

Calderdale Pharmaceutical Needs Assessment 2022 – 2025

September 2022

Version Control

Editor: Paula Holden, with members of the West Yorkshire PNA Steering Group

Date of Issue: 29th September 2022

Date of Review: Supplementary statements to be provided as necessary, with formal review by October 2025 in accordance with Regulation.

Version	Notes	Date
2022 PNA	Pre-consultation draft PNA shared with CPWY and local stakeholders	May 2022
2022 PNA V2	Draft shared with stakeholders for consultation	July 2022
2022 PNA V3	Amended draft with changes made post consultation	Sept 2022

Contents

1 Introduction	1
1.1 Purpose and Scope	1
1.2 Pharmaceutical Services	1
1.2.1 Community Pharmacy Contractual Framework	1
1.2.2 Essential Services	2
1.2.3 Advanced Services	2
1.2.4 Enhanced Services	2
1.2.5. Local Pharmaceutical services	3
1.2.6. Other NHS Services	3
1.3 Opening hours	3
1.4 Pharmaceutical Service Providers	4
1.4.1 Dispensing GP Practices	4
1.4.2 Distance Selling Pharmacies	4
1.4.3 Dispensing Appliance Contractor (DAC)	4
1.5 The NHS Long Term Plan	4
1.6 Integrated Care Systems	5
2 Process	6
2.1 Steering group	6
2.2 Localities	6
2.3 Data Collation	7
2.4 Public and pharmacy surveys	8
2.5 Assessment of Gaps in the Provision of Pharmaceutical Services	8
2.6 Consultation	8
3 Current and Future Population	10
3.1 Calderdale Overview	10
3.2 Localities	11
3.3 Population Projections	12
3.4 Housing Developments	13
3.5 Migration & Asylum Seekers	14
3.6 Protected Characteristics	15
3.6.1 Disability	15
3.6.2 Ethnicity	16
3.6.3 Gender Reassignment	16
3.6.4 Pregnancy and Maternity	17

3.6.5 Religion.....	17
3.6.6 Sexual Orientation.....	17
3.6.7 Deprivation.....	17
4 Health needs & how they can be met by provision of pharmaceutical services.....	18
4.1 Cancer.....	18
4.2 Cardiovascular Disease.....	19
4.3 Diabetes.....	20
4.4 Mental Health.....	21
4.5 Respiratory Disease.....	22
4.6 Lifestyles and Behaviours.....	23
4.6.1 Alcohol.....	23
4.6.2 Drugs.....	23
4.6.3 Obesity.....	24
4.6.4 Sexual health.....	24
4.6.5 Smoking.....	24
5 Provision of Pharmaceutical Services; Necessary Services.....	26
5.1. Within the Calderdale Health and Wellbeing Boards Area.....	26
5.1.1. Pharmaceutical service providers.....	26
5.1.2 Pharmacy Access.....	28
5.1.3 Opening times and access.....	31
5.1.4 Access for People with Disabilities.....	34
5.1.5 Pharmaceutical Services Range and Provision.....	34
5.2 Outside of the Calderdale Health and Wellbeing board Area.....	38
6 Other relevant services.....	40
6.1 Other Pharmacy Services.....	40
6.1.1 Hepatitis C Testing.....	40
6.1.2 Hypertension Case Finding Service.....	40
6.1.3 Stoma Appliance Customisation.....	41
6.1.4 Services to Care Homes.....	41
6.1.5 Covid- 19 Vaccination.....	41
6.1.6 Minor Ailment and Head Lice Service.....	41
6.1.7 Palliative Care Drugs.....	41
6.2 Other NHS Services.....	42
6.2.1 Services Commissioned Locally.....	42
6.2. 2 Hospital pharmacy.....	43
7 Gap Analysis by Locality.....	44

7.1 Calder & Ryburn	44
7.2 Central Halifax	45
7.3 Lower Valley	47
7.4 North Halifax	48
7.5 Upper Calder Valley	50
8 Conclusions	52
8.1 Necessary Provision	52
8.2 Other Relevant Services	53
8.3 Improvements and Better Access	53
Appendix 1 – Steering Group Members	54
Appendix 2 – Results of Public Survey	55
Appendix 3 – Results of Pharmacy Contractors Survey	66
Appendix 4 – Key Stakeholders	69
Appendix 5 – Consultation Responses	70
Appendix 6 – Description of Pharmacy Services	75
Essential services	75
Advanced services	78
Enhanced services	81

EXECUTIVE SUMMARY

Since 1st April 2013, every Health and Wellbeing Board (HWBB) in England has had a statutory responsibility, to publish and keep up to date, a statement of the need for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Broadly, the PNA should describe the current range of pharmaceutical services, the need for such services and potential future need (for example, to support an ageing population or new housing development). It should identify any service gaps and highlight any new services that may be required.

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

A steering group was set up to oversee the development of the PNA which consists of representatives from each Local Authority's Public Health Intelligence team, each Clinical Commissioning Group (CCG) Medicines Management Team, the West Yorkshire Area Team of NHS England (NHSE), Community Pharmacy West Yorkshire (CPWY The Local Pharmaceutical Committee) and the Local Medical Committee (LMC).

Data was collated on the current and projected population as well as future housing developments that have been identified. The Joint Strategic Needs Assessment and Office for Health Improvement and Disparities (OHID) fingertips Health profiles and National General Practice Profiles were used to identify health needs of the population. Information regarding current service provision, was obtained from NHSEI and NHS Business Services Authority (NHSBSA). In addition to this, data on locally commissioned services was provided by the commissioners at Calderdale MBC.

In addition to the population health information and relevant demographic data used to support this PNA process, surveys to members of the public and pharmacy contractors were conducted.

A systematic approach was taken to identify any gaps in the provision of pharmaceutical services based on:

- How easy it is for communities to access pharmaceutical services (geographical distance, accessibility, opening times)
- Ensuring adequate provision of services, linked to local need, as described in the JSNA and the health needs information collated as part of this assessment
- Giving people a reasonable choice of provider

Overall, there are 47 pharmacies across Calderdale, including two distance selling pharmacies with a good spread across the five localities. Geographical access to pharmacies is good with 97% of the population being able to access a pharmacy within a 5-minute drive and 84% able to access a pharmacy within a 20-minute walk. There are seven 100-hour pharmacies across Calderdale and a number of pharmacies in each locality that have

evening, Saturday and/or Sunday opening. Therefore, access to community pharmacy based on opening times and geographical location is good.

The PNA has identified the pharmaceutical services that are considered necessary and assessed whether provision of these services is adequate based on the population and health needs of the area. Necessary services were deemed to be essential services provided at all premises included in the pharmaceutical lists, plus the advanced services of New Medicine Service, Community Pharmacist Consultation Service and Flu Vaccination. 47 pharmacies provide essential services, 46 pharmacies provide the new medicine service, 46 provide the community pharmacy consultation service and 41 provide the flu vaccination service. There is a good distribution of pharmacies offering these services across the localities and no gaps in provision were identified.

Projections suggest that the population of Calderdale may increase by around 1,200 by 2025. There are also 1725 new housing developments planned which if completed by 2025 could result in a potential increase in population of around 4140 across Calderdale. However, the current provision of pharmaceutical services will be enough to meet the needs of the increased population expected within the three-year lifetime of this PNA.

In conclusion this PNA has not identified any gaps in the provision of pharmaceutical services or any needs for future provision that could not be met by existing providers.

1 Introduction

1.1 Purpose and Scope

Since 1st April 2013, every Health and Wellbeing Board (HWBB) in England has had a statutory responsibility, to publish and keep up to date, a statement of the need for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Broadly, the PNA should describe the current range of pharmaceutical services, the need for such services and potential future need (for example, to support an ageing population or new housing development). It should identify any service gaps and highlight any new services that may be required.

The PNA is used by NHS England (NHSE) to assess applications for new pharmacies, to determine if the proposed pharmacy meets an identified need. Market entry is the term used to describe this process, by which applications for new premises are made, processed and determined.

PNAs are also used by NHSE and local commissioning bodies in making decisions on which other NHS and local authority funded local services need to be provided by local community pharmacies.

PNAs need to be sufficiently robust to ensure that we have the right services for our patients and to withstand potential legal challenges from potential market entrants. NHS Resolution, Primary Care Appeals will refer to the PNA when hearing appeals on NHSE decisions.

This PNA draws on work undertaken in producing the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy (H&WBS). The PNA will not duplicate the details of the JSNA or H&WBS but will refer readers to those documents where they should be read in conjunction with this PNA.

1.2 Pharmaceutical Services

1.2.1 Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan was published in July 2019 and sets out the agreement between the Government, NHS and Pharmaceutical Services Negotiating Committee (PSNC) on how community pharmacy will support the delivery of the NHS Long Term Plan. More details can be found [here](#)

Community pharmacies provide three types of Pharmaceutical Services which fall under the contractual framework:

- Essential Services – services all pharmacies are required to provide
- Advanced Services – services to support patients with safe use of medicines
- Enhanced Services – services that can be commissioned by NHSE

1.2.2 Essential Services

All community pharmacies are required to provide all essential services. These services are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances (though not all pharmacies provide this directly)
- Repeat dispensing
- Discharge medicines services
- Public health campaigns
- Signposting
- Support for self-care
- Disposal of unwanted medicines

All these services are provided under a clinical governance framework which includes clinical audit.

NHSE is responsible for ensuring that all pharmacies deliver all the essential services as specified. Each pharmacy must demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide evidence will be asked to provide an action plan, outlining with timescales how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

1.2.3 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows for community pharmacy contractors to provide Advanced Services once accreditation requirements have been met. Currently there are eight advanced services:

- Appliance Use Review Service (AUR)
- Community Pharmacist Consultation Service (CPCS)
- Flu Vaccination Service
- Hepatitis C Testing Service (due to end 31st March 2023)
- Hypertension Case Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Stop Smoking Advanced Service.

Further information on each of these advanced services can be found in appendix 5

1.2.4 Enhanced Services

The third tier of Pharmaceutical Service provided by community pharmacies is that of Enhanced Services. Services can only be referred to as Enhanced Services if they are commissioned by NHSE. The following services can be commissioned:

- Anticoagulant monitoring service
- Care home service*

- COVID-19 vaccination site*
- Disease specific medicines management service
- Gluten Free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme*
- Needle and syringe exchange service
- On demand availability of specialist drugs service*
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Services commissioned in Calderdale are denoted by *.

Further information can be found in the Drug Tariff, NHS Business Services Authority

1.2.5. Local Pharmaceutical services

These are provided outside of the contractual framework, with a contract between NHSE and pharmacies. This allows more flexibility in commissioning than is available under the national pharmacy arrangements set out in the 2013 regulations and allows NHSE to commission services tailored to meet local requirements. There are no local pharmaceutical services in Calderdale.

1.2.6. Other NHS Services

These are services that are commissioned or provided by the CCG, local authority or NHS Trust. In Calderdale the following services are commissioned:

- Smoking cessation
- Supervised consumption
- Needle exchange
- Emergency Hormonal Contraception

1.3 Opening hours

Pharmacies have two different types of opening hours: core and supplementary. Core hours are usually 40 or 100 and can only be changed by applying to NHSE, which may either grant

or reject the application. Supplementary hours are those over and above the core hours and can be changed by giving NHSE three months' notice.

1.4 Pharmaceutical Service Providers

The majority of pharmaceutical services are provided through a community pharmacy. However pharmaceutical services can also be provided by:

1.4.1 Dispensing GP Practices

These are for patients living in a "controlled locality". A controlled locality is one where NHSE have agreed the area is rural in character. In order for a patient to have their prescription dispensed by a GP practice, they must live more than 1.6km (measured in a straight line) from a pharmacy. Dispensing GP practices can dispense drugs and appliances, but do not provide the other pharmaceutical services that contractors on a pharmaceutical list could provide. Calderdale does not have any dispensing GP practices.

1.4.2 Distance Selling Pharmacies

Distance selling pharmacies are a type of community pharmacy that must not provide their essential services face to face. However, they may provide advanced and enhanced services on the premises. Patients have the right to access pharmaceutical services from any community pharmacy including distance selling pharmacies of their choice and therefore can access any of the many internet pharmacies available nationwide.

1.4.3 Dispensing Appliance Contractor (DAC)

Contracted to the NHS, these businesses dispense appliances listed in the Drug Tariff against prescriptions issued by GPs and specialist nurse prescribers. They may choose to provide all appliances or just a certain type.

They are able to provide the following advanced services if they choose; appliance use reviews and stoma appliance customisation.

Dispensing appliance contractors must open for a minimum of 30 hours per week.

There are no dispensing appliance contractors located in Calderdale.

All pharmaceutical providers (except the hospital pharmacy, which does not provide NHS pharmaceutical services to the general public) will be considered as part of the assessment.

1.5 The NHS Long Term Plan

In January 2019, NHS England published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be used. For community pharmacy, the plan states:

- NHS England will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients.
- NHS England and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements.

- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; and
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management

1.6 Integrated Care Systems

Integrated Care Systems (ICS) are a partnership of health and care organisations working together to plan and deliver joined up services and to improve population health. They comprise an integrated care partnership which is the broad alliance of organisations concerned with improving health and wellbeing, and an integrated care board which brings together the local NHS organisations.

The integrated care boards will replace Clinical Commissioning Groups (CCGs) and by April 2023 are expected to take on delegated responsibility for pharmaceutical services. This will mean that some services that are currently commissioned by CCGs (and are other NHS services) will be commissioned by the ICB and fall under the definition of enhanced services.

NHSE has funded a community pharmacy clinical lead post (via the Pharmacy Integration Fund) for each ICS from April 2022 for a period of two years.

West Yorkshire (ICS) brings together organisations in Bradford and Craven, Calderdale, Kirklees, Leeds, and Wakefield.

2 Process

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

2.1 Steering group

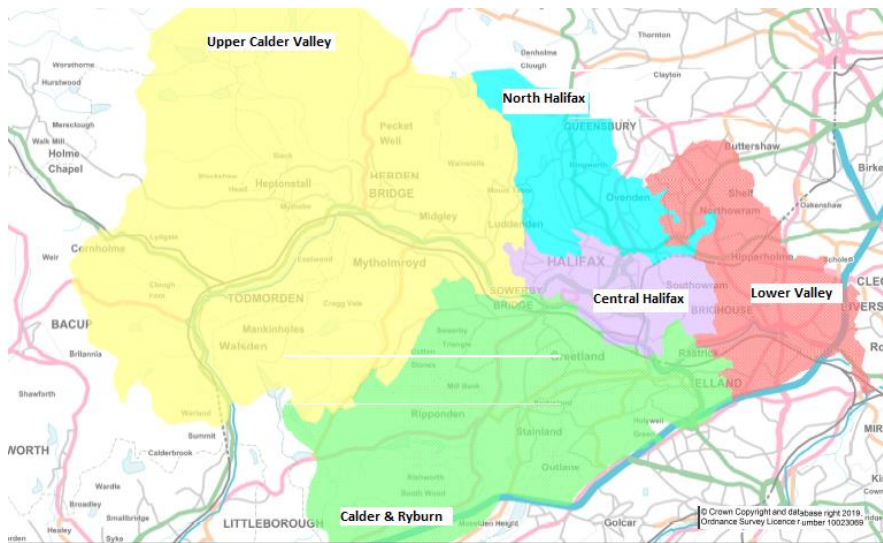
Each Health and Wellbeing Board is responsible for publishing a PNA, however it was agreed there would be benefits to undertaking some aspects of the work jointly across West Yorkshire, with each Health and Wellbeing Board retaining overall responsibility for its own area. Therefore, a joint steering group was established by the five West Yorkshire Health and Wellbeing Boards (Bradford, Calderdale, Kirklees, Wakefield and Leeds) in November 2021. The steering group consists of representatives from each Local Authority's Public Health Intelligence team, each Clinical Commissioning Group (CCG) Medicines Management Team, the West Yorkshire Area Team of NHS England (NHSE), Community Pharmacy West Yorkshire (CPWY The Local Pharmaceutical Committee) and the Local Medical Committee (LMC) (a full list of members is provided in appendix 1).

The steering group has been responsible for overseeing the development of each area's PNA and ensuring that the PNA's meet statutory requirements before submission to its respective Health and Wellbeing Board for final approval. This steering group approved the timetable, outline of the PNA, and the draft for consultation.

2.2 Localities

For the purposes of this PNA we have chosen to use the existing locality boundaries we have in place in Calderdale for the primary care networks. They comprise the following: Calder & Ryburn, Central Halifax, Lower Valley, North Halifax and Upper Calder Valley. Upper Valley comprises a large area located in the west of Calderdale, which extends from Cornholme to Sowerby Bridge. North Halifax borders Upper Valley and includes Ogden, Illingworth and Ovenden. To the south of North Halifax is Central Halifax which includes the Town centre and extends across from Sowerby Bridge to Southowram. To the south of Central Halifax is Calder & Ryburn which extends across from Rishworth to Elland and includes parts of Sowerby Bridge. Lower Valley is located in the east of Calderdale and includes Shelf, Hipperholme and Clifton. Full locations can be seen on the map on the next page.

Figure 1: Map of Calderdale localities



2.3 Data Collation

Data from the Census, ONS population estimates and planning information on known housing developments within the lifetime of the PNA, were collated to help identify current and likely future population size and characteristics (e.g., age, ethnicity).

The Joint Strategic Needs Assessment and Office for Health Improvement and Disparities (OHID) fingertips Health profiles and National General Practice Profiles were used to identify health needs of the population.

Information regarding current service provision, was obtained from NHSEI and NHS Business Services Authority (NHSBSA). In addition to this, data on locally commissioned services was provided by the commissioners at Calderdale MBC. This was then uploaded to the Strategic Health, Planning and Evaluation (SHAPE) tool from OHID and maps of pharmacies were created, to enable assessment for any gaps in the provision of services by location and opening times.

In order to identify provision of pharmaceutical services by contractor's both within and outside of the Health and Wellbeing Board's area, data on the number and location of prescriptions dispensed was obtained from the NHS Business Services Authority. The Covid-19 pandemic is likely to have meant that demand for pharmaceutical services has been different than usual for 2020 and 2021. Therefore, this PNA uses dispensing data from April 2019 through to November 2021.

This data was collated on the 8th February 2022 and therefore the data provides a snapshot in time only. For some services, provision of the service (between April 2019 and November 2022) has been used as a proxy for a pharmacy being accredited for a service. This will not give an accurate picture of service availability. For example, a pharmacy who has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service. Another example would be that the Covid-19 pandemic has meant that some pharmacy services were paused so activity has not been recorded, although the pharmacy is still accredited to provide the service.

2.4 Public and pharmacy surveys

In addition to the population health information and relevant demographic data used to support this PNA process, a survey to members of the public was carried out. The survey, which asked about pharmacy use, was developed by the steering group then made available online for members of the public to complete between 14th Jan and 20th Feb 2022. The survey was promoted by each area's communications departments to ensure a good response.

At the same time, a survey was emailed directly to pharmacies, asking about the services they provide.

The results of both these surveys can be found in appendices 2 and 3.

