


Sefton FINAL DRAFT Pharmaceutical Needs Assessment 2025-2028

Contents

Part 1: Introduction, regulatory statements, scope, and methodology.....	1
1. Introduction and background	2
1.1 Legal context	2
1.2 Scope and purpose	2
1.3 Pharmaceutical services.....	3
1.4 Pharmacy operating context.....	5
2. Statements from pharmaceutical regulations (2013)	6
2.1 Regulatory Statements	6
Statement One: Necessary services: Current provision	7
Statement two: Necessary services: Gaps in provision.....	7
Statement three: Other relevant services: Current provision	8
Statement Four: Improvements and better access: Gaps in provision.....	9
Statement five: Other NHS services	9
Statement Six: How the assessment was carried out.....	10
3. Methodology.....	11
3.1 Localities used for considering pharmaceutical services	11
3.2 Methodology and data analysis.....	11
3.3 How data and other information has been used to derive conclusions.....	13
3.4 Consultation.....	14
3.5 PNA Review process.....	14
3.6. The PNA in use	14
Part 2: Health needs based on demography, localities and links to JSNA	16
4. Population profile of Sefton	17
4.1 Location	17
4.2 Population structure and projections	17
4.3 Future planning: housing developments	19
4.4 Populations with protected characteristics	21
4.5 Deprivation and socio-economic factors	27
5. Health Profile of Sefton	28
5.1 Summary of health issues	28
Part 3: Current service provision: access; prescribing; advanced and other commissioned services.....	30
6. Pharmacy Premises.....	31
6.1 Pharmacy providers	31
6.2. Pharmacy locations and level of provision	33
6.3. Access to and provision of community pharmacy services in local authorities bordering Sefton	38

6.4. Getting to the pharmacy	39
6.5. Pharmacy opening hours, including 72–100-hour pharmacies and distance selling pharmacies	43
6.6. Access for people with a disability and/or mobility problem	47
6.7. Access for clients whose first language is not English	48
6.8. Pharmacy consultations	48
7. Prescribing and dispensing.....	50
7.1. Prescribing volume.....	50
7.2 Medicines shortages.....	52
7.3 Public satisfaction with dispensing of prescriptions.....	55
7.4. Reasonable adjustments.....	56
8. Advanced, enhanced and locally commissioned service provision	57
8.1. Provision of advanced, enhanced and locally commissioned services.....	57
8.2. How essential, advanced and locally commissioned pharmacy services support local priority health needs	58
Part 4: Appendices.....	59
Appendix 1: Community pharmacy opening hours	60
North Locality	60
Central Locality.....	60
South Locality.....	61
Distance selling Pharmacies	62
Appendix 2: Community pharmacy services	63
Appendix 3: Cross border community pharmacy service provision.....	65
Appendix 4: Pharmacy premises and services questionnaire	66
Appendix 5: Public local pharmacy services public questionnaire.....	69
Appendix 6: 60-day statutory consultation letter and questions.....	87
Appendix 7: 60-day statutory consultation report	89



Part 1: Introduction, regulatory statements, scope, and methodology

1. Introduction and background

1.1 Legal context

Community pharmacy is one of the most accessible healthcare settings and a mainstay of primary care. Nationally, 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. 96% of people living in the most deprived areas have access to a pharmacy either through walking or via public transport. ¹

Community pharmacies can support the health and wellbeing of the population of Sefton in partnership with other community services and GP practices. Services also play an important part in addressing health inequalities and supporting self-care in areas of greatest need.

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board (HWB) to,

- assess the need for pharmaceutical services in its area, and to
- publish a statement of its assessment.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out,

- the minimum information to be included in a pharmaceutical needs assessment, and
- outline the process to be followed in its development.

The law requires a full reassessment every 3 years, or sooner if the HWB decides circumstances make this necessary. This Pharmaceutical Needs Assessment (PNA) for 2025 to 2028 will be the fifth edition since HWBs took on this responsibility in 2013. The Department for Health & Social Care DHSC (2021) has produced a lengthy information pack to support PNA development.² The pack advises a period of just over a year be allowed for the process.

1.2 Scope and purpose

The duties of the HWB to produce and maintain its Joint Strategic Needs Assessment (JSNA) and to produce and publish a PNA for the area are separate because PNAs will inform commissioning decisions by local authorities, NHS England [the Integrated Care Board following abolition of NHS England] and Cheshire and Merseyside Integrated Care Board.^{2(p9)} However, this is not considered the main purpose of the PNA, which is to inform judgements made by the Integrated Commissioning Board (ICB) on applications to provide pharmaceutical services ('enter the pharmaceutical list') in each HWB area.

The process of pharmaceutical needs assessment is intended as a regulated approach to identifying current and future gaps in,

¹ Todd A et al (2014) The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England British Medical Journal 4:e005764. [doi:10.1136/bmjopen-2014-005764](https://doi.org/10.1136/bmjopen-2014-005764)

² [Pharmaceutical needs assessments: Information pack for local authority health and wellbeing boards](#)

- Pharmacies delivering services in specified locations, or in the range, or availability of those services which are deemed necessary to meet relevant health needs,
- ‘Other relevant services’ that are not considered necessary to meet relevant health needs, but which can deliver improvements in and better access to pharmaceutical services.

In addition to medicines, some people also have health conditions that mean they need access to medical appliances, for example dressings, compression hosiery, and stoma fixings. Pharmacies have the option to undertake appliance dispensing if they wish and can decide which items they would like to offer under the terms of the contract framework. Dispensing appliance contractors tend to deliver services remotely. They do not dispense medicines and are not run by regulated professionals as pharmacies are. The PNA process includes dispensing appliance contractors that operate in-person rather than remote services. Likewise, the PNA process does not apply to pharmacies that operate purely on a distance-selling basis.

1.3 Pharmaceutical services

‘Pharmaceutical services’ is a collective term for a range of services commissioned by NHS England and ICBs. In relation to pharmaceutical needs assessments it includes:

- essential, advanced, and enhanced services provided by pharmacies,
- essential and advanced services provided by dispensing appliance contractors,
- the dispensing service provided by some GP practices, and
- services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced, and enhanced services.

All national NHS pharmaceutical service providers must comply with the contractual framework, which is negotiated by Community Pharmacy England and the Department of Health & Social Care (DHSC) and NHS England on a five-yearly cycle. The latest settlement for 2024/25 and 2025/26 was published in March 2025³. The basic components of the national framework are set out below, and in more detail in section three of this document and can also be viewed on the Community Pharmacy England website⁴.

- **Essential services** are those that all pharmacies, including distance selling premises, are required to provide. As of April 2025, there are eight essential services, plus an opt-in ninth⁵.
 - Discharge medicines service,
 - Dispensing medicines,
 - Disposal of unwanted medicines,
 - Healthy Living Pharmacy offer,
 - Support for self-care,
 - Repeat dispensing,
 - Signposting to other sources of care and support,

³ <https://cpe.org.uk/wp-content/uploads/2025/04/7th-April-event-MP-briefing-.pdf>

⁴ [National Pharmacy Services - Community Pharmacy England](#)

⁵ [Essential services - Community Pharmacy England](#)

- Public health promotion,
- (Prompt dispensing of appliances, which applies to pharmacies which have opted to provide this service)
- **Advanced services** are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. As April 2025, the following nine services may be provided by pharmacies⁶:
 - Pharmacy First,
 - Flu vaccination,
 - Pharmacy contraception,
 - Hypertension case-finding,
 - New medicine service,
 - Smoking cessation,
 - Lateral flow device provision to specific groups,
 - Appliance use reviews,
 - Stoma appliance customisation.
- **National Enhanced Services** are those that NHS England describes in a national specification, and which local commissioners in the ICB can choose to commission in their area depending on local need. As of April 2025, there are two national enhanced services:
 - The Covid-19 vaccination service, and
 - The Respiratory Syncytial Virus and Pertussis vaccination service
- **Local enhanced services**, also referred to as **local pharmaceutical services** may also be commissioned and specified by commissioners in ICBs and are underpinned by a contractual rather than a framework arrangement.

The above services make up the core pharmaceutical services that are the focus of the PNA. One other category of service is recognised in the information about PNAs aimed at HWBs:

- **Other NHS services.** These are services provided as part of the health service and they include services that are provided or arranged by a local authority, for example public health services commissioned from pharmacies. Other NHS services may contribute to the supply side of pharmacy services, but are not counted as community pharmacy services for the purposes of the PNA, e.g.,
 - Distance selling pharmacies. These pharmacies provide services to people across the country, but as a distance selling pharmacy they can only operate remotely, not in person. This type of service is a contextual consideration in the PNA but is not counted towards local provision.
 - Hospital pharmacies,
 - Dispensing doctors operating in GP practices, GP out of hours, or walk-in centres,
 - Prison pharmacies,
 - GP-led flu vaccination services,

⁶ [Advanced services - Community Pharmacy England](#)

- Substance use services.

Services that may have a bearing on demand for pharmacy services include:

- 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,
- Dental services,
- End of life services, and
- Services that have been moved into the primary care setting.

The regulations do not define specifically which services are ‘necessary’ and which fall under the heading of ‘other relevant services’ – this important distinction is left for local determination. In information on PNAs published by DHSC^{2(p19)} **other relevant services** are defined as,

‘... services that the health and wellbeing board is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements, or better access, to pharmaceutical services. Once the health and wellbeing board has determined which of all the pharmaceutical services provided in or to its area are necessary services, the remainder will be other relevant services.

In this PNA, ‘**necessary services**’ comprise essential, advanced, and local enhanced services (other NHS services commissioned from pharmacies by public health commissioners working in Sefton Council). According to the interpretation of other relevant services quoted above, **other relevant services** in this PNA are confined to the two national enhanced services.

1.4 Pharmacy operating context

Since the 2022-2025 PNA Sefton has seen the closure of three community pharmacies, reducing numbers from 66 to 63, with the number of distance-selling pharmacies remaining the same at 5. This gives an overall percentage change of -4.2% (-4.5% when just considering community pharmacies). This compares to -8.7% across Cheshire & Merseyside as a whole (range 0% to -15.3%).

The Darzi report (2024) reported that the total level of spending on the community pharmacy contract had fallen by 8% and around 1200 pharmacies have closed since 2017. It notes that ‘on the current trajectory, community pharmacy will face similar access problems to general practice with too few resources in the places it is needed most’.⁷

Costs have also increased due to several factors; non-pay inflation and bills, minimum wage increases, removal of establishment fees, demand increases on dispensing volumes and medicines shortages, which have presented the sector with significant challenges.

⁷ [Darzi report: access to pharmacies 'a great strength' but 'at risk' - The Pharmacist](#)

The Pharmacy Pressures Survey 2024: Funding and Profitability Report by Community Pharmacy England⁸ reported that most pharmacies had experienced increasing costs, with 64% of those responding saying they were operating at a loss. Nationally, Lloyds Pharmacy was the second biggest contractor, but in 2023 its parent company Hallo Healthcare Group sold its 1,054 high street and community pharmacy branches to new owners to focus on their online business. Other changes to pharmacy service provision besides closures and consolidation have included reductions in opening hours (in Sefton one previously 100-hour pharmacy reduced to 87 hours and the other to 72 hours - see Appendix 1 for details), and removal of services offered adjacent to but not covered or funded by the contractual framework (e.g. free deliveries of medicines or blister pack preparation for people who do not qualify for or need that as a reasonable adjustment under the Equality Act).

The latest pharmacy funding settlement has delivered some relief, with an overall funding increase across the Community Pharmacy Contractual Framework and Pharmacy First budget of 7.5% in 2024/25, and a further 22.7% in 2025/26. However, Community Pharmacy England has cautioned that a funding gap remains, and financial sustainability will remain out of reach for many businesses.⁹

The previous government issued a consultation on hub and spoke dispensing with planned changes to legislation. Hub and spoke dispensing is when one pharmacy (the spoke) receives the prescription, and another pharmacy (the hub) completes the routine aspects of dispensing the medication (possibly involving automation). In April 2025, the Government announced that it intended to legislate to adopt the model one hub and spoke approach, which sees medication returned to the spoke pharmacy, which is then responsible for issuing it and providing relevant advice to the patient.¹⁰ Hub and spoke models are currently permitted within the same retail pharmacy business (i.e. the same legal entity), but the proposed changes would permit hub-spoke arrangements between different retail pharmacy businesses, and this change is not expected to be operationalizable until autumn 2025.

2. Statements from pharmaceutical regulations (2013)

2.1 Regulatory Statements

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: [Legislative basis for developing and updating PNAs](#). Schedule 1 of these regulations sets out the minimum information to be contained in the PNA. This assessment has been developed in line with detailed information provided to assist HWBs in meeting their legal duties in this area. Detailed below are the six statements included in schedule 1, which are the requisite outputs of the PNA process. Statements are provided with summary discussion, with underpinning data presented in the remaining sections and appendices of the report.

⁸ [Pharmacy Pressures Survey 2024: Funding and Profitability Report](#)

⁹ [Community Pharmacy Funding Settlement](#)

¹⁰ [Hub and Spoke dispensing: Government announces the next steps - Community Pharmacy England](#)

Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the Health and Wellbeing Board (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).

Community pharmacy services for Sefton are provided across a broad spread of locations in Sefton, with good accessibility and sufficient provision of necessary services to meet pharmaceutical needs of different communities throughout the borough.

Sefton has 63 community pharmacies (plus 5 distance selling 'internet-only' pharmacies), serving a population of 289,114 (total GP registered population, as of 1 December 2024), which provide a comprehensive service with a full range of essential services and widespread offer of most advanced services, and additional public health commissioned (other NHS services). This equates to approximately one pharmacy for every 4,251 Sefton GP patients¹¹ (England average is 6,102 patients per pharmacy). Consequently, the population is relatively well served by pharmacy services.

Based on the number of community pharmacies (**as at November 2024**, when the data collection phase of the PNA concluded), omitting distance selling pharmacies, available to the Sefton GP registered population (as at 1 December 2024), Sefton has a larger number of pharmacies in relation to the size of its population (23.5 per 100,000) when compared to England (16.4 per 100,000) and Cheshire & Merseyside (19.7 per 100,000). However, it has a lower rate than the North West which is 27.0 per 100,000 population. Sefton's average number of prescription items dispensed per month per pharmacy is higher than Cheshire & Merseyside, North West, and England averages. This suggests that Sefton's higher density of pharmacy provision is not indicative of significant wasted capacity.

Sefton residents will also access pharmacy services in the neighbouring boroughs of Knowsley, Liverpool, and West Lancashire. Services are overall considered sufficient for the current population's needs.

Statement two: Necessary services: Gaps in provision

Provide 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.

¹¹ Note this calculation includes the 4 distance selling pharmacies so comparison can be made with the England value. This is because it has not been possible to sift out the distance selling pharmacies from the overall England list.

This statement concerns identification of gaps in the availability of a range of necessary services, for example an area which needs an additional pharmacy to open there; gaps in types of necessary services, for example specific advanced services; and also considers evidence for gaps in reasonable access to out of hours services. It considers the 'current' situation (at November 2024), and the future situation in the period October 2025 to 2028.

Some geographical differences in provision have been highlighted in this assessment. In keeping with the national picture, services are predominantly situated in more densely populated areas of the borough. Thus, less densely populated areas of Sefton have fewer pharmacies per head of population.

As indicated in statement one, current provision of necessary services across Sefton is adequate but Sefton's position on pharmacy sufficiency and choice is more finely balanced than before and gaps are more likely to arise owing to continuing market operating conditions.

New housing developments and conversion of premises to create new dwellings continue across Sefton. The Government has set challenging new targets for housing supply in Sefton, as elsewhere. Part two of the PNA includes maps to illustrate the scale and location of additional housing completed in the period 2022-24 and projected for the period 2024 to 2028. Stakeholder consultation has indicated that this does not create a foreseeable gap in necessary services over the lifetime of this PNA but should be reviewed carefully once new housing is occupied when the next full review of the PNA begins in summer 2027. There are mechanisms available to signal a new gap or enter into an earlier revision of the PNA (sections 3.5 and 3.6).

Statement three: Other relevant services: Current provision

Provide 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 one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Other relevant services are those that do not fall within the local definition of necessary pharmaceutical services. In Sefton's case, this group comprises 27 pharmacies that deliver targeted covid-19 vaccination service across the three localities, and a small number of pilot sites participating in the GP referral independent prescriber pathfinder programme.

The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities (e.g., Liverpool, Knowsley & West Lancashire) within one mile of Sefton's borders. The bank holiday rota includes services across local authority boundaries to ensure geographical coverage.

Respondents to the public survey commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. The need for 'emergency prescriptions' is almost always centred on patients using 'out of hours services.' Sefton is currently covered by GP Out of Hours (via NHS 111) and one walk-in centre in Litherland Town Hall, Sefton; residents can also access Skelmersdale walk-in centre and the urgent care centre in Ormskirk Hospital (both in neighbouring West Lancashire). Pharmacy provision is available on-site or close to these sites, giving access to several extended hours or 72-100 hour contract pharmacies.

Statement Four: Improvements and better access: Gaps in provision

Provide 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 of a specified type in its area.

Considering current population need, provision of other relevant services which, though not necessary to meet pharmaceutical needs could yet deliver improvements and better access, does not show any gap at present.

Assessment of future plans for housing development within Sefton has highlighted significant potential growth in certain areas (section 4.3). It is envisaged that capacity within existing services overall will be able to absorb the increased demand anticipated over the lifespan of this PNA. However, regular review will be needed to ensure equitable distribution of provision in light of population growth. Stakeholder consultation has indicated that the need for other relevant services in the future (statement 4b) should be reviewed carefully once new housing is occupied when the next full review of the PNA begins in summer 2027. This should pay careful attention to epidemiological and demographic factors that could shift patterns of health needs at a local level. There are mechanisms available to signal a new gap or enter into an earlier revision of the PNA (sections 3.5 and 3.6).

Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the Sefton Council, NHS England, Cheshire & Merseyside Integrated Care Board (ICB), any NHS trusts or any 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.

The assessment process has considered 'other NHS services', including those commissioned by Sefton Council public health team or public health provider services in Sefton, namely: the Sefton

Council staff flu vaccination programme, needle and syringe exchange services, emergency contraception, smoking cessation support and nicotine replacement therapy. The latter four are available in each locality and broadly in proportion to local needs. These services are recognised as necessary because of their important contribution to the local health system but strictly speaking, are outside the definition of pharmaceutical services that PNAs are required to assess. Non-NHS commissioners can use the information in this assessment to guide future commissioning decisions.

Other NHS services recognised as an influence on the need (demand and supply sides) for pharmaceutical services in Sefton's localities and the potential to secure improvement or better access through further provision of pharmaceutical services are discussed in part three of this needs assessment, and include the following service types:

- Acute hospitals
- Community and Mental Health Care provider
- GP out of hours and urgent care services
- Cross-border community pharmacies and other NHS services.

Statement Six: How the assessment was carried out

The regulations require PNAs to provide an explanation of how the assessment has been carried out, in particular:

- a) how localities in its area were determined
- b) how it has taken into account (where applicable)
 - the different needs of different localities in its area, and
 - the different needs of people in its area who share a protected characteristic and
- c) a report on the consultation that it has undertaken.

The following section (scope and methodology) explains about how and why information was selected for inclusion in this PNA; and how data was subsequently sourced, analysed, and interpreted. As noted previously, this process and the resultant assessment has been closely shaped by advisory information provided to HWBs by DHSC.¹² A Cheshire and Merseyside wide group of analysts, public health consultants, ICB community pharmacy leads, and representatives from local pharmaceutical committees met regularly with the aim of working to a common template and shared timescales. This harmonised approach facilitates outputs that are more standardised and which enable easier cross-border analysis of provision. It also provides additional assurance to users of the PNA and the HWB that the assessment is compliant with legal requirements.

Part two of this assessment sets out information about Sefton's demography and epidemiology, including descriptions of population groups which share a protected or other characteristic. This section also summarises patterns of pharmaceutical need and emphasises socio-economic and other barriers to having needs met, which can contribute to Sefton's significant health inequalities. This information has served an essential purpose in assessments of pharmacy sufficiency and choice in the three localities – north, central, and south (see 3.1).

¹² [Pharmaceutical needs assessments: Information pack for local authority health and](#)

Analysis and mapping undertaken as part of the PNA process was carried out at whole borough and ward level to take account of the varying needs of people within different areas of Sefton. This is congruent with the Sefton Joint Strategic Needs Assessment (JSNA), which this PNA also takes account of.

The regulations also require certain maps to be included in the assessment report and these and others are set out in part three of the assessment that establishes current provision of community pharmacy premises and services across the three localities and beyond. Together, mapped information shows good access to pharmaceutical services in areas with highest population density and highest deprivation as well as most of the population being within 30 minutes walking and public transport distance from a pharmacy and the whole population being covered by a 15-20 minute drive time even in rush-hour times. Furthermore, the map of pharmacies outside the Sefton HWB area shows that there is choice of pharmaceutical services within a 1-mile radius in Liverpool, Knowsley and West Lancashire.

For the purposes of developing this PNA three consultation and engagement activities have been undertaken: a survey of community pharmacy service providers, a survey to gauge service satisfaction amongst the public, and a formal consultation involving specific stakeholders. Information and feedback from the contractor and public survey are included throughout the PNA as relevant. The final version of the PNA for publication is accompanied by an equality impact assessment and consultation report (appendix 7), explaining how responses have been addressed and any resultant changes made from the draft which was consulted on.

3. Methodology

3.1 Localities used for considering pharmaceutical services

The locality scope for the PNA is the borough of Sefton. Sefton local authority area stretches from Southport in the north to Bootle in the South. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas are Liverpool to the south, Knowsley in the west and Lancashire to the north of the borough.

Analysis and mapping undertaken as part of the PNA process was carried out at electoral ward level to take account of the varying needs of people within different areas of Sefton (Sefton has 22 electoral wards). This is congruent with the Sefton Joint Strategic Needs Assessment (JSNA). When reporting some service activity, it is impractical to group pharmacies by ward. Instead, pharmacies have been grouped into Sefton's 3 larger locality areas: North, Central and South. The ward groupings are as follows:

North – Ainsdale, Birkdale, Cambridge, Dukes, Harington, Kew, Meols, Norwood, Ravenmeols

Central – Blundellsands, Ford, Manor, Molyneux, Netherton & Orrell, Park, St Oswald, Sudell, Victoria

South – Church, Derby, Linacre, Litherland

3.2 Methodology and data analysis

Key principles of PNA development are:

- Assessment is an iterative process involving public and professional stakeholders.
- Information in the PNA is a snapshot, in this case reflecting data which was current at the end of 2024.
- The PNA is subject to full revision every three years or more frequently if 'significant' changes require it. It can also be updated and amended, including through issuing supplementary statements.
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes assessments of sufficiency, choice, availability and access.

Figure 1: PNA development phases



Development of the Sefton Health and Wellbeing Board's PNA has been initiated and overseen with input from a range of organisations and professionals:

- Public Health, Sefton Council
- Primary Care Manager – Pharmacy, Cheshire & Merseyside Integrated Care Board (ICB)
- Sefton Place Pharmacy Lead
- Local Pharmaceutical Committee
- Healthwatch
- Business Intelligence, Sefton Council
- Communication and engagement officers, Sefton Council

The content of the document is closely linked to, but independent of the Sefton JSNA and has been produced by means of a structured analysis and distillation of complex and comprehensive data sources to identify the following:

- the health needs of the population
- current local provision of pharmaceutical services, and subsequently:
- gaps in provision of pharmaceutical services.

The following information sources have been used for the purposes of this PNA:

- Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy

- Office for Health Improvement and Disparities' Fingertips online epidemiology tool for data on health and wellbeing
- Strategic Health Asset Planning and Evaluation (SHAPE) tool for travel time maps
- Data on socio-economic circumstances of the local area
- Community pharmacy providers questionnaire
- NHS Business Services Authority (NHSBA)
- Public pharmacy services questionnaire
- Sefton Local Plan

3.2.1 Community Pharmacy Contractors Survey

A short contractor's survey was conducted during June to August 2024 to gather data from community pharmacy providers for each pharmacy in Sefton. The survey was focused on information not available from routine sources, including NHS Business Services Authority and ICB commissioners. This included a range of questions on external and internal accessibility of premises and reasonable adjustments available (appendix 4).

