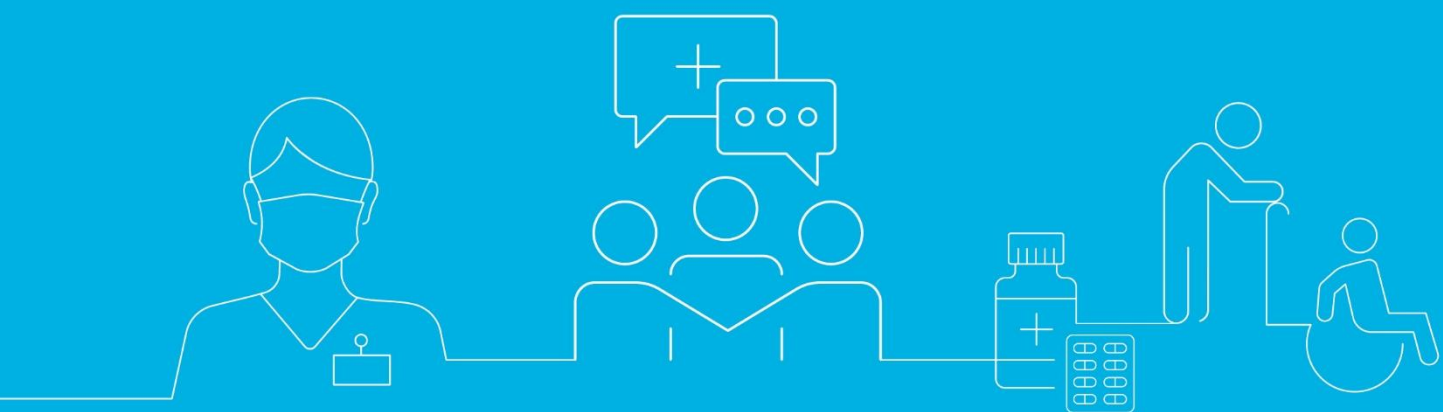




ST HELENS PHARMACEUTICAL

NEEDS ASSESSMENT

2025-2028



for **with** you
you



ST HELENS
BOROUGH COUNCIL

Foreword

Local pharmacies are a really valued local provision and makeup a key part of our local healthcare system, offering access to a wide range of medicines, treatment options and advice close to home. St Helens residents are supported by pharmacies as they provide many services such as advice on new medicines, blood pressure, contraception and many more services highlighted in this document.

This Pharmaceutical Needs Assessment (PNA) document provides an overview of pharmacies in the St Helens area, assessing if these services are adequate to meet the needs of our local residents and identifies any gaps in service provision.

As part of the needs assessment a public consultation was completed in two phases during 2024 and 2025, firstly to obtain views on local pharmacy services and then on the draft needs assessment document. We would like to express our thanks to everyone who took the time to take part offering comments. The comments, where applicable, have been integrated into the final version of the PNA.

The findings from this assessment will be used to inform future commissioning decisions on local pharmacy provision in the Borough.

The PNA is quite a lengthy and technical document and as such an “easier to read” version of this document which will be made available.

We are grateful for the support from the steering group and acknowledge the assistance from our partners in producing this final document.

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2011 PNA	First formally approved PNA for Halton & St Helens PCT (Primary Care Trust)	1 February 2011
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2018 PNA	Published St Helens People's Board second PNA	1 April 2018
2022 PNA	Published St Helens People's Board third PNA	1 April 2018
2025-2028 PNA	Draft for consultation presented to People's Board	20 March 2025
	Completed version St Helens People's Board	11 September 2025
	Published St Helens People's Board fourth PNA	1 October 2025

*PNA = Pharmaceutical Needs Assessment

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- St Helens networks for distributing the public survey.
- The residents of St Helens for taking the time to give their views in the public survey.

Abbreviations Used in the PNA

ADHD	Attention Deficit Hyperactivity Disorder
AMR	Antimicrobial Resistance
AUR	Appliance Use Review
CATC	Care at the Chemist
CPCS	Community Pharmacist Consultation Service
DALP	Delivery and Allocations Local Plan
EHC	Emergency Hormonal Contraception
EVA	Economic Viability Assessment
GIRES	Gender Identity Research & Education Society
GP	General Practice / General Practitioner
HIV	Human Immunodeficiency Virus
HLE	Healthy life expectancy
HRT	Hormone Replacement Therapy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LD	Learning disability(ies)
LE	Life expectancy

LGB(T)+	Lesbian, Gay, Bisexual (Transgender)+
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
NHS	National Health Service
MAR	Medicines Administration Record
MCA	Multi-compartment Compliance Aids
MEC	Minor Eye Conditions
MECC	Making Every Contact Count
MHCLG	Ministry for Housing & Local Government
MMR	Measles Mumps Rubella (vaccination)
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Clinical Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NSP	Needle & Syringe (exchange) Programme
OFT	Office of Fair Trading
OHID	Office for Health Improvement & Disparities
ONS	Office of National Statistics
PCN	Primary Care Network
PCT	Primary Care Trust
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality Outcomes Framework
SHLAA	Strategic Housing Land Availability Assessment
SHMA	Strategic Housing Market Assessment
SMI	Severe Mental Illness
SPS	Specialist Pharmacy Service
UKHSA	UK Health Security Agency
UTC	Urgent Treatment Centres
VCFS	Voluntary, Community, Faith, and Social Enterprise

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Executive Summary

The Pharmaceutical Needs Assessment (PNA) aims to identify the pharmaceutical needs of people living in St Helens.

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the St Helens People's Board (local Health and Wellbeing Board) by virtue of the National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations 2013, which came into force on 1st April 2013. The regulations outline the process which Integrated Care Boards (formerly NHS England) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies. This process relies on the PNA which must be robust and fit for purpose.

Local partner organisations within St Helens have contributed to the development of this PNA. Data sources include the local Joint Strategic Needs Assessment (JSNA), census data, data from commissioners, local approach to health and wellbeing, pharmacy contractors' survey and a resident's survey. This information informed the draft PNA which then went out for the statutory (minimum) 60 days consultation.

The PNA presents a picture of community pharmacies, reviews services currently provided, and considers how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of St Helens in partnership with other community services and GPs. Services should be directed towards addressing health inequalities and supporting self-care in areas of greatest need.

Key Findings

Taking into account information gathered for this PNA.

The provision of pharmacy services within St Helens in terms of location and services provided is considered adequate to meet the needs of the population.

As such this PNA has not identified a current need for a new NHS pharmaceutical service provider in St Helens at the point of PNA publication.

The PNA has highlighted a reduction in extended opening hours of pharmacies across the borough.

Proposed housing developments in the borough must be considered in future assessment of pharmacy provision, the largest of which will be situated in Sutton South East and Bold & Lea Green. Building is set to commence later than 2029.

Whilst it is anticipated that capacity within existing services should support the overall pharmaceutical needs of future populations during the lifetime of the current PNA, any identified changes in the situation will need to be addressed through a supplementary statement and/or be addressed by the Integrated Care Board (ICB) commissioning or directing existing pharmacies to open for additional hours.

The assessment is based on the following observations:

- St Helens has a larger number of pharmacies in relation to its size of population (19.7 per 100,000) when compared to the England (16.8 per 100,000) and Cheshire & Merseyside (19.4 per 100,000). However, it has a lower rate than the North West which was 27.01 per 100,000 population.
- It is possible to compare prescribing volume by converting total items prescribed into a monthly prescribing rate per pharmacy per 1,000 population. St Helens Place community pharmacy dispensing volume pattern has consistently been above the Cheshire & Merseyside ICB and North West average. In 2023/24 the St Helens prescribing volume per pharmacy was also higher than in England.
- In 2019/20 3,092,475 prescription items were prescribed in St Helens. By 2023/24 this had risen to 3,957,516 items. The average number of prescription items per month per 1,000 population was 1,620. This was below the Cheshire & Merseyside average of 1,806.5, but higher than the England average of 1,527.5
- There is adequate access to pharmacy services during normal business hours however, since the previous PNA (2022), there has been a reduction in pharmacies offering extended opening hours provision. Members of the public

commented that it is not always easy to access pharmacy services in the evening, i.e., after 7pm, and on weekends. Where any specific service gaps develop these will be addressed initially through dialogue with existing contractors. Our existing network provides a comprehensive essential pharmaceutical service to our population.

- There is adequate provision of locally commissioned services across our population. We will continue to work with our existing contractors to ensure that this provision continues to match the needs of our population and that any inequalities in activity which arise are addressed.
- St Helens population structure is predicted to change during this decade. All age groups aged under 70 are forecast to decrease proportionally between 2020 and 2043, particularly those aged 5-14. Conversely, the proportion of those aged 70 and over is predicted to increase from 15.6% of St Helens' population to 19.1%. This is an increase of around 8,300 people. The working age population is forecast to shrink proportionally. This 'ageing population' is likely to put increased pressure on the NHS and social care as this age group makes up a disproportionately large percentage of GP consultations, hospital admissions and social service contacts. This is likely to have an impact on prescribing levels whereby we can expect an increase, and therefore also an increase on pharmacy workload, assuming that current prescribing patterns persist.
- The UK government as of December 2024 have set increased mandatory housing figures for local authorities. This will see St Helens' new housing target go from 486 dwellings to 718 dwellings. This will require a review of the local plan; however, it is unlikely that any planned building will change within the next five years. Housing will be reviewed in the 2028 Pharmaceutical Needs Assessment.
- Feedback and information provided by patients, the public and other stakeholders consulted during the development of the PNA showed that people feel that the community pharmacies offer a valuable service, are convenient, and recognise that whilst staff are busy, they are also friendly and helpful.
- Most respondents to the public survey state that access to a local pharmacy was very easy (68%) or quite easy (24%), however, there are some areas of the borough where the nearest pharmacy is more than a 20-minute walk away.
- 70% of our community pharmacies offer a free home delivery service although 58.8% of respondents said they were either not aware of the service or had never used the service. This suggests a potential need for the promotion of this service.

PNA Conclusions

Provision of services and accessibility

Community pharmacy services for St Helens are provided across a range of reasonable geographical locations, with good accessibility and sufficient provision throughout the borough. St Helens has 40 community pharmacies serving a population of 203,547 (total GP registered population, as of January 2025), who provide a comprehensive service with a full range of essential services and some advanced services. This equates to approximately one pharmacy for every 5,088 St Helens GP patientsⁱ compared to an England average of 5,168 patients per pharmacy (in the previous PNA St Helens had 46 community pharmacies, equating to approximately one pharmacy per 4,000 patients). Consequently, the population remains well served by pharmacy services.

In keeping with the national picture, services are predominantly situated in more densely populated areas of the borough. Thus, less densely populated areas of St Helens have fewer pharmacies per head of population. However, there is wide variation in the pharmacy-to-population ratio across wards, even taking town centre locations into account. Any decisions regarding new pharmacies need to take the population-to-pharmacy ratio in to account. Conversely, any closures need to be carefully monitored to determine the impact this will have on access, especially in those wards where the population-to-pharmacy ratio is already low.

St Helens has geographical borders with the borough of Knowsley, in the southwest, the district of West Lancashire in the north, the borough of Wigan in the northeast, and to the south the boroughs of Warrington and Halton. Members of the St Helens population will cross these borders for leisure and work purposes and also to access pharmacy services if it is more convenient for them and not due to there being a lack of service in St Helens.

The PNA has not identified a current need for new NHS pharmaceutical service providers in St Helens however, this should remain under review alongside the revision of the local plan. However, members of the public commented that it is not always easy to access pharmacy services in the evening, i.e., after 6pm, and weekends.

There is a great deal of satisfaction with pharmacy services from the public in St Helens. Overall, members of the public find them accessible, friendly, and helpful.

Despite the overall geographical differences, and those for availability of extended hour pharmacy provision, the need for 'emergency prescriptions' will almost always be centred on patients using 'out of hours services.' St Helens is currently covered

by two GP Out of Hours providers. This service is provided by either Primary Care 24 or St Helens Rota depending on which GP practice the patient is registered with. There is also one Urgent Care Centre located behind the Millenium Centre on Shaw Street. Pharmacy provision is available on-site or close to these sites with a range of extended hours or 72-100 hour contract pharmacies available to access.

Advanced and Enhanced Services

As part of the production of the PNA document, a review of community pharmacy services was undertaken in relation to population needs, services offered and local/national requirement(s). This allowed a series of conclusions to be made with recommendations as required for each of the services. Table 1 indicates and summarises what conclusions have been made from the completion of this review.

Table 1: Enhanced and Advance Services - Conclusions

Service or Priority	2025 Conclusions
Pharmacy services	The current pharmacy services across the borough are adequate to meet the needs of St Helens residents.
New Medical Services	Coverage of New Medical Services is adequate to meet the needs of St Helens residents.
Hypertension Case Finding Services	Coverage of Hypertension Case Finding Services is adequate to meet the needs of St Helens residents.
Stop smoking services	Stop smoking behaviour change services can be accessed via specialist smoking cessation services across the borough and are supplemented using nicotine replacement therapy supplied by pharmacies.
Emergency Hormonal Contraception (EHC)	EHC can be accessed throughout the borough and activity is reported to be increasing. It will be essential that EHC providers continue to promote and encourage uptake of routine or long-acting contraceptive methods to those who access EHC.
Pharmacy Contraception Service	Opportunities to access routine contraception now include provision of the NHS Pharmacy Contraception Service, in which registered Pharmacies can initiate and/or supply repeat prescriptions for oral contraception. Due to this service being new in April 2023, we will continue to monitor uptake of this service.
Needle and Syringe Programme (NSP) and Supervised Consumption	Currently there is an adequate number and distribution of services providing NSP and Supervised Consumption based on local need. Supervised Consumption can be accessed via community pharmacy and specialist services across the borough.
Alcohol consumption	We will continue to work with pharmacies and ensure they are aware of services for signposting.

Service or Priority	2025 Conclusions
On-demand availability of palliative care medicines	There is generally adequate provision of palliative care medicine services throughout the borough.
Minor Ailment Service (care at the chemist)	There is adequate provision of Care at the Chemist, Minor Ailment Service throughout the borough.
Antimicrobial resistance (AMR)	Pharmacies have a role in increasing public awareness of AMR and providing information on how the public can help reduce antibiotic use. St Helens Place continue to meet and work towards our local AMR action plan.
Minor Eye Conditions (MEC)	The MEC medicines supply service is considered adequate for the level of need in St Helens, but this service is reviewed regularly.
Early long-term detection of cancers.	Public Health campaigns will support the early detection of cancers. Additional community events and campaigns are being carried out within the borough and pharmacies will be included where appropriate.
Mental Health	Pharmacies in St Helens support the promotion of the 'Ok To Ask' suicide prevention campaign.
Seasonal vaccinations	Influenza (flu) and COVID-19 vaccinations are available at an adequate number of pharmacies across the borough. The pharmacy vaccine programme supports the campaign against seasonal illnesses by offering influenza and COVID-19 vaccinations to those on the NHS eligibility criteria alongside some pharmacies offering private vaccinations.
Obesity	Currently, there are no plans to commission weight management services from pharmacies due to the lack of evidence for effectiveness.
Dementia	Further research needs to be undertaken to ascertain the effectiveness of dementia screening. Community pharmacists can take an active role in dementia by encouraging 'Dementia Friends' and by signing up to the Dementia Friendly Community Group.

In addition to essential services, there is adequate access to the full range of advanced services and locally commissioned public health and NHS services to meet local needs.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential, advanced enhanced or locally commissioned services that if provided either now or in the future would secure improvements, or better access, to pharmaceutical services.

Developments which may precipitate the need for changes to pharmacy services

Any conclusions made from this PNA need to consider future developments, such as but not limited to, changes in population, changes in sources/numbers of prescriptions, may take place. This could influence the demand for pharmaceutical services. Hence this PNA is a 'dynamic' document.

Workload and demand in pharmacy is driven by two factors: changes to the population and changes to prescribing volume and introduction of additional, new services:

The combined effects of population change (proportion of those aged 70 and over is predicted to increase from 15.6% of St Helens population to 19.1%), and prescribing volume (1,620 per 1,000 population per month) have a compounding effect on the pharmacy workload. It is anticipated that growth in the future will continue at a similar rate. Prescription volumes and service provision needs to be monitored to identify where demand is likely to exceed supply. An ageing population is likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns persist.

There are also on-going housing developments planned within St Helens. It is anticipated that capacity within existing services should be able to support the pharmaceutical needs over the lifespan of this PNA, however there will be a need for regular review to ensure provision remains adequate in light of any future developments and population growth.

Summary of Recommendations

1. Although the need for a new pharmacy has not been identified within the lifetime of this PNA, it is recommended that consideration of an additional pharmacy is given in the planning of Bold Forest housing development site 4HA.
2. To work with the Local Pharmacy Committee to explore options to increase extended pharmacy provision before 8am and after 5pm.
3. To promote that 70% of community pharmacies, offer a free home delivery service.
4. To share results of the patient satisfaction survey with the Local Pharmacy Committee.
5. Continue to monitor the services provided by each community pharmacy to ensure adequate provision for St Helens' residents.

Pharmaceutical Needs Assessment

Part 1: Purpose, process, and explanation of pharmaceutical services

1. Introduction

A Pharmaceutical Needs Assessment (PNA) forms part of the commissioning function for pharmacy services. It relates the current provision of pharmaceutical services to the characteristics of the local population and Health & Wellbeing Board (HWB) priorities for improving health and wellbeing and reducing health inequalities in St Helens. In St Helens, this is the Peoples Board.

The PNA addresses the following broad questions:

- What is the provision of pharmacy service to our population and is this adequate?
- How is the pharmacy contract utilised for the benefit of the population of St Helens?
- How can community pharmacy through its nationally commissioned or locally commissioned services support us to deliver our priorities for health and wellbeing for the population of St Helens?

The effective commissioning of accessible primary care services is central to improving quality and implementing the vision for health and healthcare. Community pharmacy is one of the most accessible healthcare settings. Nationally 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. And 96% of people living in the most deprived areas have access to a pharmacy either through walking or via public transport. ¹

The PNA presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing the services currently provided and how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of St Helens in partnership with other community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. Mapping of service provision and identifying gaps in demand are essential to afford commissioners with the market intelligence they need to take forward appropriate and cost-effective commissioning of services.

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the Pharmaceutical Services Negotiating Committee (PSNC) website:

<http://www.psnc.org.uk/pages/introduction.html>

<https://psnc.org.uk/contract-it/the-pharmacy-contract/>

The pharmaceutical services contract consists of three different levels:

- [Essential services](#)
- [National enhanced services: Covid-19 vaccination](#)
- [Advanced services](#)

2. Statements from pharmaceutical regulations (2013)

Regulatory Statements

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical Services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>. Schedule 1 of the regulations sets out the minimum information that is to be contained within the PNA and detailed below are the six statements included in schedule 1, and the necessity for a local PNA map of service providers.

Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided:

- a) In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Statement two: Necessary services: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Statement three: Other relevant services: Current provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.
- c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (A) or (B), or paragraph one, of the 2013

regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Statement Four: Improvements and better access: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.
- b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the St Helens HWB, NHS England, NHS St Helens Place Integrated Care Board, any NHS trusts or any NHS foundation trust to which the HWB has had regard in its assessment, which affect:

- a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area or
- b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

Statement Six: How the assessment was carried out

Provide an explanation of how the assessment has been carried out, in particular:

- a) how it has determined what are the localities in its area.
- b) how it has taken into account (where applicable)
 - the different needs of different localities in its area, and
 - the different needs of people in its area who share a protected characteristic and
- c) a report on the consultation that it has undertaken.

Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

A map of provision of pharmaceutical services, Map 4, page 55, shows the geographical distribution of both community pharmacies and distance selling pharmacies together with key health services.

There are twelve other maps within the PNA that demonstrate good access to pharmaceutical services in areas with highest population density and highest deprivation as well as most of the population being within 20 minutes walking and public transport distance from a pharmacy and the whole population being covered

by a 20 minute drive time even in rush-hour times. Finally, the map of pharmacies outside the St Helens area shows that there is choice of pharmaceutical services within a 2-mile radius in Halton, Knowsley, Warrington, Wigan and West Lancashire

3. Scope and Methodology

3.1. Scope of the PNA

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines.
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population.
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines.
- Local enhanced services which increase access, choice and support self-care.
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days.
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

3.2 Geography used for Considering Pharmaceutical Services

St Helens borough is split into 18 electoral wardsⁱⁱ and these have been used where possible within the analysis. Spatial mapping of service provision has been included in the document to draw conclusions about access to pharmacies and advanced services.

3.3. Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders.
- It is a developing, live document to be refreshed regularly.
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services.
- It is developed through a multidisciplinary PNA Steering Group.

ⁱⁱ Billinge and Seneley Green, Blackbrook, Bold and Lea Green, Eccleston, Haydock, Moss Bank, Newton-le-Willows East, Newton-le-Willows West, Parr, Peasley Cross and Fingerpost, Rainford, Rainhill, St Helens Town Centre, Sutton North West, Sutton South East, Thatto Heath, West Park, Windle

Figure 1: PNA development process



Development of the St Helens Health and Wellbeing Board's PNA has been initiated and overseen by St Helens Public Health Directorate and a multi-professional working group. The working group consists of:

- St Helens Borough Council Public Health
- Primary Care Manager – Pharmacy, Cheshire & Merseyside Integrated Care Board (ICB)
- Local Pharmaceutical Committee representative
- St Helens Borough Council elected member, Portfolio holder for Public Health

The content of the document is closely linked to the local JSNA and has been produced by means of a structured analysis and distillation of complex and comprehensive data sources to identify the following:

- the health and pharmaceutical needs of the population.
- current local provision of pharmaceutical services, and subsequently.
- gaps in provision of pharmaceutical services.

The following information sources have been used for the development of this PNA:

- Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy
- Office for Health Improvement and Disparities' (formerly PHE)ⁱⁱⁱ Fingertips tool for additional data on health and wellbeing
- Public Health England's SHAPE tool for travel time maps
- Data on socio-economic circumstances of the local area
- Community pharmacy providers questionnaire
- NHS Business Services Authority
- Public pharmacy services questionnaire
- St Helens Borough Local Plan

ⁱⁱⁱ Note PHE as an organisation split into the UK Health Security Agency (UKHSA) and Office for Health Improvement & Disparities (OHID) on 1 October 2021. OHID is an office of the Department of Health & Social Care. The Fingertips and other data tools are now part of OHID.

3.3.1 Community Pharmacy Contractors Survey

A short contractors survey was conducting during June-August 2024 to gather data from contractors for information not available from routine sources including NHS BSA (NHS Business Services Authority) and local commissioners. This included a range of questions on external and internal accessibility of premises and reasonable adjustments available.

3.3.2 Public Survey

A survey was conducted between 28th October 2025 and 25th November 2025. It aimed to gather views of people's experience using their usual pharmacy – how often they used it, whether they had any issues accessing their usual pharmacy/pharmacy services, including prescriptions, when and the impact this had.

3.4 How Data and Other Information Has Been Used to Derive Conclusions

Pharmaceutical need is a broad term which is hard to define precisely. There is not a fixed formula to determine need and whether it has been met or not as there are so many variables that come into play that need factoring in and people live their lives differently in different places. Some factors that are suggested a HWB should consider are:

- When prescriptions are generated and the opening hours. This asks about the generation of the demand; however, the timing of demand will of course vary between acute prescribing and chronic prescribing.
- The distance between pharmacies, access, parking arrangements and walking distance / public transport links for members of the public also must be taken into account. This will naturally be contextually different as you move between urban and rural areas and dispensing doctor practices will also contribute to meeting the provision against need in the truly rural areas. The importance of distance has also changed over time with more and more GP work now performed remotely by video or telephone, many areas are seeing high utilisation of the Electronic Prescription Service and delivery is available to all patients via the provisions within the regulations around Distance Selling Pharmacies.
- Capacity of current pharmacies to meet demand. This is important as the number of premises is not the only context to consider, as an efficiently run pharmacy with the right premises, workforce access and equipment can deal with a high volume of items and patients. This is one reason why, within the Cheshire & Merseyside Contractors Survey, we asked the question "if your business need expanded, how could you cope?" and this will continue to change as contractors bring modern solutions such as use of robotics, more efficient pharmacy computer systems, more efficient ordering routines and off-

site assembly. How this could vary and how broad a variation is described in the bullets below:

- Looking at 3 pharmacies at different scales - in 1 month. Pharmacy A (a big Distance Selling Pharmacy) dispensed 1.5 million items, Pharmacy B (city centre destination) did 65k, Pharmacy C (a Health centre) did 11k.
- Pharmacy D (A high street pharmacy with closures nearby) has roughly doubled their capacity in a decade from 11.8k in April 2014 to 21k in December 2023.
- Variation between areas within a place can be really helpful to appraise but must take into account the capacity to deliver described above.

3.5 Consultation

Regulation 8 requires health and wellbeing boards to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document. This must be for a minimum period of 60 days.

A draft PNA was published 12:00pm 28 March 2025 inviting comments to be made prior to closing 12:00pm 30 May 2025.