2.5 Assessment of Gaps in the Provision of Pharmaceutical Services

Within this assessment a systematic approach has been taken to identify any gaps in the provision of pharmaceutical services based on:

- How easy it is for communities to access pharmaceutical services (geographical distance, accessibility, opening times)
- Ensuring adequate provision of services, linked to local need, as described in the JSNA and the health needs information collated as part of this assessment
- Giving people a reasonable choice of provider

The assessment has also considered any pharmaceutical services that may secure improvements or better access either currently or to meet future needs.

2.6 Consultation

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to publication of the final assessment.

A short consultation survey was developed to capture views and comments, and letters will be sent to key stakeholders directing them towards an online version of the draft PNA and consultation response form. A list of the key stakeholders can be found in Appendix 4.

The draft report was publicised through the following channels:

- The local authority's website and social media account
- Email to relevant stakeholders

Consultation on this draft PNA commenced on 20th June and remained open until 18th August. Following the consultation period, the PNA was revised accordingly and submitted

to the Health and Wellbeing Board for final approval. This PNA will be valid for three years from 1st October 2022 to 30th September 2025, when an updated PNA will be produced.

However, during this period the PNA will be reviewed periodically, and if there are any major initiatives, health requirements or population changes which could have a significant impact on the Assessment, the Steering Group will make a decision as to whether a revised Assessment is required.

A Supplementary Statement explaining changes to the availability of pharmaceutical services since the publication of this PNA will be issued whenever:

- a. There has been a change to the availability of pharmaceutical services and this change is relevant to the granting of applications to open a new pharmacy, to relocate or to provide additional services; and
- b. the HWBB is satisfied that the publication of a revised PNA would be a disproportionate response or is already in the process of producing an updated PNA but is satisfied that there is a need for a supplementary statement order to prevent significant detriment to the provision of pharmaceutical services.

Supplementary Statements will be a statement of fact and will not make any assessment of the impact of the change on the need for pharmaceutical services within an area.

3 Current and Future Population

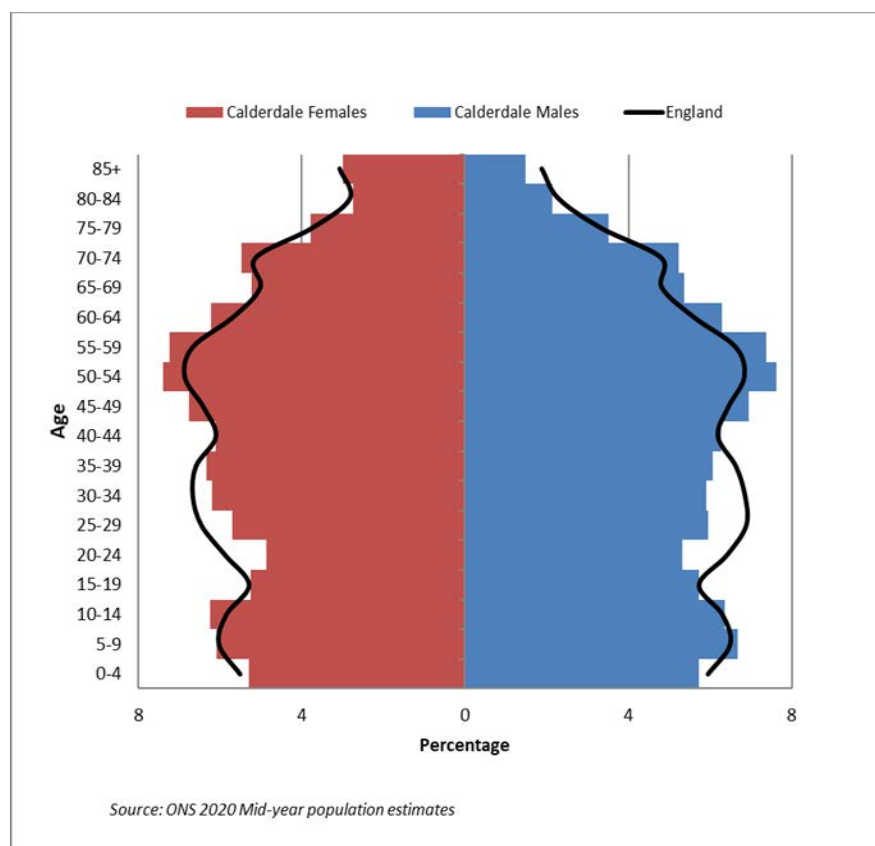
3.1 Calderdale Overview

According to the 2020 mid-year population estimates, Calderdale has a current population of 211,439. This is an increase of 7,639 in the nine years since the 2011 Census was conducted where the population of Calderdale was 203,800.

Calderdale has a population density of just 581 people per square kilometre, compared to 1480 in Bradford, 1080 in Kirklees, 1448 in Leeds and 1038 in Wakefield. Despite being a metropolitan district, Calderdale has very strong rural elements; most of the area is classified as rural and while definitions vary, up to a quarter of its population lives in rural areas.

As can be seen from the graph below, the structure of the Calderdale population differs to that in England for some age groups. Calderdale has a lower proportion of 20–39-year-olds when compared to England (23.2% compared to 26.2%) and a higher proportion of 45–74-year-olds compared to England (38.6% compared to 35.5%). The proportions in the other age groups are relatively similar to England.

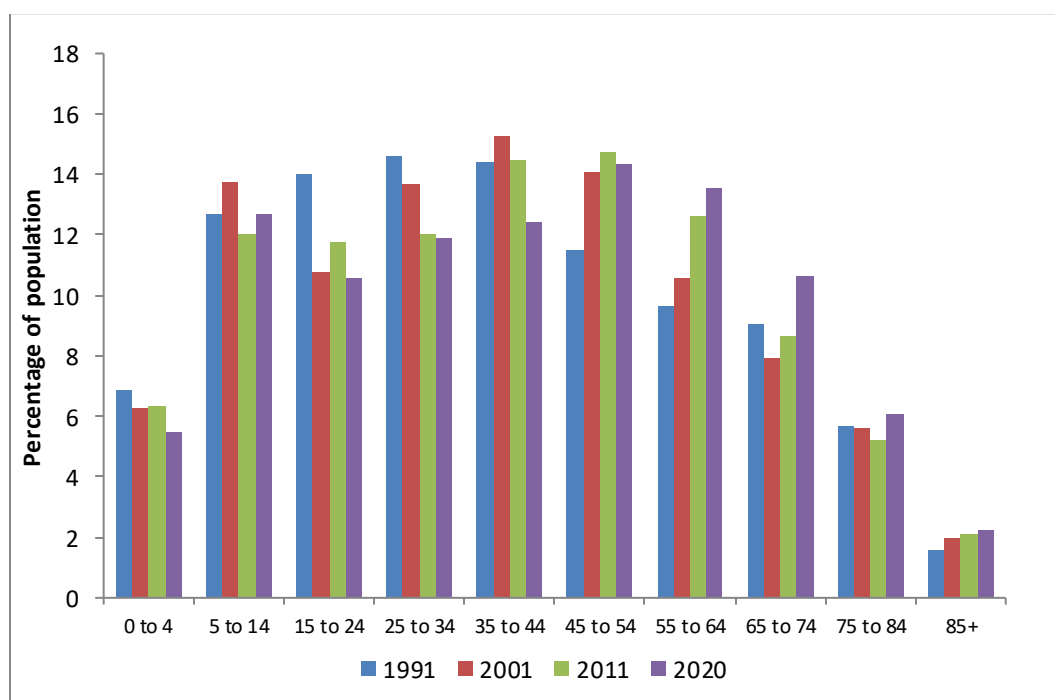
Figure 2: Population Pyramid for Calderdale



The figure below, considers changes in the age profile of the Calderdale population between 1991 and 2020. We can see that:

- The proportion in the 0-4 age group has decreased over time from 6.8% in 1991 to 5.5% in 2020
- The proportion of children aged 5-14 is currently 12.7% which is the same as in 1991
- The proportion aged 15 to 44 has reduced from 43.0% in 1991 to 34.9% in 2020
- The proportion aged 45 to 64 has increased since 1991 from 21.1% to 27.9%
- Those aged 65 plus comprise 19.0% of the population compared to 16.3% in 1991

Figure 3: Census Population by Year and Age



Source: Census 1991, 2001 & 2011 and ONS mid-year population estimates 2020

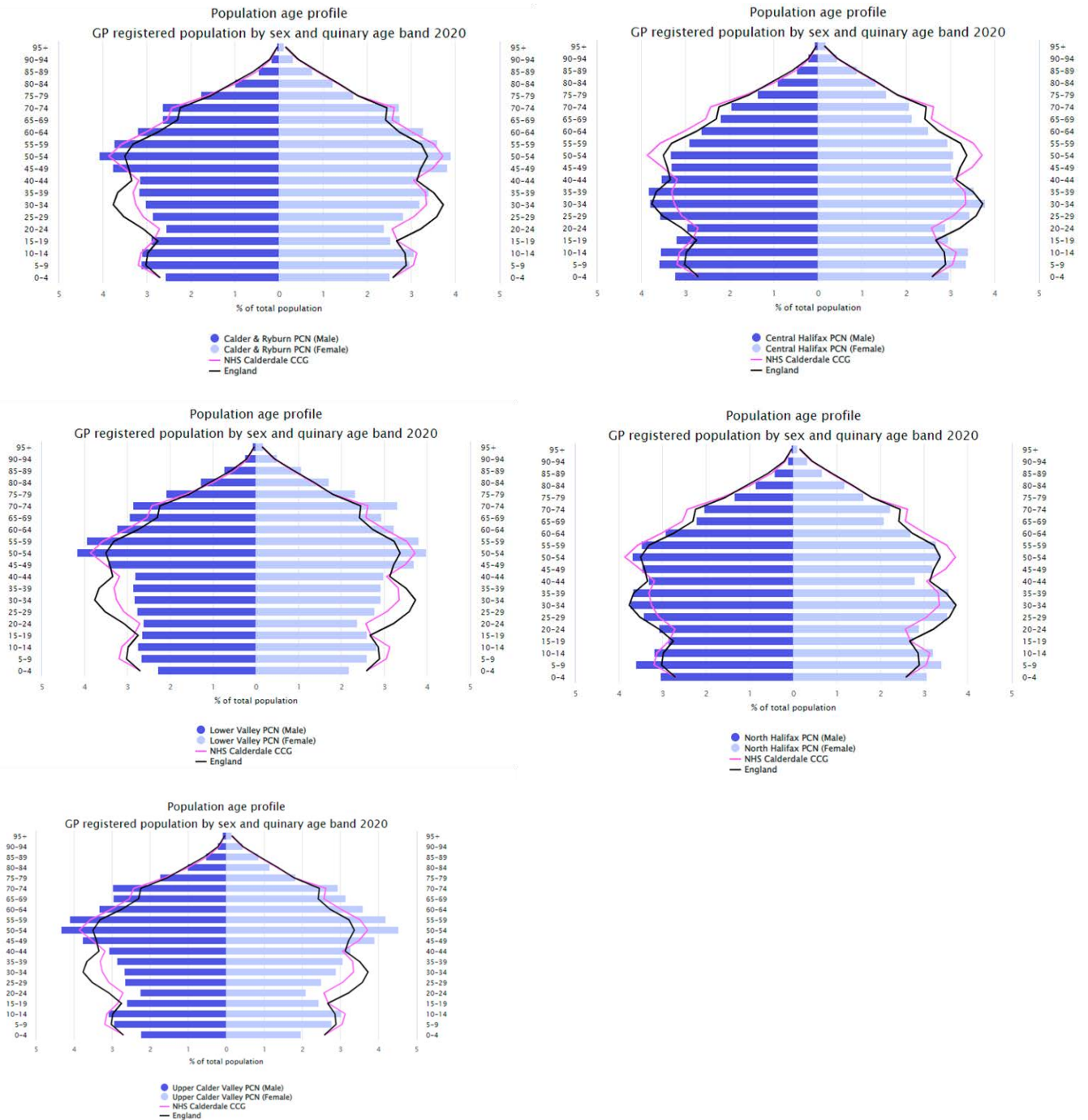
3.2 Localities

Calderdale is divided into five primary care networks; Calder & Ryburn (population 42,400), Central Halifax (population 53,800), Lower Valley (population 45,000), North Halifax (population 45,800) and Upper Calder Valley (population 35,100). As can be seen from the population profiles, the age structure of the primary care network populations differ, however in summary:

- Calder & Ryburn has a higher percentage of 45- to 74-year-olds compared to the Calderdale population (40.1% compared to 37.9%)
- Central and North Halifax have a higher percentage of 0- to 14-year-olds compared to Calderdale (20.1%, 19.5% and 17.8% respectively) and a lower percentage of those aged 65 plus compared to Calderdale (15.7%, 15.2% and 18.0% respectively)

- Lower Valley and Upper Calder Valley have a lower percentage of 0- to 14-year-olds compared to Calderdale (15.3%, 16.0% and 17.8% respectively) and a higher percentage of those aged 65 plus (22.2%, 19.9% and 18.0% respectively)

Figure 4: Population Pyramids by Locality



Source; National General Practice Profiles, OHID

3.3 Population Projections

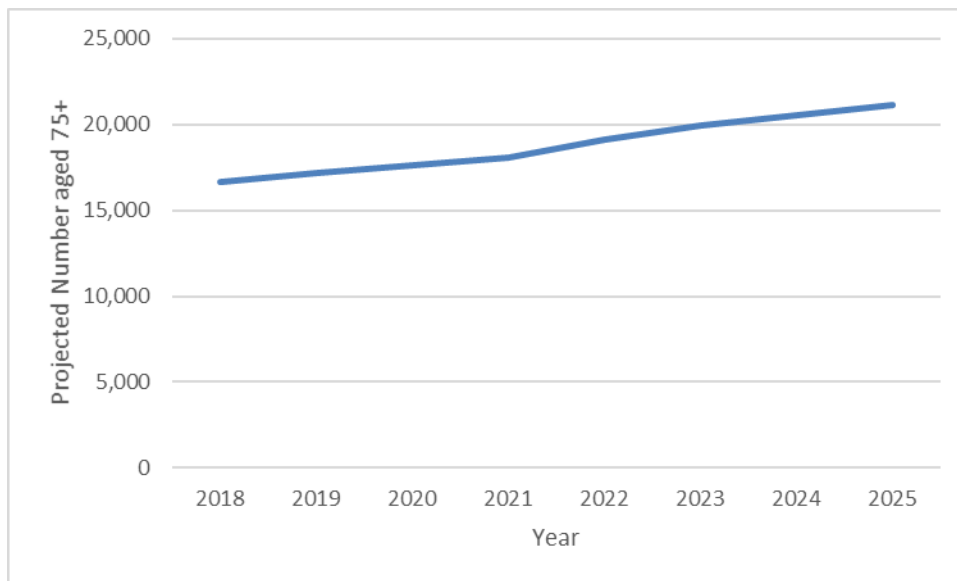
The latest district-level population projections are based on the 2018 ONS mid-year population estimates and assume that recent trends in migration, fertility and mortality will

continue. These projections are not forecasts of what *will* happen, since they take no account of housing constraints, policy, changes in migration, etc. - but they are indicators of the implications of current trends.

The population of Calderdale is expected to increase by around 1200 by 2025 and around 1800 by 2028. The changes across age groups are not expected to be uniform, with reductions in those aged 0-14, 25-44 and 45-64.

As can be seen from the graph below the population aged 75+ is expected to increase by approximately 3400 by 2025, however this increase will be gradual and unlikely to significantly affect the need for pharmaceutical services during the lifetime of this PNA.

Figure 5: Projected Population Change in Those Aged 75+ by 2025



3.4 Housing Developments

The table on the next page shows the estimated number of new dwellings that are expected to be completed in Calderdale by March 2026. However, there is no guarantee that developments planned for this period will actually be delivered in this time period. The table also shows the estimated extra population that may result from the new housing using the Census 2011 estimate of average household size of 2.4. Overall, there could be an increase of around 4140 people living in Calderdale by March 2026, which is higher than the projected population increase (see previous section). There is some variation by area with Lower and North localities expected to have a larger number of completed new houses than other areas.

Table 1 Estimated new dwelling completions by locality

Locality	Number of Estimated Dwelling Completions April 2022 to March 2026	Estimated extra population based on average household size Census 2011
Calder & Ryburn	234	562
Central Halifax	149	358
Lower Valley	755	1812
North Halifax	527	1265
Upper Calder Valley	60	144
Calderdale	1725	4140

Source: Local authority planning department

The table below shows the same data broken down by town. As can be seen from the table more new houses are expected to be built in Halifax and Brighouse compared to the other towns.

Table 2 Estimated new dwelling completions by town

Town	Number of Estimated Dwelling Completions April 2022 to March 2026	Estimated extra population based on average household size Census 2011
Brighouse	654	1570
Elland	170	408
Halifax	777	1865
Hebden Bridge	20	48
Sowerby Bridge	64	154
Todmorden	40	96
Calderdale	1725	4140

Source: Local authority planning department

3.5 Migration & Asylum Seekers

Migration Yorkshires [Local Migration Profile for Calderdale 2020](#) states that net migration to Calderdale was less than 470 in 2019; a small decrease on the previous year.

Around 700 migrant workers arrived in Calderdale in 2019, with around 130 from EU accession countries and 550 from non-accession countries. India was the top country of origin with 180 arrivals followed by Pakistan with 109 and 43 from Romania.

At the end of December 2020, 344 asylum seekers were being supported in Calderdale while awaiting a decision on their claim, 339 people were being accommodated, and there were five people receiving subsistence-only support i.e., no accommodation.

The ‘Homes for Ukraine’ community sponsorship scheme is currently being developed and will be the largest community sponsorship scheme for those fleeing a war zone in the world. The sponsor period will be a minimum of 6 months, and the visa (for 3 years) will enable access to public services and funds. We don’t know at this stage how many people from Calderdale have applied to be a host.

3.6 Protected Characteristics

3.6.1 Disability

There are a number of indicators of disability, from both administrative data sources and the Census, which can be used to give an indication of the number of residents who may require some degree of extra support from a pharmacy.

Disability Living Allowance - now Personal Independence Payment is a non-means-tested benefit provided to those who become disabled before the age of 65 and need help with personal care or have walking difficulties.

6.3% (13,313) of Calderdale residents received DLA/PIP in February 2021. (Source: statxplore.dwp.gov.uk via Calderdale DataWorks , accessed 10/01/2022).

Attendance Allowance is a non-means-tested benefit paid to people aged over-65 who are severely disabled. 10.3% (4,147) of people aged over-65 were entitled to attendance allowance in Quarter 1 2021/22. (Source DWP, LG Inform).

Another indicator of all residents who identify as having any form of long-term condition which affects their ability to carry out every day activities is recorded in the Census. Table 6 below demonstrates that the percentage of people in Calderdale who report having a limiting long-term illness (LLTI) has fallen very slightly since 2001, but that the number in the working age group has fallen sharply to below the 1991 figure.

Table 3 Trends in the percentage with a limiting long-term illness

Year	All Ages		Working Age	
	Limiting long-term illness (n)	Limiting long-term illness (%)	Limiting long-term illness (n)	Limiting long-term illness (%)
1991	24,080	12.5	16,925	12.3
2001	35,322	18.4	16,056	13.7
2011	36,600	17.9	17,892	9.7

Source: Office for National Statistics 2011 Census, 2001 Census, 1991 Census

Table 4 Percentage with a limiting long-term illness by locality

Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley	Calderdale
16.31	18.33	17.51	19.17	18.76	17.96

Source: Census 2011, figures shaded in red are significantly higher and figures shaded in green are significantly lower than the Calderdale average

As can be seen from the table above, the percentage of the population with a long-term health problem or disability which limits activities is higher in Central Halifax, North Halifax and Upper Calder Valley, compared to the Calderdale average.

