy testing', 'Language access service' and 'NHS Screening services'.

The following chart compares satisfaction levels recorded for the various services used. (Note this data has not been adjusted, and reflects exactly what was recorded by respondents). Satisfaction levels are generally good, with at least two thirds of users expressing satisfaction for all services. However please note that this may in part be due to the way the data has been derived. (Many 'users' have been implied from ticks to the 'satisfaction' box on the questionnaire.)

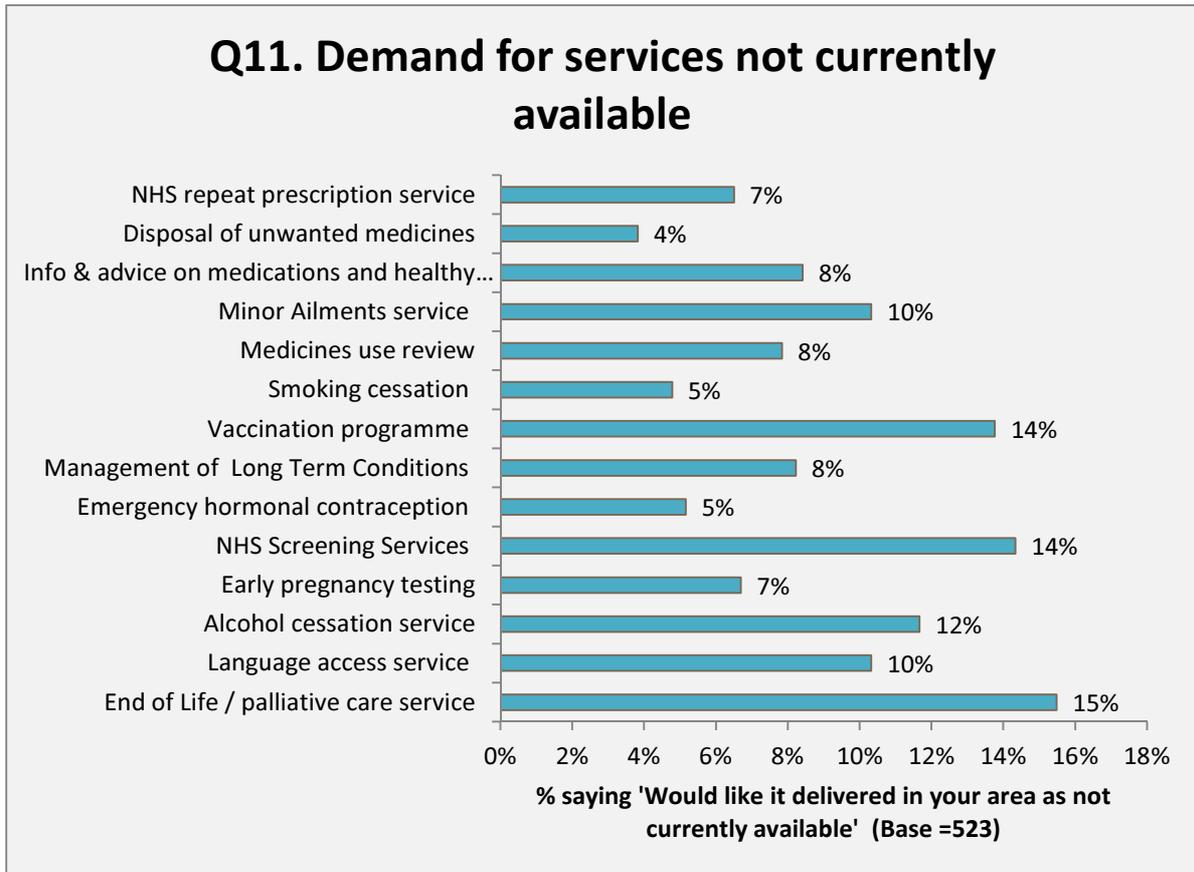


Satisfaction levels are highest for some of the least used services 'Early pregnancy testing', 'Emergency hormonal contraception', 'Smoking and Alcohol cessation services', 'NHS Screening', and 'Language access services', suggesting that these services are much appreciated when the need arises.

The next chart compares the endorsement levels recorded in the final column of Q11 'Would like the service delivered in your area, as not available currently'. This data has not been adjusted, and reflects exactly what was recorded by respondents; however it is possible that the levels recorded understate

## APPENDIX 8: Patient Survey Report

demand, as it seems many respondents only recorded one tick per service, so may have ignored this box, if they had already ticked 'aware' or 'used' or 'satisfied'.



- The services recording the highest demand were 'End of life/ palliative care', 'NHS Screening services', and the 'Vaccination Programme', which are all services with relatively low current usage.
- 'Alcohol cessation services', 'Minor ailments PILOT Service', and 'Language access service', all also recorded 10% levels of demand or higher.

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### 1.5 Other services requested

Respondents were asked if there are any other health services that they would use if they were provided. 80 respondents made suggestions, and the responses have been reviewed, analysed and categorised below.

<b>Q12. Are there any health services that we haven't described that you would use if they were provided by your pharmacy?.</b>		
<b>Category</b>	<b>Suggestion</b>	<b>Number of times mentioned</b>
Screening/ Testing	Blood tests/phlebotomy	36
	Blood pressure	4
	Allergy testing	2
	Cholesterol checks	2
	Sleep apnoea test	1
	Diabetic checks	1
	COPD checks	1
Advice / services	Diet/nutrition/weight/BMI	9
	Well woman/menopause	2
	Sexual health advice and tests	2
	Pain management	1
	Flu vaccination	1
Nursing	First aid/ wound dressing	4
	Feed tube advice/supplies	1
	Incontinence service/supplies	1
Specialist services	Chiropody	4
	Sight/hearing tests	3
	Physiotherapy	3
	Occupational Health	2
	Mental health/counselling	2
Miscellaneous	Contact with charity support	1
	Home delivery service	1

- The service that was mentioned the most frequently was blood testing. This is already available at some pharmacies. There were also suggestions for other tests such as Cholesterol and allergies.
- There was significant interest in help with diet/ nutrition, weight loss and a BMI check, which was one of the services covered in Q11, and confirms a demand for the service.
- There were suggestions for other advice/ services including sexual health and 'well woman'. The Flu vaccination was also mentioned, and this is already available at some pharmacies.
- Various nursing services were required, in particular first aid/ wound dressing, but also help with some long term problems (e.g. tube feeding, incontinence).
- There were suggestions for various specialist services including Chiropody and Sight/ Hearing tests Physiotherapy/Occupational Health and Mental Health services.
- There were mentions of other existing services; Home Delivery Service and contacts with charity support.

## APPENDIX 8: Patient Survey Report

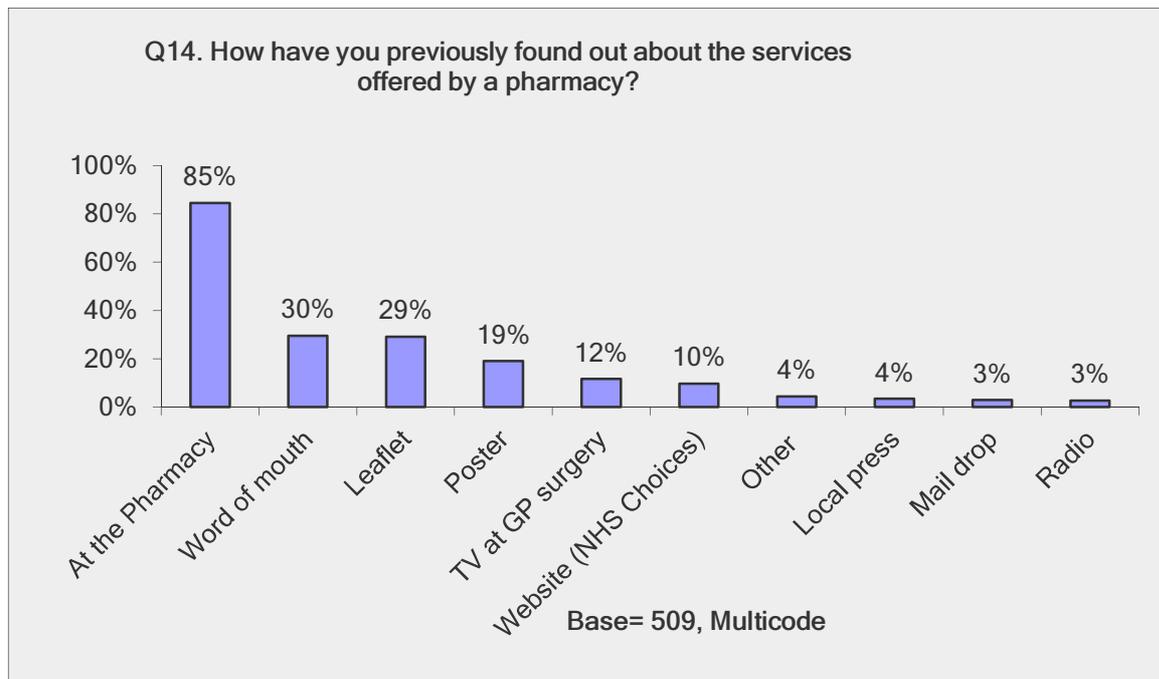
Respondents were asked “Are you aware that pharmacies can help to direct you to other services? For example, if you require a service which the pharmacy does not offer they can direct you to other centres such as ‘walk-in centres’ or patient support groups e.g. Diabetes UK.” 73% answered ‘Yes’, and 27% ‘No’, suggesting good awareness of the service, but room for improvement. Awareness was higher amongst Retired (79%), than working people (69%).

### 1.6 Communication methods

Most people found out about pharmacy services at the pharmacy (85%), but Word of Mouth, Leaflets, Posters and the TV at the GP surgery all played significant part in communication.

