



Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date **Wednesday 7 March 2018** Time **2:00pm**
 Venue **The Wakes, Theatre Square, Oakengates, TF2 6EP**

Enquiries Regarding this Agenda:

Democratic Services	Jessica Tangye	01952 382061
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<u>Committee Membership:</u>	<p>Cllr A R H England (Chair) Cabinet Member – Communities, Health & Wellbeing, TWC</p> <p>Dr J Leahy (Vice Chair) Chair, Telford & Wrekin CCG</p> <p>W Condlyffe Chief Officer Group Representative</p> <p>D Evans Chief Operating Officer, Telford & Wrekin CCG</p> <p>P Evans Sustainability & Transformation Plan Representative, NHS</p> <p>S Dillon Assistant Director, Adult Social Care, TWC</p> <p>Superintendent Tom Harding Community Safety Partnership</p> <p>C Jones Director of Children’s & Adult Services, TWC</p> <p>L Noakes Director of Public Health, TWC</p> <p>Cllr J C Minor Cabinet Member – Leisure, Green Spaces & Parks, TWC</p> <p>Cllr S A W Reynolds Cabinet Member – Education & Skills</p> <p>B Parnaby Telford & Wrekin Healthwatch</p> <p>Cllr J M Seymour Conservative Group, TWC</p> <p>Cllr K L Tomlinson Liberal Democrat/Independent Group , TWC</p> <p>R Woods NHS England (North Midlands-Shropshire & Staffordshire)</p> <p>Cllr P R Watling Cabinet Member – Children’s & Adult’s Early Help & Support, TWC</p>
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AGENDA

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1. Apologies for Absence	
2. Declarations of Interest	
3. Minutes	Appendix A 3
To confirm the minutes of the meeting of the Health and Wellbeing Board held on 6 December 2017.	

... Continued

4. **Public Speaking**
5. **Health and Wellbeing Strategy Performance Presentation** Appendix B 10
Helen Potter - Research & Intelligence Manager, TWC
6. **Sustainability and Transformation Partnership Update Report** Appendix C 23
To receive the report from Phil Evans, STP Programme Director, T&W CCG
7. **Shropshire, Telford & Wrekin Local Maternity System (LMS) Transformation Plan** Appendix D 42
To receive the report from Christine Morris, Senior Responsible Officer LMS, T&W CCG
8. **Strengthening Our Communities and Community Based Support Priority Update Report including Neighbourhood Working** Appendix E 98
To receive the report from Louise Mills, Service Delivery Manager Prevention & Health Improvement, TWC; Anna Hammond, Deputy Executive for Commissioning and Planning (Integrated Care), T&W CCG
9. **Commissioning Priorities 2018/2019** Appendix F 106
To receive the report of Jonathan Eatough – Assistant Director, Governance, Procurement & Commissioning; Liz Noakes – Assistant Director Health & Wellbeing; Anna Hammond – Deputy Executive for Commissioning & Planning (Primary Care)
10. **0-25 Emotional Health and Wellbeing Service Update** Appendix G 117
To receive the report from Frances Sutherland, T&W CCG
11. **Drug and Alcohol Strategy Progress Report** Appendix H 122
To receive the report from Helen Onions - Consultant in Public Health, TWC
12. **Pharmaceutical Needs Assessment 2018/19 – 2020/21** Appendix I 134
To receive the report from Helen Onions; Hitesh Patel, Pharmaceutical Adviser, NHS T&W CCG

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 6 December 2017, at 2pm, The Wakes, Theatre Square, Oakengates, Telford TF2 6EP

Present:

Cllr A R H England (Chair) Cabinet Member – Communities, Health & Wellbeing, TWC
Dr J Leahy (Vice Chair) Chair, Telford & Wrekin CCG
W Condlyffe Chief Officer Group Representative
P Evans Sustainability & Transformation Plan Representative
S Dillon Assistant Director, Adult Social Care, TWC
C Jones Director of Children's & Adult Services, TWC
L Noakes Director of Public Health, TWC
Cllr J C Minor Cabinet Member – Leisure, Green Spaces & Parks, TWC
B Parnaby Telford & Wrekin Healthwatch
Cllr J M Seymour Conservative Group, TWC
Cllr P R Watling Cabinet Member – Children's & Adult's Early Help & Support, TWC

Also Present:

Shobha Asar-Paul - Chief Executive - HealthWatch Telford & Wrekin, Cllr Lee Chapman – Shropshire Council, S Constable – Partnership Manager TWC; Helen Onions – Consultant in Public Health, TWC; Kit Roberts – Legal, Procurement & Commissioning, and J Tangye – Democratic Services Officer.

HWB-56 Apologies for Absence

Cllr S A W Reynolds -Cabinet Member – Education & Skills, Cllr K L Tomlinson - Liberal Democrat/Independent Group, TWC, D Evans Chief Operating Officer, Telford & Wrekin CCG and Superintendent Tom Harding -Community Safety Partnership.

HWB-57 Declarations of Interest

None declared

HWB-58 Minutes

Resolved – that the minutes of the meeting of the Health and Wellbeing Board held on 6 September 2017 be confirmed and signed by the Chair.

HWB-59 Public Speaking

None

HWB-60 Telford & Wrekin Healthwatch- Healthy Relationships Youth Survey Report

Shobha Asar-Paul - Chief Executive Healthwatch Telford & Wrekin introduced the item and highlighted the success that the organisation continued to have in engaging young people on key issues. The most recent survey on health relationships continued this trend, with 4776 young people responding. The reason for this area of study was based on the work

done by Healthwatch in 2015 in which local schools raised healthy relationship education as a particular area of concern. It was noted that Healthwatch Telford & Wrekin had undertaken three surveys with the young people to date including the Sexual Health Survey 2014, and CAMHS Survey 2015/16. The Director of Public Health at TWC highlighted that the CAMHS survey had been valuable in informing commissioning intentions around mental health at the Council.

Two student representatives and volunteers at T&W Healthwatch were welcomed to the meeting to present the results of the Healthy Relationships Youth survey which schools and academies across Telford and Wrekin participated in. The Board noted that not all of the Borough's schools and colleges had chosen to partake, however, it was highlighted that the survey had been accessible across a range of platforms for young people to get involved. The Board noted the key points highlighted:

- Healthy Relationship Education (HRE) led to more confidence in understanding sexual consent
- Older students reported more confidence in identifying healthy and abusive relationships
- Lessons in PSHE (Personal, Social, Health Education) were not consistent; there were higher rates in Years 9-11 but lower rates in Years 12 & 13 - which suggested HRE had become more common in recent years.
- Nationally, 46% of young people had not received HRE whilst 59.3% reported not receiving it in Telford & Wrekin
- Nationally, 24% were taught about Female Genital Mutilation (FGM) but only 19.5% reported learning about it in Telford & Wrekin
- This and the HealthWatch CAMHS survey showed young people sought help from parents & carers but less likely for transgender students. Sexual Health survey found students more likely to look for related information online.

The Board noted that a series of recommendations had been produced as a result of the findings:

- The importance of Healthy Relationship Education which supported young people to have healthy interactions with others, improved confidence in identifying healthy /unhealthy relationships and important concepts including consent, FGM
- Early Help Partnership, Health & Wellbeing Board and Council Scrutiny to consider the role of HRE in supporting children, young people and families.
- Schools must deliver HRE consistently, especially across all age groups once it became compulsory.
- Parents & carers were important sources of support – the delivery model of PSHE must recognise this.
- HRE must account for broad range of student needs, some may need more targeted support.

Members were impressed with the students' presentation. Cllr Paul Watling, Cabinet Member for Children and Adults Early Help and Support commented that it was important that HRE was implemented consistently throughout the curriculum and that guidance from the Department of Health was needed to provide where and when HRE should appropriately take place.

RESOLVED to note the Healthwatch Telford and Wrekin Annual Report 2016/17

HWB-61 Future Fit Update including Consultation Presentation

The NHS STP and Future Fit Programme Director, Phil Evans, provided an update on the Future Fit consultation and enclosed drafts of the consultation document and survey. It was noted that the NHS had worked closely with the Consultation Institute and patient reader group which had included representation from Shropshire, Telford & Wrekin and mid Wales. There had been engagement with stakeholders including CCG Boards, SaTH Board, Joint HOSC and T&W Council. Cllr Paul Watling expressed his concern that Future Fit had not been named in the 12 schemes announced in the Government's Budget statement. The Programme Director confirmed that the Programme continued to follow a robust assurance process and formal feedback was awaited from NHS England regarding next steps.

HWB- 62 Transforming Care Partnership (TCP) Update

The Board received the report of the Assistant Director: Legal, Procurement and Commissioning which provided background nationally and locally on the transformation of care for people with learning disabilities and/or autism. The report informed the Health and Wellbeing Board on progress of the TCP in meeting the targeted level of bed reduction; the deadline for completion of the reduction of commissioned beds was April 2019. Locally, the Shropshire TCP Footprint consisted of Shropshire Council and CCG, Telford & Wrekin Council and CCG.

Information was provided on the TCP accountability, governance, operational management and reporting to NHS England. The challenges were noted in terms of finance, workforce, and housing. A submission for a grant to NHSE for £995,000 was expected to receive final approval in the near future.

The Board was informed that the resettlement of patients from the in-patient beds within the timeline required detailed planning and preparation. The work was closely monitored by the Head of TCP and the Case Manager was increasingly familiar with each individual case. The administrator had established detailed processes to monitor and record changes in month, and fortnightly calls took place with NHSE.

It was reported that partners expected to meet the set trajectories for bed reductions across the footprint within the defined timescale, although numbers needed to fall below the trajectories for required and appropriate admissions. It was noted that the TCP Board would continue to work with key partners and stakeholders to manage the process of planned resettlement between January 2018 and March 2019 and that longer term prevention of the need for admission into in-patient beds would be progressed under the guidance of the Sustainability Transformation Partnership. The item would return to the Board in September 2018.

Resolved – that

- a) the report be noted;**

- b) notification of completion of the targeted bed reduction by March 2019 be noted; and
- c) confirmation of the closure of the programme post March 2019 be noted.

HWB-63 Improving the Health and Wellbeing of Carers

The report was presented by Jill Tiernan Carers Commissioning Officer, LA/CCG; Barry Parnaby, Chair of the Carer's Partnership and Cllr Lee Chapman, Shropshire Council. It provided a progress overview against the Health and Wellbeing objectives; encouraging healthy lifestyles, improving mental health and wellbeing, and strengthening communities.

The report provided Board members with detail of how the varied arrangements were working on the ground to improve the health, wellbeing and development of resilience of adult and children carers through the delivery of eight key outcomes. Progress against the Carer Strategy outcomes were highlighted.

Board members noted the local picture in Telford and Wrekin which outlined the numbers of unpaid carers in the Borough as 2.8% of all 0-25 year old young people, 14.4% of all 25-64 year old adults, and 15.2% of all adults over the age of 65 years. In total around 18,000 young people and adults provided regular unpaid support to a family member, friend or neighbour across the Borough. The Board noted that it was the identification and awareness raising of carers of all ages across the Borough which required particular focus with a continued emphasis on prevention, promoting self-help and accessing community based solutions. Members noted the challenge faced by all partners of trying to get people into the system, when this also created problems for the limited resources, although staffing levels had been increased at carers' centres. The GP link was helping to identify many more carers and would be embedded in neighbourhood working under the STP.

Areas of development for the forthcoming year were identified as – working to expand the community carer offer, development of allocating Carer Indicative payments, broadening the range of respite/ community opportunities for family carers, continued work in co-production with carers on employment, enabling greater community resilience and self-efficiency, revision of an all age Carers strategy and enabling enterprise. Members noted the strategy and that it remained important to be differentiate between junior and adult carer where there was an all-age strategy.

It was noted that the Council was moving towards becoming a Foster Friendly employer and that the same applied to becoming a Carer friendly Council.

RESOLVED – to note

- a) the update, development and achievements since receipt of the last Board Report September 2016;
- b) support for the strategic priorities and associated action plans while considering the changing landscape (economic and commissioning) facing health and social care;

- c) **the support and the significant and financial contribution family carers bring to the social and health local economy;**
- d) **the authorities continued progress in working towards raising carer awareness across the borough and local communities; and**
- e) **support for the initiatives behind the Carers Voices initiative appended to the report, whereby carer stories, influence the shape of commissioning and service delivery.**

HWB-64 Local Maternity System Plan

The Board received the report of Helen Onions – Public Health Consultant, Health & Wellbeing at Telford & Wrekin Council, which provided an outline of the Local Maternity System (LMS) that had been established across the Shropshire, Telford and Wrekin health economy in response to the national review of maternity services - Better Births. Members noted the role of the LMS to co-produce and deliver a plan to transform local maternity services in order to improve choice and personalisation of maternity services and the safety of maternity care.

Telford & Wrekin and Shropshire Council Public Health teams were working on one of three workstreams in the plan - the Health and Wellbeing (prevention) work stream led by the Telford & Wrekin Assistant Director Health & Wellbeing. The agreed priority outcomes were detailed in the report and the actions related to pre-conception health checks, reducing obesity, smoking, hypertension and diabetes before, during and after pregnancy, increasing the uptake of immunisations and vaccination, strengthening the links and pathways between maternity and health visitors and supporting the development of the midwifery community hubs.

The draft plan was submitted to NHS England North Midlands and a further iteration of the LMS plan incorporated recommendations as advised by NHS England following initial submission. It was noted that the LMS plan was not currently in the public domain as it was under NHS England review. The Publication of the LMS plan was expected early in 2018 once it had been signed off by the NHS.

The Board noted that the LMS plan was aligned to the STP and link to Future Fit proposals and there was clear guidance from the NHS on what it needed to look like. There was a concern that this was linked to the closure of maternity led units in Shropshire and it was noted that this fit into the reconfiguration of Community based services which would be clear when the plan could be brought to the Board, expected in March 2018.

RESOLVED that the LMS approach being taken to improve local maternity services as outlined in this report, be noted.

HWB-65 HWB Healthier Lifestyles Priority Update

The Board received a report on the Healthy Lifestyle Programme, developed to enable local people to stay healthy and avoid preventable conditions, enabling them to live fulfilling lives. The approach taken was welcomed by the Board, which involved collaborative working with communities and the third sector to better support local people in their neighbourhoods. The work programme aimed to address multiple health and wellbeing priorities, across a number of settings and the aspiration was that a collective, systematic approach delivered collaboratively across partner organisations would have a significant impact in the Borough. Highlights of progress made on the key elements of the programme were noted and details of performance were presented in the report.

It was noted that the overall smoking prevalence had continued to decline as the Telford & Wrekin Smoke Free network partners continued to work together on campaigns and polices in line with this priority. The numbers of smokers seeking support from services had increased in 2016/17, for the first time in several years. A new Public Health midwife role has been funded in maternity services and smoking in pregnancy rates appeared to be declining.

The Sport England Active People survey results showed a reduction in the number of inactive adults. The survey also reported an improved position for the number of adults eating 5 or more portions of fruit and veg a day. Levels of adult obesity were still at 71% which remained significantly worse than the England average. Members noted that obesity continued to be a problem in the Borough and particularly with high risk pregnancy. This would be a priority area with targeted activity in the Annual Public Health report next year.

RESOLVED to note the content of the report.

HWB-66 Toxic Trio Priority Workstream Update

The Board received the report which provided an update on the work that had been undertaken in the last 6 months to address the “toxic trio” defined as domestic abuse, substance misuse (alcohol and/or drugs) and poor mental health.

Progress of the work-stream on domestic abuse was summarised in the report following the commencement of work in May 2017. The work programme included a focus on understanding the level of domestic abuse in the Borough; reviewing the current domestic abuse safeguarding pathways; reviewing the current targeted support services for domestic abuse; raising awareness, training and education of professionals; and evaluation and monitoring of progress.

It was noted that the Board had received an update on the implementation of the Mental Health Strategy in June 2017 and would receive an update on Substance Misuse in March 2018.

It was reported that the Telford & Wrekin Safeguarding Children and Adults Boards were leading the work through a newly formed Domestic Abuse Thematic Sub-group. The first meeting of the sub-group was in December and was made up of strategic leads for domestic abuse, substance misuse and mental health across the partnership and third

sector. Ongoing monitoring of the progress would be through the already existing governance structures of the Safeguarding Children and Adults Boards. However, the overall progress of the work stream would be reported regularly to the Health and Wellbeing Board.

The Cabinet Member for Children and Adults Early Help and Support noted that Toxic Trio had a huge impact on Children in Care. Members noted that the Toxic Trio was an important issue and welcomed the support that White Ribbon day had received; a link to a video of Members standing up against domestic abuse would be circulated in the Minutes: <https://www.facebook.com/TelfordWrekin/videos/1934748653206064/>

RESOLVED that:-

a) the work of the Toxic Trio priority work stream outlined in Section B of the report be noted; and

b) to note any further areas of partnership working.

HWB-67 Pharmacy Needs Assessment Refresh Briefing

The Board received the report which highlighted the legal duty of the Board for publishing and keeping up-to-date local pharmacy needs assessments. The report provided an update on the 2017/18 refresh process taking place for the Telford & Wrekin PNA. The current PNA was published in April 2015 and further additions were made in 2016 following the subsequent in-depth review of pharmacy dispensing provision in South Telford requested by the HWB.

During 2017 colleagues from the Council’s public health team, CCG, the Local Pharmaceutical Committee and NHS England had been coordinating the refresh PNA process. Key elements included mapping of local pharmacy services; summary of demographic factors, health and wellbeing needs; public survey on views of local community pharmacy services, equalities impact assessment; and assessment of gaps in provision and recommendations regarding future provision and service developments

The draft PNA would be open for consultation between mid December 2017 and mid-February 2018. Patient and public engagement took place for a full month in September 2017. The proposed PNA and all consultation responses would be presented to the HWB in March 2018. Any changes and modifications would then be made to allow publication in April 2018.

RESOLVED that the PNA process and time scale be noted and a review of the PNA proposals and consultation responses in detail in March 2018 be approved.

The meeting ended at 3.20pm

Chairman:

Date:

Health & Wellbeing Board: Performance Dashboard

March 2018

Prepared by Organisational Delivery & Development



Notes regarding Performance Dashboard:

- New set of performance metrics agreed for 2018
- Performance metrics aligned to Health & Wellbeing Strategy, with sections on:
 - Overarching Metrics
 - Priority One: Healthy Lifestyles
 - Priority Two: Mental Wellbeing and Mental Health
 - Priority Three: Community / Neighbourhood Working
- Dashboard provides:
 - latest published annual data
 - comparisons to national positions
 - additional contextual data

Health and Wellbeing Strategy Performance Metrics

Latest published annual data (2016/17 unless indicated otherwise)

Overarching measures

Male life expectancy at birth*	78.6
Female life expectancy at birth*	82.4
Male healthy life expectancy at birth*	62.0
Female healthy life expectancy at birth*	60.7
Gap between life expectancy and healthy life expectancy (male)*	16.6
Gap between life expectancy and healthy life expectancy (female)*	21.7
Infant mortality (rate per 1,000 live births)*	5.3

Priority 1 Healthier Lifestyles

Smoking prevalence in adults (%)**	15.6
Smoking prevalence adults in routine & manual occupations (%)**	26.2
Smoking at time of delivery (%)	21.1
Adults with excess weight (%)***	67.0
Reception year children with excess weight (%)	24.8
Year 6 children with excess weight (%)	34.5
Physically inactive adults (%)***	23.2
Alcohol related hospital admissions (rate per 100,000)	673
Hypertension prevalence (%)	13.7
Diabetes prevalence (%)	7.2

Priority 2 Mental Wellbeing and Mental Health

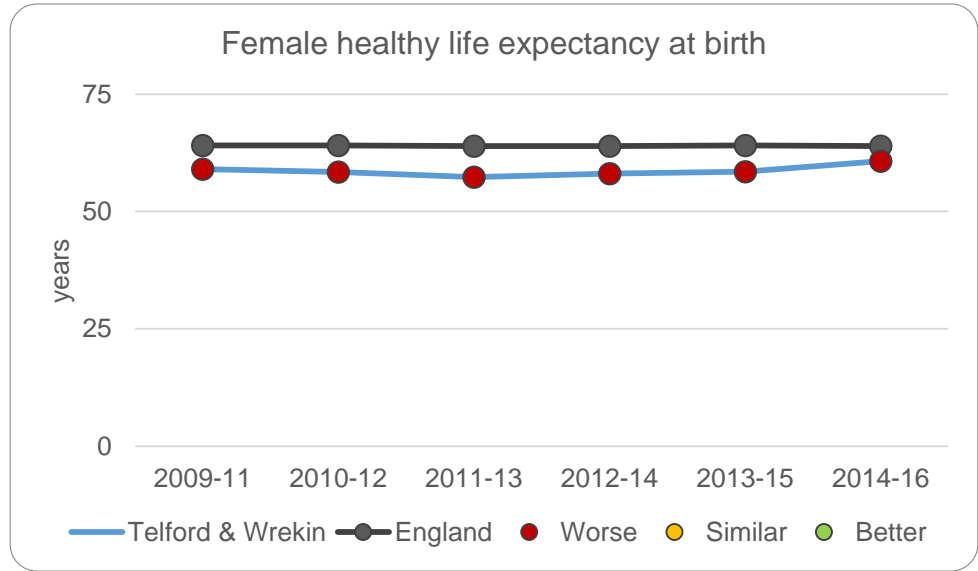
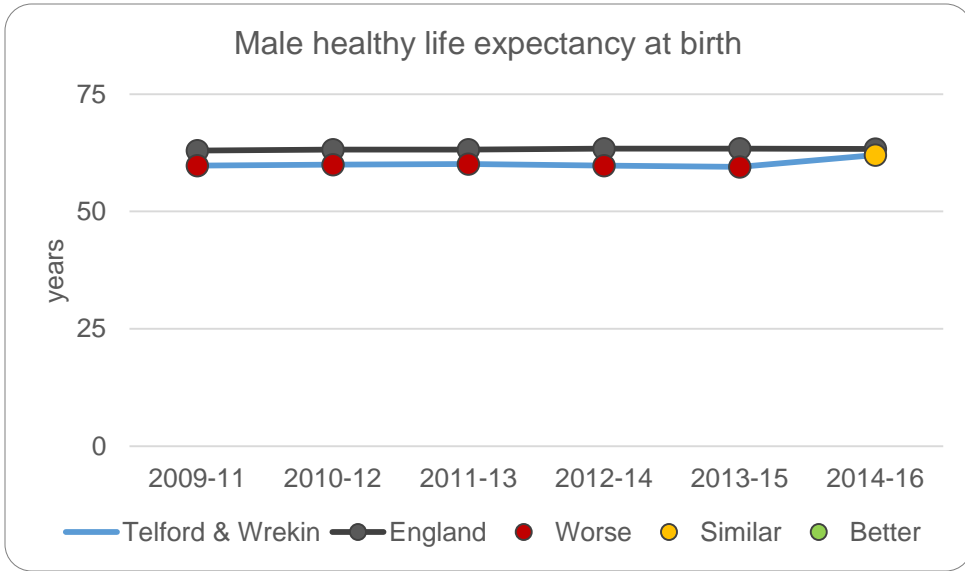
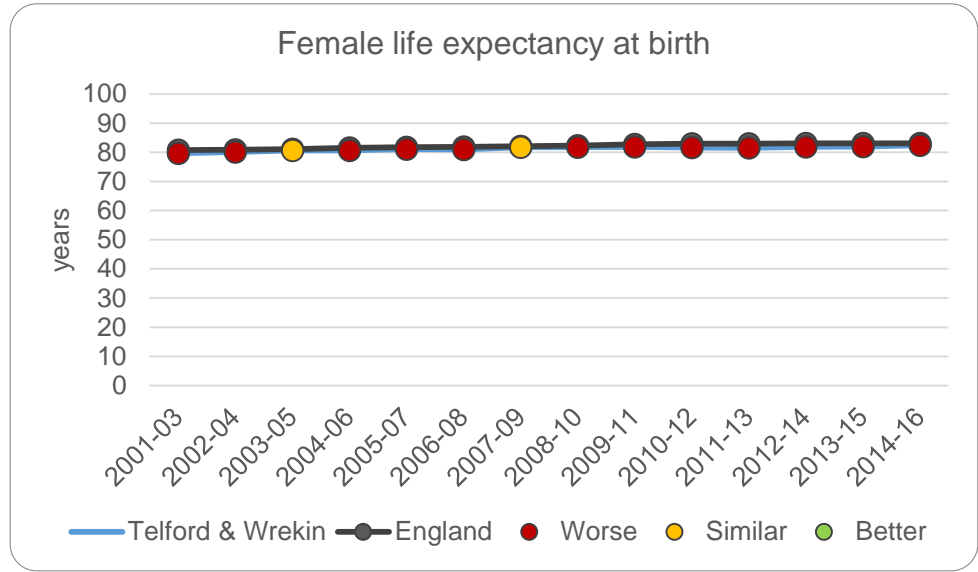
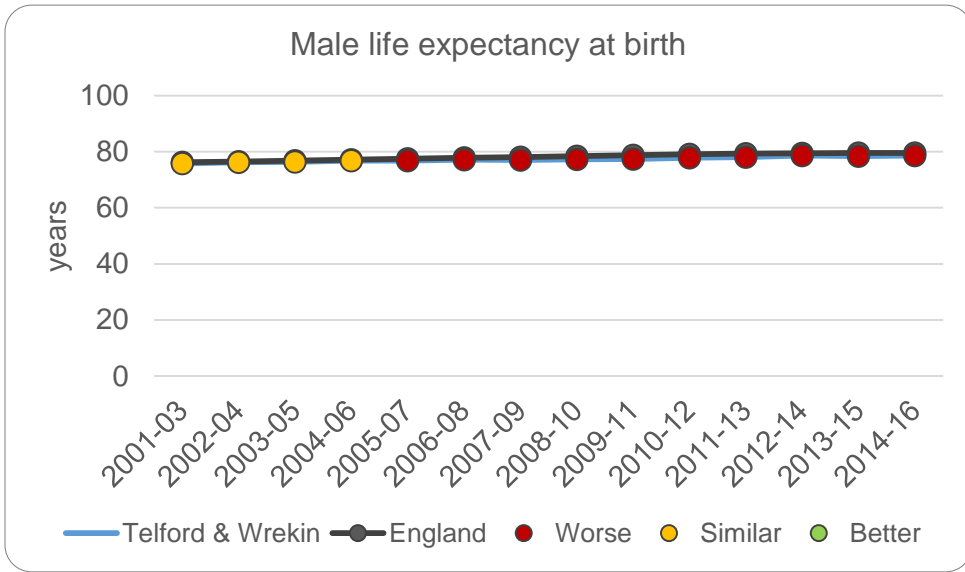
Suicide rate (rate per 100,000)*	9.9
Gap in employment rate for those in contact with secondary mental health services and the overall employment rate (% point gap)	66.8
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%)	35.0
Hospital admissions for self harm (rate per 100,000)	174.3
Dementia diagnosis rate (% estimated number diagnosed)	62.4
Self reported wellbeing - people with a low happiness score (%)	8.4
Self reported wellbeing - people with a low satisfaction score (%)	4.9

Priority 3 Community/Neighbourhood Working

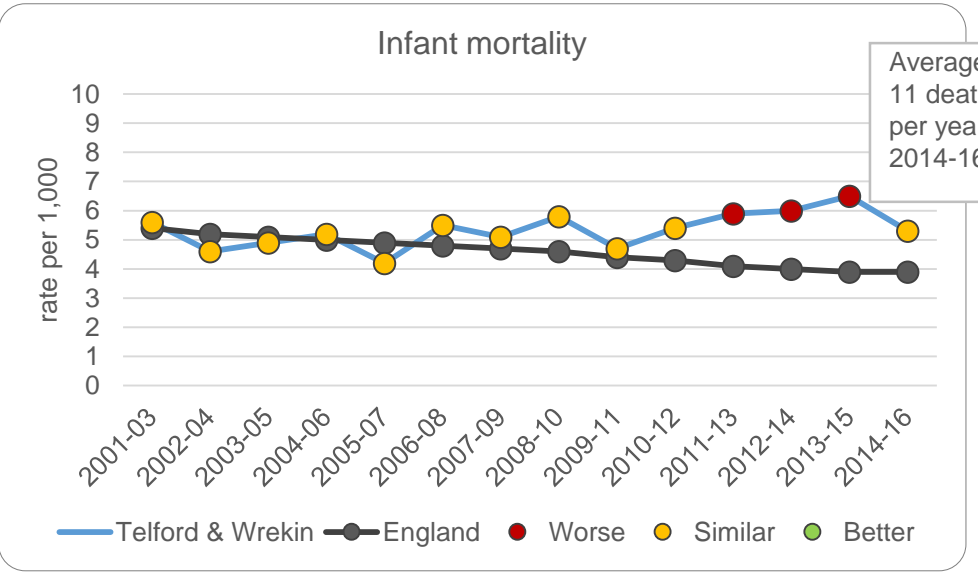
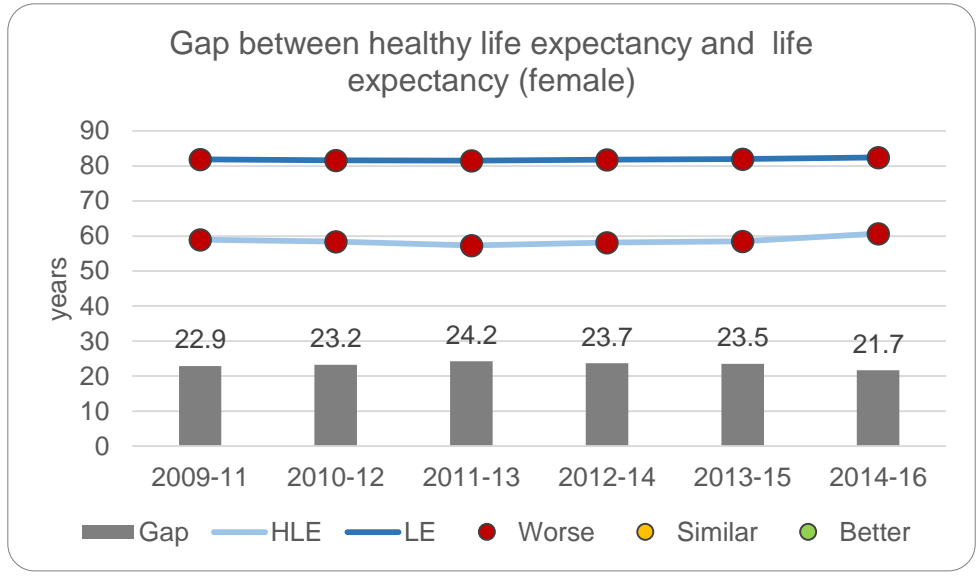
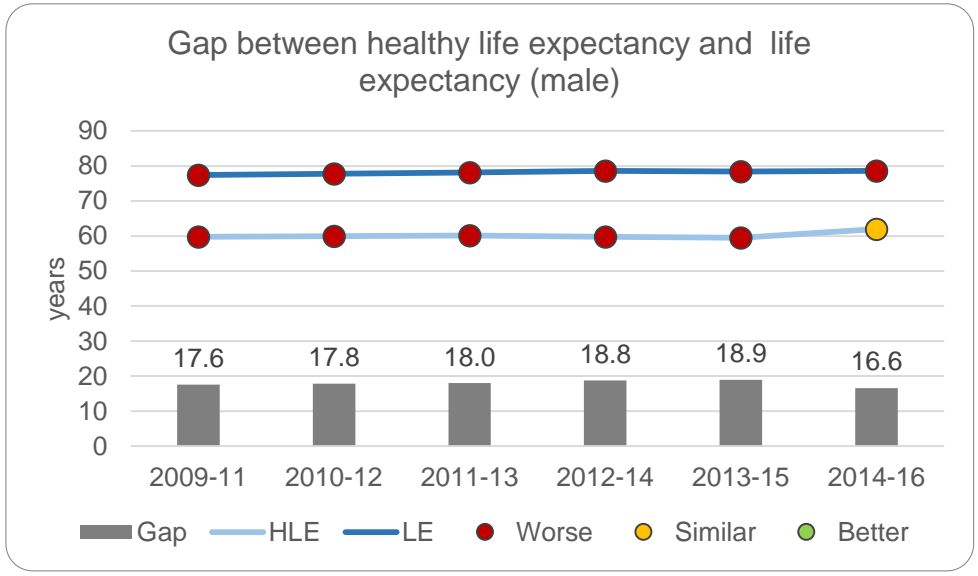
Permanent admissions of older people (65+) to residential and nursing care (rate per 100,000)	361.3
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement services (%)	71.3
Delayed transfers of care (rate per 100,000)	8.4
Number of new clients into adult social care	2,471
Quality of Life of Carers (average score out of 12)	7.6
Quality of life of service users (average score out of 24)	19.1
Proportion of people who use services who reported that they had as much social contact as they would like (%)	46.1

*2014-16 **2016 ***2015/16

Compared with England Worse Similar Better Lower Higher Not compared

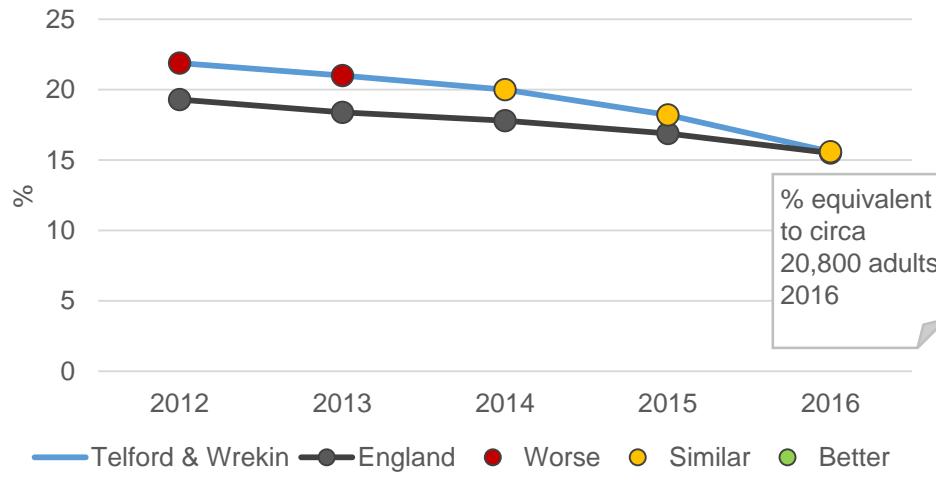


Source: [PHE Public Health Outcomes Framework](#)



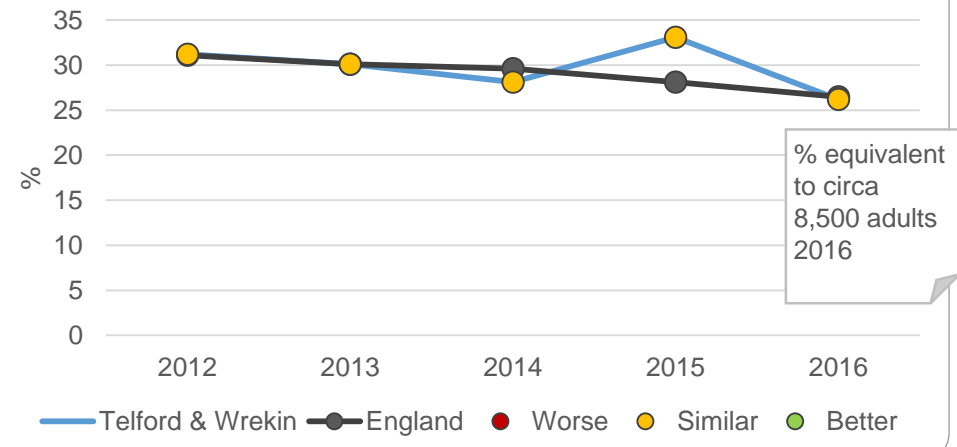
Source: PHE Public Health Outcomes Framework

Smoking prevalence in adults



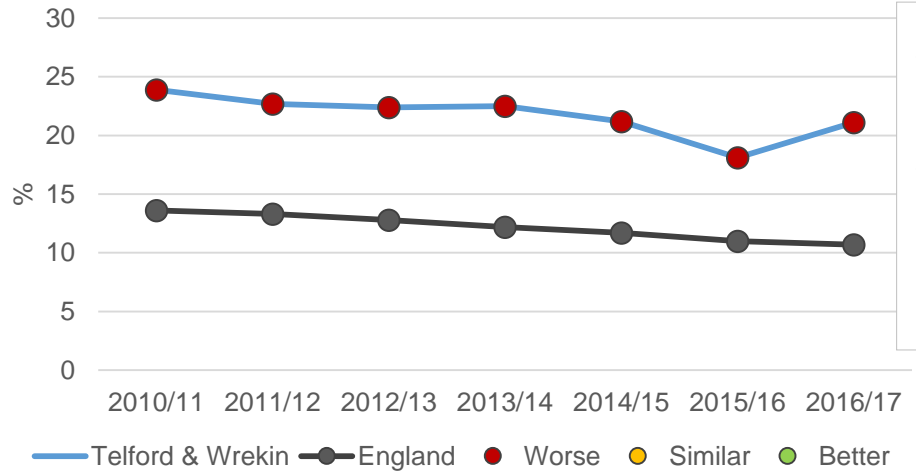
% equivalent to circa 20,800 adults 2016

Smoking prevalence in adults in routine and manual occupations



% equivalent to circa 8,500 adults 2016

Smoking at time of delivery

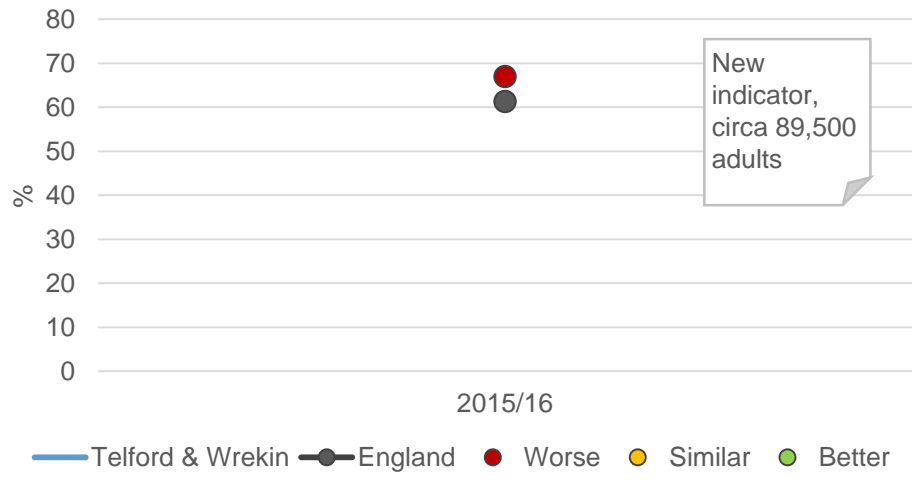


426 mothers smoking at time of delivery in 2016/17.

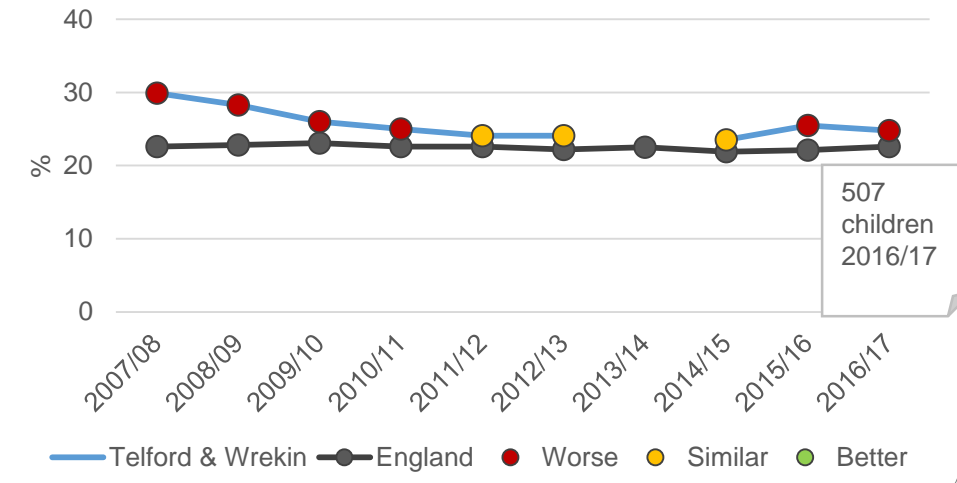
Latest in year data shows the proportion of mothers smoking at time of delivery for 2017/18 is 17.8% to the end of quarter 3 (December 2017).

Source: [PHE Local Tobacco Control Profiles](#)

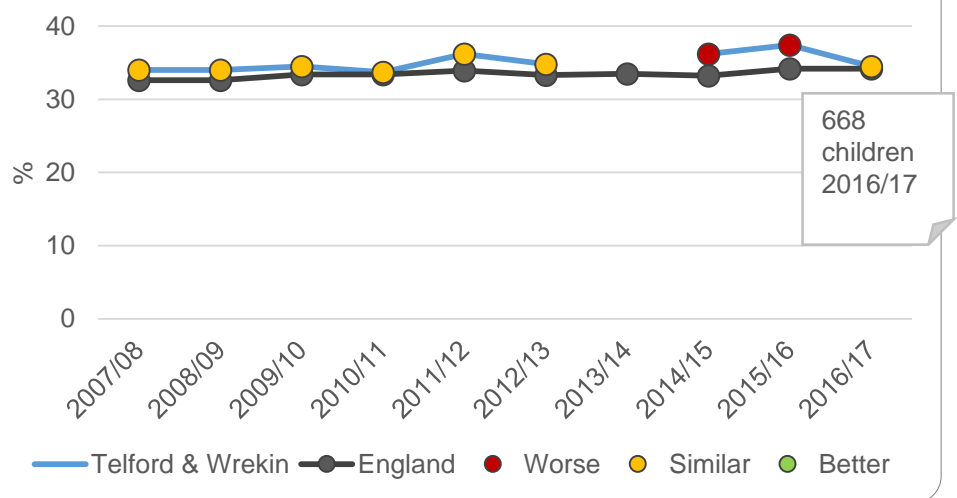
Adults with excess weight



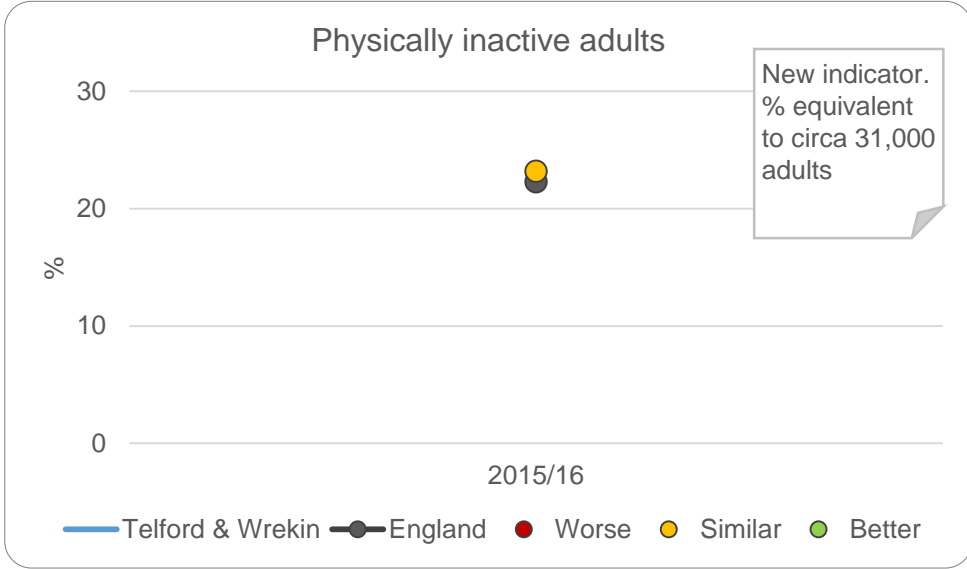
Reception year children with excess weight



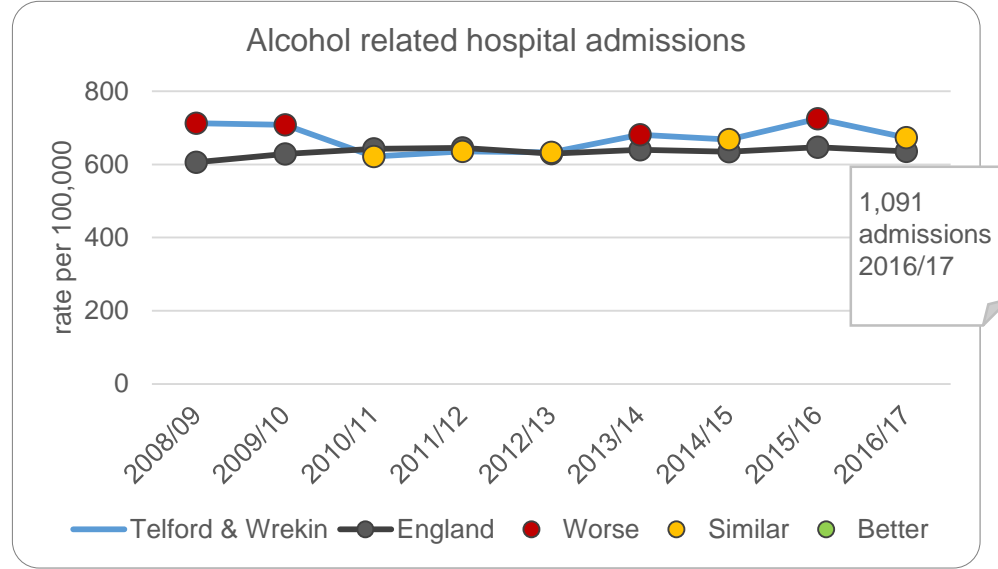
Year 6 children with excess weight



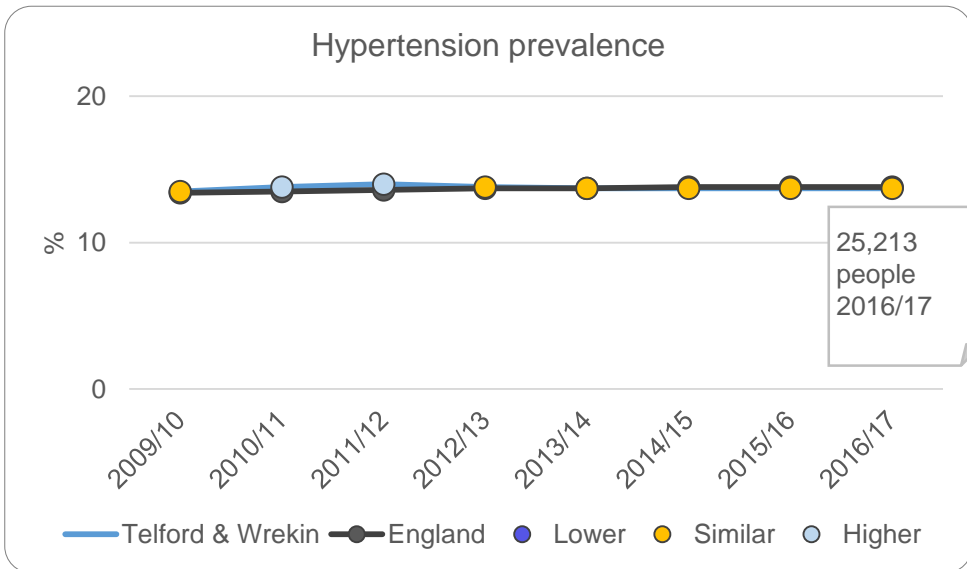
Source: [PHE Public Health Outcomes Framework](#)



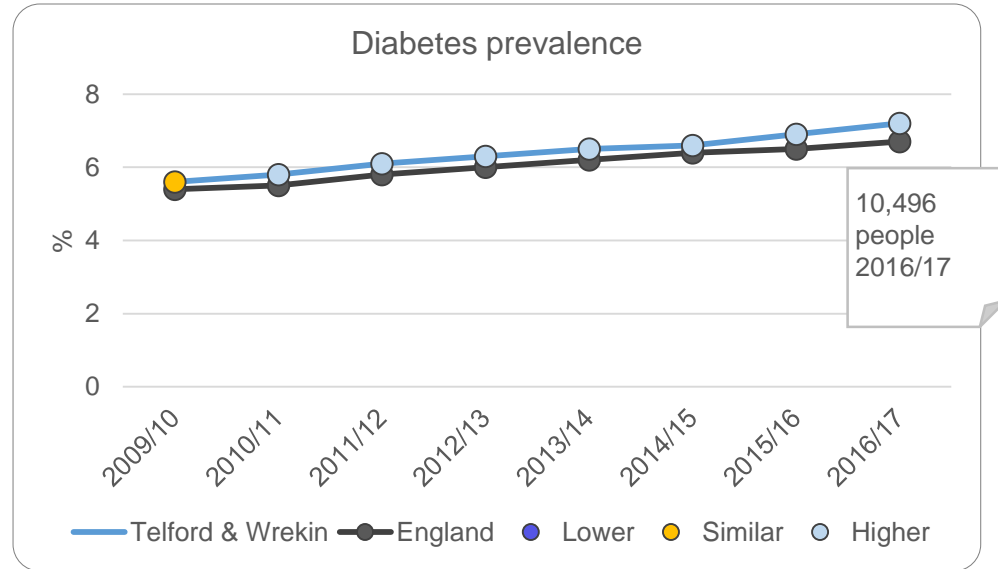
Source: [PHE Public Health Outcomes Framework](#)



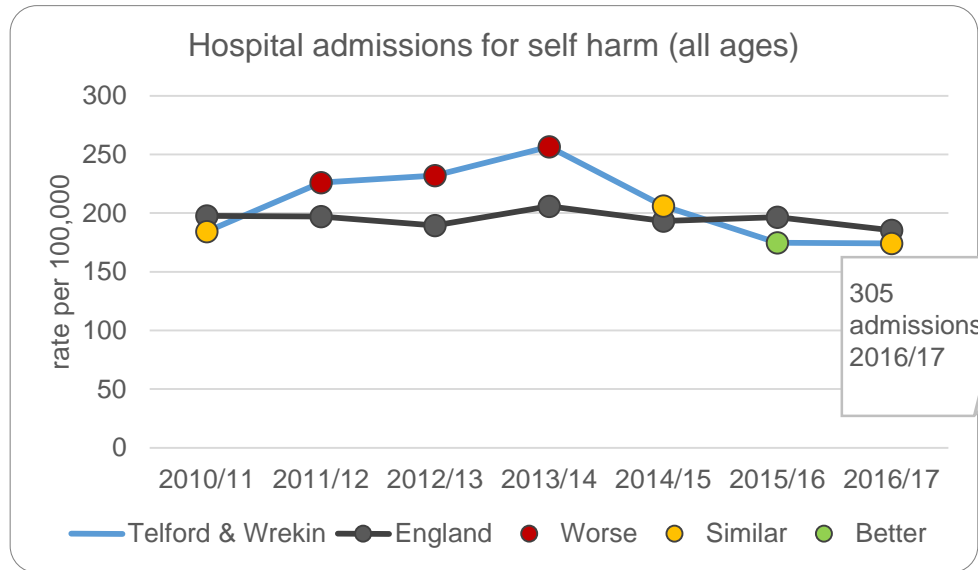
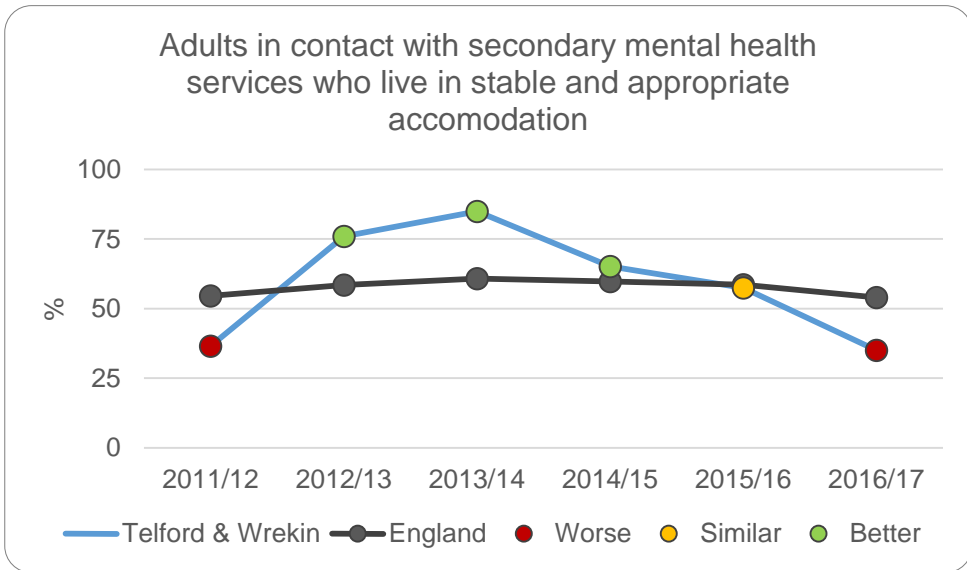
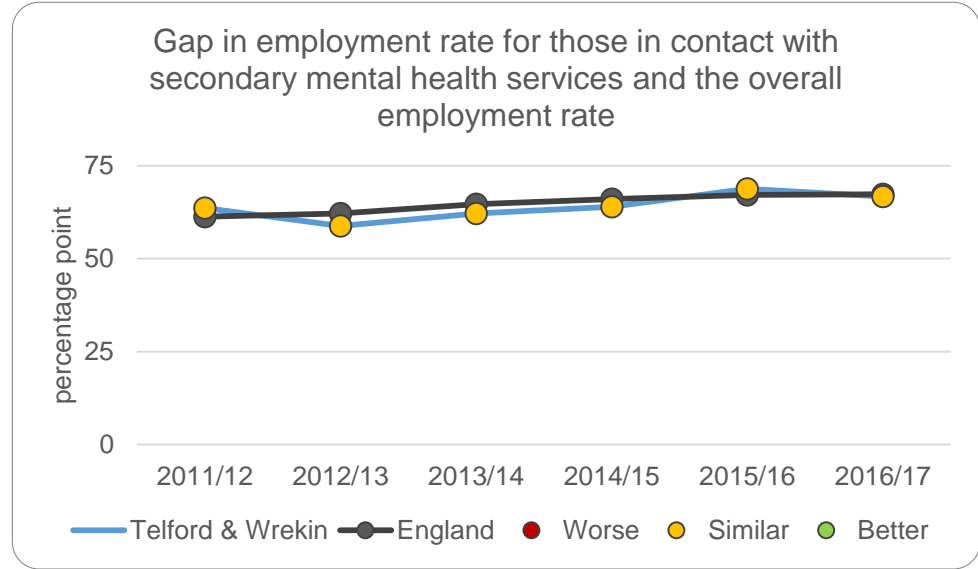
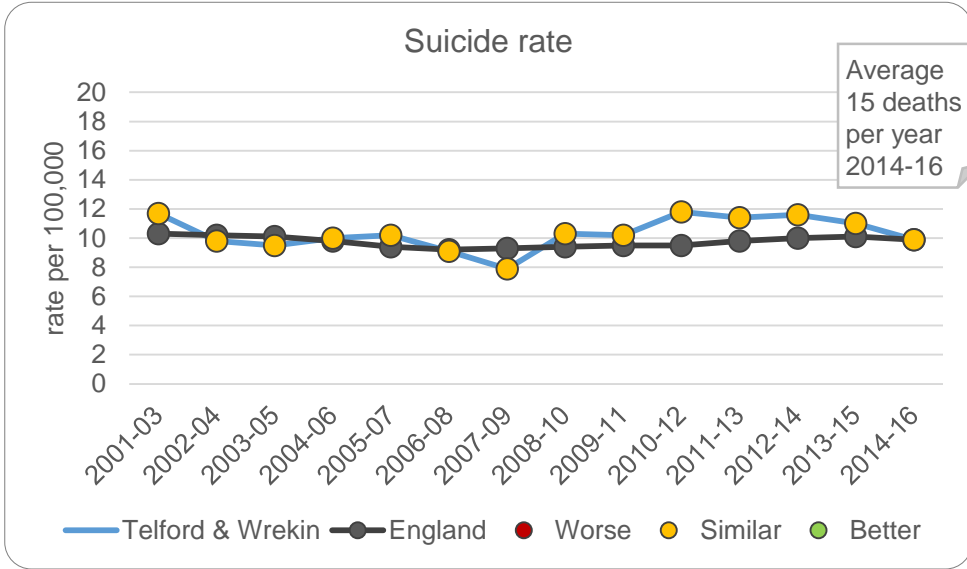
Source: [PHE Public Health Outcomes Framework](#)



Source: [PHE National General Practice Profiles](#)

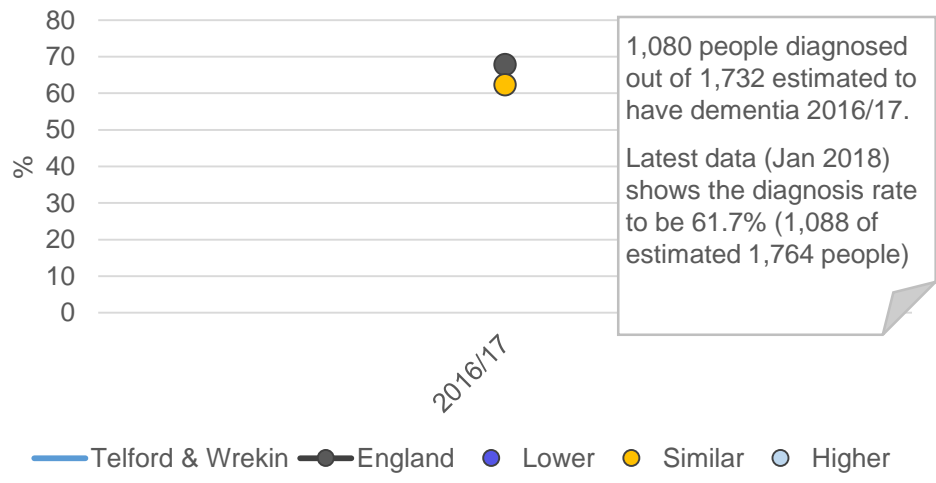


Source: [PHE National General Practice Profiles](#)



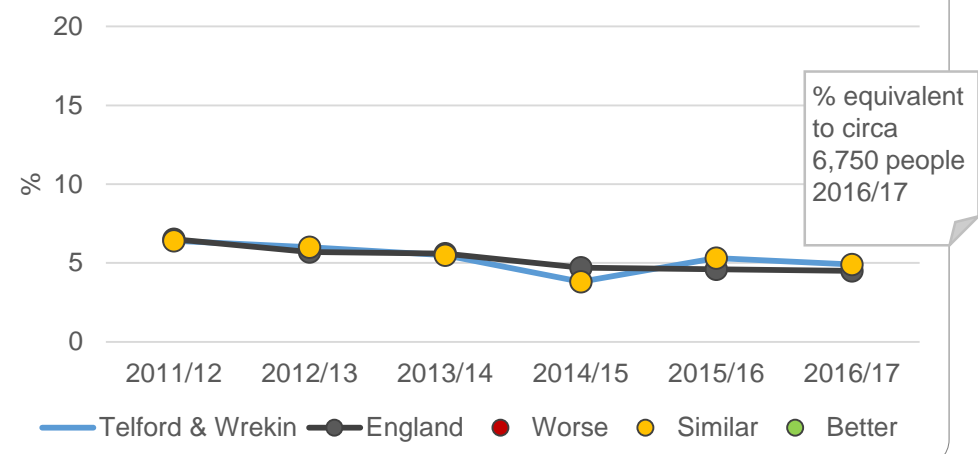
Source: [PHE Public Health Outcomes Framework](#)

Dementia diagnosis rate



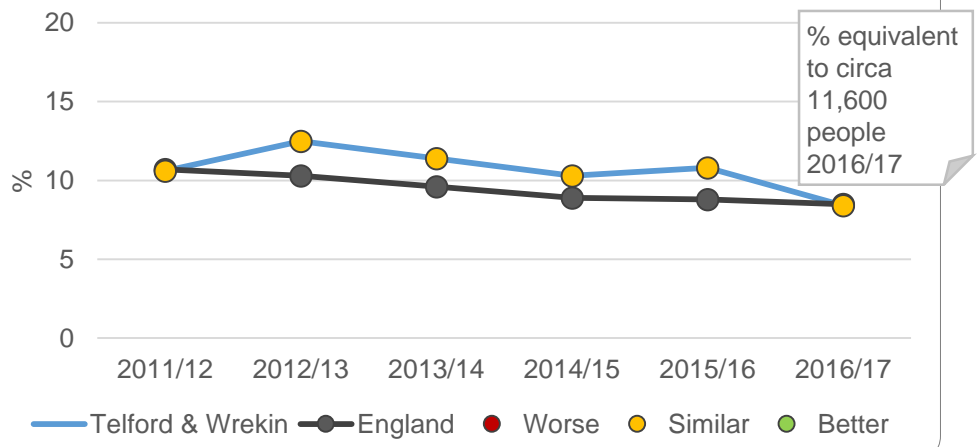
Source: [NHS Digital Estimated Diagnosis Rate Indicator Report](#)

Self reported wellbeing - people with a low satisfaction score

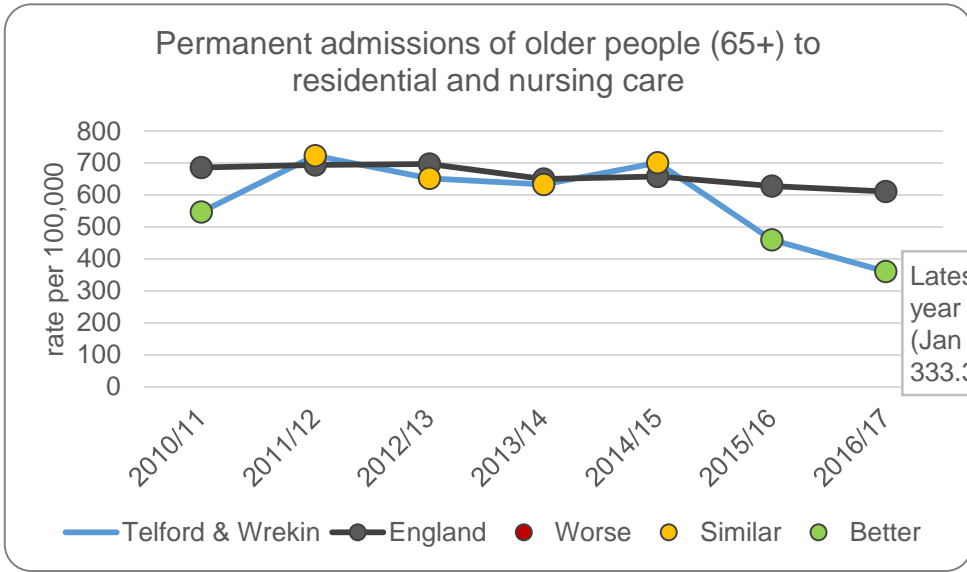


Source: [PHE Public Health Outcomes Framework](#)

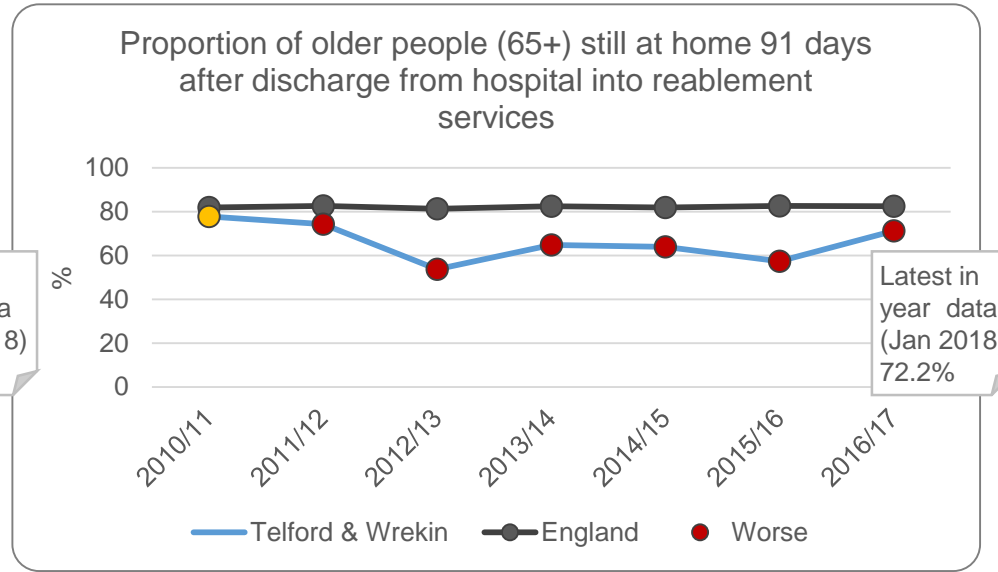
Self reported wellbeing - people with a low happiness score



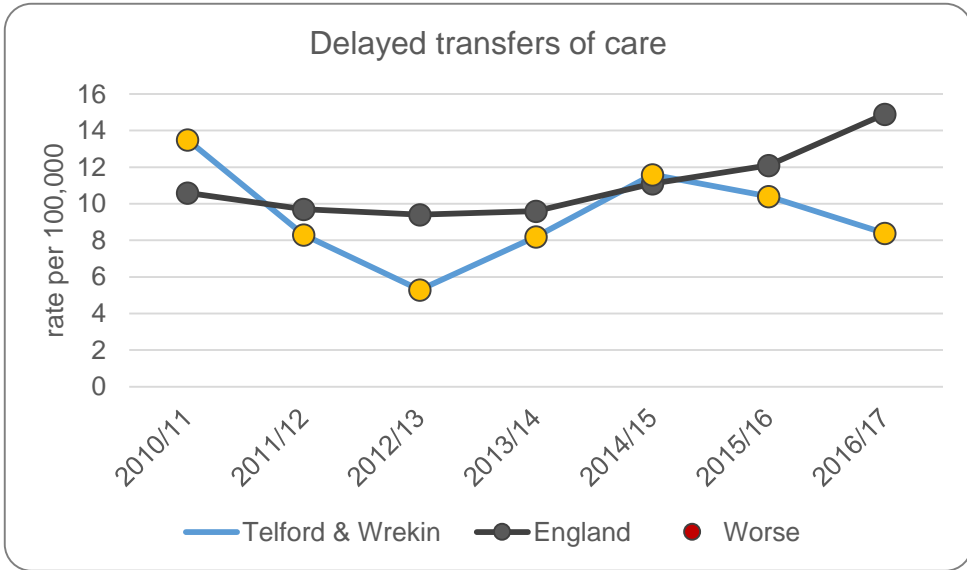
Source: [PHE Public Health Outcomes Framework](#)



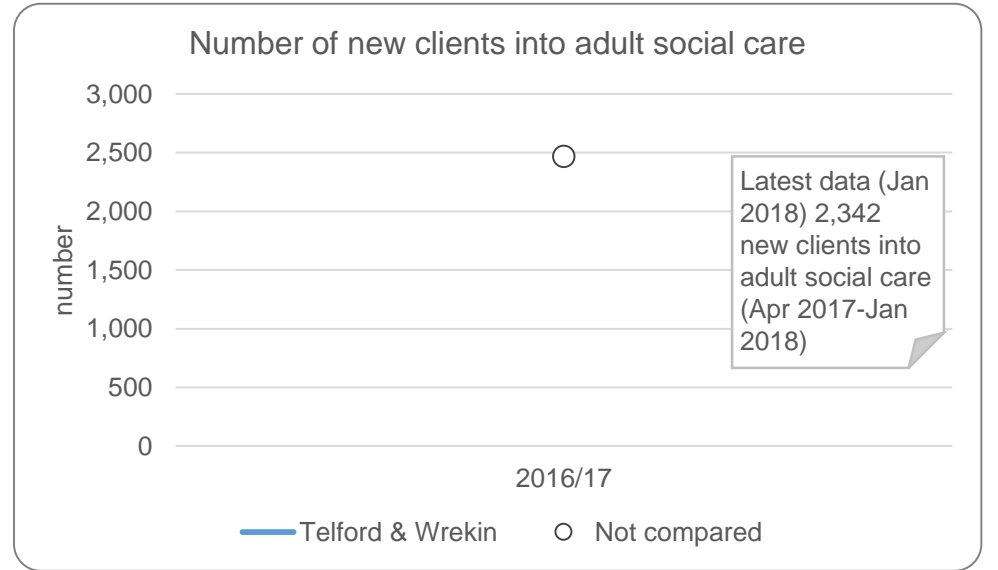
Source: NHS Digital Adult Social Care Outcomes Framework



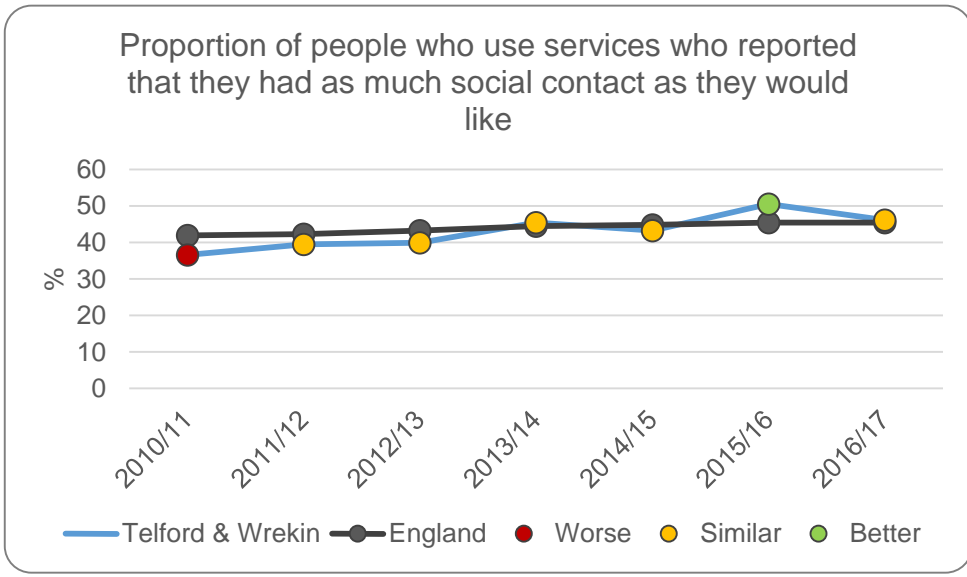
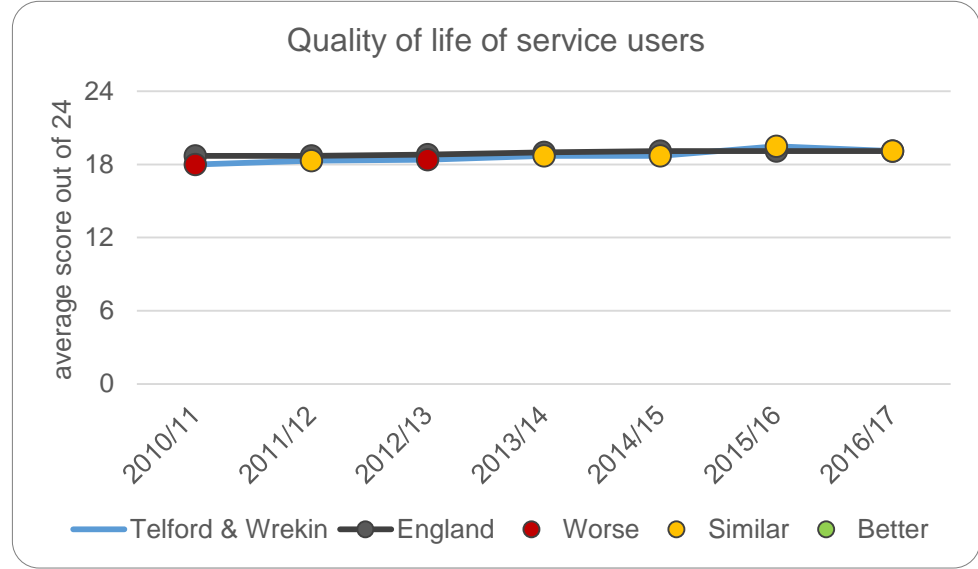
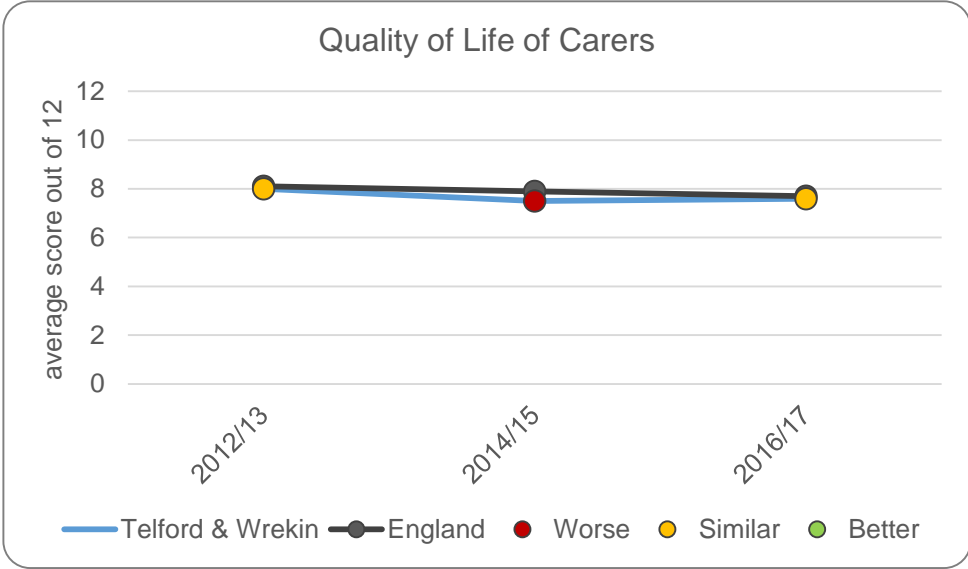
Source: NHS Digital Adult Social Care Outcomes Framework



Source: NHS Digital Adult Social Care Outcomes Framework

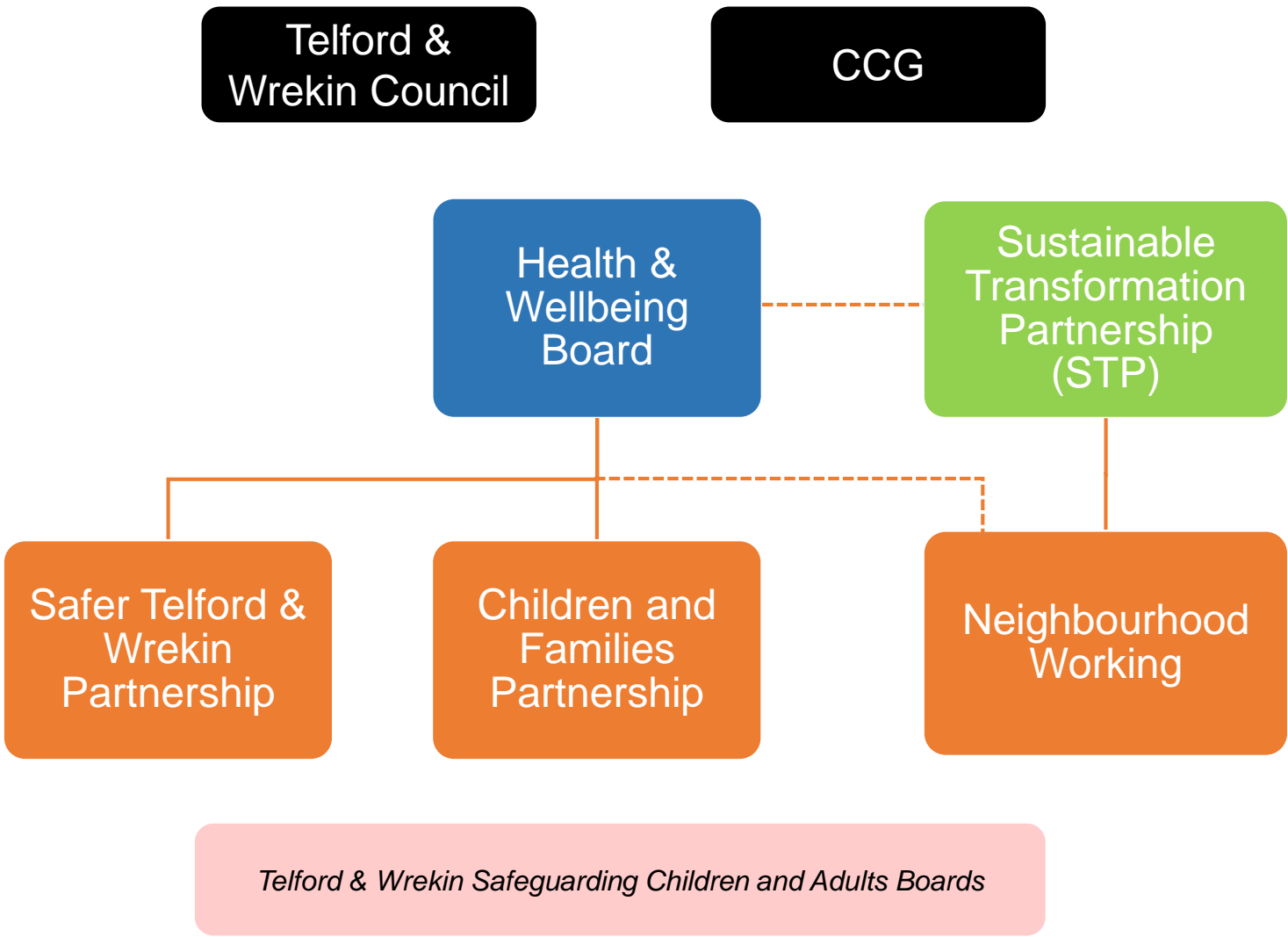


Source: Telford & Wrekin Council



Source: [NHS Digital Adult Social Care Outcomes Framework](#)

Health and Wellbeing Board Structure





Title of the report:	STP Programme Update
Responsible Director:	Phil Evans, STP/Future Fit Director
Prepared by:	Joanne Harding, Head of STP PMO
Input from:	All input identified below
<p>Purpose of the report: The purpose of this paper is to provide an update with a high level RAG rated Programme Status Report against the STP Programme Structure, Governance and Delivery Plan.</p>	
<p>Key issues or points to note: The Dashboard below gives a sense check as to the individual components that make up our system wide STP and our progress towards system wide working</p>	

2nd Feb 2018

Planning Guidance for refreshing of STP Plans 18/19 is now available

<https://www.england.nhs.uk/wp-content/uploads/2018/02/planning-guidance-18-19.pdf>

Its key that as an STP we understand how the planning guidance fits with our STP plans – we should be cross checking that we are referring to the guidance within all system plans for Shropshire, Telford & Wrekin.

