

# Calderdale Pharmaceutical Needs Assessment 2025 – 2028

October 2025

## Version Control

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

**Date of Issue:** 01/10/2025

**Date of Review:** Supplementary statements to be provided as necessary, with formal review by October 2028 in accordance with Regulation.

Version	Notes	Date
1	Draft for Health and Wellbeing Board Sign Off	09/06/2025
2	Final version following consultation	30/09/2025

# Contents

<b>1 Introduction</b>	<b>1</b>
<b>1.1 Purpose and Scope</b>	<b>1</b>
<b>1.2 Pharmaceutical Services</b>	<b>1</b>
<b>1.2.1 Community Pharmacy Contractual Framework</b>	<b>1</b>
<b>1.2.2 Essential Services</b>	<b>2</b>
<b>1.2.3 Advanced Services</b>	<b>2</b>
<b>1.2.4 Local Services (Enhanced)</b>	<b>3</b>
<b>1.2.5 National Enhanced Services</b>	<b>3</b>
<b>1.2.6 Local Pharmaceutical services</b>	<b>3</b>
<b>1.2.7 Other NHS Services</b>	<b>3</b>
<b>1.3 Opening hours</b>	<b>4</b>
<b>1.4 Pharmaceutical Service Providers</b>	<b>4</b>
<b>1.4.1 Dispensing GP Practices</b>	<b>4</b>
<b>1.4.2 Distance Selling Pharmacies</b>	<b>4</b>
<b>1.4.3 Dispensing Appliance Contractor (DAC)</b>	<b>5</b>
<b>1.5 The NHS Long Term Plan</b>	<b>5</b>
<b>1.6 Integrated Care Systems</b>	<b>5</b>
<b>2 Process</b>	<b>7</b>
<b>2.1 Steering group</b>	<b>7</b>
<b>2.2 Integrated Neighbourhood Team Areas</b>	<b>7</b>
<b>2.3 Data Collation</b>	<b>8</b>
<b>2.4 Public and pharmacy surveys</b>	<b>8</b>
<b>2.5 Assessment of Gaps in the Provision of Pharmaceutical Services</b>	<b>9</b>
<b>2.6 Consultation</b>	<b>9</b>
<b>3 Current and Future Population</b>	<b>11</b>
<b>3.1 Calderdale Overview</b>	<b>11</b>
<b>3.2 Integrated Neighbourhood Team Areas</b>	<b>12</b>
<b>3.3 Population Projections</b>	<b>16</b>
<b>3.4 Housing Developments</b>	<b>17</b>
<b>3.5 Migration &amp; Asylum Seekers</b>	<b>18</b>
<b>3.6 Protected Characteristics and Disadvantaged Groups</b>	<b>18</b>
<b>3.6.1 Disability</b>	<b>18</b>
<b>3.6.2 Ethnicity</b>	<b>19</b>
<b>3.6.3 Gender Reassignment</b>	<b>20</b>

3.6.4 Pregnancy and Maternity .....	20
3.6.5 Religion .....	20
3.6.6 Sexual Orientation .....	21
3.6.7 Deprivation .....	21
4 Health needs & how they can be met by provision of pharmaceutical services .....	21
4.1 Cancer .....	21
4.2 Cardiovascular Disease.....	23
4.3 Diabetes .....	24
4.4 Mental Health.....	25
4.5 Respiratory Disease.....	26
4.6 Risk Factors for Poor Health .....	27
4.6.1 Alcohol .....	27
4.6.2 Drugs.....	27
4.6.3 Obesity.....	28
4.6.4 Sexual health .....	28
4.6.5 Smoking .....	29
5 Provision of Pharmaceutical Services; Necessary Services .....	31
5.1. Within the Calderdale Health and Wellbeing Boards Area .....	31
5.1.1. Pharmaceutical service providers.....	31
5.1.2 Pharmacy Access .....	34
5.1.3 Opening times and access.....	37
5.1.4 Access for People with Disabilities .....	40
5.1.5 Pharmaceutical Services Range and Provision.....	40
5.2 Outside of the Calderdale Health and Wellbeing board Area .....	42
6 Other relevant services .....	43
6.1 Other Pharmacy Services .....	43
6.2 Other NHS Services.....	44
6.2.1 Services Commissioned Locally.....	44
6.2. 2 Hospital pharmacy .....	45
7 Gap Analysis by Integrated Neighbourhood Team areas .....	46
7.1 Calder & Ryburn .....	46
7.2 Central Halifax .....	47
7.3 Lower Valley .....	49
7.4 North Halifax .....	51
7.5 Upper Valley .....	53
8 Conclusions.....	55

<b>8.1 Necessary Provision .....</b>	<b>55</b>
<b>8.2 Other Relevant Services .....</b>	<b>56</b>
<b>8.3 Improvements and Better Access .....</b>	<b>56</b>
<b>Appendix 1 – Steering Group Members .....</b>	<b>57</b>
<b>Appendix 2 – Results of Public Survey.....</b>	<b>58</b>
<b>Appendix 3 – Results of Pharmacy Contractors Survey .....</b>	<b>75</b>
<b>Appendix 4 – Key Stakeholders .....</b>	<b>78</b>
<b>Appendix 5 – Consultation Responses.....</b>	<b>79</b>
<b>Appendix 6 – Description of Pharmacy Services .....</b>	<b>75</b>
<b>Essential services .....</b>	<b>75</b>
<b>Advanced services .....</b>	<b>78</b>
<b>Local Services (Enhanced) .....</b>	<b>82</b>

## 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, West Yorkshire Integrated Care Board (ICB), Community Pharmacy West Yorkshire (CPWY The Local Pharmaceutical Committee), the Local Medical Committee (LMC) and Healthwatch.

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 West Yorkshire ICB and NHS Business Services Authority (NHSBSA). In addition to this, data on Local Enhanced Services was provided by the commissioners.

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 45 pharmacies across Calderdale, including three distance selling pharmacies with a good spread across the five integrated neighbourhood team areas. Geographical access to pharmacies is good with 97% of the population being able to access a pharmacy within a 5-minute drive and 71% able to access a pharmacy within a 15-minute walk. There are six 72-hour pharmacies across Calderdale and eight pharmacies with Sunday opening, 26 with Saturday opening and 41 with evening 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, Pharmacy First and Flu Vaccination. 45 pharmacies provide essential services, 43 pharmacies provide the New Medicine Service, 45 provide the Pharmacy First service and 35 pharmacies claimed for flu vaccination between October 2024 and January 2025. There is a good distribution of pharmacies offering these services across the integrated neighbourhood team areas and no gaps in provision were identified.

Projections suggest that the population of Calderdale may increase by around 4,100 by 2028. There are also 5227 new housing completions planned which if completed by 2025 could result in a potential increase in population of around 12,022 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 the Integrated Care Board (ICB) 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).

## **1.2 Pharmaceutical Services**

### **1.2.1 Community Pharmacy Contractual Framework**

The Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England (CPE) have agreed a new Community Pharmacy Contractual Framework for 2024 to 2025 and 2025 to 2026.

There will be an increase in funding through the community pharmacy contractual framework of 19.7% on 2023 to 2024 funding levels. There will also be additional funding for Pharmacy First and other Primary Care Access Recovery Plan services. £193 million of historic medicines margin over-delivery will be written off. This increase in funding highlights the government's recognition of the contribution to the health of communities and the importance of community pharmacy.



From October 2025 the New Medicine Service will be expanded to include medicines prescribed for depression and a National Emergency Contraceptive Service will be introduced. More details can be found [here](#).

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

- Essential Services – services all pharmacies are required to provide
- Advanced Services – services pharmacy owners can choose to provide
- Local Enhanced Services – services that can be commissioned by West Yorkshire Integrated Care Board (WYICB)
- National Enhanced Services – Nationally specified service

### **1.2.2 Essential Services**

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

- Discharge Medicines Service
- Dispensing appliances (though not all pharmacies provide this directly)
- Dispensing Medicines
- Disposal of Unwanted Medicines
- Healthy Living Pharmacy (HLP)
- Public Health (promotion of healthy lifestyles)
- Repeat Dispensing and electronic Repeat Dispensing (eRD)
- Signposting
- Support for self-care

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

The ICB 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 as long as they meet the requirements set out in the Secretary of State Directions. Currently there are nine advanced services:

- Appliance Use Review Service (AUR)
- Flu Vaccination Advanced Service
- Hypertension Case Finding Service
- Lateral Flow Device Tests Supply Service (LFD Service)

- New Medicine Service (NMS)
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service.
- Stoma Appliance Customisation (SAC)

Further information on each of these advanced services can be found in appendix 6.

### **1.24 Local Services (Enhanced)**

The third tier of Pharmaceutical Service provided by community pharmacies is that of Local Enhanced Services. These are locally developed and designed to meet local health needs and can be commissioned by the ICB. The following services can be commissioned:

- Antiviral Access Services
- Care Homes
- Emergency Hormonal Contraception & Sexual Health
- ENT Assessment Service
- Flu Vaccination Services
- Independent Prescribing (IP) Pathfinder\*
- Minor Ailments & Head Lice Service\*
- Needle & Syringe Programme
- Palliative Care Formulary Service\*
- Stop Smoking
- Supervised Consumption
- Translation Service

Services marked with \* are commissioned as Local Enhanced Services in Calderdale.

### **1.2.5 National Enhanced Services**

This is a new type of Enhanced service developed in December 2021. NHS England commissions an Enhanced service that is nationally specified. There is currently only one National Enhanced service – Covid-19 Vaccination Service.

### **1.2.6 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.

### **1.2.7 Other NHS Services**

These are services that are commissioned or provided by the ICB, 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 per week.

Since April 2005 primary care trusts were required to grant applications for inclusion in the pharmaceutical list where the applicant agreed to provide pharmaceutical services for a minimum of 100 hours per week. From May 2023, existing 100-hour pharmacies have been able to apply to the ICB to reduce their core opening hours to a minimum of 72 hours.

40-hour pharmacies must also apply to the ICB if they want to change the core opening hours of their pharmacy.

Supplementary hours are those over and above the core hours. If a pharmacy is decreasing their supplementary hours, they need to give five weeks' notice to the ICB. If a pharmacy is increasing its hours, it must notify the ICB in advance but there is no specified notice period.

### **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 integrated neighbourhood team areas". A controlled integrated neighbourhood team areas 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 (ICB) which brings together the local NHS organisations.

ICBs replaced Clinical Commissioning Groups (CCGs) on 1<sup>st</sup> July 2022. They are statutory organisations responsible for planning services to meet the health needs of the population.

Since April 2023, ICBs have become responsible for all local commissioning previously undertaken by regional NHSE teams under the pharmaceutical services contract. This includes Local Enhanced Services and Local Pharmaceutical Services.

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**

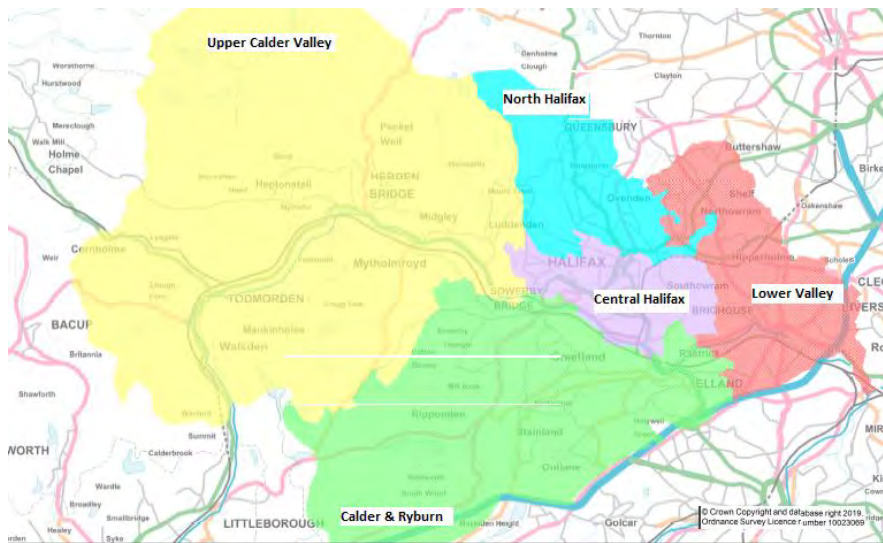
Each Health and Wellbeing Board is responsible for publishing a PNA, however it was agreed there would be benefits to undertaking some aspects of the work jointly across West Yorkshire, with each Health and Wellbeing Board retaining overall responsibility for its own area. A joint steering group was established to produce the 2022 to 2025 PNA by the five West Yorkshire Health and Wellbeing Boards (Bradford, Calderdale, Kirklees, Wakefield and Leeds) in November 2021 and has continued in existence to produce this (2025 to 2028) PNA. The steering group consists of representatives from each Local Authority's Public Health Intelligence team, West Yorkshire ICB Medicines Optimisation, West Yorkshire ICB, Community Pharmacy West Yorkshire the Local Medical Committee (LMC) and Healthwatch (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 Integrated Neighbourhood Team Areas**

For the purposes of this PNA we have chosen to use the existing integrated neighbourhood team area boundaries we have in place in Calderdale. 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 in figure 1.

**Figure 1: Map of Calderdale integrated neighbourhood team areas**



## 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 West Yorkshire ICB and was correct as of April 2025. In addition to this, data on Local Enhanced Services was provided by the relevant commissioner. Data on influenza vaccination activity and New Medicine Service activity for January 2025 was obtained from the NHS Business Services Authority (NHSBSA). The Strategic Health, Planning and Evaluation (SHAPE) tool was used to create maps of pharmacies, 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. This data covered the period April 2023 to March 2024.

## 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 12<sup>th</sup> November and 6<sup>th</sup> December 2024. 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 key stakeholders were directed 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 the draft PNA commenced on 24th June 2025 and closed on 23<sup>rd</sup> 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 1<sup>st</sup> October 2025 to 30<sup>th</sup> September 2028, 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

Calderdale has a population density of 581 people per square kilometre, compared to 1473 in Bradford, 1076 in Kirklees, 1438 in Leeds and 1029 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.

According to the Census, the population of Calderdale has increased by 1.4%, from around 203,800 in 2011 to 206,600 in 2021. This is lower than the overall increase for Yorkshire and Humber (3.7%) and England (6.6%).

As can be seen from figure2, the structure of the Calderdale population differs to that in England for some age groups. Calderdale has a lower proportion of 20–44-year-olds when compared to England (29.4% compared to 32.7%) and a lower proportion aged 75+. It has a higher proportion of 45–59-year-olds compared to England (21.6% compared to 20.0%). The proportions in the other age groups are relatively similar to England.

**Figure 2: Population Pyramid for Calderdale (ONS Census Data 2021)**

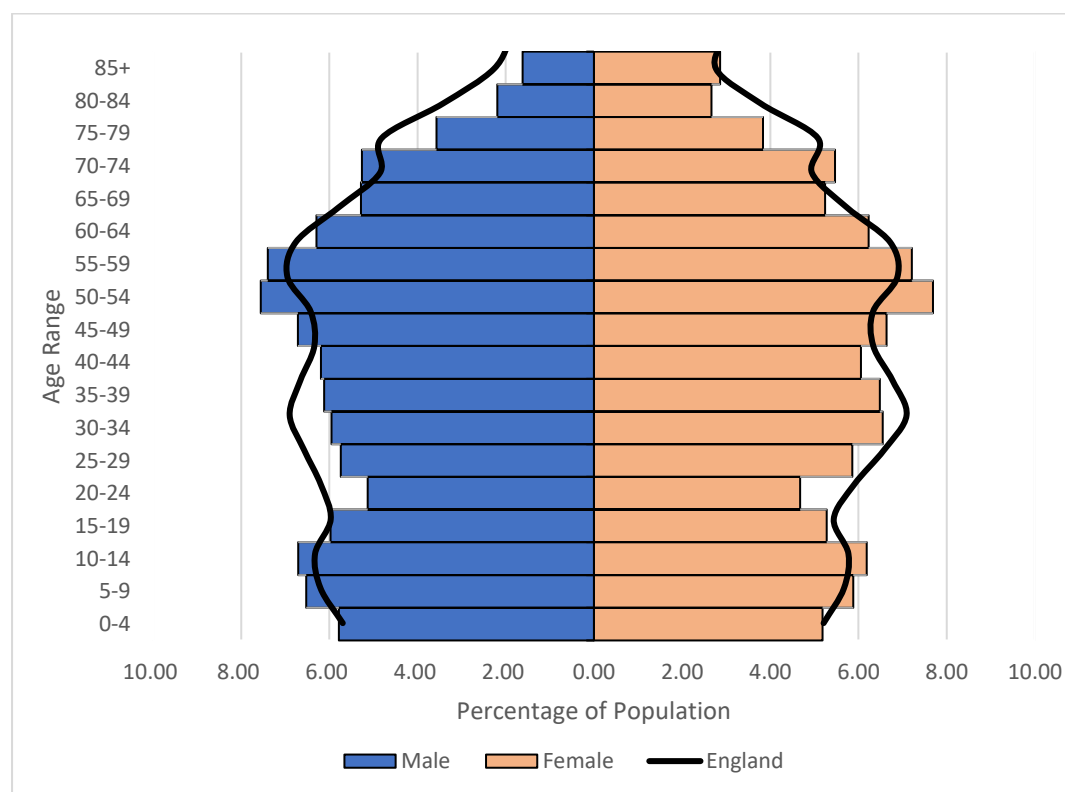
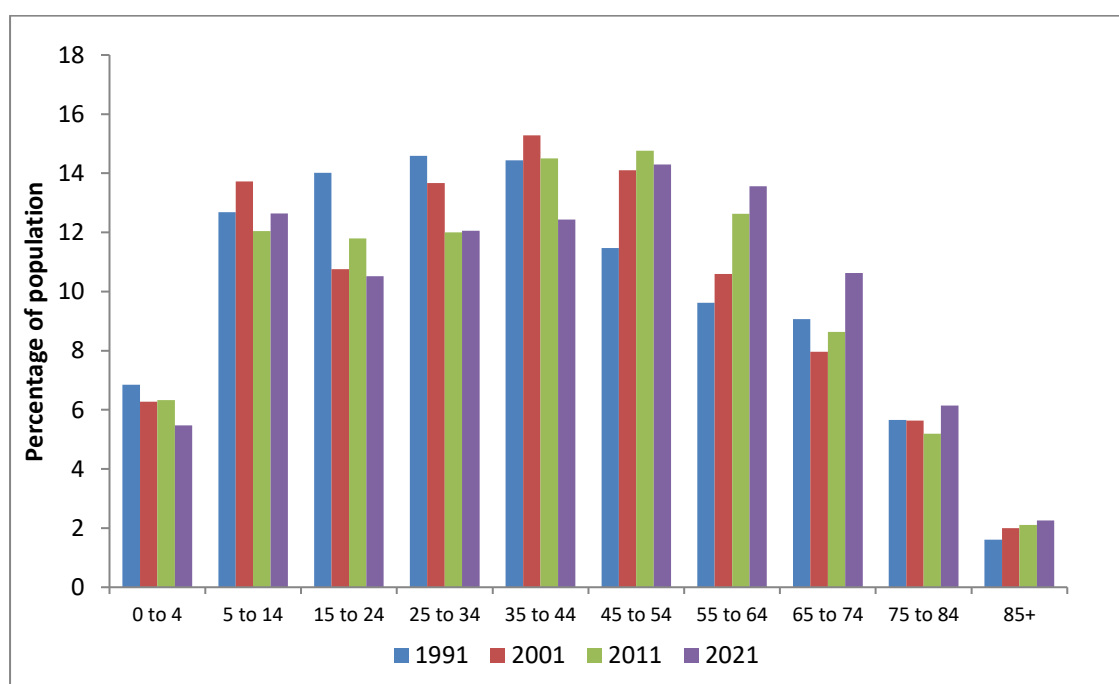


