

St Helens Pharmaceutical Needs Assessment

2022



ST HELENS
BOROUGH COUNCIL

NHS
St Helens
Clinical Commissioning Group

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PNA Working Group Members:

- **Ruth du Plessis:** Director of Public Health, St Helens Borough Council
- **Diane Bolton-Maggs:** Public Health Consultant, St Helens Borough Council
- **Shaun Alexander:** Public Health Programme Manager, St Helens Borough Council
- **Rachel Brown:** Public Health Intelligence and Evidence Officer, St Helens Borough Council
- **Melissa Halligan:** Communications and Project Support Officer, St Helens Borough Council
- **Joseph Oxley:** Performance, Strategy and Data Analyst, St Helens Borough Council
- **Nicola Cartwright:** Head of Medicines Management, NHS St Helens CCG
- **Barry Akehurst:** Business and Contract Support Officer, St Helens Borough Council

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Glossary

AAACMR	All Age All-Cause Mortality Rate
AMR	Antimicrobial Resistance
APS	Annual Population Survey
AUR	Appliance Use Review
BI	Brief Intervention
BME	Black and Minority Ethnicities
CASH	Contraception and Sexual Health
CATC	Care at the Chemist
CCG	Clinical Commissioning Group
CEV	Clinically Extremely Vulnerable
CHD	Coronary Heart Disease
CI	Confidence Interval
COPD	Chronic Obstructive Pulmonary Disease
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardiovascular Disease
DDA	Disability Discrimination Act
DFLE	Disability-Free Life Expectancy
DSR	Directly Standardised Rate
EHC	Emergency Hormonal Contraception
EoLC	End of Life Care
EPS	Electronic Prescription Service
ERD	Electronic Repeat Dispensing
ESPSLPS	Essential Small Pharmacy Services Local Pharmaceutical Services
EWMI	Excess Winter Mortality Index
Flu	Influenza
Formulary	For the purposes of this report, a ' formulary ' is a list of medicines which have been approved for use
GP	General Practice / General Practitioner
GPhC	General Pharmaceutical Council
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IDACI	Income Deprivation Affecting Children Index
IDAOPi	Income Deprivation Affecting Older People Index
IMD	Index of Multiple Deprivation
IPEDs	Image and Performance Enhancing Drugs

JSNA	Joint Strategic Needs Assessment
LAPH	Local Authority Public Health Teams
LARCs	Long Acting Reversible Contraceptives
LE	Life Expectancy
LES	Local Enhanced Service
LGBT	Lesbian Gay Bisexual Transgender
LLAMS	Later Life and Memory Services
LLTI	Limiting Long Term Illness
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area - is a geographic hierarchy designed to support collection, analysis and reporting of small area statistics in England, they have an average population of 1,500
LTC	Long Term Condition
MAR	Medicine Administration Record
MDS	Monitored Dose System
MEC	Minor Eye Conditions
MHCLG	Ministry of Housing Communities and Local Government
MSOA	Middle Super Output Area – is a geographic hierarchy designed to support collection, analysis and reporting of small area statistics, they have an average population of 7,200.
MTM	Medication Therapy Management
MUR	Medicines Use Review
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NHSE/I	NHS England / Innovation
NICE	The National Institute for Health and Care Excellence
NMS	New Medicine Service
NPI	Non-Pharmaceutical Interventions
NPPF	National Planning Policy Framework
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programme
NUMSAS	NHS Urgent Medicines Supply Advanced Service
NW	North West
OCUs	Opiate and/or crack Cocaine Users
ONS	Office of National Statistics
OTC	Over the Counter
PCG	Pharmacy Contracts Group
PCT	Primary Care Trust

PDS	Pandemic Delivery Service
PGD	Patient Group Direction
PIP	Personal Independence Payment
PMR	Patient Medication Records
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PWID	People Who Inject Drugs
QOF	Quality and Outcomes Framework
RCT	Randomised Control Trial
SAC	Stoma Appliance Customisation
SCR	Summary Care Records
SMR	Standardised Mortality Rate
SUS	Secondary Uses Service
STI	Sexually Transmitted Infection
TAZ	Teen Advice Zone
UAM	Unlinked Anonymous Monitoring
UKHSA	UK Health Security Agency
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organisation
YPDAAT	Young People's Drug and Alcohol Team

1. Foreword

Pharmacies are a vital part of the health service, giving people convenient access to medicines and high quality advice. Anyone can walk into a pharmacy and ask for help and advice. It is important that the provision of pharmacy services continues to match the needs of residents and patients in St Helens.

St Helens People's Board, as the local Health and Wellbeing Board and Community Safety Partnership, have responsibility for the ongoing review, development and publication of a range of needs assessments, including the Pharmaceutical Needs Assessment.

This St Helens Pharmaceutical Needs Assessment for 2022 – 2025 outlines the pharmaceutical services available to our population. It is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The report has a standardised format as recommended by NHS England / NHS Innovation.

The report and its contents have been developed with the approval of pharmacy contract applications (at NHS England), as well as other local commissioners of health services. This document will assist us as a People's Board and partnership when reviewing the commissioning strategies upon which we base our decisions. It is recognised that our community pharmacy colleagues have a key role to play in helping us develop and deliver the best possible pharmaceutical services for our population.

We commend this report to you and we look forward to your continuing involvement as this document is reviewed and updated.

Signed

A handwritten signature in black ink, appearing to read 'Anthony Burns', is written over a large, light grey diagonal watermark that says 'DRAFT'.

Cllr Anthony Burns

2. Executive Summary

2.1. Background

Community pharmacy is considered 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. 96% of people living in the most deprived areas have access to a pharmacy either through walking or via public transport. Therefore, pharmacies are a vital health service and asset, and it's important to ensure access to pharmacies for both the general and specific services that pharmacies can provide meets the needs of local residents and patients.

Since 1st April 2013, each Health and Wellbeing Board (HWB) in England is required to publish and keep up to date a Pharmaceutical Needs Assessment for its area. The Pharmaceutical Needs Assessment (PNA) presents a picture of community pharmacies and other providers of pharmaceutical services 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 NHS and community provision. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. A mapping of service provision and identifying gaps in demand are essential to provide both local commissioners and NHS England with the market intelligence they need to take forward appropriate and cost-effective commissioning of services. PNAs are also relevant when deciding if new pharmacies are needed, or if they should move location. Also, while this assessment provides a start for service development, any actions need to be balanced with cost effectiveness and resource implications.

2.2. Surveys undertaken to date

As part of this needs assessment, two surveys were undertaken, one with the public asking St Helens residents about their views on local pharmacies, and the other sent to the pharmacies themselves.

The public survey ran throughout Autumn and Winter 2021 and received 134 responses. Collectively the general response from the public was positive; when asked to comment on their local pharmacies, 68% ($n=80$) stated that they were very satisfied with the services their pharmacy provides. 87% of people stated they have previously had no difficulty finding a pharmacy to have medicine dispensed, to get advice or to buy medicines; this suggests the availability and accessibility of pharmacy services is generally satisfactory. In addition, 92% of people stated they were satisfied with the services they received from their pharmacy during the COVID-19 pandemic.

The pharmacy survey also ran throughout Autumn and Winter 2021. It was sent to all pharmacies in the Borough and there was an 84% completion rate, the survey was focussed on the services that are provided to customers, accessibility for customers and facilities that are available. All pharmacies that responded are within 500m of a bus stop and 89% have customer parking within 50m. 92% have an entrance which is suitable for unaided wheelchair access. In terms of support for people whose first language is not English, 58% of St Helens pharmacies are able to provide support to those people. And almost all pharmacies (97%) have a closed consultation room available.

It should be noted that this document will be released to allow for a second public consultation to be undertaken – this will run from 1st July 2022 until 31st August 2022.

See also appendices 4 and 5 which present the results of the public and pharmacy surveys in more detail.

2.3. Demographic / Future needs

According to ONS population statistics, the population of St Helens is predicted to both age and increase over the next 20 years; however, it is not expected to change significantly over the timeframe of this PNA. In terms of housing developments, the St Helens Borough Local Plan 2020 – 2035¹ outlines a trajectory of 1,828 new dwellings to be built in the borough between 2021-22 and 2024-25. These potential future developments in the borough will be mostly on previously developed land that is already well served by community pharmacies. Therefore, it is not anticipated that future developments in the short term will require more pharmaceutical provision.

2.4. Conclusions

Area	Conclusions
Pharmacy premises and workforce	The current pharmacy services across the borough are considered to be adequate to meet the needs of the residents. As part of the development of pharmacists' contracts in the future, consideration will be given to expanding the use of 'language line' to enhance the support to residents whose first language is not English. We will continue to work with NHSE to reduce the number of prescriptions being dispensed from pharmacists across the borough.
Tobacco control	Stop smoking services are well served through pharmacy and specialist smoking cessation services.
Sexual health	Emergency Hormonal Contraception (EHC) is accessible throughout the borough, but there is still a need to promote EHC as part of working within a multi-agency teenage pregnancy task group.
Drug use	<ul style="list-style-type: none"> Needle & Syringe Programme (NSP) - Currently there are an adequate number and distribution of services providing NSP based on local need. Supervised Consumption - There is adequate provision of the supervised consumption service in St Helens based on local need.
Alcohol	We will continue to work with pharmacies and review the evidence and feasibility of establishing support in pharmacies to reduce alcohol consumption.
Services that impact on hospital admissions and long term conditions	<ul style="list-style-type: none"> Care at the Chemist - In St Helens, all pharmacists provide the minor ailment scheme. Six local pharmacies answered that they provide AURs and seven provide STOMA appliance customisation. As part of the development of pharmacist's contracts in the future, this will be reviewed. Monitored Dosage System - There is a good provision of the monitored dosage system from pharmacies across the borough. Medicines Use Review - In St Helens, 44 out of 45 pharmacies responding to the survey provide this service locally.

Area	Conclusions
Palliative care	There is generally adequate provision of pharmacy palliative care services throughout the borough.
Antimicrobial resistance (AMR)	Pharmacies have a role to play in increasing public awareness of AMR and providing information and campaigns on how the public can help reduce antibiotic use.
Vaccination	32 pharmacies provide flu vaccination. We will continue to work to ensure that all pharmacists offer flu vaccinations. Pharmacies and pharmacists continue to be a key provider of COVID-19 vaccinations.
Minor eye conditions	There is some provision of the minor eye conditions service, the development of pharmacy services should consider the expansion of these.
Blood pressure	As part of the development of pharmacy contracts in the future, we will explore increasing capacity for more blood pressure checks across pharmacy settings.
Early detection of long term conditions - cancers	Community pharmacies have a role to play in the cancer agenda linked with their tobacco control services, but could also play a greater role in public health campaigns such as cancer screening and sun awareness campaigns. These should be agreed annually and could contribute to the six public health campaigns pharmacies are commissioned to undertake each year.
Mental health	As part of the development of pharmacy contracts we will ask pharmacies to include mental health and suicide prevention as part of the future health campaigns.
Specific services for older people	There are opportunities to work with community pharmacies on assessing risks of osteoporosis in women. This has been part of the St Helens Falls Strategy, support of which should be continued as part of the development of pharmacy services in the future.
Obesity	At this time, there are no plans to commission weight management services from community pharmacies due to the lack of evidence for effectiveness. As part of the development of pharmacy contracts this will be reviewed and actioned if required.
Dementia	Further research needs to be undertaken to ascertain the effectiveness of dementia screening. Community pharmacies can take an active role in dementia by encouraging Dementia Friends and signing up to support the Dementia Action Alliance.

2.5. Potential revisions

Once this consultation has been completed, the relevant findings will be reviewed and integrated as required. A final report will be published during Autumn 2022.

3. Introduction and purpose

In the past community pharmacists were known as chemists. Like GPs, some community pharmacists are part of the NHS, whilst some are private providers. Every day about 1.6 million people visit a pharmacy in England. The traditional role of the community pharmacist is the healthcare professional who dispenses prescriptions written by doctors. In recent years, community pharmacists have been developing clinical services in addition to the traditional dispensing role, to allow better integration and team working with the rest of the NHS and its partners.¹

The NHS community pharmacy contract for England and Wales was introduced in 2005. Essential services consist of the following and have to be offered by all pharmacy contractors (these are managed by NHSE/I): dispensing medicines; dispensing appliances; repeat dispensing; clinical governance; discharge medicines service; repeat dispensing; disposal of unwanted medicines; public health (promotion of healthy lifestyles); signposting patients to other health care providers; and support for self-care.

Pharmacists must also adhere to clinical governance and ensure the following processes are in place:

- Use of standard operating procedures
- Patient safety incident reporting
- Demonstrating evidence of pharmacist continuing professional development
- Operating a complaints procedure
- Compliance with health and safety legislation
- Compliance with the Disability Discrimination Act
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys

The pharmacy contract has prompted the installation of private consultation areas in most pharmacies where patients can freely discuss sensitive issues, safe in the knowledge that they will not be overheard by other members of the public.

As well as national services provided by all pharmacies, the pharmacy contract also includes services which are commissioned at a local level by the local Clinical Commissioning Group (CCG) - from 1st July 2022 this will be NHS Cheshire and Merseyside, Local Authority (LA) or NHS England / NHS Innovation. There are many different services operating throughout the country, reflecting the varying needs in different areas. Further details of services in St Helens are available in Section 14.

The General Pharmaceutical Council (GPhC) is the statutory regulator for the pharmacy professions in Great Britain. The Health Act 1999, as amended by the Health and Social Care Act 2008, is the primary legislation which enabled the GPhC to be established as an independent statutory regulator via the Pharmacy Order 2010.

NHS England's area teams have responsibility for monitoring the provision of essential and advanced services. Arrangements for monitoring locally commissioned services may be set out in local contracts or service level agreements.

Area teams currently use the Community Pharmacy Assurance Framework to monitor pharmacy contractors' compliance with the terms of the community pharmacy contractual framework.

All NHS providers, including community pharmacies, need to provide information governance assurances to the NHS on an annual basis. These assurances are provided through completion of an online self-assessment tool, the NHS Information Governance Toolkit.

The Pharmaceutical Needs Assessment (PNA) presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further.

The Health Act 2009 outlined the process of market entry onto a “Pharmaceutical List” by means of pharmaceutical needs assessments and provided information to Primary Care Trusts for their production. It amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations came into force on 24th May 2010 and they:

- required PCTs to develop and publish PNAs; and
- required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.

Following the abolition of PCTs, this statutory responsibility has now been passed to Health and Wellbeing Boards by virtue of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1st April 2013. These regulations also outline the process that the NHS Commissioning Board must comply with in dealing with applications for new pharmacies or changes to existing pharmacies.

The Health and Social Care Act 2012 further describes the duty of “commissioners”, in accordance with regulations, to arrange for the adequate provision and commissioning of pharmaceutical services for their population.

The PNA is thus a key tool for NHS England and local commissioners to support the decision making process for pharmacy applications and to ensure that commissioning intentions for services which could be delivered via community pharmacies, in addition to other providers, are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a key component.

Further information on the policy context is included in Appendix 1.

3.1. Impact of the COVID-19 pandemic

The global COVID-19 pandemic had a huge impact on the community across St Helens, and several services were rapidly adapted to enable delivery of essential healthcare to residents, particularly the most vulnerable.

In St Helens, since the onset of the pandemic, there have been 67,420 cumulative number of cases reported^[1]. There were periods throughout the pandemic when St Helens experienced significantly higher rates of morbidity and mortality compared to the rest of England and regional local authorities. In 124 weeks of the pandemic, St Helens has had a higher than average infection rate for 61 of them. The highest weekly rate of COVID infections was in the week ending 31st December 2021; there were 5213 infections reported making a rate of 480 per 100,000 persons infected in St Helens. This placed St Helens as the second highest local authority in the region, compared with 390 per 100,000 persons in the North West region and 293 per 100,000 persons in England.

The rates of COVID-19 infection across the community varied by age, ward and sex. People with underlying health conditions were disproportionately affected, with many receiving additional support based on the national guidance which identified them via their GPs as being clinically extremely vulnerable (CEV).

There were 5,179 cumulative COVID-19 admissions into St Helens and Knowsley Hospitals NHS Trust up to 29th May 2022. This is around 5% of the hospital admissions within the North West region.

Since the beginning of the pandemic, there have been a total of 714 deaths in St Helens where COVID-19 was mentioned on the death certificate as a cause of death registered up to 20th May 2022. COVID-19 related deaths in St Helens were amongst the highest in comparison to the rest of the country, in particular those deaths that occurred during the periods of highest infection amongst the elderly or those who had underlying respiratory illness. In the 28 day period ending 22nd April 2022, St Helens ranked the second highest upper tier local authority in England for COVID-19 deaths within 28 days of positive test, with 22 deaths occurring and a rate of 12.1 per 100,000 persons (England 6.4).

Pharmacies have played a significant role throughout the pandemic in maintaining the overall health and wellbeing of the most vulnerable residents, particularly those with underlying health conditions who were at greater risk from COVID-19 severe illness and death. These residents would have continued to receive medicines and vital healthcare to keep them alive throughout the pandemic, as well as being prioritised for the COVID-19 vaccination programme which began on 8th December 2020.

^[1] <https://coronavirus.data.gov.uk/details/cases?areaType=Itla&areaName=St.%20Helens>

While many businesses and healthcare settings were forced to close, community pharmacies remained open throughout the COVID-19 pandemic. They had to observe the social distance guidance appropriate at the time which led to queues outside the pharmacies as most are small venues, with limited space inside, so fewer customers were able to go into the pharmacy at the same time. Only on occasions, and for safety related reasons due to overwhelming workload pressures, the pharmacy worked behind closed doors for a few hours each day in order to concentrate on dispensing prescriptions and managing stock.

Before the pandemic many services commissioned by St Helens Borough Council e.g. morning after pill, or pharmacy services provided by NHS St Helens Clinical Commissioning Group e.g. minor ailments service, were carried out face to face in the pharmacy consultation room. This was not appropriate during the pandemic. However, working with commissioners, arrangements were developed at speed to enable these consultations to take place over the phone to ensure patients could still access such services.

Historically, many community pharmacies provided a delivery service, which was the pharmacies decision and not a contractual requirement. Demand for delivery of medicines increased hugely, especially at the beginning of the pandemic, as many patients were told to shield and lately due to having to self-isolate. In April 2020, the Pandemic Delivery Service (PDS) became a contractual requirement of community pharmacies. The cohort of patients who can use the PDS has changed over the pandemic and up until 31st March 2022, it was used for patients who were self-isolating due to a positive COVID test. However, in the early stages of the pandemic, support for the delivery of medicines and other products on behalf of community pharmacies, was helped by the army of volunteers and the Fire Service who came forward at a difficult time of need for all St Helens residents.

This was further supplemented by the local partnership of a number of partners across St Helens Borough, including St Helens and Knowsley Teaching Hospitals NHS Trust. In order to reduce public queuing and inadvertent contact during the pandemic, they provided a coordinated system through a dedicated phone number, for pharmacies to have all items to patients and clients delivered on their behalf.

Community pharmacies also supported in the provision of lateral flow tests until they were discontinued on 31st March 2022, distributing these to patients either via a code from the government website or on a walk-in basis and encouraging reporting of the results back to the NHS. The pandemic has shown that community pharmacy has been resilient and adaptable. Being located in the heart of communities, many deprived, the pharmacies have been essential and valuable to patients, supporting patients in their own communities.

4. Scope and methodology

4.1 Scope of the PNA

The scope of the PNA must address the following principles (as agreed with NHSE):

- Pharmaceutical care that supports safe and effective use 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
- Locally commissioned pharmaceutical services that have the potential to reduce avoidable hospital admissions and to support discharge
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources

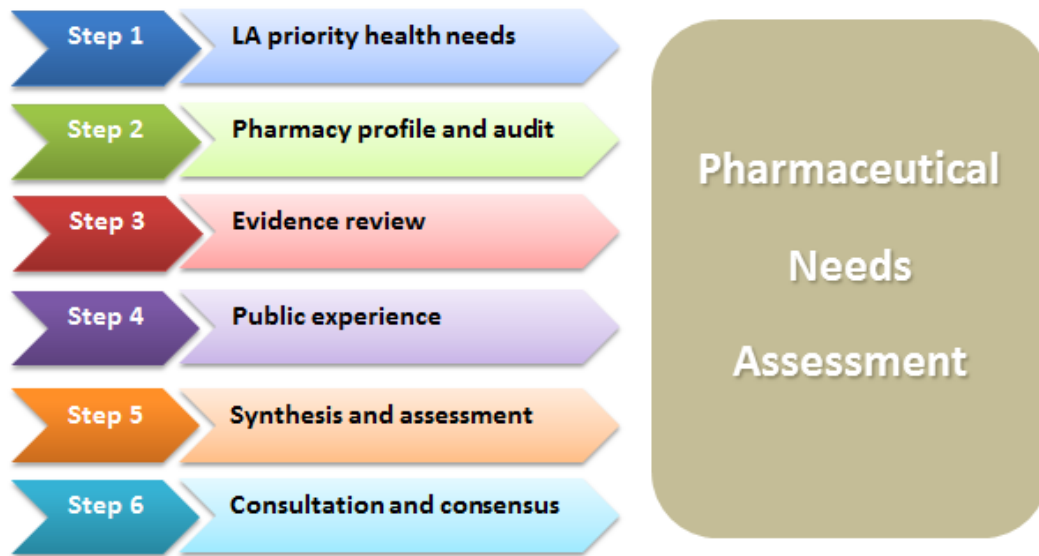
4.1. Approach and data analysis

The approach of the Pharmaceutical Needs Assessment is:

- It is an iterative process involving patients, the public and key stakeholders
- It is revised every three years; however it can be updated regularly through supplementary statements when required
- 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 done through a multidisciplinary PNA Task and Finish Group

This process is outlined in Figure 1. It is a step-by-step process which will be followed methodologically to provide a complete pharmaceutical needs assessment. This approach to using this methodology has been agreed with NHSE.

Figure 1. PNA development process



Development of the St Helens Local Authority People’s Board’s PNA has been initiated and overseen by the Director of Public Health at St Helens Borough Council, and a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health
- Public Health Intelligence
- Community Pharmacy Professional Lead from NHS England Merseyside Area Team
- Clinical Commissioning Group
- Local Pharmaceutical Committee
- Healthwatch St Helens

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 in order to identify the following:

- The health and pharmaceutical needs of the population
- Evidence of best practice in meeting need through community pharmacy services
- Current local provision of pharmaceutical services
- Gaps in provision of pharmaceutical services

The following data sources have been used for the purposes of this PNA:

- St Helens Joint Strategic Needs Assessment
- Office for National Statistics
- Indices of Multiple Deprivation 2019
- Office for Health Improvement and Disparities – Public Health Profiles
- NHS Digital
- Census data 2011
- Data provided from the CCG
- Patient and public pharmacy service questionnaires
- Patient and public involvement

The patient, public and health professional questionnaire responses informed the first draft which then went out to formal consultation. All quotes in this document are from the first survey and the full results can be found in Appendix 4 and Appendix 5.

4.2. Assessment review process

The PNA will be refreshed 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 NHS England Pharmacy Contracts Group (PCG). As a minimum, the document will be checked and updated with significant changes in the following areas, once every year:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy locally commissioned service provision
- Appliance provision changes
- Significant changes in public Health intelligence or primary care service developments that may impact either complimentary or adversely on pharmacy based services

4.3. Consolidation applications

On 5th December 2016, amendments to the 2013 regulations came into effect. NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Applications to consolidate will be dealt with as "excepted applications" under the 2013 regulations, which means they will not be assessed against the pharmaceutical needs assessment. Instead, consolidation applications will follow a simpler procedure, the key to which is whether a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services so, if NHS England commissions enhanced services from the contract of the closing premises, then the applicant is required to give an undertaking to continue to provide those services following consolidation.

If NHS England is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. If NHS England grants the application, it must then refuse any further "unforeseen benefits applications" seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.

4.4. How to use the Pharmaceutical Needs Assessment

The PNA should be utilised as a service development tool in conjunction with the 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, for example:

- Maps and tables detailing specific services will mean patients can see clearly where they can access a particular service.
- The data and mapping should help current service providers to be 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.
- NHS England 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.

5. General population and health profile of St Helens

5.1. Location

St Helens is a large town in Merseyside, England. The area grew during the 18th and 19th century as a significant centre for coal mining and glass making as well as other key industries such as sail making. It was the site of the first competition for steam locomotives, in the Rainhill Trials. Today, St Helens is part of the Liverpool City Region and is a place with a strong identity and cultural history.

Figure 2. Location of St Helens



Source: PHE; Crown copyright and database rights 2014, Ordnance Survey 100016969; ONS 2014

5.2. Population structure

5.2.1. Resident population

The resident population of St Helens is 181,095 (2020 mid-year estimate, ONS). The resident population has stayed consistent for the past decade; however, it is predicted to increase over the next 10-20 years.

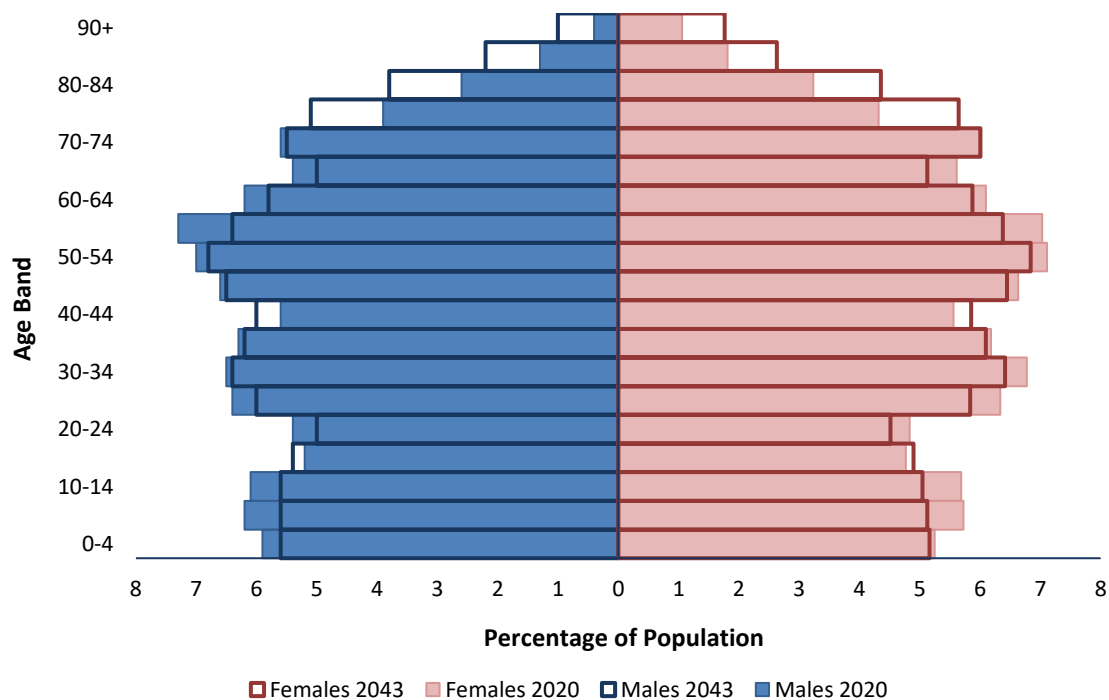
There were 1,822 live births to St Helens residents in 2020; and data reveals an overall declining trend in both the number and rate of live births. The 2020 birth rate in St Helens is 10.1 live births a year per 1,000 population, and this is slightly lower than the North West and England averages of 10.4 and 10.3 respectively.

5.2.2. Population by age

The population projections indicate that there will be a 7% increase of the total population between 2020 and 2043. It is projected that there will be a slight increase in children aged 15-19 years (+10) and the number of 70-89 year olds may increase by 31%, however the largest change is predicted to be in the 90+ year olds with a 99% increase.

In terms of male and female population projections, the number of elderly males (aged 85+) is predicted to rise by 94%, whereas females in the same age group are due to increase by 62%. An 'ageing population' is likely to increase pressures on NHS and social care as this age group makes up a large percentage of GP consultations and hospital admissions. This is then likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns persist.

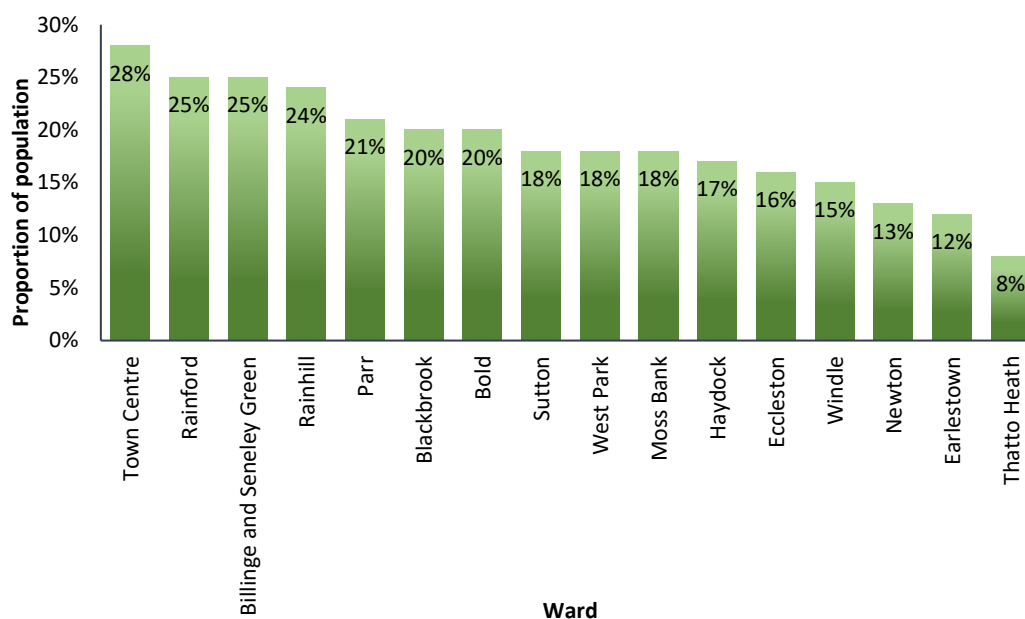
Figure 3. St Helens population pyramid: population projections (2020 – 2043)



Source: ONS Population Projections

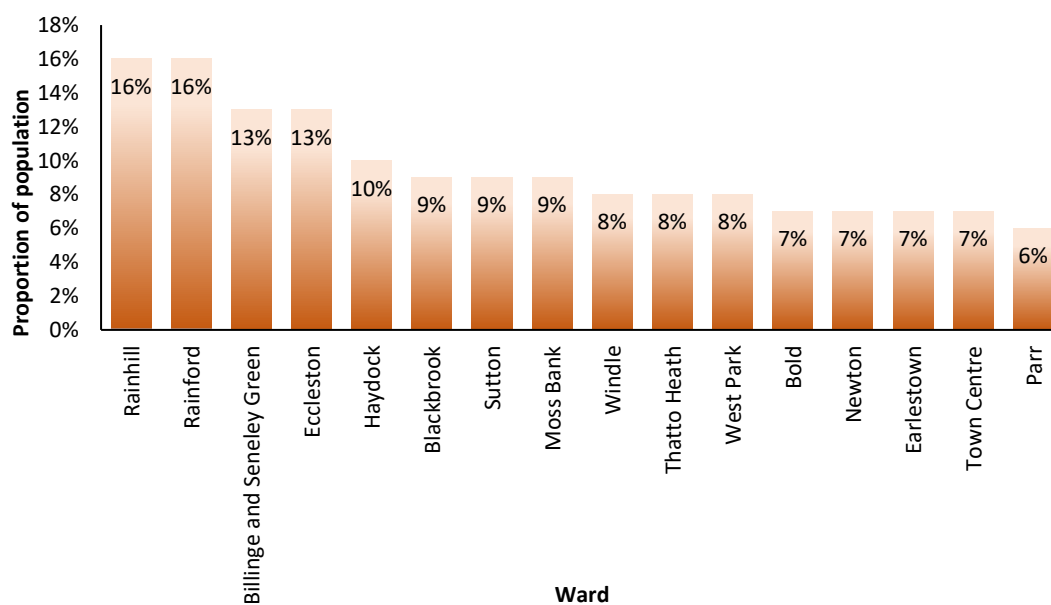
Within the borough, there are significant differences in the age structure between different wards. Figure 4 and Figure 5 illustrate the differences in the proportion of young people up to the age of 15 years and of the population aged 75+ at a ward level. The wide variations suggest differing levels of needs for early years and older people's services in different areas within the borough.

Figure 4. Percentage of 0-15 year olds in St Helens by ward (mid-2020)



Source: ONS mid-year 2020 population estimates

Figure 5. Percentage of 75+ year olds in St Helens by ward (mid-2020)



Source: ONS mid-year 2020 population estimates

5.2.3. GP registered population

The GP registered population in NHS St Helens Clinical Commissioning Group at 1st April 2022 is 200,349, thus highlighting that a number of residents from outside of the borough are registered with St Helens GP practices.

5.2.4. Ethnicity

Ninety-eight percent of residents in St Helens answered that their ethnic group was White on the 2011 Census, which is a larger proportion than that for the North West and England (90% and 85% respectively). Analysis by ward reveals that the Black and Ethnic Minority (BME) population in St Helens on the Census 2011 varied between 1.0% of residents in Windle and 3.8% in Thatto Health (*NHS Digital*). Data from the 2021 Census was not available at the time of writing.

As of 31st December 2021, there were 273 asylum seekers in receipt of support from St Helens local authority.² This number is likely to increase as St Helens is taking in more refugees and given the recent events in Afghanistan and Ukraine.

5.2.5. Sexuality

Sexual orientation and the associated stigma can have health impacts, for example lesbian, gay, bisexual and transgender (LGBT) people can be at a higher risk of having poor sexual health.³ There is also evidence that LGBT people may be more likely to use drugs and alcohol and be at a higher risk of anxiety or depression.⁴

There is currently no widely accepted national estimate of the size of the lesbian, gay and bisexual population within England. Government estimations place the lesbian, gay and bisexual population somewhere between 5% and 7%, while experimental official statistics on sexual identity in the UK in 2019 (based on data from the Annual Population Survey (APS)) showed that 2.7% of the UK population aged 16 and over identified themselves as lesbian, gay or bisexual, an increase from 2.2% in 2018. The younger population aged 16 to 24 were the age group most likely to identify as lesbian, gay and bisexual in 2018 (6.6%, an increase from 4.4% in 2018). More males (2.9%) than females (2.5%) identified themselves as lesbian, gay and bisexual in 2019.

Applying the rates from the Annual Population Survey to the St Helens adult population would suggest there may be 3,996 individuals who identify themselves as gay, lesbian, bisexual or other. At present, there is no official count of the transgender population. The England/Wales Census and Scottish Census have not asked if people identify as trans. Gender Identity Research and Education Society estimates that approximately 1% of the population experience some degree of gender nonconformity. If that rate was applied to St Helens, this would equate to 1,480 people (aged 16 or over).

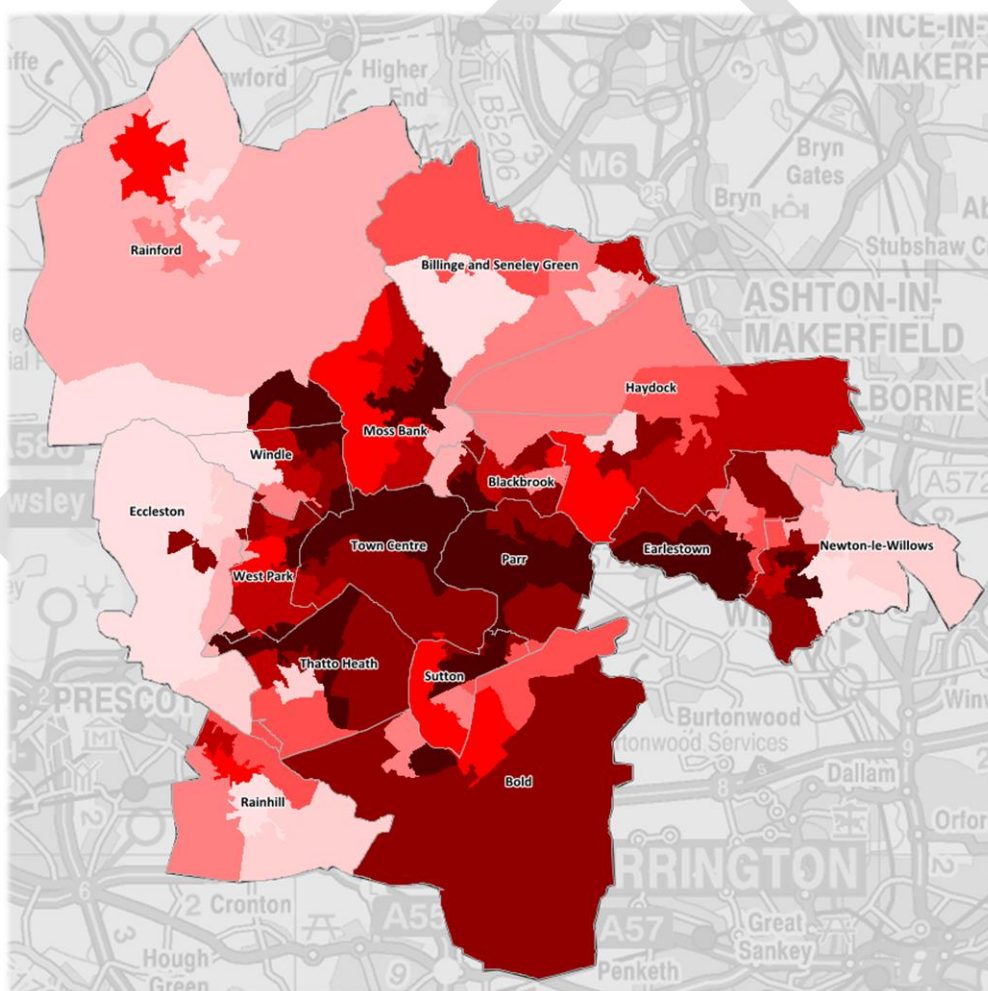
5.3. Deprivation

The English Indices of Deprivation (2019) combine a range of economic, social, health and housing indicators to provide the most comprehensive picture of deprivation across England.

The deciles are calculated by ranking the 32,844 LSOAs in England from most deprived to least deprived and dividing them into 10 equal groups. LSOAs in decile 1 fall within the most deprived 10% of LSOAs nationally and LSOAs in decile 10 fall within the least deprived 10% of LSOAs nationally.

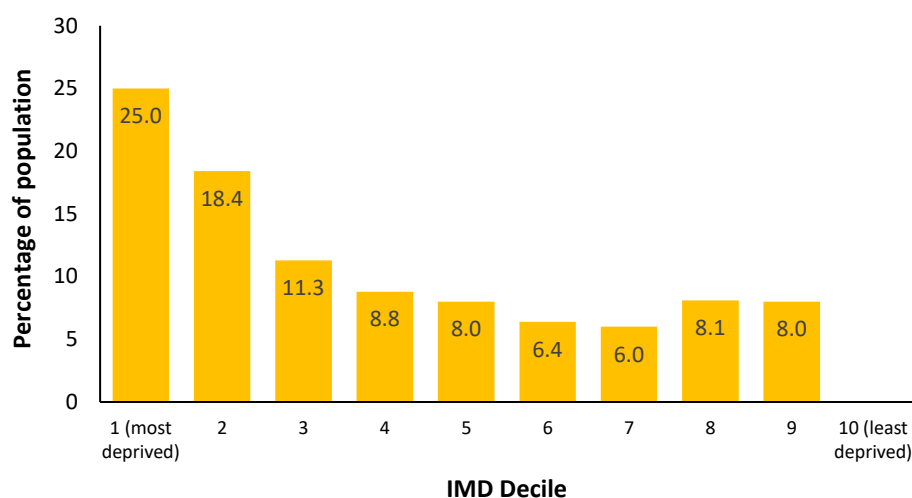
Overall, based on average rank, St Helens is the 32nd most deprived upper tier local authority in England out of 151. In St Helens, 25% of the population live in areas which are classified as being in the most deprived 10% in England, equating to 45,235 residents. There are 29 LSOAs (or neighbourhoods) within the borough that fall within the 10% most deprived LSOAs nationally, and a total of 50 LSOAs within the borough that fall within the 20% most deprived nationally.

Figure 6. Map of IMD 2019



Source: Indices of Multiple Deprivation, 2019

Figure 7. Percentage of St Helens population by IMD decile of residency



Source: ONS Population Estimates and Indices of Multiple Deprivation 2019

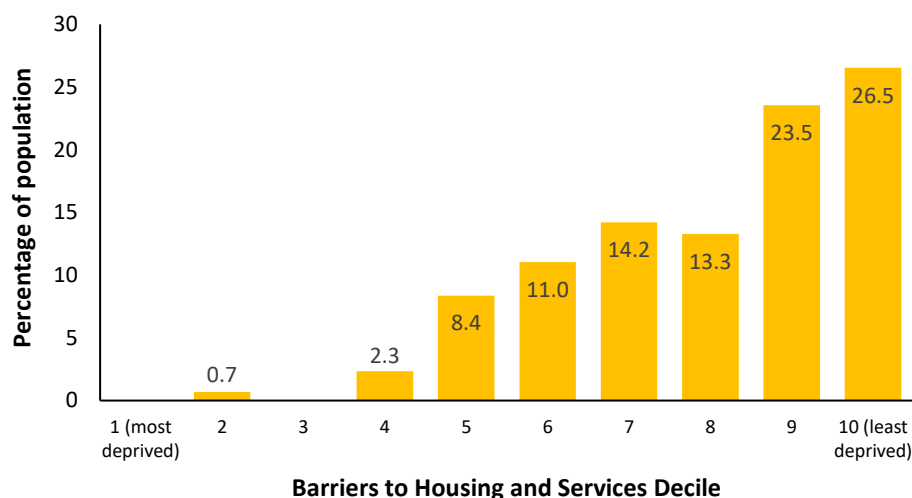
It is important to note that not all socially and economically disadvantaged people in St Helens will be living in the most deprived areas of the borough, and that they may reside in more affluent areas, therefore consideration should be given to all.

Geographical barriers to services IMD sub domain

The barriers to housing and services deprivation domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability. Indicators include homelessness, housing overcrowding, and affordability, as well as road distance to key amenities and services.

St Helens ranks as the 301st most deprived authority nationally for the rank of average score. There are no areas in St Helens in the most deprived 5% or 10% of LSOAs nationally. There is one LSOA in Rainford that falls within the most deprived 20% nationally.