3.6.2 Ethnicity

According to the 2011 Census, 89.7% of Calderdale's population described themselves as White, 8.1% stated they were Asian/Asian British 1.4% said they were mixed/multiple ethnicity and 0.4% said they were Black/Black British. The Asian ethnic category accounts for approximately 15% of 0- to 4-year-olds, and 13% of 5 to 14 year olds in Calderdale, while the older population is largely white with only 3% of this age group comprising of ethnic minority groups.

However, it is ten years since the publication of the Census and we are likely to see changes in the ethnic makeup of the population when the Census 2021 data is released later this year.

Table 5 Ethnicity by locality

Ethnicity	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Percentage of the population who are Irish	0.69	0.69	0.97	1.22	0.89
Percentage of the population who are Gypsy/Irish Travellers	0.05	0.07	0.02	0.02	0.04
Percentage of the population who are White Other	1.07	3.55	0.99	2.67	2.00
Percentage of the population who are Asian	2.01	30.77	1.38	1.32	1.81
Percentage of the population who are Black	0.28	0.75	0.36	0.51	0.26
Percentage of the population who are Mixed Race	1.21	1.61	1.16	1.62	1.28
Percentage of the population who are "other"	0.09	0.55	0.16	0.14	0.15
Percentage of primary school children attending Calderdale schools who are Asian	3.14	54.65	2.00	3.04	3.94
Percentage of secondary school children attending Calderdale schools who are Asian	1.80	54.33	1.81	2.44	2.76

Source: Census 2011 & School Census 2018

As can be seen from the table above, the ethnic composition of the population differs by locality, with just over 30% of Central's population being Asian and over half of all school aged children in Central being Asian.

3.6.3 Gender Reassignment

There are currently no reliable figures on the number who have undergone gender reassignment in Calderdale

3.6.4 Pregnancy and Maternity

During 2020 there were 2079 births across Calderdale, 640 were in Central, 417 in North, 384 in Lower, 373 in Calder & Ryburn and 265 in Upper.

3.6.5 Religion

According to the Census 2011 the most prominent religion in Calderdale is Christianity, with 60.6% of residents stating they were Christian. 30.2% have no religion, 7.8% are Muslim, 0.4% are other religion, 0.3% are Buddhist, 0.3% are Hindu, 0.2% are Sikh and 0.1% are Jewish.

The religious profile differs by locality, with 28.1% of Centrals population being Muslim

Table 6 Religion by locality

Religion	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Christian	59.82	44.51	65.65	60.13	51.09
Buddhist	0.27	0.29	0.18	0.12	0.65
Hindu	0.10	0.84	0.26	0.13	0.06
Jewish	0.05	0.06	0.04	0.07	0.17
Muslim	1.37	28.11	0.65	1.04	1.44
Sikh	0.11	0.28	0.28	0.06	0.09

Source: Census 2011

3.6.6 Sexual Orientation

According to the 2011 Census, there were 491 people in a registered same-sex civil partnership across Calderdale, representing 0.3% of the population. Locality level data shows that this is not uniform across Calderdale with 0.76% of Upper's population stating they were in a registered same-sex civil partnership. The number living in same-sex relationships but who are not necessarily registered in civil partnerships is likely to be higher.

3.6.7 Deprivation

Deprivation, low income and associated unemployment and benefit dependency are closely correlated with a wide range of indicators of poor health or low levels of wellbeing. CMBC has reviewed the Indices of Deprivation 2019 and produced a short summary of deprivation across Calderdale. In summary, the Indices of Deprivation 2019 demonstrate that out of 317 districts in England, Calderdale ranks as the 66th most deprived. This is worse than 2015 when Calderdale was the 89th most deprived out of 326 districts. Deprivation is concentrated in Park, Ovenden, Town and Illingworth and Mixenden wards. Around 23.1% of children aged under 16 live in poverty.

4 Health needs & how they can be met by provision of pharmaceutical services

Public Health Data from Fingertips produced by OHID has been used here to describe what is known about health across Calderdale and is supplemented in this section by additional data from other sources, in order to provide a more detailed picture of health needs, inequalities and deprivation. Calderdale JSNA ward profiles together with the main JSNA and the Health and Wellbeing Strategy should be consulted to more fully understand the health profile of Calderdale residents.

Throughout this section figures highlighted in red are significantly worse than the Calderdale average and those in green are significantly better. All data is for 2020/21.

4.1 Cancer

Cancer is one of the main contributors to reduced life expectancy in both males and females compared to England. Over half of all cancers could be prevented by changes to lifestyle (like diet, alcohol intake, obesity). Smoking is the single largest preventable risk factor for cancer.

Nationally, it has been found that cancer incidence and mortality is:

- Higher in males than in females
- Higher in White and Black males than Asian males (Cancer Research UK)
- Higher in White females than Black or Asian females (Cancer Research UK)
- Higher in more deprived areas (Cancer Research UK)

Table 7 Cancer prevalence and screening rates by locality

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Cancer prevalence: QOF all ages	3.2	3.4	2.8	4.1	2.9	3.8
% reporting cancer in the last 5 years	3.2	3.5	2.2	3.1	2.6	5.4
Females aged 25-49, attending cervical screening within target period (3.5 year coverage, %)	72.2	81.5	60.2	80.7	69.0	74.7
Females aged 50-64, attending cervical screening within target period (5.5 year coverage, %)	76.9	82.1	74.1	81.1	72.7	73.8
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	68.3	71.0	62.3	73.6	63.8	69.9
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	68.7	71.2	65.1	73.9	64.1	67.8

Palliative/supportive care: QOF prevalence (all ages)	0.5	0.6	0.5	0.3	0.3	1.2
---	-----	-----	-----	-----	-----	-----

Source: Fingertips OHID

As can be seen from the table above, 3.2% of the population in Calderdale are living with cancer and this is higher in Lower Valley and Upper Calder Valley. 0.5% of the population are receiving palliative/supportive care and this is higher in Upper Calder Valley.

72.2% females aged 25-49 attended cervical screening within 3.5 years, and for those aged 50-64, 76.9% attended within 5.5 years. 68.3% of females aged 50 to 70 attended breast cancer screening within the past three years. 68.7% of those aged 60-74 were screened for bowel cancer in the last 2.5 years.

Screening rates for cervical, breast and bowel cancer were significantly lower in Central Halifax and North Halifax.

Role of pharmacies

- Promote the benefits of and signposting to screening programmes for bowel, breast, and cervical cancers.
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight.
- Provide advice on medicines as part of the dispensing service
- Enhanced palliative care service.

4.2 Cardiovascular Disease

Cardiovascular disease (CVD) is an overarching term that describes all the diseases of the heart and circulation including heart disease, stroke and peripheral vascular disease.

There are number of risk factors for CVD, such as:

- Smoking
- High blood pressure
- High blood cholesterol
- Being physically inactive
- Being overweight or obese
- Alcohol - excessive alcohol consumption and binge drinking can increase your risk
- Diabetes

In Calderdale the under 75 mortality rate from cardiovascular diseases is worse than the England average. The percentage of patients with established hypertension as recorded on practice registers is 14% (30,996 adults), which is similar to England; however, the estimated prevalence of hypertension (2014 data) in Calderdale is thought to be 24.9%, showing a significant level of undetected hypertension. Rates of cardiovascular disease are

significantly worse in Lower Valley compared to the Calderdale average, with 4% of the population having coronary heart disease, 0.4% having heart failure with left ventricular systolic dysfunction, and 15.6% having hypertension.

Table 8 Circulatory disease prevalence by locality

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
CHD prevalence: (all ages)	3.5	3.6	3.3	4	3.6	3.1
Heart Failure: QOF prevalence (all ages)	0.9	1.1	0.7	1.0	0.8	0.9
Heart failure w LVSD prevalence (all ages)	0.3	0.4	0.2	0.4	0.3	0.2
Stroke prevalence: QOF (all ages)	2.0	2.0	1.9	2.3	1.9	2.0
Peripheral arterial disease QOF prevalence (all ages)	0.8	0.8	0.7	0.8	0.9	0.7
Hypertension: QOF prevalence (all ages)	14.0	14.6	12.6	15.6	13.9	13.4

Source: Fingertips OHID

4.3 Diabetes

Diabetes is a serious long-term condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. There are two main types of diabetes:

- Type 1 diabetes develops if the body cannot produce any insulin and is more prevalent in children and young adults. It is the least common of the two main types; accounting for around 10 per cent of all people with diabetes.
- Type 2 diabetes is more commonly diagnosed in adults over 40, although it is increasingly being diagnosed in children and young adults. It develops when the body cannot produce enough insulin, or when the insulin that is produced does not work properly. In most cases this is linked with being overweight due to a person's diet and lifestyle.

Diabetes often leads to serious complications including heart disease, stroke, blindness, kidney disease and amputations. It is the fifth most common cause of death in the world, accounts for an estimated 15 per cent of deaths occurring in England and is a major cause of premature mortality with over 22,000 additional deaths each year.

Good diabetes care reduces the major risk of people dying prematurely from cardiovascular disease, as well as reducing the risk of developing serious complications, which may begin years before an actual diagnosis has been made

In Calderdale 7.5% of patients (13,307 people) aged 17+, recorded on practice registers have diabetes mellitus, compared to 7.1% nationally. The rate is currently increasing.

The percentage with diabetes is higher in Central Halifax.

Table 9 Prevalence of diabetes by locality

	Diabetes: QOF prevalence (17+)
Calder & Ryburn	6.9
Central Halifax	9.0
Lower Valley	6.9
North Halifax	8.0
Upper Calder Valley	6.2
Calderdale	7.5

Source: Fingertips OHID

Role of Pharmacies

- Medicines optimisation including the provision of NMS.
- NHS Hypertension case finding service.
- Promotion of healthy lifestyles (Public Health): The provision of opportunistic healthy lifestyles advice and public health advice to patients receiving prescriptions who appear to have diabetes or be at risk of coronary heart disease (especially those with high blood pressure) or who smoke or are overweight.
- Vascular risk assessment service – 75% of pharmaceutical contractors responding to our survey said they'd be willing to provide this if commissioned.
- Signposting: The provision of information to people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the pharmacy, on other health or social care providers or support organisations who may be able to assist the person. Where appropriate this may take the form of a referral.

4.4 Mental Health

'Good' or 'positive' mental health is fundamental to our physical health, our relationships, our education, our work, our ability to cope with life's problems and make the most of life's chances and to achieving our potential. It is the foundation for well-being and for functioning effectively, both as people and as communities.

The mental health indicator on the QOF register measures the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses. 1.1% of the population of Calderdale has these conditions (2438 people) and the prevalence is increasing. The prevalence is higher in Upper Calder Valley at 1.39%.

During 2020/21, 1.6% of the population was recorded as having a new diagnosis of depression (2803 people). The percentage was significantly higher in Calder & Ryburn with 2.0% of the population developing depression.

Table 10 Mental health by locality

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Mental Health: QOF prevalence (all ages)	1.1	1.03	1.1	0.89	1.15	1.39
Depression: QOF incidence (18+) - new diagnosis	1.6	2.0	1.9	1.3	1.4	1.3

Source: Fingertips OHID

Role of pharmacies

- Medicines optimisation including the provision of NMS.
- Promote and provide advice and support in relation to alcohol consumption, stopping smoking and maintaining a healthy weight.

4.5 Respiratory Disease

Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung conditions including chronic bronchitis and emphysema. This leads to damaged airways in the lungs. It causes the airways to become narrower, which makes it hard for air to move in and out of the lungs. It can be treated, but not cured.

Finding and treating COPD early can slow down the decline in lung function. This will lengthen the time that someone can enjoy an active life. The most important intervention to both prevent and treat it, is not to smoke. 2.3% of the population in Calderdale has COPD (around 5,125 people) and this is higher in the North Halifax area with 3.0% having COPD.

Asthma is a common, long-term condition that affects the airways in the lungs. Classic symptoms include breathlessness, tightness in the chest, coughing and wheezing.

Asthma differs from COPD in that restrictions to the airflow are largely reversible, whereas in COPD the restriction is only partially reversible as there is permanent damage to the airways. The goal of treatment for patients with asthma is to be free of symptoms and able to lead a normal, active life. The causes of asthma are not well understood, so prevention of asthma is not currently possible. 7.3% of the population in Calderdale has asthma and the rate is increasing. The rate is higher in Upper Calder Valley.

Table 11 Respiratory disease prevalence by locality

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
COPD: QOF prevalence (all ages)	2.3	2.4	1.8	2.0	3.0	2.5
Asthma: QOF prevalence (all ages)	7.3	7.6	6.9	7.0	7.3	8.1

Source: Fingertips OHID

Role of pharmacies

- Medicines optimisation including the provision of NMS.
- Seasonal influenza vaccination.
- Respiratory/inhaler check service – 88% of pharmaceutical contractors responding to our survey said they'd be willing to provide this if commissioned.

4.6 Lifestyles and Behaviours

4.6.1 Alcohol

Alcohol abuse has a significant impact on the health and wellbeing of individuals and also on the wider community and society as a whole. Across Calderdale there are some significant issues related to alcohol abuse with a rate of alcohol related hospital stays for adults of 682.1 per 100,000. This represents 1,402 stays per year and is similar to the average for England. In addition, the rate of alcohol-specific hospital stays among those under 18 was 36.2 per 100,000, which is similar to the England average.

Role of pharmacies

Pharmacies can contribute to the reduction of alcohol abuse by providing alcohol screening and brief interventions where commissioned to do so.

4.6.2 Drugs

Drug use causes a wide range of health and social harms including damage to physical and mental health. It can affect unborn babies and it can expose drug users to the risks of overdose and infection from blood borne viruses. Drug use contributes towards wider public health risks as a result of discarded drug paraphernalia and unprotected sex. Drug use also limits the ability to work, to parent and to function effectively in society. It contributes to social exclusion and makes it difficult for people to play full and active roles in society as a result of their vulnerability. Public Health protective measures include vaccination against Hepatitis B and screening for Hepatitis C.

Calderdale deaths from drug misuse rate is at 7.6 per 100,000 (23 deaths per year), this is worse than the England rate.

Role of Pharmacies

Pharmacies can provide supervised drug consumption, and a needle exchange service where commissioned to do so.

4.6.3 Obesity

- In Year 6, 22% (490) of children are classified as obese, which is similar to the average for England
- 65.5% of Calderdale adults were classified as obese or having excess weight, which is worse than the England average
- It is estimated that approximately 53.8% of the adult population eat five or more portions of fruit or vegetables a typical day, this is similar to the England average.

Role of Pharmacies

- General advice and promotion of healthy lifestyles including sign posting to other services as required and appropriate
- Public Health campaigns. There are 6 mandated campaigns per year, as agreed by NHSE.
- Promote and provide advice and support in relation to maintaining a healthy weight. 87% of respondents to the pharmacy contractors survey said that they would be willing to provide this if commissioned.

4.6.4 Sexual health

Although sexual health services may be required universally, the burden is not evenly distributed across society, thus the age and gender structure of the population has important implications for sexual health and maternity services.

Calderdale has a worse Chlamydia detection rate in those aged 15-24, compared to Nationally. During 2020 the under 18's conception rate was 13.7 per 1000 and this is similar to the England average.

Role of Pharmacies

The supply of Emergency Hormonal Contraception (EHC) through Community pharmacists has a crucial role in preventing unwanted pregnancies by providing fast, convenient, local access to EHC without an appointment, often out of hours. 87% of pharmacy contractors responding to our survey said they would be willing to provide a contraceptive service if commissioned.

4.6.5 Smoking

Smoking is the single biggest cause of preventable death in Calderdale and in Britain, claiming more lives each year than the next six most common risk factors combined. Tobacco use is a major cause of coronary heart disease, lung and other cancers, and respiratory diseases, particularly Chronic Obstructive Pulmonary Disease (COPD).

Around 420 people in Calderdale die from smoking related illnesses each year, this is significantly worse than the England average. This equates to a rate of 236.2 deaths per

100,000 population. The estimated cost to the NHS each year of treating diseases caused by smoking is upwards of £5 billion.

The estimated prevalence of smoking in adults across Calderdale in 2020/21 was 18.1%, this is worse than the England rate.

In 2021, secondary school students (years 7 and 10) across Calderdale completed an anonymous, online electronic survey about their health and wellbeing. 1.3% of respondents stated that they used tobacco daily and 3.3% use e-cigarettes or vape every day.

Table 12 Prevalence of smoking by locality

	Estimated smoking prevalence (QOF)
Calder & Ryburn	15.9
Central Halifax	18.2
Lower Valley	13.7
North Halifax	25.1
Upper Calder Valley	17.5
Calderdale	18.1

Role of pharmacies

Provision of the locally commissioned stop smoking service.

5 Provision of Pharmaceutical Services; Necessary Services

The Pharmaceutical and Local Pharmaceutical Services Regulations 2013 require that a statement is provided of the pharmaceutical services that the HWB has identified as services that are;

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services in its area

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of New Medicine Service, Community Pharmacist Consultation Service and Flu Vaccination. It should be noted that this does not mean that each pharmacy has to provide all the services listed, just that there is adequate coverage across the localities.