Key points to note:

Integrated System Working

5.1 In 2018/19, we expect all STPs to take an increasingly prominent role in planning and managing system-wide efforts to improve services.

- ensure a system-wide approach to operating plans
- work with local clinical leaders to implement service improvements
- identify system-wide efficiency opportunities
- undertake a strategic, system-wide review of estates
- take further steps to enhance the capability of the system including stronger governance and aligned decision-making, and greater engagement with communities and other partners
- NHS England will be making a further non-recurrent allocation within each STP to support its leadership in 2018/19 on the same basis as last year.

Integrated Care Systems

5.2 We will reinforce the move towards system working in 2018/19 through STPs and the voluntary roll-out of Integrated Care Systems. Integrated Care Systems are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility



5.3 We are now using the term ‘Integrated Care System’ as a collective term for both devolved health and care systems and for those areas previously designated as ‘shadow accountable care systems’. An Integrated Care System is where health and care organisations voluntarily come together to provide integrated services for a defined population.

5.4 We see Integrated Care Systems as key to sustainable improvements in health and care by:

- creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
- supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.

5.7 Integrated Care Systems will be supported by new financial arrangements:

- all Integrated Care Systems will work within a system control total
- in 2018/19, systems are encouraged to adopt a fully system-based approach
- systems adopting this full incentive structure will operate under a more autonomous regulatory relationship with NHS England and NHS Improvement.
- all approved Integrated Care Systems will be required to operate under these fully-developed system control total incentive structures by 2019/20.

However, in 2018/19 systems that are not ready to proceed with full system incentives and shared intervention arrangements will alternatively be allowed to adopt an interim approach under which only the additional funding that has been put into the PSF (£650 million in aggregate) will be linked to system financial performance. On this option, no payment will be made from this enhanced funding unless the system as a whole meets its control total. If individual trusts or CCGs miss their organisational control totals, but the system still achieves overall, their share will be apportioned in consultation with the system leadership. However, on this interim option if the individual trusts or CCGs meet their organisational control totals, but the system does not overall, they will retain access to the relevant share of the existing £1.8 billion PSF and any applicable CSF awards.



New Integrated Care Systems

5.8 There is strong appetite amongst other systems to join the Integrated Care System development programme and we anticipate that additional systems will wish to join during 2018/19 as they demonstrate their ability to take collective responsibility for financial and operational performance and health outcomes. STPs that can demonstrate their readiness to join the programme should speak to their regional teams to confirm expressions of interest from all organisations in the STP. We will aim to review any applications to join the programme by March 2018. We envisage that over time Integrated Care Systems will replace STPs.

5.9 The next cohort of Integrated Care Systems will be selected from STPs with:

- strong leadership, with mature relationships including with local government. The leadership team should have effective ways of involving clinicians and staff, the third sector, service users and the public. It should also have the right capability and infrastructure to execute on priorities;
- a track record of delivery, with evidence of tangible progress towards delivering the priorities in Next Steps on the Five Year Forward View. These systems should be meeting NHS Constitution standards or provide confidence that by working as an integrated system they are more likely to be recovered;
- strong financial management, with a collective commitment from CCGs and providers to system planning and shared financial risk management, supported by a system control total and system operating plan;
- a coherent and defined population that reflects patient flows and, where possible, is contiguous with local government boundaries; and
- compelling plans to integrate primary care, mental health, social care and hospital services using population health approaches to redesign care around people at risk of becoming acutely unwell. These models will necessarily require the widespread involvement of primary care, through incipient networks.

Public Engagement

5.10 As systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners. Engagement plans should reflect the five principles for public engagement identified by Healthwatch and highlighted in the Next Steps on the Five Year Forward View.



**STP Director's Update to STP Partnership Board
Feb 2018**

Phil Evans, STP/Future Fit Director

The purpose of this report is to provide the meeting audience and distribution list with a summary of progress in regard to delivery of the STP Programme Development & Delivery.

This report will be used at all Board Meetings from 2nd Weds of each month until the following 2nd wed of next month

RAG rating		Key Updates / Issues / risks	Last Updated: 16/02/2018
1.0	Sharing a Patient Story – where available and approved for wider sharing		
2.0	Overall STP Programme Governance		
2.1	STP Programme Structure & Reporting STP PMO Contact Phil.Evans1@nhs.net Jo.Harding1@nhs.net	<ul style="list-style-type: none"> NHS Planning Guidance issued in Feb 18, highlights how thinking is moving from STP's (Sustainability & Transformation Partnerships) towards Integrated Care Systems (ICS) see detail above. STP Programme Structure, Leadership and agreed system priorities are being refreshed. Governance and decision making processes are being reviewed to establish clear lines of responsibility and communication across all organisations. Terms of Reference for the following groups are being refreshed to reflect system partnerships and collaboration across our system <ul style="list-style-type: none"> Clinical Design Group is evolving in to a STP Clinical Strategy Group STP Partnership Board is evolving to become a System Leadership Group Finance Group is evolving in to a Strategic Finance Group There is more work to do with regard to the Programme Delivery Board and alignment with System priorities but the intention is that this will be closely aligned with the Clinical Strategy Group with oversight and support from the System Leadership Group. Further System leadership Sessions are taking place in Feb & March, facilitated by The Kings Fund, outputs from this will be shared when available. 	
3.0	Programme Delivery Updates		
3.1	Telford Neighbourhood Last updated by Awaiting update Louise Mills (Workstream 1) Ruth Emery (Workstream 2 & 3) Updated 13/12/2017 STP PMO Contact Andrea.Webster5@nhs.net	Workstream 1 - Community Resilience & Prevention (Neighbourhood working) Community Resilience <ul style="list-style-type: none"> 518 people have completed Making Every Contact Count training. Attendance has recently focussed on staff from Council Early Help & Support, social care providers and GP practices. MECC/Active Signposting training has been developed for receptionists in consultation with Practice Mangers. 100 staff participated in the pilot. Further training scheduled for January. Safe and Well Visits (Shropshire Fire and Rescue Service) - during the first 3 months of the project 33 referrals were made to My Choice. The Healthy Telford Blog is now established providing a mechanism to share local stories, news, ideas and best practice. The blog has an 	



RAG rating	Key Updates / Issues / risks Last Updated: 16/02/2018
	<p>average of 1000 visitors each month https://healthytelford.wordpress.com</p> <ul style="list-style-type: none"> • A network of 36 trained Community Health Champions across Telford and Wrekin, working with each other and their wider communities <p>Social Prescribing</p> <p><i>Newport</i></p> <ul style="list-style-type: none"> • Establishment of the Newport & District Community Patient Group to support co-production of the programme • A Weekly link worker clinic at Newport Cottage Care. Referrals are slow and more work is required on partner engagement and developing pathways. Clients are presenting with low level mental health issues, anxiety, depression, loneliness & isolation (including carers) • Collaborative working between Newport Rotary and Walking for Health to establish a 'Bench to Bench Project' to enable inactive residents to begin gentle graduated physical activity. Local volunteers are mapping benches and producing paper maps which will be around the community. It is envisaged that led walks will start in the New Year. • Nordic Walking group: local resident now qualified as Nordic Walk Leader and leading weekly walks • Feed the Birds - In Partnership with Shropshire Wildlife Trust and Community Participation Team. 3 Volunteers trained in Newport who will be matched to isolated clients in their local areas • A Pilot programme is being developed with Wrekin Housing Trust Retirement living schemes in Wellington. More physically able residents are volunteering to work across schemes to support isolated residents on other local schemes. 3 Volunteers are being recruited across 2 pilot schemes in Wellington. When this is evaluated it is hoped to expand to the Newport schemes. <p><i>Central East Telford</i></p> <ul style="list-style-type: none"> • Citizen's Advice clinics running successfully within Donnington and Charlton Medical Practices • Music to movement sessions for the inactive at Donnington surgery. Patients are being signposted from Long Term Conditions reviews. 9-10 attendees. • Branches are now linked in • A local community focus group has been established – with support volunteers are mapping community assets • Meeting held with Shawbirch PPG – very supportive, GPs interested in developing some ideas & have requested meeting in the new year. <p>Healthy Lifestyles Service</p> <ul style="list-style-type: none"> • The Healthy Lifestyle Service includes a small number of Healthy Lifestyle Advisors. • There are just 2 GP surgeries who do not have a dedicated HLA but discussions are in place to address this. In addition to this some GP clinics have increased from 1 half-day session to 2 full days due to the clinics being 100% booked and the GP's being encouraged by the positive outcomes of patients resulting in more referrals. • Positive links with Speciality Consultants at Princess Royal Hospital have been developed – resulting in an increase in referrals of patients from their clinics Since April the service has delivered brief interventions to 19,911 people (2016/17 outturn position was 19,263); completed 2,082 Health Checks; worked with over 1000 adults to develop personalised healthy lifestyle plans and made 7,617 onward referrals to community based support. The team are now operating at full capacity.



RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		<ul style="list-style-type: none"> • 100 adults have participated in creative arts programmes as part of the Building Better Opportunities Programme. A large number of participants experienced poor mental health, issues with physical disability and pain management, substance misuse and rehabilitation, or socially isolated <p>Workstream 2 – Neighbourhood Teams</p> <ul style="list-style-type: none"> • Directly bookable slots for GPs to access Early Help and Support Workers has commenced in some GP practices, which is gradually being rolled out to all practices. • Estates workshop has taken place with GPs, SSSFT, ShropCom to scope estates provision across the locality and gain an understanding of services delivered and where from, and consider where estates could overlap between health and the local authority to support collaborative working. • Two MOUs have been drafted – one for the Neighbourhoods (i.e. how the practices will work together as a neighbourhood), and the second for the operation of the Neighbourhood Teams • Service specification for Neighbourhood Teams currently underway, due for completion by the end of November. • The CCG is working with the Strategy Unit to develop an evaluation strategy to measure the impact of neighbourhood working, to ensure robust, real measurables are in place for the programme. • Work continues to progress with Social Prescribing, including 100 reception staff trained in Making Every Contact Count (MECC) and further training scheduled for January. • MDT meetings have commenced in Newport Neighbourhood (includes mental health, community nursing, social care, therapists etc.) to support patients at risk of admission to hospital, and identify ways that patients can be supported who have been identified by a risk stratification tool. • First draft of Alliance Agreement for integrated teams has been drafted and is currently being reviewed by stakeholders. <p>Workstream 3 – Systematic specialty review</p> <p>Diabetes</p> <p>STP Area won £200k in funding over two years to increase Diabetes Structured Education and achievement of NICE Treatment Targets (TT) and we also developed locally a CCG GP Incentive scheme to improve TT achievement. The following work has been taking place to support patients to be managed more optimally:</p> <ul style="list-style-type: none"> • Additional specialist support and advice via neighbourhood level MDT (support to primary care) with case reviews and consultant clinics • individualised practice support (e.g. visits to practices to discuss their results, share best practice and identify training/support needs) • New Three Tiered Diabetes Model of Care has been developed, we are working with ShropCom to mobilise a pilot, or demonstrator site, in at least one of the four neighbourhoods, commencing 2nd April 2018. <p>Workstream 1 - Community Resilience & Prevention</p>
3.2	Shropshire Neighbourhood (Out of Hospital Programme) Last Updated by Lisa Wicks 13/11/17	<p>Workstream 1 - Community Resilience & Prevention</p> <p>Working across organisations to connect vulnerable or at risk communities with support to improve health and wellbeing outcomes.</p> <ul style="list-style-type: none"> • Resilient communities – developing and making best use of local assets in communities; developing hyper local directories and community connectors – on going



RAG rating	Key Updates / Issues / risks Last Updated: 16/02/2018
<p>STP PMO Contact Andrea.Webster5@nhs.net</p>	<ul style="list-style-type: none"> • Social Prescribing – demonstrator sight in operation (Oswestry), rolling out to Albrighton, Bishops Castle, and Brown Clee next (early 2018). Early discussions with Shrewsbury based practices for third phase. Awaiting news of national funding – Health and Wellbeing Fund • Diabetes Prevention – working to connect pilot models with the National Diabetes Prevention Programme – evaluation on tenders in Jan 2018 • Fire Service Safe and Well – rolled out across Shropshire and T&W – connecting people with lifestyle, loneliness, falls risk and warmth risk to support. • Physical Activity – developing community postural stability instructor programme – delivery to begin early 2018; developing MSK prevention training offer; Falls risk campaign, ‘Let’s Talk About the F Word’; improving access to physical activity options in communities; developing Everybody Active Every day. • Housing – working across health and care to develop a range of options for step up and step down facilities; linking to one public estate and STP estates • Mental Health – Delivering Health Checks for those with enduring MH conditions, developing sanctuary scheme for to prevent section 136 crisis, connecting low level MH to Social Prescribing and community support such as Shropshire Wild Teams • Carers - Delivering all age carers strategy; improving hospital discharge to support carers, improving access to information and advice, carers assessments and support for young carers; improving support for those with dementia and their carers through Dementia Companions – pilot in Oswestry and Ludlow from November 2017. <p>Workstream 2</p> <p>Work has commenced within the localities to develop the out of hospital model of care (based on the 9 commissioning clusters). The design work will be overseen by a CCG’s design authority as part of the programme governance.</p> <p>Admission avoidance modelling has been undertaken by practice to inform the out of hospital model. The model is based on the following:</p> <ul style="list-style-type: none"> • Rapid Turnaround at the Front Door • Community beds and Crisis Resolution • Hospital at Home • Community Services • Non-core enhanced services <p>Outcome based specifications will be developed by locality for each element of the model based on:</p> <ul style="list-style-type: none"> • Maintenance of good health • Locally determined practice-level management of cohort conditions • Timely, efficient access to cluster-level core services • Health crisis prevention through cluster-level case-management • Admission avoidance through Integrated locality-level crisis resolution • Efficient and effective treatment and stabilisation of acute need <p>A review of MIU, DAART and Community Hospitals has also been undertaken and a case for change developed. Pre-engagement is currently taking place and feedback will be considered by the Clinical Reference Group at the end of November.</p>



RAG rating		Key Updates / Issues / risks
		Last Updated: 16/02/2018
		A health needs assessment for Shropshire has also been commissioned to inform the out of hospital model of care.
3.3	<p>Powys Neighbourhood Last updated by Rhiannon Jones Amanda Edwards 09/02/2018</p> <p>STP PMO Contact Andrea.webster5@nhs.net</p>	<p>The rural geography of Powys and the complex commissioning arrangements have always driven the health board's strategic approach to bringing care closer to home wherever possible and this remains a key strategic aim. We are seeking to shift the balance of outpatient, day care, diagnostic and elective inpatient services to community or primary and community settings to improve access and quality of care within Powys, and to reduce demand on acute services.</p> <p>Moving healthcare closer to home is important in addressing the pressures of future demand and ensuring people get care and support in an environment which best meets their needs, this may also avoid further costs in the longer run of expensive hospital environments. The delivery of the future model is reliant on six things:</p> <ul style="list-style-type: none"> ▪ Whole system commissioning approach - which joins up services, deliver services more locally and provides access to specialist care outside of Powys. ▪ Care Co-ordination approach which works on a scale of need i.e. increases if people have complex needs. This will help people to navigate through the health and care system in a timely and effective way - accessing the right level of support based on their needs. ▪ Electronic Records and health and care interfaces which provide handheld records for individuals, enables sharing of information more easily between health and care professionals and real time access to test results. ▪ Integrated teams – working within local communities to support care closer to home, agile and responsive to meet individuals future needs. ▪ Partnerships and collaborative working to collectively work towards the best interests of the local population. ▪ Specialist Access to advice and guidance from professionals in secondary care to enable us to reduce demand on their services and where appropriate enabling us to treat people earlier. <p>Crucial to the successful delivery of services within Powys is ensuring the sustainability of clinical in-reach services. Neighbouring secondary care providers in England and Wales play a key role in providing clinical in-reach services delivered within Powys. Such services need to be modernised to ensure they are on a sustainable footing including new approaches to pre-referral advice and support; outpatient clinics; and follow up. The Health Board will continue to work with neighbouring providers through local and regional structures as well as through commissioning arrangements to develop, improve and increase where possible the services provided in community settings in Powys.</p> <p>Care Co-ordination and Flow Management</p> <p>There have been major challenges in key delivery areas during 2017/18, particularly with waiting times for treatment; cancer waits in some specialties; and in keeping pace with unscheduled care demand. These pressures are not unique to Powys, but experienced throughout the United Kingdom. Locally, much of this increased demand is generated by the system's inability to adequately care for the growing number of elderly frail</p>



RAG rating		Key Updates / Issues / risks Last Updated: 16/02/2018
		<p>patients. The impact on our ability to manage flow for all patients (planned, urgent and emergency care needs) across the system are significant. Some of the key areas to focus on in 2018/19 to recover a more timely access to services include:</p> <ul style="list-style-type: none"> ▪ Reducing the number of patients being admitted to Acute Care/DGH's that could be managed via alternative pathways. ▪ Working with ambulance services to make sure patients are directed to the best place to meet their needs to reduce delays for ambulances at hospitals. ▪ Reducing waiting times for patients requiring outpatient assessment, diagnostic investigation or planned surgery. ▪ Reducing variation in cancer waiting times. ▪ Reducing the number of patients waiting for outpatient follow up: ▪ Reducing the average Length of Stay in the Community Hospitals. ▪ Reducing non-Mental Health Delayed Transfers of Care. ▪ Improving care coordination and community flow, by measuring demand and capacity. <p>These challenges illustrate that current service models need to evolve to meet changing needs for health services, particularly reviewing traditional systems and approaches.</p> <p>Health and Care Coordination Hub</p> <p>When requiring secondary care, Powys patients are admitted to any one of the six other health boards in Wales or the two main NHS Trusts in England. This makes the prioritisation and coordination of repatriation complex. The Coordination Hub will ensure a more efficient way of managing the timely repatriation of Powys patients from other health board's DGH / acute hospital beds in Wales and England and manage flow in and out of Community Hospitals in collaboration with PCC. It will increase our ability to ensure the length of stay in a DGH / acute care bed for Powys patients is minimised, as patients who are admitted will be transferred to the most appropriate setting in a timely way as soon as they no longer need acute hospital care. This will support a 'home first' ethos and a 'discharge to assess' model of care.</p> <p>The Coordination Hub will hold and manage bed and service capacity data from across the health and social care system in Powys. It will act as the central point for referral and allocation of community hospital beds, assessments of need, packages of care, residential and nursing home beds, for those who are currently in a DGH /acute care bed in Wales and England. By providing one single source of real time admission, transfer and discharge data that can be accessed and acted upon, a more effective method of prioritisation and allocation will be implemented. The Health and Care Coordination Hub will be established in 2018.</p>
4.0	Programme Delivery – Acute & Specialist – in Hospital Transformation	
4.1	Local Maternity Services Last update: Programme Lead – Fiona Ellis 16/02/2017	<ul style="list-style-type: none"> • Transformation Plan –Funding bids have now been submitted to NHS England on 31st January 2018 for non-recurrent funding in 2018/19. The amount available has not been confirmed. A refreshed LMS Plan has also been submitted to NHS England on the 12th February along with the KLOE assurance document.



RAG rating		Key Updates / Issues / risks
		<p style="text-align: right;">Last Updated: 16/02/2018</p> <ul style="list-style-type: none"> • Maternity and Newborn Service Reconfiguration – Proposals to remodel Midwife Led Services have been endorsed by both Shropshire CCG and Telford and Wrekin Governing Bodies. A period of consultation is now being planned however we have been informed that we are required to follow NHS England’s process and timeline for decision to consult, this will elongate the timeline that had been anticipated previously. Neonatal and Consultant led unit reviews have commenced. • Perinatal Mental Health – A funding bid is currently being finalised in preparation for the Wave 2 bidding opportunity for Perinatal Mental Health funding. We have also received confirmation from NHS England that we have been awarded £1,000 for the development of a West Midlands Perinatal Mental Health User forum group. • Digital Roadmap – an expression of interest has been submitted to NHS Digital to apply for funding to assist with the development of our Patient Electronic Records project.
4.2	<p>Muscular Skeletal Services Updates to be provided by Sabrina Brown 12/02/2017</p> <p>STP PMO Contact maggie.durrant@nhs.net</p>	<ul style="list-style-type: none"> • The MSK Transformation Programme has made good progress from December through to January and the key highlights are as follows: MSK Programme Board: <ul style="list-style-type: none"> • A task and finish group is being put together to finalise the communications strategy for the MSK programme which will include patient education, engagement and clinical pathway information. The plan is to collate the information in readiness for the go live of the new CCG website in April. • SOOS: <ul style="list-style-type: none"> • The redesign and expansion of the Shropshire Orthopaedic Outreach service (SOOS) went live on the 22nd January 2018 in Shrewsbury A formal start date for SOOS to operate in the South of the County has been agreed (for 19 March 2018) • SOOS patient flow is improving with plans to bring down to 4 weeks by March 2018 • The recruitment timeline remains on track and new staff have begun to arrive into the service which increases the available capacity • Spoke clinics across the county are being explored and links are being made with the STP health needs and estates work • MSK Triage <ul style="list-style-type: none"> • Plans remain on track to mobilise full MSK triage from April 2018 in line with the requirements of the mandated elective care high impact intervention • Physiotherapy <ul style="list-style-type: none"> • Demand and capacity exercise of the current provision of physiotherapy services in Shropshire is due by early March. • MSK Value Based Commissioning: <ul style="list-style-type: none"> • The updated value based commissioning policy was approved at the January Clinical Commissioning Committee to reflect the latest MSK guidance and evidence.
4.3	<p>Urgent Emergency Care Updates to be provided by Claire Old via A&E Delivery Group 16/02/2018</p>	<p>The High Impact Changes agreed at the A&E Board are:</p> <ul style="list-style-type: none"> • Workforce (agreed that our group would feed into the STP group to avoid duplication). – Dawn Clarke • Frailty – Fran beck • ED Systems and processes – Sara Biffen & Nigel Lee



RAG rating	Key Updates / Issues / risks Last Updated: 16/02/2018	
		<ul style="list-style-type: none"> • Stranded patients – Edwin Borman • SAFER as standard (including Red2Green) – Deidre Fowler • Capacity and demand review – Julie Davies • Developing the integrated discharge team – Local Authorities <p>As part of the above, the highest priorities are Stranded patients including getting patients home for lunch.</p> <p>An executive lead will take the lead accountability for each of the above workstreams and report to the A&E Delivery Board (some of these are identified above). The delivery will be through task and finish groups.</p>
4.4	<p>Future Fit / Sustainable Services Programme Updates provided by Phil Evans Last update provided by Pam Schreier 16/02/2018</p> <p>STP PMO Contact pam.schreier1@nhs.net</p>	<ul style="list-style-type: none"> • All information has been provided to NHSE and no further requests for additional information are expected. • Conversations continue between SaTH, NHSI and the Treasury regarding capital funding ahead of approval to proceed. • All public facing consultation documents and the PCBC has been signed off in draft and await NHSE approval. • Public facing consultation materials and the website continue to be developed and all necessary translations into Welsh being progressed. • The consultation plan and event planner are being developed with public facing, deliberative and third party events being added as information becomes available. Early drafts of this were shared for feedback with the Joint HOSC. • A Future Fit Communications and Engagement Stakeholder Reference Group has been formed and met for the first time. Members took away a number of actions including reviewing the stakeholder matrix, the development website, marketing materials and venues for pop-up events • We have written to all voluntary and community sector organisations across Shropshire, Telford & Wrekin and mid Wales to ask for their support during the consultation and to let us know of any meetings and events we can attend • The Future Fit team are continuing to update community groups with the latest progress on Future Fit at a number of meetings including Shropshire Disability Network and the Church Stretton Healthy Lives meeting. •
5.0	Programme Delivery – Enablement of Transformation	
5.1	<p>Digital Enablement Group Last updated by Rob Gray 12/12/17</p> <p>STP PMO Contact robgray@nhs.net</p>	<ul style="list-style-type: none"> • Office 365 tenant created. • STP team members account setup. Guidelines created and sent to get all team members connected and sharing content. STP Team sharepoint site • Work done to structure the information from the STP groups, starting with collation of key structures. This has so far highlighted: <ul style="list-style-type: none"> ○ 39 organisations involved with the STP (9 core orgs) ○ 32 groups (not including task & finish workstreams) ○ 124 people across the 5 groups analysed so far. ○ The list of programmes are growing, each will have a definition of purpose and benefits. Each one will also have a list of projects approved to advance one or more programmes. Where funds are required, these projects & programmes will be used to create bid requests. ○ We have started creating a list of bids, and a list of funding items made available. We should learn lessons from successful bids. • New Bids.



RAG rating	Key Updates / Issues / risks Last Updated: 16/02/2018
	<ul style="list-style-type: none"> ○ We have added a bid for the development of a process to discharge electronically to social care. £280k shared between SATH and the 2 councils running Liquid Logic systems. <ul style="list-style-type: none"> ● Group progress <p>DEG</p> <ul style="list-style-type: none"> ○ Programme definitions being populated. ○ Measurement of current status Universal Capabilities in progress. <p>Design Authority (DA)</p> <ul style="list-style-type: none"> ○ EoL system specification on hold until EoL group completes and agrees their strategy. They will then assist DA in creating the process specification. <p>Clinical Professional Reference (GPRG)</p> <ul style="list-style-type: none"> ○ Workshop scheduled end of February to define requirements for related projects, the <p>Information Governance</p> <ul style="list-style-type: none"> ○ data sharing gateway project in progress. Pilot agreement between GPs and Shropdoc used to prove usefulness. <p>Key risks:</p> <ul style="list-style-type: none"> · lack of project managers offered by contributing organisations. · Lack of attendance at group meetings
<p>5.2 Strategic Workforce Group Last updated by Sara Edwards 05/02/17</p> <p>STP PMO Contact Sara.edwards3@nhs.net</p>	<p>Strategic Workforce Group</p> <ul style="list-style-type: none"> ● SaTH have agreed to employ the first cohort of apprentices to enable the Agile Workforce Programme to continue at pace. We are receiving some extra support from HEE with this to feed into the national programme. Ongoing. ● First iteration of Mental Health Plan submitted. Meeting held with stakeholders agreeing strategy for March submission. Programme is in place to address submission requirements with STP PMO co-ordination of information and stakeholder input to produce the next stage of the Plan. ● Many requests for plans are coming through with Cancer Plans next on the horizon. Workforce Group discussing strategy for completing these requests on next agenda along with a plan to produce a system wide baseline by March 18. ● There is a need to revise TOR for the Strategic Workforce Group. ● STP System Wide Workforce Strategy- collaboration of STP organisations with agreement to share workforce plans/strategies as an initial step to gather existing information and data whilst waiting for guidelines for submission. STP PMO to co-ordinate. <p>System Organisational Development workstream</p> <ul style="list-style-type: none"> ● Transformational Change through System Leadership application was successful. NHSE are supporting a Team to enhance our neighbourhood Programmes of work. Participants include STP PMO, ShropCom, SCCG, T&WCCG <p>Programme will include out of hospital care for Adults</p> <ul style="list-style-type: none"> ○ The Kings Fund are supporting STP system wide OD including System Leaders programme. A full debrief from the 22nd Nov King's Fund session is now available. <p>Training & Development Workstream</p> <p>Funding bids have been received by HEE and all allocations made in draft prior to final sign off in mid January. Final allocation is expected to be £522,600.</p>



RAG rating		Key Updates / Issues / risks
		Last Updated: 16/02/2018
		<p>Discreet workforce modelling project Discussions to be held this month with Neighbourhoods Lead for T&W area regarding analysis and modelling for the Newport geographical area.</p>
5.3	<p>Strategic Estates Group Last updated by Becky Jones 07/02/18</p> <p>STP PMO Contact maggie.durrant@nhs.net</p>	<ul style="list-style-type: none"> • Baseline data validation has continued to provide the baseline information for the Workbook and asset mapping. • A great deal of work has gone into completing the Estates Workbook. The Workbook is a living document and as such can be regularly updated. It will therefore be a standing item at the LEF and work will continue to ensure it is up-to-date. The submission in March will have to be a 'current position' rather than a complete position. The importance of the workbook has increased over the last few weeks and there is now a requirement for a them to be reviewed by the Centre before being submitted. This is to ensure that the Workbook is providing enough information required to be able to support the STP in any future estate capital funding requests. The review will take place in March 2018 and, once any suggested comments made have been implemented, the Workbook can be submitted and must then be attached to all OBCs. • Close work continues with Shropshire Council on the asset mapping work and linkages being made with master planning team • Shropshire Community Needs Workshop planned for 27 February and a great deal of work has been put in to making this as productive and effective as possible • Telford & Wrekin Community Needs Workshop planned for 17 April and is starting to be brought together, learning lessons from the Shropshire Workshop • Data mapping progressing well and identifying ways to share data across health and Councils as well as wider public sector to enable programme of mapping to continue and opportunities to be identified • Presentation to Voluntary Sector Assembly on 16 Jan to ensure stakeholder engagement went extremely well and are now building up excellent links with voluntary sector colleagues to ensure the maximum • LEF Joint Chairs, Amanda Alamanos (NHSE) and Tim Smith (Shropshire C) now in place • Strengthening links with other workstreams continues • Now have a Project Manager and project group in place for Whitchurch project following successful awarding of One Public Estate (OPE) funding. This is a huge step and has required a great deal of work with a number of partners and stakeholders to get to this position. This also is a clear step from strategy towards delivery, showing how the programme is moving forwards. This is a real step forwards <p>Key risks Engagement is not being fully embraced which will impact upon the success of the programme</p>
5.4	<p>Strategic Back Office Updated provided by Ros Preen 07/02/17</p>	<p>Next update will be provided following the next meeting on 27th February A refocus is required for the new year, facilitated by;</p> <ul style="list-style-type: none"> • The more substantive STP PMO support arrangements starting to have traction both directly for the group but also generally across the work streams, • The ability to review the refreshed health provider corporate service data which was submitted to NHS Improvement at the end of November and will enable further benchmarking to be undertaken, and



RAG rating		Key Updates / Issues / risks
		<p style="text-align: right;">Last Updated: 16/02/2018</p> <ul style="list-style-type: none"> A quick conversation with Midlands and Lancs CSU to explore their support model which is up and running in 4 STP footprints (meeting being scheduled for January) <p>The group acknowledges the contributing/associated work going on in other enabling work streams, principally;</p> <ul style="list-style-type: none"> Workforce in relation to their focus on looking at options to support collaborative bank and recruitment processes (still in early stages), and Integrating our 'public estate' through the Estates work stream. It is anticipated that the Digital work stream could at some point bring into its remit a focus on the IM&T 'back office' which will require further support <p>The Back Office working group will meet in January and will be looking for options in the rest of the 'back office' and to expand thinking around the Carter agenda/ model hospital etc taking into account all of the above.</p>
5.5	<p>Communication & Engagement Group Last updated by Pam Schreier 15/12/17</p> <p>STP PMO Contact pam.schreier1@nhs.net</p>	<p>At the workstream meeting on 15 February</p> <ul style="list-style-type: none"> a six month refresh of the terms of reference and the risk register were circulated for comments. an update was given by the STP Programme Director on the King's Fund activity and Future Fit resources communications and engagement strategy is likely to be expected by NHS England by the end of March. The first draft is in development and clarification is being sought on FY18/19 communications and engagement budget allocation NHS70 – Dave Burrows updated on the plans for the Fun Day to be hosted by SaTH. Individual organisations have been asked to support the day and the STP PMO will discuss its involvement at the next STP PMO team meeting <p>Future Fit update</p> <ul style="list-style-type: none"> A Future Fit Communications and Engagement Stakeholder Reference Group has been formed and met for the first time. Members took away a number of actions including reviewing the stakeholder matrix, the development website, marketing materials and venues for pop-up events We have written to all voluntary and community sector organisations across Shropshire, Telford & Wrekin and mid Wales to ask for their support during the consultation and to let us know of any meetings and events we can attend The Future Fit team are continuing to update community groups with the latest progress on Future Fit at a number of meetings including Shropshire Disability Network and the Church Stretton Healthy Lives meeting.
5.6	<p>STP "System" Finance Group Last update 16/02/2018</p> <p>STP PMO Contact Paul.gilmore1@nhs.net</p>	<ul style="list-style-type: none"> ToR reference now updated to reflect system wide working Work has commenced on establishing a working document detailing system financial position System Financial Risk register has been established Links with STP Work streams has been established to support system financial understanding, particularly, Estates & LMS Work has commenced on drafting NHSE Finance system plans



RAG rating		Key Updates / Issues / risks
		Last Updated: 16/02/2018
5.7	<p>STP Clinical Design Group Last updated by Paul Gilmore ?/02/18 STP PMO Contact Jo.harding1@nhs.net</p>	<ul style="list-style-type: none"> • Agreed to review TORs in light of STP focus rather than just FF • Agreed view from the group that the group needs to evolve to become and STP Clinical Design Group with wider representation from Clinical Leads with clear tasks to support delivery of system transformation. • Focus needs to be on system wide pathway development
6.0	Cross Cutting Work Programmes of work	
6.1	<p>GP5YFV Nicky Wilde Last updated 16/01/2018 STP PMO Contact Sara.edwards3@nhs.net</p>	<p>Following assurance of the Primary Care Workforce Plan by the NHSE Assurance Panel in November 2017, further detail has been requested, by the end of January 2018, on trajectories for both GP recruitment and non-doctor clinician recruitment. There is also a requirement to refresh the plan to reflect these trajectories by the middle of February 2018. The two CCGs have established a Workforce Working Group to ensure that these deadlines are met. The Group will be working with GPs and Practice Managers over the coming months to develop a more medium-term approach to developing the Primary Care workforce. This needs to involve better integration with the wider STP approach to workforce as well as linking with the emerging Neighbourhood Working models being developed by both CCGs.</p>
6.2	<p>Mental Health Collen Manhuwa Frances Sutherland STP PMO Contact Sara.edwards3@nhs.net Andrea.webster5@nhs.net</p>	<ul style="list-style-type: none"> • Mental Health Workforce Planning submission is required fully worked up by end of March 18 • First meeting of this group took place on 9th Jan where system wide representation attended to contribute to the development of this plan • Clinical lead identified as Cathy Riley from SSSFT • Programme is in place to address submission requirements with STP PMO co-ordination of information and stakeholder input to produce the next stage of the Plan.
6.3	<p>Transforming Care Programme Manager Di Beasley</p>	<ul style="list-style-type: none"> • Initial meeting is planned for 20th Feb to understand the programme
6.4	<p>Frailty Updates to be provided by Michael Bennet (1&2) Emma Pyrah (3&4) 05/01/18 Gemma Mclver STP PMO Contact Andrea.webster5@nhs.net</p>	<p>5 Work streams within the Frailty Programme of work</p> <p>Wider end to end Frailty Programme Board reinstated – first meeting scheduled 21.12.17 (Programme Exec lead Fran Beck)</p> <p>Workstream 1 - Prevention & Primary Care</p> <ul style="list-style-type: none"> • CSU developed Frailty tool to support electronic Frailty Index (eFI) completion and risk stratification of frail patients • Frailty risk stratification being piloted within identified neighbourhood to target support to high risk patients • <i>My Health Record</i> (Frailty card) being developed to capture baseline information of patients. Plan to pilot in specific care homes when agreed <p>Workstream 2 - Crisis / admission avoidance</p> <ul style="list-style-type: none"> • Review of Intermediate Care Team pathways and processes to support admission avoidance. T&W ICT includes BRC and Carers Support Worker



RAG rating		Key Updates / Issues / risks
		<p style="text-align: right;">Last Updated: 16/02/2018</p> <ul style="list-style-type: none"> • Addition capacity of teams via iBCF monies • T&W commissioned Care Home MDT to deliver training, skill development, clinical assessment and admission avoidance from care homes • T&W ICT daily attendance in ED to support admission avoidance <p>Workstream 3 - Flow through acute hospital</p> <ul style="list-style-type: none"> • Phase 2 of the Frailty Front Door at RSH operational service relaunch on 13th November 2017 supported by the Acute Frailty Network. Phased increase from 10am-2pm to 9am-5pm Mon-Fri during November as workforce comes on stream. • Memorandum of Understanding agreed at A&E Delivery Board setting out all key stakeholder partners commitments and responsibilities in phase 2 of this project from November 17 – March 2018 and an additional pump priming funding. • Data recording and reporting schedule agreed and formal reporting to the project group to commence from 6.12.17. • PDSA programme and timeline to be agreed by 13.12.17. • Weekly frailty leads meeting refocused to concentrate on Frailty Front Door (project lead Emma Pyrah). Patient rep joined the group on 1.12.17. • Progress on SaTH2Home and other interventions to improve flow reported directly to A&E Delivery Group <p>Workstream 4 – Discharge to Assess</p> <ul style="list-style-type: none"> • Fact Finding Assessment (FFA) and process refreshed and updated documentation implemented. • D2A reset session held with stakeholder partners in November 2017 to revisit the original D2A principles from 2015 and confirm they remain fit for purpose. Revised set of underpinning principles and processes to be signed off at the next meeting 29.12.17. • Shropshire Council have commissioned an additional 20 pathway 3 beds (interim placements for patients requiring complex assessments) which increases capacity for discharge and the ability to identify patient’s potential for rehabilitation/enablement. • Shropcom are working with Shropshire LA to introduce from December a trusted assessor role for care homes, supported by SPIC. • T&W re-commissioned domiciliary care for P1 discharges • Detailed action plan against the LGA 8 High Impact Changes in development. Concern expressed that the system does not have a formal reporting mechanism for progress on this when it is a mandated requirement which is reported on through NHSE and BCF formal routes. To be discussed at A&E Delivery Group. • D2A Task & Finish Group continues to meet monthly <p>Workstream 5- End of Life Priority area is to develop RESPECT</p>
6.5	End of Life	The whole systems EoL group has now nominated a new chair Dr Derek Willis (Professor and Palliative Care Consultant at Severn Hospice) he will



RAG rating	Key Updates / Issues / risks Last Updated: 16/02/2018
<p>Update provided by Cath Molineux 06/02/2017</p> <p>STP PMO Contact Andrea.webster5@nhs.net</p>	<p>take over from Paul Cronin (CEO) and chair the next group in April. Some further discussions are needed to clarify who this group reports to. A subgroup from this group has developed a draft whole systems strategy in the form of a strategy on a page linked to the national agenda of 6 ambitions document. Further work has started on the action plan from the whole systems strategy document. The aim is for this to go to the frailty board in April.</p> <p>The RESPECT implementation subgroup has identified that to implement this effectively across all organisations a project management approach is required. This is transformational work as it embeds the concept of 'planning ahead' and will have potential impact in reducing the demand on acute services and unnecessary high cost interventions.</p> <p>SCHT within the scope of their strategy are exploring the role of the volunteers in eol care in a community setting, linking with the compassionate communities concept. The principles of the concept is, no one should die alone. The service will provide companionship in the last days and hours of life. This is in early stages of model development. The aim is to test a prototype in the neighbour hood locality(Newport) and one Community hospital when the model has been developed. This will require support from the CCG'S and STP.</p> <p>'Ensuring our services provide high quality care that is affordable and sustainable' (Shropshire STP)</p> <p>The SCHAT Palliative and EOL Strategy for adults 2017-2020 is not about trying harder and doing better for the last few days of life but by doing things differently further upstream. This approach needs to be taken across the whole system, in the pathways for people with long term conditions/co-morbidities/cancer and also integrated into the neighbourhood team approach.</p> <p>Systems and practitioners need to work upstream with all patients with any type of long term condition/co-morbidities, so treatment options and decisions have been previously discussed and mapped out. Actual care will be appropriate to preferred care options, already discussed and planned ahead for and reduce very significantly the number of inappropriate high cost interventions being delivered and the number attending A/E because treatment options will be managed proactively and less reactively.</p> <p>Upstream working is recognising as early as possible in any disease trajectory when a person is in at least in the last 12 months of life. This approach reduces the current position where there is a crisis in the last few days and weeks of life and that person will end up in hospital.</p> <p>The STP already sets out the demographics depicting the rise in our older population, those with Long Term conditions and increase in single households and the unsustainability of the current and future demand.</p> <p>Data is required to quantify this; for example:</p> <ul style="list-style-type: none"> • Those attending AE and the nature of emergency admissions and interventions costed and used inappropriately; • The types and numbers of high cost LTC interventions where the patient dies within a certain time limit when other care and treatment options could have been used. • Those being admitted 3 times a year or more(particularly those patients with severe frailty). <p>What are expected outcomes as result of implementing this approach:</p> <ul style="list-style-type: none"> • Improved patient/family/carers/partner experience



RAG rating	Key Updates / Issues / risks Last Updated: 16/02/2018
	<ul style="list-style-type: none"> • Appropriate use of interventions for all LTC/Cancer/Co-morbidities-disease trajectories • Care and treatment options are planned ahead • Increase in number of people who have an advance care plan reflecting their wishes and preferences including where they want to die. • Reduce demand on the acute sector • Having upstream/planning ahead conversations as an intervention-seen as a positive, with symptom management and still get a quality of life <p>What happens if we don't do upstream working? Paying for inappropriate care- wasting limited resources. When appropriate for treatments to continue or when to stop. Making most of restrictive resources.</p> <p>Demand on acute services continues to rise.</p> <p>Current Situation</p> <ul style="list-style-type: none"> • Shropshire does have a system EoL Group but does not yet have an Eol Strategy for Shropshire. • The EoL group has been working on smaller issues that arise ie discharge meds for patients coming home from SaTH etc etc. • The Community Trust have a strategy and the hospice are just refreshing theirs, it is recognised that a wider system strategy joining together the priorities from each organisation is required. A small group met and developed a list of strategic objectives from the two existing strategies and the Ambitions for Palliative and end of life care (2015/20) to provide local direction for 3-5 years. <p>These are:</p> <ul style="list-style-type: none"> • To ensure equal access to palliative and end of life care. <ul style="list-style-type: none"> ○ Systems to identify patients for referral ○ Access Criteria ○ Processes for referral ○ Referral documents ○ Frailty • Ensure access is based on need not condition. <ul style="list-style-type: none"> ○ Establish a needs based model that identifies phase of illness and a system for prioritization ○ Links with non-cancer specialists • Establish systems of prognostication to identifying patients in the last year of life. <ul style="list-style-type: none"> ○ GSF register ○ Frailty register ○ Important conversations • Establish the concept of 'Living Well' <ul style="list-style-type: none"> ○ Documentation supports / directs the professional to identify patients' preferences/goals for living ○ Culture of care is enablement ○ Programs for palliative rehabilitation are established • Further develop homecare models to support a preference to be cared for and die at home <ul style="list-style-type: none"> ○ Hospice to continue to develop the H@H service ○ H@H is placed on a sustainable financial footing ○ Integration of H@H with the Hospice Outreach Service • Ensure a competent workforce <ul style="list-style-type: none"> ○ Identify education needs across services ○ Robust systems for appraisal and CPD across groups ○ Establish education programs



RAG rating		Key Updates / Issues / risks
		<p style="text-align: right;">Last Updated: 16/02/2018</p> <ul style="list-style-type: none"> • Establish systems that support advanced and anticipatory care planning and timely access to services. <ul style="list-style-type: none"> ○ Identify key worker ○ Consider joint documentation (patent held?) • Work in partnership to ensure that care is coordinated between services. <ul style="list-style-type: none"> ○ Commissioning ○ Services compliment not replicate each other ○ There is shared documentation where possible (RESPECT, EOL care plan, PPC) • Consider compassionate communities voluntary support as an extension to services <ul style="list-style-type: none"> ○ Severn Hospice continued roll out of coco ○ Volunteering is seen as an arm to wider services ○ Clinical services refer to established volunteer support

Key (based on STP PMO system intelligence)

	Unknown	Need to engage and receive update from Programme Lead
	On track – no issues requiring escalation	
	Require Programme Delivery Executive Lead & or SRO input	Where this is required, this will be detailed in recommendations and noted for relevant SRO
	Require STP Partnership Board input	Where this is required, this will be escalated via STP Partnership Board by STP Programme Director

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**7 MARCH 2018****SHROPSHIRE, TELFORD & WREKIN LOCAL MATERNITY SYSTEM (LMS)
TRANSFORMATION PLAN****REPORT OF: CHRISTINE MORRIS, SENIOR RESPONSIBLE OFFICER LMS, TELFORD
& WREKIN CLINICAL COMMISSIONING GROUP.****1. RECOMMENDATIONS**

That the Board note the contents of the attached report.

Shropshire, Telford & Wrekin Local Maternity System (LMS) Transformation Plan**1.0 Introduction**

This report shares with the Board members the work of the Local Maternity System (LMS) in delivering the five year transformation of maternity services in accordance with the national NHS England agenda.

2.0 Background

Following the publication of the national review of maternity services (Better Births 2016); a transformation plan for maternity services in Shropshire, Telford and Wrekin has been developed through the Shropshire, Telford and Wrekin Local Maternity System. This plan sets out how transformation will be achieved in line with the requirements of Better Births which are to;

Improve choice and personalisation of maternity services so that:

- All pregnant women have a personalised care plan;
- All women are able to make choices about their maternity care, during pregnancy, birth and after their baby is born;
- Most women receive continuity of the person caring for them during pregnancy, birth and after their baby is born;
- More women are able to give birth in midwifery settings (at home and in midwifery units)

Improve the safety of maternity care so that all services:

- Have reduced rates of still birth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030¹ as

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

outlined in NHS England's 'Saving Babies Lives, A Care Bundle for reducing stillbirth'.

- Are investigating and learning from incidents and sharing this learning through their LMS and with others;
- Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement Programme.

3.0 Implementation

- 3.1 A local multi-agency board is in place to oversee and drive the required transformation supported by the Sustainability Transformation Partnership. This will be an evolving process over five years and not a static process. The first version of the plan was submitted on 31st October 2017 with positive feedback given to the system. A second version was required to be submitted 12th February 2018 to include feedback on additional lines of enquiry. (The version in appendix 1 is dated February 2018). Oversight and monitoring of the plan is undertaken via the NHS England Regional Maternity Board reporting into the National Maternity Transformation Board.
- 3.2 The Local LMS work is supported by Programme Manager – Fiona Ellis and Programme Support Officer- Helen White, working with leads from all partners across the work streams stated within the plan.
- 3.3 In addition to the plan delivery work there are supportive measures in place nationally to share best practice and bid for non- recurrent transformational funding.
- 3.4 The ethos of the local plan is that it is driven in co-production with those who are using our services and the work of the Maternity Voices Partnership will be key in ensuring we deliver the transformation that meets to needs of local women and their families.

Christine Morris
Executive Nurse and SRO LMS
20th February 2018

**TRANSFORMATION
PLAN**

**IMPROVING OUTCOMES OF MATERNITY SERVICES IN
SHROPSHIRE AND TELFORD & WREKIN**



**A FUTURE VISION AGREED IN PARTNERSHIP
2017 - 2021**

Foreword

Across Shropshire, Telford and Wrekin each year around 5,000 babies are born. In planning and delivering maternity services, we often focus on the birth of a child and don't always think about the lifelong journey each child and their parents and carers will have. This plan aims to change that. The birth of a child is a very significant event and what happens before, during and after that event has a long-term impact on the emotional and physical wellbeing of the child, their parents and carers. In delivering the vision outlined in *Better Births*, together we will ensure we understand what we need to do so that services for pregnant women, babies and their families have a positive impact on children, their parents and carers in the longer term.

Our priority in transforming maternity services is ensuring the safety of women and their babies at all times. As an Local Maternity Services(LMS), we are aware that maternity services in Shropshire, Telford and Wrekin over the last few years have been under scrutiny in relation to safety and the care of women and their babies. We recognise this is very difficult for women and their families who are currently using the services in Shropshire or who have done so in the past. We have been considerate of the safety improvements that have been made to date and this plan and all its partners will ensure that learning from all external reviews is fully embedded as we move forward to enable the highest possible level of safety to be achieved for all.

This is the start of a new chapter for maternity services in Shropshire, Telford and Wrekin. Through the work of this plan a range of professionals will work together with women and their families to re-build trust and to provide assurance in relation to the quality and safety of services. We will ensure we listen to and learn from each other, constantly improving services and experiences and developing a learning culture.

Through implementing this plan we will strengthen how we work together in planning, delivering and improving services for pregnant women, babies and their families. Services will be safer. Women across Shropshire, Telford and Wrekin will have easy access to a range of good quality services for them and their babies regardless of where they live. Women will continue to have a choice in the care they receive and will be more likely to know the midwife that will care for them throughout pregnancy, birth and after their baby is born. The way we offer services will be different – the services women and their babies receive will be more personalised and designed around their individual needs and preferences.

We are delighted that right from the beginning of this journey of transformation, women and their families have come forward to work together with other maternity system partners to transform services. This is something we will build on throughout and beyond this plan to ensure that we always work in genuine co-production.

We would like to thank everyone who has helped to develop this plan and who will enable the transformation to be delivered over the coming years.



Christine Morris
Senior Responsible Officer: Shropshire, Telford and Wrekin LMS

The Shrewsbury and Telford Hospital NHS Trust
Shropshire County Clinical Commissioning Group
Telford and Wrekin Clinical Commissioning Group



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1 Introduction to the Plan

The National maternity Review ‘*Better Births, The Five Year Forward View for Maternity Care*’ (*Better Births*) was published in February 2016. This set out a vision for transforming maternity services for women and their families across England.

Shropshire, Telford and Wrekin have established a Local Maternity System (LMS) to ensure service transformation happens at a local level. This Plan describes how the LMS will transform local maternity services by 2020/21. It will deliver the requirements of Better Births, which are to:

Improve choice and personalisation of maternity services so that:

- All pregnant women have a personalised care plan;
- All women are able to make choices about their maternity care, during pregnancy, birth and after their baby is born;
- Most women receive continuity of the person caring for them during pregnancy, birth and after their baby is born;
- More women are able to give birth in midwifery settings (at home and in midwifery units)

Improving the safety of maternity care so that all services:

- Have reduced rates of still birth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030 as outlined in NHS England’s ‘Saving Babies Lives, A Care Bundle for reducing stillbirth’ⁱⁱ.
- Are investigating and learning from incidents and sharing this learning through their LMS and with others;
- Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement Programme.

BETTER BIRTHS VISION

“Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”

2 Our Vision

More **Women** and their families will:

- Be healthier during their pregnancy and will have a better understanding of how to keep themselves and their baby healthy
- Have better information about pregnancy and parenthood that is personal to their circumstances
- Have support with their emotional wellbeing throughout their pregnancy and after their baby is born
- Have more choice in the care they receive and will feel involved in decisions about their care
- Be able to access a wider range of services closer to home
- Know the midwife caring for them throughout pregnancy, birth and after the baby is born
- Give birth in a midwifery led setting
- Be involved in how services are designed and delivered

Staff will...

- Feel proud of the services they deliver
- Work within a learning culture and receive regular training alongside those they work with
- Be well supported by service leaders
- Act as advocates for the women they care for and feel empowered to deliver great service

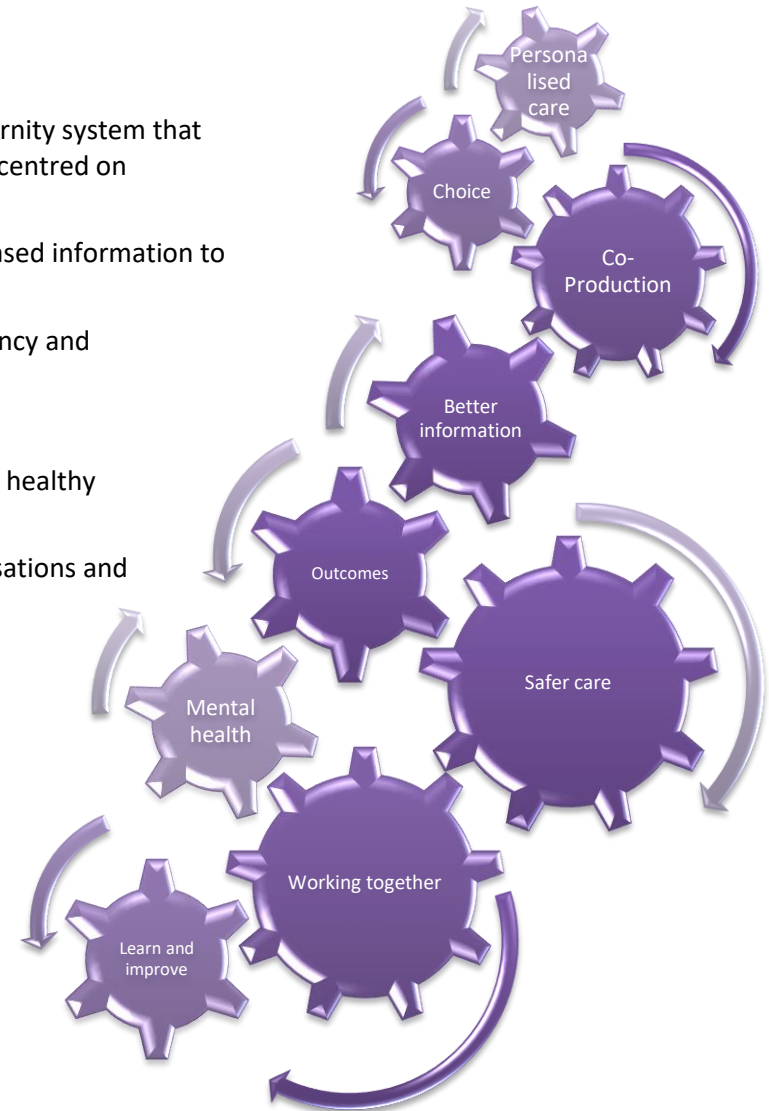
Services will be...

- Safer
- Designed and delivered in partnership with women and their families
- Working better together through community hubs
- Constantly learning and improving
- Sharing more information with each other

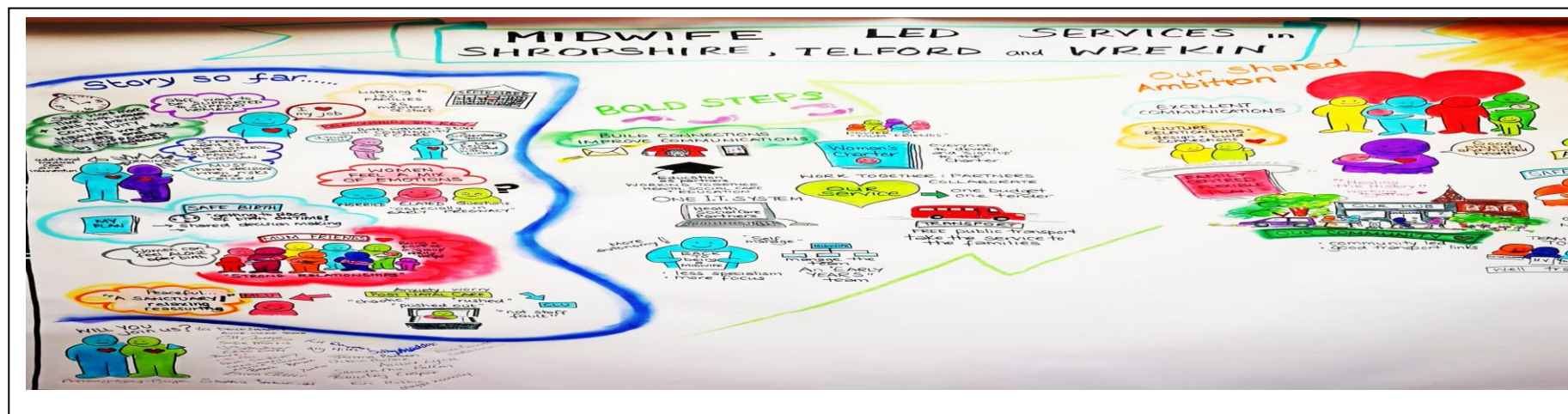
3 Our Pledge

We will:

- Work together as stakeholders in true co-production to design and deliver a local maternity system that provides women and their families with a safe, quality service that is personalised and centred on individual needs and circumstances.
- Ensure every woman has a personalised care plan. Women will be able to access unbiased information to help them make decisions about their care from a range of available choices.
- Ensure every woman knows the midwife who will deliver their care throughout pregnancy and once their baby is born.
- Ensure most women know the midwife who will deliver their care during labour.
- Ensure all women of child bearing age understand how and have the opportunity to be healthy and well before, during and after their pregnancy.
- Deliver safer care. We will improve protocols between professionals and across organisations and will evidence that we continuously improve services and learn from our experiences.
- Improve access to perinatal mental health services so that all women can access support with their emotional wellbeing.
- Improve consistency and availability of postnatal care.
- Ensure that those who work together train together. We will improve how professionals work together and learn from each other.
- Improve outcomes for women and their families by working together across health, social care and early help services.



4 Co-Production, Leadership and Governance



The Shropshire, Telford and Wrekin LMS is committed to co-productionⁱⁱⁱ.

We have developed this LMS plan in partnership with stakeholders to ensure the vision we propose is realistic. However, we know that we need to develop co-production even further and is something we will strive to do, embedding co-production at the heart of all activity as this plan is progressed. Co-production will become 'business as usual' by 2020/21.

We have started our co-production journey through the review of midwife-led services. Those who have used services, have an interest in midwifery led services and professionals working in or with midwifery led services have worked together with commissioners to start to design a future model of midwifery led care.

This means that we strive to always work in partnership with a range of stakeholders in designing and delivering services, including those who receive or may receive maternity care.

The image at the top of this section is the start of an illustration showing the ideas and thoughts of those who have used services, have an interest in midwifery led services and professionals working in or with midwifery led services about midwifery led services in Shropshire, Telford and Wrekin. This will be completed once all the service design workshops have taken place.

Co-production is a concept, rather than a single action. It is a way of working that brings professionals and those who use services together as equal partners in designing and delivering services. The midwife-led unit review, which is a key element of service transformation for maternity services, has been undertaken in co-production. However, in order for co-production to be fully implemented at all levels, further development will take place through the work of the LMS to embed a culture of co-production across the Shropshire, Telford and Wrekin Local Maternity System. This will involve:

- Formalising an understanding across the LMS on what co-production is and the principles that will guide its implementation
- Embedding a co-production ethos at all levels (LMS, Organisational, Service Delivery)
- Reviewing the effectiveness of the co-production approach, including :
 - the co-production process itself and how well everyone works together
 - social, wellbeing and environmental outcomes
 - the full costs and benefits, including added value

1

iv

The LMS will use a jigsaw model for the management of change, to ensure that co-production is effective at all levels.



The LMS will aim to have co-production embedded by 2021. To achieve this, new relationships between staff and people who use services will be developed where people who use services are recognised as experts in their own right. There will be respect for the experience and skills that everyone brings to the process and an emphasis on all the outcomes that people value, rather than just those, such as clinical outcomes, that currently the LMS organisations most commonly measure.

¹ For further information please see Appendix 8

The development and delivery of this plan is overseen by the Shropshire, Telford and Wrekin (LMS) Programme Board. The Shropshire, Telford and Wrekin LMS Programme Board is accountable to the Shropshire, Telford and Wrekin Sustainability and Transformation Plan (STP) Board.^y The diagram below shows the governance structure for ensuring maternity transformation is delivered.

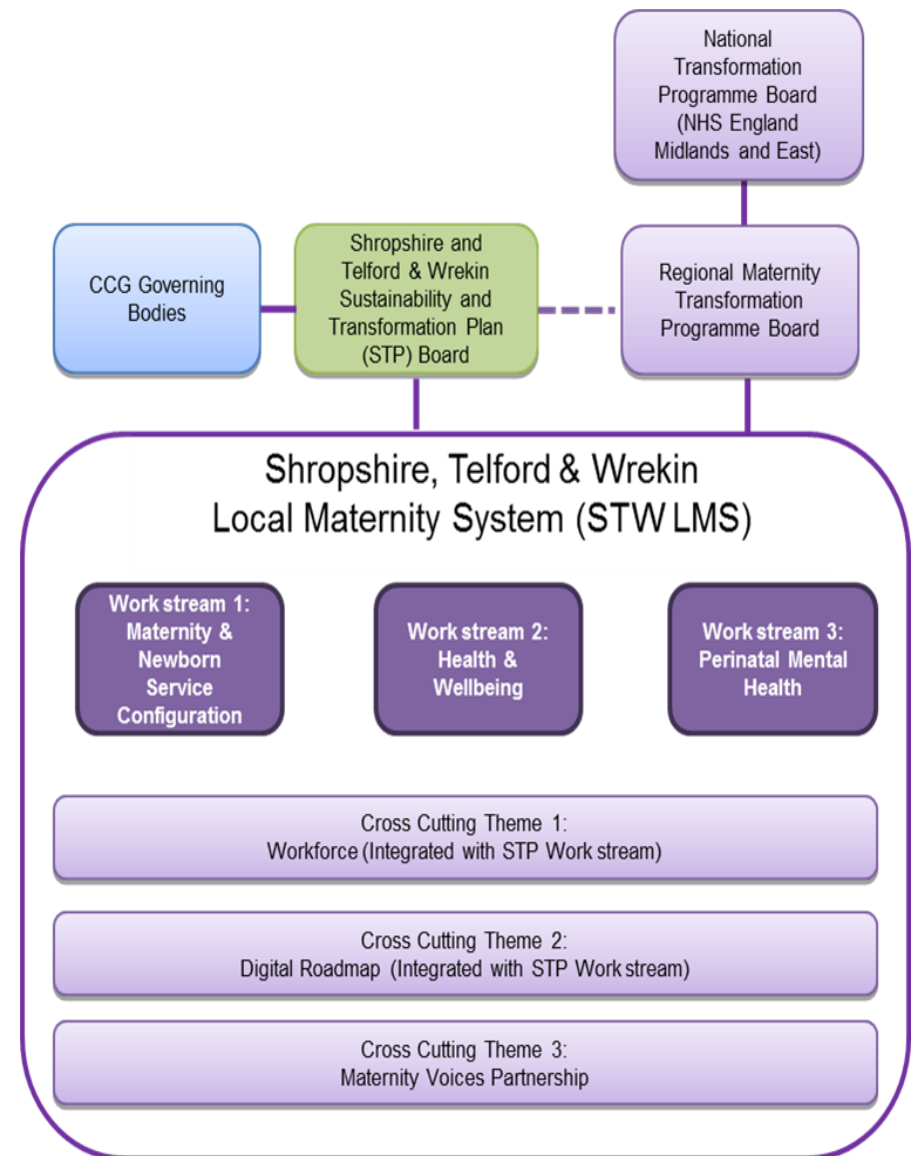
Statement from STP Chair

As Chair of the STP, one of the things that has struck me since I moved to Shropshire is the commitment and vitality within communities in support of their local health services. There is a strong sense across the county that people recognise what we do well and equally there is a shared understanding of where we must go further to transform the experience, sustainability, quality, safety and outcomes that we offer our patients.

The transformation of maternity services is part of the broader Sustainability and Transformation Plan (STP) of one health care system working together. Any changes will rightly be influenced by the knowledge and experience of mothers and their families. Some of whom we have already cared for and some we will care for in the future.

This LMS plan will therefore look forward to ensure that we provide a state of the art maternity service that uses the digital and technological advances that will support a modern workforce for the years to come.

Simon Wright: STP Chair

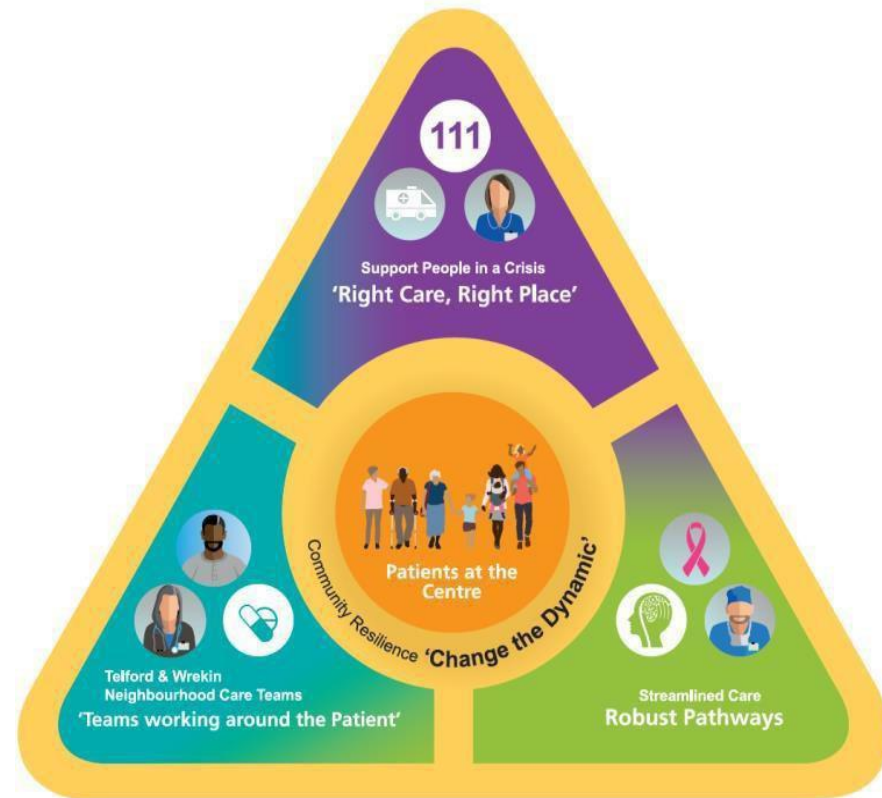


The LMS Programme Board will ensure the required transformation is achieved through the work of three workstreams and three cross-cutting themes.

Through the governance arrangements into the STP Board, the LMS will ensure that the maternity transformation adopts all of the STP principles where appropriate, including place based care.

Helping to deliver the STP vision

The transformation delivered through this plan is specific to maternity services. However, this will sit within the context of the broader Sustainability and Transformation Plan (STP) for Shropshire, Telford and Wrekin. In implementing this plan, consideration will be given to how the maternity transformation can support the delivery of the priorities of the STP, including the development and implementation of placed based models of care, which aims to bring care closer to home.



2

² For further information please refer to Appendix 1

4.1 Workstreams

4.1.1 Workstream 1: Maternity & Newborn Service Configuration

The design of maternity and neonatal services is fundamental to ensuring service transformation. This workstream will look at what needs to change so that maternity and neonatal services offer the level of choice, personalisation and safety that Better Births requires.



*Increased Choice
Safer Services*



*Improving Health
Reducing Inequalities*

4.1.2 Workstream 2: Health and Wellbeing

Maternity and neonatal services care for women and their babies during pregnancy, birth and in the early days after birth. However, enabling women and their families to live healthy lives needs much more than this. This workstream will focus on the transformation that needs to take place to enable women and their families to lead healthier, happier lives in the longer term. Partners across the health economy will work together to implement strategies and services to improve women's health before, during and after pregnancy as well as the health of their babies.