3.2.2. Public survey

An information accessible survey was conducted during November to December 2025 (appendix 5).¹³ It aimed to elicit views of people's experience of using their usual pharmacy – how often they used it, whether they had any issues accessing their usual pharmacy/pharmacy services when needed, and the impact this had.

The responses to the community pharmacy service survey, public questionnaire and the formal 60-day consultation period have informed this PNA. All methods for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

3.3 How data and other information has been used to derive conclusions

'Pharmaceutical need' is a broad term which essentially refers to those health needs that are can be met through pharmaceutical services. There is not a fixed formula to determine need and whether it is adequately met. Evidence-based judgements draw on information about the health needs, socio-economic profile, experiences of the local population that pharmacies serve and pharmacy activity data. In a borough like Sefton with large social inequalities in health these factors can vary substantially over relatively small distances. Factors that are considered when reaching conclusions are:

- The distance between pharmacies; parking arrangements, walking distance, and public transport links; evening and weekend opening. This will naturally be different in more urban areas compared to more sparsely populated rural areas. Uptake of purely online pharmacy services (distance selling pharmacies) is increasing and though this is not 'counted' in the scope of PNAs this trend has contextual value for the assessment process.
- Capacity of current pharmacies to meet demand. This is important as the number of premises is not the only context to consider - an efficiently run pharmacy with the right premises, workforce, and equipment can deal with a high volume of items and patients. This is one reason why within the Cheshire & Merseyside Contractor' Survey, we asked the

¹³ [Pharmaceutical Needs Assessment Public Survey](#)

question "if your business need expanded, how could you cope?" and this will continue to evolve as dispensing systems make more use of technologies such as robotics, computer systems, and hub and spoke dispensing models.

3.4 Consultation

Regulation 8 requires the HWB to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document for a minimum period of 60 days, in Sefton, 20 June to 19 August 2025 (appendix 6).

Taking account of relevant services provided in Sefton, the list of organisations contacted for their views on the draft PNA in the statutory consultation was as follows:

- The local pharmaceutical committee,
- The local medical committee,
- Pharmacy contractors included in the pharmaceutical list for the area of the health and wellbeing board,
- Health Watch Sefton,
- NHS foundation trusts delivering services to Sefton residents,
- Cheshire and Merseyside Integrated Care Board,
- Neighbouring health and wellbeing boards.

A consultation report (appendix 7) accompanies the final draft of the PNA at the point of approval by the HWB. The report sets out the responses received and any changes, which were made to the final assessment.

3.5 PNA Review process

The PNA should be maintained, amended, and revised in accordance with recommendations set out by DHSC¹⁴, which may include issue of supplementary statements. This work will be overseen by Sefton HWB and undertaken by public health and intelligence staff as capacity allows, with input from the ICB Primary Care Manager for Pharmacy.


Examples of changes that might result in a change in pharmaceutical need are:

- Changes in pharmacy contracts,
- Pharmacy closures,
- Changes to pharmacy locations,
- Changes to opening hours,
- Significant changes in health need, housing developments or primary care service developments that may impact demand or supply of pharmacy services.


3.6. The PNA in use

The primary purpose of the PNA is to signal to service providers specific gaps in current or future provision of necessary and other relevant pharmaceutical services. The PNA is used by staff in the

¹⁴ [Pharmaceutical needs assessments: Information pack for local authority health and](#) (appendix two)



ICB and the HWB when deciding on whether to approve applications from pharmacies wishing to enter the list of local pharmaceutical service providers or to consolidate two or more pharmacies onto one site. The Health and Wellbeing Board has a statutory role in this decision-making process. A secondary purpose is as a service development resource, which can be used in conjunction with the Joint Strategic Needs Assessment (JSNA). In practice, this is most relevant to commissioners of ‘other NHS services,’ i.e. public health commissioners.



Part 2: Health needs based on demography, localities and links to JSNA

4. Population profile of Sefton

4.1 Location

Sefton local authority is part of Merseyside, in the north west of England. Sefton HWB area stretches from Southport in the north to Bootle in the South. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas are Liverpool to the south, Knowsley in the west and Lancashire to the north of the borough.

4.2 Population structure and projections

The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included whilst UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

4.2.1. Resident population

According to the Office for National Statistics (ONS) mid-2023 population estimates:

- Sefton has a population of approximately 282,745 and makes up 0.5% of the English population.
- 51% of the Borough are female and 49% are male
- 23.6% of Sefton's population is 65 years old or over (66,800) – higher than seen in the Liverpool City Region, the North West and England.
- Approximately one in five of Sefton's population are under 18 (53,970) – lower compared to the city region, North West region and nationally.
- 59.4% of the Sefton population are of working age (16-64 years) - lower compared to the city region, North West region and nationally.

4.2.2. GP Registered Population

Most people who reside in Sefton are registered with a Sefton GP for their primary health care. However, there is not a 100% match. People who move into and out of the borough may prefer to stay with their original GP. This means some people residing in neighbouring boroughs are registered with Sefton GPs and some Sefton residents will be on a GP register outside the borough. There are more people registered with a Sefton GP than there are residents, 285,253 registered (as at June 2023) compared to 282,745 residents (2023 mid-year estimate).

4.2.3. Ethnicity

Sefton has a relatively lower proportion of residents from minority ethnic groups (~22,600 individuals), with 92% of the population being White English, Welsh, Scottish, Northern Irish or British - higher than rates seen across Liverpool City Region (88%) and England (74%).

Ethnic Group	Sefton	Liverpool City Region	England & Wales
White (English, Welsh, Scottish, Northern Irish, British)	91.8	87.8	74.4
White (not English, Welsh, Scottish, Northern Irish, British)	4	4.3	7.3
Asian, Asian British or Asian Welsh	1.5	3	9.3
Mixed or Multiple Ethnic Group	1.5	2.1	2.9
Other Ethnic Group	0.7	1.4	2.1
Black, Black British, Black Welsh, Caribbean or African	0.5	1.4	4

Table 1: Percentage of usual residents by ethnic group (Census 2021)

4.2.4. Resident population forecasts

Sefton's overall population is predicted to rise between 2024 and 2043 by 3.3% to 292,175. The chart in figure 2 breaks down the projection change in Sefton's population by five-year age bands. There are increases in each five-year band from age 70-74, with an overall increase in the number of residents aged 70 or above of 33%, rising from 51,695 in 2024 to 68,971 in 2043. The biggest proportionate increase is projected to be in the number of residents aged 90 and above, which is expected to rise by 64% from approximately 3,886 in 2024 to 6,379 by 2043.

Increases are also predicted in the number of residents aged 45-49 (18%), 50-54 (8%) and those in their twenties (7%).

The greatest decreases are predicted to be in those in their sixties (-15%). There are smaller decreases in those age 30-44 (-5%).

Amongst younger people it is predicted that there will be an increase in the 0-4 year age group (6%). However, there will be a reduction in those aged 5-14 (-6%) and minimal change in those aged 15-19. Overall, the number of Sefton residents aged under 20 will reduce by 2% from 60,403 to 59,388.

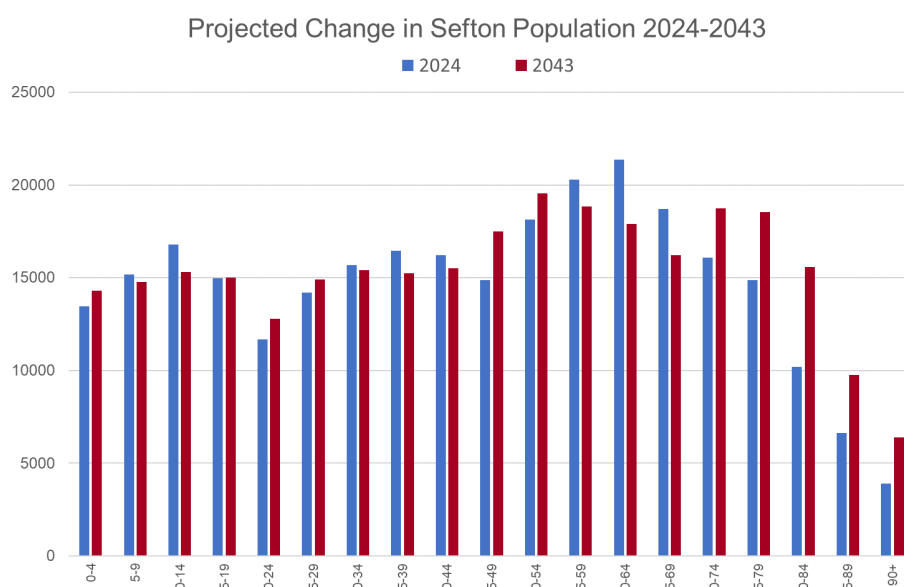


Figure 2: Population projections 2024 to 2043 (based on 2018 populations)

4.2.5 Birth Rates

Births in Sefton have generally reduced over the last ten years (from 2,844 in 2013 to 2,293 in 2023). The General Fertility Rate (GFR) shows a similar trend to the total number of births (figure 3). In 2024 the rate was 48.1 per 1,000 females aged 15-44 years, higher than the North West (40.0) and slightly lower than England (49.9).

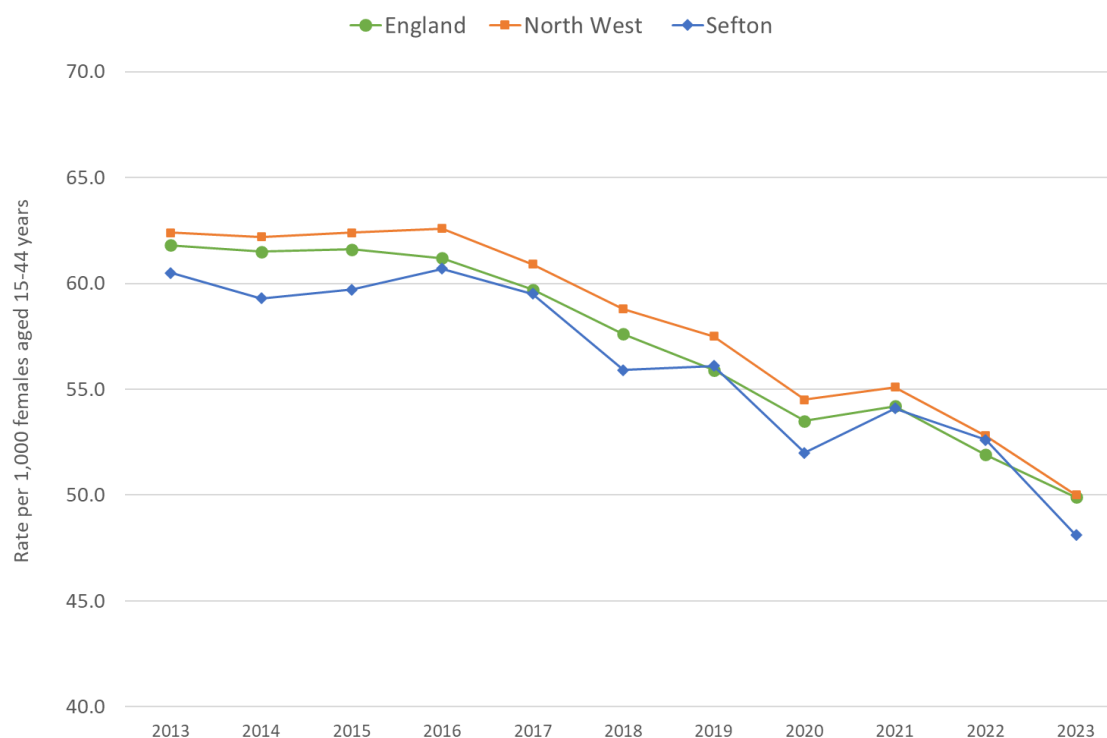
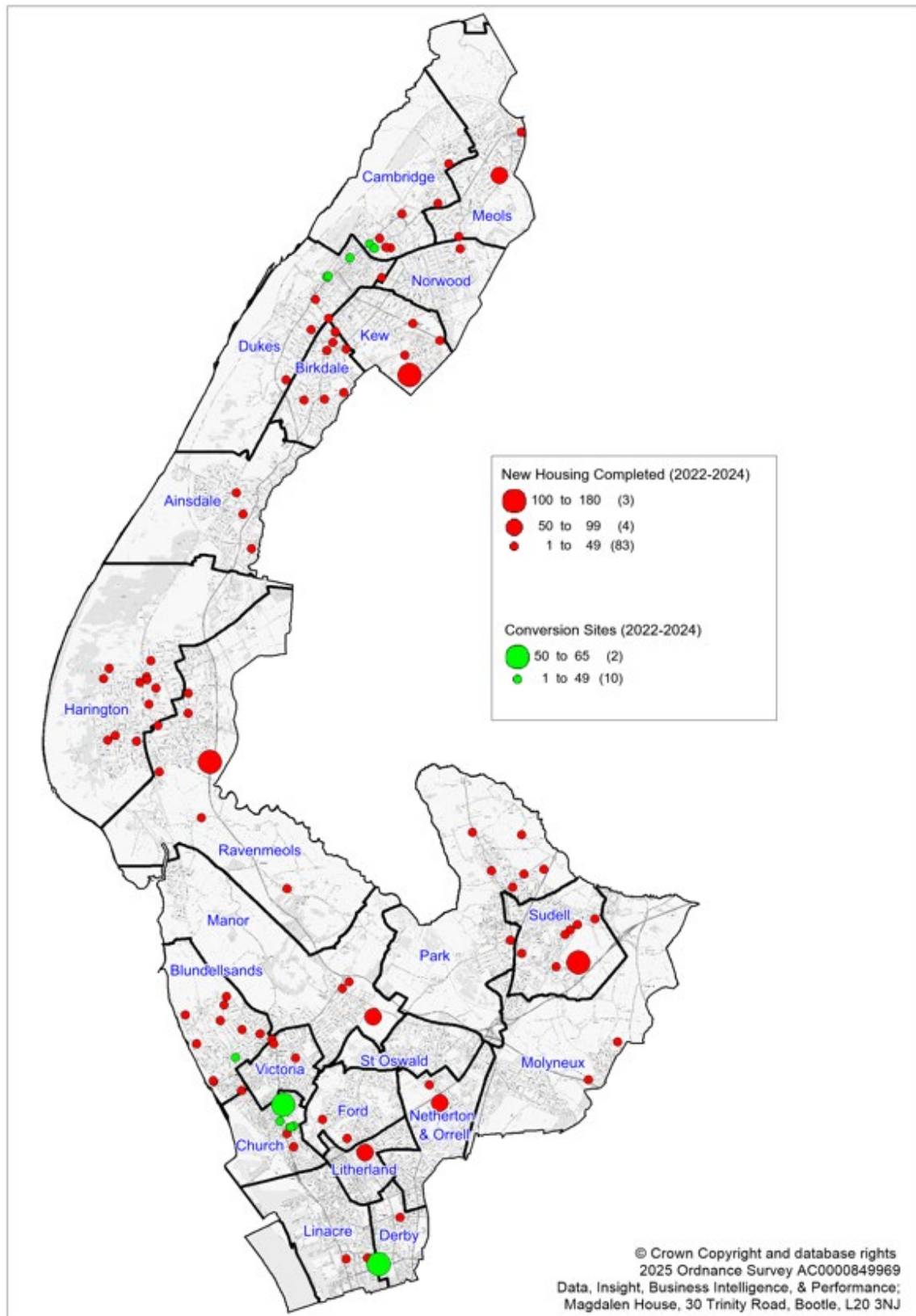


Figure 3: Trends in General Fertility Rate in Sefton, North West and England, 2013-2023.

Source: ONS via NOMIS

4.3 Future planning: housing developments

New housing developments and conversion of premises to create new dwellings continues across Sefton. The Government has set challenging new targets for housing supply in Sefton, as elsewhere. The maps below illustrate the scale and location of additional new housing and conversions to housing with a net gain in dwellings completed in the period 2022-24 (map 1) and projected new housing for the period 2024 to 2028 (map 2). Wards where housing gains are most notable are Sudell and Netherton, Ravenmeols and Manor, and Kew.



Map 1: Location of additional new housing and conversions to housing showing net gain in dwellings completed in the period 2022-24

Map 2: Location of additional new housing, showing numbers projected to complete in the period 2024-28

4.4 Populations with protected characteristics

There is widespread evidence to demonstrate that some communities, such as people from ethnic minority groups and people from lesbian, gay, bisexual and transgender (LGBT) communities, can experience worse health outcomes. Other groups, such as refugees and asylum seekers and disabled people may face barriers to accessing health and social care services as well as support services to move into good employment. This can have an impact on their health and wellbeing.

Under the Equality Act 2010 there are 9 'Protected Characteristic' groups. The numbers and main health issues facing each are detailed in this section. Whilst some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

4.4.1. Age

See section 4.2.1 for detailed breakdown

- Under age 18: 53,970 (19.1% of total population)
- 18-64: 161,975 (57.3% of total population)
- 65-74: 33,197 (11.7% of total population)
- 75+: 33,603 (11.9% of total population)
- Total population 282,745 (ONS 2023 mid-year population estimate)

Health issues

Health issues tend to be greater amongst the very young and the very old.

For children:

- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment. Young mothers are among the groups least likely to breast feed.
- More than eight out of 10 adults who have ever smoked regularly started before the age of 19.
- Eight out of 10 obese teenagers go on to become obese adults.
- Nationally the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies.
- Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police and the voluntary sector.

For older people (65+):

- They are less likely to smoke or drink alcohol to riskier levels. They are less likely to take drugs although the age of people in alcohol and substance use services is increasing.
- A high proportion of people aged 65+ live alone and this percentage increases with age. This can lead to loneliness and social isolation.
- The proportion of the population with long-term conditions increases with age.

4.4.2. Sex

See section 5.2 for detailed breakdown

- Women (51%)
- Men (49%)

Health issues

- Overall life expectancy (LE) and life expectancy at 65 are lower for Sefton residents than the England average.
- Male LE at birth and at age 65 is lower than females.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men as are all forms of substance abuse.
- Alcohol disorders are twice as common in men although binge drinking is increasing at a faster rate among young women. Among older people the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time cancer morbidity and mortality rates are reducing more quickly for men than women.
- Victims of domestic violence are at high risk of serious injury or death. Most victims are female.

4.4.3. Disability

The definition of disability is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. Some people classified as disabled and having rights under the Equality Act 2010 are not captured by this definition, that is people with a long-standing illness or disability which is not currently affecting their day-to-day activities.

The 2021 Census indicates that 20.7% of people in Sefton have a disability or illness that affects their day-to-day activities - higher than the North West (19.8%) and England (17.7%).

The 2023/24 GP Quality Outcomes Framework (QOF) register shows there were 1,717 people with learning disability (LD) known to their general practice. This is a prevalence rate of 0.59%, compared to 0.58% in Cheshire & Merseyside and 0.58% England.¹⁵

Health issues

- There is a strong relationship between physical and mental ill health. Being physically disabled can increase a person's chances of poor mental health.
- Co-morbidity of disabling conditions can occur.
- People with LD are living longer and as a result the number of older people with a LD is increasing. Despite the fact that people with LD are 58 times more likely to die before the age of 50 than the rest of the population, life expectancy for people with LD has increased over the last 70 years. Older people with LD need more support to remain active and healthy for as long as possible.
- Data from NHS Digital suggests people with learning disabilities still have a 4-5 times higher mortality rate than those without LD.
- Recent data from OHID suggests those with severe mental illness (SMI) have 2-3 times higher premature (under age 75 years) mortality rates compared to those without SMI. This is driven by higher mortality from cardiovascular disease, cancers and respiratory disease. One other feature is lower cancer screening uptake rates amongst people with SMI.
- Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

4.4.4. Pregnancy and maternity

See section 4.2.5 for fertility rates and live births data.

Health issues

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- | | | |
|---|---------------------------------|--|
| • Backache | • Constipation | • Cramp |
| • Deep vein thrombosis | • Faintness | • Headaches |
| • High blood pressure and pre-eclampsia | • Incontinence | • Indigestion and heartburn |
| • Itching | • Leaking nipples | • Morning sickness and nausea |
| • Nosebleeds | • Urinating a lot | • Pelvic pain |
| • Piles (haemorrhoids) | • Skin and hair changes | • Sleeplessness |
| • Stretch marks | • Swollen ankles, feet, fingers | • Swollen and sore gums, which may bleed |
| • Tiredness | • Vaginal discharge or bleeding | • Varicose veins |

4.4.5. Race

See section 4.2.3.

Health issues

¹⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21>

- Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and there is evidence of increased prevalence of some specific life-threatening illnesses.
- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus (HIV), tuberculosis and diabetes.
- An increase in the number of older people from ethnic minority groups is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Ethnic minority groups may face discrimination and harassment and may be possible targets for hate crime.

Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance use and diabetes. These issues are representative of various lifestyle factors alongside issues of lower education attainment, and historically a lack of integration with mainstream support services and reduced trust in such institutions.

Refugees and asylum seekers

Asylum seekers are one of the most vulnerable groups within society often with complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health, some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services. Some asylum seekers will have been subjected to torture as well as witnessing the consequences of societal breakdown of their home country – with traumatic consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed. Children are particularly neglected in this area.

4.4.6. Religion and belief

Data from the 2021 Census for Sefton residents showed:

- Christian - 64.4%
- Buddhist - 0.2%
- Hindu - 0.4%
- Jewish - 0.1%
- Muslim - 0.8%
- Sikh - 0.0%
- Other religion - 0.4%

- No religion - 28.6%
- Religion not stated - 5.0%.

Health issues

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and beliefs.

4.4.7. Marital status

Data from the 2021 Census for Sefton showed:

- Single (never married or never registered a same-sex civil partnership): 37.3%
- Married or in a registered same-sex civil partnership: 43.0%
- Separated (but still legally married or still legally in a same-sex civil partnership): 2.1%
- Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 9.7%
- Widowed or surviving partner from a same-sex civil partnership: 7.9%.

Health issues

- Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect.¹⁶
- A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership.¹⁷

4.4.8. Sexual orientation

Data from the 2021 Census for Sefton showed:

- 91.4% of Sefton residents aged over 16 stated they were straight or heterosexual
- 1.4% stated they were gay or lesbian
- 0.9% stated they were bisexual
- 0.2% stated they were another sexual orientation

¹⁶Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality *Maturitas*. 2012 Dec; 73(4): 295–299

¹⁷Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health*, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, <https://doi.org/10.1093/eurpub/ckaa165.961>

- 6.1% did not answer the question

Health issues

- Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey found:¹⁸
- Half of LGBT people (52%) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year.
- Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who aren't trans said the same.
- 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men.
- One in six LGBT people (16%) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13%) took drugs at least once a month.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20% of trans people – have witnessed these remarks.
- One in twenty LGBT people (5%) reported having been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.

4.4.9. Gender re-assignment

In the 2021 Census, 95.2% said their gender identity was the same as the sex they were registered at birth, 0.3% said it was different to the sex they were registered at birth and 4.5% preferred not to say.

Health issues

Research from Stonewall shows:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- The discomfort a person may feel with their body relating to a sense of mismatch between their gender identity and the sex originally registered on their birth certificate, their place in society, or with their family and social relationships is described in medical terms as gender dysphoria. Transgender people are likely to suffer from mental ill health as a reaction to gender dysphoria

¹⁸ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

4.5 Deprivation and socio-economic factors

The English Indices of Deprivation 2019 (ID2019) are the Government's official measure of multiple deprivation at small area level. ID2019 updates information produced in 2015. It provides a relative ranking of areas across England according to their level of deprivation.

ID2019 brings together 39 indicators which cover specific dimensions of deprivation: Income, Employment, Health and Disability, Education, Skills and Training, Barriers to Housing and Services, Living Environment and Crime. These are weighted and combined to create an overall Index of Multiple Deprivation (IMD). ID2019 provides scores and ranks for IMD, the seven domains of deprivation and 2 supplementary income deprivation indices – one relating to children (IDACI) and one relating to older people (IDAOPI).

The IMD2019 is based on lower super output areas (LSOA) - geographical areas containing approximately 1,500 people. The LSOAs are ranked from most deprived to least deprived. Nationally the most deprived LSOA is given a ranking of 1 and the least deprived a ranking of 32,844. This report also includes analyses where LSOAs have been categorised into deprivation bands, most commonly deciles (10% bands) or quintiles (20% bands).

