

## Appendix A – policy context and background papers

Between the 1980s and 2012 the ability for a new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as ‘control of entry’. Broadly speaking an application to open new premises was only successful if a primary care trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the ‘necessary or expedient’ test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government<sup>87</sup>, and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could access a pharmacy within 20 minutes, including in deprived areas<sup>88</sup>), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary care trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give primary care trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services<sup>89</sup>. One of the recommendations of this second review was that primary care trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow primary care trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some primary care trusts had begun to revise their pharmaceutical needs assessments (first produced in 2004) in light of the 2006 re-organisations, whereas

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<sup>87</sup> [Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors. Department of Health 2007](#)

<sup>88</sup> [Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008](#)

<sup>89</sup> [Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007](#)

others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for primary care trusts pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported primary care trusts decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all primary care trusts to produce their first pharmaceutical needs assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established health and wellbeing boards and transferred responsibility to develop and update pharmaceutical needs assessments from primary care trusts to health and wellbeing boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

## Section 128A Pharmaceutical needs assessments

- (1) Each Health and Wellbeing Board must in accordance with regulations--
  - (a) assess needs for pharmaceutical services in its area, and
  - (b) publish a statement of its first assessment and of any revised assessment.
  
- (2) The regulations must make provision--
  - (a) as to information which must be contained in a statement;
  - (b) as to the extent to which an assessment must take account of likely future needs;
  - (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
  - (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.
  
- (3) The regulations may in particular make provision--
  - (a) as to the pharmaceutical services to which an assessment must relate;
  - (b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
  - (c) as to the manner in which an assessment is to be made;
  - (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>90</sup>, as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health and wellbeing boards are free to include any other information that they feel is relevant)
- Date by which health and wellbeing boards must publish their first pharmaceutical needs assessment
- Requirement on health and wellbeing boards to publish further pharmaceutical needs assessments on a three-yearly basis
- Requirement to publish a revised assessment sooner than on a three-yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the health and wellbeing board is to have regard to when producing its pharmaceutical needs assessment

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<sup>90</sup> <http://www.legislation.gov.uk/ukksi/2013/349/contents/made>

Each health and wellbeing board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime, the pharmaceutical needs assessment produced by the preceding primary care trust remained in existence and was used by NHS England, now NHS England and NHS Improvement, to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a health and wellbeing board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health and wellbeing board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition a health and wellbeing board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes
2. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area and
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the health and wellbeing board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, then the health and wellbeing board must publish a supplementary statement explaining that the removal does not create such a gap

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended are subject to a post implementation review by the Department of Health and Social Care in 2017/18 the aim of which is to determine whether they have met their intended objectives. The review determined that:

- The 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand
- There is flexibility within the system where an unforeseen benefit is identified

- Access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services and
- There remains a degree of ‘clustering’

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consulted on a number of amendments to the regulations and that changes are made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However none of these relate to the requirements for pharmaceutical needs assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on health and wellbeing boards to publish their third pharmaceutical needs assessment by 1 April 2021. This was extended again until 1 October 2022. The amendments were due to the impact the Covid-19 pandemic has had on all commissioners and providers of health and social care services.

## **Appendix B – essential services**

### **1. Dispensing of prescriptions**

#### **Service description**

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

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

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

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

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

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

### **2. Dispensing of repeatable prescriptions**

#### **Service description**

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

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

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions

### **3. Disposal of unwanted drugs**

#### **Service description**

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England and NHS Improvement 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

### **4. 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

## **5. 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

## **6. 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



## **7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic**

### **Service description**

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England and NHS Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area,
- In specified circumstances, and
- For the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of the advanced service
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service

### **Aims and intended outcomes**

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

## **8. 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 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 primary care network pharmacy teams and general practice teams and provide clarity about respective roles.

## Appendix C – advanced services

### 1. New medicine service

#### Service description

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

#### Aims and intended outcomes

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

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

### 2. 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.

### **3. 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, and
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

### **4. National influenza adult vaccination service**

#### **Service description**

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

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

The aims of this service are to:

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

## 5. Home delivery services during a pandemic etc

### Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England and NHS Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area
- In specified circumstances and
- For the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of this advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of this advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service.

### Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

## 6. NHS community pharmacist consultation service

### Service description

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

### Aims and intended outcomes

The aims of this service are to:

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

## **7. Community pharmacy hepatitis C antibody testing services**

### **Service description**

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).

Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant operational delivery network.

### **Aims and intended outcomes**

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

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

## **8. Community pharmacy COVID-19 lateral flow device distribution service**

### **Service description**

Covid-19 lateral flow antigen tests allow the detection of people with high levels of the Covid-19 virus, making them effective in identifying individuals who are most likely to transmit the virus, including those not showing symptoms. With up to a third of infected individuals not displaying symptoms, broadening asymptomatic testing is essential. Increased use of lateral flow devices can help identify more people who are highly likely to spread the virus, and therefore break the chain of transmission. This service allows people to collect lateral flow devices from a pharmacy.

### **Aims and intended outcomes**

The purpose of the service is to improve access to testing by making lateral flow device test kits readily available at pharmacies for asymptomatic people, to identify positive cases in the community and break the chain of transmission. The service will work alongside existing NHS Test and Trace Covid-19 testing routes.

Tests will be administered away from the pharmacy. The pharmacy will not be involved in the generation or communication of results. Pharmacy teams will not be required to support the communication of results or next steps to the person taking the test.

## 9. Community pharmacy hypertension case-finding service

### Service description

Cardiovascular disease is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for the disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and cardiovascular disease, improving outcomes and reducing the burden on GPs.

Under this service, potential patients who meet the inclusion criteria will be proactively identified and offered the service. Where the patient accepts, the pharmacist will then conduct a face-to-face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy) and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next steps as set out in the service specification which includes (as appropriate):

- sending the test results to the patient's GP,
- providing advice on maintaining healthy behaviours, or promoting health behaviours,
- offering ambulatory blood pressure monitoring,
- urgent referral to their GP, and
- repeating the test.

### Aims and intended outcomes

The aims and objectives of this service are to:

- 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; and
- Promote healthy behaviours to patients.

## 10. Community pharmacy smoking cessation service

### Service description

The NHS Long Term Plan has adopted the Ottawa Model for Smoking Cessation. The Ottawa Model establishes the smoking status of all patients admitted to hospital



followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy or pharmacotherapy, and follow-up after discharge. 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 (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.

### **Aims and intended outcomes**

- 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 service receive a consistent and effective offer, in line with National Institute for Health and Care Excellence guidelines and the Ottawa Model for Smoking Cessation.

## Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.
3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
  - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
  - The clinical and cost-effective use of drugs,
  - The proper and effective administration of drugs and appliances in the care home,
  - The safe and appropriate storage and handling of drugs and appliances, and
  - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
4. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
5. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
6. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England and NHS Improvement.
7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.
8. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
  - Drugs which they are using,
  - Their health, and
  - General health matters relevant to them, and where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for a registered pharmacist—
  - To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
  - To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
  - Where appropriate, to refer the patient to another health care professional
10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —
  - To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
  - To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens.
11. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
12. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist—
  - To provide sterile needles, syringes and associated materials to drug misusers,
  - To receive from drug misusers used needles, syringes and associated materials, and
  - To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.
13. An on-demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
14. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
15. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

16. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
  - The clinical and cost effective use of drugs
  - Prescribing policies and guidelines and
  - Repeat prescribing
17. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
  - The clinical and cost effective use of drugs in the school,
  - The proper and effective administration and use of drugs and appliances in the school,
  - The safe and appropriate storage and handling of drugs and appliances, and
  - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
18. A screening service, the underlying purpose of which is for a registered pharmacist—
  - To identify patients at risk of developing a specified disease or condition,
  - To offer advice regarding testing for a specified disease or condition,
  - To carry out such a test with the patient's consent, and
  - To offer advice following a test and refer to another health care professional as appropriate.
19. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —
  - To advise and support patients wishing to give up smoking, and
  - Where appropriate, to supply appropriate drugs and aids.
20. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.
21. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.
22. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances-
  - Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription, and

- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

## **Appendix E – terms of service for dispensing appliance contractors**

### **1. Dispensing of prescriptions**

#### **Service description**

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

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

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- 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 appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

### **2. Dispensing of repeatable prescriptions**

#### **Service description**

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

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

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient

- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

### **3. Home delivery service**

#### **Service description**

The delivery of certain appliances to the patient's home.

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

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agreed with the patient
- In a package that displays no writing or other markings which could indicate its content and
- In such a way that it is not possible to identify the type of appliance that is being delivered

### **4. Supply of appropriate supplementary items**

#### **Service description**

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

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

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

### **5. Provide expert clinical advice regarding the appliances**

#### **Service description**

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

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

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

## **6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice**

### **Service description**

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

### **Aims and intended outcomes**

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

## **7. Signposting**

### **Service description**

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it

### **Aims and intended outcomes**

To ensure that patients are able to have their prescription dispensed.