Figure 3 considers changes in the age profile of the Calderdale population between 1991 and 2021. We can see that:

- The proportion in the 0-4 age group has decreased over time from 6.8% in 1991 to 5.5% in 2021
- The proportion of children aged 5-14 was 12.6% in 2021 which is similar to the proportion in 1991 (12.7%)
- The proportion aged 15 to 44 has reduced from 43.0% in 1991 to 35% in 2021
- 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 & 2021

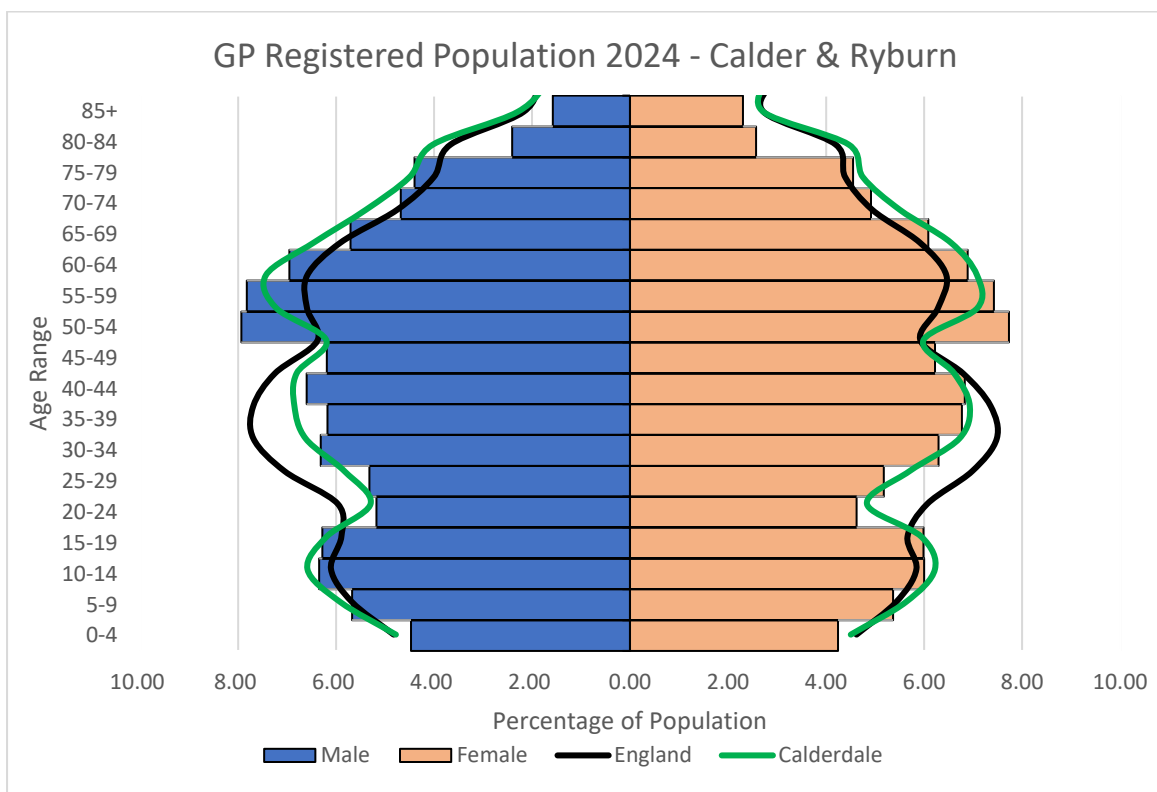
## 3.2 Integrated Neighbourhood Team Areas

Calderdale is divided into five Integrated Neighbourhood Team Areas: Calder & Ryburn (population 43,400), Central Halifax (population 54,400), Lower Valley (population 45,000), North Halifax (population 45,800) and Upper Calder Valley (population 34,600). As can be seen from the population profiles, the age structure of the populations differ, however in summary:

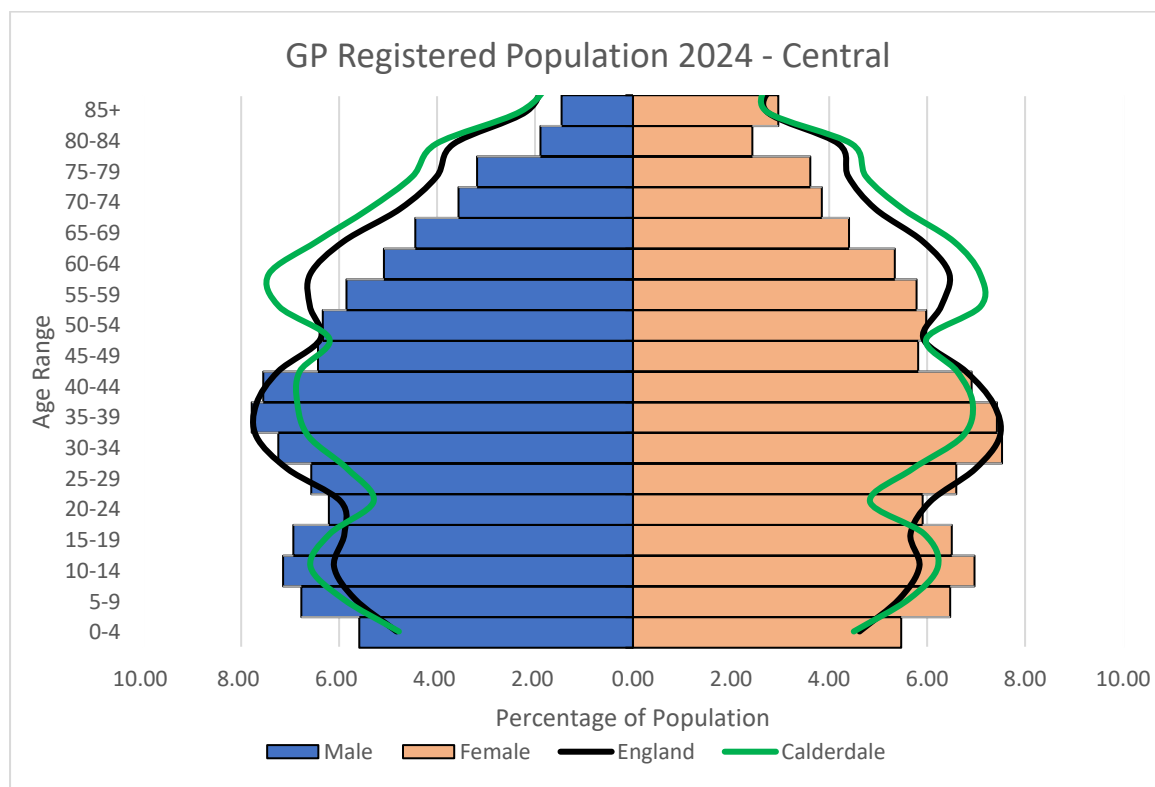
- Calder & Ryburn has a higher percentage of 50–59-year-olds compared to the Calderdale population (15.5% compared to 14.4%)
- Central has a higher percentage of 0–19-year-olds compared to Calderdale (25.9% compared to 22.9%) and a lower percentage of those aged 50+ (33.1% compared to 40%)

- North Halifax has a higher percentage of 0- to 19-year-olds compared to Calderdale (25% compared to 22.9%) and a lower percentage of those aged 60 plus compared to Calderdale (23% and 25.5% respectively)
- Lower Valley has a lower proportion of 0–49-year-olds compared to Calderdale (53.8% compared to 60.1%) and a higher proportion of 50- to 79-year-olds (39.9% compared to 35.2%) compared to Calderdale.
- Upper Calder Valley has a lower percentage of 0 - 4-year-olds compared to Calderdale (3.8% compared to 4.6%) and a lower percentage of 20–44-year-olds (27.1% compared to 31.1%). It has a higher percentage of 50–79-year-olds (41.6% compared to 35.2%)

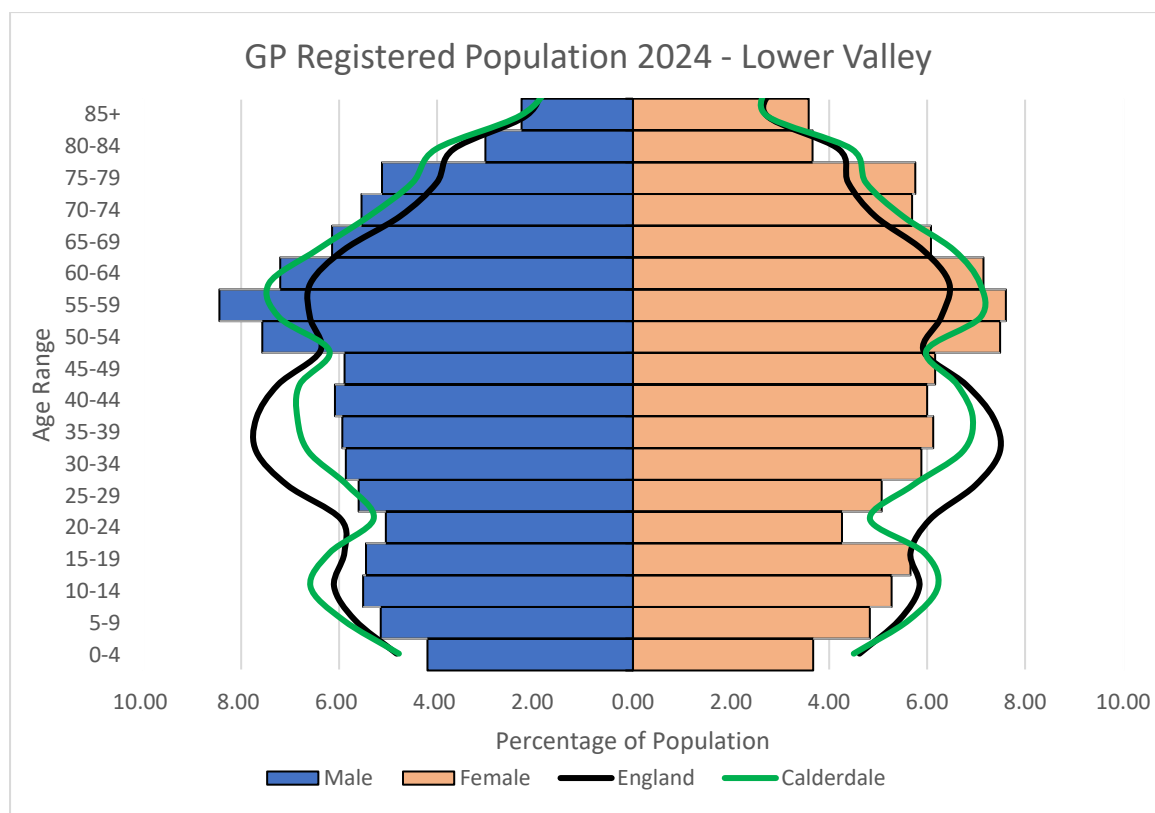
**Figure 4: GP Registered Population Pyramids 2024 – Calder and Ryburn**



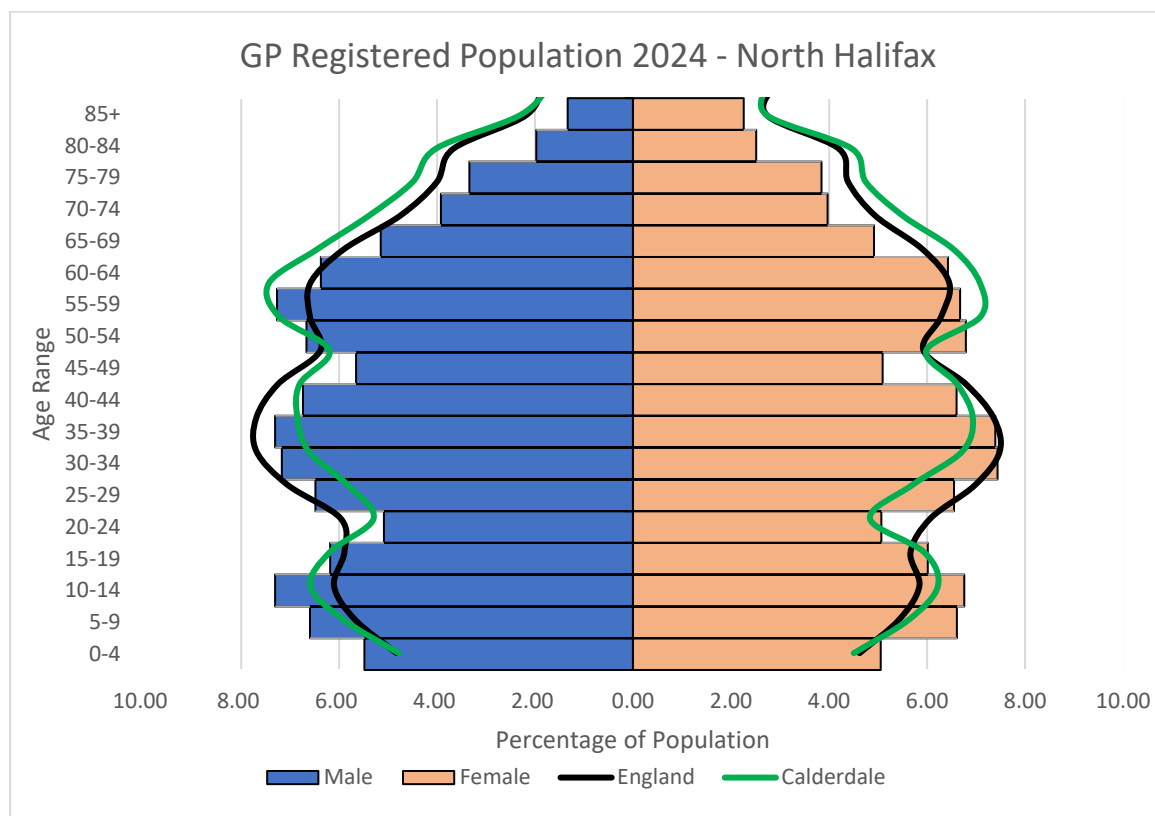
**Figure 5: GP Registered Population Pyramids 2024 – Central Halifax**



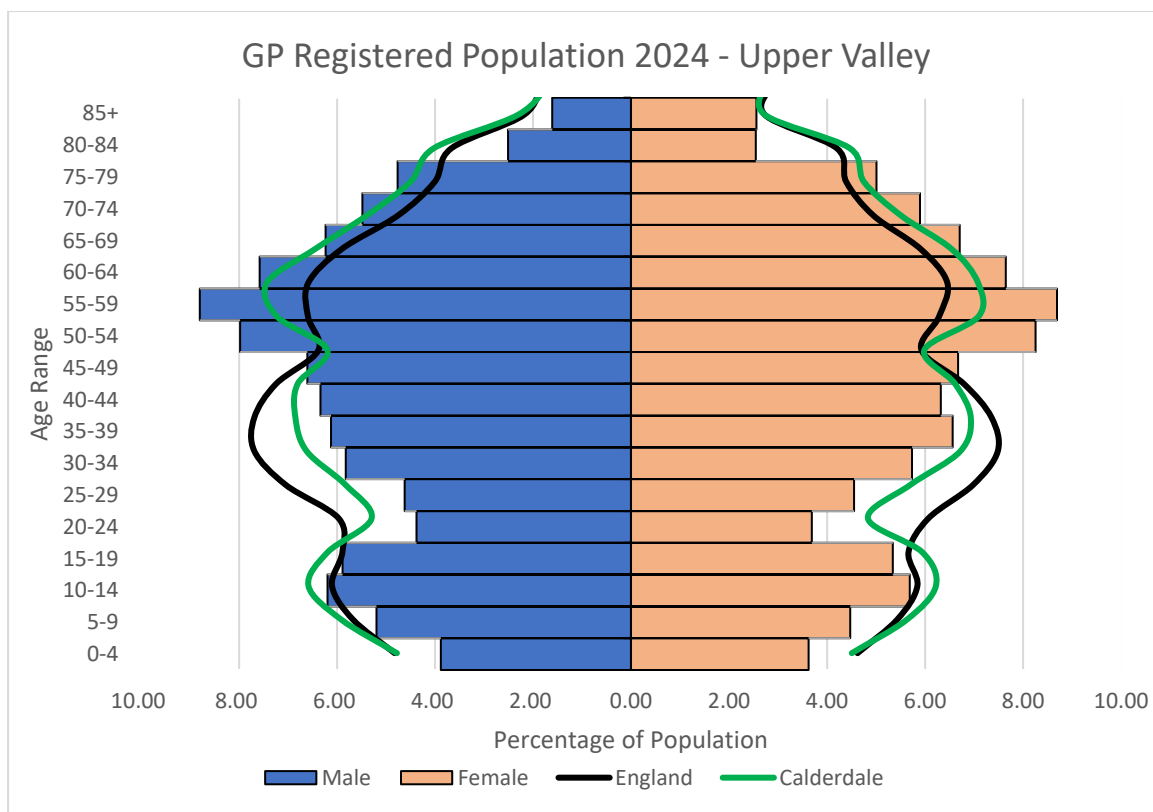
**Figure 6: GP Registered Population Pyramids 2024 – Lower Valley**



**Figure 7: GP Registered Population Pyramids 2024 – North Halifax**



**Figure 8: GP Registered Population Pyramids 2024 – Upper Valley**



Source; National General Practice Profiles, OHID

### 3.3 Population Projections

At the time of writing, the most recent projections available at a local authority level are based on the 2018 ONS mid-year population estimates, with an update due later this year. They 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.

As the population estimates used in the projections have changed since the Census 2021 ONS have rescaled these projections using national population projections (2024 to 2043).

Based on the projections, the population of Calderdale is expected to increase by around 4,100 people between 2025 and 2028. The changes across age groups are not expected to be uniform, with increases in those aged 0-4, 20-49, 50-74 and 75+ and an expected reduction in those aged 5-19. However, the expected increase in population will be gradual and can be met by the current pharmaceutical provision expanding to meet the need.

**Table 1 Projected population in Calderdale 2025 to 2028**

Age group	No. in Population 2025	No. in Population 2026	No. in Population 2027	No. in Population 2028	Change in the number between 2025 and 2028	% Change between 2025 and 2028
0-4	11023	11181	11297	11493	470	4.3
5 to 19	38850	38765	38618	38270	-580	-1.5
20 to 49	76366	77268	78127	78872	2506	3.3
50 to 74	66265	66545	66783	67027	762	1.1
75+	20075	20427	20729	21046	971	4.8

### 3.4 Housing Developments

Table 2 shows the estimated number of new dwellings that are expected to be completed in Calderdale by March 2029. This is based on Local Plan Allocations plus existing planning applications that are not Local Plan Allocations. There is no guarantee that developments planned for this period will be delivered in this time period. Assuming that the new houses will result in people moving into Calderdale, the Census 2021 estimate of average household size of 2.3 has been used to estimate the increased population that could result from the new housing.

The table 2 shows that overall, there could be an increase of around 12,022 people living in Calderdale by March 2029, which is higher than the projected population increase (see previous section). There is some variation by area with Calder & Ryburn and Lower Valley integrated neighbourhood team areas expected to have a larger number of completed new houses than other areas.

**Table 2 Estimated new dwelling completions by Integrated Neighbourhood team areas**

INT	Number of Estimated Dwelling Completions April 2025 to March 2029	Estimated extra population based on average household size Census 2011
Calder & Ryburn	1125	2588
Central Halifax	596	1371
Lower Valley	2143	4929
North Halifax	996	2291
Upper Valley	367	844
Total	5227	12022

*Source: Estimated dwelling completions provided by local authority planning department*



All respondents to our contractors survey (appendix 3) said that they had sufficient capacity to meet increased demands from any new housing developments in the area or could make adjustments to manage an increase in demand.