4.1.3 Workstream 3: Perinatal Mental Health

This workstream will transform services so that women and their families have much better access to information, advice and services to support them with emotional health and wellbeing during pregnancy and after their baby is born. Professionals will also have a better understanding of perinatal mental health.

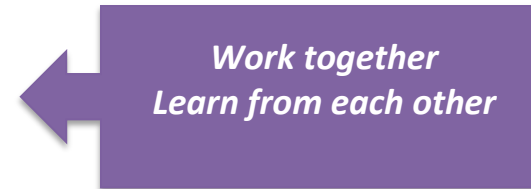


*Early Support
Specialist Care*

4.2 Cross-cutting Themes

4.2.1 Cross-cutting Theme 1: Workforce

To enable the required transformation to occur, there needs to be significant changes to the existing workforce. This workstream will deliver improvements to the culture, skills and availability of the workforce.



4.2.2 Cross-cutting Theme 2: Digital Roadmap

A key focus of Better Births is around improving the use of technology in the delivery of maternity services. Through the Sustainability and Transformation Plan, this workstream will seek to implement technological improvements for women and their families as well as professionals in order to support the transformation required.



4.2.3 Cross-cutting Theme 3: Maternity Voices Partnership

The maternity voices partnership is responsible for ensuring that stakeholders, including women, their families and professionals always work together in designing and delivering maternity services. It will also improve communication between women and their families with professionals in relation to maternity services.



4.3 Delivery and Assurance

The LMS transformation programme will be monitored, assured and evaluated through measures that will evidence delivery against outcomes for women and their families, babies and staff.

A baseline self-assessment against the recommendations outlined in Better Births has been undertaken. ³This will be updated throughout the life of the plan to evidence progress in transformation. The table below sets out the current position and projected improvements against key measures associated with delivering the requirements of Better Births.

Further detail about how the improvements will be delivered is contained within the 'Delivering the Vision' section of this plan.

Shropshire, Telford and Wrekin Local Maternity System – Improvement Plan						
Area of Improvement	Position 31.03.2017	Target 31.03.2018	Target 31.03.2019	Target 31.03.2020	Target 31.03.2021	
Stabilised and adjusted rate of stillbirth (3 year rolling average)	4.0/1000 (2013-2015 average)	3.7/1000	3.4/1000	3.2/1000	3.0/1000	
Stabilised and adjusted rate of neonatal death (3 year rolling average)	1.6/1000 (2013-2015 average)	1.5/1000	1.4/1000	1.3/1000	1.2/1000	
Rate of direct maternal death	To be confirmed (5 year average)	n/a ⁴	n/a	n/a	n/a	
Rate of intrapartum brain injury	2.1/1000 (HIE rate ⁵)	1.9/1000	1.8/1000	1.7/1000	1.5/1000	
% of women with personalised care plans	0%	0%	100%	100%	100%	
% women booking before 12 weeks 6 days gestation	87.7%	91%	94%	96%	98%	
% women booking before 9 weeks 6 days	41.6%	45%	50%	55%	60%	
Choice available for ⁶ antenatal care	Measure in development	Measure in development	Measure in development	Measure in development	Measure in development	

³ Further information on the self-assessment can be found in Appendix 10

⁴ Work is underway to develop measures that will evidence improvements in reducing the likelihood of maternal deaths and improving investigations

⁵ Hypoxic Ischemic Encephalopathy is a reduction in the supply of oxygen to the brain and other organs (hypoxia)

% women able to choose from 3 places of birth	100%	100%	100%	100%	100%
% women able to choose from 4 places of birth	100%	100%	100%	100%	100%
Choice available for postnatal care	Measure in development	Measure in development	Measure in development	Measure in development	Measure in development
% women who have continuity of carer throughout antenatal and postnatal care	85%	90%	95%	98%	99%
% women who have continuity of carer throughout antenatal, intrapartum and postnatal care	Measure in development	Measure in development	20%	25%	30%
% women giving birth in midwifery led settings including home birth	14% (688/4928)	15%	17%	20%	25%
Increase in investment in Perinatal Mental Health Services	£27,000	£27,000	To be confirmed pending funding bid	To be confirmed. Awaiting amount of increased funding in CCG Baselines	To be confirmed. Awaiting amount of increased funding in CCG Baselines
Number of new women seen by Perinatal Mental Health services			96	240	360
Increase in the number of women reporting they are confident in	Measure in development	Measure in development	Measure in development	Measure in development	Measure in development

⁶ Through working in co-production we will define what we mean by choice in antenatal care and choice in postnatal care, identify the current baseline and project our improvements over the course of transformation.

5 Patient Safety and Quality of Care

The safety of mums to be and their babies is the most important factor in delivering maternity services. The performance of service providers is monitored to ensure services are delivering appropriate, safe, quality care that is delivered at the right time.

In Shropshire, Telford and Wrekin each commissioning organisation (organisations that are responsible for planning and purchasing services for their local population) has processes in place to monitor the performance and quality of the services. These processes have recently been strengthened through the introduction of a separate Contract Quality Review Process for maternity services in Shropshire, Telford and Wrekin. In delivering this plan, the monitoring of performance, quality and safety will be further improved through the introduction of a quality and safety improvement system across the whole LMS.

7

Serious Incidents

Serious incidents in healthcare are events where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant that they warrant particular attention. It is important that these events are reported on and investigated so that we can respond appropriately when things go wrong. This is a key part of the way that we can continually improve the safety of the services provided and commissioned. The underreporting of safety events is often noted to be the result of an unfavorable culture that attributes 'blame' when things go wrong. In partnership, we wish to enable a safety culture to flourish reinforcing safety as our top priority. Ultimately, by reporting and investigating incidents, complaints and concerns, staff will be more confident in the care they provide and we will be better able to identify gaps in processes. This can only be achieved through good leadership, by building a shared vision and by helping everyone feel safe and accountable and proud to work within a supportive learning culture. The steps we will take to achieve this will be included in the Quality and Safety Improvement Framework.

Between April 2014 and October 2017 there have been 15 serious incidents reported (as defined by NHS England's serious incident criteria). Themes identified include:

- Monitoring babies' heart beats effectively before they are born
- Understanding changes to pregnant women's risk factors
- Ensuring babies are born in a place that can best meet their needs

Other incidents that are not categorised as serious incidents are thoroughly reviewed using a high risk case review process to ensure learning is identified and changes in practice are implemented. Through the transformation of maternity services, we will improve the way that we investigate and learn from incidents to help reduce the risk of similar incidents happening again. We will improve the way that we communicate and work with families when outcomes are not as expected.

⁷ Further information on safety and quality of maternity services in Shropshire, Telford and Wrekin can be found in Appendix 6

Saving Babies' Lives

Partners within the LMS have developed and implemented a number of initiatives in order to improve safety of services in line with the requirements of the national Saving Babies' Lives initiative, which was launched in 2016. Saving Babies' Lives is designed to reduce stillbirth and early neonatal death. It brings together four elements of care in order to achieve the required reduction. The boxes below describe the improvements that have been made to date and the further work that will be delivered through maternity transformation.

Reducing smoking in pregnancy

Currently:

- All women are asked about their smoking status at booking.
- Women who are smoking at booking or have recently stopped are referred (unless they opt out) to the smoking cessation service.
- All women are offered a carbon monoxide test booking.
- All women should discuss smoking at each clinical contact.

Additional activity through maternity transformation:

- Smoking cessation services will be held alongside local antenatal services. This will allow women to attend both appointments on the same day in the same location.

Raising awareness of reduced fetal movement

Currently:

- All women are provided with a leaflet highlighting the importance of identifying reduced fetal movement at the start of the third trimester.
- All women are reminded of the importance of monitoring fetal movements throughout the third trimester.
- All women are encouraged to attend their local maternity unit for assessment and monitoring if they experience reduced fetal movements.
- Monitors, with on-board electronic analysis, are located in all of the midwife led units and the consultant unit.

Additional activity through maternity transformation:

- There will be investment in better equipment, which is standardised.

Risk assessment and surveillance for fetal growth restriction (FGR)

Currently:

- Women at highest risk of FGR are offered a number of ultrasound scans in the third trimester depending upon their level of risk. The service standards currently offered are not in line with guidance.

Additional activity through maternity transformation:

- Partners within the LMS will work together to achieve service standards in line with Saving Babies' Lives guidance.
- Ultrasound scan locations will be targeted to areas of high need across the STP footprint.
- Detection rates will be assessed using the new software (called GAP) in order to monitor the effectiveness of the service.

Effective fetal monitoring during labour

Currently:

- All staff members required to assess Cardiotographs (CTG – the machine which monitors the baby's heartbeat and movements) are regularly trained in CTG interpretation

Additional activity through maternity transformation:

- Intrapartum CTGs (CTGs taken during labour) will be archived electronically for review and teaching.
- Intrapartum CTGs will be displayed live outside the labour room in order for staff to assess using fresh eyes on a regular basis throughout labour.
- There will be investment in better equipment, which is standardised.

Maternal and neonatal health safety collaborative

This is a 3 year national programme to support improvement in the quality and safety of maternity and neonatal units across England. The overall aim of the programme is to reduce the rates of maternal deaths, stillbirths, neonatal deaths and brain injuries that occur during or soon after birth by 20% by 2020 and 50% by 2030. The LMS are engaged with the collaborative and SaTH will join the collaborative in April 2018.

Joining the collaborative will help with building our capability in quality improvement and will provide us with structured support to develop innovative plans that lead to measurable improvements.

Sign up to Safety

A safety improvement plan has been in place since 2015. This has led to a number of safety improvements to date including enhanced training for professionals and investing in better equipment.

The findings from the external reviews that are currently ongoing will inform further developments in this area.

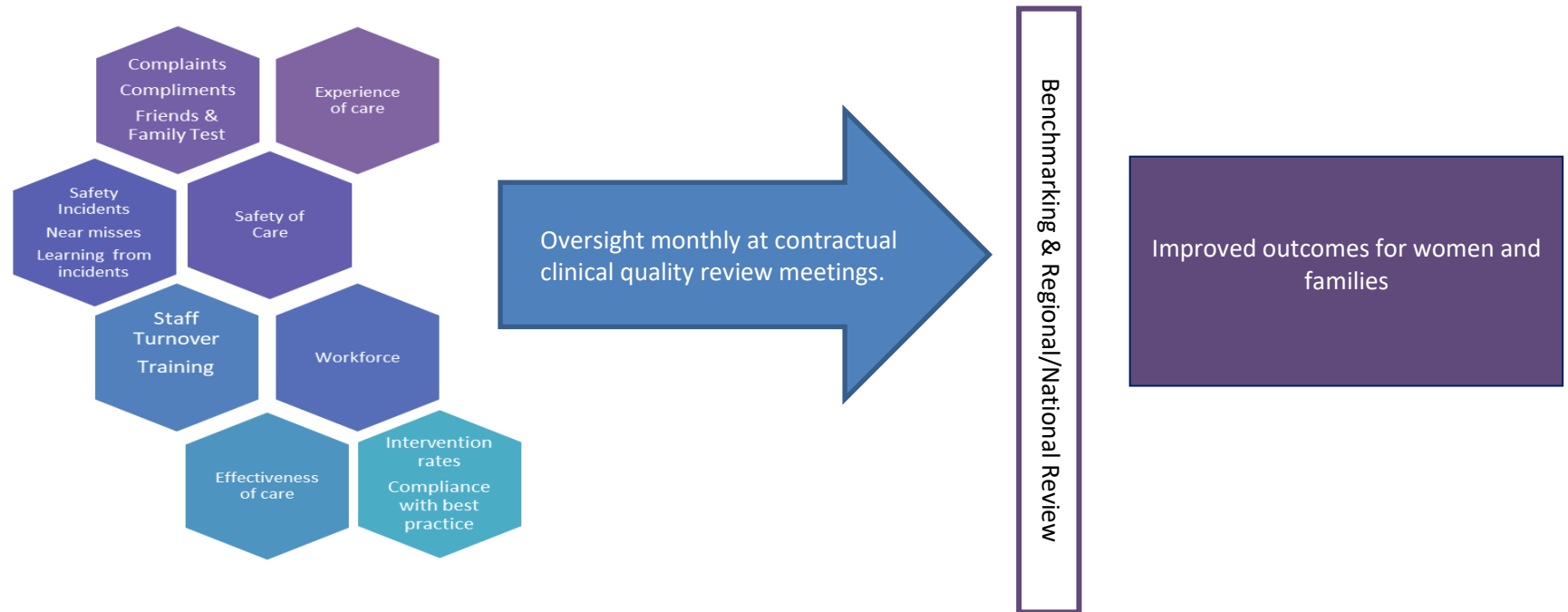
The National Maternity Safety Strategy published in November 2017 set out the Department of Health's ambition to reward those who have taken action to improve maternity safety, including a CNST incentive scheme. Clinical Negligence Scheme for Trusts (CNST) is a scheme that NHS providers pay into in order for the NHS Litigation Authority to handle all clinical negligence claims that may arise. Although membership of the scheme is voluntary, all NHS Trusts in England currently belong to the scheme. For SaTH maternity services as a whole, the cost of this is nearly £5.8million per year.

For 2018/19, SaTH will be submitting evidence of delivery of each of the 10 criteria in the CNST incentive scheme in order to receive a 10% reduction in CNST rate. This will release in the region of £580,000 which can be re-invested in safety improvement activities within maternity services. The ten safety improvement criteria that will be met are:

1. Are you using the National Perinatal Mortality Review Tool to review perinatal deaths?
2. Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
3. Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?
4. Can you demonstrate an effective system of medical workforce planning?
5. Can you demonstrate an effective system of midwifery workforce planning?
6. Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?
7. Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?
8. Can you evidence that 90% of each maternity unit staff group have attended an 'inhouse' multi-professional maternity emergencies training session within the last training year?
9. Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?
10. Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/662969/Safer_maternity_care_-_progress_and_next_steps.pdf

In order to gain assurance, performance on services delivered is measured against quality indicators for maternity. In 2016/17, the services for Shropshire, Telford and Wrekin were within the expected range and in line with national performance. The diagram below illustrates the information considered as part of this process.



5.1 Safeguarding

Safeguarding is of paramount importance to all services provided across Shropshire, Telford and Wrekin. Throughout the LMS, safeguarding will be the 'golden thread' throughout all workstreams and cross-cutting themes.

Processes are compliant with CQC best practice and national directives and reviewed on a frequent basis both across the LMS and by external agencies. All partners across the LMS work effectively in the interests of the child and adult.

Actions are currently being implemented across the maternity service that enhances safeguarding based on the recommendations outlined in the 2017 CQC report 'Review of Health Services for Children Looked-after and Safeguarding in Telford and Wrekin'^{vi}. All actions are monitored via clinical quality review meetings to provide assurance regarding progress made.

Local safeguarding arrangements within maternity services include:

- ✓ Maternity Safeguarding Alert System
- ✓ Named midwife for safeguarding
- ✓ Specialist midwives for:
 - vulnerable women
 - bereavement
 - public health
 - young mothers

- ✓ Safeguarding and supporting women with additional needs group (SSWWAN)
- ✓ Named doctor and neonatologist are members of child death overview panel
- ✓ Teenage safeguarding pathway
- ✓ Strong links to multi agency safeguarding hubs
- ✓ Mandatory safeguarding training and supervision
- ✓ Safeguarding audits and links to local safeguarding boards

Shropshire, Telford and Wrekin have safety at the forefront of all planning and delivery of maternity services

All actions taken will improve the quality of care, providing seamless care to women and their babies across organisational boundaries and will provide personalised care to each woman, her baby and family

Safeguarding will be the 'golden thread' throughout the LMS

Concerns raised by service users will be heard and acted upon by whoever receives the issue anywhere across the LMS, and when things do go wrong, there will be swift learning taken following a high quality investigation

Greater continuity of care will be provided through visible multi-professional leadership, improving and integrating pathways that progress outcomes, including prevention, mental health, neonatal and postnatal care all accessible through a Community Hub Model



6 About Shropshire, Telford and Wrekin

The county of Shropshire has borders with four English counties as well as having the English/Welsh border to the west. Therefore, in planning maternity transformation it is important to consider the needs of those accessing services in Shropshire, Telford and Wrekin as well as women from Shropshire, Telford and Wrekin who access services over the borders.

Shropshire Clinical Commissioning Group (CCG) covers a large geography with issues of physical isolation and low population density within a mix of rural and urban ageing populations. Shropshire is a large rural county with a population of approximately 308,000 that is set to rise to 320,600 by 2020.

Telford & Wrekin CCG has a large, younger urban population within areas of rurality. Telford is ranked amongst the 30% of most deprived populations in England. The population is approximately 170,000 and due to grow to 198,000 by 2031; the percentage of people who are aged over 85 is set to increase by 130%. Telford and Wrekin has a higher proportion of households with dependant children than the national average and a lower proportion of households where all residents are aged over 65.



9

The Shropshire, Telford and Wrekin health and social care economy comprises two CCGs, four main NHS providers, two Councils and a range of smaller private and third sector providers.

The overall population within the footprint is approximately 480,000 people, but a number of outlying populations, most notably Powys, access services at providers within Shropshire; whilst Powys is not officially part of the LMS footprint, we believe it is important to include the Powys population in the LMS and for the community to be represented on the LMS Board.

⁹ Further information about the demographics of the county can be found in Appendix 1.

7 Current Offer

7.1 Before getting pregnant

Across Shropshire, Telford and Wrekin a range of services are on offer to support people before getting pregnant. Healthy Lifestyles Services (Telford & Wrekin) and Help 2 Change (Shropshire) offer free advice, information and support around health and lifestyles to enable individuals to feel better, healthier and have more energy. They offer support and help around eating healthily, being more active, reducing alcohol consumption, stopping smoking and feeling better about yourself.

Contraception, sexual health and family planning clinics are available across the county to support planned pregnancies. In addition, specialist services are available within the county to help couples conceive (fertility services) and provide them with pre-conception advice (maternity services).

Women can access information, advice and support in relation to their mental health through local mental health services and their GP.

7.2 Care before the baby is born (antenatal care)

Around 5,500 women book to receive maternity services with the maternity services provider in Shropshire, Telford and Wrekin (Shrewsbury and Telford Hospitals Trust – SaTH) each year. The majority of routine antenatal care is delivered by community midwives. The smaller community teams have between 200-400 attendances a month, with the larger community teams having approximately 2,500 attendances a month.

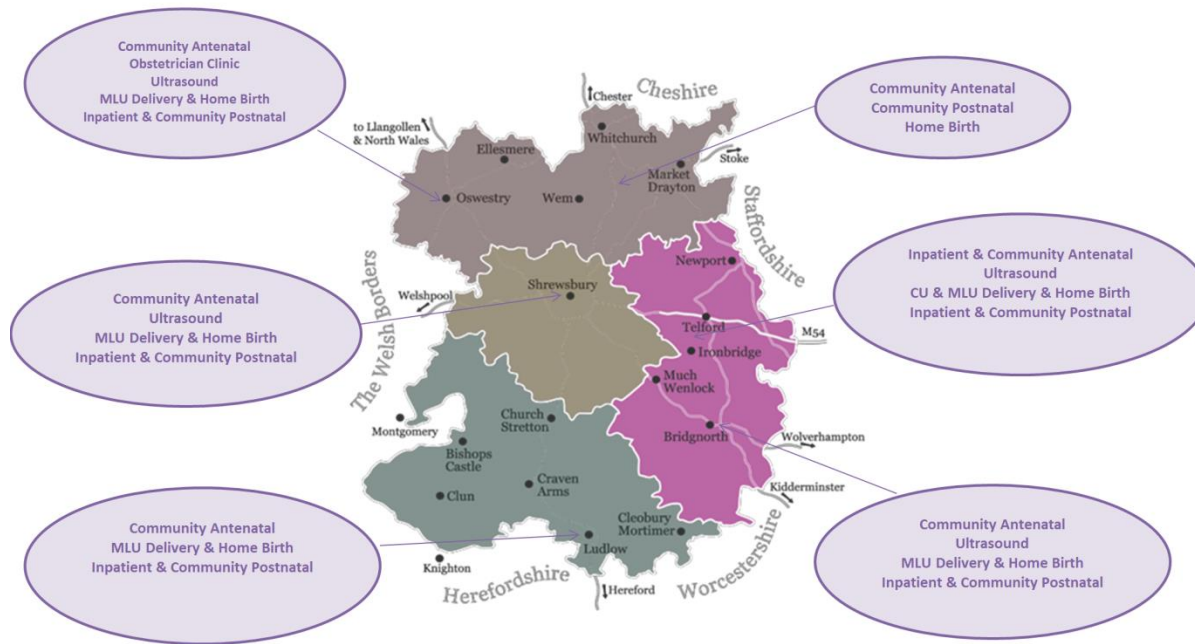
Women have a hand-held record within which professionals document their antenatal care. Women take this document with them to appointments for the professionals to update.

Women are referred to maternity services in one of two ways – through their GP or by referring themselves through one of the midwife led units. Booking directly with the midwife led units is quicker, but essential information that the GP holds may not be shared. Women can choose how they access routine antenatal care. Women can access antenatal care at one of the 5 midwife led units, a clinic at their GP practice or through the midwife visiting them at home. Women with a higher level of need can access obstetric care through clinics at Princess Royal Hospital or Royal Shrewsbury Hospital. There are also obstetric clinics held in Ludlow and Oswestry midwife led units.



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¹⁰ For further information please refer to Appendix 2.6



This map shows which elements of service are available in different parts of the county. Through implementing Workstream 1, there will be more equity across the county with regards to the types of services available in the community.

- ✓ Women can access information online via the SaTH website and maternity apps.
- ✓ Women have continuity of carer during pregnancy. Community midwives work in small teams of 4-6, so women are likely to know the midwife they see during their pregnancy.
- ✓ Women can access specialist joint obstetric mental health clinics, which are held fortnightly.
- ✓ Women can access psychological therapies through the IAPT service.
- ✓ Most women who require in-patient care because of their mental health needs during pregnancy or in early motherhood, access services from the Brockington Unit in Stafford. The service provides assessment, treatment and care for women suffering from mental health problems associated with pregnancy and childbirth including severe postnatal depression and puerperal psychosis.

Across the county there is support to stop smoking during pregnancy through Help2Quit (Shropshire) and the Public Health midwifery service (Telford and Wrekin). Women access the service via a referral at booking (unless they opt out) and can also be referred to the service throughout their pregnancy by midwives and sonographers, as well as accessing the service through self-referral. All midwives and women support advisors receive annual training about smoking during pregnancy as part of the annual statutory training programme delivered by the public health midwife.



In Telford and Wrekin, a support programme is offered to all women with a BMI greater than 30 at booking. The service is called 'Healthy Mums' and offers support during pregnancy and after delivery until the child is 6 months old. The programme aims to support women to maintain a healthy weight gain during pregnancy and supports weight loss after delivery. Currently 71% (2016-17) women gain no more than the healthy 10kg during their pregnancy. In 2016-17 the service was averaging 52 referrals per month.

7.3 Giving Birth (Intrapartum Care)¹¹

Women have a range of options in relation to where they choose to give birth in Shropshire, Telford and Wrekin. These are:

- 1 x Consultant Unit (CU) (Telford – Princess Royal Hospital)
- 1 x Alongside Midwifery Led Units (MLU) (on the same site as the consultant unit)
- 4 x Freestanding MLU (not on the same site as consultant unit – Shrewsbury, Oswestry, Bridgnorth, Ludlow)
- Home birth



Women giving birth in the consultant unit are not likely to know the midwife or doctor delivering their baby. However, those giving birth in a midwife led unit or at home are likely to know the midwife caring for them during labour.

Women who wish to use a different service provider for their care in labour can request funding from the Clinical Commissioning Group.

¹¹Where numbers are given for 'births', this is the number of babies born. Where numbers are given for 'deliveries' this is the number of women who have given birth e.g. if a woman has twins, this will be one delivery but two births.

7.4 Care after the baby is born (postnatal care)

After giving birth, women and their babies receive care at one of the inpatient postnatal units or in the community. Women are likely to know the midwife providing their postnatal care. The midwife is likely to be one of the same midwives who provided care for the woman during her pregnancy. Once the baby is 10 days old, the midwives hand over the care to the Health Visiting Team. Some young vulnerable mothers will continue to be supported through the Family Nurse Partnership. Health visitors are trained to support women with their mental health needs and women can access more specialist services in the community or as an inpatient if they need to.



Both Shropshire and Telford & Wrekin offer a breastfeeding service. Shrewsbury and Telford Hospitals have been awarded the full UNICEF baby friendly Initiative, as well as Shropshire Children Centres. Across the county there is breastfeeding support offered by health visitors, breastfeeding facilitators and volunteers.



Both Telford & Wrekin Council and Shropshire Council commission 0-19 services including Health Visiting, School Nursing and Family Nurse Partnership. They offer a range of services to support during pregnancy and being a parent. They offer mandated visits for all women antenatal and postnatal at 10-14 days, 6-8 weeks, one year and two years. They also offer additional support, help and advice for families classed as targeted, vulnerable and complex. They offer support on a variety of areas such as breastfeeding, weaning, healthy eating, sleeping and parenting.

7.5 Care for new-born babies (neonatal care)

The majority of babies that are born are healthy and remain with their mother. During the first few days of their life, they are cared for by midwives who support their mother in the general care of the baby. Screening examinations of the babies are carried out by the midwives either in the hospital or community setting.

A proportion of babies will require an increased level of care provided by neonatal staff from the Neonatal Unit (NNU). The Neonatal Unit within the Shrewsbury and Telford Hospital (SaTH) is a Local Neonatal Unit (LNU). This is defined by British Association of Perinatal Medicine as: providing special care and high dependency care and a restricted volume of intensive care (as agreed locally) and would expect to transfer babies who require complex or longer-term intensive care to a Neonatal Intensive Care Unit (NICU). The two closest NICUs are located at the University Hospitals of North Midlands in Stoke and New Cross Hospital in Wolverhampton.

SaTH Maternity and Neonatal department completed a successful project in 2017 around the investigation of babies admitted to the NNU at term (i.e. not premature) and the possible ways to reduce the number of such admissions. Since then a range of professionals meet regularly to examine the background to babies admitted to the neonatal unit at term. The group are using the template suggested by the national ATAIN Programme (avoiding term admissions into neonatal units), which is led by clinical experts, to ensure their work is robust.

8 What do we know about the needs and preferences of women and the needs of their babies?

8.1 What women and their families say is important to them

During summer 2017, the views of women and their families in relation to maternity services were gathered and considered. This involved looking at existing feedback that the CCGs, SaTH and HealthWatch had received as well as gathering new information about what women and their families said was important to them.¹²

Existing feedback shows that in general women and their families are happy with the services they receive. Women and their families say that the following things are important to them:



¹² For further information on the views of women and their families please see Appendix 8.1

8.2 What does our data tell us? ¹³

Across Shropshire, Telford and Wrekin there are an estimated 78,700 women of a child bearing age (16-44 years). Projections indicate that the numbers of women of childbearing age will be relatively static. Projections also indicate that the proportions of the population which are aged 0-4 years old will remain broadly similar in Telford, Wrekin, and Shropshire in 2025 and 2035.

In Shropshire there are on average 3,400 conceptions in women of all ages each year, 18% (615 conceptions) end in termination, which is lower than the national average. In Telford and Wrekin there are on average 2,615 conceptions in women of all ages every year. Just over a fifth, 21% (550 conceptions) end in termination, which is similar to the England average (21%).

In Telford and Wrekin, a total of 367 women smoked at delivery in 2015/16, compared to 295 women in Shropshire. Maternal smoking is significantly high in Telford and Wrekin. However, rates have started to decline in the past two years, falling below 20%. The rate of smoking in pregnancy in Telford and Wrekin was 18.1% in 2015/16, compared to 12.3% in Shropshire and 10.1% in England as a whole.

In 2014 in Telford and Wrekin the rate of under 18 conceptions was significantly higher than the England average and double the rate in Shropshire. Teenage conception rates in Telford and Wrekin have historically been significantly higher than the England average, whereas in Shropshire rates have been significantly lower.

In Telford and Wrekin, over a quarter women aged 16-44 years live in communities classified within the most deprived fifth of areas in England. This compares to 5.8% in Shropshire.

It is estimated that 71% of all adults in Telford and Wrekin carry excess weight (i.e. overweight or obese). This is significantly worse than the national average of 64.8%. It is estimated, that circa 22,250 women of child bearing age (15-44 years) carry excess weight in Telford and Wrekin. In Shropshire 65.2% of all adults are estimated to be overweight or obese, which is not significantly different to the England average.

Levels of breastfeeding (both initiation at birth and duration at 6-8 weeks) have been historically low in Telford and Wrekin, but rates have improved slowly. In 2015/16 almost a third, 33.5% of infants (655 babies) were not breastfed at birth, which is significantly worse than the average for England 25.7%. In Shropshire just under a quarter, 24.7% of infants (605 babies) were not breastfed at birth in 2015/16, which is similar to the national average. By 6-8 weeks of age breastfeeding has dropped further. In 2015/16 63.7% of infants were not receiving any breast milk in Telford and Wrekin (2,044 babies), which is significantly worse than the England average of 56.8%. In Shropshire 54.1% of infants (2,771 babies) were not breastfed at 6-8 weeks.

¹³ For further information please refer to Appendix 2.1,2.5,2.5,3.1,3.2,3.3,3.4,3.7,5.1

Trends in infant mortality rates fluctuate due to the small number involved, but since the mid 1980s in Shropshire, Telford and Wrekin rates have been declining overall across the decades. The three year rolling average rates have been significantly higher than the England average for the past five years.

There are a similar number of perinatal deaths (stillbirths and deaths before 1 week) in Shropshire, Telford and Wrekin – on average 17 per year and rates are similar to the England average.

There are on average 2,100 live births in Telford and Wrekin each year, compared to on average 2,820 in Shropshire. There are on average 10 neonatal deaths within the first 4 weeks of life in Telford & Wrekin. The neonatal mortality rates in Telford & Wrekin from the period 2012-14 and 2013-15 were significantly worse than the England average. In Shropshire there are on average 6 neonatal deaths per year and rates are similar to the England average.

Of the women accessing SATH maternity services in 2016/17, 85.1% gave birth in the Consultant Unit at Princess Royal Hospital. This is in line with the findings of the national maternity review¹ (87% women nationally give birth in a consultant led unit). Most women in Shropshire, Telford and Wrekin give birth within the county. However, some women choose to give birth out of county. These are normally women living on the borders. The most frequent out of area hospitals accessed by Shropshire, Telford and Wrekin women to deliver are Wrexham Maelor, Worcester Royal Hospital and Hereford County Hospital.

Shrewsbury and Telford Hospitals Trust (SaTH) have around 5,000 births each year. Over 92% births are in relation to Shropshire, Telford and Wrekin patients, the remaining births are of patients from elsewhere. The number of babies born in Shropshire, Telford and Wrekin is summarised in the table.

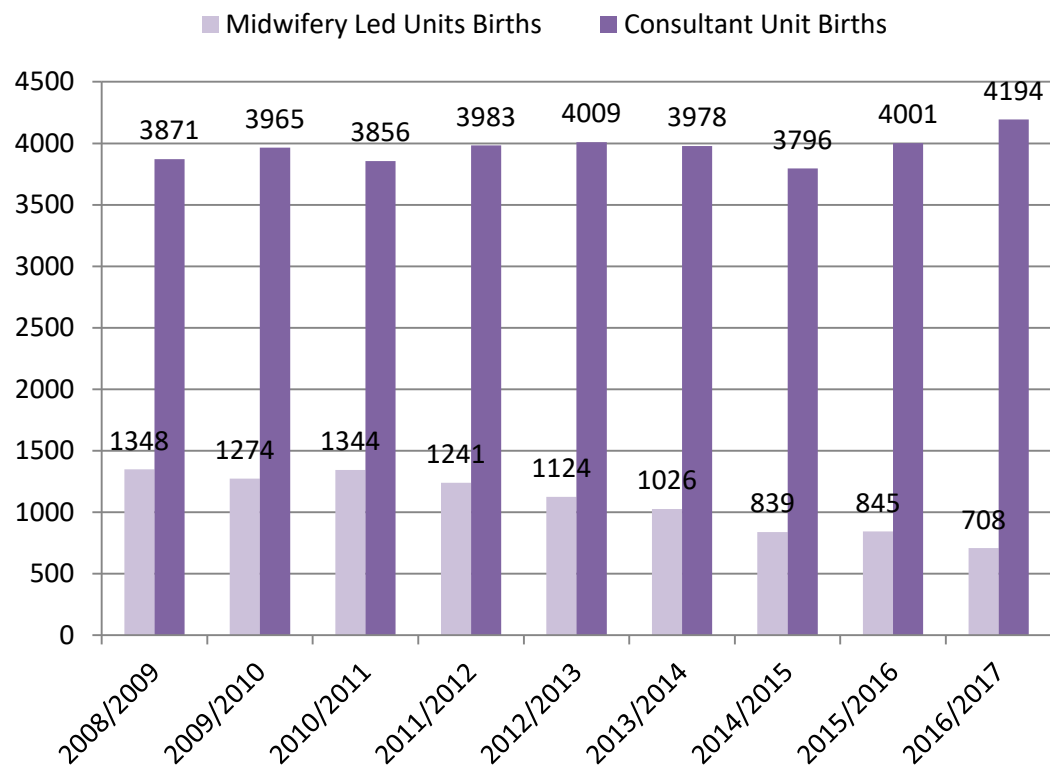
SATH Maternity Services : Births 2016/17				
Maternity Unit	Shropshire Patients	Telford & Wrekin Patients	Powys Patients	Patients from other areas
Consultant Unit	2,016	1,830	216	132
Shrewsbury MLU	142	0	0	0
Wrekin MLU	135	199	0	3
Bridgnorth MLU	67	2	0	8
Oswestry MLU	50	0	0	2
Ludlow MLU	31	0	0	5
Home	41	21	1	1
Born before arrival (without presence of midwife or obstetrician)/other	8	8	2	8
Total	2,490	2,060	219	159
Total Births 2016/17	4,928			
The number of births are projected to remain relatively static during the transformation timescale, with births projected to be 4,989 in 2020/21				

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¹⁴ For further information please refer to Appendix 2.1,2.6

Over the last nine years, the births within the midwife-led units or at home have steadily declined from approximately 1,350 (26% of total activity) to 708 (14% of total activity), as illustrated in the graph below.

SATH Summary Birth Figures 2008-2017



In Shropshire, Telford & Wrekin, many women intend to give birth at midwife led units, but go on to deliver in the consultant unit. In 2015 and 2016, 3,921 women intended to give birth in a MLU or at home. However, only 1,498 (38.2%) of women who intended to give birth in a MLU or at home actually did so. The change of intended place of delivery most commonly occurs during the antenatal period and is usually associated with a change in risk to the mother or the baby.

Through this transformation plan we will explore how we can enable more women to have a midwife led birth.

Most women (90%) and their babies receive inpatient postnatal care on either the Postnatal Care Ward at Princess Royal Hospital, the Wrekin MLU or Shrewsbury MLU. 10% of women receive some or all of their postnatal care at either Ludlow, Bridgnorth or Oswestry MLU.

This table shows the total bed days available at the MLUs compared to the bed days used in 2016/17

MLU	Total bed days available per year	Total bed days used 2016/17 (% utilisation)
Wrekin	13 x 365 = 4,745	Not available ¹⁵
Shrewsbury	10 x 365 = 3,650	647 (18%)
Bridgnorth	4 x 365 = 1,460	321 (22%)
Oswestry	6 x 365 = 2,190	570 (26%)
Ludlow	4 x 365 = 1,460	239 (16%)

In 2016/17 the MLUs cared for around 2,074 women in the postnatal period that gave birth on the Consultant Unit. The majority of these women were cared for postnatally at Wrekin MLU (1,406). Shrewsbury cared for 331 women postnatally, with Ludlow, Oswestry and Bridgnorth caring for 91, 106 and 140 women respectively.

On average women who have a postnatal stay, stay at the MLUs for around two and a half days. The number of women having a postnatal stay varies across the MLUs. In 2016/17 the freestanding MLUs each had approximately 5-15 women each month having a postnatal stay. The alongside MLU has a higher number of women staying each month. After leaving the hospital/MLU, women receive postnatal care from midwives in the community.

¹⁵ Data is currently recorded by site. Information about postnatal stays specifically in the MLU was not available at the time of writing this report, as information relating to Princess Royal Hospital includes activity in the consultant unit as well as the MLU.

Estimated prevalence rates of perinatal mental health difficulties for Shropshire, Telford and Wrekin are displayed in the below table.

Rates of perinatal psychiatric disorder	per thousand maternities	Estimated number of women affected per year – England	Estimated number of women affected per year – Shropshire (2,490 births)	Estimated number of women affected per year – Telford and Wrekin (2,060 births)	Estimated number of women affected per year – Shropshire, Telford and Wrekin (4,550 births)
Postpartum psychosis	2/1000	1,380	5	4	9
Chronic serious mental illness	2/1000	1,380	5	4	9
Severe depressive illness	30/1000	20,640	75	60	135
Post-traumatic stress disorder	30/1000	20,640	75	60	135
Mild - moderate depressive illness and anxiety states	100-150/1000	86,020	250 – 375	200 - 300	450 - 675
Adjustment disorders and distress	150-300/1000	154,830	375– 750	300 - 600	675 – 1,350

9 Finance & Sustainability

The Shropshire and Telford & Wrekin Health Economy is currently under significant financial pressure and the Sustainability and Transformation Plan (STP) describes the significant financial challenge (£126m) that the local health system needs to address over the next 5 years. STP partners are in agreement that in order for our NHS to continue to provide services for the future, changes need to be made now.

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There is not enough money for us to continue as we are and we need to make changes to take full advantage of recent rapid progress in treatments and technology.

The overall reconfiguration of acute hospital services in Shropshire (Future Fit) forms part of the system plan to find where £74 million could potentially be used differently and more effectively to improve services for the local population.

Added to the proposals NHS providers have a target of saving £62 million through efficiency improvements, successful implementation of the STP will put Shropshire and Telford & Wrekin in a good position at the end of the next five years to have services which are sustainable in the long term as well as meeting the public's healthcare needs more effectively.

The LMS sits within the STP and will need to deliver maternity transformation within this context. The current main provider of maternity services, Shrewsbury and Telford Hospitals NHS Trust, is currently running the service at a loss of £7m per year. This will need to be addressed as part of this plan.

Cost pressures have been identified by our main provider in terms of additional midwives to meet Birthrate plus standards and additional sonographers for extra scans. The outcome of the Midwife Led Unit (MLU) review may also have an impact on the financial sustainability of community MLUs. Savings opportunities should materialise due to a reduction in incidences of harm, time savings due to the development and rollout of an electronic care record, increasing home births and reductions in use of agency staff. As the plan progresses a full activity and finance model will be worked up in line with the current STP and Future Fit assumptions.

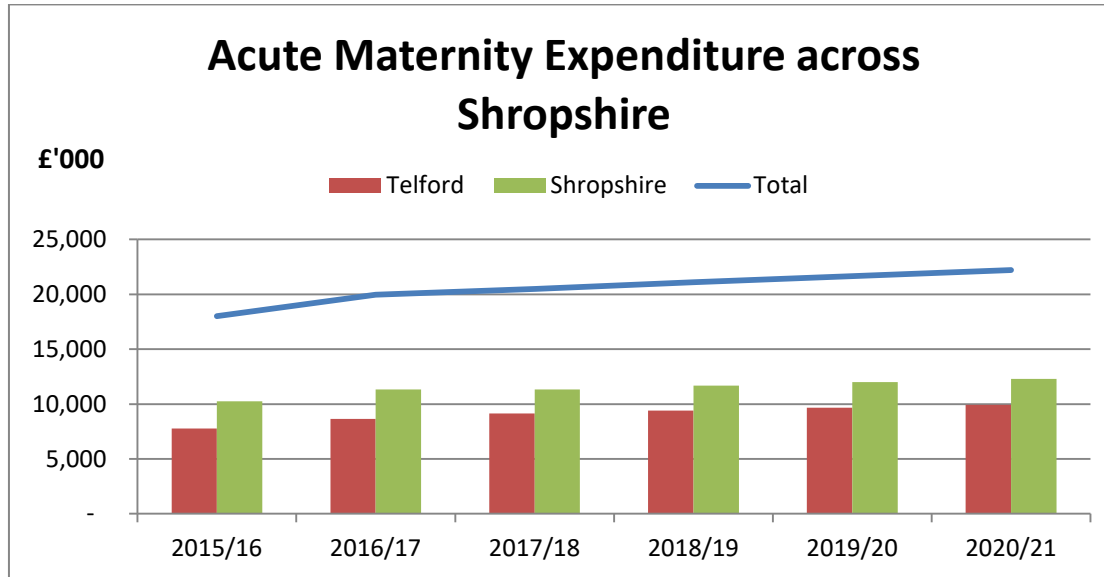
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¹⁶ For further information please refer to Appendix 1

¹⁷ For further information please refer to Appendix 2.3

Acute Maternity Expenditure across Shropshire



This graph shows how much is currently spent on maternity services across the local health economy. The spend has been split between the two clinical commissioning groups and shows how spend has increased over the last 3 years. The graph then goes on to show projected spend up to 2020/21 based on the current growth assumptions within the STP.

- Note that 2017/18 figures are the forecast position for the year
- Note that 2018/19 projected figures are based on growth assumptions within the Shropshire STP (3.0% 2018/19, 2.7% 2019/20 and 2.6% 2020/21)

On average 94% of the spend represented above is spent at Shrewsbury and Telford Hospitals NHS Trust.

The needs of women accessing maternity services are assessed and classified against three different pathways, which are defined at a national level (standard, intermediate and intense). The proportion of women within each of the different pathways in 2016/17 in Shropshire, Telford and Wrekin is provided in the table below and includes a comparison to other areas. The plan aims to reduce the number of women with high risk pregnancies and also therefore reduce the associated costs.

		Number (%) Women		
		Shropshire	Telford & Wrekin	West Midlands CCGs 2015/16
Stage of Pregnancy	Level of Need			
Antenatal	Standard	1450 -51%	892 -39%	49.20%
	Intermediate	1134 -40%	1147 -51%	41.80%
	Intense	264 -9%	220 -10%	9%
Delivery	Without complications/co-morbidities	2133 -80%	1720 -78%	-
	With complications/co-morbidities	528 -20%	473 -22%	-
Postnatal	Standard	1643 (63.4%)	1097 -55.80%	70.60%
	Intermediate	940 -36.30%	860 -43.70%	28%
	Intense	7 -0.30%	9 -0.50%	1.40%

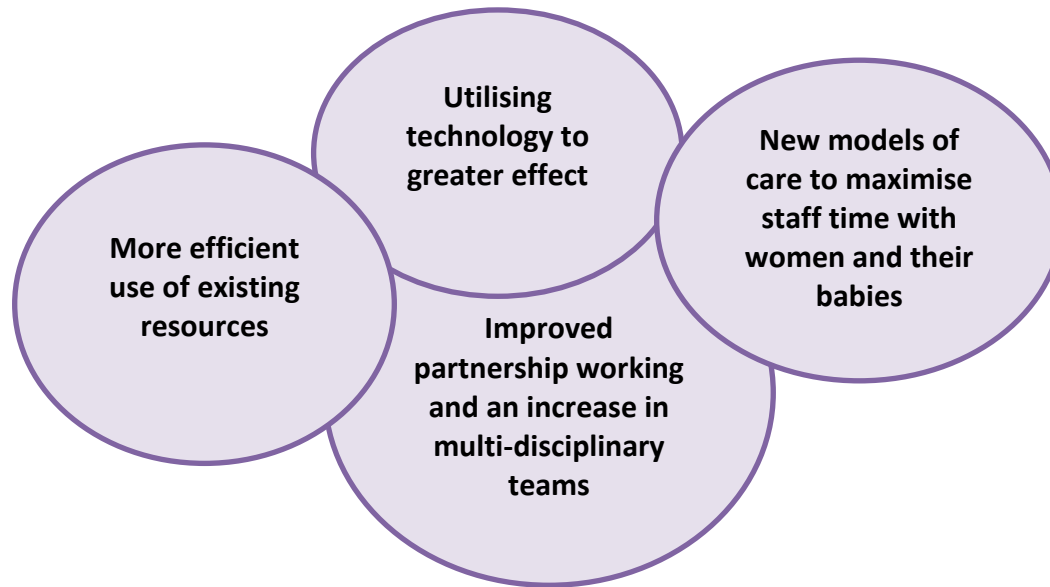
The maternity pathway payment system was introduced in April 2013 to:

- reduce variance in the way organisations describe and record antenatal and postnatal care
- encourage more proactive care, delivered closer to home
- encourage a more woman-focused approach to maternity care

For each of the stages shown above, a woman chooses her pathway provider, identified as the 'lead provider'. The commissioner makes a single payment to the lead provider of each stage to cover the cost of care, the level of which depends on clinical factors that affect the extent and intensity of care a woman is expected to need.

Women may still receive some of their care from a different provider for clinical reasons or to support their choice. This care is paid for by the lead provider that will have received the entire pathway payment from the commissioner.

The majority of the maternity transformation will need to be delivered by the Local Maternity System within existing resources. This will be achieved and sustained through:



The Local Maternity System has received funding from NHS England to support transformation activities. This funding (£77k 2017/18, £150k 2018/19) has been allocated to secure a Programme Manager, Project Support Officer and Clinical Backfill as well as co-production and engagement activity.

To support the pace and scale of transformation required, the Local Maternity System will seek to secure additional funding/reduce existing spend, where available. This will include the following:

- NHS England Transformation Funding
- West Midlands Perinatal Mental Health Service User Forum Development Funds 17/18
- Perinatal mental health community services development fund wave 2
- CNST Incentive Scheme

Further detail on funding the transformation is provided in Appendix 11.

10 Delivering the vision – the Programme of transformation

The programme of transformation is still in the early stages. Some of the detail in relation to specifically what will be delivered is not yet known. The details will be confirmed once the reviews set out in workstream plans are complete. Once all the reviews are complete the future maternity offer can be confirmed.

The proposals from each of the reviews will set out in detail how service, pathway and process improvements will be made to ensure the requirements of Better Births are delivered, including in relation to:

- *Improving safety of maternity care*
- *Personalised care planning*
- *Choice of services*
- *Continuity of carer*
- *Increasing the number of women giving birth in midwifery led settings*
- *Perinatal mental health*

Shropshire, Telford and Wrekin Maternity Offer		
	Current Offer	Offer 31.03.2021
Before Pregnancy	<ul style="list-style-type: none"> - All women have access to universal public health services relating to healthy lifestyles - Women with a specialist need have access to mental health services 	<ul style="list-style-type: none"> - Women will receive targeted support to help them lead a healthy lifestyle before, during and after pregnancy - Staff receive regular training and up to date information about mental health and healthy lifestyles for those planning a family - All women have access to a pre-conception health check - All women have access to advice and support in relation to their emotional health and wellbeing
Antenatal	<ul style="list-style-type: none"> - Access to services is unclear and disjointed - All women have the same team of 4-6 midwives caring for them throughout their pregnancy - Women arrange their own appointments throughout pregnancy - Ultrasound scanning is available in most parts of the county - Day Assessment is available in some parts of the county - Obstetric clinics are available in some parts of the county - All women have hand held notes 	<ul style="list-style-type: none"> - Access to services is through a single route, which is clear and well publicised - All women have the same team of up to 4 midwives caring for them throughout their pregnancy - Women are provided with a plan of all appointments at the start of pregnancy, which fit around their work and personal commitments - Ultrasound scanning is available in all parts of the county - Day assessment is available in all parts of the county

	<ul style="list-style-type: none"> - All women have access to general information within the handheld notes and online, including in relation to mental health - Women with an identified mental health need receive support through a specialist service 	<ul style="list-style-type: none"> - Obstetric clinics are available in all parts of the county - All women have access to electronic, personalised care plans - All women have access to electronic personalised information and advice - All women have access to peer support - All women have access to support with their emotional health and wellbeing
Birth	<ul style="list-style-type: none"> - There is a full choice of birth settings available (Consultant Led Unit, Alongside Midwifery Unit, Standalone Midwifery Unit and Home Birth) - Some women know the midwife delivering their baby/ies 	<ul style="list-style-type: none"> - There is a full choice of birth settings available (Consultant Led Unit, Alongside Midwifery Led Unit, Standalone Midwifery Led Unit and Home Birth) - Most women know the midwife delivering their baby/ies - More women have a midwifery-led birth
Neonatal	<ul style="list-style-type: none"> - Babies can access a Neonatal Unit offering Intensive Care, High Dependency and Special Care cots within the county - The reason for babies needing to access the neonatal unit are examined by a multi-disciplinary group using the ATAIN programme template and identify and implement service improvements. - Newborn Infant Physical Examination (NIPE) takes place within 72 hours at a time and place convenient for the mother. - Transitional Care: Babies that are small, early or those born to mothers with diabetes, but do not need specialist neonatal care, may require transitional care. Such care aims to keep mother and baby together. Currently in SaTH this is offered on the postnatal ward. There is no specific area on the ward. Babies and mothers are kept together and cared for by midwives. Some babies (up to 4) are kept in incubators. 	<ul style="list-style-type: none"> - Babies can access a Neonatal Unit offering Intensive Care, High Dependency and Special Care cots within the county - The reason for babies needing to access the neonatal unit are examined by a multi-disciplinary group using the ATAIN programme template and identify and implement service improvements. - Newborn Infant Physical Examination (NIPE) takes place within 72 hours at a time and place convenient for the mother. - New transitional care models are in place to reduce unnecessary admissions to neonatal units, keep mother, and baby together. - Regular, multidisciplinary local reviews identify why a term baby has been admitted to the neonatal unit and implement service improvements.
Postnatal	<ul style="list-style-type: none"> - All women have the same team of 4-6 midwives caring for them in the community after they've had their baby/ies - Health Visitors trained in cognitive behavioural therapy support women with their emotional wellbeing - Women with an identified mental health need receive support through a specialist service 	<ul style="list-style-type: none"> - All women have the same team of up to 4 midwives caring for them in the community after they've had their baby/ies. This is the same team of midwives who cared for them during pregnancy. - All women have access to support with their emotional health and wellbeing

		<ul style="list-style-type: none"> - All women have access to peer support - All women have access to electronic, personalised advice and information
<p>Quality and Safety</p>	<ul style="list-style-type: none"> - All women are asked about smoking status at booking. Women who are smoking at time of booking are referred to smoking cessation services - All women are offered a CO test at booking - Women at highest risk of fetal growth restriction are offered additional scans. Service standards are not currently in line with RCOG guidance. - Women receive information and guidance about reduced fetal movements throughout pregnancy. - CTG monitors, with on-board electronic analysis, are located in all of the MLUs and the CU. - The CCGs monitor the quality of services using a quality dashboard - The Patient Experience Team conduct investigations into patient safety incidents and ensure improvements are made. - Lead Midwife and Lead Consultant for risk add additional expertise to identifying and implementing improvements. 	<ul style="list-style-type: none"> - All women are asked about smoking status at booking. Women who are smoking at time of booking are referred to smoking cessation services. - Smoking cessation services run alongside local antenatal services allowing women to attend both appointments on the same day in the same location - All women are offered a CO test at booking - Women at highest risk of fetal growth restriction are offered additional scans. Services offered are in line with RCOG guidance. - Ultrasound scan locations are targeted to areas of high need to improve uptake. - Women receive information and guidance about reduced fetal movements throughout pregnancy. - CTG monitors, with on-board electronic analysis, are located in all of the MLUs and the CU. - Intrapartum CTGs are archived electronically for review and teaching. - Intrapartum CTGs are displayed live outside the labour room in order for staff to assess using fresh eyes on a regular basis throughout labour. - The LMS partners monitor the quality of services across the pathway using a LMS joint quality dashboard. - The Patient Experience Team conduct investigations into patient safety incidents and ensure improvements are made. - Lead Midwife and Lead Consultant for risk add additional expertise to identifying and implementing improvements. - Detection rates using the GAP software assess the effectiveness of the service in the detection of FGR. - Enhanced training programme is in place to ensure high quality investigations are undertaken.

Workstream one: Maternity and newborn service configuration

This workstream includes:

- Review of the current service configuration for maternity and new-born services
- Implementation of the recommendations from the 'Action on Neonatal Mortality' programme
- Development and implementation of recommendations for service improvements in line with *Better Births* for midwifery led services, consultant led services and neonatal pathways
- Development and implementation of personalised care plans
- Development and implementation of outcomes and performance monitoring framework
- Development and implementation of improved quality and safety improvement system

Outcomes:

- Services are safer
- Women have a choice in the services they receive throughout pregnancy, during birth and after the baby is born
- Women understand the care they are receiving and feel involved in decisions about their care
- Women and their families find it easy to access a range of services related to pregnancy, birth and early parenthood
- Women receive care that is personal to their needs and circumstances

Key activities

Activities	Timeframe
Midwifery led services review	Q4 2017/18
Consultant unit review	Q1 2018/19
Neonatal pathways review	Q1 2018/19
Development of maternity offer	Q2 2018/19
Development and implementation of Personalised Care Plan Framework	Q1 2018/19
Development and implementation of new service pathways to improve transition	Q1 2018/19
Development and implementation of outcomes and performance monitoring framework	Q2 2018/19
Implementation of quality and safety improvement system	To be confirmed

Success will be measured by:

- A reduction in the rates of stillbirth and neonatal death, maternal death and brain injuries
- An increase in the number of women giving birth in community settings
- An increase in the number of women who have continuity of carer throughout pregnancy, birth and after their baby is born
- An increase in the proportion of women reporting they felt they had a choice about their care during pregnancy, birth and after their baby is born
- An increase in the proportion of women reporting that they understood about the care they received and felt involved in decisions about their care
- An increase in the number of women who have personalised care plans
- An increase in the number of women with access to electronic records and information
- Evidencing improvements in investigating and learning from incidents and sharing learning with others
- Evidencing full engagement in the development and implementation of the national maternity and neonatal quality improvement programme
- The proportion of women accessing maternity services before 10 weeks of pregnancy
- Earlier provision of appropriate information at the onset of pregnancy
- Fewer days spent accessing maternity care although receiving more care episodes for all women
- A reduction in the number of days in which women and their babies are separated whilst their baby receives care

Related recommendations in *Better Births*

1.1 : Every woman has a personalised care plan

1.3 : Women can choose the provider of their care through a NHS Personal Maternity Care Budget

1.4 : Women can make decisions about the support they need during birth and where they would prefer to give birth

2.1 : Every woman has a midwife who is part of a team of 4-6 midwives

2.2 : Each team of midwives has an identified obstetrician

2.3 : Community hubs should enable them to access care in the community from their midwife and from a range of others services, particularly for antenatal and postnatal care.

2.4 : Midwives liaise closely with obstetric, neonatal and other services to ensure women get what they need

3.1 : Providers have a board level lead for maternity services, routinely monitor quality and safety and take necessary action to improve

3.3 : Rapid referral protocols are in place to ensure that the woman and her baby can access more specialist care when they need it

3.4 : Teams collect data on quality and outcomes in order to improve services

3.5 : There should be a national standardised investigation process when things go wrong, to get to the bottom of what went wrong and why and how future services can be improved as a consequence.

3.6: There is already an expectation of openness and honesty between professionals and families, which should be supported by a rapid redress and resolution scheme, encouraging rapid learning and to ensure that families receive the help they need quickly

4.2: Women have access to their midwife as they require after having their baby

4.3 : There is smooth transition between midwife, obstetric and neonatal care and to ongoing care in the community

4.4 : A review of neonatal services has taken place

5.1 : Those who work together, train together

5.2 : Multi-professional training

5.4 : A nationally agreed set of indicators is in place to track, benchmark and improve the quality of maternity services

5.5 : Multi-professional peer review is available and used locally

6.1: Local Maternity System is in place

6.2 : Maternity Clinical Networks are in place and Shropshire, Telford and Wrekin are active members

6.3 : Commissioners are commissioning against clear outcome measures. Providers are empowered to make service improvements

6.4 : Early adopter sites are up and running

Workstream two: health and wellbeing

This workstream includes:

- Implementing the offer of preconception health checks
- Enhancing existing initiatives and introducing new initiatives to improve the health and wellbeing of parents/carers and future parents/carers, including in relation to smoking, obesity, diabetes, hypertension, screening, immunisations and vaccines.
- Enhance existing initiatives and introducing new initiatives to ensure every child gets the best start in life
- Working across the health economy to ensure advice, support and services are in place for women before, during and after pregnancy in relation to health and wellbeing
- Ensure services are in place to promote pregnancy planning and the promotion of contraceptive choices (including in the post partum period)
- To ensure the workforce is well equipped to offer advice support and signposting to improve their health
- Ensuring preventative services and advice during pregnancy are offered across the county within community hubs
- Delivering a programme of Making Every Contact Count (MECC) training to a range of professionals
- Strengthening links and pathways between maternity, health visiting and other professionals to offer early support with health and wellbeing

Outcomes:

- Women have a healthy lifestyle before getting pregnant
- Women are healthy during pregnancy
- Women understand how to keep themselves and their baby healthy in the longer term
- Professionals work within a culture where improving health and wellbeing and reducing health inequalities is understood and acted upon
- Babies and infants are healthier and grow to be healthy children and adults

Key activities

Activities	Timeframe
Improve uptake and impact of making every contact count (MECC)	Q1 2018/19
Develop and implement new information and pathways in relation to contraception and sexual health.	Q1 2018/19
Improve training for professionals and access for women in relation to healthy lifestyle services	Q1 2018/19
Stop smoking services review	Q4 2018/19
Obesity services review.	Q1 2018/19
Diabetes services review.	Q3 2018/19
Hypertension services review.	Q3 2018/19
Breastfeeding services review.	Q2 2018/19
Screening Programmes review.	Q3 2018/19
Immunisation Programmes review.	Q3 2018/19

Success will be measured by:

- An increase in the uptake of screening and immunisations for pregnant women
- An increase in the uptake of screening and immunisations for babies and infants
- An increase in the number of professionals trained in MECC
- An increase in the range of professionals trained in MECC
- A reduction in the prevalence of obesity, smoking, diabetes and hypertension during pregnancy
- An increase in breastfeeding rates

Related recommendations in *Better Births*

2.3 Community Hubs should enable women to access care in the community from a range of services

2.4 Midwives liaise closely with obstetric, neonatal and other services to ensure women get what they need

4.2 Postnatal care must be resourced appropriately. Women should have access to their midwife as they require after having had their baby

4.3 There is smooth transition between midwife, obstetric and neonatal care and to ongoing care in the community

5.1 Those who work together, train together

5.2 Multi-professional training

Workstream three: Perinatal Mental Health

This workstream includes:

- Developing and publishing new information for women from pre-conception to 12 months post-delivery with advice on how to improve their emotional mental health and wellbeing
- Developing and implementing improved perinatal mental health services
- Improving partnership working
- Upskilling the workforce
- Promoting holistic care that supports parent-infant interaction and family relationships

Outcomes:

- Women understand how to improve their emotional mental health and wellbeing
- Women feel confident in managing their emotional health and wellbeing
- Women feel well supported in relation to their emotional health and wellbeing
- Professionals feel confident in their knowledge of perinatal mental health and the local services available

Key activities

Activities	Timeframe
Improved skills and pathways within primary care	Q4 2017/18
Improved skills and pathways within maternity services	Q4 2017/18
Improved information on and access to mental health advice and support in the community for women of childbearing age	Q1 2018/19
Increased availability of specialist perinatal mental health services	Q1 2018/19*

*If successful with a bid for early funding, the new service will commence during 2018/19. Otherwise, the transformation will occur in 2019/20 when the additional funds will be received.

Success will be measured by:

- An increase in the proportion of women reporting they are confident in managing their emotional mental health and wellbeing
- An increase in the proportion of women reporting that they receive regular information and advice in relation to managing their emotional mental health and wellbeing
- An increase in investment in Perinatal Mental Health Services
- An increase in the proportion of professionals who report they are confident in giving advice and support to pregnant women and new mothers in relation to their emotional mental health and wellbeing
- An increase in the range of services available for women in Shropshire, Telford and Wrekin in relation to perinatal mental health

Related recommendations in *Better Births*

2.3: Community Hubs should enable women to access care in the community from a range of services

2.4: Midwives liaise closely with obstetric, neonatal and other services to ensure women get what they need

3.3: Rapid referral protocols are in place to ensure that the woman and her baby can access more specialist care when they need it

4.1: There is significant investment in perinatal mental health services

4.2: Postnatal care must be resourced appropriately. Women should have access to their midwife as they require after having had their baby.

4.3: There is smooth transition between midwife, obstetric and neonatal care and to ongoing care in the community

5.1: Those who work together, train together

5.2: Multi-professional training

Cross Cutting theme one: workforce

This workstream includes:

- Establishing the current workforce baseline for the LMS.
- Identifying future workforce configuration based on the transformed service model.
- Implementation of role transformation.
- Implementation of community hub teams.
- Workforce planning to meet demand and manage turnover and retention; ensuring sufficient flexibility, capacity and capability in the service
- Ensuring sufficient flexibility, capacity and workforce planning to meet demand.
- Ensuring organisational Boards routinely monitor information about quality, including safety and take necessary action to improve quality.
- Implementation of professional midwifery advocate roles (underpinning feedback/learning cycle).
- Developing and implementing a robust workforce development plan across the local health economy to embed a culture of training together as well as ensuring the local health economy has the right numbers and skills of people with continuous development and multi-disciplinary team working.
- Influencing cultural change to enhance flexibility and reach of the workforce in relation to health economy approach to care in ensuring a women focused ethos and culture of co-production.
- Supporting learning and development systems.
- Identifying and supporting Maternity Services Champions.

Outcomes:

- Every woman knows the midwife who delivers her care throughout pregnancy, during birth and after the baby is born.
- Every woman receives care that is joined up, as professionals involved in her care work closely together.
- Women and their families receive a good quality service that is constantly improving.
- People working in and with maternity services feel well supported and valued.
- People working in and with maternity services feel proud of the services available.
- People working in and with maternity services routinely work together and train together.

Key Activities

Activities	Timeframe
Establish the current workforce baseline for the LMS	Q4 2017/18
Identify future workforce configuration	Q4 2017/18
Develop and implement a workforce development plan across the local health economy	Q2 2018/19
Influence cultural change to ensure a women focused ethos and culture of co- production	Q4 2018/19

Success will be measured by:

- Appropriate skill mix within teams across the health economy taking into account role redesign and transformation
- An increase in the number of women who know the midwives caring for them during pregnancy, birth and after the baby is born
- An increase in the number of multi-professional training opportunities available
- An increase in the number of professionals accessing multi-professional training
- An improvement in satisfaction and advocacy rates reported through staff surveys

Related recommendations in *Better Births*

2.1 Every woman has a midwife who is part of a team of 4-6 midwives.

2.2 Each team of midwives has an identified obstetrician.

3.2 Boards should promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi professional training. CQC should consider these issues during inspections.

3.6 There is already an expectation of openness and honesty between professionals and families, which should be supported by a rapid redress and resolution scheme, encouraging rapid learning and to ensure that families receive the help they need quickly.

4.1 There is significant investment in perinatal mental health services.

4.2 Women have access to their midwife, as they require after having their baby.

5.1 Those who work together, train together.

5.2 Multi-professional training.

Cross Cutting theme two: Digital Roadmap

This workstream includes:

- Improving connectivity across the area to improve record keeping and information sharing.
- Development and implementation of an electronic patient record.
- Identification/development and implementation of Digital information/ apps for women and their families in relation to becoming pregnant, pregnancy and having a baby.
- Identification of potential investment required in relation to software, infrastructure and equipment.
- Identifying women’s preferences in relation to format of an electronic personalised care plan.
- Work with professional stakeholders to identify how systems can better link together/organisations can work from the same system to share information.
- Work with information system providers to develop a system that meets the needs of women and the professionals working with them.
- Work with women to develop an interactive digital maternity tool that is kept up to date.

Outcomes:

- Women and their families only need to tell their story once.
- Health professionals have up to date information at all times.
- Every woman has easy access to a personalised care plan.
- Every woman and their family has access to unbiased information through an interactive digital maternity tool.

Key Activities

Activities	Timeframe
Identify baseline and develop integrated improvement plan across LMS	Q1 2018/19
Develop and Implement Electronic Patient Record	Q4 2018/19
Develop systems around Web-based Patient Information	Q4 2017/18
Develop systems to enable effective Information Sharing	Q1 2018/19
Identify and implement solutions to improve connectivity and remote access	Q4 2018/19

Success will be measured by:

- An increase in the number of professionals with access to electronic patient records
- An increase in the number of women with access to electronic patient records
- An increase in the number of midwives with remote access to up to date electronic patient information
- A reduction in the number of professionals reporting issues with information sharing
- An increase in the number of women reporting that they only needed to tell their story once

Related recommendations in *Better Births*

1.1 Every woman should develop a personalised care plan, with their midwife and other health professionals, which sets out her decisions about her care, reflects her wider health needs and is kept up to date as her pregnancy progresses and after the birth.

1.2 Unbiased information should be made available to all women to help them make their decisions and develop their care plan drawing on the latest evidence, and assessment of their individual needs, and what services are available locally. This should be through their digital maternity tool.

5.3 Use of electronic maternity records should be rolled out nationally, to support sharing of data and information between professionals, organisations and with the woman. Commissioners and providers should invest in the right software, equipment and infrastructure to collect data and share information.

Cross Cutting Theme Three: Maternity Voices

This workstream includes:

- Ensuring that the LMS Plan is fully co-produced by the establishment of the Maternity Voices Partnership and that the Maternity Voices Partnership is self-sustaining
- Developing and implementing a co-production approach that all partners will use in designing, delivering and improving maternity services
- Develop and implement a communication and engagement plan
- Upskilling the workforce in the ‘Experience Led Commissioning’ approach to service re-design

Outcomes:

- Women and their families feel that they have a say in how services are designed and delivered
- Professionals from a range of agencies feel that they have a say in how services are designed and delivered
- Women and their families feel well informed about maternity services
- People who are or have used the services are fully engaged in the Maternity Voices Partnership Co-ordinating Group, if they wish to be
- People who use or have used the services, who wish to be, are part of the wider Maternity Voices Partnership and know how to participate
- The other workstreams are able to engage / know how to engage with people who are or have used maternity services.

Key Activities

Activities	Timeframe
Understand issues and ideas regarding information sharing and identify potential solutions	From Q3 2017/18
Design and implement co-production approach	From Q4 2017/18
Develop and implement a communication and engagement plan	From Q3 2017/18

Success will be measured by:

- A reduction in the number of professionals reporting issues with information sharing
- An increase in the number of women reporting that they only needed to tell their story once
- An increase in the number of women who feel involved in decisions about the care they receive
- An increase in the number of women and their families who feel they can influence improvements to services
- An increase in the number of women and their families who feel they can influence system change
- An increase in the number of women and their families who feel well informed about maternity services
- An increase in the number of women and their families who know where to go to get information about maternity services

Related recommendations in *Better Births*

1.2: Unbiased information should be made available to all women to help them make their decisions and develop their care plan

3.2: Boards should promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi-professional training. CQC should consider these issues during inspections

5.1: Those who work together should train together. The Nursing and Midwifery Council and the Royal College of Obstetricians and Gynaecologists should review education to ensure that it promotes multi-professionalism and that there are shared elements where practical and sensible

5.3: Use of electronic maternity records should be rolled out nationally, to support sharing of data and information between professionals, organisations and with the woman. Commissioners and providers should invest in the right software, equipment and infrastructure to collect data and share information.

RP16: Local maternity systems should be responsible for ensuring that they co-design services with service users and local communities

RP17: Maternity Voices Partnership will need to establish a committee structure

RP18: A Maternity voices partnership should have a defined programme of work and be adequately resourced

Appendices:

Appendix 1 Shropshire and Telford STP

Appendix 2 Maternity

Appendix 3 Health and Wellbeing

Appendix 4 Perinatal Mental Health

Appendix 5 Neonatal

Appendix 6 Safety and Quality

Appendix 7 Workforce

Appendix 8 Engagement and Co production

Appendix 9 Workstream Project Plans

Appendix 10 Self Assessment against Better Births and Performance Monitoring Framework

Appendix 11 Funding the Transformation

References: (End Notes)

ⁱ <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

ⁱⁱ <https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf>

ⁱⁱⁱ <http://coalitionforcollaborativecare.org.uk/wp-content/uploads/2016/07/C4CC-Co-production-Model.pdf>

^{iv} <https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/index.asp>

^v <http://www.sath.nhs.uk/wp-content/uploads/2016/11/Shropshire-and-Telford-Wrekin-STP-Full.pdf>

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**7 MARCH 2018****STRENGTHENING OUR COMMUNITIES AND COMMUNITY BASED SUPPORT
PRIORITY UPDATE INCLUDING NEIGHBOURHOOD WORKING****REPORT OF: ANNA HAMMOND – DEPUTY EXECUTIVE FOR COMMISSIONING AND
PLANNING (INTEGRATED CARE), T&E CCG; LOUISE MILLS – SERVICE DELIVERY
MANAGER, PREVENTION & HEALTH IMPROVEMENT, TWC****LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

The Local Authority and CCG have been working together on the Neighbourhood Working programme for over a year. This is now considered the major piece of work to develop community centred approaches to improve health and wellbeing across Telford and Wrekin. The approach taken has been to work collaboratively between health, social care and the voluntary sector. Wherever possible the work is driven by communities and or those working in communities. Many of the projects have developed organically, driven by local leaders rather than a 'one size fits all' approach.

Our approach has been to:

- Strengthen communities - through community development, asset based methods and developing social networks
- Develop volunteer and peer roles - enhancing individuals capabilities to provide advice, information and support or organise activities around health and wellbeing in their communities
- Develop collaborations and partnerships – working with health partners, communities and the voluntary sector to design and or deliver services and programmes
- Improving access to community resources – connecting people to community resources, information and social activities

A large number of projects are now in the implementation phase and can be broadly categorised under four themes:

- Encouraging Healthy Lifestyles and prevention
- Promoting Community Resilience
- Direct Care in the Community – including integrated teams, care home support and intermediate care
- Speciality Reviews including diabetes and respiratory

This reports summarises progress to date and outlines the priorities for the next 6 - 12 months.

2. RECOMMENDATIONS

The Board notes the content of this report.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

- People know how and feel able to live well
- People feel connected with others - with friends and support networks
- People have confidence to know, when their health concern is beyond their knowledge & skills, how to get support that is easy and proportionate to what their needs are
- Our Care services enable and empower patients rather than create dependency
- Our Care system delivers care right first time – better for patients and better for the system
- Our Care services are able to deliver care in the most efficient way across the system – support the shift in care
- Reduced demand on adult social care services

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Strengthen our communities and community based support Priority Encouraging Healthier Lifestyles priority Improving mental health and wellbeing
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes/No	Yes
TARGET COMPLETION/DELIVERY DATE	Ongoing programme of work	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	The Council holds specific resources which will support the delivery of this programme. In 2017/18 these resources were £1.25m The Public Health grant allocation to the

		<p>Council has been reduced by around 10% over the last 3 years (to 2017/18) with a reduction of £0.33m advised for 2018/19. Further reductions and changes in this grant and other Council funding is expected in future years. The Council will need to find a further £30m of savings between 2018/19 and 2020/21 and this may impact on the availability of resources to support this work stream.</p> <p>It is anticipated any work associated with the recommendations in this report will be met from within existing resources but this will be kept under review as part of the programmed monitoring process.</p> <p><i>(ER 27.02.18)</i></p>
LEGAL ISSUES	Yes/No	<p>The HWBB has a statutory obligation to encourage integrated working and to encourage commissioners of health-related services to work closely with the HWBB (section 195, Health and Social Care Act 2012). Accordingly, the proposals in this report will assist the HWBB in meeting its legal obligations.</p> <p>This continuing commitment to integrated working is also a requirement of the HWBB's terms of reference.</p>
EQUALITY & DIVERSITY	Yes/No	
IMPACT ON SPECIFIC WARDS	Yes/No	<p>The programme of work impacts across the population of the Borough and includes targeted activity within those wards reporting higher levels of health and wellbeing need and inequalities.</p>
PATIENTS & PUBLIC ENGAGEMENT	Yes/No	<p>Yes</p> <p>Involvement of PPG's and advocacy groups</p> <p>Strong community engagement for some projects</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	None

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

Approximately 30 different projects are in the implementation phase.

1.1 Encouraging healthy lifestyles and prevention

Healthy Telford led by the council's public health team is a vibrant innovative network of key partners and communities working collaboratively to improve health and wellbeing and to better support local people in their neighbourhoods

To date Healthy Telford has supported 550 plus staff and volunteers to attend Making Every Contact Count training – through this training people have learnt how to successfully raise a lifestyle issue with an individual (where appropriate) and where to direct them for further information and support.

We have worked with our key partners to identify shared priorities and have worked collaboratively to develop bespoke training programmes to meet their learning needs. Practice Managers have co-produced a training session for GP Practice Receptionists which incorporates the requirements of 'Active Signposting' as one of the High Impact Changes for GP's identified in the NHS England 5 year forward view. 140 reception staff have completed this training over recent months.

