



Wolverhampton Joint Strategic Needs Assessment

Pharmaceutical Needs Assessment

2025 - 2028

[Draft]



**CITY OF
WOLVERHAMPTON
COUNCIL**



Produced by: Public Health, City of Wolverhampton Council

In collaboration with: Local Pharmaceutical Committee Wolverhampton City;

NHS Black Country Integrated Care Board (ICB)

On behalf of: Health and Wellbeing Together Board,
Wolverhampton

Final version as at:

Acknowledgements

PNA Steering Group Members

NHS Black Country Integrated Care Board: Suky Sandhar and Hema Patel.

Local Pharmaceutical Committee Wolverhampton City: Jeff Blankley and Sundip Gill.

City of Wolverhampton Council, Public Health: Leonie Roberts, Parmdip Dhillon, Hannah Stammers, Riva Eardley and Amrik Sangha.

Healthwatch Wolverhampton: Stacey Lewis

Significant Contributions to the report

City of Wolverhampton Council, Public Health: Parmdip Dhillon, Hannah Stammers and Amrik Sangha.

City of Wolverhampton Council, IDOX and GIS team: Gary Swift.

Local Pharmaceutical Committee Wolverhampton City: Jeff Blankley.

Organisations which have supported the PNA process

City of Wolverhampton Council teams (Planning and Public Health), Local Pharmaceutical Committee Wolverhampton City and NHS Black Country Integrated Care Board (ICB)

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Executive Summary

This document summarises the full Wolverhampton Pharmaceutical Needs Assessment (PNA): 2025 - 2028. The PNA describes key local health needs and the range of services available in community pharmacies across Wolverhampton.

Introduction and Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹ require local Health and Wellbeing Boards to produce a PNA every three years. The last PNA for Wolverhampton was conducted in 2022. The findings from the PNA will inform the future commissioning of services from community pharmacies. The PNA also informs decisions by NHS Black Country Integrated Care Board regarding the opening of new pharmacy premises.

How have we produced the PNA?

The PNA was guided by representatives from Public Health, Black Country Integrated Care Board (ICB), and the Wolverhampton Local Pharmaceutical Committee (LPC).

A survey was sent to local pharmacies (Pharmacy Survey), with 52 of 56 participating, providing data on their hours and services. A survey for the public to respond to (Public/Patient survey) was also shared via press-release, social media, and local GPs, receiving 985 responses, and offering insights into how residents use pharmacies and their views on available services.

The 60-day public consultation period, for which the general public are able to review and comment on the PNA, is planned to commence in March 2025.

Health Priorities in Wolverhampton

Wolverhampton has a population of 263,727², which is projected to grow over the next 25 years, with the most significant increase expected among those aged 65 and over.

The city has a diverse population, with 61% of residents identifying as White, 30% as Black or Asian, and 9% as belonging to 'Mixed' or 'Other' ethnic groups. In contrast, England's overall population is approximately 14% Black or Asian, and around 5% 'Mixed' or from 'Other' ethnicities.

Wolverhampton faces significant challenges, ranking as the 24th most deprived Local Authority in the country. Over 50% of Wolverhampton residents live in areas amongst the poorest in England impacting health outcomes, life expectancy and premature mortality across the city.³

The six most important influences on local life expectancy are deaths in infancy and deaths related to alcohol, coronary heart disease, respiratory disease, stroke, and lung cancer.

The Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWBS) have identified 6 priorities for action in Wolverhampton which cover the whole of the life course⁴. These health priorities require targeted work to improve healthy life expectancy across the city.

Community pharmacies in Wolverhampton

There are 56 community pharmacies within the city which have been consolidated from 60 in 2022.

There are two distance selling pharmacies based in Wolverhampton. This is comparable to other areas of the Black Country, but higher than West Midlands and England averages.

Pharmacies are well distributed across the city and are mostly near GP surgeries and open at least 40 hours a week, with extended hours in high-need areas. Forty-eight pharmacies are open until 6pm or later Mon-Fri, 31 on Saturdays (16 until 5 pm+), and 6 on Sundays.

Geographical mapping informs us that the vast majority of residents can reach a pharmacy within a 5-minute drive and within a 20-minute walk.

Most pharmacies offer private consultation spaces and many offer services in languages other than English. All offer electronic prescription services. Most pharmacies offer delivery services for residents who may struggle to reach a community pharmacy.

Services offered in community pharmacies

Community pharmacies offer many services beyond the dispensing of medicines and are key contributors to health and wellbeing in the city. They are a gateway to our diverse population some of whom may not be in contact with other health services. All community pharmacies operate under a contractual framework⁵, last agreed upon in 2019, which sets out three levels of services: Essential Services, Advanced Services, and Local “Enhanced” Services.

Pharmacy First

The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply.

The new Pharmacy First service, launched 31 January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways. Table 1 shows the 7 conditions pharmacists can manage across various age ranges.

Table 1. The 7 conditions that can be treated through Pharmacy First

Condition	Age range
Earache (acute otitis media)*	1-17 years
Impetigo	1 year and over
Infected insect bite	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated Urinary Tract Infections (UTIs)	Women aged 16-64 years

*Distance selling pharmacies will not complete consultations for acute otitis media.

Pandemic Delivery Service

Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned in March 2022. From April 2022, free universal symptomatic and asymptomatic testing for the general public in England stopped. Universal provision for free lateral test device kits (LFD) was also decommissioned from April 2022, although free availability remains for those with certain health conditions and also front-line health and social care staff. The COVID-19 vaccination service is also offered as an Enhanced Service provided by community pharmacies and commissioned by NHSE&I.

Healthy Living Pharmacies status became an Essential requirement from January 2021 as part of the community pharmacy contractual framework.

Essential services

All pharmacies provide core services including dispensing and disposal of medicines, promotion of healthy lifestyles, health promotion campaigns, and support for self-care. These are negotiated nationally as part of the NHS Community Pharmacy Contractual Framework.

Advanced Services

Some pharmacies provide additional services to support the use of medical appliances such as stoma care, incontinence, and wound drainage products. Many pharmacies offer services to support patients prescribed new medicines or higher-risk medicines to improve their understanding of how to take them safely and effectively.

Local 'Enhanced' Services

At the time of writing this PNA, Wolverhampton is part of the Black Country Integrated Care System (ICS). Clinical Commissioning Groups (CCGs) have been replaced by Integrated Care Boards (ICBs) as part of the Integrated Care Systems. Since April 2022, ICBs have taken on the delegated responsibility for pharmaceutical services from NHSE&I. Some services previously commissioned by CCGs will now fall under the definition of Local 'Enhanced' Services, which are additional services provided by pharmacies to improve patient care and support local health priorities. In July 2022, Wolverhampton became part of the newly established NHS Black Country Integrated Care Board (ICB).

Emergency Hormonal Contraception (EHC)

Pharmacies are well placed to provide EHC in the community and provide valuable support to wider sexual health and contraception services. Currently, three quarters of pharmacies are commissioned to provide this service. Although the majority of respondents to the Public/Patient Survey said they had not used this service.

Drugs Services (Supervised Consumption and Needle Exchange)

Community pharmacies provide valuable support to the current local provider, Recovery Near You. There is good coverage across the city with the highest volume of activity taking place in areas with larger numbers of clients in treatment. Pharmacies must continue to work closely with the local drug treatment service to engage with service users, provide harm reduction messages, provide continuity of care for service users and emphasise the importance of returning packs and litter.

Rota Service

This service ensures that there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

The Community Pharmacy Extended Care Service

This service aims to provide eligible patients who are registered with a General Practitioner (GP) with access to support for the treatment of Simple UTI in Females (from 16-65 years of age), Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years), Impetigo, Infected Insect Bites, and Infected Eczema. However, this service has been paused and is not currently being provided.

Potential Opportunities for Community Pharmacies

There is a range of services not currently provided through community pharmacies that could be considered, including smoking cessation, PrEP supply, a commissioned service for dispensing of medication into compliance aids, and managing long-term conditions. The evidence base and patient acceptability of community pharmacies as a venue for these services should be considered to guide future commissioning.

NHS Health Check

Cardiovascular disease is a major contributor to excess years of life lost in Wolverhampton. The NHS Health Check programme aims to prevent heart disease, stroke, diabetes, and kidney disease. It invites individuals aged 40 to 74, who have not been diagnosed with any of these conditions, to receive a check every five years. The check assesses their risk of these conditions and provides advice and support to help manage or reduce that risk.

Between 2019/20 and 2023/24, approximately 96.3% of the eligible population was offered an NHS Health Check, which is significantly higher than the national and regional averages of 69.1% and 73.7%, respectively. However, only 32.3% of those offered the check actually

received it, which is lower than the national and regional averages of 40.6% and 37.0%, respectively.

While NHS Health Checks are currently only provided at GP surgeries, community pharmacies could serve as a viable alternative venue for NHS Health Checks, depending on future commissioning decisions.

Brief Interventions for Weight Management and Alcohol

Both obesity and alcohol harm are key local priorities for action. Community pharmacies could provide an alternative platform for providing brief interventions and signposting to services.

Pharmacy Survey

A survey was sent to all 56 community pharmacies in Wolverhampton to gather information on pharmacy hours, services, accessibility and COVID-19 related services.

Public/Patient Survey

Between December 2024 and January 2025, 985 residents responded to the Public/Patient Survey. Most (88.73%) felt pharmacies were open when needed, but weekend access has decreased compared to 2022, with 68.93% able to find a pharmacy on Saturdays and 23.55% on Sundays.

Around three-quarters (77.7%) of respondents reported having pharmacies close to home is important, and 48.32% felt the same about pharmacies near GP surgeries. Most people visit pharmacies for repeat or one-off prescriptions, either for themselves (77.16%) or others (54.62%).

Assessment of Need

At this time, there is adequate community pharmacy provision, which is well distributed across the city and sufficient to meet the needs of residents. There are opportunities to increase uptake and quality of current services offered through commissioning and contracting mechanisms. Commissioners, contractors, and the LPC will need to continue to work together to develop and improve these services.

There are potential opportunities for community pharmacies to further contribute to key local health priorities. These could include smoking cessation, NHS Health Checks, brief interventions, and signposting to services for both weight management and alcohol. Further work is needed to assess the evidence for community pharmacy contribution and to incorporate this into future service reviews.

Next Steps

The Health and Wellbeing Board will need to monitor local changes in population, housing and health provision and determine if an update is required before the next iteration of the PNA in 2028.

NHS England, Black Country ICB and Public Health will continue to work closely with the Local Pharmaceutical Committee and community pharmacies to ensure high-quality services are offered. Further work will be undertaken to engage with stakeholders as services develop.

Chapter 1: Introduction

What is the Pharmaceutical Needs Assessment?

A Pharmaceutical Needs Assessment (PNA) is a systematic process designed to assess the current provision of pharmaceutical services and identify any unmet needs, both now and in the future, based on the requirements of the local population. While it is the Health and Wellbeing Board's responsibility to ensure this document is produced, it is NHS Black Country Integrated Care Board that will use the findings to determine whether new pharmacies are needed, as they hold pharmaceutical lists which help them to control market entry to NHS pharmaceutical services. Decisions made by NHS Black Country Integrated Care Board regarding market entry based on the findings of the PNA are open to appeal and legal challenge.

The commissioning of pharmaceutical services was delegated by NHS England to the ICBs with effect from 1 April 2023 and it is now the ICB that will use the PNA to determine applications for inclusion in a pharmaceutical list.

Community pharmacies provide a range of services defined as per the Community Pharmacy Contractual Framework⁵ :

- **Essential** – all pharmacies must provide dispensing of medicines and safe disposal of medicines, the discharge medicines service (DMS), promotion of healthy lifestyles, participation in health promotion campaigns, signposting to other health care providers, and support for self-care.
- **Advanced** – pharmacies can choose to provide additional, nationally-defined services. As of January 2025, the Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF) include: New Medicines Service (NMS), Appliance Use Reviews (AURs), Stoma Appliance Customisation Services (SACs), the NHS Influenza Vaccination Service, Lateral Flow Device (LFD) Service, the

Hypertension Case Finding Service, the Smoking Cessation Service (Transfer of Care), Pharmacy Contraceptive Service (PCS) and Pharmacy First.

- **Locally commissioned (“Enhanced”) services** – some pharmacies may provide additional services commissioned locally by NHS England, ICB (formerly CCG) or the Council’s Public Health department, these additional services are tailored to meet the specific health needs of local populations. The services which are commissioned can vary between pharmacies in the same local authority area.

At the time of writing, negotiations are taking place between representatives of the community pharmacy sector and the Department of Health and Social Care regarding the renewal of the Community Pharmacy Contractual Framework. Until negotiations have reached a conclusion the previous framework will remain valid. The PNA will also be used to inform the future commissioning of services from pharmaceutical service providers.

The last PNA was published in 2022. A revised PNA must be completed every three years, or earlier if there are significant changes to the provision of pharmaceutical services. The PNA for Wolverhampton was undertaken in accordance with the requirements set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013¹. Public Health will be leading the development of the PNA on behalf of the Health and Wellbeing Board.

Chapter 2: PNA Process

The PNA process for Wolverhampton has been guided by the Department of Health and Social Care (DHSC)'s Pharmaceutical Needs Assessments: Information Pack for Local Authority Health and Wellbeing Boards¹. This document contains the legislative background behind PNAs, what 'Pharmaceutical Services' means in terms of PNAs, what the minimum information that should be included in PNAs is, the frequency of updating PNAs, and the consultation requirements, and what to consider when making assessments.

Steering Group

A steering group was set up to develop the PNA in accordance with the DoH guidance. Members of this steering group included representatives from NHS Black Country ICB, the Local Pharmaceutical Committee (LPC), and the City of Wolverhampton Council's Public Health.

Pharmacy Survey

A Pharmacy Survey to gather information from all the community pharmacies in Wolverhampton was developed on Citizen Space using the Pharmaceutical Services Negotiating Committee (PSNC)⁶ pharmacy survey as a basis and with locally determined questions added to this (Appendix 1). The survey included questions on opening and closing times, commissioned services, private services, usage, and accessibility. Additional questions were included to understand the level of continued activity related to the COVID-19 pandemic in pharmacy services. This survey was sent to all 56 community pharmacies via a web link along with a letter explaining the reason for the survey (Appendix 2), and with regular reminders from the Public Health team and the LPC, a 91% online completion rate was achieved. However, responses will continue to be obtained until the final PNA is due to be published.

Public/Patient Survey

A survey to gather the public's perception of their experiences of using community pharmacies was also developed on Citizen Space (Appendix 3). This included questions on the reasons for using the pharmacy, satisfaction with the service, opening times, convenience, travel methods, and accessibility.

A press release was issued to support the publication of the survey and was distributed to stakeholders through the Council, as well as shared on the websites and social media platforms of partner organisations (Appendix 5). GPs also communicated with their registered patients by sending text messages about the survey. The press release was subsequently picked up by the BBC, which featured an article on the survey on BBC News: [BBC News Article](#). Additionally, two versions of a poster featuring a QR code to provide easy digital access to the survey were circulated (Appendix 4). As of 20th January 2025, a total of 985 completed surveys had been returned.

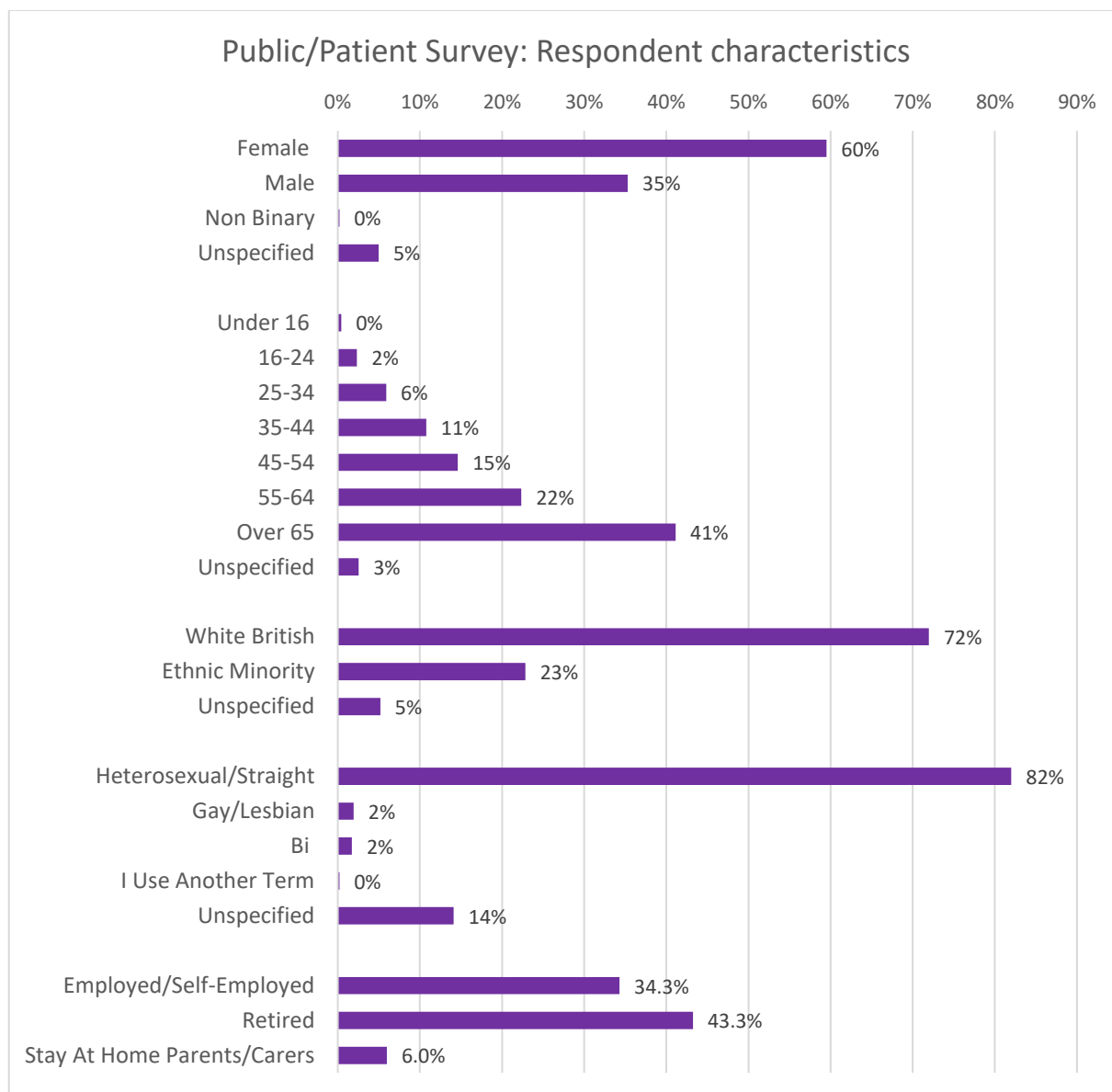
The majority (72.0%) of respondents to this survey identified as White British, which is proportionally representative of the population of Wolverhampton. Around 2 in 10 (22.8%) reported being from an ethnic minority background, while 5.2% of respondents chose not to disclose their ethnicity.