## 3.5 Migration & Asylum Seekers

Migration Yorkshires Newcomers to Yorkshire and The Humber Dashboard [Newcomers to Yorkshire and the Humber | Migration Yorkshire](#) shows the number of newcomers who were issued with a National Insurance number (NINOs) dropped to 339 during 2020, then showed an increasing trend to 998 in 2023. During 2024 the number of NINO's dropped to 671 which is similar to pre-pandemic levels. Of these 387 were from EU accession countries and 284 from non-accession countries. Pakistan was the top country of origin with 225 arrivals followed by India with 65, then 37 from Iraq and 35 from Ukraine.

At the end of December 2024, 672 asylum seekers were being supported in Calderdale while awaiting a decision on their claim, 549 people were in dispersed accommodation (self-contained), and there were 123 people in contingency accommodation (temporary).

[Refugee and asylum seeker dashboard | Migration Yorkshire](#)

## 3.6 Protected Characteristics and Disadvantaged Groups

### 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 which is gradually being replaced by 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.

9.9% (18,685) of Calderdale residents received DLA/PIP in August 2024. (Source: DWP via Calderdale Anti-Poverty Dashboard).

Attendance Allowance is a non-means-tested benefit paid to people aged over-65 who are severely disabled. 11.1% (5,402) of people aged over-65 were entitled to attendance allowance in August 2024. (Source DWP, Calderdale Anti-Poverty Dashboard).

Table 4 demonstrates that the percentage of people in Calderdale who report having a limiting long-term illness (LLTI) in the Census was 18.3% in 2021 an increase since 2011. The percentage with a LLTI who are working age has been showing an increasing trend since 1991 and in 2021 was 17.0%

**Table 4 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	13.6
2021	37,865	18.3	21,606	17.0

Source: Office for National Statistics 2021 Census, 2011 Census, 2001 Census, 1991 Census

**Table 5 Percentage with a limiting long-term illness by integrated neighbourhood team areas**

Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley	Calderdale
17.3	17.2	17.6	21.0	19.4	18.3

Source: Census 2021, figures shaded in red are significantly higher and figures shaded in green are significantly lower than the Calderdale average

As can be seen from table 4, the percentage of the population with a long-term health problem or disability which limits activities is significantly higher in North Halifax and Upper Calder Valley, compared to the Calderdale average.

### 3.6.2 Ethnicity

According to the 2021 Census, 86.1% of Calderdale's population described themselves as White, 10.5% stated they were Asian/Asian British, 1.9% said they were mixed/multiple ethnicity, 0.7% said they were Black/Black British and 0.8% were other ethnic groups. The Asian ethnic category accounts for approximately 16.4% of 0- to 4-year-olds, and 16.4% of 5- to 14-year-olds in Calderdale, while the older population (65 plus) is largely white with only 5% of this age group comprising of ethnic minority groups.

**Table 6 Ethnicity by Integrated Neighbourhood Team areas**

Ethnicity	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Percentage of the population who are Irish	0.7	0.5	0.8	1.0	1.0
Percentage of the population who are Gypsy/Irish Travellers /Roma	0.1	0.5	0.1	0.1	0.1

Percentage of the population who are White Other	1.6	3.2	1.3	3.4	2.5
Percentage of the population who are Asian	2.2	34.6	2.1	3.2	2.3
Percentage of the population who are Black	0.5	1.2	0.6	0.8	0.4
Percentage of the population who are Mixed Race	1.6	2.1	1.9	2.1	2.1
Percentage of the population who are "other"	0.3	1.8	0.16	0.14	0.15

Source: Census 2021

As can be seen from table 6, the ethnic composition of the population differs by integrated neighbourhood team area, with around 35% of Centrals population being Asian

### 3.6.3 Gender Reassignment

In the 2021 census, there was a voluntary question for those aged 16 and over around gender identity, this was not answered by around 6% nationally. In Calderdale 333 people (0.2% of the 16+ population) stated they have a gender identity different from the sex they were registered at birth. Of these, 156 residents (0.09%) identified as a trans woman, and 131 residents (0.08%) identified as a trans man.

### 3.6.4 Pregnancy and Maternity

During 2023 there were 1968 births across Calderdale, 674 were in Central, 364 in North, 349 in Lower, 330 in Calder & Ryburn and 251 in Upper.

### 3.6.5 Religion

According to the Census 2021 47.9% of residents in Calderdale have no religion. 41.5% of residents stated they were Christian, 9.5% were Muslim, 0.5% were other religion, 0.3% were Buddhist, 0.3% were Hindu, 0.2% were Sikh and 0.1% were Jewish.

The religious profile differs by Integrated Neighbourhood Team area, with 32.2% of Centrals population being Muslim.

**Table 7 Religion by integrated neighbourhood team areas**

Religion	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Christian	45.7	32.1	50.2	43.2	37.6
Buddhist	0.2	0.3	0.2	0.2	0.6
Hindu	0.2	1.7	0.3	0.2	0.1
Jewish	0.1	0.1	0.0	0.1	0.1
Muslim	1.7	32.2	1.2	2.7	2.0
Sikh	0.1	0.2	0.4	0.1	0.1

Source: Census 2021

### **3.6.6 Sexual Orientation**

According to the Census in 2021, 1.7% (2816) of the population aged 16 and over in Calderdale identified as Gay or Lesbian, this is slightly higher than for England (1.5%). 1.2% of the population identified as Bisexual, with 0.3 as other sexual orientations, giving Calderdale a total of 3.2% (5332) over 16s that identify as LGB+, the same as England. The true percentage could be higher as this question was unanswered by 6.9% of the 16+ population.

### **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 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. For some data such as prevalence a higher rate could be good as it could mean that people are being diagnosed and receiving the relevant treatment to prolong life or it could be bad as it could mean that the actual number of people getting the disease in that area is higher. For these, lower rates have been highlighted in dark blue and higher rates have been highlighted in light blue. All data is for 2023/24, unless otherwise stated.

### **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 8 Cancer prevalence and screening rates by integrated neighbourhood team areas**

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Cancer prevalence: QOF all ages	3.8	3.8	3.1	4.7	3.4	4.5
% reporting cancer in the last 5 years (2024)	3.8	3.4	2.5	5.8	3.6	3.5
Females aged 25-49, attending cervical screening within target period (3.5 year coverage, %)	70.5	82.5	57.7	76.8	71.0	75.4
Females aged 50-64, attending cervical screening within target period (5.5 year coverage, %)	76.4	82.5	71.9	79.7	73.0	75.5
Females, 53-70, screened for breast cancer in last 36 months (3 year coverage, %)	66.3	69.5	61.3	73.1	62.3	65.8
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	72.6	75.6	68.7	78.5	68.6	71.7
Palliative/supportive care: QOF prevalence (all ages)	0.6	0.7	0.4	0.3	0.4	1.6

Source: Fingertips OHID

As can be seen from table 8, 3.8% of the population in Calderdale are living with cancer and this is higher in Lower Valley and Upper Calder Valley. 0.6% of the population are receiving palliative/supportive care and this is higher in Upper Calder Valley.

70.5% females aged 25-49 attended cervical screening within 3.5 years, and for those aged 50-64, 76.4% attended within 5.5 years. 66.3% of females aged 53 to 70 attended breast

cancer screening within the past three years. 72.6% 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.
- Provision of smoking cessation service (where commissioned)
- Public Health Campaigns, including participation in the six mandated campaigns a year

## **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 mortality rate in those aged under 75 (3 year range) from cardiovascular disease is significantly worse than the England average. The percentage of patients with established hypertension as recorded on practice registers is 15.3% (34,309 adults), which is similar to England; however, the estimated prevalence of hypertension (2017 data) in Calderdale is thought to be 27.3%, showing a significant level of undetected hypertension. The prevalence of cardiovascular diseases is significantly higher in Lower Valley compared to the Calderdale average, with 3.9% of the population having coronary heart disease (CHD), 1.4% having heart failure, 1.0% with heart failure due to left ventricular systolic dysfunction (LVSD), and 17.2% having hypertension.

**Table 9 Circulatory disease prevalence by integrated neighbourhood team areas**

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
CHD prevalence: (all ages) (2022/23)	3.4	3.5	3.3	3.9	3.5	3.0
Heart Failure: QOF prevalence (all ages)	1.2	1.4	0.9	1.4	0.9	1.4
Heart failure w LVSD prevalence (all ages)	0.7	0.8	0.7	1.0	0.5	0.8
Stroke prevalence: QOF (all ages)	2.1	2.2	2.1	2.4	2.1	2.1
Peripheral arterial disease QOF prevalence (all ages)	0.7	0.8	0.6	0.8	0.8	0.7
Hypertension: QOF prevalence (all ages)	15.3	16.4	13.0	17.2	15.2	16.0

Source: Fingertips OHID

### **Role of pharmacies**

- Hypertension case finding service.
- Medicines optimisation including the provision of NMS.
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight.
- Provision of smoking cessation service (where commissioned)
- Public Health Campaigns, including participation in the six mandated campaigns a year

## **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.

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 8.5% of patients (15,295 people) aged 17+, recorded on practice registers have diabetes, compared to 7.7% nationally. The rate is currently increasing.

The percentage of residents with diabetes is significantly higher in Central Halifax.

**Table 10 Prevalence of diabetes by integrated neighbourhood team areas**

	Diabetes: QOF prevalence (17+)
Calder & Ryburn	7.7
Central Halifax	10.2
Lower Valley	7.9
North Halifax	8.6
Upper Calder Valley	7.2
Calderdale	8.5

Source: Fingertips OHID

### **Role of Pharmacies**

- Medicines optimisation including the provision of NMS.
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight.
- Provision of smoking cessation service (where commissioned)
- Public Health Campaigns, including participation in the six mandated campaigns a year

## **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. 1.2% of the population of Calderdale has these conditions (2641 people) and the prevalence is increasing. The prevalence in Upper Valley is significantly higher than the Calderdale average at 1.5%.

During 2023/24, 1.6% of the population was recorded as having a new diagnosis of depression (2821 people). The percentage was significantly higher in North with 2.5% of the population developing depression.



**Table 11 Mental health by integrated neighbourhood team areas**

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
Mental Health: QOF prevalence (all ages)	1.2	1.0	1.2	1.0	1.3	1.5
Depression: QOF incidence (18+) - new diagnosis	1.6	1.6	1.4	1.2	2.5	1.5

Source: Fingertips OHID

### ***Role of pharmacies***

- Promote and provide advice and support in relation to alcohol consumption, stopping smoking and maintaining a healthy weight.
- Signposting
- New Medicine Service will be expanded from October 2025 to include patients newly prescribed medication for depression.
- Public Health Campaigns, including participation in the six mandated campaigns a year

## **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 it and slow down progression, is not to smoke. 2.2% of the population in Calderdale has COPD (around 5,000 people) and this is significantly higher in North Halifax 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. 7.6% of the population in Calderdale has asthma and the rate is increasing. The rate is significantly higher in Upper Calder Valley, with a rate of 8.6%.

**Table 12 Respiratory disease prevalence by integrated neighbourhood team areas**

Indicator	Calderdale	Calder & Ryburn	Central Halifax	Lower Valley	North Halifax	Upper Calder Valley
COPD: QOF prevalence (all ages)	2.2	2.4	1.7	1.9	3.0	2.4
Asthma: QOF prevalence (all ages)	7.6	7.7	7.0	7.2	8.0	8.6

Source: Fingertips OHID

***Role of pharmacies***

- Medicines optimisation including the provision of NMS.
- Seasonal influenza and Covid-19 vaccinations
- Provision of the smoking cessation service (where commissioned).
- Delivering any respiratory elements of the Pharmacy Quality Scheme (PQS)
- Public Health Campaigns, including participation in the six mandated campaigns a year

## **4.6 Risk Factors for Poor Health**

### **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 admissions for adults of 607 per 100,000. This represents 1,265 admissions per year and is similar to the average for England. In addition, the rate of alcohol-specific hospital admissions among those under 18 was 23.7 per 100,000, which is similar to the England average.

***Role of pharmacies***

- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight
- Public Health Campaigns, including participation in the six mandated campaigns a year

### **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 may limit the ability to work, to parent and to function effectively in society. It contributes to social exclusion and may make 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.

For 2021-2023, Calderdale deaths from drug misuse rate is at 11.0 per 100,000 (about 33 deaths per year), this is worse than the England rate.

#### ***Role of Pharmacies***

- Needle exchange and/or supervised consumption (where commissioned)
- Public Health Campaigns, including participation in the six mandated campaigns a year

### **4.6.3 Obesity**

- In 2023/24 23.3% (580) of year 6 children were classified as obese, which is similar to the average for England
- In 2022/23, 64.1% of adults were classified as obese or having excess weight, which is similar to the England average
- It is estimated that in 2022/23 approximately 28.6% of the adult population are meeting the '5-a-day' fruit and vegetable consumption recommendations, this is similar to the England average.

#### ***Role of Pharmacies***

- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight
- Public Health Campaigns, including participation in the six mandated campaigns a year

### **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.

In 2023, Calderdale had a similar Chlamydia detection rate in those aged 15-24, compared to Nationally. During 2021 the under 18's conception rate was 11.9 per 1000 and this is similar to the England average.

### ***Role of Pharmacies***

- Some pharmacies are commissioned (local commissioned service) to provide EHC at no charge
- The Pharmacy Contraception Service provides access to oral contraception (both initiation and on-going supply). The 25/26 contractual framework announcement stated this will be amended in 25/26 to include the supply of emergency contraception.
- Public Health Campaigns, including participation in the six mandated campaigns a year

### **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 (2017-19 data). 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 2022/23 was 16.7%, this is significantly higher than the England rate. The prevalence of smokers in North Halifax is significantly higher than Calderdale, with an estimated rate of 23.2%.

In 2024, secondary school students (years 7 and 10) across Calderdale completed an anonymous, online electronic survey about their health and wellbeing. 1.2% of respondents stated that they used tobacco daily and 5.7% use e-cigarettes or vape every day.

**Table 13 Prevalence of smoking by integrated neighbourhood team areas**

	Estimated smoking prevalence (QOF)
Calder & Ryburn	14.3
Central Halifax	17.1
Lower Valley	12.5
North Halifax	23.2
Upper Calder Valley	15.8
Calderdale	16.7

### ***Role of pharmacies***

- Provision of smoking cessation service (where commissioned)
- Provision of the NHS Smoking Cessation Service to support patients on discharge who have set quit dates

- Public Health Campaigns, including participation in the six mandated campaigns a year

## 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, Pharmacy First 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 integrated neighbourhood team areas.

### 5.1. Within the Calderdale Health and Wellbeing Boards Area

#### 5.1.1. Pharmaceutical service providers

There were a total of 45 pharmacies on the pharmaceutical list in Calderdale as at February 2025, including three distance selling pharmacies. Of these 8 were located in Calder & Ryburn, 13 in Central Halifax, 11 in Lower Valley, 6 in North Halifax and 6 in Upper Valley. One of the pharmacies located in Lower Valley and two of the pharmacies located in Upper Valley are distance selling pharmacies.

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 45 pharmacies, 6 are 72-hour pharmacies, there are no 100-hour pharmacies remaining in Calderdale.

Figure 9 illustrates the locations of those on the pharmaceutical list.

Please note three of the pharmacies shown on figure 9 are distance selling pharmacies – one in Todmorden, one in Hebden Bridge and one in Brighouse.



**Figure 10 – Map of Community Pharmacies compared to Index of Multiple Deprivation 2019 (IMD)**

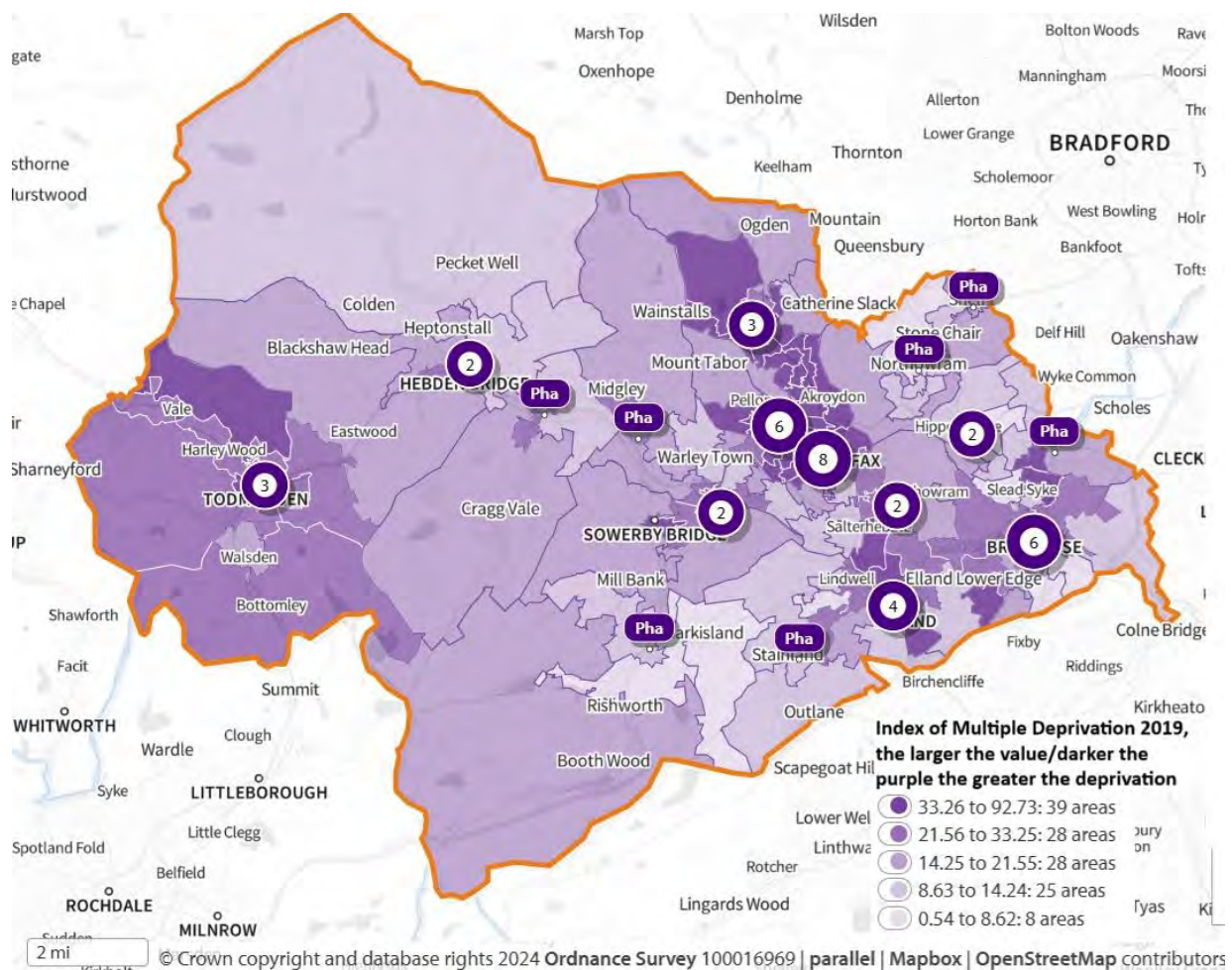


Figure 10 shows that there are areas of high deprivation across Calderdale, and these are mainly concentrated in Ilkley and Mixenden, Ovenden, Town and Park. There is also a higher number of pharmacies in these areas. Table 13 summarises the number of pharmacies by IMD Decile and 49% of pharmacies in Calderdale are in the two most deprived IMD deciles.