The draft document was distributed as follows: -

Community and Hospital Providers, All Local Pharmacies, Professional Bodies, NHS Bodies and Staff

- All 28 General Practices in St Helens
- All 40 Pharmacies in St Helens
- Bridgewater Community Healthcare NHS Foundation Trust
- Halton, St Helens and Knowsley Local Pharmaceutical Committee (LPC)
- Mersey Care NHS Foundation Trust
- Mersey and West Lancashire Teaching Hospitals NHS Trust
- Mid Mersey Local Medical Committee (LMC)
- Neighbouring Local Authority Health and Wellbeing Boards (or equivalent): Halton, Warrington, Liverpool, Knowsley, Cheshire East, Cheshire West & Chester
- Neighbouring LPCs of Cheshire & Wirral and Liverpool
- NHS Cheshire and Merseyside
- NHS England
- St Helens Sexual Health Service

Patients and Public

- St Helens Healthwatch
- Voluntary Sector Groups via Halton and St Helens Voluntary and Community Action

Full documentation was published on St Helens Borough Council's website with an online facility to help readers make comments on the PNA. Respondents were offered paper copies of the PNA if required and they could also complete the survey using a copy of the questions supplied with the invitation letter. Written comments could therefore be made online, completion of the questionnaire electronically or print version sent back to the Public Health team. The PNA was available in English language only.

The 60-day statutory consultation letter and questionnaire can be found in Appendix 7. Responses received during the consultation period can be found in Appendix 8. This includes how the steering group responded to each submission and any amends to the PNA made as a result.

3.5. PNA Review Process

The PNA will be reviewed as an integrated part of the annual commissioning cycle as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by St Helens People's Board with input from the Local Pharmacy Committee and Public Health. The task is delegated to the Public Health Intelligence Team and the multi-professional steering group who have developed the PNA.

Examples of changes that might dictate a new or diminished pharmaceutical need are:

- New pharmacy contracts.
- Pharmacy closures.
- Changes to pharmacy locations.
- Pharmacy opening hours.
- Local intelligence and significant issues relating to pharmacy enhanced service provision.
- Appliance provision changes.
- Significant changes in health need, housing developments or primary care service developments that may impact either complimentary or adversely on pharmacy-based services.
- Significant changes in workforce due to movement of local businesses/employers.

Typically, this would be in the form of issuing a Supplementary Statement, unless the changes were significant enough that a new PNA was warranted and did not form a disproportionate response to the level of change identified. The PNA must have a complete review every 3 years.

Successful applications for ‘consolidations and mergers’ as part of the revised pharmacy regulations would also necessitate the development of a supplementary statement. Details can be found on the Community Pharmacy England website concerning consolidation and mergers <https://cpe.org.uk/quality-and-regulations/market-entry/pharmacy-mergers-consolidations/>.

3.6. How to use the PNA

The PNA should be utilised as a service development tool in conjunction with the Joint Strategic Needs Assessment (JSNA) and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following way:

- Maps and tables detailing specific services will mean patients can see where they can access a particular service.
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need.
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community.
- Commissioners will be able to move away from the ‘one-size fits all approach’ to make sure that pharmaceutical services are delivered in a targeted way.
- NHSE will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply.

Pharmaceutical Needs Assessment

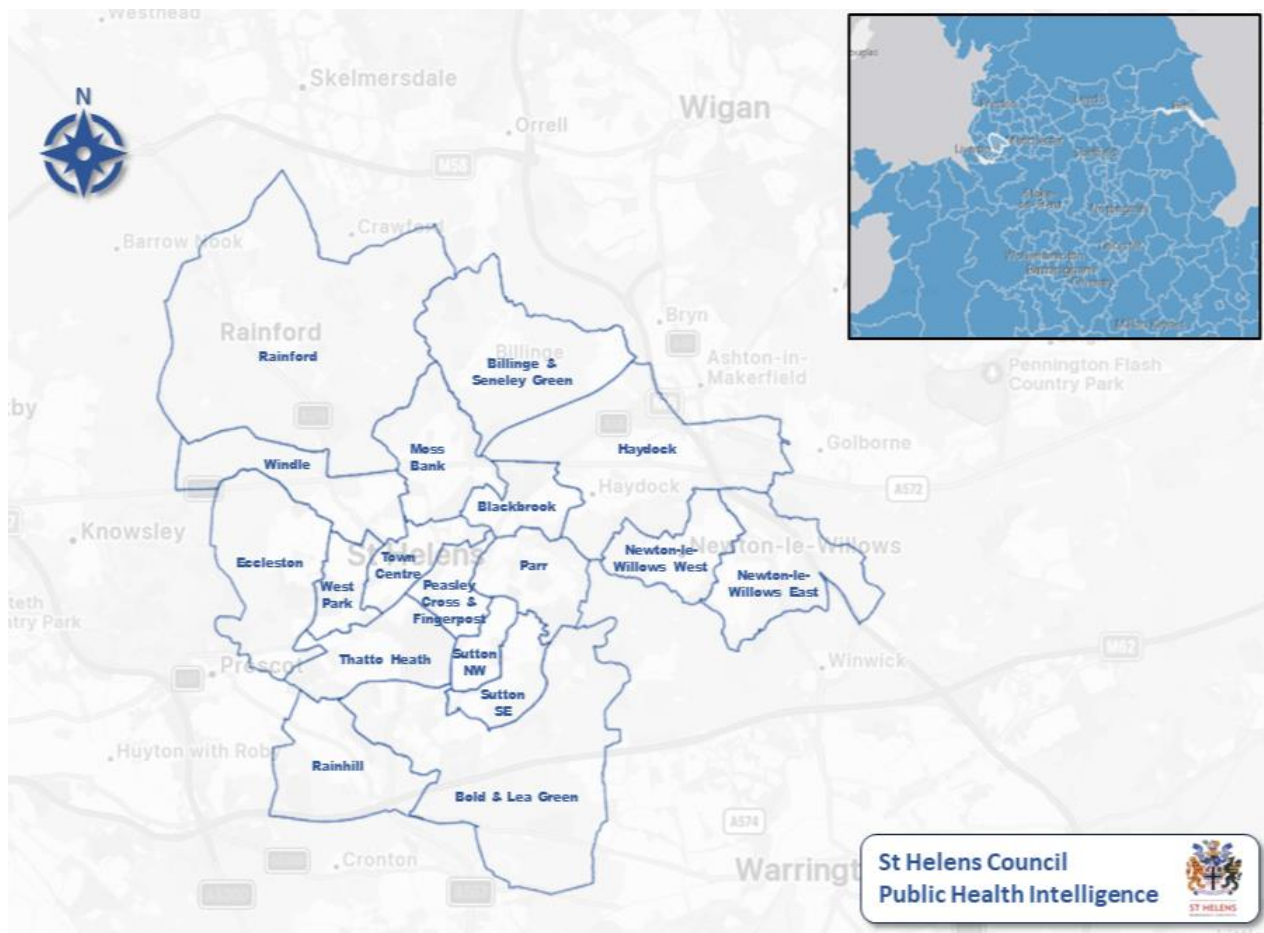
Part 2: Health needs based on demography, localities and linked to JSNA

4. Population Profile of St Helens

4.1. Location

St Helens is situated in Merseyside and is part of the Liverpool City Region (map 1). It covers an area of 136 square kilometres and is home to over 185,000 people with 4,800 businesses based in the borough. It is a place with a strong identity and cultural history, rooted in our world-famous industrial heritage.

Map 1: Location of St Helens Borough



4.2. Population Structure and Projections

The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included whilst UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

4.2.1. Resident population

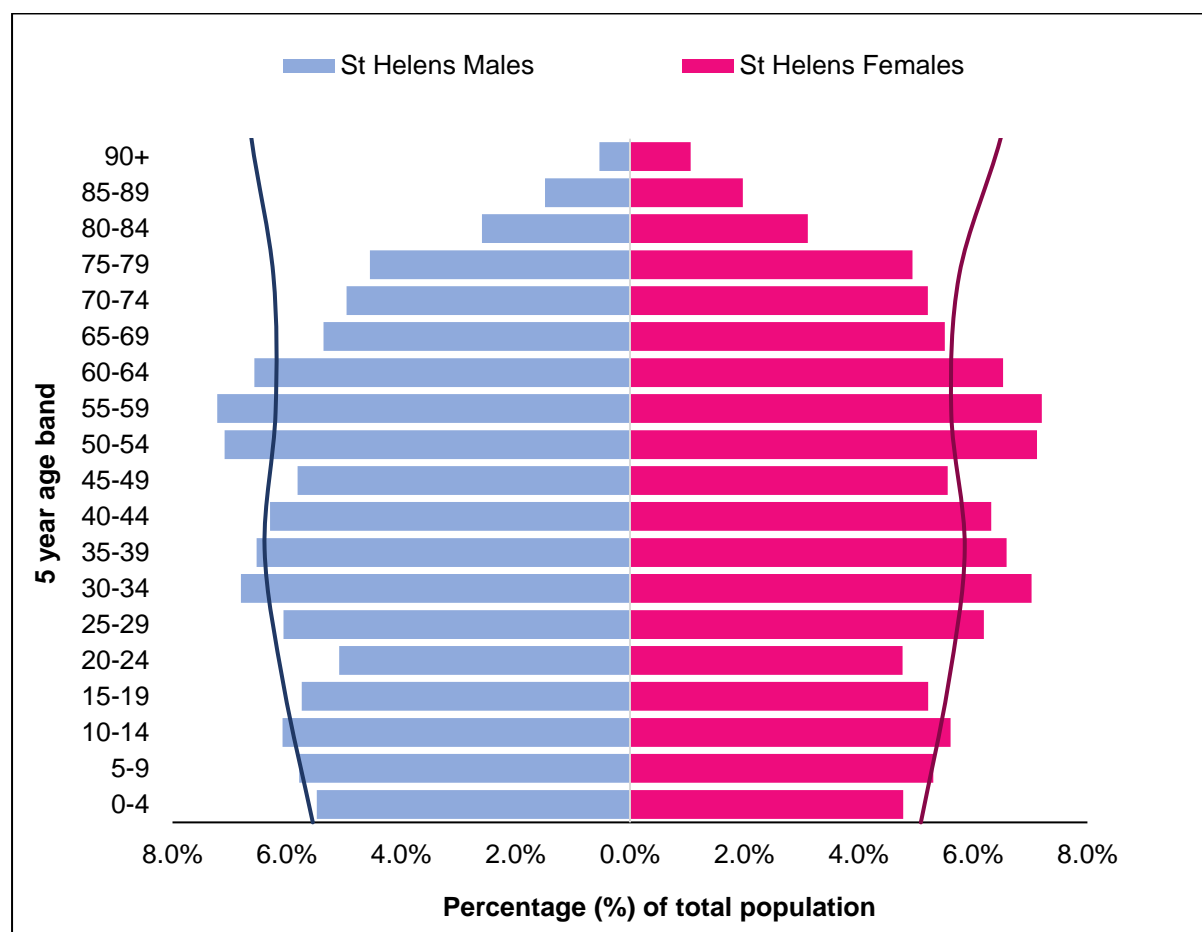
Population estimates are **estimates** of what the resident population make-up should look like at that time, and are based on previous years' births, deaths, and net migration. Office for National Statistics (ONS) mid-2023 population estimates:

- 185,982 people live in St Helens
- 49% of these are male and 51% female (91,397 and 94,585 respectively)

The population age structure is detailed in Figure 2. Compared to the England average the resident population of St Helens has a slightly different structure in the following ages:

- Age bands covering 0-49 years: smaller proportion than England.
- Age bands covering 45-89-year-olds: larger proportion than England.
- Age 90+ years: smaller proportion than England.

Figure 2: St Helens resident population compared to England, mid-2023 estimated age and sex structure



Source: Office for National Statistics

4.2.2. GP Registered Population

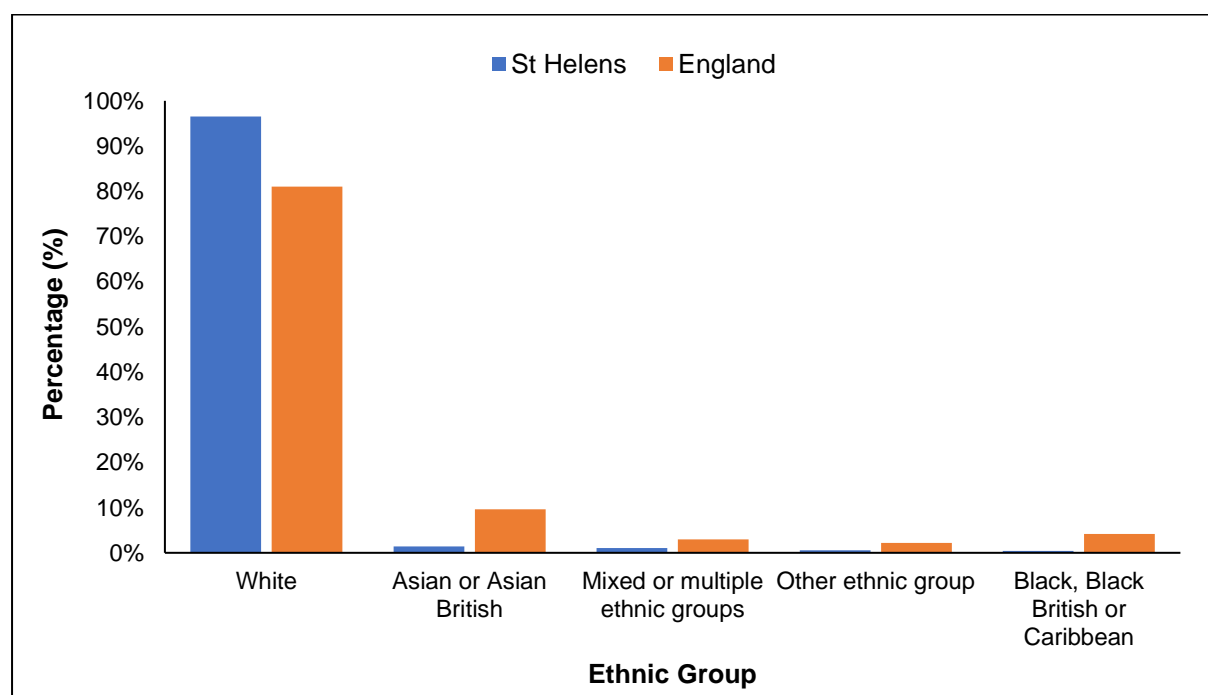
The majority of people who reside in St Helens are registered with a St Helens GP for their primary healthcare. However, there is not a 100% match. People who move into and out of the borough may prefer to stay with their original GP. This means that some people residing in our neighbouring boroughs are registered with St Helens GPs and some St Helens residents will be on a GP register outside of the borough. There are more people registered with a St Helens GP than there are residents. 203,547 are registered with a St Helens GP practice (as of January 2025) compared to 185,982 St Helens residents (2023 mid-year estimate).

4.2.3. Ethnicity

In terms of ethnic breakdown of the population, data have only routinely been available from each Census. Census data, published by the ONS, is the gold standard for ethnicity recording in England and Wales.

The most recent Census was carried out in 2021 and data show that St Helens has a larger white population than England as a whole at 96.5% compared to 81.0% in England (figure 3).

Figure 3: Percentage of St Helens and England population, by broad ethnic group (2021)



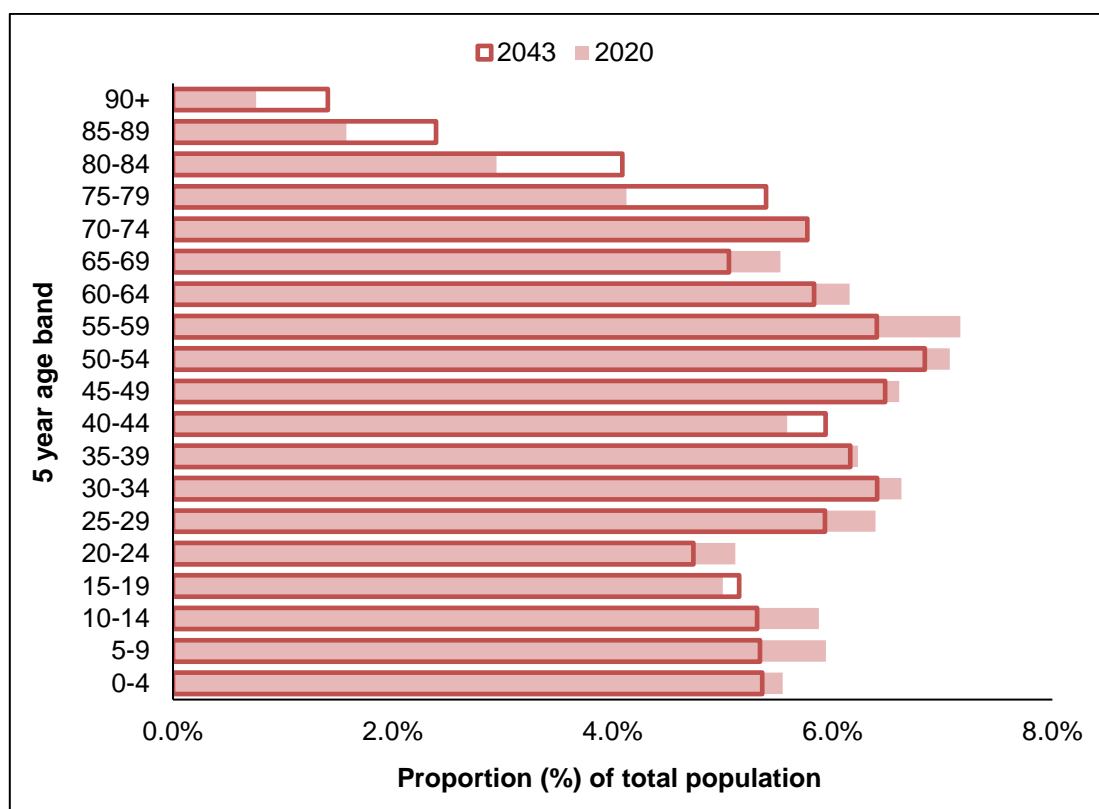
Source: Office for National Statistics, Census 2021

4.2.4. Resident Population Forecasts

St Helens population structure is predicted to shift over the twenty years. Figure 4 shows all age groups between 5 and 19 years, 25 and 49 years, and 50 and 69 years, are forecast to decrease proportionally between 2020 and 2043.

Conversely, the proportion of those aged 70 and over is predicted to increase from 15.6% of St Helen's population to 19.1%. This is an increase of around 8,300 people. The working age population, i.e., those aged 16-64 years, is forecast to shrink slightly. This 'ageing population' is likely to place increased pressure on the NHS and social care services, as this age group makes up a disproportionately large percentage of GP consultations, hospital admissions and social service contacts. This is also likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns persist.

Figure 4: St Helens population projections 2020 to 2043



Source: Office for National Statistics, based on 2018 populations

The projections form a "baseline" view of what the population dynamics would be in the given areas if recent demographic trends were to continue. It is important to note that these projections are consistent across England as a whole.

- In the short term (2023 - 2028) St Helens' population is projected to grow by 1.2% from 183,762 to 186,536.
- In the medium term (2023 - 2033) St Helens' population is projected to grow by 2.8% from 183,762 to 188,867.
- In the long term (2023 - 2043) St Helens' population is projected to grow by 5.6% from 183,762 to 194,118. This is lower than the North West region which is projected to grow by almost 9% and nationally, which is projected to grow by 7.5%.
- Younger people (0 - 15-year-olds) - population projected to be smaller, both in total numbers and as a proportion of the total population (2020 - 2043) – this is the case for St Helens, the North West and England.

- Working age (20 - 64 years) - population projected to be similar in terms of total numbers, whilst shrinking very slightly as a proportion of the total population (from 56.9% in 2020 to 54.7% in 2043) – this is also the case in the North West and England.
- Older people (75+) - population projected to grow by 51% from 17,074 in 2020 to 25,791 in 2043. A large increase is also forecast in the North West (60%) and England (67%).

4.2.5 GP registered population changes 2021 to 2025

St Helens has traditionally had a higher GP registered population than resident population. Between January 2021 and January 2025 the GP practice population increased by 2.3% from 198,975 to 203,547.

4.2.6 Births

- In 2023 there were 1,766 live births in St Helens, giving a crude birth rate of 9.5. This is lower than the crude birth rates in England and the North West at 9.8 and 9.7 respectively.
- The crude birth rate in St Helens has decreased from 10.1 in 2022 to 9.5 in 2023. A decrease was also observed nationally and regionally.

4.3. Future Planning: Housing Developments

Over the Local Plan period (2022 – 2037), the Council must deliver a minimum of 486 dwellings a year, this accounts for a target of 7,290 in total. However, due to a change in the National Planning Policy Framework (NPPF), this target will increase, and we should expect our Local Plan to be reviewed prior to 2037 to meet new housing targets.

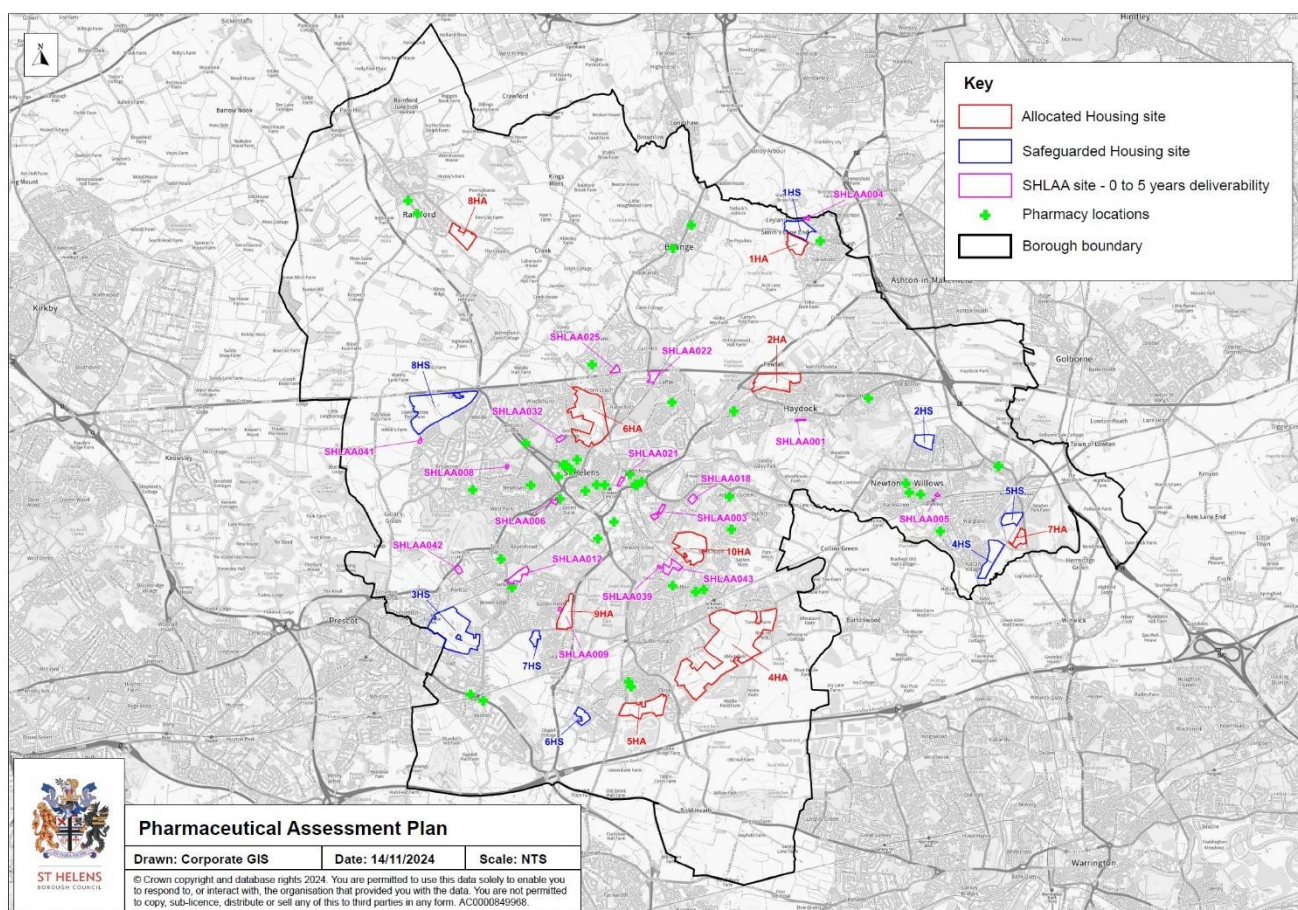
Table 2 outlines the number of dwellings allocated to be built in each ward within St Helens between 2024 and 2034. Map 2 shows the geographical location of the allocated housing sites in the Local Plan alongside Safeguarded Sites for future development after the plan period. However, we expect these Safeguarded Sites will have to be used sooner than 2037 following the recent changes to the NPPF.

It is important to note that site 4HA has been allocated a total of 2,988 dwellings, with building expected to commence between April 2029 and March 2030, with most of the dwellings being built after 2034. Future pharmaceutical needs will therefore need to be taken into consideration in any future needs assessments and during the planning process for site 4HA. Another large site will be 6HA Moss Bank with a planned 1,100 dwellings with 112 planned between 2024-2029. This site looks to have sufficient pharmacy provision due to being close to the town centre however, we will consider this site in future pharmaceutical needs assessments.

Table 2: Number of dwellings allocated to be built in St Helens by ward

Code	Ward	Number of dwellings allocated 2024-2029	Number of dwellings allocated 2024-2034
1HA	Billinge & Seneley Green	112	216
2HA	Blackbrook (96%) Haydock (4%)	112	337
4HA	Sutton South East / Bold & Lea Green	0	270
5HA	Bold & Lea Green	112	337
6HA	Moss Bank	112	337
7HA	Newton-le-Willows	112	140
8HA	Rainford	112	259
9HA	Thatto Heath	112	164
10HA	Sutton North West	112	337

Map 2: Location of housing developments in St Helens



The supply of new houses will come from various sources including:

- Sites listed on the Strategic Housing Land Availability Assessment (SHLAA) – 7,933 dwellings.
- Local Plan Allocated sites – 6,948 dwellings.

- Windfall site – 93 dwellings (per year).