According to the ID (2019) Sefton's average score was 27.04, considerably higher than the average England score (21.69) but lower than the Liverpool City Region (34.89) and North West (27.91). Sefton's IMD score has increased with each iteration (2010, 2015, 2019), meaning overall deprivation has got worse in the borough. Sefton became the 58th most deprived LA in England out of 317 local authorities, moving into the most deprived 20% of local authorities nationally.

The IMD (2019) scores vary greatly across the 189 LSOAs in Sefton. The highest score (77.51) is in Linacre ward in the south of the borough. In comparison, the lowest score (4.11) is in the North locality, within Harington ward.

Overall, 38 (one fifth) of Sefton's 189 LSOAs fell within the top 10% of deprived areas nationally. 20 of these were in the top 5% deprived nationally, with 7 being in the top 1% of areas. In contrast, 23 Sefton LSOAs fell in the bottom (least deprived) 10% nationally. 5 of which were in the bottom 5% nationally and one in the bottom 1%. Areas of high deprivation are concentrated in the south of the borough, along with pockets situated in the North.

More information is available in [Sefton's Indices of Deprivation dashboard](https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence-insight-performance/deprivation/)¹⁹

¹⁹ <https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence-insight-performance/deprivation/>

5. Health Profile of Sefton

5.1 Summary of health issues

On average Sefton's health is worse than England as a whole (figure 4). Over three quarters of local authorities in England have a longer average lifespan than Sefton. Sefton has a larger than average population of senior residents over age 50 and a smaller than average population of working age individuals. Sefton is also much more unequal than England. Almost nowhere in England has a bigger gap between the expected lifespan of rich and poor residents than Sefton. Big differences in living standards and life chances cause big differences in health, including how long someone can expect to live in good health. Sefton has the second most divided distribution of wealth and poverty in England – just behind Kensington and Chelsea²⁰.

Sefton's health compared to England:


- Sefton's life expectancy at birth is lower than in England and has shown little improvement in recent years with considerable inequality seen across different areas of the Borough.
- The inequality in life expectancy at birth for males living in most and least deprived areas is 14.1 years and for females, 12.3 years; these figures rank second largest for females and third largest for males in England.
- Life expectancy at age 65 is also significantly lower in Sefton compared to England, with an inequality of 7.6 years for males, ranked eleventh highest nationally, and 7.8 years for females, ranked eighth highest nationally.
- A&E attendances and emergency hospital admissions for children are higher in the Borough than England.
- Improvements have been seen in some child and maternity indicators such as smoking at time of delivery and breastfeeding prevalence at 6-8 weeks. However, breastfeeding prevalence and tooth decay rates remain worse than England and further work is needed to tackle health inequalities in these areas.
- Sefton's childhood vaccination rates have reduced, with several falling below 90% coverage. In contrast the rate of immunisations for children in care has improved, with Sefton's coverage significantly better than England for the past 5 years.
- The proportion of children living with obesity has increased in Sefton and overweight and obese adults is significantly higher than England.
- Sefton has higher premature (under 75 years) mortality rates from all causes, causes considered preventable, and for cancer and liver disease deaths compared to England.
- Sefton's rates of alcohol related, and alcohol specific hospital admissions have been decreasing in recent years. Despite reductions, Sefton's rates remain significantly higher than those seen nationally.
- Sefton's rates of drug poisoning deaths and deaths from drug use are significantly higher than England.

²⁰ [Exploring local income deprivation](#)

Figure 4: key health statistics for Sefton

Indicator	Period	Sefton			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Life expectancy and causes of death								
Life expectancy at birth (Male, 3 year range)	2020 - 22	–	-	77.5	78.9	73.4		
Life expectancy at birth (Male, 1 year range)	2022	–	-	78.3	79.3	73.8		
Life expectancy at birth (Female, 3 year range)	2020 - 22	–	-	81.4	82.8	79.0		
Life expectancy at birth (Female, 1 year range)	2022	–	-	81.4	83.2	79.2		
Under 75 mortality rate from all causes	2023	→	1,094	391.6	341.6	622.1		7.1
Under 75 mortality rate from cardiovascular disease	2023	→	231	81.6	77.4	136.2		
Under 75 mortality rate from cancer	2023	→	405	141.7	120.8	186.1		
Suicide rate (Persons, 10+ yrs)	2021 - 23	–	96	13.1	10.7	20.5		
Injuries and ill health								
Killed and seriously injured (KSI) casualties on England's roads	2023	→	115	158.0*	91.9*	-	Insufficient number of values for a spine chart	
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	↓	360	138.1	126.3	382.6		40.9
Hip fractures in people aged 65 and over	2022/23	→	445	635	558	849		
Percentage of cancers diagnosed at stages 1 and 2	2021	→	805	56.4%	54.4%	43.5%		
Estimated diabetes diagnosis rate	2018	–	-	75.3%	78.0%	54.3%		
Estimated dementia diagnosis rate (aged 65 and older)	2024	→	2,898	66.3	64.8	45.5		
> 66.7% (significantly) similar to 66.7% < 66.7% (significantly)								
Behavioural risk factors								
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	–	55	34.5	26.0	75.5		3.8
Admission episodes for alcohol-related conditions (Narrow)	2022/23	↓	1,499	514	475	856		7
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS)	2023	–	-	9.7%	11.6%	26.3%		
Percentage of physically active adults (19+ yrs)	2022/23	–	-	63.3%	67.1%	51.4%		
Overweight (including obesity) prevalence in adults (18+ yrs)	2022/23	–	-	69.2%	64.0%	77.7%		
Child health								
Under 18s conception rate / 1,000	2021	→	69	15.7	13.1	31.5		
Smoking status at time of delivery	2023/24	↓	160	7.1%	7.4%	17.5%		8%
Baby's first feed breastmilk (previous method)	2018/19	–	1,275	56.4%	67.4%	-	Insufficient number of values for a spine chart	
Infant mortality rate	2020 - 22	–	30	4.1	3.9	8.3		
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24	→	705	24.6%	22.1%	31.0%		
Inequalities								
Deprivation score (IMD 2019)	2019	–	-	27.0	21.7	45.0		
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	2023	–	-	11.2%	19.5%	54.8%		4%
Inequality in life expectancy at birth (Male)	2018 - 20	–	-	14.1	9.7	17.0		
Inequality in life expectancy at birth (Female)	2018 - 20	–	-	12.3	7.9	13.9		
Wider determinants of health								
Children in relative low income families (under 16s)	2022/23	↑	9,967	21.0%	19.8%	43.2%		
Children in absolute low income families (under 16s)	2022/23	→	7,264	15.3%	15.6%	35.8%		
Average Attainment 8 score	2022/23	–	-	42.8	46.2	36.1		
Percentage of people in employment	2023/24	→	128,200	79.3%	75.7%	47.9%		
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	–	1,033	8.4	12.4	32.7		2.6
Violent crime - hospital admissions for violence (including sexual violence)	2020/21 - 22/23	–	485	62.9	34.3	122.3		6.7
Health protection								
Winter mortality index	Aug 2021 - Jul 2022	–	90	7.6%	8.1%	30.1%		
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	1,032	367	520	3,304		152
TB incidence (three year average)	2020 - 22	–	15	1.8	7.6	41.3		0.7

Source: OHID Fingertips tool, Local Authority Health Profiles



Part 3: Current service provision: access; prescribing; advanced and other commissioned services

6. Pharmacy Premises

6.1 Pharmacy providers

6.1.1 Community pharmacy contractors

Community pharmacy contractors can be individuals who independently own one or two pharmacies or large multinational companies e.g. Lloyds, Boots, Sainsbury's etc. who may own many hundreds of pharmacies UK wide.

Sefton has 68 "pharmacy contractors" who between them operate out of a total of 63 community pharmacy premises, plus 5 distance selling 'internet' pharmacies.

Every pharmacy must have a qualified pharmacist available throughout all its contractual hours to ensure services are available to patients. In general, pharmacy services are provided free of charge, without an appointment on a 'walk-in' basis. Pharmacists dispense medicines and appliances as requested by prescribers via both NHS and private prescriptions.

In terms of the types of community pharmacies in our area, there are:

- 57 delivering a minimum of 40 hours service per week, ranging between 40 and 71 hours
- 6 delivering a minimum of 72-100 hours service per week
- 5 providing services via the internet or "distance selling"

Further details of community pharmacies operating in Sefton can be found in section 6.2 of this PNA, as well as in Appendices 1 and 2.

6.1.2. Dispensing doctors

Dispensing doctor services consist mainly of those which dispense medicines for patients on their 'dispensing list, who live in more remote rural areas. There are strict regulations which stipulate when and to whom doctors can dispense. Sefton has **no** dispensing doctor practices.

6.1.3. Appliance contractors

Appliance contractors cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Currently Sefton **does not have** an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas and from online services, which is increasingly common.

6.1.4. Local pharmaceutical services (LPS)

This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently **no** LPS contracts in Sefton.

6.1.5. Acute hospital pharmacy services

There are five Acute Hospital Trusts within Sefton's catchment area, namely:

- Liverpool University Hospitals NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- Walton Centre NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust

Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients, when patients are discharged following a hospital stay and during the outpatient clinics.

6.1.6. Mental health pharmacy services

The population of Sefton is served by Mersey Care NHS Trust. They employ pharmacists to provide clinical advice within their specialist areas, and they also commission a "dispensing service" from a Community Pharmacy to dispense the necessary medications for their patients at the various clinics across the patch.

6.1.7. GP Out of hours services and urgent care centres

There is now one GP 'out of hours' service for the Merseyside region. The service covers Liverpool, Halton, Knowsley, Warrington, several practices in St Helens, as well as South Sefton and Southport and Formby Primary Care Network GP areas. The service is accessed through NHS 111 outside working hours 6.30pm-8.00am (Mon-Fri) and over all weekends and Bank Holidays. During normal pharmacy opening hours, patients who require medicine to be dispensed are provided with a prescription that is usually sent electronically to a local Community Pharmacy. During evenings and weekends, where Pharmacy services may be more limited, patients requiring urgent treatment are provided with pre-packaged short courses of medication, as described in the national out of hours formulary.

Sefton has one walk in centre in Litherland Town Hall. Residents can also be directed to Skelmersdale walk in centre and the urgent care centre in Ormskirk Hospital (both in neighbouring West Lancashire). All three operate seven days a week from 8am until 8pm and bank holidays.

6.1.8. Bordering services / neighbouring providers

The population of Sefton can access services from pharmaceutical providers not located within the local authority's own boundary. When hearing pharmacy contract applications or making local service commissioning decisions, the accessibility of services close to the borders will need to be considered. For further information on such services please refer to the relevant neighbouring Health and Wellbeing Boards' own PNA.

6.1.9 Quality standards for pharmaceutical service providers: community pharmacy assurance framework

The ICB area team requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies providing NHS services are included within a programme of assurance framework monitoring visits. The delivery of any locally commissioned services is scrutinised by the commissioner of each of the services under separate arrangements. As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with

patients treated with compassion, dignity and respect. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the ICB team adopts when carrying out the Community Pharmacy Assurance Framework Monitoring visits for essential and advanced services.

The Community Pharmacy Assurance Framework process follows a structured sequence of events including:

- Self-assessment declarations.
- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff.
- Scrutiny of internal processes for confidential data management.
- Recommendations for service development or improvement.
- Structured action plan with set timescales for completion.

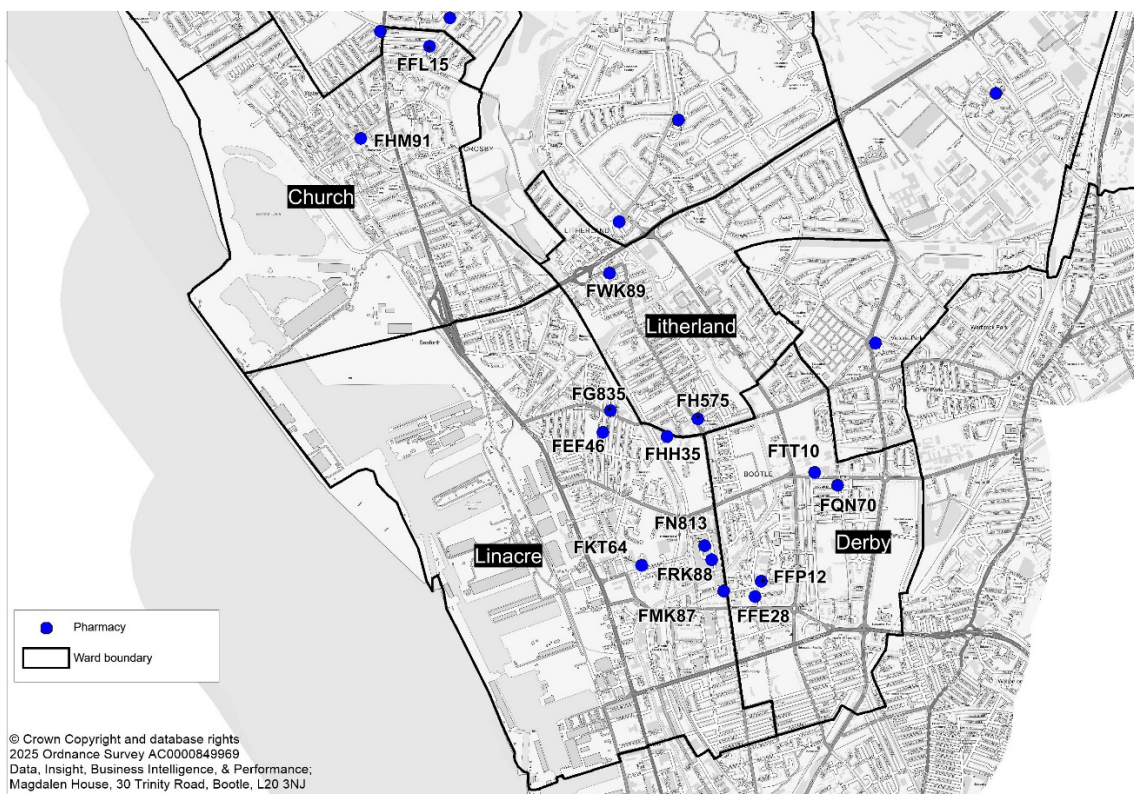
In addition to the structured process outlined above, the ICB team will also consider findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standard of an individual pharmacist is found to fall below the expected level, the ICB team will work with the relevant professional regulatory body, such as the General Pharmaceutical Council, to ensure appropriate steps are taken to protect the public.

6.2. Pharmacy locations and level of provision

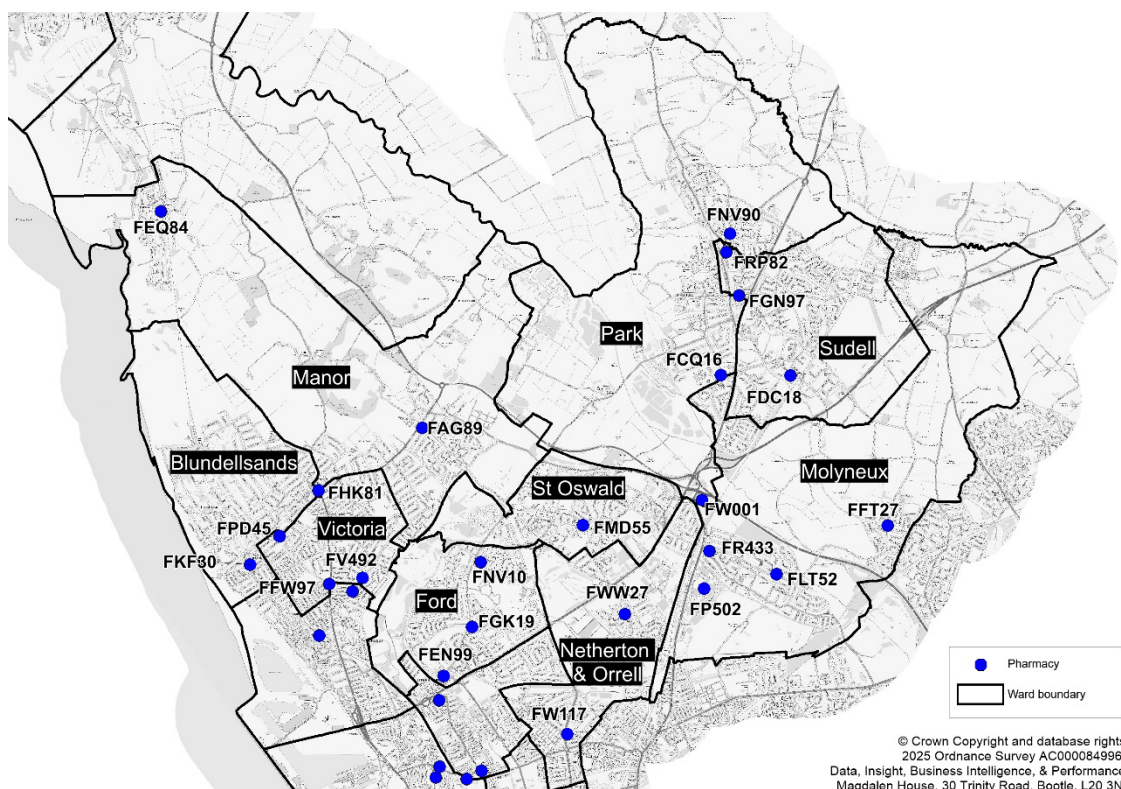
As of November 2024, there are 63 community pharmacies across Sefton with a further 5 distance-selling 'internet only' pharmacies making a total of 68 pharmacies in Sefton (see maps 3-5, and appendices 2 and 3 for a full list of community pharmacies within and bordering Sefton). Nationally there are a total of community 10,564 pharmacies²¹ for a GP registered population of 63,669,331 (November 2024)²², giving an average of approximately one community pharmacy for every 6,027 members of the population. Sefton has one pharmacy for every 4,252 people (based on GP registered population of 289,114); a lower average number of patients per pharmacy than nationally and Cheshire & Merseyside (5,085). This is based on total pharmacies, both 'high street' and distance-selling, to ensure a like-for-like comparison.

²¹ [Consolidated Pharmaceutical List - CONSOL PHARMACY LIST 202425Q2 - Open Data Portal](#)

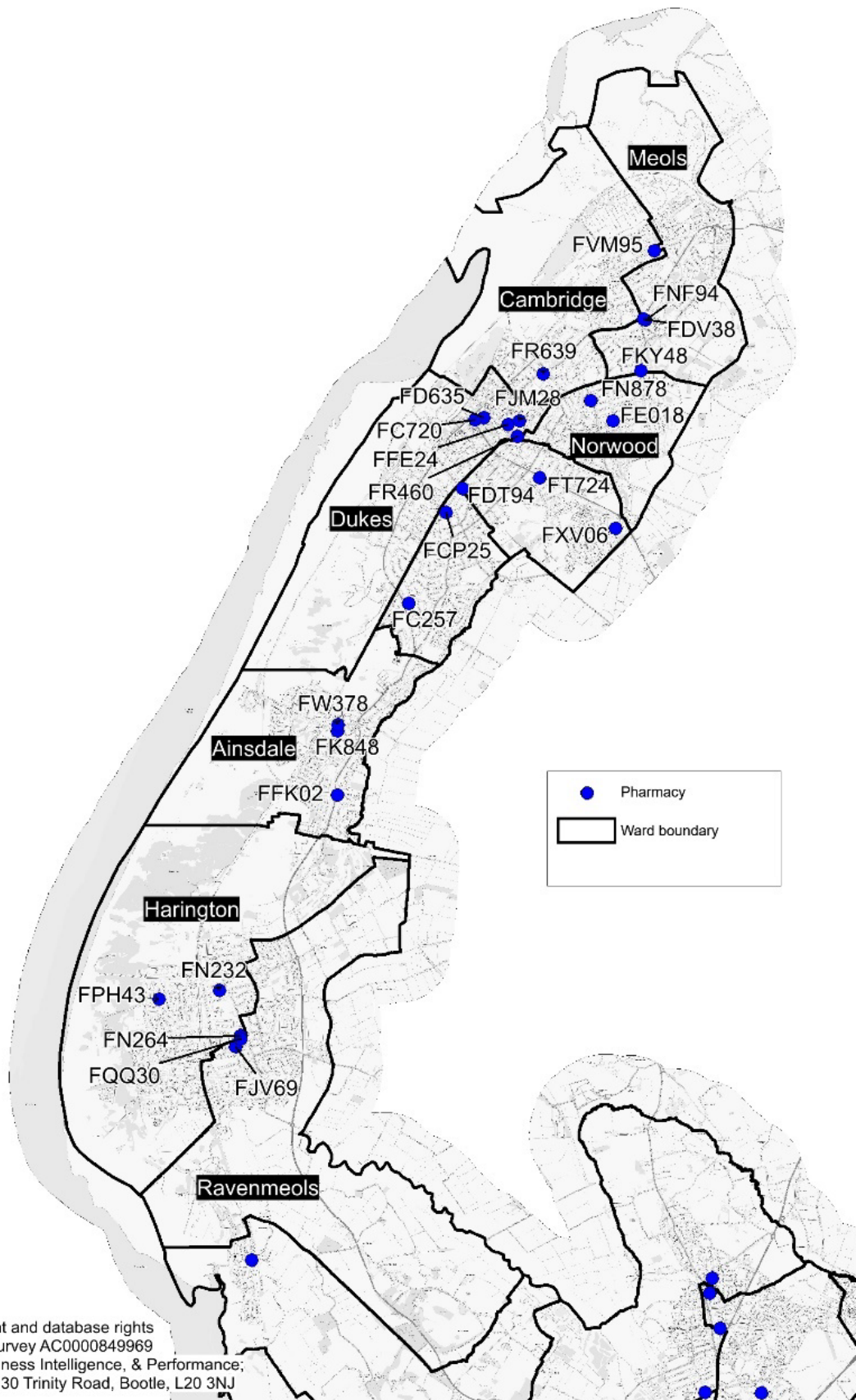
²² As at 1 November 2024 data via [Patients Registered at a GP Practice, November 2024 - NHS England Digital](#)



