Pharmaceutical Needs Assessment (PNA) 2018 – 2021 Solihull

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

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During the process of producing this document our colleague Brian Wallis sadly passed away. He will be greatly missed.

This document is an update to the Solihull 2015 -18 Pharmaceutical Needs Assessment.
Please note data regarding pharmacies is accurate to October 2017.

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Abbreviations and Glossary

Abbreviations used in this document

AUR ……Appliance Use Review
BAMER ……..Black or Asian Minority Ethnic and Refugee
SHWB ……Solihull Health and Wellbeing Board
CCG ……..Clinical Commissioning Group
CHD ……Coronary Heart Disease
COPD .....Chronic Obstructive Pulmonary Disease
CPCF ……....Community Pharmacy Contractual Framework
DCLG .....Department of Communities and Local Government
DH ……..Department of Health (England)
EHC .....Emergency Hormonal Contraception
EU ……European Union
GP .....General Practitioner
HWB .....Health and Wellbeing Board
IDU .....Injecting Drug User
IMD ……Indices of Multiple Deprivation
JSNA .....Joint Strategic Needs Assessment
LPC .....Local Pharmaceutical Committee
LPS .....Local Pharmaceutical Services
LSOA ……..Lower Super Output Areas
MAS .....Minor Ailments Scheme
MUR .....Medicines Use Review
MSOA .....Middle Super Output Area
NHSE .....National Health Service England
NRT .....Nicotine Replacement Therapy
NUMSAS ……NHS Urgent Medicine Supply Advanced Service
OCU .....Opiate and Crack Users
PCT .....Primary Care Trust
PhAS ……..Pharmacy Access Scheme
PIS .....Prescription Intervention Service
PNA .....Pharmaceutical Needs Assessment
PPG ……Patient Participation Group
PSNC ……Pharmacy Services Negotiating Committee
QOF .....Quality Outcomes Framework
SAC .....Stoma Appliance Customisation
SMBC ……Solihull Metropolitan Borough Council
SPCD .....Specialist Palliative Care Drugs
SSS .....Stop Smoking Services
STI .....Sexually Transmitted Infection
UK .....United Kingdom

Foreword

This document is Solihull's Pharmaceutical Needs Assessment (PNA).

The purpose of the PNA is to:

- identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future;
- inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
- inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.

The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. 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/ [1.]

It has been prepared by a steering group for the Health and Wellbeing Board of Solihull Metropolitan Borough Council in conjunction with the NHS England Area Team, Solihull Clinical Commissioning group, Solihull Local Pharmaceutical Committee, Healthwatch and the wider stakeholders and residents of Solihull.

This document provides an update to the 2015 -18 Solihull PNA. It includes data from an in-depth assessment of needs for pharmaceutical services in Solihull. This needs assessment was produced by evaluating the health need of the local population with consideration of the existing services that are provided by pharmacies.

[1] 1. National Health Service. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. (2013). at http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

1.0Executive Summary

1.1 Overview

Every Health and Wellbeing Board (HWB) is now required to produce a Pharmaceutical Needs Assessment (PNA).

This is the second PNA prepared on behalf of Solihull Health and Well-being Board (SHWB) and builds on the previous PNA published in 2015, being updated to reflect current initiatives and standards.

Community pharmacies are based in the heart of local communities, in rural as well as urban areas, where people live, work and shop. With the significant contribution that community pharmacy can make to improve healthcare, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. The PNA helps to achieve this.

Pharmaceutical services are mapped against local health needs and this provides the framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Target services to reduce health inequalities within local health communities

1.2 NHS Pharmaceutical Services

The Pharmaceutical Regulations 2013 detail the information that is required to be included in a PNA. The PNA is required to measure the adequacy of the pharmaceutical services in the HWBB area in a number of key areas, namely:

1. **Necessary Services** – services currently commissioned that are *necessary* to meet a current need
2. **Relevant services** – services that are currently commissioned which *secure improvements* or *better access* to services

To achieve this, the PNA should identify the following:

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

provided to secure improvements to, or better access to pharmaceutical services or pharmaceutical services of a specified type.

Pharmacy contractors operate under the Community Pharmacy Contractual Framework (CPCF) initially agreed in 2005[2]. The CPCF sets three levels of service under which pharmacy contractors operate.

- Essential Services (negotiated nationally. Provided from all pharmacies)
- Advanced Services (Negotiated nationally. Provided by some pharmacies, specifically accredited)
- Enhanced Services (Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned)

The contract enables NHSE Area Teams to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies.

1.3 Process – how has the PNA been developed and what happens now?

The pharmaceutical services delivered by Solihull contractors have been evaluated. Services provided have been surveyed and opening times and locations mapped.

The health and well-being needs of the local population have been examined and key local strategies summarised.

Public and service user views have been sought with 945 responses from the public to a questionnaire on pharmaceutical services.

The picture of current service provision is presented as well as the local health needs and priorities within Solihull borough. Understanding this, allows us to identify where current service provision may be deemed to be inadequate. This highlights potential gaps or "pharmaceutical needs". The PNA then considers how the needs and service gaps that have been identified could be met by the provision and development or extension of existing pharmaceutical services. In this way the PNA acts as a steer for planning and commissioning of relevant future services including whether new pharmacies should be allowed to open or GPs allowed to dispense.

HWBs must consult during the process of developing the PNA for a minimum period of 60 days

1.4 Health Need

[2] Community Pharmacy contractual Framework https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/

Solihull is located in the West Midlands; the Borough covers an area of approximately 69 square miles which is both urban and rural in character. The area of Solihull has a resident population of approximately 211,763 and a registered population (i.e. number of patients registered with a Solihull based GP) of 247,569. Across Solihull the nature of the populations and their needs vary considerably. To the North and West where Solihull borders with Birmingham is urban in nature and there are significant areas of deprivation and inequality, whereas the South and East is more rural, affluent commuter belt areas where prosperous families reside.

Factors which may increase demand for community pharmacy in the future include national policy and population increases. Current national policies highlight the potential of community pharmacy with regard to enhanced community based healthcare access and reducing demand on urgent and primary care services. Since the last PNA the population has increased by 1.4% (increase of 2,902 persons on the 2013 ONS figure). At this time it is not possible to conclude whether there is need for new pharmaceutical providers until the Solihull Local Plan is approved for future new housing allocations.

1.5 Pharmacies in Solihull

The PNA has found that the Solihull population has good access to dispensing services and enjoys a good choice of providers for their pharmaceutical services. There are 47 community pharmacies in Solihull (including 1 distance selling and 1 dispensing appliance contractor) with 2.1 pharmacies per 10,000 population (according to 2012/13 data). There appears to be no gaps in provision of essential services during the core hours of 9am and 6pm. Provision is reduced in the evenings in line with need, however six pharmacies in Solihull are contracted to open at least 100 hours per week.

The PNA shows there is good provision of pharmaceutical services on weekends, with 41 pharmacies opening at some point on Saturday and 19 open after 5pm. There are 13 pharmacies open for some time on Sundays.

Many GP practices are now able to transmit prescriptions electronically to a pharmaceutical service provider (community pharmacy or dispensing appliance contractor). The system is known as EPS Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing. From the responses, 74% report being EPS R2 enabled.

In making this assessment we have tried to balance the need for a high quality accessible network of pharmacies with the needs of Solihull residents for services when and where they are needed.

1.6 Feedback on pharmaceutical services

Views of pharmacy service users were gained from a survey circulated for feedback from the general public.

From the 945 responses received from the public survey:

- Over 70% of respondents choose to go to a pharmacy close to home and over a half go to a pharmacy near their local GP surgery

- Over 50% travel to a pharmacy by car or a further 40% walk, this is similar to 2015 PNA results
- 39% visit their pharmacy monthly or every 2 – 3 months (28%) for health reasons
- Whilst, 21% visit their pharmacy monthly and 20% visit every 2-3 months for non health reasons. 20% of people said they would never visit a pharmacy for non health reasons.
- Most people (76%) prefer to use community pharmacies on a weekday between 9am and 6pm, then on a weekday between 6pm and 11pm (10%)
- 86% of respondents 'agreed' or 'strongly agreed' that they could find an open pharmacy when they needed. 90% also felt they could find a pharmacy where they wanted it ('agreed' and 'strongly agreed')
- The vast majority of respondents are either 'very satisfied' or 'satisfied' with pharmacy services in Solihull (94%)

1.7 Conclusions

- **Current Provision – necessary and other relevant services**

Solihull HWB has identified necessary services, as essential and advanced services as required by paragraphs 1 and 3 of Schedule 1 of the Pharmaceutical Regulations 2013.

Solihull HWB has identified locally commissioned services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of Solihull.

- **Necessary Services – gaps in provision**

As required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

- **Access to essential service**

In order to assess the provision of essential services against the needs of the residents of Solihull, the HWB consider access (average daytime travel times and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

- **Access to essential services during normal working hours**

The HWB has determined that the average daytime travel times and walking, and opening hours of pharmacies in the borough, are reasonable in all the circumstances.

There are no gaps in the provision of essential services during normal working hours across the whole HWB area.

- **Access to essential services outside normal working hours**

There are also six 100-hour contract pharmacies and 22 pharmacies (open beyond 6pm on weekdays) within Solihull HWB area. These are geographically spread across the area.

Based upon the results of the public survey and access to pharmacies across the HWB area, it is clear there is adequate access to pharmacy services. Solihull HWB will monitor the uptake and need for necessary services. It will also consider the impact of any changes in this locality in the future which may provide evidence that a need exists in line with the Solihull Local Plan developments.

There are no gaps in the provision of essential services outside of normal working hours across the whole HWB area.

- **Access to advanced services**

There is no identified gap in the provision of advanced services, as MURs and NMS is available in at least 94% of pharmacies, AURs delivered by the dispensing appliance contractor and flu vaccination is available in about 83% of pharmacies across the borough. There is limited information available publicly with regard to provision of NUMSAS but from the survey we know 17% are providing the service.

Solihull HWB will monitor the uptake and need for necessary services and consider the impact of any changes in all localities in the future which may provide evidence that a need exists.

There are no gaps in the provision of advanced services across the whole HWB area.

- **Access to enhanced services**

There are no enhanced services commissioned that we are aware of at the time of writing this document.

There are no known gaps in the provision of enhanced services across the whole HWB area.

- **Future provision of necessary services**

Solihull HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole HWB area.

- **Improvements and better access – gaps in provision**

As required by Paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

- **Current and future access to essential services**

Solihull HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements, or better access, to essential services.

No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.

- **Current and future access to advanced services**

The survey shows that MURs and NMS were available in 94% of pharmacies. 3% of pharmacies intend to start both these services in the next 12 months. Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more patients are able to access and benefit from this service.

Figures also indicate that 83% of pharmacies provided access to the flu vaccination service.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services, due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. NHS England will encourage those contractors in the areas that do provide appliances to become eligible to deliver these advanced services where appropriate.

No data is available publicly with regards provision of NUMSAS; however the survey suggests 17% of our pharmacies are part of the pilot scheme.

There are no gaps in the provision of advanced services at present or in the future that would secure improvement, or better access, to advanced services across the whole HWB area.

- **Current and future access to enhanced services**

There are no gaps identified in respect of securing improvements, or better access, to enhanced services provision on a locality basis either now or in specified future circumstances.

No gaps have been identified that if provided either now or in the future would secure improvements, or better access, to enhanced services across the whole HWB area.

Comprehensive service reviews are required in order to establish if currently and in future scenarios, improvement of or better access to enhanced services across the whole HWB area would be appropriate.

- **Other NHS services**

As required by Paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, Solihull HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the area.

Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances across the whole HWB area.

- **Locally-commissioned services**

With regard to enhanced services and locally-commissioned services, Solihull HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Solihull CCG (such as the Minor Ailment Scheme and the Specialist Palliative Care Drugs supply services) and through SMBC (in the case of sexual health, substance misuse and smoking cessation services). This PNA identifies those as locally commissioned services.

HWB has not been presented with any evidence to date which concludes that any of these locally commissioned services should be expanded. The pharmacy contractor survey does indicate that there are a number of pharmacies willing to provide these services that do not currently and this may be something that the commissioners consider. Nevertheless, the HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or that any of them should be expanded. Based on current information Solihull HWB has not identified a need to commission any additional locally commissioned services.

Regular service reviews are recommended in order to establish if currently and in future scenarios locally-commissioned services secure improvement or better access across all HWB localities

2.0 Introduction

2.1 Background

The requirement of Primary Care Trusts (PCTs) to assess the need for pharmaceutical services in its area was first established under section 128A of the NHS Act 2006[3] (Pharmaceutical Needs Assessments (PNAs)). The Health Act 2009[4] amended the 2006 Act to require PCTs to publish a statement of its assessment and any revised assessment by March 31st 2011. Subsequently, the Health and Social Care Act 2012[5] abolished PCTs and created Health and Wellbeing Boards (HWBs), Clinical Commissioning Groups (CCG) and formed NHS England (NHSE). The statutory duty to develop and update PNAs every three years then passed to local HWBs. Under the same Act, the Department of Health (DH) was also granted power to make regulations.

- HWBs are hosted by "upper tier" local authorities; have their membership drawn from local leaders including CCGs and local government and are responsible for the continual improvement of the health and wellbeing of the local population
- CCGs are clinically led local NHS bodies responsible for planning, purchasing and monitoring the majority of local health service including hospital, community, emergency and mental health care
- NHSE oversees the operation of the CCGs but also commission primary and specialist services e.g. cancer care. Along with CCGs, NHSE also has responsibility for improving health outcomes and reducing health inequalities.

The Five Year Forward View for the NHS was published in 2014[6]. This strategy sets a clear direction for the NHS in England; stating why change is needed and what these changes will look like. The strategy tasks the NHS with breaking down the barriers in how care is provided and this provides an opportunity for community pharmacies to offer new services.

However in 2016, the DH and NHSE consulted with the Pharmacy Services Negotiating Committee (PSNC)[7] over changes to the Community Pharmacy Contractual Framework (CPCF). The need for efficiency savings drove this policy change and this raised the prospect of some pharmacy consolidation and closures. However a Pharmacy Access Scheme (PhAS) was proposed to ensure patient health and good patient access to community pharmacy services were not jeopardised. Negotiations are ongoing.

The government also introduced a 'quality payment scheme'. To qualify for payment, pharmacies have to meet four gateway criteria:

1. provision of at least one advanced service
2. NHS Choices entry up to date
3. Staff able to send and receive NHS mail

[3] http://www.legislation.gov.uk/ukpga/2006/41/contents
[4] http://www.legislation.gov.uk/ukpga/2009/21/contents
[5] http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
[6] https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/
[7] https://www.gov.uk/government/publications/community-pharmacy-reforms

4. On-going utilization of the Electronic prescription Service (EPS)

At each review point, pharmacies need to make a declaration to NHS Business Services Authority and payment will be based on how many criteria are met.

2.2 Purpose of the PNA

NHSE is required to publish and maintain pharmaceutical lists for each area. Anyone who wishes to provide NHS pharmaceutical services is required to be on this list. Decisions about whether to open new pharmacies are made by NHS England (NHSE) and are not made by the HWBs. Therefore NHSE must consider any application for entry (*aka* market entry) onto this "Pharmaceutical list" to fulfill unmet need identified by the PNA or applications for benefits unforeseen in the PNA.

The following can be included in the pharmaceutical list[8]:

- *Pharmacy contractors*: a person or corporate body who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Council
- *Dispensing appliance contractors:* appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply on prescription, appliances such as stoma and incontinence aids, dressings and bandages etc. They cannot supply medicines.
- *Dispensing doctors:* medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities".
- *Local Pharmaceutical Services (LPS):* contractors who also provide pharmaceutical services in some HWB areas.

The PNA is a structured approach to identify unmet pharmaceutical need. It needs to be considered alongside the local Joint Strategic Needs Assessment (JSNA)[9] and other Board approved documents to identify local health priorities. The PNA enables HWBs and local commissioners to assess current and future need for services from pharmaceutical service providers and should describe the current pharmaceutical services provided, the needs for such services, potential future need (e.g.to support a growing population), and identify any new services that may be required. Pharmaceutical services are an important part of the overall health care system, making a major contribution to improving health and reducing health inequalities.

2.3 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information that is required to be included in a PNA. The PNA is required to measure the adequacy of the above mentioned pharmaceutical services in the HWBB area in a number of key areas, namely:

- *Necessary services*: *current provision* those pharmaceutical services required to meet needs in the area
- *Necessary services: gaps in provision* i.e. services that have been identified as needed but are not yet provided

[8] https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack
[9] http://www.solihull.gov.uk/About-the-Council/Statistics-data/JSNA

- *Other Relevant services : current provision* Other services that are provided but are not considered to be *necessary* but have improved services or resulted in better access to pharmaceutical services in the area
- *Improvements and better access: gaps in provision* : Other services that are not currently provided but if they were would improve services or result in better access to pharmaceutical services in the area
- *Other services* provided by either, the Local Authority (LA), the Clinical Commissioning Group (CCG) or NHS in the area that impact on the needs for pharmaceutical services.

The PNA should also detail how the assessment was carried out. This includes:

- how localities were determined
- the different needs of the localities
- the different needs of people that share the same characteristic
- a report on the PNA consultation

Pharmacy contractors operate under the Community Pharmacy Contractual Framework (CPCF) initially agreed in 2005[10] which has undergone a number of contractual changes and amendments, the most recent of which are 2017-18. The CPCF sets three levels of service under which pharmacy contractors operate.

Essential services – mandatory services that all community pharmacies must provide as set out in schedule 4 of the regulations. These include:-

- Dispensing medicines, repeat dispensing
- Electronic prescriptions
- Disposal of waste medicines and management of unwanted medicines
- Healthy lifestyle advice and six public health campaigns a year
- Support for Self-care and signposting to other services and support

Advanced services - Pharmaceutical providers may choose to deliver these services subject to meeting specified criteria and each requires notification to NHS England of their intention to do so. NHSE commission these services. Advanced services include:-

- Medicine Use Review (MUR)
- New Medicine Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC) services
- Seasonal Flu Vaccine
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

[10] Community Pharmacy contractual Framework https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/

Enhanced services – these were published alongside the 2013 Directions[11]. They are negotiated locally by NHS England Area Teams and may only be provided by contractors directly commissioned by NHS England. There are no current services in the borough.

Locally Commissioned Services – These are a range of services based on local health priorities, needs and commissioning strategies. Responsibilities for these services are split between NHSE, CCGs and Las and fall outside the definition of an Enhanced service.

Services locally commissioned by Solihull CCG include:

- Minor Ailment Scheme
- Palliative Care Medicines Service

Services locally commissioned by Solihull Local Authority include:

- Sexual health services
    - Emergency Hormonal Contraception
- Substance misuse services
    - Needle exchange
    - Supervised consumption of methadone
    - Supervised consumption of buprenorphine
- Stop Smoking Service

2.4 Out of Scope

Pharmaceutical services provided in a prison or hospital setting will not be considered in this PNA.

[11] The Pharmaceutical Services (Advanced and Enhanced Services) (England)Directions 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

3.0 Local context for the PNA

3.1 Solihull Health and Wellbeing Board

The Solihull Health and Wellbeing Board (SHWB) became a statutory body on 1st April 2013, as one of the requirements of the Health and Social Care Act 2012. The aim of the Board is to improve the health and wellbeing of the population of Solihull from pre-birth to end of life, reduce inequalities and improve the quality of health and social care services. It does this by promoting a strategy of prevention, early intervention, re-ablement and rehabilitation; supported wherever possible by community based public health programmes, education, health care and social care.

Solihull has adopted the Marmot Framework for both the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. The Marmot Review is particularly valuable because its recommendations are based on a comprehensive assessment of the evidence base of what is effective in improving health and reducing inequalities. These policy objectives are:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of Ill health prevention
7. Ensure people receive the care and support they need across the life course.

A full copy of the Health and Wellbeing Strategy can be found at:
http://www.solihull.gov.uk/language/en-GB/About-the-Council/Strategies-policies/publichealth

3.2 Solihull CCG

Solihull Clinical Commissioning Group (CCG) is authorised to lead the local NHS by commissioning (buying and monitoring) high quality healthcare services for the people of Solihull. Solihull CCG's aim is that these services are tailored to meet the specific needs of patients and the wider community in the Solihull area. There are a number of dimensions to this mission, which together form the basis of a clinically-led and accountable health commissioning structure for everyone in Solihull

These include:

- Delivery of high quality of care that is safe for patients
- A local and community focus
- Where possible intervene early in an illness or if possible prevent it from happening
- Ensure the community has a greater say on the services that are available
- Empower individuals to take responsibility for their own health
- Deliver required efficiencies in the current financial climate

This vision is delivered by the following priority programmes: Improving Health (preventing illness); Primary Care; Joint commissioning; Information and Early Intervention; Out of hospital care; Hospital Transformation and an Effectiveness Review.

Recently, the three Birmingham and Solihull Clinical Commissioning Groups (CCGs) received confirmation that NHS England has approved the CCGs' application to create a single CCG for Birmingham and Solihull, from April 2018.[12] This approval is in principle, subject to a number of conditions. These conditions include the approval of the new CCG's constitution; the appointment of a Chair, Accountable Officer and Chief Finance Officer; and ensuring that all statutory roles are in place, including that the new Governing Body is correctly constituted, and that a new staffing structure is identified.

Subject to the successful completion of the conditions and actions required by NHSE, the new organisation will be known as NHS Birmingham and Solihull Clinical Commissioning Group.

The CCGs formally applied to NHS England to merge after a six week public consultation earlier this year, which showed overwhelming support for a full merger.

3.3 Neighbouring HWB areas

The other HWB areas which border the Solihull area are:

- Birmingham
- Coventry
- Worcestershire
- Warwickshire

In determining the needs of, and pharmaceutical service provision to the population of the Solihull HWB area, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

3.4 NHS England West Midlands Region

NHS England is responsible for commissioning services under the national community pharmacy contract, as well as the other primary care contracts for general practices, dentistry and optometry. It is also responsible for some nationally commissioned public health services. NHS England West Midlands Region is the 'local' arm of the organisation.

NHS England West Midlands Region is responsible not only for determining applications for pharmacy contracts but also the commissioning of enhanced services for pharmacy, contract monitoring, pharmacy opening hours and Electronic Prescription Service (EPS) support.

3.5 Solihull Local Pharmaceutical Committee (LPC)

This is the local statutory representative committee (LRC) for community pharmacies in Solihull. Members of the Committee are elected and they work with the NHS England West Midlands Region, CCGs and the Local Authority to develop community pharmacy based services to support the residents of Solihull. On the 1st April 2018, Solihull LPC merged with Birmingham LPC to become one

[12] http://bhamcrosscityccg.nhs.uk/news-a-events/987-nhs-england-approves-merger-to-create-largest-ccg-in-england

entity, Birmingham and Solihull LPC.

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3.6 Solihull Local Medical Committee (LMC)

LMCs are statutory representative committees of general practitioners (GPs) elected by their peers. The Committee in Solihull has developed close links with many of the stakeholders involved in planning and providing health care in the community and fulfils an important role linking the views of GPs with these health care organisations.

3.7 Healthwatch

Healthwatch Solihull is an independent watchdog that has been formed to make local health and social care services better for people by ensuring that their views and experiences are taken into account by those entrusted to design and run services.

Like all local Healthwatch bodies, Healthwatch Solihull has a statutory seat on the local Health and Wellbeing board – the body that oversees health and social care in the area. They also have the statutory power to enter and view health and social care services using trained volunteers. Healthwatch Solihull has a place on the new Quality Surveillance Groups that are being set up in the NHS to monitor provider quality.

3.8 Future Housing developments

The local plan, the "Solihull Local Plan" (SLP), was adopted in December 2013 and covers the period 2011 to 2028. Although it is a recently adopted plan, and is up-to-date in many respects, there are three reasons that have triggered the need for an early review of it.[13]

1. Firstly, the successful legal challenge to the local plan post adoption means that the current Local Plan has no overall housing requirement for the Plan period.
2. Secondly, the examination of the Birmingham Development Plan has made clear that the City Council is unable to meet its own housing need within its boundaries, and that the shortfall will have to be met elsewhere within the Housing Market Area (HMA) (or other nearby areas) such as Solihull.
3. Finally, the arrival of HS2 to the Borough, and in particular the Interchange station marks a significant shift from the SLP. The UK Central Masterplan and Prospectus for a 'Garden City' approach to the High Speed 2 Interchange have set out the Council's ambitions for this part of the Borough.

The draft Local Plan Review consulted on potential new housing allocations in 2016 and a submission draft will be published for consultation in 2018. The council aims to adopt the plan by the end of 2018 following independent examination. We recommend the HWB review the PNA annually to ensure any changes are taken into consideration with regard to population increase and health needs. Large developments have planning approval in Blythe Valley Park, Tidbury Green and Shirley.

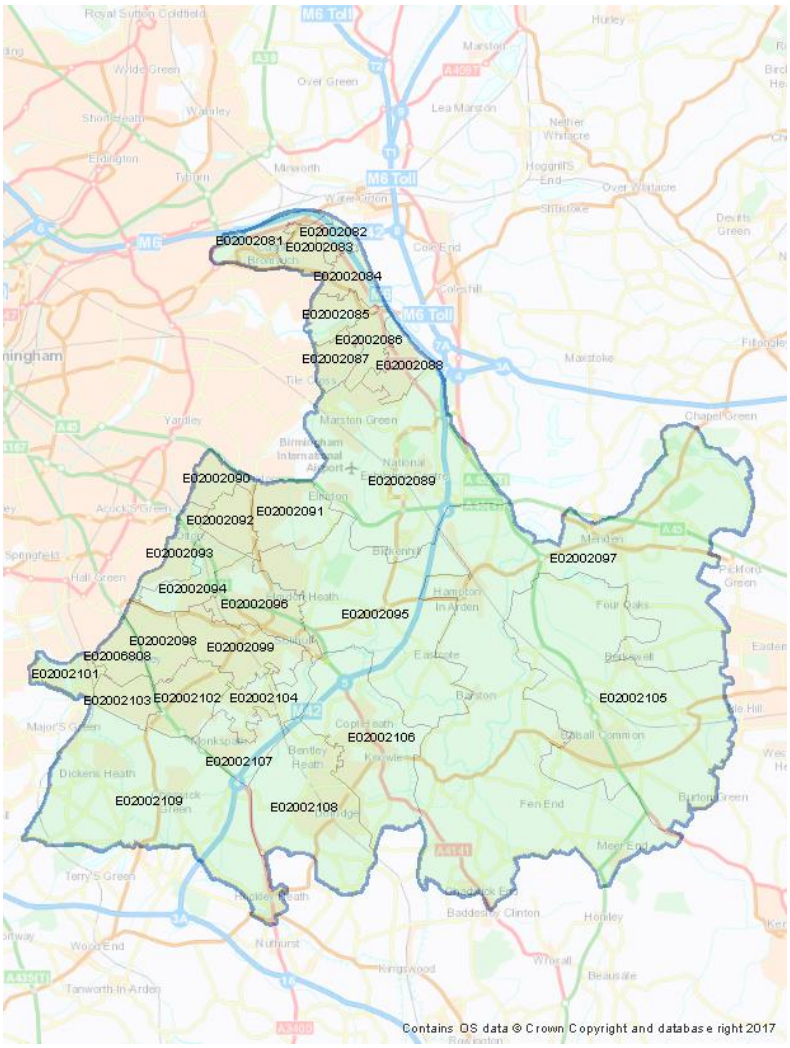
[13] Solihull draft Local Plan, November 2016
http://www.solihull.gov.uk/Portals/0/Planning/LPR/Draft_Local_Plan_05.12.16.pdf

4.0 PNA development process

4.1 Determining Localities

Solihull is a diverse Borough with a densely populated community to the north which shares a border with Birmingham and the more suburban and rural communities to the south which border the shire counties of the West Midlands. Super Output Areas (SOA's) are units of geography established by the Office of National Statistics primarily for census use that rarely change over time. These SOAs are the "building blocks" for higher i.e. larger levels of geography (Lower and Middle Super Output Areas) which are smaller in size than electoral wards and are useful for understanding changes to populations for a defined area over time. Middle Super Output Areas (MSOA) are ideal for the PNA as they are small enough to distinguish different characteristics of areas within Solihull and large enough for statistical information to be meaningful. Figure 1 shows that in Solihull there are 29 MSOAs defined for Census – each contains approximately ~ 3000 households. Appendix 1 has a key to identify the MSOA's. GIS Cartography (ARCGIS) mapping software has been used to draw maps to show provision of services against need. The maps are produced using Open Access data from Ordnance Survey. Larger localities such as Semi rural south and east, regeneration area and urban west may also be referred to.

Figure 1: Map of Solihull showing Middle Super Output Areas



4.2 Governance and steering group

A Steering Group was established for the development of the PNA as per guidance. This included key stakeholders as listed in Appendix 2. The membership was developed in accordance with recommendations in the practical guide produced by the Department of Health to support local authority health and wellbeing boards to develop and update PNAs. [14]

The Steering Group was responsible for the scrutiny and approval of the project plan, provided leadership for delivery of the project, monitored the delivery and provided advice. Stakeholders met regularly to fulfill regulatory stakeholder responsibilities towards the PNA as well as to get an update on the work in progress in the development of the PNA. The group continued to meet until the PNA was published. The Terms of Reference are shown in Appendix 2.

The group also ensured that the outcome of the project was in accordance with the statutory regulations and ensured the PNA output was able to influence commissioning.

4.3 Information Sources

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

- Joint Strategic Needs Assessment (JSNA)[15]
- Public health strategy[16]
- Public survey
- Pharmacy contractors survey
- Office of National Statistics (ONS)
- Public Health England data sources

Data has been combined to provide a picture of our population, their current and future health needs and how pharmaceutical services can be used to support the HWB to improve the health and wellbeing of our population.

4.4 Stages of development of PNA

The PNA was developed using a mixture of methods, drawing on a range of information sources and reinforced through consultation with the public and pharmaceutical service providers. The process of development of the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were duly considered.

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[14] Pharmaceutical Needs Assessments: Information Pack https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

[15] JSNA (2016): http://www.solihull.gov.uk/About-the-Council/Statistics-data/JSNA

[16] Public Health Strategy document (2016): http://eservices.solihull.gov.uk/mginternet/ieDecisionDetails.aspx?Id=2673

Figure 2: The stages of development for the PNA

These stages translate into 5 main phases for the development of Solihull's PNA:

Phase 1: In July 2017, Solihull HWB agreed to review the local PNA. The paper was endorsed and the public health team asked to lead the process in conjunction with key stakeholders. An internal SMBC task group was convened to map out the process and begin the PNA.

A PNA steering group was established with representatives from various organisations. The first meeting took place and the terms of reference and timescales were agreed, see Appendix 2. The core group considered the following actions: consultation; community engagement; legal aspects; communications; mapping of current services; links to neighbouring areas and the development of the final report.

Phase 2: The design and concept testing of pharmacy and public surveys was undertaken in August 2017 and links were also made with neighbouring areas regarding their PNA processes and cross boundary provision. A communication plan was produced (see Appendix 3). An online public survey was opened on Survey Monkey in September 2017. Paper copies were also available and distributed widely.

Phase 3: Following the initial data collection period, results were collated and analysed in October and November 2017 and a summary of gaps in provision identified and used to inform the draft report.

Phase 4: The draft report was completed and made ready for dissemination with help and advice from the Steering group.

Phase 5: The draft report was disseminated for a statutory 60 day consultation with the wider Solihull community (as stipulated in the DH 2013 regulations). Comments received were incorporated into the final version of the PNA. The final document was presented to Solihull Health and Wellbeing Board for ratification and the final PNA report was published and made available on local websites on 1st April 2018.

4.5 Equality Assessment

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

The general duty (3 main aims) requires the council to have due regard to the need to:

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

In producing the public survey, advice was sought around the PSED. The survey was also made available in other formats on request.

4.6 Process of formal consultation

Regulation 8 of the legislation (NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013) sets out the requirements for Consultation on PNAs[17]. The local authority duty to involve was introduced in the Local Government and Public Involvement in Health Act 2007 and was updated and extended in the Local Democracy, Economic and Development and Construction Act 2008.

The regulations state that HWBs must consult with the bodies set out in Regulation 8 at least once during the process of developing the PNA. These bodies include the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC) and patient groups. Any neighbouring HWBs who were consulted ensured any LPC in the area which is different from the LPC for the original HWBs area was consulted.

It also states that there is a minimum period of 60 days for the consultation process. Those being consulted were directed to a website address containing the draft PNA but could request an electronic or hard copy version if preferred.

[17] Pharmaceutical Needs Assessments: Information Pack
https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

5.0 Health Need in Solihull

5.1 Solihull in Context and the JSNA

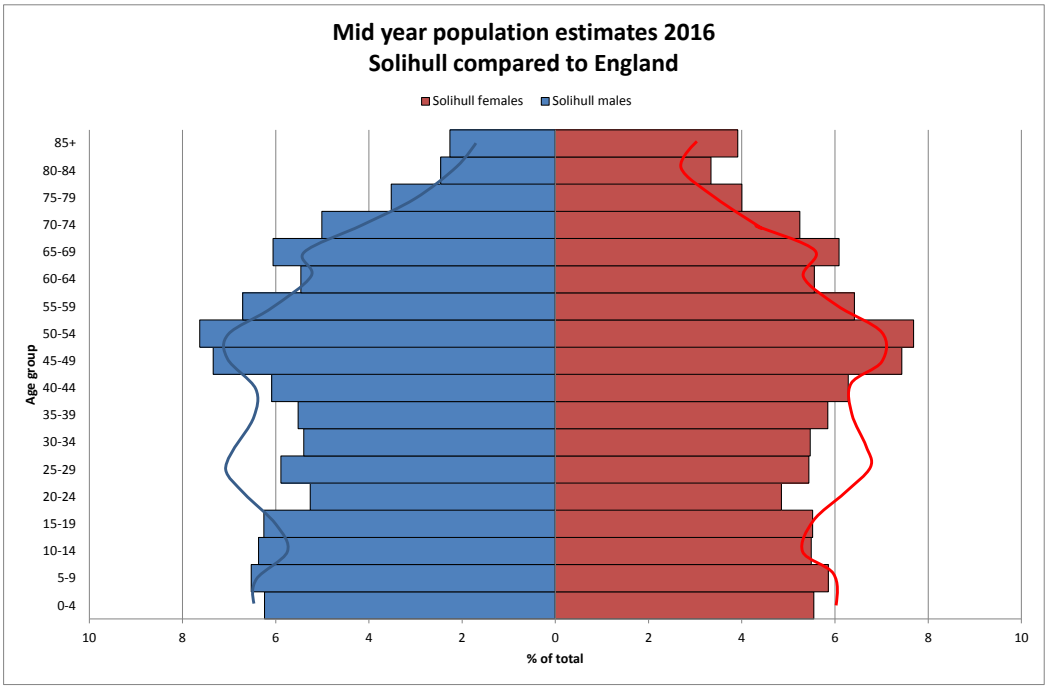
This section explores a summary of the evidence for heath need in Solihull which has been informed by the Solihull Joint Strategic Needs Assessment (JSNA). The JSNA is one of the key documents which supports this process and is prepared by the local authority in conjunction with authority partners and holds the detailed information about the needs of our population. The JSNA can be found here: http://www.solihull.gov.uk/About-the-Council/Statistics-data/JSNA.

Solihull is located in the West Midlands; the Borough covers an area of approximately 69 square miles which is both urban and rural in character. The area of Solihull has a resident population of approximately 211,763 and a registered population (i.e. number of patients registered with a Solihull based GP) of 247,569. Across Solihull the nature of the populations and their needs vary considerably. To the North and West where Solihull borders with Birmingham is urban in nature and there are significant areas of deprivation and inequality, whereas the South and East is more rural, affluent commuter belt areas where prosperous families reside.

5.2 Population

The population of Solihull is, according to ONS mid-2016 population estimates, 211,763 (102,994 males and 108,769 females), having increased by 2,902 persons on the 2013 figure (+1.4%). The most notable feature of the Solihull population profile is the relatively higher proportion of older people in the borough, with 21% of the population aged 65 and over compared with 17.9% in England and 18.3% in the West Midlands. Solihull also has an above average representation of people approaching retirement age (27% aged 45 to 64 compared with 25% nationally). This is important as this demographic represents the highest users of pharmaceutical services.

Figure 3: Population estimates for Solihull compared to England



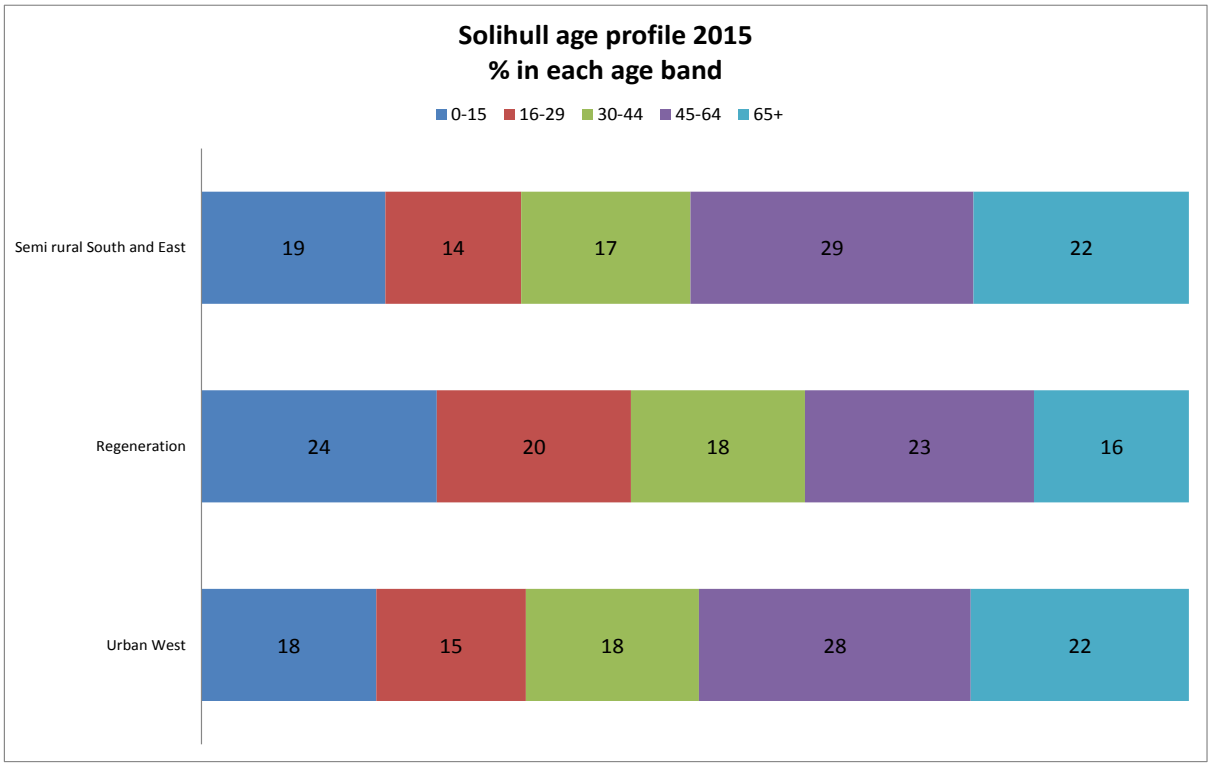
5.3 Population Structure by Locality

Solihull can be divided into three broad geographic areas:

- **Urban West:** Castle Bromwich, Lyndon, Elmdon, Olton, Silhill, St. Alphege, Shirley East, Shirley West and Shirley South
- **Regeneration:** Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood
- **Semi-Rural South and East:** Blythe, Bickenhill, Knowle, Dorridge & Hockley Heath and Meriden

These three geographic areas have significantly different age profiles, with a younger population in the North Solihull regeneration wards a notable feature; 24% of the population in the North are aged 15 or under with a further 20% aged between 16 and 29. By contrast, one in five of the population in the urban west is of retirement age, with half aged 45 or over (50%), which is similar to the profile in the semi-rural South and East.