Figure 8. Percentage of St Helens population by IMD barriers to housing and services decile of residency



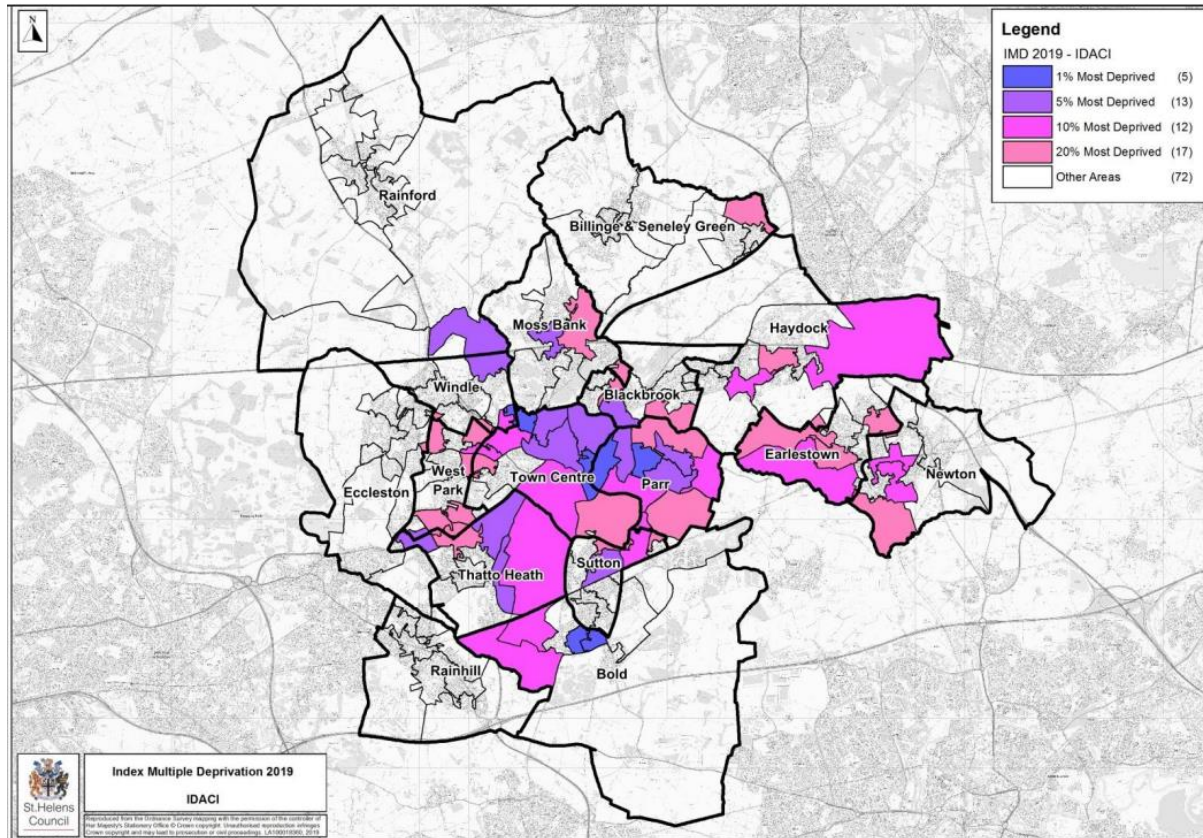
Source: ONS Population Estimates and Indices of Multiple Deprivation 2019

Income Deprivation Affecting Children Index (IDACI)

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the income deprivation domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

The highest levels of income deprivation affecting children are found in Parr, Town Centre and Bold wards. There is a total of 7,588 children aged 0 to 15 living in income deprived families, 23.7% of the 0-15 population. In the Parr Stocks Road LSOA, the most deprived neighbourhood in St Helens, 63.1% of children aged 0 to 15 are living in income deprived families.

Figure 9. Map of Income Deprivation Affecting Children Index (IDACI)

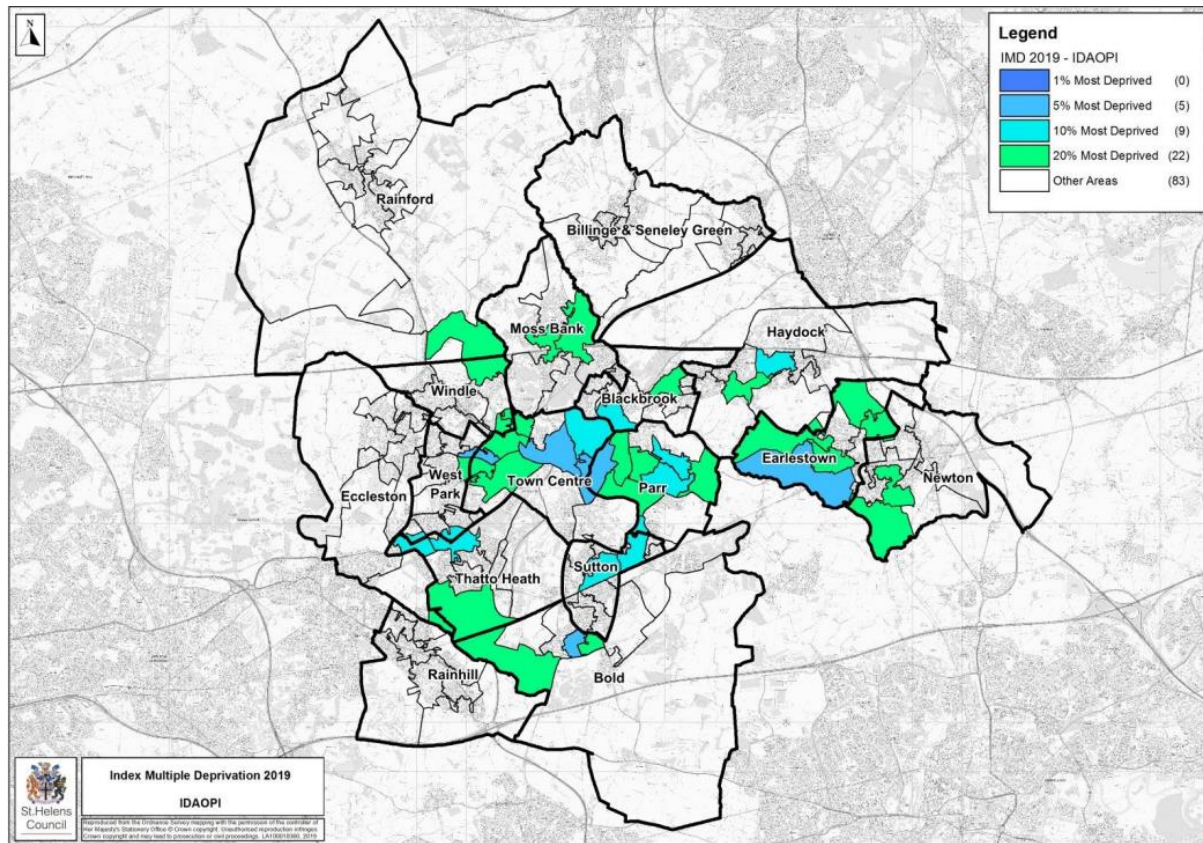


Source: Index of Multiple Deprivation, 2019

Income Deprivation Affecting Older People Index (IDAOPI)

The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. It is a subset of the income deprivation domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

The areas with the highest levels of income deprivation affecting older people are to be found in Parr, Bold, Town Centre and Earlestown. This is illustrated in Figure 10. There is a total of 7,753 older people aged 60 or over who experience income deprivation in St Helens, 16.8% of the 60 plus population. The LSOA with the highest level of income deprivation is Parr Stocks Road, where 48.6% of the 60 plus population is deemed to be income deprived.

Figure 10. Map of Income Deprivation Affecting Older People Index (IDAOPi)

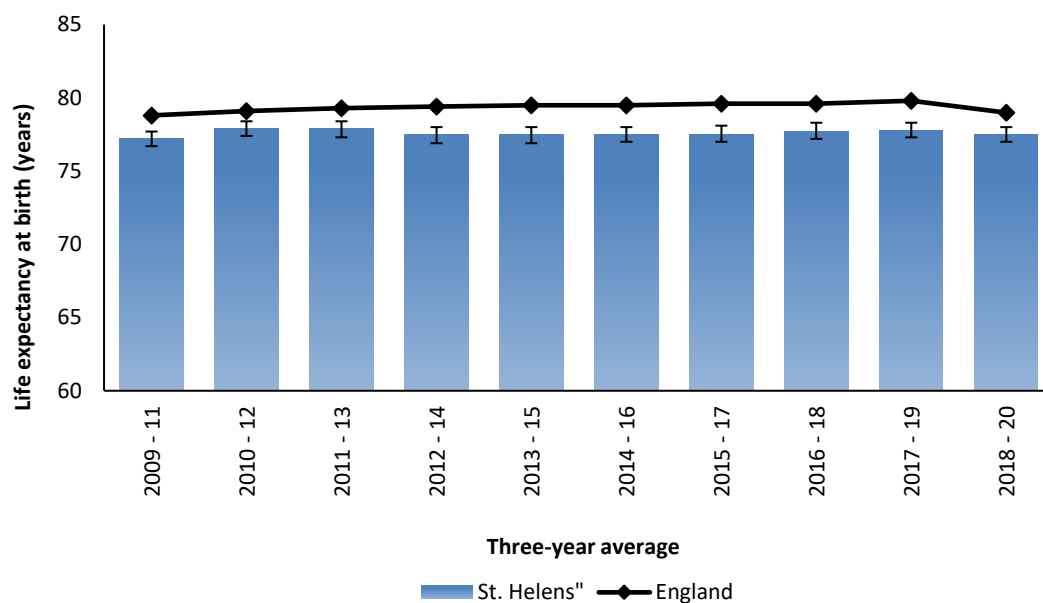
Source: Index of Multiple Deprivation, 2019

5.4. Life expectancy

Life expectancy at birth is an estimate of the average number of years a newborn baby would survive if he or she experienced the particular area's age specific mortality rates for that time period throughout his or her life. It is therefore not the number of years a baby born in the area could actually expect to live, both because the death rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives (Public Health England).

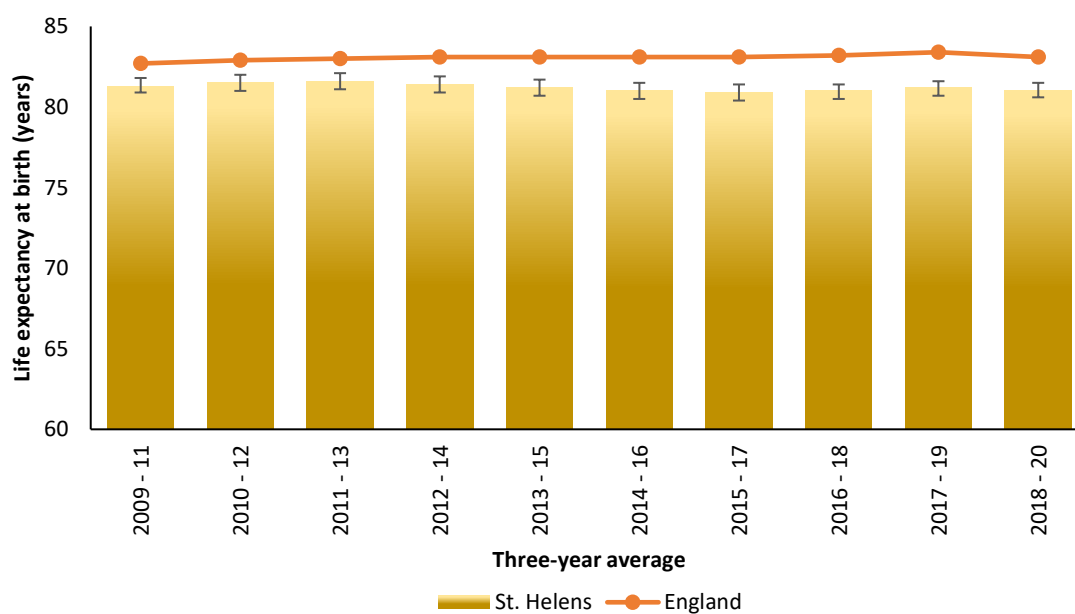
In St Helens, the life expectancy is 77.5 for men and 81.0 for women (2018-20). Life expectancy for both males and females had remained fairly stable in recent years, as shown in Figures 11 and 12. There has been a slight decrease in life expectancy compared to 2017-19, which is also mirrored in the average life expectancy in England. It is likely that the level of excess mortality caused by the coronavirus pandemic is linked to the decrease in life expectancy at birth in 2020.

Figure 11. Male life expectancy at birth trend in St Helens and England, 2009-11 to 2018-20



Source: Office for National Statistics

Figure 12. Female life expectancy at birth trend in St Helens and England, 2009-11 to 2018-20



Source: Office for National Statistics

5.5. Healthy life expectancy

Healthy Life Expectancy (HLE) adds a good quality of life aspect to life expectancy by estimating the time spent in self-rated “very good” or “good” health, as recorded in local surveys. For 2018-20, men in St Helens have an average of 59.3 years in good health, this is lower than the England average of 63.1. Women in St Helens have an average of 61.9 years in good health, and again this is lower than the England average of 63.9.

HLE has reduced slightly in St Helens for males since 2013-15 with a decrease of 0.1 years, whereas for women HLE has increased by 1.1 years.

Figure 13 compares life expectancy at birth and HLE for St Helens and neighbouring local authorities. It shows that life expectancy in St Helens is ranked 5th along with Wigan for males and 6th for females; for healthy life expectancy St Helens ranks 5th for males and 4th for females.

Figure 13. Life expectancy and healthy life expectancy for St Helens and Merseyside authorities, 2018-20

Local Authority	Females		Local Authority	Males	
	LE	HLE		LE	HLE
Warrington	82.3	64.8	Warrington	78.9	64.6
Sefton	82.4	63.8	Sefton	78.0	63.7
Wirral	81.6	63.0	Halton	77.4	61.4
St Helens	81.0	61.9	Wirral	77.8	60.8
Wigan	81.2	61.4	St Helens	77.5	59.3
Knowsley	79.8	60.0	Wigan	77.5	59.2
Halton	81.4	58.0	Knowsley	76.3	58.7
Liverpool	79.9	57.9	Liverpool	76.1	58.3

Source: Office for National Statistics

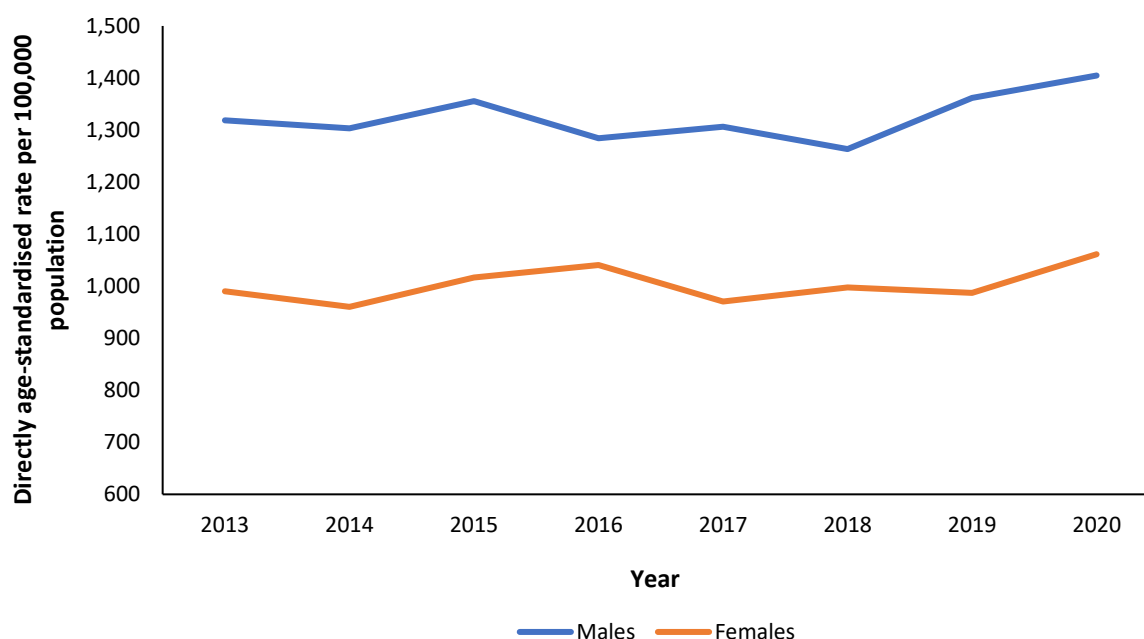
5.6. All age all-cause mortality trends

All age all-cause mortality is a key indicator of the overall health of the borough. This gives an overall rate of mortality across all age groups and is standardised by age to allow fair comparisons between different areas. It is linked to life expectancy and as the mortality rate falls, life expectancy increases.

Over the last few years, all age all-cause mortality rates in St Helens have increased for both males and females. Between 2018 and 2020, the male all age all-cause mortality rate (AAACMR) increased from 1263.4 per 100,000 to 1404.7 per 100,000, and for females the rate increased from 997.6 per 100,000 to 1061.4 per 100,000.

The increase in mortality during 2020, is mainly due to excess deaths associated with the COVID-19 pandemic.

Figure 14. All age all-cause long term mortality rate, males and females, 2013-2020



Source: Office for Health Improvement and Disparities, based on Office for National Statistics source data

5.7. Major causes of ill health and mortality in St Helens

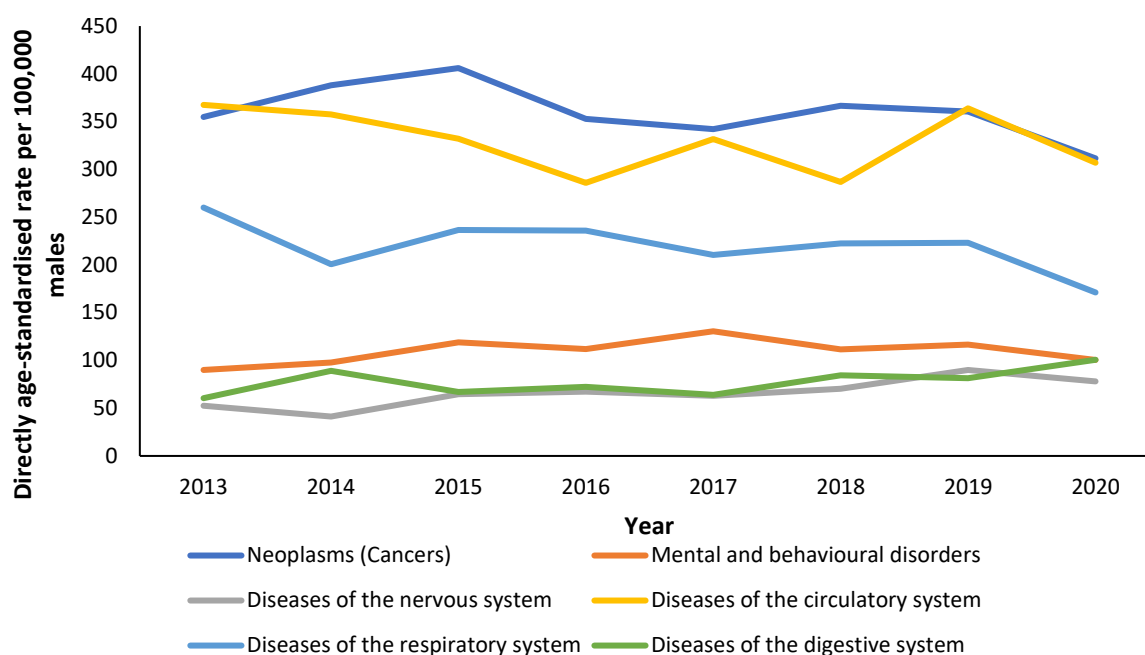
Cancers and neoplasms and circulatory disease are the two primary causes of mortality in the borough, with rates of 259.1 and 251.2 deaths per 100,000 respectively and contributing to 42.8% of all deaths in 2020 in St Helens. Table 1 shows the mortality rates by cause of death in St Helens for all persons in 2020. Data related to COVID-19 deaths can be found in section 3.1, and are not included within this table as it refers to deaths by underlying cause registered in 2020 only and is therefore not comparable.

Table 1. Number and directly age-standardised rate of mortality by cause of death in 2020 (all ages, all persons)

Underlying cause of death	Number	DSR per 100,000
Neoplasms (Cancers)	486	259.1
Diseases of the circulatory system	450	251.2
Diseases of the respiratory system	272	152.5
Mental and behavioural disorders	163	99.0
Diseases of the digestive system	150	81.8
Diseases of the nervous system	137	77.8
All causes	2,187	1,220.9

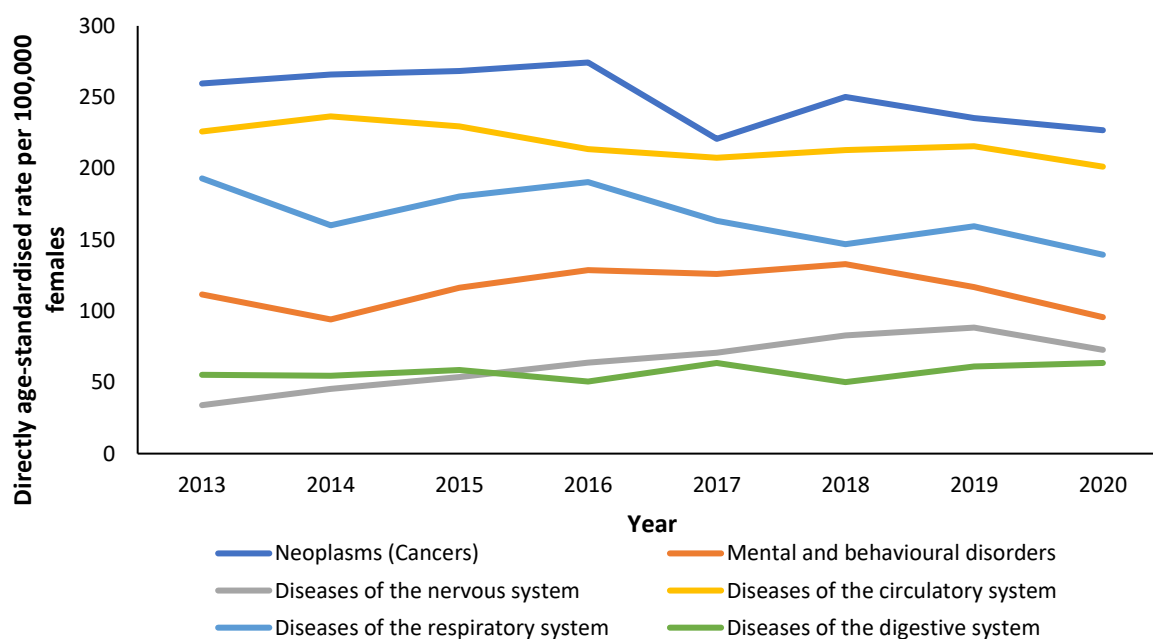
Source: Office for Health Improvement and Disparities, based on Office for National Statistics source data

Figure 15. Trend of directly age-standardised rate of male mortality in St Helens by underlying cause of death (all ages), 2013 - 2020



Source: Office for Health Improvement and Disparities, based on Office for National Statistics source data

Figure 16. Trend of directly age-standardised rate of female mortality in St Helens by underlying cause of death (all ages), 2013 - 2020



Source: Office for Health Improvement and Disparities, based on Office for National Statistics source data

Figure 17. Main causes of death in St Helens during 2019

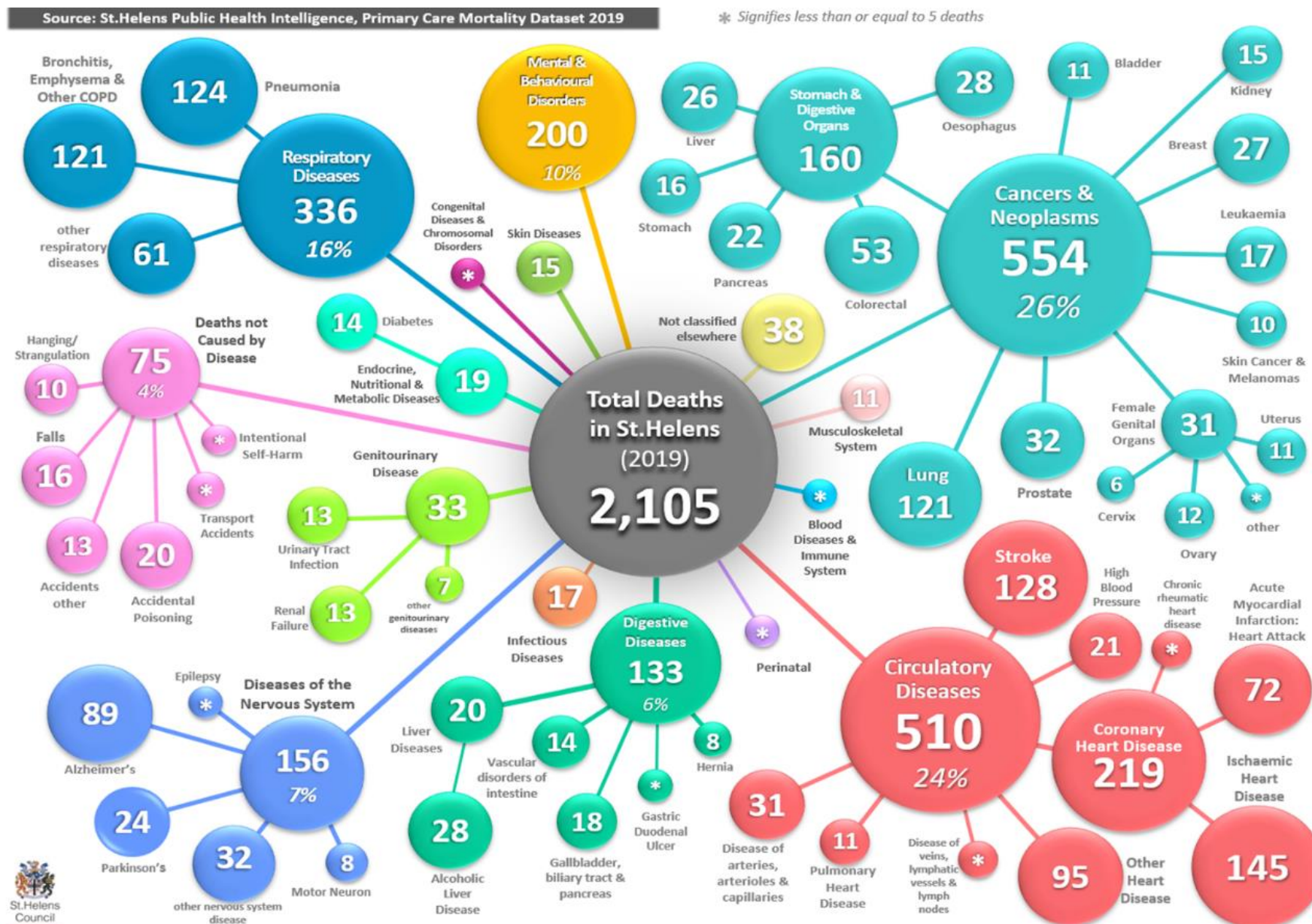
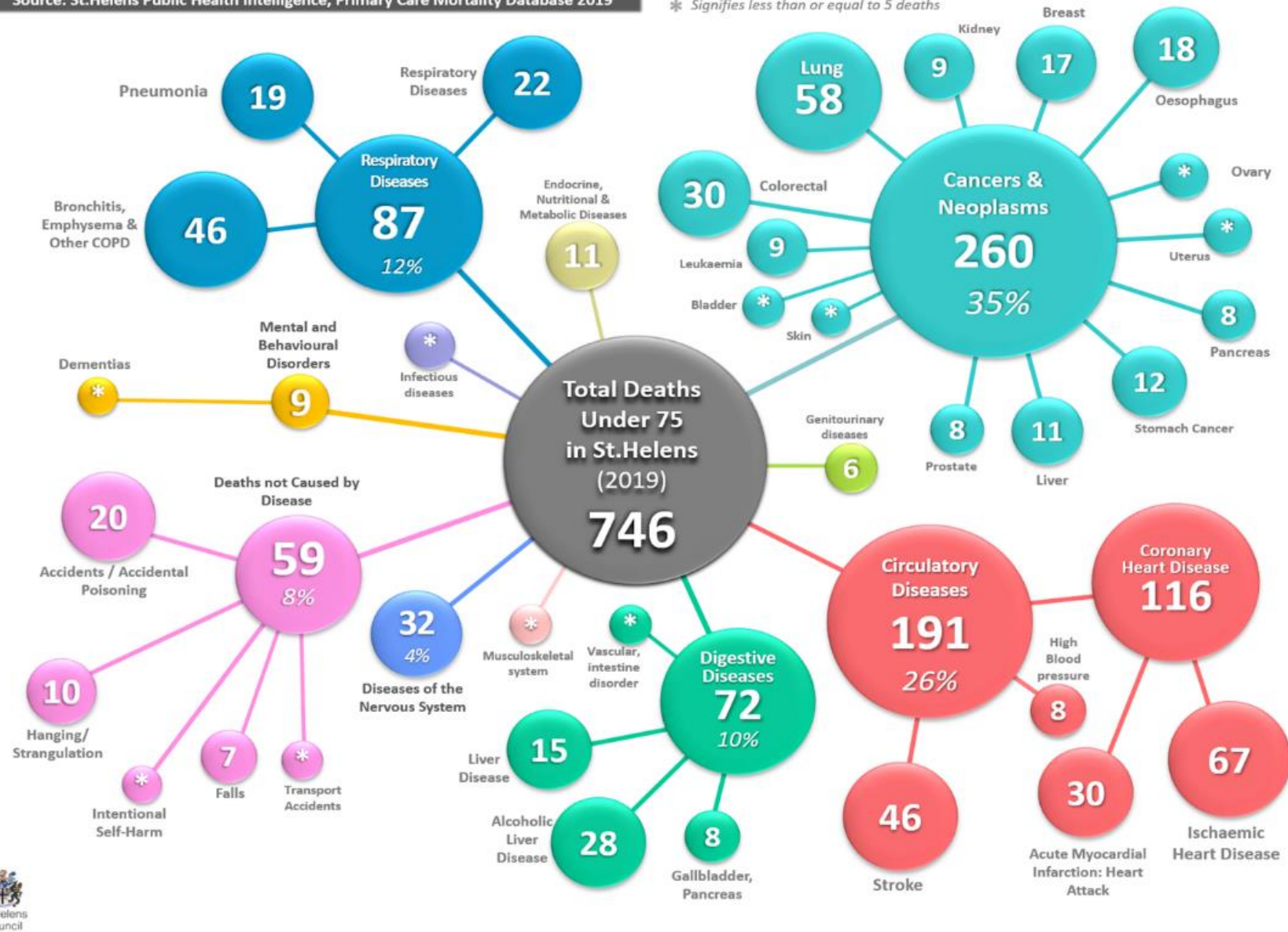


Figure 18. Main causes of death under the age of 75 in St Helens during 2019

Source: St.Helens Public Health Intelligence, Primary Care Mortality Database 2019

* Signifies less than or equal to 5 deaths



5.8. Specific causes of death in St Helens

Figures 17 and 18 show the major causes of death in St Helens, both for all ages and specifically below the age of 75. The section below describes specific causes of death in more detail.

5.8.1. Infant mortality

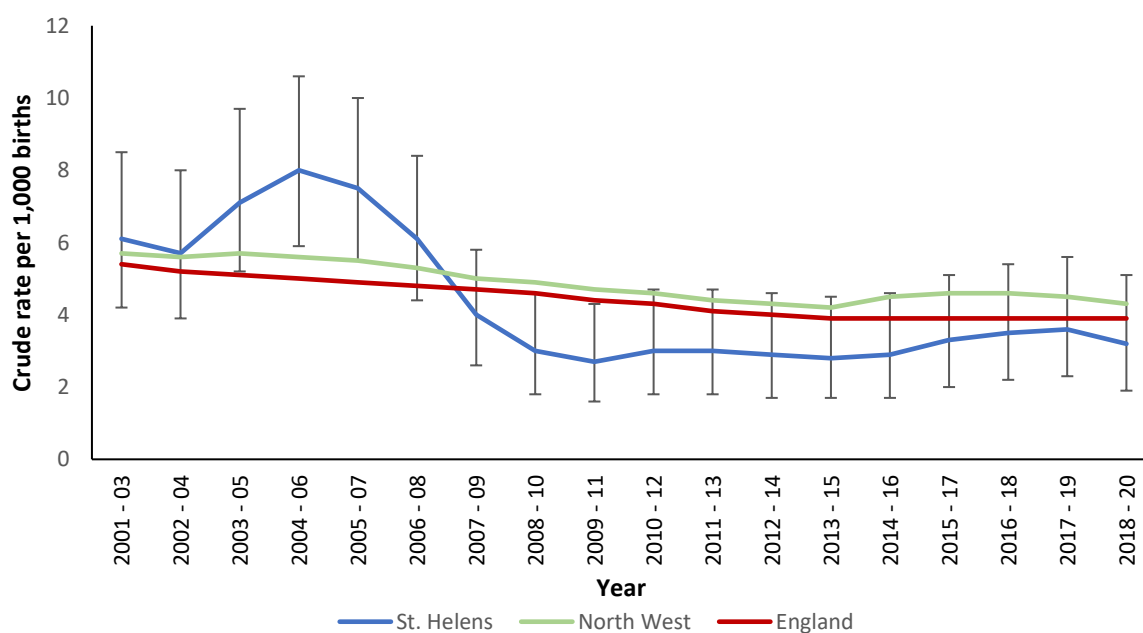
Infant mortality (deaths in the first year of life) in St Helens has remained under the national and regional average since 2007-09, and the most recent infant mortality rate for 2018-20 is 3.2 per 1,000 live births. The 2018-20 infant mortality rate in St Helens is also the fourth lowest rate across the North West.

Table 2. Infant mortality by three-year period (crude rate per 1,000 births)

Year	St Helens	North West	England
2012 - 14	2.9	4.3	4.00
2013 - 15	2.8	4.2	3.9
2014 - 16	2.9	4.5	3.9
2015 - 17	3.3	4.6	3.9
2016 - 18	3.5	4.6	3.9
2017 - 19	3.6	4.5	3.9
2018 - 20	3.2	4.3	3.9

Source: Office for National Statistics

Figure 19. Trend of infant mortality (crude rate per 1,000 births)



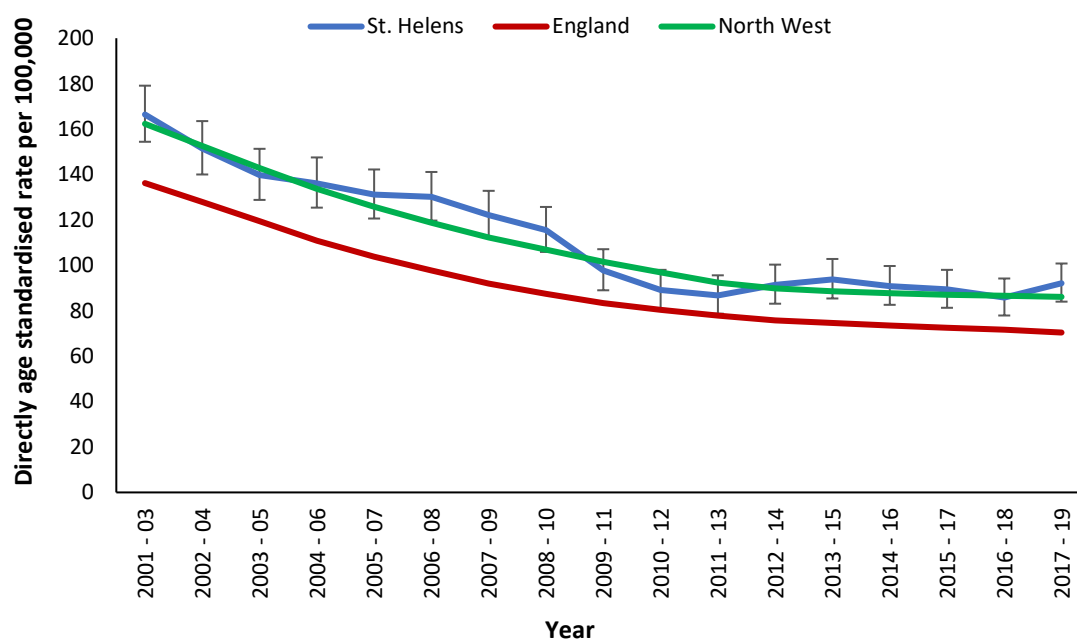
Source: Office for National Statistics

5.8.2. Premature mortality from cardiovascular disease

Premature mortality due to cardiovascular diseases (CVD), such as heart disease and stroke, (in those aged up to 75 years) has begun to level off in St Helens after a sustained period of decreasing rates. The most recent available data released in November 2021 relates to deaths registered in 2017-19.

Between 2017-19, there were 473 premature deaths from cardiovascular disease of St Helens residents, giving a rate of 92.1 deaths per 100,000 population. This is statistically significantly higher than the England rate of 70.0 deaths per 100,000.

Figure 20. Trend of directly age-standardised rate of premature mortality from cardiovascular disease in St Helens (all persons under 75 years, 2001/03 – 2017/19)



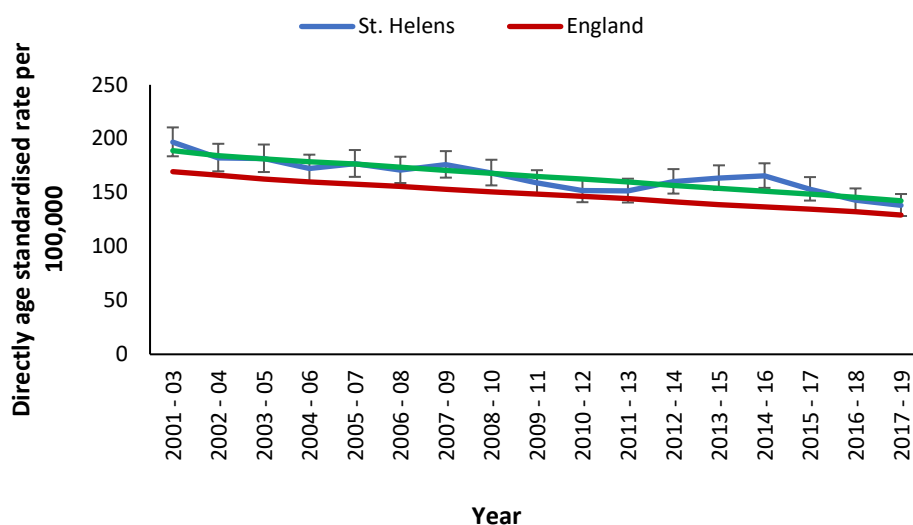
Source: Office for Health Improvement and Disparities, based on Office for National Statistics source data

5.8.3. Premature mortality from cancer

Premature mortality due to cancer in St Helens has also decreased in recent years, between 2014-16 and 2017-19. The most recent published data relates to deaths registered in 2017-19. The rate of premature mortality from cancer in 2017-19 was 138.2 deaths per 100,000 population under 75 years, this equates to 716 deaths. The rate in St Helens is higher than the England rate of 129.2 and lower than the North West rate of 142.4, however confidence intervals demonstrate that the differences are not statistically significant.

Amongst St Helens wards, there is a significant difference in the standardised mortality ratios of premature deaths due to cancer. The highest SMR in 2015-19 is found in Parr (161.4 per 100), which is over two times higher than the lowest ward rate in Rainford (76.2 per 100).

Figure 21. Trend of directly age-standardised rate of premature mortality from cancer in St Helens (all persons under 75 years, 2001/03 – 2017/19)

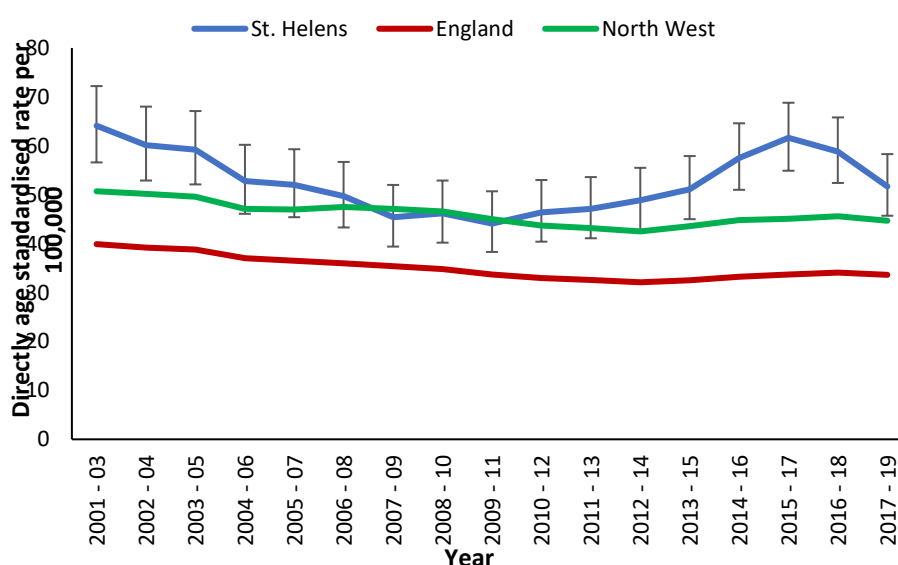


Source: Office for Health Improvement and Disparities, based on Office for National Statistics source data

5.8.4. Premature mortality from respiratory disease

In St Helens, the most recent data for 2017-19 reveals that the premature mortality rate due to respiratory disease is 51.7 per 100,000 population under 75 years, which equates to 271 deaths. This is statistically significantly higher than the national rate of 33.6 per 100,000. The regional rate is 44.7 per 100,000 and the trend has been stable. The gap between St Helens and both England and the North West has decreased slightly since 2015-17. Premature mortality from respiratory disease in St Helens is 11th highest across the 23 local authority areas in the North West.

Figure 22. Trend of directly age-standardised rate of premature mortality from respiratory disease in St Helens (all persons under 75 years, 2001/03 – 2017/19)



Source: Office for Health Improvement and Disparities, based on Office for National Statistics source data

6. Overview of pharmacy services – provision in St Helens

6.1. Community pharmacy contractors

Community pharmacy contractors can range from individuals who independently own one or two pharmacies to large multinational companies. St Helens has 30 “pharmacy contractors” who between them operate out of a total of 46 community pharmacy premises. The population of the area is 181,095ⁱ which equates to approximately one pharmacy for every 3,937 residents, (the England average is 5,893 people per pharmacy). However, the number of patients per pharmacy does not necessarily relate to adequacy of service provision as multiple factors are involved such as location, access etc.

Every pharmacy premises must have a qualified pharmacist available throughout all its contractual opening 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, including vets’ prescriptions. In terms of the type of community pharmacies in St Helens there are:

- 40 - delivering a minimum of 40 hours service per week
- 6 - delivering a minimum of 100 hours service per week

Further details of community pharmacies operating in St Helens can be found in section 7.1 of this pharmaceutical needs assessment.

6.2. 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.

6.3. Dispensing 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, for example there is an appliance contractor based in Liverpool with three premises.

6.4. Hospital pharmacy services

Hospital trusts have pharmacy departments whose main responsibility is to dispense medications for use on the hospital wards for inpatients, on discharge and during the outpatient clinics. St Helens Hospital has a hospital pharmacy, as does Whiston Hospital (which is in the Knowsley Borough but is the main hospital serving St Helens residents). These pharmacies support the hospital rather than the local community; however, there are opportunities for greater links between pharmacies in hospital and those in the local community to ensure effective liaison when people come to hospital and are

ⁱ 2020 Mid-year estimates, Office of National Statistics

discharged from hospital and therefore these pharmacies play an important role in the health of the St Helens population.

There is also a pharmacy in Newton Hospital however this has a community pharmacy and does not supply medicines to the hospital.

6.5. Mental health pharmacy services

The population of St Helens is served by Mersey Care which is the main provider of community mental health services in the borough. They employ pharmacists to provide clinical advice within their specialist areas.

6.6. GP out of hours services

There is currently one out of hours GP service operating from two sites, Albion Street Clinic and Taylors Haydock. During normal pharmacy opening hours, patients attending these sites, who subsequently require a medicine to be dispensed, are provided with a prescription to take to a local community pharmacy. During evenings and weekends, where pharmacy services may be more limited, patients are provided with pre-packaged short courses of medication directly. By default, this service operates a limited formulary (a list of approved medications) and tends to provide medications needed for immediate, acute use e.g. courses of antibiotics or short-term pain relief.

6.7. 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 locally commissioned service decisions, the accessibility of services close to the borders will need to be considered. Figure 33 within this document illustrates pharmacy locations outside of the borough within a 5 kilometre radius. For further information on such services, please refer to the relevant neighbouring health and wellbeing boards' PNAs.

6.7.1. Locally commissioned public health services

St Helens Borough Council supports the local provision of:

- Emergency Hormonal Contraception (EHC)
- Nicotine Replacement Therapy (NRT)
- Supervised Consumption
- Needle and Syringe Programme

Pharmacies must complete all of the relevant qualifications/training to deliver these services and submit a self-declaration of competency. Services are monitored on a monthly basis and quality visits are conducted to premises on an annual basis.

6.7.2. Locally commissioned CCG services

NHS St Helens CCG currently commissions four local services:

- Minor Ailments Service – Care at the Chemist
- On Demand Availability of Palliative Care Medicines
- Minor Eye Conditions

- On Demand Availability of Intravenous Antibiotics

As with the public health commissioned services, pharmacists must complete all of the relevant qualifications and/or training to deliver these services.

6.8. Healthy Living Pharmacies

6.8.1. What is a Healthy Living Pharmacy?

The Healthy Living Pharmacy (HLP) framework^[5] is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. It is a nationally agreed accreditation or 'kite mark' for community pharmacies which deliver proactive health and wellbeing advice as part of their day to day role.