Map 3: Community pharmacies in South Sefton locality

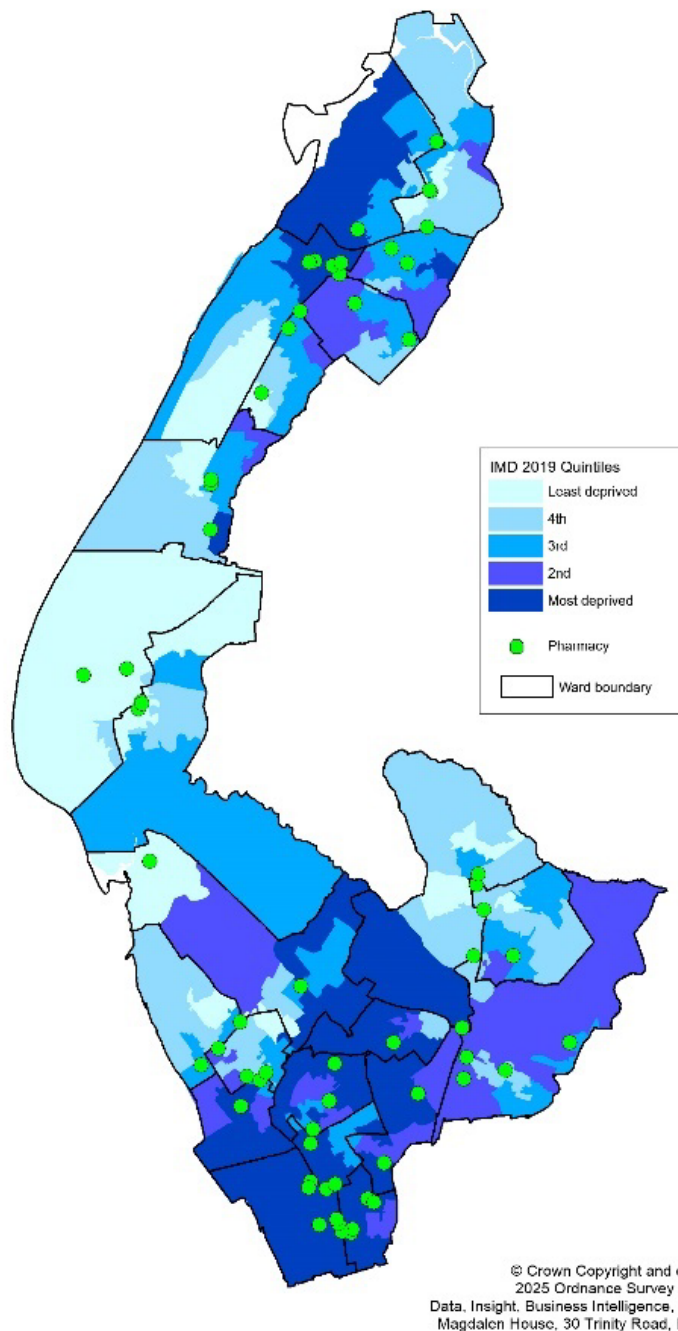


Map 4: Community pharmacies in Central Sefton locality



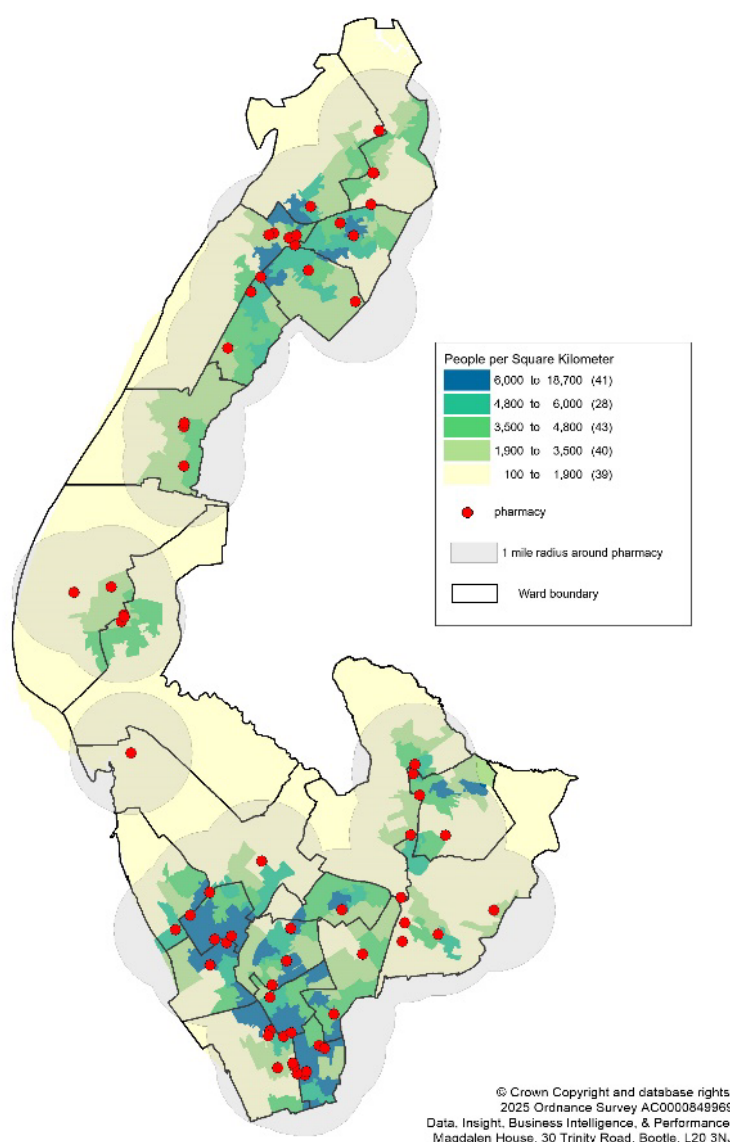
Map 5: Community pharmacies in North Sefton locality

Map 6 shows that generally there is a good provision of pharmacies in the most deprived areas of Sefton. Most LSOAs in the most deprived quintile have at least one pharmacy within 1 mile. Parts of two LSOAs in Park ward and 1 LSOA in Cambridge ward are further than 1 mile from a pharmacy. As shown in maps 9 and 10, these areas are within a 10-to-15-minute drive of a pharmacy. For residents who do not have access to a car, the travel time would be around 30 minutes on public transport (see maps 11, 12 and 13 for further details on walking, public transport and cycling travel times).



Map 6: Pharmacy locations mapped against levels of deprivation (IMD 2019)

Map 7 shows that in all areas of high population density there is pharmacy provision within an ‘as the crow flies’ one mile distance. Only areas with the lowest population density must travel more than one mile.



Map 7: Pharmacy locations (with 1 mile buffer) mapped against population density

Sefton has a larger number of pharmacies in relation to the size of its registered population (23.5 per 100,000) when compared to England (16.6 per 100,000) and Cheshire & Merseyside (19.7 per 100,000).²³

However, Figure 5 shows there is a wide range across Sefton when analysed by electoral ward (excluding the 5 distance sellers)²⁴. All wards have a pharmacy. Linacre ward has the highest concentration of pharmacies, followed by Harrington and Dukes. All these areas have shopping centres; Bootle Strand is in Linacre, Formby town centre is in Harrington and Southport town centre is in Duke's ward.

²³ England figure calculated from NHSBA Consolidated Pharmaceutical list 2024/25 Q2 [Consolidated Pharmaceutical List - CONSOL PHARMACY LIST 202425Q2 - Open Data Portal](#)

²⁴ This analysis uses resident population not the GP registered population used to calculate rates for Sefton, Cheshire & Merseyside and England.

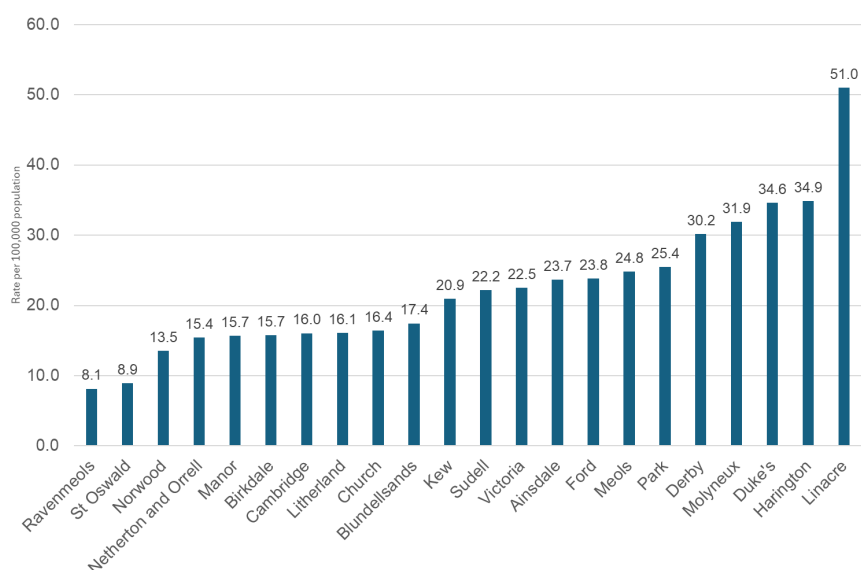


Figure 5: Crude rate of pharmacies (excluding distance sellers) in Sefton wards per 100,000 population (ONS mid-2022 population)

In the public survey of community pharmacy services (figure 6) 72% stated the most important reason for choosing the pharmacy they regularly use was that it was close to their home, with 40% saying because it was close to their doctor's surgery, 31% because it is easy to park nearby and 30% because it is close to other shops they use.

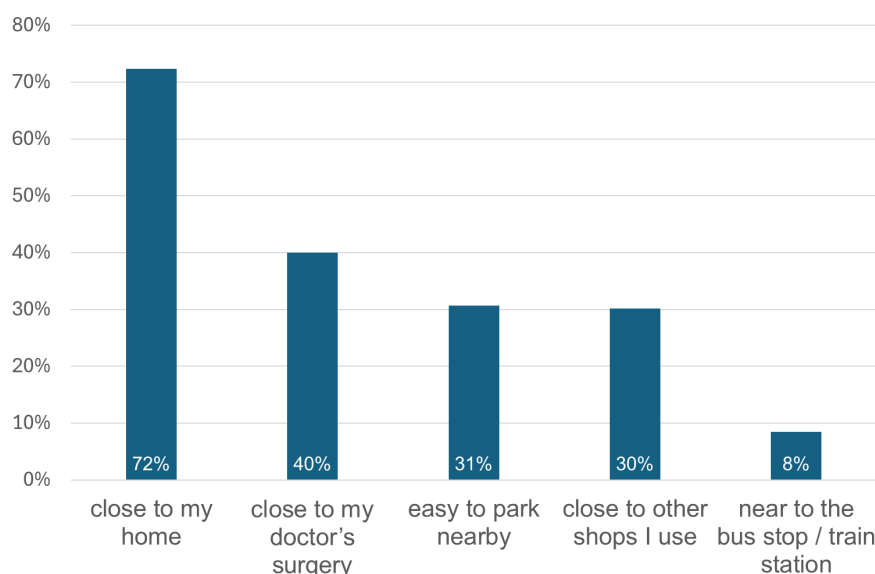
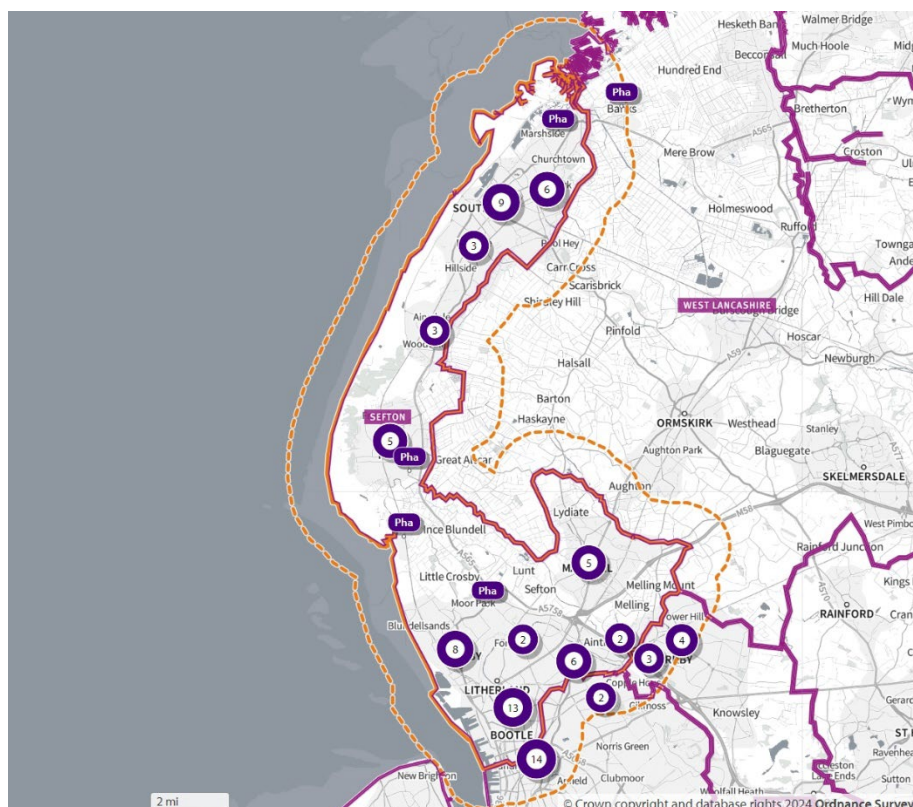


Figure 6: importance of location, question 7 of public survey of community pharmacy services

6.3. Access to and provision of community pharmacy services in local authorities bordering Sefton

In addition to pharmacy services provided within Sefton, there are several pharmacies in neighbouring Local Authorities that may be used by some residents due to their proximity. Map 8 shows the locations of pharmacies within one mile of Sefton. There are 24 pharmacies within one mile of the Sefton border, 7 in Knowsley, 16 in Liverpool and one in West Lancashire (a list is provided in appendix 3).



Map 8: Pharmacies in other boroughs most likely to be used Sefton residents (SHAPE tool)

6.4. Getting to the pharmacy

To demonstrate accessibility, it is helpful to refer to maps showing pharmacy locations with drive and walk times for the local population. A series of travel time maps from the Department of Health & Social Care's SHAPE ATLAS have been accessed to consider travel by car, walking, cycling and public transport.

In the community pharmacy services survey 53% of respondents had used their car to get to their pharmacy and 5% had used public transport. These percentages are similar to those obtained in 2021. The proportion of respondents who reported walking to their pharmacy has increased since 2021, from 38% to 53% (Figure 7).

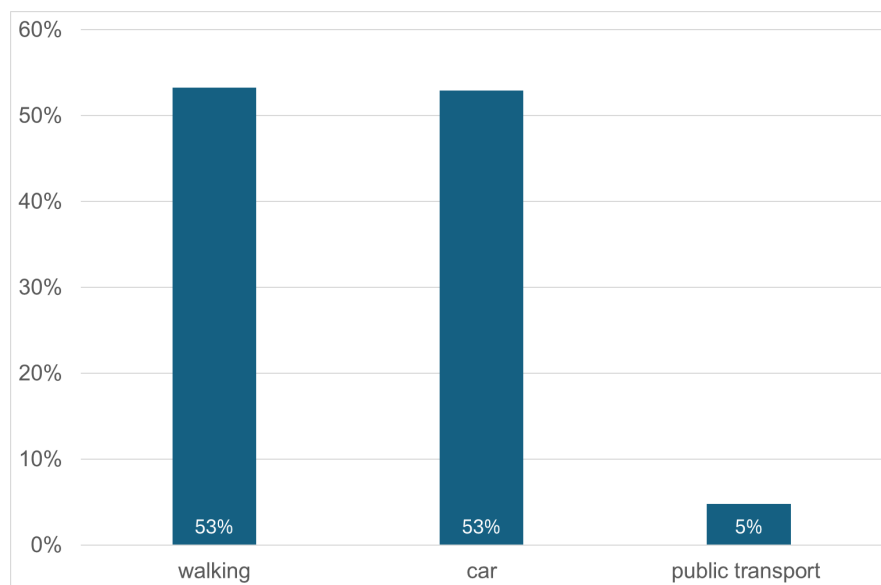
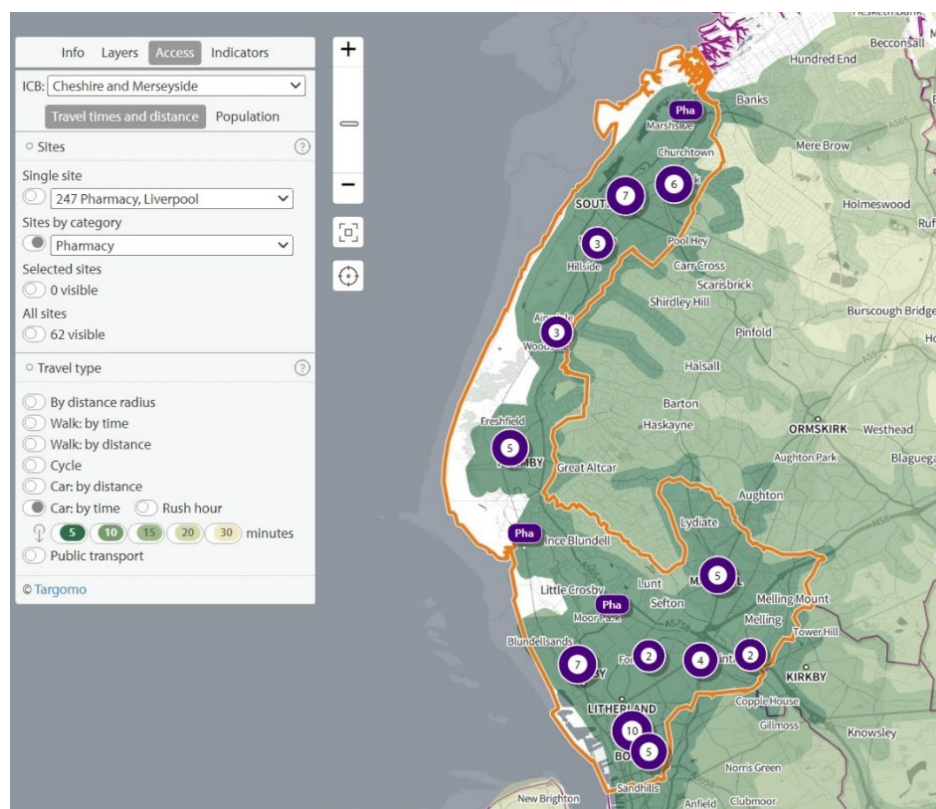
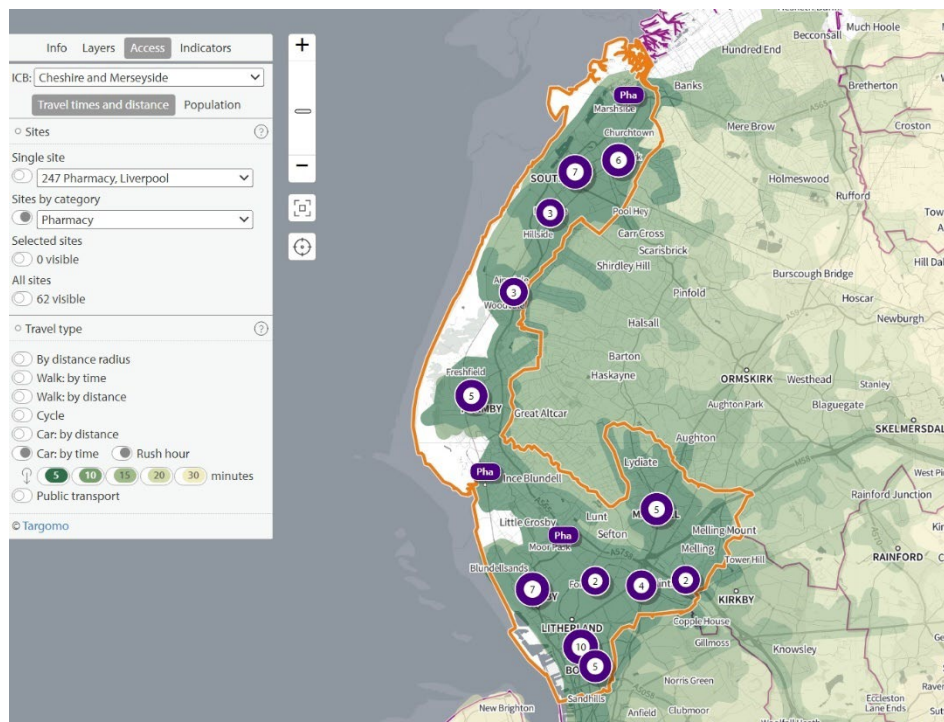


Figure 7: method used to get to the pharmacy, Q5 of public survey of community pharmacy services

Mapping shows that most Sefton communities are within a 10-minute drive of a community pharmacy in the daytime (map 9). During rush hour, almost all locations remain within 10 minutes' drive, and none are more than a 15–20-minute drive from a pharmacy (map 10).

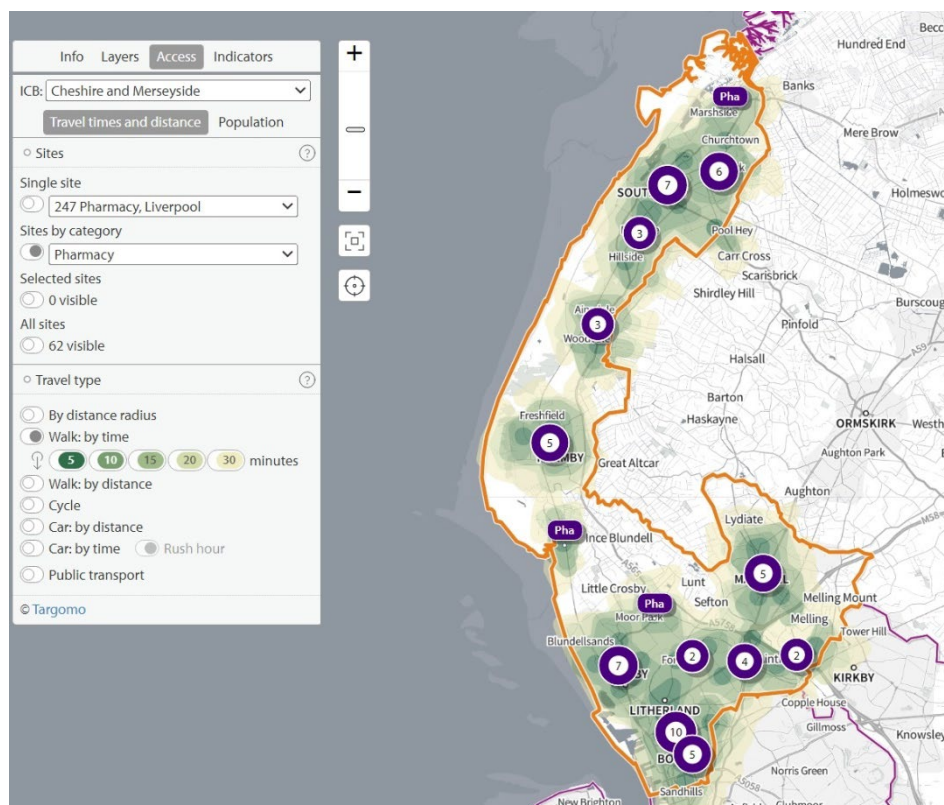


Map 9: Drive times to access community pharmacies during the day (SHAPE tool)



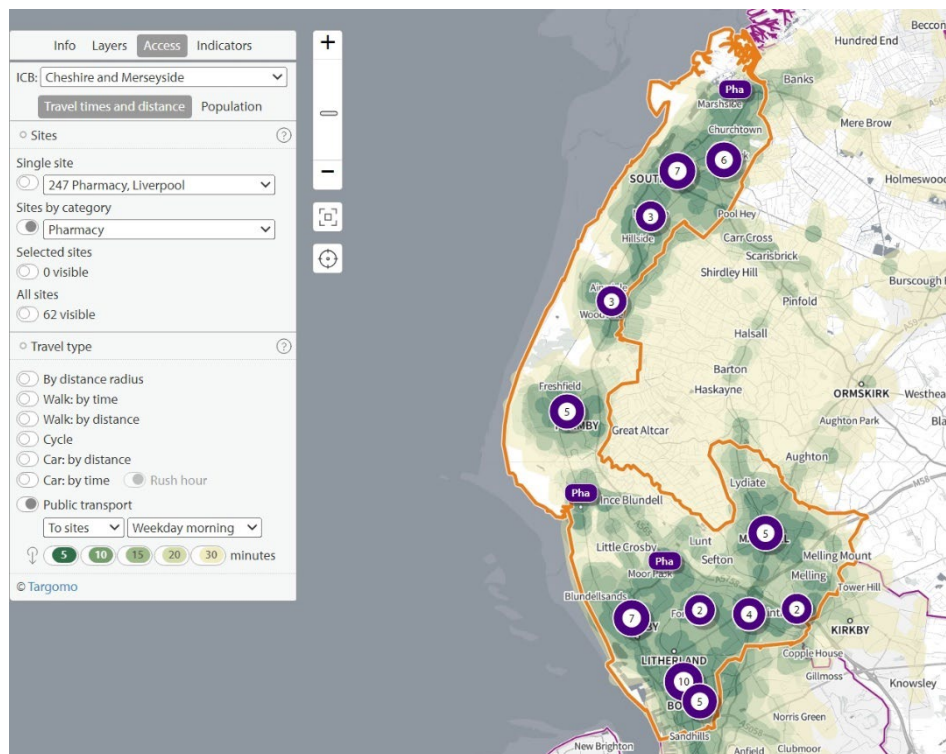
Map 10: drive times to community pharmacies during rush hour (SHAPE tool)

If walking is considered (map 11), travel times are longer for some communities, most notably the less urban areas South-East of Formby (Ince Blundell, Sefton Village, Lunt) and North of Lydiat.

