

# Pharmaceutical Needs Assessment 2022 – 2025

Final Assessment Document

Publication Date: 30th September 2022

Public Health Intelligence Team, Wakefield Council

# Version Control

Version	Date	Notes
1.0	07/04/2022	First draft shared within Public Health Intelligence Team
1.1	13/04/2022	Updated following comments from Public Health Intelligence Team members
1.2	19/04/2022	Pre-consultation draft shared with the PNA Steering Group
1.3	11/05/2022	Second pre-consultation draft shared with Steering Group
1.4	16/05/2022	Final pre-consultation version shared with Health and Wellbeing Board members
1.5	17/08/2022	Final version shared with Steering Group
1.5	01/09/2022	Final version approved by Health and Wellbeing Board

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# 1. Executive Summary

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A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services. Pharmaceutical services are provided from Pharmacies, Dispensing Appliance Contractors, Dispensing Doctors and Local Pharmaceutical Services Providers. The PNA is required to be published by each Health and Wellbeing Board (HWB) in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Part 2, which can be found here: [Regulations](#).

This PNA document provides details of current pharmaceutical service provision as well as information about other services that may impact upon the provision of pharmacy services (such as primary care provision and secondary care services). The document references previous PNAs, demonstrating where there has been any change in provision or emerging change for consideration.

This PNA has taken a strong focus on identifying gaps, and potential gaps, in pharmaceutical service provision and understanding how population changes will affect both the future requirements for necessary and other relevant service provision, and the providers of those services.

The PNA has found that the provision of pharmaceutical services in the Wakefield Metropolitan District area meets the current and future needs. The district is well provisioned in number and accessibility of community pharmacies, both within the district boundary and within reasonable travel distance outside the district boundary.

Patient views of pharmaceutical services were obtained through a public consultation questionnaire and the views of pharmacy contractors were sought through a pharmacy contractor questionnaire.

Given the population growth and increased long term health condition demand, the Wakefield Metropolitan District area must remain vigilant to the demand on community pharmacy. Supplementary statements to the PNA will be made if the provision of pharmaceutical services changes.

## 2. Main Findings

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The PNA concludes:

- There are no current gaps in the provision of necessary pharmaceutical services in the area of the Health and Wellbeing Board.
- There are no gaps in the need for necessary services in specified future circumstances in the area of the Health and Wellbeing Board.
- There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.
- There is a reasonable and adequate choice of pharmacies and pharmaceutical services in all areas of Wakefield.
- The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.
- There are no gaps in provision that would, if provided either now or in future specified circumstances, secure improvements or better access to essential, advanced, or enhanced services.

## 3. Introduction

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### 3.1 Purpose and Scope

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

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

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

PNAs need to be sufficiently robust to withstand potential legal challenges from potential market entrants. The NHS Resolution, Primary Care Appeals will refer to the PNA when hearing appeals on NHSE decisions. The PNA is an important document to ensure that the right pharmaceutical services are commissioned and available for the residents of Wakefield District.

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

### 3.2 Pharmaceutical Services

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The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board.
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health and Wellbeing Board.
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board.
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the Health and Wellbeing Board.

NHS England and NHS Improvement is responsible for preparing, maintaining, and publishing these lists. In Wakefield District there are 76 pharmacies and 3 dispensing practices as of February 2022.

#### 3.2.1 Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan was published in July 2019 and sets out the agreement between the Government, NHS, and

Pharmaceutical Services Negotiating Committee (PSNC) on how community pharmacy will support the delivery of the NHS Long Term Plan. More details can be found here: [Community Pharmacy Contractual Framework: 2019 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

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

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

### 3.2.2 Necessary services

For the purpose of this pharmaceutical needs assessment, necessary services are defined as:

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

Chapter seven of this document sets out the provision of these services.

### 3.2.3 Essential Services

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

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances (only applicable to those pharmacies who have chosen to dispense appliances during their normal hours)
- Repeat dispensing
- Discharge medicines services
- Public health campaigns
- Signposting
- Support for self-care
- Disposal of unwanted medicines

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

### 3.2.4 Advanced Services

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

- Appliance Use Review Service (AURs)
- New Medicine Service (NMS)
- Community Pharmacist Consultation Service (CPCS)
- COVID-19 Lateral Flow Device Distribution Service (ended on 31<sup>st</sup> March 2022)
- Flu Vaccination Service
- Hepatitis C Testing Service
- Pandemic Delivery Service (ended on 31<sup>st</sup> March 2022)



- Stoma Appliance Customisation (SAC)
- NHS Smoking Cessation Service
- Hypertension Case Finding Service

Each of the advanced services is intended to support and empower patients to optimise the safe and effective use of their medicines or appliances and to reduce waste. Further information about these services can be found on the PSNC website.

### 3.2.5 Enhanced Services

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

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

Those marked with an \* are the enhanced services that are currently commissioned with Wakefield District.

### 3.2.6 Opening hours

Pharmacies have two different types of opening hours: core and supplementary. Core hours are usually 40 or 100 and can only be changed by applying to NHSE, which may either grant or reject the application. Supplementary hours are those over and above the core hours and can be changed by giving NHSE three months' notice.

### 3.2.7 Distance Selling Pharmacies

Whilst most pharmacies provide their services on a face-to-face basis, distance selling pharmacies are restricted from delivering services in this way. Distance selling pharmacies can sometimes be referred to as internet or mail order pharmacies. They are required to provide essential services and promote healthy living just like any other pharmacy; however, these services must be delivered remotely. For example, a

patient asks for their prescription to be sent to a distance selling pharmacy via the Electronic Prescription Service (EPS) and the contractor dispenses the item and delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email, or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge.

### **3.2.8 Local Pharmaceutical Services**

Local Pharmaceutical Services are provided outside of the contractual framework, with a contract between NHSE and pharmacies. This allows more flexibility in commissioning than is available under the national pharmacy arrangements set out in the 2013 regulations and allows NHSE to commission services tailored to meet local requirements. There are currently no Local Pharmaceutical Services contracts within Wakefield District and NHSE does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

### **3.2.9 Dispensing Appliance Contractors**

Dispensing appliance contractors are contracted by NHSE, and they provide the following services for appliances (not drugs), which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g., disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation
- Appliance use review

Dispensing appliance contractors are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

### **3.2.10 Dispensing GP Practices**

These are for patients living in a 'controlled locality'. A controlled locality is one where NHSE have agreed the area is rural in character. In order for a patient to have their prescription dispensed by a GP practice they must live more than 1.6km (measured in a straight line) from a pharmacy. Currently there are three dispensing GP practices registered to Wakefield CCG, two of which reside within the Wakefield District. The third Practice has been included in this PNA due to its proximity to Wakefield District (just over the border in Leeds authority) and the number of patients registered to this Practice who reside in Wakefield District. More details about these can be found in Chapter 7.7.

### 3.3 Locally Commissioned Services

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Wakefield Council, Wakefield CCG or local NHS England teams may also commission services from pharmacies and dispensing appliance contractors. These services fall outside the definition of pharmaceutical services, and, for the purposes of this document, are referred to as locally commissioned services. Within Wakefield District there are currently five locally commissioned services:

- Emergency Hormonal Contraception (EHC)
- Needle Exchange
- Chlamydia Screening
- Supervised Consumption
- Stop Smoking Service

Further details about the provision of these services can be found in Chapter 7.6.

### 3.4 Other NHS Services

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These are services that are commissioned or provided by the CCG, local authority, or NHS Trust. These are included within the pharmaceutical needs assessment where they may affect the need for pharmaceutical services. The following other NHS services are commissioned within Wakefield District:

- Hospital pharmacies
- Substance misuse services
- Dental services
- GP out of hours services
- Urgent Treatment Centre
- Walk-in Centre
- Prison services

Further details around these services can be found in Chapter 7.8.

### 3.5 The NHS Long Term Plan

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

- NHS England will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients.
- NHS England and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements.
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions.
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management.

### 3.6 Responsibilities

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From 1st April 2013, every HWB in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The aim of the PNA is to provide a coherent account of the commissioning environment for pharmaceutical services now and in the future.

The National Health Service Regulations 2013 make the PNA a statutory requirement which HWBs were required to complete by the 1<sup>st</sup> April 2015, and HWBs are required to produce a revised assessment within 3 years of publication of each assessment. Due to the COVID-19 pandemic and the demands that placed on all the different stakeholders involved in the creation of a PNA, the requirement to publish a revised document within 3 years of the last one (2018) was delayed twice to October 2022. As a result, this document is the second revision of the PNA in Wakefield following the initial assessment in 2015 and the first revision in 2018.

### 3.7 Our Approach

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Wakefield Council published its last Pharmaceutical Needs Assessment document in 2018 and made subsequent revisions and updates, which have been published [here](#). This document will replace the 2018 document once approved.

This Pharmaceutical Needs Assessment, led by Public Health in the Local Authority, presents a background of health issues in Wakefield District whilst providing a comprehensive depiction of health and wellbeing in the district, existing pharmaceutical provision and of additional enhanced services. It further describes those services currently commissioned and explores how they may be configured in the future to meet population needs.

The PNA should be read alongside our existing Joint Strategic Needs Assessment (JSNA) which will be regularly updated with content reflecting the district's population need. As part of the PNA process, we are required to produce and maintain a map of pharmaceutical services that are provided within the area of our Health and Wellbeing Board. We have created this in electronic format alongside a list of current pharmaceutical contracts and their address details. This can be accessed on our JSNA website via the link below:

JSNA	<a href="http://www.wakefieldjsna.co.uk/">http://www.wakefieldjsna.co.uk/</a>
Pharmacy Map	<a href="http://www.wakefieldjsna.co.uk/pna/distribution-of-services/">http://www.wakefieldjsna.co.uk/pna/distribution-of-services/</a>

## 4. Process

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

### 4.1 Steering Group

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

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

### 4.2 Localities

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For the purpose of this PNA we have used the already established geographical boundary of electoral wards for the basis of the localities presented throughout. This is a geography that is familiar to all our stakeholders and is consistent with the use of ward level analysis that can be found throughout the Wakefield JSNA. Throughout the document, health needs and service provision are considered against these localities.

### 4.3 Data Collation

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

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

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

Data on pharmacy service provision was collated on the 8<sup>th</sup> February 2022. As some pharmacy provision has changed during the course of writing the PNA, a revised data extract on pharmacy service provision was taken on 1<sup>st</sup> August 2022. Details of the changes that have occurred between 8<sup>th</sup> February 2022 and 1<sup>st</sup> August 2022 are detailed in Appendix I, along with a narrative around the implications for this assessment.

To identify provision of pharmaceutical services by contractors both within and outside of the Health and Wellbeing Board's area, data on the number and location of prescriptions dispensed was obtained from the NHS Business Services Authority.

## 4.4 Data Limitations

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Whilst every effort has been made to make the data included in this PNA accurate and timely, there are some limitations to the data that need to be considered:

- Data was collated on 8<sup>th</sup> February 2022. The data provides a snapshot in time only. Appendix I provides details of any changes that have occurred during the writing of this PNA and their implications.
- Pharmacy service data may be inaccurate. For some services, provision of the service has been used as a proxy for a pharmacy being accredited for a service. This will not give an accurate picture of service availability. For example, a pharmacy who has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service. Another example would be that the COVID-19 pandemic has meant that some pharmacy services were paused so activity has not been recorded, although the pharmacy is still accredited to provide the service.
- Pharmacy contracts that have undergone a change of ownership may provide a different set of services.
- Pharmacy services may not be openly commissioned. By this we mean that the commissioner may limit the number of pharmacies providing the service. Gaps in these services are created by the commissioner rather than gaps being created by lack of pharmacy provision.
- Surveys were not completed by all contractors. The responses may not be representative, although 30 out of 76 pharmacies in Wakefield did respond giving a response rate of almost 40%. The survey was distributed during one of the peaks of the COVID-19 pandemic, which may have impacted on response rates.

## 4.5 Public and Pharmacy Surveys

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

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

## 4.6 Consultation

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

A short consultation survey was developed to capture views and comments, with letters sent to key stakeholders directing them towards an online version of the draft PNA and consultation response form. A list of the key stakeholders can be found in Appendix F. The draft report was also circulated to Healthwatch contacts and voluntary sector contacts.

Consultation on this PNA commenced on 1<sup>st</sup> June 2022 and remained open until 31<sup>st</sup> July 2022. Following the consultation period, the PNA has been revised accordingly and submitted to the Health and Wellbeing Board for final approval. Following publication, this PNA will be valid for three years from 30<sup>th</sup> September 2022 to 29<sup>th</sup> September 2025, when an updated PNA will be produced.

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

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

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

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

## 5. Local Information and Protected Characteristics

### 5.1 Population

Estimated Wakefield  
population in 2022:

 **360,000**

This is set to rise by  
**↑ 10,000**  
by 2025

**0.9% - 1.0%**  
annual growth rate during  
this PNA period

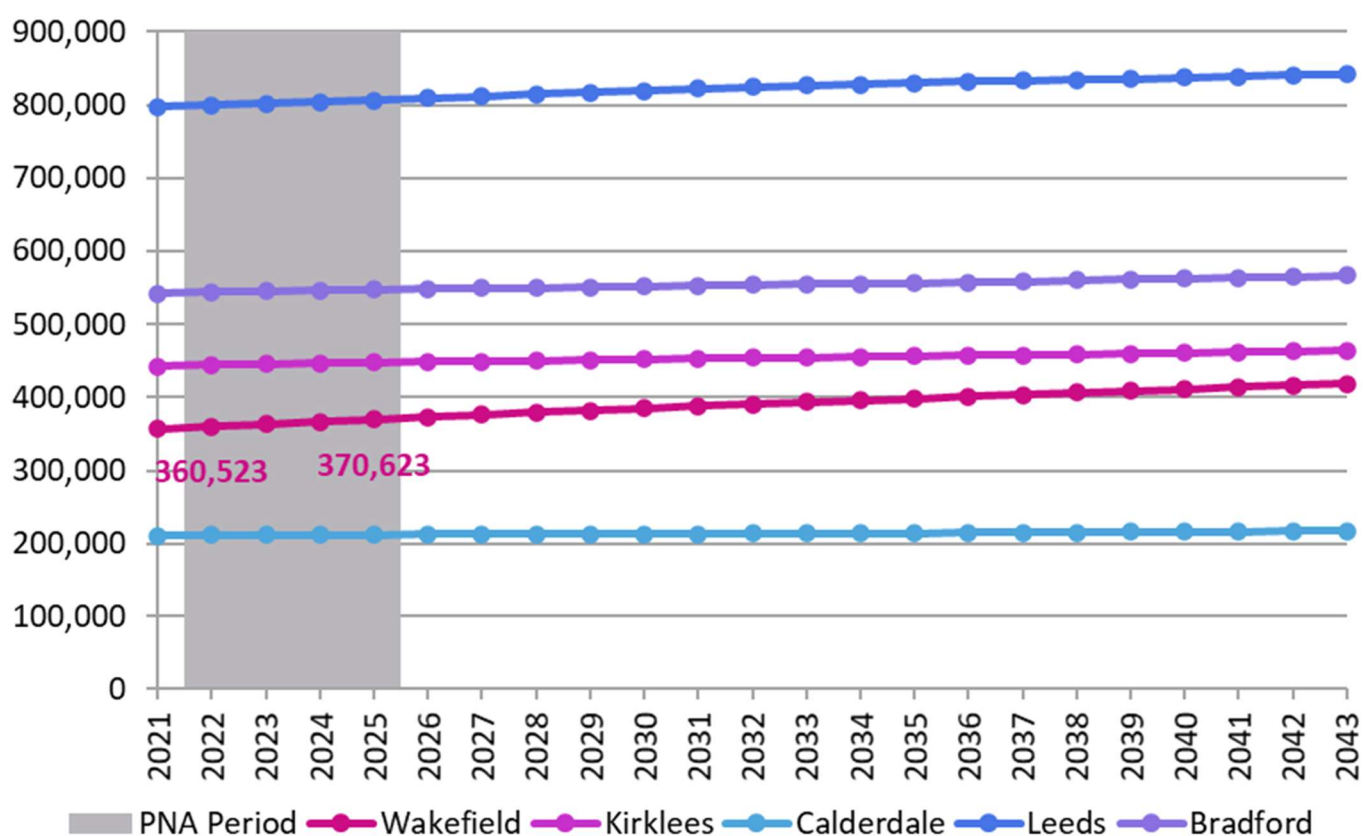
The size of the resident population of the Wakefield District is estimated to be in the region of 360,000, making the district the 18th largest Local Authority in England. NHS Wakefield CCG, which is coterminous with the Local Authority, has a registered population of 358,000 people who are resident within Wakefield District. The resident population is estimated to rise by approximately 10,000 persons by 2025.

Compared with other local Health & Wellbeing Board areas, Wakefield's population is growing at a much higher rate. The main component for this is continuing high net internal migration. The number of people moving to Wakefield from elsewhere in the UK is greater than the number of people leaving, due to housing growth locally.

In addition, the number of people aged 80+ is set to increase by 39% in the next 10 years (2022 to 2032). However, these estimates were set in 2018 and there is a realistic possibility that the effect of the COVID-19 pandemic may alter these predictions.

**Figure 1: By 2025, the population of Wakefield District is expected to rise by 10,000 persons.**

Counts of residents within local HWB populations, projected until 2043.

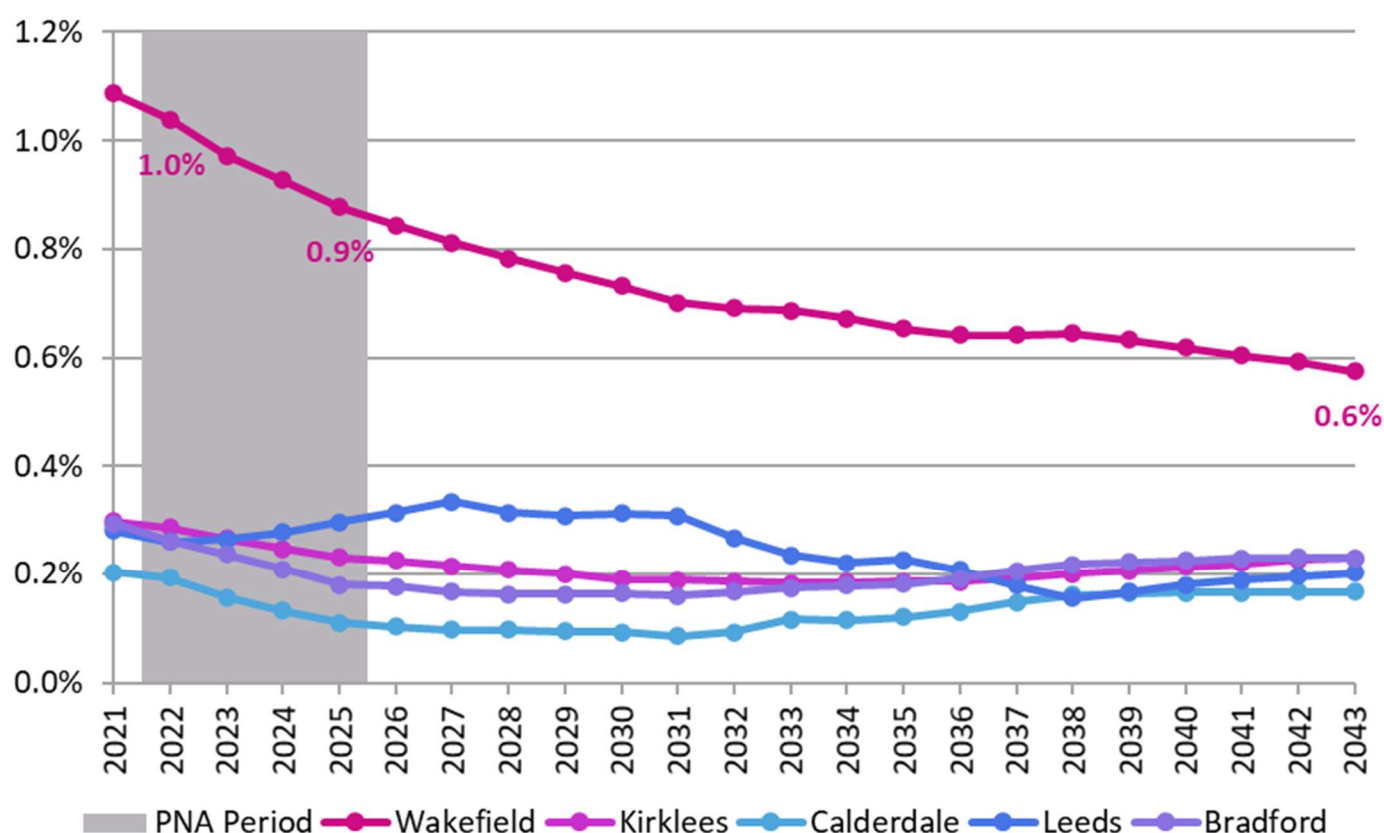


Source: ONS 2018-based subnational principal population projections for local authorities.



Over the next 3 years, the population is estimated to grow by between 3,200 to 3,700 additional persons per year, equating to a 0.9% - 1.0% growth rate. This growth rate is then predicted to steadily decline to 0.6%, or approximately 2,500 additional residents per year.

**Figure 2: The growth rate in Wakefield is much higher than other local Health & Wellbeing Board's areas.**  
Growth rate of additional annual residents within local HWB populations, projected until 2043.



Source: ONS 2018-based subnational principal population projections for local authorities.

## 5.2 Demography – Age

Population structure is shifting towards an ageing population

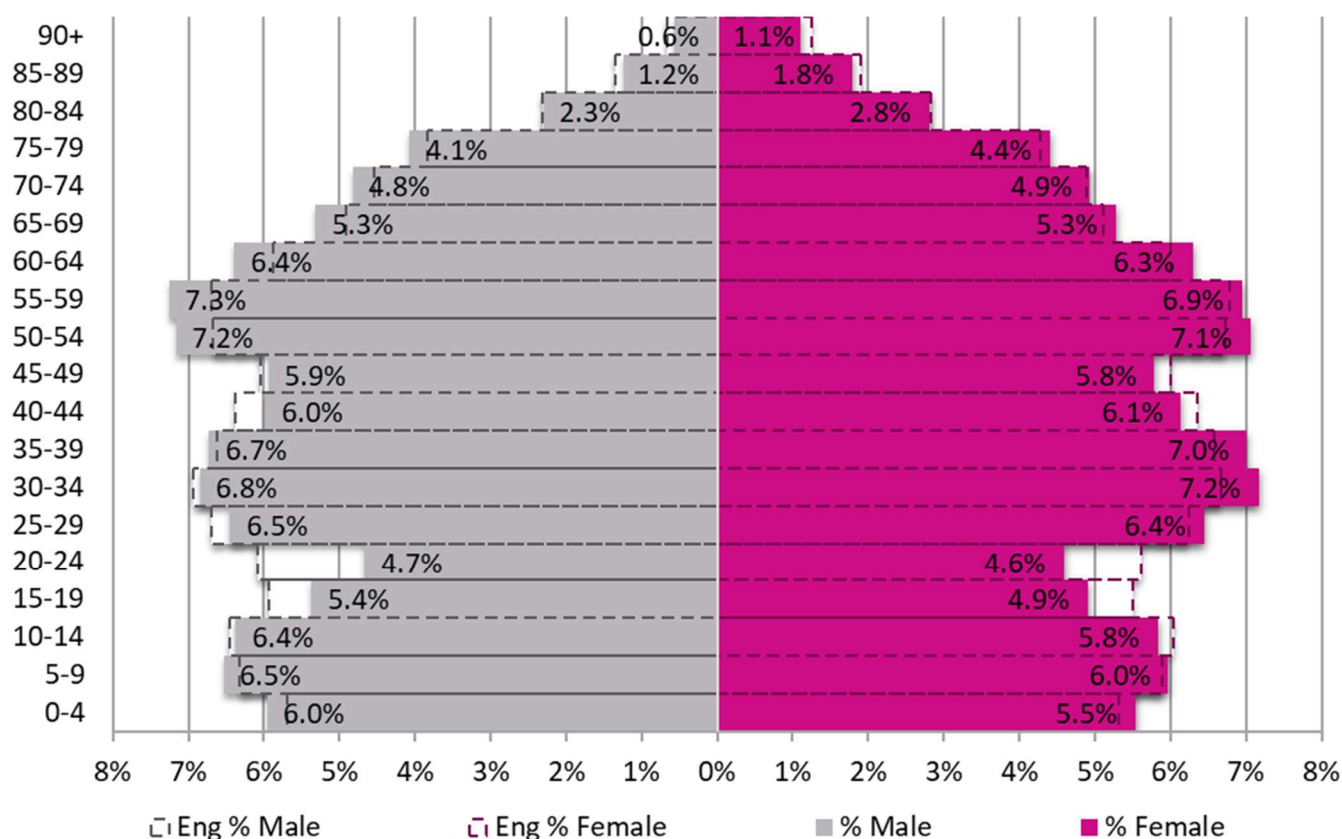
Smaller than average proportion of 20 - 24 year-olds

60+ Females - 48,920  
60+ Males - 43,645

As is typical nationally, the Wakefield age profile shows the effect of baby-boom years of the 1950s and 1960s and greater numbers of women (48,920) aged 60+ than men (43,645). Total population numbers are projected to keep on increasing, and at a greater rate than elsewhere in the region, with improved life expectancy resulting in a greater proportion of the population being made up of people in older age groups.

When compared to other local Health & Wellbeing Board areas, Wakefield's age profile has smaller than average proportions of people in the late-teen, early 20's age bands. This reflects the absence of any sizeable university presence within Wakefield District. By contrast, in large university cities such as Leeds, 9.5% of the population are aged 20-24, compared to 4.6% in Wakefield District.

**Figure 3: Wakefield has smaller than average proportions of people in the late-teen, early 20's age bands.**  
Distribution of Wakefield's 2022 population compared to England averages.



Source: ONS 2018-based subnational principal population projections for local authorities.

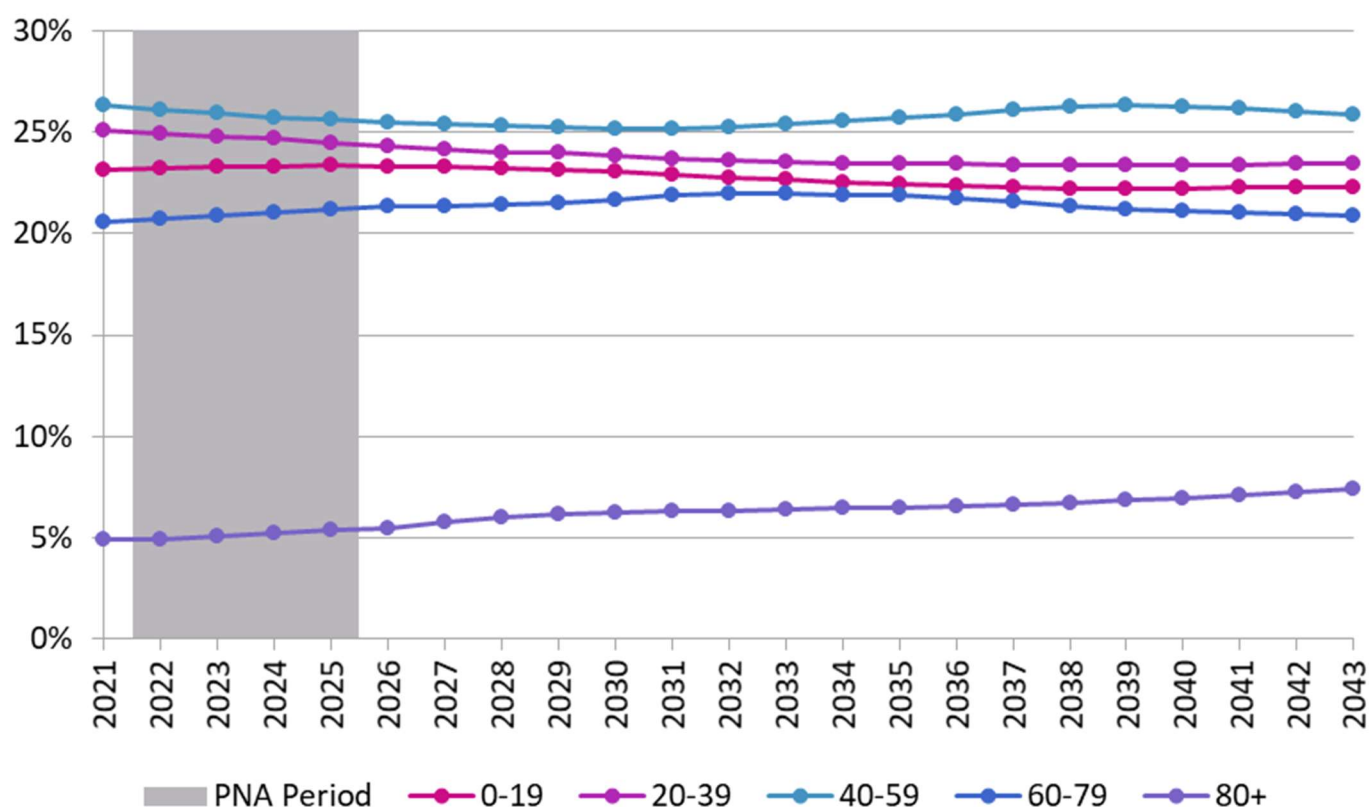
When assessing population projections, there are expected to be shifts in the population structure in the medium-to-long term, as the proportion of the population aged over 60 increases.

In the 60-79 age range, the size of this population has been steadily increasing for the last decade and will continue to do so in this PNA period, with the current figure of 74,857 expected to rise to 78,522 persons in 2025. After which, there is predicted to be continued rise, plateauing in 2032.

An increase in the population size is also seen in the 80+ age range, which is predicted to steadily increase from 17,708 in 2022 to 19,761 in 2025. This increase will continue for the foreseeable future.

Implications of an ageing population are wide in terms of people living longer into older age, with an increased demand for health and well-being services, a reduced contribution to the economy and lower incomes, and increased human resources for care services (paid and unpaid carers).

**Figure 4: Expected shift towards an ageing population as the proportion of those aged 60+ increases.**  
Percentage of Wakefield's population, split by age band, projected until 2043.



Source: ONS 2018-based subnational principal population projections for local authorities.

### Key issues for this characteristic

- Living arrangements are important because older people living alone may place a greater demand on personal social services compared to older people with other living arrangements.
- Most people aged over 65 years of age report at least one chronic condition, and the number of conditions reported increases with age. The most common problems relate to movement, vision, and hearing.
- Uptake of seasonal flu vaccine in older people is essential to preventing premature mortality and exacerbation of existing conditions.

## 5.3 Demography – Ethnicity

**14.1%**  
of population are from  
minority ethnic backgrounds

**6.2%**  
of population are from  
'Other White Background'

Wakefield has a relatively small but growing ethnic minority population. In the 2011 Census, 7.2% of the population defined their ethnicity as other than White British. According to SystemOne data obtained in February 2022, 14.1% of the population had a recorded ethnicity that was not listed as White British. The largest minority ethnic group is 'other White background' (6.2%), which was 2.3% in the 2011 Census, indicating a growing Eastern European population.

**Table 1: 14.1% of the Wakefield population has a recorded ethnicity that was not White British.**  
Ethnicity breakdown of SystmOne registered Wakefield population.

<b>Ethnicity</b>	<b>Number</b>	<b>% of Population</b>
<b>White</b>	<b>301,290</b>	<b>92.5%</b>
British	279983	85.9%
Gypsy or Traveller	187	0.1%
Irish	862	0.3%
Any other White background	20258	6.2%
<b>Mixed</b>	<b>5,560</b>	<b>1.7%</b>
White and Asian	993	0.3%
White and Black African	1012	0.3%
White and Black Caribbean	603	0.2%
Any other Mixed background	2952	0.9%
<b>Asian</b>	<b>12,651</b>	<b>3.9%</b>
Bangladeshi	71	0.0%
Chinese	1077	0.3%
Indian	2291	0.7%
Pakistani	7043	2.2%
Any other Asian background	2169	0.7%
<b>Black</b>	<b>4,330</b>	<b>1.3%</b>
African	3316	1.0%
Caribbean	282	0.1%
Any other Black background	732	0.2%
<b>Other</b>	<b>1,951</b>	<b>0.6%</b>
Arab	192	0.1%
Any other ethnic group	1759	0.5%

*Source: SystmOne registered Wakefield population as of 18/02/2022 whereby an ethnicity was recorded.*

### Key issues for this characteristic

The Cabinet Office Race Disparity Audit (2017) found the following key issues:

- More than half of adults in all ethnic groups other than the Chinese group were overweight (having a Body Mass Index of 25 and over), and this was particularly so among the White and Black ethnic groups, affecting 2 out of 3 White and Black adults.
- Adults in the Mixed group were the most likely to be physically active but also the most likely to smoke.
- Black women were the most likely to have experienced a common mental disorder such as anxiety or depression in the last week, and Black men were the most likely to have experienced a psychotic disorder in the past year.
- White British adults were more likely to be receiving treatment for a mental or emotional problem than adults in other ethnic groups.

The Polish Migrant Worker HNA (2010) found the following key issues:

- Heavy consumption of alcohol-linked to depression and isolation. Those in employment tend to drink heavily after working to socialise or relax.
- A high percentage of the population smokes. It is a cultural norm to smoke, and people are often unaware of free smoking cessation support.
- Distrust of NHS primary care system can, in some cases, prompt travel to Poland for a second opinion.

- Population tends to put on weight once they come to the UK. English food is sweeter and contains more wheat than Polish food.

The Black & Ethnic Minority Needs Assessment (2010) found the following key issues:

- Inequalities exist in relation to almost every aspect of health although some due to poor access to services, there are however certain areas where poorer health outcomes exist, for example long term conditions. This includes diabetes, which is significantly higher in South Asian communities, as is CHD.
- Research also suggests that compared with the white population, South Asian people are three times more likely to require an emergency hospital admission for their asthma and Black people are twice as likely.
- Other inequalities exist in relation to infant mortality and ethnic minority women twice as likely to die during childbirth as well as infant abnormality.

## 5.4 Demography – Language

**There are more than  
150 different languages  
spoken within the district**

**24,000 residents  
have a Non-English  
primary language**

**The most common  
non-English language is  
Polish (9,586 people)**

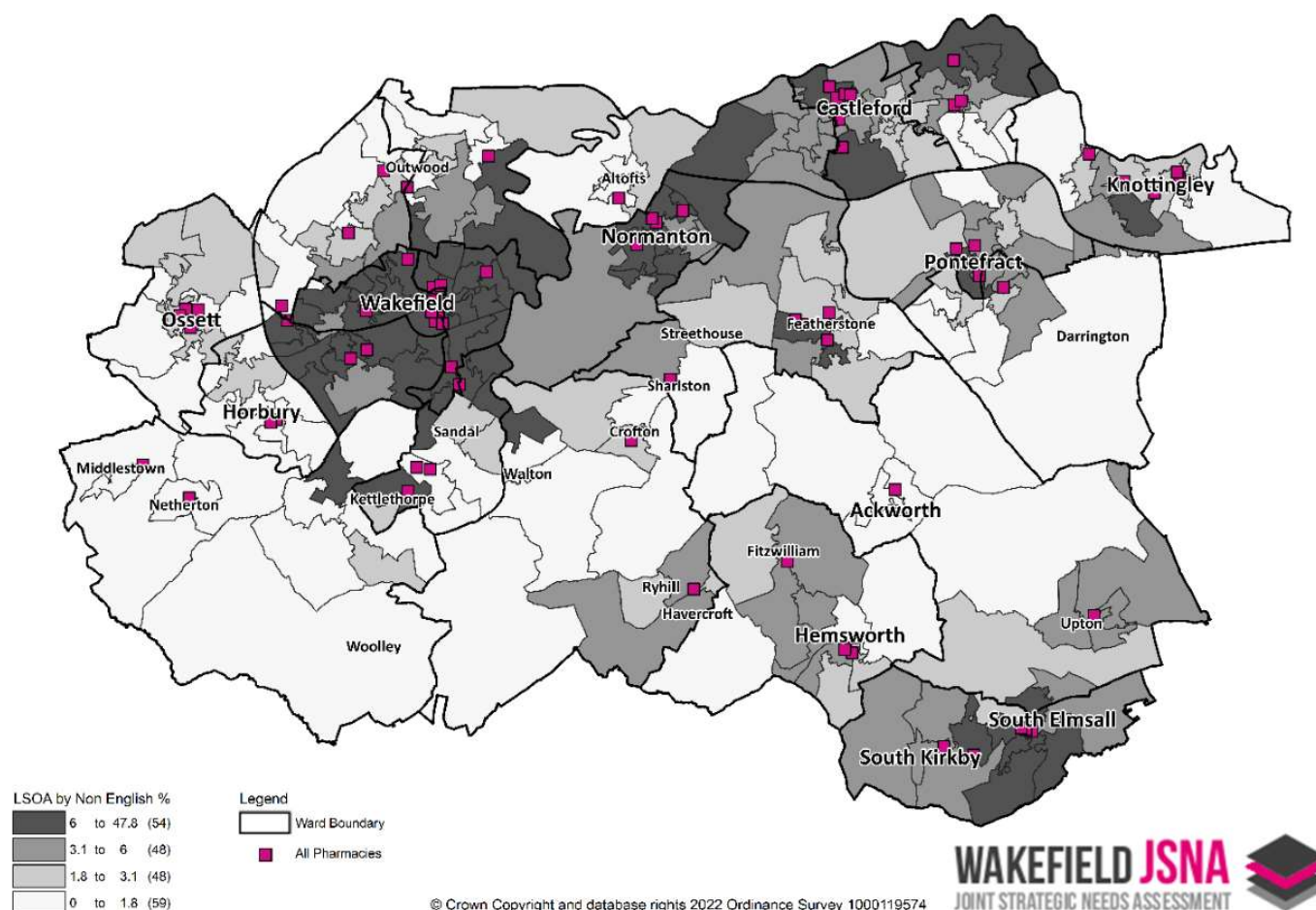
Due to increasing ethnic diversity, there are now more than 150 different languages spoken within the district. Where the language has been recorded, just over 10% of the registered population on SystmOne, do not have English as their first language. The most common non-English main languages are Polish (9,586 people); Urdu (2,275 people); Punjabi (1,557 people); Romanian (996 people) and Latvian (937 people).

