

# Cheshire East Health and Wellbeing Board Agenda

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**Date:** Tuesday, 27th September, 2022  
**Time:** 2.00 pm  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

## **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

1. **Appointment of Chair**
2. **Appointment of Vice Chair**
3. **Apologies for Absence**

To receive any apologies for absence.

4. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

5. **Minutes of Previous meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 21 June 2022.

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For requests for further information

**Contact:** Karen Shuker

**Tel:** 01270 686459

**E-Mail:** [karen.shuker@cheshireeast.gov.uk](mailto:karen.shuker@cheshireeast.gov.uk) with any apologies

6. **Public Speaking Time/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

7. **Nomination of non-voting Associate Members**

8. **Pharmaceutical Needs Assessment** (Pages 9 - 204)

To approve the final version of the Pharmaceutical Needs Assessment for publication on the Cheshire East Council website for 2022-2025.

9. **Annual Flu Report 2021- 2022** (Pages 205 - 214)

To consider the actions taken in the 2021/22 influenza season, and proposals for 2022/23.

10. **All Together Fairer Health equity and the social determinants of health in Cheshire and Merseyside** (Pages 215 - 252)

To receive the 'All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside' report.

11. **Creating Sustainable Hospital Services for the people of eastern Cheshire and Stockport** (Pages 253 - 262)

To receive an update on the programme.

12. **Update on the establishment of Health and Care Partnership and NHS Cheshire and Merseyside's team in Cheshire East** (Pages 263 - 268)

To receive an update on recent NHS changes and progress with their local implementation.

13. **Cheshire East Health and Care Partnership update**

To receive a verbal update on the Cheshire East Health and Care Partnership.

**Membership:** L Barry, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), D Frodsham, Dr P Kearns, Dr S Michael, Dr L O'Donnell, T Knight, Councillor J Rhodes, Dr M Tyrer, M Wilkinson, Dr A Wilson (Vice-Chair), Councillor J Clowes (Associate Non Voting Member), C Hart (Associate Non Voting Member), J Traverse (Associate Non Voting Member) and D Woodcock.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 21st June, 2022 in the Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT****Voting Members**

Councillor Sam Corcoran (Chair), Cheshire East Council  
Councillor Carol Bulman, Cheshire East Council  
Councillor Jill Rhodes, Cheshire East Council  
Louise Barry, Healthwatch Cheshire  
Helen Charlesworth-May, Cheshire East Council  
Dr Steven Michael, Cheshire East Partnership  
Dr Matt Tyrer, Director of Public Health  
Mark Wilkinson, Cheshire East Place Director

**Associate Non-Voting Members**

Councillor Janet Clowes, Cheshire East Council  
Kathryn Sullivan, CVS Cheshire East

**Cheshire East Officers and Others**

Cheryl Coppel, Local Government Association (Attended virtually by Microsoft Teams)  
Guy Kilminster, Corporate Manager Health Improvement  
Sue Pilkington, Designated Nurse Safeguarding Children, CCG  
Karen Shuker, Democratic Services Officer  
Dr Thirumurugan, Designated Doctor for Safeguarding Children and Child Deaths - Cheshire East, Mid Cheshire Hospitals NHS Foundation Trust  
Deborah Upton, Senior Governance Lawyer (Attended virtually by Microsoft Teams)  
Councillor Sam Webster, Nottingham City Council (Attended virtually by Microsoft Teams)  
Claire Williamson, Interim Director of Early Help and Prevention

Prior to the first item the Chair welcomed Mark Wilkinson, the designate Cheshire East Place Director to the meeting.

**1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Lorraine O'Donnell, Denise Frodsham, Chris Hart, Dr Patrick Kearns, Clare Watson, Dr Andrew Wilson, and Deborah Woodcock.

Claire Williamson, Interim Director of Early Help and Prevention attended as a substitute.

**2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 22 March 2022 be confirmed as a correct record.

**4 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no public speakers.

**5 CHESHIRE EAST SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT 2020-2021**

The Board considered the Cheshire East Safeguarding Children's Partnership Annual Report 2020/21 which provided an update on progress against the Cheshire East Safeguarding Children's Partnership priorities over 2020-21.

The Board heard that although there had been an impact on statistics in relation to statutory deadlines during the pandemic, these were monitored closely, and the following arrangements had been implemented to ensure business continuity and safeguarding was paramount throughout.

- Established a Safeguarding Children's Partnership reference group;
- Multi Agency working remained effective;
- Front line face to face visits continued;
- Child protection medicals and health assessments continued face to face.

The Early Help and Preventative model would be the clear focus for the future, working with partners to bring services together in the community.

**RESOLVED:**

That the report be noted.

*Councillor J Clowes arrived during consideration of this item.*

**6 CHESHIRE EAST PLACE INTEGRATED HEALTH AND CARE GOVERNANCE PROPOSALS**

Prior to consideration of this item the Board received an introduction from Cheryl Coppel, the LGA lead and Councillor Sam Webster who would be providing support from the LGA to work with the Health and Wellbeing Board. Following several changes within senior health leadership in



Cheshire CCG, Mid Cheshire Trust and the East Cheshire Trust, a need to refresh and review plans after COVID and in preparation for the NHS structural changes being introduced by the Health and Care Act 2022, it was felt that the time was right to assess the aims and priorities of the Board, in the short, and long term and look at how steps would be put in place to achieve these. Facilitated workshops would build consensus and clarity in respect of responsibilities of the Health and Wellbeing Board, how it would fit in to the wider arrangements, the structure and format of meetings and how they could become more decision focused and impactful. It was agreed that a pre-survey would be circulated to board members to get perspectives of how well things were working and to identify any areas where there might be challenges.

The Board thanked Cheryl Coppel and Councillor Webster for their presentation.

The Board received an update on the Governance proposals for the ICS at Place which was an evolving picture and still had a few outstanding items to be finalised, such as signing off the terms of reference. The work would continue under the auspices of the existing Place Partnership Board with a transition to the new arrangements being managed over the summer.

Although the Board shared concerns in respect of timescales, there was reassurance that member briefings would be held where any questions would be responded to, and it was positive that there was a general consensus within Cheshire East.

### **RESOLVED:**

That the update be noted.

## **7 CHESHIRE EAST PLACE PARTNERSHIP UPDATE**

This item and the Cheshire East Integrated Care Partnership update were considered together.

The four new models of care were brought and discussed previously at the Health and Wellbeing Board as part of the strategic vision for Cheshire East which included

- What's wrong with me?
- Fix Me
- Help me stay well
- End of Life

The importance of focusing and developing the strategic vision with the new governance arrangements was highlighted particularly in respect of improving population outcomes, addressing health inequalities, and reducing cost per capita (the 'Triple Aim'). There was a requirement to ensure that governance and the strategic vision were implemented in a

practical way. An example of this was the piece of work being undertaken by the Integrated Care Partnership around Home First which had taken the principles of partnership working and applied them to a practical problem to improve outcomes for people. It was hoped that by doing this it would help support the business case to address the future financial challenges that were expected.

The board agreed that the language used would need to be considered and have a shared and common meaning. It was agreed that this would be listed as an item on future agendas for discussion.

**RESOLVED:**

That the update be noted.

**9 ALL TOGETHER FAIRER: HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE**

The Board received a report on the newly published All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside. The report set out a series of recommendations for the Cheshire and Merseyside health and care system alongside recommendations for Places which asked them to consider and prioritise those most relevant to them.

The Board heard that work was being undertaken to review and map the recommendations against the Cheshire East health and Wellbeing and Place priorities. This would inform a follow up report to the Health and Wellbeing Board which would propose a suite of recommendations that Cheshire East Place would focus on. A series of 'Marmot Beacon Indicators' would be used to measure progress across Cheshire and Merseyside.

The Board felt that although the report was good there needed to be more detail in respect of the individual areas of Cheshire East. It felt strongly that the Board should be involved in discussions at an earlier stage as it was felt that they had a more active role to play. In addition, it was agreed that rather than 'note' the report as outlined in recommendation 2.1, that the wording be changed to 'endorse' and that recommendation 2.2 be removed.

**RESOLVED:**

That the Cheshire East Health and Wellbeing Board endorse the publication of 'All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside.

**10 CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2020-2021**

The Board receive a presentation from Dr Thirumurugan of the 2020/21 Annual Report of the Child Death Overview Panel.

The presentation provided data on the number of child deaths, the number of reviews carried out, time taken to carry out reviews, categories of death, location of death and any modifiable factors which may help prevent unnecessary child deaths and set out the priorities for 2021/22 and the challenges faced by the Pan Cheshire Child Death Overview Panel.

The Board agreed that the modifiable factors listed which included smoking in pregnancy, mental health and unsafe sleeping were all factors which the Council and its partners would be working towards reducing.

**AGREED:**

That the Pan Cheshire Child Death Overview Panel Annual Report 2020/21 be received and noted.

The meeting commenced at 2.00 pm and concluded at 3.30 pm

Councillor S Corcoran (Chair)

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## CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet

<b>Title of Report:</b>	Cheshire East Pharmaceutical Needs Assessment 2022-2025: Final version following consultation
<b>Date of meeting:</b>	27 September 2022
<b>Written by:</b>	Dr Susan Roberts
<b>Contact details:</b>	<a href="mailto:Susan.roberts@cheshireeast.gov.uk">Susan.roberts@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Matt Tyrer

### Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 for approval prior to publication by 1 October 2022.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Health and Wellbeing Board (HWB) is asked to approve the final version of the PNA for publication on the Cheshire East Council website by 1 October 2022.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	The report has been considered by the Cheshire East Council Adults, Health and Integration Directorate Management Team, and the Cheshire East Council Corporate Leadership Team. The minutes of the Health and Wellbeing Board (HWB) are submitted to Cheshire East Council's Adults and Health Committee.		

<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	Yes – The draft PNA underwent formal public consultation 1 April 2022-10 June 2022. Following this, findings were considered and actioned to ensure further detailed explanation as to the rationale for the conclusions drawn within the PNA.
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	<p>The PNA provides a comprehensive overview of current and future pharmaceutical need, and pharmaceutical provision across Cheshire East that can be referred to by a wide range of stakeholders, including the NHS.</p> <p>PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.</p>

## 1 Report Summary

- 1.1 The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 for approval prior to publication by 1 October 2022.
- 1.2 The final version of the PNA includes findings from public consultation and a summary of amendments made to the report following this.

## 2 Recommendations

- 2.1 The Health and Wellbeing Board approves the final version of the PNA for publication on the Cheshire East Council website for 2022-2025.

## 3 Reasons for Recommendations

- 3.1 Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs every 3 years.
- 3.2 PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets.
- 3.3 Health and Wellbeing Boards need to publish revised PNAs for their area every three years. The last PNA was signed off by the Health and Wellbeing Board on the 27 March 2018. The deadline for this latest PNA has been extended due to the COVID-19 pandemic and this must be published by 1 October 2022.
- 3.4 The final version of the PNA (2022-2025) incorporates feedback from the consultation and amendments made after considering an analysis of the responses received.

## **4 Impact on Health and Wellbeing Strategy Priorities**

- 4.1 The production of the PNA supports three outcomes from the Health and Wellbeing Strategy 2018-21:
- Create a place that supports health and wellbeing for everyone living in Cheshire East
  - Improving the mental health and wellbeing of people living and working in Cheshire East
  - Enable more people to live well for longer.

## **5 Background and Options**

- 5.1 Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs. A revised PNA must be published by the 1 October 2022. This represents an extended deadline due to the COVID-19 pandemic.
- 5.2 The Health and Wellbeing Board approved delegation of the day-to-day authority for the development of the revised PNA to the Director of Public Health on 23 November 2021 at minute number 31.
- 5.3 The PNA covers community pharmacy opening times, services delivered from community pharmacies, and accessibility.
- 5.4 The production of the PNA was overseen by the Cheshire East PNA Steering Group, which included representation from:
- Cheshire East Council Public Health
  - Cheshire Clinical Commissioning Group (from 1<sup>st</sup> July 2022 part of NHS Cheshire & Mersey Integrated Care Board)
  - Healthwatch
  - The Chair of the Local Pharmaceutical Committee and of the Local Pharmaceutical Network
  - Local Medical Committee representatives
  - East Cheshire NHS Trust
  - Mid Cheshire Hospitals NHS Foundation Trust.
- 5.5 The production of the draft PNA involved:
- Analysis of data relating to pharmaceutical need and demand from wide and varied sources
  - Regular consultation with members of the Cheshire East PNA Steering Group

- A public survey, and incorporation of 2 questions regarding pharmacies as part of broader Healthwatch conversations
  - A dispensing doctors survey
  - A community pharmacy contractors survey.
- 5.6 Within the draft PNA, provisional findings indicated that current pharmaceutical provision across Cheshire East borough was assessed as adequate in terms of location, opening hours and pharmaceutical services offered to the population.
- 5.7 The draft PNA underwent public consultation from 1 April 2022 to 10 June 2022. This involved invitations for all key stakeholders to feedback. Key stakeholders were identified by the Cheshire East PNA Steering Group through examination of the national guidance<sup>1</sup> and of the local Equality Impact Assessment. The consultation was also widely publicised via: media release through local and regional media channels; and on the Council's website, Facebook and Twitter channels.
- 5.8 A total of 105 completed responses were received. There were also 354 partial responses: a partial response is where a person has started to complete the survey but never hit the submit button on the final page.
- 5.9 Findings from a comprehensive analysis of the consultation is summarised at Appendix 1. This analysis resulted in a variety of clarifications and provision of additional details in the final version of the PNA (Appendix 2). However, after careful consideration of the analysis of the consultation responses this did not change the overall conclusions of the PNA. The consultation report is also included at Appendix G within the final full PNA document (Appendix 2). In addition, the short Plain English Summary of the PNA has been updated to provide further clarity following consultation (Appendix 3).
- 5.10 The draft PNA concluded that pharmaceutical provision within Cheshire East is currently adequate, only 28 out of 105 respondents (27%) agreed with this statement, 13 of whom strongly agreed. Considerably more respondents disagreed with this statement than during the last PNA consultation conducted in 2018, with 55 out of 103 respondents disagreeing (53%). Further analysis of the full responses showed that a large proportion (59%, 61 responses) were from residents of one area, we refer to this as Area A. This disproportionate representation from one area was skewing the analysis of both the closed questions and the concerns raised in the open questions.
- 5.11 A total of 76 respondents gave additional detail in response to the open questions included in the consultation questionnaire: 52 were residents of Area A, a further 8 responses related to the provision in that area, and only 16 related to the rest of Cheshire East (21%). Of the themes raised within the open questions, 73% related

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<sup>1</sup> Department of Health and Social Care (2021) Guidance. Pharmaceutical needs assessments: information pack Available from: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack> (Accessed 25 July 2022).



to performance issues. Concerns raised regarding specific pharmacies via this consultation process have been raised with NHSE who manage the pharmacy contracts. The performance and quality of community pharmaceutical providers are outside of the scope of the PNA. However, it is important for residents to raise these concerns, particularly if they affect patient safety. An appendix showing the steps residents can take to complain has been developed and included within the full PNA document 'How to complain' at Appendix H (see Appendix 2 of this paper for the full PNA document). A link will also be provided on the webpage where the PNA will be held once published, and the same information has been provided within the short Plain English Summary) (Appendix 3).

- 5.12 Other concerns raised through the consultation have been summarised in Table C of the consultation report (Appendix 1). This table also summarises actions taken to address this feedback. All concerns raised have been duly considered and where necessary, appropriate actions taken and documented in a formal action log. These have involved additional wording within the PNA. The purpose of this additional wording is to clarify any conclusions drawn and as outlined in Table C of the consultation report.
- 5.13 Following an analysis of the consultation responses, the overall conclusions of the PNA remain the same: pharmaceutical provision is adequate, and the PNA has not identified current or anticipated future need for new NHS pharmaceutical service providers in Cheshire East over the time frame of this latest PNA.

Nevertheless, over the lifetime of this PNA, the public health intelligence team will actively consider pharmacy issues and need on behalf of the Health and Wellbeing Board. They will regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge.

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Dr Susan Roberts

Designation: Consultant in Public Health

Email: [susan.roberts@cheshireeast.gov.uk](mailto:susan.roberts@cheshireeast.gov.uk)

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## Cheshire East Pharmaceutical Needs Assessment 2022-2025: Consultation Feedback Report

As required by legislation, a consultation exercise with stakeholders was carried out between 1 April 2022 and 10 June 2022.

A total of 105 completed responses were received. There were also 354 partial responses: a partial response is where a person has started to complete the survey but never hit the submit button on the final page.

Only 12 respondents answered the questions in relation to whether the PNA supported market entry decisions, future commissioning decisions, and future provision (Question 3.1, Q3.2 & Q3.3). Of these 12 respondents, only a small proportion disagreed i.e., responded either “Tend to disagree” or “Strongly disagree” (Table A). No respondents had strongly disagreed.

The draft PNA concluded that **pharmaceutical provision within Cheshire East is currently adequate**, only 28 out of 105 respondents (27%) agreed with this statement, 13 of whom strongly agreed (question 8.1 in the Table A). Considerably more respondents disagreed with this statement than during the last PNA consultation conducted in 2018, with 55 out of 103 disagreeing (53%). Further analysis of the full responses showed that a large proportion (59%, 61 responses) were from residents of one area, we will refer to this as **Area A**. This disproportionate representation from one area was skewing the analysis of both the closed questions and the concerns raised in the open questions. All other areas outside of Area A will be considered as **Area B**.

The majority also disagreed with the statement that the PNA reflected the needs of the local population (Q5.2). This remains the case when Area A and Area B responses are analysed separately. However, some residents of areas within Area B made specific reference to the provision within Area A. If the responses that relate to the provision in Area A are further excluded from the Area B group, this would result in only 21% disagreeing and most (46%) agreeing that it does reflect the needs.

**Table A - Comparison of negative responses to closed questions, responses in relation to Area A and Area B\***

Closed Questions	Answer*	Area A		Area B		All Full Responses		Area A vs Area B
Q3.1 market entry decisions	Disagree	0%	0/1	9%	1/11	8%	1/12	Similar
Q3.2 how pharmaceutical services may be commissioned in the future?	Disagree	0%	0/1	27%	3/11	25%	3/12	Significantly different
Q3.3 future pharmaceutical services provision	Disagree	0%	0/1	18%	2/11	17%	2/12	Similar
Q5.1 reflects the current provision	Disagree	77%	47/61	39%	17/44	61%	64/105	Significantly different
Q5.2 reflects the needs	Disagree	79%	46/58	49%	21/43	66%	67/101	Significantly different
Q8.1 Agreement with overall conclusion	Disagree	67%	40/60	35%	15/43	53%	55/103	Significantly different
Q4.1 How clear is the purpose	Unclear	8%	5/60	7%	3/43	8%	8/103	Similar

\*Disagree = Tend to disagree + Strongly disagree responses. Unclear = Somewhat unclear + Very unclear responses. Area A- the area over-represented within the consultation- see explanation in the preceding paragraphs. Area B-all other areas outside of Area A.

The table above shows how the two geographies differ: -

- In Area A, 75% (40/61) of respondents disagreed with the overall conclusions, significantly higher than the proportion in the Area B sample where only 35%, 15 out of 43 who responded to this question, disagreed.
- Of those that disagreed, 35 people (88%, 35/40) from Area A gave more detail in the free-text questions.

Within the Area B group, 10 residents (67%) chose to leave further comments. These revealed that a further 6 responses related to the pharmacy provision within Area A. If these were reassigned to Area A responses, only 9 out of 43 or 21% within the Area B group would then disagree with the statement.

When the closed questions were analysed between agree and disagree responses, and clear and unclear responses only, the proportions calculated with confidence intervals show that: all responses were significantly different in Area A, whereas within the Area B group, only the proportions to Q4.1 "How clear is the purpose" were significantly different.

A total of 76 respondents gave additional detail in the open questions: 52 were residents of Area A, a further 8 responses related to the provision in that area and only 16 related to the rest of Cheshire East (21%).

All open responses were analysed to identify themes (Table B):

- Most respondents gave multiple comments spanning several themes across the five open questions.
- There were **190 individual concerns** raised by **76 respondents** across **17 identified themes**
  - 141 (74%) of these were from residents of Area A.
  - A further 24 concerns were from 8 people living outside of Area A but relate to the pharmacy provision within Area A.
  - This leaves 25 concerns not identifiable as relating to Area A.

Table B- Summary of themes from open question responses\*

Themes - Performance Issues	Number of people raising this concerns	% of concerns				
		All		Area A residents		Area B residents
Unreliable opening times	25	13%	22	12%	3	2%
Poor service	28	15%	24	13%	4	2%
Inadequate staffing levels	27	14%	21	11%	6	3%
Staff bad attitude	11	6%	9	5%	2	1%
Medications running out, can't fulfil prescriptions	26	14%	21	11%	5	3%
Prescriptions lost	3	2%	3	2%	0	0%
Long delays on prescriptions	19	10%	13	7%	6	3%
	139	73%	113	59%	26	14%
<b>Themes - Other</b>						
Privacy issues	1	1%	1	1%	0	0%
No free delivery of prescriptions	4	2%	3	2%	1	1%
Refusal of GP Practice to use electronic prescriptions	10	5%	8	4%	2	1%
Improvements in Minor ailment/Advice	1	1%	1	1%	0	0%
Equality considerations	8	4%	4	2%	4	2%
Impact of housing developments	7	4%	3	2%	4	2%
Positive feedback	3	2%	0	0%	3	2%
Issue with PNA document	7	4%	3	2%	4	2%
Specific question	1	1%	0	0%	1	1%
Specific recommendations	9	5%	5	3%	4	2%
	51	27%	28	15%	23	12%
<b>Total concerns</b>	<b>190</b>	<b>100%</b>	<b>141</b>	<b>74%</b>	<b>49</b>	<b>26%</b>
<b>Total respondents</b>	<b>76</b>	<b>76</b>	<b>52</b>	<b>52</b>	<b>24</b>	<b>24</b>

\*Area A- the area over-represented within the consultation- see explanation in the preceding paragraphs. Area B-all other areas outside of Area A.

Due to the volume of partial responses, we also analysed these to look at the closed question responses, check the themes in the open questions and establish whether they told a similar story to the full responses. Of the 354 partial responses, 108 were blank and a further 179 only answered Q1 or Q1 and Q2, which relate to respondent characteristics rather than views on the PNA itself. Therefore, 287 (81%) were excluded from the analysis.

Of the remaining 67 responses:

- Only 7 respondents made additional comments. There were no new themes identified:
  - 2 respondents, 4 concerns related to Area A –
    - Performance issues: Poor service; unreliable opening times; medications running out; can't fulfil prescriptions.
    - Concerns about future housing developments.
  - 5 respondents, 5 concerns related to other areas –
    - Performance issues: Poor service.
    - Issues with PNA document: size of document; how to identify poor performing contractors.
    - Equity issues: accessibility for older people.

Overall, the partial responses match the full responses in terms of being clear on purpose 63% (40/63) and disagreeing with the conclusions, 50% disagreed with the findings, however, this only represents 4 out of 8 people who responded to Q8.1. Only 5 respondents answered the questions in relation to whether the PNA supported market entry decisions, future commissioning decisions, and future provision (Question 3.1, Q3.2 & Q3.3), none disagreed. Of the partial responses, fewer disagreed that the PNA reflected current provision (Q5.1 37%, 22/60) and need (Q5.2 42%, 25/59). Out of the four people who disagreed with the conclusions of the PNA, only 1 person made additional comments.

*\*Please note - some of the response denominators are different as some respondents skipped questions. We cannot assume how a person would have responded so they are excluded from the calculation.*

It was not possible to do any geographical analysis on the partial responses as only 3 respondents provided a postcode, all of whom were responding on behalf of organisations as opposed to answering as a resident, so the postcode is not representative of a particular area and 2 of these did not answer any further questions.

Further to the responses received via the consultation questionnaire, we received separate advice regarding specific sections from other departments within Cheshire East Council. Also, targeted advice from other local authority areas' public health departments who are currently producing their own PNAs, where housing developments and pharmacy provision in their area impacts on the information and conclusions of Cheshire East's PNA.

All concerns raised have been duly considered and where necessary appropriate actions taken and documented in a formal action log. This has involved additional wording to clarify the conclusions drawn within the PNA.

An outline of these is given in Table C.

Table C- Consultation feedback and actions taken to address feedback

Consultation response	
Performance issues	Action taken
<p>Various themes related to the performance of community pharmacies: unreliable opening times; poor service; inadequate staffing levels; staff bad attitude; medications running out; can't fulfil prescriptions; long-delays with prescriptions; prescriptions lost.</p> <p>These have been grouped as the response is the same:  113 performance concerns raised in Area A  26- Area B  6 Partial responses: 4 Area A and 2 Area B</p>	<p>Any performance issues with community pharmacies need to be addressed by NHS England (NHSE) who manage the contracts with the pharmacies, this includes core opening hours, Essential and Advanced services (please see section 4.0 for a definition of these). NHSE are responsible for considering applications for new pharmacies (please see section 2.1.3 on purpose of the PNA). NHS England have highlighted that the following issues will be picked up by their quality assurance processes: unreliable opening times; privacy issues; medications running out; and prescriptions lost. However, NHSE also highlighted that poor service inadequate staff levels above the minimum stipulated within the contract, bad staff attitude and long delays are subjective and not performance managed, but NHSE would work with the Local Pharmaceutical Committee to raise any reported concerns with the contractor.</p> <p>An appendix showing the steps residents can take to complain has been developed and included within the PNA, "How to complain" (Appendix H). A link will also be provided on the webpage where the PNA will be held once published.</p> <p>During the Covid-19 pandemic, community pharmacy services were a vital part of the healthcare system and vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures.</p> <p>Residents who are finding it difficult to access their local pharmacy and/or have mobility or transport issues, may be able to request that their prescription is delivered by the pharmacy or posted to them. Many local pharmacies offer delivery services for residents who meet certain criteria, although there may be a charge for this. Distance Selling Pharmacies (also known as internet pharmacies) provide services without face-to-face contact and will deliver by post / courier services. You can nominate any pharmacy to process your prescriptions, not just the one in your neighbourhood. See section 13 for more information on Prescription Collection and Delivery</p>

Consultation response	
	<p>Services. Using the NHS App or a similar online service or app can make the process of ordering repeat prescriptions simple and convenient.</p> <p>All GP Practices should offer Electronic Prescription Service (EPS). We understand that there were problems with a particular GP Practice in Area A, but this has now been resolved.</p> <p>Dispensing GPs support provision in rural areas section 10.</p>
Theme: Electronic Prescription Service and delivery of prescriptions	Action taken
11 Area A 3 Area B	See explanation above regarding EPS, delivery and postal.
Theme: Equity Considerations	Action taken
4 Area A – Older people, disability, and mobility. 4 Area B 1 Partial	<p>A comprehensive Equality Impact Assessment (EIA) was undertaken as part of the PNA process. This led to targeted approaches to specific organisations that supported people with protected characteristics to encourage their engagement in the consultation process.</p> <p>A copy of the EIA will be available on the webpage when the PNA is published and is also available at <a href="https://www.cheshireeast.gov.uk/council_and_democracy/council_information/equality-and-diversity/equality_analysis.aspx">https://www.cheshireeast.gov.uk/council_and_democracy/council_information/equality-and-diversity/equality_analysis.aspx</a>. This included the additional patient groups identified in the DHSC guidance “PNA: Information pack for local authority health and wellbeing boards” published in October 2021.</p> <p>Section 16 within the PNA looks at protected characteristics and how pharmacies have adapted their premises and services to accommodate some of these. It collated information from both the contractor and public survey. Information, where available, regarding the additional patient groups identified in the DHSC guidance “PNA: Information pack for local authority health and wellbeing boards” published in October 2021 has been included in the <b>16.0 Ethnicity and Other Protected Characteristics</b> section. Given the nature of these communities, Census 2011 data was considered</p>



Consultation response	
	<p>unreliable. Also, Census 2011 did not include Roma ethnicity. The additional information included related to:</p> <p>16.4.4 Veteran estimates included</p> <p>16.5.1 Gypsy Roma Traveller communities included</p> <p>16.5.1 Refugees and Asylum Seekers included</p> <p>16.7 People in prison,</p> <p>16.7 People experiencing homelessness</p> <p>Concerns were raised that the poor performance of the local pharmacy provider would impact disproportionately on elderly residents, those with disabilities and mobility issues and their carers. As well as highlighting that performance management issues are managed by NHSE, and providing a guide for residents explaining complaints processes, individuals could also consider EPS, postal and delivery options. (see section above).</p> <p>Anyone can access advice or minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to people experiencing homelessness, Gypsy, Roma and Travelling communities, refugees and asylum seekers and visitors to the area for business, holiday, sporting events or visiting friends and relatives.</p>
Privacy issues	Action taken
<p>Disclosure of personal information when others are around.</p> <p>1 Area A</p>	<p>Additional wording included in section 16.6.5 to clarify the public survey results concerning privacy. All pharmacy premises need to provide a consultation room or area. Patients can always ask to have a consultation in private if it is not automatically offered by the pharmacist. If you feel that your needs have not been met, you can complain. (see How to complain guide).</p>
Future housing developments	Action taken
Concerns that pharmacy provision may not be adequate to meet the population needs of	<p>All housing development numbers presented in the PNA are taken from the Local Plan and constrained to the lifetime of the PNA i.e. April 2021 to March 2025. Any prior phases of housing developments will have been considered in the previous PNA 2018. The Local Plan was used to</p>

Consultation response	
<p>various areas once all proposed housing developments are complete:</p> <p>3 Area A 4 Area B 1 Partial responses</p>	<p>estimate the number of houses to be built in each the of care communities and estimated increases in populations were calculated using standard ONS methodology.</p> <p>The Housing Development section 15.2 was revisited in light of concerns raised. Additional mapping was done to confirm findings. As a result, there was minor rewording within the section to clarify the findings and also include new information from Strategic Planning and Stockport Local Authority.</p> <p>The steering group concluded that the original findings are still true, and that planned development and population growth within Cheshire East could be managed within the capacity of existing provision. The PNA has been reviewed by Cheshire East Strategic Planning Department.</p> <p>The public health intelligence team will review housing developments throughout the lifetime of the PNA and will regularly consider the need for supplementary statements.</p> <p>EPS, postal and delivery options can all help support people in rural communities.</p>
<p>Improvements in minor ailment support/advice</p> <p>1 Area A</p>	<p>Commissioned by the ICS (formerly Cheshire CCG)</p> <p>Section 7.2.2 gives details of numbers providing this service.</p>
<p>Issues with PNA document</p>	<p>Action taken</p>
<p>Size of the document and difficult for the general population to understand</p> <p>3 Area A 4 Area B 3 Partial</p>	<p>The PNA is a technical document produced to enable NHSE to consider pharmacy applications (please see section 2.1.3 on purpose of the PNA). We have produced an executive summary and Plain English summary to help the public to understand the findings and key messages.</p>

Consultation response	
<p>1 response within consultation responses re Saturday opening for Boots, Audlem</p> <p>1 E-mail Saturday opening for Rydale, Crewe</p>	<p>Opening hours correct within data workbook and graphs in Section 12 but correct data not pulled through to care community tables Appendix B.</p> <p>Opening hours in Appendix B updated for providers.</p>
<p>Public survey not representative of Cheshire East population</p> <p>1 Area A</p>	<p>The narrative has been expanded in the Appendix A – The Public Survey. It now describes the distribution process used for the patient survey and demonstrates how we endeavoured to capture the views of as many residents and pharmacy users as possible.</p> <p>Unfortunately, we cannot control who completes the survey. We can only promote and make it as widely available as possible. Any learning from this was fed back through the EIA to inform the consultation process.</p>
<p>Quote from one responder: “The emphasis seems to be on the provision of ancillary services that thankfully affect a relatively small proportion of the population, rather than the more general needs of the majority of the population for acute issues and the supply of prescription medication”</p>	<p>The PNA presents data and information on all aspects of pharmaceutical services. Essential Services described in Section 5.0 includes dispensing. Dispensing data is presented in Section 13.0. Essential Core services need to meet standards to comply with NHS England (NHSE) Contract. NHSE also monitors Advanced services.</p>
Specific Issues	Action taken
<p>Blood pressure</p>	<p>Hypertension is one of the chronic conditions identified in Section 17.3.3 and Table 16 within the PNA.</p> <p>Hypertension case finding is a new commissioned Advance service from 1 October 21. (See section 6.1)</p>

Consultation response	
	<p>As of week-ending the 1 July 2022, 59 pharmacies within Cheshire East were signed up to deliver this service.</p> <p>Additional wording giving the current number of pharmacies signed up for to the hypertension case finding service in section 17.3.3 of PNA.</p>
Provision of cheap medicine with toxic ingredients	<p>All medicines are regulated by Medicines and Healthcare products Regulatory Agency (MHRA) and cannot be sold over the counter or supplied on prescription without going through all the marketing authorisation processes with the MHRA. This means that the cost of a medicine will not have any influence on quality.</p> <p>There is always a chance someone will react adversely to any ingredient in any medicine. If you get any side effects, talk to your doctor, pharmacist, or nurse. You can also report side effects directly via the Yellow Card Scheme at: <a href="https://yellowcard.mhra.gov.uk/information">https://yellowcard.mhra.gov.uk/information</a></p>
Mental health services	<p>There are not any mental health services commissioned from our community pharmacies at present. However, there are pilot projects underway elsewhere in the region, which Cheshire East can learn from in the future.</p>
Extension of GP dispensing - greater flexibility that is patient centred, putting their needs before any commercial arrangements.	<p>There is specific legislation regarding the operation of Dispensing GPs.</p> <p><b>See Section 10.0 Dispensing Doctors for details</b></p> <p>Analysis of the dispensing doctors survey concluded that there is no significant gap in provision of Essential pharmaceutical services for the population served by dispensing doctors. See Appendix F for the dispensing doctors survey results.</p>
Ongoing covid vaccination via pharmacies	<p>The recommended delivery model for the Autumn programme is outlined in the published NHS letter regarding COVID-19 Vaccination Autumn / Winter (Phase 3) planning where it recommends deploying delivery models that “spread capacity across community pharmacy, vaccination centres and general practice”.</p>

<b>Consultation response</b>	
	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf</a>
<b>Specific recommendations</b>	<b>Action taken</b>
Nurse triage	Anyone referred to pharmacies from NHS111 or a GP Practitioner will have been triaged or sign-posted by an appropriate individual according to their processes. Pharmacists can triage within the Boundaries of Clinical Practice Statement (BCPS). Nationally this is being considered as future service development.
e-Cigarettes	Section 6.7 talks about the Smoking Cessation Service (SCS), which was commissioned as an Advanced service from 10 March 2022. This will include pharmacists: - <ul style="list-style-type: none"> <li>• Undertaking a CO test;</li> <li>• Provision of behavioural support; and</li> <li>• Supply of Nicotine Replacement Therapy (NRT) – this will be initially determined by the details of NRT supplied at discharge from hospital.</li> </ul> Pharmacies can sell NRT products including e-cigarettes in the same way as other retailers.
Improved Hormone Replacement Therapy (HRT) services	This is not within the remit of the PNA. There have been national issues with prescribing and shortages of HRT products. The UK medicines regulator, the MHRA, is proposing to reclassify a product called Gina10, or estradiol - which treats vaginal dryness caused by lack of oestrogen - as a pharmacy medicine. This change would make it available to buy in pharmacies without prescription. Pharmacists will have access to training materials and a checklist to help them identify women who can be offered the treatment.
On-line publication of opening hours not just local press	This is already the case. You can use the NHS “Find a Pharmacy” webpage, this gives you the ability to search by town, city, or postcode in England. It then provides opening times plus map and directions.

Consultation response	
	<a href="https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy">https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy</a>
Co-ordination between GP and Out of Area Pharmacies	<p>You can nominate any pharmacy to process and deliver your prescriptions, not just the one in your neighbourhood.</p> <p>Anyone can access advice for minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to visitors to the area for business, holiday, sporting events or visiting friends and relatives.</p>
1 Email regarding additional planning application	The Housing Development section 15.2 was revisited. Additional mapping was done to confirm findings. There was minor rewording within the section to clarify the findings and include new information from Strategic Planning and Stockport Local Authority.

The Cheshire East PNA Steering Group have examined all the consultation responses received, any additional information collated as part of the response exercise and the reworked sections of the revised PNA. After careful consideration and appropriate advice seeking from NHS England, the steering group has concluded that the original statement remains valid, that there is adequate provision in regard to location, number and distribution of pharmacies providing Essential and Advanced services during standard core hours to meet the needs of the Cheshire East population.

Concerns raised regarding specific pharmacies via this consultation process have been raised with NHSE who manage the pharmacy contracts. The performance and quality of community pharmaceutical providers are outside of the scope of the PNA. However, it is important for residents to raise these concerns, particularly if they affect patient safety. Residents can complain regarding issues relating to a specific pharmacy via the information provided.

Over the lifetime of this PNA, the Health and Wellbeing Board will actively consider pharmacy issues and need over the next three years and regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge<sup>1</sup>.

### **Additional changes after 10 June 2022 following feedback from members PNA steering group**

Updates to the wording have been made to reflect changes to the organisation of health and care across Cheshire East since 1 July 2022, and current thinking in relation to this in:

- Executive summary
- 2.1.4
- 2.3.2
- 2.7.3
- 2.8
- 20.5.1
- 20.6.3

A correction regarding the dates of the pharmacy contractors survey was made to section 2.4.3. Section 2.5 has also been updated to describe the approach to public consultation. Section 6.3 has been updated to include the Hepatitis C service extension end date.

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<sup>1</sup> Legislation.gov.uk (2013) The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Subsequent assessments. Available from: <https://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

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**Cheshire East  
Health and Wellbeing Board  
Pharmaceutical Needs Assessment  
2022-2025**

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## 1.0 Executive Summary

Pharmaceutical Needs Assessments (PNAs) are carried out to assess the current and future needs for pharmaceutical services in the local population. They ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

Every Health and Wellbeing Board (HWB) has a statutory responsibility to conduct a PNA at least every three years. This PNA follows the 2018 version of the PNA. NHS England is required to use the finalised PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. The national deadline for its production was extended due to the COVID-19 pandemic.

The PNA covers opening times ([Chapter 12](#)), services delivered ([Chapter 7](#)), and accessibility in relation to disability, language needs, ethnicity, sexuality, and rurality ([Chapter 16](#)). The production of the PNA has involved:

- Analysis of data relating to pharmaceutical need and demand from wide and varied sources
- Regular consultation with members of the Cheshire East Pharmaceutical Needs Assessment Steering Group, which brought together representatives from key organisations across Cheshire East
- A public survey and incorporation of 2 questions regarding pharmacies as part of broader Healthwatch conversations ([Appendix A](#) and [Appendix E](#))
- A dispensing doctors survey ([Chapter 10](#) and [Appendix F](#))
- A community pharmacy contractors survey ([Appendix B](#))
- A public consultation from 1 April 2022 to 10 April. ([Section 2.5](#) and [Appendix G](#))

### Conclusion

Based on this PNA, currently pharmaceutical provision in the towns and villages of Cheshire East Borough is assessed as **adequate** in terms of location, opening hours and pharmaceutical services offered to the population.

Through examination of the available information, the PNA has not identified current or anticipated future need for new NHS pharmaceutical service providers in Cheshire East.

## 1.1 Current need

- There is currently an adequate level of community pharmacy provision in every major town in the Borough. The maps show that this provision is mostly located either in the town centres or close to GP surgeries. There are bordering pharmacies

accessible for residents and the number of pharmacies in Cheshire East is near to the national average. [\(Chapter 21\)](#)

- The public survey shows that 77% of participants are satisfied with the pharmacy services received. The majority of participants were also satisfied with pharmacy opening hours (75% satisfied) and that it was very easy to get to their usual pharmacy (65%). Where residents left comments, common themes included: being unsatisfied with the prescription/dispensing service (7%); long waits (6%); being unsatisfied with opening hours (5%), being unhappy with service from staff (3%). [\(Appendix A\)](#)
- The current dispensing workload as demonstrated by the number of items dispensed per pharmacy is similar to the England average. [\(Chapter 11\)](#)
- There are six practice premises in Cheshire East at which dispensing doctor services are available to eligible patients. Some of these practices cover very rural areas. Patients who receive dispensing doctor services are able to be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the NHS Cheshire and Merseyside Integrated Care Board and public health commissioned services. [\(Chapter 10\)](#)
- According to the tartan rug, the town of Crewe experiences the greatest extent of deprivation in the Borough, and it also has the highest levels of premature mortality. There is a lower level of community pharmacy provision in the Crewe care community area and particularly in the north of the town, although the number of pharmacies per 100,000 population is still reasonable in terms of the national range [\(Chapter 11\)](#). Consideration has been given within this and the previous PNA in relation to the planned housing developments in the area [\(Chapter 15\)](#). However, the PNA Steering Group is assured that this area is adequately provided for by the pharmacies in central Crewe and the local independent provider in North East Crewe. The public survey respondents who reside in Crewe raised no concerns regarding access to pharmacies in terms of location.
- The pandemic has shown that community pharmacy has been resilient and adaptable. Being located in the heart of communities, many with high levels of deprivation, the pharmacies have been essential and valuable to residents, supporting them in their own communities. [\(Chapter 19\)](#)
- There is good coverage of pharmacy provision opening hours, with extended opening hours from 6.30am and throughout the day up to midnight. Care community areas with no evening or weekend provision are able to access the 100 hour pharmacies in neighbouring care communities and pharmacies outside of Cheshire East. [\(Chapter 12\)](#)

## 1.2 Future need

- The prescribing of medicines is predicted to grow by 7.7% by 2024 and a further 6.3% increase by 2029. This is a total increase in medicines use of 14.4% over the ten year

period. Increases of this magnitude are likely in all areas of the country. Existing pharmacies may have to increase their capacity and review their working practices to meet this need. [\(Chapter 15\)](#)

- Office for National Statistics population projections predict higher population growth in Knutsford and Bollington, Disley and Poynton care communities. This is driven by increases in age groups 60 and over and will, therefore, result in increased pharmaceutical need in these areas. The current dispensing workload is already higher than the England average (6,565) in the Bollington, Disley and Poynton care community (7,432), which is consistent with having fewer pharmacies per 100,000 population<sup>1</sup>. However, this care community also has the highest proportion of prescriptions dispensed outside Cheshire East (16.3%; 13.4% are dispensed in neighbouring authorities). It is likely that a high number of prescriptions issued outside Cheshire East are also dispensed by pharmacies in Bollington, Disley and Poynton care community. This is due to the position of the care community on the borders of Cheshire East and its proximity to major conurbations in Greater Manchester. There may be a need to change the skill mix and capacity within each pharmacy to cope with the predicted additional demand. [\(Chapter 11\)](#) Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some pharmacies. This has not changed substantially since the last PNA. [\(Chapter 16\)](#)
- We have taken consideration of the main strategic sites of planned housing developments in relation to current pharmaceutical provision, and Cheshire East is generally well provided for. One area of concern is the planned South Cheshire Growth Village at Basford, Crewe. Consideration of the proposed site suggests that the health needs of the population will be adequately met by Rope Green Medical Centre and the associated Well Pharmacy as well as pharmacies in central Crewe. However, this will need to be monitored as the development progresses. [\(Chapter 15\)](#)

### 1.3 Recommendations

- Patients who receive dispensing doctor services can be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the NHS Cheshire and Merseyside Integrated Care Board and public health commissioned services. Existing pharmacies may have to increase their capacity and review their working practices to meet this need.
- Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some pharmacies. It is recommended that NHS England, Cheshire East Council and NHS Cheshire and

Merseyside Integrated Care Board review accessibility of pharmacy sites, service quality and uptake, including consideration of cultural and equalities needs.

- When using the Office of National Statistics population projections, pharmaceutical need is predicted to increase to a greater extent in the Knutsford and Bollington, Disley and Poynton care communities. The current dispensing workload is higher in the Bollington, Disley and Poynton care community (7,432) than the England average (6,565) which is consistent with having fewer pharmacies per 100,000 population<sup>1</sup>. This might involve a change in the skill mix and capacity within each pharmacy to cope with the predicted additional demand.
- A potential future gap of pharmaceutical provision in Basford, Crewe was identified due to a large, planned housing development. It is recommended that this is monitored for pharmaceutical provision as the housing development progresses over the lifecycle of this PNA.
- Pharmacies have a continued important case-finding role in relation to high blood pressure.
- Pharmacies continue to have a role in supporting patients to recover quickly from minor ailments.
- Over the lifetime of this PNA, the Health and Wellbeing Board will actively consider pharmacy issues and need over the next three years and regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge<sup>2</sup>.

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<sup>1</sup> NHSBSA General Pharmaceutical Services - England 2015/16-2020/21, Summary Tables, NHSBSA Copyright 2022. This information is licenced under the terms of the Open Government Licence

<sup>2</sup> Legislation.gov.uk (2013) The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Subsequent assessments. Available from:  
<https://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

## 2.0 Scope and Purpose of the Pharmaceutical Needs Assessment

### 2.1 Introduction and Purpose

2.1.1 The Health Act 2009 instructed National Health Service (NHS) Primary Care Trusts (PCTs) to publish an assessment of needs for pharmaceutical services in its area. This assessment formed the basis for determining market entry onto a “Pharmaceutical List” i.e. reviewing pharmacy applications to ensure adequate pharmaceutical provision to meet needs within their area.

2.1.2 With the abolition of PCTs, the Health and Social Care Act 2012 transferred the production of Pharmaceutical Needs Assessments (PNAs) to Health and Wellbeing Boards (HWBs) from the 1 April 2013. At the same time the responsibility for using these PNAs as the basis to determine market entry transferred to NHS England under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

2.1.3 The main purpose of the PNA is to enable NHS England to assess applications to open new premises from a pharmacy or dispensing appliance contractor against any geographical gaps identified within the PNA. The PNA should also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required.

2.1.4 Although a PNA is primarily a document to enable NHS England to make application decisions, a robust PNA used in conjunction with the Joint Strategic Needs Assessment (JSNA) should aid commissioners within the Local Authority and Clinical Commissioning Groups (N.B. this was replaced by the integrated care system with effect from 1 July 2022) to target services from pharmacies to areas of most need.

2.1.5 It is important that the PNA reflects both current need and considers any foreseeable changes that may impact on provision during the lifetime of the PNA. If substantive changes occur, either in population need or service provision, the HWB may decide that a revised PNA is required. However, the majority of changes may not require any action, or it may be decided that a supplementary statement assessing the change should be issued by the HWB.

### 2.2 Scope

2.2.1 The scope of the assessment of need must consider the following principles:



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- The safe and efficient supply of medicines, including any additional (non-NHS commissioned) services provided by pharmacies such as:
  - support for housebound patients and older people
  - people with learning difficulties and
  - medication administration support such as monitored dosage systems (MDS) where clinically appropriate. This could be considered an NHS service where there is an adjustment required following an assessment to comply with the Equality Act 2010.
- Pharmaceutical care that supports safe and effective use of medicines
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines
- Enhanced services which increase access, choice, and support for self-care
- Locally commissioned services (e.g. by Clinical Commissioning Groups or local authorities) which have the potential to reduce activity in primary care, avoidable hospital admissions and reduce bed-days
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

2.2.2 The PNA should be utilised as a service development tool in conjunction with the JSNA and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following ways:

- **Maps and tables detailing specific services** - patients can see clearly where they can access a particular service
- **Current service providers** - will be better able to understand the unmet needs of patients in their area and take steps to address this need
- **Future service providers** - will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community
- **Commissioners** - will be able to move away from the “one-size fits all approach” to make sure that pharmaceutical services are delivered in a targeted way
- **NHS England** - will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply.

## 2.3 Development and Governance of the PNA

2.3.1 Cheshire East Health and Wellbeing Board have a statutory responsibility to publish an up-to-date statement of pharmaceutical needs. A revised pharmaceutical needs assessment is required to be published by 1 October 2022. Responsibility for the development and approval of the pre-consultation draft was delegated to the Director of Public Health.

2.3.2 The development of the PNA was overseen by a multi-professional steering group which included representatives from the following:

- Cheshire East Council Public Health
  - Member of Senior Management Team
  - Head of Intelligence
  - Business Intelligence – Research and Consultation
- NHS England
- NHS Cheshire Clinical Commissioning Group (CCG) (until 30 June 2022), which was superseded by the NHS Cheshire and Merseyside Integrated Care Board on 1 July 2022
- Community Pharmacy Cheshire and Wirral Local Pharmaceutical Committee
- Cheshire East Local Medical Committee
- Healthwatch
- Chief Pharmacists for Mid Cheshire Hospitals NHS Foundation Trust and East Cheshire NHS Trust.

If members were unable to attend meetings, their views and contributions were gathered via telephone and email.

## 2.4 Patient and Public Involvement

2.4.1 Healthwatch Cheshire East had already gathered feedback from pharmacy users within the Borough. Specific findings from several Healthwatch reports are incorporated into the PNA. These findings are taken from a report on GP and Pharmacy Access, a report on public views of pharmacy services during the Covid-19 pandemic broken down by care community, and an Across Cheshire programme<sup>2</sup>. The Healthwatch Across Cheshire programme consisted of a 9-week period of engagement with residents across Cheshire. It aimed to find out what matters most to people about their local health and care. Conversations were focused around COVID-19 vaccinations and boosters, flu jabs, access to services from GPs and dentistry, and identified priorities that included pharmacies and self-care. The feedback is designed to help the local NHS and local authorities to plan how to

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<sup>2</sup> [Healthwatch Across Cheshire report published - Healthwatch Cheshire East](#)

meet the health, care, and wellbeing and support needs of people in Cheshire.

2.4.2 To supplement the Healthwatch report, a public survey was carried out by Cheshire & Merseyside's Pharmacy Needs Assessment group on behalf of the Cheshire East steering group. It sought views on what people thought was important in terms of location, pharmaceutical services offered and customer service as well as their experiences of pharmacies and their staff within Cheshire East. The survey was open from 8 November to 6 December 2021. The survey was available on the Council's website consultation page, advertised in the internal Cheshire East staff newsletter, promoted by the CCG and Healthwatch. Paper copies were held in libraries across the Borough and a customer service phone line was set up for people unable to access the survey online. A total of 514 responses were received. Findings were collated into a report and where required supplementary analysis was undertaken to obtain more details or clarity. The results have been incorporated into the relevant sections within this PNA. An overview of additional findings plus a discussion on the representativeness of the participants compared to Cheshire East population as a whole are included in Appendix A.

2.4.3 The views of the pharmaceutical contractors within Cheshire East were captured via an electronic community pharmacy survey made available on PharmOutcomes, a clinical service platform for community pharmacies, during September 2021. The survey was developed in conjunction with the other Health and Wellbeing Board areas in Cheshire and Merseyside. It included questions regarding premises, additional services offered and provision for people with protected characteristics. All 78 community pharmacies within Cheshire East returned questionnaires resulting in a 100% response rate.

## **2.5 Consultation**

2.5.1 The draft PNA underwent public consultation from 1 April 2022 to 10 June 2022. This involved invitations for all key stakeholders to feedback. Key stakeholders were identified by the Cheshire East PNA Steering Group through examination of the national guidance and of the local Equality Impact Assessment. The consultation was also widely publicised via: media release through local and regional media channels; and on the Council's website, Facebook and Twitter channels.

## **2.6 Localities used for considering pharmaceutical services**

2.6.1 The localities used within the PNA match the standard geographies used within the Joint Strategic Needs Assessment. Data are presented by care communities and Cheshire East Local Authority. The eight care communities are based on groups of GP practices who

are working within a network contract agreement with other health and care professionals to deliver services locally. Physical boundaries for these localities were developed by looking at the proportions of the registered populations of these GP groups. Standard geographies such as Middle Layer Super Output Areas (MSOAs) were then allocated to these care communities accordingly, encompassing both town and rural communities in each cluster. This enables us to profile standard data sets such as Census data to these new geographies. An advantage of using these localities is that they better fit general practice (GP) and community pharmacy patient flows. Additionally, community pharmacies also have a contractual element around joint working with Primary Care Networks (PCNs) within a Network Contract Agreement. Another advantage is that a large amount of mapping of service provision against health need had already been undertaken with reference to these localities within the body of the JSNA.

2.6.2 The Cheshire East JSNA and PNA also contain some town-level analyses, constructed from Middle Layer Super Output Areas (MSOAs). Town-level analyses illustrate local variations between communities, which may be hidden by the larger care communities.

## 2.7 Strategic Direction

2.7.1 The Joint Health and Wellbeing Strategy for the population of Cheshire East for 2018-2021<sup>3</sup> states that the Cheshire East Health and Wellbeing Board would work together to reduce health inequalities and make a positive difference to people's lives, through a partnership that understands and takes action to improve the health and wellbeing of the population now and in the future. The Board would do this by:

- Providing strategic system leadership
- Demonstrating improved outcomes within a broad vision of health and wellbeing
- Enabling people to be happier, healthier, and independent for longer
- Making the connections between wellbeing and economic prosperity
- Supporting people to take personal responsibility and make good lifestyle choices
- Engaging effectively with the public.

2.7.2 The Joint Health and Wellbeing Strategy for Cheshire East for 2018-2021 details a number of priorities focused on supporting everyone in Cheshire East, from childhood through to older age. The Health and Wellbeing Board's priorities for 2018-2021 are:

- Create a place that supports health and wellbeing for everyone living in Cheshire East

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<sup>3</sup> The Joint Health and Wellbeing Strategy for the Population of Cheshire East 2018-2021 [Layout 1 \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk)

- Improving the mental health and wellbeing of people living and working in Cheshire East
- Enable more people to Live Well for Longer.

2.7.3 In 2016, Sustainability and Transformation Partnerships (STPs) were established to support the implementation of the Five Year Forward View<sup>[1]</sup>. The Cheshire & Merseyside (C&M) Sustainability and Transformation Partnership aimed to make improvements to health and care that are place-based and built around the needs of the local population. This partnership evolved to become the Cheshire & Merseyside Health and Care Partnership.

This is now an Integrated Care System (ICS) which has been established from 1 July 2022, as set out by the NHS Long Term Plan published in 2019<sup>[2]</sup>. Within the ICS, there is an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). ICBs have been established as new statutory organisations to lead integration within the NHS. The ICB is responsible for the day-to-day running of the NHS in Cheshire and Merseyside, including planning and buying healthcare services. ICPs bring together the NHS organisations, local authorities, and wider partners in a defined geographical area to deliver more joined up approaches to improving health and care outcomes. From 1 July 2022 NHS Cheshire and Merseyside Integrated Care Board holds the responsibility for planning NHS services, including primary care, community pharmacy and those previously planned by clinical commissioning groups (CCGs). Health and wellbeing boards should therefore be aware that some services that were commissioned from pharmacies by CCGs (and are therefore other NHS services) will move to the ICB and will fall under the governance of the wider Integrated Care System.