**Appendix F – steering group membership**

<b>Name</b>	<b>Post</b>	<b>Organisation</b>
Charlotte Goodson	Adviser	PCC CIC
Dave Watson		North Lincolnshire Council
Erica Ellerington	Head of primary care transformation	NHS North Lincolnshire CCG
Jayne Davies	Regional manager	Healthwatch Hull, East Riding and North Lincolnshire
Jen Allen	Manager	Healthwatch North Lincolnshire
Karen Hiley	Primary care manager	NHS England and NHS Improvement
Paul J McGorry	Chief executive officer	Community Pharmacy Humber
Rebecca Tonks	Team manager: public health intelligence	North Lincolnshire Council
Ruth Twiggins	Public health consultant	North Lincolnshire Council
Steve Piper	Senior public health manager	North Lincolnshire Council

## Appendix G – residents engagement survey

We are inviting you to tell us about pharmacy services in your area. To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'pharmaceutical needs assessment' and we are preparing one at the moment for North Lincolnshire Council with the help of a company called Primary Care Commissioning Community Interest Company.

Many people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products. We also don't mean other places such as convenience stores, garages and shops where you can buy medicines such as paracetamol.

Your views are important to us so please spare a few minutes to complete this questionnaire. There are 14 questions in total in relation to your experience of pharmacies, and also some questions about you. We anticipate that it will take you around five to ten minutes to complete, depending on how much additional information you would like to give us.

All data supplied by you as part of this questionnaire will be processed in accordance with General Data Protection Regulations (GDPR) and Data Protection Act 2018 and in supplying it you consent to Primary Care Commissioning Community Interest Company processing the data for the purpose for which it is supplied. All personal information will be treated in the strictest confidence and will only be used by Primary Care Commissioning Community Interest Company or disclosed to others for a purpose permitted by law.

The results of this questionnaire will be published in the draft pharmaceutical need assessment for North Lincolnshire Council which the council will consult on in late spring/early summer 2022.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please email [PNAsurveys@pcc-cic.org.uk](mailto:PNAsurveys@pcc-cic.org.uk) with a subject of "North Lincs pharmacy public questionnaire".

## How you use your pharmacy - either in person or by having someone else go there for you

### 1. Why do you usually visit a pharmacy? Please tick any or all that apply.

- To get a prescription for myself
- To get a prescription for someone else
- Someone else gets my prescription for me
- To buy medicines for myself
- To buy medicines for someone else
- Someone else buys medicines for me
- To get advice for myself
- To get advice for someone else
- Someone else gets advice for me
- I don't as my medicines are delivered to me at home
- Other - please provide details in the box below

### 2. How often do you use a pharmacy?

- Daily
- Weekly
- Fortnightly
- Monthly/every four weeks
- Quarterly
- I don't use a pharmacy
- Other - please provide details in the box below

### 3. What time is the most convenient for you to use a pharmacy?

- Before 7 am
- 7am to 9am
- 9am to 12 noon
- 12 noon to 3pm
- 3pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

### 4. What day is the most convenient for you to use a pharmacy?

- Monday
- Tuesday
- Wednesday
- Thursday

- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don't have a preference

## Your choice of pharmacy

### 5. Please could you tell us whether you:

- Always use the same pharmacy
- Use different pharmacies but I prefer to visit one most often
- Always use different pharmacies
- Rarely use a pharmacy
- Never use a pharmacy

### 6. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The pharmacy delivers my medicines
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- I just like the pharmacy
- I trust the staff who work there
- The staff know me and look after me
- The staff don't know me
- I've always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provide good advice and information
- The customer service
- The service is fast
- It is very accessible ie wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- Other - please provide details in the box below

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

- Yes
- No
- Don't know

**8. ...and if you have answered yes to question 7, please could you tell us why you do not use that pharmacy?**

- It is not easy to park at the pharmacy
- I have had a bad experience in the past
- The service is too slow
- The staff are always changing
- The staff don't know me
- They don't have what I need in stock
- The pharmacy doesn't deliver medicines
- There is not enough privacy
- It's not open when I need it
- It's not wheelchair/baby buggy friendly
- Other - please provide details in the box below

**Travelling to a pharmacy**

**9. If you go to the pharmacy by yourself or with someone, how do you usually get there?**

- On foot
- By bus
- By car
- By bike
- By taxi
- Other - please provide details in the box below

**10. ...and how long does it usually take to get there?**

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- More than 20 minutes

## Pharmacy services in general

**11. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.**

- I would call them
- I would call 111
- I would use the NHS.uk website
- I would search the internet
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- I would find out from reading the local newspaper
- Other - please provide details in the box below

**12. Do you feel able to discuss something private with a pharmacist?**

- Yes
- No
- Never needed to
- Don't know

**13. As well as dispensing prescriptions, pharmacies often offer a range of other services on the NHS. Have you used any of these other services?**

- Yes
- No
- Never needed to
- Don't know

**14. Is there anything else you would like to tell us about local pharmacy services?**

## Equality questions

North Lincolnshire Council is committed to providing accessible services to the people and communities we serve. To ensure that we meet everyone's needs and do not discriminate it would be helpful to gather some wider information about you. Please fill in as much of the form as you feel comfortable in disclosing. The information will be treated confidentially and will help us to make a positive difference.

## Age

What is your age?

- Under 16
- 17-25 years old
- 26-35 years old
- 36-45 years old
- 46-55 years old
- 56-65 years old
- 66-75 years old
- 76-85 years old
- 86 years and older
- Prefer not to say

## Sex/gender/gender identity

Which best describes your gender?

- Female
- Male
- I prefer to self-describe - please provide details in the box below

Do you identify as trans?

- Yes
- No
- Prefer not to say

## Sexual orientation

What is your sexual orientation?

- Bi
- Gay/lesbian
- Heterosexual/straight
- Prefer to self-describe - please provide details in the box below

- Prefer not to say

## Health/disability

Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?

- Yes
- No
- Prefer not to say

If yes, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day to day activities?

- Yes, a lot
- Yes, a little
- No

### **Ethnicity**

#### **White**

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Traveller
- Roma
- Other

#### **Mixed or multiple ethnic group**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other

#### **Black, African, Caribbean, Black**

- British
- African
- Caribbean
- Other

#### **Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

#### **Other ethnic group**

- Arab
- Other

### **Language**

If English is not your first language please say below what it is.



## Religion and belief

Which of the following best describes your religious beliefs?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other - please provide details in the box below

- Prefer not to say

## Armed services

North Lincolnshire Council has signed the Armed Forces Covenant and is committed to ensuring that residents who have served in Her Majesty's Armed Forces are represented in its decision-making process. Have you served in Her Majesty's Armed Services?

- Yes
- No

## Carer responsibilities

Do you look after or give help or support to family members, friends, neighbours or others?

- No
- Non-disabled child/children under 5
- Disabled child/children under 5
- Non-disabled child/children aged 5-16
- Disabled child/children aged 5-16
- Responsibility for young disabled adult
- Responsibility for disabled adult
- Responsibility for older relative/ill spouse or partner
- Other carer responsibility - please provide details in the box below












## Employment status

What is your employment status?

- Employed full-time
- Employed part-time
- Self employed
- Retired
- Unemployed
- Student/on a training cost
- Voluntary
- Other

## Appendix H – full results of the residents questionnaire








All comments are verbatim, however where a pharmacy has been identified the comment has been anonymised.

1. Why do you usually visit a pharmacy? Please tick any or all that apply.				
Answer choices			Response percent	Response total
1	To get a prescription for myself		82.55%	175
2	To get a prescription for someone else		47.17%	100
3	Someone else gets my prescription for me		6.60%	14
4	To buy medicines for myself		43.87%	93
5	To buy medicines for someone else		27.36%	58
6	Someone else buys medicines for me		2.83%	6
7	To get advice for myself		30.19%	64
8	To get advice for someone else		12.26%	26
9	Someone else gets advice for me		0.47%	1
10	I don't as my medicines are delivered to me at home		3.77%	8
11	Other (please specify):		5.66%	12
			skipped	1

Where 'Other' was chosen, the following comments were made.

I used to go for advice but find that they dont really give advice out now and always seem to say you need to see your GP I also used to go for regular blood pressure checks, but they now charge for this service so I dont go
I ring my doctor to arrange for my prescription to be sent to [pharmacy]. The in turn take 2 days to full fill my medical needs and I pick them up.
flu vaccine
ut i some times go to get some prescriptionms if come in late
To buy other goods apart from medicines.
MYDOCTER SURGERY HAS ITS OWN PHARMACY ONLY USE THE OTHER WHEN I NEED WHEN MY DOCTOER IS SHUT OR ON A SATERDAY
to buy pharmacy items and goods as my medication is supplied by my Doctor from their surgery.
There are two pharmacies, in go practice (first three ticks), commercial pharmacy the rest
Also have repeat prescriptions delivered to my home
Covid/Flu jabs
Flu jab
local pharmacy delivers my prescription on a monthly basis

## 2. How often do you use a pharmacy?








Answer choices			Response percent	Response total
1	Daily		1.89%	4
2	Weekly		9.43%	20
3	Fortnightly		6.60%	14
4	Monthly/every four weeks		66.04%	140
5	Quarterly		5.19%	11
6	I don't use a pharmacy		1.42%	3
7	Other (please specify):		9.43%	20
			skipped	1

Where 'Other' was chosen, the following comments were made.