Quality criteria is needed to demonstrate that a pharmacy is either working towards Healthy Living Pharmacy status or actually achieving this quality mark. Once progressed to the next level, the pharmacy must ensure that the standards of the previous level are maintained:

- Level 1: Promotion – Promoting health, wellbeing and self-care (in July 2016, Level 1 changed from a commissioner-led process to a profession-led self-assessment process)
- Level 2: Prevention – Providing services (commissioner-led)
- Level 3: Protection – Providing treatment (commissioner-led)

The HLP framework is underpinned by three enablers:

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

The approach illustrated in Figure 23, shows that there is an ethos within a HLP to proactively promote health and wellbeing throughout the whole pharmacy team. Additionally, a HLP^[6] has at least one healthy living champion trained to level 2 qualification in 'Understanding Health Improvement' accredited by the Royal Society of Public Health. A Healthy Living Pharmacy will achieve defined quality criteria requirements and meets productivity targets linked to local health needs, e.g. number of stop smoking quits at four weeks; number of targeted Medicines Use Reviews (MURs) completed, tailored to local need. It builds on all existing core pharmacy services (essential and advanced) with a series of locally commissioned services.

Figure 23. What is a Healthy Living Pharmacy?

What is a Healthy Living Pharmacy?



Source: <https://www.gov.uk/government/publications/healthy-living-pharmacy-level-1-quality-criteria>

6.8.2. Evidence of Healthy Living Pharmacies

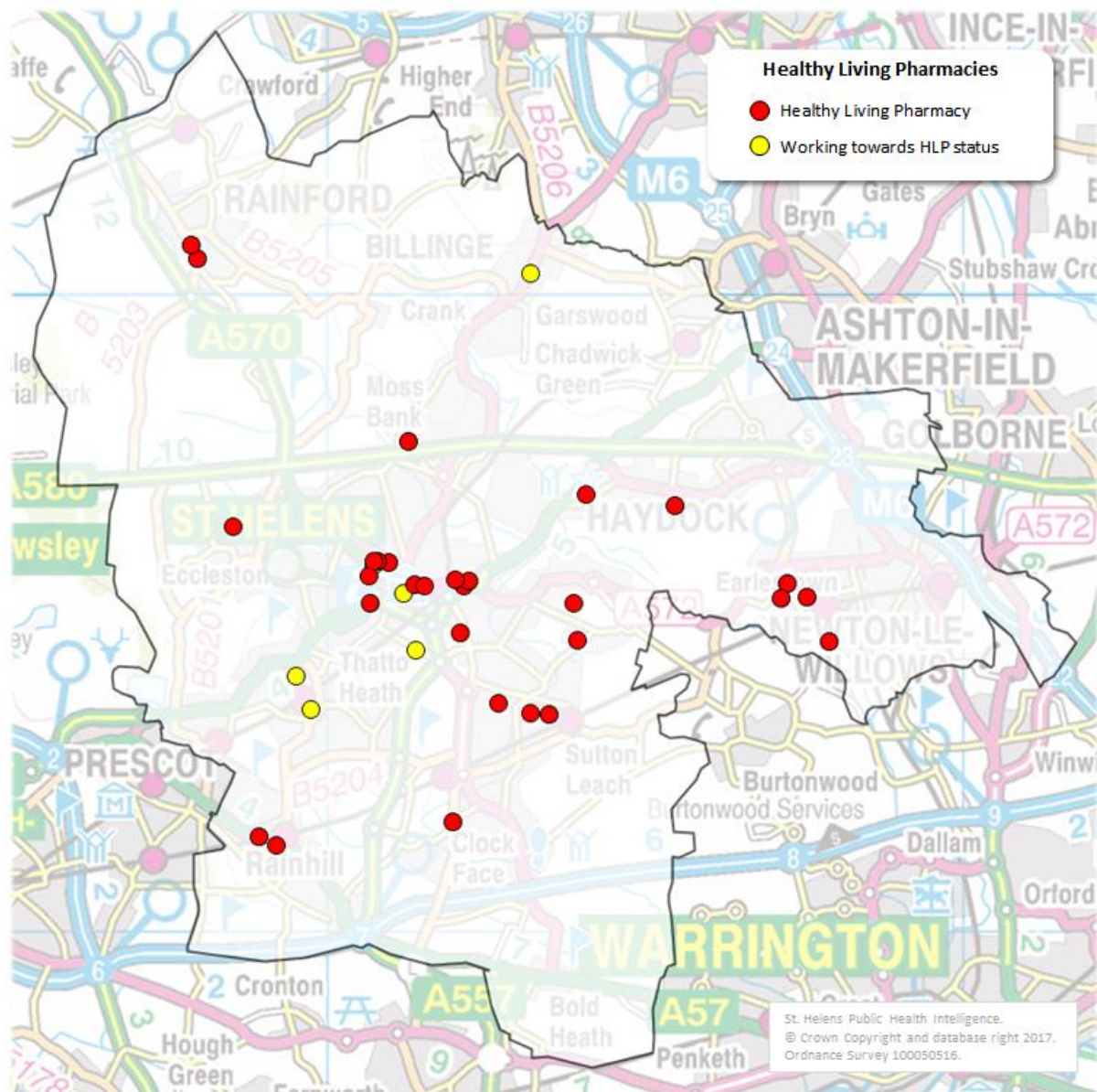
Key findings from the evaluation of the HLP pathfinder sites:^{[7][8][9]}

- Increased service delivery and improved quality measures and outcomes
- 60% of people surveyed would have otherwise gone to a GP
- 99% of the public surveyed were comfortable to receive the service in the pharmacy
- More people successfully quit smoking in HLPs than non-HLPs
- More sexual health advice given than in non-HLPs
- HLPs were effective at delivering increased support for people taking medicines for long term conditions, through both medicines use reviews and the new medicine service
- 70% of the contractors surveyed saying it had been worthwhile for their business
- Health promotion zones within pharmacies play a vital part in supporting the public health role of the pharmacy

6.8.3. Local service

There are currently 31 Healthy Living Pharmacies in St Helens (69% of all St Helens pharmacies) with six currently working towards the accreditation. There is adequate provision of Healthy Living Pharmacies across the borough.

Figure 24. Map of Healthy Living Pharmacies in St Helens



Conclusion

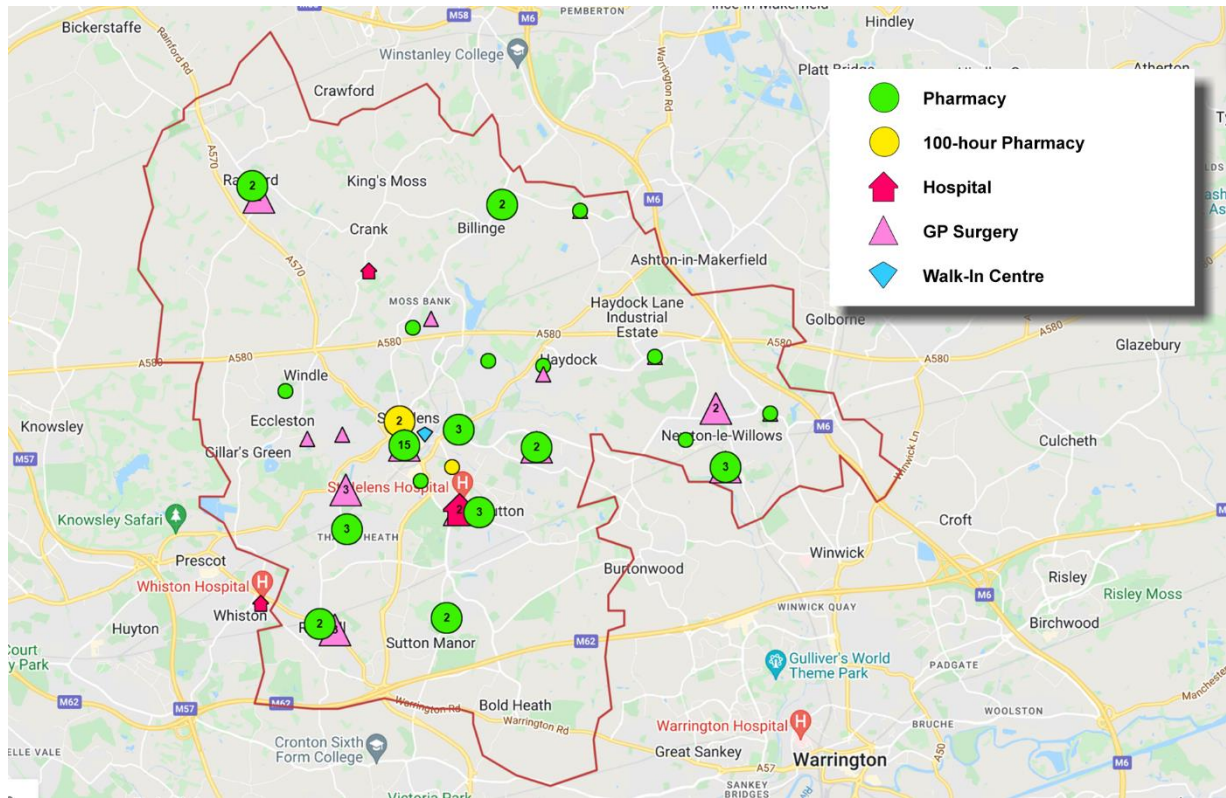
There are 31 Healthy Living Pharmacies in St Helens with six working towards the accreditation.

7. Pharmacy premises and workforce

7.1. Pharmacy locations and level of provision

As of 2022, there are 45 pharmacies in St Helens of which six are contracted to open 100 hours a week. See Figure 25 and Appendix 3 for further location detail.

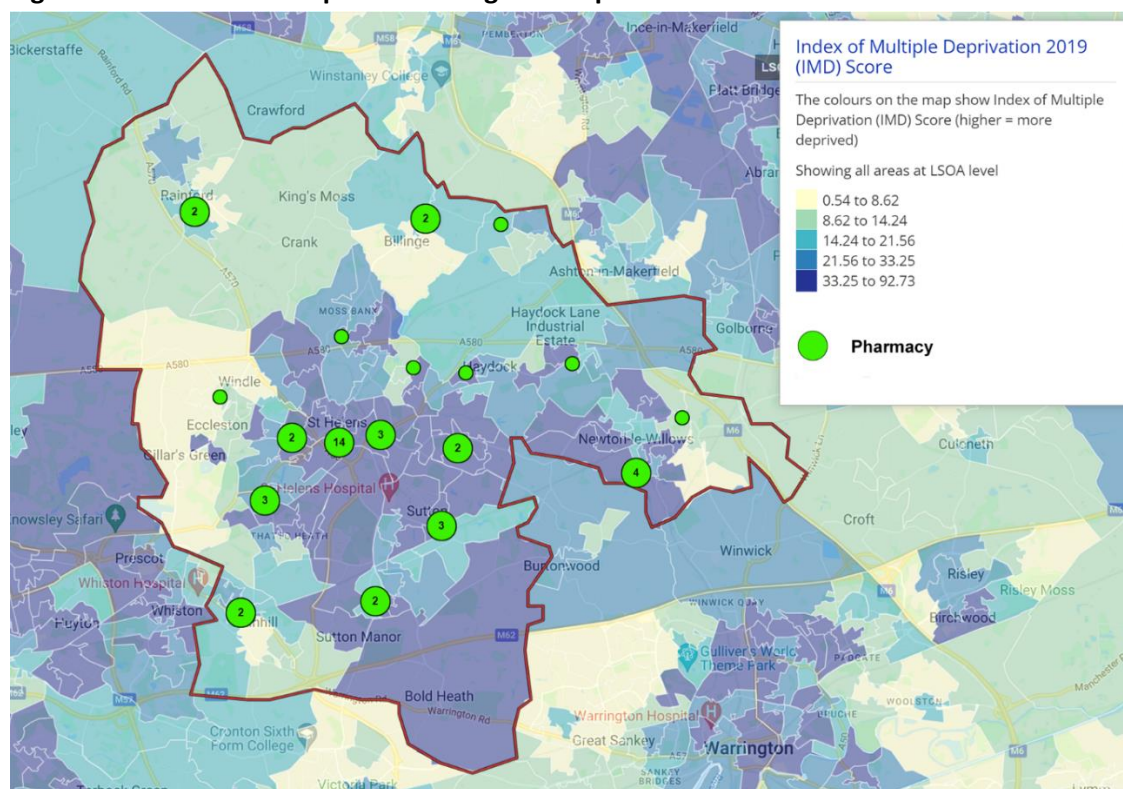
Figure 25. Location of GPs, pharmacies, hospitals and walk-in centre



Source: pharmacy consultation questionnaire

Pharmacies in St Helens are generally located in areas of high population or in areas where there is a high footfall of people, i.e. the Town Centre or the retail park.

Figure 27. Location of pharmacies against deprivation



Source: Ministry of Housing Communities and Local Government (MHCLG)
(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>)

7.2. Pharmacy opening hours, including out-of-hours and 100-hour pharmacies

Whilst most people will visit a pharmacy during the 9am to 6pm period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

In general, there is an adequate level of extended opening hours from pharmacies in St Helens; during the week, 37% ($n=17$) of pharmacies open before 9am and/or after 6pm (a slight increase from the previous PNA where it was 33%). At the weekend, 37% ($n=17$) of pharmacies are open on a Saturday and 13% ($n=6$) open on a Sunday (this is a smaller proportion compared to the previous PNA where 65% were open on Saturdays and 20% were open on Sundays).

In terms of out of hours access for St Helens residents, as outlined in Table 3, four pharmacies are open before 8am, 14 after 6pm and seven after 8pm. There are five which are open after 10pm. A total of 26 pharmacies are open on a Saturday, and of these, 12 are open in the afternoon (after 1pm) and six are open on a Sunday. Figure 28 illustrates pharmacy locations according to opening times against St Helens population density.

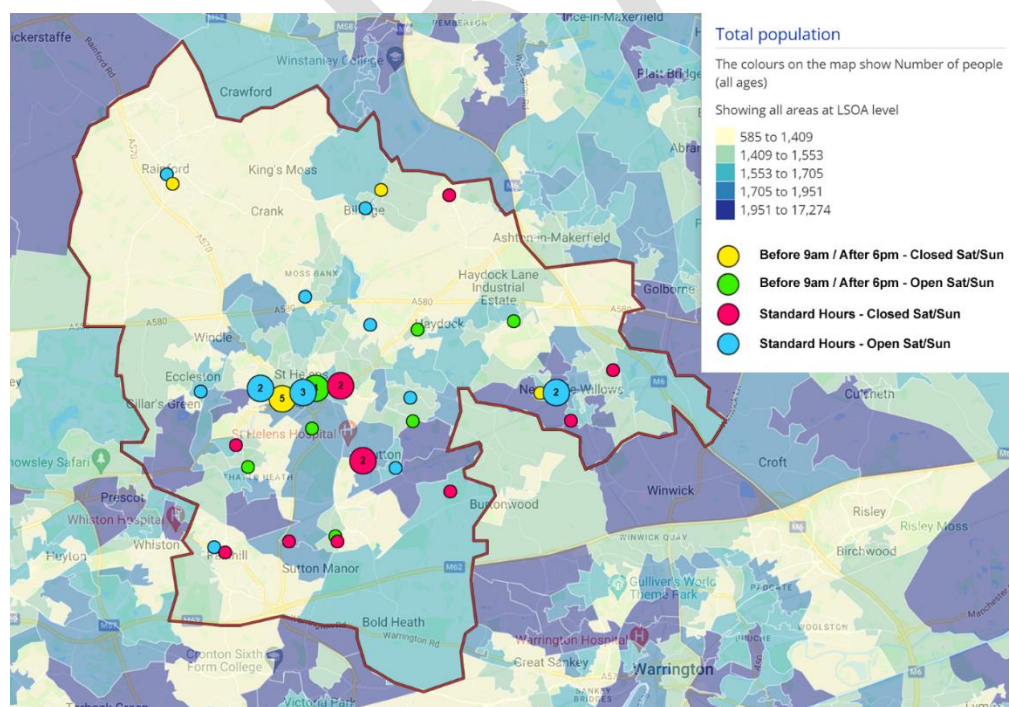
Table 3. Number and percentage of pharmacies in St Helens according to opening times

Opening times	No. of pharmacies	Percentage (%) of pharmacies
Before 8am	4	9
After 6pm	14	31
After 8pm	7	16
After 10pm	5	11
Saturday	26	58
Saturday afternoon (after 1pm)	12	27
Sunday	6	13

The patient and public engagement survey for St Helens showed that of those who recently used a pharmacy, Saturday was the most frequent day (39%, $n=13$ out of 33 respondents), and that during the morning was the most popular time (36%, $n=12$ out of 33 respondents).

The survey also revealed that in St Helens, 84% of people were satisfied with the opening hours of their pharmacy (110 respondents out of 131 who answered). Of the 16% ($n=21$) who were unsatisfied, eight individuals noted that a lack of weekend service was the reason for their dissatisfaction.

People were asked if they could remember a time when they had any problems finding a pharmacy to get medicines dispensed, to get advice or to buy medicines; 87% of people ($n=117$ out of 134) said they had not had any problems. Of those who said yes (13%, $n=17$), 67% stated they were trying to get medication on a prescription. When asked what the problem was with finding a pharmacy, the medicine being out of stock was a common response ($n=10$), and opening hours was an issue for three people.

Figure 28. Pharmacy opening times and population density

Source: 2020, Office for National Statistics (ONS)

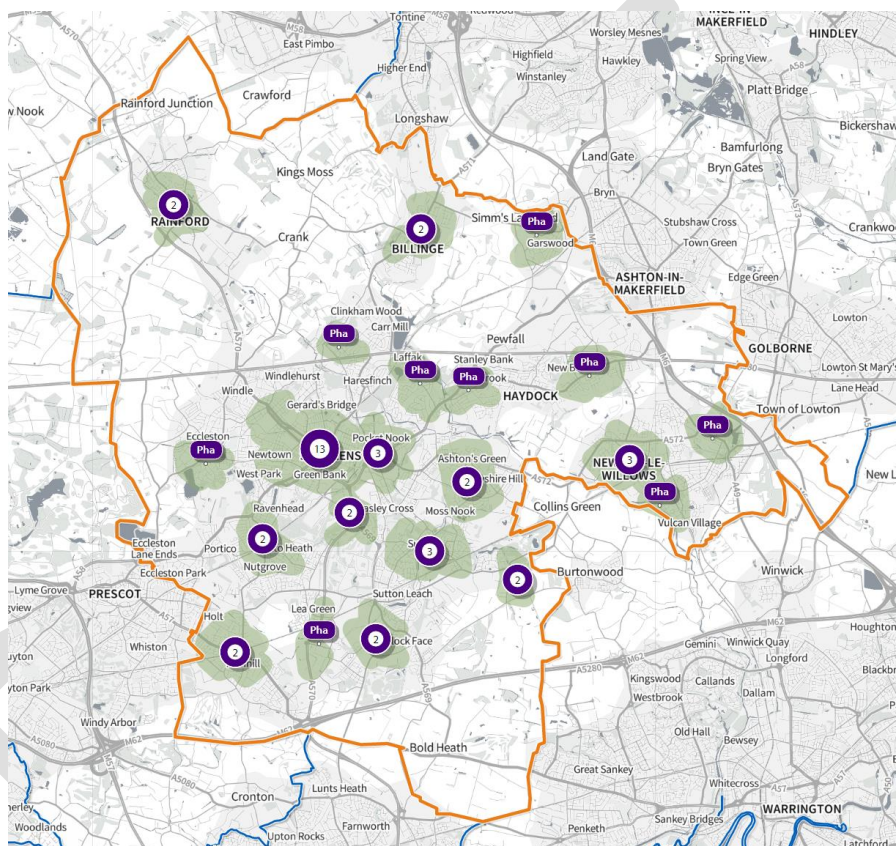
(<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/latest>)

Accessibility of pharmacy

The majority of pharmacies in the borough are close to a bus stop or train station, suggesting that the locations are accessible. Data from the pharmacy consultation reveals that 82% ($n=31$) are within 100m of a train station or bus stop, and 18% between 100m and 500m. Almost three quarters (71%) of people responding to the public consultation stated they use a car to travel to a pharmacy and 26% walk.

Data from the SHAPE Place Atlas shows that in St Helens, 110,496 people reside within a 9 minute walk to their nearest pharmacy, this is 61% of the St Helens population (Figure 29).

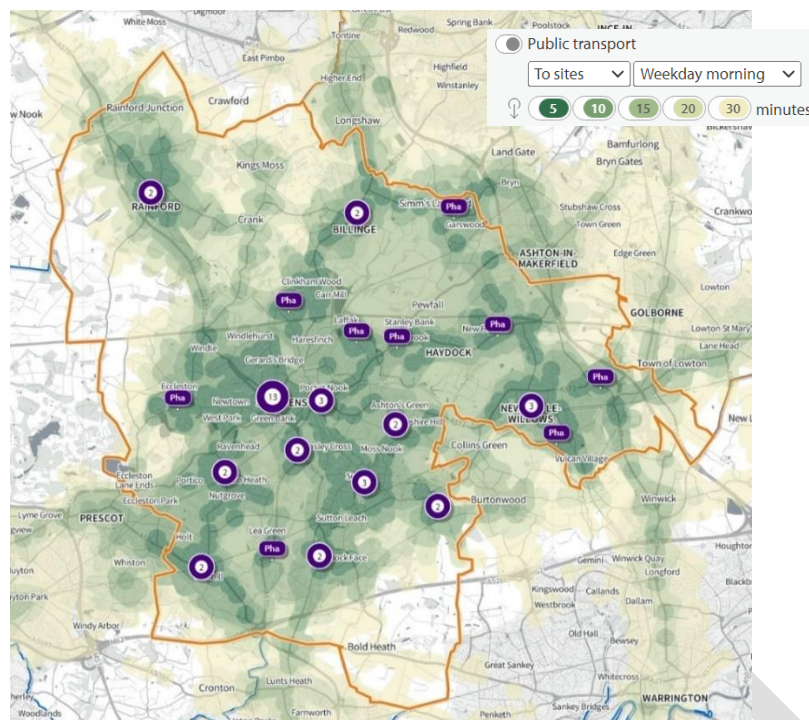
Figure 29. Areas within a 9-minute walk to nearest pharmacy in St Helens



Source: SHAPE Atlas

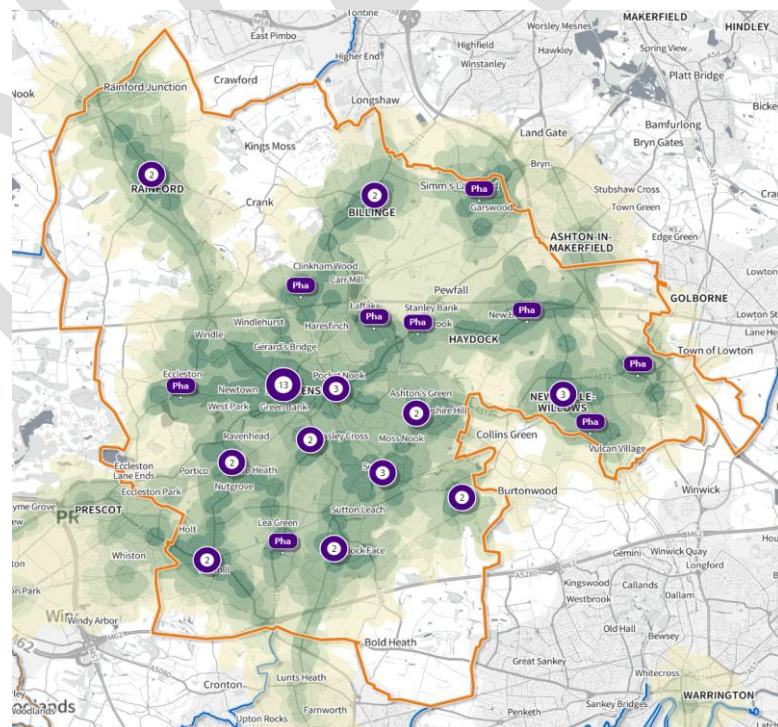
The SHAPE Place Atlas data also shows how most areas within the borough can access a pharmacy within 30 minutes using public transport on a weekday morning and weekend morning (Figure 30 and Figure 31).

Figure 30. Areas within a 30 minute journey to nearest pharmacy using public transport on a weekday morning



Source: SHAPE Place Atlas

Figure 31. Areas within a 30 minute journey to nearest pharmacy using public transport on a weekend morning



Source: SHAPE Place Atlas

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

As of January 2022, there were 12,860 people receiving a personal independence payment (PIP; previously disability living allowance) in St Helens; this equates to 7% of the population. In St Helens, there is a greater proportion of people claiming PIP than the Great Britain and North West averages (4% and 6% respectively) indicating the requirement for adequate facilities for disabled people using pharmacy services across the borough¹⁰. In addition, results from the public survey showed that 21% ($n=24$) considered themselves 'disabled', and of those 41% ($n=12$) reported that they had a physical disability.

Of the 38 pharmacies responding to the survey, the majority of pharmacies (92%) have an entrance to their pharmacy which is suitable for unaided wheelchair access, 66% have premises which have designated disabled parking and 89% of pharmacies stated that all areas of their pharmacy floor is accessible by wheelchair.

Furthermore, pharmacies have made adjustments to their premises and services to accommodate for a large scope of impairments; 71% ($n=27$) of pharmacies offer large print labels and leaflets, 45% ($n=17$) of pharmacies have a hearing loop and 26% ($n=10$) of pharmacies have automatic door assistance; other facilities offered by St Helens community pharmacies include a sign language service, front door bell and disabled toilet facilities.

7.4. Access for clients whose first language is not English

In the 2011 census, 414 people in St Helens stated that they cannot speak English well or at all suggesting that for some communities, assistance with language translation may be required. As of 31st December 2021, there were 273 asylum seekers in receipt of support from St Helens local authority. The level of spoken English that this population has is unknown.

Nearly a third of pharmacies stated they offer support for those whose first language is not English (58%, $n=22$). There are 11 (29%) pharmacies that have staff who can speak foreign languages, including Polish, French, Spanish, Punjabi and Urdu. Furthermore, 45% ($n=17$) of pharmacies stated they offer services such as interpreters and language lines (NHS direct translation service).

7.5. Pharmacy consulting rooms

All but one pharmacy (a distance selling pharmacy) in St Helens (97%, $n=37$) provide an onsite consultation area, with 84% ($n=32$) having an area that is also accessible for wheelchair users. All those with a consultation area state that they are in private areas. There are 10 pharmacies (26%) that are willing to provide consultations off site such as in a patient's home.

Half (50%, $n=19$) of all pharmacies have handwashing facilities in the consultation area, and 21% ($n=8$) have access to toilet facilities.

The public consultation revealed that 46% of people who had a recent consultation with a pharmacist ($n=28$) had the consultation in a separate room.

Consideration must also be given to individuals who may require a consultation with a pharmacist of the same sex; in St Helens, 66% ($n=25$) of pharmacies are able to provide advice and support if a

customer wishes to speak to a person of the same sex at all time and 26% ($n=10$) can provide by arrangement.

7.6. Prescription records

To help patients collect their prescriptions, the Electronic Prescription Service (EPS) is available in all St Helens community pharmacies. This service enables prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to NHS Prescription Services for payment.

The EPS is being deployed through two key releases. Release one in which the paper prescription form remains the legal prescription and release two which supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, the cancellation of e-prescriptions and the electronic submission of reimbursement claims to NHS Prescription Services. Currently, prescribers can only issue an electronic NHS prescription where it is being sent electronically to a patient's nominated pharmacy.

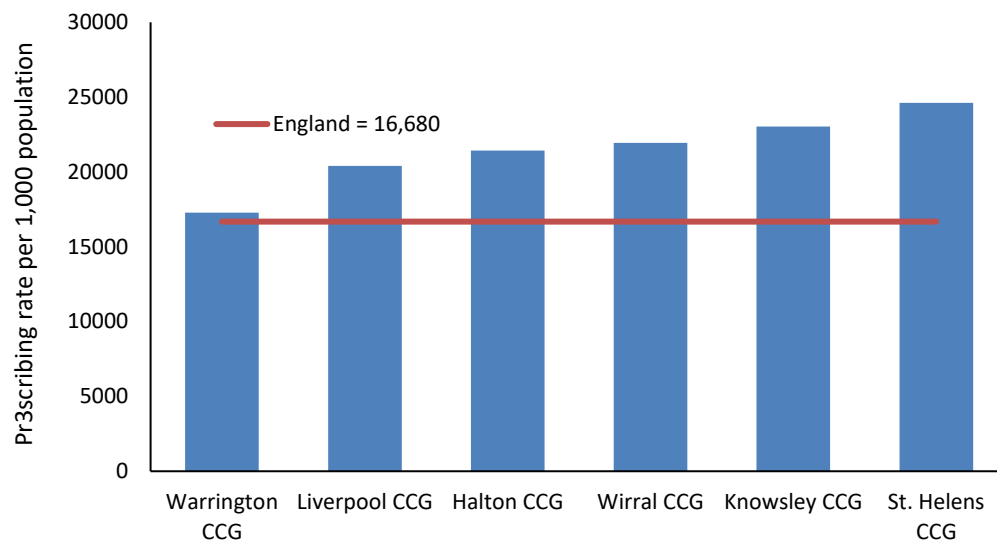
Pharmacies also use electronic systems to maintain patient records. All prescriptions dispensed are recorded on the Patient Medication Records (PMR), so that the pharmacy maintains a complete dispensing record to enable safety checks to be made for interactions with other medicines, allergies etc. Care at the chemist and other public health services are also recorded on the PMR. Some pharmacies also record medicines sold to patients and healthcare advice given to patients. The PMR generates a label for the prescription which tells the patient how to take their medication and includes any warnings the patient needs be aware of when taking the medication. The PMR can also generate a medicines administration chart where needed. Electronic prescriptions are received in the pharmacy via the PMR. The PMR is also used to record any medicines owing to the patient and repeatable prescriptions issued to the patient.

In addition to the PMR, pharmacies have access to the Summary Care Record (SCR) system. The SCR is an electronic summary of key health information. A patient's SCR will contain essential information about any medicines, allergies and adverse reactions derived from their GP record. Where a patient and their doctor wish to add additional information to the patient's Summary Care Record, this may be added with the explicit consent of the patient. The SCR is also used in several care settings including GP surgeries, out of hours, emergency departments, acute admissions wards, ambulance trusts and walk-in centres.

7.7. Prescribing rates

In St Helens, the prescribing rate of all medicines and appliances (excludes dental prescriptions and items prescribed in hospitals) in 2020/21 was 24,616 items per 1,000 population; the highest when compared with neighbouring CCGs and higher than the England average of 16,680 per 1,000 (see Figure 30). Figure 32

Figure 32. Prescribing rate per 1,000 population, 2020/21



Source: Practice Prescribing Dispensing Data, NHSBA

The average number of items prescribed per patient has been increasing in recent years, and data for 2020-21 reveals that in St Helens it is 24.6 items per patient by year (Table 4). Between 2019/20 and 2020/21, a 4.2% increase in the number of prescriptions was seen in St Helens (Table 5).

Table 4. Average number of prescription items per patient

NHS CCG	2018-19	2019-20	2020-21
HALTON CCG	21.0	21.9	21.4
KNOWSLEY CCG	22.9	23.5	23.0
LIVERPOOL CCG	20.6	20.9	20.4
ST HELENS CCG	22.9	23.6	24.6
WARRINGTON CCG	17.9	18.3	17.3
WIRRAL CCG	21.7	22.4	21.9

Source: MIS (BSA); Pharmaceutical List (NHS Futures). Accessed April 2021

Table 5. Percentage increase of prescriptions

NHS CCG	Increase in items year on year	
	2019-20	2020-21
WARRINGTON CCG	2.5%	-5.7%
LIVERPOOL CCG	1.5%	-2.4%
HALTON CCG	4.2%	-2.2%
WIRRAL CCG	2.9%	-1.9%
KNOWSLEY CCG	2.5%	-2.0%
ST HELENS CCG	3.3%	4.2%
ENGLAND	1.7%	-1.5%

Source: MIS (BSA); Pharmaceutical List (NHS Futures). Accessed April 2021.

When looking at the type of prescriptions in 2020/21, those for the cardiovascular system were the most common in St Helens (31.1%) with the central nervous system being the next biggest reason for a prescription (25.9%). These combined account for half of all prescriptions (56%). See Table 6 which also outlines a comparison to Cheshire and Merseyside and England.

Table 6. Number and percentage of prescription items by chapter name, in St Helens, Cheshire and Merseyside and England (2020/21)

Chapter Name	St Helens		Cheshire & Merseyside		England	
	Items	%	items	%	items	%
Cardiovascular System	1,406,120	31.1%	16,210,945	28.2%	329,504,120	29.7%
Central Nervous System	1,169,656	25.9%	12,432,478	21.6%	218,985,397	19.7%
Gastro-Intestinal System	487,951	10.8%	5,758,461	10.0%	103,955,542	9.4%
Endocrine System	427,747	9.5%	5,192,824	9.0%	114,563,896	10.3%
Respiratory System	373,762	8.3%	4,073,436	7.1%	72,327,794	6.5%
Nutrition and Blood	287,481	6.4%	3,482,551	6.1%	59,693,881	5.4%
Musculoskeletal and Joint Diseases	130,965	2.9%	1,482,319	2.6%	29,107,687	2.6%
Infections	128,778	2.9%	1,752,334	3.0%	34,144,770	3.1%
Obstetrics, Gynaecology and Urinary-Tract Disorders	123,141	2.7%	1,472,643	2.6%	30,870,368	2.8%
Skin	109,432	2.4%	1,478,213	2.6%	25,639,413	2.3%
Appliances	107,991	2.4%	1,349,698	2.3%	30,682,898	2.8%
Eye	63,128	1.4%	748,205	1.3%	16,240,071	1.5%
Immunological Products and Vaccines	42,913	1.0%	622,712	1.1%	12,997,227	1.2%
Ear, Nose and Oropharynx	42,757	0.9%	534,593	0.9%	10,117,894	0.9%
Dressings	37,375	0.8%	177,380	0.3%	5,830,691	0.5%
Stoma Appliances	28,849	0.6%	279,651	0.5%	6,604,644	0.6%
Malignant Disease and Immunosuppression	14,855	0.3%	198,160	0.3%	4,639,111	0.4%
Anaesthesia	8,893	0.2%	99,494	0.2%	1,325,690	0.1%
Incontinence Appliances	8,031	0.2%	89,793	0.2%	2,342,126	0.2%
Other Drugs and Preparations	3,491	0.1%	59,787	0.1%	1,013,900	0.1%
Preparations used in Diagnosis	-	0.0%	2	0.0%	114	0.0%
Total Items	4,515,365	100.0%	57,495,679	100.0%	1,110,587,234	100.0%

Source: Medicines Management Team, St Helens CCG and NHS Digital

7.8. Prescription collection and delivery services

Individuals who are unable to visit their pharmacy depend on the pharmacies' home delivery services, which help to provide medicines and appliances to vulnerable individuals or those who do not have access to a car or are unable to use public transport.

There are 35 (92%) pharmacies who stated they have a free home delivery service, with 13 (34%) of these there is a charge for the service. The public survey revealed that 39% ($n=52$) of people knew that their pharmacy had a home delivery service, whilst 54% ($n=72$) said that they either didn't know or hadn't used a home delivery service. There were two individuals who noted 'delivery of medications' as an additional service which they felt their pharmacy could provide.

7.9. Patient and public satisfaction with pharmacy services

Collectively the general response from the public was positive; when asked to comment on their local pharmacies, 68% ($n=80$) of respondents stated that they were satisfied with the services provided by their pharmacy, and 92% said they were satisfied with services received during the COVID-19 pandemic.

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

St Helens borders Wigan, Warrington, Knowsley, Halton and West Lancashire. shows the location of pharmacies in these neighbouring local authorities. Pharmacy provision for St Helens residents living near the border of the Borough is considered adequate.

8. Local priorities

The services described in this section cover those that are provided over and above the core pharmaceutical contract and therefore are either:

- Advanced services (commissioned by NHSE)
- Enhanced services (commissioned by NHSE)
- Locally commissioned services (commissioned by either the CCG or local authority)

This section describes how these services support the following priorities:

8.1. St Helens Borough Council

- Ensuring children and young adults have a positive start in life;
- Promote good health and care across our communities;
- Create safe and strong neighborhoods for all;
- Support a strong thriving inclusive and well connected economy;
- Create green and vibrant places that reflect our heritage and culture; and
- Be a responsible council.

[Our Borough Strategy.pdf \(sthelens.gov.uk\)](https://www.sthelens.gov.uk/our-borough-strategy)

8.2. St Helens Cares – St Helens People’s Plan 2021-2026

By 2026 we will:

Mental wellbeing

- Support people who are at risk of self-harm
- Reduce alcohol dependency in the borough
- Improve personal wellbeing in the borough

Tackling obesity

- Support healthy choices in the borough
- Encourage residents to lead a more active lifestyle
- Improve borough healthy life expectancy

Resilient communities

- Supporting people to live independently
- Reduce social isolation and loneliness
- Embed multi-sector/disciplinary team working in the four localities /networks

[Appendix 1.pdf \(sthelens.gov.uk\)](#)

8.3. St Helens Place Based Partnership priorities 2021-2025

- Improve population health and healthcare;
- Tackling health inequality, improving outcomes and access to services;
- Enhancing quality, productivity and value for money; and
- Helping the NHS to support broader social and economic development.

[Strategy-Document-Final-June-2021.pdf \(cheshireandmerseysidepartnership.co.uk\)](https://www.cheshireandmerseysidepartnership.co.uk/strategy-document-final-june-2021)

9. Pharmacy services that support local priorities

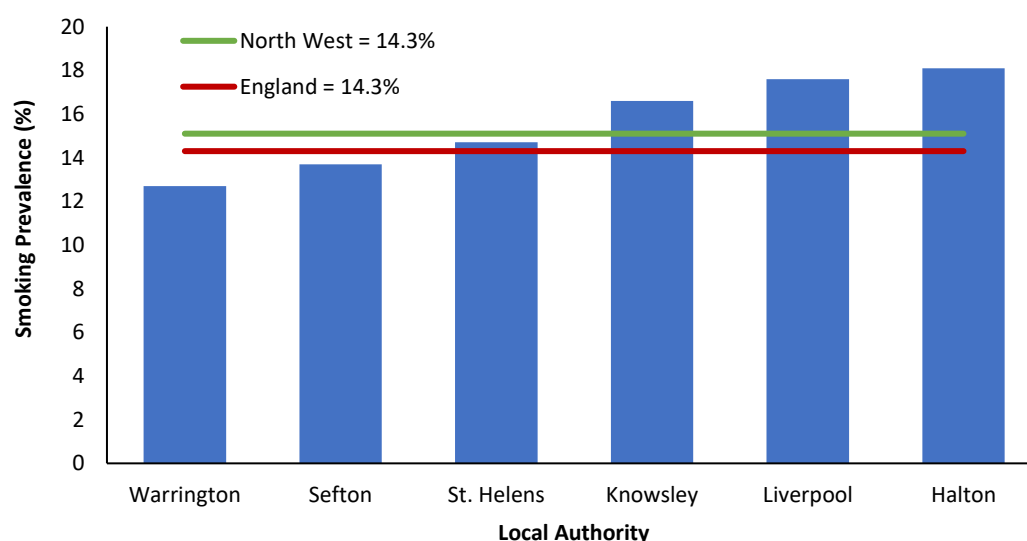
9.1. Tobacco control

Tobacco is a major risk factor for many diseases. Smoking is still the biggest preventable cause of death as half of those who smoke will die from a smoking related illness¹¹. Reducing maternal smoking or reducing second-hand smoking will help give every child the best start in life, providing services targeted at young people will reduce the risks for young people and supporting people with long term conditions to stop smoking will support effective management of their condition.

9.1.1. Level of need

The most recent GP patient survey for 2019-20 revealed that 14.7% of adults aged 18+ were active smokers. This was slightly higher than the national average of 14.3% but lower than the North West average of 15.1%. When compared to neighbouring boroughs, St Helens has a higher percentage of smokers than Warrington, Sefton and Wirral, however there are no statistically significant differences between the areas.

Figure 34. Smoking rates by local authority, 2019/20



Source: Fingertips, GP patient survey

Inequalities are apparent when looking at smoking rates in St Helens with those in more deprived areas being more likely to be smokers. The NHS Merseyside Lifestyle Survey found that 50% of those who rent accommodation from the council or a housing association currently smoke compared to 17% who own their property. Half of unemployed residents in St Helens smoke and the survey showed that smokers are less likely to participate in physical activity than non-smokers. Moreover, fruit and vegetable consumption is lower in those who smoke.

As such, tobacco control has a major role to play in reducing health and social inequalities. The local authority's strategic plan is to prevent people from starting smoking, to help smokers quit smoking and to reduce exposure to second-hand smoke.

With regards to helping smokers to quit, the LAPH commissions a range of smoking cessation services and efforts to support smokers to quit needs to be offered as part of a comprehensive tobacco control and smoking cessation plan. GP practices have been actively involved in providing this level of service.

9.1.2. Evidence of effective interventions in the community pharmacy setting

Evidence suggests that community pharmacies have a key role to play in providing brief interventions for smoking cessation.^{12 13 14 151617} Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link.¹⁸ However, this requires adequate training to enhance confidence and skills,¹⁹²⁰ something pharmacy staff may feel they lack.^[21] Training on how to match patient history and smoking status can enable pharmacy staff to tailor advice more accurately.^[22] This is based on evidence that community pharmacist smoking cessation support can have similar success rates as that of nurses but lower than that of specialist advisors. There is also some evidence that involving community pharmacy support staff in brief interventions around smoking can increase the provision and the recording of smoking status in patient's medications records.²³

Whilst other studies show community pharmacy smoking cessation services may produce lower quit rates than group-based support, the latter are more intensive and cost more. Nevertheless, pharmacy-led smoking cessation support can have significant impact on quit rates.^[24] It is important to note that assessment of pharmacy success rates need to take client demographics in to account as these may be different to those accessing the same services via other settings.^[25] Both types of support are cost effective.^{[26][27]} Quit rates will vary also depending on the number of sessions offered by the pharmacy.^[28] Despite these differences the key message remains that the evidence strongly points to community pharmacies having a key role to play in local efforts to support people to stop smoking.^{[29][30]} Both patients and pharmacy staff view smoking cessation counselling by community pharmacy staff positively.^[31]

9.1.3. Local provision

According to the pharmacy survey, in 2022 St Helens has 29 (76%) pharmacies providing smoking cessation services (out of 38 pharmacies that responded to the survey). Pharmacies offer two levels of support to those wanting to stop smoking. Furthermore, St Helens Wellbeing Service provide the Quit Buddy digital smokefree service, an alternative option for smokers which is supported by text and email instead of face to face support and includes access to nicotine therapies.

9.1.3.1 Stop smoking voucher dispensing service

The stop smoking dispensing service dispenses Nicotine Replacement Therapy (NRT) against vouchers issued by the specialist support service. As of April 2014, the LAPH have opened up the NRT contracts to all pharmacies in St Helens. Forty (87%) pharmacies provide NRT by voucher (as of June 2022).