**Table 14 Pharmacies by IMD Decile**

Index of Multiple Deprivation Decile	Number of pharmacies	Percentage of pharmacies in Calderdale
Most Deprived		
1	9	20
2	13	29
3	4	9
4	7	16
5	3	7
6	6	13



7	2	4
Least Deprived		
10	1	2
Total	45	100

91.0% of Calderdale generated prescription items between April 2023 to March 2024 were dispensed at community pharmacies within Calderdale. 4.2% were dispensed from Distance Selling pharmacies located in Calderdale and 1.1% were prescribed and dispensed at the same practice.

1.2% of prescription items were dispensed at pharmacies outside of Calderdale (mainly Kirklees where 0.5% of items were dispensed and Bradford where 0.3% of items were dispensed). 1.7% were dispensed from distance selling pharmacies located outside of Calderdale, 0.9% were dispensed by dispensing appliance contractors outside of Calderdale

## 5.1.2 Pharmacy Access

### Geographical Access

**Table 13 Number of pharmacies by Integrated Neighbourhood Team areas**

Integrated Neighbourhood Team area	Number of Pharmacies	Population	Pharmacies per 100,000 Population (excluding distance selling pharmacies)
Calder & Ryburn	8	40536	20
Central	13	52059	25
Lower*	11	44173	23
North	6	35862	17
Upper*	7	34024	15
Total	45	206654	22

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

As can be seen from table 13, there is a good distribution of pharmacies across Calderdale with a minimum of 5 pharmacies providing face to face essential services in each integrated neighbourhood team area and an overall rate of 22 pharmacies per 100,000 population.

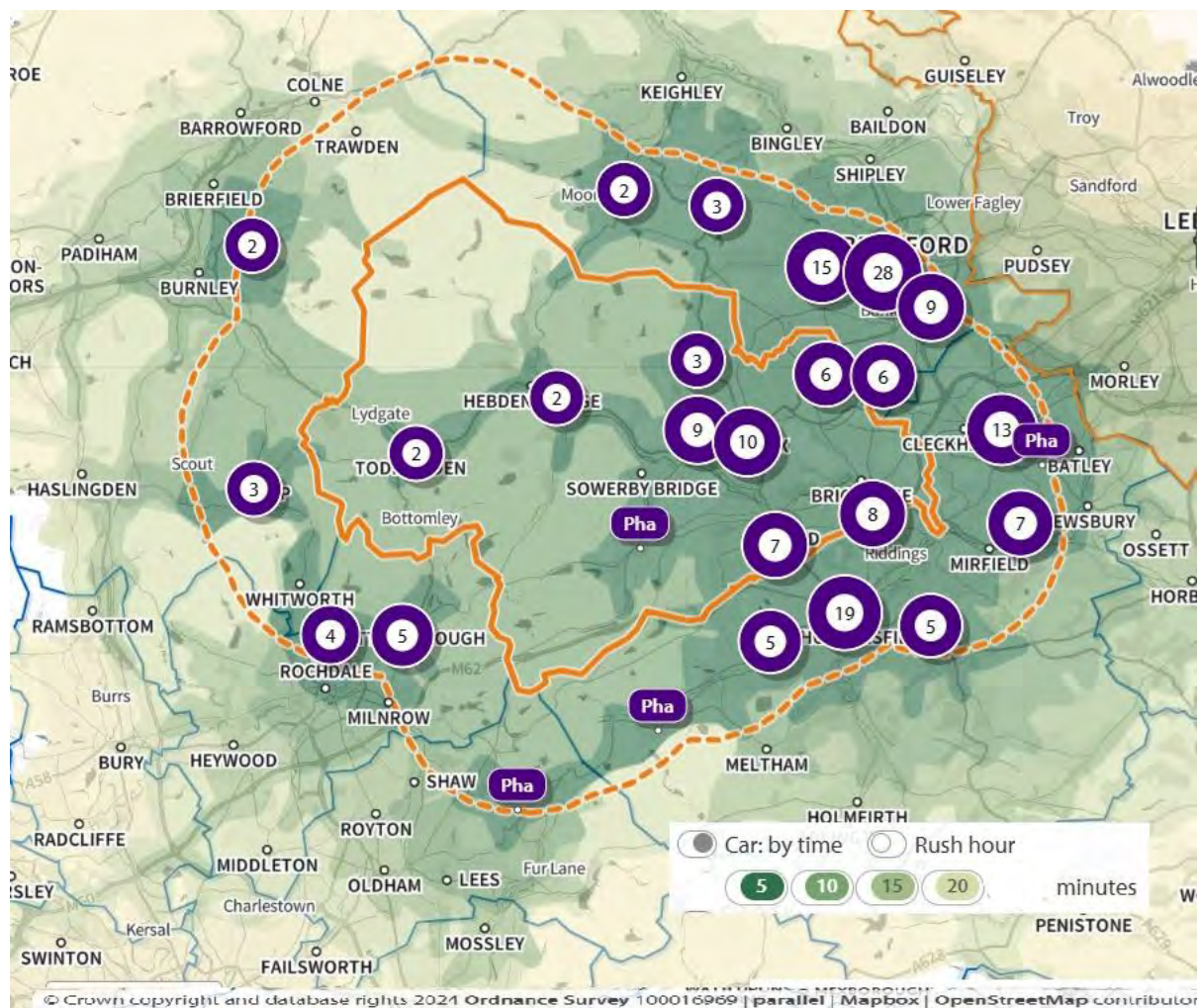
Our local survey, which had 300 respondents indicated the following around geographical access:

- 85% of respondents stated that it took them 15 minutes or less to get to the pharmacy of their choice and 94% stated that it took them less than 20 minutes.
- 66% of respondents travelled to the pharmacy by car, 53% walked and 12% used public transport. (Respondents were able to select more than one option.)
- 73% 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% of respondent said this was important), followed by being close to the GP practice (57%). 46% felt it was important that it had parking facilities.

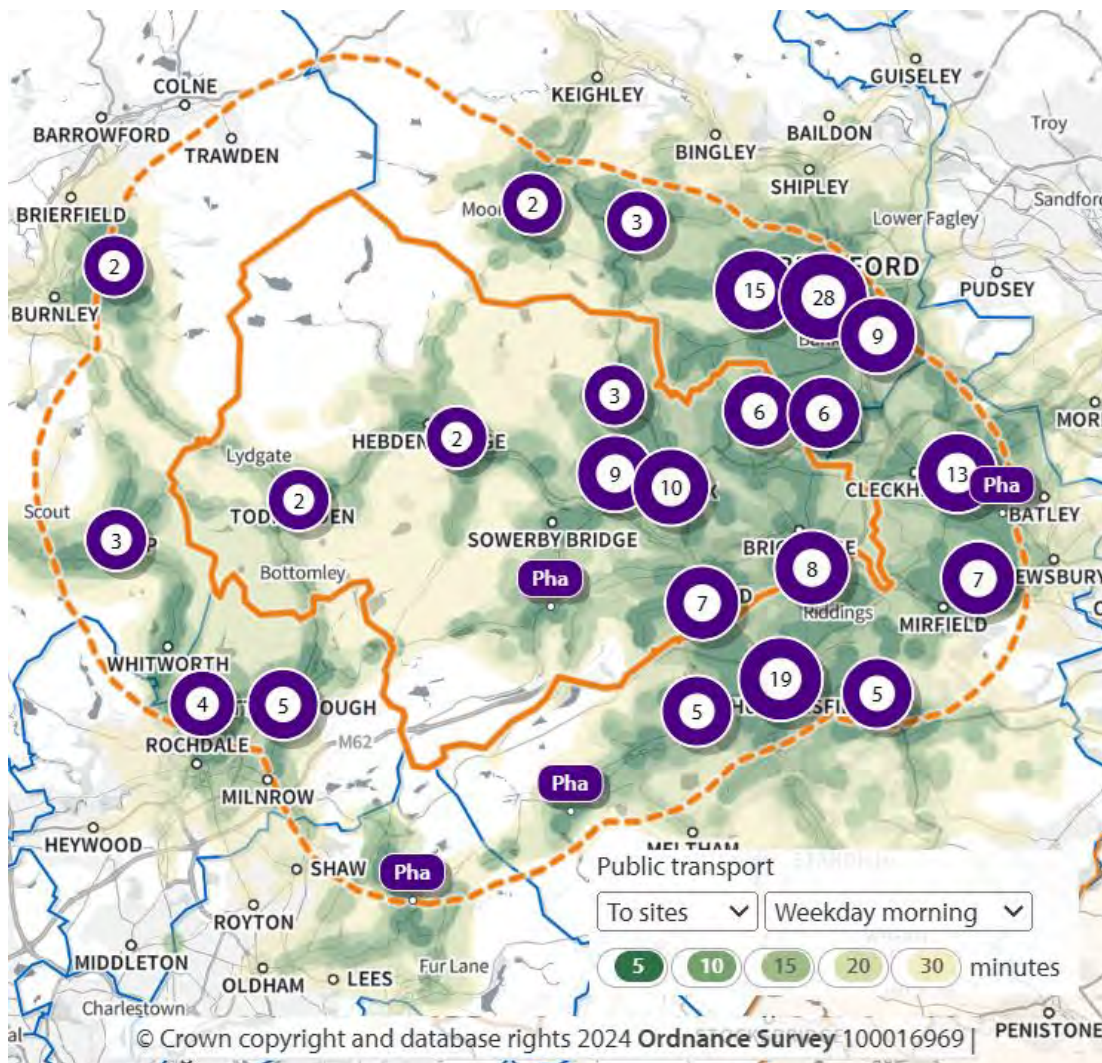
Full details of the survey can be found in appendix 2.

**Figure 11 - Map showing driving distance by time via car to the nearest pharmacy, including a 5.5km buffer to the Calderdale boundary**



The SHAPE tool provides analysis of time taken by car to reach the nearest pharmacy. It is calculated using the normal speed limits but takes into account junctions, crossings and traffic lights. Analysis using the SHAPE tool shows that 97% of the population can access a pharmacy within a 5-minute drive. The only area's where people can't access a pharmacy within a 5-minute drive are in located in Upper Valley and are quite rural. All these areas can access a pharmacy within a 20-minute drive (figure 11)

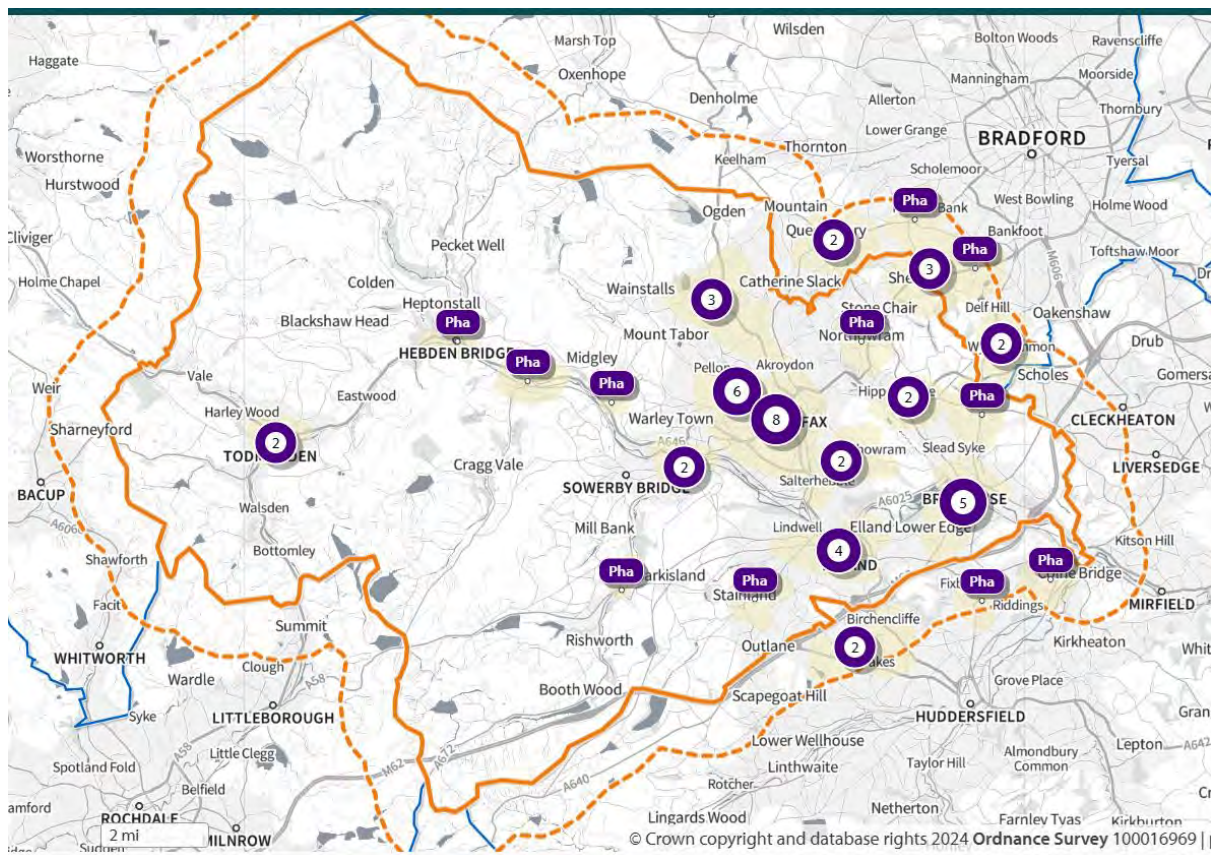
**Figure 12 - Map showing travel time by public transport to the nearest pharmacy, including a 5.5km buffer to the Calderdale boundary**



Analysis using the SHAPE mapping tool shows that 99% of the population can access a pharmacy within a 20-minute journey by public transport and 89% can access a pharmacy within a 10-minute journey by public transport.



**Figure 13 - Map showing areas within a 15-minute walking distance to a pharmacy, including a 1.6km buffer to the Calderdale boundary**



Analysis using the SHAPE tool shows that 71% of the population are within a 15-minute walking distance to a pharmacy.

Examining figures 11-13 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 300 respondents indicated the following around opening times:

- 56% of respondents preferred to visit a pharmacy on weekdays between 9am and 6pm, followed by 32% on Saturdays and 17% on weekdays after 6pm. 31% had no preference on when they visited a pharmacy. (respondents were able to select more than one option)
- 56% stated that if their usual pharmacy was closed, they would wait until it was open and 58% said they would go to another pharmacy. 9% said they would contact NHS

111 and 7% said they would go to their GP. (Multiple responses were allowed, so total does not add to 100).

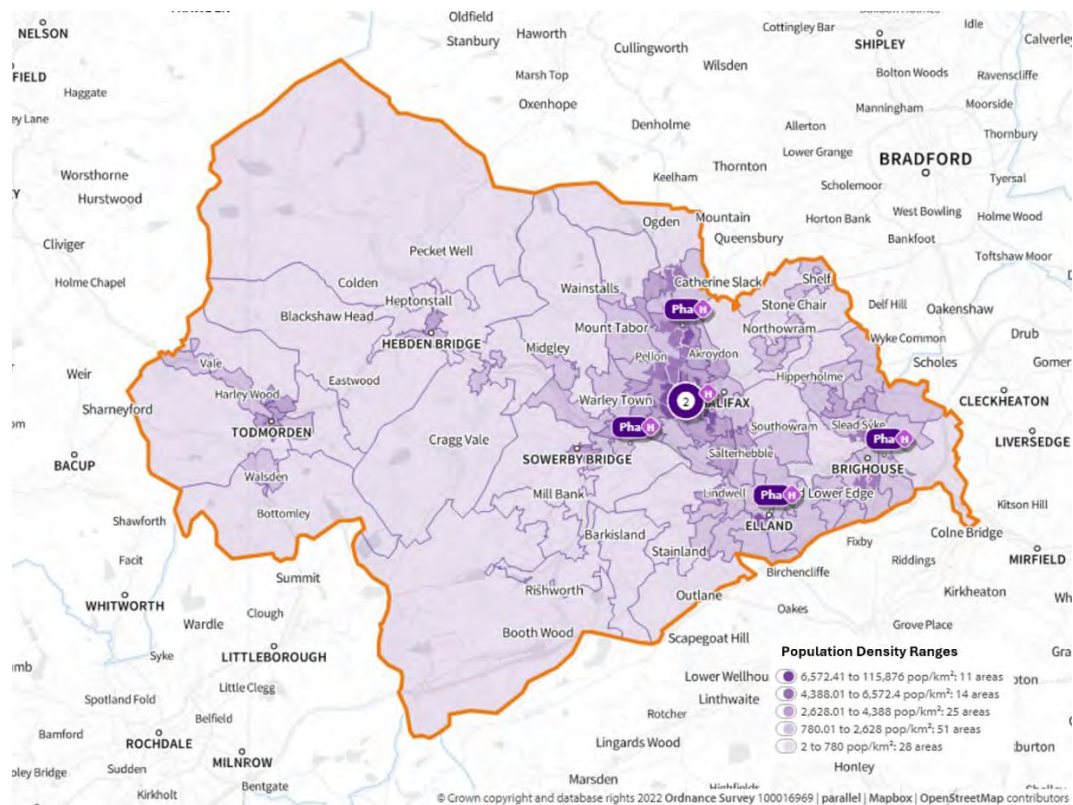
- 89% said they were able to visit their pharmacy of choice when they needed to

From May 2023, existing 100-hour pharmacies have been able to apply to the ICB to reduce their core opening hours to a minimum of 72 hours. Across Calderdale, all existing 100-pharmacies have reduced their core opening hours to a minimum of 72 hours. These 72-hour pharmacies are located across most integrated team areas (table 14). Whilst there are no 72-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 six are open on an evening.

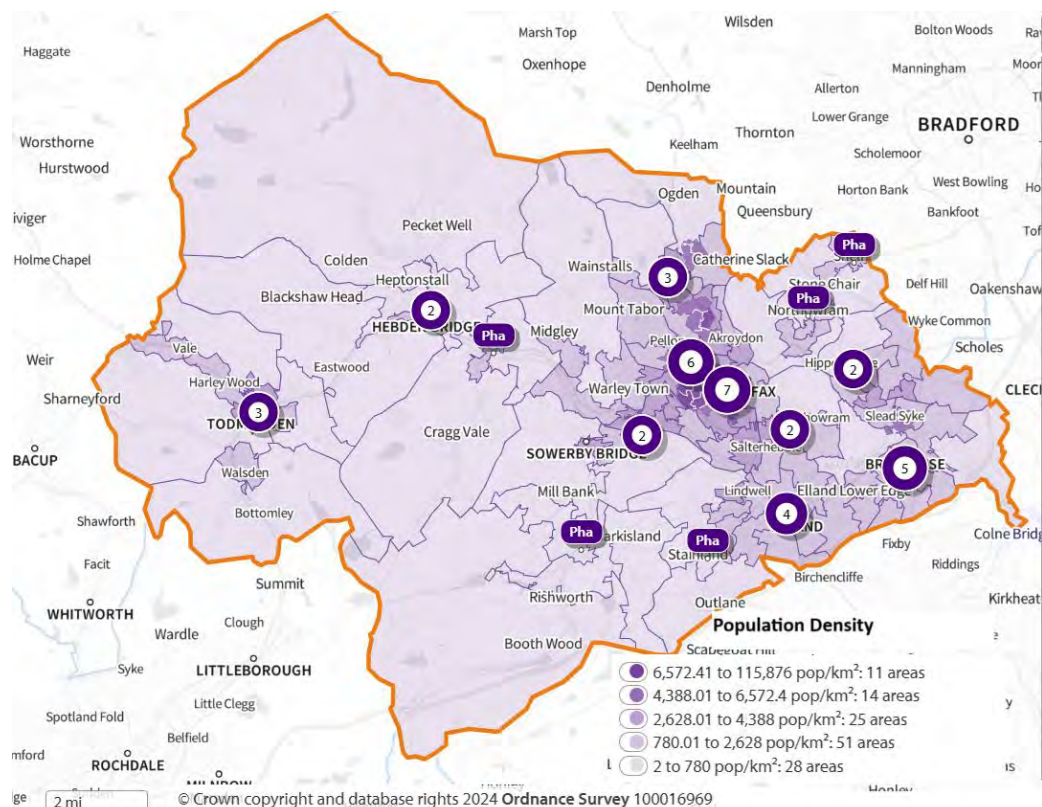
**Table 15 Pharmacy opening hours by Integrated Neighbourhood Team areas**

	Evening opening	Saturday opening	Sunday opening	40-hour pharmacy	72-hour pharmacy
Calder & Ryburn	8	7	1	8	1
Central Halifax	12	7	4	13	3
Lower Valley	9	6	1	11	1
North Halifax	6	2	1	6	1
Upper Calder Valley	6	4	1	7	0
Calderdale	41	26	8	45	6

**Figure 14 – Map showing location of 72-hour pharmacies compared to population density**



**Figure 15 – 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 16 Number of wheelchair accessible pharmacies by Integrated Neighbourhood Team areas**

INT Area	Number of Wheelchair Accessible Pharmacies
Calder & Ryburn	7
Central	10
Lower	8
North	5
Upper	4
Total	34

Data obtained from the NHS choices website – accessed 10/04/2025

As can be seen from table 16, 34 pharmacies across Calderdale have wheelchair access with a number of pharmacies available in each integrated neighbourhood team areas.