Over half (59.5%) of respondents were female, more than a third (35.3%) were male, and a very small minority (0.2%) identified as non-binary. Approximately 1 in 10 (5.0%) did not specify their gender.

Regarding employment status, 34.3% (338 respondents) were employed or self-employed, 3.1% (30) were in education, 43.3% (426) were retired, and 6.0% (59) were stay-at-home parents, carers, or in similar situations. The largest group of respondents were in the over 65 age bracket, with 405 responses (41.1%), followed by the 55-64 age group, with 220 responses

(22.3%). Additionally, 29.9% (294) of respondents reported having a long-term condition (lasting 12 months or more) or a disability.

Figure 1. Respondent characteristics to the Public/Patient Survey, 2025



Source: Public/Patient Survey

Consultation Process

As per the guidance¹, a 60-day statutory consultation period will be undertaken to enable stakeholders to review the draft PNA and comment on the content of the document. This consultation period will begin in March and remain open for 60 days. As per the guidance, the draft PNA will be sent to the following:

- a) The Local Pharmaceutical Committee for Wolverhampton and that for one other area.
- b) The Local Medical Committee for Wolverhampton, and that for one other area.
- c) Any persons on the pharmaceutical lists and any dispensing doctors for Wolverhampton.
- d) Any Local Pharmaceutical Services (LPS) Pharmacy in Wolverhampton with whom NHS England has made arrangements for the provision of any local pharmaceutical services.
- e) The local Healthwatch organisation for Wolverhampton and any other patient, consumer, or community group in Wolverhampton that in the opinion of Wolverhampton's Health and Wellbeing Board (HWB) has an interest in the provision of pharmaceutical services in its area; and
- f) The local NHS trust in Wolverhampton.
- g) NHS England; and
- h) Any neighbouring HWB (Sandwell, Dudley, Walsall, or South Staffordshire).

In Wolverhampton, there are no dispensing doctors or LPS chemists. Questions were developed to enable structured feedback to be received. The feedback received following the statutory consultation will be used to make appropriate changes to the document, and a summary of all the comments received will be provided.

Ratification by the Health and Wellbeing Board

Upon closure of the Public Consultation period, the comments received will be reviewed and incorporated into the final PNA. This will then be taken to the HWB for ratification. Any further comments and changes requested by the HWB will be made to the PNA and subsequently published as a supplementary update.

Chapter 3: Local Needs and Provision

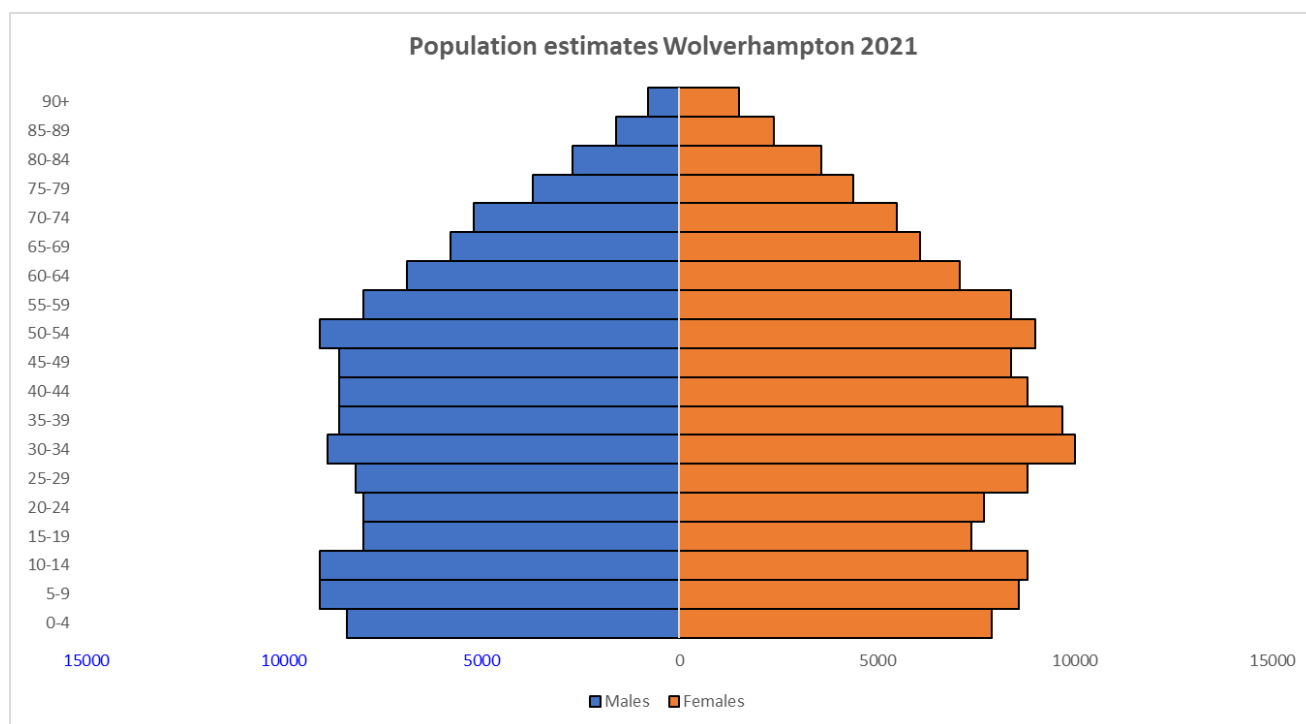
Demographics

Age structure

In 2021, Wolverhampton's estimated population was 263,727², reflecting a 5.7% increase from the 2011 Census, which recorded an estimated population of 249,500.⁷ Wolverhampton is the third most densely populated local authority area in the West Midlands, out of 30 local authority areas.⁸

Wolverhampton's population is nearly evenly split, with 50.9% (134,175) females and 49.1% (129,552) males (Figure 2).⁹

Figure 2: Population structure for Wolverhampton, 2021



Source: ONS Census 2021

Wolverhampton's population is projected to grow to 296,102 by 2043, reflecting a 12.3% increase. While the city's age structure is younger than the national average, it still faces challenges associated with an aging population, as the number of people aged 65 and over is expected to grow more rapidly than other age groups, with a 28% increase by 2043⁷.

Ethnicity

Wolverhampton is a diverse and multicultural city. While the majority of the Wolverhampton population are of White ethnicity (60.6%), those of Black and Asian ethnicity make up nearly a third (30.5%), and those of Mixed and 'Other' ethnic groups make up nearly 1 in 10 (8.9%). By comparison, England overall has much less diversity, with 81% of the nation of White ethnicity.

Between the 2011 and 2021 Census, Wolverhampton's demographic profile has shifted. The proportion of White residents has declined by 7.5 percentage points, decreasing from 68% in 2011 to 60.6% in 2021. Meanwhile, the proportion of individuals identifying as Black and Asian has increased by 5.5 percentage points, rising from 25% to 30.5%. Similarly, those identifying as Mixed or from 'Other' ethnic groups have increased by 1.9 percentage points, from 7% to 8.9%. These shifts reflect the city's evolving multicultural landscape and its ongoing transformation over the past decade.⁹

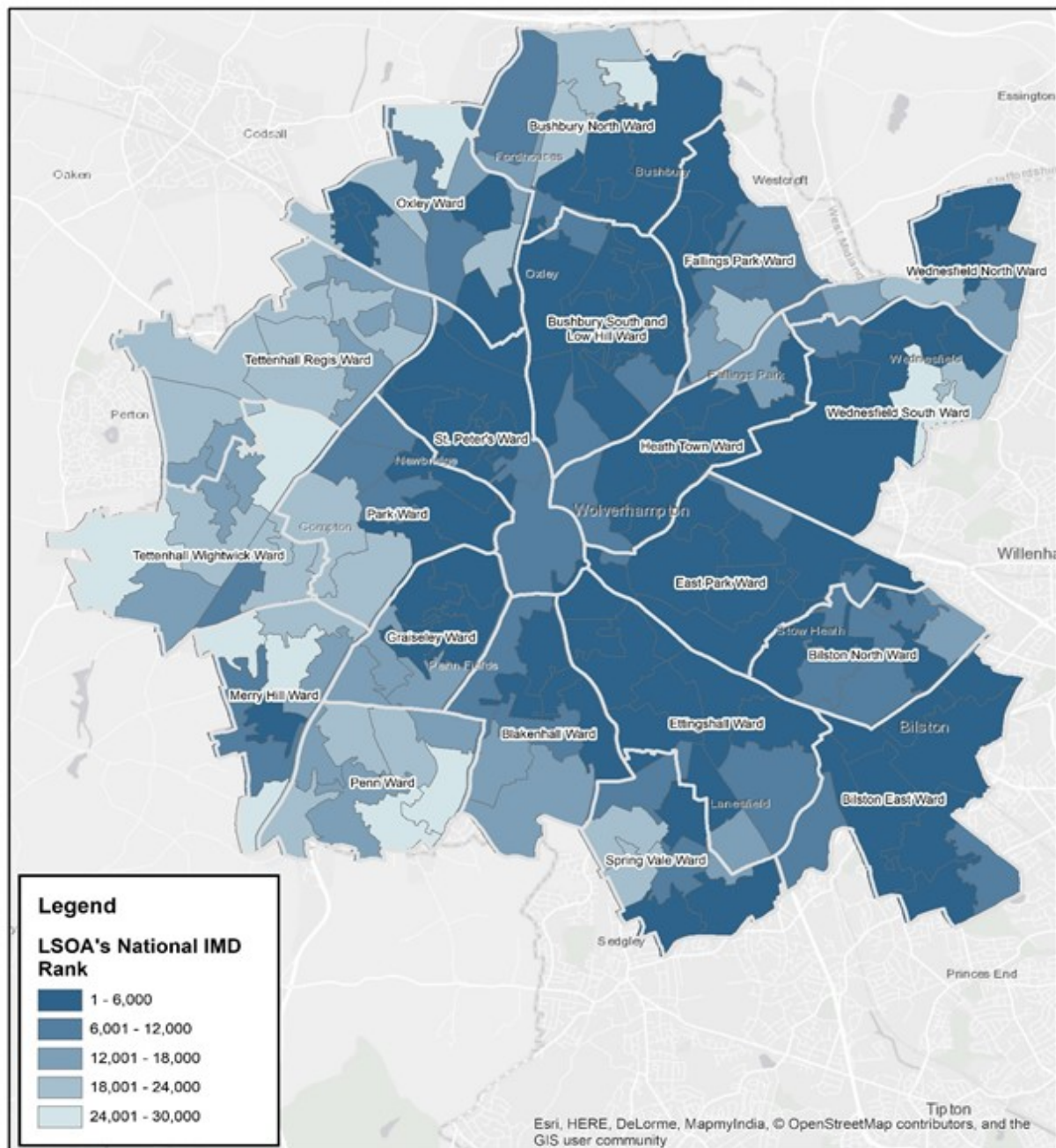
The wards with the highest proportion of Black and Asian ethnic groups are Blakenhall (64.6%), Ettingshall (49.5%), St Peter's (48.7%) and Graiseley (43.1%). Wards with the highest proportion of those from Mixed or 'Other' ethnic groups included Bushbury South (7.3%), Heath Town (6.8%), East Park (6.7%), Oxley (6.5%), Ettingshall (6.4%).⁹

Deprivation

The Index of Multiple Deprivation (IMD) is a measure used to assess the overall level of deprivation in different geographic areas. It combines a range of indicators to capture multiple dimensions of disadvantage, including income, employment, health, education, crime, housing, and access to services. The IMD provides a score for each area, which is then ranked from most deprived to least deprived. This helps identify areas of higher need that require targeted intervention and resource allocation to address social and economic inequalities.

Wolverhampton is ranked the 24th most deprived out of all 317 local authorities in England and is also the 2nd most deprived local authority in the Black Country (Figure 3). Over 50% of Wolverhampton residents live in areas amongst the poorest in England, with higher deprivation linked to poorer health outcomes, lower life expectancy and premature mortality.

The city wards that are most deprived, overall, include Bilston East, Bushbury South and Low Hill, East Park, Ettingshall and St Peters. Wards that have been identified as the city's least deprived, overall, are Tettenhall Regis, Penn, Tettenhall Wightwick, Merry Hill and Bushbury North.³

Figure 3: Index of Multiple Deprivation (IMD) Score, by LSOA, Wolverhampton, 2019¹¹

Source: GOV.UK (2019)

Health status by ward

On average, 19% of residents report to be disabled which is similar to the national average (17%)⁸. The wards which have the highest number of residents reporting a disability which limits daily activities 'a little' to 'a lot' include Wednesfield North (22.5%), East Park (21.2%) and Spring Vale (20.4%) (Table 2).^{9 10}

Table 2. Ward Summary Table

Ward	City Deprivation Ranking (1-20): 1 is most deprived and 20 is least deprived	Total Ward population	Proportion (%) of population are of Black and Asian ethnicity (City Average: 30%)	Proportion (%) of population that are of Mixed or 'Other' ethnic groups (City Average: 5%)	Proportion (%) with a limiting illness which limits daily activities a 'little' or 'a lot' (City Average: 19%)
Bilston East	1	15,757	23.2%	5.3%	19.3%
Bushbury South & Low Hill	2	17,957	30.1%	7.3%	17.2%
East Park	3	12,890	27.3%	6.7%	21.2%
St Peter's	4	13,522	48.7%	5.5%	14.5%
Ettingshall	5	16,979	49.5%	6.4%	14.3%
Heath Town	6	14,803	39.1%	5.9%	17.4%
Graiseley	7	12,944	43.1%	5.6%	18.9%
Bilston North	8	12,791	27.2%	5.1%	19.7%
Fallings Park	9	12,356	18.2%	6.0%	19.7%
Blakenhall	10	12,614	64.6%	3.3%	16.3%

Spring Vale	11	12,499	26.0%	4.4%	20.4%
Park	12	12,744	37.6%	4.8%	18.1%
Oxley	13	12,480	22.1%	6.5%	18.5%
Wednesfield North	14	11,198	9.5%	3.1%	22.5%
Wednesfield South	15	11,892	20.3%	4.5%	18.6%
Bushbury North	16	11,953	12.2%	5.3%	19.8%
Merry Hill	17	12,371	20.3%	5.9%	17.5%
Tettenhall Wightwick	18	10,647	19.0%	4.0%	19.1%
Penn	19	12,855	33.0%	4.3%	16.8%
Tettenhall Regis	20	12,477	25.7%	3.9%	16.7%

Source: Index of Multiple Deprivation (2019) and Census 2021

Local Health and Wellbeing Priorities

The City of Wolverhampton Council's Health and Wellbeing Board (Health & Wellbeing Together) sets out 6 strategic priorities for the city in the Joint Health & Wellbeing Strategy (2023-2028).⁴ Priorities are thematically grouped into the following areas:

1. **Starting and growing well:** Providing children with the best start in life is crucial for improving health and reducing health inequalities. Childhood lays the foundation for adulthood, and experiencing inequalities early in life can prevent a child from reaching their developmental potential and affecting their long-term outcomes. This priority will be focused on the following 4 areas:

- First 1,001 days.
- Good level of development and school readiness.
- Emotional health and wellbeing.
- Home environment.

2. **Getting Wolverhampton Moving:** There are many benefits to moving more for both children and adults. For children and young people being more active is associated with improved learning and attainment, better mental and emotional wellbeing, and contributes to healthy weight status. For adults, being active provides a protective effect across a range of chronic conditions such as coronary heart disease, obesity, and type 2 diabetes, as well as supporting positive mental health and reducing social isolation. This priority will be focused on the following 4 areas:

- Active city.
- Active spaces and places.
- Active Wulfrunians.
- Active system.