These changes are as a result of the White Paper “Integration and innovation: working together to improve health and social care for all”<sup>[3]</sup> published February 2021 and the Health and Care Act 2022, which received Royal Assent on 28 April 2022 and sets out sets out legislation to support the implementation of the objectives described in the Long-Term Plan.

2.7.4 The Cheshire and Merseyside (C&M) Health and Care Partnership Strategy 2021-2025 outlines the Integrated Care System approach for the region. This covers 9 Clinical Commissioning Groups, 9 local authorities and many healthcare providers. Priorities identified within the C&M Health & Care Partnership include to:

- Improve population health and healthcare.
- Tackle unequal outcomes and access.
- Enhance productivity and value for money.
- Help the NHS to support broader social and economic development.

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<sup>[2]</sup> The NHS Long Term Plan [NHS Long Term Plan v1.2 August 2019](#)

Furthermore, there are eight additional supporting and enabling programmes: Digital Transformation; Population Health Platform; Provider Collaboratives; Place Based Integrated Care Partnerships; Workforce Planning; Service Design and Transformation; Research & Innovation; and Communication and Engagement.

2.7.5 The Cheshire East Partnership Five Year Plan 2019-2024 has a vision to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. The focus of the Cheshire East Partnership will be upon tackling inequalities and the wider causes of ill-health; prevention of ill health, early intervention, and health improvement; ensuring actions are centred on the individual, their goals, and the communities in which they live; and having shared planning and decision making with residents. The strategic goals for the Cheshire East Place over the next five years are:

- To develop and deliver a sustainable, integrated health and care system
- To create a financially balanced system
- To create a sustainable workforce
- To significantly reduce the health inequalities.

2.7.6 The Cheshire East Partnership Five Year Plan 2019-2024 outlines a number of outcomes to achieve. These are to:

- Create a place that supports health and wellbeing for everyone living in Cheshire East
- Improve the mental health and wellbeing of people living and working in Cheshire East
- Enable more people to Live Well for Longer in Cheshire East
- Ensure that children and young people are happy and experience good physical and mental health wellbeing.

These outcomes will be achieved through the following workstreams: cardiovascular health; respiratory health; children's health; mental wellbeing and social prescribing; and older people's health and dementia.

2.7.7 Nationally, the GP Long Term Plan<sup>4</sup> sets out ambitions to explore a "pharmacy connection scheme" to reduce in-hours and out-of-hours workload for GPs by redirecting minor ailments to pharmacists, rather than to GPs. This is the Community Pharmacist

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<sup>4</sup> GP Long Term Plan [gp-contract-2019.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2019/04/gp-contract-2019.pdf)

Consultation Service (CPCS) which is now live within community pharmacies.

2.7.8 It is essential that local pharmacists engage with the C&M Health & Care Strategy and are considered within transformation plans.

## 2.8 Pharmacy Integration

2.8.1 With the incoming Integrated Care System transformation in the Health and Care system, two Chief Pharmacists at the two local acute hospital trusts were consulted in January 2022 on the direction of travel for pharmacy integration between hospital pharmacy and community pharmacy. The suggested areas of integration are:

- Integration of pharmacy workforce across all systems. Digital interoperability between Primary Care Network pharmacy hospital pharmacy, and community pharmacy. This will improve information sharing across settings, organisations and geographies, as well as between professionals and citizens, to optimise patient outcomes and quality of care.
- Implementation of the national Discharge Medicines Service (DMS) – NHS Trusts are able to refer patients who would benefit from extra support with their medicines after they are discharged from hospital to their community pharmacy. This is a national priority and opportunity<sup>5</sup>. This will improve patient safety at transitions of care and reduce readmissions to hospital.

2.8.2 In addition, potential opportunities of integration at a place level were identified. These are:

- Improved hospital discharge processes through the Discharge Medicines Service at place.
- Improve methods of communication between hospital pharmacy and community pharmacy – for instance, the ability to leave notes on the patient's system to support medicine compliance in the community.
- Related to communication
  - hospital pharmacy would benefit from more engagement from community pharmacy when they do not have stock of a particular critical drug. By taking on this change, patient safety will improve as well as the patient experience of pharmacy services. In this scenario, often the patient ends up either not having a critical medication which could result in patient harm, or they attend the hospital in an attempt to source the medication. Early communication between community and hospital pharmacy in these situations would be of

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<sup>5</sup> [Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE](#)

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benefit to the patient and reduce load on acute services. Information sharing between community and hospital pharmacies may also be beneficial in cases where hospitals are prescribing and dispensing certain drugs whilst the community pharmacists are dispensing others. This information will provide a full medication history which will ensure all interacting medications are noted and actioned where appropriate.

- On discharge from secondary care, quantities of medicines are assessed to ensure patients have sufficient supplies of both new and existing medicines to safely maintain continued treatment within primary care. There is an opportunity to explore how information on changes to a patient's medication can be fast-tracked to pharmacy and GP within 7 days. There is also an opportunity for the community pharmacies to be set up to make up compliance packs to support the hospital. These initiatives would enable hospitals to discharge patients faster, free up beds and improve patient experience.

2.8.3 In the public survey, participants were asked "If you have needed to use a hospital pharmacy, would you like to have the option to have the prescription dispensed at your local pharmacy?". 49% of participants answered they would like to have the option to have their prescription dispensed at their local pharmacy, compared with 13% who answered no they wouldn't like to have the option to have the prescription dispensed at their local pharmacy. 32% of participants answered they have never used a hospital pharmacy and just over 6% skipped this question.

## **2.9 Sustainability**

2.9.1 NHS Cheshire CCG, Cheshire East Local Authority and the Health and Wellbeing Board have committed to take action to improve sustainability, in line with the national ambition to deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.

2.9.2 Climate change and health and wellbeing are inextricably linked. Carbon emissions and particulates in the atmosphere increase the risk of poor health from asthma, heart disease and cancer, while extreme weather events linked with climate change represent a risk to health and life as well as damaging property, homes, and businesses. Medicines and the associated supply chain contribute around 25% of the overall NHS carbon footprint, and community pharmacies are in a unique position to support patients to take their medicines as intended while avoiding over-ordering and stockpiling. They are also able to promote healthy lifestyles and other interventions that may reduce the need for medicines and their associated carbon footprint, for example by including healthy lifestyle messages when delivering the New Medicines Service.



2.9.3 A specific requirement to reduce the carbon impact of inhaled devices was introduced into the Community Pharmacy Quality Scheme in 2021, with community pharmacy being asked to promote the return of used or unwanted inhalers to pharmacy for safe destruction.

### 3.0 Current Pharmaceutical Services

#### 3.1 Funding of Community Pharmacies

3.1.1 Funding of community pharmacy comes from several sources:

- NHS Community Pharmacy contractors are paid for services they provide under the community pharmacy contractual framework according to a set of fees and allowances agreed between the Department of Health and Pharmaceutical Services Negotiating Committee. These are published in the Drug Tariff each month. The whole framework is being reviewed nationally. The community pharmacy contractual framework is the mechanism the NHS uses to contract pharmaceutical service from community pharmacy contractors.
- Local Commissioners: Additional income comes from providing services commissioned locally by CCGs, local authorities such as smoking cessation and needle exchange services.
- Sale of goods and service over the counter.

3.1.2 For most pharmacies, over 80% of their funding comes from their NHS contract, contracted under the Community Pharmacy Contractual Framework (CPCF). The Department of Health has announced cuts to the funding of pharmacies and there is concern that this could impact on the viability of some pharmacies. At this time the full impact of how many pharmacies might close is not known. In order to mitigate the risk of pharmacy closures, the Pharmacy Access Scheme (PhAS) has been introduced. Subject to fulfilling certain criteria, a pharmacy could qualify for payments to bridge the funding reduction.

**Table 1: Pharmacies granted Pharmacy Access Scheme Money within Cheshire East Council (January 2022)**

Care Community	Area	Pharmacy	Address	Postcode
Nantwich & Rural	Audlem	Boots	1 CHESHIRE STREET, AUDLEM, CREWE	CW3 0AH

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SMASH	Sandbach – Elworth	Wise Pharmacy	11 LONDON ROAD, ELWORTH, SANDBACH	CW11 3BD
	Middlewich	Cledford Pharmacy	70 WARMINGHAM LANE, MIDDLEWICH	CW10 0DJ
Crewe	Crewe – Coppenhall	Rydale Pharmacy	18 NORTH STREET, COPPENHALL, CREWE	CW1 4NL
Congleton, Holmes Chapel	Goostrey	Goostrey Pharmacy	3 CHESHIRE HOUSE, 164 MAIN ROAD, GOOSTREY, CREWE	CW4 8JP
Macclesfield	Macclesfield	Andrews Pharmacy	71 KENNEDY AVENUE, MACCLESFIELD	SK10 3DE
Bollington, Disley, Poynton	Bollington	Rowlands Pharmacy	BOLLINGTON MEDICAL CENTRE, THE WATERHOUSE, WELLINGTON ROAD, BOLLINGTON	SK10 5JH
	Disley	Well	11 FOUNTAIN SQUARE, DISLEY	SK12 2AB
Alderley Edge, Handforth, Chelford, Wilmslow	Handforth	Tesco In Store Pharmacy	KILN CROFT LANE, HANDFORTH, WILMSLOW	SK9 3PA
	Prestbury	Prestbury Pharmacy	UNICORN HOUSE, PRESTBURY, MACCLESFIELD	SK10 4DG
	Wilmslow	Lloyds Pharmacy	UNIT 2, SUMMERFIELD VILLAGE CTR, DEAN ROW ROAD, WILMSLOW	SK9 2TA

### 3.2 Quality Payment

The Department of Health introduced “Quality Payments”, into the community pharmacy contractual framework in 2017, to reward high quality in community pharmacies. This consists of gateway criteria i.e. those criteria a pharmacy must reach in order to gain payment for other quality related domains. Since the introduction of “quality payments”, the gateway criteria have changed over the years to ensure a continued quality improvement approach.

Currently the three gateway criteria are:

1. Advanced service - Each contractor needs to have completed 20 New Medicine Service (see chapter 6.6 for more detail) interventions between 1 April 2021 and 5 April 2022.
2. Safety report and demonstrable learnings from the Centre for Pharmacy Postgraduate Education (CPPE) Look Alike, Sound, Alike (LASA) e-learning. This has two parts:
  - a) CPPE LASA e-learning and assessment - All pharmacy professionals must have completed and passed this course, and
  - b) New Safety Report - Each pharmacy must have a new safety report to replace one completed in 2020.
3. Risk Review. This has two parts:
  - a) CPPE risk management e-learning and assessment, which must be completed by all pharmacy professionals, and
  - b) Risk review of the whole pharmacy, specifically including management to minimise transmission of COVID-19.

Once a community pharmacy contractor has achieved all of these, they are able to complete seven quality domains. A payment can be claimed for each of these providing the pharmacy meets the domain.

**Table 2: Seven quality criteria in the community pharmacy contract**

Domain	Description
Medicines Safety and Optimisation	Audit of patients taking anti-coagulants
Respiratory	Personalised asthma plans, inhaler technique check, return of unwanted and unused inhalers
Digital	Training for pharmacy professionals in conducting consultations remotely
Primary Care Network	To work jointly with PCN GPs on the annual influenza vaccination programme
Prevention	Infection prevention control and antimicrobial stewardship*
Addressing unwarranted variation in care	Training requirement for all pharmacy professionals on health inequalities
Healthy Living Support	Training around weight management for all pharmacy staff and all staff able to refer patients to local services

\*Antimicrobial stewardship (AMS) refers to an organisational or healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness. Addressing antimicrobial resistance through improving stewardship is a national medicines optimisation priority, led by NHS England and supported by Public Health England.<sup>6</sup>

#### 4.0 Definition of Pharmaceutical Services

4.1 The NHS Act 2006 sets out the definition for pharmaceutical services. Pharmaceutical services are generally provided by virtue of Part 7 of the Act. Under section 126(1) – (3), NHS England is required to secure, on the basis of regulations made by the Secretary of State, the provision of services to people in their area of medicines and listed appliances and "such other services as may be prescribed" (section 126(3)(e)). Prescribed services must be set out in Regulations. Therefore, these prescribed services, and the dispensing services referred to in section 126(3)(a) to (d), constitute the core "Essential" NHS pharmaceutical services. Section 127 also provides for "additional pharmaceutical services" to be set out in Directions to NHS England. Directed services include Advanced and Enhanced services for pharmacy contractors and Advanced services for dispensing appliance contractors.

4.2 The Community Pharmacy Contractual Framework was introduced in 2005. Under the framework, there are three types of service which can be provided by community pharmacy and/or appliance contractors. In the PNA, the pharmaceutical services that are to be considered are:

<sup>6</sup> [Antimicrobial stewardship | Medicines guidance | BNF content published by NICE](#)

- “Essential services” which every community pharmacy providing NHS pharmaceutical services must provide. These are the dispensing of medicines, promotion of healthy lifestyles, and support for self-care including appropriate signposting.
- “Advanced services”, which are nationally commissioned and a pharmacy contractor can choose which ones they provide. There are currently nine different “Advanced services”. These are listed below but full detail of each is given in chapter 6:
  - New medicines service (NMS)
  - Seasonal Flu Vaccination Service
  - Community Pharmacy Consultation Service (CPCS)
  - Hepatitis C testing service
  - Hypertension Case Finding Service
  - Appliance Use Review
  - Stoma Appliance Customisation
  - Smoking Cessation service.
- Locally commissioned services that are commissioned by NHS England and Improvement. NHS England commission a service from four pharmacies to hold stocks of medicines required in an emergency situation e.g. antivirals.

Since January 2021, they also commission the COVID-19 Vaccination Service from nine pharmacies in Cheshire East. These are:

- Andrews Pharmacy, Macclesfield
- Hollowood Pharmacy, Crewe
- Allied Pharmacy, Alsager
- Boots Pharmacy, Wilmslow
- Rowlands Pharmacy, Bollington
- The Village Pharmacy, Prestbury
- Tesco Pharmacy, Congleton
- Well Pharmacy, Sandbach
- Well Pharmacy, Congleton.

4.3 Since April 2013, the definition of pharmaceutical services in relation to the PNA does not include any services commissioned from pharmaceutical contractors by local authorities and Clinical Commissioning Groups.

## 5.0 Essential Services

### 5.1 Dispensing Medicines or Appliances.

Pharmacies are required to maintain a record of all medicines dispensed, and also to keep records of any interventions made which they judge to be significant. Whilst the terms of service require a pharmacist to dispense any (non- blacklisted) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of his business”.

The Electronic Prescription Service (EPS) has been implemented as part of the dispensing service. Prescription-linked interventions can be identified during the dispensing process and pharmacists can identify patients with specified health needs which should be addressed. The health needs that the HWB wish to be targeted could be agreed with the NHS England and the Local Pharmaceutical Committee (LPC).

### 5.2 Repeat Dispensing.

Pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and check that there is no reason why the patient should be referred back to their General Practitioner (GP). This service is aimed at patients with long term conditions who have a stable medication routine and hence may have less opportunity to discuss any health issues with their GP or nurse.

Pharmacists are required to check if a patient is using their medication. This gives them an opportunity to identify if a patient is not using their medication as intended and hence may not be getting the desired health outcomes for which the medications were prescribed. This process was introduced as a paper-based process with low uptake by GPs. Now that EPS has been embedded, NHS Digital are supporting practices to use electronic repeat dispensing and targets have been added to the GMS contract. Rates of repeat dispensing remain lower than the national average and targets – between 3% and 5% over the past two years.

### 5.3 Disposal of Unwanted Medicines.

Pharmacies are obliged to accept back unwanted medicines from patients. The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols. NHS England will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. Additional

segregation is also required under the Hazardous Waste Regulations.

Pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion to identify problems, such as side effects or dosage regimes, which could be addressed to help improve the patients' health outcomes. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all. Locally, other sharps can be taken into the pharmacy for safe disposal. This service is commissioned by the local authority.

#### **5.4 Public Health Campaigns and Promotion of Healthy Lifestyles.**

Each year, pharmacies are required to participate in up to six public health campaigns at the request of NHS England. These campaigns involve the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to be "healthy living pharmacies" which requires accreditation and then participation in a wide range of health promotion activities to support their local populations. This was a gateway criterion originally and is now an "Essential service".

#### **5.5 Signposting.**

Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help if they are unable to resolve the person's issue. All community pharmacies are required to have completed training and accreditation to be "healthy living" pharmacies.

#### **5.6 Support for Self Care.**

Pharmacies will help to manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct/NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

#### **5.7 Clinical Governance.**

The clinical governance requirements of the community pharmacy contractual framework cover a range of quality related issues. Clinical governance is a system through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which

excellence in clinical care will flourish.<sup>7</sup> In December 2016, the Department of Health introduced the Quality Payments Scheme for community pharmacy contractors. This attached payments, for community pharmacy contractors, subject to them meeting a range of quality criteria. Although new, it is anticipated that the quality incentives will continue but that criteria will evolve over time to encourage continuous improvements. The arrangements for some of the criteria for a distance selling pharmacy are slightly different.

## 6.0 Advanced Services

### 6.1 Hypertension Case Finding Service (publicised as NHS Blood Pressure Check Service)

This service aims to support the NHS Long Term Plan for prevention of cardiovascular disease by:

- Identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under 40 may also be included in the service.
- At the request of a GP, undertaking ad-hoc normal and ambulatory blood pressure measurements.
- Providing an opportunity to promote healthy behaviours to patients.

The service has two stages:

- Stage 1 - identifying people at risk of hypertension and offering them an opportunity to have their blood pressure measured.
- Stage 2 - offering 24-hour ambulatory blood pressure monitoring (ABPM) if a person's blood pressure reading is high at Stage 1 or they are referred to the pharmacy by their GP.

Patients identified with high blood pressure will be referred to their GP.

### 6.2 Flu Vaccination.

Community pharmacists have been commissioned to provide the seasonal flu vaccination service since 2015 to anyone over 18 who is eligible for an NHS flu vaccination that winter season.

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death

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<sup>7</sup> [Clinical Governance guidance updated final.pdf \(psnc.org.uk\)](https://www.psn.org.uk/clinical-governance-guidance-updated-final.pdf)



among individuals and protecting the population's health. For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, those with underlying disease are at particular risk of severe illness, hospital admission, or death from influenza. The aim of the seasonal influenza vaccination programme is to protect adults and children who are most at risk should they develop influenza by offering protection against the most prevalent strains of influenza virus.

### **6.3 Hepatitis C testing service.**

This service focuses on provision of point of care testing for Hepatitis C antibodies to people who inject drugs, i.e. individuals who inject illicit drugs but have not yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. This service has been extended until 31 March 2023.

### **6.4 Appliance Use Review (AUR).**

Appliance Use Review (AUR) was introduced into the NHS community pharmacy contract on 1 April 2010. This service can be provided by either community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

6.4.1 The service has a national service specification but was established locally between Primary Care Trusts (now abolished) and their pharmacy contractors. A fee is payable to all community pharmacy and appliance contractors for each AUR they have carried out. There is a different fee depending on whether the AUR was carried out in the patient's home or on the contractor's premises. The maximum number of AURs for which a contractor is eligible to be paid for under this service is not more than 1/35th of the aggregate number of specified appliances dispensed by the contractor during the financial year.

6.4.2 AURs should improve the patient's knowledge and use of any specified appliance by:

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

### 6.5 Stoma Appliance Customisation (SAC)

Stoma Appliance Customisation (SAC) was also introduced on 1 April 2010. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service can be provided by either pharmacy or appliance contractors. Between April 2020 and March 2021, 31 SACs were provided by eight pharmacies in Cheshire East.

### 6.6 New Medicines Service (NMS).

The New Medicines Service (NMS) was the fourth Advanced service to be introduced in the NHS community pharmacy contract and was introduced on 1 October 2011. This service can be provided by pharmacies only. The NMS was originally implemented as a time-limited service but is now an ongoing service within the Community Pharmacy Contract.

#### 6.6.1 The New Medicines Service aims to:

- Help patients and carers manage newly prescribed medicines for a long-term condition (LTC) and make shared decisions about their LTC
- Recognise the important and expanding role of pharmacists in optimising the use of medicines
- Increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention agenda
- Supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- Promote multidisciplinary working with the patient's GP practice
- Link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- Promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- Support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- Improve pharmacovigilance\*

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- Through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients.

\*Pharmacovigilance is the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine/vaccine related problem

6.6.2 The NMS is focused on the following patient groups and conditions. For each, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines for these conditions, they will be eligible to receive the service:

- Acute coronary syndromes
- Asthma and COPD
- Atrial Fibrillation
- Coronary Heart Disease
- Diabetes (type 2)
- Epilepsy
- Glaucoma
- Gout
- Heart Failure
- Hypercholesterolaemia
- Hypertension
- Long term risks of venous thromboembolism/embolism
- Osteoporosis
- Parkinson's disease
- Stroke or transient ischemic attack
- Urinary incontinence or retention.

6.6.3 There is no routine information available about the use of NMSs for each condition, so it is not currently possible to estimate the proportion of new patients in Cheshire East who receive this service. However, the current overall volume of service is likely to be sufficient to meet need, providing the use of this service is appropriately targeted.

## **6.7 Smoking Cessation service**

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support, as required, in line with the NHS Long Term Plan care model for tobacco addiction. This is due to start from Spring 2022.

### **6.8 Community Pharmacist Consultation Service**

Patients are referred to a community pharmacist by NHS 111 or from a GP surgery when they have a need to access urgent supply of their medicines or have minor low acuity illness. The pharmacist will have a consultation with the patient, determine the help that is needed and if they cannot resolve the issue themselves, sign-post the patient to an appropriate clinician who can help them.

## 7.0 Locally Commissioned Services

### 7.1 Services Commissioned by Cheshire East Council

7.1.1 Under the Health and Social Care Act 2012, responsibility for commissioning certain public health services sits in local authorities. It is now mandatory for Cheshire East Council to commission community based sexual health services, NHS Health Checks and the National Child Measurement Programme. Local authorities can also commission other public health services according to local needs. Other public health services are commissioned by NHS England for example, screening and immunisation programmes.

7.1.2 Several public health services may be provided by and within community pharmacies. This is evident in current local arrangements. In 2016, many local authority services were re-commissioned through a formal recommissioning process. In commissioning these services, efforts have been taken to ensure that the provision reflects local needs. The table below illustrates the number and proportion of community pharmacies that provide public health services currently commissioned by Cheshire East Council. Pharmacy level tables can be found in Appendix B.

**Table 3: Pharmacies providing Public Health Services by Care Community**

Care Community	No. Pharmacies	Emergency Hormonal Contraception (EHC)	Quick Start Contraception	Chlamydia Screening - Postal Kit	Smoking Cessation Services	Supervised Consumption	Needle Exchange
Alderley Edge, Chelford, Handforth, Wilmslow	11	6	5	2	2	1	1
Bollington, Disley, Poynton	4	2	2	2	0	0	0
Congleton, Holmes Chapel	12	8	6	4	0	3	2
Crewe	15	14	13	7	1	7	1
Knutsford	5	5	4	2	1	0	1
Macclesfield	12	11	7	5	1	5	4
Nantwich and Rural	6	5	5	2	0	2	1
SMASH	13	11	8	5	1	2	3
<b>Cheshire East</b>	<b>78</b>	<b>62 (79%)</b>	<b>50 (64%)</b>	<b>29 (37%)</b>	<b>6 (8%)</b>	<b>20 (26%)</b>	<b>13 (17%)</b>

Data Source: Public Health Commissioners 2022

**7.1.3 Emergency Hormonal Contraception (EHC).** This service facilitates the provision of Levonorgestrel and Ulipristal Acetate for Emergency Hormonal Contraception (EHC) by pharmacists in Cheshire East. This is provided when appropriate to clients in line with the requirements of a Patient Group Direction (PGD). As part of the assessment for eligibility, under 16s must be competent to consent to the treatment (Fraser competencies). The service constitutes a particularly important component of the total contraceptive and sexual health service provision and is essential in order to support the service already provided by sexual health clinics commissioned by East Cheshire Trust and provided by Axess (Liverpool University Hospital Foundation Trust). The service helps to support the reduction of teenage pregnancy.

**7.1.4** EHC is available from 79% of community pharmacies in Cheshire East, although this proportion is higher in the Crewe, Macclesfield and SMASH care communities. The lowest level of provision is in the Bollington, Disley and Poynton, Knutsford and Nantwich and Rural care communities. Macclesfield and Alderley Edge, Chelford, Handforth and Wilmslow care communities have seen an increase in pharmacies providing EHC since the last PNA (50% in Alderley Edge and 83% in Macclesfield).

**7.1.5 Quick Start Contraception.** This concerns the provision of free starter packs for women to start on oral contraception under a Patient Group Direction, specifically a progestogen only pill (POP). Quick Start Contraception is used as a bridging method for women accessing EHC with a view to service users obtaining further supplies via (in most cases) their local GP or local sexual health clinic.

This service is available from 64% of pharmacies in Cheshire East, all care communities have this provision available with the Crewe and SMASH care communities with a higher provision level. This service is sub-contracted by Axess Sexual Health on behalf of Liverpool University Hospital Foundation Trust.

**7.1.6 Chlamydia screening service for people aged 15-24.** Established in 2003 the National Chlamydia Screening Programme (NCSP) aims to prevent and control chlamydia through early detection, treatment of infection and reduction in onward transmissions in young people between the ages of 15 to 24. Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in England. If left untreated it can have serious long-term consequences including infertility and pelvic inflammatory disease in women and epididymitis in men. It often has no symptoms but is very easy to diagnose and treat. The aims of the service are to increase access to STI screening (including Chlamydia) by providing additional locations where people can access testing and treatment for chlamydia, to increase access for young people to treatment, sexual health advice and referral on to specialist services where required, to increase knowledge of the risks associated with STIs,

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and to strengthen the network of contraceptive and sexual health services to help provide easy and swift access and advice. Commissioned pharmacies can distribute postal chlamydia testing kits and/or can provide a chlamydia treatment service for patients referred by Axess Sexual Health services who will carry out partner notification and contact tracing.

This service is available from 37% of pharmacies in Cheshire East. All care communities have service provision, with Crewe, Macclesfield and SMASH care communities with higher levels of provision. This service is sub-contracted by Axess Sexual Health on behalf of East Cheshire Trust.

**7.1.7 C-card.** In Cheshire East, there are a range of services signed up to be a registration and distribution site for the c-card scheme which provides which provides free condoms to people aged under 30. Of those, seven pharmacies in Cheshire East have signed up to the c-card scheme. The c-card scheme is coordinated by the Integrated Sexual Health Service at the Liverpool University Hospital NHS Foundation Trust (LUHFT).

**7.1.8 Stop smoking services.** The Council's commissioned integrated lifestyle service, One You Cheshire East, sub-contracts with local pharmacies for the provision of stop smoking support. This includes both smoking cessation support pharmacies, as well as provision of Nicotine Replacement Therapy (NRT) via a voucher scheme. The service aims to improve the health of the local population by supporting as many quitters as possible to achieve a quit within 4 weeks. Particular emphasis is given to targeting smokers living in areas of deprivation. The Community Pharmacy Contractual Framework outlines plans for the introduction of a national smoking cessation service.

At the time of writing the PNA, the number of pharmacies commissioned to provide smoking cessation services does not include the national smoking cessation service as an Advanced service. It is anticipated the national smoking cessation service will be commissioned early 2022<sup>8</sup>. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

More detailed needs analysis for drugs and alcohol was undertaken as Cheshire East Drugs and Alcohol JSNA (February 2017), which is being used to inform commissioning decisions. The JSNA contains an asset map identifying Pharmacy Treatment Services within Cheshire East; pharmacies were identified as potential deliverers for the wider delivery of Identification and Brief Advice (IBA).

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<sup>8</sup> [Community Pharmacy Contractual Framework 5-year deal: year 3 \(2021 to 2022\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/community-pharmacy-contractual-framework-5-year-deal-year-3-2021-to-2022)

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The Tobacco JSNA (June 2017) highlighted pharmacies as key providers in identification and brief intervention with new commissioned services:-

- Between the two community pharmacies (Well and Rowlands) identifying smokers within their own patient population including via medication reviews
- Community Stop Smoking Services also commissioned to provide alcohol brief intervention
- All Cheshire East pharmacists dispensing Nicotine Replacement Therapy via the local voucher scheme to support smokers to quit.

**7.1.9 Supervised consumption and needle exchange.** This includes supervised consumption of prescribed opiate maintenance treatment (Methadone or Buprenorphine) at the point of dispensing in the pharmacy, ensuring that the dose has been consumed by the patient. In addition, needle exchange schemes aim to reduce the rate of blood-borne infections and drug related deaths and support the safe disposal of used injecting equipment.

**7.1.10** In total, 25 pharmacies provide supervised consumption and/or needle exchange services, 17 pharmacies provide one of these services and 8 provide both services. The Bollington, Disley, Poynton care community currently has no pharmacies commissioned to provide drug services. The provision of these services is highest in the Macclesfield and Crewe care communities. These are the areas experiencing the poorest health and wellbeing outcomes according to the tartan rug and as such there is potentially the greatest need.

**7.1.11 The Future of Public Health Commissioning in Pharmacies in Cheshire East.**

Contracts for many public health services will be due for review during the life cycle of the current pharmaceutical needs assessment. Community pharmacies in Cheshire East could potentially offer several public health services. Within the community pharmacy survey, pharmacies were asked about additional Public Health services they would consider providing. A total of 65 (83%) pharmacies would be willing to provide Obesity Management for adults and children and 61 (78%) would be interested in delivering NHS Health Checks. Apart from the drug services, only a minority of pharmacies indicated that they would not be willing to provide the existing Public Health services, but the willingness expressed within the survey responses is not reflected in the numbers of pharmacies currently contracted to provide these services. Numbers of pharmacies unwilling to provide Public Health services was as follows:

- Emergency hormonal contraception (EHC) 3 (3.8%)
- Quick Start Contraception 11 (14.1%)
- Chlamydia Testing 17 (21.8%)



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- Chlamydia Treatment Services 16 (20.5%)
- Smoking cessation services: Smoke cessation counselling 15 (19.2%), NRT Voucher dispensing 14 (17.9%) and Varenicline PGD 11 (14.1%)
- Supervised consumption and needle exchange: Needle and Syringe Exchange service 17 (21.8%) and Supervised Administration 8 (10.3%)

In the public survey, participants were asked which services they would like pharmacies to provide. There were a range of services that participants felt were of value:

- 65% (333/514) of participants would like advice on contraception and the supply of the “morning after pill” free of charge. 88% of participants answered this question.
- 64% (328/514) of participants would like advice & treatment on stopping smoking. 88% of participants answered this question.
- Of the 476 of participants who answered the question, 81% would like the provision of treatment of a minor illness such as a cold instead of the doctor.
- 85% (438/514) of participants would like provision of flu vaccinations in pharmacies. 91% of participants answered this question.
- Of the 464 of participants who answered the question, 78% would like the provision of other immunisations within the community pharmacy.
- 72% (375/514) of participants would like community pharmacy to provide reviews of new medicines with advice on when it is best to take them. 90% of participants answered this question.
- 56% (289/514) of participants would like screening for other conditions within community pharmacy. 90% of participants answered this question.
- Of the 457 who answered, 54% (277/514) would like the provision of weight management services and advice on diet/exercise for weight management.
- In terms of treatment for alcohol or drug misuse, although around 35% felt these were good for pharmacies, the majority did not want these services to be available locally through pharmacies. 87% of participants answered these questions.

These results need to be considered with caution as the age distribution of the participants to the public survey is not representative of the Cheshire East population as a whole. It is heavily skewed towards the 55 to 64 and 65 to 74 age groups with overrepresentation in both these age groups (see Appendix A for more details of the characteristics of participants). Certain sexual health and emergency hormonal contraception services offered by pharmaceutical providers may not be consideration for many within these age groups. Also, substance misuse services are only needed by a small proportion of the population. According to the Public Health England Fingertips website, data taken from the National Drug Treatment Monitoring System states there were 1,037 people in treatment

in specialist drug misuse services in Cheshire East in 2020/21<sup>9</sup>. This is an increasing trend from 843 in 2017/18 and 962 in 2019/20.

## **7.2 Services Commissioned by NHS Cheshire Clinical Commissioning Group**

### **7.2.1 Urgent Palliative Care Medicines Service.**

This service is commissioned from 28 pharmacies in Cheshire East to ensure that residents have access to a defined list of medicines if needed urgently at end of life. Each pharmacy providing the service provides a quarterly assurance report stating that they have the palliative care formulary list of medicines in stock in anticipation of receiving prescriptions to dispense at short notice.

This stock holding is retained in addition to the stock held at appropriate levels for the usual dispensing service of the pharmacy. The stock holding was reviewed during the initial phase of the COVID-19 pandemic in 2020, and then returned to pre-pandemic levels in 2021. The service is currently available from 6 of the pharmacies that provide services for 100 hours per week.

### **7.2.2 Pharmacy First Minor Ailments Service.**

The Pharmacy First Minor Ailments Service aims to support patients to recover quickly and successfully from episodes of ill health that are suitable for management in a community pharmacy setting. The service is currently provided by 65 community pharmacies in Cheshire East.

It aims to divert patients with specified minor ailments from GP and urgent care settings into community pharmacies, where the patient can be seen and treated in a single episode of care. The Pharmacy First Minor Ailments Service is complementary to self-care approaches and provides an extension to the nationally commissioned Community Pharmacy Consultation Service, as it facilitates provision of Prescription Only Medicines when appropriate. Of the 65 community pharmacies, this service is currently available from 8 of the pharmacies that provide services for 100 hours per week.

7.2.3 In the public survey, 69 out of 514 participants said they received advice about a minor ailment during their consultation with the pharmacist. Though this may not be in relation to the commissioned service, it demonstrates that there is a need for the

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<sup>9</sup> [Co-occurring substance misuse and mental health issues - OHID \(pne.org.uk\)](https://pne.org.uk)

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commissioned service within community pharmacies. In addition, 420 out of 514 public survey participants answered that they would like “To get treatment of a minor illness such as a cold instead of my doctor (free of charge if you are eligible for free prescriptions)” from local pharmacies.

## 8.0 Dispensing Appliance Contractors (DAC)

**8.1** DACs are unable to supply medicines. Most specialise in dispensing stoma appliances, such as colostomy, urostomy and ileostomy bags and associated products, providing a specialist service to a specific cohort of patients. DACs cover a wider geographical area than a community pharmacy, often spanning more than one health locality or providing services nationwide. Every DAC must provide mandatory Essential services relating to these products and can choose to provide two Advanced services: Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

**8.2** Cheshire East has no DACs within its boundaries. Cheshire East patients requiring appliances are therefore served by appliance contractors from other areas of the country operating within a network of local distribution centres on a national basis. There have been no reported issues from patients or prescribers to indicate that patients in Cheshire East have difficulty in obtaining the products that they require.

**8.3** Pharmacy contractors can choose to accept prescriptions for appliances and dispense them under their pharmaceutical contract to obtain the service from a DAC or wholesaler located at a national distribution site. It is often a joint decision between the specialist from secondary care and the patient as to where the prescription for an appliance is sent and thus how the dispensing appliance service is provided.

## 9.0 Distance Selling Pharmacies

**9.1** In Cheshire East, there are currently two distance selling / internet pharmacies, both of which are located within the SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) care community. The two distance selling pharmacies are currently responsible for dispensing 0.55% of prescriptions issued to patients registered with Cheshire East practices.

**9.2** Although it was not explicitly asked, there were no comments relating to DSPs raised as part of the public survey or within Healthwatch consultations. In the previous PNA 2018, 28 participants regularly used an online pharmacy, with an additional 56 who sometimes use an online pharmacy. 38% (254) had not used an online pharmacy but may in the future.

## 10.0 Dispensing Doctors

**10.1** Pharmacies may not always be viable in more rural areas. This is where the services of dispensing doctors can play an important role in ensuring that patients receive their medicines promptly, efficiently, conveniently and to high standards. In order to be dispensed to by their GP practice, a patient must meet certain requirements in the regulations, which are:

- They must live in a controlled locality (which is an area that has been determined by NHS England or a predecessor organisation to be “rural in character”)
- They must live more than 1.6km (measured in a straight line) from a pharmacy
- The practice must have approval for the premises at which they will dispense to them
- The practice must have the appropriate consent for the area the patient lives in.

**10.2** In the Cheshire East Health and Wellbeing Board area as at the 28 January 2022 there are six practice premises at which dispensing doctor services are available to eligible patients. These are:

- Bunbury Medical Practice, Bunbury (Whilst this dispensing doctor is associated with the Cheshire West and Chester local authority, it lies within Cheshire East boundary and serves some Cheshire East residents, therefore it has been included within this PNA)
- Chelford Surgery, Chelford
- Greenmoss Medical Centre, Scholar Green
- Holmes Chapel Health Centre, Holmes Chapel
- Knutsford Medical Partnership, Knutsford
- Wrenbury Medical Practice, Wrenbury.

**10.3** Having analysed the data from the dispensing doctors survey, it is concluded that there is no significant gap in provision of Essential pharmaceutical services for the population served by dispensing doctors. See Appendix F for the dispensing doctors survey results.

**10.4** Dispensing Doctors are good at accommodating for protected characteristics, with nearly all practices with wheelchair ramp access, large print labels and leaflets, automatic door assistance, toilet facilities accessible to wheelchair users, hearing loops, disabled parking, and an ability to support patients whose first language is not English.

**10.5** The six dispensing practices in Cheshire East dispensed 401,488 items during 2020/21, accounting for 6% of all items prescribed and dispensed within the Borough. This is the equivalent of an average of 5576 items per month per dispensary.

## 11.0 Community Pharmacy Provision Commissioned in Cheshire East

**11.1** At the beginning of December 2021 there were 76 community pharmacies, 2 distance selling pharmacies and 6 dispensing GPs on the pharmaceutical list in Cheshire East. There were no dispensing appliance contractors.

**Table 4: Community dispensing premises located in Cheshire East, December 2021**

Care Community	Community Pharmacies	Distance Selling Pharmacies	Dispensing Appliance Contractors	GP surgeries	Of which Dispensing GP Practices
Alderley Edge, Chelford, Handforth, Wilmslow	11	0	0	6	1
Bollington, Disley, Poynton	4	0	0	4	0
Congleton, Holmes Chapel	12	0	0	4	1
Crewe	15	0	0	6	0
Knutsford	5	0	0	2	1
Macclesfield	12	0	0	6	0
Nantwich and Rural	6	0	0	5	2
SMASH	13	2	0	7	1
Rural Alliance PCN*	0	0	0	1	0
<b>Cheshire East</b>	<b>78</b>	<b>2</b>	<b>0</b>	<b>41</b>	<b>6</b>

GP Practices allocated to care communities according to their physical position

\*Rural Alliance PCN lies with Cheshire West and Chester local authority, however the Bunbury Medical Practice lies within Cheshire East boundary and serves some Cheshire East residents, therefore it has been included within this PNA.

Data Source: National GP Practice and Pharmacy tables as at November 2021

**11.2** Cheshire East's PNA published in March 2018 identified 81 community pharmacies

which fell within the Cheshire East Local Authority boundary. The number of pharmacies is now 78, an overall decrease of 3 (3.7%). This includes a distance selling pharmacy in Congleton, Holmes Chapel. The number of 100 hour pharmacies has fallen by 2. Table 5 below shows the change across the various care communities

**Table 5: Changes in numbers of community pharmacies since last PNA**

	PNA 2018		Current		Movement since 2018	
Care Community	Community Pharmacies	100 hr	Community Pharmacies	100 hr	Community Pharmacies	100 hr
Alderley Edge, Chelford, Handforth, Wilmslow	11	0	11	0	0	0
Bollington, Disley, Poynton	4	0	4	0	0	0
Congleton, Holmes Chapel	14	3	12	2	-1	-1
Crewe	15	3	15	3	0	0
Knutsford	6	1	5	0	-1	-1
Macclesfield	12	3	12	3	0	0
Nantwich and Rural	6	1	6	1	0	0
SMASH	13	0	13	0	0	0
<b>Cheshire East</b>	<b>81</b>	<b>11</b>	<b>78</b>	<b>9</b>	<b>-2</b>	<b>-2</b>

Data Source: National Pharmacy tables as at Nov 2021, Pharmacy Survey 2021

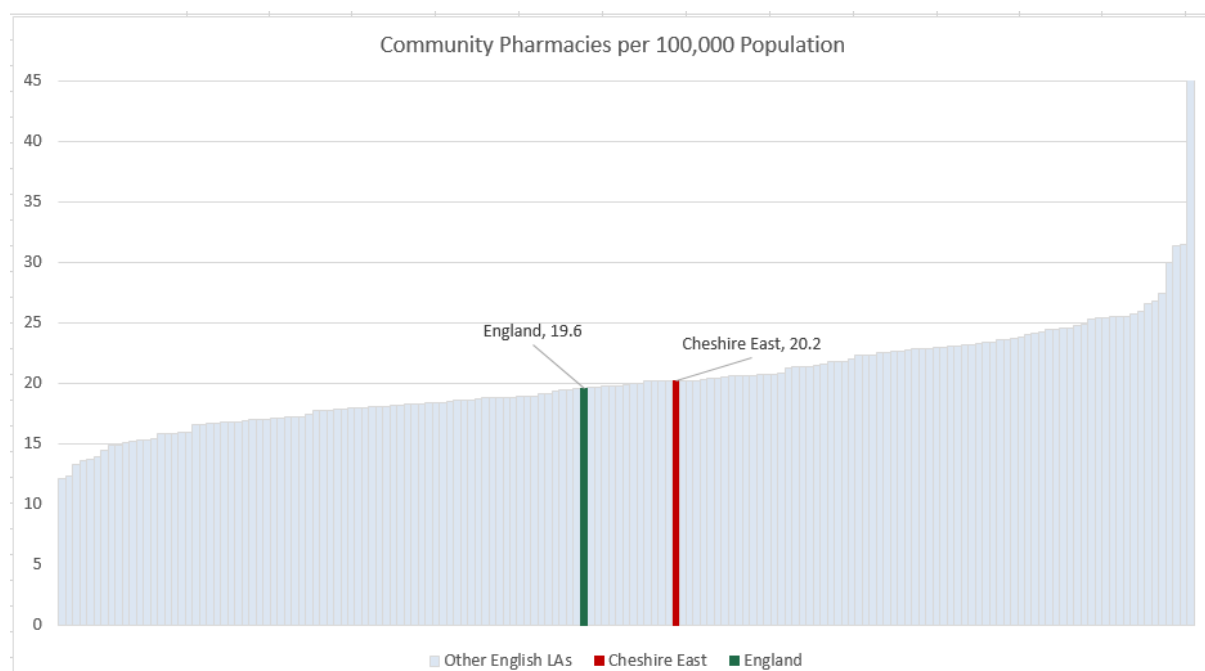
**11.3** There is a very strong correlation between population size and the number of local community pharmacies. The highest population density areas of the towns of Crewe, Macclesfield, Congleton have between eight and fifteen pharmacies. Most of the main towns in Cheshire East are served by at least two pharmacies. Several towns and villages have a single community pharmacy, including Audlem, Bollington, Disley, Goostrey, Haslington, Holmes Chapel, Mobberley, Prestbury and Shavington.

**11.4** Figure 1 illustrates the national distribution of the number of community pharmacies per 100,000 population compared with the average within Cheshire East and England average figure. Figure 2 illustrates the national distribution of pharmacies compared with the average per care community in Cheshire East.

In 2021 there were 19.6 pharmacies per 100,000 in England. According to the National Pharmacy tables, City of London Borough had the most pharmacies with 128 per 100,000 and Wokingham (Berks) the least pharmacies with 12 per 100,000. Cheshire East's rate of

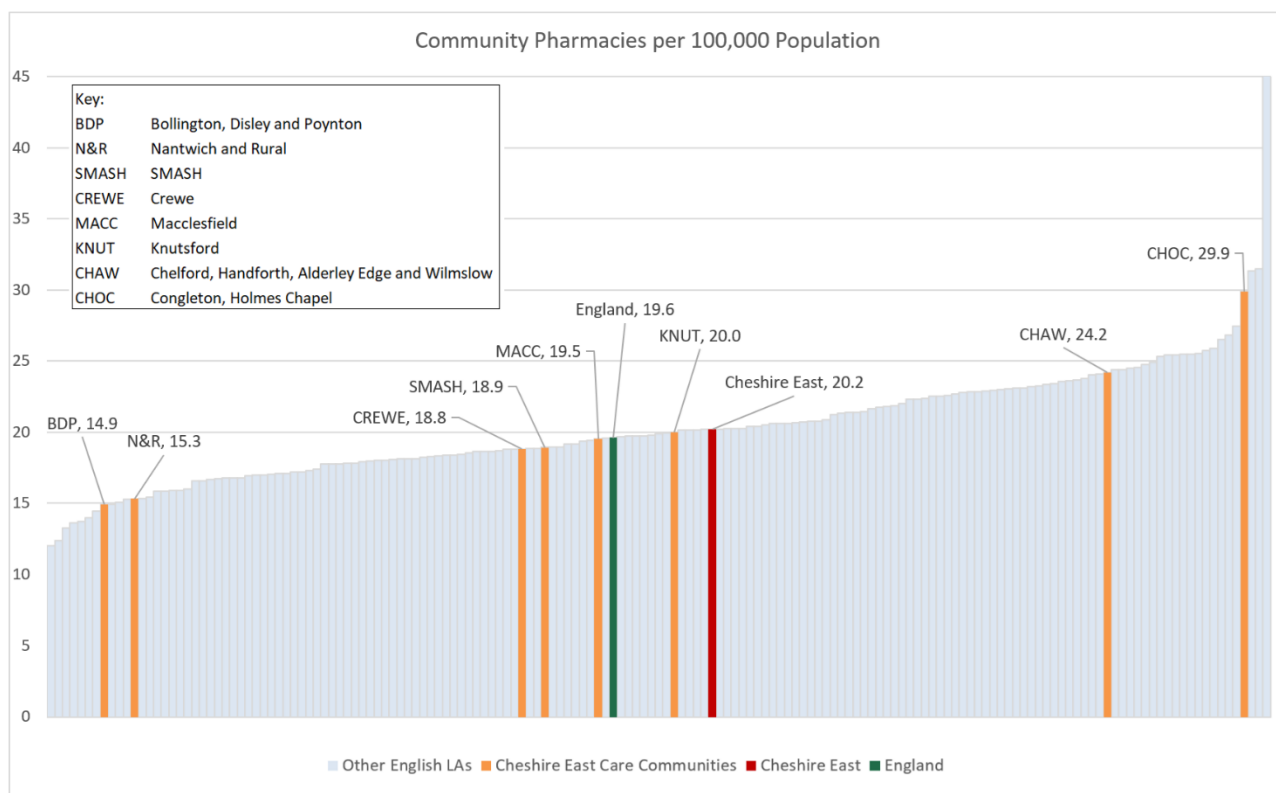
20.2 per 100,000 is above the England average.

**Figure 1: Pharmacies per 100,000 population, November 2021**



Data Source: National Pharmacy tables as at Nov 2021, ONS Population estimates: Persons by single year of age and sex for local authorities in the UK, mid-2020

**Figure 2: Pharmacies per 100,000 population in Care Communities, November 2021**



Data Source: National Pharmacy tables as at Nov 2021, ONS Population estimates: Persons by single



year of age and sex for local authorities in the UK, mid-2020

**11.5** Table 6 shows the number of community pharmacies per 100,000 population for the eight care communities in Cheshire East. Congleton and Holmes Chapel and Chelford, Handforth, Alderley Edge and Wilmslow care communities both have a higher rate, i.e. have more pharmacies per 100,000 than the Cheshire East average. Macclesfield, Nantwich & Rural, Crewe, SMASH, Knutsford and Bollington, Disley and Poynton care communities have fewer pharmacies per 100,000. The area with the lowest number of community pharmacies per 100,000 is Bollington, Disley and Poynton (14.9). This is less than half the rate of Congleton and Holmes Chapel (29.9) but the area is also served by several pharmacies in Cheadle Hulme and Hazel Grove which lie just outside the area (see maps in Chapter 20). The number of pharmacies required within an area cannot be based purely on the size of the local population. The population served by a particular pharmacy can be hard to determine as people choose to use a specific pharmacy for various reasons.

The results from the public survey showed 63% used a pharmacy near to their home, 40% used the one near to their GP Practice, 40% used a pharmacy because it is easy to park nearby, and 29% used a pharmacy because it was near shops. Within the public survey free text comments, participants ranked knowledgeable staff, prescription availability and friendly staff as the most important aspect of pharmacy service.

**Table 6: Community pharmacies per 100,000 population, Cheshire East**

Care Communities	Community Pharmacies	Population mid 2020	Pharmacies per 100,000 population
Alderley Edge, Chelford, Handforth, Wilmslow	11	45,451	24.2
Bollington, Disley, Poynton	4	26,837	14.9
Congleton, Holmes Chapel	12	40,073	29.9
Crewe	15	79,773	18.8
Knutsford	5	25,004	20.0
Macclesfield	12	61,560	19.5
Nantwich and Rural	6	39,327	15.3
SMASH	13	68,642	18.9
<b>Cheshire East</b>	<b>78</b>	<b>386,667</b>	<b>20.2</b>
<b>England</b>	<b>110,80</b>	<b>56,550,138</b>	<b>19.6</b>

Data Source: National Pharmacy tables as at Nov 21, ONS Population estimates: Persons by single year of age and sex for MSOA, mid-2020

**11.6** Table 7 displays the average number of prescriptions per month that are both prescribed and dispensed in Cheshire East. The data shows figures for each care community as well as figures for Cheshire East and England. The average number of prescriptions dispensed per pharmacy in Cheshire East was 6,568 per month during 2020/21. This is very close to the England average of 6,565. The care community with the lowest rate is Knutsford

(4,303). The care community with the highest rate is Macclesfield at 8471. Knutsford care community, Alderley Edge, Chelford, Handforth and Wilmslow care community, and Congleton and Holmes Chapel care community all have rates substantially lower than the Cheshire East and England average.

**Table 7: Average items per month prescribed by Cheshire East Care Communities during 2020/21**

Location of Dispenser	Prescribed in Cheshire East 2020/21	No. of Pharmacies	Average Items per Month	Average Monthly Items per Pharmacy*
Alderley Edge, Chelford, Handforth, Wilmslow	675,971	11	56,331	4,941
Macclesfield	1,397,923	12	116,494	8,471
Bollington, Disley, Poynton	387,419	4	32,285	7,432
Knutsford	389,000	5	32,417	4,303
Congleton, Holmes Chapel	857,675	12	71,473	5,207
Nantwich and Rural	518,239	6	43,187	6,593
Crewe	1,438,876	15	119,906	6,613
SMASH	1132,671	13	94,389	7,356
<b>Cheshire East</b>	<b>6,797,774</b>	<b>78</b>	<b>566,481</b>	<b>6,568</b>
<b>England</b>		<b>11,636</b>	<b>84,730,754</b>	<b>6,565</b>

#### Notes

\* Average Monthly Items per Pharmacy: This is calculated for each pharmacy by dividing the total items dispensed by the number of months the pharmacy was active in the year. The median of these figures is then calculated to give the final measure. A median is calculated by arranging all of the available values into an ordered list and selecting the value that is in the middle. If there are 2 middle values, the median is halfway between them. We use the median because the distribution of number of items dispensed is skewed, with a small number of contractors responsible for large volumes of dispensing on a monthly basis. When using the mean to calculate the average of a skewed distribution, it is highly influenced by those values at the upper end of the distribution and thus may not be truly representative. By taking the middle value of the data after sorting in ascending order the median avoids this issue.

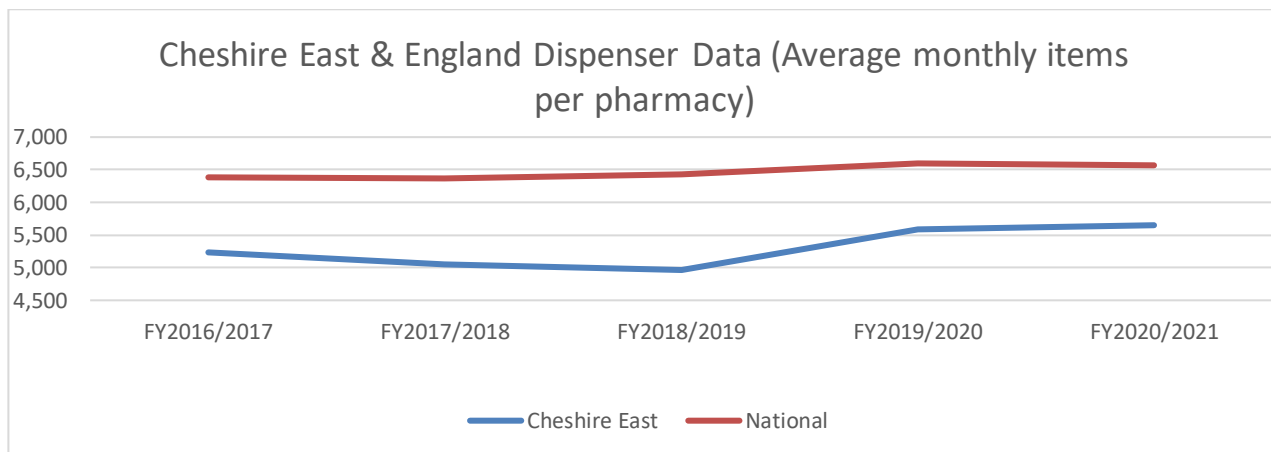
\* Items prescribed and dispensed in Cheshire East. Includes Distance Selling Pharmacies located in Cheshire East, excludes items dispensed by GP practices.

\* Number of Community Pharmacies for England is different number given in General Pharmaceutical Services in England 2015/16-2020/21 Supporting Summary Tables<sup>10</sup>. This is most likely due to exclusion of pharmacies only open for part of the year.

Source: NHSBSA General Pharmaceutical Services - England 2015/16-2020/21, Summary Tables, NHSBSA Copyright 2022, extracted from ePACT by NHS Midlands and Lancashire CSU on 28 October 2021. This information is licenced under the terms of the Open Government Licence.

<sup>10</sup> <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

**Figure 3: Average monthly items per pharmacy based on prescribing by Cheshire East practices and dispensed by Cheshire East pharmacies compared to national trend**



Notes: This is calculated for each pharmacy by dividing the total items dispensed by the number of months the pharmacy was active in the year. The median of these figures is then calculated to give the final measure.

