

Warrington Health and Wellbeing Board Pharmaceutical Needs Assessment 2025 – 2028

FOREWORD

Warrington's Health and Wellbeing Board has responsibility for the ongoing review, development and publication of the Pharmaceutical Needs Assessment.

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content must be taken into account by those responsible for the approval of pharmacy contract applications (at the Integrated Care Board) as well as those commissioning all other health services for our local population. From a primary care perspective this includes Integrated Care Boards and Local Authorities looking to commission and develop local services from pharmacy contractors, general practice, dental and optometry.

As such we are very happy to present our fourth formal Pharmaceutical Needs Assessment 2025-2028 which outlines the pharmaceutical services available to our population. This document provides information around current services being commissioned and proposals for future changes and developments.

This document will assist us when reviewing our commissioning strategies upon which we base our decisions. It is recognised that our community pharmacy colleagues have a key role to play in helping us develop and deliver the best possible pharmaceutical services for our population.

We commend this report to you, and we look forward to your continuing involvement as this document is reviewed and updated.

	
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Version Control

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EXECUTIVE SUMMARY

Introduction

The Pharmaceutical Needs Assessment (PNA) aims to identify the pharmaceutical services needed by people living in Warrington, and to assess current provision of pharmaceutical services.

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the local Health and Wellbeing Board by virtue of the National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services Regulations 2013, which came into force on 1 April 2013. The regulations outline the process which Integrated Care Boards (ICBs) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies. This process relies on the PNA which must be robust and fit for purpose. A PNA is usually refreshed every 3 years.

In Warrington, the Health and Wellbeing Board has chosen delegated the authority to develop its PNA to the Director of Public Health and other lead officers across partner organisations. Data sources include the local Joint Strategic Needs Assessment (JSNA), census data, data from commissioners, pharmacy contractors' survey and a residents' survey. This information informed the draft PNA which then went out for the statutory (minimum) 60 days consultation.

The PNA presents a picture of community pharmacies, reviews services currently provided and considers how these could be used further. Community pharmacies are a key part of primary care, supporting the health and wellbeing of the population of Warrington in partnership with other community services and GPs. Pharmacies are easily accessible to most people, and many services are provided free of charge, on a walk-in basis, without the need for an appointment. Pharmacies are commissioned by the NHS and public health to provide additional services which can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. The national Pharmacy First¹ service, launched in January 2024, builds on the NHS Community Pharmacist Consultation Service started in 2019 and enables patients to be referred to community pharmacy for a minor illness or an urgent repeat medication request, by allowing pharmacists to complete episodes of care for seven common conditions.

A PNA forms part of the commissioning function for pharmacy services. It relates the current provision of pharmaceutical services to the characteristics of the local population and the Health & Wellbeing Board (HWB) priorities for improving health and wellbeing and reducing health inequalities in Warrington.

The PNA addresses the following broad questions:

- What is the provision of pharmacy service to our population and is this adequate?
- How is the pharmacy contract used for the benefit of the population of Warrington?
- How can community pharmacy, through its nationally commissioned or locally commissioned services, support us to deliver our priorities for health and wellbeing for the population of Warrington?

¹ [NHS England » Pharmacy First](#) (accessed 3 March 2025)

Key Findings and Conclusions

The provision of pharmacy services within Warrington in terms of location, opening hours and services provided is considered adequate to meet the needs of the population.

As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Warrington.

This assessment is based on the information below on location and opening hours of pharmacies, the services they provide, and potential future population growth.

Access to pharmacies

Overall access in terms of location, opening hours and services is considered adequate to meet the needs of the population of Warrington. The PNA has not identified a current need for new NHS pharmaceutical service providers in Warrington.

- In the area covered by Warrington Health and Wellbeing Board, there are 40 community pharmacies, one of which is a distance-selling (internet) pharmacy (DSP) as at 1 January 2025. The DSP is not open to the public for essential services, but most advanced and enhanced services can be delivered face to face.
- Warrington HWB has been fortunate to have had no reduction in the number of pharmacies since the 2022-2025 PNA (although several have been sold to new owners), and one new pharmacy has opened. This is different to the picture nationally.
- Warrington has more pharmacies per head of population than England (17.3 vs 16.4 per 100,000 GP registered patients), although these ratios do not consider the size and staffing of pharmacies which will determine the size of the population they are able to serve.
- There is wide variation between areas of Warrington in the pharmacy-to-population ratio, even taking town centre locations into account. Any decisions regarding new pharmacies need to take the population-to-pharmacy ratio into account, and any closures need to be carefully monitored to determine the impact this will have on access, especially in areas where the population-to-pharmacy ratio is already low. However, of the 28 pharmacies that responded to the PNA contractor survey, 21 said they have capacity within existing premises and staffing to manage an increase in demand, and 5 said they could make adjustments in order to do so. Two said that they do not currently have sufficient premises and/or staffing capacity to manage an increase in demand, but each of them has another pharmacy nearby that stated they could manage an increase in demand, either currently, or could make adjustments to do so.
- In almost all areas of Warrington, there is a pharmacy within 15-minutes' drive, and much of Warrington is within 15 minutes of a pharmacy by public transport; areas where it takes longer are very rural. The more densely populated areas of Warrington are within a 15-minute walk of a pharmacy, and further substantial areas are between 15-30 minutes' walk. The outlying areas of Warrington borough that are more than 30 minutes' walk have low population density.
- There is a great deal of satisfaction with pharmacy services. Overall, members of the public feel that community pharmacies offer a valuable service, find them accessible, friendly and helpful.
- There is adequate access to pharmacy services throughout the week, with provision in the evening and at weekends across Warrington, and in each of the four ward groups. However, some respondents to the public survey commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. Where any specific service gaps develop these will be addressed initially

through dialogue with existing contractors. The existing network provides sufficient essential pharmaceutical service to the Warrington population.

- In 2023/24 3,739,331 prescription items were dispensed in Warrington (including distance selling pharmacies). The average number of prescription items per month per pharmacy was 7,659, more than the England average (7,109).
- It is possible to compare prescribing volume by converting total items prescribed into a monthly prescribing rate per pharmacy per 1,000 registered population. In 2023/24 the prescribing rate for Warrington (including distance selling pharmacies) per 1,000 population was 1,295, which is lower than the England rate of 1,484.
- There is adequate provision of locally commissioned services across our population. We will continue to work with existing contractors to ensure that this provision continues to match the needs of our population and that any inequalities in activity which arise are addressed.

Advanced and Enhanced Services Provision

- **Pharmacy First** is a new advanced service. All 39 community pharmacies and the one distance-selling pharmacy are registered to provide this service, so access to it is adequate across the borough.
- 24 out of 39 community pharmacies are registered to provide **New Medicines Service (NMS)** across Warrington, with provision in all 4 ward groups (7 out of 17 in Central, 3 out of 6 in East, all 7 in South, and 7 out of 9 in West). The distance-selling pharmacy in South also provides this service. Provision is adequate.
- **Influenza vaccination** for at risk adults is now available through 37 of the 39 community pharmacies, which has greatly increased accessibility, noting that provision of this service is determined annually and thus subject to change. Provision is adequate across the borough.
- **Appliance Use Reviews (AUR)** and **Stoma appliance customisation (SAC)** services are both specialist services with only small numbers of the population likely to need them. A small number of pharmacies across Cheshire and Merseyside ICB provide these services. Locally, community health services provide specialist advice to patients on appliances and stoma products. Pharmacies then dispense prescriptions generated by the services. Although there are no Warrington pharmacies providing AUR and SAC (based on NHSBSA activity data for 2023/24 and quarter 1 2024/25), this does not mean there is a gap in provision. The Merseyside & Region Stoma Service manages prescribing and ordering of stoma products, for Warrington patients.
- The **Hypertension Case Finding Service** was a new service for the 2022-25 PNA. It is now well established with 37 of the 39 community pharmacies registered to provide this service, so provision is adequate across the borough.
- **NHS Stop Smoking Service** was a new service for the 2022-25 PNA. It is now well established with 18 out of 39 community pharmacies providing it, although it is more concentrated in the Central ward group, where the smoking rate is higher (9 out of 17 in Central, 3 out of 6 in East, 3 out of 7 in South, and 3 out of 9 in West). Provision is adequate.
- **Lateral Flow Device** service was introduced during the Covid-19 pandemic. The service now operates using a different model. Provision is adequate across the borough with 31 out of 39 community pharmacies providing this service, and it is well spread across the ward groups (12 out of 17 in Central, all 6 in East, all 7 in South and 6 out of 9 in West).
- **Pharmacy Contraceptive Service** is a new service. It adds to provision available elsewhere in primary care, sexual health services and the local public health commissioned services. 33 out of 39 community pharmacies provide this service, and it is well spread across ward groups (all 17 in Central, 5 out of 6 in East, 6 out of 7 in South, and 5 out of 9 in West), so provision is adequate across the borough.

- There is one national enhanced service for **Covid-19 vaccination**. 14 out of 39 community pharmacies provide this service, spread across the 4 ward groups (5 out of 17 in Central, 3 out of 6 in East, 3 out of 7 in South and 3 out of 9 in West). There is adequate provision across the borough.

Developments which may precipitate the need for changes to pharmacy services

Any conclusions gained from this PNA need to take account of the fact that future developments, such as but not limited to, changes in population, changes in sources/numbers of prescriptions, may take place. This could influence the demand for pharmaceutical services. Hence this PNA is a 'dynamic' document.

Workload and demand in pharmacy is driven by two factors, changes to the population and changes to prescribing volume:

- Most Warrington residents are registered with a Warrington GP practice for their primary health care. However, some are registered with a GP practice outside the borough, and some people living outside Warrington borough are registered with a Warrington GP practice. The Warrington GP registered population is higher than the Warrington resident population, although registered populations are considered to be an overestimation.
- The number of patients registered with Warrington GP practices continues to grow and has grown steadily by 1.0% over the most recent calendar year, from 228,563 in December 2023 to 230,893 in December 2024² (a rise of 2,330 patients).
- The resident population in Warrington increased by almost 10,000 from around 202,700 in 2011 to 212,400 in 2023. The rise has not been a steady increase; from 2011 to 2017, it rose year-on-year, but stabilized from 2017-2019, reduced slightly from 2019 to 2021, started to rise again in 2022, and reached 212,400 in 2023 (most recent data).
- Warrington's population structure is likely to shift over the next decade. **Update.**³
- The 'ageing population' is likely to increase pressures on NHS and social care as this age group accounts for a larger percentage of GP consultations, hospital admissions and social services. This is likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns continue.
- Planned housing development over the 5 financial years 2024/25 to 2028/29 suggests that 4,290 new homes are likely to be achievable across Warrington. Based on the average Warrington household size, these could house an estimated 6,900 people. The highest number of planned new homes is in the Central ward group, which has twice as many pharmacies as the other ward groups, and the lowest number is in East ward group which has the fewest pharmacies.

The combined effects of a growing population and prescribing volume increase the pharmacy workload. Prescription volumes and service provision need to be monitored to identify where demand is likely to exceed supply. Planned developments, e.g. any major new housing developments, must also be monitored to ensure we are able to respond to the needs of our population for pharmacy services.

² NHS Digital Interactive Dashboard on [Patients Registered at a GP Practice, October 2024 - NHS England Digital](#)

³ [National population projections - Office for National Statistics](#) (accessed 3 March 2025)

MAIN DOCUMENT

Pharmaceutical Needs Assessment

PART 1: INTRODUCTION, REGULATORY STATEMENTS, SCOPE & METHODOLOGY

1. Introduction

The effective commissioning of primary care services is central to ensuring that all residents have equitable access to good quality health and wellbeing care and advice. Community pharmacy is one of the most accessible healthcare settings.

The PNA presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be used further. Community pharmacies support the health and wellbeing of the population of Warrington in partnership with other community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. Mapping of service provision and identifying gaps in demand are essential to afford commissioners with the market intelligence they need to take forward appropriate and cost-effective commissioning of services.

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the Pharmaceutical Services Negotiating Committee (PSNC) website⁴.

The pharmaceutical services contract consists of three different levels:

- [Essential services](#)
- [National enhanced services: Covid-19 vaccination](#)
- [Advanced services](#)

Warrington HWB has been fortunate to have had no reduction in the number of pharmacies since the 2022-2025 PNA (although several have been sold to new owners), and one new pharmacy has opened in Warrington. This is different to the picture nationally. The Darzi report shows that nationally, the total level of spending on the community pharmacy contract has fallen by 8% and around 1,200 pharmacies have closed since 2017. It notes that 'on the current trajectory, community pharmacy will face similar access problems to general practice with too few resources in the places it is needed most'⁵.

Nationally, costs have also increased through several factors, including non-pay inflation and bills, minimum wage increases, removal of establishment fees, demand increases on dispensing volumes and medicines shortages have meant significant challenges to the sector.

As such the findings of the Pharmacy Pressures Survey 2024: Funding and Profitability Report⁶ by Community Pharmacy England shows that most pharmacies have seen increasing costs with 64% of those responding saying they were operating at a loss. Spiralling costs and workload coupled with a 30% funding cut in real terms since 2015 could result in more closures occurring⁷.

There have been some changes in some large providers of pharmacy services nationally, including the second largest contractor, Lloyds Pharmacy (parent company Hallo Healthcare Group) has sold its 1,054 community pharmacy branches to new owners to focus on their online business. In a statement released on 23 November

⁴ [Community Pharmacy Contractual Framework - Community Pharmacy England](#)

⁵ [Independent investigation of the NHS in England - GOV.UK](#) (accessed 3 March 2025)

⁶ [Pharmacy Pressures Survey 2024: Funding and Profitability Report](#)

⁷ [Nearly a sixth of pharmacies could close within a year, Pressures Survey indicates - Community Pharmacy England](#)

2023, the group said that Lloyds Pharmacy Ltd is no longer operating pharmacies, adding that 99% of the branches it had previously operated would remain open under different ownership⁸. As a result, Warrington has not lost any pharmacies due to this.

Nationally, many other pharmacies have reduced their opening hours or removed services offered adjacent to, but not covered or funded by, the contractual framework (e.g. free deliveries of medicines or blister pack preparation for people who do not qualify for or need that as a reasonable adjustment under the Equality Act).

There are 2 types of pharmacy contract – most pharmacies must open for 40 core contractual hours (this includes Distance Selling Premises (DSP) pharmacies). The timing of these 40 hours is agreed at the start of the contract agreement and rarely gets changed (there is a process to do so but it is difficult and complex).

Some pharmacies must open between 72 and 100 core contractual hours (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test which allowed them to open without an identified or declared need in the market). From 25 May 2023, what were previously known as 100-hour pharmacies may apply to reduce the total weekly core opening hours to not less than 72 (with some restrictions to protect key hours). All pharmacies may open for additional supplementary hours via a notification process to the commissioner.

Nationally, most 100-hour pharmacies did reduce their hours to survive the funding challenges within the Community Pharmacy Contractual Framework. These hours were the times where the pharmacies were not in high demand and therefore chosen for reduction. This has been the case in Warrington with all but one of the five previously 100-hour pharmacy reducing their hours to between 72 and 84.5 (see Appendix 2 for details).

The previous government issued a consultation on hub and spoke dispensing with planned changes to legislation. Hub and spoke dispensing involves one pharmacy (the spoke) receiving the prescription, while another pharmacy (the hub) carries out the routine aspects of dispensing the medication, possibly through automation. The medication is then either sent back to the spoke, where it is dispensed to the patient with advice as needed (Model 1), or the hub assembles and prepares the medicine before directly supplying it to the patient (Model 2). Hub and spoke models are currently permitted within the same retail pharmacy business (i.e. the same legal entity), but the proposed changes would permit it between different retail pharmacy businesses (i.e. different legal entities)⁹. Community Pharmacy England (along with most national associations) supported the proposed changes. CPE had concerns about patient safety as well as potential proliferation of hubs which could circumvent control of market entry. They also expressed concerns about the financial viability of model 2¹⁰. Due to the change of government, the changes to legislation have been paused whilst ministers are briefed on the proposals.

⁸ [Lloyds Pharmacy sells all of its community pharmacy branches - The Pharmaceutical Journal](#)

⁹ [Government response to the consultation on hub and spoke dispensing - GOV.UK](#)

¹⁰ [Hub & Spoke - Community Pharmacy England](#)

2. Statements from pharmaceutical regulations (2013)

2.1 Regulatory Statements

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013)¹¹ set out the legislative basis for developing and updating PNAs. Schedule 1 of these regulations sets out the minimum information to be contained in the PNA. Detailed below are the six statements included in Schedule 1 and the necessity for a local PNA map of service providers.

2.2 Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided:

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

Community pharmacy services for Warrington are provided across a range of reasonable geographical locations, with good accessibility and sufficient provision throughout the borough. Warrington has 39 community pharmacies, plus 1 distance selling (internet) pharmacy, serving a population of 230,829 (total GP registered patients, as of 1 January 2025). Of these, 17 pharmacies are in the Central Warrington ward group, 6 in the East, 7 in the South, and 9 in the West ward group (Table 7). They provide a comprehensive service with a full range of essential services and some advanced services. This equates to approximately one pharmacy for every 5,771 Warrington GP patients¹², compared to 6,110 in England.

Warrington residents may also access pharmacy services in the neighbouring boroughs of Cheshire East, Cheshire West & Chester, Halton, Salford, St Helens, Trafford and Wigan. Services are considered sufficient for the population's needs.

2.3 Statement two: Necessary services: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the HWB but which the HWB is satisfied:

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

Current provision across Warrington as a whole is adequate. No gaps in the provision of essential pharmaceutical services have been identified in this PNA. There is ongoing housing development planned over the lifetime of this PNA. It is expected that capacity within existing services would be able to support the pharmaceutical needs of future populations overall. However, there will be a need for regular reviews to ensure provision remains adequate in light of development.

¹¹ [New pharmaceutical services regulations published - GOV.UK](#)

¹² This calculation includes the one distance selling pharmacy in Warrington, in order to compare with England, because the national list of contractors does not identify which are distance selling pharmacies.

Some geographical differences in provision have been highlighted through this PNA. In keeping with the national picture, services are mostly situated in more densely populated areas of the borough.

Despite the overall geographical differences, and those for availability of extended hours pharmacy provision, the need for 'emergency prescriptions' will almost always be centred on patients using 'out of hours services.' There is one provider, PrimaryCare:24, for all areas across Merseyside; within Warrington borough, there is one PC24 location in the town centre, but Warrington residents can access the service at any PC24 location convenient to them. The nearest to Warrington is in Runcorn hospital. There are two Urgent Treatment Centres (UTC) in Widnes and Runcorn (Halton HWB) that can see any patients (including Warrington residents). They are located at Widnes Healthcare Resource Centre and Runcorn Urgent Care at the Halton site of Warrington and Halton Hospitals NHS Foundation Trust. Pharmacy provision is available on-site or close to these sites at a range of extended hours or 72-100-hour contract pharmacies.

Members of the public commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. We will continue to work with our existing contractors to ensure that provision continues to match the needs of our population and that any inequalities in activity which arise are addressed.

2.4 Statement three: Other relevant services: Current provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.
- c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (A) or (B), or paragraph one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Warrington has geographical borders with seven Health and Wellbeing Boards: Cheshire East, Cheshire West & Chester, Halton, Salford, St Helens, Trafford and Wigan. Warrington residents may cross these borders for leisure and work purposes and to access pharmacy services if it is more convenient for them and not due to there being a lack of service in Warrington.

The Cheshire & Merseyside ICB out of hours bank holiday rota looks at services across boundaries to ensure geographical coverage.

In addition to essential services, there is adequate access to the full range of advanced services and locally commissioned public health and NHS Cheshire and Merseyside ICB Warrington Place services to meet local needs.

2.5 Statement Four: Improvements and better access: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

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

Based on the information available at the time of developing this PNA, no gaps have been identified in essential, advanced, enhanced, or locally commissioned services that if provided either now or in the future would secure improvements, or better access, to pharmaceutical services.

There is a need to be mindful that community pharmacy services should strive to support the changes that face the NHS as commissioning intentions change or evolve, and they should aspire to reduce the pressures on other patient facing services such as GPs and Accident & Emergency. However, in the current financial climate there is limited capacity to deliver additional services within static or reducing budgets. There should also be recognition and understanding of the context related to a number of national, regional and local strategies and policies from which opportunities may arise in their delivery.

The skills and expertise of community pharmacists could be further used in the provision of locally commissioned services aimed at improving population health. Assessment of future plans for housing development has highlighted potential growth across Warrington. It is expected that capacity within existing services overall will be able to absorb the increased demand anticipated over lifespan of this PNA; however regular review will be needed to ensure equitable provision in light of population growth.

Some respondents to the public survey commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. We will continue to work with our existing contractors to ensure that this provision continues to match the needs of our population and that any inequalities in activity which arise are addressed. Commissioners are encouraged to review existing services and to commission them from existing pharmacies.

2.6 Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the Warrington HWB, NHS England, Cheshire & Merseyside Integrated Care Board (ICB), any NHS trusts or any NHS foundation trust to which the HWB has had regard in its assessment, which affect:

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

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

2.7 Statement Six: How the assessment was carried out

Provide an explanation of how the assessment has been carried out, in particular:

- a) how it has determined what are the localities in its area
- b) how it has taken into account (where applicable)
 - the different needs of different localities in its area, and

- the different needs of people in its area who share a protected characteristic and
- c) a report on the consultation that it has undertaken.

Warrington Borough Council, NHS Cheshire and Merseyside ICB Warrington Place, and Warrington Health and Wellbeing Board all have the same boundaries. Warrington has 22 electoral wards. Where available, data in this PNA has been calculated and mapped at ward level to show the variations in health and lifestyle between smaller areas of the borough. Data in Warrington's Joint Strategic Needs Assessment (JSNA) is also often presented at ward level and can therefore be used as a supporting document. However, when detailing the services that pharmacies provide, it is impractical to group them at such a small level of geography. Instead, pharmacies have been grouped as being in one of four ward groups: Central, East, South and West (detailed in Section 3.2 and shown in Map 1). This better reflects the areas that customers are likely to travel to in order to access a pharmacy, especially residents of more rural areas. Spatial mapping of service provision has been included to draw conclusions about access to pharmacies and advanced services.

Section 3.5 of the PNA details how the statutory 60-day consultation on the Warrington PNA was undertaken. Appendices provide details of the public survey, the contractor survey, and the 60-day statutory public consultation. The final PNA will also include an appendix containing the responses to the 60-day consultation along with the HWB response to this feedback. Responses from the PNA public survey have been used throughout the report to increase our understanding of needs and views.

2.8 Map of provision

Map 5 shows the geographical distribution of community pharmacies and distance selling pharmacies in the area of Warrington HWB, and Map 6 shows the geographical distribution of GP practices.

There are nine other maps within the PNA that show good access to pharmaceutical services in areas with highest population density and highest deprivation. Much of Warrington is within 15 minutes of a pharmacy by public transport; areas that take longer are very rural or contain industrial or commercial areas. The more densely populated areas of Warrington are within a 15-minute walk of a pharmacy, and further substantial areas are between 15-30 minutes' walk. The outlying areas of Warrington borough that are more than 30 minutes' walk are rural or contain industrial or commercial areas and have low population density. In almost all areas of Warrington, there is a pharmacy within 15-minutes' drive, even during rush hour.

The map of pharmacies outside the Warrington HWB area shows that there is some choice of pharmaceutical services within one mile of the Warrington Health and Wellbeing Board boundary, in 5 of Warrington's 7 neighbouring HWB areas: Halton, Salford, St Helens, Trafford and Wigan.

3. Scope and Methodology

3.1. Scope of the PNA

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines.
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population.
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines.
- Local enhanced services which increase access, choice and support self-care.
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days.
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

3.2 Localities used for considering pharmaceutical services

Warrington Borough Council, NHS Cheshire and Merseyside ICB Warrington Place, and Warrington Health and Wellbeing Board all have the same boundaries, the advantage of which is that the mapping and consultation applies to the geographical footprint of all three organisations and can inform commissioning decisions taken by all three organisations and by NHS England.

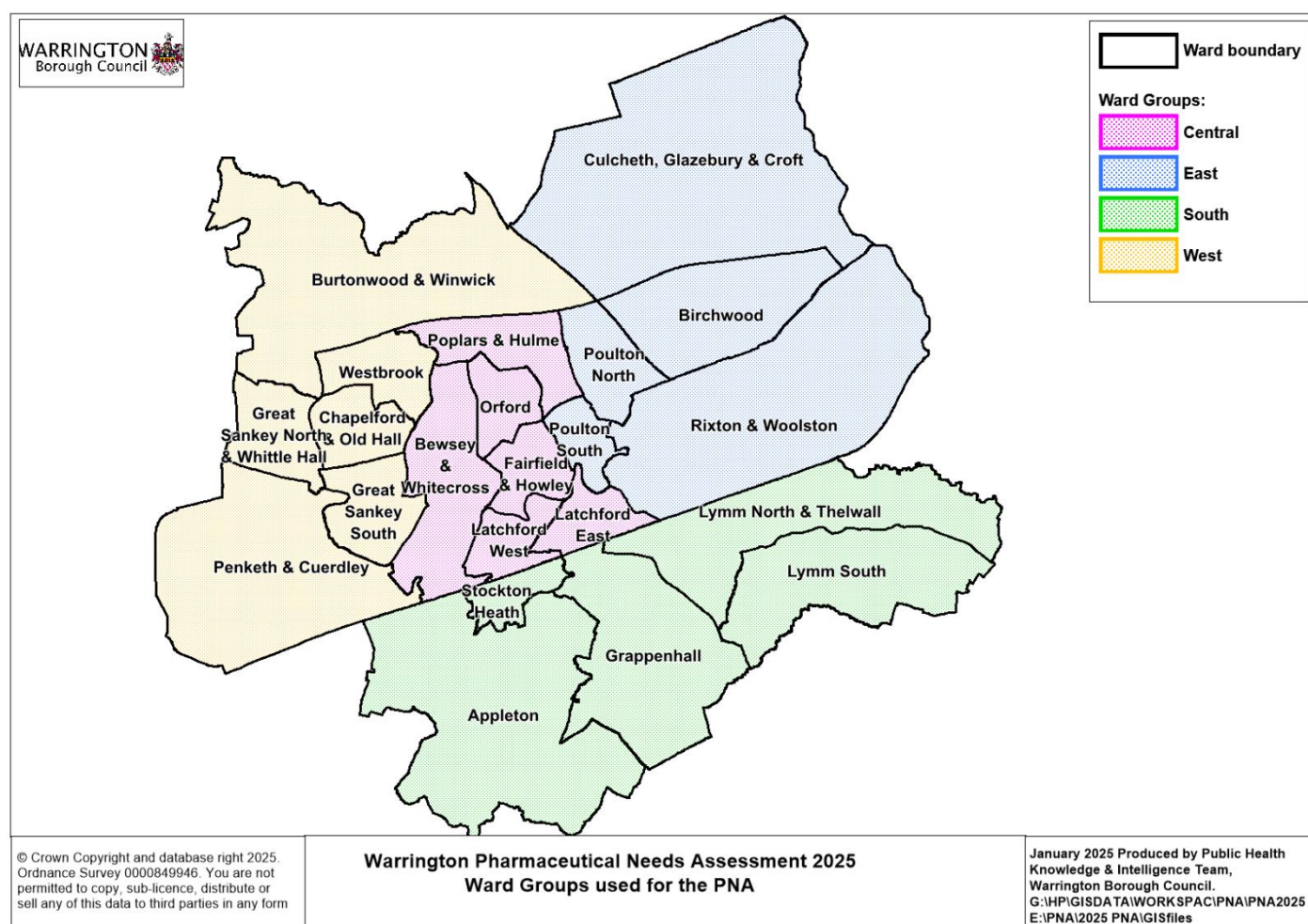
Warrington has 22 electoral wards. Where available, data in this PNA has been calculated at ward level to show differences in age structure, socio-economic deprivation and health-related information. Data in Warrington's Joint Strategic Needs Assessment (JSNA) is also often presented at ward level and can therefore be used as a supporting document. However, when detailing the services that pharmacies provide, it is impractical to group them at such a small level of geography. Instead, pharmacies have been grouped as being in one of four ward groups: Central, East, South and West. This better reflects the areas that customers are likely to travel to in order to access a pharmacy, especially residents of more rural areas.