5.1. Within the Calderdale Health and Wellbeing Boards Area

5.1.1. Pharmaceutical service providers

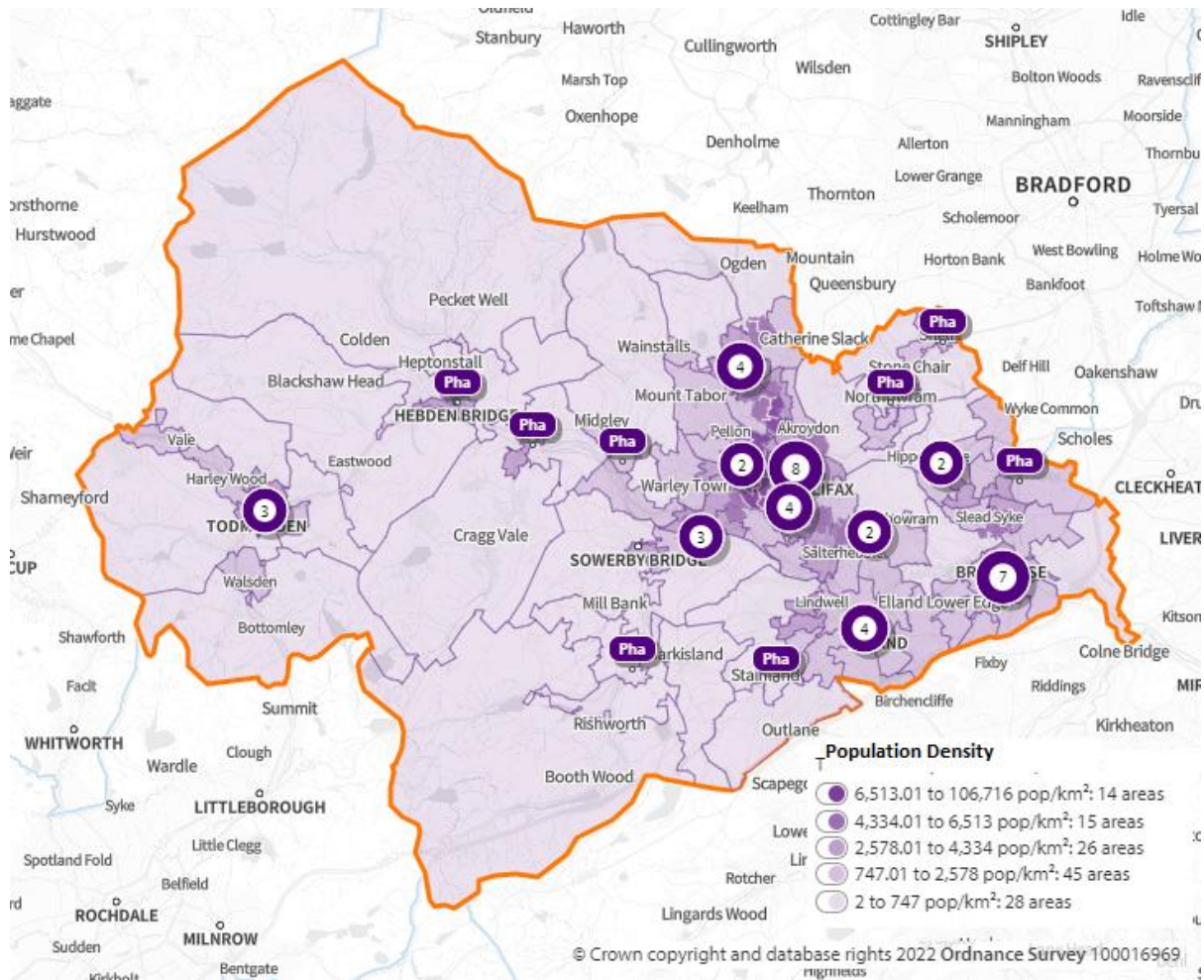
There were a total of 47 pharmacies on the pharmaceutical list in Calderdale as at 4th April, including two distance selling pharmacies. Of these 9 were located in Calder & Ryburn, 12 in Central Halifax, 13 in Lower Valley, 7 in North Halifax and 6 in Upper Valley.

There are no dispensing appliance contractors (DACs) located within Calderdale. However, as DACs operate remotely, Calderdale residents can access their service's from elsewhere in the country. Calderdale does not have any dispensing GP practices.

Of the 47 pharmacies, 7 are 100-hour pharmacies.

The map on the next page illustrates the locations of those on the pharmaceutical list.

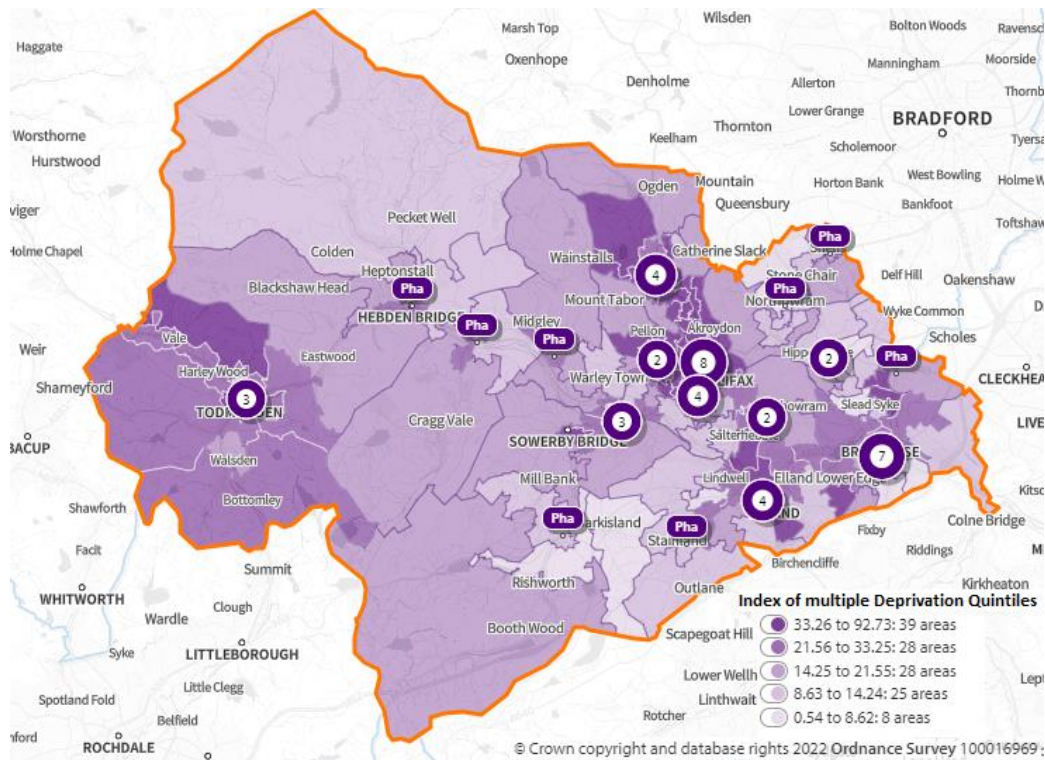
Figure 5 – Map Showing Location of Community Pharmacies across Calderdale Compared to Population Density



The darker shaded areas are those that are more densely populated. Due to the proximity of some premises each pharmacy is unable to be displayed separately. The number in the circle indicates the number of pharmacies it represents. As can be seen from the map, pharmacies tend to be located in more densely populated areas.

Please note two of the pharmacies shown on the map above are distance selling pharmacies – one in Todmorden and one in Brighouse.

Figure 6 – Map of Community Pharmacies compared to Index of Multiple Deprivation



The darker shaded areas on the map are more deprived.

95% of items prescribed in Calderdale during April 19 to March 21 were dispensed from pharmaceutical service providers located within Calderdale (including 2.84% from a distance selling pharmacy located in Calderdale). Dispensing location could not be determined for 1.4% of prescriptions, the vast majority of these are listed as being dispensed at the same GP practice that made the prescription (not a dispensing doctor) and these could be personally administered items, when a GP practice uses a drug on a patient.

5.1.2 Pharmacy Access

Geographical Access

Table 13 Number of pharmacies by locality

Locality	Number of pharmacies
Calder & Ryburn	9
Central Halifax	12
Lower Valley*	13
North Halifax	7
Upper Calder Valley*	6
Calderdale	47

*Please note one pharmacy in each of Lower Valley and Upper Calder valley PCN are distance selling pharmacies and are unable to provide face to face essential services

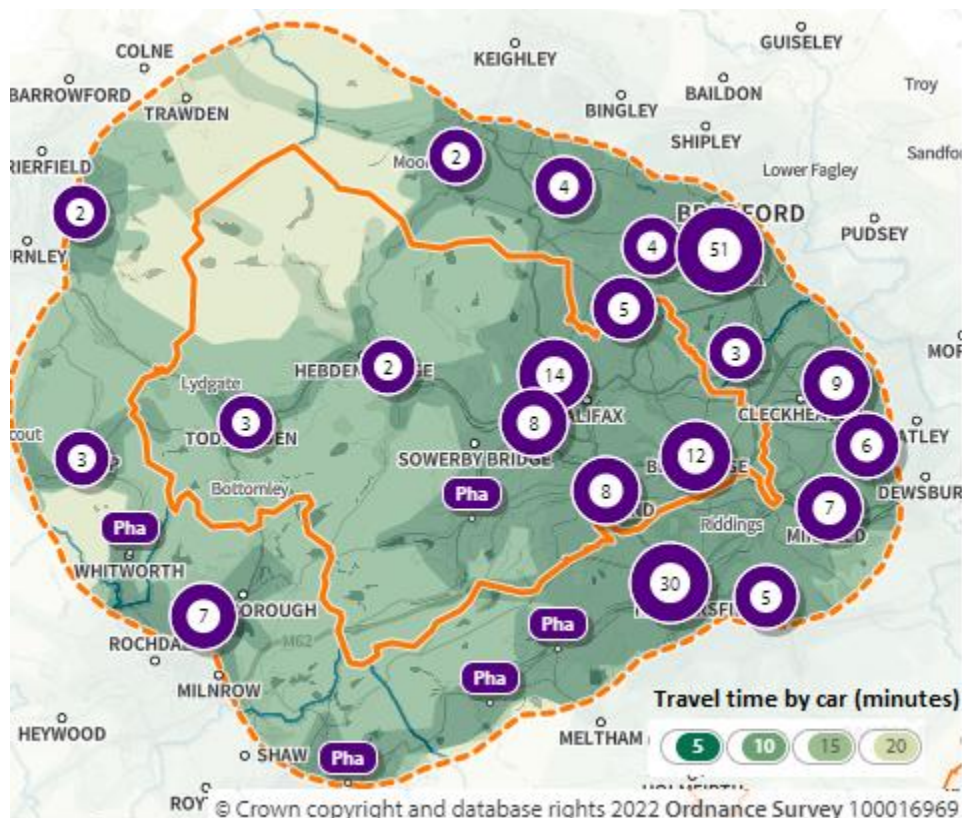
As can be seen from the table on the previous page, there is a good distribution of pharmacies across Calderdale with a minimum of 6 pharmacies in each locality.

Our local survey, which had 134 respondents indicated the following around geographical access:

- 93% of respondents stated that it took them 15 minutes or less to get to the pharmacy of their choice and 98% stated that it took them less than 20 minutes.
- Of those that travelled to a pharmacy, 63% travelled by car, 34% walked and 2.4% used public transport.
- 58% of respondents rated the location of the pharmacy as very important.
- The most important factor with regards to the location of a pharmacy appeared to be being close to home (79.1% of respondent said this was important), followed by being close to the GP practice (56.0%). 45.5% felt it was important that it had parking facilities.
- 22.4% of respondents said that there was a more convenient/closer pharmacy that they didn't use

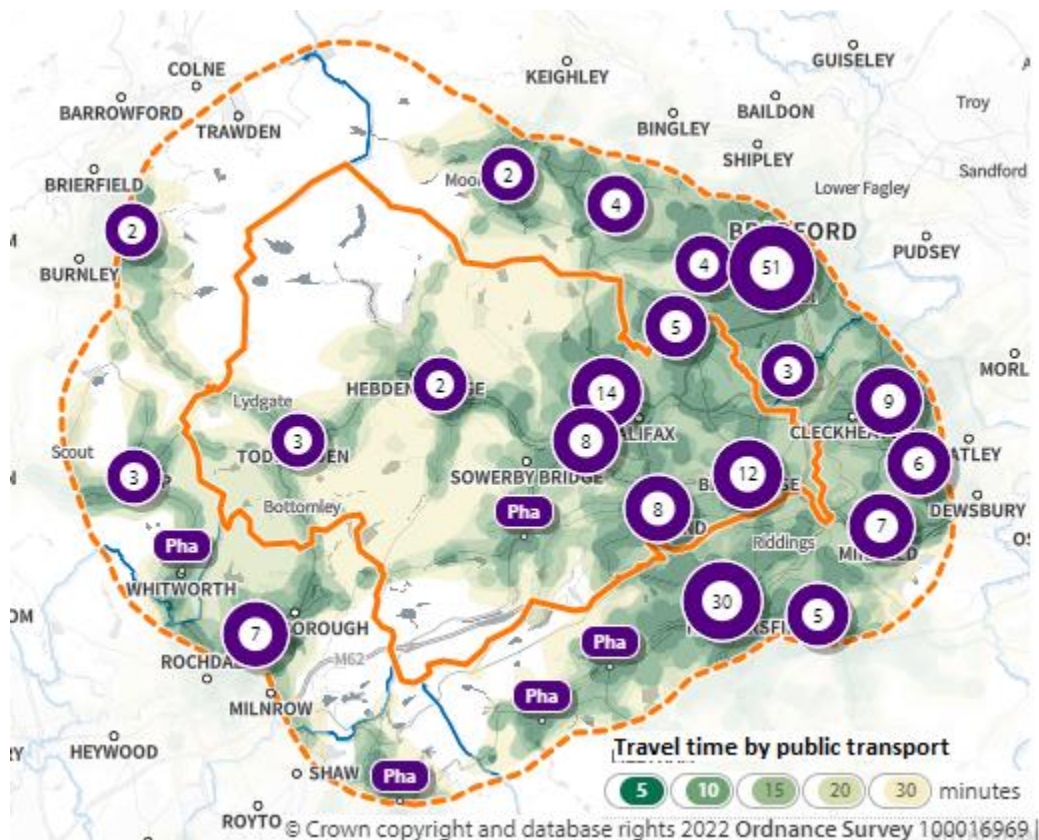
We had one response from our survey to pharmaceutical providers that stated that pharmaceutical provision could be improved in the Skircoat Green area. However, there is one community pharmacy 0.6 miles away from Skircoat and one 0.7 miles away on the pharmaceutical list.

Figure 7 - Map showing driving distance by time via car to the nearest pharmacy, including a 5.5km buffer to the Calderdale boundary



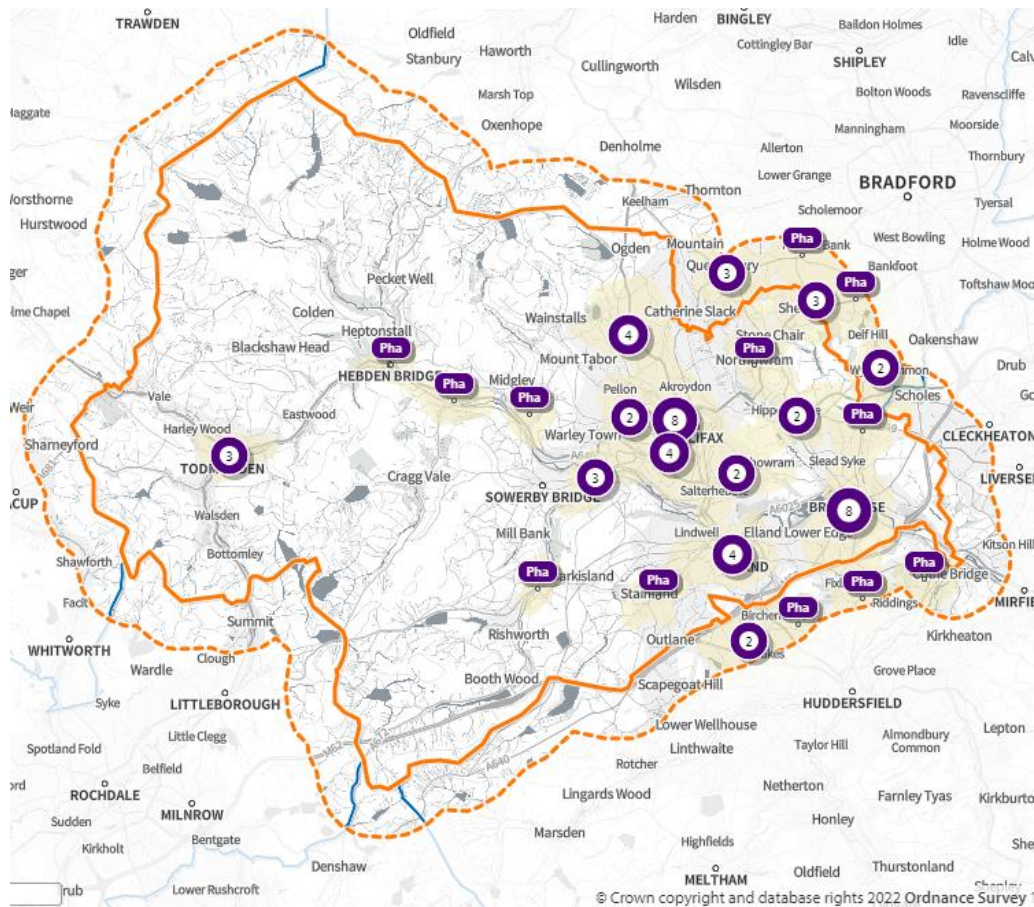
As can be seen from the map on the previous page, all of Calderdale's residents are able to access a pharmacy within a 20-minute drive. Analysis using the SHAPE mapping tool shows that 99.3% of the population is able to access a pharmacy within a 10-minute drive and 97.2% are able to access a pharmacy within a 5-minute drive.

Figure 8 - Map showing travel time by public transport to the nearest pharmacy, including a 5.5km buffer to the Calderdale boundary



Analysis using the SHAPE mapping tool shows that 99.2% of the population can access a pharmacy within a 20-minute journey by public transport and 91.0% can access a pharmacy within a 10-minute journey by public transport.

Figure 9 - Map showing areas within a 20-minute walking distance to a pharmacy, including a 1.6km buffer to the Calderdale boundary



Analysis using the SHAPE tool shows that 83.5% of the population are within a 20-minute walking distance to a pharmacy.

Examining the maps above and taking into account residents views on pharmacy location it appears that the current location of pharmacies is good and meets the needs of local residents.

5.1.3 Opening times and access

As well as having adequate geographical access to community pharmacies, the population requires access across a range of times and days of the week.

Our local survey, which had 134 respondents indicated the following around opening times:

- 63.4% of respondents preferred to visit a pharmacy between 9am and 6pm, followed by 29.1% on Saturdays and 18.7% on weekdays after 6pm. 27.6% had no preference on when they visited a pharmacy.
- 61.9% stated that if their usual pharmacy was closed, they would wait until it was open and 48.5% said they would go to another pharmacy (Multiple responses were allowed, so total does not add to 100).
- 91.8% said they were able to visit their pharmacy of choice when they needed to

Across Calderdale there are seven 100-hour pharmacies. These are included in the Pharmaceutical List under Regulation 13(1) (b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services. These 100-hour pharmacies are located across most localities, as shown in the table below. Whilst there are no 100-hour pharmacies in the Upper Calder Valley, four Upper Valley pharmacies are open on Saturdays, one pharmacy in Upper Calder Valley is open on Sundays and three are open on an evening.