The pharmacy played a similar role in communication for both Working people and the retired. Working people were more likely than retired people to find out about services from the NHS website (13% vs. 4%), and to use leaflets (38% vs. 20%).

‘Other’ sources of information were the GP/surgery, the internet, the library and work.



## APPENDIX 8: Patient Survey Report

### 1.7 Other comments

Respondents were invited to “Tell us of anything else you may feel is important regarding your local pharmacy services”. 139 respondents made suggestions and the responses have been reviewed, analysed and categorised below;

<b>Q17. Please use the space below to briefly tell us of anything else you may feel is important regarding your local pharmacy services:</b>		
<b>Category</b>	<b>Suggestion</b>	<b>Number of times mentioned</b>
Comment on quality of services	Praise pharmacy service	60
	Criticise pharmacy service	5
	Satisfied pharmacy services	3
Current usage of pharmacy	Have delivery service	7
	Have blood tests at pharmacy	6
	Have repeat prescriptions	2
	Close to health centre/GP	3
	Offers testing service	1
	Use phone service	2
Problems with pharmacy	Stock issues	12
	Have to wait for prescription	4
	Prescriptions too expensive	1
	No local pharmacies	1
Privacy concerns	Privacy concerns	5
Requests for improvements and new services	Want longer opening hours	19
	Want online repeat rx ordering	4
	Want blood tests	2
	Want more space/bigger	2
	Want better comms with GP surgery	1
	Extend delivery service	1
	Health checks useful	1
	Need better physical access	1
	Stock hearing aid batteries	1
	Want more leaflets on health topics	1
	Want more seating	1
	Want Splint repairs	1
Request for Communication	Would like more info on services	2

- The most common response by far was praise for pharmacies. Respondents took this opportunity to give very positive feedback about the pharmacies and pharmacists that they used. Here are some examples.

*“Friendly staff, ready to help where they can”*

*“Can't fault them, they are superb”*

*“During the last six years when my husband was very ill, and up to his death, they were supportive, caring and went beyond to help”*

*“The pharmacist is very knowledgeable and approachable. He addresses most of his customers by name and his staff are very friendly helpful and caring.”*

## APPENDIX 8: Patient Survey Report

*“Excellent in all aspects, especially confidentiality and customer service. A very tailored and, professional and compassionate approach.”*

- There were also a few criticisms. The specific problem that was mentioned the most was lack of stock of prescribed medicines and consequent waits to get medicine.

*“To not have to wait for medication for 5-6 days when not in stock and needed urgently, even after trying 20 pharmacies”*

*“The main reason I use multiple pharmacies is because the medication I have on repeat prescription is often not stocked in pharmacies so every time I have to hunt round to find a pharmacy that stocks it.”*

*“I tend not to use the local pharmacy as it is small and not well stocked of non-medical goods”*

*“ Not to blacklist any kind of medicine”*

- Lots of respondents commented upon the services that they already received. The delivery service and blood tests were mentioned most frequently ( probably because they weren't listed in the questionnaire)
- There were various requests for extra services. Longer opening hours was mentioned more often than anything else.

*“Not always easy to find details of out of hours service, especially late Sunday pm & evening”*

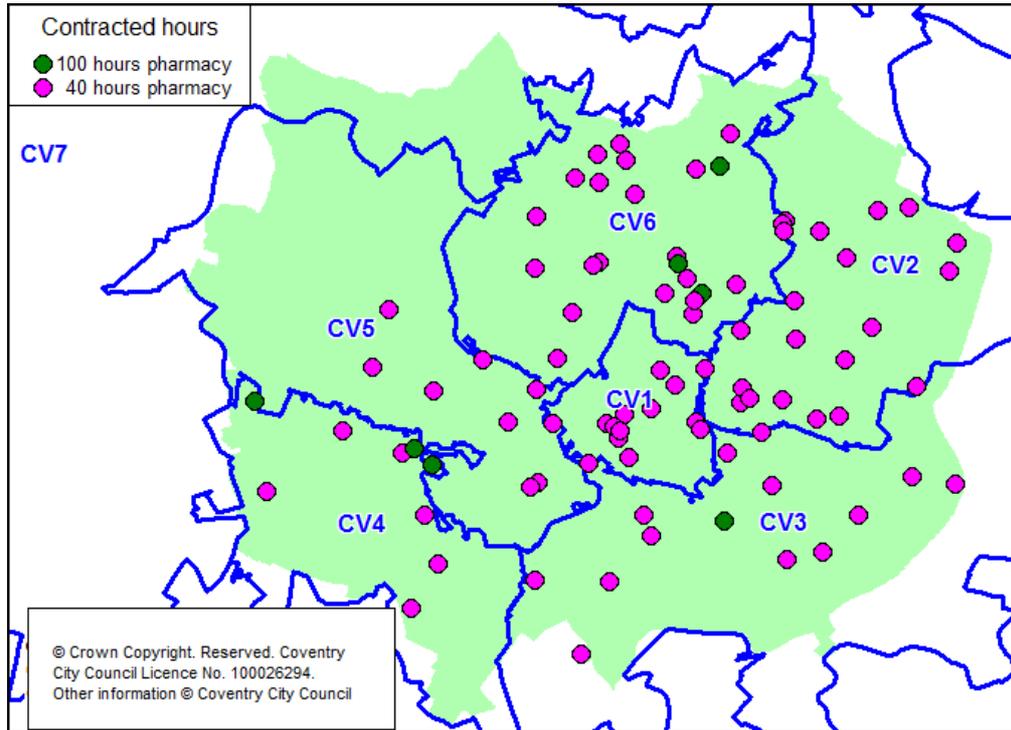
*“It would be nice not to have to travel across town to the two late night Boots chemist, I went to Arena (no meds) then to Walsgrave to get meds, nothing in my area.”*

*“Don't use pharmacy closest to home as prescriptions can't be collected at lunchtime even though they are open. Very inconvenient for pensioners, who only get out once a day. Also closes midday on Saturdays.”*

*“Not to close over lunch times”*

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### 2.0 Location and Demographics of respondents

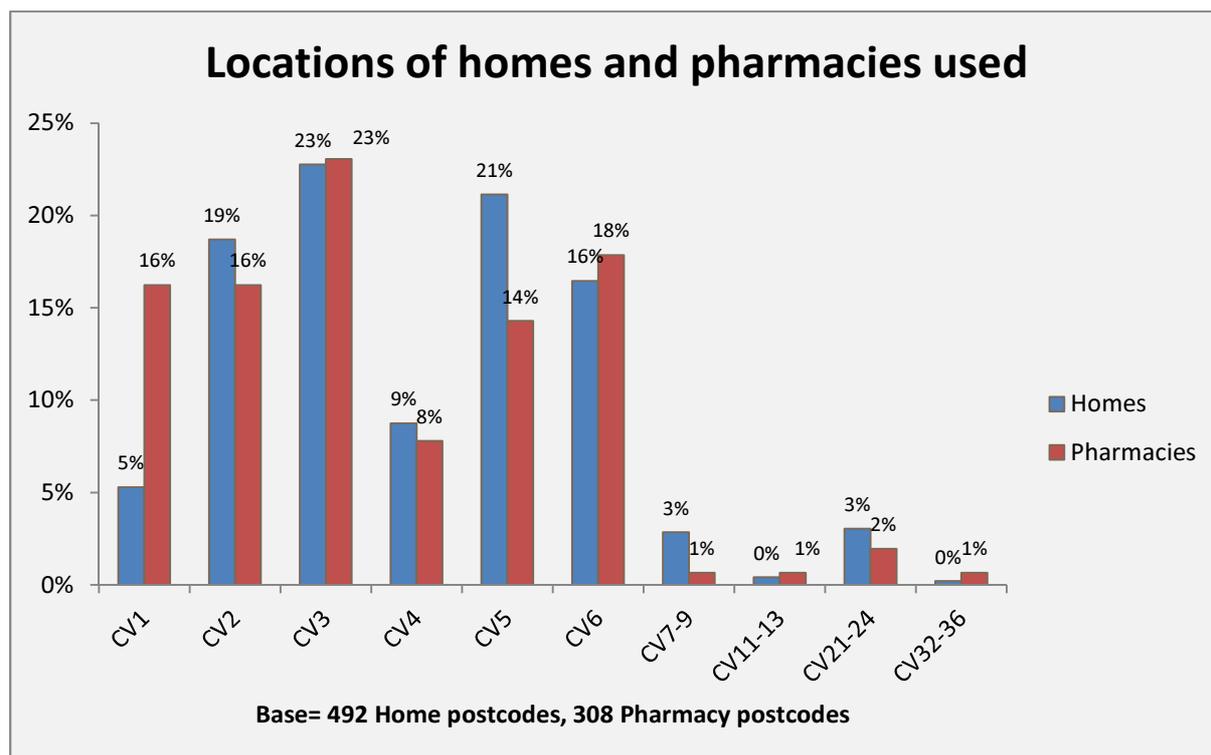


### 2.1 Location of respondent' homes and pharmacies

Nearly all the respondents lived in Coventry. The home postcodes show a high concentration of respondents from CV2, CV3, CV5 and CV6, which are the four postcodes that encircle CV1 at the centre. Fewer respondents were able to give a postcode for their pharmacy, and some may have got them wrong. However the distribution of the pharmacy postcodes is more focused on CV1 with respondents using more city centre pharmacies. Note, only postcodes CV1 to CV6 are Coventry.