Figure 4: Solihull Age Profile 2015



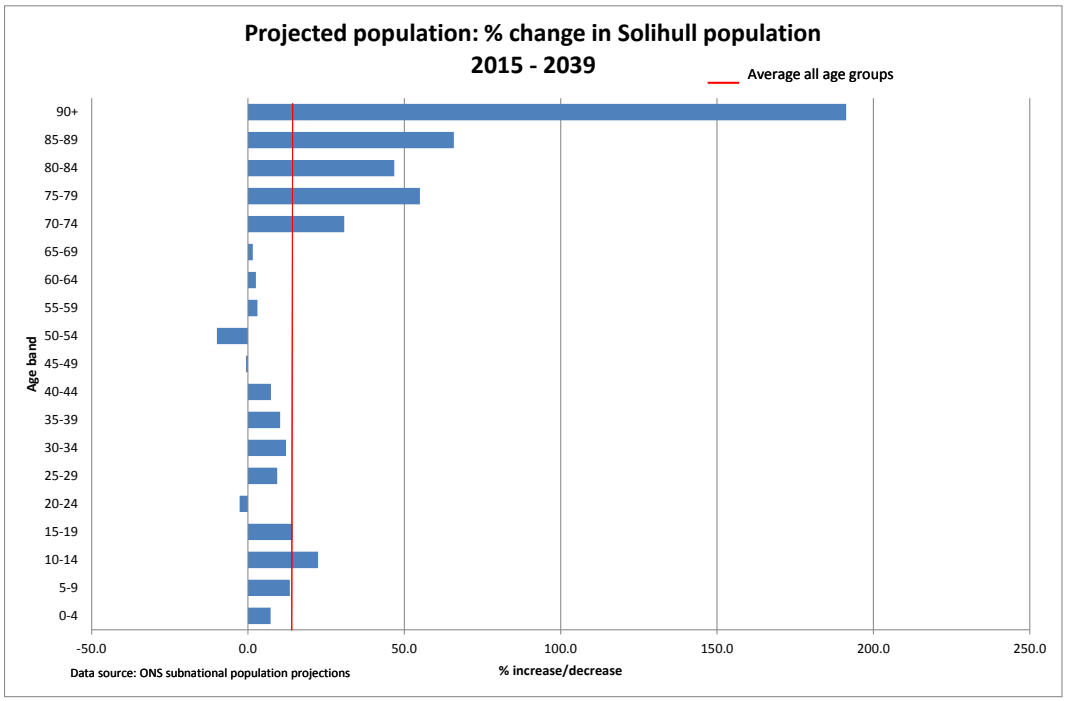
What this means for our PNA

Current needs: Older people and children are frequent users of pharmacy services and are more likely to need regular access to pharmacies. A nationally representative survey of the population in England showed that those aged over 55, women and those with long term conditions were more likely to visit pharmacies once a month or more. Men, younger adults and those in employment were less likely to visit pharmacies regularly.

5.4 Population Forecast

The overall Solihull population is projected to increase by 13.6% to 239,000 between 2015 and 2039. Population increases are projected to be substantially greater among older age groups. By 2039 it is projected that there will be around 62,000 people in Solihull aged 65 and over equating to 26% of the total population, with those aged 85+ more than doubling to 14,000. In proportional terms the 85+ age group will increase from 3% of the total Solihull population to 5.6%. The ageing population has implications for the provision of health and social care as well as the support ratio (the proportion of working aged to retired people). The age band 20 to 65, from which the bulk of the working age population will be drawn (regardless of changes to the school leaving and retirement age) reduces by 5% between 2015 and 2039 and is part of a long term proportional decline in the pool of economically active population at a local, regional and national level.

Figure 5 Projected changes in Solihull population by age group 2015-2039



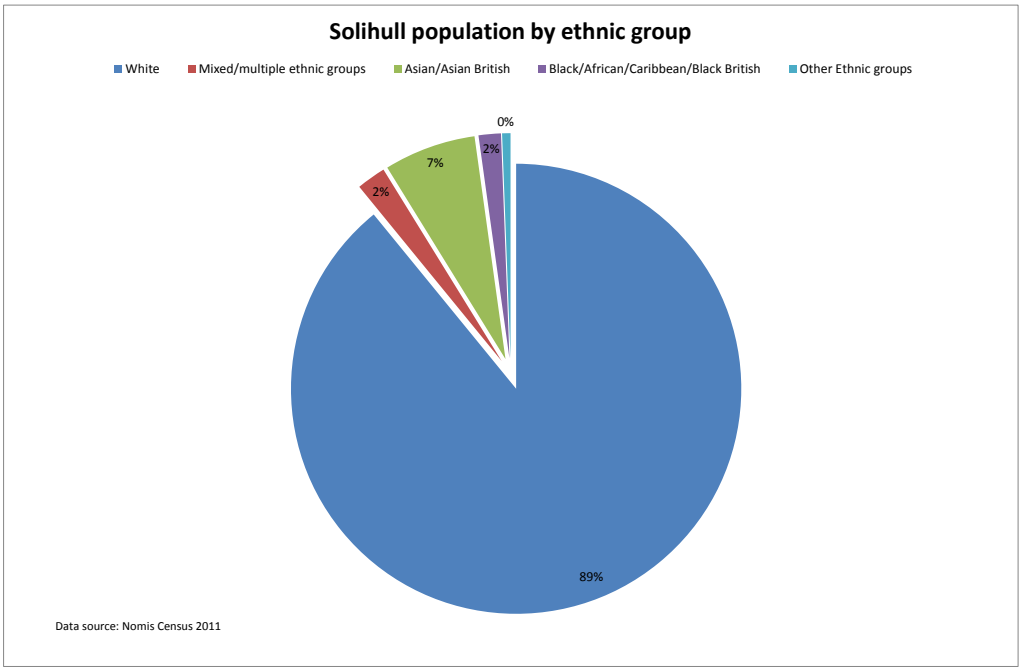
What this means for our PNA

It is important to note the predicted trend in Solihull which will be towards significant growth in the size of the population aged over 65, while the population of work age declines. As the ratio between the two populations changes there will be an increased demand for public services, including services from community pharmacy. Demand for pharmacy services are greatest amongst the older population, which is predicted to double over the next 25 years. Pharmaceutical services in Solihull will need to reflect the need for SMBC interventions and be focused on delaying the onset of disease, thereby increasing years of healthy life. They will also need to anticipate and support the needs of a growing older population with long term conditions.

5.5 Ethnicity

Solihull is in the midst of a dynamic change in terms of the borough's ethnic composition, although it remains considerably less ethnically diverse than its neighbor, Birmingham. In 2011 there were 22,430 Black, Asian or mixed ethnic Minority (BAME) residents in Solihull, equating to 11% of the borough's population compared with 14.6% in England and 17.3% of the West Midlands. The number of people in Solihull from a BAME group doubled between 2001 and 2011, compared with overall population growth of only 5%. The BAME population in Solihull is proportionally much higher in younger age groups; 30% of all BAME residents are aged 15 and under, compared to 19% in the population as a whole. The proportion of BAME of working age is similar to the whole population, 64% compared to 62% but the proportion of retirement age is only 5% compared to 19% for the whole population.

Figure 6 Solihull populations by ethnic group

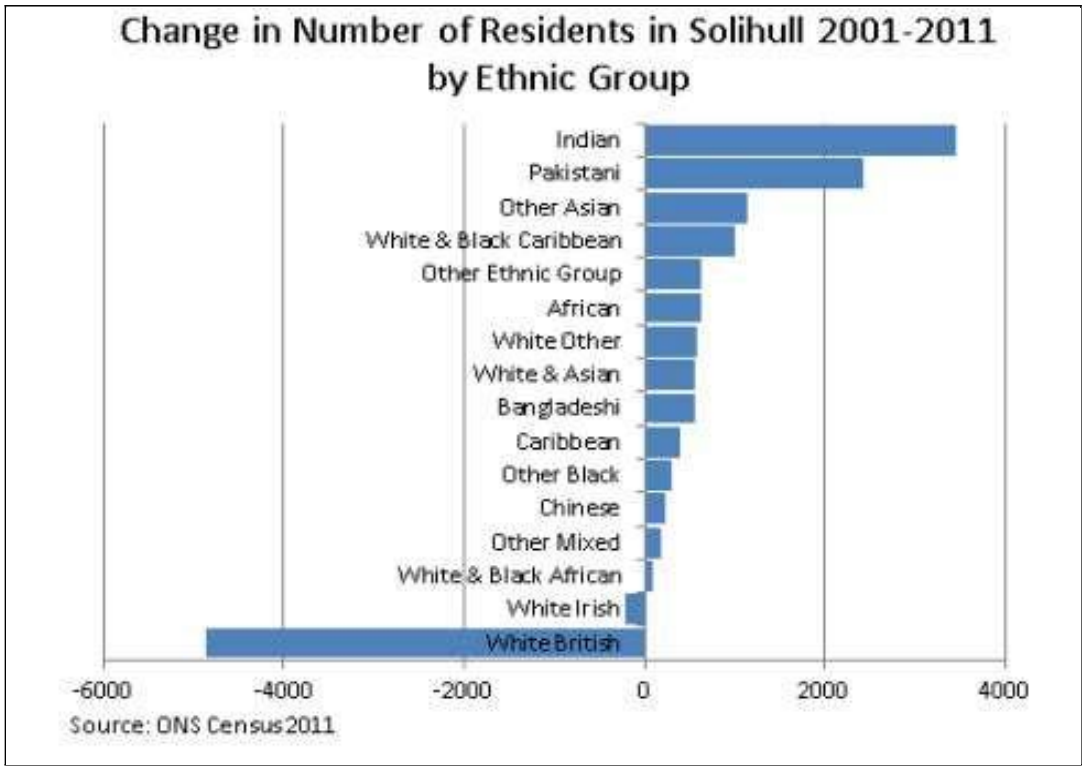


At 7% of the total borough population Asian or Asian British residents are the largest ethnic group in Solihull (see Figure 6), although like other ethnic groups the proportion is lower than the national or regional average. The largest individual BAME groups in Solihull are Indian followed by Pakistani, White and Black Caribbean and Mixed Race (see Figure 7).

What this means for our PNA

There is correlation between health inequalities and the levels of diversity in the population. Ethnic minority communities are exposed to a range of health challenges, from low birth weight and infant mortality through to higher incidence of limiting illnesses like diabetes and cardiovascular disease. Our pharmaceutical services need to reflect the needs of these populations while providing a broad range of services to the entire population of Solihull.

Figure 7 Change in numbers of residents in Solihull 2001-2011 by ethnic group



5.6 Deprivation

The Index of Multiple Deprivation (IMD) combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for individual neighbourhoods, called Lower Super Output Areas (LSOAs) in England.

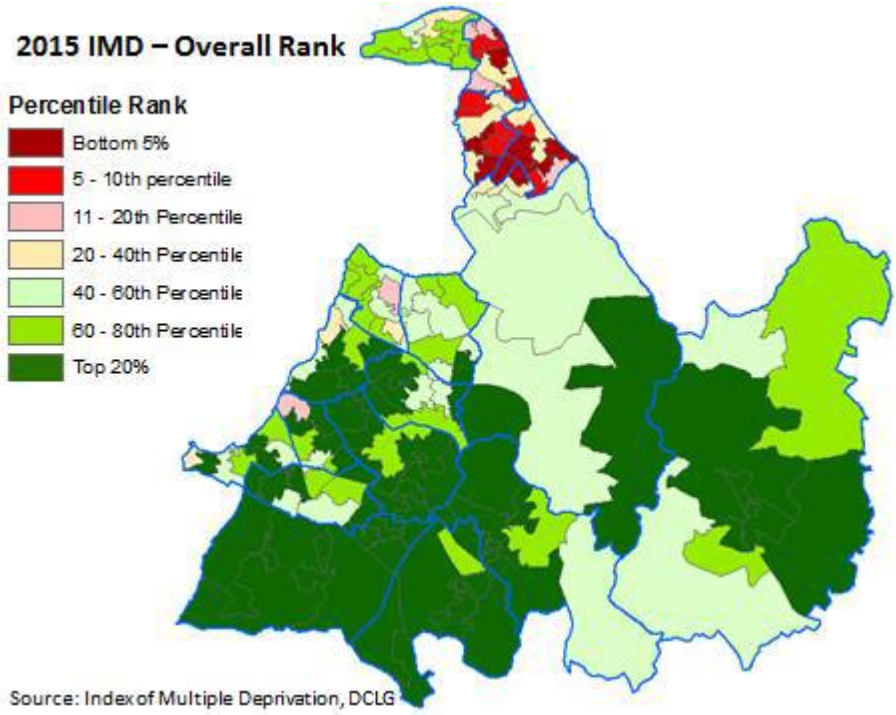
There are 32,482 LSOAs in England and 134 in Solihull and the minimum population for a LSOA is 1,000 with an average of 1,500. The Index of Multiple Deprivation therefore allows each neighbourhood (LSOA) to be ranked relative to one another according to their level of deprivation.

There are 22 LSOAs in Solihull in the most deprived 20% of neighbourhoods in England. 16 are in the bottom 10%, 8 of which are in the bottom 5%. All of these are in the regeneration area as well as 4 that are in the most deprived 20%. The remaining 2 LSOAs in the most deprived 20% are in the south of the borough (see Figure 8).

Compared with 2010 there are more Solihull LSOAs in the bottom 10% nationally (16 versus 15) and there are now eight LSOAs in the bottom 5% compared to two in 2010.

Figure 8 shows that the areas with greatest deprivation are in the North and some areas to the West of Solihull. This contrasts with the relatively low levels of deprivation in the South and East of the Borough.

Figure 8 Index of Multiple Deprivations (2015)



What this means for our PNA

There is correlation between deprivation and health outcomes, with higher incidence of long term condition, earlier onset of disease and lifestyle related health inequalities. Pharmacy services are often an accessible source of health services and the promotion of positive health messages in these localities.

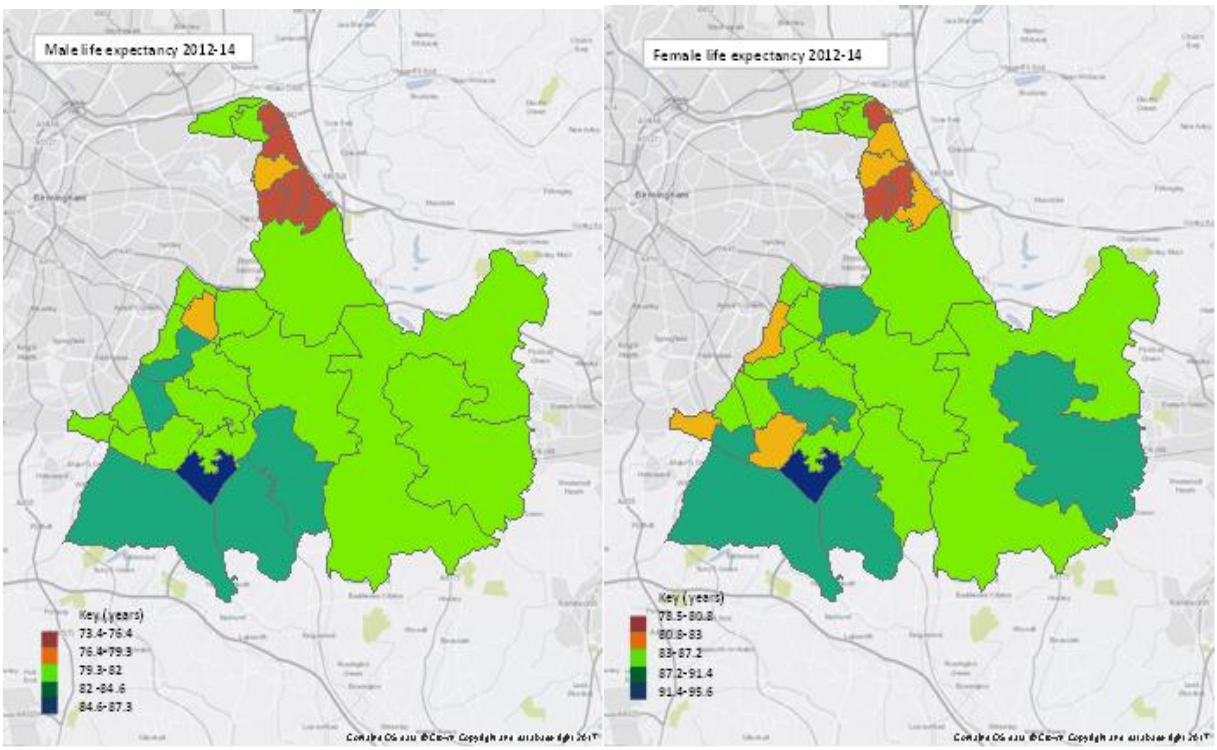
5.7 Average life expectancy at birth

Life expectancy is a measure of how long a person born in an area would be expected to live by reference to current observed rates of mortality. The gap in life expectancy between the best and worst helps us to understand how inequalities affect our population differently, see Figure 9.

What this means for our PNA

Closing the gap in life expectancy is a key outcome for both SMBC and CCG; this requires targeted effort focusing on communities that have the worst outcomes. Examples of relevant pharmacy services which can impact on factors affecting life expectancy include: Smoking cessation, vascular risk assessment, alcohol interventions, healthy living advice, medicines use review and long term conditions management.

Figure 9: Average Life Expectancy at Birth 2012-14



5.8 Infant mortality

Infant mortality rates refer to the number of deaths within the first year of life per 1,000 live births. Wide variations in rates are often seen annually due to small numbers of events. Therefore three-year rolling averages are used to even out variation. Infant deaths are not common events. In Solihull, the rate was 4.7 per 1,000 live births between 2013-2015 – lower than the West Midlands (5.7) but higher than Comparator Authorities and England as a whole (3.9).

Figure 10: Infant Mortality 2013 to 2015

Infant Mortality 2013 - 2015	Rate/1000 live births
England	3.9
West Midlands	5.7
Solihull	4.7
Average comparator authorities	3.9

Data source: Public Health Outcomes Framework

What this means for our PNA

Early access to antenatal care can also be secured through pharmacy pregnancy testing services. Pregnant women can be referred for antenatal care at this point.

There is ample opportunity to influence child and maternal health through pharmacies by, for example:

- Smoking cessation advice
- Advice to avoid alcohol
- Access to Healthy Start vitamins (which include folic acid, vitamins C and D) – in Solihull, **all** pregnant and breastfeeding women are entitled to free Healthy Start vitamins, regardless of income and all children aged from 6 months to 4 years are entitled to Healthy Start children's vitamin drops (containing vitamins A, C and D) as part of the national voucher scheme.
- General advice on pregnancy health
- Nutrition advice
- Advice on physical activity

Advice and support on breastfeeding including which medications can be taken by lactating women can be received from the Drugs in Breast Milk Information service. Local breastfeeding support and advice is available at **www.youplusbaby.co.uk**

5.9 Disease Prevalence

Long term conditions (LTCs) including cardiovascular disease, hypertension, diabetes, respiratory disease such as COPD and asthma, stroke, depression, dementia and cancers affect thousands of people in Solihull. Long term conditions increase with age and are common in more deprived populations. The risk of several long term conditions such as heart disease, stroke, cancer, diabetes and chronic obstructive lung disease are influenced by the levels of smoking, obesity, physical activity and alcohol consumption in the population. The higher frequency of these risk factors in more deprived populations contributes to the poorer health in these groups.

Certain ethnic groups are also at an increased risk of some long term conditions such as diabetes, heart disease and stroke in South Asian and African – Caribbean communities.

Figure 11, Disease Prevalence (%)

Condition	Solihull	Midlands and East of England	England
CHD	3.37	3.21	3.15
COPD	1.96	1.85	1.87
Stroke and TIA	1.91	1.78	1.75
Diabetes	7.19	6.93	6.67
Cancer	3.08	2.64	2.58

Data source: Quality and Outcomes Framework 2016/17, NHS Digital

What this means for our PNA

Patients with Long Term Conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm.

Several types of interventions (e.g. reduced dosing demands as well as monitoring and feedback) may help to ensure that medicines are used safely and effectively (medical adherence).

Repeat dispensing is an essential service in pharmacy and should be a way of helping patients with long term conditions manage their medication for periods of up to twelve months. Repeat dispensing is an alternative model for prescribing and dispensing regular medicines to patients on stable long–term treatment. Where repeat supplies are managed by the patient's pharmacy of choice, at the point of dispensing each instalment, the pharmacist will be responsible for checking patient adherence and other clinical factors that are relevant to the appropriateness of the continued supply. This may include, for example, whether there are any problems the patient may be encountering with their medicines, whether the patient has recently been in hospital or had changes made to their medication regimen. Any issues of concern to the pharmacist will be reported to the patient's GP practice.

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out Medicines Use Reviews (MURs). MURs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber.

The HWB and its partners recognise the importance of improving awareness of the risks associated with Long Term Conditions (LTC). Health campaigns aimed at improving medicines-related care for people with LTC and therefore reducing emergency admissions could be provided through community pharmacies. In addition, pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.

Community pharmacists could be involved in monitoring the use of, for example: statins, blood pressure regulating medication and independent prescribing.

5.10 Hospital Admissions

Pharmacy services are an important, but often overlooked part of the long term conditions pathway. One in three people have a long term condition and they are usually treated or managed using medicines.

Ensuring that medicines are used safely and effectively improves outcomes and reduces the risk of hospital admission. It is estimated that around 20% of all admissions to hospital are medicines related, so while the above admissions categories may be disease specific one in five is likely to be related to a failure or unintended consequence of using prescribed medicines.

Non-adherence is a silent but significant challenge in managing long term conditions, the World Health Organisation (WHO) estimates that between one third and one half of all dispensed medication is not taken as intended. This has the double negative impact of denying the patient of the benefit of the treatment while costing the health system in drugs that are essentially wasted as a result.

Figure 12, highlights the main localities for significantly higher emergency admissions are in the regeneration areas, Lyndon and Elmdon, Hobs Moat and Shirley.

What this means for our PNA

Pharmacy has a role in ensuring patients, clinicians and carers can obtain the maximum benefit from medicines while reducing risks associated with treatment. For example the Medicines Use Review (MUR) service and New Medicine Service (NMS) are ideal opportunities to support patients moving in and out of hospital.

Figure 12 Mortality, Hospital admissions and Lifestyle by MSOA

	Mortality 2010-14						Hospital Admissions 2010/11 -2014/15							Lifestyle		
MSOA Code	cancer, all ages	cancer, under 75	CHD, all ages	CHD, under 75	Stroke, all ages	Respiratory disease, all ages	All emergency adms	All elective adms	Emergency adms. for CHD	Elective adms. for CHD	Emergency adms for heart attack	Emergency adms. for COPD	admissions alcohol related harm	Obesity (modelled) 2006-08	Binge drinking (modelled) 2006-08	Healthy eating (modelled) 2006-08
E02002081	126.2	123	86.4	72.4	62.7	73.9	93.6	89.2	69.5	96.8	61.4	51.2	87.6	30.8	20.7	25.8
E02002082	124.7	127.2	122.9	160	88.3	198.6	135.4	110.3	117	125.8	114.4	162.5	114.4	33.3	22.7	17
E02002083	106.7	122.6	72.5	74.8	91.5	86.4	81	97.7	74.7	104.5	50.7	23.7	82.7	30.2	21.9	25.1
E02002084	126.3	145.2	158	186.4	71.3	118.3	130	100.7	113.3	135	98.2	167.4	120.7	32.1	21.5	17.9
E02002085	137.8	169.2	90.7	73.3	94.3	140.1	124.9	102.3	114.9	120.1	103.3	167.9	127.1	30.7	22	19
E02002086	189.8	196.9	156.6	188.6	116.9	143.2	151.8	104.9	137.2	150.5	120.1	173.9	128.1	29.8	22.5	18.4
E02002087	144.3	157.8	165.1	187.4	112.9	111.8	150.2	112.6	136.6	151.1	131.2	167.1	109.7	30	23.4	17.3
E02002088	138.4	146.7	122.3	150.2	86.9	114	151.7	109.7	131.5	144.9	103.8	183.4	146.7	32.5	23.7	17.4
E02002089	108.9	104.1	103.5	94	77.2	100.4	124.7	98.6	104.1	119.4	96.8	73.8	89.5	29	20.1	24.7
E02002090	103.3	93.4	70.2	60	132	97.7	115.8	99	95.7	98.7	86.9	84.2	95.8	28.9	20.3	24.3
E02002091	87.4	97.3	74.8	62.8	94.9	75.6	117.9	102.9	114.7	130.7	79.7	79.9	130.8	25.7	17.4	25.5
E02002092	93	88.2	76.8	124.1	68.6	92.9	142	94.2	114.7	117.4	91.9	149.1	138.3	24.1	21.4	25.7
E02002093	90.8	94.1	79.9	64	96.7	106.3	129.1	94.1	89	102.3	67.2	156	122.2	22.2	19.5	28.8
E02002094	88.9	93.9	77	82	63.5	60.7	98	90.9	78.3	115	73.1	54.2	69.7	19.9	18.1	33.4
E02002095	94	93.9	59.1	52	81.7	81.9	110.6	100.8	92.5	116.6	68	66.8	95.6	24.2	19.9	29.6
E02002096	107.1	97	67.9	35.8	102.7	67.3	107.9	87.6	71.4	85.2	58.6	53.4	107.2	20.3	16.4	35.4
E02002097	101.1	105.8	73.3	90.8	107.2	70.1	99.6	88.8	95.3	103	74.9	45.7	86.4	23.2	23.3	33.9
E02002098	75.2	65.9	80.1	133.3	77.2	92.6	109	95.4	94.9	91.9	85.7	88.7	102.5	24.3	17.3	29.9
E02002099	81.1	66.7	61.9	71.1	99.7	54.9	94.9	80.4	71.4	105.3	38	40.6	100.7	17.4	17.1	38.7
E02002101	92.1	90	73.1	72.4	97.2	93.5	114.3	98.1	70.7	100.4	74.2	96.2	137.9	27.5	19.5	27.7
E02002102	97.6	98.5	70.8	57.7	159.6	93.4	123.5	91.7	77.6	103.4	67.5	124.6	96.8	23	18.9	30.9
E02002103	77.4	70.5	62.2	72.9	111.3	64.2	104	94.2	70	75.3	51.4	71.1	85.4	24.2	17.6	30.7
E02002104	107.2	92.2	60.3	33.2	134.5	90.7	88.3	82.9	61.2	82.5	53.3	38.3	71.9	20.6	20	36.3
E02002105	99.6	86.2	43.5	29.2	55.1	51.7	83.2	93.2	59.6	68.7	56	47.6	80.6	19.5	22	35.9
E02002106	76.5	69.1	50	40.5	94.2	68.1	98.3	83.9	56.8	95.1	50.8	33	80.5	19.5	20.2	35.4
E02002107	76.3	87.1	47.9	51.1	71.3	39.7	93.4	93.3	85.7	117.2	47.9	30.3	86.6	22.5	19.7	33.3
E02002108	82.2	84.3	52.6	50.7	43.5	48.8	86.8	79.9	67.9	89.8	54.4	35.1	106.3	18.5	18.8	35.7
E02002109	75.1	59.2	75.8	35.8	80.8	55.1	85.8	88.1	74.3	118.7	79.1	22.5	75	22.6	21.7	32.8
E02006808	81.9	69.5	97.6	130.8	69.4	79.4	100.3	97.3	65.7	63.2	47.8	80.3	84.9	26.7	20.2	25.4

Key Significant higher Similar Significant Lower SMRs/SARs Compared to England (100) Data source: Local Health, PHE

5.11 Smoking

Smoking is the biggest single preventable cause of disease and premature death in the UK. One in two regular smokers is killed by tobacco, half dying before the age of 70, losing an average of 21 years of life. The key to reducing the health harms and inequalities associated with tobacco use is to prevent people from starting smoking in the first place. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD, bronchitis and emphysema) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Stopping smoking is an SMBC priority. The risk of heart disease reduces to about half that of a continuing smoker within a year or so of stopping smoking, while the risk of lung cancer reduces to almost the same as the risk for people who have never smoked within 15-20 years. Encouraging cessation amongst adults is also important in reducing smoking role models for children and young people.

Figure 13: Smoking prevalence (2015)

Smoking prevalence	Solihull	West Midlands	Comparators	England
Adults - current smokers	11.6	15.7	14.3	16.9
Adults – current smokers Routine and Manual occupations	19.2	25	24.6	26.5
Current smokers - (young people 15+)(2014/15))	4.7	7	8.2	8.2
Smoking at time of delivery (2013/14)	12.5	13.2	12.2	12

Data source: PHE Fingertips

The smoking in pregnancy rate was previously significantly higher than that seen for England but is now closer to the England average. Smoking prevalence for those aged 18 or over (11.6%) is significantly better than the England average (16.9%) for 2015. This is also true of the key routine and manual worker subset (19.2% and 26.5% respectively). It should be noted that smoking prevalence for this key group is improving compared with all adults which is deteriorating slightly. This suggests the need for targeted interventions for this key group and that further research and monitoring is required for all other socio-economic groups in Solihull.

Smoking attributable deaths in Solihull are significantly better than the England average. This is also found in deaths from lung cancer and chronic obstructive pulmonary disease (directly age standardised rates per 100,000 for 2013/15 shown in the table in Figure 14).

Figure 14: Deaths from Smoking (2013/15)

Deaths	Solihull	West Midlands	Comparators	England
Smoking attributable deaths (aged 35 and over)	225.2	280.9	244.8	283.5
Smoking attributable deaths from heart disease (35+)	21.6	29.5	23.9	28.9
Smoking attributable deaths from stroke (35+)	7.6	9.5	7.1	9.4
Deaths from lung cancer (all ages)	47.3	58.1	52.4	58.7
Deaths from COPD (all ages)	41.3	53.2	44.4	52.6

What this means for our PNA

Pharmacies already play an active role in providing support for smoking cessation. The role of community pharmacy is two-fold; providing access to smoking cessation therapy and providing stop smoking advice from pharmacists and trained staff. Pharmacies are a unique provider, in that pharmacies have access to Nicotine Replacement Therapy (NRT) at the point of care, they also provide a "walk in" service across extended hours of service.

PHE and Action on Smoking and Health (ASH) support the use of e-cigs for people unable or unwilling to stop smoking and research from PHE suggests e-cigs are 95% less harmful than cigarettes. Research evidence and stop smoking service data both indicate that e-cigarettes can help smokers to quit, may be at least as effective as licensed medications and that an increasing number of people are choosing this option.[18]

5.12 Excess Alcohol

Government recommendations at the time of publication are that adults should not regularly drink more than 14 units of alcohol a week with further advice to have two alcohol free days per week.

Figure 15: Hospital admissions for alcohol (2015/16)

	2015/16	Solihull		West Midlands		England		Comparator authorities (Top 5)	
Hospital admissions for alcohol related conditions (narrow definition)	aged (years)	males	females	males	females	males	females	males	females
	All ages	855	582	908	566	830	483	820.0	437.6
	<18	31.2	39.5	25.4	40.1	29.4	45.8	37.8	55.7
	<40	450	284	397	276	370	258	421.6	300.0
	40-64	1016	865	1193	847	1115	698	882.3	559.2
	65+	1554	815	1652	782	1447	654	1360.2	561.0
Hospital admissions for mental and behavioural condition due to alcohol use	All ages	153.7	78.4	121.9	49.8	111.6	49.7	137.2	70.7

[18] PHE 2017: https://www.gov.uk/government/publications/stop-smoking-services-models-of-delivery

What this means for our PNA

In Solihull there are estimated to be 6,595 people classed as 'higher risk drinkers', these are drinkers who have a high risk of having an alcohol related illness. Evidence suggests that the highest rates of alcohol consumption are in the least deprived areas.

In a similar vein to smoking, most indicators in the alcohol profile for Solihull are either similar to or significantly better when compared with the England average. However, hospital admissions for females of all ages (narrow definition) i.e. the primary diagnosis is an alcohol attributable condition were significantly higher than England in 2015/16. Particular age groups with higher than average admissions are highlighted above (see Figure 15). Admissions for mental and behavioural problems due to use of alcohol for both males and females were also significantly higher than the England average.

Community pharmacies are well placed to provide brief advice, information and appropriate signposting to help and support individuals concerned about their alcohol consumption.

5.13 Teenage conceptions

Sexual health has a major focus in the JSNA[19] and Public Health Strategy with the role of pharmacies already highlighted in the provision of Emergency Hormonal Contraception (EHC).

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18.

The conception rate is the number of pregnancies that start before the mother's 18th birthday (per 1,000 young women aged 15 to 17) and includes pregnancies that end either in birth or termination.

According to PHE data from 2015, the teenage conception rate for Solihull (19 /1,000) continues to reduce and is lower than the West Midlands rate of 23.7 /1000.

Figure 16 Teenage conceptions (numbers and rates) 2015

Area of residence	Number of Conceptions	Conception rate per 1,000 women in age group	Maternity rate per 1,000 women in age group	Abortion rate per 1,000 women in age group	Percentage conceptions leading to abortion
ENGLAND		20.8	6.3	9.9	51.2
WEST MIDLANDS		23.7	7.2	11.4	51.1
SOLIHULL	74	19	2.3	11.4	67.6

What this means for our PNA

Teenage pregnancy can be avoided if younger girls have suitable access to emergency contraception. The location of pharmacies means that they are easy to reach for this age group who are often

[19] http://www.solihull.gov.uk/language/en-GB/About-the-Council/Strategies-policies/publichealth

unwilling to use other services. Pharmacies in Solihull provide access to Emergency Hormonal Contraception through a Patient Group Direction (PGD). The service is free of charge to women using the service. Pharmacies are seen as a safe and accessible provider of EHC services.

5.14 Sexual Health

The rates of the following sexually transmitted diseases: Chlamydia, Gonorrhoea, Syphilis, Pelvic Inflammatory disease and HIV are all lower in Solihull than England. Those disproportionately affected by sexual-ill health include young people, black minority ethnic communities and men who have sex with men (MSM).

Figure 17, Rates of new STIs by age group and gender in Solihull 2016

Indicator	*Solihull*	*West Midlands*	*England*
All new STI diagnosis rate/100,000	622	663	750
All new diagnoses (exc. chlamydia aged <25) /100,000	658	686	795
Chlamydia proportion aged 15-24 screened (%)	17.1	16.4	20.7
Chlamydia detection rate /100,000 aged 15-24 (Male)	1234	1145	1269
Chlamydia detection rate /100,000 aged 15-24 (Female)	2644	2305	2479
Chlamydia diagnostic rate/100,000 (all ages)	316	329	364
Chlamydia diagnostic rate/100,000 aged >25	139	154	188
HIV diagnostic rate/100,000 aged 15+ (2015)	2.9	8.3	12.1

Data source: Sexual and Reproductive Health Profiles, Fingertips, PHE

What this means for our PNA

Sexual Health services in Solihull are provided by Umbrella, part of University Hospitals Birmingham NHS Trust. There are two specialist clinics in Solihull which offer testing and treatment for Sexually Transmitted Infections (STIs), testing for HIV and a full range of contraception options, including Long Acting Reversible Contraception (LARC) methods such as coils and implants. These clinics are at Boots Mell Square and Chelmsley Wood Primary Care Centre. SMBC also commissions some Solihull GPs to provide LARCs, and some Pharmacies to provide free Emergency Hormonal Contraception (EHC). GPs also provide routine contraception and some STI testing and treatment as part of their contract with the CCG.

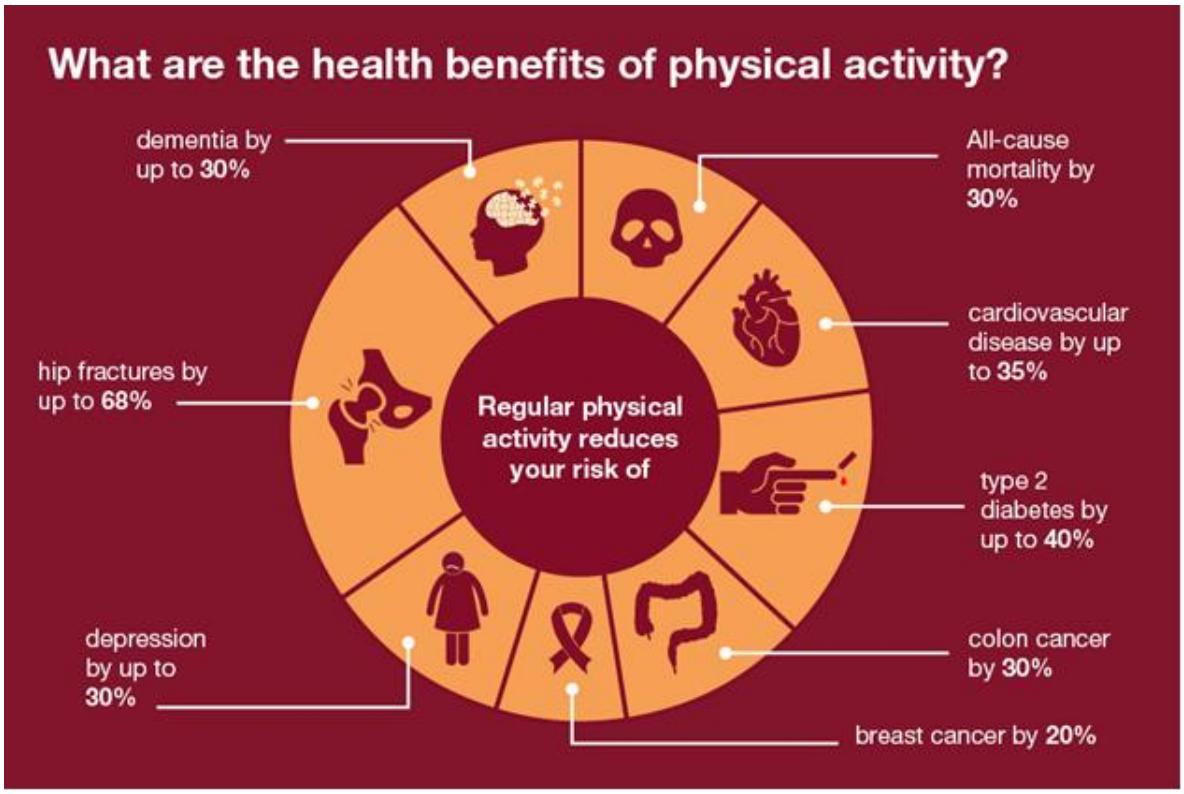
SMBC commissions Umbrella jointly with Birmingham City Council (BCC). In Birmingham, Umbrella, rather than BCC, directly sub-contracts and manages LARC in primary care and sexual health services in Birmingham Pharmacies. The Pharmacies offer a wider range of services over and above the usual EHC, with two levels of service known as Tier 1 and Tier 2. Solihull residents can access these services in Birmingham Pharmacies. Umbrella also offers self-sampling STI testing kits online to Birmingham and Solihull residents. See the Umbrella website for further details of current service locations and options: www.umbrellahealth.co.uk

Pharmacists offer patient's advice on safe sexual health when opportunities arise as well as more pro-actively during monthly campaigns. They also provide access to the sale of condoms which help prevent both pregnancy and STI infection.

5.15 Physical Activity

Physical inactivity is now one of the top ten leading risk factors contributing to death in developed countries and the population's health is at significant risk from inactivity as it increases the risk of developing many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions, see Figure 18.

Figure 18, Health Benefits of Physical Activity



Start Active, Stay Active, UK Chief Medical Officer's, 2011

Key benefits and outcomes from physical activity are:

General population	• Lowered rates of all-cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, metabolic syndrome, colon and breast cancer, and depression in more physically active individuals; • Increased cardiorespiratory and muscular fitness; • Decreased risk of CVD, type 2 diabetes, metabolic syndrome, hip/vertebral fracture and colon/breast cancer; • Greater likelihood of achieving weight maintenance, a healthier body mass and composition; • Maintenance and improvement of bone density; • Improvements in pain, function, and quality of life for individuals with Osteoarthritis, Rheumatoid arthritis and muscle pain; and • Musculoskeletal benefits including skeletal muscle mass, strength, power and intrinsic neuromuscular activation.
Additional benefits for children and young people	• The contribution to the development of healthy musculoskeletal tissues; • A healthy cardiovascular system and neuromuscular awareness;

	• Facilitating maintenance of healthy body weight.
Additional benefits for the elderly	• Improved functional health; • Decreased risk of falls; • Enhanced cognitive function and improved quality of life; • Social benefits; • Improvements in activities of daily living; and • Mobility.

In England, 25.6% of the adult population are inactive. Inactivity is highest amongst:

- Women, 27%;
- Those aged 65-74, 30% and increasing with age;
- People with a disability – those people with one impairment 33% are inactive with inactivity increasing with greater levels of impairment; and
- Long term unemployed or those who have never worked, 37%.

Sport England's Active Lives survey for 2015/16 shows that in Solihull 21.2% of the population are inactive, although local figures show that inactivity increases significantly in the deprived wards of North Solihull, Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood.

Figure 19, Physical activity levels in Solihull, regionally and nationally

Comparison of activity levels	Solihull	West Midlands	England
% of adult population inactive	21.2%	24.0%	25.6%
% of adult population fairly inactive	15.0%	13.2%	13.8%
% of adult population active	63.8%	62.8%	60.6%

Source: Sport England's Active Lives Survey 2015/16.

In comparison to its nearest neighbour authorities Solihull is mid group for both active and inactive adults.