The Manchester ship canal is a physical barrier separating South ward group from the rest of Warrington, and South wards are relatively less deprived. The six wards in the Central ward group contain most of the relatively deprived areas of Warrington. The remaining wards are split between East and West groups, with the M6 motorway separating East and West. Both East and West wards contain a mix of levels of deprivation.

The ward groups are listed below, and shown in Map 1:

- Central: Bewsey & Whitecross; Fairfield & Howley; Latchford East; Latchford West; Orford; Poplars & Hulme. Warrington town centre lies within the Central ward group.
- East: Birchwood; Culcheth, Croft & Glazebury; Poulton North; Poulton South; Rixton & Woolston
- South: Appleton; Grappenhall; Lymm North & Thelwall; Lymm South; Stockton Heath
- West: Burtonwood & Winwick; Chapelford & Old Hall; Penketh & Cuernsley; Great Sankey North & Whittle Hall; Great Sankey South; Westbrook.

The use of these geographies for the PNA was agreed by the Warrington Together Partnership Board in December 2024.

Map 1: Localities used in the PNA: wards and ward groups

3.3. Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders.
- It is to be refreshed every 3 years, but reviewed regularly, for example to check the implications on provision if a pharmacy closes or 'consolidates' (merges) with another.
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services.
- It is developed through a multidisciplinary PNA Steering Group.

Figure 1: PNA development process

The development of Warrington Health and Wellbeing Board PNA has been undertaken by a small working group and overseen by the PNA Steering Group, which reports to the Warrington Joint Strategic Needs Assessment (JSNA) Steering Group.

The content of the document is closely linked to the local JSNA and has been produced by means of a structured analysis of complex and comprehensive data sources in order to identify the following:

- the health and pharmaceutical needs of the population.
- evidence of best practice in meeting need through community pharmacy services.
- current local provision of pharmaceutical services, and potential future changes in demand.
- gaps in provision of pharmaceutical services.

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

- Warrington Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy
- Office for National Statistics (ONS), including the Census 2021
- QOF (Quality and Outcomes Framework)
- Public Health England's Strategic Health Asset Planning and Evaluation (SHAPE) tool for travel time maps
- Socio-economic deprivation data (Ministry of Housing, Communities & Local Government)
- Community pharmacy providers questionnaire
- NHS Business Services Authority
- Public pharmacy services questionnaire
- Warrington Strategic Housing Land Availability Assessment (SHLAA)
- NHS England
- Locally commissioned services activity data

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

Pharmaceutical need is a broad term which is hard to define precisely. There is not a fixed formula to determine need and whether it has been met as there are so many variables that come into play. Some factors that are suggested a HWB should give consideration to are:

- When prescriptions are generated and the opening hours. This asks about the generation of the demand; however, the timing of demand will of course vary between acute prescribing and chronic prescribing.
- The distance between pharmacies, access, parking arrangements and walking distance / public transport links for members of the public also must be considered. This will vary across urban and rural areas, and dispensing doctor practices will also contribute to meeting the provision against need in the truly rural areas. The importance of distance has also changed over time with more GP work now performed remotely by video or telephone, many areas are seeing high use of the Electronic Prescription Service and delivery is available to all patients via the provisions within the regulations around Distance Selling Pharmacies.
- Capacity of current pharmacies to meet demand. This is important as the number of premises is not the only context to consider, as an efficiently run pharmacy with the right premises, workforce access and equipment can deal with a high volume of items and patients. This is one reason why, within the Cheshire & Merseyside Contractors Survey, pharmacies were asked whether they would be able to manage an increase demand if it arose, and this will continue to change as contractors bring modern solutions such as use of robotics, more efficient pharmacy computer systems, more efficient ordering routines and off-site assembly.

3.5 Consultation

This draft PNA underwent a formal 60-day consultation between 7th April 2025 and 5th June 2025. The draft document was distributed as follows:

Community and Hospital Providers, All Local Pharmacies, Professional Bodies, NHS Bodies and Staff

- All 40 Pharmacies in Warrington (39 community pharmacies and 1 distance selling pharmacy)
- 1 dispensing doctor (Stretton MC)
- Bridgewater Community Healthcare NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Warrington and Halton Hospitals Foundation Trust
- Cheshire & Wirral Local Pharmaceutical Committee (LPC)
- Two neighbouring LPCs: Halton, St Helens & Knowsley, and Greater Manchester
- Mid Mersey Local Medical Committee
- Neighbouring Health and Wellbeing Boards: Cheshire East, Cheshire West & Chester, Halton, Salford, St Helens, Trafford and Wigan
- Cheshire & Merseyside Integrated Care Board

Patients and Public

- Warrington Healthwatch
- Voluntary Sector Groups via Warrington Voluntary Action

Full documentation was published on Warrington Borough Council's website, where comments on the draft PNA could be made via an online survey. A paper copy was also available on request. Six responses to the consultation were received. These are discussed in Appendix 8 below.

3.6. PNA Review Process

The PNA will be reviewed as an integrated part of the annual commissioning cycle as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by Warrington Health and Well

Being Board with input from the local NHSE Pharmacy Contracts Team. The task is delegated to the Public Health Knowledge & Intelligence Team and the multi-professional Steering Group who have developed the PNA.

Examples of changes that might dictate a new or diminished pharmaceutical need are:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in health need, housing developments or primary care service developments that may impact either complimentary or adversely on pharmacy-based services
- Significant changes in workforce due to movement of local businesses/employers

Typically, this would be in the form of issuing a Supplementary Statement, unless the changes were significant enough that a new PNA was warranted and did not form a disproportionate response to the level of change identified. The PNA must have a complete review every 3 years.

Successful applications for 'consolidations and mergers' as part of the revised pharmacy regulations would also require the development of a supplementary statement.

3.7. How to use the PNA

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

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

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

Pharmaceutical Needs Assessment

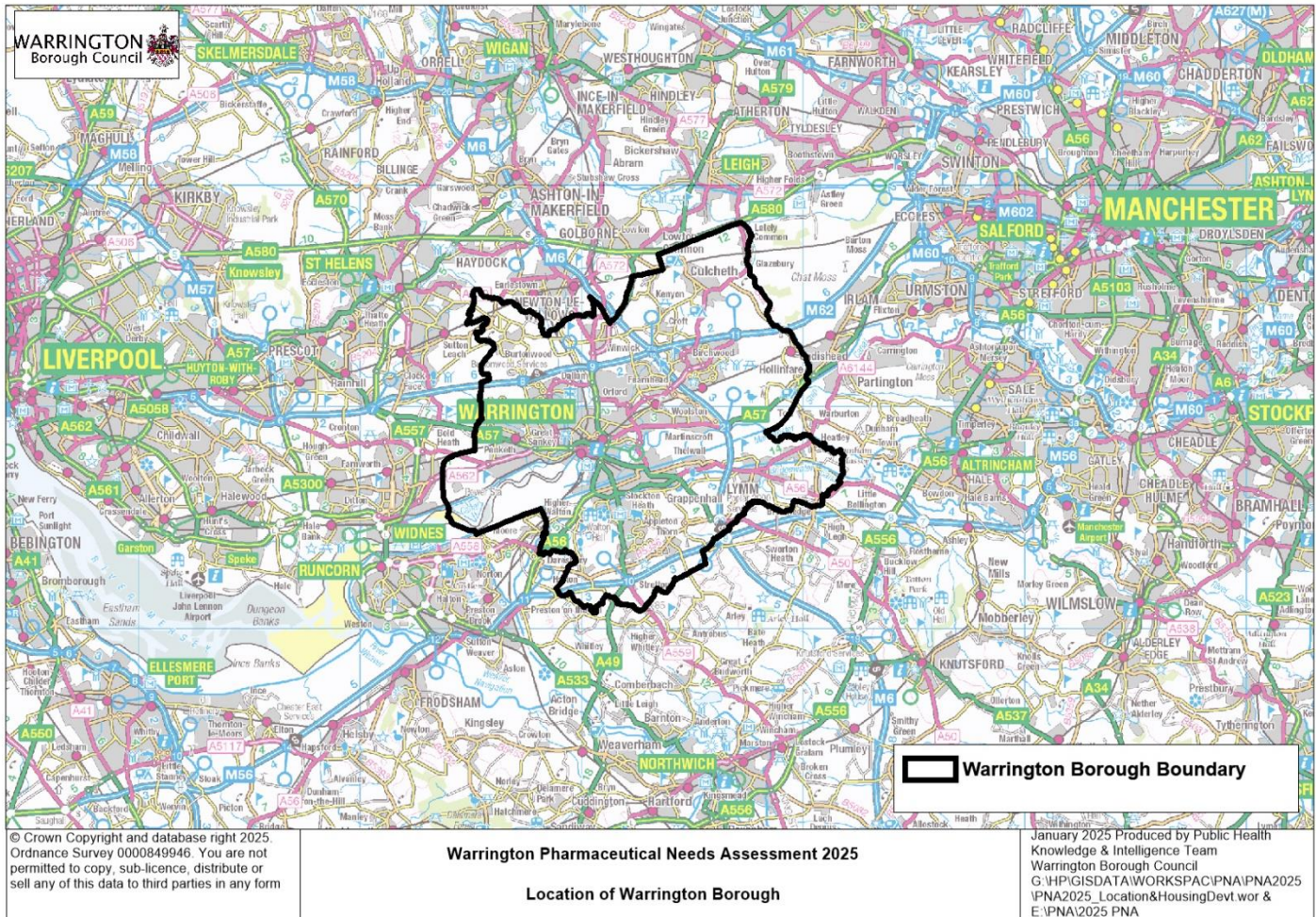
PART 2: HEALTH NEEDS BASED ON DEMOGRAPHY, LOCALITIES AND LINKED TO JSNA

4. Population Profile of Warrington

4.1. Location

Warrington borough lies between Liverpool and Manchester.

Map 2: Location of Warrington Borough



4.2. Population Structure and Projections

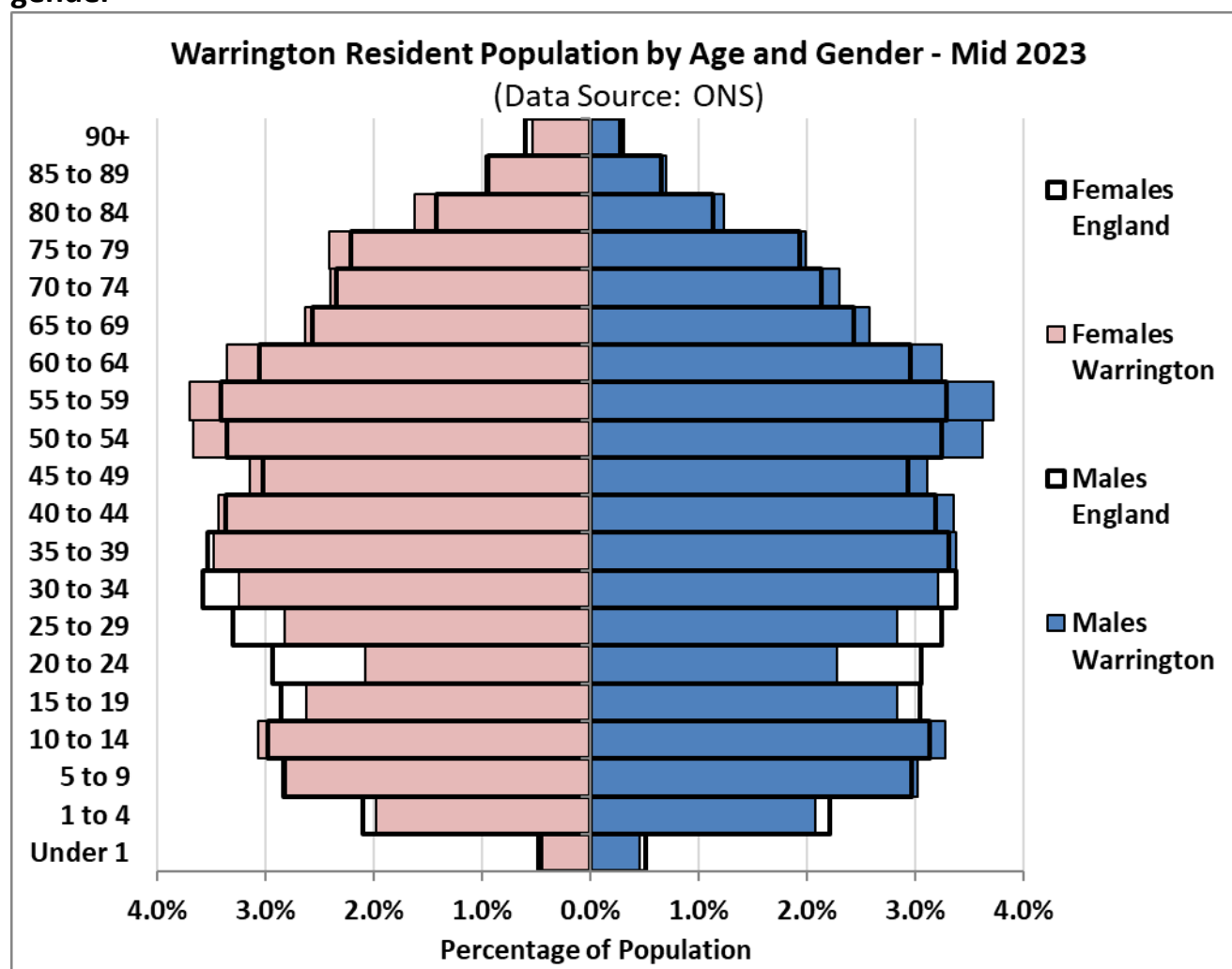
The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included whilst UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

4.2.1. Resident population: Warrington, wards, and ward groups

Population estimates are **estimates** of what the resident population make-up should look like at that time, based on previous years' births, deaths and net migration. Office for National Statistics (ONS) latest population estimates, mid-2023, suggest that:

- The estimated Warrington resident population is 212,389.
- 49.5% are male and 50.5% female (105,115 and 107,274 respectively).
- As shown in Figure 2, in general, Warrington has an older population than England, with a higher proportion of most age-bands 40-and-over, and a lower proportion of 15–35-year-olds. Warrington and England have relatively similar proportions within the 0-14 age-bands.

Figure 2: Warrington and England estimated resident population, mid-2023, by age and gender



Warrington population by age-band and ward.

Table 1 lists the number and proportion of ward-level populations (mid-2022 estimates) by age-band, to show the wide differences in age structure between wards and ward groups, for example:

- By ward, the estimated number of people aged 75+ ranges from 427 in Bewsey and Whitecross to 1,706 in Penketh and Cuerdley.
- By ward group, only 13% of the Central ward group population is aged 65+, compared to 19% in West ward group and 23% in both East and South ward groups.

Table 1: Warrington ward and ward group resident population by age-band.

Ward Name	Estimated populations by age-band, mid-2022 (ONS)						% of ward population				
	Estimated all-age population	No. Aged 0-4	No. Aged 5-17	No. Aged 18-64	No. Aged 65-74	No. Aged 75+	% Aged 0-4	% Aged 5-17	% Aged 18-64	% Aged 65-74	% Aged 75+
Bewsey & Whitecross	12,405	843	1,938	8,479	718	427	7%	16%	68%	6%	3%
Fairfield & Howley	11,823	730	1,758	7,895	723	717	6%	15%	67%	6%	6%
Latchford East	9,173	597	1,550	5,906	591	529	7%	17%	64%	6%	6%
Latchford West	7,569	365	851	4,707	710	936	5%	11%	62%	9%	12%
Orford	11,951	786	1,812	7,429	1,039	885	7%	15%	62%	9%	7%
Poplars & Hulme	12,325	733	2,375	7,622	977	618	6%	19%	62%	8%	5%
CENTRAL WARDS	65,246	4,054	10,284	42,038	4,758	4,112	6%	16%	64%	7%	6%
Birchwood	10,451	514	1,509	6,308	1,294	826	5%	14%	60%	12%	8%
Culcheth, Glazebury & Croft	11,511	440	1,656	6,642	1,224	1,549	4%	14%	58%	11%	13%
Poulton North	9,518	397	1,410	5,368	1,346	997	4%	15%	56%	14%	10%
Poulton South	6,599	335	927	3,813	677	847	5%	14%	58%	10%	13%
Rixton & Woolston	9,094	338	1,289	5,093	1,291	1,083	4%	14%	56%	14%	12%
EAST WARDS	47,173	2,024	6,791	27,224	5,832	5,302	4%	14%	58%	12%	11%
Appleton	10,693	388	1,691	5,894	1,355	1,365	4%	16%	55%	13%	13%
Grappenhall	6,952	369	1,056	3,999	717	811	5%	15%	58%	10%	12%
Lymm North & Thelwall	11,719	505	1,863	6,568	1,279	1,504	4%	16%	56%	11%	13%
Lymm South	6,410	237	1,166	3,419	729	859	4%	18%	53%	11%	13%
Stockton Heath	6,673	267	944	3,966	736	760	4%	14%	59%	11%	11%
SOUTH WARDS	42,447	1,766	6,720	23,846	4,816	5,299	4%	16%	56%	11%	12%
Burtonwood & Winwick	6,222	235	861	3,514	716	896	4%	14%	56%	12%	14%
Chapelford & Old Hall	12,102	618	2,408	7,602	927	547	5%	20%	63%	8%	5%
Great Sankey North & Whittle Hall	10,565	580	1,687	6,358	1,072	868	5%	16%	60%	10%	8%
Great Sankey South	11,506	566	1,944	7,005	1,153	838	5%	17%	61%	10%	7%
Penketh & Cuerdley	9,808	407	1,271	5,328	1,096	1,706	4%	13%	54%	11%	17%
Westbrook	6,511	318	934	4,082	729	448	5%	14%	63%	11%	7%
WEST WARDS	56,714	2,724	9,105	33,889	5,693	5,303	5%	16%	60%	10%	9%
Warrington	211,580	10,568	32,900	126,997	21,099	20,016	5%	16%	60%	10%	9%

4.2.2. GP Registered Population

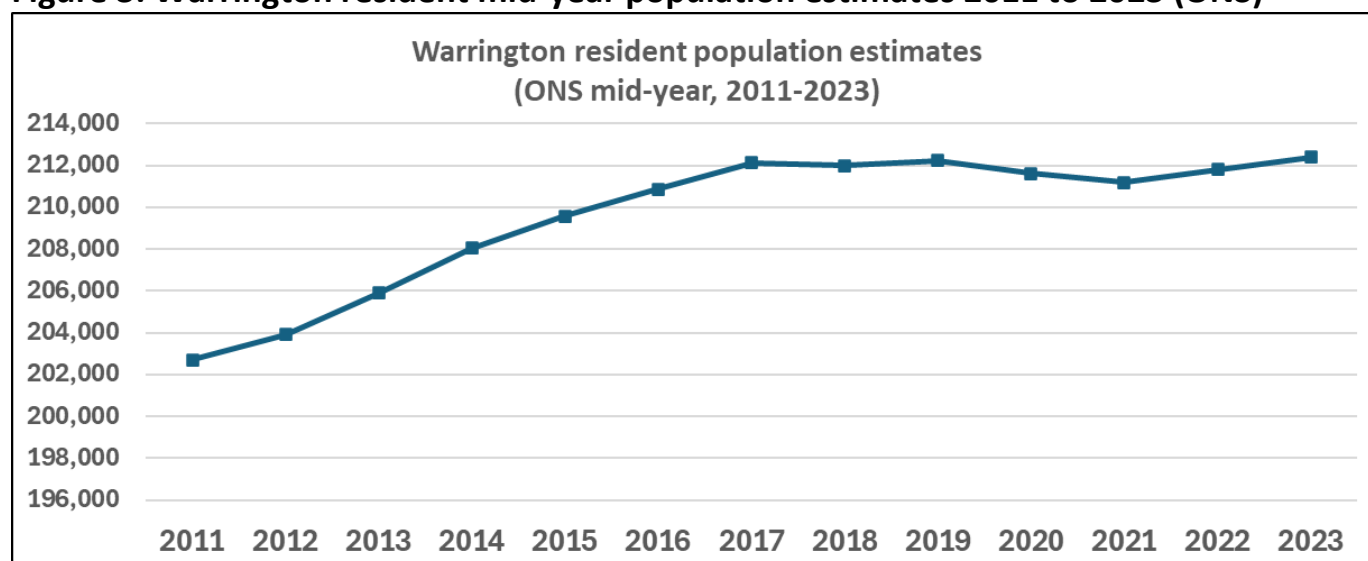
Most Warrington residents are registered with a Warrington GP practice for their primary health care. However, some are registered with a GP practice outside the borough, and some people living outside Warrington borough are registered with a Warrington GP practice. The Warrington GP registered population (227,183, NHS Digital, 1 July 2023) is higher than the Warrington resident population at a similar point in time (212,389, ONS 2023 mid-year estimate), although registered populations are considered to be an over-estimate¹³.

The number of patients registered with Warrington GP practices continues to grow and has grown steadily by 1.0% over the most recent calendar year, from 228,563 in December 2023 to 230,893 in December 2024¹⁴ (a rise of 2,330 patients).

4.2.3. Resident Population: Projections and Recent Trend

ONS population estimates for past years have been re-based taking the 2021 Census into account and are shown from 2011 to 2023 in Figure 3, which shows that the Warrington population increased by almost 10,000 from around 202,700 to 212,400 over that time period. The rise has not been a steady increase; from 2011 to 2017, it rose year-on-year, but stabilized from 2017-2019, reduced slightly from 2019 to 2021, started to rise again in 2022, and reached 212,400 in 2023.

Figure 3: Warrington resident mid-year population estimates 2011 to 2023 (ONS)



ONS 2022-based sub-national population projections suggest that the all-age population of Warrington will increase from around 213,400 in 2025 to around 213,700 in 2028, an increase of 0.10%. This incorporates a percentage decrease in younger age groups – a fall of 2.59% in the under-25s and of 0.56% in the working age population (15-64) – and a percentage increase in all age groups aged 50 and over. This equates to a 1.06% increase in those aged 50 and over; a 6.81% increase in those aged 65 and over; a 5.17% increase in those

¹³ [Population estimates & GP registers: why the difference?](#)

¹⁴ NHS Digital Interactive Dashboard on [Patients Registered at a GP Practice, October 2024 - NHS England Digital](#)

aged 75 and over, a 10.17% increase in those aged 85 and over and an 18.72% increase in those aged 90 and over.

The corresponding increase from 2025 to 2030 suggests a 0.30% increase in the all-age population, comprising a 4.29% decrease in the population aged under 25 and a 0.87% decrease in the working age population (15-64). Meanwhile, there is predicted to be an increase in those aged 50 and over of 2.3%, in those aged 65 and over of 11.37%, in those aged 75 and over 8.08%, in those aged 85 and over of 19.87% and in those aged 90 and over of 31.04%.

4.3. Future Planning: Housing Developments

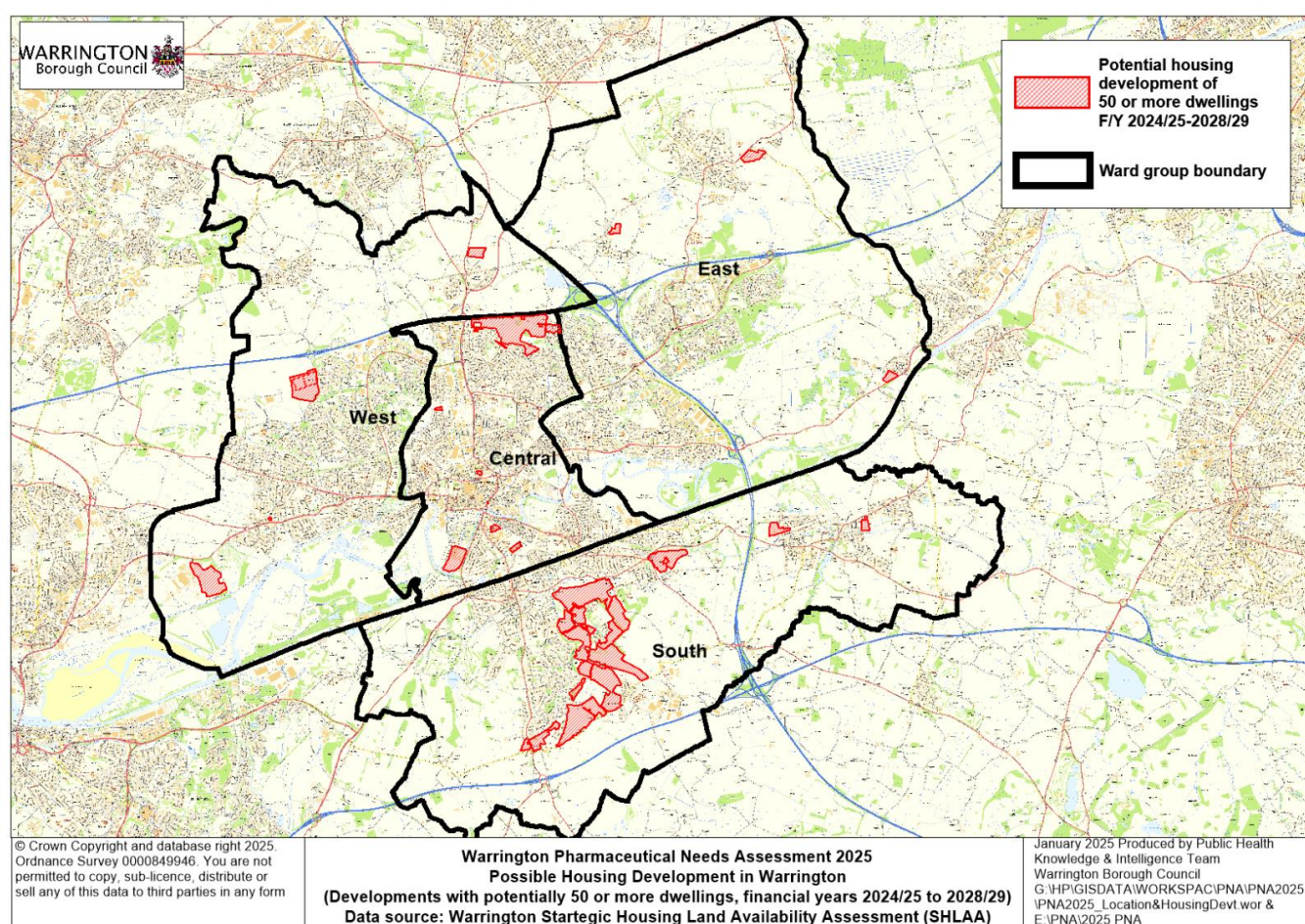
Changes in population can affect need for pharmaceutical services. Detail about potential housing development is available from the Warrington Strategic Housing Land Availability Assessment (SHLAA). The SHLAA is produced annually and makes an assessment about the likelihood that sites are suitable, available and achievable for housing development for a period of 15 years into the future.