Q15. Please provide your postcode, so we can identify pharmacy provision in your area			Q1. Which pharmacy do you regularly use	
Postcode area	Homes	%	Pharmacies	%
<b>Total responding</b>	<b>492</b>		<b>308</b>	
CV1	26	5%	50	16%
CV2	92	19%	50	16%
CV3	112	23%	71	23%
CV4	43	9%	24	8%
CV5	104	21%	44	14%
CV6	81	16%	55	18%
CV7	7	1%	1	0%
CV8	6	1%	1	0%
CV9	1	0	0	0%
CV11	1	0	1	0%
CV12	1	0	0	0%
CV13	0	0	1	0%
CV21	2	0	0	0%
CV22	10	2%	3	1%
CV23	3	1%	1	0%
CV24	0	0	2	1%
CV32	0	0	1	0%
CV34	1	0	0	0%
Cv36	0	0	1	0%
Not CV	4	1%	0	0%

## APPENDIX 8: Patient Survey Report



Respondents used about 120 pharmacies between them. Many were only mentioned by one respondent but the following were mentioned by over 10 respondents, suggesting a particularly busy pharmacy or an effort by the pharmacy to encourage participation.

Name of Pharmacy:	Road:	Town/City:	Postcode:	Mentions
Bromfield Bank	Spon End	Coventry	CV1 3HP	22
Allesley pharmacy	134 Birmingham Road	Coventry	CV5 9HA	18
ASDA	Brade Drive	Coventry	CV2 2PN	11
Bannerbrook Pharmacy	5-7 Gramercy Park	Coventry	CV4 9AE	11
Goes Pharmacy	Holyhead Road	Coventry	CV5 8LJ	12
Lloyds	19 Earlsdon Street	Coventry	CV5 6EP	12
Lloyds	Kenpas Highway	Coventry	CV3 6DH	11
Mount Nod	Sutherland Ave	Coventry	CV5 7NJ	11
Norton Hill Pharmacy	Norton Hill Drive	Coventry	CV2 3AS	12
Styvechale	84 Baginton road	Coventry	CV3 6FQ	13

## 2.2 Demographics of respondents

One of the objectives of the survey was to assess the demographics of pharmacy users. We cannot be completely confident that the people who chose to complete the survey are entirely representative of all pharmacy users, as some people may have been more motivated to complete the survey than others (e.g. those who have become more dependent on health services). It may also be the case that the method of dissemination was more likely to reach some people than others. The table below shows how respondents obtained their questionnaires;

### APPENDIX 8: Patient Survey Report

Q16. Where did you obtain this questionnaire?	
	Total Sample
<i>Base</i>	(514)
At the pharmacy	27%
At GP surgery	11%
From voluntary organisation	7%
From local CCG	6%
From local Healthwatch	4%
From patient group	3%
<b>“Other” responses</b>	<b>42%</b>
- From City Council	16%
- From work	4%
- From library	2%
- Carer’s centre	4%
- By email	13%
- On internet	6%
- Via social media	2%

However it is likely that those who responded are those that are most interested in pharmacy services and are therefore a valid sample. The following is a summary of their profile

- 65% of respondents were **female** and 33% **male**. The dominance of women responding is probably linked to higher female involvement in caring for children and relatives, a greater use of health service themselves.
- The majority of the sample said they were heterosexual (88%). 8% preferred not to say, 2% were homosexual, and 1% Bisexual. Less than 1% said they were transgender.
- The sample was **older** than the Coventry adult population. The age groups of 65-74 and 75-84 were the most strongly represented in the survey. This probably reflects the fact that these age groups are heavier users of pharmacies.

Q19. Which age group do you fall into?			
	Total Sample	Coventry Population 2011 census	Coventry Population 2011 excluding under16s
<i>Base</i>	(514)	(318,000)	(254,900)
Under 16*	0%	20%	0%
16-24*	3%	16%	20%
25-34	8%	15%	19%
35-44	13%	13%	16%
45-54	20%	12%	15%
55--64	18%	10%	13%
65-74	23%	8%	10%
75-84	13%	5%	6%
85 or over	2%	2%	3%

\*Estimated as age brackets do not match census data.

## APPENDIX 8: Patient Survey Report

- 42% of the sample was employed or self-employed, and 41% were retired, reflecting the older profile of the sample. Less than 2% were students, which suggests this sector of the population were under –represented.

Q18. How would you best describe yourself?	
	Total Sample
<i>Base</i>	(515)
Employed or self employed	42%
Retired	41%
Unemployed	5%
Carer	4%
Full time parent	2%
Disabled/long term ill	2%
Student	2%
Employed/ Retired AND Carer	2%

- 27% of the sample respondents had **considered themselves to have a disability**, again reflecting the older sample, and reliance on health services.
- The sample under represented ethnic minorities.

## Appendix 9 – Dissemination Matrix for Consultation

This table shows the stakeholders that were consulted on the PNA

Organisation	Type or organisation	Distribution via
Coventry University		
Coventry College		
Coventry Students Union		
Coventry Young Carers		
Coventry Carers Centre		
Coventry & Warwickshire Friend		
Coventry IASS		
Coventry Parent		
Coventry Relate		
White Friars Housing		
Orbit Group		
Valley House		
Coventry Library		poster with questionnaire and envelopes
Heart Of England Community Foundation		
Coventry and Warwickshire NHS Partnership		
Coventry and Warwickshire Mind		
Coventry aims		
Family Mediation	Advocacy	
Healthwatch Coventry	Advocacy	
Carer's Centre Coventry	Advocacy	
Law Centre (Coventry)	Advocacy	
Willenhall Advice Centre	Advocacy	
Swanshill Independent Living Services	Advocacy	
FTW - A Centre for Women	Advocacy	
Age UK (Coventry)	Advocacy	
Sahara LTD (Coventry)	Advocacy	
Multiple Sclerosis Society (Coventry)	Advocacy	
Panaghar	Advocacy	
Victim Support	Advocacy	
Crasac (Coventry Rape and Sexual Abuse Centre)	Advocacy	
Barnado's Defuze Service	Advocacy	
RoSA (Rape or Sexual Abuse Support Services)	Advocacy	
Neuromuscular Centre Midlands	Advocacy	
Tamarind Centre	Advocacy	
Terrance Higgins Trust	Advocacy	
National Energy Action (NEA)	Advocacy	
Grapevine	Advocacy	
Compass Young People Substance and Risk Taking Behaviour	Alcohol & Drugs	
Irish Society	Alcohol & Drugs	
Refugee & Migrant Centre (Coventry)	Asylum Seekers/refugees	
Dumi International Aid	Asylum Seekers/refugees	
African Relief Action Group	Asylum Seekers/refugees	

Alzheimer's Society (Coventry)	Carer's Support	
Autism West Midlands	Carer's Support	
Crossroads Care, Coventry & Warwickshire	Carer's Support	
Mencap and Wayfarers Club, Coventry	Carer's Support	
Coventry Carer's Project - Young Carer's Project	Carer's Support	
SHINE (Spina bifida, hydrocephalus, information, networking, equality)	Carer's Support	
Scope4Coventry & Warwickshire	Carer's Support	
Health Information Centre	Carer's Support	
Milan Asian Carer's Support Group	Carer's Support	
Creative Optimistic Visions CIC	Children & Young People	
Positive Youth Foundation	Children & Young People	
Dudley Lodge	Children & Young People	
Muslim Resource Centre	Children & Young People	
RNIB Pears Centre for Specialist Learning	Children & Young People	
Unwind	Children & Young People	
Salvation Army (Coventry)	Children & Young People	
Relate Coventry	Counselling	
Counselling Directory	Counselling	
Sahil - Positive Wellbeing for South Asian Women & Men	Counselling	
The Light House Trust Ltd	Counselling	
Association of Christian Counsellors	Counselling	
Abacus Counselling Services	Counselling	
Samaritans (Coventry & District)	Counselling	
Friend (Coventry & Warks)	Counselling	
ASSIST Trauma Care	Counselling	
Ben Day Centre	Day Centre	
Risen Christ Daycare Centre	Day Centre	
Jesus Centre (Coventry)	Day Centre	
Cherish - Dementia Holiday Trust	Dementia	
Maymorn Resource Centre	Dementia	
Haven (Coventry)	Domestic Violence	
Burundian Community (Coventry)	Domestic Violence	
Kairos WTT	Domestic Violence	
Life Path Trust	Domiciliary Care	
National Organisation of the Widowed (Coventry)	Family Support	
Diabetes UK	Healthy Living	
More Active Living for Health Ltd (MALFH)	Healthy Living	
Sign Language Interpreting Service (Coventry & Warks)	Hearing Impairment	
Cryenains (Coventry)	Homelessness	
Valley House	Housing Support	
Midland Heart	Housing Support	
Orbit Care and Repair Coventry	Housing Support	
St Andrews House Residential Care Home	Housing Support	
MHA, Abbey Park Nursing Home	Housing Support	
Emmaus Coventry & Warwickshire	Housing Support	

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Anchor	Housing Support	
Citizen's Advice Bureau (Coventry)	Information/advice services	
Trident Reach the People Charity Grangers Club Wayfareres (Gateway) Club Take-a-Break Warwickshire Ltd Newpath Ventures	Learning Disability Learning Disability Learning Disability Learning Disability Learning Disability	
Mind (Coventry & Warwickshire) Mental Health Matters - Mental Health Helpline AIMHS (Activity Influencing Mental Health Services) Coventry Ltd Bipolar Self Help Group (Coventry & Warwickshire) Rethink Mental Illness (Coventry) Arty-Folks	Mental Health Mental Health Mental Health Mental Health Mental Health Mental Health	
Mata Sundri Ji Knitting Group CSV Retired and Senior Volunteer Programme (RSVP)(Coventry) Coundon Care Centre Charity Contact the Elderly Stoke Health Older People Club Hearsall Lunch Club Ekta - Unity ExtraCare Charitable Trust Abbeyfield Society (Coventry)	Older People Older People Older People Older People Older People Older People Older People Older People Older People	
Enrych Coventry & Warwickshire Osteoporosis Support Group, (Coventry and District) Walsgrave Kidney Patients' Association Willenhall Osteoporosis & Arthritis Self Help Group Parkinson's UK Mercia MS Therapy Centre Huntington's Disease Association (local contact) Epilepsy Action (Coventry Branch) Erb's Palsy Group	Physical Impairment Physical Impairment Physical Impairment Physical Impairment Physical Impairment Physical Impairment Physical Impairment Physical Impairment Physical Impairment	
Reading Service for the Blind and Partially Sighted (Coventry)	Sensory Impairment	
Stoke Health Community Centre Sky Blues in the Community St Christopher's Church Allesley Park & Whoberley Bell Green Silver Surfers Wild Earth West Orchard United Reformed Church King's Church Coventry Limbrick Wood Baptist Church Warwick Road United Reformed Church Enterprise Club for Disabled People Asian Blind Association Coventry	Social and Leisure Social and Leisure	
University Hospitals Voluntary Services at UHCW NHS Trust Breath Easy Coventry Coventry Stroke Self Help Group	Specific Medical Conditions Specific Medical Conditions Specific Medical Conditions	