What this means for our PNA

The result of this inactivity is a huge and costly burden on the National Health Service. On average, an inactive person spends 38% more days in hospital than an active person, and has 5.5% more family physician visits, 13% more specialist services and 12% more nurse visits than an active individual. The costs associated with physical inactivity include; an average of £5 million per year due to health consequences to each primary care trust, an estimated yearly £1-£1.8 billion to the NHS, and £8.3 billion to the English economy.

Reducing physical inactivity is a priority for SMBC. Pharmacies already play a role in providing information about the physical activity opportunities in the Borough by raising awareness of the Solihull Active campaign which primarily targets inactive populations. This work continues to be essential to address the inactivity levels in the Borough. Targeting a physical activity based conversation to those populations who are inactive and directing them to the most appropriate services or points of information can extend the role of pharmacists locally.

6.0 Surveys for Information gathering

6.1 Pharmacy Survey Overview

As part of the development of the PNA, all Solihull Community Pharmacies were asked to complete an online survey (see Appendix 4). This was to ensure that the information included in the PNA on current pharmacy services provided by pharmacy contractors was as accurate and up to date as possible. The data also enabled us to identify any gaps in service provision. The survey was based on one developed by the Pharmaceutical Services Negotiating Committee (PSNC)[20]. The survey asked about pharmacy premises, staffing, service provision, identification of interest in provision of new services and information about ease of access which also included opening hours. Local pharmacies were given four weeks to complete the survey.

6.2 Pharmacy Survey analysis and key findings

Pharmacies completed the survey using PharmOutcomes[21] a web based system that helps community pharmacies provide services more effectively and allows commissioners to manage these services. 35 pharmacies responded out of 47 eligible contractors i.e. 74% of pharmacies in Solihull. A summary of the community pharmacy contractor survey responses are detailed in Appendix 5.

Appendix 6 has a breakdown of each question and the response rates. Analysis of the results of the pharmacy survey is as follows:

6.2.1 Consultation Facilities

The pharmacy survey included a question asking if any consultation facilities existed on site and if they included wheelchair access. The Disability Discrimination Act 1995, replaced by the Equality Act 2010, sets out a framework which requires providers of goods and services not to discriminate against persons with a disability. It is expected that the pharmacy would make reasonable adjustments, if this is what is required in order to allow the person to access the service.

A high percentage of pharmacies had a consultation area/ room (94%) with 86% having wheelchair access. 94% of pharmacies reported the consultation area was enclosed.

During consultations 83% of pharmacy premises had access to hand washing facilities either within the consultation area or close by. 77% of pharmacy premises could not provide access to toilet facilities to patients attending for consultation.

6.2.2 Language spoken

Other than English, there were 14 different languages spoken in Solihull pharmacies. Punjabi and Urdu (24% each) were the most commonly spoken languages, followed by Hindi (19%) and Gujarati (12%). The languages mainly spoken in the wider Solihull community are Punjabi (31%), Urdu (28%), Gujarati (16%) and Hindi (13%).

[20] PSNC: http://psnc.org.uk/?s=pna&post_type=all
[21] http://psnc.org.uk/services-commissioning/pharmoutcomes/

6.2.3 IT Facilities

Many GP practices are now able to transmit prescriptions electronically to a pharmaceutical service provider (community pharmacy or dispensing appliance contractor).

The system is known as EPS Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing.

Electronic prescriptions are sent directly to the pharmacy nominated by the patient. GP practices that provide this service can only transmit electronic prescriptions to a pharmacy that has a dispensing system enabled to receive electronic ('Release 2') prescriptions. From the responses, 74% reported being EPS R2 enabled. Data available on which pharmacies in England are enabled to offer the electronic prescription service is available from NHS Choices.[22] Appendix 5 contains information which identifies those pharmacy contractors who provide the electronic prescription service (correct as at 1/11/2017).

6.2.4 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework aims to improve the health and wellbeing of the local population and help reduce health inequalities. This is achieved through a consistent delivery of a broad range of high quality services through community pharmacies to meet local need.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Achieving HLP level 1 (self-assessment) is now a Quality Payment criterion for the Quality Payments Scheme 2017/18. In Solihull 31% of pharmacies have achieved the HLP status whilst 63% are currently working towards this.

6.2.5 Essential Services

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-blacklisted) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of his business'[23]

[22] NHS Choices: http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/eps.aspx
[23] PSNC http://psnc.org.uk/services-commissioning/essential-services/dispensing-of-appliances/

The pharmacy survey indicates 71% of contractors dispense all types of appliances, whilst 17% dispense just dressings and only 3% dispense no appliances.

6.2.6 Advanced Services

Section 2.3 lists all advanced services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time.

MURs – 94% of the pharmacies which responded to the survey were providing the service. Another 3% of pharmacies intend to begin within the next twelve months.

NMS - in 94% of pharmacies, with another 3% due to begin within the next twelve months.

AUR service - at 9%; however none of the other Solihull pharmacies intend to provide this going forward.

SAC - No pharmacies currently provide a stoma customization service locally according to the survey.

Flu vaccination service is a new service since the last PNA. 83% currently provide the service with another 3% due to start in the next twelve months.

NUMSAS – 17% currently provide the service, with another 34% due to start in the next twelve months.

6.2.7 Enhanced Services and Locally Commissioned Services

Under the pharmacy contract, enhanced services are those directly commissioned by NHS England (Section 2). Therefore any locally commissioned services are not considered here. They are considered in Section 6.3.

Results indicate less than 10% are commissioned by NHSE to deliver care home services.

6.3 Other Services which may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge , privately funded or commissioned by the local authority or CCG.

Examples include delivery services, allergy testing, etc.

6.3.1 Local Authority commissioned services provided by Community Pharmacies in Solihull

SMBC commission:

- Emergency Hormonal Contraception (EHC) –Sexual Health services
- Substance Misuse Services
- Smoking Cessation

Whilst these services are commissioned by the local authority, the feedback suggests there is confusion amongst contractors regarding who commissions them. For all these services many felt that NHSE or the CCG were the commissioners.

6.3.2 Solihull CCG commissioned services

CCG commission:

- Minor Ailment Scheme
- Specialist Palliative Care drugs

6.3.3 Disease Specific Medicines Management Services

See Appendix 6, all the services listed are not currently commissioned except MUR Plus and Gluten free food in some instances. The majority of pharmacies are willing to provide all these services. Some are privately providing diabetes, asthma and hypertension services.

6.3.4 Screening and Vaccinations

The majority of contractors would be willing to provide screening or vaccination services. There appears to be a growing area in diabetes screening and travel vaccinations where private patients are seen.

6.3.5 Non-commissioned Services

Only one pharmacy does not collect prescriptions from surgeries, whilst all the others do. Of those who responded, 91% of pharmacies offer a free delivery service, while 4% provide a chargeable service.

6.4 Public Survey Overview

Solihull Metropolitan Borough Council ran a public survey (see Appendix 7) from 15th September to 23rd October 2017, following an extension recommended by the steering group. The survey was undertaken to understand how local pharmacy services in Solihull are used, and to understand whether there are gaps in provision. In detail the objectives were:-

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

The survey was disseminated using the following methods:

- An online version was published on Survey Monkey.

The online survey was promoted via email, twitter, Facebook and the link published on various websites and in locally circulated bulletins and newsletters. See Appendix 8 for details.

- Printed copies of the survey were sent to all GP surgeries, local pharmacies and libraries in Solihull and were available on request. Posters were used to raise awareness from all these various locations (Appendix 9).

6.5 Public Survey Respondents Profile

945 survey responses were received; 87.5% were through Survey Monkey and 12.5% were hard copies returned in the post. A breakdown of the responses can be found in Appendix 10. The survey responses were analysed by location and demographics.

6.5.1 Location of Respondents and use of Pharmacies

20% of respondents declined to give any detail of their postcode but of those who did 80% were resident in the South of the Borough (B90 – B94 and CV5 – 7), 16% were resident in the North of the Borough (B36 – B37) and 4% lived outside Solihull. Most of the out of area respondents live in Birmingham, in the area on Solihull's western boundary. 77% of Solihull's adult population is resident in the south of the borough and 23% are resident in the North.

6.5.2 Demographics of Respondents

Not every person answered every question so the following percentages are derived from the number of answers given for each question. No assumptions can be made about respondents who did not answer.

- 44% of respondents were working and 42% were retired. 3% were unemployed and 6% were either a full-time parent or a carer.
- 96% of respondents were customers or patients. The remaining respondents were either pharmacy service providers, GP practice staff or other users.
- 32% of respondents were male and 67% were female; 1% preferred not to say. The proportions of adult males and females in the underlying population are 47% and 52% respectively.

- 9% of respondents were aged 34 or under, 55% were aged between 35 and 64, 35% were age 65+and 2% did not give their age. The proportions in the underlying population are under 35s 21%, 35-64 51%, 65+ 27%. The survey sample is therefore not dissimilar especially if the increased likelihood of health problems develops as the population ages.
- 89% of respondents described themselves as heterosexual or straight; 1% were from the LGBT community; 8% preferred not to say and 2% stated other.
- 85% described their ethnicity as White British, 2% as White Irish, 5.5% were Asian or Asian British, 2% Black or Black British and 4% preferred not to say. These proportions are close to those in the underlying population.
- 65% of respondents did not consider that they had a health problem or disability that limited their usual activities for longer than 12 months. 21% answered that their activities were limited a little and 11% said activities were limited a lot.
- 16% of respondents stated they were a carer. Comparing this figure to that given in an earlier question implies that many of these carers may also be working.
- 33% of carers are looking after a parent, 29% a partner or spouse and a further17% care for a child with special needs. Additional comments indicate that some people care for more than one person.
- 78% of carers collect prescriptions for those they care for.

6.6 Public Survey Analysis and Key Findings

From the 945 responses received, the main findings are (See Appendix 10 for full survey results no assumptions can be made about respondents who did not answer):

- Over 70% of respondents choose to go to a pharmacy close to home and over a half go to a pharmacy near their local GP surgery
- Over 50% travel to a pharmacy by car or a further 40% walk, this is similar to 2015 PNA results
- 39% visit their pharmacy monthly or every 2 – 3 months (28%) for health reasons
- Whilst, 21% visit their pharmacy monthly and 20% visit every 2-3 months for non health reasons. 20% of people said they would never visit a pharmacy for non health reasons.
- Most people (76%) prefer to use community pharmacies on a weekday between 9am and 6pm, then on a weekday between 6pm and 11pm (10%)
- Despite the majority of people using the pharmacy in the weekday, respondents wanted pharmacies to be more accessible with longer weekdays (37%), Saturday opening hours (97%) and longer but limited Sunday times
- 86% of respondents ‘agreed’ or ‘strongly agreed’ that they could find an open pharmacy when they needed. 90% also felt they could find a pharmacy where they wanted it (‘agreed’ and ‘strongly agreed’)
- There is a high degree of satisfaction with Solihull pharmacies with the majority of respondents either ‘strongly agreeing’ or ‘agreeing’ to the statements in Question 9 (Appendix 7). Of the aspects measured, over 55% of respondents ‘strongly agree’ and over 30% ‘agree’ on the aspects of:
    - My pharmacy is customer friendly and polite
    - My pharmacy is easy to get to by public transport/ walk or car

  - I find my pharmacist helpful
  - The staff who work at my pharmacy are helpful
  - My pharmacy has a confidential and private area

- The statement that prompted the most people to 'disagree' or 'strongly disagree' (14%) was "My pharmacy has a confidential and private area". This is a slight improvement compared to the previous survey (17%) in 2015.
- 77% of people were aware of the electronic prescription service; this has increased from 53% in 2015 PNA.
- Lower levels of awareness were indicated for availability of hearing loop (86%) or that pharmacies sold independent living aids (61%)
- Less people answered that their pharmacy had a prescription delivery service compared to the last survey (53% compared to 68% in 2015), but only 16% of the respondents use this service.
- Respondents were most 'aware of' EHC (64%) and smoking cessation (62%) and least 'aware of' phlebotomy services (15%).
- All the 19 services mentioned in Question 13 had relatively low usage levels. The most used service was the disposal of unwanted medicines (34%) followed by repeat prescription service (32%) and Medicines Use Review (27%) available in all pharmacies.
- The Minor Ailment Scheme has been used by 24% of respondents although only available in a small number of pharmacies.
- 7% of people said they would want other health services not mentioned. Themes included:

Table for Question 14: Are there any health services that we haven't described that you would use if they were provided by your pharmacy?

93% responded with 'No' and 7% with 'Yes'.

Of the 'Yes' group, 63 comments were received and the main themes emerging were:

Theme	Number of responses (n=51)	Main responses
Weight management	3	-Weight management/ support -Weight control
Phlebotomy	7	-Phlebotomy –Local -Health check for blood, rather than go to hospital, and also get results, would be beneficial -phlebotomy service, … sometimes long queues for blood test at hospital

Change in repeat prescription service	11	-Repeat prescription service –it's just been withdrawn without patients being informed beforehand. -…I am disappointed this system has stopped.it worked well. -The pharmacy can no longer keep my repeat prescription – why? Now have to double up on visits.
Self care information and wellbeing	6	-diabetes support and advice -allergy advice and help from qualifies person -I wouldn't mind paying to have a routine blood test to check vitamin levels…so I can keep a check on my health myself
Child Health	2	-advice for new / young mothers on feeding /children's and babies health
Chiropody	3	-Chiropodist visits pharmacy weekly …it is convenient
Signposting	3	-…beneficial if pharmacies could offer advice on local counselling sessions and where etc. -Help to direct carers to local carer's support groups / give contact details.

- The most recurrent comment was about the change in the Repeat Prescription service. Everyone who commented did not like the recent changes made to this service.
- Half of the responses indicate that people are aware that pharmacies can direct them to other services whilst the other half were not.
- People have mainly found about pharmacy services by visiting a pharmacy (82%), their GP surgery (31%) or word of mouth (27%).
- Respondents were least likely to find out about pharmacy services through local press, mail drops and radio.
- Most of the surveys (75%) were accessed either by email, the Local Authority or social media.
- The vast majority of respondents are either 'very satisfied' or 'satisfied' with pharmacy services in Solihull (94%).

Table for Question 20: Briefly tell us of anything else you may feel is important regarding your local pharmacy services.

257 comments were received. The main themes emerging were:

Theme	Main responses
Change in Repeat Prescription Service	-'I can no longer order my meds straight from the pharmacy ☹ (this is especially awkward for my elderly aunt who doesn't have internet access and I will now have to go to the dr's surgery…' - 'Please reconsider cancelling the repeat prescription facility available at the chemist' -'They are also stopping the repeat collection service …which I find ridiculous'
Accessibility	-'The most important thing is opening times'…'essential'…'if you work and cannot access a pharmacy in normal hours.' -'Recently had to find a pharmacy open on Sunday PM and could find no centralized list available on any website.' -'Excellent opening hours'
New Medicine Service	-'The pharmacist has shown an interest in our family health needs and drug management. Particularly friendly…takes time to understand your individual need and great with a new health problem.'
Prescription Delivery service	-'Delivery service should be available at all pharmacies especially for disabled and elderly people.' -'I would like a delivery service available to me to use occasionally if I am unwell enough to get to pharmacy.'
Quality of service	-'The quality of service is at best a hit and miss and doesn't deliver in all aspects. For example you don't get notified when prescription is ready. Sometimes prescription is not actioned or the required medicine is not ordered in time.'
Stock	-'Prescription medications often not in stock or insufficient stock, leading to a frustrating wait and second visit…' -'Do not always have medications in stock have to wait usually the next day but sometimes longer.'
Staff and Pharmacist	-'The staff at this pharmacy are distinguished by their helpful and friendly behavior towards patients.' -'…Refusal to liaise with a gp about time critical meds to ask if a prescription had been sent was not very helpful…the gp wouldn't fax the pharmacy and they would not call the gp.' -'…My local pharmacy have sometimes gone above and beyond what you would expect. They are a vital service that should not be lost due to cutbacks.'
Signposting	-'There needs to be a touch screen with all local information on. Where my nearest physical exercise classes are, socializing groups, etc.' -' people need to be made more aware of what services are available to ease pressure on other healthcare services such as a&e and gp surgeries.'
Locality	-'…we can get advice on groups but they are generally held in the evenings and right over in Solihull centre. No local ones in the

	North of the borough.' -'I feel in my local area there's little pharmacy options, especially for those with no transport…All in all I feel the B36 area is poorly served for health facilities, in general.' -'There is no new pharmacy in Burton's Way, the new shopping centre in Smith's Wood, and it seems that the nearest chemist is in Green Lane which means car or bus travel. More information would be very helpful.'

7.0 Current Pharmacy Provision and Assessment

The Regulations governing the development of the PNA require HWB to consider the needs for pharmaceutical services in terms of Essential and Advanced services.

7.1 Essential Services

In order to assess the provision of Essential services against the needs of the population, the focus has been on:

1. Distribution of pharmacies
2. Opening hours
3. Provision of dispensing services

There are 47 pharmaceutical service providers located in Solihull (as in the 2015 PNA). Figure 20 is a map marked with the locations of all the pharmaceutical providers across Solihull. This includes one dispensing appliance contractor; one distance selling pharmacy and 45 community pharmacies of which 6 are 100 hour opening. All 45 community pharmacies are required to provide essential services. Some pharmacies are open for longer periods of time, for instance, evenings, overnight and weekends, with some pharmacies in the borough specifically contracted to be open for at least 100 hours per week.

Figure 21 shows all the pharmacies with a one mile radius mapped around them. Initial thoughts when looking at Figure 21 are that areas towards the South East have a reduced provision of pharmacies. However, when looking at the population density of these Middle Super Output Areas (MSOAs) namely Berkswell and Balsall, Meriden villages, Elmdon Heath and Catney and Bickenhill North and Blythe parishes, we can see that the population density is <1000/sq.km, a much smaller population density in comparison to other MSOAs in Solihull. It may not be financially viable to have numerous pharmacies in these areas as the populations they serve are sparse and potentially dispensed prescription items would be low. Even so, each of the above mentioned MSOAs has a pharmacy located within their MSOA areas.

Figure 21 illustrates the proximity of pharmacies and physical access to pharmacy services across the borough for the vast majority of the population is good. The concentration of pharmacies is higher in the north and west of the borough which reflects the density of the local population, but does not infer there is a lack of service in the other areas. Figure 22, shows the location of all the pharmacies and GP surgeries in Solihull and they are generally close to each other.

Solihull borders to the south with Warwick, to the east with Tile Hill in Coventry and to the north by rural North Warwickshire. Figure 23 highlights the non Solihull pharmacies close to the Solihull boundary.

In the North of the borough, Boots (Arran Way) currently has a suspended contract. For the purpose of this PNA it has been included as a pharmacy. The area is currently undergoing a temporary

redevelopment phase. The situation has been assessed by NHS England who are aware and do not believe that the circumstances would warrant a temporary commission of a pharmacy during the redevelopment. There are four other pharmacies, apart from Boots, within a 1 mile radius, at 0.6m; 0.7m; 0.8m and another at 0.8m.

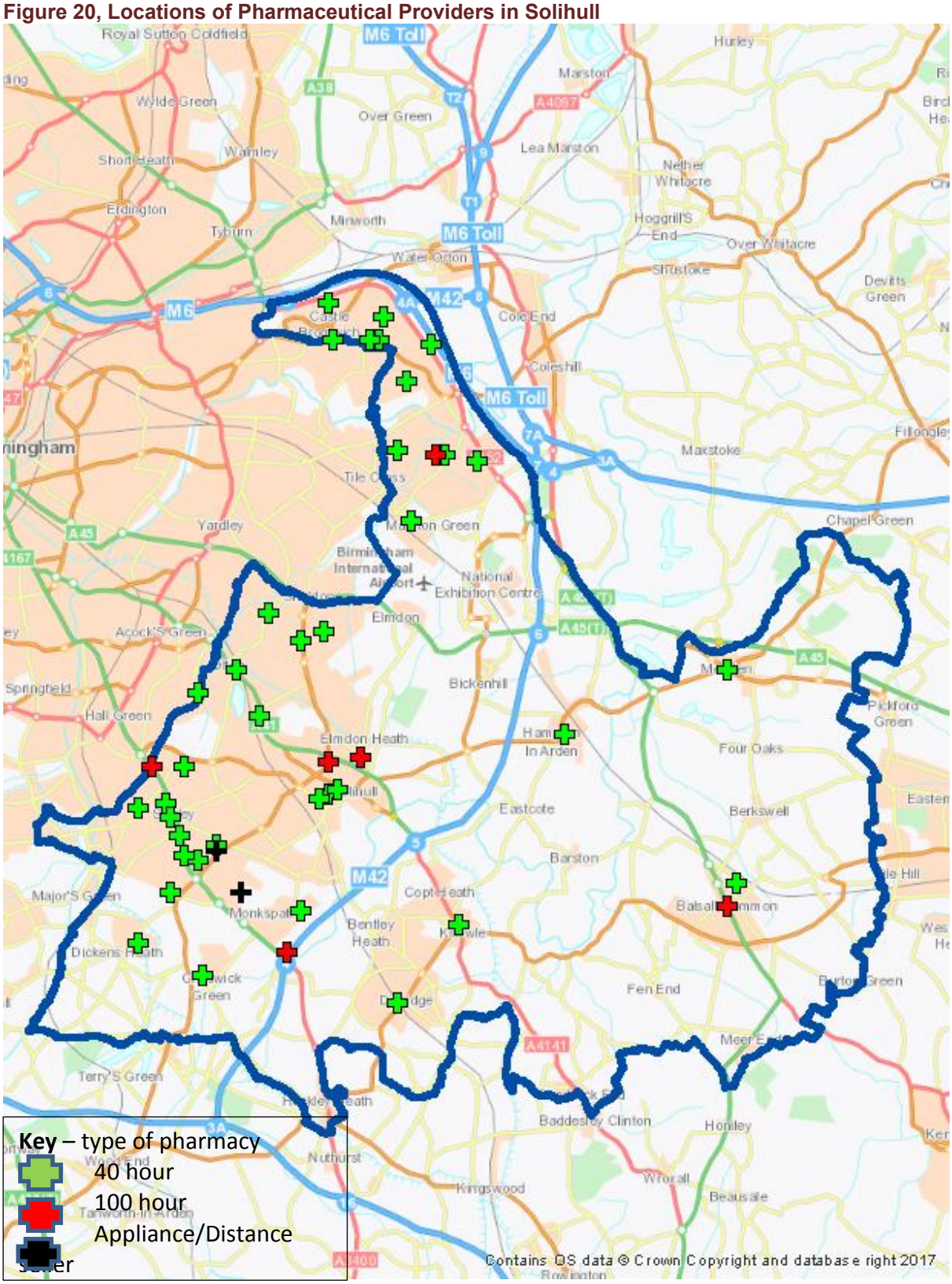
This correlates well with the results of the public survey which shows that:

- 72% choose to use a pharmacy near their home
- Over half of the respondents travelled to their pharmacy by car
- 90% felt they could easily find a pharmacy near where they wanted it.

Essential services are provided by all the pharmacy contractors. This includes dispensing of NHS prescriptions, a fundamental service commissioned by NHS England. Essential services ensure that there is a network of pharmacies through which our population can obtain prescribed medicines in a safe and reliable manner.

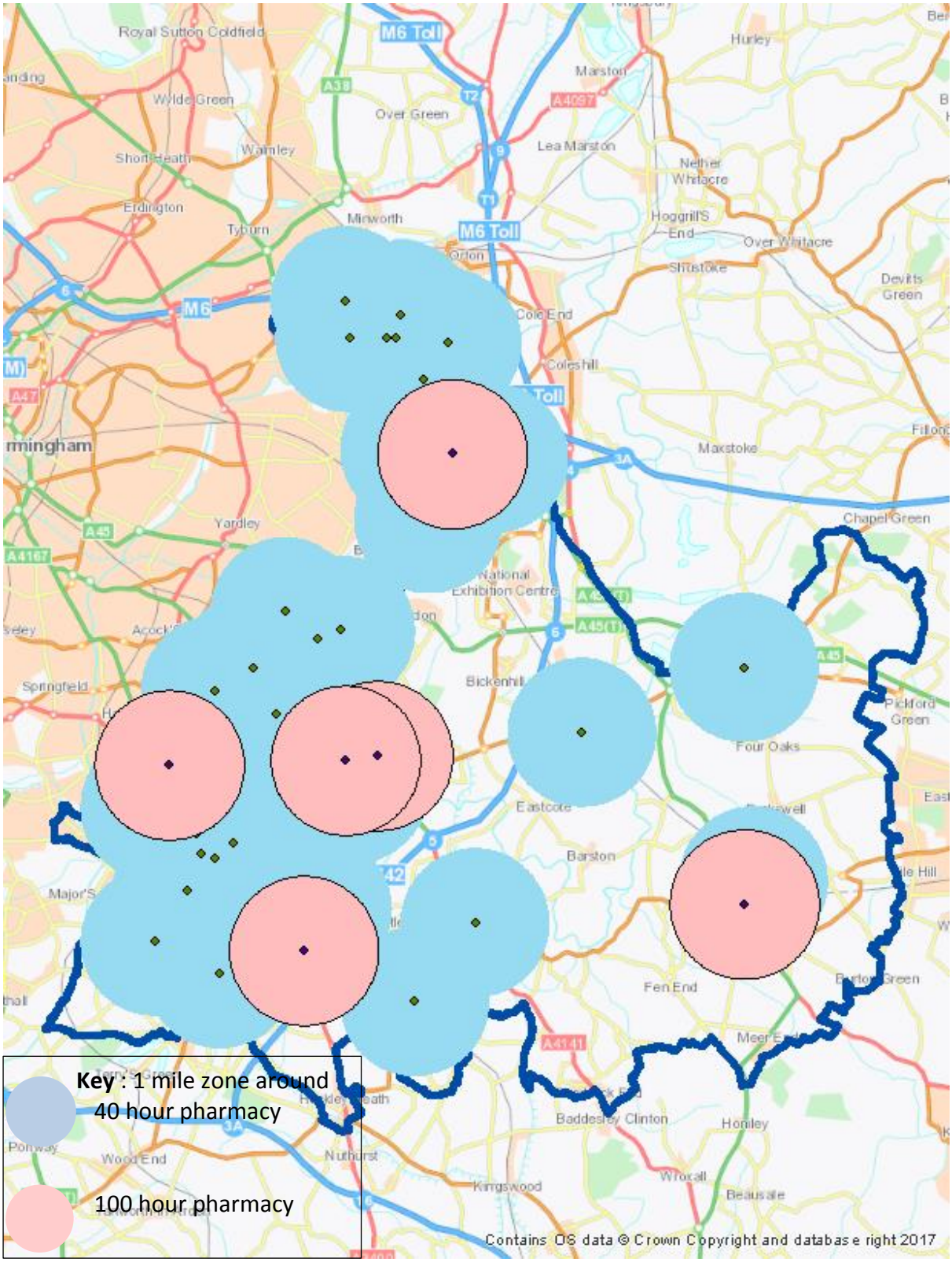
We conclude that there are no current gaps in Essential Services.

Figure 20, Locations of Pharmaceutical Providers in Solihull



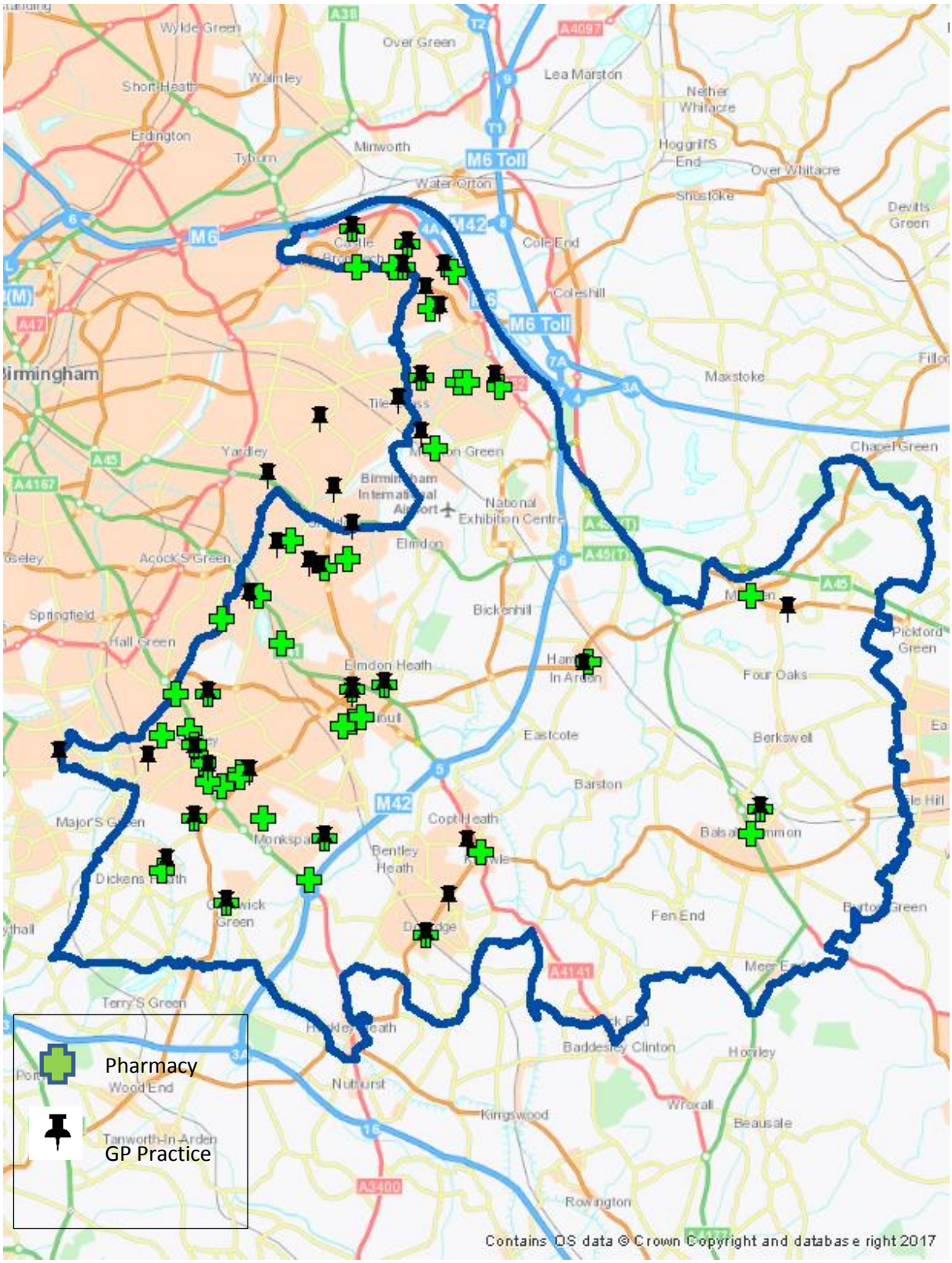
Please note: this map (and all maps contained in this report) is for illustrative purposes only and each marker indicates a geographical location on the map based on easting and northing grid references. Therefore one marker may indicate more than one Pharmacy based at the same grid reference. A full table of Pharmacies and services provided (as detailed within this report) can be found in the Appendices.

Figure 21, Map showing location of Solihull Pharmacies with a 1 mile buffer zone mapped over MSOA.



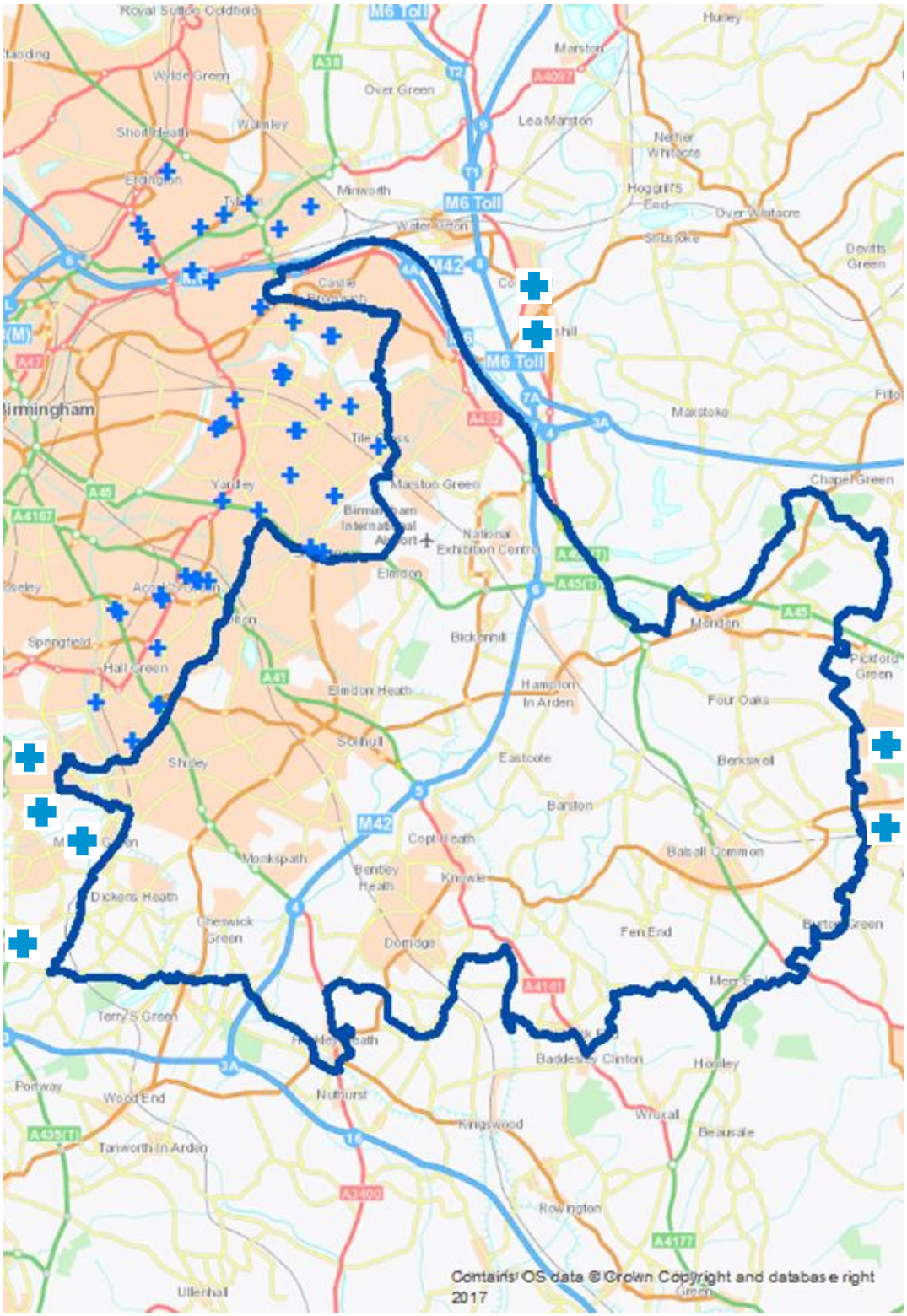
Please note: this map (and all maps contained in this report) is for illustrative purposes only and each marker indicates a geographical location on the map based on easting and northing grid references. Therefore one marker may indicate more than one Pharmacy based at the same grid reference. A full table of Pharmacies and services provided (as detailed within this report) can be found in the Appendices.

Figure 22, Map showing Pharmacies and GP Surgeries in Solihull



Please note: this map (and all maps contained in this report) is for illustrative purposes only and each marker indicates a geographical location on the map based on easting and northing grid references. Therefore one marker may indicate more than one Pharmacy based at the same grid reference. A full table of Pharmacies and services provided (as detailed within this report) can be found in the Appendices.

Figure 23, Map showing Non Solihull Pharmacies close to Solihull boundary

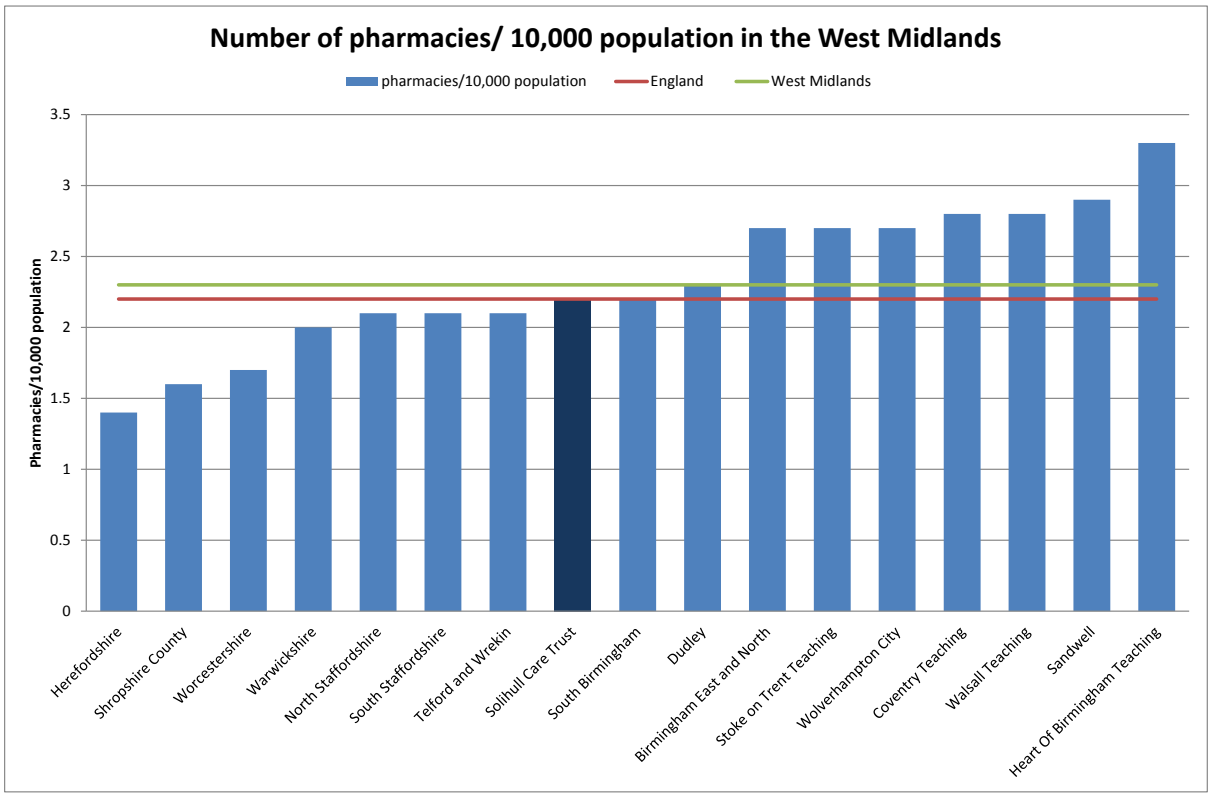


Please note: this map (and all maps contained in this report) is for illustrative purposes only and each marker indicates a geographical location on the map based on easting and northing grid references. Therefore one marker may indicate more than one Pharmacy based at the same grid reference. A full table of Pharmacies and services provided (as detailed within this report) can be found in the Appendices

7.2 Benchmarking provision of pharmacy services

The chart below (Figure 24) shows that Solihull has 2.1 pharmacies per 10,000 population. This is comparable to the England (2.1/10,000) average but less than the West Midlands average (2.4/10,000).

Figure 24: Pharmacies per 10,000 population in the West Midlands region 2012/13



Source: General Pharmaceutical services in England 2003-04 to 2012-13 http://digital.nhs.uk/catalogue/PUB12683

Solihull is referred to as 'Solihull Care Trust' because this is the last data available prior to the abolition of the Primary Care Trusts (PCTs). Information is no longer available at this lower level.

Benchmarking provision of pharmacy availability to population size is a precise comparator of access for the Solihull population. The current pharmacy provision suggests that Solihull has sufficient number of pharmacies that are consistent with a borough of this size and are comparable to the West Midlands and England average.

7.3 Opening Hours

Pharmacies are required to open between specific times by their terms of service. All pharmacies are required to open for at least 40 hours per week (core hours). Though these hours can be distributed through the week discretionally, the vast majority operate within or near regular working office hours (between 08:00 and 19:00, Monday to Friday). All pharmacies must apply to NHS England if they wish to change their opening times, with a 90 day notice period. Appendix 5 includes a table with all the opening hours listed by pharmacy.

The Public survey showed that general access to pharmacy services was good, with 86% of people agreeing with the statement that they could easily find an open pharmacy when needed. The vast majority of people use a pharmacy during weekday regular office hours (76%), whereas 9% visit on a Saturday and 10% visit after 6pm.

64.7% of employed people use pharmacy during the usual opening hours between 9 -6pm but the other groups (students, full time parent, unemployed, retired or carer) were even more likely to use pharmacy at this time (range 66.7% - 100%).