9.1.3.2 Stop smoking intermediate service

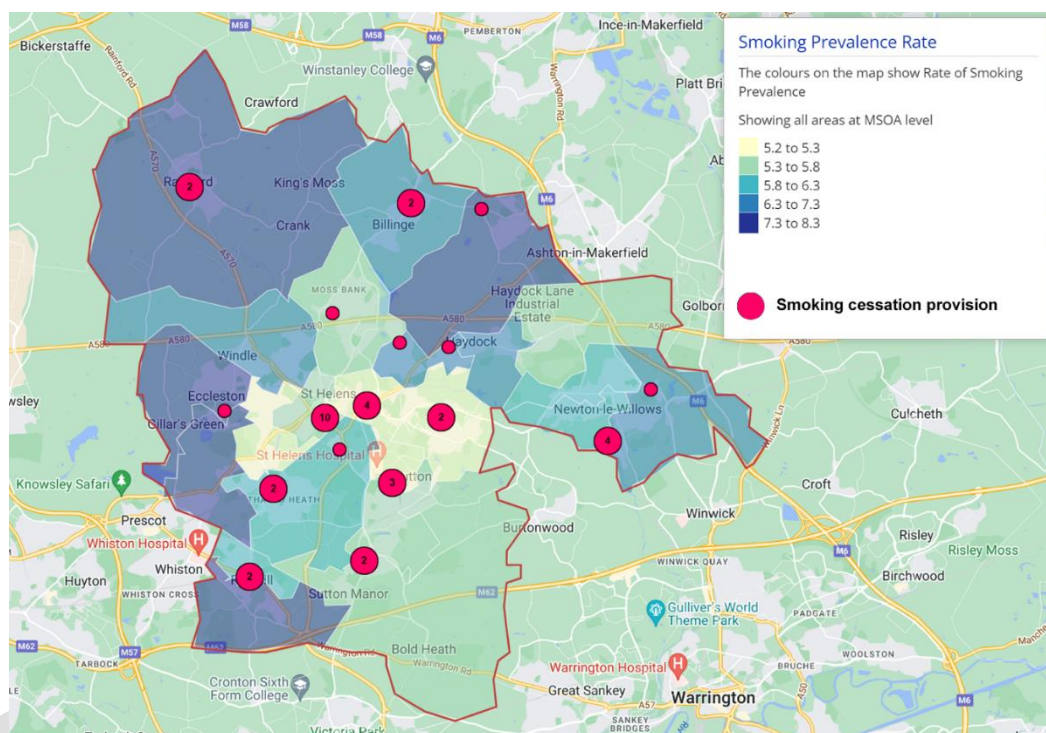
The pharmacy stop smoking intermediate service has been established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the pharmacy team. Where

appropriate NRT is supplied or a referral is made to the person's GP for a prescription of alternative stop smoking drugs. The service is provided during normal pharmacy opening hours.

Thirteen pharmacies provide a stop smoking intermediate service in St Helens (as of June 2017). Varenicline is not currently commissioned in St Helens as a smoking cessation service.

Most areas in St Helens have either availability of a stop smoking service or pharmacy provision within the area (figure 35). The NHS drop in services have undergone a public consultation and the locations of the services have been tailored to the needs of the population in the borough.

Figure 35. Pharmacy and other smoking cessation provision against smoking prevalence levels



Conclusion

Stop smoking services are well served through pharmacy and specialist smoking cessation services.

9.2. Sexual health

Good sexual health is important to individuals and society. It is essential that accessible, high quality services and interventions are in place to support and promote good sexual health. Improving the sexual health of the population requires measures to prevent and reduce incidences of sexually transmitted infections (STIs) and physical ill health as a result of those infections. In addition, there is the need to ensure that people, whatever their age, have the right information and support to assist them in making informed choices about relationships and sex, that they have choices about creating a family at a time that is right for them and that they stay emotionally healthy and free of discrimination.

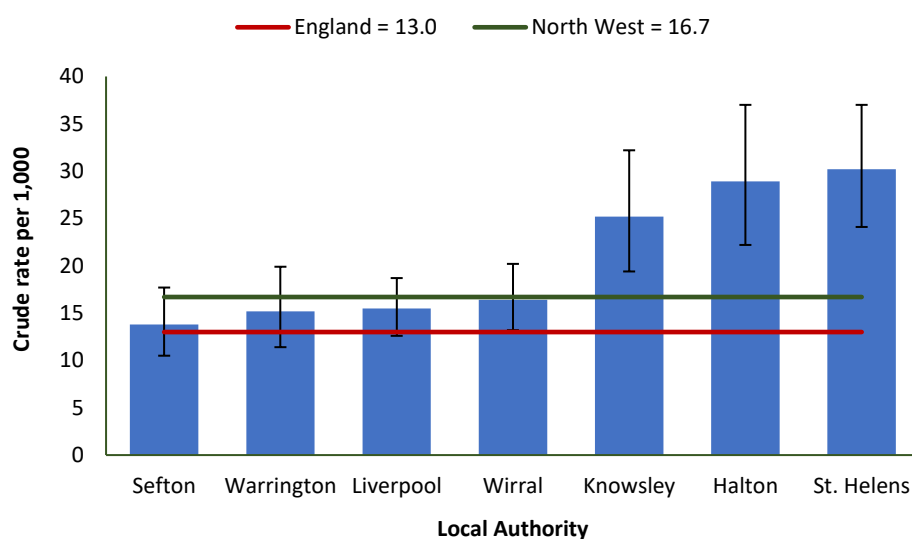
Ensuring good quality sexual health services, good access to help and advice and access to contraception will help to reduce the unintended pregnancy rate and abortion rates.

9.2.1. Level of Need

9.2.1.1. Under 18 conceptions

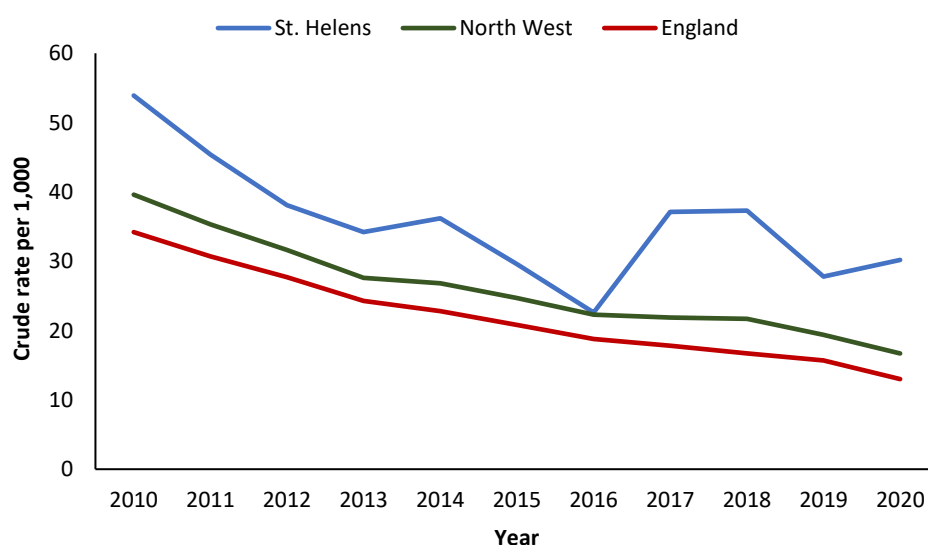
The 2020 rate of under 18 conceptions in St Helens is 30.2 per 1,000 which is statistically significantly higher than the England average of 13.0 per 1,000 and the North West average of 16.7 per 1,000. Furthermore, when compared to other local authority areas, the under 18 conception rate in St Helens is the highest in the North West region, and 2nd highest in England.

Figure 36. Under 18 conception rate 2020 (crude rate per 1,000 females aged 15-17)



Source: Office for National Statistics

Figure 37. Trend of under 18 conception rate 2010-2020 (crude rate per 1,000 females aged 15-17)

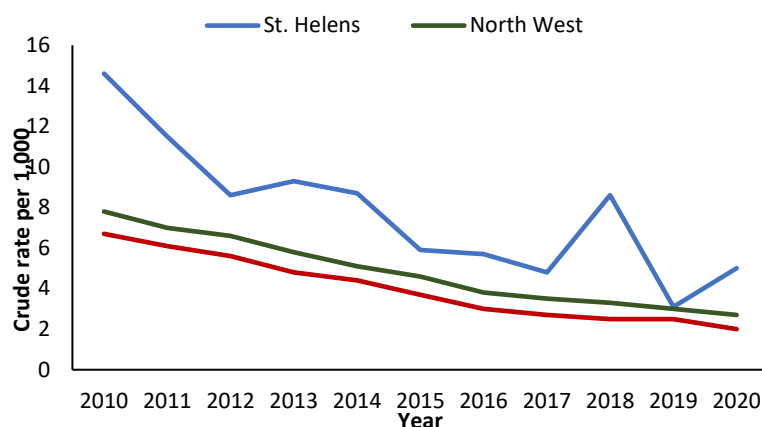


Source: Office for National Statistics

9.2.1.2 Under 16 conceptions

The 2020 St Helens rate of 5.0 conceptions per 1,000 females aged 13-15 is statistically significantly higher than the national and regional averages. The England under 16 conceptions rate for 2020 is 2.0 per 1,000 females aged 13-15 which is a slight reduction from 2.5 in 2019; The North West rate of 2.7 in 2019 compares with 3.0 in 2019.

Figure 38. Trend of rate of under 16 conceptions; annual rate per 1,000 females aged 13-15



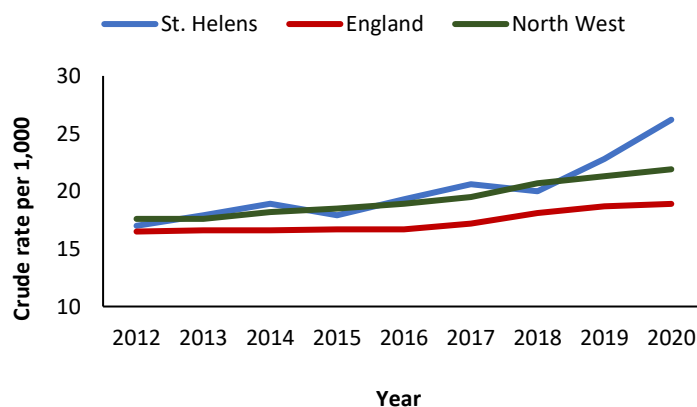
Source: Office for National Statistics

On the whole, there has been a downward trend in rates locally (an increase was observed in 2018) and it is important to bear in mind that, given the small numbers involved, local authority rates can be subject to large year on year fluctuations. The St Helens rate of 5.0 per 1,000 corresponds to 15 conceptions, a fall from a high of 47 conceptions in 2010.

9.2.1.3. Abortions

The total abortion rate in St Helens (2020) is 26.2 per 1,000, which is statistically significantly higher than the England and North West rates of 18.9 and 21.9 per 1,000 respectively. The rate in St Helens has been statistically significantly higher than the England rate for the last 5 years, and St Helens has an increasing trend.

Figure 39. Trend of total abortion rates 2012-2020 (crude rate per 1,000)

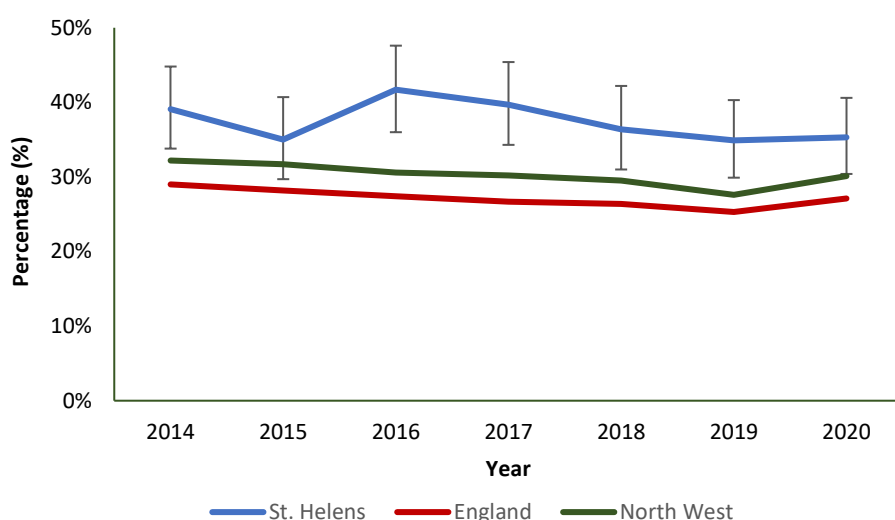


Source: Department of Health

In addition to overall abortions being higher than the national average, abortions under 10 weeks are also higher than the national and regional averages. In 2020 the proportion of abortions under 10 weeks in St Helens was 90.1%, and this compares to 88.1% and 89.8% in England and the North West respectively. The proportion in St Helens is an increase from the 2018 PNA where the most recent percentage was 73.8%. This is of note as the earlier the abortion, the lower the risk of complications.

Abortions in under 25s after a birth (35.3%) remains at a significantly higher rate than the national average (27.1%) suggesting there is still a need for post-partum contraceptives.

Figure 40. Trend of under 25s abortion after birth, 2014-2020 (percentage %)



Source: Department of Health

9.2.1.4. Sexually transmitted infections

Sexually transmitted infections (STIs) are diseases that can be transmitted by unprotected sex. If left undetected and untreated, they may result in serious complications in later years ranging from infertility to cancer. Examples of STIs include gonorrhoea, chlamydia, herpes, syphilis and genital warts.

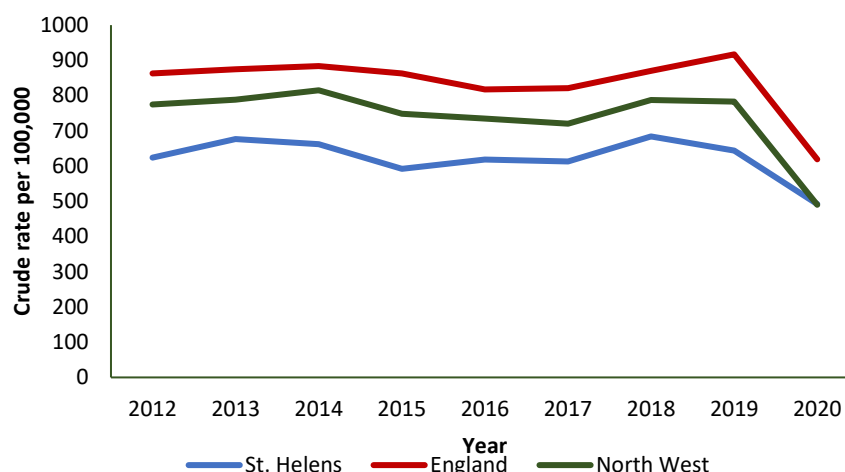
In March 2020, in response to the COVID-19 pandemic, the UK government implemented strict non-pharmaceutical interventions (NPI) in the form of national and regional lockdowns, as well as social and physical distancing measures including an emphasis on staying at home. Sexual health services in England substantially reduced capacity to deliver face to face consultations but underwent rapid reconfiguration to increase access to STI testing via telephone and internet consultations (*PHE, 2021*).

New STI diagnoses (excluding chlamydia)

The number of new STIs (excluding chlamydia aged <25) diagnosed has overall been decreasing over the last 9 years (2012 – 2020). In total, 554 new sexually transmitted infections (STIs) were diagnosed in residents of St Helens in 2020, giving a crude rate of 492 per 100,000 residents (compared to 619

per 100,000 in England). The decrease recorded in 2020 is a reflection of the reduction in testing across England as a result of the COVID-19 restrictions.

Figure 41. Trend of new STI diagnoses (excluding chlamydia aged <25), crude rate per 100,000 (2012-2020)

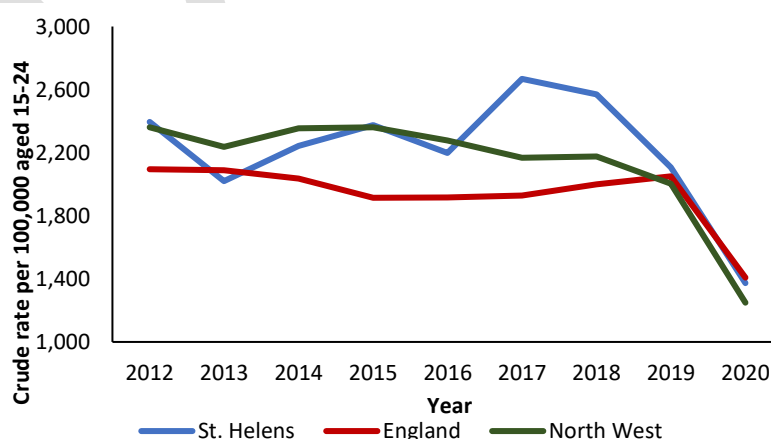


Source: Public Health England

Chlamydia

The chlamydia detection rate for young people aged 15-24 years in St Helens, 1,373 per 100,000 in 2020, is below the national target (2,300 per 100,000 persons) and the national rate (1,408 per 100,000) for the same year. However, the decrease in the detection rate is a reflection of the reduction in chlamydia testing as a result of the COVID-19 restrictions. The 2019 chlamydia detection rate for young people in St Helens was 2,106 per 100,000, as this was a reduction from the previous two years as illustrated in Figure 42.

Figure 42. Trend of chlamydia detection rates for young people aged 15-24, 2012-2020 (crude rate per 100,000)

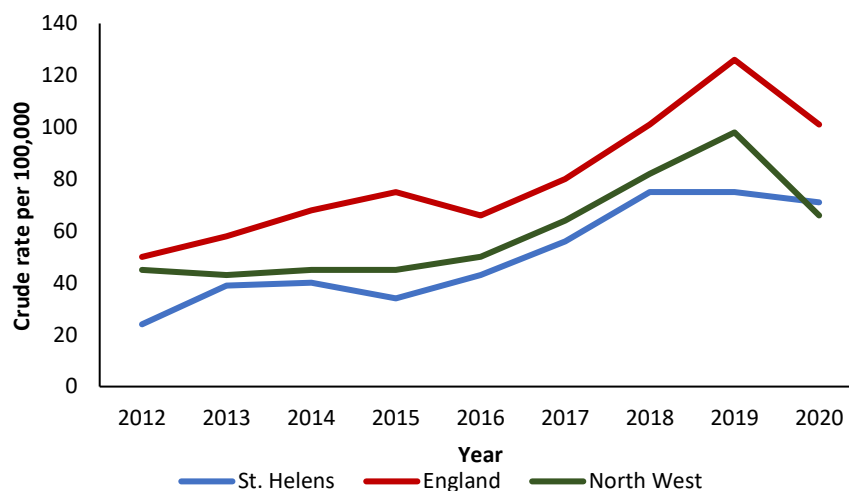


Source: Public Health England

Gonorrhoea

The trend of the rate of gonorrhea detection has been an increasing one since 2015 in St Helens and nationally and regionally. The 2020 detection rate in St Helens is 71 per 100,000 compared to 101 and 66 per 100,000 in England and the North West respectively. The decrease in 2020 is likely to be a reflection on the reduction in testing as a result of the COVID-19 restrictions.

Figure 43. Trend of gonorrhoea diagnostic rate 2012-2020 (crude rate per 100,000)

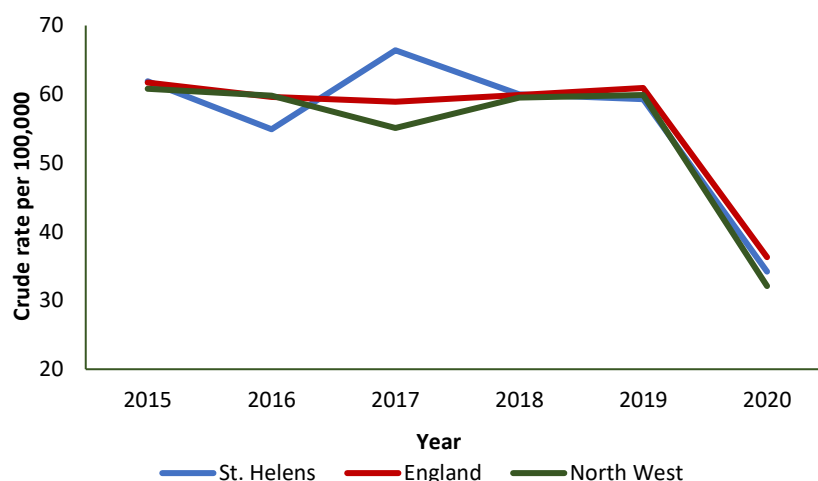


Source: Public Health England

Genital Herpes

The rate of first episode of genital herpes diagnosis in St Helens has remained fairly consistent between 2015 and 2019 (61.9 and 59.3 per 100,000 respectively) and also similar to the national and regional trend. As illustrated in Figure 44, the rates decrease in 2020, reflecting the impact of the COVID-19 restrictions. The 2020 rate for St Helens is 34.2 per 100,000 and this is lower than the England rate of 36.3 per 100,000.

Figure 44. Rate of first episode genital herpes diagnosis per 100,000 population, 2015-2020

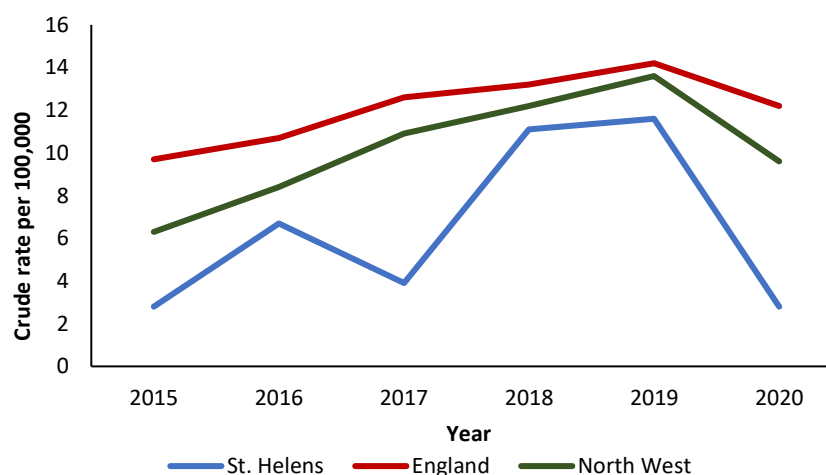


Source: Office for Health Improvement Disparities

Syphilis

The rate of syphilis infections in St Helens increased from 3.9 per 100,000 in 2017 to 11.6 per 100,000 in 2019. The rate for 2020 at 2.8 per 100,000 was statistically significantly lower than the England rate of 12.2 per 100,000.

Figure 45. Trend of syphilis diagnostic rate 2012-2020 (crude rate per 100,000)



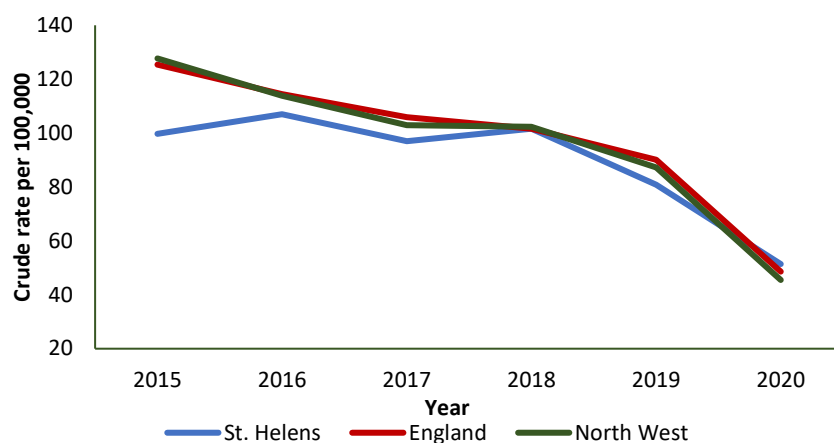
Source: Public Health England

Genital warts

The rate of first episode of genital warts diagnosis in St Helens has followed a decreasing trend overall since 2015, in line with the trend of the national and regional rates.

The rate in St Helens reduced from 80.8 per 100,000 in 2019 to 51.4 per 100,000; however, it is likely that the COVID-19 restrictions have contributed to the decrease in diagnoses. The rate in England reduced from 90.1 to 48.6 per 100,000 between 2019 and 2020, and the North West rate reduced from 87.2 to 45.5 per 100,000 over the same period.

Figure 46. Rate of first episode genital warts diagnosis per 100,000 population, 2015-2020



Source: Office for Health Improvement Disparities

9.2.2. Evidence of effective interventions in the community pharmacy setting

NICE (The National Institute for Health and Care Excellence) guidance on contraceptive services for young people (up to the age of 25)^[32] ; key recommendations include:

- Establish collaborative, evidence-based commissioning arrangements between different localities to ensure comprehensive, open-access services are sited in convenient locations, such as city centres, or near to colleges and schools. Ensure no young person is denied contraceptive services because of where they live.
- Ensure pharmacies, walk-in centres and all organisations commissioned to provide contraceptive services (including those providing oral emergency contraception) maintain a consistent service. If this is not possible, staff should inform young people, without having to be asked, about appropriate alternative, timely and convenient services providing oral emergency contraception.
- Doctors, nurses and pharmacists should where possible, provide the full range of contraceptive methods, especially long-acting reversible contraception (LARC), condoms to prevent transmission of STIs and emergency contraception (both hormonal and timely insertion of an intrauterine device). Adequate consultation time should be set aside.
- Provide additional support for socially disadvantaged young people to help them gain immediate access to contraceptive services and to support them, as necessary, to use the services. This could include providing access to trained interpreters or offering one-to-one sessions. It could also include introducing special facilities for those with physical and sensory disabilities and assistance for those with learning disabilities.
- Ensure all young women can obtain free emergency hormonal contraception, including advance provision.
- Offer support and referral to specialist services (including counselling) to those who may need it. For example, young people who misuse drugs or alcohol and those who may have been (or who may be at risk of being) sexually exploited or trafficked may need such support. The same is true of those who have been the victim of sexual violence.
- Ensure young men and young women know where to obtain free advance provision of emergency hormonal contraception.

- In addition to providing emergency hormonal contraception, professionals should ensure that all young women who obtain emergency hormonal contraception are offered clear information about, and referral to, contraception and sexual health services.
- Encourage all young people to use condoms and lubricant in every encounter, irrespective of their other contraceptive.
- Ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraceptive advice and support.^[ii] Ensure they are also familiar with local and national guidance on working with vulnerable young people.

A review of the contribution of community pharmacists to the public health agenda^[33] found:

- Emergency hormonal contraception (EHC) can be effectively and appropriately supplied by pharmacists
- Pharmacy supply of EHC enables most women to receive it within 24 hours of unprotected intercourse
- Community pharmacies are highly rated by women as a source of supply and associated advice for EHC on prescription, by Patient Group Directions (PGDs), or over-the-counter (OTC) sales
- 10% of women, choose pharmacy supply of EHC in order to maintain anonymity
- Pharmacists were positive about their experience of providing emergency hormonal contraception through PGDs and over-the-counter sales
- The role of pharmacy support staff in provision of EHC services is reported by pharmacists to be important

There is support from both customers and pharmacists for the provision of a wider range of sexual health services beyond EHC, including short supply progesterone-only pill^{[34][35]} and progestogen only injections^[36] to ensure ease of access to effective contraception as well as chlamydia screening.^[37] In particular pharmacy-based EHC consumers are at high risk of chlamydia and would be willing to accept a chlamydia test from the pharmacy.^[38] Although pharmacies in the UK cannot provide sexual and reproductive healthcare beyond retail condoms and EHC, a Scottish pilot study suggests that for women obtaining EHC from a pharmacy, simple interventions such as supplying one month of a progesterone-only pill, or offering rapid access to a sexual health clinic, hold promise as strategies to increase the uptake of effective contraception after EHC.^[39]

NICE guideline NG68^[40] recommends that all existing services that are likely to be used by those most at risk should provide condom schemes. This could include services provided by the voluntary sector (such as advice projects and youth projects), school health services and primary healthcare (including GP surgeries and community pharmacies). There should be links made between such condom schemes and local sexual and reproductive health services. For example, they should consider:

- Providing condoms with information about local sexual health services
- Displaying posters and providing leaflets advertising local sexual health services where condoms are available

ii. Department of Health (2004) [Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health](#). London: Department of Health.

9.2.3. Local provision

9.2.3.1. Teen Advice Zone (TAZ)

The TAZ Outreach Team, part of St Helens Borough Council, provide a confidential sexual health and wellbeing service to young people across the borough in a range of venues including schools, colleges, training providers and supported housing projects.

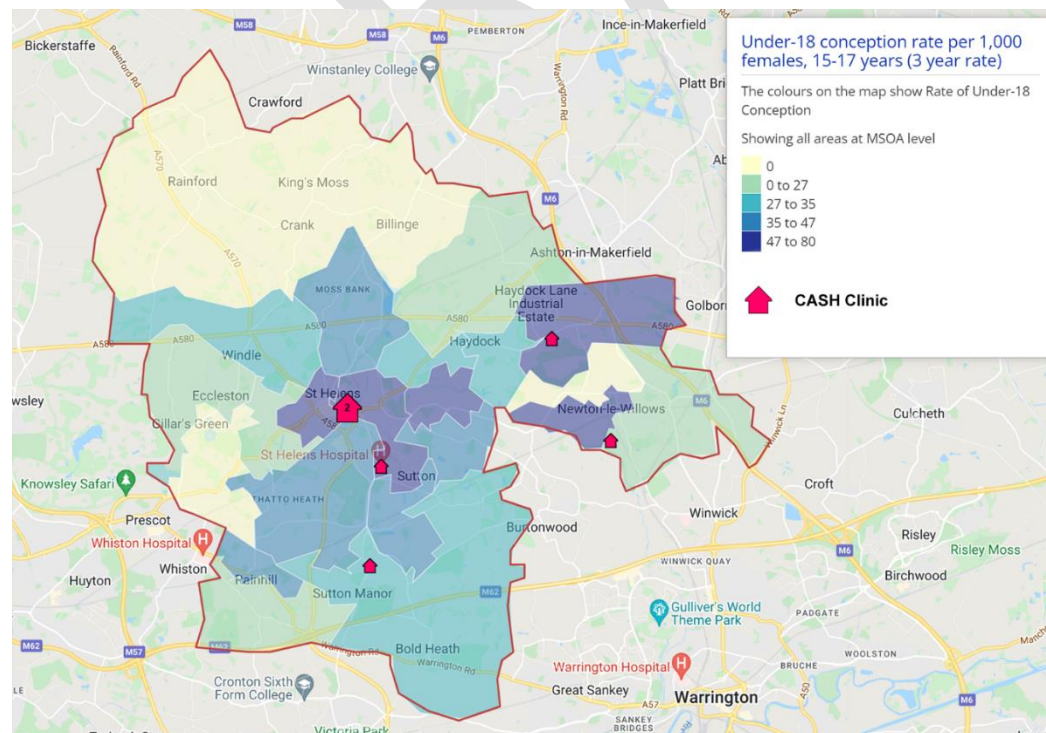
The team supports young people on an individual, group and drop-in basis to:

- Improve sexual health and wellbeing
- Choose healthy relationships
- Prevent early parenting
- Gain confidence to access services (the team will support young people to access medical or other health services in order to ensure that their health and wellbeing needs are being met)
- Increase young people's resilience
- Provide free training advice and guidance to professionals, parents and carers on sexual health and the law, consent, top tips to talk to teens, pornography and online safety, sex, drugs and risk control. Bespoke training can also be delivered on request.

The TAZ Outreach Team work collaboratively with the CASH (Contraception and Sexual Health Services) service and support five clinical drop-in sessions per week at the TAZ Clinic (based in The Millennium Centre). This includes c-card issuing, pregnancy testing, screening, advice and information, signposting to key services and pregnancy choices support.

The TAZ Outreach Team is based at the Lord Street Centre in St Helens and is co-located with YPDAAT (Young People's Drug and Alcohol Team) and the Youth Justice Service.

Figure 47. CASH clinics against teenage conception rates by ward, 2016-2018



Source: Office for National Statistics, 3-year rate (2016-2018)

9.2.3.2. Contraceptive and Sexual Healthcare services (CASH)

Contraceptive and Sexual Healthcare services (CASH) deliver clinics within the community to provide contraception advice, support and interventions alongside STI advice, testing and treatment of symptomatic but uncomplicated infections in men (excluding MSM) and women (exclusions apply). In addition, the service is also responsible for sexual health improvement and primary prevention. This is delivered by the Health Improvement Team and includes delivery of training, events and promotional materials and the development and updating of the Halton and St Helens branded website 'www.getiton.org.uk'. The service also coordinates the young people's condom distribution scheme 'C-Card' and supports the pharmacy Emergency Hormonal Contraceptive scheme with condoms and leaflets.

In 2020/21, there were 10,449 consultations carried out at sexual health clinics in St Helens.⁴¹ The percentage of new patients presenting for contraception that accept Long Acting Reversible Contraception (LARC) is 43.5%.

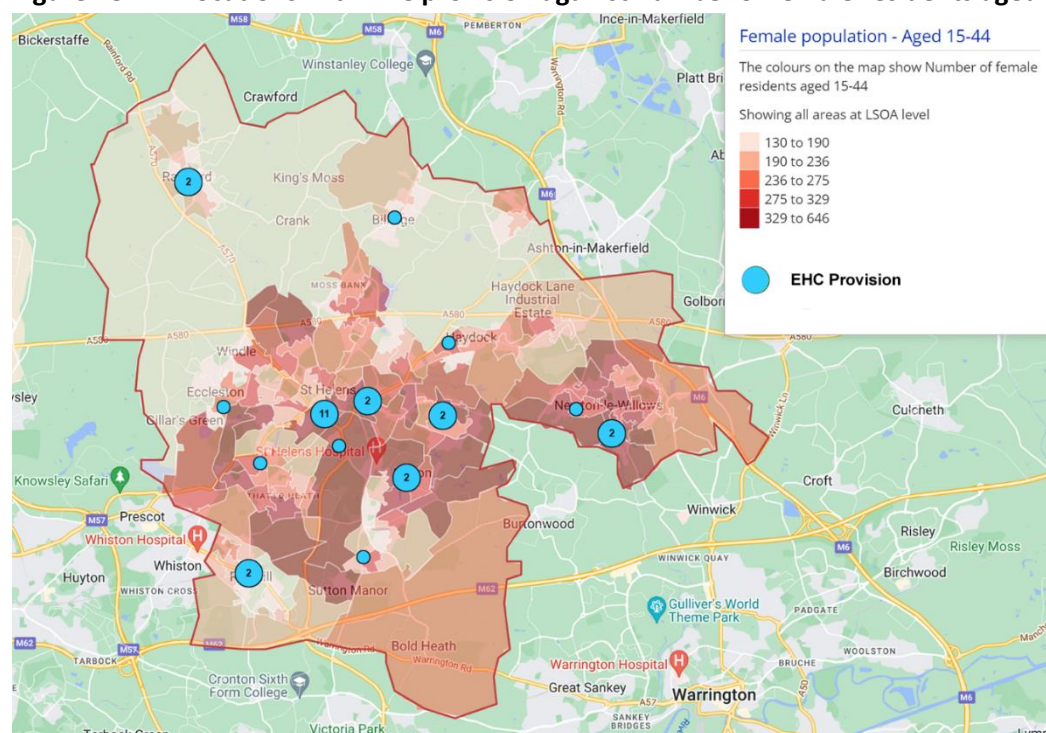
9.2.3.3. Emergency Hormonal Contraception (EHC)

Across St Helens, EHC is provided by a host of providers at different times:

- Pharmacy under patient group direction (locally enhanced service)
- GPs
- Walk-in Centre
- A&E
- Community sexual health services
- School nursing (within five high schools and two pupil referral units)

Just over half ($n=25$) of pharmacies provide EHC as a locally commissioned service; this includes two 100 hour pharmacies (as of June 2017). Pharmacists must be accredited to provide the service; the pharmacist also provides advice and signposting in respect of contraception and sexual health and those in the 15-24 year old age group can be offered a chlamydia screening test. Pharmacies providing EHC can signpost people to other sexual health services where there are specialists who can provide a full range of sexual health services. These pharmacies are mapped in Figure 48.

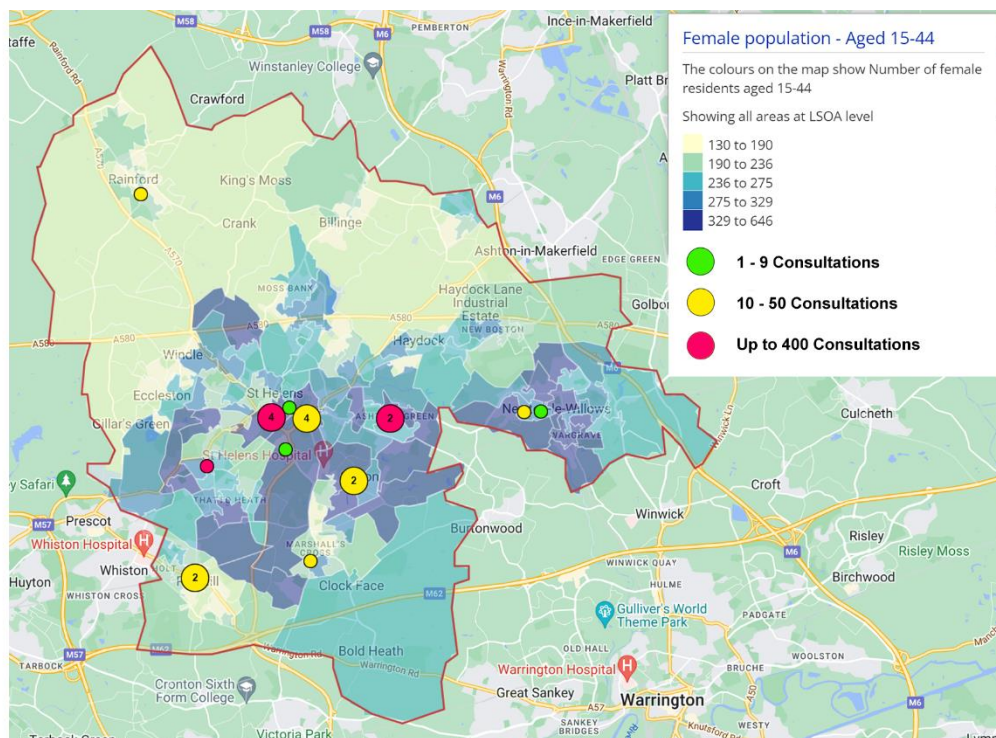
Figure 48. Locations with EHC provision against number of female residents aged 15-44



Source: Office for National Statistics, 2020

The number of EHC consultations by commissioned pharmacies is greatest in areas in which there is a high population of women aged 15-44 years. It appears that the Town Centre is the most common location for people to seek help.

Figure 49. Number of EHC consultations in 2021/22 by pharmacy against population density of females aged 15-44.



Source: Office for National Statistics, 2020

Conclusion

Emergency Hormonal Contraception (EHC) is accessible throughout the borough, but there is still a need to promote EHC as part of working within a multi-agency teenage pregnancy task group.

9.3. Substance misuse

Drugs have a profound and negative effect on communities, families and individuals, from the crime in local neighbourhoods, through families forced apart by drug dependency, to the corrupting effect of international organised crime.

Information about the number of people who use drugs, specifically illicit drugs, is key to formulating effective policies and helping to inform service provision at a local level for tackling drug related harm. Drugs such as heroin, opiates or crack cocaine are associated with the highest levels of harm and people who use these drugs are described as opiate and/or crack cocaine users (OCUs). It also helps inform commissioning of service provision at a local level and provides a context in which to understand the population impact of interventions to reduce drug-related harm.

There are two aspects to currently commissioned pharmaceutical services relating to substance misuse. These are 'Needle and Syringe Programme' (NSP) and 'Supervised Consumption'. Both NSP and Supervised Consumption are harm reduction services and contribute to improving the health of local communities by preventing the spread of blood-borne infections and reducing drug-related deaths.

9.3.1. Level of need

9.3.1.1. National prevalence

The true extent of injecting drug use is difficult to determine. UK prevalence estimates of opiate and/or crack cocaine users (OCUs) are published by Office for Health Improvement and Disparities (2021). The latest estimate indicates that overall in 2016-2017, there were 313,971 opiate and/or crack users in England; this corresponds to approximately 8.85 per 1,000 population aged between 15-64 years (*Public Health Institute, 2019*).

The most recent data from the Unlinked Anonymous (UAM) survey of people who inject drugs (PWID) in England, Wales and Northern Ireland reveal that Hepatitis B prevalence decreased from 19% in 2008 to 9% in 2018, and that Hepatitis C prevalence increased from 52% in 2017, to 55% in 2018. HIV prevalence in England increased slightly from 0.9% to 1.2%, and almost all (97%) of HIV positive people were aware of their status.⁴²

9.3.1.2. Local prevalence

The latest prevalence estimates available from the Public Health Institute (2019), (based on 2016-17 data), indicates that St Helens had a 15-64 population of 112,079 and has an estimated total number of 1,332 OCUs (with a 95% confidence interval of between 1,009 and 1,643) with an estimated number of 280 injecting drug users (with a 95% confidence interval of between 187–375).

Table 7. Estimated numbers and rates by substance in St Helens, 2016-17

	Estimated number of users	Rate per thousand of the population
Opiate and/or Crack Users (OCUS)	1,332	11.88
Opiate only	1,168	10.42
Crack only	741	6.61

* 'OCU' refers to use of opiates and/or crack cocaine, including those who inject either of these drugs. It does not include the use of cocaine in a powder form, amphetamine, ecstasy or cannabis, or injecting by people who do not use opiates or crack cocaine. Although many opiate and/or crack users also use these drugs, it is very difficult to identify exclusive users of these drugs from the available data sources.

Source: National Drug Treatment Monitoring System

The most recent data from the National Drug Treatment Monitoring System (NDTMS) for September 2020 – August 2021 shows that there were 759 opiate users in St Helens aged over 18 in treatment. There were 44 completions without re-presentation (5.8%). The NDTMS data set reports that there were 564 non-opiate users in St Helens aged over 18 in treatment, with 171 completions without re-presentation (30.32%).ⁱⁱⁱ

9.3.1.3. Injecting drug users

Nationally, 21% of opiate users and 2.2% of non-opiate users were currently injecting when presenting to treatment in 2020-21. At the time of writing, data was not available at a local authority level. However, if we were to apply the national percentage to the St Helens data outlined above, there

ⁱⁱⁱ [NDTMS - National Drug Treatment Monitoring System](#) (accessed 06/04/2022)

would be an estimate of 159 opiate users currently injecting and 12 non-opiate users currently injecting at the time presenting to treatment.

Further work with the community provider, locally commissioned pharmacies and clients accessing treatment needs to be done to fully understand the true extent of injecting behaviour. There needs to be increased reporting and recording of a client's primary substance when registering/accessing the needle exchanges.

In an effort to further understand the changing trends and needs, the community treatment provider and pharmacy NSP providers will be expected to ask if new psychoactive substances (NPS) are being used and if they are being injected and record the type of substance if known. By capturing this data, this will enable public health and harm reduction experts to examine any changing needs and respond accordingly in future service planning.

9.3.2. Evidence of effective interventions in the community pharmacy setting

NICE guidance PH52 on the optimum provision of Needle & Syringe Programmes^[43] places community pharmacies at the heart of the provision of these programmes.

9.3.2.1. Local provision

Needle and Syringe Programmes (NSPs)

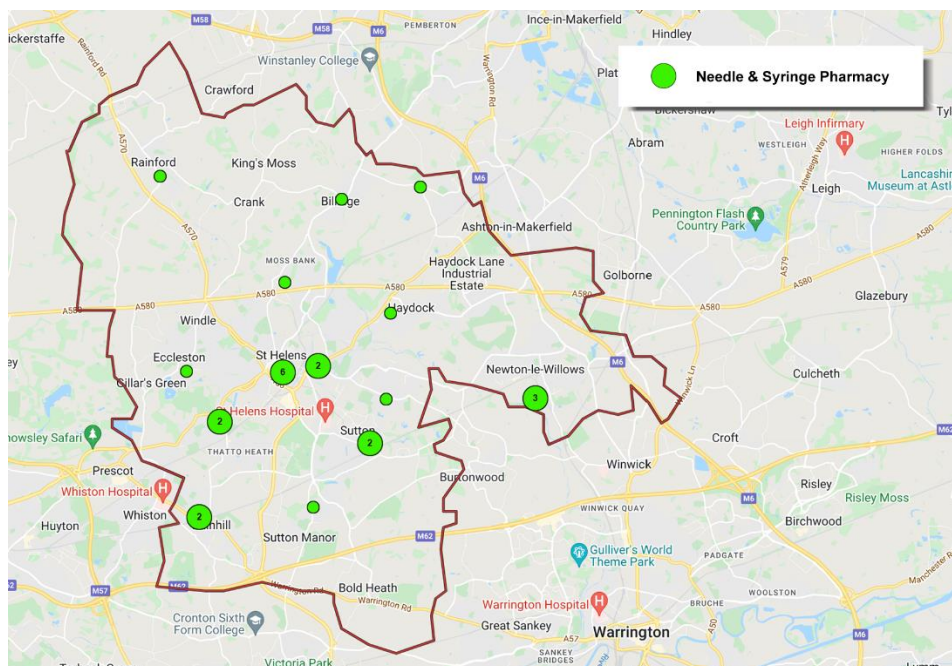
NSPs are currently commissioned for people over the age of 18 years who inject illicit substances and non-prescribed anabolic steroids (including other performance and image-enhancing drugs which may be injected). It is a confidential service that provides the necessary level of privacy to clients, it provides people who inject drugs with (free) needles and syringes and other equipment used to prepare and take illicit drugs; it also provides a safe route of disposal for used equipment.