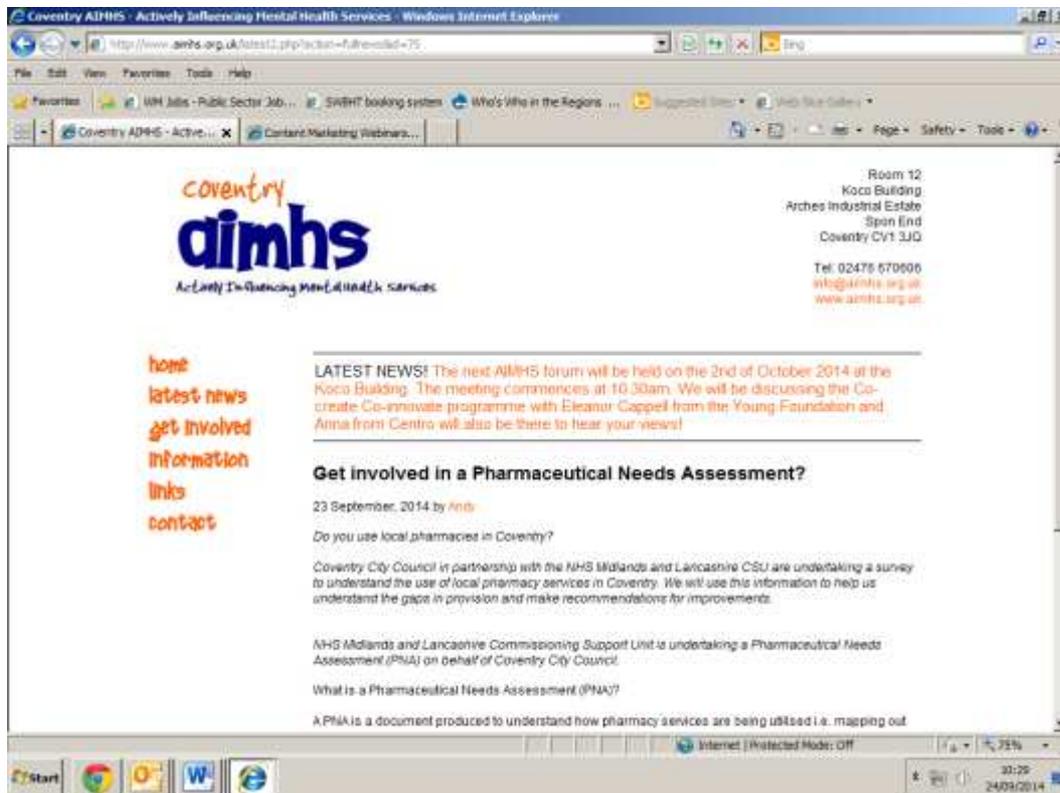
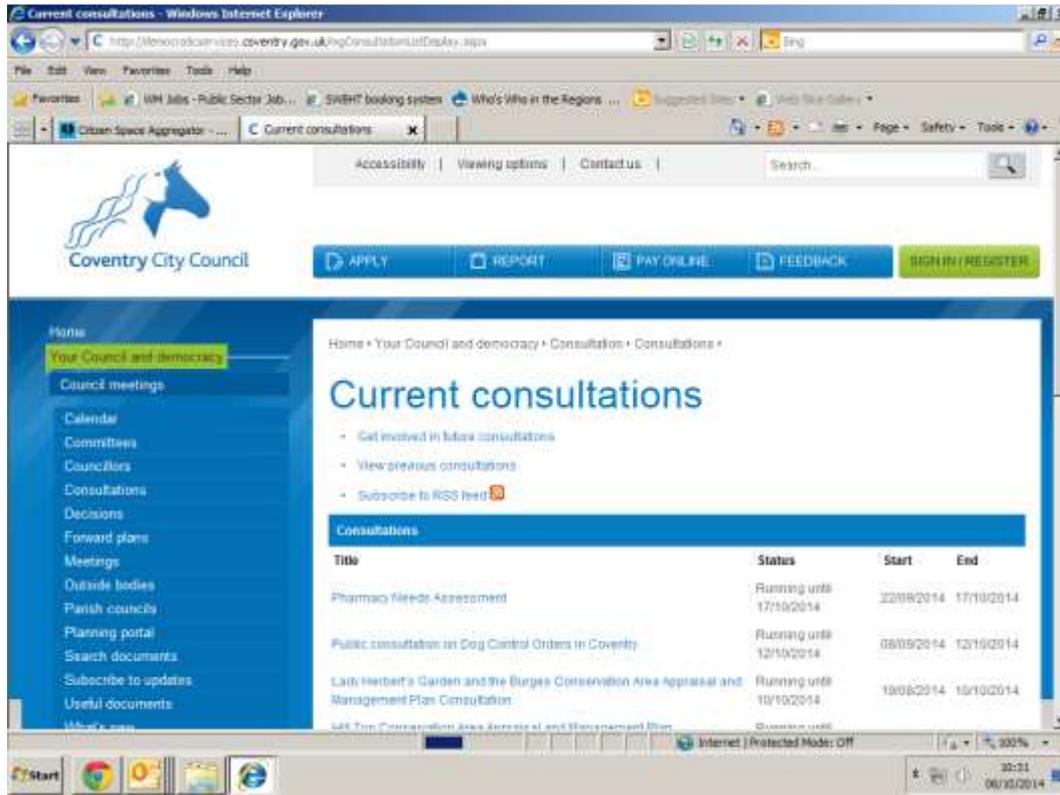
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Headway Coventry & Warwickshire Cancer Services, University Hospital Coeliac Group (Coventry)	Specific Medical Conditions Specific Medical Conditions Specific Medical Conditions	
Ring and Ride Coventry	Transport	
Community Broadcasting Services (Coventry) Resource Centre for the Blind , Coventry RP Fighting Blindness, Coventry and District Local Group	Visual Impairment Visual Impairment Visual Impairment	
New Central Credit Union Ltd Penderels Trust Holbrooks Community Care Association Embrace Warwickshire Ltd	Welfare Rights Welfare Rights Welfare Rights Women Only Services	
		Online, staff, neighbourhood forums, children's centres, insights database, intranet, website - HWB page and Consultation page
Coventry City Council		
Coventry and Rugby CCG		online, staff and patients
Local Professional Network (LPN Network)		Email to members of the LPN
Voluntary Action Coventry		e-news, website, email to stakeholders, twitter, hard copies to events
Healthwatch Coventry		
Library in Coventry		300 copies + freepost envelopes to the local library with poster
University Hospitals Coventry & Warwickshire NHS Trust		
Local Pharmaceutical Committee - LPC		
Local Medical Committee - LMC		
GPs in Coventry		63 GPs - 15 questionnaires each with envelopes and poster
Pharmacies		91 Pharmacies - 15 questionnaires with envelopes and poster
Coventry Recovery Community		twitter, website, hard copies in reception

Appendix 10 Patient Questionnaire Promotion Screenshot Examples



Appendix 10 Patient Questionnaire Promotion Screenshot Examples



Appendix 11 Pharmacy Details

Coventry Enhanced Service Table

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	TRADING OPENING HOURS	EHC	DIAGNOSTIC SCREENING	CC&AB	PHARMACY TESTING	HEALTH EDUCATION	SUPPLYING CONSUMPTION	NOT SUPPLIED	MAJOR ACHIEVEMENT	PROVIDING EDUCATION	PHARMACY UNIT	110 NUMBER	P
Asim Pharmacy	66 Remembrance Road	CV5 3DP	Mon- 9:00-18:15 Tues- 9:00-18:15 Wed- 9:00-18:15 Thurs- 9:00-18:15 Fri- 9:00-18:15 Sat- closed Sun- closed	✓	✓	✓	✓	NA	✓	✓	WC	✓	WC	WC	WC
Abbey Pharmacy	122-124 Birmingham Road	CV5 9HR	Mon- 9:00-18:30 Tues- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-15:00 Fri- 9:00-18:30 Sat- closed Sun- closed	✓	✓	✓	WC	WC	✓	No Answer	WC	✓	✓	✓	WC
Aols	Esade Drive	cv2 2pn	Mon- 8:00-22:00 Tues- 8:00-22:00 Wed- 8:00-22:00 Thurs- 8:00-22:00 Fri- 8:00-22:00 Sat- 8:00-20:00 Sun- 10:00-16:00	✓	✓	✓	No answer	WC	✓	No Answer	WC	✓	✓	No Answer	WC
ASDA pharmacy	London road	cv9 4er	Mon- 8:00-23:00 Tues- 7:00-23:00 Wed- 7:00-23:00 Thurs- 7:00-23:00 Fri- 7:00-23:00 Sat- 7:00-22:00 Sun- 10:00-16:00	✓	✓	✓	WC	✓	✓	No Answer	WC	✓	WC	✓	WC
BARNBROOK PHARMACY	5-7 GRAMERCY PARK, OFF BANNER LANE	CV4 9RE	Mon- 7:00-23:00 Tues- 7:00-23:00 Wed- 7:00-23:00 Thurs- 7:00-23:00 Fri- 7:00-23:00 Sat- 8:00-23:00 Sun- 9:00-14:00	WC	WC	✓	WC	✓	WC	No Answer	WC	✓	✓	✓	WC
Brig Pharmacy	445-447 Foleshill Road Coventry	CV6 5AQ	Mon- 9:00-19:00 Tues- 9:00-18:00 Wed- 9:00-15:00 Thurs- 9:00-16:00 Fri- 9:00-19:00 Sat- closed Sun- closed	WC	WC	WC	WC	WC	✓	No Answer	WC	✓	NA	NA	WC