The next sections show that Solihull pharmacies are open in line with demand and access to pharmacy services is good.

7.3.1 100 hour contracts and extended opening hour pharmacies

There are currently six '100' hour pharmacies in Solihull. These include:

- Asda pharmacy, B37
- Balsall Common Pharmacy, CV7
- Knights Solihull Pharmacy, B91
- Late Night Yew Tree pharmacy, B91
- Tesco in store Pharmacy, B90 4EN
- Tesco in store Pharmacy, B90 3LU

Figure 21 shows the locations of these pharmacies in Solihull. The listed pharmacies above are geographically located towards the urban west locality of Solihull. The provision is mainly in Lode Heath, Blossomfield, Monkspath , Balsall Common and one in the North of the borough, Chelmsley Wood North.

These 100 hour pharmacies provide the borough with good access to pharmaceutical services on Saturdays, Sundays and evenings until late. They guarantee access to pharmaceutical services for 14 to 16 hours per day except on Sundays due to Sunday Trading Act 1994. There are 22 pharmacies with extended opening hours after 6pm on weekday evenings across Solihull.

7.3.2 Saturday Opening Hours

Of the 47 pharmacies, 41 open on a Saturday. Of those open on a Saturday, 13 of them are closed by 1pm. Nineteen pharmacies are open after 5pm.

The survey found that Saturday opening was popular with employed, students and full time parents. The most popular time for additional opening hours for those employed was weekdays 6pm - 11pm (46%), followed by Sundays 10am – 2pm (42%) and Saturdays 1pm – 6pm (37%).

7.3.3 Sunday Opening hours

There are 13 community pharmacies open on a Sunday, most open for six hours to comply with Sunday trading regulations, with 13 premises open after 1pm and one open until 9.30pm

7.3.4 Bank Holiday provision

Due to changes in shopping habits many pharmacies continue to open on Bank Holidays, although they are not contractually obliged to do so. NHS England work with community pharmacies to ensure an adequate rota service is in place for Christmas day, Boxing Day, New Year's Day and Easter Sunday as these are days when pharmacies are still traditionally closed. Bank holiday rotas are usually posted on NHS Choices, CCG and Council websites for the general public.

7.3.5 Urgent care

On 29 October 2016, the Solihull walk-in service ceased and was replaced by the Urgent Primary Care Service inside Solihull Hospital alongside the Minor Injuries Unit.[24]

The Urgent Primary Care Service is open for patients with urgent problems on a walk in basis 8:00am until 8:00pm seven days a week. Patients may prefer to call 111 in the first instance for advice, as there are alternatives available in the community as well as access to clinicians for specific concerns and at times booking into urgent services.

7.3.6 Out of hour's services

The GP Out of Hours (OOH) service is located just inside the North entrance at Solihull Hospital, signposted as Booked Primary Care. On the Solihull Hospital site it is open from 6.30pm - 11.00pm on weekdays and 8.00am -11.00pm at weekends and on bank holidays, thereafter the service operates from Badger House at 121 Glover Street, Birmingham, B9 4EY.

The service is accessed via West Midlands NHS 111 and works closely with NHS 111's Clinical Assessment Service (CAS) which includes pharmacists, mental health nurses and GPs.

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

The OOH service provides emergency dispensing to patients when this is necessary, and signpost patients to extended hours pharmacies when appropriate. Arrangements are in place to ensure that patients seen out of hours are able to get the medicines they need if required urgently or are able to obtain these medicines in the next in-hours period.

Patients accessing walk in centre or OOH services outside normally accepted GP working hours will equally require access to pharmacy services where appropriate. The results of the pharmacy survey show there is extensive pharmacy opening hour's provision in Solihull during the week. Monday to Friday there are 9 pharmacies open after 8pm.

[24] Solihull CCG: https://solihullccg.nhs.uk/publications/walk-in-centre

7.3.7 Cross Border dispensing

Patients are free to choose which pharmacy to use irrespective of where their GP is located. There can be cross border movement of patients to neighbouring Birmingham, Coventry, Warwickshire or Worcester or farther afield where patients can have their prescription dispensed or access other services. Further work to establish the extent of cross border dispensing should be undertaken, however at the time of writing this PNA data was not obtained regarding the postcode of prescriptions dispensed, so this work could not be undertaken.

7.4 Distance-Selling pharmacies

There is one distance-selling pharmacy located in Solihull that is contracted to provide pharmacy services via the internet or mail. These are pharmacies that must adhere to all regulations concerning other pharmacies; the only additional stipulation is that they are not permitted to provide essential services on site and must provide a national service. Such pharmacies are permitted to provide any other services (NHS or private) on site if they wish. These pharmacies do not provide any enhanced services in Solihull.

Whilst they are not able or willing to provide the advanced, enhanced or locally commissioned services, they have marked that they would be willing and able to provide needle exchange if commissioned.

7.5 Advanced Services

There are six 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.

Medicines Use Review (MUR), New Medicine Service (NMS), Appliance use Review (AUR), Stoma Appliance Customisation (SAC), Seasonal Flu vaccine and NHS Urgent Medicine Supply Advanced Service (NUMSAS) are the services included.

The provision of Advanced Services is linked to the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey.

7.5.1 Premises and consultation areas

The presence of consultation rooms in most pharmacies (94%) presents an opportunity to commission pharmacies in new and potentially exciting ways to deliver new services. In some respects this is already happening through commissioning enhanced and other locally commissioned services.

7.5.2 Advanced service assessment

Figure 25 lists a summary of the latest available England data (2015 – 16) on provision of advanced services and feedback from local contractors in the survey.

Figure 25, Advanced service provision

Advanced Service	Percentage of providers currently providing services	
	England	Solihull (from survey responses n=35)
Medicine use reviews (MUR)	94.4	94
New Medicine service (NMS)	80.8	94
Appliance Use review service*(AUR)	1.2	9
Stoma Appliance Customisation service*(SAC)	14.7	0
Flu Vaccination Service	61.6	83
NHS Urgent Medicine Supply Advanced Service**(NUMSAS)	-	17

*AUR and SAC includes data from Dispensing Appliance Contractors (DAC)

**NUMSAS: No public list available

7.5.2.1 Medicines Use review (MUR)

The MUR service is intended to improve peoples' understanding of their medicines; discuss side effects and propose solutions where appropriate; improve concordance and reduce medicine waste, by encouraging people to take their medicines correctly.

Almost 95% of pharmacies provide this service in the borough (Figure 25 above). The public survey shows 50% are 'aware of' the MUR service and 27% have used it.

Figure 26, Average MURs / pharmacy (England, West Midlands and Solihull 2016)

Area	% Pharmacies offering MUR	Average number of MUR/Pharmacy
England	96.1	300
West Midlands	94	293
Solihull	94	298

Source: General Pharmaceutical Services 2016/17 NHS Digital and https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

Solihull pharmacies continue to increase the number of MURs undertaken. We are comparable to the England and West Midlands average (Figure 26). Data was not available at the time of writing this report regarding the number of MURs per individual pharmacy and the percentage of MURs delivered amongst target groups. Since most pharmacies provide MURs it is likely that most of the population have access to the service, however this information would support assessment of whether there are areas with poor access.

7.5.2.2 New Medicine Service (NMS)

The New Medicine Service (NMS) was the fourth Advanced Service to be added to the Community Pharmacy Contractual Framework; it commenced on 1st October 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

Solihull contractors are currently providing NMS in 94% of pharmacies, with another 3% due to begin within the next twelve months according to responses received in the pharmacy survey (see Appendix 6).

Figure 27, Average NMS / pharmacy (England, West Midlands and Solihull, 2016)

Area	% Pharmacies providing NMS	Average number of NMS/Pharmacy
England	85.2	87
West Midlands	81	77
Solihull	94.2	81

Source: General Pharmaceutical Services 2016/17 NHS Digital and https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

Solihull performs better than the West Midlands and comparable to England for the average number of NMS interactions per pharmacy (Figure 27).

7.5.2.3 Appliance use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' listed below:

a) Any of the following appliances listed in Part IXA of the Drug Tariff:

- A catheter appliance (including a catheter accessory and maintenance solution),
- A laryngectomy or tracheostomy appliance,
- An anal irrigation system,
- A vacuum pump or constrictor ring for erectile dysfunction, or
- a wound drainage pouch;

(b) an incontinence appliance listed in Part IXB of the Drug Tariff; or
(c) a stoma appliance listed in Part IXC of the Drug Tariff.

There is one appliance contractor in Solihull and they are the only one who undertake reviews (Figure 27). Each pharmacy can provide a limited number of AURs, linked to the number of appliances it dispenses. The service may also be provided through GP and secondary care services.

Figure 27, Average AURs / pharmacy (England, West Midlands, Solihull 2016)

Area	% Pharmacies providing AUR	Average number of AUR/Pharmacy
England	1.5	243
West Midlands	2.3	55
Solihull	8.6	269

Source: General Pharmaceutical Services 2016/17 NHS Digital and https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

7.5.2.4 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Certain conditions must be fulfilled prior to offering the SAC service and this includes the service must be provided from an 'acceptable location', which means:

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

Therefore it is fortunate that the community pharmacy consultation areas have good characteristics in the sense that almost all (94%) consultation areas are a closed room.

According to the survey, no pharmacies currently provide a SAC service locally. However, national data for submitted claims shows this service is happening (Figure 28) with six contractors. There is no upper limit on the number of SACs pharmacy can conduct, however people receiving stomas may also access a stoma nurse from secondary care for advice or guidance regarding their stoma.

Figure 28, Average SAC / pharmacy (England, West Midlands, Solihull 2016)

Area	% Pharmacies providing SAC	Average number of SAC/Pharmacy
England	15.3	730
West Midlands	16.3	293
Solihull	13	291

Source: General Pharmaceutical Services 2016/17 NHS Digital and https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

7.5.2.5 Flu vaccine service

This service is the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16th September 2015.

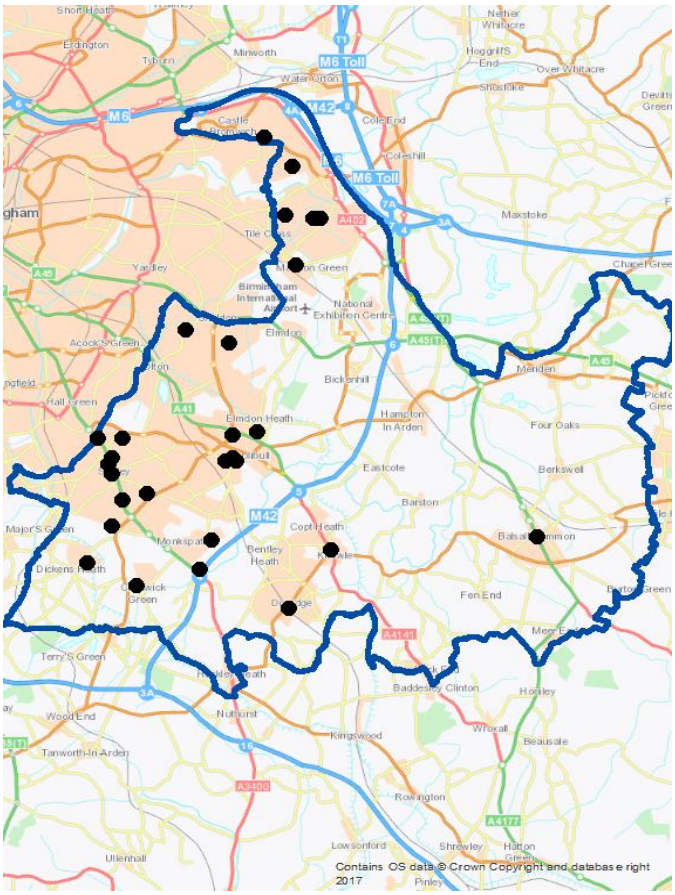
The eligible groups for the 2017/18 service are:

- all people aged 65 years and over (including those becoming age 65 years by 31 March 2017);
- people aged from 18 to less than 65 years of age with one or more of the following medical conditions:
    - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis;
    - chronic heart disease, such as heart failure;
    - chronic kidney disease at stage three, four or five;
    - chronic liver disease;

  - chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability;
  - diabetes;
  - immunosuppression, a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment);
  - asplenia or splenic dysfunction;
  - morbid obesity
- pregnant women aged 18 or over (including those women who become pregnant during the flu season);
- people aged 18 or over living in long-stay residential care homes or other long-stay care facilities*;
- carers aged 18 or over; or
- household contacts of immune-compromised individuals who are aged 18 or over.

From the survey responses, 29 pharmacies provide the flu vaccines but this could be more as everyone did not respond.

Figure 29, Map of Solihull showing the location of pharmacies offering Flu vaccines (data from survey)



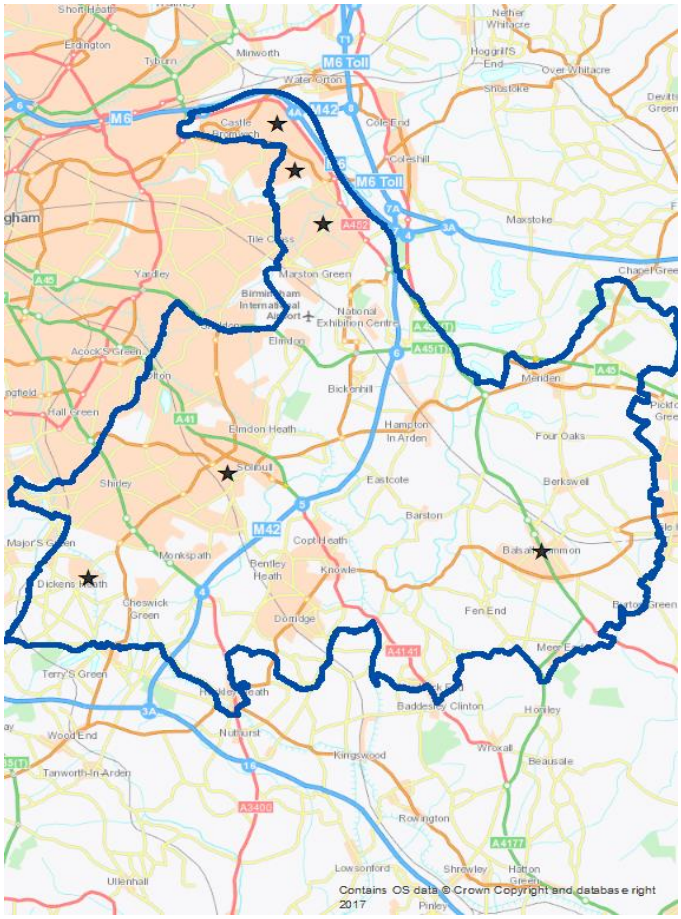
7.5.2.6 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot is fundamentally a service that manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 because they need urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription The service enables appropriate access to medicines or appliances Out-of-Hours (OOH) via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay.

This is a pilot of a national Advanced Service as part of the Community Pharmacy Contractual Framework – the service is available to all pharmacies in the area that meet the eligibility criteria to sign up to participate. Part of the evaluation of the service will look to review the process and set up at a national level, using local learning from across England. The Urgent Medicine Supply Service commenced on 1st December 2016 and will run until 31st March 2018.

In Solihull 17% of pharmacies offer the service and 34% intend to begin in the next 12 months according to survey responses.

Figure 30, Map of Solihull showing the location of pharmacies offering NUMSAS (data from NHSE)



Advanced services are viewed as *relevant* services in Solihull. Overall, there appears to be good provision of Advanced services across the borough.

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

7.6 Locally Commissioned Services

7.6.1 Local Authority commissioned services

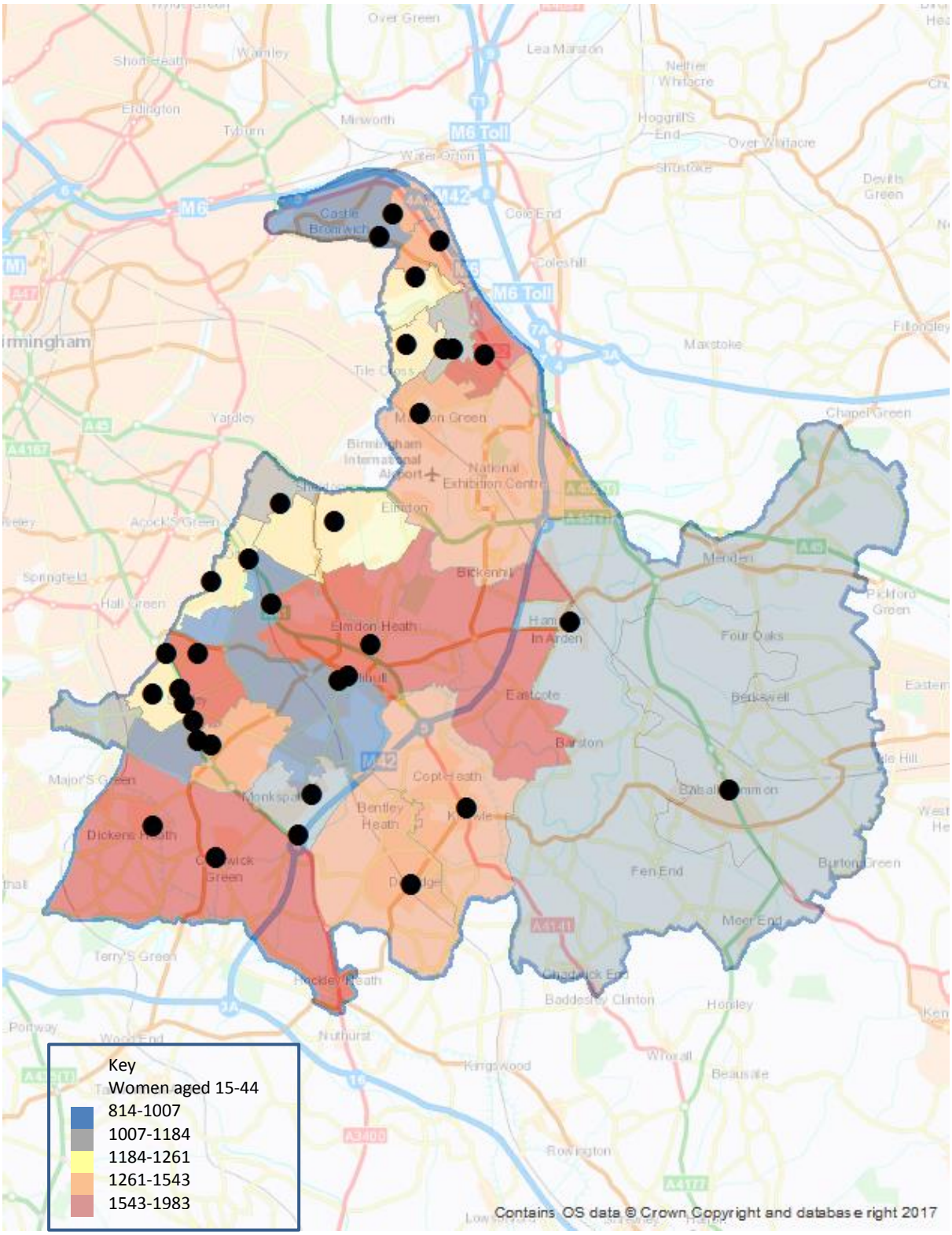
7.6.1.1 Sexual Health services

Emergency hormonal contraception (EHC) including Levonorgestrel and Ulipristal Acetate is provided to women who present in person to a community pharmacy to prevent pregnancy following unprotected sexual intercourse. The EHC service via pharmacies provides safe and easy access to EHC for women of any age (over 13 years) in Solihull by trained and competent pharmacists. Without this service access would only be available via a GP appointment or sexual health clinic which would limit access considerably. The provision in Solihull is well spread and there is a willingness to provide from other pharmacies not currently providing the service. Through this scheme there is no cost to the patient.

22 pharmacies provide the service in Solihull, see Figure 31 which shows the locations of EHC pharmacies mapped over the female count aged 15 to 44 years old. Most MSOAs have provision for EHC but is sparser in the semi-rural south and east of the borough. Services are however available in neighbouring MSOAs and these areas have some of the lowest populations of women who could potentially use this service for example, Meriden. Women can obtain the 'morning after pill' at cost from any pharmacy within Solihull.

The public survey indicates that 64% of respondents are aware the service, 5% have used it and 34% would like to see it available.

Figure 31, Location of Pharmacies in Solihull providing the EHC service mapped over the female population count aged 15 to 44 years old (data from commissioner)



Please note: this map (and all maps contained in this report) is for illustrative purposes only and each marker indicates a geographical location on the map based on easting and northing grid references. Therefore one marker may indicate more than one Pharmacy based at the same grid reference. A full table of Pharmacies and services provided (as detailed within this report) can be found in the Appendices.

7.6.1.2 Substance Misuse services

The needle exchange scheme is managed by Solihull Integrated Addiction Services (SIAS) and supervised consumption of methadone and supervised consumption of Buprenorphine are all services commissioned by the local authority.

The needle exchange scheme allows injecting drug users to exchange used needles for clean needle replacements, which reduces the risk of needle re-use and the transmission of infectious disease. Community pharmacies arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service. There is good evidence that needle exchange services are effective in reducing harm and helps the user to remain healthy until they are willing and ready to cease injecting and begin their journey to recovery.

A total of 11 pharmacies provide the service in the borough. See Figures 32, showing the location of pharmacies providing needle exchange over Indices of Multiple Deprivation (IMD) areas. Deprivation in this assessment is taken to mean socio-economic deprivation, which is summarized in England using the Indices of Multiple deprivation score (2010). IMDs are a good indicator for Substance misuse services in that there is a correlation between deprivation and health outcomes, with higher incidence of long term conditions, earlier onset of disease and lifestyle related health inequalities. Pharmacy services are often an accessible source of health services and the promotion of positive health messages in these localities.

The supervised consumption service provides access to substitute therapy for people with opiate addiction under the direct supervision of a pharmacist against a valid prescription. The service not only reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. This service ensures frequent (usually daily) contact with patients and thus allows for close monitoring and support to the patient. A total of 35 pharmacies provide the service in Solihull, Figures 32 and 33

Feedback from the pharmacy contractor survey indicates some are not able or willing to provide one or the other service. Some have indicated that they would be willing and able to provide if commissioned. Certain pharmacies have been targeted to ensure there is access across the borough and in relation to our understanding of need. However if a pharmacy would like to deliver a Needle Exchange scheme then the commissioner would be willing to look at them, although we are not actively recruiting new sites at the moment.

Figure 32, Location of Pharmacies in Solihull providing the Needle Exchange Service mapped over Indices of Multiple Deprivation in Solihull (Data from commissioner)

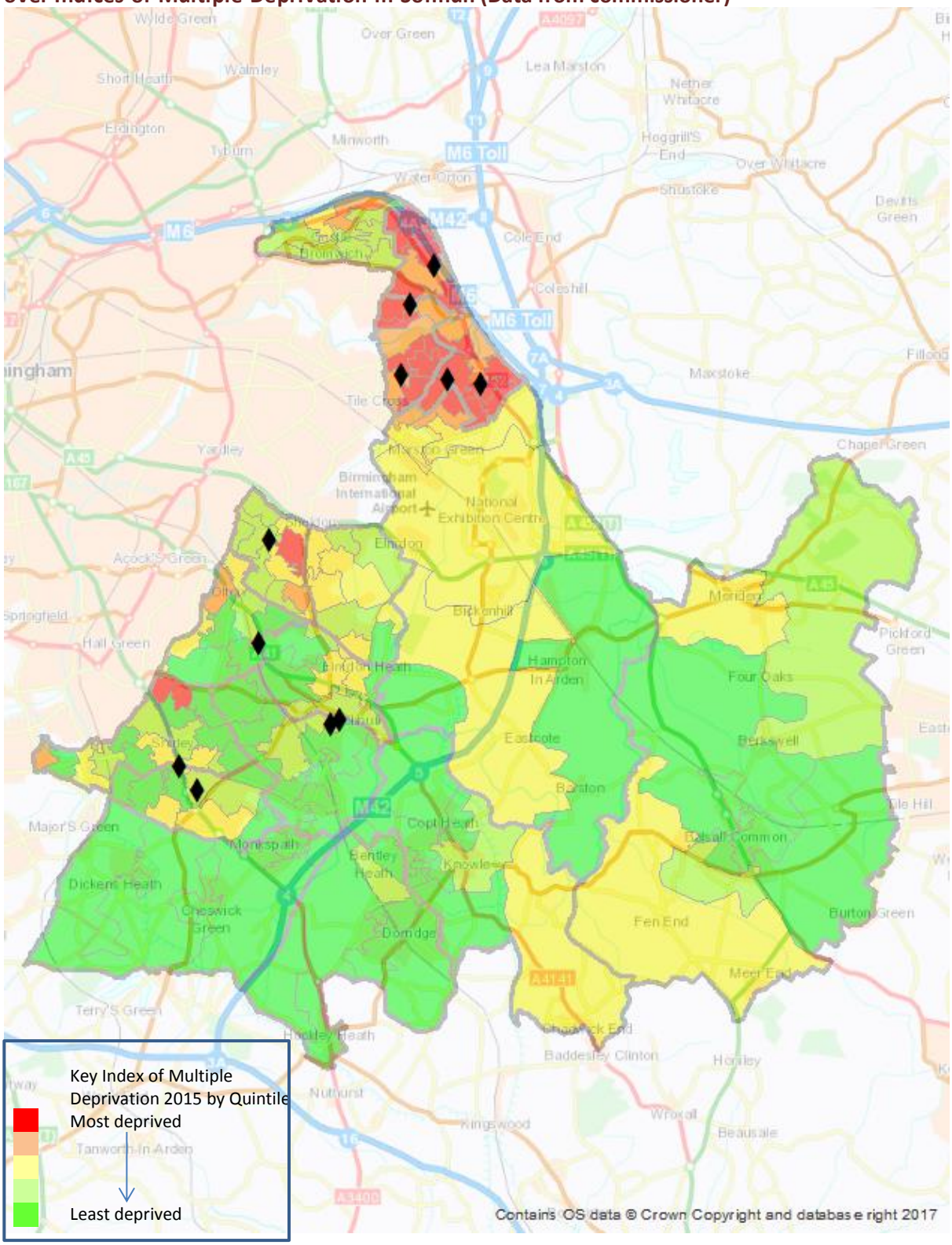


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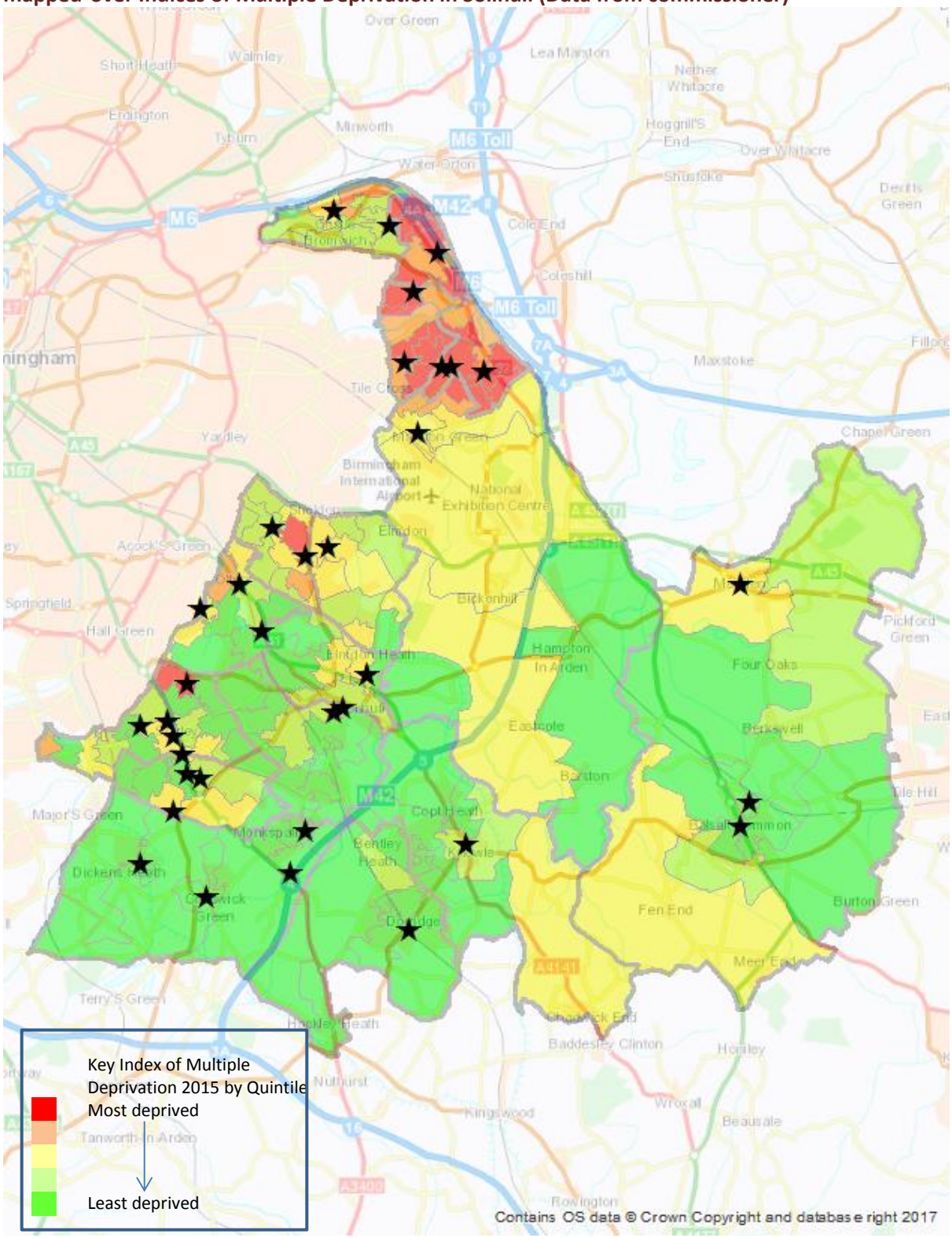
Figure 33, Location of Pharmacies in Solihull providing the Supervised Consumption Service mapped over Indices of Multiple Deprivation in Solihull (Data from commissioner)



Please note: this map (and all maps contained in this report) is for illustrative purposes only and each marker indicates a geographical location on the map based on easting and northing grid references. Therefore one marker may indicate more than one Pharmacy based at the same grid reference. A full table of Pharmacies and services provided (as detailed within this report) can be found in the Appendices.

7.6.1.3 Smoking Cessation service

Reducing smoking and exposure to smoke is the single most effective health care intervention that can be made. Tobacco use is the single biggest cause of premature death, killing over 84,000 people in the UK every year. In Solihull, smoking is responsible for the deaths of around 289 people per year[25], with a trend that is decreasing. Stop smoking services reduce the number of smokers by providing evidence based treatment and behavioural support to smokers making quit attempts. The outcomes from such service are to reduce levels of smoking-related illness, disability, premature death, and health inequality.

Solihull Council commission North51 (Quit51) to provided the Solihull Stop Smoking Service consisting of a specialist core stop smoking service and sub-contracted primary care model . The Primary Care model includes commissioning of General Practice, Pharmacies and Dentists to deliver a stop smoking service as part of the service offer. The core service provided by Quit51 provides leadership, management, governance and coordination of all stop smoking service delivery across Solihull including support to pharmacies.

Sub-contracting with pharmacies is a requirement of the service offer as pharmacies are seen as key providers of stop smoking services due to their often extended opening hours, accessibility and ability to give advice and supply NRT and medicines as well as providing behaviour support without delay.

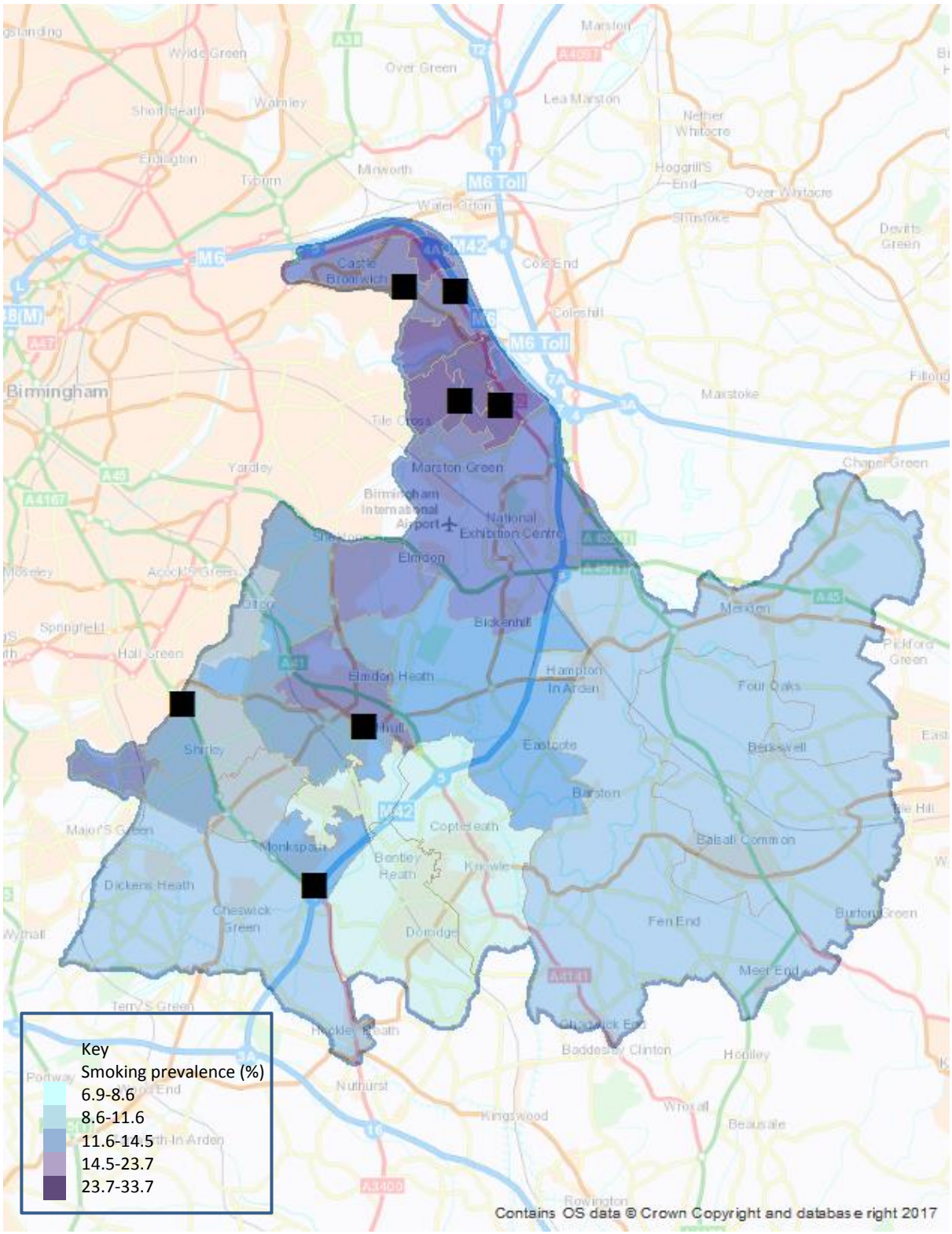
The Stop Smoking service functions delivered via the pharmacies are;

- Smoking cessation advice and behaviour change support
- Dispensing of Nicotine Replacement Therapy (NRT)

A total of 7 pharmacies provide the Stop Smoking service, see Figure 34 to see locations. Areas that are not as heavily served with pharmacies operating smoking cessation services have access to GPs that provide cessation advice and services.

[25] PHE Fingertips: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000005/ati/102/are/E08000029/iid/113/age/202/sex/4

Figure 34, Locations of Pharmacies in Solihull offering the Smoking Cessation service mapped over estimated smoking prevalence (Data from commissioner)



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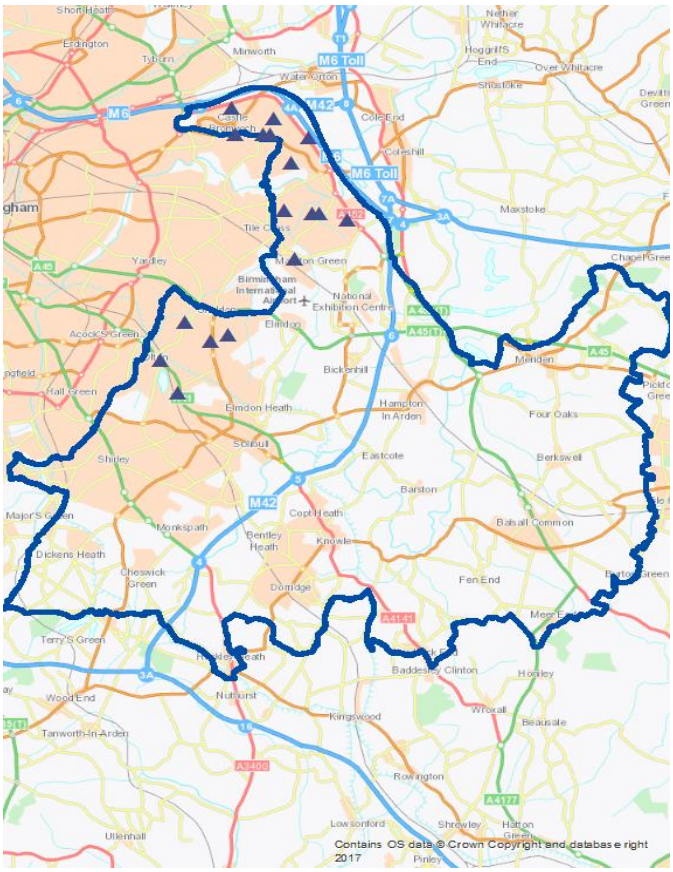
7.6.2 CCG commissioned services

Solihull CCG is the lead commissioner of the Minor Ailment Scheme (MAS) and the Specialist Palliative Care Drugs service (SPCD).

The general population experiences the symptoms of minor ailments almost every day and the vast majority of people are responsible about what they do to deal with them, including the sensible practice of self-care and self-medication. However, people who turn to their doctor as the first port of call for these ailments cost the NHS some £2 billion and generate 57 million consultations taking up valuable GP time and using up finite NHS resource. If these consultations could be handled by a pharmacist, at least an hour a day, could be released for every GP to see patients with more complex needs.

A total of 17 pharmacies provide the MAS in the borough. Figure 34 shows the location of pharmacies offering MAS across Solihull. The map shows that these are located primarily in the North of the borough, Hobs moat and Olton area. The public survey indicates that 51% are 'aware of' the service, 24% 'have used' the MAS and another 36% 'would like to see it available'.

Figure 34, Map of Solihull showing the pharmacies delivering MAS (Data from commissioner)



The commissioning aim of the SPCD service is to provide a network of community pharmacies across Birmingham and Solihull who undertake to:

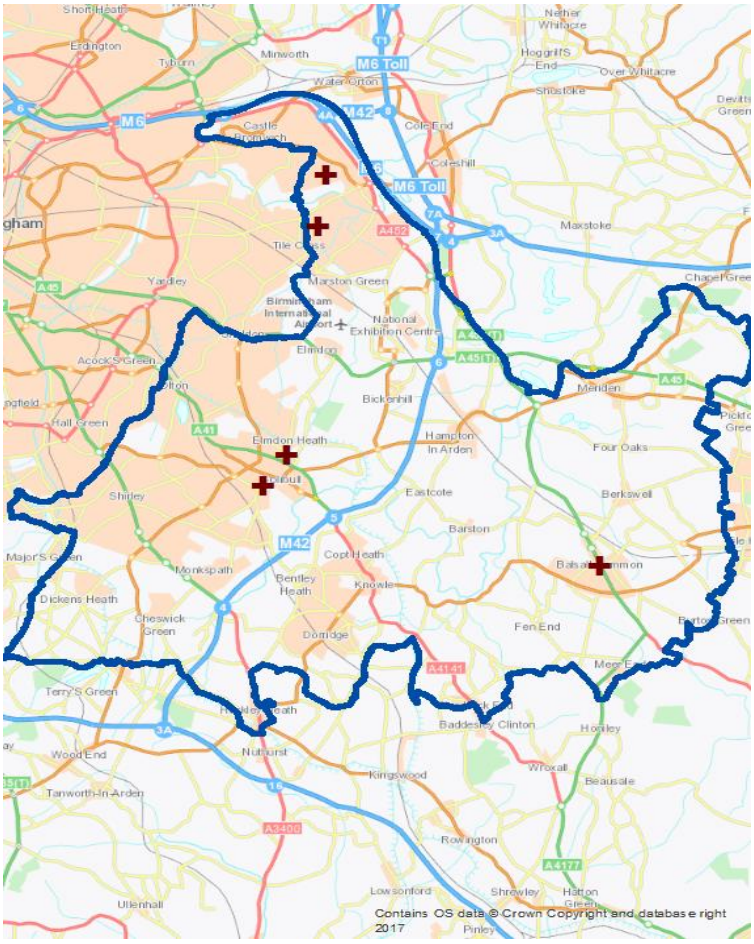
- Hold agreed stocks of SPCD as listed in the formulary
- Allow timely access to SPCD during pharmacy opening hours including evenings 7 days a week

- Signpost to alternative providers of the service where, in exceptional circumstances, the required SPCD cannot be supplied in a timely manner
- Enhance the care and safety of palliative patients with regards to treatment

Five pharmacies offer SPCD across Solihull. Figure 35, shows the location of these pharmacies. Three of these pharmacies are open after 6.30pm in the week.