3. Reducing addiction harm: Substance misuse, smoking, and gambling can severely affect a person's mental and physical health, financial stability, and overall quality of life. These issues disproportionately affect disadvantaged individuals and communities, further exacerbating health inequalities and reducing both life expectancy and healthy life expectancy. This priority will be focused on the following 4 areas:

- Gambling harm.
- Drug misuse.
- Alcohol harm.
- Smoking.

The Health and Wellbeing Board's strategic outcomes are that these priority areas will have an impact on increasing life expectancy and improving quality of life. The support of community pharmacies is necessary to achieve these overarching strategic outcomes.

For more detailed information on the health needs of Wolverhampton, please follow the links to Wolverhampton's Joint Strategic Needs Assessments (JSNAs), which can be found here:

<http://www.wolverhampton.gov.uk/jsna>.

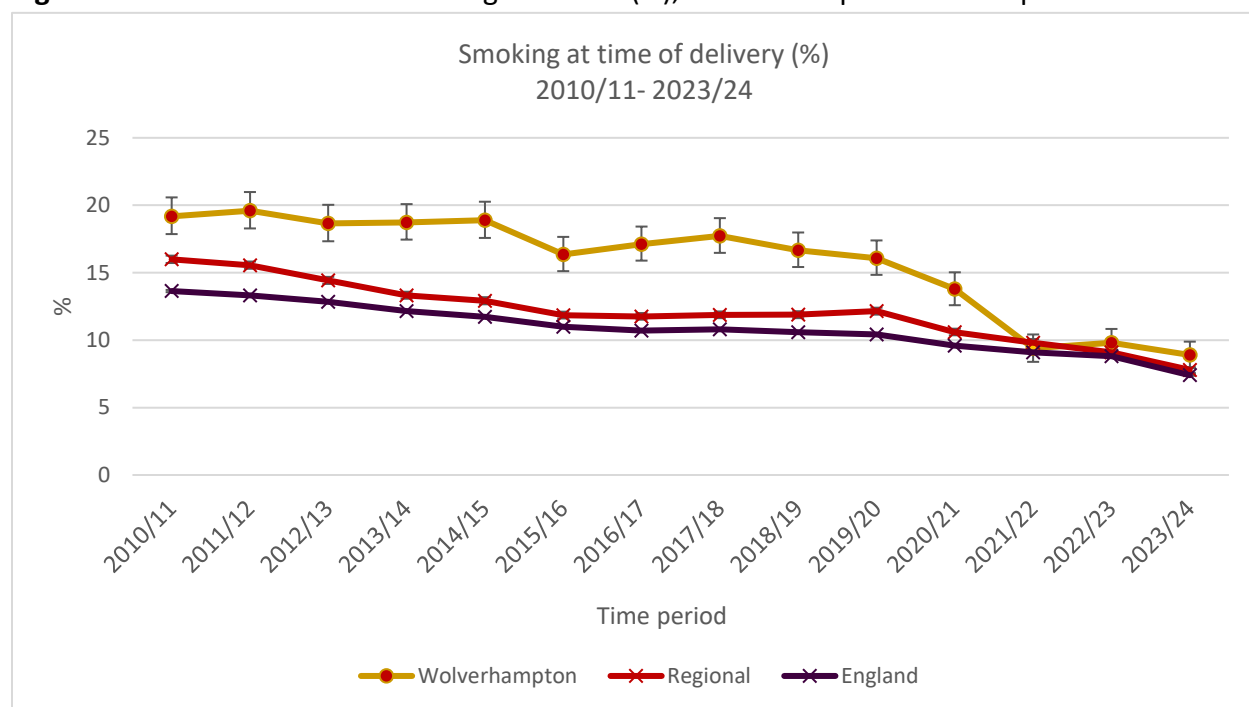
Local Health Profile

Smoking

Smoking remains a leading preventable cause of illness and death. In Wolverhampton, 14.5% of adults smoked (2021-2023), above the national (12.4%) and regional (13.0%) averages.¹³ Smoking during pregnancy is also higher at 8.9%, compared to the national (7.4%) and regional (7.8%) averages, but rates have gradually decreased over the past decade.^{14 15}

Smoking in pregnancy has serious harmful effects on both fetal development and the health of the mother. Pregnant women who smoke are more likely to suffer complications during pregnancy and labour. Smoking in pregnancy is also linked to an increased risk of miscarriage, premature birth, stillbirth, low birth weight, and infant mortality (deaths in children under 1 year of age).

In 2023/24, nearly 1 in 10 (8.9%) mothers were smoking at time of delivery, which is statistically significantly higher than the national (7.4%) and the regional (7.8%) average.¹³ However, the proportion of mothers smoking at time of delivery has gradually fallen over the past decade (Figure 4).¹⁵

Figure 4. Mothers who were smoking at labour (%), Wolverhampton and comparators

Source: Fingertips, Office for Health Improvement and Disparities, 2024

Alcohol and drugs

The misuse (or problematic use) of drugs and alcohol is linked to a range of adverse effects on individuals, families, and communities. This includes poor mental and physical health, weaker economic and social prospects, including increased risk of homelessness, violence and exploitation, overall reduction in quality of life and increased risk of premature death.

Addressing substance misuse often requires support from both state and community services. Community pharmacies can have a role to play by offering brief lifestyle advice and signposting to treatment services.

Alcohol-related harm

Hospital admissions and mortality rates related or specific to alcohol use are used to assess the impact of alcohol harm on a given population.

In 2022, Wolverhampton's alcohol-related death rate (50.1 per 100,000) was statistically significantly higher than the national average (39.7), and Wolverhampton ranked third for alcohol-related mortality across the West Midlands. The rate of deaths directly caused by alcohol (22.5 per 100,000) was also statistically significantly higher than the national average (14.5).

Hospital admission rates further illustrate the impact of alcohol-related harm in the city. In 2022/23, Wolverhampton recorded 2,431 alcohol-related admissions per 100,000 population, which was statistically significantly higher than both national (1,705) and regional (1,959) rates. The city's rate of 801 alcohol-specific hospital admissions per 100,000 was also significantly higher than national (581) and regional (613) rates.

Together, these figures highlight the city's higher burden of alcohol-related harm compared to both England as a whole and the West Midlands region (Table 3)¹⁶.

Table 3. Alcohol harm indicators

Indicator	Time period	Wolverhampton	West Midlands	England
Alcohol-Related Mortality (Rate per 100,000)	2022	50.1*	44	39.7
Alcohol-Specific Mortality (Rate per 100,000)	2022	22.5*	17.3	14.5
Alcohol-Related Hospital Admissions (Rate per 100,000)	2022	2,431	1,959	1,705
Alcohol-Specific Hospital Admissions (Rate per 100,000)	2022	801	613	581

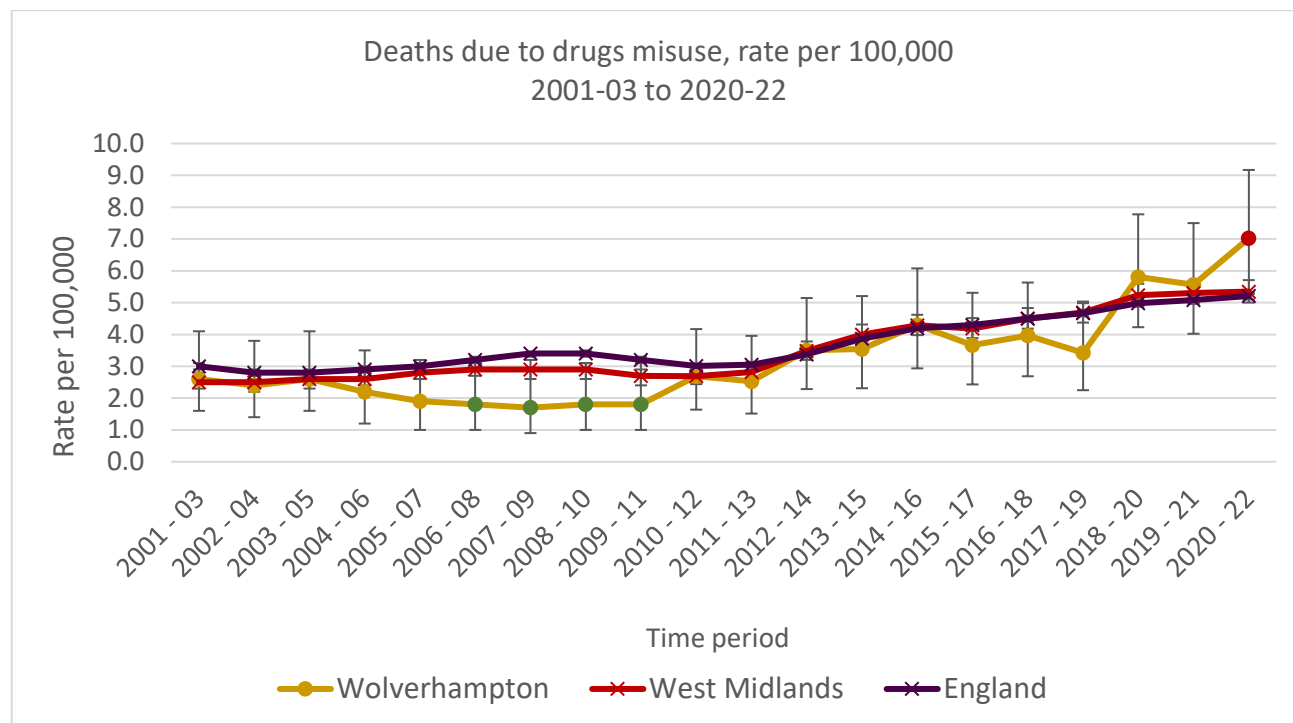
Source: Fingertips, Office for Health Improvement and Disparities, 2024

Red indicates significantly worse than the national average.

*Wolverhampton rate is also significantly higher than the regional average.

Drug related harm

Between 2020-22, the rate of deaths in Wolverhampton due to drug misuse was 7 per 100,000 which is significantly higher than national (5.2) and regional (5.3) averages. The rate of deaths due to drugs misuse has gradually increased over the past decade and is the highest recorded rate for Wolverhampton (Figure 5).¹⁷

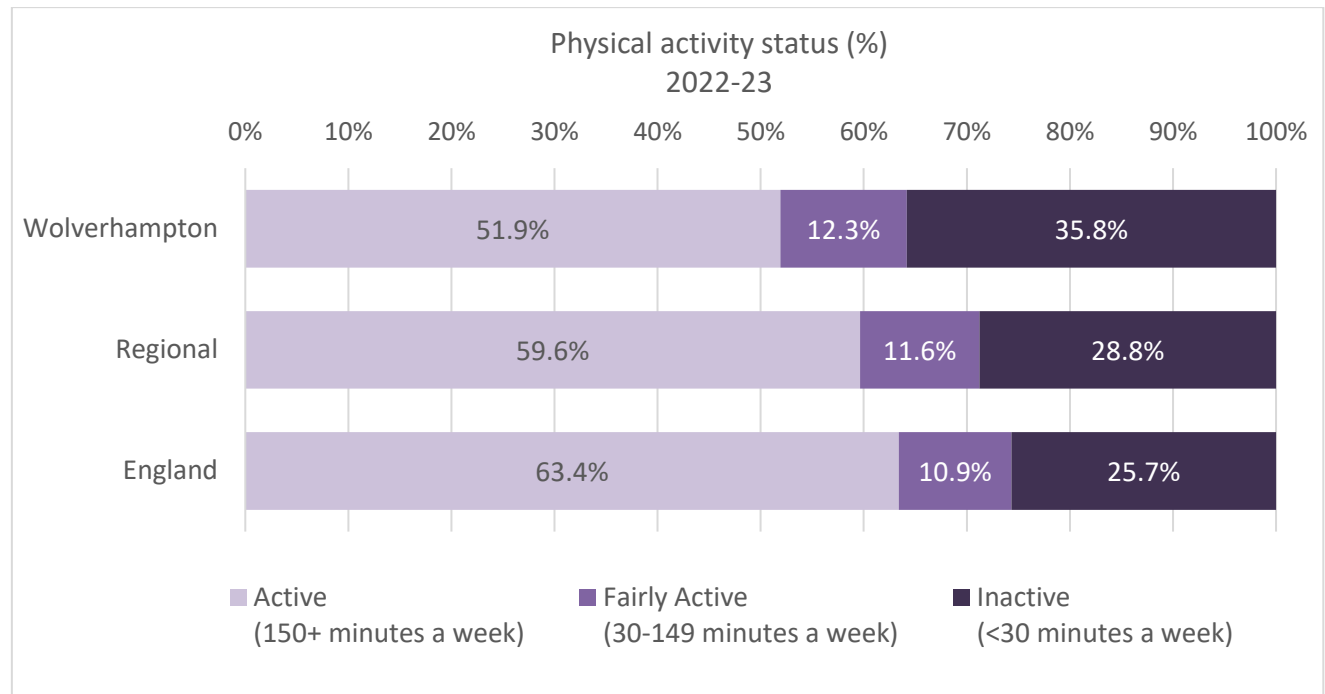
Figure 5. Deaths due to drugs misuse, Wolverhampton and comparators

Source: Fingertips, Office for Health Improvement and Disparities (OHID), 2024

Physical activity

Regular physical activity is essential for physical and mental health and wellbeing. Physical inactivity (defined as less than 30 minutes of exercise per week) is linked to a range of poor health outcomes, including reduced quality of life and reduced healthy life expectancy (number of years spent living in good health).

In 2022/23, only around half (52%) of adults (19+ yrs) in Wolverhampton reported to be physically active. Around 1 in 10 (12%) reported to be fairly active, and around 4 in 10 (36%) reported to be inactive. The proportion of Wolverhampton residents who were physically inactive was statistically significantly higher than national (26%) and regional (29%) averages (Figure 6).¹⁸

Figure 6. Physically active adults (19+ years), Wolverhampton, November 2022-23

Source: Sport England, 2024

Obesity

Being overweight and obese are risk factors for a range of poor health outcomes, particularly cardiovascular diseases, type 2 diabetes, certain cancers, osteoarthritis, sleep apnoea, and mental health disorders. Increasing rates of overweight and obesity contribute to the top 6 conditions leading to excess years of life lost in Wolverhampton.

In 2022/23, a third (33%) of Wolverhampton residents aged 18+ were obese, which is significantly worse than national (26%) and regional (28%) figures.¹¹ Similarly, based on the National Child Measurement Programme (NCMP), a statistically significantly higher proportion of children in Reception and Year 6 are overweight or obese compared to the national average for these age-groups (Table 4).²⁰

Table 4. Prevalence of excess weight in Wolverhampton, adults (18+) and children

Indicator	Period	Wolverhampton	England
Obesity prevalence (%) among residents aged 18+ yrs	2022/23	33	26
Reception prevalence (%) of obesity (including severe obesity)	3-year pooled (21/22–23/24)	13.3	9.6
Reception prevalence (%) of overweight (including obesity)	3-year pooled (21/22–23/24)	26.7	21.9
Year 6 prevalence (%) of obesity (including severe obesity)	3-year pooled (21/22–23/24)	30.5	22.7
Year 6 prevalence (%) of overweight (including obesity)	3-year pooled (21/22–23/24)	45.8	36.7

Source: Fingertips, Office for Health Improvement and Disparities (OHID), 2024

Red indicates significantly worse performance than the national average.

Sexual health

Sexual Health and the reduction in the prevalence and transmission of Sexually Transmitted Infections (STIs) are of public health importance, as they are avoidable, but can lead to reproductive ill-health, such as infertility. STIs are also linked to some cancers such as cervical, anal, and oropharyngeal cancer, and have huge cost implications for primary and secondary care, as well as contributing to antibiotic resistance.²¹

Teenage pregnancy

Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk

of living in financial insecurity and poor-quality housing and are more likely to experience accidents and behavioural problems.²²

In 2021, there were 87 teenage pregnancies in Wolverhampton with the teenage (<18 yrs) pregnancy rate at 18 per 1,000 births, which is statistically significantly higher than national (13) and regional (15) averages.²² Rates of teenage pregnancy are higher in the wards known to have higher levels of deprivation.

Gonorrhoea

Gonorrhoea is an STI used as a marker for understanding unsafe sexual activity, as most cases are diagnosed in Genito-Urinary Medicine (GUM) clinics and can represent a measure of access to STI treatment, as it is more likely to result in symptoms that patients will seek treatment for, in comparison to Chlamydia.

In 2023, Wolverhampton has a higher crude diagnostic rate of 135 per 100,000, which is not statistically significantly different to the national rate (149) but is significantly higher than the regional rate (104).²¹

Chlamydia

Chlamydia is a common sexually transmitted infection (STI) which if left untreated can cause serious and long-term health complications.

In 2023, 16.8% of females aged 15-24 in Wolverhampton were screened for Chlamydia. This was higher than the regional rate of 14.7% but lower than the national rate of 20.4%. The detection rate for Chlamydia in Wolverhampton among 15-24-year-olds was 1,752 per 100,000, above both the regional rate (1,195) and the national rate (1,546). For all age groups, Wolverhampton's diagnostic rate was also higher at 352 per 100,000, than the regional (252) and national (341) rate.²¹

Human Immunodeficiency Virus (HIV)

HIV is a STI that can also be spread through other means such as blood exposure and from mother to child. It weakens the immune system, making the body vulnerable to infections and diseases. If HIV is left untreated, it can progress to AIDS (Acquired Immunodeficiency Syndrome), a severe diseased state of the infection.