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Coventry Enhanced Service Table

BIOHEMIS LTD	197-199 SULTON ROAD, COVENTRY	CV12HE	Mon- 9:00-19:00 Tue- 9:00-19:00 Wed- 9:00-19:00 Thurs- 9:00-19:00 Fri- 9:00-19:00 Sat- closed Sun- closed	✓	WC	✓	WC	WC	WC	✓	WC	✓	✓	✓	WC
BOOTS	248 HPSWELL HIGHWAY	CV2 5FS	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-17:30 Sat- 9:00-17:30	✓	✓	✓	✓	✓	WC	✓	WC	✓	WC	WC	WC
BOOTS	14 Cannon Park Centre, Coventry	CV4 7EH	Mon- 9:00-17:30 Tue- 9:00-17:30 Wed- 9:00-17:30 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- 9:00-18:00 Sun- 10:00-18:00	✓	✓	✓	✓	✓	✓	No Answer	WC	✓	NA	WC	WC
BOOTS	58 Leisdon street, coventry	CV5 6AJ	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- 9:00-18:00 Sun- closed	WC	WC	✓	WC	NA	NA	No Answer	WC	✓	WC	WC	WC
boots	51 Quinton Park	CV3 5PZ	Mon- 7:00-19:00 Tue- 8:00-19:00 Wed- 7:00-19:00 Thurs- 7:00-19:00 Fri- 8:00-19:00 Sat- closed Sun- closed	WC	WC	WC	WC	✓	WC	No Answer	WC	✓	WC	✓	WC
boots	116-118 jardine cres	CV4 9BP	Mon- 08:30-18:00 Tue- 08:30-18:00 Wed- 08:30-18:00 Thurs- 08:30-18:00 Fri- 08:30-18:00 Sat- 9:00-13:00 Sun- closed	✓	✓	✓	✓	WC	✓	No Answer	WC	✓	✓	WC	WC
BOOTS	163 DAVENRY ROAD	CV3 5HD	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-17:30 Fri- 9:00-18:00 Sat- 09:00-17:30 Sun- closed	✓	✓	✓	✓	✓	✓	✓	WC	✓	WC	WC	WC
BOOTS	131-133 WALSGRAVE ROAD	CV2 9HH	Mon- 9:00-17:30 Tue- 9:00-17:30 Wed- 9:00-17:30 Thurs- 9:00-17:30 Fri- 9:00-17:30 Sat- 9:00-17:30 Sun- closed	✓	WC	✓	WC	✓	✓	✓	WC	✓	WC	WC	WC

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Coventry Enhanced Service Table

Boots	94 moseley Avenue	CV6 1HQ	Mon- 8:30-18:00 Tue- 8:30-18:00 Wed- 8:30-18:00 Thurs- 8:30-18:00 Fri- 8:30-18:00 Sat- 8:30-12:00 Sun- closed	WC	WC	WC	WC	WC	✓	No Answer	WC	✓	✓	WC	✓
Boots	Central St Retail Park	CV3 6TA	Mon- 9:00-20:00 Tue- 9:00-20:00 Wed- 9:00-20:00 Thurs- 9:00-20:00 Fri- 9:00-20:00 Sat- 09:00-19:00 Sun- 11:00-17:00	✓	✓	✓	✓	WC	✓	No Answer	WC	✓	WC	✓	WC
Boots	2-5 cross chipping	CV1 1HF	Mon- 8:45-17:30 Tue- 8:45-17:30 Wed- 8:45-17:30 Thurs- 8:45-17:30 Fri- 8:45-17:30 Sat- 8:45-17:30 Sun- closed	✓	WC	✓	✓	✓	✓	✓	WC	✓	NA	NA	NA
Boots pharmacy	unit 3 arena retail park	CV6 9W	Mon- 9:00-24:00 Tue- 9:00-24:00 Wed- 9:00-24:00 Thurs- 9:00-24:00 Fri- 9:00-24:00 Sat- 9:00-24:00 Sun- 10:00-16:00	✓	WC	✓	✓	✓	✓	No Answer	WC	✓	WC	✓	WC
BOOTS PHARMACY	25 FARREN ROAD	CV2 5EP	Mon- 9:00-18:30 Tue- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-17:30 Fri- 9:00-18:30 Sat- 09:00-13:00 Sun- closed	✓	✓	✓	✓	WC	✓	No Answer	WC	✓	✓	✓	WC
Boots Store 6086	585 Stoney Stanton road	CV5 5ed	Mon- 9:00-18:30 Tue- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-18:30 Fri- 9:00-18:30 Sat- 9:00-13:00 Sun- closed	✓	✓	WC	WC	✓	✓	No Answer	WC	✓	WC	✓	WC
Boots UK	St Julians Crescent	CV6 3ER	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- 9:00-12:00 Sun- closed	✓	✓	✓	WC	✓	✓	Not able or willing to provide	✓	✓	WC	✓	✓
Broomfield Pharmacy	Spon End, Coventry	CV6 3HQ	Mon- 8:15-18:00 Tue- 8:15-18:00 Wed- 8:15-18:00 Thurs- 8:15-13:00 Fri- 9:00-18:00 Sat- closed Sun- closed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WC

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CHEMISTRE	19 RINGWOOD HIGHWAY	CV2 1DB	Mon- 9:00 -18:00 Tues- 9:00 -18:00 Wed- 9:00 -18:00 Thurs- 9:00 -18:00 Fri- 9:00 -18:00 Sat- 09:00 -14:00 Sun- closed	WC	WC	WC	WC	NA	WC	✓	✓	✓	NA	✓	WC
CHEMISTRE	53 BROAD PARK ROAD COVENTRY	CV2 1DB	Mon- 9:00 -18:00 Tues- 9:00 -18:00 Wed- 9:00 -18:00 Thurs- 9:00 -18:00 Fri- 9:00 -18:00 Sat- 9:00-13:00 Sun- closed	NA	WC	✓	NA	✓	✓	✓	✓	✓	NA	✓	WC
CHEMISTRE	31 a Park Road Coventry	CV1 2JE	Mon-8:30-18:30 Tues-8:30-18:30 Wed-8:30-18:30 Thurs-8:30-18:00 Fri-8:30-18:30 Sat- closed Sun- closed	WC	WC	WC	WC	NA	WC	No Answer	WC	WC	NA	NA	WC
Overlook	471 Geddes Avenue Coventry	CV6 2HT	Mon- 9:00 -18:00 Tues- 9:00 -18:00 Wed- 9:00 -18:00 Thurs- 9:00 -18:00 Fri- 9:00 -18:00 Sat- closed Sun- closed	✓	WC	WC	✓	NA	N	No Answer	WC	✓	NA	✓	WC
Co-operative Pharmaco	32 Norman Place Rd	CV5 2BQ	Mon- 9:00 -18:00 Tues- 9:00 -18:00 Wed- 9:00 -18:00 Thurs- 9:00 -18:00 Fri- 9:00 -18:00 Sat- 9:00-13:00 Sun- closed	WC	✓	NA	WC	WC	WC	No Answer	WC	✓	WC	✓	WC
Dialhal Pharmacy	Queen Mary Health Centre	CV6 5UL	Mon- 9:00 -18:00 Tues- 9:00 -18:00 Wed- 9:00 -18:00 Thurs- 9:00 -18:00 Fri- 9:00 -18:00 Sat- closed Sun- closed	WC	WC	WC	WC	WC	WC	No Answer	WC	WC	WC	WC	WC
Dialhal Pharmacy	17 Station Street East	CV6 5RL	Mon- 9:00 -18:00 Tues- 9:00 -15:00 Wed- 9:00 -15:00 Thurs- 9:00 -19:00 Fri- 9:00 -19:00 Sat- 9:00-13:00 Sun- closed	WC	WC	WC	WC	WC	WC	No Answer	WC	WC	WC	WC	WC
Focus Pharmacy	304 willagrove road	cv2 4B	Mon- 9:00 -18:30 Tues- 9:00 -18:30 Wed- 9:00 -18:30 Thurs- 9:00 -18:30 Fri- 9:00 -18:30 Sat- 9:00-13:00 Sun- closed	WC	WC	✓	WC	✓	NA	No Answer	WC	WC	✓	NA	NA