In the survey the public indicated that 24% were “aware of” the service and 75% “would like to see available”, this could be that there is a general lack of awareness of the service.

Figure 35, Map of Solihull showing the pharmacies delivering SPCD (data from Midlands and Lancashire CSU)



8.0 Conclusions

The steering group on behalf of SHWB provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

8.1 Current Provision – necessary and other relevant services

Solihull HWB has identified necessary services in Section 7 as essential services and advanced services as required by paragraphs 1 and 3 of Schedule 1 of the Pharmaceutical Regulations 2013.

Solihull HWB has identified locally commissioned services in Sections 5, 6 and 7.6 which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of Solihull.

8.2 Necessary Services – gaps in provision

In reference to Section 7, and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

8.2.1 Access to Essential Service

In order to assess the provision of essential services against the needs of the residents of Solihull, the HWB consider access (average daytime travel times and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

8.2.1.1 Access to essential services normal working hours

The HWB has determined that the average daytime travel times and walking, and opening hours of pharmacies in the borough, are reasonable in all the circumstances.

There are no gaps in the provision of essential services during normal working hours across the whole HWB area.

8.2.1.2 Access to essential services outside normal working hours

There are also six 100-hour contract pharmacies and 22 pharmacies (open beyond 6pm on weekdays) within Solihull HWB area. These are geographically spread across the area.

Based upon the results of the public survey and access to pharmacies across the HWB area, it is clear there is adequate access to pharmacy services. Solihull HWB will monitor the uptake and need for necessary services. It will also consider the impact of any changes in this locality in the future which may provide evidence that a need exists in line with the Solihull Local Plan developments.

There are no gaps in the provision of essential services outside of normal working hours across the whole HWB area.

8.2.2 Access to advanced services

Section 7.5 defines the level of access to advanced services. There is no identified gap in the provision of advanced services as Medicine Use Review's (MUR) and the New Medicine Service (NMS) is available in approximately 94% of pharmacies. Appliance Use Review's (AUR) delivered by the dispensing appliance contractor and flu vaccinations are available in about 83% of pharmacies across the borough. There is limited information available publicly with regard to the provision of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) but from the survey we know 17% are providing the service.

Solihull HWB will monitor the uptake and need for necessary services and consider the impact of any changes in all localities in the future which may provide evidence that a need exists.

There are no gaps in the provision of advanced services across the whole HWB area.

8.2.3 Access to enhanced services

There are no enhanced services commissioned that we are aware of at the time of writing this document.

There are no known gaps in the provision of enhanced services across the whole HWB area.

8.3 Future provision of necessary services

Solihull HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole HWB area.

8.4 Improvements and better access – gaps in provision

As described in Section 7 and required by Paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

8.4.1 Current and future access to essential services

Solihull HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements, or better access, to essential services.

No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.

8.4.2 Current and future access to advanced services

The survey shows that MURs and NMS were available in 94% of pharmacies. 3% of pharmacies intend to start both these services in the next 12 months. Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more patients are able to access and benefit from this service.

Figures also indicate that 83% of pharmacies provided access to the flu vaccination service.

Demand for the appliance advanced services (Stoma Appliance Customisation and Appliance Use Review) is lower than for the other two advanced services, due to the much smaller proportion of the population that may require the services. Pharmacies and Dispensing Appliance Contractors may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. NHS England will encourage those contractors in the areas that do provide appliances to become eligible to deliver these advanced services where appropriate.

No data is available publicly with regards provision of NUMSAS, however the survey suggests 17% of our pharmacies are part of the pilot scheme.

> ***There are no gaps in the provision of advanced services at present or in the future that would secure improvement, or better access, to advanced services across the whole HWB area.***

8.4.3 Current and future access to enhanced services

There are no gaps identified in respect of securing improvements, or better access, to enhanced services provision on a locality basis either now or in specified future circumstances.

No gaps have been identified that if provided either now or in the future would secure improvements, or better access, to enhanced services across the whole HWB area.

Comprehensive service reviews are required in order to establish if currently and in future scenarios, improvement of or better access to enhanced services across the whole HWB area would be appropriate.

8.5 Other NHS services

As required by Paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, Solihull HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the area.

Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances across the whole HWB area.

8.6 Locally-commissioned services

With regard to enhanced services and locally-commissioned services, Solihull HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Solihull CCG (such as the Minor Ailment Scheme and the Specialist Palliative Care Drugs supply services) and through SMBC (in the case of sexual health, substance misuse and smoking cessation services). This PNA identifies those as locally commissioned services (LCS).

HWB has not been presented with any evidence to date which concludes that any of these locally commissioned services should be expanded. The pharmacy contractor survey does indicate that

there are a number of pharmacies willing to provide these services that do not currently and this may be something that the commissioners consider. Nevertheless, the HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or that any of them should be expanded. Based on current information Solihull HWB has not identified a need to commission any additional locally commissioned services.

Regular service reviews are recommended in order to establish if currently and in future scenarios locally-commissioned services secure improvement or better access across all HWB localities

Appendix 1: Key to MSOAs

Codes	Names	Codes	Names
E02002081	Castle Bromwich West	E02002096	Lode Heath
E02002082	Smith's Wood North	E02002097	Meriden Villages
E02002083	Castle Bromwich East	E02002098	Shirley Stratford Road East
E02002084	Smith's Wood South	E02002099	Solihull Central
E02002085	Kingshurst	E02002100	Shirley Stratford Road West
E02002086	Chelmsley Wood North	E02002101	Solihull Lodge & Colebrook
E02002087	Fordbridge	E02002102	Blossomfield
E02002088	Chelmsley Wood South	E02002103	Bills Wood
E02002089	Bickenhill North	E02002104	Hillfield
E02002090	Lyndon Barn Lane	E02002105	Berkswell & Balsall
E02002091	Hatchford Brook & Elmdon Park	E02002106	Knowle Village
E02002092	Hobs Moat	E02002107	Monkspath
E02002093	Olton West	E02002108	Dorridge
E02002094	Olton East	E02002109	Blythe Parishes
E02002095	Elmdon Heath & Catney		

Appendix 2: Steering group Terms of reference and membership

Accountable to: Councillor Meeson (Chair for Solihull Health and Wellbeing Board)

Constitution and Accountability

The Health and Social Care Act 2012 transfers the duty to prepare a PNA from Primary Care Trusts to Health and Wellbeing Boards (HWB) from April 2013. Each HWB must publish its PNA by 1 April 2018.

Terms of Reference July 2017

1. Background

From 1st April 2013, statutory responsibility for publishing and updating a statement of the need for pharmaceutical services passed to health and wellbeing boards (HWBs). Pharmaceutical Needs Assessments (PNAs) are used when considering applications for new pharmacies in an area and by commissioners to identify local health needs that could be addressed by pharmacy services. HWBs have a duty to ensure revised PNAs are in place by April 2018. The coordination and production of the Solihull PNA has been delegated to a steering group of partners. This collaborative approach gives ownership of the PNA process across Solihull and aims to encourage the widest range of stakeholders and those with an interest in the PNA to participate in its development. Following local discussions, it has been agreed to establish a steering group to oversee the development of a Pharmaceutical Needs Assessment.

2. Membership

Membership of the Group shall be:

- Senior Public Health Specialist
- Public Health Epidemiologist
- Director of Public Health
- Consultant in Public Health
- Public Health administrator
- Local Pharmaceutical Committee (LPC) representative
- Clinical Commissioning Group representative
- NHS England Pharmacy Contracting representative
- Communications Lead
- Local Medical Committee (LMC) representative
- Local Healthwatch representative
- Other representatives as required

A Deputy may be used where the named member of the Group is unable to attend.

Other staff members may be invited to attend the meeting for the purpose of providing advice and/or clarification to the group.

3. Remit and Functions of the Group

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, considered and up to date Pharmaceutical Needs Assessment, building on expertise from across the local healthcare community.

In particular, the group will:

i. Develop a work plan and ensure representation of the full range of stakeholders

ii. Ensure that the PNA integrates and aligns with the Joint Strategic Needs Assessment to address health inequalities

iii. Provide leadership in developing a single robust PNA across Solihull

iv. Ensure a communications plan is developed to keep members of the public and other stakeholders updated on progress

v. Ensure that the PNA links with both national and local priorities

vi. Ensure that the PNA forms the basis on which pharmacy applications are considered i.e. market entry

vii. Ensure that the PNA reflects future needs of Solihull's population

viii. Ensure that the PNA informs the nature, location and duration of additional services that community pharmacies and other providers might be commissioned to deliver

ix. Provide advice and information to Solihull HWB about community pharmacies in the area

x. Ensure the PNA complies with relevant legislation

xi. Issue Supplementary Statements as appropriate

4. Frequency of Meetings

The Group will meet monthly as a minimum.

5. Authority

Oversee the development of the Pharmaceutical Needs Assessment.

6. Links with other Committees / Groups

- Solihull Health and Well Being Board
- CCGs including neighbouring areas such as: Birmingham, Coventry and Warwickshire.
- Birmingham, Coventry and Warwickshire Local Authority
- Birmingham and Solihull Sustainability and Transformation Partnerships
- PPG network
- Carers group
- Learning disabilities group
- Pensioners Group

7. Accountability and Reporting

The group will be accountable to and report to the Health and Wellbeing Board. The final approval of the Pharmaceutical Needs Assessment will reside with Solihull Health and Well Being Board.

8. Declarations of Interest

Where there is an item to be discussed, where a member could have a commercial or financial interest, the interest is to be declared and formally recorded in the minutes of the meeting.

Membership

Name	Position	Organisation
Manisha Sharma	Project Lead, Public Health Specialist and Pharmacist	Solihull Public Health, SMBC
Angie Collard	Public Health Epidemiologist	Solihull Public Health, SMBC
Kate Arnold	Medicines Management Lead	Solihull CCG
Jacquie Ashdown	Consultant in Public Health	Solihull Public Health, SMBC
Claire Cook	Communications officer	Solihull Metropolitan Borough Council
Len Dalton	Chair of LPC	Solihull Local Pharmaceutical Committee
Tony Green	Healthwatch Advisory Board Member, Chair PPG network	Solihull Healthwatch Solihull Patient Participation Network
Carol McNidder	Secretary of LPC	Solihull Local Pharmaceutical Committee
Stephen Munday	Director of Public Health and member of Health and Well-being Board	Solihull Public Health, SMBC
Mark Sterry	General Practitioner/Secretary of LMC	Solihull Local Medical Committee
Brian Wallis	Contract Manager	NHS England
Donna Vines	PA to Director of Public Health	Solihull Public Health, SMBC

Appendix 3: Survey and Consultation Communication plan

Solihull Pharmaceutical Needs Assessment – Communications plan 2017

Claire Cook SMBC comms clcook@solihull.gov.uk 0121 704 6084

1. Aims

- Ask local people about their views of pharmacy services in Solihull.
- Ask pharmacies about the services they provide and their intentions for the future.

2. Key messages

- Pharmacies provide an important network of accessible healthcare outlets so that residents can obtain a range of services, using the professional expertise of pharmacists and trained staff.
- Every three years Solihull Council is required to carry out a Pharmaceutical Needs Assessment (PNA) to understand the usage of local pharmacy services in Solihull and to identify the gaps in provision and make recommendations for improvements.
- Pharmaceutical Needs Assessments (PNAs) are used when considering applications for new pharmacies in an area and by commissioners to identify local health needs that could be addressed by pharmacy services.
- Please tell us your views – they are important to us and will help determine the services that pharmacies provide in the future.

3. Key milestones

Patient Experience Survey out to consultation via Survey Monkey and hard copies	September 2017 x 3 weeks
Pharmacy questionnaire out to consultation to pharmacy contractors	September 2017 x 3 weeks
Analysis of surveys	September/October 2017
Produce first draft of PNA	By end of October 2017
PNA goes out to Public consultation for 60 days	1 November to 31 December 2017
Analyse consultation feedback	Early January 2018
Draft PNA to HWBB	16 January 2018
Final PNA to HWBB for approval	20 March 2018
Publish PNA	31 March 2018

4. Stakeholders/mechanisms

The following actions will take place in September for the Patient Experience Survey and pharmacy questionnaire and in November/December for the public consultation of the PNA.

Stakeholder	Mechanism	Responsible
Pharmacy contractors	Email	Public Health
Cllrs	Weekly Members' Bulletin	Comms
SMBC staff	Solihull Way, intranet news page	Comms
Public Health contacts	Stay Connected bulletin	Comms
General public	Website consultation page, press release, twitter, Facebook	Comms
Solihull CCG	Website, twitter, Little and Often bulletin to GPs, internal channel to staff, email/hard copies to patient groups	Comms
Sustain	Website, Sustain Alert	Comms
Libraries	Stay Connected bulletin, hard copies of survey along with freepost envelopes and promotional poster	Comms Public Health
GPs	Hard copies of survey along with freepost envelopes and promotional poster	Public Health
Users of pharmacies	Hard copies of survey along with freepost envelopes and promotional poster	Public Health
Patient Participation Group (PPG)	Email Will they need hard copies?	Public Health
Healthwatch Solihull	Website, twitter	Comms
Local Professional Network (LPN Network)	Email	Public Health
Local Pharmaceutical Committee (LPC)	Email	Public Health
Local Medical Committee (LMC)	Email	Public Health
Family Information Service Parents Network bulletin	Email	Comms
Schools	School newsletters and Parent Mail	Comms
Carers' Centre	Email	Comms
Age Concern Solihull	Email	Comms
Enable-Solihull	Email	Comms
Solihull Together	Solihull Together newsletter/website?	Comms
Solihull Updates	Twitter, Facebook	Comms
Talk about North Solihull	Website, newsletter	Comms

Completed	V1 Aug 2017 CC

Appendix 4: Pharmacy Questionnaire

PNA Pharmacy Questionnaire

Solihull Health and Wellbeing Board

Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of Contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	☐ Yes ☐ No ☐ Possibly
Is this pharmacy a 100-hour pharmacy?	☐ Yes
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	☐ Yes
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	☐ Yes
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the LPC store the above information and use it to contact you?	☐ Yes

Core hours of opening

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

Total hours of opening

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

Consultation facilities

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

On premises	None, or	☐
	Available (including wheelchair access), or	☐
	Available (without wheelchair access), or	☐
	Planned within the next 12 months, or	☐
	Other (specify)	
Where there is a consultation area, is it a closed room?		☐ Yes

During consultations are there hand-washing facilities	In the consultation area, or	☐
	Close to the consultation area, or	☐
	None	☐

Patients attending for consultations have access to toilet facilities	☐ Yes

Off-site	The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)	☐ Yes
	The pharmacy is willing to undertake consultations in patient's home / other suitable site	☐ Yes

What languages other than English are spoken in the pharmacy?	
What languages other than English are spoken by the community your pharmacy serves?	

IT Facilities

Select any that apply.

Electronic Prescription Service Release 2 enabled	☐
NHSmail being used	☐
NHS Summary Care Record enabled	☐
Up to date NHS Choice entry	

Healthy Living Pharmacies (HLP)

Select the one that applies.

The pharmacy has achieved HLP status	☐
The pharmacy is working toward HLP status	☐
The pharmacy is not currently working toward HLP status	☐

Services

Does the pharmacy dispense appliances?

Yes – All types, or	☐
Yes, excluding stoma appliances, or	☐
Yes, excluding incontinence appliances, or	☐
Yes, excluding stoma and incontinence appliances, or	☐
Yes, just dressings, or	☐
Other [identify]	
None	☐

Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	☐	☐	☐
New Medicine Service	☐	☐	☐
Appliance Use Review service	☐	☐	☐
Stoma Appliance Customisation service	☐	☐	☐
Flu Vaccination Service	☐	☐	☐
NHS Urgent Medicine Supply Advanced Service	☐	☐	☐

Enhanced[26] and Other Locally Commissioned Services

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

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able to provide	Not willing to provide	
Anticoagulant Monitoring Service	☐	☐	☐	☐	☐		
Anti-viral Distribution Service[27]	☐[2]	☐	☐	☐	☐		
Care Home Service	☐	☐	☐	☐	☐		
Chlamydia Testing Service[2]	☐[2]	☐	☐	☐	☐		
Chlamydia Treatment Service[2]	☐[2]	☐	☐	☐	☐		
Contraceptive service (not EC) [2]	☐[2]						
Disease Specific Medicines Management Service:							
Allergies	☐	☐	☐	☐	☐		
Alzheimer's/dementia	☐	☐	☐	☐	☐		
Asthma	☐	☐	☐	☐	☐		
CHD	☐	☐	☐	☐	☐		
COPD	☐	☐	☐	☐	☐		
Depression	☐	☐	☐	☐	☐		
Diabetes type I	☐	☐	☐	☐	☐		
Diabetes type II	☐	☐	☐	☐	☐		
Epilepsy	☐	☐	☐	☐	☐		
Heart Failure	☐	☐	☐	☐	☐		
Hypertension	☐	☐	☐	☐	☐		
Parkinson's disease	☐	☐	☐	☐	☐		
Other (please state)							

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

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

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able to provide	Not willing to provide	
Emergency Contraception Service[2]	☐[2]	☐	☐	☐	☐		
Emergency Supply Service	☐	☐	☐	☐	☐		
Gluten Free Food Supply Service (i.e. not via FP10)	☐	☐	☐	☐	☐		
Home Delivery Service (not appliances)[2]	☐[2]	☐	☐	☐	☐		
Independent Prescribing Service	☐	☐	☐	☐	☐		
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?							
Language Access Service	☐	☐	☐	☐	☐		
Medication Review Service	☐	☐	☐	☐	☐		
Medicines Assessment and Compliance Support Service	☐	☐	☐	☐	☐		
Minor Ailment Scheme	☐	☐	☐	☐	☐		
MUR Plus/Medicines Optimisation Service[2]	☐[2]	☐	☐	☐	☐		
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?							
Needle and Syringe Exchange Service	☐	☐	☐	☐	☐		
Obesity management (adults and children)[2]	☐[2]	☐	☐	☐	☐		
Not Dispensed Scheme	☐	☐	☐	☐	☐		
On Demand Availability of Specialist Drugs Service	☐	☐	☐	☐	☐		
Out of Hours Services	☐	☐	☐	☐	☐		

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able to provide	Not willing to provide	
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)				☐	☐		
Phlebotomy Service[2]	☐[2]	☐	☐	☐	☐		
Prescriber Support Service	☐	☐	☐	☐	☐		
Schools Service	☐	☐	☐	☐	☐		
Screening Service							
Alcohol	☐	☐	☐	☐	☐		
Cholesterol	☐	☐	☐	☐	☐		
Diabetes	☐	☐	☐	☐	☐		
Gonorrhoea	☐	☐	☐	☐	☐		
H. pylori	☐	☐	☐	☐	☐		
HbA1C	☐	☐	☐	☐	☐		
Hepatitis	☐	☐	☐	☐	☐		
HIV	☐	☐	☐	☐	☐		
Other (please state)							
Seasonal Influenza Vaccination Service[2]	☐[2]	☐	☐	☐	☐		
Other vaccinations[2]							
Childhood vaccinations	☐[2]	☐	☐	☐	☐		
Hepatitis (at risk workers or patients)	☐[2]	☐	☐	☐	☐		
HPV	☐[2]	☐	☐	☐	☐		
Travel vaccines	☐[2]	☐	☐	☐	☐		
Other – (please state)							
Sharps Disposal Service[2]	☐[2]	☐	☐	☐	☐		
Stop Smoking Service	☐	☐	☐	☐	☐		
Supervised Administration Service	☐	☐	☐	☐	☐		

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able to provide	Not willing to provide	
Supplementary Prescribing Service (what therapeutic areas are covered?)				☐	☐		
Vascular Risk Assessment Service (NHS Health Check)[2]	☐[2]	☐	☐	☐	☐		

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	☐
Delivery of dispensed medicines – Free of charge on request	☐
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	☐
Monitored Dosage Systems – Free of charge on request	☐
Monitored Dosage Systems – chargeable	☐

Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.	☐

Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

Appendix 5: Pharmacy service information

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	CORE TRADING OPENING HOURS	100 HOURS PHARMACY	Closed consultation facilities	EHC	EHC uliplistal	EPS R2 ENABLED	NEEDLE EXCHANGE	CONSUMPTION SUPERVISED Methadone	SUPERVISED CONSUMPTION Buprenorphine	MINOR AILMENTS	SMOKING CESSATION	FLU VACCINE	PALLATIVE	OUT OF HOURS	FOSFOMYCIN	BBV
Asda Pharmacy	Asda Pharmacy (Chelmsley Wood)	B37 5EX	MON 7:00 - 22:00 TUES 7:00-23:00 WED 7:00-23:00 THURS 7:00-23:00 FRI 7:00-23:00 SAT 7:00-22:00 SUN 10:00-16:00	√	√	WA PP	WA	√	NW	√	√	√	√	√	WA		WA	NW
Asterwell Pharmacy	Asterwell Ltd (Longmore Road)	B90 3ER	MON 9:00-19.00 TUES 9:00-20:00 WED 9:00-19:00. THUR9:00-19:00 FRI 09:00-19:00 SAT 09:00-13:00 SUN Closed		√	PP	PP		WA	√	√	WA	PP	√	WA	WA	WA	WA
QP CLINICAL CARE LTD	Balsall Common Pharmacy	CV7 7FD	MON 6:00-21:00 TUES 6:00-21:00 WED 6:00-21:00 THURS 6:00-21:00 FRI 6:00-21:00 SAT 6:00-21:00 SUN 7:00-17:00	√	√	NW	WA		WA	WA	WA	WA	WA	√	√	WA	WA	WA
			Contract currently suspended															
Boots	Boots (Hatchford Brook Rd)	B92 9AG	MON 08:30–13:00,14:00 18:30 TUES 09:00-17:45 WED 09:00-17:45 THURS 09:00-17:45 FRI 09:00-17:45 SAT 09:00-17:15 SUN CLOSED		√	√	√	√	WA	WA	WA	√	WA	√	WA	WA	WA	WA
Boots	Boots (Lyndon Road)	B92 7QP	MON 08:30-18:30 TUES 08:30-18:30 WED 08:30-18:30 THURS 08:30-18:30 FRI 08:30-18:30 SAT 09:00-13:00 SUN CLOSED		√	√	√		NA	√	√	√	WA	√	NA	NA	NA	NA
Boots	Boots Pharmacy (Crabtree Drive)	B37 5BU	MON 09:00-13:00,14:00-18:30 TUES 09:00-18:30 WED 08:30-20:00 THURS08:30-13:00,14:00-18:30 FRI 09:00-18:00 SAT 09:00-13:00 Sun CLOSED		√	PP	PP		WA	√	√	√	WA	√	√	PP	NW	NW

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	TRADING OPENING HOURS	100 HOOURS PHARMCACY	Closed consultation facilities	EHC	EHC ulipristal	EPS R2 ENABLED	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION Methadone	SUPERVISED CONSUMPTION Buproenorphine	MINOR AILMENTS	SMOKING CESSATION	FLU VACCINE	PALLIATIVE	OUT OF HOURS	FOSFOMYCIN	BBV
Boots Chelmsley Wood	Boots UK Ltd (Greenwood Way)	B37 5TL	MON 08:30-17:30 TUES 08:30-17:30 WED 08:30-17:30 THUR08:30-17:30 FRI 08:30-17:30 SAT 08:30-17:30 SUN 10:00-15:00		√	√	√	√	WA	√	√	√	WA	√	WA	NW	WA	WA
Boots	Boots UK Ltd (Mell Square)	B91 3AZ	MON 08:30-18:00 TUES 08:30-18:00 WED 08:30-18:00 THURS08:30-19:00 FRI 08:30-18:00 SAT 08:30-18:00 SUN 10:30-16:30		√	√/PP	√/PP	√	√	NW	NW	WA	WA/ PP	WA		NA	WA	WA
Boots	Boots UK Ltd (Sears Retail Park)	B90 4QY	MON 08:00-14:00,15:00-24:00 TUES 08:00-14:00,15:00-24:00 WED 08:00-14:00,15:00-24:00 THURS08:00-14:00,15:00-24:00 FRI 08:00-14:00,15:00-24:00 SAT 08:00-14:00,15:00-24:00 SUN 10:30-16:30		√	√			√	√	√							
Boots	Boots UK Ltd (Stratford Road)	B90 3AH	MON 09:00-17:30 TUES 09:00-17:30 WED 09:00-17:30 THUR 09:00-17:30 FRI 09:00-17:30 SAT 09:00-17:30 SUN CLOSED		√	√	√	√	WA	NW	NW	WA	WA	√	NA	NA	NA	NA
Buchans Pharmacy	Buchans Chemist (Sirchem Ltd, Hawthorne Road)	B36 0HH	MON 08:30-19:00 TUES 08:30-19:00 WED 08:30-19:00 THURS 08:30-19:00 FRI 08:30-19:00 SAT 09:00-13:00 SUN CLOSED		√			√				√	√					
Craig Croft Pharmacy	(Dudley Taylor Pharmacies Ltd)	B37 7TW	MON 09:00-13:30,14:00-18:00 TUES 09:00-13:30,14:00-18:00 WED 09:00-13:30,14:00-18:00 THURS 09:00-13:30,14:00-18.00 FRI 09:00-13:30,14:00-18:00 SAT 09:00-14:00 SUN CLOSED		√	√	√		√	√	√	√	√	WA	WA	NW	WA	NW
Dickens Heath Phamacy	Daltons Pharmacy (Dickens Heath)	B90 1UA	MON 09:00-13:00,14:00-18:00 TUES 09:00-13:00,14:00-18:00 WED 09:00-13:00,14:00-18:00 THURS09:00-13:00,14:00-18:00 FRI 09:00-13:00,14:00-18:00 SAT 09:00-13::00 SUN CLOSED		√	√	√	√	√	√	√	WA	WA	√	WA	WA	WA	WA

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	TRADING OPENING HOURS	100 HOURS PHARMACY	Closed consultation facilities	EHC	EHC ulipristal	EPS R2 ENABLED	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION Methadone	SUPERVISED CONSUMPTION Buproenorphine	MINOR AILMENTS	SMOKING CESSATION	FLU VACCINE	PALLIATIVE	OUT OF HOURS	FOSFOMYCIN	BBV
Browns Pharmacy	Dovehouse Pharmacy (WM Browns Kinghurst Ltd)	B91 1BQ	MON 08:00-20:00 TUES 08:00-20:00 WED 08:00-20:00 THURS 08:00-20:00 FRI 08:00-20:00 SAT 09:00-17:30 SUN CLOSED		√				√	√	√							
Cheswick Green Pharmacy	Dudley Taylor Pharmacy (Cheswick Green)	B90 4JA	MON 08:45-13:00, 14:00-18:15 TUES 08:45-13:00, 14:00-18:15 WED :08:45-13:00 THURS 09:00-13:00, 14:00-18:30 FRI 09:00-13:00, 14:00-18:30 SAT 09:00-13:00 SUN CLOSED		√	√	√	√	WA	√	√	WA	WA	√	WA	WA	WA	WA
Dorridge Pharmacy	(Dudley Taylor Pharmacies Ltd)	B93 8JA	MON 08:30-19:00 TUES 08:30-19:00 WED 08:30-19:00 THURS 08:30-19:00 FRI 08:30-19:00 SAT 09:00-17:00 SUN CLOSED		√	√/PP	√/PP	√	WA	WA	WA	WA	WA	√	WA	WA	WA	WA
Gospel Lane Pharamcy	Gospel Lane Pharmacy	B27 7AJ	MON 09:00--18:30 TUES 09:00-18:30 WED 09:00-18:30 THURS09:00-18:30 FRI 09:00-18:30 SAT 09:00-13:00 SUN CLOSED		√					√	√							
Haslucks Green Pharmacy	Haslucks Green Pharmacy	B90 2EH	MON 09:00-13:00,14:00-18:30 TUES 09:00-18:30 WED 08:30-20:00 THURS08:30-13:00,14:00-18:30 FRI 09:00-18:00 SAT 09:00-13:00 SUN CLOSED		√	√	√	√	NA	√	√	WA	WA	NA	NA	WA	NA	NA
Hingley chemist	Hingleys Chemist (Hobs Moat Road)	B92 8JL	MON 09:00-18:00 TUES 09:00-18:00 WED 09:00-18:00 THURS 09:00-18:00 FRI 09:00-18:00 SAT 09:00-17:00 SUN CLOSED		√					√	√							
Jhoots Pharmacy	Jhoots Pharmacy (Beechcroft Road)	B36 9EJ	MON 08:30-18:30 TUES 08:30-18:30 WED 08:30-18:30 THURS 08:30-13:00 FRI 08:30-18:30 SAT CLOSED SUN CLOSED		√					√								

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	CORE TRADING OPENING HOURS	100 HOUR PHARMACY	Closed consultation facilities	EHC	EHCulipistal	EPS R2 ENABLED	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION Methadone	SUPERVISED CONSUMPTION Buproenorphine	MINOR AILMENTS	SMOKING CESSATION	FLU VACCINE	PALLIATIVE	OUT OF HOURS	FOSFOMYCIN	BBV
Knights Pharmacy	Knights Solihull Pharmacy	B91 2AG	MON 08:00-22:30 TUES 08:00-22:30 WED 08:00-22:30 THURS 08:00-22:30 FRI 08:00-22:30 SAT 08:30-22:00 SUN 09:00-21:30	√	√	PP	PP	√	WA	√	√	WA	WA	√	NA/ NW	WA /NW	√	NA/ NW
Konnect Pharmacy	Konnect Pharmacy	B90 4NR	**MON** 09:00-13:00, 14:00-18:00 **TUES** 09:00-13:00, 14:00-18:00 **WED** 09:00-13:00, 14:00-18:00 **THUR** 09:00-13:00, 14:00-18:00 **FRI** 09:00-13:00, 14:00-18:00 **SAT** CLOSED **SUN** CLOSED		NA	NA	NA	√	WA	NA	NA	NA	NA	NW	NA	WA	NW	NW
Late Night Yew Tree Pharmacy	Late Night Yew Tree Pharmacy	B91 2NX	MON 07:00- 22:00 TUES 07:00- 22:00 WED 07:00- 22:00 THURS 07:00- 22:00 FRI 07:00- 22:00 SAT 07:00 – 22:00 SUN 09:00- 19:00	√	√	√	√	√	WA	√	√	WA	WA	√		WA	WA	WA
Lloyds Pharmacy	Lloyds Pharmacy (Chester Road)	B36 0JG	MON 09:00-19:00 TUES 09:00-19:00 WED 09:00-19:00 THURS 09:00-19:00 FRI 09:00-19:00 SAT 09:00-17:30 SUN CLOSED		√	√	√	√	WA	√	√	√	WA	√	NA	NA	NA	NA
Lloyds Pharmacy	Lloyds Pharmacy (Tanworth Lane)	B90 4DD	MON 09:12:30,14:00-19:00 TUES 08:30-19:00 WED 08:30-17:30 THURS 08:30- 19:00 FRI 08:30- 19:00 SAT CLOSED SUN CLOSED		√	√	-	√	√	√	WA	WA	WA	√	WA			
Lloyds Pharmacy	Lloyds Pharmacy (The Green)	CV7 7LN	MON 09:00-18:00 TUES 09:00-18:00 WED 09:00-18:00 THURS 09:00-18:00 FRI 09:00-18:00 SAT 09:00-17:00 SUN CLOSED		√					√	√							
Lloyds Pharmacy	Lloyds Pharmacy (Union Road)	B90 3BT	MON 08:30-18:30 TUES 08:30-18:30 WED 08:30-18:30 THURS 08:30-18:30 FRI 08:30-18:30 SAT 08:30-17:30 SUN CLOSED		√	√	√		WA	√	√	WA	WA	√	WA	WA	WA	WA
Lloyds Pharmacy	Lloyds Pharmacy (Yew Tree)	B91 2NX	MON 08:00- 19:00 TUES 08:00- 19:00 WED 08:00- 19:00 THUR 08:00- 19:00 FRI 08:00- 19:00 SAT 08:30- 17:30 SUN CLOSED		√	√	√			√	√	WA	PP	√	√	NA		

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	CORE TRADING OPENING HOURS	100 HOUR PHARMACY	closed consultation facilities	EHC	EHC ulipristal	EPS R2 ENABLED	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION Methadone	SUPERVISED CONSUMPTION Buprenorphine	MINOR AILMENTS	SMOKING CESSATION	FLU VACCINE	PALLIATIVE	OUT OF HOURS	FOSFOMYCIN	BBV
Marston Green pharmacy	Marston Green Pharmacy	B37 7BA	MON 09:00-13:00,14:00-18:00 TUES 09:00-13:00,14:00-18:00 WED 09:00-13:00,14:00-18:00 THURS 09:00-13:00, 14:00-18:00 FRI 09:00-13:00,14:00-18:00 **SAT** 09:00-13:00 SUN CLOSED		√	PP	NA		NA	√	√	√	NW	√	WA	WA	NW	WA
Morrisons Pharmacy	Morrisons Pharmacy (George Road)	B91 3BQ	MON 08:30-13:00,14:00-20:00 TUES 08:30-13:00,14:00-20:00 WED 08:30-13:00,14:00-20:00 THUR 08:30-13:00,14:00-20:00 FRI 08:30-13:00,14:00-20:00 SAT 08:30-13:00,14:00-20:00 SUN 11:00 - 17:00		√	√	√	√	PP √	√	√	WA	√	√	√	NA	WA	WA
Morrisons	Morrisons Pharmacy (Stratford Road)	B90 3AR	MON 08:30-13:15,14:00-19:00 TUES 08:30-13:15,14:00-19:00 WED 08:30-13:15,14:00-19:00 THUR 08:30-13:15,14:00-21:00 FRI 08:30-13:15,14:00-21:00 SAT 08:30-13:15,14:00-20:00 SUN 10:00 - 16:00		√	√	√	√	WA	√	WA	WA	WA	PP	WA	WA	WA	NW
MR Pharmacy	Dudley Taylor Pharmacy (Shelly Shopping Centre)	B90 4EH	MON 09:00-18.15 TUES 09:00-18.15 WED 09:00-18.15 THUR 09:00-18.15 FRI 09:00-18.15 SAT 09:00 - 16:00 SUN CLOSED		√	WA	WA	√	NA	WA	WA	NA	NA	√	NA	NW	WA	WA
Northbrook Pharmacy	Northbrook Ltd. (Adam Myers Ltd)	B90 3LX	MON 08:30- 18:30 TUES 08:30- 18:30 WED 08:30- 18:30 THURS 08:00- 18:30 FRI 08:00- 18:30 SAT CLOSED SUN CLOSED		√	√	WA	√	NW	NA	NA	NA	WA	√	NA	NA	NA	NA
The Olton Pharmacy Ltd	Olton Pharmacy; The	B92 7AR	MON 08:30-17:30 TUES 08:30-17:30 WED 08:30-17:30 THURS 08:30-17:30 FRI 08:30-17:30 SAT 08:30-13:00 SUN CLOSED		√					√								
Lloyds Pharmacy	Lloyds In Sainsburys Pharmacy (Stratford Road)	B90 4AJ	MON 08:00-21:00 TUES 08:00-21:00 WED 08:00-21:00 THURS 08:00-21:00 FRI 08:00-21:00 SAT 08:00-21:00 SUN 10:00-16:00		√	NA	NA	√	WA	√	√		NA	√	NA	NA	NA	NA

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	CORE TRADING OPENING HOURS	100 HOUR PHARMACY	Closed consultation facilities	EHC	EHC ulipristal	EPS R2 ENABLED	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION Methadone	SUPERVISED CONSUMPTION Buprenorphine	MINOR AILMENTS	SMOKING CESSATION	FLU VACCINE	PALLIATIVE	OUT OF HOURS	FOSFOMYCIN	BBV
Saydon pharmacy	Saydon Pharmacy (Green Lane)	B36 0BU	MON 08:30-18:30 TUES 08:30-18:30 WED 08:30-18:30 THURS 08:30-18:30 FRI 08:30-18:30 SAT 08:30-14:00 SUN CLOSED		√	√	√		WA	√	√	√	WA		WA	NA	WA	WA
Tesco Pharmacy	Tesco Instore Pharmacy (1505 Stratford Road)	B90 4EN	MON 08:00-22:30 TUES 06:30-22:30 WED 06:30-22:30 THURS06:30-22:30 FRI 06:30-22:30 SAT 06:30-22:00 SUN 10:00-16:00	√	√	√	√	√	WA	√	√	WA	√/PP	√	WA	NA	NA	WA
Tesco Pharmacy, Shirley	Tesco Instore Pharmacy (21-35 Stratford Road)	B90 3LU	MON 08:00- 22:30 TUES 06:30- 22:30 WED 06:30- 22:30 THURS 06:30- 22:30 FRI 06:30- 22:30 SAT 06:30- 22:00 SUN 11:00-17:00	√	√	PP	PP	√	WA	WA	WA	WA	√	√/PP	WA	NW	WA	NW
A.H. Windridge	Dudley Taylor Ltd	B93 0LN	MON 09:00-13:00, 14:00-18.15 TUES 09:00-13:00, 14:00-18.15 WED 09:00-13:00, 14:00-18.15 THURS 09:00-13:00, 14:00-18.15 FRI 09:00-13:00, 14:00-18.15 SAT 09:00-17:00 SUN CLOSED		√	WA	WA	√	WA /NA	WA	WA	WA	WA	√	WA	WA	WA	WA
Browns (Dovehouse) Pharmacy	WM Brown (Kingshurst) Ltd	B37 6BA	MON 08:00-18:00 TUES 08:00-18:00 WED 08:00-18:00 THUR 0:00-18:00 FRI 08:00-18:00 **SAT** 09:00- 13:00 SUN CLOSED		√	√	√	√	WA	√	√	√	WA	√	√	NW	WA	WA
Boots	Boots, Bradford Road, Castle Bromwich	B36 9AD	MON 09:00–17:30 TUES 09:00-17:30 WED 09:00-17:30 THURS 09:00–17:30 FRI 09:00–17:30 **SAT** 09:00–17:30 SUN CLOSED		NA	NW	NW	√	NW	NW	NW	NW	NW	NW	NW	NW	NW	NW	NW
Jhoots Pharmacy	Stratford Road	B90 3AH	MON 09:00 - 17:30 TUES 09:00 - 17:30 WED 09:00 - 17:30 THURS 09:00 - 17:30 FRI 09:00 - 17:30 **SAT** 09:00 - 17:30 **SUN** CLOSED		√					√	√							
Lloyds Pharmacy	Balsall Common Health Centre	CV7 7RW	MON 08:30-18:00 TUES 08:30 -18:00 WED 08:30 -18:00 THUR 08:30 -18:00 FRI 08:30 -18:00 **SAT** 09:00 – 13:00 SUN Closed		√					√								

TRADING NAME	TRADING ADDRESS	TRADING POST CODE	CORE TRADING OPENING HOURS	100 HOUR PHARMACY	Closed consultation facilities	EHC	EHC uliplistal	EPS R2 ENABLED	NEEDLE EXCHANGE	SUPERVISEDCONSUMPTION Methadone	SUPERVISEDCONSUMPTION Buproenorphine	MINOR AILMENTS	SMOKING CESSATION	FLU VACCINE	PALLIATIVE	OUT OF HOURS	FOSFOMYCIN	BBV
St Mary's Pharmacy	Fentham Road	B92 0AY	MON 09:00 - 18:00 TUES 09:00 - 18:00 WED 09:00 - 18:00 THURS 09:00 - 18:00 FRI 09:00 - 18:00 SAT 09:00 - 13:00 SUN Closed		√													
Superdrug	Touchwood Court	B91 3GS	MON 08:30 - 18:00 TUES 08:30 - 18:00 WED 08:30 - 18:00 THURS 08:30 - 18:00 FRI 08:30 - 18:00 SAT 08:00 – 18:00 SUN 11:00.-.17:00		√	√	√	√	WA	√	√	WA	WA	√/PP	WA	WA	WA	WA