Table 14 Pharmacy opening hours by locality

	Evening opening	Saturday opening	Sunday opening	40-hour pharmacy	100-hour pharmacy
Calder & Ryburn	8	8	2	9	2
Central Halifax	10	8	5	12	2
Lower Valley	10	6	2	13	2
North Halifax	7	3	1	7	1
Upper Calder Valley	3	4	1	6	
Calderdale	38	29	11	47	7

Figure 10 – Map showing location of 100-hour pharmacies compared to population density

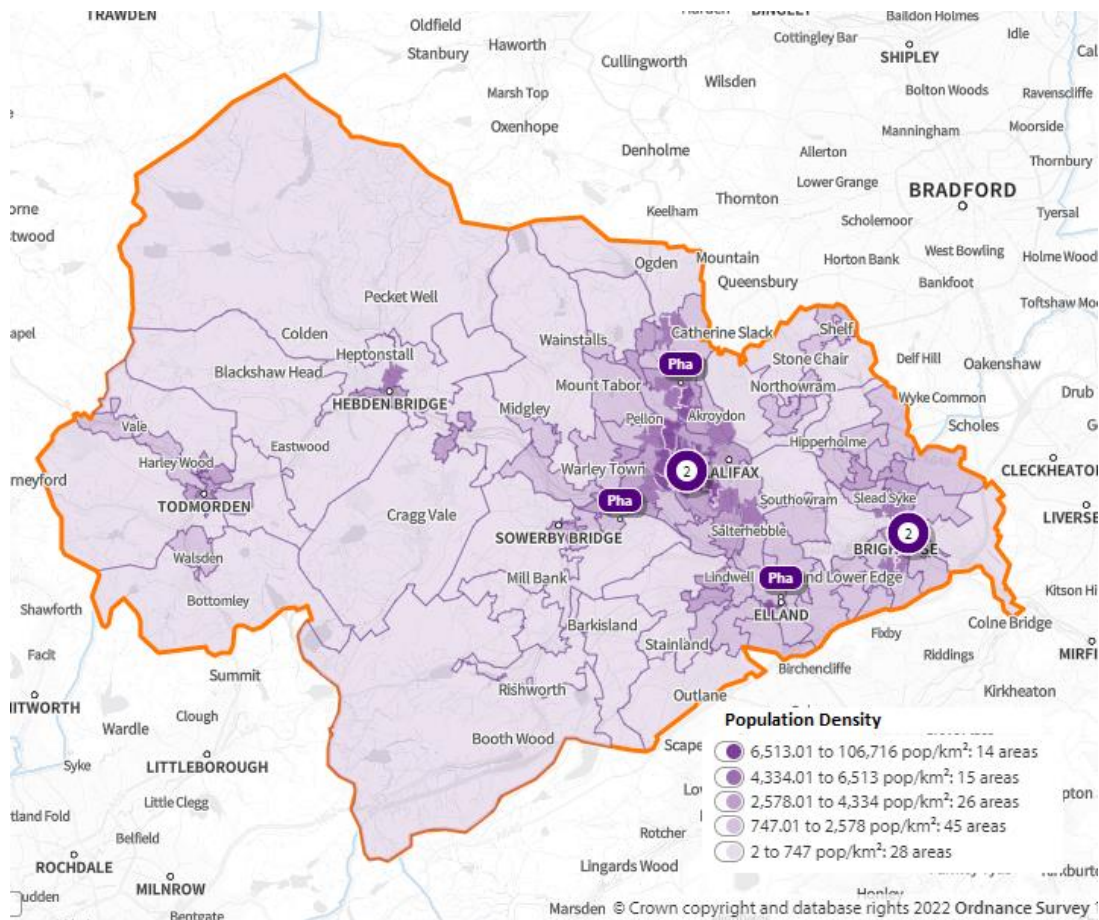
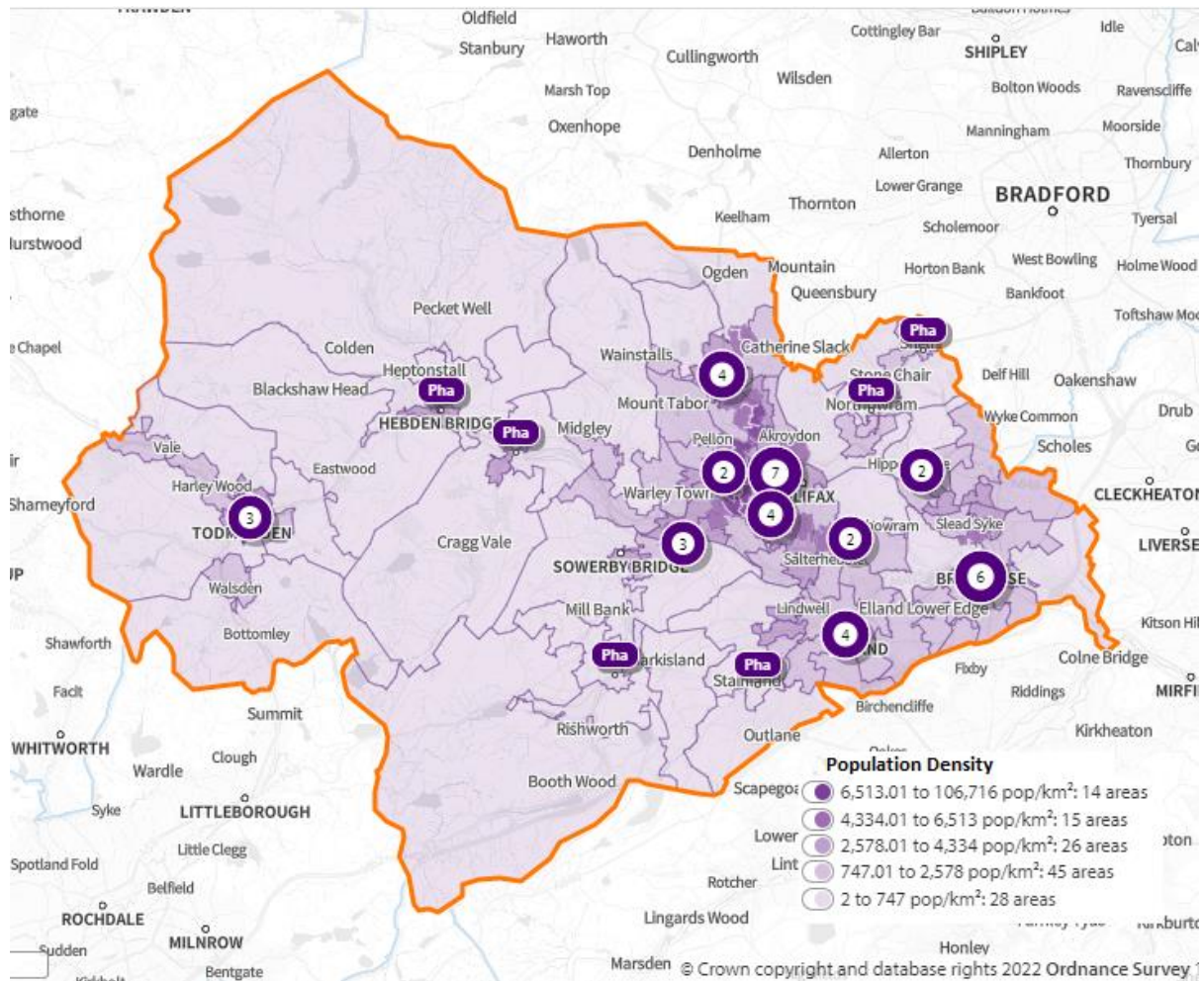


Figure 11 – Map showing location of pharmacies operating extended opening hours compared to population density



Information on opening times, location and population spread suggest that access to community pharmacies across Calderdale is good.

5.1.4 Access for People with Disabilities

The Equality Act 2010 sets out a framework which requires providers of goods and services, not to discriminate against persons with a disability. As such, it is expected that each pharmacy would make reasonable adjustments as required in order to allow the person to access the service.

Table 15 Number of wheelchair accessible pharmacies by locality

Locality	Number of wheelchair accessible pharmacies
Calder & Ryburn	4
Central Halifax	10
Lower Valley	8
North Halifax	7
Upper Calder Valley	5
Grand Total	34

Data obtained from the NHS choices website – accessed 04/04/2022

As can be seen from the table above, 34 pharmacies across Calderdale have wheelchair access with a number of pharmacies available in each locality.

Our local survey to pharmacy contractors which had 16 responses indicated the following:

- 14 out of 16 pharmacies said the entrance to their pharmacy was accessible for wheelchair users
- 11 had a consultation area with wheelchair access, 5 without
- 6 had automatic door assistance, 4 had a bell at the front desk, 5 had a hearing loop, 9 had large print labels/leaflets, 7 had wheelchair ramp access

It is important to note that as only 16 out of a total 49 pharmacies responded to the survey, the data above provides a snapshot and may not be reflective of the provision across Calderdale.

5.1.5 Pharmaceutical Services Range and Provision

Essential Services

There are 47 community pharmacies providing essential services across Calderdale. This includes two distance selling pharmacies that are not able to provide any face-to-face essential services.

Advanced Services

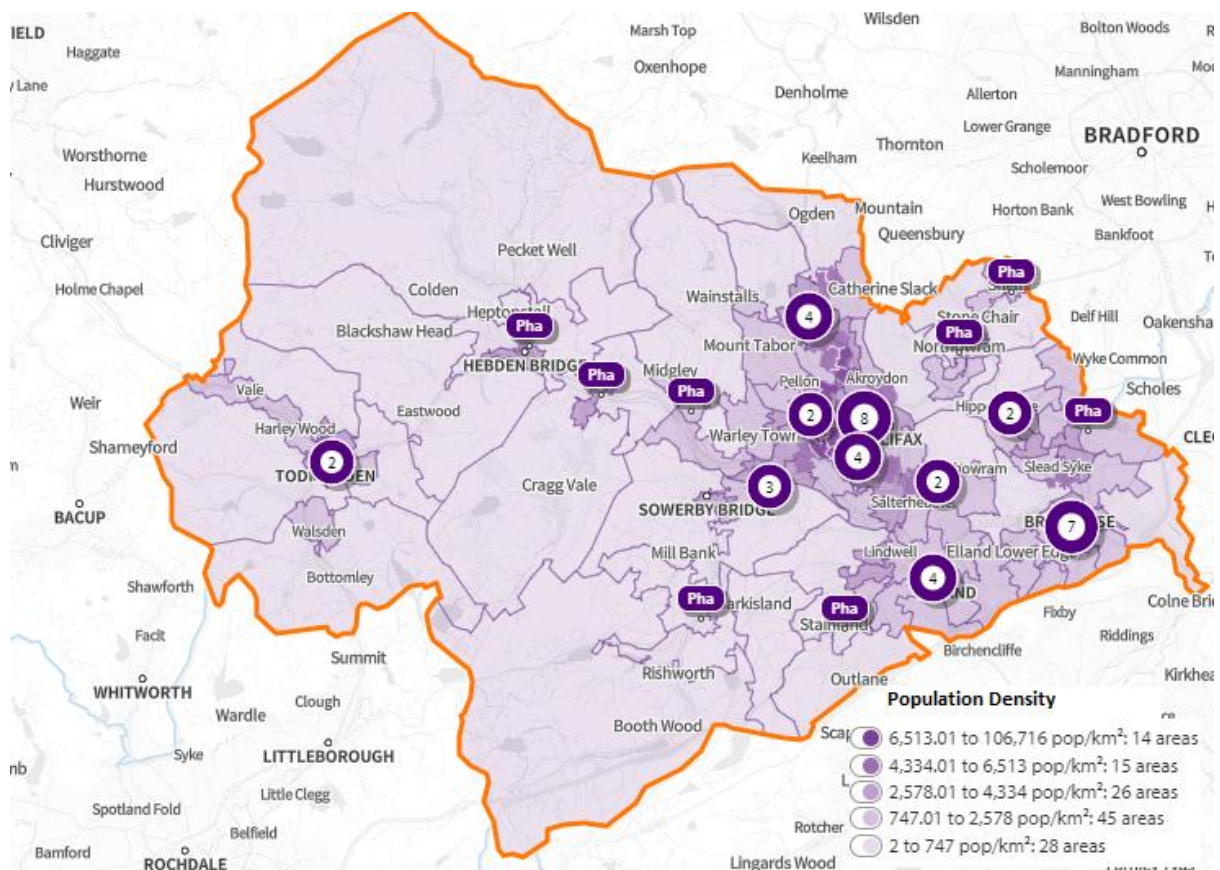
New Medicine Service (NMS)

The NMS is provided to patients with a long-term condition who have been prescribed a new drug from a specified list. In September 2021 the service was expanded to include additional conditions (See [Community pharmacy contractual framework](#) for details). An

additional catch-up NMS was also introduced to provide the best patient outcomes for individuals that might have missed this support due to the pandemic.

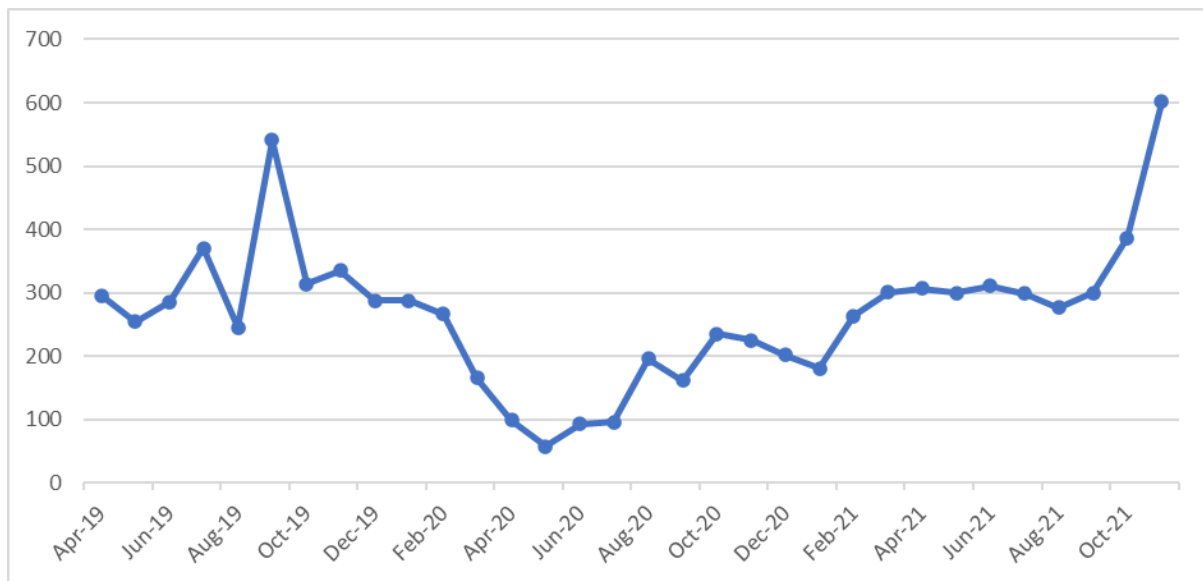
Across Calderdale 46 pharmacies provide the new medicine service. As can be seen from the map there is a good distribution across Calderdale with 9 pharmacies in Calder & Ryburn, 12 pharmacies in Central Halifax, 13 pharmacies in Lower Valley, 7 pharmacies in North Halifax and 5 in Upper Calder Valley.

Figure 12 – Map showing location of pharmacies providing the New Medicine Service



Between April 2019 and November 2021 there were 8,546 new medicine service interventions declared by pharmacies across Calderdale. This is an average of 3,205 per year.

Figure 13 - Number of New Medicine Service Interventions Provided by Calderdale Pharmacies by Month



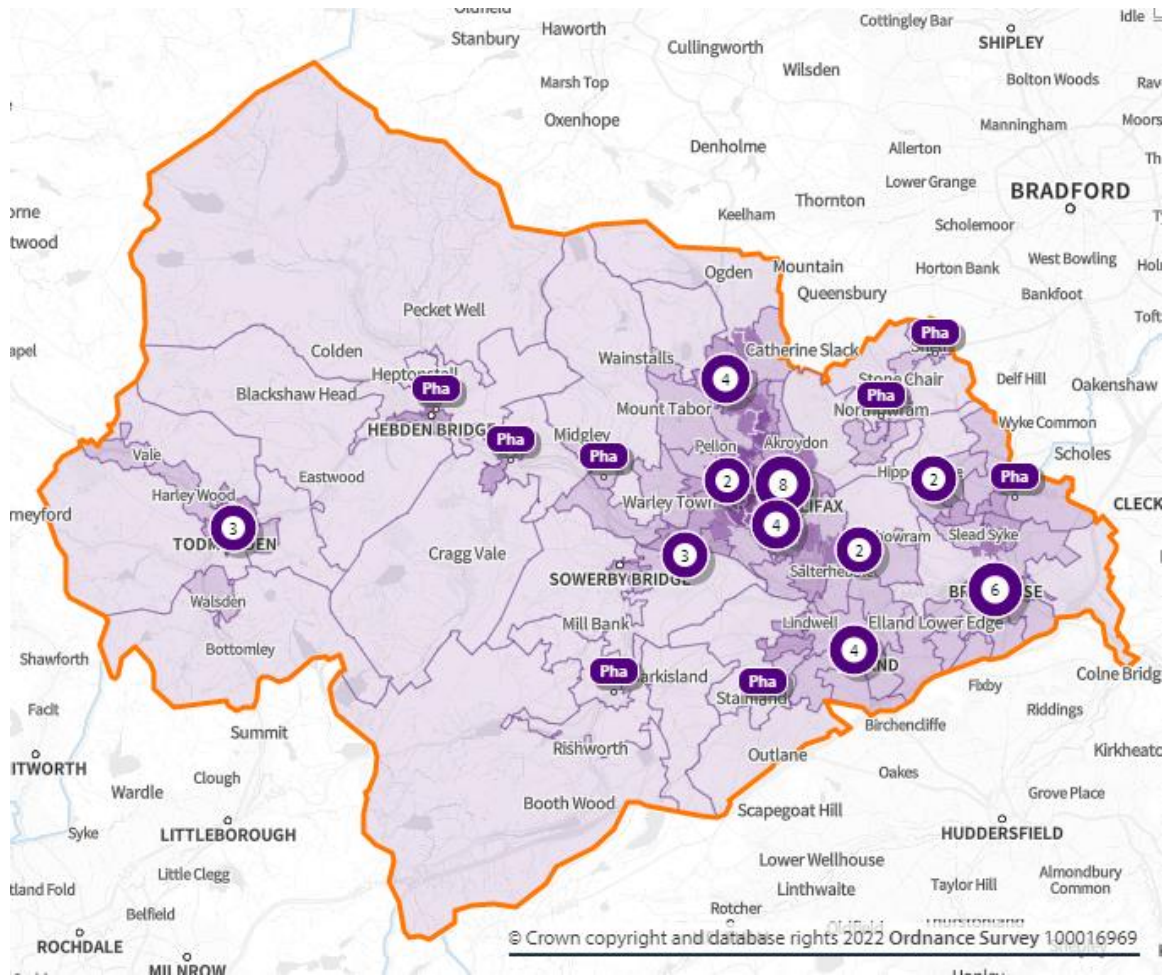
Data from NHSBA

As can be seen from the graph, the number of new medicine service interventions decreased during lockdown. The number then started to increase gradually month by month until a rapid increase during the most recent couple of months (likely due to the changes in the service specification) with 601 interventions conducted in November 2021. This demonstrates that pharmacies have been able to increase capacity to provide extra NMS interventions for additional conditions and to catch up from the pandemic.

Community Pharmacy Consultation Service

Across Calderdale 46 from a total of 47 pharmacies provide the Community Pharmacy Consultation service. As can be seen from the map on the next page, there is a good distribution across Calderdale with 9 pharmacies in Calder & Ryburn, 12 pharmacies in Central Halifax, 12 pharmacies in Lower Valley, 7 pharmacies in North Halifax and 6 in Upper Calder Valley.