As and when I require advice, or to pick up mine and my husbands medication
Just whenever I need a prescription
As required
Only when need a prescription completing

When needed.
It depends on what I need but do use it monthly for prescriptions
As and when I need to
only when needed
I use them maybe once a year.
I use a pharmacy as and when, some times 2 or 3 times a year some years not at all
rarely
every couple of days sometimes more
Intermittently. As and when I need (or someone else needs) advice / prescription / medication etc.
For months repeats & any ad hoc prescriptions.
When ever I need to collect my medicines and for my kids or if someone or myself is sick or I need some advice about anything
Some weeks several trips to pharmacy/Gp surgeries for other people
My medication is staggered over a 2 month period, so the time interval between visits varies.
as required
when needed
3 times a week

### 3. What time is the most convenient for you to use a pharmacy?

Answer choices			Response percent	Response total
1	Before 7 am		0.00%	0
2	7am to 9am		5.69%	12
3	9am to 12 noon		13.74%	29
4	12 noon to 3pm		10.90%	23
5	3pm to 6pm		16.11%	34
6	6pm to 9pm		11.85%	25
7	9pm to midnight		0.47%	1
8	I don't have a preference		41.23%	87
			skipped	2








4. What day is the most convenient for you to use a pharmacy?				
Answer choices			Response percent	Response total
1	Monday		0.00%	0
2	Tuesday		0.00%	0
3	Wednesday		0.95%	2
4	Thursday		2.37%	5
5	Friday		1.90%	4
6	Saturday		2.37%	5
7	Sunday		0.47%	1
8	Weekdays in general		23.70%	50
9	Weekends in general		10.90%	23
10	I don't have a preference		57.35%	121
			skipped	2

5. Please could you tell us whether you:				
Answer choices			Response percent	Response total
1	Always use the same pharmacy		70.62%	149
2	Use different pharmacies but I prefer to visit one most often		21.80%	46
3	Always use different pharmacies		2.84%	6
4	Rarely use a pharmacy		4.74%	10
5	Never use a pharmacy		0.00%	0
			skipped	2

**6. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.**

Answer choices			Response percent	Response total
1	Close to my home		72.17%	153
2	Close to work		8.02%	17
3	Close to my doctor		44.34%	94
4	Close to children's school or nursery		2.83%	6
5	Close to other shops		18.40%	39
6	The pharmacy delivers my medicines		9.43%	20
7	The location of the pharmacy is easy to get to		45.75%	97
8	It is easy to park at the pharmacy		32.55%	69
9	I just like the pharmacy		18.40%	39
10	I trust the staff who work there		31.60%	67
11	The staff know me and look after me		26.42%	56
12	The staff don't know me		0.94%	2
13	I've always used this pharmacy		24.53%	52
14	The service is quick		25.00%	53
15	They usually have what I need in stock		27.83%	59
16	The pharmacy has good opening hours		28.30%	60
17	The pharmacy collects my prescription and delivers my medicines		3.30%	7
18	The pharmacy was recommended to me		2.36%	5

**6. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.**

19	The pharmacy provide good advice and information		22.17%	47
20	The customer service		25.47%	54
21	The service is fast		15.57%	33
22	It is very accessible ie wheelchair/baby buggy friendly		5.66%	12
23	It's a well-known big chain		7.08%	15
24	It's not one of the big chains		11.79%	25
25	Other (please specify):		8.49%	18
			skipped	1

Where 'Other' was chosen, the following comments were made.

They don't always have the correct medication ordered as I have on occasions have had to take someone else's meds back!
On a bus route
Linked with my gp
My daughter who is [age] has special needs and they all know her and part of her learning is going in community x so she goes for prescription most of time
My repeat prescription is sent to the pharmacy using my online surgery facility
put medication into cassettes
Its where my perscription is sent.
Pharmacy was nominated by GP surgery as the one I should use as it is local.
Local close to us
They collect my prescription for me
My husband and I have set up with our gp practice for our prescriptions to go straight to the pharmacy. This saves so much time as my husband is on alot of different medication, that runs out at different times.
prescription's get sent through to them



It is available when needed! Your questions relate to 'normal use. What of the occasions when medications are needed unexpectedly and urgently?

access and parking are very, very important!

The pharmacy is attached to Dr's so scripts sent electronically.




Again prescription medicines from gp's pharmacy, the rest from nearest on to where I am

This depends whether the GP uses their own dispensary or sends scripts to [pharmacy]






The pharmacy is part of the Doctors surgery which I am registered at. I think it is probably classed as a dispensary







Attached to the doctor's we use.

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

Answer choices			Response percent	Response total
1	Yes		24.29%	51
2	No		69.52%	146
3	Don't know		6.19%	13
			skipped	3

### 8. ...and if you have answered yes to question 7, please could you tell us why you do not use that pharmacy?

Answer choices			Response percent	Response total
1	It is not easy to park at the pharmacy		32.76%	19
2	I have had a bad experience in the past		20.69%	12
3	The service is too slow		22.41%	13
4	The staff are always changing		12.07%	7
5	The staff don't know me		12.07%	7

8. ...and if you have answered yes to question 7, please could you tell us why you do not use that pharmacy?				
6	They don't have what I need in stock		17.24%	10
7	The pharmacy doesn't deliver medicines		3.45%	2
8	There is not enough privacy		13.79%	8
9	It's not open when I need it		20.69%	12
10	It's not wheelchair/baby buggy friendly		1.72%	1
11	Other (please specify):		29.31%	17
			skipped	155

Where 'Other' was chosen, the following comments were made.

They are not always the best pharmacy, but its the closest. They used to open on a saturday, but now are closed which is an inconvenience. As their parking is outside a school you can't always get parked until after school closing times. The local streets are also full of parents parking. I feel this is unfair as realistically we can only use the pharmacy during certain times in the day
I was already happy at my existing pharmacy before the closer one opened
don't put medication into cassettes
there is only one pharmacy where i live
Just prefer my drs pharmacy as it is attached to the building
As far as I know they don't collect prescriptions from the doctors
ONLY WHEN I NEED TO
Its not close to my GP surgery At times I would use it if i have to because this pharmacy is close to my house
I was a customer at my preferred pharmacy in the next village prior to the one which opened in my village and have become accustomed to going there.
As answered in question 7 [This depends whether the GP uses their own dispensary or sends scripts to [pharmacy]]
My prescription was never ready





There is one next to the supermarket I regularly use, but: * I might need to pick up medication on a non-shopping day * I started using my usual pharmacy first and never changed
I have heard the manager be extremely rude to customers in the past. The queue is always long and they never seem to have people's prescriptions ready.
They never have any stock
it's a large chain, i prefer to use a local independent
I will probably swap










### 9. If you go to the pharmacy by yourself or with someone, how do you usually get there?

Answer choices		Response percent	Response total
1	On foot	33.18%	70
2	By bus	2.37%	5
3	By car	59.72%	126
4	By bike	1.42%	3
5	By taxi	0.00%	0
6	Other (please specify):	3.32%	7
		skipped	2

Where 'Other' was chosen, the following comments were made.

only when the parents are not parking to pick up their children
By car and on foot
my wife gets my medicines for me
the last time I went to a pharmacy I took someone who had just attended A&E, needed medications and could not obtain them near the hospital. we drove across Scunthorpe to the Ironstone to get the prescriptions filled. It was the weekend! we could not have done that without own transport.
there needs to be a pharmacy attached to the Urgent Care Centre and open 24 /7 just the same time as people get hurt or become ill and need treatment!
Mobility Scooter
Bus and foot or car
walk when weather good. sometimes cycle





10. ...and how long does it usually take to get there?				
Answer choices			Response percent	Response total
1	Less than 5 minutes		35.71%	75
2	Between 5 and 15 minutes		51.43%	108
3	More than 15 minutes but less than 20 minutes		6.19%	13
4	More than 20 minutes		6.67%	14
			skipped	3

11. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.				
Answer choices			Response percent	Response total
1	I would call them		33.49%	71
2	I would call 111		0.47%	1
3	I would use the NHS.uk website		13.21%	28
4	I would search the internet		68.40%	145
5	I would ask a friend		6.60%	14
6	I would just pop in and ask them		25.47%	54
7	Look in the window		19.81%	42
8	I would find out from reading the local newspaper		0.47%	1
9	Other (please specify):		5.66%	12
			skipped	1





Where 'Other' was chosen, the following comments were made.

Local area face book group
It is in our local Town magazine
I know what times/days the pharmacy is open as I have lived in the area most of my life and the opening times have not changed
Check on their website
Face Book Page
Local community magazine
We have a local news letter which gives local data tel no,s etc
I have a flyer from the pharmacy on my fridge
I would check on the internet
Based in my doctor's surgery
Google
My pharmacy sends me a text message when my prescription is ready to collect, and there is a link in the message to state their opening hours.

## 12. Do you feel able to discuss something private with a pharmacist?

Answer choices		Response percent	Response total
1	Yes		59.52% 125
2	No		8.57% 18
3	Never needed to		27.14% 57
4	Don't know		4.76% 10
		skipped	3

### 13. As well as dispensing prescriptions, pharmacies often offer a range of other services on the NHS. Have you used any of these other services?

Answer choices		Response percent	Response total
1	Yes		46.45% 98
2	No		26.07% 55
3	Never needed to		25.12% 53
4	Don't know		2.37% 5
		skipped	2

### 14. Is there anything else you would like to tell us about local pharmacy services?

I used to use the bloody pressure checks, but they now charge for this service so I no longer go. I was advised to purchase one which I did and bought the one they recommended, but after a year this stopped working properly, when I went back to discuss this I was told the average life span of the machines is 12 months

The quicker the service, the better.

the communication between GPs and pharmacies is slow. On several occasions i have ordered my daughters prescription and been told that the prescription is ready at the pharmacy only to get there and be told it isnt. we have had to order emergency prescriptions on a couple of occasions due to the electronic system not working

Please see above as my comments are relevant to this question and are important to the local community. NO PARKING SHOULD BE DURING PICK UP AND DROP OFF TIMES OUTSIDE THE CHEMIST for parents using the car park to pick up and drop off their children.  
As this would be difficult to police, the chemist should be open longer - earlier in the mornings later at night and at weekends.