As per Pharmacy Questionnaire September 2017

KEY

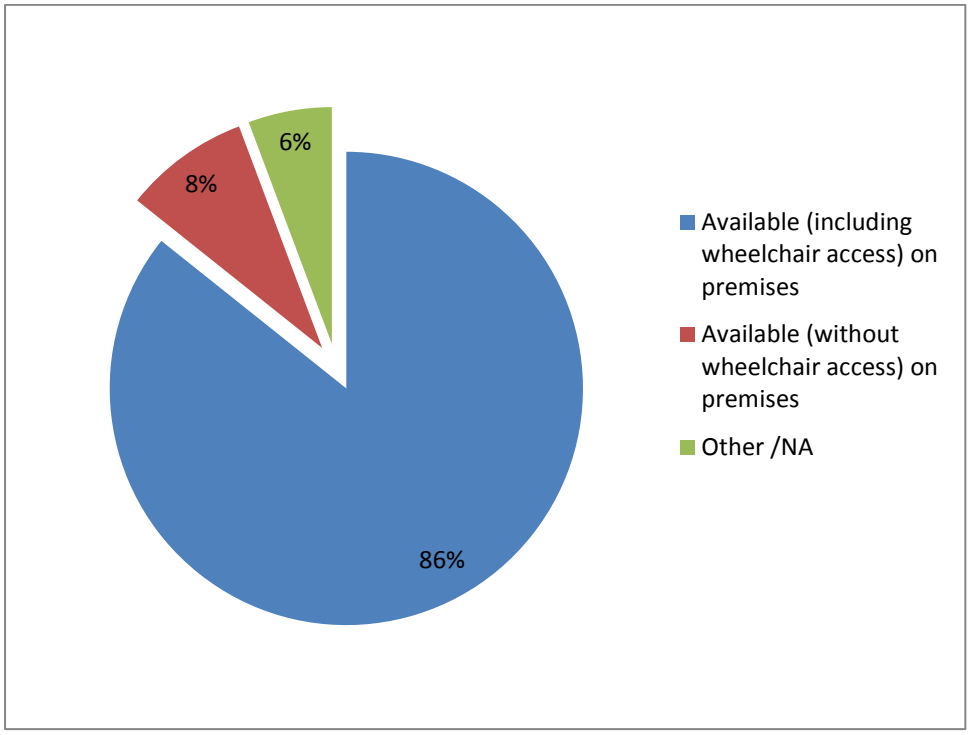
Currently Providing	√
Willing and able to provide if commissioned -	WA
Not able or willing to provide	NA
Currently providing private service	PP
Willing to provide if commissioned but require facilities adjustment	WF
Willing to provide if commissioned but would need training	WT
No Answer	left blank

TRADING NAME Dispensing appliance contractor	TRADING ADDRESS	TRADING POSTCODE	CORE TRADING OPENING HOURS
Salts Medilink	226 Longmore Road, Shirley, Solihull, West Midlands	B90 3ES	MON 08:00 - 13:00, 14.00 – 17.00 TUES 08:00 - 13:00, 14.00 – 17.00 WED 08:00 - 13:00, 14.00 – 17.00 THURS 08:00 - 13:00, 14.00 – 17.00 FRI 08:00 - 13:00, 14.00 – 17.00 SAT Closed SUN Closed

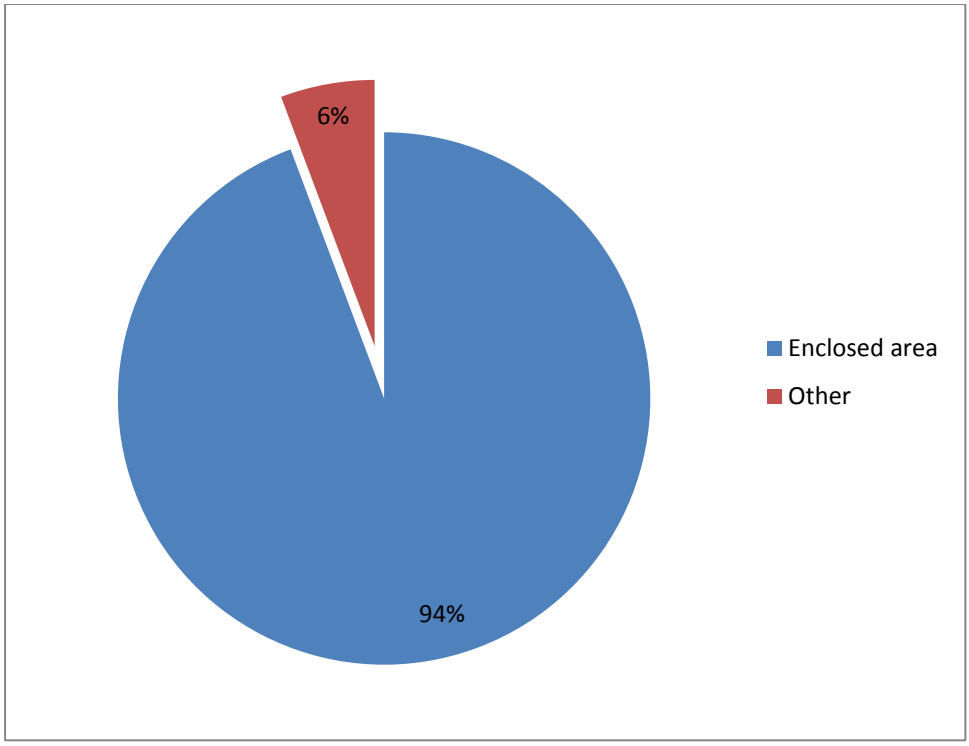
Appendix 6: Pharmacy Survey Findings

Consultation Facilities

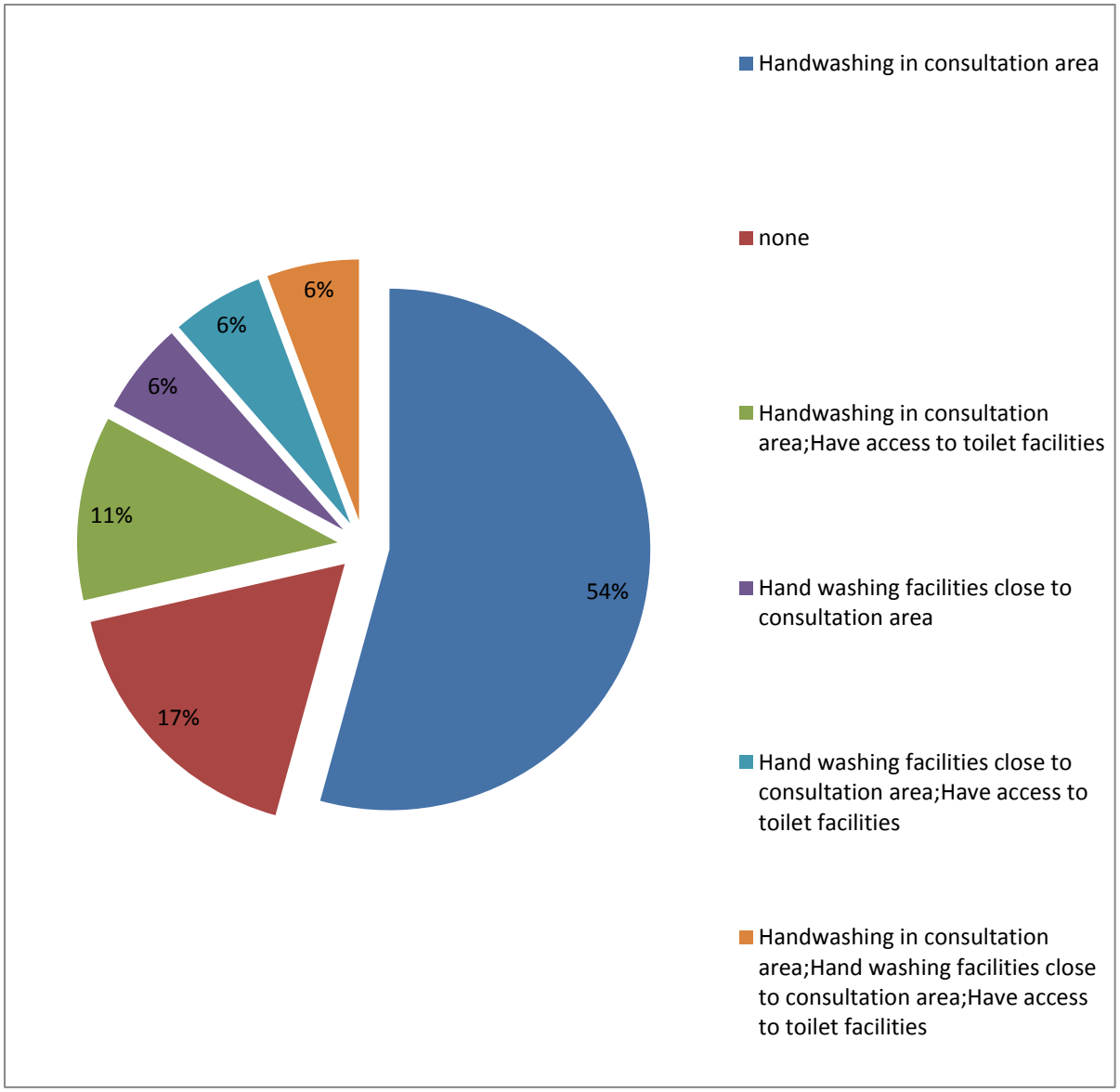
Is there a consultation area?



Is the consultation area enclosed?

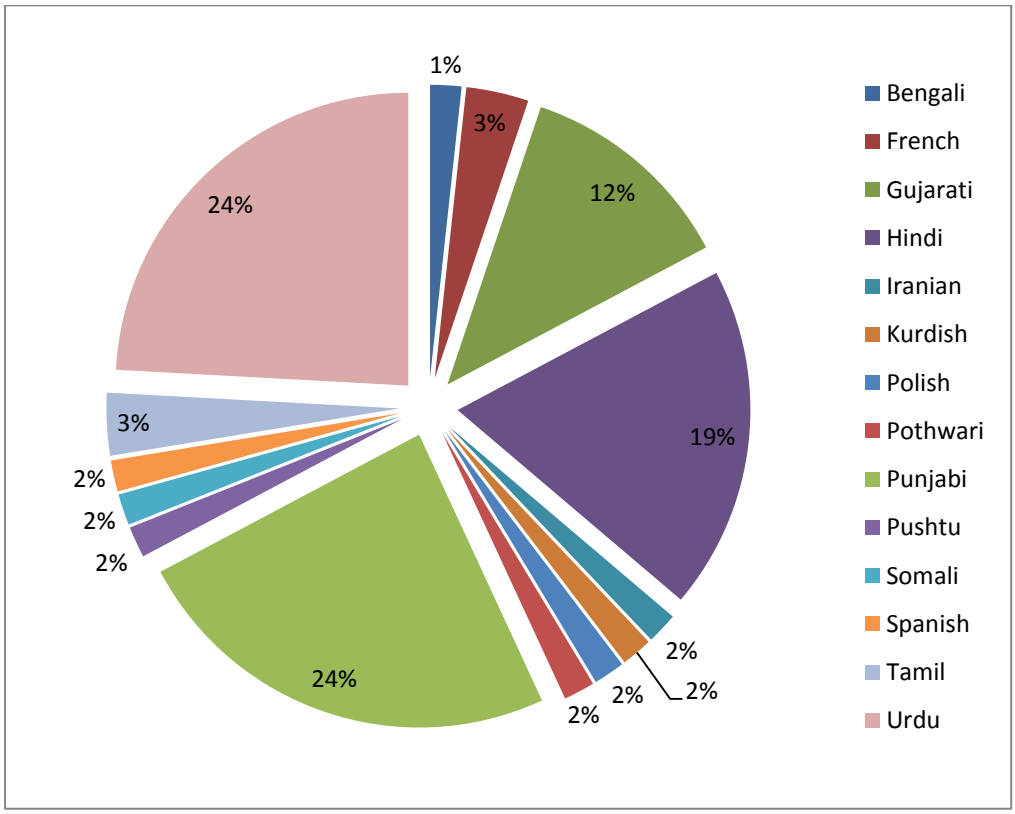


During consultation is there access to hand-washing to toilet facilities?

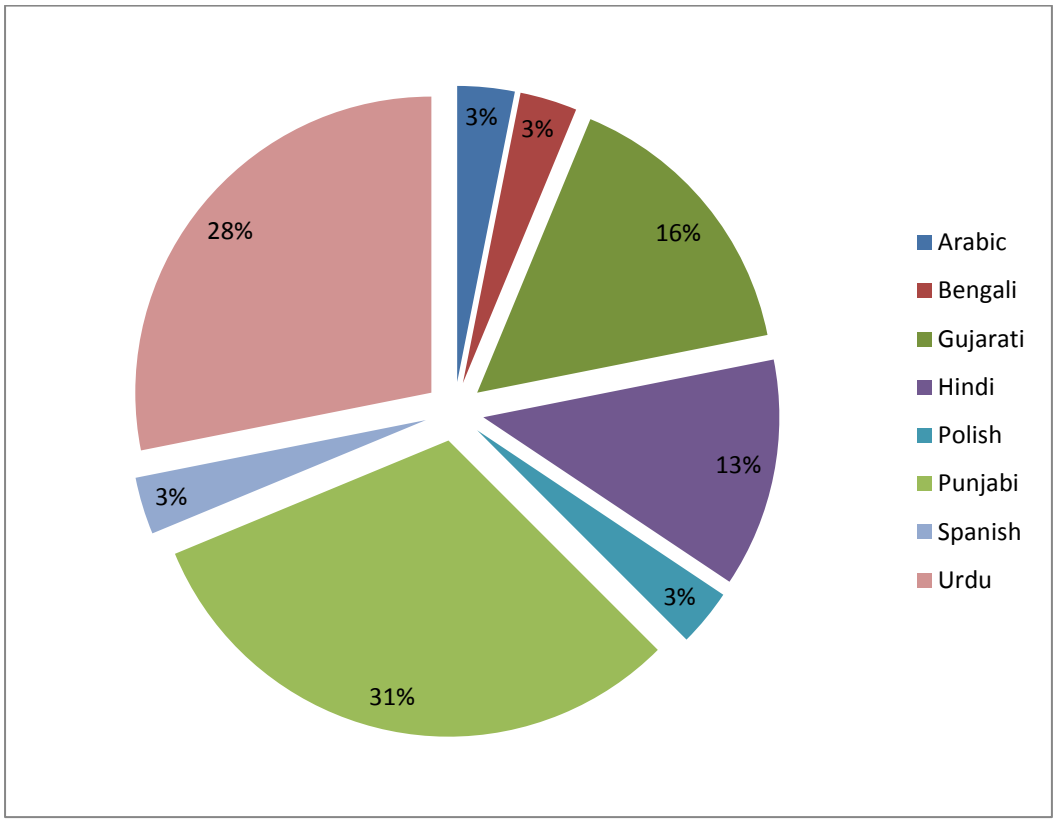


Languages

What Languages are spoken in the pharmacy?

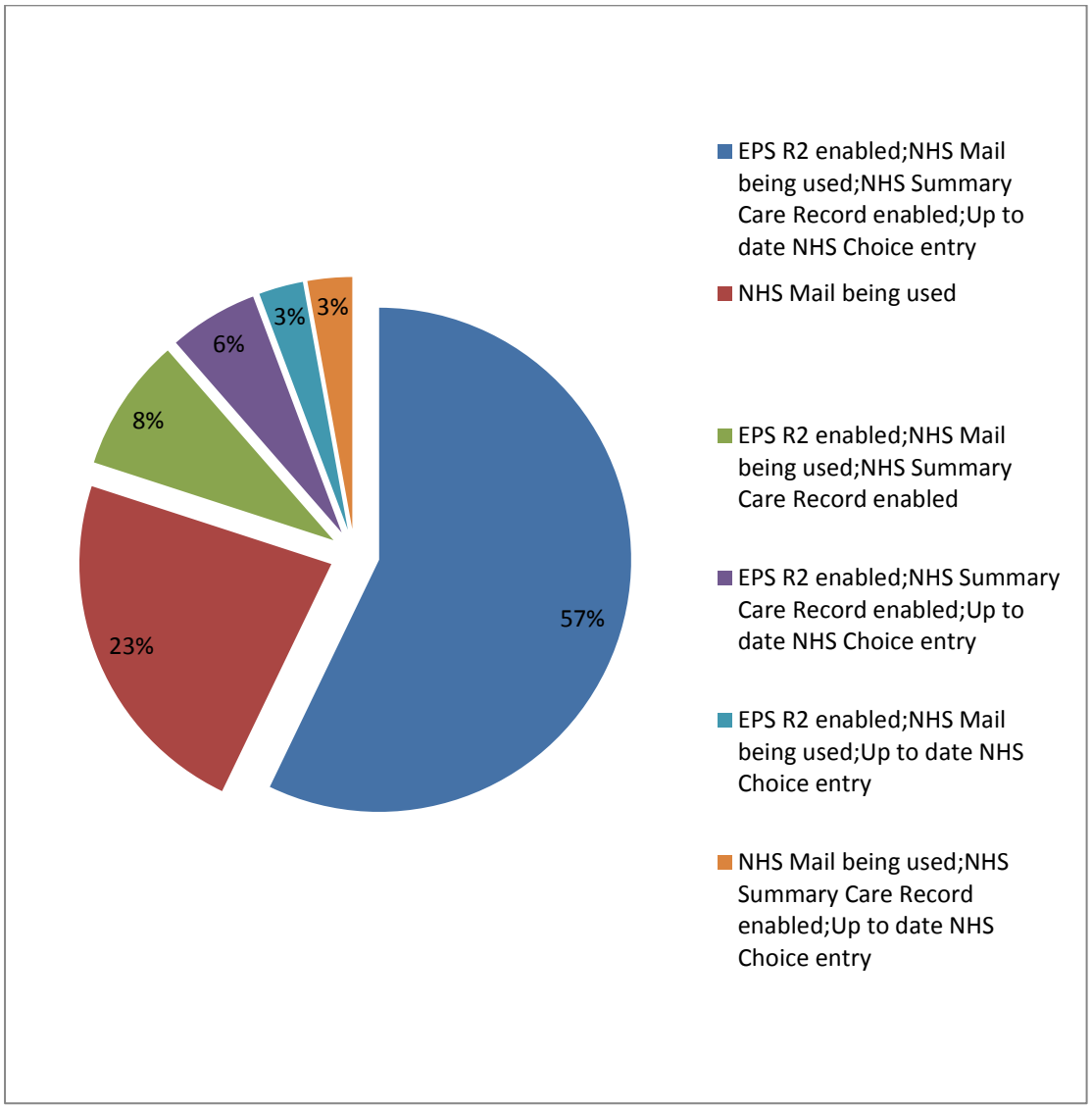


What languages are spoken in the community that the pharmacy serves?



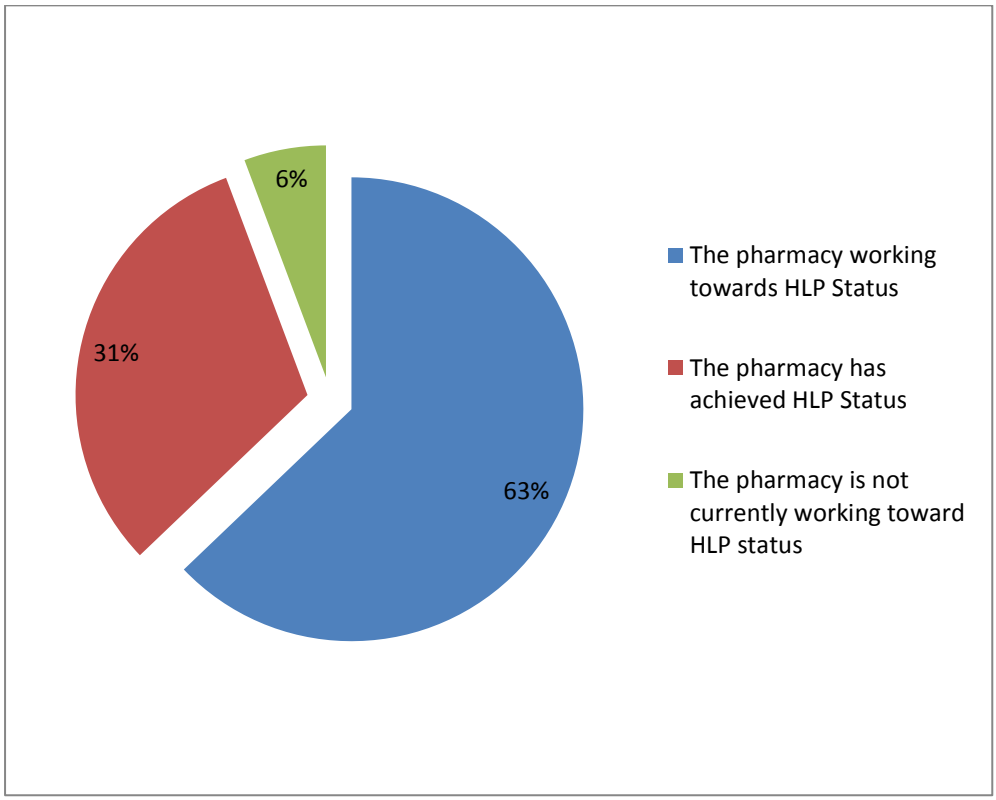
I.T Facilities

Is the pharmacy EPS R2 enabled?



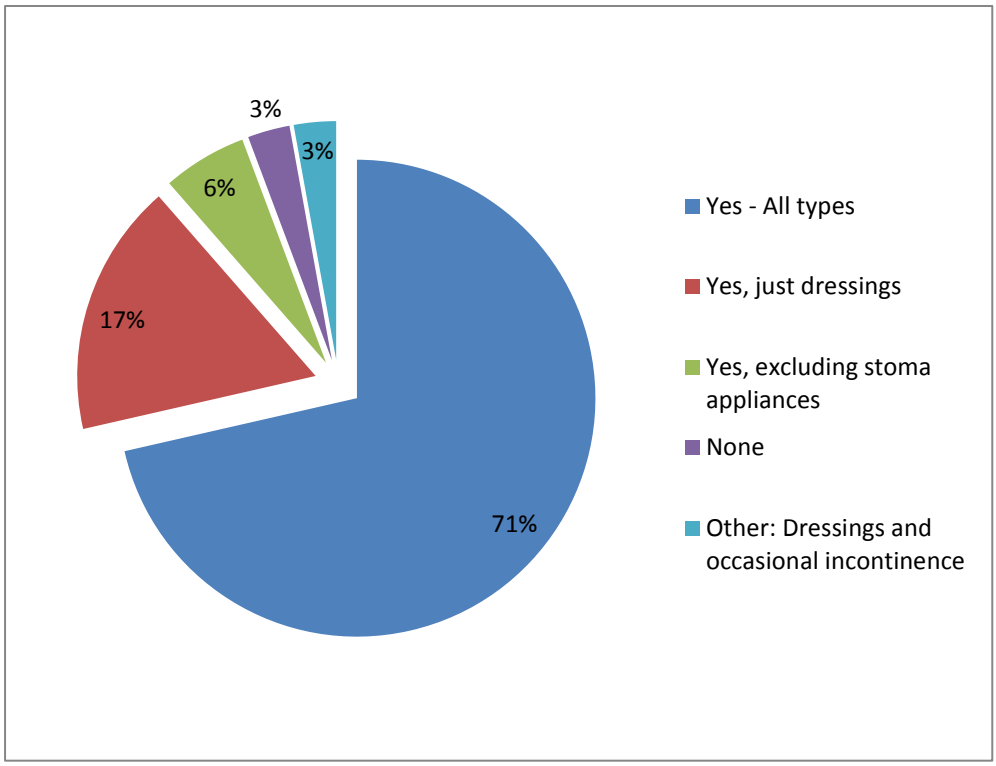
Healthy Living Pharmacies

What is the pharmacy's HLP status?



Services

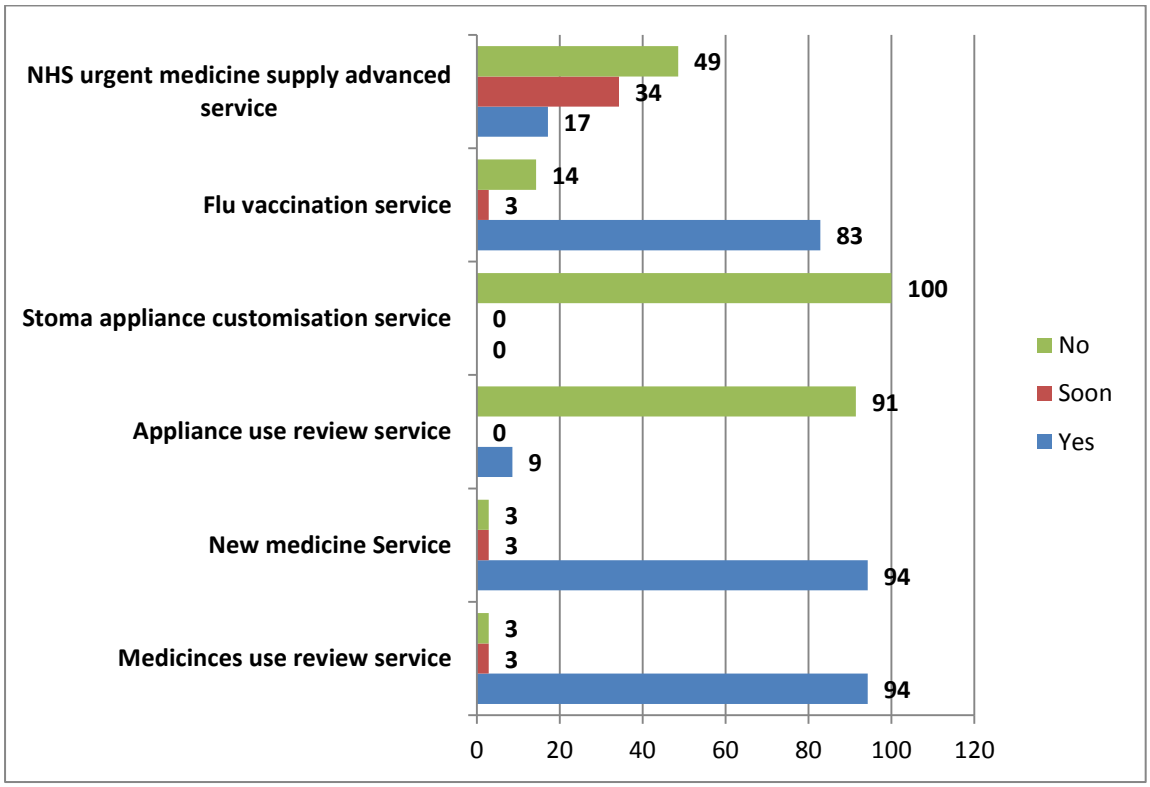
Does the pharmacy dispense appliances?



Advanced services

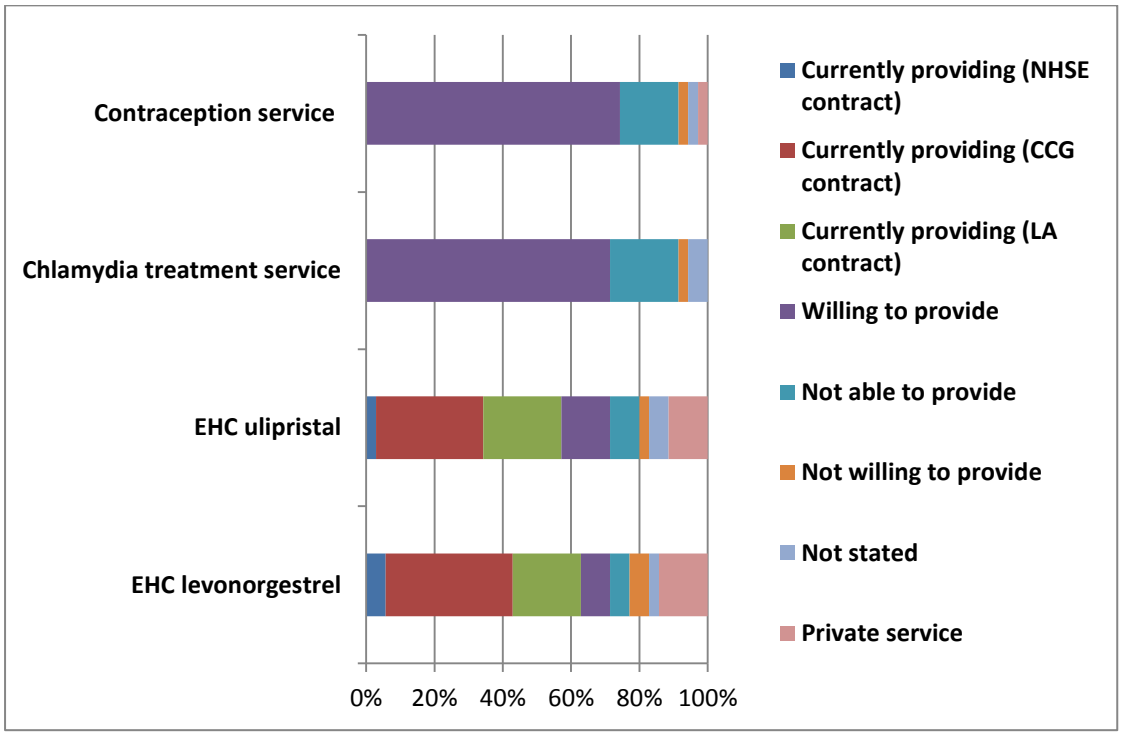
Does the pharmacy offer the following services?

(%of total responses)

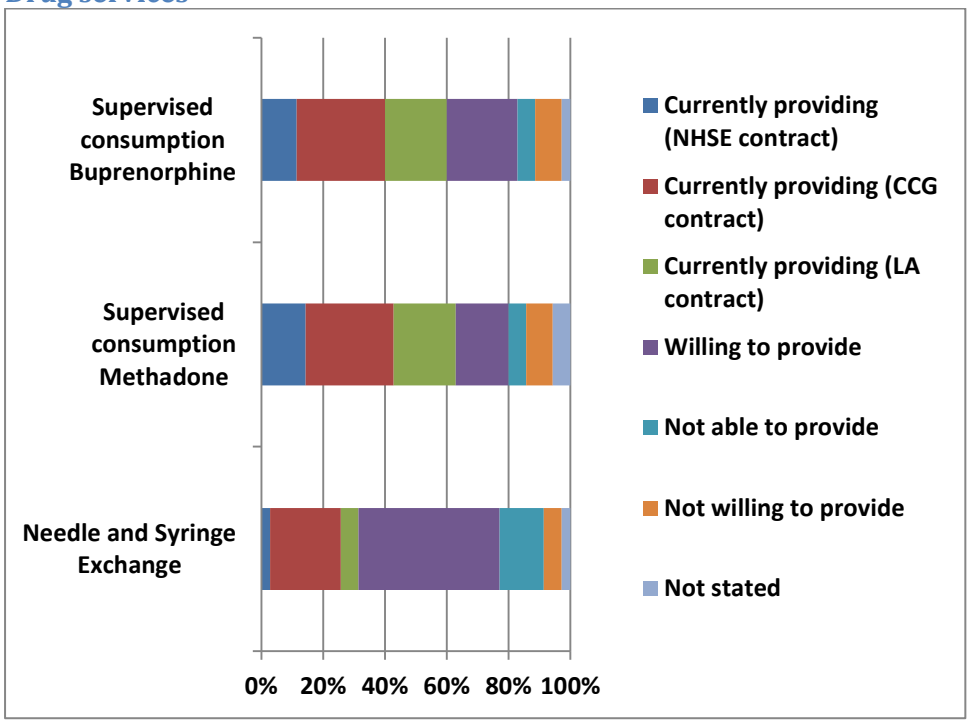


Enhanced services

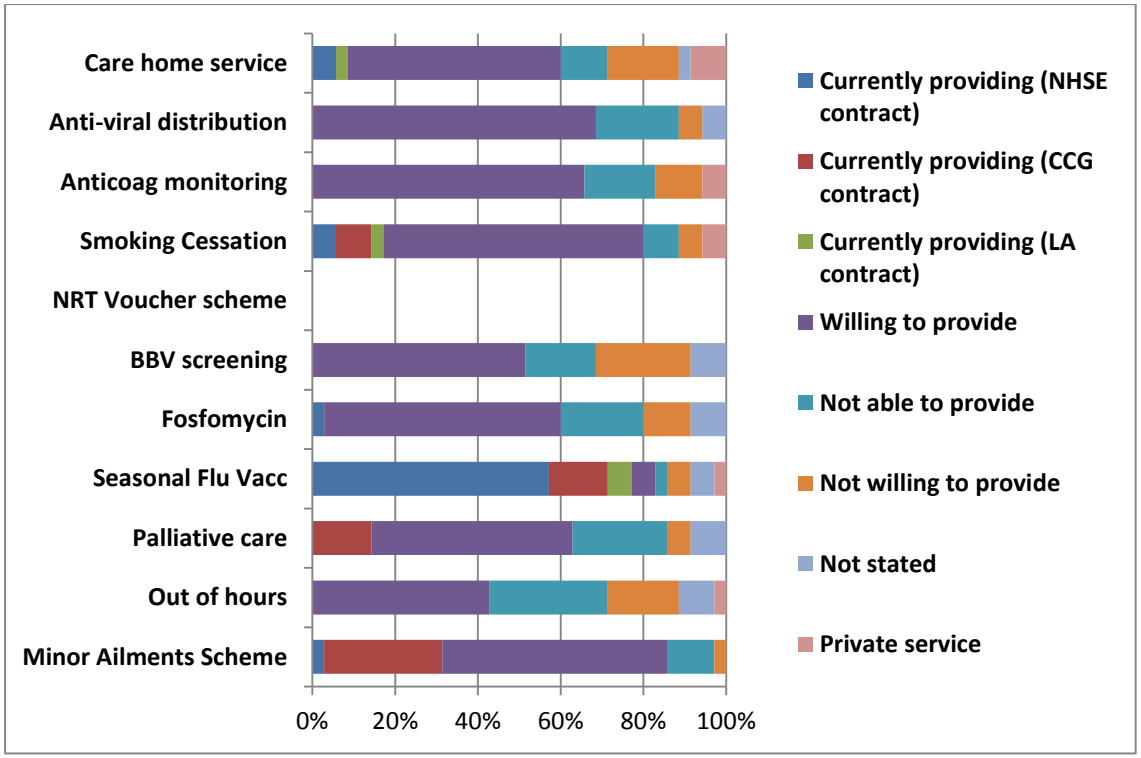
Sexual health and fertility services

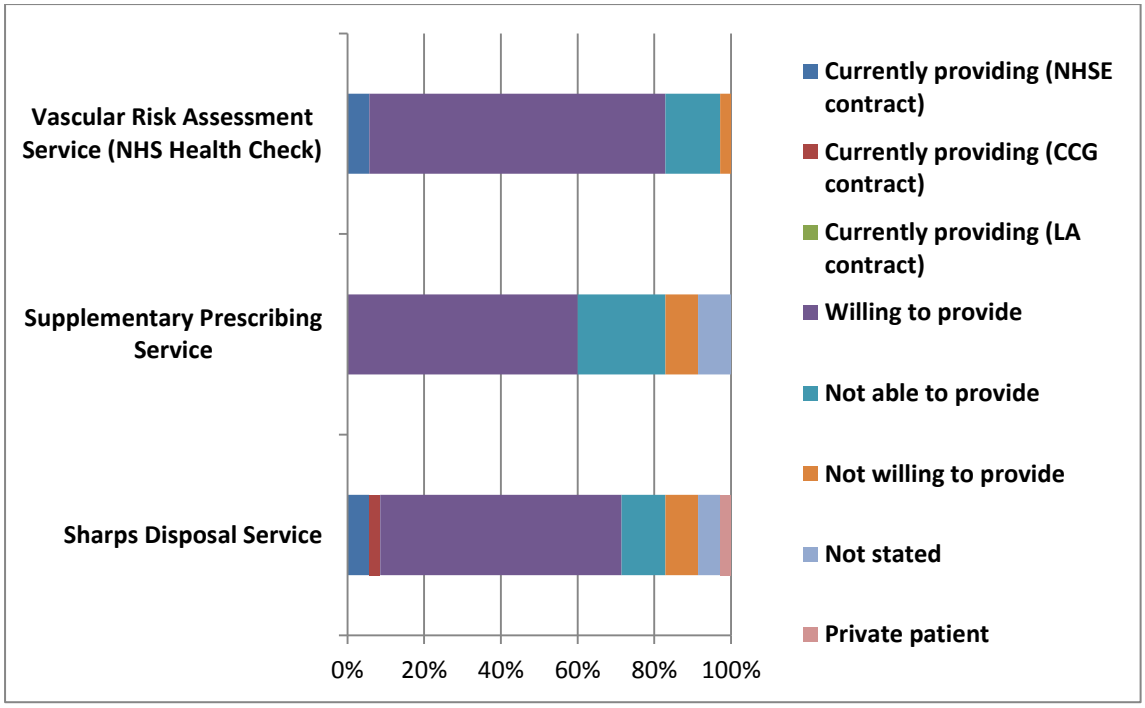


Drug services

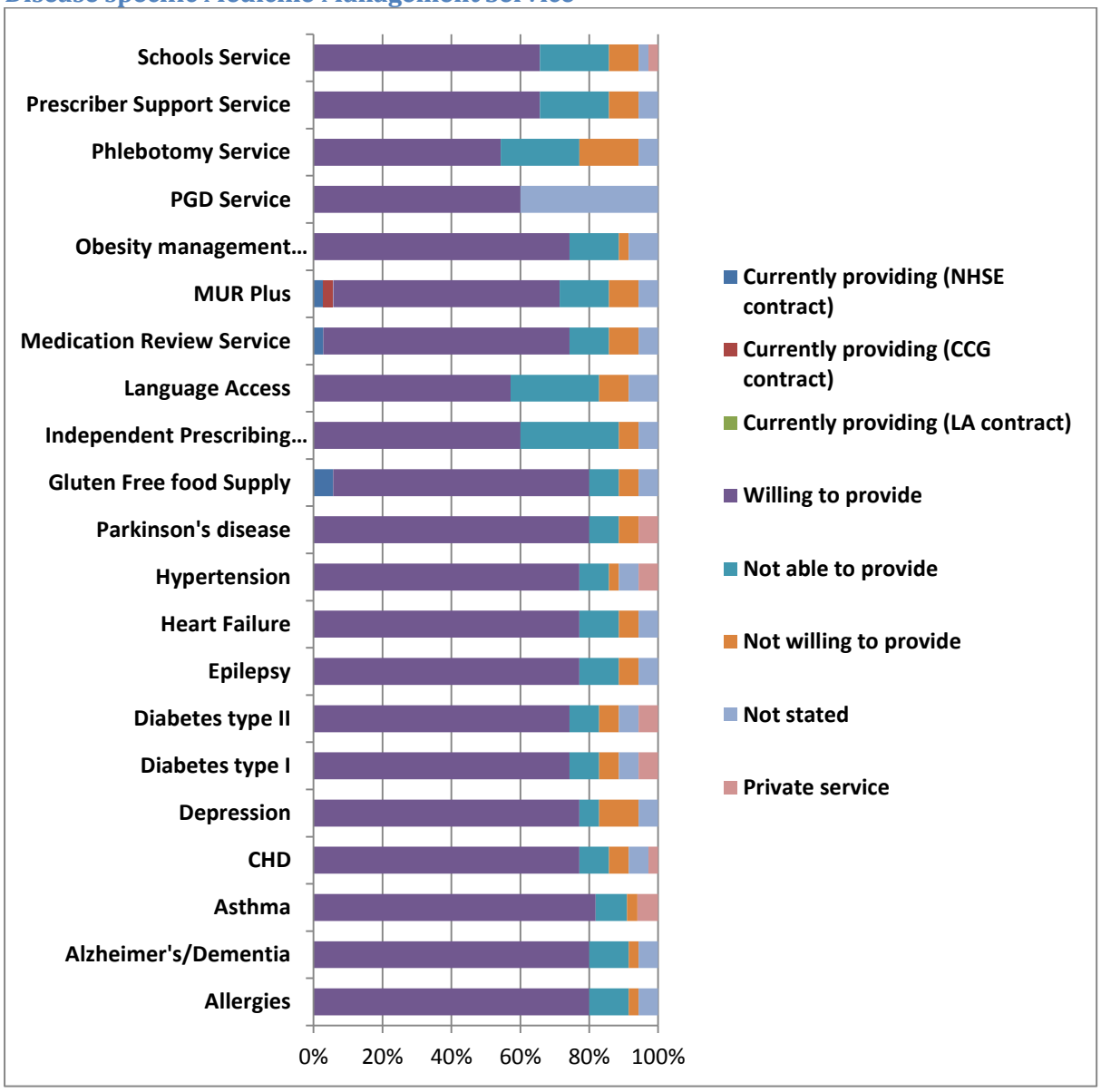


Other

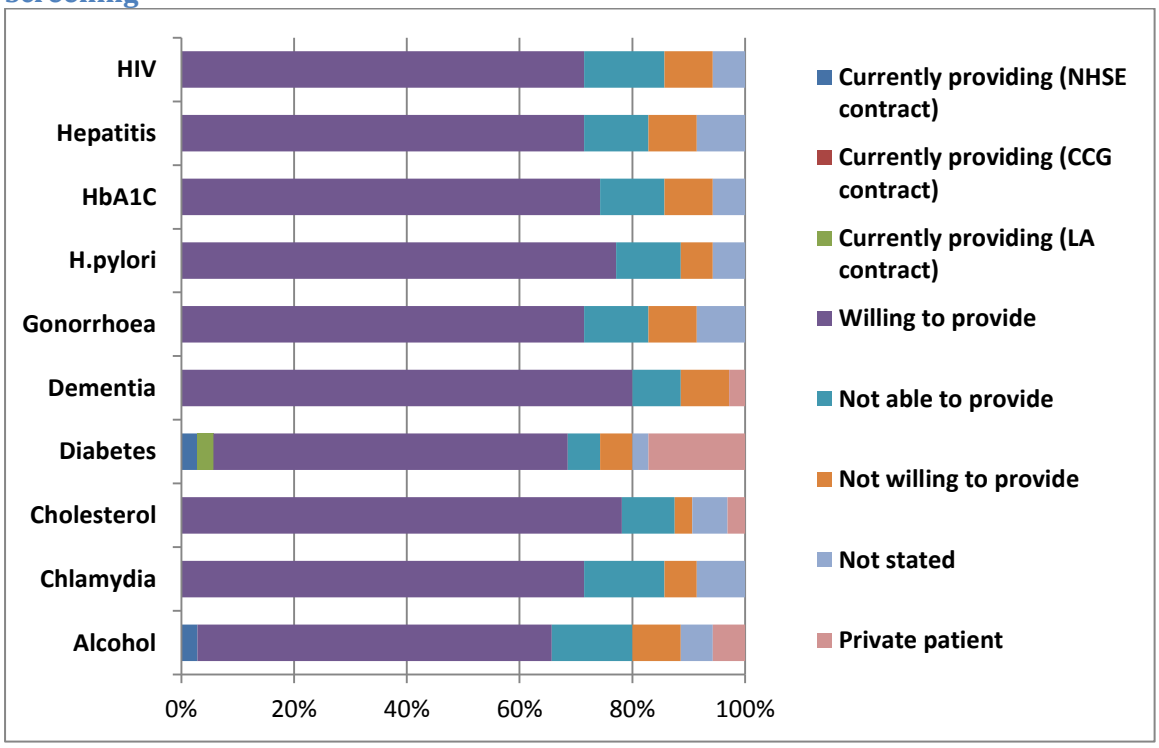



Vascular Risk Assessment Service (NHS Health Check)
Supplementary Prescribing Service
Sharps Disposal Service
0%
20%
40%
60%
80%
100%
Currently providing (NHSE contract)
Currently providing (CCG contract)
Currently providing (LA contract)
Willing to provide
Not able to provide
Not willing to provide
Not stated
Private patient