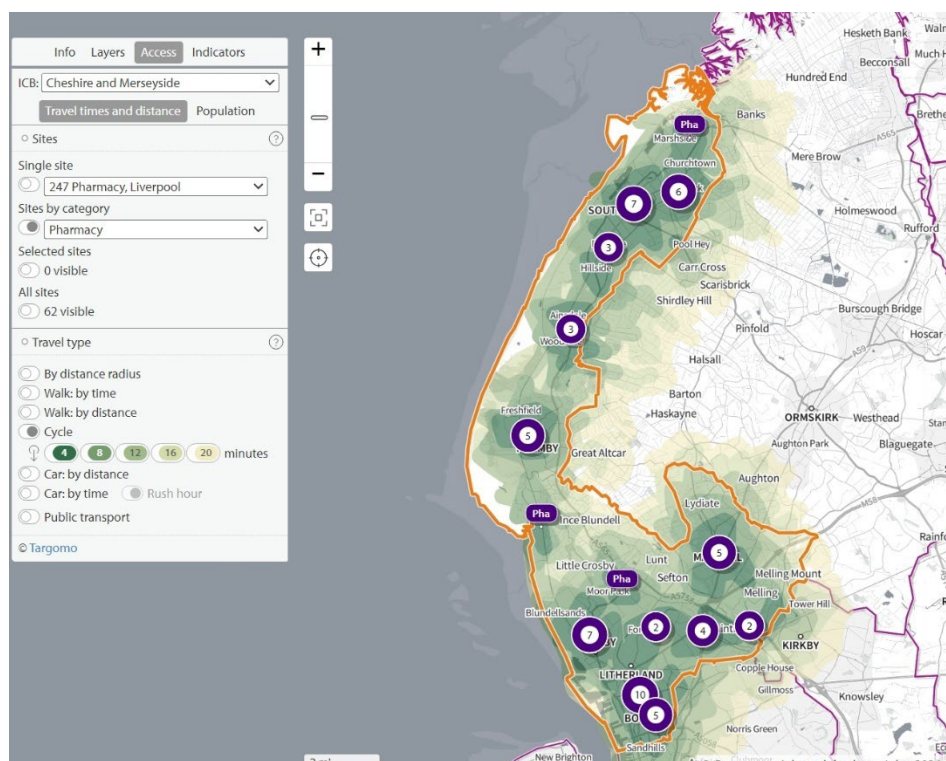


Map 11: walking times to community pharmacies (SHAPE tool)

Most locations in Sefton can, however, reach a community pharmacy within 30 minutes on public transport (on an average weekday morning) (map 12) or within 20 minutes cycling (map 13).



Map 12: travel time to pharmacies by public transport on a weekday morning (SHAPE tool)



Map 13: cycling times to community pharmacies (SHAPE tool)

It is not surprising therefore that the majority of respondents to the public survey stated that it was very easy (66%) or quite easy (22%) to get to the pharmacy (figure 8).

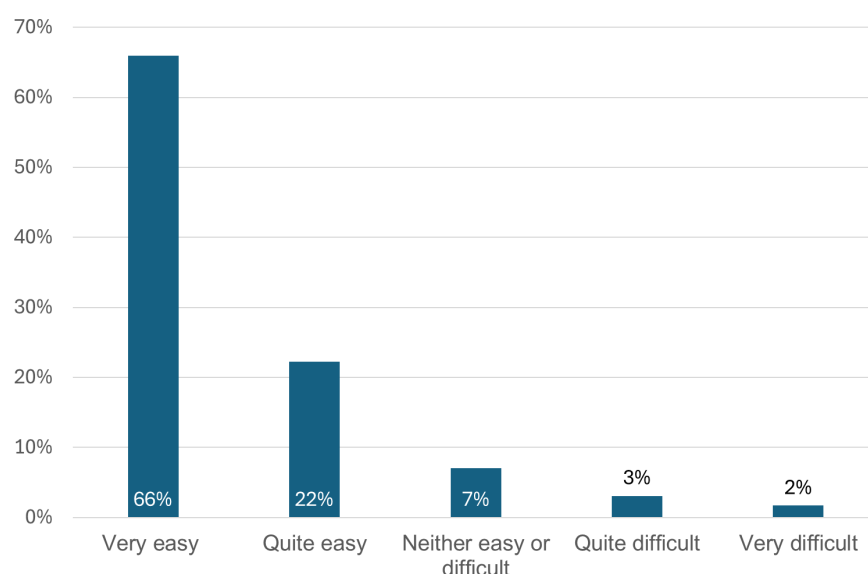


Figure 8: ease of access usual pharmacy, Q8 public survey of community pharmacy services

6.5. Pharmacy opening hours, including 72–100-hour pharmacies and distance selling pharmacies

Under the contract framework, community pharmacies must be open for a minimum of 40 hours each week, but they are free to set their own hours of opening so long as this minimum is provided. From 25 May 2023, contractors can apply to reduce the total weekly core opening hours of 100-hour pharmacies to not less than 72. Data from quarter 2 2024/25 from NHS Business Services Authority (NHSBA) shows:

- 35 out of 63 community pharmacies in Sefton are open between 40 and less than 50 hours per week.
- 22 pharmacies are open for 50 hours or more per week but less than 72 hours.
- There are 6 pharmacies open for 72 hours or more per week.

Full details of each pharmacy opening can be found in Appendix 1. They highlight the following (tables 2 and 3):

- On any working day of the week there are at least 18 community pharmacies open before 9am across Sefton. However, the majority (45 pharmacies) open from 9am. No pharmacies are open before 8am.
- Most pharmacies in Sefton are open past 5pm (97%) Monday to Friday. On any day of the working week 26 pharmacies are open beyond 6pm in Sefton (41%). Six pharmacies (9%) are open after 8pm. The latest closing is 10pm, with 2 pharmacies open until this time every Monday to Friday (Tesco in Southport and Asda in Aintree).

During the weekend, 38 (60%) community pharmacies are open on a Saturday, with 9 (14%) open on a Sunday. There is generally good provision of pharmacy services across Sefton on a Saturday. The only wards that do not have access to a pharmacy on a Saturday are Derby, Manor, Netherton & Orrell and Norwood. However, all these wards are well served by pharmacies open on a Saturday in

neighbouring wards. Map 14 provides an illustration of pharmacies open on a Saturday within Sefton.

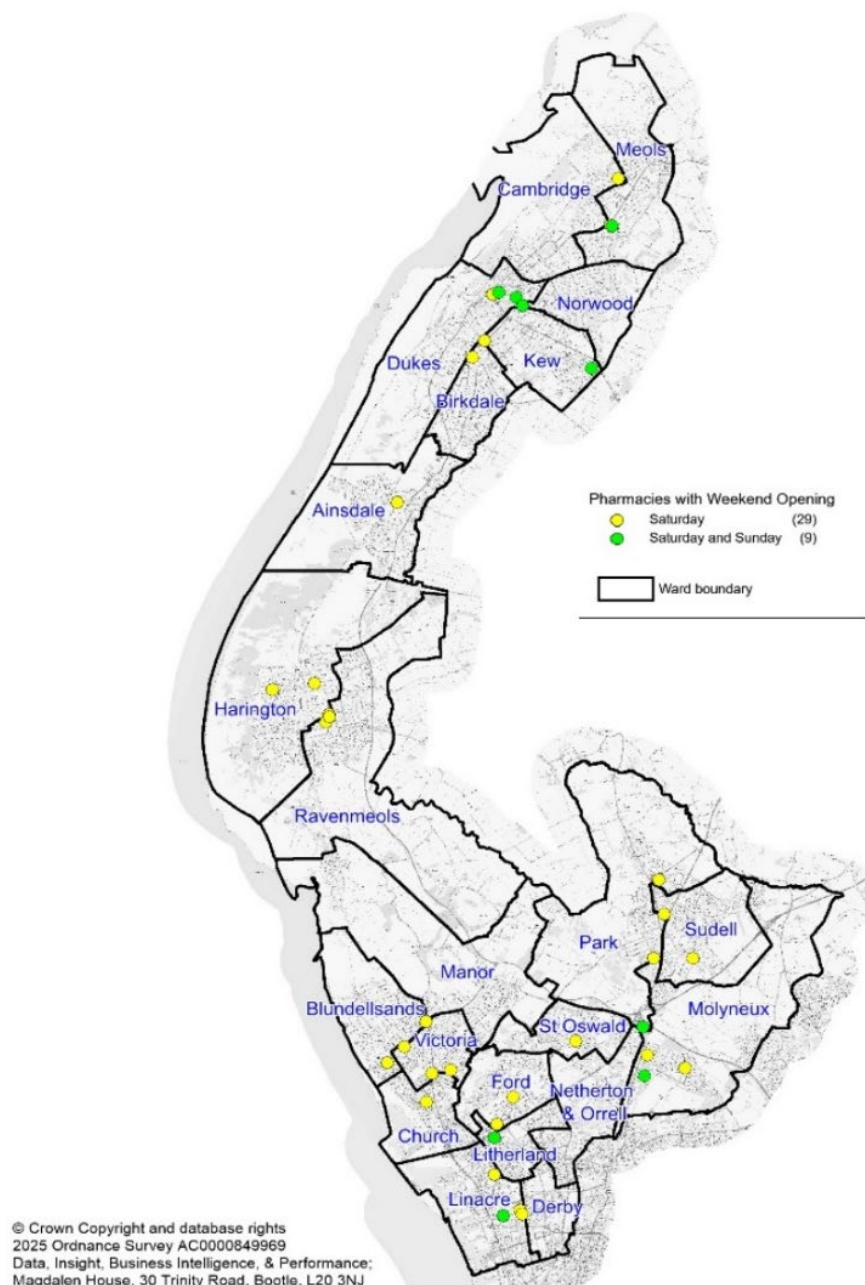
All 3 Sefton localities have access to pharmacies open on a Sunday (map 14). There is also a Sunday pharmacy rota service in operation in Formby. All Formby pharmacies (except the distance selling pharmacy) participate in the service. The five Formby pharmacies alternate opening each Sunday and bank holiday for one hour. If a pharmacy is open on a Sunday, it covers any bank holidays in that week. The Sunday rota is determined by NHS England and the pharmacies receive a copy of their dates at least 6 months in advance.

Ward name	No. of pharmacies		Pharmacies per 100,000 population (excludes distance sellers)	Weekday			Saturday		Sunday	
	Community pharmacies	Distance Sellers		open before 9am	open after 6pm	open after 8pm	open AM	open PM	open AM	open PM
Ainsdale	3	0	23.7	2	0	0	1	1	0	0
Birkdale	2	0	15.7	0	1	0	1	1	0	0
Blundellsands	2	0	17.4	0	0	0	2	1	0	0
Cambridge	2	0	16.0	0	1	0	1	1	0	0
Church	2	1	16.4	0	0	0	1	1	0	0
Derby	4	0	30.2	0	3	0	0	0	0	0
Duke's	5	0	34.6	2	3	1	4	4	3	3
Ford	3	1	23.8	0	2	0	2	2	0	0
Harington	4	0	34.9	1	1	0	4	1	0	0
Kew	3	1	20.9	2	1	1	2	1	1	1
Linacre	7	0	51.0	1	2	1	4	3	1	1
Litherland	2	0	16.1	0	1	1	1	1	1	1
Manor	2	0	15.7	0	1	0	0	0	0	0
Meols	3	0	24.8	2	2	1	2	2	1	1
Molyneux	4	0	31.9	1	1	0	3	1	1	1
Netherton and Orrell	2	0	15.4	0	0	0	0	0	0	0
Norwood	2	1	13.5	1	2	0	0	0	0	0
Park	3	0	25.4	1	2	1	3	1	1	1
Ravenmeols	1	1	8.1	1	1	0	1	0	0	0
St Oswald	1	0	8.9	1	0	0	1	0	0	0
Sudell	3	0	22.2	3	1	0	2	1	0	0
Victoria	3	0	22.5	0	2	0	3	3	0	0

Table 2: Pharmacy opening times outside normal working hours, by ward

Locality name	Number of pharmacies		Pharmacies per 100,000 population (excludes distance sellers)	Weekday			Saturday		Sunday	
	Community Pharmacies	Distance Sellers		open before 9am	open after 6pm	open after 8pm	open AM	open PM	open AM	open PM
North	25	3	21.3	11	12	3	16	11	5	5
Central	23	1	20.5	6	9	1	16	9	2	2
South	15	1	29.1	1	6	2	6	5	2	2

Table 3: Pharmacy opening times outside normal working hours, by locality



Half of respondents to the public survey of community pharmacy services said they were very satisfied with the opening hours of their pharmacy and 30% were somewhat satisfied. 64.2% hadn't needed to use their usual pharmacy when it was closed. Of those that had found it closed, most had found this once or twice (figure 9).

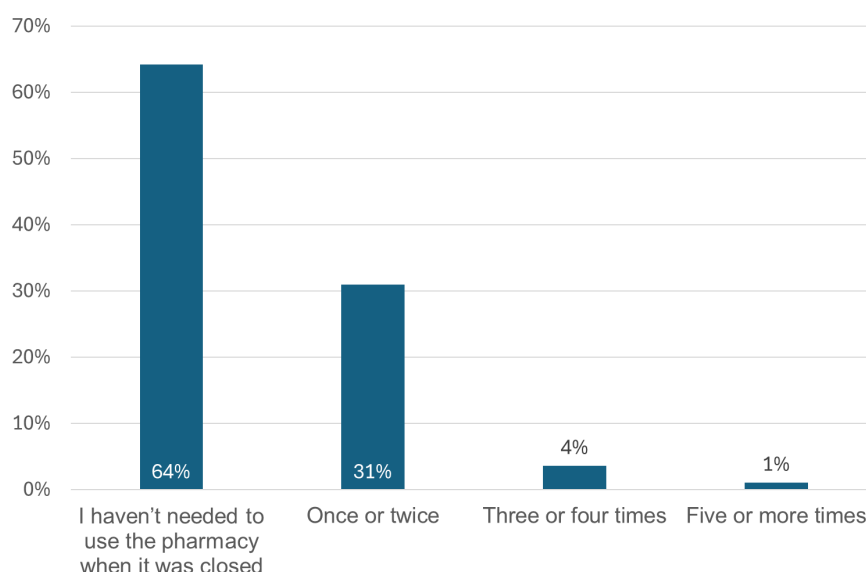


Figure 9: How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed? Q17 public survey

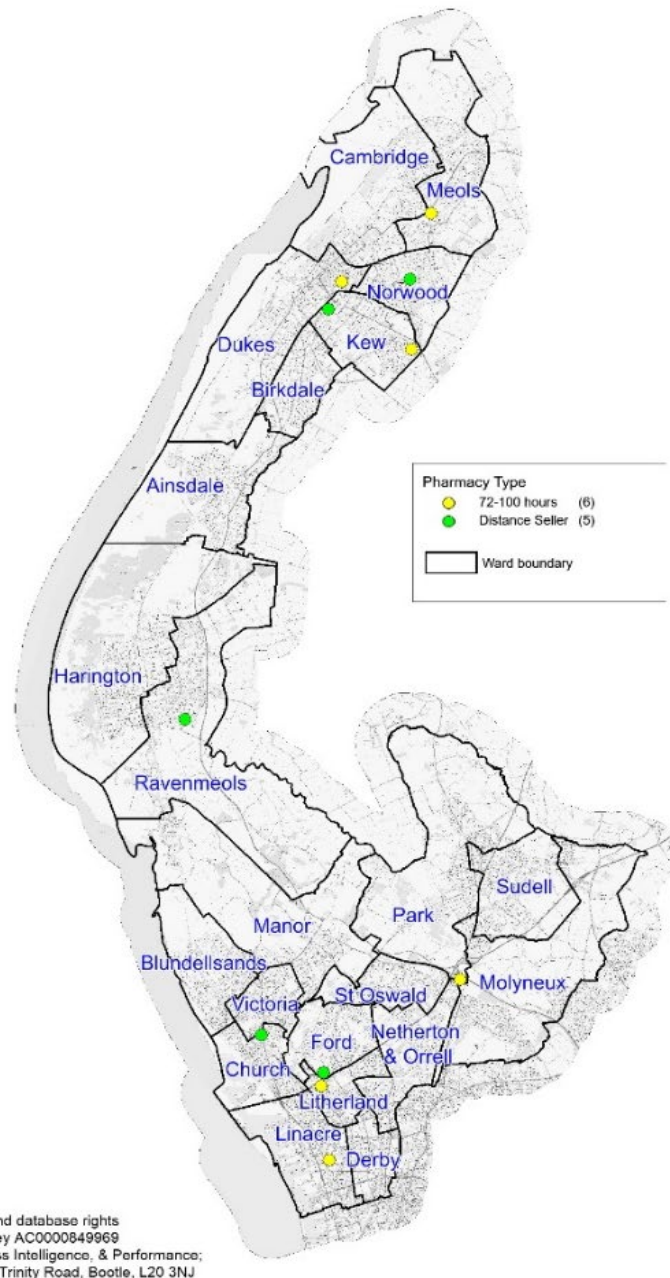
In most cases where people had found their usual pharmacy closed, it was a Saturday (40%) or Sunday (15%). In 27% of cases, it was between Monday and Friday and in 5% of cases it was a bank holiday. The remaining respondents were not able to remember (13%). Afternoon or evenings were the most cited times of day. 46% of people experiencing a closed pharmacy waited until it was open with 34% going to another pharmacy and 9% using another NHS service (Hospital Walk in, NHS 111). Other comments also included using an automatic medication dispenser at the pharmacy, visiting a supermarket or borrowing medication from family.

Bank and public holiday opening

The ICB is required to ensure that the population within any given Health and Wellbeing Board area can access pharmaceutical services on every day of the year. Under the terms of their contract, pharmacies and dispensing appliance contractors are not required to open on bank holidays or Easter Sunday. To provide adequate provision, contractors must confirm their opening hour intentions for each of the days to the ICB. Where a gap in provision is identified, ICB will then direct a contractor to open part or all day.

72-100 hour and internet-based/mail order pharmacy provision

There are 6 pharmacies open for 72 hours or more per week. These are in Duke's, Meols, and Kew wards in the North; Park in Central Sefton, and Litherland and Linacre in the South (map 15). Further details of opening hours and locations of 72-100 hour and distance selling pharmacies can be found in Appendix 1.



Map 15: Location of distance sellers and pharmacies open for 72-100 hours

6.6. Access for people with a disability and/or mobility problem

All the community pharmacies that responded to the contractor survey said customers can legally park within 50 metres of the pharmacy. When asked about access to public transport, 81% said there was a bus stop or train station within 100 metres and a further 17% said there was one within 100 to 500 metres.

When asked about facilities for disabled patients, 43% said customers have access to designated disabled parking. Approximately 87% of responding pharmacies have an entrance which can be used unaided by wheelchair users and 91% said that all areas of the pharmacy floor can be accessed by wheelchair users.

Pharmacies were also asked what other facilities were in place to support disabled customers. The facilities offered to support disabled patients are shown in figure 10.

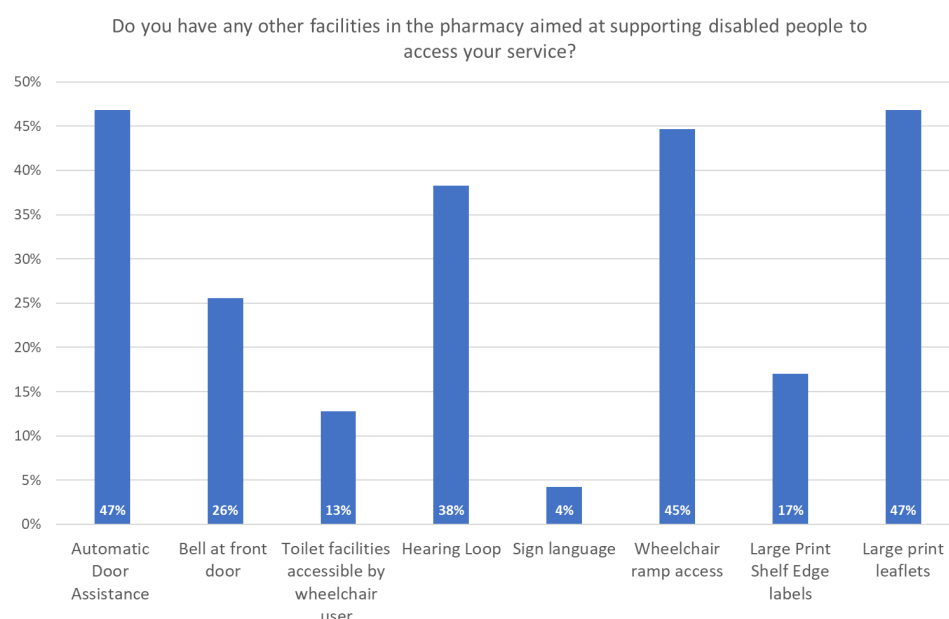


Figure 10: Pharmacy accessibility for disabled patients

Several questions in the public survey covered issues of access for those with a disability and/or mobility problem or other access needs:

- 29.5% answered yes to 'Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?'
- 86.9% answered yes, 11.2% answered no, and 1.9% don't know to 'If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy?':
- 81% answered yes and 17% no to 'If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?'

6.7. Access for clients whose first language is not English

Language Line is available to all pharmacies. From the 2024 contractor survey, 30% of responding pharmacies advised that they had a pharmacist or other member of staff who could speak at least one language in addition to English. The languages listed were Romanian, Cantonese, Dutch, Arabic, Portuguese, Spanish, French, Gujarati, Tamil, Hindi, Russian, Latvian and Polish. Some pharmacies have more than one non-English language spoken.

6.8. Pharmacy consultations

All pharmacies that responded to the contractor survey had at least one consultation room: 78% had one consultation room, 20% had 2 rooms and 2% had 3 rooms.

Pharmacies were asked whether they were able to provide advice and support if a customer wished to speak to a person of the same sex. Only three of the responding pharmacies were not able to accommodate this request. 44% of pharmacies could always provide this service and a further 50% were able to provide this by arrangement.

Pharmacies were asked about access to hand washing facilities and toilet facilities. 68% of pharmacies had handwashing facilities in the consultation area and a further 8% close to the consultation area. Twenty-six percent of pharmacies had toilet facilities that patients could access. Patient access to toilet facilities would be needed for some screening services such as pregnancy testing or chlamydia screening. Nine pharmacies (18%) had no access to hand washing facilities or toilet facilities.

39% of respondents to the public survey said they had had a consultation with their pharmacist recently. Of these 34% of consultations were undertaken at the pharmacy counter and 53% of consultations were undertaken in a consultation room (figure 11). 82% of people who had a consultation with a pharmacist found privacy levels excellent, very good or good, whilst 18% of people rated privacy levels between fair, poor or very poor (figure 12).