Local pharmacy service should be available in every community and play an important part in the community. They shouldn't be taken over by big brand names with impersonal service.

Compared to the GP's surgery it is attached to, it beats them hands down!

Five days a week opening is terrible - needs to be six even if a couple are half days

The pharmacy in [location] can be quite slow when getting a prescription, maybe they need more staff or a better filing system.

[Location] should have 7 day a week 364 day a year pharmacy services.

#### 14. Is there anything else you would like to tell us about local pharmacy services?

Have been unable to find a pharmacy that will dispense medication in a dosette case and deliver for free

No

Find it difficult to get prescription made up in dosette packaging and delivered free

Recently found that pharmacies are not consistently open at the advertised times due to lack of pharmacist. This has on several occasions delayed me collecting prescription medication by up to a week. With electronic prescriptions I have had difficulty arranging prescription collection from different pharmacy if needed.

NO

A very valuable local resource, quick service and if item not in stock ordered quickly. Very responsive to Individual customer needs. Prepared to go out of their way to help.

On bank Holidays and Sundays.  
In my opinion, pharmacies should be open normal times.

People need access to medicines 24/7  
I know someone who had to wait two days over the Xmas period to get what they needed which wasn't good.

The pharmacy I use is sometimes what appears to be overwhelmed with the amount of prescriptions that they process. Im not sure that pharmacies and GPs talk to each other about ordering medication and duspensing of medication and the length of time it takes which can be frustrating.

It works very well, it's local, fabulous staff and sells non prescription products!  
Wouldn't like to loose this facility!

I think we are very fortunate to have our own pharmacy in our Town. The pharmacist is very helpful and trustworthy.

Very satisfied

Always helpful and knowledgeable

I am happy with the pharmacy I use

You never have a regular pharmacist there all locums .  
No continuity of service

[Pharmacy, location]

Struck by the friendliness – [pharmacy]. Very sad if it was ever closed. A lot of new housing going up so having one in the village is a real help.

Both the pharmacies I use are efficient and the staff are really friendly and helpful - especially at the hospital pharmacy.

#### 14. Is there anything else you would like to tell us about local pharmacy services?

I don't think there's enough privacy.

disposable weekly pack specifically designed for use by Community patients.

They work hard and smart, thank you

They offer a 5 star service - nothing is too much trouble. They know their community and help in all sorts of ways which go 'above and beyond'. The Pharmacist there has an encyclopaedic knowledge of drugs and can help with all sorts of queries - often better than the doctor. They are also non-judgemental and discrete.

Local pharmacy staff are very helpful, knowledgeable and courteous.

Overall, given that it is a small village pharmacy, I'd like to have a more friendly or slightly more personal atmosphere when I am there, especially after using the same pharmacy every month for the last five years or so. Even just a simply greeting or acknowledgment to customers would be well-received; no need for lengthy conversations, but a general sense of being part of the same (very small) community would help.

Erratic service needs to be more consistent

It is vital to our community otherwise with no transport we would need to go by public transport

My pharmacy still uses the green paper slips which seems a bit behind times as I know friends use pharmacies where it is all done on an app. But also that might be the fault of my GP surgery which is [GP practice and location]. I don't think they have the system set up for it.

Very good local pharmacy. Offer good advice in relation to minor ailments and medication reviews.

I always use [pharmacies] as they have happened to be the closest ones for me to use. I think the staff are all really helpful and pleasant, efficient etc. There's also usually deals on other products which I might pick up whilst waiting for prescriptions, such as body spray, perfume, shampoo, hand wash etc. It's helpful that they are open til 6 in the week and would be even better if open til the afternoon sometime on a Saturday.

First class service and I can walk there which means lowering my carbon footprint. Always helpful and polite at [pharmacy, location]. Highly recommend!

Really happy with my local pharmacist - so helpful, they offer advice and guidance and deliver our prescriptions.

Excellent service in [location]

My husband and I have always received excellent service from our local pharmacy. The staff are friendly and knowledgeable and always try their very best to help us. We are very grateful to have such an excellent pharmacy in our town.



#### 14. Is there anything else you would like to tell us about local pharmacy services?

The pharmacy is open Monday to Friday after reviewing their opening hours and finding Saturdays we not busy. Now we have got used to this it is not a problem.

the various Other Services need more publicity, perhaps a poster in the window? It would ease the demand on GPs.

Although we go to our local pharmacy for general items I recently purchased hearing aids from [pharmacy, location], their service has been excellent.

Ordering repeat prescriptions needs to be easy. Staff need to be discreet and helpful. It is crucial that they have medicines in when required.

Some items are not in stock and need to be ordered which can be a big problem if items ordered on a Friday don't get delivered until Monday or even Tuesday. On several occasions I had to go to [location] and hunt for pharmacy open at weekends.

GP takes 72 hrs, pre covid was 48. Wonder if it will go back. Have to check as often something left out. Local pharmacy very helpful.

Yes please what do they have to offer because I probably I would use some of the services If needed

Compared to my friends experience mine is brilliant.

Excellent and friendly service, always willing to help

[pharmacy] always happy to help and it is a busy pharmacy I never have any problems.

I feel that as a village we are well provided for by pharmacy services.

I appreciate the repeat prescription service, especially the reminders but it could be better synchronised with the nhs app, as could my GP services.

See answer in Q6 [The pharmacy is part of the Doctors surgery which I am registered at. I think it is probably classed as a dispensary]

Their service has improved now they have got used to new systems of providing prescriptions and the staff are very friendly and helpful.

They have excelled themselves during the Covid Pandemic. Excellent, friendly service, superb Covid precautions and wonderful customer service.

They have held very frequent Covid booster sessions. A huge improvement on my GP surgery contained within the same building who have delivered not one inoculation.

I can almost guarantee I will get a product the same price or much cheaper than travelling five + miles to the nearest town.

Local pharmacies are the Bees knees!

#### 14. Is there anything else you would like to tell us about local pharmacy services?

I find the automatic ordering of repeat of repeat prescriptions doesn't work for me. One of the tablets I am prescribed on my repeat prescription seems to come in tubs of 60 tablets, I am prescribed 1 tablet a day, that is 28 a month, the staff at the pharmacy tell me that they are not allowed to split the tub, so I get an over supply of this particular item, making it difficult to manage.

Before all this electronic prescribing was invented I used to be able to go to the doctor and walk out with a prescription, which I could then take to the pharmacy and get my medication within a relatively short wait. Now it takes up to a week. This is poor but manageable for regular repeat prescriptions, but not for medicines like antibiotics, or other urgent medications. I do not know how quickly they would get prescribed.

Our pharmacist is very knowledgeable and always on hand to give advice if you can not get in at a doctors and they know your medical needs too ..can only highly recommend them

Great friendly staff and the pharmacists are also friendly and very knowledgeable.

Not good opening hours - difficult to get there after work.

No privacy and slow service at [location].

No

no

I tend to find pharmacies such as ones based in a supermarket are always great, hold large stock and have good reliable staff.


no







no




I've had my flu jab there twice

#### Equality questions

##### 15. What is your age?




Answer choices			Response percent	Response total
1	Under 16		0.47%	1
2	17-25 years old		4.72%	10
3	26-35 years old		6.13%	13
4	36-45 years old		14.15%	30





15. What is your age?				
5	46-55 years old		20.28%	43
6	56-65 years old		22.17%	47
7	66-75 years old		22.17%	47
8	76-85 years old		8.02%	17
9	86 years and older		0.94%	2
10	Prefer not to say		0.94%	2
			skipped	1




16. Which best describes your gender?				
Answer choices			Response percent	Response total
1	Female		68.90%	144
2	Male		29.67%	62
3	I prefer to self-describe		1.44%	3
			skipped	4

Two comments were left in relation to this question.

the trouble is they only open 9 to 5.30 no Saturdays opening no emergency out of hours
Pan sexual


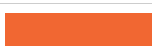

17. Do you identify as trans?				
Answer choices			Response percent	Response total
1	Yes		0.98%	2
2	No		97.07%	199
3	Prefer not to say		1.95%	4
			skipped	8

18. What is your sexual orientation?				
Answer choices			Response percent	Response total
1	Bi		3.83%	8
2	Gay/lesbian		3.83%	8
3	Heterosexual/straight		86.12%	180
4	Prefer not to say		6.22%	13
5	Prefer to self-describe		0.00%	0
			skipped	4

19. Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?				
Answer Choices			Response Percent	Response Total
1	Yes		55.50%	116
2	No		42.11%	88
3	Prefer not to say		2.39%	5
			skipped	4

Four comments were left in relation to this question.

I don't see what the questions regarding gender etc have to do with using a chemist
could do with being open on a saturday even if its ckoses at 4 pm
pan sexual
Really dont see how this is relevant.

20. If yes, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day to day activities?				
Answer choices			Response percent	Response total
1	Yes, a lot		14.56%	23
2	Yes, a little		30.38%	48
3	No		55.06%	87

### 20. If yes, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day to day activities?

	skipped	55
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### 21. What is your ethnic origin?