Our approach has included maximising the use of social media to engage, inspire and to nudge local people to make lifestyle improvements whilst raising the profile of the health and wellbeing resource available to residents to support them to self-care.

Our Healthy Telford social media network consists of: a Twitter account @HealthyTF; our [Healthy Telford blog](#) which provides a mechanism to share local stories, news, ideas and best practice; and a [newsletter](#). Healthy Telford has 3,123 twitter followers (75% Telford residents). Our average engagement rate is 1.2%, considered 'very good'. The newsletter distribution list consists of 500 staff and volunteers working with vulnerable residents. We have an open rate of 37% (compared to a public sector average of 21%).

Everyday Healthy Lifestyle Advisors are changing people's lives in the Telford community through offering advice and behaviour change support to help people to move away from unhealthy behaviours to sustainable positive health behaviours.

Our Healthy Lifestyle Service is integrated within our customer contact centre at Southwater One and service provision includes outreach support in our community venues including GP surgeries, Community Centres, Libraries, Pharmacies, Leisure Centres and Work Places. The Healthy Lifestyle Advisors also have a presence regularly within Probation Services, the Sikh Temple, Branches (mental health Hub), Assisted Living homes, Residential Homes and Adult Mental Health Services.

The team has recently 'lean processed' the service and looked at opportunities for 'channel shift projects' to extend the reach of the service. We have successfully achieved this:

- The service has increased its clinic coverage in GP services from 70% to 98% over this year
- Some GP clinics have increased from 1 half-day session to 2 full days due to the clinics being 100% booked and the GP's being encouraged by the positive outcomes achieved by patients along with a reduction in GP visits
- Nearly 20,000 people have benefitted from a healthy lifestyle brief intervention with over 1000 adults being supported to develop a Personal Health Plan. Our year end position is expected to demonstrate a significant increase in reach compared to our outturn position for 2016 / 17 which was 19,259 brief intervention
- 7,600 people have been signposted to community based support
- 70% of service users have reported achieving their lifestyle goal.
- 52% of service users are from our most deprived communities

There has been a focus on the detection and management of hypertension of people living and working in Telford and Wrekin. There have been multiple events to target people for health checks including leisure centres and workplaces. Work continues to increase the number of people screened.

There have been a range of awareness raising activities to improve the uptake of all screening programmes (cervical, bowel and breast), particular emphasis on cervical screening at present as uptake (nationally) is at a 9 year low. A task and finish group has been established to look at this.

1.2 Promoting Community Resilience

A network of 36 community Health Champions are voluntarily bringing their ability to relate to people and their own life experience to transform health and well-being in their communities. They are delivering health conversations to friends, family, neighbours and their local community; embedding the Health Champion's role into existing volunteering; engaging with and supporting existing initiatives and starting up their own small community projects.

Enterprising Communities is a collaborative partnership supporting people who are currently running a community business and have an interest in extending their work into health and social care and supporting the development of 'new' community businesses in areas where we have high demand for care and support.

The introduction of 'Branches' has been a major achievement with a true community service which continues to support hundreds of people in emotional distress each month.

Feed the Birds is tackling social isolation by connecting vulnerable people with local volunteers who visit once a week to feed the birds in their garden. 17 volunteers have completed compassionate communities training which focuses on communication skills, bereavement, boundaries and confidentiality as well as practical bird feeding tips. 6 volunteers have been successfully matched with vulnerable adults and are undertaking weekly visits.

The local authority Community Participation Team has successfully supported communities who want to take greater ownership of local issues. Four of our local Community Centres (Sutton Hill, Brookside, Donnington & Arleston) are now managed by Community Organisations. They are employing local people; involving local people as volunteers; making their own decisions about what services are delivered and how; and applying for their own funding for projects.

Over recent months it has been a priority to work with GP Practices and local communities to develop models for social prescribing.

Social prescribing recognises that getting people involved in community life, keeping them active and improving social connections is good for both health and wellbeing. It uses a person centred approach to enable patients with social, emotional or practical needs to access a range of supportive non-clinical services and activities. To date social prescribing activity is underway in the Newport Locality and Central Telford Locality.

Key achievements include:

- Establishment of the Newport & District Community Patient Group to support co-production of the programme
- A Weekly link worker clinic at Newport Cottage Care. Clients are presenting with low level mental health issues, anxiety, depression, loneliness & isolation (including carers)
- Development of a number of small community projects
- Local delivery of the Feed the Birds befriending project (partnering with Shropshire Wildlife Trust)
- Bench to bench; Initiated by Newport Rotary Lite and now linked with Walking for Health, adding to their range of low level supported walks.
- Nordic Walking group: local resident now qualified as Nordic Walk Leader and leading weekly walks
- Citizen's Advice clinics now established within Donnington and Charlton Medical Practices
- Music to movement sessions for the inactive at Donnington surgery. Patients are being signposted from Long Term Conditions reviews

Adult Social Care are working with partners to pilot three 'hubs' across three localities (Stirchley, Newport and Wellington). The 'hub' will improve access to information and advice for early help and support, occupational therapy and assistive technology. Healthy Lifestyles advice will be included in the offer. The first hub session will be launched in April.

1.3 Direct Care in the Community – including integrated teams, care home support and intermediate care

A 'Care home team' is being introduced to better support people in care homes and reduce admissions to hospital

Multidisciplinary teams (MDT) have been coming together in the neighbourhoods bringing together health and social care staff to identify patients who are at risk of admission to hospital, and support patients with long term conditions. These teams include nurses, rapid

response workers, social workers, therapists and mental health workers. MDT meetings have been established in Newport neighbourhood, and a trial is planned in Donnington at the end of February. All staff within the multidisciplinary teams will be aligned to their practices/neighbourhoods by 1st April and there will be further roll out of the MDT meetings.

The neighbourhood GPs have guided the design of these teams around their practice populations and have articulated the priority areas that they would like to focus on in their neighbourhoods. Initial feedback from community staff and GPs involved with the neighbourhood MDTs has been positive.

A new model of care is being rolled out which includes the introduction of dementia companions and brings the memory service to neighbourhoods.

Speciality Reviews including diabetes and respiratory

Building on the strong service provision, there has been a focus on the improvement of respiratory care including more education available for patients to better understand and manage their condition. Initial indications demonstrate improvements for those who completed the course

Improved diabetes care, including more education and an improved management of people in primary care, has already shown improved clinical outcomes. For example 546 more people have achieved all three treatment target values (HBA1C, cholesterol and blood pressure) and are now at reduced risk of diabetes related complications, for example amputations

Next Steps

The early signs of success are promising and both the CCG and Local Authority are keen to increase the scale of the work and pace of change. Over the next year the following changes will be seen:

- Strengthened programme management
- Development of a framework of outcome indicators to measure success and to demonstrate impact
- Fully functioning multidisciplinary teams in each of the four neighbourhoods
- The Strategy Unit have been commissioned to help us to understand the evidence base for similar changes and develop an evaluation strategy so we can measure successes and adapt accordingly
- Wound care hubs will be introduced in each of the four neighbourhoods by the end of the year. This will improve wound healing times and also help to address social isolation for this group of patients
- The 'intermediate care response' will be improved to help avoid hospital admission and further support earlier discharge from hospital
- 'Healthy lifestyles' will feature as a more prominent part of the programme including the development of neighbourhood plans and partnership working with established organisations to develop their health improvement role

- Delivery of a communications and engagement plan to better help the public and professionals understand the opportunities and galvanise support
- Development and launch of a 'community directory' providing accurate information about community health services and community based support and activity

2. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

3. **PREVIOUS MINUTES**

- None

4. **BACKGROUND PAPERS**

Report prepared by

Anna Hammond Deputy Executive for Commissioning and Planning (Primary and Integrated Care)

Louise Mills, Service delivery Manager Prevention & Health Improvement, 01952 380505

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**7 MARCH 2018****COMMISSIONING PRIORITIES 2018/2019****REPORT OF JONATHAN EATOUGH, ASSISTANT DIRECTOR: GOVERNANCE
PROCUREMENT & COMMISSIONING; LIZ NOAKES, ASSISTANT DIRECTOR,
HEALTH AND WELLBEING AND ANNA HAMMOND DEPUTY EXECUTIVE FOR
COMMISSIONING & PLANNING (PRIMARY CARE)****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

- 1.1. This report outlines how the 2018/19 commissioning priorities for the Council and the CCG support a collaborative approach to the delivery of the Health & Wellbeing Strategy priorities.
- 1.2. The commissioning priorities also contribute to local delivery the neighbourhood working approach, as part of the wider NHS Sustainability and Transformation Plan which has a particular focus on supporting people to be healthy, increasing patient self-care and developing resilient communities and strengthening community-based support. (Further details on the neighbourhood working programme can be found in Agenda item 8.)

2. RECOMMENDATIONS

The Board is asked to support the commissioning intentions for the Council which will better support the integrated delivery of the cross-cutting priorities of the Health and Wellbeing Strategy.

3. IMPACT OF ACTION

It is intended that these commissioning programmes of work will contribute to improve health & wellbeing outcomes within the borough. Each programme/service has a specific set of outcomes which are monitored through commissioning processes.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	<i>Do these proposals contribute to a specific HWB Priority?</i>	
	Yes	Commissioning intentions contribute to all of the Health and Wellbeing priorities.
	<i>Will the proposals impact on specific groups of people?</i>	
	Yes	<p>The commissioning intentions for public health are focussed on reducing health inequalities and improving health and wellbeing at a population level.</p> <p>Commissioning intentions for universal, whole population and support for families, vulnerable children, young people and adults will improve outcomes for target populations and will include provision for:</p> <ul style="list-style-type: none"> • Children and families in need • Disabled children and adults • Children in Care • Children, young people and adults with: mental health, problems, autism, learning disability, physical disability • Young and older carers • Care Leavers • Offenders (and those at risk of offending) • Older People, including those with dementia and long term conditions
TARGET COMPLETION/DELIVERY DATE	Commissioning intentions for 2018/19	

<p>FINANCIAL/VALUE FOR MONEY IMPACT</p>	<p>Yes</p>	<p>The Commissioning intentions set out in this report will contribute to delivering the requirements of the Care Act, will be shaped around the requirements of the Better Care Fund, the requirements of the Public Health grant, meeting the Council's Budget Strategy, and facilitating reablement and prevention. The individual work tasks will be governed by the relevant provisions of the Council's constitution and the financial impacts of, for example the</p>
		<p>Process of tendered contracts, will be considered as part of the decision making process.</p> <p>The delivery of this strategy and the detailed work programmes will need to be considered in the context of reducing resources. The Public Health grant received by the Council has been cut by around 13% to 2018/19 (since 2015/16), with further reductions expected. At the same time the Council is receiving less Revenue Support Grant from the Government reduced further by around 23% in 2018/19. In response to this the Council has continued to work on identifying savings, these have totalled £110m since 2010 with a further £20m to be delivered by the end 2019/20.</p> <p>The detailed work programmes, (as far as they are resourced from Council budgets) to support the delivery of this strategy will be need to be met from resources allocated in line with the Council's budget strategy and where appropriate this will be reported as part of future reports to this Board.</p> <p>RP 08/02/18</p>

LEGAL ISSUES	Yes	<p>The Health and Wellbeing Board's involvement with the Council's Commissioning intentions, in the work areas set out in this report, contribute to meeting the Board's duties as set out in the Council's Constitution such as; encouraging integrated working between local health, social care and health-related commissioners.</p> <p>Under the Health and Social Care Act 2012 the Health and Wellbeing Board has a duty to ensure that providers of health and social care services are working collaboratively by way of in an integrated approach and Section 3 of the Care Act 2014 reinforces this duty. Telford & Wrekin Council is under a duty to carry out its care and support functions in a way that facilitates and promotes integrating services with those of the National Health Service or other health related service. The Better Care programme should assist with the discharge of these duties by emphasising collaboration and integration in its approach also.</p> <p>Beyond these strategic plans, the procurement/commissioning procedure will be in accordance with EU procurement rules (where required) and with the Council's agreed procedures under its Constitution and will follow existing delegation of powers to tender for and award the resulting contracts.</p> <p>MG 87087 12 /02/ 2018</p>
EQUALITY & DIVERSITY	Yes	<p>Joint Strategic Needs Assessment intelligence informs local authority commissioning intentions to ensure resources are targeted appropriately to improve health and wellbeing and reduce inequalities.</p>
IMPACT ON SPECIFIC WARDS	No	<p>See above.</p>

PATIENTS &/OR PUBLIC ENGAGEMENT	Yes	Consultation, engagement and involvement with service users, carers and the care and support sector, in the design and evaluation of services and contracts is a key feature of our commissioning process, including: strategy development, service reviews and procurement plans.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	Strong collaboration working with NHS commissioners in the CCG and NHS England is essential to delivering progress against the Health & Wellbeing strategy priorities.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1. Introduction

This report provides evidence of how commissioners are working together to deliver improved outcomes, in line with the Board's duties to encourage collaborative commissioning and integrated working. This collaboration includes joint working between the CCG and Council and other partners.

The CCG has already agreed two-year contracts and improvement priorities for the period 2017/19, in line with NHS England expectations. During 2018/19 the CCG will refresh its operational plan, aligning to the STP system-wide plans.

The sections in this report give an overview of key achievements, against the 2017/18 commissioning commitments we set out in the last HWB report in March 2017, across the Health & Wellbeing Strategy priorities. Our commissioning intentions for 2018/2019, are summarised by priority, including reference to our joint and collaborative commissioning arrangements.

Increasingly the programme of work around neighbourhood working is the vehicle for changes in community based offers across the borough of Telford & Wrekin. That programme is looking to increase in both scale and pace. For example from 18/19 it will place much emphasis on improving healthy lifestyles

The relationships between organisations and individuals within those organisations are strengthening. Locally we are naturally moving towards more integrated solutions

There are many other programmes of joint work and plans which contribute to the delivery of the HWB priorities, which are not delivered through formal commissioning and contractual arrangements. This wider collaborative work is described in detail for the Board in the priority and partnership update reports.

1.2. Encourage healthier lifestyles

- 1.2.1. We will work collaboratively with providers of early help and support services to commission an integrated delivery model for the Healthy Child Programme.

Achievements in 2017/18

- Extension of the current local authority contracts with Shropshire Community Health Services NHS Trust, to provide Health Visiting, Family Nurse Partnership and School Nursing Services until March 2019.
- Development of the community role of Health Visitors to promote healthy lifestyles and work with communities, through the locality boards.

Commitments for 2018/19

- Public Health will re-commission the Healthy Child Programme, in line with the national framework, standards and best practice. This will bring together the existing Health Visiting, Family Nurse Partnership and School Nursing services into a more holistic service children and young people aged 0-19 years, with new service to be in place by April 2019. During 2018/19, alongside the procurement process, we will work with the current provider, Shropshire Community Health NHS Trust to evolve the service into a 0-19 programme, in line the neighbourhood working approach.

- 1.2.2. We will continue to develop and enhance the integrated sexual health service in collaboration with our providers South Staffordshire and Shropshire NHS Foundation Trust, community pharmacies and GPs.

Achievements in 2017/18

- Testing of an online booking system, including a text messaging service
- Increased capacity of on-line sexually transmitted infection testing, including expansion of HIV testing
- Sexual health training delivered by the sexual health clinical lead to 35 GPs and nurses and 15 community pharmacies

Commitments for 2018/19

- Work with South East Telford GP locality to pilot a south Telford spoke sexual health clinic
- Further Specialist sexual health training and awareness raising to a range of professionals

- 1.2.3. We will refresh the Smoke Free Action plan, in line with the new national tobacco control strategy.

Achievements in 2017/18

- Commissioning incentive to target stop smoking services to smokers in routine and manual occupations, through workplace settings, to reduce the prevalence of smoking and associated health inequalities in this group.
- Joint commissioning (between public health and CCG) of the Public Health Midwife service, which is recruiting more pregnant women to quit and starting to reduce smoking at delivery rates.

Commitments for 2018/19

- Insourcing of stop smoking services into the Council's restructured Healthy Lifestyle Service from April 2018, expanding the holistic lifestyle support offer for local people.
- Launch of the Early Bird clinic at Southwater 1, to give specialist advice and support to women planning (or in the early stages of) pregnancy.

1.2.4. We will work collaboratively with the CCG and our local provider trusts (as part of the STP ambition to radically upgrade the role of the NHS in prevention) to reduce the risk of the main causes reduced life expectancy by ensuring that prevention is systematically embedded in local care and treatment pathways.

Achievements in 2017/18

- Successful bid for NHS Diabetes Transformation Funding, to improve treatment outcomes and patient engagement and education.
- Hypertension work stream plan including: revised clinical pathway issued for GPs, extensive promotion of the Know Your Numbers campaign and workplace blood pressure testing at CCG headquarters and Council main buildings.

Commitments for 2018/19

- Integrate NHS Health Check programme into the Council's Health Lifestyle Service expanding the offer and linking to neighbourhood working.
- Collaborative CCG and local authority bid for British Heart Foundation Blood Pressure Award Programme funding, to develop a community-based programme delivered by voluntary sector organisation.
- Continue to offer support and advice to SaTH to target risky behaviours by screening, treating or advising patients in the context of their alcohol consumption and tobacco use (as part of the NHS Commissioning for Quality and Innovation CQUIN framework)
- Joint CCG and local authority implement the National Diabetes Prevention Programme in Telford & Wrekin, following the NHS commissioning of Igneus to deliver the local programme.

1.3. Improve mental wellbeing and mental health

- 1.3.1. With the CCG and South Staffordshire and Shropshire Foundation Trust (SSSFT) to mobilise and quality assure the new 0-25 yrs Emotional Health and Wellbeing Service for children and young people
A full update regarding this service to be presented by Frances Sutherland CCG (Agenda Item 10).

1.4. Strengthen our communities and community-based support

- 1.4.1. Transform Primary, Community, Mental Health and Social Care (in line with Primary/Mental Health Forward Views) via creation of Neighbourhood teams, and more responsive/ accessible/integrated specialist services

Achievements in 2017/18

- Working with community interest company, A Better Tomorrow to open two houses for adults with mental health. Offering a supportive community environment and strong peer support for everyday living.
- Branches (mental health support services) opened to provide a range of services for local residents to access to enable better management of their mental health needs.
- A number of people stepped down from residential settings to supported living with wrap around care and community support who have experienced emotional trauma.
- To recommission the skills development team

Commitments in 2018/19

- Continued joint commissioning of Individual Placement and Support (IPS): Developing a specific pathway/protocol for supporting people with mental health to retain or access employment
 - Continue to work with partners to identify opportunities and methodologies to step down more individuals from residential settings into a community with supported living.
 - Partnership working to develop a sustainable approach to Changing Futures Service which supports some of the most vulnerable and chaotic members of our communities.
- 1.4.2. We will work with CSP strategic partners, providers, service users and carers in partnership on the Telford & Wrekin drug and alcohol strategy. (See Agenda Item 11 - Drug & Alcohol Strategy Programme Progress report for more details)

Achievements in 2017/18

- Successful re-commissioning of Telford STARS (substance misuse treatment and recovery service), following the procurement process in the summer 2017.
- Expansion of the recovery offer for adults, through TACT, including the opening of the Strickland House hub.
- Development of recovery peer support programme for children and young people through Recharge.

Commitments for 2018/19

- Mobilise the new STARS treatment system from April 2018. Shropshire and South Staffordshire NHS Foundation Trust's Inclusion service will. Inclusion will sub contract with Aquarius and Willowdene.

1.4.3 Strengthen our community based intermediate care admission and rehabilitation for older people and adults with learning disabilities

Achievements 2017/18

- As of February 2018 we are in the top 5 Councils in England with the lowest figures for Delayed Transfer of Care
- Development of a zoned enablement domiciliary care solution with three experienced providers covering the borough
- Dedicated enablement brokerage officers triaging care packages with providers for acceptance within 24 hours
- Introduction of a night response service to prevent admission to residential settings
- Same day Pathway 2/3 (residential or nursing reablement beds) admissions
- Introduction of the Independent/Trusted Assessor role
- Support from voluntary organisations such as British Red Cross
- Piloting usage of a number of Assistive Technology (AT) solutions which help reduce reliance on carers, provide families with peace of mind and create independence

Commissioning for 2018/19

- Co-production to re commission borough wide effective and efficient reablement service for 2019 onwards; initial workshop with Care Providers, CCG, Shropshire Community Trust, SaTH, Shropshire Partners in Care and Telford & Wrekin operational teams held early February to start this process.

- Look for opportunities to Increase involvement of the voluntary sector to support services such as transport and socialisation to support reablement.
- Continue to explore opportunities with emerging Assistive Technology (AT) such as the development of a 'Smart House' showcasing all the latest AT alongside being a place for assessments, advice and guidance. Monitor and react to outcomes from existing AT pilots.
- Development of a Longer Term Accommodation Strategy with providers and partners across the Borough to develop and provide homes for life.

1.4.4 The SEND joint commissioning programme to ensure best use of resources to meet the needs of children with special educational needs and disabilities.

Achievements 2017/18

- Governance established to support co-production approach with CCG, Education and Commissioners
- Development of a specific SEND Joint Strategic Needs Analysis to evidence joint commissioning decisions.

Commissioning for 2018/19

- Joint Commissioning Recommendations to be produced and submitted for approval this Spring 2018

1.4.5 Better Care Fund Grants

The 2018/9 BCF grants were made available on 7th February. Organisations were invited to apply for a grant where they felt their service could meet the strategic aims of the Council and CCG to:

- Build on the current assets within communities
- Reduce demand on health and care services
- Support vulnerable groups and people
- Reduce health inequalities
- Encourage healthy lifestyles
- Increase choice and control
- Reduced isolation
- Work in communities and access community resources
- Increase volunteer and peer roles
- Work in collaboration and partnerships to deliver the outcome of the service
- Demonstrate financial self-sustainability over time whilst delivering the service

Grant availability was advertised through Contracts Finder and via our own social media to encourage as much local participation as possible.

IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

PREVIOUS MINUTES

- Health and Wellbeing Board Commissioning Priorities Report 6th March 2017.
- Health and Wellbeing Board Commissioning Intentions Report 9th March 2016.

BACKGROUND PAPERS

None

Report prepared by:

Helen Onions - Consultant in Public Health

Sarah Bass - Service Delivery Manager, Commissioning, Procurement & Brokerage

Anna Hammond – Deputy Executive Commissioning & Planning (Primary & Integrated Care)

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

7 MARCH 2018

0-25 EMOTIONAL HEALTH & WELLBEING SERVICE UPDATE

REPORT OF: FRANCES SUTHERLAND – TELFORD & WREKIN CCG

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report updates the Health and Wellbeing Board regarding the implementation of the new 0-25 Emotional Health and Wellbeing service. It describes the good work that has been commenced and issues that have come to light over the past months. It highlights the work of both the Provider trust and commissioners have taken to deal with these.

2. RECOMMENDATIONS

The Board is asked to:

- (a) Note the service issues identified and the actions taken to date by both SSSFT and commissioners, and to monitor the progress of the implementation of the Remedial Action Plan; and to
- (b) Agree to support the provider to make the service safe as detailed above and take note of the significant workload and timescales required to bring the service up to the required level, while continuing to challenge pace of change to ensure delivery of the service specification and good practice standards.

3. IMPACT OF ACTION

Support provider and commissioners to work towards the delivery of the agreed service specification to support children and young people mental health

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes/	<i>Improve mental health and wellbeing</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	

	Yes/	<i>Working with NHS commissioners and engaging with Children and young people</i>
	Will the proposals impact on specific groups of people?	
	Yes/	<i>Children and Young people and their families</i>
TARGET COMPLETION/DELIVERY DATE	<i>April 2020</i> <ul style="list-style-type: none"> <i>Remedial Action plan in place for the next 6 months only</i> 	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<i>This must be decided by an officer from Finance. If yes, briefly summarise any impact(s) – financial impact must be completed by an officer from Finance</i>
LEGAL ISSUES	Yes/No	<i>This must be decided by an officer from Legal. If yes, briefly summarise any impacts – legal issues must be completed by an officer from Legal Services</i>
EQUALITY & DIVERSITY	Yes	<i>The service has a focus on vulnerable children</i>
IMPACT ON SPECIFIC WARDS	No	<i>Borough wide impact</i>
PATIENTS & PUBLIC ENGAGEMENT	Yes/	<i>Numerous events were put in place to develop the new service specification</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	<i>If yes, briefly list any other significant impacts, risks & opportunities-</i>

PART B) – ADDITIONAL INFORMATION

The remainder of the report will contain any additional information needed to inform decision-making and is likely to include the following headings:

Report prepared by

Frances Sutherland

Head of Commissioning Mental health and Learning disabilities

Telford and Wrekin CCG

Telephone: 01952 580442

Update 0-25 5th January 2018

1. Introduction

This paper gives a brief background to the commissioning of the new 0-25 Emotional Health and Wellbeing service. It highlights to the Board the proactive work of the Trust to uncover and address known problems with the inherited service. The paper also identifies further significant issues, which have recently emerged, and describes the work undertaken to address these problems.

2. Background

In 2015 the four commissioners (local authority and CCGs) across Shropshire, Telford and Wrekin commenced a procurement exercise to commission a comprehensive 0-25 Emotional Health and Wellbeing service. This was in response to known problems with the previous service including long waiting times, a medically biased service model and narrow focus on children and young people with quite advanced mental health issues. Patient stories and views from local professionals indicated a variety of quality concerns which needed addressing. The tender process included a radically different service specification which catered for 0-25 year olds; had a focus on prevention and early treatment; was outcome based and included young people throughout the process.

A contract was awarded to South Staffordshire and Shropshire Healthcare Foundation Trust (SSSFT) as prime provider from May 2017. The partnership included Shropshire Community Trust, Kooth, Healios and the Children society. The bid included online support, early intervention, learning disabilities, neuro development service as well as a specialist mental health service.

3 Update on Implementation

- **Waiting lists:-** Part of the implementation was to reduce the historic long waiting lists. SSSFT has worked tirelessly across the partnership to dramatically reduce waiting times. These reduced from 800 to fewer than 20 within 6 months.
- **Early support and intervention:-** Implementation of the new service included the introduction of online support services. Kooth is available to all young people in the area without a referral and consists of information, self help materials as well as therapy. Healios provides therapy to young people who have had an assessment where this is an appropriate treatment or intervention. This service was able to support the Trust with significant therapy input to reduce the waiting list for the service. Drop-in services in both localities were commenced in September by the Children's society, another sub-contractor to the service.
- **Service review:-** SSSFT commenced a service review of the specialist mental health elements of the service and have taken a very proactive approach to identifying issues. The Trust has remained open and honest throughout this process and put in place mitigating actions wherever possible. The Trust quickly took action to change the relationship with incumbent provider and staff were moved to the direct employment of SSSFT using the Transfer of Undertaking of Protected Employment arrangements (TUPE). This was to help provide a more sustainable service, greater support and quicker change.
- The Trust has also identified additional clinical capacity, leadership and project management support to ensure robust safe implementation of new processes. The additional capacity has provided a detailed review of the clinical practice which exposed further issues and safety concerns. This was raised with commissioners on 16 November 2017. It included the

issuing of a Regulation 28 order from the coroner's office after a child death in January 2017 (prior to this contract award.

- The Trust is now confident that their proactive approach has uncovered the full extent of the problems. The remedial work required has commenced but commissioners and the trust all recognise further action will be needed to fully address the problems.

3.1 A summary of the main issues/risks identified

- a) There was no clear understanding of the children on the many different caseloads across the service. This is because individual workers held their own caseloads and there was no systematic way of recording caseloads or care plans.
- b) There were many access points into the service.
- c) The old IT system was not robust enough to monitor who was in the service or the waiting times.
- d) There was no formally agreed risk assessment processes across the service, so high risk individuals could not easily be identified.
- e) There was no agreed process for reviewing individuals in therapy or on waiting lists.
- f) There has been no robust caseload supervision to ensure clinicians are clear about their role and are supported to manage risk.
- g) The Regulation 28 order highlighted the lack of processes to assess risk and response to urgent referrals.
- h) No data available to provide commissioners with assurance of who was in the service; how long patients are waiting or what interventions were provided
- i) Given these concerns the commissioners issued a Contract Performance Notice under the standard NHS contract, on 30 November 2017 with a requirement for the trust to develop a Remedial Action Plan.

4 Key work streams within the Remedial Action Plan

4.1 Single Point of Access-The trust has implemented a new 'single point of access' which started on the 4th December 2017. This ensures all patients are triaged, assessed including risk assessments, by a dedicated team who use evidence based processes and protocols. This provides assurance that all individuals are entered onto an IT system for monitoring; risk assessments are in place , so those requiring urgent interventions are seen in a timely way; and it provides data for measuring against waiting time standards and outcomes. The new arrangements ensure a clear process is followed for new referrals.

4.2 Assessment and treatment - All patients within the present system have been entered into the clinical IT system. This indicates 2643 children (across both Telford and Wrekin and Shropshire) are in the service. This data has been validated during January 2018. A team of senior clinicians have been undertaking caseload reviews with all caseload holders. The approach has ensured the safety of children and young people as quickly as possible; support

staff in caseload management; support rapid culture change; undertake training on the risk assessment process and implement caseload management, all at pace.

4.3 Management of change process has been undertaken with a new staffing structure which includes clinical quality leads as well as managers. This ensures clinical and caseload supervision will be undertaken and professionals are supported in their practice. The trust is now out to recruitment for vacant posts but it is proving difficult to recruit locally. The last round was successful in recruiting 7 new posts but 10 still remain vacant. Agency staff are being used where possible

4.4 Communication – a plan is under development to ensure service users, parents and professionals are clear about what they can expect from the service over the coming months and years. Carers and service users are working with the service and commissioners to ensure clear messages are developed. The service has undertaken engagement with service users to develop its new name- Bee U

5 Commissioner action

A contractual performance notice has been issued to the trust which ensures that the Trust has a Remedial Action plan with details of how and when they will deliver the agreed service specification. This is being monitored via the NHS Contract Review Board on a monthly basis.

In addition we are monitoring the situation with regard to children and young people who are placed in our area by other authorities

6 Recommendation

For the Board to:-

- a) Note the service issues identified and the actions taken to date by both SSSFT and commissioners, and to monitor the progress of the implementation of the Remedial Action Plan.
- b) Agree to support the provider to make the service safe as detailed above and take note of the significant workload and timescales required to bring the service up to the required level, while continuing to challenge pace of change to ensure delivery of the service specification and good practice standards.

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

7 MARCH 2018

DRUG AND ALCOHOL STRATEGY PROGRESS REPORT

REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TWC

LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides an update on the significant progress and improved outcomes delivered through the implementation of the Telford & Wrekin Drug & Alcohol Strategy since 2014. Our whole-systems approach has a broad scope, ranging from: prevention work in schools, healthy lifestyle advice for adults, to tackling drug and alcohol related crime and the transformation of treatment services.

Strong partnership work at a strategic and operational level is crucial to the success of the programme. This collaboration ranges from: Telford After Care Team volunteers delivering sessions in schools, Job Centre Plus offering tailored support for those with substance misuse issues and senior Police and Probation colleagues input into the re-commissioning process for treatment services. Extensive engagement with partners and stakeholders, and particularly service users continues to shape the programme.

RECOMMENDATIONS

The Health & Wellbeing Board is requested to acknowledge:

The partnership progress made in the four years since the approval of Telford & Wrekin Drug & Alcohol Strategy across the whole programme, in particular the:

- Clear improvement in outcomes, despite the challenging savings delivered
- Commissioning of Telford STARS, the new recovery-orientated treatment service, which is a strong collaboration of local specialist provider organisations
- Further development of our vibrant local recovery community, which offers aftercare, peer support and mutual aid, through Telford Aftercare Team (TACT), Recharge and A Better Tomorrow
- Significant value of our partnership working at operational and strategic levels between: statutory agencies, specialist providers and local community-based recovery organisations.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

- Drug and alcohol misuse and addiction in our communities directly impacts on the health of individuals, and more broadly on wellbeing in our communities through crime, antisocial behaviour and homelessness.
- The vision, aims and objectives set out in the Drug and Alcohol Strategy form a comprehensive evidence-based, whole-systems approach to reducing the harm caused substance misuse in Telford and Wrekin.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<ul style="list-style-type: none"> • Improving the health and wellbeing of our communities and addressing health inequalities • Protecting and supporting our vulnerable children and adults • Putting our children and young people first • Ensuring that neighbourhoods are safe, clean and well maintained
	Will the proposals impact on specific groups of people?	
	Yes	The Telford & Wrekin Drug and Alcohol Strategy aims to reduce the risk and demand and restrict the supply, build recovery and reduce harm amongst those with addiction and dependency problems and also the hidden harm substance misuse causes in families.
TARGET COMPLETION/ DELIVERY DATE	<ul style="list-style-type: none"> • Contracts have been awarded and new the STARS treatment service will commence in April 2018. 	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Council holds a specific budget in support of Substance Misuse services which is funded from Public Health Grant. In 2017/18 this budget is £2.44m.</p> <p>The Public Health grant allocation to the Council has been reduced by around 10% over the last 3 years (to 2017/18) with a reduction of £0.33m advised for 2018/19. Further reductions and changes in this grant and other Council funding is expected in future years. Current projections indicate that the Council will need to find a further £30m of savings between 2018/19 and 2020/21 and this may impact on the funding for this work stream.</p>

		(ER 27.02.18)
LEGAL ISSUES	Yes	<p>The national Drug Strategy 2017 was published by the Home Office on 14th July 2017 and sets out how the government and its partners at local, national and international levels will take new action to tackle drug misuse and the harms it causes.</p> <p>The Drug and Alcohol Strategy contributes towards the Council meeting its responsibilities for the improvement of public health ,as set out at section 2B of the National Health Service Act 2006 (as amended).</p> <p>The Strategy also needs to be compliant with relevant statutory requirements, for example: The Statement of Licensing Policy which is subject to regulations and guidance under the Licensing Act 2003.</p> <p>The Misuse of Drugs Act 1971 (as amended) is the main legislation which makes the production and supply of controlled drugs unlawful.</p> <p>The Misuse of Drugs Regulations 2001 (as amended) deal with exemptions for legitimate purposes.</p> <p>The Psychoactive Substances Act 2016 came into force on 26th May 2016 and made it illegal to produce, supply or import any psychoactive substance if it is probable that the substance will be misused.</p> <p>Local authorities must have regard to the Public Health Outcomes Framework 2016-19 [last updated on 3rd July 2017] in the exercise of their public health functions. The Framework is published under section 73B (1) of the NHS Act 2006 (inserted by Section 31 of the Health and Social Care Act 2012)</p> <p>The Crime and Disorder Act 1998 requires every local authority to formulate and implement a strategy to reduce crime and disorder in its area and to work with its partners in doing so. <i>KF 27.02.2018</i></p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<p>The Shropshire and Telford & Wrekin NHS Sustainability and Transformation Plan has included the prevention of harm due to alcohol as a System Prevention Priority, work is expected to begin from April 2018.</p>

IMPACT ON SPECIFIC WARDS	No	However, drug and alcohol misuse and the consequences are most prevalent in our most deprived communities.
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PART B) – ADDITIONAL INFORMATION

1. Introduction

1.1. Strategy Context

The Telford & Wrekin Drug & Alcohol Strategy, agreed by the HWB and the Council's Cabinet in March 2014, takes a whole-systems approach to reducing the local harm caused by substance misuse. The strategy framework mirrors the Government's 2010 Drug Strategy, which includes objectives under the following pillars: reducing demand and prevention, restricting supply and building recovery and reducing harm. The national Drug Strategy was updated in July 2017 and is based on the same framework.

The Drug & Alcohol Action Team (DAAT) partnership, reports to the CSP and to the HWB, and provides strategic and commissioning oversight for the strategy's work programme. The DAAT includes representatives from the Police, Probation, Shropshire Fire & Rescue Service, DWP and the CCG, alongside officers from various Council teams.

1.2. Budget Context

Since April 2013 the Council's budget for substance misuse has been predominately funded through the Local Authority Public Health Grant, with a contribution from the OPCC. Challenging savings targets for the Council has meant that the substance misuse budget has been significantly reduced over the past three years, reducing by 10% (to circa £2.44m in 2017/18).

Further savings will be expected from the Council's substance misuse budget in the next three years. The savings have to date largely been delivered through the re-commissioning of local drug and alcohol treatment and recovery services. In delivering these efficiencies there has been an emphasis on disinvestment in expensive treatment, such as inpatient detoxification services and investment in community-based recovery and aftercare support, such as Telford After Care Team (TACT).

1.3. Delivering Outcomes

Although the reduction in the substance misuse budget has been significant, the evidence-based strategy programme has been delivering improvements in local outcomes on various measures of alcohol and drug-related harm.

The Telford & Wrekin position on the following outcomes has improved during the past four years:

- Alcohol-specific¹ mortality rates are no longer significantly worse than the England average
- Years of life lost from alcohol-related² conditions have fallen
- Hospital admissions have been falling year-on-year for:
 - ~ alcohol-specific¹ conditions, including in those under 18 years
 - ~ drug-related mental health and behavioural disorders
 - ~ poisonings by illicit drugs
- Successful treatment completion rates for people with alcohol problems are now significantly better than the England average
- Drug and alcohol-related crime, which fell sharply in 2017
- The proportion of opiate and/or crack users in contact with local treatment services.

Despite these improvements, certain local health and wellbeing outcomes driven by the misuse of drugs and alcohol remain a local issue:

- Alcohol-related conditions are within the top 10 causes of reduced life expectancy for men and women
- Drug-related deaths are increasing, similar to the national picture
- Mortality from alcohol-related cardiovascular diseases is increasing
- Benefit claimants due to alcoholism are significantly worse than the England average
- Individuals with long term opiate dependence retained in treatment

2. Strategy Progress Update

The following sections outline key achievements and progress against the strategy objectives.

2.1. Reducing Demand and Prevention

2.1.1. Building Resilience and Raising Awareness

Work to build resilience and raise awareness of substance misuse issues in young people is a vital component of the programme and the work with schools continues to expand:

¹ Alcohol-specific conditions are those which are “wholly attributable” or caused directly by alcohol.

² Alcohol-related conditions

- The Loudmouth and Telford and Wrekin Council drugs and alcohol awareness theatre in education programme, presented the *One Too Many* production to 1,108 year 8 students in 2016/17.
- Our Mutual Aid volunteers contributed to the “*They lied*” production with over 400 year 9 and 10 students benefiting in 2016/17.
- The Crucial Crew event, now delivered at TCAT, it is one of the largest in the country. In 2017 a record number of 2,154 year 6 students from 51 local schools benefited from the roadshow.
- Awareness raising work with the community has evolved, the Healthy Lifestyles hub delivered 4,000+ brief alcohol interventions in 2016/17
- The reach of Rethink Your Drink campaigns has broadened, with over 400 brief interventions delivered to the public in Telford Town Centre in November 2017. Our campaigns increasingly use social media.³

2.1.2. Substance Misuse Training Programme

Training and awareness raising with professionals and partners continues to develop and a training needs assessment with frontline staff is informing the programme. Basic drug and alcohol awareness delivered to 90 people in 2016/17 and 75 people so far in 2017/18. More specialist training has been delivered to 200 participants, including Motivational Interviewing and Cognitive Behavioural Therapy sessions.

2.1.3. Collaboration with the NHS on Tackling Alcohol-related Harm

There are key links to health services given the contribution of alcohol consumption with to cancer risk and cardiovascular risk factors such as excess weight overweight and high blood pressure. Key areas of work include:

- NHS Health Checks highlighting alcohol as one of the top modifiable risk factors for CVD, and those assessed as at risk are given brief advice and signposted to either lifestyle or specialist services.
- The Telford and Shropshire Cancer Group action plan refresh is being informed by the national alcohol evidence review.
- CCG and public health bid to the British Heart Foundation community approaches to tackling high blood pressure fund, which will incorporate awareness raising of safe drinking limits and raised blood pressure.
- The new local NHS Diabetes Prevention Programme, and the patient education packages for those already diagnosed with diabetes will both include up to date information on alcohol.

³ <https://healthytelford.wordpress.com/2017/11/17/daughters-story-helping-her-mum-through-alcohol-addiction/>

2.1.4. Drug Related Deaths Review Process and Early Warning System

The local processes put in place for reviewing drug-related deaths and the Professional Information Network which supports the and Early Warning System are well supported by CSP and HWB partner organisations. The processes developed in Telford & Wrekin are now being used by Public Health England West Midlands as examples of local good practice.

2.2. Strategy Priority: Restricting Supply

Local work partnership working between Police the Council's Community Safety and Public Protection Teams continues and this collaboration is contributing to managing the night time economy, including reducing drug and alcohol-related crime. An exciting and innovative training initiative, led by the Police's Telford Harm Hub, is raising awareness of CSE, domestic abuse and substance misuse issues amongst staff in local hotels and licensed premises.

There has been a sharp decline in both drug-related and alcohol-related offences during 2017/18. The drug testing on arrest approach is crucial and key worker from treatment services works in custody to ensure individuals are referred rapidly into treatment.

A total of 512 visits to licensed premises took place between April 2016 - February 2018. Licensing awareness training has been delivered to 50 Special Constables, who now patrol looking for vulnerability hotspots for reducing crime and disorder and work in partnership with the licensees to make Telford a safe place to be. The weekly licensing SnapShot is sent out to all partner agencies outlining crime and disorder in the night time economy. Alcohol-related Anti-Social Behaviour is falling, and the Police are developing a training book which all staff members will complete before working in a licensed premises.

2.3. Strategy Priority: Building Recovery and Reducing Harm

2.3.1. Substance Misuse Treatment and Recovery Service (STARS)

The re-commissioning process for the new Telford Substance Misuse Treatment and Recovery Service (STARS) has been a significant piece of work led by the public health team during 2017/18. Extensive engagement with service users, professionals and stakeholders informed both the development of the STARS model and the procurement process. From 1st April 2018, under a single provider contract recovery-orientated model, Inclusion (part of South Staffordshire and Shropshire Healthcare NHS Foundation Trust) will lead the STARS in collaboration Aquarius, Willowdene Farm, GPs and pharmacies. The service, which will work closely with our local recovery organisations, will be located in the White Chapel Centre and will also operate in community venues across Telford & Wrekin, for

example at TACT's Strickland House and in GP practices. (See Appendix I for an overview of the STARS model)

2.3.2. Improving Treatment Outcomes

The Aquarius service has delivered impressive outcomes for people receiving treatment for alcohol issues since 2015. Successful completions for alcohol treatment increased to 45.7%, in 2016/17 from 32% in 2013/14, which was significantly better than the national average. The numbers of people through the service has also increased, to 184 completing treatment in 2016/17 compared to 155 in 2013/14.

Treatment outcomes for those with opiate addiction have not improved, with only 5% of clients completing treatment in 2016/17. The proportion of clients who have been in treatment for 6 or more years in Telford & Wrekin is significantly worse than the England average (39% of clients, compared to 31% nationally). This remains a key challenge, especially as those with long term heroin dependence are ageing and increasing experiencing multiple and significant health issues. A total of 501 clients with opiate addiction remained in treatment in 2016/17, compared to 508 in 2013/14.

2.3.3. The Telford & Wrekin Naloxone programme

Naloxone, a drug which reverses opiate overdose, is recommended in the national drug strategy as is vital to reducing drug-related deaths. The local programme is a great local success story as the current treatment service has worked with TACT and other partners to deliver training and distribute over 550 naloxone kits since July 2015. There have been 22 documented overdose reversals and therefore potentially Telford & Wrekin 22 lives saved. Inclusion, supported by TACT, won the 2016 Health Service Journal award for Patient Safety for the Naloxone programme.

2.3.4. Telford After Care Team (TACT)

The expansion of the local recovery offer through TACT has increased exponentially in the past four years. The number of people supported by TACT has grown to more than 600 during 2016/17. A total of 977 one-to-one sessions were delivered by TACT staff and volunteers in 2016/17. Almost half (48%) of those who benefit from TACT support primarily have alcohol issues, and fifth are heroin users. Key recent highlights of TACT's expansion include the following:

- Successful bid for Public Health England capital funding (circa £500k) to purchase of Strickland House in Wellington, which is being re-developed to expand the training offer and other business opportunities
- TLC (Telford Landscaping Company) were awarded a gardening maintenance contract from the Stay's Housing Project.

- Joint contract award from the CCG and Council to provide for the Branches/TACT Mental Health 'Hub' from Strickland House.
- TACT won the 2017 CCG Care with Confidence Award for 'Outstanding Achievement'.

2.3.5. Recharge

Recharge, a local Community Interest Company operating from Brookside Community Centre, offers young people under 21 support with drug and alcohol dependency and emotional wellbeing. Recharge offers peer-led recovery support through one-to-one sessions and a range of groups and activities. The numbers of young people benefiting continues to grow, with 75 individuals accessing support during Sept-Nov 2017. The types of activities offered include Teen SMART recovery, Grow Into Your Strength (a girls only project aimed those who have experienced domestic abuse) and football and boxing groups.

2.3.6. The Telford & Wrekin Recovery Conference

The conference hosted by TACT at The Place in Oakengates, is held annually in September during national recovery month. The event continues to expand each year with 185 attendees at our third conference in 2017. Over 50% of attendees are service users and the speakers from all local recovery organisations share their personal stories and journeys, which are always inspirational and moving. This event is an opportunity to celebrate our vibrant local recovery community and provides valuable insights into what it is like to living with addiction and the impact on families and the community.

2.3.7. Housing

A Better Tomorrow (ABT) is a Telford & Wrekin-based supported housing recovery project, for men in recovery from drug and/or alcohol addiction and mental health. The CIC was established in 2014 and now has nine houses (plus two mental health houses), supporting 44 clients at a time. ABT offer intensive recovery support 7-days a week, including: life skills, physical activity, educational opportunities and volunteer roles. Since opening ABT have supported over 200 clients on their recovery journey.

Close partnership working between housing services and public health has developed further, including better information sharing, and involvement in the STARS development. Close working will be essential given the new Homelessness Reduction Act (coming into force in April 2018) to identify support networks to help prevent homelessness at an early stage and develop personalised housing plans.

2.3.8. Employability

DWP and Job Centre Plus (JCP) are valued and proactive partners supporting the building recovery agenda. JCP colleagues have worked with treatment services and TACT to agree and embed pathways to refer customers rapidly into treatment services. Drug awareness training has been delivered (jointly by treatment providers and TACT) to 75 JCP Work Coaches. Three Disclosure Campaigns have promoted the tailored support on offer from JCP Work Coaches for customers who disclose addiction.

An Engagement with Employers event is planned for May 2018 to focus on how employers can support their workforce around drug and alcohol issues. The aim is to challenge the preconceptions associated with employing individuals in substance misuse recovery.

2.3.9. Links with Criminal Justice

The links between health, offending and policing are complex, but inextricably linked. Local collaborative working between the Police, Probation, the Council and treatment services has a long history and is based on; shared goals, strong relationships and information sharing agreements. Key areas of work are:

- The Telford and Wrekin Integrated Offender Management (IOM) team and the reducing reoffending group proactively engage with individuals to reduce the likelihood of their re-offending. Currently 18 of 26 individuals on the IOM programme (who are among the most chaotic and prolific local offenders) are currently accessing substance misuse treatment.
- Alcohol Treatment Requirements (ATRs) and Drug Rehabilitation Requirements (DRRs) and Drug Intervention Programmes (DIP) are statutory requirements for some offenders. There were 40 ATRs completed during Oct 2016 - Sept 2017. In the period between the April – August 2017 there were 17 DRRs and 55 DiP interventions with Telford and Wrekin clients who have gone on to access treatment.
- Development of a local policing model with proactive prevention work and police support for multi-agency neighbourhood projects, such as the street drinking project in Wellington, working with the town council and the voluntary sector.

2.4. Next Steps

Working with Inclusion and key partners, particularly our local recovery organisations, to successfully embed the new STARS service will be a key focus during 2018. A key challenge, on top of what is a significant service transformation, will be improving treatment outcomes for those who have been in long term

treatment for opiate dependency, especially given the increasing complexity and poor health of these individuals.

The drug and alcohol strategy will be refreshed during 2018/19, it will be based on local needs, national strategic priorities and best practice guidance and evidence. Extensive stakeholder engagement, including with our service users and families will continue to shape the local strategic approach.

The appropriate links will be made and shared actions agreed across other local strategies and plans, for example the mental health, domestic abuse and early help strategies. In particular, further work is needed to support those with dual diagnosis of mental health and substance misuse issues combined so that these individuals receive more integrated holistic treatment and care to recover.

3. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See Part A Section 4.

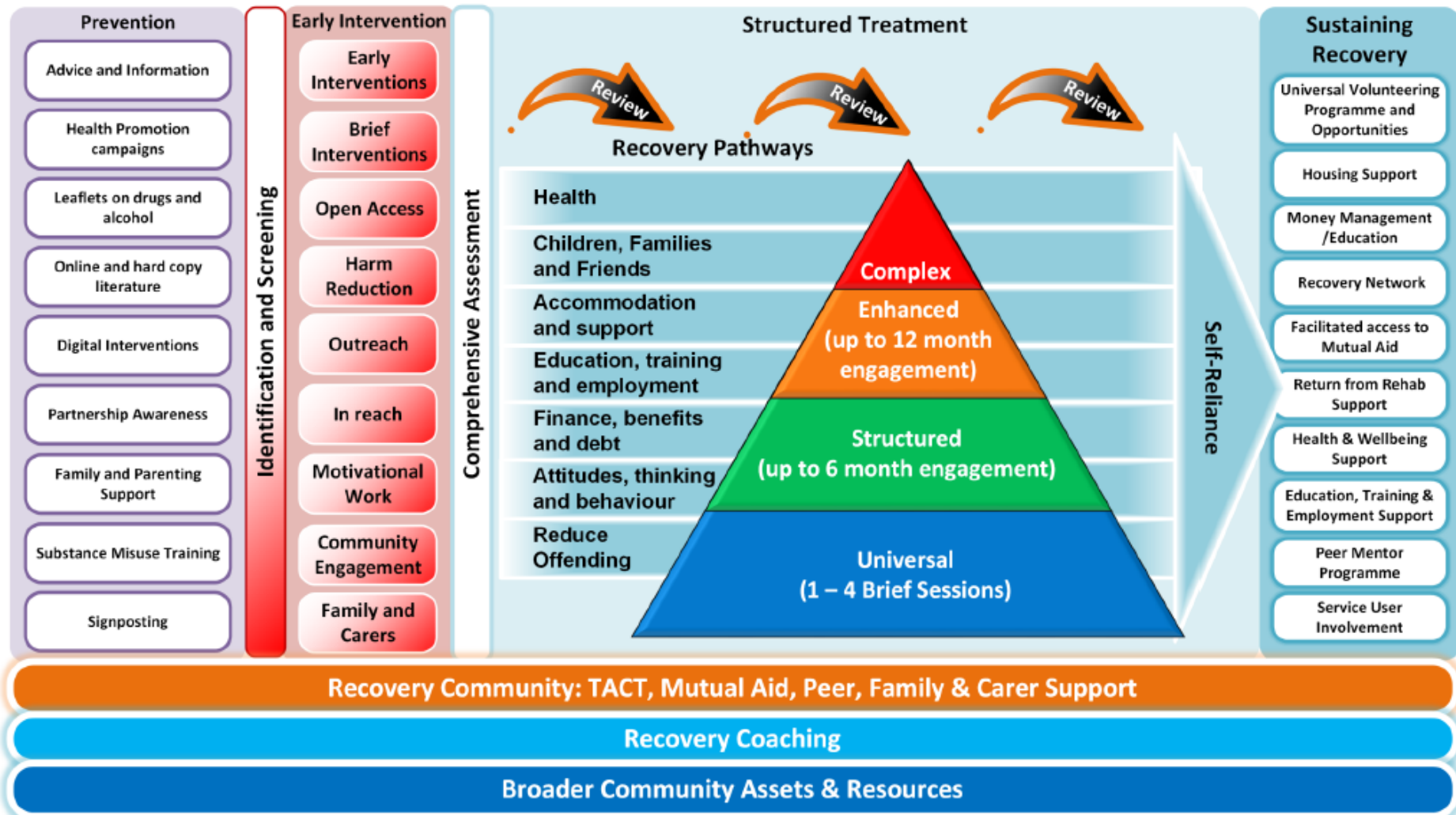
4. PREVIOUS MINUTES

- Health and Wellbeing Board, 6th December 2015, Community Safety Partnership Update Report
- Health and Wellbeing Board, 11th December 2014, Community Safety Partnership Update Report
- Health and Wellbeing Board, 12th March 2014 - Telford and Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17

5. BACKGROUND PAPERS

Report prepared by:

Helen Onions, Consultant in Public Health, Telford & Wrekin Council,
Lyn Stepanian, Public Health Practitioner (DAAT Coordinator)



TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

7 MARCH 2018

PHARMACEUTICAL NEEDS ASSESSMENT 2018/19 – 2020/21

REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL, HITESH PATEL, PHARMACEUTICAL ADVISER, NHS TELFORD AND WREKIN CCG

LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This briefing updates the HWB on the consultation which took place for the Telford & Wrekin PNA during early January – early March 2018. This PNA refresh process updates the PNA published in April 2015, and the subsequent updates in 2016, which followed the review of pharmacy dispensing provision in South Telford as requested by the HWB.

During 2017 colleagues from the Council's public health team, CCG, the Local Pharmaceutical Committee and NHS England North Midlands coordinated the PNA refresh process, which includes the following key elements:

- Mapping of local pharmacy services, such as dispensing medicine, health advice and medicines reviews and local public health services
- Summary of demographic factors and health and wellbeing needs
- Public survey on views of local community pharmacy services
- Equalities impact assessment
- Assessment of gaps in provision and recommendations regarding future provision and service developments

Following feedback from the HWB any changes or modifications will be made to allow for PNA publication by 1st April 2018.

2. RECOMMENDATIONS

The Board is requested to:

- Note that the PNA process has been undertaken in-line with the national expectations and the associated statutory duties for the HWB.

- Consider and agree the content of the PNA Equalities Impact Assessment and support the remedial actions set out to reduce the negative impacts identified.
- Carefully consider all the consultation responses received from both the statutory consultees and wider respondents.
- Adopt the draft Telford and Wrekin Pharmaceutical Needs Assessment 2018/19–2020/21, including the proposed recommendations, subject to any amendments, which are appropriate in consideration of the consultation responses.

3. IMPACT OF ACTION

The PNA, which is part of the wider Joint Strategy Needs Assessment process, is used:

- to make decisions on which services, including public health services, need to be provided by local community pharmacies
- by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	The PNA process contributes to all three cross cutting priorities: <ul style="list-style-type: none"> • Encourage healthier lifestyles • Improve mental wellbeing and mental health • Strengthen our communities and community-based support
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improving the health and wellbeing of our communities and addressing health inequalities
	Will the proposals impact on specific groups of people?	
Yes	Community pharmacies play a key role in providing primary care services within our local communities.	
TARGET COMPLETION/DELIVERY DATE	The refreshed PNA will be published by 1 st April 2018.	

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>There are no financial implications arising from implementing the remedial actions identified in the PNA Equality Impact Assessment.</p> <p>However, should free contraception be made available for women over 25 years the cost of delivering this will need to be considered in a future report.</p> <p><i>(ER – 27.02.18)</i></p>
LEGAL ISSUES	Yes	<p>From 1st April 2013 under the Health and Social Care Act 2012, Health and Wellbeing Boards (HWB) in England assumed the responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA).</p> <p>These requirements are set out in Regulations 3-9 and Schedule 1 of the The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 .</p> <p>The preparation of and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people’s plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs). HWBs need to note that PNAs, as a separate statutory requirement, cannot be subsumed as part of these other documents but can be annexed to them</p>
EQUALITY & DIVERSITY	Yes	<p>There is evidence that community pharmacy has a key role to play in reducing health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.</p> <p>An Equalities Impact Assessment has been undertaken as part of the PNA refresh process (Appendix III)</p>

IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	Consultation and engagement is a specific requirement of the PNA process. As part of this a survey of community views was undertaken during August – September 2017. A 60 consultation took place between 3 January – 4 March 2018.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The PNA is part of the wider Joint Strategic Needs Assessment process. The PNA contributes understanding of local pharmacy services needs and provision which could inform the STP and Future Fit programmes in terms of the transformation of health and social care services.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

See Appendices A – C for the full suite of PNA documents.

Appendix A Telford & Wrekin PNA - consultation document Jan18

Appendix B Telford & Wrekin PNA - responses received (up to 27/02/18)

Appendix C Equalities Impact Assessment

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

An equalities impact assessment process has been undertaken and further details can be seen in Appendix C.

3. PREVIOUS MINUTES

Health and Wellbeing Board 6th December 2017

Health and Wellbeing Board 16th September 2016

Health and Wellbeing Board 9th December 2015

Health and Wellbeing Board 11th March 2015

Health and Wellbeing Board 24th September 2014, Minute Number – HWB-12

4. BACKGROUND PAPERS

Report prepared by Helen Onions, Consultant in Public Health,
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Telford and Wrekin
Pharmaceutical Needs Assessment (PNA)
2018/19 – 2020/21

DRAFT FOR CONSULTATION

December 2017 – February 2018

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Acknowledgements

The PNA steering group coordinated the refresh of the PNA process on behalf of the Telford & Wrekin Health & Wellbeing Board during 2017 (see Appendix II for further details). Thanks go to the steering group and in particular the following colleagues who were key contributors to the process:

Hitesh Patel, Pharmaceutical Advisor, NHS Telford & Wrekin CCG
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Amanda Alamanos, Primary Care Lead NHS England North Midlands

Executive Summary

- Telford and Wrekin has reviewed its coverage of dispensing services. The PNA has highlighted that there is currently sufficient coverage within existing community pharmacies and GP dispensing practice (Newport). The current geographical location and opening hours of dispensing services provides adequate choice and accessibility for the majority of the public.
- A review of this recommendation will be considered to take into account any changes to primary care and community health services provision and to reflect housing expansion and potential population growth in the Borough. Key elements the review process will need to take into account include: The development of the Sustainability and Transformation Plans, Future Fit programme and the associated implications for community pharmacy provision, changes to housing development and also technical modelling work to quantify the impact of demographic change and community pharmacy needs and demands.

Advanced Services

- Medicines Use review (MUR) and the New Medicines service (NMS) have become established advanced services. PNA analyses have shown that there is sufficient awareness of these services and they are offered by the majority of pharmacies. Telford and Wrekin would encourage all providers to continue to focus these review services on those identified within the national target groups and those that are that are identified as poorly adherent to prescribed treatment.
- The review of coverage of advanced services provided by community pharmacies in the PNA has shown that there is sufficient coverage of the Medicines Use Review (MUR) and the New Medicines service (NMS) services. Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions. This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS.
- Coverage of appliance user reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance provider located in another area.
- Annual seasonal influenza vaccination, as part of the national programme, makes a significant contribution to reducing illness and death from 'flu, which in turn contributes more widely to managing demand for health and social care services during the winter. Pharmacies having been increasingly playing a key role in the annual 'flu immunization programme in recent years. All pharmacies have the opportunity to provide influenza vaccination advanced service and are encouraged to do so to contribute to overall improving immunization coverage. During the 2017/18 season the national programme was extended to explicitly include social care workers in registered care homes,

pharmacies providing the advanced service can also contribute to improving uptake in this group.

Enhanced Services

- There is a need for commissioners to work with local providers to increase referral to the common ailments service. Local commissioners need to encourage all community pharmacy providers to participate in the common ailments service and increase the number of consultations currently undertaken.
- Emergency supply services are available across Telford and Wrekin. There is a need for local commissioners to increase awareness with local healthcare providers of the Emergency supply service and encourage all local providers to participate in delivery of this service.

Locally Commissioned Services

- NHS England North Midlands, Telford and Wrekin County Council, and other local commissioners need to ensure there is equitable provision of locally commissioned services across Telford. This could be coordinated through the STP.

Sexual Health Services

- Emergency Hormonal Contraception (EHC): Assessment of the current provision suggests that there is adequate local coverage for EHC for women aged under 25 years. However, Telford and Wrekin Council encourage all community pharmacies to participate in this enhanced service, especially those open during weekends and extended hours during the week. Generally service provision during weekends is significantly less than that during weekdays. Community pharmacies open during the weekend offer essential provision during this time. Commissioners responsible for sexual health services provision have evaluated the extension of free EHC for women over 25 given previous PNA recommendation. EHC is already available to women of all ages free-of-charge through their GP practice and whilst it is acknowledged that expanding free EHC in pharmacies for women over 25 would reduce inequities in choice, this is not considered cost effective at this time.
- Chlamydia & Gonorrhoea Screening Scheme: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up for the Chlamydia Screening Scheme. However, testing and treatment levels need to be improved amongst 15-24 young people, with a particular focus on men. A training programme should be developed as a way of encouraging and supporting pharmacies that have signed up to the scheme to improve access to Chlamydia & Gonorrhoea testing and treatment.
- Condom Distribution Scheme: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up to distribute condoms, however more awareness is need to promote the scheme as well as distribution of condoms to young people accessing EHC and Chlamydia Screening & Treatment services within community pharmacies.

Substance Misuse Services

- Supervised consumption and needle exchange services: Appropriate borough-wide provision of these services should be reviewed as part of the transition to the new STARS during 2018.
- Naloxone Provision: Following on from the pilot of distribution in these seven pharmacies, further consideration should be given to roll-out to additional pharmacies.

Other Public Health Services

- Primary Eyecare Assessment Referral Service (PEARS): The CCG will continue to work with local providers to raise awareness of the PEARS service. All providers are encouraged to participate and make closer links with their optometry colleagues.
- Healthy Living Pharmacies (HLP): All pharmacies who are not currently participating are encouraged to gain level 1 registration so that HLP is consistently offered across the borough.
- Healthy Start Vitamins: All pharmacies will be encouraged to participate in the free supply of healthy start vitamins.

1. Introduction

1.1. Background

1.1.1. What is pharmacy needs assessment?

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

The PNA looks at the current provision of pharmaceutical services in an area, makes assessment of whether this meets current and future population needs and identifies any potential gaps in local services. The PNA process should part of the wider assessment of health and care needs of the population, as defined in the local Joint Strategic Needs Assessment (JSNA).

The PNA should include information on:

- Local pharmacies and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users
- Other local pharmaceutical services, such as dispensing GP surgeries
- Relevant maps relating to the area and providers of pharmaceutical services in the area
- Services in neighbouring HWB areas that might affect the need for local services
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations¹ expected HWBs to have published their first PNA by April 2015 and subsequently update the process at least once every three years (or before if there has been a significant change in service need or provision). In addition, the HWBB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area and publish any supplementary statements.

1.1.2. How is the PNA used?

There are three key commissioning bodies which contract with local pharmacies to deliver services, these are: NHS England North Midlands, NHS Telford & Wrekin Clinical Commissioning Group (CCG) and Telford & Wrekin Council. The PNA offers vital guidance for the commissioners of pharmacy services, to support the development of commissioning plans, service improvement and service transformation and redesign.

¹ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

More specifically the PNA will be used for:

- Market entry – NHS England North Midlands will use the PNA to make decisions on applications for new pharmacies and dispensing appliance provider premises or applications from current pharmacy providers to change their existing provision. Under the legal regulations¹ potential providers of NHS pharmaceutical services must submit a formal application to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. NHS England North Midlands will then review the application in light of any gaps identified in local PNAs. The NHS Litigation Authority will also refer to the PNA when hearing any appeals on NHS England’s decisions.
- Identifying areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities. This supports the HWBB to work with partners to target services to the areas where they are needed and limit any duplication in areas where provision is adequate.
- Providing an evidence-base for commissioners, to support the development and improvement of advanced, enhanced pharmaceutical services and public health services.

The intention is the PNA will:

- Ensure services are high quality, accessible and meet local needs
- Support existing community pharmacy providers to offer enhanced services
- Incorporate community pharmacies, where required, in redesigning service delivery in primary care to meet commissioning priorities
- Take an informed approach to commissioning services from community pharmacies to meet identified health needs
- Control gaps in provision and new market entry opportunities
- Ensure community pharmacies are used as a key provider to deliver public health messages
- Strengthen partnership working with community pharmacies across the health and social care sector to address growing public health problems and tackle health inequalities.

1.1.3. Consultation on pharmaceutical needs assessments

As part of the PNA process, each HWB must consult on the contents of the assessment, specifically with the following:

- Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs)
- Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs)

- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- Any NHS trust or NHS foundation trust in its area;
- NHS England
- Any neighbouring Health and Wellbeing Board.

1.2. National Strategic Context

1.2.1. The NHS Five Year Forward View

The NHS Five Year Forward View², published in October 2014 recognises that the NHS needs to change in order to best meet the needs of an ageing population and the increase in the number of people living with long-term health conditions. The Five Year Forward View programme, which was further shaped by the General Practice Forward View³ published in April 2016, is a comprehensive NHS reform programme. The aim is to transform health services so they are built around the needs of patients and citizens and offer the joined up and integrated care that many want and need, whilst also providing a new focus on prevention in order to keep us well.

1.2.2. Community Pharmacy Clinical Services Review

The independent Community Pharmacy Clinical Services Review⁴ (known as the Murray report, see Appendix VI), published in December 2016 was commissioned by the NHS England Chief Pharmaceutical Officer to inform the commissioning of community pharmacy services in the context of the Five Year Forward View aspirations. The report provides a summary of national policy, presents barriers, opportunities and recommendations for expanding the role of community pharmacy and pharmacists.

The Murray report proposes that pharmacy needs to “work in partnership with other parts of the health and care system whether this means other professions or, critically, patients themselves” and be a “core part of the integrated, convenient services that people need”. There are proposals and recommendations for developing and improving pharmacy services and overcoming barriers, including within the following areas:

- New models of care
- Access to information

² <https://www.england.nhs.uk/five-year-forward-view/>

³ <https://www.england.nhs.uk/gp/gpfv/about/>

⁴ <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/ind-review-cpcs/>

- Independent prescribing and workforce skills
- Commissioning arrangements

Pharmacy services have a key role to play in improving the health of local people. Community pharmacies are often the first point of contact for people, especially those in deprived communities and those who may otherwise struggle to access healthcare services. Offering a new deal for primary care is a key to the success of the Five Year Forward View. Building the public's understanding of pharmacies and online resources to reduce demand are highlighted as key areas for improvement.

1.3. Overview of NHS Pharmaceutical Services

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a 'pharmaceutical list'. The application must focus on meeting pharmaceutical need as outlined in the PNA. This is commonly known as the NHS 'market entry' system.

The following can be included in the pharmaceutical list:

- Pharmacy providers: a person or corporate body who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- Dispensing appliance providers: appliance suppliers are a sub-set of NHS pharmaceutical providers who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Distance selling providers are internet and mail order based providers who deliver their services across England to anyone who requests it. They may be pharmacy or dispensing appliance providers. Under the 2013 Regulations only pharmacy providers may now apply to be distance selling premises
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) providers also provide pharmaceutical services in some HWB areas.

The two most common types of pharmacy provision are local pharmacy providers, referred to in this report as community pharmacies, and dispensing doctors, also commonly referred to as dispensing practices. Community pharmacies are often located in the heart of local communities, on high streets, supermarkets and neighbourhood centres. There are different types of community pharmacies, ranging from small, independent pharmacies to large chains and supermarket pharmacies.

NHS legislation provides that in certain rural areas classified as 'controlled localities' general practitioners may apply to dispense NHS prescriptions as 'dispensing doctors'. The provisions to allow GPs to dispense were introduced to enable patients access to dispensing services in rural communities that do not have reasonable access to a community pharmacy. Since 2005, a practice can only apply to be a dispensing practice if it is located in a 'controlled locality' and the total of all patient lists for the area within a

1.6km (1 mile) radius of the premises is fewer than 2,750. In the majority of cases, patients eligible to use the dispensing practice will therefore be located more than 1.6km (as the crow flies) away from the nearest pharmacy.

1.4. Developing the PNA process

A steering group of key stakeholders, which has overseen the refresh and governance of the PNA, included members from the following: CCG Medicines Management Team, local authority public health and research and intelligence teams, NHS England North Midlands and Health Watch Telford & Wrekin. The aims of the steering group were to:

- Coordinate update of the Pharmaceutical Needs Assessment (PNA) in line with current legislation.
- Oversee the overall process for updating the PNA within the required timescale.
- To agree the statement of the needs for pharmaceutical services in Telford and Wrekin.
- To agree and oversee the process for assessing the current provision of pharmaceutical services by pharmacies, appliance providers and dispensing practices within Telford and Wrekin (and neighbouring areas where appropriate).
- To ensure that accurate maps identifying the premises where services are provided are produced.
- To agree and oversee the process required for the statutory consultation with all relevant parties as laid out in the regulations
- To develop a framework for subsequent assessments and supplementary statements.
- To take into account any further legislation that may impact on the PNA.

The guiding principles used previously for the PNA process remained in place:

- The PNA should be integrated with the JSNA process and incorporated into the framework as one of the key reports in the JSNA intelligence documents.
- There should be engagement with key local partners (community pharmacy providers, the Local Pharmaceutical Committee (LPC), GPs and local patient representatives).
- Commitment to involve as many partners as possible during the PNA refresh and consultation process.

The Telford & Wrekin PNA process included the following elements:

- Engagement with the public through an online and paper-based survey. The survey was available at all local pharmacies, it was also made available to patient groups across Telford including the Telford Patients First group
- Engagement with current providers, through an online survey using PharmOutcomes to record current pharmaceutical service provision

- Identification of local needs derived from the Joint Strategic Needs Assessment (JSNA) process, including:
 - Demographic and socio-economic factors, including updated locality maps
 - Health and wellbeing priority facts and figures
 - Population health outcomes and surveillance trends
- Mapping of service provision as commissioned by NHS England North Midlands, NHS Telford and Wrekin CCG, Telford and Wrekin Council and the LPC, including:
 - Community pharmacies and dispensing GP practice provision mapping to update information on: contact details, opening hours and provision of pharmaceutical services (essential, advanced and enhanced services)
- Consultation on the draft PNA with official consultees, professionals and residents undertaken between January and March 2018
- The mapping of pharmaceutical services outside Telford and Wrekin's borders was undertaken using dispensing reports from ePACT data
- Equalities Impact Assessment on the key findings and proposed PNA recommendations
- Review of the PNA and consultation responses by the HWB.

1.5. Consultation on the Draft PNA

A 60 day consultation is being held to seek views on the key findings and the proposed recommendations in the PNA, in line with statutory duties. The consultation period will run from January 2018 to March 2018. The list of consultees, as defined through PNA regulations, were proactively engaged by PNA Steering Group members to ensure their involvement.

The consultation aimed to be open and transparent and as such the draft PNA was also made widely available through the CCG website and was publicised by the CCG and the Council. All the comments received during the consultation will be considered by the Health & Wellbeing Board in March 2018.

1.6. Equalities Impact Assessment

To be completed in January 2018.

2. The local picture in Telford & Wrekin

2.1. Local Development Plan

Telford & Wrekin Local Plan⁵ provides a framework to help manage change and development over the coming decades. The vision for the Plan is that by 2031 the Borough will:

- Be a healthier, more prosperous and better connected place
- Have a population of approximately 198,000 people
- Include sustainable development
- Support communities in the rural and urban areas
- Protect and enhance the environment and community green spaces
- Provide new development and inward investment offering a high quality of life for all those who for all those who live and work in and visit the area.

The Local Plan aspires to improve the health and wellbeing of local residents through the provision and quality of its housing, community green space, transport, social, cultural and health infrastructure and outlines commitments to provide:

- Sufficient homes of the right type and quality in the right places to meet a growing and ageing population
- The right businesses and jobs to provide employment, economic prosperity
- Education to deliver the skills required by growing businesses
- Services and facilities to meet our communities' current and future needs.

One of the plan's objectives is to enhance the network of urban centres across the borough, strengthening their development with a healthy diversity which meets the needs of residents and visitors. Community pharmacy is an integral part of health infrastructure and therefore the development proposals in the Plan have key significance for the PNA process.

2.2. Telford & Wrekin Health & Wellbeing Strategy

The Health and Wellbeing Board is in place to ensure that the Council and the NHS Clinical Commissioning Group work effectively together in planning health and social care services to improve health and wellbeing in Telford and Wrekin. The Board's Health & Wellbeing Strategy 2016-2019⁶ sets out the vision and priorities to “*enable people in Telford and Wrekin to enjoy healthier, happier and longer lives.*”

⁵http://www.telford.gov.uk/info/20172/planning_policy_and_strategy/1229/telford_and_wrekin_local_plan_2011-2031

⁶ http://www.telford.gov.uk/downloads/file/4005/health_and_wellbeing_strategy_2016

The Strategy, which has been shaped by intelligence from the joint strategic needs assessment⁷ process which includes PNA, highlights three local cross-cutting priorities where the fastest progress needs to be made:

- Encourage healthier lifestyles
- Improve mental wellbeing and mental health
- Strengthen our communities and community-based support.