For the purposes of this PNA, those developments that are likely to be achievable within the 5 financial years (F/Y) 2024/25 to 2028/29 have been considered. Over that time period, there could potentially be 4,290 new homes built across Warrington, spread as follows by ward group: Central (1,673), East (452), South (1,189) and West (976).

Using Warrington Council Tax data on occupied properties, in January 2025, the average household size was 2.24 people. If it were to be assumed that the new homes had the same average household size, the 4,290 new homes would house an estimated total of about 6,900 people.

Map 3 shows the distribution of all potential developments of 50+ homes. There are other smaller developments planned or underway; these are spread across the borough and difficult to visualize on a map of this scale.

Local Plan: Warrington's Local Plan provides the statutory planning framework for the entire Borough for the period 2021 to 2038. The Local Plan (known as the [Warrington Local Plan 2021/22-2038/39](#)) was adopted by the Council on the 4 December 2023.

Map 3: Proposed housing developments likely achievable between 2024/25 – 2028/29.

The following indicates the potential for existing contractors to manage an increase in demand for services. Of the 28 pharmacies that responded to the contractor survey (which was completed by contractors at some point between June and December 2024):

- 21 stated that 'We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area' (although these were unequally spread across the 4 ward groups; in Central, 3 in East, 2 in South and 2 in West).
- 5 stated that 'We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area' (1 in each of Central, East and South ward groups, and 2 in West).
- 2 stated that 'We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand'. The one in East ward group is within 200m to another pharmacy

which indicated that they do have capacity to manage an increase in demand. The one in West is within 200m of another pharmacy which indicated that they don't have capacity at present to manage an increase in demand in but could make adjustments, and it is quite close to another pharmacy which indicated they do have capacity to manage an increase in demand.

4.4 Deprivation and socio-economic factors

The English Indices of Deprivation provide data on relative deprivation for small geographical areas in Warrington and nationally. The Indices of Deprivation 2019 (ID 2019)¹⁵ are the primary measure of socio-economic deprivation for small areas or Lower layer Super Output Areas (LSOAs) in England.

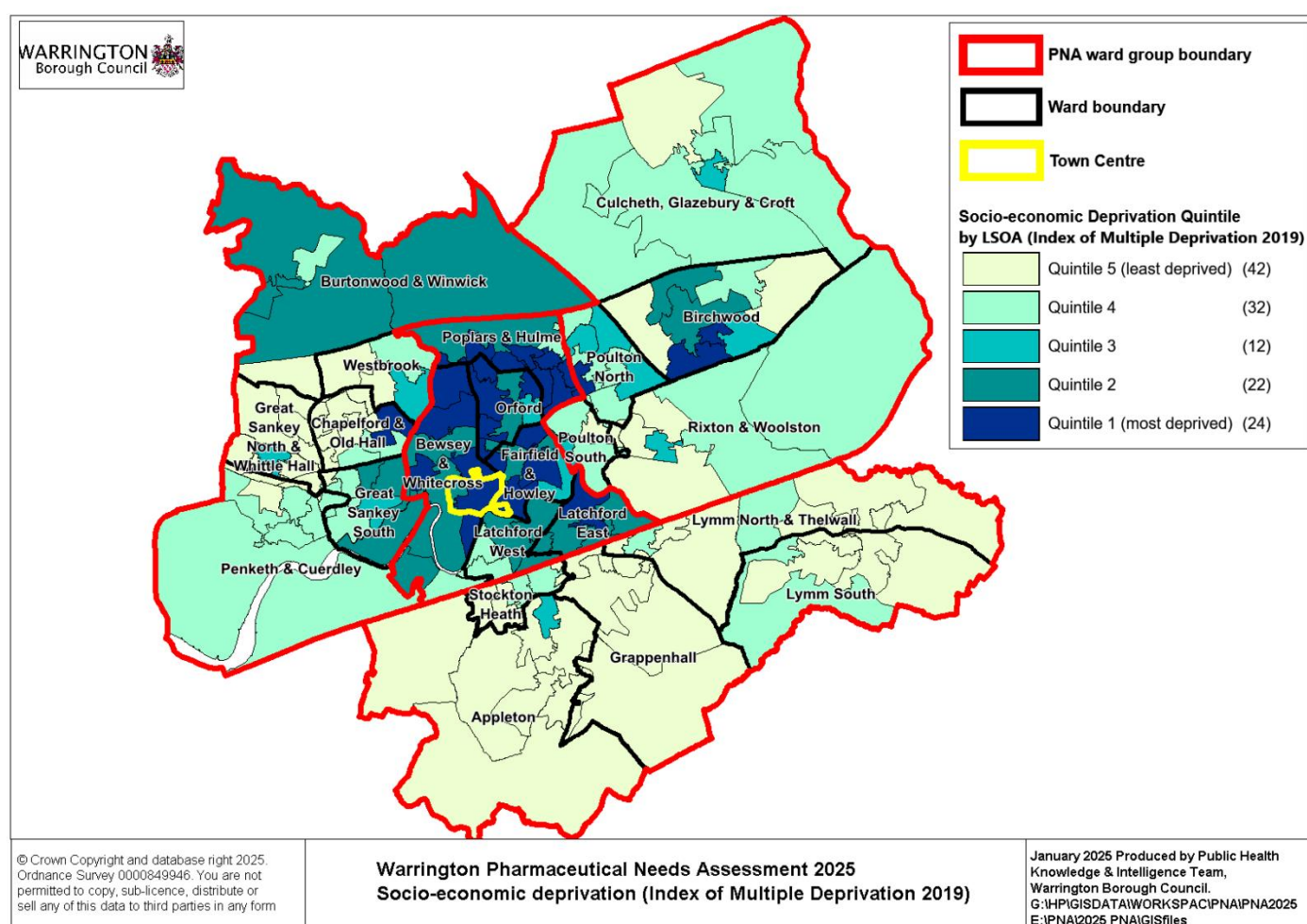
Each LSOA in England is ranked in order of deprivation and then grouped into five groups known as quintiles. LSOAs in quintile 1 are in the 20% most deprived in the country, and LSOAs in quintile 5 are in the 20% least deprived in the country. Warrington has 132 LSOAs.

The main output of the Indices of Deprivation is the Index of Multiple Deprivation (IMD) which combines measures across seven distinct aspects of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. The IMD is the most widely used output of the indices, but each domain provides insight into a particular area of deprivation.

In the IMD 2019, Warrington is ranked as the 148th (out of 317) most deprived Local Authority in England, i.e. approximately midway between the most and least deprived Local Authorities. There was little change in ranking since 2015, when it was the 147th most deprived.

As shown in Map 4, the more socio-economically deprived areas of Warrington borough tend to be located in the middle of the borough, with the outskirts being less deprived. The exceptions are areas within Birchwood ward in East Warrington and areas within Burtonwood and Winwick ward in North-West Warrington.

¹⁵ The English Indices of Deprivation 2019 were published by the Ministry of Housing, Communities & Local Government (MHCLG) in September 2019. [English indices of deprivation 2019 - GOV.UK](https://www.gov.uk/government/publications/english-indices-of-deprivation-2019)

Map 4: Socio-economic deprivation in Warrington, by deprivation quintile (IMD 2019)

In England overall, approximately 20% of the population live in each deprivation quintile. The proportions of the Warrington population by deprivation quintile are shown in Table 2, along with proportions for each ward and ward group.

In Warrington overall, around a third of the population (32%) live in the least deprived areas in England (Quintile 5), with a further 23% in Quintile 4. Almost a fifth (19%) live in the most deprived areas in England (Quintile 1), and a further fifth (19%) in Quintile 2. Only 8% live in Quintile 3.

There are wide disparities between wards and between ward groups:

- In the Central ward group, a large proportion of the population live in deprived areas; 53% live in the most deprived areas in England (Quintile 1), with a further 37% in Quintile 2. Only 4% live in Quintile 3, 7% in Quintile 4, and none in Quintile 5 (least deprived). The distribution in Latchford West is quite

different to the other Central wards, having none of its population in the most deprived areas; 60% live in Quintile 2 and 40% in Quintile 4.

- In the East ward group, 20% of the population live in the least deprived areas in England (Quintile 5), with a further 46% in Quintile 4. 19% live in Quintile 3. Only 8% live in the most deprived areas in England (Quintile 1), and 7% live in Quintile 2. The distribution in Birchwood is quite different to the other East wards; 29% of the population live in the most deprived areas in England (Quintile 1), with a further 27% in Quintile 2. 11% live in Quintile 3, 12% in Quintile 4, and 21% in Quintile 5 (least deprived). Birchwood is the only Warrington ward with areas in every deprivation quintile.
- In the South ward group, 82% of the population live in the least deprived areas in England (Quintile 5), with a further 14% in Quintile 4. The remaining 4 % live in Quintile 3. None live in the most deprived areas in England (Quintile 1), or in Quintile 2.
- The West ward group is generally more affluent, although there are a few small areas of deprivation; 42% of the population live in the least deprived areas in England (Quintile 5), with a further 30% in Quintile 4. 7% live in Quintile 3, 18% in Quintile 2, and only 2% in Quintile 1 (most deprived). Within West, Burtonwood & Winwick and Great Sankey South have more deprived areas than the other wards; neither have population in the most deprived areas (Quintile 1), but both have a large proportion of their population living in Quintile 2 (79% and 47% respectively).

Table 2: Ward population by socio-economic deprivation quintile.

The spread across deprivation quintiles of the population in each ward or ward group, is based on ONS mid-2022 populations and the Index of Multiple deprivation 2019.

	Population estimates by deprivation based on ONS mid-2022 populations and Index of Multiple deprivation 2019.	Estimated all-age population (rounded to nearest 100)	Estimated proportions of ward population by deprivation quintile				
			Quintile 1 (20% most deprived areas)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (20% least deprived areas)
CENTRAL WARDS	Bewsey & Whitecross	12,400	58%	35%	0%	6%	0%
	Fairfield & Howley	11,800	57%	33%	10%	0%	0%
	Latchford East	9,200	36%	64%	0%	0%	0%
	Latchford West	7,600	0%	60%	0%	40%	0%
	Orford	12,000	57%	31%	12%	0%	0%
	Poplars & Hulme	12,300	83%	13%	0%	4%	0%
	CENTRAL WARD GROUP	65,200	53%	37%	4%	7%	0%
EAST WARDS	Birchwood	10,500	29%	27%	11%	12%	21%
	Culcheth, Glazebury & Croft	11,500	0%	0%	12%	74%	14%
	Poulton North	9,500	8%	0%	40%	53%	0%
	Poulton South	6,600	0%	6%	15%	54%	24%
	Rixton & Woolston	9,100	0%	0%	15%	39%	46%
	EAST WARD GROUP	47,200	8%	7%	19%	46%	20%
SOUTH WARDS	Appleton	10,700	0%	0%	15%	0%	85%
	Grappenhall	7,000	0%	0%	0%	0%	100%
	Lymm North & Thelwall	11,700	0%	0%	0%	17%	83%
	Lymm South	6,400	0%	0%	0%	18%	82%
	Stockton Heath	6,700	0%	0%	0%	43%	57%
	SOUTH WARD GROUP	42,400	0%	0%	4%	14%	82%
WEST WARDS	Burtonwood & Winwick	6,200	0%	79%	0%	18%	3%
	Chapelford & Old Hall	12,100	10%	0%	0%	26%	64%
	Great Sankey North & Whittle Hall	10,600	0%	0%	13%	0%	87%
	Great Sankey South	11,500	0%	47%	13%	38%	2%
	Penketh & Cuerdley	9,800	0%	0%	0%	74%	26%
	Westbrook	6,500	0%	0%	20%	23%	57%
	WEST WARD GROUP	56,700	2%	18%	7%	30%	42%
Warrington		211,600	19%	18%	8%	23%	32%

4.5. Ethnicity

Ethnicity data is only routinely available from each Census, the most recent being in 2021¹⁶. As shown in Table 3, Warrington has a population that is less ethnically diverse than England and the North West, with 88.1% white British compared to 81.2% in the North West and 73.5% in England. However, Warrington's population has become more ethnically diverse since 2011, when 92.9% of the population gave their ethnicity as white British. Other than white British, the biggest ethnic groups in Warrington in the 2021 Census are Other White (4.6%) and Indian (1.1%).

Table 3: Ethnicity of population, Warrington, North West and England

Ethnic Group		Warrington		North West		England	
		Number	%	Number	%	Number	%
Asian or Asian British	Bangladeshi	197	0.1	60,859	0.8	629,567	1.1
	Chinese	1,326	0.6	54,051	0.7	431,165	0.8
	Indian	2,347	1.1	140,413	1.9	1,843,248	3.3
	Pakistani	1,760	0.8	303,611	4.1	1,570,285	2.8
	Other Asian	1,324	0.6	63,751	0.9	952,127	1.7
Black or Black British	African	1,075	0.5	126,608	1.7	1,468,474	2.6
	Caribbean	277	0.1	25,919	0.3	619,419	1.1
	Other Black	224	0.1	21,391	0.3	293,831	0.5
Mixed or Multiple ethnic groups	White and Asian	1,204	0.6	47,829	0.6	474,190	0.8
	White and Black African	593	0.3	30,011	0.4	241,528	0.4
	White and Black Caribbean	785	0.4	46,962	0.6	499,310	0.9
	Other Mixed or Multiple ethnic groups	753	0.4	38,443	0.5	454,350	0.8
White British	White English/Welsh, Scottish, Northern Irish or British	185,940	88.1	6,019,385	81.2	41,540,791	73.5
Other White	Irish	1,366	0.6	61,422	0.8	494,251	0.9
	Gypsy or Irish Traveller	115	0.1	5,741	0.1	64,218	0.1
	Roma	167	0.1	7,359	0.1	99,138	0.2
	Other White	9,717	4.6	253,487	3.4	3,585,003	6.3
Other	Arab	393	0.2	43,865	0.6	320,203	0.6
	Any other ethnic group	1,410	0.7	66,291	0.9	908,950	1.6
	All	210,973	100	7,417,398	100	56,490,048	100

Data source: ONS Census 2021

¹⁶ [Ethnic group - Office for National Statistics](#)

5. Health Profile of Warrington

5.1 Summary of health issues – long-term conditions (LTCs)

GP practices hold registers of patients diagnosed with many long-term conditions. As part of their contract, they report the number and percentage of patients with each condition, which is recorded in the Quality Outcomes Framework (QOF) data. As shown in Table 4, for 2023/24 both nationally and in Warrington, the conditions with higher rates are hypertension, obesity, diabetes, non-diabetic hyperglycaemia and asthma.

Table 4: Health statistics: long-term conditions (LTCs), Warrington and England.

Rate of Long-Term Condition (**Except depression shows incidence, not prevalence)	England Value (%)	Warrington Value (%)	No. patients on register at Warrington GP practices
Asthma (6+ yrs)	6.5	6.8	14,726
Atrial fibrillation (All ages)	2.2	2.4	5,591
Cancer (All ages)	3.6	3.7	8,494
Chronic Kidney Disease (18+ yrs)	4.4	3.4	6,212
Chronic Obstructive Pulmonary Disorder	1.9	1.8	4,036
Coronary Heart Disease	3	3.4	7,729
Dementia	0.8	0.9	2,023
**Depression incidence - new diagnosis (18+ yrs)	1.5	1.2	2,243
Diabetes Mellitus (17+ yrs)	7.7	7.1	13,290
Epilepsy (18+ yrs)	0.8	0.9	1,560
Heart Failure (All ages)	1.1	1.1	2,500
Hypertension	14.8	15.8	36,271
Learning Disability (All ages)	0.6	0.5	1,219
Mental Health (All ages)	0.9	0.9	2,115
Non-Diabetic Hyperglycaemia (18+ yrs)	8.2	6.1	11,185
Adult Obesity (NB new definition) (18+ yrs)	12.8	12.6	23,061
Osteoporosis (50+ yrs)	1.1	0.8	693
Palliative Care	0.5	1.2	2,844
Peripheral Arterial Disease	0.6	0.7	1,589
Rheumatoid Arthritis (16+ yrs)	0.8	0.8	1,497
Stroke and Transient Ischaemic Attack (All ages)	1.9	2.0	4,562

Ward-level health-related behaviours, long-term conditions, and emotional wellbeing

A large-scale survey of adult residents (the Warrington Health and Wellbeing Survey 2023¹⁷), covered a wide range of factors known to impact health and wellbeing. Table 5 contains ward-level results on obesity, smoking, long-term conditions and emotional wellbeing. The table shows wide variation between wards and ward groups, for example the Central ward group had a significantly higher rate, and South ward group a significantly a lower rate, than Warrington overall for obesity, smoking and low emotional wellbeing.

¹⁷ Warrington Health and Wellbeing Survey 2023. Comprehensive analysis of a large-scale survey of adult residents was undertaken by age-band, gender and socio-economic deprivation; details and five themed reports are available on the Warrington JSNA website [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](https://www.warrington.gov.uk/joint-strategic-needs-assessment-jsna/) where ward summaries of the survey are planned to be published.

Table 5: Ward-level health-related behaviours, long-term conditions, emotional wellbeing.

Cells shaded blue denote wards statistically significantly better than Warrington overall, orange denotes significantly worse, and unshaded cells are not significantly different.

Ward, ward group, and number of pharmacies (excluding distance-selling)		Health-Related Behaviours			Long-term Conditions (self-reported)			Emotional Wellbeing
		Obesity prevalence (incl severely obese)	Severe obesity prevalence	Smoking Prevalence	Has at least 1 long-term condition	Has 3 or more long-term conditions	Long-standing illness, disability or infirmity that limits activity a lot	Low emotional wellbeing (WEMWBS)
CENTRAL WARDS	Bewsey & Whitecross	29%	6%	14%	47%	11%	12%	41%
	Fairfield & Howley	30%	5%	9%	58%	14%	13%	31%
	Latchford East	29%	6%	11%	56%	12%	12%	32%
	Latchford West	25%	3%	9%	62%	15%	10%	36%
	Orford	26%	3%	9%	58%	13%	12%	42%
	Poplars & Hulme	41%	9%	16%	59%	16%	18%	41%
CENTRAL (17 pharmacies, including 5 in town centre)		30%	5%	11%	56%	13%	13%	37%
EAST WARDS	Birchwood	35%	9%	9%	59%	16%	11%	40%
	Culcheth, Glazebury & Croft	20%	4%	3%	59%	14%	9%	26%
	Poulton North	27%	5%	8%	64%	21%	13%	25%
	Poulton South	26%	2%	7%	57%	12%	10%	27%
	Rixton & Woolston	20%	2%	7%	54%	12%	11%	34%
EAST (6 pharmacies)		26%	5%	7%	59%	15%	11%	31%
SOUTH WARDS	Appleton	17%	2%	4%	55%	12%	8%	25%
	Grappenhall	13%	1%	3%	52%	10%	10%	21%
	Lymm North & Thelwall	18%	2%	3%	61%	10%	6%	23%
	Lymm South	16%	0%	4%	51%	10%	9%	29%
	Stockton Heath	16%	2%	3%	56%	10%	9%	21%
SOUTH (8 pharmacies)		16%	1%	3%	56%	11%	8%	24%
WEST WARDS	Burtonwood & Winwick	34%	7%	6%	65%	17%	13%	25%
	Chapelford & Old Hall	25%	2%	7%	48%	10%	8%	25%
	Great Sankey North & Whittle Hall	22%	3%	3%	54%	11%	7%	27%
	Great Sankey South	37%	8%	8%	59%	14%	12%	28%
	Penketh & Cuerdley	30%	2%	3%	66%	14%	12%	27%
	Westbrook	25%	2%	3%	52%	10%	9%	27%
WEST (8 pharmacies)		28%	4%	5%	56%	12%	10%	27%
Warrington (39 community pharmacies)		26%	4%	7%	57%	13%	11%	30%
Data source: Warrington Health and Wellbeing Survey 2023 www.warrington.gov.uk/jsna								

Use of pharmacies for health advice, minor ailments, and immediate medical attention

The Warrington Health and Wellbeing Survey 2023¹⁸ asked respondents about their use of a range of health services, including pharmacies.

- When asked 'In the last 12 months, have you used any of the following options to access health services or advice/information', 59% said 'a pharmacy'.
- When asked 'In the last 12 months, thinking about occasions when you or a member of your family have needed advice for a minor ailment, e.g. cold, sore throat, upset stomach, where have you gone for advice', 54% said 'a pharmacy'.
- When asked 'In the last 12 months, have you done any of the following to seek immediate medical attention for you or someone close to you', 41% said a pharmacy.

5.2. Populations with Protected Characteristics

There is widespread evidence to demonstrate that some communities, such as people from ethnic minority groups and people from lesbian, gay, bisexual and transgender (LGBT) communities, can experience worse health outcomes¹⁹. Other groups, such as refugees and asylum seekers and disabled people may face barriers to accessing health and social care services as well as support services to move into good employment. This can have an impact on their health and wellbeing²⁰.

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

5.2.1. Age

Population

See Table 1 in section 4.2.1 for detailed breakdown by ward.

- Aged 0-17: 43,468 (20.5% of total population)
- Aged 18-64: 126,997 (60.0% of total population)
- Aged 65-74: 21,099 (10.0% of total population)
- Aged 75+: 20,016 (9.5% of total population)
- Total population 211,580 (ONS 2022 mid-year population estimates)

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

Health issues for children and young people:

In 2023/24, almost one in 10 (9.5%) of Reception children (aged 4/5) and more than one in 5 (21.8%) of Year 6 children (aged 10/11) living in Warrington were classed as obese²¹. These rates are similar to the England rates of 9.6% and 22.1% respectively.

¹⁸ 'Warrington Health and Wellbeing Survey 2023: Access to Health Services' full report, available at [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](#)

¹⁹ Government Equalities Office. "LGBT action plan 2018: Improving the lives of lesbian, gay, bisexual and transgender people." (2018).

²⁰ Asif, Zara, and Hanna Kienzler. "Structural barriers to refugee, asylum seeker and undocumented migrant healthcare access. Perceptions of Doctors of the World caseworkers in the UK." SSM-Mental Health 2 (2022): 100088.

²¹ Fingertips Public Health Profiles, [Obesity Profile | Fingertips | Department of Health and Social Care](#)

National evidence suggests that:

- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment. Young mothers are among the groups least likely to breast feed²².
- More than eight out of 10 adults who have ever smoked regularly started before the age of 19²³.
- Eight out of 10 obese teenagers go on to become obese adults²⁴.
- Young people (aged 15-24) experience the highest diagnosis rates of the most common sexually transmitted infections (STIs)²⁵, and this reflects the higher rates of partner change among this age group. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies²⁶.
- Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police and the voluntary sector²⁷.

Health issues for older people (65+):

National evidence suggests that:

- The proportion of the population with long-term conditions increases with age²⁸.
- A high proportion of people aged 65+ live alone and this percentage increases with age. This can lead to loneliness and social isolation²³.
- Older people are more likely to be digitally excluded compared to younger age groups²³. As more services transition to online platforms, this group is at higher risk of exclusion from services. One response to the pharmacy contractor survey highlighted the challenge of digital exclusion for older people.
- Older people are less likely to smoke or drink alcohol to riskier levels. They are less likely to take drugs although the age of people in alcohol & substance misuse services is increasing²⁹.

Two responses to the contractor survey explored the issues pharmacies face in meeting the needs of some older patients and patients with disabilities. These contractors felt that pharmacies could better meet the needs of patients if they had more resources and could work more collaboratively with other health and social care professionals.

²² Office for Health Improvement & Disparities. "Breastfeeding at 6 to 8 Weeks: A Comparison of Methods." GOV.UK, 7 Sept. 2023, www.gov.uk/government/publications/breastfeeding-at-6-to-8-weeks-comparison-of-nhs-england-and-ohid-data/breastfeeding-at-6-to-8-weeks-a-comparison-of-methods

²³ Department of Health and Social Care. "Stopping the Start: Our New Plan to Create a Smokefree Generation." GOV.UK, 2023, www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation/stopping-the-start-our-new-plan-to-create-a-smokefree-generation.

²⁴ NHS Digital. (2022). Health Survey for England 2022, Part 2: Children's Overweight and Obesity. NHS Digital. Available at: [Children's overweight and obesity - NHS England Digital](https://www.nhs.uk/health-survey-for-england/2022/part-2-childrens-overweight-and-obesity)

²⁵ [Sexually transmitted infections and screening for chlamydia in England: 2023 report - GOV.UK](https://www.gov.uk/government/publications/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2023-report)

²⁶ Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

²⁷ Faculty of Public Health. (2020). Faculty of Public Health response to consultation on alcohol harm reduction strategy for England 2019 to 2024. [fph-alcohol-harm-consultation-response-february-2020.pdf](https://www.fph.org.uk/wp-content/uploads/2020/02/fph-alcohol-harm-consultation-response-february-2020.pdf)

²⁸ Office for National Statistics. (2025). Future of an Ageing Population. [future-of-an-ageing-population.pdf](https://www.ons.gov.uk/peoplepopulationandcommunity/ageing/futureofanageingpopulation)

²⁹ NIDA. 2020, July 9. Substance Use in Older Adults DrugFacts. Retrieved from [Substance Use in Older Adults DrugFacts | National Institute on Drug Abuse \(NIDA\)](https://www.nida.nih.gov/publications/substance-use-in-older-adults) on 2025, March 16

5.2.2. Sex

Population: 106,967 (50.6%) female and 104,613 (49.4%) male (ONS 2022 mid-year population estimates).