Answer choices		Response percent	Response total
1	White - English/Welsh/Scottish/Northern Irish/British	94.29%	198
2	White - Irish	0.00%	0
3	White - Gypsy or Traveller	0.48%	1
4	White - Roma	0.00%	0
5	White - Other	2.38%	5
6	Mixed or multiple ethnic group - White and Black Caribbean	0.00%	0
7	Mixed or multiple ethnic group - White and Black African	0.48%	1
8	Mixed or multiple ethnic group - White and Asian	0.00%	0
9	Mixed or multiple ethnic group - Other	0.95%	2
10	Black, African, Caribbean, Black British - African	0.00%	0
11	Black, African, Caribbean, Black British - Caribbean	0.00%	0
12	Black, African, Caribbean, Black British - Other	0.00%	0
13	Asian or Asian British - Indian	0.00%	0
14	Asian or Asian British - Pakistani	0.95%	2
15	Asian or Asian British - Bangladeshi	0.00%	0
16	Asian or Asian British - Chinese	0.48%	1
17	Asian or Asian British - Other	0.00%	0
18	Other ethnic group - Arab	0.00%	0







**21. What is your ethnic origin?**

19	Other ethnic group - Other	0.00%	0
		skipped	3

**22. If English is not your first language please say below what it is.**

- British
- Cantonese
- lithuanian
- French
- Lithuanian



**23. Which of the following best describes your religious beliefs?**

Answer choices			Response percent	Response total
1	No religion		35.55%	75
2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		59.72%	126
3	Buddhist		0.47%	1
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		1.90%	4
7	Sikh		0.00%	0
8	Prefer not to say		1.90%	4
9	Other (please specify):		0.47%	1
			skipped	2










Where 'Other' was chosen, the following response was given.

- Catholic

**24. North Lincolnshire Council has signed the Armed Forces Covenant and is committed to ensuring that residents who have served in Her Majesty's Armed Forces are represented in its decision-making process. Have you served in Her Majesty's Armed Services?**









Answer choices		Response percent	Response total
1	Yes		6.76% 14
2	No		93.24% 193
		skipped	6

**25. Do you look after or give help or support to family members, friends, neighbours or others?**

Answer choices		Response percent	Response total
1	No		61.95% 127
2	Non-disabled child/children under 5		2.93% 6
3	Disabled child/children under 5		0.98% 2
4	Non-disabled child/children aged 5-16		7.80% 16
5	Disabled child/children aged 5-16		0.49% 1
6	Responsibility for young disabled adult		0.98% 2
7	Responsibility for disabled adult		7.32% 15
8	Responsibility for older relative/ill spouse or partner		20.98% 43
9	Other carer responsibility		5.85% 12
		skipped	8

Where 'Other' was chosen, the following response was given.

- Part of my job as a carer.
- i have a private carer who tidying up and helps me with my washing and general health
- Let dogs out for neighbours
- Grandparent supporting young parent
- My other 3 kids who aren't disabled
- Casual help to friend
- support disabled friend. also elderly friends aged 92 and 89 with hospital and gp appointments and dealing with all health and financial matters
- Registered Manager of a care home.

26. What is your employment status?				
Answer choices			Response percent	Response total
1	Employed full-time		32.70%	69
2	Employed part-time		16.59%	35
3	Self employed		2.84%	6
4	Retired		37.44%	79
5	Unemployed		5.69%	12
6	Student/on a training cost		2.37%	5
7	Voluntary		5.21%	11
8	Other (please specify):		5.21%	11
			skipped	2

Where 'Other' was chosen, the following response was given.

- Full time carer
- Illness
- Long term sickness
- semi-retired
- Housewife
- My kids career
- Homemaker
- sick note
- didn't say
- long term sick



## Appendix I – pharmacy contractor questionnaire

Date of completion

### Premises details

Name of contractor  
(i.e. name of individual, partnership or company owning the pharmacy business)

Address of contractor

Please enter your ODS code

Trading name

Postcode

Pharmacy shared NHSmail address

Pharmacy telephone

Pharmacy fax if applicable

Pharmacy website address (if applicable)

Do you give permission for the LPC to update its opening hours and related matters using information provided by you in this questionnaire?

- Yes  
 No

Is this a distance selling premises?  
(i.e. it cannot provide essential services to persons present at the pharmacy)

- Yes  
 No

Is this a 100 hour pharmacy?

- Yes  
 No

Is the pharmacy entitled to pharmacy access scheme payments?

- Yes  
 No  
 Possibly

## Opening hours

Please look up your opening hours on the following Excel file as supplied by NHS England and NHS Improvement and confirm whether they are correctly recorded as your usual hours.

[Click here](#) for Excel file.

Or [Click here](#) for PDF version.

Action to take if you believe your hours to be incorrectly recorded:

- If you are a multiple, in the first instance contact your line manager.
- You should then contact NHS England and NHS Improvement by email on [england.pharmacyreturns@nhs.net](mailto:england.pharmacyreturns@nhs.net).

Are your hours correct as recorded as above?  Yes  
 No

## Change to terms of service

From July 2020, changes were made to the terms of service for all pharmacies providing NHS pharmaceutical services, by revising the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the approvals under them (The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan). [Click here](#) for details.

## Consultation facilities

As a result of the healthy living pharmacy level 1 (HLP) criteria becoming terms of service from 1 January 2021, almost all pharmacies will need to have a consultation room. Changes to requirements can be viewed here: [click here](#) for details.

## Consultation room on premises

Is there a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially)?

- None: submitted request to NHS England and NHS Improvement that premises is too small
- None: NHS England and NHS Improvement approved my request that premises is too small
- None: distance selling premises
- Available including wheelchair access
- Available without wheelchair access
- Planned before 1 April 2023

- Other (please specify)

Where there is a consultation area, is it a closed room?

- Yes
- No

Handwashing facilities available?

- In the consultation area
- Close to the consultation area
- None

Patients attending for consultations have access to toilet facilities?

- Yes
- No

Access to off-site consultation area?

- Yes (i.e. pharmacy has access to one which the former primary care trust or NHS England and NHS Improvement team has given consent to use)
- No

The pharmacy is willing to undertake consultations in patient's home/other suitable site?

- Yes
- No

## Information facilities

### Information technology requirements

The five-year deal states "21. ....requirements around NHS mail, SCR<sup>91</sup> and DoS<sup>92</sup> [and NHS.UK (formerly NHS Choices)] will become Essential terms of service for community pharmacy contractors. [Click here](#) for details.

### Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- Yes – all types, or
- Yes, excluding stoma appliances, or
- Yes, excluding incontinence appliances, or
- Yes, excluding stoma and incontinence appliances, or
- Yes, just dressings, or
- None
- Other. Please identify.

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<sup>91</sup> Summary care records

<sup>92</sup> Directory of services

## Advanced services

Please give details of the advanced services provided by your pharmacy. Please tick the box that applies for each service.

- |  |                               |
|--|-------------------------------|
| Hepatitis C testing service                      | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Covid-19 lateral flow test distribution service  | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| New medicine service                             | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Appliance use review service                     | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Community pharmacist consultation service (CPCS) | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Flu vaccination service                          | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Stoma appliance customisation service            | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |

**Yes** – currently providing

**Soon** – intend to begin within the next 12 months

**No** – not intending to provide

## Commissioned services

Please give details of the commissioned services provided by your pharmacy. These can be enhanced services commissioned jointly by NHS England and NHS Improvement or the clinical commissioning group, public health services commissioned by a local authority, or services you could provide privately.

Please tick the box that applies for each service.

**NHSE/CCG** - Currently commissioned jointly by NHS England and NHS Improvement and the clinical commissioning group.

**LA** - Currently commissioned by local authority

**No** – do not provide

**Pr** - Currently offering as a privately funded service

**Wtp** - Willing to provide

### NHS England and NHS Improvement/clinical commissioning group services

NHS England and NHS Improvement currently commissions the following local services jointly with the clinical commissioning group:

- Minor ailments service
- Palliative care stock-holding service
- Palliative care out of hours on-call service
- Point of dispensing intervention service (not dispensed) (PODIS)
- Directly observed therapy (TBDOT)

Minor ailments scheme	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Palliative care stock-holding scheme	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Palliative care on-call out of hours service	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Point of dispensing intervention service (PODIS)	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Directly observed therapy of tuberculosis medicines	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr

### Locally commissioned public health services

North Lincolnshire Council commissions the following through an external provider company – needle and syringe exchange service and supervised consumption service (includes methadone and Buprenorphine).

Supervised methadone	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Supervised Buprenorphine	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Needle and syringe exchange service	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr

**Other services****Disease specific medicines management services**

Allergies	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Alzheimer's/dementia	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Coronary heart disease	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Chronic obstructive pulmonary disease	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Diabetes type 1	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Diabetes type 2	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Heart failure	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Parkinson's disease	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No

Other (please state, including funding source)

**Other services**

Anticoagulant monitoring service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Anti-viral distribution service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Care home service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
C-card condom registration and provision service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Chlamydia testing service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Chlamydia treatment service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Contraception service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No

Emergency hormonal contraception service  Pr  Wtp  No

Emergency supply service  Pr  Wtp  No

Gluten free food supply service (i.e. not supply on a prescription)  Pr  Wtp  No

Home delivery service (not appliances)  Pr  Wtp  No

Independent prescribing service  Pr  Wtp  No

If providing an independent prescribing service, what therapeutic areas covered?