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Boots Pharmacy LTD	475 Holyhead Road	CV5 8HU	Mon- 8:30-18:00 Tue- 8:30-18:00 Wed- 8:30-18:00 Thurs- 8:30-18:00 Fri- 8:30-18:00 Sat- 9:00-17:00 Sun- closed	✓	✓	✓	✓	✓	✓	No Answer	✓	✓	✓	✓	✓
Goal Chemists Ltd	102 Rotherham Road	CV6 4FR	Mon- 9:00-18:15 Tue- 9:00-18:15 Wed- 9:00-18:15 Thurs- 9:00-18:15 Fri- 9:00-18:15 Sat- closed Sun- closed	WC	WC	WC	WC	WC	WC	No Answer	WC	✓	✓	✓	WC
Hillfield pharmacy	88-89 King William St	CV3 5FJ	Mon- 8:30-18:30 Tue- 8:30-18:30 Wed- 8:30-18:30 Thurs- 8:30-18:30 Fri- 8:30-18:30 Sat- 9:00-13:00 Sun- closed	No Answer	✓	✓	✓	✓	✓	No Answer	✓	✓	WC	✓	WC
Holbrook Pharmacy	71-75 Wheelwright Lane	CV6 4RQ	Mon- 9:00-18:15 Tue- 9:00-18:15 Wed- 9:00-18:15 Thurs- 9:00-18:15 Fri- 9:00-18:15 Sat- closed Sun- closed	✓	✓	WC	✓	WC	✓	No Answer	WC	✓	WC	WC	WC
KARAT PHARMACY	35 BINLEY ROAD	CV3 1HL	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- 9:00-12:30 Sun- closed	✓	✓	WC	✓	✓	✓	✓	✓	✓	WC	WC	WC
KARAT PHARMACY	13 ACORN STREET	CV3 1DP	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- closed Sun- closed	✓	✓	✓	✓	✓	✓	✓	✓	✓	WC	WC	WC
KL. TROSBY PHARMACY	34 Station Avenue	CV4 8JG	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-16:00 Sat- closed Sun- closed	No Answer	No Answer	No Answer	WC	WC	No Answer	No Answer	WC	✓		✓	
Lloyd Pharmacy	40 Tonross Avenue	CV2 3NE	Mon- 8:30-19:00 Tue- 8:30-19:00 Wed- 8:30-19:00 Thurs- 8:30-19:00 Fri- 8:30-19:00 Sat- 9:00-17:30 Sun- closed	WC	WC	WC	WC	WC	✓	No Answer	WC	✓	WC	✓	WC

Coventry Pharmaceutical Needs Assessment 2015 – 2019

Coventry Enhanced Service Table

Lloyd Pharmacy	343 Tile Hill Lane, Coventry	CV4 9DU	Mon- 8:30-19:00 Tue- 8:30-19:00 Wed- 8:30-19:00 Thurs- 8:30-19:00 Fri- 8:30-19:00 Sat- 9:00-17:30 Sun- closed	✓	✓	✓	✓	✓	✓	No Answer	✓	✓	✓	✓	
Lloyd pharmacy	47 Riley Square	CV3 9DP	Mon- 8:30-18:30 Tue- 8:30-18:30 Wed- 8:30-18:30 Thurs- 8:30-18:30 Fri- 8:30-18:30 Sat- closed Sun- closed	WC	WC	✓	WC	WC	WC	No Answer	WC	✓	WC	✓	N/A
Lloyd Pharmacy	100 Meashley Avenue	CV2 1Jr	Mon- 8:30-18:00 Tue- 8:30-18:00 Wed- 8:30-18:00 Thurs- 8:30-18:20 Fri- 8:30-18:30 Sat- 9:00-18:30 Sun- closed	NA	NA	NA	NA	NA	NA	No Answer	NA	✓	NA	NA	NA
Lloyd Pharmacy	48 Keresley Highway	CV6 3HS	Mon- 8:30-22:00 Tue- 8:30-22:00 Wed- 8:30-22:00 Thurs- 8:30-22:00 Fri- 8:30-22:00 Sat- 8:00-12:00 Sun- closed	WC	WC	✓	WC	WC	WC	✓	WC	✓	✓	✓	WC
Lloyd pharmacy	9 Riley Square	CV2 5HB	Mon- 9:00-18:30 Tue- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-18:30 Fri- 9:00-18:30 Sat- 9:00-17:00 Sun- closed	✓	✓	✓	NA	✓	✓	No Answer	NA	✓	NA	WC	N/A
Lloyd pharmacy	2 Stoney Stanton Road, Coventry	CV2 3LS	Mon- 8:00-22:30 Tue- 8:00-22:30 Wed- 8:00-22:30 Thurs- 8:00-22:30 Fri- 8:00-22:30 Sat- 8:00-22:30 Sun- 8:00-22:30	✓	✓	✓	NA	NA	WC	No Answer	WC	✓	NA	NA	WC
Longford Chemist	Longford Primary Care Centre	CV1 4PS	Mon- 8:30-19:00 Tue- 8:30-19:00 Wed- 8:30-19:00 Thurs- 8:30-19:00 Fri- 8:30-19:30 Sat- 09:00-18:00 Sun- closed	✓	✓	✓	✓	✓	✓	No Answer	✓	✓	✓	✓	✓
M W Phillips	471 Stoney Stanton Road	CV6 6DR	Mon- 8:45-18:30 Tue- 8:45-18:30 Wed- 8:45-18:30 Thurs- 8:45-18:15 Fri- 8:45-18:30 Sat- closed Sun- closed	WC	WC	WC	WC	WC	WC	No Answer	WC	WC	WC	WC	WC

Coventry Pharmaceutical Needs Assessment 2015 – 2019

Coventry Enhanced Service Table

M W Philips	university of warwick	cv6 5ea	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- closed Sun- closed	✓	✓	NA	✓	WC	WC	No Answer	WC	✓	WC	WC	WC
M W Philips	373 Green Lane	cv4 7af	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- 9:00-12:00 Sun- closed	WC	WC	WC	WC	WC	WC	No Answer	WC	WC	WC	WC	WC
M W Philips	110 Brandon Road	CV5 6EJ	Mon- 9:00-13:00 Tue- 9:00-18:00 Wed- 9:00-13:00 Thurs- 9:00-19:00 Fri- 9:00-19:00 Sat- 9:00-13:00 Sun- closed	WC	WC	WC	WC	WC	WC	No Answer	WC	WC	WC	WC	WC
M Hassan/Dhewi/DOBLE	1x Herold Lane East	cv3 2JE	Mon- 9:00-13:00 Tue- 9:00-19:00 Wed- 9:00-13:00 Thurs- 9:00-19:00 Fri- 9:00-19:00 Sat- 9:00-13:00 Sun- closed	✓	WC	WC	✓	✓	✓	No Answer	✓	✓	✓	✓	✓
Med-care pharmacy	15a Chace Avenue	CV15AE	Mon- 9:00-18:30 Tue- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-18:30 Fri- 9:00-18:30 Sat- closed Sun- closed	WC	WC	WC	WC	✓	✓	No Answer	WC	✓	WC	WC	WC
Monarch Pharmacy	319 Radford Road	CV3 5AD	Mon- 8:30-18:00 Tue- 8:30-18:00 Wed- 8:30-18:00 Thurs- 8:30-18:30 Fri- 8:30-18:30 Sat- closed Sun- closed	✓	✓	✓	✓	✓	✓	✓	WC	✓	✓	✓	WC
Monarch Pharmacy	42 Prior Ditch Wall, Danley	CV3 3AA	Mon- 9:00-18:00 Tue- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-16:00 Sat- closed Sun- closed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MOUNT NED PHARMACY	125 SUTHERLAND AVENUE	CV46FT	Mon- 9:00-18:30 Tue- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-18:30 Fri- 9:00-18:30 Sat- 9:00-17:00 Sun- closed	WC	WC	WC	✓	✓	WC	✓	WC	✓	✓	✓	✓

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Coventry Enhanced Service Table

Regwood Pharmacy	200 Wigston Road	CV5 7JH	Mon- 8:30-18:30 Tues- 8:30-18:30 Wed- 8:30-18:30 Thurs- 8:30-18:30 Fri- 8:30-18:30 Sat- 8:30-12:30 Sun-closed	✓	✓	✓	✓	✓	WC	✓	✓	✓	✓	✓	✓	WC
Rowlands	1 Herley Road	CV2 2RH	Mon- 9:00-18:30 Tues- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-18:30 Fri- 9:00-18:30 Sat- 9:00-14:00 Sun-closed	WC	WC	WC	WC	WC	✓	No Answer	WC	✓	WC	WC	WC	WC
S.K. Pharmacy Ltd	279 Herall Lane East	CV2 1JG	Mon- 9:00-18:00 Tues- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- 9:00-13:00 Sun-closed	WC	WC	WC	WC	✓	✓	✓	WC	✓	WC	WC	WC	WC
SANDBURY'S	890 FLETCHEMSTEAD HIGHWAY	CV1 5AR	Mon- 7:00-23:00 Tues- 7:00-23:00 Wed- 7:00-23:00 Thurs- 7:00-23:00 Fri- 7:00-23:00 Sat- 7:00-22:00 Sun-10:00-16:00	NA	NA	NA	NA	NA	NA	No Answer	is or willing to provide	✓	NA	NA	NA	NA
Shire Pharmacy	kensley green medical centre	CV4 9BJ	Mon- 9:00-18:30 Tues- 9:00-18:30 Wed- 9:00-18:30 Thurs- 9:00-18:30 Fri- 9:00-18:30 Sat-closed Sun-closed	WC	NA	NA	NA	WC	WC	No Answer	is or willing to	is or willing to	NA	NA	NA	NA
SPRING PHARMACY	245 WALSGRAVE RD	CV6 2PL	Mon- 9:00-18:00 Tues- 9:00-18:00 Wed- 9:00-18:00 Thurs- 9:00-18:00 Fri- 9:00-18:00 Sat- 9:00-17:30 Sun-closed	WC	WC	WC	✓	✓	✓	No Answer	WC	✓	WC	WC	WC	WC
Stoney Stanton pharmacy	631-633 Stoney Stanton rd Coventry	CV2 4BA	Mon- 7:30-23:00 Tues- 7:30-23:00 Wed- 7:30-23:00 Thurs- 7:30-23:00 Fri- 7:30-23:00 Sat- 7:30-23:00 Sun 9:00-17:00	NA	WC	WC	WC	✓	✓	No Answer	WC	WC	WC	WC	✓	WC
Superdrug	30-31 Hertford Street Coventry	CV6 5GA	Mon-8:30-17:30 Tues- 8:30-17:30 Wed- 8:30-17:30 Thurs- 8:30-17:30 Fri- 9:00-18:00 Sat- 9:00-17:00 Sun-closed	WC	WC	✓	WC	WC	✓	✓	✓	WC	✓	WC	✓	WC