In 2021/22, there were a total of 11,092 transactions taking place at St Helens NSPs (pharmacy and specialist data combined). 83.7% of those attending an NSP in 2021/22 were male. Those aged between 35-44 years make up the largest proportion that accessed NSP services in 2021/22 (44.2%).

CGL (specialist treatment provider) is also commissioned to deliver a NSP service. This is a targeted 'Pick and Mix' confidential service that provides the necessary level of privacy to people who inject drugs, it provides people with (free) needles and syringes and other equipment used to prepare and take illicit drugs and it also provides a safe route of disposal for used equipment. The 'Pick and Mix' service involves the distribution of bespoke/loose injecting equipment plus health promotion advice.

Currently 25 pharmacies are commissioned to deliver NSP. All public health commissioned pharmacy NSPs in St Helens will operate at a Level 1 (pack) service. The contents of the packs are determined by St Helens public health and the specialist substance misuse service following consultation with local pharmacists.

Figure 50. Location of Needle and Syringe Programme (NSP) pharmacies in St Helens



Source: St Helens Public Health

Supervised consumption

Supervised Consumption is a service that can only be provided by a pharmacy following dispensing of the diamorphine substitute methadone. It is not part of the essential tier of the pharmacy contract but supervision at the point that medicine is dispensed ensures that medicine is being taken safely, as directed, and not inappropriately directed onto the illegal market. A period in supervised consumption can also be utilised when a patient restarts Methadone or Buprenorphine after a break or receives a significant increase in their methadone dose.

Supervised Consumption is provided in conjunction with specialist prescribing services as an integral part of stabilisation and maintenance regimes.

The most recent National Drugs Strategy (2010) 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life' highlighted that substitute prescribing should be the first step on the journey to recovery. Supervised consumption is recommended for most new clients receiving a substitute prescription, subject to an assessment of patients' compliance and individual circumstances. In most cases, new clients being prescribed Methadone or Buprenorphine (Subutex) should be required to take their daily doses under the direct provision of a professional for a period of time, usually around three months.

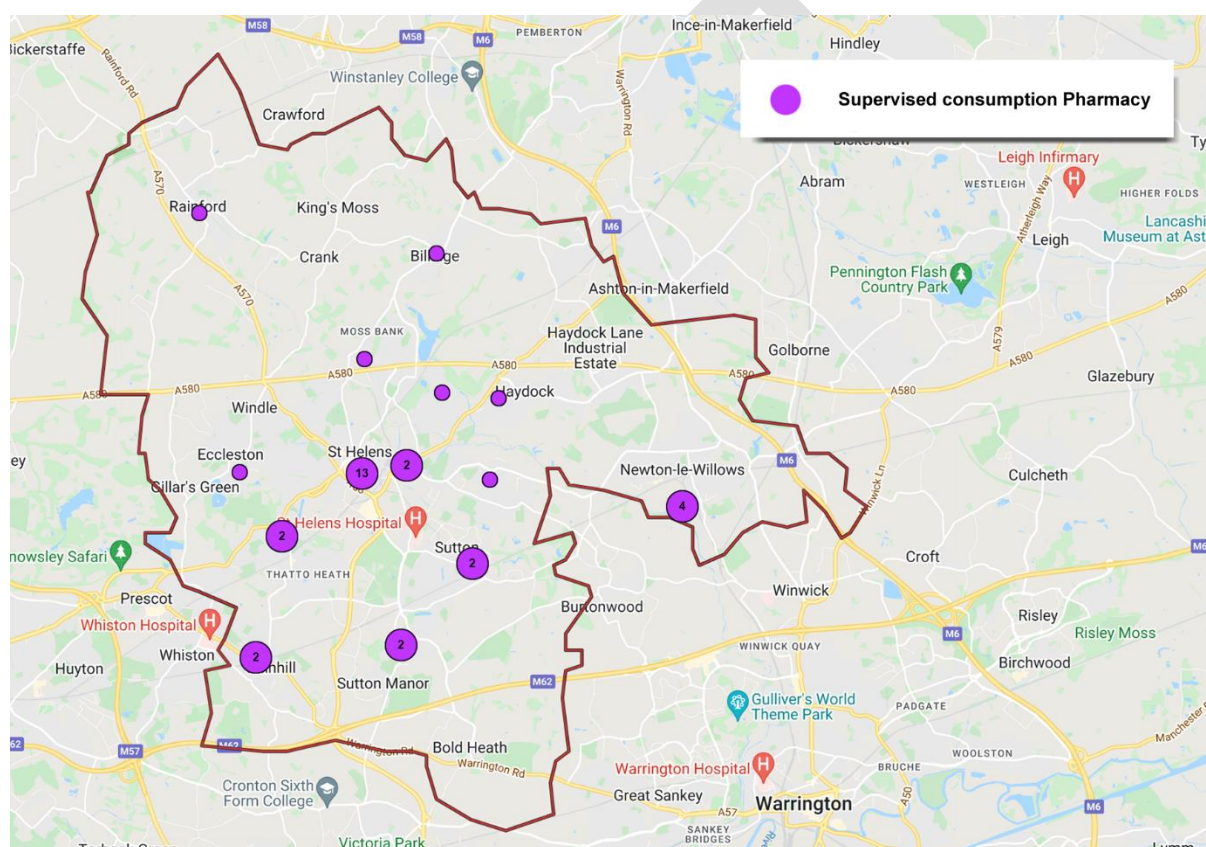
Research demonstrates that community pharmacy-based supervised methadone administration services can achieve high attendance rates and are acceptable to clients.^[44] NICE guidelines recommend that each new treatment of opiate dependence be subject to supervised administration for the first three months or a period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour. This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy – ideally within a private consultation room, and ensuring that the dose has been administered to the patient.^[45]

A 'Recovery Co-ordinator' at the Specialist Treatment Provider will assess a client's suitability for the Supervised Consumption Service and discuss with the client their choice of pharmacy, being mindful of location and opening hours and make a referral to the pharmacy. If the pharmacy agrees to take on a client, the pharmacy will be supplied with necessary information from the prescriber.

The supervision shall be carried out by qualified community pharmacists within a private consultation room. Regular contact with clients allows the pharmacist to monitor client compliance, offer advice and respond to issues of concern. The pharmacist should liaise with the prescriber to report any issues/problems and/or concerns regarding a client within the Supervised Consumption service and inform the Prescriber/Specialist Substance Misuse Service of a client's failure to collect their medication no later than after the third missed pick-up (same day if client is being titrated).

Currently there are 34 pharmacies commissioned to deliver this service.

Figure 51. Location of supervised consumption pharmacies within St Helens



Source: St Helens Public Health

9.3.3. Overall

Looking ahead, with an ageing drug using and injecting cohort, a small but significant number that have been using drugs have been in the system for some time, and with the fall in the number of new heroin users and the emergence of new substances in general will pose a challenge to the system from both a health and treatment need.

NSP and Supervised Consumption are key treatment tools and particularly effective in stabilising heroin users and weaning people off dangerous injecting practices. Harm reduction interventions, in particular those delivered by community pharmacies and recovery, are essential parts of any drug treatment system. However, a more integrated approach to the involvement of pharmacies with

general practice and specialist service is advocated. The need for NSPs and for Supervised Consumption services is transient but is needed across the Borough. Therefore, a rational number and distribution of pharmacies providing these services is required based on need.

Conclusions

- Needle and Syringe Programmes (NSP) - Currently there are an adequate number and distribution of services providing NSP based on local need.
- Supervised Consumption - There is adequate provision of this service in St Helens based on our knowledge of the local need.

9.4. Alcohol

The following section examines the level of need in St Helens and the evidence relating to the use of community pharmacy in delivering services to support people with alcohol problems.

9.4.1. Level of need

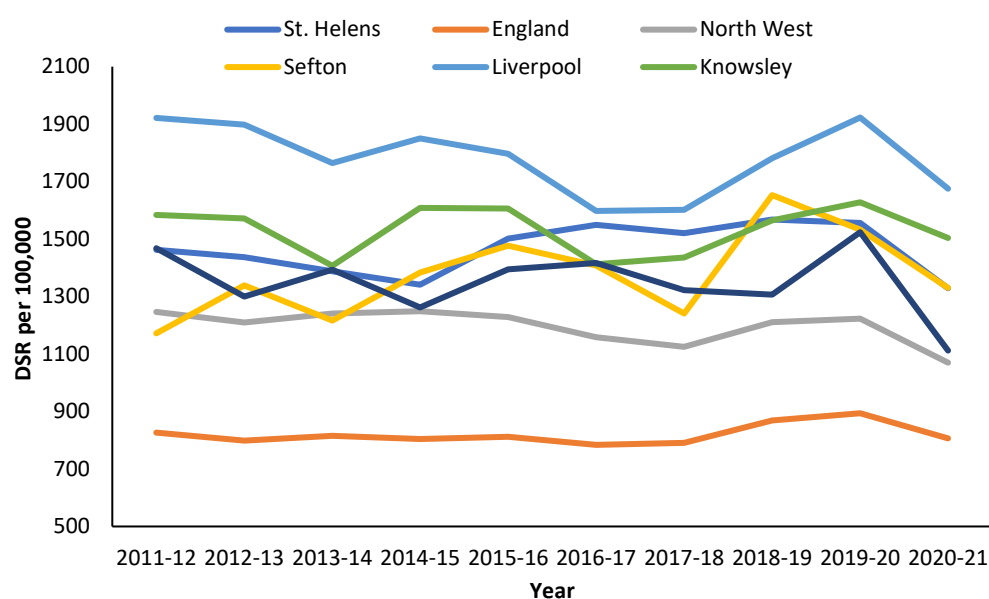
In England, 40% of adults drink over 14 units per week (NHS Digital, 2019). Alcohol misuse can have an effect on social and environmental factors as well as physical and mental health of those consuming the substance.

For St Helens, despite positive progress in recent years, alcohol misuse continues to be a major source of harm in our local communities, impacting significantly on individuals, families and health and social care services.

Alcohol specific hospital admissions in St Helens are significantly higher than the national average. The 2020/21 all persons rate in St Helens is 1,013 per 100,000 population, and this compares to a national rate of 587 per 100,000 and a regional rate of 795 per 100,000. St Helens ranks sixth highest when compared to local authorities in the North West region.

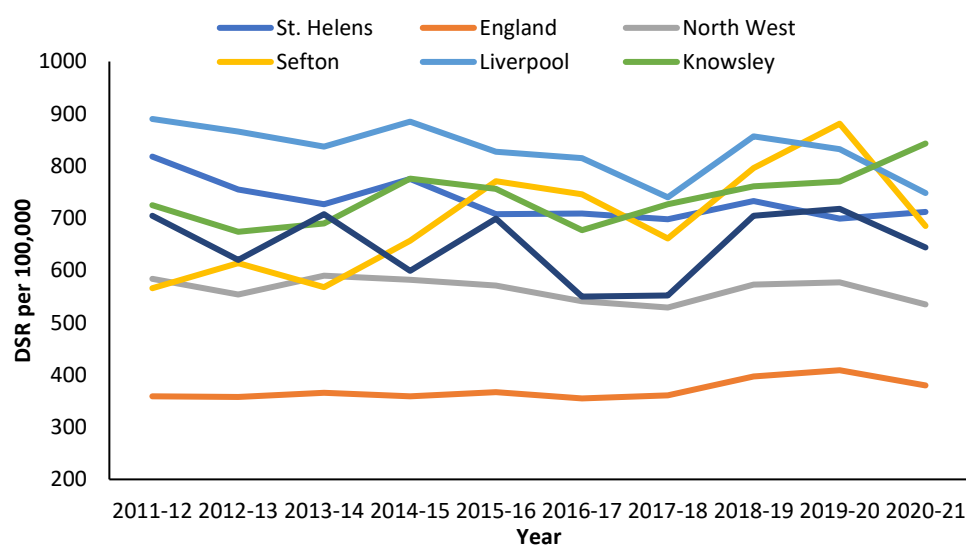
In terms of alcohol specific hospital admissions for men and women, St Helens is ranked the eight highest (worst) for males and sixth highest for females. For males, the rate had decreased over the last two years (Figure 52). For females, the rate has been decreasing, with a very small increase between 2019/20 and 2020/21 (Figure 53).

Figure 52. Alcohol-specific hospital admissions by year – males



Source: Local Alcohol Profiles for England (LAPE) 2021

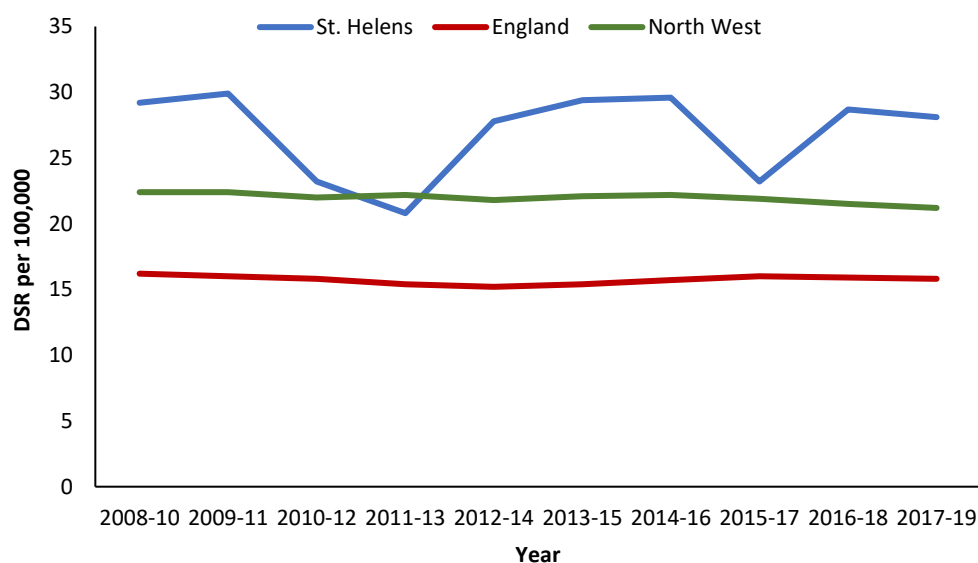
Figure 53. Alcohol-specific hospital admissions by year – females



Source: Local Alcohol Profiles for England (LAPE) 2021

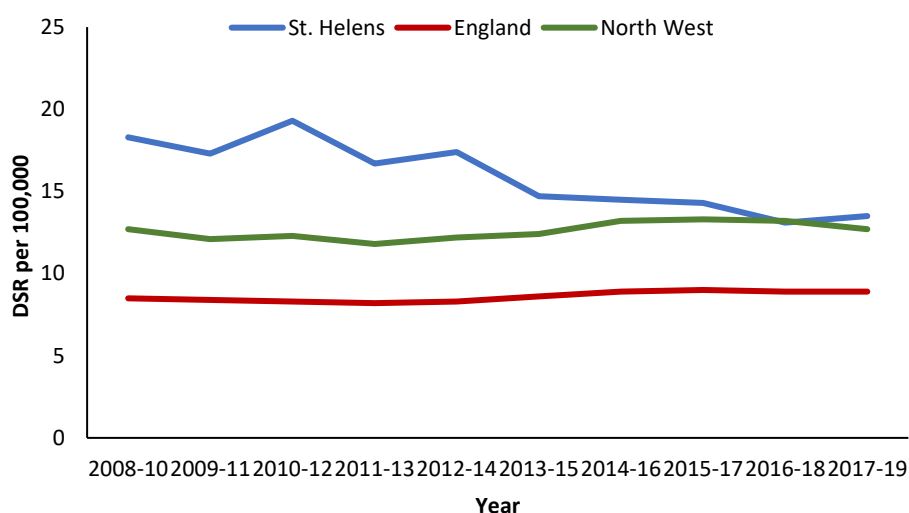
Alcohol misuse is directly linked to deaths from certain types of diseases, such as liver cirrhosis. St Helens has a statistically significantly higher rate of mortality from chronic liver disease than England and is ranked fourth highest in the North West region. The 2017-19 rate in St Helens is 20.8 deaths per 100,000 population, which compares to 12.2 and 16.8 per 100,000 in England and the North West respectively. Figures 54 and 55 illustrate the trend of mortality from chronic liver disease in St Helens for males and females. In men, the rate has increased slightly in recent years, whilst female deaths have been decreasing. However, the male and female rates are statistically significantly higher than England.

Figure 54. Deaths from chronic liver disease (all age) – male



Source: Local Alcohol Profiles for England (LAPE) 2021

Figure 55. Deaths from chronic liver disease (all ages) – female



Source: Local Alcohol Profiles for England (LAPE) 2021

9.4.2. Evidence of effective interventions in the community pharmacy setting

There is little in the published research on this area. However, community pharmacies have been effective in supporting people to stop smoking using brief interventions (BI). There has been some evidence in the early literature that such an approach is also effective for alcohol within other primary care settings.^{[46][47]} Research undertaken in the North West indicates that alcohol BI and referral to services is acceptable to both pharmacies and the public. However, this research did not consider the effectiveness of such services.^[48] This level of public and pharmacist support has been shown elsewhere as well.^[49]

Given the UK Department of Health's stated aim to include community pharmacies in BI to reduce alcohol harms, an important Randomised Control Trial (RCT) study was conducted in all community

pharmacists in the London Borough of Hammersmith and Fulham.^[50] However, this study and one other showed that BI for alcohol via community pharmacies is not effective. Brown et al therefore recommend that, at this point in time, such services should not be delivered.^[51] Despite this, the 2011 NICE commissioning guide^[52] recommends the targeting of alcohol BI to specific populations. However, success when doing this is not clear cut. A study targeting men showed good uptake^[53] but another targeting women accessing emergency hormonal contraception did not.^[54]

9.4.3. Local provision

Currently, CGL commission Lloyds pharmacies nationally to provide a service to reduce alcohol harm reduction. According to the pharmacy survey, 31 (38%) pharmacies are willing and able to provide the service.

Conclusion

We will continue to work with pharmacies and review the evidence and feasibility of establishing support in pharmacies to reduce alcohol consumption.

9.5. Services that impact on long term conditions and hospital admissions

Ensuring the population use their medicines properly is an important element of health care in reducing unnecessary visits to the doctor. Medicines Use Review Services, new medicines service, Care at the Chemist and providing influenza vaccines to 'at risk' people aged 18-65 can contribute towards the priorities to ensure that there is greater access to services in the community.

9.5.1. Level of need

Based on changing population numbers and age structures, it is estimated that the number of people being admitted to hospital for an elective procedure will increase.

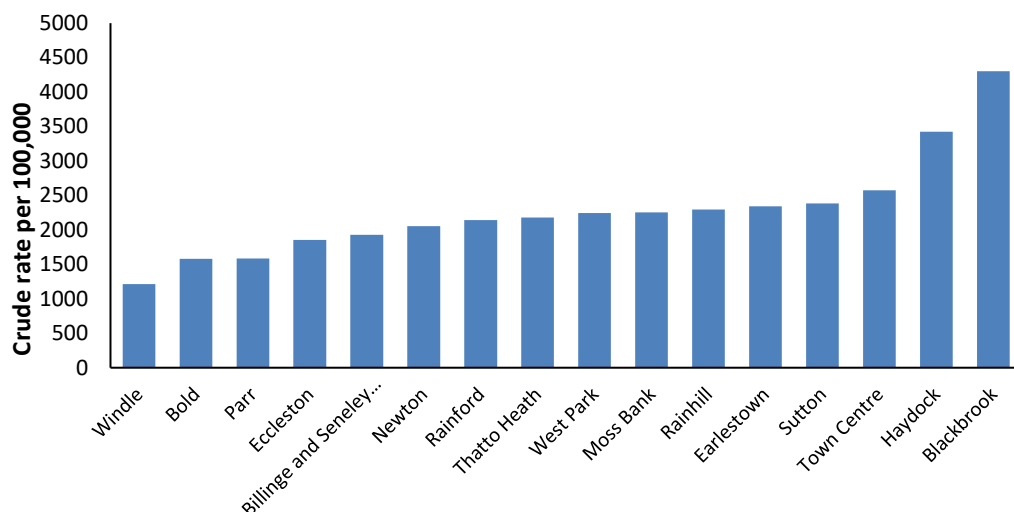
Table 8 shows the top ten most common reasons for elective hospital admissions according to primary diagnosis.

Table 8. Top 10 elective hospital admissions by primary diagnosis, St Helens, all ages, 2020/21

Primary diagnosis	No. of admissions
Gonarthrosis, unspecified	263
Coxarthrosis, unspecified	196
Chronic kidney disease, stage 5	103
Calculus of gallbladder with other cholecystitis	74
Hyperplasia of prostate	61
Lumbar and other intervertebral disc disorders with radiculopathy	53
Unilateral or unspecified inguinal hernia, without obstruction or gangrene	48
Disorders of magnesium metabolism	47
Malignant neoplasm: bladder, unspecified	46
Spinal stenosis	40
Total number of elective admissions	4,005

Source: SUS

Figure 56. Elective hospital admissions by ward, 2020/21, crude rate per 100,000



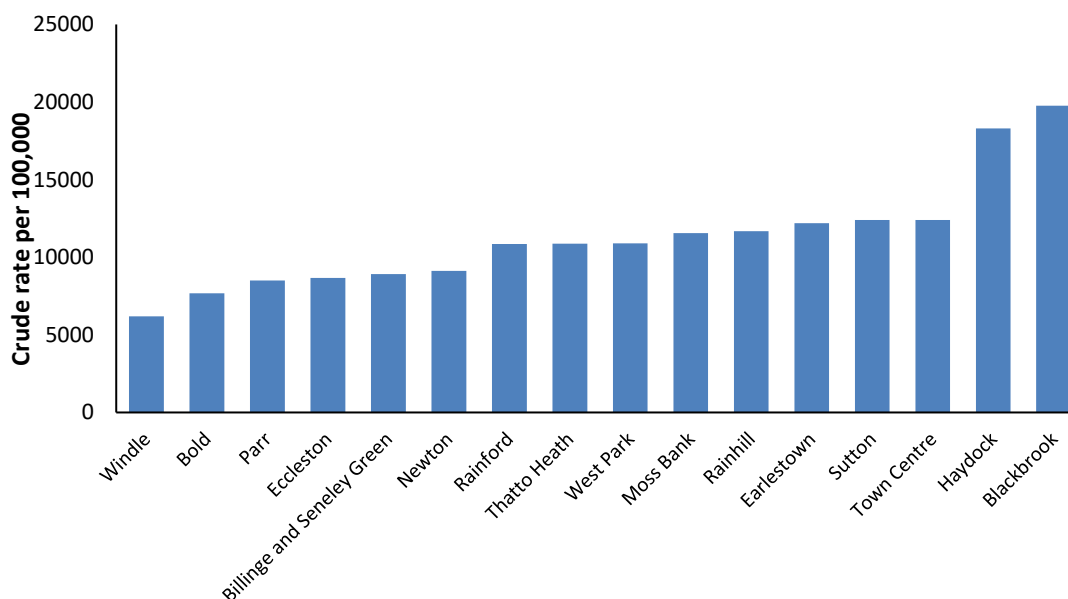
Source: SUS

As with elective admissions, unless current trends can be stemmed, the number of emergency (non-elective) admissions is set to rise. Table 9 shows the top 10 elective admission types by primary diagnosis.

Table 9. Top 10 emergency hospital admissions by primary diagnosis, St Helens, all ages, 2020/21

Primary diagnosis	No. of admissions
Sepsis, unspecified	480
Pain localised to other parts of lower abdomen	462
Emergency use of U07.1	456
Lobar pneumonia, unspecified	429
Urinary tract infection, site not specified	371
Chest pain, unspecified	340
Other and unspecified abdominal pain	312
Pain localised to upper abdomen	300
Congestive heart failure	289
Headache	288
Total number of admissions	20,027

Source: SUS

Figure 57. Emergency hospital admissions by ward, 2021/22, crude rate per 100,000

Source: SUS

When looking by ward, Blackbrook has the highest crude rate of emergency hospital admissions, followed by Haydock. The inequality gradient is quite steep and the crude rate in Blackbrook is over double that for the Windle, Bold, Parr, Eccleston, Billinge and Seneley Green and Newton wards.

St Helens GP patients have high levels of reported prevalence for coronary heart disease (4.3%), hypertension (17.3%), diabetes (8.0%) and asthma (8.2%) when compared to the rest of Merseyside and England, ensuring effective management will help to save the NHS money in relation to repeat admissions to hospital, unnecessary visits to the doctor and will improve quality of life and life expectancy.

9.5.2. Medicines Use Review

9.4.2.1. Evidence of effective interventions in the community pharmacy setting

Medicines adherence support services are an important part of the community pharmacist's role.^[55] A study of 10,000 adults aged 35+ found that 76% of women but only 63% of men had obtained medicines or asked for advice with only 12% asking for advice but not obtaining medicines.^[56] The difference in gender is not surprising and offers some particular challenges to targeting men for advice especially around lifestyle issues. As a men's health project in Knowsley found, most men being targeted for a health check (in the pilot year 400 men aged 50-65 were given a health check) had never had such lifestyle advice from a pharmacist. However, once on-board the majority made a positive lifestyle change.^[57] Despite these differences this and other studies demonstrate that pharmacies are an important first port of call for advice on minor ailments.^[58]

Many people do not use their medicines correctly^[59] with limited health literacy^[iv] impeding patients understanding of medicines instructions.^{[60][61]} This could lead to medicines wastage, with cost

^{iv} Evidence shows that health literacy - "the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health" - is a more useful predictor of

implications for the healthcare system^[62] as well as long term conditions not being optimally managed. Whilst pharmacists recognise that limited health literacy can impact on medication adherence, difficulties in identifying those with low levels of health literacy impedes potential action. More training and advice on the use of aids to identify levels of health literacy need to be employed to increase awareness and confidence amongst pharmacy professionals.^[63]

9.4.2.2. Local provision

Medicines Use Reviews (MURs) form part of the pharmacy contract and is an advanced service. Medicines Use Reviews are structured reviews undertaken by an accredited pharmacist to help patients manage their medicines – to improve their understanding, knowledge and use of medicines they have been prescribed. MURs are conducted on a regular basis, e.g. every 12 months and must be conducted in a consultation area to ensure patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services.

The national target groups are:

- Patients taking high risk medicines
- Patients recently discharged from hospital that had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive a MUR within four weeks of discharge but in certain circumstances, the MUR can take place within eight weeks of discharge
- Patients with respiratory disease
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines

As of 1st April 2015, community pharmacies must carry out at least 70% of all MURs in each year on patients within the national target groups.⁶⁴

The 2008 Pharmacy White Paper⁶⁵ proposed a strengthening of commissioning for services in the area of medicines adherence and that other pharmaceutical services could be tailored to meet individual patient group needs. For instance, MURs could be targeted to patients with other long term conditions (LTCs) including specialised pharmacy led clinics to support disease management for those with LTCs and general clinical pharmaceutical role to reduce medication related harm.

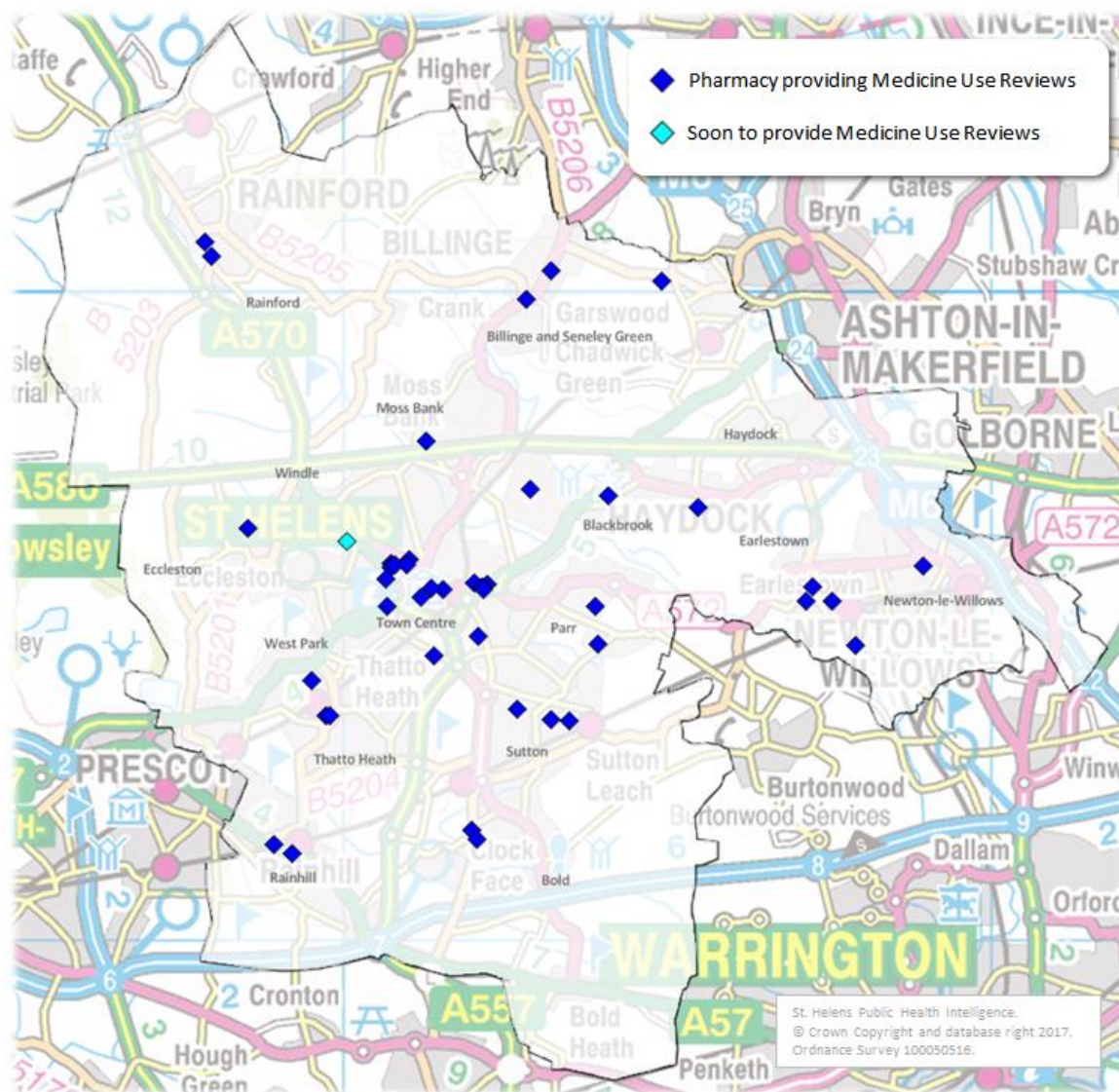
The MUR programme targets those with a history of a fall. Feedback from the pharmacy premises survey indicated local community pharmacists believe that carers should receive more support in managing medicines, which should be provided by GPs, who have a responsibility to review all patients on medication regularly.

In the pharmacy survey, 44 pharmacies responding answered that they provide Medicine Use Reviews with one pharmacy reporting that they will be providing the service soon.

the use of preventative services than level of education.

[Health literacy: addressing the health and education divide | Health Promotion International | Oxford Academic \(oup.com\)](#)

Figure 58. Location of pharmacies providing Medicine Use Reviews



9.5.3. New Medicines Service

9.4.3.1. Evidence of effective interventions in the community pharmacy setting

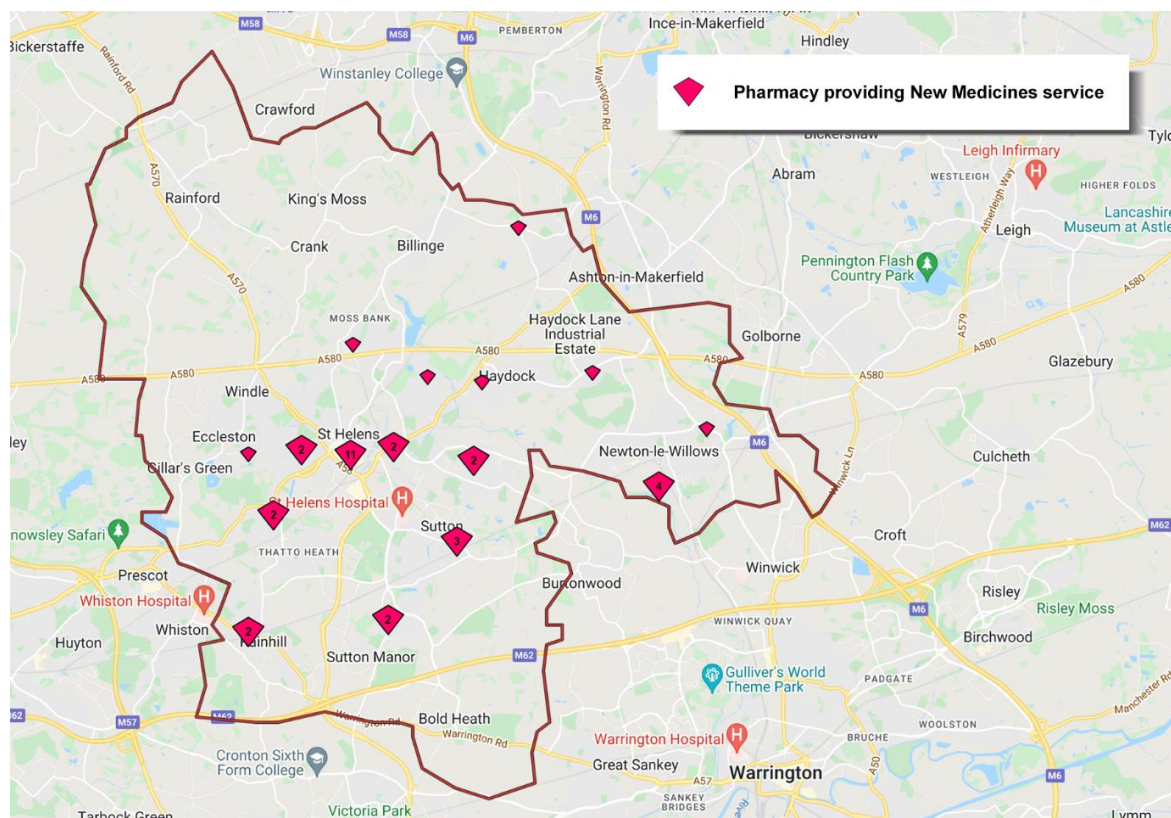
New Medicines Service is an advanced service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The service provides support for people with asthma, chronic obstructive pulmonary disease (COPD), type 2 diabetes, hypertension and antiplatelet/anticoagulant treatment, who are newly prescribed a medicine. The aim is to support the person to try and improve compliance with medicines and reduce any issues relating to new medicines. It is estimated that about 25% of medicines prescribed for long term conditions are not taken as directed and 15% of people receiving new medicines take few, if any, doses.⁶⁶ Since the introduction of the scheme in October 2011, more than 90% of community pharmacies across England have provided the service to their patients.

A recent review of the scheme by the University of Nottingham found⁶⁶ that the service significantly increased compliance by 10% and also increased the number of medicine problems identified and dealt with, compared with not having the service. The service was well received by patients and economic evaluation suggests the service will produce better patient outcomes at an overall reduced cost to the NHS.

9.4.3.2. Local provision

As stated above, the New Medicines Service is an advanced service and as such, any community pharmacy with a standard contract can provide this service. 37 pharmacies stated in the pharmacy survey 2021 that they currently provided this service.

Figure 59. Location of pharmacies providing New Medicines Service



Source: St Helens Public Health

9.5.4. Care at the Chemist

Care at the Chemist (CATC) is a minor ailment service that enables patients to receive treatment for minor ailments via the pharmacy without the need for them to purchase over the counter. This reduces the demand on GP appointments for those patients exempt from prescription charges seeking a prescription for a minor ailment, in order to prevent them having to pay the over the counter costs.

9.4.4.1. Evidence of effective interventions in the community pharmacy setting

Several of the research papers identified by the literature search included in their health outcomes reduction in unplanned/emergency admissions. An enhanced medicines management scheme of patients with heart failure post-discharge from hospital included community pharmacists as part of multi-disciplinary teams. This improved patient outcomes and decreased unplanned readmissions⁶⁷. Unfortunately, a scheme focused on medicine reviews of high risk elderly found no difference in hospital admissions but did result in modest prescribing savings. However, it was not possible to determine the cost-effectiveness of this intervention.⁶⁸ Similarly a study by Walker et al also failed to reduce hospital readmissions. Using a quasi-experimental study evaluating post-discharge health care

resource use of patients discharged from hospital, the study intervention added a pharmacist to the discharge team to identify and reconcile medication discrepancies at discharge.^[69]

Results revealed that whilst the pharmacist identified medication discrepancies at discharge and reconciled all of them, no significant differences in hospital readmission rates and emergency department visits were found. The authors do note that the strength of the intervention might have been compromised by (1) broad inclusion criteria that might not have identified patients at high risk for hospital readmission and (2) the pharmacist not completing follow-up calls for all intervention patients. Other studies have helped to identify and reconcile medications changes, as well as reducing hospital admissions^[70] and readmissions.^[71]

The discharge medicines review (DMR) service provided by community pharmacists in Wales is designed to ensure that patients returning home from hospital are prescribed the right medicines and gives them an opportunity to ask their pharmacist about their medicines. Evaluation has shown it benefits patients, results in reductions in readmissions to hospital and provides a possible three to one return on investment.^[72] The service will now be incorporated into the contractual framework for community pharmacies in Wales.^[73]

The community pharmacist is an important first port of call for advice on minor ailments.^[74] A survey conducted in support of the development of the White Paper of pharmacies found that 14% of people had used pharmacies to treat one-off common conditions, such as colds, coughs, aches and pains, and stomach problems.^[75] Thus, increasing the use of minor ailments schemes would be beneficial for both GP workload and A&E attendance. Other studies have shown that helping patients to take medications correctly, such as for asthma and COPD can reduce emergency hospital admissions associated with these conditions.^[76] A study in London demonstrated pharmacy-based minor ailment schemes are feasible and acceptable in the refugee community.^[77] Programmes can be cost saving, especially when societal costs are included, and can increase access to healthcare.^[78] They can provide the same health-related outcomes and quality of life measures at lower cost, compared to treating minor ailments in primary or emergency secondary care.^[79] From a patient perspective, inaccessibility of the GP and perceived non-serious nature of the condition enhance the likelihood of using the community pharmacist, whilst lack of privacy and perceived potential of misdiagnosis are the main concerns.^[80]

Attributes of a community pharmacy and its staff may influence people's decisions about which pharmacy they would visit to access treatment and advice for minor ailments. In line with the public's preferences, offering community pharmacy services that help people to better understand and manage symptoms, are provided promptly by trained staff who are friendly and approachable, and in a local setting with easy access to parking, has the potential to increase uptake amongst those seeking help to manage minor ailments. In this way it may be possible to shift demand away from high-cost health services and make more efficient use of scarce public resources.^[81]

9.4.4.2. Local provision

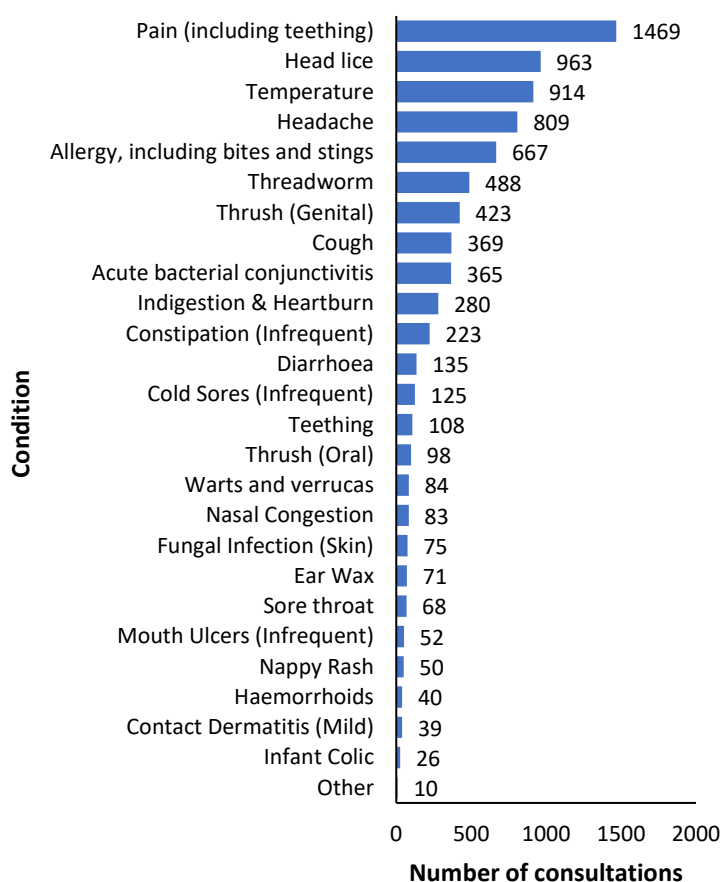
Minor ailments scheme: Care at the Chemist

Unlike GPs, community pharmacies are a 'walk up and get seen' service. As such they are a key resource for advice on treating minor, self-limiting ailments and the purchase of appropriate over-the-counter medicines. The minor ailments service takes this concept a stage further. Patients register via the pharmacy of their choice. This service is open to patients registered with an NHS St Helens Clinical Commissioning Group GP and most eligible pharmacies who wish to participate, and this will soon extend to all pharmacies who want to provide the service. The service can be commissioned in any

pharmacy but restrictions on providing pharmaceutical services on the premises in distance selling pharmacies make doing so in such sites inadvisable. The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice and where appropriate, medicines without the need to visit their GP practice. The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long term conditions.

NHS St Helens CCG commissions all but two patient facing pharmacies to provide CATC across the borough. The most common ailments patients access the service for are pain, head lice, temperature, headache and allergies (see Figure 60).

Figure 60. Number of consultations by condition (medication dispensed) 2020/21



Source: Medicine Management Team, CCG

All but one pharmacy in St Helens provides Care at the Chemist. Currently, there is a mutual agreement with Liverpool, Knowsley and Halton CCGs for pharmacies to provide CATC to residents of St Helens. Currently there is no agreement with Warrington, Wigan or West Lancashire to provide this service. However, there is not a gap in provision due to this as there are sufficient pharmacies within the borough that provide CATC to those near the affected borders. In addition, Wigan Borough's minor ailment scheme is available to anyone regardless of whether they are registered with a Wigan Borough CCG GP or not.

9.5.5. Flu vaccinations

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March, the NHS runs the seasonal flu vaccination campaign, aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

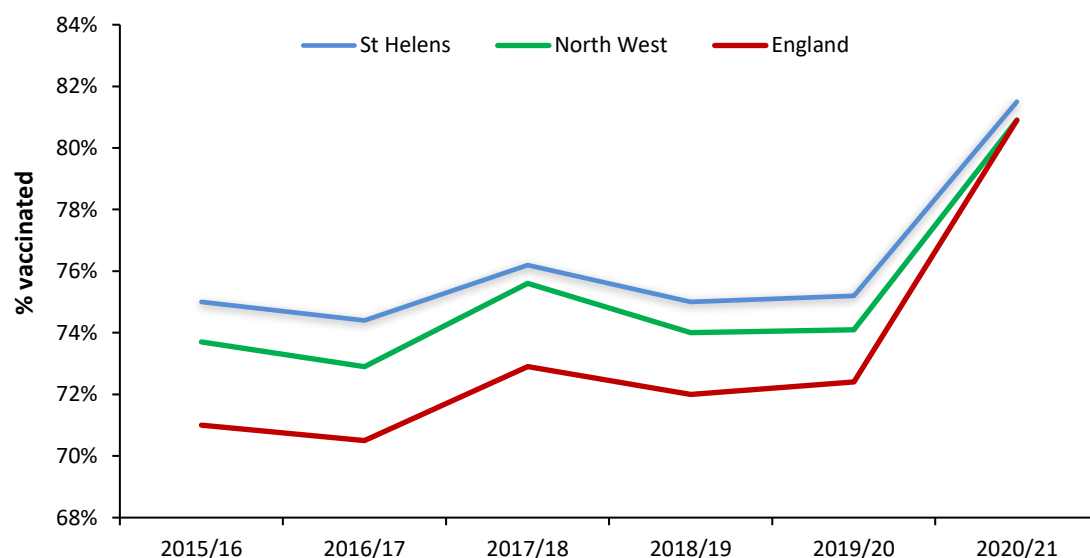
More than 22 million jabs were delivered by community pharmacy led COVID vaccination sites across the country during 2021. Pharmacies were central to the Government's COVID response.