Community pharmacy has a clear role to play in the delivery of all these priorities through:

- The services they provide, such as health promotion campaigns, stop smoking clinics and sexual health and drug treatment services and the important opportunity to Make Every Contact Count
- The relationship with their customers and the opportunity that offers to communicate and raise awareness raising with the public healthy, positive lifestyles and letting people know what support is available in their own communities.

2.3. Health & Care Services Transformation - Sustainability and Transformation Plan (STP) overview

The Shropshire, Telford & Wrekin NHS Sustainability and Transformation Programme⁸ is the local five-year plan put in place to transform health and care services for local people so they are fit for the future.

The STP acknowledges that the demand on health and care services continues to rise and outstrips the available funding, which puts pressure on all services, especially hospitals, GP surgeries and social care. Demographic change contributes to the picture, as the number of older people in our population grows and many people have more than one long-term health condition, leading to a greater need for certain services. The challenging financial climate means changes are essential to ensure health and care services become sustainable in the long term, as well as meeting the public's health and care needs more effectively.

Community pharmacy has the potential to contribute to the delivery of all the aims in the local STP, which are as follows:

- Build resilience and social capital
- Integrate care across the NHS and Social Care
- More appropriate use of hospital care

⁷ http://www.telford.gov.uk/info/20121/facts_and_figures/424/joint_strategic_needs_assessment_jsna

⁸ <http://www.telfordccg.nhs.uk/who-we-are/publications/strategies-and-plans/plans/2533-shropshire-and-telford-stp/file>

- Work as one health system
- Sustainable workforce
- Sustainable finances

2.4. Future Fit

The Future Fit⁹ programme, which is one of the STP priorities, oversees the reconfiguration of acute and community hospital services in Shropshire, Telford & Wrekin and parts of Powys. Community pharmacy clearly has a contribution to make in delivering the main principles underpinning the Future Fit programme, including the following:

- Home is normal
- Empowerment for patients and clinicians
- Sustainability
- New ways of working

Future Fit recognises that the design of high quality, safe, efficient and sustainable hospital services must be developed within the context of a whole health and care system. In this context, a clinical design work stream¹⁰ has been established to consider the health and social economy as a whole and establish models of care which fully integrate all services within it. Community pharmacy services are recognised as important in the delivery of the four key priority areas, which are:

- Long-term Conditions and Frailty
- Diagnostic and Treatment Centre
- Local Planned Care Services
- Urgent and Emergency Care

2.5. Neighbourhood working

The HWB strategy and the Council's strategic plan *Being the Change* both have a focus on promoting social responsibility and co-production principles to work with residents and develop community-based services and community-based support.

The STP also recognises that as the causes of poor health are rooted in our communities, there needs to be a focus on making the most of the skills of local people and organisations, supporting people to lead healthier lives, and promoting self-care. This will in turn relieve pressure on the healthcare system and ensure people get the best treatment – whenever and wherever they need it, by providing existing services differently.

⁹ <http://nhsfuturefit.org/>

¹⁰ <http://nhsfuturefit.org/>

¹⁰ <http://nhsfuturefit.org/useful-documents/draft-public-consultation-documents>

The neighbourhood working approach in Telford & Wrekin, which is being jointly led by the Council and the CCG, focuses on a more joined-up way of working to prevent ill health and promote the support that local communities already offer. The Telford & Wrekin neighbourhood working programme is developing community-centred approaches ranging from things such as peer support and prevention, through to delivering NHS services in community settings.

The programme has three work streams: Community Resilience and Prevention, Neighbourhood Teams and Systematic Specialty Review and Transfer of Services to the Community. The main elements of the approach include: collaborative working between health, social care and voluntary sector and work which is driven by communities. There is a bottom up approach, based on local innovation, which allows the ability to be different, but recognition that one size does not fit all. There are four neighbourhoods, based on GP practice groupings: Newport, Central Telford, TelWell and South East Telford. There are currently 28 neighbourhood working projects in the programme and community pharmacies can directly contribute or raise awareness of many of these.

2.6. Health & Wellbeing in Telford & Wrekin

2.6.1. Our Borough

Telford and Wrekin is a place of contrasts, a distinctive blend of urban and rural areas, with green open spaces alongside contemporary housing developments and traditional market towns. On the face of it, the borough is a prosperous place but there are clear differences across the borough (see map A). Some neighbourhoods and communities in the borough are among the most deprived areas nationally, whereas equally some communities are amongst the more affluent in England.

The population of the borough continues to grow at above national rates – driven by the expansion of the local economy and record levels of housing growth. As the population grows, it has continued to change in line with national trends, with the population becoming more diverse and ageing. Although the population is ageing, it is younger than the national structure – with concentrations of younger population in south Telford (see map N). However, over half of the population increase between now and 2031 will be in the 65+ age group.

One of the biggest challenges for the borough remains health inequalities (see map B). It is important though to emphasise that the health of the borough is improving overall, however, for a number of key measures the health of the population is not as good as the national average. This gap to the national position is most evident in the most deprived communities of the borough with key challenges including a lower life expectancy, higher rates of long term illness and disabilities, high obesity rates and high rates of admissions to hospital for a variety of conditions.

A key area which has seen significant improvement has been levels of educational attainment. The gap between the national and local picture has closed significantly at Key Stage One and Two, with attainment rates now above the England average. There does, though, remain a number of key challenges with regard to attainment levels,

including attainment at secondary level and for a number of groups not achieving the same levels as their peers, including children in care, Pakistani children and children in receipt of free school meals.

There remains a high number of households which are income deprived in the borough, creating challenges for some communities (see maps C and D). However, unemployment rates in the borough have fallen and are now below England rates, including for young people who have previously had very high rates of unemployment.

2.6.2. Overview: Telford & Wrekin Health & Wellbeing

Telford & Wrekin has made much progress in recent years, particularly in smoking prevalence which is a risk factor for a range of diseases as well as being one of the main causes in health inequalities. However there remain significant health inequality gaps throughout the borough. Pharmacies have a key role to play in many of these areas. Healthy Living Pharmacy status will be one way of providing additional health and wellbeing services such as obesity management and smoking cessation advice. As a front-facing service that is frequently visited by hard to reach groups such as young people and those with drug and alcohol problems, they also play a role in improving awareness of screening services and NHS health checks.

The following sections give an overview of key areas where health local measures are worse than the national average for England. For further information please see [Chapter 3: Being Healthy in Understanding Telford](#) and Public Health Outcomes Framework summaries and data:

http://www.telford.gov.uk/downloads/download/806/public_health_outcomes_framework_phof_summary

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0>

2.6.3. Life expectancy, morbidity and mortality

Summary of health measures **worse** which are significantly worse than average:

- Life expectancy at birth – males & females
- Life expectancy at 65 years – males and females
- Healthy life expectancy at birth – males and females
- Gap in life expectancy at birth – males and females
- Mortality rate for causes considered preventable
- Health-related quality of life for older people
- Infant mortality
- Under 75 mortality rates from cancer
- Under 75 mortality rates from liver disease
- Health related quality of life for older people
- Excess winter deaths index (3 years, all ages) (male)

2.6.4. Healthy Lifestyles (adults and children)

Summary of health measures **worse** which are significantly worse than average:

- Breastfeeding – at birth and at 6-8 weeks
- Smoking status at time of delivery
- Under 18 conceptions
- Child excess weight (4-5 year olds, 10-11 year olds)
- Hospital admissions for unintentional and deliberate injuries in children
- Average number of portions of fruit and vegetables consumed daily (15 year olds)
- Average number of portions of fruit consumed daily (adults)
- Excess weight in adults
- Smoking prevalence in adults in routine and manual occupations
- Hospital admissions for alcohol-related conditions
- Cancer screening coverage - bowel cancer
- Adults aged 40-74 offered and receiving NHS Health Checks
- Flu vaccination coverage (65+ year olds, under 65s at risk, 2-4 year olds)

Table 1: Telford and Wrekin Health & Wellbeing Needs: Overview

Life expectancy, mortality and ill-health							
Indicator	Telford and Wrekin	England	Time Period	Indicator	Telford and Wrekin	England	Time Period
Healthy life expectancy at birth – Male (years)	59.54	63.39	2013 - 15	Chlamydia detection rate (15-24 year olds)	1990	1882	2016
Healthy life expectancy at birth – Female (years)	58.55	64.11	2013 - 15	% vaccination coverage – PPV (pneumonia)	67.3	70.1	2015/16
Life expectancy at birth – Male (years)	78.36	79.46	2013 - 15	% vaccination coverage - Flu (aged 65+)	69.7	70.5	2016/17
Life expectancy at birth – Female (years)	81.99	83.11	2013 - 15	% vaccination coverage - Flu (at risk individuals)	52.3	48.6	2016/17
Life expectancy at 65 – Male (years)	18.10	18.68	2013 - 15	% vaccination coverage - Shingles vaccination coverage (70 years old)	50.7	54.9	2015/16
Life expectancy at 65 – Female (years)	20.21	21.08	2013 - 15	Under 75 mortality rate from all cardiovascular diseases	79.2	74.6	2013 - 15
Gap in life expectancy at birth T&W and England as a whole – Male (years)	-1.10	0.00	2013 - 15	Under 75 mortality rate from cancer-Persons	152.6	138.8	2013 - 15
Gap in life expectancy at birth T&W and England as a whole – Female (years)	-1.12	0.00	2013 - 15	Under 75 mortality rate from liver disease	22.7	18.0	2013 - 15
Self-reported wellbeing - people with a low happiness score	10.82	8.75	2015/16	Under 75 mortality rate from respiratory disease	39.4	33.1	2013 - 15
Self-reported wellbeing - people with a high anxiety score	20.79	19.37	2015/16	Mortality rate from a range of specified communicable diseases, including influenza	7.0	10.5	2013 - 15
Injuries due to falls in people aged 65 and over (per 100,000 pop)	1402.00	2124.61	2014/15				
Mortality rate from causes considered preventable (per 100,000 pop)	202.53	184.46	2013 - 15				
Emergency hospital readmissions within 30 days (per 100,000 pop)	11.45	11.78	2011/12				
Health related quality of life for older people-Persons	0.71	0.73	2015/16				

Adults – health & lifestyles				Children & Families – health and lifestyles			
Indicator	Telford and Wrekin	England	Time Period	Indicator	Telford and Wrekin	England	Time Period
Emergency Hospital Admissions for Intentional Self-Harm	174.7	196.5	2015/16	Low birth weight of term babies (%)	2.5	2.8	2015
Adults meeting the recommended '5-a-day' on a 'usual day' (%)	48.6	52.3	2015	Breastfeeding at 6-8 weeks (%)	36.32	43.15	2015/16
Average no. of portions of fruit consumed daily (adults)	2.2	2.5	2015	Maternal Smoking at delivery (%)	18.12	10.65	2015/16
Average no. of portions of vegetables consumed daily (adults)	2.2	2.3	2015	Under 18 conceptions (per 1,000 pop)	32.61	22.80	2014
Excess weight in adults (%)	71.1	64.8	2013 - 15	Child excess weight at 4-5 years (%)	25.54	22.14	2015/16
Physically active adults (%)	53.8	57.0	2015	Child excess weight at 10-11 years	37.43	34.17	2015/16
Physically inactive adults (%)	28.5	28.7	2015	Hospital admissions from injuries 0-14 year olds (per 1,000 pop)	136.27	104.20	2015/16
Smoking prevalence in adults current smokers (%)	15.6	15.5	2016	Hospital admissions from injuries in 15-24 year olds (per 1,000 pop)	130.84	134.06	2015/16
Smoking prevalence in adult in routine and manual occupations (%)	26.2	26.5	2016	Smoking prevalence at age 15 - current smokers (%)	5.98	8.20	2014/15
Successful completion of drug treatment - opiate users (%)	7.1	6.7	2015	Emergency Hospital Admissions for Intentional Self-Harm (per 1,000 pop)	206.94	191.43	2014/15
Successful completion of drug treatment - non-opiate users (%)	44.3	37.3	2015	Average number of portions of fruit consumed daily at age 15	2.22	2.39	2014/15
Successful completion of alcohol treatment (%)	37.0	38.4	2015	Average number of portions of vegetables consumed daily at age 15	2.30	2.40	2014/15
Recorded diabetes (% of adults)	6.6	6.4	2014/15	15 year olds meeting the recommended "5-a-day" (%)	49.70	52.40	2014/15
Admission episodes for alcohol-related conditions (per 100,000 pop)	725	647	2015/16				

Source: [Public Health Outcomes Framework](#)

3. Overview of Current Pharmaceutical Service Provision

Pharmaceutical services in Telford and Wrekin are provided through:

- Community pharmacy providers
- Dispensing doctor practice (Wellington Road Surgery, Newport)
- Dispensing appliance provider (DAC)
- Distance selling (internet and mail order) providers (none located in Telford and Wrekin)

Medical services within Telford and Wrekin are provided by one acute trust, the Shrewsbury and Telford Hospitals NHS Trust (SaTH) based at two sites the Princess Royal Hospital, Telford and the Royal Shrewsbury Hospital. GP services are provided by 22 local sites. GP out of hours services are currently provided by 'Shropdoc'. Shropdoc provide a GP out of hours service to all localities. They hold stocks of emergency drugs that can be issued to patients when pharmaceutical services are unavailable, or if there should be significant difficulty in obtaining medication that was required without delay.

3.1. Pharmacy contract applications – Market Entry

NHS England North Midlands (Shropshire & Staffordshire), as the local representative of NHS England, is responsible for the provision of NHS pharmaceutical services. Applications for new, additional or relocated premises will need to be made to NHS England. Routine applications for a new pharmacy will be assessed against this Pharmaceutical Needs Assessment or subsequent updates produced by the HWB. The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England for:

- (a) The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
- (b) The provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
- (c) The dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHS Commissioning Board with a dispensing doctor).

3.2. Rural dispensing

The market entry system applies equally to urban and rural areas. However, where NHS England has determined that an area is controlled (rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense NHS medicines. GPs, can in general, dispense NHS prescriptions only with NHS approval and only to their own patients, who live in the controlled locality and live more than 1.6km (as the crow flies) from a

pharmacy. The main purpose is to ensure patients in rural areas, who might have difficulty getting to their nearest pharmacy, can access the dispensed medicines they need. For further guidance see the 'NHS (Pharmaceutical Services) Regulations:

<http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

3.3. Dispensing Doctors: Dispensing Service Provision

Dispensing practices are able to offer a dispensing service to meet pharmaceutical service needs for eligible patients (a range of other services are also offered through the GP contractual system but these are not in the scope of this needs assessment). Telford and Wrekin has defined the controlled localities within its borders. A controlled locality is an area which has been determined as being rural in character. Special rules relate to the provision of pharmaceutical services in such areas. Telford and Wrekin has one dispensing practice – The Surgery, Wellington Road Newport. The practice offers a dispensing service to its registered patients who live more than 1.6km from the nearest local pharmacy and reside within the controlled locality.

In accordance with the NHS (Pharmaceutical) Regulations 2013 local commissioners should hold maps defining rural and non-rural areas (controlled and non-controlled localities) within Telford and Wrekin boundaries. This determines the pharmaceutical services available to patients i.e. whether the GP practice dispenses to the patient or they receive their medication from a community pharmacy.

3.4. Dispensing Appliance Provider: Dispensing Service Provision

Telford and Wrekin has one dispensing appliance provider - Nucare Ltd, Unit C5 & C6 Hortonwood, Telford, Shropshire, TF1 7ES (0800 783 3909). Nucare provides a home delivery dispensing service for NHS prescriptions for continence, stoma and wound care products. Nucare also have healthcare professionals who are able to answer queries and support patients with regards their appliance use. They also offer a stoma customisation service. Nucare's current opening hours are 8:30am to 5:30pm.

3.5. Prescription Collection and Delivery

There is no requirement for community pharmacies or dispensing doctors to offer a prescription collection and delivery service within the current pharmacy/dispensing doctors contract. Many pharmacies however do offer this as an additional service for patients in their area. Prescription collection services are widely used by all patient groups. The service has been especially useful for those who are unable to routinely attend their GP practice to order or pick up their prescription. Housebound and elderly people often rely on their pharmacy to support them with access to their prescriptions. Equally GP practices have also utilised prescription collection and delivery services to ensure their patients receive medicines in a timely manner.

Local guidance requires patients to be integral to ordering of their medicines where ever possible. An increasing number of GP practices are now offering people the ability to order

their medication online. Using a unique password, patients are able to access a list of their authorised repeat medication and order online.

Telford and Wrekin CCG are also currently rolling out their prescription ordering department (POD). Patients are directed to order their prescription medication by calling the POD team directly. The POD team is available from 8:00am to 18:00pm Monday to Friday. The POD operative will take each patient medication request and generate a prescription request at the patients practice. Once authorized the prescription will be sent electronically to the patients nominated pharmacy.

All non-dispensing GP sites now offer an electronic prescription service (EPS). EPS makes it possible for a patient's prescriptions to be sent electronically to the patients nominated pharmacy or dispenser without the need for a paper prescription.

Prescription delivery services are offered by some pharmacies. Pharmacies may have specific criteria for who they will deliver to. The service is often directed towards elderly housebound patients and those with a physical disability, who may experience difficulty in obtaining their prescription medication. Appendix X shows pharmacies that currently have a prescription collection and delivery service.

3.6. Electronic Prescribing

The development of a dedicated prescription ordering department (POD), electronic prescription services (transmission of a patient's medication request electronically to their nominated pharmacy) and established repeat prescription collection and delivery services, has provided comprehensive local coverage of dispensing service provision, ensuring provision of prescribed medication for people unable to easily access community pharmacies. For people living in more remote locations, collection and delivery services have been essential in ensuring housebound patients and those that have difficulties with accessing pharmacies are able to receive their prescribed treatment. (It should be noted that provision of a collection and delivery service is not an NHS pharmaceutical services requirement).

3.7. Community Pharmacy Services

Community pharmacies already make a significant contribution to the health and wellbeing of the local population. Essential services as outlined by the community pharmacy contract are delivered by all providers. Contract adherence is monitored by the local NHS England Director of Commissioning Operations (DCO) Team.

In previous years, contracts have been monitored using a self-assessment process and a number of site visits. Monitoring has helped to ensure that high standards of pharmaceutical care are being consistently delivered. Appendix VII details all pharmaceutical providers currently operating in Telford and Wrekin.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) provides the legal framework that govern the services that pharmaceutical services providers can provide. Although dispensing practices provide a wide range of

services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulation and PNA.

There are three levels of pharmaceutical services that community pharmacies can provide:

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

Pharmacies can also provide locally commissioned services which are commissioned by local commissioners such as Telford and Wrekin Council.

The following sections detail current service provision in Telford & Wrekin across Essential, Advanced and Enhanced services. Data for current pharmacy services provided in the borough was collated using a pharmacy practice questionnaire completed on the PharmOutcomes platform. All local providers were asked to complete the practice questionnaire. The questionnaire was developed nationally and approved by the PSNC (Pharmaceutical Services Negotiating Committee). Returned questionnaires were analysed by the Local Authority. Information regarding the dispensing service at Wellington Road Surgery (Newport) was obtained directly from the GP practice. Responses are summarised in Appendix X and maps of current provision are based on data from this survey. Currently provided services have been checked against local and NHS contracts and all responses were reviewed by pharmacies for validation. The following sections provide detailed analysis of current pharmaceutical service provision.

4. Essential Services

All providers are obliged to offer essential services:

• Dispensing

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

• Repeat dispensing/ electronic Repeat Dispensing (eRD)

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF). Under the repeat dispensing service pharmacy teams will:

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

The service is now possible using both paper prescriptions and via the Electronic Prescription Service (EPS) as electronic Repeat Dispensing (eRD)

• **Waste management**

Community pharmacies must accept unwanted medicines from households and individuals which require safe disposal. NHS England will then arrange for the collection and disposal of waste medicines from pharmacies. The aims of this essential service are to:

- Ensure the public has an easy method of safely disposing of unwanted medicines
- Reduce the volume of stored unwanted medicines in people's homes, by providing a route for disposal, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- Reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- Reduce the environmental damage caused by the use of inappropriate disposal methods for unwanted medicines.

• **Public health (promotion of healthy lifestyles)**

The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight

In addition, pro-active participation in national/local campaigns to promote public health messages to general pharmacy visitors during specific targeted campaign periods is part of the Public Health essential service. The aims of this essential service are to:

- Increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- Target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

• **Signposting**

The provision of information to people visiting the pharmacy, who require further support, advice or treatment, which cannot be provided by the pharmacy, about other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

• **Support for self-care**

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

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including nonpharmacological ones
- To minimise inappropriate use of health and social care services.

• **Clinical governance**

Pharmacies must apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participating in continuing professional development and clinical audits; and assessing patient satisfaction.

5. Advanced Services

5.1. Medicines Use Review

5.1.1. Overview: Medicine Use Review

Medicines Review Service includes reviewing medicines adherence periodically, as well as responding to a need to make a significant prescription intervention during the dispensing process. Medicines Use Review (MUR) is about helping patients use their medicines more effectively. Effective and targeted MUR's will help to support patients with long term conditions and those who have been recently discharged from hospital. Adherence to long term medication has been found to be as low as 50%. MUR's will help to improve adherence and ensure outcomes related to medicines interventions are realised. Recommendations following an MUR will focus on healthier lifestyles as well as a better understanding of treatment. The aims of the service are to improve patient understanding and adherence or their prescribed medication by:

- Establishing the patient's actual use, understanding and experience of taking their medicines
- Identifying, discussing and resolving poor or ineffective use of their medicines
- Identifying side effects and drug interactions that may affect patient compliance
- Improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

National target groups were introduced in 2011 and include the following:

- Patients taking high risk medicines
- Patients recently discharged from hospital who had changes made to their medicines while they were in hospital (ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge)
- Patients with respiratory disease
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

From 1st April 2015, pharmacies have been advised to carry out more than 70% MURs within a financial year with patients from one of these target groups. In Telford & Wrekin, all 37 pharmacies are providers of MUR and have capacity to undertake up to 400 a year per pharmacy.

5.1.2. Service Provision: Medicine Use Reviews

For full list of providing pharmacies see Appendix IX and map E.

In 2016/17, there were 10,721 MURs with an average of 282 MURs per provider (see table below). Lakeside South had the highest activity per pharmacy of all three localities (average 288 MURs per pharmacy) though the annual average MUR activity was not significantly different in each locality. Across the borough, the monthly average activity per pharmacy was lower than the national average for every month April 2016 – March 2017 (national average ranged from 23.6 – 35.0 MURs per claiming pharmacy)¹¹.

Locality	Average Activity per Provider
Hadley Castle	276.2
The Wrekin	283.6
Lakeside South	288
Telford & Wrekin	282.1

In 2017/18, all 37 pharmacies are signed up to deliver MUR. There is good coverage of MUR services at locality level in Telford & Wrekin (map E).

5.2. New Medicines Service

5.2.1. Overview: New Medicines Service

The New Medicines Service (NMS) provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. The aims of the service are:

- Improve patient adherence which will generally lead to better health outcomes

¹¹ PNSC, MUR Statistics 2016/17. Available from <http://psnc.org.uk/funding-and-statistics/nhs-statistics/mur-statistics/>

- Increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management
- Reduce medicines wastage
- Reduce hospital admissions due to adverse events from medicines
- Lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance.

5.2.2. Service provision: New Medicines Service

For full list of providing pharmacies see Appendix IX and map F.

In 2016/17 there were 2,890 interactions involving NMS with an average of 78 interactions per provider (see table below). Hadley Castle had the highest activity per pharmacy of all three localities (average 103 interactions per commissioned pharmacy). All pharmacies currently provide NMS except one pharmacy.

Locality	Average Activity per Provider
Hadley Castle	102.5
The Wrekin	62.4
Lakeside South	62.1
Telford & Wrekin	78.1

In 2017/18, 36 pharmacies are signed up to deliver NMS. There is good coverage of NMS services at locality level in Telford & Wrekin (map F).

5.3. Appliance Use Review

5.3.1. Overview: Appliance Use Review

Appliance Use Review (AUR) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of their appliance by:

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

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business. Before providing the service, the pharmacy must notify the NHS Business Services Authority and the CCG that it wishes to provide the service. It must also inform them as to whether the service will be provided at the patient's home and a statement of each location at which the service is to be provided.

5.3.2. Service Provision: Appliance Use Review

For full list of providing pharmacies see Appendix IX and map G.

In 2016/17, only two providers had interactions involving AUR: one in The Wrekin locality and one in Hadley Castle (see table below). This included 23 off site and 15 on premises interactions.

Locality	Total Activity (interactions)
Hadley Castle	23
The Wrekin	15
Lakeside South	0
Telford & Wrekin	38

In 2017/18, ten pharmacies are signed up to deliver Appliance Use Review: five in Lakeside South, three in The Wrekin and two in Hadley Castle (see map G). This means that there is currently no provision in Newport or Wellington (see appendix X). Service activity is as expected and in line with national activity.

5.4. Stoma Customisation Service

5.4.1. Overview: Stoma Customisation Service

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

If on presentation of a prescription a pharmacy is not able to provide the service because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy or provider of appliances.

5.4.2. Service Provision: Stoma Customisation Service

For full list of providing pharmacies see Appendix IX and map H.

In 2016/17 there were 165 interactions involving stoma appliance customisation through ten providers (see below). Lakeside South had the highest activity per providing pharmacy (average of 20.3) though The Wrekin had the highest number of active providers (four pharmacies) and the highest number of interactions involving stoma customization:

Locality	Total Activity (interactions)
Hadley Castle	36
The Wrekin	68
Lakeside South	61
Telford & Wrekin	165

In 2017/18, seven providers are signed up to deliver stoma appliance customisation: four pharmacies in Lakeside South, two in The Wrekin and one in Hadley Castle. There is currently no provision in Newport or Donnington (see Appendix X). There is also no provision in Hadley but there is adequate public transport to the provider in Wellington. This suggests provision and coverage is adequate and in line with national averages.

5.5. NHS Urgent Medicine Supply Advanced Services (NUMSAS)

5.5.1. Overview: NUMSAS

NUMSAS is currently a pilot service commissioned by NHS England that manages a referral from NHS 111 to a community pharmacy, when a patient has contacted NHS 111 because they need urgent access to a medicine or an appliance that they have been previously prescribed on an NHS prescription. The service enables appropriate access to medicines or appliances out of hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP out of hours providers to community pharmacies. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay. This service is being commissioned as a national pilot advanced service and was launched on 4th December 2017.

5.6. Influenza Adult Vaccination Service

5.6.1. Overview: Influenza Adult Vaccination Service

This service supports the provision of the national flu vaccination programme between September and January every year and provides an alternative option to general practice. For most healthy people, influenza is usually a self-limiting disease. However, children, older people, pregnant women and those with certain long-term conditions are at increased risk of severe illness if they catch it. The vaccination provides protection against the most prevalent strains of the virus. The aims of the service are:

- Increase the uptake of seasonal influenza vaccine across Shropshire & Staffordshire in line with Department of Health recommendations
- Reduce the serious morbidity/mortality and hospitalisations from influenza by immunising those most likely to have a serious or complicated illness, should they develop influenza
- Improve access to seasonal influenza vaccine for eligible patients who are registered with a GP practice in Shropshire and Staffordshire.

There was a 300% increase in the number of flu vaccinations provided by pharmacies between 2015/16 and 2016/17. Both the proportion of pharmacies signed up to provide flu vaccination services (21 to 24) and the average provision per pharmacy (42 to 111 vaccinations per pharmacy) increased though this was lower than the national average of 113

vaccinations per pharmacy¹². Provision across Telford and Wrekin is variable and community pharmacies should continue to offer patients choice, increasing vaccination provision and uptake, particularly given that there has been generally a lower uptake of seasonal flu vaccination across some areas of Telford and Wrekin.

5.6.2. Service Provision: Influenza Adult Vaccination Service

For full list of providing pharmacies see Appendix IX and map J.

In 2016/17, 2,652 flu vaccinations were administered across 24 providers in Telford and Wrekin. This is a 300% increase in the number of vaccinations from 884 in 2015/16 and was by far the largest increase of all the CCGs in Shropshire and Staffordshire. This boosted Telford and Wrekin's activity from the second lowest activity to 4th highest activity of eight CCGs in Shropshire and Staffordshire. The average number of vaccinations per pharmacy rose to 111, above the average for Shropshire and Staffordshire (94 per pharmacy).

In 2017/18, 29 pharmacies are signed up to provide flu vaccination for NHS-eligible patients (see map J). These pharmacies are fairly evenly distributed though patients living in Hadley and Trench would benefit from more pharmacies in these areas providing this service. However, there is no evidence that patients in these areas aren't accessing this service elsewhere.

5.7. Recommendations: Advanced Services

- Medicines Use review (MUR) and the New Medicines service (NMS) have become established advanced services. PNA analyses have shown that there is sufficient awareness of these services and they are offered by the majority of pharmacies. Telford and Wrekin would encourage all providers to continue to focus these review services on those identified within the national target groups and those that are that are identified as poorly adherent to prescribed treatment.
- The review of coverage of advanced services provided by community pharmacies in the PNA has shown that there is sufficient coverage of the Medicines Use Review (MUR) and the New Medicines service (NMS) services. Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions. This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS.
- Coverage of appliance user reviews and stoma appliance customisation services are low, which is similar to the trend seen across England due to these services being a

¹² Pharmaceutical Services Negotiating Committee, Flu vaccination data for 2016/17 available from <http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-data-for-201617/>

specialist area, with many patients receiving the support they require either from a clinic, hospital or from a dispensing appliance provider located in another area.

- Annual seasonal influenza vaccination, as part of the national programme, makes a significant contribution to reducing illness and death from 'flu, which in turn contributes more widely to managing demand for health and social care services during the winter. Pharmacies have been increasingly playing a key role in the annual 'flu immunization programme in recent years. All pharmacies have the opportunity to provide influenza vaccination advanced service and are encouraged to do so to contribute to overall improving immunization coverage. During the 2017/18 season the national programme was extended to explicitly include social care workers in registered care homes, pharmacies providing the advanced service can also contribute to improving uptake in this group.

6. Enhanced Services

6.1. Pharmacy First Common Ailments

6.1.1. Overview: Pharmacy First Common Ailments

Patients can access community pharmacies for the self-management of a range of conditions. The service enables pharmacies to undertake consultations, provide advice and medications if appropriate for their condition similar to a consultation at a GP practice. Around a fifth of GP consultations are thought to be related to minor ailments that could largely be dealt with by self-care and support from community pharmacies. There is a continued need to raise awareness of the service within the Borough and encourage GP practices/ out of hours providers to actively refer appropriate patients where possible. Providers are encouraged to support their patients with common ailments to access this service, which in turn will reduce the pressure on urgent care services and community healthcare.

6.1.2. Service Provision: Pharmacy First Common Ailments Service

For full list of providing pharmacies see Appendix IX and map K.

In 2016/17 there were 1,684 interactions through the common ailments service of 20,250 interactions over the whole of Shropshire and Staffordshire (8.3% of all interactions involving the common ailments service).

In 2017/18, 29 pharmacies have signed up to provide this service and 25 are currently providing (see Appendix X). Again, those currently providing this service are fairly evenly distributed but those in Hadley would benefit from more pharmacies in these areas providing this service, as there are residents in the top 10-30% most deprived in terms of health and disability living here. However, there is no evidence that patients in these areas aren't accessing this service elsewhere.

6.2. Pharmacy First Emergency Supply Service

6.2.1. Overview: Pharmacy First Emergency Supply Service

The Emergency Supply Service enables pharmacies to issue up to 14 days' worth of medication to patients who have run out of their prescribed medication when it is considered an emergency.¹³ Patients can access this service by presenting at their local pharmacy. Additionally, local out of hours providers, GP practices and NHS 111 actively sign post patients to this service.

6.2.2. Service provision: Pharmacy First Emergency Supply Service

For full list of providing pharmacies see Appendix IX and map L.

In 2016/17 there were 793 interactions involving the emergency supply service of 5,804 over the whole of Shropshire and Staffordshire (13.7% of all interactions involving emergency supply service).

In 2017/18, 22 pharmacies are signed up to provide this service; six in Lakeside South, six in The Wrekin and ten in Hadley Castle. There is good coverage (see map L) with provision in most areas except Leegomery, Shawburch and Ironbridge which have public transport to nearby services.

6.3. Pharmacy First Urinary Tract Infections (UTI) and Impetigo

6.3.1. Overview: Pharmacy First UTI/Impetigo Service

This service allows pharmacies to provide antibiotic treatment for urinary tract infections (UTI) for women aged 16-74 and impetigo in children and adults who meet the inclusion criteria following assessment by a pharmacist under a Patient Group Direction (PGD).

6.3.2. Service provision: Pharmacy First UTI/Impetigo Service

For full list of providing pharmacies see Appendix IX.

In 2016/17 there were only four interactions involving the UTI/impetigo service, out of 13 interactions through seven providers in the whole of Shropshire.

In 2017/18, 19 pharmacies are signed up to provide this service in Telford & Wrekin: nine in Hadley Castle locality, four in The Wrekin and six in Lakeside South.

6.4. Recommendations: Enhanced Services

- There is a need for commissioners to work with local providers to increase referral to the common ailments service. Local commissioners need to encourage all community

¹³ Pharmacists will use their professional judgement when assessing the patient's need.

pharmacy providers to participate in the common ailments service and increase the number of consultations currently undertaken.

- Emergency supply services are available across Telford and Wrekin. There is a need for local commissioners to increase awareness with local healthcare providers of the emergency supply service and encourage all local providers to participate in delivery of this service.

➤ **NEEDS COMMENT ON CLINICAL SERVICES (and add to exec summary)**

- NHS England North Midlands, Telford and Wrekin County Council and other local commissioners need to ensure there is equitable provision of locally commissioned services across Telford. This could be coordinated through the STP.

7. Locally commissioned pharmacy services: Sexual Health Services

7.1. Sexual Health Needs

Good sexual and reproductive health and the reduction of the prevalence and transmission of Sexually Transmitted Infections (STIs) are of public health importance, as they are avoidable but can lead to reproductive ill-health, such as infertility. STIs are also linked to some cancers such as cervical, anal, and oropharyngeal cancer and therefore have significant cost implications for the NHS as well as contributing to antibiotic resistance.

Teenage conception rates have been historically high in Telford & Wrekin, but rates have been declining over the past decade, decreasing from 64.2 conceptions per 1000 women under age 18 years in 1998, to 25 per 1000 in 2015. For the first time, in 2015, teenage conception rates in Telford are now rated 'similar' to the England average (20.8 per 1000) and the West Midlands regional average (23.7 per 1000). The highest rates of teenage pregnancy continue to be seen in the most deprived electoral wards.

Telford & Wrekin Council commissions South Staffordshire & Shropshire Healthcare NHS Foundation Trust to deliver the integrated sexual health services in Telford & Wrekin. The service includes the full range of sexual health services, prevention services, specialist outreach and online STI screening. A new Telford Town Centre clinic has been developed as a way to improve access. The Council also commissions community pharmacies in Telford & Wrekin to deliver emergency hormonal contraception and Chlamydia & Gonorrhoea Screening and Treatment.

7.2. Emergency Hormonal Contraception

7.2.1. Overview: Emergency Hormonal Contraception

Approved pharmacists can supply emergency hormonal contraception EHC (Levonorgestrel 1500mg or Ulipristal 30mg) to clients when appropriate, in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD specifies the age range (25 years

and under) and inclusion criteria of clients that are eligible for the service. The service is confidential, easily accessible, non-judgmental and is made free of charge to the client.

The service requires community pharmacists to comply with contractual arrangements and link with existing local networks for integrated sexual health services. Clients excluded from the PGD criteria will be referred to other local services that will be able to assist them, as soon as possible, e.g. the integrated sexual health service. All pharmacies involved in this enhanced service need to ensure their accreditation is maintained.

The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods. The pharmacy will also provide onward signposting to services that offer long term contraceptive methods and diagnosis and management of STIs.

The aims of the EHC service are:

- To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.
- To improve access to emergency contraception and sexual health advice.
- To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the client group.
- To refer clients, especially those from hard to reach groups, into mainstream Integrated Sexual Health Services.
- To increase the knowledge of risks associated with Sexually Transmitted Infections.
- To refer clients who may have been at risk of STIs to an appropriate service.
- To strengthen the local network of contraceptive and sexual health services in the community, to help ensure easy and swift access to advice and treatment.

7.2.2. Service Provision: Emergency Hormonal Contraception

For full list of providing pharmacies see Appendix X and map M.

In 2016/17, the 25 pharmacies providing EHC delivered 806 consultations in 2016/17, which was a 17% increase since 2013/14. The greatest levels of EHC activity for under 25s in pharmacies were seen in those aged 16 to 24 years. This age group accounts for 87% of all consultations (47% of total customers are aged 20-24 and 39% are aged 16-19). Telford Town Centre pharmacies showed the greatest uptake for EHC, delivering a third of all activity. This is not unexpected given the potential anonymity offered by the size and location of these providers. The second largest proportion of all EHC activity was based in the Newport area, with 13% of all activity. This is likely to be due to Newport's rural location and ease of access for Newport's university population.

In 2017/18, 35 pharmacies have contracts to deliver a sexual health services in Telford & Wrekin (see Appendix IX) and 24 of these reported that they are currently delivering EHC in the pharmacy survey (see Appendix X and map M). There is good coverage of EHC

provision, with all areas with higher than average teenage pregnancy rates covered. Opening hours for pharmacies currently providing EHC are listed in Appendix XI. There are also other local providers of EHC within Telford and Wrekin, including GPs, integrated sexual health service and School Nurses.

7.3. Chlamydia & Gonorrhoea Screening and Treatment

7.3.1. Overview: Chlamydia & Gonorrhoea Screening and Treatment

Sexually transmitted infections (STIs) disproportionately affect young people. Research shows that young people are more likely to have higher number of sexual partners, use barrier contraception inconsistently and are more likely to become re-infected after being diagnosed with and treated for an initial STI. Chlamydia is the most common STI and left untreated can lead to pelvic inflammatory disease, ectopic pregnancy, and infertility. Diagnostic rates for Chlamydia infection at a local authority-level are included in the national Public Health Outcomes Framework.

In Telford & Wrekin, there was a 38% increase in the number of gonorrhoea diagnoses between 2015 and 2016. In contrast nationally, there was an 11% drop in numbers over the same period. As a result, the Council commissions community pharmacies in Telford & Wrekin to issue chlamydia and gonorrhoea testing kits. From June 2017, community pharmacies have used a single chlamydia and gonorrhoea testing kit.

In line with the requirements of a locally agreed Patient Group Direction (PGD), approved pharmacists supply Azithromycin or Doxycycline to clients when appropriate for treatment. The PGD specifies the age range (25 years and under) and an inclusion criteria for clients that are eligible for the service. The service is confidential, easily accessible, non-judgmental and treatment is made free of charge to the client.

The aims of the service are to:

- Offer a user-friendly, non-judgmental, client-centred and confidential service
- Increase access to Chlamydia testing within existing consultations
- Normalise Chlamydia testing within existing consultation
- Increase access to treatment of asymptomatic individuals with Chlamydia infection
- Increase access for young people to sexual health advice and referral on to specialist services where required
- Increase service users' knowledge of the risks associated with STIs
- Strengthen the network of contraception and sexual health services to help provide easy and swift access to advice
- Reach sexually active young men and women who do not use mainstream sexual health services
- De-stigmatise Chlamydia infections and raise awareness of positive sexual health

- Reduce the burden on secondary care services by diagnosing and treating infections in the community
- Increase early detection and treatment of both Chlamydia and Gonorrhoea and therefore reduce transmission and complications associated with these infections.

7.3.2. Service Provision: Chlamydia & Gonorrhoea Screening and Treatment

For full list of providing pharmacies see Appendix X and maps N and P.

The uptake of Chlamydia testing in young people in Telford & Wrekin (across all sexual health service settings, including community pharmacy) is significantly lower than the national average. In 2016 (16.5%) of 15-24 year olds had taken part in Chlamydia testing, compared to 20% across England as a whole.

The Chlamydia diagnoses rates are similar to the national average for all 15-24 year olds. Chlamydia detection rates continue to be higher in females aged 15-24 years compared to males, which is due to females being more likely to access testing (see table below).

Table of Chlamydia Testing and Diagnosis Indicators

Indicator	Telford & Wrekin	England	Time period
Chlamydia diagnoses (15-24 year olds) (persons)	1,990	1,882	2016
Chlamydia diagnoses (15-24 year olds) (males)	1,056	1,269	2016
Chlamydia detection rate (15-24 year olds) - (females)	2,990	2,479	2016
Chlamydia proportion aged 15-24 screened	16.5%	20.7%	2016

Key to RAG rating:

Telford & Wrekin position statistically significantly worse than the England average	Telford & Wrekin position statistically similar to the England average	Telford & Wrekin position statistically significantly better than the England average
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Source: www.phoutcomes.info, <http://fingertips.phe.org.uk/profile/sexualhealth>

Published by Public Health England, Crown Copyright.

According to the 2016/17 Performance Data Report, there were seven pharmacies signed up to distribute testing kits and five signed up to provide treatment for Chlamydia. However, despite the high level of sign up to this scheme only three pharmacies actively provided this. A total of 47 kits were given out with a total of 11 people treated for chlamydia in community pharmacies.

In 2017/18, 35 pharmacies have contracts to deliver sexual health services and 11 of these reported that they currently provide chlamydia treatment in the pharmacy survey (June 2017, see Appendix X, map N). Eight of these pharmacies also reported that they currently provide chlamydia screening service as well (Appendix X, map P). There is chlamydia screening provision in each locality (three in Lakeside South, one in The Wrekin and four in Hadley Castle) though none of the pharmacies in Wellington or Newport currently provide this service. Newport is adjacent to an area with a high proportion of 15 – 24 year olds due to Harper Adams agricultural university (see map N). However, the university has its own chlamydia testing and treatment services and hence students are less likely to seek this service in community pharmacies. Similarly, Wellington College currently have a weekly clinic for integrated sexual health services.

7.4. Condom Distribution Scheme (CDS)

7.4.1. Overview: CDS

Condom Distribution Schemes, known as “C-card” schemes, are confidential services that provide free condoms, sexual health advice and support to young people. The aims of this services are:

- To make condoms more accessible to young people, whilst providing them with support and information about sexual health and how to use condoms correctly.
- To encourage good longer-term sexual health awareness and behaviour and better use of further services.

7.4.2. Service Provision: CDS

For full list of providing pharmacies see Appendix IX.

In 2017/18, 27 pharmacies are signed up to deliver either registration and distribution of CDS, or distribution only.

7.5. Recommendations: Sexual Health Services

- Emergency Hormonal Contraception (EHC): Assessment of the current provision suggests that there is adequate local coverage for EHC for women aged under 25 years. However, Telford and Wrekin Council encourage all community pharmacies to participate in this enhanced service, especially those open during weekends and extended hours during the week. Generally service provision during weekends is significantly less than that during weekdays. Community pharmacies open during the weekend offer essential provision during this time. Commissioners responsible for sexual health services provision have evaluated the extension of free EHC for women over 25 given previous PNA recommendation. EHC is already available to women of all ages free-of-charge through their GP practice and whilst it is acknowledged that expanding free EHC in pharmacies for women over 25 would reduce inequities in choice, this is not considered cost effective at this time.

- Chlamydia & Gonorrhoea Screening Scheme: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up for the Chlamydia Screening Scheme. However, testing and treatment levels need to be improved amongst 15-24 young people, with a particular focus on men. A training programme should be developed as a way of encouraging and supporting pharmacies that have signed up to the scheme to improve access to Chlamydia & Gonorrhoea testing and treatment.
- Condom Distribution Scheme: Assessment of current provision suggests that there is adequate local coverage in terms of pharmacy sign up to distribute condoms, however more awareness is need to promote the scheme as well as distribution of condoms to young people accessing EHC and Chlamydia Screening & Treatment services within community pharmacies.

8. Locally Commissioned Pharmacy Services: Substance Misuse Services

8.1. Substance Misuse Needs

Liver disease is the only major cause of early death in Telford and Wrekin which is still on the rise and this contributes to lower than average rates of life expectancy in both men and women. Although the most recent (2014-16) data suggests our liver disease mortality rate (21.4 per 100,000) is now similar to the England average (18.3 per 100,000) it is too soon to tell if this will be a sustained downward trend. Reducing the number of people who misuse drugs and alcohol continues to be a Telford and Wrekin Health & Wellbeing Board priority.

Community pharmacy services have a key role to play in improving treatment and recovery and minimising harm for people with substance misuse dependence problems, which are key aims of the Telford & Wrekin Drug & Alcohol Strategy.

The public survey of views and knowledge of pharmacy services indicated that 37% of respondents were aware of the substance misuse services offer in local community pharmacy, and 31% were aware that they could access clean needles from a pharmacy. Almost all of the 37 pharmacies offer a supervised consumption service, which benefited circa 670 people in recovery for drug dependence in 2016/17.

Telford & Wrekin Council has re-commissioned Inclusion (South Staffordshire and Shropshire NHS Foundation Trust) to provide a new, transformed system substance misuse treatment system (STARS) from April 2018. This new treatment system will continue to rely on community pharmacies in Telford & Wrekin to deliver supervised consumption and needle exchange services through a subcontracting arrangement.

For more information on Telford & Wrekin's substance misuse indicators, see the Public Health Outcomes Framework available from:

8.2. Supervised Consumption (supporting clients with opiate dependence)

8.2.1. Overview: Supervised Consumption

This service offers a client-focused non-judgmental, confidential approach to supervising the consumption of medicines; including methadone for the management of opiate (drugs) dependence by accredited pharmacists/pharmacies. The service requires the accredited pharmacist to supervise the taking of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the correct dose has been administered appropriately to the correct patient. The pharmacy will also provide appropriate support and advice to the client, including referral to primary care colleagues and the new STARS substance misuse treatment system provided by Inclusion and other partners from April 2018.

The service aims:

- To ensure the client follows their agreed treatment plan by:
 - Dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed, i.e. weekends).
 - Ensuring each supervised dose is correctly consumed by the patient for whom it was intended whilst they are on site.
- To reduce the risk to local communities by:
 - Ensuring that people taking the prescribed substances follow the prescriber's instructions and therefore prevent prescribed medicines entering onto the illicit drugs market
 - Preventing accidental exposure of prescribed medication used in substance misuse

The pharmacy/pharmacist will provide service users with regular contact with health care professionals and will help them access further advice or assistance, where required. Pharmacy will also promote a healthier lifestyle, by referral to specialist treatment centres or other health and social care professionals where appropriate.

8.2.2. Service Provision: Supervised Consumption

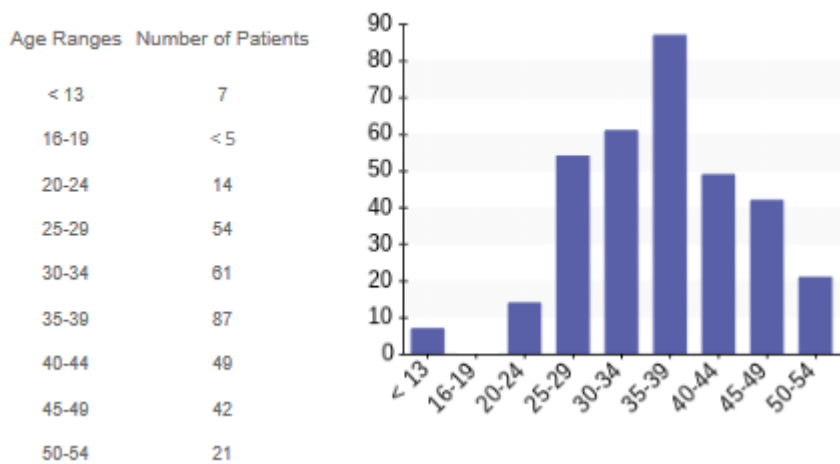
For full list of providing pharmacies see Appendix X and map Q.

In 2016/17, 32 of 35 accredited pharmacies were actively providing this service, when 6874 personal interactions with 671 patients took place (average of 10.2 interactions per patient). The majority of patients (77.9%) received methadone solution and 22.1% received buprenorphine tablets. Tuesday and Friday were the most popular days for attendance (both

>20% attendance) and the most common age group of patients was 35-39 (see graph below; ages 15-19 and >50 have been removed due to numbers <5).

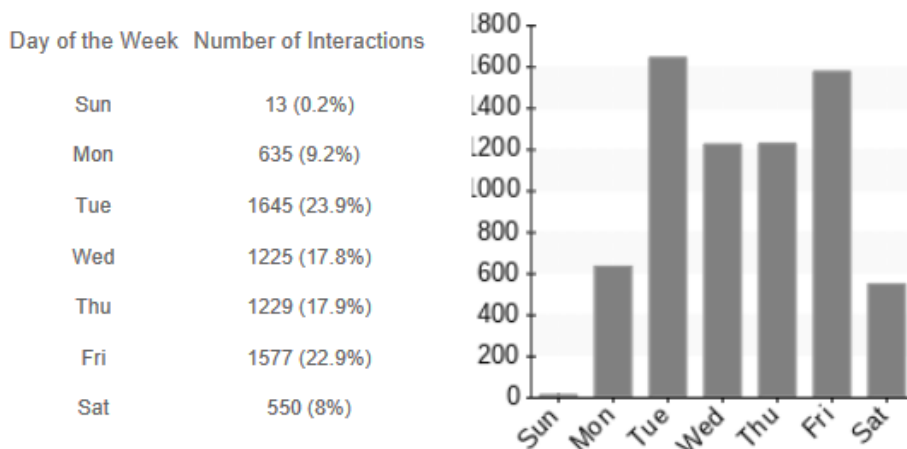
Demographic Analysis - Age Ranges

at time of service provision based upon provided date of birth



Source: PharmOutcomes, Observed Consumption Client Registration Form 2016/17

Days of Attendance



Source: PharmOutcomes, Observed Consumption 2016/17

In 2017/18, 35 pharmacies have contracts to deliver supervised consumption services (see appendix IX) and 27 pharmacies currently provide this service, including three who also provide needle exchange services (see Appendix X and map Q).

8.3. Needle and Syringe Programme

8.3.1. Overview: Needle and Syringe Programme

Pharmacies offering the Syringe Provision and Needle Exchange service offer a non-judgmental, client-centred, confidential service for the provision of needles, syringes and other injecting equipment. Used equipment is accepted for safe disposal at the pharmacy. The pharmacies provide support and advice to the user, including referral to other health and

social care professionals and specialist drug and alcohol treatment services (STARS from April 2018), where appropriate.

Harm reduction is a key objective of the Telford & Wrekin Drug and Alcohol Strategy and in this context pharmacies are expected to promote safe practice to users who inject, including advice on sexual health and sexually transmitted infections (STI), and blood borne viruses (BBV), for example HIV, Hepatitis B and C, including ways to get tested and immunised.

The Syringe Provision and Needle Exchange service aims:

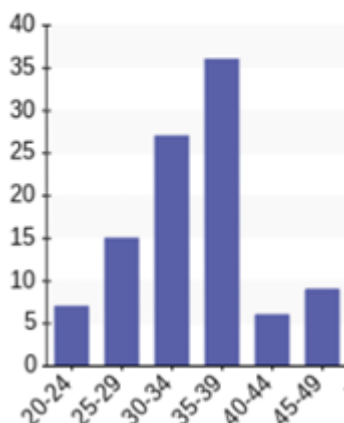
- To assist the service users to remain healthy until they are ready and willing to stop injecting and ultimately achieve a drug-free life with appropriate support
- To protect the health and reduce the rate of blood borne infections and drug related deaths of service users:
 - By reducing the rate of sharing and other high-risk injecting behaviours
 - By providing sterile injecting equipment and other support
 - By promoting safer injecting practices
 - By providing and reinforcing harm reduction messages, including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use, risks of using performance enhancing drugs and alcohol use).
- To improve the health of local communities, preventing the spread of blood borne infections by ensuring the safe disposal of used injecting equipment
- To help service users access treatment, by offering referral to specialist substance misuse treatment centres and health and social care professionals where appropriate
- To aim to maximise the access and retention of all injectors, especially for the highly socially excluded
- To help service users access other health and social care services and to act as a gateway to other services (e.g. key working, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening, primary care services etc).

8.3.2. Service Provision: Needle and Syringe Programme

For full list of providing pharmacies see Appendix X and map R.

In 2016/17, five pharmacies were accredited to deliver this service and all actively provided. There were 109 interactions with 45 patients (average of 2.4 interactions per patient). Monday, Wednesday and Friday were the most popular days for attendance (>20% for each, see graph below). The most common age group was 35-39 (see graph below; ages >50 years have been removed due to small numbers <5).

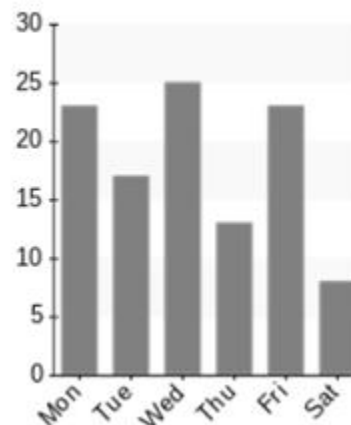
Age Ranges
at time of service provision
based upon provided date of birth



Days of Attendance

Day of the Week Number of Interactions

Mon	23 (21.1%)
Tue	17 (15.6%)
Wed	25 (22.9%)
Thu	13 (11.9%)
Fri	23 (21.1%)
Sat	8 (7.3%)



Source: PharmOutcomes, Needle Exchange 2016/17

In 2017/18, seven pharmacies have contracts to deliver needle exchange services (see appendix IX) and three are currently providing (see appendix X map R).

8.4. Naloxone Provision

8.4.1. Overview: Naloxone Provision

Britain continues to have a high number of drug-related deaths with opiate overdose remaining a major cause of death among injecting drug users. In England and Wales 2,022 deaths were registered in 2016, in which an opiate (mainly heroin or morphine) was mentioned on the death certificate: an average of six every day. This made up over half of all drug poisoning deaths, which has risen by 70% since 2015.¹⁴

Naloxone is a drug which temporarily reverses the effects of opioids such as heroin, methadone and morphine. For many years, Naloxone has been used within emergency medical settings to reverse the effects of opioid overdose and prevent death. UK Guidelines on Clinical Management of Drug Misuse fully endorses the use of Naloxone in overdose management and prevention.¹⁵

On the 1st October 2015, The Human Medicines (Amendment) (No. 3) Regulations 2015 (2015/1503) came into force. This allows Naloxone to be supplied by:

Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies— a) an NHS body;(b) a local authority;(c) Public Health England; or(d) Public Health Agency... It can be supplied to

¹⁴ Office for National Statistics, Deaths related to drug poisoning in England and Wales: 2016 registrations. Available from

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations>

¹⁵ Department of Health, Drug Misuse and Dependence: UK guidelines on clinical management, 2017. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/668611/clinical_guidelines_2017.pdf

anyone in the course of lawful drug treatment services and only where required for the purpose of saving life in an emergency.

For explanatory memorandum see:

http://www.legislation.gov.uk/ukxi/2015/1503/pdfs/ukxiem_20151503_en.pdf

8.4.2. Pilot Service Provision: Naloxone

For full list of providing pharmacies see Appendix IX and map S.

A pilot of naloxone distribution is currently being set-up in Telford & Wrekin in the following pharmacies:

- Donnington Pharmacy
- Rowlands Hadley
- Rowlands Stirchley
- Asda Donnington
- Asda Town Centre – Not participating as yet
- Tesco Wrekin Retail Park
- Woodside Pharmacy

Inclusion is a national organization that was established in 2002 as part of the specialist services division of SSSFT. It provides Overdose Awareness and use of Naloxone training to staff, service users, family members, hostel workers and others in line with local and national guidelines to reduce the numbers of drug related deaths from opioid overdose.

Staff supplying Naloxone have been appropriately trained (minimum requirement SMMGP online learning package and Inclusion Overdose Awareness and use of Naloxone training package) and have been signed off as competent by the Clinical Lead of the service. The Clinical Lead is responsible for keeping a register of appropriately trained staff/recovery champions/volunteers with the supply of Naloxone.

Training on how to recognise opioid overdose, overdose management, and administration of Naloxone injection is given before Naloxone is supplied. The training may be delivered on an individual or group basis. The training is not time consuming, taking five to ten minutes, and covers recognition of an opioid overdose and that the procedure is to:

- Ensure personal safety first
- Call an ambulance
- Place the victim in the recovery position
- Inject Naloxone into the thigh or upper arm muscle
- Wait with the victim until the ambulance arrives and safely dispose of the Naloxone kit to paramedics

The process of using the Naloxone kit is explained and demonstrated and an assessment checklist is carried out post training to ensure understanding. This is done each time a kit is given out or replaced.

One Naloxone pre-filled syringe/pack for intramuscular is supplied. Should there be an identified need for more than one kit, this should be discussed with the Clinical Lead. Each pack includes one Naloxone injection 1mg/ml as a 2ml pre-filled syringe. Each 2ml syringe is marked out with 5 x 0.4mg doses which is the minimum effective dose which can be given in an attempt to reverse the effects of opioid overdose.

The supply of Naloxone is recorded using Inclusion Community Medicines Supply and Administration Record. This data will be used for clinical audit and assessment of the pilot.

8.5. Recommendations: Substance Misuse Services

- Supervised consumption and needle exchange services: Appropriate borough-wide provision of these services should be reviewed as part of the transition to the new STARS during 2018.
- Naloxone Provision: Following on from the pilot of distribution in these seven pharmacies, further consideration should be given to roll-out to additional pharmacies.

9. Other Locally Commissioned Services:

9.1. Automated Pill Dispenser

9.1.1. Overview: Automated Pill Dispenser

The automated pill dispenser (APD) is an aid for those with memory impairment. The dispenser holds 28 doses of medication and sounds an alarm when the medication is due. The device then flashes for up to an hour to alert the user to take the medication from the open slot.

Once a patient has been identified by social services or health staff (the assessor) as having problems remembering to take their medication and standard options have been considered, the pharmacist undertakes a Medication Use Review with the patient. If standard options are still not suitable, the APD will be demonstrated with the patient and if acceptable a referral will be made to the Medicines Management Team. Once the device is being used by the patient the pharmacist will then monitor compliance and the assessor will follow up with support if required.

9.1.2. Service Provision: Automated Pill Dispenser

For full list of providing pharmacies see Appendix IX.

In 2016/17, 394 APDs were distributed by 14 pharmacies, averaging 28 per pharmacy.

In 2017/18, there are 16 pharmacies that are commissioned to distribute APDs (see Appendix IX). These are distributed across all three localities with seven in Hadley Castle, five in The Wrekin and four in Lakeside South. A total of 305 APDs were distributed by 15 pharmacies from 1st April 2017 to 30th October 2017, with an average of 20 per pharmacy.

9.2. Palliative Care Just-in-case Boxes

9.2.1. Overview: Palliative Care Boxes

This scheme supports anticipatory prescribing and rapid access to medicines commonly prescribed in palliative care, by ensuring a Palliative Care Emergency Medicine Pack has been prescribed and placed in the patient's home. The packs are given to patients reaching the terminal phase of their illness. It also supports effective team working between doctors, nurses and pharmacists, both in and out of normal working hours.

A GP or a district, Macmillan or hospice outreach nurse working with the GP, will identify adult patients requiring palliative care support in their home. If it is anticipated that the patient's medical condition may deteriorate into the terminal phase of illness, and with the patient and carer's verbal agreement, the prescriber can initiate and prescribe an Emergency Medicine Pack. The GP practice will arrange for the chosen pharmacy to receive the prescription and supply the pack. The pack will be kept in the patient's home for rapid access to medicines commonly prescribed for breakthrough symptom control. All medicines will need to be authorised (prescribed doses, indication, directions, signed and dated) in the patient's community nursing notes by the prescriber in order to enable a community nurse to administer the prescribed medication. Community pharmacies are paid an annual retention fee of £100 for agreeing to participate in the service.

9.2.2. Service Provision: Palliative Care Boxes

For full list of providing pharmacies see Appendix IX.

In Telford & Wrekin, 26 pharmacies are currently accredited to issue Palliative Care Boxes (Appendix IX) with at least eight providers in each locality, though only 16 are currently providing (see appendix X). Service provision for supply of Palliative Care Boxes within Telford and Wrekin is currently considered adequate however the CCG will continue to recruit pharmacies to support the end of life pathway. Awareness of the service needs to be increased amongst local clinicians.

9.3. Primary Eyecare Assessment Referral Service (PEARS)

9.3.1. Overview: PEARS

The Primary Eyecare Assessment and Referral Service (PEARS) has been set up in Telford and Wrekin and as a gateway service for patients presenting with a range of eye conditions that could be treated in primary care. The service allows community pharmacies to supply

medication in response to a diagnosis by the optometrist. The pharmacist will ensure that the medication is appropriate and provide counselling on how to use the medicine and what to do if the condition deteriorates or fails to improve. The service aims to:

- Improve access for people with minor eye conditions by:
 - Promoting self-care through the pharmacy, including provision of advice and where appropriate medicines without the need to visit the GP practice;
 - Supplying appropriate medicines only when necessary at NHS expense.
- Utilise the expertise and accessibility of community pharmacies
- Encourage patients to visit community pharmacy for the management of minor eye ailments
- Integrate community pharmacy into the local care pathways as an integral provider of care within the community.

9.3.2. Service Provision: PEARS

For full list of providing pharmacies see Appendix IX.

In 2016/17 there were 337 interactions involving PEARS and in 2017 (1st April – 23rd November) there have been 236.

In 2017/18, 24 pharmacies are signed up to provide this service with geographical spread across all three localities (see Appendix IX).

9.4. Healthy Start Vitamins

9.4.1. Maternal and Infant Health Needs

Maternal and infant health in Telford & Wrekin is poorer than average on a series of measures¹⁶, this is exacerbated by high levels of social disadvantage in our local communities which creates obvious health inequalities. The key headlines are as follows:

- **Social disadvantage:**
 - 22% of children and young people (aged under 20 years) live in poverty (circa 8,700 children), which is significantly worse than the average for England (18%).
 - 28.6% of women (8,900 females) aged 16-44 years live in communities classified within the most deprived fifth of areas in England.
- **Infant health:**
 - The rate of very low birthweight is significantly worse than the average for England, with 1.9% of babies (circa 39) weighing under 1500g each year.

¹⁶ Telford & Wrekin Council Intelligence, Maternal and Infant Health Report 2017. Available from http://www.telford.gov.uk/downloads/file/5233/maternal_and_infant_health_report_january_2017

- Infant mortality rates (under 1 year old) are worse than the national average: sadly 41 deaths annually.

➤ **Maternal health and lifestyle:**

- 71% of adults carry excess weight (i.e. overweight or obese), which is significantly worse than the national average (64.8%). This equates to circa 22,250 women of child bearing age (15-44 years).
- Levels of breastfeeding (both initiation at birth and duration at 6-8 weeks) have been historically low. Although rates have been improving slowly, almost a third (32.5%) of infants (655 babies) were not breastfed at birth, which is significantly worse than the average for England 25.7%.
- Maternal smoking remains significantly high. Despite recent fall in rates, 18.1% of women (circa 367) were still smoking at delivery in 2016/17.

9.4.2. Overview: Healthy Start Vitamins

The Department of Health recommends that vitamin supplements are beneficial during pregnancy and in growing children, when vitamin uptake may not be sufficient through diet alone. Healthy Start¹⁷, which replaced the historic Welfare Foods programme, is a statutory means-tested Government scheme. It aims to help children have the best nutritional start in life and support breastfeeding making healthy eating more affordable and providing healthy start vitamins. It supports pregnant women and families with babies and young children who are in receipt of benefits and also pregnant women under 18 years old, by providing coupons. These coupons can be exchanged for free vitamin supplements for children from six months until their fourth birthday, and free vitamin supplements for pregnant women and women with babies up to one year old. The Children's Healthy Start vitamin drops contain vitamins A, C and D and the Healthy Start women's vitamin tablets contain folic acid and vitamins D and C.

Community pharmacies have been supporting the supply of Healthy Start vitamins for eligible women and children in Telford & Wrekin for over 5 years. The service provided by participating community pharmacy is on a voluntary basis with no formal commissioning arrangements. The involvement of pharmacies has provided a greater number of sites and accessibility in local communities, with the support of professional advice where necessary.

9.4.3. Service Provision: Healthy Start Vitamins

For full list of providing pharmacies see Appendix IX.

In 2016/17, 512 vitamin tablets were supplied and 335 vitamin drops were supplied.

In 2017/18, all 37 pharmacies provide free Healthy Start vitamins to eligible customers but only 16 sell them (see Appendix IX for individual pharmacies). These 16 are evenly distributed over the Borough, with four in Lakeside South, seven in The Wrekin and five in Hadley Castle. However, there are none in Newport. There is also no provision for selling vitamins in Ironbridge, though there is adequate public transport to the next closest supplier.

¹⁷ <https://www.healthystart.nhs.uk/>

9.5. Healthy Living Pharmacy (HLP)

9.5.1. Overview: HLP

The Healthy Living Pharmacy scheme, which is supported by the Department of Health and Public Health England, is well implemented in many areas of the country and was recently adopted in Telford & Wrekin. The aim of the scheme is to recognize those pharmacies who achieve consistent delivery of a broad range of high quality services to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities¹⁸. HLP can be used as an organisational development framework underpinned by three enablers of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing
- premises that are fit for purpose
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

Community pharmacies wishing to become a Healthy Living Pharmacy are currently able to undertake a self-assessment and self-declaration process as part of a nationwide Level 1 standard.

To become a Level 1 HLP, pharmacies must demonstrate that:

1. They are well equipped to embrace the healthy living ethos and proactively promote health and wellbeing messages
2. They are actively engaging with the local community, including the public, health and social care professionals, commissioners, other local organisations (eg the voluntary sector)
3. They have a health promoting environment that embraces the ethos of a Healthy Living Pharmacy, including the pharmacy premises as well as staff attitudes and actions.

9.5.2. Service Provision: HLP

For full list of registered and providing pharmacies see Appendix X and map T.

Of the 37 pharmacies in Telford & Wrekin, 25 pharmacies are level 1 registered Healthy Living Pharmacies.¹⁹ This equates to a rate of 1.5 HLPs per 10,000 population across the borough. Lakeside South, which has the highest early mortality rate (age <75 years) due to all causes and highest percentage of population in the most deprived IMD decile, has 1.43 HLPs per 10,000, just below the average for the borough (see table below). However, the number of HLPs is rising in all areas. An additional five pharmacies self-declared as HLP in the pharmacy survey in July 2017 but are not yet on the level 1 register (see Appendix X for

¹⁸ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

¹⁹ Royal Society for Public Health. Healthy Living Pharmacies Level 1 Register. Available from <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html>

individual pharmacies). Two of these five pharmacies are situated in Lakeside South and a further pharmacy is working towards HLP status in this locality, so it is expected that all pharmacies in Lakeside South will have HLP status in the near future.

Locality	Number of Pharmacies	Number of level 1 registered HLPs	Rate of HLPs per 10,000 population ²⁰	Standardised Mortality Ratio for All-Cause Early Mortality ²¹	% Population in Most Deprived Decile of IMD 2015
Hadley Castle	13	8	1.10	107.90	2
The Wrekin	15	11	2.00	111.20	9
Lakeside South	9	6	1.43	124.90	35
Total	37	25	1.47	113.00	12

9.6. Recommendations: Other Public Health Services

- PEARS: The CCG will continue to work with local providers to raise awareness of the PEARS service. All providers are encouraged to participate and make closer links with their optometry colleagues.
- HLP: All pharmacies who are not currently participating are encouraged to gain level 1 registration so that HLP is consistently offered across the borough.
- Healthy Start Vitamins: All pharmacies will be encouraged to participate in the free supply of healthy start vitamins

10. Access to Pharmaceutical Services

10.1. Overview

Within Telford and Wrekin community pharmacies are conveniently located around local communities and GP practices, ensuring the availability of pharmaceutical services for their local communities. Telford and Wrekin has 37 registered pharmacy providers and one dispensing doctor practice. Using the most recent population estimates (172,976 – Office for National Statistics Mid-Year Estimates 2016) Telford and Wrekin has 21.4 pharmacies per 100,000 people. This is comparable with the Midlands and East average of 21 per 100,000 in 2016/17²².

²⁰ Office for National Statistics, 2015 Mid-Year Estimates.

²¹ Public health England, taken from local health profiles 2010-14.

²² NHS Digital, General Pharmaceutical Services, November 2017. PDF available from <https://digital.nhs.uk/catalogue/PUB30135>

10.2. Geographical Spread

10.2.1. Pharmaceutical Coverage Within Telford & Wrekin

Map U shows the location of pharmacies and the GP practices and working localities. The geographical spread of pharmacy providers mirrors the spread of GP practices and is focused on local communities and high population density. Population density in specific areas of the Wrekin (around Wellington) and Hadley Castle localities (around Newport) is significantly less and this is reflected in the number of pharmacies located in these specific areas.

Evening and weekend provision is displayed geographically in map V. The opening hours of community pharmacies located close to GP practices reflect the opening hours of those practices, ensuring pharmaceutical services are provided at appropriate times and locations. Providers have shown a great deal of flexibility in their hours of service to accommodate their local practices. A number of providers, located close to GP practices, are also open on Saturday mornings to allow for prescription collection for those people unable to visit the pharmacy during weekdays. The town centre has three community pharmacies which are easily accessible via local public transport. These particular providers deliver essential pharmaceutical services to people who use the town centre facilities, including those who work in the town centre. Their opening hours and the days they are open (including weekends) ensure pharmaceutical service provision reflects local needs throughout the week.

Telford has two large retail parks where three pharmacies are located (Tesco Pharmacy – Wrekin Retail Park / Boots and Sainsbury’s Pharmacy – Forge Retail Park). The pharmacies offer extended weekday opening hours as well as weekend opening. They are generally accessible by local travel links and are essential providers of pharmaceutical services over the weekend. Pharmaceutical service coverage over the weekend is less than that during the week.

10.2.2. Pharmaceutical Coverage Outside of Telford & Wrekin’s Boundaries

Telford and Wrekin recognises that local residents may obtain pharmaceutical services outside of its borders with Shropshire County and South Staffordshire. Prescribing/dispensing data was used to establish where prescriptions produced in the Telford and Wrekin area were dispensed. The vast majority of prescriptions generated in the Telford and Wrekin area are dispensed within its boundaries. The dispensing analysis highlighted that a number of pharmacies located close to the boundaries were being used by local residents. There were also a number of pharmacies that were offering dispensing services to care homes located within the borough.

There is a very limited need for dispensing provision outside of the current Telford and Wrekin boundaries for patients located close to boundary lines. The analysis showed a number of patients registered at practices not located close to boundary lines, who were using pharmacies outside of the boundaries. It can be concluded that this was a personal choice by specific patients as dispensing provision at these locations is considered adequate. Cross border provision from neighbouring HWBs will need to be assessed following publication of PNAs from these areas, however current analysis suggests this is being adequately met.

10.3. Opening Hours

Appendix VIII shows the current opening hours of pharmaceutical providers in Telford and Wrekin.

Core hours have been highlighted in yellow with additional hours highlighted in blue (this will include all supplementary hours). The shaded areas represent the total opening hours for each pharmacy. Each shaded block represents half an hour.

For example: Boots in Newport, opening hours on a Monday are 9:00am to 4:30pm with an hours break from 1:00pm to 1:30pm except during extended hours 9am – 6pm:

MONDAY	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	17:00	17:30	18:00	18:30	19:00
Pharmacy Name																						
Boots, Newport																						

All community pharmacies must provide pharmaceutical services for their contracted hours (minimum 40 core contractual hours or 100 for those that have opened under that exemption), which cannot be amended without the consent of NHS England, Shropshire and Staffordshire DCO Team. Many community pharmacies provide supplementary opening hours - these can be amended by the pharmacy with 90 days notice.

Opening hours for every pharmacy provider can also be found on the NHS Choices website www.nhs.uk Details for each pharmacy are outlined in Appendix VII.

10.3.1. Weekday Pharmaceutical Service Provision

Hadley Castle

Pharmaceutical services are available from 7.00am till 11.00pm

The Wrekin

Pharmaceutical services are available from 7.00am till 11.00pm (8.00am till 11.00pm on Monday)

Lakeside South

Pharmaceutical services are available from 9.00am till 6.00pm (extended until 8pm with supplementary hours)

10.3.2. Saturday Pharmaceutical Service Provision

For individual pharmacies see Appendix VIII and map V

- 31 pharmacies are open on a Saturday, 11 of which are open for half a day. 14 pharmacies are open throughout the day with five pharmacies open late: Asda (Donnington) open from 7am till 9pm, Asda (Telford Town Centre) open from 7am till 10pm, Donnington Pharmacy open from 7am till 10pm, Wellington pharmacy (Chapel Lane) open from 8am till 10pm and High Street Newport Pharmacy open from 7:30am till 10:30pm.