Source: NHSBSA General Pharmaceutical Services - England 2016/17-2020/21, Summary Tables, NHSBSA Copyright 2022, Local data extracted from ePACT by NHS Midlands and Lancashire CSU in January 2022. This information is licenced under the terms of the Open Government Licence.

**11.7** In 2020/2021, 93% of prescriptions issued by Cheshire East GPs were dispensed by community pharmacies located inside Cheshire East.

**Table 8: Dispensing flows for items prescribed by Cheshire East CCs during 2020/21**

Location of Prescriber	Dispensed in Cheshire East	Dispensed in Neighbouring Local Authority	Dispensed Out of Area	Total Items
Chelford, Handforth, Alderley Edge, Wilmslow	90.2	6.0	3.8	795,820
Macclesfield	96.3	1.5	2.2	1,330,207
Bollington, Disley and Poynton	83.7	13.4	2.9	613,307
Knutsford	92.5	5.9	1.6	463,675
Congleton and Holmes Chapel	95.6	2.8	1.6	1,000,118
Nantwich Rural	93.6	2.1	4.3	646,765
Crewe	93.2	2.0	4.8	1,498,417
SMASH	93.5	3.5	2.9	1,322,391
<b>Cheshire East</b>	<b>93.0</b>	<b>3.9</b>	<b>3.1</b>	<b>7,670,700</b>

Neighbouring LA= Cheshire West and Chester, Manchester, Shropshire, Stockport, Stoke on Trent, Trafford, Warrington.

Data Source: NHSBSA ePACT dispenser report, NHSBSA Copyright 2022, extracted and supplied by North Midlands and Lancashire CSU, 2022. This information is licenced under the terms of the Open Government Licence.

Another 3.9% were dispensed by community pharmacies in local authorities adjacent to Cheshire East and 3.1% were dispensed by community pharmacies in the rest of the country or by distance selling pharmacies. The care community of Bollington, Disley and Poynton had the highest percentage dispensed in neighbouring local authorities (13.4%) followed by Chelford, Handforth, Alderley Edge, Wilmslow (6%) and Knutsford (5.9%). These areas all border Greater Manchester and the high figures may reflect commuters and shoppers travelling to Greater Manchester.

**11.8** The majority of prescriptions issued by GPs in each care community are dispensed by community pharmacies in that area. Only 62.4% of prescriptions in Bollington, Disley and Poynton were dispensed in Bollington, Disley and Poynton. 17.8% were dispensed in Macclesfield, 3.4% in Chelford, Handforth, Alderley Edge, Wilmslow and 16.3% were dispensed outside of Cheshire East. All other care communities dispensed at least 84% of all prescriptions by GPs in their area. Bollington, Disley and Poynton is an outlier perhaps because of its proximity to Macclesfield and Greater Manchester and the non-contiguous nature of its boundaries. As such, the high volume of dispensing may be attributed by cross-border activity. There are pharmacies in neighbouring authorities available for residents to access pharmaceutical services from. It also has the lowest number of pharmacies per 100k (14.9, see Table 6). Nantwich and Rural also has a low number of pharmacies per 100k

(15.3) and 9% of all prescriptions in Nantwich & Rural were dispensed in Crewe.

**Table 9: Prescription dispensing flows between Cheshire East Care Communities, 2020/21**

Prescribing Care Community	Dispensing Care Community								Out of Area	Number of Items
	CHAW	MACC	BDP	KNUT	CHOC	N&R	CREWE	SMASH		
CHAW	88.2	0.5	0.1	0.7	0.7	0.0	0.0	0.0	9.8	795,820
MACC	1.9	93.3	0.2	0.0	0.9	0.0	0.0	0.0	3.7	1,330,207
BDP	3.4	17.8	62.4	0.0	0.1	0.0	0.0	0.0	16.3	613,307
KNUT	0.4	2.8	0.0	88.9	0.4	0.0	0.0	0.0	7.5	463,675
CHOC	0.0	1.1	0.0	0.1	93.7	0.0	0.6	0.2	4.4	1,000,118
N&R	0.0	0.0	0.0	0.0	0.0	84.4	9.0	0.1	6.4	646,765
CREWE	0.0	0.0	0.0	0.0	0.1	3.3	89.0	0.9	6.8	1,498,417
SMASH	0.0	0.0	0.0	0.0	1.1	0.1	2.4	89.9	6.5	1,322,391
Cheshire East	9.8	18.0	5.0	5.5	12.7	7.8	18.6	15.7	7.0	7,670,700

Source: NHSBSA ePACT dispenser report, NHSBSA Copyright 2022, extracted and supplied by North Midlands and Lancashire CSU, 2022. This information is licenced under the terms of the Open Government Licence.

## 12.0 Community Pharmacy Opening Hours

**12.1** Community pharmacies are contracted to provide a minimum of 40 hours of Essential services per week, the “core” hours. Many choose to provide more than 40 hours, these extra hours are known as “supplementary hours”.

**12.2** The graphs over the next pages illustrate the distribution of hours combined across the care communities. Reviewing the current provision on weekdays, there is good coverage with extended opening hours from 6.30 in the morning and throughout the day up to midnight. However, Knutsford has no provision after 6pm and Bollington Disley and Poynton no provision after 6:30pm. Residents from these areas are able to access the 100 hour pharmacies in the neighbouring areas of Macclesfield and Alderley Edge, Chelford, Handforth, Wilmslow. They can also access pharmacies outside of Cheshire East.

**12.3** Opening hours were one of the main themes which resulted from the engagement work with residents. In the public survey, 75% (385/514) reported they were satisfied with the current opening arrangements at their local pharmacy. 24% (126/514) expressed

dissatisfaction about opening hours, which were reportedly due to unplanned pharmacy closures, staff shortages, and closure on weekends. 11 comments were received regarding extending pharmacy opening hours until after 6pm to better serve working people. These comments may be attributed to the impact of the Covid-19 pandemic and the pharmacy response to the pandemic. Further information can be found in the Covid-19 Pandemic and Pharmaceutical Services chapter (Chapter 19).

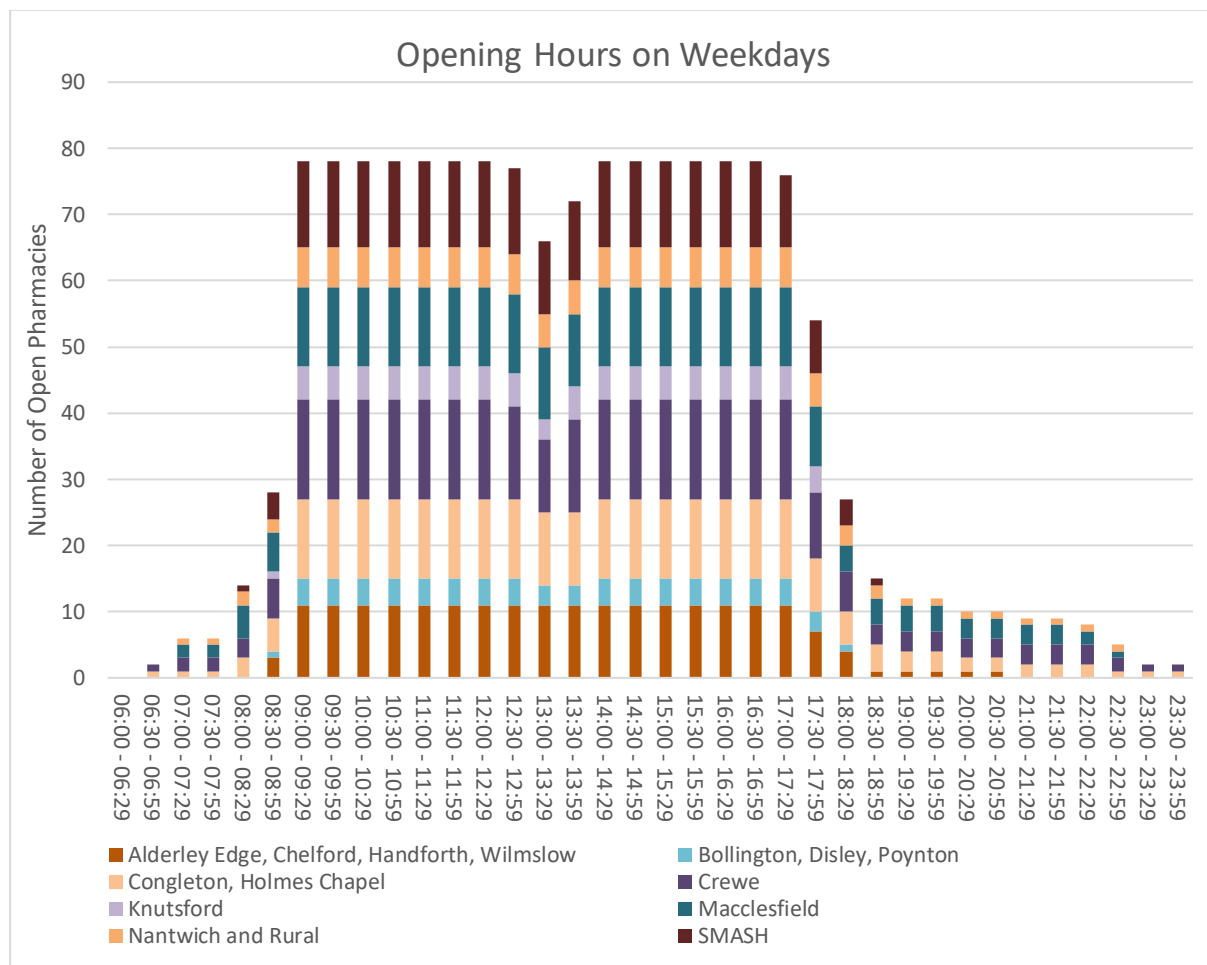
There were also comments regarding extending opening hours at weekends. Participants felt as though the local pharmacies should have longer opening hours, or open at alternative times such as weekends and evenings for them to collect their prescriptions. Some of the comments made about opening hours are documented below.

*“All the above and longer hours. We may actually need more in our town with our growing population”*

*“Doctor's pharmacies have some of the worst opening hours - followed closely by local small shops. I don't see the point of hospital pharmacies for people being discharged - as I've usually had to go back for some or all the medicine or wait an excessively long time - but could have got the same medicine within 10 minutes from a supermarket pharmacy. I don't know whether hospital pharmacies offer free prescriptions and whether that's the reason but either way it just causes delay to someone with reasonable mobility / family to help. It should be an option rather than a requirement.”*

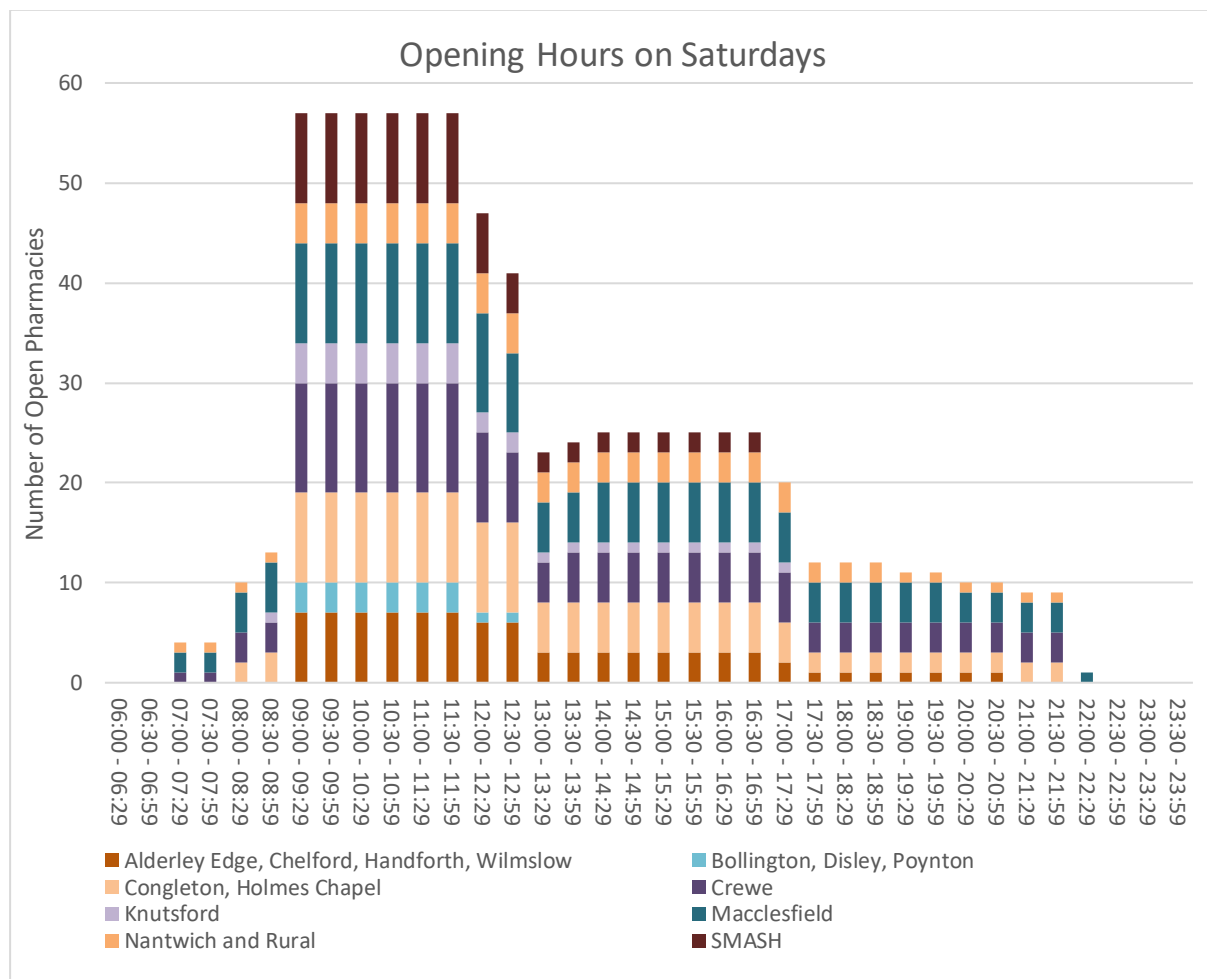
*“Weekend opening or the ability to collect prescriptions in the evening”*

**Figure 4: Pharmacy Opening Hours by Care Community - Weekday**



Source: NHS England, 2022

**12.4** On Saturdays, there is at least one pharmacy open 9am and 1pm in all care communities. After 1pm, there is no pharmacy open in Bollington Disley and Poynton. After 5:30pm, there is no provision in Knutsford. After 7pm, there is no provision in the SMASH care community.

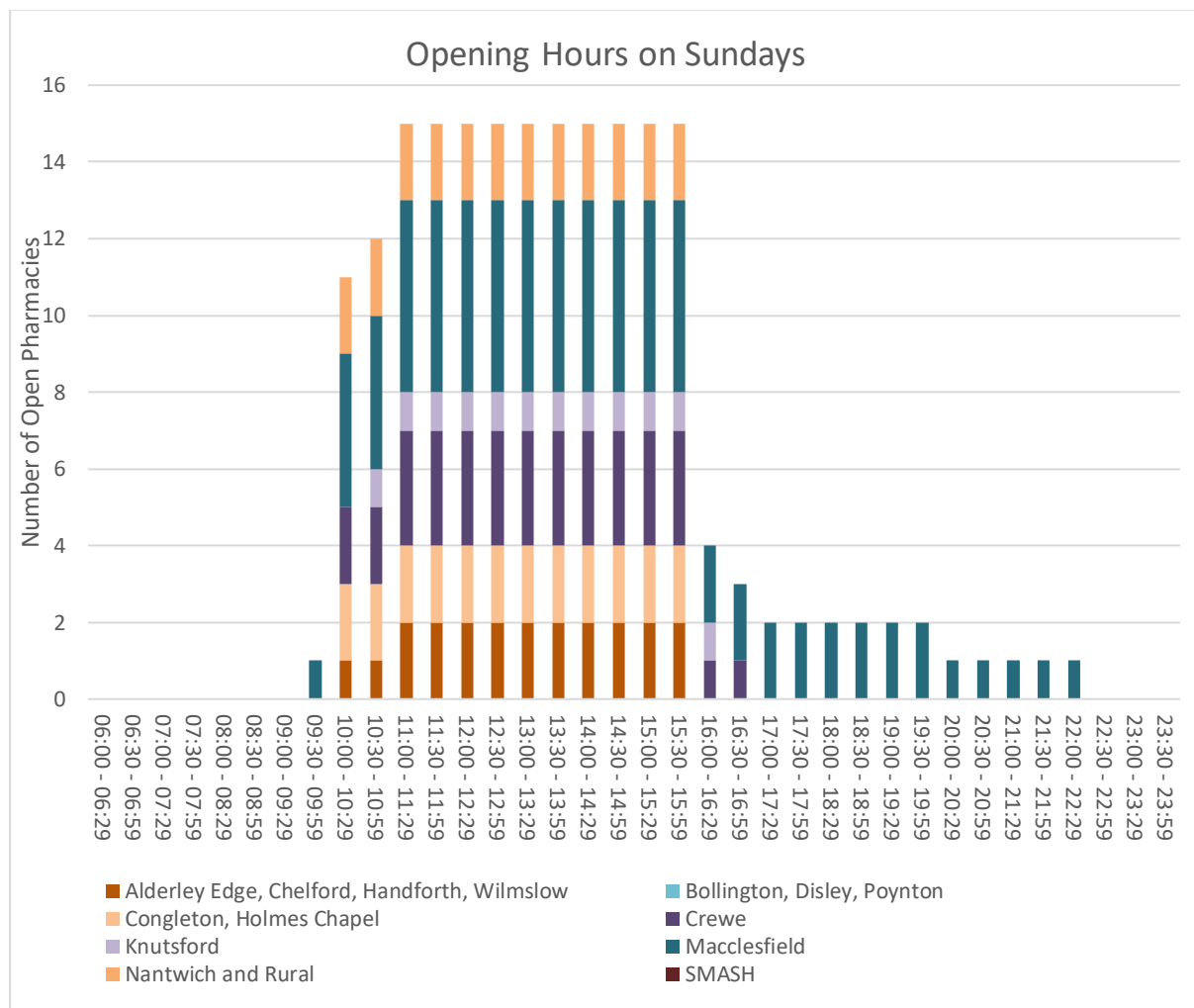
**Figure 5: Pharmacy Opening Hours by Care Community – Saturday**

Source: NHS England, 2022

**12.5** On Sundays, six of the eight care communities have at least one pharmacy open between 10:30 am and 4:00pm. The exceptions are Bollington, Disley and Poynton, and SMASH which have no coverage on Sundays. Macclesfield is the only care community to have a pharmacy open after 5pm.

Nevertheless, people living in these areas can use the nearby 100 hour pharmacies in Macclesfield, Crewe, Congleton, and Nantwich within Cheshire East plus Winsford (in Chester and Cheshire West HWB area), Cheadle (in Stoke on Trent HWB area) and Heald Green (in the Stockport HWB area). A council cannot stipulate pharmacy opening hours, they form part of the contract with NHS England (NHSE). If NHSE consider there is a need for pharmacy services in an area on a Sunday, they could direct a rota as they do for Christmas day.



**Figure 6: Pharmacy Opening Hours by Care Community - Sundays**

Source: NHS England, 2022

### 13.0 Prescription Collection and Delivery Services

**13.1** Most pharmacies (94%) offer a prescription collection service from patients' GP surgeries. All pharmacies answered the questions regarding delivery of dispensed medicines on the community pharmacy survey, 79.5% stated that they offer this service free of charge. In terms of coverage, free delivery services are available in all care community localities. Ten pharmacies (13%) do not offer delivery services. In the public survey, of the 48% of participants who answered the question, 5% stated that they value the prescription delivery service from pharmacies.

**Table 10: Prescription Collection and Delivery Services in Cheshire East**

Non-NHS funded services	Current provision	
	Number of pharmacies	Percentage
Collection of prescriptions from surgeries	73	93.6%
Free delivery of dispensed medicines	62	79.5%
Chargeable delivery of dispensed medicines	17	21.8%
No delivery services	10	12.8%

Data Source: Pharmacy Contractors Survey 2021

**13.2** The Electronic Prescription Service (EPS), allows a patient to choose or “nominate” a pharmacy to get their medicines or appliances from. The patient’s GP sends the prescription electronically to the nominated pharmacy, giving more choice and saving time. Whilst all pharmacies should be signed up to the EPS, dispensing doctors do not send prescriptions electronically.

**13.3** Within the public survey, there was significant dissatisfaction expressed around repeat prescriptions, waiting times for prescriptions and availability of prescription items. In the free text comments received from the patient survey, 32% (37/115) of the participants specifically mentioned prescriptions not being ready for collection and 26% (30/115) specifically mentioned long waiting times for prescription collection and delivery.

Some of the participants in the public survey outlined that they felt that having their medication delivered to their home would be a useful service for their local pharmacy to provide. This was highlighted in the comments made by five of the participants:

*“Delivery would be good. In [PHARMACY] we’re a little stuck with our surgery and chemist. The surgery won’t do electronic prescriptions and the chemist are terrible (being shut randomly, having to go back to pick up prescriptions instead of served whilst waiting) and it can lead to several (usually 3) trips to fulfil a prescription. All during working hours. It’s so frustrating”*

*“It would be very useful if home deliveries were available as I don’t drive and in the Winter months when it’s very cold sometimes and slippery underfoot it would save me having to brave icy or snowy pavements and crossing roads and getting cold.”*

## 14.0 Factors Affecting Prescribing

**14.1** Factors which may influence the rate of prescribing, and so the need for pharmaceutical services, include:

- The size of the population
- The age structure of the population, notably the proportion of the elderly, who generally receive more prescriptions than the young
- The level of deprivation in a community, which may change over time, for example as employment opportunities expand and/or contract
- Improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- Development of new medicines for conditions with limited treatment options.
- Development of more medicines to treat common conditions
- Increased prevalence of some long-term conditions, for example, diabetes
- Shifts in prescribing practice in response to national policy, and new guidance and evidence, for example, in cardiovascular disease
- Shifts in national policy, for example, towards lifestyle behaviour change and self-care
- The short-term and long-term medical impact of the Covid-19 pandemic, for example, people living with long Covid with increased need for prescription medication
- Services commissioned by Cheshire East Council or the NHS in Cheshire
- GP out of hours services (where a prescription is issued)
- Walk-in centres and minor injury units (where a prescription is issued)
- GP extended access hubs
- Community nursing prescribing and other non-medical prescribing, for example, pharmacist and physiotherapists
- Dental services
- End of life services
- Services that have been moved into the primary care setting, including dispensing items written by hospital clinicians on FP10HP forms that may previously have been dispensed by hospital pharmacy services.

## 15.0 Population and Housing

### 15.1 Population Structure and Growth

15.1.1 The size of the Cheshire East population was estimated to be 384,200 people in 2019. According to the Office for National Statistics (ONS) this is projected to grow by 8,600 (2.2%) to 392,800 people in 2024 and by a further 8,100 (2.0%) over the following five years (more than 400,900 people in 2029).

15.1.2 In simple terms when modelling population projections ONS consider the following factors: the number of births minus the numbers of deaths; the numbers of people moving into Cheshire East from other areas of the country minus Cheshire East resident's moving out to other parts of the country (internal migration) and people moving into Cheshire East from abroad minus Cheshire East resident's moving to other parts of the world (international migration).

15.1.3 The majority of the growth between the base year 2019 and 2029 will take place in the Bollington, Disley, Poynton Care Community (5.6%) and the Knutsford Care Community (5.4%). Modelled projections, using ONS data, forecasts relatively little population growth in the Crewe area (2.8%), this doesn't include the housing developments planned in the area within this timeframe.

**Table 11: Predicted population change for Cheshire East, 2019 to 2029**

Care Community	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029
	2019	2024	2029			
Alderley Edge, Chelford, Handforth, Wilmslow	45,105	46,248	47,349	2.54%	2.38%	4.98%
Macclesfield	61,640	62,956	64,131	2.14%	1.87%	4.04%
Bollington, Disley, Poynton	26,755	27,519	28,255	2.86%	2.67%	5.61%
Knutsford	25,062	25,807	26,426	2.97%	2.40%	5.44%
Congleton, Holmes Chapel	39,604	40,668	41,678	2.69%	2.48%	5.24%
Nantwich and Rural	38,802	39,774	40,736	2.51%	2.42%	4.99%
Crewe	79,491	80,545	81,678	1.33%	1.41%	2.75%
SMASH	67,693	69,302	70,659	2.38%	1.96%	4.38%
<b>Cheshire East</b>	<b>384,152</b>	<b>392,820</b>	<b>400,914</b>	<b>2.26%</b>	<b>2.06%</b>	<b>4.36%</b>

Data Source: ONS Population estimates 2019 MSOA SYOA, ONS 2018 Population projections for 2024 and 2029 Cheshire East Local Authority

15.1.4 Most of the increase in population size will occur in the age groups 60 and above. The number of people aged between 60 and 84 will increase by 21.2%, and the number of very elderly people aged 85 and over will increase by 33%. The 16- to 18-year-old age group

will also see an increase of 22% between 2019 and 2029. There will be only small changes in the size of other age groups in the population.

**Table 12: Predicted prescribing need for Cheshire East, 2019 to 2029**

Age Band	Year			Percentage change 2019 to 2024	Percentage change 2024 to 2029	Percentage change 2019 to 2029	Eligibility for free prescriptions
	2019	2024	2029				
0 to 4	20,307	19,012	19,039	-6.38%	0.15%	-6.24%	Under 16
5 to 15	48,771	50,098	48,584	2.72%	-3.02%	-0.38%	
16 to 18	12,173	13,976	14,811	14.81%	5.97%	21.67%	Aged 16 - 18 and in full-time education
19 to 59	190,359	184,360	180,616	-3.15%	-2.03%	-5.12%	
60 to 64	24,262	29,018	30,490	19.60%	5.07%	25.67%	Aged 60 and over
65 to 84	76,176	82,574	91,272	8.40%	10.53%	19.82%	
85+	12,104	13,783	16,102	13.87%	16.83%	33.03%	
<b>Total</b>	<b>384,152</b>	<b>392,820</b>	<b>400,914</b>	<b>2.26%</b>	<b>2.06%</b>	<b>4.36%</b>	

Data Source: ONS Population estimates 2015 MSOA SYOA, ONS Population projections for 2024 and 2029 Cheshire East Local Authority

15.1.5 People's need for prescribed medicines increases with age. Although Cheshire East is only growing moderately in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60.

Prescribing need can be assessed using a measure called the item ASTRO-PU 2013, which is a national weighting formula that weights different age groups based on their current usage of medicines. Using Item ASTRO-PU 2013 weighted populations, there will be a 7.7% growth in medicines use by 2024 and a further 6.3% increase by 2029, a total increase in medicines use of 14.4% over the ten year period.

## 15.2 Proposed Housing Developments

15.2.1 Proposed housing developments in Cheshire East are contained in Cheshire East's Local Plan Strategy 2010-2030<sup>11</sup> which was adopted on 27 July 2017. The overall growth proposition in Cheshire East is to deliver at least 36,000 new homes by 2030. This is an average of 1,800 net additional dwellings per year across the Borough. The plan identifies 60 strategic sites and 3 strategic locations that will accommodate most of the new development needed and form the basis for determining planning applications. Strategic sites are those with a final total capacity of around 150 dwellings. Over the five years to March 2025, building at strategic locations is forecast to result in an additional 7,862 homes. In addition to this, forecasts of other large developments outside strategic locations suggest that a further 2,019 homes will be built. These 9,881 homes make up the majority of

<sup>11</sup> <https://www.cheshireeast.gov.uk/pdf/planning/local-plan/local-plan-strategy-web-version-1.pdf>

planned building, but other sites will gain planning permission over the time period and there will be additional smaller developments.

15.2.2 This current Local Plan Strategy Document covers development until 31 March 2030, beyond the time scales for this PNA, which considers pharmaceutical need within the population over the next 3 years (2022-2025). However, strategic sites are divided into 5-year phases; this has enabled us to give a crude estimate of potential housing numbers within these larger developments by 2025. The table below gives an estimate of the additional housing due to be built across strategic sites by the end of March 2025 based on information provided by Cheshire East Spatial Planning Department.

**Table 13: Estimates of proposed housing on main Strategic Sites in Cheshire East by March 2025**

Care Communities	Location of Strategic Sites	Current population	Estimated New Homes		Number of current pharmacies
			Average each year	Total by March 2025	
Nantwich and Rural	Nantwich	39327	110	550	6
	Rural		3	14	1
Crewe	Crewe	79773	366	1828	15
SMASH (Sandbach, Middlewich, Alsager, Scholar Green, Haslington)	Sandbach	68642	54	272	6
	Middlewich		68	341	3
	Alsager		92	459	3
	Scholar Green		0	0	0
	Haslington		0	0	1
Congleton and Holmes Chapel	Congleton	40073	318	1589	11
	Holmes Chapel		0	0	1
Macclesfield	Macclesfield	61560	206	1029	12
Bollington, Poynton, Disley	Bollington	26837	0	0	1
	Disley		0	0	1
	Poynton		75	375	2
Chelford, Alderley Edge, Wilmslow, Handforth	Chelford	45451	0	0	0
	Alderley Edge		52	262	3
	Wilmslow		76	378	5
	Handforth		62	312	3
Knutsford	Knutsford	25004	91	453	4

Data Source: Appendix 5, Cheshire East Housing Monitoring Update, Cheshire East.<sup>12</sup>

15.2.3 According to a report produced in 2019 by the Cheshire East Council Business Intelligence Research and Consultation Team, which looked at potential pupil yields from

<sup>12</sup> <https://www.cheshireeast.gov.uk/pdf/planning/spatial-planning/researchand-evidence/hmu-2019-20-report/appendix-5-forecast.pdf>

several new housing developments in the Borough, 80% of households moved less than three miles to their new home. It is unclear whether these results would be replicated with other housing estates or whether the conclusions apply to the wider population beyond young families. However, it seems plausible that the majority of moves are within Borough and cover quite small distances<sup>13</sup>.

The findings are supported by internal migration figures, published by the Office for National Statistics, which gave the net increase in population between 2019 and 2020 as 3529 or 0.91%. International migration (people moving into and out of Cheshire East from outside the UK) yielded a small net loss. Internal migration is driving population increase in Cheshire East. Even so, the impact of this on health infrastructure is less concerning than the effects of an ageing population.

The relationship between house building and population growth is a complex one, but the increased availability of new homes will almost certainly impact populations at a local level and this in turn may affect pharmacy provision. One way of estimating the population increase from new homes is to apply the Office for National Statistics occupancy rate, which is 2.33 for the Northwest<sup>14</sup>. Over a five-year period, the population of Congleton and Holmes Chapel care community could potentially increase by 9.2% to 43,775, purely due to housing development. This increase is driven by Congleton, but it is important to note the construction of a number of smaller developments in Holmes Chapel. The next largest increase is 5.3% in Crewe, causing a potential population increase from 79,773 to 84,032. The addition of other large sites could increase Crewe's population by a further 3.1% to 86,598. Strategic developments could cause the population of SMASH to grow by 3.6% to 71,140 but additional developments, mainly in Sandbach, could see it rise by an extra 2.4% to 72,873.

The Cheshire East Council Community Governance Review (CGR) 2019: Electorate Forecasts Technical Report<sup>15</sup> used the Housing Development Forecast Tool to produce estimates of the increased number of electors by ward between 2018 and 2025. The largest potential increases were seen in Brereton (66.8%), Haslington (31.9%) and Shavington (31.3%). Other large increases (>20%) were expected in Bunbury, Chelford, Sandbach Elworth and Sandbach Heath and East. It is, however, important to note that a number of changes have taken place since the report's publication.

15.2.4 We have taken consideration of the main strategic sites in relation to current pharmaceutical provision, and Cheshire East is generally well provided for. One area of concern is the planned South Cheshire Growth Village at Basford, Crewe. According to the

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<sup>13</sup> Cheshire East Business Intelligence – Research and Consultation, Pupil Yields Research Briefing Note, January 2019

<sup>14</sup> Office for National Statistics, Households by size, regions of England and UK constituent countries, 2015 to 2020, March 2021

<sup>15</sup> Cheshire East Council Community Governance Review (CGR) 2019: electorate forecasts technical report, 7<sup>th</sup> August 2019

Tartan rug<sup>16</sup>, the town of Crewe has the greatest level of deprivation in the Borough, and it also has the highest levels of premature mortality. Consideration of the proposed site suggests that the health needs of the population will be adequately met by Rope Green Medical Centre and the associated Well Pharmacy as well as pharmacies in central Crewe.

An Outline Planning application has been received for the site, with up to 650 dwellings to be built. However, the Borough Council Forecast<sup>17</sup> predicts that only 12 of these houses will be built by 2024/25; and only 77 will have been built by 2025/6. The majority will thus fall into the scope of the next PNA. The progress of this development will need to be monitored but it is unlikely to have a significant impact on services at the current time.

The North East of Crewe, where much building work has been undertaken in previous years has been considered in earlier PNAs. Building work has slowed there and a previous mapping exercise demonstrated that residents of these estates were within 1.6km of a pharmacy. They also have the option of using pharmacy services in central Crewe and most of these pharmacies use the Electronic Prescription Service and provide delivery services.

#### 15.2.5 Other areas considered in detail include:

- A total of 381 homes are under construction at the Alderley Park Opportunity Site near Monks Heath/Nether Alderley. This site is approximately 2.5 miles from the nearest community pharmacy in Alderley Edge, however, as in many other rural parts of Cheshire East, residents will need to travel to reach amenities. Residents may also be able to take advantage of pharmacy delivery services or make use of dispensing services offered by Chelford Surgery, which is a dispensing practice.
- The planned developments in Congleton appear to be well provided for by pharmacies in Congleton. Brereton – a rural area between Congleton and Sandbach – will see significant planned growth and the proposed developments of up to 400 houses at Black Firs Lane is within 1.6km of pharmacies in Congleton.
- North Cheshire Growth Village, situated to the east of Handforth, just off the A34 bypass. This has been identified as a strategic site that will provide up to 1,724 houses once fully completed. Despite expectations that houses would be under construction by 2021, the first completions – about 300 – are not now expected until 2024/5, with the majority of the site being built over the following five years. The site is close to the Handforth Dean Retail Park which includes a pharmacy within a superstore with extended opening hours.
- Also, at the northern boundary of Cheshire East, between Handforth and Poynton within Stockport Metropolitan Borough, is the Woodford Garden Village. The site has

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<sup>16</sup> Cheshire East Tartan Rug

[https://www.cheshireeast.gov.uk/council\\_and\\_democracy/council\\_information/jsna/jsna.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx)

<sup>17</sup> Appendix 4, Cheshire East Housing Monitoring Update, March 2021, [Appendix 4 \(cheshireeast.gov.uk\)](#)



planning permission for over 900 homes. Stockport PNAs in 2015 and 2018 identified that this development once fully occupied may lead to a gap in Essential service provision as the nearest pharmacy is more than 2km away. Stockport Health and Wellbeing Board are currently reviewing their PNA with plans to consult during the summer and publish in the autumn of 2022, this will include a review of provision in this area, with consideration of their strategic ambition for 90% of Stockport residents' homes to be within 1km of a community pharmacy. Woodford itself is around 1.5 miles south of Bramhall, a suburb of Stockport, where there is already a number of community pharmacies and GP surgeries. There are also good links to local facilities in Cheshire East including a number of community pharmacies, with Handforth to the west and Poynton to the north-east, both within a 3-mile radius.

- Currently 500 of the homes have been built and sold. This has created around 180 additional GP registrations at Middlewood Partnership, but this increased demand should be adequately absorbed by the existing pharmaceutical provision in Poynton.

15.2.6 Potential business, retail and leisure developments across Cheshire East have also been considered in terms of potential impact on where people may wish to access community pharmacy services. There are few large developments currently planned. There is some retail expansion planned in Macclesfield, Nantwich and Alsager (at the former Twyford's bathrooms site) plus the refurbishment of Congleton Leisure Centre and the on-going work at the Royal Arcade in Crewe. All these areas are already well provided for in terms of pharmacies.

15.2.7 The public survey asked "Thinking about the location of the pharmacy, which of the following are the most important to you?", 63% of respondents said it is "close to home", followed by 40% of respondents gave "close to my doctor's surgery" and 40% selected "easy to park nearby", and 29% answered because it is "near to other shops I use".

## **16.0 Ethnicity and Other Protected Characteristics**

**16.1** The Equality Act (2010) defines nine characteristics which are protected in law. Ethnicity, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief and sexual orientation are classed as protected characteristics. In April 2013, the Health and Social Care Act imposed new duties on all the component organisations with respect to reducing inequalities in access and outcomes. In addition to these two acts, all bodies have a duty to comply with the Human Rights Act. The rights of all these groups and any specific issues regarding their access to services and outcomes from such services must be considered as part of the PNA.

**16.2** All community pharmacies must assess both physical access to the premises and also amendments to basic delivery of Essential services for patients with regard to their culture, ethnicity, or disability. For example:

- Provision of an automatic door or bell to alert staff to the needs of wheelchair users
- Provision of a hearing loop
- Provision of plain lids for those who have difficulty opening child resistant containers
- Provision of large print medication labels
- MARS (medicines administration record sheets) or monitored dosage systems to support medicines adherence
- Ability to source and supply non gelatine-based products.

**16.3** A review of current provision was undertaken via the community pharmacy survey undertaken during September 2021. The questionnaire distributed to all pharmacies asked various questions regarding accessibility and provision of aids for people with poor hearing or eyesight. Questions regarding the provision, accessibility, and facilities available within a consultation room or area were also included. All 78 pharmacies within Cheshire East returned completed questionnaires. The public survey asked various questions on accessibility. There were 514 participants to the public survey. The following sections consider the findings from those who responded in conjunction with a variety of other relevant data sources.

## **16.4 Disability**

**16.4.1** It is known that 4.9% (18,161) of people in Cheshire East reported having poor health over the year preceding the 2011 Census and nearly 18% of residents indicated that they have an illness or disability that limits their day-to-day activities. It is difficult to get a comprehensive picture. Various estimates are available via Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI) or from the 2011 Census Estimates, but some people will have multiple disabilities and therefore may be counted in more than one estimate.

**16.4.2** According to the latest data available, an estimated 930,400 adults in England were likely to have learning disabilities<sup>18</sup>. National estimates of prevalence retrieved from POPPI and PANSI applied to local projections for learning disability suggest that there are likely to be 1,755 adult residents in Cheshire East with a moderate or severe learning disability. Individuals with a learning disability may need longer consultations or support when visiting

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<sup>18</sup> [People with learning disabilities in England 2015: Main report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/601111/People_with_learning_disabilities_in_England_2015_Main_report.pdf)

a pharmacist and may have an impaired ability to understand instructions.

16.4.3 The latest estimates available from POPPI and PANSI stated that 2,510 people in Cheshire East were registered as blind or partially sighted, of whom 44% are aged 75 year or over. 38% have additional disabilities and 83% of these are aged 65 years or over<sup>19</sup>. The Royal National Institute of Blind People (RNIB) estimate that 15,400 people in Cheshire East are living with some degree of sight loss, 4% of the total population. Of this total, 13,320 are living with partial sight and 2,090 are living with blindness. This indicates that there is a large difference in the number of people living with sight loss and those actually registered as blind or sight impaired. According to the Royal National Institute of Blind People (RNIB), by 2025, it is expected there will be 17,000 people in Cheshire East living with sight loss, the number of people living with severe sight loss is estimated to be 2,360. By 2030, this is estimated to rise to 19,200 people in Cheshire East living with sight loss, with the number of people living with severe sight loss expected to rise to 2,690<sup>20</sup>. Around 23% (82,244) of the adult population have some form of hearing loss.

16.4.4 According to the Family Resources Survey 2019-2020, it is estimated that 19% of working-age adults in England are likely to have a physical disability<sup>21</sup>. According to the POPPI projection tool, in Cheshire East it is estimated that 16,669 residents over the age of 65 have mobility problems that affect them with day-to-day activities such as going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed. Based on data from POPPI, an estimated 25,759 residents over 65 require assistance with self-care activities including help to bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines.

In 2018 a Community JSNA on veterans estimated that there were 13,366 (12,032 males and 1,334 females) military veterans' resident in Cheshire East (as at 2016). It estimated that 430 would be receiving disablement compensation. <sup>22</sup>

16.4.5 The majority of pharmacies, 85% (66 out of 78), have an entrance that enables wheelchair users to access the pharmacy independently, 98% of these pharmacies stated that all floor areas of the pharmacy were accessible by wheelchair users. 58% indicated that they had either an automatic door and/or a bell at the front door. These findings are very similar to the findings in the 2018 PNA. However, in the 2021 survey, 62% have designated disabled parking compared to 51% in the 2018 PNA. In the 2021 public survey, participants

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<sup>19</sup> [Registered Blind and Partially Sighted People, England 2019-20 - NHS Digital](#)

<sup>20</sup> [Sight Loss Data Tool - RNIB - See differently](#)

<sup>21</sup> [Family Resources Survey: financial year 2019 to 2020 - GOV.UK \(www.gov.uk\)](#)

<sup>22</sup> Ministry of Defence's Annual Population Survey: UK Armed Forces Veterans Residing in Great Britain 2017

were asked “If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?”. 41 (8%) participants reported not being able to park close enough to the pharmacy of their choice, 134 (26%) participants reported they were able to park close enough, and the rest answered they did not know or not applicable.

16.4.6 Seventy-seven pharmacies (99%) provide a private consultation room or area, of these 84% stated that it is accessible by wheelchair users. Excluding Distance Selling Pharmacies, 100% of pharmacies stated they provided a private consultation room or area.

**Table 14: Accessibility aids provided by pharmacies in Cheshire East**

<b>Accessibility aids provided</b>	<b>Percentage of pharmacies providing</b>
Designated disabled parking	62%
Entrance suitable for unaided wheelchair access	85%
All areas of floor accessible by wheelchair	92%
Automatic door	50%
Bell at front door	14%
Hearing Loop	67%
Large print labels	82%
Large print leaflets	26%
MAR (Medication Administration Records) charts	13%
<b>Consultation area facilities</b>	
Consultation area	99%
Accessible by wheelchair	83%
Handwashing facilities in consultation area	78%
Handwashing facilities close to consultation area	14%
Access to toilet during consultations	18%
Wheelchair accessible toilet	19%

Data source: Pharmacy Contractors Survey 2021

16.4.7 The results indicate a high level of accessibility for customers in wheelchairs or with mobility problems. However, pharmacies do not always consider all the needs of people with other physical disabilities such as hearing or visual impairments. Although 67% have a hearing loop to support customers wearing hearing aids and 82% provide large print labels for prescriptions, only 26% provide large print leaflets to support people with poor eyesight. Only 20 provided both large print labels and leaflets, 14 provided neither.

16.4.8 Dispensing Doctors are also good at accommodating for protected characteristics, with nearly all practices with wheelchair ramp access, large print labels and leaflets, automatic door assistance, toilet facilities accessible to wheelchair users, hearing loops, disabled parking, and an ability to support patients whose first language is not English.

## 16.5 Ethnicity, religion, and belief

16.5.1 According to the 2011 Census, there is less ethnic diversity in Cheshire East compared to the England average, with 96.7% of the population giving their ethnicity as white compared to a national average of 86%<sup>23</sup>. However, ethnic diversity has increased since the 2001 Census, when 98.2% of the population declared their ethnicity to be white. Over a ten-year period, the Black, Asian and Minority Ethnic Communities (BAME) population has nearly doubled from 6,200 to 12,200 and all Black, Asian and Minority Ethnic Communities have increased in number. Also of note is the increase in those giving their ethnicity as “White Other”, which rose from 4,600 to 9,400 between 2001 and 2011. The majority of this increase represents the Eastern European population in Crewe. Wilmslow has a high proportion of “Asian/Asian British” residents, 7.8% in Wilmslow Dean Row and 6.2% in Wilmslow East. It is important to note that the Census data is 10 years out of date and, although the Census took place during 2021, data are not likely to be made available during the development of the PNA. Therefore, these statistics may not accurately reflect the ethnicity makeup of the Borough.

Due to the mobile lifestyle of some minority groups, the Census 2011 data is considered very unreliable. Current local data indicates that we have 109 Gypsy and Travellers registered with our GPs. A recent survey indicated that 93% of the community are registered with a GP<sup>24</sup>. Cheshire East Council has established a multi-agency partnership, which works in collaboration with the Gypsy Roma Traveller Communities to improve access to health and improving equalities.

Current estimates show that across Cheshire East there are:

- Afghan Refugees – circa of 100 in the bridging hotel
- Ukraine Refugees – circa of 400 in the borough through the homes for Ukraine Scheme
- Asylum Seekers – Circa of 250 people have been accommodated across a number of hotels in the borough and 263 people registered in Cheshire East GP registers.

16.5.2 At the time of the 2011 Census, 68.9% of Cheshire East residents were Christian (97.5% of those who stated they had a religion. This represents a reduction of 27,500 (10%) since 2001. There was a concomitant increase in the proportion with no religion or who did not state their religion, which rose from 18.6% in 2001 to 29.3% in 2011. Despite the increase in the number of people describing their religion as Buddhist, Hindu, Jewish, Muslim, Sikh and Other, the proportions for each of these religions are still less than 1%. However small these minorities, pharmacy staff still need to be mindful of customers’ religious and cultural background to ensure that they are sensitive to any specific requirements. Like the ethnicity data, the religion data for Cheshire East is extracted from the 2011 Census. These statistics may therefore not accurately reflect the religious makeup

<sup>23</sup> [Ethnicity Cheshire East Summary | Insight Cheshire East \(arcgis.com\)](https://www.insightcheshireeast.com/ethnicity-cheshire-east-summary)

<sup>24</sup> CHAWREC. We’re Still Here. <https://www.chawrec.org.uk/helpful-resources>

of the Borough.

16.5.3 Within the public survey no specific issues were raised concerning ethnicity or religion. The religious profile of the sample is similar to Cheshire East as a whole (as determined by the 2011 Census), but the small numbers make it difficult to be clear if there are any issues. The non-white ethnic mix within the survey was under-representative of the underlying population; again, numbers are very small, which make any conclusions very difficult.

16.5.4 97.4% of residents in the 2011 census stated that English was their main language, 77.4% of the remainder stated that although English was not their main language, they spoke it well or very well. This means that less than 1% (2,109) of the population cannot speak English or feel they do not speak it well. We are unable to determine which languages are spoken by these non-English speakers as these census tables are only available at a regional level which may be distorted by more ethnically rich areas. However, the results from the main language question on the Census gives Polish as the area's second language at 1%. It is important to note that the Census data is 10 years out of date and, although the Census took place during 2021, data are not likely to be made available during the development of the PNA. Therefore, these statistics may not accurately reflect the ethnicity makeup of the Borough.

16.5.5 Within Cheshire East, 22 of the pharmacies (28%) advised that they have either a pharmacist or other member of staff who could speak at least one additional language to English. There was a wide variety of different languages spoken; Urdu, French, Arabic, Polish, Armenian, Greek, Romanian, and Spanish were all spoken at more than one pharmacy.

## **16.6 Gender and sexual orientation**

16.6.1 The latest population estimates give the gender breakdown in Cheshire East as 51% female and 49% male. Of the 477 participants who answered the gender question in the public survey, 58% defined themselves as female and 33% as male. Therefore, it is important to note that there may be a bias towards female experience in the public survey. According to Stonewall UK, it is estimated that around 1% of the population might identify as Trans, including people who identify as non-binary<sup>25</sup>.

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<sup>25</sup> [The truth about trans \(stonewall.org.uk\)](https://www.stonewall.org.uk)

16.6.2 Of the 441 (86%) participants who answered the sexual orientation question in the public survey, 1% identified as Gay/Lesbian and 0.4% as Bisexual, lower than the national estimated proportion of 2.7% (Office for National Statistics, Sexual Orientation report)<sup>26</sup>.

16.6.3 Within Cheshire East, 25 (32%) of the pharmacies stated they were able to offer advice and support to customers wishing to speak with a person of the same sex within the normal opening times; a further 47 (60%) were able to make arrangements for a same sex consultation. This leaves 8% (6 pharmacies) unable to offer this. Overall, this indicates an improvement from the last PNA when 21% could not offer this service.

16.6.4 No issues concerning same sex consultations were voiced in the public survey.

16.6.5 Nearly 50% (67) of participants stated that conversations were held over the counter, 69 stated that they had a consultation in a separate room and quiet room. One respondent had a consultation in front of everyone:

*“In the middle of the shop in front of everyone”*

However, when we looked at the question “How do you rate the level of privacy you have in the consultation with the pharmacist?”, only 23 out of 154 who answered felt that it was “poor” or “very poor”. Twenty of these had said that the consultation took place at the counter. This implies that 47 people felt that it was appropriate to have conversation over the counter. Pharmacy staff need to be mindful of the patient’s privacy and always offer the option of a consultation area.

## 16.7 Other groups

Offenders – The current inmate population of HMP Styal is 377 female prisoners (all over 18). There is no Young Offenders’ provision currently. Inmates are served by a GP within the prison health center.

Homelessness– there are 65 homeless and rough sleepers in the Borough.

## 16.7 Sensitivity to changes in the population

Although the Cheshire East population is predominantly white, it has become more diverse, and this is likely to continue in the future. This may lead to a higher population where English is not their main language, a wider range of languages spoken and increased

<sup>26</sup> [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

numbers speaking these languages. This will increase demand for interpreter and Language Line services within community health settings including pharmacies. This diversity will need greater awareness and sensitivity to different cultural requirements from pharmacy staff.

It is important for pharmacists to have an awareness of the health needs of lesbian, gay, bisexual, trans, queer, and intersex (LGBTQI+) people to support inclusivity and ensure access to the right healthcare at the right time<sup>27</sup>.

Whilst it is difficult to predict the level of international migration into the area at this time, one certainty is the increasing elderly population, potentially increasing numbers of customers with mobility problems, visual and hearing impairments. Pharmacists need to ensure accessibility of their premises and to materials such as leaflets and prescription labels.

An Equality Impact Assessment has also been completed alongside the production of the PNA to account for and mitigate against any negative consequences on different groups protected from discrimination by the Equality Act 2010 and ensure that opportunities for promoting equality are maximised.

Anyone can access advice or minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to people experiencing homelessness and rough sleepers, Gypsy, Roma and Travelling communities, refugees and asylum seekers, and visitors to the area for business, holiday, sporting events or visiting friends and relatives.

## 17.0 Chronic Disease

17.1.1 The PNA has focused on commonly occurring chronic conditions that are managed in the community by GPs and supported by community pharmacies.

17.1.2 The Office for Health Improvement and Disparities (OHID) Productive Healthy Ageing Profile shows, that overall, Cheshire East is similar to or better than the national average in terms of “living well with long term conditions”<sup>28</sup>. However, the tartan rug<sup>29</sup> demonstrates that there are marked inequalities in health and wellbeing experience across the Borough. Furthermore, Cheshire East has significantly higher rates of emergency hospital admissions due to falls in older people and in hip fractures in people aged 80 years and older, and it is important to consider causes of falls. Medication reviews are an important part of falls risk

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<sup>27</sup> [NHS England » LGBT health](#)

<sup>28</sup> UKHSA Fingertips: <https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/1/gid/1938133251/pat/6/ati/402/are/E06000049/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>29</sup> [https://www.cheshireeast.gov.uk/council\\_and\\_democracy/council\\_information/isna/isna.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/council_information/isna/isna.aspx)



assessment and falls prevention<sup>30</sup>.

17.1.3 The remainder of this section considers variation in respiratory, circulatory, mental health and other chronic conditions across Cheshire East. In each section, prevalence of each disease by care communities are presented. The data is based on GP Registered Population for each practice in 2020/21 financial year from QOF (Quality and Outcomes Framework sourced by NHS Digital from GP Registers). Each practice postcode is then mapped to their respective care community to obtain their prevalence.

The tables are highlighted in red where the care community prevalence is statistically significantly higher than the Borough average and in green where it is lower than Borough average respectively. This is by no means a direct comparison of prevalence as the data is based on diagnosis only and the registered practice population rather than the resident population. The prevalence here is only an indicative representation of the need of the population, as higher numbers of older and young population and ethnic diversity tend to present higher rates of prevalence in certain areas.

The care communities work closely with primary care networks to proactively identify at risk people in need of service, help them with self-care, support families and better use of pharmacies, therapies, and primary care.

## 17.2 Respiratory Conditions

17.2.1 Respiratory conditions account for 1/10<sup>th</sup> of premature deaths. There is strong association between deprivation and respiratory diseases such as asthma in children<sup>31</sup>. It is essential to manage these conditions effectively within the community through pharmacies and GPs. There are 26,073 asthma patients and 7,645 chronic obstructive pulmonary disease (COPD) patients in Cheshire East in 2021 as recorded in GP registers. There is a high prevalence of asthma (6.8%) in the Borough compared to COPD (1.9%). Asthma prevalence is slightly higher than England average. There is a higher prevalence of asthma than the England average in Knutsford, Macclesfield, and SMASH care communities. COPD prevalence in Cheshire East is the same as the England average. There is a higher prevalence of COPD than the England average in Crewe, Macclesfield and Nantwich and Rural.

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<sup>30</sup> NICE. Falls in older people: assessing risk and prevention. Clinical guideline [CG161] Published: 12 June 2013. <https://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations#preventing-falls-in-older-people-2>

<sup>31</sup> 5 year Plan

<https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s71904/CEP%20Designed%205%20year%20plan.pdf>

**Table 15: Prevalence of respiratory conditions in Cheshire East Care Communities**

Care Community	Asthma	COPD
Alderley Edge, Chelford, Handforth, Wilmslow	2807 (6.1%)	651 (1.3%)
Bollington, Disley, Poynton	2218 (7.0%)	540 (1.6%)
Congleton, Holmes Chapel	3087 (7.1%)	798 (1.7%)
Crewe	5265 (6.3%)	1862 (2.1%)
Knutsford	1582 (7.3%)	423 (1.8%)
Macclesfield	4142 (7.1%)	1292 (2.1%)
Nantwich and Rural	2258 (6.9%)	757 (2.2%)
SMASH	4714 (7.2%)	1322 (1.9%)
<b>Cheshire East</b>	<b>26073 (6.8%)</b>	<b>7645 (1.9%)</b>
<b>England</b>	<b>6.4%</b>	<b>1.9%</b>

Data source: NHS Digital QOF Prevalence 2021 by GP

### 17.3 Circulatory Conditions

17.3.1 There are 63,687 patients with hypertension, 22,066 with diabetes, 15,169 with chronic kidney disease, 14,032 patients with coronary heart disease and 9,274 patients with stroke or transient ischemic attack (TIA) in 2021 as recorded in GP Registers.