Health issues

Overall life expectancy (LE), healthy life expectancy (HLE) and life expectancy at 65 are lower for Warrington residents than the England average. Male LE for all these measures is lower than females. Internal variation, i.e. at Warrington deprivation decile and electoral ward level, is higher for men than for women.

National evidence suggests that:

- Men tend to use health services less than women and present later with diseases than women do³⁰. Consumer research by the Department of Health and Social Care into the use of pharmacies in 2009³¹ showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men, and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke³².
- The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese³³.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men³⁴. Suicide is more common in men as are all forms of substance abuse³⁵.
- Alcohol disorders are twice as common in men although binge drinking is increasing at a faster rate among young women³⁰. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time cancer morbidity and mortality rates are reducing more quickly for men than women³⁶.
- Victims of domestic violence are at high risk of serious injury or death. The majority are female³⁷.

5.2.3. Disability

There were two questions on disability in the 2021 Census:

³⁰ www.menshealthforum.org.uk/key-data-understanding-health-and-access-services

³¹ Pharmacy Consumer Research (2009) Pharmacy usage and communications mapping, Executive Summary

³² Gao, Zujie, et al. "Gender differences in cardiovascular disease." *Medicine in Novel Technology and Devices* 4 (2019): 100025.

³³ Muscogiuri, G et al. "Obesity: a gender-view." *Journal of endocrinological investigation* vol. 47,2 (2024): 299-306. doi:10.1007/s40618-023-02196-z

³⁴ Baker, Carl, and Esme Kirk-Wade. "Mental Health Statistics for England: Prevalence, Services and Funding." *Parliament.uk*, House of Commons Library, 1 Mar. 2024,

³⁵ Policarpo Zambon, Nicolas. Statistics on Alcohol: England. 28 July 2021

³⁶ Cancer Research UK, [Cancer mortality statistics | Cancer Research UK](#) Accessed: 03/2025

³⁷ Office for National Statistics (ONS). (2023a). *Domestic abuse prevalence and victim characteristics, England and Wales: year ending March 2023*. [Published online](#): ONS

- ‘Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?’ (Yes/No).
- People who chose ‘Yes’ to the above question were then asked, ‘Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?’, with possible responses of ‘Yes, a lot’, ‘Yes, a little’, and ‘Not at all’.

People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010)³⁸.

Population

In the 2021 Census, in Warrington 37,266 out of 210,974 (17.7%) people said they were disabled under the Equality Act 2010; 21,175 (10.0%) said it limited their day-to-day activities a little, and 16,091 (7.6%) said it limited their day-to-day activities a lot (see Table 6).

Table 6: Disability in Warrington, Census 2021

Disability in 2021 Census	Number	%
Disabled under the Equality Act: Day-to-day activities limited a lot	16,091	7.6%
Disabled under the Equality Act: Day-to-day activities limited a little	21,175	10.0%
Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited	15,575	7.4%
Not disabled under the Equality Act: No long-term physical or mental health conditions	158,133	75.0%
Total	210,974	

In order to compare geographical areas, the census data is age standardised. Warrington was similar to England, but had a lower proportion than the North West of people who were disabled under the Equality Act (for activities limited a lot and activities limited a little):

- Disabled under the Equality Act: Day-to-day activities limited a lot: Warrington (7.7%), similar to England (7.5%) but lower than the North West (9.1%).
- Disabled under the Equality Act: Day-to-day activities limited a little: Warrington (10.1%), similar to England (7.5%) and lower than the North West (10.7%).
- Not disabled under the Equality Act: Warrington (82.2%), slightly lower than England (82.3%) but higher than the North West (80.2%).

The 2023/24 GP Quality Outcomes Framework (QOF) register shows that across all 26 GP practices in Warrington; there were 1,162 people with a learning disability (LD) known to their practice. This is a rate of 0.51%, compared to 0.58% in Cheshire & Merseyside ICB, 0.60% in the North West, and 0.58% England³⁹.

Health issues

National evidence suggests that:

- There is a strong relationship between physical and mental ill health. Being physically disabled can increase a person’s chances of poor mental health.
- Co-morbidity of disabling conditions can occur.

³⁸ [Disability variable: Census 2021 - Office for National Statistics](#)

³⁹ [Quality and Outcomes Framework, 2023-24 - NHS England Digital](#)

- People with Learning Disabilities (LD) are living longer and as a result the number of older people with a LD is increasing. The 2022 Learning Disabilities Mortality Review (LeDeR) reported that 60% of individuals with LD die before the age of 65, compared to 10% in the general population⁴⁰. However, life expectancy for people with LD has increased over the last 70 years. Older people with LD need more to remain active and healthy for as long as possible.
- Despite this, data from NHS Digital suggests people with learning disabilities still have a 4-5 times higher mortality rate than those without LD.
- Data by PHE suggests those with severe mental illness (SMI) have 3-5 times higher premature (aged under 75 years) mortality rates compared to those without SMI. This is driven by higher mortality from cardiovascular disease, cancers and respiratory disease. One other feature is lower cancer screening uptake rates amongst people with SMI⁴¹.
- Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community⁴².
- Two responses to the contractor survey explored the issues pharmacies face in meeting the needs of some older patients and patients with disabilities. These contractors felt that pharmacies could better meet the needs of patients if they had more resources and could work more collaboratively with other health and social care professionals.

5.2.4. Pregnancy and maternity

Population

- In 2022 there were 1,914 live births in Warrington⁴³.
- The number of women of childbearing age (using the ONS definition of 15-44 years and ONS mid-2022 populations) is much higher in the Central ward group (13,903) compared to the East (7,356), South (6,359) and West (10,011) ward groups.

⁴⁰ [Learning from Lives and Deaths - people with a learning disability and autistic people \(LeDeR\) | King's College London](#)

⁴¹ Public Health England. (2020). [Severe mental illness \(SMI\): inequalities in cancer screening uptake report - GOV.UK](#)

⁴² Disability Rights Commission. (2006). *Equal Treatment: Closing the Gap*. [disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/DRC-Health-FI-main.pdf](#)

⁴³ [Births in England and Wales: summary tables - Office for National Statistics](#)

Health issues

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

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

5.2.5. Race

Population

Ethnicity data is only routinely available from each Census, the most recent being in 2021⁴⁴. Warrington has a population that is less ethnically diverse than England and the North West, with 88.1% white British compared to 81.2% in the North West and 73.5% in England. However, Warrington's population has become more ethnically diverse since 2011, when 92.9% of the population gave their ethnicity as white British. Other than white British, the biggest ethnic groups in Warrington in the 2021 Census are Other White (4.6%) and Indian (1.1%). See Section 4.5 for a more detailed breakdown of Warrington's population by ethnicity.

Health issues

National evidence suggests that:

- Although all ethnic groups broadly experience the same range of illnesses and diseases, evidence suggests that some health conditions are more prevalent in certain ethnic minority groups. For example, there are ethnic differences in health in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus (HIV), tuberculosis and diabetes⁴⁵.
- An increase in the number of older people from ethnic minority groups is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Studies suggest that ethnic minority patients often encounter barriers when accessing healthcare services, including language differences, cultural misunderstandings, and institutional biases, potentially leading to disparities in care.⁴⁶ Evidence points to structural racism contributing to poorer health outcomes among ethnic minority populations, with instances of discrimination and harassment within healthcare settings, which can deter individuals from seeking necessary care⁴⁷.

Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues,

⁴⁴ [Ethnic group - Office for National Statistics](#)

⁴⁵ NHS Race and Health Observatory. (2021). *Ethnic inequalities in health and care*. www.nhs.uk/rho/wp-content/uploads/2023/05/Ethnic-Health-Inequalities-Kings-Fund-Report.pdf

⁴⁶ National Institute for Health Research. (2020). *A perspective on health inequalities in BAME communities and how research can help*. pmc.ncbi.nlm.nih.gov/articles/PMC8004339/

⁴⁷ - Iacobucci, G. (2022) *The BMJ*, 378, o2337. www.bmj.com/content/378/bmj.o2337

substance, misuse and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions⁴⁸.

Refugees and asylum seekers

- Asylum seekers are one of the most vulnerable groups within society often with complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health, some can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network⁴⁹.
- Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals⁵⁰.

5.2.6. Religion and belief

Population

The following lists the percentage of the Warrington population by religion in the 2021 Census: Christian 56.7%, Muslim 1.7%, Hindu 0.7%, Buddhist 0.3%, Sikh 0.2%, Jewish 0.1%, Other religion 0.4%, No religion 34.6%, and Religion not stated 5.2%.

Health issues

- There is evidence that religion is a protective factor for both physical and mental health.⁵¹
- For some members of some religious groups and belief systems, religion/belief may inform choice of medication.

5.2.7. Legal partnership status

Population

The following lists the percentage of the Warrington population aged 16+, by marital status in the 2021 Census:

- Married or in a civil partnership – 46.9%.
- Never married and never registered in a civil partnership – 34.9%.
- Divorced or formerly in a civil partnership – 9.6%.
- Widowed or surviving partner from a civil partnership - 6.6%.
- Separated, but still legally married or still legally in a civil partnership – 2.0%.

Health issues

- Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect.⁵²

⁴⁸ [Briefing Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf](#)

⁴⁹ Stewart, M., et al. (2020). "Health needs of asylum seekers in the UK: A systematic review." BMJ Open.

⁵⁰ Sakellariou, D., et al. (2019). "Mental health in migrant populations: A review of evidence and recommendations for care." International Journal of Social Psychiatry.

⁵¹ [Religion and health in England and Wales - Office for National Statistics](#) (accessed 4 March 2025)

⁵² Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality Maturitas. 2012 Dec; 73(4): 295–299

- A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership.⁵³

5.2.8. Sexual orientation

Population

The following lists the percentage of the Warrington population by sexual orientation in the 2021 Census: 91.79% straight or heterosexual, 1.31% gay or lesbian, 0.99% bisexual, 0.23% all other sexual orientation, and 5.69% not answered.

Health issues

Attitudes toward the communities may have an impact on some key health concerns including sexual and mental health. For example, national research from Stonewall⁵⁴ in 2018 suggests that:

- Half of LGBT people (52%) said they had experienced depression in the last year and 61% said they had experienced anxiety in the last year.
- One in eight (13%) LGBT people aged 18-24 said they had attempted to take their own life in the last year.
- Almost half (46%) of transgender people have thought about taking their own life in the last year, as did 31% of LGB people who aren't transgender.
- 41% of non-binary people said they had harmed themselves in the last year, compared to 20% of LGBT women and 12% of GBT men.
- One in six LGBT people (16%) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13%) said they took drugs at least once a month.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they are LGBT.
- Almost one in four LGBT people (23%) had witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, 6% of LGBT people, including 20% of trans people, had witnessed these remarks.
- One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This rises to 40% of bi men and 29% of bi women.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they are LGBT.

5.2.9. Gender re-assignment

Population

According to the 2021 census, 95.13% of respondents reported that their gender identity aligned with the sex they were assigned at birth. 4.48% did not answer the question. 0.08% indicated that their gender identity

⁵³ Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK European Journal of Public Health, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, [Association between marital status and mental health among cohabitating same-sex couples in the UK | European Journal of Public Health | Oxford Academic](#)

⁵⁴ [LGBT in Britain - Health \(2018\) | Stonewall](#)

differed from the sex registered at birth, but did not specify a particular identity, 0.08% identified as a trans woman, 0.09% as a trans man, 0.03% as non-binary, and 0.02% identified with other gender identities.

Health issues

National research from Stonewall⁵⁵ in 2018 suggests that, of transgender respondents to their survey:

- Two thirds (67%) said they had experienced depression in the last year, and 71% said they had experienced anxiety in the last year.
- One in eight (12%) said they had attempted to take their own life in the last year, and almost half (46%) said they have thought about taking their own life in the last year.
- More than a third (33%) said they had harmed themselves in the last year.
- A third (32%) said they had experienced some form of unequal treatment from healthcare staff because they are transgender.
- In the last year alone, 20% had witnessed discriminatory or negative remarks against LGBT people by healthcare staff.
- Two in five (40%) said they had experienced difficulty accessing healthcare due to being LGBT, and one in 6 (16%) had been refused care by a healthcare service due to being LGBT.
- More than a third (37%) said they had avoided treatment for fear of discrimination due to being LGBT.
- Three in five (62 per cent) said they had experienced a lack of understanding of specific transgender health needs by healthcare staff; 41 per cent had experienced this in the last year.
- One in five (20%) had been pressured to access services to suppress their gender identity when accessing healthcare services.
- One in five (19%) were not out to anyone about their gender identity when seeking medical care.

5.3. Health & Wellbeing Board Priorities

The Joint Strategic Needs Assessment (JSNA) has been used to inform leaders and commissioning decisions about the health and wellbeing needs of the borough, as well as the wider determinants that impact on these issues.

The Warrington Health and Wellbeing Strategy 2024-2028 ([Health and Wellbeing Strategy 2024-28 Summary | warrington.gov.uk](#)) set out three core outcomes, with the aim that Warrington will be a place where:

1. Starting Well: children are given the best start in life and can fulfil their potential.
2. Staying Well: adults can work and live fulfilling lives, in a vibrant and healthy borough.
3. Ageing Well: older people enjoy a healthy, independent and fulfilling old age, feeling safe and connected within their communities.

These outcomes are supported by eight priorities and twelve ambitions. Outcomes are monitored using a series of indicators. These demonstrate that whilst most residents live happy, healthy and fulfilling lives there are a number of challenges, specifically around female life expectancy at birth, self-harm among young people, and premature mortality in adults with serious mental illness (SMI).

A summary of the broad contribution of community pharmacy to these three HWB core outcomes is given in Section 8.2.

⁵⁵ [LGBT in Britain - Health \(2018\) | Stonewall](#)

Pharmaceutical Needs Assessment

PART 3: CURRENT SERVICE PROVISION: ACCESS; PRESCRIBING; ADVANCED AND LOCALLY COMMISSIONED SERVICES

6. Pharmacy Premises

6.1 Pharmacy providers

6.1.1 Community Pharmacy Contractors

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

Warrington has 40 “pharmacy contractors” who between them operate out of a total of 39 community pharmacy premises, plus 1 distance selling (internet) pharmacy. Warrington HWB has been fortunate to have had no reduction in the number of pharmacies since the 2022-2025 PNA (although several have been sold to new owners), and in fact one new pharmacy has opened. This is contrary to the picture nationally.

Based on the number of pharmacies on 1 January 2025, Warrington⁵⁶ has more pharmacies per head of population than England (17.3 vs 16.4 per 100,000 population), but fewer than Cheshire & Merseyside (23.5 per 100,000). However, these ratios do not consider the size and staffing of pharmacies which will determine the size of the population they are able to serve.

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

There are 2 types of pharmacy contract – Most pharmacies must open for 40 core contractual hours (this includes Distance Selling Premises (DSP) pharmacies). The timing of these 40 hours is agreed at the start of the contract agreement and rarely gets changed (there is a process to do so but it is difficult and complex).

Some pharmacies must open between 72-100 core contractual hours (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test which allowed them to open without an identified or declared need in the market). From 25 May 2023, what were previously known as 100-hour pharmacies may apply to reduce the total weekly core opening hours to not less than 72 (with some restrictions to protect key hours). All pharmacies may open for additional supplementary hours via a notification process to the commissioner.

Most 100-hour pharmacies did reduce their hours to survive the funding challenges within the Community Pharmacy Contractual Framework. These hours were the times where the pharmacies were not in high demand, hence those being chosen for reduction. This has been the case in Warrington with all but one of the five previously 100-hour pharmacy reducing their hours to between 72 and 84.5 (see Appendix 2 for details).

Full details of each pharmacy opening can be found in Appendix 2. In Warrington there are:

- 34 delivering a minimum of 40 hours service per week.
- 5 delivering between 72- and 100-hours service per week.
- 1 providing services via the internet or ‘distance selling’.

⁵⁶ This calculation includes the one distance selling pharmacy in Warrington, in order to compare with England, because it is not possible to distinguish distance selling pharmacies from community pharmacies in the national list of contractors.

6.1.2. Dispensing Doctors

Dispensing doctor's services consist mainly of dispensing for those patients on their "dispensing list" who live in more remote rural areas. There are strict regulations which stipulate when and to whom doctors can dispense. Warrington has 1 dispensing doctor practice: Stretton Medical Centre in South ward group.

6.1.3. Appliance Contractors

These cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Warrington does not have any appliance contractor physically located within its area, but Warrington patients can access services from appliance contractors registered in other areas, or from distance selling from appliance contractors registered throughout the country.

6.1.4. Local Pharmaceutical Services (LPS)

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

6.1.5. Acute Hospital Pharmacy Services

There is one acute hospital trust within Warrington, namely Warrington and Halton Hospitals NHS Foundation Trust. The main responsibility of hospital trust pharmacy departments is to dispense medications for use on the hospital wards for in-patients and during the outpatient clinics.

6.1.6. Mental Health Pharmacy Services

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

6.1.7. GP Out of Hours Services and Urgent Care Centres

Since 1 April 2021 there is now one provider (PrimaryCare:24, PC24) for all areas across Merseyside and this supports a more consistent and efficient service for patients. The provider covers Halton, Knowsley, Liverpool, a number of practices in St Helens, South Sefton, Southport & Formby and Warrington, serving a patient population of just over 1.3 million. The only PC24 location within Warrington is Bath Street in the town centre, but Warrington residents can access the service at any PC24 location that is convenient to them. The nearest location outside Warrington is in Runcorn hospital. All patients received into the service are triaged by a GP over the phone prior to a decision being made regarding the medical care they may require. This consultation may result in a face-to-face consultation or a home visit from one of their GPs. During normal pharmacy opening hours, patients who subsequently require a medicine are provided with a prescription that is usually sent electronically to a local community pharmacy. During evenings and part of the weekends, when pharmacy services may be more limited, patients may be provided with pre-packaged short courses of medication directly or a prescription may need to be sent to a pharmacy outside of the local area i.e. outside

of Warrington. By default, this service operates a limited formulary and tends to provide medications needed for immediate, acute use. The service also visits patients within their own homes if necessary.

There are two Urgent Treatment Centres (UTC) in Widnes and Runcorn (Halton) that can see any patients (including Warrington residents) for urgent injuries or illnesses and will provide access to any medication deemed necessary as a result. Access to medication will be via a Patient Group Direction, Patient Specific Direction or via a prescription to take to their local pharmacy. This will depend on the nature of the problem and the medication required.

Consideration is given to the availability of pharmacy services in the out of hours period, at weekends and bank holidays to ensure patients do not experience undue delay in accessing urgent treatment.

The Widnes UTC is located at the Health Care Resource Centre, Caldwell Road off Ashley Way. The Runcorn UTC is located on Hospital Way at the Halton site of Warrington and Halton Hospitals NHS Foundation Trust. Both are open 8am to 9pm 7 days a week, including public holidays.

6.1.8. Bordering Services / Neighbouring Providers

The population of Warrington can access services from pharmaceutical providers located outside the local authority's boundary. When hearing pharmacy contract applications or making local service commissioning decisions, the accessibility of services close to the borders needs to be considered. For further information on such services please refer to the relevant neighbouring Health and Wellbeing Board's PNA. Seven HWBs border Warrington: Cheshire East, Cheshire West, Halton, St. Helens, Salford, Trafford and Wigan.

6.1.9 Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Assurance Framework

The ICB area team requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All pharmacies providing NHS services are included within a programme of assurance framework monitoring visits. The delivery of any locally commissioned services is scrutinised by the commissioner of each of the services under separate arrangements. As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the ICB team adopts when carrying out the Community Pharmacy Assurance Framework Monitoring visits for essential and advanced services.

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

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

In addition to the structured process outlined above, the ICB team will also consider findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standard of an individual pharmacist is found to fall below the expected level, the ICB team will work with the relevant professional

regulatory body, such as the General Pharmaceutical Council, to ensure appropriate steps are taken to protect the public.

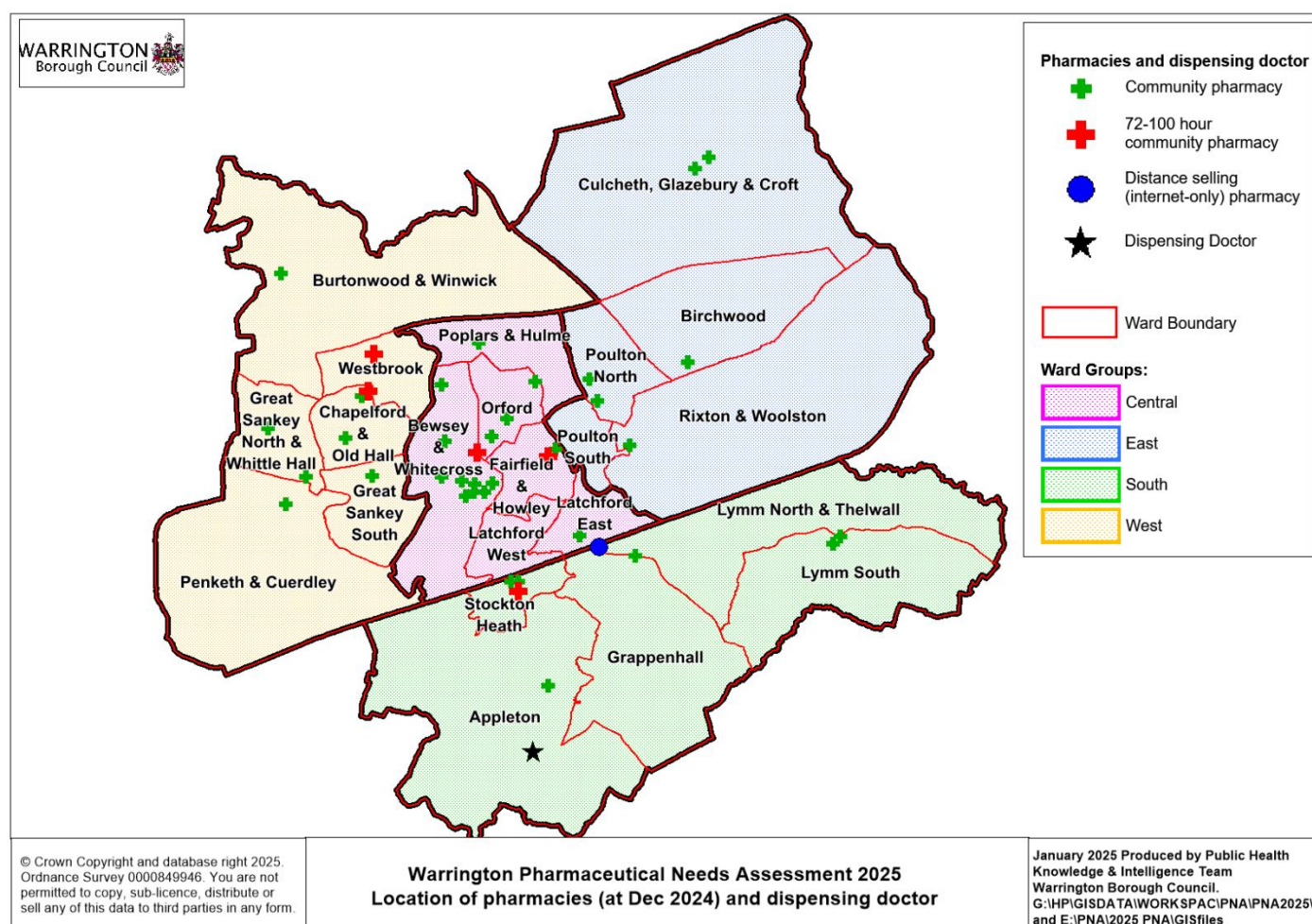
6.1.10 Merseyside & Region Stoma Service (MARSS)

This is an NHS service run by a team of specialist stoma care nurses and personal stoma advisors. The new service means that GP practices will no longer issue prescriptions for stoma products such as stoma bags, base plates, adhesive remover and instead these prescriptions will be issued by the MARSS. For Warrington patients it manages the prescribing of stoma products.

6.2. Pharmacy locations and level of provision

At the end of December 2024, there were 39 community pharmacies in Warrington and one distance-selling (internet) pharmacy, giving a total of 40 pharmacies in Warrington⁵⁷. As of the 1 January 2025, the registered population⁵⁸ at Warrington GP practices was 230,829, giving an average of one pharmacy per **5,771** registered patients. For comparison, England had 10,430 community and distance-selling pharmacies, and a GP registered population of 63,724,968, giving an average of one pharmacy per **6,110** registered patients. See Map 5 and Appendix 2 for a full list of community pharmacies in Warrington.

Map 5: Location of pharmacies in Warrington.



There are 17 community pharmacies in the Central ward group (including 5 in the town centre), 6 in the East ward group, 8 in the South ward group and 8 in the West ward group. In addition, there is a distance-selling (internet) pharmacy located in the South ward group.