Using local SystmOne access, we have queried GP records for those persons who do not use English as a main language. Although the recording of language is variable between practices, it does offer a low-level picture of where linguistic difficulties may be most prevalent.

Figure 5 is a map showing the distribution of the registered population who are recorded as not using English as their main language (SystmOne, 2022), against pharmacy provision.



**Figure 5: Map of the GP practice registered population who are recorded as not using English as their main language compared to pharmacy provision**



Source: SystmOne registered Wakefield population as of 18/02/2022 whereby a main language was recorded.

The greatest concentration of the registered population who are recorded as not using English as their main language, tends to be located around the Central Wakefield area. This will be relevant for pharmacies in those locales.

### Key issues for this characteristic

The Black & Ethnic Minority Needs Assessment (2010) found the following key issues:

- Inequalities in both access and outcomes are inevitable in some minority groups if we consider some of the wider determinants which impact on health inequalities. These are further exacerbated by cultural and language barriers which prevent people accessing services early.

## 5.5 Demography – Sexual Orientation

**An estimated  
2.3% of the population  
identify as lesbian, gay or bisexual**

According to 2019 estimated figures in the ONS Annual Population Survey, 2.3% of the Yorkshire & Humber population identifies as lesbian, gay, or bisexual. This is slightly lower than the England average of 2.7%. Locally, there is no evidence to suggest that the proportion of Lesbian, Gay, Bisexual or Transgender (LGBT) people in Wakefield is different from the national average.

A regional average of 2.3% would suggest there are just over 8,000 people who identify as lesbian, gay, or bisexual in Wakefield.

Estimating proportions of the population to be LGBT is hampered by non-reporting. This is something that since the 2010 equality act has become increasingly in focus for the health and social care services. As part of reforms announced by the Minister for Health in 2017, all patients are to have their sexual orientation asked by their health care professional, to help the health and care service make assessment of how equal members of protected characteristics are receiving services.

### **Key issues for this characteristic**

The Government Equalities Office National LGBT Survey (2018) found the following key issues:

- 80% of respondents had accessed public healthcare services in the 12 months prior to completing the survey. Access was higher among trans women (87%) and trans men (89%).
- 24% of respondents had accessed mental health services in the 12 months preceding the survey.
- 27% of respondents had accessed sexual health services in the 12 months preceding the survey.

The Vulnerable Groups HNA (2011) found the following key issues:

- Although we know very little about the number, age distribution and ethnic composition of LGBT people in the United Kingdom, we know that men who have sex with men (MSM) are vulnerable to sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV).
- In the last 3 years outbreaks of (STIs) have occurred in the (MSM) population.
- We know very little about the specific health needs of lesbian and transgendered populations.

However, social isolation associated with LGBT sexual orientation may in some cases be exacerbated by rurality, and pharmacies may play a part in addressing this. Sexual orientation may have an effect on certain elements of sexual health (Chlamydia, for example) which are screened or treated in pharmacies. In more recent times locally, self-harm and sexual orientation in young people has been linked, insights found by public health and community services.

## **5.6 Demography – Gypsies and Travellers**

**166**

### **caravans on socially rented and private sites in July 2021**

According to the July 2021 Traveller Caravan Count, there were 60 caravans on socially rented sites and 106 caravans on private sites in the Wakefield District, all of which were authorised sites with planning permission.

The bi-annual Traveller Caravan Count indicates an average of 131 Traveller caravans over the last seven counts (January 2018 to July 2021). Of these, 49.2% were on authorised social rented sites, 48.5% were on private sites and 2.2% were on unauthorised sites.

The annual Travelling Showperson Caravan Count (undertaken each January) indicates an average of 75 Travelling Showperson caravans in the past six counts (January 2015 to January 2020). Of these, 94.1% were on authorised private sites and 5.8% were on unauthorised sites.

There is one authorised permanent council-owned Gypsy and Traveller site in Wakefield District, which has 38 residential plots with space for 76 caravans. In addition, there are six authorised permanent private sites and four authorised temporary private sites.

### Key issues for this characteristic

Whilst we do not have information for Wakefield, the following findings give a good indication of Gypsy and Traveller populations, and we can therefore assume that these are a good representation of these communities and their respective health.

A 2016 report by the Traveller Movement, commissioned by the National Inclusion Health Board (NIHB), looking at how the living conditions of Gypsies and Travellers lead to poor health. The report found that:

- Two-thirds of Gypsies and Travellers reported their health as bad, very bad or poor.
- The living conditions of Gypsies and Travellers significantly contributes to their physical and mental health.
- The poor health of Gypsies and Travellers is made worse by their living environment, accommodation insecurity and community discrimination.
- There needs to be closer partnership working across health and other interests to address these issues.

## 5.7 Demography – Homelessness

🏠 **277 households**  
in temporary accommodation  
as of September 2021

**40%**  
of supported households had a  
history of mental health

According to the Department for Levelling Up, Housing & Communities, there were 277 households living in temporary accommodation in Wakefield as of 30/09/2021. The majority of which (51.6%) were single adult households, but there were 110 households (39.7%) with children.

A total of 507 households were assessed for statutory homelessness duties in Wakefield between July to September 2021. Of which, 279 were assessed as threatened with homelessness and a prevention duty owed; 174 were assessed as homeless and a relief duty owed.

**Table 2: A history of mental health problems seen in 40% of supported households.**

Recorded support needs for households owed a prevention or relief duty between July to September 2021.

Support Need	Count	Percentage
History of mental health problems	181	40.0%
Physical ill health and disability	93	20.5%
At risk of / has experienced domestic abuse	44	9.7%
Offending history	42	9.3%
History of repeat homelessness	17	3.8%
Drug dependency needs	23	5.1%
History of rough sleeping	11	2.4%
Alcohol dependency needs	12	2.6%
Learning disability	37	8.2%
Young person aged 18-25 years requiring support to manage independently	14	3.1%



Support Need	Count	Percentage
Access to education, employment, or training	47	10.4%
At risk of / has experienced abuse (non-domestic abuse)	17	3.8%
At risk of / has experienced sexual abuse / exploitation	3	0.7%
Old age	11	2.4%
Care leaver aged 21+ years	8	1.8%
Care leaver aged 18-20 years	5	1.1%
Young person aged 16-17 years	3	0.7%
Young parent requiring support to manage independently	5	1.1%
Former asylum seeker	4	0.9%
Served in HM Forces	2	0.4%

Source: Department for Levelling Up, Housing & Communities Statutory Homelessness July to September 2021.

## Key issues for this characteristic

The Local Government Association Impact of Homelessness on Health (2017) guide found the following key issues:

- People who are homeless report much poorer health than the general population.
- Homelessness, and the fear of becoming homeless, can result in ill health or exacerbate existing health conditions.
- Homelessness in early life can impact on life chances and the longer a person experiences homelessness the more likely their health and wellbeing will be at risk.
- Homelessness is more likely amongst populations who also experience wider inequalities e.g., care leavers and people with experience of the criminal justice system.
- Co-morbidity amongst the longer-term homeless population is not unusual; the average age of death of a homeless person is 47 (lower for women – 43), compared to 77 years amongst the general population.
- People who experience homelessness can struggle to access quality health care and social care.

## 5.8 Demography – Asylum Seekers

**350 asylum seekers  
in dispersed accommodation in  
September 2021**

**22 asylum seekers  
received subsistence-only  
support**

At the end of September 2021 there were 350 asylum seekers in dispersed accommodation in the Wakefield District, up from 198 people a year earlier. There were a further 22 asylum seekers receiving subsistence-only support. Both these numbers exclude asylum seekers in initial accommodation at Urban House, central Wakefield. Asylum seekers stay at Urban House for about 21 days whilst the legal aspects of their asylum claim are sorted out. The facility can accommodate 300 people. On 31<sup>st</sup> March 2021 there were 14 unaccompanied asylum-seeking children in the care of the local authority, down from 29 children in 2019.

The conflict in Ukraine has displaced large numbers of the county's population into neighbouring states, as well as further afield. Some households in the Wakefield District are due to take in Ukrainian citizens as part of the UK Government's Homes for Ukraine scheme, although numbers of people who have arrived remain unpublished at this time (April 2022). It is not anticipated that this migration will have a great impact on demand for pharmaceutical services.

## Key issues for this characteristic

The Local Government Association Resettling Refugees (2017) guide found the following key issues:

- Many refugees have health issues that require long-term care and resources, while some refugees' mental health needs may not have been apparent initially but will emerge later.
- It is well-established that refugees who have experienced war and upheaval may present delayed symptoms. Therefore, it is likely that some clients will need access to mental health support for some time after arrival in the UK.
- Local health providers need to anticipate that while some medical conditions will have been identified and treated upon arrival to the UK, the overall health needs of some resettled refugees might increase during the subsequent period.

## 5.9 Demography – Marriage and Civil Partnership

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Marriage and Civil Partnership are not considered significant factors in the assessment of pharmaceutical services in Wakefield.

## 6. Major Health Challenges

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### 6.1 Health and Wellbeing Priorities

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Wakefield's current priorities, as laid out in the Wakefield Health & Wellbeing Strategy and informed by the JSNA, are:

#### **A healthy standard of living for all.**

The Council is leading a five-year strategy for economic growth, which will focus on developing the local economy so that it enables people to live in better health. Our Health and Wellbeing Strategy will link in with this and with the Wakefield Council Corporate plan to address challenges that affect people's health.

- We will focus action on reducing health inequalities in our most deprived neighbourhoods by connecting people with services and with each other.
- To help reduce poverty, we will encourage more apprenticeships and employment opportunities for people who may find it harder to get work such as care leavers, people with disabilities and minority ethnic groups.
- To reduce in-work poverty we will support programmes that help people on low incomes to improve their employment prospects.
- We will help people to get access to benefits if they cannot work or have a low income. We will also help them make the most of their income by providing financial advice and support.
- We will make it easier to get healthy food and give advice on how to choose and cook healthy meals on a budget to help people on low incomes to eat well.
- We will tackle issues that push families further into poverty such as smoking and harmful alcohol drinking, which is higher in less well-off communities.
- We will support schemes that provide good quality, warm and affordable housing and address fuel poverty.
- We will offer financial advice to households and train workers to support people who are at risk of becoming homeless. We will improve support to homeless people and rough sleepers and make sure they can access health care.
- We will encourage employers to develop carer friendly workplaces and will improve direct support to unpaid carers, including children with caring responsibilities.

#### **A healthy start in life for every child.**

Our Wakefield Families Together programme puts families at the heart of improving the health of all children in the district, targeting support from health professionals, social care, and education to those who need it most.

- We want every child born in Wakefield District to sign up to the Born and Bred in Wakefield District programme. The programme (based on the successful *Born in Bradford* programme) monitors the lives and health of children from birth and throughout their childhood. The Born and Bred in Wakefield District programme will work with families to find out why, whilst most families are healthy and happy, some are not. We will use the learning from this programme to develop activities to support families and children, working with community groups, education, and health professionals to make the district a better place to grow up
- We will continue to roll out the national Better Births programme, to improve safety and care during pregnancy and childbirth. More women will be cared for by the same team of midwives throughout their pregnancy and the birth and midwives and health visitors will work more closely with each other.
- We will support more women to stop smoking when they are pregnant and will improve access to mental health support for new mothers.

- We will promote schemes to support parents across the whole of the Wakefield District. Our 'Team Around' approach, which involves professionals such as social workers, nurseries, schools, and health workers supporting families and young children who are most in need, will be further developed.
- More than 1000 families have signed up to a programme of activities to prepare children for school: '50 things to do before you are 5'. We will continue to promote this to families. As well as the Imagination Library, which provides books to families. All staff working in services for children aged 0 – 19 across the district will be trained to identify problems with speaking and language and we will support the delivery of a speech, language, and communication strategy.
- We will also continue to focus on helping families get financial support so that less children have health problems linked to poverty. This will include improving access to affordable, high-quality food and engaging with families so that we understand better what is working well to address food poverty.

## **Preventing ill-health.**

Health and care organisations already work very closely with each other and with communities, families, and individuals. We will focus on actions that will have greatest impact on improving health and put more effort into early interventions that prevent people becoming unwell. This will include closer working between GP practices and communities to identify and tackle local health issues.

- Mental ill-health is a concern for many people and suicide rates in the district are higher than many other parts of the country, so we will invest time and money into helping people stay emotionally well, tackling the underlying causes of mental illness and supporting people who have mental health problems. This will include targeted support for children and people up to the age of 25 to prevent mental health problems in young people having a life-long impact.
- We will work with other organisations to do more to prevent, support and treat common causes of ill health, such as obesity, pollution, smoking, alcohol, and substance misuse.
- We will encourage and enable people to be more physically active, creating a shift towards people exercising more often.
- We will support schemes to improve access to walking and cycling routes and public transport to change the way people get about the district to reduce traffic pollution.
- Our aim will be to make more public spaces and workplaces smoke free to reduce people's exposure to second-hand smoke and we will continue to support people to stop smoking. This will include work with law enforcement services to tackle illegal sales of tobacco.
- As well as maintaining good levels of immunisation, we will increase screening to identify common health problems such as heart disease and cancer. We will continue to work with GPs to provide annual health checks for people with a learning disability.
- We will ensure the whole health and care system works well together to help people live in good health for longer and reduce the need for people to be admitted to hospital.
- We will work with voluntary and community organisations to help people stay connected with their communities to prevent loneliness, which can affect people's mental and physical health and make them more dependent on services.
- We will also invest in technology to support people to live independently for longer, including aids to reduce the risk of injury caused by falls.
- We will enhance support to the thousands of informal carers in the district, including children and young people, to enable them to continue the vital role they play in looking after family members and friends with disabilities or health conditions.
- Intensive support to care homes and home care services that we put in place during the pandemic will continue and we will maintain housing support coordinators in hospitals to stop housing issues being a barrier to being discharged.

## Sustainable communities.

The district's response to the COVID-19 pandemic showed what can be done if organisations and communities work together. We already have strong working relationships across the health and care sector and with voluntary organisations and housing. Our ambition is for ill-health prevention and health and care services to work more closely with all council departments, with public sector organisations, such as police, fire, and education, and with businesses and employers.

- Thousands of people who live in the district work in the public sector. As major employers these organisations can lead by example by being great places to work. We will encourage our large public sector organisations to be 'anchors' that foster employee wellbeing through positive employment practice, promote environmental sustainability and support local growth through their buying power.
- We will revitalise the employee well-being charter that health and care organisations have already signed up to and will roll it out to more organisations. We will encourage more employers to adopt health promoting practices such as physical activity, emotional wellbeing support and facilities to enable mothers to carry on breast feeding after they return to work.
- We will make services more sustainable by supporting growth of the voluntary, community and social enterprise sector and strengthening their links with primary care to improve access to support and health improvement activities in local communities. This will include working with people with health needs to ensure services are designed around their needs and creating more opportunities that enable people to connect with activities in their communities.
- As part of the wider Council development plan, we will support the creation of safer, more attractive and healthier places to live and improve green space in our city and town centres. We will work with planners and developers to ensure the impact of population growth on health services is planned for.
- We will work to make people feel more engaged with their communities and more empowered to make a difference.


There are several areas of health challenge that community pharmacy can play a significant role in improving health outcomes and closing inequalities. The following section outlines the health challenges within Wakefield District and the role that pharmacies play in addressing some of these issues.

## 6.2 Life Expectancy and Mortality

### Male life expectancy

 **77.3 years**

### Female life expectancy

 **81.4 years**

### Premature mortality is

**higher than average**

Life expectancy in Wakefield is lower than the England average for both males and females. As is the pattern nationally, females are expected to live longer than males.

Male life expectancy has seen very little change over the last 6 years, with it being around 78 years for most of that time. The most recent time point in 2018-20 shows a slight decline to 77.3, although this will be in part due to the large increase in mortality in 2020 due to the pandemic. Males born in the most deprived areas are expected to live around 8.3 years fewer than those in the least deprived areas.

Increases in female life expectancy have also stalled over recent years with it being 81.9 or 82 years since 2012-14. The most recent time point (2018-20) also shows a slight decrease like the male's figure, so life expectancy for females in Wakefield is currently 81.4 years. There is an inequality gap of 8.2 years between females living in the most deprived areas compared to those living in the least deprived parts of the district.

Mortality rates across many disease areas are consistently worse in Wakefield when compared to the national average. The table below shows the premature mortality rates (under 75) for several key disease areas, compared to both the national and regional averages.

**Table 3: Premature (under 75) mortality rates for Wakefield (2020)**

Indicator	Wakefield	Yorkshire & Humber	England
Under 75 mortality rate for cancer	149.5	135.4	125.1
Under 75 mortality rate for cardiovascular disease	95.7	82.5	73.8
Under 75 mortality rate for respiratory disease considered preventable	27.3	20.1	17.1
Under 75 mortality rate for all causes considered preventable	195.0	160.3	140.5

Source: Public Health Outcomes Framework, OHID, 2022.

### 6.3 Respiratory Diseases

Prevalence of asthma is  
↗ increasing

COPD prevalence is  
significantly higher  
than the national average

#### Asthma

The prevalence of asthma is 7.4%, this is significantly higher than the England average of 6.5%. Wakefield has also seen an upwards trend over the last couple of years, this follows the national trend.

The prevalence of asthma is greater in the east of the district, with wards such as South Elmsall and South Kirkby (7.9%), Crofton, Ryhill and Walton (7.9%), and Airedale and Ferry Fryston (7.7%) having the highest levels.

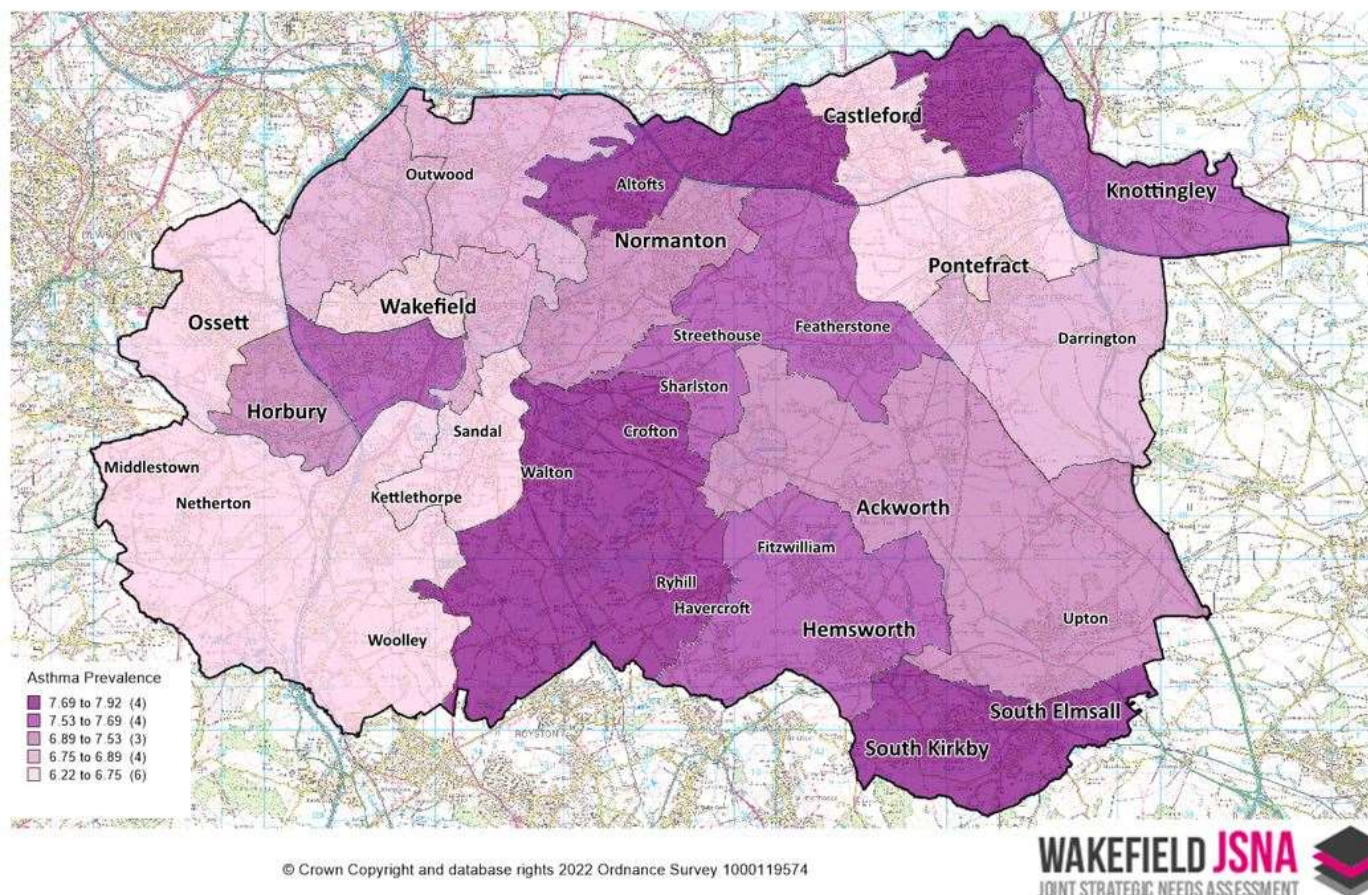
Emergency hospital admissions for asthma (under 19 years) are not significantly different to the national average.



**Figure 6: Map of asthma prevalence**

Asthma Prevalence, Directly Standardised Rate per 100 people (Feb 2022)

By Ward (SystemOne Practice data only)



Source: Primary Care Systems, 2022.

## Chronic Obstructive Pulmonary Disease

COPD is the name for a collection of lung diseases including chronic bronchitis and emphysema. Smoking is the main cause of COPD – at least 4 out of 5 people who develop the disease are, or have been, a smoker. Exposure to other people's smoke also increases the risk of COPD. Of COPD deaths, it is estimated that around 86% are attributable to smoking<sup>1</sup>.

The prevalence of chronic obstructive pulmonary disease (COPD) in Wakefield is significantly higher than the England average. Sitting at 2.8% (close to 10,000 persons), it is about average compared to our 10 most similar CCGs. Emergency hospital admissions for COPD (561 per 100,000 people) are also significantly worse than England's average (415) and Yorkshire and Humber's average (477). The trend over time has stayed mostly static.

<sup>1</sup> Public Health England (2015) Press release: Chronic smoking-related lung disease blights over 1 million lives in England, <https://www.gov.uk/government/news/chronic-smoking-related-lung-disease-blights-over-1-million-lives-in-england>

## Projections

It is estimated that the number of people with a longstanding health condition that is caused by bronchitis and emphysema is going to increase over time, as the size of the elderly population increases (see Table 4).

The POPPI and PANSI datasets suggest the following:

**Table 4: Projections of longstanding health condition being caused by bronchitis and emphysema**

Bronchitis\emphysema - all people	2020	2025	2030	2035	2040
People aged 65-74	623	636	719	783	766
People aged 75 and over	519	616	671	738	830

Source: [pansi.org.uk](https://pansi.org.uk) and [poppi.org.uk](https://poppi.org.uk).

## Role of pharmacies

- Promote and provide advice and support in relation to smoking cessation, where commissioned to do so.
- Medicines Optimisation including the provision of the CPCS and NMS service
- Seasonal influenza vaccination.
- The vast majority (93%) of pharmacies that responded to the survey stated that they would be willing to provide a respiratory / inhaler check service if commissioned.

## 6.4 Cardiovascular Diseases

Diabetes prevalence has  
↗ increased to 8%

Cardiovascular disease is  
more prevalent in the  
more deprived areas

70% of preventable  
cardiovascular deaths  
are male 🧑

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

In Wakefield, the under 75 mortality rate from all cardiovascular diseases is 95.7 per 100,000, this is significantly worse than the England average of 73.8 per 100,000 (2020). The rate for males (128.2 per 100,000) is much higher than for females (64.2 per 100,000). Like many health conditions, those living in the more deprived parts of our communities are more likely to suffer from cardiovascular diseases and to have a premature death as a result. Nationally, the rate of mortality in under 75-year-olds for CVD is twice as high in the most deprived 10% (100.9 per 100,000) than the least deprived 10% (50.1 per 100,000). This is an inequality that is replicated locally in Wakefield.

## Diabetes

Diabetes is a condition where the blood sugar level is higher than normal. There are two main types of diabetes: Type 1 diabetes or insulin-dependent diabetes, which is usually diagnosed in young people. Type 2 diabetes – usually non-insulin-dependent diabetes, tends to affect adults over 40 and people who are overweight. It's thought Type 2 diabetes is related to factors associated with a western lifestyle, since it's most common in people who are overweight and who don't get enough exercise.

The prevalence of diagnosed diabetes among people aged 17 years and older in NHS Wakefield CCG has increased in recent years to 8.0% (2020/21), this is significantly higher than the England average (7.1%) and



the Yorkshire and Humber average (7.5%). There is a higher-than-average percentage of people with type 1 diabetes who are white in Wakefield (93.2%) compared to England (81.5%) as well as a higher-than-average percentage of people with type 2 diabetes who are white (86.9%) compared to England (66.5%).

The National Diabetes Audit collates data that identifies the additional risk of diabetic complications and mortality in people with diabetes compared to the general population. In 2017-18, compared to the general population, people with type 1 diabetes in Wakefield District were 2.3 times more likely to have a myocardial infarction and 4.2 times more likely to have a stroke. People with type 2 diabetes were 1.7 times more likely to have a myocardial infarction, than the general population, and 1.6 times more likely to have a stroke<sup>2</sup>.

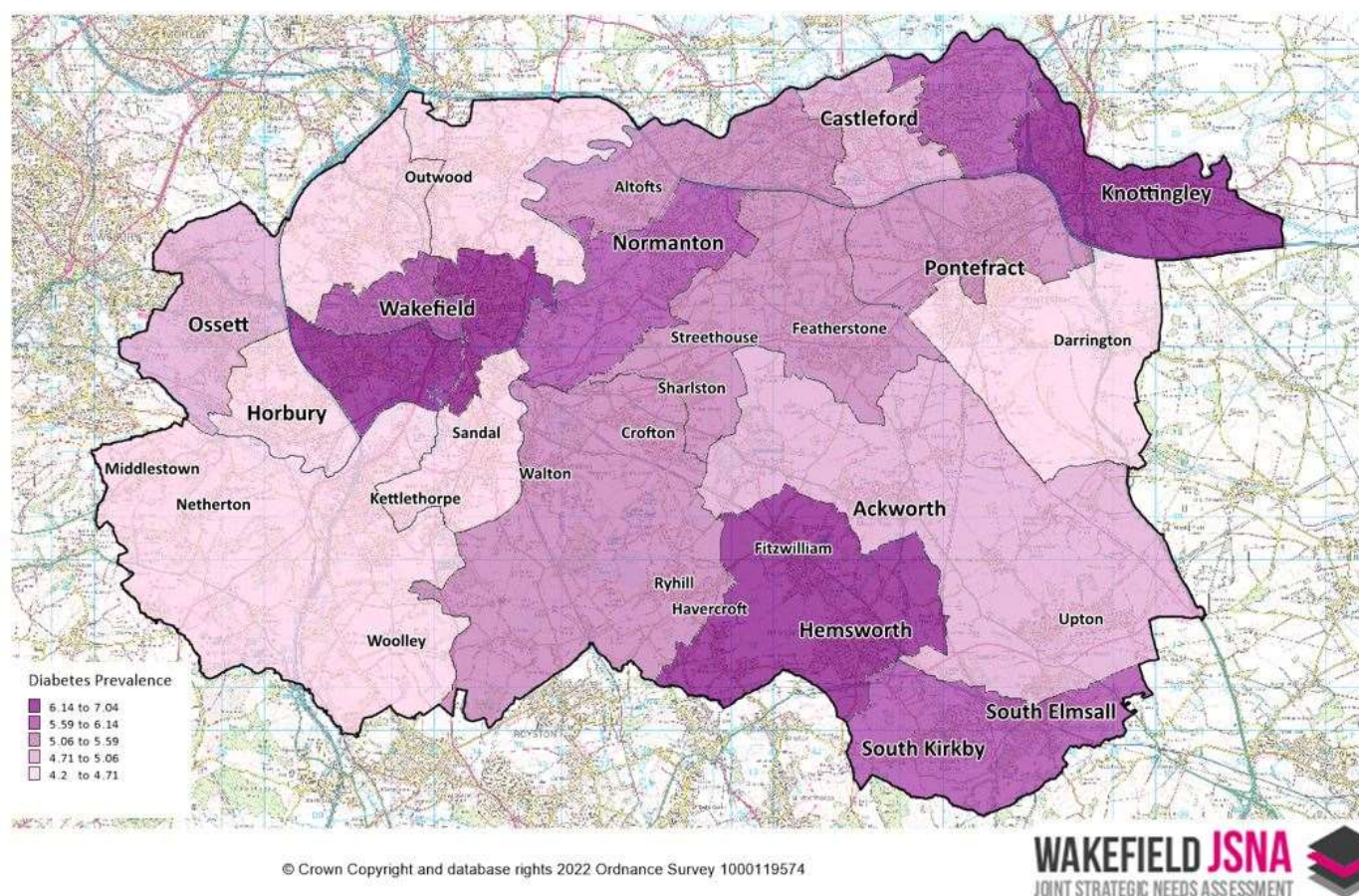
In terms of secondary prevention, access to diabetic retinopathy is fairly good in Wakefield, exceeding all relevant benchmarks, with local services comfortably in the upper quartile of performance measures (84% of patients get access to this vital preventative service, compared to 80% nationally).

Influenza vaccine amongst people with diabetes is comparable to the national average and has been so consistently for the last nine years.

Figure 7 shows the areas of the district that have the highest levels of diabetes prevalence. This appears to be focussed around three key areas including Wakefield city, the South East of the district and the North East around Knottingley and Airedale. The three wards with the highest prevalence of diabetes are Wakefield East (7%), Wakefield West (6.3%) and Knottingley (6.3%).

### Figure 7: Map of diabetes prevalence

Diabetes Prevalence, Directly Standardised Rate per 100 people, aged 20+ (Feb 2022)  
By Ward (SystmOne Practice data only)



Source: Primary care systems, 2022.

<sup>2</sup> National Diabetes Audit - Report 2 Complications and Mortality, 2017-18 - NHS Digital

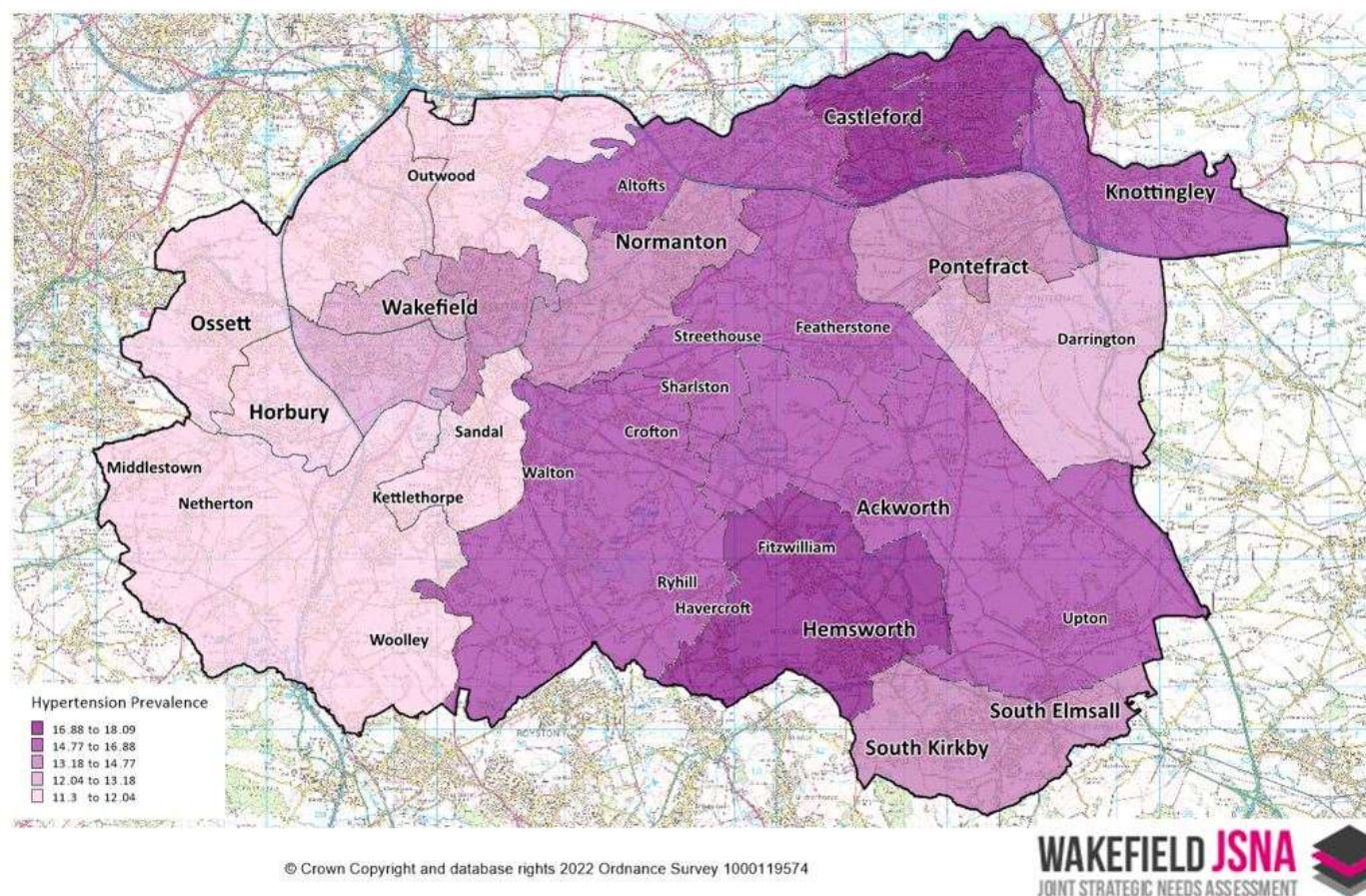


## Hypertension

Wakefield has a recorded hypertension prevalence of 15.4% compared to the national average of 13.9%. This places Wakefield just below the upper quartile nationally. There is a similar picture compared to other areas in the region. Our prevalence has remained steady over the past five years, with approximately 55,000 persons on the hypertension register.

**Figure 8: Map of hypertension prevalence**

Hypertension Prevalence, Directly Standardised Rate per 100 people (Feb 2022)  
By Ward (SystmOne Practice data only)



Source: Primary Care Systems, 2022.

As illustrated in Figure 8, the east of the district has higher rates of recorded hypertension. Airedale and Ferry Fryston has the highest level of hypertension (18.1 per 100), with Hemsworth (17.2) and Castleford Central and Glasshoughton (16.9) also having high levels. Areas to the west of the district have much lower rates of recorded hypertension with the lowest rate being in Horbury and South Ossett (11.3 per 100)

## Chronic Heart Disease (CHD)

CHD is the most common type of heart disease. It is the most common cause of heart attack and was the single biggest killer of both men and women worldwide in 2019<sup>3</sup>. Death rates from coronary heart disease (CHD) are highest in areas of greatest deprivation. Wakefield has a recorded CHD prevalence of 3.6% compared to the national average of 3.0% (2020/21). There is a similar picture compared to other areas in our peer group. Our prevalence rate has steadily fallen over the past nine years, with approximately 13,000 persons now on the CHD register. Figure 9 shows the areas of the district that have the highest levels of CHD. These are very similar to the worst areas for previously mentioned diabetes and hypertension.

<sup>3</sup> <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/contact-the-press-office/facts-and-figures>

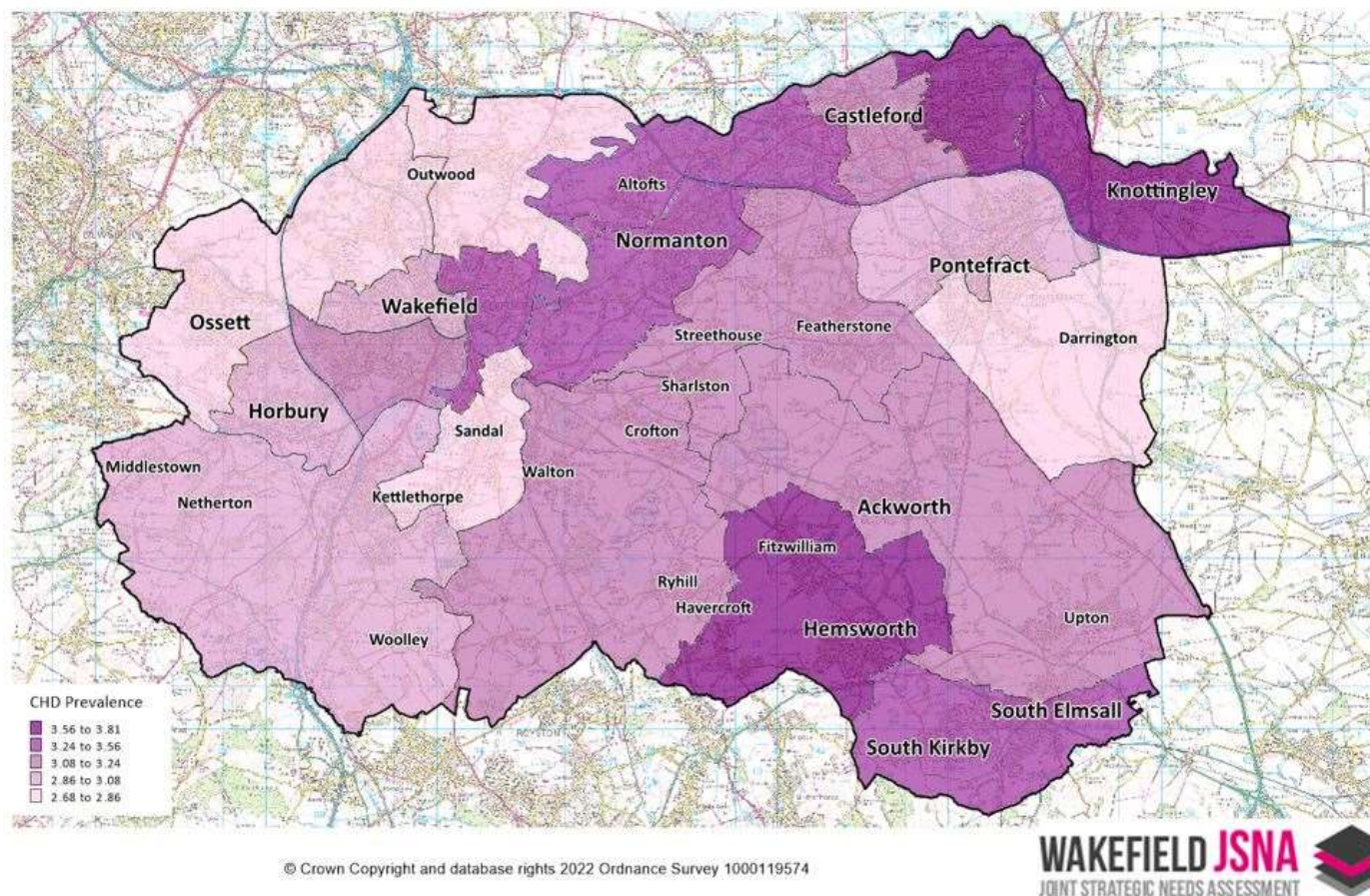


The Hemsworth and Knottingley Wards have the highest rates of CHD with 3.8 per 100 people, with Airedale and Ferry Fryston also having a high rate (3.6 per 100).