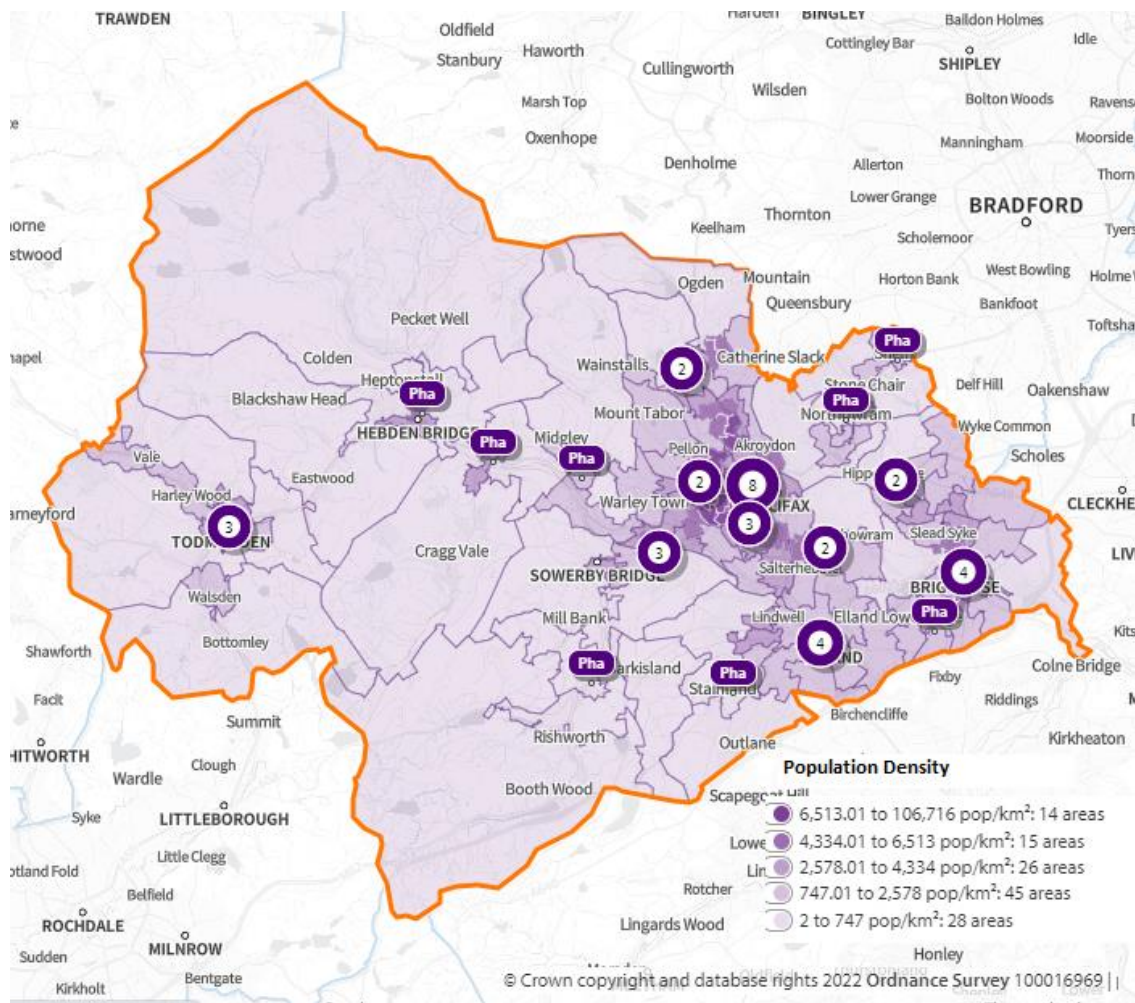
Figure 14 – Map showing location of Pharmacies Providing the Community Pharmacy Consultation Service



Flu Vaccination

Across Calderdale 41 out of 47 pharmacies provide the flu vaccination service. As can be seen from the map there is a good distribution across Calderdale with 9 pharmacies in Calder & Ryburn, 11 pharmacies in Central Halifax, 10 pharmacies in Lower Valley, 5 pharmacies in North Halifax and 6 in Upper Calder Valley.

Figure 15– Map showing location of pharmacies providing the flu vaccination service



5.2 Outside of the Calderdale Health and Wellbeing board Area

Patients can choose where to access pharmacy services and may prefer to access a pharmacy that's close to work or leisure activities. Therefore, not all prescriptions for Calderdale residents are dispensed in the area.

Table 16 Percentage of items dispensed by area

Area dispensed	Community Pharmacy	Distance selling Pharmacy	Dispensing Appliance Contractor	Total
Calderdale	92.2%	2.8%	0.0%	95.0%
Outside of Calderdale	1.4%	1.4%	0.8%	3.6%

3.6% of items were dispensed outside of the Calderdale boundary, with most of these being dispensed in neighbouring Bradford or Kirklees.

0.8% of items are dispensed by DACs. There are no DACs within Calderdale so all provision is outside of the area. However, DACs provide their services remotely so location is not a factor. 0.25% of items were dispensed by DACs located in Wigan, 0.14% by DACs located in Stoke-on-Trent, 0.09% by DACs located in Nottingham, 0.07% by DACs located in Peterborough.

6 Other relevant services

The Pharmaceutical and Local Pharmaceutical Services Regulations 2013 requires a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area

6.1 Other Pharmacy Services

There are currently three other advanced services, outside of those considered necessary, that are delivered in Calderdale. These are:

- Hepatitis C Testing Service
- Hypertension Case Finding Service
- Stoma Appliance Customisation (SAC)

There are also four enhanced services provided in Calderdale:

- Care Home Service
- Covid-19 Vaccination
- Minor Ailment Scheme, including headlice
- Palliative Care Drugs

6.1.1 Hepatitis C Testing

Two pharmacies in Calderdale provide this service with one located in Calder & Ryburn and one in Lower Valley.

6.1.2 Hypertension Case Finding Service

At the time of writing the draft PNA for consultation, 21 Pharmacies provided this service with 5 in Calder & Ryburn, 5 in Central Halifax, 5 in Lower Valley, 3 in North Halifax and 3 in Upper Calder Valley. However, during consultation 10 extra pharmacies began providing a hypertension case finding service giving a total of 31. As of 1st August 2022, there were 8 in Calder & Ryburn, 8 in Central Halifax, 9 in Lower Valley, 3 in North Halifax and 3 in Upper Calder Valley.

6.1.3 Stoma Appliance Customisation

Two pharmacies provide this service, with one in Lower Valley and one in North Halifax. This service is linked to the dispensing of appliances. As previously discussed in the PNA many of the appliance prescriptions are dispensed by a DAC providing national services and patients with appliances are very likely to also be accessing SAC via a DAC.

6.1.4 Services to Care Homes

Care Home services are commissioned by NHS England West Yorkshire Area Team to provide medicines governance advice from community pharmacies into care homes across Calderdale. The care home service is limited by NHS England in its commissioning from a small number of pharmacy contractors. This commissioning decision is to ensure that a small number of pharmacies are experts in providing this service. The service is provided by three pharmacies in Calderdale to all care homes within Calderdale.

6.1.5 Covid- 19 Vaccination

As of 29th April this service was provided by 8 pharmacies across Calderdale; 1 in Calder & Ryburn, 2 in Central Halifax, 2 in Lower Valley, 2 in North Halifax and 1 in Upper Calder Valley. However, there was a limit on the number of pharmacy site that were commissioned to provide this service. The number of pharmacies providing covid vaccination is likely to change in line with demands from the vaccination programme.

6.1.6 Minor Ailment and Head Lice Service

NHS England's West Yorkshire Area Team currently commission a Minor Ailment Service and a standalone Head Lice service from community pharmacies across the Calderdale area. The key aim of the Minor Ailment scheme is to improve access and choice for people with minor ailments.

Table 17 Number of pharmacies offering minor Ailment and Headlice schemes by locality

	Minor Ailment Scheme	Headlice
Calder & Ryburn	5	3
Central Halifax	11	4
Lower Valley	5	3
North Halifax	5	3
Upper Calder Valley	2	2

6.1.7 Palliative Care Drugs

Pharmacies commissioned to provide this service stock a locally agreed list of medicines and make a commitment to ensure that users of the service have prompt access to these medicines, in response to the presentation of an NHS prescription, during the pharmacies' contracted opening hours. It should be noted that other pharmacies will routinely stock

many, if not all, of these drugs as part of their usual dispensary stock. 7 pharmacies across Calderdale provide this service with 1 in Calder & Ryburn, 3 in Central Halifax, 1 in Lower Valley and 2 in Upper Calder Valley.

6.2 Other NHS Services

Across Calderdale a number of “other NHS services” are available.

6.2.1 Services Commissioned Locally

Smoking cessation, supervised consumption, needle exchange and emergency hormonal contraception are all commissioned from pharmacies by organisations in Calderdale.

Smoking Cessation

At the time of writing the draft PNA for consultation there were six community pharmacies across Calderdale commissioned by South West Yorkshire Partnership Trust to provide stop smoking services. These were concentrated in Calder & Ryburn (1 pharmacy), Central Halifax (4 pharmacies) and Lower Valley (1 pharmacy) localities. There were no pharmacies offering level 2 stop smoking services in North Halifax and Upper Calder Valley. However, during the consultation period eight extra pharmacies began providing smoking cessation services giving a total of 14 pharmacies. As of 1st August 2022 there were a total of 5 in Calder & Ryburn, 5 in Central Halifax, 2 in Lower Valley, 1 in North Halifax and 1 in Upper Valley.

Supervised Consumption/Needle Exchange

Community pharmacies across Calderdale are commissioned by Humankind to provide needle/syringe exchange and supervised consumption of controlled substances.

17 pharmacies across Calderdale are commissioned to provide needle exchange with provision across all localities and provision being most concentrated in Central Halifax locality which includes the town centre. 36 pharmacies across Calderdale provide supervised consumption.

Table 18 Number of pharmacies offering needle exchange and supervised consumption by locality

	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley	Calderdale
Needle Exchange	3	7	2	3	2	17
Supervised consumption	7	12	5	7	5	36

Emergency Hormonal Contraception

The supply of Emergency Hormonal Contraception (EHC) is commissioned from community pharmacists by Calderdale and Huddersfield Foundation Trust. It has a crucial role in preventing unwanted pregnancies by providing fast, convenient, local access to EHC without an appointment, often out of hours.

16 pharmacies provide this service and these are well distributed across the five localities, with 3 pharmacies in Calder & Ryburn, 5 in Central Halifax, 1 in Lower Valley, 4 in North Halifax and 3 in Upper Valley.

In addition, the majority of pharmacies are able to sell EHC when appropriate and many people choose to access EHC through this route. EHC is also available through GP practices and the sexual health service.

6.2. 2 Hospital pharmacy

There is one hospital pharmacy at Calderdale Royal (part of Calderdale and Huddersfield NHS Foundation Trust (CHFT)), which provides services to patients at the hospital. It does not provide NHS pharmaceutical services.

7 Gap Analysis by Locality

The following tables summarise all the relevant population, health needs and pharmacy services information presented in this document by locality and identify if there are any gaps in the provision of pharmaceutical services.

7.1 Calder & Ryburn		
Population	<ul style="list-style-type: none"> Total population 42,400 Calder & Ryburn has a higher percentage of 45 to 74 year olds compared to the Calderdale CCG population Around 5.4% of the population are from Black or Minority ethnic backgrounds. During 2020 there were 373 births 16.3% of the population had a long-term limiting illness or disability 	
Planned Development	Number of estimated dwelling completions between April 2022 to March 2026 is 234 resulting in an estimated potential increase in population of 562	
Health Need	<p>The following health indicators were significantly worse for Calder & Ryburn:</p> <ul style="list-style-type: none"> Incidence of depression (2.0%) 	
Number of pharmacies	9	
Necessary Services: Current Provision	Number of pharmacies providing:	
	Essential Services	9
	New Medicine Service	9
	Community Pharmacist Consultation Service	9
	Seasonal Influenza Vaccination Service	9
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in Calder & Ryburn locality	
Other Relevant Services: Current provision	Number of pharmacies providing:	
	Hepatitis C testing	1
	Hypertension case finding service	5
	Covid-19 vaccination	1

	Minor Ailment Scheme	5
	Palliative care drugs	1
	Stop Smoking Support	1
	Needle Exchange	3
	Supervised consumption	7
	Emergency Hormonal contraception	3
Other relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in Calder & Ryburn locality	
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	<p>The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.</p> <p>The PNA has not identified any pharmaceutical services currently not being provided that would secure improvements or better access to pharmaceutical services, either now or in the future.</p>	

7.2 Central Halifax	
Population	<ul style="list-style-type: none"> • Total population 53,800 • Central Halifax has a higher percentage of 0 to 14 year olds and a lower percentage of those aged 65 plus compared to Calderdale. • Around 38% of the population are from Black or Minority ethnic backgrounds. • During 2020 there were 640 births • 18.3% of the population had a long-term limiting illness or disability
Planned Development	Number of estimated dwelling completions between April 2022 to March 2026 is 149 resulting in an estimated potential increase in population of 358
Health Need	<p>The following health indicators were significantly worse for Central Halifax:</p> <ul style="list-style-type: none"> • Females aged 25-49, attending cervical screening within target period (60.2%) • Females aged 50-64, attending cervical screening within target period (74.1%) • Females, 50-70, screened for breast cancer in last 36 months (62.3%) • Persons, 60-74, screened for bowel cancer in last 30 months (65.1%) • Percentage with Diabetes (9%)

Number of pharmacies	12	
Necessary Services: Current Provision	Number of pharmacies providing:	
	Essential Services	12
	New Medicine Service	12
	Community Pharmacist Consultation Service	12
	Seasonal Influenza Vaccination Service	11
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in Central Halifax locality	
Other Relevant Services: Current provision	Number of pharmacies providing:	
	Hepatitis C testing	0
	Hypertension case finding service	5
	Covid-19 vaccination	2
	Minor Ailment Scheme	11
	Palliative care drugs	3
	Stop Smoking Support	4
	Needle Exchange	7
	Supervised consumption	12
	Emergency Hormonal contraception	5
Other relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in Central Halifax locality	
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	<p>The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.</p> <p>The PNA has not identified any pharmaceutical services currently not being provided that would secure improvements or better access to pharmaceutical services, either now or in the future.</p>	

7.3 Lower Valley											
Population	<ul style="list-style-type: none"> • Total population 45,000 • Lower Valley has a lower percentage of those aged under 45 and a higher percentage aged 50+ compared to the Calderdale population • Around 5% of the population are from Black or Minority ethnic backgrounds. • During 2020 there were 384 births • 17.5% of the population had a long-term limiting illness or disability 										
Planned Development	Number of estimated dwelling completions between April 2022 to March 2026 is 755 resulting in an estimated potential increase in population of 1812										
Health Need	<p>The following health indicators were significantly worse for Lower Valley:</p> <ul style="list-style-type: none"> • Cancer prevalence (4.1%) • CHD prevalence (4%) • Heart failure with left ventricular systolic dysfunction prevalence (0.4%) • Hypertension (15.6%) 										
Number of pharmacies	13										
Necessary Services: Current Provision	<p>Number of pharmacies providing:</p> <table border="1"> <tr> <td>Essential Services</td> <td>12 (plus one distance selling pharmacy)</td> </tr> <tr> <td>New Medicine Service</td> <td>13</td> </tr> <tr> <td>Community Pharmacist Consultation Service</td> <td>12</td> </tr> <tr> <td>Seasonal Influenza Vaccination Service</td> <td>10</td> </tr> </table>	Essential Services	12 (plus one distance selling pharmacy)	New Medicine Service	13	Community Pharmacist Consultation Service	12	Seasonal Influenza Vaccination Service	10		
Essential Services	12 (plus one distance selling pharmacy)										
New Medicine Service	13										
Community Pharmacist Consultation Service	12										
Seasonal Influenza Vaccination Service	10										
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in Lower Valley locality										
Other Relevant Services: Current provision	<p>Number of pharmacies providing:</p> <table border="1"> <tr> <td>Hepatitis C testing</td> <td>1</td> </tr> <tr> <td>Hypertension case finding service</td> <td>5</td> </tr> <tr> <td>Covid-19 vaccination</td> <td>2</td> </tr> <tr> <td>Minor Ailment Scheme</td> <td>5</td> </tr> <tr> <td>Palliative care drugs</td> <td>1</td> </tr> </table>	Hepatitis C testing	1	Hypertension case finding service	5	Covid-19 vaccination	2	Minor Ailment Scheme	5	Palliative care drugs	1
Hepatitis C testing	1										
Hypertension case finding service	5										
Covid-19 vaccination	2										
Minor Ailment Scheme	5										
Palliative care drugs	1										

	Stop Smoking Support	1
	Needle Exchange	2
	Supervised consumption	5
	Emergency Hormonal contraception	1
Other relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in Lower Valley locality	
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	<p>The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.</p> <p>The PNA has not identified any pharmaceutical services currently not being provided that would secure improvements or better access to pharmaceutical services, either now or in the future.</p>	

7.4 North Halifax	
Population	<ul style="list-style-type: none"> • Total population 45,800 • North Halifax has a higher percentage of those aged under 45, and a lower proportion of those aged 45+ when compared to the Calderdale population • Around 7.5% of the population are from Black or Minority ethnic backgrounds. • During 2020 there were 417 births • 19.2% of the population had a long-term limiting illness or disability
Planned Development	Number of estimated dwelling completions between April 2022 to March 2026 is 527 resulting in an estimated potential increase in population of 1265
Health Need	<p>The following health indicators were significantly worse for North Halifax:</p> <ul style="list-style-type: none"> • Females aged 25-49, attending cervical screening within target period (69.0%) • Females aged 50-64, attending cervical screening within target period (72.7%) • Females, 50-70, screened for breast cancer in last 36 months (63.8%) • Persons, 60-74, screened for bowel cancer in last 30 months (64.1%) • COPD prevalence (3.0%) • Smoking prevalence (25.1%)

Number of pharmacies	7	
Necessary Services: Current Provision	Number of pharmacies providing:	
	Essential Services	7
	New Medicine Service	7
	Community Pharmacist Consultation Service	7
	Seasonal Influenza Vaccination Service	5
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in North Halifax locality	
Other Relevant Services: Current provision	Number of pharmacies providing:	
	Hepatitis C testing	0
	Hypertension case finding service	3
	Covid-19 vaccination	2
	Minor Ailment Scheme	5
	Palliative care drugs	0
	Stop Smoking Support	0 (provision available from other providers)
	Needle Exchange	3
	Supervised consumption	7
	Emergency Hormonal contraception	4
Other relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in North Halifax locality	
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	<p>The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.</p> <p>The PNA has not identified any pharmaceutical services currently not being provided that would secure improvements or better access to pharmaceutical services, either now or in the future.</p>	

7.5 Upper Calder Valley											
Population	<ul style="list-style-type: none"> • Total population 35,100 • Upper Calder Valley has a lower percentage of those aged under 45 and a higher percentage aged 45+ compared to the Calderdale population • Around 6.4% of the population are from Black or Minority Ethnic backgrounds. • During 2020 there were 265 births • 18.9% of the population have a long-term limiting illness or disability 										
Planned Development	Number of estimated dwelling completions between April 2022 to March 2026 is 60 resulting in an estimated potential increase in population of 144										
Health Need	<p>The following health indicators were significantly worse for Upper Calder Valley compared to Calderdale:</p> <ul style="list-style-type: none"> • Cancer prevalence (3.8%) • Females aged 50-64, attending cervical screening within target period (73.8%) • Percentage with schizophrenia, bipolar affective disorder and other psychoses (1.4%) • Percentage with asthma (8.1%) 										
Number of pharmacies	6										
Necessary Services: Current Provision	<table border="1"> <thead> <tr> <th colspan="2">Number of pharmacies providing:</th> </tr> </thead> <tbody> <tr> <td>Essential Services</td> <td>5 (plus one distance selling pharmacy)</td> </tr> <tr> <td>New Medicine Service</td> <td>5</td> </tr> <tr> <td>Community Pharmacist Consultation Service</td> <td>6</td> </tr> <tr> <td>Seasonal Influenza Vaccination Service</td> <td>6</td> </tr> </tbody> </table>	Number of pharmacies providing:		Essential Services	5 (plus one distance selling pharmacy)	New Medicine Service	5	Community Pharmacist Consultation Service	6	Seasonal Influenza Vaccination Service	6
Number of pharmacies providing:											
Essential Services	5 (plus one distance selling pharmacy)										
New Medicine Service	5										
Community Pharmacist Consultation Service	6										
Seasonal Influenza Vaccination Service	6										
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in Upper Calder Valley locality										
Other Relevant Services: Current provision	<table border="1"> <thead> <tr> <th colspan="2">Number of pharmacies providing:</th> </tr> </thead> <tbody> <tr> <td>Hepatitis C testing</td> <td>0</td> </tr> <tr> <td>Hypertension case finding service</td> <td>3</td> </tr> <tr> <td>Covid-19 vaccination</td> <td>1</td> </tr> <tr> <td>Minor Ailment Scheme</td> <td>2</td> </tr> </tbody> </table>	Number of pharmacies providing:		Hepatitis C testing	0	Hypertension case finding service	3	Covid-19 vaccination	1	Minor Ailment Scheme	2
Number of pharmacies providing:											
Hepatitis C testing	0										
Hypertension case finding service	3										
Covid-19 vaccination	1										
Minor Ailment Scheme	2										

	Palliative care drugs	2
	Stop Smoking Support	0 (provision available by other service providers)
	Needle Exchange	2
	Supervised consumption	5
	Emergency Hormonal contraception	3
Other relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in Upper Calder Valley locality	
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	<p>The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.</p> <p>The PNA has not identified any pharmaceutical services currently not being provided that would secure improvements or better access to pharmaceutical services, either now or in the future.</p>	

8 Conclusions

This PNA has presented and analysed information on the current population and factors such as new housing developments and projected population growth, which may affect the provision of pharmaceutical services within the lifetime of the PNA. It has also considered the health needs of each locality and how this may affect provision.