- All areas have pharmacy services, with the Hadley Castle and Wrekin localities having provision for extended hours. Lakeside South has service provision until 5pm.

10.3.3. Sunday Pharmaceutical Service Provision

For individual pharmacies see Appendix VIII and map V

- Six pharmacies are open on a Sunday (three pharmacies located Hadley Castle, two in The Wrekin and one in Lakeside South 5-7pm). An additional three pharmacies in The Wrekin are open on a Sunday during supplementary provision
- Pharmaceutical service provision is available from 9am till 8pm
- Extended hours provision is available in Hadley Castle and The Wrekin localities.

10.3.4. Bank Holiday Provision

- A number of pharmacies also now open on Bank Holidays. NHS England also work with community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as the two days where pharmacies are still traditionally closed.

10.3.5. Extended Hours Provision

For individual pharmacies see Appendix VIII and map V.

Telford and Wrekin has five ‘100’ hour community pharmacies:

- Asda Pharmacy Donnington
- Asda Pharmacy in Malinsgate
- Donnington pharmacy, Donnington
- High Street pharmacy, Newport
- Wellington pharmacy, Chapel Lane, Wellington.

The DCO Team (Staffordshire & Shropshire DCO Team) closely monitors these contractual hours to ensure service continuity is being met. The central location and hours of service provide essential pharmaceutical cover for the local population. The ‘100’ hour provision has been especially useful during evenings, bank holiday periods and during weekends. The long hours provide essential dispensing cover during times when other pharmacies are closed.

10.3.6. Dispensing Doctor Opening Hours

Wellington Road Surgery (Newport) dispensing practice provides a dispensing service to eligible patients registered at the practice. Opening hours reflect those of the practice opening hours. No weekend dispensing provision is available for eligible patients.

11. Assessment of Current Pharmaceutical Service Provision

Based on the above analyses, it is considered that pharmaceutical services in Telford and Wrekin are adequate for the local population. The reasons for this are as follows:

- Current geographical location of pharmacies is broadly centered on population density within each locality.
- There is sufficient choice for patients wanting to access dispensing services close to their GP practice or those that wish to travel into the town centre.
- Opening hours of pharmacies located close to GP practices reflect those of the GP practice. Additional opening during a Saturday ensures easy access to pharmacy services.
- Pharmacies located in the town centre and retail parks are easily accessible and offer long opening hours throughout the week and during weekends, providing significant service coverage. Parking in the town centre is charged according to length of stay, however parking at the retail parks is free of charge.
- Telford and Wrekin has five '100' hour pharmacy contracts offering substantial weekend and evening opening hours. These extended hours have also supported provision during Bank Holidays.
- Most pharmacies operate a collection and delivery service ensuring provision of medication to those unable to access a pharmacy (some pharmacies do have restrictions on who they will deliver to for example housebound, disabled).
- Electronic Prescription Services (EPS) now available in all GP practices other than Wellington Road Surgery (Newport). The transmission of prescriptions electronically to a dispensing provider allows patients an increased choice of dispensing site.
- Telford and Wrekin CCG have now established a prescription ordering department enabling patients to order their repeat prescription requests through a dedicated telephone request service. Once authorised prescription requests are sent electronically to the patients nominated pharmacy.
- 'Shropdoc' (GP out of hours provider) holds stocks of emergency drugs that can be issued to patients when pharmaceutical services are unavailable, or if there should be significant difficulty in obtaining medication that was required without delay.
- Following a review of dispensing services in the south of Telford there was an increase in provision in 2016 of opening hours at Madeley Pharmacy, which remains in place.

It should be noted that:

- Service coverage during weekends is less than that provided during weekdays. This reflects the reduced demand for dispensing provision over the weekend period.
- There are a number of pharmacies providing services outside of the boundary of Telford and Wrekin, which Telford and Wrekin residents may easily find as accessible.

For example, residents located in the north of Telford may choose to use pharmacies located in Shropshire County. Telford and Wrekin will review the PNAs from bordering localities to ensure service provision is maintained in these areas.

11.1. Recommendations: Coverage of pharmaceutical services

- Telford and Wrekin has reviewed its coverage of dispensing services. The PNA has highlighted that there is currently sufficient coverage within existing community pharmacies and GP dispensing practice (Newport). The current geographical location and opening hours of dispensing services provides adequate choice and accessibility for the majority of the public.
- Supplementary statements are issued in the event of.. (Andy to add?)
- If there is a fundamental change to.. (Andy to add) A review of this recommendation will be considered to take into account any changes to primary care and community health services provision and to reflect housing expansion and potential population growth in the Borough. Key elements the review process will need to take into account include: The development of the Sustainability and Transformation Plans, Future Fit programme and the associated implications for community pharmacy provision, changes to housing development and also technical modelling work to quantify the impact of demographic change and community pharmacy needs and demands.

11.2. Aspirational Services

Community pharmacies do and are ideally placed to support patient self-care, diagnosis of minor ailments and monitoring and review of long-term conditions. Pharmacist's clinical training enables them to use their skills to reduce the burden on general practice and out of hours' services, improving accessibility for patients.

There are a number of additional services that pharmacies are already providing and are willing to offer if commissioned (see summary table below and Appendix X for individual pharmacy responses). Although three or less pharmacies currently provide disease-specific medicines management services for diabetes (type 1 and 2), heart failure and hypertension, around $\frac{3}{4}$ are willing to if commissioned (see table). Similarly, including those currently providing and those who are willing to if commissioned, over $\frac{3}{4}$ pharmacies could provide a screening service for alcohol, chlamydia, gonorrhoea, cholesterol and diabetes. 26 pharmacies would be willing to provide an independent prescribing service, though none offer one currently.

Summary table of services currently provided / willing to provide if commissioned, PharmOutcomes survey July 2017 (for individual pharmacy responses see Appendix X):

Service	Currently Provide	Willing if commissioned	Need training	Need facility adjustment
Disease-Specific Medicines Management:				
Allergies	0	29	23	1
Alzheimer's / dementia	1	29	25	1
Asthma	1	30	21	3
Coronary Heart Disease	1	28	24	1
Depression	0	28	23	1
Diabetes type 1	3 (1 also privately)	26	23	1
Diabetes type 2	2 (1 also privately)	26	22	1
Epilepsy	0	29	24	1
Heart Failure	1	28	24	1
Hypertension	2 (+1 only privately)	29	25	3
Parkinson's Disease	0	29	23	1
Screening Services:				
Alcohol	0	29	21	5
Chlamydia	9	21	15	4
Cholesterol	1 (+3 only privately)	27	20	4
Diabetes	3 (+2 only privately)	25	16	3
Gonorrhoea	1	28	21	4
H.pylori	0	26	19	3

HBA1C	0	25	18	3
Hepatitis	0	25	16	4
HIV	0	24	16	4
Vaccinations:				
Childhood vaccinations	(1 only privately)	24	17	1
HPV	(1 only privately)	23	16	1
Hep B	1 (+1 only privately)	22	15	1
Travel vaccinations	2 (+2 only privately)	21	15	1
Other Services:				
Sharps Disposal Service	5	22	13	4
NRT voucher	10	20	16	2
Smoking Cessation Counselling	9 (+1 only privately)	18	12	2
Supplementary Prescribing	0	28	23	3
Vascular Risk Assessment	0	26	21	2

The questionnaire also highlighted the diverse languages spoken by people attending pharmacies in Telford & Wrekin. 16 pharmacies serve communities who speak a language other than English and Polish is the most common language spoken by patients but not pharmacy staff (8 pharmacies). This may represent a group of patients who have additional difficulty accessing pharmacy services.

12. Public Engagement: Community Pharmacy Survey

12.1. Survey Methodology

A survey of public views on community pharmacy in Telford & Wrekin was undertaken between 1st September 2017 and 30th September 2017. The survey consisted of 12 questions covering themes such as awareness of and access to services and levels of satisfaction. Standard socio-demographic questions were included.

The survey was publicised through the NHS Telford and Wrekin CCG website and also to all Telford & Wrekin Council staff through the intranet. Paper copies of the survey were distributed to community pharmacies for completion. A number of groups were contacted and given printed copies of the survey, including: Health Champions, TACT and partners, Family Nurse Partnership, Telford & Wrekin Mental Health Forum, Senior Citizens Forum, Age UK, Telford Crisis Network, Adult Social Care Commissioning Team, Telford Crisis Network, SaTH Volunteers, Citizens Advice Bureaux. The survey was also distributed via Healthy Lifestyles Team clinics, Newport Social Prescribing Clinic and Community Participation Team community

contacts. The CCG also distributed the survey to 30 different community groups including Walking for Health, Take 5 Café, Taste not Waste, Telford Mind, Telford Twin & More, Turnpike Court Resident Living and Wednesday Art Group.

There were a total of 282 survey responses, which represents 0.2% of the total borough population. This was a decrease from the previous PNA survey where there were 417 responses at the end of the consultation but respondents broadly represented the most frequent users of pharmacy services. For full analysis of the 2017 survey see Appendix XIII.

12.2. Key Headlines

(Due to the relatively small number of respondents (282) any results must be interpreted with caution.)

- There was over representation from women in the survey and therefore men were under represented. Teenagers, young adults under 34 years and people in minority ethnic groups were under represented. Middle-aged people (aged 45-64 years), people with long-term conditions and people who care for another person with physical or mental conditions were over represented (though this is likely to represent the most frequent users of pharmacies).
- Of 236 who specified the pharmacy they “usually” visit, 16.1% identified Lawley Pharmacy. This was significantly higher than any other pharmacy and hence results may be biased towards this pharmacy.
- Almost all respondents (98.9% of 273 respondents) were able to find a pharmacy that fulfilled their preferences of where they would like to access a pharmacy. Almost all (95.3%) were less than 20 minutes away from their pharmacy.
- Fewer respondents agreed with the statement “I ask my pharmacist for health advice” (66.4%), suggesting either that this is not a major reason for accessing pharmacies either because they are unaware of this service (though the majority were aware they could seek advice on minor ailments, long-term conditions and lifestyle factors such as smoking cessation) or they prefer to seek advice elsewhere.
- The proportion of respondents visiting a pharmacy to buy over the counter medicines has increased from 10.9% in the previous PNA user survey to 68.5% making it the second most common reason to visit a pharmacy. Similarly, the proportion who visit pharmacies to obtain advice about their medication increased from 3.65% in the last PNA user survey to 28.3%.
- Fewer than five respondents used pharmacies for stop smoking advice and impetigo treatment suggesting that these services are either not publicised well or not available in many pharmacies
- 66% used the prescription collection service (prescription sent directly to pharmacy) suggesting that this is a commonly used service
- The three treatment services (for urinary tract infection, chlamydia and impetigo) were the services users were least aware about, perhaps as these are newer additions to services and only available in certain pharmacies.

13. Appendices

Appendix I	Telford & Wrekin PNA Steering Group Terms of Reference
Appendix II	Health & Wellbeing Board Briefing Report (Dec 2017)
Appendix III	Consultation Responses
Appendix IV	Equalities Impact Assessment
Appendix V	Health & Wellbeing PNA Cover Report (March 2018)
Appendix VI	Recommendations from Community Pharmacy Clinical Services Review (Murray Report)
Appendix VII	Community pharmacy provider list
Appendix VIII	Community pharmacy opening hours
Appendix IX	Community pharmacy currently commissioned services
Appendix X	Pharmacy survey responses (from PharmOutcomes)
Appendix XI	Sexual Health Services opening times
Appendix XII	Maps
Appendix XIII	Community Pharmacy Survey Report

13.1. Appendix I - Telford & Wrekin PNA Steering Group Terms of Reference

Membership

Name	Role/Title	Organisation
Core Members		
Helen Onions	Consultant in Public Health (chair)	Telford & Wrekin Council
Hitesh Patel	Pharmaceutical Adviser	NHS Telford & Wrekin CCG
Lynne Deavin	LPC Business Development Officer	Shropshire Local Pharmaceutical Committee
Clare Brehmer	Specialty Registrar in Public Health	Telford & Wrekin Council
Aislinn Bergin	Research and Information Manager	Healthwatch Telford & Wrekin
Mani Hussain	Chair – Pharmacy Local Professional Network	NHS England (North Mids)
Helen Homer	Senior Research & Intelligence Officer	Telford & Wrekin Council
Stacey Norwood	Public Health Commissioner	Telford & Wrekin Council
Amanda Alamanos	Primary Care Lead	NHS England (North Mids)
Andy Pickard	Pharmacy Advisor	NHS England (North Mids)
Damion Clayton	Senior Research & Intelligence Officer	Telford & Wrekin Council
Ruth Bolderston	Assistant Contracts Manager	NHS England (North Mids)
Non-core members		
Anna Hammond	CCG Primary Care Commissioning Lead	NHS Telford & Wrekin
Dr A Egleston	Dispensing Doctors Representative	GP Wellington Road, Newport
Gavin Ashford	Principal Planning Officer	Telford & Wrekin Council

Tom Cox	Communications Officer	Telford & Wrekin Council
Jacqui Seaton	Head of Medicines Management	NHS Telford & Wrekin CCG

Reporting and Governance Arrangements

PNA progress updates will be reported, as required, to the following:

- Helen Onions / Hitesh Patel will report to the Health & Wellbeing Board & Strategic Commissioning Group
- Hitesh Patel will report to the CCG Governance Board
- Amanda Alamanos / Ruth Bolderston will report to NHS England (North Midlands)
- Aislinn Bergin will report to Healthwatch representatives
- Helen Onions and Lynne Deavin will report to the STP Neighbourhood Working Group
- Manir Hussain & Lynne Deavin will report to the Local Pharmaceutical Network
- Lynne Deavin & Hitesh Patel will report to the Local Pharmaceutical Committee

Purpose and Aims of the PNA Steering Group (Hitesh to check guidance)

- Coordinate update of the Pharmaceutical Needs Assessment (PNA) in line with current legislation
- Oversee the overall process for updating the PNA within the required timescale
- To agree the statement of the needs for pharmaceutical services in Telford and Wrekin
- To agree and oversee the process for assessing the current provision of pharmaceutical services by pharmacies, appliance providers and dispensing practices within Telford and Wrekin (and neighbouring areas where appropriate)
- To ensure that accurate maps identifying the premises where services are provided are produced
- To agree and oversee the process required for the statutory consultation with all relevant parties as laid out in the regulations
- To develop a framework for subsequent assessments and supplementary statements
- To take into account any further legislation that may impact on the PNA.

Frequency of Meetings / Communications

- The group will meet as deemed necessary (2 monthly). Wherever possible email will be used to communicate ongoing PNA development

- Through the development phases the Public health lead and Medicines Management lead will coordinate the PNA development.
- Specific meetings around public consultation and formal consultation will be led by the communications team (LA and CCG)
- Other stakeholders will attend meetings only as necessary
- A formal meeting / communication will be arranged to agree a final draft PNA prior to consultation
- Hitesh Patel will coordinate communication with Wellington Road Medical Practice, Newport during the PNA development
- Public engagement and consultation will be coordinated with support from Healthwatch Telford & Wrekin and local CCG patient group representatives.

Declarations of Interest

- Hitesh Patel's brother, Yogesh Patel, is the owner of Lawley Pharmacy (04.07.17)

13.2. Appendix II –Health and Wellbeing Board Briefing Report

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

TITLE: PHARMACEUTICAL NEEDS ASSESSMENT REFRESH BRIEFING

REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL, HITESH PATEL, PHARMACEUTICAL ADVISER, NHS TELFORD AND WREKIN CCG

DATE: 6th December 2017

LEAD CABINET MEMBER – Arnold England

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

Health & Wellbeing Boards assumed a legal duty for publishing and keeping up-to-date local pharmacy needs assessments in April 2013. This briefing updates the HWB on the 2017/18 refresh process taking place for the Telford & Wrekin PNA. The current PNA was published in April 2015 and further additions were made in 2016 following the subsequent in-depth review of pharmacy dispensing provision in South Telford requested by the HWB.

During 2017 colleagues from the Council's public health team, CCG, the Local Pharmaceutical Committee and NHS England have been coordinating the refresh PNA process. Key elements included are:

- Mapping of local pharmacy services, such as dispensing medicine, health advice and medicines reviews and local public health services
- Summary of demographic factors and health and wellbeing needs
- Public survey on views of local community pharmacy services
- Equalities impact assessment
- Assessment of gaps in provision and recommendations regarding future provision and service developments

The draft PNA will be open for consultation between mid-December 2017 and mid-February 2018, meeting the 60 day consultation requirement. The proposed PNA and all consultation responses will be presented to the HWB in March 2018. Any changes and modifications will then be made to allow publication in April 2018.

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)

The HWB is asked to note the PNA process and time scale and agree to review the PNA proposals and consultation responses in detail in March 2018.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

The PNA, which is part of the wider Joint Strategy Needs Assessment process, is used:

- to make decisions on which services, including public health services, need to be provided by local community pharmacies
- by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	The PNA process contributes to all three cross cutting priorities: <ul style="list-style-type: none"> • Encourage healthier lifestyles • Improve mental wellbeing and mental health • Strengthen our communities and community-based support
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improving the health and wellbeing of our communities and addressing health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	Community pharmacies play a key role in providing primary care services within our local communities.
TARGET COMPLETION/DELIVERY DATE	The refreshed PNA will be published in April 2018.	
FINANCIAL/VALUE FOR MONEY IMPACT	No	There are no financial implications arising from this report. Any financial implications arising post consultation will be considered as part of a future report. (ER – 20/11/17)
LEGAL ISSUES	Yes/No	From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility ²³ to publish and keep up-to-date a statement of the needs for pharmaceutical services of the

²³ Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

		<p>population in its area, through Pharmaceutical Needs Assessment (PNA).</p> <p>These requirements are set out in the The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out requirements.</p>
EQUALITY & DIVERSITY	Yes	There is evidence that community pharmacy has a key role to play in reducing health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	Consultation and engagement is a specific requirement of the PNA process. As part of this a survey of community views was undertaken during September 2017.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<p>The PNA is part of the wider Joint Strategic Needs Assessment process.</p> <p>The PNA contributes understanding of local pharmacy services needs and provision which could inform the STP and Future Fit programmes in terms of the transformation of health and social care services.</p>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

Further information will be made available the PNA consultation web link during the consultation period.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

An equalities impact assessment process is current being undertaken and will be published as part of the PNA.

3. PREVIOUS MINUTES

Health and Wellbeing Board 16th September 2016

Health and Wellbeing Board 9th December 2015

Health and Wellbeing Board 11th March 2015

Health and Wellbeing Board 24th September 2014, Minute Number – HWB-12

4. BACKGROUND PAPERS

Report prepared by Helen Onions, Consultant in Public Health,
helen.onions@telford.gov.uk

13.3. Appendix III -Consultation Responses

13.4. Appendix IV -Equalities Impact Assessment

To be completed in January 2018.

13.5. Appendix V -Health and Wellbeing PNA Cover Report

To be completed in March 2018

13.6. Appendix VI -Recommendations from Community Pharmacy Clinical Services Review

Extract from Community Pharmacy Clinical Services Review undertaken by Richard Murray, Director of Policy at the King's Fund published by NHS England on 14th December 2016.

With other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well action at local level. Looking into the medium-term, there is a need to ensure that community pharmacy is integrated into the evolving new models of care alongside other primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these. Progress here will necessarily be more local in nature, built around the needs of patients and localities, however, NHS England and Public Health England can support and encourage this progress, not least to overcome some of the barriers that have to date prevented full use of community pharmacy. To make progress on these broader priorities, there are a number of specific steps national bodies can make. Action should include, but not be limited to, these steps.

Services

1. Full use should be made of the electronic repeat dispensing service. Except for patients not yet stabilised on their medication, electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.

2. The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways. This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (ERD), and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest. It should also include consideration of appropriate prescription duration to optimise outcomes and convenience for patients. Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. For these to be safe and effective they would require access to a patient's full medical record which may not be possible immediately in all situations.

3. There is now a commitment that a minor ailments scheme should be locally commissioned across England by April 2018. There is a debate over whether this needs to be a national service, or a service commissioned locally by CCGs. Either way, NHS England should set out how it intends to deliver on this commitment and this should include testing models that use patient registration to enhance take-up, building on the experience in Scotland. While this could take place within the Vanguard programme as new care models develop, progress toward the April 2018 commitment clearly needs to happen sooner.

4. Consideration should be given to smoking cessation services becoming an element of a national contract.

New models of care

5. Existing Vanguard programs and resources should be used, in conjunction with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care. This applies to all the Vanguard types that work in community settings but should also specifically include:

- Integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes. This should include pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing.
- Community pharmacists being involved in case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression.
- Utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, in order to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.

In all cases, new models of care that integrate pharmacy should involve appropriate patient engagement to ensure that both the service offer is built around patient need and that any necessary marketing with potential new users is effective. As best practice in commissioning and delivering these additional services from community pharmacy becomes clear, NHS England, Public Health England and other national partners should look to roll these out at pace, given the opportunities to use community pharmacy better and the deep challenges facing other parts of the NHS. This should include consideration of any workforce training implications for community pharmacists, pharmacy technicians and their teams.

Overcoming barriers

6. Public Health England already plans to provide advice to local government and to STPs presenting the evidence base for action. More widely, NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services now. Specifically, this should look at the changes necessary to make Local Pharmaceutical Services (LPS) Contracts easier to use.

7. Digital maturity and connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team. This should include the ability for registered pharmacy professionals to see, document and share information with clinical records held by other healthcare professionals

and allow the actions, recommendations and rationale for clinical interventions made by registered pharmacy professionals to be visible to the relevant wider healthcare team.

8. Regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions to allow better use of skill-mix in delivering clinical pharmacy services.

9. Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise. The leaders of the profession both at national and local level should consider what support is needed to pharmacists to build their professional confidence and break down barriers to new ways of working.

10. The Royal Pharmaceutical Society, Royal College of General Practitioners, the British Medical Association and the Pharmaceutical Services Negotiating Committee should come together to explore the practical steps that could be taken to unravel professional boundary issues and promote closer working between the professions. This would include consideration of professional responsibility and accountability, as well as how to conceptually put the patient at the centre of both professional worlds in a way that allows common objectives to be focused on patient outcomes. Initiatives involving pharmacists working in General Practice, and in some case becoming partners in those practices, should be encouraged and expanded as a way of contributing towards achieving this objective.

11. New evidence becomes available, circumstances change and new barriers can appear. Community pharmacy leaders and trade bodies across the sector, such as Pharmacy Voice, should come together with NHS England and Public Health England as a formal group to keep oversight of progress and recommend further action where necessary.

13.7. Appendix VII –Community Pharmacy Providers List

Key	Business	Address
1	Anstice Pharmacy	7 Anstice Square Madeley Telford TF7 5BD
2	A S Kitching Ltd	Limes Walk Oakengates Telford TF2 6EP
3	Aqueduct Pharmacy	Majestic Way, Aqueduct Telford Shropshire TF4 3RB
4	Asda Instore Pharmacy	St Georges Road Donnington Wood Telford TF2 7RX
5	Asda Instore Pharmacy	Southwater Way Malinsgate Telford TF3 4HZ
6	Boots the Chemist Ltd	2-3 Acorn Way Shawbirch Telford TF5 0LW
7	Boots the Chemist Ltd	52 High Street Newport Shropshire TF107AQ
8	Boots the Chemist Ltd	21-25 New Street Wellington Telford TF1 1LU
9	Boots the Chemist Ltd	4-10 North Sherwood Street Town Centre Telford TF3 4AU
10	Boots the Chemist Ltd	Forge Retail Park Colliers Way Telford TF3 4AG
11	Jhoots Pharmacy	32 Market Street Oakengates Telford TF2 6ED
12	Jhoots Pharmacy	Lightmoor way, Lightmoor Telford, TF4 3QZ
13	Donnington Pharmacy	Health Centre, Wrekin Drive Donnington Telford TF2 8EA
14	Ironbridge Pharmacy	The Square Ironbridge Telford TF8 7AQ
15	High Street Pharmacy	4 High Street Newport Telford TF107AN
16	Lawley Pharmacy	Off Birchfield Roundabout Lawley Bank Telford TF4 2LL
17	Leegomery Pharmacy	Leegomery Local Centre Leegomery Telford TF1 6XQ
18	Lloyds Pharmacy	Chapel Lane Wellington Telford TF1 1SS
19	Lloyds Pharmacy	Charlton Medical Centre Lion Street, Oakengates Telford TF2 6AQ
20	Lloyds Pharmacy	6 The Parade Donnington Telford TF2 8EB
21	Lloyds Pharmacy	Webb House, King St Dawley Telford TF4 2AA
22	Lloyds Chemist	46 High Street Dawley Telford TF4 2EX
23	Lloyds Instore Pharmacy (Sainsburys)	Forge Retail Park Colliers Way Telford TF3 4AG
24	Murrays Pharmacy	76 Upper Bar Newport Shropshire TF107AW
25	Malinslee Pharmacy	Church Road Malinslee Telford TF3 2JZ
26	Morrison's Instore Pharmacy	Springhill Wellington Telford TF1 1RP
27	Muxton Pharmacy	9 Fieldhouse Drive Muxton Telford TF2 8JQ
28	Priorslee Pharmacy	Local Centre Priorslee Telford TF2 9NR
29	Rowlands Pharmacy	Unit2, Downmead Hollinswood Telford TF3 2EW
30	Rowlands Pharmacy	The Pharmacy, Stirchley Health Centre Sandino Road Telford TF3 1FB
31	Rowlands Pharmacy	Maythorne Close Sutton Hill Telford TF7 4DH
32	Rowlands Pharmacy	Unit 6, Hadley Centre Hadley Telford TF1 5GQ

33	Shire Pharmacy	Unit 3 The Shops, Teagues Crescent Trench Telford TF2 6RX
34	Superdrug Stores	12-13 Dean Street Town Centre Telford TF3 4BT
35	Tesco Instore Pharmacy	The Retail Park, Arleston Wellington Telford TF1 2DE
36	Woodside Pharmacy	Parklane Centre Park Lane Telford TF7 5QZ
37	Wellington Pharmacy	Wellington Medical Practice Wellington Telford TF1 1PZ
*	The Surgery	Wellington Road Newport Shropshire TF107HG

13.8. Appendix VIII –Community Pharmacy Opening Times

Core hours have been highlighted in yellow with additional hours highlighted in blue (this will include all supplementary hours). The shaded areas represent the total opening hours for each pharmacy. Each shaded block represents half an hour.

For example: Boots in Newport, opening hours on a Monday are 9:00am to 4:30pm with an hours break from 1:00pm to 1:30pm except during extended hours 9am – 6pm:

MONDAY	
Pharmacy Name	8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 13:00 13:30 14:00 14:30 15:00 15:30 16:00 16:30 17:00 17:30 18:00 18:30 19:00
Boots, Newport	<div style="display: flex; justify-content: space-between;"> <div style="background-color: yellow; width: 100%; height: 15px;"></div> <div style="background-color: cyan; width: 100%; height: 15px;"></div> </div>

13.9. Appendix IX –Currently Commissioned Services

Pharmacy Name	NHS England Comissioned Services								Locally Comissioned Services: Local Authority										Locally Commissioned Services: CCG			
	Advanced Services				Enhanced Services				Automated Pill Dispensers	Healthy Start		Sexual Health Services				Stop Smoking Services		Substance Misuse Services			Palliative Care Emergency Just in Case boxes	Primary Eyecare Assessment Referral Service
	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Flu Vaccination (NHS)	Emergency Supply Service	Common Ailments	Urinary Tract Infections / Impetigo	Distribution of Pivotal Units	Healthy Start Vitamins (Free supply)	Healthy Start Vitamins (selling)	Chlamydia Treatment Service	Chlamydia Screening	Condom Distribution Scheme (distribution and/or registration)	Emergency Hormonal Contraception	NRT Voucher Service	Smoking Cessation Counselling Service	Naloxone Pilot	Needle and Syringe Exchange Service	Supervised Consumption		
Hadley Castle Locality																						
AS Kitchings, Oakengates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	
Asda, Donnington	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	
Boots, Newport	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓					✓	✓	✓	
Donnington pharmacy, Donnington	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓		✓				✓	✓	
High Street pharmacy, Newport	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Jhoots, Oakengates	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Lloyds Pharmacy, Donnington	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Lloyds Pharmacy, Oakengates	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
L Rowlands, Hadley	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓			✓	✓			✓	
MR Clarke, Newport	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓					✓	✓	
Muxton Pharmacy, Muxton	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Priorslee Pharmacy, Priorslee	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Shire Pharmacy, Trench	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓					✓		✓	
The Wrekin Locality																						
Asda, Mallingsgate	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓				✓	✓	✓	
Boots, Forge Retail Park	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓				✓	✓	
Boots, Shawbirch	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Boots, Telford Shopping Centre	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Boots, Wellington	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	
Leegomery Chemist, Leegomery	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Lloyds Pharmacy, Chapel Lane, Wellington	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Lloyds Pharmacy, Sainsbury's, Forge Retail Park	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
L Rowlands, Hollinswood	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
L Rowlands, Stirchley	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Malinslee Pharmacy, Malinslee	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	
Morrisons, Wellington	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓				✓	✓	
Superdrug, TTC	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Tesco, Wrekin Retail Park	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Wellington pharmacy, Chapel Lane	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓	✓	
Lakeside South Locality																						
Anstice Pharmacy, Madeley	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	
Aqueduct Pharmacy, Aqueduct	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓				✓	✓	
Ironbridge pharmacy, Ironbridge	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓		✓				✓	✓	
Jhoots, Lightmoor	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Lawley Pharmacy, Lawley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	
Lloyds Pharmacy, High St, Dawley	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Lloyds Pharmacy, King St, Dawley	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
L Rowlands, Sutton Hill	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓						✓	✓	
Woodside Pharmacy, Park Lane	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	

13.10. Appendix X –Pharmacy Survey Responses (PharmOutcomes)

Pharmacy Name	Essential Services	Advanced Services			
	Dispense appliances	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service
Hadley Castle					
A.S Kitchings, Oakengates	Yes - All types	✓	✓	✓	✓
Asda, Donnington	Yes - All types	✓	✓	✗	✗
Boots, Newport	Yes, excluding stoma and incontinence appliances	✓	✓	✗	✗
Donnington pharmacy, Donnington	Yes - All types	✓	✓	✗	Soon
High Street pharmacy, Newport	Yes, just dressings	✓	✓	Soon	Soon
Jhoots, Oakengates	Yes - All types	✓	✓	✗	✗
Lloyds Pharmacy, Donnington	Yes - All types	✓	✓	✗	✗
Lloyds Pharmacy, Oakengates	None	✓	✓	✗	✗
L Rowlands, Hadley	Yes - All types	✓	✓	✗	✗
MR Clarke, Newport	Yes - All types	✓	✓	✗	✗
Muxton Pharmacy, Muxton	Yes - All types	✓	Soon	✗	✗
Priorslee Pharmacy, Priorslee	Yes - All types	✓	✓	✗	✗
Shire Pharmacy, Trench	Yes - All types	✓	✓	✓	✓
The Wrekin					
Asda, Mallingsgate	Yes - All types	✓	✓	✗	✗
Boots, Forge Retail Park	Yes - All types	✓	✓	✓	✗
Boots, Shawbirch	Yes - All types	✓	✓	✗	✗
Boots, Telford Shopping Centre	Yes, excluding stoma appliances	✓	✓	Soon	✗
Boots, Wellington	Yes - All types	✓	✓	✗	✗
Leegomery Chemist, Leegomery	Yes - All types	✓	✓	✗	✗
Lloyds Pharmacy, Chapel Lane, Wellington	Yes - All types	✓	✓	✗	✗
Lloyds Pharmacy, Sainsbury's, Forge Retail Park	Yes, just dressings	✓	✓	✗	✗
L Rowlands, Hollinswood	Yes, just dressings	✓	✓	✗	✗
L Rowlands, Stirchley	Yes - All types	✓	✓	✓	Soon
Malinslee Pharmacy, Malinslee	Yes - All types	✓	✓	✓	✓
Morrisons, Wellington	Yes - All types	✓	✓	Soon	✗
Superdrug, TTC	Yes, just dressings	✓	✓	✗	✗
Tesco, Wrekin Retail Park	Yes - All types	✓	✓	✗	✗
Wellington pharmacy, Chapel Lane	Yes - All types	✓	✓	✗	✗
Lakeside South					
Anstice Pharmacy, Madeley	Yes - All types	✓	✓	✓	✗
Aqueduct Pharmacy, Aqueduct	Yes - All types	✓	✓	✓	✓
Ironbridge pharmacy, Ironbridge	Yes - All types	✓	✓	Soon	Soon
Jhoots, Lightmoor	Yes - All types	✓	✓	✗	✗
Lawley Pharmacy, Lawley	Yes - All types	✓	✓	✓	✓
Lloyds Pharmacy, High St, Dawley	Yes - All types	✓	✓	✗	✗
Lloyds Pharmacy, King St, Dawley	Yes - All types	✓	✓	✗	✗
L Rowlands, Sutton Hill	Yes - All types	✓	✓	✓	✓
Woodside Pharmacy, Park Lane	Yes - All types	✓	✓	✓	✓

Commissioned Services

Currently providing under contract	CP
Willing and able to provide if commissioned	WA
Willing but need training	WT
Willing but need facilities adjustment	WF
Willing but need training and facilities adjustment	WT;WF
Only provide privately	PP

Pharmacy Name	Disease-Specific Medicine Management Service										
	Allergies	Alzheimer's / Dementia	Asthma	CHD	Depression	Diabetes Type I	Diabetes Type II	Epilepsy	Heart Failure	Hypertension	Parkinson's Disease
Hadley Castle											
A.S Kitchings, Oakengates	WT	WT	WA	WT	WT	WT	WT	WT	WT	WT	WT
Asda, Donnington	WA	WT	WA	WT	WT	WT	WT	WT	WT	WT	WT
Boots, Newport	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Donnington pharmacy, Donnington	WT	WT	WA	WT	WT	WT	WT	WT	WT	WT	WT
High Street pharmacy, Newport	WA	WA	WA	WA	WA	CP	WA	WA	WA	WA	WA
Jhoots, Oakengates	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Lloyds Pharmacy, Donnington	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Lloyds Pharmacy, Oakengates											
L Rowlands, Hadley	WT	WT	WA	WT	WT	WT	WT	WT	WT	WT	WT
MR Clarke, Newport											
Muxton Pharmacy, Muxton	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Priorslee Pharmacy, Priorslee			WT;WF							WT;WF	
Shire Pharmacy, Trench	WT	WT	WT	WT	WT	WT	WT	WT	WT	WA	WA
The Wrekin											
Asda, Mallingsgate	WT	WT	WA	WT	WT	WT		WT	WT	WT	WT
Boots, Forge Retail Park	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Boots, Shawbirch	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Boots, Telford Shopping Centre	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Boots, Wellington		WT	WT;WF							WT;WF	
Leegomery Chemist, Leegomery											
Lloyds Pharmacy, Chapel Lane, Wellington	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Lloyds Pharmacy, Sainsbury's, Forge Retail Park	WT	WT	WT	WT	WT	CP	CP	WT	WT	WT	WT
L Rowlands, Hollinswood	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
L Rowlands, Stirchley	WA	CP	CP	CP	WA	CP	CP	WA	CP	CP	WA
Malinslee Pharmacy, Malinslee	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Morrisons, Wellington	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Superdrug, TTC	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF
Tesco, Wrekin Retail Park	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA
Wellington pharmacy, Chapel Lane	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA
Lakeside South											
Anstice Pharmacy, Madeley	WT	WT	WT	WT		WT	WT	WT	WT	WT	WT
Aqueduct Pharmacy, Aqueduct	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Ironbridge pharmacy, Ironbridge	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Jhoots, Lightmoor											
Lawley Pharmacy, Lawley	WA	WA	WA	WA	WA	WA	WA	WA	WA	PP	WA
Lloyds Pharmacy, High St, Dawley											
Lloyds Pharmacy, King St, Dawley											
L Rowlands, Sutton Hill	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Woodside Pharmacy, Park Lane	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT

Pharmacy Name	Anticoagulant Monitoring Service	Antiviral Distribution Service	Care Home Service	Chlamydia Treatment Service	Contraception Service	Emergency Hormonal Contraception	Gluten Free Food Supply Service	Home Delivery Service	Independent Prescribing Service	Language Access Service
Hadley Castle										
A.S Kitchings, Oakengates	WA	WT	WT	CP	WA	CP	WA	CP	WT	WT
Asda, Donnington	WT	CP	WA	CP	WT	CP	WA	WA	WT	WT
Boots, Newport	WT	WT	WF	WT	WT	WT	WT	CP	WT	WT
Donnington pharmacy, Donnington	WA	WA	WA	WT	WA	CP	WT	CP	WT	WT
High Street pharmacy, Newport	WT	WA	WA	WA	WT	CP	WA	CP	WA	WA
Jhoots, Oakengates	WT	WT	WT	WT	WT	WT	WT	CP	WT	WT
Lloyds Pharmacy, Donnington	WT	WT	CP	CP	WT	CP	WT	CP	WT	
Lloyds Pharmacy, Oakengates								CP		
L Rowlands, Hadley	WT	WT		WA	WA	WA	WT	WT	WT	
MR Clarke, Newport						CP				
Muxton Pharmacy, Muxton	WA	WA	WT	WT	CP	PP	WT	CP	WT	WT
Priorslee Pharmacy, Priorslee	WT;WF	WT;WF	WT;WF	CP	WT;WF	CP		CP		
Shire Pharmacy, Trench	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA
The Wrekin										
Asda, Mallingsgate	WA	WA	WT	WA	WT	CP	WT		WT	WT
Boots, Forge Retail Park	WT	WT	WF	WT	WT	CP	WT	CP	WT	WT
Boots, Shawbirch	WT	WT	WF	WT	WT	CP	WT	CP	WT	CP
Boots, Telford Shopping Centre	WA	WA	CP	CP	WA	CP	WT	CP	WT	WT
Boots, Wellington		WT		WT		CP	WT	PP		
Leegomery Chemist, Leegomery	WT	WT		WT	WT			CP		
Lloyds Pharmacy, Chapel Lane, Wellington	WT	WT	CP	WT	WT	WT	WT	CP	WT	WT
Lloyds Pharmacy, Sainsbury's, Forge Retail Park	WT	WT		WT	WT	WT	WT		WT	WT
L Rowlands, Hollinswood	WT	WT		WT	WA	WT	WT		WT	
L Rowlands, Stirchley	WA	WA	CP	WA	WA	CP	CP	CP	WA	CP
Malinslee Pharmacy, Malinslee	WT	WT	CP	CP	CP	CP	WA	CP	WT	CP
Morrisons, Wellington			WT	WT	CP	CP	WT			
Superdrug, TTC	WT;WF	WT;WF	WT;WF	CP	CP	WA	WT;WF	CP	WT;WF	WT;WF
Tesco, Wrekin Retail Park	WA	CP	WA	WA	WA	CP	WA	WA	WA	WA
Wellington pharmacy, Chapel Lane	WA	WA	WA	WA	WA	CP	WA	CP		WA
Lakeside South										
Anstice Pharmacy, Madeley	WT	WT	WT	CP	WT	CP	CP	CP	WT	WT
Aqueduct Pharmacy, Aqueduct	WT	WT	CP	CP	CP	CP	CP	CP	WT	CP
Ironbridge pharmacy, Ironbridge	WF	WF	CP	CP	CP	CP	CP	CP	WT	CP
Jhoots, Lightmoor					WF	WF				
Lawley Pharmacy, Lawley	WT	WA	CP	CP	WT	CP	WA	CP	WT	WA
Lloyds Pharmacy, High St, Dawley	WT	WT	WT	WT	WT	CP		CP		
Lloyds Pharmacy, King St, Dawley								CP		
L Rowlands, Sutton Hill	WF	WT	WF	WT	WT	CP	WT	CP	WT	WT
Woodside Pharmacy, Park Lane	WT	WT	WT	WT	WT	CP	WA	WA		

Pharmacy Name	Medication Review Service	Medicines Assessment and Compliance Support Service		Minor Ailments	MUR Plus / Medicines Optimisation Service	Needle and Syringe Exchange Service	Obesity Management (Adults and Children)	On Demand Availability of Specialist Drugs Service		
		Medicines Management Support Service	DomMAR Carer's Charts					Directly Observed Therapy	Out of Hours Service	Palliative Care Scheme
Hadley Castle										
A.S Kitchings, Oakengates	CP	WT	CP	CP	WT	WT	WT	WT	WT	WT
Asda, Donnington	WT	WT	WT	CP	WA	CP	WA	CP	PP	CP
Boots, Newport	WT	WT	CP	CP	WT	WT	WT	CP	WT	CP
Donnington pharmacy, Donnington	CP	WT	WT	CP		WT	WT	WT	WT	CP
High Street pharmacy, Newport	CP	WA	WA	CP	WA	WA	WA	WA	WA	CP
Jhoots, Oakengates	CP	WT	WT	CP	WT	WT	WT	WT	WT	WT
Lloyds Pharmacy, Donnington	CP	WT	CP	CP	WT	WT	WT	WT	WT	WT
Lloyds Pharmacy, Oakengates	CP			CP						
L Rowlands, Hadley	CP	WT		WA	WT	WA	WT	WT		
MR Clarke, Newport										
Muxton Pharmacy, Muxton	WT	WT	WT	WT	WT	WT	WT	WT	WF	CP
Priorslee Pharmacy, Priorslee				CP		WT;WF			WT	CP
Shire Pharmacy, Trench	WA	WA	WT	WA	WA	WA	WA	WA	WA	WA
The Wrekin										
Asda, Mallingsgate	WT	WT	WT	CP	WT		WT	WT		CP
Boots, Forge Retail Park	WT	WT	WF	WT	WT	WF	WT	WF	WT	WT
Boots, Shawbirch	WT	WT	WT	CP	WT	WT	WT	WT		WT
Boots, Telford Shopping Centre	WT	WT	WT	WA	WA	WT	WT	CP	WT	WT
Boots, Wellington				CP						WT
Leegomery Chemist, Leegomery	CP		CP	CP						
Lloyds Pharmacy, Chapel Lane, Wellington	WT	CP	WT	CP	WT	WT	WT	WT		CP
Lloyds Pharmacy, Sainsbury's, Forge Retail Park	WT	WT		WT	WT	WT	WT		WT	
L Rowlands, Hollinswood	CP	WT		WT	WT		WT	WT		WT
L Rowlands, Stirchley	CP	WA	WA	CP	CP	CP	WA	WA	WA	CP
Malinslee Pharmacy, Malinslee	CP	WT	CP	CP	WA	WA	WT	WT	WA	CP
Morrisons, Wellington	PP	WT	PP	CP		WT	WT			WA
Superdrug, TTC	CP	WT;WF	WT;WF		WT;WF	WT;WF	WT;WF	WT;WF	WT	WT;WF
Tesco, Wrekin Retail Park	WA	WA	WA	WA	WA	WA	WA	WA	CP	CP
Wellington pharmacy, Chapel Lane	CP	WA	CP	CP	WA	WA	WA	WA	CP	CP
Lakeside South										
Anstice Pharmacy, Madeley	WT	WT	WT	CP	WT	CP	WT	WT	WT	WT
Aqueduct Pharmacy, Aqueduct	CP	WT	CP	CP	WT	WA	WT	WT	WA	CP
Ironbridge pharmacy, Ironbridge	CP	WT	WT	CP	CP	WA	WT	WT	WA	CP
Jhoots, Lightmoor										
Lawley Pharmacy, Lawley	CP	WA	CP	CP	CP	WT	PP	WA	CP	CP
Lloyds Pharmacy, High St, Dawley	CP			CP		WT				
Lloyds Pharmacy, King St, Dawley				CP						
L Rowlands, Sutton Hill	WT	WT	WF	WA	WT	WF	WT	WT	WF	CP
Woodside Pharmacy, Park Lane	WT	WT	WT	CP	WT	WT	WT	WT		WA

Pharmacy Name	Phlebotomy Service	Prescriber Support Service	Schools Service	Screening Service								
				Alcohol	Chlamydia	Cholesterol	Diabetes	Gonorrhoea	H.pylori	HbA1C	Hepatitis	HIV
Hadley Castle												
A.S Kitchings, Oakengates	WT	WT	WA	WT;WF	CP	WT	WT	WT	WT	WT	WA	WT
Asda, Donnington	WT	WA	WA	WA	CP	WA	WA	CP	WA	WA	WA	WA
Boots, Newport	WT	WT	WT	WT	WT	WT	WT	WT	WT		WT	WT
Donnington pharmacy, Donnington	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
High Street pharmacy, Newport	WA	WA	WA	WA		WA	WA	WA	WA	WA	WA	WA
Jhoots, Oakengates	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Lloyds Pharmacy, Donnington				WT	CP	WT	CP	WT	WT	WT	WT	WT
Lloyds Pharmacy, Oakengates												
L Rowlands, Hadley		WT	WT	WT	WA	WT	WT	WT	WT			
MR Clarke, Newport												
Muxton Pharmacy, Muxton												
Priorslee Pharmacy, Priorslee				WT;WF	CP			WT;WF				AF
Shire Pharmacy, Trench	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
The Wrekin												
Asda, Mallingsgate	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Boots, Forge Retail Park	WT;WF	WT	WT	WF	WF	WF	WF	WF	WF	WF	WF	WF
Boots, Shawbirch	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Boots, Telford Shopping Centre				WT	CP	WT	WT	WT	WT	WT	WT	WT
Boots, Wellington				WT;WF	WT;WF	WT;WF	WT;WF	WT;WF				
Leegomery Chemist, Leegomery												
Lloyds Pharmacy, Chapel Lane, Wellington	WT	WT	WT	WT	WT	WT	CP	WT	WT	WT	WT	WT
Lloyds Pharmacy, Sainsbury's, Forge Retail Park				WT	WT	CP	CP	WT				
L Rowlands, Hollinswood	WT		WT	WT	WT	WT	WT		WT	WT	WT	
L Rowlands, Stirchley	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA
Malinslee Pharmacy, Malinslee	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Morrisons, Wellington			WT	WT	WT	PP	WA	WT		WT		
Superdrug, TTC	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF
Tesco, Wrekin Retail Park	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA
Wellington pharmacy, Chapel Lane	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA	WA
Lakeside South												
Anstice Pharmacy, Madeley	WT	WT	WT	WT	CP	WT	WT	WT	WT	WT	WT	WT
Aqueduct Pharmacy, Aqueduct	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Ironbridge pharmacy, Ironbridge				WT	CP	WT	WT	WT	WT	WT	WT	WT
Jhoots, Lightmoor												
Lawley Pharmacy, Lawley	WT	CP	CP	WA	CP	WT	WA	WA	WT	WT	WF	WF
Lloyds Pharmacy, High St, Dawley						PP	PP					
Lloyds Pharmacy, King St, Dawley												
L Rowlands, Sutton Hill	WF	WT	WT	WF	WF	WF	WF	WF	WF	WF	WF	WF
Woodside Pharmacy, Park Lane	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT

Pharmacy Name	Vaccinations					Sharps Disposal Service	Stop Smoking Service			Supervised Consumption	Supplementary Prescribing	Vascular Risk Assessment Service (NHS Healthcheck)
	Flu Vaccination	Childhood Vaccinations	HPV	Hepatitis B	Travel Vaccines		NRT Voucher Service	Smoking Cessation Counselling Service				
Hadley Castle												
A.S Kitchings, Oakengates	CP	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT	WT
Asda, Donnington	CP	WA	WA	WA	WA	CP	WA	WA	CP	WT	WT	WT
Boots, Newport	CP	WT	WT	WT	WT	WT	WT	WT	CP	WT	WT	WT
Donnington pharmacy, Donnington	CP	WA	WA	WA	WA	WT	CP	CP	CP	WT	WT	WT
High Street pharmacy, Newport	WA	WA	WA	WA		WT	WA	WA	WA	WA	WA	WA
Jhoots, Oakengates	CP	WT	WT	WT	WT	WT	WT	WT	CP	WT	WT	WT
Lloyds Pharmacy, Donnington	CP	WT	WT	CP	CP	WT	WT	WT	CP	WT	WT	WT
Lloyds Pharmacy, Oakengates	CP				PP				CP			
L Rowlands, Hadley						CP	WT		CP	WT	WT	WT
MR Clarke, Newport	CP						CP		CP			
Muxton Pharmacy, Muxton							WT	WT	CP	WF	WF	WF
Priorslee Pharmacy, Priorslee	CP					WT;WF	WT;WF	WT;WF	CP	WT;WF		
Shire Pharmacy, Trench	WT	WT	WT	WT	WT	WT	WT	WT	WA	WT	WT	WT
The Wrekin												
Asda, Mallinsgate	CP						WT	WT	CP	WT		
Boots, Forge Retail Park	PP	WT	WT	WT	WT	WF	WT	CP	CP	WT	WT	WT
Boots, Shawbirch	CP	WT	WT	WT	WT	WF	WT	WF	CP	WT	WT	WT
Boots, Telford Shopping Centre	CP	PP	PP	PP	PP	WT	CP	WT	CP	WT	WT	WT
Boots, Wellington	CP					CP	WT		CP			
Legomery Chemist, Legomery	CP											
Lloyds Pharmacy, Chapel Lane, Wellington	CP	WT	WT	WT	WT	WT	WT	WT	CP	WT	WT	WT
Lloyds Pharmacy, Sainsbury's, Forge Retail Park	CP	WT			WT	CP						
L Rowlands, Hollinswood	CP	WT	WT	WT	WT		WT	WT	WT	WT		
L Rowlands, Stirchley	CP	WA	WA	WA	CP	WA	WA	WA	CP	WA	WA	WA
Malinslee Pharmacy, Malinslee	CP	WT	WT	WT	WT	WA	CP	CP	CP	WT	WT	WT
Morrisons, Wellington	PP								CP	WA		WT
Superdrug, TTC	CP	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF	WT;WF		CP	WT;WF	WT;WF	WT;WF
Tesco, Wrekin Retail Park	CP	WA	WA	WA	WA	WA	WA	WA	CP	WA	WA	WA
Wellington pharmacy, Chapel Lane	CP	WA	WA	WA	WA	WA	CP	WA	WA	WA	WA	WA
Lakeside South												
Anstice Pharmacy, Madeley	CP	WT	WT	WT	WT	WT	CP	CP	CP	WT	WT	WT
Aqueduct Pharmacy, Aqueduct	CP	WT	WT	WT	WT	WA	CP	CP	CP	WT	WT	WT
Ironbridge pharmacy, Ironbridge	CP	WT	WT	WT	WT	WA	CP	CP	CP	WT	WT	WT
Jhoots, Lightmoor												
Lawley Pharmacy, Lawley	CP	WT	WT	WT	WA	CP	CP	CP	CP	WT	WT	WT
Lloyds Pharmacy, High St, Dawley	CP							PP	CP			
Lloyds Pharmacy, King St, Dawley	CP											
L Rowlands, Sutton Hill	CP	WA	WA	WA	WA	WA	WT	WT	CP	WT	WT	WT
Woodside Pharmacy, Park Lane	PP	WT	WT	WT	WT	WT	CP	CP	CP	WT	WT	WT

Pharmacy Name	Healthy Living Pharmacy			Collection and Delivery Services				
	HLP Level 1 Registered*	Healthy Living Pharmacy?	Number of Healthy Living Champions (FTE)	Prescription Collection Service	Free Delivery on Request	Delivery Groups	Delivery Areas	Chargeable Delivery Service
Hadley Castle								
A.S Kitchings, Oakengates	x	✓	3	✓	✓			x
Asda, Donnington	x	✓	0	✓	x			x
Boots, Newport		✓	2	✓	✓	Housebound	Local Area	x
Donnington pharmacy, Donnington		soon	1	✓	✓	All	Telford and Wrekin	x
High Street pharmacy, Newport	x	✓	2	✓	✓			x
Jhoots, Oakengates	x	✓	1	✓	✓	All	Local Area	x
Lloyds Pharmacy, Donnington	x	✓	1	✓	✓	All	All	x
Lloyds Pharmacy, Oakengates	x	✓	1	✓	✓	Housebound		x
L Rowlands, Hadley	x	✓	1	✓	✓	All	Hadley	x
MR Clarke, Newport		soon	0	✓	✓			x
Muxton Pharmacy, Muxton		soon	0	✓	✓			✓
Priorslee Pharmacy, Priorslee	x	✓	1	✓	✓			x
Shire Pharmacy, Trench		✓	1	✓	✓			x
The Wrekin								
Asda, Mallingsgate		soon	0	✓	x			x
Boots, Forge Retail Park	x	soon	0	x	✓	Disabled		x
Boots, Shawbirch	x	soon	1	✓	✓			x
Boots, Telford Shopping Centre	x	soon	1	✓	✓			x
Boots, Wellington	x	soon	0	✓	✓			x
Leegomery Chemist, Leegomery	x	✓	0	✓	✓			x
Lloyds Pharmacy, Chapel Lane, Wellington	x	✓	0	✓	✓			x
Lloyds Pharmacy, Sainsbury's, Forge Retail Park	x	soon	0	✓	x			x
L Rowlands, Hollinswood	x	soon	0	✓	✓			✓
L Rowlands, Stirchley		✓	2	✓	✓			x
Malinslee Pharmacy, Malinslee	x	✓	1	✓	✓	All	All	x
Morrisons, Wellington	x	soon	0	✓	✓			x
Superdrug, TTC		x	0	✓	✓		Telford & Wrekin	✓
Tesco, Wrekin Retail Park	x	✓	1	✓	x			x
Wellington pharmacy, Chapel Lane		soon	2	✓	✓	All	All	x
Lakeside South								
Anstice Pharmacy, Madeley	x	soon	0	✓	✓	All	4 mile Radius	x
Aqueduct Pharmacy, Aqueduct		soon	0	✓	✓	All	All	✓
Ironbridge pharmacy, Ironbridge		✓	0	✓	✓	All		x
Jhoots, Lightmoor	x	✓	0	✓	✓			x
Lawley Pharmacy, Lawley		✓	2	✓	✓	All	8 mile Radius	x
Lloyds Pharmacy, High St, Dawley	x	✓	1	✓	✓			x
Lloyds Pharmacy, King St, Dawley	x	✓	1	✓	✓	Housebound, Elderly	Local Area	x
L Rowlands, Sutton Hill	x	✓	3	✓	✓			x
Woodside Pharmacy, Park Lane	x	✓	2	✓	✓	Where there is a need	Local Area	x

*HLP Level 1 Registered (completed the self-assessment process with RSPH) as of 23rd November 2017

13.11. Appendix XI -Sexual Health Services Opening Times

Pharmacy Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hadley Castle							
A.S Kitchings, Oakengates*∞	9.00 - 17.00	9.00 - 17.00	9.00 - 17.00	9.00 - 17.00	9.00 - 17.00	closed (extended 8.30 - 14.30)	closed
Asda, Donnington*∞	8.00 - 23.00	7.00 - 23.00	7.00 - 23.00	7.00 - 23.00	7.00 - 23.00	7.00 - 22.00	11.00 - 17.00
Donnington pharmacy, Donnington	7.00 - 22.00	7.00 - 22.00	7.00 - 22.00	7.00 - 22.00	7.00 - 22.00	7.00 - 21.00	9.00 - 20.00
High Street pharmacy, Newport	7.30 - 22.30	7.30 - 22.30	7.30 - 22.30	7.30 - 22.30	7.30 - 22.30	7.30 - 22.30	9.00 - 19.00
Lloyds Pharmacy, Donnington*∞	9.00 - 17.30 (closed 12.00 - 13.00) (extended 8.30 - 18.00 and over lunch break)	9.00 - 17.30 (closed 12.00 - 13.00) (extended 8.30 - 18.00 and over lunch break)	9.00 - 17.30 (closed 12.00 - 13.00) (extended 8.30 - 18.00 and over lunch break)	9.00 - 17.30 (closed 12.00 - 12.30) (extended 8.30 - 18.00 and over lunch break)	9.00 - 17.30 (closed 12.00 - 12.30) (extended 8.30 - 18.00 and over lunch break)	9.00 - 13.00 (extended 9.00 - 17.00)	closed
MR Clarke, Newport	9.00 - 17.00 (extended 9.00 - 17.30)	9.00 - 17.00 (extended 9.00 - 17.30)	9.00 - 17.00 (extended 9.00 - 17.30)	9.00 - 17.00 (extended 9.00 - 17.30)	9.00 - 17.00 (extended 9.00 - 17.30)	closed (extended 9.00 - 13.00)	closed
Priorslee Pharmacy, Priorslee*∞	9.00 - 18.00 (closed 13.00 - 14.00 except during extended hours)	9.00 - 18.00 (closed 13.00 - 14.00 except during extended hours)	9.00 - 18.00 (closed 13.00 - 14.00 except during extended hours)	9.00 - 18.00 (closed 13.00 - 14.00 except during extended hours)	9.00 - 18.00 (closed 13.00 - 14.00 except during extended hours)	closed (extended 9.00 - 13.00)	closed
The Wrekin							
Asda, Malinsgate	8.00 - 23.00	7.00 - 23.00	7.00 - 23.00	7.00 - 23.00	7.00 - 23.00	7.00 - 22.00	10.00 - 16.00
Boots, Forge Retail Park	9.00 - 17.30 (closed 14.00 - 15.00 except during extended	9.00 - 17.30 (closed 14.00 - 15.00 except during extended	9.00 - 17.30 (closed 14.00 - 15.00 except during extended	9.00 - 17.30 (closed 14.00 - 15.00 except during extended	9.00 - 17.30 (closed 14.00 - 15.00 except during extended	9.00 - 17.30 (closed 14.00 - 15.00 except during extended	10.30 - 16.30

	hours 9.00 - 20.00)	hours 9.00 - 20.00)	hours 9.00 - 20.00)	hours 9.00 - 20.00)	hours 9.00 - 20.00)	hours 9.00 - 19.00)	
Boots, Shawbirch	9.00 - 17.00 (closed 12.30 - 13.00 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.30 - 13.00 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.30 - 13.00 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.30 - 13.00 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.30 - 13.00 except during extended hours 8.30 - 18.00)	closed (extended 9.00 - 17.00)	closed
Boots, Telford Shopping Centre*∞	9.00 - 16.30 (except 13.00 - 13.30 except during extended hours 17.00 - 18.00)	9.00 - 16.30 (except 13.00 - 13.30 except during extended hours 17.00 - 18.00)	9.00 - 16.30 (except 13.00 - 13.30 except during extended hours 17.00 - 18.00)	9.00 - 16.30 (except 13.00 - 13.30 except during extended hours 17.00 - 18.00)	9.00 - 16.30 (except 13.00 - 14.00 except during extended hours 17.00 - 18.00)	9.00 - 16.30 (except 13.00 - 14.00 except during extended hours 17.00 - 18.00)	closed (extended 10.30 - 16.30)
Boots, Wellington	9.00 - 16.30 (closed 13.00 - 13.30 except during extended hours 9.00 - 17.30)	9.00 - 16.30 (closed 13.00 - 13.30 except during extended hours 9.00 - 17.30)	9.00 - 16.30 (closed 13.00 - 13.30 except during extended hours 9.00 - 17.30)	9.00 - 16.30 (closed 13.00 - 13.30 except during extended hours 9.00 - 17.30)	9.00 - 16.30 (closed 13.00 - 14.00 except during extended hours 9.00 - 17.30)	9.00 - 16.30 (closed 13.00 - 14.00 except during extended hours 9.00 - 17.30)	closed
L Rowlands, Stirchley	9.00 - 17.30 (closed 13.00 - 14.00 except extended hours 9.00 - 18.00 when it is closed 13.00 - 13.20)	9.00 - 17.30 (closed 13.00 - 14.00 except extended hours 9.00 - 18.00 when it is closed 13.00 - 13.20)	9.00 - 17.30 (closed 13.00 - 14.00 except extended hours 9.00 - 18.00 when it is closed 13.00 - 13.20)	9.00 - 17.30 (closed 13.00 - 14.00 except extended hours 9.00 - 18.00 when it is closed 13.00 - 13.20)	9.00 - 17.30 (closed 13.00 - 14.00 except extended hours 9.00 - 18.00 when it is closed 13.00 - 13.20)	closed (extended 9.00 - 13.00)	closed
Malinslee Pharmacy, Malinslee*	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	closed	closed
Morrisons, Wellington	9.00 - 17.00 (closed 13.00 - 14.00 except during extended)	9.00 - 17.00 (except 13.30 - 14.00, extended 17.00 - 19.00)	9.00 - 17.00 (except 13.30 - 14.00, extended 17.00 - 19.00)	9.00 - 17.00 (except 13.30 - 14.00, extended 17.00 - 20.00)	9.00 - 17.00 (except 13.30 - 14.00, extended 17.00 - 20.00)	9.00 - 16.00 (closed 13.00 - 14.00 except during extended)	closed (extended 10.00 - 16.00)

	hours 8.30 - 19.00)					hours 9.00 - 18.00)	
Tesco, Wrekin Retail Park	9.00 - 17.00 (closed 13.00 - 14.00 except during extended hours 8.00 - 21.00)	9.00 - 17.00 (closed 13.00 - 14.00 except during extended hours 8.00 - 21.00)	9.00 - 17.00 (closed 13.00 - 14.00 except during extended hours 8.00 - 21.00)	9.00 - 17.00 (closed 13.00 - 14.00 except during extended hours 8.00 - 21.00)	9.00 - 17.00 (closed 13.00 - 14.00 except during extended hours 8.00 - 21.00)	9.00 - 17.00 (closed 13.00 - 14.00 except during extended hours 8.00 - 21.00)	closed (extended 10.00 - 16.00)
Wellington pharmacy, Chapel Lane	8.00 - 23.00	8.00 - 23.00	8.00 - 23.00	8.00 - 23.00	8.00 - 23.00	8.00 - 22.00	9.00 - 20.00
Lakeside South							
Anstice Pharmacy, Madeley*∞	9.00 - 16.30 (closed 13.00 - 14.00 except during extended hours 9.00 - 20.00)	9.00 - 16.30 (closed 13.00 - 14.00 except during extended hours 9.00 - 20.00)	9.00 - 16.30 (closed 13.00 - 14.00 except during extended hours 9.00 - 20.00)	9.00 - 16.30 (closed 13.00 - 14.00 except during extended hours 9.00 - 20.00)	9.00 - 16.30 (closed 13.00 - 14.00 except during extended hours 9.00 - 20.00)	9.00 - 13.00 (extended 9.00 - 17.00)	closed
Aqueduct Pharmacy, Aqueduct*	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	closed	closed
Ironbridge pharmacy, Ironbridge*∞	9.00 - 17.30 (closed 12.00 - 14.00 except during extended hours 9.00 - 18.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	9.00 - 18.00 (except 13.00 - 14.00)	closed (extended 9.00 - 13.00)	closed
Lawley Pharmacy, Lawley*∞	9.00 - 17.00 (extended 8.45 - 20.00)	9.00 - 17.00 (extended 8.45 - 19.30)	9.00 - 17.00 (extended 8.45 - 19.30)	9.00 - 17.00 (extended 8.45 - 19.30)	9.00 - 17.00 (extended 8.45 - 20.00)	closed (9.00 - 12.00)	closed
Lloyds Pharmacy, High St, Dawley	9.00 - 17.30 (closed 13.00 - 15.00 except	9.00 - 17.30 (closed 13.00 - 15.00 except	9.00 - 17.30 (closed 13.00 - 15.00 except	9.00 - 17.30 (closed 13.00 - 15.00 except	9.00 - 18.00 (closed 13.00 - 14.30 except	9.00 - 17.00 (closed 13.00 - 14.00 except	closed

	during extended hours)	during extended hours)	during extended hours)	during extended hours)	during extended hours 8.30 - 18.00)	during extended hours)	
L Rowlands, Sutton Hill	9.00 - 18.00 (except 12.45 - 13.45)	9.00 - 18.00 (except 12.45 - 13.45)	9.00 - 18.00 (except 12.45 - 13.45)	9.00 - 18.00 (except 12.45 - 13.45)	9.00 - 18.00 (except 12.45 - 13.45)	closed	closed
Woodside Pharmacy, Park Lane	9.00 - 17.00 (closed 12.45 - 13.15 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.45 - 13.15 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.45 - 13.15 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.45 - 13.15 except during extended hours 8.30 - 18.00)	9.00 - 17.00 (closed 12.45 - 13.15 except during extended hours 8.30 - 18.00)	9.00 - 11.00 (extended 9.00 - 12.00)	closed

*Pharmacy currently provides chlamydia treatment. ∞Pharmacy currently provides chlamydia screening.