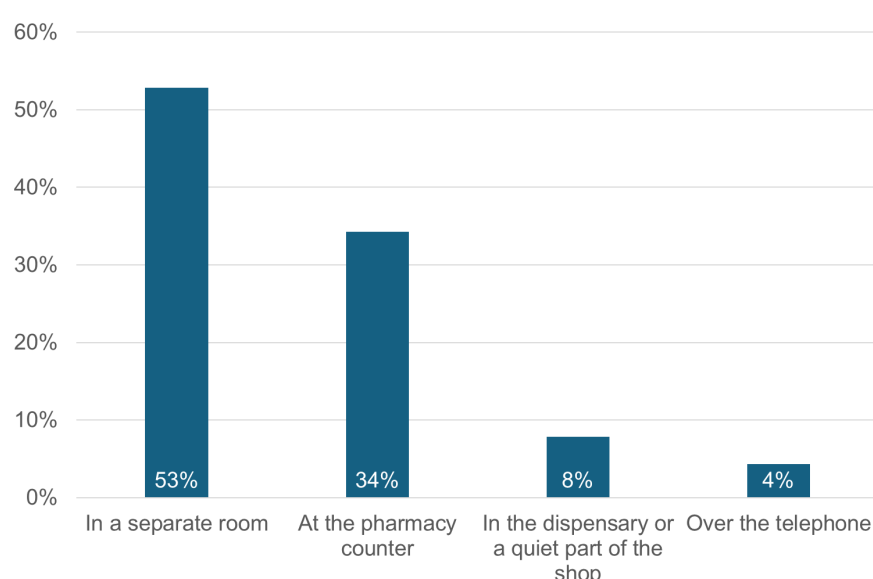


Figure 11: where consultations took place, Q29 public survey

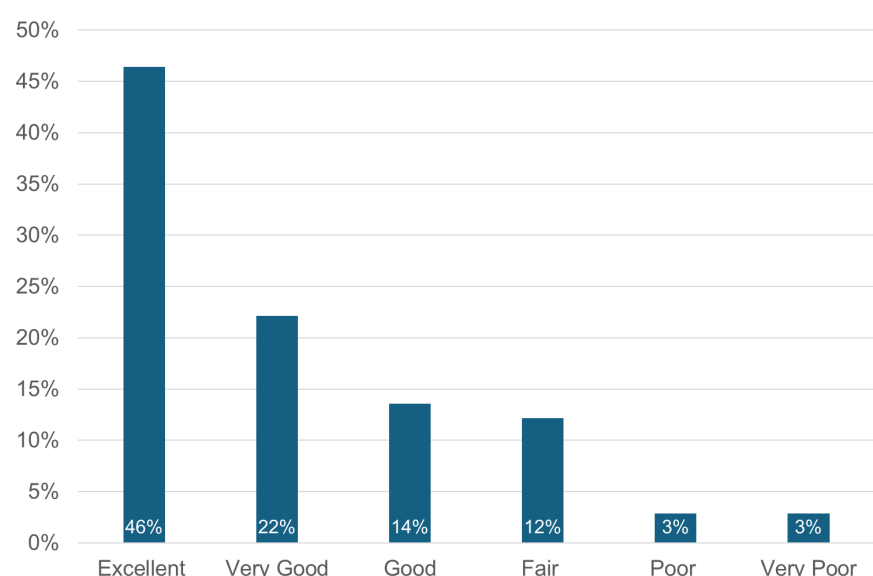


Figure 12: satisfaction with privacy of consultations, Q30 public survey

7. Prescribing and dispensing

7.1. Prescribing volume

Data in this section was provided by Cheshire & Merseyside ICB business intelligence team using NHSBSA epact2 data. It analyses prescribing for Sefton as well as the 2 primary care network areas (South Sefton and Southport & Formby) against the England and, in some cases also, the Cheshire & Merseyside and North West averages.

Figure 13 shows that overall Sefton community pharmacy dispensing volume pattern has consistently been above the Cheshire & Merseyside ICB, North West and England averages. Between 2019/20 and 2022/23, prescribing volume per pharmacy was higher in Southport & Formby than South Sefton. However, the gap has been narrowing and in 2023/24 South Sefton's prescribing volume per pharmacy overtook that of Southport and Formby. This may reflect the impact of pharmacy closure and consolidation in this part of the borough.

Figure 13: Prescribing trend, 2019/20 to 2023/24: Trend in average items dispensed per month per pharmacy

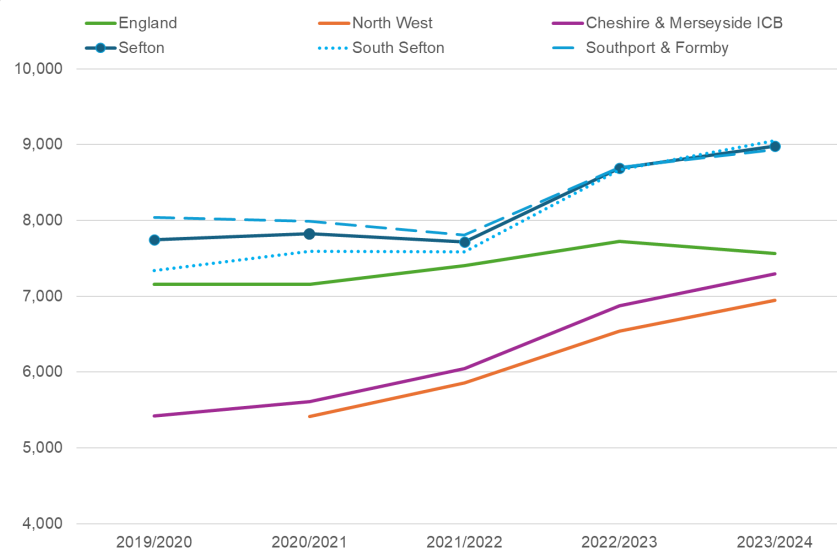


Table 4 below, shows that 90% of items prescribed by Sefton GPs are dispensed in Sefton community pharmacies (51% in pharmacies in South Sefton and 39% in Southport & Formby). The percentage of items prescribed by South Sefton GPs that are dispensed by South Sefton pharmacies is lower than the percentage of items prescribed by Southport & Formby GPs that are dispensed in Southport and Formby. This is due to a higher percentage of South Sefton prescribed items being dispensed in neighbouring areas (13% were dispensed in Liverpool and Knowsley).

Table 4: Prescriptions dispensing locations, 2023/24

Locality	Area where Sefton GP prescriptions are dispensed	Dispensed in each area	
		Volume	%
Sefton	South Sefton	3318131	50.9%
	Southport & Formby	2543435	39.0%
	Liverpool	430629	6.6%
	Knowsley	99225	1.5%
	West Lancashire	57277	0.9%
	Elsewhere in Cheshire & Merseyside	8039	0.1%
	Elsewhere in North West (Lancashire, Greater Manchester and Cumbria)	18722	0.3%
	Elsewhere in England	49018	0.8%
	Total (excluding distance)	6524476	100%
South Sefton	South Sefton	3,304,321	84.5%
	Liverpool	416,446	10.6%
	Knowsley	97,836	2.5%
	Southport & Formby	23,239	0.6%
	Elsewhere in Cheshire & Merseyside	6,379	0.2%
	Elsewhere in North West (Lancashire, Greater Manchester and Cumbria)	18,057	0.5%
	Elsewhere in England	46,055	1.2%
	Total (excluding distance selling pharmacies)	3,912,333	100.0%
Southport & Formby	Southport & Formby	2,520,196	96.5%
	West Lancashire	46,891	1.8%
	Liverpool	14,183	0.5%
	South Sefton	13,810	0.5%
	Elsewhere in Cheshire & Merseyside	3,049	0.1%
	Elsewhere in North West (Lancashire, Greater Manchester and Cumbria)	11,051	0.4%
	Elsewhere in England	2,963	0.1%
	Total (excluding distance selling pharmacies)	2,612,143	100.0%

Most people surveyed, got a prescription the last time they visited a pharmacy – either for themselves (80%) or someone else (27%). 93% had used a pharmacy within the month prior to completing the survey (see figures 14 and 15).

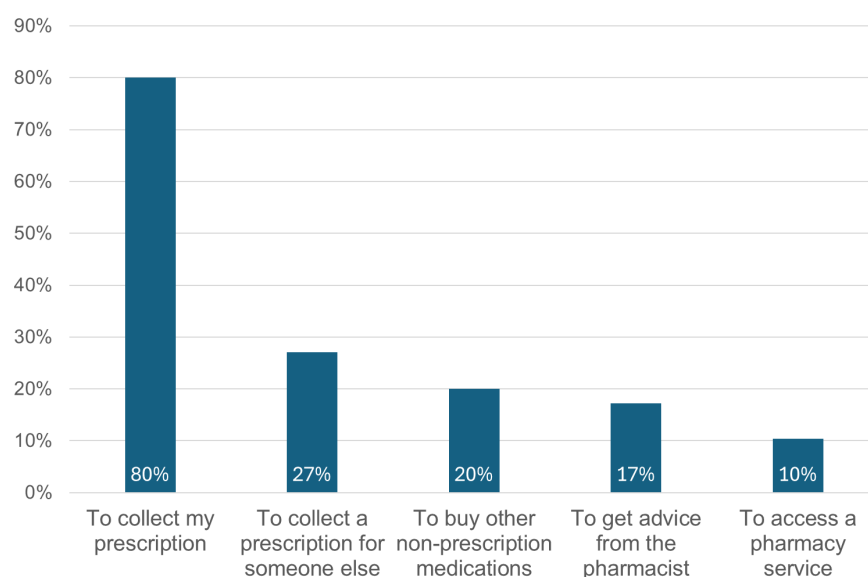


Figure 14: Reasons for visiting the pharmacy, question 3 public survey

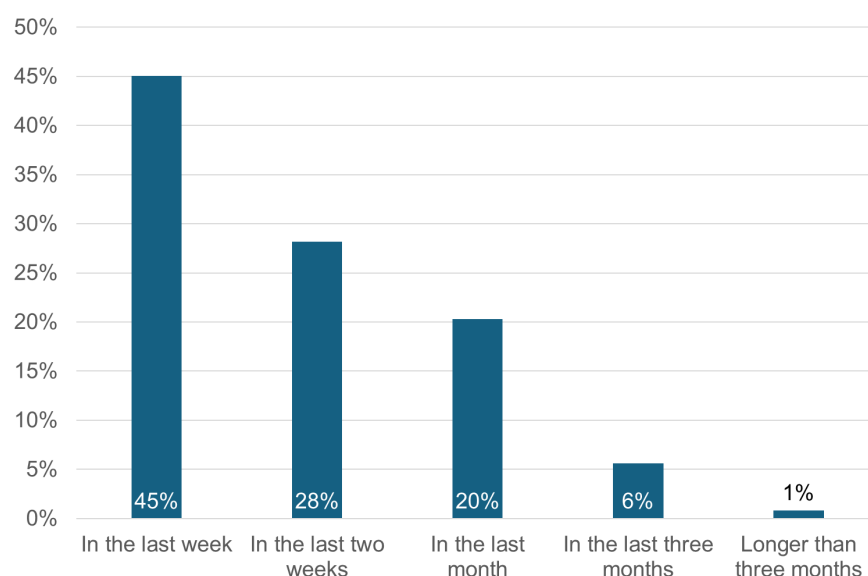


Figure 15: When did you last use a pharmacy?, question 4 public survey

7.2 Medicines shortages

Since 2021, there have been reports of increasing supply problems affecting medicines. Recent media coverage has highlighted shortages of medicines used to treat diabetes, attention deficit hyperactivity disorder (ADHD) and epilepsy, as well as hormone replacement therapy (HRT) and others. A House of Commons Library research briefing²⁵ provides information on the causes and consequences of medicines shortages in the UK and internationally, and the UK Government's approach to addressing supply problems.

²⁵. <https://researchbriefings.files.parliament.uk/documents/CBP-9997/CBP-9997.pdf>

7.2.1 Causes and consequences of medicines shortages

Supply chains for medicines are long and complex, and shortages can be caused by multiple factors²⁶. These include manufacturing or distribution problems and increased demand for medicines. Commentators have also drawn attention to the effects of wider geopolitical factors²⁷, including the conflict in Ukraine, the Covid-19 pandemic and Brexit. This is not just a UK issue, with what is happening in the UK needing to be seen in the context of global problems with supply chains and the availability of key ingredients. A report by the Nuffield Trust²⁸ found that the past two years have seen constant pressure on medicines supply, in a ‘new normal’ of frequent disruption to crucial products.

Pharmacists and patient organisations have drawn attention to the impact of medicines shortages on patients²⁹, who may struggle to access medicines and sometimes have to switch to alternative drugs. Community Pharmacy England, which represents community pharmacies, has also reported that medicines supply and pricing issues are “severe” financial pressures³⁰ on pharmacy staff and businesses.

7.2.2 Government response to medicines shortages

The government has described medicines shortages as ‘an ongoing issue that the Department [of Health and Social Care] has been managing for many years’³¹. The Department of Health and Social Care and NHS England have published guidance on the management of medicines supply and shortages³², which outlines the processes to be followed and options available to the government to address supply disruption. These include:

- issuing serious shortage protocols³³, which enable pharmacists to provide specific alternatives to scarce medicines
- taking regulatory action to approve³⁴ new medicines or, in exceptional circumstances, extend medicine expiry dates
- restricting medicines exports³⁵
- offering pharmacies price concessions³⁶, to help pharmacies to cover the cost of NHS prescriptions.

Organisations representing pharmacists have called for reforms to the systems used to manage medicines shortages. Community Pharmacy England has called for ‘a strategic Government review of

²⁶ <https://www.weforum.org/agenda/2023/02/why-is-world-experiencing-medicine-shortages-and-how-can-the-generics-industry-address-supply-challenges/>

²⁷ <https://pharmaceutical-journal.com/article/feature/special-report-the-uks-medicines-shortage-crisis>

²⁸ <https://dmscdn.vuelio.co.uk/publicitem/8b197cbb-7e42-465e-afda-253725975cd0>

²⁹ <https://pharmaceutical-journal.com/article/feature/special-report-the-uks-medicines-shortage-crisis>

³⁰ <https://cpe.org.uk/our-news/community-pharmacy-england-briefs-mps-on-medicines-supply-issues/>

³¹ <https://questions-statements.parliament.uk/written-questions/detail/2023-07-14/194202>

³² <https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

³³ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps>

³⁴ <https://www.gov.uk/government/publications/medicines-shortages-regulatory-processes-to-manage-supply-disruptions/medicines-shortages-regulatory-processes-to-manage-supply-disruptions>

³⁵ <https://www.gov.uk/guidance/parallel-export-and-hoarding-of-restricted-medicines>

³⁶ <https://cpe.org.uk/funding-and-reimbursement/reimbursement/price-concessions/>

medicine supply and pricing³⁷ that focuses on supply chain functioning. Appeals for reform centre on calls for pharmacists to be able to amend prescriptions to provide alternatives³⁸ to patients when medicines are out of stock, and on changes to current medicines pricing systems³⁹.

This has led the Cheshire & Merseyside ICB to issue its own **Medicines Shortage Statement: Guidance during periods of sustained medicines shortages** in April 2024 in which they stated.

“Medicines supply shortages can have significant negative impacts on patients, community pharmacies, general practice, and the wider NHS. It is imperative that all stakeholders work together in the best interest of the patient.

Where a local shortage of a formulary medicine has been identified, prescribers may need to consider alternatives for the duration of the shortage taking into consideration safety and cost effectiveness. For national shortages, see national guidance where applicable.

Formulary alternatives should be considered first, however there may be circumstances where prescribing of non-formulary medicines is the most appropriate option following the key principles outlined below. It is recommended that healthcare professionals register for free with the Specialist Pharmacy Service (SPS) Medicines Supply Tool and subscribe to SPS email notifications to obtain details of medicines supply shortages, further information on alternatives and when shortages have resolved [Link to alternatives and when shortages have resolved](#)

Key principles

- Effective communication between healthcare professionals in all sectors is paramount. – Specialists should communicate the rationale for any non-formulary recommendations and state whether the formulary choice medication can be reinstated once the supply issue has resolved.
- Primary care clinicians should seek specialist advice where appropriate.
- Prescribers in all sectors should seek guidance from their local Medicines Optimisation/Medicines Management teams as required.
- Patient safety is paramount, and patients must be kept informed of any changes to their medication and the potential differences with an alternative medication.
- When choosing an alternative medicine, prescribers should always consider the cost-effectiveness of any non-formulary choice.
- Any prescribing of alternative medicines due to a shortage should only be for the duration of the shortage and it is the prescriber’s responsibility to ensure that patients are prescribed the most appropriate and cost-effective medicine once the supply issue has resolved”

³⁷ <https://cpe.org.uk/our-news/community-pharmacy-england-briefs-mps-on-medicines-supply-issues/>

³⁸ <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/shortage-policy>

³⁹ <https://cpe.org.uk/our-news/community-pharmacy-england-briefs-mps-on-medicines-supply-issues/>

7.3 Public satisfaction with dispensing of prescriptions

Of those that had a prescription filled last time they used a pharmacy, 81% of respondents got all the medicines they needed on that occasion without waiting. However, 19% respondents said they did not. Of those that had to wait, 53% of people were informed of how long it would take to have their prescription filled, 31% were not told and would have liked to have been and 16% not told but stated that they did not mind this.

When asked if the time they had to wait for all their prescription to be filled was reasonable there was a substantial shift compared to the 2022-25 PNA when 76% of people said that they thought they waited for a reasonable amount of time for their medicines. By contrast, in the 2024 survey only 38% said they felt the time taken was reasonable, 60% did not. Those waiting the same day and the next day were most likely to say the length of time was reasonable. All but one of the patients that waited more than 2 days said this was not a reasonable amount of time to wait.

76% of people stated that the reason for not receiving their entire prescription was because 'the pharmacy did not have the medicine in stock to dispense'. Of the remainder, the most common responses were some other reason (12%), with 10% saying the prescription had not arrived at the pharmacy and 2% of respondents stating their doctor had not prescribed something they wanted. With respect to the 'other' category respondents mainly described issues relating to prescriptions not being ready within a certain amount of time or prescriptions not arriving at the pharmacy.

When people had not received all the items prescribed, only 3.5% got them later the same day, 31% received their medicines the day after and 48% waited 2 or more days. However, 14% had waited over a week and 3.5% reported never receiving the medicine. This is an increase from the previous survey, where no respondents reported waiting more than 7 days. Unfortunately, there is no way to determine the impact of these longer waiting periods on the patient, or whether this was measured at the pharmacy and alternative arrangements discussed.

Whilst many people who responded to the public survey had a great deal of satisfaction with their pharmacy some negative themes did emerge:

- General stock issues and people having to return several times for medication
- Long queues at the pharmacy and an increase in waiting times
- Pharmacies being short staff or not having regular staff
- Not all pharmacies providing delivery and respondents having to seek out this service
- Closures and changes to hours resulting in less pharmacies being open at lunchtime, late at night or over the weekend.

Positive themes were:

- Staff were generally considered approachable and friendly and often perceived to be doing their best despite being under increasing pressure
- Pharmacists were trusted as experts in the community
- Respondents valued the convenience of their local pharmacy and the services they offer
- Several respondents valued the delivery service as they could not get to the pharmacy themselves

- The use of text messaging to communicate when prescriptions are ready and 24/7 dispensing machines by some pharmacies

7.3.1 Prescription Delivery Services

Although community pharmacies are not contracted to do so, 80% of pharmacies that responded to the survey offered a home delivery service free of charge. Of the 40 pharmacies currently providing the delivery service free of charge 4 are considering charging all patients for it and 5 are considering charging new patients for it. This service improves access to medicines for a wide range of people. 28% of the public survey respondents said the pharmacy they use offers a delivery service free of charge, 2% said they provide a delivery service at a charge, 8% said they did not and 62% didn't know or had never used the service.

7.4. Reasonable adjustments

Community pharmacies are required to support patients in taking dispensed medications, by making reasonable adjustments for patients with identified needs in line with the Equality Act 2010.

The action required of the community pharmacy is to ensure that an appropriate assessment is undertaken of the patient to establish their needs and ascertain what type of reasonable adjustment would be required. There is no exhaustive list of what a reasonable adjustment could be, and community pharmacies are not required to simply provide a multi-compartment compliance aid (MCCA, 'dosette box'/'blister pack').

Community pharmacies are encouraged to work collaboratively with prescribers, other health professionals and social care to support patient needs. However, community pharmacies are not required to dispense medications into MCCAs because it has been directed by another health professional or social care. Health professionals and social care should highlight patients who may require support with medicines to enable the community pharmacy to carry out an assessment to determine appropriate medicines support.

Sefton community pharmacies provide a wide range of reasonable adjustments with the majority providing multiple different tools and aids to help patients take their medication safely. As such the numbers below add up to more than the 50 pharmacies that responded to the survey:

- MAR (Medication Administration Record) charts provided by 46 pharmacies
- Reminder charts provided by 27 pharmacies
- Large print labels provided by 44 pharmacies
- Multi-compartment device (blister pack) provided by 36 pharmacies
- Blister popping device provided by 18 pharmacies
- Non-click-lock caps provided by 36 pharmacies
- Tablet cutter/crusher provided by 35 pharmacies
- Easyhaler device provided by 27 pharmacies
- Eye drop aid provided by 23 pharmacies
- Lid gripping device provided by 7 pharmacies
- Magnifying glass provided by 7 pharmacies
- Audio labels provided by 7 pharmacies

8. Advanced, enhanced and locally commissioned service provision

Community Pharmacy England⁴⁰ provides a complete service description of all elements of the NHS commissioned pharmacy services. In addition to these essential, advanced and national enhanced, services locally commissioned community pharmacy services can be contracted through several different routes, and by both local authority and ICB teams.

8.1. Provision of advanced, enhanced and locally commissioned services

In addition to the essential services all pharmacies must provide they have the option to provide a range of other commissioned services. Some are more specialist than others. As such, provision varies service by service, with coverage ranging from 100% of community pharmacies in a HWB area to just a handful required to meet a less prevalent or frequent need.

Full details of which service each pharmacy provides are outlined in appendix 2 and summarised in table 5. Unless specified, this assessment is based on the number of pharmacies registered to provide each service not on activity data. This is an important distinction as some services rely on referrals from other services which may or may not happen despite the pharmacy having the necessary training, equipment and capacity to deliver.

Table 5: Summary of advanced, national enhanced and local enhanced service provision

Type of Service	Service Name	Number of pharmacies providing each service			
		North	South	Central	Total
Advanced	Appliance Use Review	0	0	0	0
	Flu Vaccination	25	13	22	60
	Hypertension Case Finding	24	15	24	63
	Lateral Flow Device Service	22	13	22	57
	New Medicine Service	25	9	23	56
	Pharmacy Contraception Service	22	11	21	54
	Pharmacy First	25	15	23	63
	Smoking Cessation Service	13	5	10	28
	Stoma Appliance Customisation	0	0	1	1
National Enhanced	COVID-19 vaccination service	9	7	11	27
Locally Commissioned Public Health	Supervised Consumption	11	12	15	38
	Needle & Syringe Exchange	2	7	4	13
	Emergency Contraception	15	14	9	38
	Smoking Cessation	4	2	1	7
	Nicotine Replacement Therapy	25	13	21	59
Locally Commissioned NHS Cheshire & Merseyside	Care at the Chemist	12	5	12	29
	Supply of Dressings to Nursing Homes	8	3	5	16
	Palliative Care Medicine Stock Holding	3	2	1	6
	Trans Health Medicines Stock Holding	0	1	0	1

Other than the Public Health commissioned Smoking Cessation service, figures are based on pharmacies registered to provide the service. Smoking Cessation is the latest recording of active delivery and can vary from quarter to quarter. Emergency Contraception Service is commissioned by the sexual health service on behalf of Local Authority Public Health. NRT and Smoking Cessation are commissioned by ABL Health on behalf of Local Authority Public Health.

When asked ‘what is important to you when choosing a pharmacy in terms of products and services?’ 70% of people said ‘the range of services available’ was important, with 22.5% stating it was neither important nor unimportant.

⁴⁰ <https://cpe.org.uk/>

The types of services people have used varies, with advice on minor health issues being the most used (40%), followed by medicine advice (30%). In the 'other' category Flu and/or Covid vaccination were the most mentioned (figure 16).

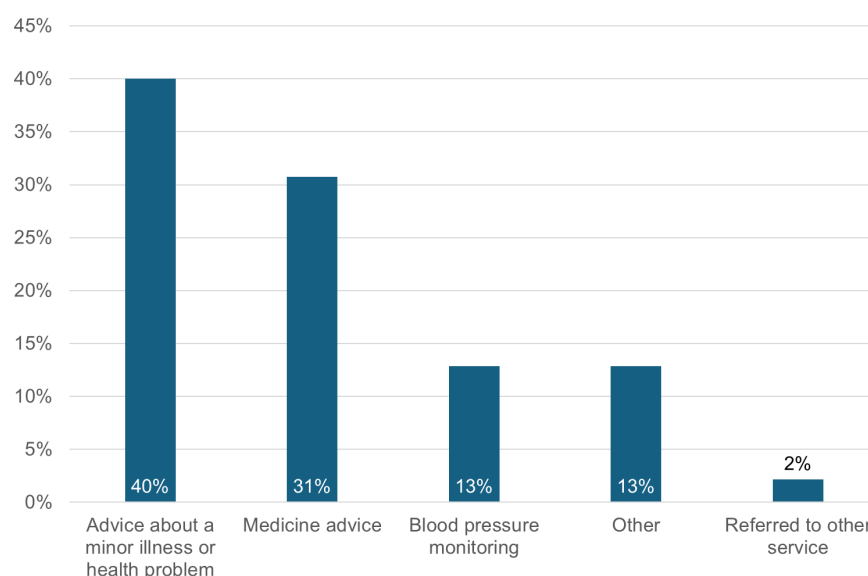


Figure 16: Type of advice or service received recently, Q28 public survey

8.2. How essential, advanced and locally commissioned pharmacy services support local priority health needs

In England, there are an estimated 1.2 million visits to a pharmacy every day for health-related issues⁴¹, and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the through provision of necessary and other relevant services commissioned by the ICB and Sefton Council public health team. Promoting the services that pharmacies provide was highlighted in some of the responses to the patient and public engagement questionnaire. As a pillar of primary care, community pharmacies make a vital contribution to the treatment, management and prevention of physical and mental health conditions across population groups and at all ages.