9.5.6. Local need

Flu immunisation is important to reduce harm from flu and reduce pressures on health and social care services during the winter. It is particularly vital for the flu vaccine to reach people in clinical risk groups because of increased risk of death and serious illness if people in these groups catch flu. For a number of years only around half of patients aged six months to less than 65 years in clinical risk groups have been vaccinated. Influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for the mother. Improving vaccination uptake in the elderly and those in risk groups will help to reduce unnecessary hospital admissions related to long terms conditions such as respiratory conditions that are high for emergency admissions.

Locally the annual, seasonal influenza vaccination programme is primarily managed through GP practices. For those over the age of 65, St Helens has been above the 75% uptake target in over 65s since 2015-16 and in 2020-21 the uptake was 81.5%, similar to the England and North West averages of 80.9%.

Figure 61. Trend of population vaccination coverage, aged 65+



Source: Fingertips

9.5.7. Evidence of effective interventions in the community pharmacy setting

For most people, influenza (flu) is an unpleasant illness making people feel unwell for several weeks, but it's not serious in healthy people. However, certain people are more likely to develop potentially

serious complications of flu, such as bronchitis and pneumonia. This can result in emergency hospital admissions or even death. The flu vaccine is given free on the NHS to people who:

- are 50 and over (including those who'll be 50 by 31st March 2022)
- have certain health conditions
- are pregnant
- are in long-stay residential care
- receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if you get sick
- live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus or rheumatoid arthritis)
- frontline health or social care workers

Research has shown that immunisation services can be safely provided in community pharmacy settings,^[82] that the review of medication records is a useful tool in flagging up those 'at risk' and inviting them to take part in the programme.^[83] Such programmes are also well received by both patients and doctors.^[84]

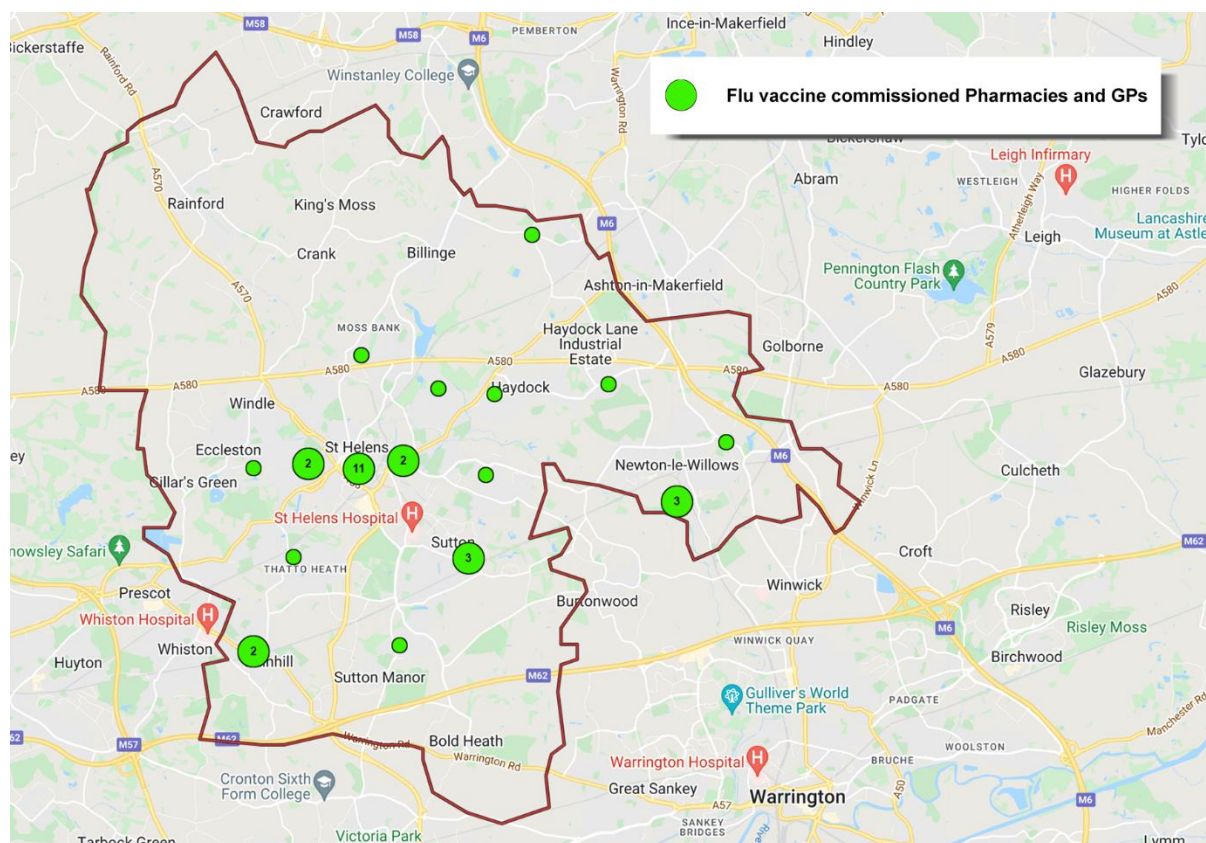
9.5.8. Local provision

Pharmacies provide an annual flu vaccination programme each year under a nationally commissioned service by NHS England.

During the seasonal flu vaccine period in 2020/21, the percentage uptake amongst at risk groups recommended to receive the flu vaccine was lower in St Helens (51.5%) than the England average (53.0%) and the North West average (53.1%).

In 2021, there are 33 pharmacies providing the NHS seasonal flu vaccination service and four that will be providing the service 'soon'. This service is available to patients aged 18 to 64 years old in clinical at-risk groups, those aged 65 and over and pregnant women. Pharmacies are commissioned to opportunistically identify and offer flu vaccination to those patients in at risk groups that may not be routinely attending their GP practice for vaccination. According to the pharmacy survey, there are 27 pharmacies that state they provide the flu vaccination for those not eligible for the NHS vaccination and seven that are commissioned by a private organisation. Two pharmacies are not willing to provide this service, with two stating they are willing and able.

Figure 62. Location of flu vaccine commissioned pharmacies and GPs, 2021/22



Source: Pharmacy Consultation Questionnaire, 2021

9.5.9. Other services

9.4.9.1. Appliance Use Review (AUR)

An Appliance Use Review was introduced in April 2010. This service is similar to that above where it relates to patients prescribed appliances such as leg bags, catheters and stoma products. Seven of the 38 pharmacies in St Helens that responded to the survey answered that they provide this service.

9.4.9.2. Stoma Appliance Customisation (SAC) service

Stoma appliance customisation was the third advanced service introduced in April 2010. This service involves the customisation of stoma appliances, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve how long they are used for, thereby reducing waste and unnecessary patient discomfort. Locally, six of the 45 pharmacies answering the survey provide this service.

9.4.9.3. Monitored Dosage System (MDS) Service

Monitored Dosage Systems (MDS) are storage devices for medication which reduce administration difficulties for individuals who require additional support. The MDS is often referred to as a 'blister pack', and has the potential to address complications with medication regimes and increase medicine adherence in patients who require assistance due to, but not exclusive to, confusion, forgetfulness, sight impairment etc.

While there is no conclusive evidence to support the benefits of MDS in enhancing patients' consistency with medicine dosage and consequent outcomes, the system is in place to support patients who are covered by the 2010 Equality Act (formerly the Disability Discrimination Act (DDA)).

Although initially proposed as an essential service in the new pharmacy contract, MDS was not allocated onto the new contract regulations, yet pharmacy contractors still have a responsibility under the Equality Act guidelines to deliver the service appropriately.

Under the Equality Act, 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 disadvantage when compared to persons with no disabilities in accessing services that are provided by the pharmacy. The Equality Act requires that a reasonable adjustment is made to help a disabled person overcome the obstacles to using the service. Pharmacies assess patients with a disability to determine what, if any adjustment needs to be made to help them manage their own medication. This may or may not include provision of MDS.

9.5.10. Commissioning

Apart from the requirements of the Equality Act to support disabled patients to manage their own medication, there is no requirement in the community pharmacy contract to provide MDS. Requests are often made by:

- Patients who don’t qualify under the Equality Act
- Care homes
- Care agencies where staff administer medicines

Pharmacies may or may not provide this service and may charge for doing so.

9.5.11. Local provision

Across St Helens, 29 pharmacies stated that they provide MDS free of charge whilst 12 provide the service with a charge.

Conclusions

- Care at the Chemist - In St Helens, all pharmacists provide the minor ailment scheme.
- Flu vaccination - 32 pharmacies provide flu vaccinations for eligible people, whilst 22 state they provide flu vaccinations for those not eligible.
- Application Use Review and STOMA Customisation - Six local pharmacies answered that they provide AURs and seven provide STOMA Appliance Customisation.
- Monitored Dosage System - All of the pharmacies who responded to the survey stated that they provide MDS, 41 free of charge and four with a charge applied.
- There is a good provision of care from pharmacies across the borough.
- Medicines Use Review - In St Helens, 44 out of 45 pharmacies responding to the survey provide this service locally.
- As part of the development of pharmacy contracts in the future, we will continue to work to ensure that all pharmacists offer medicines reviews and flu vaccinations.

9.6. Palliative care

9.6.1. Level of need

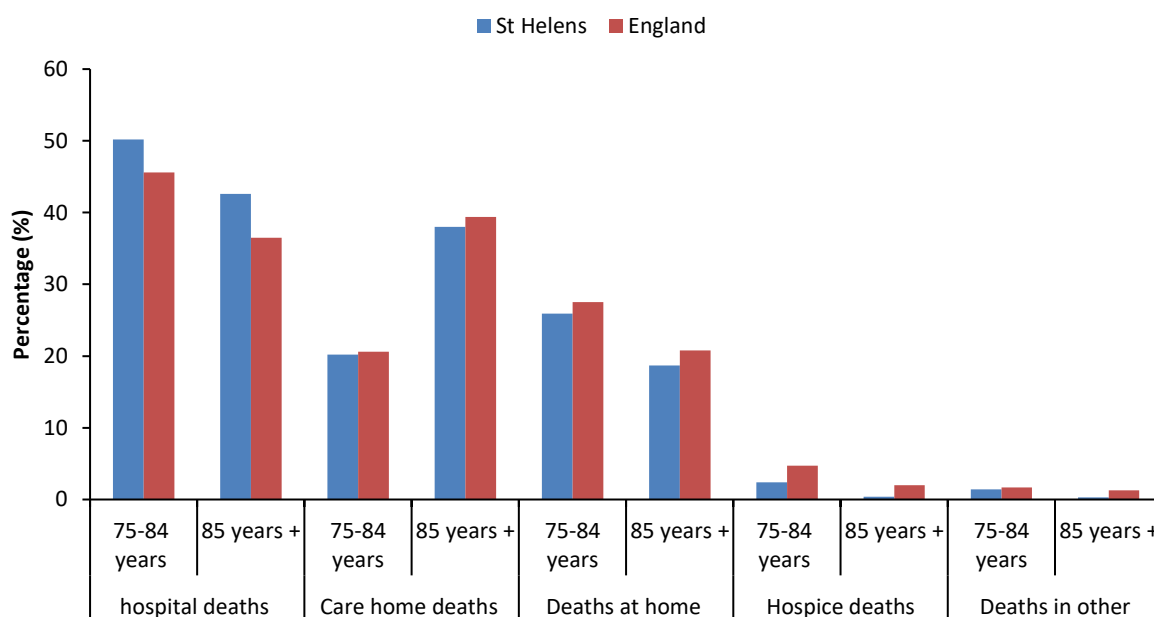
The Department of Health's *End of Life Care Strategy*⁸⁵ states that patients should have access to:

- Rapid specialist advice and clinical assessment through 24/7 telephone helplines and rapid access to home care
- 9-5 access to specialist nurses – 7 days a week including bank holidays
- High quality care in the last days of life
- Coordinated care and support, ensuring that patients' needs are met- in hospices and care homes with palliative care beds

Coordinated care will be delivered through multi-agency training and the 'gold standards framework'. Pharmacists play a vital role for patients who have stipulated their preferred priorities of care and wish to die at home

Most research into people's preference for place of death has been undertaken with cancer patients. This has found that 50-70% would like to die at home⁸⁶ yet the percentage of those doing so has been decreasing⁸⁷. Deprivation, availability of appropriate home care and whether the individual is living with relatives or alone are all factors in determining the likelihood of a home death^{88 89}.

Figure 63. Place of death, amongst 75-84 and 85+ year olds, 2020



Source: End of Life Care Profile, PHE 2020

NHS St Helens CCG registered patients aged 75-84 and 85+ are most likely to die in hospital, with a similar proportion to the England average. The impact of the COVID-19 pandemic on people in care homes has been substantial, and nationally 24% of all deaths involving COVID-19 between 21st March 2020 and 26th February 2021 occurred in care homes (Public Health England, 2021).

9.6.2. Evidence of effective interventions in the community pharmacy setting

Palliative care is designed to provide pain relief and improve the quality of life of patients with life-threatening illness. The number of patients with chronic, slowly debilitating conditions has risen. This means that even where patients die in a hospital or other care institution, many will live in their own homes with the need to manage the condition for some time before this happens. NICE guidance on palliative care shows that, amongst other things, there was inadequate access to pharmacy services outside normal working hours,^[90] so local schemes should seek to address this issue. Pharmacists are a vital part of the multidisciplinary team supporting an individual and their family during this time, ensuring that medications are assessed, and the effectiveness of medications is reviewed and needs change.^[91] As timely access to medicines is vital, especially as the preferred place of care is the home environment, stock control can hinder effective provision. Knowing the level of need locally is an important part of this.^[92] Details about key patient groups such as those with end-stage cancer can be poor with opportunities to embed community pharmacists into palliative care teams missed.^[93] Community pharmacists are generally positive about providing services and support for palliative care patients. They may not have a full understanding of it however, as they need training and support to facilitate their involvement.^[94]

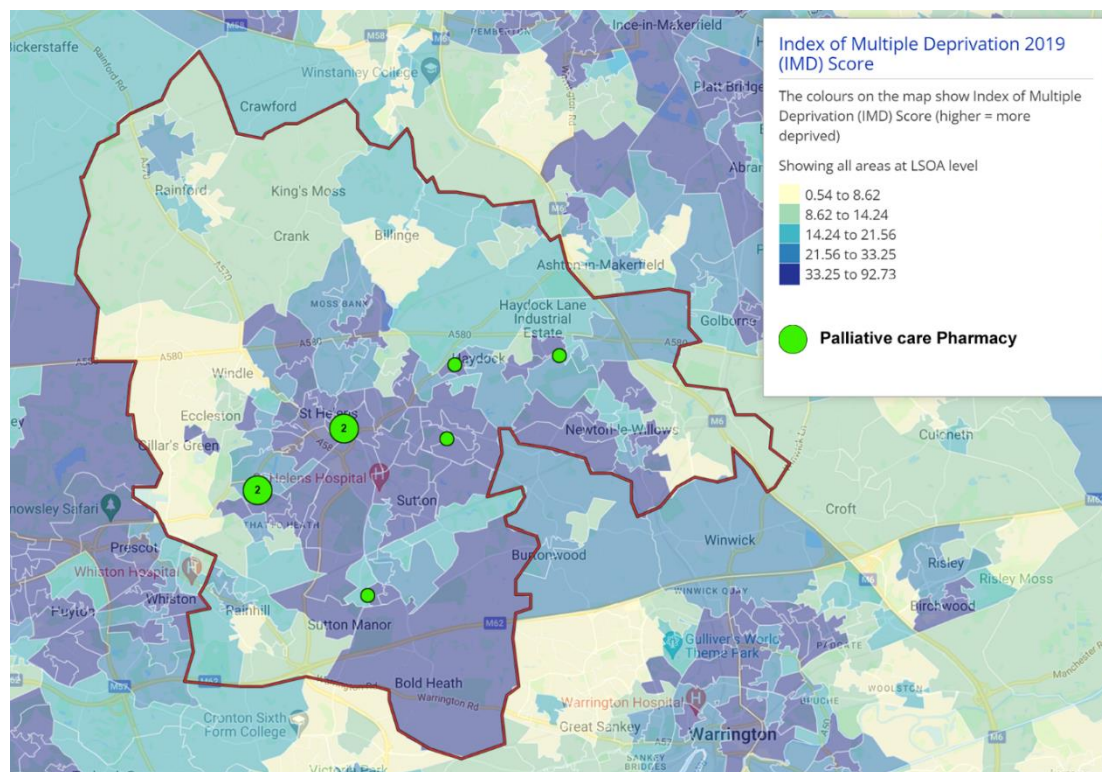
9.6.3. Local provision

There are currently eight pharmacies (two of which are 100 hour) maintaining an agreed stock of palliative care drugs as part of a locally commissioned service. The aim of the service is to improve access to palliative care medicines for people when they are required. The pharmacies were historically selected based on opening hours and geographical spread. Some 100 hour pharmacies would be expected to deliver this service to provide considerable enhanced access, as requests for palliative care medicines may be both urgent and unpredictable.

Pharmacies that provide the service maintain a stock of a locally agreed range of palliative care medicines. They commit to ensuring continuity of supply so that users of this service have prompt access to these medicines during the opening hours of the pharmacy. Pharmacists are able to support users, carers and clinicians by providing information and advice.

To help ensure patients' care is joined-up and to improve accessibility, a list of participating pharmacies and the pharmacy palliative care drug formulary is shared with providers of out of hours care, walk-in-centres, specialist palliative care nurses and district nursing teams.

Figure 64. Location of palliative care pharmacies and deprivation quintile



Source: Ministry of Housing Communities and Local Government (MHCLG)
(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>)

Conclusion

There is generally adequate provision of pharmacy palliative care services throughout the borough.

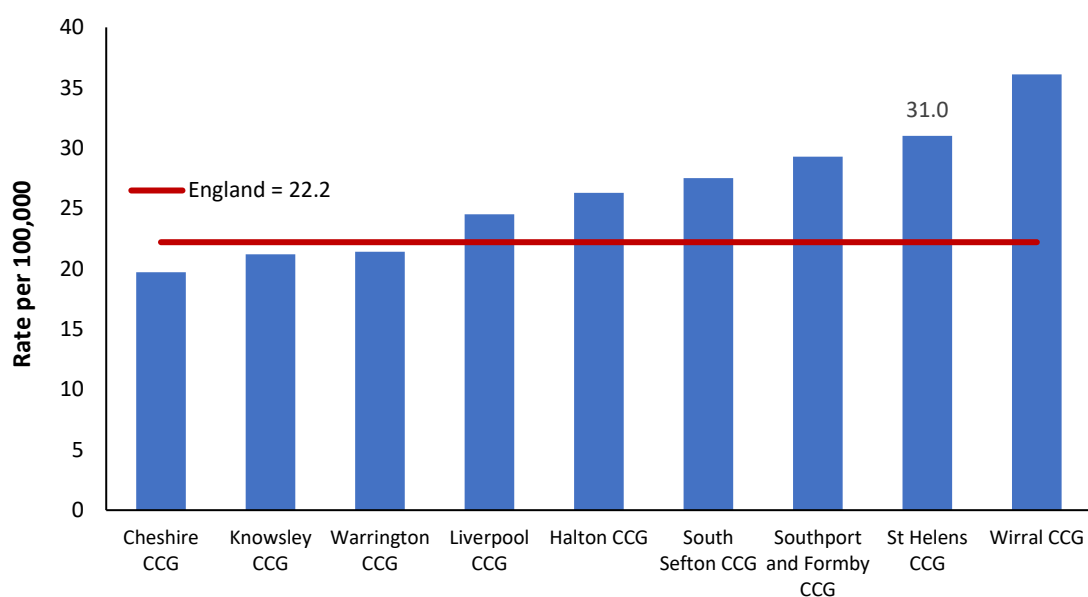
9.7. Antimicrobial resistance (AMR)

9.7.1. Level of need

Across the world, levels of antimicrobial resistance are increasing and are of great concern to health professionals. Naturally, viruses, bacteria and fungi are developing a resistance to medicine. Of particular concern is the multi-drug resistance bacteria which are spreading rapidly, and if hard to treat infections continue to grow, then it will be increasingly difficult to control infections in healthcare settings and everyday infections may become untreatable.⁹⁵ Additionally, antibiotic development is at an all-time low. Inappropriate use of antibiotics has fueled AMR hence conservation of existing antibiotics and AMR awareness raising are at the forefront of the national strategy.

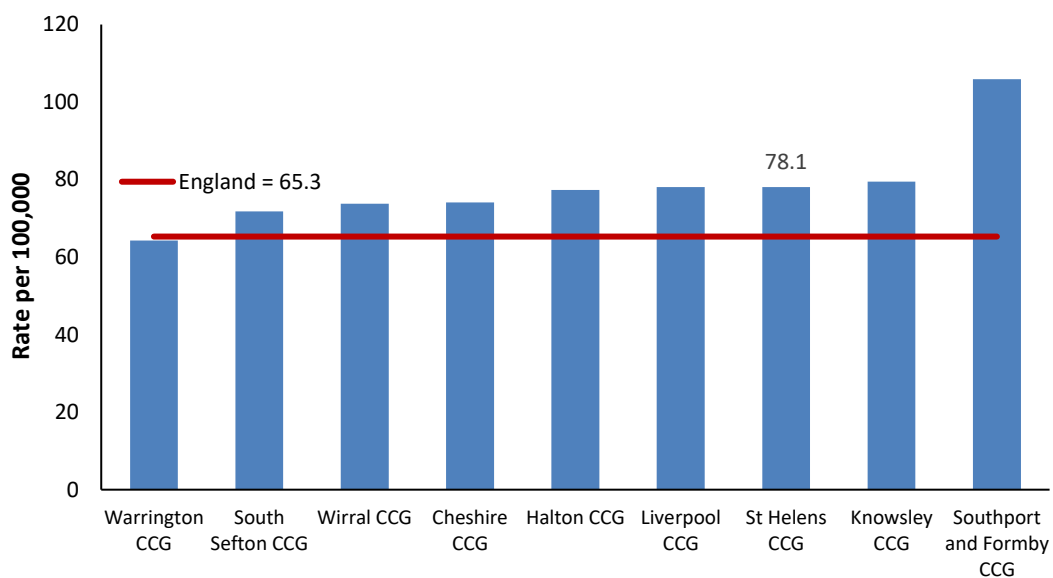
Locally, St Helens and Merseyside have some of the highest prescribing rates of antibiotics in the country, as well as a high rate of healthcare acquired infections.

Figure 65. All C. difficile rates by CCG – 2020/21



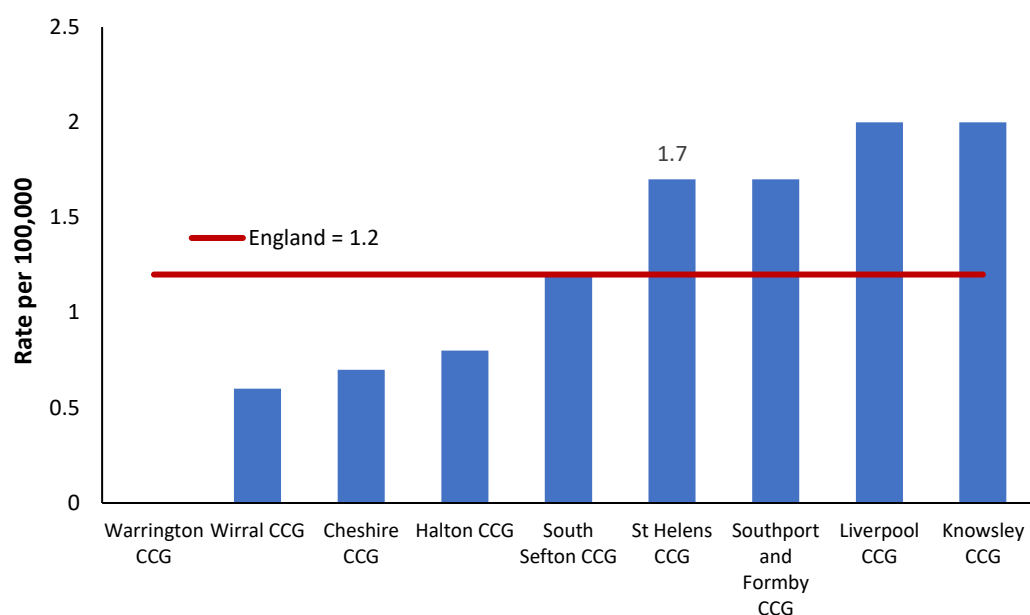
Source: Office for National Statistics

Figure 66. All E. coli bacteremia rates by CCG – 2020/21



Source: Office for National Statistics

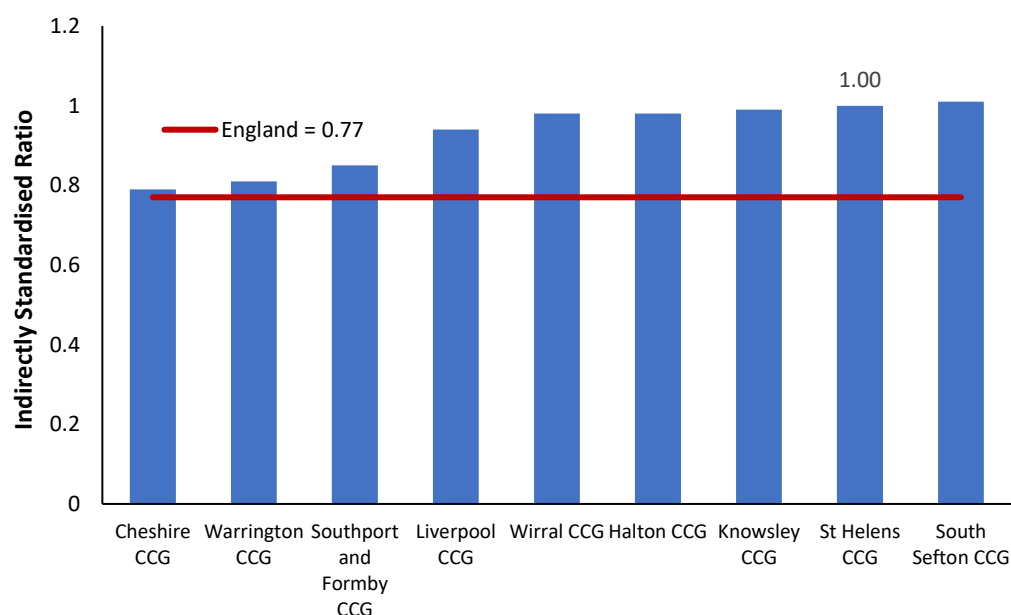
Figure 67. All MRSA bacteremia rates by CCG 2020/21



Source: Office for National Statistics

St Helens has the second highest rate of C. Difficile in Cheshire and Merseyside (figure 65), the third highest rate of E.coli (figure 66) and fourth highest rate of MRSA (figure 67) infections in Cheshire and Merseyside. All three infection rates are above the national averages. The total number of prescribed antibiotic items per 1,000 residents in St Helens in Q4 2021 was 197.6 per 1,000, and this is higher than the national and regional rates of 148.7 and 172.1 per 1,000 respectively. St Helens has the third highest rate nationally (*Source: NHS Digital, Fingertips*).

Figure 68. Antibiotic prescribing (12-month rolling year, December 2021 indirectly standardised ratio per STAR-PU)



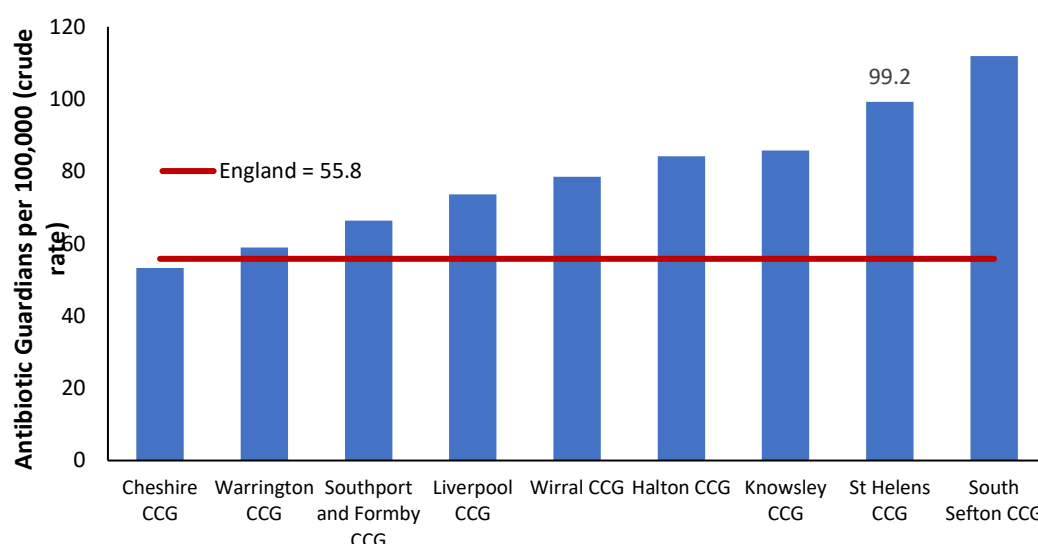
Source: NHS Digital, Fingertips

UKHSA (UK Health Security Agency) has asked the public, health professionals and students to become antibiotic guardians as a means to tackle the growing problem. Some pledges that members of the public can choose in becoming antibiotic guardians include:

- If the NHS offers me a flu vaccination, I pledge to accept
- If I'm prescribed antibiotics, I will take them exactly as prescribed and never share them with others
- When I think my child has a likely respiratory infection, I pledge to talk to my pharmacist about how to treat my child's symptoms first rather than going to the GP
- I will wash my hands after sneezing or coughing to reduce the transmission of infection⁹⁶

In St Helens, there is a higher rate of antibiotic guardians than in the majority of boroughs within Cheshire and Merseyside, and more than the England average (Figure 69).

Figure 69. Antibiotic guardians per 100,000 population per calendar year by CCGs, 2020/21



Source: www.antibioticguardian.com, Fingertips

9.7.2. Evidence of effective interventions in the community pharmacy setting

Cheshire and Merseyside has one of the highest rates of healthcare acquired infection and combined general practice and hospital antibiotic consumption in England. National^[97] and local^[98] strategies to reduce antimicrobial resistance take two main approaches:

1. The need to reduce antibiotic use
2. The need to increase antimicrobial stewardship^[v]

The national strategy also seeks to stimulate the development of new antibiotics, diagnostics and novel therapies.

v. NICE guidance NG15 (2015) defines this as 'an organisational or healthcare -systemwide- approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'.
<https://www.nice.org.uk/guidance/ng15>

The first point requires action to change prescribing habits and public education. This will reduce public expectations about receiving antibiotics when it is not appropriate. Antibiotic stewardship needs concerted effort and support at a national level and from infection specialist staff. This will enable local areas to utilise healthcare staff including community pharmacists.^[99] Such joint efforts, including active involvement of the public, have been shown to work.^[100] Public knowledge and attitudes are key.^{[101][102]} There is a relationship between income and education levels and awareness of inappropriate antibiotic use,^[103] including their use for viral infections, hoarding and sharing. Regular campaigns are the cornerstone in efforts to educate the public including the use of social media. An understanding of health literacy needs to play an increasing role.^[104] Consistent messages in all key healthcare settings are needed, especially during peak prescribing periods.^[105]

Studies have shown that community pharmacists can have an educational role^[106] providing information on correct usage and addressing barriers to adherence.^[107] However, barriers to them doing this need to be better understood and addressed^{[108][109]}, including barriers to inter-professional collaboration.

9.7.3. Local provision

Community pharmacies have an important role in reducing AMR by providing self-care advice, appropriate referrals, guidance on appropriate use of antibiotics and awareness raising of AMR. St Helens is part of a pilot campaign in the North West, 'Keep Antibiotics Working', which aims to raise public awareness of AMR, reduce inappropriate use of antibiotics and support healthcare professionals provide alternatives to antibiotics. This campaign was successful and is set to continue in 2017/2018.

Conclusion

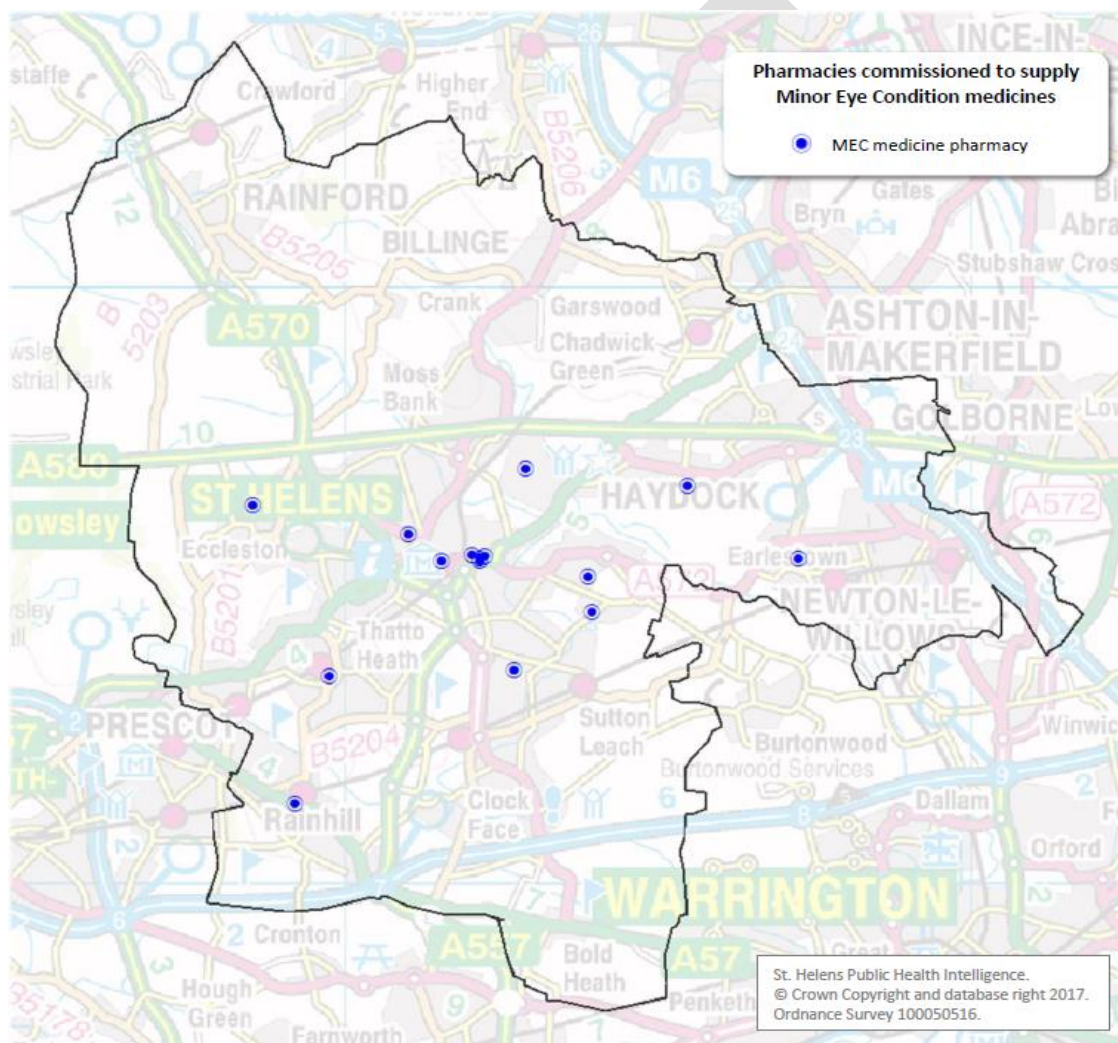
Pharmacies have a role to play in increasing public awareness of AMR and providing information on how the public can help reduce antibiotic use.

9.8. Minor eye conditions

The minor eye condition (MEC) medicines supply service is a CCG commissioned service designed to improve access and choice for patients. The service allows optometrists to refer patients to obtain supply of eye medications directly from a community pharmacy who provide this service. This allows the supply of appropriate medicines at NHS expense. The pharmacy will dispense medication directly to a patient who presents with a signed order on the agreed form written by a registered optometrist. This service is designed to improve access and choice for people with minor eye conditions who are seeking advice and treatment. The MEC service is designed to improve health inequalities for low-income families by providing equal access to medicines for self-care of minor eye conditions.

9.8.1. Local service

Locally, 15 pharmacies provide the MEC services.



Conclusion

There is some provision of the minor eye conditions service, the development of pharmacy services should consider the expansion of these.

10. Key health areas not currently provided

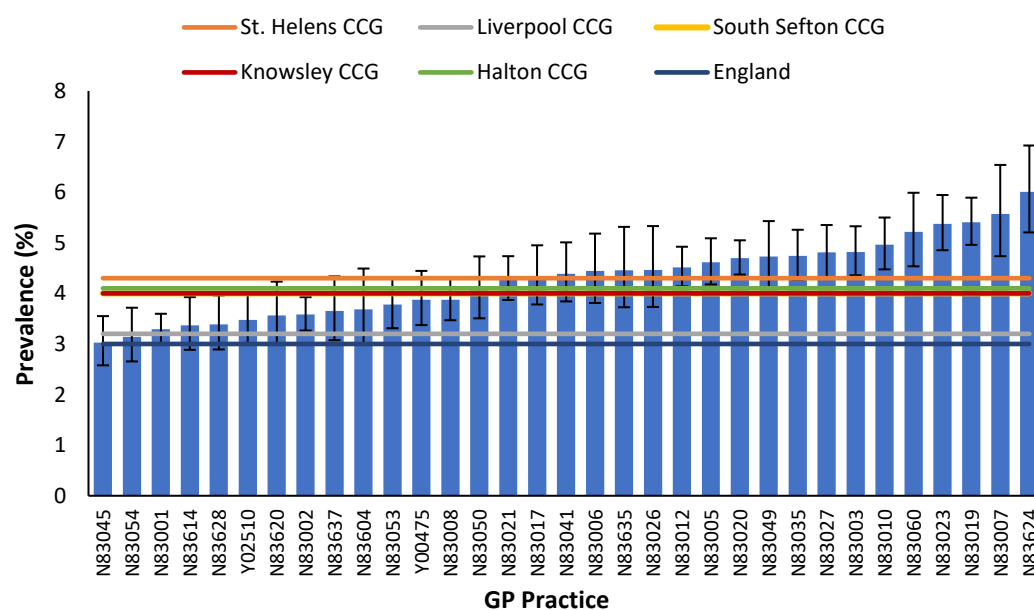
10.1. Early detection and effective management of long term conditions

Long term conditions are classified as conditions which a person may have for a long time and unless well managed, could have a serious impact on the health and quality of life of the individual. These conditions require self-management and pharmacies already support this management through medicines use reviews, new medicines service and influenza vaccination for those 'at risk' aged 18-64. However, due to the burden of long term conditions locally, it is useful to examine the need and whether there is more that can be commissioned locally to support this area.

10.1.1. Level of need

Section 9.4 describes conditions that are more likely to be reported to hospital either via an emergency or a planned admission. Many of these conditions are major long term conditions such as asthma, heart disease and cancers. In relation to early detection and effective management of long term conditions, there are still areas where we can improve within St Helens. Generally, identification of heart disease in St Helens (4.3%) is higher than our neighbours (Figure 70) but there is wide variation in prevalence by general practice (ranges from 6.0% to 3.0%). In 2020/21, there were 8,525 people diagnosed with coronary heart disease (CHD) in the borough, although the total number of those affected by CHD is likely to be higher.

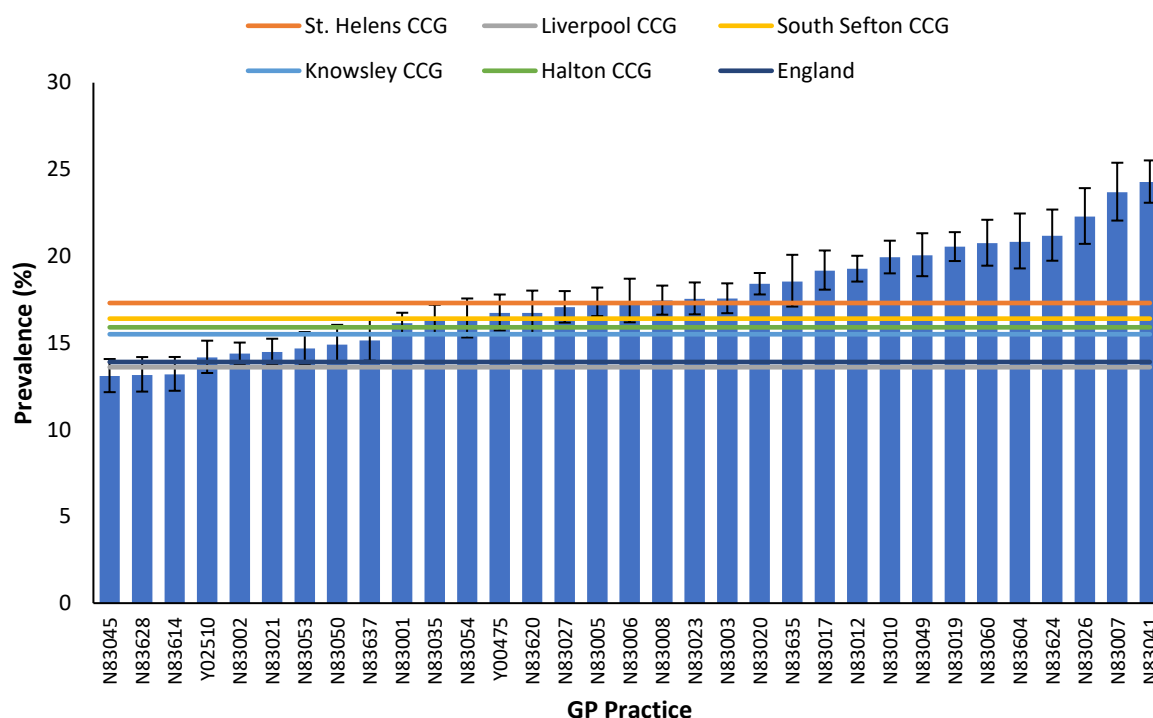
Figure 70. Percentage of GP patients with coronary heart disease, QOF 2020/21, all ages



Source: QOF data, Fingertips

Hypertension (high blood pressure) is a significant risk factor for cardiovascular disease. In 2020/21, the percentage of the St Helens GP population with recognised hypertension was 17.3% ($n=34,589$), this is statistically significantly higher compared to England (13.9%). The prevalence in St Helens ranges from 13.1% in Newton Medical Centre to 24.3% in Rainford Health Centre.

Figure 71. Percentage of GP patients with established hypertension, QOF 2020/21



Source: QOF data, Fingertips

10.1.2. Evidence of effective interventions

Research studies on the community pharmacy role in reducing the risk and improving outcomes for patients with cardiovascular disease (CVD) are one of the areas where evidence of effectiveness is strongest.