Coventry Pharmaceutical Needs Assessment 2015 – 2019

Coventry Enhanced Service Table

SUPERDRUG	21-23 MARKET WAY, COVENTRY	CV1 3LF	Mon-8:30-17:30 Tue-8:30-17:30 Wed-8:30-17:30 Thurs-8:30-17:30 Fri-8:30-17:30 Sat-6:30-17:30 Sun-closed	✓	✓	✓	✓	WC	✓	✓	WC	✓	WC	✓	WC
Tesco	Gifford Bridge Road	CV1 3BL	Mon- 8:00-20:00 Tue- 8:00-20:00 Wed- 8:00-20:00 Thurs- 8:00-20:00 Fri- 8:00-20:00 Sat- 8:00-20:00 Sun-closed	WC	WC	WC	WC	✓	✓	✓	WC	✓	WC	✓	✓
Tesco In store Pharmacy	Oliver Way, Watgrave - on - Sowe, Coventry	CV2 2FS	Mon- 8:00-22:30 Tue- 6:30-22:30 Wed- 6:30-22:30 Thurs-6:30-22:30 Fri- 6:30-22:30 Sat-6:30-22:30 Sun-10:00-26:00	✓	WC		WC	✓	WC	No Answer	WC	✓	WC	✓	WC
VANTAGE CHEMIST	118-132 FARGOPFORD STREET COVENTRY	CV2 2FH	Mon- 9:00-18:00 Tue-9:00-18:00 Wed-9:00-18:00 Thurs-8:00-18:00 Fri-9:00-18:00 Sat-9:00-13:00 Sun-closed	✓	✓	✓	✓	✓	✓	No Answer	WC	✓	✓	✓	WC
Wellbeing Pharmacy	228 tile hill lane, tile hill	CV1 5EA	Mon- 8:30-23:00 Tue-8:30-23:00 Wed-8:30-23:00 Thurs-8:30-23:00 Fri-8:30-23:00 Sat-9:45-20:00 Sun-8:00-21:45	WC	WC	WC	WC	WC	NA	No Answer	WC	is or willing to	NA	WC	WC
Wood End Pharmacy	67 Deedmore Road, Coventry	CV4 3BF	Mon-8:15-20:15 Tue-8:15-20:15 Wed-8:15-20:15 Thurs-8:15-20:15 Fri-8:15-20:15 Sat-closed Sun-closed	✓	WC	✓	✓	NA	✓	No Answer	✓	✓	WC	✓	WC
Wigan Pharmacy	13-17 Briham Drive	CV2 2AA	Mon- 9:00-18:00 Tue-9:00-18:00 Wed-9:00-18:00 Thurs-9:00-18:00 Fri-9:00-18:00 Sat-9:00-12:00 Sun-closed	WC	WC	WC	WC	WC	✓	No Answer	WC	WC	WC	WC	WC
BOOTS	48 The Precinct	CV2 3LA	Mon- 8:30-19:00 Tue- 8:30-19:00 Wed- 8:30-21:00 Thurs-8:30-19:00 Fri-8:30-19:00 Sat-10:30-26:30 Sun-closed	No Survey Response											

Coventry Pharmaceutical Needs Assessment 2015 – 2019

Coventry Enhanced Service Table

Boots, Unit 2	Wavestone Shopping Park	CV1 1DS	Mon-8:00-24:00 Tue-8:00-24:00 Wed-8:00-24:00 Thurs-8:00-24:00 Fri-8:00-24:00 Sat-8:00-24:00 Sun-10:30-16:30	No Survey Response											
Falcon Pharmacy	579A Falcon Road	CV2 2SB	Mon- 6:30-22:00 Tue- 6:30-22:00 Wed- 6:30-22:00 Thurs- 6:30-22:00 Fri- 6:30-22:00 Sat-10:00-22:00 Sun-10:00-17:00	No Survey Response											
Gabara Pharmacy	OsMed Medicentre, Holtbrook Lane	CV6 5JR	Mon- 8:30-18:30 Tue-8:30-18:30 Wed-8:30-18:30 Thurs- 8:30-18:30 Fri-8:30-18:30 Sat-9:00-17:00 Sun-closed	No Survey Response											
Health Pharmacy	38 Heath Crescent	CV6 4DD	Mon- 9:00 -18:00 Tue-9:00 -18:00 Wed-9:00 -18:00 Thurs-9:00 -18:00 Fri-9:00 -18:00 Sat-9:00-12:00 Sun-closed	No Survey Response											
Impresso Pharmacy	1 Wheelwright Lane	CV2 4PR	Mon- 9:00 -18:15 Tue-9:00 -18:15 Wed-9:00 -18:15 Thurs-9:00 -18:15 Fri-9:00 -18:15 Sat-Closed Sun-closed	No Survey Response											
LH Mills Ltd	14 Patville Highway	CV6 4HF	Mon- 9:00 -18:15 Tue-9:00 -18:15 Wed-9:00 -18:15 Thurs-9:00 -18:15 Fri-9:00 -18:15 Sat-9:00-12:00 Sun-closed	No Survey Response											
Lloyds Pharmacy	5555 Jubilee Crescent	CV6 4HZ	Mon- 9:00 -22:00 Tue-9:00 -22:00 Wed-9:00 -22:00 Thurs-9:00-22:00 Fri-9:00 -22:00 Sat-9:00-22:00 Sun-10: -17:00	No Survey Response											
Lloyds Pharmacy	10 Esplanade Street	CV6 3CT	Mon- 9:00 -18:30 Tue-9:00 -18:30 Wed-9:00 -18:30 Thurs-9:00 -18:30 Fri-9:00 -18:30 Sat-9:00-17:30 Sun-closed	No Survey Response											

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Coventry Enhanced Service Table

Lloyds Pharmacy	Alderley Park Medical Centre, Whitaker Rd	CV6 6EP	Mon- 8:30-19:00 Tue- 8:30-19:00 Wed- 8:30-19:00 Thurs-8:30-19:00 Fri- 8:30-19:00 Sat-9:00-17:30 Sun-closed	No Survey Response											
Maria Chemist	16 Blenheim Drive	CV5 5JE	Mon- 9:00 -18:00 Tue-9:00 -18:00 Wed-9:00 -18:00 Thurs-9:00 -18:00 Fri-9:00 -18:00 Sat-9:00-18:00 Sun-closed	No Survey Response											
Morsons Pharmacy	Alms Walks, Holyhead Road	CV2 9JX	Mon-8:00-21:00 Tue- 8:00-21:00 Wed- 8:00-21:00 Thurs-8:00-21:00 Fri- 8:00-21:00 Sat-8:00-21:00 Sun-10:00-18:00	No Survey Response											
Norton Hill Pharmacy	10 Norton Hill Drive	CV5 6BX	Mon- 9:00 -18:00 Tue-9:00 -18:00 Wed-9:00 -18:00 Thurs-9:00 -18:00 Fri- 9:00 -18:00 Sat-9:00-12:00 Sun-closed	No Survey Response											
Roxells Pharmacy	175 Alderley Old Road	CV3 3AS	Mon- 9:00 -18:00 Tue-9:00 -18:00 Wed- 9:00 -18:00 Thurs-9:00 -18:00 Fri- 9:00 -18:00 Sat-9:00-13:00 Sun-closed	No Survey Response											
Sandbury Pharmacy	Austin Drive, Off Bel Green Road	CV5 6FJ	Mon- 8:00-21:00 Tue- 8:00-21:00 Wed- 8:00-21:00 Thurs- 8:00-21:00 Fri- 8:00-21:00 Sat- 8:00-21:00 Sun-11:00-17:00	No Survey Response											
Syracuse Pharmacy	84 Ragnon Road	CV6 7NS	Mon- 9:00 -18:00 Tue-9:00 -18:00 Wed-9:00 -18:00 Thurs-9:00 -18:00 Fri-9:00 -18:00 Sat-9:00-13:00 Sun-closed	No Survey Response											
Teaco Pharmacy	Tesco Store, Cov Alms Extra, Pizzens Way	CV3 6FD	Mon- 8:00-20:00 Tue-8:00-20:00 Wed-8:00-20:00 Thurs-8:00-20:00 Fri-8:00-20:00 Sat-8:00-20:00 Sun-11:00-17:00	No Survey Response											

Coventry Pharmaceutical Needs Assessment 2015 – 2019

Coventry Enhanced Service Table

Wendell Late Night Pharmacy	8 Hubber Road	CV8 8AS	Mon-6:30-23:15 Tues-6:30-23:15 Wed-6:30-23:15 Thurs-6:30-23:15 Fri-10:30-23:15 Sat-6:30-23:15 Sun-closed	No Survey Response											
your local Boots Pharmacy	28 Longford Road	CV8 1AT	Mon-9:00-19:00 Tues-9:00-19:00 Wed-9:00-19:00 Thurs-9:00-19:00 Fri-9:00-18:00 Sat-9:00-17:00 Sun-closed	No Survey Response											
Lynch Pharmacy	18 Quorn Way	CV8 8DK	Mon-9:00-19:00 Tues-9:00-19:00 Wed-9:00-19:00 Thurs-9:00-19:00 Fri-9:00-19:00 Sat-9:00-17:00 Sun-closed	No Answer											
Hubber Pharmacy	9 Hubber Rd, CV8 1AT	CV8 2JU	Mon-8:45-18:00 Tues-8:15-20:15 Wed-8:15-20:15 Thurs-8:15-20:15 Fri-8:15-20:15 Sat-9:00-12:00 Sun-closed	✓	No Answer	No Answer	No Answer	No Answer	✓	✓	No Answer	✓	✓	No Answer	No Answer

  
 Currently Providing  
 No Answer  
 Willing and able to provide if commissioned/WC  
 Not able or willing to provide - NA

## APPENDIX 12 Report on consultation

This document outlines the response from the PNA Steering Group to the feedback obtained in the consultation on the pharmaceutical needs assessment (PNA) for Coventry.