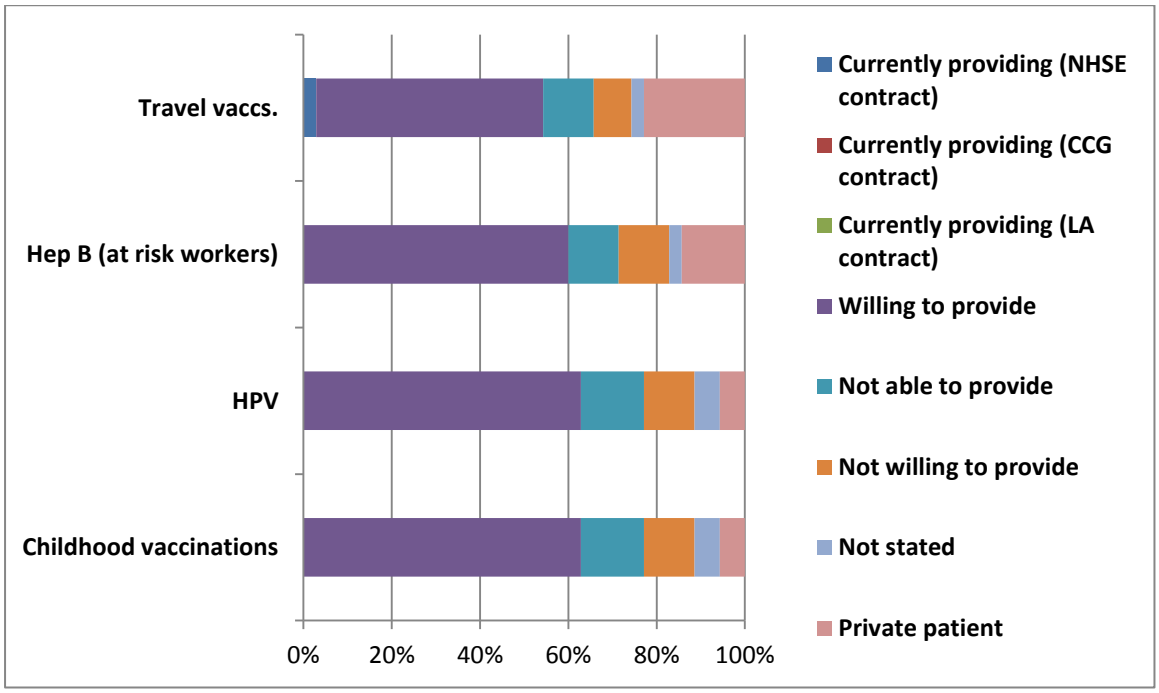
Disease specific Medicine Management Service



Screening

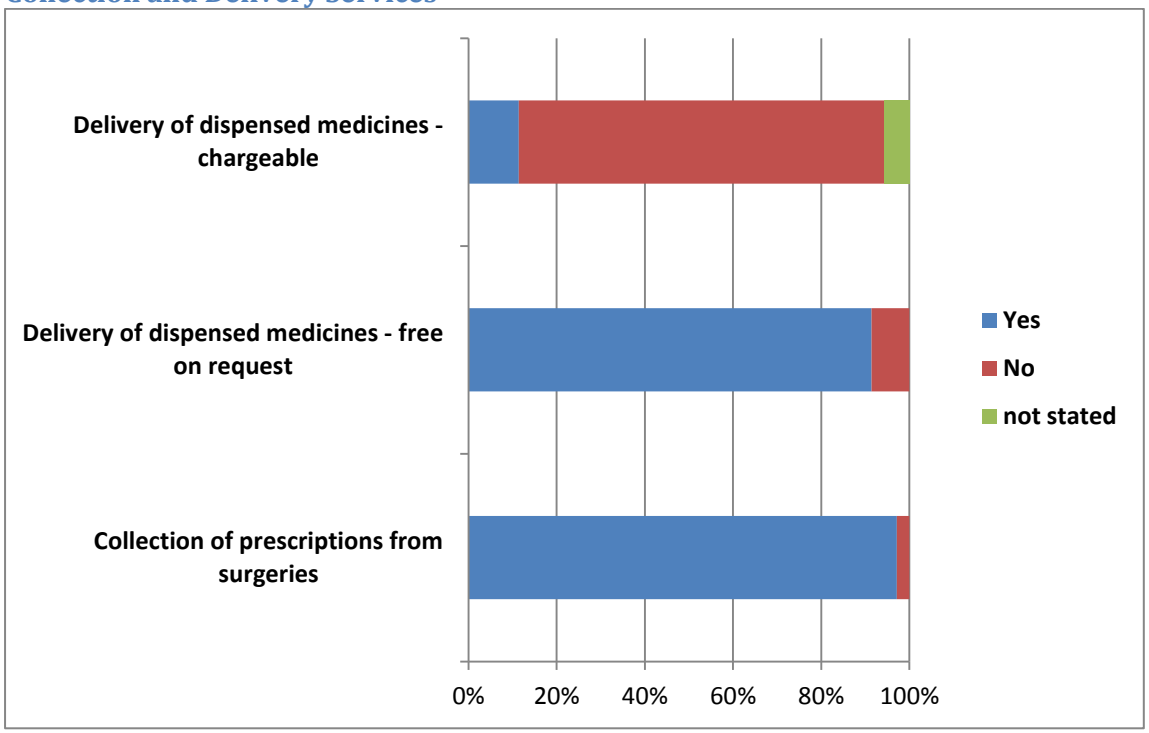


Vaccinations



Non commissioned services

Collection and Delivery Services



Appendix 7: Pharmacy Public Survey

The Survey

Pharmacy Public Survey 2017
Using Pharmacy (Chemist) Services in Solihull

Please take a few minutes to complete this survey on local pharmacy services in the borough. It will help us to find out if local services are meeting the needs of local people. Your views will help us plan and improve the health services that pharmacies (chemists) have to offer in the future.

1. Which pharmacy (chemist) do you most regularly use?

Name of pharmacy……

Location (e.g. Stratford Rd)……

2. Why do you normally use this pharmacy*? Please tick all that apply*.

- ☐ It is near my home
- ☐ It is near my work
- ☐ It is near / at my local GP surgery
- ☐ It is easy to get to whilst shopping
- ☐ It has on-site parking
- ☐ It has the service that I require
- ☐ It stocks the medicines that I need
- ☐ Opening hours that suit me
- ☐ Electronic Prescription Service

3. How do you normally travel to your regular pharmacy?

- ☐ Car
- ☐ Public transport
- ☐ Bicycle
- ☐ Taxi
- ☐ Walk

Other (please specify)…… ……

4. How often do you visit a pharmacy for HEALTH reasons (such as for health advice, prescriptions or over the counter medication)?

- ☐ Once a day
- ☐ Two or more times a week
- ☐ Once a week
- ☐ Fortnightly
- ☐ Monthly
- ☐ Every 2-3 months
- ☐ 6 monthly
- ☐ Yearly
- ☐ Never

5. How often do you visit a pharmacy for ANY OTHER reason (such as shopping for other products e.g. toiletries, baby products, etc.)?

- ☐ Once a day
- ☐ Two or more times a week
- ☐ Once a week
- ☐ Fortnightly
- ☐ Monthly
- ☐ Every 2-3 months
- ☐ 6 monthly
- ☐ Yearly
- ☐ Never

6. At what time of day do you usually use pharmacy services?

- ☐ Weekdays 6am – 9am
- ☐ Weekdays 9am – 6pm
- ☐ Weekdays 6pm - 11pm
- ☐ Saturday
- ☐ Sunday

7. Other than normal opening hours (Weekdays 9am- 6pm), what other times would you find it most useful to visit a pharmacy? *Please tick all that apply.*

- ☐ Weekdays 6am – 9am
- ☐ Weekdays 6pm – 11pm
- ☐ Saturday 9am – 1pm
- ☐ Saturday 1pm – 6pm
- ☐ Saturday 6pm – 11pm
- ☐ Sunday before 10am
- ☐ Sunday 10am – 2pm
- ☐ Sunday after 4pm

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

	Strongly Agree	Agree	Disagree	Strongly Disagree
I can easily find an open pharmacy when needed				
I can easily find a pharmacy near where I want it				
I can easily find a pharmacy open in the evening (i.e. after 6pm)				
I can easily find a pharmacy open at the weekends				
I can easily find a pharmacy open at lunchtime				

9. Using pharmacy services – Please rate how strongly you agree or disagree with the following statements. *Please tick ONE box for each statement*.

	Strongly Agree	Agree	Disagree	Strongly Disagree
My pharmacy is customer friendly and polite				
My pharmacy is easy to get to by public transport/ walk or car				
I find my pharmacist helpful				
The staff who work at my pharmacy are helpful				
My pharmacy has a confidential and private area				

10. Does your pharmacy have the following?

Provision	Yes	No	Don't Know
Seating available while you wait			
Electronic Prescription Service			
Sells Independent Living Aids			
Good wheelchair accessibility			
Hearing Aid Loop			
Prescription Delivery Service			
Information and advice on medications and healthy lifestyles, e.g. diet and nutrition, physical activity			

11a. Have you ever used a Prescription Delivery Service?

☐ Yes ☐ No

*If **Yes** please continue to 11b, If **No** please go straight to question 13*

11b Why did you use this service? ***Please tick all that apply.***

- ☐ Unable to leave home
- ☐ Not able to get to a pharmacy during opening times
- ☐ There aren't any pharmacies near where I live

Other……..

……

12. How much do you agree or disagree that the Prescription Delivery Service is important enough to you that you would be willing to pay for the service?

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

13. Thinking about your regular pharmacy: which of the following services are you aware of, have used or would like to see available? ***Please tick all columns that apply.***

Service	Aware of	Have used	Would like to see available
Minor Ailments Service (advice and support to eligible people and where appropriate supply of medicines without the need for a prescription or purchase)			
Vaccination programme (for seasonal flu, travel vaccines, childhood immunisations)			
NHS Screening Services (e.g. Diabetes, HIV, Hepatitis C, Chlamydia)			
Smoking Cessation (service to support you in quitting smoking)			
Emergency Hormonal Contraception (morning after pill)			
Early pregnancy testing			
NHS Repeat Prescription Service (a service by which some patients are able to obtain supplies of their regular medication without the need to get a new prescription every time			
Medicines use review (private discussion with your pharmacist about your medication to ensure you are getting the best from your medication)			

Service	Aware of	Have used	Would like to see available
Disposal of Unwanted Medicines			
Management of patients with long term conditions (e.g. diabetes, asthma or COPD). Improves a patients understanding and use of their medicines			
Alcohol Cessation Service			
End of life/palliative care			
Language Access Service (advice and support to patients in a language understood by them)			
NHS Health Check Service: e.g. blood pressure or cholesterol tests			
Phlebotomy – Collection of blood samples			
Help With Weight (advice on healthy eating and physical activity)			
Needle and Syringe Exchange Scheme			
Supervised consumption of methadone			
Mental Health Support			

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

☐ Yes ☐ No

If Yes, please state what services?.....
.....

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

☐ Yes ☐ No

16. How have you previously found out about the services offered by a pharmacy? ***Please tick all that apply***

☐ At the pharmacy
☐ Website (NHS Choices)
☐ Poster
☐ Radio
☐ TV at GP surgery
☐ GP or practice staff
☐ Leaflet
☐ Word of mouth
☐ Local press
☐ Mail drop

Other (*please state)*.....

17. Please provide your postcode, so we can identify pharmacy provision in your area (first 4 digits are enough e.g. B91 2).…….

18. Where did you get this questionnaire from?

- ☐ At a Pharmacy
- ☐ At a GP surgery
- ☐ From a patient group
- ☐ From a voluntary organisation
- ☐ From your local Healthwatch
- ☐ From your local Clinical Commissioning Group (CCG)
- ☐ From your local library (CCG)
- ☐ By email
- ☐ Via social media
- ☐ From Solihull Council
- ☐ From your workplace

Other (please state)……..

19. Overall, how satisfied or dissatisfied are you with the pharmacy services in Solihull?

☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied

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

……..

ABOUT YOU

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

21. How would you best describe yourself?

- ☐ Employed or self-employed (working)
- ☐ Student
- ☐ Full time parent
- ☐ Unemployed
- ☐ Retired
- ☐ Carer

Other (please state)……

22. Which of the following describes your involvement with pharmacy services?

- ☐ Customer/patient
- ☐ Pharmacy service provider
- ☐ GP practice staff

Other (please state)…….

23. What is your gender?

- ☐ **Male**
- ☐ **Female**
- ☐ **Prefer not to say**
- ☐ **Transgender male**
- ☐ **Transgender female**

24. Which age group do you fall into?

- ☐ Under 16
- ☐ 16-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85+
- ☐ Prefer not to say

25. What is your sexual orientation?

- ☐ Heterosexual/straight
- ☐ Bisexual
- ☐ Prefer not to say
- ☐ Gay man
- ☐ Gay woman/lesbian

Other – please state……

26. How would you describe your ethnic origin? If you select other for any of the options below, please provide details.

Asian or Asian British

- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Any other Asian background (please specify)……

Black or Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background (please specify……

Mixed

- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ Any other Mixed background (please specify)……

Other ethnic group

- ☐ Chinese
- ☐ Arab
- ☐ Any other ethnic group (please specify)……

White

- ☐ British (includes English, Welsh, Scottish, Northern Irish)
- ☐ Irish
- ☐ Gypsy/Irish traveller
- ☐ Any other white background (please specify)
- ☐ Prefer not to say

27. Are your day- to- day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- ☐ Yes a little
- ☐ Yes a lot
- ☐ No
- ☐ Prefer not to say

If Yes please continue: if No go to question 29.

28. Please tick the type of impairment that applies to you. *Please tick all that apply.*

- ☐ Physical impairment
- ☐ Sensory impairment
- ☐ Learning disability/ Difficulty
- ☐ Long-standing illness
- ☐ Mental health condition
- ☐ Autistic spectrum
- ☐ Other (please specify)……
- ☐ None

29. Are you a carer? A carer provides unpaid support to family and friends who are ill, frail, disabled or have mental health or substance misuse problems.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes please continue: if no you have finished the questionnaire.

30. If yes, who do you care for?

- ☐ Parent
- ☐ Child with special needs
- ☐ Other family member
- ☐ Partner/Spouse
- ☐ Friend

Other……..

31. Do you ever collect medicines / appliances or other items from pharmacies on behalf of those you care for?

- ☐ Yes, prescribed medicines or appliances
- ☐ Yes, none prescribed medicines or appliances
- ☐ No

Thank you for taking the time to fill in our survey. Providing this information will help us improve our pharmacy services for everyone. Please return in the freepost envelope provided by ***Friday 6 October 2017.***

Apppendix 8: Survey Promotion

Solihull
METROPOLITAN
BOROUGH COUNCIL

URBS-IN-RURE

Tell us what you think about pharmacy services in Solihull.

Solihull Metropolitan Borough Council is working in partnership with the NHS to understand your use of community pharmacies.

- Please return this questionnaire in the freepost envelope provided. You do not need a stamp.
- You can also fill in this survey online at www.surveymonkey.co.uk/r/TPMLDN7
- **This survey closes on Friday 6 October 2017**

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

- **Telephone: 0121 704 6371**
- **Email: phc@solihull.gov.uk**

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Unauthorised encampment - Brueton Park

Read the latest update on unauthorised encampments - Brueton Park

Latest News

Views sought on pharmacy services

Solihull Council is currently reviewing pharmacy (chemist) services in the borough to make sure they meet people's needs.

People who live and work in Solihull are being asked to complete a short survey on what they think of local pharmacy services.

The survey asks about services such as:

- getting advice about medicines
- Prescription Delivery Service
- support to lead healthier lifestyles
- getting advice about other services

The survey will help the Council to plan and improve the health services that pharmacies offer in the future. Surveys are also being carried out with pharmacists and GPs.

An online survey is available at **www.solihull.gov.uk/consultation** and hard copies can also be found in pharmacies, libraries and GP surgeries.

The consultation closes on **Friday 6 October 2017**.

Like 0 Tweet G+ Share

« September 2017 »

Mon	Tue	Wed	Thu	Fri	Sat	Sun
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

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- 2017, August (12)
- 2017, July (17)
- 2017, June (16)

100%

Solihull METROPOLITAN BOROUGH COUNCIL

Pharmacy Public Survey 2017 - Using Pharmacy (Chemist) Services in Solihull

Tell us what you think of pharmacy services in Solihull

10%

Please take a few minutes to complete this survey on pharmacy services in the borough. It will help us to find out if the current services are meeting the needs of local people. Your views will help us plan and improve the health services that pharmacies (chemists) have to offer in future.

Information will be stored on servers owned by a company called SurveyMonkey in the United States of America. SurveyMonkey pride themselves on the security and safeguards they have in place to protect the information they collect on our behalf. However, you need to be aware that the council does not monitor these safeguards and so cannot endorse that these arrangements are adequate.

Closing date for this questionnaire is Friday 6th October 2017

1. Which pharmacy (chemist) do you regularly use?

2. Why do you normally use this pharmacy? Tick all that apply.

- ☐ It is near my home
- ☐ It is near my work
- ☐ It is near / at my local GP surgery
- ☐ It is easy to get to whilst shopping
- ☐ It has on-site parking
- ☐ It has the service that I require
- ☐ It stocks the medicines that I need
- ☐ Opening hours that suit me
- ☐ Electronic prescription service

3. How do you normally travel to your regular pharmacy?

100%

Appendix 9: Survey Poster

Solihull
METROPOLITAN
BOROUGH COUNCIL

Have your say about pharmacy services in the borough

We need your help to better understand the views of local people on pharmacy services available in Solihull.

Visit **www.solihull.gov.uk/consultation** to complete our pharmacy survey or you can pick up a hard copy from your local GP, library or pharmacy.

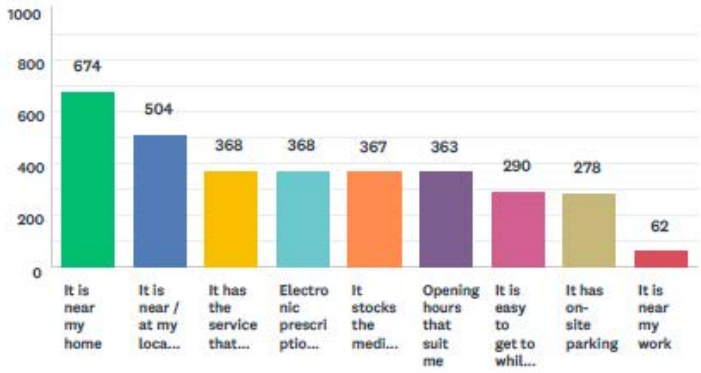
The closing date is **Friday 6 October**.

We will use this survey to find out if the current services are meeting the needs of local people. Your views will help us plan and improve the health services that pharmacies (chemists) have to offer in future.

Appendix 10: Using Pharmacy (Chemist) Services in Solihull: Findings

Q2 2. Why do you normally use this pharmacy? Tick all that apply.

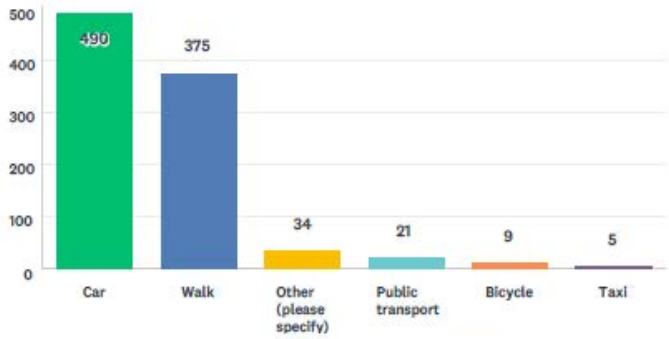
Answered: 931 Skipped: 14



ANSWER CHOICES	RESPONSES	
It is near my home	72.40%	674
It is near / at my local GP surgery	54.14%	504
It has the service that I require	39.53%	368
Electronic prescription service	39.53%	368
It stocks the medicines that I need	39.42%	367
Opening hours that suit me	38.99%	363
It is easy to get to whilst shopping	31.15%	290
It has on-site parking	29.86%	278
It is near my work	6.66%	62
Total Respondents: 931		

Q3 3. How do you normally travel to your regular pharmacy?

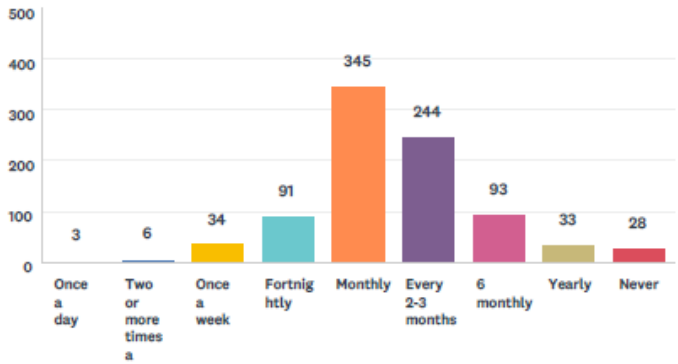
Answered: 934 Skipped: 11



ANSWER CHOICES	RESPONSES	
Car	52.46%	490
Walk	40.15%	375
Other (please specify)	3.64%	34
Public transport	2.25%	21
Bicycle	0.96%	9
Taxi	0.54%	5
TOTAL		934

Q4 4. How often do you visit a pharmacy for HEALTH reasons (such as for health advice, prescriptions or over the counter medication)?

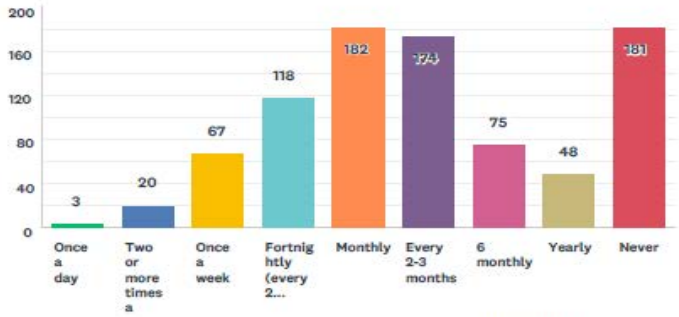
Answered: 877 Skipped: 68



ANSWER CHOICES	RESPONSES	
Once a day	0.34%	3
Two or more times a week	0.68%	6
Once a week	3.88%	34
Fortnightly	10.38%	91
Monthly	39.34%	345
Every 2-3 months	27.82%	244
6 monthly	10.60%	93
Yearly	3.76%	33
Never	3.19%	28
TOTAL		877

Q5 5. How often do you visit a pharmacy for ANY OTHER reason (such as shopping for other products e.g. toiletries, baby products, etc.)?

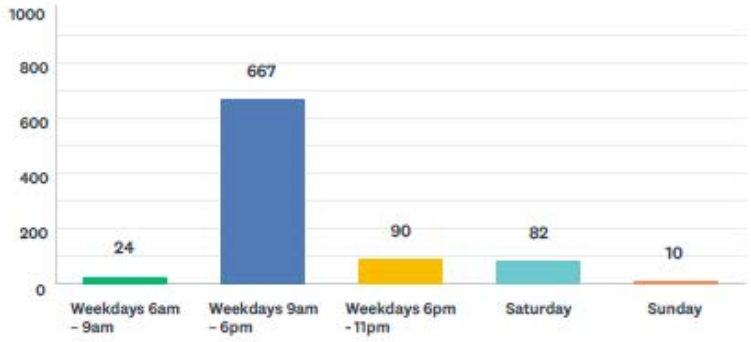
Answered: 868 Skipped: 77



ANSWER CHOICES	RESPONSES	
Once a day	0.35%	3
Two or more times a week	2.30%	20
Once a week	7.72%	67
Fortnightly (every 2 weeks)	13.59%	118
Monthly	20.97%	182
Every 2-3 months	20.05%	174
6 monthly	8.64%	75
Yearly	5.53%	48
Never	20.85%	181
TOTAL		868

Q6 6. At what time of the day do you usually use pharmacy services?

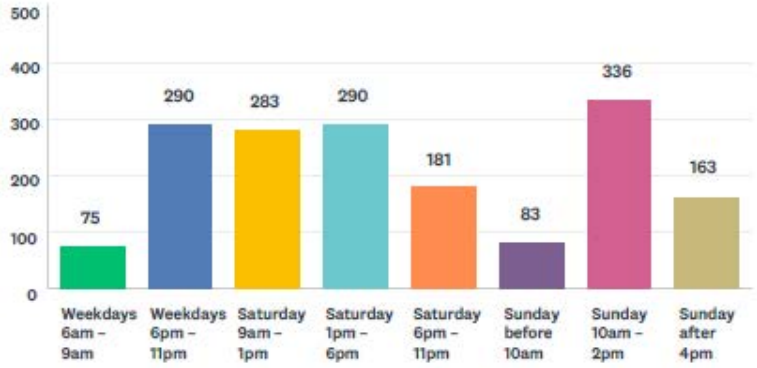
Answered: 873 Skipped: 72



ANSWER CHOICES	RESPONSES	
Weekdays 6am – 9am	2.75%	24
Weekdays 9am – 6pm	76.40%	667
Weekdays 6pm - 11pm	10.31%	90
Saturday	9.39%	82
Sunday	1.15%	10
TOTAL		873

Q7 7. Other than normal opening hours (Weekdays 9am- 6pm), what other times would you find it most useful to visit a pharmacy? (Tick all that apply)

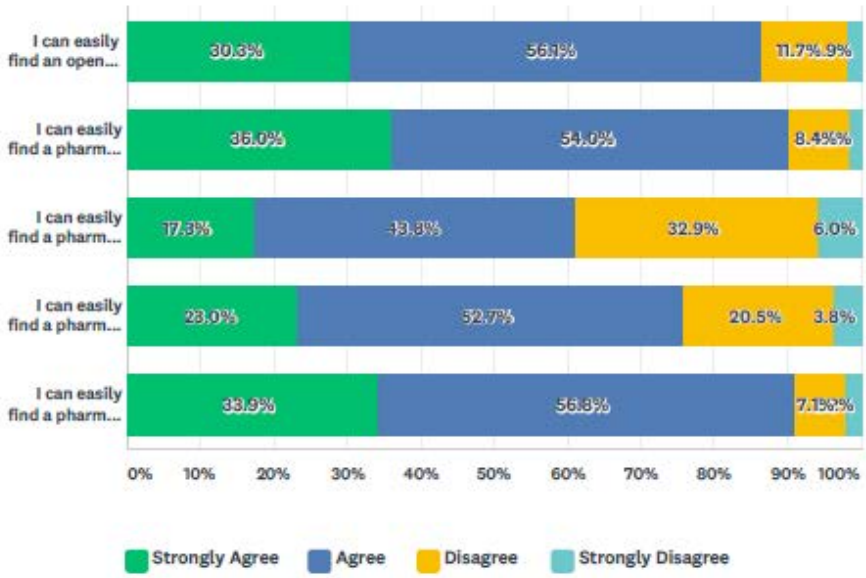
Answered: 777 Skipped: 168



ANSWER CHOICES	RESPONSES	
Weekdays 6am – 9am	9.65%	75
Weekdays 6pm – 11pm	37.32%	290
Saturday 9am – 1pm	36.42%	283
Saturday 1pm – 6pm	37.32%	290
Saturday 6pm – 11pm	23.29%	181
Sunday before 10am	10.68%	83
Sunday 10am – 2pm	43.24%	336
Sunday after 4pm	20.98%	163
Total Respondents: 777		

Q8 8. Access to pharmacy services – Please rate how strongly you agree or disagree with the following statements. Please tick ONE box for each statement.

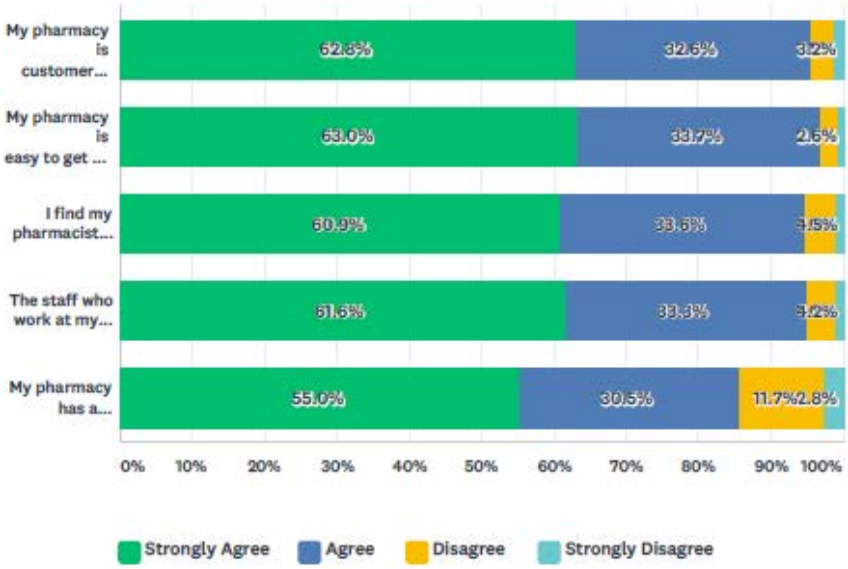
Answered: 851 Skipped: 94



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
I can easily find an open pharmacy when needed	30.3% 257	56.1% 475	11.7% 99	1.9% 16	847	3.15
I can easily find a pharmacy near where I want it	36.0% 300	54.0% 450	8.4% 70	1.7% 14	834	3.24
I can easily find a pharmacy open in the evening (i.e. after 6pm)	17.3% 143	43.8% 362	32.9% 272	6.0% 50	827	2.72
I can easily find a pharmacy open at the weekends	23.0% 190	52.7% 435	20.5% 169	3.8% 31	825	2.95
I can easily find a pharmacy open at lunchtime	33.9% 281	56.8% 471	7.1% 59	2.2% 18	829	3.22

Q9 9. Using pharmacy services – Please rate how strongly you agree or disagree with the following statements. Please tick ONE box for each statement.

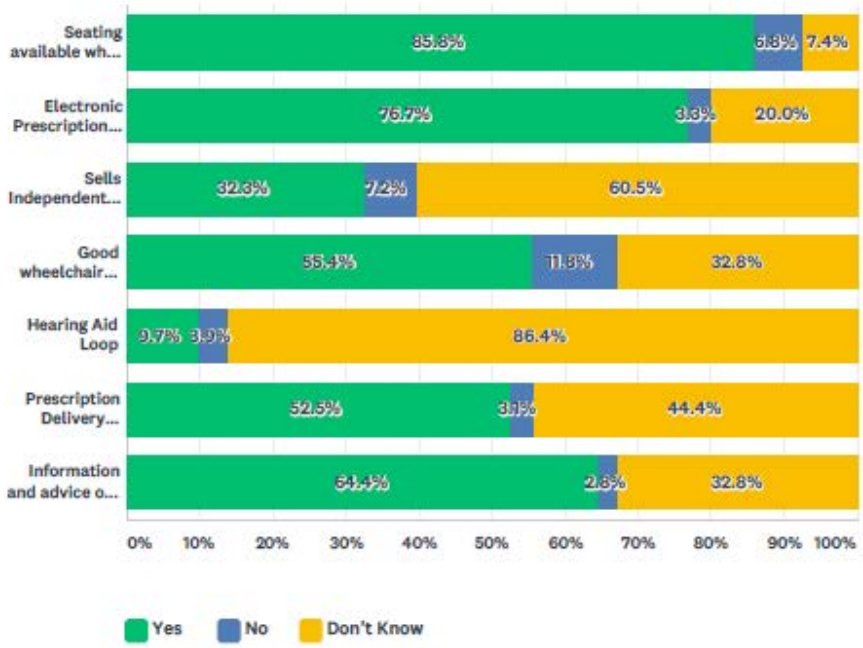
Answered: 828 Skipped: 117



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
My pharmacy is customer friendly and polite	62.8% 518	32.6% 269	3.2% 26	1.5% 12	825	3.57
My pharmacy is easy to get to by public transport/ walk or car	63.0% 518	33.7% 277	2.6% 21	0.7% 6	822	3.59
I find my pharmacist helpful	60.9% 500	33.6% 276	4.5% 37	1.0% 8	821	3.54
The staff who work at my pharmacy are helpful	61.6% 504	33.3% 272	4.2% 34	1.0% 8	818	3.56
My pharmacy has a confidential and private area	55.0% 448	30.5% 248	11.7% 95	2.8% 23	814	3.38

Q10 10. Does your pharmacy have the following ?

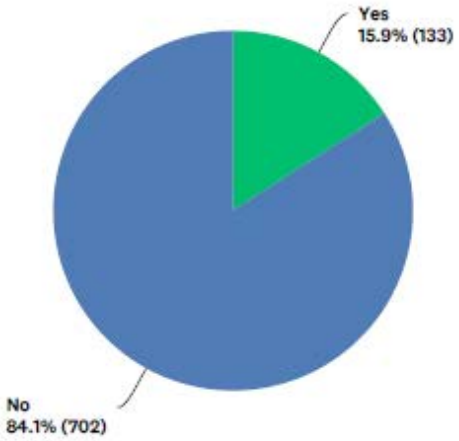
Answered: 826 Skipped: 119



	YES	NO	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Seating available while you wait	85.8% 707	6.8% 56	7.4% 61	824	2.79
Electronic Prescription Service	76.7% 627	3.3% 27	20.0% 164	818	2.73
Sells Independent Living Aids	32.3% 260	7.2% 58	60.5% 487	805	2.25
Good wheelchair accessibility	55.4% 450	11.8% 96	32.8% 266	812	2.44
Hearing Aid Loop	9.7% 77	3.9% 31	86.4% 688	796	2.06
Prescription Delivery Service	52.5% 430	3.1% 25	44.4% 364	819	2.49
Information and advice on medications and healthy lifestyles, e.g. diet and nutrition, physical activity	64.4% 522	2.8% 23	32.8% 266	811	2.62

Q11 11. Have you used a Prescription Delivery Service?

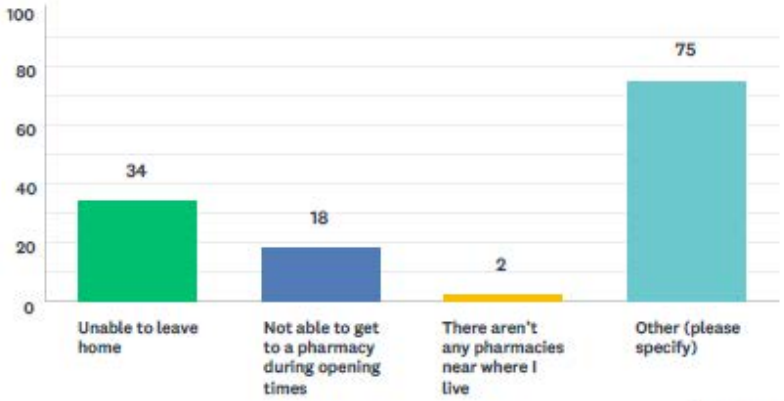
Answered: 835 Skipped: 110



ANSWER CHOICES	RESPONSES	
Yes	15.9%	133
No	84.1%	702
TOTAL		835

Q12 If Yes, why did you use this service? Please tick all that apply

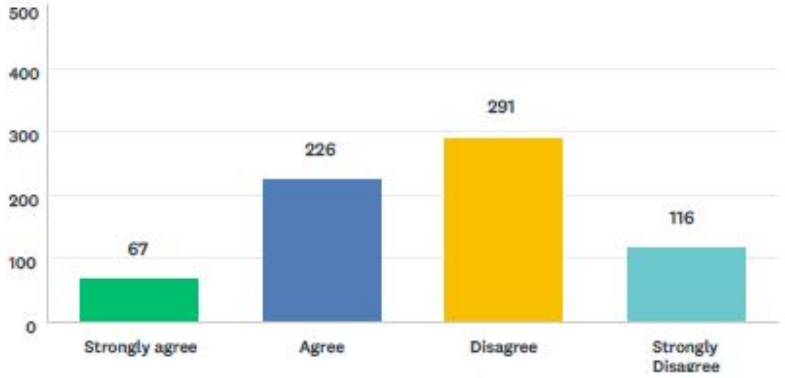
Answered: 120 Skipped: 825



ANSWER CHOICES	RESPONSES	
Unable to leave home	28.33%	34
Not able to get to a pharmacy during opening times	15.00%	18
There aren't any pharmacies near where I live	1.67%	2
Other (please specify)	62.50%	75
Total Respondents: 120		

Q13 12. How much do you agree or disagree that the prescription delivery service is important enough to you that you would be willing to pay for the service?