Between the period 2024 – 2029 the expected supply equates to a total of 3,048 dwellings, comprising of:

- Sites with Planning Permission – Not Started. This includes SHLAA sites that have planning permission but not started: 572 dwellings.
- Sites with Planning Permission - Under Construction. This includes SHLAA sites with planning permission and are under construction: 914 dwellings.
- SHLAA sites: 313 dwellings.
- Local Plan Allocations: 784 dwellings.
- Small windfall sites: 465 dwellings.

In the period beyond the initial 5 years, (2029-30 to 2033-34) the Local Plan projects potential for an additional 2,761 dwellings, from the following supply:

- Sites with Planning Permission - Not Started. This includes SHLAA sites that have planning permission but have not been started: 48 dwellings.
- Sites with Planning Permission - Under Construction. This includes SHLAA sites with planning permission and are under construction: 26 dwellings.
- SHLAA sites: 773 dwellings.
- Local Plan Allocations: 1,449 dwellings.
- Small windfall sites: 465 dwellings.

Affordable Housing

The St Helens Strategic Housing Market Assessment (SHMA) Update 2018 identifies that there is a need for 1,987 affordable housing units to be delivered in the Borough between 2016 and 2033 at an average of 117 units per year. It was considered reasonable at this stage to extend this assessment of annual need up until the end of the plan period (2037). Of the overall housing provision of 7,290 dwellings, it is therefore anticipated that about 1,755 (24%) should be affordable.

The Economic Viability Assessment 2018 (EVA) also demonstrated that there are geographical disparities in viability for residential development across the Borough, based on three separate affordable housing zones. These are outlined in Table 3.

Table 3: Affordable Housing Zone Requirements

Zone	Locations (Borough Wards)	
1	Parr, Peasley Cross & Fingerpost, Sutton North West (northern section), Sutton South East (northern section), St Helens Town Centre	No affordable housing requirement due to viability constraints
2	Billinge & Seneley Green, Blackbrook, Bold & Lea Green, Haydock, Moss Bank, Newton-le-Willows East, Newton-le-Willows West, Sutton North West (southern section), Sutton South East (southern section), Thatto Heath, West Park, Windle (southern section)	<ul style="list-style-type: none"> • 30% requirement on greenfield sites • 0% requirement on brownfield sites
3	Eccleston, Rainford, Rainhill, Thatto Heath (western section), Windle (northern section)	<ul style="list-style-type: none"> • 30% requirement on greenfield sites • 10% requirement on brownfield sites

St Helens has for many years had an identified need for further provision of social and affordable rented housing. This is confirmed in the St Helens SHMA update 2018. The Local Plan requires that where affordable housing is to be required (or contributed towards) as part of a wider scheme – at least 10% of the overall housing provision resulting from the proposals should be for affordable home ownership.

The UK government as of December 2024 have set increased mandatory housing figures for local authorities. This will see St Helens' new housing target go from 486 dwellings to 718 dwellings. This will require a review of the local plan however, it is unlikely that any planned building will change within the next five years. Housing will be reviewed in the 2028 Pharmaceutical Needs Assessment.

4.4. Populations with Protected Characteristics

There is widespread evidence to demonstrate that some communities, such as people from ethnic minority groups and people from lesbian, gay, bisexual, and transgender (LGBT+) communities, can experience worse health outcomes. Other groups, such as refugees and asylum seekers and disabled people may face barriers to accessing health and social care services as well as support services to move into good employment. This can have an impact on their health and wellbeing.

Under the Equality Act 2010 there are 9 'Protected Characteristic' groups. The numbers and main health issues facing each are detailed in this section. Whilst

some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

4.4.1. Age

Population

See section 5.2 for detailed breakdown.

- Under age 18: 37,107 (20.0% of total population)
- 18-64: 110,461 (59.4% of total population)
- 65-74: 19,566 (10.5% of total population)
- 75+: 18,848 (10.1% of total population)
- Total population 185,982 (ONS 2023 mid-year population estimate)

Health issues

Health issues tend to be greater amongst the very young and the very old.

For children:

- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment. Young mothers are among the groups least likely to breast feed.
- More than eight out of 10 adults who have ever smoked regularly started before the age of 19.
- Eight out of 10 obese teenagers go on to become obese adults.
- Nationally the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies.
- Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police, and the voluntary sector.

For older people (65+):

- They are less likely to smoke or drink alcohol to riskier levels. They are less likely to take drugs although the age of people in alcohol & substance misuse services is increasing.
- A high proportion of people aged 65+ live alone and this percentage increases with age. This can lead to loneliness and social isolation.
- The proportion of the population with long-term conditions increases with age.

4.4.2. Sex

Population

See section 5.2 for detailed breakdown

- Women 94,585 (50.9%)
- Men 91,397 (49.1%)

Health issues

- Overall life expectancy (LE), healthy life expectancy (HLE) and life expectancy at 65 are lower for St Helens residents than the England average.
- Male LE for all these measures is lower than females.
- There are significant variations in male and female LE within St Helens at ward level (2019-2023). With Town Centre and Peasley Cross and Fingerpost having the lowest life expectancy and Eccleston having the highest life expectancy.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e., they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- Alcohol disorders are twice as common in men although binge drinking is increasing at a faster rate among young women. Among older people the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time cancer morbidity and mortality rates are reducing more quickly for men than women.
- Victims of domestic violence are at high risk of serious injury or death. The majority of victims are female.

4.4.3. Disability

The definition of disability is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. Some people classified as disabled and having rights under the Equality Act 2010 are not captured by this definition, that is people with a long-standing illness or disability which is not currently affecting their day-to-day activities.

Population

The 2021 Census indicates 40,829 people in St Helens have a disability or illness that affects their day-to-day activities; this constitutes 22% of St Helens population, higher than the North West (19.8%) and England (17.7%).

The 2022-23 GP Quality Outcomes Framework (QOF) register shows there were 1,138 people in St Helens with learning disability (LD) known to their general practice. This is a prevalence rate of 0.57%, compared to 0.58% in Cheshire & Merseyside and 0.56% England.²

Data from the 2024 GP Patient survey³ suggests that 84% (pertains to 2,940) of St Helens patients surveyed had a long-term physical or mental health condition. Of those, 12% said it affected their daily life a lot and a further 19% said it affected them a little. 17% said it did not affect ability to carry out their day-to-day activities at all. This is based on a representative sample.

Health issues



- There is a strong relationship between physical and mental ill health. Being physically disabled can increase a person's chances of poor mental health.
- Co-morbidity of disabling conditions can occur.
- People with LD are living longer and as a result the number of older people with a LD is increasing. Despite the fact that people with LD are 58 times more likely to die before the age of 50 than the rest of the population, life expectancy for people with LD has increased over the last 70 years. Older people with LD need more to remain active and healthy for as long as possible.
- Despite this data from NHS Digital suggests people with learning disabilities still have a 4-5 times higher mortality rate than those without LD.
- Recent data by Office of Health Improvement and Disparities (OHID) suggests those with severe mental illness (SMI) have 2-3 times higher premature (under age 75 years) mortality rates compared to those without SMI. This is driven by higher mortality from cardiovascular disease, cancers and respiratory disease. One other feature is lower cancer screening uptake rates amongst people with SMI.
- Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

4.4.4. Pregnancy and maternity

Population

Data from ONS via OHID Fingertips tool shows that St Helens has statistically a similar general fertility rate to that seen nationally. However, the under 18 'teenage' birth rate in St Helens is statistically significantly higher and ranked as 3rd highest in the North West and 17th highest in England. There were 1,858 births in 2022.

Figure 5: Key indicators for pregnancy and maternity

Indicator	Period	St. Helens			North West	England	England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		Best/ Highest
Pregnancy and birth: overarching indicators										
General fertility rate	2022	➡	1,858	55.3	52.9	51.9	32.2			67.1
Under 18s births rate / 1,000	2022	➡	20	6.5	4.0	3.4	13.4			0.0

Health issues

There are many common health problems that are associated with pregnancy. Some of the more common ones are backache, deep vein thrombosis, high blood pressure and pre-eclampsia, haemorrhoids (piles), tiredness, headaches, pelvic pain, indigestion, vaginal discharge or bleeding, varicose veins, morning sickness and nausea, amongst others.

4.4.5. Race

Population

See section 4.2.3 for data.

Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance, misuse, and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions.

Refugees and asylum seekers

Asylum seekers are one of the most vulnerable groups within society often with complex health and social care needs. Within this group are individuals more vulnerable still including pregnant women, unaccompanied children, and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health, some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

The latest data from the Home Office and Ministry for Housing, Communities and Local Government (year ending 30 September 2024) shows that 800 asylum seekers are being supported in St Helens, including 127 Homes for Ukraine arrivals. 574 in dispersed accommodation, and 52 in Contingency Accommodation.^{iv}

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services. Some asylum seekers will have been subjected to torture as well as

^{iv} [Regional and local authority data on immigration groups - GOV.UK](#)

witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

Health issues

- Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and there is evidence of increased prevalence of some specific life-threatening illnesses.
- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus (HIV), tuberculosis and diabetes.
- An increase in the number of older people from ethnic minority groups is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Ethnic minority groups may face discrimination and harassment and may be possible targets for hate crime.

4.4.6. Religion and belief

Population

Data from the 2021 Census for St Helens residents showed:

- Christian 62.32%
- Buddhist 0.27%
- Hindu 0.32%
- Jewish 0.04%
- Muslim 0.73%
- Sikh 0.03%
- Other religion 0.35%
- No religion 31.21%
- Religion not stated 4.72%

Health issues

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious, and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

4.4.7. Marital status

Population

Data from the 2021 Census for St Helens showed:

- Single (never married or never registered a same-sex civil partnership): 37.5%
- Married or in a civil partnership: 43.3%
- Separated (but still legally married or still legally in a civil partnership): 2.4%
- Divorced or formerly in a civil partnership which is now legally dissolved: 9.5%
- Widowed or surviving partner from a civil partnership: 7.3%

Health issues

- Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect.⁴
- A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership.⁵

4.4.8. Sexual orientation

Population

Data from the 2021 Census for St Helens showed:

- Straight or Heterosexual: 91.84%
- Gay or Lesbian: 1.60%
- Bisexual: 0.89%
- Pansexual: 0.08%
- Asexual: 0.05%
- Queer: 0.09%
- All other sexual orientations: 0.09%
- Not answered: 5.46%

Health issues

Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey (2018)^v found:

- Half of LGBT people (52%) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year.
- Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who aren't trans said the same.
- 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men.

^v[LGBT in Britain - Health \(2018\) | Stonewall](#)

- One in six LGBT people (16%) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13%) took drugs at least once a month.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20% of trans people – have witnessed these remarks.
- One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.

4.4.9. Gender identity

Population

Data from the 2021 Census for St Helens showed:

- Gender identity the same as sex registered at birth: 95.48%
- Gender identity different from sex registered at birth but no specific identity given: 0.17%
- Trans woman: 0.06%
- Trans man: 0.08%
- Non-binary: 0.03%
- All other gender identities: 0.02%
- Not answered: 4.15%

Health issues

Research from Stonewall (2018)^{vi} shows:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Being transgender, non-binary or non-gender and any discomfort a person may feel with their body, with the mismatch between their gender identity and the sex

^{vi} [LGBT in Britain - Health \(2018\) | Stonewall](#)

originally registered on their birth certificate, their place in society, or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

4.5. Deprivation and socio-economic factors

The English Indices of Deprivation provide data on relative deprivation for small areas in Halton and nationally.

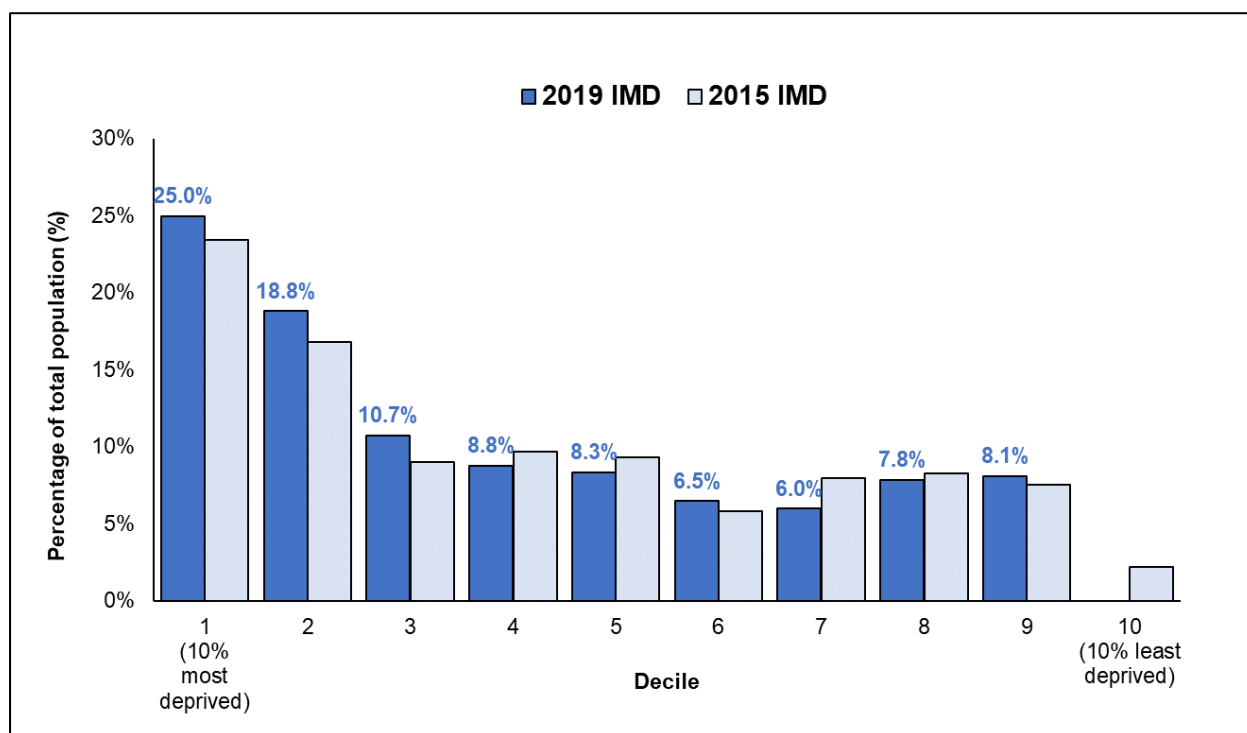
The Indices of Deprivation 2019 (ID 2019) are the primary measure of deprivation for small areas or Lower layer Super Output Areas (LSOAs) in England. The indices were published by the Ministry of Housing, Communities & Local Government (MHCLG) in September 2019 and replaced the 2015 indices.

Each LSOA in England is ranked in order of deprivation, and then grouped into ten percentage groups known as deciles. LSOAs in decile 1 are in the 10% most deprived in the country, and LSOAs in decile 10 are in the 10% least deprived in the country. St Helens has 121 LSOAs.

The main output of the Indices of Deprivation is the Index of Multiple Deprivation (IMD) which combines measures across seven distinct domains of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. The IMD is the most widely used output of the indices, but each domain provides insight into a particular area of deprivation.

More of St Helens population are living in areas classified as the 10% most deprived nationally: **25%**, an increase from 23.4% in 2015. This is almost **4,524** more people, a total of **46,107** St Helens residents. Figure 6 shows the distribution of St Helens population by national deprivation decile, both in 2019 and 2015.

Figure 6: St Helens population distribution by national deprivation decile, IMD



2019 and 2015

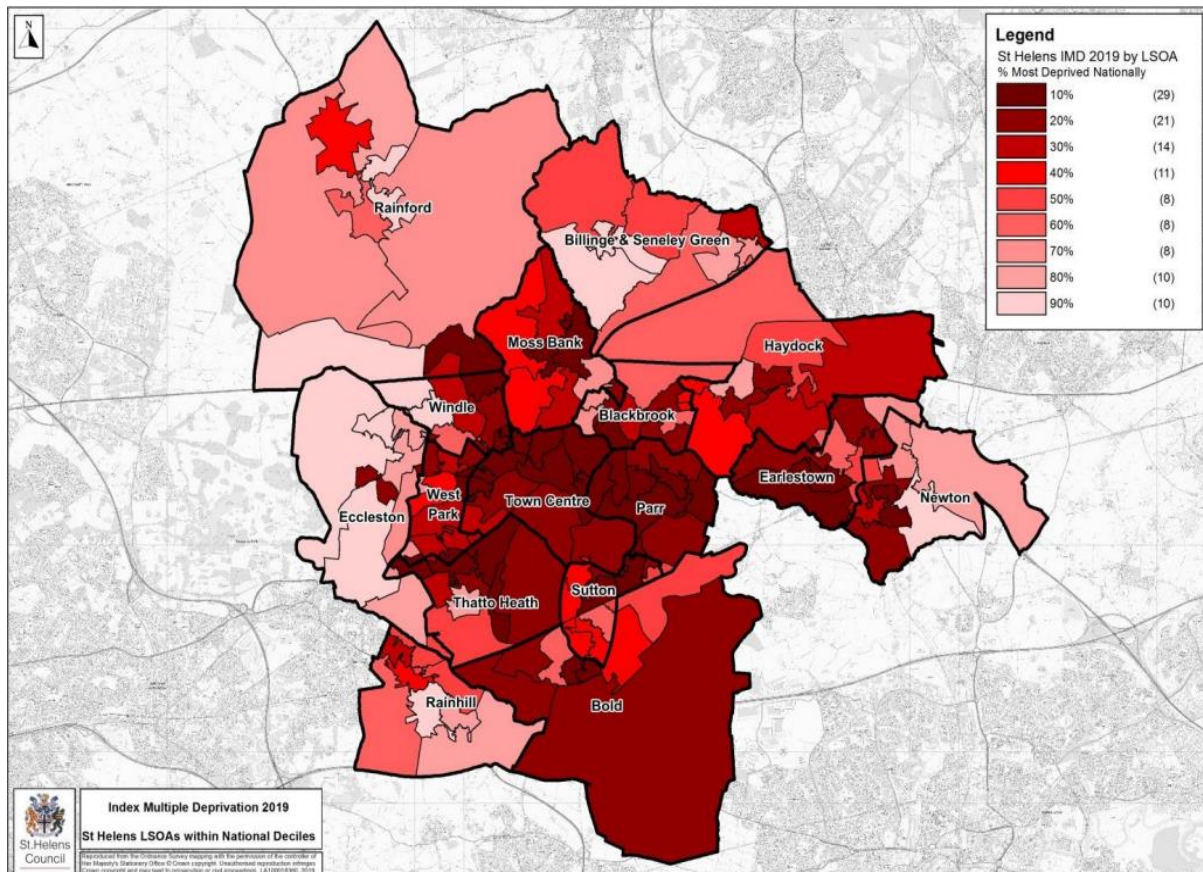
Source: ONS Mid-Year Populations and Indices of Multiple Deprivation

The proportion of people living in the most deprived 20% nationally increased between 2015 and 2019: 43.8% up from 40.2%. Map 3 shows the levels of deprivation (IMD 2019) across the borough, by lower super output area or LSOA (statistical geographical areas of approximately 1,500 population), using national quintiles.

St Helens is ranked as the 26th most deprived local authority in England (out of 317 local authorities) putting it in the most deprived 10% nationally. In 2015 St Helens was the 36th most deprived local authority in England, meaning that St Helens is now relatively more deprived. As illustrated in Map 3, the wards of Town Centre and Parr are the most deprived areas, however there are borough wide pockets of deprivation. Some areas of Eccleston, Rainford, Rainhill, Billinge & Seneley Green and Newton are less deprived.

When we consider the 'Health Deprivation and Disability' domain of the IMD, St Helens ranks as the 8th most deprived local authority in England, with 42% of LSOAs falling within the most deprived 10% of all LSOAs nationally, and 33% falling within the most deprived 5% nationally. In 2015 we were 12th most deprived local authority. Levels of health deprivation are widespread, with the highest relative levels found in the Town Centre, Parr, Bold, West Park and Thatto Heath.

Map 3: Geographical distribution of deprivation in St Helens, IMD 2019



Source: Indices of Multiple Deprivation (2019)

5. Health Profile of St Helens

5.1 Summary of Health Issues

Despite the continuing challenges the borough faces there are some health indicators which show some improvement, particularly in relation to child health indicators. So, whilst the borough's health continues to be, generally, worse than the England average, these improvements show that in some areas we are moving in the right direction – we are doing the right things for the right people, who are then able to engage with services, making the most of them to bring about positive changes for themselves, their families, and their communities.

Some highlights include:

- Child immunisations and flu vaccination uptake continue to perform well in St Helens. For example, uptake of MMR (measles, mumps, rubella vaccination) is higher compared to the North West and England and uptake of flu vaccination amongst those aged 65 and over is similar to the North West and England.
- Children meeting the expected level of development at age 2-2.5 years is statistically significantly higher than nationally and breastfeeding prevalence at 6-8 weeks is improving, and smoking at the time of delivery is decreasing.
- Smoking prevalence amongst adults continues to fall and is now below the regional average. Inequalities continue e.g., between those in routine & manual occupations and amongst those with mental illness compared to the overall prevalence.
- Smoking at the time of delivery continues to fall.
- There has been a fall in the employment gap between those with a long-term condition and the overall employment rate and is now also below the England value.
- Unemployment levels in St Helens are similar to the North West and England rates.

However, some areas do remain difficult to improve and others have worsened since the previous reporting period:

- Both male and female life expectancy, at birth and at age 65, have worsened and remain statistically worse than England. The most recent life expectancy for 2021-23 is 76.8 years for men and 80.3 years for women.
- Internal differences in both male and female life expectancy remain across the borough.
- There has been an increase in the levels of children living in poverty. The percentage of children living in relative and absolute low-income families has increased.
- The under 18 conception rate is statistically higher than the England average.

- Levels of childhood obesity have increased and are statistically worse than the North West and England averages.
- Hospital admissions amongst young people due to self-harm and due to alcohol are both worse than the North West and England averages.
- The rate of suicide in the borough has increased.
- The rate of working age people economically inactive due to long-term sickness is higher than the North West and England rates.
- Older people being admitted to hospital due to injuries from falls remains a challenge locally with rates above the North West and England averages.
- The uptake of NHS Health Checks has decreased since 2021-22 and is significantly lower than the England average.

Figure 7: Key health statistics for St Helens, as of February 2025

Indicator	Period	St. Helens			North West		England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range			
Life expectancy and causes of death											
Life expectancy at birth (Male, 3 year range) New data	2021 - 23	—	-	76.8	77.5	79.1	73.1			82.5	
Life expectancy at birth (Male, 1 year range) New data	2023	—	-	77.0	77.7	79.3	73.4			82.7	
Life expectancy at birth (Female, 3 year range) New data	2021 - 23	—	-	80.5	81.6	83.1	78.9			86.5	
Life expectancy at birth (Female, 1 year range) New data	2023	—	-	80.9	81.7	83.2	78.2			86.8	
Under 75 mortality rate from all causes	2023	→	787	458.6	408.1	341.6	622.1			220.9	
Under 75 mortality rate from cardiovascular disease	2023	→	198	115.1	93.8	77.4	136.2			45.9	
Under 75 mortality rate from cancer	2023	→	234	135.4	134.5	120.8	182.1			81.9	
Suicide rate (Persons, 10+ yrs) New data	2021 - 23	—	77	15.9	13.3	10.7	19.6			4.2	
Injuries and ill health											
Killed and seriously injured (KSI) casualties on England's roads	2023	→	82	97.7*	89.7*	91.9*	588.8			21.9	
Emergency Hospital Admissions for Intentional Self-Harm New data	2023/24	↓	515	285.7	128.2	117.0	342.5			36.1	
Hip fractures in people aged 65 and over New data	2023/24	→	235	613	578	547	849			362	
Percentage of cancers diagnosed at stages 1 and 2	2021	→	453	51.8%	53.6%	54.4%	48.5%			61.2%	
Estimated diabetes diagnosis rate	2018	—	-	84.2%	81.1%	78.0%	54.3%			97.5%	
Estimated dementia diagnosis rate (aged 65 and older)	2024	→	1,834	70.9	68.9	64.8	51.3			90.5	
> 86.7% (significantly) similar to 86.7% < 86.7% (significantly)											
Behavioural risk factors											
Admission episodes for alcohol-specific conditions - Under 18s New data	2021/22 - 23/24	—	67	80.5	25.6	22.6	61.7			3.8	
Admission episodes for alcohol-related conditions (Narrow) New data	2023/24	→	1,065	573	501	504	890			240	
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS)	2023	—	-	11.9%	11.8%	11.6%	22.3%			4.6%	
Percentage of physically active adults (19+ yrs)	2022/23	—	-	64.2%	65.7%	67.1%	51.4%			80.5%	
Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs)	2022/23	—	-	71.3%	66.5%	64.0%	77.7%			45.8%	
Child health											
Under 18s conception rate / 1,000	2021	→	78	25.9	16.4	13.1	31.5			1.1	
Smoking status at time of delivery	2023/24	↓	232	12.8%	8.4%	7.4%	17.5%			2.8%	
Baby's first feed breastmilk (previous method)	2018/19	—	805	47.9%	62.4%	67.4%	43.6%			98.7%	
Infant mortality rate New data	2021 - 23	—	20	3.7	4.6	4.1	8.4			1.7	
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24	→	560	27.5%	23.3%	22.1%	31.0%			13.3%	
Inequalities											
Deprivation score (IMD 2019)	2019	—	-	31.5	28.1	21.7	45.0			5.8	
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	2023	—	-	19.2%	22.3%	19.5%	50.8%			5.0%	
Inequality in life expectancy at birth (Male)	2018 - 20	—	-	10.9	11.6	9.7	17.0			2.6	
Inequality in life expectancy at birth (Female)	2018 - 20	—	-	9.4	10.0	7.9	13.9			1.2	
Wider determinants of health											
Children in relative low income families (under 16s)	2022/23	→	7,543	23.0%	26.7%	19.8%	42.2%			5.2%	
Children in absolute low income families (under 16s)	2022/23	→	5,555	16.9%	20.6%	15.6%	35.7%			4.2%	
Average Attainment 8 score	2022/23	—	-	42.9	44.5	46.2	36.1			58.4	
Percentage of people in employment	2023/24	→	80,400	73.3%	73.2%	75.7%	61.6%			87.6%	
Homelessness: households owed a duty under the Homelessness Reduction Act New data	2023/24	→	857	10.5	14.9	13.4	30.6			3.6	
Violent crime - hospital admissions for violence (including sexual violence) New data	2021/22 - 23/24	—	410	76.7	43.2	34.2	170.5			12.0	
Health protection											
Winter mortality index	Aug 2021 - Jul 2022	—	50	6.9%	8.2%	8.1%	30.1%			-8.8%	
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	↑	914	495	481	520	3,304			182	
TB incidence (three year average)	2020 - 22	—	11	2.0	6.5	7.6	41.3			0.8	

Source: OHID Fingertips tool, Local Authority Health Profiles (accessed 04 February 2025)

5.2. St Helens People's Board Priorities

The Joint Strategic Needs Assessment (JSNA) has been used to inform leaders and commissioning decisions about the health and wellbeing needs of the borough, as well as the wider determinants that impact on these issues. Following an extensive engagement and prioritisation process, St Helens People's Board agreed a core set of priorities for its 2024 - 2027 health and wellbeing strategy titled: St Helens People's Plan.^{vii}

Our All Age Partner Priorities are:

- **Mental Wellbeing**
 - Support people who are at risk of self-harm.
 - Reduce social isolation and loneliness in the borough.
 - Improve the emotional wellbeing and mental health of children and young people.
 - Improve the capacity and capability for the VCFSE.
- **Healthy Weight**
 - Support healthy eating choices in the Borough.
 - Encourage residents to lead a more active lifestyle.
 - Reduce the prevalence of diabetes.
- **Care Communities**
 - Rolled out Care Communities across four primary care networks.
 - Developed metrics to evaluate the impact of Care Communities.
- **Inequalities**
 - Improve our standing in Merseyside across a range of Marmot indicators.
 - Raise the aspirations of children and young people in St Helens.
 - Continue to influence partners to reduce inequalities.