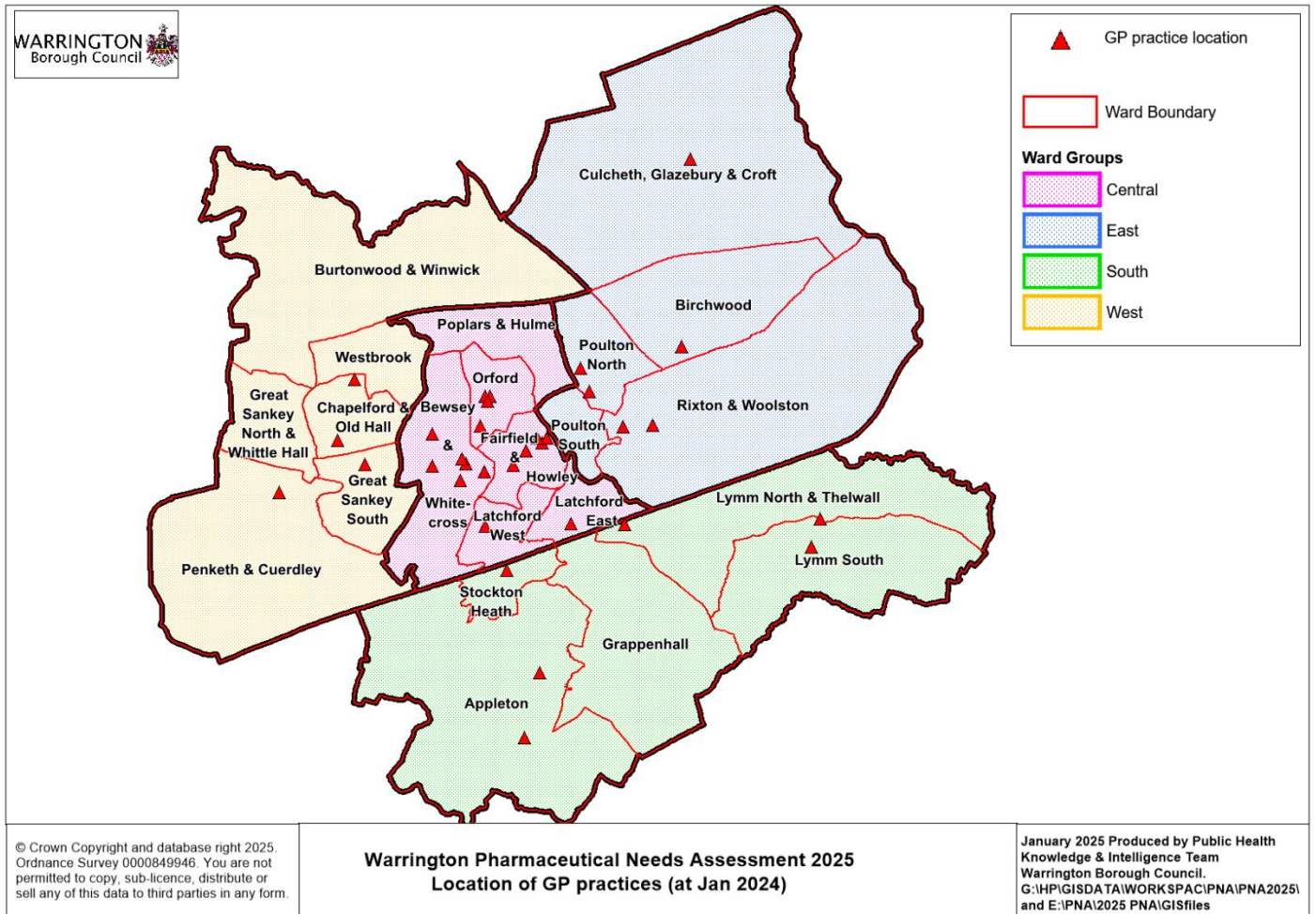
⁵⁷ This calculation includes the one distance selling pharmacy in Warrington, in order to compare with England, because it is not possible to distinguish distance selling pharmacies from community pharmacies in the national list of contractors. Consolidated Pharmaceutical List - 2024-25 Quarter 3, available at opendata.nhsbsa.net/dataset/consolidated-pharmaceutical-list This excludes DACs and LPS.

⁵⁸ Patients Registered at a GP Practice, 1 January 2025, available via the interactive dashboard at [Patients Registered at a GP Practice, January 2025. - NHS England Digital](#)

GP Practices

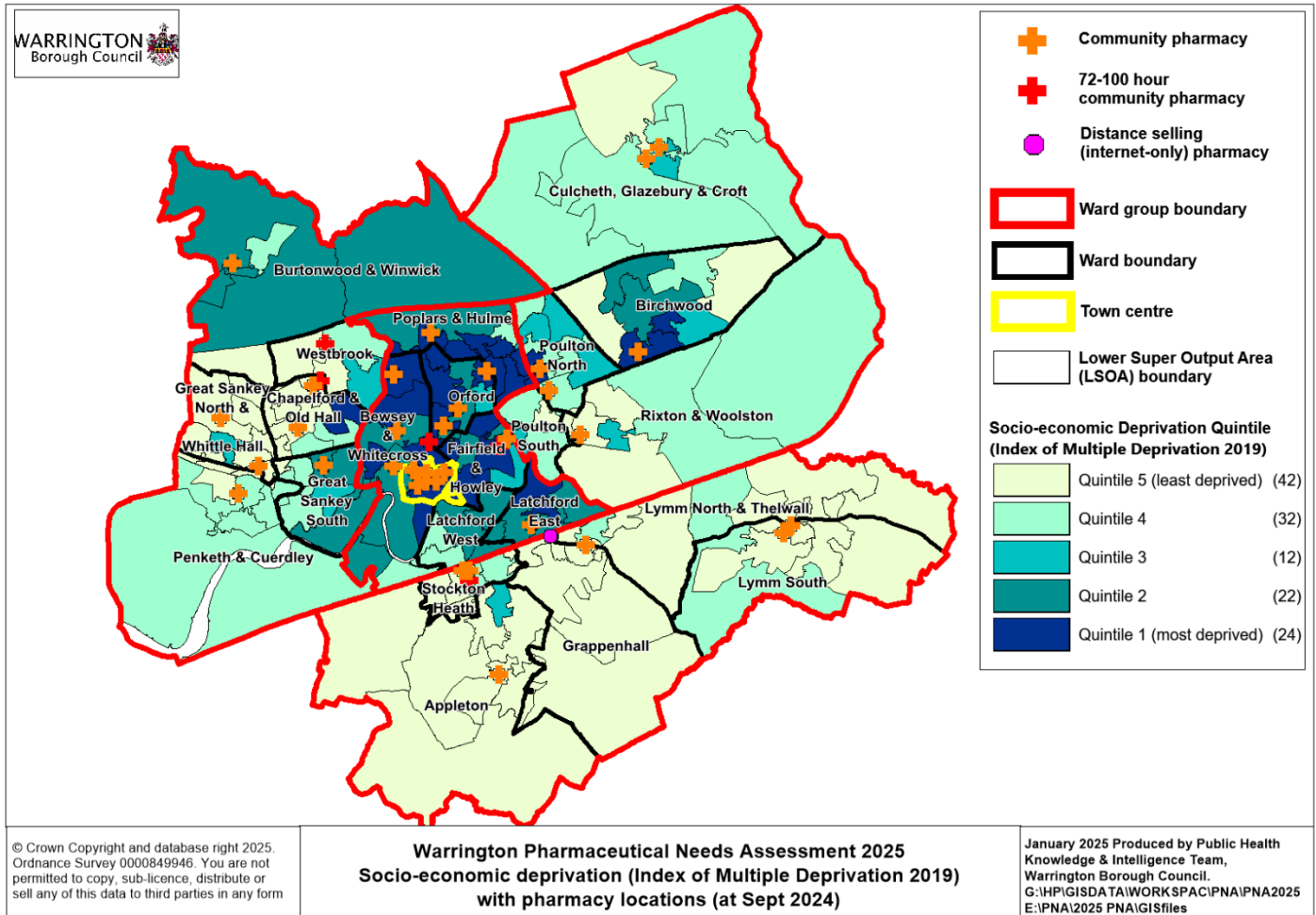
On maps of this scale, it is not feasible to plot the locations of GP practices as well as pharmacies. Map 6 shows the location of the 26 GP practices in Warrington (including 7 branch surgeries), most of which are located very close to a pharmacy. Burtonwood is the only ward with no GP practice, but it does have a pharmacy.

Map 6: Location of GP practices in Warrington



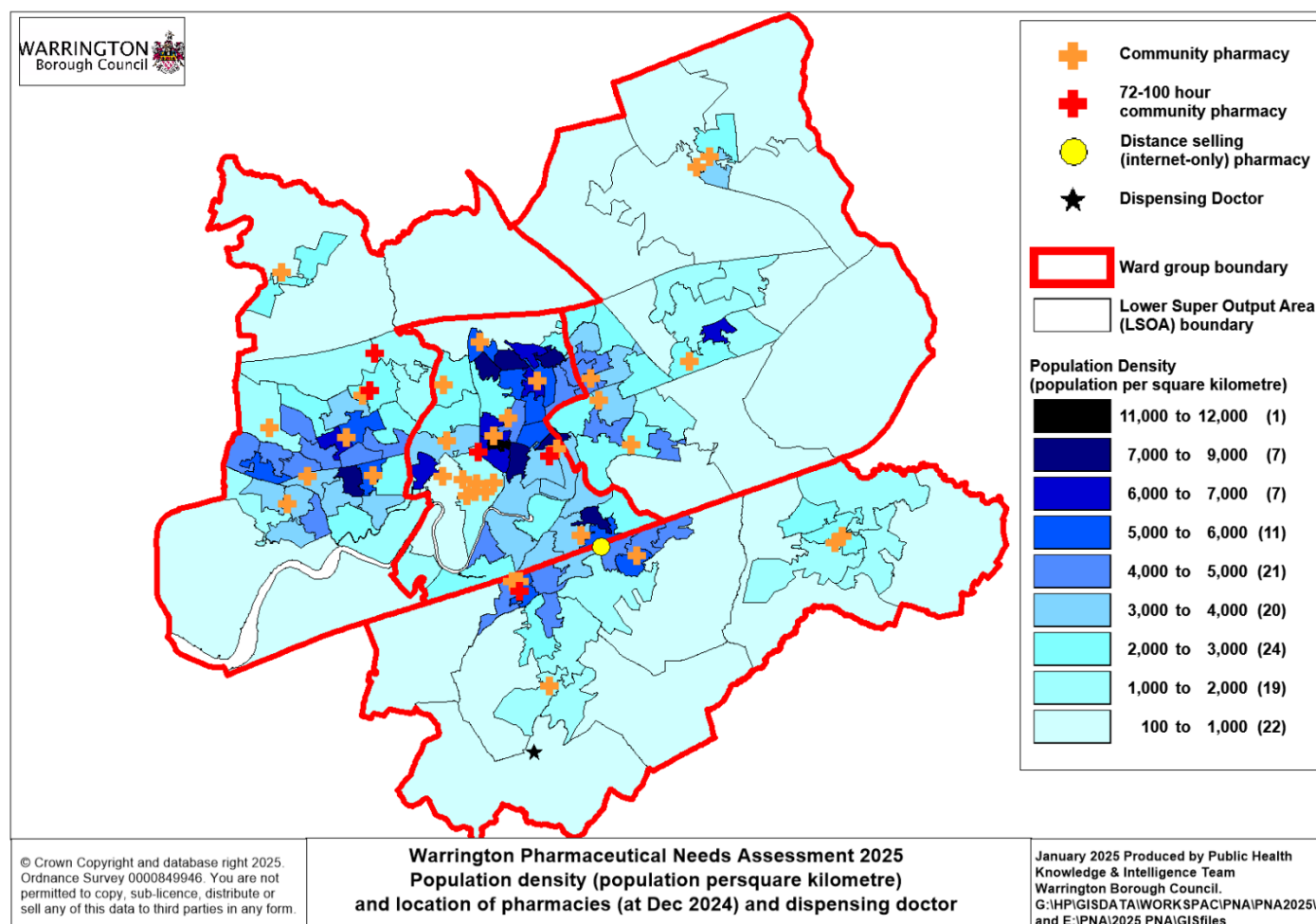
Map 7 shows that generally there is a good provision of pharmacies in the more deprived areas of Warrington. As shown in Map 9, 11 and 12, these areas are within a 5-minute drive of a pharmacy, within 15 minutes' walk of a pharmacy, or within 15 minutes by public transport.

Map 7: Pharmacy Locations (at Dec 2024) and levels of socio-economic deprivation



Map 8 shows that the areas with no pharmacies have low population density. See maps 10 and 11 for drive times to pharmacies, which suggest that during the day and during rush hour, in almost all areas of Warrington, there is a pharmacy within 15 minutes' drive.

Map 8: Pharmacy locations (at end Dec 2024) mapped against population density



Based on the number of pharmacies on 1 January 2025, Warrington⁵⁹ has more pharmacies per head of population than England (17.3 vs 16.4 per 100,000 population), but fewer than Cheshire & Merseyside (23.5 per 100,000). However, these ratios do not consider the size and staffing of pharmacies which will determine the size of the population they are able to serve.

To compare ward groups, the one distance-selling pharmacy (in South ward group) has been excluded. Table 7 shows that the average population per community pharmacy varies widely between ward groups: 4334 in Central, 8040 in East, 6553 in South, and 6216 in West. In West ward group, many Burtonwood residents are registered with a GP practice outside Warrington, as there is no GP practice in Burtonwood. However, there is a community pharmacy in Burtonwood.

⁵⁹ This calculation includes the one distance selling pharmacy in Warrington, in order to compare with England, because it is not possible to distinguish distance selling pharmacies from community pharmacies in the national list of contractors.

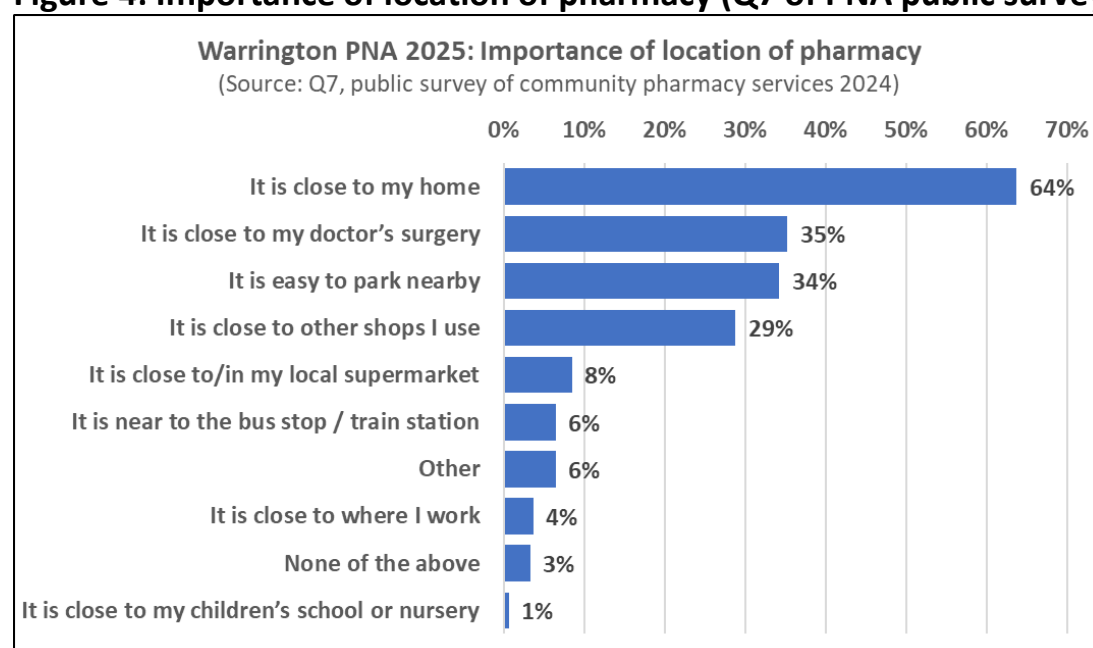
Table 7: Number of community pharmacies per registered population who are resident in each ward group (January 2024).

Ward Group	Population registered with a Warrington GP practice who are resident in Warrington (1/1/25)	No. of community pharmacies	Average population per pharmacy	No. pharmacies per 100,000 population (1/1/2025)
Central	73,673	17	4,334	23.1
East	48,240	6	8,040	12.4
South	45,870	7	6,553	15.3
West	55,940	9	6,216	16.1

Importance of location of pharmacy

In the public survey of community pharmacy services (Appendix 6, Q7), respondents were asked 'Thinking about the location of the pharmacy, which of the following is most important to you?' and could choose as many options as applicable. Of 295 responses, 64% said 'It is close to my home', 35% 'It is close to my doctor's surgery', 34% 'It is easy to park nearby', and 29% 'It is close to other shops I use'. Less than 10% chose the other options.

Figure 4: Importance of location of pharmacy (Q7 of PNA public survey 2024)



6.3. Access to and provision of community pharmacy services in neighbouring Health and Wellbeing Boards

The framework for this PNA was a collaborative process across Cheshire & Merseyside. This approach facilitated the identification of pharmaceutical services along the borders of neighbouring boroughs that Warrington's population may access. For example, a pharmacy in a neighbouring borough may be closer to a resident's home or place of work, even though they are registered for NHS Services with a GP practice in Warrington. Warrington has geographic borders with seven Local Authorities and Health and Wellbeing Boards: Cheshire East, Cheshire West & Chester, Halton, Salford, St Helens, Trafford and Wigan. Map 9 shows the locations of these cross-border pharmacies, details of which are listed in Appendix 4. There are no pharmacies in Cheshire East or Cheshire West & Chester that are within a mile of the Warrington HWB

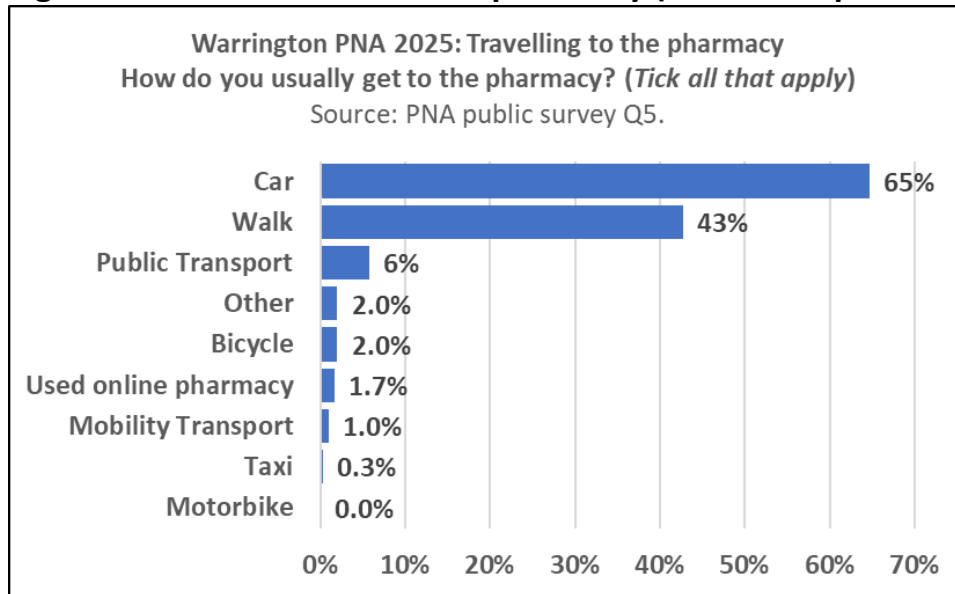
The dotted line on Map 9 shows areas⁶⁰ within approximately 1.6km (1 mile) of the Warrington Health and Wellbeing Board boundary. NB The two pharmacies south-west of Warrington near Manor Park and Moore, and one pharmacy in St. Helens, west of Burtonwood, are distance selling (internet) pharmacies.

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6.4. Getting to the pharmacy

The PNA public survey (Appendix 6, Q5) asked how people usually travel to their pharmacy. Respondents could select more than one option if applicable. Two-thirds (65%) of respondents said they get to the pharmacy by car, and 43% said they walk. Only 6% said public transport, and 2% or less chose the remaining options (bicycle, mobility transport, taxi, and motorbike, and other). 1.7% said they used an online pharmacy.

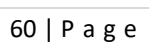
Figure 5: Mode of travel to the pharmacy (Q5 of PNA public survey 2024)



It is helpful to produce local maps⁶¹ using pharmacy locations for driving, public transport and walking times, which demonstrate travel accessibility for the local population. In conjunction, see Map 8 which shows population density, in particular areas of low population density.

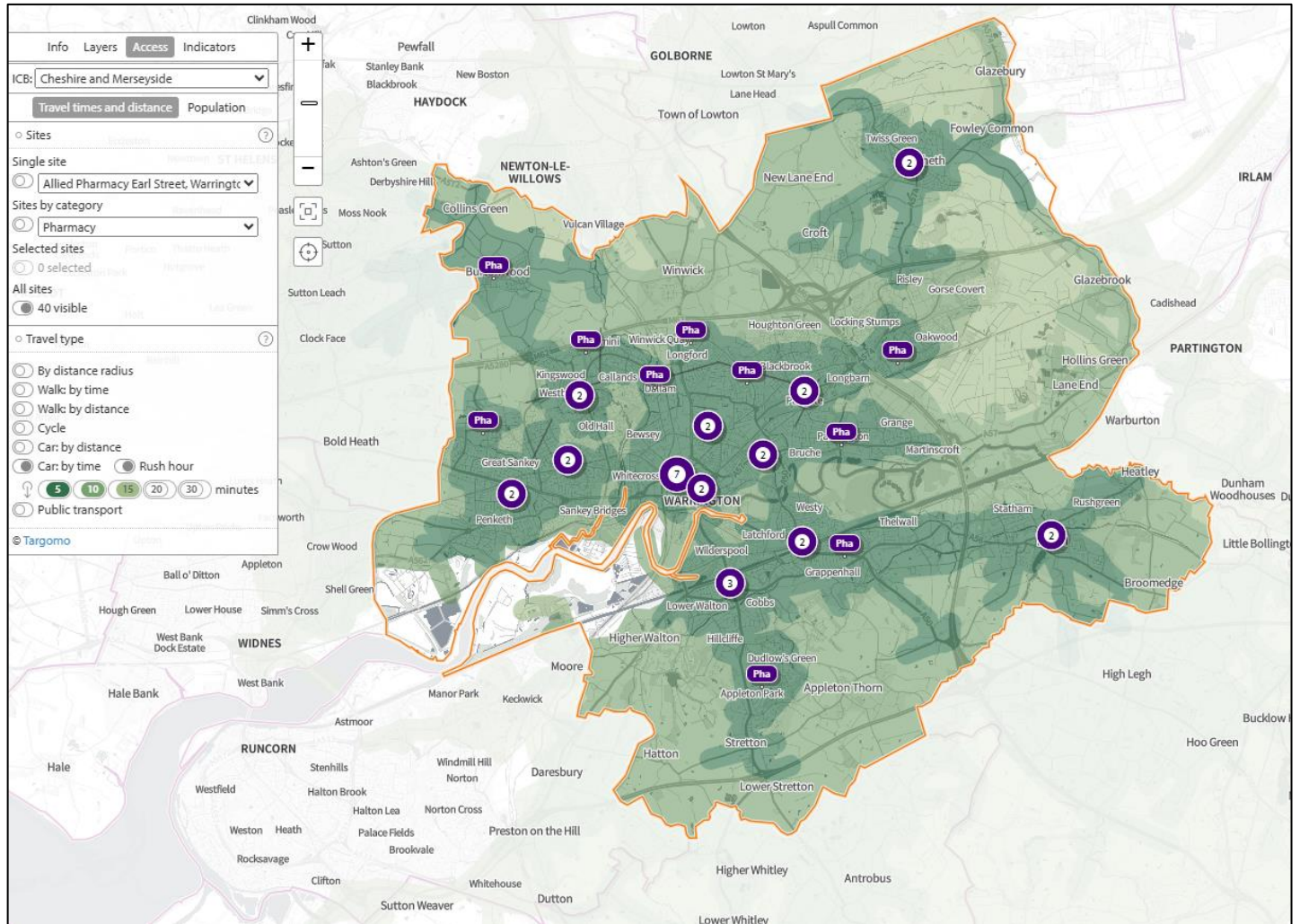
⁶¹ Department of Health & Social Care: SHAPE online data mapping tool.

Map 10: Drive times to community pharmacies during the day.



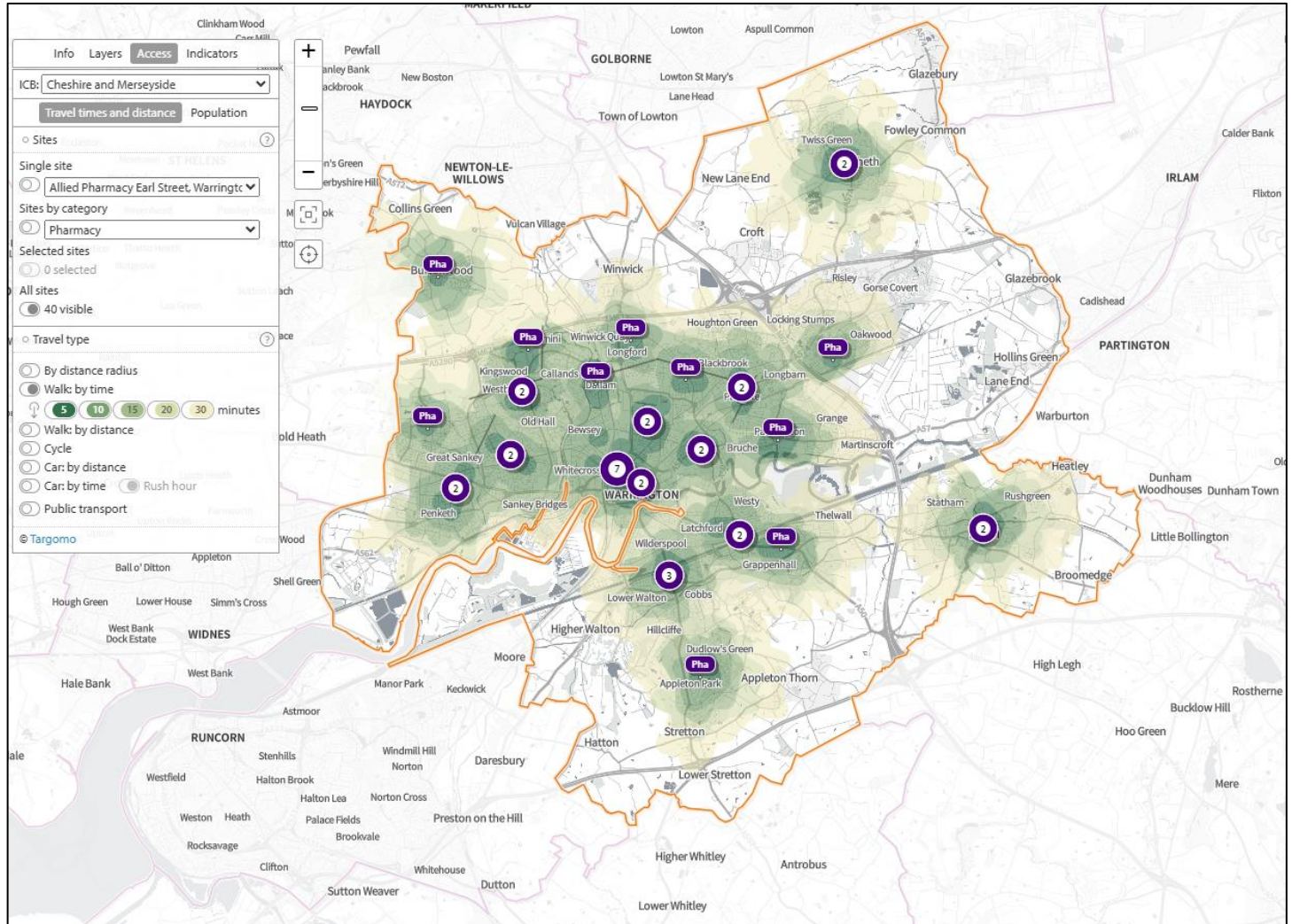
By car, during rush hour: Map 11 shows that much of Warrington is within 5 minutes (darkest green) of a pharmacy, and most of the remaining areas within 5-15 minutes (mid-green and light green). The only areas where it takes more than 15 minutes (white/grey), are very rural or contain industrial or commercial areas (the North East tip of Warrington borough, and land bordering the Mersey estuary).