Our local survey to pharmacy contractors which had 17 responses indicated the following:

- 16 out of 17 pharmacies said the entrance to their pharmacy was accessible for wheelchair users
- 12 had a consultation area with wheelchair access, 5 without
- 7 had automatic door assistance, 2 had a bell at the front door, 5 had a hearing loop, 13 had large print labels/leaflets, 6 had wheelchair ramp access

It is important to note that as only 17 out of a total 45 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 45 community pharmacies providing essential services across Calderdale. This includes three distance selling pharmacies that are not able to provide any face-to-face essential services.

## Advanced Services

Pharmacies are able to provide the following advanced services should they wish, as long as they meet the requirements:

- Appliance Use Review Service (AUR)
- Flu Vaccination Advanced Service
- Hypertension Case Finding Service
- Lateral Flow Device Tests Supply Service (LFD Service)
- New Medicine Service (NMS)
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service.
- Stoma Appliance Customisation (SAC)

**Table 17 Number of Pharmacies in each INT Area who have signed up to deliver Pharmacy First, Hypertension Case Finding Service, Lateral Flow Device Service, New Medicine Service, Pharmacy Contraception Advanced Service and Smoking Cessation Advanced Service**

INT	Pharmacy First	Hypertension Case Finding Service	Lateral Flow Device Service	New Medicine Service	Pharmacy Contraception Advanced Service	Smoking Cessation Advanced Service
Calder & Ryburn	8	7	3	8	6	3
Central Halifax	13	13	6	13	8	2
Lower Valley	10	10	7	11	10	3
North Halifax	6	6	1	6	3	3
Upper Calder Valley	7	7	7	7	7	1
Total	44	43	24	45	34	12

Table 17 shows that there is a good distribution of pharmacies providing the services across each INT.

All pharmacies with a consultation room can provide flu vaccination, they don't need to have signed up to deliver the service. Data from NHS BSA (table 18) shows that in October 24 35 pharmacies claimed, and this has gradually reduced to 17 pharmacies as the flu season was coming to an end in January. There is a good coverage across Calderdale with a number of pharmacies in each INT providing flu vaccination.

**Table 18 Number of pharmacies claiming Influenza Vaccination Fees from NHS BSA by month**

INT	Oct-24	Nov-24	Dec-24	Jan-25
Calder & Ryburn	6	6	5	3
Central	10	9	9	4



Lower	9	8	8	5
North	4	4	2	2
Upper	6	5	7	3
Total	35	32	31	17

Pharmacies are also not required to sign up to provide Stoma Appliance Customisation before they provide the service. 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 Stoma Appliance Customisation and/or Appliance Use Reviews via a DAC.

According to NHS BSA data one pharmacy in Calderdale located in North Halifax claimed for Stoma Customisation fees in January 25 and none claimed for Appliance Use Reviews.

## 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 19 Percentage of items dispensed by area**

Area dispensed	Community Pharmacy	Distance selling Pharmacy	Dispensing Appliance Contractor	Personally Administered Medication	Total
Calderdale	91.0%	4.2%	0.0%	1.1%	96.3%
Outside of Calderdale	1.2%	1.7%	0.9%	0.0%	3.7%

3.7% of items were dispensed outside of the Calderdale boundary, with most of these being dispensed in neighbouring Bradford or Kirklees.

0.9% 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. 0.4% of items were dispensed by DACs located in Wigan and 0.1% each by DACs located in Nottingham, Peterborough and Somerset.

## 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

#### Local Enhanced Services

There are three Local Enhanced Services provided in Calderdale:

- Minor Ailments and Headlice Service
- Palliative Care Formulary Service
- Community Pharmacy Independent Prescribing Pathfinder Programme (fixed term programme)

**Table 20 Pharmacies providing Local Enhanced Services**

INT	Minor Ailments & Headlice	Palliative Care Formulary Service
Calder & Ryburn	5	1
Central Halifax	10	2
Lower Valley	5	1
North Halifax	6	0
Upper Calder Valley	2	2
Total	28	6

Table 20 shows there is a good distribution of pharmacies providing the minor ailments & headlice service.

The Palliative Care Formulary Service ensures that across West Yorkshire there are a small number of pharmacies with palliative care stock just in case a patients care needs have not been anticipated and they urgently need items that their usual pharmacy do not currently

have in stock. Most pharmacies already have the required stock or can order them in the following day; therefore, provision of this service is good.

The Community Pharmacy Independent Prescribing Pathfinder Programme is a fixed term programme, introduced by NHS England to inform the commissioning framework required to introduce independent prescribing into NHS community pharmacy services. It does not impact on the needs or provision of pharmaceutical needs.

### **National Enhanced Service**

There is currently only one Nationally Enhanced Service - Covid-19 Vaccination.

**Table 21 Pharmacies providing Covid-19 Vaccination by INT area**

INT Area	Number of Pharmacies
Calder & Ryburn	3
Central Halifax	6
Lower Valley	5
North Halifax	4
Upper Calder Valley	2
Total	20

Table 21 shows there is a good distribution of pharmacies providing Covid-19 vaccination across the INT areas.

## **6.2 Other NHS Services**

### **6.2.1 Services Commissioned Locally**

There are four locally commissioned services in Calderdale:

- EHC and Sexual Health – commissioned by Calderdale and Huddersfield Foundation Trust
- Needle & Syringe Programme – commissioned by Waythrough
- Stop Smoking – commissioned by South West Yorkshire Partnership Trust
- Supervised Consumption – commissioned by Waythrough

**Table 22 Pharmacies providing Services Commissioned Locally**

INT	EHC & Sexual Health	Needle & Syringe Programme	Stop Smoking	Supervised Consumption
Calder & Ryburn	2	2	5	6
Central Halifax	5	7	7	12

Lower Valley	1	3	4	7
North Halifax	3	3	7	6
Upper Calder Valley	3	1	2	5
Total	14	16	25	36

## 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 Integrated Neighbourhood Team areas

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

### 7.1 Calder & Ryburn

#### Population

- Total population 43,400
- Calder & Ryburn has a higher percentage of 50–59-year-olds compared to the Calderdale population
- Around 6.9% of the population are from Black or Minority ethnic backgrounds.
- During 2023 there were 330 births
- 17.3% of the population had a long-term limiting illness or disability

#### Planned Development

The number of estimated dwelling completions between April 2025 to March 2029 is 1125 resulting in an estimated potential increase in population of 2588

#### Health Need

The following health indicators were significantly worse for Calder & Ryburn:

- Higher heart failure prevalence
- Higher hypertension prevalence

#### Number of pharmacies 8

#### Necessary Services: Current Provision

	Number of pharmacies providing
Essential Services	8
New Medicine Service	8
Pharmacy First	8
Influenza Vaccination	6 (October 2024)

#### Necessary Services: Gaps in provision

**There are no current gaps in the provision of necessary services in Calder & Ryburn integrated neighbourhood team areas**

#### Other Relevant Services: Current provision

### *Advanced Services*

	Number of pharmacies providing
Hypertension Case Finding Service	7
Lateral Flow Device Tests Supply Service	3
Pharmacy Contraception Advanced Service	6
Smoking Cessation Advanced Service	3

### *Local Enhanced Services*

	Number of pharmacies providing
Minor Ailments and Headlice	5
Palliative Care Formulary Service	1

### *National Enhanced Services*

Covid-19 Vaccination - 3 pharmacies

### *Services Commissioned Locally*

	Number of pharmacies providing
EHC and Sexual Health	2
Needle & Syringe Program	2
Stop Smoking	5
Supervised Consumption	6

**Other relevant Services:** Gaps in provision

**There are no current gaps in the provision of other relevant services in Calder & Ryburn integrated neighbourhood team areas**

**Improvements and Better Access:** gaps in provision related to Market Entry and Exit Regulations

**The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.**

**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.**

## **7.2 Central Halifax**

### **Population**

- Total population 54,400

- Central Halifax has a higher percentage of 0–19-year-olds compared to Calderdale and a lower percentage of those aged 50+
- Around 43.8% of the population are from Black or Minority ethnic backgrounds.
- During 2023 there were 674 births
- 17.2% of the population had a long-term limiting illness or disability

### **Planned Development**

Number of estimated dwelling completions between April 2025 to March 2029 is 596 resulting in an estimated potential increase in population of 1371.

### **Health Need**

The following health indicators were significantly worse for Central Halifax:

- Cervical, breast and bowel cancer screening are lower
- Diabetes prevalence is higher

### **Number of pharmacies - 13**

#### **Necessary Services: Current Provision**

	Number of pharmacies providing
Essential Services	13
New Medicine Service	13
Pharmacy First	13
Influenza Vaccination	10 (October 2024)

#### **Necessary Services: Gaps in provision**

**There are no current gaps in the provision of necessary services in Central Halifax integrated neighbourhood team areas**

#### **Other Relevant Services: Current provision**

##### *Advanced Services*

	Number of pharmacies providing
Hypertension Case Finding Service	13
Lateral Flow Device Tests Supply Service	6
Pharmacy Contraception Advanced Service	8
Smoking Cessation Advanced Service	2

##### *Local Enhanced Services*

	Number of pharmacies providing
Minor Ailments and Headlice	10

Palliative Care Formulary Service	2
-----------------------------------	---

### *National Enhanced Services*

Covid-19 Vaccination – 6 pharmacies

### *Services Commissioned Locally*

	Number of pharmacies providing
EHC and Sexual Health	5
Needle & Syringe Program	7
Stop Smoking	7
Supervised Consumption	12

**Other relevant Services:** Gaps in provision

**There are no current gaps in the provision of other relevant services in Central Halifax integrated neighbourhood team areas**

**Improvements and Better Access:** gaps in provision related to Market Entry and Exit Regulations

**The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.**

**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.**

## 7.3 Lower Valley

### **Population**

- Total population 45,000
- Lower Valley has a lower proportion of 0–49-year-olds compared to Calderdale and a higher proportion of 50- to 79-year-olds compared to Calderdale.
- Around 7.0% of the population are from Black or Minority ethnic backgrounds.
- During 2023 there were 349 births
- 17.6% of the population had a long-term limiting illness or disability

### **Planned Development**

The number of estimated dwelling completions between April 2025 to March 2029 is 2143 resulting in an estimated potential increase in population of 4929.



## Health Need

The following health indicators were significantly worse for Lower Valley:

- Cancer prevalence is higher
- CHD, heart failure, stroke and hypertension prevalences are all higher

**Number of pharmacies** 11 (including one distance selling pharmacy)

**Necessary Services:** Current Provision

	Number of pharmacies providing
Essential Services	11
New Medicine Service	11
Pharmacy First	10
Influenza Vaccination	9 (October 2024)

**Necessary Services:** Gaps in provision

**There are no current gaps in the provision of necessary services in Lower Valley integrated neighbourhood team areas**

**Other Relevant Services:** Current provision

*Advanced Services*

	Number of pharmacies providing
Hypertension Case Finding Service	10
Lateral Flow Device Tests Supply Service	7
Pharmacy Contraception Advanced Service	10
Smoking Cessation Advanced Service	3

*Local Enhanced Services*

	Number of pharmacies providing
Minor Ailments and Headlice	5
Palliative Care Formulary Service	1

*National Enhanced Services*

Covid-19 Vaccination – 5 pharmacies

*Services Commissioned Locally*

	Number of pharmacies providing
EHC and Sexual Health	1
Needle & Syringe Program	3
Stop Smoking	4

Supervised Consumption	7
------------------------	---

**Other relevant Services:** Gaps in provision

**There are no current gaps in the provision of other relevant services in Lower Valley integrated neighbourhood team areas**

**Improvements and Better Access:** gaps in provision related to Market Entry and Exit Regulations

**The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.**

**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.**

## 7.4 North Halifax

### Population

- Total population 45,800
- North Halifax has a higher percentage of 0- to 19-year-olds compared to Calderdale and a lower percentage of those aged 60 plus compared to Calderdale.
- Around 11.0% of the population are from Black or Minority ethnic backgrounds.
- During 2023 there were 364 births
- 21.0% of the population had a long-term limiting illness or disability

### Planned Development

The number of estimated dwelling completions between April 2025 to March 2029 is 996 resulting in an estimated potential increase in population of 2291

### Health Need

The following health indicators were significantly worse for North Halifax:

- Cervical, breast and bowel screening rates are lower
- Incidence of depression is higher
- COPD prevalence is higher

### Number of pharmacies - 6

### Necessary Services: Current Provision

	Number of pharmacies providing
Essential Services	6

New Medicine Service	6
Pharmacy First	6
Influenza Vaccination	4 (October 2024)

**Necessary Services:** Gaps in provision

**There are no current gaps in the provision of necessary services in North Halifax integrated neighbourhood team areas**

**Other Relevant Services:** Current provision

*Advanced Services*

	Number of pharmacies providing
Hypertension Case Finding Service	6
Lateral Flow Device Tests Supply Service	1
Pharmacy Contraception Advanced Service	3
Smoking Cessation Advanced Service	3

*Local Enhanced Services*

	Number of pharmacies providing
Minor Ailments and Headlice	6
Palliative Care Formulary Service	0

*National Enhanced Services*

Covid-19 Vaccination – 4 pharmacies

*Services Commissioned Locally*

	Number of pharmacies providing
EHC and Sexual Health	3
Needle & Syringe Program	3
Stop Smoking	7
Supervised Consumption	6

**Other relevant Services:** Gaps in provision

**There are no current gaps in the provision of other relevant services in North Halifax integrated neighbourhood team areas**

**Improvements and Better Access:** gaps in provision related to Market Entry and Exit Regulations

**The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.**

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.

## 7.5 Upper Valley

### Population

- Total population 34,600
- Upper Valley has a lower percentage of 0 – 4-year-olds compared to Calderdale and a lower percentage of 20–44-year-olds. It has a higher percentage of 50–79-year-olds.
- Around 8.6% of the population are from Black or Minority ethnic backgrounds.
- During 2023 there were 251 births
- 19.4% of the population had a long-term limiting illness or disability

### Planned Development

Number of estimated dwelling completions between April 2025 to March 2029 is 367 resulting in an estimated potential increase in population of 844.

### Health Need

The following health indicators were significantly worse for Upper Valley:

- Cancer and palliative care prevalence is higher
- Hypertension prevalence is higher
- Mental health prevalence is higher
- Asthma prevalence is higher

**Number of pharmacies 7** (including two distance selling pharmacies)

### Necessary Services: Current Provision

	Number of pharmacies providing
Essential Services	7
New Medicine Service	7
Pharmacy First	7
Influenza Vaccination	6 (October 2024)

### Necessary Services: Gaps in provision

**There are no current gaps in the provision of necessary services in Upper Valley integrated neighbourhood team areas**

### Other Relevant Services: Current provision

### *Advanced Services*

	Number of pharmacies providing
Hypertension Case Finding Service	7
Lateral Flow Device Tests Supply Service	7
Pharmacy Contraception Service	7
Smoking Cessation Advanced Service	1

### *Local Enhanced Services*

	Number of pharmacies providing
Minor Ailments and Headlice	2
Palliative Care Formulary Service	2

### *National Enhanced Services*

Covid-19 Vaccination – 2 pharmacies

### *Services Commissioned Locally*

	Number of pharmacies providing
EHC and Sexual Health	3
Needle & Syringe Program	3
Stop Smoking	7
Supervised Consumption	6

**Other relevant Services:** Gaps in provision

**There are no current gaps in the provision of other relevant services in Upper Valley integrated neighbourhood team areas**

**Improvements and Better Access:** gaps in provision related to Market Entry and Exit Regulations

**The PNA has not identified any current or future needs which could not be met by pharmacies currently on the pharmaceutical list.**

**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.**

## 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 integrated neighbourhood team areas 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, Pharmacy First and Flu Vaccination.

Overall, there are 45 pharmacies across Calderdale, including three distance selling pharmacies, with a good spread across the five integrated neighbourhood team areas. 45 pharmacies provide essential services, 45 pharmacies provide the New Medicine Service, 44 provide the Pharmacy First service and 35 provide the flu vaccination service. There is a good distribution of pharmacies offering these services across the integrated neighbourhood team areas.

There are six 72-hour pharmacies across Calderdale and eight pharmacies with Sunday opening, 26 with Saturday opening and 41 with evening opening. Therefore, access to community pharmacy based on opening times and geographical location is good.

Geographical access to pharmacies is good with 97% of the population being able to access a pharmacy within a 5-minute drive 71% of the population are within a 15-minute walking distance to a pharmacy.

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 integrated neighbourhood team areas across Calderdale.**

#### **Future provision**

Projections suggest that the population of Calderdale may increase by around 4,100 by 2028. There are also 5227 new housing completions planned which if completed by 2025 could result in a potential increase in population of around 12,022 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.