### Figure 9: Map of CHD prevalence

Coronary Heart Disease (CHD) Prevalence, Directly Standardised Rate per 100 people (Feb 2022)

By Ward (SystemOne Practice data only)



Source: Primary Care Systems, 2022.

The management of blood pressure amongst people on the CHD register was generally good. Locally, 2020/21 saw a drop off when keeping blood pressure under 150/90, which is comparable with national, regional and peer trends. Wakefield now sits at 65.6%. Local treatment with aspirin, APT or ACT has kept pace with national trends, although 2020/21 has seen a bit of a drop off both locally and nationally.

### Stroke & Transient Ischaemic Attack (TIA)

Wakefield's stroke register is about 2.2% of the population, compared to a national average of 1.8%. This is representative of about 7,500 people in the registered population. The control of blood pressure under 150/90 amongst those with a stroke/TIA was good in Wakefield, however, 2020/21 saw a rather large drop off to 64.6% from 86.3% in 2019/20 but this does follow the national trend.

### Related CVD Outcomes

Wakefield continues to have a high smoking-related death rate, at 271.2 per 100,000 (2017-19). This is equivalent to approximately 530 deaths per year. By most comparators, Wakefield does not perform well here and is outside the upper quartile nationally, within metropolitan districts and within our deprivation decile. However, Wakefield is close to the median for its ONS peer group. Although the trend is decreasing, it is at a rate that does not close the gap with the national averages.

The under-75 mortality rate from cardiovascular diseases considered preventable is significantly higher in Wakefield (35.6 per 100,000) than the England average (28.1 per 100,000). Although great improvements in

this measure haven't been seen over a large amount of time, the extent of the gap hasn't really closed against any of our comparators and improvements have stalled in recent years with the mortality rate being consistent since 2011-13 when it was 36.8 per 100,000. There is a notable issue here, however: this measure is heavily skewed against males. Out of the number lost per year under the age of 75, to preventable cardiovascular diseases, 70% will be male.

## Projections

The POPPI and PANSI datasets suggest the following:

**Table 5: People predicted to have any cardiovascular disease**

Cardiovascular disease - all people	2020	2025	2030	2035	2040
People aged 65-74 predicted to have any cardiovascular disease	10,123	10,330	11,692	12,745	12,478
People aged 75 and over predicted to have any cardiovascular disease	11,253	13,320	14,487	15,936	17,910
Total population aged 65 and over predicted to have any cardiovascular disease	21,376	23,650	26,179	28,681	30,388

Source: [pansi.org.uk](http://pansi.org.uk) and [poppi.org.uk](http://poppi.org.uk).

## Role of pharmacies

- Medicines optimisation including the provision of NMS and CPCS services.
- 69% of pharmacies who responded to the survey indicated a willingness to provide a vascular risk assessment service if commissioned.
- NHS Hypertension case finding service.
- Promoting awareness of the common signs and symptoms of CVD.
- Promoting the benefits of and signposting to Health Checks.
- Promote and provide advice and support in relation to alcohol consumption, stopping smoking and maintaining a healthy weight.

## 6.5 Cancer

**Lung cancer incidence is significantly higher in Wakefield**

**Bowel cancer screening has ↑ 10% points in four years**

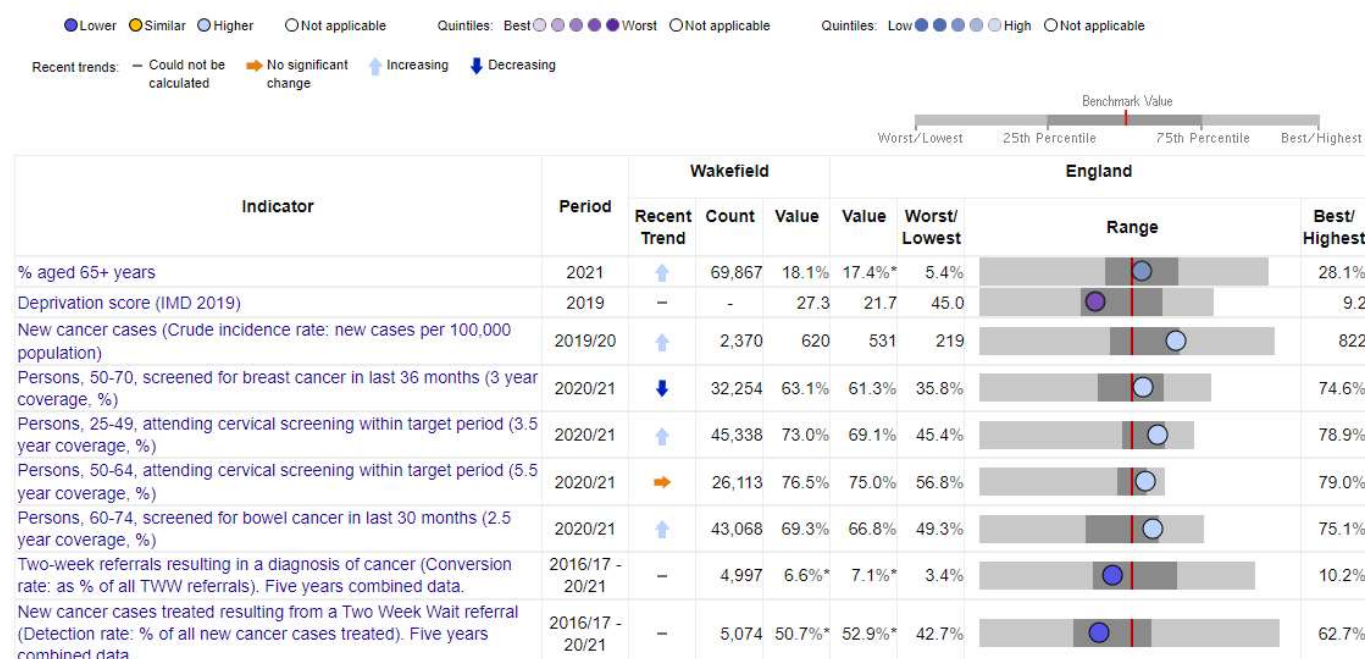
**Above average screening rates for breast, bowel & cervical**

Figure 10 shows the key indicators for cancer services in Wakefield. It shows that whilst Wakefield has a slightly more elderly population than the national average, it has a significantly higher rate of cancer incidence. There could be a range of reasons for this. The population of Wakefield has poorer health behaviours than the national average, including higher prevalence of smoking, obesity, and alcohol consumption, all of which are likely to cause greater levels of cancer within the population. Higher incident rates can also be affected by the levels of cancer screening that is carried out. Wakefield has above average levels of cancer screening across breast, cervical and bowel cancer screening programmes, so detection of cancer is more likely.

The five-year combined figures for two-week referrals resulting in a cancer diagnosis is significantly lower than average for Wakefield, with 6.6% of referrals resulting in a diagnosis compared to 7.1% for England.



**Figure 10: Key cancer services indicators**



Source: Office for Health Improvement and Disparities, Fingertips, 2022.

## Mortality & Incidence

Under-75 mortality rates for cancer in Wakefield are significantly higher than the national average, with a rate of 144.2 per 100,000 (2017-19) compared to 129.2 per 100,000 nationally. This differs between the tumour sites. Under 75 mortality rates from breast cancer are significantly lower in Wakefield (15.5 per 100,000) than nationally (20.3 per 100,000), whereas colorectal cancer mortality rates are broadly comparable (11.9 Wakefield vs 11.8 England).

Most lung cancer deaths occur over the age of 75 and therefore rates are not calculated for under 75 mortality. In Wakefield the all-age mortality rate in 2017-19 for lung cancer is significantly higher (74.8 per 100,000) than the national rate (53 per 100,000)

Table 6 below shows the cancer incidence rate for the three main tumour sites, plus the overall cancer incidence rate. For breast cancer, Wakefield has an incidence rate that is only slightly higher than the national level, although Wakefield has seen a slight increase in breast cancer incidence whereas nationally the rate appears to be reducing. Colorectal cancer incidence is falling both locally and nationally and Wakefield is similar to the national rate. Wakefield has a much higher rate of lung cancer incidence, due to the higher levels of smoking seen within the district as well as the heritage of Wakefield around the coal mining industry.

**Table 6: Age-standardised cancer incidence rates per 100,000, all ages and genders**

Tumour	Geography	2013-15	2014-16	2015-17	2016-18	2017-19
Breast	Wakefield	163	171	171	172	174
	England	172	171	169	169	170
Colorectal	Wakefield	71	71	68	67	68
	England	71	70	69	69	69
Lung	Wakefield	103	103	101	102	102
	England	78	78	78	77	76
All Cancers	Wakefield	633	630	625	638	651
	England	615	610	605	607	608

Source: [https://www.cancerdata.nhs.uk/incidence\\_and\\_mortality](https://www.cancerdata.nhs.uk/incidence_and_mortality).

## Screening

Figure 10 above shows that Wakefield has significantly higher levels of cancer screening compared to the national average.

Three-year breast cancer screening coverage stands at 63.1% (2020/21) compared to the England average of 61.3%. Clearly there is still some room for improvement, and the trend has been going down in recent years although the COVID-19 pandemic will have impacted on uptake.

Bowel cancer screening rates have been improving recently, moving from 59.1% in 2016/17 up to 69.3% in 2020/21. This is in line with the national trend although over this time Wakefield has moved from being similar to the average to now bring significantly higher.

Wakefield has been consistently above average for cervical screening rates, with the latest published figure being 73% (2020/21) compared to 69.1% nationally. The trend has remained relatively flat over the last 5 years, with the figure being very similar at 73% in 2016/17.

## Survival

Overall, one-year survival is comparable to national rates (74.2% compared to 74.7% in 2019). Survival for breast cancer is relatively high (96.7%) when compared with colorectal and particularly lung cancer. Lung cancer survival after 1 year is 46.5% (2019). Colorectal cancer survival is 82.2% (2019) after 1 year of diagnosis.

## Role of pharmacies

- Promoting awareness of the common signs and symptoms of cancer.
- Promote the benefits of and signposting to screening programmes for bowel, breast, and cervical cancers.
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight. 93% of pharmacy survey respondents indicated that they would be willing to provide a weight management service, if commissioned to do so.

## 6.6 Musculoskeletal (MSK)

**Almost 1 in 4 people  
report a long term MSK  
problem**

**Rate of hip fractures  
is decreasing ↘**

The GP Patient Survey showed 22.8% of people in Wakefield reported a long-term musculoskeletal problem (2020), this sits within the worst 25<sup>th</sup> percentile in England. Those in the two most deprived deciles in England report the highest rates.

Rheumatoid arthritis prevalence as recorded on practice disease register is 0.8%. This is very similar to many of Wakefield's CIPFA nearest neighbours (a group of local authorities with similar socio-economic characteristics to Wakefield District) and is the same as the regional and national average. Wakefield's hip fracture rates in those 65 and over are the lowest in the region at 459 per 100,000 and is mostly decreasing over time.

The estimated prevalence of backpain in Wakefield is 18%, this is significantly worse than the regional and national averages but about the same as the CIPFA neighbour's average.

Arthritis is a common source of pain and is more frequent among older people. Osteoarthritis is the most common type of arthritis, affecting an estimated 10% of women. National evidence shows around 2.4% of people will consult their GP about osteoarthritis over the course of a year. This level equates to around 7,900 people per year across Wakefield.

Rheumatoid arthritis is the second most common form of arthritis in the UK and the most common inflammatory joint disorder. 0.8% of patients in Wakefield have rheumatoid arthritis, this has not changed over the years and is the same as the regional and national averages. There is no real pattern nationally when looking at deprivation.

**Figure 11: Key musculoskeletal conditions indicators**

Indicator	Period	Wakefield		Region England		England		Range	Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest		
Percentage reporting a long term Musculoskeletal (MSK) problem	2020	—	-	22.8%	19.7%	18.6%	25.9%		10.1%
% reporting at least two long-term conditions, at least one of which is MSK related	2020	—	-	17.0%	14.5%	13.2%	20.2%		6.9%
Back pain prevalence in people of all ages	2012	—	59,093	18.0%	17.3%	16.9%	20.2%		11.8%
Prevalence of hip osteoarthritis in people aged 45 and over	2012	—	16,189	11.0%	11.2%	10.9%	12.2%		9.6%
Prevalence of knee osteoarthritis in people aged 45 and over	2012	—	28,086	19.1%	18.8%	18.2%	20.9%		14.6%
Rheumatoid Arthritis: QOF prevalence (16+)	2020/21	→	2,308	0.8%	0.8%*	0.8%	0.3%		1.2%
Hip fractures in people aged 65 and over	2020/21	→	295	459	539	529	723		315
Percentage of physically inactive adults	2019/20	—	-	23.6%	24.2%	22.9%	35.2%		14.2%
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	—	-	67.3%	65.2%	62.8%	78.3%		41.6%

Source: Office for Health Improvement and Disparities, Fingertips, 2022.

## 6.7 Lifestyles and Behaviours

**Less than 1 in 3  
have a healthy BMI**

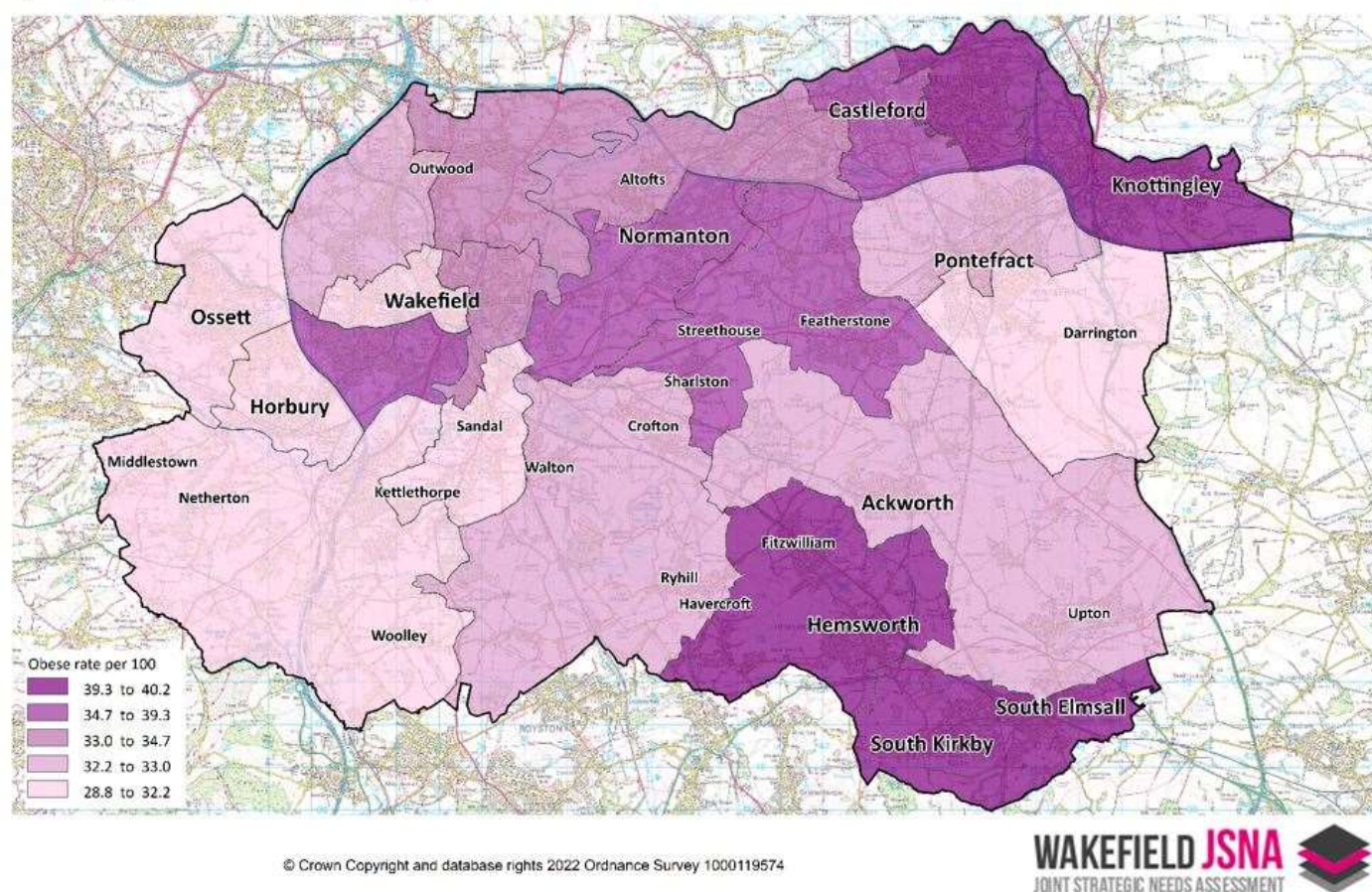
**18.6% of adults  
are smokers**

Local health data shows that less than one third of all adults aged over 20 in Wakefield District have a normal Body Mass Index (BMI). Problems with being overweight or obese are more common among people in middle age and there is a strong correlation between obesity and deprivation. Figure 12 below shows that high levels of obesity are prevalent across the district, with populations living in the south-east and north-east of the district having the highest rates. The wards with the highest levels of obesity are Airedale and Ferry Fryston (40 per 100), Hemsworth (40 per 100), South Elmsall and South Kirkby (39 per 100) and Knottingley (39 per 100). However, even the ward with the lowest rate (Wakefield South) still has over 28 per 100 people who are obese.



**Figure 12: Map of obesity prevalence per 100 persons over-20 in SystmOne practices (standardised to pre-2013 ESP)**

Obesity Prevalence, Directly Standardised Rate per 100 people (Feb 2022)  
By Ward (SystmOne Practice data only)



Source: Primary Care Systems, 2022.

National data show that smoking prevalence has been in gradual decline over the last 15 years although the reductions have slowed in the last few years. Data from the ONS Annual Population Survey (2020) shows that approximately 18.6% of adults smoke, compared to 13.9% nationally. Smoking is even more common among people in routine and manual occupations, 26.8% of whom smoke compared to 21.4% across England.

Smoking is the greatest cause of preventable ill health and mortality in Wakefield. In 2019/20 an estimated 3,695 hospital admissions were attributable to smoking, with an estimated 1,611 deaths between 2017 and 2019 also attributable to smoking.

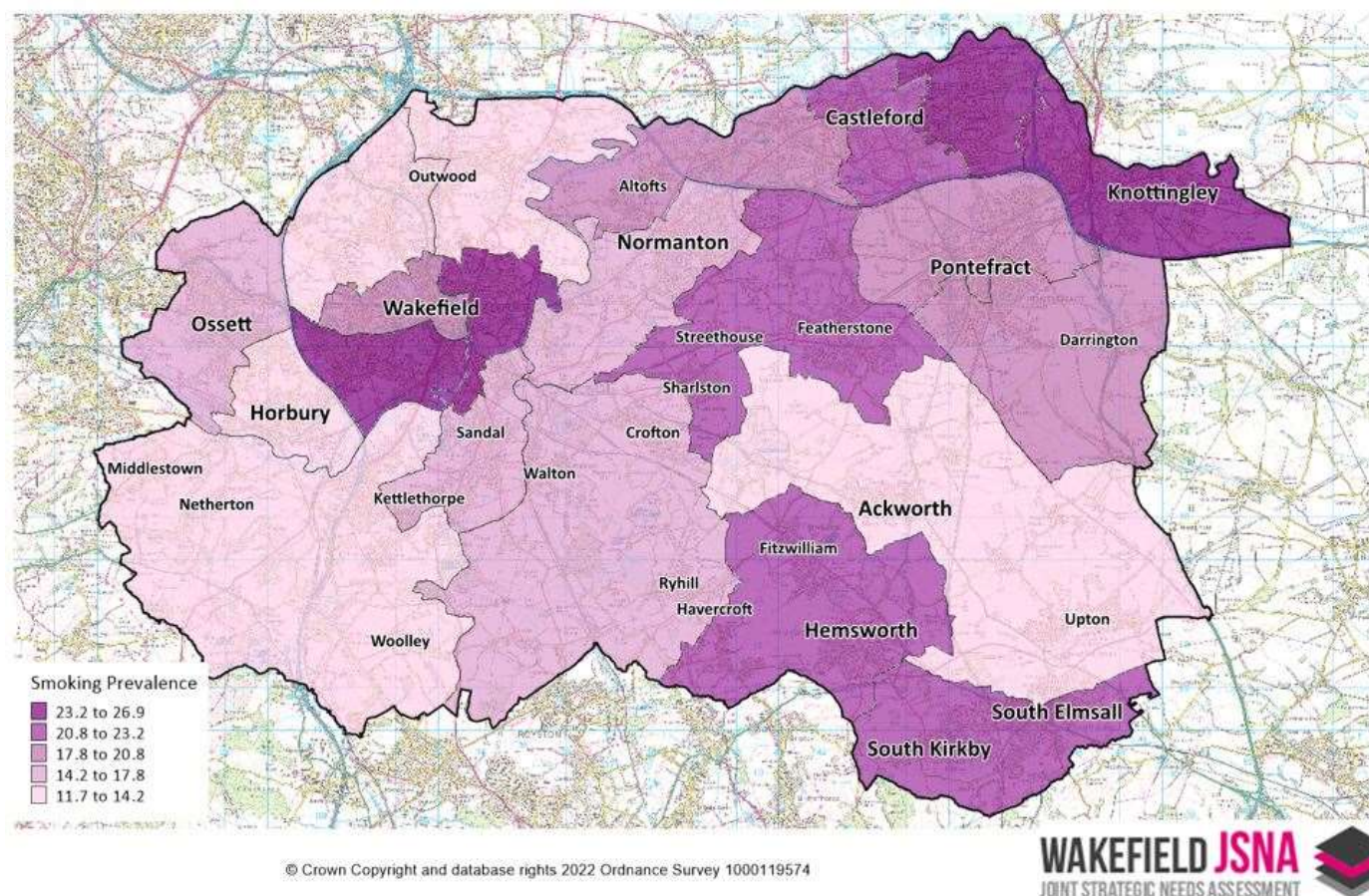
Figure 13 shows the rate of smoking across Wakefield. The highest prevalence rates are closely aligned to areas of deprivation, with the centre of Wakefield and the north-east of the district having the highest rates. The wards with the highest levels of smoking prevalence are Airedale and Ferry Fryston (26.8 per 100), Wakefield West (23.8 per 100) and Wakefield East (23.2 per 100)



**Figure 13: Map of smoking prevalence per 100 persons in SystmOne practices**

Smoking Prevalence, Directly Standardised Rate per 100 people, aged 20+ (Feb 2022)

By Ward (SystmOne Practice data only)



Source: Primary care systems 2022.

Excessive and unsafe use of alcohol is also a problem within the district. 47.1 deaths per 100,000 were attributed to alcohol (2020) which is significantly worse than England and is higher for males than females. Nationally this rate is higher in the more deprived areas. Under-18s admissions to hospital due to alcohol specific conditions (2018-19-20/21) were 24.8 admissions per 100,000. This is not significantly different to the national rate and the rate has been falling gradually, however, rates are higher in females (27.7) than males (22.0).

### Role of pharmacies

- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight. 93% of pharmacy survey respondents indicated that they would be willing to provide a weight management service, if commissioned to do so.
- Provision of the smoking cessation service (where commissioned).
- General advice and promotion of healthy lifestyles including sign posting to other services as required and appropriate
- Public Health campaigns. There are 6 mandated campaigns per year, as agreed by NHSE.
- Promote and provide advice and support in relation to maintaining a healthy weight

## 6.8 Maternal Health

**Smoking during pregnancy  
is reducing ↘  
in Wakefield.**

**3.45% of babies  
born in 2020 had a low  
birth weight**

**1 in 3 babies  
are breastfed at  
6-8 weeks from birth**

Smoking during pregnancy is a significant problem in Wakefield, with 14.6% (2020/21) of women from the district smoking at the time of delivery compared to 9.6% across England. This has been on a downward trend over the last 10 years nationally, regionally, and locally.

In 2020, 3.45% of live births were at low birth weight (below 2.5kg), this is significantly higher than the England average of 2.86% and we have higher rates than many other local authorities across Yorkshire and Humber. The local rate has fluctuated over the years but is the highest it's been in the last 15 years. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low-birth-weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

In Wakefield, around 1 in 3 babies are being breastfed at 6-8 weeks from birth. This is significantly lower than the national average (1 in 2) and the gap between Wakefield's rates and the national rate has been widening in recent years.

## 6.9 Ward Summary and Profiles

The above sections summarise the general health needs of the population of Wakefield and include some analysis and mapping at a ward level. To compliment this, there are a range of Ward level profiles that are created by national organisations such as the Local Government Association (LGA) and the Office for Health Improvement and Disparities (OHID). These ward level profiles can be accessed via our JSNA website at the following link: [Ward Profiles](#).

Table 7 provides an overview of some of the main health topics covered within this chapter. Certain wards have high levels of health needs across a range of different conditions and behaviours, these wards tend to be the more deprived parts of the district, with Airedale and Ferry Fryston and Hemsworth featuring prominently in many columns.

**Table 7: Health conditions by Ward**

Ward Name	Deprivation Score	Asthma Prevalence (%)	Hypertension Prevalence (%)	Diabetes	CHD Prevalence (%)	Smoking	Obesity
				Prevalence (20+) (%)		Prevalence (20+) (%)	Prevalence (20+) (%)
Ackworth North Elmsall and Upton	21.3	7.4	15.1	4.8	3.2	13.1	32.3
Airedale and Ferry Fryston	41.3	7.7	18.1	5.9	3.6	26.8	40.1
Altofts and Whitwood	25.2	7.7	16.9	5.3	3.3	18.0	34.2
Castleford Central and Glasshoughton	28.3	6.7	16.9	4.9	3.1	22.0	35.9
Crofton Ryhill and Walton	19.7	7.9	15.7	5.1	3.2	16.5	32.2
Featherstone	29.8	7.5	16.7	5.6	3.2	20.8	37.2
Hemsworth	40.7	7.6	17.2	6.1	3.8	20.8	39.7
Horbury and South Ossett	17.6	7.1	11.3	4.5	2.9	14.1	29.2
Knottingley	37.0	7.6	14.8	6.3	3.8	23.7	39.3
Normanton	29.8	7.1	13.8	5.6	3.3	17.6	36.6
Ossett	18.1	6.3	11.9	4.8	2.7	14.2	31.6
Pontefract North	28.9	6.6	13.2	5.5	3.1	18.7	32.9
Pontefract South	25.1	6.9	12.3	4.6	2.8	17.8	32.2
South Elmsall and South Kirkby	36.4	7.9	13.2	6.0	3.6	22.2	39.4
Stanley and Outwood East	15.3	6.9	11.9	4.6	2.7	12.0	33.4
Wakefield East	39.5	6.9	13.2	7.0	3.3	23.2	33.5
Wakefield North	31.4	6.3	12.2	5.8	3.0	19.8	30.5
Wakefield Rural	13.6	6.7	11.5	4.2	2.9	11.7	30.0
Wakefield South	22.7	6.2	11.4	4.7	2.8	16.8	28.8
Wakefield West	37.2	7.7	12.2	6.3	3.2	23.8	34.7
Wrenthorpe and Outwood West	15.7	6.8	12.0	4.7	2.7	12.6	33.0

## 7. Provision of Pharmaceutical Services

Because of the effect the COVID-19 pandemic had on the provision of services, the pharmaceutical needs assessment has included the provision of pharmaceutical services in 2019-20 and 2020-21 as well as the first nine months of 2021-22 to gain a more accurate picture of provision by pharmacies, dispensing appliance contractors and dispensing GP practices.

### 7.1 Essential Services: Provision within Wakefield District

**Community pharmacies  
in Wakefield District:**

 **69**

**Distance selling pharmacies  
in Wakefield District:**

 **6**

**Appliance contractors  
in Wakefield District:**

 **1**

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

- Dispensing of prescriptions
- Dispensing of repeatable prescriptions
- Disposal of unwanted drugs
- Promotion of healthy lifestyles
- Signposting
- Support for self-care
- Discharge Medicines Service

All these services are provided under a clinical governance framework which includes clinical audit. NHS England and Improvement is responsible for ensuring that all pharmacies deliver all the essential services as specified.

As of February 2022, there are 76 pharmacy contractors included in the pharmaceutical list for Wakefield district. Of the 76 pharmacy contractors:

- 69 are community pharmacies
- 6 are distance selling pharmacies
- 1 is an appliance contractor

There are 34 GP practices registered to Wakefield CCG. A GP practice may operate additional sites, known as 'branch practices'. There are 14 branch practices operating in the district which are linked to one of the main 34 practices. Three practices dispense items to patients: Middlestown Medical Centre, White Rose Surgery (South Elmsall) and Healthcare First Partnership (Methley). Healthcare First Partnership is located outside of Wakefield District but is included as a dispensing practice as it is registered to Wakefield CCG and due to the number of items it dispenses to Wakefield residents. In December 2021, the three dispensing practices were able to dispense to 7,673 patients (12.7% of the total list size for the three practices).

**Table 8: Dispensing and practice list sizes at Dispensing GP Practices, December 2021**

Practice Name	Dispensing List Size	Practice List Size*	%
Middlestown Medical Practice	3,868	9,114	42.4%
Healthcare First Partnership	2,551	27,695	9.2%
White Rose Surgery	1,254	23,416	5.4%

Source: Catalyst data, NHS Business Services Authority (BSA).

\*These are the full practice list sizes, however only patients in a controlled locality are entitled to dispensing services from their GP Practice.



**Figure 14: Map of community pharmacies and dispensing GP practices compared to population density**

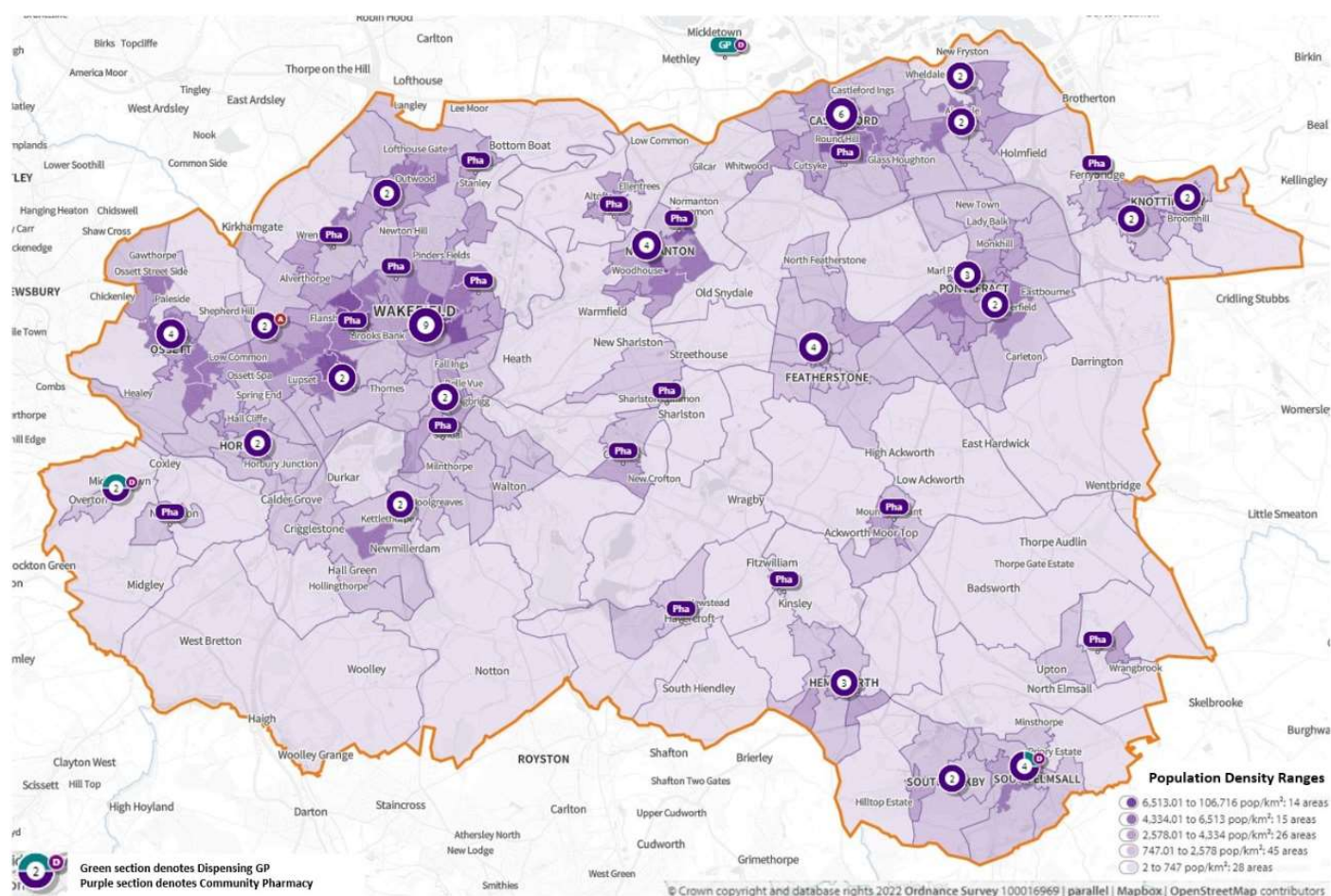
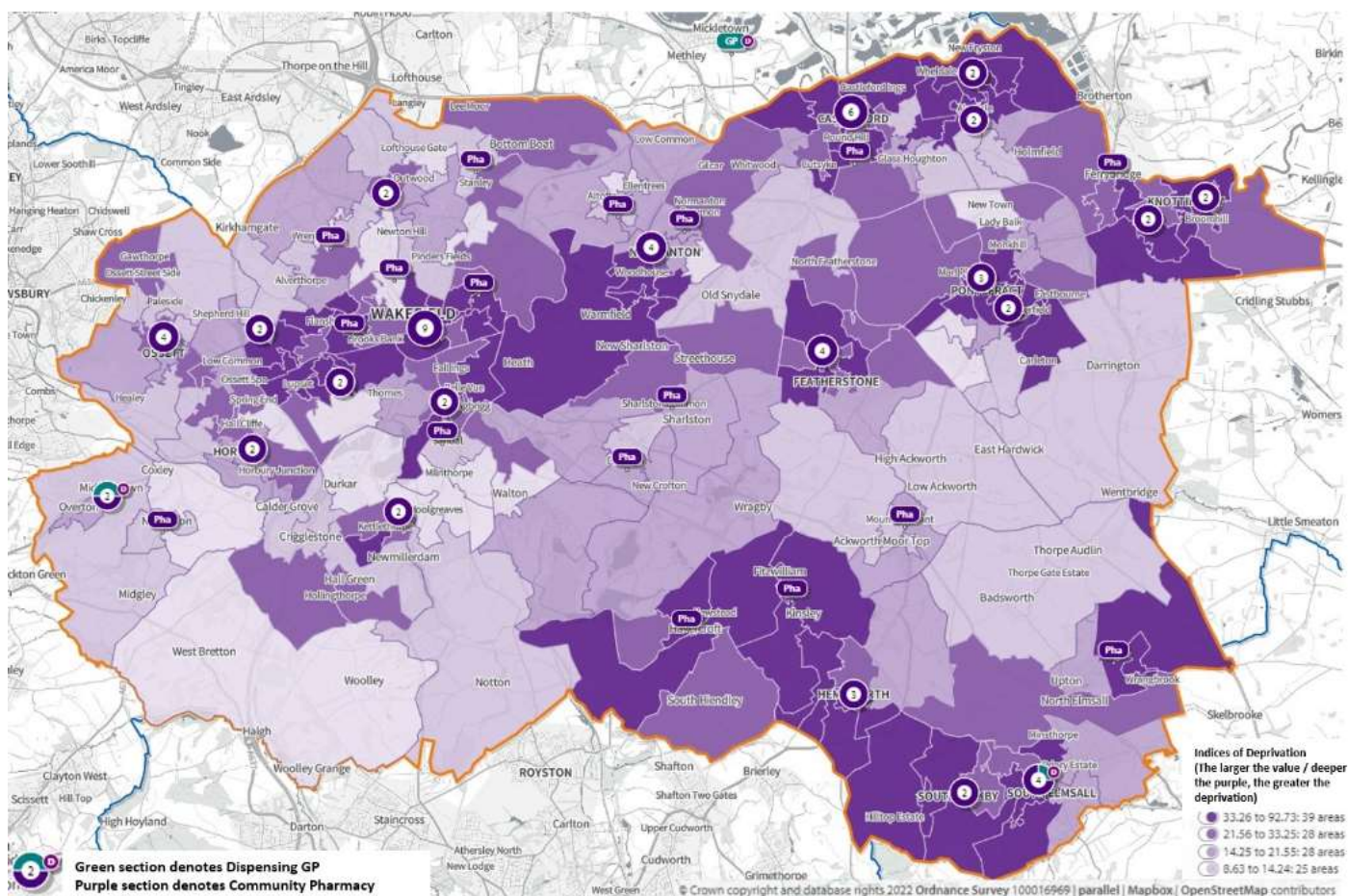


Figure 14 shows the location of the pharmacy and dispensing practice premises within the Wakefield District. Not all premises are shown individually. For example, there are nine pharmacy premises in the centre of Wakefield. As can be seen, premises are generally located in areas of higher population density (those areas shaded in a darker colour).