8.1 Necessary Provision

The PNA has identified the pharmaceutical services that are considered necessary and assessed whether provision of these services is adequate based on the population and health needs of the area. For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of New Medicine Service, Community Pharmacist Consultation Service and Flu Vaccination.

Overall, there are 47 pharmacies across Calderdale, including 2 distance selling pharmacies with a good spread across the five localities. 47 pharmacies provide essential services, 46 pharmacies provide the new medicine service, 46 provide the community pharmacy consultation service and 41 provide the flu vaccination service. There is a good distribution of pharmacies offering these services across the localities.

There are 7 100-hour pharmacies across Calderdale and a number of pharmacies in each locality that have evening, Saturday and/or Sunday opening.

Geographical access to pharmacies is good with 97% of the population being able to access a pharmacy within a 5-minute drive and 84% able to access a pharmacy within a 20-minute walk. All residents are able to access a pharmacy within a 20-minute drive. Therefore, access to community pharmacy based on opening times and geographical location is good.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of necessary services as defined above have been identified in any of the localities across Calderdale.

Future provision

Projections suggest that the population of Calderdale may increase by around 1,200 by 2025. There are also 1725 new housing developments planned which if completed by 2025 could result in a potential increase in population of around 4140 across Calderdale. However, this population growth will be gradual and unlikely to affect the need for pharmaceutical services during the lifetime of this PNA.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities across Calderdale.

8.2 Other Relevant Services

Two advanced services (Hepatitis C Testing Service and Hypertension Case Finding Service), four enhanced services (Care Home Service, Covid-19 Vaccination, Minor Ailment Scheme and Palliative Care Drugs) and four services that have been commissioned locally (Stop Smoking Support, Needle Exchange, Supervised Consumption and Emergency Hormonal Contraception) have been identified that whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities.

8.3 Improvements and Better Access

Given the current provision of essential services as set out in chapter five of this document, and the projected changes to the population across the district set out in chapter three, this PNA concludes that there are no identified services that would, if provided now or in future specified circumstances, secure improvements to or better access to essential services.

The provision of advanced services varies between pharmacy contractors, however responses from the Pharmacy Questionnaire show that although not all pharmacies are providing all the advanced services, many do and others are intending to. Pharmacies were previously providing two advanced services in response to the pandemic which have now being de-commissioned (C-19 Lateral Flow Device Distribution Service and Pandemic Delivery Service). This demonstrates current pharmaceutical providers willingness to meet identified needs as they arise.

NHSE commission enhanced services on a district wide basis to ensure that there are sufficient numbers of pharmacies providing these services across Calderdale.

This PNA has not identified any advanced or enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in the provision of services that if provided either now or in the future would secure improvements, or better access, to pharmaceutical services in any of the localities.

In summary, this PNA has not identified any gaps in the provision of pharmaceutical services or any needs for future provision that could not be met by existing providers and the current provision of pharmaceutical services across Calderdale is good.

Appendix 1 – Steering Group Members

Name	Job Title	Organisation
Jonathan Stansbie	Public Health Intelligence Lead	Bradford Council
Paula Holden	Public Health Intelligence Manager	Calderdale Council
Owen Richardson	Public Health Intelligence Lead	Kirklees Council
Adam Taylor	Senior Information Analyst	Leeds Council
Paul Jacques	Public Health Intelligence Manager	Wakefield Council
Ruth Buchan	Chief Executive Officer	Community Pharmacy West Yorkshire
Gill Sealey	Primary Care Manager	NHSE
Nicola Booth	Medicines Optimisation Pharmacist	Calderdale CGG (representing West Yorkshire)
Bert Jindal	Kirklees Local Medical Committee Secretary / GP	Attending for all WY LMCs
Gary Jevon	Chief Executive Officer	Healthwatch

Appendix 2 – Results of Public Survey

Overall, there were 134 respondents to the survey

Representativeness of respondents

Age

Age Group	Number	Percentage of Respondents	Response rate per 100,000 population
0-17	0	0.0	0.0
18-24	0	0.0	0.0
25-34	2	1.5	8.0
35-44	16	11.9	61.0
45-54	29	21.6	95.5
55-64	34	25.4	118.6
65-74	30	22.4	133.1
75-84	18	13.4	139.3
85+	1	0.7	21.0
Prefer not to say	2	1.5	

There was a higher response rate per 100,000 population in the older age groups (apart from those aged 85+), however these age groups are more likely to use pharmacy services more frequently.

Ethnicity

	Number	Percentage of Respondents	Rate per 100,000 Population
Asian or Asian British	7	5.3	41.5
Black, Black British, Caribbean or African	0	0.0	0.0
Mixed or Multiple ethnic groups	1	0.8	35.8
White	123	92.5	67.3
Other	2	1.5	157.9
Total	133	100.0	

The highest response rate was in the “other” ethnic group, followed by those who are white. Response rates are lower in those who are Asian or of mixed or multiple ethnic group. There were no responses from those who are Black. This indicates that the responses may not be representative of the wider population for ethnicity.

Disability/Long-term limiting illness

	Number	Percentage of Respondents	Response Rate per 100,000 population
No disability/limiting illness	80	59.7	47.8
Prefer not to say	3	2.2	0.0
Yes, limited a little	31	23.1	156.0
Yes, limited a lot	20	14.9	119.5

As can be seen from the table above there was a higher response rate in those whose daily activities were limited a little or a lot.

Gender

	Number	Percentage of Respondents	Response rate per 100,000 population
Female	95	70.9	91.2
Male	33	24.6	33.1
Prefer not to say	5	3.7	
Other	0	0.0	

The response rate was much higher in females compared to males indicating that the survey results aren't representative for gender. Also, none of the respondents stated that their gender identity was different to the one assigned at birth (though some preferred not to say) indicating that results may not include this group.

Sexual orientation

We do not have accurate figures for the population by sexual orientation. However only 2 respondents stated they were lesbian, gay or bisexual, indicating that these groups are underrepresented in our survey.

Pregnancy

None of the respondents stated that they were pregnant indicating this is a potential gap in representativeness.

Religion

	Number	Percentage of Respondents	Response rate per 100,000 population
No religion	44	32.8	76.9
Buddhist	0	0.0	0.0
Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)	68	50.7	59.3

Hindu	1	0.7	162.3
Jewish	0	0.0	0.0
Muslim	6	4.5	40.5
Sikh	0	0.0	0.0
Prefer not to say	12	9.0	
Any other religion	3	2.2	371.3

As can be seen from the table above, responses don't appear to be representative for religion, with those with no religion having the highest response rate (apart from Hindu, which was just one response).

Results

Why do you usually visit a pharmacy?

	Number	Percentage
To get a prescription for myself/ someone else	125	87.4
Someone else gets my prescription for me	23	16.1
To buy medicines for myself/ someone else	74	51.7
To get advice for myself/ someone else	50	35.0
To access services (e.g. smoking cessation, flu vaccination)	36	25.2

More than one response allowed

As can be seen from the table above the main reason for visiting a pharmacy (87.4%) was to get a prescription. This was followed by buying medicine (51.7%). 35% visited a pharmacy for advice and 25.2% visited to access services such as smoking cessation.

How often do you use a pharmacy?

	Number	Percentage (%)
Daily	1	0.7
About once a week	11	8.2
About once a fortnight	30	22.4
About once a month	81	60.4
About once or twice a year	10	7.5

60.4% of respondents visited the pharmacy about once a month and 22.4% visited once a fortnight. A small percentage of respondents visited once a week or more (8.9%) and 7.5% only visited once or twice a year.

When do you prefer to visit a pharmacy?

	Number	Percentage (%)
Weekdays before 9am	9	6.7
Weekdays between 9am and 6pm	85	63.4
Weekdays after 6pm	25	18.7
Saturdays	39	29.1

Sundays	20	14.9
No particular time	37	27.6

More than one response allowed

63.4% of respondents preferred to visit a pharmacy between 9am and 6pm, followed by 29.1% on Saturdays and 18.7% on weekdays after 6pm. 27.6% had no preference on when they visited a pharmacy.

Do you tend to use the same pharmacy?

	Number	Percentage (%)
Yes	126	94.0
No	8	6.0

The vast majority of respondents (94.0%) tend to use the same pharmacy. 61.9% stated that if their usual pharmacy was closed they would wait until it was open and 48.5% said they would go to another pharmacy. 6.7% said they would contact NHS 111, 4.5% said they would go to the GP and 1.5% said they would contact the GP out of hours service.

If the pharmacy you normally use wasn't open, what would you do?

	Number	Percentage (%)
Go to another pharmacy	65	48.5
Wait until the pharmacy was open	83	61.9
Go to my GP	6	4.5
Contact the GP out of hours (OOH) service	2	1.5
Contact NHS 111	9	6.7
Other	2	1.5

More than one response allowed

What is important to you and the location of a pharmacy?

	Number	Percentage (%)
Being close to my GP practice	75	56.0
Being close to my home	106	79.1
Being close to my workplace/ place of education	11	8.2
Having parking facilities	61	45.5
Having public transport nearby	9	6.7
Being in a shopping area (e.g., Town centre or Supermarket)	18	13.4
Online provision	24	17.9
Other	3	2.2

More than one response allowed

The most important factor with regards to the location of a pharmacy appeared to be being close to home (79.1% of respondent said this was important), followed by being close to the GP practice (56.0%). 45.5% felt it was important that it had parking facilities.

Other comments on location of pharmacy

“Currently no pharmacy available in Skircoat Green area. Being able to access services such as blood pressure monitoring, minor ailment services and being able to access a pharmacist consultation for a prescription would be great.”

“Opening hours”

“To provide a delivery service to reduce number of vehicles on the road and causing congestion around the pharmacy where this is limited parking, yet too far to walk.”

Are you able to visit your pharmacy of choice when you need to?

	Number	Percentage (%)
Yes	123	91.8
No	9	6.7

Most respondents were able to visit their pharmacy of choice when they needed to (91.8%). From the comments for those who were not able to visit their pharmacy of choice when they needed to this was due to the pharmacy being closed on a weekend (5 responses), closed on an evening (3 responses), long queues outside (1 response)

On a scale of 1-5 how important are the following things in influencing your choice of pharmacy?

	1 (not important)	2	3	4	5 (very important)
Early opening times (before 9am)	51	10	22	13	21
Late opening times (after 6pm)	33	8	18	26	36
Location	2	2	15	33	78
Knowledgeable staff	1	0	2	17	107
Friendly staff	3	0	5	27	96
Short waiting times	4	2	23	35	60
Consultation room to speak to the pharmacist	8	7	33	27	48
Accessibility i.e. wheelchair/ baby buggy friendly	38	15	25	11	29
Being able to speak to the staff in my preferred language	37	7	18	10	48
Being able to walk in without an appointment	4	1	10	37	71
Provision of online services (e.g. online consultation)	28	10	35	17	24
The pharmacist taking time to listen to you	2	3	9	26	83
The pharmacy having things you need	1	0	1	19	106

The factors rated as being most important when choosing a pharmacy were knowledgeable staff, the pharmacy having things you need, friendly staff, the pharmacist taking time to listen, location and being able to walk in without an appointment.

How would you usually access a pharmacy?

	Number	Percentage (%)
Walk	43	32.1
Car	80	59.7
Public transport (e.g. bus, train)	3	2.2
Bicycle	0	0.0
Taxi	1	0.7
I only use collection/ delivery services	5	3.7
Phone	2	1.5
Video consultation	0	0.0
Other	0	0.0

Around 60% of respondents travelled to the pharmacy by car and 32% walked. 2.2% used public transport. 5.2% only used collection/delivery services or accessed their pharmacy by phone.

How long does it usually take to get there?

	Number	Percentage (%)
Between 5 and 15 minutes	87	64.9
Less than 5 minutes	37	27.6
More than 15 minutes, but less than 20 minutes	7	5.2
More than 20 minutes	3	2.2

Is there a more convenient and/or closer pharmacy that you don't use?

	Number	Percentage (%)
Yes	30	22.4
No	99	73.9
Don't know	5	3.7

Please tell us why you don't use that pharmacy?

	Number	Percentage (%)
Difficulty parking at the pharmacy	4	3.0
Bad past experiences	10	7.5
Takes too long to get what I want	7	5.2
The staff are always changing	1	0.7
The staff do not know me	5	3.7
They do not have what I need	5	3.7
Not enough privacy	2	1.5

Not open when I need it	8	6.0
Not accessible for wheelchair/ baby buggy	0	0.0
Other	11	8.2

From the comments the other reasons why respondents didn't use that pharmacy were as follows:

	Number of responses
Always used same one	1
Steps up to access	1
Exercise/gets them out of the house	2
Pharmacy they use is next to/linked to the GP Practice	5
Pharmacy not well stocked	1
Long wait for prescription to be dispensed	1
Pharmacy wont deliver prescriptions to workplace	1

How do you find out information about the pharmacy?

	Number	Percentage (%)
I would call them	48	35.8
I would search the internet	89	66.4
I would look at the NHS website	16	11.9
I would ask a friend	2	1.5
I would visit the pharmacy and ask	37	27.6
Other	0	0.0

Do you feel able to talk about something private/sensitive with a pharmacist?

	Number	Percentage (%)
Yes	62	46.3
No	12	9.0
Never needed to	54	40.3
Don't know	6	4.5

Have you used any of the following services?

	Current use/Have used		Would use if available	
	Number	Percentage	Number	Percentage
Prescription dispensing (e.g. handing in a prescription and receiving medication)	132	98.5	4	3.0
Medical advice and buying over-the-counter medicines	119	88.8	6	4.5

Collection service (e.g. being able to pick up the items on your prescription without going back to GP)	109	81.3	10	7.5
Health checks (e.g. cholesterol, blood pressure, diabetes)	20	14.9	60	44.8
Vaccinations (e.g. flu/ travel)	59	44.0	31	23.1
Support to stop smoking	4	3.0	21	15.7
Testing for sexually transmitted infections	1	0.7	19	14.2
Emergency contraception	8	6.0	16	11.9
Needle exchange service	1	0.7	16	11.9
Support to lose weight	5	3.7	23	17.2
Supervised administration of methadone or other opiate medicines	0	0.0	14	10.4

Please state any other services you have used:

	Number of respondents
Covid vaccination	3
Blood pressure checks	1
Head lice treatment	1
Collecting lateral flow tests	2
Advice on drug interactions	1
Advice for travelling abroad	1
Help with using inhalers and Volumatic spacer device correctly	1
Home delivery	3
Measurement for support stockings	1
Reminder to order medicines	1
Smoking cessation	1

Is there anything else that you would like to say about pharmacy services in your area, or any further services you would like from your pharmacist that isn't currently being provided?

Positive comments

"all services being provided successfully"

"Pharmacists have really stepped up in the pandemic, they've been there when other health services such as GPs were less accessible, they've remained open though the worst of times over the last two years and have gone above and beyond to make sure everyone has the medicines they need. They've done a brilliant job with the vaccination efforts. Congratulations to all pharmacy staff - you've done an amazing job. More recognition should be given to them. The limited hours GPs are open leaves a lot of time when people become ill and I know from experience how useful it is to have pharmacies that open long hours so extending their prescribing functions would be a great asset to the community and it"

"Brilliant..friendly and informative"

"Calderdale Pharmacy services are excellent, the pandemic has highlighted how vital a robust community pharmacy network is to a functioning and caring society"

*"Currently my GP surgery is so busy that they feel unapproachable. I have found my local pharmacy (****) so approachable, friendly and helpful. I suffer from arthritis which is a long-term condition causing chronic pain. Without the pharmacy I would have felt extremely isolated."*

"Friendly face"

"Give a great service, no complaints"

"Good to have an independent pharmacy. Always helpful and very convenient."

"I feel they are a valuable asset to take pressure off GP's & A&E departments if they can help advice."

*"I find our pharmacy (****) very accommodating and when there has been confusion relating to medication, they have liaised with the GP practice and sorted it out. It is based at the same location as my GP practice so this is very convenient. They have provided advice, equipment and a delivery service to enable our elderly relatives to continue to take their medication independently."*

"Local pharmacy services are essential and must be maintained"

"Local pharmacy services close to GP surgeries are an essential community resource"

*"**** pharmacy is excellent. Reliable helpful staff, wouldn't want to go anywhere else."*

*"My pharmacy in **** are brilliant your spoke to by names every time you enter the shop dont think they could do any more."*

"My pharmacy was very helpful by delivering my prescription when I was isolated"

*"**** Pharmacy is fantastic the staff are friendly and helpful, they can get my medication every month where as the Pharmacy up the road **** one cant or wont order it in. so had to change to ****. they are impeccable"*

"Pharmacy I use is excellent"

"Pharmacy services offer personal service, unlike prescriptions via the post where there is reliance on the postal service. Keep our pharmacies open"

"The opening hours are good - early and late opening options so can fit in collecting prescriptions around my working hours"

"The pharmacy I use is very helpful, always has medicines in and provides a prompt service. They work long hours and are open when I need them. They have good Covid protocols in place so I feel safe."

"The pharmacy is also attached to the medical centre that I personally use & they are very helpful & friendly."