17.3.2 The table below illustrates the burden of circulatory disease across the care communities. Congleton and Knutsford show significantly higher prevalence compared to Crewe and Macclesfield with the exception of diabetes in Crewe. However, the prevalence of pre-diabetes (Non-Diabetic Hyperglycaemia) is high across the Borough. So regular screening and dispensing of diabetic control medication across pharmacies is vital. Most circulatory conditions in Cheshire East are generally higher than the England average.

17.3.3 The Cheshire East Five-Year plan and a Cheshire & Merseyside cross-sector strategy “Saving lives: Reducing the pressure” identified high blood pressure as a major issue affecting about a quarter of people, most of whom are undiagnosed or untreated. It identifies pharmacies as an ideal setting to reach the community, expanding their role from not just providing medication support to include carrying out early identification of hypertension through blood pressure testing, providing additional healthy lifestyle advice and signposting within the wider health system. All community pharmacies are now Healthy Living Pharmacies and are well placed to contribute to this agenda. Hypertension case-finding service (publicised as NHS Blood Pressure Check Service) was commissioned as an Advanced service from 1st October 2021 (see section 6.1 for details). As of the 1st July 2022, 59 pharmacies within Cheshire East were signed up to the hypertension case finding service. This number is increasing week on week.

**Table 16: Prevalence of cardiovascular conditions in Cheshire East Care Communities**

Care Community	Atrial Fibrillation	Coronary Heart Disease	Chronic Kidney Disease	Diabetes Mellitus	Non Diabetic Hyper-glycaemia	Heart Failure	Hypertension	Stroke/TIA Heart Disease
Alderley Edge, Chelford, Handforth, Wilmslow	1,363 (2.8%)	1,510 (3.1%)	1,456 (3.7%)	2,043 (5.1%)	2,661 (6.8%)	347 (0.7%)	6,844 (14.0%)	1,002 (2.0%)
Bollington, Disley, Poynton	1,064 (3.2%)	1,265 (3.8%)	1,153 (4.2%)	1,644 (5.9%)	2,144 (7.8%)	298 (0.9%)	5,540 (16.6%)	833 (2.5%)
Congleton, Holmes Chapel	1,401 (3.0%)	1,618 (3.5%)	2,068 (5.5%)	2,730 (7.2%)	2,540 (6.8%)	674 (1.5%)	7,470 (16.1%)	1,157 (2.5%)
Crewe	1,924 (2.2%)	2,912 (3.3%)	2,969 (4.2%)	5,205 (7.2%)	3,203 (4.5%)	1,089 (1.2%)	12,619 (14.1%)	1,779 (2.0%)
Knutsford	712 (3.1%)	839 (3.6%)	1,044 (5.7%)	1,141 (6.1%)	1,631 (8.8%)	329 (1.4%)	3,730 (16.2%)	675 (2.9%)
Macclesfield	1,596 (2.6%)	1,990 (3.2%)	2,337 (4.7%)	3,380 (6.6%)	2,758 (5.5%)	539 (0.9%)	9,809 (15.9%)	1,265 (2.1%)
Nantwich and Rural	1,076 (3.1%)	1,332 (3.8%)	1,386 (4.9%)	1,853 (6.4%)	1,590 (5.6%)	436 (1.3%)	5,848 (16.9%)	865 (2.5%)
SMASH	1,980 (2.8%)	2,566 (3.7%)	2,756 (4.9%)	4,070 (7.1%)	3,393 (6.0%)	1,034 (1.5%)	11,827 (16.9%)	1,698 (2.4%)
Cheshire East	11,116 (2.7%)	14,032 (3.4%)	15,169 (4.6%)	22,066 (6.6%)	19,920 (6.0%)	4,746 (1.2%)	63,687 (15.6%)	9,274 (2.3%)
England	2.05%	3.05%	3.96%	7.1%	5.3%	0.9%	13.9%	1.8%

Data source: NHS Digital QOF Prevalence 2021 by GP

## 17.4 Mental Health Conditions

17.4.1 There are 46,573 patients suffering from depression and 3,539 are suffering from serious mental illness in 2021 as recorded in GP registers. The prevalence of depression across Cheshire East is 14.1%, with significantly higher prevalence in Crewe, Knutsford, and SMASH. Conversely, the prevalence of serious mental illness is similar to the England average, except for Macclesfield where there is a very slight, albeit statistically significant, increased prevalence compared other areas. The prevalence of depression is higher than England average.

17.4.2 There is a growing concern about unmet mental health need in the population among the children and older people. Also, as Cheshire East has an ageing population, the focus on mental wellbeing in older people is also crucial. This is supported by the Mental Health Strategy 2019 – 2022 and the Children's Mental Health Transformation Plan backed by Cheshire East 5-year plan<sup>31</sup>. GPs and pharmacies are vital in promoting mental wellbeing and treating mental health problems across the care communities.

**Table 17: Prevalence of mental health conditions in Cheshire East Care Communities**

Care Community	Depression	Mental Health
Alderley Edge, Chelford, Handforth, Wilmslow	4,981 (12.7%)	326 (0.7%)
Bollington, Disley, Poynton	3,164 (11.5%)	273 (0.8%)
Congleton, Holmes Chapel	5,093 (13.6%)	379 (0.8%)
Crewe	12,127 (17.1%)	834 (0.9%)
Knutsford	2,750 (14.9%)	191 (0.8%)
Macclesfield	6,168 (12.3%)	676 (1.1%)
Nantwich and Rural	3,456 (12.2%)	277 (0.8%)
SMASH	8,834 (15.6%)	583 (0.8%)
<b>Cheshire East</b>	<b>46,573 (14.1%)</b>	<b>3539 (0.9%)</b>
<b>England</b>	<b>12.3%</b>	<b>0.95%</b>

Data source: NHS Digital QOF Prevalence 2021 by GP

## 17.5 Other Conditions

17.5.1 There were 2,911 patients with epilepsy in Cheshire East. Cheshire East had a similar proportion of patients on GP epilepsy registers as the England average. However, Knutsford had a higher prevalence than the England average.

There were 2,586 patients in palliative care in 2021 in Cheshire East as recorded in GP registers. Cheshire East had a similar proportion of patients on GP palliative care registers as the England average. Congleton, Holmes Chapel, Knutsford, and Nantwich and Rural had a higher proportion of patients on GP palliative care registers than the England average. Cheshire East has an ageing population and therefore it is feasible that the demand for palliative care is likely to increase in future<sup>32</sup>.

For epilepsy, Knutsford is showing significantly higher rates than the Borough average because it has a specialist GP practice (David Lewis Medical Centre) for Epilepsy, Autism and Learning Disability. The inclusion of this GP skewed the prevalence rates for epilepsy and does not seem to have any impact on other long-term conditions. Please note these are only indicative figures to understand the impact in the care communities.

<sup>32</sup> [Borough Profile \(2019/20\) \(arcgis.com\)](https://www.boroughprofile.com/)

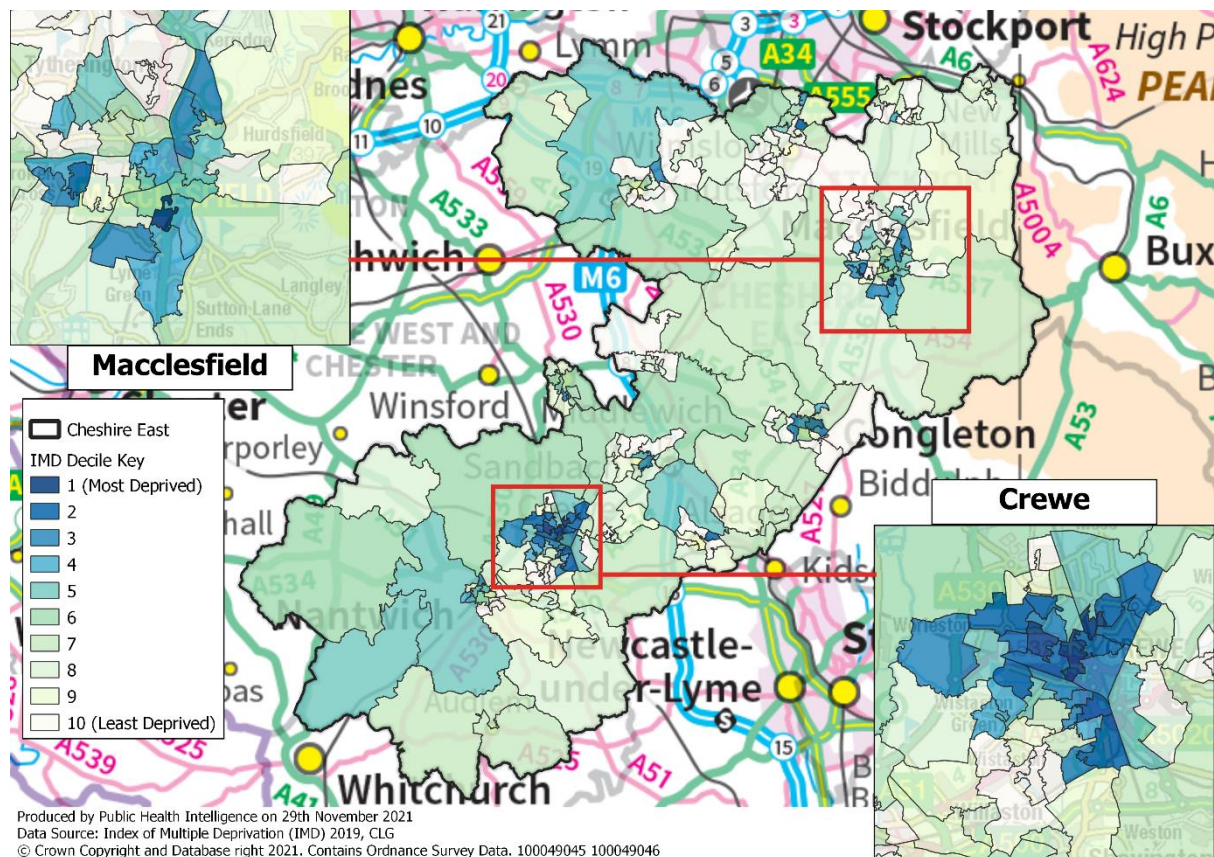
**Table 18: Prevalence of epilepsy and palliative care in Cheshire East Care Communities**

Care Community	Epilepsy	Palliative Care
Alderley Edge, Chelford, Handforth, Wilmslow	<b>258 (0.7%)</b>	320 (0.7%)
Bollington, Disley, Poynton	<b>201 (0.7%)</b>	185 (0.6%)
Congleton, Holmes Chapel	336 (0.9%)	<b>363 (0.8%)</b>
Crewe	660 (0.9%)	<b>407 (0.5%)</b>
Knutsford	<b>230 (1.2%)</b>	<b>229 (1.0%)</b>
Macclesfield	486 (1.0%)	363 (0.6%)
Nantwich and Rural	242 (0.9%)	<b>313 (0.9%)</b>
SMASH	498 (0.9%)	406 (0.6%)
<b>Cheshire East</b>	<b>2,911 (0.9%)</b>	<b>2,586 (0.6%)</b>
<b>England</b>	<b>0.8%</b>	<b>0.5%</b>

Data source: NHS Digital QOF Prevalence 2021 by GP

## 18.0 Deprivation

**18.1** The map below shows the level of deprivation in Cheshire East by the national Index of Multiple Deprivation (IMD) 2019 deciles. The Lower-Level Super Output Areas (LSOAs) are shaded by colour showing the level of deprivation on a scale. The areas shaded in dark blue are among the 10% most deprived in England, with a slightly lighter shade of blue showing the second most deprived 10%. The areas shaded in cream are among the least deprived 10% nationally. Cheshire East is generally very affluent, but small areas of deprivation can be found across the authority, mainly clustering in central Crewe.

**Figure 7: Level of Deprivation in Cheshire East**

**18.2** Four LSOAs in Cheshire East are in the most deprived 10% of LSOAs nationally – three of these are in central Crewe and one in Macclesfield. This accounts for about 2% of the population of Cheshire East. Eighteen Cheshire East LSOAs are in the most deprived 20% nationally; thirteen of these are in Crewe, two in Macclesfield and one each in Congleton, Alsager and Handforth. This represents 8.6% of the population. Socioeconomic deprivation is strongly associated with early death rates. Within Cheshire East, analysis has shown that these areas experience higher rates of premature mortality from:

- Cancer
- Heart disease
- Stroke
- Lung disease
- Liver disease.

People living in these areas will have higher levels of pharmaceutical need than in other areas.

**18.3** From a total of 514 participants in the public survey, 420 gave a full postcode that could be matched to a Cheshire East geography. This allowed us to analyse the national



Index of Multiple Deprivation (IMD) quintile of these participants.

2.86% (12) of those who responded and gave a full postcode lived in the most deprived 20% of areas nationally. This compares with 8.62% of the population of Cheshire East. In general, the survey showed an under-representation of those in the most deprived quintile and an over-representation of those in the least deprived quintile – 213 (50.71%) of the respondents were from those in the least deprived quintile, compared with 39.77% of the population of Cheshire East. The middle three quintiles were more representative of the population distribution of Cheshire East, with 43 (10.24%) in quintile 2 (the next most deprived quintile) compared with 13.47% of the Cheshire East population; 42 (10%) in quintile 3, compared with 14.78% in Cheshire East as a whole; 110 (26.18%) in quintile 4 compared with 23.36% in Cheshire East as a whole.

The small number of participants means that it is not possible to look at the impact of deprivation on responses to other questions.

## **19.0 Impact of Covid-19 Pandemic on Community Pharmacy**

The pandemic has shown that community pharmacy has been resilient and adaptable. Being located in the heart of communities, many experiencing higher levels of socioeconomic deprivation, the pharmacies have been essential and valuable to patients, supporting them in their own communities.

### **19.1 Adaptions to services provided by community pharmacy during COVID-19**

19.1.1 Unlike most other businesses and healthcare settings, community pharmacies remained open throughout the COVID-19 pandemic. They had to observe the social distance guidance appropriate at the time which led to queues outside the pharmacies as most are small, with limited space inside so they were unable to allow many people in at any one time.

19.1.2 On rare occasions, for safety related reasons due to overwhelming workload pressures, they were able to work behind closed doors for a few hours each day in order to concentrate on dispensing prescriptions and managing stock.

19.1.3 Before the pandemic many services, commissioned by local authorities, for example the morning after pill, or the CCG, for example, minor ailments service, were carried out face to face in the pharmacy consultation room. This was not suitable during the pandemic. However, working with commissioners, arrangements were quickly made to enable these

consultations to take place over the phone to ensure patients could still access such services.

19.1.4 Many community pharmacies have always offered a delivery service, which was a business decision and not a contractual requirement. Demand for delivery of medicines increased hugely, especially at the beginning of the pandemic, as many patients were told to shield and lately, due to having to self-isolate. Many community pharmacies were helped by the army of volunteers who came forward and in April 2020 the Pandemic Delivery Service became a contractual requirement of community pharmacies.

19.1.5 Community pharmacies have also supported in the provision of lateral flows test. Early in 2021 many were commissioned to provide lateral flow tests to patients when they came into the pharmacy, showing them how to do the test correctly. Now, community pharmacies are sites where patients can collect boxes of Covid-19 lateral flow tests to do testing at home.

19.1.6 Between March 2021 and November 2021, 205,243 lateral flow devices were distributed by pharmacies in Cheshire East.

## **19.2 COVID-19 Vaccination Sites**

19.2.1 In January 2021 several community pharmacies in Cheshire East were commissioned to provide vaccinations as part of the COVID Vaccination Programme. They have been invaluable to helping deliver vaccination to patients close to where they live in accessible locations and have delivered over 150,000 vaccinations.

19.2.2 In Cheshire East, from January 2021, the total number of COVID vaccinations given up to 8 February 2022 was 861,467. Of this total, 298,343 were given in the community pharmacy vaccination sites.

19.2.3 The community pharmacy vaccination sites are:

- Allied Pharmacy, Alsager
- Andrews Pharmacy, Macclesfield
- Boots, Wilmslow
- Hollowoods Pharmacy, Crewe and Nantwich
- Rowlands, Bollington
- Tesco, Congleton



- The Village Pharmacy, Prestbury
- Well, Sandbach
- Well, Congleton.

19.2.4 Engagement from Healthwatch during their “Across Cheshire” programme identified vaccination services as a key theme reported by residents and reported mixed experiences relating to receiving a vaccination within the pharmacy, as well as a lack of vaccination stock.

*“I booked all my vaccines online and went to the pharmacy. It was a great service, organised, no queueing, nearby. all very smooth”.*

*“I want to have my booster but they want to send me 9 miles away for it and I really don't feel comfortable traveling that far because of Covid. I can walk to [PHARMACY] and I keep calling to ask for my jab but they haven't got any in stock.”*

*“Went into the walk in clinic today to find they were only doing appointments as they had not received the vaccines expected. I have been told to call at 5 to see what they have spare.”*

19.2.5 Within the public survey, some participants highlighted that they think pharmacies should offer the Coronavirus jab or that there should be more pharmacies offering the vaccination to reduce waiting time.

*“Covid information and top up vaccinations should be offered from all local pharmacies. My top up vaccine was miles away and if you are elderly and can't drive could be problematic”*

### **19.3 Public views of Community Pharmacy Services during the Pandemic**

19.3.1 During 2020, Healthwatch completed a series of engagement with Cheshire East residents to establish public views on Health & Care during the Covid-19 pandemic in the Care Communities of Cheshire East<sup>33</sup>. Overall, there was praise for pharmacies, with 81% of participants in Cheshire East rating their experience as “Good” or “Excellent”.

*“I have had nothing but exceptional service from all of these (GP and Pharmacy). I have felt safe at all times.”*

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<sup>33</sup> Public Views on Health & Care during the Coronavirus Pandemic in the Care Communities of Cheshire East, May - Oct 2020, [Cheshire-East-Care-Communities-Public-Views-on-Health-and-Care-during-the-Coronavirus-COVID-19-Pandemic-May-Oct-2020-1.pdf](https://healthwatchcheshireeast.org.uk/Cheshire-East-Care-Communities-Public-Views-on-Health-and-Care-during-the-Coronavirus-COVID-19-Pandemic-May-Oct-2020-1.pdf) ([healthwatchcheshireeast.org.uk](https://healthwatchcheshireeast.org.uk))

19.3.2 However, residents also reported an increase in waiting times for prescriptions and being unable to find all the over-the counter medication required in shops and pharmacies.

19.3.3 Access to healthcare, such as pharmacy services, during the pandemic varied depending on the care community. Of those who participated in the engagement, 15% in the Knutsford care community reported that they either couldn't get a prescription, experienced increased waiting times, or they couldn't find over the counter medication they needed. Conversely in Nantwich and Rural care community, 48% stated that they either could not get a prescription, experienced increased waiting times, or they could not find over the counter medication they needed. Similar numbers were seen in Crewe (41%) and Congleton and Holmes Chapel (42%).

19.3.4 There was variation in public views of the service received during the Covid-19 pandemic in the care communities.

*"Rang up and told them that I was struggling to get paracetamol - they ensured that some was put aside for me."*

*"Pharmacy - the turnaround on prescriptions is ridiculously long and the staff quite rude."*

## 20.0 The Six Statements required by Legislation

**20.1 Necessary services: current provision. A statement of the pharmaceutical services that the HWB has identified as services that are provided:**

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and**
- (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).**

20.1.1 There is currently an adequate level of community pharmacy provision in every major town in the Borough. The maps show that this provision is mostly located either in the town centres or close to GP surgeries. There are bordering pharmacies accessible for residents and the number of pharmacies in Cheshire East is near to the national average.

20.1.2 There is evidence that residents living in peripheral areas of the Borough use pharmacies in adjacent Health and Wellbeing Board areas to have prescriptions dispensed. This is particularly evident in the north of the Borough, where 3.9% of items prescribed in Cheshire East are dispensed in neighbouring local authorities, such as Cheshire West & Chester, Manchester, Shropshire, Stockport, Stoke on Trent, Trafford, and Warrington.

20.1.3 The public survey shows that 77% of participants are satisfied with the pharmacy services received. The majority of participants were also satisfied with pharmacy opening hours (75% satisfied).

**20.2 Necessary services: gaps in provision. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-**

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;**
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.**

20.2.1 The current dispensing workload as demonstrated by the number of items dispensed per pharmacy is not significantly different to the England average i.e. within the normal range. No gap in current provision has been identified. The prescribing of medicines is predicted to grow by 7.7% by 2024 and a further 6.3% increase by 2029, a total increase in medicines use of 14.4% over the ten-year period. Increases of this magnitude are likely in all

areas of the country. Existing pharmacies may have to increase their capacity and review their working practices to meet this need.

20.2.2 Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some pharmacies.

20.2.3 When using the Office of National Statistics population projections, pharmaceutical need is predicted to increase to a greater extent in the Knutsford and Bollington, Disley and Poynton care communities. The current dispensing workload is higher in the Bollington, Disley and Poynton care community (7,432) than the England average (6,565) which is consistent with having fewer pharmacies per 100,000 population<sup>34</sup>. However, this high volume of dispensing may be supported by cross-border activity as the Bollington, Disley and Poynton Care Community borders with neighbouring local authorities. There are pharmacies in neighbouring authorities available for residents to access pharmaceutical services from. In addition, this might involve a change in the skill mix and capacity within each pharmacy to cope with the predicted additional demand. It is important to note that the population demographic, such as a younger population, and the need for a new school and doctors' surgery is implicated when considering whether a pharmacy is required.

20.2.4 According to the tartan rug, the town of Crewe has the greatest level of deprivation in the Borough, and it also has the highest levels of premature mortality. There is a lower level of community pharmacy provision in the Crewe care community. We have taken consideration of the main strategic sites in relation to current pharmaceutical provision, and Cheshire East is generally well provided for. One area of concern is the planned South Cheshire Growth Village at Basford, Crewe. Consideration of the proposed site suggests that the health needs of the population will be adequately met by Rope Green Medical Centre and the associated Well Pharmacy as well as pharmacies in central Crewe. However, this will need to be monitored as the development progresses. The North East of Crewe, where much building work has been undertaken in previous years has been considered in earlier PNAs. Building work has slowed there, however, and a previous mapping exercise was reassuring in terms of pharmaceutical provision.

20.2.5 The Pharmaceutical Needs Assessment has highlighted the existence of cross-border dispensing flows across the Cheshire East / Stockport border. It has also considered housing developments within both the HWB areas which may impact on these flows in the future.

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<sup>34</sup> NHSBSA General Pharmaceutical Services - England 2015/16-2020/21, Summary Tables, NHSBSA Copyright 2022. This information is licenced under the terms of the Open Government Licence

There is a housing development to the east of Handforth, the North Cheshire Growth Village; this is a Strategic Site that will provide up to 1,724 houses once fully completed. Despite expectations that houses would be under construction by 2021, the first completions – about 300 – are not now expected until 2024/5, with the majority of the site being built over the following five years. The site is close to the Handforth Dean Retail Park which includes a pharmacy within a superstore with extended opening hours. Also, at the northern boundary of Cheshire East, between Handforth and Poynton within Stockport Metropolitan Borough, is the Woodford opportunity area. The site has planning permission for over 900 homes. Stockport PNAs in 2015 and 2018 identified that this development once fully occupied may lead to a gap in Essential service provision as the nearest pharmacy is more than 2km away. Stockport Health and Wellbeing Board are currently reviewing their PNA with plans to consult during the spring and publish in the autumn of 2022, this will include a review of provision in this area, with consideration of their strategic ambition for 90% of Stockport residents' homes to be within 1km of a community pharmacy. Woodford itself is around 1.5 miles south of Bramhall, a suburb of Stockport, where there is already a number of community pharmacies and GP surgeries. There are also good links to local facilities in Cheshire East including a number of community pharmacies, with Handforth to the west and Poynton to the north east, both within a 3-mile radius.

20.2.6 Extended opening hours are a beneficial feature of pharmacy provision locally, and in many areas, there is weekday access to community pharmacies from 6.30 in the morning and throughout the day up to midnight. On Sundays, there is no pharmacy open in Bollington, Disley and Poynton and SMASH care communities. Macclesfield is the only care community to have a pharmacy open after 5pm on a Sunday. A council cannot stipulate pharmacy opening hours, they form part of the contract with NHS England.

20.2.7 There are six practice premises in Cheshire East at which dispensing doctor services are available to eligible patients. Some of these practices cover very rural areas. Patients who receive dispensing doctor services are able to be supplied with medicines, but they may not be able to benefit from the wider range of Essential and Advanced services that community pharmacies are able to provide, or the CCG and public health commissioned services.

**20.3 Other relevant services: current provision. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided-**

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;**
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured**

**improvements, or better access, to pharmaceutical services in its area;**  
**(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.**

20.3.1 The provision of public health services in Cheshire East includes emergency hormonal contraception, quick start contraception, chlamydia screening, smoking cessation services, supervised consumption, and needle exchange. Overall, there is adequate provision of public health services across care communities in Cheshire East.

20.3.2 Where there is no public health service provision within a care community, for example smoking cessation, there is provision in neighbouring care communities. The smoking cessation is a targeted intervention with keywork support; this is different to off the shelf smoking cessation products that are available at pharmacies. Of note, there is a potential gap in supervised consumption and needle exchange services in the Bollington, Disley and Poynton care community.

20.3.3 The pandemic has shown that community pharmacy has been resilient and adaptable. Being located in the heart of communities, many with high levels of deprivation, the pharmacies have been essential and valuable to patients, supporting patients in their own communities.

**20.4 Improvements and better access: gaps in provision. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-**

**(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area,**

**(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.**

20.4.1 The Cheshire East Five-Year plan and a Cheshire & Merseyside cross-sector strategy "Saving lives: Reducing the pressure" identified high blood pressure as a major issue affecting about a quarter of people, most of whom are undiagnosed or untreated. Current prevalence estimates produced by Public Health England indicate that there are believed to be 38,300 residents aged 16 and over with undiagnosed high blood pressure. There is a need to identify people with hypertension using a wide range of community settings, which will include community pharmacies. If case-finding improves, this could potentially increase

the number of prescriptions requiring dispensing.

The Cheshire and Merseyside sub-region five year cross-sector strategy to tackle high blood pressure indicates pharmacies can play an important role in helping patients to manage long-term conditions such as cardiovascular disease and its associated risk factors e.g. high blood-pressure. The hypertension case finding service is commissioned in community pharmacy to offer checks for blood pressure, blood sugar and if necessary, signpost affected individuals into primary care for definitive management. This was commissioned as an Advanced service in community pharmacy from the beginning of 2022.

20.4.2 Within the community pharmacy survey, pharmacies were asked about additional Public Health services they would consider providing. A total of 65 (83%) pharmacies would be willing to provide obesity management for adults and children and 61 (78%) would be interested in delivering NHS Health Checks.

**20.5 Other NHS services. A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-**

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or**
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.**

20.5.1 NHS Cheshire and Mersey Integrated Care Board (ICB) commissions an urgent palliative care medicines service which have led to improvements in access to medicines that may be needed either in an emergency or for palliative care. The service is currently provided by 28 community pharmacies in Cheshire East.

20.5.2 The Pharmacy First Minor Ailments Service aims to support patients to recover quickly and successfully from episodes of ill health that are suitable for management in a community pharmacy setting. The service is currently provided by 65 community pharmacies in Cheshire East, 8 of which are 100 hour pharmacies.

20.5.3 Responses from the Community Pharmacy Survey indicate that, only small numbers of pharmacies within Cheshire East are unwilling to provide the existing Public Health services:

- Emergency hormonal contraception (EHC) - 3

- Quick Start Contraception - 11
- Chlamydia Testing - 17
- Chlamydia Treatment Services - 16
- Smoking cessation services: Smoke cessation counselling -15
- Nicotine Replacement Therapy Voucher dispensing - 14
- Varenicline PGD - 11
- Supervised consumption and needle exchange:
  - Needle and Syringe Exchange service - 17
  - Supervised Administration - 8

However, the willingness expressed within the survey responses is not reflected in the numbers of pharmacies currently contracted to provide these services. During the recommissioning through invitations to tender (ITT) process in 2016, the Local Authority made efforts to ensure that the provision reflected local need. In areas where need has been demonstrated but community pharmacies offering the service is low, other providers fill the provision gap e.g. EHC and chlamydia screening in young people is provided within other community settings under the current Sexual Health Services Contract, also GP Practices are prescribing EHC in the Bollington, Disley, Poynton Care Community.

**20.6 An explanation of how the assessment has been carried out, in particular –**

**(a) how it has determined what are the localities in its area;**

**(b) how it has taken into account (where applicable)-**

**(i) the different needs of different localities in its area, and**

**(ii) the different needs of people in its area who share a protected characteristic; and**

**(c) a report on the consultation that it has undertaken.**

20.6.1 Most of the analyses of the different needs of localities in the area have been based on the geography of Cheshire East's eight care communities, as illustrated in the map in section 20. Care communities bring together health and social care teams to deliver services that not only treat illness but promote wellness, self-care and behavioural change. Care communities include GPs, community nurse teams, mental health teams, social services, Connecting Communities, and others. By looking at the registered populations of Cheshire East GP practices, we have been able to allocate standard geographies such as Middle Layer Super Output Areas (MSOAs) to these care communities, encompassing both town and rural communities in each cluster. This enables us to profile standard data sets such as Census data for them. An advantage of using this geography is that it better fits GP and community pharmacy patient flows. Another advantage is that care communities are starting to be used as standard geographies within Cheshire East's JSNA.



20.6.2 The Cheshire East JSNA and PNA also contain some town-level analyses, constructed from Middle Layer Super Output Areas (MSOAs). Town-level analyses illustrate local variations between communities, which may be hidden by the larger care communities and offer a geography which is more recognisable to the majority of residents.

20.6.3 There are two GPs within the Borough that are aligned to neighbouring HWB areas. Bunbury Medical Practice links to Cheshire West and Chester HWB but geographically lies within Cheshire East. In Handforth there is a branch surgery of Cheadle Hulme Health Centre which links to NHS Greater Manchester ICB but geographically lies within Cheshire East. As such, these GPs have been considered in this PNA as their patient population may be residents of Cheshire East and therefore use pharmaceutical services within the Cheshire East boundary.

20.6.4 This Pharmaceutical Needs Assessment has taken into account the different needs of people in its area who share a protected characteristic. A description of these groups and the response of community pharmacies to these needs are described in section 16. Additionally, an equality impact assessment for the purpose of the PNA consultation has been completed alongside the development of this PNA.

20.6.5 Healthwatch Cheshire East engaged with members of the public between September and November 2021 regarding pharmacy services at a variety of community locations, such as community centres and local nature reserves. A total of 49 comments were received and this consultation has been considered in the PNA.

20.6.6 A public survey was carried out to seek the views of the local population about community pharmacy services. The survey was conducted during November and December 2021. A short online questionnaire was available on the Council's website consultation pages and advertised in the internal staff newsletter. It was also promoted by NHS Cheshire CCG and Healthwatch. Paper copies of the survey were held in libraries across the Borough and a customer service phone line was set up for people unable to access the survey online. A total of 514 responses were received. Specific findings on different aspects of pharmacy services from the 2021 public survey are included in the relevant section of the PNA. An overview of additional findings is also included in the appendix A.

20.6.7 A community pharmacy survey was developed in conjunction with the other HWB areas in Cheshire and Merseyside. The questionnaire was based on previous questionnaires

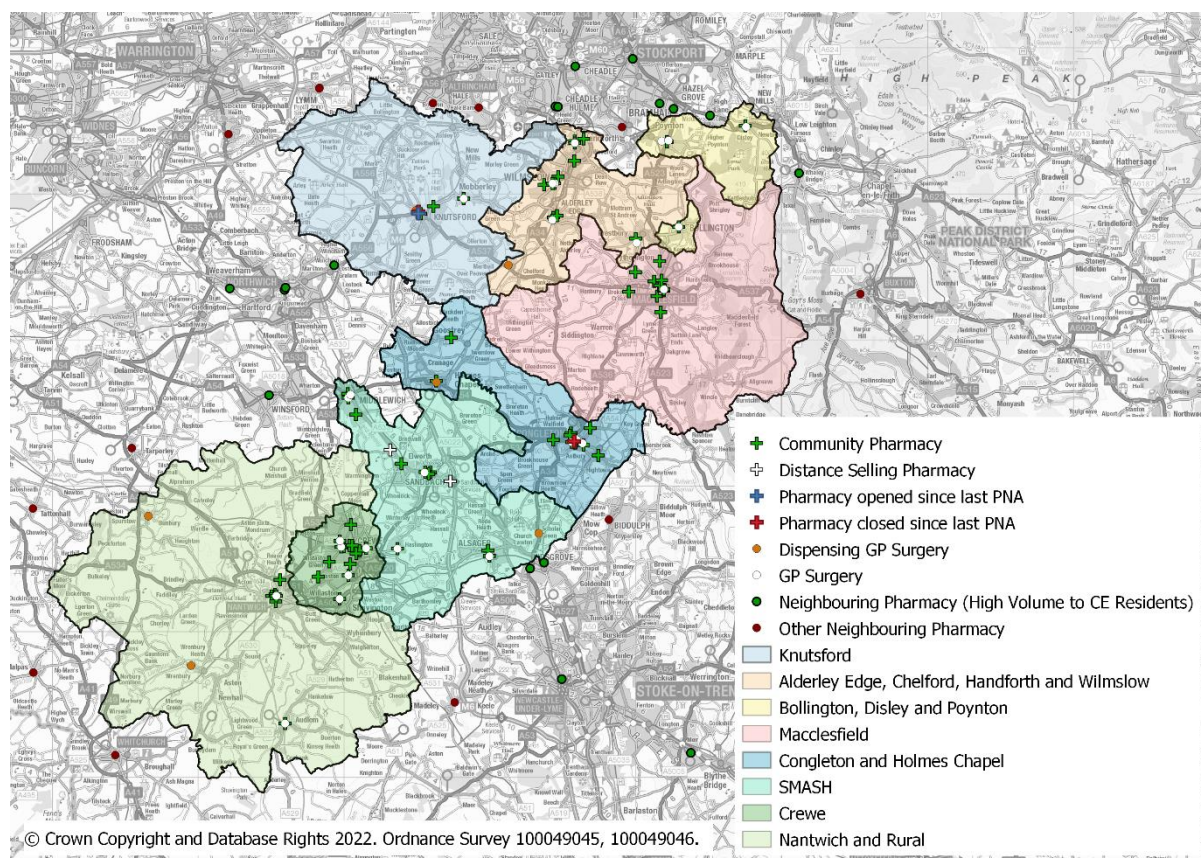
used for PNAs across Cheshire and Merseyside. It was available electronically via PharmOutcomes. All 78 community pharmacies returned questionnaires, a 100% response rate. An overview of additional findings is also included in the Appendix B.

## 21.0 Map of Premises at which Pharmaceutical Services are Provided

**21.1** Paragraph 7 of Schedule 1 of the 2013 Regulations specifies that HWBs are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided in the area of the HWB.

**21.2** The map below shows the location of community pharmacies, dispensing practice premises and distance selling pharmacies within the Health & Wellbeing Board's area. The map also shows neighbouring pharmacies and neighbouring pharmacies with a high dispensing volume of prescriptions from Cheshire East residents. Cheshire East is a largely rural area, and the pharmacies are generally situated in more densely populated towns. However, rural areas are supported by dispensing doctors and pharmacies in bordering local authorities.

**Figure 8: Map Location of Care Communities, Community Pharmacies and GPs in Cheshire East**



## Appendix A The Public Survey

The survey was conducted during November and December 2021 via an online questionnaire held on the Council's website consultation pages. Printed copies and an easy-read version were available on request.

The survey was distributed to 619 members of Cheshire East's Digital Influence Panel (DIP) who had expressed an interest in public health services specifically. The panel is not statistically representative of Cheshire East, as it is a self-selecting group of residents who choose to engage with us.

The survey was advertised internally to Cheshire East staff via the internal staff newsletter, Team Voice, and staff intranet homepage. It was promoted to a wider audience via social media, Healthwatch Cheshire East website, and PNA Steering Group members' networks. Cheshire CCG and Community Pharmacy Cheshire and Wirral (CPCW) facilitated the promotion to local GPs and pharmacies.. Cheshire East Libraries also promoted the survey and held paper copies. In addition, a contact centre number was set up for respondents to participate in the survey, should they be unable to access the survey online.

A total of 514 participants submitted a response.

An Equality Impact Assessment (EIA) which included Stakeholder mapping was undertaken as part of the PNA project. The EIA reviews any findings from last PNA regarding protected characteristics plus incorporates any new findings from the information gathering for the new PNA e.g., patient and contractor surveys. The EIA is constantly reviewed throughout the development of the PNA to ensure it captures any new promotional routes that would give a voice to residents with protective characteristics who may use pharmacies but not engage via traditional routes.

Please note: percentages may not add up to 100% due to rounding.

### 1. In which Local Authority do you live?

Answer Choices	Participants	
Cheshire East	100%	514
	<b>Answered</b>	<b>514</b>

## 2. Why did you visit the pharmacy? (Please one box only)

Answer Choices	Responses*	
<b>Responded:</b>	<b>99.61%</b>	<b>512</b>
To collect Prescription for yourself	62.26%	320
To collect a prescription for some else	18.29%	94
To buy other medications I cannot buy elsewhere	4.86%	25
To get advice from the pharmacist	4.28%	22
Other (please specify)	9.92%	51
<b>Did not respond:</b>	<b>0.39%</b>	<b>2</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

## 3. When did you last use a pharmacy to get a prescription, buy medicines or to get advice? (Please tick one answer only)

Answer Choices	Responses*	
In the last week	32.49%	167
In the last two weeks	27.43%	141
In the last month	25.49%	131
In the last three months	6.61%	34
In the last six months	3.11%	16
Not in the last six months	4.86%	25
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

## 4. How did you get to the pharmacy? (Please tick all that apply)

Answer Choices	Responses*	
Car	58.95%	303
Walking	42.22%	217
Public transport	1.56%	8
Bicycle	0.97%	5
Taxi	0.39%	2
Motorbike	0.19%	1
Mobility transport	0.00%	0
Other (please specify)	3.30%	17
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514). 553 answers were selected.		

5. Thinking about the location of the pharmacy, which of the following are the most important to you? (Please tick all that apply)

Answer Choices	Responses*	
It is close to my home	63.04%	324
It is close to my doctor's surgery	40.08%	206
It is easy to park nearby	40.08%	206
It is close to other shops I use	28.79%	148
It is close to /in my local supermarket	11.48%	59
it is close to where I work	3.70%	19
It is near to the bus stop/train station	2.92%	15
It is close to my children school/ nursery	0.97%	5
None of these	2.92%	15
Other (please specify)	5.25%	27
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514). 1,024 answers were selected.		

6. How easy is to get to your usual pharmacy? (Please tick one answer only)

Answer Choices	Responses*	
Very easy	64.59%	332
Quite easy	31.32%	161
Quite difficult	2.33%	12
Very difficult	1.75%	9
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

7. If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?

Answer Choices	Responses*	
<b>Responded:</b>	<b>98.83%</b>	<b>508</b>
Yes	26.07%	134
No	7.98%	41
Don't know	0.78%	4
Not applicable	64.01%	329
<b>Did not respond:</b>	<b>1.17%</b>	<b>6</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

8. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

Answer Choices	Responses*	
<b>Responded:</b>	<b>99.03%</b>	<b>509</b>
Yes	30.74%	158
No	11.48%	59
Don't know/I have never used this service	56.81%	292
<b>Did not respond:</b>	<b>0.97%</b>	<b>5</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

9. Can you remember a recent time when you had problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?

Answer Choices	Responses*	
<b>Responded:</b>	<b>99.03%</b>	<b>509</b>
Yes	19.07%	98
No (go to question 12)	79.96%	411
<b>Did not respond:</b>	<b>0.97%</b>	<b>5</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

10. If Yes, what was your main reason for going to the pharmacy? (Please tick one answer only)

Answer Choices	Responses*	
<b>Responded:</b>	<b>22.76%</b>	<b>117</b>
To get medicine on a prescription	18.87%	97
To buy medicine from a pharmacy	1.75%	9
To get advice at the pharmacy	0.78%	4
Other (Pls Specify)	1.36%	7
<b>Did not respond:</b>	<b>77.26%</b>	<b>397</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

11. Please tell us what was the problem in finding a pharmacy? (Text Comments)

Answer Choices	Responses*	
<b>Responded:</b>	<b>19.26%</b>	<b>99</b>
Closed/Lack of pharmacist	6.61%	34
Lack of Medicine	8.17%	42
Dissatisfaction/Poor Service	3.50%	18
Other	0.97%	5
<b>Did not respond:</b>	<b>80.74%</b>	<b>415</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

12. Are you satisfied with the opening hours of your pharmacy?

Answer Choices	Responses*	
<b>Responded:</b>	<b>99.42%</b>	<b>511</b>
Yes	74.90%	385
No (see below)	24.51%	126
Irregular closure	7.39%	38
Closed Saturday and Sunday	6.81%	35
Shortage of Pharmacist/Staff	6.42%	33
Extended opening /Closing hours	4.67%	24
Other	1.56%	8
<b>Did not respond:</b>	<b>0.58%</b>	<b>3</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514).		

13. Were you satisfied with services received from your pharmacy during the pandemic?

Answer Choices	Responses*	
<b>Responded:</b>	<b>99.03%</b>	<b>509</b>
Yes	76.85%	395
No (see below)	22.18%	114
Unsatisfied with prescription/ dispensing service	7.20%	37
Long wait	5.84%	30
Unsatisfied with opening hours	4.47%	23
Unhappy with service from staff	2.72%	14
Unhappy with vaccination service	0.39%	2
Other	1.56%	8
<b>Did not respond:</b>	<b>0.97%</b>	<b>5</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514).		



14. How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?

Answer Choices	Responses*	
<b>Responded:</b>	<b>94.55%</b>	<b>486</b>
I haven't needed to use the pharmacy when it was closed (go to question 17)	60.31%	310
Once or twice	23.74%	122
Three or four times	6.81%	35
Five or more times	3.70%	19
<b>Did not respond:</b>	<b>5.45%</b>	<b>28</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

15. What day of the week was it?

Answer Choices	Responses*	
<b>Responded:</b>	<b>35.99%</b>	<b>185</b>
Monday to Friday	14.79%	76
Saturday	8.75%	45
Sunday	3.89	20
Bank holiday	0.78%	4
Can't Remember	7.78%	40
<b>Did not respond:</b>	<b>64.01%</b>	<b>329</b>
**Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

16. What time of the day was it?

Answer Choices	Responses*	
<b>Responded:</b>	<b>35.21%</b>	<b>181</b>
Morning	11.48%	59
Lunchtime (between 12pm and 2pm)	4.28%	22
Afternoon	9.73%	50
Evening (after 7pm)	3.70%	19
Can't remember	6.03%	31
<b>Did not respond:</b>	<b>64.79%</b>	<b>333</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

17. What did you do when your pharmacy was closed?

Answer Choices	Responses*	
<b>Responded</b>	<b>70.43%</b>	<b>362</b>
Waited until the pharmacy was open	37.35%	192
Went to another pharmacy	20.43%	105
Called NHS 111	0.97%	5
Went to a walk-in centre	0.39%	2
Went to a hospital	0.00%	0
Other (please specify)	11.28%	57
<b>Did not respond:</b>	<b>29.57%</b>	<b>152</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

18. Did you get a prescription the last time you used a pharmacy?

Answer Choices	Responses*	
<b>Responded:</b>	<b>95.14%</b>	<b>489</b>
Yes	78.60%	404
No (Go to Q20)	15.95%	82
Can't remember (go to Q20)	0.58%	3
<b>Did not respond:</b>	<b>4.86%</b>	<b>25</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

19. Did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

Answer Choices	Responses*	
<b>Responded:</b>	<b>77.82%</b>	<b>400</b>
Yes	45.14%	232
No, but I would have liked to have been told	11.09%	57
No, but I did not mind	16.93%	87
Can't remember	4.67%	24
<b>Did not respond:</b>	<b>22.18%</b>	<b>114</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

20. Was this a reasonable period of time?

Answer Choices	Responses*	
<b>Responded:</b>	<b>89.30%</b>	<b>459</b>
Yes	50.39%	259
No	15.95%	82
Not applicable	22.96%	118
<b>Did not respond:</b>	<b>10.70%</b>	<b>55</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

21. Did you get all the medicines that you needed on this occasion?

Answer Choices	Responses*	
<b>Responded:</b>	<b>91.44%</b>	<b>470</b>
Yes	69.29%	356
No	21.21%	109
Can't remember	0.97%	5
<b>Did not respond:</b>	<b>8.56%</b>	<b>44</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

22. What was the main reason for not getting all your medicines on this occasion? (Please tick one answer only)

Answer Choices	Responses*	
<b>Responded:</b>	<b>22.37%</b>	<b>115</b>
The pharmacy had run out of my medicine	11.67%	60
Pharmacy told me medicine was unavailable	4.47%	23
My prescription had not arrived at the pharmacy	1.75%	9
My GP have not prescribed something I wanted	0.58%	3
Some other reason	3.89%	20
<b>Did not respond:</b>	<b>77.63%</b>	<b>399</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

23. How long did you have to wait to get the rest of your medicines?

Answer Choices	Responses*	
<b>Responded:</b>	<b>22.56%</b>	<b>116</b>
Later the same day	2.72%	14
The next day	3.70%	19
Two to seven days	11.09%	57
More than a week	2.53%	13
Never got it	2.53%	13
<b>Did not respond:</b>	<b>77.43%</b>	<b>398</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

24. If you have needed to use a hospital pharmacy (e.g. as an outpatient or on discharge following a stay in hospital), would you like to have the option to have the prescription dispensed at your local pharmacy?

Answer Choices	Responses*	
<b>Responded:</b>	<b>93.39%</b>	<b>480</b>
Yes	48.83%	251
No	12.65%	65
I have never used a hospital pharmacy	31.91%	164
<b>Did not respond:</b>	<b>6.61%</b>	<b>34</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

25. Have you had a consultation with the pharmacist recently for any health-related purpose?

Answer Choices	Responses*	
<b>Responded:</b>	<b>94.75%</b>	<b>487</b>
Yes	28.21%	145
No (Go to Q29)	64.98%	334
Can't Remember (Go to Q29)	1.56%	8
<b>Did not respond:</b>	<b>5.25%</b>	<b>27</b>
**Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

26. What advice were you given during your consultation? (Please tick all that apply)

Answer Choices	Responses*	
<b>Responded:</b>	<b>34.05%</b>	<b>175</b>
Advice about a minor ailment	13.42%	69
Medicine advice	10.31%	53
Referred to other services	2.33%	12
Blood pressure monitoring	1.36%	7
Lifestyle advice (E.g. stop smoking, diet and nutrition, physical activities)	0.39%	2
Emergency contraception advice	0.39%	2
Other (please specify)	5.84%	30
<b>Did not respond:</b>	<b>65.95%</b>	<b>339</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

27. Where did you have your consultation with the pharmacist? (Please tick one answer only)

Answer Choices	Responses*	
<b>Responded:</b>	<b>28.99%</b>	<b>149</b>
At a pharmacy counter	13.04%	67
In a separate room	10.89%	56
In the dispensary or a quiet part of the shop	2.53%	13
Over the telephone (Go to Q29)	1.95%	10
Other (please specify)	0.58%	3
<b>Did not respond:</b>	<b>71.01%</b>	<b>365</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

28. How do you rate the level of privacy you have in the consultation with the pharmacist?

Answer Choices	Responses*	
<b>Responded:</b>	<b>29.96%</b>	<b>154</b>
Excellent	8.17%	42
Very good	7.20%	37
Good	5.45%	28
Fair	4.67%	24
Poor	3.31%	17
Very poor	1.17%	6
<b>Did not respond:</b>	<b>70.04%</b>	<b>360</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

29. Please tell us how you would describe your feelings about pharmacies

Answer Choices	Responses*	
<b>Respondents:</b>	<b>93.97%</b>	<b>483</b>
I am satisfied with the range of services pharmacies provide	56.42%	290
I wish pharmacies could provide more services for me	30.93%	159
I don't know	6.61%	34
<b>Did not respond:</b>	<b>6.03%</b>	<b>31</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

30. Which if any of the services below do you think should be available locally through pharmacies? (Please tick one box in each row)

Answer Choice	No	Not Sure	Yes	Total	% Answered	Did not respond:	% Did not respond:	Grand Total
Advice and treatment for alcohol misuse	162	103	183	448	87.16%	66	12.84%	514
Advice and treatment for drug misuse	155	110	179	444	86.38%	70	13.62%	514
Advice on contraception and the supply of the "morning after pill" free of charge	64	58	333	455	88.52%	59	11.48%	514
Advice on stopping smoking and/or treatment	63	64	328	455	88.52%	59	11.48%	514
Other immunisations	29	30	405	464	90.27%	50	9.73%	514
Provision of the "Flu" vaccinations	20	14	438	472	91.83%	42	8.17%	514
Review of new medicines with advice on when it is best to take them, what they are for and side effects	59	31	375	465	90.47%	49	9.53%	514
Screening for other conditions	97	78	289	464	90.27%	50	9.73%	514
To get treatment of a minor illness such as a cold instead of my doctor (free of charge if you	29	27	420	476	92.61%	38	7.39%	514
Weight management services and advice on diet/exercise for weight management	90	90	277	457	88.91%	57	11.09%	514

31. Is there anything you particularly value as a service from pharmacies? (Text Comments)

Answer Choice	Responses*	
<b>Responded:</b>	<b>48.05%</b>	<b>247</b>
Knowledgeable staff	12.65%	65
Product availability	10.70%	55
Friendly staff	10.51%	54
Online prescription/ delivery/ pickup	4.86%	25
No	4.47%	23
Opening hours	0.97%	5
Other	4.67%	28

<b>Did not respond:</b>	<b>51.95%</b>	<b>267</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

32. Is there anything else, or any additional service that you feel could be provided by local pharmacies? (Text Comments)

Answer Choices	Responses*	
<b>Responded</b>	<b>13.23%</b>	<b>68</b>
Advice services	2.33%	12
Diagnose and prescribe for minor ailments	3.11%	16
Change of opening hours	1.56%	8
Health checks	4.47%	23
COVID vaccination	1.17%	6
Counselling/Mental health services	0.58%	3
Deliver medication	1.36%	7
<b>Did Not Respond</b>	<b>86.77%</b>	<b>446</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

33. Please tell us your postcode

Answer Choices	Responses*	
<b>Responded:</b>	<b>88.13%</b>	<b>453</b>
Provided postcodes	88.13%	453
<b>Did not respond:</b>	<b>11.87%</b>	<b>61</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

34. Are you?

Answer Choices	Responses*	
<b>Responded:</b>	<b>92.80%</b>	<b>477</b>
Male	33.27%	171
Female	57.98%	298
Prefer not to say	1.17%	6
Prefer to self-define (Please specify)	0.39%	2
<b>Did not respond:</b>	<b>7.20%</b>	<b>37</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		



35. How old are you?

Answer Choices	Responses*	
<b>Responded:</b>	<b>93.19%</b>	<b>479</b>
16-24 years	0.19%	1
25-34 years	2.33%	12
35-44 years	10.31%	53
45-54 years	17.70%	91
55-64 years	22.96%	118
65-74 years	22.96%	118
75 years or over	13.81%	71
Prefer not to say	2.92%	15
<b>Did not respond:</b>	<b>6.81%</b>	<b>35</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

36. Are you disabled\*? \*Disability is defined in the Equality Act 2010 as “a physical or mental impairment that has a substantial and long-term (12 months or more) adverse effect on your ability to carry out normal day-to-day activities”.

Answer Choices	Responses*	
<b>Responded:</b>	<b>92.61%</b>	<b>476</b>
Yes	13.81%	71
No	75.50%	388
Prefer not to say	3..31%	17
<b>Did not respond:</b>	<b>7.40%</b>	<b>38</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

37. If yes, is your disability related to: (please tick all that apply)

Answer Choices	Responses*	
<b>Responded:</b>	<b>24.71%</b>	<b>127</b>
Physical	8.37%	43
Long term illness	6.23%	32
Deaf/hard of hearing	2.72%	14
Mental health	2.33%	12
Visual	0.78%	4
Learning	0.58%	3
Other (please specify)	1.75%	9
Prefer not to say	1.95%	10
<b>Did not respond:</b>	<b>75.29%</b>	<b>387</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

38. Ethnicity: Do you identify yourself as:

Answer Choices	Responses*	
<b>Responded:</b>	<b>90.86%</b>	<b>467</b>
Asian - Indian	0.39%	2
Black - African	0.19%	1
Black - Other Background	0.19%	1
Mixed Ethnic Background - Asian & White	0.58%	3
Mixed Ethnic Background - Caribbean & White	0.19%	1
Mixed Ethnic Background - Other	0.19%	1
White - British	51.95%	267
White - English	32.49%	167
White - Irish	0.39%	2
White - Other	1.75%	9
White - Scottish	0.58%	3
White - Welsh	1.95%	10
<b>Did not respond:</b>	<b>9.14%</b>	<b>47</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

39. Do you have a religion or belief?

Answer Choices	Responses*	
<b>Responded:</b>	<b>85.21%</b>	<b>438</b>
Yes	42.02%	216
No	35.60%	183
Prefer not to say	7.59%	39
<b>Did not respond:</b>	<b>14.79%</b>	<b>76</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

40. If "Yes" please tick one of the options below:

Answer Choices	Responses*	
<b>Responded:</b>	<b>43.00%</b>	<b>221</b>
Christian	40.08%	206
Buddhist	0.39%	2
Hindu	0.19%	1
Muslim	0.19%	1
Other (please specify)	2.14%	11
<b>Did not respond:</b>	<b>57.00%</b>	<b>293</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

41. How would you describe your sexual orientation?

Answer Choices	Responses*	
<b>Responded:</b>	<b>85.80%</b>	<b>441</b>
Heterosexual or Straight	78.02%	401
Gay or Lesbian	0.97%	5
Bisexual	0.39%	2
Other	0.19%	1
Prefer not to say	6.23%	32
<b>Did not respond:</b>	<b>14.20%</b>	<b>73</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

42. Do you live in the gender you were given at birth?

Answer Choices	Responses*	
<b>Responded:</b>	<b>86.19%</b>	<b>443</b>
Yes	82.88%	426
No	0.19%	1
Prefer not to say	3.11%	16
<b>Did not respond:</b>	<b>13.81%</b>	<b>71</b>
*Percentages have been calculated to reflect the number of responses in each category as a proportion of the total number of participants (n=514)		

## Demographics of Participants

### Age

Table 1 below shows the age profile of those who completed the public survey compared to the current estimated population of Cheshire East. This shows that the younger age bands, 16-24, 25-34 and 35-44 are underrepresented within the survey. For the age band 45-54 the proportion is representative. The 55-64 and 65-75 age bands are over representative, whereas the oldest age band (75 and over) is representative. This might be due to the relationship between age and pharmacy need.