⁴¹. Public Health England, Royal Society of Public Health (2016) *Building Capacity: Realising the potential of community pharmacy assets for improving the public's health*



Part 4: Appendices

Appendix 1: Community pharmacy opening hours

North Locality

ODS CODE	TRADING NAME	WARD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS
FFK02	WOODVALE PHARMACY	Ainsdale	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	CLOSED	CLOSED	40.0
FK848	FISHLOCK CHEMISTS	Ainsdale	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	CLOSED	CLOSED	46.3
FW378	HIRSHMAN'S CHEMIST	Ainsdale	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30	CLOSED	56.0
FC257	HILLSIDE PHARMACY	Birkdale	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	CLOSED	CLOSED	40.0
FCP25	ROWLANDS PHARMACY	Birkdale	09:00-13:30,14:00-18:30	09:00-13:30,14:00-18:30	09:00-13:30,14:00-18:30	09:00-13:30,14:00-18:30	09:00-13:30,14:00-18:30	09:00-13:30,14:00-16:00	CLOSED	51.5
FR639	HESKETH PARK PHARMACY	Cambridge	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45.0
FVM95	FYLDE ROAD PHARMACY	Cambridge	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED	55.5
FC720	SUPERDRUG PHARMACY	Duke's	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	51.0
FD635	BOOTS	Duke's	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-18:00	11:00-17:00	60.5
FFE24	ASDA PHARMACY	Duke's	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	11:00-17:00	78.0
FJM28	ST MARKS PHARMACY	Duke's	08:15-18:15	08:15-18:15	08:15-18:15	08:15-18:15	08:15-18:15	CLOSED	CLOSED	50.0
FR460	BOOTS	Duke's	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-19:00	11:00-17:00	71.0
FN232	RYDERS CHEMIST LTD	Harington	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00	CLOSED	46.5
FN264	BOOTS	Harington	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	CLOSED	53.5
FPH43	WALKERS PHARMACY	Harington	09:00-13:00,14:00-17:30	09:00-13:00,14:00-17:30	09:00-13:00,14:00-17:30	09:00-13:00,14:00-17:30	09:00-13:00,14:00-17:30	09:00-13:00	CLOSED	41.5
FQQ30	ALLIED PHARMACY CHAPEL LANE	Harington	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED	46.5
FDT94	ROWLANDS PHARMACY	Kew	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	09:00-12:00	CLOSED	43.8
FT724	PHARMACY FIRST	Kew	08:30-12:30,13:30-18:00	08:30-12:30,13:30-18:00	08:30-12:30,13:30-18:00	08:30-12:30,13:30-18:00	08:30-12:30,13:30-18:00	CLOSED	CLOSED	42.5
FXV06	TESCO INSTORE PHARMACY	Kew	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-20:00	10:00-16:00	88.0
FDV38	BOOTS	Meols	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-17:00	CLOSED	58.5
FKY48	SEDEM PHARMACY	Meols	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45.0
FNF94	CAMBRIDGE ROAD PHARMACY	Meols	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	09:00-21:00	09:00-19:00	87.0
FE018	BISPHAM ROAD PHARMACY	Norwood	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED	47.5
FN878	ALLIED PHARMACY NORWOOD AVENUE	Norwood	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	CLOSED	CLOSED	50.0
FJV69	BOOTS	Ravenmeols	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-12:00	CLOSED	55.5

Central Locality

ODS CODE	TRADING NAME	WARD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS
FHK81	BOOTS	Blundellsands	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	51.0
FKF30	COHENS CHEMIST	Blundellsands	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	09:00-12:00	CLOSED	43.0
FEN99	BOOTS	Ford	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED	55.5
FGK19	ROWLANDS PHARMACY	Ford	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-17:00	CLOSED	49.5
FNV10	DAVEY'S CHEMIST	Ford	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	CLOSED	CLOSED	40.0
FAG89	DAY LEWIS PHARMACY	Manor	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	CLOSED	CLOSED	40.0
FEQ84	HIGHTOWN PHARMACY	Manor	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-19:00	CLOSED	CLOSED	48.0
FFT27	ROWLANDS PHARMACY	Molyneux	08.30-17.00	08.30-17.00	08.30-17.00	08.30-17.00	08.30-17.00	CLOSED	CLOSED	42.5
FLT52	KELLY'S PHARMACY	Molyneux	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-17:00	09:00-13:00,14:00-18:00	09:00-13:00	CLOSED	43.0
FP502	BOOTS	Molyneux	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-19:00	11:00-17:00	71.0
FR433	DAY LEWIS PHARMACY	Molyneux	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	CLOSED	44.0
FW117	DAY LEWIS PHARMACY	Netherton and Orrell	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	CLOSED	CLOSED	40.0
FWW27	COHENS CHEMIST	Netherton and Orrell	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	CLOSED	CLOSED	40.0
FCQ16	RIGHTDOSE PHARMACY	Park	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED	51.5
FNV90	LYDIATE PHARMACY	Park	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49.0
FW001	ASDA PHARMACY	Park	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	10:30-16:30	87.0
FMD55	COHENS CHEMIST	St Oswald	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	CLOSED	50.5
FDC18	STATION PHARMACY	Sudell	08:45-13:00,14:15-18:00	08:45-13:00,14:15-18:00	08:45-13:00,14:15-18:00	08:45-13:00,14:15-18:00	08:45-13:00,14:15-18:00	09:00-13:00	CLOSED	44.0
FGN97	BOOTS	Sudell	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:00	CLOSED	58.0
FRP82	MAGHULL PHARMACY	Sudell	08:30-13:00,13:20-18:00	08:30-13:00,13:20-18:00	08:30-13:00,13:20-18:00	08:30-13:00,13:20-18:00	08:30-13:00,13:20-18:00	CLOSED	CLOSED	45.8
FFW97	ALLIED PHARMACY - CROSBY ROAD	Victoria	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-15:30	CLOSED	54.0
FPD45	GORDON SHORT CHEMIST	Victoria	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	09:00-13:00,14:00-17:00	CLOSED	47.0
FV492	ALEXANDERS PHARMACY	Victoria	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	CLOSED	58.0

South Locality

ODS CODE	TRADING NAME	WARD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS
FFL15	24/7 pharmacy	Church	09:00-13:00,13:30-17:30	09:00-13:00,13:30-17:30	09:00-13:00,13:30-17:30	09:00-13:00,13:30-17:30	09:00-13:00,13:30-17:30	CLOSED	CLOSED	40
FHM91	BOOTS	Church	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	51
FFE28	HADDENS PHARMACY	Derby	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	CLOSED	CLOSED	46.25
FFP12	PARK STREET PHARMACY	Derby	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED	47.5
FQN70	SMARTTS CHEMIST	Derby	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45
FTT10	DRAKES PHARMACY	Derby	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-15:00	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	CLOSED	CLOSED	40
FEF46	ALLIED PHARMACY KNOWSLEY ROAD	Linacre	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45
FG835	KNOWSLEY ROAD PHARMACY	Linacre	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED	49
FHH35	ALLIED PHARMACY NORTH PARK	Linacre	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED	47.5
FKT64	ASDA PHARMACY	Linacre	09:00-12:30,13:00-16:30,17:00-21:00	09:00-12:30,13:00-16:30,17:00-21:00	09:00-12:30,13:00-16:30,17:00-21:00	09:00-12:30,13:00-16:30,17:00-21:00	09:00-12:30,13:00-16:30,17:00-21:00	09:00-12:30,13:00-16:30,17:00-21:00	10:00-16:00	72
FMK87	MERTON CHEMIST	Linacre	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	CLOSED	CLOSED	44.5
FN813	SUPERDRUG PHARMACY	Linacre	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	51
FRK88	BOOTS	Linacre	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	CLOSED	54
FH575	SK CHEMISTS	Litherland	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45
FWK89	BRIDGE ROAD CHEMIST	Litherland	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-12:00,17:00-21:00	10:00-16:00	73

Distance selling Pharmacies

ODS CODE	TRADING NAME	WARD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS
FVN04	WOOLLEYS INTERNET PHARMACY	Norwood	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED	51.5
FJF72	CAREPLUS CHEMIST	Kew	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45.0
FE412	FORMBY HEALTH ROOMS & PHARMACY	Ravenmeols	09:00-17:30	09:00-17:30	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED	47.5
FLH47	SIMPLY PHARMACY	Ford	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45
FVH87	INSTANT-PHARMA	Church	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	40

Appendix 2: Community pharmacy services

ODS Code	Name	Postcode	Ward	Advanced									Enhanced	Public Health				NHS Cheshire & Merseyside			
				AUR	Flu	HCF	LFD	NMS	PCS	PFS	SCS	SAC	COVID-19	EHC	NRT	SCSS	NSP	CATC	DRESS	PALL	TRANS
FFL15	24/7 pharmacy, 15 Stuart Road	L22 4QR	Church	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No
FV492	Alexanders Pharmacy, 49-51 Stuart Road	L23 0QE	Victoria	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	No	No	No
FHH35	Allied Pharmacy, North Park Health Centre	L20 5DQ	Linacre	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No	No
FQQ30	Allied Pharmacy , 15 Chapel Lane	L37 4DL	Harington	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	No	No
FFW97	Allied Pharmacy - Crosby Road, 77A Crosby Road North	L22 4QD	Victoria	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
FEF46	Allied Pharmacy Knowsley Road, 90 Moore Street	L20 4SF	Linacre	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No
FN878	Allied Pharmacy Norwood Avenue, 11a Norwood Avenue	PR9 7EG	Norwood	No	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	No	No
FFE24	Asda Pharmacy, Central 12 Shopping Park	PR9 0TY	Duke's	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes	No
FKT64	Asda Pharmacy, 81 Strand Road	L20 4BB	Linacre	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No	No	Yes	No	Yes	Yes
FW001	Asda Pharmacy, Ormskirk Road	L10 3LN	Park	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	No	Yes	No
FE018	Bispham Road Pharmacy, 94 Bispham Road	PR9 7DF	Norwood	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	No	No	No	No
FD635	Boots Pharmacy, 31-39 Chapel Street	PR8 1AH	Duke's	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No
FDV38	Boots Pharmacy, 131-135 Cambridge Road	PR9 9SD	Meols	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FEN99	Boots Pharmacy, 6-8 Sefton Road	L21 7PG	Ford	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FGN97	Boots Pharmacy, 27 Westway	L31 2PQ	Sudell	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FKH81	Boots Pharmacy, 24-26 Liverpool Road	L23 5SF	Blundellsands	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	No	No	No
FHM91	Boots Pharmacy, 66-68 South Road	L22 0LY	Church	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	No	No	No
FJV69	Boots Pharmacy, 17-19 Elbow Lane	L37 4AB	Ravenmeols	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FN264	Boots Pharmacy, 27 Chapel Lane	L37 4DL	Harington	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FP502	Boots Pharmacy, Unit 5b, Aintree Racecourse Ret Pk	L9 5AN	Molyneux	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FR460	Boots Pharmacy, Unit3, Central 12 Shopping Pk	PR9 0TQ	Duke's	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FRK88	Boots Pharmacy, 138-139 New Strand	L20 4SX	Linacre	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
FWK89	Bridge Road Chemist, 54-56 Bridge Road	L21 6PH	Litherland	No	Yes	Yes	No	Yes	No	Yes	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No
FNF94	Cambridge Road Pharmacy, 137 Cambridge Road	PR9 7LT	Meols	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	No
FJF72	CarePlus Pharmacy, 34 Shakespeare Street	PR8 5AB	Kew	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No
FKF30	Cohens Chemist, 17 Bridge Road	L23 6SA	Blundellsands	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No
FMD55	Cohens Chemist, 12-13 Marian Square	L30 5QA	St Oswald	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No	No	No
FWW27	Cohens Chemist (T/A Netherton Pharmacy), Gordon Youth Centre	L30 1RF	Netherton and Orrell	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No	No	No
FNV10	Daveys Chemist, 69 Randall Drive	L30 2PB	Ford	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
FAG89	Day Lewis Pharmacy, 3 The Crescent	L23 4TA	Manor	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	Yes	No	No	No
FR433	Day Lewis Pharmacy, 11 Molyneux Way	L10 2JA	Molyneux	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	No	No	No
FW117	Day Lewis Pharmacy, 5 The Crescent	L20 0DX	Netherton and Orrell	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No
FTT10	Drakes Pharmacy, 1a Aintree Road	L20 9DL	Derby	No	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes	No	No	No	No	No	No
FK848	Fishlocks Chemist, 17 Station Road	PR8 3HN	Ainsdale	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No	No	No
FE412	Formby Health Rooms & Pharmacy, 81 Liverpool Road	L37 6BU	Ravenmeols	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	Yes	Yes	No	No
FVM95	Fylde Road Pharmacy, 117 Fylde Road	PR9 9XP	Cambridge	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes	No	No
FPD45	Gordon Short Chemist, 159 College Road	L23 3AT	Victoria	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	No	No	No	No
FFE28	Haddens Pharmacy, 5 Litherland Road	L20 3BY	Derby	No	No	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No	No
FR639	Hesketh Park Pharmacy, 91 Queens Road	PR9 9JF	Cambridge	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes	No	No
FEQ84	Hightown Pharmacy, Alt Road	L38 0BF	Manor	No	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	No	No
FC257	Hillside Pharmacy, 72-74 Sandon Road	PR8 4QD	Birkdale	No	Yes	No	Yes	Yes	No	Yes	No	No	No	Yes	Yes	No	No	No	Yes	No	No

ODS Code	Name	Postcode	WARD	Advanced										Enhanced	Public Health					NHS Cheshire & Merseyside			
				AUR	Flu	HCF	LFD	NMS	PCS	PFS	SCS	SAC	COVID-19	EHC	NRT	SCESS	NPS	SUPCON	CATC	DRESS	PALL	TRANS	
					Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	No	No	No	No
FVH87	Instant - Pharma, Fairbairn House	L22 4QA	Church	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
FLT52	Kellys Pharmacy, 195 Altway	L10 6LB	Molyneux	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	No	Yes	No	No	No	No
FG835	Knowsley Road Pharmacy, 133 Knowsley Road	L20 4NJ	Linacre	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No
FNV90	Lydiat Pharmacy, 28 Liverpool Road	L31 2LZ	Park	No	No	Yes	No	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	No	No	No	No	No
FRP82	Maghull Pharmacy, 158a Liverpool Road North	L31 2HP	Sudell	No	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	No
FMK87	Merton Chemist, 223 Stanley Road	L20 3DY	Linacre	No	Yes	Yes	No	Yes	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	No	No	No
FFP12	Park Street Pharmacy, 61 Park Street	L20 3DF	Derby	No	No	Yes	Yes	No	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
FT724	Pharmacy First, 58 Scarisbrick New Road	PR8 6PG	Kew	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	No	No	No
FCQ16	Rightdose Pharmacy, 87-89 Liverpool Road Sth	L31 7AD	Park	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No
FCP25	Rowlands Pharmacy, 22 Liverpool Road	PR8 4AY	Birkdale	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
FDT94	Rowlands Pharmacy, 35 Upper Aughton Road	PR8 5NA	Kew	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
FFT27	Rowlands Pharmacy, 86 Waddicar Lane	L31 1DY	Molyneux	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	Yes	No	No	No	No
FGK19	Rowlands Pharmacy, 106 Sefton Road	L21 9HQ	Ford	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No
FN232	Ryders Chemist, 41 Old Town Lane	L37 3HJ	Harington	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No
FKY48	Sedem Pharmacy, Churchtown Pharmacy	PR9 7PW	Meols	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No	Yes	No	No	No	No
FLH47	Simply Pharmacy, 2a Sefton Road	L21 7PG	Ford	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
FH575	SK Chemists, 516 Stanley Road	L20 5DW	Litherland	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
FQN70	Smartts Chemist, 42 Fernhill Road	L20 9HH	Derby	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No
FJM28	St Mark's Pharmacy, 42 Derby Road	PR9 0TZ	Duke's	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	Yes	No	No	No	No
FDC18	Station Pharmacy, 24 Station Road	L31 3DB	Sudell	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No
FC720	Superdrug Pharmacy, 10 Eastbank Street	PR8 1DJ	Duke's	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	Yes	No	No	No
FN813	Superdrug Pharmacy, Unit 169 Parkside	L20 4XX	Linacre	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	Yes	Yes	No	No	No
FXV06	Tesco Pharmacy, Town Lane	PR8 5JH	Kew	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	Yes	No	No
FPH43	Walkers Pharmacy, 62 Harington Road	L37 1NU	Harington	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No
FFK02	Woodvale Pharmacy, 779 Liverpool Road	PR8 3NT	Ainsdale	No	Yes	No	Yes	Yes	No	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No
FVN04	Woolleys Internet Pharmacy, 84 Bispharm Road	PR9 7DF	Norwood	No	No	No	No	Yes	No	No	No	No	No	No	No	Yes	No	No	No	Yes	Yes	No	No

Key:

Advanced	AUR	Appliance Use Review	Enhanced	COVID-19	COVID-19 vaccination
	Flu	Flu vaccination		EHC	Emergency Contraceptive Service
	HCF	Hypertension Case Finding		NRT	Nicotine Replacement Therapy Vouchers
	LFD	Lateral Flow Device		SCESS	Smoking Cessation and NRT
	NMS	New Medicines Service	Public Health	NSP	Needle & Syringe Exchange Service
	PCS	Pharmacy Contraceptive Service		CATC	Care at the Chemist
	PFS	Pharmacy First		DRESS	Dressings to Nursing Homes Service
	SCS	Smoking Cessation		PALL	Palliative Care Stockholding Service
	SAC	Stoma Appliance Customisation	NHS Cheshire & Merseyside	TRANS	Trans Health Medicine Stockholding Service

Appendix 3: Cross border community pharmacy service provision

ODS Code	Area	Name	Address 1	Address 2	Address 3	Address 4	Address 5	Postcode
FG440	Knowsley	Kirkby Town Chemist	2 Newtown Gardens	Kirkby		Liverpool		L32 8RR
FA194	Knowsley	Rowlands Pharmacy	58 Copplehouse Lane			Liverpool		L10 0AF
FX538	Knowsley	Rowlands Pharmacy	11 Richard Hesketh Drive	Westvale	Kirkby	Merseyside		L32 0TU
FRQ57	Knowsley	Rowlands Pharmacy	Moorfield Health Centre	Ebony Way, Tower Hill	Kirkby	Liverpool		L33 1ZQ
FJJ96	Knowsley	Rowlands Pharmacy	Unit 6	St Chads Parade	Kirkby	Liverpool	Merseyside	L32 8RH
FA404	Knowsley	Rowlands Pharmacy	St Chads Walk in Centre	St Chads Drive	Kirkby	Liverpool		L32 8RE
FHJ15	Knowsley	Tops Pharmacy	Units 5-6	Glovers Brow Shops, Kirkby	Liverpool	Merseyside		L32 2AE
FAL89	West Lancashire	Banks Pharmacy	15 Church Road	Banks		Southport		PR9 8ET
FND14	Liverpool	Allied Pharmacy Fazakerley	654 Longmoor Lane	Fazakerley		Liverpool		L10 9LA
FJJ64	Liverpool	Anfield Pharmacy	140 Oakfield Road			Liverpool	Merseyside	L4 0UQ
FJJ30	Liverpool	Boots	Orrell Park Medical Centre	Trinity Church	Orrell Lane	Liverpool		L9 8BU
FPV47	Liverpool	Clarkes Pharmacy	155/157 Walton Road	Walton		Liverpool		L4 4AH
FD553	Liverpool	Clear Chemist	U 20 Brookfield Trade Centre	Brookfield Drive	Aintree	Liverpool		L9 7AS
FWK18	Liverpool	Coleman and Leighs Pharmacy	241 Walton Village			Liverpool	Merseyside	L4 6TH
FKQ07	Liverpool	Gateley Pharmacy	138 Longmoor Lane	Aintree		Liverpool		L9 0EJ
FG199	Liverpool	Mckeivers Chemists	Breeze Close Health Centre	1-3 Rice Lane	Walton	Liverpool	Merseyside	L9 1AD
FHK94	Liverpool	Norman Pharmacy	155/157 Walton Road			Walton		L4 4AH
FQX60	Liverpool	Orrell Park Pharmacy	65 Moss Lane	Orrell Park		Liverpool		L9 8AE
FJD74	Liverpool	Sedem Pharmacy	66-74 Stanley Road			Liverpool		L5 2QA
FC339	Liverpool	Sedem Pharmacy	310-312 Westminster Road			Liverpool		L4 3TQ
FYM17	Liverpool	Sedem Pharmacy	Bousfield Health Centre	Westminster Road	Liverpool	Merseyside		L4 4PP
FLT32	Liverpool	Sedem Pharmacy	Efik House	79-81 Walton Road		Liverpool		L4 4AF
FNR77	Liverpool	Sedem Pharmacy	16 County Road			Liverpool		L4 3QH
FAX36	Liverpool	Tiffenbergs Chemist	388 Longmoor Lane			Liverpool		L9 9DB

Appendix 4: Pharmacy premises and services questionnaire

A questionnaire to gather information from all pharmacies was devised as a collaborative exercise with Cheshire & Merseyside local authority PNA leads, Local Pharmaceutical Committee (LPC) representatives and ICB. It was conducted online via Pharm Outcomes. The LPC sent communications to pharmacies to encourage completion and followed up as necessary.

Premises Details

Completion date	
Pharmacy postcode	
Is this a distance selling pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Details

Contact details of person completing questionnaire, if questions arise		
Name:	Phone:	Email:

Potential for increased demand

Ability to adapt to demand (tick one)	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	<input type="checkbox"/>
	We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	<input type="checkbox"/>
	We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	<input type="checkbox"/>

Consultation Rooms

How many consultation rooms do you have? one)	0	<input type="checkbox"/>
	1	<input type="checkbox"/>
	2	<input type="checkbox"/>
	3	<input type="checkbox"/>
	4 or more	<input type="checkbox"/>

Hand washing and toilet facilities

What facilities are available to patients during consultations?	Handwashing in consultation area	<input type="checkbox"/>
	Handwashing facilities close to consultation area	<input type="checkbox"/>
	Have access to toilet facilities	<input type="checkbox"/>
	None	<input type="checkbox"/>

Accessibility

Can customers legally park within 50 metres of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How far is the nearest bus stop/train station?	<input type="checkbox"/> Within 100m <input type="checkbox"/> 100m to 500m

		<input type="checkbox"/> 500m to 1km <input type="checkbox"/> 1km+ <input type="checkbox"/> No bus/train station
Do pharmacy customers have access to a designated disabled parking?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entrance to the pharmacy suitable for wheelchair access unaided?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all areas of the pharmacy floor accessible by wheelchair?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?	Automatic door assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bell at front door	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Toilet facilities accessible by wheelchair users	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing loop	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sign language	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print labels	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print leaflets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wheelchair ramp access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please state		Free text field
Can staff at pharmacy speak languages other than English? If yes please list all languages spoken		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	At all times	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reasonable Adjustments

Reasonable adjustments. One or more of:	Non click-lock caps	<input type="checkbox"/>
	Reminder charts	<input type="checkbox"/>
	MAR charts	<input type="checkbox"/>
	Blister popping service	<input type="checkbox"/>
	Tablet cutter/crusher	<input type="checkbox"/>
	Easyhaler service	
	Other	

Prescription Delivery Service

Collection of prescriptions from surgery:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of prescriptions- free of charge	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently considering	Stopping this service entirely	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Charging all patients for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Charging new patients for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of prescriptions - chargeable		<input type="checkbox"/> Yes <input type="checkbox"/> No
	By arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Protected Characteristics

Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

		If yes, please state why?
Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	
People with/about o have gender reassignment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Religion or belief	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, (please state)		

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Appendix 5: Public local pharmacy services public questionnaire

A range of accessible resources in online and offline formats were made available on a dedicated webpage: [Pharmaceutical Needs Assessment Public Survey](#).