Map 11: Drive times to community pharmacies during rush hour.



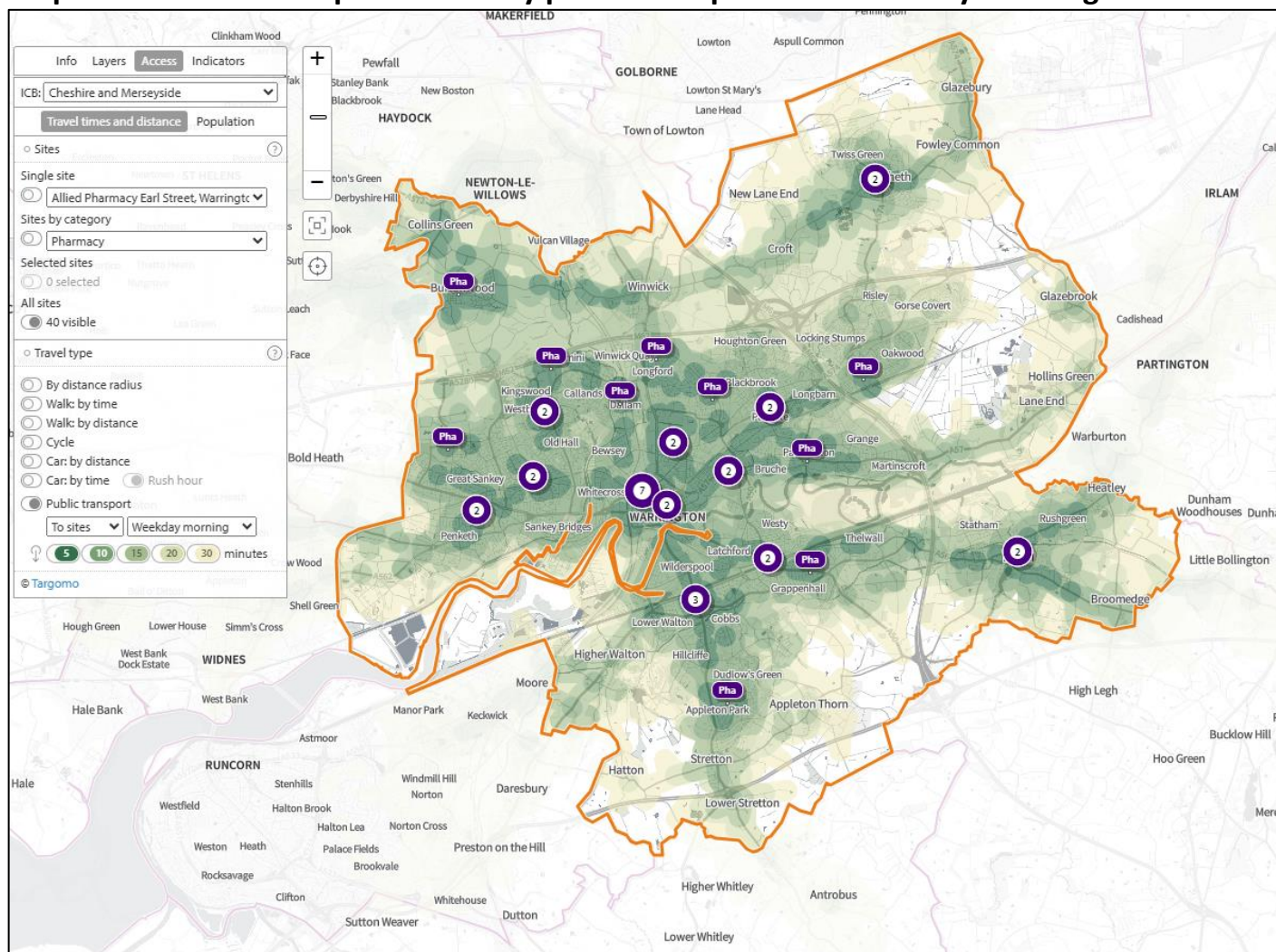
Walking: Map 12 shows that the more densely populated areas of Warrington are within 15 minutes (dark and mid green) of a pharmacy, and further substantial areas (pale green and yellow) are 15-30 minutes' walk. However, large outlying areas of Warrington borough are more than 30 minutes' walk, although these are rural or contain industrial or commercial areas and have low population density. Almost all these areas are within 15 minutes' drive, even during rush hour.

Map 12: Walking times to community pharmacies.

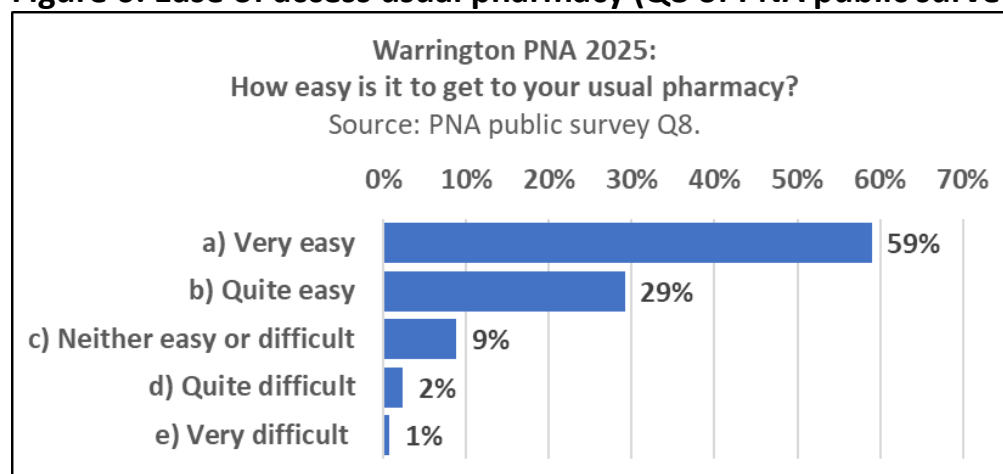


By public transport on a weekday morning: Map 13 shows that much of Warrington is within 15 minutes (shades of green) of a pharmacy. The areas which take more than 15 minutes are very rural or contain industrial or commercial areas.

Map 13: Travel time to pharmacies by public transport on a weekday morning.



In the PNA public survey (Appendix 6, Q8) most respondents said that it was very easy (59%) or quite easy (29%) to get to a pharmacy. 8% said it was neither easy nor difficult. Only 2% said quite difficult and 1% said very difficult.

Figure 6: Ease of access usual pharmacy (Q8 of PNA public survey 2024)

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

There are 2 types of pharmacy contract – Most pharmacies must open for 40 core contractual hours (this includes Distance Selling Premises (DSP) pharmacies). The timing of these 40 hours is agreed at the start of the contract agreement and rarely gets changed (there is a process to do so but it is difficult and complex). Some pharmacies must open between 72-100 core contractual hours (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test which allowed them to open without an identified or declared need in the market). From 25 May 2023, what were previously known as 100-hour pharmacies may apply to reduce the total weekly core opening hours to not less than 72 (with some restrictions to protect key hours). All pharmacies may open for additional supplementary hours via a notification process to the commissioner. In Warrington, all but one of the five previously 100-hour pharmacy reduced their hours to between 72 and 84.5). In Warrington there are:

- 34 delivering a minimum of 40 hours service per week.
- 5 delivering between 72- and 100-hours service per week.
- 1 providing services via the internet or 'distance selling'.

Full details of each pharmacy opening can be found in Appendix 2, and Table 8 collates information by ward group. To summarise:

- Monday to Friday, all 39 community pharmacies are open between at least 9am to 5pm, with 10 closing over the lunchtime period for between 20 minutes and 1 hour each day. Many open earlier than 9am, and most close later than 5pm, usually 6pm or later.
- On Saturday, 28 of the 39 community pharmacies are open in the morning (13 in Central, and 5 in each of East, South and West). 14 are also open in the afternoon (6 in Central, 1 in East, 4 in South and 3 in West).
- On Sundays 7 out of 39 pharmacies are open; 3 are in Central, 1 in East, 1 in South, and 2 in West. Provision is between 9am- 7pm in one Central pharmacy.
- Cover is available somewhere in Warrington from 8am till 10:30pm on Monday, 6:30am till 10:30pm Tues to Friday, 6:30am-22:00 on Saturday, and 9am-7pm on Sunday.

Table 8: Days that pharmacies are open by ward group.

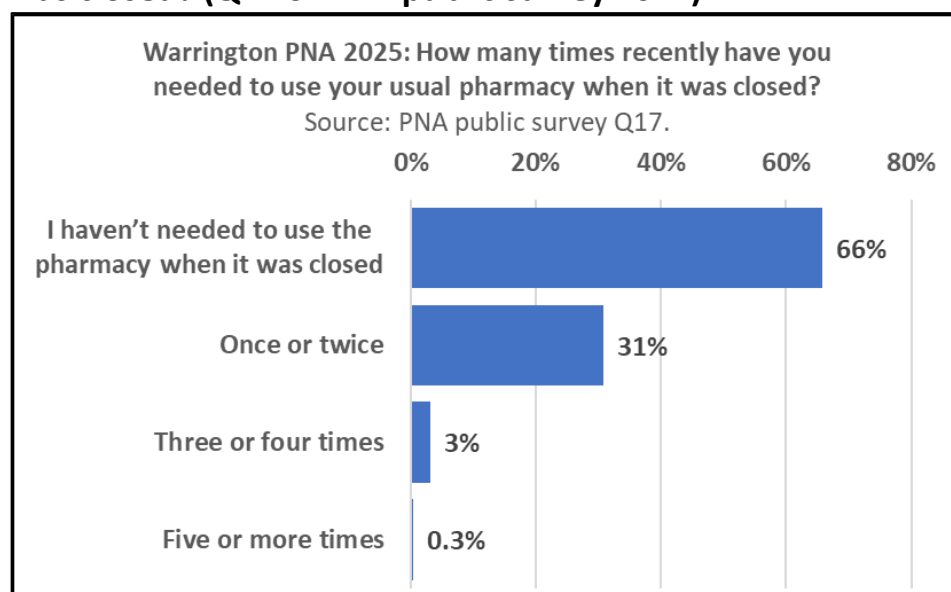
Ward Group	No. pharmacies, all open at least 9-5, Mon-Fri	Open earlier than 9am Mon-Fri	Open later than 5pm Mon-Fri	Closed for lunch Mon-Fri	Saturday morning	Saturday afternoon	Sunday
Central	17	5	15	4	13	6	3
East	6	2	6	1	5	1	1
South	7	2	7	1	5	4	1
West	9	4	8	4	5	3	2
Warrington	39	13	36	10	28	14	7

There is one distance-selling (internet) pharmacy, shown on Map 5. This is not open to the public for essential services. However, most advanced and enhanced services can be delivered by a DSP face to face, although the advanced service Pharmacy First must be delivered via video link (and can only cover 6 of the 7 Pharmacy First health conditions).

Responses to PNA public survey relating to opening hours:

- In Q16 of the PNA public survey (Appendix 6), 53% of respondents said they were 'very satisfied' and a further 29% said 'somewhat satisfied', i.e. 82% were satisfied with pharmacy opening hours. However, 7% said they were dissatisfied and a further 2% said 'Very dissatisfied', i.e. 9% were dissatisfied.
- Also, in Q16, of 123 free-text responses shared in relation to satisfaction with opening hours, there were positive comments referring to those pharmacies that were open past the end of the working day and at weekends which allowed those working to access advice or pick up prescriptions. Those less satisfied or dissatisfied were frustrated at their pharmacy not being open beyond 5pm during weekdays or open beyond Saturday mornings at weekends. This posed difficulties for those who could only access outside 9-5 working hours and did not have transport to go elsewhere. For some, their nearest pharmacy was not open at all at weekends. Some also criticised pharmacies having lunch time closing.
- In Q17, two-thirds (66%) said they hadn't needed to use their usual pharmacy when it was closed, but 31% said 'once or twice, 3% said three or four times, and 0.3% said 5 or more times.

Figure 7: How many times recently have you needed to use your usual pharmacy when it was closed? (Q17 of PNA public survey 2024).



In the PNA public survey 2024 (Appendix 6), of those who needed a pharmacy when it was closed (and excluding those who responded 'can't remember'):

- When asked what day of the week they had found it closed (Q18), of 88 valid responses, 31% said Mon-Fri, 47% said Saturday, 17% said Sunday, and 6% said a Bank Holiday.
- When asked what time of day they had found it closed (Q19), of 87 valid responses, 31% said morning, 26% said lunchtime (12-2pm), 25% said afternoon, and 15% said evening (after 5pm). The majority of those who said morning/afternoon, were on a Saturday.
- When asked what they did when the pharmacy was closed (Q20), of 99 valid responses, 64% said they waited until the pharmacy was open, 33% said they went to another pharmacy, 2% said they went to a walk-in centre, 1% said they called 111. None chose the option 'went to a hospital'.

Bank and public holiday opening

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

72–100-hour pharmacies and distance selling (internet) pharmacy provision

The five 72–100-hour pharmacies are shown on Map 5. By ward group, two are in West, two in Central, one in South and none in East. The one distance selling pharmacy is in the South ward group. Further details of opening hours and locations of 72-100 hour and distance selling pharmacies can be found in Appendix 2.

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

Of the 28 out of 39 community pharmacies that responded to the PNA 2025 contractor survey:

- 25 said the entrance to the pharmacy was suitable for wheelchair access unaided.
- 27 said all areas of the pharmacy floor were accessible by wheelchair.
- 26 said customers can legally park within 50 metres of the pharmacy.

- 20 said pharmacy customers have access to designated disabled parking.

The survey asked whether there were any other facilities in the pharmacy aimed at supporting disabled people to access the service, with the following list of options. The number of pharmacies (out of 28 respondents) with each facility is shown in brackets:

- Automatic door assistance (6)
- Bell at front door (7)
- Toilet facilities accessible by wheelchair users (1)
- Hearing loop (15)
- Sign language (none)
- Large print shelf-edge labels (4)
- Large print leaflets (8)
- Wheelchair ramp access (9). NB a ramp may be unnecessary at some pharmacies if their entrance is flat.
- Other, free-text response (2): one pharmacy said, 'open doors', and one said, 'side door wheelchair patients can come to for assistance'.

In the PNA public survey 2024 (Appendix 6, Q9), respondents were asked 'Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?' Of 295 respondents, 69 (23%) said they did, and of those almost all (99%) said in Q10 that they were able to access their chosen pharmacy. In addition, 77 said they had mobility issues, of whom:

- When asked (Q11) 'Are you able to park your vehicle close enough to your pharmacy?', 68% said 'Yes', 11% said 'No', 3% said 'Don't know' and 18% said 'Not applicable'.
- When asked (Q12) 'Are you able to access your chosen pharmacy', 82% said 'Yes', 4% said 'No', 3% said 'Don't know' and 11% said 'Not applicable'.

6.7. Access for clients whose first language is not English

Language Line is available to all pharmacies. Despite this, research suggests community pharmacies have particularly poor access to language barrier services⁶². In the PNA contractor survey 2024, responses were received from 28 of the 39 community pharmacies in Warrington. When asked 'Can staff at pharmacy speak languages other than English', 9 pharmacies said 'Yes', 7 gave the response 'Yes - When EPS is not available and subject to the capacity of the pharmacy team or driver to visit the surgery', 1 said 'No', and 18 unknown or gave no response. In addition, the one distance-selling pharmacy said 'Yes'. Languages listed were Arabic, Cantonese, French, Hindi, Hungarian, Italian, Malay, Mandarin, Mirpuri, Punjabi, Romanian, Turkish and Urdu. Four pharmacies gave more than one language.

6.8. Pharmacy consultations

Being able to walk into a pharmacy to seek advice and/or treatment, usually without an appointment, is one of the key features of community pharmacy provision. Advice may be given at the counter or in a private consultation room. All pharmacies must have a private consultation room. Of the 28 out of 39 community pharmacies that responded to the survey, 22 said they have handwashing facilities in the consulting room, and a further 2 said they have handwashing facilities close to the consulting room. Only 2 said they have access to toilet facilities.

⁶² pharmaceutical-journal.com/article/opinion/pharmacy-is-failing-patients-with-language-barriers-we-must-do-better

In relation to a client being able to seek advice from someone of the same sex as them:

- 8 pharmacies judged that this would always be available.
- 17 pharmacies thought this would be available by arrangement.
- Only 3 did not think they could provide this.

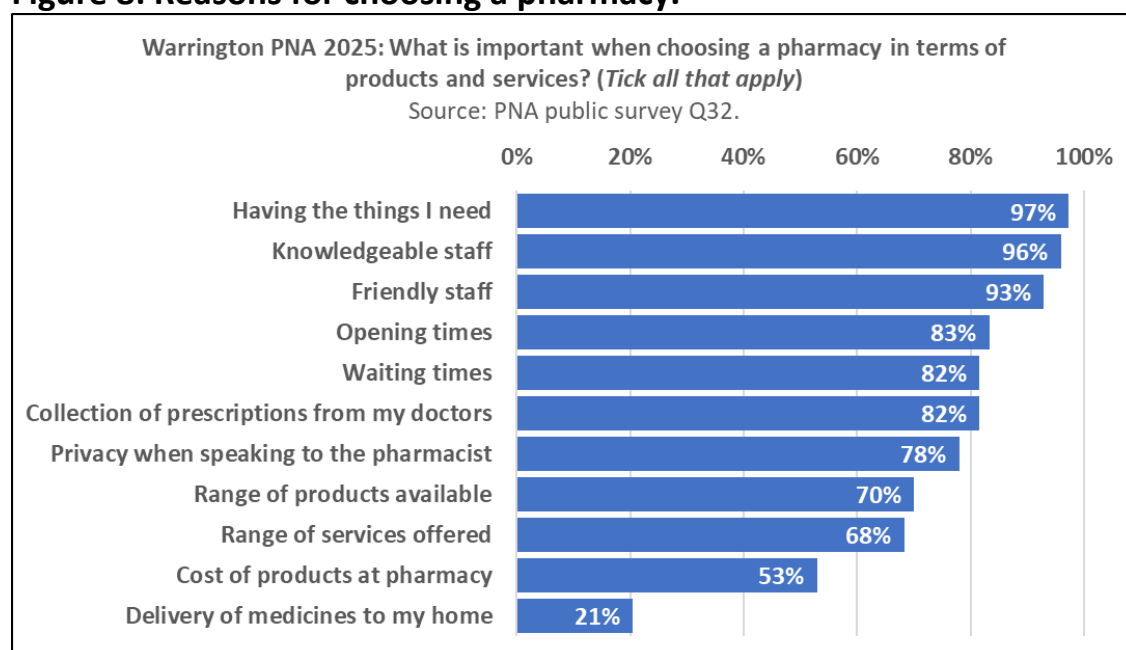
In the PNA public survey 2024 (Appendix 6, Q27), 123 (42%) of respondents said they had had a consultation with the pharmacist or had asked their advice recently. Of these:

- (Q29) 41% said their consultation had been at the pharmacy counter, 38% said in a separate room, 16% said in the dispensary or a quiet part of the shop, 2% said over the telephone, and 2% gave another free-text response.
- (Q30) 34% said the level of privacy was 'excellent', 28% 'very good', 20% 'good', 8% 'fair', 7% 'poor', and 2% 'very poor'. Combining responses, 83% said good, very good or excellent, but 17% said fair, poor or very poor.
- (Q28) Of the standard responses provided in the questionnaire, 44% had 'asked advice about a minor illness or health problem', 28% said 'medicine advice', and 9% said 'blood pressure monitoring'. Only 1% or 2% gave the other standard responses of 'lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)', 'contraception services', or 'referred to other service'. In the free text 'other' responses, 9% said vaccinations (flu, Covid, unspecified).

6.9. Reasons for choosing a pharmacy and customer satisfaction

The PNA 2025 public survey asked (Appendix 6, Q32) 'What is important to you when choosing a pharmacy in terms of products and services?' with options 'important', 'neither important nor unimportant', 'unimportant', and 'don't know / not applicable'. The three most common responses, all more than 90%, were: 'Having the things I need' (97%), 'Knowledgeable staff' (96%) and 'Friendly staff' (93%). These were followed by 'Opening times' (83%), 'Waiting times' (82%), 'Collection of prescriptions from my doctors' (82%) and 'Privacy when speaking to the pharmacist' (78%). All reasons are listed in Figure 8.

Figure 8: Reasons for choosing a pharmacy.

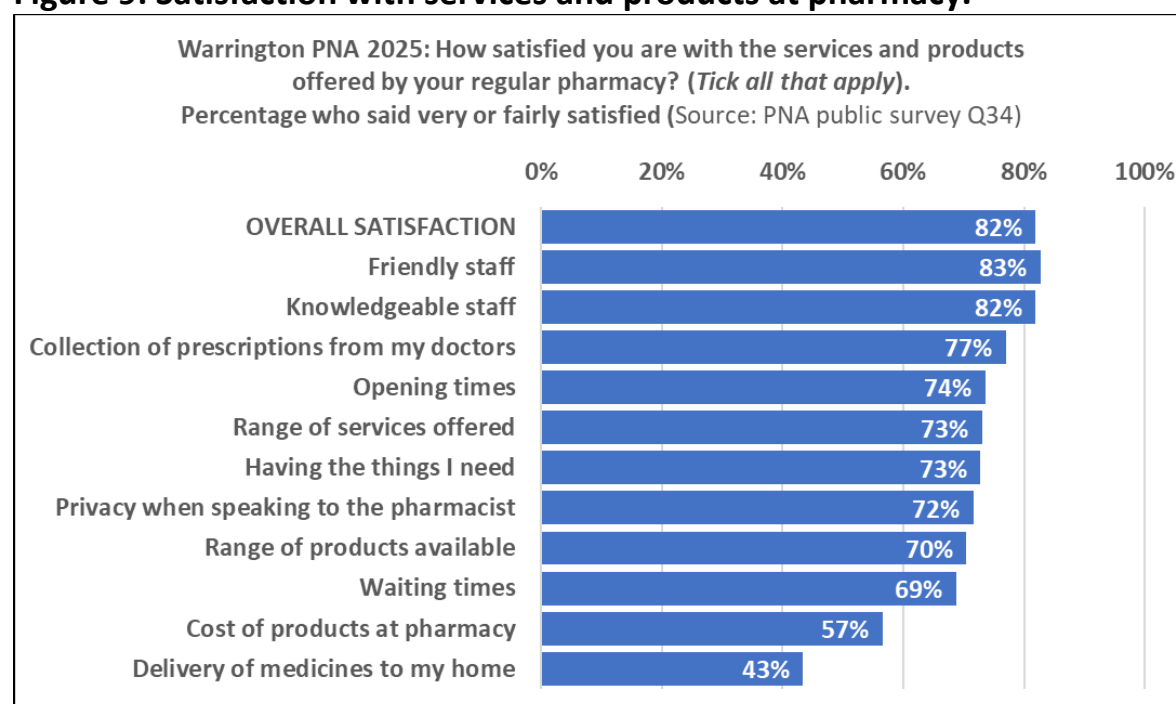


Nearly half of those who provided feedback on what influenced their choice of pharmacy cited convenience. This, in some cases, was convenience to home and in others it was it being near to the GP surgery. Opening hours were also seen as a factor when citing convenience. The second most common reason was the service received at the pharmacy with reference to the friendliness, knowledge and efficiency of staff. Staff having the time to talk to patients and provide advice was clearly valued. Reliability was also highlighted, in knowing that the pharmacy held the medication they needed. Several comments referred to the choice to move to another pharmacy or to online services for prescriptions after dissatisfaction with the local offer due to such things as stock issues, poor service, waiting times and lengthy queues.

The PNA 2025 public survey (Appendix 6, Q34) asked respondents about satisfaction with services and products offered by their regular pharmacy. All reasons are listed in Figure 9. Of 295 respondents

- 82% said they were satisfied with their pharmacy overall.
- Highest levels of satisfaction were given for 'Friendly staff' (83%) and 'Knowledgeable staff' (82%).
- Although 74% were satisfied with opening times, 13% were dissatisfied.
- Although 69% were satisfied with waiting times, 23% were dissatisfied.
- Only 43% said they were satisfied with 'Delivery of medicines to my home', but that was because 49% said they were neither satisfied nor dissatisfied; only 7% were dissatisfied.

Figure 9: Satisfaction with services and products at pharmacy.



Reasons cited for being satisfied or dissatisfied with their pharmacy again were similar to those that influenced choice of pharmacy i.e. opening times, stock levels, waiting times, quality of service, convenience and general helpfulness and efficiency of staff. Comments from several satisfied patients also praised the work of pharmacies and their increasing involvement in providing advice and treatment services.

Frustrations were clearly expressed in relation to lack of stock, resulting in having to go elsewhere or coming back to have prescription filled or pick up outstanding items. Equally, long waiting times for prescriptions to be dispensed or to be served appeared frequently in comments from those dissatisfied. Reference was also made to the delay in GPs sending prescriptions to pharmacies. Poor customer service was also cited by some

as reason for dissatisfaction with reference also made in comments to the general condition of premises in relation to cleanliness and tidiness.

Respondents were invited to describe their overall experience of their local pharmacy (Q36) and over three quarters provided feedback. Of these, nearly two thirds of comments were positive, reasons given were those highlighted elsewhere such as reliability and efficiency citing such things as short waiting times, and prompt turnaround of prescriptions. Equally important was the knowledge and friendliness of staff, good communication and helpful responses to requests for advice.

Long waiting times and poor customer service were the main issues cited in negative feedback with many comments also pointing to frustrations with incomplete prescriptions and missing medication. Unhelpful/unfriendly staff and poor communication regarding missing items or waiting times were also highlighted as factors contributing to poor experiences.

7. Prescribing

7.1. Prescribing volume

- In 2019/20 2,934,839 items were dispensed by pharmacies in the Warrington HWB area. By 2023/24, this had increased to 3,739,331⁶³.
- Around 90% of items prescribed by GPs in Warrington are dispensed by pharmacies in Warrington.
- Analysis of per month dispensing levels within NHS Cheshire and Merseyside ICB Warrington Place, as a crude rate per 1,000 population in 2023/24 shows that Warrington prescribing volume (1295.7) is below the England average (1483.5).

Figure 10 shows that the average number of prescription items per month per pharmacy was 7,659, more than the England average (7,109), including DSPs.