**Table 1: Age Profile of survey participants and Cheshire East Estimated Population 2020**

Age Band	Survey Respondents	Percentage of Respondents	Cheshire East Population 16 and over	Percentage of population 16 and over
16-24	1	0.19%	31,705	10%
25-34	12	2.33%	39,906	13%
35-44	53	10.31%	44,485	14%
45-54	91	17.70%	56,859	18%
55-64	118	22.96%	55,025	17%
65-74	118	22.96%	46,891	15%
75 years or over	71	13.81%	42,257	13%
Prefer not to say	15	2.92%		
Unknown	35	6.81%		
<b>Total</b>	<b>514</b>	<b>100%</b>	<b>317,128</b>	

Data Source: ONS Population Mid-2020 MSOA SYOA

### Gender

Table 2 below shows that males are slightly underrepresented in the public survey compared to the national breakdown.

**Table 2: Gender Profile of survey Participants and Cheshire East residents in 2020**

Sex	Survey Participants	Percentage of Participants	Percentage of Population
Male	171	33.27%	48.96%
Female	298	57.98%	51.04%
Prefer not to say	6	1.17%	
Prefer not to self-define	3	0.58%	
Unknown	36	7.00%	
<b>Total</b>	<b>514</b>	<b>100%</b>	

## Response rate by Care Community

**Table 3: Response rates by Care Communities compared to Cheshire East Estimated Population 2020**

Care Community	Survey Participants	Percentage of Participants	Cheshire East population 16 and over	Percentage of population
Alderley Edge, Chelford, Handforth, Wilmslow	30	5.84%	37,197	11.73%
Macclesfield	78	15.18%	50,783	16.01%
Bollington, Disley, Poynton	24	4.67%	22,155	6.99%
Knutsford	16	3.11%	20,607	6.50%
Congleton, Holmes Chapel	109	21.21%	33,014	10.41%
Nantwich and Rural	37	7.20%	32,741	10.32%
Crewe	54	10.51%	64,023	20.19%
SMASH	72	14.01%	56,608	17.85%
Unknown	94	18.29%		
<b>Cheshire East</b>	<b>514</b>	<b>100%</b>	<b>317,128</b>	

When specific groups are over or underrepresented this causes selection bias and any inferences of the results in terms of the general population need to be done with caution. However, the qualitative insights the survey provides are still important.

The percentages were derived by dividing the question response by the total number of the participants in the survey (514).

## Appendix B Care Community Profiles

## ALDERLEY EDGE, CHELFORD, HANDFORTH, WILMSLOW

## Pharmacy Opening Hours:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 Hrs
Well Pharmacy, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00		No
Lloyds Pharmacy, Unit 2, Summerfield Village Ctr, Dean Row Road, Wilmslow, SK9 2TA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00			No
Boots Pharmacy, 24-26 Grove Street, Wilmslow, SK9 1DY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	11:00-16:00	No
Well Pharmacy, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00			No
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00		No
Well Pharmacy, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30			No
Tesco Pharmacy, Kiln Croft Lane, Handforth, Wilmslow, SK9 3PA	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00	No
Well Pharmacy, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-12:00		No
Cedrics Chemist, 20 London Road, Alderley Edge, SK9 7JS	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00, 14:00-17:00		No

Well Pharmacy, Handforth Health Centre, Wilmslow Road, Handforth, SK9 3HL	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00			No
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 14:00		No

Data Source: NHS England

**Alderley Edge, Chelford, Handforth, Wilmslow****Public Health Commissioned Services as of January 2022**

Pharmacy	SC	NE	SS	EHC	QS	CH
Boots Pharmacy, 24-26 Grove Street, Wilmslow, SK9 1DY				Yes	Yes	Yes
Cedrics Chemist, 20 London Road, Alderley Edge, SK9 7JS						Yes
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR						
Lloyds Pharmacy, Unit 2, Summerfield Village Ctr, Dean Row Road, Wilmslow, SK9 2TA	Yes	Yes				
Tesco Pharmacy, Kiln Croft Lane, Handforth, Wilmslow, SK9 3PA						
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG				Yes	Yes	
Well Pharmacy, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX				Yes	Yes	
Well Pharmacy, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES			Yes	Yes	Yes	
Well Pharmacy, Handforth Health Centre, Wilmslow Road, Handforth, SK9 3HL			Yes	Yes		
Well Pharmacy, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA				Yes	Yes	
Well Pharmacy, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL						
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

**Alderley Edge, Chelford, Handforth, Wilmslow****Advanced Services from pharmacy survey with addresses as of September 2021**

<b>Pharmacy</b>	<b>Dispense Appliances</b>	<b>New Med</b>	<b>AUR</b>	<b>SAC</b>
Boots Pharmacy, 24-26 Grove Street, Wilmslow, SK9 1DY	All Types	Yes		
Cedrics Chemist, 20 London Road, Alderley Edge, SK9 7JS	All Types	Yes		
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR	All Types	Yes		
Lloyds Pharmacy, Unit 2, Summerfield Village Ctr, Dean Row Road, Wilmslow, SK9 2TA	All Types	Yes		
Tesco Pharmacy, Kiln Croft Lane, Handforth, Wilmslow, SK9 3PA	All Types	Yes	Soon	
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG	All Types	Yes		
Well Pharmacy, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX	None	Yes	Yes	
Well Pharmacy, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES	Incontinence appliances; Dressings	Yes		
Well Pharmacy, Handforth Health Centre, Wilmslow Road, Handforth, SK9 3HL	Incontinence appliances; Dressings	Yes		
Well Pharmacy, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA	Incontinence appliances; Dressings	Yes		
Well Pharmacy, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL	Incontinence appliances; Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021



**Alderley Edge, Chelford, Handforth, Wilmslow****Accessibility from pharmacy survey with addresses as of September 2021**

Pharmacy	DP	WA	WA All	AD / B	HL	LPL	CA	CAWA	T	TWA
Boots Pharmacy, 24-26 Grove Street, Wilmslow, SK9 1DY	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
Cedrics Chemist, 20 London Road, Alderley Edge, SK9 7JS	Yes			Yes		Yes	Yes			
Cedrics Chemist, Festival Hall, Talbot Road, Alderley Edge, SK9 7HR	Yes	Yes	Yes			Yes	Yes	Yes		
Lloyds Pharmacy, Unit 2, Summerfield Village Ctr, Dean Row Road, Wilmslow, SK9 2TA	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
Tesco Pharmacy, Kiln Croft Lane, Handforth, Wilmslow, SK9 3PA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
The Village Pharmacy, Unicorn House, Prestbury, Macclesfield, SK10 4DG	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes
Well Pharmacy, Wilmslow Health Centre, Chapel Lane, Wilmslow, SK9 5HX	Yes			Yes	Yes		Yes			
Well Pharmacy, 110 Wilmslow Road, Handforth, Wilmslow, SK9 3ES	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Well Pharmacy, Handforth Health Centre, Wilmslow Road, Handforth, SK9 3HL	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Well Pharmacy, Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, SK9 1PA	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Well Pharmacy, 1 Lindow Parade, Chapel Lane, Wilmslow, SK9 5JL		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Survey 2021

**Alderley Edge, Chelford, Handforth, Wilmslow****General Practices as of October 2021**

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81002	KENMORE MEDICAL CENTRE, SK9 1PA	No
N81033	ALDERLEY EDGE MEDICAL CENTRE, SK9 7EP	No
N81069	CHELFORD SURGERY, SK11 9BS	Yes
N81070	HANDFORTH HEALTH CENTRE, SK9 3HL	No
N81086	WILMSLOW HEALTH CENTRE, SK9 5HX	No
N81033001	Alderley Edge Medical Centre: Prestbury Surgery, SK10 4BW	No

Data Source: NHSEI

**BOLLINGTON, DISLEY, POYNTON****Pharmacy Opening Hours:**

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 Hrs
Well Pharmacy, 11 Fountain Square, Disley, Stockport, SK12 2AB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00			No
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00			No
Well Pharmacy, 4 Park Lane, Poynton, Stockport, SK12 1RE	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00		No
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30			No

Data Source: NHS England

**Bollington, Disley, Poynton****Public Health Commissioned Services as of January 2022**

Pharmacy	SC	NE	SS	EHC	QS	CH
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD				Yes	Yes	Yes
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH				Yes	Yes	Yes
Well Pharmacy, 11 Fountain Square, Disley, Stockport, SK12 2AB						
Well Pharmacy, 4 Park Lane, Poynton, Stockport, SK12 1RE						
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

**Bollington, Disley, Poynton****Advanced Services from pharmacy survey with addresses as of September 2021**

Pharmacy	Dispense Appliances	New Med	AUR	SAC
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD	Stoma appliances; Dressings	Yes		
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH	Dressings	Yes		
Well Pharmacy, 11 Fountain Square, Disley, Stockport, SK12 2AB	All Types	Yes		
Well Pharmacy, 4 Park Lane, Poynton, Stockport, SK12 1RE	Incontinence appliances; Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021

**Bollington, Disley, Poynton****Accessibility from pharmacy survey with addresses as of September 2021**

Pharmacy	DP	WA	WA All	AD / B	HL	LPL	CA	CAWA	T	TWA
Rowlands Pharmacy, 67 Park Lane, Poynton, SK12 1RD		Yes	Yes		Yes	Yes	Yes	Yes		
Rowlands Pharmacy, The Waterhouse, Wellington Road, Bollington, SK10 5JH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, 11 Fountain Square, Disley, Stockport, SK12 2AB				Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, 4 Park Lane, Poynton, Stockport, SK12 1RE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Survey 2021

**Bollington, Disley, Poynton****General Practices as of October 2021**

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81022	MIDDLEWOOD PARTNERSHIP, SK10 5JH	No
N81022001	Middlewood Partnership: McIlvride Medical Practice, SK12 1EU	No
N81022002	Middlewood Partnership: Priorslegh Medical Practice, SK12 1GP	No
N81022003	Middlewood Partnership: Schoolhouse Surgery, SK12 2BB	No

Data Source: NHSEI

**CONGLETON, HOLMES CHAPEL****Pharmacy Opening Hours:**

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Friday</b>	<b>Sat</b>	<b>Sun</b>	<b>100 Hrs</b>
Boots Pharmacy, 14-16 Bridge Street, Congleton, CW12 1AY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30		No
Salus Pharmacy, 62b Havannah Street, Buglawton, Congleton, CW12 2AT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00		No
Boots Pharmacy, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-22:00	10:00-16:00	Yes
Lloyds Pharmacy, 41a West Street, Congleton, CW12 1JN	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	09:00-13:00		No
Well Pharmacy, 1 Park Lane, Congleton, CW12 3DN	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30			No
Superdrug Pharmacy, 39-41 High Street, Congleton, CW12 1AU	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30		No
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00			No
Lloyds Pharmacy, Holmes Chapel Health Centre, 39-41 London Road, Holmes Chapel, CW4 7AP	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-17:00		No
West Heath Pharmacy, Unit 3, West Heath Shopping Pct.,	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00		No

Holmes Chapel Road, Congleton, CW12 4NB								
Tesco Pharmacy, Barn Road, Congleton, CW12 1LR	06:30- 22:30	06:30- 22:30	06:30- 22:30	06:30- 22:30	06:30- 22:30	08:00- 22:00	10:00- 16:00	Yes
Goostrey Pharmacy, No 3 Cheshire House, 164 Main Road, Goostrey, CW4 8JP	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30			No
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP	08:00- 18:30	08:00- 18:30	08:00- 20:00	08:00- 20:00	08:00- 18:30			No

Data Source: NHS England

**Congleton, Holmes Chapel****Public Health Commissioned Services as of January 2022**

<b>Pharmacy</b>	<b>SC</b>	<b>NE</b>	<b>SS</b>	<b>EHC</b>	<b>QS</b>	<b>CH</b>
Boots Pharmacy, 14-16 Bridge Street, Congleton, CW12 1AY				Yes	Yes	Yes
Boots Pharmacy, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ				Yes	Yes	Yes
Goostrey Pharmacy, 164 Main Road, Goostrey, CW4 8JP				Yes	Yes	Yes
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP				Yes	Yes	
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Holmes Chapel Road, Congleton, CW12 4NB				Yes		
Lloyds Pharmacy, Holmes Chapel Health Centre, 39-41 London Road, Holmes Chapel, CW4 7AP						
Lloyds Pharmacy, 41a West Street, Congleton, CW12 1JN	Yes					
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG						
Salus Pharmacy, 62b Havannah Street, Buglawton, Congleton, CW12 2AT		Yes				
Superdrug Pharmacy, 39-41 High Street, Congleton, CW12 1AU	Yes			Yes		
Tesco Pharmacy, Barn Road, Congleton, CW12 1LR				Yes	Yes	Yes
Well Pharmacy, 1 Park Lane, Congleton, CW12 3DN	Yes	Yes		Yes	Yes	
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

**Congleton, Holmes Chapel****Advanced Services from pharmacy survey with addresses as of September 2021**

<b>Pharmacy</b>	<b>Dispense Appliances</b>	<b>New Med</b>	<b>AUR</b>	<b>SAC</b>
Boots Pharmacy, 14-16 Bridge Street, Congleton, CW12 1AY	None	Yes		
Boots Pharmacy, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ	All Types	Yes		
Goostrey Pharmacy, 164 Main Road, Goostrey, CW4 8JP	All Types	Yes	Soon	Soon
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP	All Types	Yes		
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Holmes Chapel Road, Congleton, CW12 4NB	All Types	Yes		
Lloyds Pharmacy, Holmes Chapel Health Centre, 39-41 London Road, Holmes Chapel, CW4 7AP	Dressings	Yes		
Lloyds Pharmacy, 41a West Street, Congleton, CW12 1JN	None	Yes		
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG	All Types	Yes		
Salus Pharmacy, 62b Havannah Street, Buglawton, Congleton, CW12 2AT	Dressings	Yes		
Superdrug Pharmacy, 39-41 High Street, Congleton, CW12 1AU	Dressings	Yes		
Tesco Pharmacy, Barn Road, Congleton, CW12 1LR	None	Yes		
Well Pharmacy, 1 Park Lane, Congleton, CW12 3DN	Incontinence appliances;Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021



## Congleton, Holmes Chapel

## Accessibility from pharmacy survey with addresses as of September 2021

Pharmacy	DP	WA	WA All	AD / B	HL	LPL	CA	CAWA	T	TWA
Boots Pharmacy, 14-16 Bridge Street, Congleton, CW12 1AY		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Boots Pharmacy, Unit E Retail Park, Barn Road, Congleton, CW12 1LJ	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
Goostrey Pharmacy, 164 Main Road, Goostrey, CW4 8JP						Yes	Yes		Yes	
Day Lewis Pharmacy, 29-31 West Street, Congleton, CW12 1JP		Yes	Yes			Yes	Yes	Yes	Yes	Yes
West Heath Pharmacy, Unit 3, West Heath Shopping Pct., Holmes Chapel Road, Congleton, CW12 4NB	Yes	Yes	Yes			Yes	Yes	Yes		
Lloyds Pharmacy, Holmes Chapel Health Centre, 39-41 London Road, Holmes Chapel, CW4 7AP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Lloyds Pharmacy, 41a West Street, Congleton, CW12 1JN				Yes	Yes		Yes	Yes		
Mossley Pharmacy, 18 Biddulph Road, Mossley, Congleton, CW12 3LG	Yes	Yes		Yes		Yes	Yes			Yes
Salus Pharmacy, 62b Havannah Street, Buglawton, Congleton, CW12 2AT		Yes	Yes			Yes	Yes	Yes		
Superdrug Pharmacy, 39-41 High Street, Congleton, CW12 1AU		Yes	Yes	Yes	Yes		Yes			
Tesco Pharmacy, Barn Road, Congleton, CW12 1LR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Well Pharmacy, 1 Park Lane, Congleton, CW12 3DN		Yes	Yes		Yes	Yes	Yes	Yes		
DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Survey 2021

**Congleton, Holmes Chapel****General Practices as of October 2021**

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81027	READESMOOR MEDICAL GROUP PRACTICE, CW12 1JP	No
N81052	LAWTON HOUSE SURGERY, CW12 1QG	No
N81077	THE HEALTH CENTRE (HOLMES CHAPEL), CW4 7BB	Yes
N81118	MEADOWSIDE MEDICAL CENTRE, CW12 1DY	No

Data Source: NHSEI

**CREWE****Pharmacy Opening Hours:**

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>100 Hrs</b>
Rydale Pharmacy, 18 North Street, Coppenhall, Crewe, CW1 4NL	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	9.30 – 12.30		No
Boots Pharmacy, 56-58 Market Street, Crewe, CW1 2EX	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30		No
Rowlands Pharmacy, 66 Richard Moon Street, Crewe, CW1 3AX	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30			No
Well Pharmacy, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	09:00-19:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30			No
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00	Yes
West Street Pharmacy, 143 West Street, Crewe, CW1 3HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00		No
Boots Pharmacy, Unit 12, Grand Junction Retail Pk, Crewe, CW1 2RP	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-22:00	11:00-17:00	Yes
Well Pharmacy, Rope Green Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA	08:15-18:30	08:00-18:30	08:00-18:30	08:15-18:30	08:15-18:30	09:00-13:00		No
Well Pharmacy, 1a Brookhouse Drive, Crewe, CW2 6NA	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00			No
Well Pharmacy, 3 The Precinct, Readesdale Avenue, Wistaston,	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30			No

Crewe, CW2 8UR								
Well Pharmacy, Eagle Bridge Health Ctr, Dunwoody Way, Crewe, CW1 3AW	08:30- 20:00	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	09:00- 13:00		No
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG	08:45- 17:30	08:45- 17:30	08:45- 17:30	08:45- 17:30	08:45- 17:30	08:45- 17:30		No
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY	09:00- 13:00, 13:20- 18:00	09:00- 13:00, 13:20- 18:00	09:00- 13:00, 13:20- 18:00	09:00- 13:00, 13:20- 18:00	09:00- 13:00, 13:20- 18:00			No
Tesco Pharmacy, Vernon Way, Crewe, CW1 2DD	06:30- 22:30	06:30- 22:30	06:30- 22:30	06:30- 22:30	06:30- 22:30	08:00- 22:00	10:00- 16:00	Yes
Well Pharmacy, 139-141 Nantwich Road, Crewe, CW2 6DF	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00			No

Data Source: NHS England

## Crewe

## Public Health Commissioned Services as of January 2022

Pharmacy	SC	NE	SS	EHC	QS	CH
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT	Yes			Yes	Yes	Yes
Boots Pharmacy, 56-58 Market Street, Crewe, CW1 2EX				Yes	Yes	Yes
Boots Pharmacy, Unit 12, Grand Junction Retail Pk, Crewe, CW1 2RP	Yes			Yes	Yes	Yes
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG	Yes	Yes				
West Street Pharmacy, 143 West Street, Crewe, CW1 3HH	Yes			Yes	Yes	Yes
Rowlands Pharmacy, 66 Richard Moon Street, Crewe, CW1 3AX				Yes	Yes	Yes
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY				Yes	Yes	Yes
Rydale Pharmacy, 18 North Street, Coppenhall, Crewe, CW1 4NL				Yes	Yes	
Tesco Pharmacy, Vernon Way, Crewe, CW1 2DD				Yes	Yes	
Well Pharmacy, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	Yes			Yes	Yes	
Well Pharmacy, 139-141 Nantwich Road, Crewe, CW2 6DF	Yes			Yes	Yes	
Well Pharmacy, 1a Brookhouse Drive, Crewe, CW2 6NA				Yes	Yes	
Well Pharmacy, Eagle Bridge Health Ctr, Dunwoody Way, Crewe, CW1 3AW				Yes		Yes
Well Pharmacy, Rope Green Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA				Yes	Yes	
Well Pharmacy, 3 The Precinct, Readesdale Avenue, Wistaston, Crewe, CW2 8UR	Yes		Yes	Yes	Yes	
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

## Crewe

## Advanced Services from pharmacy survey with addresses as of September 2021

Pharmacy	Dispense Appliances	New Med	AUR	SAC
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT	None	Yes		
Boots Pharmacy, 56-58 Market Street, Crewe, CW1 2EX	All Types	Yes		
Boots Pharmacy, Unit 12, Grand Junction Retail Pk, Crewe, CW1 2RP	All Types	Yes		
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG	All Types	Yes		
West Street Pharmacy, 143 West Street, Crewe, CW1 3HH	None	Yes		
Rowlands Pharmacy, 66 Richard Moon Street, Crewe, CW1 3AX	Dressings	Yes	Yes	
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY	All Types	Yes		
Rydale Pharmacy, 18 North Street, Coppenhall, Crewe, CW1 4NL	All Types	Yes		
Tesco Pharmacy, Vernon Way, Crewe, CW1 2DD	All Types	Yes		
Well Pharmacy, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	All Types	Yes		
Well Pharmacy, 139-141 Nantwich Road, Crewe, CW2 6DF	All Types	Yes		
Well Pharmacy, 1a Brookhouse Drive, Crewe, CW2 6NA	Incontinence appliances;Dressings	Yes		
Well Pharmacy, Eagle Bridge Health Ctr, Dunwoody Way, Crewe, CW1 3AW	Incontinence appliances;Dressings	Yes		
Well Pharmacy, Rope Green Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA	Incontinence appliances;Dressings	Yes		
Well Pharmacy, 3 The Precinct, Readesdale Avenue, Wistaston, Crewe, CW2 8UR	Incontinence appliances;Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021

## Crewe

## Accessibility from pharmacy survey with addresses as of September 2021

Pharmacy	DP	WA	WA All	AD / B	HL	LPL	CA	CAWA	T	TWA
Asda Pharmacy, Victoria Centre, Crewe, CW1 2PT	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Boots Pharmacy, 56-58 Market Street, Crewe, CW1 2EX		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Boots Pharmacy, Unit 12, Grand Junction Retail Pk, Crewe, CW1 2RP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clear Pharmacy, 31-32 The Market Centre, Victoria Street, Crewe, CW1 2NG	Yes	Yes	Yes			Yes	Yes	Yes		Yes
West Street Pharmacy, 143 West Street, Crewe, CW1 3HH	Yes	Yes	Yes	Yes			Yes	Yes		
Rowlands Pharmacy, 66 Richard Moon Street, Crewe, CW1 3AX		Yes	Yes	Yes			Yes	Yes		
Rowlands Pharmacy, 7 Kings Drive, Wistaston, Crewe, CW2 8HY	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Rydale Pharmacy, 18 North Street, Coppenhall, Crewe, CW1 4NL		Yes	Yes			Yes	Yes	Yes		
Tesco Pharmacy, Vernon Way, Crewe, CW1 2DD	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Well Pharmacy, Hungerford Medical Centre, School Crescent, Crewe, CW1 5HA	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Well Pharmacy, 139-141 Nantwich Road, Crewe, CW2 6DF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, 1a Brookhouse Drive, Crewe, CW2 6NA	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Well Pharmacy, Eagle Bridge Health Ctr, Dunwoody Way, Crewe, CW1 3AW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, Rope Green Medical Centre, Rope Lane, Shavington, Crewe, CW2 5DA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		

Well Pharmacy, 3 The Precinct, Readesdale Avenue, Wistaston, Crewe, CW2 8UR		Yes	Yes		Yes	Yes	Yes	Yes		
DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Survey 2021

## Crewe

### General Practices as of October 2021

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81016	MILLCROFT MEDICAL CENTRE, CW1 3AW	No
N81044	HUNGERFORD MEDICAL CENTRE, CW1 5HA	No
N81053	EARNSWOOD MEDICAL CENTRE, CW1 3AW	No
N81068	GROSVENOR MEDICAL CENTRE, CW1 3HB	No
N81084	ROPE GREEN MEDICAL CENTRE, CW2 5DA	No
N81068001	Grosvenor Medical Centre: Gresty Brook Medical Centre, CW2 6NA	No

Data Source: NHSEI



**KNUTSFORD****Pharmacy Opening Hours:**

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	100 Hrs
The Prescription Service Knutsford, 16 Princess Street , Knutsford, WA16 6BU	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00			No
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00		No
Boots Pharmacy, 64 King Street, Knutsford, WA16 6DT	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	10:30-16:30	No
Well Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00			No
Cohens Chemist, 4 Parkgate Lane, Knutsford, WA16 8HG	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00			No

Data Source: NHS England

**Knutsford****Public Health Commissioned Services as of January 2022**

Pharmacy	SC	NE	SS	EHC	QS	CH
Boots Pharmacy, 64 King Street, Knutsford, WA16 6DT				Yes	Yes	Yes
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN		Yes		Yes	Yes	
Rowlands Pharmacy, 4 Parkgate Lane, Knutsford, WA16 8HG			Yes	Yes	Yes	Yes
The Prescription Service Knutsford, 16 Princess Street , Knutsford, WA16 6BU				Yes		
Well Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH				Yes	Yes	
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

**Knutsford****Advanced Services from pharmacy survey with addresses as of September 2021**

Pharmacy	Dispense Appliances	New Med	AUR	SAC
Boots Pharmacy, 64 King Street, Knutsford, WA16 6DT	All Types	Yes		Yes
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN	All Types	Yes		
Rowlands Pharmacy, 4 Parkgate Lane, Knutsford, WA16 8HG	All Types	Yes		
The Prescription Service Knutsford, 16 Princess Street, Knutsford, WA16 6BU	All Types	Yes		
Well Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH	Incontinence appliances; Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021

**Knutsford****Accessibility from pharmacy survey with addresses as of September 2021**

Pharmacy	DP	WA	WA All	AD / B	HL	LPL	CA	CAWA	T	TWA
Boots Pharmacy, 64 King Street, Knutsford, WA16 6DT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Cohens Chemist, 38 Princess Street, Knutsford, WA16 6BN	Yes	Yes	Yes			Yes	Yes			
Rowlands Pharmacy, 4 Parkgate Lane, Knutsford, WA16 8HG						Yes	Yes	Yes		
The Prescription Service Knutsford, 16 Princess Street, Knutsford, WA16 6BU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, 93 Town Lane, Mobberley, Knutsford, WA16 7HH		Yes	Yes		Yes	Yes	Yes	Yes		
DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Survey 2021

**Knutsford****General Practices as of October 2021**

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81049	KNUTSFORD MEDICAL PARTNERSHIP, WA16 0LY	Yes
N81049002	Knutsford Medical Partnership: Town Lane Site, WA16 7HH	No

Data Source: NHSEI

**MACCLESFIELD****Pharmacy Opening Hours:**

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>100 Hrs</b>
Peak Pharmacy, 5-6 Weston Square, Earlsway, Macclesfield, SK11 8SS	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:30		No
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP	09:00-18:00	09:00-18:00	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30		No
Tytherington Pharmacy, 2-3 The Precinct, Tytherington, Macclesfield, SK10 2HB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00		No
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30		No
Boots Pharmacy, 12 Mill Street Mall, The Grosvenor Centre, Macclesfield, SK11 6AJ	08:00-17:30	08:00-17:30	08:00-17:30	08:00-17:30	08:00-17:30	08:30-17:30	11:00-16:00	No
Cohens Chemist, 46-48 Charlotte Street, Macclesfield, SK11 6JB	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	09:30-22:30	Yes
Cohens Chemist, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	10:00-20:00	Yes
Well Pharmacy, 209 Park Lane, Macclesfield, SK11 6UD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00			No

Lloyds Pharmacy, 61 Cumberland Street, Macclesfield, SK10 1BJ	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 22:00	10:00- 16:00	Yes
Well Pharmacy, Bollin House, Sunderland Street, Macclesfield, SK11 6JL	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00			No
Well Pharmacy, 78- 80 Sunderland Street, Macclesfield, SK11 6HN	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00		No
Tesco Pharmacy, Tesco Superstore, Hibel Road, Macclesfield, SK10 2AB	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	10:00- 16:00	No

Data Source: NHS England

**Macclesfield****Public Health Commissioned Services as of January 2022**

Pharmacy	SC	NE	SS	EHC	QS	CH
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP	Yes	Yes		Yes		
Tytherington Pharmacy, 2-3 The Precinct, Tytherington, Macclesfield, SK10 2HB				Yes		
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE	Yes	Yes		Yes		
Boots Pharmacy, 12 Mill Street Mall, The Grosvenor Centre, Macclesfield, SK11 6AJ				Yes	Yes	Yes
Cohens Chemist, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	Yes	Yes		Yes		Yes
Cohens Chemist, 46-48 Charlotte Street, Macclesfield, SK11 6JB	Yes			Yes	Yes	
Lloyds Pharmacy, 61 Cumberland Street, Macclesfield, SK10 1BJ						
Peak Pharmacy, 5-6 Weston Square, Earlsay, Macclesfield, SK11 8SS		Yes		Yes	Yes	Yes
Tesco Pharmacy, Tesco Superstore, Hibel Road, Macclesfield, SK10 2AB				Yes	Yes	Yes
Well Pharmacy, 209 Park Lane, Macclesfield, SK11 6UD			Yes	Yes	Yes	

Well Pharmacy, Bollin House, Sunderland Street, Macclesfield, SK11 6JL				Yes	Yes	
Well Pharmacy, 78-80 Sunderland Street, Macclesfield, SK11 6HN	Yes			Yes	Yes	Yes
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

## Macclesfield

### Advanced Services from pharmacy survey with addresses as of September 2021

Pharmacy	Dispense Appliances	New Med	AUR	SAC
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP	All Types	Yes		
Tytherington Pharmacy, 2-3 The Precinct, Tytherington, Macclesfield, SK10 2HB	All Types	Yes		
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE	All Types	Yes		
Boots Pharmacy, 12 Mill Street Mall, The Grosvenor Centre, Macclesfield, SK11 6AJ	Dressings	Yes		
Cohens Chemist, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL	None	Yes		
Cohens Chemist, 46-48 Charlotte Street, Macclesfield, SK11 6JB	All Types	Yes		
Lloyds Pharmacy, 61 Cumberland Street, Macclesfield, SK10 1BJ	Dressings	Yes		
Peak Pharmacy, 5-6 Weston Square, Earlsay, Macclesfield, SK11 8SS	All Types	Yes		Yes
Tesco Pharmacy, Tesco Superstore, Hibel Road, Macclesfield, SK10 2AB	None	Yes		
Well Pharmacy, 209 Park Lane, Macclesfield, SK11 6UD	Incontinence appliances;Dressings	Yes		
Well Pharmacy, Bollin House, Sunderland Street, Macclesfield, SK11 6JL	Incontinence appliances;Dressings	Yes		
Well Pharmacy, 78-80 Sunderland Street, Macclesfield, SK11 6HN	Incontinence appliances;Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021

**Macclesfield****Accessibility from pharmacy survey with addresses as of September 2021**

<b>Pharmacy</b>	<b>DP</b>	<b>WA</b>	<b>WA All</b>	<b>AD / B</b>	<b>HL</b>	<b>LPL</b>	<b>CA</b>	<b>CAWA</b>	<b>T</b>	<b>TWA</b>
London Road Pharmacy, Unit 1, 157 London Road, Macclesfield, SK11 7SP	Yes			Yes		Yes	Yes			
Tytherington Pharmacy, 2-3 The Precinct, Tytherington, Macclesfield, SK10 2HB	Yes			Yes			Yes	Yes		
Andrews Pharmacy, 71 Kennedy Avenue, Macclesfield, SK10 3DE	Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes
Boots Pharmacy, 12 Mill Street Mall, The Grosvenor Centre, Macclesfield, SK11 6AJ		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Cohens Chemist, Waters Green Medical Ctr, Sunderland Street, Macclesfield, SK11 6JL		Yes	Yes	Yes		Yes	Yes			
Cohens Chemist, 46-48 Charlotte Street, Macclesfield, SK11 6JB	Yes				Yes	Yes	Yes	Yes	Yes	
Lloyds Pharmacy, 61 Cumberland Street, Macclesfield, SK10 1BJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Peak Pharmacy, 5-6 Weston Square, Earlsway, Macclesfield, SK11 8SS		Yes	Yes			Yes	Yes	Yes		
Tesco Pharmacy, Tesco Superstore, Hibel Road, Macclesfield, SK10 2AB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Well Pharmacy, 209 Park Lane, Macclesfield, SK11 6UD		Yes	Yes			Yes	Yes	Yes		
Well Pharmacy, Bollin House, Sunderland Street, Macclesfield, SK11 6JL		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, 78-80 Sunderland Street, Macclesfield, SK11 6HN		Yes	Yes	Yes	Yes	Yes	Yes	Yes		

DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users

Data Source: Pharmacy Survey 2021

**Macclesfield****General Practices as of October 2021**

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81013	HIGH STREET SURGERY, SK11 6JL	No
N81029	SOUTH PARK SURGERY, SK11 6JL	No
N81062	CUMBERLAND HOUSE SURGERY, SK11 6JL	No
N81085	PARK LANE SURGERY, SK11 6JL	No
N81088	PARK GREEN SURGERY, SK11 6JL	No
N81632	BROKEN CROSS SURGERY, SK11 6JL	No

Data Source: NHSEI



**NANTWICH AND RURAL****Pharmacy Opening Hours:**

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>100 Hrs</b>
Boots Pharmacy, 14 Swinemarket, Nantwich, CW5 5LN	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30		No
Well Pharmacy, 57 Beam Street, Nantwich, CW5 5NF	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00			No
Lloyds Pharmacy, Middlewich Road, Nantwich, CW5 6PH	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 22:00	10:00- 16:00	Yes
Well Pharmacy, Church View Care Centre, Off Beam Street, Nantwich, CW5 5NX	08:00- 18:30	08:00- 18:30	08:00- 18:30	08:00- 18:30	08:00- 18:30			No
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 20:00	09:00- 19:00	10:00- 16:00	No
Boots Pharmacy, 1 Cheshire Street, Audlem, Crewe, CW3 0AH	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00		No

Data Source: NHS England

**Nantwich and Rural****Public Health Commissioned Services as of January 2022**

<b>Pharmacy</b>	<b>SC</b>	<b>NE</b>	<b>SS</b>	<b>EHC</b>	<b>QS</b>	<b>CH</b>
Boots Pharmacy, 1 Cheshire Street, Audlem, Crewe, CW3 0AH				Yes	Yes	Yes
Boots Pharmacy, 14 Swinemarket, Nantwich, CW5 5LN	Yes	Yes		Yes	Yes	Yes
Lloyds Pharmacy, Middlewich Road, Nantwich, CW5 6PH						
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP				Yes	Yes	
Well Pharmacy, 57 Beam Street, Nantwich, CW5 5NF	Yes			Yes	Yes	
Well Pharmacy, Church View Care Centre, Off Beam Street, Nantwich, CW5 5NX				Yes	Yes	
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

**Nantwich and Rural****Advanced Services from pharmacy survey with addresses as of September 2021**

<b>Pharmacy</b>	<b>Dispense Appliances</b>	<b>New Med</b>	<b>AUR</b>	<b>SAC</b>
Boots Pharmacy, 1 Cheshire Street, Audlem, Crewe, CW3 0AH	All Types	Yes	Yes	
Boots Pharmacy, 14 Swinemarket, Nantwich, CW5 5LN	All Types	Yes		
Lloyds Pharmacy, Middlewich Road, Nantwich, CW5 6PH	Incontinence appliances; Dressings	Yes		
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP	All Types	Yes		
Well Pharmacy, 57 Beam Street, Nantwich, CW5 5NF	All Types	Yes		
Well Pharmacy, Church View Care Centre, Off Beam Street, Nantwich, CW5 5NX	Incontinence appliances; Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021

## Nantwich and Rural

## Accessibility from pharmacy survey with addresses as of September 2021

Pharmacy	DP	WA	WA All	AD / B	HL	LPL	CA	CAWA	T	TWA
Boots Pharmacy, 1 Cheshire Street, Audlem, Crewe, CW3 0AH				Yes	Yes	Yes	Yes			
Boots Pharmacy, 14 Swinemarket, Nantwich, CW5 5LN		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Lloyds Pharmacy, Middlewich Road, Nantwich, CW5 6PH	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes
Morrisons Pharmacy, Station Road, Nantwich, CW5 5SP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Well Pharmacy, 57 Beam Street, Nantwich, CW5 5NF		Yes	Yes		Yes	Yes	Yes	Yes		
Well Pharmacy, Church View Care Centre, Off Beam Street, Nantwich, CW5 5NX	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users										

Data Source: Pharmacy Survey 2021

## Nantwich and Rural

## General Practices as of October 2021

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81001	AUDLEM MEDICAL PRACTICE, CW3 0AH	No
N81006	BUNBURY MEDICAL PRACTICE, CW6 9PE	Yes
N81010	NANTWICH HEALTH CENTRE, CW5 5NX	No
N81047	THE KILTEARN MEDICAL CTR., CW5 5NX	No
N81090	TUDOR SURGERY, CW5 5NX	No
N81614	THE SURGERY, CW5 8EW	Yes

Data Source: NHSEI

**SMASH****Pharmacy Opening Hours:**

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>100 Hrs</b>
Alsager Pharmacy, 25 Lawton Road, Alsager, Stoke-on-Trent, ST7 2AA	08:15-18:30	08:15-18:30	08:15-18:30	08:15-18:30	08:15-18:30	09:00-17:00		No
Chemist Counter Direct Limited, Unit 1 Drummer Farm Buildings, Dubthorn Lane, Betchton Heath, Sandbach, CW11 4TA	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00			No
Rowlands Pharmacy, 28 Wheelock Street, Middlewich, CW10 9AG	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30			No
Rowlands Pharmacy, St Anne's Walk, Middlewich, CW10 9BE	08:30-13:20, 13:40-18:30	08:30-13:20, 13:40-18:30	08:30-13:20, 13:40-18:30	08:30-13:20, 13:40-18:30	08:30-13:20, 13:40-18:30			No
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30			No
Well Pharmacy, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU	08:30-18:30	08:30-18:30	08:30-17:00	08:30-18:30	08:30-18:30			No
Well Pharmacy, 3 Commons, Sandbach, CW11 1EG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00		No
Well Pharmacy, Ashfields P/Care Centre, Middlewich Road, Sandbach, CW11 1DH	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00			No
Moston Pharmacy Services, G4 Dragons Wharf, Dragons Lane, Sandbach, CW11 3PA	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00			No

Well Pharmacy, Lawton Road, Alsager, ST7 2AA	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00		No
Cledford Pharmacy, 70 Warmingham Lane, Middlewich, CW10 0DJ	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 12:30		No
Boots Pharmacy, 5-7 High Street, Sandbach, CW11 1AH	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:00		No
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 12:30		No

Data Source: NHS England

**SMASH**

**Public Health Commissioned Services as of January 2022**

<b>Pharmacy</b>	<b>SC</b>	<b>NE</b>	<b>SS</b>	<b>EHC</b>	<b>QS</b>	<b>CH</b>
Alsager Pharmacy, 25 Lawton Road, Alsager, Stoke-on-Trent, ST7 2AA		Yes	Yes	Yes		
Boots Pharmacy, 5-7 High Street, Sandbach, CW11 1AH		Yes		Yes	Yes	Yes
Cledford Pharmacy, 70 Warmingham Lane, Middlewich, CW10 0DJ				Yes	Yes	Yes
Chemist Counter Direct Limited, Unit 1 Drummer Farm Buildings, Dubthorn Lane, Betchton Heath, Sandbach, CW11 4TA						
Moston Pharmacy Services, G4 Dragons Wharf, Dragons Lane, Sandbach, CW11 3PA						
Rowlands Pharmacy, 28 Wheelock Street, Middlewich, CW10 9AG				Yes	Yes	Yes
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY				Yes	Yes	Yes
Rowlands Pharmacy, St Anne's Walk, Middlewich, CW10 9BE	Yes	Yes		Yes		Yes
Well Pharmacy, Ashfields P/Care Centre, Middlewich Road, Sandbach, CW11 1DH				Yes	Yes	
Well Pharmacy, 3 Commons, Sandbach, CW11 1EG				Yes	Yes	
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD	Yes			Yes	Yes	
Well Pharmacy, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU				Yes	Yes	
Well Pharmacy, Lawton Road, Alsager, ST7 2AA				Yes		
SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking services; EHC = Emergency Hormonal Contraception; QS = Quick Start Contraception; CH = Chlamydia Screening - Postal Kit						

Data Source: Public Health Commissioners

**SMASH****Advanced Services from pharmacy survey with addresses as of September 2021**

<b>Pharmacy</b>	<b>Dispense Appliances</b>	<b>New Med</b>	<b>AUR</b>	<b>SAC</b>
Alsager Pharmacy, 25 Lawton Road, Alsager, Stoke-on-Trent, ST7 2AA	Stoma appliances;Dressings	Yes		
Boots Pharmacy, 5-7 High Street, Sandbach, CW11 1AH	All Types	Yes		
Cledford Pharmacy, 70 Warmingham Lane, Middlewich, CW10 0DJ	All Types	Yes		
Chemist Counter Direct Limited, Unit 1 Drummer Farm Buildings, Dubthorn Lane, Betchton Heath , Sandbach, CW11 4TA	None	Yes		
Moston Pharmacy Services, G4 Dragons Wharf, Dragons Lane, Sandbach, CW11 3PA	All Types	Yes		
Rowlands Pharmacy, 28 Wheelock Street, Middlewich, CW10 9AG	All Types	Yes		
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY	Dressings	Yes		
Rowlands Pharmacy, St Anne's Walk, Middlewich, CW10 9BE	All Types	Yes		
Well Pharmacy, Ashfields P/Care Centre, Middlewich Road, Sandbach, CW11 1DH	All Types	Yes		
Well Pharmacy, 3 Commons, Sandbach, CW11 1EG	All Types	Yes		
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD	All Types			
Well Pharmacy, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU	Incontinence appliances;Dressings	Yes		
Well Pharmacy, Lawton Road, Alsager, ST7 2AA	Incontinence appliances;Dressings	Yes		
New Med = New Medicines Service; AUR = Appliance Use Review; SAC = Stoma Appliance Customisation				

Data Source: Pharmacy Survey 2021

## SMASH

## Accessibility from pharmacy survey with addresses as of September 2021

Pharmacy	DP	WA	WA All	AD / B	HL	LPL	CA	CAWA	T	TWA
Alsager Pharmacy, 25 Lawton Road, Alsager, Stoke-on-Trent, ST7 2AA	Yes	Yes	Yes			Yes	Yes	Yes		
Boots Pharmacy, 5-7 High Street, Sandbach, CW11 1AH	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
Cledford Pharmacy, 70 Warmingham Lane, Middlewich, CW10 0DJ		Yes	Yes		Yes	Yes	Yes		Yes	
Chemist Counter Direct Limited, Unit 1 Drummer Farm Buildings, Dubthorn Lane, Betchton Heath, Sandbach, CW11 4TA						Yes				
Moston Pharmacy Services, G4 Dragons Wharf, Dragons Lane, Sandbach, CW11 3PA		Yes	Yes			Yes	Yes	Yes	Yes	Yes
Rowlands Pharmacy, 28 Wheelock Street, Middlewich, CW10 9AG	Yes			Yes		Yes	Yes			
Rowlands Pharmacy, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY	Yes	Yes	Yes	Yes			Yes	Yes		
Rowlands Pharmacy, St Anne's Walk, Middlewich, CW10 9BE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, Ashfields P/Care Centre, Middlewich Road, Sandbach, CW11 1DH	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Well Pharmacy, 3 Commons, Sandbach, CW11 1EG	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Wise Pharmacy, 11 London Road, Elworth, Sandbach, CW11 3BD		Yes	Yes				Yes	Yes		
Well Pharmacy, Cedars Medical Centre, 12 Sandbach Road South, Alsager, ST7 2LU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Well Pharmacy, Lawton Road, Alsager, ST7 2AA		Yes	Yes		Yes	Yes	Yes	Yes		
DP = Designated Disabled Parking; WA = Entrance suitable for unaided wheelchair; WA all = all areas accessible by wheelchair; AD/B = Automatic door or bell at front door; HL = Hearing Loop; LPL = Large Print Labels or Leaflets; CA = Consultation area; CAWA = Consultation area accessible by										



wheelchair; T = access to toilet during consultation; TWA = toilet facilities accessible by wheelchair users
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Data Source: Pharmacy Survey 2021

## SMASH

### General Practices as of October 2021

GP Practice Code	GP Name and Postcode	Dispensing Practice
N81008	THE CEDARS MEDICAL CENTRE, ST7 2LU	No
N81032	ASHFIELDS PRIMARY CARE CENTRE, CW11 1EQ	No
N81039	OAKLANDS, CW10 9BE	No
N81043	HASLINGTON SURGERY, CW1 5QY	No
N81071	GREENMOSS MEDICAL CENTRE, ST7 3BT	Yes
N81111	MEREPARK MEDICAL CENTRE, ST7 2LU	No
N81642	WATERS EDGE MEDICAL CENTRE, CW10 9BH	No

Data Source: NHSEI

**Appendix C Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations**

Term or phrase	Explanation
Advanced services	<p>These are one class of directed services which can be provided by every community pharmacy providing NHS pharmaceutical services. The pharmacy must have a consultation room which complies with specifications in the regulations where these services are conducted with the patient.</p> <p>These services are New Medicines Service (NMS), seasonal flu vaccination service, Appliance Use Reviews, Stoma Customisation service, Hypertension Case Finding Service, Lateral Flow Distribution Service, Pandemic Delivery Service, Smoking cessation service, Hepatitis B screening service and the community pharmacy consultation service. Distance-selling pharmacy contractors can provide these services at their premises, face to face with patients.</p>
Community Pharmacist Consultation Service	<p>The objectives of the service are to manage appropriately NHS 111 requests for urgent medicine supply or treatment for a minor illness, reduce demand on the rest of the urgent care system, resolve problems leading to patients running out of their medicines and increase patients' awareness of electronic repeat dispensing. It allows community pharmacists to provide patients with an emergency supply of their medicines or to signpost them to another clinician who can manage their minor illness.</p>

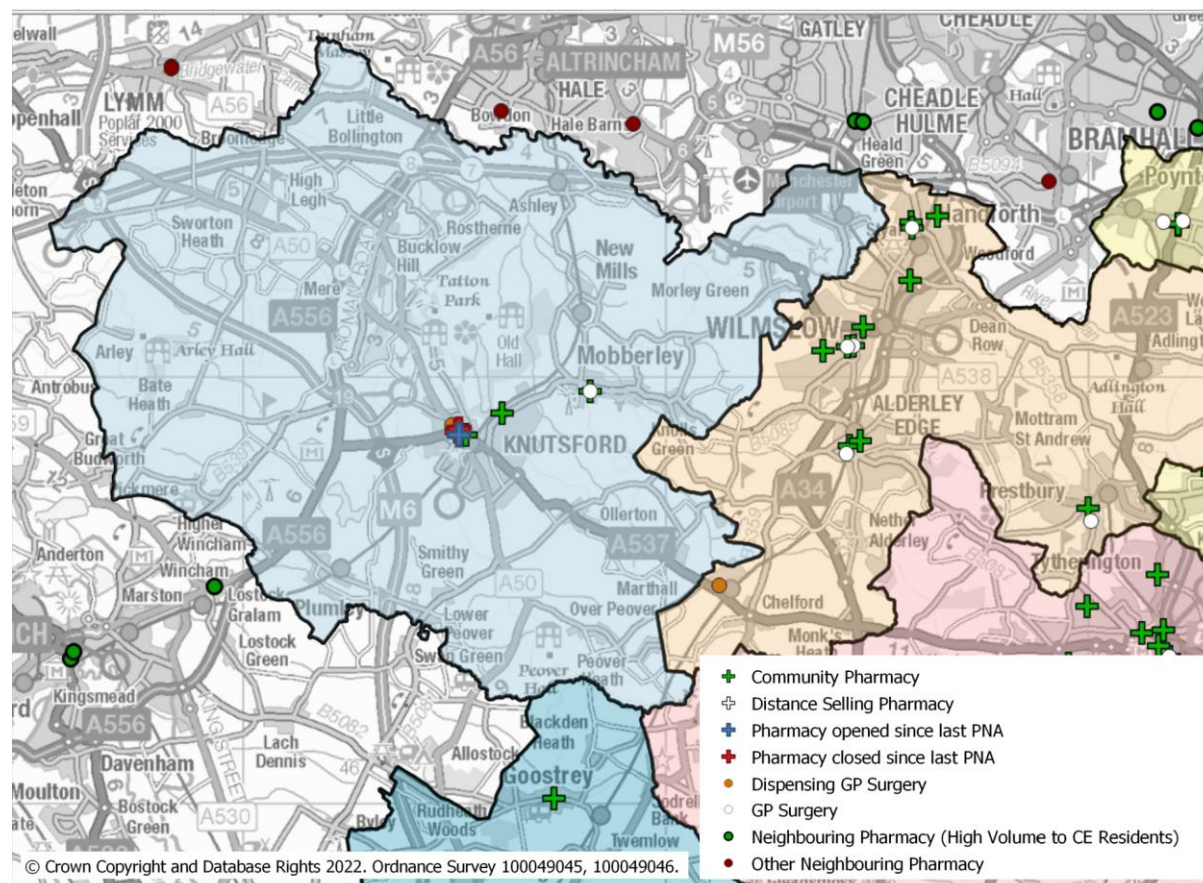
Controlled localities/controlled locality	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore controlled localities, are not controlled localities unless and until NHS England determines them to be. Such areas may be considered as rural because they consist of open fields with few houses, but they are not a controlled locality until they have been subject to a formal determination.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act. These are Essential, Advanced and Enhanced services as set out in Directions.
Dispensing doctor(s)	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.
Distance selling premises	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide Essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.
Electronic Prescription Service (EPS)	This service allows prescriptions to be sent electronically to community pharmacy directly from the prescriber e.g. the GP. It removes the need for the doctor to supply a written paper prescription.

Essential services	These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. Distance-selling pharmacy contractors cannot provide Essential services face to face at their premises.
Hypertension case finding service	This service aims to support the NHS Long Term Plan for prevention of cardiovascular disease by identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. Also, to monitor a patient's blood pressure at the request of GP. Based on results the patient could be offered 24 ambulatory blood pressure monitoring.
Locally commissioned services	These are pharmaceutical services commissioned by NHS England, such as COVID-19 Vaccination Service, services to Care Homes, language access and patient group directions.
Neighbouring HWB	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
New Medicines Service (NMS)	One of the Advanced services. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.
Seasonal Flu Vaccination	One of the Advanced services. The service allows community pharmacists to vaccinate patients, in various at risk groups, against influenza.

## Appendix D Map of Pharmacies in Care Communities

### Knutsford Care Community

Knutsford: Since the last PNA, 2 pharmacies have closed in and one has opened in the town centre. One of the pharmacies to close was a 100 hour pharmacy. There are numerous nearby pharmacies in neighbouring LAs and many in Alderley Edge, Chelford, Handforth and Wilmslow.

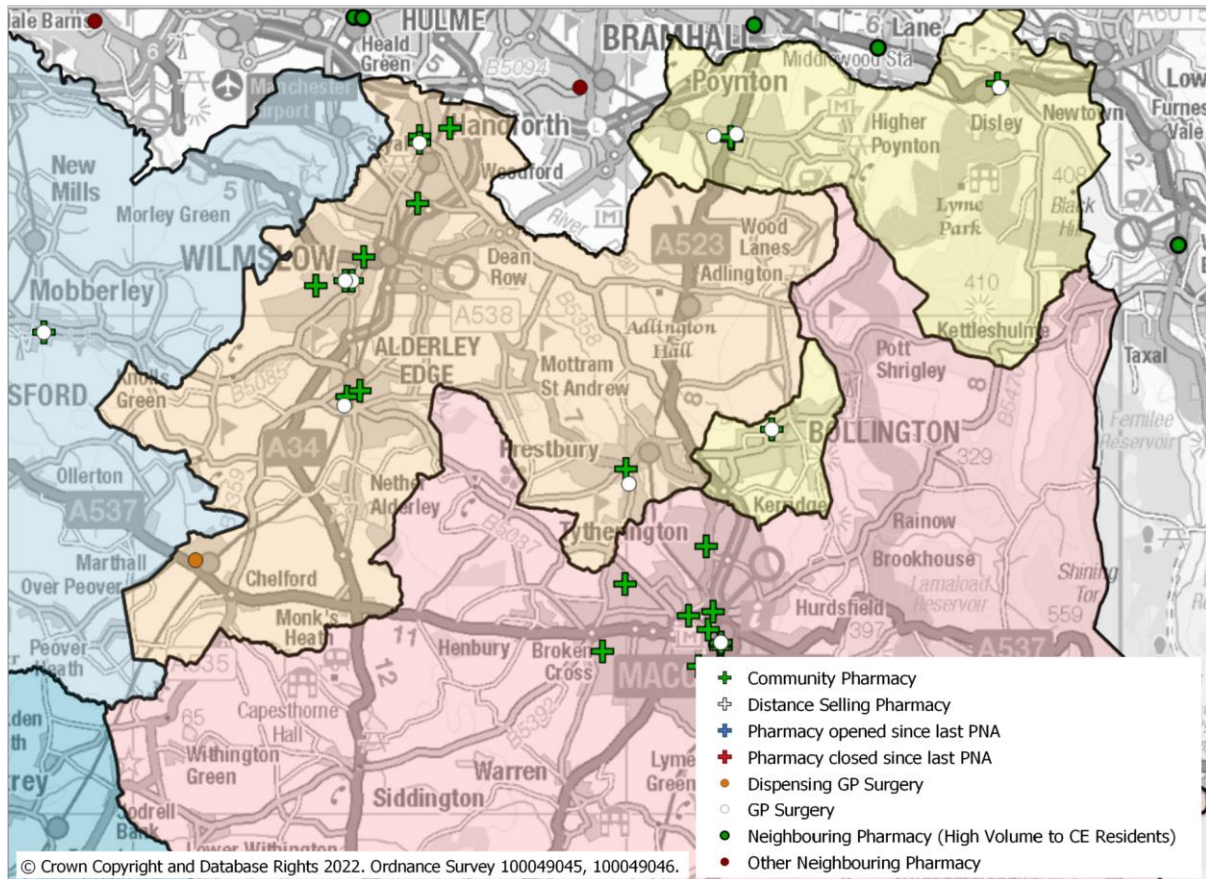


### Alderley Edge, Chelford, Handforth and Wilmslow (CHAW)

There are many pharmacies outside of Cheshire East dispensing a relatively high volume of Cheshire East prescriptions.