**Figure 15: Map of community pharmacies and dispensing GP practices compared to levels of deprivation**



Generally, the greater health need within a community is in areas with higher levels of deprivation. It is encouraging to see, in Figure 15, the correlation between the location of pharmacies and areas with higher levels of deprivation in the district. In this map, the darker the shading the greater the level of deprivation.

### 7.1.1 Access to Pharmacy Premises (Service Coverage)

Nationally, standards for access to a pharmacy are quoted as 99% of the population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport<sup>4</sup>.

The Wakefield public engagement survey (see Appendix B) showed that almost 85% of respondents said that being close to their home was the most important factor for them regarding the location of the pharmacy; 54% of respondents said that being close to their GP practice was most important to them.

<sup>4</sup> Pharmacy in England. Building on strengths – delivering the future. Department of Health, April 2008



**Figure 16: Map to show driving distance by time via car to the nearest pharmacy, including a 1.6km buffer to the Wakefield District boundary**

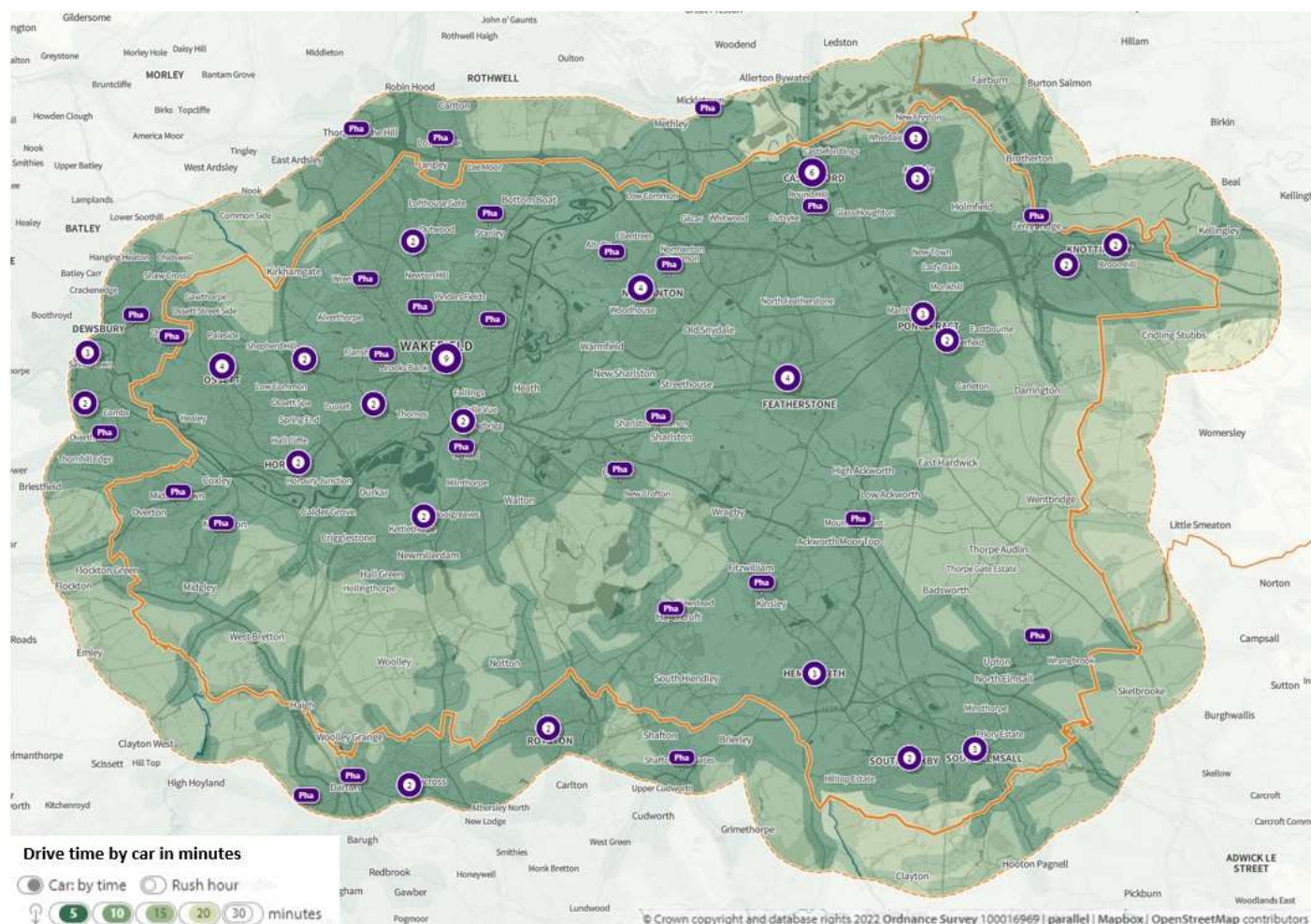


Figure 16 shows that all residents can access a pharmacy in (or within 1.6km of the boundary of) Wakefield District within 15 minutes by car, with the majority able to access within 10 minutes. The darkest shade of green shows a 5-minute drive time, while the lightest shade of green shows a 20-minute drive time.



**Figure 17: Map to show travel time by public transport to the nearest pharmacy, including a 1.6km buffer to the Wakefield District boundary**

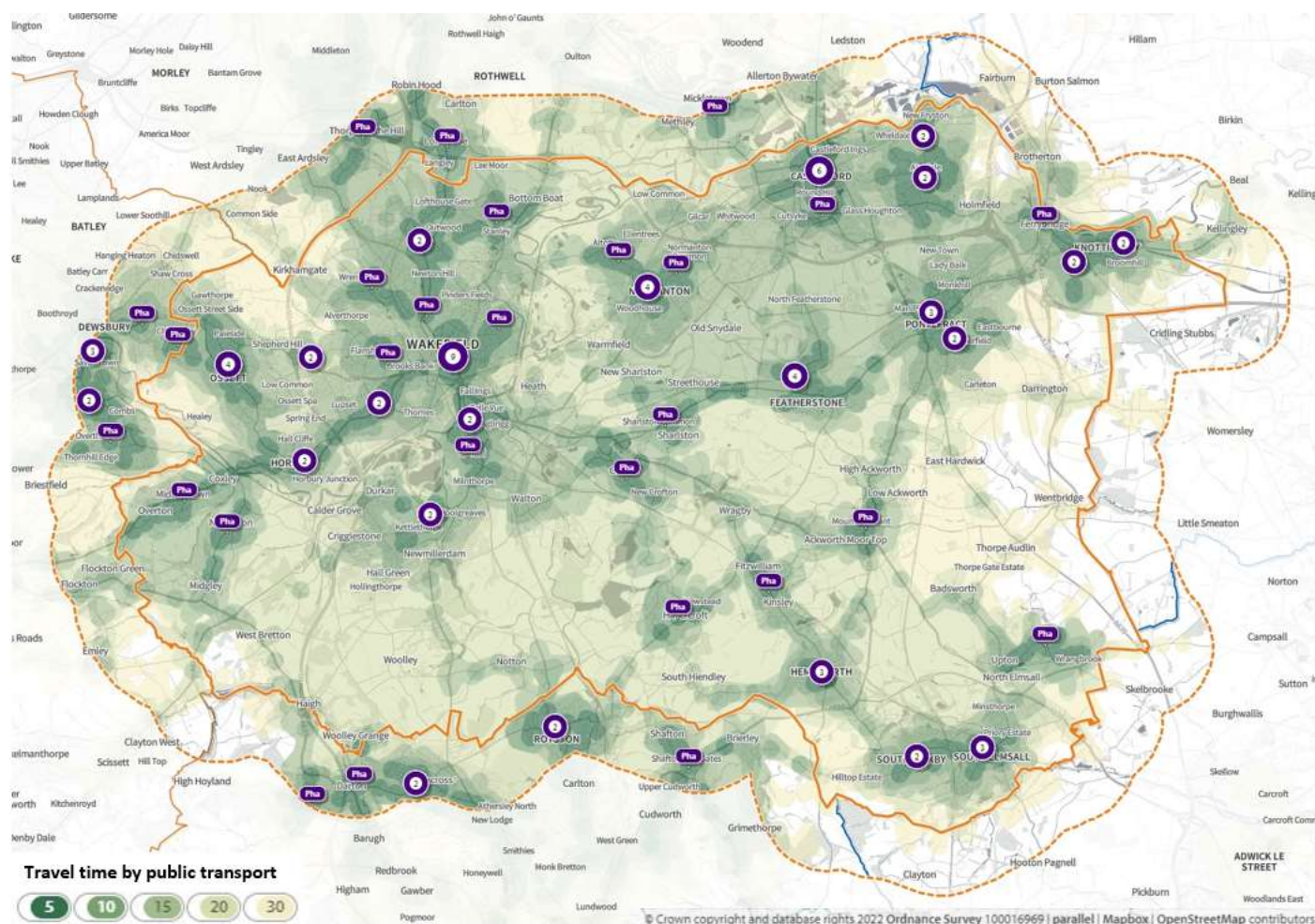


Figure 17 shows that most residents can access a pharmacy in (or within 1.6km of the boundary of) Wakefield District within 20 minutes by public transport. The areas with travel times of higher than 20 minutes are generally more rural areas, with a lower population density (as shown above). The darkest shade of green shows a 5-minute travel time, the lightest shade of green shows a 30-minute travel time.

### 7.1.2 Access to Essential Services and Dispensing Appliance Contractor Equivalent Services

Although the public engagement survey (see Appendix B) showed that weekdays between 9am and 6pm to be the preference for access to a pharmacy (46% of respondents), there are times when people need or choose to access a pharmacy outside of these times. Almost a third of respondents (32%) said they didn't have a preferred time, whilst 30% said Saturday and 26% said weekdays after 6pm.

Of the 69 community pharmacies in Wakefield District:

- 61 are open on an evening after 5.30pm (36 open after 6pm)
- 45 are open on Saturdays (for a minimum of 3 hours)
- 11 are open on Sundays
- 10 provide services for 100 hours per week


The one appliance contractor, Charles S Bullen Stomacare, is based in Ossett and provides services from Monday to Friday, 10am – 4pm.

## 7.2 Essential Services: Provision Outside of Wakefield District

Items dispensed in  
Wakefield Apr-Nov21:

 **4,887,368**

Items dispensed outside  
Wakefield Apr-Nov21:

 **444,464**

Increasing percentage of items  
dispensed out of area by  
distance selling pharmacy

Patients have a choice of where they access pharmacy services. This may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for Wakefield residents are dispensed within the area.

**Table 9: Location of dispensed items\* between April 2019 and November 2021, by year**

	Type of contractor	Number of items			Percentage of items		
		2019-20	2020-21	Apr-Nov 2021	2019-2020	2020-2021	Apr-Nov 2021
In area	Community Pharmacy	7,057,660	6,898,412	4,653,705	89.9%	88.2%	87.3%
	Dispensing Appliance Contractor	1,259	2,644	1,995	0.0%	0.0%	0.0%
	Dispensing GP	201,956	199,016	138,418	2.6%	2.5%	2.6%
	Distance Selling Pharmacy	72,512	119,678	93,250	0.9%	1.5%	1.7%
Out of area	Community Pharmacy	310,508	314,105	220,990	4.0%	4.0%	4.1%
	Dispensing Appliance Contractor	56,924	57,637	40,978	0.7%	0.7%	0.8%
	Distance Selling Pharmacy	150,077	230,860	182,496	1.9%	3.0%	3.4%
	<b>Totals</b>	<b>7,850,896</b>	<b>7,822,352</b>	<b>5,331,832</b>			

Source: NHS England and Improvement.

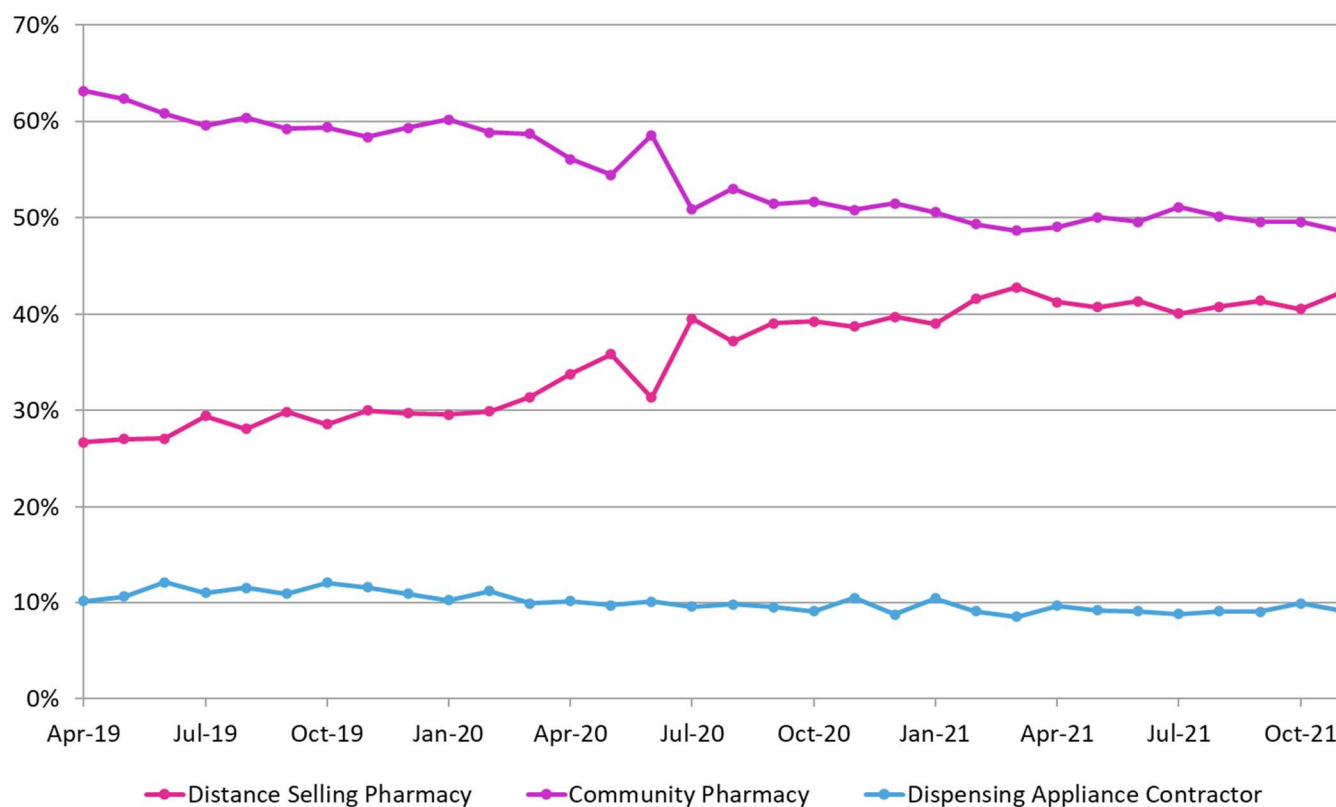
\*Where items were prescribed in Wakefield and the Local Authority of the dispenser was known.

Of the 444,464 items that were dispensed outside of Wakefield District between April 2021 and November 2021:

- 171,925 (39%) were dispensed in Leeds
- 44,003 (10%) in Ealing, West London
- 38,653 (9%) in Selby
- 28,627 (6%) in Kirklees
- 21,801 (5%) in Barnsley

Prescriptions that were dispensed out of area were dispensed across the country via community pharmacy, dispensing appliance contractors and distance selling pharmacies. However, the percentage of items dispensed out of area via distance selling pharmacies increased from 27% in April 2019 to 42% in November 2021, as shown in Figure 18. The effect of the pandemic and lockdown periods may have contributed to this rise. Of the items dispensed in Ealing, West London detailed above, 99.9% were dispensed via distance selling pharmacy.

**Figure 18: Percentage of items dispensed out of area between April 2019 and November 2021, by dispenser type and month**



Source: NHS England and Improvement.

## 7.3 Essential Services: Electronic Prescription Service (EPS) for Items Prescribed within Wakefield District

Items processed by EPS in  
Feb20 (prior to COVID-19):

**80%**

Items processed by EPS  
from Apr20 - Nov21:

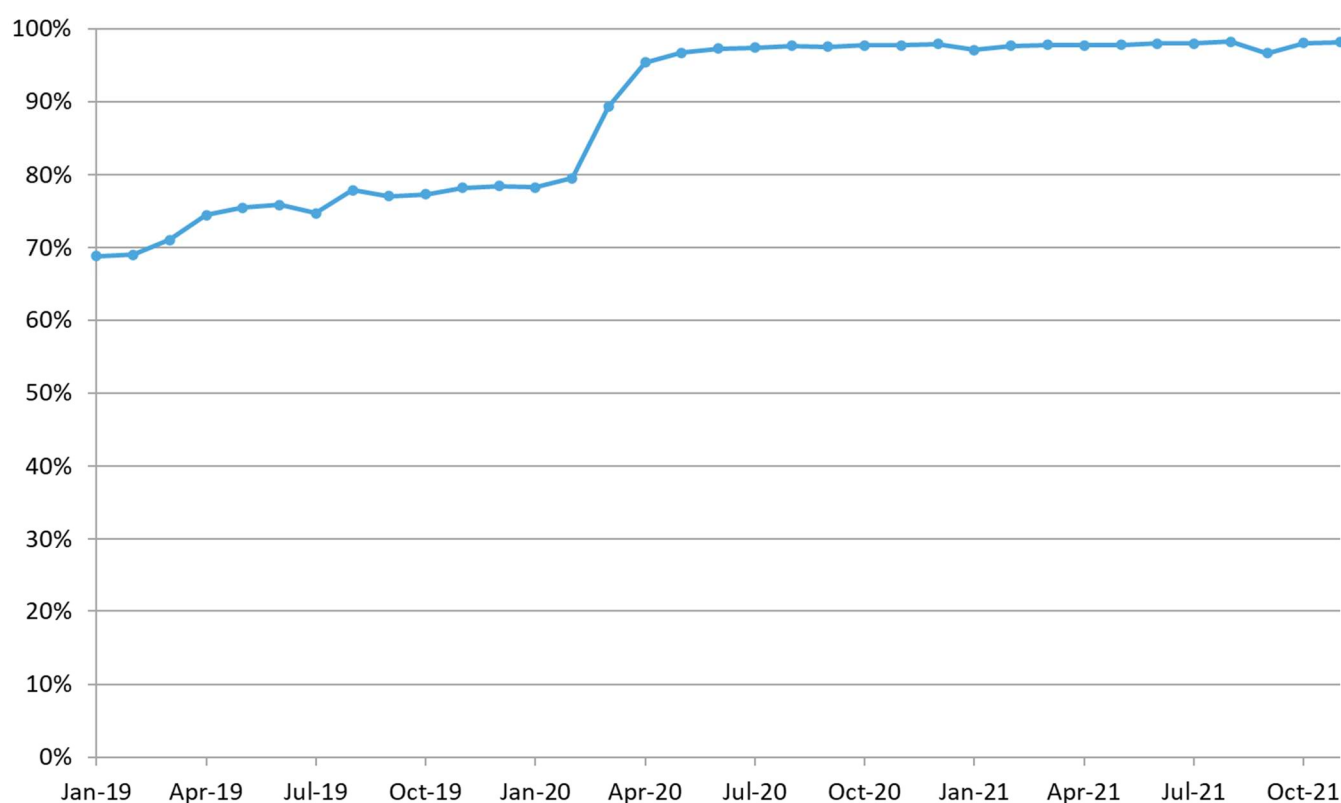
**95%+**

**Consistently high**  
EPS usage throughout the  
COVID-19 pandemic

Although EPS usage is based on how a GP issues a prescription which cannot be influenced by pharmacies, pharmacies can be involved, with patient consent, in the initial set up to become the patient's EPS pharmacy, supporting the roll out of this service.

Usage of the system for items prescribed in Wakefield increased quickly with the emergence of COVID-19. The percentage of items processed via the EPS was increasing prior to the pandemic, moving from 70% in January 2019 to 80% in February 2020. However, with the emergence of COVID-19 and the March 2020 lockdown, the percentage increased rapidly, exceeding 95% just a couple of months later in April 2020 and continued to increase to over 98% by November 2021, as shown in Figure 19. The demand for the EPS remained consistently high throughout the pandemic and was sustained even when the lockdown periods came to an end.

**Figure 19: Percentage of items processed via the EPS between April 2019 and November 2021, by month**



Source: NHS BSA Pharmacy Dispensing Data.

## 7.4 Advanced Services

**10**

**advanced Services provided  
across Wakefield District**

**↗ 1,000+**

**NMS declarations per month  
from Sep21**

**↗ 28,000+**

**flu vaccinations in pharmacy  
in Sep - Nov21**

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

- Appliance Use Review Service (AURs)
- New Medicine Service (NMS)
- Community Pharmacist Consultation Service (CPCS)
- COVID-19 Lateral Flow Device Distribution Service (ended on 31<sup>st</sup> March 2022)
- Flu Vaccination Service
- Hepatitis C Testing Service
- Pandemic Delivery Service (ended on 31<sup>st</sup> March 2022)
- Stoma Appliance Customisation (SAC)
- NHS Smoking Cessation Service
- Hypertension Case Finding Service

### 7.4.1 Access to Appliance Use Reviews (AURs)

There is only one appliance contractor in Wakefield District.

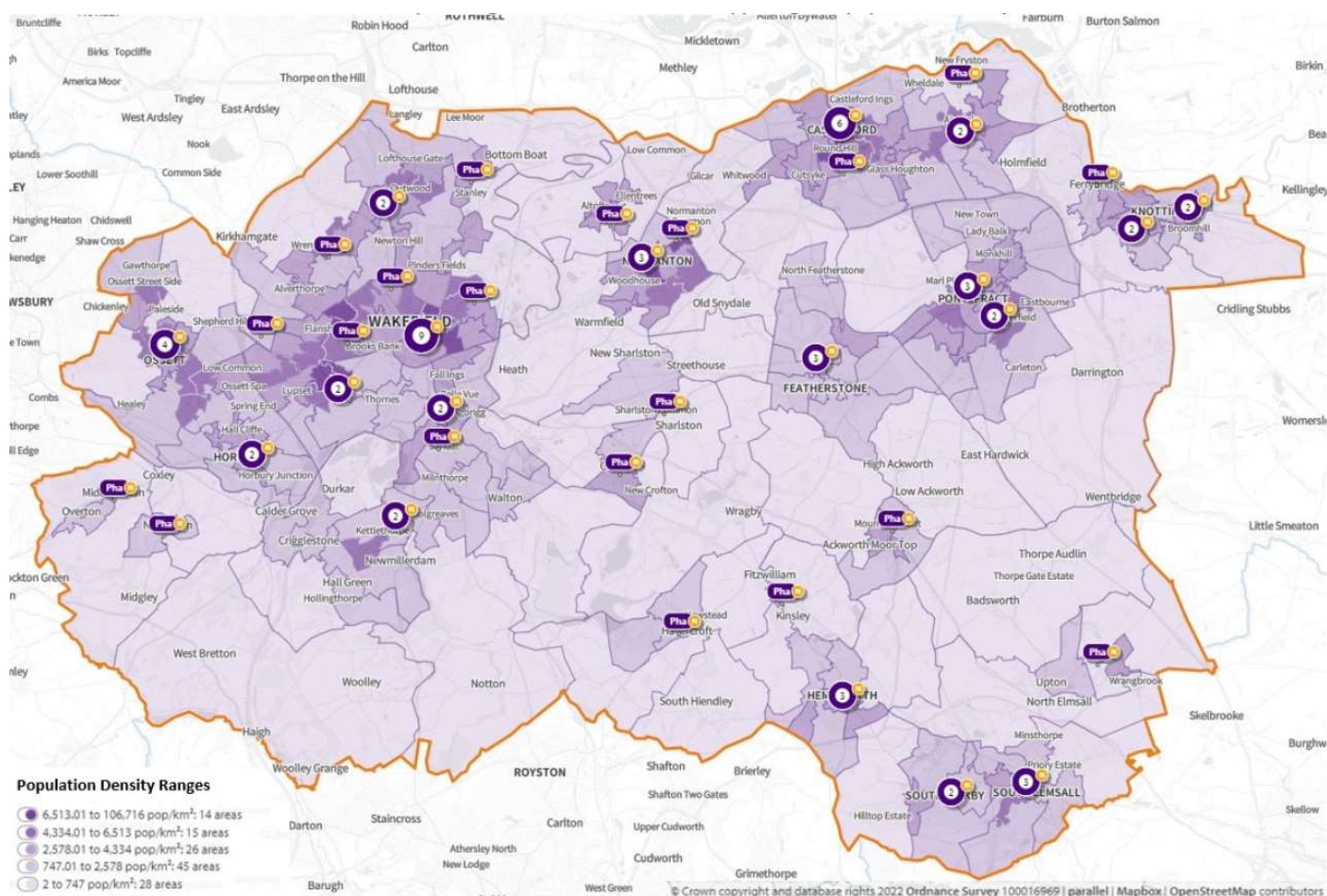
Information on the AUR services provided by pharmacies and dispensing appliance contractors outside of the district to residents of Wakefield is not available due to the way contractors claim. Some Wakefield residents may access the service from pharmacies and dispensing appliance contractors outside of Wakefield.

### 7.4.2 Access to the New Medicine Service (NMS)

Most of the district's pharmacies provide the NMS (74 pharmacies), as shown in Figure 20.

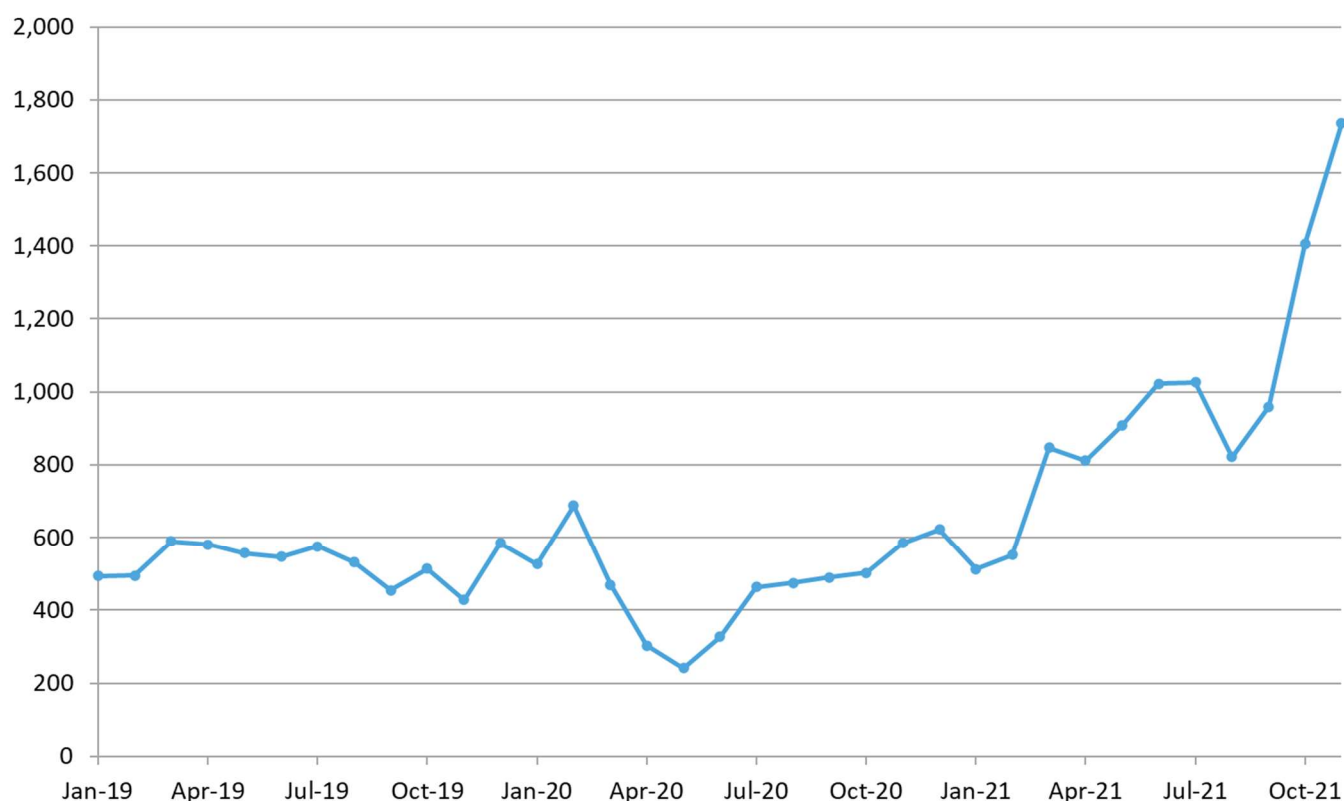


**Figure 20: Map of community pharmacies providing the NMS in Wakefield District compared to population density**



As shown in Figure 21, the number of interventions increased throughout 2021. There was a further increase in numbers following a significant change in the service in September 2021 which increased the number of conditions the NMS could be provided for.

**Figure 21: Number NMS interventions declared between January 2019 and November 2021 in Wakefield District\*, by month**



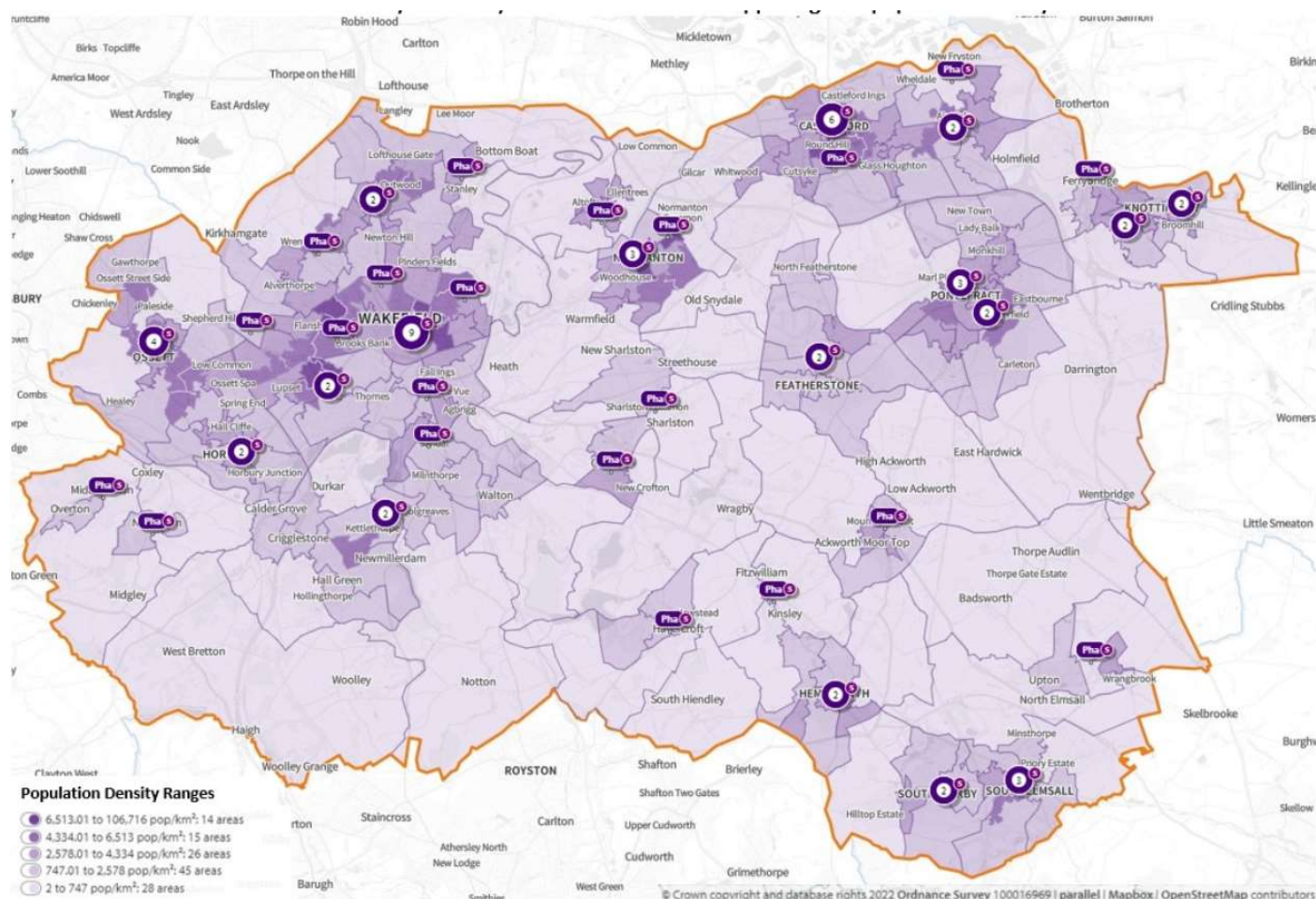
Source: NHS BSA Pharmacy Dispensing Data.

\*For the 66 pharmacies that were open for the full period January 2019 to November 2021 only; please note the actual number may be slightly higher than shown.

### 7.4.3 Access to the Community Pharmacist Consultation Service (CPCS)

The CPCS was launched by NHS England and NHS Improvement to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes. The CPCS is provided by most pharmacies (71), as shown in Figure 22, providing sufficient coverage across the district.

**Figure 22: Map of community pharmacies providing the CPCS in Wakefield District compared to population**



#### 7.4.4 Access to the COVID-19 Lateral Flow Device (LFD) Distribution Service

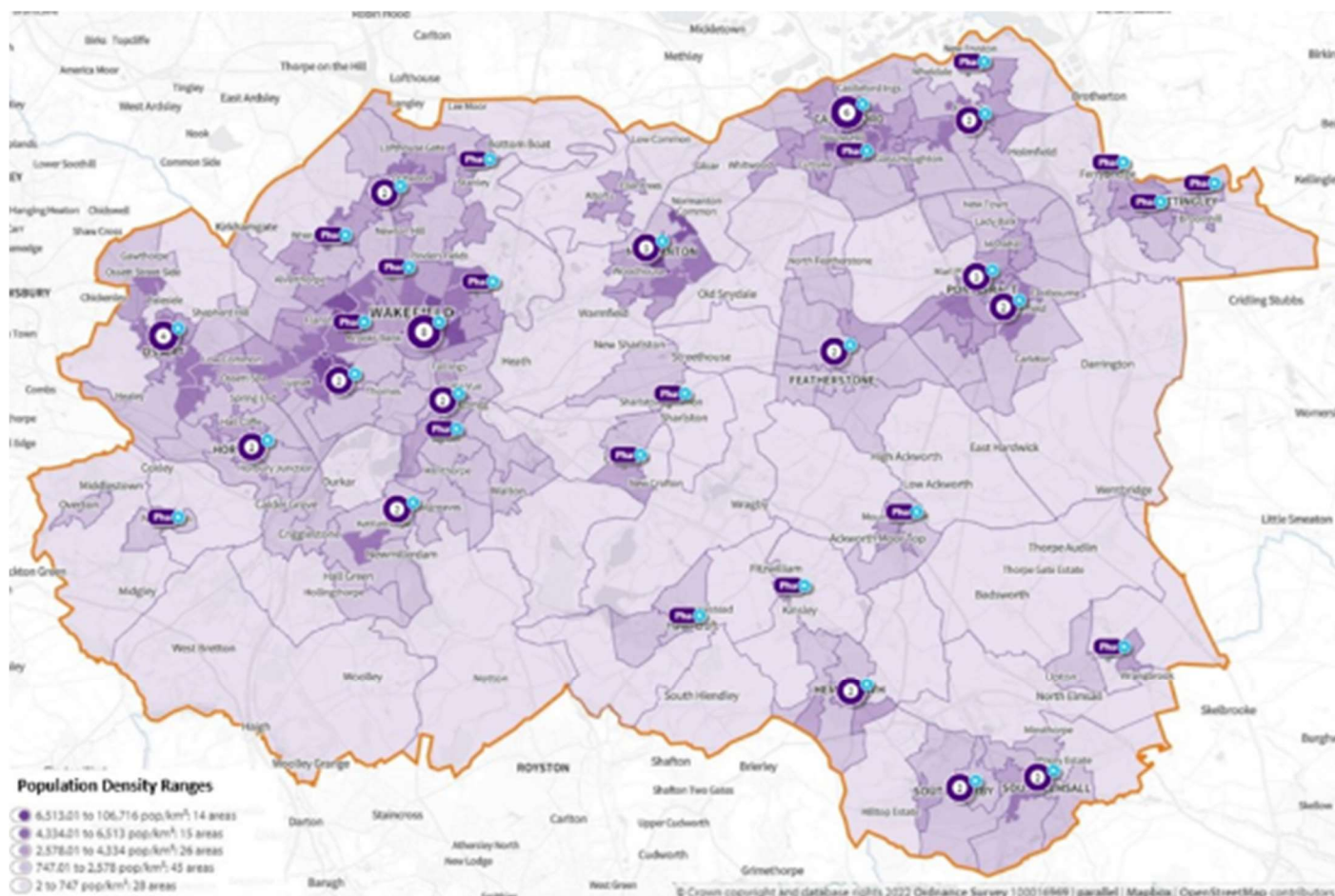
The COVID-19 Lateral Flow Device Distribution Service began in April 2021 to improve access to testing by making LFD test kits readily available at community pharmacies for asymptomatic people, to identify positive cases in the community and break the chain of transmission. Between April and November 2021, 71 of the district's pharmacies provided the service, showing their ability to provide new commissioned services in response to the pandemic. The service ended on 31<sup>st</sup> March 2022, however the uncertainty around what may be needed in response to the pandemic in the future means it's impossible to say whether a service of this nature will be needed again going forward.