**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 integrated neighbourhood team areas across Calderdale.**

## **8.2 Other Relevant Services**

Four other advanced services (Hypertension Case Finding Service, Lateral Flow Device Service, Pharmacy Contraception Service, Smoking Cessation Service), three local enhanced services (Minor Ailments & Headlice, Palliative Care Formulary Service and Independent Community Prescribing Pathfinder Programme), one national enhanced service (Covid-19 Vaccination) and four services commissioned locally (EHC & sexual health, Needle & syringe programme, stop smoking and supervised consumption) 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 integrated neighbourhood team areas.**

## **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.

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 integrated neighbourhood team areas.**

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

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Jonathan Stansbie	Public Health Intelligence Lead	Bradford Council
Paula Holden	Public Health Manager (Intelligence)	Calderdale Council
Owen Richardson	Data & Insight Enablement Lead	Kirklees Council
Adam Taylor	Public Health Intelligence Manager	Leeds Council
Paul Jacques	Public Health Intelligence Manager	Wakefield Council
Nicola Goodberry-Kenneally	Chief Executive Officer	Community Pharmacy West Yorkshire
Gill Sealey	Primary Care Programme Manager	West Yorkshire ICB
Sammi Hall	Medicines Optimisation Pharmacist	West Yorkshire ICB
Aun Qureshi	GP/Local Medical Committee	Attending for all WY LMCs
Clare Costello	Operations Manager	Healthwatch

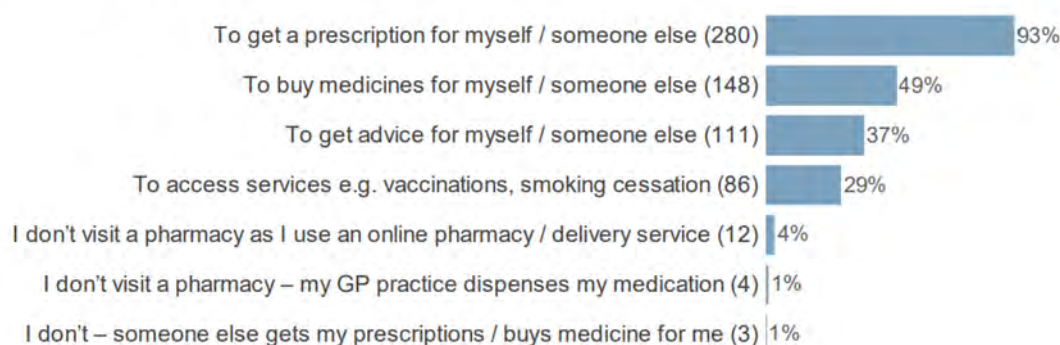


## Appendix 2 – Results of Public Survey

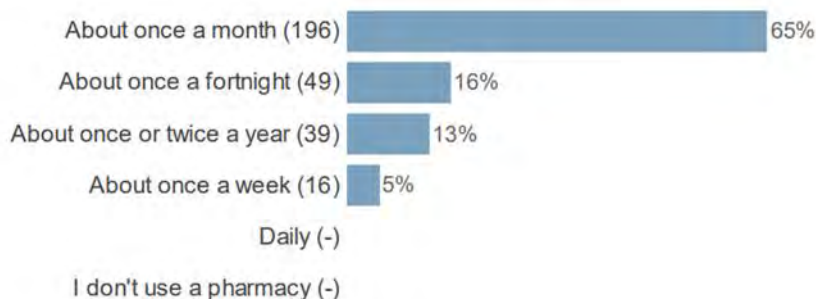
A survey to members of the public was carried out, which asked about pharmaceutical service use. It was developed by the steering group then made available online for members of the public to complete. The survey was promoted by the communications team to ensure a good response.

Total number of respondents for Calderdale – 300

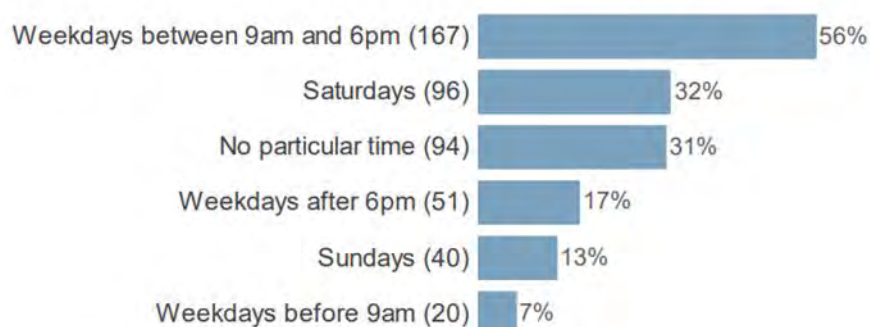
### Q1. Why do you usually visit a pharmacy? (please select all that apply)



### Q2. How often do you use a pharmacy? (please select the option that most closely reflects how often you use a pharmacy)



### Q3. When do you prefer to visit a pharmacy? (please select all that apply)

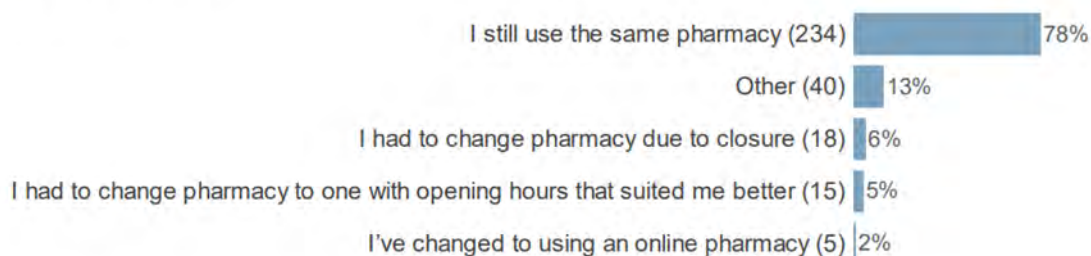


#### Q4. Do you tend to use the same pharmacy?



#### Q5. Thinking about the pharmacy that you normally use, how has this changed in the last two years?

Tick all that apply:



Free text responses “other”

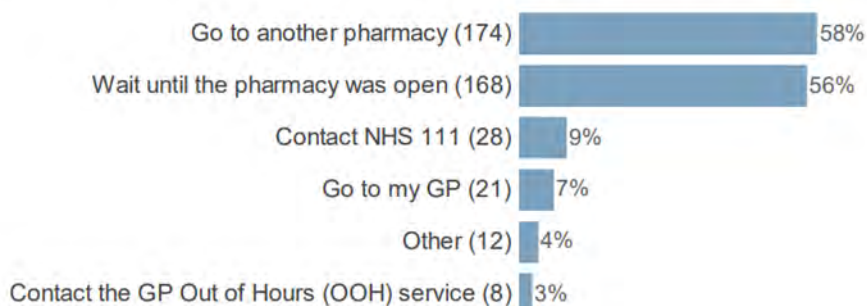
Theme	Description	Mentions (Approx.)
<b>Change of Pharmacy</b>	Switched due to poor service, staff behaviour, prescription issues, or more convenient alternatives.	18
<b>Opening Hours</b>	Complaints about reduced or inconvenient hours (e.g. not open late, weekends, or early mornings).	9
<b>Medication Availability</b>	Frequent stock issues, needing to visit multiple pharmacies for prescriptions.	8
<b>Service Quality</b>	Decline in service after takeovers; unhelpful staff, long waits, or prescription errors.	8
<b>Delivery/Online Services</b>	Preference for pharmacies offering delivery or online ordering.	7
<b>System Issues</b>	Frustration with electronic prescription systems or being auto-assigned to a pharmacy.	4
<b>Other</b>	Includes moving house, having no change, or using multiple pharmacies for different needs.	5

#### Q6. If you've had to change pharmacy, what was the impact on you, if any?

Theme	Description	Mentions (Approx.)
<b>Positive Impact</b>	Improved service, better opening hours, more convenient location, quicker delivery, better stock availability, or access to online services.	12
<b>No Significant Impact</b>	Many respondents reported no real impact, or that the change was neutral.	15

<b>Negative Impact – Travel</b>	Longer travel distances, increased transport costs, and inconvenience due to lack of nearby pharmacies or parking issues.	14
<b>Negative Impact – Service Issues</b>	Long queues, prescription mix-ups, reduced privacy, and unhelpful staff at new pharmacy.	8
<b>Emotional or Practical Concerns</b>	Loss of trusted relationships, reduced access to advice, disappointment, or needing to rebuild trust.	5
<b>Other/Contextual Comments</b>	Limited choice due to system constraints, use of delivery services, or mixed experiences when using multiple pharmacies.	5

**Q7. If the pharmacy you normally use wasn't open, what would you do? (please select all that apply) (Q7. If the pharmacy you normally use wasn't ...)**



Free text responses “other”

<b>Theme</b>	<b>Description</b>	<b>Mentions (Approx.)</b>
<b>Seek Alternative Pharmacy</b>	Many would try to find another open pharmacy, especially those with extended or out-of-hours availability (e.g. Tesco, Asda).	5
<b>Check Online</b>	Respondents mentioned checking online for advice, product availability, or alternative options.	4
<b>Depends on Reason/Urgency</b>	Several highlighted that their actions would depend on why they needed the pharmacy (e.g. advice vs. urgent medication).	6
<b>Wait Until Usual Pharmacy Opens</b>	Some indicated they would wait, particularly if prescriptions were electronic and not easily transferred elsewhere.	2
<b>Contact GP</b>	Others mentioned contacting their GP to redirect the prescription or for advice.	3
<b>Use Personal Network</b>	One respondent said they would call a relative who is a nurse for help.	1
<b>Not Sure/No Response</b>	A few expressed uncertainty or answered "n/a."	2

Q8. What is important to you about the location of a pharmacy? (please select all that apply)



Free text “other”

Theme	Description	Mentions (Approx.)
<b>Convenience/Accessibility</b>	Preference for pharmacies that are close to other activities (e.g. shopping, GP visits), easy to access, and located where the respondent already travels.	6
<b>Staff Quality and Familiarity</b>	Respondents appreciated friendly, helpful, and knowledgeable staff, especially when a relationship had already been built.	4
<b>Opening Hours</b>	Long or flexible opening hours, including weekends, were seen as valuable.	3
<b>Service Reliability</b>	Competence in supplying repeat prescriptions or standing orders, particularly compared to larger pharmacy chains.	2
<b>Environmental and Social Factors</b>	Some valued surroundings such as nearby seating, rest facilities, nearby amenities, and even aesthetics (e.g. public architecture and the overall town layout).	2
<b>Physical Accessibility</b>	Access to disabled parking or flatter routes was mentioned as important for those with mobility issues.	2
<b>Other</b>	Unique considerations like the potential for cycling access, bike stands, and security were also raised.	1

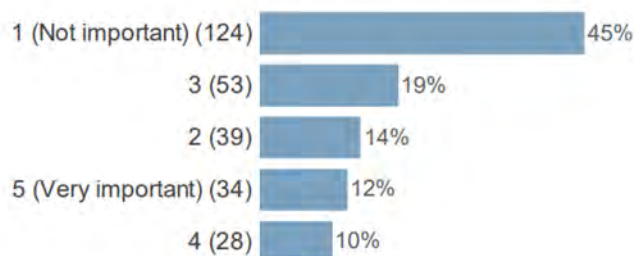
Q9. Are you able to visit your pharmacy of choice when you need to?



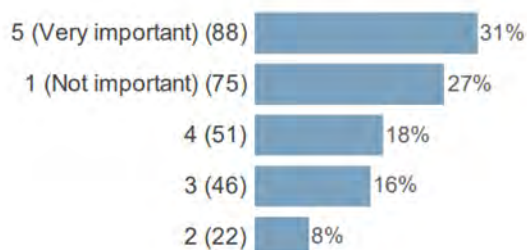
If no why not (free text responses)

Theme	Description	Mentions (Approx.)
<b>Restricted Opening Hours</b>	Most common reason. Pharmacies not open evenings or weekends (especially Saturdays and Sundays), making access difficult.	19
<b>Work Schedule Conflicts</b>	Respondents working 9–5 found it difficult to attend during opening hours, especially when pharmacies close before or at 6pm.	7
<b>Mobility and Disability</b>	Several cited disability, chronic illness, or reliance on others for transport as barriers to visiting the pharmacy in person.	6
<b>Location and Transport Issues</b>	Inconvenience due to parking difficulties, inability to drive, or need for delivery services.	3
<b>Service/Stock Issues</b>	Occasional unavailability of prescriptions or long wait times (up to an hour) were mentioned.	2
<b>Preference vs Availability</b>	Some wished to support independent pharmacies but were limited to larger chains (e.g. Boots) due to monopoly or hours.	2
<b>Other</b>	Includes references to pharmacy staff training/admin issues and mental/physical capacity fluctuations due to illness.	2

Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Early opening times (before 9am))

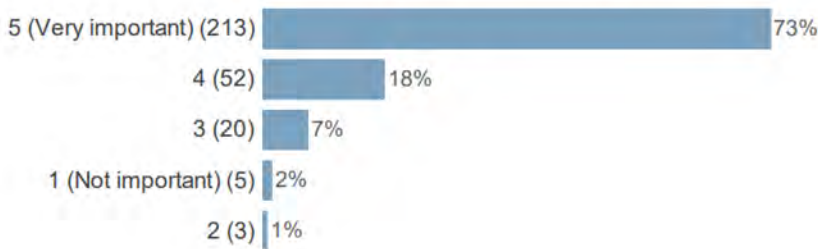


Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Late opening times (after 6pm))

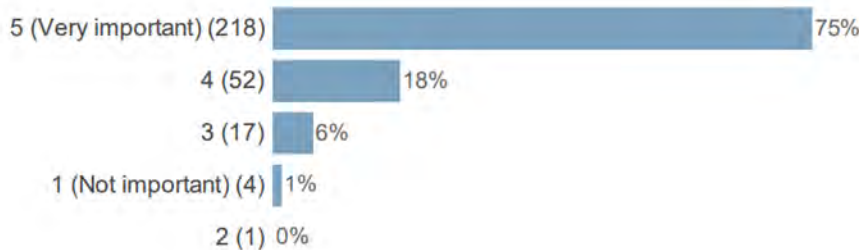




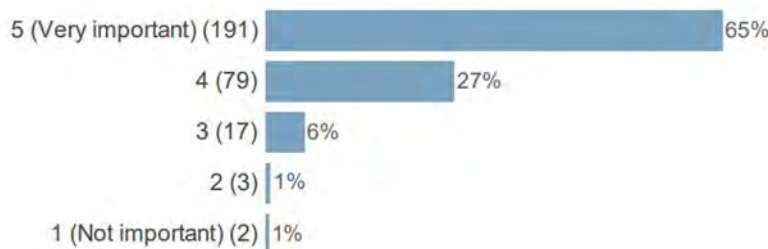
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Location)



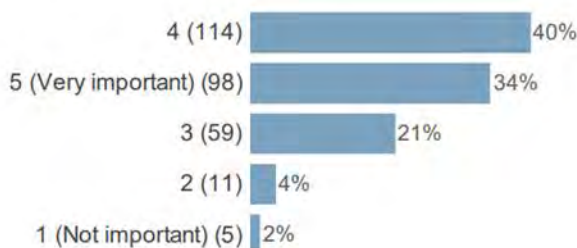
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Knowledgeable staff)



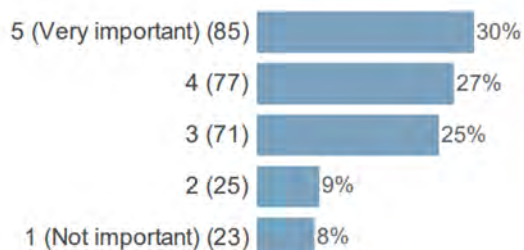
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Friendly staff)



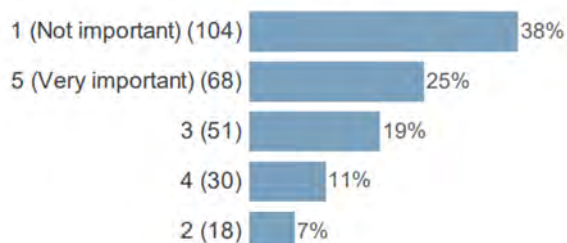
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Short waiting times)



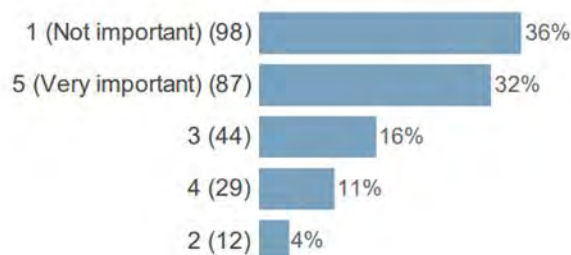
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important)  
(Consultation room to speak to the pharmacist)



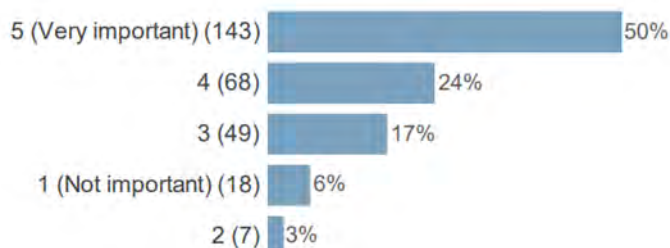
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Accessibility i.e. wheelchair/baby buggy friendly)



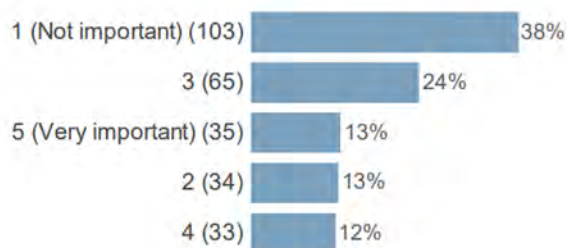
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Being able to speak to the staff in my preferred language)



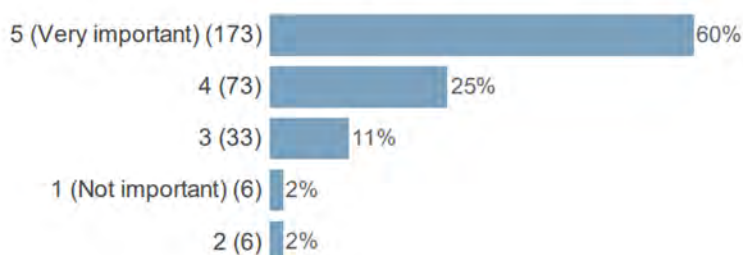
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Being able to walk in without an appointment)



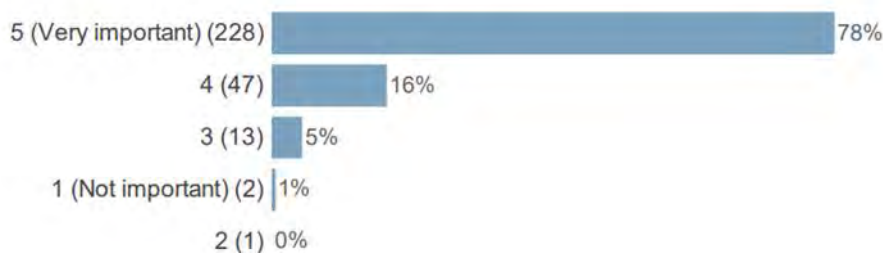
Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (Provision of online services (e.g. online consultation))



Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (The pharmacy team taking time to listen to you)

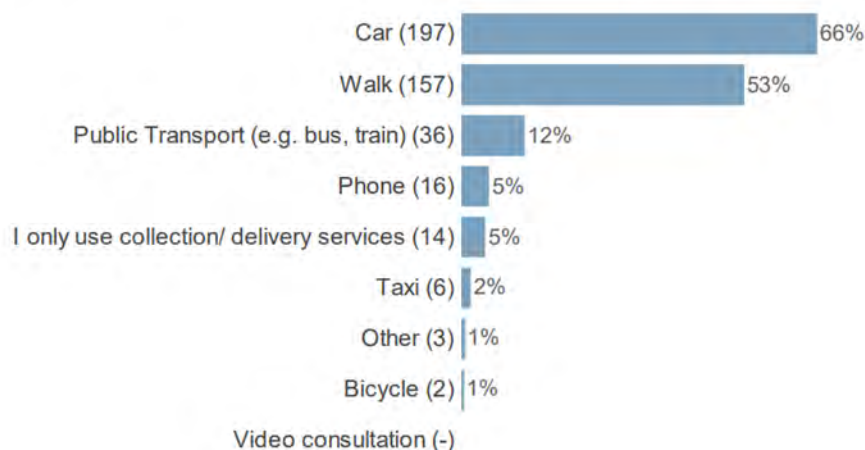


Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important) (The pharmacy having things you need)





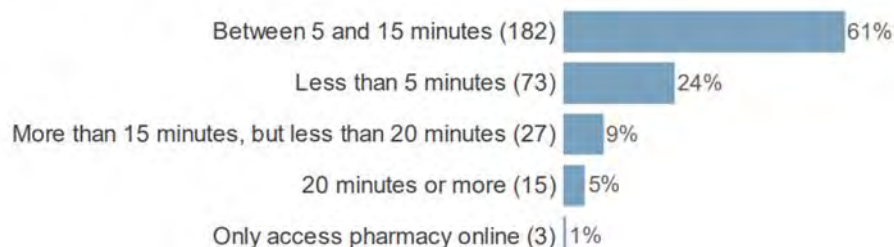
Q11. How would you usually access a pharmacy (Q11. How would you usually access a pharmacy...)