Language access service  Pr  Wtp  No

Medication review service  Pr  Wtp  No

Medication assessment and compliance support service  Pr  Wtp  No

Medicines optimisation service  Pr  Wtp  No

If providing a medicines optimisation service, what therapeutic areas are covered?

Obesity management (adults and children)  Pr  Wtp  No

Out of hours on demand service  Pr  Wtp  No

Patient group direction service  Pr  Wtp  No

If providing a patient group direction service, please list the names of the medicines available.

Phlebotomy service  Pr  Wtp  No

Prescriber support service  Pr  Wtp  No

Schools service  Pr  Wtp  No

Sharps disposal service  Pr  Wtp  No

Stop smoking service  Pr  Wtp  No

Supplementary prescribing service  Pr  Wtp  No

If providing a supplementary prescribing service, what therapeutic areas are covered?

Vascular risk assessment service (NHS health check)  Pr  Wtp  No

### Screening service

Alcohol  Pr  Wtp  No

Cholesterol  Pr  Wtp  No

Diabetes  Pr  Wtp  No

Gonorrhoea  Pr  Wtp  No

Helicobacter pylori  Pr  Wtp  No

HbA1C  Pr  Wtp  No

Hepatitis  Pr  Wtp  No

Human immunodeficiency virus  Pr  Wtp  No

Other (please state including funding source)

### Other vaccinations

Do you provide a private seasonal influenza vaccination service?  Yes  No

Childhood vaccinations  NHSE/CCG  Pr  Wtp  No

If yes, please provide details

Covid-19 vaccinations  NHSE/CCG  Pr  Wtp  No



Hepatitis (at risk workers or patients)	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Human papilloma virus	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Meningococcal vaccinations	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Pneumococcal vaccinations	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Travel vaccines	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Other (please state, including funding source)				

### Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery of dispensed medicines – free of charge on request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery of dispensed medicines – selected patient groups (list criteria)		
Delivery of dispensed medicines – selected areas (list areas)		
Delivery of dispensed medicines – chargeable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored dosage systems – free of charge on request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored dosage systems - chargeable	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Languages

One potential barrier to accessing a pharmacy can be language. To help the local authority better understand any access issues caused by language, please answer the following two questions.

What languages, other than English, are spoken in the pharmacy?

What languages, other than English, are spoken by the community your pharmacy services?

**Almost done**

If there is a particular need for a locally commissioned service, please include details here.

Future services

Please tell us who has completed the form in case we need to contact you about any queries.

Contact name

Contact phone number (if different to the number given above)

Thank you for completing this pharmaceutical needs assessment questionnaire.

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## Appendix J – dispensing practice questionnaire

# North Lincolnshire Council

### Pharmaceutical needs assessment in North Lincolnshire

Work has commenced on preparing the new pharmaceutical needs assessment for North Lincolnshire Council which we anticipate will be published by 1 October 2022. We need your help to gather/confirm important information to support the development of this document which:

- may identify unmet needs for, or improvements or better access to, pharmaceutical services for the population of North Lincolnshire, and
- will be the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS England and NHS Improvement – North East and Yorkshire will use the documents to make decisions regarding these matters.

We have developed a questionnaire with the support of the pharmaceutical needs assessment steering group. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than five minutes to complete.

While available until 12noon on 9 March 2022, we would encourage you to complete the questionnaire now.

We are working with a company called Primary Care Commissioning CIC in the development of the pharmaceutical needs assessments. The responses you provide will be collected by Primary Care Commissioning CIC and will only be used for the purpose of this survey and developing the pharmaceutical needs assessments. Any data will be held in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation.

For queries relating to the information requested or the answers required please email [PNAsurveys@pcc-cic.org.uk](mailto:PNAsurveys@pcc-cic.org.uk).

Please insert the practice's ODS code (also known as the B or Y code or practice code) you are completing the questionnaire on behalf of:

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approval to dispense from:

--

### 1 Are prescriptions for appliances dispensed at the premises?

	Please tick one box
Yes - All types	
Yes, excluding stoma appliances	
Yes, excluding incontinence appliances	
Yes, excluding stoma and incontinence appliances	
Yes, just dressings	
No - appliances are not dispensed	

### 2 Delivery of dispensed items

Please tick whether you currently provide a delivery service (non-commissioned) below.

	YES	NO
Private, free of charge delivery service		
Is this service available to all patients?		
Private, chargeable delivery service		
Is the service available to all patients?		

If the delivery service is restricted please confirm the patient groups who may use the service.

--

### 3 Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

<b>List of languages spoken:</b>

### 4 Housing developments

There are currently a number of housing and other developments taking place across North Lincolnshire with more planned and the pharmaceutical needs assessment will need to identify whether the needs of those moving into new houses can be met by the existing spread of providers and their premises. With this in mind

please select the options that best reflect your situation at the moment with regard to your premises and staffing levels.

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.		
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		
We don't have sufficient capacity and would have difficulty in managing an increase in demand.		

**5 Please provide us with your contact details.**

**Name:**

**Job title:**

**Email:**

## **Appendix K – pharmacy opening hours**

Please see separate document.

## Appendix L – consultation report

### 1 Introduction

As part of the pharmaceutical needs assessment process the health and wellbeing board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the health and wellbeing board's area are accurately reflected in the final pharmaceutical needs assessment document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

### 2 Consultation process

In order to complete this process the health and wellbeing board has consulted with those parties identified under regulation 8 of the NHS ((Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft pharmaceutical needs assessment addresses issues that they considered relevant to the provision of pharmaceutical services. Those consulted were:

- Community Pharmacy Humber,
- Humber Local Medical Committee,
- Contractors included in the pharmaceutical lists,
- GPs included in the dispensing doctor list,
- Healthwatch North Lincolnshire,
- North Lincolnshire and Goole NHS Foundation Trust,
- Rotherham Doncaster and South Humber NHS Foundation Trust,
- East Midlands Ambulance Service NHS Trust,
- Yorkshire Ambulance Service NHS Trust,
- NHS England and NHS Improvement,
- North East Lincolnshire Health and Wellbeing Board,
- Lincolnshire Health and Wellbeing Board,
- Nottinghamshire Health and Wellbeing Board,
- Doncaster Health and Wellbeing Board,
- East Riding of Yorkshire Health and Wellbeing Board, and
- Hull Health and Wellbeing Board.

An email was sent to the above organisations, inviting them to submit their views on the pharmaceutical needs assessment. Weblinks to the pharmaceutical needs assessment, executive summary and questionnaire were included in the email.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online.

The questions were derived to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change, and identify any current and future gaps in pharmaceutical services.

The consultation ran from 19 May to 18 July 2022.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

The consultation received five responses, which identified as follows.

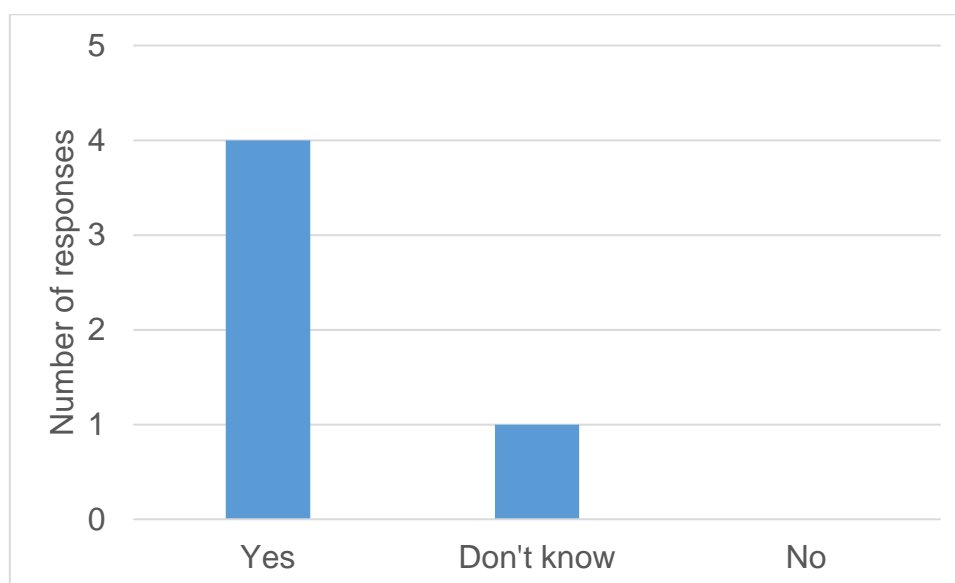
Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	0%	0
On behalf of an organisation	80%	4
A personal response	0%	0
Anonymous	20%	1
<b>Answered question</b>		<b>5</b>

### 3 Summary of online questions, responses and the health and wellbeing board's considerations

All comments made as part of the consultation are included verbatim.

In asking “Has the purpose of the pharmaceutical needs assessment been explained”, the health and wellbeing board is pleased to note that four people said “Yes”.

**Figure 37 – Has the purpose of the pharmaceutical needs assessment been explained?**



Two comments were made by those who said “Yes”.

- “This is a very exhaustive document.”