## 7.4.5 Access to the Flu Vaccination Service

Flu vaccination services are available across the district with 64 pharmacies providing the service, as shown in Figure 23.

**Figure 23: Map of community pharmacies providing the flu vaccination service in Wakefield District compared to population density**



As shown in Table 10, over 52,000 flu vaccinations were administered in Wakefield District between September 2019 and November 2021. During the 2019-20 flu season, 9,621 flu vaccinations were administered. This increased to over 14,000 vaccinations during the 2020-21 flu season. In only the first three months of the 2021-22 flu season (September to November 2021), over 28,000 flu vaccinations were administered in community pharmacy.

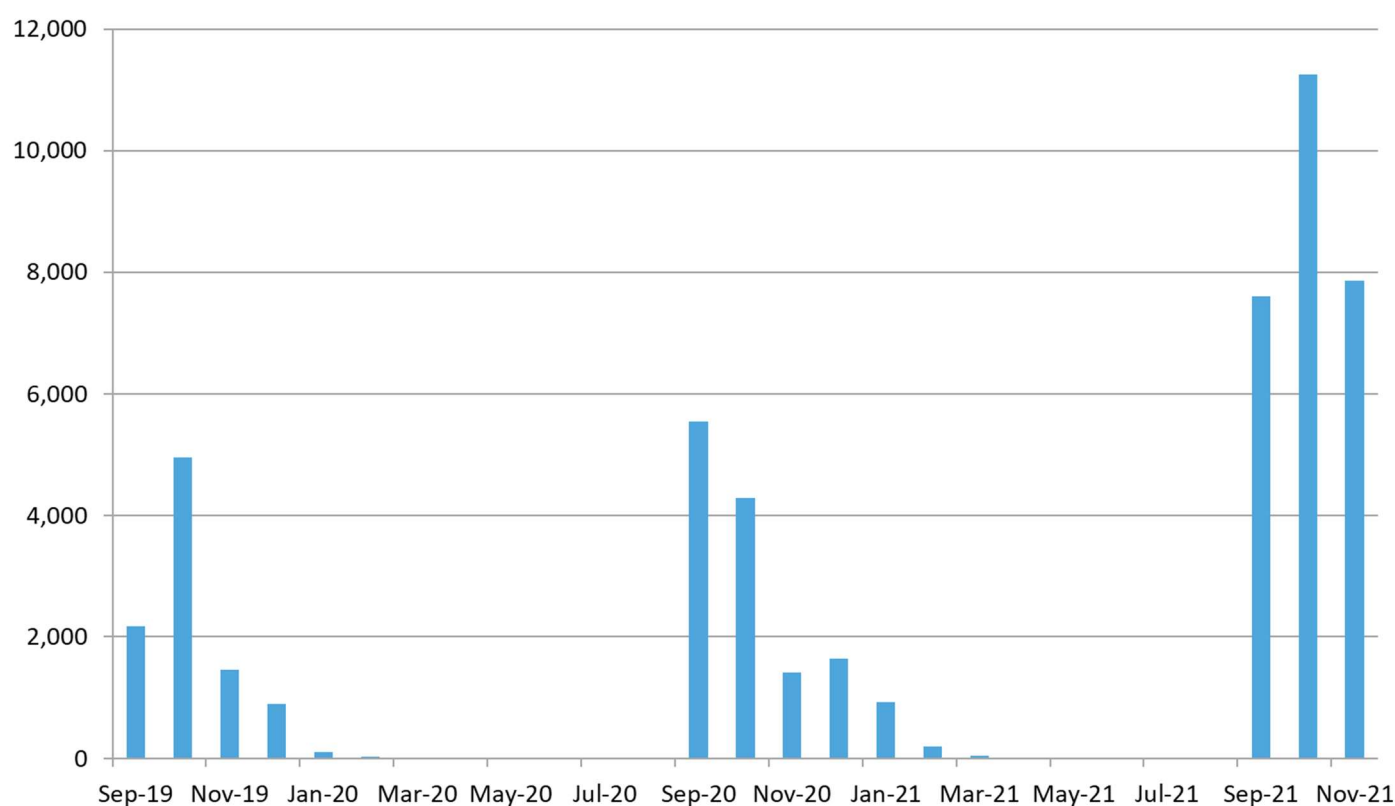
**Table 10: Number of flu vaccinations in 2019-20, 2020-21 and 2021-22 (part season), by flu season**

Flu season	Number of pharmacies	Number of flu vaccinations
2019-20 (Sep19-Mar20)	50	9,621
2020-21 (Sep19-Mar20)	57	14,367
2021-22 (part season, Sep-Nov21)	61	28,099

Source: Catalyst data, NHS BSA.

Figure 24 shows the monthly breakdown of flu vaccinations, showing over 11,000 vaccinations administered in October 2021 alone.

**Figure 24: Number of flu vaccinations provided in Wakefield District during flu season 2019-20, 2020-21 and part flu season 2021-22**



Source: Catalyst data – Advanced Flu Service Report, NHS BSA.

#### 7.4.6 Access to the Hepatitis C Testing Service

Five community pharmacies provide Hepatitis C testing services. These are in Wakefield centre, Normanton, Castleford, Pontefract, and Kinsley. Through this service, people who inject drugs who are not currently accessing community drug and alcohol treatment services will have the opportunity to be tested for the hepatitis C virus at a participating community pharmacy. Any community pharmacy that meets the limited inclusion criteria for service provision detailed in the service specification can register to provide the service. The service was extended to 31<sup>st</sup> March 2023.

#### 7.4.7 Access to the Pandemic Delivery Service

At various points since April 2020, the pandemic delivery service was available for people who were self-isolating and clinically extremely vulnerable patients. Most of the district's pharmacies have provided the service at some point during the pandemic. Usage of the service increased during lockdown periods. Between April and July 2020, 55 pharmacies claimed activity, showing their ability to provide new commissioned services in response to the pandemic. The service ended on 31<sup>st</sup> March 2022, however the uncertainty around what may be needed in response to the pandemic in the future means it's impossible to say whether a service of this nature will be needed again going forward.

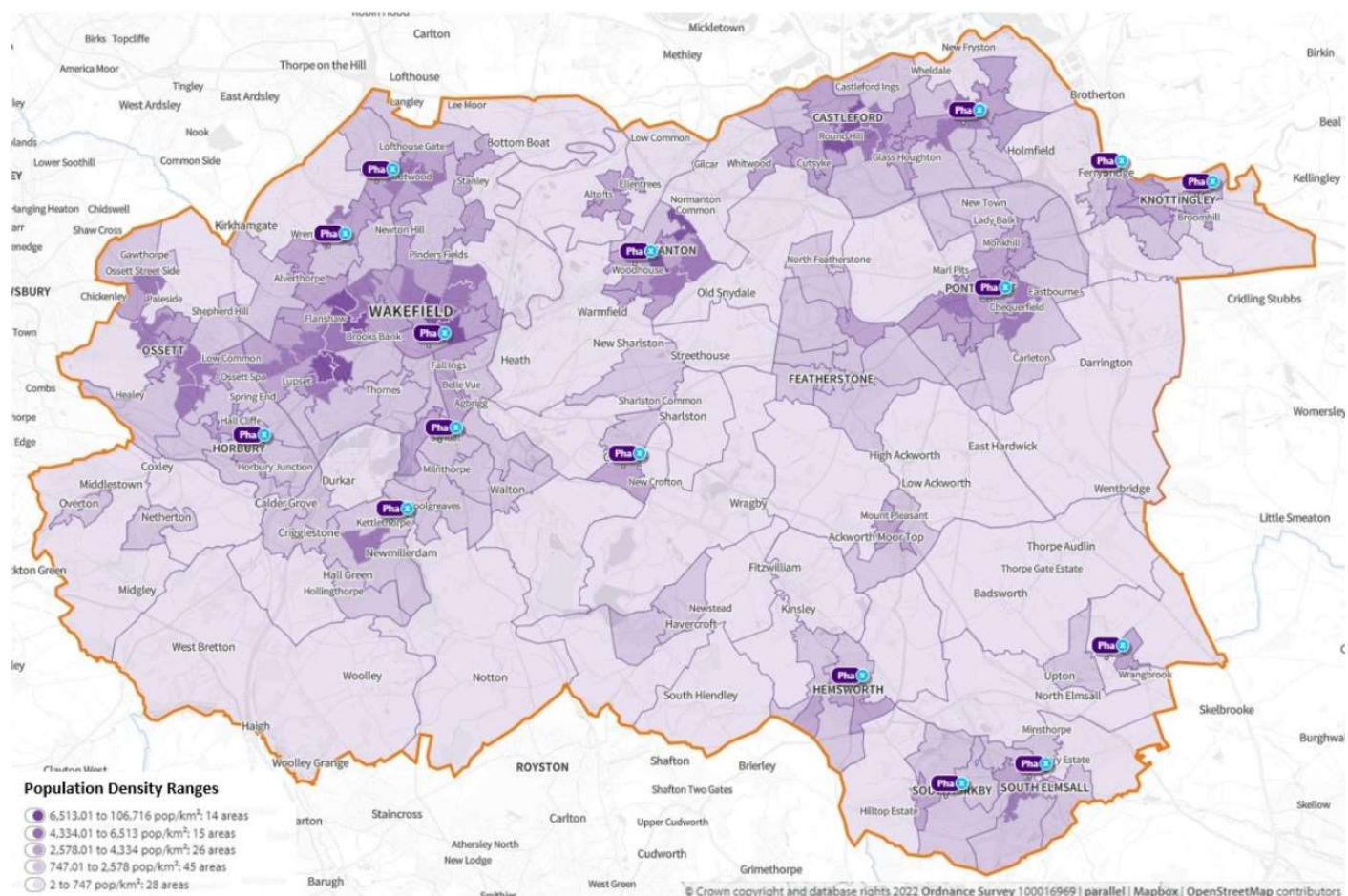
#### 7.4.8 Access to the Stoma Appliance Customisation (SAC) Service

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



Information on SAC services provided by pharmacies and dispensing appliance contractors outside of the district to residents of Wakefield is not available due to the way contractors claim. Some Wakefield residents may access the service from a distance, for example online, from pharmacies and dispensing appliance contractors outside of Wakefield. However, Figure 25 shows sufficient service provision within the district, with 16 pharmacy services, including the appliance contractor Charles S Bullen Ltd, providing the SAC service. Premises are spread across the district, generally in areas of higher population density.

**Figure 25: Map of community pharmacies and dispensing appliance contractors providing the stoma customisation service in Wakefield District compared to population density**



## 7.4.9 NHS Smoking Cessation Service

The NHS Smoking Cessation Service in community pharmacy will allow NHS trusts to refer patients to a pharmacy so they can receive continuing treatment, advice, and support with their attempt to stop smoking when they are discharged. The service will commence once referral routes from trusts into the service are in place.

### 7.4.10 Hypertension Case Finding Service

The Hypertension Case Finding Service supports risk identification and prevention of cardiovascular disease (CVD). Based on certain criteria, the service refers those with likely or suspected hypertension for appropriate management and promotes healthy behaviours. Twenty-nine of the district's community pharmacies provide the service.

## 7.5 Enhanced Services

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Enhanced services are intended to assist in improving and delivering a better level of care in the community. NHS England and NHS Improvement and Local Authorities can commission services to meet the healthcare needs in their area. The following services can be commissioned:

- COVID-19 vaccination sites
- Anticoagulant monitoring service
- Care home service
- Disease specific medicines management service
- Gluten Free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medicines assessment and compliance support service
- Minor ailment scheme
- On demand availability of specialist drugs service
- Out of hours service
- Palliative care drug formulary service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Supplementary prescribing service

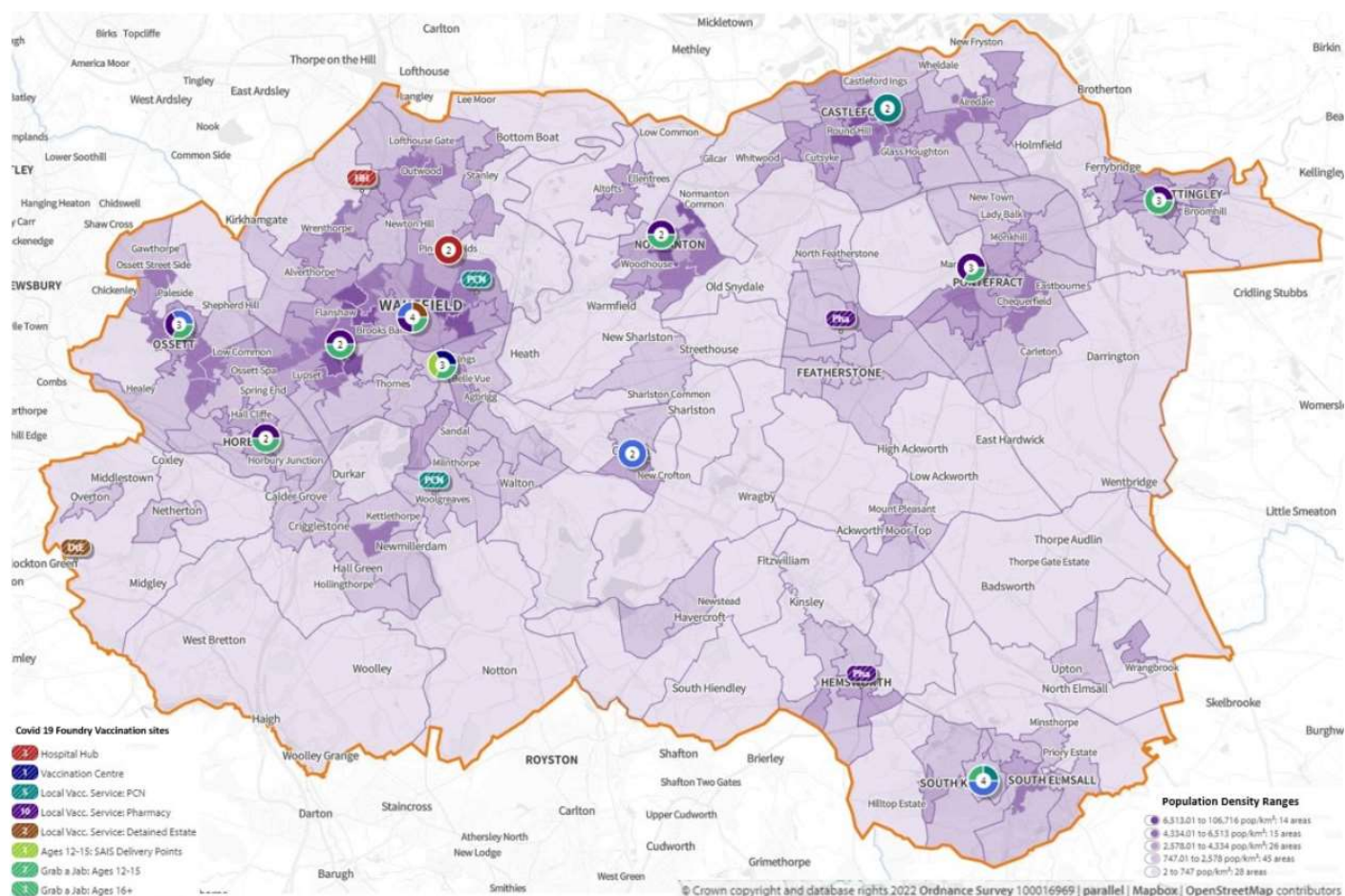
Further information can be found in the [Drug Tariff](#), NHS Business Services Authority.

### 7.5.1 Access to COVID-19 Vaccination Sites

Thirty-eight vaccination sites were set up in Wakefield District to help deliver the COVID-19 vaccination programme. These included ten of the district's community pharmacies and were spread across the district, as shown in Figure 26, predominantly in areas of higher population density. There were several different types of site:

- Hospital hub (3 sites)
- Vaccination centre (1)
- Local vaccination service: Primary Care Network (5)
- Local vaccination service: Pharmacy (10)
- Local vaccination service: Detained estate (2)
- Ages 12-15 years: School Age Immunisation Services (SAIS) delivery points (1)
- Grab a jab: Ages 12-15 years (7)
- Grab a jab: Ages 16 year + (3)
- NHS Property Services: Vacant clinical space (6)

Figure 26: Map of foundry vaccination sites providing COVID-19 vaccinations in Wakefield District compared to population density

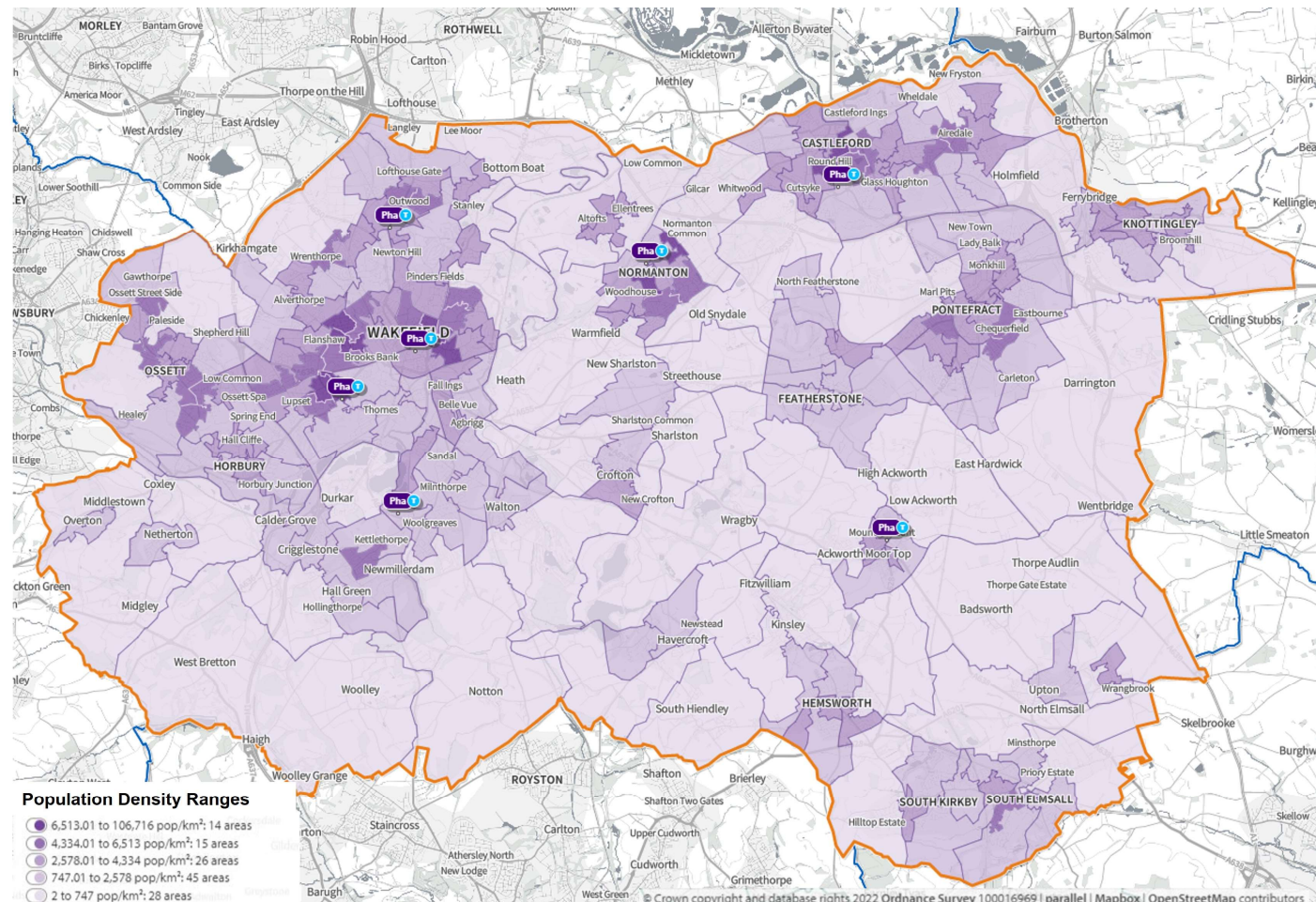




## 7.5.2 Palliative Care Drug Formulary Service

There are currently 7 pharmacies in Wakefield providing this service. Figure 27 below shows the location of these pharmacies across the district.

**Figure 27: Map of community pharmacies providing the palliative care drug formulary service in Wakefield District compared to population density**



## 7.6 Locally Commissioned Services

**Additional locally commissioned services available across the district**

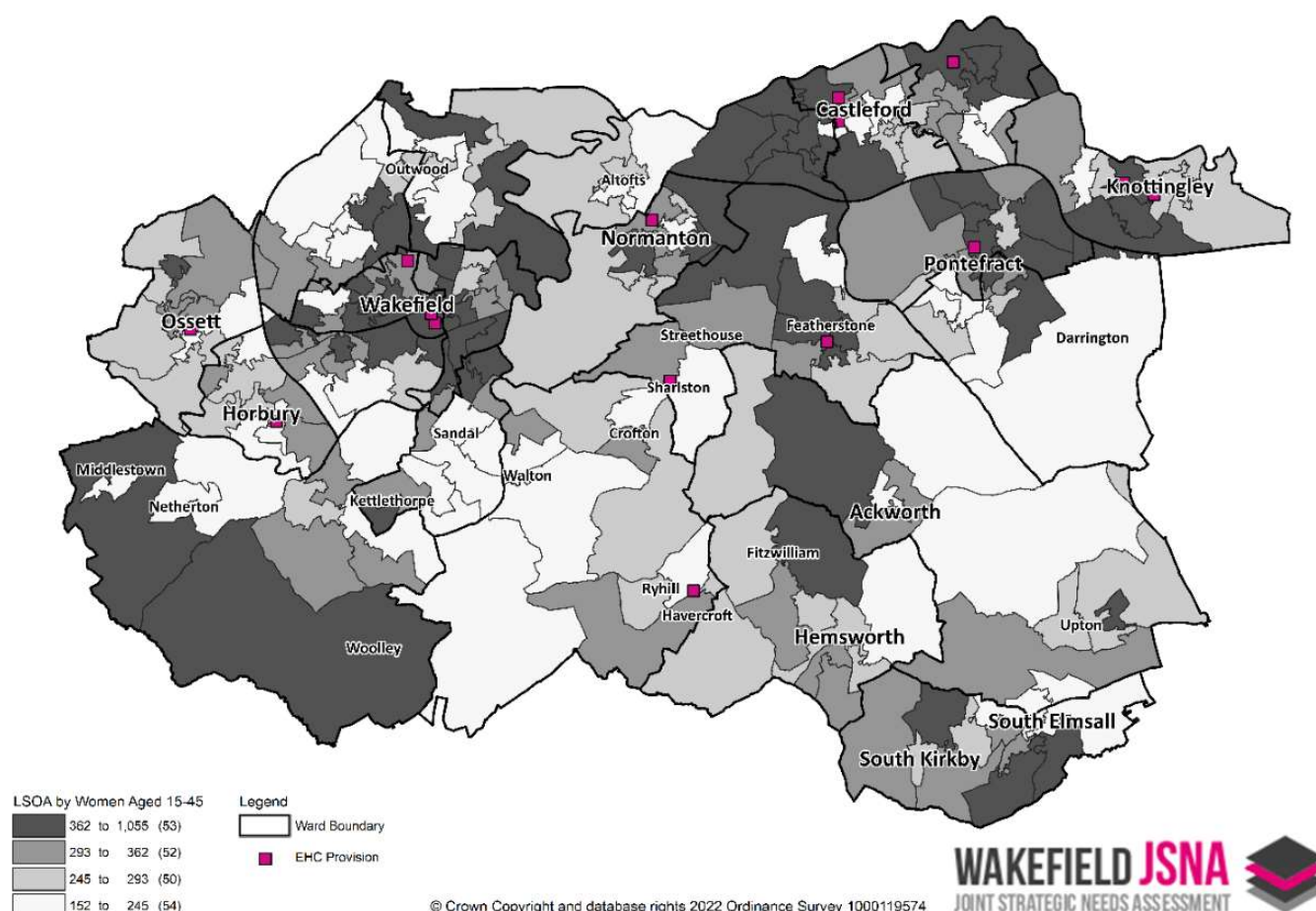
**Increase in pharmacies providing EHC across the district**

Wakefield Council, Wakefield CCG or another commissioner may also commission services from pharmacies and dispensing appliance contractors. These services fall outside the definition of pharmaceutical services, and, for the purposes of this document, are referred to as locally commissioned services.

### 7.6.1 Emergency Hormonal Contraception (EHC)

Wakefield Public Health commissions the Clinical Sexual Health Service which includes coordinating the delivery of EHC in community pharmacies via a contract delivered by Spectrum Community Health Community Interest Company (CIC). An expression of interest in Spring 2021 to all pharmacies in the district resulted in an increase from 9 to 15 community pharmacies providing EHC in Wakefield District. As part of their offer, Spectrum aim for at least one pharmacy per Primary Care Network (PCN) area to be part of the EHC scheme.

**Figure 28: Map of community pharmacies providing EHC services in Wakefield District compared to women aged 15-45 years**

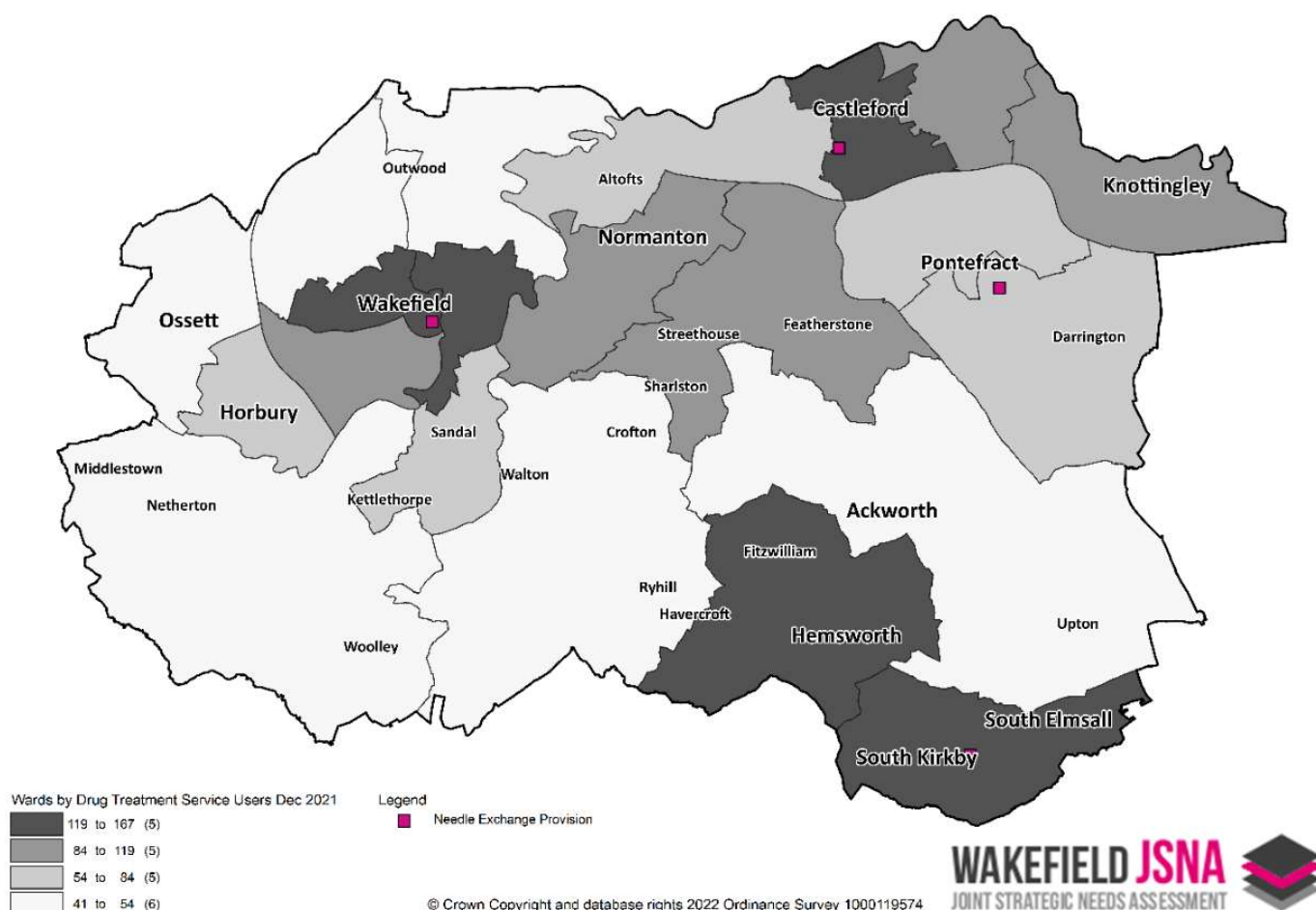




### 7.6.2 Needle Exchange

Four community pharmacies provide needle exchange services in Wakefield District. These are in Wakefield centre, Pontefract, South Kirkby and Glasshoughton (Castleford). Figure 29 shows how needle exchange service provision is aligned to areas where there are higher levels of drug treatment service users. The pharmacy provision of this service is sub-contracted by the drug treatment service, which is commissioned by Wakefield Council. There is limited commissioning of this service, with currently only four pharmacies entitled to provide needle exchange. Needle exchange is also provided by the drug treatment service itself.

**Figure 29: Map of community pharmacies providing needle exchange services in Wakefield District compared to drug treatment services users (as of December 2021)**



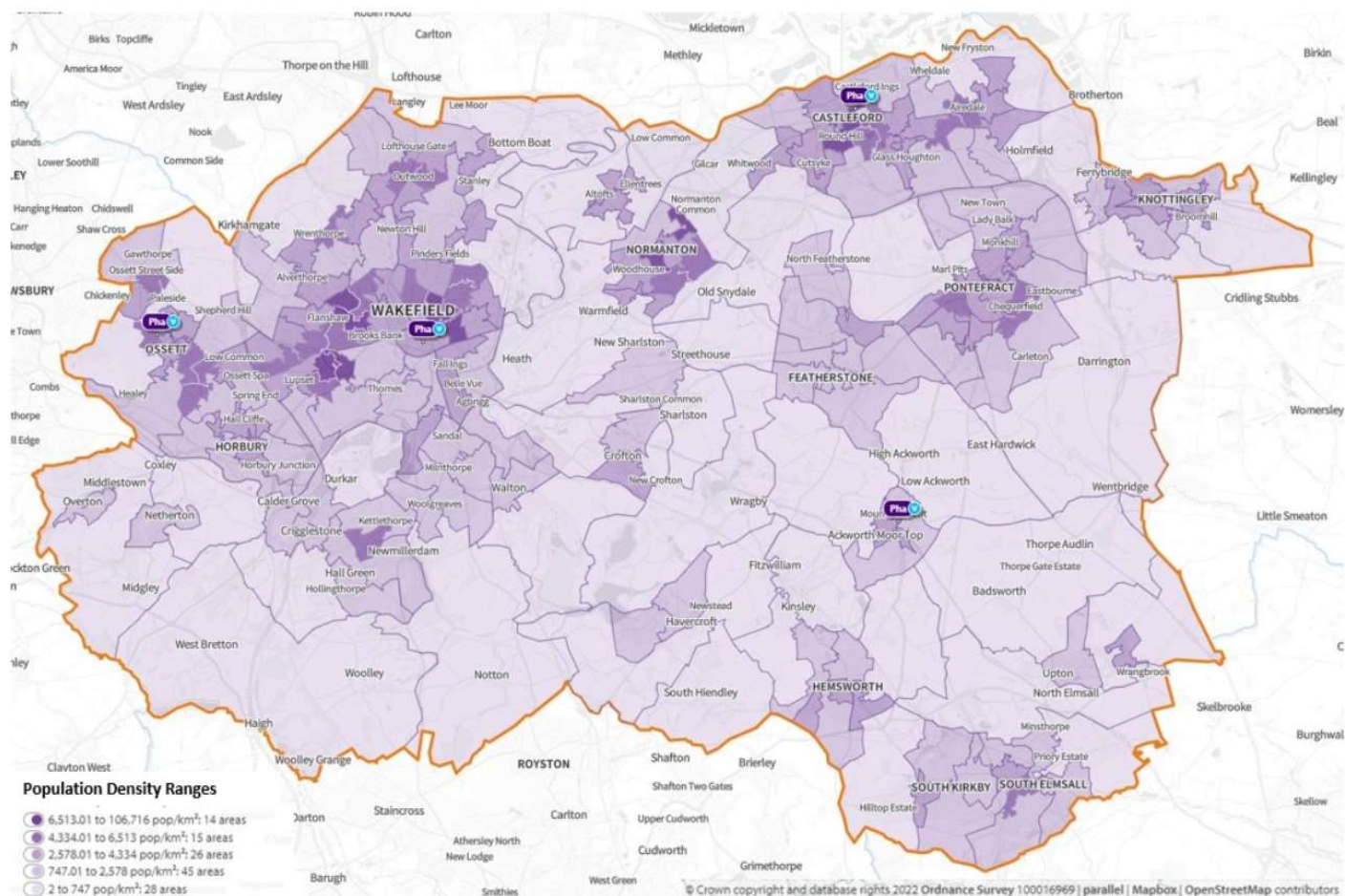
### 7.6.3 Supervised Consumption

Supervised consumption is an NHS service which is used in certain conditions to ensure that patients take their medication at regular intervals. The service is offered by 60 community pharmacies in Wakefield District.

### 7.6.4 Stop Smoking Service

Stop Smoking services provide additional access to ongoing support and advice on treatments for people who want to stop smoking. Four community pharmacies provide stop smoking services in Wakefield District, as shown in Figure 31. These are in Ossett, Wakefield centre, Castleford and Ackworth. There are other stop smoking services within Wakefield District, including NHS Yorkshire Smokefree Wakefield which provides services at GP practices, community centres and other locations.

**Figure 31: Map of community pharmacies providing the stop smoking service in Wakefield District compared to population density**



## 7.7 Non-Standard Pharmaceutical Services

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### 7.7.1 Controlled Locality

A controlled locality is an area which has been determined to be 'rural in character'. The overall objective of defining rural areas as controlled localities is to help NHS England and NHS Improvement ensure that patients in rural areas have access to pharmaceutical services which are no less adequate than would be the case in a non-controlled locality.

Where NHS England and NHS Improvement has determined that an area is controlled (i.e., rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense medicines for patients. However, GPs may only dispense NHS prescriptions for their own patients who live in a controlled locality and live more than 1.6 km (1 mile), in a direct line, from a pharmacy. The main purpose of this is to ensure patients in rural areas who might have difficulty getting to their nearest pharmacy can access the medicines they need.

### 7.7.2 Dispensing Appliance Contractors (DACs)

Locally the area has one DAC, Charles S Bullen Stomacare in Ossett. This organisation dispenses devices and appliances to support individual care in the community. GPs and other prescribers can prescribe certain devices listed in the national drug tariff as part of care for patients.

Information on services provided by DACs outside of the district to residents of Wakefield is not available due to the way contractors claim. Some Wakefield residents may access services from a distance, for example online, from DACs outside of Wakefield.

### 7.7.3 Dispensing GPs

Limited pharmaceutical services are offered directly from GP practices. These dispense to patients who live in a controlled locality. The current dispensing GP practices within Wakefield District are:

- Middlestown Medical Centre,
- White Rose Surgery (South Elmsall)
- Healthcare First Partnership (Methley) - Healthcare First Partnership is located outside of Wakefield District but is included as a dispensing practice as it is registered to Wakefield CCG and due to the number of items it dispenses to Wakefield residents.

## 7.8 Other NHS Services

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The following NHS services are deemed by the Health and Wellbeing Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service.
- GP out of hours service – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- Public Health services commissioned by Wakefield Council (drugs and alcohol services, needle exchange services, smoking cessation, and sexual health) all of these services remove the need for them to be commissioned as enhanced services by NHS England and NHS Improvement from pharmacies.

- Pontefract Urgent Treatment Centre – services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions.
- Wakefield Walk-In Centre – services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions.
- Prison pharmacies – these reduce the demand for the dispensing essential service as prescriptions written in prisons will not be dispensed by pharmacies or dispensing appliance contractors
- Substance misuse service – generates prescriptions which affects the need for the dispensing essential service.
- End of life service / Hospices – generate prescriptions which affects the need for the dispensing essential service.
- Dental Services – provide a wide range of services from general check-ups to minor surgery and will issue a small number of prescriptions that require an essential service (Dispensing).

### 7.8.1 Hospital Pharmacies

The Mid Yorkshire Hospital NHS Trust (MYHT) is the main hospital trust in the Wakefield District. This is made up of three hospitals at three different locations:

- Pinderfields Hospital, Aberford Road, Wakefield, West Yorkshire
- Pontefract General Infirmary, Friarwood Lane, Pontefract, West Yorkshire
- Dewsbury District Hospital, Halifax Road, Dewsbury, West Yorkshire

Although Dewsbury District Hospital is not within the Wakefield boundary, it is part of Mid Yorkshire Hospitals Trust and as such provides secondary care to Wakefield District patients. The Mid Yorkshire Hospitals NHS Trust completed a major hospital development programme in March 2011, which involved opening new hospitals in Wakefield at both the Pinderfields and Pontefract sites. Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.