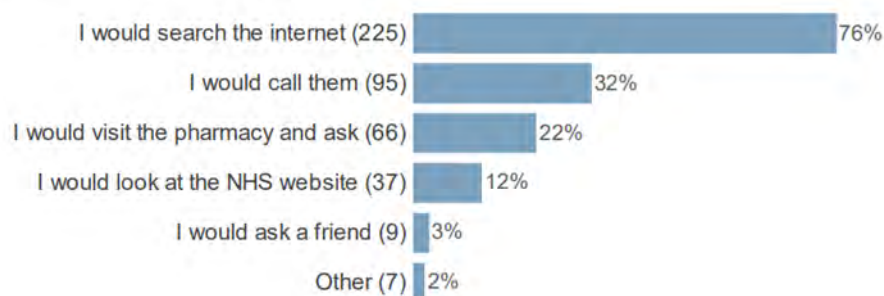
“Other” free text responses

Theme	Description	Mentions (Approx.)
Assistance from Others	Medication is often collected by a spouse or someone else on their behalf.	2
Mobility Aids	Use of wheelchair or mobility scooter to access the pharmacy.	1

Q12. How long does it usually take to get there?



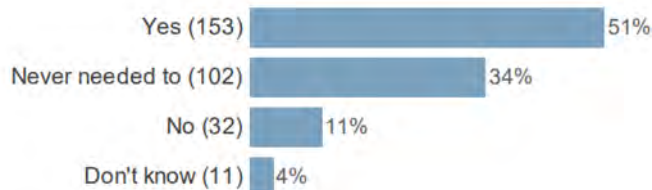
Q13. How do you find out information about the pharmacy - such as opening times or services being offered? (please select all that apply) (Q13. How do you find out information about t...)



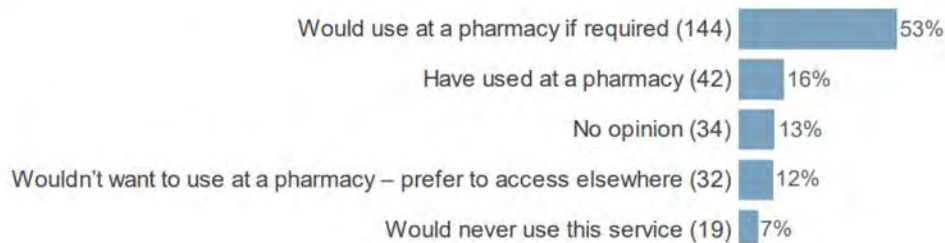
### “Other” free text responses

Respondents stated that they would look at social media (e.g. Facebook) or find details of opening times or services on the door/window.

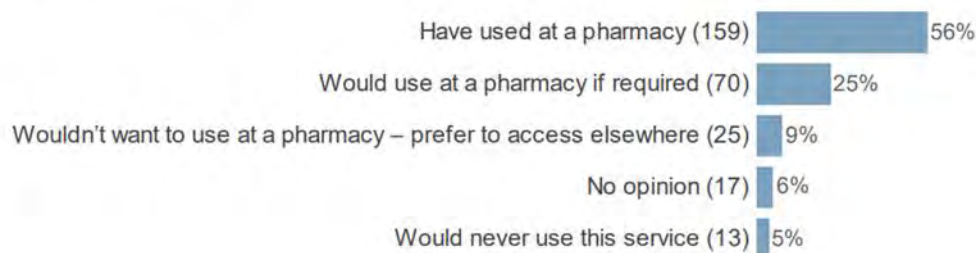
**Q14. Do you feel able to talk about something private/ sensitive with a pharmacy staff? (Q14. Do you feel able to talk about somethin...)**



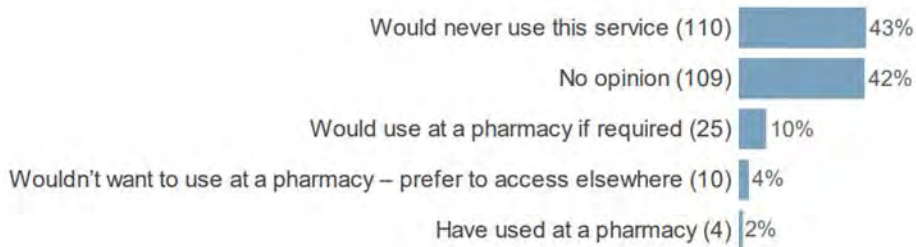
**Q15. Have you used any of the following services? (please select all that apply) (Health Checks (e.g. cholesterol, blood pressure, diabetes))**



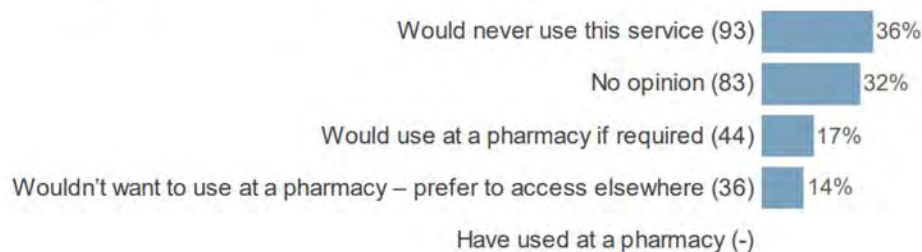
**Q15. Have you used any of the following services? (please select all that apply) (Vaccinations (e.g. flu/ covid vaccinations))**



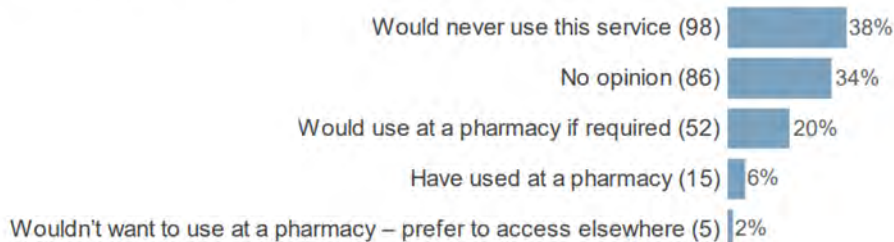
Q15. Have you used any of the following services? (please select all that apply)  
(Support to Stop Smoking)



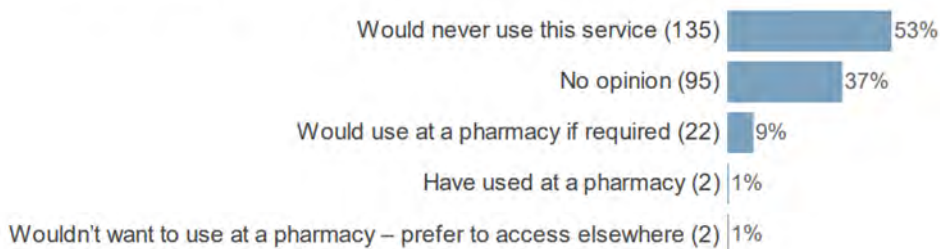
Q15. Have you used any of the following services? (please select all that apply)  
(Testing for Sexually Transmitted Infections)



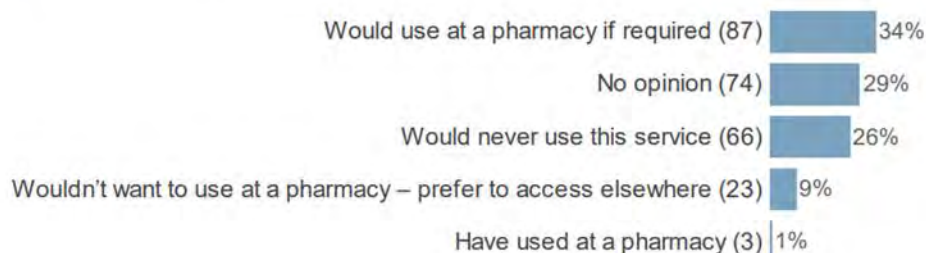
Q15. Have you used any of the following services? (please select all that apply)  
(Emergency contraception)



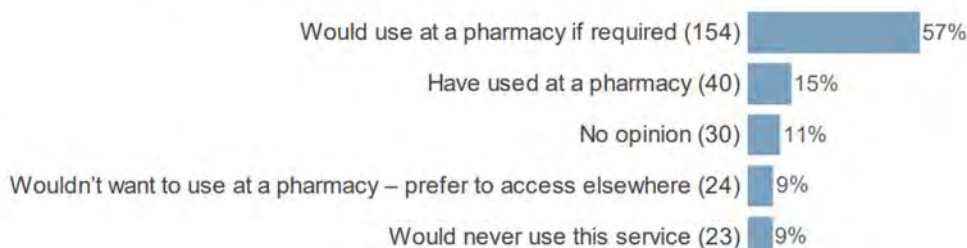
Q15. Have you used any of the following services? (please select all that apply)  
(Needle Exchange Service)



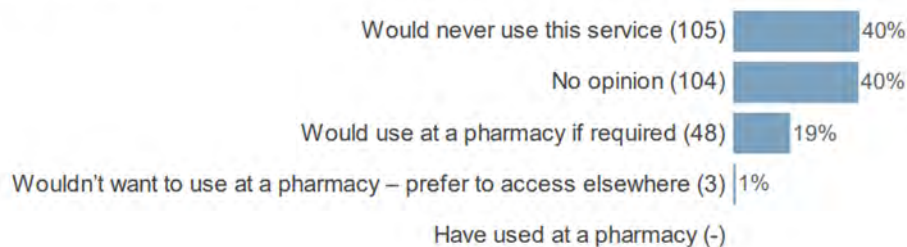
Q15. Have you used any of the following services? (please select all that apply)  
(Support to lose weight)



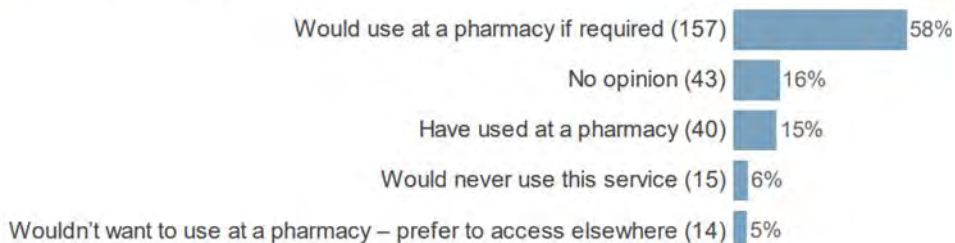
Q15. Have you used any of the following services? (please select all that apply)  
(Blood pressure checks)



Q15. Have you used any of the following services? (please select all that apply) (C-card scheme (free condoms))

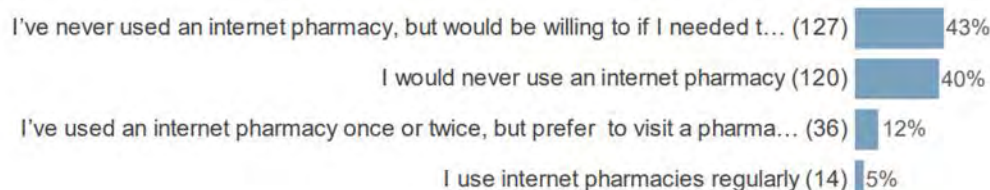


Q15. Have you used any of the following services? (please select all that apply)  
(Pharmacy first -7 clinical conditions which can be treated via Pharmacist)





Q16. Thinking about the use of internet pharmacies (those pharmacies where you can only order your prescription online, for delivery to your home), which statement is most appropriate to you? (Q16. Thinking about the use of internet phar...)



Q17. Please state any other pharmacy services that you have used

Theme	Description	Mentions (Approx.)
<b>Advice and Health Support</b>	Pharmacists were consulted for advice on conditions (e.g. asthma, skin issues, rashes, minor ailments, drug interactions).	10
<b>Vaccinations and Jabs</b>	Respondents mentioned flu jabs, COVID-19 vaccines, and travel vaccinations.	5
<b>Prescription Delivery</b>	Several made use of home delivery services for medication.	4
<b>Over-the-Counter Medicines</b>	Use for products like travel sickness, hay fever, and other non-prescription items.	3
<b>Specialist Schemes/Support</b>	Blister packs for elderly relatives, Headlice scheme, minor ailments scheme, Pharmacy First.	4
<b>Prescription Services</b>	Included use for both NHS and private prescriptions (e.g. HRT).	2
<b>Disposal/Needle Waste Issues</b>	One respondent attempted to dispose of needle drivers but was refused.	1
<b>Other Retail Services</b>	Occasional use of in-pharmacy services like eye tests (e.g. at Boots).	1
<b>No Other Services Used</b>	A number of respondents said they had only used the pharmacy for prescription collection.	7

Q18. Is there anything else that you would like to say about pharmacy services in your area, or any further service you would like from your pharmacist that isn't currently being provided? If so, please tell us here:

Theme	Description	Mentions (Approx.)
-------	-------------	--------------------

<b>Praise for Local Pharmacies</b>	Many expressed appreciation for friendly, efficient, community-based service—particularly from independent pharmacies.	25+
<b>Concerns Over Closures and Underfunding</b>	Respondents worry about pharmacy closures, reduced access, and insufficient funding.	15+
<b>Access and Opening Hours</b>	Desire for longer opening hours, weekend access, and better alignment with GP surgery times.	12+
<b>Staffing and Service Delays</b>	Reports of long waits, limited staff, and service deterioration in recent years.	10+
<b>Medication Availability and Repeat Issues</b>	Frustration with supply shortages, repeat prescription delays, and multi-trip collection requirements.	10+
<b>Delivery and Remote Services</b>	Delivery was viewed as essential, particularly for disabled, elderly, or rural residents.	7+
<b>Online and Communication Tools</b>	Calls for better digital options: stock checking, SMS updates, and consistency in notification.	5+
<b>Privacy and Environment</b>	Issues with lack of private consultation spaces, overcrowding, and impersonal or transactional experiences.	5+
<b>Pharmacy Role and Responsibility Debate</b>	Mixed views: some support expanded roles, others feel pharmacists should not replace GPs in care decisions.	8+
<b>Transport and Parking</b>	Access difficulties due to poor parking, distance, or public transport limitations.	5+
<b>Negative Staff or Management Experiences</b>	Isolated reports of unprofessional conduct, poor communication, or concerns around pharmacy governance.	4+
<b>Service Gaps or Suggestions</b>	Requests for more services like late-night openings, door-to-door delivery, improved training, and better communication with GPs.	6+

### Demographics of Respondents

The number of respondents by each category was compared with the number in the population from the Census 2021 where available to determine how representative the responses were of the population. As can be seen from the tables respondents were underrepresented for the following groups; people aged under 34, men, those who are Pakistani and other minority ethnic groups and those of religions other than Christian.

Age group	Number of respondents	Number in Population	Response Rate per 10,000 population	Lower Confidence Interval	Upper Confidence Interval

0- 17	1	45122	0.2	0.0	1.2
18- 24	5	14035	3.6	1.2	8.3
25- 34	6	24922	2.4	0.9	5.2
35- 44	31	25685	12.1	8.2	17.1
45- 54	64	29546	21.7	16.7	27.7
55- 64	84	28012	30.0	23.9	37.1
65- 74	69	21959	31.4	24.5	39.8
75- 84	26	12691	20.5	13.4	30.0
85+	4	4662	8.6	2.3	22.0
Prefer not to say	8				
Grand Total	298	206634	14.4	12.8	16.2

Gender	Number of respondents	Number in Population Aged 16+	Response Rate per 10,000 population	Lower Confidence Interval	Upper Confidence Interval
A man	64	80423	8.0	6.1	10.2
A woman	215	86504	24.9	21.6	28.4
Non - binary	2	99	202.0	24.6	710.8
Prefer to self-describe	2	55	363.6	44.3	1252.6
Prefer not to say	14				
Grand Total	297	167081	17.8	15.8	19.9

Ethnicity	Number of respondents	Number in Population	Response Rate per 10,000 population	Lower Confidence Interval	Upper Confidence Interval
Asian, Asian British or Asian Welsh: Bangladeshi		681	0	0.0	54.0
Asian, Asian British or Asian Welsh: Chinese		415	0	0.0	88.5
Asian, Asian British or Asian Welsh: Indian	1	1,861	5.4	0.1	29.9
Asian, Asian British or Asian Welsh: Pakistani	1	17,637	0.6	0.0	3.2
Asian, Asian British or Asian Welsh: Other Asian		1,132	0.0	0.0	32.5
Black, Black British, Black Welsh, Caribbean or African: African		847	0.0	0.0	43.5
Black, Black British, Black Welsh, Caribbean or African: Caribbean		400	0.0	0.0	91.8
Black, Black British, Black Welsh, Caribbean or African: Other Black		192	0.0	0.0	190.3
Mixed or Multiple ethnic groups: White and Black African		372	0.0	0.0	98.7
Mixed or Multiple ethnic groups: White and Black Caribbean	1	1,348	7.4	0.2	41.3
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups		849	0.0	0.0	43.4
White: English, Welsh, Scottish, Northern Irish or British	274	170,983	16.0	14.2	18.0
White: Irish	3	1,564	19.2	4.0	56.0
White: Gypsy or Irish Traveller		136	0.0	0.0	267.6

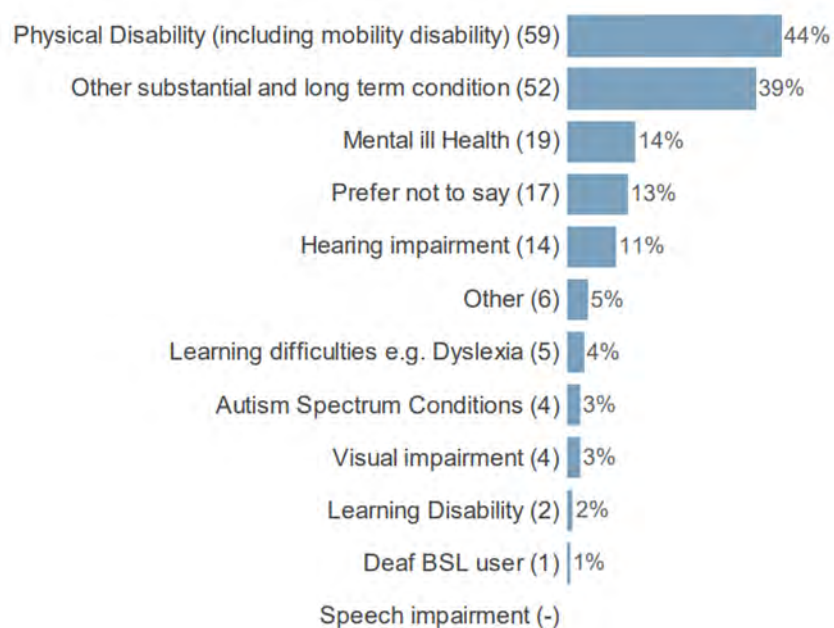
White: Roma		247	0.0	0.0	148.2
White: Other White	5	4,906	10.2	3.3	23.8
Any Other ethnic group	1	1,603	6.2	0.2	34.7
Total	286	205,173	13.9	12.4	15.7

Religion	Number of respondents	Number in Population Aged 16+	Response Rate per 10,000 population	Lower Confidence Interval	Upper Confidence Interval
Any other religion	4	991	40.4	11.0	103.0
Buddhist	1	588	17.0	0.4	94.4
Christian	144	75151	19.2	16.2	22.6
Hindu	1	836	12.0	0.3	66.5
Jewish	0	134	0.0	0.0	271.5
Muslim	1	13392	0.7	0.0	4.2
Sikh	0	303	0.0	0.0	121.0
No religion	121	66546	18.2	15.1	21.7
Prefer not to say	23	8692	26.5	16.8	39.7
Grand Total	295	166633	17.7	15.7	19.8

Limiting health condition	Number of respondents	Number in Population aged 15+	Response Rate per 10,000 population	Lower Confidence Interval	Upper Confidence Interval
Yes, limited a lot	34	14755	23.0	16.0	32.2
Yes, limited a little	82	19841	41.3	32.9	51.3
No	170	133331	12.8	10.9	14.8
Prefer not to say	12				
Grand Total	298	167927	17.7	15.8	19.9



## Type of disability



Sexual Orientation	Number of respondents	Number in Population Aged 16+	Response Rate per 10,000 population	Lower Confidence Interval	Upper Confidence Interval
Bi-sexual	6	1968	30.5	11.2	66.2
Gay or Lesbian	13	2,811	46.2	24.6	79.0
Heterosexual or Straight	247	149,815	16.5	14.5	18.7
Prefer not to say	27				
Grand Total	293	154594	19.0	16.8	21.2

For the following questions, no comparable demographic information from the Census was available.