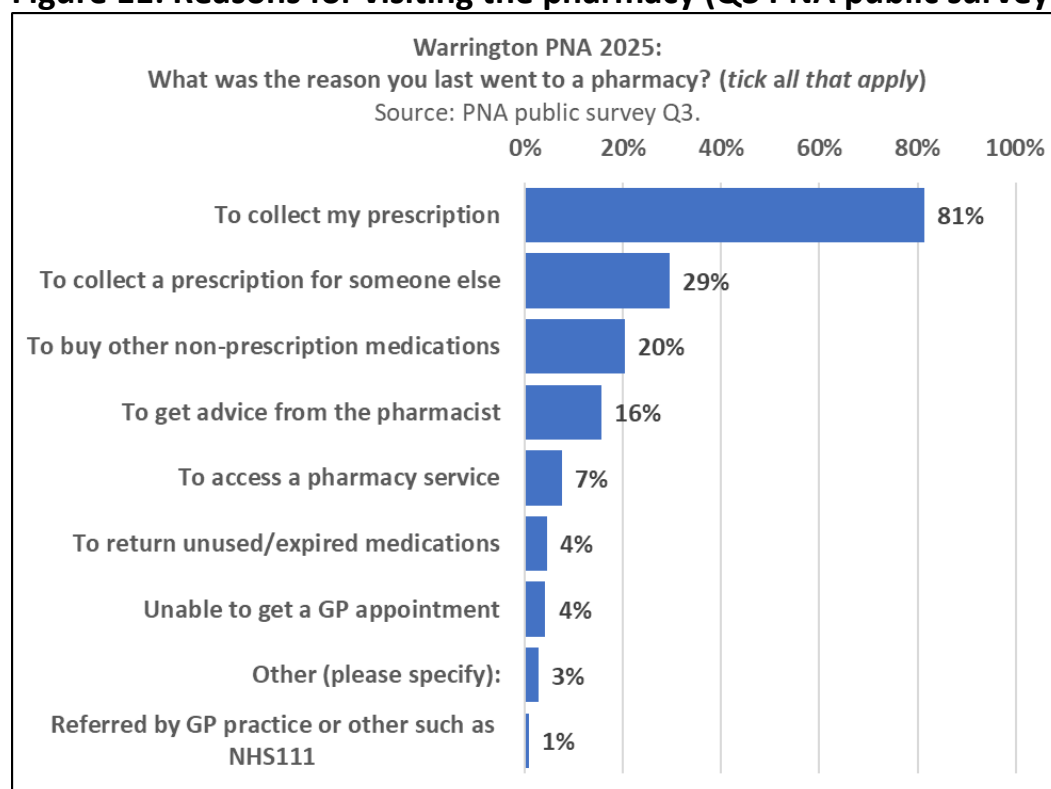
Figure 10: Average number of items dispensed per pharmacy per month, 2023/24

Geography	No. of items dispensed in 2023-24	No. of Pharmacies	Average Items per Month	Average Monthly Items per Pharmacy*
Warrington (excluding DSP)	3,265,230	38	272,103	7,617
England	1,112,920,890	12,009	92,743,408	7,109
Warrington (including DSP)	3,527,005	39	293,917	7,659
* Average Monthly Items per Pharmacy: This is calculated for each pharmacy by dividing the total items dispensed by the number of months the pharmacy was active in the year. The median of these figures is then calculated to give the final measure. A median is calculated by arranging all available values into an ordered list and selecting the value that is in the middle. If there are 2 middle values, the median is halfway between them. We use the median because the distribution of number of items dispensed is skewed, with a small number of contractors responsible for large volumes of dispensing monthly. When using the mean to calculate the average of a skewed distribution, it is highly influenced by those values at the upper end of the distribution and thus may not be truly representative. By taking the middle value of the data after sorting in ascending order the median avoids this issue. * Items prescribed and dispensed in Warrington. Includes Distance Selling Pharmacies located in Warrington, excludes items dispensed by GP practices.				
General Pharmaceutical Services in England 2015-16 - 2023-24 NHSBSA				

When asked about the last time they used a pharmacy (Appendix 6, Q3), of 295 respondents to the PNA public survey 2024:

- By far the most common reason (shown in Figure 11) given for visiting a pharmacy was to collect a prescription for themselves (81%), followed by to collect a prescription for someone else (29%), to buy other non-prescription medications (20%), to get advice from the pharmacist (16%), to access a pharmacy service (7%), to return unused/expired medications (4%), because they were unable to get a GP appointment (4%), referred by e.g. GP practice or NHS111 (1%), and 'Other' (3%).
- In Q4, almost half of respondents (46%) said they had last visited a pharmacy in the past week, and a further 47% said between 1 week and a month ago. Only 6% said it had been more than a month.

⁶³ Data extracted from ePACT2 and supplied by NHS Cheshire and Merseyside ICB prescribing analysts.

Figure 11: Reasons for visiting the pharmacy (Q3 PNA public survey 2024)

7.2. Medicines shortages

Since 2021 there have been reports of increasing supply problems affecting medicines. Recent media coverage has highlighted shortages of medicines used to treat diabetes, attention deficit hyperactivity disorder (ADHD) and epilepsy, as well as hormone replacement therapy (HRT) and others.

A House of Commons Library research briefing⁶⁴ provides information on the causes and consequences of medicines shortages in the UK and internationally, and the UK Government's approach to address supply problems.

Causes and consequences of medicines shortages

Supply chains for medicines are long and complex and [shortages can be caused by multiple factors](#). These include manufacturing or distribution problems and increased demand for medicines. Commentators have also drawn attention to [the effects of wider geopolitical factors](#), including the conflict in Ukraine, the Covid-19 pandemic and Brexit.

This is not just a UK issue, with what is happening in the UK needing to be seen context of global problems with supply chains and the availability of key ingredients. A report by the Nuffield Trust⁶⁵ found that the past two years have seen constantly elevated medicines shortages, in a "new normal" of frequent disruption to crucial products.

⁶⁴ researchbriefings.files.parliament.uk/documents/CBP-9997/CBP-9997.pdf

⁶⁵ [The future for health after Brexit](#)

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

Government response to medicines shortages

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

- issuing [serious shortage protocols](#), which enable pharmacists to provide specific alternatives to scarce medicines
- taking regulatory action to [approve new medicines or, in exceptional circumstances, extend medicine expiry dates](#)
- [restricting medicines exports](#)
- offering pharmacies [price concessions](#), to help pharmacies to cover the cost of NHS prescriptions.

Potential reforms to manage medicines shortages

Organisations representing pharmacists have called for reforms to the systems used to manage medicines shortages. Community Pharmacy England has called for “[a strategic Government review of medicine supply and pricing](#)” that focuses on supply chain functioning. Appeals for reform centre on calls for pharmacists to be able to [amend prescriptions to provide alternatives](#) to patients when medicines are out of stock, and on [changes to current medicines pricing systems](#).

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

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

Where a local shortage of a formulary medicine has been identified, prescribers may need to consider alternatives for the duration of the shortage taking into consideration safety and cost effectiveness. For national shortages, see national guidance where applicable. Formulary alternatives should be considered first, however there may be circumstances where prescribing of non-formulary medicines is the most appropriate option following the key principles outlined below. It is recommended that healthcare professionals register for free with the Specialist Pharmacy Service (SPS) Medicines Supply Tool and subscribe to SPS email notifications to obtain details of medicines supply shortages, and further information on alternatives and when shortages have resolved www.sps.nhs.uk/home/tools/medicines-supply-tool/

Key principles

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

The impact of these issues was commonly mentioned in the PNA public survey 2024.

7.3. Public satisfaction with dispensing of prescriptions

The PNA public survey 2024 asked about the last time respondents visited a pharmacy to get a prescription dispensed, 'Did you get all the medicines that you needed on that occasion without waiting?' (Q22). Of 266 valid responses (i.e. those who had a prescription dispensed the last time they used a pharmacy, and excluding 'can't remember'), 74% said that they received all the medicines they needed without waiting, but 26% said they had had to wait. Of those:

- (Q23) 49% said they were informed of how long it would take to have their prescription filled, 38% were not told but would have liked to have been, and 13% not told but stated that they did not mind this.
- (Q24) 19% said their prescription was ready later the same day, but 11% said it was the following day, 36% said 2-7 days, 21% said more than a week, and 13% said they never got it.
- (Q25) 32% said that they thought it was a reasonable period of time to wait, but 68% said they thought it was not reasonable.
- (Q26) the most commonly cited reason by far for not getting all medicines was that the pharmacy did not have the medicine in stock (49 respondents, around 70% of those who had had to wait). Very few respondents gave other reasons.

7.4. Prescription Delivery Services

In the PNA contractor survey 2024, responses were received from the one distance selling (internet) pharmacy, and from 28 of the 39 community pharmacies in Warrington. Although community pharmacies are not contracted to do so, 22 of the 28 offer a home delivery service free of charge, although one was considering charging new patients, and one was considering charging all patients. A further 4 said they charge for delivery, and 3 said they don't offer a delivery service. This service improves access to medicines for a wide range of people.

In the PNA public survey 2024 (Q13, Appendix 6), 68% of respondents were either unaware whether their pharmacy provided a delivery service or had not used it, 24% said their pharmacy delivered free of charge, 2% said there was a delivery charge, and 18% said their pharmacy didn't offer a delivery service.

7.5. Reasonable Adjustments

Community pharmacies are required to support patients in taking dispensed medications by making reasonable adjustments for patients with identified needs as per the Equality Act 2010. The requirement of the community pharmacy is to ensure that an appropriate assessment is undertaken of the patient to establish their needs and ascertain what type of reasonable adjustment would be required. There is no complete list of what a reasonable adjustment could be, and community pharmacies are not required to simply provide a multi-compartment compliance aid (MCA).

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

The PNA contractor survey 2024 asked which reasonable adjustments they provide for eligible patients. Of the 28 (out of 39) community pharmacies in Warrington that responded:

- 26 said large print labels
- 24 said non-click-lock caps
- 14 said reminder charts
- 25 said MAR charts
- 16 said blister popping device
- 21 said tablet cutter/crusher
- 19 said Easyhaler device
- 16 said eye drop aid
- 12 said lid gripping device
- 3 said magnifying glass
- 1 said audio labels
- 26 said Multicompartment compliance aids (blister packs)

8. Advanced, enhanced and locally commissioned service provision

[Community Pharmacy England](#) provides a full service description of all elements of the NHS commissioned pharmacy services. In addition to these essential, advanced and national enhanced services locally commissioned community pharmacy services can be contracted via several different routes and by both Local Authority and ICB teams.

8.1. Pharmacy provision of advanced, enhanced and locally commissioned services.

In addition to the essential services all pharmacies must provide, they have the option to provide a range of other commissioned services. Some are more specialist than others. As such, provision varies, service by service, from 100% community pharmacies providing to just a handful required to meet need.

Details of which service each pharmacy provides are outlined in Appendix 3. Table 9 provides a summary of each service provision level and whether this is assessed as adequate. Unless specified, this assessment is based on the number of pharmacies registered to provide each service not on activity data. This is an important distinction as some services rely on referrals from other services, which may or may not happen, despite the pharmacy having the necessary training, equipment and capacity to deliver.

Also to note, community pharmacies may be the sole provider of some services but one of many providers for others. For example, the [Merseyside & Region Stoma Service \(MARSS\)](#) is the main provider of Stoma support with pharmacies dispensing prescriptions from the service rather than needing to provide customisation service through the pharmacy. Similarly, community health services support patients with appliances use with pharmacies dispensing.

Summary of advanced, enhanced and locally commissioned service provision

Table 9: Summary of advanced, enhanced and locally commissioned service provision.

		No. of pharmacies providing service (of 40 pharmacies, including 1 distance-selling in South)					Is provision of this service adequate?
KEY	Service Name	Central	East	South	West	Total	
Total no. pharmacies in ward group:		17	6	8	9	40	
Advanced Services							
AUR	Appliance Use Reviews (AUR)	0	0	0	0	0	Yes*
HCF	Hypertension Case Finding Service	17	6	6	8	37	Yes
LFD	Lateral Flow Device Service	12	6	7	6	31	Yes
NMS	New Medicines Service	7	3	8	7	25	Yes
Flu	NHS Influenza Vaccination Programme	16	6	7	8	37	Yes
PCS	Pharmacy Contraception Services	17	5	6	5	33	Yes
PF	Pharmacy First service	17	6	8	9	40	Yes
SCS	Smoking Cessation Service	9	3	3	3	18	Yes
SAC	Stoma appliance customisation service	0	0	0	0	0	Yes*
National Enhanced Services							
COVID-19	Covid-19 vaccination service	5	3	3	3	14	Yes**
Locally Commissioned: Public Health							
SUPCON	Supervised consumption (of methadone or buprenorphine)	9	5	2	4	20	Yes
NS-EX	Needle – Syringe Exchange	3	0	0	0	3	Yes***
EHC	Emergency Hormonal Contraception	11	6	6	6	29	Yes
Locally Commissioned: NHS Cheshire and Merseyside ICB Warrington Place							
PALL	Palliative Care Scheme	3	1	2	4	10	Yes****
* AUR and SAC: Whilst no pharmacies in Warrington provide AUR and SAC, these are highly specialist services with only small numbers of the population likely to need them. A small number of pharmacies across Cheshire and Merseyside ICB provide these services.							
** The COVID-19 Vaccination service is a nationally enhanced service (NES). Under this type of service, NHS England commissions an Enhanced service that is nationally specified in consultation with Community Pharmacy England.							
*** Needle/Syringe Exchange is a specialised service, and there is a view to extend this service in 2025/26 by working with existing contractors.							
**** Palliative care scheme is a specialist service. 10 pharmacies provide this service, and at least one pharmacy in Warrington is open 8:45am-9pm M-F, 9am-9pm Sat, and 10:30am-10pm Sun.							

Locally commissioned service: substance misuse (supervised consumption and needle exchange).

The Warrington Public Health Team commission drug and alcohol treatment services from CGL (Change Grow Live), the drug and alcohol service located in Warrington's town centre. The locally commissioned services relating to pharmacies are needle exchange and supervised consumption, which are currently provided by some Warrington pharmacies and by CGL.

The pharmacies delivering substance misuse are commissioned by CGL according to need. Needle exchange services, although not widely provided across the borough are concentrated in the Central ward grouping where the majority of intravenous drug users reside. The supervised consumption service continues to be provided by half of Warrington's pharmacies so there is excellent access. These services are crucial to minimising harm from substance misuse and play a vital role in Warrington's harm reduction agenda which is driven by the Combatting Drugs and Alcohol Partnership.

Locally commissioned service: Emergency Hormonal Contraception

Pharmacy provision of emergency hormonal contraceptive (EHC) services is commissioned by Warrington Borough Council as part of the Integrated Sexual Health Service (known as Axxess), provided by Liverpool University Hospitals NHS Foundation Trust. It is not envisaged that within the lifetime of this PNA there is or will be a need for these services to be commissioned as part of national pharmaceutical services. Where the pharmacy does not provide the locally commissioned service of EHC provision, people requiring EHC should be signposted to other providers of the service, such as Axxess Sexual Health Service or a pharmacy which does provide EHC. The EHC service is provided by 29 of the 39 community pharmacies in Warrington, and is well spread across the 4 ward groups, so there is excellent access.

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

Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned locally by Warrington Borough Council Public Health Team and the NHS. As can be seen from this section, it is important that NHS England, the Integrated Care Board and the Public Health Team work together to maximise the local impact of public health communications, messages and opportunities. Promoting the services that pharmacies provide was highlighted in some of the responses to the patient and public engagement questionnaire. This can be undertaken in several ways including pharmacies ensuring that their NHS Choices profile is up to date.

Community pharmacy services support Warrington's Health & Wellbeing Strategy priorities in several ways.

8.2.1 Starting Well

The backbone of community pharmacy provision is the dispensing of prescriptions. This service is open to all ages. In addition to this, pharmacies support the health and wellbeing of children and young people:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Signposting people using the pharmacy to other providers of services or support.

- As part of being a Healthy Living Pharmacy, community pharmacy engagement with the public (including “Making Every Contact Count” - MECC) is relevant to young people.
- The Pharmacy First service, which commenced on 31 January 2024, funding community pharmacy as the first port of call for healthcare advice across 7 common conditions, 5 of which are relevant to young people: sinusitis (12 years and over), sore throat (5 years and over), acute otitis media (1-17 years), infected insect bite (1 year and over), impetigo (1 year and over). (The other 2 conditions relate to adults: shingles in those aged 18 years and over) and uncomplicated UTI in women aged 16-64).
- Provision of emergency hormonal contraceptive (EHC): as outlined in section 8.1 above. The number of women of childbearing age (using the ONS definition of 15-44 years) is much higher in the Central ward group (13,903) compared to the East (7,356), South (6,359) and West (10,011) ward groups.

8.2.2 Staying Well

The staying well priority covers a range of issues, taking a prevention and early detection approach.

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England. Public health campaigns could include raising awareness about the risks of alcohol consumption, cancer awareness and/or screening, self-management of long-term conditions and minor ailments by displaying posters, distributing leaflets and other relevant materials.
- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person’s knowledge and understanding of the health issues which are relevant to their circumstances.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- The Pharmacy First service, which commenced on 31 January 2024, funding community pharmacy as the first port of call for healthcare advice across 7 common conditions, with all but one relevant to the Staying Well (18-64 year) population: sinusitis, sore throat, infected insect bite, impetigo, shingles and uncomplicated UTI in women aged 16-64.
- Providing healthy living advice during consultations.
- Provision of the AUR, SAC service, NMS and flu vaccination advanced services will also assist people to manage their long-term conditions to maximise their quality of life.
- Through the NHS national enhanced service contract pharmacies have been part of the 2024 Covid-19 Spring booster programme. On 30 May 2024, NHS England opened a new process for pharmacy owners that wish to take part in future COVID-19 vaccination service campaigns between September 2024 and March 2026. This should mean more pharmacies can participate.

8.2.3. Ageing Well

The Warrington Health & Wellbeing Strategy includes priority action aimed specifically at maintaining healthy ageing and supporting independence.

In addition to dispensing prescriptions, pharmacies contribute to health and wellbeing issues relating to ageing well:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Signposting people using the pharmacy to other providers of services or support.

- The Pharmacy First service, which commenced on 31 January 2024, funding community pharmacy as the first port of call for healthcare advice across 7 common conditions, 5 of which are relevant to older people (aged 65 and over): sinusitis, sore throat, infected insect bite, impetigo and shingles.
- Identify through NMS where polypharmacy (the use of five or more medicines) may potentially contribute to older people being at risk of a fall.
- Provision of NHS influenza vaccination to at-risk adults through the advanced service contract and NHS Covid-19 vaccination through the enhanced service contract.

Pharmaceutical Needs Assessment

PART 4: APPENDICES

Appendix 1: Abbreviations Used

ADHD	Attention Deficit Hyperactivity Disorder
AUR	Appliance Use Review
CGL	Change Live Grow
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GP	General Practice / General Practitioner
HCF	Hypertension Case Finding Service
HIV	Human Immunodeficiency Virus
HLE	Healthy life expectancy
HRT	Hormone Replacement Therapy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ID	(English) Indices of Deprivation
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LD	Learning disability(ies)
LE	Life expectancy
LFD	Lateral flow device
LGBT	Lesbian, Gay, Bisexual, Transgender
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
LTC	Long term condition
MAR	Medication Administration Record
MARSS	Merseyside & Region Stoma Service
MCA	Multi-compartment Compliance Aids
MECC	Making Every Contact Count
MHCLG	Ministry for Housing & Local Government
NES	Nationally Enhanced Service
NHS	National Health service
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Clinical Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NSP/ NS-EX	Needle & Syringe (exchange) Programme
ONS	Office of National Statistics
PALL	Palliative Care Scheme
PCN	Primary Care Network
PCS	Pharmacy Contraception Service

PF	Pharmacy First
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality Outcomes Framework
SAC	Stoma Appliance Customisation
SCS	Smoking Cessation Service
SHAPE	Strategic Health Asset Planning and Evaluation
SHLAA	Strategic Housing Land Availability Assessment
SMI	Severe Mental Illness
SPS	Specialist Pharmacy Service
SUPCON	Supervised Consumption
UTC	Urgent Treatment Centres
UTI	Urinary Tract Infection
WEMWBS	Warwick-Edinburgh Mental Wellbeing Score
WBC	Warrington Borough Council

Appendix 2: Community pharmacy addresses and core opening hours

(some pharmacies may open additional supplementary hours)

PHARMACY	ODS code	ADDRESS	POST CODE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Central Ward Group										
ALLIED PHARMACY EARL STREET	FFV91	52 EARL STREET, ORFORD	WA2 7PW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
BOOTS	FEL21	19 THE MALL, GOLDEN SQUARE SHOPPING CENTRE, WARRINGTON	WA1 1QE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-20:00	09:00-18:00	09:00-18:00	11:00-17:00
CORKER'S PHARMACY	FV857	14-16 BUTTERMARKET STREET, WARRINGTON	WA1 2LR	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
DALLAM PHARMACY	FD639	UNIT 1, HARRISON SQUARE, DALLAM	WA5 0HQ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
GREENCROSS PHARMACY	FK402	1 ALLEN STREET, WARRINGTON	WA2 7JD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
GUARDIAN ST PHARMACY	FAE61	GUARDIAN STREET, WARRINGTON	WA5 1UP	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	CLOSED	CLOSED
MANCHESTER ROAD PHARMACY	FK321	264 MANCHESTER ROAD, WARRINGTON	WA1 3RB	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	09:00-21:00	09:00-19:00
ORFORD JUBILEE PHARMACY	FA315	ORFORD PARK, PCRC, JUBILEE WAY, ORFORD	WA2 8AG	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	CLOSED	CLOSED
ORFORD PHARMACY	FW716	45 COTSWOLD ROAD, ORFORD	WA2 9SF	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-13:00 14:00-18:00	09:00-13:00	CLOSED
ROWLANDS PHARMACY	FCC94	FOLLY LANE, BEWSEY	WA5 0LZ	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-12:00	CLOSED

ROWLANDS PHARMACY	FPA75	3 THELWALL LANE, LATCHFORD	WA4 1LJ	09:00-13:20 13:40-18:00	09:00-13:20 13:40-18:00	09:00-13:20 13:40-18:00	09:00-13:20 13:40-18:00	09:00-13:20 13:40-18:00	09:00-13:00	CLOSED
SUPERDRUG PHARMACY	FM011	36-38 THE MALL, GOLDEN SQUARE, WARRINGTON	WA1 1QE	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	CLOSED
SUPERDRUG PHARMACY	FME80	UNIT E, COCKHEDGE WAY, WARRINGTON	WA1 2QQ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
TESCO INSTORE PHARMACY	FP793	WINWICK ROAD, WARRINGTON	WA2 7NE	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
WELL	FAA49	BATHS HTH & WELLBEING CTR, LEGH STREET, WARRINGTON	WA1 1UG	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	09:00-12:00	CLOSED
WELL	FM256	96 CAPESTHORNE ROAD, ORFORD	WA2 9LN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
WELL	FR798	276 MANCHESTER ROAD, WARRINGTON	WA1 3RB	08:00-18:15	08:00-18:15	08:00-18:15	08:00-18:15	08:00-18:15	09:00-12:00	CLOSED

Appendix 2 cont: Community pharmacy addresses and core opening hours (some pharmacies may open additional supplementary hours)

PHARMACY	ODS code	ADDRESS	POST CODE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
East Ward Group										
PADGATE PHARMACY	FQE96	1 STATION ROAD, PADGATE	WA2 0PD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
TIMS & PARKER PHARMACY	FQX29	CULCHETH CLINIC, JACKSON AVENUE, CULCHETH	WA3 4DZ	09:00-13:30 14:00-18:00	09:00-13:30 14:00-18:00	09:00-13:30 14:00-18:00	09:00-13:30 14:00-18:00	09:00-13:30 14:00-18:00	09:00-13:00	CLOSED
WELL	FN408	28 BENSON ROAD, BIRCHWOOD CENTRE	WA3 7PQ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-19:00	08:30-19:00	09:00-17:00	11:00-15:00
WELL	FTM77	70/72 LODGE DRIVE, CULCHETH	WA3 4ER	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
WELL	FWX22	14-15 INSALL ROAD, FEARNHEAD CROSS	WA2 0HD	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	CLOSED	CLOSED
WOOLSTON PHARMACY	FLP82	22 MANCHESTER ROAD, WOOLSTON	WA1 3PP	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-13:00	CLOSED

Appendix 2 cont: Community pharmacy addresses and opening hours.

(some pharmacies may open additional supplementary hours)

PHARMACY	ODS code	ADDRESS	POST CODE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
South Ward Group										
BOOTS	FVC77	UNIT 5, 19/25 LONDON ROAD, STOCKTON HEATH	WA4 6SG	08:30-18:00	08:30-18:00	08:30-18:00	08:30-17:30	08:30-18:00	09:00-17:00	CLOSED
CLICK TRADING (distance-selling)	FE279	UNIT 3, THELWALL NEW ROAD, OSBORNE COURT, WARRINGTON	WA4 2LS	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
HUGHES PHARMACY	FYT65	158 KNUTSFORD ROAD, GRAPPENHALL	WA4 2QU	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	CLOSED
LYMM PHARMACY	FPH86	12 THE CROSS, LYMM	WA13 0HP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
STOCKTON HEATH PHARMACY	FWK62	STOCKTON HEATH MED CENTRE, THE FORGE, LONDON ROAD	WA4 6HJ	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	17:00-21:00	10:00-17:00
THE CROSS PHARMACY	FHX08	33 THE CROSS, LYMM	WA13 0HR	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
THOMAS BROWN PHARMACY	FD825	51 LONDON ROAD, STOCKTON HEATH	WA4 6SG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-13:00	CLOSED
WELL	FPX39	45 DUDLOW GREEN ROAD, APPLETON	WA4 5EQ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

Appendix 2 cont: Community pharmacy addresses and opening hours.