In 2023, the HIV diagnosed prevalence rate in Wolverhampton among those aged 15-59 years was 3.86 per 1,000 population.²¹ This is statistically significantly higher than national (2.40) and regional (2.01) averages.

The National Institute of Health and Clinical Excellence (NICE) recommends that high prevalence areas, defined as more than two per 1,000 population, should consider expanding HIV testing (the routine offer of HIV testing within general medical admissions and new GP registrations)²³.

The higher diagnostic rates for gonorrhoea, Chlamydia and HIV in Wolverhampton, along with higher Chlamydia screening rates, suggest either a higher prevalence of STIs in the city and/or better access to sexual health services compared to the regional average. However, compared to national averages, Wolverhampton's trends indicate a mixed picture (Table 5).

Table 5. Sexually Transmitted Infections, Screening and Diagnoses Rates

Indicator	Period	Wolverhampton	Regional	National
Gonorrhoea Diagnostic Rate per 100,000	2023	135**	104	149
Chlamydia Screening (15-24 yrs, female) (%)	2023	16.8%**	14.7%	20.4%
Chlamydia Diagnostic Rate per 100,000 (15-24 yrs, all persons)	2023	1,752**	1,195	1,615
Chlamydia Diagnostic Rate (All Ages)	2023	352**	252	341
HIV Diagnosed Prevalence Rate per 1,000	2023	2.62**	1.38	1.73

Source: Fingertips, Office for Health Improvement and Disparities, 2024

Red indicates significantly worse performance than the national average.

Yellow indicates no significant difference from the national average.

Green indicates significantly better performance than the national average.

* indicates no significance was calculated against the national average.

** indicates significantly higher performance than the regional average.

Screening

Screening is typically conducted among individuals who do not yet show symptoms of the disease but are at risk due to age, lifestyle, genetics, or other factors. The goal is early detection and treatment to prevent progression, improve outcomes, and reduce the burden of the disease on individuals and healthcare systems.

In Wolverhampton, screening coverage appears similar to the national and regional average for most screening programmes but is statistically significantly lower (Table 6).²⁴

Table 6. Screening coverage (%), Wolverhampton and England

Indicator	Period	Wolverhampton (counts)	Wolverhampton (%)	England (%)	Recent Trend
Cancer Screening Coverage: Breast Cancer	2023	16,477	57.1%	66.2%	Decreasing and getting worse
Chlamydia Screening: Females aged 15–24	2023	-	16.8%*	20.4%	-
Newborn Hearing Screening Coverage	2022/23	-	97.9%*	98.5%	Decreasing and getting worse
Cancer Screening Coverage: Bowel Cancer	2023	25,896	64.2%*	72.0%	Increasing and getting better
Abdominal Aortic Aneurysm Screening Coverage	2022/23	1,132	77.2%*	78.3%	No significant change
Newborn and Infant Physical Examination Screening Coverage	2022/23	3,162	96.3%*	96.2%	-
Cancer Screening Coverage: Cervical	2023	32,680	60.8%*	65.8%	Decreasing and getting worse

Cancer (25–49 years)					
Cancer Screening Coverage: Cervical Cancer (50–64 years)	2023	17,292	70.4%*	74.4%	Decreasing and getting worse

Source: Fingertips, Office for Health Improvement and Disparities, 2024

Red indicates significantly worse performance than the national average.

Yellow indicates no significant difference from the national average.

Green indicates significantly better performance than the national average.

** indicates significantly worse performance than the regional average.*

Immunisations

Most vaccine coverage rates in Wolverhampton are close to or slightly below national averages. However, there is lower coverage rates for booster doses, and second doses, and there is a general declining trend amongst most vaccination courses (Table 7).

Table 7. The proportion of the eligible population who have been vaccinated (%), Wolverhampton and England

Indicator	Period	Wolverhampton (Count)	Wolverhampton (%)	England (%)	Recent Trend
Children In Care Immunisations	2023	339	84.0%**	82.0%	No significant change
Dtap IPV Hib HepB (1 year old)	2023/24	3,004	89.1%	91.2%	No significant change
PCV	2023/24	3,073	91.1%	93.2%	Increasing and getting better

Hib and MenC booster (2 years old)	2023/24	2,989	84.3%	88.6%	Decreasing and getting worse
PCV booster	2023/24	2,961	83.5%	88.2%	Decreasing and getting worse
MMR for one dose (2 years old)	2023/24	3,022	85.2%	88.9%	Decreasing and getting worse
MMR for one dose (5 years old)	2023/24	3,382	89.2%	91.9%	Decreasing and getting worse
MMR for two doses (5 years old)	2023/24	2,942	77.6%	83.9%	Decreasing and getting worse
Hib / MenC booster (5 years old)	2017/18	3,414	93.7%	92.4%	Increasing and getting better
Flu (2 to 3 years old)	2023/24	1,426	32.3%	44.4%	Decreasing and getting worse
MenB booster (2 years)	2023/24	2,916	82.2%	87.3%	Decreasing and getting worse
MenB (1 year)	2023/24	2,936	87.1%	90.6%	Decreasing and

					getting worse
DTaP and IPV booster (5 years)	2023/24	2,892	76.3%	82.7%	Decreasing and getting worse
Rotavirus (Rota) (1 year)	2023/24	2,855	84.7%	88.5%	Decreasing and getting worse
Flu (primary school aged children)	2023	13,904	53.8%	55.1%	Decreasing and getting worse
Shingles vaccination coverage (71 years)	2022/23	1,031	45.4%	48.3%	No significant change
HPV vaccination coverage for one dose (12 to 13 years old) (Male)	2022/23	1,120	60.4%	65.2%	Decreasing and getting worse
HPV vaccination coverage for one dose (12 to 13 years old) (Female)	2022/23	1,254	64.1%	71.3%	Decreasing and getting worse
HPV vaccination coverage for two doses (13	2022/23	1,067	59.2%	56.1%	Decreasing and getting worse

to 14 years old) (Male)					
HPV vaccination coverage for two doses (13 to 14 years old) (Female)	2022/23	1,109	58.0%	62.9%	Decreasing and getting worse

Source: Fingertips, Office for Health Improvement and Disparities, 2024²⁵

Red indicates significantly worse performance than the national average.

Yellow indicates no significant difference from the national average.

Green indicates significantly better performance than the national average.

**Indicates no significance was calculated against the national average.*

*** indicates significantly higher performance than the regional average.*

Cardiovascular Disease

Cardiovascular disease (CVD) is a key contributor to premature mortality in Wolverhampton and a major public health concern.

In 2023, the rate of deaths among people aged under 75 years in Wolverhampton was 104.8 per 100,000, which is significantly worse than the national (77.4) and regional (87.1) averages.²⁶

The NHS Health Check programme offers five-yearly screening for CVD in 40-74-year-olds without a previous diagnosis of CVD. In Wolverhampton, this programme is currently delivered by GPs, but not offered through community pharmacies. The COVID-19 pandemic has had an impact on the delivery of the NHS Health Check programme. Improving uptake of NHS Health Checks is a priority in Wolverhampton²⁷.

Community Pharmacies

In addition to dispensing prescribed medicines, community pharmacies provide a wide range of services and play a crucial role in improving the health and wellbeing of the local population. They are valuable assets that help alleviate some of the pressures on primary and secondary care.

Since the 2022 PNA, there have been significant changes to the community pharmacy landscape and as of writing the community pharmacy contractual framework is being renegotiated for the 24/25 financial year. National directives including the NHS Long Term Plan, and environmental factors, also need to be considered as part of this PNA.

The following section details the provision of community pharmacies in Wolverhampton, in terms of location, opening times, and the services offered.

Number of pharmacies serving location population

As of January 2025, there were 56 community pharmacies on NHS England's pharmaceutical list for Wolverhampton, of which two are distance-selling pharmacies (these pharmacies cannot provide essential services to persons present at or in the vicinity of the pharmacy and they operate remotely).²⁸

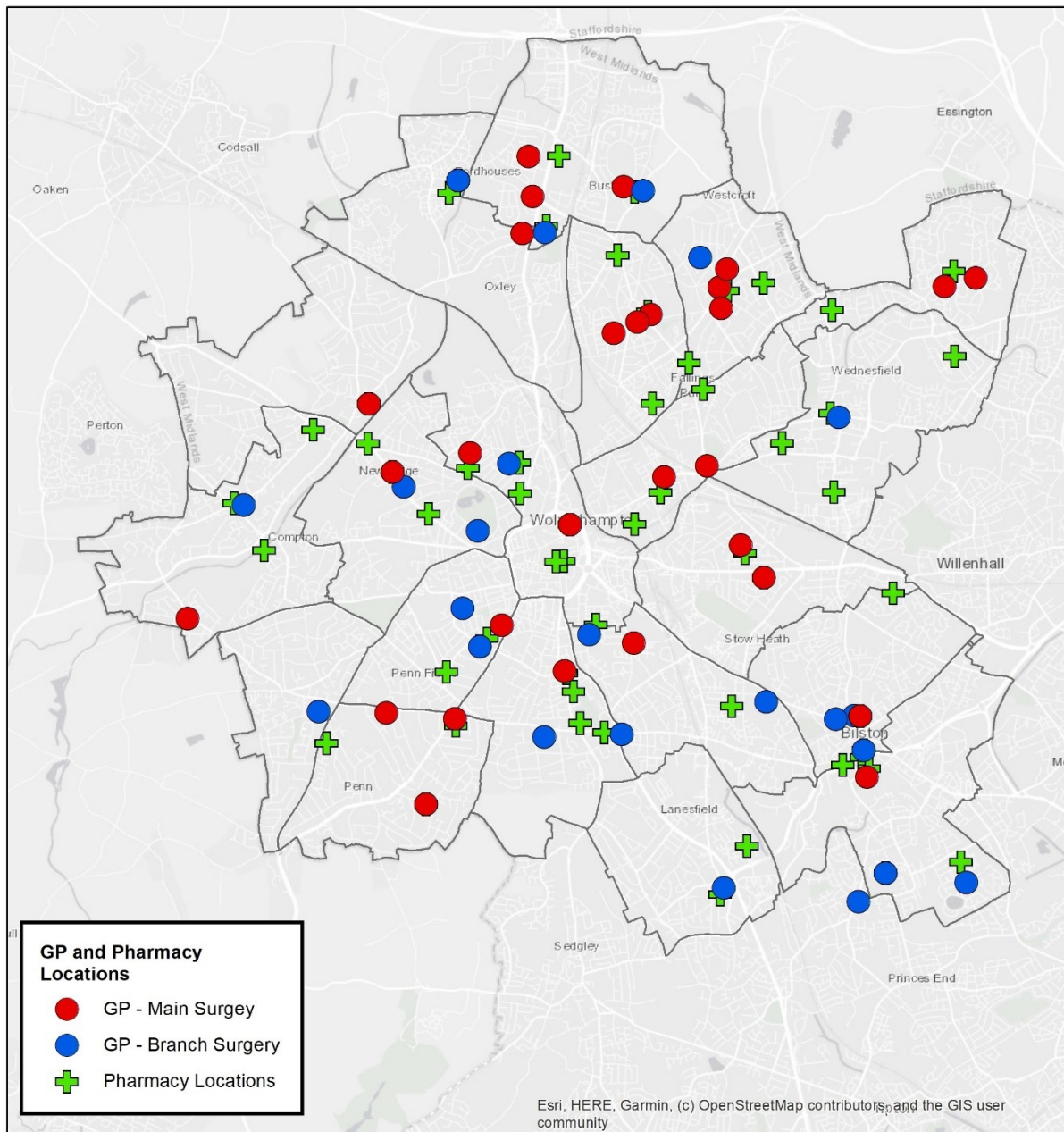
Current community pharmacy provision has been consolidated to 56 pharmacies from 60 community pharmacies in 2022. This PNA does not include the pharmacy at Royal Wolverhampton NHS Trust's New Cross Hospital.

Out of the total number of respondents to the Public/Patient Survey, 397 (40.30%) use their community pharmacy 12 or more times a year, 245 (24.87%) visit 7-12 times a year, 213 (21.62%) visit 3-6 times and 127 (12.89%) visit less frequently or never.

Geographical location of pharmacies

In Wolverhampton, pharmacies are generally located near GP practices. However, there are also pharmacies serving areas where there are no GP practices nearby, particularly in the least deprived parts of Penn, Ettingshall, Bilston North, Tettenhall Regis, and Tettenhall Wightwick (Figure 7).

Figure 7. Location of Community Pharmacies in Relation to General Practices in Wolverhampton



Source: Pharmacy locations – NHS England; GP practice locations – Black Country ICB, 2025.

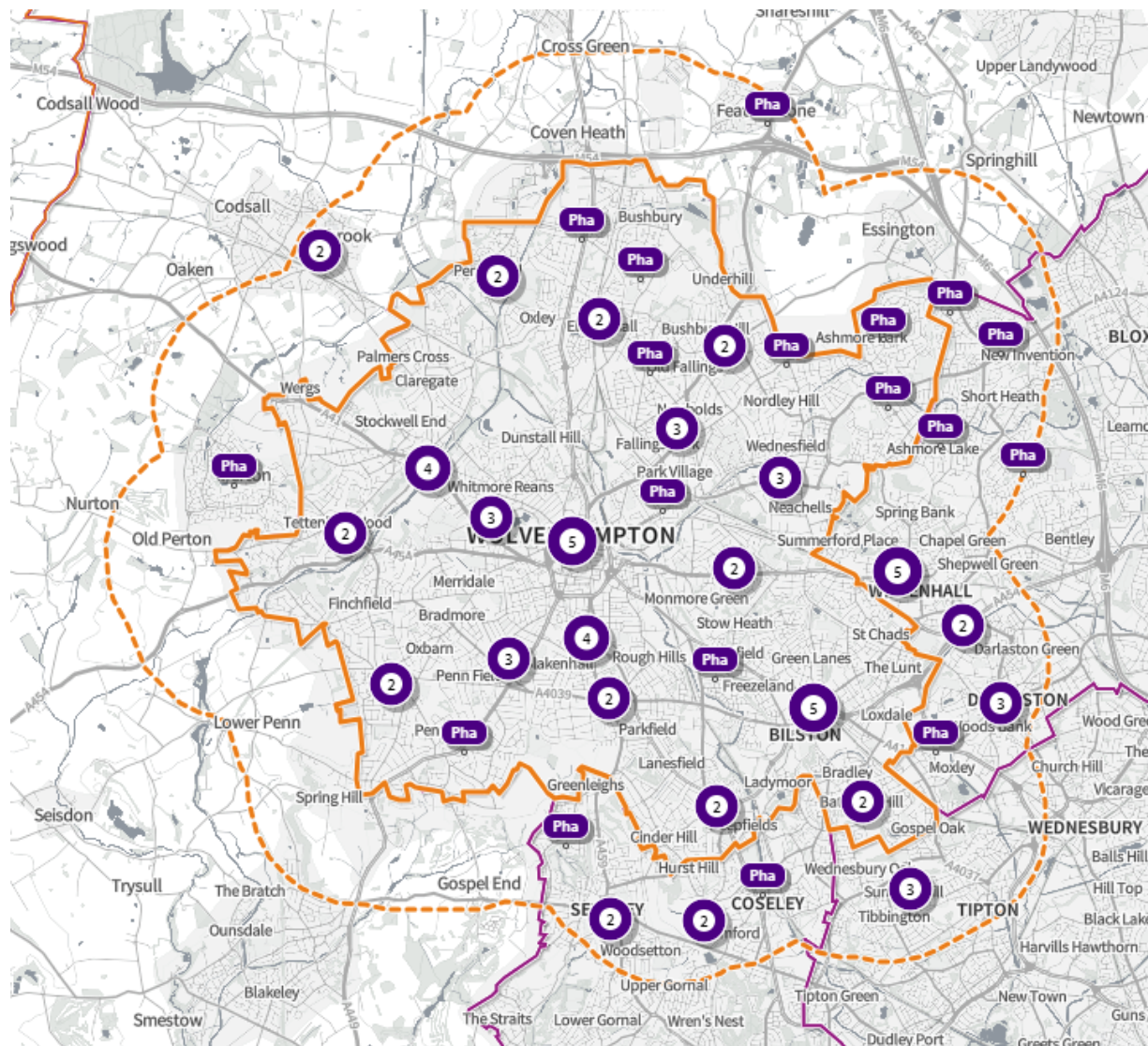
The majority of pharmacies are located in areas with higher population density and greater levels of deprivation. These areas include Bushbury North, Bushbury South and Low Hill, Fallings Park, St. Peter's, Bilston East, Blakenhall, Heath Town, and Wednesfield South.

Wolverhampton has 31 GP practices, with a further 24 branch sites, within 6 Primary Care Networks (PCNs)²⁹. Each PCN has provision for an extended hours service, which offers appointments during evenings and weekends. There is a nurse-led walk-in centre based at Phoenix Health Centre, offering treatment and advice for minor health problems, illnesses, ailments, and injuries without the need for an appointment, 365 days a year.

The Out of Hours Doctors service that was located at the Phoenix Centre, is situated at the new Urgent Care Centre at Royal Wolverhampton NHS Trust's New Cross Hospital: this can help bridge the gap in service provision when pharmacies and GPs are closed.