Relationship status	Number of respondents
Civil partnership	6
Cohabiting	24
Married	151
Prefer not to say	28
Single	84
Grand Total	293

Are you currently pregnant?	Number of respondents
No	223
Prefer not to say	9
Yes	3

Not applicable	60
Grand Total	295

## Appendix 3 – Results of Pharmacy Contractors Survey

We received 17 responses from a total of 45 pharmacies in Calderdale, therefore the results may not be representative.

### Q1 Does the pharmacy currently provide any of the following services (non-commissioned)?

	Number	Percentage
Delivery free of charge to patients	15	88.2
Delivery chargeable to patients	2	11.8

### Q2 Is the entrance to the pharmacy accessible for wheelchair users?

	Number	Percentage
No	1	5.9
Yes	16	94.1

### Q3 Do you have any of the following facilities in the pharmacy to support people with disabilities?

	Number	Percentage
Automatic door assistance	7	41.2
Bell at front door	2	11.8
Disabled toilet facility	3	17.6
Hearing loop	5	29.4
Large print labels/Leaflets	13	76.5
Wheelchair ramp access	6	35.3

### Q4 Is there a consultation area (meeting the criteria within the Community Pharmacy Contractual Framework Terms of Service) on the premises?

	Number	Percentage
None, have submitted a request to the West Yorkshire Integrated Care Board (WYICB) that the premises are too small for a consultation room	0	0
None (Distance Selling Pharmacy)	0	0
Available (including wheelchair access)	12	70.6
Available (without wheelchair access)	5	29.4

**Q5 During consultations are there any of the following available?**

	Number	Percentage
Hand-washing facilities	17	100.0
Access to toilet facilities	4	23.5

**Q6 Is there a particular need for an additional locally commissioned service in your area?**

	Number	Percentage
Don't know	7	41.2
No	4	23.5
Yes	6	35.3

**If yes why?**

Ear Syringing and Audiology checks

Minor Ailments Service is available in Calderdale but are currently not taking on new Pharmacies. I feel as this would support patients who can't pay for over the counter medicines and support the Pharmacy First Service.

Extended minor ailment list - to counter health poverty - many patients simply cannot afford to pay for common over the counter medication. In work poverty means many a time people will not collect prescriptions as they cannot afford the item fee.

Weight Management - The Prevalence of and complications of obesity rates are high

Inhaler Services - I believe this will benefit the community greatly and relieve some of the pressure from the GP 's

EHC free contraceptive service (emergency) as non available in local area. Able to provide free contraceptive service but not the free one.

NHS stop smoking service - to encourage stop smoking

Needle exchange - a lot of demand in north Halifax

Independent prescribing clinic - to improve patient access to healthcare - currently on the day appointments are lacking and Pharmacy First covers a limited scope of 7 ailments in very narrow groups

**Q7 What do you feel is needed to better support your community, reduce inequalities and support people from underserved groups?**

More funding for Pharmacy

We need to consult with local people and get their views on this matter

Ability to supply meds needed on Pharmacy First consultations free of charge to those who cannot afford to buy them (not just clinical pathways)

Better investments in community pharmacies and more support form pharmacies so they can provide the services needed to the community they service.

Double yellow lines in front of pharmacy are discouraging patients to attend pharmacy especially those with small children and elderly who don't have disabled badges but have difficulty in walking. Also plans to remove parking in front of pharmacy and instil cycling lane will discourage people from coming to pharmacy. We have had instances when people have poorly children parked in front of shop that have left sale of painkillers because they are getting a ticket.

Mitigate against digital inequalities especially people without computers or computer access

Ample access to healthcare professionals and pharmacy lead mental health support/ counselling scheme.

**Q8 There are likely to be a number of housing and other developments taking place across the local area with more planned and the PNA will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacies and dispensing appliance contractor premises. With this in mind please select the option that best reflects your situation at the moment**

	Number	Percentage
We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand from new housing developments in our area	6	35.3
We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand from new housing developments in our area	11	64.7
We don't have sufficient premises and staffing capacity and would have difficulty managing an increase in demand from new housing developments	0	0

**Q9 We are aware that there have been a number of changes to pharmacy provision over recent years, with a number of pharmacy closures and changes to opening hours. Have these changes had an impact on your pharmacy?**

	Number	Percentage
No	5	29.4
Not sure	4	23.5
Yes	8	47.1

**If Yes, please tell us what kind of impact you have seen:**

Reduced funding = more stress and fear of the business closing, increased pressure from supply chain

We have had to reduce our opening hours

We are busier

We have been asked to do more deliveries and take on extra dosette patients which are both unfunded services

It has had a significant impact on the pharmacy. we are providing drugs to patients at a loss to the pharmacy and simply put the pharmacy cannot operate at this rate. It is difficult to recruit staff and

they pharmacists are under a lot of stress. Independent pharmacies like ours will not survive and this will have a greater impact on the community we serve. The financial situation is dire and pharmacies are in need of more support.

Reduced opening hours

Less profitable - often dispensing many items at a loss - this is in part due to the ICB and branded switches.

Reduced income and increased staffing pressure

**Please use the space below to tell us any additional information that you feel is not captured within this questionnaire. You may wish to include comments about additional services you would like to provide if you were commissioned to do so**

The pharmacies need to be more valued and supported and pharmacists time is very much undervalued too. 90% of the consultations done by the pharmacist are unpaid. We as pharmacist's are expected to more in the limited time we have. We are happy to take more on but we need to be properly remunerated and supported.

There shouldn't be double yellow lines in front of a pharmacy as this discourages patient from getting advice and willing to use needed service

Weight loss service - pharmacists are very well placed to offer consultation and supply. Why do we not have a commissioned needle exchange service is beyond me. We have nearly 50 substance misuse users

## **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 18 responses to the consultation, with 15 being from members of the public, 2 were from a local pharmacist/pharmacy contractor and one was from a voluntary or community sector organisation.

### Has the purpose of the pharmaceutical needs assessment been explained?

Yes = 16, No =2

Comments	Response to comments
Summary of comment from a member of the public-Nobody has explained the needs assessment and the document is too long for a member of the public to read	The document has been written to contain enough detail to assess applications for new pharmacies. We will create a separate summary version of the PNA for members of the public.

### Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

Yes = 13, No = 5

Comments	Response to comments
Comment from a member of the public - There's a problem with hospital discharges	Hospital pharmacies are not on the pharmaceutical list and are commissioned by the acute trust, therefore they are outside the scope of the PNA. All community pharmacies offer the Discharge Medicines Service which is an essential service and the locations of pharmacies are provided in the document.

Comment from a member of the public - Horrendous queues, extremely busy all the time, rushed experiences medicines not always there	Quality issues are outside the scope of the PNA. Formal complaints about any issues can either be made directly to the pharmacy involved or a complaint can be raised with the ICB. Details of the ICB complaint process can be found here <a href="#">Comments, concerns and complaints :: West Yorkshire Health &amp; Care Partnership</a>
---	--

### Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

Yes = 13, No =5

Comments	Response to comments
Comment from a member of the public - It's not taking into account the needs of people being discharged from hospital	Hospital pharmacies are not on the pharmaceutical list and are commissioned by the acute trust, therefore they are outside the scope of the PNA. All community pharmacies offer the Discharge Medicines Service which is an essential service and the locations of pharmacies are provided in the document.
Comment from a member of the public -It's not an adequate service too many customers for one chemist	Quality issues are outside the scope of the PNA. Formal complaints about any issues can either be made directly to the pharmacy involved or a complaint can be raised with the ICB. Details of the ICB complaint process can be found here <a href="#">Comments, concerns and complaints :: West Yorkshire Health &amp; Care Partnership</a>
Comment from a member of the public -Because it doesn't include quality of provision and how this may be assessed	Quality issues are outside the scope of the PNA.

**Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?**

Yes =13, No = 4

No comments

**Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?**

Yes = 12, No = 5

**Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

Yes = 10, No=6

No comments

**Do you agree with the conclusions of the pharmaceutical needs assessment?**

Yes =12, No=6

No comments

**Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?**

Comment	Response to comment
The local hospital only allows medication to be collected from its in-house pharmacy for discharging patients. This is denying local residents access to their local pharmacies and is stopping a true assessment of local pharmacy needs to be carried out	Hospital pharmacies are not on the pharmaceutical list and are commissioned by the acute trust, therefore they are outside the scope of the PNA.



Yes another chemist is needed in Hebden Bridge	There is one pharmacy located in Hebden Bridge, plus one located approximately 1 mile away in Mytholmroyd. In addition, online pharmacies can be accessed from any location. Therefore, the PNA has assessed pharmaceutical provision in Hebden Bridge as adequate.
It doesn't talk about quality - the chemist nearest to us are not tested by the local community or the GP practice.	Quality issues are outside the scope of the PNA
Medication not always available despite repeat ordering	Quality issues are outside the scope of the PNA. Formal complaints about any issues can either be made directly to the pharmacy involved or a complaint can be raised with the ICB. Details of the ICB complaint process can be found here <a href="#">Comments, concerns and complaints :: West Yorkshire Health &amp; Care Partnership</a>

**Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted? If yes, what are those services?**

Comment	Response to comment
Local provision for people being discharged from hospital to use a pharmacy of their choice for medication, instead of being forced to use the hospital pharmacy	Hospital pharmacies are not on the pharmaceutical list and are commissioned by the acute trust, therefore they are outside the scope of the PNA.
There seems to be confusion around some services i.e. flu jabs were supposedly an integral service and they weren't because i couldn't	Quality issues are outside the scope of the PNA. Formal complaints about any issues can either be made directly to the pharmacy involved or a complaint can be raised with the ICB. Details of the ICB

get one last year from any of our local pharmacy's and a pharmacy in town  had 'run out'.	complaint process can be found here <a href="#">Comments, concerns and complaints :: West Yorkshire Health &amp; Care Partnership</a>
Reordering stock regularly	Quality issues are outside the scope of the PNA. Formal complaints about any issues can either be made directly to the pharmacy involved or a complaint can be raised with the ICB. Details of the ICB complaint process can be found here <a href="#">Comments, concerns and complaints :: West Yorkshire Health &amp; Care Partnership</a>

#### Do you have any other comments?

Comment	Response to comment
Summary of a comment from a member of the public – Concern that a 15-minute walking distance has been used to assess pharmacy access when that is too far for some people with disabilities.  Concern that the buses may be infrequent or unreliable.	A range of different modes of transport have been assessed for travel times acknowledging that people's choice of transport will be dictated by their individual needs. Responses to our survey to the public indicated that 66% of respondents travelled to the pharmacy by car, 53% walked and 12% used public transport (multiple responses were allowed). 97% of the population is within a 5-minute drive of a pharmacy, 89% are within a 10-minute journey by public transport and 71% of the population are in a 15-minute walking distance to a pharmacy, which represents good access.
Why are the entries in Tables 9 to 13 shown in shades of blue whereas the accepted depictions are RAG ratings?	Figures highlighted in red are significantly worse than the Calderdale average and those in green are significantly better. Shades of blue have been used for data that is significantly higher or lower than the Calderdale average, but its unclear if its better or worse.

Our local chemist could stay open on a Saturday	26 pharmacies across Calderdale are open on a Saturday which represents adequate access
There needs to be much more on the quality of services provided, the customer care elements and assessment of whether the services supposedly provided are actually being provided. This is a transactional assessment not a customer/patient focused approach	Quality issues are outside the scope of the PNA
No further builds	Planning issues are outside the scope of the PNA

## **Appendix 6 – Description of Pharmacy Services**

### **Essential 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

#### **Dispensing appliances**

Pharmacies need only dispense appliances if they supply them in their normal course of business

#### **Dispensing Medicines**

##### **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

## **Disposal of unwanted medicines**

### **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.

## **Healthy living pharmacy**

It has been a requirement since 2020/21 for all pharmacies to become an HLP – this reflects the priority attached to public health and prevention work. Pharmacy owners should support their staff to understand public health needs, support and health and wellbeing ethos, demonstrate team leadership and communicate appropriate health and wellbeing information to patients and the public.

## **Public Health (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

## **Repeat Dispensing and eRD**

### **Service description**

At least two thirds of prescriptions in primary care are for patients needing repeat supplies of regular medicines. Patients using this service can receive a repeat prescription without the GP having to issue a new one each time. The service was designed to save GP practices and patients time and improve convenience and access to prescriptions.

Under the repeat dispensing service pharmacy teams will:

- Dispense repeat dispensing prescriptions issued by a general practice
- Ensure that each repeat supply is required
- Seek to ascertain that there is no reason why the patient should be referred back to their general practice.

The majority of repeat dispensing is now carried out via electronic Repeat Dispensing (eDR).

## **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

## **Advanced services**

### **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.

### **Flu Vaccination Advanced Service**

#### **Service description**

During the seasonal influenza vaccination campaign period, pharmacy staff will identify people eligible (either directly, or through people proposing themselves) for seasonal influenza vaccination and encourage them to be vaccinated. This advanced service covers patients aged 18 years and older who are eligible to receive the seasonal influenza vaccination as set out in the Annual Flu Letter

#### **Aims and intended outcomes**

The aims of this advanced service are:

- To sustain and maximise uptake of seasonal influenza vaccine in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance
- To protect those who are most at risk of serious illness or death should they develop seasonal influenza, by offering protection against the most prevalent strains of the seasonal influenza virus through administration of seasonal influenza vaccination to eligible Patients

- To provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

## **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 pharmacy staff 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 pharmacy staff will discuss the results with the patient and complete the appropriate next steps. 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.

## **Lateral Flow Device Tests Supply Service**

### **Service description**

This is a walk-in service where patients/patients' representatives can collect one box of five LFD tests from a participating community pharmacy, on confirmation that the patient is part of the cohort which is potentially eligible for COVID-19 treatments. Eligible patients do not need to be symptomatic to obtain a box of tests. This is to ensure patients can access the assessment pathway for COVID-19 treatments in a timely way if they develop symptoms in the future, given the short efficacy window for treatment following symptom onset.

### **Service Objectives**

The objective of this service is to offer eligible, at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. Wherever possible, eligible patients should obtain LFD tests in advance of developing symptoms.

A positive LFD test result will be used to inform a clinical assessment by the patient's clinician to determine whether the patient is suitable for, and will benefit from, NICE-recommended COVID-19 treatments.



## **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, patient engagement, an intervention, and follow up.

### **Aims and intended outcomes**

- Help patients and carers manage newly prescribed medicines for an LTC, supporting patients to make shared decisions about their LTC
- Recognise and utilise the important and expanding role of pharmacists in optimising the use of medicines
- Increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda
- Supplement and reinforce information provided by the prescriber, Primary Care Network (PCN) clinical pharmacist and GP practice staff to help patients make informed choices about their care
- Promote multidisciplinary working with the patient's GP practice and other health professionals involved in the patient's care
- Enable the early identification of issues with newly prescribed medicines (e.g. adverse drug reactions or medicines usage problems) and support patients to resolve them or highlight to the prescriber
- Link the use of newly prescribed medicines to lifestyle changes or other non-pharmacological interventions to promote well-being and promote health in people with LTCs
- Promote and support self-management of LTCs, and increase access to advice, improving medicines adherence and knowledge of potential side-effects
- Support integration of community pharmacy with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- Improve pharmacovigilance
- Through increased adherence to treatment, reduce avoidable medicines-related hospital admissions and improve quality of life for patients

## **Pharmacy Contraception service**

### **Service Description**

The aim of the Pharmacy Contraception Service (PCS) is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

People will access the service by one of the following routes: Identified as clinically suitable by the community pharmacist and accept the offer of the service; Self-refer to a community pharmacy; Referred by their general practice; Referred from a sexual health clinic (or equivalent); or referred from other NHS service providers, e.g., urgent treatment centres or NHS 111.

### **Service objectives**

The objectives of the service are:

- To provide a model for community pharmacy teams to initiate provision of OC, and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply will be undertaken using PGDs to support the review and supply process.
- To establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering starting or continuing their current form of OC.

## **Pharmacy First Service**

### **Service Description**

The Pharmacy First service incorporates the previous Community Pharmacist Consultation Service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain OTC and prescription only medicines (POM) via Clinical Protocol and Patient Group Directions (PGDs). Patients may access this service either by referral (as for CPCS) or when they are identified as suitable by the pharmacist providing self-care as an essential service.

### **Service Objectives**

The objectives of the Pharmacy First advanced service are:

- To offer patients who contact either, NHS 111 (by telephone or on-line), or 999 service, or their own GP practice, or a primary care out-of-hours service, or an UEC setting (e.g. an ED, UTC, UCC), the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting.
- To free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions.
- To 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 inappropriate use of UEC services in the future.
- To provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested.
- To further utilise the clinical skills of community pharmacy teams to complete episodes of care for patients and improve access, displacing activity from general practice and urgent care settings

## **Smoking Cessation Service**

### **Service Description**

All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (directly or indirectly and where they consent) to a community

pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

### **Service Objectives**

- The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the OMSC

### **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

### **Local Services (Enhanced)**

**Independent Prescribing Pathfinder** - The programme has been introduced by NHSE to inform the commissioning framework required to introduce independent prescribing into NHS community pharmacy services. The IP Pathfinder will explore how community pharmacists and their teams can deliver an integrated clinical service aligning prescribing activity with general practice and the population needs of local communities.

**Minor Ailments & Head Lice Service** - the 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 medication to the patient for the treatment of the minor ailment.

**Palliative Care Formulary Service** - Pharmacies commissioned to provide this service keep a stock of a locally agreed list of medicines and make a commitment to ensure that the users of the service have prompt access to these medicines when presented with an NHS prescription, in response to the presentation of an NHS prescription.

In the event of there being insufficient stock to fill an immediate need, pharmacies that are commissioned to provide this service will liaise with another community pharmacy in the service and/or other local community pharmacies to try and find a pharmacy with sufficient in-date stock. If no further stock can be located the pharmacy will contact the prescriber to discuss a suitable alternative.

## **National Enhanced Services**

**Covid-19 Vaccination Service** - An aim of this Enhanced Service is to maximise the uptake and co-administration of COVID19 and seasonal influenza vaccinations where possible and to ensure that vaccination services are provided from a variety of settings and effectively utilise available staff from across primary care.