There is a hospital pharmacy located in each of the above hospital locations.

### 7.8.2 GP Out of Hours Service

The GP out of hours service for Wakefield District is provided by Local Care Direct, a social enterprise established in 2004 by local GPs in West Yorkshire. The service is open 24 hours a day, 365 days a year.

People contacting the out of hours service will initially be triaged by the national NHS 111 call line. They will ask a set of questions to decide if:

- The problem can wait until their surgery next opens
- The problem can be dealt with over the phone by a nurse or doctor
- The patient needs to attend one of the clinical bases or
- The patient needs an emergency ambulance

If the patient's condition is not urgent, they may be transferred to another service or asked to contact their surgery during normal opening hours. They may also be advised to visit a pharmacy.

Most cases can be dealt with over the phone and the patient's call will be passed to either a nurse or doctor for advice. If the problem cannot be resolved over the phone, then the patient will be invited to attend one of the clinical bases at either:

- Pontefract Urgent Treatment Centre
- King Street Walk-In Centre



Depending on the nature of the patient's condition they will either be given:

- A full course of treatment, for example antibiotics for an infection or
- Sufficient medication to tide them over until a prescription can be dispensed, for example pain relief

### **7.8.3 Pontefract Urgent Treatment Centre**

The purpose-built Pontefract Hospital, built on the old Pontefract General Infirmary site opened in 2011. It focuses on the provision of urgent care as well as elective, diagnostics and rehabilitation services and is a single point of access to urgent care services aimed at reducing the need for patients to travel to A&E.

Pontefract's Urgent Treatment Centre (UTC) opened in April 2018. This facility is open 24 hours a day, 365 days a year. No appointment is needed but patients are seen in order of clinical priority, so may have to wait if their condition is not as serious as others.

The site has a pharmacy which is open from 8.00 am to 8.00 pm Monday to Friday and is open 9.00 am to 12.00 pm on Saturday. The Pharmacy is closed on a Sunday. It is important to note this is a hospital pharmacy and not a community pharmacy. The pharmacy dispenses prescriptions to outpatients of both Pontefract Hospital and the Urgent Treatment Centre located within Pontefract Hospital. For patients visiting the Urgent Treatment Centre who need a prescription, they will be able to access the pharmacy during the opening hours mentioned above. Outside of these hours, patients visiting the Urgent Treatment Centre requiring a prescription would need to visit a community pharmacy.

It is led by a team of GPs with experience in emergency medicine. They work alongside advanced nurse practitioners and emergency nurse practitioners to see and treat a range of minor illnesses and injuries. The unit treated 43,000 patients in its first year and the numbers making use of the service continue to grow. A direct booking into the UTC via 111 has also been introduced.

### **7.8.4 Wakefield Walk-In Centre**

King Street Walk in Centre is a nurse led service, open 7 days a week, 365 days a year, between the hours of 10.00 am to 10.00 pm. The Centre has a dedicated team of experienced practitioners including nurse practitioners, advanced nurse practitioners and paramedics who are trained to diagnose and treat minor illnesses and injuries. The Centre provides assessment, advice and treatment of minor illnesses and a selection of minor injuries. These are some examples of illnesses / injuries the Centre can see:

- Minor ear, nose, and throat problems
- Sprains and strains
- Wound infections
- Minor burns and scalds
- Minor head injuries
- Skin conditions
- Minor respiratory conditions such as a cough
- Mild abdominal pain or discomfort
- Insect and animal bites and stings
- Minor eye problems
- Minor injuries to the back, shoulder, and chest
- Wound dressings
- Emergency contraception

### 7.8.5 Prisons

There are two major prisons within the Wakefield District:

- HMP Wakefield, a high security Category A establishment for men and,
- HMP & YOI New Hall, a facility for women and girls.

The prisoner population is over 1,000 at any one time with the throughput of around 3,000 prisoners each year. Prisoners tend to have high levels of health inequalities, a prevalence of long-term conditions, greater incidence of mental disorders and substance misuse problems. There is also an ageing population at HMP Wakefield.

The aim is to improve prisoners' health and to reduce health inequalities by improving access to quality healthcare for prisoners as they could expect if they were living in the wider community. Healthcare provided within the prison service includes primary care and pharmacy service provision, mental health, substance misuse, dental, optical, urgent, and non-urgent care, and assessment to ensure sufficient healthcare provision is secured to meet their needs. This therefore wouldn't create additional demand for services from community pharmacies. A clear focus for commissioners is to deliver quality, innovation, productivity, and prevention through better management of medicines and enhanced pharmacy provision. Health Services for prisons will be commissioned by the NHS Commissioning Board.

### 7.8.6 Substance Misuse Service

Turning Point currently provides substance misuse support across the Wakefield District. They are located in Wakefield Centre and in Castleford.

Turning Point work with over 2,500 service users to deliver a wide range of treatment methods including brief interventions and structured treatment, access to substitute prescribing and detoxification. They tailor packages to meet individual needs offering MOPSI (Models of Psychosocial Interventions) group work, mindfulness interventions, assistance with physical and mental health needs, in-house Specialist Social Worker support and a robust care pathway for those needing specialist dual-diagnosis interventions.

Turning Point offer two programmes:

- **Inspiring Recovery** is the drug and alcohol services for adults aged 25 and over. This offers support and promotes wellbeing and recovery from drug and alcohol related issues through two main hubs (Wakefield and Castleford) and satellite sites across the district.
- **Inspiring Futures** is the Young Persons, Young Adults, Families & Carers Drug & Alcohol Service for those under 25 and families.

### 7.8.7 End of Life / Hospices

Across the Wakefield District, there are two End of Life services provided by the following Hospices:

#### Wakefield Hospice

Wakefield Hospice is a purpose-built specialist palliative care unit providing 8 single ensuite bedrooms and two four bed ward areas, a day therapy unit and bereavement support and education. The hospice endorses a holistic approach in promoting quality of life for patients as well as providing continuing support to families and carers. The Hospice is open 24 hours a day, 365 days of the year.

#### Prince of Wales Hospice

The Prince of Wales Hospice provides palliative care and support for patients with life-limiting illness and their families across Pontefract, Castleford, Knottingley, Featherstone and Normanton. The Hospice has 13 bedrooms for patients who need 24-hour specialist care.

#### **7.8.8 Dental Services & Orthodontics**

There are 45 dental practice delivering general dental service across the Wakefield District. In addition to this, there are 2 orthodontic practices offering orthodontic services.

## 8. Housing and Transport Developments

### 8.1 Main Housing Developments

There are a number of ongoing housing developments across the Wakefield District, which will see a growth in the population of these areas as the construction is completed and people start to move in. Table 11 below provides details of the two largest construction lists in the district at the moment. These sites have been in construction for a number of years and have long term development plans up to 2040. The site in Castleford is proposed to be 3,000 properties in total when complete, whereas the City Fields development will be around 2,500. However, the construction of these sites will be spread across many years.

Table 11 shows that to date less than 500 properties have been completed on these two sites and construction at this rate will mean a further 500 could be complete by the end of the PNA period.

**Table 11: Constructed dwellings in the two main development sites**

Site	Dwellings approved to 2020/21	Properties constructed pre-2018	Properties constructed 2018 to 2020/21	Total complete to 2020/21	Outstanding
Flass Lane, Castleford	671	141	187	328	343
City Fields, Wakefield	1659	59	417	476	1183

Source: Wakefield Council, Planning Services, March 2022.

Figure 32 below shows the location of Flass Lane site in relation to the nearest community pharmacies. The site is within 20-30 minutes travel time via public transport of a range of pharmacies and within a 5-minute drive of a pharmacy also.

**Figure 32: Location of Flass Lane with travel times by public transport**

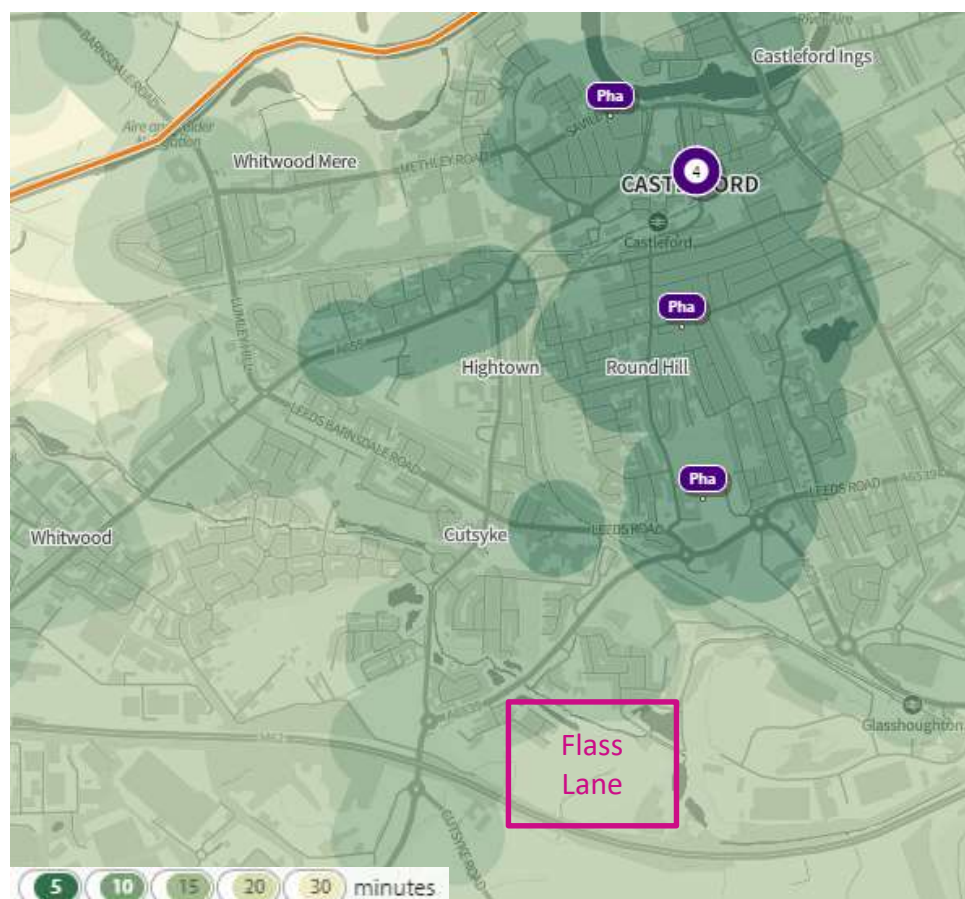
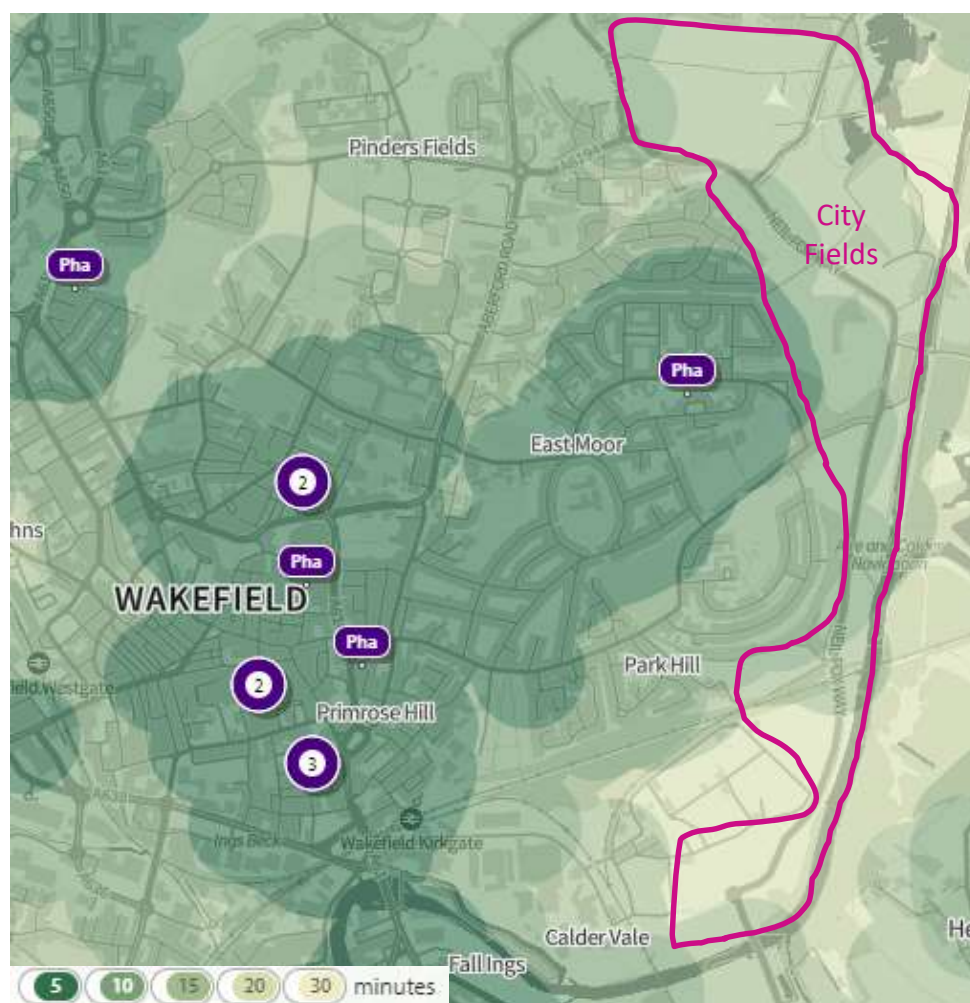




Figure 33 below shows the location of the City Fields site, although the full extent of it is to be developed throughout the plan up to 2040. The site is within 15 minutes of travel time via public transport to the nearest pharmacy and within a 5-minute drive of a pharmacy also. New roads will be built as part of the development, which is likely to improve the travel time calculations shown in Figure 33.

**Figure 33: Location of City Fields with travel times by public transport**



## 8.2 Smaller Developments and Planning Applications

Table 12 below shows the ongoing constructions and known planning applications that could start development during the life of this PNA (2022-2025). It is important to note that any listed as a pre-planning application or awaiting approval may not achieve final approval status, as such this figure should be treated only as a guide at this stage.

The largest development, should it be approved, is in Knottingley which would see just over 300 houses built, which could see an increase in the population of around 750 people (based on average household of 2.4). All the proposed developments are in already urban areas that are well served by community pharmacies.

All of the areas detailed in table 12 are within a 10-minute car journey or 20-minute public transport journey of a community pharmacy. Given the current population demographics within these localities and the current distribution of pharmaceutical service providers across Wakefield District, it is evident that the areas of likely future growth detailed in table 12 have sufficient pharmacy coverage to meet the needs of the population.

**Table 12: Smaller developments and known planning applications**

Locality	Proposed properties	Status
Airedale	82	Under construction
Flanshaw	140	Under construction
Wakefield Centre	97	Full application, awaiting approval
Knottingley	309	Full application, awaiting approval
South Elmsall	114	Full application, awaiting approval
Upton	146	Full application, awaiting approval
Pontefract Centre	75	Pre-planning application
Pontefract outer	150	Pre-planning application
Hemsworth	260	Pre-planning application
Durkar	100	Pre-planning application
Normanton	172	Pre-planning application
South Kirkby	121	Pre-planning application

*Source: Wakefield Council, Planning services, March 2022.*

## 9. Conclusions

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During the development of the PNA document, we have worked with stakeholders to gather information around current service provision. We have also worked hard to set this against the demography and health needs of the population. This PNA has assessed whether current provision meets the needs of the population of Wakefield and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Wakefield has a growing population, with an estimated increase of between 0.9% and 1.0% each year during the life of this PNA. It is also expected that the profile of the population will continue its gradual shift towards a more elderly population, with an increasing proportion of the population being aged over 60. However, this is a gradual change and is therefore unlikely to significantly affect the need for pharmaceutical services over the next three years. Wakefield also has an increasingly diverse population with around 14% of the population being from a non-White British ethnic background and around 24,000 people whose first language is not English. Of those pharmacies who responded, 17 out of 29 indicated that they would be willing to provide translation services should these be commissioned for community pharmacy to access.

The health of the population of Wakefield is relatively poor compared to the national average on many of the common health problems, including respiratory disease, cardiovascular disease, and cancer. Wakefield also has worse than average health related behaviours, with a relatively high number of adults smoking and a large proportion of the population considered to be overweight. However, many of these health issues have been evident in Wakefield for some time, with any increases in prevalence only gradual over time. It is therefore considered that the provision of pharmaceutical services in Wakefield District are sufficient to meet the needs of the population. There has also been some local commissioning of enhanced and locally commissioned services to address some of these health needs, with the majority of pharmacies who responded to our survey indicating a further willingness to provide additional services should these be commissioned.

Wakefield District has 69 community pharmacies, 6 distance selling pharmacies and 1 dispensing appliance contractor. Many of the community pharmacies provide advanced and enhanced services commissioned by NHS England and NHS Improvement and some provide additional services that are commissioned locally. There are three dispensing GP Practices, two of which reside within the district and the third, Healthcare First Partnership, is located just over the border in Leeds but has been included due to the number of Wakefield residents that are registered to this Practice.

Access to pharmaceutical services is excellent in Wakefield, due to the spread of the pharmacies across the entire district. Many of the pharmacies provide extended opening hours into the evening and during weekends. The vast majority of the population are within a 20-minute journey on public transport from a pharmacy and all can access a pharmacy within a 15-minute car journey.

There are two large ongoing housing developments in Wakefield District, however the full project plan expands beyond the length of this PNA into 2040. Of the total expected additional housing (5,500) around 800 have been completed to date. Both these sites are within commutable distance from existing pharmaceutical services, as well as within easy reach of a town centre by public transport or car. There are several smaller developments either in progress or going through the planning process that may progress to construction during the next three years. Given the current population demographics, housing projections and the distribution of service providers across Wakefield District, this document concludes that the current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

Wakefield District has an estimated population of 360,000. The projected population changes and housing developments identified may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the district. However, given the current population

demographics, housing projections, the distribution of pharmacies across Wakefield District and their capacity to meet increases in demand, it is anticipated that the current pharmaceutical services providers will be sufficient to meet both current and future local needs.

## 9.1 Essential (Necessary) Services

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This PNA has defined necessary services as:

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

Chapter seven of this document sets out the provision of these services.

### 9.1.1 Access to Essential Services During Normal Working Hours

In order to assess the provision of essential services against the needs of the population access (travel times and opening hours) has been considered as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

In terms of essential services, there is an excellent distribution of community pharmacies across the Wakefield District.

Figure 16 demonstrates the accessibility of pharmacies across the district is high, with access times as low as 15 minutes for the whole district and the vast majority of the population able to reach a pharmacy within 10 minutes.

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the localities.**

### 9.1.2 Access to Essential Services Outside Normal Working Hours

Although the public engagement survey (see Appendix B) showed that weekdays between 9am and 6pm to be the preference for access to a pharmacy (46% of respondents), there are times when people need or choose to access a pharmacy outside of these times. Almost a third of respondents (32%) said they didn't have a preferred time, whilst 30% said Saturday and 26% said weekdays after 6pm.

Of the 69 community pharmacies in Wakefield District:

- 61 are open on an evening after 5.30pm (36 open after 6pm)
- 45 are open on Saturdays (for a minimum of 3 hours)
- 11 are open on Sundays
- Ten provide services for 100 hours per week

Section 7.8 of this document details the other NHS services that exist within the district that may issue prescriptions that require dispensing. Of these there are several that would be outside of normal working hours including the Walk-in Centre, the Urgent Treatment Centre, and the GP out of hours service. The opening hours detailed above demonstrate that there is sufficient provision outside of normal working hours to respond to the limited demand created by these other NHS services.

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services outside normal working hours have been identified in any of the localities.**



### 9.1.3 Access to Advanced Services

The following advanced services are deemed to be necessary:

- New Medicine Service (NMS) – 74 pharmacies
- Community Pharmacist Consultation Service (CPCS) – 71 pharmacies
- Flu Vaccination Service – 64 pharmacies

The coverage and provision of these services is excellent across Wakefield District with sufficient provision to meet the need across all localities.

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of New Medicine Service, Community Pharmacist Consultation Service and Flu Vaccination services have been identified in any of the localities.**

### 9.1.4 Future Provision of Necessary Services

This document has taken into account the forecasted population growth. It has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet the anticipated increased need for pharmaceutical services due to the forecasted population growth.

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

## 9.2 Other Relevant Services: Current Provision

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There are currently four other advanced services, outside of those considered necessary, that are delivered in Wakefield District, with a further two that ended at the end of March 2022 following the introduction of the government's 'Living with Covid' strategy. These are:

- Appliance Use Review Service (AURs)
- Hepatitis C Testing Service
- Stoma Appliance Customisation (SAC)
- Hypertension Case Finding Service
- COVID-19 Lateral Flow Device Distribution Service (ended on 31<sup>st</sup> March 2022)
- Pandemic Delivery Service (ended on 31<sup>st</sup> March 2022)

There are also two enhanced services provided in the district:

- Palliative care drug formulary service
- COVID-19 vaccination service

There are currently five locally commissioned services in Wakefield:

- Emergency Hormonal Contraception (EHC)
- Chlamydia Screening
- Needle Exchange
- Supervised Consumption

- Stop Smoking Service

EHC appeared several times in the pharmacy engagement survey (see Appendix D and E) in response to a question asking whether there was a particular need for a locally commissioned service in the area. An expression of interest in Spring 2021 to all pharmacies in the district resulted in an increase from nine to 15 community pharmacies providing EHC in Wakefield District. Figure 28 shows correlation between the 15 pharmacies providing EHC services and women who are most likely to use the service within the district.

Whilst the advanced, enhanced and locally commissioned services outlined above are not necessary to meet the need for pharmaceutical services in the area, they are well distributed across the district and have secured improvements or better access for residents.

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

## 9.3 Improvement and Better Access – Gaps in Provision

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### 9.3.1 Current and Future Access to Essential Services

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

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

### 9.3.2 Current and Future Access to Advanced Services

The information around service provision in chapter seven shows that provision of the different advanced services commissioned in Wakefield District differ between different pharmacy contractors, with some providing more than others.

Demand for, and therefore the provision of, the appliance related advanced services will be lower than for the other advanced services due to the small population that require these. It is also anticipated that Wakefield residents may choose to access appliance services from contractors who are not based in Wakefield, whether that be a pharmacy in another location or a distance selling pharmacy.

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

### 9.3.3 Current and Future Access to Enhanced Services

NHS England and NHS Improvement commission two enhanced services in Wakefield District, as outlined in chapter seven of this document. Additionally, there are five locally commissioned services.

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to the enhanced services in specified future circumstances have been identified in any of the localities.**

#### **9.3.4 Future Requirements for Advanced and Enhanced Services**

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

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances have been identified in any of the localities.**

# Glossary of Terms

Term	Definition
<b>AUR</b>	Appliance Use Review
<b>BMI</b>	Body Mass Index
<b>CCG</b>	Clinical Commissioning Group
<b>CHD</b>	Congenital Heart Disease
<b>CIC</b>	Community Interest Company
<b>CIPFA nearest neighbours</b>	A group of local authorities with similar socio-economic characteristics to Wakefield District. Used for making comparisons.
<b>Control of Entry</b>	Regulatory framework for assessment and approval or rejection of pharmacy applications
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CPCS</b>	Community Pharmacist Consultation Service
<b>CPWY</b>	Community Pharmacy West Yorkshire
<b>CVD</b>	Cardiovascular Disease
<b>DAC</b>	Dispensing Appliance Contractor
<b>DSR</b>	Directly Standardised Rate, comparable rate that controls for the age and gender profile of an area.
<b>EHC</b>	Emergency Hormonal Contraception
<b>EPS</b>	Electronic Prescription Service
<b>Exemption application</b>	One of the 4 categories of application under the control of entry that does not have to satisfy the necessary or expedience test
<b>GMS</b>	General Medical Services
<b>HIV</b>	Human Immunodeficiency Virus
<b>HNA</b>	Health Needs Assessment
<b>HWB</b>	Health & Wellbeing Board
<b>H&amp;WBS</b>	Health & Wellbeing Strategy
<b>ICB</b>	Integrated Care Boards. Brings together local NHS organisations and will replace CCGs. They will be expected to take on delegated responsibility for pharmacy services from April 2023.
<b>ICP</b>	Integrated Care Partnership. A broad alliance of organisations concerned with improving health and wellbeing
<b>ICS</b>	Integrated Care System. A partnership of health and care organisations working together to plan and deliver joined up services and to improve population health
<b>JSNA</b>	Joint Strategic Needs Assessment. This identifies the current health issues experienced by people in Wakefield and what their future health, social care and wellbeing needs are likely to be in the next few years.
<b>LGA</b>	Local Government Association
<b>LGBT</b>	Lesbian, Gay, Bisexual, Transgender
<b>LSOA</b>	Lower Super Output Area. This is a small geography that is nationally agreed and allows the publication of low-level geographical statistics.
<b>LTC</b>	Long-term Condition
<b>MSM</b>	Men who Sleep with Men
<b>MSOA</b>	Middle Super Output Area. A larger standardised geography than LSOA.
<b>MUR</b>	Medicines Use Review
<b>MYHT</b>	Mid Yorkshire Hospital Trust
<b>NHSBSA</b>	NHS Business Services Authority
<b>NHSE</b>	NHS England & NHS Improvement
<b>NHSHC</b>	NHS Health Checks
<b>NHS Long Term Plan</b>	Set out NHS priorities for healthcare over the next 10 years
<b>NIHB</b>	National Inclusion Health Board
<b>NMS</b>	New Medicine Service
<b>OHID</b>	Office for Health Improvement and Disparities



<b>ONS</b>	Office for National Statistics
<b>PANSI</b>	Projecting Adult Needs and Services Information System
<b>PCN</b>	Primary Care Network
<b>PMS</b>	Personal Medical Services
<b>PNA</b>	Pharmaceutical Needs Assessment
<b>POPPI</b>	Projecting Older People Information System
<b>PSNC</b>	Pharmaceutical Services Negotiating Committee
<b>QOF</b>	Quality and Outcomes Framework
<b>SAC</b>	Stoma Appliance Customisation
<b>SHAPE</b>	Strategic Health, Planning and Evaluation Tool from OHID
<b>STIs</b>	Sexually Transmitted Diseases
<b>SystmOne</b>	Provides a single electronic health record for patients
<b>SOA</b>	Super Output Area. A general term referring to LSOA and MSOA. Can also refer to Census Output Areas, which are smaller than an LSOA.
<b>UTC</b>	Urgent Treatment Centre

## Appendix A: Service Provision Table

Ward	Pharmacy Name	Address	100 hours	Stoma	Hepatitis C testing	Flu vaccination	Chlamydia screening	Emergency hormonal contraception	Needle exchange	Palliative care	Smoking cessation	Supervised consumption	Hypertension
Ackworth, North Elmsall and Upton	Lloyds Pharmacy	Wrangbrook Road, Upton, Pontefract WF9 1JU		●		●						●	●*
	Skf. LO's Pharmacy	29A Barnsley Road, Ackworth, Pontefract WF7 7HZ				●				●			●*
Airedale and Ferry Fryston	Airedale Pharmacy	Elizabeth Court, Elizabeth Drive, Castleford WF10 3TG	●			●						●	
	Lloyds Pharmacy	25 The Square, Airedale, Castleford WF10 3JJ		●		●						●	●*
	Tieve Tara - The Pharmacy Group	Tieve Tara Surgery, Parkdale, Castleford WF10 2QP			●	●	●	●			●*	●	●
Altofts and Whitwood	M & A Pharmacies Ltd	1a Lee Brig, Altofts, Normanton WF6 2JJ											●*
Castleford Central and Glasshoughton	Asda Pharmacy	Leeds Road, Glasshoughton, Castleford WF10 5EL	●			●			●	●		●	●
	Boots	Units 20-21, Carlton Lanes Shopping Centre, Castleford WF10 1AD				●						●	
	Castleford Pharmacy	Castleford Health Centre, Welbeck Street, Castleford WF10 1HB	●			●						●	●
	Cohens Chemist	119 Carlton Street, Castleford WF10 1DX				●	●	●			●*	●	●
	Cohens Chemist	28 Smawthorne Lane, Castleford WF10 4EN				●	●	●			●*	●	●
	My Pharmacy Online (Distance selling) *	Unit 9, Sterling Industrial Park, WF10 4PS											
	Superdrug Pharmacy	74 Carlton Street, Castleford WF10 1DE				●						●	●*
	Well Pharmacy	Savile Road, Castleford WF10 1PD				●					●*		●
Crofton, Ryhill and Walton	Hughes Chemist	Madeley Road, Havercroft, Wakefield WF4 2JD				●	●	●				●	●
	Lloyds Pharmacy	45-49 High Street, Crofton, Wakefield WF4 1NG		●		●						●	●*
Featherstone	Applied Dispensary Services (Distance selling)	Junction Close, Green Lane Industrial Park, Featherstone WF7 6ER											
	Cohens Chemist	2 Station Lane, Featherstone WF7 5BE				●	●	●			●*	●	●
	Featherstone Pharmacy	Station Lane, Featherstone WF7 6JL				●					●*	●	●

Ward	Pharmacy Name	Address	100 hours	Stoma	Hepatitis C testing	Flu vaccination	Chlamydia screening	Emergency hormonal contraception	Needle exchange	Palliative care	Smoking cessation	Supervised consumption	Hypertension
	Healthnet Homecare (Distance selling)	Unit 3 Ardane Park, Green Lane Industrial Park, Featherstone WF7 6EP											
	Pharmacy Wise Sharlston	74 Weeland Road, Sharlston, Wakefield WF4 1DB				●	●	●				●	●
Hemsworth	Cohens Chemist	The Grange Medical Centre, Highfield Road, Hemsworth WF9 4DP	●										●
	Lloyds Pharmacy	10 Market Street, Hemsworth, Pontefract WF9 4LA		●		●						●	●*
	Tesco In-Store Pharmacy	Market Street, Hemsworth, Pontefract WF9 4LB	●			●						●	●*
	Whitworth Chemists Ltd	Kinsley Medical Centre, Wakefield Road, Kinsley WF9 5BP			●	●					●*	●	●*
Horbury and South Ossett	Lloyds Pharmacy	Cluntergate, Horbury, Wakefield WF4 5AF		●		●						●	●*
	Well Pharmacy	Orchard Croft Medical Centre, Cluntergate, Horbury, Wakefield WF4 5BY				●	●	●				●	●
Knottingley	Ash Grove Pharmacy	Ash Grove Medical Centre, England Lane, Knottingley WF11 0JA	●				●	●				●	●*
	Fast Track Pharmacy (Distance selling)	Unit 8 Foundry Business Centre, Lamb Inn Road, Knottingley WF11 8DW											●
	Hill Top Pharmacy	5 Headlands Lane, Knottingley WF11 0LA				●	●	●				●	●*
	Rowlands Pharmacy	6 High Street, Ferrybridge, Knottingley WF11 8NQ		●		●						●	
	Rowlands Pharmacy	44 Cow Lane, Knottingley WF11 9BX		●		●						●	
Normanton	Exel Chemist	56 High Street, Normanton WF6 2AQ	●			●				●	●*	●	●
	Lloyds Pharmacy	2 St. Michaels Green, Normanton WF6 1PX		●		●						●	●*
	M & A Pharmacies Ltd	146A Castleford Road, Normanton WF6 2EP										●	
	Normanton - The Pharmacy Group	Kings Street Medical Centre, King Edward Street, Normanton WF6 2AZ			●	●	●	●			●*	●	●
Ossett	AS Carlton Ltd	10 Station Road, Ossett WF5 8AD				●	●	●				●	
	Giles & Ward Pharmacy	21 Church Street, Ossett WF5 9DG				●					●*		●
	Ossett Pharmacy	Ossett Health Village, Kingsway, Ossett WF5 8DF				●						●	●
	Well Pharmacy	Dale Street, Ossett WF5 9HQ				●						●	●

Ward	Pharmacy Name	Address	100 hours	Stoma	Hepatitis C testing	Flu vaccination	Chlamydia screening	Emergency hormonal contraception	Needle exchange	Palliative care	Smoking cessation	Supervised consumption	Hypertension
Pontefract North	Boots	3-5 Beastfair, Pontefract WF8 1AL				●						●	●*
	Cohens Chemist	Northgate, Pontefract WF8 1HJ				●	●	●			●*	●	●
	Medichem Pharmacy	Stuart Road Surgery, Stuart Road, Pontefract WF8 4PQ			●	●					●*		●
	Lloyds Pharmacy	Carleton Glen, Pontefract WF8 1SU		●		●						●	●*
Pontefract South	Chequerfield Pharmacy	1 The Circle, Pontefract WF8 2AY			●*	●			●		●*	●	●
South Elmsall and South Kirkby	Boots	39 Barnsley Road, South Elmsall, Pontefract WF9 2RN				●						●	●*
	Lloyds Pharmacy	71 Stockingate, South Kirkby, Pontefract WF9 3NU		●		●						●	●*
	Rowlands Pharmacy	62-64 Barnsley Road, South Elmsall, Pontefract WF9 2RF		●		●						●	●*
	South Kirkby Pharmacy	Church View Health Centre, Lanthwaite Road, South Kirkby, Pontefract WF9 3AP				●			●			●	●
	White Rose Pharmacy	Exchange Street, South Elmsall, Pontefract WF9 2RD	●									●	●
Stanley and Outwood East	Boots	Stanley Health Centre, Lake Lock Road, Stanley, Wakefield WF3 4HS				●						●	●*
	Outwood Pharmacy	466 Leeds Road, Outwood, Wakefield WF1 2DU				●				●		●	●*
Wakefield East	Belle Isle Pharmacy	Belle Isle Health Park, Portobello Road, Wakefield WF1 5PN				●							
	Boots	64A Windhill Road, Eastmoor, Wakefield WF1 4SD				●						●	●*
	Door 2 Door Pharmacy (Distance selling)	41 Duke of York Street, Wakefield WF1 3PD											
	Medicine Point (Distance selling)	34A Pinderfields Road, Wakefield WF1 3NQ				●							
	Boots	82-84 Upper Warrengate, Wakefield WF1 4JZ				●						●	●*
Wakefield North	Boots	26-28 Upper Kirkgate, Wakefield WF1 1UP				●				●		●	
	Boots	Pharmacy Unit, Homestead Drive, Wakefield WF2 9PE				●						●	
	Kingfisher Chemist Ltd	192 Kirkgate, Wakefield WF1 1UE		●		●							●*
	Lloyds Pharmacy	J Sainsbury's Lower Trinity Walk, Marsh Way, Wakefield WF1 1QQ	●			●						●	●*
	Superdrug Pharmacy	12 All Saints Walk, The Ridings, Wakefield WF1 1US				●	●	●				●	●*
	Trinity - The Pharmacy Group	Trinity Medical Centre, Thornhill Street, Wakefield WF1 1PG			●	●	●	●	●		●*	●	●



Ward	Pharmacy Name	Address	100 hours	Stoma	Hepatitis C testing	Flu vaccination	Chlamydia screening	Emergency hormonal contraception	Needle exchange	Palliative care	Smoking cessation	Supervised consumption	Hypertension
	Union Square - The Pharmacy Group	Union Square, Wakefield WF1 1TT				●					●*		●
	Well Pharmacy	Buxton Place, Wakefield WF1 3JQ				●	●	●			●*	●	●
Wakefield Rural	Middlestown Pharmacy	97 New Road, Middlestown, Wakefield WF4 4NS										●	
	Netherton Pharmacy	27 Upper Lane, Netherton, Wakefield WF4 4NG				●					●*	●	●
Wakefield South	Asda Pharmacy	Asdale Road, Wakefield WF2 7EQ	●			●				●		●	●
	Pharmacy Express	213 Barnsley Road, Wakefield WF1 5NU				●						●	●
	Rowlands Pharmacy	Unit 7 Sandal Castle Medical Centre, Asdale Road, Wakefield WF2 7JE		●		●						●	
	Rowlands Pharmacy	Chapelthorpe Medical Centre, Standbridge Lane, Kettlethorpe, Wakefield WF2 7NN		●		●						●	
Wakefield West	Boots	Lupset Medical Centre, George-A-Green Court, Wakefield WF2 8FE				●						●	●*
	Horbury Road Pharmacy	186 Horbury Road, Lupset, Wakefield WF2 8BQ				●				●		●	●*
Wrenthorpe and Outwood West	Charles S Bullen Stomacare Ltd	Unit 8, Silkwood Park, Wakefield WF5 9AD		●									
	Lloyds Pharmacy	Outwood Park Medical Centre, Potovens Lane, Outwood, Wakefield WF1 2PE		●		●						●	●*
	Rowlands Pharmacy	130 Wrenthorpe Road, Wrenthorpe, Wakefield WF2 0JG		●		●						●	
	Wakefield Pharmacy (Distance selling)	Unit 4A Innovate, The Gateway, Wakefield WF5 9TJ											

Original data extract: 8<sup>th</sup> February 2022

Table updated to reflect refreshed data extract on 1<sup>st</sup> August 2022

\* Indicates service that commenced between the two data extracts. Further details of changes to service provision during the writing of the PNA can be found in Appendix I.

Throughout the 3-year PNA period a map of services and pharmacy list will be kept up to date at the following web location: <http://www.wakefieldjsna.co.uk/pna/distribution-of-services/>

## Appendix B: Public Questionnaire

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### Have your say on pharmacy services in Wakefield

Wakefield Council wants to hear your views so we can understand how you access local pharmacy services.

Wakefield's Health and Well Being Board is where leaders from local health and social care work together to improve our local services and Wakefield Council is part of this. That's why we are asking for your views so we can work together with the NHS and others to make sure that your local pharmacies offer high quality services, where and when you need them.

What you tell us will help us plan and write our Pharmaceutical Needs Assessment. When the results from the survey have been used to write the assessment, we will hold a consultation which means that you will have chance to give us your views on what the assessment says.