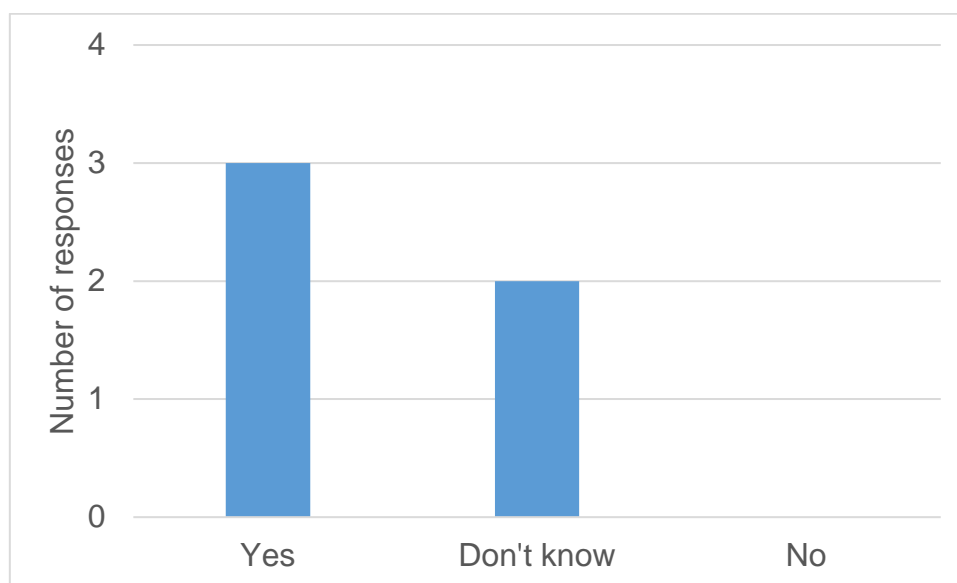


- “Clear explanation”

As the person who said ‘don’t know’ did not expand upon their response and the majority were of the opinion that the purpose had been explained, the health and wellbeing board is of the opinion that no amendments are required.

The next question asked “Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?” and the health and wellbeing board is pleased to note that three people said yes.

**Figure 38 – Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?**

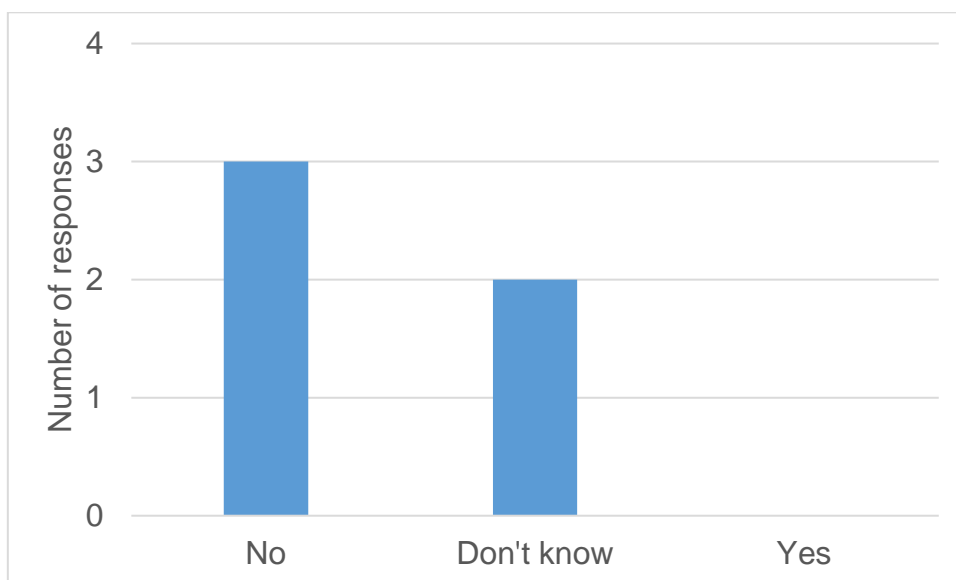


No comments were made in response to this question.

The two people who said ‘don’t know’ did not expand upon their response. The health and wellbeing board is satisfied that it has identified all providers of pharmaceutical services within its area, and those that are outside of it, and all the services that are provided. It is therefore of the opinion that no amendments are required.

When asked “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?” three people said “No”.

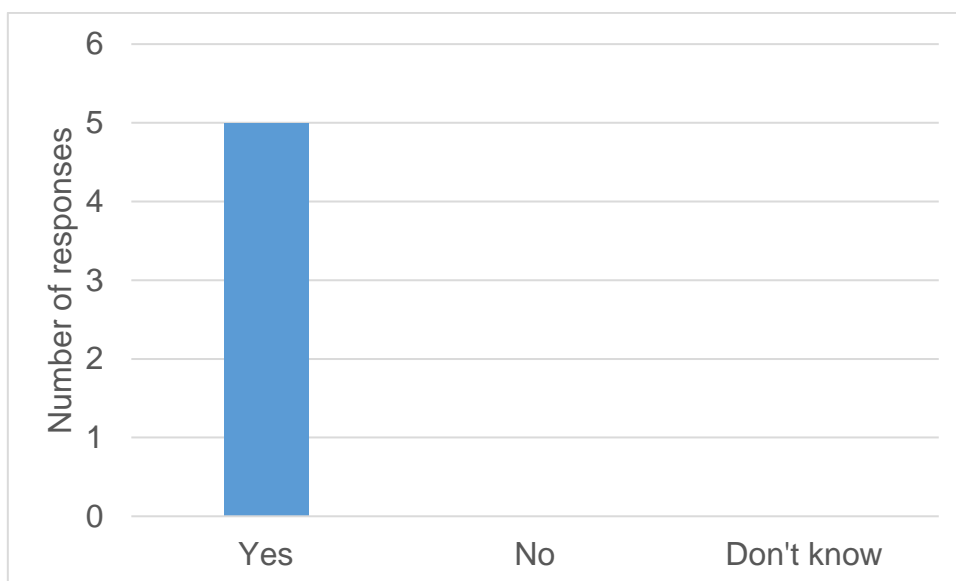
**Figure 39 – Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?**



The two people who said “Don’t know” did not expand upon their response. The health and wellbeing board is satisfied that it has identified all providers of pharmaceutical services within its area, and those that are outside of it, and all the services that are provided. It is therefore of the opinion that no amendments are required.

When asked “Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?” the health and wellbeing board is pleased to note that all five responders said “Yes”.

**Figure 40 – Do you agree that the pharmaceutical needs assessment reflects the needs of your area’s population?**

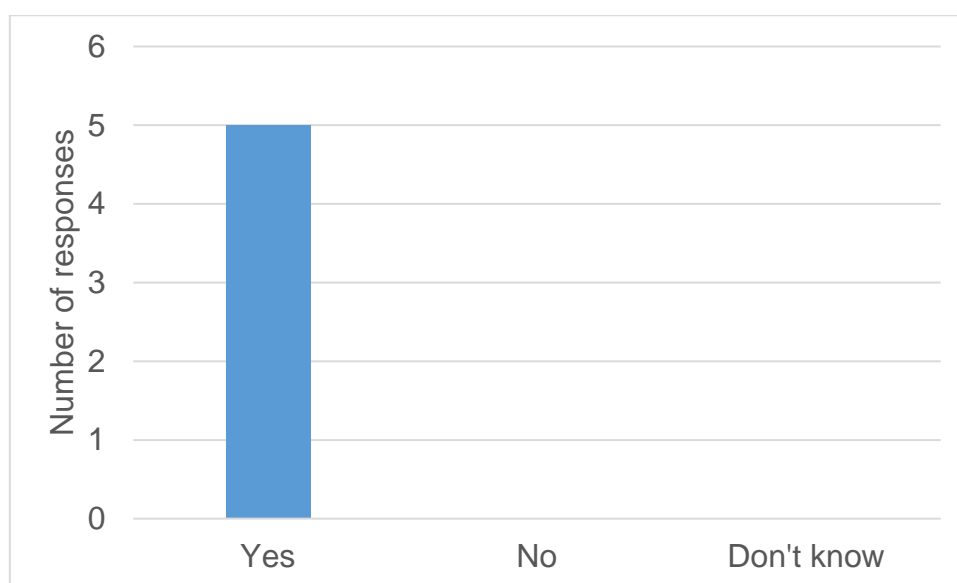


No comments were made in response to this question.

The health and wellbeing board is pleased to note the overwhelmingly positive response to this question.

Respondents were then asked for their views on whether the pharmaceutical needs assessment has provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises. The health and wellbeing board is pleased to note again that all five responders said “Yes”.

**Figure 41 – 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?**

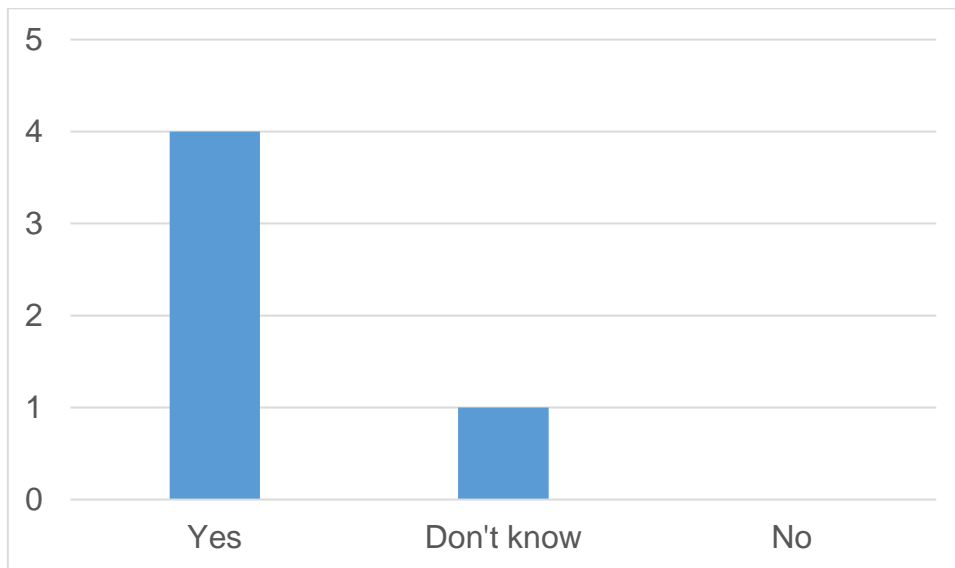


No comments were made in response to this question.