The community pharmacy services that can support these priorities are detailed in Part 3, section 8.2.

^{vii} [Appendix 1.pdf](#)

Pharmaceutical Needs Assessment

**Part 3: Current service provision:
access; prescribing; advanced
and locally commissioned
services (including public and
contractor survey findings)**

6. Pharmacy Premises

6.1 Pharmacy Providers

6.1.1 Community Pharmacy Contractors

Community pharmacy contractors can be individuals who independently own one or two pharmacies or large multinational companies e.g., Lloyds, Boots, Sainsbury's etc. who may own many hundreds of pharmacies UK wide.

At the time of writing, St Helens has 40 community pharmacy contractors, and this is a reduction from the previous PNA where there were 46 community pharmacies.

Every pharmacy premise must have a qualified pharmacist available throughout all of its contractual hours, to ensure services are available to patients. In general pharmacy services are provided free of charge, without an appointment, on a "walk-in" basis. Pharmacists dispense medicines and appliances as requested by "prescribers" via both NHS and private prescriptions.

In terms of the type of community pharmacies in our area there are:

- 37** - delivering a minimum of 40 hours service per week
- 3** - delivering a minimum of 72-100 hours service per week

Further details of community pharmacies operating in St Helens can be found in Chapter 6.2 of this PNA, as well as in Appendix 1 and 2.

6.1.2. Dispensing Doctors

Dispensing doctors' services consist mainly of dispensing for those patients on their "dispensing list" who live in more remote rural areas. There are strict regulations which stipulate when and to whom doctors can dispense. St Helens has **no** dispensing doctor practices.

6.1.3. Appliance Contractors

These cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Currently St Helens **does not have** an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas.

6.1.4. Local Pharmaceutical Services (LPS)

This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently **no** LPS contracts in St Helens.

6.1.5. Acute Hospital Pharmacy Services

There is one Acute Hospital Trust within the St Helens catchment area: Mersey and West Lancashire Teaching Hospital NHS Trust, formerly St Helens and Knowsley Teaching Hospitals Trust. Many St Helens residents will attend the hospital within the borough, however some residents may also choose to attend a different hospital trust. For example, some residents in the north of the borough may attend hospitals in Wigan under the Wroughtington, Wigan and Leigh NHS Foundation Trust. Hospital Trusts have pharmacy departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients and during the out-patient clinics.

6.1.6. Mental Health Pharmacy Services

The population of St Helens is served by the Mersey Care NHS Foundation Trust. As of 1 June 2021, Mersey Care NHS Foundation Trust completed the acquisition of North West Boroughs Healthcare NHS Foundation Trust to provide an enlarged range of mental health and community health services across Merseyside, Cheshire and the North West region. They employ pharmacists to provide clinical advice within their specialist areas and they provide an inhouse pharmacy service to dispense the necessary medications for their patients at the various services across the patch.

6.1.7. GP Out of Hours Services and Urgent Care Centres

There are currently two GP Out of Hours providers in St Helens. This service is provided by either Primary Care 24 or St Helens Rota depending on which GP practice the patient is registered with. All patients received into the service are triaged by a clinician over the phone prior to a decision being made regarding the medical care they may require. This consultation may result in a face-to-face consultation or a home visit from one of their GPs. During normal pharmacy opening hours, patients who subsequently require a medicine are provided with a prescription that is usually sent electronically to a local community pharmacy. During evenings and part of the weekends, when pharmacy services may be more limited, patients may be provided with pre-packaged short courses of medication directly or a prescription may need to be sent to a pharmacy outside of the local area. By default, this service operates a limited formulary and tends to provide medications needed for immediate, acute use.

There is one Urgent Treatment Centre (UTC) in St Helens that can see patients for urgent injuries or illnesses and will provide access to any medication deemed necessary as a result. This will depend on the nature of the problem and the medication required. The St Helens UTC is located behind the Millenium Centre, on Shaw Street. A GP is available on-site Monday to Friday, 11.00am to 8.00pm, in addition to the nursing staff.

Consideration is given to the availability of pharmacy services in the out of hours period, at weekends and bank holidays to ensure patients do not experience undue delay in accessing urgent treatment.

6.1.8. Bordering Services / Neighbouring Providers

The population of St Helens can access services from pharmaceutical providers not located within the local authority's own boundary. When hearing pharmacy contract applications or making local service commissioning decisions, the accessibility of services close to the borders will need to be considered. For further information on such services please refer to the relevant neighbouring Health and Wellbeing Boards' own PNA.

6.1.9 Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Assurance Framework

The ICB area team requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies providing NHS services are included within a programme of assurance framework monitoring visits. The delivery of any locally commissioned services is scrutinised by the commissioner of each of the services under separate arrangements. As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity, and respect. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHS England area team adopts when carrying out the Community Pharmacy Assurance Framework Monitoring visits for essential and advanced services.

The Community Pharmacy Assurance Framework process follows a structured sequence of events including:

- Self-assessment declarations.
- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff.
- Scrutiny of internal processes for confidential data management.
- Recommendations for service development or improvement.
- Structured action plan with set timescales for completion.

In addition to the structured process outlined above, the NHS England team will also consider findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standard of an individual pharmacist is found to fall below the expected level, the NHS England area team will work with the relevant professional regulatory body, such as the General Pharmaceutical Council, to ensure appropriate steps are taken to protect the public.

6.2. Pharmacy locations and level of provision

As of May 2025 there are 40 community pharmacies across St Helens which is reduction from 46 pharmacies in the previous PNA (see Map 4 and Appendix 1 for full list of community pharmacies).

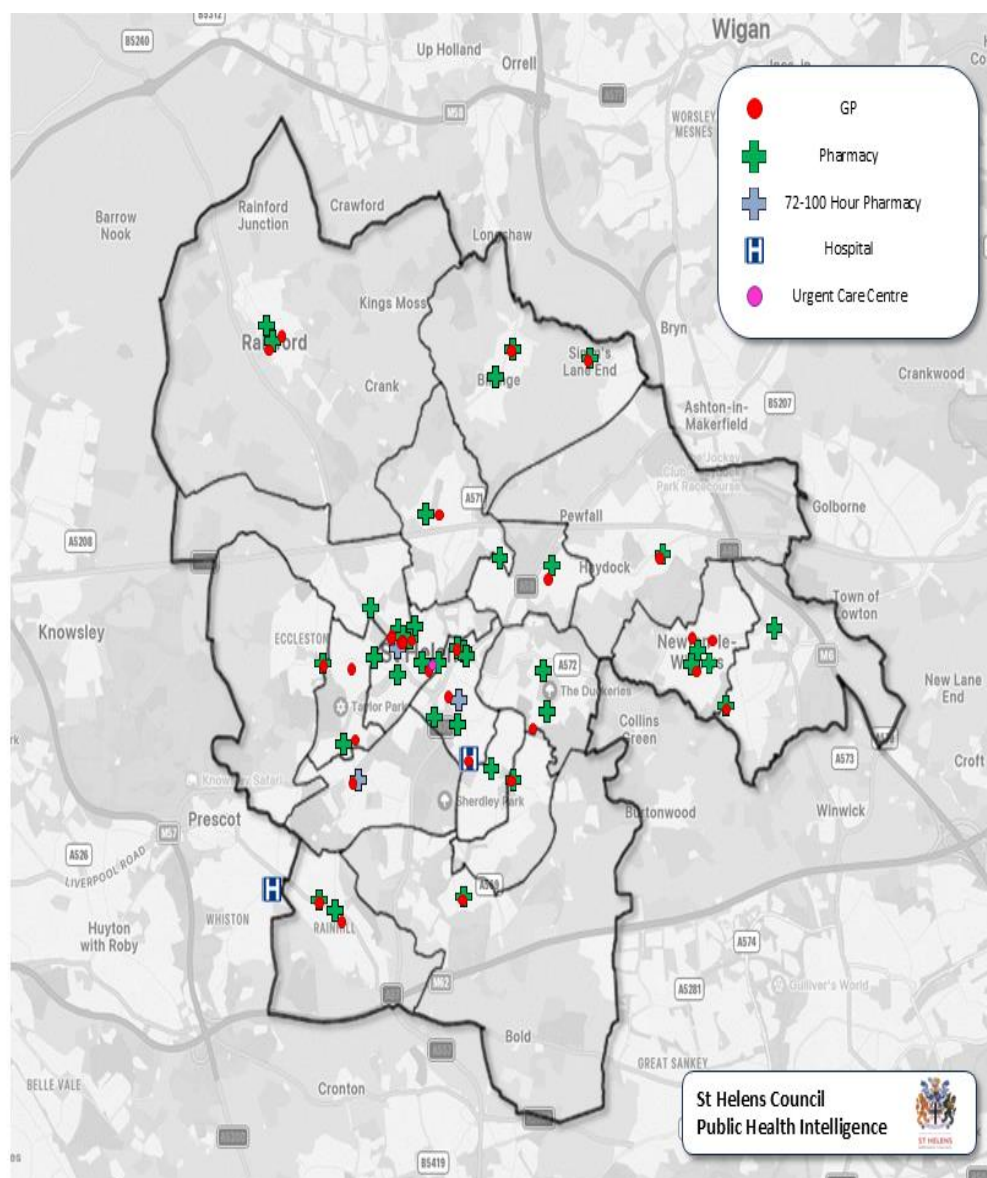
Nationally there has been a reduction in the number of community pharmacies in England which now stands at 10,611^{viii} for a GP registered population of 63,330,210 (as of 1 May 2024)^{ix}, giving an average of approximately one community pharmacy for every 5,968 members of the population. A reduction in the number of community pharmacies has also been seen in St Helens with 5 less compared to the 2022-2025 PNA.

St Helens has one community pharmacy for every 5,088 people (based on GP registered population of 203,547). This is lower compared to a Cheshire and Merseyside ICB average of 1 pharmacy per 5,168 people, and higher than the North West average of 1 pharmacy per 3,702 people. Whilst this is a very crude analysis, it does show that despite a reduction in the number of pharmacies, St Helens still has a lower average number of patients per pharmacy than in Cheshire and Merseyside and nationally.

^{viii} As of Quarter 1 2024/25. Data via <https://opendata.nhsbsa.net/dataset/contractor-details> data

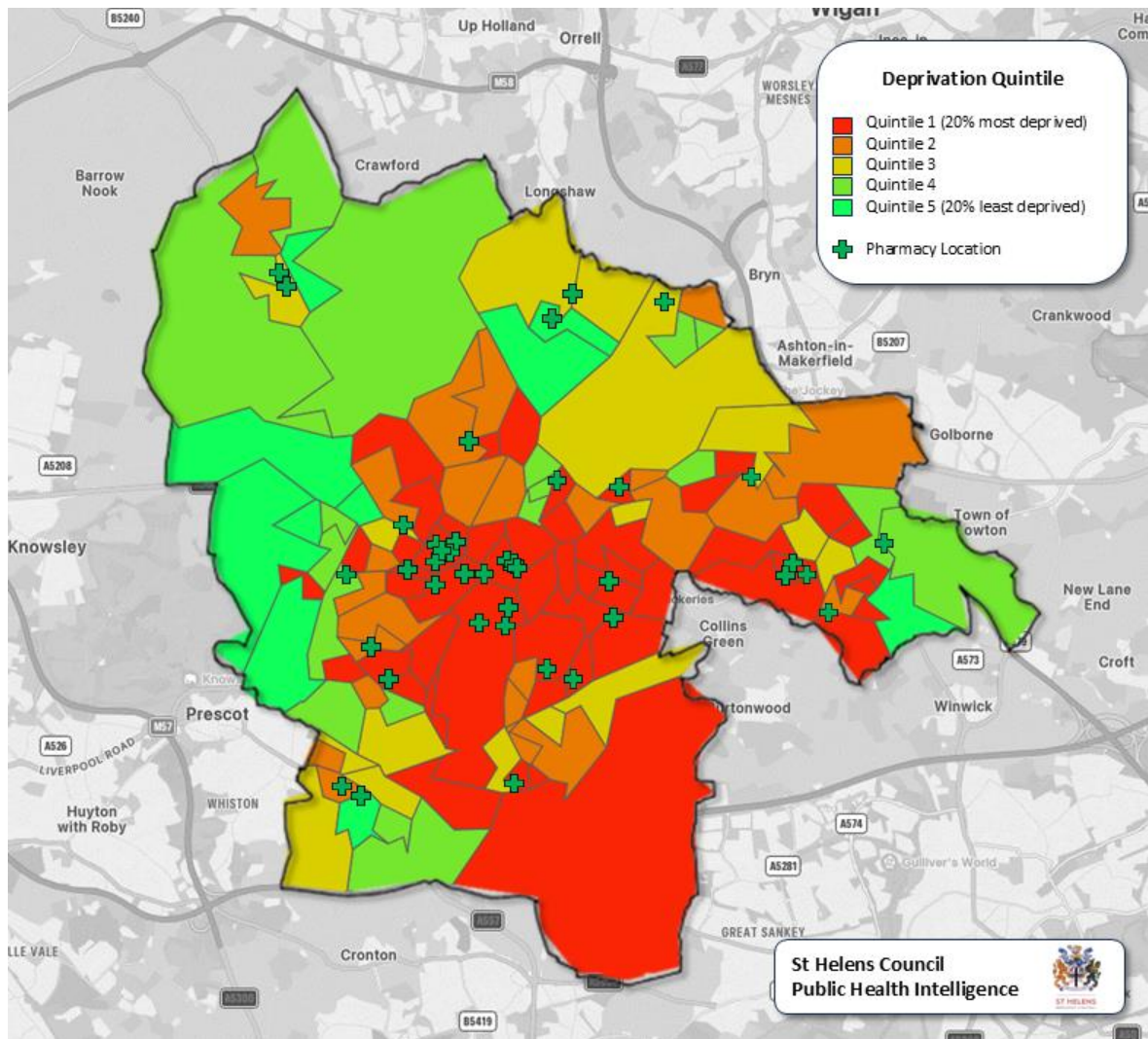
^{ix} As of 1 May 2024. Data via <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-agp-practice/may-2024>

Map 4: Location of pharmacies in St Helens mapped against other health services



Map 5 shows that generally there is a good provision of pharmacies in the most deprived areas of St Helens. The lower super output areas (LSOA) in the most deprived quintile without a pharmacy have at least one nearby. As shown in Map 8, these areas are within a 5-minute drive of a pharmacy. For residents who do not have access to a car, the travel time would be around a 20-minute walk or trip on public transport (see Maps 9 and 10 for further details on walking and public transport travel times).

Map 5: Pharmacy locations in St Helens mapped against levels of local deprivation by LSOA



Map 6 shows that in all areas of high population density there is adequate pharmacy provision. In terms of the location of the proposed housing development of 2,988 dwellings in the Bold are, as illustrated this is located in an area with lower population density.

Population Density by LSOA
(persons per km²)

109 (per km²) 4891 (per km²) 9672 (per km²)

Pharmacy Location

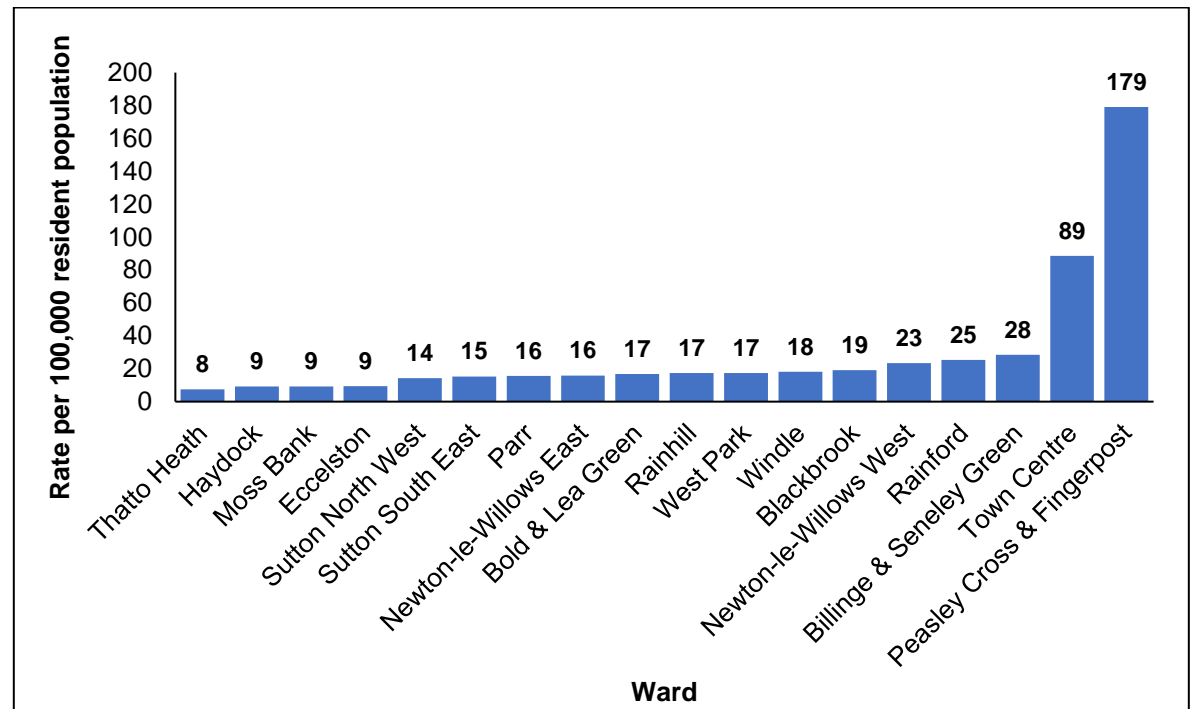
St Helens Council
Public Health Intelligence

Figure 8 shows this value ranges widely across the borough when analysed in terms of pharmacies per 100,000 population at electoral ward level. For example, the ward of Peasley Cross and Fingerpost has 6 pharmacies and therefore gives a crude rate of 179 pharmacies per 100,000 resident population^x, in Town Centre the rate is 89 per 100,000, whilst Thatto Heath has a rate of 8 pharmacies per 100,000 resident population. Although Map 6 shows a lack of pharmacies in the south of the borough, this is mostly rural land with a low population density. There are also pharmacies available in neighbouring wards and boroughs to currently support residents in this area. However, it is previously mentioned that there are future plans for this area to

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see an increase of 2998 dwellings and therefore pharmacy provision will need to be reviewed.

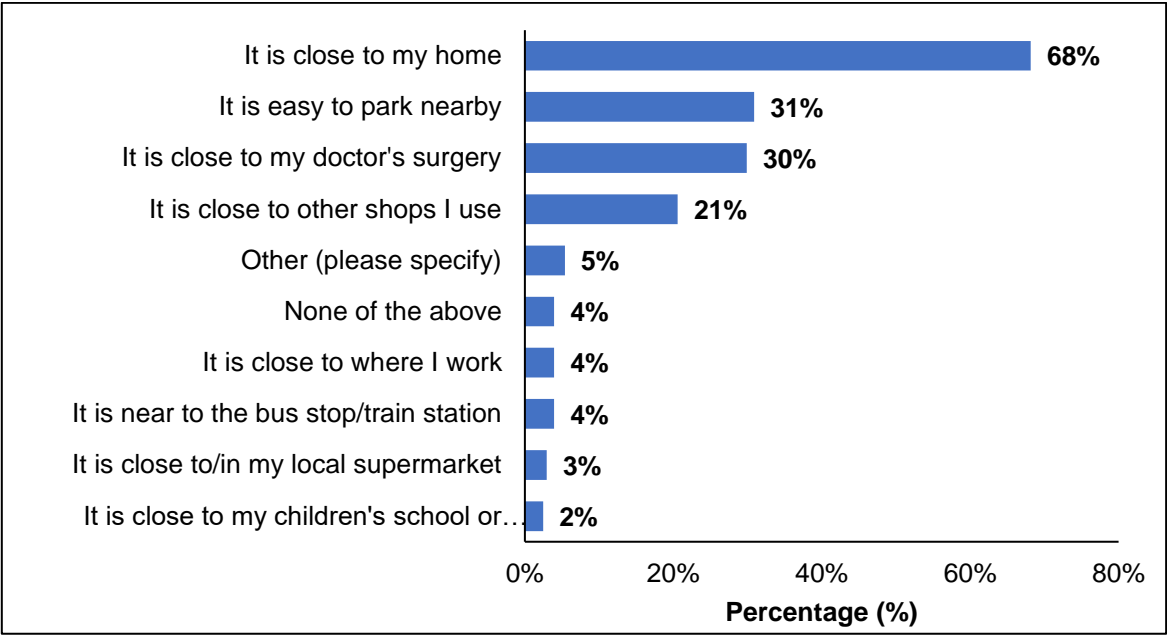
Figure 8: Crude rate (per 100,000 population) of pharmacies in St Helens by ward, as at May 2025



Source: NHSBA and ONS population estimates

In the public survey of community pharmacy services 68% stated the most important reason for choosing the pharmacy they regularly use was that it was close to their home, with 31% saying because it was easy to park nearby and 30% because it was close to their doctor’s surgery (figure 9). Note, respondents had the option to tick all that applied to them, therefore the total percentage adds up to more than 100%.