Wolverhampton shares borders with Dudley, Sandwell, South Staffordshire, and Walsall. Within 1 mile of the Wolverhampton border, there are 27 pharmacies, most of which are located to the East and South in Dudley, Sandwell, and Walsall. These three Local Authorities are more urban and densely populated than South Staffordshire, which borders Wolverhampton along the north, west, and southwest of the city (Figure 8).

Figure 8. Location of Community Pharmacies bordering Wolverhampton, 2025



Source: UKHSA, Shape Atlas, 2025³⁰

The pharmacies which are in the South Staffordshire area, close to Wolverhampton's border, are located in small towns and villages.

The public was asked to consider the locations of community pharmacies and identify the factors that were most important to them. Of the 985 responses received, 765 (77.7%) stated that having a pharmacy near their home was important; 476 (48.3%) prioritised a pharmacy near their GP surgery; 323 (32.8%) valued easy parking near the pharmacy; and 292 (29.6%)

preferred a pharmacy close to the shops they frequent. These findings align with the results from our 2022 PNA.

An interesting trend that has persisted over the past two PNAs is the decreasing proportion of respondents who believe it is important for a pharmacy to be close to their workplace. This year, only 38 respondents (3.9%) expressed this view, a significant drop from 8.7% in 2022 and 25.9% in 2018. This decline may reflect the broader shift towards more flexible working patterns since the COVID-19 pandemic.

The public/patient survey asked respondents whether they felt pharmacy services were available at convenient locations. The majority, 925 respondents (93.9%), felt they were, while 54 (5.5%) did not. Several reasons were provided for why some found pharmacy locations inconvenient. Many reported that pharmacies were too far away for those without cars, particularly in areas like Castlecroft and Bradmore. The closure of Boots and other pharmacies has exacerbated this issue, leaving fewer options and placing greater pressure on the remaining ones. Accessibility remains a significant concern for those reliant on public transport or unable to drive, with some locations lacking evening or weekend hours. Suggestions for improvement included more pharmacies near GP surgeries, extended operating hours, and services in supermarkets. While delivery services were mentioned, they were criticised for having limited time slots.

When asked if they faced any difficulties accessing their local pharmacy, 918 respondents (93.2%) indicated they did not, while 59 (6.0%) reported challenges. Those facing difficulties highlighted limited parking, steps or uneven access, and the lack of ramps for wheelchairs or pushchairs. Other common complaints included pharmacies being out of stock, long queues, and inconvenient opening hours. Some respondents cited mobility issues, such as arthritis, COPD, or Parkinson's, which made visits more challenging. Additionally, limited delivery services and unreliable phone orders were mentioned. Further barriers to accessibility

included poor staff attitudes, high transport costs, and a lack of dog-friendly policies, which were seen as particularly problematic for vulnerable individuals.

Opening Hours

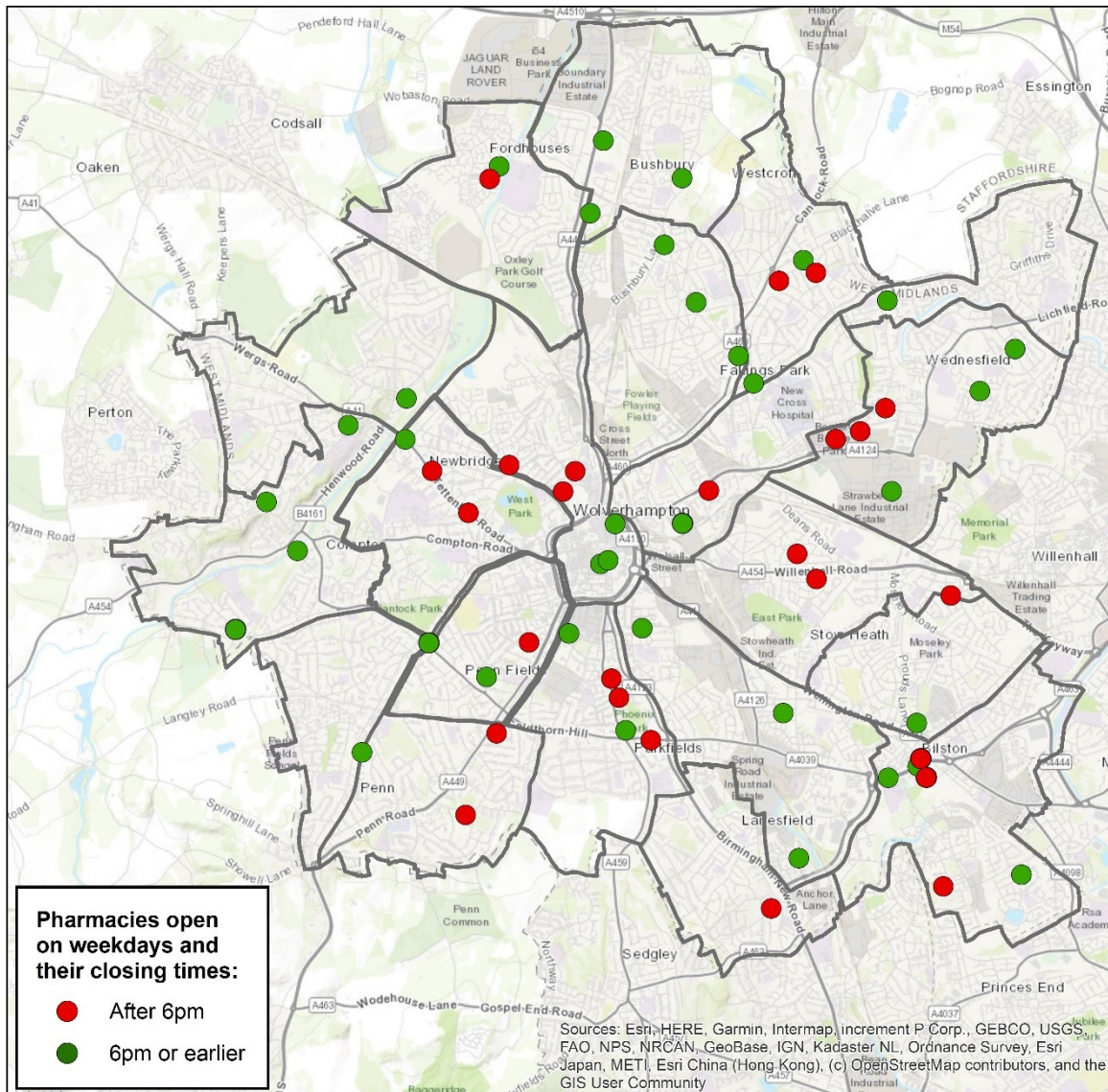
Pharmacy opening hours are contractually agreed between individual pharmacies and NHS England, and any changes to core hours must be discussed with NHS England. Most community pharmacies in Wolverhampton are contracted to be open for 40 core hours, typically between 9 am and 5 pm. In addition, many pharmacies offer supplementary hours, allowing them to remain open for longer than the contractual 40 hours.

Weekday Opening Hours

All pharmacies in Wolverhampton open at 9 am or earlier. Generally, pharmacies have similar opening times from Monday to Friday, with the exception of Thursdays, when a few pharmacies close earlier. Out of the 52 pharmacies, one closes at 1 pm, and another closes at 3:30 pm on Thursdays.

- **Monday:** 31 (59.62%) closed by 6pm
- **Tuesday:** 31 (59.62%) closed by 6pm
- **Wednesday:** 32 (61.54%) closed by 6pm
- **Thursday:** 35 (67.31%) closed by 6pm
- **Friday:** 32 (61.54%) closed by 6pm

The remaining pharmacies close between 6:30 pm and 9 pm. Notably, two pharmacies stay open until 10:30 pm, and one remains open until 11 pm on weekdays (Figure 9).

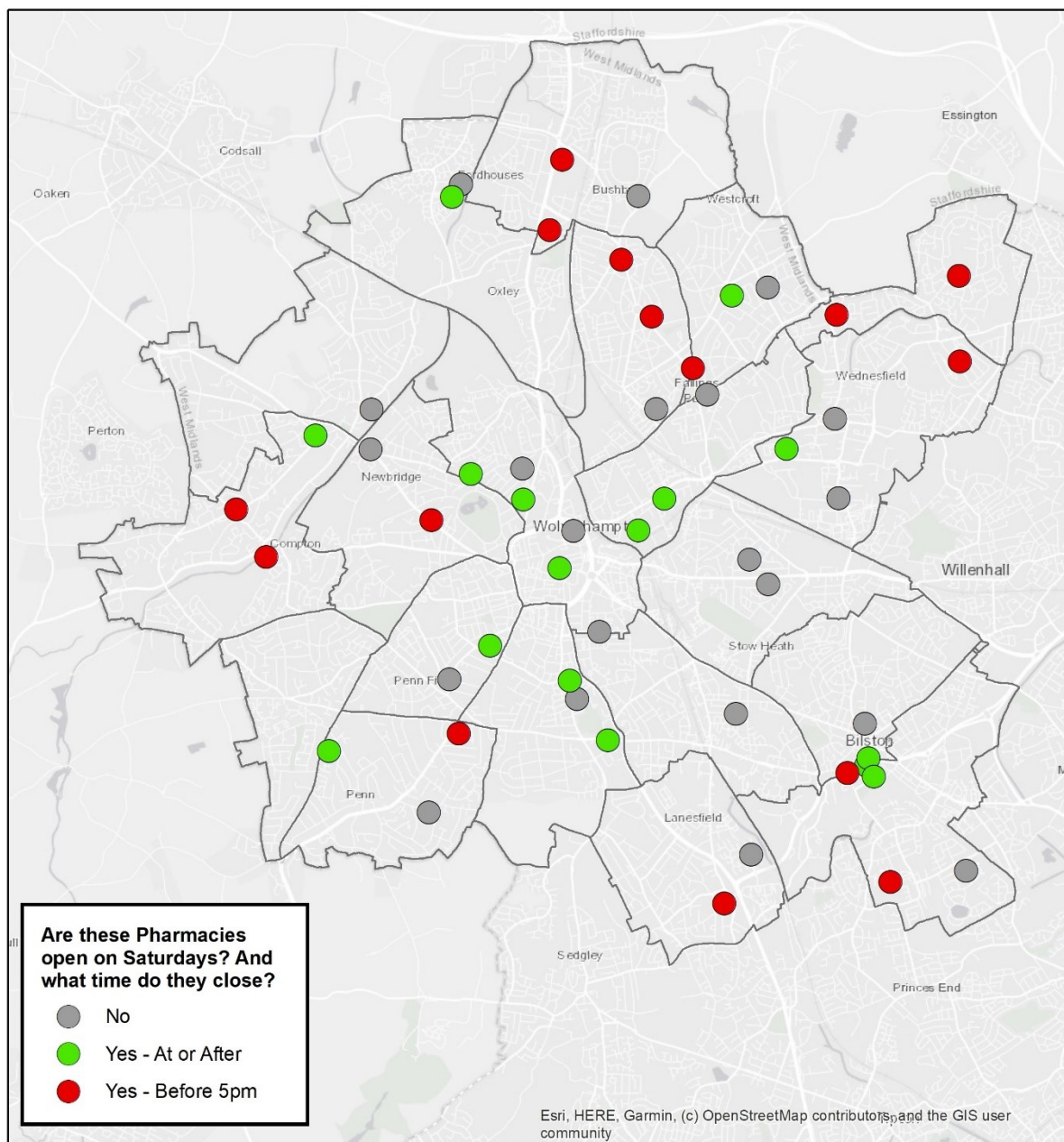
Figure 9. Usual weekday closing times of community Pharmacies, Wolverhampton 2025

Source: Local Pharmacy Survey, 2025

Saturday opening hours

There are 31 pharmacies (59.6%) are open on Saturdays, with opening times ranging from 8 am to 9 am. This marks a decrease from 2022, when 42 pharmacies (70%) were open on Saturdays.

Closing times on Saturdays vary, ranging from 12 pm to 9 pm. There are 16 pharmacies that remain open until at least 5pm, with the last pharmacy closing at 9 pm (Figure 10).

Figure 10. Saturday closing times of Community Pharmacies, Wolverhampton 2025

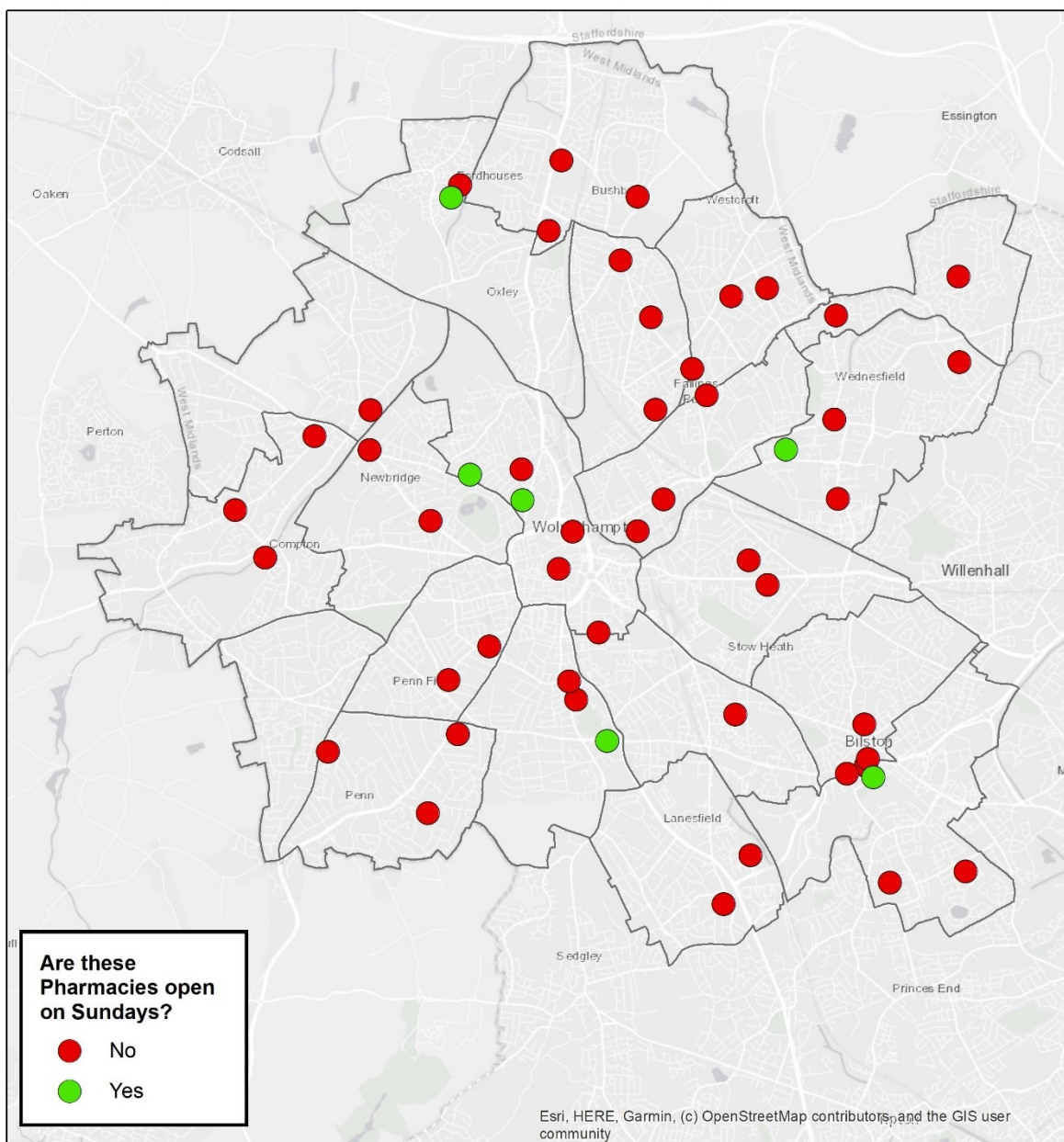
Source: Local Pharmacy Survey, 2025

The distribution of pharmacies that close after 5 pm on Saturdays is fairly balanced across the more deprived areas of the city. Most of the pharmacies that close earlier in the day are located in the less deprived areas, particularly in the northwest and west of the city.

Sunday opening hours

A total of 6 (11.5%) pharmacies are open on Sundays, a slight decrease from 2022, when 8 (13.3%) were open. Of those, 4 open at 10am, 1 opens at 10:30am, and the remaining opens at 12 pm. Closing times vary with 3 pharmacies closing at 4 pm, 1 at 4:30 pm, another at 5 pm, and the remaining pharmacy at 8 pm. The 6 pharmacies open on Sundays are located in St. Peter's, Oxley, Blakenhall, Bilston East, and Wednesfield South (Figure 11).

Figure 11. Sunday opening of Community Pharmacies, Wolverhampton 2025



Source: Local Pharmacy Survey, 2025

Lunchtime closures

Most pharmacies do not close for lunch:

- **Weekdays** : 40 pharmacies (76.9%) remain open all day, while the remaining 12 pharmacies take a 30–60-minute break between 12 pm and 2:30 pm.
- **Saturday**: 15 of the 31 open pharmacies (48.4%) remain open after 1 pm and do not close for lunch.
- **Sunday**: All 6 open pharmacies (100%) do not close for lunch.

Of the 985 respondents to the Public/Patient Survey, 874 (88.7%) felt that their community pharmacy was open at the times they wanted to use it, while 105 (10.7%) felt it was not. The most common feedback from respondents highlighted the need for community pharmacies to have later opening hours and weekend availability. Several respondents who work regular office hours during the week suggested that pharmacies should stay open a few additional hours in the evening to accommodate this.