The health and wellbeing board is pleased to note the overwhelmingly positive response to this question.

Consultees were then asked whether the pharmaceutical needs assessment provided information to inform how pharmaceutical services in North Lincolnshire may be commissioned in the future. The health and wellbeing board is pleased to note that four people said “Yes”.

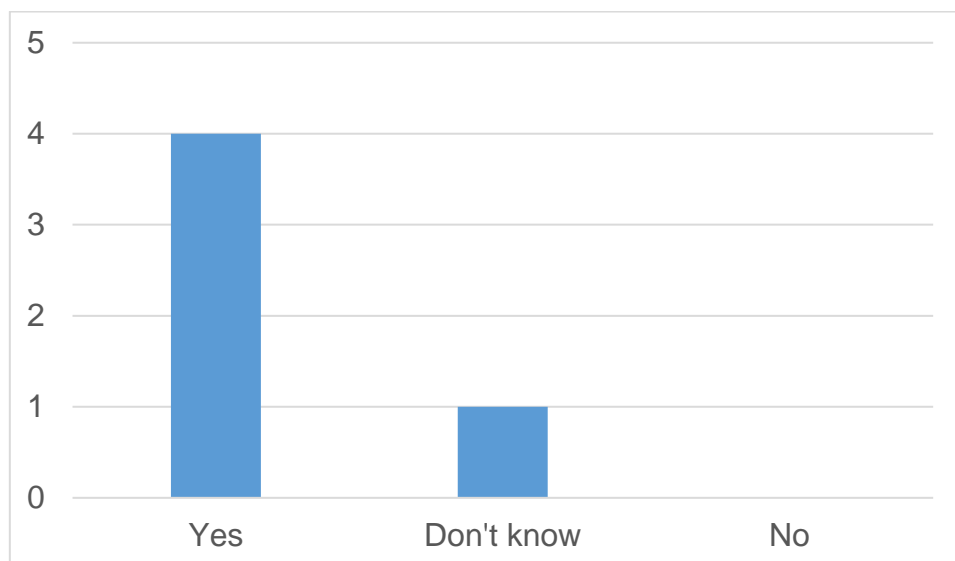
**Figure 42 – Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in North Lincolnshire may be commissioned in the future?**



As the person who said ‘don’t know’ did not expand upon their response and the majority were of the opinion that the pharmaceutical needs assessment has provided information to inform how pharmaceutical services may be commissioned in the future, the health and wellbeing board is of the opinion that no amendments are required.

Consultees were then asked whether the pharmaceutical needs assessment provided enough information to inform future pharmaceutical service provision and plans for pharmacies and dispensing appliance contractors. The health and wellbeing board is pleased to note that four people said “Yes”.

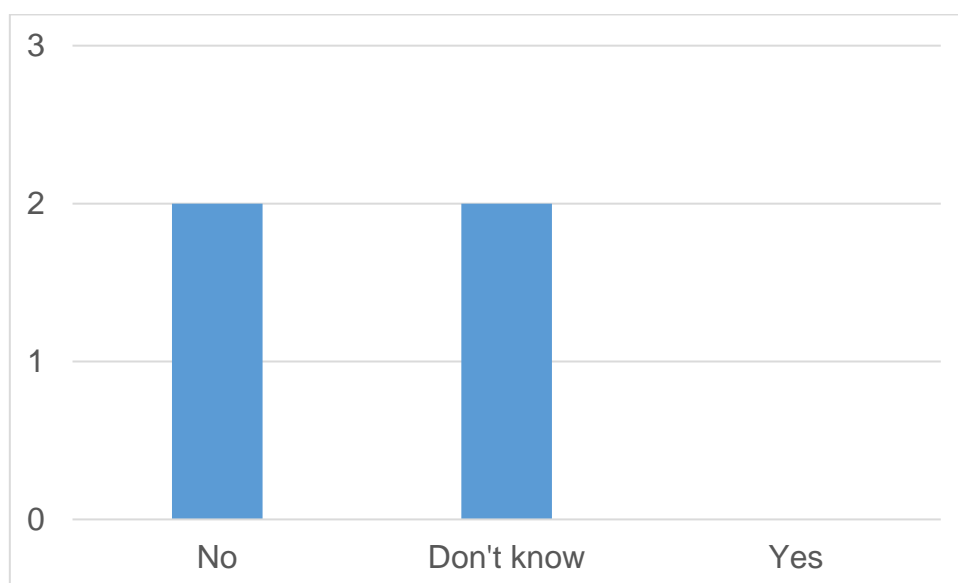
**Figure 43 – Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**



As the person who said “Don’t know” did not expand upon their response and the majority were of the opinion that the pharmaceutical needs assessment has provided enough information to inform future pharmaceutical services provision and plans for contractors, the health and wellbeing board is of the opinion that no amendments are required.

When asked if there are any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted, no-one said “Yes”. One person chose not to answer the question.

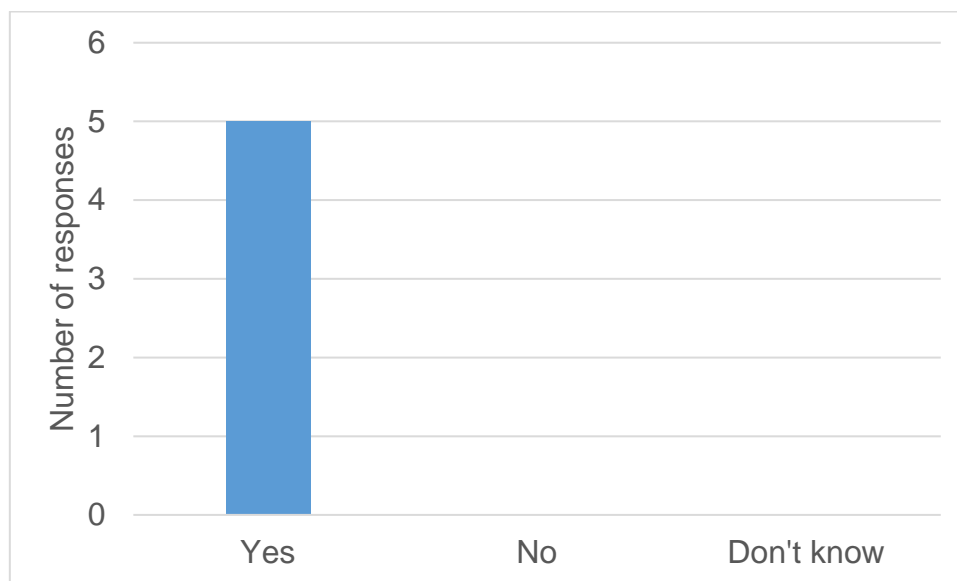
**Figure 44 – Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**



As the two people who said “Don’t know” did not expand upon their response and no-one was of the opinion that there are any pharmaceutical services that could be provided in the future that have not been highlighted, the health and wellbeing board is of the opinion that no amendments are required.

The consultation then asked whether respondents agreed with the conclusions of the pharmaceutical needs assessment and the health and wellbeing board is very pleased to note that all five responders said “Yes”.

**Figure 45 - Do you agree with the conclusions of the pharmaceutical needs assessment?**



Finally, those responding to the consultation were asked whether they had any further comments. Two people did.

- “This is a very exhaustive document and the [name] Health and Wellbeing Board agree with the overall conclusions presented based on the data and information provided (i.e. there are no gaps in provision). The [name] Health and Wellbeing Board cannot identify any aspects of the North Lincolnshire PNA which would impact negatively on [name] PNA or the provision/access to pharmaceutical needs across [county] – specifically in [identified areas].”
- “Recent changes to [name] pharmacy opening hours hasn't been captured in the PNA.”

The health and wellbeing board is very pleased to note the first comment. In relation to the second comment, the final version of the pharmaceutical needs assessment has been updated to reflect the opening hours held by NHS England as at 5 July 2022.

#### 4 Summary conclusions

The health and wellbeing board is pleased to note that the overall response to the consultation has been very positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions are agreed with.

#### 5 Amendments

The following amendments have been made to the pharmaceutical needs assessment:

- Some minor typographical errors have been corrected.
- Section 1.6.2 – details of which wards make up each locality has been added.
- Number of dispensing patients registered with GP practices updated to May 2022, the most recent figures available.
- Advanced services data updated to include the last four months of 2021/22.
- Information on the number of pharmacies that have signed up to the two new advanced services updated to reflect the position at 5 July 2022.
- References to the clinical commissioning group have been changed to the integrated care board where applicable.
- Prescription data updated to include the last four months of 2021/22.