Figure 9: Importance of pharmacy location, Q7 of public survey of community pharmacy services

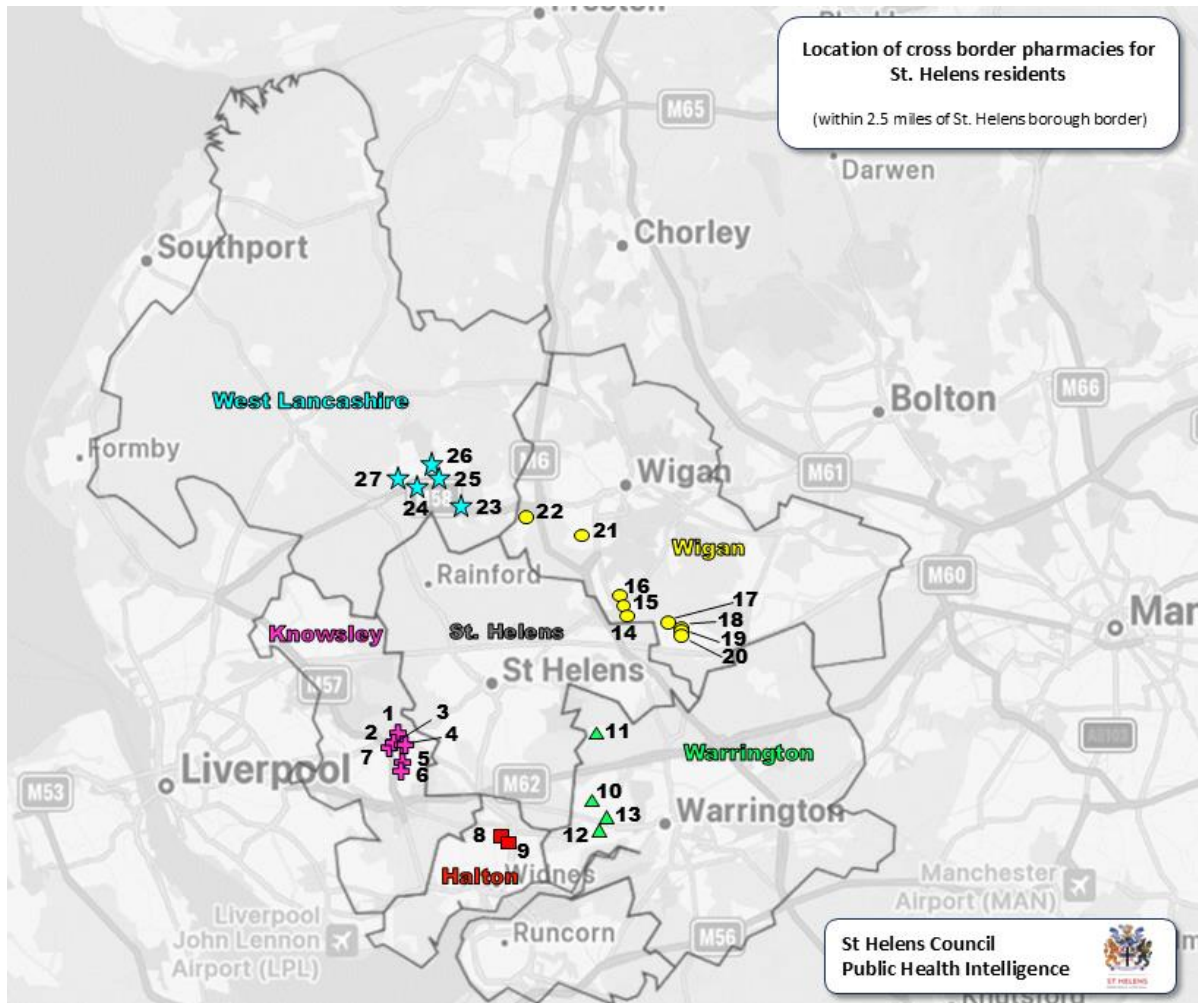


Source: Public Survey, 2024

6.3. Access to and provision of community pharmacy services in local authorities bordering St Helens

The framework for this PNA has been based largely on the 2022-2025 PNA, which was a collaborative process across Cheshire & Merseyside. This approach facilitated the identification of pharmaceutical services along the borders of neighbouring boroughs that the St Helens population may access. For example, a pharmacy in a neighbouring borough may be closer to a resident's home or place of work, even though they are registered for NHS Services with a GP practice in St Helens. St Helens has geographic borders with several local authorities, namely, Knowsley, Halton, Warrington, Wigan and West Lancashire. Map 7 shows the locations of these cross-border pharmacies. Analysis of the information supplied, identified that there is adequate service provision on the borders of Knowsley, Halton, Warrington, Wigan and West Lancashire. A list of the pharmacies is available in Appendix 3.

Map 7: Pharmacies in other boroughs most likely to be used St Helens residents



Source: NHS Business Services Authority

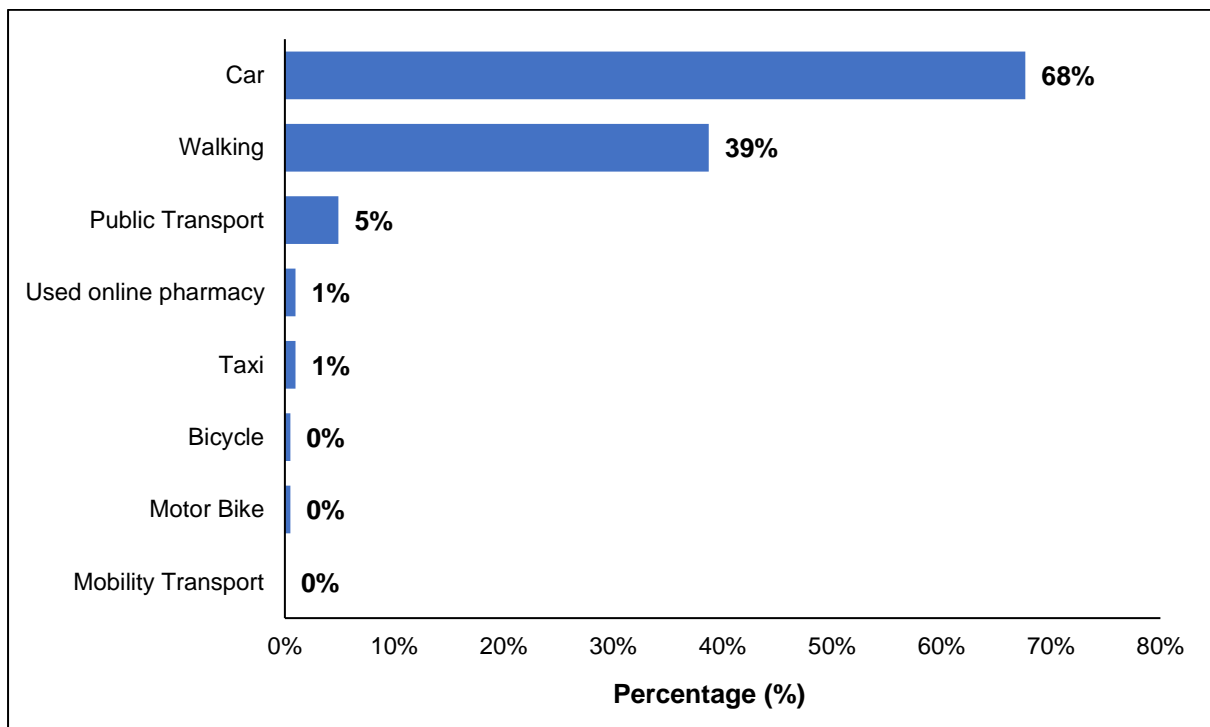
6.4. Getting to the pharmacy

In order to demonstrate accessibility, it is helpful to produce some local maps using pharmacy locations for drive and walk times which demonstrate travel accessibility for the local population. To assess this a series of travel time maps from the OHID's SHAPE Atlas^{xi} have been accessed considering both travel by car, walking, as well as public transport and cycling.

The public survey showed the majority of respondents get to their usual pharmacy by car (68%), with 39% walking (figure 10). Data from the Census shows households in St Helens without a car has declined from 26.7% in the 2011 Census to 23.2% in the 2021 Census.

^{xi} SHAPE - Shape (shapeatlas.net)

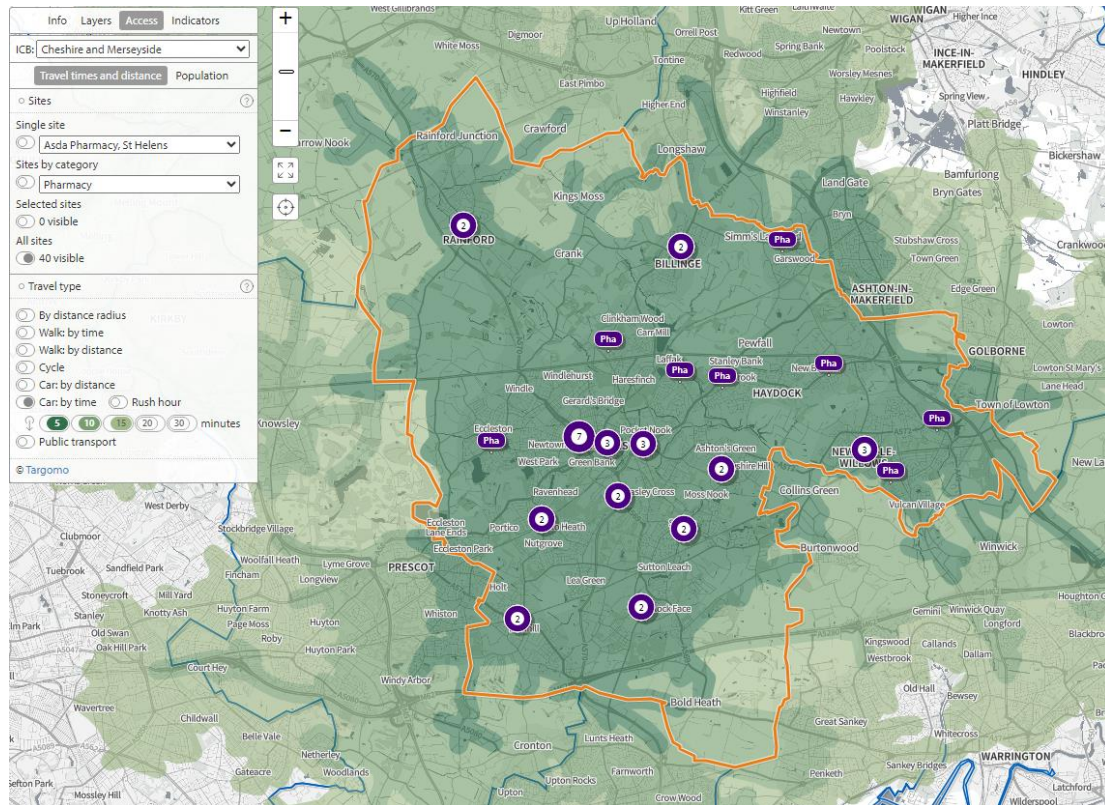
Figure 10: Method used to get to the pharmacy, Q5 of public survey of community pharmacy services



Source: Public Survey 2024

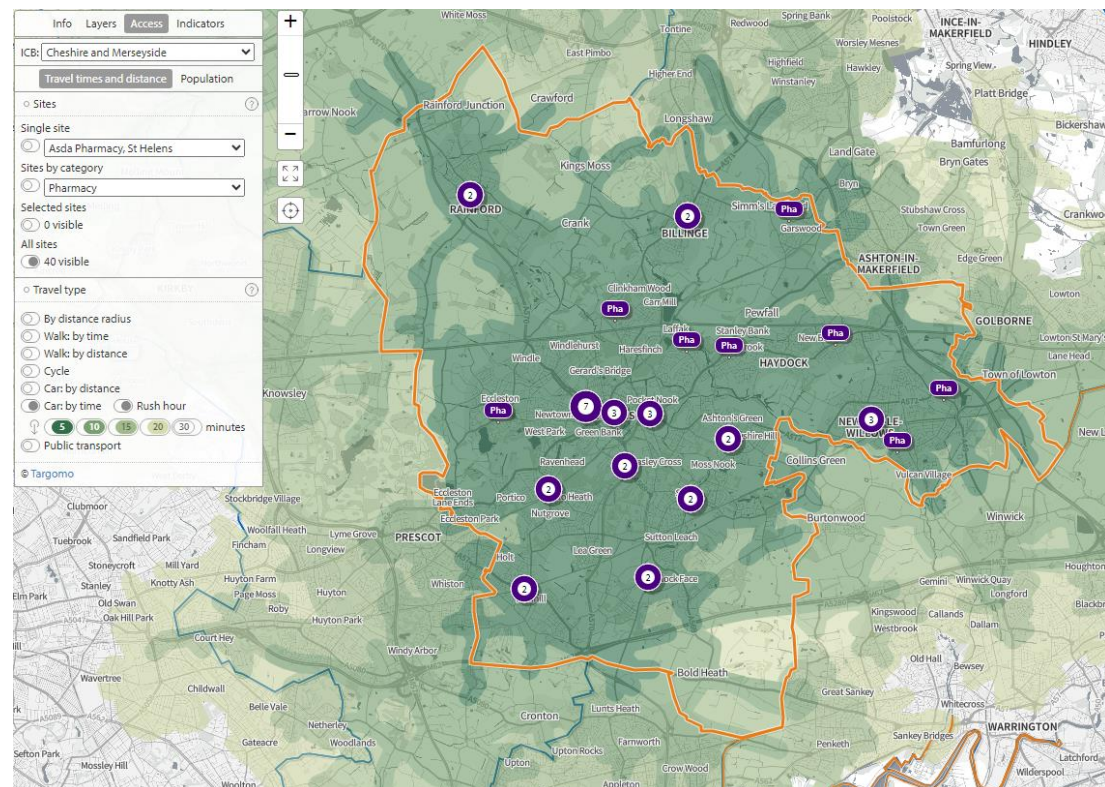
Mapping drive times during the day and during rush hour shows that no location in St Helens is more than a 15-minute drive from a pharmacy during the day (map 8) and 20 mins away during rush hour (map 9)

Map 8: Drive times to community pharmacies during the day in St Helens



Source: PHE SHAPE tool (accessed January 2025)

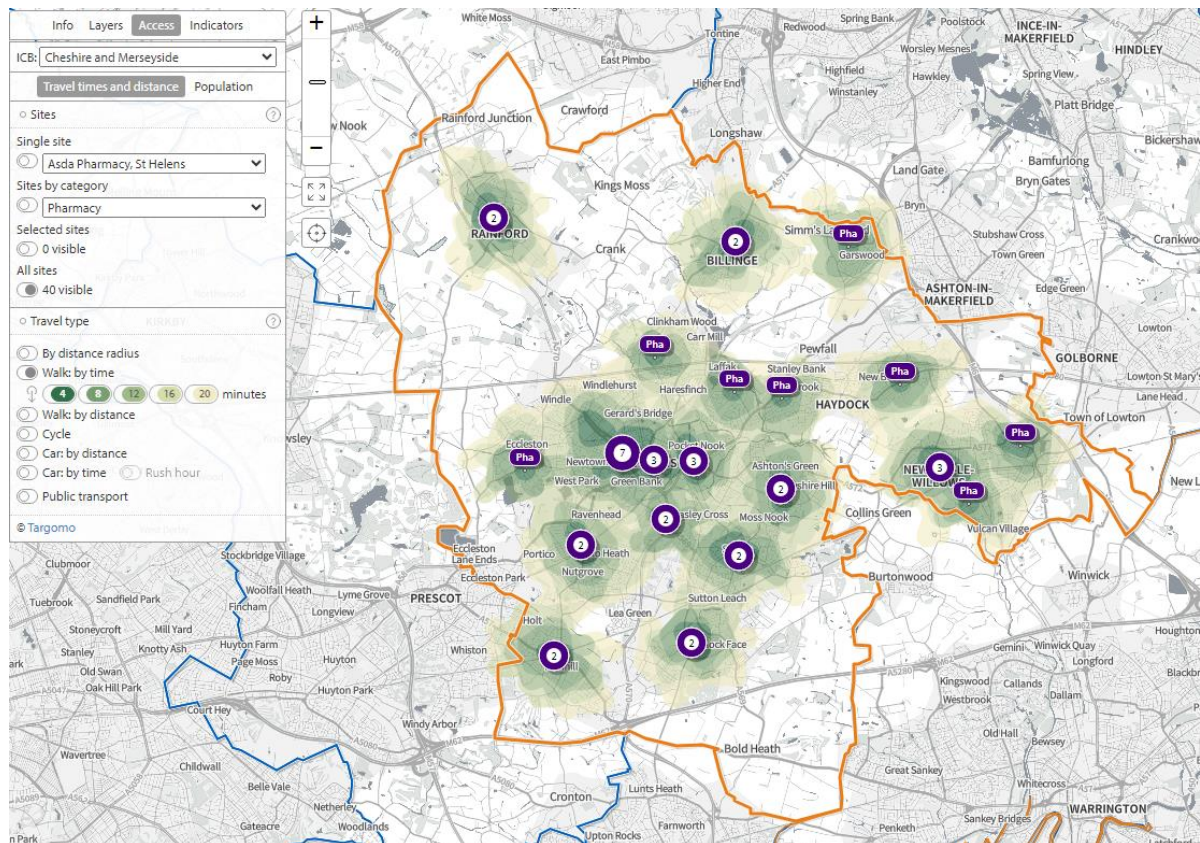
Map 9: Drive times to community pharmacies during rush hour in St Helens



Source: PHE SHAPE tool (accessed January 2025)

For those choosing to walk (39% of respondents to the public survey indicated they use this mode of transport), accessibility is slightly more limited. As shown in Map 10 access to a pharmacy on foot is easier in the centre of the Borough, but there are some areas where the nearest pharmacy is more than a 20-minute walk away (note these are predominantly areas without GP practices also). However, as illustrated in Map 9, these areas are no more than a 15–20-minute drive away even in rush hour times.

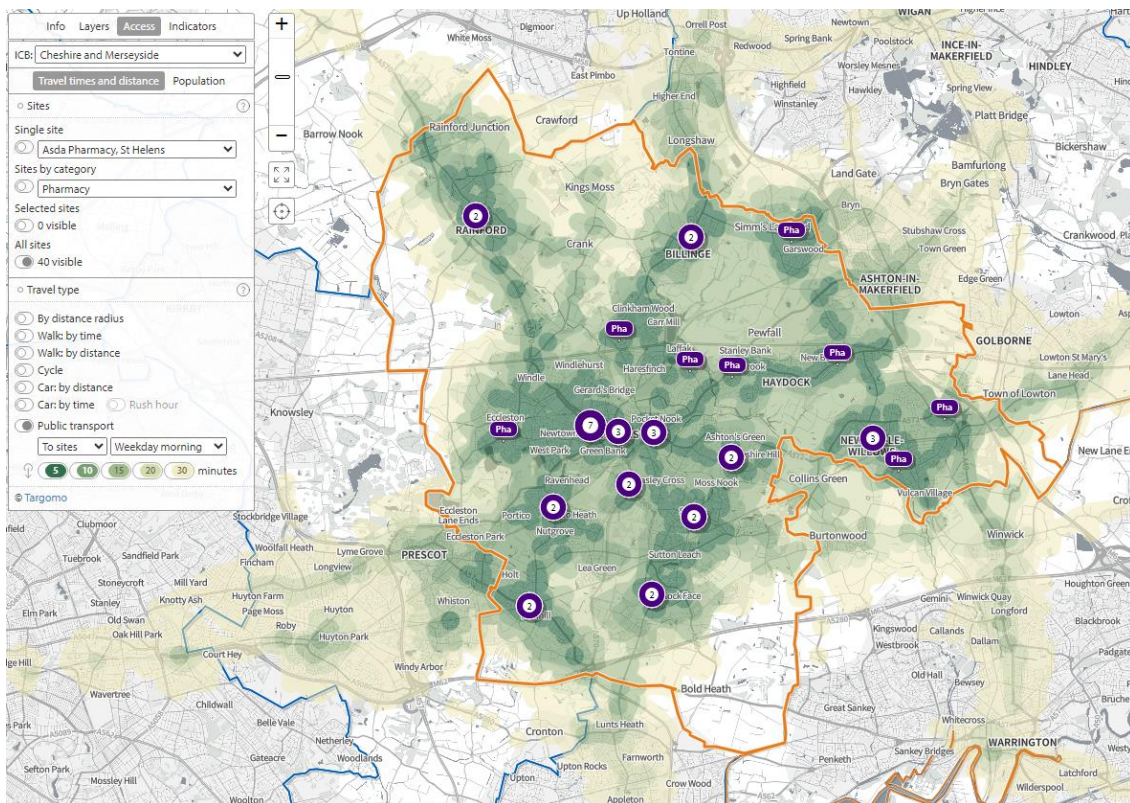
Map 10: Walking times to community pharmacies in St Helens



Source: PHE SHAPE tool (accessed January 2025)

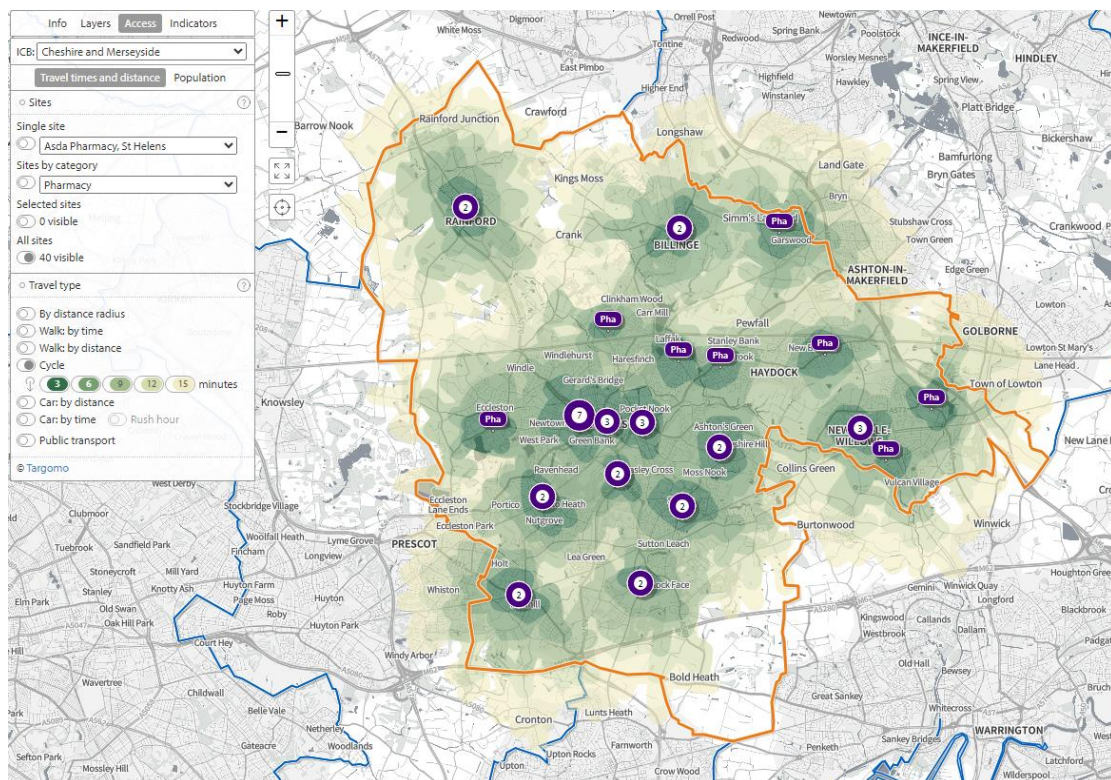
The majority of St Helens is within 30 minutes travel time via public transport to a pharmacy on an average weekday morning (see Map 11). And for many the nearest pharmacy is within 15 minutes travel time via bicycle (see Map 12).

Map 11: Travel time to pharmacies by public transport on a weekday morning in St Helens



Source: PHE SHAPE tool (accessed January 2025)

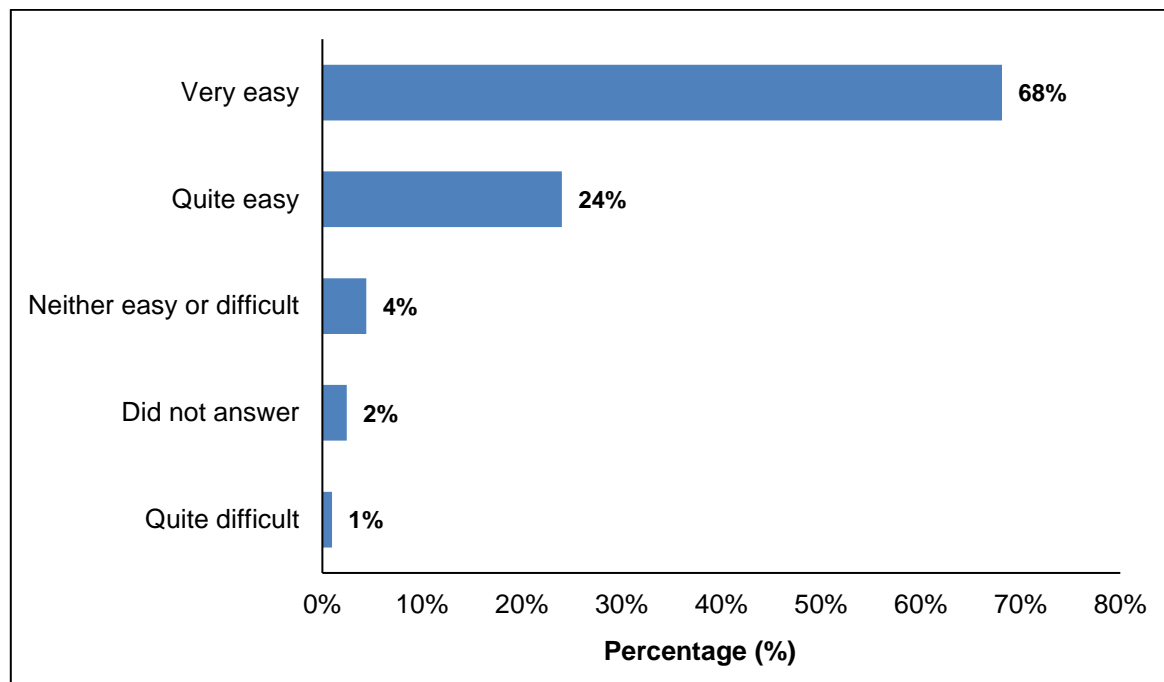
Map 12: Travel time to pharmacies by cycle in St Helens



Source: PHE SHAPE tool (accessed January 2025)

It is not surprising therefore that most respondents to the public survey stated that it was very easy (68%) or quite easy (24%) to get to a pharmacy (figure 11).

Figure 11: Ease of access usual pharmacy, Q8 public survey of community pharmacy services



Source: Public Survey 2024

6.5. Pharmacy opening hours, including 72–100-hour pharmacies and distance selling pharmacies.

Under the contract, community pharmacies must be open for a minimum of 40 hours each week, but they are free to set their own hours of opening as long as this minimum is provided. From 25 May 2023, contractors who had been opening 100-hour can apply to reduce the total weekly core opening hours from 100-hour pharmacies to not less than 72^{xii}. Data from quarter 3 2024-25 from NHS Business Services Authority (NHSBSA) shows:

- 30 out of 40 community pharmacies in St Helens are open between 40 and less than 50 hours per week.
- 7 pharmacies are open for 50 hours or more per week but less than 71 hours. The pharmacies that have extended opening hours are in areas with good transport links.
- There are three 72 - 100-hour pharmacies which are open to the public for essential services.