10.1.2.1. Hypertension (high blood pressure)

Community pharmacy-based initiatives are particularly effective in reducing systolic blood pressure.^{[110][111][112]} High blood pressure is a major risk factor for cardiovascular disease and stroke. Yet data has shown a high percentage of undiagnosed high blood pressure in the population. Community pharmacies can play an effective and cost-effective role in both opportunistic screening^{[113][114]} and management of high blood pressure.^{[115][116][117][118][119][120][121]} This is especially effective when done as part of a wider multidisciplinary team collaborative.^{[122][123]} Such collaborative models have been recognised as of value by both the Royal College of General Practitioners and Royal Pharmaceutical Society.^[124] This is the case for both uncontrolled high blood pressure^[125] and when it is already well controlled.^[126] Initiatives are most cost effective when managing high risk patients.^[127] There is also a high degree of patient satisfaction with community pharmacist-led high blood pressure management programmes.^{[128][129][130]} This is especially so amongst those with long term conditions, where a long term relationship underpins high levels of engagement.^[131] There are opportunities to expand this role beyond medicines advice and adherence to the inclusion of dietary advice. This should focus on preventing or treating high blood pressure through reducing sodium (salt) intake, as part of a comprehensive approach to improving outcomes. Support and training is needed to do this.^[132]

10.1.2.2. Managing long term conditions

In addition to screening and management of high blood pressure, community pharmacy is an effective setting for risk assessment and management of cholesterol and management of people at risk of cardiovascular disease.^[133] They are less effective for more complex, multi-component interventions aimed at addressing medicines management and lifestyles as part of one programme.^{[134][135]} Even when successful, such complex interventions may not be cost-effective.^[136] NICE produced public health guidance on proactive case finding to reduce health inequalities in deaths from cardiovascular disease and smoking-related deaths.^[137] It included a recommendation to provide services in places that are easily accessible to people who are disadvantaged (such as community pharmacies and shopping centres) and at times to suit them. However, an evaluation of the North Tees health checks programme, pharmacy element, was carried out in 2010/11.^[138] Conducted by interviewing staff from community pharmacy, staff members from the commissioning primary care trusts and with local pharmaceutical committee members, it found a number of challenges presented covering four categories:

- (1) Establishing and maintaining pharmacy healthy heart checks
- (2) Overcoming IT barriers
- (3) Developing confident, competent staff
- (4) Ensuring volume and through flow in pharmacy

It thus concluded that delivering NHS Health Checks through community pharmacies can be a complex process, requiring meticulous planning, and may incur higher than expected costs. Given these barriers, the local implementation of the NHS Health Checks programme should continue to be run through GP practices until such barriers can be overcome. However, it is clear from the evidence that community pharmacies can play a role in supporting people with long term conditions.

Community pharmacy-based interventions can be effective in the management of those with type 2 diabetes, and the pharmacist can be an important member of the multidisciplinary team managing patients with diabetes.^{[139][140]} Research has shown interventions can reduce HbA1c levels (average blood glucose (sugar) levels for the last two to three months),^{[141][142][143][144][145]} improve glycaemic control,^{[146][147][148]} bring about improvements in CVD risk in patients with diabetes^[149] and general adherence to clinical guidelines through patient education and medicines assessments.^[150] They can be effective in targeting those at high risk, providing them with point-of-care blood glucose testing and referral being more effective and cost effective than targeting and referral alone. This can reduce emergency hospital admissions. Type 2 diabetes and other CVD screening is effective in diagnosing new cases and bringing about positive therapy changes,^{[151][152]} and simple tools can be developed to do this.^[153]

Long term condition management initiatives run in the community pharmacy setting do not have to be pharmacist-led to be effective. A peer health educator programme in which GPs referred older patients with hypertension to a community-pharmacy based volunteer health programme was well received by patients and GPs.^[154]

10.1.3. Local provision

Most of the services to support the management of long term conditions are already commissioned through the medicines use review service; however the NHS Health Checks programme is not currently commissioned through local pharmacies. The cost of developing this service would need to be reviewed separately against the current uptake within the service. Many pharmacies however do

provide testing for blood pressure, cholesterol, diabetes testing and asthma management but these are services that the public pay for and are not free at the point of delivery.

Conclusion

Pharmaceutical services may be suitable to provide blood pressure checks; however, evidence suggests it is not cost-effective for pharmacies to carry out health checks.

10.2. Early detection of long term conditions (cancers)

10.2.1. Level of need

Whilst the evidence indicates that substantial reduction in deaths from cancers can be achieved by healthy lifestyles, interventions to bring about this change are long term. In the short term, the most likely way to improve survival times and reduce deaths from cancer is to get people who have symptoms to come forward for treatment faster. Table 10 shows that in St Helens, the 3 year rate of under 75 cancer mortality has decreased year on year since 2014-16. The 2017-19 rate in St Helens (138.2 per 100,000) is below the North West average (142.4 per 100,000) but is higher (not at a statistically significant level) than the England average (129.2 per 100,000).

Table 10. Under 75 mortality rate from cancer per 100,000 (persons)

Period	St Helens	North West	England
2008-10	168.3	167.8	150.6
2009-11	159.0	165.0	148.5
2010-12	152.0	162.5	146.5
2011-13	151.6	159.8	144.4
2012-14	160.2	156.5	141.5
2013-15	163.5	153.9	138.8
2014-16	165.5	151.4	136.8
2015-17	153.2	148.5	134.6
2016-18	143.1	145.6	132.3
2017-19	138.2	142.4	129.2

Source: Public Health Profiles, Fingertips

10.2.2. Evidence of effective interventions in the community pharmacy setting

The community pharmacy is an ideal place for the public to obtain information on cancer. Pharmacy-based information, such as touch screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling clients. However, the effect of this advice on the behaviour of clients is currently unknown.^[155] This could be rolled out to include awareness campaigns about skin and bowel cancer and screening. Feedback from health improvement campaigns shows the community pharmacy is an acceptable location for cancer prevention campaigns^[156] and discussions about prevention and early detection of cancer.^[157] For those with established cancers, pharmacies can play an important role in identifying common drug-

related problems via medication therapy management (MTM) services.^[158] Oral anticancer medications offer patients advantages over traditional intravenous anticancer therapy. However, patients and their caregivers must be well educated in how to use them to reduce risk and achieve the best possible outcomes. Whilst oncology teams play the central role in this, community pharmacists can make an important contribution. This can include an understanding of patient and system barriers with these medications, proper administration and adherence, drug and food interactions, safe handling and disposal.^[159] However, this is not without its challenges and issues such as safe infrastructure with education and training needed.^[160]

10.2.3. Local provision

The 'Get Checked' programme is an 'early detection of cancer' initiative that combines social marketing with clinical staff training. Social marketing is used to encourage people with symptoms to seek medical advice. Their campaigns use a wide range of outlets and vehicles to spread the key messages. Pharmacies should be included in this. However, it would not be appropriate for pharmacies to offer cancer screening. Both the breast and cervical screening require specialist equipment and staff. The bowel screening programme is based on home testing that is posted direct to laboratories. It would be appropriate to include cancer screening and/or sun awareness as one of the six health education campaigns pharmacies should support each year.

Conclusion

Community pharmacies have a role to play in the cancer agenda linked with their tobacco control services, but could also play a greater role in public health campaigns such as cancer screening and sun awareness campaigns. These should be agreed annually and could contribute to the six public health campaigns pharmacies are commissioned to undertake each year.

10.3. Mental health

10.3.1. Level of need

Mental health is a significant challenge in St Helens; the latest North West Mental Wellbeing Survey 2012/13 shows that the mean wellbeing (WEMWBS) score for St Helens was 26.4, which was significantly lower than the average for the North West (27.7).^{vi} Many of our wider determinants of health such as deprivation and unemployment are significantly worse than the England rate and these factors impact on the capacity for good mental wellbeing.

The most recent GP patient survey reveals that 14.7% of people in NHS St Helens CCG reported a long term mental health problem, and this is statistically significantly higher than the England rate of 11.0%.

St Helens has high levels of deprivation, and it is estimated that 64,000 people live in one of the 20% most deprived areas in the country. Financial related issues are a significant risk factor for people with poor mental wellbeing and are a common risk factor for those who complete suicide. Alongside

^{vi} Northwest Mental Wellbeing Survey 2012/13, Jones et al, 2013.
<https://unionsafety.eu/ELibrary/media/elibrarymedia/NWMentalHealthSurvey2013.pdf>

deprivation, unemployment is an indicator of financial capacity. In St Helens, 3.9 per 1,000 of the working age population (2019/20) were long term unemployed i.e. more than a year; this is compared to 3.2 per 1,000 nationally; being out of work for significant periods of time has an impact both financially and with that person's self-worth.

People who are carers have a significant burden in relation to their caring responsibilities and their financial resources; the borough has a high number of carers dedicating more than 50 hours to look after someone else. Some may have had to give up work or there have been other significant changes to the household finances, the physical, financial and loss of social activity can put a significant health strain on carers.

Research tells us that people with long term health problems are more likely to suffer from poor mental health. In NHS St Helens CCG, 25.4% of people report having a long term musculoskeletal problem (significantly higher than the national rate of 17.0%).

The North West Mental Wellbeing Survey 2012/13 showed that in St Helens, low educational attainment was associated with a poorer wellbeing score. With lower than average educational attainment for adults, this is likely to increase the proportion of people with lower mental wellbeing. In the Census 2011, 3.7% of the St Helens population had lower educational attainment levels compared with 2.8% regionally and 2.4% nationally (Census 2011).

10.3.1.1. Common mental illnesses

The most common mental health conditions include mild to moderate depression, anxiety, phobias and panic disorders. Common mental health problems can also be severe and enduring, and the impact that they have on individuals and their families can be substantial.

The prevalence of common mental health problems has been estimated by the Mental Health Dementia and Neurology Intelligence Network. The data in Table 11 estimates the size of the problem in St Helens and will help when planning service configuration. The percentage of people aged 16+ in St Helens estimated to have a common mental health disorder is statistically significantly higher than the England average.

Table 11. Estimated number of people with common mental health disorder in the 16+ age group, 2017

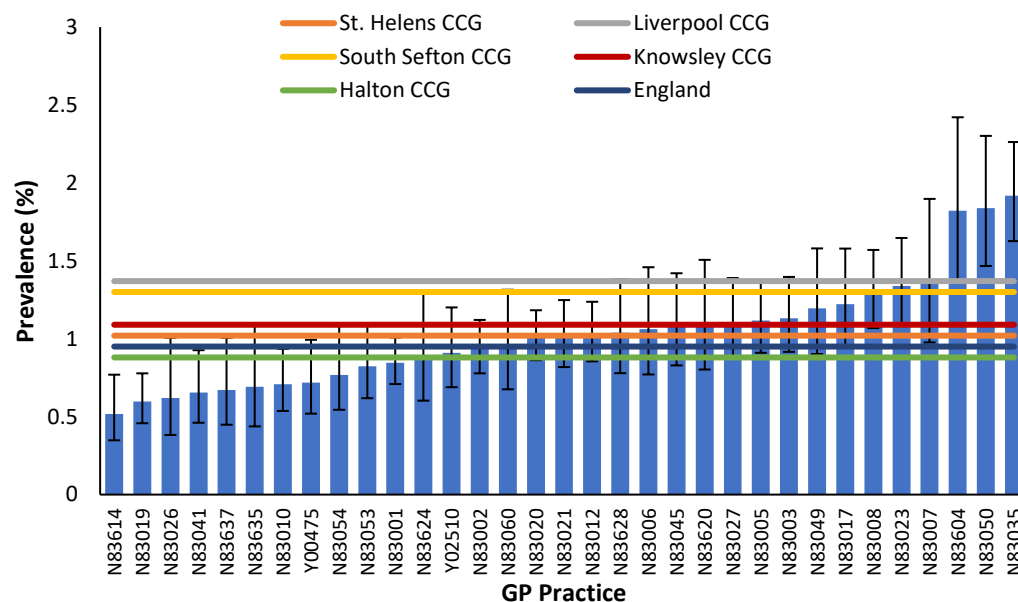
Area	Number	Percentage
NHS St Helens CCG	27,000	18.4%
England	7,609,582	16.9%

Source: Mental Health Dementia and Neurology PHOF, Fingertips

QOF (Quality and Outcomes Framework) data for 2020/21 reveals that there are 2,032 patients on the QOF mental health register, and this gives a prevalence of 1.02%, higher than the national prevalence of 0.95%. Within St Helens, the prevalence ranges from 1.92% in The Spinney Medical Centre to 0.52% in Eccleston Medical Practice, as illustrated in Figure 72. Based on these statistics, St Helens has the third highest level of schizophrenia, bipolar affective disorder and other psychoses amongst its neighbours.

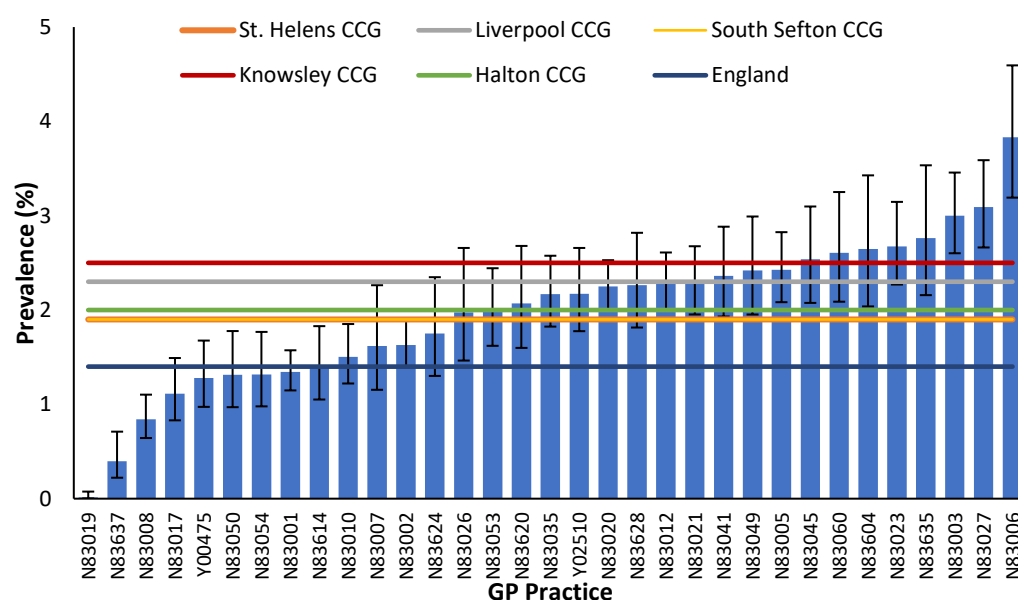
Furthermore, Figure 73 shows the high levels of newly diagnosed depression amongst 18+ year olds in general practice in St Helens. The 2020/21 QOF register reveals there were 3,095 patients newly diagnosed with depression in St Helens, a prevalence of 1.9% which is statistically significantly higher than the England prevalence of 1.4%. Within St Helens, the prevalence ranges from 3.8% in Phoenix Medical Centre to 0% in Billinge.

Figure 72. Percentage of GP patients with schizophrenia, bipolar affective disorder and other psychoses, QOF 2020/21, all ages



Source: QOF Data, Fingertips

Figure 73. Percentage of GP patients 18+ with depression, QOF 2020/21



Source: QOF data, Fingertips

10.3.2. Evidence of effective interventions in the community pharmacy setting

No relevant studies on the early detection of depression were found in the literature review undertaken. A report by the Department of Health on the public health role of pharmacists, acknowledges this lack of an evidence base, suggesting that it is not beyond the scope of community pharmacists to have a role in mild to moderate mental ill health. For example, customers purchasing products to reduce stress and anxiety, such as sleeping products, could be offered support and advice from appropriately training pharmacists such as signposting or referral to local services.^[161] This role in detecting the early signs and symptoms of mental health problems, and providing information on how to deal with them, is supported by a joint pharmacy report in which they conclude that there is a potential role for pharmacy staff to offer support and advice in relation to mental health issues.^[162] Studies have also shown that the community pharmacist can make valuable contributions to community mental health teams (CMHTs).^{[163][164][165]}

The stigma of mental illness can be a barrier to effective medication management in the community pharmacy setting. Self-stigma impeded consumers' community pharmacy engagement. Positive relationships with knowledgeable staff are fundamental to reducing stigma. Stigmatising views can also be held by health professionals resulting in the giving of biased/inaccurate advice and behaviours. Awareness raising training for pharmacy staff can improve communications and reduce negative experiences.^[166] This is not surprising given that mental health literacy - *'knowledge and beliefs about mental disorders which aid in their recognition, management or prevention'* - is poor, especially compared to physical health issues such as long term conditions. Healthcare professionals, including community pharmacists, view education campaigns as important in addressing this.^[167] The focus on products and business required of community pharmacies can inhibit a more patient-centred pharmacy culture, despite undergraduate training programmes espousing this.^[168] Research is scarce on medication support interventions for people with mental health problems, but broader medicines management for long term conditions can inform the development of mental health focused medication support services.^[169]

10.3.3. Local provision

There are no specific services commissioned by community pharmacy which fall within the remit of mental health; however under the core contract, pharmacies are required to deliver six public health campaigns per year. These are coordinated through the Cheshire and Merseyside Public Health Network.

Conclusion

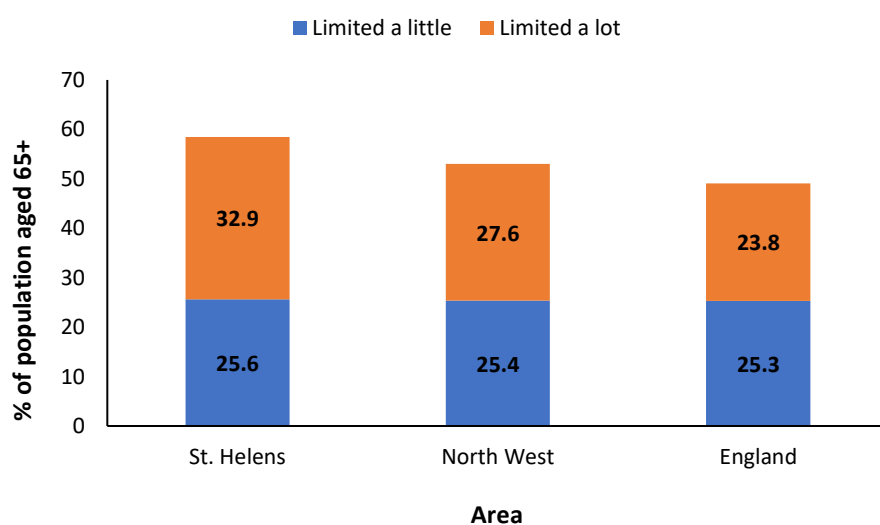
At this time there is a greater emphasis on supporting people with mental health issues, this should be integrated as part of the development of pharmacy services in the future.

10.4. Specific services for older people

10.4.1. Level of need

St Helens has an ageing population (as described in section 5.2.2), with the number of 65-84 year olds forecast to increase significantly over the next 20 years. Currently, the proportion of the population in St Helens over the age of 65 with a limiting long term illness (LTI) is higher than the England rate, illustrating high levels of need for older people.

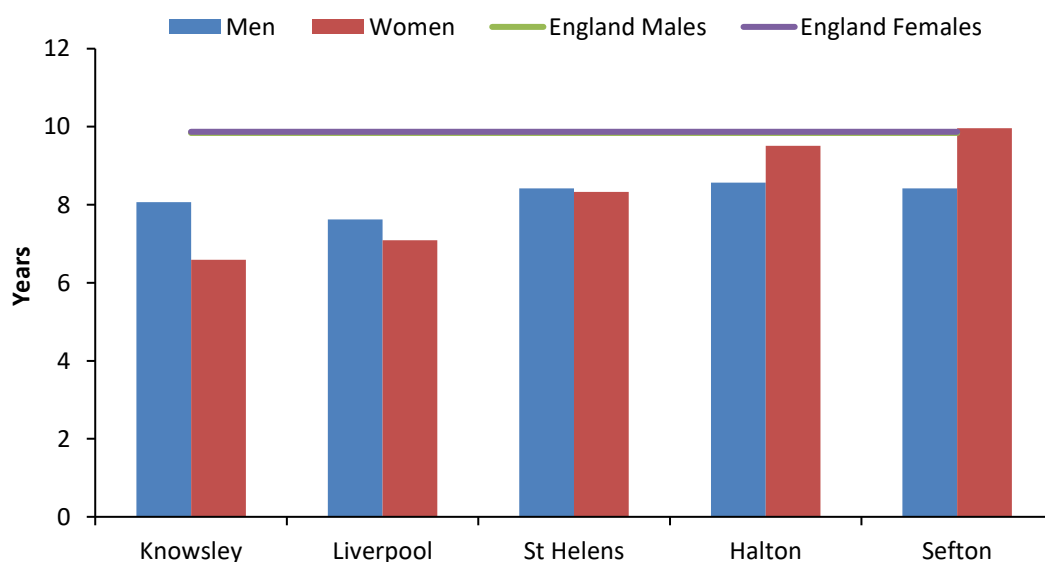
Figure 74. People aged 65 and over with a limiting long term illness



Source: POPPI 2022

St Helens has a lower disability-free life expectancy (DFLE) at age 65 than England for both males and females (Figure 75). Males in St Helens have 8.42 years of disability free life expectancy at age 65 and females in St Helens have 8.33 years of disability free life expectancy at age 65.

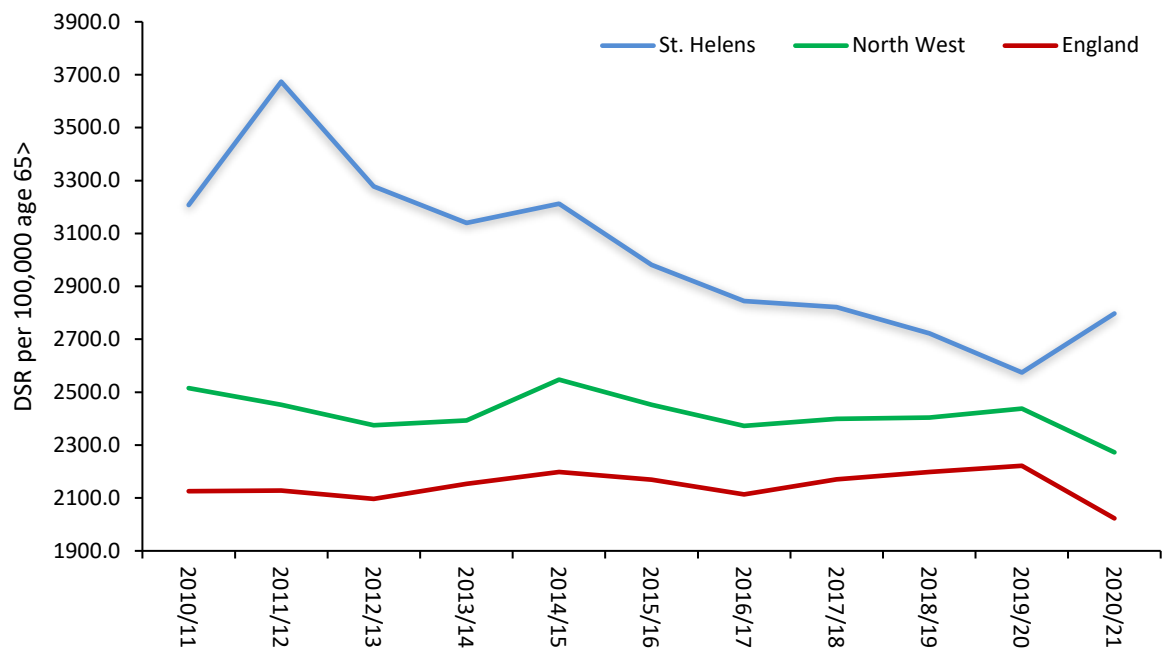
Figure 75. Disability-free life expectancy (DFLE) at age 65, 2018-2020



10.4.1.1. Falls

Falls are the largest cause of emergency hospital admissions for older people. The rate of emergency hospital admissions for falls in St Helens is significantly higher than both the England and North West averages.

Figure 76. Emergency admissions due to falls (directly standardised rate per 100,000 population aged 65+)



Source: Fingertips

10.4.1.2. Excess winter mortality

Excess winter mortality compares the number of deaths that occurred in winter (December to March) with the average number of deaths occurring in the preceding August to November and the following April to July. In 2019/20, 120 additional deaths occurred in St Helens in the winter months than would be expected if the mortality rate was the same as in non-winter months. This means there were almost a fifth more (19.8%) deaths in winter compared to non-winter. The corresponding national excess winter mortality index (EWMI) score was 17.4%. In 2019/20, St Helens therefore performed slightly worse than the national average.

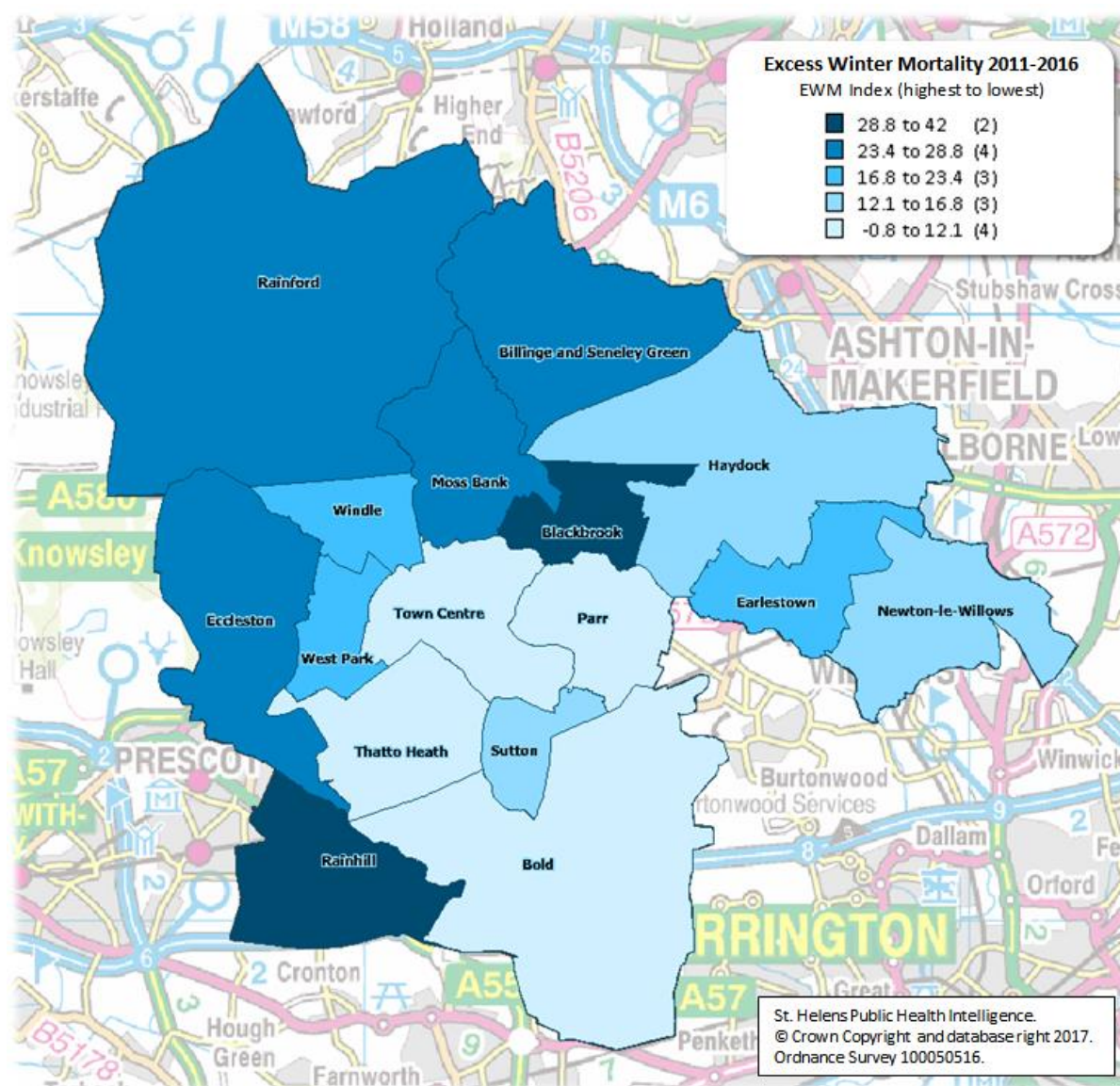
In 2019/20 there were 120 excess winter deaths in St Helens, compared with 100 in 2018/19 (a 20% increase).

Figure 77 shows EWMI scores for St Helens wards for the 5-year period 2011/12– 2015/16. Excess winter mortality index scores were highest in Rainhill (41.9) and Blackbrook (31.7) wards, where over a third more winter deaths occurred than the non-winter mortality rate. Furthermore, these two wards accounted for almost a quarter (23.7%) of excess winter deaths in St Helens over the period but contain only 12% of the borough's population.

Excess winter mortality was also above the St Helens average in Billinge (28.8), Moss Bank (25.2), Eccleston (24.9), Rainford (23.4) and West Park (20.1). By contrast, the excess winter mortality rate was lowest in Bold (-0.8) and also particularly low in Thatto Heath, Parr and Town Centre.

The three wards with the smallest number of excess winter deaths – Bold, Thatto Heath and Parr – accounted for only 7.2% of all excess winter deaths in St Helens but contain 20% of the borough's population.

Figure 77. Excess Winter Deaths Index by St Helens wards 2010/11 – 2015/16



Source: St Helens Public Health Intelligence Team derived from HSCIC Mortality Data

It is estimated that if all older people were immunised against influenza, almost 5,000 additional lives might be saved each year in England. Studies show influenza immunisation amongst older people is cost-effective. Older people, as a vulnerable group, are eligible for NHS flu immunisation, and are included in groups that may be offered the flu vaccine. The national targets are based on World Health Organisation (WHO) targets. For this year, the WHO target for influenza for those aged 65 years and over is 75%. Everyone aged 65 and over should be actively contacted and offered the flu vaccine.¹⁷⁰

A qualitative study by Evans et al 2007¹⁷¹ shows that many older people do not feel vulnerable to influenza and this affects their likelihood of taking up the immunisation. Both refusers and defaulters

overstated adverse effects from influenza vaccine, so this is a potential target for an intervention. Individual prompts, particularly from GPs, seemed to be the most significant motivators to attend for immunisation. However, whilst influential, other research suggests that the messages healthcare workers give need to be sensitive to the reasons for non-uptake and people's views about their health.^[172 173]

Given the rise in fuel poverty, we will need to continue to focus on keeping people well and warm over the winter months. One new initiative that was tried in St Helens was sending out a winter well pack to nearly 5000 clinically vulnerable residents, which included access to a vitamin D voucher.

10.4.2. Evidence of effective interventions in the community pharmacy setting

Qualitative research shows that older people value continuity of personalised pharmaceutical care which enables them to build a trusting relationship over time. There can be a lack of awareness of services already available from community pharmacies. Ongoing disruption in the supply of medicines caused problems for this client group, and the complexity of prescription ordering, collection and delivery systems presented challenges for participants. Good communication from the community pharmacy helped to improve the experience.^[174] Dexterity problems can affect a sizeable proportion of older people. Whilst this is a manufacturing issue, community pharmacy staff are on hand and should check if this is an issue when dispensing.^[175] Assisting patients with dementia (and their carers) in respect of medications is a particular problem. As prevalence of this condition rises, ways of addressing this will become more pressing.^[176]

Community pharmacy-based services assessing older women's risk of osteoporosis were well received and were able to identify women at different levels of risk.^[177] Those that followed women up post intervention found they had made lifestyle changes such as increased calcium in the diet, increased physical activity and relevant medication.^{[178][179][180]}

Medicines reviews for the elderly are both perceived favourably by participants^[181] and can help reduce prescribing costs.^[182] However, it is unclear if such interventions are cost effective as the cost of the interventions was not detailed.

NICE guidance on medicines management in care homes was published in March 2014.^[183] It states that helping residents to help look after and take their medicines themselves is important in enabling residents to retain their independence. Care home staff should assume residents are able to look after and manage their own medicines when they move into a care home, unless indicated otherwise. An individual risk assessment should be undertaken to determine the level of support a resident needs to manage their own medicines.

The guideline considers all aspects of managing medicines in care homes and recommends that all care home providers have a care home medicines policy. The policy should ensure that processes are in place for safe and effective use of medicines in the care home. Sections of the guideline provide recommendations for different aspects of managing medicines covered by the care home medicines policy.

10.4.3. Local provision

Locally the annual seasonal influenza vaccination programme is primarily managed through GP practices and is commissioned through NHS England. The uptake of flu vaccination in older people is generally good and exceeds national targets.

Conclusion

Flu vaccinations are available from pharmacies for all those 'at risk'. There are opportunities to work with community pharmacy on assessing risks of osteoporosis in women. This has been part of the St Helens Falls Strategy, support of which should be continued as part of the development of pharmacy services in the future.

10.5. Obesity

10.5.1. Level of need

Two in three men and one in two women in St Helens are overweight or very overweight (obese). There is a particular problem in St Helens; much higher levels of young adults are overweight than in other Merseyside areas and nationally. People tend to get more overweight over time. Twice as many children in Year 6 are obese than in reception year. Young adults, children and families are a particular priority for action. Small imbalances can have a large impact over time. For example, a weight gain in adults of only 2lbs per year leads to an increase in weight of nearly 3 stone over a 20 year period.

Being very overweight dramatically increases the risk of diabetes, heart disease, mental health problems and joint problems. There are 10,000 people with diabetes in St Helens and 33,000 with high blood pressure. This is likely to increase in the coming years.

Unhealthy weight costs the NHS in St Helens £14 million annually and the St Helens economy an additional £45 million annually through lost productivity. Being overweight reduces life by an average of 3 years and being very overweight reduces life by an average of 8 years.¹⁸⁴

10.5.2. Evidence of effective interventions in the community pharmacy setting

There is little systematic evidence on the use of community pharmacies in the management of obesity. However there are some examples of weight management services in community pharmacies that show promising results, which show weight loss equivalent to those in other primary care settings.¹⁸⁵

186 187 188

10.5.3. Local service

Currently there are no weight management services within community pharmacies in St Helens. Results from the pharmacy survey revealed that 82% identified that they would be willing and able to provide weight management services if commissioned. The services to support weight management fall into three main categories described below:

Self-care: Most people don't actively manage their weight. Those who do achieve their energy balance without the aid of formal services although they may access information from a range of sources. They may make use of food products that are identified as being "lighter", "healthy living" or lower in fat or calories. They may also access a range of leisure, sports or fitness services and opportunities in their local community.

Informal weight management services such as Slimming World and Weight Watchers are popular in St Helens as elsewhere in the UK. They provide group support and motivation and focus on reducing

calorie intake through a healthy diet. Generally, they do not provide physical activity programmes. An estimated 5,000 people self-fund through these groups in St Helens per year. These programmes can be evidence based and form part of an overall offer as recommended by the National Institute for Clinical Excellence. However, we do not have evidence on outcomes and anecdotal feedback suggests that some participants may not achieve long term change and experience weight gain when they stop attending.

Formal weight management programmes are commissioned by St Helens Borough Council and delivered by St Helens Wellbeing Service. They are evidence based and demonstrate improvements for those who complete the programmes.

Conclusion

At this time, there are no plans to commission weight management services from community pharmacies due to the lack of evidence for effectiveness.

10.6. Dementia

10.6.1. Level of need

In 2020, St. Helens was accredited as a Dementia Friendly Community by the Alzheimer's Society, recognising the ongoing work towards promoting dementia awareness. St Helens is experiencing increasing numbers of people diagnosed with dementia. The increasing ageing population means that the burden of dementia locally is set to rise. Early detection of dementia can help to improve the outcomes for the individuals and their carers.

The recorded prevalence of dementia by GP practice population in St Helens is higher than the England average.

Table 12. Prevalence of patients diagnosed with dementia, 2009-10 to 2020-21

Period	St Helens	North West	England
2009-10	0.4%	0.5%	0.5%
2010-11	0.4%	0.5%	0.5%
2011-12	0.6%	0.6%	0.5%
2012-13	0.7%	0.6%	0.6%
2013-14	0.7%	0.7%	0.6%
2014-15	0.8%	0.8%	0.7%
2015-16	1.0%	0.8%	0.8%
2016-17	1.0%	0.8%	0.8%
2017-18	0.9%	0.8%	0.8%
2018-19	1.0%	0.8%	0.8%
2019-20	1.0%	0.8%	0.8%
2020-21	0.8%	0.7%	0.7%

Source: QOF data from Mental Health Dementia and Neurology Profiles, Fingertips

In 2020/21 the prevalence in St Helens is 0.8% ($n=1667$), which compares with an England prevalence of 0.7%. When considering these figures, it is important to also bear in mind that there is potentially an unmet need, since not all people with dementia have a diagnosis.

NHS Digital data relating to April 2022 reveals that in St Helens, there are 1,682 patients aged 65+ with a diagnosis of dementia but estimates that there are 2,494 patients aged 65+ with dementia, thus meaning that St Helens has a 67.4% diagnosis rate among patients over 65 years. This is a higher diagnosis rate compared to England (61.8%).

St Helens has a Dementia Friendly Community Group to address the issues concerning dementia including falls reduction.

10.6.2. Evidence of effective interventions in the community pharmacy setting

Dementia screening on a population basis is not recommended by NICE. However, vascular dementia awareness is part of the NHS Health Check Programme. There is very little international evidence on the use of community pharmacy for dementia screening; however a study in the United States did show that screening people 'at risk' in community pharmacy was easily incorporated into the system.¹⁸⁹ In England, there is little published evidence on the commissioning of community pharmacies to deliver dementia screening; however South Manchester Clinical Commissioning Group is undertaking a pilot of dementia screening that is due to be published this year.

10.6.3. Local service

Dementia screening is undertaken by general practitioners. A project to increase screening in general practice has seen an increase in the number of people diagnosed in St Helens and as a result, the local prevalence is higher than in neighbouring boroughs. Patients diagnosed will be seen by the Later Life Memory Service provided by Mersey Care.

Conclusion

Further research needs to be undertaken to ascertain the effectiveness of dementia screening.

Community pharmacies can take an active role in dementia by encouraging Dementia Friends and signing up to support the Dementia Friendly Community Group. Pharmacies are entitled to a 'quality payment' if at least 80% of pharmacy staff in patient facing roles are Dementia Friends on the day of the review.

11. Future needs

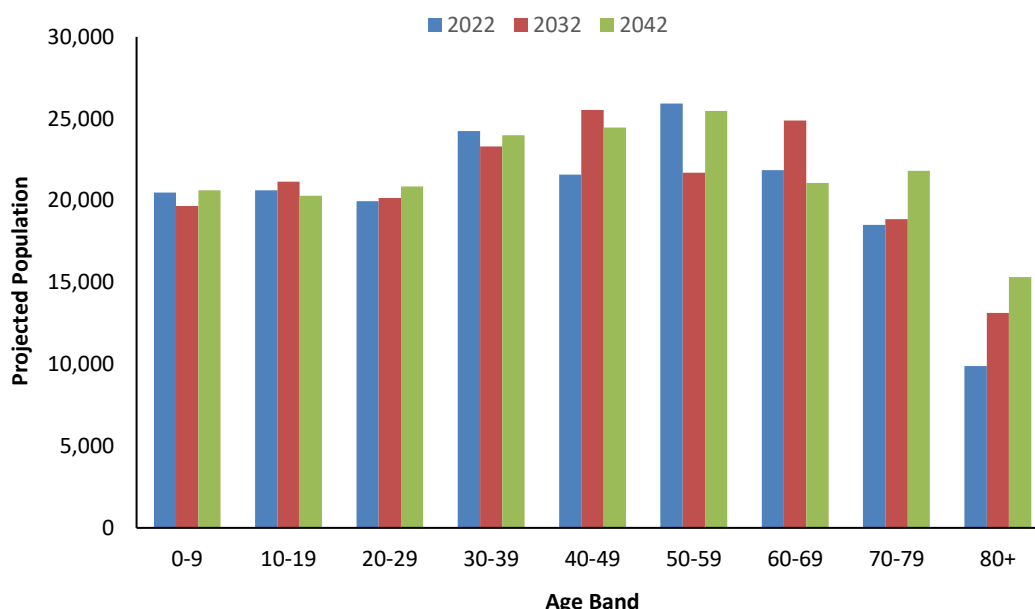
11.1.1. Resident population forecasts

The population of St Helens is projected to reach 193,555 by 2042. This will mean a greater demand on services, particularly for the elderly.

The estimated projected population by different age groups in St Helens is plotted in Figure 78, along with forecasts of the population for 2032 and 2042. The proportion of older residents increases in 2032 and again in 2042 as the population ages. In 2022, the largest 10 year cohort in the borough are those aged 50-59 years. As this group ages (and as there is not expected to be sizeable migration in

and out of the borough), this means that the largest 10 year group in 2032 is predicted to be those aged 60-69 years.

Figure 78. Population projections for St Helens by age group, for 2022, 2032 and 2042



Source: ONS Population Projections 2021

By 2042, the number of people aged 60 years and over is projected to increase from 50,248 to 58,211 (an increase of 16%). The number of people aged 80 years and over is projected to increase from 9,855 to 15,321, (an increase of 55%). This suggests there will be a greater need for older people's services over the next 20 years. However, over the lifecycle of this Pharmaceutical Needs Assessment, the population is not expected to change significantly, with the overall population increasing from 183,099 in 2022 to 184,977 in 2025 (an increase of 1,878).

11.2. Housing

11.2.1. Future development

St Helens Borough Council is preparing a new Local Plan for the borough that will allocate land for development up to 2033 and safeguard land to meet development needs post-2033. A Local Plan Preferred Options (LPPO) was published for consultation in December 2016.

This plan aims to provide housing land in or adjacent to every key settlement in the borough: St Helens Core Area; Blackbrook and Haydock; Newton-le-Willows and Earlestown; Rainford; Billinge; Garswood; and Rainhill. This will be achieved through the development of suitable and available brownfield and greenfield sites in the urban area and as there is not enough of these sites to meet needs, greenfield sites on the edge of the urban area will be removed from the green belt through the process of adopting the new Local Plan. The Local Plan Preferred Options draft policies map which illustrates proposed local plan green belt allocations is available to view on the St Helens Borough Council website.

The majority of new housing for the new Local Plan from 2018 to 2033 will still come from brownfield sites (approximately 59%). The plan is to create 10,830 net additional dwellings up to 2033.

The new Local Plan still needs to be finalised, taking account of the consultation comments received at the Preferred Options consultation stage and any relevant new evidence. The Plan is unlikely to be finalised and adopted until late 2018 / 2019.

12. Conclusions

It has been seen that a 'conclusion' has been offered as part of sections nine and ten to indicate the current provision by community pharmacies. It appears that some provisions are adequate at this time, and some require further investigation/research. Notwithstanding St Helens Borough Council will continue to work with community pharmacies to develop services that meet the needs of residents.

Area	Conclusions
Pharmacy premises and workforce	The current pharmacy services across the borough are considered to be adequate to meet the needs of the residents. As part of the development of pharmacists' contracts in the future, consideration will be given to expanding the use of 'language line' to enhance the support to residents whose first language is not English. We will continue to work with NHSE to reduce the number of prescriptions being dispensed from pharmacists across the borough.
Tobacco control	Stop smoking services are well served through pharmacy and specialist smoking cessation services.
Sexual health	Emergency Hormonal Contraception (EHC) is accessible throughout the borough, but there is still a need to promote EHC as part of working within a multi-agency teenage pregnancy task group.
Drug use	<ul style="list-style-type: none"> Needle & Syringe Programme (NSP) - Currently there are an adequate number and distribution of services providing NSP based on local need. Supervised Consumption - There is adequate provision of the supervised consumption service in St Helens based on local need.
Alcohol	We will continue to work with pharmacies and review the evidence and feasibility of establishing support in pharmacies to reduce alcohol consumption.
Services that impact on hospital admissions and long term conditions	<ul style="list-style-type: none"> Care at the Chemist - In St Helens, all pharmacists provide the minor ailment scheme. Six local pharmacies answered that they provide AURs and seven provide STOMA appliance customisation. As part of the development of pharmacist's contracts in the future, this will be reviewed. Monitored Dosage System - There is a good provision of the monitored dosage system from pharmacies across the borough. Medicines Use Review - In St Helens, 44 out of 45 pharmacies responding to the survey provide this service locally.
Palliative care	There is generally adequate provision of pharmacy palliative care services throughout the borough.