Only provides chlamydia treatment:

Superdrug	9.00 - 17.30 (closed 13.00 - 15.00 except during extended hours 8.30 - 17.00)	9.00 - 17.30 (closed 13.00 - 15.00 except during extended hours 8.30 - 17.00)	9.00 - 17.30 (closed 13.00 - 15.00 except during extended hours 8.30 - 17.00)	9.00 - 17.30 (closed 13.00 - 15.00 except during extended hours 8.30 - 17.00)	9.00 - 17.30 (closed 13.00 - 15.00 except during extended hours 8.30 - 17.00)	9.00 - 17.30 (closed 13.00 - 14.00 except during extended hours)	closed
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13.12. Appendix XII –Maps

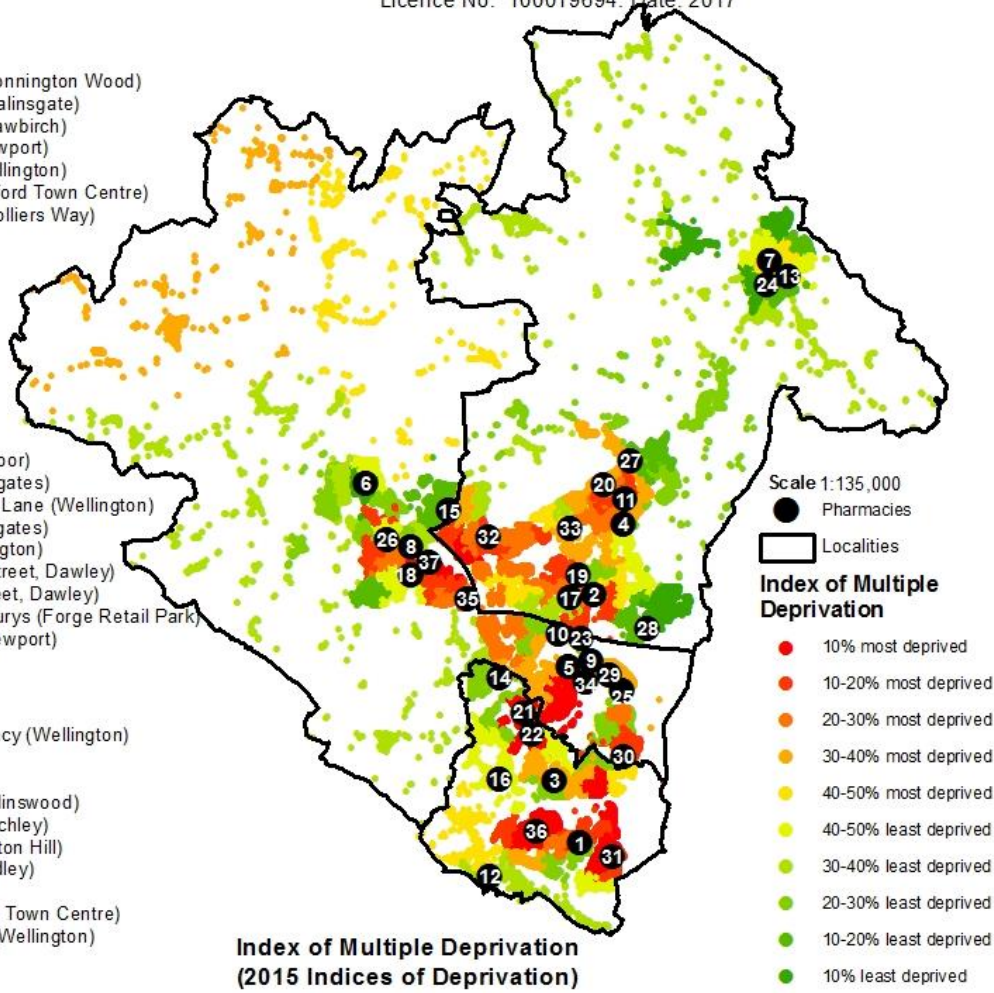
13.12.1. Map A: Indices of Multiple Deprivation 2015 –Overall

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1. Anstice Pharmacy
2. AS Kitching Ltd
3. Aqueduct Pharmacy
4. Asda Instore Pharmacy (Donnington Wood)
5. Asda Instore Pharmacy (Malinsgate)
6. Boots the Chemist Ltd (Shawbirch)
7. Boots the Chemist Ltd (Newport)
8. Boots the Chemist Ltd (Wellington)
9. Boots the Chemist Ltd (Telford Town Centre)
10. Boots the Chemist Ltd (Colliers Way)
11. Donnington Pharmacy
12. Ironbridge Pharmacy
13. High Street Pharmacy (Newport)

14. Lawley Pharmacy
15. Leegomery Pharmacy
16. Jhoots Pharmacy (Lightmoor)
17. Jhoots Pharmacy (Oakengates)
18. Lloyds Pharmacy, Chapel Lane (Wellington)
19. Lloyds Pharmacy (Oakengates)
20. Lloyds Pharmacy (Donnington)
21. Lloyds Pharmacy (King Street, Dawley)
22. Lloyds Chemist (High Street, Dawley)
23. Lloyds Pharmacy, Sainsburys (Forge Retail Park)
24. M R Clarke Pharmacy (Newport)
25. Malinslee Pharmacy

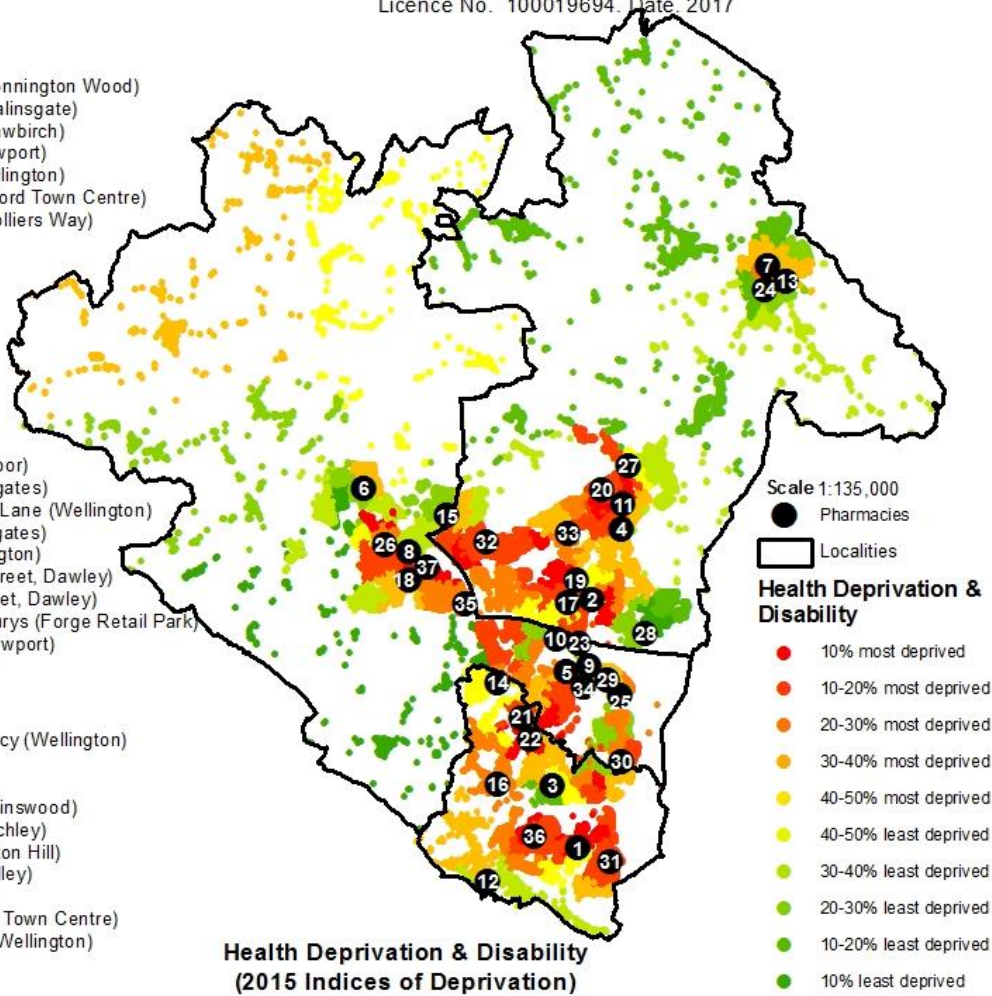
26. Morrisons Instore Pharmacy (Wellington)
27. Muxton Pharmacy
28. Priorslee Pharmacy
29. Rowlands Pharmacy (Hollinswood)
30. Rowlands Pharmacy (Stirchley)
31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.12.2. Map B: Indices of Deprivation 2015 –Health Deprivation and Disability

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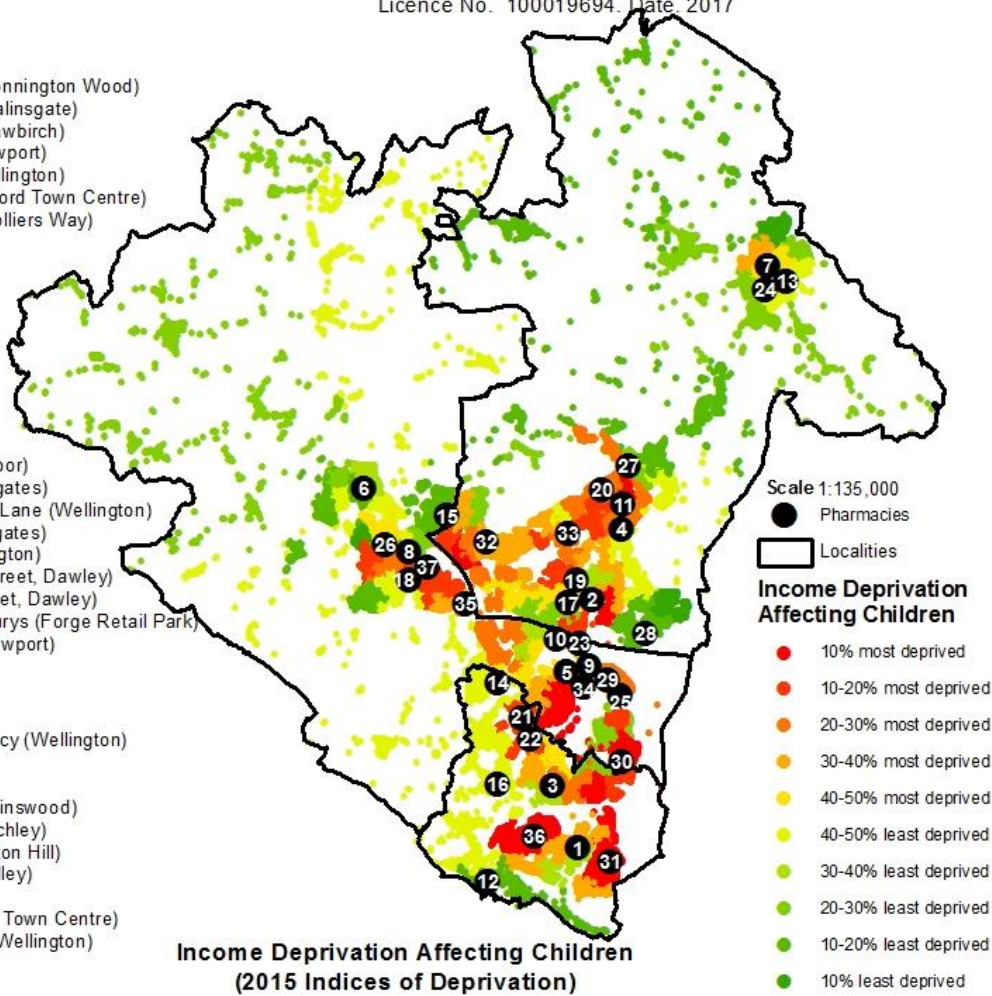
1. Anstice Pharmacy
2. AS Kitching Ltd
3. Aqueduct Pharmacy
4. Asda Instore Pharmacy (Donnington Wood)
5. Asda Instore Pharmacy (Malingsgate)
6. Boots the Chemist Ltd (Shawbirch)
7. Boots the Chemist Ltd (Newport)
8. Boots the Chemist Ltd (Wellington)
9. Boots the Chemist Ltd (Telford Town Centre)
10. Boots the Chemist Ltd (Colliers Way)
11. Donnington Pharmacy
12. Ironbridge Pharmacy
13. High Street Pharmacy (Newport)
14. Lawley Pharmacy
15. Leegomery Pharmacy
16. Jhoots Pharmacy (Lightmoor)
17. Jhoots Pharmacy (Oakengates)
18. Lloyds Pharmacy, Chapel Lane (Wellington)
19. Lloyds Pharmacy (Oakengates)
20. Lloyds Pharmacy (Donnington)
21. Lloyds Pharmacy (King Street, Dawley)
22. Lloyds Chemist (High Street, Dawley)
23. Lloyds Pharmacy, Sainsburys (Forge Retail Park)
24. M R Clarke Pharmacy (Newport)
25. Malinslee Pharmacy
26. Morrisons Instore Pharmacy (Wellington)
27. Muxton Pharmacy
28. Priorslee Pharmacy
29. Rowlands Pharmacy (Hollinswood)
30. Rowlands Pharmacy (Stirchley)
31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.12.3. Map C: Indices of Deprivation 2015 –Income Deprivation Affecting Children

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1. Anstice Pharmacy
2. AS Kitching Ltd
3. Aqueduct Pharmacy
4. Asda Instore Pharmacy (Donnington Wood)
5. Asda Instore Pharmacy (Malingsgate)
6. Boots the Chemist Ltd (Shawbirch)
7. Boots the Chemist Ltd (Newport)
8. Boots the Chemist Ltd (Wellington)
9. Boots the Chemist Ltd (Telford Town Centre)
10. Boots the Chemist Ltd (Colliers Way)
11. Donnington Pharmacy
12. Ironbridge Pharmacy
13. High Street Pharmacy (Newport)
14. Lawley Pharmacy
15. Leegomery Pharmacy
16. Jhoots Pharmacy (Lightmoor)
17. Jhoots Pharmacy (Oakengates)
18. Lloyds Pharmacy, Chapel Lane (Wellington)
19. Lloyds Pharmacy (Oakengates)
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23. Lloyds Pharmacy, Sainsburys (Forge Retail Park)
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27. Muxton Pharmacy
28. Priorslee Pharmacy
29. Rowlands Pharmacy (Hollinswood)
30. Rowlands Pharmacy (Stirchley)
31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



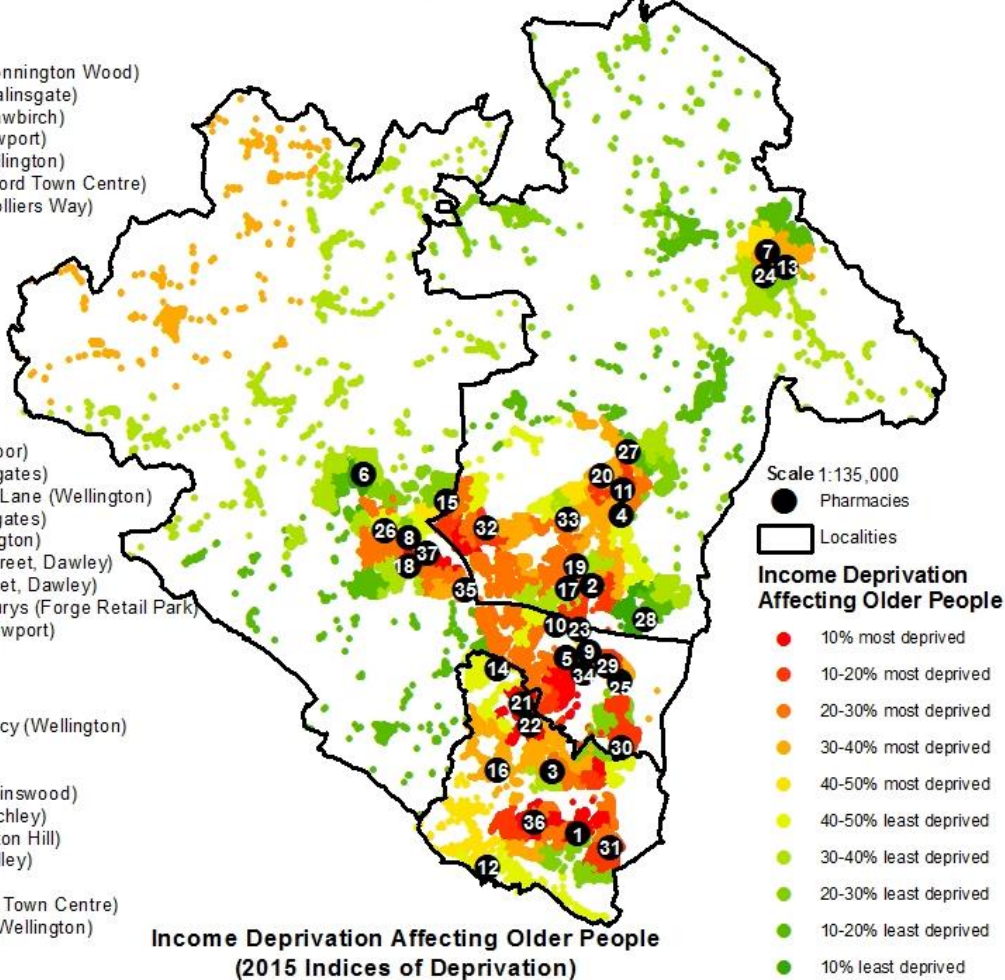
13.12.4. Map D: Indices of Deprivation 2015 –Income Deprivation Affecting Older People

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1. Anstice Pharmacy
2. AS Kitching Ltd
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4. Asda Instore Pharmacy (Donnington Wood)
5. Asda Instore Pharmacy (Malinsgate)
6. Boots the Chemist Ltd (Shawbirch)
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25. Malinslee Pharmacy

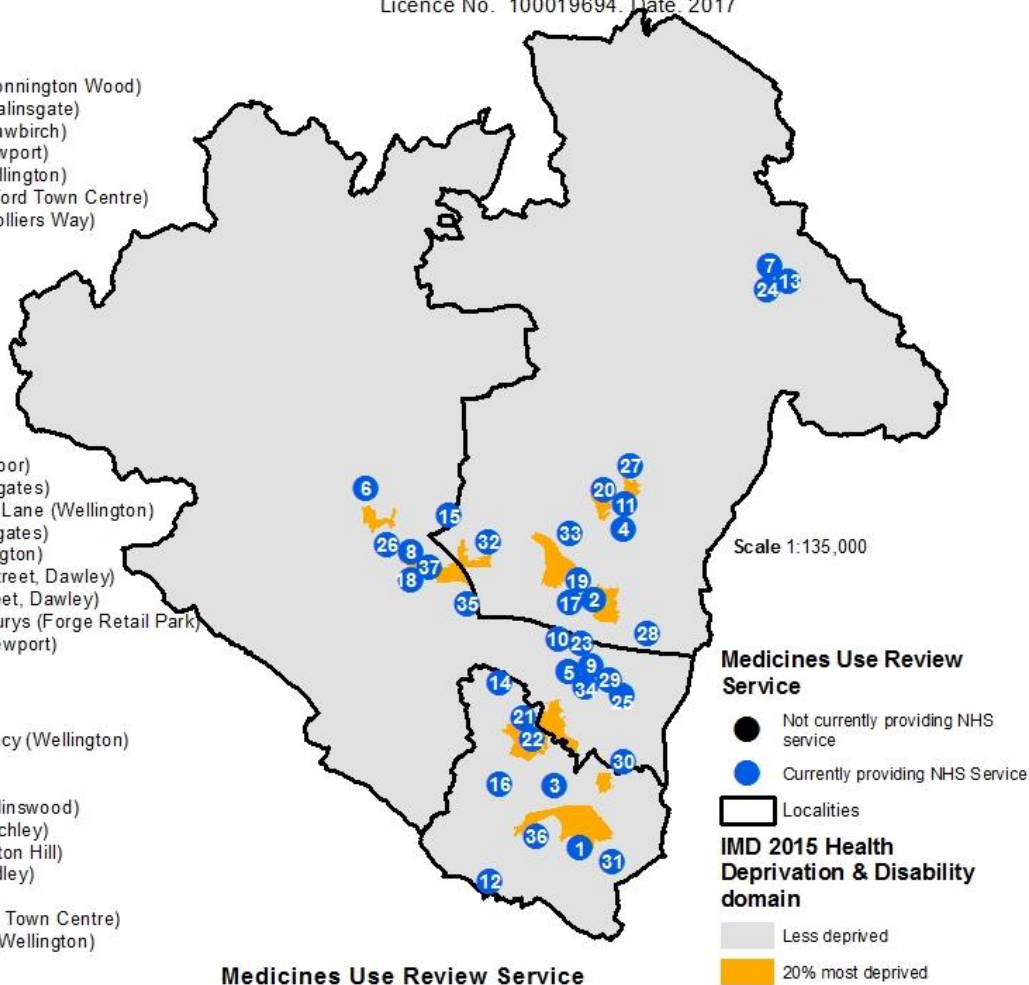
26. Morrisons Instore Pharmacy (Wellington)
27. Muxton Pharmacy
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32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.12.5. Map E: Medicines Use Review Service

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35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy

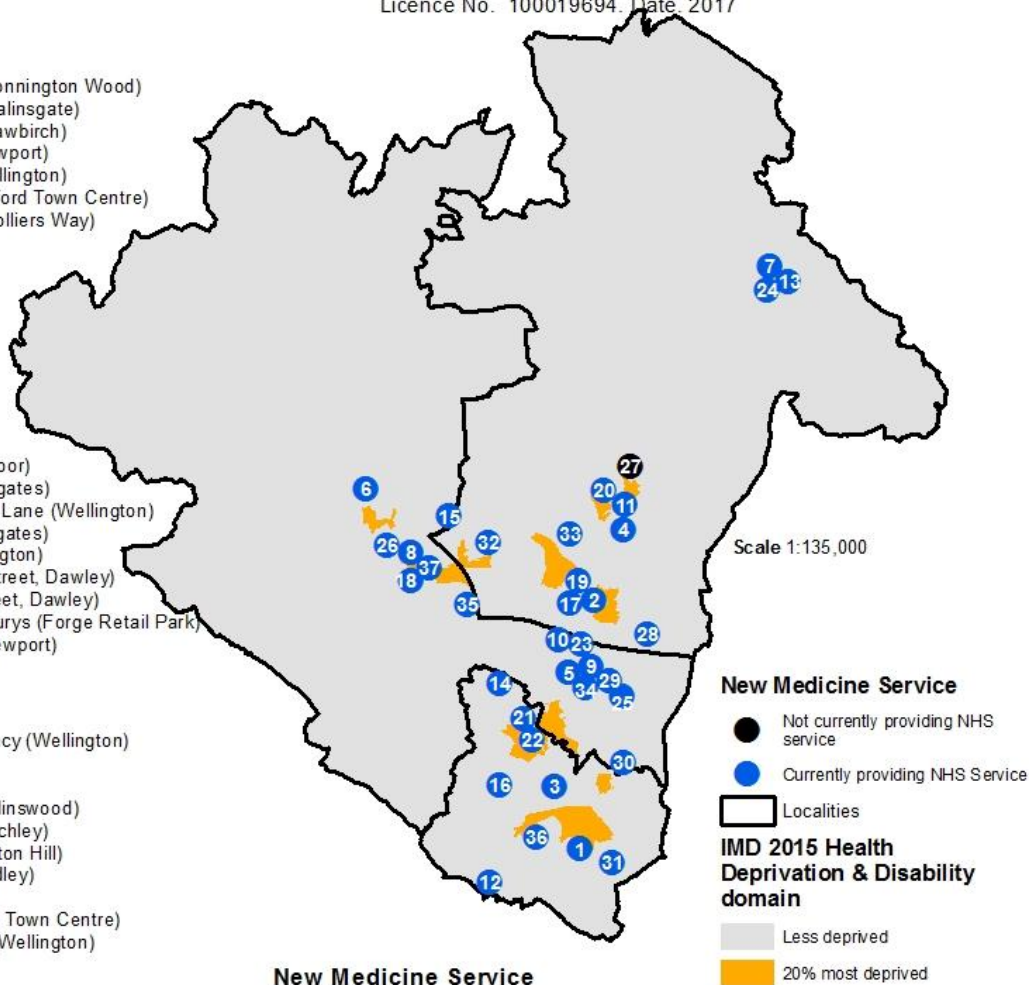


Medicines Use Review Service

13.12.6. Map F: New Medicines Service

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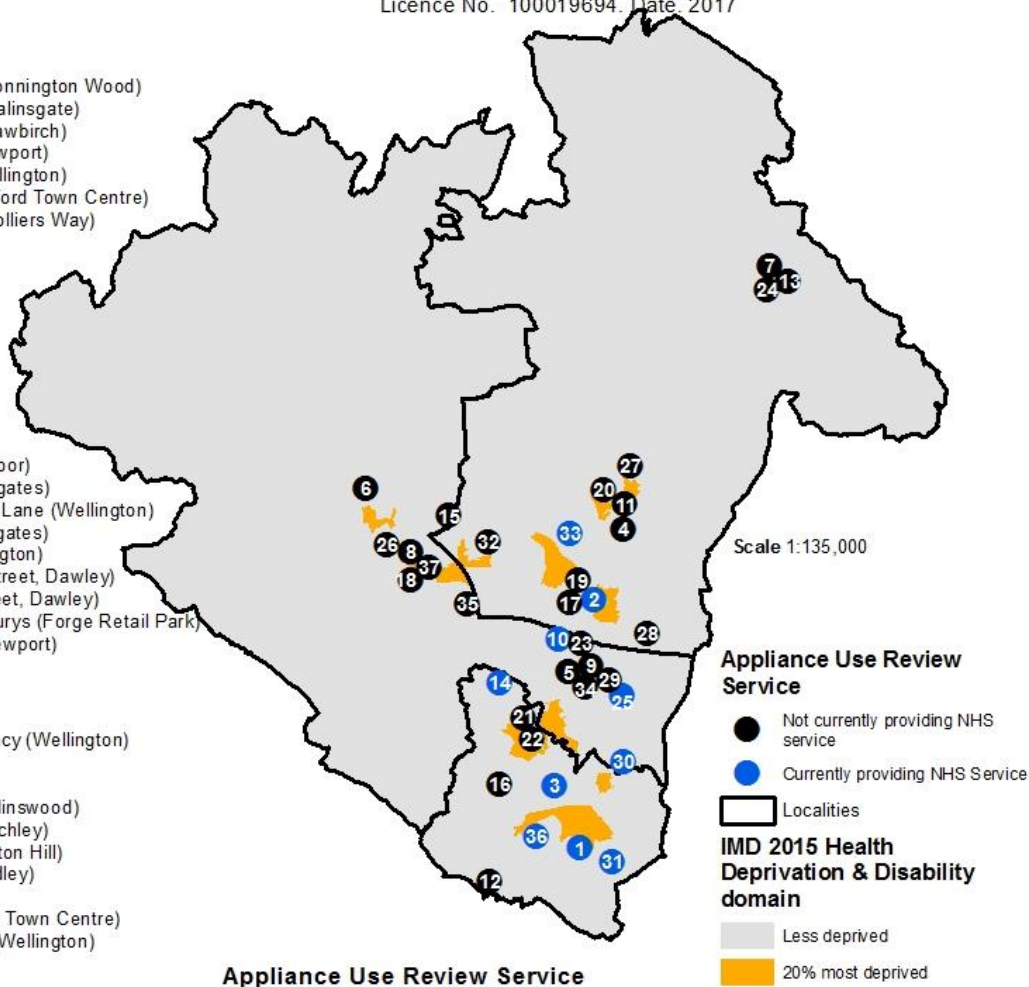
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33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.12.7. Map G: Appliance Use Review Service

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36. Woodside Pharmacy
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Appliance Use Review Service

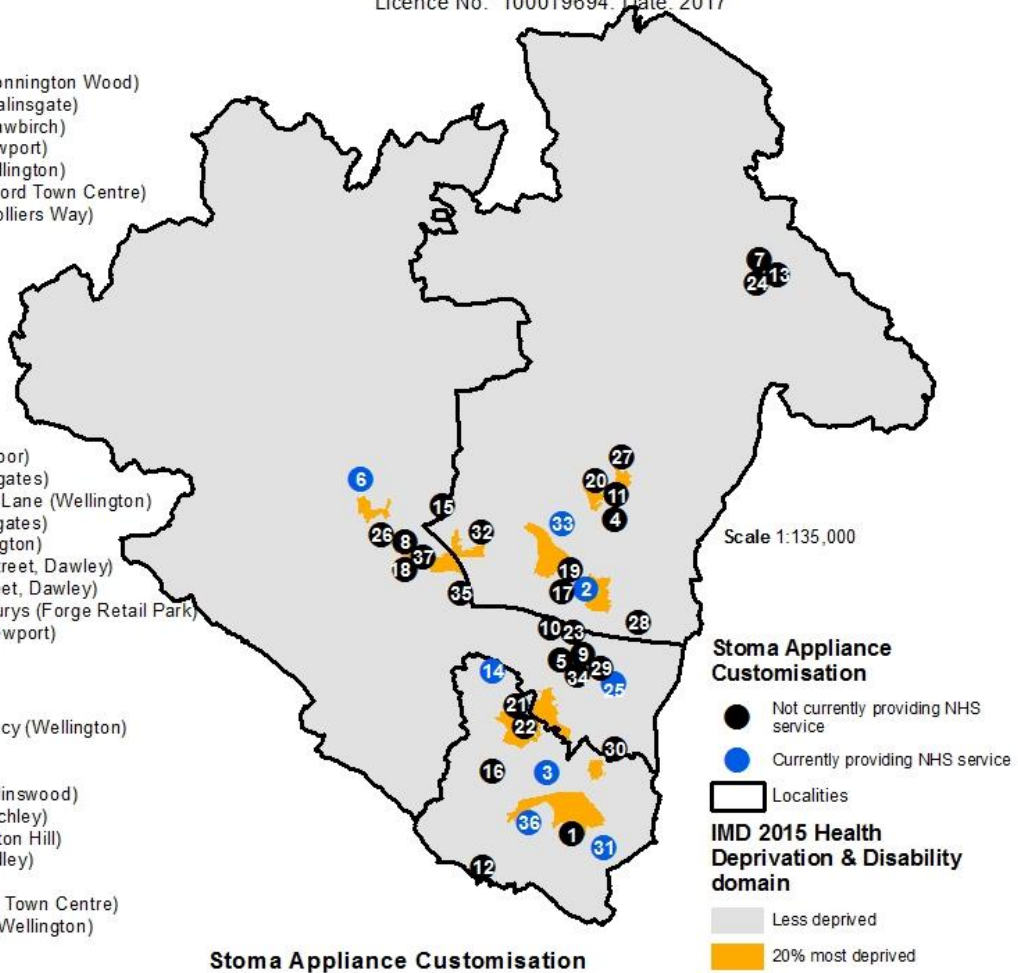
13.12.8. Map H: Stoma Customisation Service

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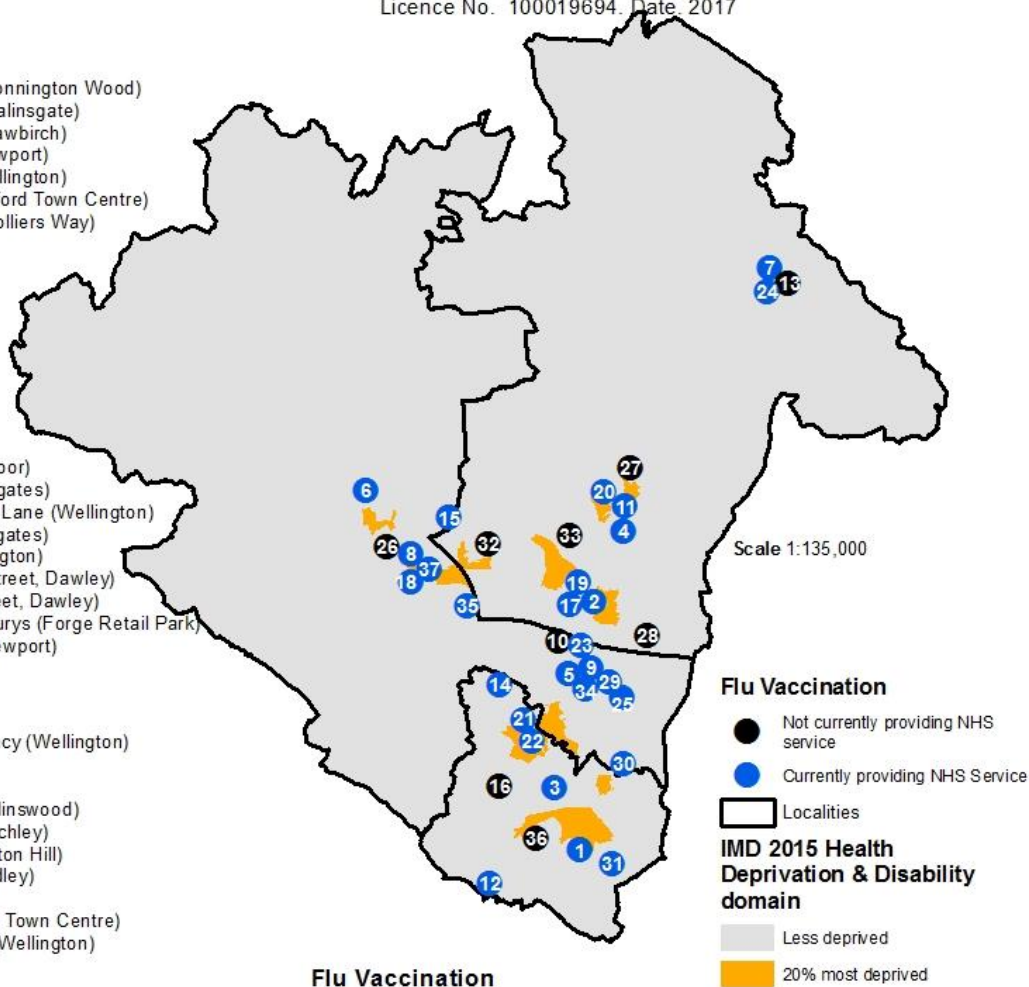


Remove Boots Shawbirch

13.12.9. Map J: Adult Influenza Vaccination Service

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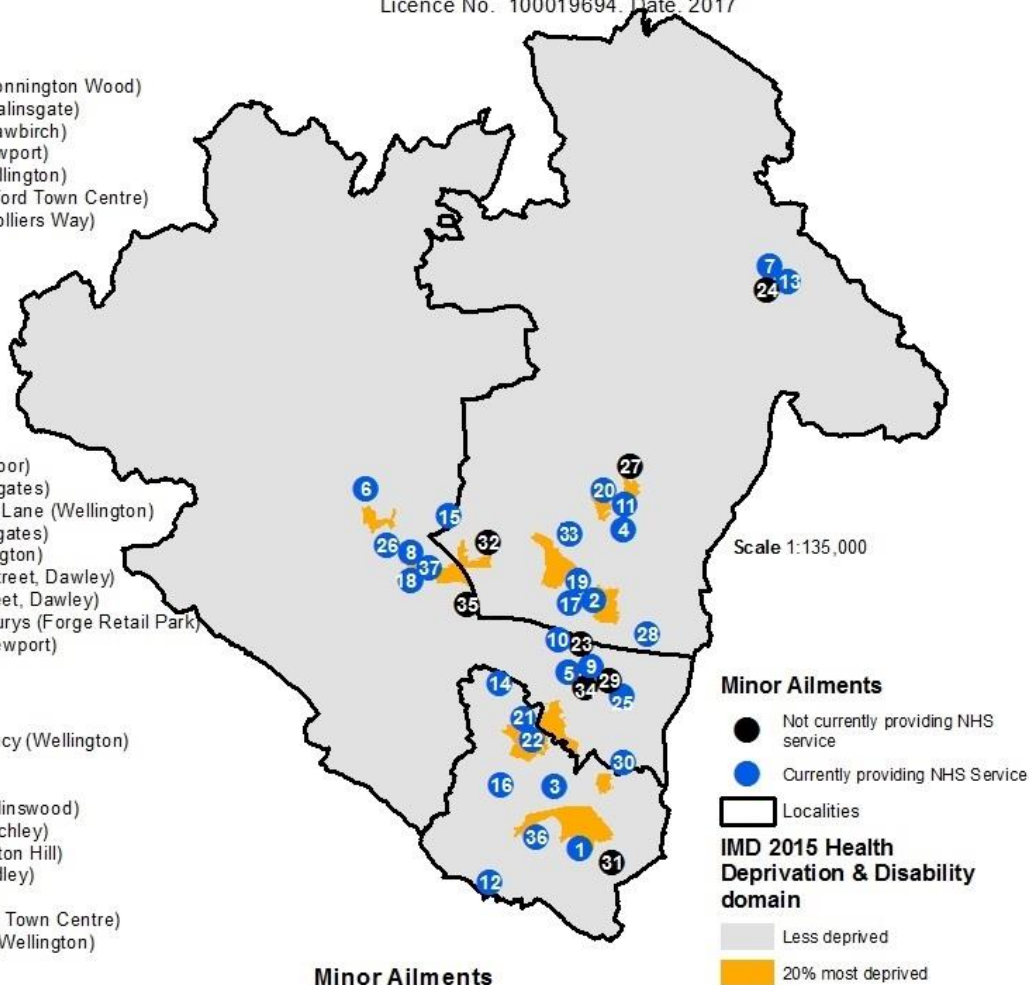


Add Priorslee

13.12.10. Map K: Common Ailments Service

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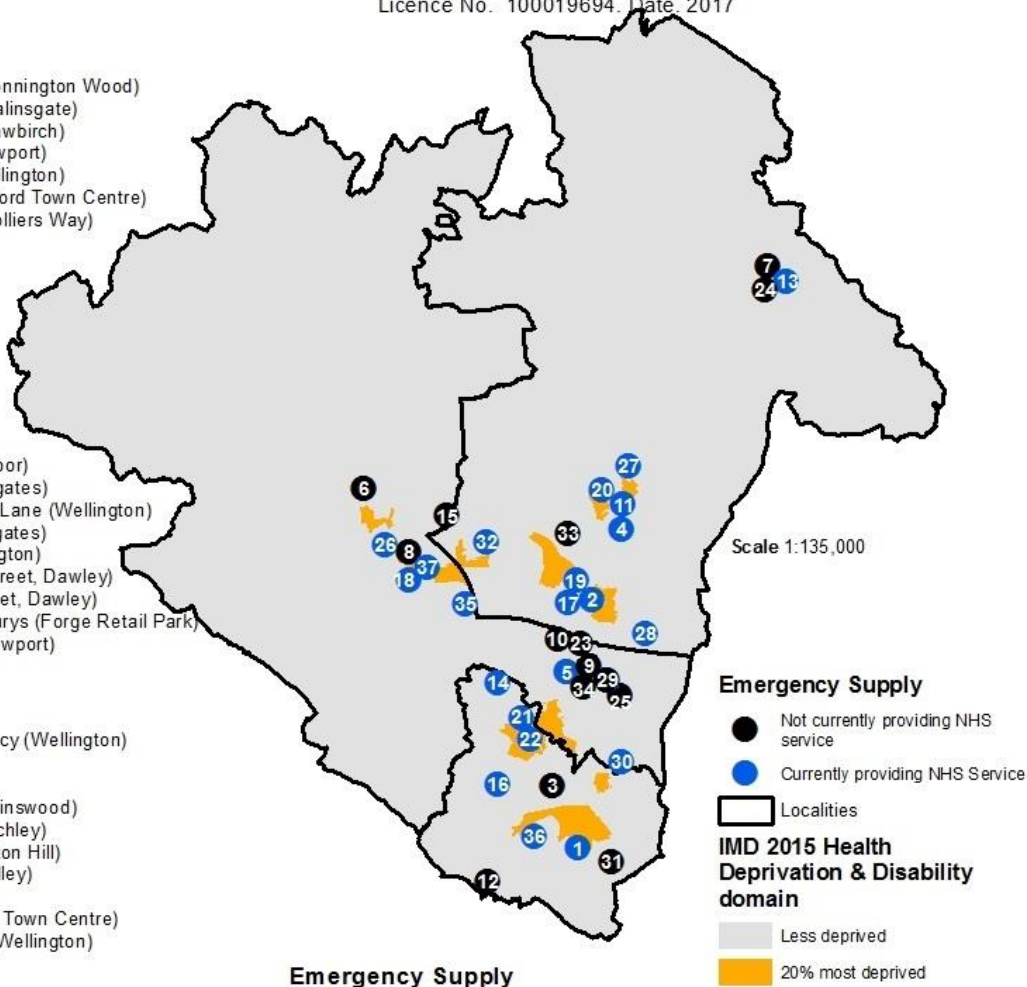


Minor Ailments

13.12.11. Map L: Emergency Supply Service

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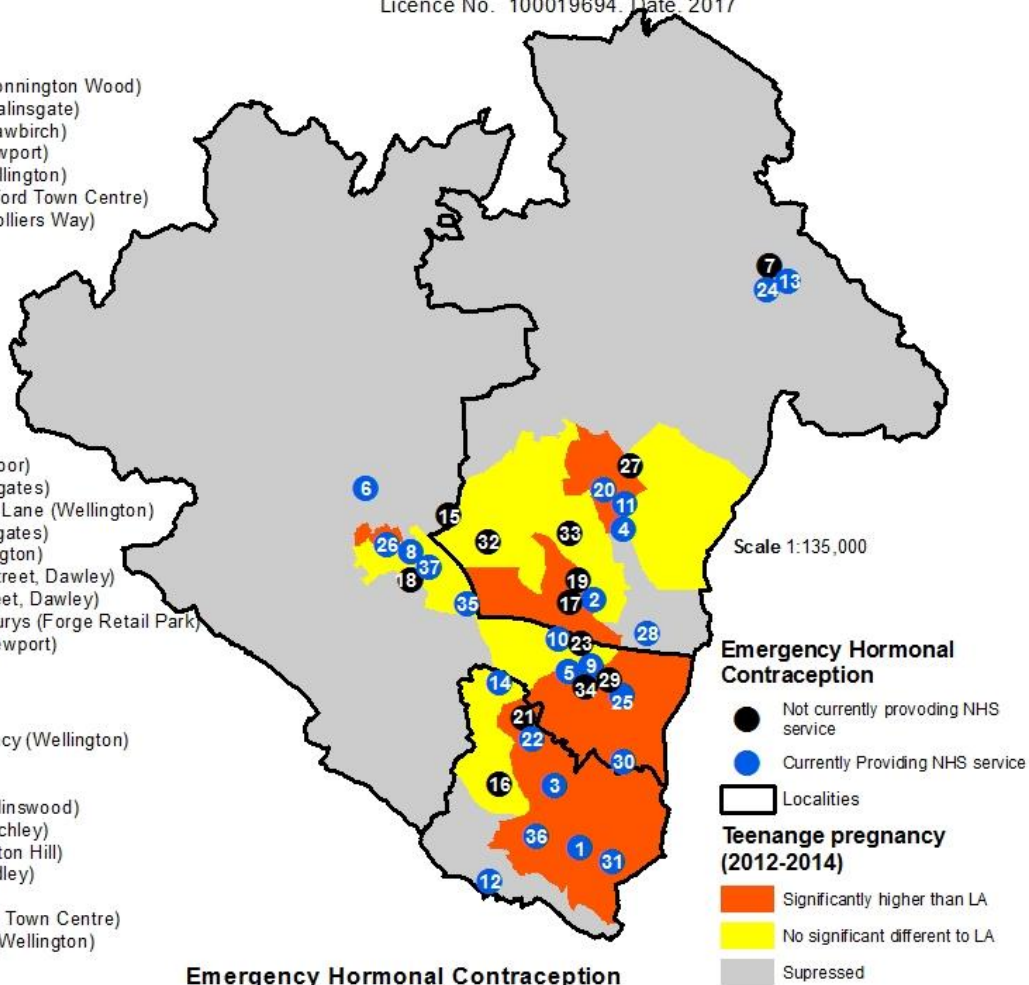
13.12.12. Map M: Emergency Hormonal Contraception Service

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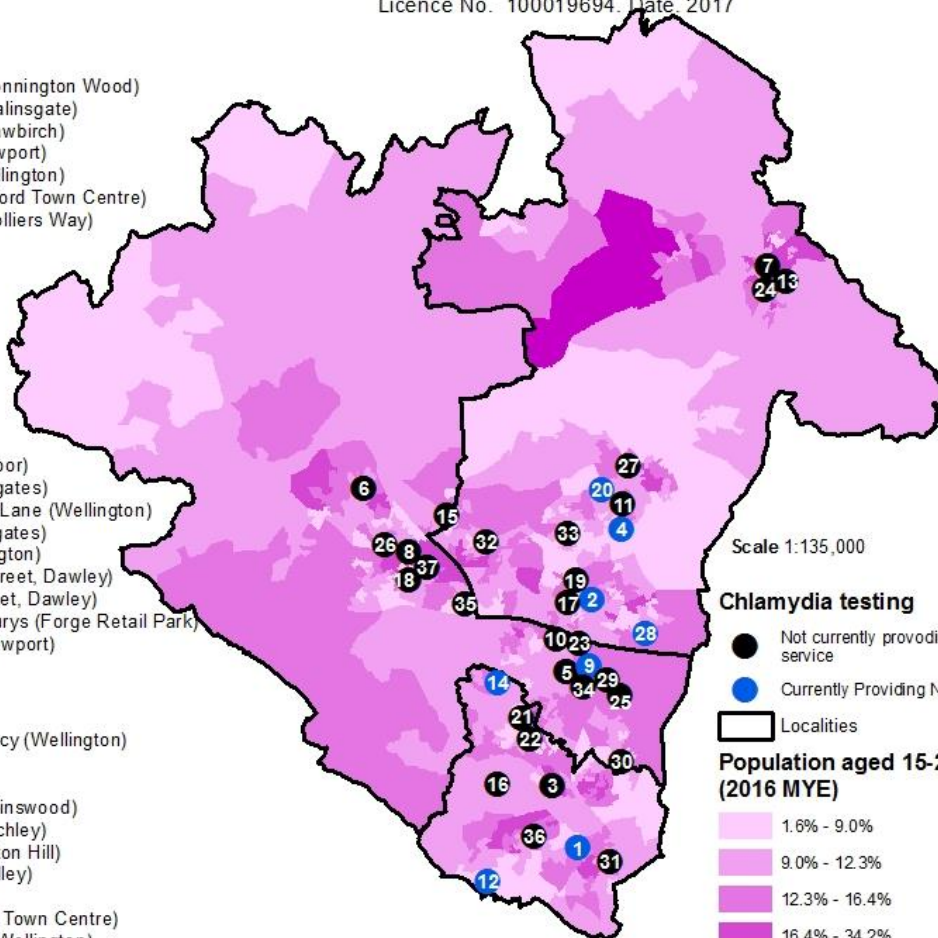
13.12.13. Map N: Chlamydia Screening Service

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33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



Scale 1:135,000

Chlamydia testing

- Not currently providing NHS service
- Currently Providing NHS service

□ Localities

Population aged 15-24 (2016 MYE)

- 1.6% - 9.0%
- 9.0% - 12.3%
- 12.3% - 16.4%
- 16.4% - 34.2%
- 34.2% - 82.8%

Chlamydia testing

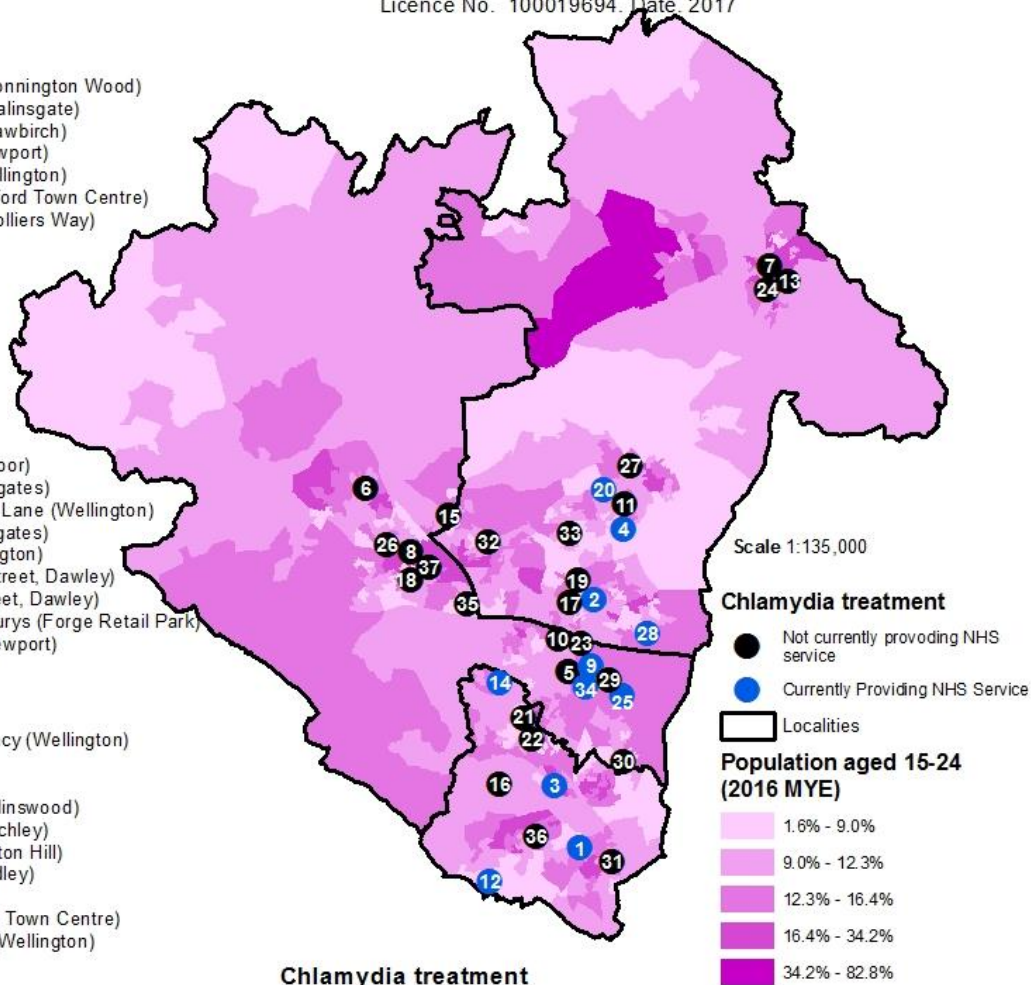
13.12.14. Map P: Chlamydia Treatment Service

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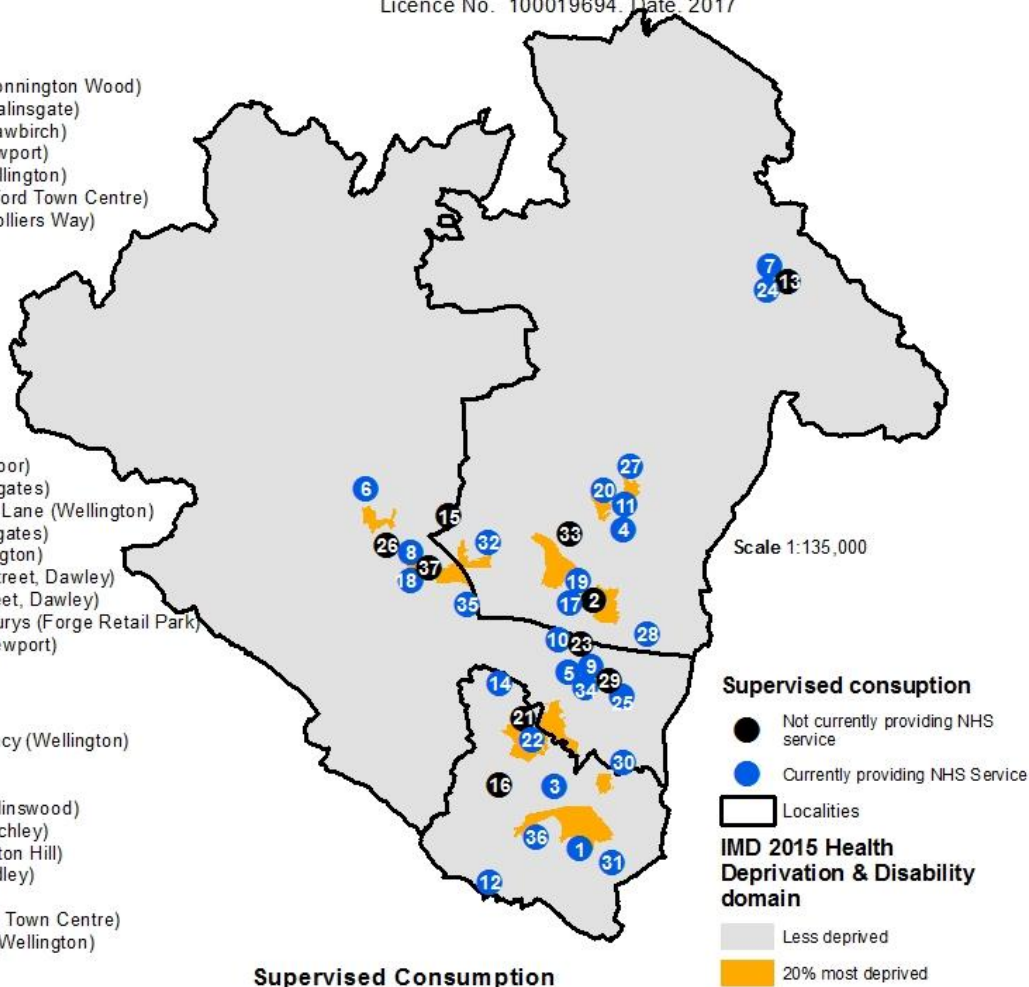
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33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.12.15. Map Q: Supervised Consumption Service

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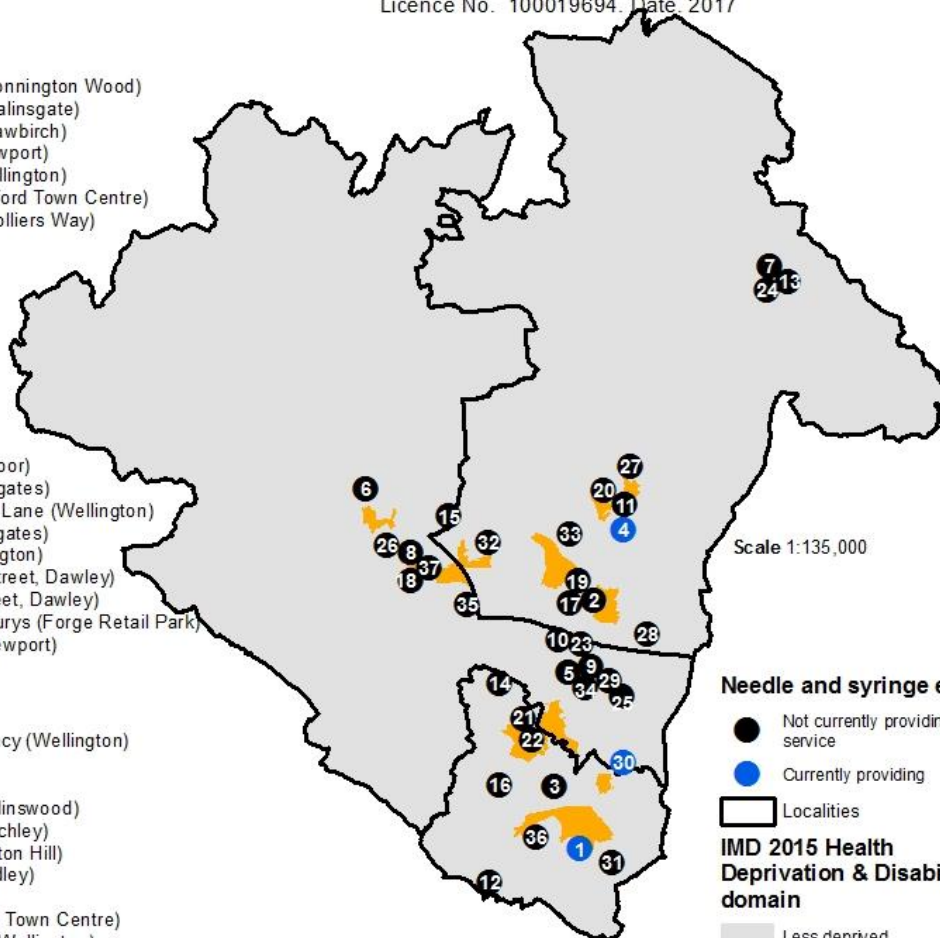
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37. Wellington Pharmacy



13.12.16. Map R: Needle Exchange Service

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24. M R Clarke Pharmacy (Newport)
25. Malinslee Pharmacy
26. Morrisons Instore Pharmacy (Wellington)
27. Muxton Pharmacy
28. Priorslee Pharmacy
29. Rowlands Pharmacy (Hollinswood)
30. Rowlands Pharmacy (Stirchley)
31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



Needle and syringe exchange

- Not currently providing NHS service
- Currently providing

Localities

IMD 2015 Health Deprivation & Disability domain

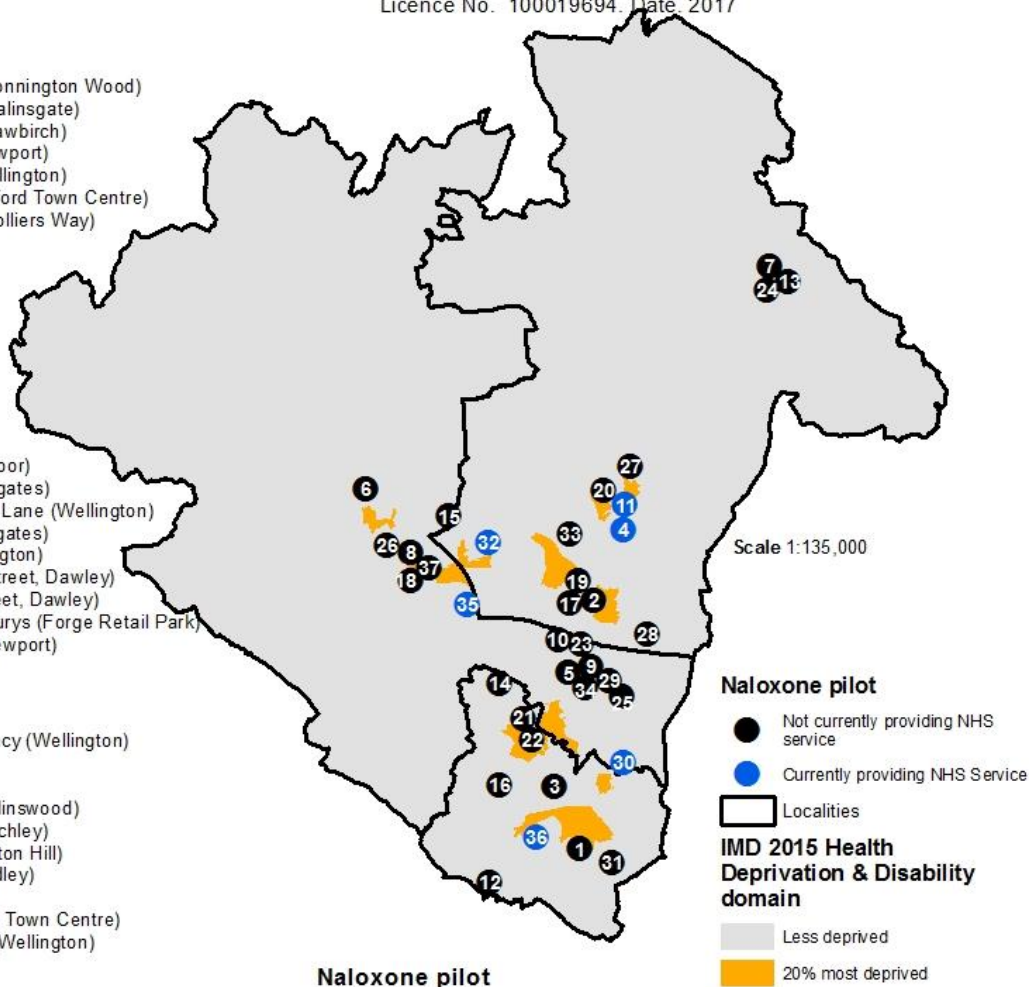
- Less deprived
- 20% most deprived

Needle and syringe exchange

13.12.17. Map S: Naloxone Pilot Scheme

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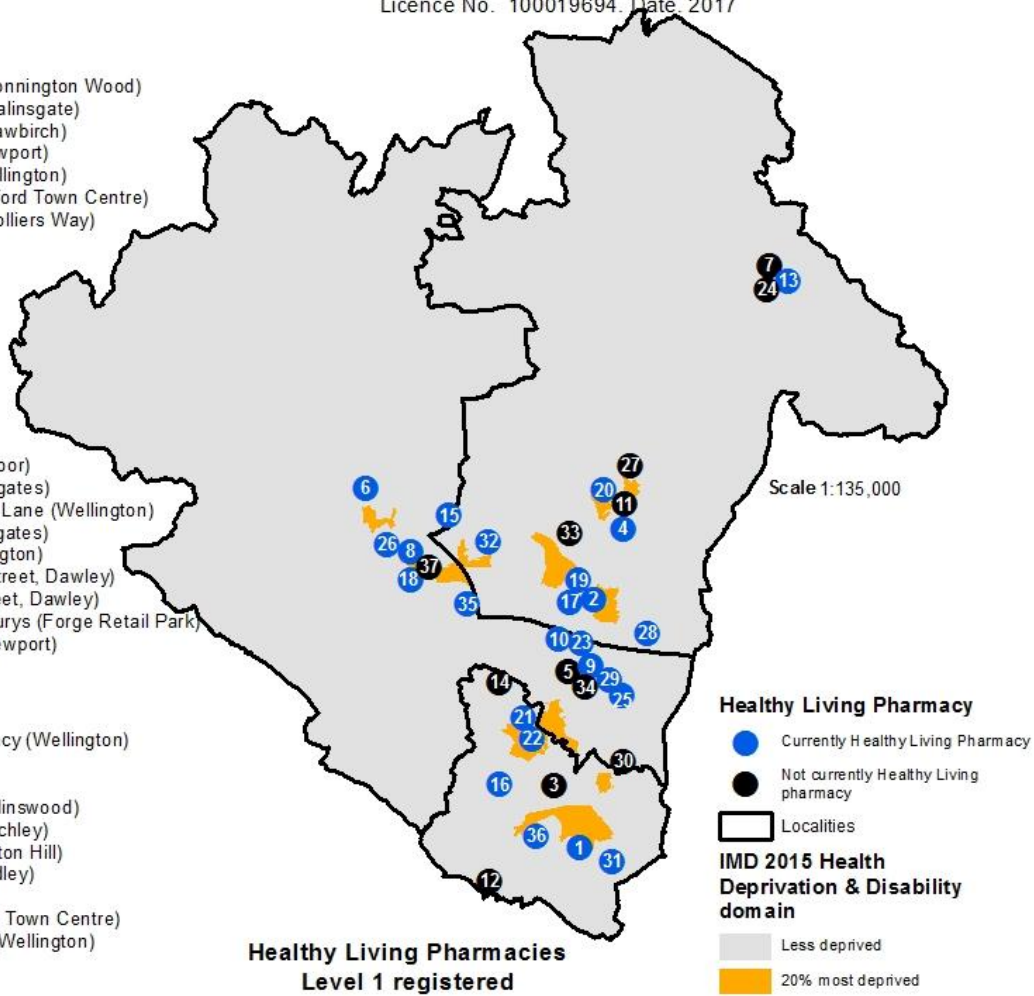
1. Anstice Pharmacy
2. AS Kitching Ltd
3. Aqueduct Pharmacy
4. Asda Instore Pharmacy (Donnington Wood)
5. Asda Instore Pharmacy (Malingsgate)
6. Boots the Chemist Ltd (Shawbirch)
7. Boots the Chemist Ltd (Newport)
8. Boots the Chemist Ltd (Wellington)
9. Boots the Chemist Ltd (Telford Town Centre)
10. Boots the Chemist Ltd (Colliers Way)
11. Donnington Pharmacy
12. Ironbridge Pharmacy
13. High Street Pharmacy (Newport)
14. Lawley Pharmacy
15. Leegomery Pharmacy
16. Jhoots Pharmacy (Lightmoor)
17. Jhoots Pharmacy (Oakengates)
18. Lloyds Pharmacy, Chapel Lane (Wellington)
19. Lloyds Pharmacy (Oakengates)
20. Lloyds Pharmacy (Donnington)
21. Lloyds Pharmacy (King Street, Dawley)
22. Lloyds Chemist (High Street, Dawley)
23. Lloyds Pharmacy, Sainsburys (Forge Retail Park)
24. M R Clarke Pharmacy (Newport)
25. Malinslee Pharmacy
26. Morrisons Instore Pharmacy (Wellington)
27. Muxton Pharmacy
28. Priorslee Pharmacy
29. Rowlands Pharmacy (Hollinswood)
30. Rowlands Pharmacy (Stirchley)
31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.12.18. Map T: Healthy Living Pharmacies (Level 1 Registered)

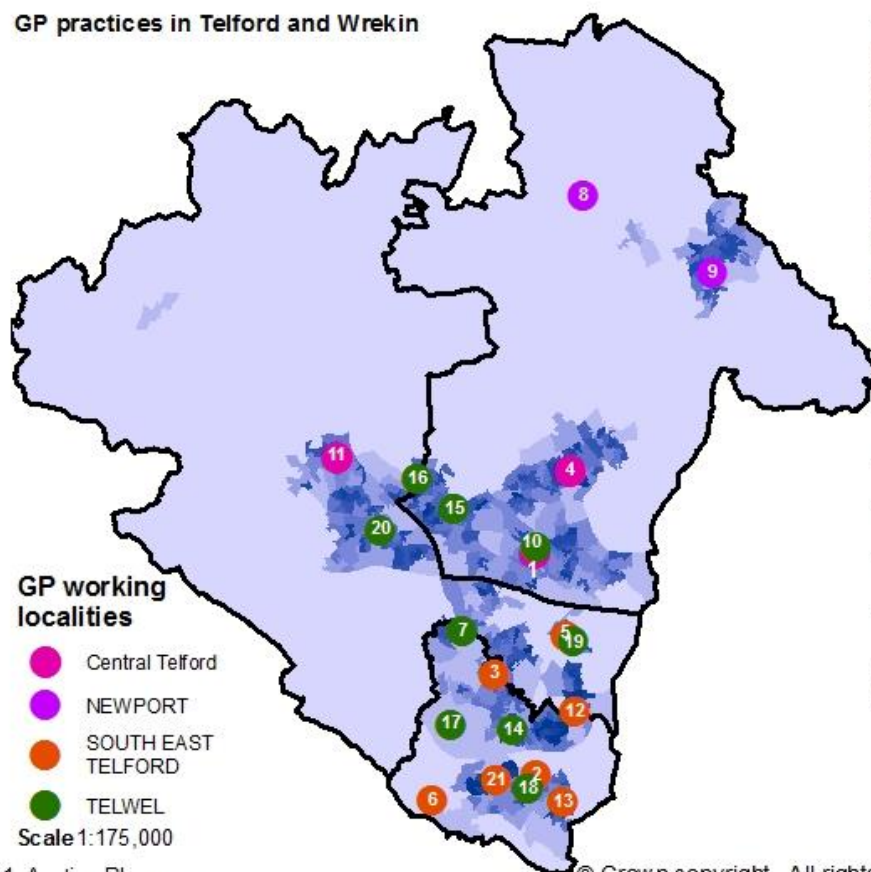
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1. Anstice Pharmacy
2. AS Kitching Ltd
3. Aqueduct Pharmacy
4. Asda Instore Pharmacy (Donnington Wood)
5. Asda Instore Pharmacy (Malingsgate)
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7. Boots the Chemist Ltd (Newport)
8. Boots the Chemist Ltd (Wellington)
9. Boots the Chemist Ltd (Telford Town Centre)
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14. Lawley Pharmacy
15. Leegomery Pharmacy
16. Jhoots Pharmacy (Lightmoor)
17. Jhoots Pharmacy (Oakengates)
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21. Lloyds Pharmacy (King Street, Dawley)
22. Lloyds Chemist (High Street, Dawley)
23. Lloyds Pharmacy, Sainsburys (Forge Retail Park)
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31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.12.19. Map U: GPs and Pharmacies by Population Density

GP practices in Telford and Wrekin



GP working localities

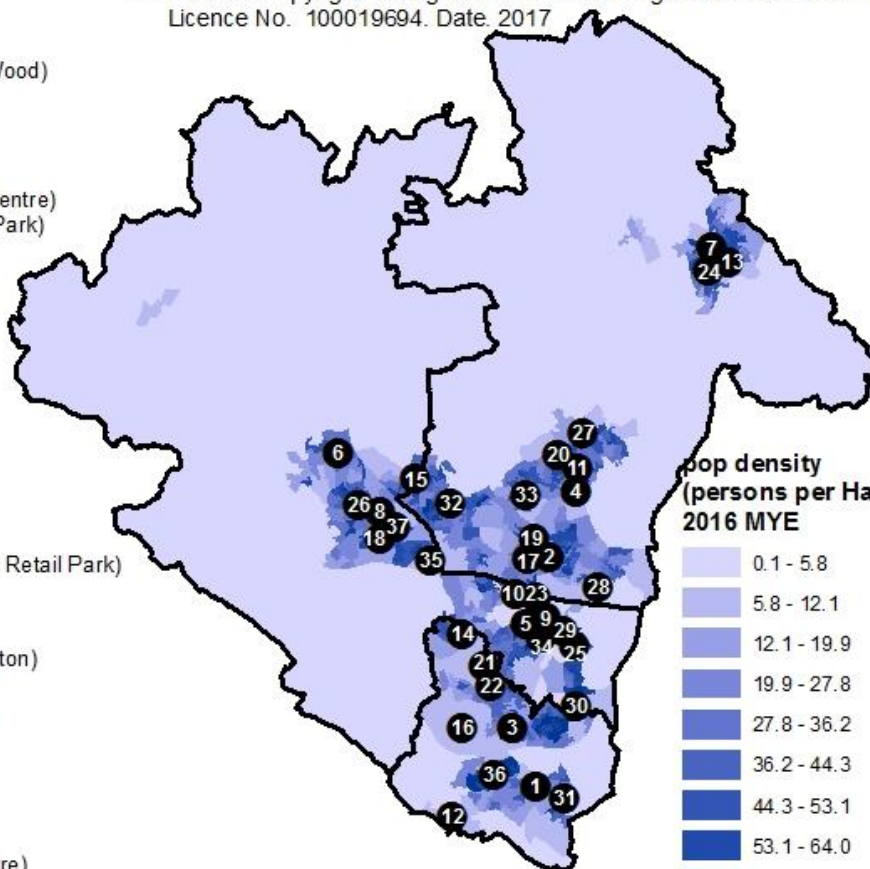
- Central Telford
- NEWPORT
- SOUTH EAST TELFORD
- TELWEL

Scale 1:175,000

1. Charlton Medical Practice
2. Court Street Medical Practice (Madeley)
3. Dawley Medical Practice
4. Donnington Medical Practice
5. Hollinswood Surgery
6. Ironbridge Medical Practice
7. Lawley Medical Practice
8. Newport - Linden Hall Surgery
9. Newport - Wellington Road Surgery
10. Oakengates Medical Practice
11. Shawbirch Medical Centre
12. Stirchley Medical Practice
13. Sutton Hill Medical Practice
14. Trinity Healthcare Partnership, Aqueduct
15. Trinity Healthcare Partnership, Hadley
16. Trinity Healthcare Partnership, Leegomery
17. Trinity Healthcare Partnership, Lightmoor
18. Trinity Healthcare Partnership, Madeley
19. Trinity Healthcare Partnership, Malinslee
20. Wellington Medical Practice
21. Woodside Medical Practice

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1. Anstice Pharmacy
2. AS Kitching Ltd
3. Aqueduct Pharmacy
4. Asda Instore Pharmacy (Donnington Wood)
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9. Boots the Chemist Ltd (Telford Town Centre)
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12. Ironbridge Pharmacy
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14. Lawley Pharmacy
15. Leegomery Pharmacy
16. Jhoots Pharmacy (Lightmoor)
17. Jhoots Pharmacy (Oakengates)
18. Lloyds Pharmacy (Wellington)
19. Lloyds Pharmacy (Oakengates)
20. Lloyds Pharmacy (Donnington)
21. Lloyds Pharmacy (Dawley)
22. Lloyds Chemist (Dawley)
23. Lloyds Pharmacy, Sainsbury's (Forge Retail Park)
24. MR Clarke (Newport)
25. Malinslee Pharmacy
26. Morrisons Instore Pharmacy (Wellington)
27. Muxton Pharmacy
28. Priorslee Pharmacy
29. Rowlands Pharmacy (Hollinswood)
30. Rowlands Pharmacy (Stirchley)
31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



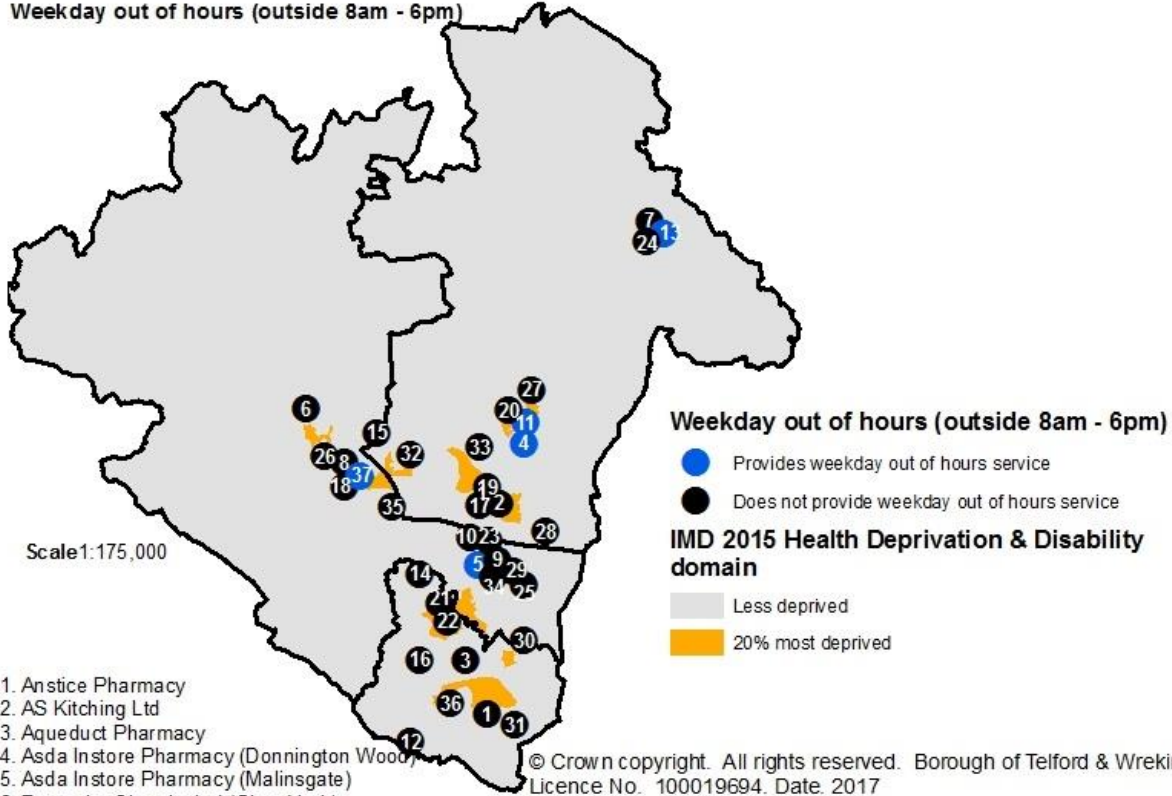
pop density (persons per Ha) 2016 MYE

- 0.1 - 5.8
- 5.8 - 12.1
- 12.1 - 19.9
- 19.9 - 27.8
- 27.8 - 36.2
- 36.2 - 44.3
- 44.3 - 53.1
- 53.1 - 64.0
- 64.0 - 79.5
- 79.5 - 124.2

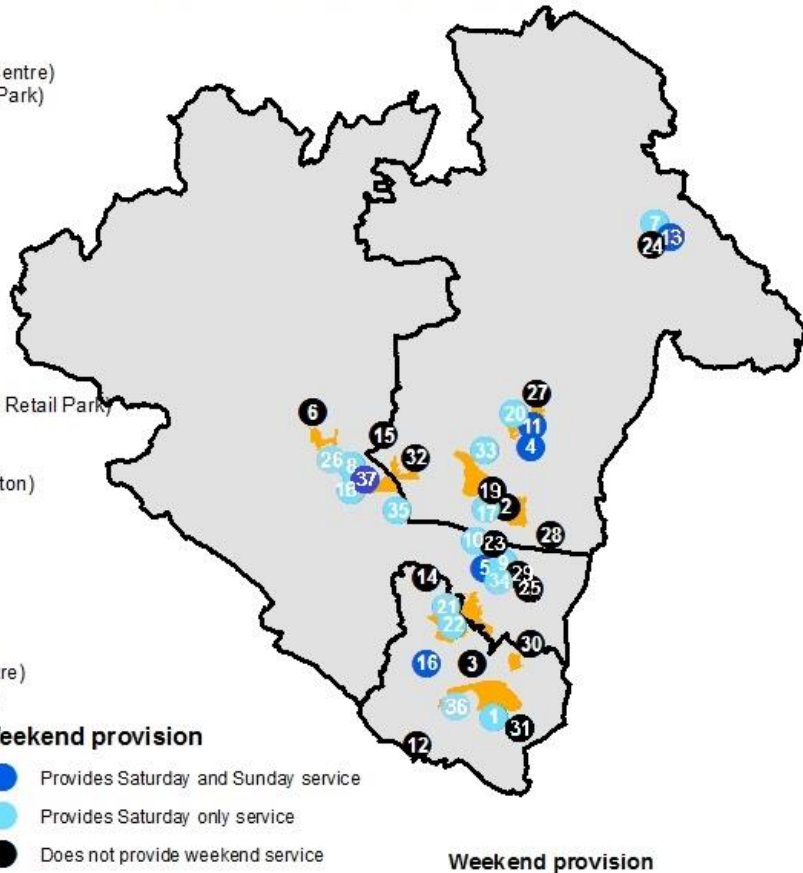
Pharmacies in Telford and Wrekin

13.12.20. Map V: Out of Hours and Weekend Provision

Weekday out of hours (outside 8am - 6pm)



1. Anstice Pharmacy
2. AS Kitching Ltd
3. Aqueduct Pharmacy
4. Asda Instore Pharmacy (Donnington Wood)
5. Asda Instore Pharmacy (Malinsgate)
6. Boots the Chemist Ltd (Shawbirch)
7. Boots the Chemist Ltd (Newport)
8. Boots the Chemist Ltd (Wellington)
9. Boots the Chemist Ltd (Telford Town Centre)
10. Boots the Chemist Ltd (Forge Retail Park)
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12. Ironbridge Pharmacy
13. High Street Pharmacy (Newport)
14. Lawley Pharmacy
15. Leegomery Pharmacy
16. Jhoots Pharmacy (Lightmoor)
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19. Lloyds Pharmacy (Oakengates)
20. Lloyds Pharmacy (Donnington)
21. Lloyds Pharmacy (Dawley)
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31. Rowlands Pharmacy (Sutton Hill)
32. Rowlands Pharmacy (Hadley)
33. Shire Pharmacy (Trench)
34. Superdrug Stores (Telford Town Centre)
35. Tesco Instore Pharmacy (Wellington)
36. Woodside Pharmacy
37. Wellington Pharmacy



13.13. Appendix XIII -Telford & Wrekin Community Pharmacy Survey Report 2017

Key Headlines

- Due to the relatively small number of respondents (282) any results must be interpreted with caution.
- There was over representation from women in the survey and therefore men were under represented. Teenagers, young adults under 34 years and people in minority ethnic groups were under represented. Middle-aged people (aged 45-64 years), people with long-term conditions and people who care for another person with physical or mental conditions were over represented (though this is likely to represent the most frequent users of pharmacies).
- Of 236 who specified the pharmacy they “usually” visit, 16.1% identified Lawley Pharmacy. This was significantly higher than any other pharmacy ($P < 0.05$) and hence results may be biased towards this pharmacy.
- Almost all respondents (98.9% of 273 respondents) were able to find a pharmacy that fulfilled their preferences of where they would like to access a pharmacy. Almost all (95.3%) were less than 20 minutes away from their pharmacy.
- Fewer respondents agreed with the statement “I ask my pharmacist for health advice” (66.4%), suggesting either that this is not a major reason for accessing pharmacies either because they are unaware of this service (though the majority were aware they could seek advice on minor ailments, long-term conditions and lifestyle factors such as smoking cessation) or they prefer to seek advice elsewhere.
- The proportion of respondents visiting a pharmacy to buy over the counter medicines has increased from 10.9% in the previous PNA user survey to 68.5% making it the second most common reason to visit a pharmacy. Similarly, the proportion who visit pharmacies to obtain advice about their medication increased from 3.65% in the last PNA user survey to 28.3%.
- Fewer than five respondents used pharmacies for stop smoking advice and impetigo treatment suggesting that these services are either not publicised well or not available in many pharmacies
- 66% used the prescription collection service (prescription sent directly to pharmacy) suggesting that this is a commonly used service
- The three treatment services (for urinary tract infection, chlamydia and impetigo) were the services users were least aware about, perhaps as these are newer additions to services and only available in certain pharmacies.