*"The staff at **** Pharmacy are amazing."*

*"**** Pharmacy has always provided a great service. It is close to the GP surgery, they obviously have good and effective links with the GP surgery. Service is always courteous and friendly, and parking near there is much more available in comparison to ****. It is convenient to go to immediately after a GP/Nurse consultation at the GP surgery when a prescription has been issued, and this cuts out the need to walk further if feeling unwell, or if elderly/disabled. Staff are informative about timelines if items have to be ordered in specially, which saves wasted journey's into town. Permanent staff's local knowledge, and personal, professional manner are a valuable asset to all who use this pharmacy."*

"Very friendly staff. If they haven't got what you want they get it in for you."

"Very good chemist"

"very handy that local pharmacy is in in adjoining building to doctors' surgery"

Further services would like to see

"For the pharmacy to signpost and link people in with social prescribers, Better Living Service, and other voluntary and community-based services."

"Assessment and ability to prescribe antibiotics would be very useful."

"I was surprised that I couldn't get a tetanus vaccination"

“would be good if pharmacists could check for chest infections and earache. Then if necessary, send to the doctor or if able be able to give out medication if possible.”

“Would like a home delivery option to save time and reduce number of vehicles on the road”

“prescription delivery would be nice”

“Delivery of repeat prescriptions and dispensing of batteries for NHS hearing aids”

Negative comments

*“**** chemist is very slow and 1 in particular rude lady*

*“**** constantly changing staff/pharmacist. not always knowledgeable. One pharmacist did not know what chilblains were”.*

*“during the 'epidemic' my local pharmacy refused point blank to be part of the Lateral Flow test distribution. Is this their commitment to the wellbeing of the community? Shame of you **** Pharmacy! You are not worth supporting.”*

“I get the sense that the quality just isn't there, whether that's because of inadequate training or being too busy to properly consider the patient's medical history. Pharmacists used to be a treatment gatekeeper; in that they routinely checked the patient's medication history to prevent different GPs prescribing dangerous combinations of different medications. Now they can barely keep up with the existing demand for services.”

“I have had to go to a surgery that is not my normal dr. The dermatologist sent through a prescription to my normal pharmacy for me to collect. The prescription did not arrive at the pharmacy i had to go back & forward to the dr's surgery to get the problem & supply the reference number that was apparently “blocked” on there system. This happened twice which is rubbish.”

“I would say that I find online services confusing. I access the system to order my prescription each month and each time I can't remember where to access it. I spend a while googling and have often accessed the wrong ordering system. I am a fifty something pretty tech savvy person as I use a computer every day for home and work. It doesn't help that my doctor has changed systems twice and I forget which one to access and where it is. I don't know if I can order my repeat prescriptions any other way ie. by phone.”

“Some pharmacies adjacent to GP Surgeries are complacent as they have a near monopoly on things and give worse service than those located not near to a GP surgery.”

*“Time that **** decided if they are closing down or not as the service there is dreadful now. No customer service there now, completely different at ****, staff friendly and polite.”*

Stock/waiting times for items

“Waiting times between ordering a prescription and collecting from Pharmacy are took long a minimum of 48 hours and mostly longer”

“i send in a repeat prescription request to my GP and the GP send my prescription to the pharmacy and then the pharmacy send a text when its ready to pick up but its getting to be over a week before i get the text to say its ready, why should it take so long?”

“Every time I visit the pharmacy for a prescription, they never have stock! Meaning I need to make another visit”

“I would like my pharmacist to have the items on my dad's prescription on first visit not keep having to go 3 times a week for the next 3 weeks then start again when the following months prescription ready.”

Opening times

“I wish they were open Saturday morning”

"It would be nice if the pharmacy was open on a Saturday if only for a few hours. and that it was well stocked"

"Need Saturday opening hours"

"Only open 0900hrs to 1800hrs would prefer that they open at weekends as well."

"There used to be more 100-hour pharmacies which were brilliant in emergencies but there doesn't seem to be as many now."

Other comments

"Professional medical appearance is important to me."

"The pharmacy service should NOT replace the Doctors service. Given the inability to get a face-to-face appointment with your GP & a wait of 3 months for a suspicious cancer referral with still no appointment, I think time & money would be better served querying the GP service rather than the Pharmacy service. But then again, given the usual Calderdale Council performance I don't expect anything of any real benefit to ever happen"

"We really need a pharmacy within the Skircoat Green area of Halifax, we have to travel too far away for the nearest pharmacy. We could ideally do with a pharmacist that can prescribe so can see them instead of a GP and deal with minor ailment issues accordingly if they can give us a prescription too. We could also do with better access to services within this area for health checks clinics and other private services."

Appendix 3 – Results of Pharmacy Contractors Survey

We received 16 responses from a total of 49 pharmacies in Calderdale, therefore the results may not be representative. The survey was distributed during one of the peaks of the COVID-19 pandemic, which may have impacted on response rates.

In summary, the survey showed that there is a willingness from community pharmacy to provide more services if commissioned.

Does the pharmacy dispense appliances?

	Number of respondents	Percentage (%)
Yes, all types	14	87.5
Yes, excluding stoma appliances	0	0.0
Yes, excluding incontinence appliances	0	0.0
Yes, excluding stoma and incontinence appliances	0	0.0
Yes, just dressings	1	6.3
No	1	6.3
Other	0	0.0

Does the pharmacy provide the following advanced services?

	Yes	Intending to begin within next 12 months	No, not intending to provide
Appliance use review service	0	0	16
Community pharmacist consultation service (CPCS)	16	0	0
C-19 LFT distribution	16	0	0
Flu vaccination service	16	0	0
Hep C testing service	2	1	13
Hypertension case finding	7	6	3
New medicine service	15	0	0
Pandemic delivery service	12	0	4
Stoma appliance customisation service	3	0	12
Stop smoking service	8	1	7

Other Services

	Willing to provide if commissioned	Not able or willing to provide
Anti-viral distribution service	12	4
Care home service	7	9
Contraceptive service	14	2
Gluten free food supply service	11	4

Home delivery service	13	3
Respiratory/ inhaler check service	14	2
Language access service	8	8
Medicines assessment and compliance support service	12	4
Not dispensed service	12	4
Obesity/ weight management service	13	2
Seasonal influenza vaccination service	14	2
Other vaccination service	11	5
Covid-19 vaccinations	11	4
Sharps disposal service	11	5
Vascular risk assessment service	12	4

Is the entrance to the pharmacy accessible for wheelchair users?

	Number	Percentage (%)
Yes	14	87.5
No	2	12.5

Do you have any of the following facilities in the pharmacy to support people with disabilities?

	Number	Percentage (%)
Automatic door assistance	6	37.5
Bell at front desk	4	25.0
Disabled toilet facility	0	0.0
Hearing loop	5	31.3
Large print lables/ leaflets	9	56.3
Wheelchair ramp access	7	43.8

Is there a consultation area on the premises?

	Number	Percentage (%)
None, have submitted a request to NHSE regional team that the premises are too small for consultation room	0	0.0
None, the NHSE regional team has approved my request that premises are too small	0	0.0
None	0	0.0
Available (including wheelchair access)	11	68.8
Available (without wheelchair access)	5	31.3
Planned before 1st April 2023	0	0.0
Other	0	0.0

During consultations are there any of the following available?

	Number	Percentage (%)
Hand-washing facilities	14	87.5
Access to toilet facilities	5	31.25

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

	Number	Percentage (%)
Yes	3	18.8
No	6	37.5
Don't know	7	43.8

For those that answered "yes" below are the service requirements:

"Ear syringing"

"Ageing population dependent on deliveries require deliveries daily"

"Prescriber consultations/ Out of Hours Practitioner Access. High demand with the area of prescribing practitioner services for consultations."

What do you feel is needed to better support your community, reduce inequalities and support people from underserved groups?

"Provide as many services which can alleviate the pressure on GP's and waiting times patients have to wait to see GP, if more NHS services were passed to community Pharmacies that would help. There should be more covid vaccination sites and opportunity for contractors to apply."

"Funding uplift for pharmacies so they can afford to pay for staff to provide these services"

"More commissioned based services."

"More commissioned services"

"This area has become very multicultural over the last few years and language is an increasing barrier to effective communication"

"Give people access to better services from prescribers within pharmacy. Better access to pharmacy services within Skircoat Green/ Saville Park area. Presently no pharmacy within this region."

Appendix 4 – Key Stakeholders

Regulations set out the requirement to undertake a period of formal consultation on a draft of the PNA, with key stakeholders as outlined below.

- The Local Pharmaceutical Committee
- The Local Medical Committee for its area
- Any persons on the pharmaceutical lists and any dispensing doctors
- Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services
- Any Local Healthwatch organisation, and any other patient, consumer or community group which has an interest in the provision of pharmaceutical services in its area
- The local NHS trust or NHS foundation trust
- Any neighbouring Health and Wellbeing Board.

Appendix 5 – Consultation Responses

Below is a summary of the consultation responses. The “response to comments” column details if any changes have been made to the PNA as a result of the comment received.

Overall, there were 10 responses to the consultation, with five being from members of the public, one from a health and social care provider, one from a local pharmacist, one from the local pharmacy committee and two from “other”

	Question	Yes	o	Comments	Response to comments
Q3	Has the purpose of the PNA been explained?	10			
Q5	Does the PNA reflect the current provision of pharmaceutical services within your area?	8		Comment from a member of the Public: Hebden Bridge had two Boots pharmacies. One closed down, causing the remaining one to be overwhelmed. Prescriptions are sent directly from the GP to this branch, yet repeatedly the branch is closed due to staff shortages causing many to be without their medication. Added to which the three working days to turn around prescriptions is no longer the norm, with items often out of stock. Such is the pressure on this branch, that queues often spill out onto the pavement. The situation is untenable.	There is still pharmaceutical provision in Hebden Bridge plus online pharmacies can be accessed from any location. Quality issues are outside the scope of the PNA.

				Comment from a member of the public: The Valley Road, Hebden Bridge branch of Boots has been closed.	The draft PNA was produced after the consolidation of the two pharmacies in Hebden Bridge and all the text/maps refer to one pharmacy there.
Q7	Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the PNA?	2		Comment from a local pharmacist: Palliative care drugs provision in North Halifax	The palliative care drugs service is not considered necessary to meet the need for pharmaceutical services in Calderdale. Although there are no pharmacies providing this service in North Halifax, it is available in neighbouring localities and other pharmacies (not providing the service) routinely stock many of these drugs as their usual dispensary stock.
				Comment from a member of the public: Very slow processing of prescription requests, 20-30 minute queues at the Crown Street branch of Boots	Quality issues are outside the scope of the PNA
Q9	Does the draft PNA reflect the needs of your area's population?	7		Comment from a member of the public: The draft needs assessment does not reflect the quality or availability of the pharmacy to provide prescribed medicines in a timely way. It doesn't reflect whether individual pharmacies are coping with the demand placed upon them	Quality issues are outside the scope of the PNA

				<p>Comment from a member of the public: The town managed pretty well with two pharmacies. Now that they have been merged it is close to collapse.</p>	<p>Quality issues are outside the scope of the PNA</p>
				<p>Comment from a member of the public: The Valley Road, Hebden Bridge branch of Boots has been closed.</p>	<p>The draft PNA was produced after the consolidation of the two pharmacies in Hebden Bridge and all the text/maps refer to one pharmacy there.</p>
Q11	<p>Has the PNA provided information to inform market entry decisions, i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?</p>	7			
Q12	<p>Has the PNA provided information to inform how pharmaceutical services may be commissioned in the future?</p>	8			
Q13	<p>Has the PNA provided enough information to inform future pharmaceutical</p>	7			

	services provision and plans for pharmacies and dispensing appliance contractors?				
Q15	Do you agree with the conclusions of the PNA?	8			

Responses to open questions:

	Question	Comments	Response to comments
Q14	Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?	Response from health and social care provider: The clinical checking and supply of oral antivirals as part of the CMDU Covid response that is currently delivered via secondary care	The PNA has captured that some pharmaceutical services will be provided by the hospital trust therefore the supply of these specific drugs does not need to be captured. It is noted / understood that hospitals do supply medications on discharge, at outpatients and in specified other circumstances such as CMDU
Q16	Do you have any other comments?	Comment from a member of the public: Hebden Bridge had 2 pharmacies and now only has one. It appears from a user viewpoint that the demand on the one pharmacy is too great causing delays in prescriptions being completed resulting in delayed treatment, multiple trips to the pharmacy, long queues and the one pharmacy relies on a portable wheelchair ramp which is additional stress. The needs assessment doesn't address these issues. Prior to the closure of the pharmacy in Hebden bridge there were none of these	Quality issues are outside the scope of the PNA

		<p>issues which suggests there is a need for a second pharmacy here to cope with demand</p>	
		<p>Until April this year, there were two branches of Boots in the town; one opposite the surgery, the other in the town centre. Boots closed the branch close to the surgery in April. Since then the town centre branch has been unable to cope with the volume of customers, meaning it can often take 20-30 minutes to be served. On top of this it now typically takes a week from the date of issue for a prescription to be dispensed. I have complained to Boots about this, and I understand that their equity fund owners need to keep the profits rolling in, but I'm afraid that their provision is no longer adequate for the town's needs. The population being served by this branch is around 12000. Ideally, we could do with another pharmacy in the town. I have also sent this information to the NHS complaints team.</p>	<p>Quality issues are outside the scope of the PNA</p>

		I didn't understand many of the questions. But the general message is that Hebden Bridge no longer has adequate pharmacy provision.	There is pharmaceutical provision in Hebden Bridge, plus online pharmacies can be accessed from any location. The PNA assessed pharmaceutical provision in Hebden Bridge as adequate.
		no	
		Not enough of the pharmacies stock palliative care meds, this often results in our community nurses having to travel considerable distance to find the anticipatory medicines they need. Could more pharmacies keep the required meds and then spot checks be done to ensure the pharmacies are always keeping the stock they are supposed to have available.	The palliative care drugs service is not considered necessary to meet the need for pharmaceutical services in Calderdale. Seven pharmacies across Calderdale provide this service and other pharmacies (not providing the service) routinely stock many of these drugs as their usual dispensary stock.

		References to NHS England & NHS Improvement and NHSEI should be changed to NHS England and NHSE respectively	Amended
		We have a small number of comments and suggestions, but we do not believe any of the suggestions make substantial changes to the PNA. These will be emailed to Paula Holden.	Amendments made based on suggestions

Appendix 6 – Description of Pharmacy Services

Essential services

Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or carer on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions

Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines

Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes or
- Be at risk of coronary heart disease, especially those with high blood pressure or
- Who smoke or
- Are overweight

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector

Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations

- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services

Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services

Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified and patient records are amended accordingly. In addition, patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The NHS Discharge Medicines Service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions and
- Support the development of effective team-working across hospital, community and PCN pharmacy teams and general practice teams and provide clarity about respective roles

Advanced services

New medicine service

Service description

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The New Medicine Service involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order —

- As regards the long-term condition—
 - To help reduce symptoms and long-term complications and
 - In particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support and
- To help the patients—
 - Make informed choices about their care
 - Self-manage their long-term conditions
 - Adhere to agreed treatment programmes and
 - Make appropriate lifestyle changes

Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple
- identical parts for use with an appliance and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances

Appliance use review

Service description

An Appliance Use Review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

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

National influenza adult vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction.

Aims and intended outcomes

The aims of this service are to:

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

NHS community pharmacist consultation service

Service description

Under the NHS community pharmacist consultation service patients who urgently need medicines or who have symptoms of a minor illness and contact either NHS 111 or an Integrated Urgent Care Clinical assessment Service are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and general practice and improving access for patients.

Aims and intended outcomes

The aims of this service are to:

- Support the integration of community pharmacy into the urgent care system, and to appropriate refer patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system

- Offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service
- Reduce demand on integrated urgent care services, urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services, and free up capacity for the treatment of patients with higher acuity conditions within these settings
- Appropriately manage patient requests for urgent supply of medicines and appliances
- Enable convenient and easy access for patients and for NHS 111 call advisor referral
- Reduce the use of primary medical services for the referral of low acuity conditions (i.e. minor illnesses) from NHS 111 and the need to generate urgent prescriptions
- Identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of Urgent and Emergency Care services in the future
- Ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested
- Increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice
- Be cost effective for the NHS when supporting patients with low acuity conditions

Community pharmacy hepatitis C antibody testing services

Service description

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service). Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant Operational Delivery Network.

Aims and intended outcomes

The aim of this service is to increase levels of testing for Hepatitis C virus amongst people who inject drugs who are not engaged in community drug and alcohol treatment services to:

- Increase the number of diagnoses of Hepatitis C virus infection
- Permit effective interventions to lessen the burden of illness to the individual
- Decrease long-term costs of treatment and
- Decrease onward transmission of Hepatitis C virus

Hypertension Case Finding service

Service description

This is an NHS funded services which is open to patients aged 40 years or more, who do not have a current diagnosis of hypertension. The pharmacist will conduct a face to face consultation in the pharmacy consultation room and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next. As part of the consultation, the patient should be provided with the details of their blood pressure results. All test results must be sent to patients registered general practices. Some test results indicate urgent referrals are needed and in these cases the pharmacist will telephone the patient's general practice and send their blood pressure test results immediately. All other test results must be sent to patients' general practices in a weekly summary.

Aims and intended outcomes

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Promote healthy behaviours to patients.

Enhanced services

Anticoagulant Monitoring Service - the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

Antiviral Collection Service - the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

Care Home Service - the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
- The clinical and cost-effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of

Disease Specific Medicines Management Service - the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

Gluten Free Food Supply Service - the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

Independent Prescribing Service - the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.

Home Delivery Service - the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.

Language Access Service - the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- Drugs which they are using
- Their health and
- General health matters relevant to them, and where appropriate referral to another health care professional

Medication Review Service - the underlying purpose of which is for a registered pharmacist —

- To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient
- To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs and
- Where appropriate, to refer the patient to another health care professional

Medicines Assessment and Compliance Support Service - the underlying purpose of which is for the pharmacy contractor —

- To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs and
- To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens

Minor Ailment Scheme - the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

Needle and Syringe Exchange Service - the underlying purpose of which is for a registered pharmacist—

- To provide sterile needles, syringes and associated materials to drug misusers
- To receive from drug misusers used needles, syringes and associated materials and
- To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre

On Demand Availability of Specialist Drugs Service - the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

Out of Hours Services - the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

Patient Group Direction Service - the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

Prescriber Support Service - the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost-effective use of drugs
- Prescribing policies and guidelines and
- Repeat prescribing

Schools Service - the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost-effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- The safe and appropriate storage and handling of drugs and appliances and The recording of drugs and appliances ordered, handled, administered, stored or disposed of

Screening Service - the underlying purpose of which is for a registered pharmacist—

- To identify patients at risk of developing a specified disease or condition
- To offer advice regarding testing for a specified disease or condition
- To carry out such a test with the patient's consent and
- To offer advice following a test and refer to another health care professional as appropriate

Stop Smoking Service - the underlying purpose of which is for the pharmacy contractor —

- To advise and support patients wishing to give up smoking and
- Where appropriate, to supply appropriate drugs and aids

Supervised Administration Service - the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.

Supplementary Prescribing Service - the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.

Emergency Supply Service - the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances -

- Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription and
- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health)