Full details of each pharmacy opening can be found in Appendix 1. They highlight the following:

^{xii} ^{viii} <https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-service-requirements/plps-regulations-may2023-amendment/>

Table 4: Number of percentage (%) of community pharmacies in St Helens according to opening hours (as of August 2025)

Opening Hours	Number	Percentage (%)
Before 8am	0	0.0
After 6pm	12	30.0
After 8pm	3	7.5
After 9pm	0	0.0
Saturday	18	45.0
Saturday afternoon (after 1pm)	9	22.5
Sunday	4	10.0

- From Monday to Friday, all 40 community pharmacies are open between at least 9:00am to 17:00pm, with 10 closing over the lunchtime period for between ½ and 1 hour each day, between the hours of 12:30pm to 14:00pm.
- There are no pharmacies that are open before 8:00am or after 21:00pm
- Cover is also available throughout the week from 8:00am and up to 21:00pm. 12 pharmacies are open after 6pm with the latest opening being 21:00pm;
- On Saturday, 18 of the 40 community pharmacies are open in the morning and 9 of these remain so after 13:00pm into the afternoon (with 6 remaining open after 17:00pm).
- Sundays sees less pharmacies being open, with 4 out of 40 open. Three of these are 72 – 100-hour pharmacies. Provision is between 9:00am and 21:00pm.

The location of 72-100-hour pharmacies are shown in Map 4.

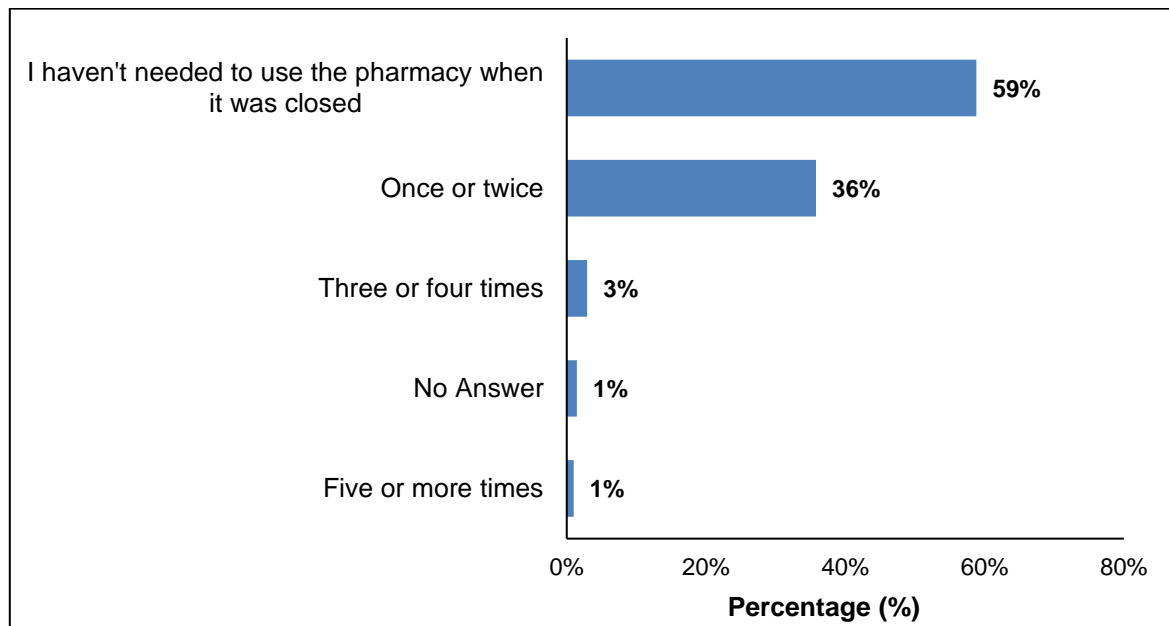
From the public survey, 56% of respondents said they were very satisfied with the opening hours of their pharmacy, and 27% said they were somewhat satisfied with the opening hours of their pharmacy (this was in line with the 2022-2025 PNA survey response).

This question also elicited over 60 free text responses. Several themes emerged from these:

- Many people stated that they were indeed satisfied with their usual pharmacy.
- The most common issue was that around opening times, most frequently that the pharmacy was not open late enough in the evenings or on the weekend, which was difficult for those working during daytime hours.
- Others mentioned that their pharmacy was closed at lunchtime, again making it difficult for those who are working.
- Some respondents stated that their pharmacy have reduced their opening hours and that these did not correspond to advertised times online.

59% hadn't needed to use their usual pharmacy when it was closed but 40% said they had (figure 12).

Figure 12: How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed, Q17 public survey of community pharmacy services



Source: Public Survey 2024

In 23% of cases where people had found their usual pharmacy closed, this was between Monday and Friday, but the majority of time it was a Saturday (45%) or Sunday (17%), with the remaining not being able to remember (14%). Afternoon or late evenings were the most cited times of day.

Of the people who said that they found their pharmacy closed between Monday and Friday 68% said the time of day was after 5pm which suggests a need for more pharmacies to be open until at least 6pm to better cater for working people. Of the people who found their pharmacy closed on a Saturday, 31% said this was in a morning and 31% said it was in the afternoon, 14% said it was after 5pm and 8% said it was at lunchtime (between 12pm and 2pm).

53% of people experiencing a closed pharmacy waited until it was open with 37% going to another pharmacy and 6% using another NHS service.

In the public survey, when asked about what was most important in choosing a pharmacy, many people cited 'opening hours' as being important.

Bank and public holiday opening

NHS England is required to ensure that the population within any given Health & Wellbeing Board area can access pharmaceutical services on every day of the year. Under the terms of their contract, pharmacies and dispensing appliance contractors are not required to open on bank holidays or Easter Sunday. In order to provide adequate provision, contractors must confirm to NHS England their opening hour

intentions for each of the days. Where a gap in provision is identified, NHS England will then direct a contractor to open part or all of the day.

72 - 100-hour pharmacy provision

There are three 72 - 100-hour pharmacies, and these are identified on map 4 by a light blue marker, and are situated in the following wards:

- Haydock
- Peasley Cross and Fingerpost
- Thatto Heath
- Town Centre

Further details of opening hours and locations of 72–100-hour pharmacies can be found in Appendix 1.

6.6. Access for people with a disability and/or mobility problem

The majority of pharmacies have wheelchair access or are able to make provision for consultations for anyone in a wheelchair. 36 of the 40 community pharmacies stated (via the 2024 contractor survey) that their entrance was suitable for wheelchair access unassisted, and 4 stated this was not the case.

In respect to parking for people with mobility problems, 38 of the 40 community pharmacies have parking provision within 50 metres of the pharmacy, with only 1 stating that this was not the case. 24 out of the 40 pharmacies also have disabled parking available.

Several questions in the public survey covered issues of access for those with a disability and/or mobility problem or other access needs:

- ‘Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?’ 25% said yes, and 72% said no
- ‘If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy?’ 98% said yes, and 2% said no.
- ‘If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?’ 32.5% said yes, with 6.4% saying no.

Additionally, AccessAble^{xiii}, the UK leading source of information on access, has independently assessed 1 of St Helens community pharmacies (Tesco, St Helens Linkway). Information is gathered by sending a surveyor to pharmacy venues and every venue on their website is contacted each year to find out if their access has changed. A venue owner or customer can contact them at any time to inform of changes to venues. They use a wide range of criteria which have been designed in

^{xiii} <https://www.accessable.co.uk/>

consultation with disabled people and represent important information that disabled people want to know about public venues.^[xiv]

The accessibility symbols for Tesco, St Helens Linkway are as follows:

- Level Access and Automatic Doors.
- Ramped/Sloped Access, and/or Manual Doors.
- Mobility Impaired Walker.
- On-site Parking.
- Blue Badge/Accessible Parking Bays.
- Designated Drop-Off Point.
- Ambulant Toilet.
- Step Free Standard Toilet.
- Baby Changing Facility.
- Seat(s) Available.
- Assistive Listening.

In relation to other facilities for disabled people a range of services were identified by pharmacies via the Pharmacy contractor survey:

- 4 said they provide large print labels.
- 12 said they provide large print leaflets.
- 7 have a bell at the front door.
- 4 could provide toilet facilities suitable for wheelchair access.
- 11 have automatic door assistance.
- 17 have hearing loop.
- 9 have wheelchair ramp access.
- 1 has sign language available.

6.7. Access for clients whose first language is not English

NHS England commission Language Line which is available to all pharmacies. From the Pharmacy contractor survey, July 2024, 9 out of the 40 pharmacies (23%) advised that they had a pharmacist or other member of staff who could speak at least one language in addition to English. The languages listed were Punjabi, Hindi, Urdu, Polish, Spanish, Arabic, Gujarati, and Portuguese. Some pharmacies have more than one non-English language spoken.

6.8. Pharmacy consultations

Being able to walk into a pharmacy to seek advice and/or treatment, usually without an appointment, is one of the key features of community pharmacy provision. Advice may be given at the counter or in a private consultation room. All pharmacies must have a private consultation room. 30 out of the 40 community pharmacies have handwashing facilities in the consulting room or close to it, and 3 have toilet facilities.

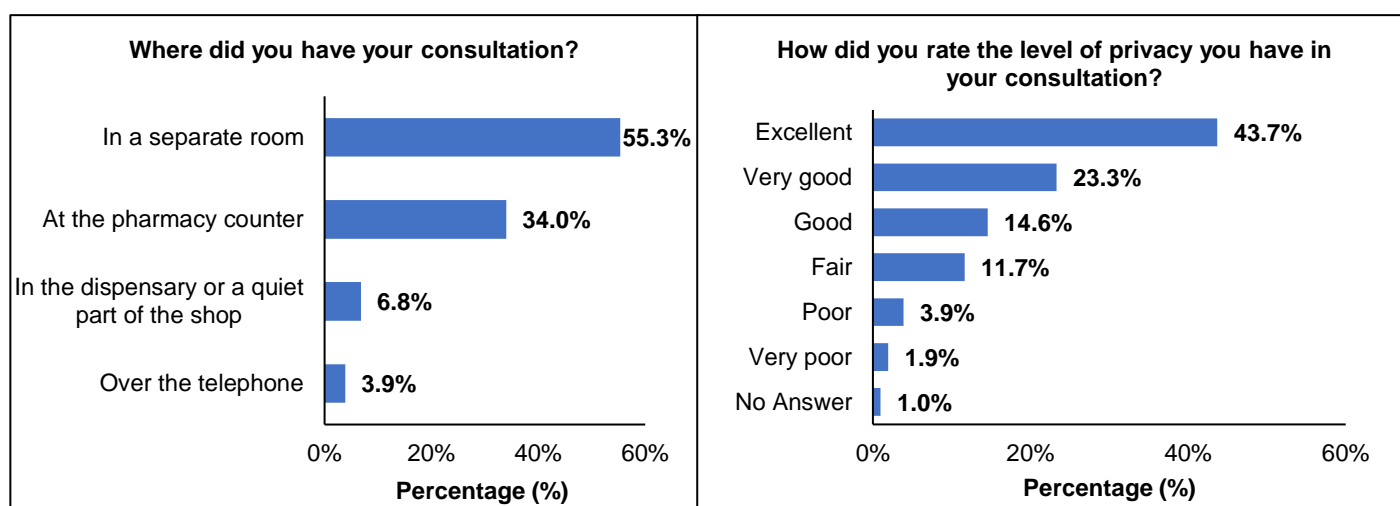
xiv. [how we assess some of the key access features and key terms used in the access guides please click here.](#)

In relation to a client being able to seek advice from someone of the same sex as them:

- 18 pharmacies judged that this would be available at all times.
- 11 pharmacies thought this would be available by arrangement.
- 6 did not think they could provide this.
- 4 did not answer.

50.5% of respondents to the public survey had a recent consultation with their pharmacist. As shown in figure 13, 55.3% of consultations were taken in a separate room and 34.0% of consultations were carried out at the pharmacy counter. 81.6% of people who had a consultation with a pharmacist found privacy levels excellent, very good or good, whilst 17.5% of people rated privacy levels between fair, poor, or very poor.

Figure 13: Consultations and satisfaction with privacy during them, Q29 and Q30 public survey of community pharmacy services



Source: Public Survey, 2024

6.9 Pharmacy First

The Pharmacy First service, launched in January 2024, builds on the NHS Community Pharmacy Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. Patients can access the 7 clinical pathways element via referrals or contacting their pharmacy directly. These clinical pathways are:

- Acute otitis media (not at distance selling pharmacies)
- Impetigo
- Infected insect bites
- Shingles
- Sinusitis
- Sore throat
- Uncomplicated urinary tract infections

Pharmacy First referrals in St Helens for the period April 2024 to March 2025 were 1,570 referrals per 100,000, with the highest rate coming from Central PCN at 3,484 referrals per 100,000 (table 5). The rate in St Helens is comparable to other areas in Cheshire and Merseyside, with the average being 1,345 referrals per 100,000.

Table 5: Number of Pharmacy First Referrals in St Helens between April 2024 and March 2025

Place	Referrals	Referrals per 100,000
Newton & Haydock PCN	444	923
North PCN	455	1,529
South PCN	939	1,080
Central PCN	1,364	3,484
St Helens	3,224	1,580
Cheshire & Merseyside	37,704	1,345

Source: Cheshire & Merseyside Business Intelligence Portal, Pharmacy First Dashboard

7. Prescribing

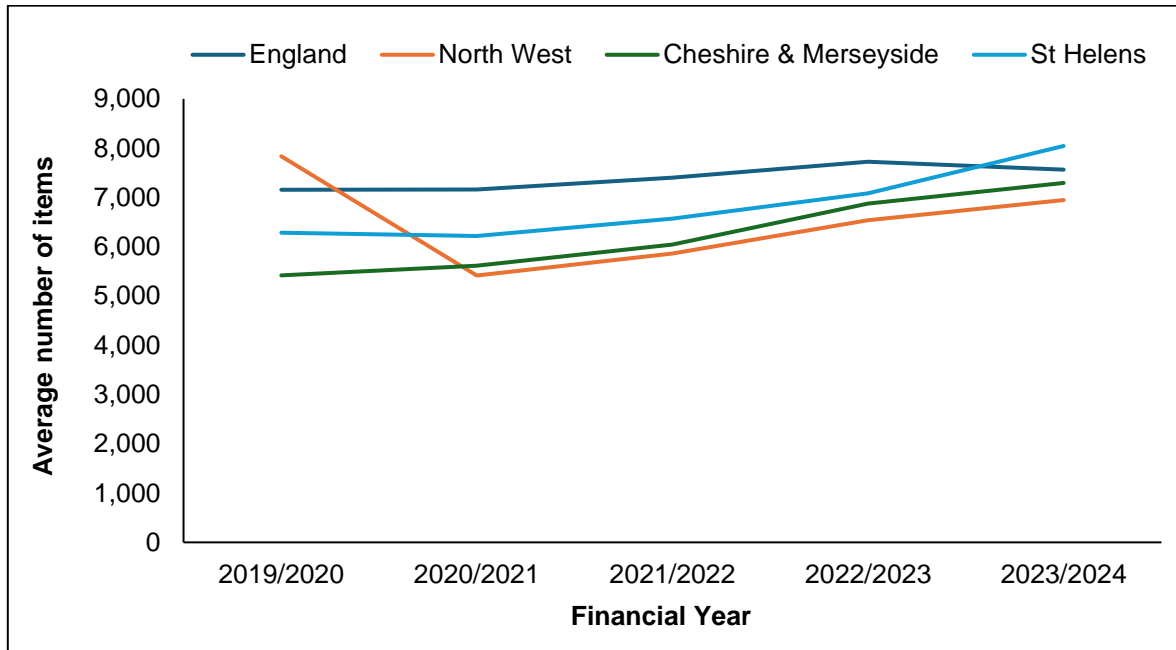
7.1. Prescribing volume

Data in this section was provided by Cheshire & Merseyside ICB business intelligence team using NHS BSA epact2 data. It analyses St Helens against the England, North West and Cheshire & Merseyside averages.

Figure 14 shows that St Helens Place community pharmacy dispensing volume pattern has consistently been above the Cheshire & Merseyside ICB and North West average. In 2023/24 the St Helens prescribing volume per pharmacy was also higher than in England.

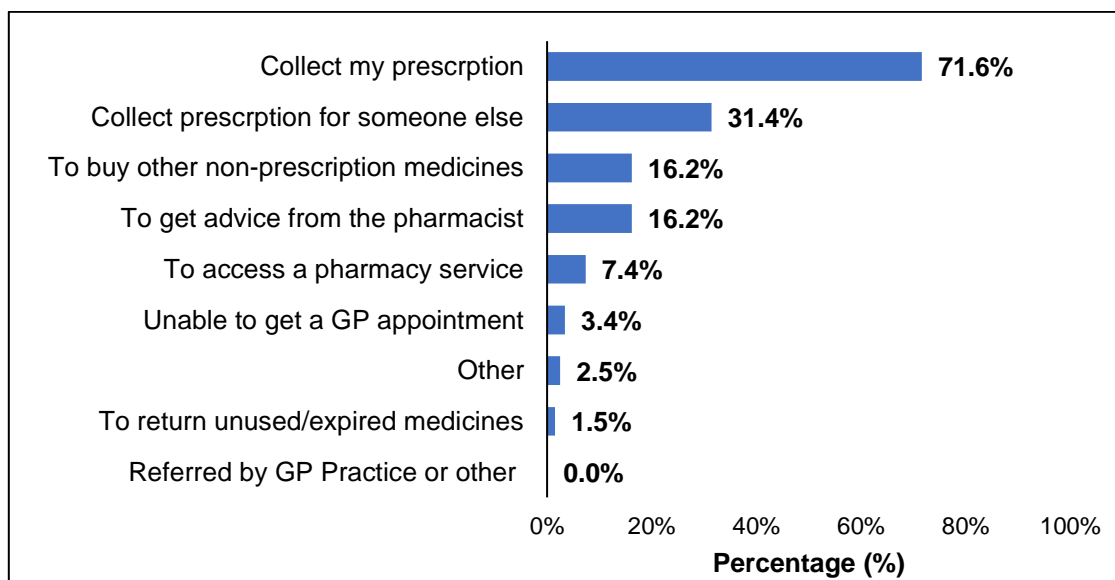
The average number of prescription items per month per 1,000 population was 1,620. This was below the Cheshire & Merseyside average of 1,806.5), but higher than the England average of 1,527.5.

Figure 14: Prescribing trend, 2019-20 to 2023-24: Trend in average number of prescription items dispensed each month in St Helens and Cheshire and Merseyside



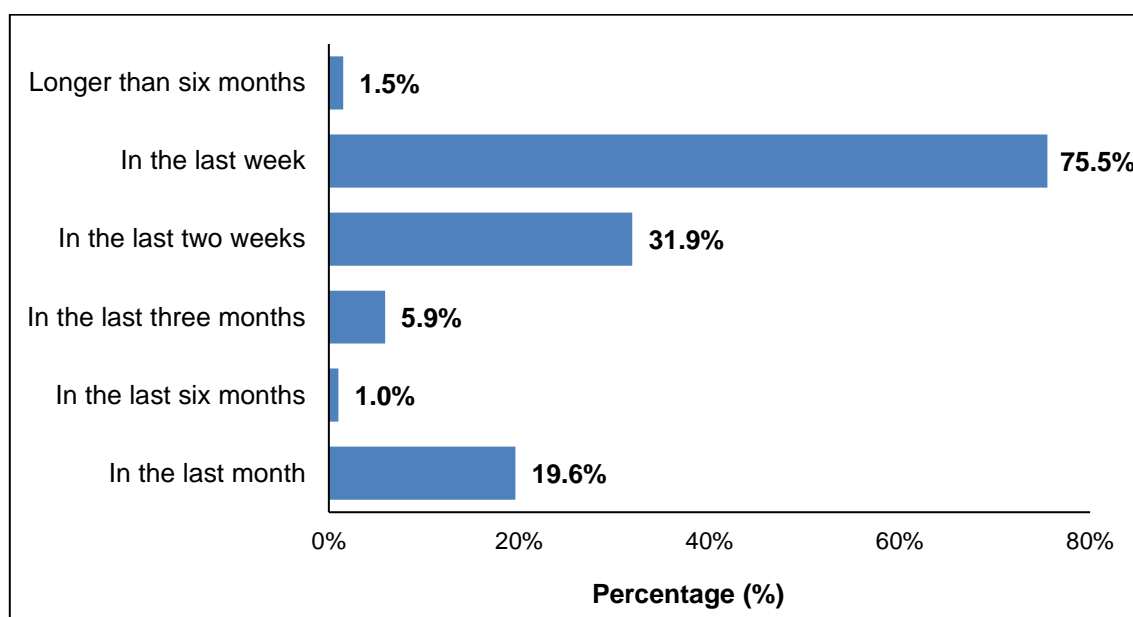
The majority of people surveyed, visit a pharmacy to get a prescription for themselves, with 71.6% using their pharmacy within the month prior to completing the survey for this reason (see figures 15 and 16).

Figure 15: Reasons for visiting the pharmacy, Q3 public survey of community pharmacy services



Source: Public Survey, 2024

Figure 16: When did you last use a pharmacy to get a prescription, buy medicines or to get advice? Q4 public survey of community pharmacy services



Source: Public Survey, 2024

7.2. Medicines Shortages

Since 2021 there have been reports of increasing supply problems affecting medicines. Recent media coverage has highlighted shortages of medicines used to treat diabetes, attention deficit hyperactivity disorder (ADHD) and epilepsy, as well as hormone replacement therapy (HRT) and others.

A House of Commons Library research briefing^{xv} provides information on the causes and consequences of medicines shortages in the UK and internationally, and the UK Government's approach to address supply problems.

Causes and consequences of medicines shortages

Supply chains for medicines are long and complex and [shortages can be caused by multiple factors](#). These include manufacturing or distribution problems and increased demand for medicines. Commentators have also drawn attention to [the effects of wider geopolitical factors](#), including the conflict in Ukraine, the Covid-19 pandemic and Brexit.

This is not just a UK issue, with what is happening in the UK needing to be seen in context of global problems with supply chains and the availability of key ingredients. A report by the Nuffield Trust^{xvi} found that the past two years have seen constantly elevated medicines shortages, in a "new normal" of frequent disruption to crucial products.

^{xv} <https://researchbriefings.files.parliament.uk/documents/CBP-9997/CBP-9997.pdf>

^{xvi} <https://dmscdn.vuelio.co.uk/publicitem/8b197cbb-7e42-465e-afda-253725975cd0>

Pharmacists and patient organisations have drawn attention to [the impact of medicines shortages on patients](#), who may struggle to access medicines and sometimes have to switch to alternative drugs. Community Pharmacy England, which represents community pharmacies, has also reported that [medicines supply and pricing issues are “severe” financial pressures](#) on pharmacy staff and businesses.

Government response to medicines shortages

The government has described medicines shortages as “[an ongoing issue that the Department \[of Health and Social Care\] has been managing for many years](#)”.

The Department of Health and Social Care and NHS England have published [guidance on the management of medicines supply and shortages](#), which outlines the processes followed and options available to the government to address supply disruption. These include:

- issuing [serious shortage protocols](#), which enable pharmacists to provide specific alternatives to scarce medicines
- taking regulatory action to [approve new medicines or, in exceptional circumstances, extend medicine expiry dates](#)
- [restricting medicines exports](#)
- offering pharmacies [price concessions](#), to help pharmacies to cover the cost of NHS prescriptions.

Potential reforms to manage medicines shortages

Organisations representing pharmacists have called for reforms to the systems used to manage medicines shortages. Community Pharmacy England has called for “[a strategic Government review of medicine supply and pricing](#)” that focuses on supply chain functioning.

Appeals for reform centre on calls for pharmacists to be able to [amend prescriptions to provide alternatives](#) to patients when medicines are out of stock, and on [changes to current medicines pricing systems](#).

This has led the Cheshire & Merseyside ICB to issue its own ***Medicines Shortage Statement: Guidance during periods of sustained medicines shortages*** in April 2024 in which they stated:

Medicines supply shortages can have significant negative impacts on patients, community pharmacies, general practice, and the wider NHS. It is imperative that all stakeholders work together in the best interest of the patient. Where a local shortage of a formulary medicine has been identified, prescribers may need to consider alternatives for the duration of the shortage taking into consideration safety and cost effectiveness. For national shortages, see national guidance where applicable. Formulary alternatives should be considered first, however there may be circumstances where prescribing of non-formulary medicines is the most appropriate option following the key principles outlined below. It is recommended that healthcare professionals register for free with the Specialist Pharmacy Service (SPS) Medicines Supply Tool and subscribe to SPS email notifications to obtain details of medicines supply shortages, further information on alternatives and when shortages have resolved <https://www.sps.nhs.uk/home/tools/medicines-supply-tool/>

Key principles

- Effective communication between healthcare professionals in all sectors is paramount. – Specialists should communicate the rationale for any non-formulary recommendations and state whether the formulary choice medication can be reinstated once the supply issue has resolved.
- Primary care clinicians should seek specialist advice where appropriate.
- Prescribers in all sectors should seek guidance from their local Medicines Optimisation/Medicines Management teams as required.
- Patient safety is paramount, and patients must be kept informed of any changes to their medication and the potential differences with an alternative medication.
- When choosing an alternative medicine, prescribers should always consider the cost-effectiveness of any non-formulary choice.
- Any prescribing of alternative medicines due to a shortage should only be for the duration of the shortage and it is the prescriber's responsibility to ensure that patients are prescribed the most appropriate and cost-effective medicine once the supply issue has resolved.

7.3. Public Satisfaction with Dispensing of Prescriptions

Of those that had a prescription filled last time they used a pharmacy, 79.1% of respondents got all the medicines they needed on that occasion without waiting. However, 20.9% of respondents said they did not or that they could not remember. 51.3% were informed of how long it would take to have their prescription filled, 41.0% were not told and would have like to have been, and 5.1% were not told but stated they did not mind this, and 2.6% could not remember.