The PNA consultation was undertaken from 26<sup>th</sup> November 2014 to 26<sup>th</sup> January 2015 and was made known to members of the public and key stakeholder organisations through advertisements online, in pharmacies, in GP surgeries, and targeted correspondence. People were encouraged to have their say on pharmaceutical services in Coventry by completing a standard consultation questionnaire, online or in print. The consultation was carried out in accordance with appropriate regulations, as described in the full PNA report.

There were 9 respondents to the consultation questionnaire, In addition to members of the public; several organisations also chose to respond to the PNA consultation including, NHS England, a local NHS Trust and pharmacy contractors.

The consultation was undertaken in a manner which made it possible for many of those who have a stake in pharmaceutical services in Coventry to respond, should they wish to do so. Of note, the consultation was sent to all neighbouring Health and Wellbeing Boards in accordance with national PNA guidance.

A summary of the feedback obtained through the consultation is described in the table below. The table also sets out the response from the PNA Steering Group to each point. It is notable that most responders were supportive of the methods used to undertake the PNA, and that most responders were supportive of the messages presented in the draft PNA. Comments relating to the quality of pharmaceutical services which was beyond the remit of the PNA have also been shared with relevant stakeholders to facilitate wider learning about the view of the public on pharmaceutical services.

The Coventry Health and Wellbeing Board wishes to thank all those who responded to the public consultation and the pharmacy questionnaire, as well as those who helped to develop the PNA.

Summary of feedback and responses to specific questions on the consultation of the Coventry draft Pharmaceutical Needs Assessment

Consultation Question	Summary of Feedback & Freetext Comments	Response from the Pharmaceutical Needs Assessment Steering Group on behalf of Coventry Health and Wellbeing Board
<p><b>1. Do you understand the purpose of the PNA?</b></p>	<p>All of the respondents felt that they understood the purpose of the PNA.</p>	<p><b>It is noted that all the respondents felt the purpose of the PNA was sufficiently explained.</b></p>
<p><b>2. Is the information in the draft PNA document a good reflection of the current pharmaceutical service provision within Coventry?</b></p>	<p>7 of 9 respondents felt that the information in the draft PNA document was a good reflection of the current pharmaceutical provision within Coventry.</p> <p>2 of 9 respondents did not know if they agreed or disagreed with this statement.</p>	<p><b>It is noted that the vast majority of respondents agreed with the statement that the draft PNA document is a good reflection of the current pharmaceutical service provision within Coventry.</b></p> <p>Those that were unsure of the statement felt they did not have sufficient familiarity with Coventry or primary care services in Coventry to answer this question legitimately.</p>
<p><b>3. Is the information in the draft PNA document a good reflection of the needs of the Coventry population?</b></p>	<p>7 of 9 of respondents felt that the information in the draft PNA document was a good reflection of the needs of the Coventry population.</p> <p>1 respondent felt this was not the case and 1 respondent was not sure.</p>	<p><b>It is noted that the vast majority of respondents agreed with the statement that the draft PNA document is a good reflection of the needs of the Coventry population.</b></p> <p>Those that were unsure of the statement felt they did not have sufficient familiarity with Coventry as they were not resident in Coventry</p> <p>The person that answered No to this question did not justify their response further. Upon contacting them for further comment they expressed a disappointment in their local pharmacy to do with waiting times, emergency supplies and the EPS system. These comments did not seem to indicate that the information in the draft PNA document is not a good reflection of the needs of Coventry's population. Furthermore these comments were either not within the remit of the PNA or mentioned issues that have been captured elsewhere in the response document.</p>
<p><b>4. Are there any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA?</b></p>	<p>1 respondents felt there were services currently being provided that were not currently highlighted within the PNA.</p> <p>The rest of the respondents felt this was not the case, answering either No or n/a.</p>	<p><b>It is noted that the overwhelming majority of respondents felt that the PNA draft comprehensively described all current pharmaceutical services in Coventry.</b></p> <p>The MDS service and services to care homes were highlighted by respondents as services currently provided but not currently highlighted in the PNA draft.</p> <p>Care home service - this service isn't locally commissioned by the Area team, the CCG or the local authority. Upon contacting the Pharmacies involved it is apparent that there is a private agreement between the care homes and the pharmacy.</p> <p>MDS Service - pharmacy contractors have an existing and on-going responsibility under the Disability Discrimination Act 1995 to make reasonable adjustments to their services and provide auxiliary aids where appropriate for people with disabilities. All Community pharmacists thus have a contractual obligation to make an assessment of a patient's needs under the DDA and to provide reasonable adjustments to the service provided to those who, in the professional opinion of the pharmacist, require</p>

Consultation Question	Summary of Feedback & Freetext Comments	Response from the Pharmaceutical Needs Assessment Steering Group on behalf of Coventry Health and Wellbeing Board
		such an adjustment. The adjustment provided does not necessarily need to be a MDS; it may be a compliance chart, non-childproof lids, or larger print labels. This has been added to section 3.2.2
<b>5. Is there any additional information that you believe should be included in the PNA document?</b>	2 respondents felt that there was further information that should be included in the PNA. The rest of the respondents felt there was no additional information required.	One respondent stated that links to secondary care would be useful. The PNA makes no assessment of the need for pharmaceutical services in secondary care settings; however we are concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines. The phlebotomy service provided by UHCW is one of the links to secondary care that has been highlighted within the document, see section 6.6.7.
<b>6. Any other comments?</b>	<p>1) <i>"NHS England welcome the review of the Minor ailments PILOT scheme and continued commissioning of this service will depend on the outcome of that review."</i></p> <p>2) <i>"Pharmacy data - you haven't included any pharmacy data within the draft PNA, so it's not possible to confirm whether you have the correct picture of pharmacy provision in Coventry."</i></p> <p><i>"Coventry population - it appears that you've only considered the demographics of the survey respondents, rather than Coventry as a whole"</i></p> <p>3) <i>"We are unable to identify our pharmacy on the maps used - Humber Pharmacy, 9 Humber Rd, CV3 1AT offering Phlebotomy, Supervised consumption, Stop Smoking, EHC, ND scheme, Repeat Dispensing, EPS-R2,</i></p>	<p>1) NHS England has extended the Minor ailments PILOT enhanced service that was originally commissioned by Coventry Primary Care Trust. The transfer of responsibility between Primary Care Trusts, Local Authorities and NHS England has delayed the appropriate evaluation of this pilot scheme and so no clear decision on current or future commissioning of this enhanced service is available at the time of the production of the PNA. Until such time, NHS England has to consider that the need for a Minor ailments PILOT enhanced service has yet to be proven. When the evaluation of the service is complete, a supplementary statement may be prepared for publication under Regulation 6(3).</p> <p>2) Pharmacy data - is now available in Appendix 11. It should be noted that the data in appendix 11 has been received from the Pharmacist contractors of Coventry and this data has not yet been validated. The services pharmacy contractors offer as they are aware will differ to that which the service leads consider they are offering.</p> <p>Coventry population – The population profile of Coventry can be found in more depth at : <a href="http://www.coventry.gov.uk/info/2000897/health_and_wellbeing_board/1383/health_and_wellbeing_board">http://www.coventry.gov.uk/info/2000897/health_and_wellbeing_board/1383/health_and_wellbeing_board</a> The population of Coventry has been considered throughout the document. It has been covered more specifically in relation to enhanced services for example Figure 12 shows the location of EHC pharmacies mapped over the percentage female population aged 15 to 44 years old in Coventry, providing analysis and conclusions based on local health need for specific demographics where correct to do so.</p> <p>3) Humber Pharmacy was one of 21 pharmacies from a total of 91 who did not reply to the pharmacy survey by the closing date. The data received from those 70 and now Humber Pharmacy in addition is available in appendix 11.</p>

Consultation Question	Summary of Feedback & Freetext Comments	Response from the Pharmaceutical Needs Assessment Steering Group on behalf of Coventry Health and Wellbeing Board
	<p><i>collection and delivery, MUR / NMS. Open Mon - Fri 8.45am - 6pm and Sat 9am - 12pm."</i></p> <p>4) <i>"There are provisions that are seen from secondary care as needed in primary care that do not appear in the document for Coventry and Warwickshire area. examples include;</i></p> <p>a) <i>Provision of out of hours for primary care access to end of life drugs. This is very poor in C&amp;W where on many occasions the on-call hospital pharmacists are called to supply, even though there is no contract to do this.</i></p> <p>b) <i>Out of stock situations are handled quite poorly in C&amp;W where community pharmacies do not seem to have a formal mechanism for organising and referring patients to other chemists that hold medicines not normally ordered through AAH/Unichem and then they turn up at A&amp;E to have a hospital prescription written for supplying. This impacts the emergency service provision of the hospital and again is not something we are contracted to do."</i></p>	<p>4a) "Coventry and Rugby CCG do not formerly commission a palliative care service through community pharmacy but the old scheme commissioned by Coventry PCT runs in the background. Selected pharmacies agree to keep a defined list of palliative care drugs and the cost of out of date medications are reimbursed by the CCG. The scheme is effectively managed by the palliative care nurse team who liaise with listed pharmacies when in-hours palliative care drugs are required. Out of hours provision, i.e. between 12 midnight and 7am weekdays, 11pm and 10am Saturday - Sunday and 4pm - 7am Sunday - Monday, is managed through the Walk-in Centre which keeps a selection of drugs to set up a syringe driver when necessary</p> <p>4b) This is a national operational problem and falls outside of the remit of the PNA. Often medicines become unavailable from suppliers without prior notice from the manufacturers. Pharmacies cope with this by obtaining parallel imports or using branded drugs.</p>

## APPENDIX 13 References

### References

1. Health and Social Care Act (2012). Section 206: Pharmaceutical needs assessments.  
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