(some pharmacies may open additional supplementary hours)

PHARMACY	ODS code	ADDRESS	POST CODE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
West Ward Group										
ASDA PHARMACY	FRQ87	UNIT 6, WESTBROOK CENTRE, WESTBROOK	WA5 8UQ	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:30-16:30
ASTON PHARMACY	FV558	2 STATION ROAD, GREAT SANKEY	WA5 1RQ	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	CLOSED	CLOSED
BOOTS	FJ729	910 EUROPA BOULEVARD, GEMINI RETAIL PARK	WA5 7TY	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	11:00-17:00
CLICK CHEMIST	FXC25	PHARMACY UNIT, BARROW HALL LANE, GREAT SANKEY	WA5 3AA	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	CLOSED
CHAPELFORD PHARMACY	FE361	CHAPELFORD HEALTH CENTRE, SANTA ROSA BOULEVARD	WA5 3AG	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-18:00	08:30-13:00 13:30-18:00	CLOSED	CLOSED
COHENS CHEMIST	FQV12	UNIT 6, WESTBROOK SHOPPING CTRE	WA5 8UG	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
HOOD MANOR PHARMACY	FR245	GREAT SANKEY MEDICAL CENT, DORCHESTER ROAD	WA5 1UH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
PENKETH PHARMACY	FN118	HONITON WAY, PENKETH	WA5 2EY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
RYDALE PHARMACY	FL789	16 CHAPEL LANE, BURTONWOOD	WA5 4HF	08:30-12:45 13:45-17:30	08:30-12:45 13:45-17:30	08:30-12:45 13:45-17:30	08:30-12:45 13:45-17:30	08:30-12:45 13:45-17:30	09:00-12:30	CLOSED

Data source: Consolidated pharmacy list quarter 4, 2024/25, [Consolidated Pharmaceutical List - Datasets - Open Data Portal](#)

Appendix 3: Community Pharmacy Services

Key to services:

Service Type	Code	Service
Advanced	AUR	Appliance use reviews
	Flu	NHS Influenza Vaccination (all adults at risk)
	HCF	Hypertension Case Finding Service
	LFD	Lateral Flow Device
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PF	Pharmacy First
	SAC	Stoma Appliance Customisation
	SCS	Smoking Cessation Service
Enhanced	COVID-19	COVID-19 Vaccination
Locally Commissioned: Public health	SUPCON	Supervised Consumption (Methadone or Buprenorphine)
	NS-EX	Needle - Syringe Exchange Service
	EHC	Emergency Hormonal Contraception Service
Locally Commissioned: NHS Cheshire and Merseyside ICB, Warrington Place	PALL	Palliative Care Medicines Scheme

* Appliance Use Reviews (AUR) and Stoma appliance customisation (SAC) are both specialist services, and very few pharmacies across Cheshire and Merseyside ICB provide these services. No pharmacies within Warrington HWB area provide AUR or SAC.

Appendix 3 cont: Community Pharmacy Services

Central Ward Group																
Pharmacy Details			Advanced services									Enhanced	Locally Commissioned: Public Health			Locally Commissioned: ICB Warrington
PHARMACY	ODS CODE	POST CODE	AUR	Flu	HCF	LFD	NMS	PCS	PF	SAC	SCS	Covid-19	SUP CON	NS-Ex	EHC	PALL
ALLIED PHARMACY Orford	FFV91	WA2 7PW	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
BOOTS, Golden Square	FEL21	WA1 1TH	N	Y	Y	N	Y	Y	Y	N	N	N	N	N	Y	N
CORKER'S PHARMACY	FV857	WA1 2LR	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N
DALLAM PHARMACY	FD639	WA5 0HQ	N	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	Y
GREENCROSS PHARMACY	FK402	WA2 7JD	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y	Y
GUARDIAN ST PHARMACY	FAE61	WA5 1UP	N	Y	Y	N	N	Y	Y	N	N	Y	N	N	Y	N
MANCHESTER RD PHARMACY	FK321	WA1 3RB	N	N	Y	N	Y	Y	Y	N	N	N	Y	N	Y	N
ORFORD JUBILEE PHARMACY	FA315	WA2 8AG	N	Y	Y	N	N	Y	Y	N	N	Y	N	N	Y	N
ORFORD PHARMACY	FW716	WA2 9SF	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	N
ROWLANDS, Folly Lane	FCC94	WA5 0LZ	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	N
ROWLANDS Thelwall Lane	FPA75	WA4 1LJ	N	Y	Y	Y	N	Y	Y	N	Y	N	Y	Y	Y	N
SUPERDRUG Golden Square	FM011	WA1 1QE	N	Y	Y	Y	N	Y	Y	N	N	N	N	N	N	N
SUPERDRUG (Cockhedge)	FME80	WA1 2QQ	N	Y	Y	Y	N	Y	Y	N	Y	N	Y	N	N	N
TESCO PHARMACY	FP793	WA2 7NE	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N
WELL, Orford	FM256	WA2 9LN	N	Y	Y	Y	N	Y	Y	N	Y	N	Y	N	N	N
WELL, Bath St HWB Centre	FAA49	WA1 1UG	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y
WELL, Manchester Road	FR798	WA1 3RB	N	Y	Y	Y	N	Y	Y	N	Y	N	N	N	Y	N
CENTRAL WARD GROUP: TOTAL (OUT OF 17)			0	16	17	12	7	17	17	0	9	7	9	3	11	3

Appendix 3 cont: Community Pharmacy Services

East Ward Group																
Pharmacy Details			Advanced services									Enhanced	Locally Commissioned: Public Health			Locally Commissioned: ICB Warrington
PHARMACY	ODS CODE	POST CODE	AUR	Flu	HCF	LFD	NMS	PCS	PF	SAC	SCS	Covid-19	SUP CON	NS-Ex	EHC	PALL
PADGATE PHARMACY	FQE96	WA2 0PD	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	N
TIMS & PARKER, Culcheth	FQX29	WA3 4DZ	N	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	Y
WELL, Birchwood Mall	FN408	WA3 7PQ	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	N
WELL, Fearnhead Cross	FWX22	WA2 0HD	N	Y	Y	Y	N	Y	Y	N	Y	N	Y	N	Y	N
WELL, Culcheth	FTM77	WA3 4ER	N	Y	Y	Y	N	Y	Y	N	Y	N	Y	N	Y	N
WOOLSTON PHARMACY	FLP82	WA1 3PP	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	N
EAST WARD GROUP: TOTAL (OUT OF 6)			0	6	6	6	3	5	6	0	3	3	5	0	6	1

Appendix 3 cont: Community Pharmacy Services

South Ward Group																
Pharmacy Details			Advanced services									Enhanced	Locally Commissioned: Public Health			Locally Commissioned: ICB Warrington
PHARMACY	ODS CODE	POST CODE	AUR	Flu	HCF	LFD	NMS	PCS	PF	SAC	SCS	Covid-19	SUP CON	NS-Ex	EHC	PALL
BOOTS, Stockton Heath	FVC77	WA4 6SG	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y	N
CLICK TRADING (Distance selling)	FE279	WA4 2LS	N	N	N	N	Y	N	Y	N	N	N	N	N	N	Y
HUGHES PHARMACY	FYT65	WA4 2QU	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y
LYMM PHARMACY	FPH86	WA13 0HP	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N
STOCKTON HEATH PHARMACY	FWK62	WA4 6HJ	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y	N
THE CROSS PHARMACY (Lymm)	FHX08	WA13 0HR	N	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	N
THOMAS BROWN PHARMACY	FD825	WA4 6SG	N	Y	N	Y	Y	Y	Y	N	N	N	Y	N	Y	N
WELL, Appleton	FPX39	WA4 5EQ	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N
SOUTH WARD GROUP: TOTAL (OUT OF 8)			0	7	6	7	8	6	8	0	3	3	2	0	6	2

Appendix 3 cont: Community Pharmacy Services

West Ward Group																
Pharmacy Details			Advanced services									Enhanced	Locally Commissioned: Public Health			Locally Commissioned: ICB Warrington
PHARMACY	ODS CODE	POST CODE	AUR	Flu	HCF	LFD	NMS	PCS	PF	SAC	SCS	Covid-19	SUP CON	NS-Ex	EHC	PALL
ASDA, Westbrook	FRQ87	WA5 8UQ	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Y	Y
ASTON PHARMACY	FV558	WA5 1RQ	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Y	N
BOOTS, Gemini Retail Park	FJ729	WA5 7TY	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y	Y
CLICK CHEMIST	FXC25	WA5 3AA	N	N	N	N	N	N	Y	N	N	N	N	N	N	Y
CHAPELFORD PHARMACY	FE361	WA5 3AG	N	Y	Y	N	Y	N	Y	N	N	Y	N	N	Y	N
COHENS CHEMIST	FQV12	WA5 8UG	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	N
HOOD MANOR PHARMACY	FR245	WA5 1UH	N	Y	Y	N	Y	N	Y	N	N	N	Y	N	N	Y
PENKETH PHARMACY	FN118	WA5 2EY	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	N
RYDALE PHARMACY	FL789	WA5 4HF	N	Y	Y	Y	N	N	Y	N	N	N	Y	N	Y	N
WEST WARD GROUP: TOTAL (OUT OF 9)			0	8	8	6	7	5	9	0	3	3	4	0	6	4
WARRINGTON: TOTAL (OUT OF 40)			0	37	37	31	25	33	40	0	18	16	20	3	29	10

Appendix 4: Cross Border Pharmacy Service Provision (11 community and 3 distance-selling within 1 mile of Warrington HWB boundary)

Code	Name	Address & postcode	Health & Wellbeing Board	Distance Selling (internet)
FAG38	Wise Pharmacy Ltd	204 Warrington Road, Crow Wood, Widnes, WA8 0AX	Halton	N
FX639	Remedi Solutions Ltd	Unit 16, Berkeley Court, Manor Park, Runcorn, WA7 1TQ	Halton	Y
FVG64	Calea	Cestrian Court, Eastgate Way, Runcorn, Cheshire, WA7 1NT	Halton	Y
FN518	Cadishead Pharmacy	178 Liverpool Road, Cadishead, Manchester, M44 5DD	Salford	N
FNC54	Ashtons Pharmacy	13 Ashtons Green Drive, Parr, St. Helens, Merseyside, WA9 2AP	St. Helens	N
FNL49	Boots	32 Market Street, Earlestown, Newton-Le-Willows, WA12 9AN	St. Helens	N
FV823	Bradlegh Road Pharmacy	Newton Community Hospital, Bradlegh Road, Newton-Le-Willows, Merseyside, WA12 8RB	St. Helens	N
FX195	Jolley's Chemist	77 High Street, Newton-Le-Willows, Merseyside, WA12 9SL	St. Helens	N
FTC36	Legh Street Pharmacy	Legh Street, Earlestown, Newton-Le-Willows, Merseyside, WA12 9NF	St. Helens	N
FAJ66	Peak Pharmacy	5-6 Concourse Way, Parr, St. Helens, Merseyside, WA9 3QW	St. Helens	N
FDJ91	Rowlands Pharmacy	65 Market Street, Earlestown, Newton-Le-Willows, Merseyside, WA12 9BS	St. Helens	N
FK405	lpharm	Unit 18 Neills Road, Bold Industrial Estate, St Helens, WA9 4TU	St. Helens	Y
FFF29	Davey Chemists	14a Warburton Lane, Partington, Manchester, M31 4WJ	Trafford	N
FA756	Rowlands Pharmacy	5 Oaklands Road, Lowton, Warrington, WA3 2LA	Wigan	N

Appendix 5: Pharmaceutical Needs Assessment Pharmacy Contractor Questionnaire 2024

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

Premises Details

Date of completion	Pharmacy postcode
Is this a distance selling pharmacy?	☐ Yes ☐ No

Contact Details

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

Potential for increased demand

If there was increased demand for pharmaceutical services (e.g. dispensing, advanced and locally commissioned services) in your local area; through new housing developments, nearby pharmacies closing, etc. demand in your pharmacy may increase. With this in mind please select the option that best reflects your situation at the moment:	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	☐
	We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	☐
	We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	☐

Consultation facilities

Number of consultation rooms	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4 or more
------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	------------------------------------

Hand washing and toilet facilities

What facilities are available to patients during consultations?	☐ Handwashing in consultation area
	☐ Handwashing facilities close to consultation area
	☐ Have access to toilet facilities
	☐ None

Accessibility

Can customers legally park within 50 metres of the pharmacy?	☐ Yes ☐ No
How far is the nearest bus stop / train station?	☐ No bus stop or train station
	☐ Within 100m ☐ 100m to 500m ☐ 500m to 1000m ☐ 1000m+
Do pharmacy customers have access to designated disabled parking?	☐ Yes ☐ No
Is the entrance to the pharmacy suitable for wheelchair access unaided?	☐ Yes ☐ No
Are all areas of the pharmacy floor accessible by wheelchair?	☐ Yes ☐ No
Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	☐ All of the time ☐ By arrangement ☐ No
Do you have any other facilities in the pharmacy aimed at supporting disabled people to access your service? (Please tick all that apply)	
☐ Automatic door assistance	

☐ Bell at front door
☐ Toilet facilities accessible by wheelchair users
☐ Hearing loop
☐ Sign language
☐ Large print shelf-edge labels
☐ Large print leaflets
☐ Wheelchair ramp access
☐ Other, please state (Free text field)
Can staff at pharmacy speak languages other than English? Please list all languages spoken.

Reasonable adjustments

Please let us know about which reasonable adjustments you provide for eligible patients. (Tick all that apply)	☐ Large print labels
	☐ Non-click-lock caps
	☐ Reminder charts
	☐ MAR charts
	☐ Blister popping device
	☐ Tablet cutter/crusher
	☐ Easyhaler device
	☐ Eye drop aid
	☐ Lid gripping device
	☐ Magnifying glass
☐ Audio labels	
☐ Multicompartiment compliance aids (blister packs)	
☐ Other, please state (Free text field)	

Prescription Collection and Delivery

Does the pharmacy provide any of the following:	
Collection of prescriptions from surgeries	☐ Yes ☐ No
Delivery of prescriptions – Free of charge	☐ Yes ☐ No
With regards to prescription delivery, are you currently considering:	☐ Stopping this service entirely ☐ Charging all patients for this service ☐ Charging new patients for this service ☐ Neither
Delivery of prescriptions – Chargeable	☐ Yes ☐ No

Protected Characteristics

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

☐ Age	☐ Disability	☐ Gender
☐ People with, or about to have, gender reassignment	☐ Marriage and civil partnership	☐ Pregnancy and maternity
☐ Race	☐ Religion or belief	☐ Sexual orientation
☐ Other, (please specify)		

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here. (Free text field)

Appendix 6: Public Local Pharmacy Services Questionnaire

During November and December 2024, a survey was conducted, asking local residents to give their feedback on their local pharmacy. The online version of the survey was hosted by Liverpool City Council for all nine local authorities across Cheshire and Merseyside. It was publicised on the Warrington Borough Council website and a direct link to the survey was provided. Paper copies could also be requested from Warrington Borough Council Public Health Team and support to complete the survey was offered by Healthwatch if required. In total, 295 responses were received. A press release was issued, and the survey was promoted via social media channels. The following communication was sent out along with the questionnaire.

Share your views on your local pharmacy

A new survey has been launched, seeking people's views on pharmacy services, to help provide better services, now and in the future. By completing the survey, you can help to make sure that local pharmacy services in your area are providing the right offer and support for you and your family.

Your responses will help Warrington's Health and Wellbeing Board – a partnership of key leaders working to improve health and care services for the local population - to produce its local Pharmaceutical Needs Assessment (PNA).

The PNA will be used to assess the current pharmaceutical services and help make improvements in the services they offer.

The survey is anonymous. Your responses will only be looked at by the public health team, with just total responses used in the report. It should take about 15 minutes to complete.

Warrington Borough Council's cabinet member for health, wellbeing and social care, Cllr Maureen McLaughlin said: "Pharmacies play a vital role in health and wellbeing across our communities. They are a valuable resource for our residents – particularly our most vulnerable – and are often where people turn to first when they have a health concern. That's why it's important that we listen to the views of local people, so we can find out what they like, and what they think could be improved – and how well pharmacies in Warrington are meeting their needs. Please complete our survey and have your say on your local pharmacy. All views will be taken on board and will support our work to deliver services which better meet the needs of everyone."

A pharmacy or chemist is a place where you can get a prescription dispensed, buy medicines, or ask a pharmacist for advice.

The survey is hosted by Liverpool City Council on behalf of all nine local authority areas in Cheshire and Merseyside.

The survey runs until Tuesday 31 December 2024.

Demographics of PNA public survey respondents

There were 295 respondents to the PNA 2025 public survey, of whom:

- 70% said female and 27% said male. Almost all of the remainder preferred not to say.
- By age-band, 1% said they were aged 21-30, 7% aged 31-40, 12% aged 41-50, 26% aged 51-60, 26% aged 61-69 and 25% were aged 70 or over. The remaining 3% did not answer or preferred not to say.
- 16% said they were a carer.
- 90% said they were 'White - English, Welsh, Scottish, Northern Irish or British', 5% did not answer or preferred not to say, and the remaining 5% comprised small numbers of several other ethnic groups.
- 46% said they had a religion or belief, 42% said they did not, and the remaining 12% did not answer or preferred not to say. Of the 149 who specified their religion, 93% said Christian and the remaining 7% comprised small numbers of several other religions.

- 86% said they were heterosexual, 12% did not answer or preferred not to say, and the remaining 2% said homosexual or bisexual.

LOCAL SURVEY OF COMMUNITY PHARMACY SERVICES**Pharmacy Services - Have your say****Questions**

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

Which local authority area do you live in?

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

Q2. What is your full postcode?

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

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

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

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

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

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

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

- ☐ Walking
- ☐ Public Transport
- ☐ Car
- ☐ Motor Bike
- ☐ Taxi
- ☐ Bicycle

- ☐ Mobility Transport
- ☐ Used online pharmacy
- ☐ Other (please specify):

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

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

The following questions are about the Pharmacy and ease of access to it.**Q7. Thinking about the location of the pharmacy, which of the following is most important to you? (Please tick all that apply)**

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

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

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

If you answered quite difficult or very difficult, why?

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes

- ☐ No
- ☐ Don't know

If no, can you please explain your answer here:

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

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

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

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

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

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

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

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

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

- ☐ To get medicine(s) on a prescription
- ☐ To buy medicine(s) from the pharmacy
- ☐ To get advice at the pharmacy
- ☐ Other (please specify):

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

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

What is the reason for your answer?:

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

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

Q18. What day of the week was it?

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

Q19. What time of the day was it?

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

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

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

About any medicines you receive on prescription.**Q21. Did you get a prescription dispensed the last time you used a pharmacy?**

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

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

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

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

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

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

- ☐ Later the same day
- ☐ The next day
- ☐ Two or more days
- ☐ More than a week

- ☐ Never got it

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

- ☐ Yes
☐ No
☐ Not applicable

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

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

About times when you needed to talk to the pharmacist

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

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

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

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

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

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

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

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

The next questions are about your level of satisfaction with your usual pharmacy

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

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

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

	Important	Neither important nor unimportant	Unimportant	Don't know/Not applicable
Delivery of medicines to my home	☐	☐	☐	☐
Cost of products at pharmacy	☐	☐	☐	☐
Privacy when speaking to the pharmacist	☐	☐	☐	☐
Collection of prescriptions from my doctors	☐	☐	☐	☐
Range of services offered	☐	☐	☐	☐
Range of products available	☐	☐	☐	☐
Friendly staff	☐	☐	☐	☐
Waiting times	☐	☐	☐	☐
Opening times	☐	☐	☐	☐
Knowledgeable staff	☐	☐	☐	☐
Having the things I need	☐	☐	☐	☐

Q33. Please tell anything else that has influenced your choice of pharmacy?**Q34. Can you please tell us, how satisfied you are with the services and products offered by your regular pharmacy?**

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know/not applicable
Overall satisfaction	☐	☐	☐	☐	☐	☐
Delivery of medicines to my home	☐	☐	☐	☐	☐	☐
Cost of products at pharmacy	☐	☐	☐	☐	☐	☐
Privacy when speaking to the pharmacist	☐	☐	☐	☐	☐	☐
Collection of prescriptions from my doctors	☐	☐	☐	☐	☐	☐
Range of services offered	☐	☐	☐	☐	☐	☐

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know/not applicable
Range of products available	☐	☐	☐	☐	☐	☐
Friendly staff	☐	☐	☐	☐	☐	☐
Waiting times	☐	☐	☐	☐	☐	☐
Opening times	☐	☐	☐	☐	☐	☐
Knowledgeable staff	☐	☐	☐	☐	☐	☐
Having the things I need	☐	☐	☐	☐	☐	☐

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

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

About You

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

Q37. Are You?

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

Q38. How Old are you?

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

Q39. Are you a Carer?

- ☐ Yes
- ☐ No

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

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

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

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

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

- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Chinese
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Other Asian

- ☐ Black or Black British - African
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - Other Black
- ☐ Mixed or Multiple ethnic groups - White and Asian
- ☐ Mixed or Multiple ethnic groups - White and Black African
- ☐ Mixed or Multiple ethnic groups - White and Black Caribbean
- ☐ Mixed or Multiple ethnic groups - Other Mixed or Multiple ethnic groups
- ☐ White - English, Welsh, Scottish, Northern Irish or British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Roma
- ☐ White - Other White
- ☐ Other ethnic group - Arab
- ☐ Other ethnic group - Any other ethnic group
- ☐ Prefer not to say

Q43. Do you have a religion or belief?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

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

Q45. How would you describe your sexual orientation?

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

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Thank you for agreeing to complete this questionnaire which is asking for your views on the current provision of pharmacy services in your local area.

Appendix 7: 60-day Statutory Consultation Letter and Questionnaire

Pharmaceutical Needs Assessment (PNA) Consultation: Invitation to Participate

Draft 2025-28 Pharmaceutical Needs Assessment for consultation

Warrington Health and Wellbeing Board has produced the first draft of its 2025-2028 Pharmaceutical Needs Assessment (PNA) report. It is a statutory duty for Health and Wellbeing Boards to publish a PNA and keep it up to date. The PNA gives a picture of local community pharmacies and pharmaceutical services, including those currently provided in Warrington and assesses if, and how, these could be used further to support the health and wellbeing of local people. The PNA is used by the NHS when they are reviewing applications to open a new pharmacy or approving any changes to existing contracts.

The 2025-2028 PNA consultation draft is available to view on the council's website at:
[link to PNA consultation draft report]

The Warrington PNA Steering Group welcomes comments on the 2025-2028 PNA consultation draft. The purpose of the consultation is to receive feedback on the accuracy of the report and the extent to which the findings reflect the views of the those living in Warrington and other stakeholders.

Your feedback will be used to inform the final report which is scheduled for publication in October 2025.

We would like to invite you to view and comment on the document during the consultation period:

Monday 7 April 9.00am until Thursday 5th June 5.00pm

Please note that any responses received after this time may not be included in the findings report.

After reading the draft PNA report, please complete the online PNA consultation questionnaire which can be found at [link to survey]

If you require a paper version of the PNA consultation questionnaire or would like documents in another format please contact Chloe Hughes, PA to the Director of Public Health on 01925 442950 or leave a voicemail. Thank you.

Warrington Pharmaceutical Needs Assessment Consultation Response Form

1. Has the purpose of the PNA been explained clearly within Sections 1 and 2 of the draft PNA document?					
Yes	☐	No	☐	Not sure	☐
If "No", please explain why.					
2. Does Section 3 clearly set out the scope of the PNA?					
Yes	☐	No	☐	Not sure	☐
If "No", please explain why.					
3. Do Sections 4 and 5 clearly set out the local context and the implications for the PNA?					
Yes	☐	No	☐	Not sure	☐
If "No", please explain why.					
4. Do Sections 6-8 provide a reasonable description of the services which are provided by pharmacies in Warrington?					
Yes	☐	No	☐	Not sure	☐
If "No", please explain why.					
5. Are you aware of any NHS commissioned (NHS England or ICB) pharmaceutical services currently provided which have not been included within the PNA?					
Yes	☐	No	☐	Not sure	☐
If "Yes", please let us know which service(s).					
6. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?					
Yes	☐	No	☐	Not sure	☐
If "No" please explain why.					
7. Do you agree with the key findings about pharmaceutical services in Warrington?					
Yes	☐	No	☐	Not sure	☐
If "No" please explain why.					
8. Has the PNA provided enough information to inform future pharmaceutical services provision?					
Yes	☐	No	☐	Not sure	☐
If "No", please explain why.					

9. Community pharmacies & Dispensing Appliance Contractor only. Please can you review the information in Appendix 2 (Opening Hours) and Appendix 3 (Service Provision) for accuracy? If you identify any issues, please provide details

	Is the information Accurate?				If "No", please provide details:
Opening Hours	Yes	☐	No	☐	
Service Provision	Yes	☐	No	☐	

10. If you have any further comments, please enter them in the box below (question applies to all):

11. About you - please can you provide the following information:

Name	
Job Title	
Pharmacy Name or Organisation	
Address	
Telephone No.	
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?	Yes ☐ No ☐

Appendix 8: Consultation results

Public consultation responses to PNA 2025-2028 consultation draft

Six responses were received in respect of the public consultation.

1. Has the purpose of the PNA been explained clearly within Sections 1 and 2 of the draft PNA document?
All respondents answered 'yes' to this question.
2. Does Section 3 clearly set out the scope of the PNA?
All respondents answered 'yes' to this question.
3. Do Sections 4 and 5 clearly set out the local context for the PNA?
All respondents answered 'yes' to this question.
4. Do Sections 6-8 provide a reasonable description of the services which are provided by pharmacies in Warrington?
All respondents answered 'yes' to this question.
5. Are you aware of any NHS commissioned (NHS England or ICB) pharmaceutical services currently provided which have not been included within this PNA?
All respondents answered 'no' to this question.
6. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?
Five respondents answered 'yes' to this question and one respondent answered 'no'. The respondent who answered 'no' stated that:
*'Could do with more pharmacy services that run late [late] hours like Manchester road pharmacy.

Maybe look a mobile pharmacy in the town that in a rota could go to harder to reach areas to give advise and give out repeat prescriptions'.*
The PNA Steering Group noted the response, and an individual reply was provided to the respondent
7. Do you agree with the key findings about pharmaceutical services in Warrington?
Five respondents answered 'yes', and one respondent answered, 'not sure'.
8. Has the PNA provided enough information to inform future pharmaceutical services provision?
Five respondents answered 'yes' and one respondent answered, 'not sure'.
9. (for community pharmacies only)
 - 9.1 Is the information on opening hours accurate?
 - 9.2 Is the information on service provision accurate?
 - 9.3 Please mark any amendments in this box

Changes to opening hours for the Boots pharmacies in Stockton Heath and on the Gemini Retail Park were notified. These had been received as change notices from NHS England but had not yet been updated in the national dataset.

In line with good practice, the PNA report utilises published data which provides a snapshot of pharmacy opening hours at a given point in time. The changes to opening hours received as part of the PNA consultation were notified to the Cheshire and Merseyside ICB Primary Care Manager on Friday June 6th, 2025.
10. If you have any further comments, please enter them in the box below.
One further comment was received noting that there was more up to date pharmacy contractor data than that used in the prescribing analysis on page 71.

The PNA Steering Group acknowledges that while there is more up to date pharmacy contractor data, the prescribing data is taken from the General Pharmaceutical Services in England 2015/16-2023/24 dataset ([General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA](#)) and this is the most recent available. In addition, the Warrington figure is likely to be accurate as the number of pharmacies has remained constant. The methodology used is a recognised calculation, which has been used by Health and Wellbeing Boards across Cheshire and Merseyside.