### Bollington, Disley and Poynton

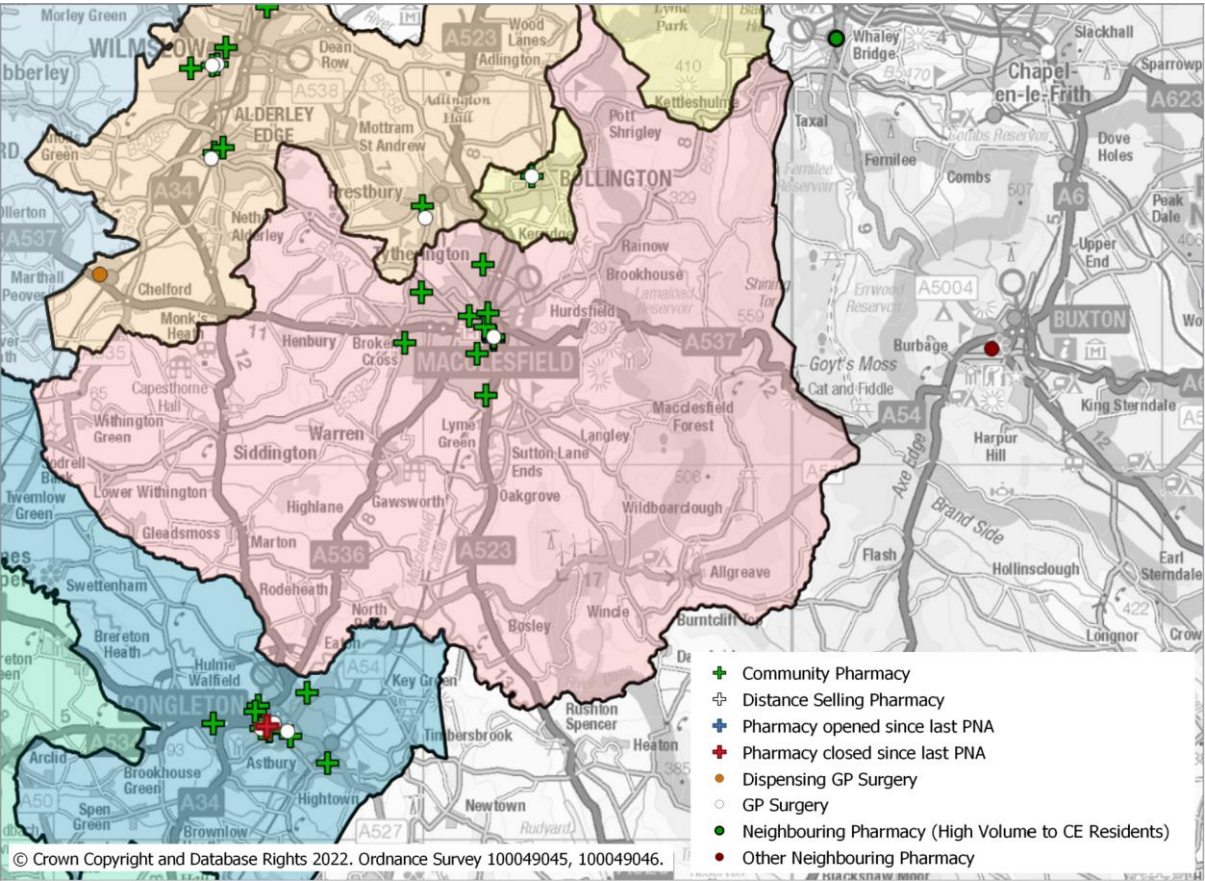
This non-contiguous care community is served by many pharmacies outside of Cheshire East as well as in nearby Macclesfield.





Macclesfield

Macclesfield pharmacies are clustered around the town centre. Residents also have access to nearby pharmacies in Congleton and Holmes Chapel, and Chelford, Alderley Edge, Handforth and Wilmslow.

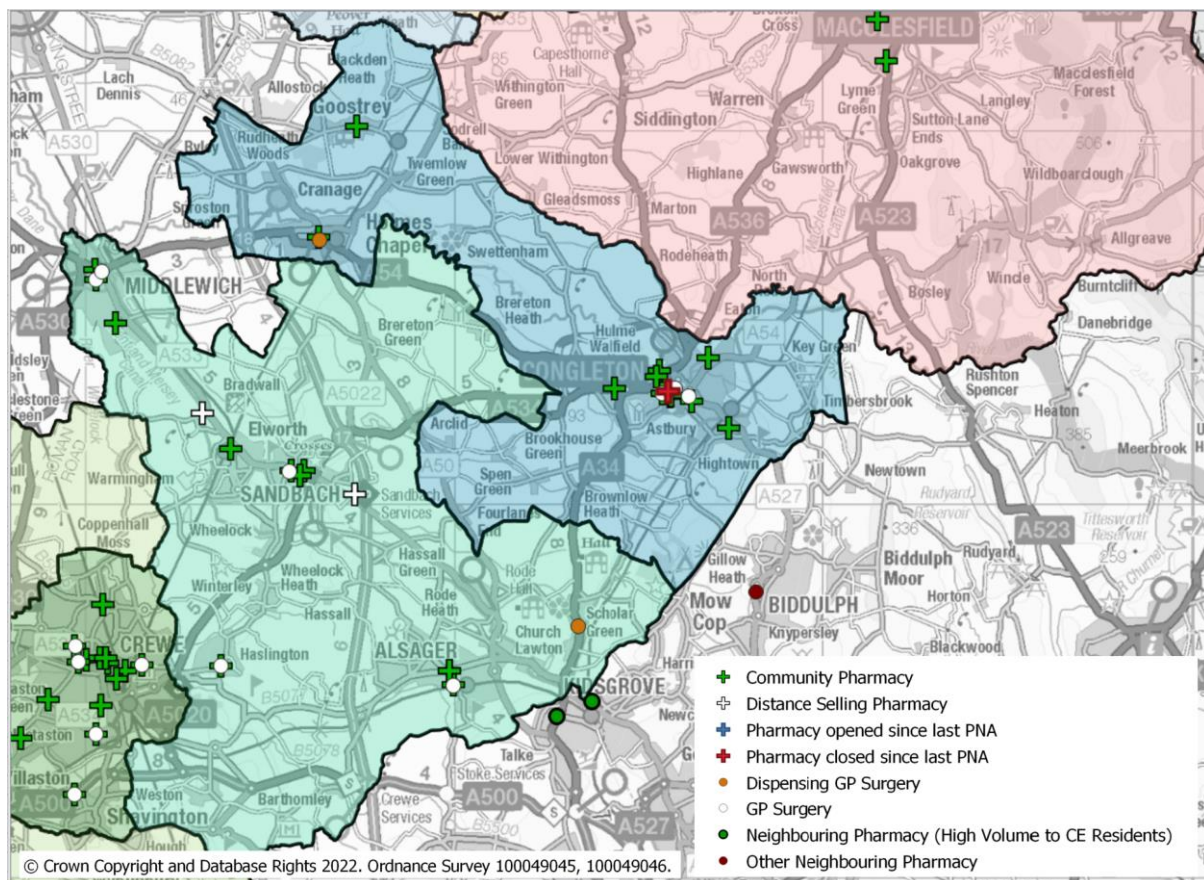


## Congleton and Holmes Chapel

One 100 hour pharmacy has closed in Congleton since the last PNA. Outside of Congleton there is one pharmacy in Goostrey and one in Holmes Chapel.

## SMASH

This care community has both of Cheshire East's distance selling pharmacies. Outside of Cheshire East, two pharmacies in Kidsgrove dispense a relatively large amount of Cheshire East prescriptions.



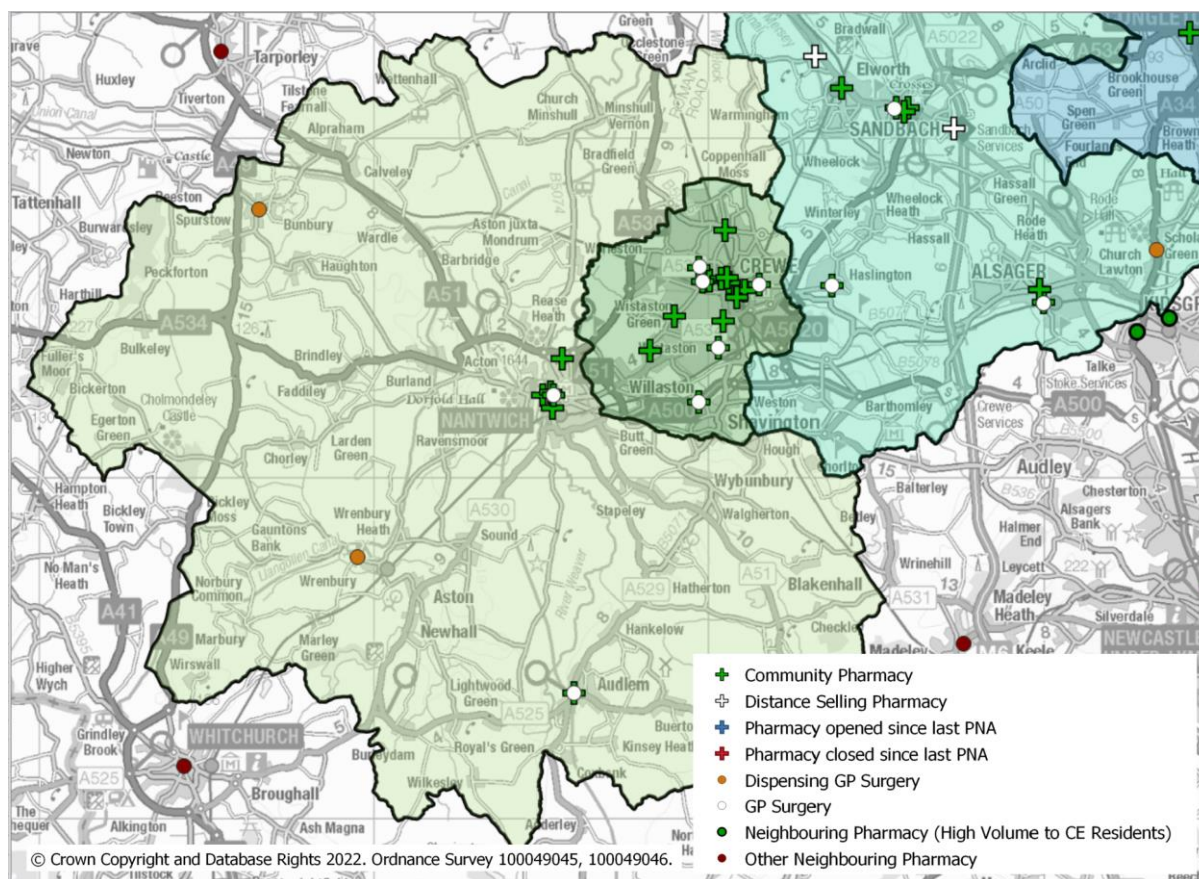


## Crewe

There are many pharmacies in this densely populated care community.

## Nantwich and Rural

The pharmacies are located in Nantwich and one in Audlem. There are also two Dispensing GP surgeries in the area.



## Appendix E Healthwatch Engagement Qualitative Analysis

### Vaccination experiences

This theme captures the experiences of going for a vaccination at a pharmacy in Cheshire East, whether that be for the flu or COVID-19 vaccination. The majority of the participants highlighted how they had a positive experience getting their vaccination within the pharmacies. However, for some people this was not the case. For instance, one of the participants highlighted that they were offered an appointment 9 miles away from where they lived, seen in the comment

*"I want to have my booster but they want to send me 9 miles away for it and I really don't feel comfortable traveling that far because of Covid. I can walk to [PHARMACY] and I keep calling to ask for my jab but they haven't got any in stock."*

This comment suggests that this participant was quite frustrated about having to travel a substantial distance to get their vaccination, as they knew that there was no need to travel because there is a pharmacy within walking distance, which they would have felt more comfortable going to. This comment also highlights how the pharmacy had no stock of the vaccinations. Lack of vaccination stock was also outlined by two other participants who said that

*"I booked an appointment on 119 and went in a few weeks ago. Whilst I waited a man came in and asked for a vaccine as he thought it was a walk in. He was told they had not had enough vaccine delivered so it was appointment only. This caused a lot of upset and he refused to leave. It was very distressing to watch. Went into the walk in clinic today to find they were only doing appointments as they had not received the vaccines expected. I have been told to call at 5 to see what they have spare."*

These comments again highlight how there seems to be a shortage of vaccinations in some pharmacies which is causing frustration and upset for some individuals. These comments also suggest that there is a lack of communication as to whether the pharmacies are providing a walk-in service.

However, other participants had a much more positive experience when receiving their vaccination within a pharmacy. Some of the participants explained how efficient the service was, seen the comments

*"Good vaccination experience. Nurses were good, gentle and efficient".*  
*"I booked all my vaccines online and went to the pharmacy. It was a great service, organised, no queueing, nearby. all very smooth".*  
*"I had my first 2 covid vaccines there and they were just wonderful".*  
*"We had our vaccines and everything was brilliant"*

These comments indicate that the participants were happy because of the service the pharmacies provided for instance, they didn't have to wait very long and the service was nearby.

In contrast, one of the participants explained that they had to wait in a long queue for their booster but despite the wait they were happy with the service as outlined in the comment

*"I wasn't able to get the Covid booster at my GPs but I found that I could have it at a local pharmacy. I was in a queue at the pharmacy for 2 hours, but staff were nice and I appreciated having the vaccine in a convenient local place"*

This comment highlights how this participant was not able to get a vaccination at their GP practice, but their overall experience of having it done at the pharmacy was positive because of the staff members and locality of the pharmacy. However, this comment does bring to light how in demand the vaccination clinics are highlighted in the comment "I was in a queue at the pharmacy for 2 hours".

Overall, the participants were satisfied with the vaccination services that were provided within the pharmacy provisions. They spoke about the staff being nice and helpful, their efficiency and how well organised the service was. However, some participants did highlight that they weren't happy with the service, and this was mainly because of the lack of vaccination supply and having to travel further than necessary.

### **Prescription service not meeting expectations**

This theme highlights how the participants felt that the prescription service was not meeting their expectations as there is often mistakes with their orders. One participant explained that they have to check their prescription before leaving the pharmacy seen in the comment

*"The last 2 years there has always been a problem. They issue old prescriptions. There is often items missing so I now always check myself before leaving. Its normally well over a week before they can get a prescription ready."*

This comment highlights that this participant has had issues with the prescription service for the past two years. In describing the experience of having to check their prescription before leaving the pharmacy suggests that they do not trust the pharmacy to get their prescription right due to previous experiences. They also highlight that there is a significant wait to get their prescription.

Similarly, another participant also highlighted that they had to wait to get their prescription.

*"It really needs organising. They text to say my prescriptions is ready but when I get there I have to wait."*

This comment suggests that there is a lack of organisation when it comes to the prescription service. The fact that this participant has chosen to talk about their experience of pharmacies sending out texts before the prescription is ready suggests that they feel that this is something that needs addressing.

Related to this, another participant also highlighted that as well as there being a wait to get their prescription, the pharmacy often does not have the right stock to make up the prescription order seen in the comment below

*“This pharmacy is shocking and I've now left and gone somewhere else which is a shame as this is my nearest. I've heard lots of people complain and move away from this pharmacy. When you go they either don't have what you need in your prescription or you have to wait for about 40 minutes to get your prescription, and the staff just talk amongst themselves and ignore you. Not a good pharmacy at all.”*

This comment illustrates how a lack of customer service, long wait times and the pharmacy not having the stock to fulfil the order has resulted in this participant becoming frustrated and has led to them moving to an alternative pharmacy further away. They also highlighted how they know of other people who have moved from this pharmacy due to being unhappy.

Another participant also had similar experiences at their pharmacy which also resulted in a change of service seen in the comment

*“I've not found this pharmacy good at all. The staff are not helpful and keep you waiting while they talk amongst themselves. Often wait a long time to be served, and then they might not have what was in your prescription. I've now changed to the Pharmacy To You service and this is so much better. It is delivered straight to home and on time with the medication you need”*

The experiences of this participant are not too dissimilar to the experiences of others. However, this participant gives emphasis to the fact that since changing to the You Service they have been much happier.

Overall, this theme captures the participant's experiences of going into a pharmacy to collect a prescription. Long waits, poor customer service and mistakes with prescriptions were some of the experiences the participants highlighted. These experiences resulted in some of the participants changing pharmacies and provisions to get their prescriptions.

### **Positive experiences of using the Pharmacy**

This theme outlines the participant's experiences of visiting their pharmacy and using their services such as the home delivery service. It also captures their experiences of visiting the pharmacy when the United Kingdom was locked down due to the Coronavirus pandemic.

Some of the participants shared their experiences of visiting the pharmacy which are highlighted in these comments

*"They are very good, I can't fault them."*

*"The staff in there are lovely, friendly, and very helpful."*

*"Get my medicine from the pharmacy. They are always very helpful. It does get busy but I wait in the cafe."*

The participants described the staff as "helpful and friendly" which suggests that they have a positive experience when visiting the pharmacies because of the service the staff provide. This also seems to be the case despite it being busy sometimes.

Similarly, some of the participants also spoke about their experiences of using the prescription delivery service seen in the comments

*"They were brilliant for my mum, they would always deliver her medication on time."*

*"They are excellent and they deliver to me because I can't drive."*

Both comments indicate that the delivery service is working well and that it is helping people access their prescriptions that would not be able to otherwise as they are unable to drive to the pharmacy.

Furthermore, some of the participants explained that the staff working in the pharmacies were helpful whilst the country was in lockdown, this is showcased in the comments

*"The pharmacy has offered a good service during lockdown. Any prescriptions I've needed have been ready to collect within the week and staff have been helpful."*

*"Pharmacy have been helpful and delivered a good service in lockdown. Sometimes you see people complaining about their GP and Pharmacy on social media but I haven't had any problems."*

These comments suggest that their experiences of using the pharmacy during lockdown were positive due to the staff being helpful and providing a good service overall. However, the second comment indicates that they have seen complaints from others on social media which suggests that other individuals may have had differing experiences to the ones that are outlined above.

Overall, this theme captures the positive experiences of using a pharmacy or one of their services. Friendly and helpful staff, efficient delivery services and a good service during lockdown are some of the experiences that the participants spoke about.

## Appendix F Dispensing Doctors Survey

### Introduction

A survey was sent to all dispensing doctors within the Cheshire East Health and Wellbeing Board area in December 2021. The survey used included the same questions that were covered by the 2018 Pharmaceutical Needs Assessment. All dispensing practices completed the survey between December and January 2022.

### Opening hours of your dispensary

Practice Name	Weekday	Weekend
Bunbury Medical Practice	08:30 - 13:00 and 14:00 - 18:30	Closed
Chelford Surgery	08:00 - 18:30 (not closed for lunch)	Closed
Greenmoss Medical Centre	08:30 - 13:00 and 16:00 - 18:15	Closed
Holmes Chapel Health Centre	08:00 - 12:00 and 14:00 - 18:30	Closed
Knutsford Medical Partnership	08:00 - 13:00 and 13:30 - 18:30	Closed
Wrenbury Medical Practice	08:00 - 18:30 (not closed for lunch)	Closed

### Does your dispensary close during the rolling half day education events?

Practice Name	Response
Bunbury Medical Practice	Yes
Chelford Surgery	Yes
Greenmoss Medical Centre	Yes
Holmes Chapel Health Centre	Yes
Knutsford Medical Partnership	Yes
Wrenbury Medical Practice	No

### Do you have a specific area/room designated for pharmaceutical consultations?

Practice Name	Response
Bunbury Medical Practice	Yes
Chelford Surgery	No
Greenmoss Medical Centre	Yes
Holmes Chapel Health Centre	Yes
Knutsford Medical Partnership	No

Wrenbury Medical Practice	Yes
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**If No, please specify any alternative arrangements**

Practice Name	Response
Bunbury Medical Practice	<i>As a GP surgery, we have several consulting rooms (answered "Yes" to previous question)</i>
Chelford Surgery	<i>We have 9 clinical rooms that can be used for a confidential consultation if required. Dispensary staff are trained to deal with problems in a sensitive manner, recognising if a problem requires taking away from the general reception area</i>
Greenmoss Medical Centre	
Holmes Chapel Health Centre	
Knutsford Medical Partnership	<i>If a patient requires a consultation this would be offered with a GP or nurse, if they wish to speak to the dispenser this can be done in a free consulting room.</i>
Wrenbury Medical Practice	

**If No, do you have any plans to provide one in the next twelve months?**

Practice Name	Response
Bunbury Medical Practice	
Chelford Surgery	<i>No</i>
Greenmoss Medical Centre	
Holmes Chapel Health Centre	
Knutsford Medical Partnership	<i>No</i>
Wrenbury Medical Practice	

**Current services provided**

Please list below any pharmaceutical services currently provided which are not commissioned by NHS England North (Cheshire and Merseyside).

Practice Name	Response
Bunbury Medical Practice	n/a
Chelford Surgery	<i>Nil specific. Dispensary staff have direct access to a doctor and or nurse at all times of the day who can assist with any clinical assessment or service that a patient may require</i>
Greenmoss Medical Centre	
Holmes Chapel Health Centre	
Knutsford Medical Partnership	
Wrenbury Medical Practice	

**Appliances**

Does the dispensary dispense appliances?

Practice Name	Stoma appliances	Incontinence appliances	Dressings	Other
Bunbury Medical Practice	Yes	Yes	Yes	
Chelford Surgery	Yes	Yes	Yes	
Greenmoss Medical Centre	Yes	Yes	Yes	
Holmes Chapel Health Centre	Yes	No	Yes	
Knutsford Medical Partnership	Yes	Yes	Yes	
Wrenbury Medical Practice				<i>Most appliances supplied through Appliance Contractor unless specific reason and this is not possible.</i>



## Non commissioned services

Does the dispensary provide any of the following?

Practice Name	Collection of prescription from surgeries?	Delivery of dispensed medicines- Free of charge?	Delivery of dispensed medicines- chargeable?
Bunbury Medical Practice	Yes	Yes	No
Chelford Surgery	No	Yes	No
Greenmoss Medical Centre	No	No	No
Holmes Chapel Health Centre	Yes	Yes	No
Knutsford Medical Partnership	No	No	No
Wrenbury Medical Practice	Yes	Yes	No

Delivery of dispensed medicines- selected patient groups (please specify groups)

Practice Name	Specified Groups
Bunbury Medical Practice	<i>Housebound, frail, where specific need</i>
Chelford Surgery	<i>house bound, vulnerable, end of life</i>
Greenmoss Medical Centre	<i>Vulnerable covid rules</i>
Holmes Chapel Health Centre	
Knutsford Medical Partnership	<i>No</i>
Wrenbury Medical Practice	<i>Our own patient prescriptions are held here re first question</i>

**Delivery of dispensed medicines- selected geographical areas (please specify areas)**

Practice Name	Specified Groups
Bunbury Medical Practice	<i>Our practice boundary - so much further than our village setting.</i>
Chelford Surgery	<i>practice area</i>
Greenmoss Medical Centre	
Holmes Chapel Health Centre	<i>Delivery to patients who have a need around vulnerability- patients within our catchment area</i>
Knutsford Medical Partnership	<i>No</i>
Wrenbury Medical Practice	<i>To patients within the practice boundary who qualify as dispensing patients only</i>

**Supply of Monitored dosage system**

Practice Name	Free of charge, if not covered by Equality Act (DDA)?	Chargeable, if not covered by Equality Act (DDA)?	Monitored dosage system only supplied if covered by DDA?
Bunbury Medical Practice	Yes	No	No
Chelford Surgery	Yes	No	No
Greenmoss Medical Centre	No	No	No
Holmes Chapel Health Centre	Yes	No	No
Knutsford Medical Partnership	No	No	No
Wrenbury Medical Practice	Yes	No	No

**Access to the Dispensary for Patients****Can patients legally park within 50m of the dispensary?**

All 6 practices responded "Yes".

**How far is the nearest bus stop or train station to the dispensary?**

Practice Name	Response
Bunbury Medical Practice	Within 100m
Chelford Surgery	Between 100m-500m
Greenmoss Medical Centre	Within 100m
Holmes Chapel Health Centre	Within 100m
Knutsford Medical Partnership	Between 500m-1000m
Wrenbury Medical Practice	Between 100m-500m

**Do patients have access to designated disabled parking?**

All 6 practices responded "Yes".

**Is the entrance to the dispensary suitable for wheelchair access?**

All 6 practices responded "Yes".

**Are all areas of the dispensary floor accessible by wheelchair?**

All 6 practices responded "Yes".

**Do you have any other facilities in the dispensary aimed at supporting disabled people to access your dispensary service?**

Practice Name	Automatic door assistance	Bell at door	Toilet Facilities accessible to wheelchair users	Hearing loop
Bunbury Medical Practice	Yes	Yes	Yes	Yes
Chelford Surgery	Yes	No	Yes	Yes
Greenmoss Medical Centre	Yes	No	Yes	Yes
Holmes Chapel Health Centre	Yes	Yes	Yes	Yes
Knutsford Medical Partnership	No	Yes	Yes	Yes
Wrenbury Medical Practice	Yes	Yes	Yes	Yes

Practice Name	Sign language	Large Print labels	Large Print leaflets	Wheelchair ramp access
Bunbury Medical Practice	No	Yes	Yes	Yes
Chelford Surgery	No	Yes	Yes	Yes
Greenmoss Medical Centre	No	Yes	Yes	Yes
Holmes Chapel Health Centre	No	Yes	Yes	Yes
Knutsford Medical Partnership	Yes	No	Yes	Yes
Wrenbury Medical Practice	Yes	Yes	Yes	No

**Are you able to support patients whose first language is not English?**

All 6 practices responded "Yes".

**Are you aware of any gaps in access or pharmaceutical need for any of the following groups relating to their.....**

Group	Response
Age	All 6 practices responded "no" in relation to all these groups
Disability	
Gender	
People with/about to have reassignment of gender?	
Race	
Religion or belief	
Sexual orientation	

## Appendix G Consultation Feedback Report

As required by legislation, a consultation exercise with stakeholders was carried out between 1 April 2022 and 10 June 2022.

A total of 105 completed responses were received. There were also 354 partial responses: a partial response is where a person has started to complete the survey but never hit the submit button on the final page.

Only 12 respondents answered the questions in relation to whether the PNA supported market entry decisions, future commissioning decisions, and future provision (Question 3.1, Q3.2 & Q3.3). Of these 12 respondents, only a small proportion disagreed i.e., responded either “Tend to disagree” or “Strongly disagree” (Table A). No respondents had strongly disagreed.

The draft PNA concluded **that pharmaceutical provision within Cheshire East is currently adequate**, only 28 out of 105 respondents (27%) agreed with this statement, 13 of whom strongly agreed (question 8.1 in the Table A). Considerably more respondents disagreed with this statement than during the last PNA consultation conducted in 2018, with 55 out of 103 disagreeing (53%). Further analysis of the full responses showed that a large proportion (59%, 61 responses) were from residents of one area, we will refer to this as **Area A**. This disproportionate representation from one area was skewing the analysis of both the closed questions and the concerns raised in the open questions. All other areas outside of Area A will be considered as **Area B**.

The majority also disagreed with the statement that the PNA reflected the needs of the local population (Q5.2). This remains the case when Area A and Area B responses are analysed separately. However, some residents of areas within Area B made specific reference to the provision within Area A. If the responses that relate to the provision in Area A are further excluded from the Area B group, this would result in only 21% disagreeing and most (46%) agreeing that it does reflect the needs.

**Table A - Comparison of negative responses to closed questions, responses in relation to Area A and Area B\***

Closed Questions	Answer*	Area A		Area B		All Full Responses		Area A vs Area B
Q3.1 market entry decisions	Disagree	0%	0/1	9%	1/11	8%	1/12	Similar
Q3.2 how pharmaceutical services may be commissioned in the future?	Disagree	0%	0/1	27%	3/11	25%	3/12	Significantly different
Q3.3 future pharmaceutical services provision	Disagree	0%	0/1	18%	2/11	17%	2/12	Similar
Q5.1 reflects the current provision	Disagree	77%	47/61	39%	17/44	61%	64/105	Significantly different
Q5.2 reflects the needs	Disagree	79%	46/58	49%	21/43	66%	67/101	Significantly different
Q8.1 Agreement with overall conclusion	Disagree	67%	40/60	35%	15/43	53%	55/103	Significantly different
Q4.1 How clear is the purpose	Unclear	8%	5/60	7%	3/43	8%	8/103	Similar

\*Disagree = Tend to disagree + Strongly disagree responses. Unclear = Somewhat unclear + Very unclear responses. Area A- the area over-represented within the consultation- see explanation in the preceding paragraphs. Area B-all other areas outside of Area A.

The table above shows how the two geographies differ: -

- In Area A, 75% (40/61) of respondents disagreed with the overall conclusions, significantly higher than the proportion in the Area B sample where only 35%, 15 out of 43 who responded to this question, disagreed.
- Of those that disagreed, 35 people (88%, 35/40) from Area A gave more detail in the free-text questions.

Within the Area B group, 10 residents (67%) chose to leave further comments. These revealed that a further 6 responses related to the pharmacy provision within Area A. If these were reassigned to Area A responses, only 9 out of 43 or 21% within the Area B group would then disagree with the statement.

When the closed questions were analysed between agree and disagree responses, and clear and unclear responses only, the proportions calculated with confidence intervals show that: all responses were significantly different in Area A, whereas within the Area B group, only the proportions to Q4.1 "How clear is the purpose" were significantly different.

A total of 76 respondents gave additional detail in the open questions: 52 were residents of Area A, a further 8 responses related to the provision in that area and only 16 related to the rest of Cheshire East (21%).

All open responses were analysed to identify themes (Table B):

- Most respondents gave multiple comments spanning several themes across the five open questions.
- There were **190 individual concerns** raised by **76 respondents** across **17 identified themes**
  - 141 (74%) of these were from residents of Area A.
  - A further 24 concerns were from 8 people living outside of Area A but relate to the pharmacy provision within Area A.
  - This leaves 25 concerns not identifiable as relating to Area A.

Table B- Summary of themes from open question responses\*

Themes - Performance Issues	Number of people raising this concerns	% of concerns				
		All		Area A residents		Area B residents
Unreliable opening times	25	13%	22	12%	3	2%
Poor service	28	15%	24	13%	4	2%
Inadequate staffing levels	27	14%	21	11%	6	3%
Staff bad attitude	11	6%	9	5%	2	1%
Medications running out, can't fulfil prescriptions	26	14%	21	11%	5	3%
Prescriptions lost	3	2%	3	2%	0	0%
Long delays on prescriptions	19	10%	13	7%	6	3%
	139	73%	113	59%	26	14%
<b>Themes - Other</b>						
Privacy issues	1	1%	1	1%	0	0%
No free delivery of prescriptions	4	2%	3	2%	1	1%
Refusal of GP Practice to use electronic prescriptions	10	5%	8	4%	2	1%
Improvements in Minor ailment/Advice	1	1%	1	1%	0	0%
Equality considerations	8	4%	4	2%	4	2%
Impact of housing developments	7	4%	3	2%	4	2%
Positive feedback	3	2%	0	0%	3	2%
Issue with PNA document	7	4%	3	2%	4	2%
Specific question	1	1%	0	0%	1	1%
Specific recommendations	9	5%	5	3%	4	2%
	51	27%	28	15%	23	12%
<b>Total concerns</b>	<b>190</b>	<b>100%</b>	<b>141</b>	<b>74%</b>	<b>49</b>	<b>26%</b>
<b>Total respondents</b>	<b>76</b>	<b>76</b>	<b>52</b>	<b>52</b>	<b>24</b>	<b>24</b>

\*Area A- the area over-represented within the consultation- see explanation in the preceding paragraphs. Area B-all other areas outside of Area A.

Due to the volume of partial responses, we also analysed these to look at the closed question responses, check the themes in the open questions and establish whether they told a similar story to the full responses. Of the 354 partial responses, 108 were blank and a further 179 only answered Q1 or Q1 and Q2, which relate to respondent characteristics rather than views on the PNA itself. Therefore, 287 (81%) were excluded from the analysis.

Of the remaining 67 responses:

- Only 7 respondents made additional comments. There were no new themes identified:
  - 2 respondents, 4 concerns related to Area A –
    - Performance issues: Poor service; unreliable opening times; medications running out; can't fulfil prescriptions.
    - Concerns about future housing developments.
  - 5 respondents, 5 concerns related to other areas –

- Performance issues: Poor service.
- Issues with PNA document: size of document; how to identify poor performing contractors.
- Equity issues: accessibility for older people.

Overall, the partial responses match the full responses in terms of being clear on purpose 63% (40/63) and disagreeing with the conclusions, 50% disagreed with the findings, however, this only represents 4 out of 8 people who responded to Q8.1. Only 5 respondents answered the questions in relation to whether the PNA supported market entry decisions, future commissioning decisions, and future provision (Question 3.1, Q3.2 & Q3.3), none disagreed. Of the partial responses, fewer disagreed that the PNA reflected current provision (Q5.1 37%, 22/60) and need (Q5.2 42%, 25/59). Out of the four people who disagreed with the conclusions of the PNA, only 1 person made additional comments.

*\*Please note - some of the response denominators are different as some respondents skipped questions. We cannot assume how a person would have responded so they are excluded from the calculation.*

It was not possible to do any geographical analysis on the partial responses as only 3 respondents provided a postcode, all of whom were responding on behalf of organisations as opposed to answering as a resident, so the postcode is not representative of a particular area and 2 of these did not answer any further questions.

Further to the responses received via the consultation questionnaire, we received separate advice regarding specific sections from other departments within Cheshire East Council. Also, targeted advice from other local authority areas' public health departments who are currently producing their own PNAs, where housing developments and pharmacy provision in their area impacts on the information and conclusions of Cheshire East's PNA.

All concerns raised have been duly considered and where necessary appropriate actions taken and documented in a formal action log. This has involved additional wording to clarify the conclusions drawn within the PNA.

An outline of these is given in Table C.



Table C- Consultation feedback and actions taken to address feedback

Consultation response	
Performance issues	Action taken
<p>Various themes related to the performance of community pharmacies: unreliable opening times; poor service; inadequate staffing levels; staff bad attitude; medications running out; can't fulfil prescriptions; long-delays with prescriptions; prescriptions lost.</p> <p>These have been grouped as the response is the same:  113 performance concerns raised in Area A  26- Area B  6 Partial responses: 4 Area A and 2 Area B</p>	<p>Any performance issues with community pharmacies need to be addressed by NHS England (NHSE) who manage the contracts with the pharmacies, this includes core opening hours, Essential and Advanced services (please see section 4.0 for a definition of these). NHSE are responsible for considering applications for new pharmacies (please see section 2.1.3 on purpose of the PNA). NHS England have highlighted that the following issues will be picked up by their quality assurance processes: unreliable opening times; privacy issues; medications running out; and prescriptions lost. However, NHSE also highlighted that poor service inadequate staff levels above the minimum stipulated within the contract, bad staff attitude and long delays are subjective and not performance managed, but NHSE would work with the Local Pharmaceutical Committee to raise any reported concerns with the contractor.</p> <p>An appendix showing the steps residents can take to complain has been developed and included within the PNA, "How to complain" (Appendix H). A link will also be provided on the webpage where the PNA will be held once published.</p> <p>During the Covid-19 pandemic, community pharmacy services were a vital part of the healthcare system and vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures.</p> <p>Residents who are finding it difficult to access their local pharmacy and/or have mobility or transport issues, may be able to request that their prescription is delivered by the pharmacy or posted to them. Many local pharmacies offer delivery services for residents who meet certain criteria, although there may be a charge for this. Distance Selling Pharmacies (also known as internet pharmacies) provide services without face-to-face contact and will deliver by post / courier services. You can nominate any pharmacy to process your prescriptions, not just the one in your neighbourhood. See section 13 for more information on Prescription Collection and Delivery</p>

Consultation response	
	<p>Services. Using the NHS App or a similar online service or app can make the process of ordering repeat prescriptions simple and convenient.</p> <p>All GP Practices should offer Electronic Prescription Service (EPS). We understand that there were problems with a particular GP Practice in Area A, but this has now been resolved.</p> <p>Dispensing GPs support provision in rural areas section 10.</p>
Theme: Electronic Prescription Service and delivery of prescriptions	Action taken
<p>11 Area A 3 Area B</p>	<p>See explanation above regarding EPS, delivery and postal.</p>
Theme: Equity Considerations	Action taken
<p>4 Area A – Older people, disability, and mobility. 4 Area B 1 Partial</p>	<p>A comprehensive Equality Impact Assessment (EIA) was undertaken as part of the PNA process. This led to targeted approaches to specific organisations that supported people with protected characteristics to encourage their engagement in the consultation process.</p> <p>A copy of the EIA will be available on the webpage when the PNA is published and is also available at <a href="https://www.cheshireeast.gov.uk/council_and_democracy/council_information/equality-and-diversity/equality_analysis.aspx">https://www.cheshireeast.gov.uk/council_and_democracy/council_information/equality-and-diversity/equality_analysis.aspx</a>. This included the additional patient groups identified in the DHSC guidance “PNA: Information pack for local authority health and wellbeing boards” published in October 2021.</p> <p>Section 16 within the PNA looks at protected characteristics and how pharmacies have adapted their premises and services to accommodate some of these. It collated information from both the contractor and public survey. Information, where available, regarding the additional patient groups identified in the DHSC guidance “PNA: Information pack for local authority health and wellbeing boards” published in October 2021 has been included in the <b>16.0 Ethnicity and Other Protected Characteristics</b> section. Given the nature of these communities, Census 2011 data was considered</p>

Consultation response	
	<p>unreliable. Also, Census 2011 did not include Roma ethnicity. The additional information included related to:</p> <p>16.4.4 Veteran estimates included</p> <p>16.5.1 Gypsy Roma Traveller communities included</p> <p>16.5.1 Refugees and Asylum Seekers included</p> <p>16.7 People in prison,</p> <p>16.7 People experiencing homelessness</p> <p>Concerns were raised that the poor performance of the local pharmacy provider would impact disproportionately on elderly residents, those with disabilities and mobility issues and their carers. As well as highlighting that performance management issues are managed by NHSE, and providing a guide for residents explaining complaints processes, individuals could also consider EPS, postal and delivery options. (see section above).</p> <p>Anyone can access advice or minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to people experiencing homelessness, Gypsy, Roma and Travelling communities, refugees and asylum seekers and visitors to the area for business, holiday, sporting events or visiting friends and relatives.</p>
Privacy issues	Action taken
<p>Disclosure of personal information when others are around.</p> <p>1 Area A</p>	<p>Additional wording included in section 16.6.5 to clarify the public survey results concerning privacy. All pharmacy premises need to provide a consultation room or area. Patients can always ask to have a consultation in private if it is not automatically offered by the pharmacist. If you feel that your needs have not been met, you can complain. (see How to complain guide).</p>
Future housing developments	Action taken
<p>Concerns that pharmacy provision may not be adequate to meet the population needs of</p>	<p>All housing development numbers presented in the PNA are taken from the Local Plan and constrained to the lifetime of the PNA i.e. April 2021 to March 2025. Any prior phases of housing developments will have been considered in the previous PNA 2018. The Local Plan was used to</p>

Consultation response	
<p>various areas once all proposed housing developments are complete:</p> <p>3 Area A 4 Area B 1 Partial responses</p>	<p>estimate the number of houses to be built in each the of care communities and estimated increases in populations were calculated using standard ONS methodology.</p> <p>The Housing Development section 15.2 was revisited in light of concerns raised. Additional mapping was done to confirm findings. As a result, there was minor rewording within the section to clarify the findings and also include new information from Strategic Planning and Stockport Local Authority.</p> <p>The steering group concluded that the original findings are still true, and that planned development and population growth within Cheshire East could be managed within the capacity of existing provision. The PNA has been reviewed by Cheshire East Strategic Planning Department.</p> <p>The public health intelligence team will review housing developments throughout the lifetime of the PNA and will regularly consider the need for supplementary statements.</p> <p>EPS, postal and delivery options can all help support people in rural communities.</p>
<p>Improvements in minor ailment support/advice</p> <p>1 Area A</p>	<p>Commissioned by the ICS (formerly Cheshire CCG)</p> <p>Section 7.2.2 gives details of numbers providing this service.</p>
Issues with PNA document	Action taken
<p>Size of the document and difficult for the general population to understand</p> <p>3 Area A 4 Area B 3 Partial</p>	<p>The PNA is a technical document produced to enable NHSE to consider pharmacy applications (please see section 2.1.3 on purpose of the PNA). We have produced an executive summary and Plain English summary to help the public to understand the findings and key messages.</p>

Consultation response	
<p>1 response within consultation responses re Saturday opening for Boots, Audlem</p> <p>1 E-mail Saturday opening for Rydale, Crewe</p>	<p>Opening hours correct within data workbook and graphs in Section 12 but correct data not pulled through to care community tables Appendix B.</p> <p>Opening hours in Appendix B updated for providers.</p>
<p>Public survey not representative of Cheshire East population</p> <p>1 Area A</p>	<p>The narrative has been expanded in the Appendix A – The Public Survey. It now describes the distribution process used for the patient survey and demonstrates how we endeavoured to capture the views of as many residents and pharmacy users as possible.</p> <p>Unfortunately, we cannot control who completes the survey. We can only promote and make it as widely available as possible. Any learning from this was fed back through the EIA to inform the consultation process.</p>
<p>Quote from one responder: “The emphasis seems to be on the provision of ancillary services that thankfully affect a relatively small proportion of the population, rather than the more general needs of the majority of the population for acute issues and the supply of prescription medication”</p>	<p>The PNA presents data and information on all aspects of pharmaceutical services. Essential Services described in Section 5.0 includes dispensing. Dispensing data is presented in Section 13.0. Essential Core services need to meet standards to comply with NHS England (NHSE) Contract. NHSE also monitors Advanced services.</p>
Specific Issues	Action taken
<p>Blood pressure</p>	<p>Hypertension is one of the chronic conditions identified in Section 17.3.3 and Table 16 within the PNA.</p> <p>Hypertension case finding is a new commissioned Advance service from 1October 21. (See section 6.1)</p>

Consultation response	
	<p>As of week-ending the 1 July 2022, 59 pharmacies within Cheshire East were signed up to deliver this service.</p> <p>Additional wording giving the current number of pharmacies signed up for to the hypertension case finding service in section 17.3.3 of PNA.</p>
Provision of cheap medicine with toxic ingredients	<p>All medicines are regulated by Medicines and Healthcare products Regulatory Agency (MHRA) and cannot be sold over the counter or supplied on prescription without going through all the marketing authorisation processes with the MHRA. This means that the cost of a medicine will not have any influence on quality.</p> <p>There is always a chance someone will react adversely to any ingredient in any medicine. If you get any side effects, talk to your doctor, pharmacist, or nurse. You can also report side effects directly via the Yellow Card Scheme at: <a href="https://yellowcard.mhra.gov.uk/information">https://yellowcard.mhra.gov.uk/information</a></p>
Mental health services	<p>There are not any mental health services commissioned from our community pharmacies at present. However, there are pilot projects underway elsewhere in the region, which Cheshire East can learn from in the future.</p>
Extension of GP dispensing - greater flexibility that is patient centred, putting their needs before any commercial arrangements.	<p>There is specific legislation regarding the operation of Dispensing GPs.</p> <p>See Section <b>10.0 Dispensing Doctors</b> for details</p> <p>Analysis of the dispensing doctors survey concluded that there is no significant gap in provision of Essential pharmaceutical services for the population served by dispensing doctors. See Appendix F for the dispensing doctors survey results.</p>
Ongoing covid vaccination via pharmacies	<p>The recommended delivery model for the Autumn programme is outlined in the published NHS letter regarding COVID-19 Vaccination Autumn / Winter (Phase 3) planning where it recommends deploying delivery models that “spread capacity across community pharmacy, vaccination centres and general practice”.</p> <p><a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf</a></p>

Consultation response	
Specific recommendations	Action taken
Nurse triage	<p>Anyone referred to pharmacies from NHS111 or a GP Practitioner will have been triaged or sign-posted by an appropriate individual according to their processes. Pharmacists can triage within the Boundaries of Clinical Practice Statement (BCPS).</p> <p>Nationally this is being considered as future service development.</p>
e-Cigarettes	<p>Section 6.7 talks about the Smoking Cessation Service (SCS), which was commissioned as an Advanced service from 10 March 2022.</p> <p>This will include pharmacists: -</p> <ul style="list-style-type: none"> <li>• Undertaking a CO test;</li> <li>• Provision of behavioural support; and</li> <li>• Supply of Nicotine Replacement Therapy (NRT) – this will be initially determined by the details of NRT supplied at discharge from hospital.</li> </ul> <p>Pharmacies can sell NRT products including e-cigarettes in the same way as other retailers.</p>
Improved Hormone Replacement Therapy (HRT) services	<p>This is not within the remit of the PNA.</p> <p>There have been national issues with prescribing and shortages of HRT products.</p> <p>The UK medicines regulator, the MHRA, is proposing to reclassify a product called Gina10, or estradiol - which treats vaginal dryness caused by lack of oestrogen - as a pharmacy medicine. This change would make it available to buy in pharmacies without prescription. Pharmacists will have access to training materials and a checklist to help them identify women who can be offered the treatment.</p>
On-line publication of opening hours not just local press	<p>This is already the case.</p> <p>You can use the NHS “Find a Pharmacy” webpage, this gives you the ability to search by town, city, or postcode in England. It then provides opening times plus map and directions.</p> <p><a href="https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy">https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy</a></p>
Co-ordination between GP and Out of Area Pharmacies	<p>You can nominate any pharmacy to process and deliver your prescriptions, not just the one in your neighbourhood.</p>

Consultation response	
	Anyone can access advice for minor ailments services offered at a pharmacy regardless of having a fixed address or even residency in the area. This means that pharmacies are open to visitors to the area for business, holiday, sporting events or visiting friends and relatives.
1 Email regarding additional planning application	The Housing Development section 15.2 was revisited. Additional mapping was done to confirm findings. There was minor rewording within the section to clarify the findings and include new information from Strategic Planning and Stockport Local Authority.



The Cheshire East PNA Steering Group have examined all the consultation responses received, any additional information collated as part of the response exercise and the reworked sections of the revised PNA. After careful consideration and appropriate advice seeking from NHS England, the steering group has concluded that the original statement remains valid, that there is adequate provision in regard to location, number and distribution of pharmacies providing Essential and Advanced services during standard core hours to meet the needs of the Cheshire East population.

Concerns raised regarding specific pharmacies via this consultation process have been raised with NHSE who manage the pharmacy contracts. The performance and quality of community pharmaceutical providers are outside of the scope of the PNA. However, it is important for residents to raise these concerns, particularly if they affect patient safety. Residents can complain regarding issues relating to a specific pharmacy via the information provided.

Over the lifetime of this PNA, the Health and Wellbeing Board will actively consider pharmacy issues and need over the next three years and regularly consider the need for additional (supplementary) statements to update on any substantial changes that emerge<sup>35</sup>.

#### **Additional changes after 10 June 2022 following feedback from members PNA steering group**

Updates to the wording have been made to reflect changes to the organisation of health and care across Cheshire East since 1 July 2022, and current thinking in relation to this in:

- Executive summary
- 2.1.4
- 2.3.2
- 2.7.3
- 2.8
- 20.5.1
- 20.6.3

A correction regarding the dates of the pharmacy contractors survey was made to section 2.4.3. Section 2.5 has also been updated to describe the approach to public consultation. Section 6.3 has been updated to include the Hepatitis C service extension end date.

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<sup>35</sup> Legislation.gov.uk (2013) The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Subsequent assessments. Available from: <https://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

## Appendix H How to complain about a local pharmacy

### *How to complain about a local pharmacy*

*This process does not cover complaints about a hospital pharmacy. You need to contact the Trust that runs the hospital.*

#### *Step 1 – Talk to a member of staff*

If you feel comfortable doing so, it is always best to mention your concern to the member of staff you are dealing with or their manager. They may be able to sort things out for you.

#### *Step 2 – contact the pharmacy complaints manager*

Each pharmacy must have a complaints manager, who makes sure complaints are dealt with properly. You can complain by letter, email or by talking to someone at the pharmacy.

For more information about the complaints procedures see the briefing note on the Pharmaceutical Services Negotiating Committee (PSNC) website.

**NHS complaints procedure - PSNC Website: <https://psnc.org.uk/quality-and-regulations/clinical-governance/complaints/>**

#### *Step 3 – contact NHS England*

NHS England handle concerns or complaints relating to directly commissioned services or services provided by NHS England. This includes primary care (GPs, dentists, pharmacists, and optometrists).

A complaint can be made:

By email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

Please email 'for the attention of the complaints team'

By post:

NHS England,  
PO Box 16738,  
Redditch, B97 9PT

By telephone: 0300 311 22 33

Website:

[www.england.nhs.uk/contact-us/complaint/complaining-to-nhse/](http://www.england.nhs.uk/contact-us/complaint/complaining-to-nhse/)

Cheshire East Healthwatch offers an NHS Independent Complaints Advocacy

Service (ICAS). They can help you to use the NHS complaints process to have your voice heard.

**Help Making a Complaint - Healthwatch Cheshire East**

**<https://healthwatchcheshireeast.org.uk/what-we-do/help-making-a-complaint/>**

*Step 4 - write to the parliamentary and health service ombudsman*

The parliamentary and health service ombudsman makes final decisions on complaints that have not been resolved by the NHS in England and other public organisations.

Telephone: 0345 015 403

Website:

**[www.ombudsman.org.uk/making-complaint/complain-us-getting-started/complaint-forms](http://www.ombudsman.org.uk/making-complaint/complain-us-getting-started/complaint-forms)**

Postal address:

Parliamentary and Health Service Ombudsman,  
Millbank Tower,  
Millbank,  
London SW1P 4QP

**Additional support**

The General Pharmaceutical Council (GPhC) is there to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

The GPhC can give guidance on the following:

- What to expect from your pharmacy
- Buying medicines safely online
- Raising concerns or a complaint about a pharmacy professional.

Telephone: 020 3713 8000

Email: **[info@pharmacyregulation.org](mailto:info@pharmacyregulation.org)**

Website:

**[I am a member of the public | General Pharmaceutical Council \(pharmacyregulation.org\) https://www.pharmacyregulation.org/i-am-patient-or-member-public](http://www.pharmacyregulation.org/i-am-patient-or-member-public)**

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## Cheshire East Pharmaceutical Needs Assessment: 2022-2025

### Plain English Summary

A Pharmaceutical Needs Assessment (PNA) is a way to ensure that the right pharmacy services are in place for the residents of Cheshire East. The PNA is used by the NHS to consider whether more pharmacies are needed in any area or if more services within pharmacies are needed.

Cheshire East, and all areas of the country, must complete this needs assessment every three years. The COVID-19 pandemic delayed the latest PNA.

To produce this PNA, people from health and public health organisations worked together to look at a wide range of pharmacy-related information (for example numbers of prescriptions and numbers of pharmacies) and asked for the views of residents and pharmacies.

**The assessment showed that pharmaceutical provision in Cheshire East is adequate.**

This means that there are enough pharmacies across Cheshire East and that their opening hours and the services they provide are suitable. People can also seek support from pharmacies in other local authorities nearby. This is important—particularly in Bollington, Disley and Poynton, where there are fewer pharmacies.

Pharmacy services have been important in helping residents during the pandemic. Pharmacies are important not only in providing medicines, but also in:

- Helping people to be healthier
- Finding people with high blood pressure, so they can be treated
- Giving advice about minor illnesses.

We asked people to comment on the draft of the PNA. After looking at the feedback, we have added some more detail in the finalised document, to explain the purpose of the PNA and how we reached our conclusions.

Appendix G of the PNA document describes the feedback and the changes made in response. Many comments were about pharmacy performance in a single location in Cheshire East. Performance issues are not managed as part of the PNA but comments have been passed on to NHS England, who are responsible for looking into this further. Details of how people can complain, if they are concerned about a pharmacy's performance have been provided in the final full version of the PNA (in Appendix H), and also at the end of this document.

Over the next 10 years, there are going to be **more older people**. Given that older people often need more medicines, it is likely that all pharmacies across the country will need to plan for this. This should include thinking about ensuring they can support people with

specific needs, such as people with disabilities. This issue will be followed up again in the next PNA in three years.

There may also be a need for a pharmacy to support people living in Basford. This is because many houses are being built in this area over the next three years. Rope Green Medical Centre and the linked Well Pharmacy should be able to support this community for the time being. This issue will also be followed up in the next PNA.

This PNA covers 2022 to 2025. However, during this time, the Health and Wellbeing Board will actively watch for major changes in pharmacy need or services and regularly consider whether additional updates are needed.

## How to complain about a local pharmacy

**This process does not cover complaints about a hospital pharmacy. You need to contact the Trust that runs the hospital.**

### **Step 1 – Talk to a member of staff**

If you feel comfortable doing so, it is always best to mention your concern to the member of staff you are dealing with or their manager. They may be able to sort things out for you.

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[www.ombudsman.org.uk/making-complaint/complain-us-getting-started/complaint-forms](http://www.ombudsman.org.uk/making-complaint/complain-us-getting-started/complaint-forms)

Postal address:

Parliamentary and Health Service Ombudsman,  
Millbank Tower,  
Millbank,  
London SW1P 4QP

## **Additional support**

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Email: [info@pharmacyregulation.org](mailto:info@pharmacyregulation.org)

Website:

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*Working for a brighter future together*

## **Health and Wellbeing Board**

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**Date of Meeting:** 27th September 2022

**Report Title:** Annual Flu Report 2021/22

**Report of:** Dr Matt Tyrer, Director of Public Health

**Report Reference No:** AH/04/21-22

**Ward(s) Affected:** All

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### **1. Purpose of Report**

**1.1** This report presents to the Health and Wellbeing Board:

- A summary of the 2021/22 Cheshire East Council workforce Influenza Vaccination scheme and recommendations for the future of the staff programme
- A summary of the 2021/22 NHS-led Influenza Vaccination programme across Cheshire East and a forward look at the 2022/23 Influenza Programme

**1.2** The Cheshire East Influenza Vaccination scheme for staff helps to promote robust respiratory protection and reduce staff sickness (particularly over Winter). It firmly aligns with the following priorities within Cheshire East Council's Corporate Plan and Workforce Strategy 2021-25:

- Work together with residents and partners to support people and communities to be strong and resilient
- Commitment to Value People: care for your health and well-being

### **2. Executive Summary**

**2.1** Rates of influenza were unseasonably low throughout 2021/22. The continuation of the COVID-19 pandemic and its associated behavioural changes (self-isolation, social distancing and citizens exercising basic infection control) meant that the prevalence of flu and other upper respiratory infections remained low. Slight, incremental increases in flu cases were observed early in the season, and influenza positivity rate peaked at 3.2% in week 13.