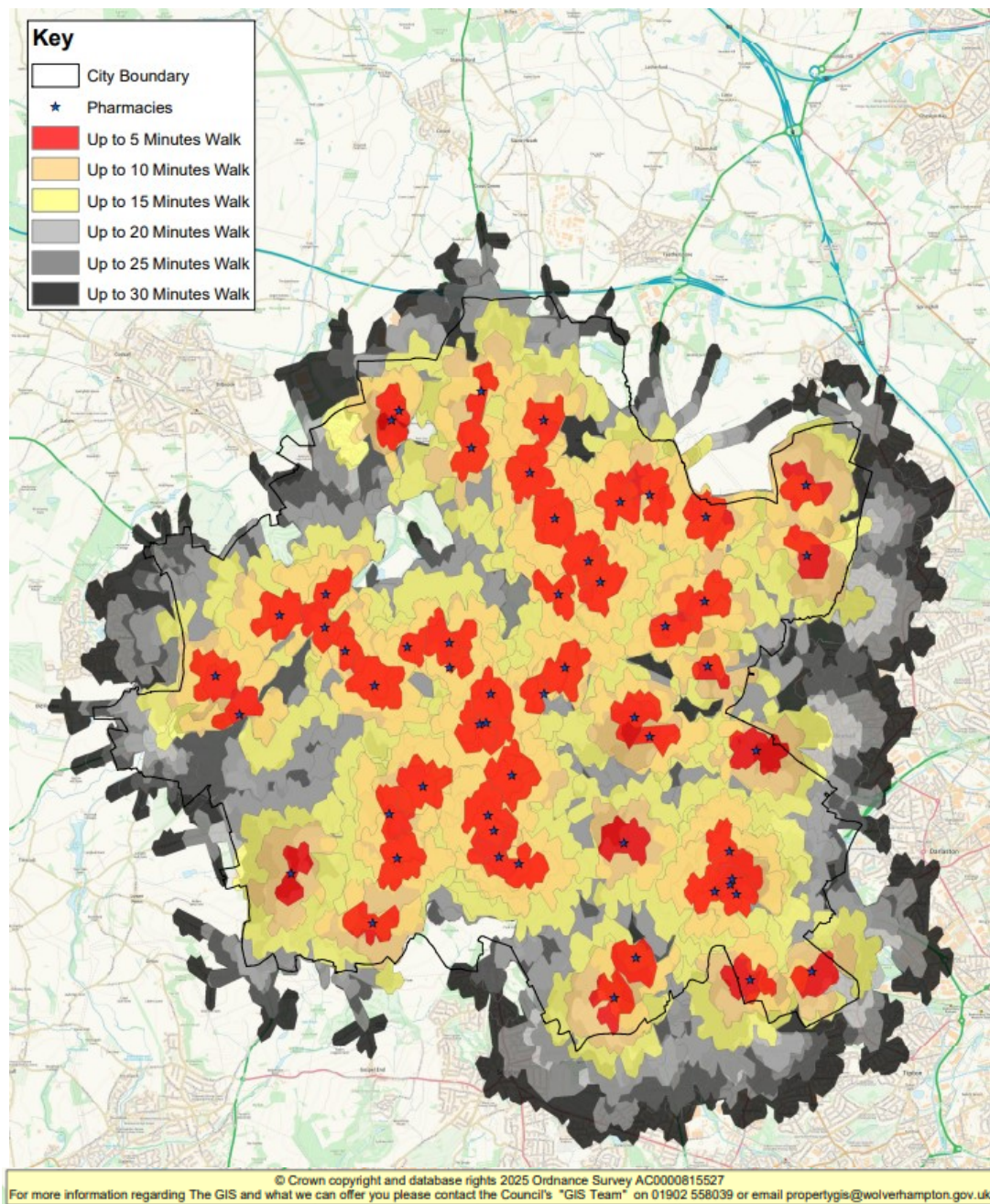
Regarding when people accessed their community pharmacies, 617 respondents (62.6%) visited between 12 pm and 5 pm, 412 (41.8%) between 8 am and 12 pm, and 171 (17.4%) between 5 pm and 8 pm. The vast majority, 939 respondents (95.3%), usually accessed pharmacies on weekdays, while 211 (21.4%) typically visited on Saturdays.

When asked whether they could access pharmacies at specific times and days during the week, 431 respondents (43.8%) agreed they could find a pharmacy open from 5 pm to 8 pm on weekdays. Additionally, 97 respondents (9.9%) agreed they could find a pharmacy open between 8 pm and 8 am on weekdays, 679 (68.9%) agreed they could find an open pharmacy on Saturdays, and 232 (23.6%) agreed they could find an open pharmacy on Sundays.

Travel times to Pharmacies

The vast majority of residents in Wolverhampton are within a 20-minute walk of their nearest pharmacy, indicating a good distribution of pharmacies across the city. However, there are small areas, particularly towards the edge of the city, where it would take residents more than 20 minutes to walk to their closest pharmacy. Additionally, there are some smaller pockets in the Oxley area where access to pharmacies is similarly less convenient (Figure 12)

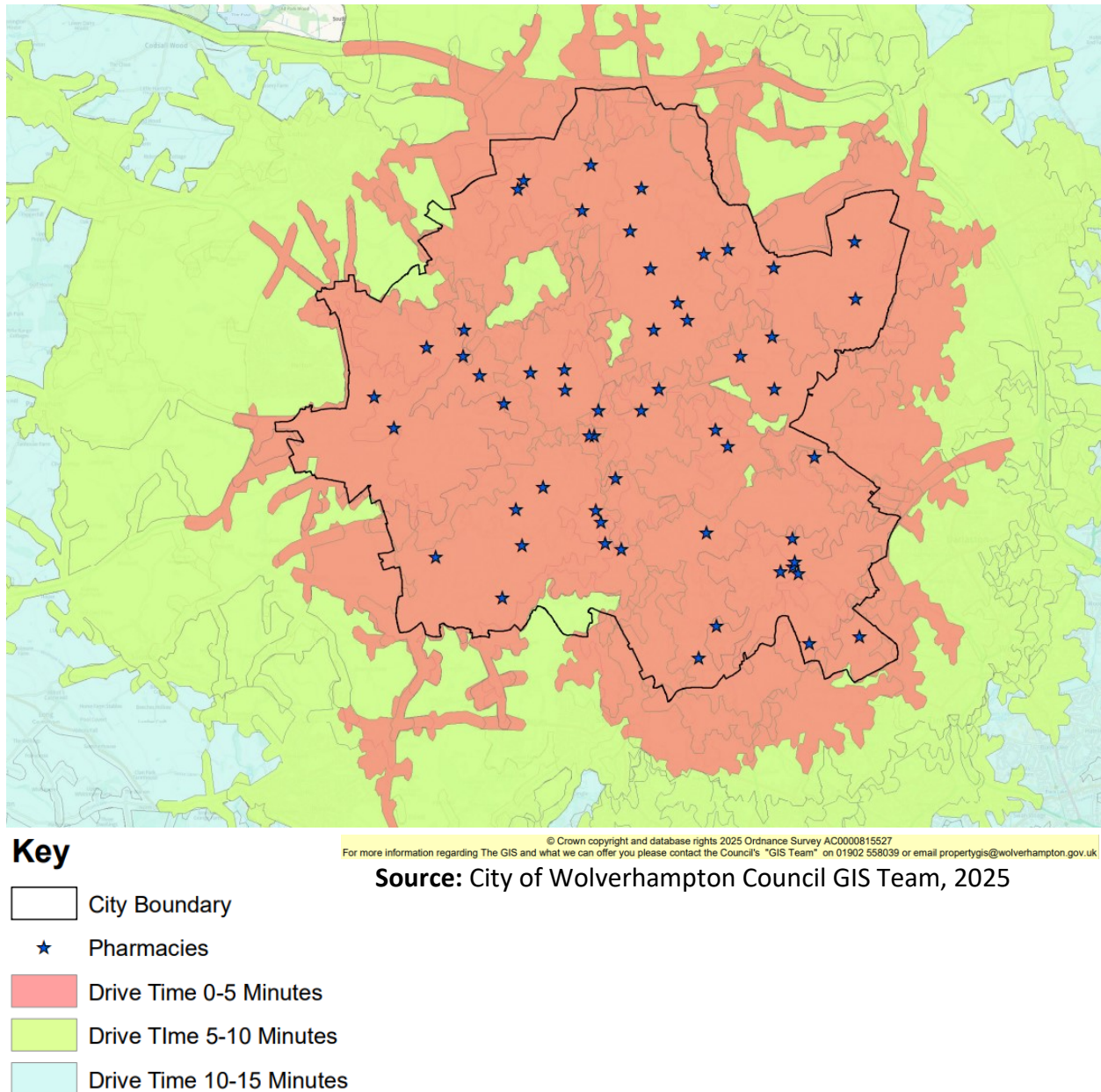
Figure 12. Travel time (walking) to pharmacies by walking distance, Wolverhampton 2025



Source: City of Wolverhampton Council GIS Team, 2025

Figure 13 shows the amount of time it would take residents to reach their nearest pharmacy by driving. The map suggests that the vast majority of residents in Wolverhampton would be able to reach their closest pharmacy within 5 minutes of driving. This suggests that community pharmacies in Wolverhampton continue to be accessible by car.

Figure 13. Travel time (driving) to local pharmacy, Wolverhampton, 2025



The Public/Patient Survey included a question regarding the usual travel method to the pharmacy, and enabled respondents to choose more than one option. Of the 985 responses to the Public/Patient Survey:

- 550 (55.84%) walked to the pharmacy.
- 683 (64.77%) travelled by car or motorbike
- 85 (8.63%) used public transport; and
- 66 (6.70%) used other methods of transport.

Around two-thirds (66.19%) of the respondents to the Public/Patient Survey stated that they take less than 10 minutes to reach their usual pharmacy, whilst a further 269 (27.31%) take between 10 and 20 minutes, and the remaining take over 20 minutes.

Facilities

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, pharmacies reported the following facilities on their premises:

- 42 (82.4%) pharmacies have a consultation area with wheelchair access available, a further 7 (13.8%) pharmacies have an area without wheelchair access available, and 1 (2%) pharmacy has submitted a request to the NHS England and NHS Improvement (NHSE & I) regional team because their premises are too small for a consultation room. 1 (2%) pharmacy reported that the question was not applicable as they are distance- selling pharmacy.
- Handwashing is available in the consultation area of 35 (68.6%) pharmacies; 11 (21.6%) pharmacies have handwashing facilities close to the consultation area and 2 (3.9%) have no hand washing facilities available. A further 3 (5.9%) pharmacies stated they have hand gel or hand washing services in the dispensary and medical centre for patients.

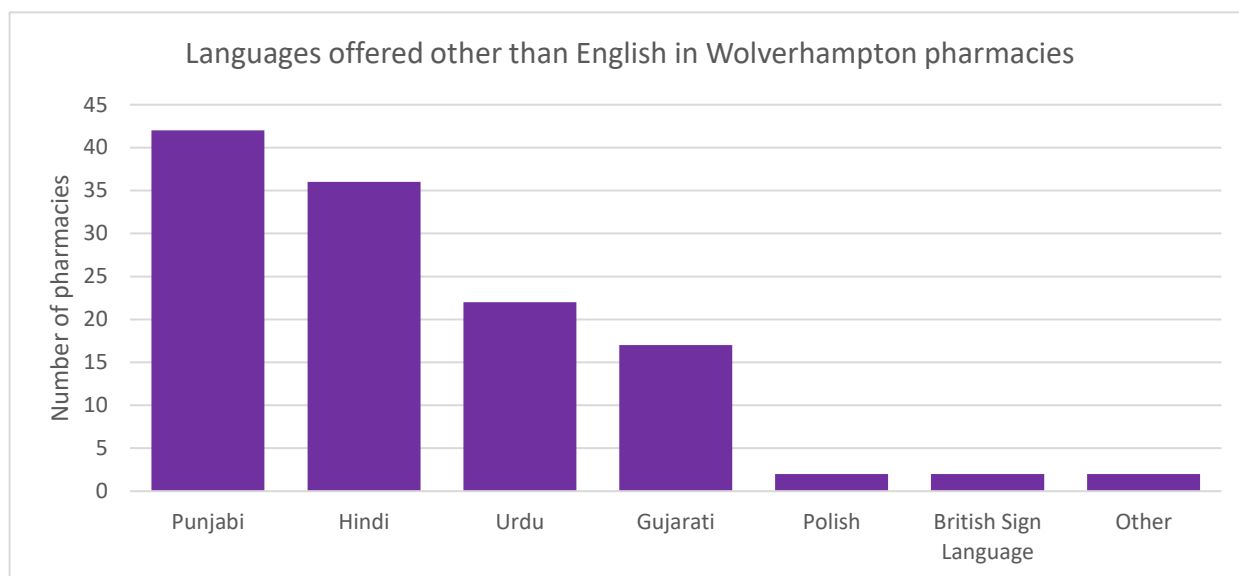
- Regarding toilet facilities, 10 (19.6%) pharmacies reported having toilet facilities accessible for patients attending consultations and 35 (68.6%) did not. 6 (11.8%) pharmacies reported this question not being applicable to their pharmacy.

Accessibility of pharmacies

In the 2025 Public/Patient Survey, respondents were asked if they experienced difficulties accessing their community pharmacy. Of the responses, 918 (93.2%) indicated they had no issues, while 59 (6.0%) reported challenges. Those who faced difficulties highlighted issues such as limited parking, steps or uneven access, and a lack of ramps for wheelchairs or pushchairs. Common complaints also included pharmacies being out of stock, long queues, and inconvenient opening hours. Some respondents cited mobility issues, such as arthritis, COPD, or Parkinson's, which made visiting pharmacies more difficult. Additionally, limited delivery services and unreliable phone orders were mentioned. Poor staff attitudes, high transport costs, and a lack of dog-friendly policies were also noted as barriers to accessibility, particularly for vulnerable individuals.

A variety of languages are spoken by pharmacists in Wolverhampton. Of those who responded to the question, pharmacies reported having at least one member of staff who can speak the following languages (Figure 14):

- 42 (82.35%) pharmacies - Punjabi,
- 36 (70.59%) pharmacies – Hindi,
- 22 (43.14%) pharmacies – Urdu,
- 17 (33.33%) pharmacies – Gujarati,
- 2 (3.9%) pharmacies - Polish or British Sign Language (BSL),
- 2 (3.9%) pharmacies – 'Other' (including Italian and Nigerian).
- 6 (11.8%) pharmacies did not respond to this question.

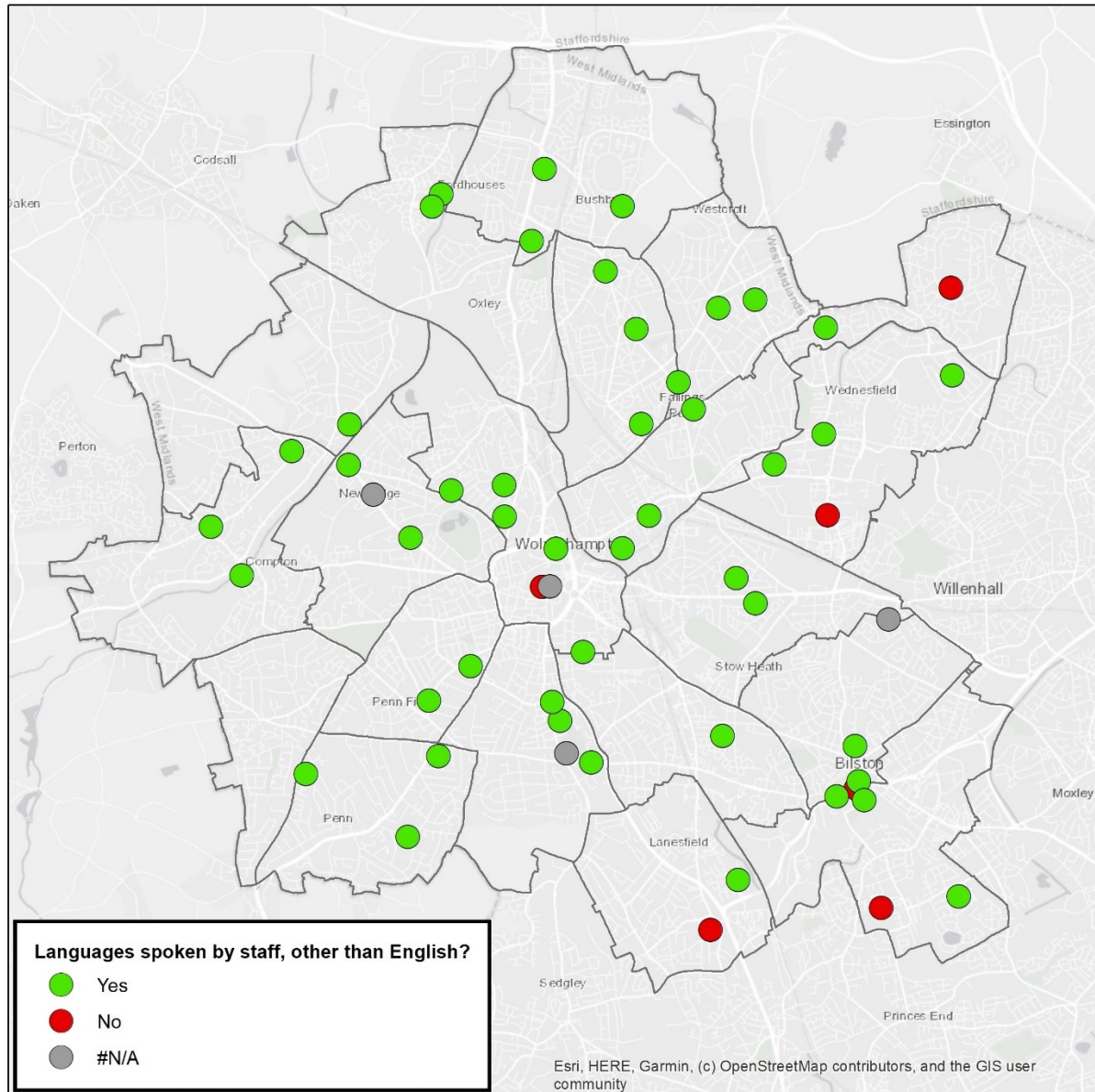
Figure 14. Additional languages to English offered in Wolverhampton pharmacies, 2025

Source: Local Pharmacy Survey 2025

The languages offered by local pharmacies represent the community languages that are spoken across Wolverhampton, and therefore, are an indicator of improved access for local residents who speak these languages. The most common sign language in Britain is the British Sign Language (BSL), which is offered in two pharmacies in Wolverhampton, based on those pharmacies that responded to the Local Pharmacy Survey 2025. Following the recognition of BSL as a language in its own right through the BSL Act³¹, there are opportunities to increase awareness of BSL and reduce barriers in access to services for the Deaf community.