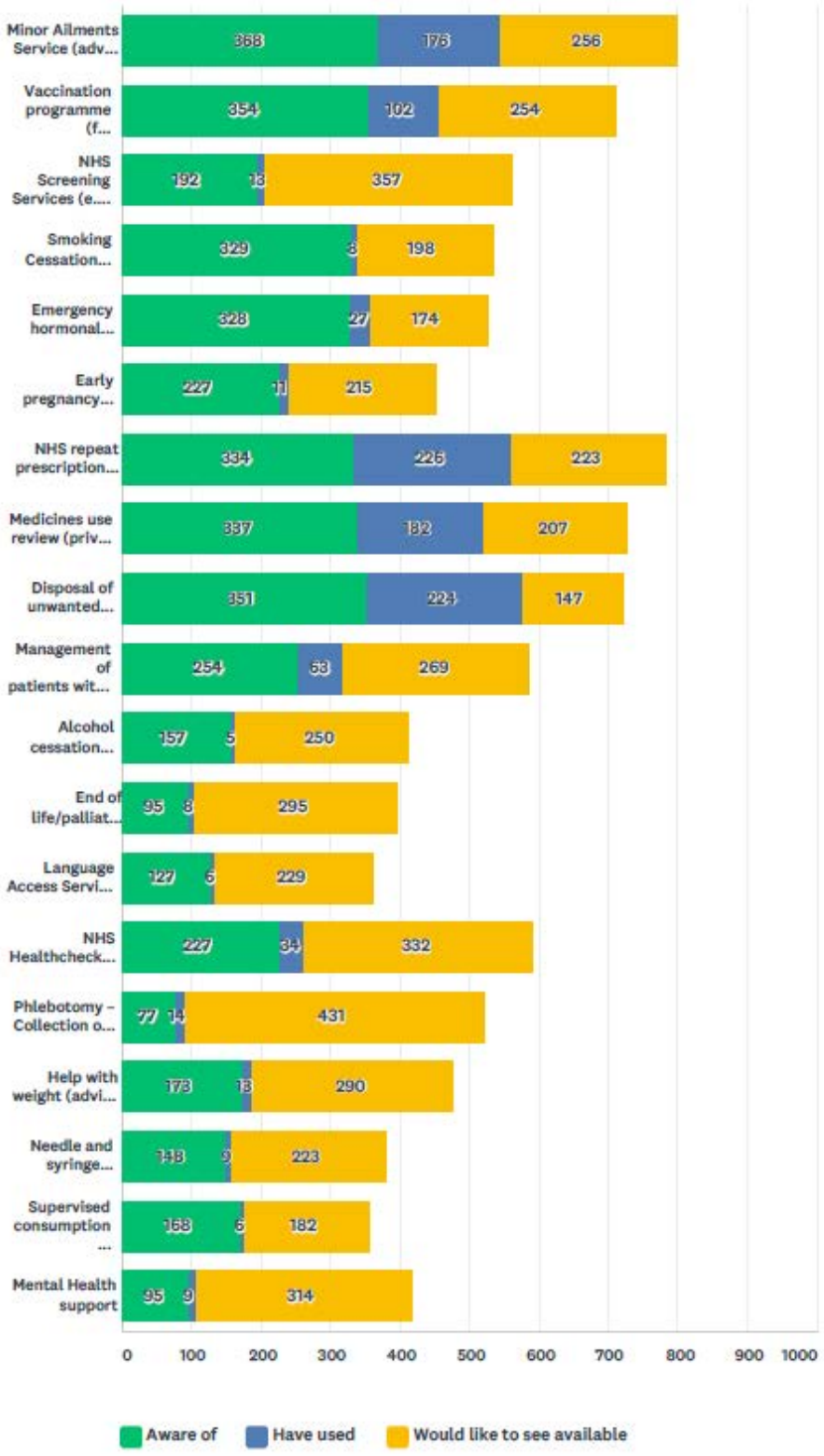
Answered: 700 Skipped: 245



ANSWER CHOICES	RESPONSES	
Strongly agree	9.57%	67
Agree	32.29%	226
Disagree	41.57%	291
Strongly Disagree	16.57%	116
TOTAL		700

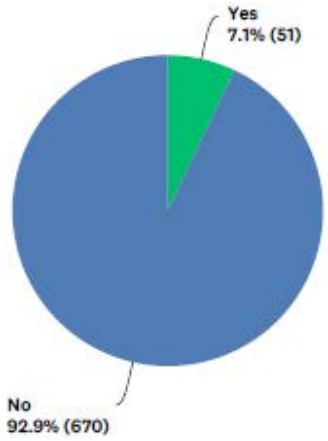
Q14 13. Thinking about your regular pharmacy: which of the following services are you aware of, have used or would like to see available? Please tick all columns that apply

Answered: 782 Skipped: 163



Q15 14. Are there any health services that we haven't described that you would use if they were provided by your pharmacy?

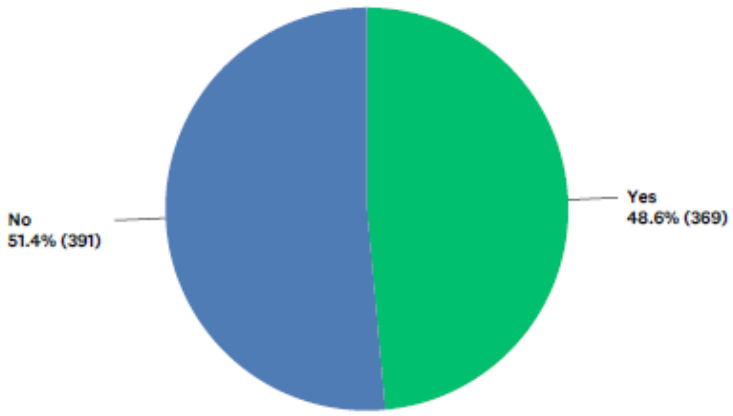
Answered: 721 Skipped: 224



ANSWER CHOICES	RESPONSES	
Yes	7.1%	51
No	92.9%	670
TOTAL		721

Q16 15. Are you aware that pharmacies can help to direct you to other services? For example, if you require a service which the pharmacy does not offer they can direct you to other services such as patient support groups, e.g. Diabetes UK

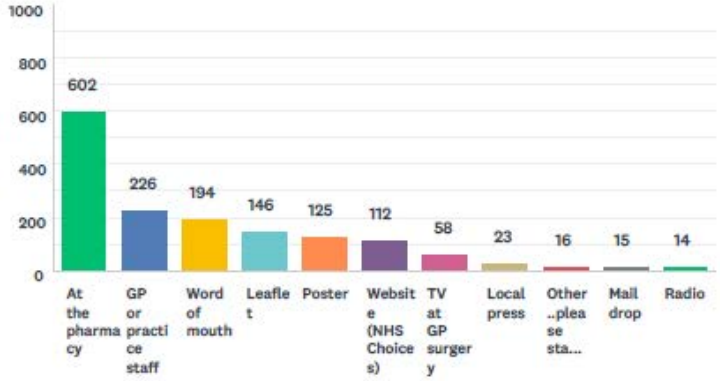
Answered: 760 Skipped: 185



ANSWER CHOICES	RESPONSES	
Yes	48.6%	369
No	51.4%	391
TOTAL		760

Q17 16. How have you previously found out about the services offered by a pharmacy? Please tick all that apply

Answered: 727 Skipped: 218



ANSWER CHOICES	RESPONSES	
At the pharmacy	82.81%	602
GP or practice staff	31.09%	226
Word of mouth	26.69%	194
Leaflet	20.08%	146
Poster	17.19%	125
Website (NHS Choices)	15.41%	112
TV at GP surgery	7.98%	58
Local press	3.16%	23
Other ..please state..	2.20%	16
Mail drop	2.06%	15
Radio	1.93%	14
Total Respondents: 727		

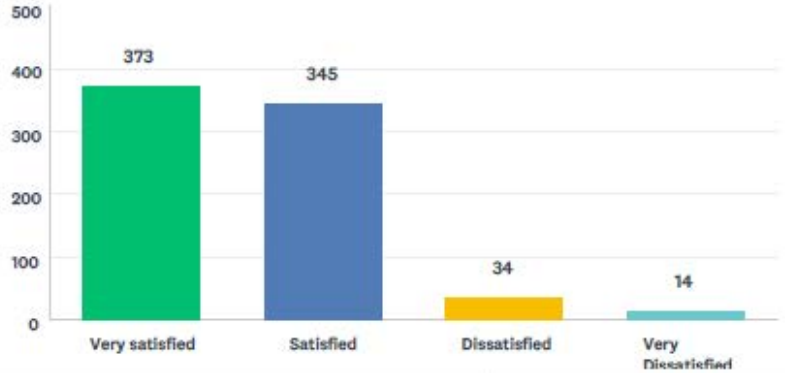
Q19 18. Where did you get this questionnaire from?

Answered: 766 Skipped: 179

ANSWER CHOICES	RESPONSES	
By email	32.38%	248
From Solihull Council	23.89%	183
Via social media	18.54%	142
At a pharmacy	7.83%	60
Other (please state).....	5.35%	41
At a GP surgery	3.13%	24
From your work	2.87%	22
From a patient group	2.48%	19
From your local library	2.48%	19
From a voluntary organisation	0.65%	5
From your local Clinical Commissioning Group (CCG)	0.39%	3
TOTAL		766

Q20 19. Overall, how satisfied or dissatisfied are you with the pharmacy services in Solihull?

Answered: 766 Skipped: 179

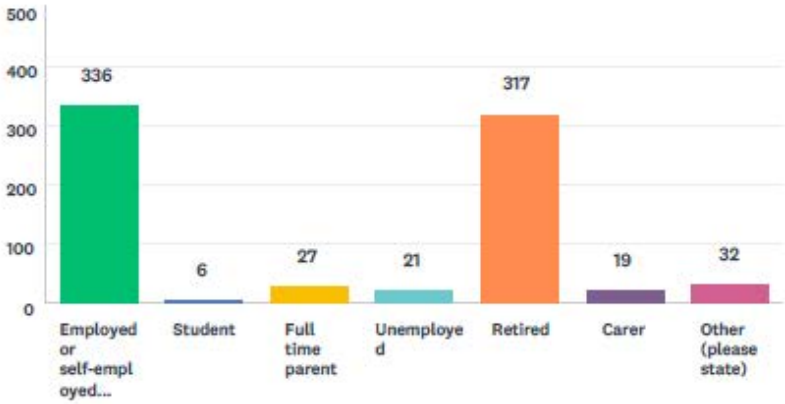


ANSWER CHOICES	RESPONSES	
Very satisfied	48.69%	373
Satisfied	45.04%	345
Dissatisfied	4.44%	34
Very Dissatisfied	1.83%	14
TOTAL		766

About You:

Q22 How would you best describe yourself?

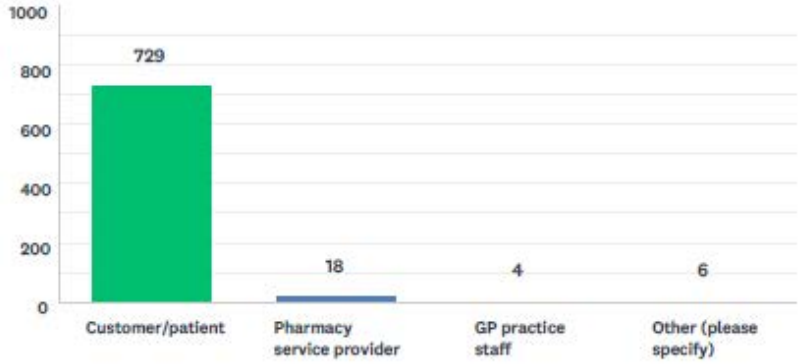
Answered: 758 Skipped: 187



ANSWER CHOICES	RESPONSES	
Employed or self-employed (working)	44.33%	336
Student	0.79%	6
Full time parent	3.56%	27
Unemployed	2.77%	21
Retired	41.82%	317
Carer	2.51%	19
Other (please state)	4.22%	32
TOTAL		758

Q23 Which if the following describes your involvement with pharmacy services?

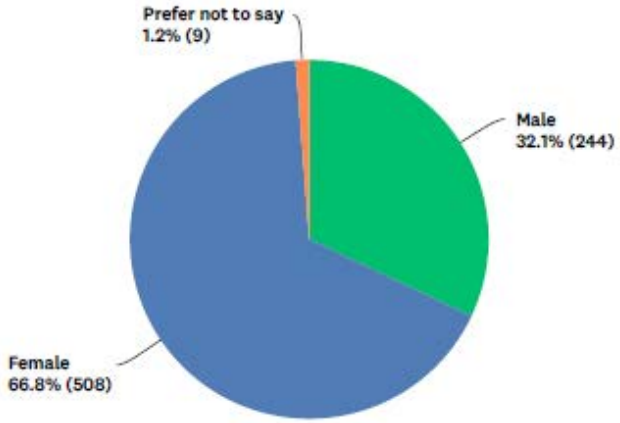
Answered: 757 Skipped: 188



ANSWER CHOICES	RESPONSES	
Customer/patient	96.30%	729
Pharmacy service provider	2.38%	18
GP practice staff	0.53%	4
Other (please specify)	0.79%	6
TOTAL		757

Q24 What is your gender?

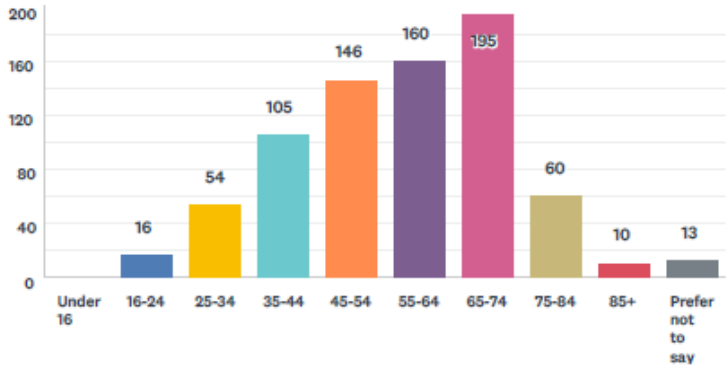
Answered: 761 Skipped: 184



ANSWER CHOICES	RESPONSES	
Male	32.1%	244
Female	66.8%	508
Transgender Male	0.0%	0
Transgender Female	0.0%	0
Prefer not to say	1.2%	9
TOTAL		761

Q25 Which age group do you fall into?

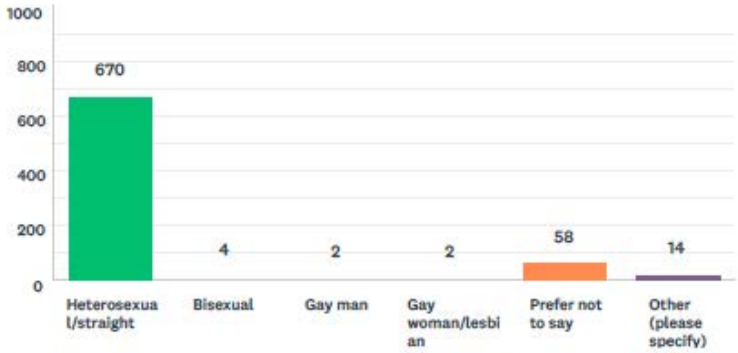
Answered: 759 Skipped: 186



ANSWER CHOICES	RESPONSES	
Under 16	0.00%	0
16-24	2.11%	16
25-34	7.11%	54
35-44	13.83%	105
45-54	19.24%	146
55-64	21.08%	160
65-74	25.69%	195
75-84	7.91%	60
85+	1.32%	10
Prefer not to say	1.71%	13
TOTAL		759

Q26 What is your sexual orientation?

Answered: 750 Skipped: 195



ANSWER CHOICES	RESPONSES	
Heterosexual/straight	89.33%	670
Bisexual	0.53%	4
Gay man	0.27%	2
Gay woman/lesbian	0.27%	2
Prefer not to say	7.73%	58
Other (please specify)	1.87%	14
TOTAL		750

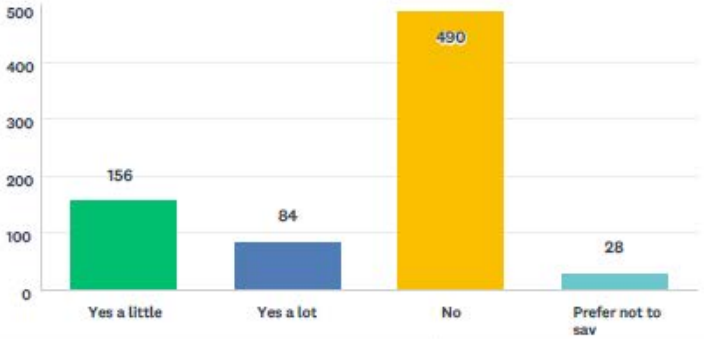
Q27 How would you describe your ethnic origin? If you select other for any of the options below, please provide details.

Answered: 747 Skipped: 198

ANSWER CHOICES	RESPONSES	
White British (includes English, Welsh, Scottish, Northern Irish)	84.61%	632
Prefer not to say	4.28%	32
Asian or Asian British Indian	4.02%	30
White Irish	1.87%	14
Asian or Asian British Pakistani	0.94%	7
Any other white background (please specify)	0.94%	7
Black or Black British Caribbean	0.80%	6
Mixed White and Black Caribbean	0.80%	6
Asian or Asian British Bangladeshi	0.40%	3
Any other Mixed background (please specify)	0.40%	3
Any other Ethnic group (please specify)	0.27%	2
Asian or Asian British Chinese	0.13%	1
Any other Asian background (please specify)	0.13%	1
Black or Black British African	0.13%	1
Mixed White and Asian	0.13%	1
Mixed White and Black African	0.13%	1
TOTAL		747

Q28 Are your day- to- day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

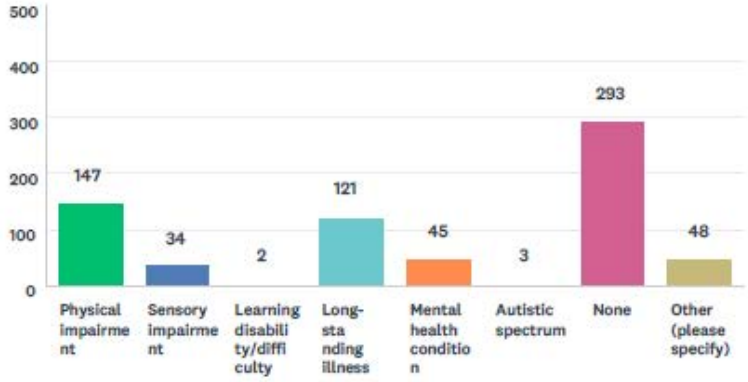
Answered: 758 Skipped: 187



ANSWER CHOICES	RESPONSES	
Yes a little	20.58%	156
Yes a lot	11.08%	84
No	64.64%	490
Prefer not to say	3.69%	28
TOTAL		758

Q29 Please tick the type of impairment that applies to you. Please tick all that apply.

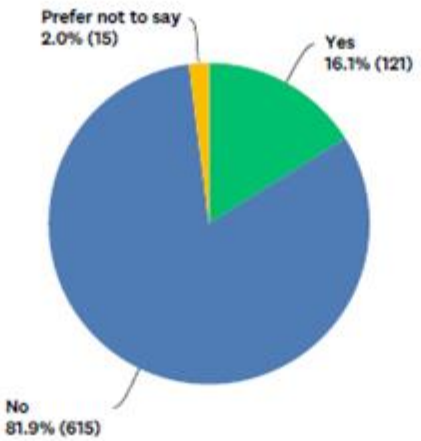
Answered: 592 Skipped: 353



ANSWER CHOICES	RESPONSES	
Physical impairment	24.83%	147
Sensory impairment	5.74%	34
Learning disability/difficulty	0.34%	2
Long-standing illness	20.44%	121
Mental health condition	7.60%	45
Autistic spectrum	0.51%	3
None	49.49%	293
Other (please specify)	8.11%	48
Total Respondents: 592		

Q30 Are you a carer? A carer provides unpaid support to family and friends who are ill, frail, disabled or have mental health or substance misuse problems.

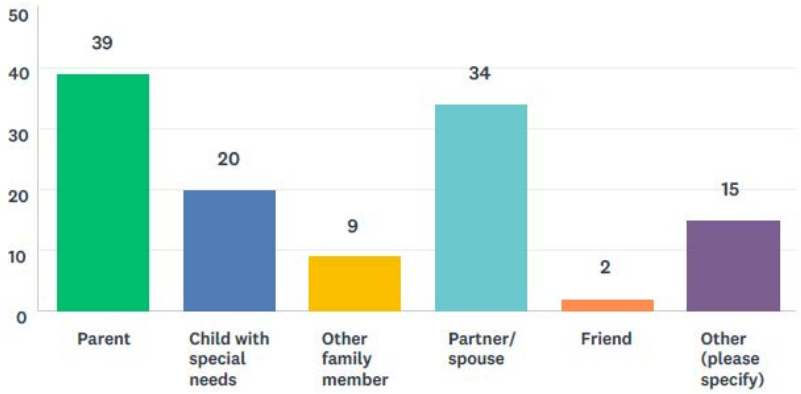
Answered: 751 Skipped: 194



ANSWER CHOICES	RESPONSES	
Yes	16.1%	121
No	81.9%	615
Prefer not to say	2.0%	15
TOTAL		751

Q31 If yes who do you care for?

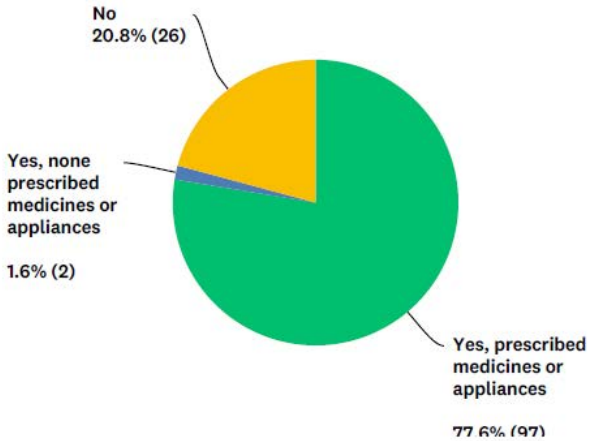
Answered: 119 Skipped: 826



ANSWER CHOICES	RESPONSES	
Parent	32.77%	39
Child with special needs	16.81%	20
Other family member	7.56%	9
Partner/ spouse	28.57%	34
Friend	1.68%	2
Other (please specify)	12.61%	15
TOTAL		119

Q32 Do you ever collect medicines / appliances or other items from pharmacies on behalf of those you care for?

Answered: 125 Skipped: 820



ANSWER CHOICES	RESPONSES	
Yes, prescribed medicines or appliances	77.6%	97
Yes, none prescribed medicines or appliances	1.6%	2
No	20.8%	26
TOTAL		125

Appendix 11: Response to 60 day Consultation

Summary of the Consultation of the draft Pharmaceutical Needs Assessment (PNA) for Solihull

Overall 131 people responded to the PNA. This compares with 43 respondents in 2015.

Of the 131 responses, 121 were members of the public and the remainder were health or social care professionals, pharmacy contractors and a Health and Wellbeing Board member.

Consultation Question	Summary of Feedback	Response from the PNA Steering group on behalf of Solihull Health and Wellbeing Board (SHWB)
Q1 How much do you agree or disagree that the draft PNA accurately reflects the current range of pharmacy services available in Solihull?	**Overall 82% (108 out of 131) respondents either agreed or strongly agreed that the draft PNA accurately reflected the current range of pharmacy services, whilst 7% disagreed.** **Feedback A:** Some people who disagreed felt, *'for those that don't drive, access to pharmacy services outside of working hours is poor. Also, there is a lack of awareness of the location of late night pharmacies or those that are open on a Sunday so for people without access to the internet, it would be difficult to find out where to obtain those services should they find themselves needing them.'* **Feedback B:** *'…Also worrying is the proportion of EPS R2 enabled surgeries. For a forward looking council this needs to be addressed with a plan to reach 100% and any new surgeries should have this as a mandatory requirement.'*	**It is noted that almost all respondents felt the draft PNA reflects the current pharmacy provision.** **SHWB Response:** A few comments reflect this statement about the lack of clarity for late night pharmacy opening hours. NHS Choices, Solihull Council and Solihull Clinical Commissioning Group all have details for pharmacy opening times on their websites. If an emergency prescription is provided out of hours then patients will be signposted to an open pharmacy. On the whole, further communications will take place to raise awareness of opening hours. **SHWB Response:** It has been confirmed by NHS Digital that all Solihull pharmacies are EPS enabled.

Q2 How much do you agree or disagree that the draft PNA accurately reflects the pharmacy needs of local people in Solihull?	**Overall 78% (102 of 130) respondents either agreed or strongly agreed that the draft PNA accurately reflected the pharmacy needs of local people, whilst 11 of 130 respondents disagreed.** **Feedback C:** Feedback on the whole suggests positive contribution of community pharmacists and pharmacy staff, *'Friendliness of Staff & trust of local community.'* **Feedback D:** Feedback does suggest that people would like access to disability aids from community pharmacies local to them. **'***Lack of disability aids, cannot recall any pharmacy providing a range of aid, neither is there any commercial outlet providing this service.'* **Feedback E:** regarding changes in Repeat Prescription service: '*I have been disappointed to discover that the CCG has, apparently without consultation, ended the system whereby pharmacies could order prescriptions for their customers from the surgery on a regular basis and without the need for the*	**It is noted that the majority of respondents felt the draft PNA reflected the pharmacy needs of local people.** **SHWB response:** The Board acknowledges the positive contribution provided by community pharmacies in Solihull. They are an essential part of healthcare provision across the borough. **SHWB response:** Whilst some pharmacies do have provision, there may be some merit in the LPC auditing this to understand availability across the Borough. Pharmacy contractors do not have to sell disability aids under the Community Pharmacy Contractual Framework. Individual contractors will make this decision. **SHWB response:** The changes to the Repeat Prescription service commenced on 1/9/2017. General Practices have chosen to deliver this initiative whereby patients order their own repeats by paper or register directly with the practice and order online. The practices and community pharmacies are working together to identify any vulnerable patients, and in this instance the pharmacy will continue to order on behalf of the patient.

	patient to contact the surgery. I found this system very useful and I am not convinced of the reasons for it being discontinued. I understand that this is an action by the local CCG and is not a national policy. I would like it to be re-introduced.'	The reason for this initiative is to reduce medicine waste and improve patient safety. This initiative has taken place in many areas of England and has shown benefit.
Q3 Do you think there are any gaps in pharmacy services that have not been identified?	**52% of the respondents (67 of 128 responses), said there were 'No' gaps in pharmacy services. 17% said there were gaps and 31% said 'Don't Know/ Can't Say'.** **Feedback F:** Feedback from the Local Pharmaceutical Committee (LPC), *I think community pharmacy in Solihull could do more and want to do more. As well as supplying EHC, pharmacy could supply STI testing kits, free condoms, chlamydia treatment etc as tier 2 Umbrella service in Birmingham. More pharmacies could be commissioned to supply stop smoking service, needle exchange, health checks... The graphs in the PNA show a willingness from community pharmacy to be more involved in the healthcare of the community.'* **Feedback G:** *'Phlebotomy Services in Solihull carried out at pharmacy services.'* **Feedback H:** *'More pharmacistists shouod be located in lical hospital a&e departments, so instant referral by adequately trained staff can be made, allieviating*	**It is noted that the majority of respondents found no gaps in local pharmacy services.** ' **SHWB response:** The Board acknowledges the positive contribution pharmacy makes in providing information, support and services to the local community. The Board would encourage commissioners to consider community pharmacies as providers of local health services. Currently there is no provision for phlebotomy services in Solihull pharmacies. This may be an area for consideration by the Birmingham and Solihull Clinical Commissioning Group.

	the pressure on departments. Also pharmacies in hospitals are very slow, may be local community pharmacies could handle the discharge prescriptions too?' **Feedback I:** *'Greater range of healthy lifestyles advice and signposting'*	**SHWB response:** The Board congratulate the community pharmacies who have achieved Level 1 of the Healthy Living Pharmacy and would encourage the others to do so. The HLP framework is underpinned by three enablers: • workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing; • premises that are fit for purpose; and • engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities. There are three levels of service delivery within the HLP framework: 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); and Level 3: Protection – Providing treatment (commissioner-led).

Q4 **Do you know of any relevant information that has not been included which could affect the statements (or conclusions) in the draft PNA?**	**Overall 71% of respondents (91 out of 129) felt all the relevant information had been included whilst 5% felt some information had not been included.** **Feedback J:** *'The quality payments data for pharmacies has not been included from the November 2017 as it was not published before the draft went out. It will impact significantly on the levels of healthy living pharmacies across the borough. We would suggest publishing a supplementary statement in April to reflect the figures.'*	**It is noted that the majority of respondents felt the draft PNA contained all the relevant information.** **SHWB response:** Any additional changes / updates to the document will be undertaken during the next review.
Q5 **Do you have any further comments on the draft PNA?**	**Additional comments were received, some of these include:** **Feedback K: from LPC** ***'****Consultation rooms are available in all but one community pharmacy so in excess of 95% of the estate. The rooms are under utilised and have spare capacity for delivering services. There are a large range of services currently delivered privately through community pharmacies that could reasonably be commissioned by CCG's , Public Health or the STP. Examples for future commissioning like health checks, phlebotomy services, health screening services, and*	**SHWB response:** The Board acknowledge the input provided by the LPC in ensuring that the PNA is a robust document and reflects the needs of the local Solihull population. The LPC have been actively involved in the PNA development process and have ensured feedback from pharmacy contractors has been accurately represented. We are grateful for the LPC input.

	behavioural support services. The wealth of evidence and distribution of services offered privately and commissioned elsewhere in England does mean that rapid implementation of new services can be achieved without the need for "pilots". We think the pie charts on page 106 could be more accurate in their description. 100% of pharmacies are able to receive electronic prescriptions and this is how the pie chart is labelled. The divisions reflect use of additional services and so is a little misleading. Similarly with the enhanced services chart. We recommend patients look at the Price Waterhouse Cooper document on the social value of pharmacy. We commend the author Manisha who has worked in Public Health to produce this document and has championed patient's needs when talking to the Local Pharmaceutical Committee around services. Solihull patients are better off as a result.' **Feedback L:** from Worcestershire Health and Wellbeing Board, *'The Bromsgrove district of Worcestershire shares a border with Solihull and this leads to the possibility of patients from both regions travelling across the border for medical and pharmaceutical services. It is noted that this information is not currently reflected in section 7.3.7 Cross Border Dispensing. There is a larger concentration of pharmacies on the Solihull side of the border. Any changes in the services provided by Solihull pharmacies may impact on some residents of Bromsgrove district.'*	**SHWB response:** Figure 23 and the associated text has been amended to reflect the Worcestershire (Bromsgrove) pharmacies.

	Feedback M: *'I am concerned that there are more than thirty thousand patients registered with GPs than there are residents. Is this normal practice? Residents - 211,763 Patients - 247.569.'*	**SHWB response:** The fact that Solihull is a net importer of patients i.e. the number of registered patients is greater than the number of residents is quite normal. When someone wants to register with a General Practitioner (GP) they are allowed freedom of choice to register with whoever they like. GPs are also independent contractors that have a contract with the NHS to provide primary care services. They too have freedom of choice of how they run their business as long as it is within the terms of their contract. . A proportion of Solihull Residents register with non Solihull GPs but a higher proportion of people who are resident outside the borough register with Solihull GPs maybe because of access or services offered.
	Feedback N: Regarding length and language of report *'If you want members of the public to respond, a shorter plain English summary must be provided. As a member of the public in a senior role and with post higher education training I found it far too long and presented in an inaccessible format. I am, however, pleased with the findings of the report.'*	**SHWB response:** The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNA. Due to the information and format required the document does expand. An executive summary has been produced to provide a succinct recap of the key messages in the PNA.
	Feedback O: **'***Frankly, it is as broad as it is long and fits where it touches. Unless you receive more replies than the 900 or so that you say you have received, I*	**SHWB response:** When surveys are used, not everyone in the target population needs to complete the questions for the person conducting the survey to get an idea of the true view of the whole population. This is due to the mathematics of probability. This means that a

	honestly don't think you should make any plans based on it. 900 people of almost a quarter of a million is a derisory figure. You are duty bound to have a good return on the survey before you can make ANY decisions. This is absolutely a waste of time and money unless you can organise it better than this. No-one would dare to admit that they have only received 900+ replies to a survey of almost a quarter of a million people.'	sample of say 500 is equally useful in examining a population 15,000,000 as it is a population of 100,000. However the larger the **sample size**, the smaller the confidence interval and the more sure you can be that the answers truly reflect the total population. The confidence interval for 945 responses is 3.18%. which means that if 50% of the sample population picks one answer then we can be "sure" that between 46.82% (50-3.18) and 53.18% (50+3.18) in the entire population would have picked that answer. If this range does not overlap with those for other answers to the same question then the answers would be deemed significantly different.

Appendix 12 :60 day Consultation Survey

Consultation on the Pharmaceutical Needs Assessment for Solihull

Consultation

Solihull Health and Wellbeing Board's draft Pharmaceutical Needs Assessment looks at the current provision of pharmaceutical (chemist) services across Solihull and whether they meet the current and future needs of residents, identifying any potential gaps in services.

This survey asks you what you think about the draft Pharmaceutical Needs Assessment. Your answers will be used to inform the final Pharmaceutical Needs Assessment which will be ready for publication by 1 April 2018.

Please read the draft Pharmaceutical Needs Assessment before completing the survey. The closing date for the consultation is Monday 22 January 2018.

Information will be stored on servers owned by a company called SurveyMonkey in the United States of America. SurveyMonkey pride themselves on the security and safeguards they have in place to protect the information they collect on our behalf. However, you need to be aware that the council does not monitor these safeguards and so cannot endorse that these arrangements are adequate.

Q1. How much do you agree or disagree that the draft Pharmaceutical Needs Assessment accurately reflects the current range of pharmacy services available in Solihull?

- ◯ Strongly agree
- ◯ Tend to agree
- ◯ Neither agree nor disagree
- ◯ Tend to disagree
- ◯ Strongly disagree
- ◯ Don't know / not sure

Is there anything we have not considered or do you have any comments about the current range of pharmacy services available in Solihull?

Q2. How much do you agree or disagree that the draft Pharmaceutical Needs Assessment accurately reflects the pharmacy needs of local people in Solihull?

- ◯ Strongly agree
- ◯ Tend to agree
- ◯ Neither agree nor disagree
- ◯ Tend to disagree
- ◯ Strongly disagree
- ◯ Don't know / not sure

Is there anything we have not considered or do you have any comments about the pharmacy needs of local people in Solihull?

Q3. Do you think there are any gaps in pharmacy services that have not been identified?

- ◯ Yes
- ◯ No
- ◯ Don't Know / Can't Say

If yes, please tell us what these gaps are

Q4. Do you know of any relevant information that has not been included which could affect the statements (or conclusions) in the draft Pharmaceutical Needs Assessment?

- ◯ Yes
- ◯ No
- ◯ Don't Know / Can't Say

If yes, please explain

Q5. Do you have any further comments on the draft Pharmaceutical Needs Assessment?

Q6. In what capacity are you responding to this survey?

- ◯ A member of the public
- ◯ A health or social care professional
- ◯ A pharmacist / appliance contractor
- ◯ A dispensing doctor
- ◯ On behalf of an organisation – if so please specify:
- ◯ An elected member/MP
- ◯ Other, please give details below

Please provide your email if you would like us to respond to your feedback

Email

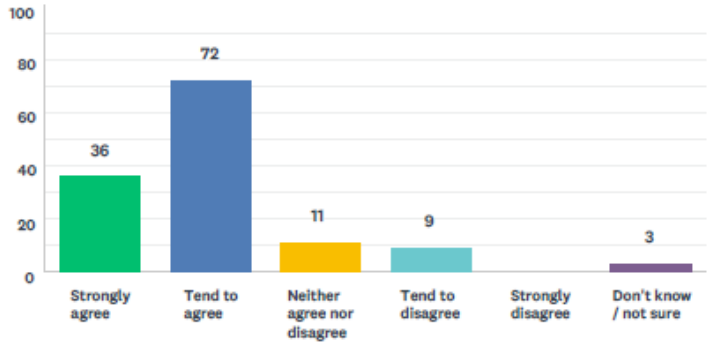
Please tick if you do not wish your response to be published in a summary of responses in the final Pharmaceutical Needs Assessment:

☐ Yes

Appendix 13: 60 day Consultation Survey Charts

Q1 Q1. How much do you agree or disagree that the draft Pharmaceutical Needs Assessment accurately reflects the current range of pharmacy services available in Solihull?

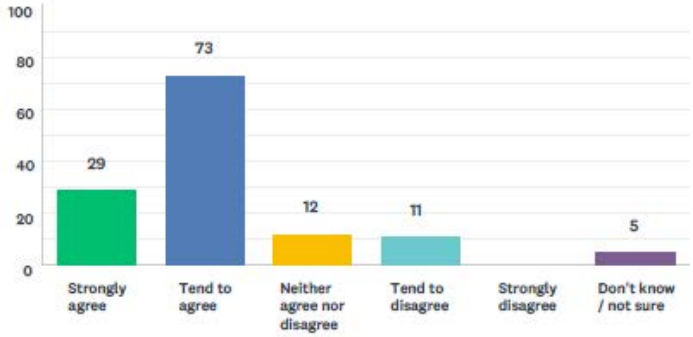
Answered: 131 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	27.48%	36
Tend to agree	54.96%	72
Neither agree nor disagree	8.40%	11
Tend to disagree	6.87%	9
Strongly disagree	0.00%	0
Don't know / not sure	2.29%	3
TOTAL		131

Q2 Q2. How much do you agree or disagree that the draft Pharmaceutical Needs Assessment accurately reflects the pharmacy needs of local people in Solihull?

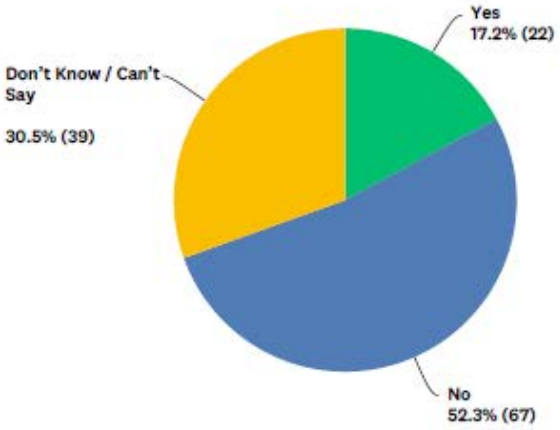
Answered: 130 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	22.31%	29
Tend to agree	56.15%	73
Neither agree nor disagree	9.23%	12
Tend to disagree	8.46%	11
Strongly disagree	0.00%	0
Don't know / not sure	3.85%	5
TOTAL		130

Q3 Q3. Do you think there are any gaps in pharmacy services that have not been identified?

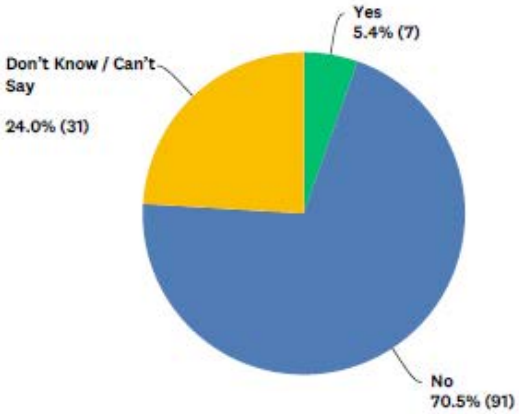
Answered: 128 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	17.2%	22
No	52.3%	67
Don't Know / Can't Say	30.5%	39
TOTAL		128

Q4 Q4. Do you know of any relevant information that has not been included which could affect the statements (or conclusions) in the draft Pharmaceutical Needs Assessment?

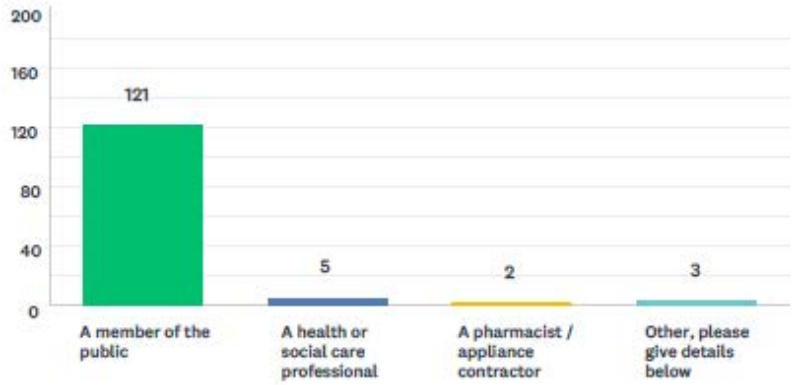
Answered: 129 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	5.4%	7
No	70.5%	91
Don't Know / Can't Say	24.0%	31
TOTAL		129

Q6 Q6. In what capacity are you responding to this survey?

Answered: 131 Skipped: 0



ANSWER CHOICES	RESPONSES	
A member of the public	92.37%	121
A health or social care professional	3.82%	5
A pharmacist / appliance contractor	1.53%	2
Other, please give details below	2.29%	3
TOTAL		131