Pharmacy Services - Have your say

About this survey

We are seeking your views about the pharmacies you use. By completing this survey, you can help us to make sure that local pharmacy services in your area are providing the right offer and support for you and your family.

A pharmacy or chemist is a place where you can get a prescription dispensed, buy medicines, or ask a pharmacist for advice. A pharmacist is the most qualified person in the pharmacy to dispense and sell medicines and give advice.


The Government requires all Health and Wellbeing Boards to produce an assessment of their local pharmaceutical services every three years. This document is called the Pharmaceutical Needs Assessment (PNA) and the next PNA must be published by 1 October 2025. The local Health and Wellbeing Board is a partnership of key leaders from the local health and care system who work together to improve the health and wellbeing of their local population.

The responses you provide should be on your typical use of your local pharmacy. If you have a complaint, you should in the first instance, use the complaints procedure of that pharmacy. The pharmacy will also have an escalation process if your issue cannot be resolved. If you feel that you could not resolve your issues with the pharmacy directly then please contact NHS England » Feedback and complaints about NHS England or phone 0300 311 22 33 for further options.

The survey is anonymous and should take about 15-20 minutes to complete.

What happens to my views?

Only members of the public health team will be able to see the responses. Any information you provide is private and confidential and will not be shared. Only overall results of this consultation will form part of the PNA. Data is stored and analysed only for the



purpose of producing the 2025 – 2028 Pharmaceutical Needs Assessment and for no other purpose and will be destroyed within 9 months of the final PNA being published.

We will always process and store your personal data securely and confidentially. Please see our [Privacy Notice](#) for more information.

If you have any questions about this survey, please email [Public Health Liverpool](#)

If you feel that you could not resolve your issues with the pharmacy directly then please contact [NHS England » Feedback and complaints](#) about NHS England or phone 0300 311 22 33 for further options.

Pharmacy Services - Have your say

Questions

Q1. The following question is about in which local authority area you live.

Which local authority area do you live in?

- ☐ Cheshire East
- ☐ Cheshire West & Chester
- ☐ Halton
- ☐ Knowsley
- ☐ Liverpool
- ☐ Sefton
- ☐ St. Helens
- ☐ Warrington
- ☐ Wirral
- ☐ Other (please specify):

Q2. What is your full postcode?

We ask for your full postcode as it is needed for us to do locality level analysis of response rates, which is a legal requirement of the PNA under the regulations. If you do not want to give your full postcode you can give the first half of it such as L5 or leave blank.

Q3. The following questions are about the last time you used a pharmacy.

Why did you visit the pharmacy? (Please tick all that apply)

- ☐ To collect my prescription
- ☐ To collect a prescription for someone else
- ☐ To get advice from the pharmacist
- ☐ To buy other non-prescription medications
- ☐ To access a pharmacy service
- ☐ To return unused/expired medications
- ☐ Unable to get a GP appointment
- ☐ Referred by GP practice or other such as NHS111
- ☐ Other (please specify):

Q4. When did you last use a pharmacy? (Please tick one answer only)

- ☐ In the last week
- ☐ In the last two weeks
- ☐ In the last month
- ☐ In the last three months
- ☐ In the last six months
- ☐ Longer than six months

Q5. How do you usually get to the pharmacy? (Please tick all that can apply)

- ☐ Walking
- ☐ Public Transport
- ☐ Car
- ☐ Motor Bike
- ☐ Taxi
- ☐ Bicycle
- ☐ Mobility Transport
- ☐ Used online pharmacy
- ☐ Other (please specify):

--

Q6. How long does the journey to your pharmacy usually take?

- ☐ 5 minutes or less
- ☐ 6-10 minutes
- ☐ 11-15 minutes
- ☐ 16-20 minutes
- ☐ 21-25 minutes
- ☐ 26-30 minutes
- ☐ 31 minutes or longer
- ☐ Not applicable (please choose this option if you usually have your dispensed prescription via delivery or online pharmacy)

Q7. Thinking about the location of the pharmacy, which of the following is most important to you? (Please tick all that apply)

- ☐ It is close to my doctor's surgery
- ☐ It is close to my home

- ☐ It is close to other shops I use
- ☐ It is close to my children's school or nursery
- ☐ It is easy to park nearby
- ☐ It is near to the bus stop / train station
- ☐ It is close to where I work
- ☐ It is close to/in my local supermarket
- ☐ None of the above
- ☐ Other (please specify):

Q8. How easy is it to get to your usual pharmacy? Please tick one answer only.

- ☐ Very easy
- ☐ Quite easy
- ☐ Neither easy or difficult
- ☐ Quite difficult
- ☐ Very difficult

If you answered quite difficult or very difficult, why?:

Q9. Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q10. If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know

If no, can you please explain your answer here:

Q11. If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Not applicable

Q12. If you have mobility issues, are you able to access your chosen pharmacy?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Not applicable

Q13. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

- ☐ Yes – Free of charge
- ☐ Yes – with a delivery charge
- ☐ No - they don't deliver
- ☐ Don't know/ I have never used this service

Q14. Can you remember a recent time when you had any problems finding a pharmacy that was open to get a medicine dispensed, to get advice or to buy medicines over the counter?

- ☐ Yes
- ☐ No (Go to Q16)
- ☐ Not sure

Q15. If Yes, what did you need to do? (Please tick one answer only)

- ☐ To get medicine(s) on a prescription
- ☐ To buy medicine(s) from the pharmacy

- ☐ To get advice at the pharmacy
- ☐ Other (please specify):

Q16. How satisfied are you with the opening hours of your pharmacy?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

What is the reason for your answer?:

Q17. How many times recently have you needed to use your usual pharmacy when it was closed?

- ☐ I haven't needed to use the pharmacy when it was closed (Go to Question 21)
- ☐ Once or twice
- ☐ Three or four times
- ☐ Five or more times

Q18. What day of the week was it?

- ☐ Monday to Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Bank Holiday
- ☐ Can't remember

Q19. What time of the day was it?

- ☐ Morning
- ☐ Lunchtime (between 12pm and 2pm)
- ☐ Afternoon
- ☐ Evening (after 5pm)
- ☐ Can't remember

Q20. What did you do when your pharmacy was closed?

- ☐ Went to another pharmacy
- ☐ Waited until the pharmacy was open
- ☐ Went to a hospital
- ☐ Went to a Walk in Centre
- ☐ Called NHS 111
- ☐ Other (please specify)

Q21. Did you get a prescription dispensed the last time you used a pharmacy?

- ☐ Yes
- ☐ No (Go to Q27)
- ☐ Can't remember (Go to Q27)

Q22. Did you get all the medicines that you needed on that occasion without waiting?

- ☐ Yes (Go to Q27)
- ☐ No
- ☐ Can't remember

Q23. If you had to wait when picking up your prescribed medication, did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

- ☐ Yes

- ☐ No, but I would have liked to have been told
- ☐ No, but I did not mind
- ☐ Can't remember

Q24. If not all your medicines were available on that visit, how long did you have to wait to get the rest of your medicines?

- ☐ Later the same day
- ☐ The next day
- ☐ Two or more days
- ☐ More than a week
- ☐ Never got it

Q25. Was this a reasonable period of time for you?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Q26. What was the main reason for not getting all your medicines on this occasion? (Please tick one answer only)

- ☐ My GP had not prescribed something I wanted
- ☐ My prescription had not arrived at the pharmacy
- ☐ The pharmacy did not have the medicine in stock to dispense to me
- ☐ Other (please specify):

Q27. Have you had a consultation with the pharmacist or asked their advice recently?

- ☐ Yes

- ☐ No (Go to Q31)
- ☐ Can't remember (Go to Q31)

Q28. What advice were you given? (ONE answer only)

- ☐ Lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)
- ☐ Advice about a minor illness or health problem
- ☐ Medicine advice
- ☐ Contraception services
- ☐ Emergency contraception advice
- ☐ Blood pressure monitoring
- ☐ Referred to other service
- ☐ Other (please specify):

Q29. Where did you have your consultation with the pharmacist?

- ☐ At the pharmacy counter
- ☐ In the dispensary or a quiet part of the shop
- ☐ In a separate room
- ☐ Over the telephone
- ☐ Other (please specify):

Q30. How do you rate the level of privacy you had when speaking with the pharmacist?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

pharmacy

Q31. How do you feel about the range of services available at the pharmacy? (tick one)

- ☐ I wish pharmacies could provide more services for me
- ☐ I am satisfied with the range of services pharmacies provide
- ☐ Don't know

Q32. Can you please tell us, what is important to you when choosing a pharmacy in terms of products and services?

	Important	Neither important nor unimportant	Unimportant	Don't know/Not applicable
Delivery of medicines to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of products at pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy when speaking to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Important	Neither important nor unimportant	Unimportant	Don't know/Not applicable
Collection of prescriptions from my doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33. Please tell anything else that has influenced your choice of pharmacy?

Q34. Can you please tell us, how satisfied you are with the services and products offered by your regular pharmacy?

	Very satisfi ed	Fairly satisfi ed	Neither satisfie d nor dissatisf ied	Fairly dissatisf ied	Very dissatisf ied	Don't know/n ot applica ble
Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of medicines to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of products at pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy when speaking to the pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescriptio ns from my doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge able staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the things I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35. Please tell us anything else that has influenced your overall satisfaction.

Q36. How would you describe your experience of your local pharmacy and their services over the last 12 months? Please explain in the box below.

About You

We would like to ask you some questions to help improve our understanding of different experiences. Please answer as little or as much as you want. You can always tick 'prefer not to say'. All questions are optional.

Q37. Are You?

☐ Male

- ☐ Female
- ☐ Non-Binary
- ☐ Prefer not to say

Q38. How Old are you?

- ☐ 16-20 years
- ☐ 21-30 years
- ☐ 31-40 years
- ☐ 41-50 years
- ☐ 51-60 years
- ☐ 60-69 years
- ☐ 70 years or over
- ☐ Prefer not to say

Q39. Are you a Carer?

- ☐ Yes
- ☐ No

Q40. Do you have any of the following (Please tick all that apply)

- ☐ Physical impairment
- ☐ Visual impairment
- ☐ Hearing impairment/ Deaf
- ☐ Mental health impairment/ mental distress
- ☐ Learning difficulty
- ☐ Long term illness that affects your daily activity
- ☐ Prefer not to say
- ☐ Other (please specify):

Q41. If you have ticked any of the boxes above, or you have cancer, diabetes, or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

Q42. Which ethnic group do you belong to? (Please tick the appropriate box)

- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Chinese
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Other Asian
- ☐ Black or Black British - African
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - Other Black
- ☐ Mixed or Multiple ethnic groups - White and Asian
- ☐ Mixed or Multiple ethnic groups - White and Black African
- ☐ Mixed or Multiple ethnic groups - White and Black Caribbean
- ☐ Mixed or Multiple ethnic groups - Other Mixed or Multiple ethnic groups

- ☐ White - English, Welsh, Scottish, Northern Irish or British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Roma
- ☐ White - Other White
- ☐ Other ethnic group - Arab
- ☐ Other ethnic group - Any other ethnic group
- ☐ Prefer not to say

Q43. Do you have a religion or belief?


- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q44. If "Yes" please tick one of the options below:

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other (please specify):

Q45. How would you describe your sexual orientation?

- ☐ Heterosexual
- ☐ Homosexual

- 
- ☐ Bisexual person
 - ☐ Pansexual
 - ☐ Prefer not to say

Q46. Do you live in the gender you were given at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Appendix 6: 60-day statutory consultation letter and questions

Regulation 8 requires the HWB to consult a specified range of organisations on a draft of the PNA at least once during the process of drafting the document. They must be given a minimum period of 60 days to submit their response, beginning on the day by which they are ‘served with a draft’ of the document. Intentions regarding this consultation were also included in the proposal for review that was submitted to the Sefton Consultation and Engagement panel.

The 60-day consultation commenced on 20 June and closed on 19 August 2025. An initial and follow-up email was sent from the public health inbox with an attached draft of the PNA, as follows.

For Action: Statutory Consultation on draft Sefton Pharmaceutical Needs Assessment (PNA) 2025-2028

Please note this email is back-copied.

Dear colleague,

Sefton Health and Wellbeing Board is consulting on its draft pharmaceutical needs assessment 2025 to 2028, which is due to be published on 1 October 2025. Your organisation⁴² is recognised as a statutory consultee for this part of the development process. Please set aside some time to look at the draft strategy, attached and the ten consultation questions using this [online survey](#).⁴³

Please note, in accordance with the recommended timetable for PNA re-development, information is current to the end of 2024. We may contact you again during the consultation period if a more recent, significant change to provision has implications for any of the main findings (regulatory statements). If you have any questions, please contact public.health@sefton.gov.uk.

Your input and prompt response is much appreciated.

Thanks, and best wishes on behalf of Sefton Health and Wellbeing Board.

For Action: Statutory consultation on Sefton draft PNA – closing date 19 August

Dear colleague,

If you have not done so already, please submit responses to the nine questions about Sefton’s draft pharmaceutical needs assessment 2025-2028 (attached) via the online survey [Consultation - Sefton Pharmaceutical Needs Assessment \(PNA\) 2025-2028 - Sefton Council - Citizen Space](#)

Once again, your input and prompt response is much appreciated.

Thanks, and best wishes on behalf of Sefton Health and Wellbeing Board.

⁴² Note: feedback was received highlighting that pharmacy providers should properly be referred to as contractors and not included in the term ‘organisations, and this was amended in the follow-up email.

⁴³ <https://yourseftonyoursay.sefton.gov.uk/public-health/cc110731/>

Statutory consultees were representatives of the following, as set out in pages 52-53 of information provided to health and wellbeing boards⁴⁴:

- The local pharmaceutical committee
- The local medical committee
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the HWB
- Dispensing doctors included in the dispensing doctor list for the area of the HWB, if any
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the HWB's area
- Healthwatch, and any other patient, consumer, or community group in the area which the HWB believes has an interest in the provision of pharmaceutical services
- Any NHS trust or NHS foundation trust in the HWB's area
- NHS England
- Any neighbouring HWB

The online questionnaire set out ten questions, also suggested in the DHSC (2021, pp53-54) information pack⁴³:

1. Has the purpose of the PNA been explained?
2. Does the PNA reflect the current provision of pharmaceutical services within your area?
3. Are there any gaps in service provision, for example when, where and which services are available that have not been identified in the PNA?
4. Does the draft PNA reflect the needs of your area's population?
5. Has the PNA provided information to inform market entry decisions, such as decisions on applications for new pharmacies and dispensing appliance contractor premises?
6. Has the PNA provided information to inform how pharmaceutical services may be commissioned in the future?
7. Has the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
8. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
9. Do you agree with the conclusions of the PNA?
10. Do you have any other comments?

⁴⁴ [Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards - GOV.UK](#)

Appendix 7: 60-day statutory consultation report


Five individual respondents submitted one or more comments to the consultation on the draft PNA, including one who only submitted an amendment via email. It should be noted that 2 responses from statutory consultees were submitted at the consultation step of the previous PNA 2022-25.

Responses to the consultation exercise/online survey questions were as follows:

1. All respondents felt that the purpose of the PNA had been sufficiently well explained.
2. Three agreed that the draft PNA was an accurate reflection of current provision. Two comments were provided against this question:
 - a. 'Generally - Yes However, although it does not affect our pharmacy, I am not sure that 900 houses on an estate being built in the south of Sefton equates to a pharmacy gap.'
 - b. 'The latest update we have received from the Sefton Pharmaceutical Committee (July 2025) was Sefton had reduced its number of pharmacies to 66 (two less than that referenced in the document) and Healthwatch is concerned that this will reduce further, therefore impacting access for the Sefton population. Healthwatch Sefton is unable to confirm if the assessment reflects the current provision as we have not undertaken any in-depth work into reviewing pharmacies during this time but can share that residents have in the last 12 months provided 57 reviews, sharing feedback on their local pharmacies covering 30 pharmacies in the area.'
3. All respondents concluded they had identified no gaps additional to any presented in the draft PNA. There was one comment:
 - a. 'Healthwatch is unaware of any gaps in service provision although we have noted that 36 pharmacies in Sefton provide multi-compartment devices (blister packs). A lack of access for those residents who tell us that they do qualify for/or need that as a reasonable adjustment under the Equality Act has been a major theme for us.'
4. Four responses agreed 'yes' or 'generally yes', the draft PNA provides an accurate reflection of the needs of the population. There was one comment:
 - a. 'Needs amending re Sudell ward and housing development re Sudell ward housing development and pharmaceutical provision. Noting that the housing development is unlikely to be at full capacity during the lifetime of this PNA, I believe it is acceptable to say existing provision can support the uplift. And will be reassessed that the next review process. And in 2028 there will be a better idea of impact of the development on Pharmaceutical Services. And also, demographic of the occupants. Also, in addition to providing the necessary services set out under statement two will also provide the Covid-19 vaccination national enhanced service in order to improve the availability of pharmaceutical services to meet local need. Without knowing the demographic of residents who will live in the houses, it is a reach to say they will need COVID 19 vaccinations, as that is quite a narrow demographic of patients who are eligible.'

5. Three responses agreed that the PNA provided information to inform market entry decisions. There were two comments in addition:
 - a. 'From our overview of the draft assessment, there is information on current provision and gaps, for example by geography. In providing information on closures and financial pressures, Healthwatch believes that the assessment would support those making decisions to be informed on the current market.'
 - b. 'Needs amending re Sudell ward housing development and pharmaceutical provision. Noting that the housing development is unlikely to be at full capacity during the lifetime of this PNA, I believe it is acceptable to say existing provision can support the uplift. And will be reassessed that the next review process. And in 2028 there will be a better idea of impact of the development on Pharmaceutical Services. And also, demographic of the occupants. Also, in addition to providing the necessary services set out under statement two will also provide the Covid-19 vaccination national enhanced service to improve the availability of pharmaceutical services to meet local need. Without knowing the demographic of residents who will live in the houses, it is a reach to say they will need COVID 19 vaccinations, as that is quite a narrow demographic of patients who are eligible.'
6. Three respondents agreed that the PNA provided information to inform how pharmaceutical services may be commissioned in the future, two with the qualification, '...although it cannot possibly foresee all future requirements resulting from circumstances in the future'. There were two additional comments:
 - a. 'In reviewing the draft assessment, the information included which shares the gaps in provision and future need (for example, new housing builds and population increases) will support discussions about future commissioning needs and will support public health/ local authority to plan where and what services are required from what pharmacies.'
 - b. 'Needs amending re Sudell ward housing development and pharmaceutical provision. Noting that the housing development is unlikely to be at full capacity during the lifetime of this PNA, I believe it is acceptable to say existing provision can support the uplift. And will be reassessed that the next review process. And in 2028 there will be a better idea of impact of the development on Pharmaceutical Services. And also demographic of the occupants. Also, in addition to providing the necessary services set out under statement two will also provide the Covid-19 vaccination national enhanced service in order to improve the availability of pharmaceutical services to meet local need. Without knowing the demographic of residents who will live in the houses, it is a reach to say they will need COVID 19 vaccinations, as that is quite a narrow demographic of patients who are eligible.'
7. Three respondents agreed that the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies. There were three comments:
 - a. 'In reviewing the draft assessment, it is clear that it meets the statutory requirement to inform future pharmaceutical provision as above but would need to be used with other commissioning plans when decision making was taking place, for example NHS Cheshire and Merseyside commissioning plans.'

- b. 'Needs amending as no current gap re Sudell ward housing development and pharmaceutical provision. Noting that the housing development is unlikely to be at full capacity during the lifetime of this PNA, I believe it is acceptable to say existing provision can support the uplift. And will be reassessed that the next review process. And in 2028 there will be a better idea of impact of the development on Pharmaceutical Services. And also, demographic of the occupants. Also in addition to providing the necessary services set out under statement two will also provide the Covid-19 vaccination national enhanced service in order to improve the availability of pharmaceutical services to meet local need. Without knowing the demographic of residents who will live in the houses, it is a reach to say they will need COVID 19 vaccinations, as that is quite a narrow demographic of patients who are eligible.'
- 8. Four respondents answered 'no or none' in regarding additional suggestions for pharmaceutical services that could be provided in the community pharmacy setting in the future; two provided qualifications: 'there are bound to be some because of future demand, but I cannot identify them now. e.g. which services will be launched in the efforts to become more 'locally' oriented'. There was one other comment:
 - a. 'Healthwatch is not sure as we hear that community pharmacies are already under pressure in delivering Pharmacy First contracts and also there will be an increase in vaccinations from pharmacy settings this year with some GP practices not including a vaccination offer this year due to a mixture of capacity and financial viability.'
- 9. Three consultees agreed with the conclusions of the PNA. Two additional comments were submitted:
 - a. 'Overall Healthwatch agrees with the conclusions within the assessment, and we note the anticipated gap in need which has been identified for Maghull (Sudell ward), once the housing development has been completed and houses are occupied.'
 - b. 'Needs amending re Sudell ward housing development and pharmaceutical provision. Noting that the housing development is unlikely to be at full capacity during the lifetime of this PNA, I believe it is acceptable to say existing provision can support the uplift. And will be reassessed that the next review process. And in 2028 there will be a better idea of impact of the development on Pharmaceutical Services. And also demographic of the occupants. Also, in addition to providing the necessary services set out under statement two will also provide the Covid-19 vaccination national enhanced service in order to improve the availability of pharmaceutical services to meet local need. Without knowing the demographic of residents who will live in the houses, it is a reach to say they will need COVID 19 vaccinations, as that is quite a narrow demographic of patients who are eligible.'
- 10. Additional comments were as follows:
 - a. Needs amending re Sudell ward housing development and pharmaceutical provision. Noting that the housing development is unlikely to be at full capacity during the lifetime of this PNA, I believe it is acceptable to say existing provision can support the uplift. And will be reassessed that the next review process. And in 2028 there will be a better idea of impact of the development on Pharmaceutical Services. And




also demographic of the occupants. Also, in addition to providing the necessary services set out under statement two will also provide the Covid-19 vaccination national enhanced service in order to improve the availability of pharmaceutical services to meet local need. Without knowing the demographic of residents who will live in the houses, it is a reach to say they will need COVID 19 vaccinations, as that is quite a narrow demographic of patients who are eligible.

- b. 'In the table on page 65, Ryders Chemist, FN232, does provide a NMS service and this requires amendment'.

The table below summarises feedback listed against the relevant questions from the consultation and with the response that was made by way of any changes to the final draft PNA document.

Question/ comment	Feedback	Response
2a, 4a, 5b, 6b, 7b, 9b, 10a	No current or future gap in relation to increase in new housing (built and projected to be completed) in Sudell ward over the period between the last (2022-25) and next PNA assessment (in place 2028-31, PNA starting development summer 2027).	In section 2.1, 'regulatory statements' remove reference to future need for a pharmacy within Sudell ward on occupation of 900 new dwellings.
2b, 8b	Healthwatch concerns about declining pharmacy provision/increasing pressures and impact on residents.	Sections 3.5 and 3.6 set out recommendations for how the PNA should be reviewed and amended in line with DHSC (2021) best practice information provided to HWBs. This offers some influence over safeguarding provision where most needed. No change.
3a	Unavailability of blister packs to some residents.	Section 7.4 sets out pharmacies duty to make assessment under the equality act, but this does not itself require blister packs to be made available. Evidence is equivocal on benefits in some instances. No change.
6a	Commissioning of pharmacy services.	Although as this comment asserts information in the PNA is helpful for public health commissioners working in the Local Authority, the main current commissioners of pharmacy services are the ICB and NHS England. These arrangements are explained in section one. No change.
7a	Reference to other commissioning plans to contextualise information in the PNA for purposes of commissioning.	This is an accurate comment. However, the primary purpose of the PNA is to inform the market entry process, i.e. judgements on applications to enter the local list of pharmaceutical services providers (section 1.2). No change.
10b	Ryders chemist incorrectly listed as not providing the NMS service.	Pre-publication, amend entry in table in appendix 2 to show that Ryders chemist (FN232) does provide the NMS service.



The results of the consultation are not considered to have identified new needs for, or improvements or better access to, pharmaceutical services that would necessitate a further period of consultation.