NHS England have also funded interpreting services for pharmacies to use in connection with their NHS work.

Figure 15. Map showing the locations of pharmacies offering communication in languages other than English



Source: Local Pharmacy Survey, 2025

IT services

To ensure a more efficient, effective service, and maintain records of the medicines dispensed, pharmacies utilise a range of IT services. Of the pharmacies that responded to the Local Pharmacy Survey 2025, the following IT services used included:

- **Electronic Prescription Service (EPS):** All 52 (100%) pharmacies who responded to the survey use EPS.
- **NHS mail used:** 50 (98%) pharmacies use an NHS mail account, and 4 (7.8%) have applied for one.
- **NHS Summary Care Record:** 49 (96%) pharmacies have an NHS Summary Care Record enabled.
- **Up to date NHS Choices Entry:** 37 (72.6%) pharmacies have an up-to-date NHS choices entry, which is a reduction from 2018 and 2022 when it was 57 (85.1%) and 45 (75%) respectively.
- **'Other':** 4 (7.8%) pharmacies report using AccuRx, Pharmoutcomes, Outcomes4health, accurx, electronic drug tariff, Emis-proscript or pharmsmart.

Please note: This was a "select all that apply" question - as a result, the percentages represent the proportion of respondents using each service and do not add up to 100%.

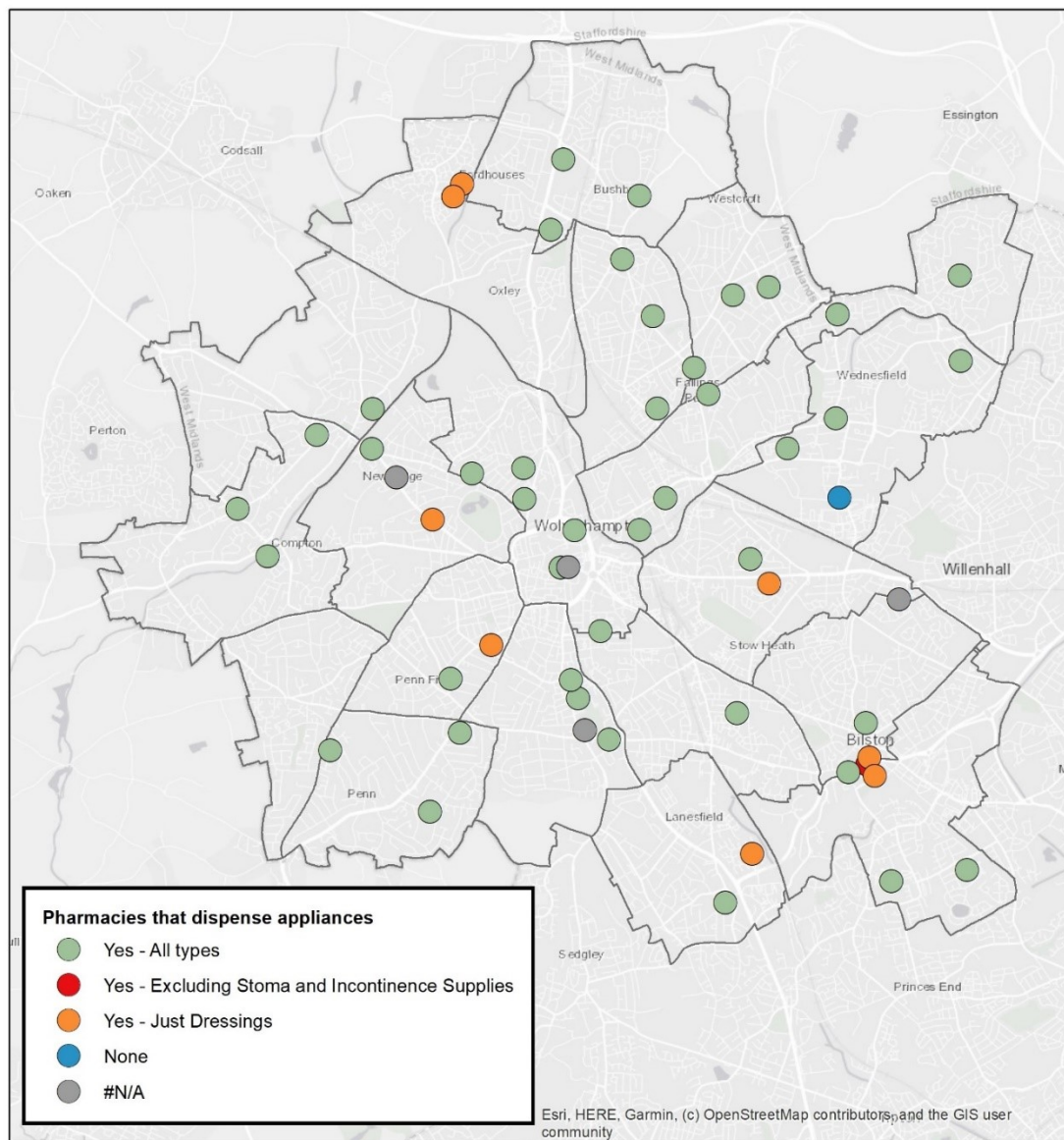
Essential Services

All community pharmacies that hold an NHS Pharmacy contract provide some or all of the following dispensing and non-dispensing services: dispensing of appliances, dispensing medicines, repeat dispensing, discharge medicines service, disposal of unused medicines, Public Health and promotion of healthy lifestyles, and self-care advice.

Dispensing of appliances

Of the pharmacies that responded to the Local Pharmacy Survey 2025, 41 (80.4%) pharmacies dispense all types of appliances, 10 (19.6%) dispense just dressings, 1 (2%) dispenses all types excluding stoma and incontinence supplies, and 1 (2%) dispenses no appliances (Figure 16).

Figure 16. Map of community Pharmacies that dispense appliances by type, Wolverhampton, 2025



Source: Pharmacy survey, 2025

Dispensing medicines

All pharmacies must be able to dispense prescribed medicines, along with providing the appropriate information for the safe and effective use of the medication.

In 2024, up to October 31st, an average of 8,714 prescriptions were dispensed per month, per pharmacy, in Wolverhampton, compared to 8,321 across the Black Country.³²

The EPS Release 2 prescribing system allows this process to be undertaken more efficiently, as it can also hold information on the intended interval between each issue of the repeatable prescription, and how many times the repeatable prescription can be issued. For example, if the prescriber has set the batch to include six prescriptions, and each prescription has prescribed a particular medication for 28 days, this enables the dispenser to dispense this medicine with nearly 6 months' supply.

Of the responses received from the Public/Patient Survey, 823 respondents (83.6%) reported using the repeat prescription service for regular medications at their pharmacy in the past 12 months. This represents an increase from the 2018 survey, where 261 respondents (84.2%) used the service. Additionally, 137 respondents (13.9%) had not used the service, and 13 (1.3%) were unaware that the service was available.

Respondents were also asked about their use of Electronic Prescribing, which allows pharmacies to request and receive repeat prescriptions from GP practices, saving patients a visit to the doctor. Of those surveyed, 670 respondents (68.0%) had used this service, 243 (24.7%) had not, and 60 (6.1%) were unaware of its availability.

Repeat Dispensing

Electronic repeat dispensing (eRD) allows a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to sign authorised repeat prescriptions each time an item is requested. Prescribers can authorise and issue a batch of

repeat prescriptions until the patient needs to be reviewed. The number of issues and intervals for each batch are set by the prescriber. These prescriptions are then available for dispensing at the specified interval by the patient's nominated pharmacy.

Discharge Medicines Service

This service was introduced in February 2021 as an Essential service as part of the CPCF and aims to reduce the risk of medication problems when a person is discharged from the hospital. Providing community pharmacy on discharge with information about medication changes made in the hospital can help to improve outcomes, prevent harm, and reduce hospital readmissions. The service relies on good communication and timely referrals from hospitals to community pharmacies to achieve the intended outcomes and reduce unmet needs.

Other non-dispensing services offered by pharmacies

Disposal of unused medicines

Community pharmacies must accept unused medication for safe disposal. This does not include the disposal of sharps or other needles. This is to reduce the risk of medicines being used outside of their prescribed use, accidental poisoning, and to ensure safe disposal to avoid environmental damage.

Of the responses received from the Public/Patient Survey, 306 (31.07%) had returned unused medicines to their pharmacy in the past 12 months, 566 (57.46%) had not used the service, and 93 (9.44%) were not aware that this service was available.

Pharmacists also have direct contact with many patients and have the ideal opportunity to discuss healthy lifestyle advice with patients. They can use the opportunity to provide them with written health promotion literature or signpost them to services, such as those who are collecting prescriptions for long-term conditions such as diabetes, hypertension, coronary heart disease, or those who smoke or are overweight. The advice provided centres around

healthy lifestyles, including smoking cessation, increasing physical activity, and weight management.

Self-care

Pharmacists have a key role in helping the local population to manage any minor ailments and common conditions, by providing advice and sales of non-prescription items, where appropriate. This helps individuals to care for themselves and their families, to minimise the inappropriate use of primary and secondary health care services.

Healthy Living Pharmacy (HLP)

The Healthy Living Pharmacy (HLP) framework is a commissioning framework that aims to achieve consistent delivery of a broad range of high-quality services through community pharmacies to meet local needs and improve the health and wellbeing of the local population. It aims to reduce health inequalities, by focusing on the self-care and prevention agendas. As part of the five-year Community Pharmacy Contractual Framework (CPCF) in 2019, it was agreed as a Terms of Service requirement that all community pharmacy contractors are to become an HLP. This will help to support the delivery of the NHS Long Term Plan.²⁵

Signposting

As front-line accessible providers, community pharmacies are ideally placed to offer healthcare advice and signpost to other healthcare providers where appropriate. Pharmacy teams are obliged to signpost to other sources of care and support in the area. NHS England will provide sources of care and support to facilitate this.

Clinical Governance

Clinical governance covers a range of quality-related issues including audits, emergency planning, incident reporting, patient safety, patient satisfaction, complaints procedures, and whistleblowing. Adherence to clinical governance requirements is set out in the Terms of

Service within Schedule 4 of the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 and the Community Pharmacy Contractual Framework.

Advanced Services

Advanced Services are provided under contract with NHS England. The Pharmacy Survey included a comprehensive list of the Advanced Services. In addition to this, the survey asked which services are available through pharmacies, and which representatives from each pharmacy responded with confirmation of whether or not they provided the service, or if they were intending to begin providing the service in the next 12 months. (See Appendix 8)

New Medicines Service

The New Medicines Service (NMS) is offered to patients with long-term conditions who have been started on a defined list of new medicines for the treatment of the following conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Type 2 diabetes
- High blood pressure
- High cholesterol
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence or retention
- Heart failure
- Coronary heart disease
- Atrial fibrillation
- Unstable angina or heart attack

- Stroke or transient ischaemic attack (TIA)
- Long-term risk of blood clots or blocked blood vessels, including DVT (deep vein thrombosis)

The NMS is delivered in three stages:

- First stage services (Patient engagement): brief advice on new medications, healthy lifestyles, and information on the NMS to enable informed consent from patients presenting prescriptions for new medicines or following referral from another health professional.
- Second stage services (Intervention): assessment of adherence to treatment, adverse drug reactions and need for further support or referral back to the patient's GP.
- Third stage services (Follow up): second assessment of adherence to treatment and new or continuing problems with medication or self-management.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025:

- 47 pharmacies (92.2%) are commissioned to provide NMS while 1 (2%) pharmacy provides it privately. An additional 2 (3.9%) pharmacies are willing to provide NMS, but 1 (2%) pharmacy is not.
- During 2024, up until October 31st, the average NMS activity in Wolverhampton was 45.0 per pharmacy, compared with 109.6 during 2021-22.³¹

Appliance use reviews (AUR)

Appliance Use Reviews (AUR) can take place within the pharmacy, or at the patient's home.

The aim is to provide advice and improve the knowledge and use of safe storage and disposal of specified appliances, such as incontinence, stoma, or catheter appliances, and wound drain packages, as well as aiming to resolve the ineffective use of these items.

Between Jan–October 2024, NHS England data showed no activity for the AUR service, similar to the 2021-22 figures that were used in the last PNA.³¹

Based on the pharmacies which responded to the Local Pharmacy Survey 2025, 4 (7.8%) pharmacies are commissioned to provide AUR, with a further 29 (56.9%) willing to provide this service. A total of 17 (33.3%) pharmacies are not intending on providing AUR, and 1 (2%) pharmacy did not respond to this question.

Stoma Appliance Customisation Service (SAC)

The Stoma Appliance Customisation (SAC) service is provided by pharmacies to fit stoma appliances.

The service ensures the proper use, and comfortable fitting, of appliances (listed in Part IXC of the Drug Tariff), as well as improving the duration of the use of the appliances and reducing waste through the customisation of the appliance to the patient's measurements.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 5 (9.8%) pharmacies are already commissioned to provide SACs, and a further 26 (51%) are willing to provide this service. An additional 16 (31.4%) pharmacies are not intending on providing this service, and 3 (5.9%) pharmacies did not answer this question.

Flu Vaccination service

The influenza vaccine is recommended for people aged 65 years and above, pregnant women, and for those with pre-existing long-term conditions such as diabetes, heart disease, asthma, and COPD.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 45 (88.2%) pharmacies are commissioned to provide Flu vaccinations. A further 3 (5.9%) pharmacies are

willing to provide this service, and 3 (5.9%) pharmacies are not intending on providing this service.

Pharmacy First

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 47 (90.2%) are commissioned to provide Pharmacy First and a further 3 (5.9%) pharmacies are willing to provide this. 1 (1.2%) pharmacy is not intending to provide this, and 1 (2%) other pharmacy did not respond to this question.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 47 (90.38%) pharmacies are commissioned to provide Pharmacy First, with a further 3 (5.77%) willing to provide this. A total of 1 (1.92%) pharmacies reported they are not intending on providing this.

Of the 985 responses to the Public/Patient Survey, 341 (34.62%) had used the Minor Ailments Scheme or Pharmacy First at their local pharmacy in the past 12 months, 524 (53.20%) had not used this service and 92 (9.34%) were not aware this service was available. These results differ to the 2022 PNA as a higher proportion reported to have used this service in the 2025 survey and a lower proportion reported to not having heard of the service. This suggests that the launch of Pharmacy First and the communications have improved awareness of the service.

Smoking Cessation Service (Transfer of Care)

The Smoking Cessation Service (SCS) is an Advanced Service that was launched during March 2022. SCS enables hospitals to refer patients (where they consent) on discharge to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support from a community pharmacist as required. The ambition is for referral from NHS trusts to community pharmacies to create additional capacity in the smoking cessation pathway, supporting the NHS Long Term Plan. As a result, there is likely to be an increased demand for smoking cessation support in community pharmacies.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025:

- 28 (54.9%) pharmacies are commissioned to provide a Transfer of Care Smoking Cessation Service (supporting hospital referrals).
- A further 13 (25.5%) are willing to provide this service.
- 8 (15.7%) pharmacies are not willing to provide this service.
- 2 (3.9%) pharmacies did not respond to this question.

Hypertension Case-Finding Service

This was launched as an Advanced service in October 2021 and aims to identify people aged 40 and above who have not been diagnosed with hypertension and promote healthy lifestyle behaviours. The first stage offers a blood pressure check to identify those who may be at risk of hypertension. The second stage, where it is clinically indicated, offers 24-hour ambulatory blood pressure monitoring (ABPM). These results are shared by the pharmacist with the patient and GP to help inform a potential diagnosis of hypertension.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 41 (80.3%) pharmacies are already commissioned to provide the Hypertension Case-Finding Advanced Service, which is a new commissioned service, a further 7 (13.7%) are willing to provide this service, and 3 (5.9%) are not intending on providing this service.