When asked if they had to wait for all their prescription to be filled was reasonable, 33.3% said they felt the time taken was reasonable, whilst 53.8% did not.

74.4% of people stated that the reason for not receiving their entire prescription was because 'the pharmacy had run out of my medicine'. Of the remainder, the most common responses were some other reasons, with 7.7% saying the prescription had not arrived at the pharmacy.

As most people received their medication without delay the following calculations need to be interpreted with caution. When people had not received all the items prescribed, only 5.1% got them later the same day and 28.2% of people received their medicines the day after. However, 12.8% had waited over a week and 7.7% stated they never got it. Unfortunately, there is no way to determine the impact of these longer waiting periods on the patient, or whether this was measured at the pharmacy and alternative arrangements discussed.

Whilst many people who responded to the public survey had a great deal of satisfaction with their pharmacy, several negative themes did also emerge:

- Busy, long processing times, and having to wait a long time (usually standing).
- Lack of essential medications and/or having to wait a long time for regular, repeat medications.
- Concerns around patient confidentiality with having to disclose information in public.

Positive themes include:

- Friendly staff and a recognition that staff are doing the best they can.
- Reliability and efficiency when collecting prescriptions.
- Being contacted when prescriptions were ready.

Despite the public concern about increasing waiting times, closures and stock issues, the majority if the 40 community pharmacy contractors, in the July 2024 contractor survey, said they had capacity to manage an increase in demand:

- We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area: 36
- We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area: 2

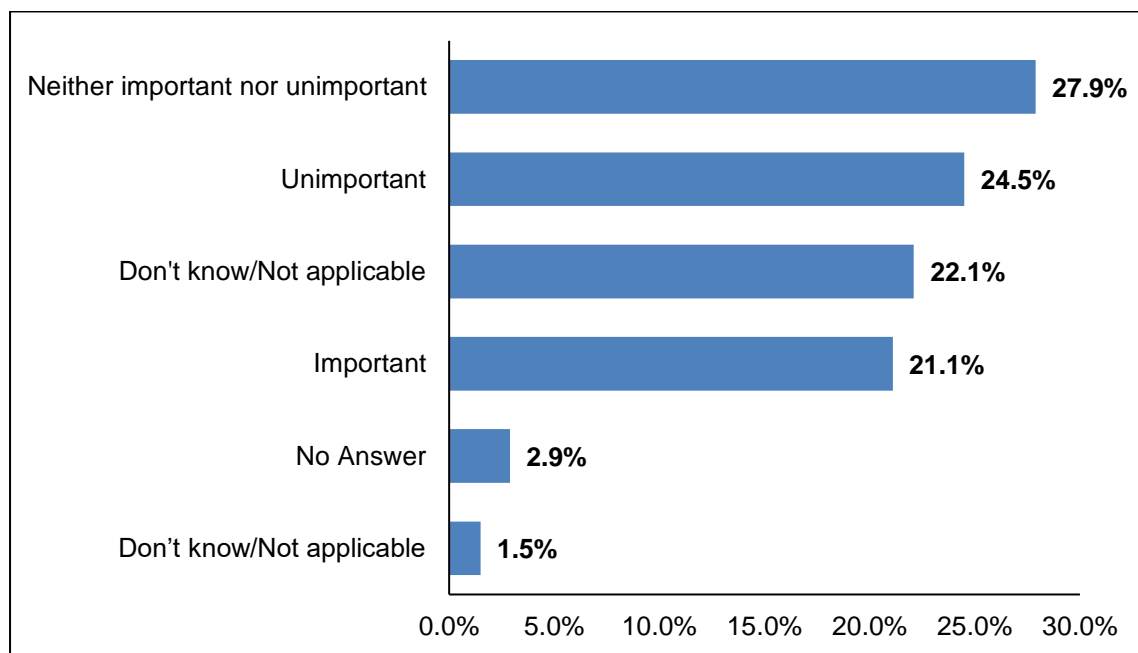
- We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand: 2

7.4. Prescription Delivery Services

Although community pharmacies are not contracted to do so, 28 out of 40 offer a home delivery service free of charge. 12 do not offer a free delivery service. Of these 12, eight do offer delivery service at a charge whilst 4 do not offer any delivery service. This service improves access to medicines for a wide range of people.

In the public survey, 35.3% of respondents said that the pharmacy they use offers a delivery service, 5.4% said they did not have this service, but 58.8% were either not aware of the service or had never used it. When asked about what was important to them when choosing a pharmacy in terms of products and services, 21% said that deliver of medications to their home was important (figure 17).

Figure 17: How important is the delivery of medicines to your home when choosing a pharmacy in terms of products and services? Q32 public survey of community pharmacy services



Source: Public Survey, 2024

7.5. Reasonable Adjustments

Community pharmacies are required to support patients in taking dispensed medications by making reasonable adjustments for patients with identified needs as per the Equality Act 2010. The requirement of the community pharmacy is to ensure that an appropriate assessment is undertaken of the patient to establish their needs and ascertain what type of reasonable adjustment would be required. There is no exhaustive list of what a reasonable adjustment could be, and community pharmacies are not required to provide a multi-compartment compliance aid (MCA).

Community pharmacies are encouraged to work collaboratively with prescribers, other health professionals and social care to support patient needs. Community pharmacies are not required to dispense medications into MCAs because it has been directed by another health professional or social care. Health professionals and social care should highlight patients who may require support with medicines to enable the community pharmacy to carry out an assessment to determine appropriate medicines support.

St Helens community pharmacies provide a wide range of reasonable adjustments with the majority providing multiple different tools and aids to help patients take their medication safely. As such the numbers below add up to more than the 40 community pharmacies in the borough:

- Eye drop aid provided by 12 community pharmacies.
- Large print labels provided by 38 community pharmacies.
- Easyhaler device provided by 19 community pharmacies.
- MAR charts provided by 38 community pharmacies.
- Multi-compartment device (blister pack) provided by 31 community pharmacies.
- Blister popping device provided by 23 community pharmacies.
- Tablet cutter/crusher provided by 24 community pharmacies.
- Non click-lock caps provided by 26 community pharmacies.
- Reminder charts provided by 26 community pharmacies.
- Lid gripping device provided by 9 community pharmacies.
- Magnifying glass provided by 4 community pharmacies.
- Audio label provided by 1 community pharmacy.

8. Advanced, enhanced and locally commissioned service provision

[Community Pharmacy England](#) provides a full service description of all elements of the NHS commissioned pharmacy services. In addition to these essential, advanced and national enhanced services locally commissioned community pharmacy services can be contracted via a number of different routes and by both local authority or ICB teams.

8.1. Pharmacy provision of advanced, enhanced and locally commissioned services

In addition to the essential services all pharmacies must provide they have the option to provide a range of other commissioned services. Some are more specialist than others. As such, provision varies, service by service, from 100% community pharmacies providing to just a handful required to meet need.

Full details of which service each pharmacy provides are outlined in Appendix 2. Table 5 provides a summary of each service provision level and whether this is assessed as adequate. Unless specified this assessment is based on the number of pharmacies registered to provide each service not on activity data. This is an important distinction as some services rely on referrals from other services which may or may not happen despite the pharmacy having the necessary training, equipment and capacity to deliver.

Also to note, community pharmacies may be the sole provider of some services but one of many providers for others.

Table 6: Summary of advanced, enhanced and locally commissioned service provision

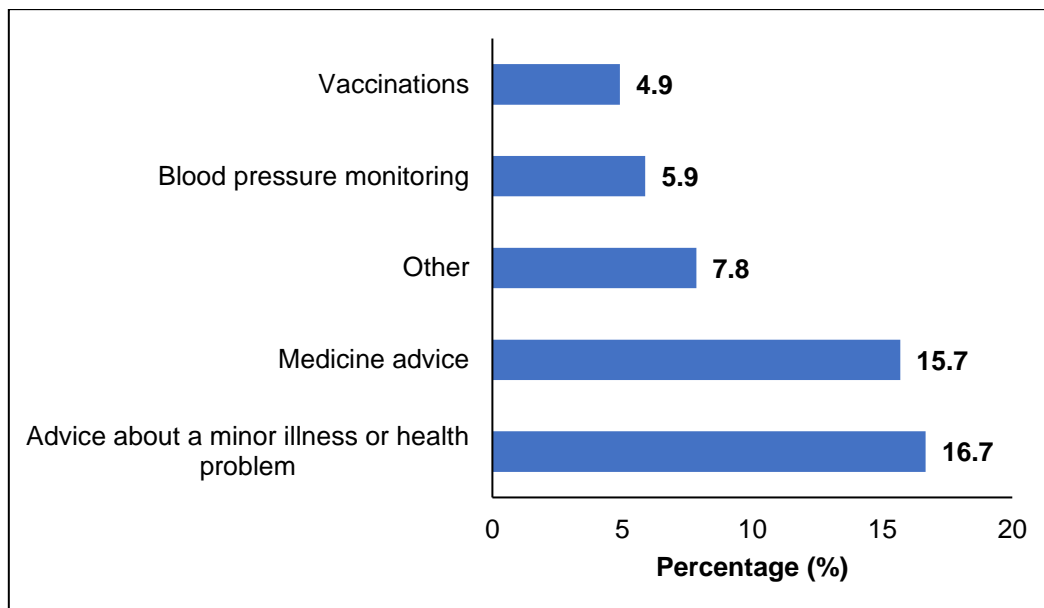
Type of Service	Service Name	Number of pharmacies providing each service out of 40 community pharmacies	Is provision of this service adequate?
Advanced	New Medicines Service	36	Yes
	NHS Influenza Vaccination Programme	40	Yes
	Lateral Flow Device Service	30	Yes
	Pharmacy Contraception Services	26	Yes, this supplements other opportunities to access routine contraception.
	Pharmacy First service	38	Yes

Type of Service	Service Name	Number of pharmacies providing each service out of 40 community pharmacies	Is provision of this service adequate?
	Hypertension Case Finding Service	37	Yes
	Smoking Cessation Service	37	Yes
National Enhanced	Covid-19 vaccination service	27	Yes, this supplements other opportunities to access COVID-19 vaccinations.
Locally Commissioned NHS	Care at the Chemist	37	Yes
	On-demand availability of palliative care medicines	9	Yes, this is a specialist service.
	Minor Eye Conditions Pharmacy Service	12	Yes, provision is adequate for patient need but this is reviewed regularly.
Locally Commissioned Public health	Vitamin D vouchers	9	Yes. Provision has increased from 4 since the previous year and provision is adequate for the number of vouchers redeemed.
	Nicotine Replacement Therapy	35	Yes
	Supervised consumption of methadone	31	Yes
	Supervised consumption of buprenorphine	30	Yes
	Needle – Syringe Exchange	22	Yes, this is a specialist service.
	Emergency Hormonal Contraception	31	Yes

When asked ‘what is important to you when choosing a pharmacy in terms of products and services? 65.7% of people said ‘the range of services available’ was important, with 25.5% stating it was neither important nor unimportant.

The types of services people have used varies with advice on minor health issues being the most commonly used, together with medicine advice (figure 18).

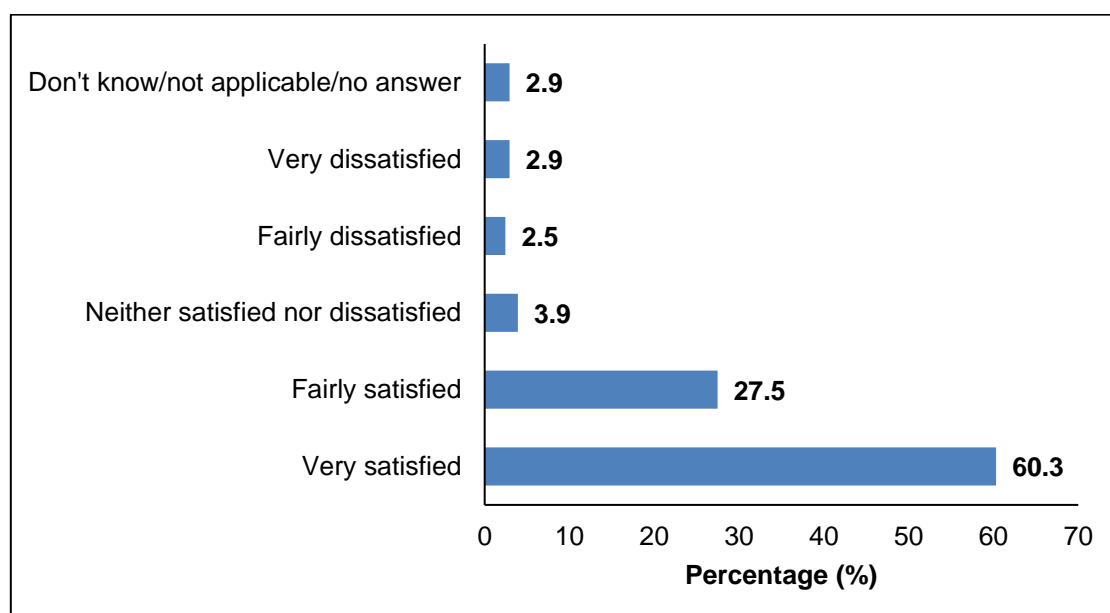
Figure 18: Type of advice or service received recently, Q28 public survey of community pharmacy services



Source: Public Survey, 2024

87.7% were either very satisfied or fairly satisfied overall with the range of services and products provided at their local pharmacy. There were 5.4% who were either fairly or very dissatisfied (figure 19).

Figure 19: How satisfied overall are you with the services and products available at your local pharmacy? Q34 public survey of community pharmacy services



Source: Public Survey, 2024

8.2. How essential, advanced, and locally commissioned pharmacy services support local priority health needs

In England there are an estimated 1.2 million visits to a pharmacy every day for health-related issues⁶, and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight, and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned locally by St Helens Borough Council Public Health team and the NHS. As can be seen from this section, it is important that NHS England, the ICB and the Public Health Team work together to maximise the local impact of public health communications, messages, and opportunities. Promoting the services that pharmacies provide was highlighted in some of the responses to the patient and public engagement questionnaire. This can be undertaken in a number of ways including pharmacies ensuring that their NHS Choices profile is up-to-date.

Community pharmacy services can support the St Helens' People's Plan^{xvii} priorities in a number of ways.

8.2.1 Mental Wellbeing

Pharmacies can contribute to our mental wellbeing priority as a key community service available to our residents. Pharmacists are often considered trusted sources of health information that have the opportunity to engage with the public. It is therefore important that pharmacists are able to signpost to relevant services within the borough. Pharmacies in St Helens have promoted public health resources such as the 'OK to Ask' suicide prevention campaign.

There are a range of services available to support individuals who would like to stop smoking as it is beneficial to have a holistic approach. Nicotine Replacement Therapy is available via our pharmacies to complement our behaviour change smoking cessation service. With this we aim for our residents to feel supported as we appreciate the challenge of facing an addiction.

For future consideration, St Helens' Public Health team would like to provide some wellbeing resources to accompany first-time prescriptions of anti-depressants. This would be an opportunity to engage with people that are at higher risk of social isolation.

^{xvii} sthelens.gov.uk/media/4100/St-Helens-People-s-Plan-2021-2026/pdf/final-st-helens-peoples-plan-21-26_1.pdf?m=637895979929530000

8.2.2 Healthy Weight

Healthy weight and obesity is a complex condition that can be an indication of multiple risks or long-term conditions. This priority therefore benefits from a range of services that our pharmacies provide.

Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England. Public health campaigns could include raising awareness about the risks of alcohol consumption, cancer awareness and/or screening, self-management of long-term conditions and minor ailments by displaying posters, distributing leaflets and other relevant materials.

Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances. Pharmacists should also provide healthy living advice during consultations and take a MECC (Make Every Contact Count) approach to other health issues discussed for example alcohol dependency.

8.2.3. Care Communities

The St Helens People's Plan includes priority action aimed specifically at supporting resilient communities by supporting our residents to live independently.

Services available can promote independence to community members as people can acquire information and advice without solely relying on their GP. These services include blood pressure checks, emergency hormonal contraception (EHC) and smoking cessation tools such as nicotine replacement therapy (NRT).

Pharmacists are also sources of advice and signposting. Through services such as the New Medicines Service (NMS) and Community Pharmacist Consultation Service (CPCS) there is another opportunity for polypharmacy to be identified which can contribute to issues such as poor circulation or an increased risk of falls.

Vaccination programmes can support building resilient communities as people are better protected against seasonal illnesses. As well as reducing the disruption caused by being ill, we recognise that vaccinations have many mental wellbeing and social benefits such as increased confidence in attending social engagements.

8.2.4. Inequalities

There is good provision of pharmacies in the most deprived areas of St Helens. The lower super output areas (LSOA) in the most deprived quintile are without a pharmacy although have at least one nearby.

Pharmacies contribute to the key clinical areas of health inequalities as highlighted by the NHS Core20+5 approach. This approach focuses on the 20% most deprived population in addition to protected characteristics with particular priority on five health conditions^{xviii}. 47.5% of pharmacies provide Easyhalers as a reasonable adjustment which is considered one of the most convenient inhalers for daily use. Asthma is one of the five clinical areas of focus for Integrated Care Partnerships and the availability of Easyhalers could contribute to the aim of decreasing the number of asthma attacks.

“Community pharmacies must make ‘reasonable adjustments’ to **ensure persons with disabilities can access pharmacy services**. A person with a disability must not be put at a substantial disadvantage¹ when compared to persons with no disabilities in accessing services that are provided by the pharmacy,”^{xix}. Reasonable adjustments in pharmacies include large print labels, eye drop aids, and tablet crusher and cutter which are summarised in section 7.5. These adjustments contribute to equitable access to health.

^{xviii} [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

^{xix} cpe.org.uk

Pharmaceutical Needs Assessment

Part 4: Appendices

Appendix 1: Community Pharmacy addresses and opening hours (as of quarter 3 2024-25)

Name	Address 1	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	72 - 100 Hour Pharmacy
Asda Pharmacy	Kirkland Street	WA10 2EF	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	10:30 - 16:30	Yes
Ashcroft Chemist	97 Greenfield Road	WA10 6SL	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	Closed	
Ashtons Pharmacy	13 Ashtons Green Drive, Parr	WA9 2AP	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 12:00	Closed	
Atlas Pharmacy	Fingerpost Park Health Centre, Atlas Street	WA9 1LN	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	
Boggiano's Pharmacy	Millfields, Eccleston	WA10 5NS	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	Closed	
Boots	8 Church Street, 24 La Grange Arcade	WA10 1BD	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	Closed	
Boots	Unit 3 Ravenhead Park, Milverney Way	WA9 1JF	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 18:00	11:00 - 16:00	
Boots	32 Market Street, Earlestown	WA12 9AN	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	
Bradlegh Road Pharmacy	Newton Community Hospital, Bradlegh Road	WA12 8RB	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	
Brian H Donlon Pharmacy	Woodside Healthcare Centre, Woodside Road	WA11 0NA	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	Closed	Closed	
Chain Lane Pharmacy	Unit 9, The Shopping Centre, Chain Lane	WA11 9HB	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	
Clarks Pharmacy	196 Robins Lane, Sutton	WA9 3PB	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed	
Farleys Chemist	59 Higher Parr Street	WA9 1AD	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	
Fingerpost Pharmacy	80-82 Higher Parr Street	WA9 1AF	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	
Four Acre Pharmacy ^{xx}	Four Acre Health Centre, Burnage Avenue	WA9 4QB	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	Closed	
Garswood Pharmacy	Garswood Health Centre, Billinge Road	WN4 0XD	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	

^{xx} In May 2025, Four Acre Pharmacy merged with Four Acre Chemist which was located at 1&2 Four Acre Lane, Four Acre Precinct, WA9 4BZ.

Heath Pharmacy	18 Elephant Lane, Thatto Heath	WA9 5QW	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 12:00 17:00 – 21:00	10:00 - 16:00	Yes
Heaton's Pharmacy	23 Bassenthwaite Avenue	WA11 7AB	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	Closed	
IPharm	2 Roundwood Drive	WA9 5JD	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	Closed	Closed	
Jacksons Pharmacy	181 Cambridge Road	WA10 4HA	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed	
Jolley's Chemist	77 High Street, Newton-Le-Willows	WA12 9SL	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	Closed	
Legh Street Pharmacy	Legh Street, Earlstown	WA12 9NF	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	Closed	Closed	
Leslie Road Pharmacy	1 Leslie Road	WA10 3EQ	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	Closed	
Liverpool Road Pharmacy	79 Liverpool Road	WA10 1PQ	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 18:00	Closed	Closed	
Longsters Pharmacy	578 Warrington Road	L35 4LZ	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed	
Millennium Pharmacy	29-31 Shaw St	WA10 1DG	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	
PA White Chemist	56-58 North Road	WA10 2TR	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	Closed	Closed	
Peak Pharmacy	5-6 Concourse Way, Parr	WA9 3QW	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	Closed	
Rainbow Pharmacy	335 Robins Lane, Sutton	WA9 3PN	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed	
Rainhill Pharmacy	473 Warrington Road, Rainhill	L35 4LL	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	
Rowlands Pharmacy	65 Market Street, Earlestown	WA12 9BS	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 12:00	Closed	
St Helens Pharmacy	130 Duke Street	WA10 2JL	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	10:00 – 19:00	Closed	
Taylor's Pharmacy	210 West End Road, Haydock	WA11 0NA	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	
Tesco Instore Pharmacy	St Helens Linkway	WA9 3AL	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	11:00 - 17:00	Yes
Well	18 Church Road, Rainford	WA11 8HE	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 14:00	Closed	

Well	36 Church Road, Rainford	WA11 8HD	08:45 - 18:15	08:45 - 18:15	08:45 - 18:15	08:45 - 18:15	08:45 - 18:15	Closed	Closed	
Well	Lowe House HC, 103 Crab Street	WA10 2DJ	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	Closed	Closed	
Well	Mill Street Medical Centre, 2 Mill Street	WA10 2BD	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	Closed	Closed	
Well	11 Rainford Road, Billinge	WN5 7PF	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	
Well	The Pharmacy, Recreation Drive	WN5 7LY	08:30 - 18:00	08:30 - 19:00	08:30 - 19:00	08:30 - 14:00	08:30 - 19:00	Closed	Closed	

Appendix 2: Community Pharmacy services

Commissioned by	Key	
NHSE	NMS	New Medical Service
	Flu	NHS Influenza Vaccination (all adults at risk)
	LFD	Lateral Flow Device Service
	PhCont	Pharmacy Contraception Service
	PhFirst	Pharmacy First
	HypT	Hypertension Register
	Smok	Smoking Cessation
Enhanced	COVID-19	COVID-19 Vaccination
LA PH	VitD	Vitamin D
	NRT	Nicotine Replacement Therapy Vouchers
	SC-M	Supervised Consumption – Methadone
	SC-B	Supervised Consumption - Bupranorphine
	NS-Ex	Needle & Syringe Exchange Service
	EHC	Emergency Hormonal Contraception
NHS	CATC	Care at the Chemist (minor ailments)
	PALL	Palliative Care Medicines Service
	MECPS	Minor Eye Conditions Pharmacy Service

Pharmacy details		Advanced Services							Enhanced Services	Locally Commissioned: Public Health						Locally Commissioned NHS		
Pharmacy	Post Code	NMS	Flu	LFD	PhCont	PhFirst	HypT	Smok	COVID-19	VitD	NRT	SC-M	SC-B	NS-Ex	EHC	CATC	PALL	MECPS
Asda (Branch: 4995 - St Helens)	WA10 2EF	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes	Yes		
Ashcroft Chemist	WA10 6SL		Yes															
Ashtons Pharmacy	WA9 2AP	Yes	Yes			Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		Yes
Atlas Pharmacy	WA9 1LN	Yes	Yes			Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		Yes
Boggiano's Pharmacy	WA10 5NS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Boots (Branch: 1179 - St Helens Church St)	WA10 1BD	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes		
Boots (Branch: 1194 - Newton Le Willows Market)	WA12 9AN	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes	Yes		
Boots (Branch: 6549 - St Helens Ravenhead Park)	WA9 1JF	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes	Yes	Yes	
Bradlegh Road Pharmacy	WA12 8RB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Brian H Donlon Pharmacy Ltd	WA11 0NA	Yes	Yes			Yes	Yes	Yes								Yes	Yes	Yes
Chain Lane Pharmacy	WA11 9HB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes
Clarks Pharmacy	WA9 3PB	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes					Yes		
Farleys Chemist	WA9 1AD	Yes	Yes			Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes

Pharmacy details		Advanced Services							Enhanced Services	Locally Commissioned: Public Health						Locally Commissioned NHS		
Pharmacy	Post Code	NMS	Flu	LFD	PhCont	PhFirst	HypT	Smok	COVID-19	VitD	NRT	SC-M	SC-B	NS-Ex	EHC	CATC	PALL	MECPS
Fingerpost Pharmacy	WA9 1AF	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes
Four Acre Pharmacy	WA9 4QB		Yes			Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	
Garswood Pharmacy	WN4 0XD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes		
Heath Pharmacy (Branch: 01744818826)	WA9 5QW	Yes	Yes	Yes		Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Heatons Chemist	WA11 7AB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
iPharm	Online WA9 5JD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									
Jacksons Pharmacy	WA10 4HA	Yes	Yes	Yes	Yes	Yes	Yes	Yes								Yes		
Jolleys Chemist	WA12 9SL	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes				Yes	Yes		
Legh Street Pharmacy	WA12 9NF	Yes	Yes		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		
Leslie Road Pharmacy	WA10 3EQ		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Liverpool Road Pharmacy (Liverpool Rd)	WA10 1PQ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		
Longsters Pharmacy	L35 4LZ	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes		Yes
Millennium Pharmacy	WA10 1DG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PA White Chemist	WA10 2TR	Yes	Yes			Yes				Yes	Yes	Yes	Yes			Yes		
Peak Pharmacy (PARR)	WA9 3QW	Yes	Yes	Yes		Yes	Yes	Yes			Yes			Yes	Yes	Yes	Yes	Yes