We would be grateful if you would spare 10 minutes to complete this survey. The survey is now open and will close on 15<sup>th</sup> February 2022.

There are no right or wrong answers to the questions. Please note, we will only be able to use finished surveys in the final results.

You can access the survey via this link:

<https://online1.snapsurveys.com/Public>

Thank you very much for taking part in this questionnaire.

#### PRIVACY NOTICE:

All responses to these questions are anonymous, this means that no one will know who answered the questions or what they said; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. This survey is being hosted and collated by Bradford District Council on behalf of all West Yorkshire Local Authorities. For more detail on the Public Health privacy notice for Bradford please visit

<https://www.bradford.gov.uk/open-data/data-protection/public-health-privacy-notice/>

and for Wakefield Council, please visit:

<https://www.wakefield.gov.uk/transparencynotices/Public%20Health%20General%20Privacy%20Notice.pdf>

#### Contact us

If you have any questions about the survey please contact Paul Jaques, Public Health Intelligence Manager at Wakefield Council, on:

Email: [phi@wakefield.gov.uk](mailto:phi@wakefield.gov.uk)

# Pharmaceutical Needs Assessment: Public Survey

Health and Well-Being Boards within Local Authorities have a statutory duty to carry out a statement of needs for the pharmaceutical services for the population it serves. This is known as a Pharmaceutical Needs Assessment (PNA). PNA is used to ensure that services meet the needs of the current and future population of your area. This includes where services are placed geographically and what services are provided by the pharmacy.

To help produce the PNA we would like to hear your views and experiences about the pharmacy services in your area. Your views are very important to us as they will enable us to understand the needs of the population.

We would really appreciate you taking the time to complete the questionnaire, which should only take a few minutes.

Many thanks for your feedback.

**Q1 Which local authority do you pay your council tax to?**

- ☐ Bradford
- ☐ Calderdale
- ☐ Kirklees
- ☐ Leeds
- ☐ Wakefield

**Q2 Why do you usually visit a pharmacy? And do you usually use a pharmacy, dispensing doctors or appliance contractors? (please select all that apply)**

	Pharmacy	Dispensing Doctors	Appliance Contractors
To get a prescription for myself/ someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else gets my prescription for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To buy medicines for myself/ someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get advice for myself/ someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To access services (e.g. Smoking cessation, flu vaccination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3 How often do you use a pharmacy? (please select the option that most closely reflects how often you use a pharmacy)**

- ☐ Daily
- ☐ About once a week
- ☐ About once a fortnight
- ☐ About once a month
- ☐ About once or twice a year
- ☐ No preference

Q4 When do you prefer to visit a pharmacy? (please select all that apply)

- ☐ Weekdays before 9am
- ☐ Weekdays between 9am and 6pm
- ☐ Weekdays after 6pm
- ☐ Saturdays
- ☐ Sundays
- ☐ No particular time

Q5 Do you tend to use the same pharmacy?

- ☐ Yes
- ☐ No

Q6 If the pharmacy you normally use wasn't open, what would you do? (please select all that apply)

- ☐ Go to another pharmacy
- ☐ Wait until the pharmacy was open
- ☐ Go to my GP
- ☐ Contact the GP Out of Hours (OOH) service
- ☐ Contact NHS 111
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Q7 What is important to you about the location of a pharmacy? (please select all that apply)

- ☐ Being close to my GP practice
- ☐ Being close to my home
- ☐ Being close to my workplace/ place of education
- ☐ Having parking facilities
- ☐ Having public transport nearby
- ☐ Being in a shopping area (e.g. Town centre or Supermarket)
- ☐ Online provision
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Q8 Are you able to visit your pharmacy of choice when you need to?

- ☐ Yes
- ☐ No

If 'No', why not?

Q9 On a scale of 1-5, how important are the following things in influencing your choice of pharmacy? (1 is not important at all and 5 is very important)

	1 (not important)	2	3	4	5 (very important)
Early opening times (before 9am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late opening times (after 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation room to speak to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility i.e. wheelchair/baby buggy friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to speak to the staff in my preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to walk in without an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of online services (e.g. online consultation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacist taking time to listen to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacy having things you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 How would you usually access a pharmacy?

- ☐ Walk
- ☐ Car
- ☐ Public Transport (e.g. bus, train)
- ☐ Bicycle
- ☐ Taxi
- ☐ I only use collection/ delivery services
- ☐ Phone
- ☐ video consultation
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Q11 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



Q12 Is there a more convenient and/or closer pharmacy that you don't use?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q13 Please tell us why you do not use that pharmacy? (please select all that apply)

- ☐ Difficulty parking at the pharmacy
- ☐ Bad past experiences
- ☐ Takes too long to get what I want
- ☐ The staff are always changing
- ☐ The staff do not know me
- ☐ They do not have what I need
- ☐ Not enough privacy
- ☐ Not open when I need it
- ☐ Not accessible for wheelchair/ baby buggy
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Q14 How do you find out information about the pharmacy - such as opening times or services being offered? (please select all that apply)

- ☐ I would call them
- ☐ I would search the internet
- ☐ I would look at the NHS website
- ☐ I would ask a friend
- ☐ I would visit the pharmacy and ask
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Q15 Do you feel able to talk about something private/ sensitive with a pharmacist?

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

Q16 Have you used any of the following services? (please select all that apply)

	Current use/ Have used	Would use if available
Prescription dispensing (e.g. handing in a prescription and receiving medication)	<input type="checkbox"/>	<input type="checkbox"/>
Medical advice and buying over-the-counter medicines (e.g. paracetamol)	<input type="checkbox"/>	<input type="checkbox"/>
Collection services (e.g. Being able to pick up the items on your prescription without going back to your GP surgery)	<input type="checkbox"/>	<input type="checkbox"/>
Health Checks (e.g. cholesterol, blood pressure, diabetes)	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations (e.g. flu/ travel vaccinations)	<input type="checkbox"/>	<input type="checkbox"/>
Support to Stop Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Testing for Sexually Transmitted Infections	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>
Needle Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>
Support to lose weight	<input type="checkbox"/>	<input type="checkbox"/>
Supervised administration of Methadone or other opiate medicines	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Please state any other services that you have used:

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

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# Equality Monitoring Form

We want to make sure that our services are provided fairly and to those who need them. The information collected helps us get a picture of who contacts us and who uses or does not use our services. It will help us improve what we do and how we do it.

Please answer the questions below by ticking the boxes that you feel most describes you.

Some questions may feel personal, but the information we collect will be kept confidential and secure in accordance with the Data Protection Act. If the information we collect is good it is more likely that our services will meet people's needs.

Q19 Please tell us your postcode:

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Q20 Please state your age category:

- ☐ 0-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85+
- ☐ Prefer not to say

Q21 Does your health or disability prevent you from doing things you want to, need to or have to? (Your disability or health issue includes one which has lasted, or is expected to last, at least 12 months, and includes problems relating to old age.)

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

Q22 If Yes, which of the following options best describes your health issue or disability? (Please select all that apply)

- ☐ Physical Disability (including mobility disability)
- ☐ Learning Disability
- ☐ Mental ill Health
- ☐ Autism Spectrum Conditions
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Deaf BSL user
- ☐ Speech impairment
- ☐ Learning difficulties e.g. Dyslexia
- ☐ Other substantial and long term condition
- ☐ Prefer not to say
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Q23 Which of the following options best describes your gender identity?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

Q24 Is your gender identity the same as you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q25 Are you currently pregnant or have you been pregnant in the last year?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Q26 Which of the following options best describes your race, ethnic, or cultural origin?

- ☐ English/ Welsh/ Scottish/ Northern Irish/ British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other white background (Please specify in the box below)
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/ Multiple ethnic background (Please specify in the box below)
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background (Please specify in the box below)
- ☐ African
- ☐ Caribbean
- ☐ Any other Black/ African/ Caribbean background (Please specify in the box below)
- ☐ Arab
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Q27 Which of the following best describes your religion or belief?

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Any other religion

If 'Other' please specify: \_\_\_\_\_



Q28 Which of the following options best describes your sexual orientation?

- ☐ Bi-sexual
- ☐ Gay man
- ☐ Gay women or Lesbian
- ☐ Heterosexual or Straight
- ☐ Prefer not to say

Q29 Which of the following options best describes your relationship status?

- ☐ Civil partnership
- ☐ Cohabiting
- ☐ Married
- ☐ Single
- ☐ Prefer not to say

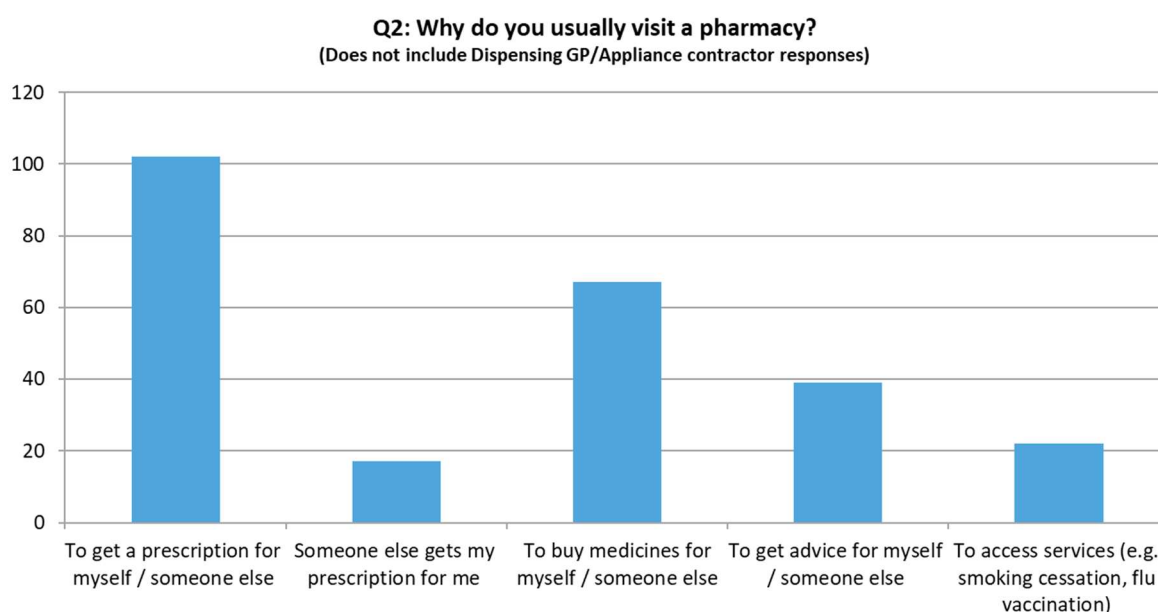
Thank you for completing this survey.  
Please click 'submit' to send your response.

## Appendix C: Public Survey Results

The public engagement survey had 107 respondents. The results shown below are comparable to that of West Yorkshire (Wakefield, Leeds, Bradford, Calderdale and Kirklees combined).

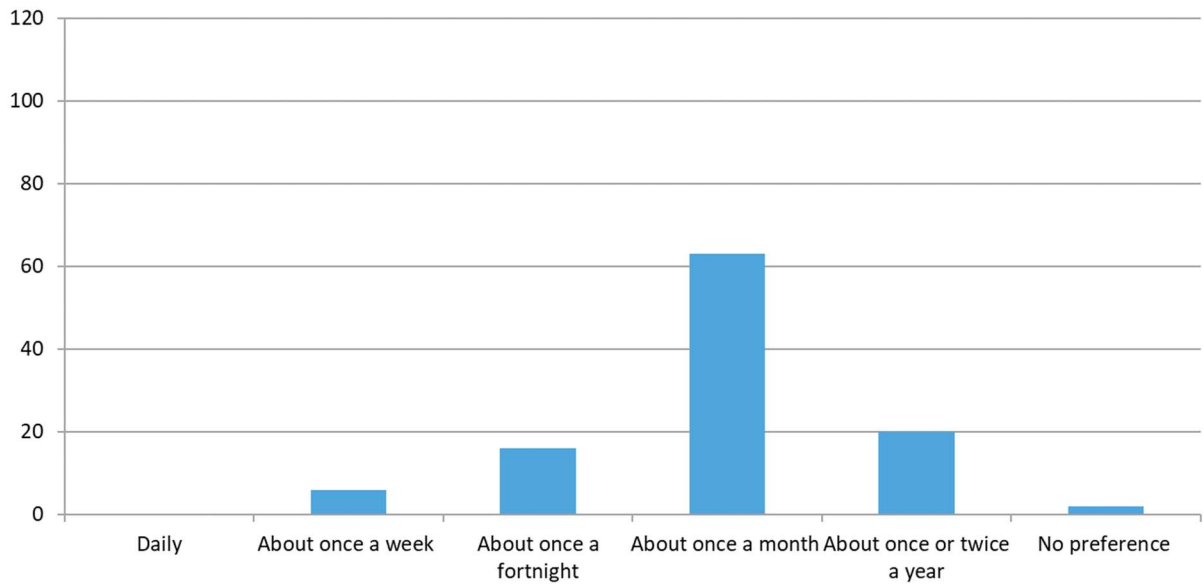
**Total number of respondents: 107**

Q2: Why do you usually visit a pharmacy?	Pharmacy	Dispensing GP	Appliance contractors
To get a prescription for myself / someone else	102	3	1
Someone else gets my prescription for me	17	0	0
To buy medicines for myself / someone else	67	0	0
To get advice for myself / someone else	39	0	0
To access services (e.g. smoking cessation, flu vaccination)	22	3	1



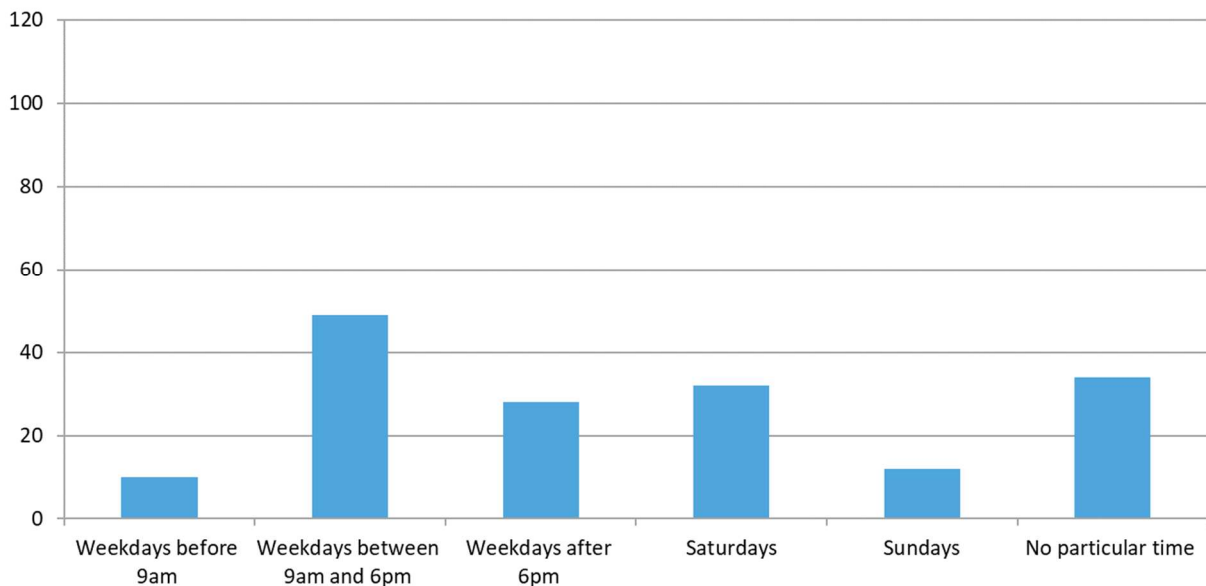
Q3: How often do you use a pharmacy?	Number	%
Daily	0	0.0
About once a week	6	5.6
About once a fortnight	16	15.0
About once a month	63	58.9
About once or twice a year	20	18.7
No preference	2	1.9

### Q3: How often do you use a pharmacy?



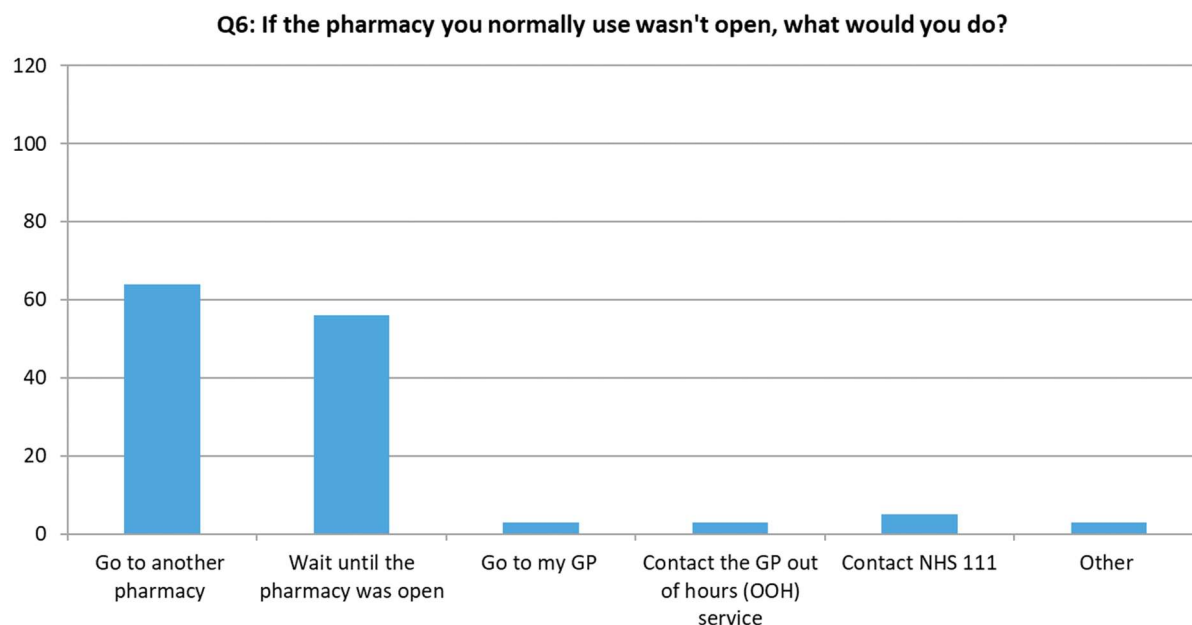
Q4: When do you prefer to visit a pharmacy?	Number	%
Weekdays before 9am	10	9.3
Weekdays between 9am and 6pm	49	45.8
Weekdays after 6pm	28	26.2
Saturdays	32	29.9
Sundays	12	11.2
No particular time	34	31.8

### Q4: When do you prefer to visit a pharmacy



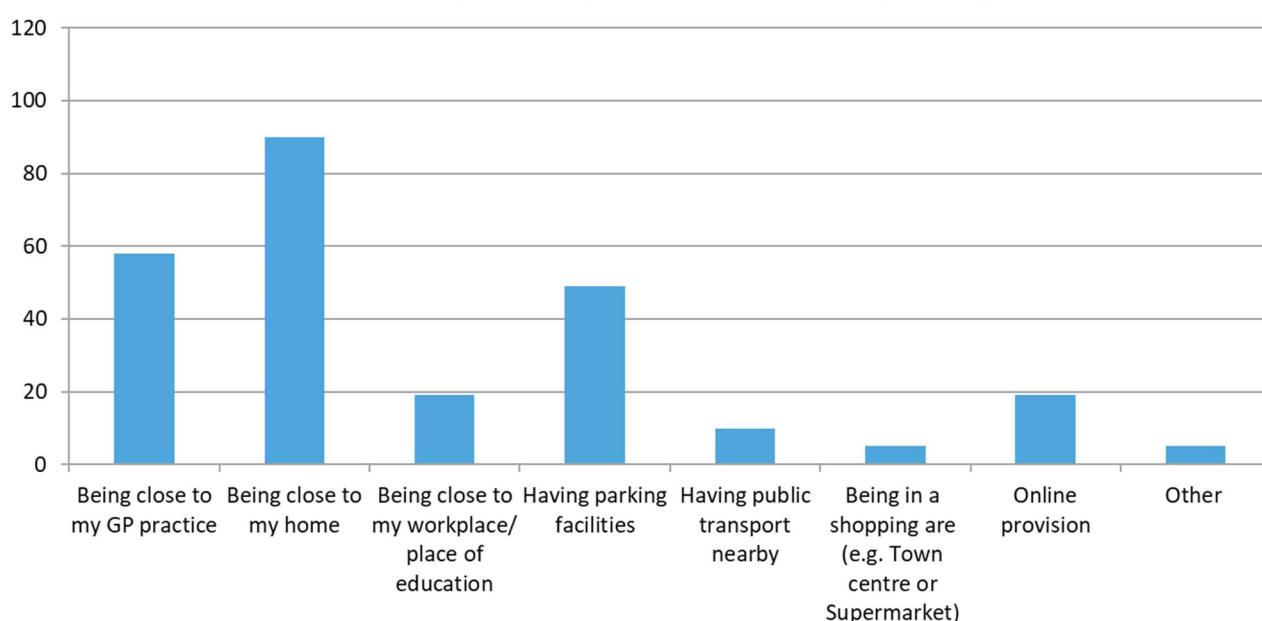
Q5: Do you tend to use the same pharmacy?	Number	%
Yes	94	87.9
No	13	12.1

Q6: If the pharmacy you normally use wasn't open, what would you do?	Number	%
Go to another pharmacy	64	59.8
Wait until the pharmacy was open	56	52.3
Go to my GP	3	2.8
Contact the GP out of hours (OOH) service	3	2.8
Contact NHS 111	5	4.7
Other	3	2.8



Q7: What is important to you and the location of a pharmacy?	Number	%
Being close to my GP practice	58	54.2
Being close to my home	90	84.1
Being close to my workplace / place of education	19	17.8
Having parking facilities	49	45.8
Having public transport nearby	10	9.3
Being in a shopping are (e.g. Town centre or Supermarket)	5	4.7
Online provision	19	17.8
Other	5	4.7

### Q7: What is important to you and the location of a pharmacy?



#### Q7a: If 'Other' please specify

1. I use one who is away from the GP surgery as it's more efficient and offer a delivery service.
2. Late and weekend opening times
3. Open after work
4. Opening hrs and stock
5. Telephone service

#### Q8: Are you able to visit your pharmacy of choice when you need to?

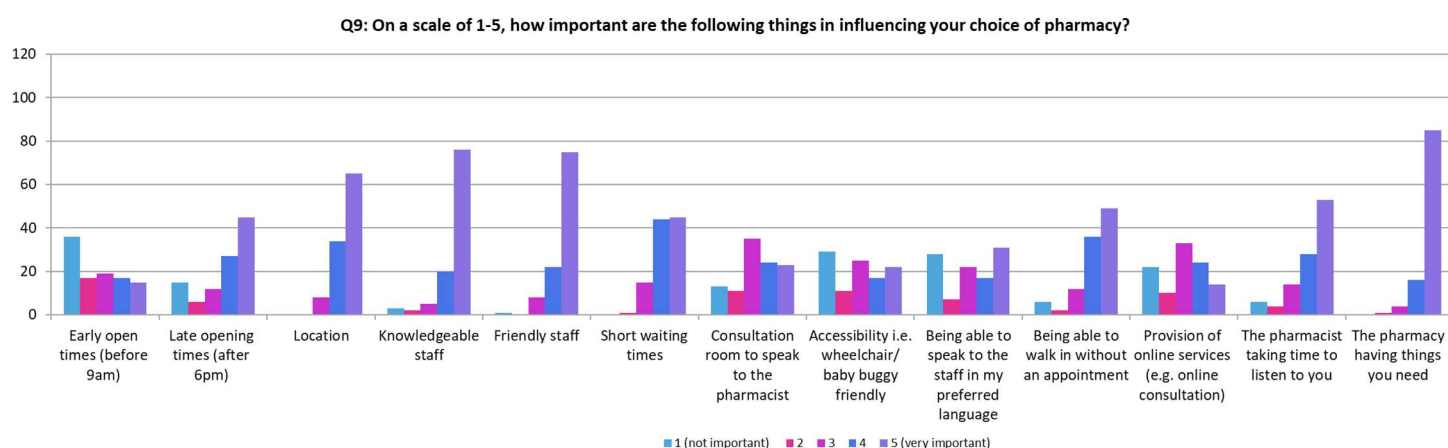
	Number	%
Yes	96	89.7
No	11	10.3

#### Q8a: If 'No', why not?

1. Closes at 5.30pm weekdays so unable to use weekdays outside of my (office) working hours.
2. Doesn't open on Saturdays
3. It closes at 6pm so I have to break off from work to go.
4. Lack of mobility
5. Long queues, incompetent staff, long waiting times
6. My nearest pharmacy often runs short of supplies and the staff suggest I go elsewhere for them
7. Opening hours and covid restrictions
8. Sometimes no pharmacist to dispense
9. With it now closing at 5, I am unable to collect my prescription as I work in Wakefield city center and have to travel home by public transport therefore am not able to collect my prescription until after 5

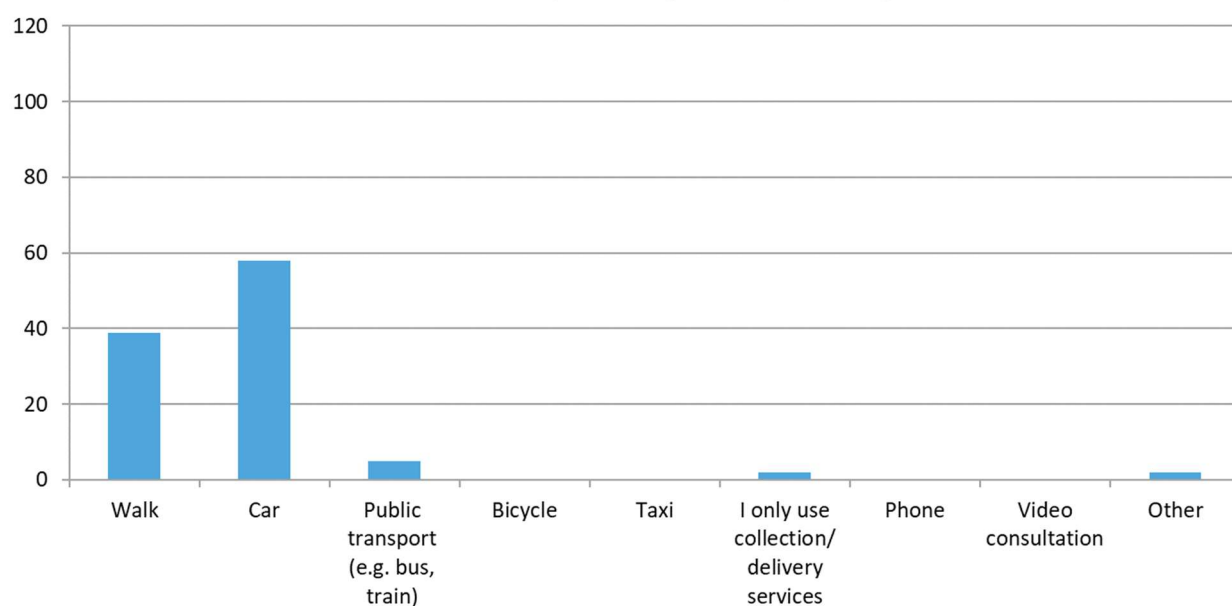


Q9: On a scale of 1-5, how important are the following things in influencing your choice of pharmacy?	1 (not important)	2	3	4	5 (very important)
Early open times (before 9am)	36	17	19	17	15
Late opening times (after 6pm)	15	6	12	27	45
Location	0	0	8	34	65
Knowledgeable staff	3	2	5	20	76
Friendly staff	1	0	8	22	75
Short waiting times	0	1	15	44	45
Consultation room to speak to the pharmacist	13	11	35	24	23
Accessibility i.e. wheelchair / baby buggy friendly	29	11	25	17	22
Being able to speak to the staff in my preferred language	28	7	22	17	31
Being able to walk in without an appointment	6	2	12	36	49
Provision of online services (e.g. online consultation)	22	10	33	24	14
The pharmacist taking time to listen to you	6	4	14	28	53
The pharmacy having things you need	0	1	4	16	85



Q10: How would you usually access a pharmacy?	Number	%
Walk	39	36.4
Car	58	54.2
Public transport (e.g. bus, train)	5	4.7
Bicycle	0	0.0
Taxi	0	0.0
I only use collection / delivery services	2	1.9
Phone	0	0.0
Video consultation	0	0.0
Other	2	1.9

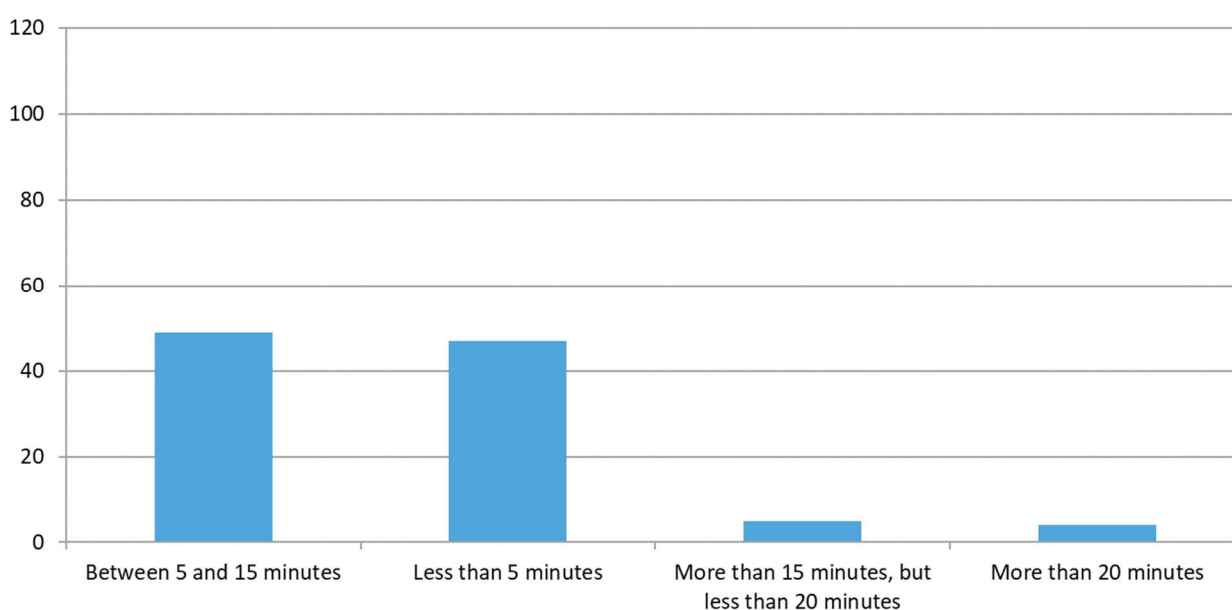
### Q10: How would you usually access a pharmacy?



### Q11: How long does it usually take to get there?

	Number	%
Between 5 and 15 minutes	49	45.8
Less than 5 minutes	47	43.9
More than 15 minutes, but less than 20 minutes	5	4.7
More than 20 minutes	4	3.7

### Q11: How long does it usually take to get there?



### Q12: Is there a more convenient and/or closer pharmacy that you don't use?

	Number	%
Yes	34	31.8
No	67	62.6
Don't know	5	4.7

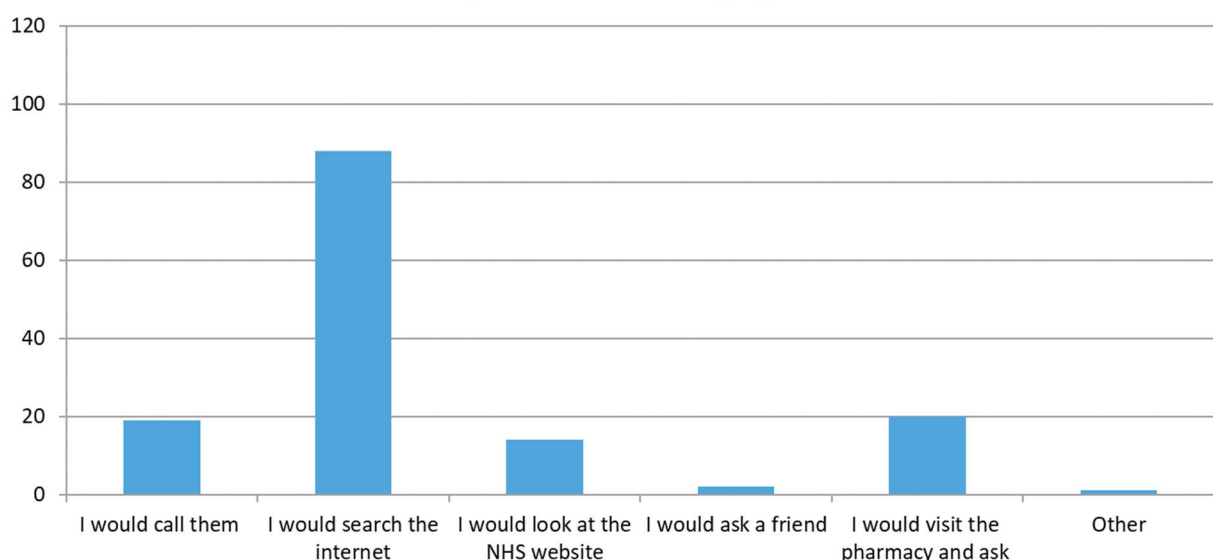
Q13: Please tell us why you do not use that pharmacy? (Please select all that apply)	Number	%
Difficulty parking at the pharmacy	9	8.4
Bad past experiences	10	9.3
Takes too long to get what I want	11	10.3
The staff are always changing	5	4.7
The staff do not know me	7	6.5
They do not have what I need	10	9.3
Not enough privacy	3	2.8
Not open when I need it	10	9.3
Not accessible for wheelchair/ baby buggy	1	0.9
Other	8	7.5

#### Q13a: If 'Other' please specify

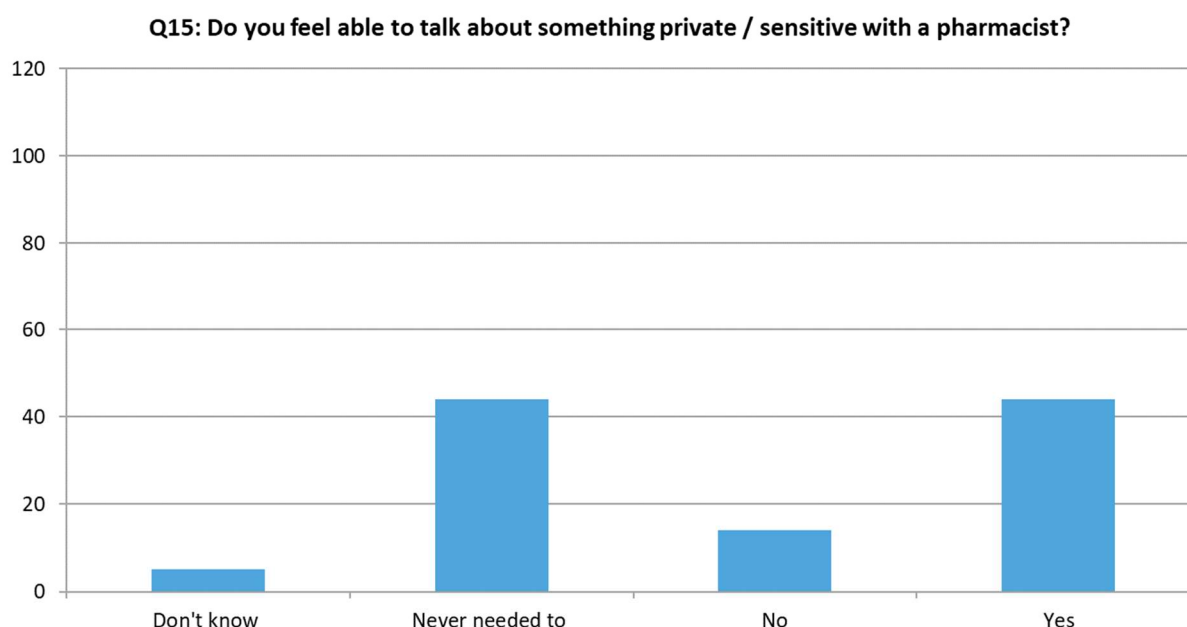
1. I just start to use this one and that's all
2. I prefer the customer service I get at my regular pharmacy
3. Isn't close to my gp
4. It is in the Asda Supermarket
5. My prescription gets sent from my GP straight to the pharmacy
6. Not situated closest to my GP
7. Pharmacy is next door to my lifetime doctors surgery
8. Prefer the one I use.
9. Too many mistakes made with prescriptions
10. usually go to a pharmacy when going to other shops at the same time e.g supermarket. would occasionally go to the nearest one if I didn't need anything else at the same time.