**2.2** Other indicators for influenza remained low. Flu-related hospital admissions and GP consultations remained below baseline levels between September 2021 and March 2022 and where cases of influenza-like-illness were identified, these were below seasonally expected levels.

**2.3** Uptake in Cheshire East has continued to be higher than the national average in most patient groups. Uptake in children (who receive the nasal flu vaccine) was the highest in the Northwest at 61%, as was uptake in the over 65s at 87.2%. As a comparison, please see neighbouring Local Authority data, below.

	Responses	65 & over	Under 65s at risk	Pregnant Women	50-65 not at risk	50-65 at risk	All 50-65
Cheshire East	30/36	87.2%	60.4%	46%	52.9%	72.1%	58.9%
Cheshire West	36/41	85.7%	57.9%	38.4%	50.7%	70.7%	57.4%
Derbyshire	92/97	87%	61.5%	49.7%	54.8%	72.8%	60.8%
Halton	13/14	80.6%	49.8%	31.7%	41.5%	63.2%	49.9%
Staffordshire	92/106	84%	55.9%	39.9%	49.4%	68.6%	55.7%
Stockport	31/36	86.7%	58.8%	56.5%	49.5%	71%	56.9%
Warrington	22/26	81.5%	51.2%	37.5%	45.2%	63%	50.7%

**2.4** Targeted television and online media campaigns were run in parallel with COVID-19 adverts to encourage uptake of the influenza vaccine. The Council shared 'Just the flu' adverts across CEC social media platforms, in our internal communications, and disseminated the Cheshire Clinical Commissioning Group (CCG) flu messages to support a pan Cheshire approach.

**2.5** The flu campaign is an NHS-led programme, with Cheshire East Council having a specific role in encouraging as many Council employed staff as possible receive their jab. The Council also has a role in identifying cohorts with lower uptake and using this intelligence to target communications engagement.

**2.6** Cheshire East Council delivered a two-pronged vaccination programme to ensure ease of access to free flu vaccination for our frontline staff, including maintained school staff. We arranged vaccination clinics with bookable appointments in Westfield offices, alongside satellite clinics in community premises across the borough. We support commissioned services such as Change Grow Live (CGL) to promote robust and helpful Flu messaging to their staff. For front-line commissioned staff, it is primarily an employer's responsibility to offer free Flu vaccination to their workforce in order to provide the best protection over Winter.

**2.7** Like the previous year, this season we maximised the use of our community pharmacies, with staff needing only their ID badge as proof of eligibility for vaccination. Thirty pharmacies signed up to the CEC scheme. Additionally, and because of our strong working partnership with Local Pharmaceutical Committee

(LPC) colleagues, we maintained our excellent relationship with Andrews Pharmacy in Macclesfield. Andrews Pharmacy ran all our outreach clinics and delivered 97% of staff vaccinations. **698** staff took advantage of the free flu vaccination offer, which compared well with previous years, particularly.

**2.8** Following the expansion of eligible cohorts in the previous year, 50–64-year-olds remained eligible for free flu vaccinations. All CEC staff in this age category were invited for vaccination by their GP.

**2.9** This year, to gain a more thorough understanding of the number of staff vaccinated via any scheme, we published a staff survey by email to ask:

- Where did colleagues receive their vaccination (GP / Pharmacy / CEC Clinic)?
- Were they vaccinated as an NHS patient or as a member of CEC staff?

We received 661 responses to the survey overall. Of these, 541 (82%) had the flu vaccine: 34% through the Cheshire East staff programme, with 48% having it at their local GP practice / pharmacy as an NHS patient. The uptake of Flu vaccination across our workforce has increased incrementally over the last two years, despite obvious challenges with COVID restrictions limiting clinic space.

**2.10** We are committed to provide a strong start for children through a robust Child Nasal Flu Programme. We will continue to be led by local intelligence. We remain committed to our strong partnership with health colleagues across the system and collectively strive to ensure our residents and workforce are immunised against flu. We will utilise trusted communication channels such as the Education Newsletter to share helpful updates and reminders for schools to promote flu vaccinations for eligible children.

**2.11** Initially, a national decision was made to remove the 50-64 cohort from the NHS eligible list for the coming year. However, this patient group has been reinstated. Patients in this cohort will only be able access (or be invited by their GP/pharmacy) starting from mid-October, this is so at-risk groups can be offered vaccination first. If a patient is in this age group and have a long-term health condition that puts them at risk from flu, they do not have to wait until mid-October. All Cheshire East Council staff are invited to be vaccinated at any of our corporate clinics and we will be supporting managers of front line and social care staff to cascade regular messaging to our colleagues working close in the community.

The 2022/23 flu vaccine is given free on the NHS to adults who:

- are 65 and over (including those who will be 65 by 31 March 2023)
- have certain health conditions
- are pregnant

- are in long-stay residential care
- receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if you get sick
- live with someone who is more likely to get a severe infection due to a weakened immune system, such as someone living with HIV, someone who has had a transplant, or is having certain treatments for cancer, lupus or rheumatoid arthritis
- are frontline health workers
- are social care workers who cannot get the vaccine through an occupational health scheme at work.

All NHS eligible patients will be contacted to receive vaccination at their GP practice or local pharmacy. We will support this message to staff who may be eligible.

Primary Care Network (PCN) and Central Cheshire Integrated Care Partnership (CCICP) colleagues are commissioned to deliver Flu vaccinations to Care Home staff across the borough.

### **3. Recommendations**

**3.1** Continue to offer free flu vaccination for all CEC staff, in a way which is most accessible. As the Corporate Management Team consider future ways of working, Council ID badges will be used as proof of eligibility in participating pharmacies. These pharmacies will record vaccines administered on PharmOutcomes, enabling us to steer appropriate messaging to staff.

**3.2** There was very little engagement with this year's 'A conversation with' sessions (Q&A led by a Consultant in Public Health to address concerns about flu), so we will develop an interactive alternative to provide education and information linked to the 2022/23 flu Programme.

**3.3** We will build on our positive working relationship with the Local Pharmaceutical Committee (LPC) to engage a robust provision of pharmacies; and hold clinics in targeted areas to meet staff needs. We will continue to inform initiatives, communications and learning in collaboration with NHS and Cheshire West and Chester Council (CWaC) colleagues.

**3.4** Engage the Community Voluntary Sector, Healthwatch and Change Grow Live (CGL) to establish vaccination routes for underserved communities who may not be registered with a GP. This winter is expected to present additional challenges on top of the usual winter pressures, with the potential re-emerging respiratory infections – It is critical we reach our most vulnerable residents to prevent illness and hospitalisations. CWP colleagues have expressed challenges in accessing Flu vaccine supplies at this time. We will monitor availability and work with

commissioned services to deliver pop-up vaccination clinics as a mobile offer, in geographies identified by local intelligence.

**3.5** Following the success of the Cheshire East 'Mass Asymptomatic Testing (MAT)' vans, making community testing accessible and responsive to increased COVID-19 prevalence in a given geography, we have re-purposed our fleet of vehicles to deliver vaccination clinics as well as a spectrum of health and wellbeing assessments to underserved communities and areas of low uptake. These are now known as the Health and Wellbeing Bus. Each week, our Stay Well Squad (formerly Swab Squad) in partnership with the CWP COVID vaccination team, deliver hyper-local clinics in an identified geography, providing 1<sup>st</sup>, 2<sup>nd</sup> and Booster COVID-19 vaccinations. Providing we can access national Flu stocks, which are limited at this time; we will collaborate with Cheshire and Wirral Partnership (CWP) colleagues to employ the bus as an additional clinic space for Flu vaccinations in our underserved communities. For our staff, we will use corporate spaces (Westfields, Macclesfield Town Hall and Crewe Municipal) to deliver Flu clinics for our staff in an effort to increase accessibility, as well as scheduling clinics at Full Council events and staff conferences.

**3.6** The COVID-19 pandemic provided everyone with the knowledge to exercise basic infection prevention and control (IPC) practices: effective hand hygiene, social distancing, and the use of face coverings. These behaviours are critical in minimising the risk of cross-infection and since national measures have lifted, it is essential to encourage staff to maintain these safe practices where appropriate. With support from HR&OD colleagues we will develop a team of 'Flu-perheroes' throughout the organisation, to disseminate updates and champion important messages across the Council.

**3.7** Consider sponsored social media content targeted at specific eligible and at-risk groups, including underserved communities. The Test, Trace, Contain and Enable (TTCE) programme highlighted the need for behaviour change through targeted comms to gain 'buy-in' from residents. This communication strategy can front the key IPC messages for flu and other respiratory illnesses. We will work in collaboration with CWaC and the ICB Cheshire East Place to ensure the messages are conveyed from a multi-agency platform to generate greater influence.

#### **4. Reasons for Recommendations**

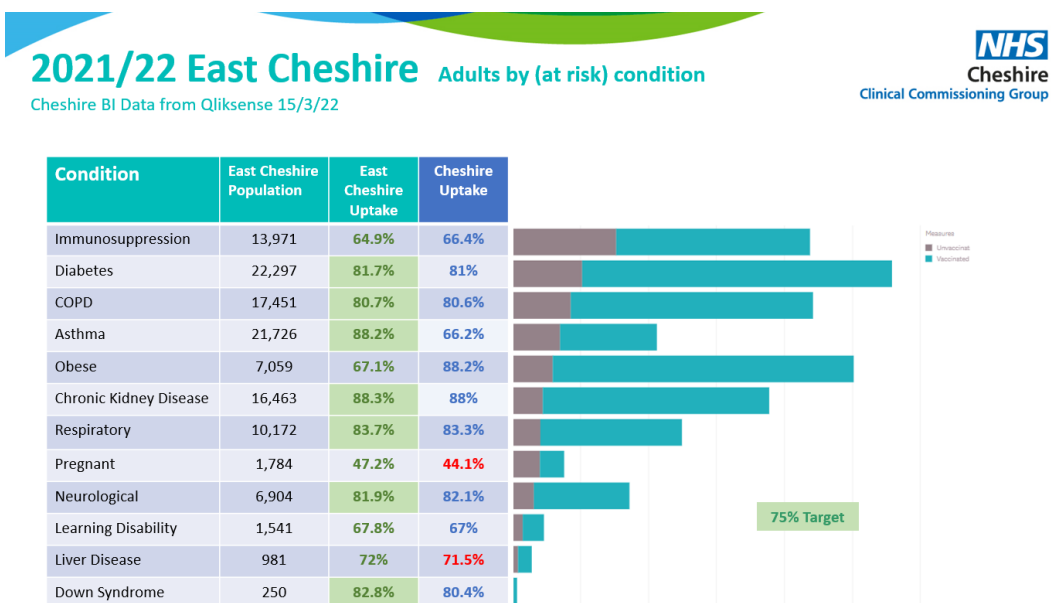
**4.1** We have responsibility as an employer to ensure the wellness of our front-line staff and the individuals for whom they are providing support and care. Of the 698 staff vaccinated during the 2021/22 season, 63% occupy front-line roles. Maintaining the momentum of staff engagement (through regular flu surveillance reporting) and robust partnership working across the health

and social care economy, we believe uptake can continue to increase, ensuring staff working with our most vulnerable residents are protected. Running parallel with the likely challenges of winter, we must ensure staff stay well through the colder months and can continue to provide the best possible care.

- 4.2** Respiratory illnesses, including flu, are one of the main causes of short-term absence in the Council through winter. The spread and impact of these illnesses can be reduced and prevented through effective hygiene and wellness approaches, all of which we have individually become accustomed to throughout the COVID-19 pandemic. Maintenance of these behavioural and cultural changes would reduce the incidence of non-respiratory illnesses, such as diarrhoea and vomiting incidents, in the workplace.
- 4.3** Collaboration across the Place and/or ICS footprints ensures there is a cohesive approach across organisations. This will help us to target communications at key staff groups such as frontline NHS staff, in which we have observed - and wish to maintain - an increase in the uptake. Both NHS acute trusts have achieved over 90% uptake of the flu vaccine in their frontline staff.
- 4.4** There is still work to do across the health economy to increase uptake of the influenza vaccination amongst all eligible groups, in particular those who have additional risk factors or are pregnant, and to maintain the high uptake that we are achieving in those aged 65 and over. Flu vaccination in pregnant women has been identified as a focus area and assurances requested from maternity services. Mid Cheshire services responded with the following actions to be taken to promote the flu vaccination:
- Topic of the month board for September focused on Flu, Whooping Cough and Covid Vaccinations now moved to 'Vaccination board' on permanent display in Antenatal clinic (ANC)
  - Offer vaccination at check in to ANC appointments
  - Questions within electronic maternity record to prompt clinician to ask at each consultation
  - Resources (posters and leaflets) have been obtained and are given out by staff
  - Two Public health support workers have a general wellbeing conversation with women attending ANC and discuss vaccinations

#### 4.5 The available data shows uptake figures for the different patient groups, below:

Cheshire CCG, Combined and Published Flu Data



Cohort	East Cheshire Population	East Cheshire Uptake	Cheshire Uptake
BAME	2,283	54.6%	54.3%
Care Home Residents	3,155	87.1%	87.5%
Aged 65+	86,381	87.8%	87.5%
Aged 50-64	167,942	70%	58.6%
Pregnant Women	1,784	47.2%	44.1%
Patients with Serious Mental Illness	5,264	79%	78.8%

## 5. Other Options Considered

**5.1** Ceasing the Cheshire East flu campaign – we would not recommend this. The scheme is popular and protects not only the health and wellbeing of our staff but also their families and individuals for whom they have a caring responsibility. Increased engagement and reinforcement of basic hygiene measures plays a key role in reducing the likelihood not only of reducing influenza transmission, but associated winter infections such as colds and winter vomiting.

## 6. Background

**6.1** For the most part of the 2021/22 programme, international travel to and from the UK was heavily dependent on a person feeling well, testing COVID negative and adhering to strict COVID safety regulations during travel and throughout their stay in another country. These and other measures



designed to reduce the spread of COVID-19 pandemic have led to very low levels of circulating influenza, flu-related hospitalisations and deaths. Respiratory and hand hygiene have played a critical role in limiting the spread of flu virus and we can build on the engagement and education with our residents who are now equipped with basic infection control knowledge. That said, levels throughout 2021/22 were higher than the previous season, when the majority of the world experienced a long period of 'lockdown' measures. As we return to freedom of travel and pre-pandemic activity, we can expect an increase in circulating respiratory viruses, including Flu.

## **7. Implications**

### **7.1 Legal**

- 7.1.1 S73(A)(1) of the NHS Act 2006, inserted by s30 of the Health and Social Care Act 2012, gives the Director of Public Health responsibility for all of the local authority's duties to take steps to improve the health of the people in its area.

### **7.2 Finance**

- 7.2.1 This year saw a far greater uptake in flu vaccination and will therefore surpass expenditure on previous years. Building on the staff engagement we have generated and with the use of the Health and Wellbeing Bus, we hope to reach as many, if not more, CEC Staff. Where outreach clinics are sought, we will endeavour to use low/no cost community venues. The average price per vaccine is likely to remain at approximately £19.00 for the 2022/23 season. It is prudent to engage the NHS eligible cohorts (front line health and social care / pregnant women / At-risk groups) to advise they will be contacted by their GP for vaccination.
- 7.2.2 This season, we extended the vaccination offer to maintained schools staff, in light of the high risk environment teachers are subject to. We are working with education colleagues to identify the demand for flu vaccination from this staff cohort – this will be built into our Flu Plan.
- 7.2.3 The estimated expenditure for flu vaccinations in 2022/23 is around £18k and will be funded by the Public Health ring fenced budget. The nature of the charge per vaccination means that spend in any year can only be estimated, however if expenditure was higher than the estimate there is sufficient funding within the Public Health grant to cover any additional costs, so there would be no impact on the council's Medium Term Financial Strategy (MTFS). Based on uptake from previous years the cost is likely to be lower than this.

### **7.3 Policy**

- 7.3.1 This represents the maintenance and enhancement of policy from previous years to vaccinate council staff against influenza to protect them and the residents they work with.



#### **7.4 Equality**

- 7.4.1 As our frontline staff work with some of our most vulnerable residents this intervention reduces the likelihood of transmission of flu to those individuals. As deprivation correlates with an increased likelihood of multiple health issues, this potentially reduces the number of hospital admissions, morbidity and mortality in these groups, therefore reducing inequalities.

#### **7.5 Human Resources**

- 7.5.1 This intervention is expected to reduce sickness absence.

#### **7.6 Risk Management**

- 7.6.1 Despite the national COVID roadmap to reaching our 'new normal', we anticipate winter pressures to present ongoing coronavirus and other respiratory illness challenges. Outreach clinics must be coordinated in a secure way, ensuring all IPC risk mitigators are adhered to. Additionally, we are mindful of the potential COVID booster vaccination programme scheduled to commence rollout from late Autumn. We must deliver clear communications that are timely and effective.

#### **7.7 Rural Communities**

- 7.7.1 Our internal employee flu scheme has no specific impact on rural communities beyond the provision of flu vaccinations to those living or providing services in those communities.
- 7.7.2 Collaborative working with our health and delivery partners to ensure a range of accessible and COVID safe locations for flu vaccination will support access for our rural communities through their GPs and community pharmacies as well as planned outreach led by NHS partners.

#### **7.8 Children and Young People/Cared for Children**

- 7.8.1 Where vaccination is provided to frontline staff this will reduce potential transmission of influenza reducing the impact on families and the continuity of staff providing support.

#### **7.9 Public Health**

- 7.9.1 This is a key public health intervention and fulfils our statutory responsibility to protect the health of the public, prevent the spread of disease and address health inequalities.

#### **7.10 Climate Change**

- 7.10.1 Through provision of a choice of locations for staff to be access vaccinations either near to where they live or their work site we aim to reduce unnecessary car journeys.

Access to Information	
Contact Officer:	Emily Kindred, Health Protection Officer <a href="mailto:Emily.kindred@cheshireeast.gov.uk">Emily.kindred@cheshireeast.gov.uk</a>
Appendices:	None
Background Papers:	None



Cheshire and Merseyside

## CHESHIRE EAST HEALTH AND WELLBEING BOARD

### Reports Cover Sheet

<b>Title of Report:</b>	All Together Fairer: Health equity and the social determinants of health in Cheshire and Merseyside
<b>Date of meeting:</b>	27th September 2022
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	Guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Dr Matt Tyrer

### Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To seek the Board's endorsement of the 'All Together Fairer' report and to note that the report's recommendations will be considered in the refresh of the Cheshire East Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five Year Delivery Plan.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	<p>'All Together Fairer' sets out the current situation regarding health inequalities across Cheshire and Merseyside. It recommends a series of actions and interventions for the Cheshire and Merseyside Integrated Care System and individual Places to consider, and that if implemented would help to address that inequality.</p> <p>The Board is asked to endorse the report, to note the recommendations and that these will be considered and, where appropriate, be included within the refresh of the Cheshire East Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five-Year Delivery Plan.</p>		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Place Partnership Executive Leadership Group
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Not directly
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>The case for reducing health inequalities is clear, they are unnecessary and unjust, harm individuals, families, communities and place a significant financial burden on services, including the NHS, the voluntary and community sector and on the economy.</p> <p>If the recommendations of 'All Together Fairer' are implemented over an extended period of time, then there is the opportunity to make a fundamental difference to the lives of some of our most vulnerable residents.</p>

## 1 Report Summary

1.1 In November 2008, Professor Sir Michael Marmot was asked by the Government to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The final report, '**Fair Society Healthy Lives**', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

1.2. The Cheshire and Merseyside Integrated Care System has, as one of its priorities, the reduction of health inequalities. Adopting the Marmot principles is regarded as a key step, to focus all partners and all nine Places (including Cheshire East) on this objective. Work has been underway over the last two years to set out how to achieve Marmot Community status (working with the Institute of Health Equity) and their report 'All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside' was published at the end of May. A dedicated website with the full report and related videos and information can be accessed here [Champs | Public Health Collaborative \(champspublichealth.com\)](http://champspublichealth.com) The Executive Summary was shared with the Board in June but is attached as Appendix One for reference.

1.3. The report sets out the inequalities in health and in the social determinants of health in Cheshire and Merseyside and assesses the impacts of the Covid-19 pandemic. The recommendations made cover the key social determinants of health, arranged to match the six original Marmot principles and with two additional principles ('Tackle racism, discrimination and their outcomes' and 'Pursue environmental sustainability and health

equity together'). The recommendations are split with some proposals to be addressed by stakeholders across the Cheshire and Merseyside system and then a set of specific recommendations for Places to consider and prioritise to suit their local needs. The full list of recommendations is attached as Appendix Two.

- 1.4 A piece of mapping work has been undertaken to identify those recommendations that match the existing outcomes of the Health and Wellbeing Board, the Cheshire East Health and Care Partnership and the Council's corporate priorities. Where appropriate these will be incorporated into the refresh of the Cheshire East Joint Health and Wellbeing Strategy and the Partnership's Five-Year Delivery Plan. A summary of the mapping is attached as Appendix Three.
- 1.4 Within Cheshire East, our own health inequalities are highlighted through the Joint Strategic Needs Assessment and the 'Tartan Rug'. A Place-based approach to the report's recommendations will assist in our efforts to improve the health and wellbeing outcomes for our residents and reduce those inequalities.

## **2 Recommendations**

- 2.1 That the Cheshire East Health and Wellbeing Board endorse the 'All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside' report.
- 2.2 That the Board note the recommendations and that these will be considered and, where appropriate, be included within the refresh of the Cheshire East Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five-Year Delivery Plan.
- 2.3 That the Board asks that all partners in the Cheshire East Health and Care Partnership take note of the publication of the report and commit to considering its recommendations as they develop their corporate, operational and delivery plans for 2023 – 2024 and beyond; and in due course, align those plans to the Health and Wellbeing Strategy, with the intention of contributing to the reduction of health inequalities.

## **3 Reasons for Recommendations**

- 3.1 To ensure the Cheshire East Health and Wellbeing Board is aware of and supports the 'All Together Fairer' proposals; and to ensure that these are used to inform strategic and operational planning across the Cheshire East Health and Care Partnership with the intention of working together to reduce health inequalities.

## **4 Impact on Health and Wellbeing Strategy Priorities**

- 4.1 Reducing inequalities is a priority within the Cheshire East Council corporate plan, the Cheshire East Health and Wellbeing Strategy and the Cheshire East Place Five Year Plan. The NHS 2022/23 priorities and operational planning guidance also includes a focus upon reducing health inequalities.

## **5 Background and Options**

- 5.1 'All Together Fairer: Health equity and the social determinants of health in Cheshire and Merseyside' was published and launched at the end of May. The report had been

commissioned by the Cheshire and Merseyside Health and Care Partnership from the Institute of Health Equity following a decision in 2019 to seek to achieve 'Marmot Community' status.

- 5.2 The work to research and produce the report was supported by a Champs Public Health working group with representation from each Place in Cheshire and Merseyside. Working with the Institute's academics and research team a detailed analysis of the current situation in relation to health inequalities and the social determinants of health in Cheshire and Merseyside was undertaken. Through a series of Place-based workshops in October - November 2021 the evidence base was tested with local representatives and case studies identified to include within the report.
- 5.3 The report sets out recommendations at two levels: those for the Cheshire and Merseyside System to address and those that Places should take the lead on. These are further sub-divided into current year recommendations and longer term (2023-2027) recommendations.
- 5.4 The report acknowledges that Places will not be in a position to respond to all of the recommendations, so it suggests that each Place identify those most relevant to their local circumstances. A piece of work has been undertaken to review and map the recommendations against the Cheshire East Health and Wellbeing Strategy, The Place Five Year Plan and the Corporate Plan priorities.
- 5.5 It is intended that as the refresh of the Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five-Year Delivery Plan get under way, those recommendations that relate to our identified priority outcomes and implementation deliverables will be incorporated as appropriate. The 'All Together Fairer' report and recommendations will be one of several 'influencers' to be taken into account as the Strategy and Plan are drafted and developed.
- 5.6 A series of 'Marmot Beacon Indicators' are to be used to measure progress across Cheshire and Merseyside and these are set out in the report. The Public Health and Corporate Business Intelligence teams will work with Cheshire and Merseyside colleagues to ensure that we are able to provide the data required in relation to these.

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:  
Name: Guy Kilminster  
Designation: Corporate Manager Health Improvement  
Tel No: 07795 617363  
Email: [guy.kilminster@cheshireeast.gov.uk](mailto:guy.kilminster@cheshireeast.gov.uk)



EXECUTIVE SUMMARY



# ALL TOGETHER FAIRER: HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE



**In 2021 the Institute of Health Equity (IHE) was commissioned by the Population Health Board of the Cheshire and Merseyside Health and Care Partnership (HCP) to support work to reduce health inequalities in the region through action on the social determinants of health and to build back fairer from COVID-19.**

The report's approach reflects the views of many we heard from in Cheshire and Merseyside since we began work in July 2021. "We need to do something different or nothing will change", "If we keep doing what we've done in the past, inequalities will continue to worsen".

The case for reducing health inequalities is clear - they are unnecessary and unjust, harm individuals, families, communities and place a huge financial burden on services, including the NHS, the voluntary and community sector and on the economy. Health inequalities are remediable by reasonable means and, even without national government support, are remediable to some extent. Despite deteriorating health and widening inequalities across the country and in Cheshire and Merseyside, there is scope for local areas to make a real difference. Changes in approach, allocation of resources and strengthened partnerships are essential.

The report sets out inequalities in health and in the social determinants of health in Cheshire and Merseyside and assesses the impacts of the COVID-19 pandemic on health inequalities and the social determinants. It points to the role of austerity policies and associated funding cuts between 2010-20 in driving these inequalities.

The recommendations made in the report cover the key social determinants of health – the eight Marmot principles and seven actions across for the Cheshire and Merseyside stakeholders and system. The recommendations are classified in two categories: Year 1 (2022-23) and Years 2-5 (2023-27) and they challenge the region to take actions on the social determinants of health, develop a regional system to take forward these actions and develop a healthier and more equitable region.

## THE REGION

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**The Cheshire and Merseyside region is home to more than two and a half million people across nine boroughs. The region has areas of substantial wealth and substantial deprivation.**

Overall a third (33 percent) of Cheshire and Merseyside population live in the most deprived 20 percent of neighbourhoods in England, with significant negative implications for health (1). The average Index of Multiple Deprivation score in Cheshire and Merseyside is 28.6 compared to 19.6 in England (2).

The Index of Multiple Deprivation shows that Knowsley is the second most deprived borough in England, Liverpool the third. Knowsley has the highest proportion of its population living in income deprived households in England (tied with Middlesbrough), equating to one in four of all households. Liverpool has the fourth highest proportion, with 24 percent living in income deprived households (2). Even within the wealthier areas in the region, there is substantial deprivation and associated poor health – while 31 percent of neighbourhoods in Cheshire West and Chester are in the top two income deciles, compared to an England average of 20 percent, 16 percent of neighbourhoods in Cheshire West and Chester are in the lowest income deciles (2).

Extensive cuts to local authority budgets and increasing inflation has resulted in many of the social determinants of health – housing, education, early years, youth services, legal aid and police, the services offered by the voluntary, community, faith and social enterprise sector – to suffer real cuts for many years. The Public Health Grant fell by 22 percent between 2015-16 and 2020-22. Knowsley, the most deprived local authority in the HCP, had the highest spending cuts in the region at £725 per head of population (3).

The 2022 Levelling Up white paper is unlikely to provide sufficient funding to address health inequalities across all of Cheshire and Merseyside. Again, Knowsley, despite its high level of deprivation, received no funding from these Levelling Up funds whilst a number of areas that are the wealthiest in England received over £100 a head (4).



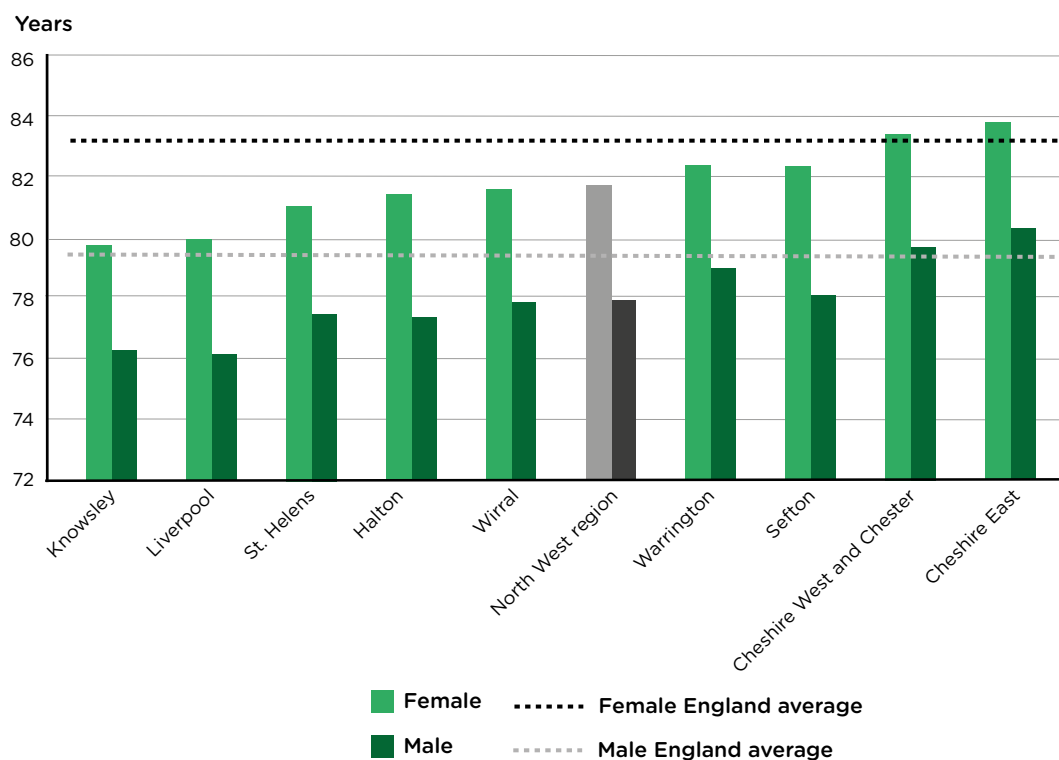
## EVIDENCE

### LIFE EXPECTANCY

Austerity policies from 2010-20 in England have had substantial impacts on services offered and subsequently on health and inequalities. Across England, life expectancy for the most deprived areas outside London declined, even before the pandemic and this is likely a direct result of cuts to public services and local government, reductions in benefits and low-quality work and low pay.

Within Cheshire and Merseyside life expectancy is generally below the average for England, except in Cheshire West and Chester and Cheshire East.

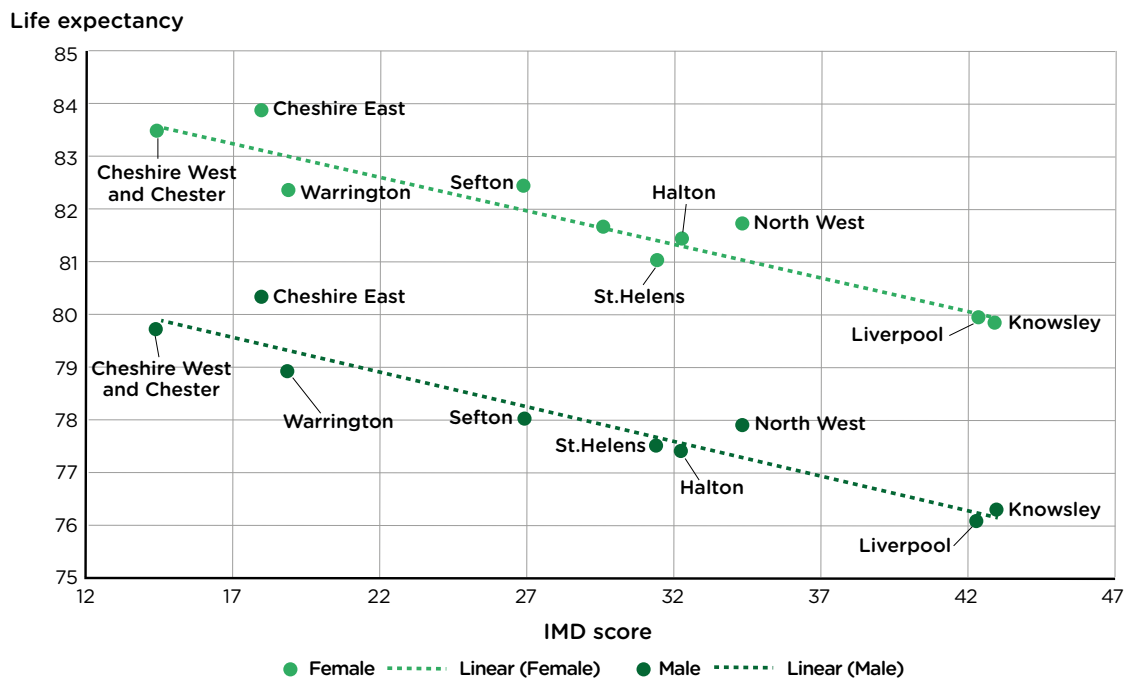
**Estimated male and female life expectancy at birth, Cheshire and Merseyside lower tier local authorities, North West region, and England, 2018–2020**



*Source: Office for National Statistics. (5)*

Women living in the most deprived areas live 12 years less than those in the least deprived areas, and for men, the difference is 13 years. Within local authorities there are even greater inequalities in life expectancy closely related to level of deprivation.

### Estimated male and female life expectancy at birth by deprivation (IMD 2019), Cheshire and Merseyside lower-tier local authorities, 2018-20



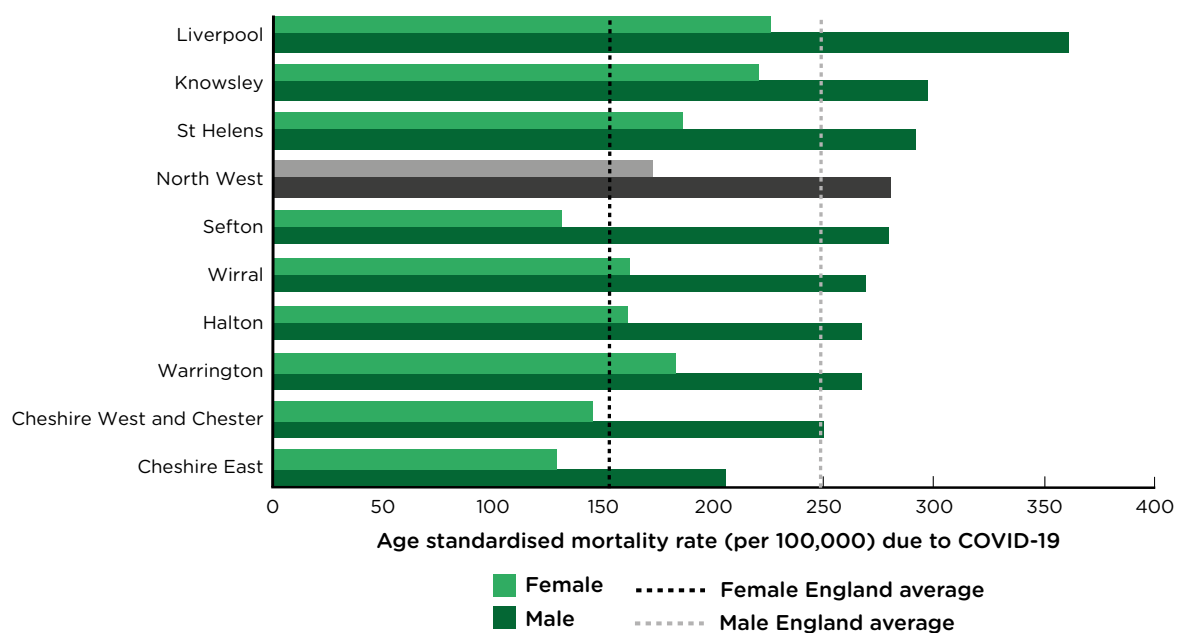
Source: Office for National Statistics. (5)

Healthy life expectancy (how long one can expect to live in good health) is also below the England average in Halton, Liverpool, Knowsley, St Helens and for men in Wirral.

The COVID-19 mortality rate in Cheshire and Merseyside has been high (5 percent higher than the England and Wales average between March 2020 and April 2021) and the pandemic has exposed and amplified inequalities.

In the four least deprived areas (measured by the Index of Multiple Deprivation), mortality from COVID-19 was lower than the England and Wales average over the same period, but in the other six deciles, COVID-19 mortality in Cheshire and Merseyside was greater than the England and Wales average. For the most deprived decile in Cheshire and Merseyside, the mortality ratio was 2.23 times higher than that of the least deprived decile.

### Age-standardised COVID-19 mortality per 100,000, Cheshire, and Merseyside lower-tier local authorities, North West region, and England, 14-month total, March 2020 to April 2021



Notes: Deaths 'due to COVID-19' only include deaths where coronavirus (COVID-19) was the underlying (main) cause.

Source: Office for National Statistics (6)

# THE SOCIAL DETERMINANTS OF HEALTH

Health is largely shaped by the social, economic and environmental conditions in which people are born, grow, live, work and age known as the social determinants of health. The social determinants of health are encompassed by the Marmot 8 principles, which are the basis for the analysis in the report and the recommendations (6) (7).

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

## BEST START IN LIFE AND EARLY YEARS AND MAXIMISING CAPABILITIES FOR YOUNG PEOPLE

Experiences during the early years and in education are particularly important for immediate and longer-term health and outcomes in other social determinants of health such as education and income (8) (9).

Marked inequalities between children eligible for free school meals and those who are not eligible are already apparent at the age of five years in Cheshire and Merseyside. Levels of school readiness at the end of reception are lower for pupils eligible for free school meals compared to more affluent children and these lower levels of school readiness in pupils eligible for free school meals continues into primary and secondary school. Reductions in attainment and development associated with the pandemic have been worse in pupils eligible for free school meals.

Improving outcomes in the early years and in schools requires collaborations between early years providers, schools, employers and youth services working together with communities and families. All have been hit hard by recent funding cuts child poverty is increasing, harming development and outcomes still further. The NHS also has a role to play in supporting better conditions for children and young people – even beyond improving access to relevant services.

### Actions addressing the social determinants of health in hospitals

At Alder Hey Children's Hospital a team of respiratory paediatricians, specialist nurses, and Allied Health professionals are working together with families to improve children's lung health. The team regularly phone landlords, housing agencies, and the council directly, explaining the urgency of good housing for children with respiratory problems. Their clinics focus on empowering parents – at one level to use their house better (with advice about cooking oils and kitchen extractor fans, home ventilation, where to place furniture, and how to dry clothes to reduce humidity and so on); and empowering families to help them advocate for better housing for themselves.

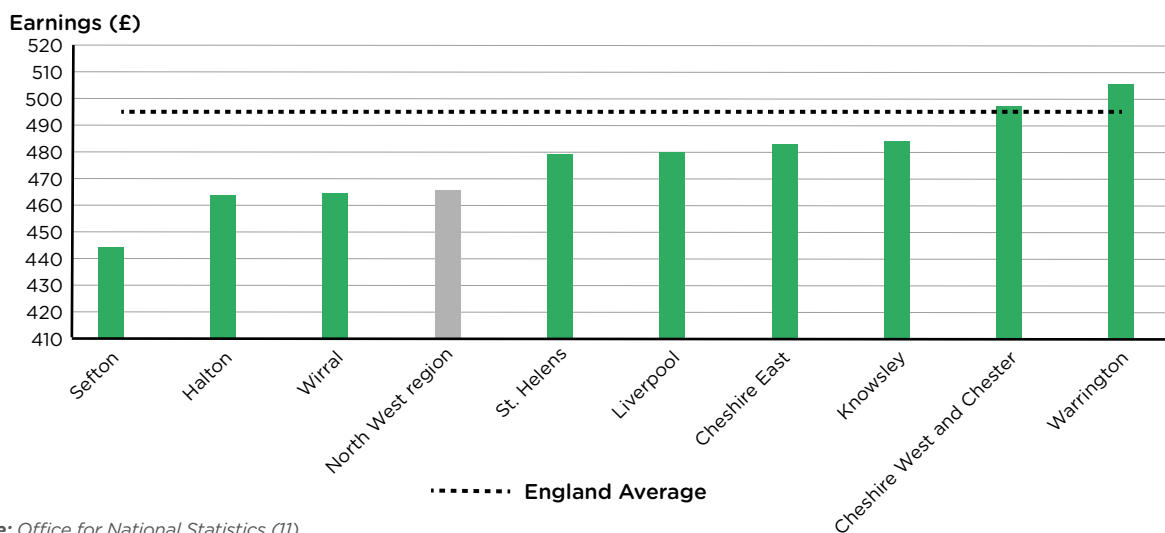
## EMPLOYMENT AND INCOME

Good quality work is beneficial to the health of employees and also beneficial to employers as it increases productivity, retention and reduces the amount of sick pay required. Businesses can have both positive and negative impacts on health through employment practices; through goods, services and investments; and through their impacts on communities and the environment. Reducing the harmful impact of business and enhancing the positive contribution is vital for health and wellbeing and reducing inequalities. There is great potential for businesses in the region to improve the health of their employees and communities more broadly.

People with long-term health conditions have lower rates of employment but many still want to work; compared to the England average, six of Cheshire and Merseyside's nine areas have a higher gap in the employment rate between those with a long-term health condition and those without.

Despite the introduction of the minimum and living wages, wage growth in the UK since 2010 has been low and rates of in-work poverty have increased. In the UK three-fifths of working-age adults who live in poverty are either in work or live with someone who is in work. In 2020 only Cheshire East and Cheshire West had average earnings above the England average in the region. Sefton's average weekly earnings in 2020 were £51 below the England average (£496 versus £445).

**Average weekly earnings, (aged 16 and over), pounds (£), Cheshire and Merseyside lower-tier local authorities, North West region and England, 2020**



Source: Office for National Statistics (11)

A third of Cheshire and Merseyside's residents live in the most deprived 20 percent of neighbourhoods in England, 15 percent of children live in absolute poverty households and 18 percent of children live in relative poverty households, compared to 19 percent in England (12). Poverty is not only about money: poverty affects control over one's life which is critical to health and wellbeing and the ability to lead a dignified life. The average cost of living is increasing in the UK and these increases, alongside increasing in inflation, will lead to increases in poverty.

### Actions to improve health inequalities are challenging understandings of poverty

The Cheshire West and Chester Poverty Truth Commissions, held in 2017 and 2020, aimed to tackle the root causes of poverty and reduce gaps in services across the borough. Community inspirers, volunteers with lived and living experience of poverty, shared their stories of the effect poverty had on them and their families. Through true listening and collaboration, members of the commissions reflected on how systems and processes could better support local people. As a result of the commissions, there has been more collaborative and partnership working across a number of agencies and new support for front line staff. The approach has been mainstreamed, all poverty work across the council and with local partner agencies, will put people at the heart of policy development and service design.

## PLACE AND ENVIRONMENT

One of the most significant ways that healthy and sustainable places and communities can be forged is through good quality housing and safe environments with good access to services, shops, community facilities, leisure and entertainment and good quality natural environments.

A quarter of privately rented homes in England do not meet the decent homes standard. In the North in 2018, close to 1 million owner-occupied homes (24 percent of Northern households compared to 20 percent in England) and 354,000 private rented homes (26 percent of Northern households) did not meet the 'decent homes standard' and rates are increasing (13). Levels of rough sleeping dropped dramatically during the first months of the COVID-19 pandemic when local councils were provided with additional funding.

## PUBLIC HEALTH, HEALTH AND THE SOCIAL DETERMINANTS

Shifting to a social determinants of health approach means taking action in the drivers of ill health as well as treating ill health when it is presented in healthcare settings: the prevention agenda must focus on improving living and working conditions, and reducing poverty – as well as focussing on healthy behaviours. As set out in the report, it is almost impossible to live healthily when in poverty.

Six of Cheshire and Merseyside's local authorities have alcohol-related mortality rates above the England average and six also have above average deaths related to drug misuse. Prior to the pandemic overall prevalence of obesity was increasing in Cheshire and Merseyside; Halton's rate of overweight or obesity, 78 percent, is the highest in the region (14). Analysis shows each 10 percent spending cut for early years services was associated with a 0.34 percent relative increase in obesity prevalence the following year (10).

## NHS AS AN ANCHOR INSTITUTION

Many local authorities in the region have already committed to being anchor institutions and work is occurring in many NHS institutions to integrate the concept into future planning. There is greater scope to expand the role of anchor institutions in improving health in local areas, particularly in the most deprived areas. Being a good employer is part of being an anchor. The NHS should be offering the real living wage; all contracts with minimum hours and minimal use of zero-hour contracts (unless in agreement with employees); all employees offered training and development opportunities. Beyond improving conditions for employees, anchor organisations can work to build health in local communities through buying locally, supporting and advocating for communities and investing to reduce inequality.

## TACKLING RACISM AND DISCRIMINATION

Ethnic minority groups often experience worse outcomes in the social determinants of health, such as income, quality of employment and housing conditions – this relates to experiences of discrimination and exclusion. Ethnic minority populations are more likely to report being in poor health and have poor experiences using health services than the White British population. The COVID-19 pandemic has revealed the stark inequalities in health and economic and social inequalities for many of the UK's ethnic minority communities.

### Actions to improve health inequalities are being led by the VCFSE sector

Merseyside Sport Partnership (MSP) is working with the Wirral Deen Centre, a mosque and community centre in Birkenhead and Tranmere. The project works with women who do not speak English as a first language, who have difficulties accessing, or even knowing about, local services. The charity identified that appropriate clothing for exercise and money to travel were barriers for women who wanted to become physically active. Many of the women had minimal spoken English, which meant accessing services was more difficult, especially for those who wanted women's-only gym or swimming sessions. MSP helped the Wirral Deen Centre secure funding to subsidise transport costs, purchase gym clothing and paid for exclusive access for a group of women to access a nearby gym.

## CLIMATE CHANGE

It is estimated that in the North West region, under a medium greenhouse gas emissions scenario, in the 2080s the North West will have summer temperatures increasing by 3.7 degrees; 21 percent less rainfall in the summer and 16 percent more rainfall in the winter. Harm to health from climate change will worsen as the climate warms and precipitation increases and this harm will be more substantial for those who live in the most deprived areas.

Many of the actions to reduce greenhouse gas emissions and mitigate impacts can also improve health and reduce health inequalities but there is also potential that interventions will widen inequalities. Active travel is central to reducing these emissions. In Cheshire and Merseyside, except for Liverpool, adults walk and travel less than the average for England.

## TAKING ACTION IN CHESHIRE AND MERSEYSIDE

Local authorities and/or the NHS cannot take on the required actions to reduce health inequalities alone; many lie outside their direct remit and they do not have sufficient resources, capacity and levers to achieve that. It is important that the HCP and ICPs embed partnerships with the VCFSE sector, other public services, local authorities and businesses to influence these wider conditions which shape health.

IHE proposes recommendations covering each of the Marmot 8 themes and the following system-wide recommendations for action across the Cheshire and Merseyside system.

1. Increase and make equitable funding for social determinants of health and prevention.
2. Strengthen partnerships for health equity.
3. Create stronger leadership and workforce for health equity.
4. Co-create interventions and actions with communities.
5. Strengthen the role of business and the economic sector in reducing health inequalities.
6. Extend social value and anchor organisations across the NHS, public services and local authorities.
7. Develop social determinants of health in all policies and implement Marmot Beacon indicators.

A set of local Marmot Beacon indicators, developed in partnership with hundreds of local stakeholders, will monitor actions on the social determinants of health in Cheshire and Merseyside.

The report proposes the following 22 indicators, aligned with the 8 Marmot themes, covering areas which are considered critical in reducing health inequalities. This social determinants indicator set was co-created with Cheshire and Merseyside and will be monitored by the Combined Intelligence for Population Health Action (CIPHA) programme.

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)-	Yearly	LA	IMD	Active lives survey

\* Children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

\*\* Both the Progress 8 and Attainment 8 scores are proposed for inclusion. Progress 8 scores at local authority level demonstrate that schools with a negative average score require systematic intervention. Attainment 8 shows the percentage achievement of school-leavers and is a more sensitive measure of annual change within schools.

\*\*\* These indicators will require the NHS and local authorities to establish new data recording and collection methods. We have factored the social value indicators into the 2022/23 work programme to align with the rollout of the Anchor Institute Charter. It will also require definitions of "local" in both the local supply chain and employment. All contracts, direct and subcontracted, should be analysed and included. This should be reviewed after the first year of implementation. Collecting ethnicity data related to employment should also be reviewed after the first year of implementation.

\*\*\*\* To be used to demonstrate annual changes, interpretation to factor in population changes.

- Active Lives Survey states the length of continuous activity is at least 10 minutes.



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# CHESHIRE AND MERSEYSIDE MARMOT RECOMMENDATIONS 2022-2027

Following an initial assessment of the extent of health inequalities in the Region and the actions and responsibilities of a variety of stakeholders, IHE has proposed Marmot 8 and system-wide recommendations for action across the Cheshire and Merseyside system. The system recommendations are important to enable and support actions in the thematic areas. The recommendations are classified in two categories: Year 1 (2022-23) and Years 2-5 (2023-2027).

Recommendations are given for each of the Marmot 8 principles and system-wide themes in Year 1 and Years 2-5. A lead organisation is suggested for each recommendation though most, if not all, should be developed and implemented in partnership.

In light of pressures on local authority budgets, it is suggested that each of the nine places in Cheshire and Merseyside identify the recommendations most relevant to their area and focus on these. A mix of system and thematic recommendations is important. There is a role for the Population Health Board, enabled by Champs Collaborative to monitor the status/implementation/best practice of the recommendations in each Place to help other areas develop actions in subsequent years.