Area	Conclusions
Antimicrobial resistance (AMR)	Pharmacies have a role to play in increasing public awareness of AMR and providing information and campaigns on how the public can help reduce antibiotic use.
Vaccination	32 pharmacies provide flu vaccination. We will continue to work to ensure that all pharmacists offer flu vaccinations. Pharmacies and pharmacists continue to be a key provider of COVID-19 vaccinations.
Minor eye conditions	There is some provision of the minor eye conditions service, the development of pharmacy services should consider the expansion of these.
Blood pressure	As part of the development of pharmacy contracts in the future, we will explore increasing capacity for more blood pressure checks across pharmacy settings.
Early detection of long term conditions - cancers	Community pharmacies have a role to play in the cancer agenda linked with their tobacco control services, but could also play a greater role in public health campaigns such as cancer screening and sun awareness campaigns. These should be agreed annually and could contribute to the six public health campaigns pharmacies are commissioned to undertake each year.
Mental health	As part of the development of pharmacy contracts we will ask pharmacies to include mental health and suicide prevention as part of the future health campaigns.
Specific services for older people	There are opportunities to work with community pharmacies on assessing risks of osteoporosis in women. This has been part of the St Helens Falls Strategy, support of which should be continued as part of the development of pharmacy services in the future.
Obesity	At this time, there are no plans to commission weight management services from community pharmacies due to the lack of evidence for effectiveness. As part of the development of pharmacy contracts this will be reviewed and actioned if required.
Dementia	Further research needs to be undertaken to ascertain the effectiveness of dementia screening. Community pharmacies can take an active role in dementia by encouraging Dementia Friends and signing up to support the Dementia Action Alliance.

This document has been provided to allow the residents of St Helens, partners, stakeholders and interested parties to read, comment and suggest recommendations for pharmacy provision across St Helens as a borough.

A consultation will be undertaken (it will be open from 1st July and close of 31st August) allowing partners, residents and other interested stakeholders to make comment(s) on this document. Once this consultation has been completed, a review of these comments made will be completed and a statement produced with a commentary on relevance and applicability of each comment made. Any comments accepted will be turned into recommendations and included as part of the final PNA document, to be produced in Autumn 2022.

13. Appendix 1: Policy context

13.1. Quality standards for pharmaceutical service providers: community pharmacy contract monitoring

NHS England (NHSE) requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies are included within a programme of contract monitoring visits as independent providers of services provided under the national pharmacy contract. The delivery of any enhanced services is also scrutinised.

As stated within the NHS review 2008^{vii}, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.

This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that NHSE adopts when carrying out the community pharmacy contract monitoring visits for essential, advanced services and enhanced services.

The community pharmacy contract assurance process follows a structured sequence of events including:

- 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
- Self-assessment declarations
- Scrutiny of payment submission processes
- 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, NHSE will also take account of the voluntary submission of the 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 standards of an individual pharmacist is found to fall below the expected level, NHSE will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

14. National pharmaceutical services contract

All community pharmacy contractors were required to become a Health Living Pharmacy (HLP) in 2020/21 as agreed in the five year Community Pharmacy Contractual Framework 2019 – 2024; this reflects the priority attached to public health and prevention work.

^{vii}High Quality Care for All - NHS Next Stage Review Final Report, Department of Health June 2008
<https://www.gov.uk/government/publications/high-quality-care-for-all-nhs-next-stage-review-final-report>

The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

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/>

The pharmaceutical services contract consists of four different levels:

- Essential services
- Advanced services
- Enhanced services
- Locally commissioned services

14.1. Essential services

Essential Services consist of the following and have to be offered by all pharmacy contractors (these are managed by NHSE):

Dispensing medicines and appliances

Supply of medicines or appliances, advice given to the patient about the medicines being dispensed and advice about possible interactions with other medicines. Also the recording of all medicines dispensed, significant advice provided, referrals and interventions made using a Patient Medication Record.

The Electronic Prescription Service (EPS)

EPS makes it possible for prescriptions to be sent electronically to the pharmacy or dispenser of the patients' choice. Choosing a pharmacy or dispensing appliance contractor to process EPS prescriptions is called nomination. Patients will no longer have to collect a paper repeat prescription from the GP practice – instead, they can go straight to the nominated pharmacy or dispensing appliance contractor to pick up medicines or medical appliances. Because the pharmacist has already received the electronic prescription, they may be able to prepare items in advance, so patients just collect it with no extra wait. However, this depends on the capacity of pharmacists on the day, and may not be possible all the time. In the future, EPS will become the default option for the prescribing, dispensing and reimbursement of prescriptions in primary care in England.

Repeat dispensing/electronic repeat dispensing (eRD)

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Repeat dispensing is the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Under the repeat dispensing service pharmacy teams will, dispense repeat dispensing prescriptions issued by a GP, ensure that each repeat supply is required; and seek to ascertain that there is no reason why the patient should be referred back to their GP. Originally this service was mainly carried out using paper prescriptions, but as the

Electronic Prescription Service (EPS) has developed, repeat dispensing is often carried out via EPS and is much more efficient and convenient for all involved.

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients. The local NHS England and NHS Improvement team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. The pharmacy must, if required by NHS England and NHS Improvement or the waste contractor, sort them into solids (including ampoules and vials), liquid and aerosols; the waste contractor will be able to advise on whether this is necessary. Additional segregation is also required under the Hazardous Waste Regulations.

Public health (promotion of healthy lifestyles)

Each financial year, pharmacies are required to participate in up to six health campaigns at the request of NHS England and NHS Improvement. This generally involves the display and distribution of leaflets provided by NHSE&I. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

PSNC is currently in negotiations with the Department of Health and Social Care and NHSE&I on Year 4 (2022/23) of the Community Pharmacy Contractual Framework. Once negotiations are finalised, the PSNC will announce details of the 2022/23 campaigns through their normal communication channels.

Where requested to do so by NHSE&I, each pharmacy must record the number of people to whom information is provided as part of one of these campaigns.

Signposting patients to other healthcare providers

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.

Support for self-care

Pharmacies will help manage minor ailments and common conditions, but the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

Discharge medicines services

The Discharge Medicines Service (DMS) became a new Essential service within the CPCF on 15th February 2021. From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for the provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Clinical governance

The clinical governance requirements of the CPCF cover a range of quality related issues:

- **Clinical audit**

Community pharmacy contractors must undertake a clinical audit each year, the topic of which they choose. In addition to this pharmacy-based audit, they must also complete an audit on a topic that has been determined by NHSE&I. It should be noted that the 2021/22 requirement for a contractor chosen clinical audit was waived due to the challenges from the COVID-19 pandemic and the contribution of the pharmacy workforce to the COVID-19 vaccination programme.

- **Emergency and business continuity planning**

All businesses and NHS providers, including community pharmacy contractors, need to have an ability to cope with emergency situations, so that wherever possible, they can continue to provide services to patients and the public.

- **NHS complaints procedure**

The CGF requires all pharmacy contractors to have in place arrangements which comply with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations), for the handling and consideration of any complaints. These arrangements must ensure that complaints are dealt with efficiently, complaints are properly investigated, complaints are treated with respect and courtesy, complaints receive a timely and appropriate response, complainants are told the outcome of the investigation of their complaint, and action is taken if necessary, in light of the outcome of a complaint.

- **Patient safety incident reporting**

Since 2005, pharmacy contractors have been required to record patient safety incidents in an incident log and report these to the Learn from Patient Safety Events (LFPSE) service system.

- **Patient satisfaction survey**

Each financial year, pharmacy contractors must undertake a patient satisfaction survey through which they obtain structured feedback on their patients' experience of their NHS services (as a minimum, Essential and Advanced services) from patients using those services. It should be noted that in 2021/22 a patient satisfaction survey was not required due to the challenges faced as a result of the COVID-19 pandemic.

- **Practice leaflet requirements**

It is a requirement that Pharmacy contractors produce and make available a practice leaflet containing approved particulars in respect of the pharmacy premises.

- **Raising concerns (whistle blowing)**

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services, such as community pharmacies, can raise concerns about risk, malpractice or wrongdoing which is believed to be compromising patient care and working conditions, can raise concerns. Pharmacy contractors must ensure that there are arrangements for ensuring staff and locums are able to raise concerns and have in place a whistleblowing policy.

14.2. Advanced services

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

- **Appliance Use Review (AUR)**

Appliance Use Reviews (AUR) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation, in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, e.g. a carer). AURs should improve the patient's knowledge and use of any 'specified appliance' by:

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

- **Community Pharmacist Consultation Service (CPCS)**

The NHS Community Pharmacist Consultation Service (CPCS) launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases patients referred via the 999 service. The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.

- **Flu vaccination service**

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious conditions from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

- **Hepatitis C testing service**

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the CPCF in 2020, commencing on 1st September. The service is focused on provision of point of care testing (POCT) for Hepatitis C antibodies to people who inject drugs, i.e., individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. The Hep C service is commissioned by NHS England as an advanced service and is currently provided by one pharmacy in St. Helens.

- **Hypertension case finding service**

The Hypertension case-finding service was commissioned as an Advanced Service from 1st October 2021. In public-facing communications, the service is described as the NHS Blood Pressure Check Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

- **New Medicine Service (NMS)**

This service was introduced in October 2011 and provides support for people with long term conditions newly prescribed a medicine to help improve medicines adherence; it is focussed on specific patient groups and conditions^{viii}. The service is split into three stages which are: patient engagement, intervention, and follow up.

The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 7-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14-21 days later to check all is well at which point they exit this service.

- **Smoking cessation service (SCS)**

The smoking cessation service (SCS) was commissioned as an advanced service from 10th March 2022. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

^{viii} The following conditions are covered by the New Medicine Service: Asthma and COPD, Diabetes (Type 2), Hypertension, Hypercholesterolaemia, Osteoporosis, Gout, Glaucoma, Epilepsy, Parkinson's Disease, Urinary Incontinence/retention, Heart Failure, Acute Coronary Syndromes, Atrial Fibrillation, Long term risks of venous thromboembolism/embolism, Stroke/transient ischemic attack, and coronary heart disease.
[New Medicine Service \(NMS\) - NHS \(www.nhs.uk\)](https://www.nhs.uk/new-medicine-service)

- **Stoma Appliance Customisation (SAR)**

Stoma appliance customisation was the third advanced service introduced in into the English CPCF. This service involves the customisation of stoma appliances, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve how long they are used for, thereby reducing waste and unnecessary patient discomfort.

14.3. Enhanced services

Local Enhanced Services (LES) are also locally commissioned services but can only be used to describe services commissioned by NHSE. An example of an enhanced service is the Pharmacy Rota service (usually commissioned by NHSE)

14.4. Locally commissioned services

Locally commissioned services are those commissioned, developed and negotiated locally based on the needs of the local population. They are directly commissioned by the Local Authority Public Health Teams (LAPH) or Clinical Commissioning Groups CCGs. The PNA will inform the future commissioning need for these services.

Both community NHS trusts and secondary care NHS trusts (hospital trusts) may commission services from community pharmacists.

It is possible for neighbouring organisations to commission similar services from pharmacies at differing remuneration rates or using different service specifications / patient group directions. This is because financial / commissioning arrangements for services are based on local negotiation and are dependent on available resources as well as local need. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across HWB /CCG boundaries. Wherever possible, commissioners are advised to work together to eliminate such anomalies and provide continuity of patient care across local boundaries.

The continuity of locally commissioned service provision is often difficult for contractors to achieve, as individual pharmacists/locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training isn't available for new staff. This should be addressed by both the contractors and commissioners, but may result in some of the information in this document relating to locally commissioned service provision being subject to question.

Examples of pharmacy based locally commissioned services are as follows:

- Minor ailment management, known locally as 'Care at the Chemist' (usually commissioned by CCG)
- Diabetes screening (usually commissioned by CCG)
- Substance misuse medication services / Needle exchange scheme (usually commissioned by LAPH)
- Palliative care services (usually commissioned by CCG)
- Emergency Hormonal Contraception service / sexual health services (usually commissioned by LAPH)
- NHS Health Checks or vascular screening (usually commissioned by LAPH)
- Care home services (usually commissioned by CCG)

- Smoking cessation service (usually commissioned by LAPH)

14.5. Funding the pharmacy contract

The essential and advanced services of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHSE as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (www.drugtariff.com). Funding for locally commissioned services has to be identified and negotiated locally, from the commissioners own budget.

Community pharmacy contractual framework funding changes 2016/17 and 2017/18

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17, followed by a reduction in 2017/18 which saw funding levels from April 2017 drop by around 7.5% compared with November 2016 levels.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

The Department of Health (DH) also introduced a [Quality Payments Scheme](#) as part of the Community Pharmacy Contractual Framework in 2017/18. This involves payments being made to community pharmacy contractors meeting certain gateway and quality criteria, with funding taken from the overall funding for 2017/18.

Quality criteria

Patient safety

1. Written safety report at review point covering analysis of incidents and incident patterns, and evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
2. On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.

Patient experience

On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website

Public health

On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1

Digital

1. On the days of two reviews, the pharmacy can demonstrate a total increase in access to Summary
2. On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.

Care records

On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.

Clinical effectiveness

On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period, are referred to an appropriate health care professional for an asthma review.

Workforce

On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'.

In recent years, the pace of change for NHS community pharmaceutical services has probably been more rapid than at any other time in the last 60 years. In that same period, community pharmacy has featured more prominently in how to improve services, how its potential can be more widely recognised by the NHS and by other health professionals, and how its ability to respond innovatively and creatively can be better utilised. That is what was intended when the Department of Health launched *A Vision for Pharmacy in the New NHS* in July 2003 that identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.

The current policy context shaping the direction of pharmacy services has its roots in the publication of '*Choosing Health*' published by the Government in 2004. This programme of action aimed to provide more of the opportunities, support and information people want to enable them to improve their health.

'Choosing Health Through Pharmacy'

As part of the *Choosing Health* programme, the Government made a commitment to publish a strategy for pharmaceutical public health which expanded the contribution that pharmacists, their staff and the premises in which they work can make to improving health and reducing health inequalities.

This strategy recognised that pharmacists work at the heart of the communities they serve, and they enjoy the confidence of the public. Every day they support self-care and provide health messages, advice and services in areas such as diet, physical activity, stop smoking and sexual health.

A new contractual framework

As part of the *Vision for Pharmacy*, a new community pharmacy contractual framework was put in place in April 2005. It comprised of three tiers of services – essential, advanced and local enhanced services.

- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services: Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can

help resolve. For SAC, the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.

- Local enhanced services (now locally commissioned services) such as health and lifestyle advice or help for substance misusers are commissioned locally by LAs with contractors.

Community pharmacies are remunerated through this national contractual framework, the majority of the income to community pharmacy is made through fees, allowances and retained purchasing profit which is controlled at a national level to provide an agreed return on investment to pharmacy contractors. In return pharmacy contractors must provide certain specified services at agreed times. Around 85% of community pharmacy income nationally comes from NHS services. A growing source of income to community pharmacies comes from providing locally commissioned services by LAs. Pharmacies provide both NHS funded care and services that are paid for directly by the patient. Some community pharmacies provide these non-NHS services to our population. These include:

- Over the counter medication, including supply of Emergency Hormonal Contraception and smoking cessation
- Measurements like blood pressure, weight and height
- Diagnostic tests like cholesterol and blood glucose

‘Our health, our care, our say’

This White Paper in January 2006 set out a new strategic direction for improving the health and wellbeing of the population. It focused on a strategic shift to locate more services in local communities closer to people’s homes. This recognised the vital role that community pharmacies have in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

‘NHS Next Stage Review’

The final report set out a vision of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. The changes that are now being taken forward, locally and nationally, will see the NHS deliver high quality care for all users of services in all aspects, not just some. It will see services delivered closer to home, a much greater focus on helping people stay healthy and a stronger emphasis on the NHS working with local partners. Pharmacy has a key role to play in delivering this vision, particularly as a provider of services which prevent ill-health, promote better health for all and improve access to services within communities.

‘Pharmacy in England: building on strengths - delivering the future’

In April 2008 the government set out its plans in this Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy.

This White Paper sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across

the country which it seeks to address through a work programme which will challenge and engage PCTs, pharmacists and the NHS.

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years. It sets out a reinvigorated vision of pharmacy's potential to contribute further to a fair, personalised, safe and effective NHS. This vision demonstrates how pharmacy can continue, and expand further, its role in an NHS that focuses as much on prevention as it does on treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting wellbeing for patients and public alike.

This White Paper has put forward a broad range of proposals to build on progress over the last three years which has succeeded in embedding community pharmacy's role in improving health and wellbeing and reducing health inequalities. An overview is set out below in Figure 79. This includes proposals for nationally commissioned additions to the contract in future years for how pharmacies will, over time:

- offer NHS funded treatment for many minor ailments (e.g. coughs, colds, stomach problems) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long term conditions such as high blood pressure or high cholesterol;
- Be commissioned based on the range and quality of services they deliver.

Figure 79. Pharmacy White Paper: Summary



development of community pharmacy. This refers to staff, premises and services alike. PCTs have a responsibility to ensure continuous quality by monitoring the community pharmacy services against the strategic tests.

“Healthy lives, healthy people”

The Public Health strategy for England (2010) says: “Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.” This will be relevant to local authorities as they take on responsibility for Public Health in their communities.

In addition, community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies as a health asset and long term partner.

Equity and excellence: Liberating the NHS (2010)

“Information, combined with the right support, is the key to better care, better outcomes and reduced costs. Patients need and should have far more information and data on all aspects of healthcare, to enable them to share in decisions made about their care and find out much more easily about services that are available. Our aim is to give people access to comprehensive, trustworthy and easy to understand information from a range of sources on conditions, treatments, lifestyle choices and how to look after their own and their family’s health”.

Community pharmacy is at the forefront of self-care, health promotion and is ably qualified to assist people to manage long term conditions, the vast majority of which are managed via the use of medication. Advanced services under the contract should be maximized to ensure patients get access to the support that they need.

October 2011 - Market entry by means of pharmaceutical needs assessments and quality and performance (market exit)

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that:

- PCTs must develop and publish local pharmaceutical needs assessments (known as “PNAs”); ...and
- PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions PCTs can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

The first set of regulations dealing with the development and publication of PNAs, the NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 (S.I. 2010/914) were laid on 26 March 2010 and came into force on 24 May 2010.

Later the National Health Service (Pharmaceutical Services) Regulations 2012 (“the 2012 Regulations”) and draft guidance came into force concerning the remaining provision under the Health Act 2009.

Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

From 1st April 2013, every Health and Wellbeing Board (HWB) in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

The NHS (Pharmaceutical Services 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/>

“The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people’s plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).”

Information pack for HWBs – Pharmaceutical Needs Assessments, Department of Health 2013

‘The Value of Community Pharmacy 2016’

The Value of Community Pharmacy was funded by the PSNC to examine the contribution of community pharmacies and to provide the social value of the services they provide. The key findings of the report found that

- In 2015 community pharmacies in England contributed a net increase of £3 billion in value.
- It was estimated that indirect health care cost savings could be £2.5 billion in 2015 from self-care and medicines support.
- Patients experienced £600 million of benefits through accessing pharmacy services rather than travelling to an alternate NHS setting.
- Community pharmacies made more than 150 million interventions in 2015

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15. Appendix 3: Community pharmacy addresses and opening hours

Table 13. Community pharmacy addresses and opening hours

Community Pharmacy Addresses and Opening Hours										
Pharmacy Name	Address	Ward	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
ASDA Pharmacy	Kirkland Street	Town Centre	WA10 2EF	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:30-16:30
Heath Pharmacy	18-20 Elephant Lane	Thatto Heath	WA9 5QW	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-22:00	10:00-16:00
Millennium Centre Pharmacy	Corporation Street	Town Centre	WA10 1HJ	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	09:00-22:00
St Helens Pharmacy	130 Duke Street	Windle	WA10 2JL	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	Closed
Tesco Pharmacy	St Helens Linkway	Town Centre	WA9 3AL	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	11:00-17:00
Four Acre Chemist	1&2 Four Acre Lane	Bold	WA9 4BZ	06:00-23:59	06:00-23:59	06:00-22:40	06:00-22:40	06:00-22:40	06:00-20:00	Closed
Brian H Donlon Pharmacy	Woodside Healthcare Centre	Haydock	WA11 0NA	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	09:00-21:00	09:00-21:00
Boots Pharmacy	Unit 3, Ravenhead Retail Park	Town Centre	WA9 1JF	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:00	10:30-16:30
Taylor's Pharmacy	210 West End Road	Blackbrook	WA11 0AN	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-16:00	Closed
Well Pharmacy	Lowe House Health Centre	Town Centre	WA10 2DJ	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	Closed	Closed
Boots Pharmacy	8 Church Street	Town Centre	WA10 1BD	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Boots Pharmacy	32 Market Street	Earlestown	WA12 9AN	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed
Lloyds Pharmacy	60-62 Duke Street	Town Centre	WA10 2JG	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
Lloyds Pharmacy	Legh Street	Earlestown	WA12 9NF	08:30-18:30	08:30-12:00,14:00-18:30	08:30-12:00,14:00-18:30	08:30-12:00,14:00-18:30	08:30-12:00,14:00-18:30	Closed	Closed
Well Pharmacy	Mill Street Medical Centre	Town Centre	WA10 2BD	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed
Chain Lane Pharmacy	Unit 9, The Shopping Centre	Blackbrook	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
Fingerpost Pharmacy	80-82 Higher Parr Street	Town Centre	WA9 1AF	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
Lloyds 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

Community Pharmacy Addresses and Opening Hours										
Pharmacy Name	Address	Ward	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Well Pharmacy	11 Rainford Road	Billinge and Seneley Green	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
Lloyds Pharmacy	11 Junction Lane	Sutton	WA9 3JN	09:00-18:00	09:00-12:00,13:30-18:00	09:00-12:00,14:00-18:00	09:00-12:00,13:30-18:00	09:00-12:00,13:30-18:00	09:00-12:00	Closed
P A White Chemist	56-58 North Road	Town Centre	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	08:45-13:00,13:30-18:00	08:45-13:00,13:30-18:00	08:45-13:00,13:30-18:00	08:45-13:00,13:30-18:00	08:45-13:00,13:30-18:00	09:00-12:00	Closed
Well Pharmacy	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	09:00-13:00	Closed
Well Pharmacy	The Pharmacy	Billinge and Seneley Green	WN5 7LY	08:30-18:00	08:30-19:00	08:30-19:00	08:30-14:00	08:30-19:00	Closed	Closed
Rowlands Pharmacy	Four Acre Health Centre, Burnage Avenue	Bold	WA9 4QB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy	60 Bickerstaffe Street	Town Centre	WA10 1DS	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	Closed
Atlas Pharmacy	Fingerpost Park Health Centre	Town Centre	WA9 1LN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Bradlegh Road Pharmacy	Newton Community Hospital	Newton	WA12 8RB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Farleys Chemist	59 Higher Parr Street	Town Centre	WA9 1AD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Garswood Pharmacy	Garswood Health Centre	Billinge and Seneley Green	WN4 0XD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Longsters Pharmacy	578 Warrington Road	Rainhill	L35 4LZ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Liverpool Road Pharmacy	79 Liverpool Road	Town Centre	WA10 1PQ	09:00-17:30	09:00-18:30	09:00-17:30	09:00-17:30	09:00-18:30	Closed	Closed
Heaton's Pharmacy	21 Bassenthwaite Avenue	Moss Bank	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

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Community Pharmacy Addresses and Opening Hours										
Pharmacy Name	Address	Ward	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Rowlands Pharmacy	1 Leslie Road	West Park	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
Millennium Pharmacy	29-31 Shaw Street	Town Centre	WA10 1DG	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	09:00-12:30	Closed
Boggiano's Pharmacy	Millfields	Eccleston	WA10 5NS	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
Ashcroft Chemist	97 Greenfield Road	Windle	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
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
iPharm	Unit 18 Neills Road	Bold	WA9 4TU	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Lloyds Pharmacy	Rainbow Medical Centre	Sutton	WA9 3PN	09:00-18:00	09:00-17:00	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Well Pharmacy	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
Jackson's Chemist	181 Cambridge Road	West Park	WA10 4HA	09:00-13:00,14:00-17:30	09:00-13:00,14:00-17:30	09:00-13:00,14:00-17:30	09:00-12:30	09:00-13:00,14:00-17:30	09:00-13:00,14:00-17:00	Closed
Rowlands 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
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
Jolley's Chemist	77 High Street	Newton	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
MedsTou	Unit 17 Lea Green Business Park	Bold	WA9 4TR	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

16. Appendix 4: Community pharmacy public questionnaire

16.1. Findings from the public consultation

Autumn and Winter 2021

16.1.1. Background

The St Helens People's Board has a responsibility to assess the pharmaceutical needs of St Helens, in order to ascertain whether there are enough pharmaceutical services available to ensure that the needs of the population are being met.

16.1.2. Introduction

A formal public consultation was conducted in order to understand what the public require from pharmacies, whether they are satisfied with their pharmacy services and to determine what local people now need from pharmaceutical services and what may be required in the future.

A press release was created with a link to the survey and was published on the council website and shared on the council social media channels. It was also shared with a variety of partners for them to share through their communication channels including NHS St Helens CCG, Healthwatch, the Library Service, Halton and St Helens VCA etc.

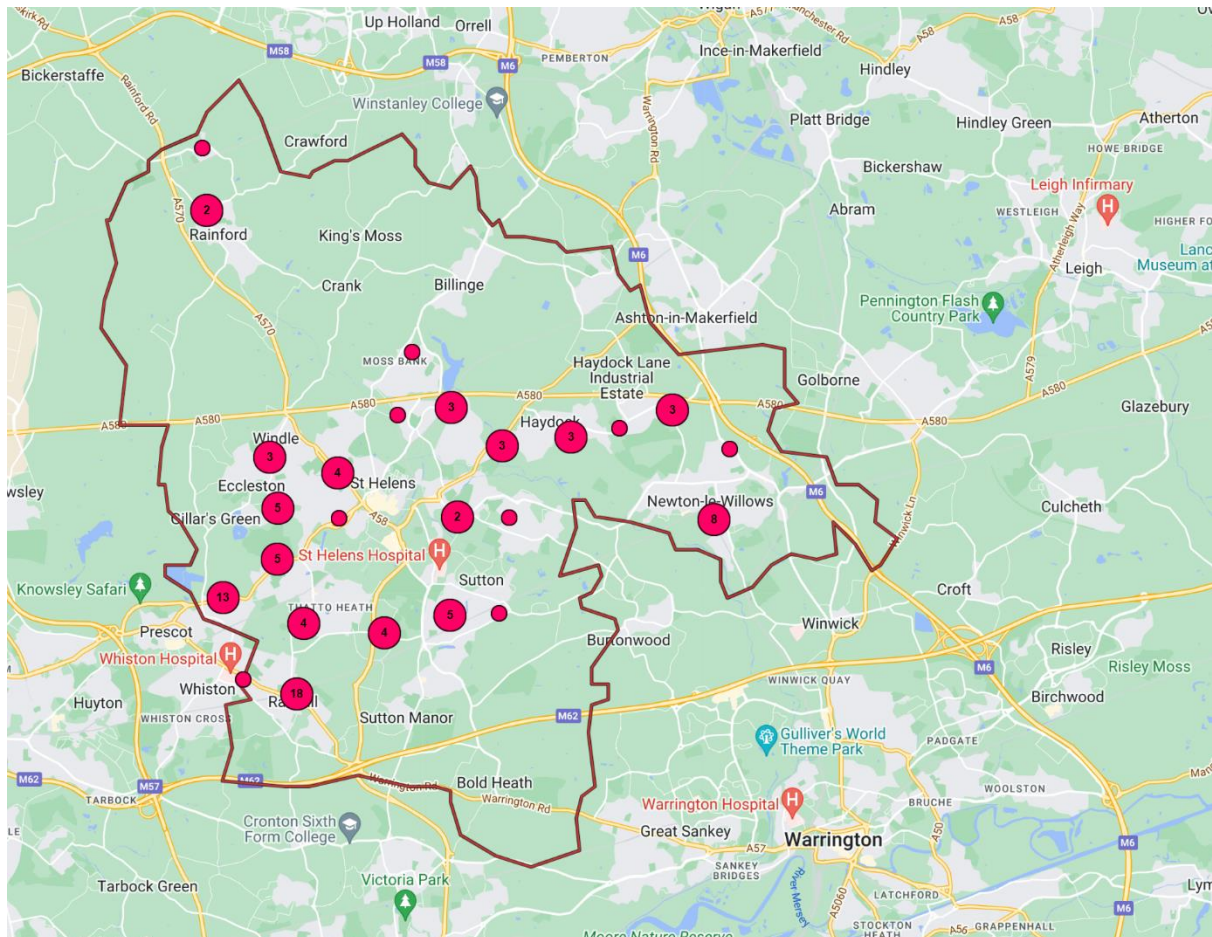
The consultation ran throughout Autumn and Winter 2021 and received 143 responses. St Helens residents were asked their opinion on various aspects of their pharmacy experience, including:

- Availability of medicines
- Opening hours
- Location
- Accessibility
- Private consultations

This report summarises the public responses from the consultations, percentages are calculated from the number of responses to that question in particular and are rounded to the nearest whole number. Additional comments feature in the supplementary feedback section.

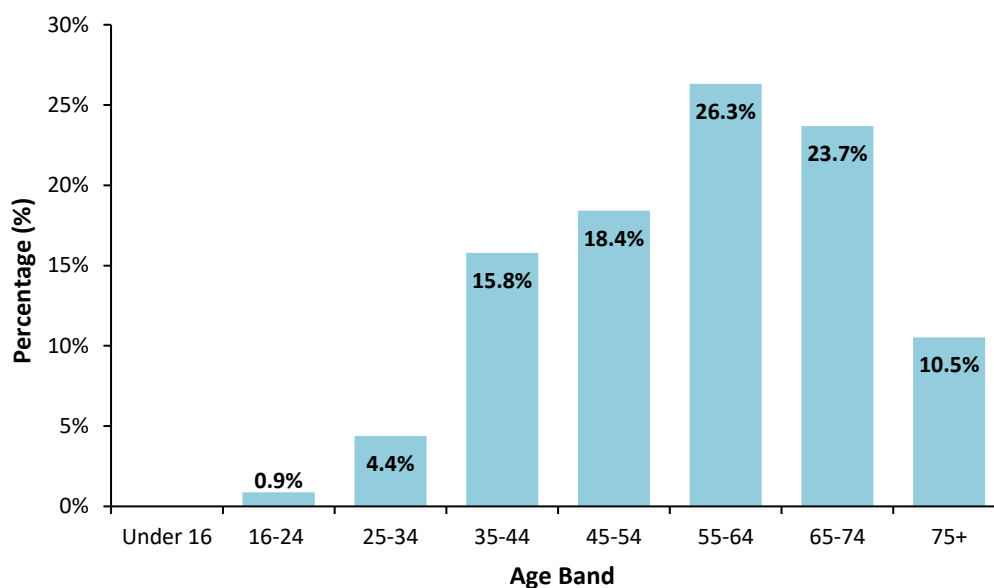
16.1.3. Demographics of respondents

Of the 134 people who responded to the survey, 97 provided valid postcodes. The map below depicts the places of residence of the survey respondents in St Helens.



Although the survey aims to provide a condensed picture of the borough, the representation is not always accurate given that the majority of respondents were female (72%, $n = 81$). Over a quarter of respondents were in the age range of 55-64 years (26.3%), with 65-74 year olds the next largest cohort at 23.7%. The younger St Helens population (under 35 years) are not well represented. The age distribution of respondents is shown in Figure 80.

Figure 80. Percentage of survey respondents by age band



Of the 113 people who responded to the ethnicity question, 97% of people identified themselves as 'White'. One individual answered, 'Black British', and two individuals identified themselves as 'Asian'.

When asked about their religion, 31.2% (out of 109 respondents) stated they did not have any religious belief.

97% of people (95 respondents) with a religious belief classified themselves as Christian. When asked about sexual orientation, 94% of the respondents stated that they were heterosexual (101 of 108 that answered), two stated they were gay or lesbian, and five stated they would rather not say.

16.1.4. Health status

A total of 114 people responded to whether they had any disabilities. Of those 114, 24 (21%) reported to have a long term condition that affected their daily lives. Eleven respondents had a mental health illness, 11 had a long term illness, five had a hearing impairment, 12 a physical disability, and four stated other which included answers such as epilepsy and diabetes.

16.2. Pharmacy services

This section summarises public opinion on the pharmaceutical services available and their experiences when using these services.

36% of respondents reported that they had used the pharmacy in the last week, with 29% using the pharmacy in the previous two weeks and 22% stating they had used the pharmacy in the previous month. Most people attended the pharmacy to collect a prescription for themselves (63%) with

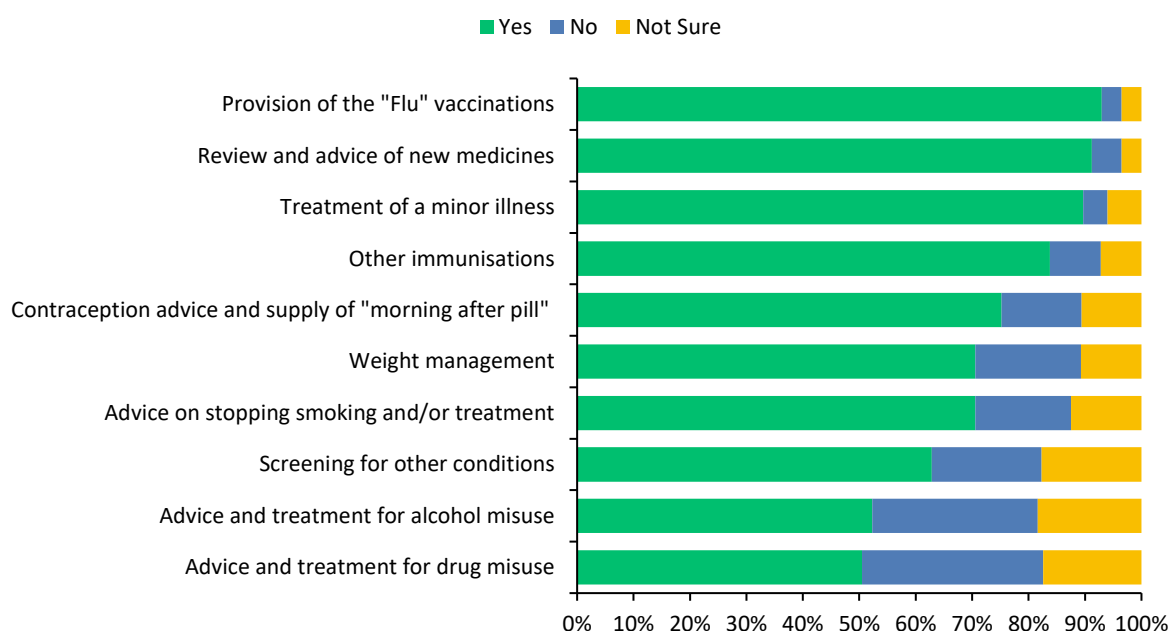
collecting a prescription for someone else the second most likely reason to visit a pharmacy (20%). 2% visited a pharmacy to get advice.

22% (26 of 117 respondents) had received a consultation with a pharmacist in the previous 12 months and when asked what advice they were given, 13 received medicine advice; and 13 received advice about a minor ailment.

When asked about the location of the consultation with the pharmacist, 13 stated that they had the consultation at the counter, and 13 stated they had the consultation in a separate room. Three people rated the consultation as poor however the vast majority rated it as good, very good or excellent ($n=25$, 81%).

68% of those responding to the question (80 out of 118) stated they were satisfied with the services that the pharmacies provided, 28% responded that they wish the pharmacy could provide more services for them, and this is an increase from the previous PNA where 20% stated that they wished the pharmacy could provide more services. Figure 81 shows the proportion of responses to the question relating to the services which individuals think should be available locally through pharmacies.

Figure 81. 'Which services do you think should be available locally through pharmacies' 118 respondents



When participants were asked if there was anything in particular that they valued from the pharmacist, people responded with answers such as "expertise, always available, appointments not necessary"; "happy smiley faces". There were two respondents who mentioned that they prefer not to wait in a GP waiting room with people who are unwell. Other common themes were around knowledge, advice and accessibility.

16.2.1. Accessibility

When people were asked how they travelled to their local pharmacy on their previous visit; the following results were returned

:

- 71% ($n=95$) travelled by car
- 26% ($n=35$) stated that they walk
- 2% ($n=3$) used public transport

When asked about what was most important about the location of their pharmacy, 76 (57%) people stated that their pharmacy being close to home was the most important, 66 (49%) stated it being close to their doctors surgery was important to them, 57 (43%) stated that ease of parking nearby was important, and 31 (23%) reporting the pharmacy as being close to other shops they use as being important.

A total of 83 (96%) of respondents reported that the pharmacy was very or quite easy to get to, with only 5 people (4%) stating that it was quite or very difficult for them to get to. Of those with a condition which affects their mobility, 42% stated that they were able to park close enough to their pharmacy.

In terms of medication deliveries, 39% stated that their pharmacy was able to deliver their medications if they were unable to collect it, with 52% having never used the delivery service. Most people had not experienced problems finding a pharmacy to either get advice, buy medication or get a medicine dispensed, but 13% of people stated that they had recently had problems. The most common problem was the availability of medication. There were also 3 comments which stated that their problem was due to opening hours.

Most people (84%, $n=110$) reported that they were satisfied with the opening hours of the pharmacy, and 16% ($n=21$) were dissatisfied. Of the 21 who were dissatisfied, 9 stated that they were not satisfied with the Saturday service/availability. This was also evident from results relating to the question of needing to use the local pharmacy recently when it was closed. There were 30 people who stated that had needed to use the service when it was closed, and 13 of those stated it was on a Saturday. Opening hours outside of 9am-5pm working hours was also expressed as a reason for dissatisfaction from 4 people.

16.3. Satisfaction with services during the COVID-19 pandemic

When asked about satisfaction with services received from pharmacies during the pandemic, a total of 123 (92%) people out of 133 answered that they were satisfied. Of those who answered no, 3 people referred to having to queue outside and the waiting times due to being busy as reasons for their dissatisfaction.

16.4. Any other comments

"I don't like waiting around in packed doctors waiting rooms, especially during the current pandemic. Therefore, expanding the services provided in a private room would be preferential for me. This is why I had my flu vaccine at the pharmacy instead of going to our practice nurse"

"I wish they did vaccinations"

"Longer opening hours are helpful, compared to GPs"

"I have confidence I could ask for any advice about my medication if necessary"

"There is always someone who will help and try and answer any questions you have. They also have a private consultation room if you need privacy"

"The possibility for pharmacists to prescribe/dispense certain medications following a consultation. Similar to role of advanced nurse practitioners"

16.5. Conclusion of key findings from the public pharmacy survey

In the main, the majority of people who responded to the survey are satisfied with their pharmacy. The majority of respondents (68%) are satisfied with the services that the pharmacies provide, almost all respondents (96%) reported that the pharmacy was very or quite easy to get to, and most people (84%) are satisfied with the opening hours.

When asked which services should be available locally through pharmacies, out of the choices given, the top 3 services that people would like to be offered through pharmacies are:

- Provision of flu vaccinations
- Review and advice of new medicines
- Treatment of a minor illness

People were also asked if there are any additional services that they feel could be provided by local pharmacies; 37 people responded to this question and the services which were suggested by several people included:

- Blood tests
- Blood pressure checks
- Prescription of certain medications including antibiotics

For those people who said they were not satisfied with the opening hours of the pharmacy, the main reasons given were:

- Not open on a Saturday/at the weekend
- Closed at lunch time
- Not open outside of working hours

We would like to thank all those that took part in the survey and gave their views on their experience with local pharmacy services. The key findings will be reviewed and taken into consideration.

17. Appendix 5: Pharmacy premises and services questionnaire

17.1.1. Pharmacy questionnaire

Introduction

The online pharmacy questionnaire (Survey Monkey) was sent to all the pharmacies in the Borough (45). There was an 83% response rate (38 out of the 46 pharmacies). Ideally the questionnaires were to be completed by pharmacy managers, or in some case other pharmacy staff providing information on their behalf. The pharmacy questionnaire was carried out during Autumn and Winter 2021.

Pharmacy Questionnaire

Pharmacy questionnaire results		
	Question	Response
Pharmacy Services	Advanced Services	Of the 38 pharmacies:
	Which of these Advanced Services do you currently provide?	
	New Medicines Service	97% of pharmacies provide this service
	Appliance Use Review	18% of pharmacies provide this service
	Stoma Customisation	16% of pharmacies provide this service
	Are you currently commissioned to provide any of these locally commissioned services?	Of the 38 Pharmacies who responded
	Chlamydia Screening	No pharmacies are commissioned to provide chlamydia screening. 71% identified they were willing and able to provide if commissioned.
	Emergency Hormonal Contraception	50% are currently provide Emergency Hormonal Contraception NHS Funded Service. 8% are providing company led/private service. 32% are willing and able to provide if commissioned.
	Minor Ailments e.g. Care at the Chemist	95% are commissioned to provide Care at the Chemist
	Smoking Cessation	76% are commissioned to provide NRT
	Needle/Syringe Exchange	21% are commissioned to provide Needle/Syringe Programme

	Supervised Administration	66% are commissioned to provide the Supervised Administration
	Supply of Palliative Care Medicines	21% are commissioned to provide the Supply of Palliative Care Medicines
	Anticoagulant Monitoring	No pharmacies are commissioned to supply anticoagulant monitoring. 74% identified they were willing and able to provide if commissioned.
	Weight Management	No pharmacies commissioned to provide a weight management service. 82% identified they were willing and able to provide if commissioned.
	Domiciliary Medicine Administration Records (MAR)	29% are commissioned to provide the Domiciliary Medicine Administration Records (MAR)
	NHS (Cardiovascular) Health Checks	No pharmacies are commissioned to provide this service. 82% identified they were willing and able to provide if commissioned.
	NHS Seasonal Influenza Vaccination Service	71% are commissioned to provide the NHS Seasonal Influenza Vaccination Service.
	Delivery Service	All pharmacies provide the collection of prescriptions from surgeries
	Does the pharmacy provide the delivery of dispensed medicines?	
	Free of charge on request	Of the 74% of pharmacies provide the delivery of dispensed medicines free of charge on request.
	Chargeable	34% of pharmacies charge for the delivery of dispensed medicines
	Monitored Dosage Systems (MDS)	Of the 38 pharmacies that responded
	Does the pharmacy provide Monitored Dosage Systems (MDS) to patients living in their home?	76% of the pharmacies provide MDS to patients living in their home free of charge. 24% charge for the service
Accessibility	Accessibility to pharmacy location	Of the 38 pharmacies that responded
	Is there a train/ bus stop within 500m of the pharmacy?	100% of pharmacies who responded stated there was a bus stop within 500m of the pharmacy. 82% had one within 100m.
	Can customers park within 50 metres of the pharmacy?	89% of pharmacies said that customers could park within 50 metres of the pharmacy.
	Is the entrance to the pharmacy suitable for wheelchair access unaided?	92% of pharmacies stated the entrance to their pharmacy was suitable for unaided wheelchair access

	Are all areas of the pharmacy floor accessible by wheelchair?	89% of pharmacies stated that all areas of their pharmacy floor is accessible by wheelchair
	Facilities for the Disabled	
	Automatic door assistance	26% stated they had automatic door assistance
	Bell at front door	21% stated they had a bell at the front door
	Disabled toilet facility	Of the 38 pharmacies who responded, 7 (18%) stated that they had a disabled toilet
	Hearing loop	45% pharmacies stated they had a hearing loop
	Sign language	Of the 38 pharmacies, 2 pharmacies offered a sign language service (5%).
	Large print labels/leaflets	71% offered large print labels/leaflets.
	Wheelchair ramp access	32% provided wheelchair ramp access.
	Language Support	
	Are you able to offer support for people whose first language is not English?	58% (n=22) stated that they provided support to people whose first language is not English.
	What support is offered for people whose first language is not English?	45% pharmacies stated that they use an interpreter/ language line
		11 pharmacies that have staff who can speak foreign languages, including Polish, Russian, French, Spanish, Punjabi, Urdu, and Hindi.
	Additional Services	Of the 38 pharmacies that responded
Premises and Consultation Facilities	Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	66% of pharmacies stated they are able to provide advice and support if a customer wishes to speak to a person of the same sex at all times. 26% of pharmacies said they could do so by arrangement.
	Consultation room	
	Is there a consultation area available?	84% of pharmacies stated that they had a consultation room including access for wheelchairs. 13% stated they had a consultation room, but it was not accessible by wheelchairs.

	How many consultation rooms are available?	97% (n=37) stated there was one consultation room available. 3% (n=1) had 2 rooms.
	Is the consultation area a closed room?	97% had a room that was a closed room

18. Appendix 6: Formal consultation

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19. Appendix 8: References

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St Helens Chamber



Contact Details

Public Health
Atlas House
St Helens
WA9 1LD

Tel: 01744 676789

publichealth@sthelens.gov.uk
www.sthelens.gov.uk/health