Q14: How do you find out information about the pharmacy? (Please select all that apply)	Number	%
I would call them	19	17.8
I would search the internet	88	82.2
I would look at the NHS website	14	13.1
I would ask a friend	2	1.9
I would visit the pharmacy and ask	20	18.7
Other	1	0.9

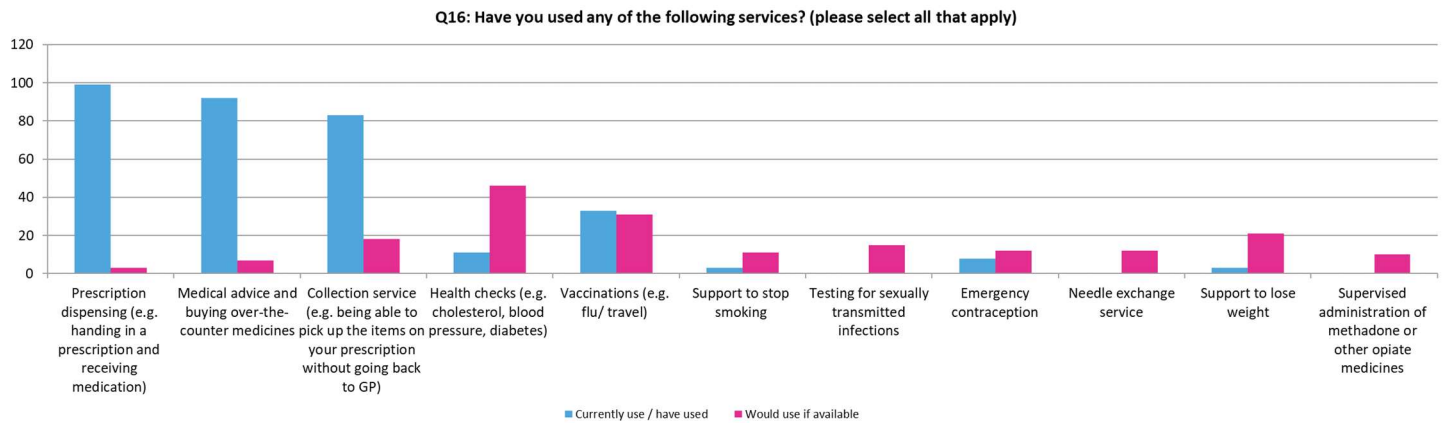
Q14: How do you find out information about the pharmacy?  
(please select all that apply)



Q15: Do you feel able to talk about something private / sensitive with a pharmacist?	Number	%
Don't know	5	4.7
Never needed to	44	41.1
No	14	13.1
Yes	44	41.1



Q16: Have you used any of the following services?	Currently use / have used	Would use if available
Prescription dispensing (e.g. handing in a prescription and receiving medication)	99	3
Medical advice and buying over-the-counter medicines	92	7
Collection service (e.g. being able to pick up the items on your prescription without going back to GP)	83	18
Health checks (e.g. cholesterol, blood pressure, diabetes)	11	46
Vaccinations (e.g. flu/ travel)	33	31
Support to stop smoking	3	11
Testing for sexually transmitted infections	0	15
Emergency contraception	8	12
Needle exchange service	0	12
Support to lose weight	3	21
Supervised administration of methadone or other opiate medicines	0	10



#### Q17: Please state any other services that you have used

1. Advice on Babies / Young Children concerns i.e. constipation /coughs / rashes
2. Bought other household and cosmetic items at the chemist
3. Collection of LFT
4. N/A
5. None
6. picking up covid LTFs
7. Seeking medical advice

#### Q18: Is there anything else that you would like to say about pharmacy services in your area, or any further services you would like from your pharmacist that isn't currently being provided?

Thirty-seven comments were received to Q18, with a range of issues raised about local pharmacy services, including,

- The importance of extended opening hours, including opening early in the day and on Saturdays.
- The importance of pharmacies remaining local and easy to access.
- Difficulties in collecting prescriptions because items are out of stock.
- The convenience of having pharmacies within supermarkets.
- Concerns that some supervised consumption sessions may not be completed within the pharmacy.
- Long waiting times when collecting prescriptions.
- Confusion over sometimes having to use different mobile phone apps for digital prescribing.
- The home delivery of medications is valued.
- The importance of there being staff available to administer flu vaccines.
- Online ordering can be difficult or impossible to access for people not familiar with the web, and those who are visually impaired.



## Appendix D: Pharmacy Contractor Questionnaire

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Dear Contractor

(SENT OUT ON BEHALF OF HEALTH AND WELL-BEING BOARDS)

Health and Well-Being boards have a statutory duty to carry out a statement of needs for the pharmaceutical services for the population it serves; a Pharmaceutical Needs Assessment (PNA). The PNA is used to ensure that services meet the needs of the current and future population of its population. This includes where services are placed geographically and what services are provided by the pharmacy.

To help produce the PNA we ask that all pharmacy contractors complete a survey. This includes asking about services that you provide at your pharmacy, and whether there is anything you feel should be changed or improved.

We would really appreciate you taking the time to complete the survey, which should only take a few minutes and can be accessed via the link below:

Pharmacy: <https://online1.snapsurveys.com/Pharmacy>



# Pharmaceutical Needs Assessment: Pharmacy Contractor Survey

Health and Well-Being boards has a statutory duty to carry out a statement of needs for the pharmaceutical services for the population it serves. This is known as a Pharmaceutical Needs Assessment (PNA). PNA is used to ensure that services meet the needs of the current and future population of its population. This includes where services are placed geographically and what services are provided by the pharmacy.

To help produce the PNA we want to find out your opinions about what you provide at your pharmacy, and whether there is anything you feel should be changed or improved.

We would really appreciate you taking the time to complete the questionnaire, which should only take a few minutes.

Please can large providers complete one survey per branch, especially if you have branches in different authorities, in order to provide a detailed picture of pharmaceutical services within different communities.

Many thanks for your feedback.

## About your Pharmacy

Q1 Which local authority is your pharmacy located in?

- ☐ Bradford
- ☐ Calderdale
- ☐ Kirklees
- ☐ Leeds
- ☐ Wakefield

Q2 Contractor code (ODS Code):

---

Q3 Trading name of Pharmacy:

---

Q4 Address of Pharmacy:

---

Q5 Postcode of Pharmacy:

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## Services

### Q6 Does the pharmacy dispense appliances?

- ☐ Yes, all types
- ☐ Yes, excluding stoma appliances
- ☐ Yes, excluding incontinence appliances
- ☐ Yes, excluding stoma and incontinence appliances
- ☐ Yes, just dressings
- ☐ No
- ☐ Other

If 'Other' please specify: \_\_\_\_\_

Advanced Services:

### Q7 Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No, not intending to provide
Appliance Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 LFD distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C testing service (Until 31st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension case finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Delivery Service (Until 31st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q8 Services:

	Willing to provide if commissioned	Not able or willing to provide
Anti-viral distribution service	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EHC)	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory / inhaler check service	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service (to provide formal translation services to patients)	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Service	<input type="checkbox"/>	<input type="checkbox"/>
Obesity /Weight Management Service	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service (for specific groups not included in the NHS advanced service)	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccination service (childhood immunisations, pneumococcal, travel vaccinations, other)	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service (other than Needle Exchange for substance users)	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service	<input type="checkbox"/>	<input type="checkbox"/>

## Accessibility

Q9 Is the entrance to the pharmacy accessible for wheelchair users?

- ☐ Yes  
☐ No

**Q10** Do you have any of the following facilities in the pharmacy to support people with disabilities?

- ☐ Automatic door assistance
- ☐ Bell at front door
- ☐ Disabled toilet facility
- ☐ Hearing loop
- ☐ Large print labels/ leaflets
- ☐ Wheelchair ramp access

## Consultation facilities

There is 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) (tick as appropriate)

**Q11** Is there a consultation area (meeting the criteria within the Community Pharmacy Contractual framework Terms of Service) on the premises?

- ☐ None, have submitted a request to the NHS England and NHS Improvement (NHSE) regional team that the premises are too small for a consultation room
- ☐ None, the NHSE regional team has approved my request that the premises are too small for a consultation room
- ☐ None (Distance Selling Pharmacy)
- ☐ Available (including wheelchair access)
- ☐ Available (without wheelchair access)
- ☐ Planned before 1st April 2023
- ☐ Other

**Q12** If 'Other' please specify: \_\_\_\_\_

**Q13** During consultations are there any of the following available? (select as appropriate)

- ☐ Hand-washing facilities
- ☐ Access to toilet facilities



## Pharmacy Contractor input on needs of community / population served by the pharmacy

Q14 Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q15 If 'Yes' please explain why

---

Q16 What do you feel is needed to better support your community, reduce inequalities and support people from underserved groups?

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Q17 Please use the space below to tell us any additional information that you feel is captured within this questionnaire. You may wish to include comments about additional services you would like to provide if you were commissioned to do so.

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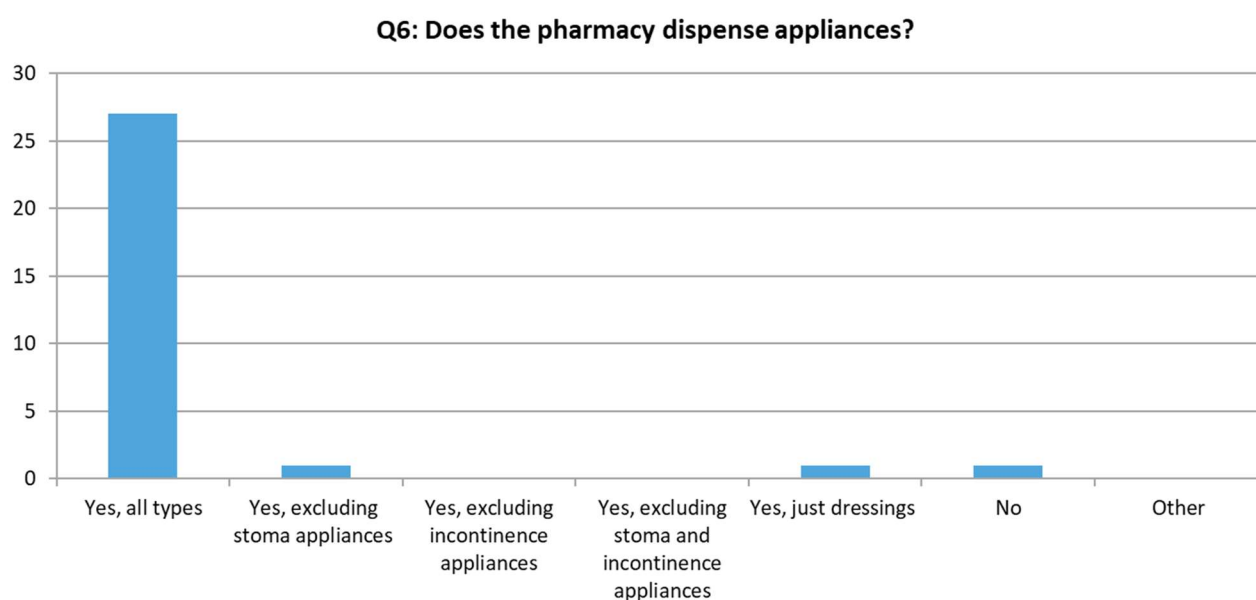
Thank you for completing the questionnaire.  
Please select 'submit' to send your responses.

## Appendix E: Pharmacy Contractor Survey Results

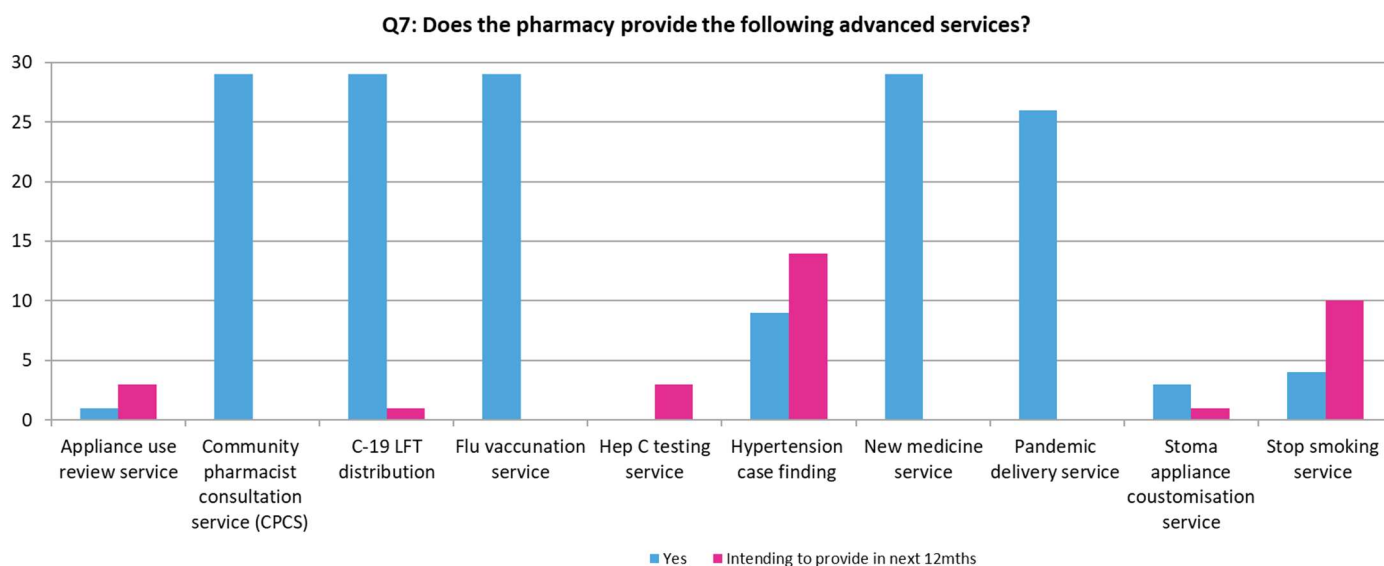
The pharmacy engagement survey had 30 respondents. This is around 40% of the number of the 76 pharmacy contractors included in the pharmaceutical list for Wakefield District.

**Total number of respondents: 30**

Q6: Does the pharmacy dispense appliances?	Number	%
Yes, all types	27	90.0
Yes, excluding stoma appliances	1	3.3
Yes, excluding incontinence appliances	0	0.0
Yes, excluding stoma and incontinence appliances	0	0.0
Yes, just dressings	1	3.3
No	1	3.3
Other	0	0.0

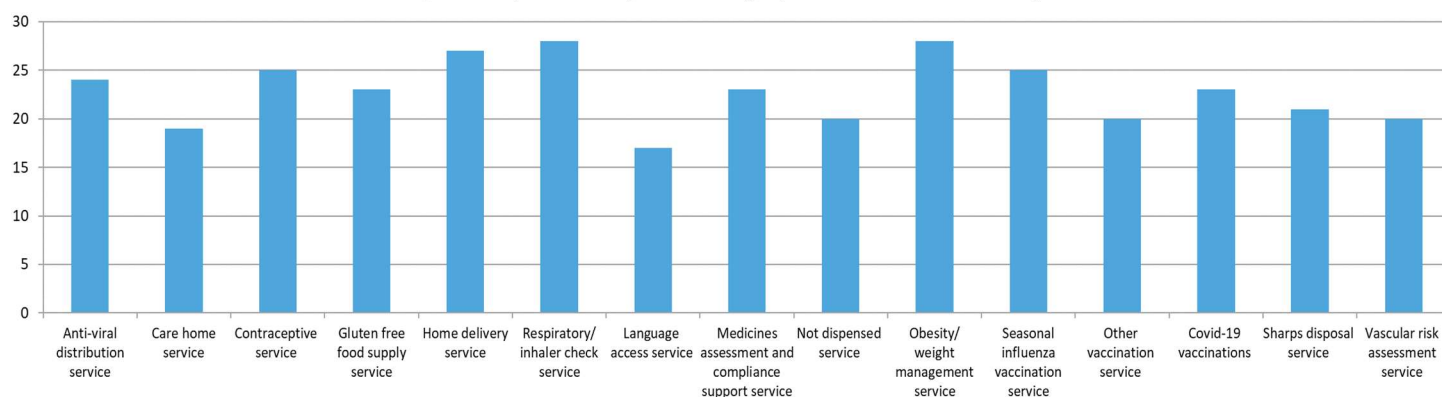


Q7: Does the pharmacy provide the following advanced services?	Yes	Intending to begin within next 12mths	No, not intending to provide
Appliance use review service	1	3	26
Community pharmacist consultation service (CPCS)	29	0	1
C-19 LFT distribution	29	1	0
Flu vaccination service	29	0	0
Hep C testing service	0	3	27
Hypertension case finding	9	14	7
New medicine service	29	0	1
Pandemic delivery service	26	0	4
Stoma appliance customisation service	3	1	26
Stop smoking service	4	10	16



Q8: Services	Willing to provide if commissioned	Not able or willing to provide	Willing to provide if commissioned (%)
Anti-viral distribution service	24	6	80.0
Care home service	19	11	63.3
Contraceptive service	25	5	83.3
Gluten free food supply service	23	6	79.3
Home delivery service	27	2	93.1
Respiratory/ inhaler check service	28	2	93.3
Language access service	17	12	58.6
Medicines assessment and compliance support service	23	5	82.1
Not dispensed service	20	9	69.0
Obesity/ weight management service	28	2	93.3
Seasonal influenza vaccination service	25	4	86.2
Other vaccination service	20	9	69.0
COVID-19 vaccinations	23	6	79.3
Sharps disposal service	21	8	72.4
Vascular risk assessment service	20	9	69.0

Q8: Services (Number of respondents willing to provide services if commissioned)



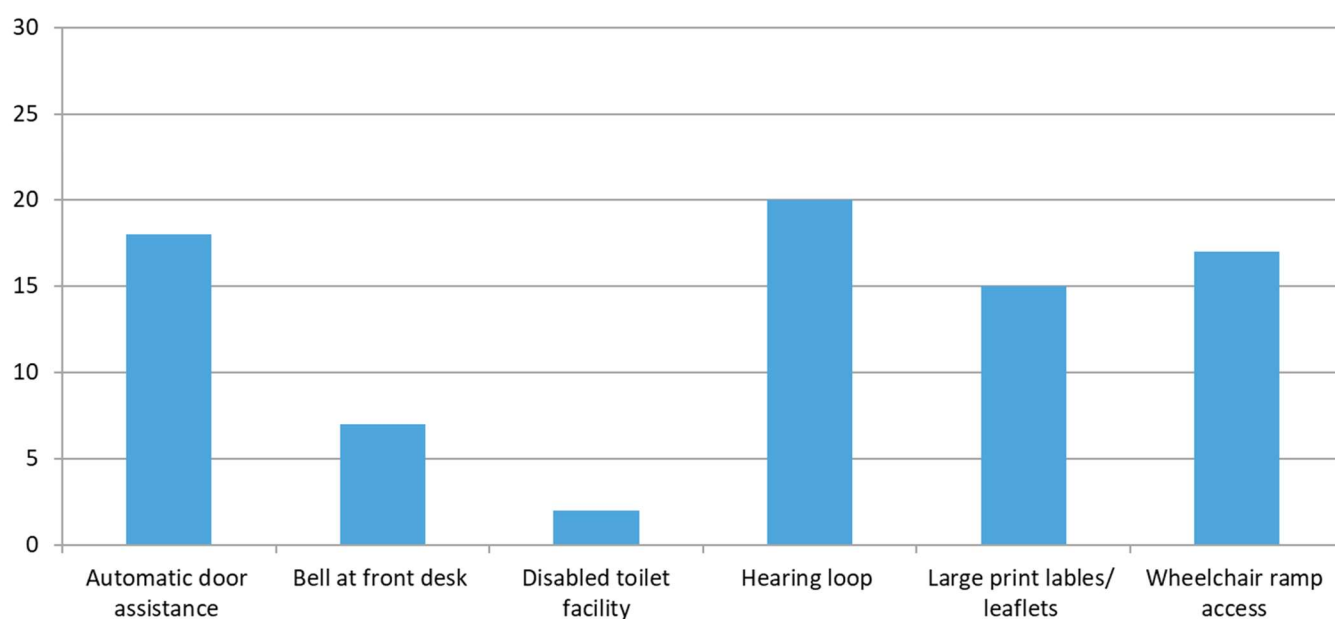
**Q9: Is the entrance to the pharmacy accessible for wheelchair users?**

	Number	%
Yes	25	83.3
No	5	16.7

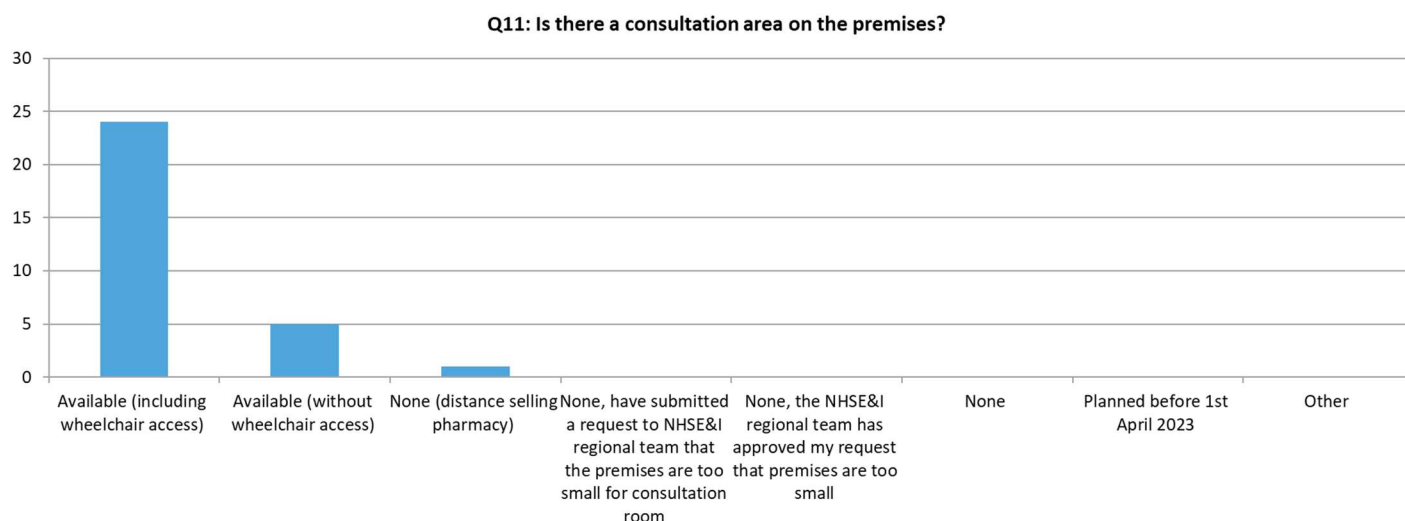
**Q10: Do you have any of the following facilities in the pharmacy to support people with disabilities?**

	Number	%
Automatic door assistance	18	60.0
Bell at front desk	7	23.3
Disabled toilet facility	2	6.7
Hearing loop	20	66.7
Large print labels / leaflets	15	50.0
Wheelchair ramp access	17	56.7

**Q10: Do you have any of the following facilities in the pharmacy to support people with disabilities?**



Q11: Is there a consultation area on the premises?	Number	%
Available (including wheelchair access)	24	80.0
Available (without wheelchair access)	5	16.7
None (distance selling pharmacy)	1	3.3
None, have submitted a request to NHSE regional team that the premises are too small for consultation room	0	0.0
None, the NHSE regional team has approved my request that premises are too small	0	0.0
None	0	0.0
Planned before 1 <sup>st</sup> April 2023	0	0.0
Other	0	0.0



Q13: During consultations are there any of the following available?	Number	%
Handwashing facilities	23	76.7
Access to toilet facilities	2	6.7

Q14: Is there are a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	Number	%
Yes	17	56.7
No	2	6.7
Don't know	11	36.7

Q15: If 'Yes' please explain why
1. minor ailment scheme
2. emergency contraception, frequent requests from under 25s already assuming we can help for free of charge ehc
3. EHC, very difficult for patients to get a prescription within the recommended timeframe and the nearest sexual health clinic is in the centre of Wakefield around 10 miles away
4. We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a Pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other part of primary care.
5. High demand for monitored dosage systems, many from patients with care support, and so do not meet the equality act requirements.

6. EHC
7. EHC
8. EHC, we get asked alot about this service
9. We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a Pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on the other part of primary care.
10. we are aware that in other parts of the country the local nhs has commisionnes a walk-in cpcs which means members of the public with low acuity minor illnesses can refer themselves directlt to the pharmacy and receive a structured intervention and advice. whilst this service is not being commissioenes by local authorities it is a service which hugly impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other parts of primary care
11. WE ARE AWARE THAT IN OTHER PARTS OF THE COUNTRY THE LOCAL NHS HAS COMMISSIONED A WALK IN COMMUNITY PHARMACIST CONSULTATION SERVICE CPCS WHICH MEANS THAT MEMBERS OF THE PUBLICWITH LOW ACUITY MINOR ILLNESSES CAN REFER THEMSELVES DIRECTLY TO PHARMACY AND RECEIVE A STRUCTERED INTERVENTION AND ADVISE.WHILST THIS SERVICE IS NOT BEING COMMISSIONED BY LOCAL AUTHORITIES IT IS A SERVICE THAT HUGELY IMPACTS ON THE OVERALL HEALTH AND WELBEING OF THE LOCAL POPULATION AND IMPROVES OVERALL HEALTH OUTCOMES WITHOUT PUTTING UNNECASARY BURDEN ON OTHER PART OF PRIMARY CARE
12. We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other part of primary care
13. Hypertension service - enquires from customers for support and no means of measuring BP in doctors surgery next door. Pharmacist is completing independant prescribing course in May, specialising in hypertension
14. We are aware that in other parts of the country the local NHS has comissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that the members of the public with low acuity minor illnesses can refer themselves directly to a Pharmacy and receive a structured intervention and advice. Whilst this service is not being comissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on othe parts of primary care.
15. free ehc
16. stop smoking/ ehc



**Q16: What do you feel is needed to better support your community, reduce inequalities, and support people from underserved groups?**

1. We are a distance selling pharmacy & thus have minimal involvement with localised services.
2. a locally commissioned minor ailments scheme maybe?
3. translation service via telephone or internet
4. Don't know
5. Don't know
6. I believe there are gaps with support in our Community with regards to our older generation, single parents with young children and individuals who are currently experiencing Mental/Emotional difficulties both chronic and sporadic. A local face to face listening may prove very beneficial to those groups.
7. People asking regarding healthy start vouchers, minor ailment scheme
8. healthy start vouchers, minor ailment scheme
9. Minor ailments scheme,
10. Being in a customer facing role I have had the opportunity to witness gaps in support to certain individuals and groups, namely our older community members, single parents with young children and individuals experiencing Mental and Emotional distress whether acute or chronic. A local face to face informal listening service may prove beneficial.
11. some things to consider when answering this would be what gaps do you believe there are with support to the community, what groups are generally seeking support and what could be put in place to help those people
12. NO OBVIOUS GROUPS IN OUR AREA.
13. No obvious Community support needed
14. leaflets on hypertension in different languages to promote the service in all cultures
15. more locally commissioned services
16. more readily available services to target health inequalities
17. LOCAL ACTION GROUPS
18. Language services for Europeans

**Q17: Please use the space below to tell us any additional info that you feel is captured within this questionnaire**

1. We are a distance selling pharmacy, so bound by certain restrictions. Through the private PGD route we were able to become fully able to provide a flu vaccination service to our own employees. These trained pharmacists could also be made available in the local area for say housebound patients or to conduct off-site vaccination in a Care Home or social care setting. I have checked 'yes' to providing a home delivery service if commissioned, but of course we already provide this as a nationwide service in compliance with our contractual supply obligations. We also have capability to provide services using virtual/video consultation technology as we are already commissioned to provide such services by secondary care Trusts. In reviewing a PNA, it would be good for the local Health & Wellbeing Board to engage with distance selling pharmacies with a contractual base in the Wakefield /Leeds/ Bradford area and consider how more use could be made of our resources for the local population within the regulatory framework and without threat or destabilisation of the existing bricks and mortar traditional community pharmacy network which we only seek to complement.
2. I think minor ailment scheme would benefit the young mothers as GP access is limited
3. na
4. na
5. We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a Pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other part of primary care.
6. Monitored dosage system requests sometimes come from patients, but mainly come from patient's family, care workers and surgeries, and are frequent. The CCG recommendation to surgeries, to refuse 7 day prescribing, even if the patient would benefit, due to medication instability or safety reasons, contravenes the equality act. It is no wonder that many pharmacies simply refuse to take on additional

MDS, whether they have done an equality act assessment or not, as they are only following the CCG's example. These refusals concentrate requests to those pharmacies that are trying not to refuse, even though every new MDS patient will lose money for the pharmacy that agrees.

7. As a pharmacy we do the CPCS services that are provided, however feel that if pharmacist were trained with diagnostic skills we would probably be able to help more patients referred.
8. Even though we provide CPCS services, pharmacist training with regard to diagnostics would help this service better
9. We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a Pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on the other part of primary care.
10. we are aware that in other parts of the country the local nhs has commissioned a walk-in cpcs which means that members of the public with low acuity minor illnesses can refer themselves directly to a pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other parts of primary care
11. . We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other part of primary care
12. Additional services, which would be of benefit to our patients include hypertension case finding.
13. We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that the members of the public with low acuity minor illnesses can refer themselves directly to a Pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other parts of primary care.
14. OPEN TO DISCUSS ANY SERVICES THAT BECOME AVAILABLE WITHIN OUR AREA

## Appendix F: Consultation Contacts

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The Health & Wellbeing Board are required to consult a specified range of organisations on the draft PNA. The following lists the organisations consulted:

- Local Pharmaceutical Committee
- Local Medical Committee
- Pharmacy & Dispensing Appliance Contractors included in the Pharmaceutical List for Wakefield Health & Wellbeing Board area
- Dispensing Doctors included in the Dispensing Doctor list for the Wakefield Health & Wellbeing Board area
- Any Pharmacy Contractor that holds a local pharmaceutical services contract with premises that are in the Wakefield Health & Wellbeing Board area
- Healthwatch
- Mid Yorkshire Hospital Trust
- South West Yorkshire Foundation Partnership Trust
- NHS England and NHS Improvement
- Neighbouring Health & Wellbeing Boards

## Appendix G: Consultation Questionnaire

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Bradford District's Health & Wellbeing Board is undertaking a Pharmaceutical Needs Assessment (PNA), which is a legal, comprehensive, assessment of the current and future needs of local people for community pharmacy services. The PNA is important because it will be used as the basis for informing decisions when applications for new pharmacies are received and for commissioning of new services within community pharmacies.

This consultation asks for your feedback on the current draft refresh of the PNA 2022-2025.

We really value your views and would greatly appreciate it if you could spend some time to complete this consultation.

1. I am responding to the questionnaire on behalf of:

- ☐ A local pharmacist
- ☐ A dispensing practice
- ☐ A non-dispensing practice
- ☐ A Health and Social Care Provider
- ☐ A Local Authority
- ☐ The Local Medical Committee
- ☐ The Local Pharmacy Committee
- ☐ A local CCG
- ☐ As an elected member/MP
- ☐ A voluntary or community sector organisation
- ☐ As a member of the public
- ☐ Other (please state below)

2. If 'Other' please state:

---

---

3. Has the purpose of the pharmaceutical needs assessment been explained? – if no, why not?

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4. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area? - if no, why not?

- 
- 
5. 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?
- 
- 
6. Does the draft pharmaceutical needs assessment reflect the needs of your area's population? – if no, why not?
- 
- 
7. 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?
- 
- 
8. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
- 
- 
9. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- 
- 
10. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
- 
- 
11. Do you agree with the conclusions of the pharmaceutical needs assessment?
- 
-

12. Do you have any other comments?

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Thank you for completing the questionnaire - please click 'Submit' to finish.



## Appendix H: Consultation Response

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### 1. Introduction

As part of the Pharmaceutical Needs Assessment process, the Health & Wellbeing Board is required to undertake a consultation of a least 60 days. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health & Wellbeing Board's area are accurately reflected in the final Pharmaceutical Needs Assessment document. The consultation is also to ensure the PNA reflects the pharmaceutical needs of the population and assess if these are met. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

### 2. Consultation process

The Health & Wellbeing Board has consulted with those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended. This was to establish whether the draft Pharmaceutical Needs Assessment addresses any issues they consider relevant to the provision pharmaceutical services. Wakefield Health and Wellbeing Board consulted the following parties:

- The Local Pharmaceutical Committee
- The Local Medical Committee
- Pharmacy and Dispensing Appliance Contractors included in the pharmaceutical list for the Wakefield Health and Wellbeing Board area
- Dispensing Doctors included in the Dispensing Doctor list for the Wakefield Health and Wellbeing Board area
- Any pharmacy contractor holding a local pharmaceutical services contract with the premises they are in the Wakefield Health and Wellbeing Board area
- Healthwatch Wakefield
- The NHS Trust / NHs Foundation Trust in the Wakefield Health and Wellbeing Board area
- NHS England
- Neighbouring Health and Wellbeing Board areas to Wakefield (Barnsley, Doncaster, Kirklees, Leeds, North Yorkshire)
- Wakefield CCG / Integrated Care Board

The above consultees were contacted via email to explain the purpose of the Pharmaceutical Needs Assessment and that, as a statutory party, Wakefield's Health and Wellbeing Board welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to Wakefield Council's website to access the document and consultation questionnaire.

Consultees were given the opportunity to respond by completing a set of questions and / or submitting additional comments. This was undertaken via an online questionnaire. The questions were developed to assess the current pharmaceutical provision, consider if any changes in future circumstances where the current position may change materially, and identify if there are any current or potential future gaps in pharmaceutical services.

The consultation ran from 1 June until 31 July 2022.

This report outlines the considerations and responses to the consultation.

The online consultation received a total of 5 responses from the following consultees:

Answer Option	Response Count
A Local Pharmacist	1
Other (identified as a Pharmacy chain)	1
A Local Authority	2
Local Pharmacy Committee	1

### 3. Summary of online questions, responses and Health and Wellbeing Board considerations

- The consultation asked, *“has the purpose of the pharmaceutical needs assessment been explained?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘yes’.

- The consultation asked, *“does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘yes’.

- The consultation 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?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘no’.

- The consultation asked, *“does the draft pharmaceutical needs assessment reflect the needs of your area’s population?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘yes’.

- The consultation asked, *“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?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘yes’.

- The consultation asked, *“has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘yes’.

- The consultation asked, *“has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘yes’.

- The consultation asked, *“are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?”*

Wakefield Health and Wellbeing Board received four responses for ‘no’ and one response as follows:

*“Funded monitored dosage system provision for patients that do not satisfy equality act criteria but would still benefit”.*

Wakefield Health and Wellbeing Board has acknowledged this comment but does not consider that any amendments to the Pharmaceutical Needs Assessment are required.

- The consultation asked, *“do you agree with the conclusions of the pharmaceutical needs assessment?”*

Wakefield Health and Wellbeing Board are pleased to confirm that all five responses received were ‘yes’.

#### **4. Summary Conclusions**

Wakefield Health and Wellbeing Board is pleased to note the responses to the consultation have been 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.

## Appendix I: Changes to Community Pharmacy Service Provision

The table below details the changes that have occurred to community pharmacy service provision since the original data collection for the PNA on the 8<sup>th</sup> February 2022.

There has been one new pharmacy open during this period, which is a distance selling premises.

Seven community pharmacies have changed their opening times. The majority of these changes have been relatively small changes, with the pharmacies choosing to either open slightly later, or close slightly earlier. One pharmacy in Castleford has opted to no longer open on Saturday morning, however there are several other pharmacies in close proximity that still provide a Saturday service. Taking into consideration the opening hours of GPs and opening of other pharmacies within the area, the Health and Wellbeing Board have considered these changes and concluded that they do not change the conclusions drawn in this PNA.

On 10<sup>th</sup> March 2022 the national advanced smoking cessation service outlined in section 7.4.9 commenced, with 17 pharmacies in Wakefield District signing up to offer this service. This is in addition to the locally commissioned stop smoking service outlined in section 7.6.4.

One pharmacy has signed up to deliver the Hepatitis service (Section 7.4.6), which brings the total number of pharmacies offering this service up to six.

An additional 28 pharmacies are now offering the Hypertension case finding service (Section 7.4.10) bringing the total number up to 57. This represents an excellent coverage across the district for this service.

New Premises					
Pharmacy Name	Trading Name	Postcode	Opening Hours	Category	Service Start Date
My Pharmacy Online UK	My Pharmacy Online UK	WF10 4PS	Mon-Fri 9:00-13:00 and 14:00-18:00	Internet – distance selling	13/05/2022
Changes to supplementary hours					
Applicants Name	Address	Postcode	Previous hours	New hours	Effective Date
Boots	39 Barnsley Road	WF9 2RN	Mon-Fri: 09:00-17:30, Sat: 09:00-17:00	Mon-Sat: 09:00-17:00	27/02/2022
Boots	Lupset Medical Centre	WF2 8FE	Mon-Fri: 07:45 – 18:15	Mon-Fri: 09:00-18:00	27/02/2022
Boots	82 Upper Warrengate	WF1 4JZ	Mon: 09:00-20:00, Tue-Fri: 09:00-18:00, Sat: 09:00-13:00	Mon-Fri: 09-18:30, Sat: 09:00-13:00	27/02/2022
Boots	Homestead Drive	WF2 9PE	Mon: 08:0-19:00, Tue-Fri: 08:00-18:00	Mon: 09:00-19:00, Tue-Fri: 09:00-18:00	27/02/2022
Boots	Stanley Health Centre	WF3 4HS	Mon-Fri: 08:15-18:15	Mon-Fri: 09:00 – 18:00	27/02/2022
Boots	26-28 Upper Kirkgate	WF1 1UP	Mon-Sat: 8:30-17:30	Mon-Fri: 09:00 – 17:30, Sat: 09:00 – 14:00	27/02/2022
Well	Riverside Pharmacy	WF10 1PD	Mon-Fri: 08:30-18:30, Sat: 08:00-11:00	Mon-Fri 08:30-18:30	20/04/2022
Service Provision Changes					
Service	Number of pharmacies offering 08/02/2022		Number of pharmacies offering 01/08/2022		
Smoking Cessation	0		17		
Hepatitis C Testing	5		6		
Hypertension	29		57		

## Appendix J: Steering Group Membership

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The table below lists the full membership of the West Yorkshire PNA Steering Group

Organisation	Contact
Bradford Council	Public Health Intelligence Lead
Calderdale Council	Public Health Intelligence Manager
Kirklees Council	Public Health Intelligence Lead
Leeds Council	Senior Information Analyst
Wakefield Council	Public Health Intelligence Manager
Community Pharmacy West Yorkshire	Chief Executive Officer
NHSE	Primary Care Manager
CCG Medicines Optimisation Representative for West Yorkshire	Medicines Optimisation Pharmacist
Healthwatch	Chief Executive Officer