Survey Methodology

A survey of public views on community pharmacy in Telford & Wrekin was undertaken between 1st September 2017 and 30th September 2017. The survey consisted of 12 questions

covering themes such as awareness of and access to services and levels of satisfaction. Standard socio-demographic questions were included. (See questionnaire attached)

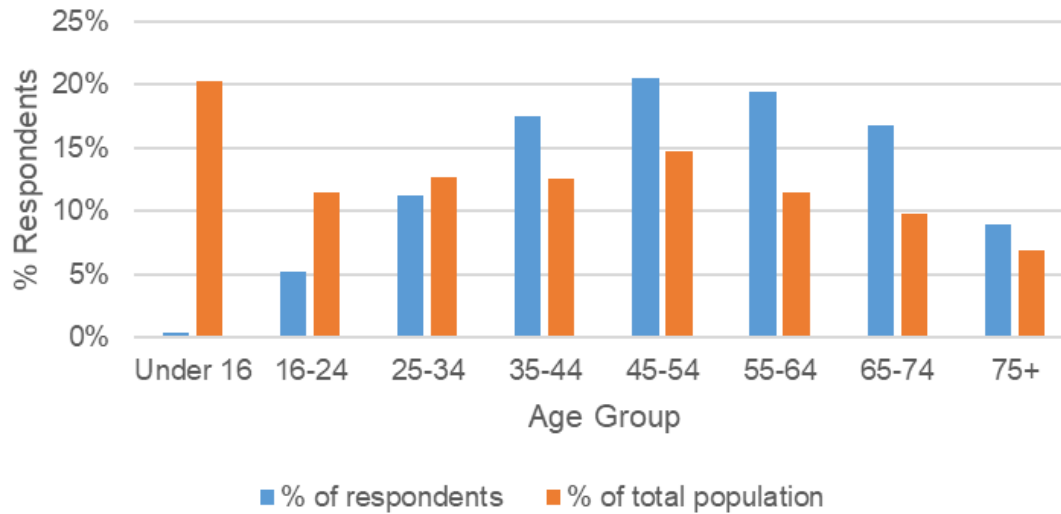
The survey was publicised through the NHS Telford and Wrekin CCG website and also to all Telford & Wrekin Council staff through the intranet. Paper copies of the survey were distributed to community pharmacies for completion. The CCG also distributed the survey to 30 different community groups including Walking for Health, Take 5 Café, Taste not Waste, Telford Mind, Telford Twin & More, Turnpike Court Resident Living and Wednesday Art Group.

There were a total of 282 survey responses, which represents 0.2% of the total borough population. There were a total of 282 survey responses, which represents 0.2% of the total borough population. This was a decrease from the previous PNA survey where there were 417 responses at the end of the consultation but respondents broadly represented the most frequent users of pharmacy services.

Survey Respondents Representation

- **Gender split:** 71.2% of survey respondents were female and 28.7% were male (92.5% of all respondents stated their gender). In terms of comparison with the overall population is 50.3% are female and 49.7% male (ONS 2016 Mid-Year Estimates). Therefore women are over-represented in the survey and men are under-presented.
- **Age profile:** the age profile of survey respondents compared to the overall population is compared in Figure 1 (95.0% of respondents stated their age group). The most common age groups of survey respondents were those middle aged i.e. 45-54 years (20.5%) and 55-64 years (19.4%). These age groups were over represented compared to the overall population (ONS 2016 Mid-Year Estimates). Only 5.6% of respondents were aged under 25 and therefore young people were especially underrepresented in the survey.
- **Ethnicity:** 97.5% of respondents stated their ethnicity. Only 13 of 282 respondents were not English / White / Scottish / Welsh / Northern Irish / British. In comparison with the general population, those in black and minority ethnicity (BME) groups made up 4.9% of respondents, compared to 10.5% in the Borough overall (ONS 2011 Census).
- **Longstanding illness, disability or infirmity:** 54.3% of survey respondents stated they had a longstanding illness, disability or infirmity, compared to 18.2% in the overall population (ONS 2011 Census). Therefore people with a long-standing illness or disability were over represented in the survey.
- **Carers:** 40.9% of survey respondents help or support others with physical or mental health conditions compared to 10.8% of the overall population who provide unpaid care (ONS 2011 Census). Therefore carers were also overrepresented in the survey.

Figure 1: Survey Respondents Compared to General Population, by Age Group



Geographical Information

Respondents were fairly equally distributed geographically, with TF2 being the most common postcode area (26% respondents, see figure 2) and distribution by locality roughly equaling the population distribution of residents (Hadley Castle 43.1% residents, The Wrekin 32.3%, Lakeside South 24.7%, ONS 2015 Mid-Year Estimates for Output Areas). Nine respondents were from out of area, reflecting usage of pharmacies by residents in surrounding areas (see figure 3). Charlton Medical Practice (Oakengates), Lawley Medical Practice and Oakengates Medical Practice were the most common GP practices that respondents were registered with (see figure 4).

Figure 2: Respondents by Postcode

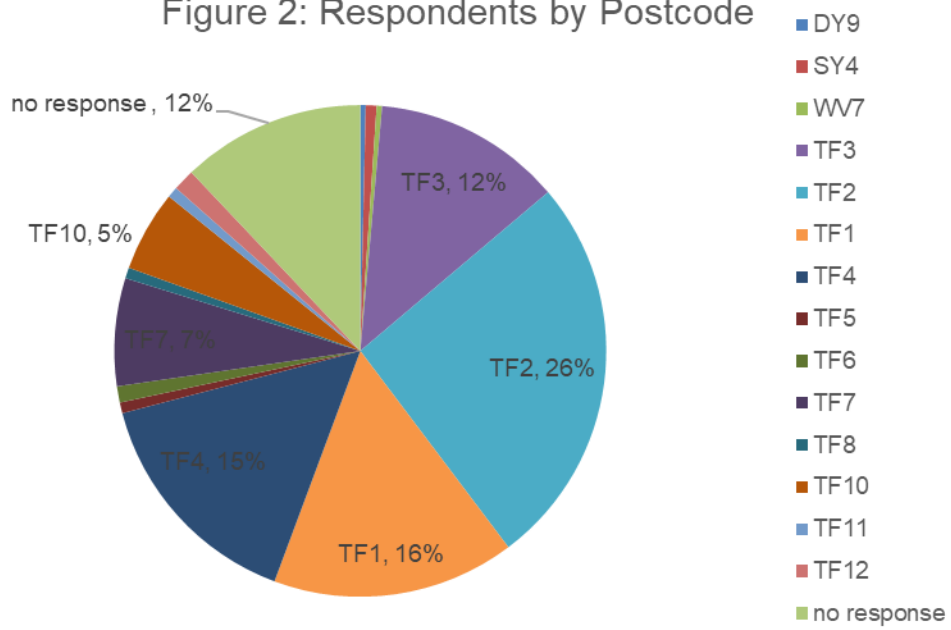


Figure 3: Respondents by Community Cluster

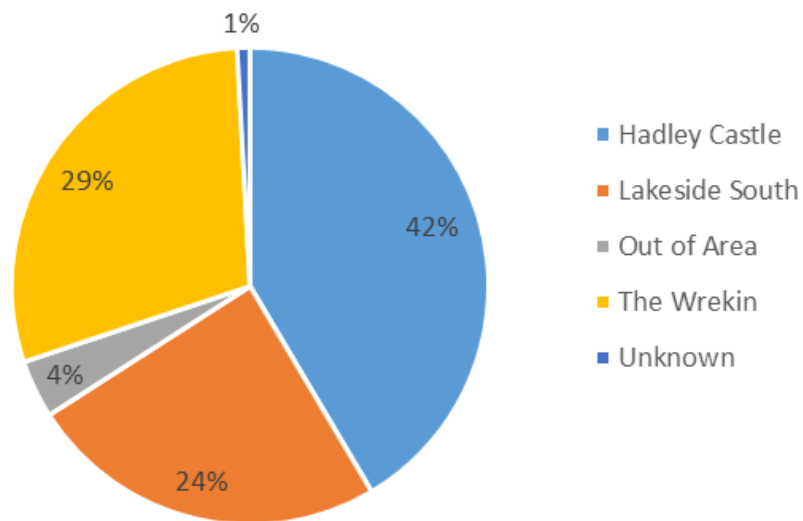
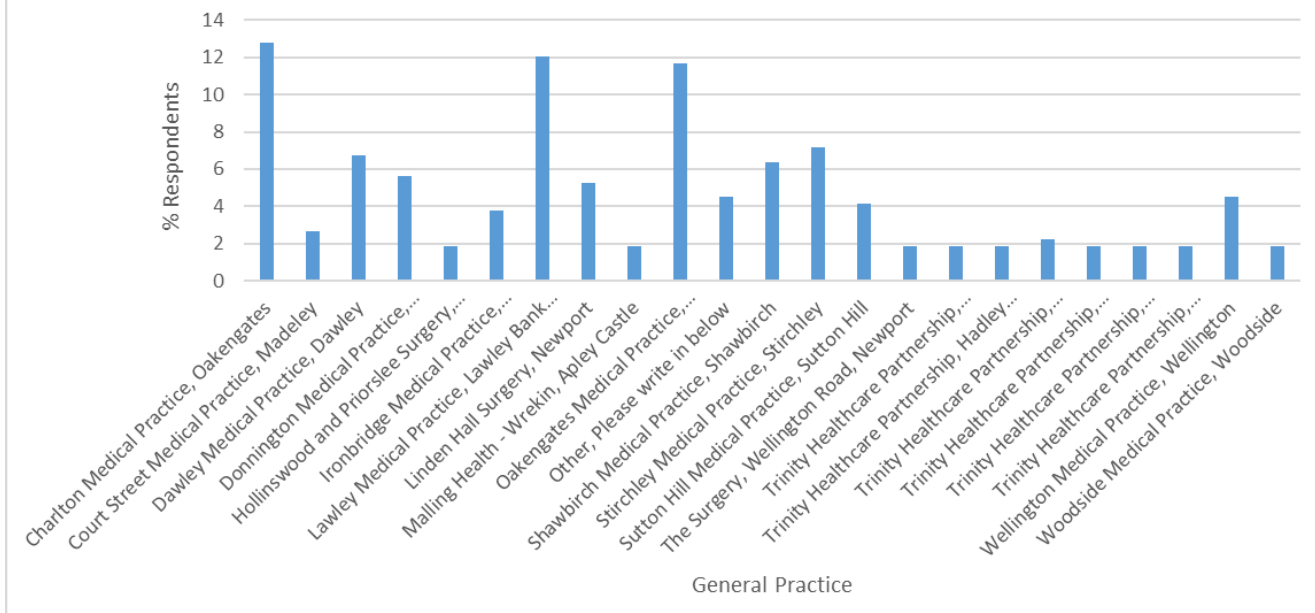


Figure 4: Respondents by Registered General Practice



Statistics based on 266 respondents. Numbers less than five have been suppressed.

Overall Survey Analysis

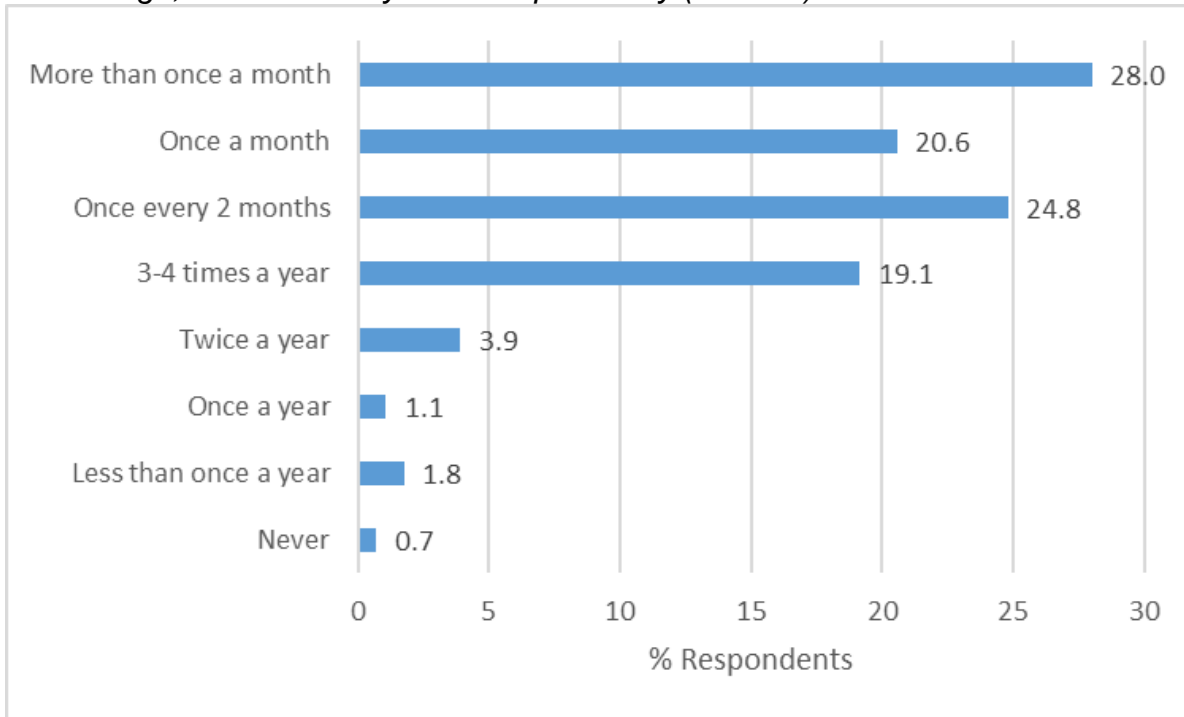
The survey can be split into four main themes: Frequency of visits, Access, Reason for visits and services used and Awareness of services. Participants were also asked about their interest in new services and given the opportunity to add any additional comments.

Frequency of Visits

In this section respondents were asked about how often they visit a pharmacy and whether they have a “usual” pharmacy that they visit.

The most common attendance rate category was “more than once a month” (28.0%). 24.8% visited a pharmacy around once every 2 months and of those filling in the questionnaire only 0.7% never visited a pharmacy. Of 280 respondents, 85.4% had a “usual” pharmacy and of 236 who specified the pharmacy, 16.1% identified Lawley Pharmacy. This was significantly higher than any other pharmacy (P<0.05).

On average, how often do you visit a pharmacy (chemist)?



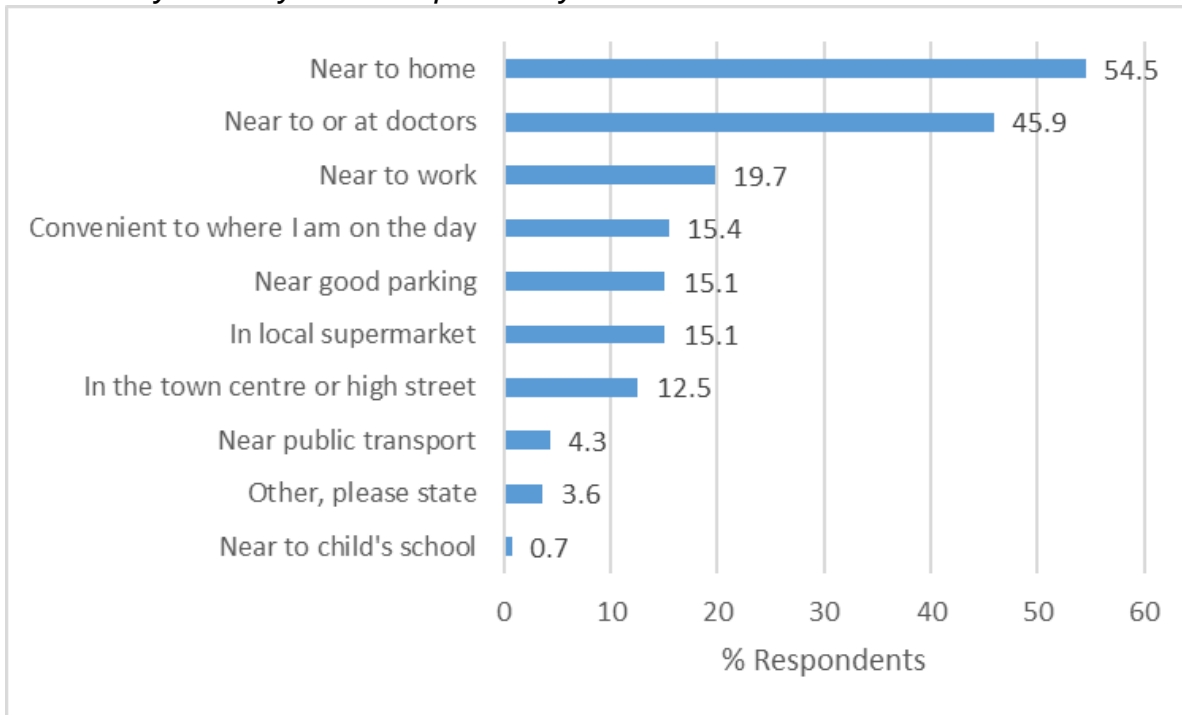
Statistics based on 282 respondents

Access

In this section respondents were asked where they visit, what was important to them about the location of the pharmacy, whether they were able to find a pharmacy that fulfilled these preferences, how they travelled to the pharmacy, how long their journey took and opening times.

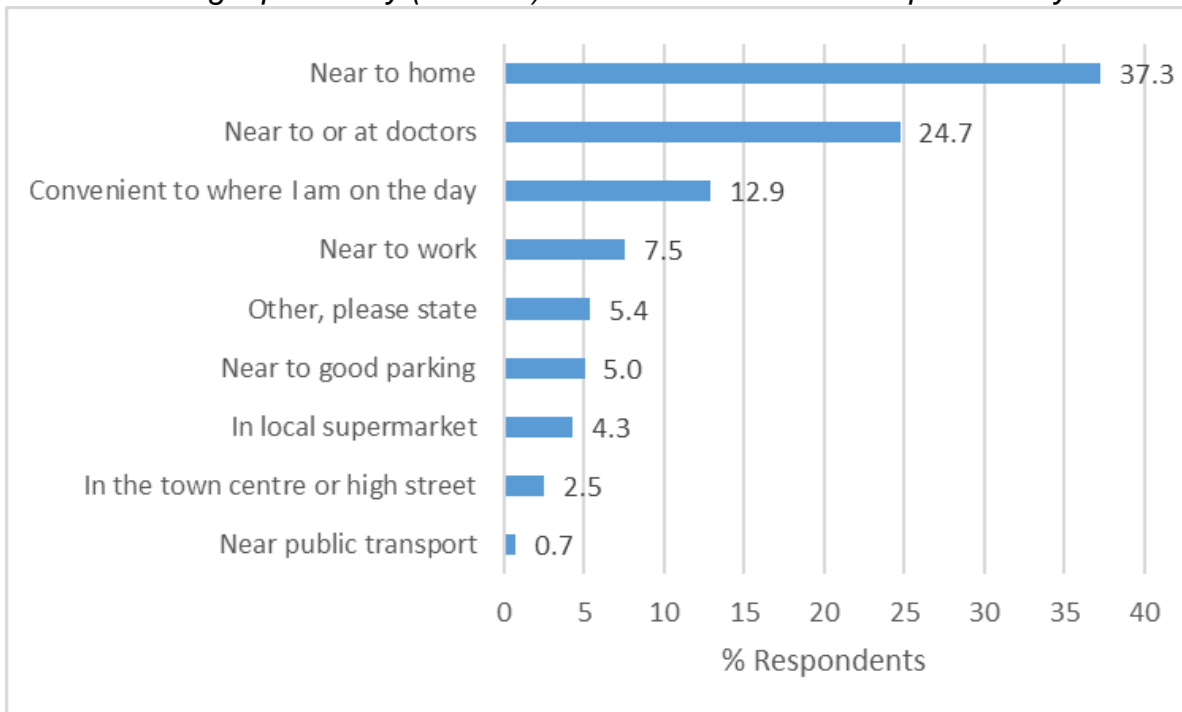
The majority of respondents visited a pharmacy close to home (54.5%) and 45.9% visited a pharmacy near to the doctors. However the importance they placed on these factors was less polarised, with only 37.3% preferring a pharmacy close to home and 24.7% preferring a pharmacy near to the doctors. No respondent placed importance on having a pharmacy near to their child’s school. Almost all respondents (98.9% of 273 respondents) were able to find a pharmacy that fulfilled these preferences.

Where do you visit your usual pharmacy?



Statistics based on 279 respondents. 3 no response, 1 responded “other” but did not state reason. “Other” included 4 respondents who attended pharmacies with late and weekend opening times, 3 who visited pharmacies where they liked the staff and 2 where they were able to get the medication they required.

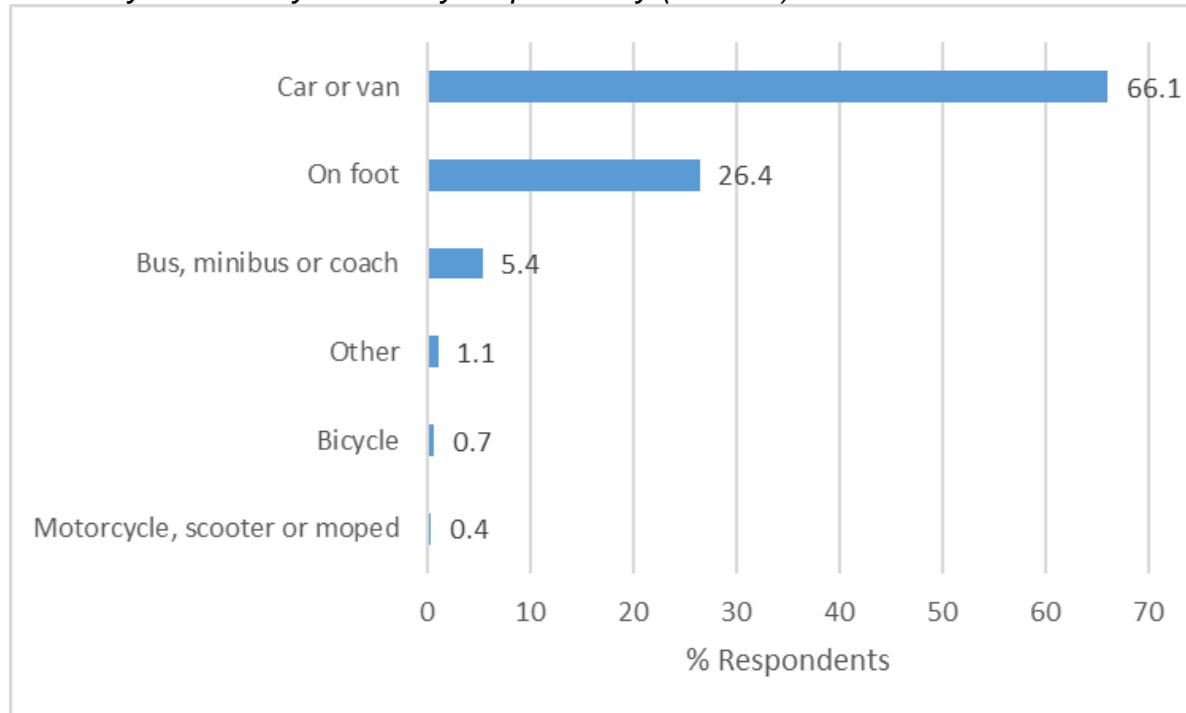
When choosing a pharmacy (chemist) which of these is most important to you?



Statistics based on 279 respondents. 3 no response. “Other” included 3 respondents who preferred pharmacies with late and weekend opening times, 9 who preferred pharmacies where they liked the staff and 1 where they were able to get the medication they required.

The majority travelled by car or van to their pharmacy (66.1%). Only 26.4% travelled on foot despite the majority (70.1%) being less than 10 minutes away from their pharmacy. 25.2% were 10-20 minutes away from their pharmacy and a very small percentage were more than 20 minutes away (3.6%) or more than 30 minutes away (1.1%, though two of these three respondents had postcodes within 12 minutes' walk of their chosen pharmacy).

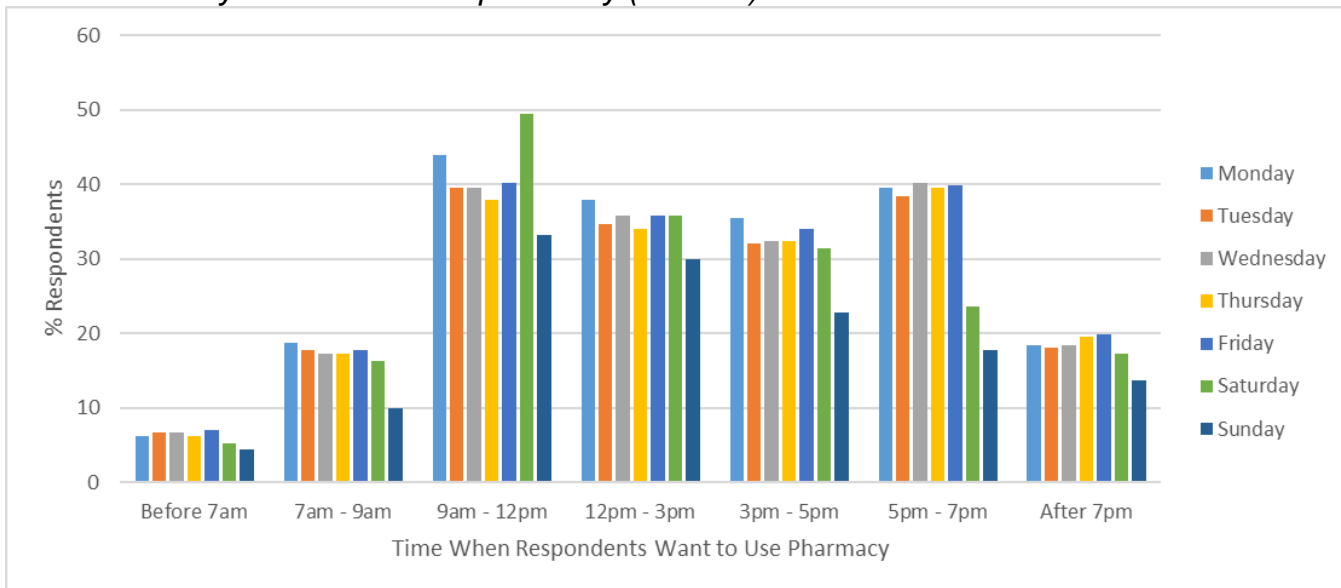
How do you normally travel to your pharmacy (chemist)?



Statistics based on 280 respondents. 2 no response. "Other" included 2 respondents who travelled by wheelchair.

The most popular times for wanting to use a pharmacy during the work week was 9am – 12pm and 5 – 7pm, which may suggest that many of the respondents either do not work (which would indicate a significant bias due to the demographics of respondents) or are able to go during their lunch-break. On weekends, the most popular time was 9am – 12pm. The majority (77.1%) stated that their pharmacy was open at the times that they wanted. Only 35 respondents stated that their pharmacy was not open when they wanted and due to small numbers we are unable to draw any conclusions about which pharmacies this applied to.

What times do you want to use a pharmacy (chemist)?



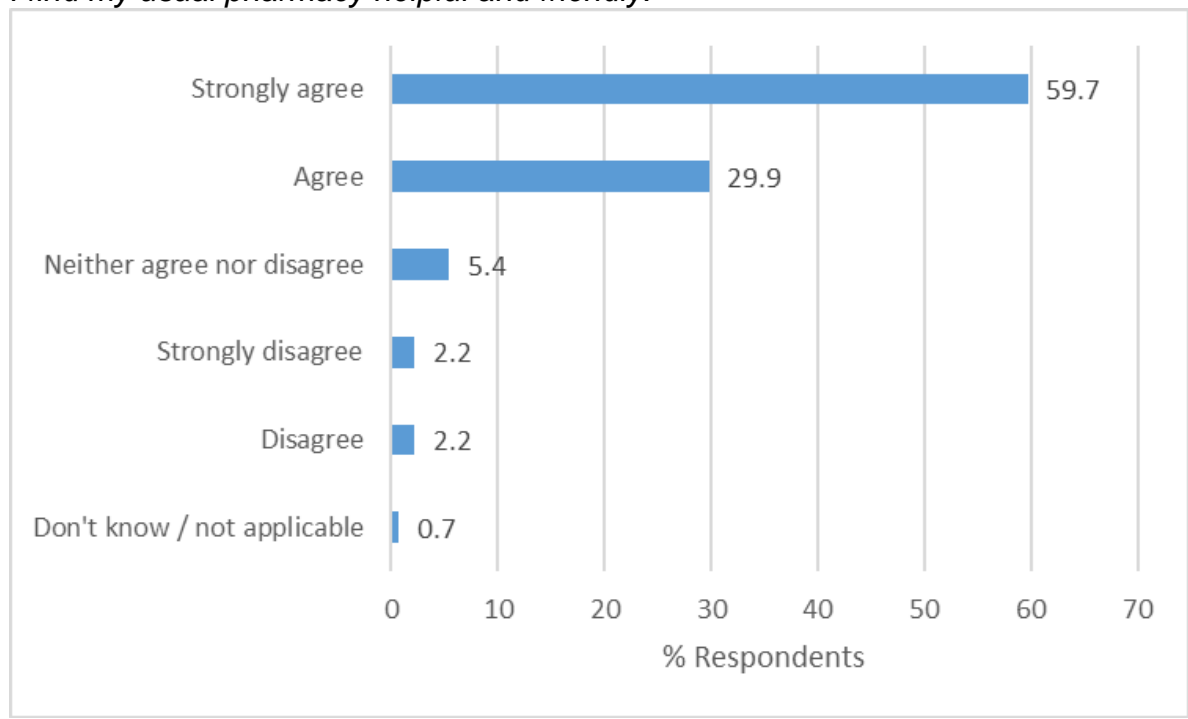
Statistics based on 271 respondents. 11 no response.

The majority agreed with the statement that they could find a pharmacy when they needed one (88.3%), during the evening (71.6%) and during the weekend (75.0%). Almost all agreed with the statement that they could find a pharmacy close to where they needed it (91.6%, 251 of 274 respondents).

Other Factors Contributing to Access

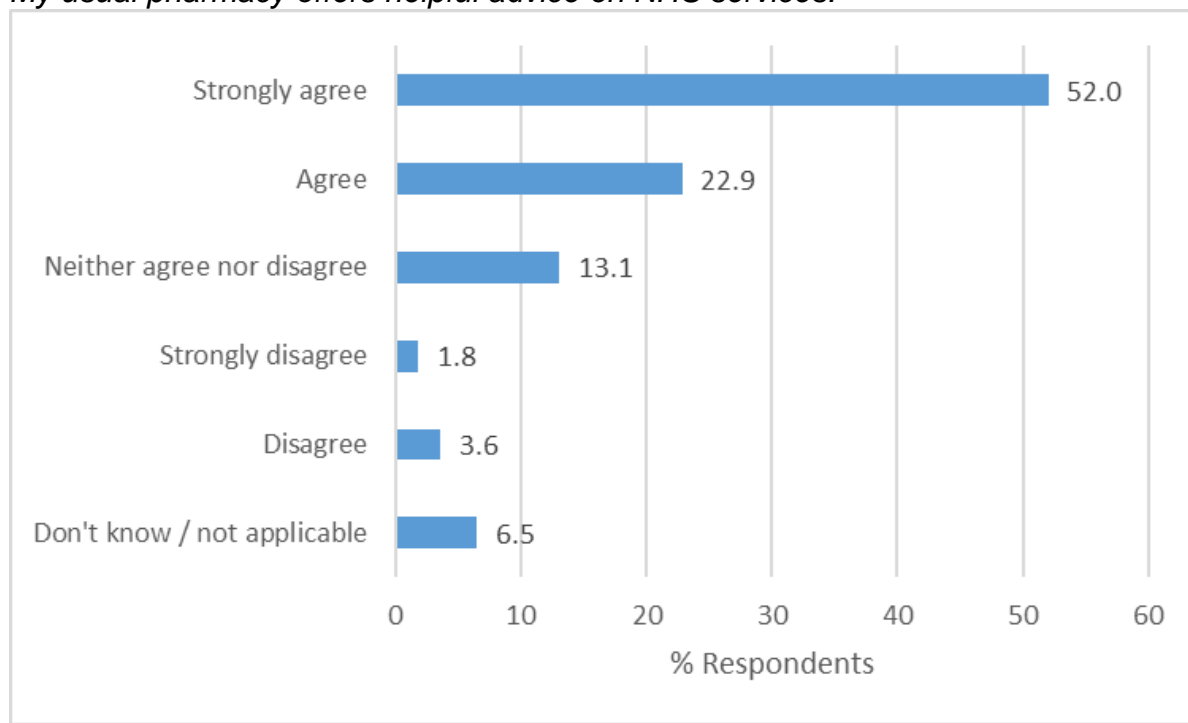
The majority of respondents agreed with the statement, “I find my usual pharmacy helpful and friendly” (89.6%) which shows that respondents are usually satisfied with the professional manner they receive from pharmacists and that this is not a significant barrier to accessing pharmacy services. However, fewer respondents agreed with the statements, “My usual pharmacy offers helpful advice on NHS services” (74.9%) and “I ask my pharmacist for health advice” (66.4%), suggesting either that these are not major reasons for accessing pharmacies or that people who want advice do not access pharmacies (and perhaps attend their GP surgery instead).

I find my usual pharmacy helpful and friendly.



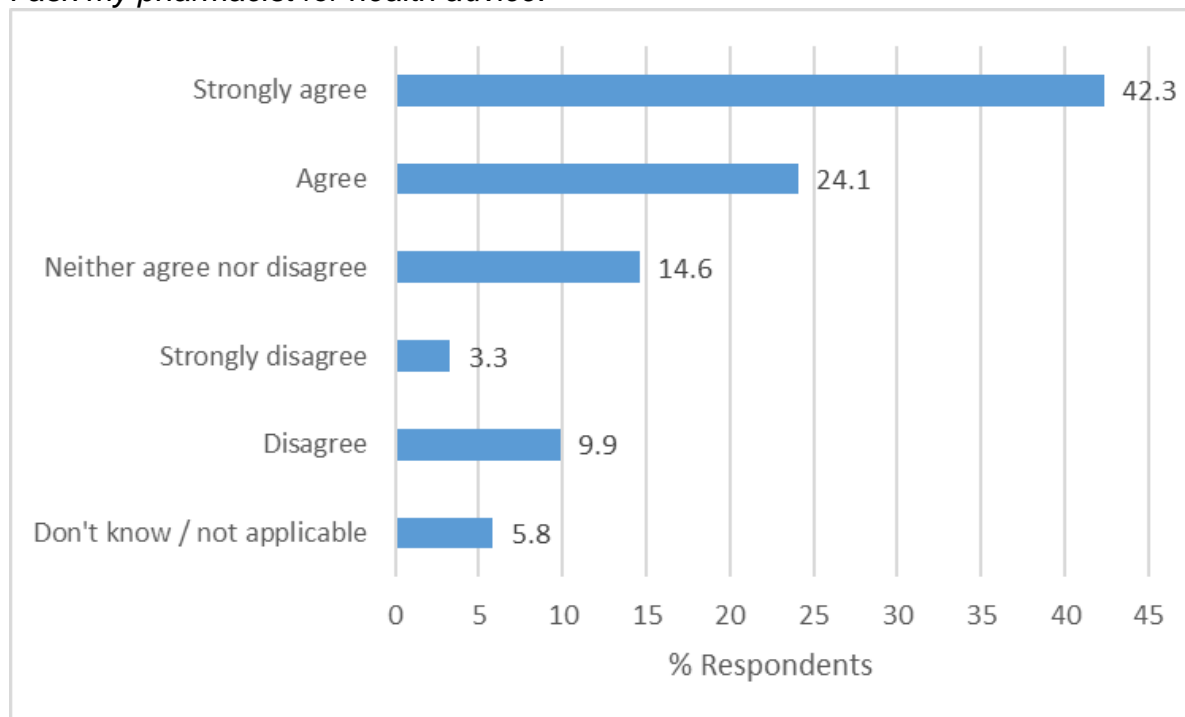
Statistics based on 278 respondents. 4 no response.

My usual pharmacy offers helpful advice on NHS services.



Statistics based on 275 respondents. 7 no response.

I ask my pharmacist for health advice.



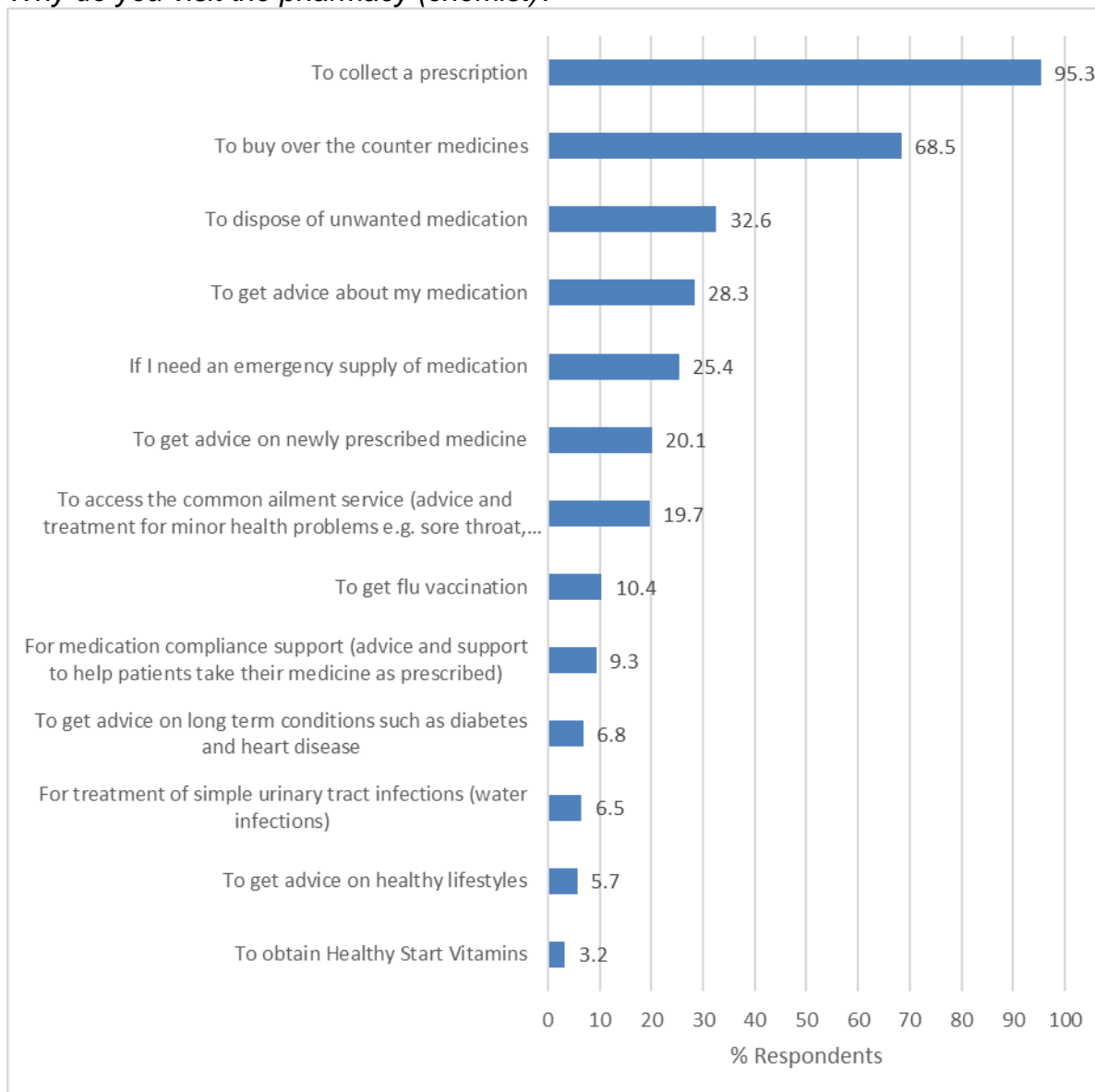
Statistics based on 274 respondents. 8 no response.

Reason for Visits and Services Used

In this section respondents were asked about their reason for visiting the pharmacy and the prescription delivery/collection services they used.

The main reason for using the pharmacy was to collect prescriptions (95.3%) and to buy over the counter medicines (68.5%). Interestingly, only 10.9% chose this reason in the previous PNA user survey, suggesting this has become a more common use of pharmacies. Similarly, 28.3% said they use pharmacies to get advice about their medication, which is a large increase from the 3.65% respondents in the previous PNA user survey. 10.4% said they use pharmacies to get their flu vaccination, and as a large proportion of respondents reported that they care for another person this suggests that many of these respondents who are eligible for flu vaccination through the NHS are not obtaining it through pharmacies. Fewer than five respondents reported that they use pharmacy services for emergency contraception, free condoms (if eligible) or chlamydia screening and treatment. This is likely to be significantly biased by the age range of the majority of respondents (only 45 respondents were under age 34). Similarly, fewer than five respondents used pharmacies for needle exchange and substance misuse services but it is likely that people accessing these services are underrepresented in this survey (though compared to the overall population numbers will be small). Fewer than five respondents used pharmacies for stop smoking advice and impetigo treatment suggesting that these services are either not publicised well or not available in many pharmacies.

Why do you visit the pharmacy (chemist)?



Statistics based on 279 respondents. 3 no response.

Out of 274 respondents, 66% used the prescription collection service (prescription sent directly to pharmacy) suggesting that this is a commonly used service. However, only 9.5% used a prescription delivery service for housebound patients (prescription delivered to residence) suggesting that this is either not required or not offered. 7% used both services and 32% used neither service.

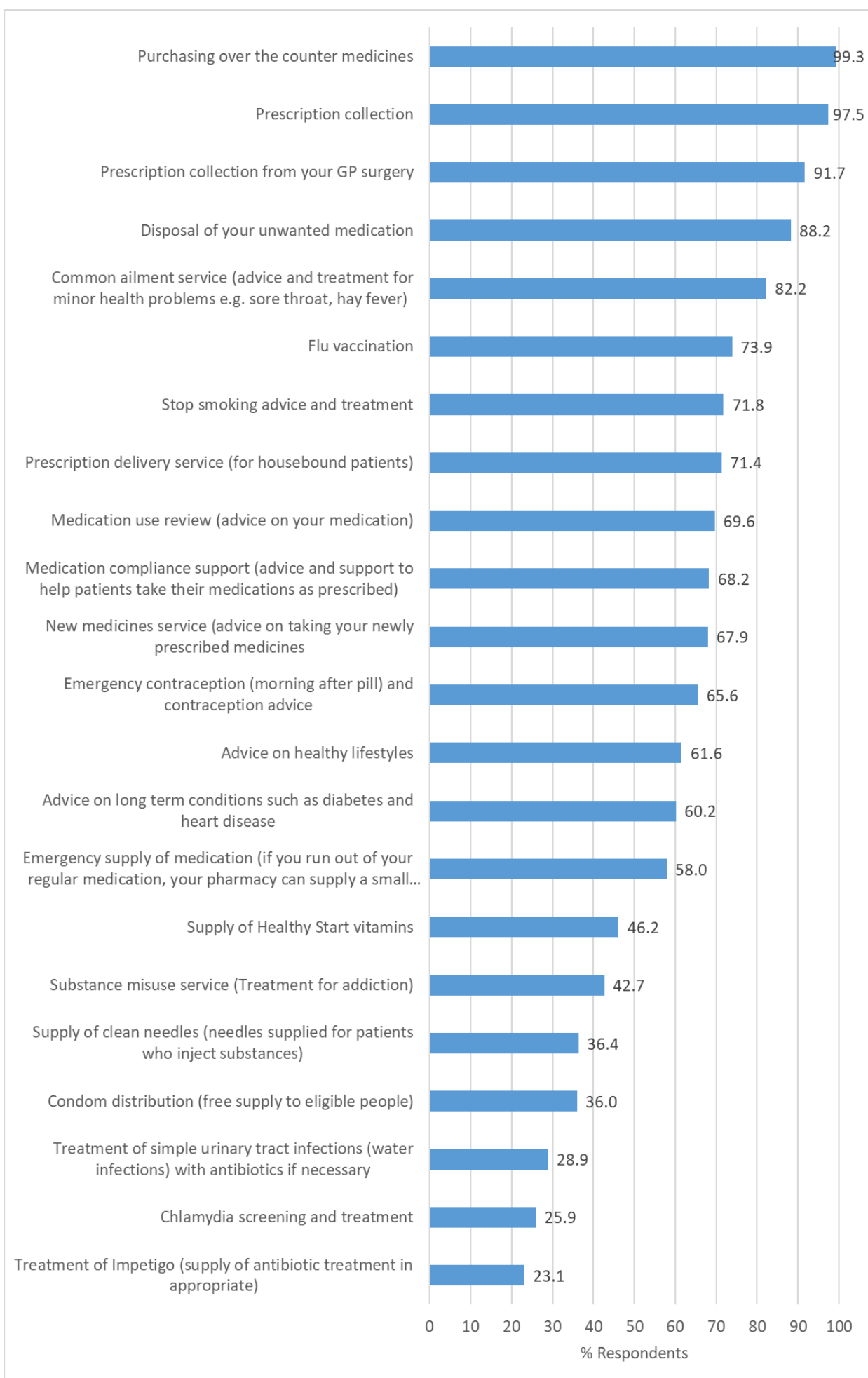
Awareness of Services

In this section respondents were asked about their awareness of extra services that may be available at their pharmacy. 86-96% of respondents answered these questions.

As expected, purchasing over the counter medication and prescription collection (delivery of prescription from GP to pharmacy) were the services that were most commonly known about.

However seven services were not known about by the majority: Supply of Healthy Start Vitamins (46.2% aware), Substance misuse service (Treatment for addiction)(42.7% aware), Supply of clean needles (needles supplied for patients who inject substances)(36.4% aware), Condom distribution (free supply for eligible people)(36.0% aware), Treatment of simple urinary tract infections (water infections) with antibiotics if necessary (28.9% aware), Chlamydia screening and treatment (25.9% aware), Treatment of impetigo (supply of antibiotic treatment if appropriate)(23.1% aware). Again, this is probably reflective of the older demographic of the survey respondents (as only 45 respondents were under age 34) but it is interesting that the three treatment services were the services users were least aware about, perhaps as these are newer additions to services.

Prior to this survey, were you aware that the following services could be available at the pharmacy (chemist)? (see next page)

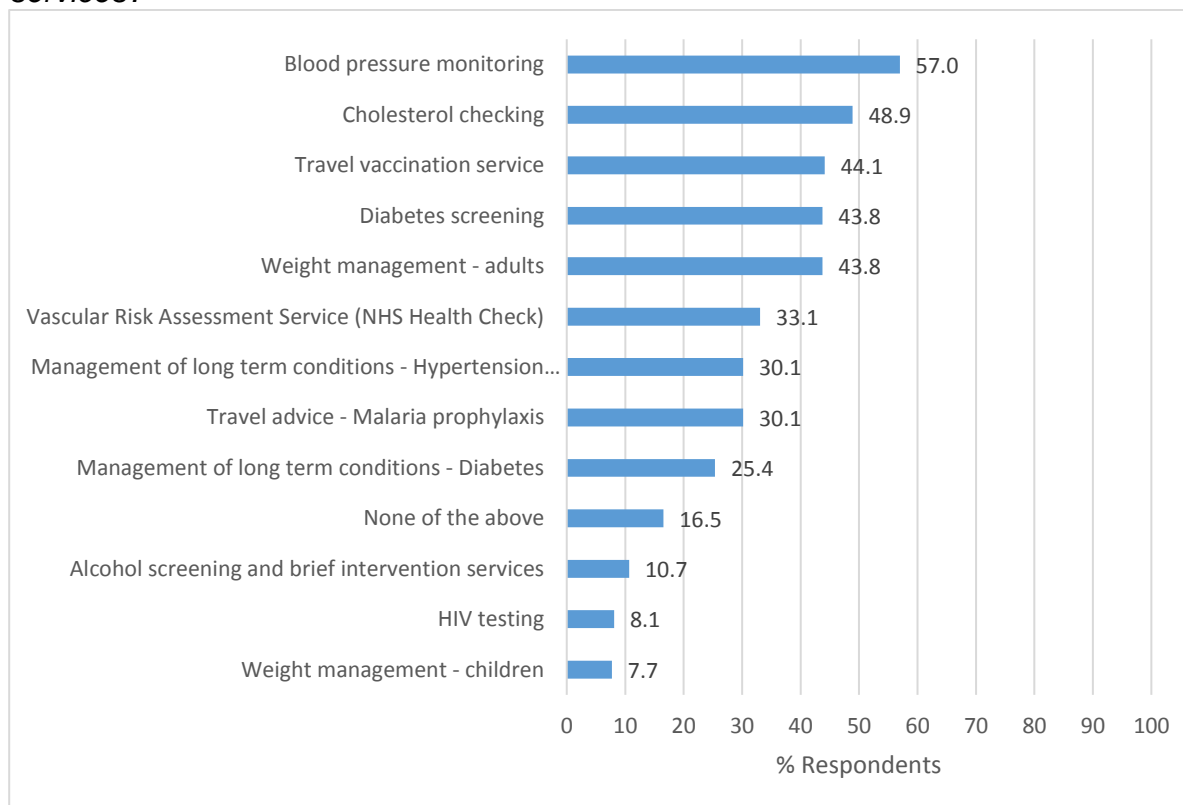


Interest in New Services and Other Comments

Question 11 asked respondents if they would be interested in any of a list of services. 272 responded to this question, with 16.5% choosing “none of the above”. The services with the most interest were blood pressure monitoring (57.0%) and cholesterol checking (48.9%), probably reflecting the older demographic of the respondents. Weight management for children was the service with the least interest (7.7%) but we do not know how many of the respondents actually had children.

Question 12, allowed respondents to add any other comments about community pharmacy services. Overall, 87 respondents commented though 7 of these stated they had no further comments to add. There were 51 positive comments and 32 negative comments (three contained positive and negative comments). There were many positive comments related to the friendliness of staff at pharmacies and how helpful staff were especially in relation to advice. Several commented that staff are able to help them get their medications quickly in emergencies. Although most were happy with their pharmacy, a few commented that queues are long and they often have to wait. A few also commented that the medication they need is not often stocked and they have to wait several days for it to arrive.

If your pharmacy were to provide them, would you be interested in any of the following services?



Statistics based on 272 respondents. 10 no response.

Telford & Wrekin PNA 2018/19 – 2020/21

Consultation Responses received during the 60 day consultation period

3rd January – 3rd March 2018**Comments from Steering Group Members**

- Should there be a definition of core hours and supplementary hours in the document? (Local Pharmaceutical Committee)
- The following should be added to section 6.4 Recommendations: Enhanced Services: Local commissioners need to encourage all community pharmacy providers to participate in the Pharmacy First UTI/ Impetigo service, and increase the number of consultations currently undertaken. Local commissioners also need to work alongside providers and patient groups to increase awareness and referral into this service. Consideration should also be given to the further development of clinically focused services that can be delivered through accredited community pharmacies, improving access for patients.
- The following should be added to section 11.2 Aspirational Services: Community pharmacies do and are ideally placed to support patient self-care, diagnosis of minor ailments and monitoring and review of long-term conditions. Pharmacist's clinical training enables them to use their skills to reduce the burden on general practice and out of hours' services, improving accessibility for patients.

Comments from Pharmacies

- Page 48 refers to Madeley Pharmacy this should read Anstice as per the rest of the report.
- Lakeside South states services available 9am – 6pm this is incorrect. Anstice Pharmacy is open until 8pm Monday – Friday. This also impacts on the overview.
- Have just checked the data with respect to our Rowlands branch in Hadley. The number of HLP champions is incorrect. We have 1 FTE HLP champion within the branch.
- Woodside address is given as Wensley Green. It's been Park Lane Centre for 12 years. I also believe that the opening hours for Lawley Pharmacy were incorrect.
- I was just wondering if there was a more accessible version of the Pharmaceutical Needs Assessment that our service users who might be able to access at all, to ensure that they are able to respond during the consultation period?
- Our total hours Monday to Friday are right 9 to 6 with no gaps and then 9 til 1 on a Saturday, sorry to bother you but does it matter that the middle of the day and Saturdays are on in blue as supplementary? (Priorslee Pharmacy)
- I have reviewed the PNA for Telford and Wrekin and have noted that Priorslee Pharmacy is showing as NOT providing NHS Flu in 2017-18 (appendix IX) – which they are. Please can this be amended?
- However – I am also a little confused as to why this is listed as an Enhanced Service; - I thought it was an Advanced Service in England?
- Just a few observations our opening hours are incorrect our core hours are 8am-9pm Monday to Saturday only closing for lunch at 2pm on Saturday. Sunday we are open 10-4pm and we offer all services within these core hours not just 9-5pm. HLP we have one trained champion.

- We are now supplying the Naloxone injection to those patients / clients who we feel may be at risk. All staff have completed training (Lawley Pharmacy)
- I've had a look at the hours that the LA used for contractors but unfortunately it is a little dated. My understanding of the consultation period and the PNA was to update the current provision of services. So our hours should read Monday, Tuesday and Thursday & Friday till 8pm Wednesday till 7.30pm. Can our hours be adjusted accordingly? (Lawley Pharmacy)
- South Lakeside opening hour summary stats pharmacies all close at 6pm on a weekday, when we are actually open until 8pm. On detailed breakdown our hours are listed correctly, but when referencing that we have opened until 8pm weekdays and till 5pm on a Saturday since 2016, they call us Madeley Pharmacy whereas we are known as Anstice Pharmacy throughout the rest of the report. We are down that we will soon be a HLP, which isn't the case, we are a HLP level 1 now. (Anstice Pharmacy)
- I have just looked through the Draft PNA and have noticed an inaccuracy on page 46 in section 10.3.2. Saturday Pharmaceutical Service Provision. This shows our Saturday opening hours as 7am to 9pm which is incorrect, we currently open from 7am to 10pm. The opening hours appear to be correct in the main opening hours section 13.8. Appendix VIII –Community Pharmacy Opening Times. (Asda Donnington)
- As Inclusion is being renamed STARS should this be changed in the document?

Telephone comments from care agency

- "Waiting lists for compliance aids – this is becoming a problem" (Response from carer).

Inclusion

- This is a very thorough and comprehensive document. My only comment from a SMS perspective is the coverage of SC (supervised consumption). As more and more people move to houses of multiple occupancy in South Telford we have less availability for SC. At the moment the pharmacists are full, even Aqueduct. We have no more patients in treatment and it is unlikely numbers will be going up, however the distribution of them due to available accommodation has changed, therefore putting a lot more pressure on the South of Telford. I have arranged for Woodside to increase their numbers but we still do not have enough provision in those areas. Also when reading the specs it talks about the pharmacists being competent. Is that something done via yourselves?

Telford Patients First

- Looked through the draft and it seems ok apart from page 96 It's got the numbers mixed up as per Malinslee (25)

Shropshire Local Pharmaceutical Committee

- Firstly, we should like to deal with any minor inaccuracies to ensure proper representation of contractors and services within the PNA. There are three corrections required:
- Rowlands Pharmacy, Hadley has HLP status with 1 FTE health champion
- Woodside Pharmacy is at the address of Park Land Centre, Woodside and not as stated;

- Lawley Pharmacy's opening hours are reported incorrectly and are as follows - 8.45am-8pm Monday, Tuesday, Friday; 8.45am-7.30pm Wednesday, Thursday and 9am – 12noon Saturday; Lakeside South states services available 9am – 6pm this is incorrect it is open until 8pm. Anstice Pharmacy is open until 8pm Monday-Friday, it is called Madeley Pharmacy also in the report but should be known as Anstice throughout. Please also note that Anstice is now a HLP now and not working towards this anymore.
- 11.1 Recommendations: We agree that there is adequate provision of pharmaceutical services in Telford and Wrekin, New contract applications can only be considered under the Regulations if there are significant changes in the health needs and therefore pharmaceutical needs of a population. Despite the development of Sustainability and Transformation Plans and those of Future Fit, contractors cannot be granted due to only anticipated future needs which may not transpire.
- 11.2 Aspirational Services: Community pharmacies do and are ideally placed to support patient self-care, diagnosis of minor ailments and monitoring and review of long term conditions. Pharmacists' clinical training enables them to use their skills to reduce the burden on general practice and out of ours' services. The Local Pharmaceutical Committee supports the utilisation of NHS resources to increase access to pharmaceutical services, and throughout workforce training, to widen the access and range on offer. The LPC has instigated meetings between SaTH

Comments from Healthwatch

Healthwatch Telford and Wrekin regret that we were not more closely involved in the original consultation and hope that in future we can work together to engage more people in the Pharmaceutical Needs Assessment at these early stages. However, we summarised the PNA documents for the final consultation and posted these on our website. They were also shared through social media and across our network – we asked people to share their feedback directly with Hitesh.

We also receive feedback continuously and have the opportunity to discuss various issues or insights with groups that we engage with. Our Feedback Centre, available through our website, provides the public with a place to provide feedback about their local services and see what others have to say. With regards pharmacies this feedback is generally very positive. Our comments here reflect not only this feedback but also those collected through direct discussions with local people in Telford and Wrekin.

Medicines Use Reviews

Feedback appears to indicate that many patients are unaware of this option, particularly those with mental health or long term conditions. Some patients waiting to access GP appointments might be better served by their pharmacist, who can offer them advice about the medicines that they are on. Both pharmacists and GP surgery receptionists should encourage those who are unsure about their medication to access this advice via their local pharmacy rather than their GP – it is advisable to consider why they might want to discuss it with their GP, however.

Awareness of Services

We would like to better understand how Telford & Wrekin are working towards increasing the local population's awareness of the types of services available through their pharmacies.

Prescription Ordering Department Service Feedback

The population of Telford & Wrekin have shared a significant number of negative stories about this service. Understanding that it is new and may be experiencing teething problems it is still important to recognise that many of its users are unhappy with the way the service is being delivered. The two most common comments are:

- Unanswered phones.
- Problems with staff attitude including the way they are asked about medication use and feeling they are insensitive to their needs.

We understand that the phone lines are being upgraded and that this should solve the former issue. We would also ask that the service is explained in more detail to users along with alternatives such as electronic prescriptions. Each user should feel that they are being questioned about their medication use to ensure that it best suits them rather than feeling that it is a cost-cutting exercise.

Newport Provision

We feel that as Newport is the location of a university that sexual health services should be better accessible, especially during out of hours and weekends. Whilst the university does have some limited services such as access to condoms we do not feel that this is sufficient as they may not be easily accessible during holidays.

Unmet Needs

There are some unmet needs that we feel must be made clearer within the PNA. The absence of health services in certain rural areas suggests that for some of the population it is much more difficult to access these. The inclusion of 'aspirational' services also indicates that there are services that could potentially be available. In particular we would draw attention to the high number of respondents within the survey (57% or 155/272) who indicated that they would be interested in pharmacies providing blood pressure monitoring. We have received feedback previously from people who are unhappy with being placed on a waiting list for a blood pressure monitor from their doctors and do not want to pay to purchase one. This seems less aspirational and more rational.

Needle Exchange

We would like to draw attention to the fact that although supervised consumption is available in Newport there is no needle exchange programme. As harm reduction is a key objective of the Telford & Wrekin Drug and Alcohol Strategy we feel that there should be a pharmacy where this is available that can serve the local community in Newport.

Impact of STP and Future Fit

Local services at community, primary and secondary care level will potentially face an overhaul of provision before the next PNA. We feel that this is an opportunity to see how the 'aspirational services' listed can be considered as part of the new delivery model. It is also important to continue to monitor and improve people's awareness of the services provided at pharmacy level. This might involve more targeted campaigns at certain times of the year or linking directly to local GP services. We suggest that going forward services at every level endeavour to work together to better serve the local population.

Digital/Online/Internet Pharmacies

More and more services are available through online means. The local population of Telford and Wrekin are able to access certain of these services via internet pharmacies including sexual health services, diabetes, migraine, asthma, travel, and more. They can also get via

online pharmacies, with some even offering consultation and treatment. These types of services are convenient for patients but are not included in the PNA.

Accessibility of the PNA

The report totalled 135 pages and dealt with complex datasets. We would advise that the PNA is made more accessible through easy read versions and different formats so as to reach a wider proportion of the population.

What Next?

Healthwatch Telford and Wrekin plan to engage with pharmacies within the period 2018/19 to increase feedback from users. We also aim to engage with those who live in more rural areas to ensure that their health and social care needs are being met. This will involve working with local parish councils and businesses. We hope that our comments are well received and that we can work together to ensure that pharmacy provision in Telford & Wrekin is not just acceptable but best for all areas of the community.

Telford & Wrekin Pharmacy Needs Assessment 2018/19 – 2020/21

Community Impact Assessment

Overview

- Community pharmacies are a valuable and trusted public health service. The scale of daily contacts with the public means there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.
- From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA).
- PNAs have been used historically by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. Now following transition of public health services to local authorities, PNAs should also be used to assess the contribution of community pharmacies to local public health programmes.
- In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.
- The previous PNA identified EHC provision for under 25s as having a possible negative impact on older women. Provision of EHC to over 25s was considered, however this was deemed not to be financially justifiable given recent changes in NICE guidance. EHC for this age group continues to be provided free of charge through general practice and sexual health services and is available to purchase over the counter.
- The previous PNA also identified language provision as a possible gap. Language line (a phone translation service) was considered but deemed not to be financially justifiable as there is no additional funding for this. Pharmacists were asked to be mindful of their community's needs and to relay information in a clear and understandable way, writing down key messages for the patient and where possible offering leaflets in different languages. Alternative pharmacy resources were also signposted including pharmacy label translation services and emergency multilingual phrasebooks.
- Healthy Living Pharmacies are a new initiative aimed at promoting public health messages through pharmacies. The majority of pharmacies in Telford & Wrekin have registered as level 1 Healthy Living Pharmacies, in which they have to meet quality criteria defined by Public Health England. One of these is the provision of a Health Promotion Zone where education materials and campaign material is displayed and this must appeal "to a wide range of the public including men and women, young people, smokers, people with long term conditions, learning difficulties and older people. Where the community includes a significant ethnic minority group, then their needs must be accommodated."

The PNA affects all residents of Telford and Wrekin, in particular it affects;

- **Customers/service-users** – the general public

APPENDIX C

- **Partners** – Health & Wellbeing Board partners: the Council, NHS Telford & Wrekin, NHS England Shropshire and Staffordshire Area Team, Health Watch Telford & Wrekin
- **Employees** – providers of community pharmacy services and their staff

The PNA is covers the years 2018/19 – 2020/21. After this period the analysis will be reviewed and a new analysis completed.

Name of person completing impact assessment and their post	Dr Clare Brehmer, Specialist Registrar in Public Health Helen Onions, Consultant in Public Health, Richard Taylor-Murison, Consultation and Equality Officer
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Date started	January 2018
Other officers/Stakeholders involved	See below for Telford and Wrekin Pharmaceutical Needs Assessment Steering Group membership

Name	Role/Title	Organisation
Helen Onions	Consultant in Public Health (chair)	Telford & Wrekin Council
Dr Clare Brehmer	Specialist Registrar in Public Health	Telford & Wrekin Council
Hitesh Patel	Pharmaceutical Adviser	NHS Telford & Wrekin CCG
Lynne Deavin	LPC Business Development Officer	Shropshire Local Pharmaceutical Committee
Stacey Norwood	Public Health Commissioner	Telford & Wrekin Council
Jennifer Davies	Public Health Practitioner	Telford & Wrekin Council
Helen Homer	Senior Research & Intelligence Officer	Telford & Wrekin Council
Andy Pickard	Pharmacy Advisor	NHS England North Midlands
Amanda Alamanos	Primary Care Lead	NHS England North Midlands
Aislinn Bergin	Patient Engagement Lead	Healthwatch Telford & Wrekin

Section 2 – Impact Assessment

The positive and negative impact of the elements of the PNA have been considered in relation to protected characteristics relative to the General Equality Duty;

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations between different groups

	Impact (X)		
	Positive	Negative	None
People of different ages	X	X	
People with ill health or people with a disability	X		
People of different gender			X
People who are transgender			X
Different racial groups		X	
People with different religion or beliefs			X
People of different sexual orientation			X
Women who are pregnant or breast-feeding	X		
People that are married or in a civil partnership			X
People affected by deprivation	X		

It has been assessed that there are no positive or negative impacts of the PNA process or recommendations which have emerged for the following: gender, transgender, religion or beliefs, sexual orientation, marriage or civil partnership.

The identification of impacts relates to the introduction or change of services incorporated in the PNA.

This decision has been made on the basis that the PNA is a fully inclusive process and as part of the wider Joint Strategic Needs Assessment, adopts the principles of the Health and Wellbeing Strategy vision “*To improve the health & wellbeing of our communities and address health inequalities*”. As such the community pharmacy services commissioned by Health & Wellbeing partner organisations are expected to be delivered irrespective of the protected characteristics of service users and taking account of the individual needs of people.

Expected impacts

People of different ages

The public survey on views on community pharmacy was a key component of the PNA process. People aged 45-64 years accounted for 39.9% of all survey respondents therefore this middle aged group were over represented in the survey given that the proportion of this age group in the general population is circa 26%. However, this age group are key users of community pharmacy services along with people aged 65 years and over. *(Positive impact)*

Younger people under 25 years were under represented in the public views survey.

Teenage pregnancy is a health issue which has been prioritised by the Telford & Wrekin Health and Wellbeing Board. At present Emergency Hormonal Contraception is on offer free of charge to women under age 25 years, promoting equal opportunities of access to this emergency medicine for younger women *(positive impact)*. Telford Town Centre pharmacies delivered a third of all EHC activity in 2016/17 which indicates that this service is easily accessible for young people and provides anonymity. *(Positive impact)*

However, there are concerns that the cut off at age 25 for this service produces a negative impact for women above 25 years *(Negative impact)*

Chlamydia testing is offered to young people under 25 in community pharmacies, in line with the National Chlamydia Screening Programme requirements. *(Positive impact)*

A map identifying the distribution of pharmacies across areas with high proportions of older people has been produced.

People with ill health or people with a disability

54.3% of the PNA public survey respondents reported suffering from a long standing limiting illness, disability or infirmity, compared to 18.2% of people in the general population as a whole. Therefore people with a long standing illness or disability were over represented in the survey.

All community pharmacies have a responsibility to meet Equality Act 2010 requirements and pharmacies are actively expected to ensure patients/public are able to access their services. Contractors work to resolve any associated issues where these arise. Specific examples of this would include prescription collection and delivery services, medication adherence support services *(positive impact)*

A map identifying the distribution of pharmacies across areas with high proportions of people reporting long term limiting illness has been produced.

Women who are pregnant or breast-feeding

The Health Start Vitamins programme has operated in community pharmacies throughout Telford & Wrekin for a number of years. Under the national scheme the programme offers vitamins for pregnant women and their infants. This scheme has a positive impact on the health pregnant (positive impact)

People affected by deprivation

There are clear inequalities in health in Telford & Wrekin related to reduced life expectancy and socio-economic deprivation in our communities. As such improving life expectancy and reducing the associated health inequalities are included within the Health & Wellbeing Board's priorities. There are also inequalities in health identified within the other priorities, including the following which are relevant to community pharmacy service provision: smoking, teenage pregnancy and sexual health and substance misuse. There are clear recommendations in the PNA made to continue the provision of Chlamydia testing and treatment, Emergency Hormonal Contraception, supervised consumption for opiate addiction, needle exchange and smoking cessation services across the Borough. (Positive impact)

Section 3 - Consultation

The national guidance for PNAs is explicit regarding the statutory consultees which must be considered as part of the 60 day consultation process. These consultees include the following:

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs) – **Shropshire and Telford Local Pharmaceutical Committee**
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs) – **Shropshire Local Medical Committee**
- any persons on the pharmaceutical lists and any dispensing doctors list for its area – **all community pharmacies and the one dispensing GP practice in Telford & Wrekin**
- any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area – **Health Watch Telford & Wrekin**
- any NHS trust or NHS foundation trust in its area – **Shrewsbury & Telford Hospitals NHS Trust, Shropshire Community Health Service Trust, Shropshire & Staffordshire Mental Health Services Foundation Trust**
- NHS England – **Shropshire and Staffordshire Area Team**
- Any neighbouring Health and Wellbeing Board – **Shropshire Health & Wellbeing Board**

The 60 day consultation period for these statutory consultees ran from Wednesday 3rd January 2018 until Sunday 4th March 2018. The draft PNA was published for consultation on the NHS Telford & Wrekin website. The consultees were all contacted regarding the publication and the launch was well publicised. Although there is not an expectation that PNAs are subject to public consultation the consultation was publically available and comments invited from all those who wished to contribute.

Engagement

The PNA process included a survey of public views on community pharmacy which was undertaken between 1st September and 30th September 2017. The survey consisted of 12 questions covering themes such as awareness of and access to services and levels of satisfaction. Standard socio-demographic questions were also included. The survey was publicised on the NHS Telford & Wrekin website and to Council staff through the intranet. A number of visits to community support groups were undertaken to obtain survey responses. There were 282 respondents in the survey (See Pharmacy User Survey Report for further details)

A professional stakeholder survey was carried out as part of the PNA with all community pharmacies. The survey asked contractors to consider the needs of their local population and which additional services they were willing to provide if commissioned.

Ongoing engagement

As part of our ongoing commitment to promote the use of our community pharmacies we will be actively seeking the views of our contractors about what they feel is required in their local communities.

We will continue to engage with our local Healthwatch colleagues to ensure we are continuously addressing local health needs.

Section 3 – Mitigating Actions

Emergency Hormonal Contraception – lack of access to free contraception for women aged over 25 years. The commissioner of sexual health services has considered expanding the service to women aged over 25 years old. Currently, there is insufficient justification to implement such a change. However, the need for EHC provision for those over 25 will continue to be monitored to inform the future commissioning of services.

Supporting people with language barriers – This was noted in the previous PNA and in the 2017 Pharmacy survey, several pharmacists stated languages (particularly Polish) that were spoken in the community but not by a pharmacist. This was not brought up as a specific problem by pharmacists or community members, however this will continue to be assessed. Pharmacies are encouraged to write down information, offer leaflets in different languages, use label translation services and the emergency multilingual phrasebooks where required. Using local community based support groups may also be considered. A number of our pharmacies are well positioned in local communities encouraging them to make links with community groups will raise the profile of pharmacy and potentially help to resolve communication difficulties.

It should be noted that the Community Language Information Standard is in development and will encourage a more consistent approach across the health economy.

A map identifying the distribution of pharmacies across areas of the borough with high proportions of community members who have limited ability to comprehend or speak English has been produced.

Conclusion

In summary, the expansion of services provided by pharmacies more widely across the Borough will improve access to services for those who have traditionally the least opportunity to access preventative services. The changing nature and increased reliance on prevention information, advice and guidance provided by pharmacies will offer a more comprehensive response to the local needs identified in the PNA. This approach which is designed to reduce inequalities will advance the equality of opportunity for people living in Telford & Wrekin.

The PNA sets out recommendations to further develop the relationship with community pharmacy, the commissioners of these services in the Council and the NHS and more widely across the health economy. This helps develop good relations between different communities and across Health & Wellbeing Board partners.

Section 4 – Review and Monitoring

The PNA is due to be considered by the Health & Wellbeing Board on 8th March 2018 and will be published by 1st April 2018 in line with the statutory duties of the Board.

Actions

Health Equity Audits (HEAs) will be undertaken for public health services provided in community pharmacies to assess the provision, uptake and outcome of public health services in relation to age, gender, ethnicity and socio-economic deprivation.

Actions:

Agree set of HEAs to be undertaken from September 2018.

First review of HEA cycle to be completed by September 2019.

Emergency Hormonal Contraception

Actions:

Continue to monitor the demand/need for EHC prescribing in women aged over 25 (June 2019)

Enhanced PNA Mapping to support evidence based decision making related to PNA objectives

Actions:

Develop granular maps indicating levels of older people, people reporting long term limiting illness and non/limited English speaking communities alongside community pharmacy provision into the PNA review process to support future informed decision making.

Supporting people with language barriers

Action:

Ensure that the campaign and awareness raising programme recommended to publicise community pharmacy services uses resources and materials in different languages and that local community based support groups are used, where relevant to develop local publicity materials.