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1 Give every child the best start in life.		
2022-2023	2023-2027	Related Marmot indicator
<b>Responsible: Place</b>	<b>Responsible: Place</b>	<p>3. Percentage children achieving a good level of development at 2-2.5 years (in all five areas of development)</p> <p>4. Percentage children achieving a good level of development at the end of Early Years Foundation Stage (Reception)</p>
<ul style="list-style-type: none"> <li>- Review inequitable outcomes in early years and bring system together within each place to ensure equitable early intervention, involving all partners (e.g. education, social care - children's services, communities and VCFSE sector, children's boards, public services, NHS, local authority).</li> <li>- Assess early years provision and parental support within each place and provide further support for early years settings in more deprived areas and in collaboration with communities in these areas and / or e.g. families with disabilities, English as a second language.</li> <li>- Assess how the ACEs agenda links to the early years approach in Cheshire and Merseyside and ensure families voices included in this agenda.</li> </ul>	<ul style="list-style-type: none"> <li>- Work in partnership to improve school readiness for all and reduce inequalities between children eligible and not eligible for Free School Meals. Ensure support is focussed to develop children's early learning, especially with regard to speech and language skills and the ACEs agenda.</li> <li>- Shared accountability across the system and within each place to give every child the best start in Cheshire and Merseyside (include children's public health, early years and wider family services including education and VCFSE sector).</li> </ul>	
<b>Responsible: Cheshire and Merseyside System</b>	<b>Responsible: Cheshire and Merseyside System</b>	
<ul style="list-style-type: none"> <li>- Assess maternity leave policies and support for child care by all employers, including private business.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a region wide childcare workforce standard which includes training and qualifications on the job to a higher standard and pay than national requirements.</li> </ul>	

2 Enable all children, young people and adults to maximise their capabilities and have control over their lives.		
2022-2023	2023-2027	Related Marmot indicator
<b>Responsible: Place</b>	<b>Responsible: Place</b>	5. Average Progress 8 score. 6. Average Attainment 8 score 7. Hospital admissions as a result of self-harm (15-19 years) 8. Staying in education or entering employment (NEETS) at ages 18 to 24 9. Pupils who go on to achieve a level 2 qualification at 19
<ul style="list-style-type: none"> <li>- Better communicate available youth services and reduce inequalities in access to these youth services, including transport costs.</li> <li>- Assess provision of career guidance and aspiration approaches in primary, secondary schools and FE colleges at each place.</li> <li>- LEP / Chamber of Commerce work with businesses to support links with schools for training and recruitment and offering mentorships and for provision of youth services.</li> <li>- Work with young people to hear their views about what is needed in local areas.</li> </ul>	<ul style="list-style-type: none"> <li>- Extend free school meal provision for all children in households in receipt of Universal Credit and resource holiday hunger initiatives adequately at each place.</li> <li>- All young people who are able are either in training, employment and education up until the age of 21.</li> <li>- Commission VCFSE sector to provide leisure and recreation opportunities in each place.</li> </ul>	
<b>Responsible: Cheshire and Merseyside System</b>	<b>Responsible: Cheshire and Merseyside System</b>	
<ul style="list-style-type: none"> <li>- ICS to develop NHS actions to support young people's education and skills and liaising with schools and employers and NHS recruitment and training.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a regional young persons' skills strategy in partnership with the LEP and businesses with a focus on areas with higher levels of deprivation and those most at risk of exclusion and a focus on apprenticeships and in work training</li> </ul>	
<b>Responsible: Mental Health Board</b>	<b>Responsible: Local Economic Partnership and anchor partners</b>	
<ul style="list-style-type: none"> <li>- Jointly commission (NHS, local government and national government) and increase funding for programmes to support young peoples' mental health in schools, the community and at work.</li> <li>- Review Mental Health Support Team funding to ensure it is reducing inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>- Increase minimum wage for apprenticeships (LEP, businesses).</li> <li>- Work in partnership to provide skills development and training opportunities for young people in each place.</li> </ul>	
	<b>Responsible: Mental Health Board</b> <ul style="list-style-type: none"> <li>- Based on Review carried out in year 1, monitor outcomes for equity based on Mental Health Support Team work.</li> </ul>	

3 Create fair employment and good work for all.		
2022-2023	2023-2027	Related Marmot indicator
Responsible: Place	Responsible: Place	10. Percentage unemployed  11. Proportion of employed in permanent and non-permanent employment
<ul style="list-style-type: none"> <li>- Assess local workplaces and their capacity to produce and implement policies to recruit and retain people with a disability or long-term condition.</li> <li>- Establish criteria for healthy workplace standards for public and private sectors. To include: <ul style="list-style-type: none"> <li>* Wages to meet the minimum income for healthy living</li> <li>* Provision of in work benefits including sick pay, holiday and maternity/paternity pay</li> <li>* Provision of advice and support e.g. debt and financial management, housing support at work</li> <li>* Provision of education and training on the job</li> <li>* Strengthen equitable recruitment practices including provision of apprenticeships and in work training, recruitment from local communities and those underrepresented in the workforce.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Monitor policies to recruit and retain people with a disability or long-term condition.</li> <li>- Implement adoption of the healthy business and healthy employment / regional good work standard. Include within commissioning contracts.</li> <li>- Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates.</li> <li>- Provide guidance to workplaces to recruit and retain people with a disability or long-term condition.</li> <li>- Work with businesses, chambers of commerce, public sector, NHS and local authorities to improve support for mental health, housing and finances in all workplaces.</li> <li>- Target funding for adult education in more deprived communities and link to job market demands. Offer training and support to older unemployed adults and ensure the private sector participates in training and skills development and link this to the regional good work standard.</li> </ul>	
Responsible: Cheshire and Merseyside System	Responsible: Cheshire and Merseyside System	
<ul style="list-style-type: none"> <li>- Establish criteria for healthy workplace standards for public and private sectors. To include: <ul style="list-style-type: none"> <li>* Wages to meet the minimum income for healthy living</li> <li>* Provision of in work benefits including sick pay, holiday and maternity/paternity pay</li> <li>* Provision of advice and support e.g. debt and financial management, housing support at work</li> <li>* Provision of education and training on the job</li> <li>* Strengthen equitable recruitment practices including provision of apprenticeships and in work training, recruitment from local communities and those underrepresented in the workforce.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Implement adoption of the healthy business and healthy employment / regional good work standard. Include within commissioning contracts.</li> </ul>	
	<b>Responsible: Local Economic Partnership and anchor partners</b> <ul style="list-style-type: none"> <li>- ICS and LEPS to work together to develop relationships with local large and SMEs to make the case for healthy employment and health equity. Large businesses to take the lead and share best practice.</li> <li>- Offer on the job training and skills development and link this to the regional good work standard.</li> </ul>	

4 Ensure a healthy standard of living for all.		
2022-2023	2023-2027	Related Marmot indicator
<b>Responsible: Place</b>	<b>Responsible: Place</b>	12. Percentage employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter  13. Proportion of children in workless households  14. Percentage of individuals in absolute AHC low income  15. Percentage of households in fuel poverty  16. Percentage of employees earning below Real Living Wage
<ul style="list-style-type: none"> <li>- Work with local residents and local stakeholders to understand 'true' regional poverty and local financial pressures including the reality of all care costs, in-work poverty, debt burden, tax credit/welfare reforms, benefits, and housing costs (e.g. Poverty Truth Commission).</li> <li>- Make the case to VCFSE sector and local authorities shift from only emergency provision to act on the social determinants of health.</li> <li>- Map social welfare and legal advice providers to facilitate development of registry of services for NHS. ICS to support advice network (e.g. Liverpool Access to Advice Network and / or Citizens' Advice).</li> </ul>	<ul style="list-style-type: none"> <li>- Work with local community and employer institutions to provide credit, reduce levels of debt and increase financial management advice in schools and workplaces.</li> <li>- Shift from crisis to prevention approaches in delivering food security and have as a goal eliminating the need for food banks.</li> </ul>	
<b>Responsible: Cheshire and Merseyside System</b>	<b>Responsible: Cheshire and Merseyside System</b>	
<ul style="list-style-type: none"> <li>- Define a Minimum Income for healthy living for the Region.</li> <li>- Identify how primary and secondary NHS care can better refer to Fuel and Food insecurity support services.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor offer of Minimum Income for healthy living and include requirement to paying minimum income within commissioning contracts.</li> <li>- Collect and publish data on local employers paying minimum income for healthy living.</li> <li>- Support advocacy to increase national funding to eradicate all fuel and food poverty</li> </ul>	

5 Create and develop healthy and sustainable places and communities.		
2022-2023	2023-2027	Related Marmot indicator
Responsible: Place	Responsible: Place	18. Activity levels (active, fairly active, inactive)  19. Households in temporary accommodation
<ul style="list-style-type: none"> <li>- Review private rented sector regulation actions in the Levelling Up white paper.</li> <li>- Support national advocacy to strengthen local powers and capacity within enforcing authorities across planning and housing.</li> <li>- Define affordable housing in Cheshire and Merseyside and link to 'true' regional poverty.</li> <li>- Create a platform where housing and local residents can communicate about how housing is impact on health and wellbeing .</li> <li>- Develop place-based partnerships to strengthen approaches to community policing (e.g. Public and mental health), police, children's services, DWP) and develop a public health approach to violent crime.</li> <li>- Work with local residents and partners (e.g. businesses, NHS) to improve quality of existing green spaces in areas of higher deprivation.</li> <li>- Develop Region-wide actions to create health promoting environments (e.g. unhealthy advertising, planning decisions)</li> <li>- NHS, local government work in partnership to regenerate areas. Work alongside local communities to better include their needs when reviving local high streets.</li> <li>- Extend incentives to encourage people back to public transport.</li> </ul>	<ul style="list-style-type: none"> <li>- Work in partnership to implement adoption of decent home standards in all social and private rented sector housing.</li> <li>- Ensure that all housing developments contain a minimum of 30% of dwellings classed as "affordable" and support local control of the local housing allowance and ensure it covers 50% of market rates.</li> <li>- Prioritise provision of new green spaces in areas of higher deprivation.</li> <li>- Adopt city-wide strategies that put health equity and sustainability at the centre of planning.</li> <li>- Develop and implement housing and social conditions assessment to be used in primary and secondary health care appointments and develop monitoring of these questions.</li> </ul>	
Responsible: Cheshire and Merseyside System	Responsible: Cheshire and Merseyside System	
<ul style="list-style-type: none"> <li>- Appoint senior role in housing and health in ICS (including homelessness/ rough-sleeping).</li> <li>- NHS to scale up provision of services and invest in preventing street homelessness and work with VCFSE sector and local authorities.</li> <li>- Partner with NHS and local government, housing and tenant associations to assess housing standards in the private rented sector.</li> </ul>	<ul style="list-style-type: none"> <li>- NHS to coordinate investment and action to take a leading role in strengthen partnerships with housing sector, including the private rental sector and local residents.</li> </ul>	



- Develop health and well-being checks for people living in temporary accommodation and appropriate referral pathways (e.g. housing services; social welfare advice; employment).		
<b>Responsible: Liverpool City Region Combined Authority</b>	<b>Responsible: Cheshire and Warrington Travel</b>	
- Health equity assessment of Liverpool City Region additional transport investment and new proposals to create 'London-style' transport system. Share findings with Cheshire and Warrington.	- Health equity assessment of transport provision in Cheshire and Warrington to support Cheshire and Merseyside approach.	

6 Strengthen the role and impact of ill-health prevention.		
2022-2023	2023-2027	Related Marmot indicator
Responsible: Place	Responsible: Place	17. Percentage of loneliness in population (often/always, some of the time, occasionally, hardly ever, never)
- Align local poverty strategies to include commitment to reducing digital exclusion. Work in partnership with local communities to assess digital exclusion priorities.	- Reduce inequalities in digital exclusion by delivering hardware and funding support for basic digital skills.	
Responsible: Cheshire and Merseyside System	Responsible: Cheshire and Merseyside System	
<ul style="list-style-type: none"> <li>- Cheshire and Merseyside Clinical Networks to work with the ICS to coordinate social determinants of health activity across the system to improve population health.</li> <li>- Extend current ill-health prevention policies and actions to adopt an equity and the social determinants of health approach, embed social determinants of health approach in ICP contracts and plans.</li> <li>- Assess the total funding allocations and receipts by local area deprivation in Cheshire and Merseyside.</li> <li>- Adopt Deep End approach (or equivalent) in primary care.</li> <li>- ICS review social prescribing offer in Cheshire and Merseyside to ensure it is addressing the social determinants of health.</li> <li>- Prioritise reducing social isolation as a health intervention with greater involvement from the NHS and make use of Local Economic Partnership's influence, connections with big businesses, skills and financial resources to increase social connectedness.</li> </ul>	<ul style="list-style-type: none"> <li>- Review impact of Prevention Pledge and Making Every Contact Count in reducing inequalities.</li> <li>- Allocate health resources proportionately, with a focus on the social determinants.</li> <li>- Revise social prescribing offer to focus on the social determinants of health (e.g. housing, debt and financial advice).</li> </ul>	
Responsible: Digital Board		
- Map digital exclusion in region and develop network with partners in healthcare, local authorities, VCFSE sector, education and businesses to identify tools to reduce digital exclusion.		

7 Tackle racism and its outcomes.		
2022-2023	2023-2027	Related Marmot indicator
<b>Responsible: Place</b>	<b>Responsible: Place</b>	19. Percentage employees who are from BAME background and band/level.
<ul style="list-style-type: none"> <li>- Businesses, public sector and VCFSE sector to actively communicate and publish how meeting equality duties in recruitment and employment including pay, progression and terms.</li> </ul>	<ul style="list-style-type: none"> <li>- Involve VCFSE sector organisations and networks tackling racism in businesses and the public sector.</li> </ul>	
<b>Responsible: Cheshire and Merseyside System</b>	<b>Responsible: Cheshire and Merseyside System</b>	
<ul style="list-style-type: none"> <li>- Work with NHS, local authorities, public sector and businesses to gather data on their workforce by ethnicity and by pay and grade.</li> <li>- Reinforce the efforts of health and social care providers to facilitate equitable access to their services and all health and social care providers are collecting data on service users by ethnicity.</li> <li>- Require all health and social care providers to collect data on service users by ethnicity.</li> <li>- ICS to establish effective engagement with all ethnic minority communities and involve communities, VCSFE sector and community leaders in the assessment of current and development of new services and interventions.</li> </ul>	<ul style="list-style-type: none"> <li>- Based on findings in Year 1, set actions to reduce racism and its outcomes in the NHS, local authorities, public sector and businesses.</li> <li>- Ensure there is critical feedback and evaluation with involvement from ethnic minority communities. Develop improved data collection methods, including qualitative methods.</li> </ul>	

8 Tackle climate change and health equity in unison.		
2022-2023	2023-2027	Related Marmot indicator
Responsible: Population Health and Place	Responsible: Place	21. Percentage (£) spent in local supply chain through the contract 22. Cycling / walking for travel (3-5 times / week)
<ul style="list-style-type: none"> <li>- ICS work with local government, housing associations to retrofit homes, including private homes to reduce fuel poverty and greenhouse gas emissions.</li> <li>- Work with local authorities, businesses and chambers of commerce to prioritise the health and wellbeing of citizens and environmental sustainability in economic recovery/growth policies.</li> <li>- Enforce existing smokeless fuel standards.</li> <li>- Health equity assessment of Cheshire and Merseyside Green Plan and Place-based Green plans in each of Cheshire and Merseyside's nine places.</li> </ul>	<ul style="list-style-type: none"> <li>- Passive cooling measures included as standard in retrofits / new builds that are at risk of high indoor temperatures.</li> <li>- Installations of new wood burning and gas stoves in urban areas eliminated and existing stoves phased out.</li> <li>- Ensure any new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.</li> </ul>	

## SYSTEM CHANGE RECOMMENDATIONS

**2022-2023**

**2023-2027**

### A INCREASE AND MAKE EQUITABLE FUNDING FOR SOCIAL DETERMINANTS OF HEALTH AND PREVENTION.

**Responsible: Place**

- Assess the budget for addressing the social determinants of health in the NHS and local authorities across Cheshire and Merseyside in 2022/23. Work with VCFSE sector to include their contributions to addressing the social determinants of health.
- Assess resource allocation in Cheshire and Merseyside and develop and extend proportionate universal approaches. Assess possibility of local weighted funding formula to better address health inequalities.
- Benchmark NHS and local government funding for social determinants of health.

**Responsible: Place**

- Increase local government funding for social determinants of health by 1% a year for the next 10 years.
- Increase NHS funding for social determinants of health by 1% a year for the next 10 years to address wider social determinant prevention.
- Develop resource allocation formula to ensure that funding allocations are equitable and proportionate.

### B STRENGTHEN PARTNERSHIP FOR HEALTH EQUITY.

**Responsible: Place**

- Integrate Place Plans in each Place Executive and create MoU between Place Executives and Health and Wellbeing Boards to align Health and Wellbeing Strategies and Place Plans.
- Strengthen the role of the Director of Partnerships at Board level

**Responsible: Place**

- Embed partnerships across local system with health care, VCFSE sector, local economic plans, and strategies beyond leaders.

**Responsible: Cheshire and Merseyside System**

- Develop a social determinants of health equity network to include business and economic sector, public services, VCFSE, local government and communities.

**Responsible: Cheshire and Merseyside System**

- Continue to invest in the Health equity network.

## SYSTEM CHANGE RECOMMENDATIONS

**2022-2023**

**2023-2027**

### C CREATE STRONGER LEADERSHIP AND WORKFORCE FOR HEALTH EQUITY.

#### Responsible: Cheshire and Merseyside System

- ICS to jointly appoint a lead in public health (qualified or experienced) with a supporting team in CHAMPS to work in partnership with the ICS medical director and nursing director and the Directors of Public Health to lead on health inequalities and partners.
- Champs and 9 DsPH to work in partnership with the ICS to ensure sustained action to address inequalities is embedded in ICS strategy.

#### Responsible: Cheshire and Merseyside System

- Champs and 9 DsPH to work in partnership with the ICS to ensure sustained action to address inequalities is embedded in ICS strategy.

### D CO-CREATE INTERVENTIONS AND ACTIONS WITH COMMUNITIES.

#### Responsible: Place

- Identify methods to involve local residents in the development of health inequalities assessments and remedies at place level, e.g., through the creation of community engagement panels aligned to each Place Executive.

#### Responsible: Place

- Involve local residents in the development of health inequalities assessments and remedies at place level.

#### Responsible: Cheshire and Merseyside System

- Identify methods to involve people with lived experience in the development of health inequalities assessments and remedies at place level, e.g., through the creation of community engagement panels aligned to each Place Executive.
- Co-create clear strategic approaches and specific actions for health equity with local residents and in partnership with other sectors for each community.

#### Responsible: Cheshire and Merseyside System

- Place Executives to share best practice to co-create solutions and involve communities in decisions about priorities and actions.

## SYSTEM CHANGE RECOMMENDATIONS

**2022-2023**
**2023-2027**

### E STRENGTHEN THE ROLE OF BUSINESS AND THE ECONOMIC SECTOR IN REDUCING HEALTH INEQUALITIES.

**Responsible: Place**

- The ICS and local government make the case to businesses that they have underdeveloped impacts on health and health inequalities and should strengthen their social impacts.
- Include health in businesses environmental, social and governance strategies.

**Responsible: Local economic partnership**

- Embed widescale social value requirements in the Local economic partnerships.
- Coordinate a regional economic partnership to develop a health equity approach for businesses (e.g. with chambers of commerce and unions).

**Responsible: Cheshire and Merseyside System AND**
**Responsible: Local economic partnership**

**- Develop a healthy business charter** which establishes criteria for businesses who make positive contributions to the health of their workforce, through investments goods and services and through impact on more deprived communities. Meeting charter requirements enables qualification for public sector contracts. Healthy Business charter to include themes on:

**\*Wider partnerships:** Businesses working closely with other organisations to improve local conditions and foster healthier local areas. Greater, more sustained collaborations between business, the VCFSE sector, local authorities and public services.

**\*Workforce contributions:** Businesses to extend support for their staff to volunteer their time and expertise to support local communities so that all staff who wish to are able to support their local communities, including those employed in small and medium-sized enterprises (SMEs).

**\*Advocacy:** Businesses to be powerful advocates for greater health equity and equity in the social determinants nationally and locally.

### F EXTEND SOCIAL VALUE AND ANCHOR ORGANISATIONS ACROSS NHS, PUBLIC SERVICES AND LOCAL AUTHORITIES.

**Responsible: Cheshire and Merseyside System**

- Extend anchor organization approach within NHS and to all other stakeholders (e.g. public services and local authorities, academic institutions, police).

**Responsible: Cheshire and Merseyside System**

- Establish Anchor Institutions network across the Region to support each other in building community wealth, local training, and employment opportunities.

**Responsible: Place**

- Implement and enforce a 15 percent social value weighting mandatory in all NHS procurement.

**Responsible: Place**

- Work with local businesses to extend social value policies and focus on principles to reduce health inequalities.

## SYSTEM CHANGE RECOMMENDATIONS

**2022-2023**

**2023-2027**

### G DEVELOP SOCIAL DETERMINANTS OF HEALTH IN ALL POLICIES AND IMPLEMENT MARMOT INDICATORS

**Responsible: Cheshire and Merseyside System**

- Communicate annual indicator outcomes to local places, public.

**Responsible: Cheshire and Merseyside System**

- Use social determinants and ethnicity data collected from patients in primary and secondary care by CIPHA to influence how services are offered and how delivered to better meet needs of communities.

- Review and renew Marmot indicators every five years.

- Develop a social determinants of health assessment tool to ensure social determinants of health (Marmot 6+2) are at the heart of interventions and policies in Cheshire and Merseyside including in the healthcare system.

**Responsible: Place**

- Adopt Cheshire and Merseyside's Marmot indicators in their own organisations (e.g. NHS, Local authorities, businesses, VCF sector).

**Responsible: Place**

- Integrate social determinants of health in all policies and in all work commissioned. All local government, NHS strategies and decisions assessed for social determinants of health impacts.



## C&M 'All Together Fairer...' Report

### Place Recommendations 2022-2023 and 2023-2027

NB. In light of pressures on local authority budgets, it is suggested in the Report that each of the nine Places in Cheshire and Merseyside identify the recommendations most relevant to their area and focus on these.

#### Mapped to Place priorities / activity already underway

THEMATIC RECOMMENDATIONS	Place - 2022-2023	Place - 2023-2027	Examples of ongoing activity
<b>Give every child the best start in life</b>	<p>1 - Review inequitable outcomes in early years and <u>bring system together within each Place to ensure equitable early intervention involving all partners</u> (e.g. education, social care - children's services, communities and VCFSE sector, children's boards, public services, NHS, local authority).</p> <p>2 - Assess early years provision and parental support within each place and provide further support for early years settings in more deprived areas and in collaboration with communities in these areas and / or e.g. families with disabilities, English as a second language.</p> <p>3 - Assess how the ACEs agenda links to the early years approach in Cheshire and Merseyside and <u>ensure families' voices included in this agenda.</u></p>	<p>4 - Work in partnership to improve school readiness for all and reduce inequalities between children eligible and not eligible for Free School Meals. Ensure support is focussed to develop children's early learning, especially with regard to speech and language skills and the ACEs agenda.</p> <p>5 – Ensure shared accountability across the system and within each place to give every child the best start in Cheshire and Merseyside (include children's public health, early years and wider family services including education and VCFSE sector).</p>	<p>"Making a Difference for Disadvantaged Pupils" programme (Joe Carter)</p> <p>Children's Hubs</p> <p>Contact Hub <a href="#">Contact Hub makes it easier for families to contact children and young people's services in Cheshire East - Wirral Community Health and Care NHS Foundation Trust (wchc.nhs.uk)</a></p> <p><a href="#">Children's Trust (cheshireeast.gov.uk)</a></p>

<p><b>Enable all children, young people and adults to maximise their capabilities and have control over their lives.</b></p>	<p>6 - Better communicate available youth services and reduce inequalities in access to these youth services, including transport costs.</p> <p>7 - Assess provision of career guidance and aspiration approaches in primary, secondary schools and FE colleges at each place.</p> <p>8 - LEP / Chamber of Commerce work with businesses to support links with schools for training and recruitment and offering mentorships and for provision of youth services.</p> <p>9 - Work with young people to hear their views about what is needed in local areas.</p>	<p>10 - Extend free school meal provision for all children in households in receipt of Universal Credit and resource holiday hunger initiatives adequately at each place.</p> <p>11 - All young people who are able are either in training, employment and education up until the age of 21.</p> <p>12 - Commission VCFSE sector to provide leisure and recreation opportunities in each Place.</p>	<p>Live Well website</p> <p>Youth Federation Cheshire and Warrington Pledge</p> <p>Everybody Health &amp; Recreation</p> <p>TOGETHER in Cheshire East  <a href="https://cheshireeast.gov.uk">TOGETHER in Cheshire East Work TOGETHER with us (cheshireeast.gov.uk)</a></p>
<p><b>Create fair employment and good work for all.</b></p>	<p>13 - Assess local workplaces and their capacity to produce and implement policies to recruit and retain people with a disability or long-term condition.</p>	<p>14 - Monitor policies to recruit and retain people with a disability or long-term condition.</p> <p>15 - Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates.</p> <p>16 - Provide guidance to workplaces to recruit and retain people with a disability or long-term condition.</p> <p>17 - Work with businesses, chambers of commerce, public sector, NHS and local</p>	

		<p>authorities to improve support for mental health, housing and finances in all workplaces.</p> <p>18 - Target funding for adult education in more deprived communities and link to job market demands. Offer training and support to older unemployed adults and ensure the private sector participates in training and skills development and link this to the regional good work standard.</p>	<p>“Our main delivery is focussed on Crewe, Congleton, and Macclesfield. We target these owing to the higher incidence of deprivation measures according to the latest tartan rug” (Chris Rowlands)</p>
<p><b>Ensure a healthy standard of living for all</b></p>	<p>19 - Work with local residents and local stakeholders to understand 'true' regional poverty and local financial pressures including the reality of all care costs, in-work poverty, debt burden, tax credit/welfare reforms, benefits, and housing costs (e.g. Poverty Truth Commission).</p> <p>20 - Make the case to VCFSE sector and local authorities to shift from only emergency provision to act on the social determinants of health.</p> <p>21 - Map social welfare and legal advice providers to facilitate development of registry of services for NHS.</p>	<p>22 - Work with local community and employer institutions to provide credit, reduce levels of debt and increase financial management advice in schools and workplaces.</p> <p>23 - Shift from crisis to prevention approaches in delivering food security and have as a goal eliminating the need for food banks.</p>	<p>Commissioned via CAB</p> <p>Right to Food motion (Spotlight Review)</p> <p>Information on Live Well website</p>

<p><b>Create and develop healthy and sustainable places and communities.</b></p>	<p>24 - Review private rented sector regulation actions in the Levelling Up white paper.</p> <p>25 - Support national advocacy to strengthen local powers and capacity within enforcing authorities across planning and housing.</p> <p>26 - Define affordable housing in Cheshire and Merseyside and link to 'true' regional poverty.</p> <p>27 - Create a platform where housing and local residents can communicate about how housing is impact on health and wellbeing .</p> <p>28 - Develop place-based partnerships to strengthen approaches to community policing (e.g. Public and mental health), police, children's services, DWP) and develop a public health approach to violent crime.</p> <p>29 - Work with local residents and partners (e.g. businesses, NHS) to improve quality of existing green spaces in areas of higher deprivation.</p> <p>30 - Develop Region-wide actions to create health promoting environments (e.g. unhealthy advertising, planning decisions)</p>	<p>33 - Work in partnership to implement adoption of decent home standards in all social and private rented sector housing.</p> <p>34 - Ensure that all housing developments contain a minimum of 30% of dwellings classed as "affordable" and support local control of the local housing allowance and ensure it covers 50% of market rates.</p> <p>35 - Prioritise provision of new green spaces in areas of higher deprivation.</p> <p>36 - Adopt Place-wide strategies that put health equity and sustainability at the centre of planning.</p> <p>37 - Develop and implement housing and social conditions assessment to be used in primary and secondary health care appointments and develop monitoring of these questions.</p>	<p>Article 4 (Crewe currently)</p> <p>Current Policy is 30% (over a threshold of 15 units in key towns/service centres and 11 units elsewhere)</p> <p>SCEP/Combatting Drug Partnership</p> <p>Pocket Parks and Green Social Prescribing Project Officers in Crewe</p> <p>Working with CHAMPS</p>
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	<p>31 - NHS, local government work in partnership to regenerate areas. Work alongside local communities to better include their needs when reviving local high streets.</p> <p>32 - Extend incentives to encourage people back to public transport.</p>		NHS and Public Health funding Green Social Prescribing Project Officers
<b>Strengthen the role and impact of ill-health prevention.</b>	38 - Work in partnership with local communities to assess digital exclusion priorities.	39 - Reduce inequalities in digital exclusion by delivering hardware and funding support for basic digital skills.	<p>Ongoing engagement activity to inform new Digital Inclusion Strategy</p> <p>Device recycling schemes</p>
<b>Tackle racism, discrimination and its outcomes.</b>	40 - Businesses, public sector and VCFSE sector to actively communicate and publish how meeting equality duties in recruitment and employment including pay, progression and terms.	41 - Involve VCFSE sector organisations and networks tackling racism in businesses and the public sector.	
<b>Pursue environmental sustainability and health equity in unison.</b>	<p>42 - Work to retrofit homes, including private homes to reduce fuel poverty and greenhouse gas emissions.</p> <p>43 - Work with local authorities, businesses and chambers of commerce to prioritise the health and wellbeing of citizens and environmental sustainability in economic recovery/growth policies.</p> <p>44 - Enforce existing smokeless fuel standards.</p>	<p>45 - Passive cooling measures included as standard in retrofits / new builds that are at risk of high indoor temperatures.</p> <p>46 - Installations of new wood burning and gas stoves in urban areas eliminated and existing stoves phased out.</p> <p>47 - Ensure any new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.</p>	<p>Crewe Town Investment Plan Warmer Homes project</p> <p>Active travel network improvements in Crewe</p>

<b>SYSTEM CHANGE RECOMMENDATIONS</b>	<b>Place - 2022-2023</b>	<b>Place - 2023-2027</b>	
Increase and make equitable funding for social determinants of health and prevention.	<p>48 - Assess the budget for addressing the social determinants of health in the NHS and local authority in 2022/23. Work with VCFSE sector to include their contributions to addressing the social determinants of health.</p> <p>49 - Assess resource allocation and develop and extend proportionate universal approaches. Assess possibility of local weighted funding formula to better address health inequalities.</p> <p>50 - Benchmark NHS and local government funding for social determinants of health.</p>	<p>51- Increase local government funding for social determinants of health by 1% a year for the next 10 years.</p> <p>52 - Increase NHS funding for social determinants of health by 1% a year for the next 10 years to address wider social determinant prevention.</p> <p>53 - Develop resource allocation formula to ensure that funding allocations are equitable and proportionate.</p>	
Strengthen partnership for health equity	<p>54 - Integrate Place Plans in each Place Executive and create MoU between Place Executives and Health and Wellbeing Boards to align Health and Wellbeing Strategies and Place Plans.</p> <p>55 - Strengthen the role of the Director of Partnerships at Board level</p>	56 – Embed partnerships across local systems with healthcare, the VCFSE sector, local economic plans and strategies beyond leaders.	Place Plan and Health and Wellbeing Strategy aligned; conversations underway to consider a single document going forward.
Co-create interventions and	57 - Identify methods to involve local residents in the development of health inequalities assessments and remedies at	58 - Involve local residents in the development of health inequalities assessments and remedies at place level.	Live Well for Longer Plan

actions with communities	place level, e.g., through the creation of community engagement panels aligned to each Place Executive.		
Strengthen the role of business and the economic sector in reducing health inequalities	<p>59 – The ICS and Local government make the case to businesses that they have underdeveloped impacts on health and health inequalities and should strengthen their social impacts.</p> <p>60 - Include health in businesses environmental, social and governance strategies.</p>		
Extend social value and anchor organisations across NHS, public services and local authorities.	61 - Implement and enforce a 15 percent social value weighting mandatory in all NHS procurement.	62 - Work with local businesses to extend social value policies and focus on principles to reduce health inequalities.	Increasing social value weighting under consideration
Develop social determinants of health in all policies and implement Marmot indicators.	63 - Adopt Cheshire and Merseyside's Marmot indicators in their own organisations (e.g. NHS, Local authorities, businesses, VCF sector).	64 - Integrate social determinants of health in all policies and in all work commissioned. All local government, NHS strategies and decisions assessed for social determinants of health impacts.	Marmot Beacon Indicators being incorporated into Place Outcomes Framework

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CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Creating Sustainable Hospital Services for the people of eastern Cheshire and Stockport
<b>Date of meeting:</b>	27 <sup>th</sup> September 2022
<b>Written by:</b>	Katherine Sheerin, Executive Director of Transformation and Partnerships, East Cheshire NHS Trust
<b>Contact details:</b>	katherine.sheerin@nhs.net
<b>Health &amp; Wellbeing Board Lead:</b>	

Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To update the Board with regard to progress with this programme, and to provide clarity regarding how it fits with the East Cheshire NHS Trust Strategic Plan and in turn the Cheshire East Place strategy.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input checked="" type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	To note progress with the work on creating sustainable hospital services for the people of eastern Cheshire and Stockport.		

<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	<p>The programme outline and Case for Change has been approved by East Cheshire NHS Trust Board and Cheshire East committee of Cheshire CCG, and has been considered by the Health Overview and Scrutiny Committees of both Cheshire East and Stockport.</p>
<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	<p>Public engagement in the work to date has informed the Case for Change and will be critical to agreeing new service models.</p>
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	<p>The programme aim is to secure high quality, sustainable services for the people of eastern Cheshire.</p> <p>Please see full report for further information.</p>

## **1 Report Summary**

- 1.1 The report provides an overview of the programme to create sustainable hospital services for the people of eastern Cheshire and Stockport.

## **2 Recommendations**

- 2.1 To note progress with this work.

## **3 Reasons for Recommendations**

To ensure that Health and Wellbeing members are aware of and have the opportunity to input into the direction of the programme to create sustainable hospital services for the people of eastern Cheshire and Stockport.

## **4 Impact on Health and Wellbeing Strategy Priorities**

This programme is essential to the Health and Wellbeing Strategy priorities, as it will ensure that there are high quality, sustainable hospital services when needed for the people of eastern Cheshire. In addition, the programme is taking a holistic approach, including working with GPs, VSFSE and public health colleagues to ensure that opportunities for preventive and proactive approaches are maximised, in order to improve health and wellbeing and to reduce the reliance on hospital care where appropriate.

## 5 Context

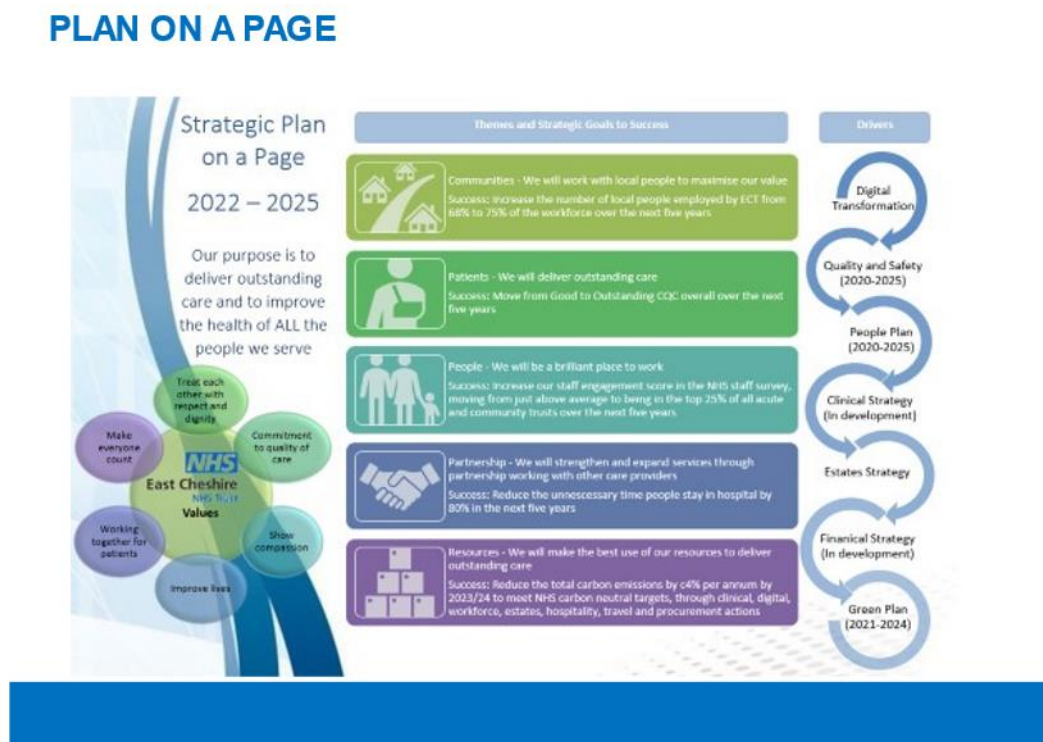
East Cheshire NHS Trust has recently renewed its three year strategic plan. This is firmly aligned with national, regional and local objectives set out in the Five Year Forward View, ICB plans and the priorities of the Cheshire East Joint Health and Wellbeing Strategy (2018-21) and Cheshire East Five Year Plan (2019) as follows:-

To enable people to live well for longer; to live independently and to enjoy the place where they live.

- To develop and deliver a sustainable, integrated health and care system
- To create a financially balanced system
- To create a sustainable workforce
- To significantly reduce health inequalities

## 6. East Cheshire NHS Trust Strategic Plan 2022 – 25

The Plan on a page sets out the Purpose, Values, Strategic Themes, Goals and Measures of success as follows:-



The full version of the plan is available on request.

For each strategic theme, there are a number of priority projects. One of these, is the programme to create sustainable hospital services for the people of eastern Cheshire and Stockport. The remainder of this paper gives an overview of this programme, an update on progress and sets out the key next steps.

## **7. Creating Sustainable Hospital Services for the People of Eastern Cheshire and Stockport**

### **7.1 Background**

For over a decade, work has been underway to consider the future of services delivered from Macclesfield District General Hospital, a core part of East Cheshire NHS Trust. This is driven by the size of the hospital; the Trust has faced many difficulties in maintaining small acute specialty teams to provide a 24/7/365 service. There are issues in the resilience of the teams and their ability to meet national standards, with increased vulnerability to surges in demand.

Much has been done to ensure the services provided are as effective as possible with major trauma, acute stroke and cardiac services provided from neighbouring Trusts.

However, some services have been lost as a result of their fragility in an unplanned way, for example Dermatology and Rheumatology, and others through positive commissioning decisions (for example Urology inpatient care and Stroke services). These changes often then in turn impact on sustainability of wider services.

It should be highlighted however, that in its most recent CQC assessment (2019), the trust was rated as good overall, with some areas of outstanding practice.

Previous reviews and change programmes have included –

- McKinsey and Carnall Farrar review (2014)
- Ernst and Young review (2016)
- Acute Services Transformation (including Clinical Senate Review) (2018)
- Acute Hospital Services for Cheshire East Population (2020)

It is useful to reflect on why these programmes were not taken forward. A key consideration is the geography in question. Whilst the hospital is small, it serves a large and land-locked area, and as such, any changes to services impact widely on communities and other organisations.

### **7.2 Overview of current programme**

In early 2021, The boards of East Cheshire NHS Trust and Stockport NHS Foundation Trust initiated work on the current programme. There is a clear view that the Trusts are natural partners for collaboration, given the geographical proximity and the range of services provided, acknowledging the importance of other strategic partners. Whilst ECT is in the Cheshire and Merseyside ICS, the two trusts work together as part

of the Greater Manchester hospital system and have worked particularly closely over the past two and a half years in the response to the COVID-19 pandemic.

During 2021, clinicians from initially six and then a further four specialities from across the Trusts worked together to consider how services could be improved through collaboration. An independent Clinical Advisor was appointed with significant experience and expertise in service change.

In December 2021, the Boards issued a 'statement of intent' to all staff which set out how the two organisations would develop a joint clinical strategy which would describe new, single care pathways as well as innovative solutions to best meet the growing care needs of the communities served.

### 7.3 Programme purpose, objectives, scope, governance and phasing

A formal programme was initiated with the following purpose:-

#### PROGRAMME INITIATION

Both Trust Boards recognised there is opportunity to strengthen resilience and improve sustainability through collaborative working.

The purpose of this programme is:

- To design and implement high quality, safe and sustainable hospital services for the people served by ECT and SFT.
- To ensure these hospital services will form a key part of an integrated service offer spanning primary, community, social and hospital care.

This will be achieved through joint working between:

- ECT and SFT clinical teams.
- Hospital and primary / community / third sector and social care services in each area; and
- In partnership with patients, carers, and local people.

The programme objectives were set out as follows:-

- Create high quality, integrated and sustainable services for populations served as part of a compelling vision for each site
- Improve health outcomes and reduce health inequalities

- Sustain and improve good clinical outcomes in line with national requirements, addressing variation between services
- Ensure optimal outcomes 7 days a week
- Improve recruitment and retention of staff through greater flexibilities and enhanced opportunities to develop skills and experience, with an increased focus on research, education and training
- Ensure value for money for services in scope

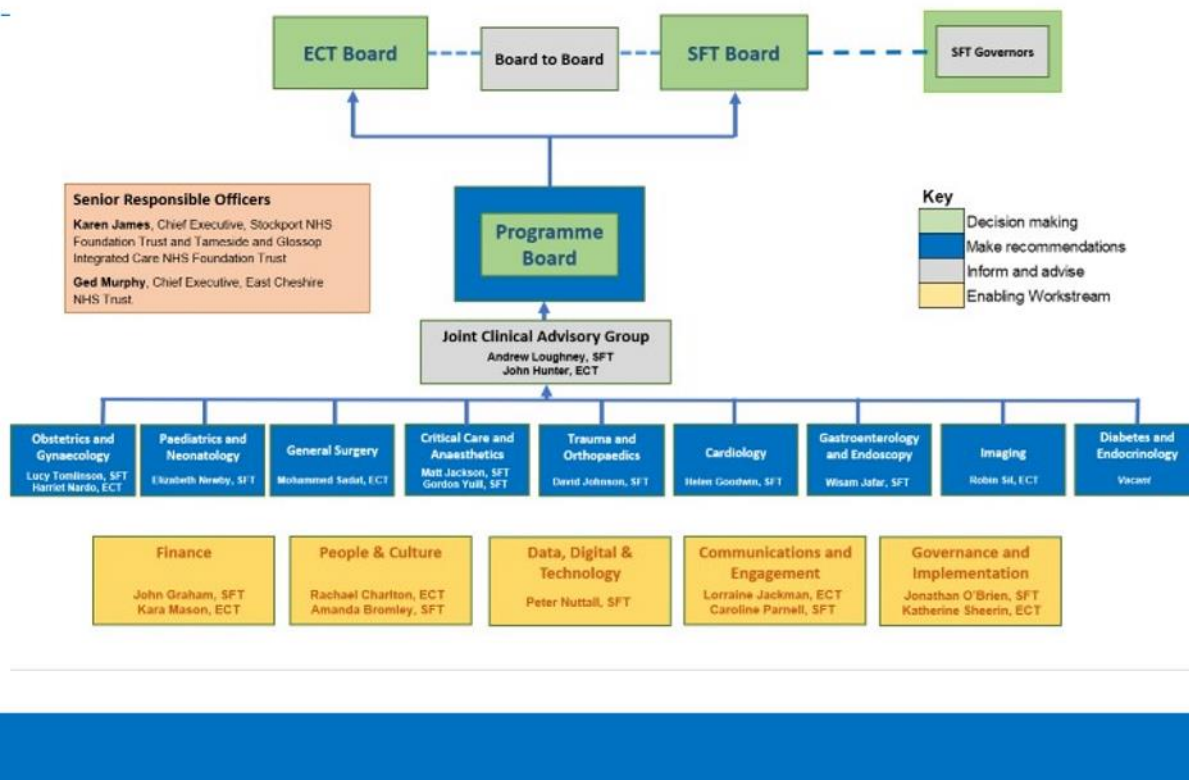
It was confirmed that the scope of the programme is one of clinical change, not a programme focused on organisational change. The programme is focused on the following ten clinical areas:-

- Obstetrics and Gynaecology
- Paediatrics and Neonatology
- General Surgery
- Critical Care and Anaesthetics
- Trauma and Orthopaedics
- Endoscopy
- Cardiology
- Gastroenterology
- Diabetes and Endocrinology
- Imaging

It is recognised that changes to these clinical areas may require changes in other clinical / corporate support / operational services.

The programme governance is as follows:-

## PROGRAMME GOVERNANCE STRUCTURE



It is highlighted to the Board that senior executives from NHS Cheshire and NHS Stockport CCGs were previously members of the programme board, with representation now from Cheshire East Place ICB as well as the wider Cheshire and Merseyside and Greater Manchester ICBs. Primary Care and Local Authority (Public Health) colleagues are also members of the programme board.

The high level phasing for the programme is set out below:-

## PROGRAMME PHASES

### Phase One

**Jan 2022 – May 2022**

- Produce service change proposal and clinical case for change



**Complete**

### Phase Two

**June 2022 – May 2023**

- Produce Pre Consultation Business Case (if required)
- Plan for and commence implementation of service changes where no formal further process is required

### Phase Three

**May 2023 – November 2023**

- Undertake public consultation and production of decision-making business case (if required)
- On-going implementation of service changes where no formal further process is required

### Phase Four

**Nov 2023 – April 2025**

- Programme Implementation

## 7.4 Progress

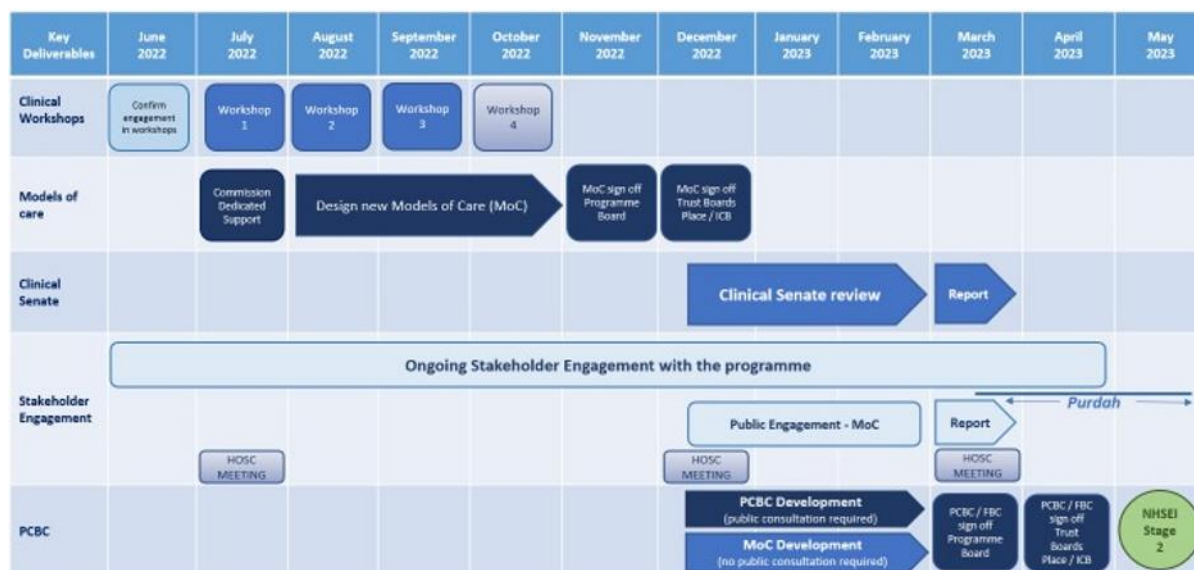
The clinical work initiated in 2021 was drawn together in a Case for Change which was approved by both Trusts and both CCGs in May 2021. This was submitted to NHS England as part of the stage 1 assurance process set out in 'Planning, assuring and delivering service change for patients'.

The Case for Change was approved by NHS England in June 2022, with positive feedback. It was suggested however that there needed to be more public health expertise in the programme, particularly to ensure that pathway redesign pays due attention to preventive and proactive approaches. As such, there is now public health representation on the programme board for both Local Authorities and greater input to the programme overall.

With this approval, the programme is now in Phase 2. The timeline for this is set out below:-



## PHASE 2 TIMELINE



Board members will note the significant and on-going engagement of local people, patients, staff and partners in this work.

As an example, the workshops being held over the summer to develop the model of care, have had over 100 people in attendance, including patient representatives, people from voluntary, community, faith and social enterprise groups, Local Authorities, primary care, commissioners and clinical teams.

As the models of care for each specialty are developed and agreed, work is commencing to understand the financial, workforce, digital and capital implications, and to assess the level of potential changes in access. This will help to determine whether the service needs to proceed as part of a pre-consultation business case and then onto a full business case if this stage is successful, or whether changes can be enacted more quickly.

It should be highlighted that if there are proposals for substantial service change, then these will be subject to full public consultation led by commissioners in Phase 3 of the programme, subject to approval from NHSE.

### 7.5 Next Steps

Sep 2022	Third Workshop (being re-worked due to national period of mourning)
Oct 2022	Fourth Workshop Assess which services require Clinical Senate review
By Dec 2022	Prepare Model of Care Documents

Submit to Clinical Senate (review Dec-Mar)

Jan 2023	Commence production of Pre-Consultation Business Case
Jan - Mar 2023	Public Engagement on options
April 2023	Report on engagement Clinical Senate report
May 2023	Submit Model of Care / PCBC to NHS England for review

## 8. Conclusion

Work to address the sustainability of hospital services for the people of eastern Cheshire has been on-going for many years. This programme has significant clinical leadership and engagement, real commitment from the Boards of both East Cheshire NHS Trust and Stockport NHS Foundation Trust, and good support from local partners. Given the changing climate within the NHS to one of co-operation and collaboration between organisations, and the urgent pressures created by the ageing population, workforce changes and economic conditions, it is vital that we seize this opportunity to re-shape services and create a sustainable system for the people we serve.

## 9 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Sarah Harrison

Designation: Programme Manager

Tel No: 01625 663453

Email: sarah.harrison8@nhs.net



## CHESHIRE EAST HEALTH AND WELLBEING BOARD

<b>Title of Report:</b>	Update on establishment of Health and Care Partnership and NHS Cheshire and Merseyside's team in Cheshire East
<b>Date of meeting:</b>	27 September 2022
<b>Written by:</b>	Mark Wilkinson, Place Director
<b>Contact details:</b>	<a href="mailto:mark.wilkinson@cheshireandmerseyside.nhs.uk">mark.wilkinson@cheshireandmerseyside.nhs.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Wilkinson, Place Director

## Executive Summary

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To provide an update on recent NHS changes and progress with their local implementation.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	To note the report.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	No		

<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	No
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	The recent NHS legislative and structural changes are intended to deliver more seamless health and care services that meet peoples needs. Benefits will accrue from closer working across different statutory organisation as well as a sharper focus on engaging residents. The final source of resident benefit will be the opportunity to achieve strategic change through a 'Cheshire and Merseyside level' organisation.

## Report Summary

This report provides an overview of the key activities and issues from my position as Place Director.

The report covers:

- Working with the VCFSE sector.
- Health and Care Partnership Board
- Establishment of Cheshire East Leadership Team.
- Cheshire ICB staff conference.
- Additional staffing resource for Home First transformation programme.
- Cheshire East Partnership hosting the Board of NHS Cheshire and Merseyside.
- Key meetings and visits.

## Key Issues

There is considerable evidence that the Voluntary Community Faith and Social Enterprise (VCFSE) sector can deliver innovative and high value services working in partnership with public sector bodies. Work has commenced with the Cheshire East VCFSE leadership group on a draft social action charter which will set out the terms and commitments in the context of the relationship between the Health and Care Partnership Board and the VCFSE sector. This is expected to come to fruition over the next few weeks.

The second meeting of the Health and Care Partnership Board took place on 21<sup>st</sup> September. It is continuing to meet in shadow form and therefore in private until all the partners have approved the terms of reference. The Board is receiving reports on quality and safety, finance, and a significant item relating to the return of intra partum maternity service to Macclesfield District General Hospital.

The first meeting of the ICB Cheshire East leadership team took place on Tuesday 13<sup>th</sup> September although the recruitment of a place clinical director is outstanding pending the resolution of HR issues. The management structure / different portfolios are set out in Appendix 1.

Together with the ICB team in Cheshire West we have arranged a half day conference on 26<sup>th</sup> September in Crewe for former Cheshire CCG staff. The conference will be opened by Graham Urwin, NHS Cheshire and Merseyside CEO and include a range of sessions on topics such as place development, sustainability, and skills development.

Additional staffing resource has been approved to support the home first transformation programme. This is a key system wide priority and £173k has been invested on a non-recurrent basis with funding being provided jointly by the NHS and Council to support:

- a. Maximising existing resources to manage sustained ongoing demand.
- b. Focus on the discharge to assess options appraisal.
- c. Support the short-term community-based capacity and required planning in preparation for winter inclusive of mental health provision.
- d. Additional system wide resilience for Winter planning.

The board meeting for NHS Cheshire and Merseyside (the ICB) will be hosted by the Cheshire East Health and Care Partnership on 27th October. As well as hosting the meeting at the Crewe Lifestyle Centre, this will give us the opportunity to showcase some of the excellent work that is underway across our area.

Development of Partnership governance is proceeding apace. Appendix 2 sets out the latest version of Partnership structures. The Place Executive Group (CEOs and lead officers from partners) has approved terms of reference for the newly formed Place Leadership, Strategic Planning and Transformation, and Delivery and Operations Groups. Except for the Operations Group these changes are largely revamping existing meetings and the work continues. The Operations Group – with a particular focus on winter planning – will meet for the first time this month.

## Meetings and Visits

Since the last meeting of the Board, I have undertaken the following key meetings and visits to discuss the NHS changes and deepen my knowledge of our services and the communities we serve.

- Tour of Victoria Infirmary, Northwich and Leighton Hospital.
- Meeting and tour of East Cheshire Hospice in Macclesfield.
- Meeting with the CEO and tour of the David Lewis Centre.
- Met Cheshire Workforce Directors (NHS and Council) to shape the next stage of their collaborative programme.
- Met GPs at Kenmore Medical Centre in Wilmslow.

## Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: Mark Wilkinson

Designation: Place Director

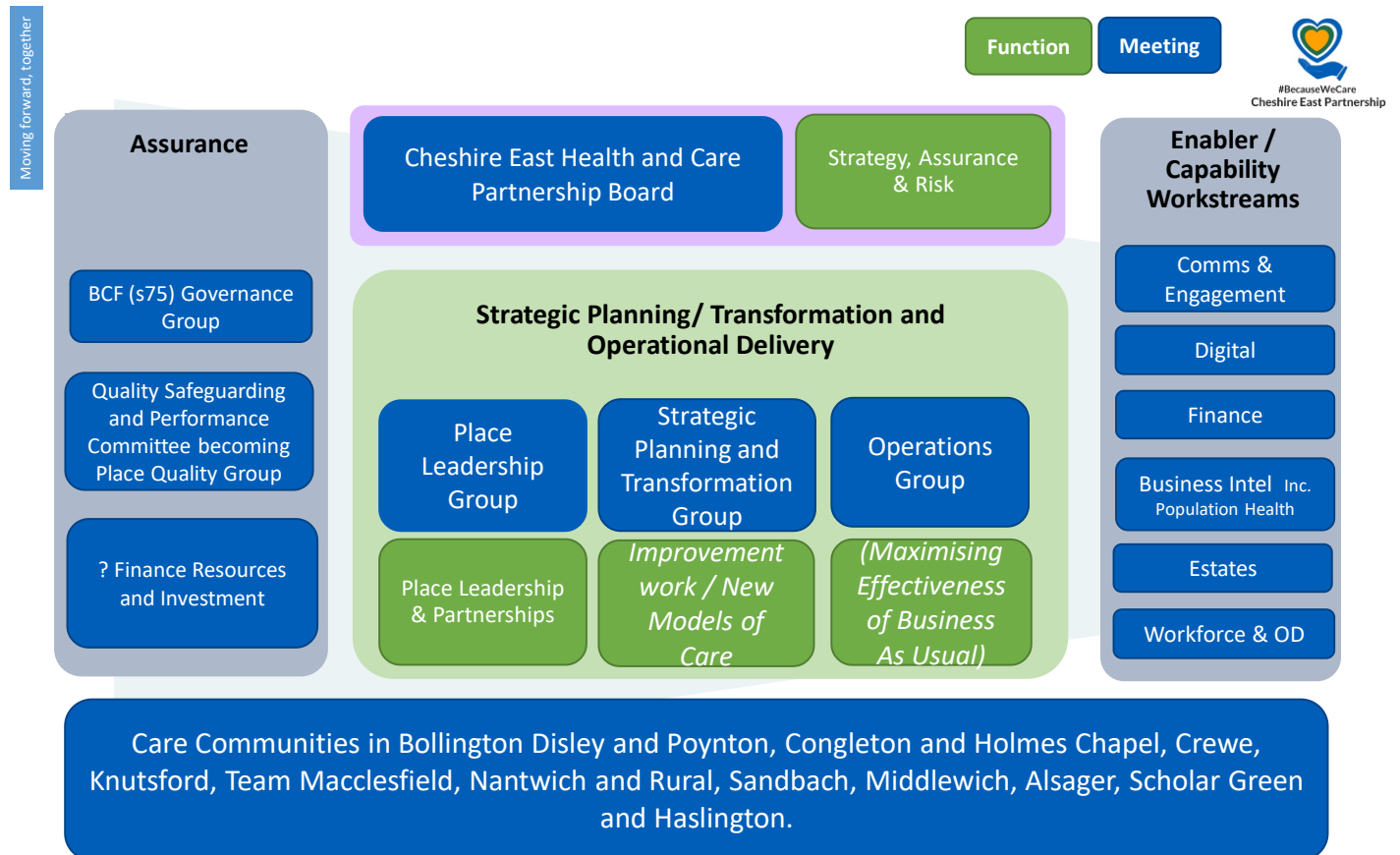
Email: [mark.wilkinson@cheshireandmerseyside.nhs.uk](mailto:mark.wilkinson@cheshireandmerseyside.nhs.uk)

**Appendix 1 – Cheshire East ICB Leadership Team**

The table below describes 'Place functional leadership'. People working in these areas may be in place, joint, ICB central teams or a mix of all.	
Associate Director Finance and Performance Lynda Risk	Business Intelligence Capital and Estates Contracting Finance Performance Programme Management Office
	Partnership Board Sub-Group: Operations
Associate Director Quality and Safety Improvement Amanda Williams	All Age Continuing Care Quality Patient Safety Patient Experience Safeguarding
	Partnership Board Sub-Group: Operations / Integrated Planning and Delivery
Associate Director Transformation and Partnerships Nichola Thompson	Communication and Co-production Strategy and Planning Partnerships Planned and Unscheduled Care Primary Care Development
	Partnership Board Sub-Group: Integrated Planning and Delivery
Clinical Director Sinead Clarke*	Clinical Leadership Medicines Strategy and Optimisation
	Partnership Board Sub-Group: Integrated Planning and Delivery
Head of Business Support TBC	Administration Corporate Development Governance
	Partnership Board Sub-Group: Place Leadership Group
Director Mark Wilkinson	

\* Temporary cover pending appointment.

## Appendix 2 – Cheshire East Health and Care Partnership Board Governance / Operating Model



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