Pharmacy details		Advanced Services							Enhanced Services	Locally Commissioned: Public Health						Locally Commissioned NHS		
Pharmacy	Post Code	NMS	Flu	LFD	PhCont	PhFirst	HypT	Smok	COVID-19	VitD	NRT	SC-M	SC-B	NS-Ex	EHC	CATC	PALL	MECPS
Rainbow Pharmacy	WA9 3PN	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		
Rainhill Pharmacy	L35 4LL	Yes	Yes		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		
Rowlands Pharmacy (Branch: 1345 - Newton Le Willows (Branch 1345))	WA12 9BS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes
ST HELENS PHARMACY (Branch: 000)	WA10 2JL		Yes						Yes		Yes	Yes	Yes	Yes	Yes	Yes		
Taylor's Pharmacy	WA11 0AN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Tesco Instore Pharmacy (Branch: 6504 - St Helens)	WA9 3AL	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes			
Well (Rainford)	WA11 8HE	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes	Yes	Yes	
Well (Rainford)	WA11 8HD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes			Yes	Yes	Yes		
Well (Crab Street)	WA10 2DJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		
Well (Mill Street)	WA10 2BD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes						Yes	Yes		
Well (Billinge)	WN5 7PF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		
Well (Recreation Drive)	WN5 7LY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes		

Appendix 3: Cross border Community Pharmacy service provision

Number on map	Pharmacy Name	Address	Postcode
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KNOWSLEY			
1	Rowlands Pharmacy	42 Eccleston Street, Prescot	L34 5QJ
2	The Dispensing Hub	60 – 66 Sewell Street, Prescot	L34 1ND
3	Tesco Instore Pharmacy	Steeley Way, Prescot	L34 5NQ
4	Boots Pharmacy	Unit D, Block 4, Cables Retail Park, Prescot	L34 5NQ
5	Neil's Pharmacy	32 Molyneux Drive, Prescot	L35 5DY
6	Boots Pharmacy	Old Colliery Road, Whiston	L35 3SX
7	Prescriptions Pharmacy	The Kiosk, Manchester Road, Prescot	L34 1LT

HALTON			
8	Farnworth Village Pharmacy	11 Farnworth Street, Widnes	WA8 9LH
9	Widnes Late Night Pharmacy	Peel House Lane, Widnes	WA8 6TE

WARRINGTON			
10	Click Chemist	Pharmacy Unit, Barrow Hall Lane	WA5 3AA
11	Ryedale Pharmacy	16 Chapel Lane, Burtonwood	WA5 4HF
12	Penketh Pharmacy	Honiton Way, Penketh	WA5 2EY
13	Aston Pharmacy	2 Station Road, Great Sankey	WA5 1RQ

WIGAN			
14	Boots Pharmacy	Unit 6 The Gerard Centre, Gerard Street, Ashton-in-Makerfield	WN4 9AN
15	J Morris Pharmacy	109 Wigan Road, Ashton-in-Makerfield	WN4 9BH
16	Rowlands Pharmacy	120 Wigan Road, Ashton-in-Makerfield	WN4 9SU
17	Asda Pharmacy	Edge Green Lane, Golborne	WA3 3SP
18	Golborne Late Night Chemist	98 High Street, Golborne	WA3 3DA
19	Well Pharmacy	97-99 High Street, Golborne	WA3 3BU
20	Gpharmacy Direct	Unit 9 Queens ENT. Park, Queens Street, Golborne	WA3 3AF
21	Boots Pharmacy	91 Holmes House Avenue, Winstanley	WN3 6JA
22	Well Pharmacy	56 Church Street, Orrell	WN5 8TQ

WEST LANCASHIRE			
23	Rowland's Pharmacy	123 Birleywood, Digmoor, Skelmersdale	WN8 9HR
24	Chemist4u	34a-37 Greenhey Place, East Gillibrands, Skelmersdale	WN8 9SA
25	Boots Pharmacy	20 The Concourse, Skelmersdale	WN8 6ND
26	Asda Pharmacy	Ingram Road, Skelmersdale	WN8 6LA
27	Rowland's Pharmacy	55 Westgate, Skelmersdale	WN8 8LP

Appendix 4: Pharmacy Contractor Survey Questionnaire

A questionnaire to gather information from all pharmacies was devised as a collaborative exercise with Cheshire & Merseyside local authority PNA leads, Local Pharmaceutical Committee (LPC) representatives and ICB. It was conducted online via Pharm Outcomes. The LPC sent communications to pharmacies to encourage completion and followed up as necessary.

Premises Details

Completion date	
Pharmacy postcode	
Is this a distance selling pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Details

Contact details of person completing questionnaire, if questions arise		
Name:	Phone:	Email:

Potential for increased demand

Ability to adapt to demand (tick one)	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	<input type="checkbox"/>
	We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	<input type="checkbox"/>
	We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	<input type="checkbox"/>

Consultation Rooms

How many consultation rooms do you have? one)	0	<input type="checkbox"/>
	1	<input type="checkbox"/>
	2	<input type="checkbox"/>
	3	<input type="checkbox"/>
	4 or more	<input type="checkbox"/>

Hand washing and toilet facilities

What facilities are available to patients during consultations?	Handwashing in consultation area	<input type="checkbox"/>
	Handwashing facilities close to consultation area	<input type="checkbox"/>
	Have access to toilet facilities	<input type="checkbox"/>
	None	<input type="checkbox"/>

Accessibility

Can customers legally park within 50 metres of the pharmacy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How far is the nearest bus stop/train station?		<input type="checkbox"/> Within 100m <input type="checkbox"/> 100m to 500m <input type="checkbox"/> 500m to 1km <input type="checkbox"/> 1km+ <input type="checkbox"/> No bus/train station	
Do pharmacy customers have access to a designated disabled parking?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the entrance to the pharmacy suitable for wheelchair access unaided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all areas of the pharmacy floor accessible by wheelchair?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?	Automatic door assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Bell at front door	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Toilet facilities accessible by wheelchair users	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hearing loop	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sign language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Large print labels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Large print leaflets	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Wheelchair ramp access	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please state	Free text field
Can staff at pharmacy speak languages other than English? If yes please list all languages spoken		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	At all times	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reasonable Adjustments

Reasonable adjustments. One or more of:	Non click-lock caps	<input type="checkbox"/>
	Reminder charts	<input type="checkbox"/>
	MAR charts	<input type="checkbox"/>
	Blister popping service	<input type="checkbox"/>
	Tablet cutter/crusher	<input type="checkbox"/>
	Easyhaler service	
	Other	

Prescription Delivery Service

Collection of prescriptions from surgery:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of prescriptions- free of charge		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently considering	Stopping this service entirely	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Charging all patients for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Charging new patients for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of prescriptions - chargeable		<input type="checkbox"/> Yes <input type="checkbox"/> No
	By arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Protected Characteristics

Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

		If yes, please state why?
Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	
People with/about o have gender reassignment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Religion or belief	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, (please state)		

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

--

Appendix 5: Public Local Pharmacy Services Questionnaire

During November 2024 the Public Health team conducted a survey online. Paper and translated copies of the survey were available on request. The survey asked local residents to give their feedback on their local pharmacy. The online version of the survey was sent out via a wide range of networks including Halton & St Helens Voluntary Action, Health Watch and St Helens' local strategic partnership groups and networks. The survey link was also shared across council social media platforms. 204 responses were received. The online survey was open for four weeks. The following is the communication sent out and questionnaire.

St Helens Borough Council
Pharmacy Services - Have your say
<p>St Helens Borough Council are seeking views about the pharmacies our residents use. The government requires all Health and Wellbeing Boards to produce an assessment of their local pharmaceutical services every three years.</p> <p>Contribute to our assessment by filling out this survey about your typical use of your local pharmacy and as a thank you, you will be entered into a prize draw to win £100.</p> <p>Paper/translated copies are available on request. Please email HealthProtectionStHelens@sthelens.gov.uk</p>

Pharmacy Services - Have your say

Questions

Q1. The following question is about in which local authority area you live. Which local authority area do you live in?

- ☐ Cheshire East
- ☐ Cheshire West & Chester
- ☐ Halton
- ☐ Knowsley
- ☐ Liverpool
- ☐ Sefton
- ☐ St. Helens
- ☐ Warrington
- ☐ Wirral
- ☐ Other (please specify):

Q2. What is your full postcode?

We ask for your full postcode as it is needed for us to do locality level analysis of response rates, which is a legal requirement of the PNA under the regulations. If you do not want to give your full postcode you can give the first half of it such as L5 or leave blank.

Q3. The following questions are about the last time you used a pharmacy. Why did you visit the pharmacy? (Please tick all that apply)

- ☐ To collect my prescription
- ☐ To collect a prescription for someone else
- ☐ To get advice from the pharmacist
- ☐ To buy other non-prescription medications
- ☐ To access a pharmacy service
- ☐ To return unused/expired medications
- ☐ Unable to get a GP appointment
- ☐ Referred by GP practice or other such as NHS111
- ☐ Other (please specify):

Q4. When did you last use a pharmacy? (Please tick one answer only)

- ☐ In the last week
- ☐ In the last two weeks
- ☐ In the last month
- ☐ In the last three months
- ☐ In the last six months
- ☐ Longer than six months

Q5. How do you usually get to the pharmacy? (Please tick all that can apply)

- ☐ Walking
- ☐ Public Transport
- ☐ Car
- ☐ Motor Bike
- ☐ Taxi
- ☐ Bicycle
- ☐ Mobility Transport
- ☐ Used online pharmacy
- ☐ Other (please specify):

Q6. How long does the journey to your pharmacy usually take?

- ☐ 5 minutes or less
- ☐ 6-10 minutes
- ☐ 11-15 minutes
- ☐ 16-20 minutes
- ☐ 21-25 minutes
- ☐ 26-30 minutes
- ☐ 31 minutes or longer
- ☐ Not applicable (please choose this option if you usually have your dispensed prescription via delivery or online pharmacy)

The following questions are

Q7. Thinking about the location of the pharmacy, which of the following is most important to you? (Please tick all that apply)

- ☐ It is close to my doctor's surgery
- ☐ It is close to my home
- ☐ It is close to other shops I use
- ☐ It is close to my children's school or nursery
- ☐ It is easy to park nearby
- ☐ It is near to the bus stop / train station
- ☐ It is close to where I work
- ☐ It is close to/in my local supermarket
- ☐ None of the above
- ☐ Other (please specify):

Q8. How easy is it to get to your usual pharmacy? Please tick one answer only.

- ☐ Very easy
- ☐ Quite easy
- ☐ Neither easy or difficult
- ☐ Quite difficult
- ☐ Very difficult

If you answered quite difficult or very difficult, why?:

Q9. Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q10. If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know

If no, can you please explain your answer here:

Q11. If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Not applicable

Q12. If you have mobility issues, are you able to access your chosen pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Not applicable

Q13. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

- ☐ Yes – Free of charge

- ☐ Yes – with a delivery charge
- ☐ No - they don't deliver
- ☐ Don't know/ I have never used this service

Q14. Can you remember a recent time when you had any problems finding a pharmacy that was open to get a medicine dispensed, to get advice or to buy medicines over the counter?

- ☐ Yes
- ☐ No (Go to Q16)
- ☐ Not sure

Q15. If Yes, what did you need to do? (Please tick one answer only)

- ☐ To get medicine(s) on a prescription
- ☐ To buy medicine(s) from the pharmacy
- ☐ To get advice at the pharmacy

- ☐ Other (please specify):

Q16. How satisfied are you with the opening hours of your pharmacy?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

What is the reason for your answer?:

Q17. How many times recently have you needed to use your usual pharmacy when it was closed?

- ☐ I haven't needed to use the pharmacy when it was closed (Go to Question 21)
- ☐ Once or twice
- ☐ Three or four times
- ☐ Five or more times

Q18. What day of the week was it?

- ☐ Monday to Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Bank Holiday
- ☐ Can't remember

Q19. What time of the day was it?

- ☐ Morning
- ☐ Lunchtime (between 12pm and 2pm)
- ☐ Afternoon
- ☐ Evening (after 5pm)
- ☐ Can't remember

Q20. What did you do when your pharmacy was closed?

- ☐ Went to another pharmacy
- ☐ Waited until the pharmacy was open
- ☐ Went to a hospital
- ☐ Went to a Walk in Centre
- ☐ Called NHS 111
- ☐ Other (please specify):

About any medicines you receive on prescription.

Q21. Did you get a prescription dispensed the last time you used a pharmacy?

- ☐ Yes
- ☐ No (Go to Q27)
- ☐ Can't remember (Go to Q27)

Q22. Did you get all the medicines that you needed on that occasion without waiting?

- ☐ Yes (Go to Q27)
- ☐ No
- ☐ Can't remember

Q23. If you had to wait when picking up your prescribed medication, did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

- ☐ Yes
- ☐ No, but I would have liked to have been told
- ☐ No, but I did not mind

- ☐ Can't remember

Q24. If not all your medicines were available on that visit, how long did you have to wait to get the rest of your medicines?

- ☐ Later the same day
☐ The next day
☐ Two or more days
☐ More than a week
☐ Never got it

Q25. Was this a reasonable period of time for you?

- ☐ Yes
☐ No
☐ Not applicable

Q26. What was the main reason for not getting all your medicines on this occasion? (Please tick one answer only)

- ☐ My GP had not prescribed something I wanted
☐ My prescription had not arrived at the pharmacy
☐ The pharmacy did not have the medicine in stock to dispense to me
☐ Other (please specify):

About tim

Q27. Have you had a consultation with the pharmacist or asked their advice recently?

- ☐ Yes
☐ No (Go to Q31)
☐ Can't remember (Go to Q31)

Q28. What advice were you given? (ONE answer only)

- ☐ Lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)
☐ Advice about a minor illness or health problem
☐ Medicine advice
☐ Contraception services
☐ Emergency contraception advice
☐ Blood pressure monitoring
☐ Referred to other service
☐ Other (please specify):

Q29. Where did you have your consultation with the pharmacist?

- ☐ At the pharmacy counter
- ☐ In the dispensary or a quiet part of the shop
- ☐ In a separate room
- ☐ Over the telephone
- ☐ Other (please specify):

Q30. How do you rate the level of privacy you had when speaking with the pharmacist?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

The next questions are about your

**Q31. How do you feel about the range of services available at the pharmacy?
(tick one)**

- ☐ I wish pharmacies could provide more services for me
- ☐ I am satisfied with the range of services pharmacies provide
- ☐ Don't know

Q32. Can you please tell us, what is important to you when choosing a pharmacy in terms of products and services?

	Important	Neither important nor unimportant	Unimportant	Don't know/Not applicable
Delivery of medicines to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of products at pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy when speaking to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescriptions from my doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33. Please tell anything else that has influenced your choice of pharmacy?

Q34. Can you please tell us, how satisfied you are with the services and products offered by your regular pharmacy?

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know/not applicable
Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of medicines to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cost of products at pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy when speaking to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescriptions from my doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35. Please tell us anything else that has influenced your overall satisfaction.

Q36. How would you describe your experience of your local pharmacy and their services over the last 12 months? Please explain in the box below.

About You

We would like to ask you some questions to help improve our understanding of different experiences. Please answer as little or as much as you want. You can always tick 'prefer not to say'. All questions are optional.

Q37. Are You?

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Prefer not to say

Q38. How Old are you?

- ☐ 16-20 years
- ☐ 21-30 years
- ☐ 31-40 years
- ☐ 41-50 years
- ☐ 51-60 years
- ☐ 60-69 years
- ☐ 70 years or over
- ☐ Prefer not to say

Q39. Are you a Carer?

- ☐ Yes
- ☐ No

Q40. Do you have any of the following (Please tick all that apply)

- ☐ Physical impairment
- ☐ Visual impairment
- ☐ Hearing impairment/ Deaf
- ☐ Mental health impairment/ mental distress
- ☐ Learning difficulty
- ☐ Long term illness that affects your daily activity
- ☐ Prefer not to say
- ☐ Other (please specify):

Q41. If you have ticked any of the boxes above, or you have cancer, diabetes, or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

Q42. Which ethnic group do you belong to? (Please tick the appropriate box)

- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Chinese
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Other Asian
- ☐ Black or Black British - African
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - Other Black
- ☐ Mixed or Multiple ethnic groups - White and Asian
- ☐ Mixed or Multiple ethnic groups - White and Black African
- ☐ Mixed or Multiple ethnic groups - White and Black Caribbean
- ☐ Mixed or Multiple ethnic groups - Other Mixed or Multiple ethnic groups
- ☐ White - English, Welsh, Scottish, Northern Irish or British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Roma
- ☐ White - Other White
- ☐ Other ethnic group - Arab
- ☐ Other ethnic group - Any other ethnic group
- ☐ Prefer not to say

Q43. Do you have a religion or belief?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q44. If "Yes" please tick one of the options below:

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh

- ☐
- Other (please specify):

Q45. How would you describe your sexual orientation?

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual person
- ☐ Pansexual
- ☐ Prefer not to say

Q46. Do you live in the gender you were given at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Appendix 6: Public Survey Respondent Demographics

The responses to the public survey have been used throughout the PNA. The following tables detail the key demographics of respondents. There was a total of 204 respondents.

Note: not all respondents provided a postcode or partial postcode. As such, analysis is only based on those responses which could be allocated to a location.

Age Group	Respondents
18-34 years	7.9%
35-44 years	14.2%
45-54 years	14.2%
55-64 years	25.5%
65 years and over	25.0%
Not available	7.4%
Prefer not to say	5.9%

Sex	Respondents
Male	17.2%
Female	75.5%
Prefer not to say	7.4%

Disability	Respondents
Mental Health Condition	2.9%
Long-Standing Illness or Health Condition	10.3%
Sensory Impairment (Hearing, Sight or Both)	2.9%
Physical Disability	7.4%
No Disability	73.5%
Prefer not to say	2.9%

Religion	Respondents
Christian	61.8%
No Religion/Agnostic/Atheist	19.1%
Prefer not to say	16.7%
Other	2.5%

Note: due to small numbers the categories used in the public survey have been collapsed into 4 groups due to small number disclosure rules

Ethnicity	Respondents
White British	92.2%
Other ethnic group	2.5%
Prefer not to say	5.4%

Note: due to small numbers the categories used in the public survey have been collapsed into 2 groups due to small number disclosure rules

Appendix 7: 60-day statutory Consultation Letter and Questionnaire

Dear Sir / Madam

Our Ref	IO/HL
If you telephone please ask for	Diane Bolton-Maggs
Date	28 March 2025
E-mail address	publichealth@sthelens.gov.uk

Pharmaceutical Needs Assessment (PNA) Consultation Invitation to Participate

During the reorganisation of the NHS the responsibility for production of the Pharmaceutical Needs Assessments (PNAs) transferred to the Health and Wellbeing Boards (HWB) which are hosted by local authorities.

St Helens People's Board is developing a new PNA. This is a statutory responsibility, as set out under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013(SI 2013 No. 349).

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The same Regulations require NHS England to use the PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from pharmacy.

The People's Board have established a PNA Task & Finish Group to oversee the development of the new PNA. This group includes membership from our partner organisations, Healthwatch and the Local Pharmaceutical Committee.

As part of the development process, the Regulations require that all HWB undertake a formal consultation on a draft of its PNA. The key outcomes for this consultation are:

- To encourage constructive feedback from a variety of stakeholders.

- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA.

Taking this into account, we would like to invite you to participate in this consultation, which will run from 12pm Friday 28th March to 12pm Friday 30th May 2025.

The draft PNA can be found on our website by via the following link:

www.sthelens.gov.uk/consultations

- Submitting responses: You may choose one of the following options to submit your response:
- Complete the survey online at www.sthelens.gov.uk/consultations
- Complete the form sent with this letter and return it electronically via email to: publichealth@sthelens.gov.uk
- Complete the form and return it by post to the following address: **Public Health, St Helens Borough Council, St Helens Town Hall, Victoria Square, St Helens. WA10 1HP**

St Helens Borough Council has decided to run this consultation electronically in order to limit the environmental impact of this consultation. However, if you require a paper version of the PNA, please contact Aylish MacKenzie at publichealth@sthelens.gov.uk who will arrange to provide this within 14 days of your request.

All feedback received by 12pm on Friday 30th May 2025 will be collated and presented to the PNA Steering Group, for consideration on behalf of St Helens People's Board. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon. An updated PNA including consultation process and responses will be presented to St Helens People's Board and published no later than 1 October 2025.

We look forward to receiving your feedback on the draft PNA.

Yours faithfully

*Signature

Shirley Goodhew

Interim Director of Public Health

PNA Sponsor, St Helens People's Board

St Helens Borough Council

St Helens Pharmaceutical Needs Assessment Consultation Response Form

1. Has the purpose of the PNA been explained sufficiently within section 2 of the draft PNA document?

Yes

☐

No

☐

Not sure

☐

If "No", please explain why in the box below:

2. Does Section 3 clearly set out the scope of the PNA?

Yes

☐

No

☐

Not sure

☐

If "No", please explain why in the box below:

3. Does Section 4 and 6 clearly set out the local context and the implications for the PNA?

Yes

☐

No

☐

Not sure

☐

If "No", please explain why in the box below:

4. Does the information in Sections 5 & 7 provide a reasonable description of the services which are provided by pharmacies in St Helens?

Yes

☐

No

☐

Not sure

☐

If "No", please explain why in the box below:

--

5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?

Yes

☐

No

☐

Not sure

☐

If "Yes", please explain why in the box below:

--

6. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?

Yes

☐

No

☐

Not sure

☐

If "Yes", please let us know which service(s) in the box below:

--

7. Do you agree with the key findings about pharmaceutical services in Halton?

Yes ☐ No ☐ Not sure ☐

If "No" please explain why in the box below:

8. Do you agree with the assessment of future pharmaceutical services as set out in sections 7?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

9. **Community pharmacies & Dispensing Appliance Contractor only.** Please can you review the information in Appendix 1 (Opening Hours) and Appendix 2 (Service Provision) for accuracy? If you identify any issues please provide details

	Is the information Accurate?				If "No", please provide details:
Opening Hours	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Service Provision	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

10. If you have any further comments, please enter them in the box below (question applies to all):

11. About you - please can you provide the following information:

Name	
Job Title	
Pharmacy Name Or Organisation	
Address	
Telephone No.	
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please return this feedback form:

- Via email to: publichealth@sthelens.gov.uk
- Via post to the following address: **Public Health, St Helens Borough Council, St Helens Town Hall, Victoria Square, St Helens. WA10 1HP**

Appendix 8: 60-day statutory Consultation Response

5 responses were received: this Appendix was completed following the 60 data consultation.

Comments	Response from Steering group
Page 50 – it is unclear if there are 6 or 2 '100 hour' pharmacies	Thank you – the wording in the document has been amended to include only the number of 72 – 100-hour pharmacies. This has also been amended in the table included in appendix 1.
Page 53, point 6.2 – states there has been a reduction from 46 to 41 pharmacies since last PNA but then next paragraph states there are 6 less pharmacies. This may need clarification if the reduction is 5 or 6.	Thank you – this has now been resolved within the document. Following the merge of two pharmacies, the total number of pharmacies throughout the document has now been amended to 40.
Opening hours: <ul style="list-style-type: none"> Boots Ravenhead RP are incorrect. Mon -7pm close, Sun 11-4 opening hours St Helens town centre - Saturday close at 17:30pm 	Thank you – this has now been resolved within the document.
Page 44 - there is a reference to an illustration that states "error ref stores not found"	Thank you – this has now been resolved within the document
Page 92 - the is reference to N.17 Boots Wigan Bryn which has now closed.	Thank you – this has now been removed from the document.
Page 53 - the number of pharmacies nationally has been miscalculated	Thank you – this has now been replaced with the Q1 2024/25 number of pharmacies nationally.
Page 91 - Cross border Community Pharmacy service provision refers to the following pharmacy in Wigan HWB: 17 Boots Pharmacy 254-256 Wigan Road, Bryn WN4 0AR	Thank you – this has now been removed from the document due to closure.
Page 11 and page 69 – Refer to St Helens Place rather than St Helens ICB.	Thank you – this comment has now been integrated into the document.
Page 14 – GP Rota is called St Helens Rota.	Thank you – this comment has now been integrated into the document.
Page 14 - Millennium pharmacy is no longer inside the Millennium Centre but behind it on Shaw Street	Thank you – this comment has now been integrated into the document.
Page 15 and 78 - On-demand availability of palliative care medicines is the correct name.	Thank you – this comment has now been integrated into the document.
Page 89 – In the spreadsheet, access to palliative care medicine is available at Four Acre <i>Pharmacy</i> not Four Acre <i>Chemist</i> .	Thank you – this comment has now been integrated into the document.
Page 15 - Care at the Chemist, Minor Ailment Service has not been included in the Conclusions.	Thank you – this comment has now been integrated into the document. This service has been included in Table 1: conclusions summary table.

References

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3. <https://gp-patient.co.uk/analysistool>
4. Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality *Maturitas*. 2012 Dec; 73(4): 295–299
5. Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health*, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, <https://doi.org/10.1093/eurpub/ckaa165.961>
6. Public Health England, Royal Society of Public Health (2016) *Building Capacity: Realising the potential of community pharmacy assets for improving the public's health*