Pharmacy Contraception Service

The Pharmacy Contraception Service (PCS) is an Advanced Service within the NHS Community Pharmacy Contractual Framework in England. Launched in April 2023, the PCS aims to enhance access to oral contraception by utilising the expertise of community pharmacists. Individuals from menarche up to 49 years for combined oral contraceptives and up to 54 years for progestogen-only pills.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 37 (72.6%) pharmacies are commissioned to provide this service, and 2 (3.9%) provide this service privately. A further 9 (17.7%) are willing to provide this service, and 2 (3.9%) are not. 1 (2%) pharmacy did not respond to this question.

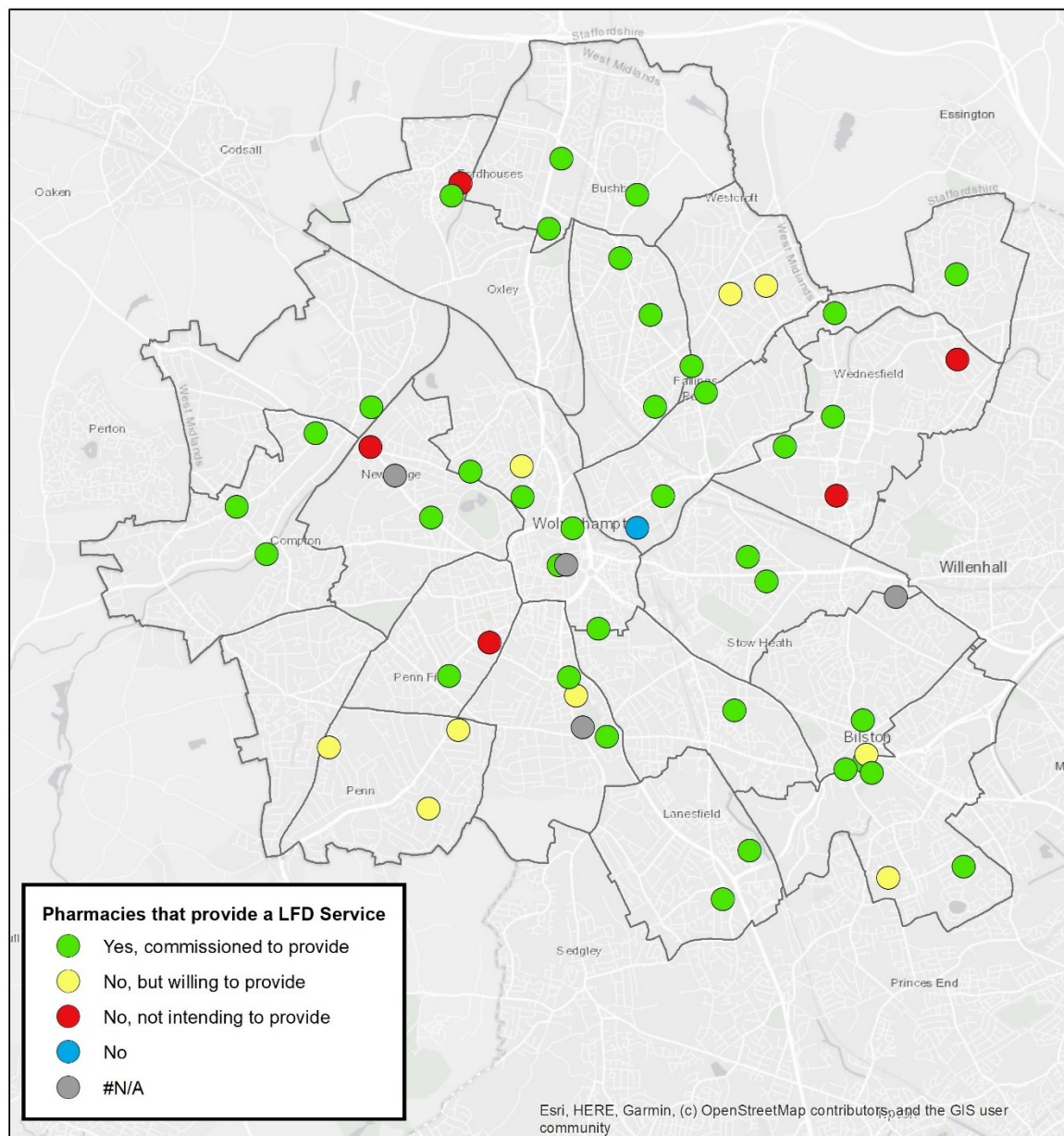
Pharmacies that currently provide a Lateral Flow Device (LFD) Service

The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023.

In March 2024, it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service.

In late May 2024, the service specification was updated to make the eligibility criteria section clearer to understand, as well as emphasising that patients eligible for the service do not need to have symptoms of COVID-19 to obtain a free box of LFD test kits under the service.

In the Local Pharmacy Survey 2025, 37 (72.6%) pharmacies are commissioned to provide LFDs. A further 8 (15.7%) are willing to provide this additional offer, and 5 (9.8%) are not. 1 pharmacy (2%) did not respond to this question.

Figure 17. Pharmacies that provide an LFD Service, 2025

Source: Local Pharmacy Survey, 2025

Pharmacies have been presented with several difficulties. Financial pressures have increased, along with immense pressure on the pharmacy workforce. COVID-19 presented challenges with increased demands for dispensing and advice, maintaining staff levels due to illness, the

extra measures to maintain a COVID-safe environment, and an increase in abusive behaviour from members of the public.

It will be important to consider future workforce capacity building and contingency planning to ensure pharmacies can continue to meet the increased demand.

Locally Commissioned Services

Other local services are commissioned by NHS England & Improvement Midlands Region (Regional NHSE/I), Wolverhampton Council's Public Health department, or Black Country ICB. For a full list of services offered, please see Appendix 8, including current provision and potential commissioning opportunities.

At the time of writing this PNA, Wolverhampton is part of Black Country Integrated Care Board. CCGs were replaced by integrated care boards as part of the Integrated Care Systems in July 2022. The intention is that they have taken on the delegated responsibility for pharmaceutical services from April 2022 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services.

Regionally Commissioned Services via NHS England & Improvement Midlands Region (NHSE/I)

Rota Service

This service aims to ensure that there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Christmas Day and Easter Bank Holidays.

The Community Pharmacy Extended Care Service

This service is provided by community pharmacies and aims to provide eligible patients who are registered with a General Practitioner (GP) contracted to NHSE/I with access to support for the treatment of the following:

Tier 1

- Simple UTI in Females (from 16 years up to 65 years of age)
- Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

Tier 2

- Impetigo
- Infected Insect Bites
- Infected Eczema

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription-only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their General Practitioner (GP) or Out of Hours (OOH) provider, walk-in centre, or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions
- Educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

Locally Commissioned Services in Wolverhampton

Emergency Contraception

This service has been subcontracted to pharmacies through the contract Public Health has with the Royal Wolverhampton NHS Trust to provide sexual health services. The Emergency Hormone Contraceptive (EHC) service is dispensed free of charge and offers quick and convenient access through pharmacies, which aims to contribute to the reduction in unwanted or unplanned pregnancies, as well as reducing the need to access termination services.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 39 (76.5%) are commissioned to provide Emergency Contraception Services (ECS), while 3 (5.9%) offer this service privately. A further 4 (7.8%) pharmacies reported being willing to provide this service, but 5 (9.8%) pharmacies reported that they are not.

From the 585 responses received from female respondents to the Public/Patient Survey, 13 (2.21%) had obtained EHC from their pharmacy in the past 12 months, 527 (89.93%) had not used the service, and 47 (8.02%) were not aware this service was available.

Contraception (Not Emergency)

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, for non-emergency contraceptive provision (not EHC), 30 (58.8%) are commissioned to provide this, and 2 (3.9%) provide this privately. A further 13 (25.49%) are willing to provide this service, but 6 (11.8%) are not.

Chlamydia

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, provision for chlamydia testing and treatment at community pharmacies are as follows:

- **Chlamydia Testing Serving:** Currently 2 (3.9%) pharmacies are currently commissioned to provide the Chlamydia Testing Service. A further 32 (62.8%) are willing to provide this service, but 16 (31.4%) pharmacies reported they are not. Chlamydia Testing Kits are also under contract with local sexual health service Embrace as part of the EHC service. There could be opportunities to promote the testing kits, as current uptake by the public is low.
- **Chlamydia Treatment Service:** Currently 1 (2%) pharmacy is commissioned to offer the Chlamydia Treatment Service, while 1 (2%) other pharmacy offers this privately. A further 35 (68.6%) pharmacies reported being willing to provide this service, whereas 13 (25.5%) are not. 1 (2%) pharmacy did not respond to this question.

Gonorrhoea

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, currently no pharmacies are commissioned to provide a Gonorrhoea screening service, however 31 (60.8%) pharmacies reported being willing to provide this service. A total of 19 (37.3%) pharmacies reported that they are not intending on providing this service. 1 (2%) pharmacy did not respond to this question.

HIV Screening

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, no pharmacies are currently commissioned to provide HIV screening, but 28 (54.9%) are willing to provide this service. A further 22 (43.1%) are not intending on providing this service. 1 (2%) pharmacy did not respond to this question.

Additional local service offers to improve Public Health

Alcohol-harm reduction service offers

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 1 (2%) pharmacy reported they already offered an alcohol screening and an alcohol-related health check. An additional 12 (23.5%) pharmacies reported that they were interested in offering either of these services, 20 (39.2%) pharmacies reported they were potentially interested, and 10 (19.6%) were not interested in offering this service. A total of 8 (15.7%) pharmacies did not respond to this question.

Needle Exchange Service

The Needle Exchange Services supply injecting drug users with sterile needles, syringes, and other related paraphernalia ("Hit kits"). This service aims to provide harm reduction information and signposting to appropriate services to support drug users to achieve a drug-free life, as well as reduce the rates of blood-borne infections and drug-related deaths in the process. The service also collects used injecting equipment, to avoid needle litter, and to help protect the environment and the health of the local population.

In 2023-24, in Wolverhampton, there were 1,612 sharps bins returned to collection points, which includes Pharmacies. A total of 110 syringe needles were found in Wolverhampton, as 'needle litter', according to data from Recovery Near You.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 5 (9.8%) reported that they already offer a Needle Exchange Service. An additional 10 (19.6%) pharmacies reported being interested in offering this service, and 14 (27.5%) reported being potentially interested. A further 14 (27.5%) reported they are not interested in offering it. 8 (15.7%) pharmacies did not respond to this question.

Supervised Consumption Service

The Supervised Consumption Service supports the wider drug recovery treatment service to support drug users in their local communities to move from opioid substitution therapy to detoxification and abstinence. Supervised consumption provides the best guarantee that medicines are taken as directed, reduce craving, prevent withdrawal, eliminate the hazards of injecting, and improve the overall function of service users.

Other benefits include the better use of prescribed medicines, diversion of prescribed medicines from the illicit drugs market, and reduction in accidental exposure to controlled medicines. The service provides regular contact with healthcare professionals and opportunities for signposting to other treatment services.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 27 (52.9%) pharmacies are already commissioned to provide The Supervised Consumption Service. An additional 7 (13.7%) pharmacies are interested in providing this service, 3 (5.9%) are potentially interested and 5 (9.8%) pharmacies are not willing to provide this service. A total of 9 (17.7%) pharmacies did not answer this question.

Locally Commissioned Services – ‘Other’

Minor Ailments Scheme

All pharmacies in Wolverhampton are commissioned by the ICB to provide this service. The Minor Ailments Scheme is available to patients with minor ailments, who are exempt from prescription charges, and who are registered with a participating GP practice. The aim is to promote self-care, offer advice as required, and if appropriate, patients can be supplied with free over-the-counter medicines. Patients can only register for the service at one pharmacy and are restricted to three visits in six months. If the pharmacist believes the condition requires further investigation, the patient will be referred to their GP. The service aims to divert patients from using GP appointments when they can self-care.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 41 (78.85%) pharmacies are commissioned to provide the Minor Ailments Scheme, with a further 4 (7.69%) willing to provide this. A total of 7 (13.46%) pharmacies reported they are not intending on providing this.

Of the 985 responses to the Public/Patient Survey, 341 (34.62%) had used the Minor Ailments Scheme or Pharmacy First at their local pharmacy in the past 12 months, 524 (53.20%) had not used this service and 92 (9.34%) were not aware this service was available. These results differ to the 2022 PNA as a higher proportion reported to have used this service in the 2025 survey and a lower proportion reported to not having heard of the service. This suggests that the launch of Pharmacy First and the communications have improved awareness of the service.

Community Eye Care Service

A Community Eye Care Service is also commissioned, in which commissioned pharmacies will supply medications to patients that have been seen by local optometrists and provide prompt access to a remote consultation and, in most cases, a care plan for the patient to either self-manage their ocular condition (with access to appropriate topical medications where appropriate), be managed by their optometrist with advice, guidance and remote prescribing as necessary by hospital eye service or be appropriately referred to ophthalmology services.

Home Delivery Service

Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free or paid-for service. Prescription deliveries also became more common during the pandemic.

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 44 (86.3%) pharmacies reported that they offer deliveries for prescriptions, while 7 (13.7%) pharmacies reported they don't. Only 3 (5.9%) pharmacies reported that they charge for delivery, with the

remaining 41 (80.4%) pharmacies not charging. Of the 3 (5.9%) pharmacies that stated they do charge for prescription deliveries, the charge ranged from £2- £5.50. One pharmacy reported that they “need to charge but patients can’t afford it”.

With regards to Monitored Dosage Systems (MDS), 48 (94%) pharmacies reported that they offer MDS free of charge on request, while 3 (5.9%) don’t.

Pharmacies were also asked if they offer collections of prescriptions from GP practices, with 41 (80.4%) reporting they do, and 8 (15.7%) reporting they don’t. A total of 2 (3.9%) pharmacies did not respond to this question.

Obesity Management (Adults and Children)

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, 1 (2%) pharmacy is already commissioned to provide an Obesity Management Service (for adults and children) and 5 (9.8%) pharmacies offer it privately. A further 33 pharmacies (64.7%) are willing to provide this service whereas 11 (21.6%) pharmacies are not. 1 (2%) pharmacy did not respond to this question.

Disease Specific Management Services

Based on the pharmacies that responded to the Local Pharmacy Survey 2025:

- **Coronary Heart Disease:** 4 (7.8%) pharmacies are already commissioned to provide, a further 36 (70.6%) pharmacies reported being willing to provide this service and 9 (17.7%) pharmacies reported they are not intending to provide this service. A total of 2 (3.9%) pharmacies did not respond to this question.
- **Heart Failure:** 4 (7.8%) pharmacies are already commissioned to provide, 37 (72.6%) of pharmacies are willing to provide this service, and 9 (17.7%) reported they are not intending on providing this service. 1 (2%) pharmacy did not respond to this question.

- **Allergies:** 5 (9.8%) pharmacies are commissioned to provide this service and 3 (5.9%) provide this service privately. A further 33 (64.7%) pharmacies reported they were willing to provide the service, while 9 (17.7%) are not intending to provide this service.
- **Alzheimer's / Dementia:** 4 (7.8%) pharmacies are commissioned to provide this service, a further 36 (70.6%) reported they are willing to provide, and 10 (19.6%) are not intending to provide this service.
- **Asthma:** 6 (11.8%) pharmacies are commissioned to provide this service, a further 35 (68.6%) are willing to provide, and 9 (17.7%) are not intending to provide this service.
- **COPD:** 4 (7.8%) pharmacies are commissioned to provide this service, a further 36 (70.6%) are willing to provide, and 8 (15.7%) are not intending to provide this service.
- **Depression:** 4 (7.8%) pharmacies are already commissioned to provide this service, a further 37 (72.6%) are willing to provide, and 9 (17.7%) are not intending to provide this service.
- **Cholesterol:** 2 (3.9%) pharmacies are already commissioned to provide this service, a further 39 (76.4%) are willing to provide, and 9 (17.7%) are not intending to provide this service.
- **Diabetes type 1:** 4 (7.8%) pharmacies are already commissioned to provide, 36 (70.6%) pharmacies are willing to provide, and 9 (17.7%) are not intending to provide this service.
- **HbA1C Screening:** 1 (2%) pharmacies are already commissioned to provide, 37 (72.6%) are not willing to provide, and 12 (23.5%) are not intending to provide this service.
- **Diabetes type 2:** 4 (7.8%) pharmacies are commissioned to provide, 37 (72.6%) are commissioned to provide, and 9 (17.7%) are not intending to provide this service.
- **Epilepsy:** 4 (7.8%) pharmacies are already commissioned to provide, 36 (70.6%) are willing to provide, and 10 (19.6%) are not intending to provide.
- **Parkinson's disease:** 4 (7.4%) pharmacies are already commissioned to provide, 37 (72.6%) are willing to provide, and 9 (17.7%) are not intending to provide.

- **Anticoagulant Monitoring Service:** 3 (5.9%) pharmacies are already commissioned to provide, 35 (68.6%) are willing to provide, and 12 (23.5%) are not intending to provide.
- **Gluten Free Food Supply:** 6 (11.8%) are already commissioned to provide, 35 (68.6%) are willing to provide, and 7 (13.7%) are not intending to provide.

Locally Commissioned Smoking Cessation Service (For Members Of The Community)

Based on the pharmacies that responded to the Local Pharmacy Survey 2025, there are a number of pharmacies that provided locally commissioned Stop Smoking Service offers for the wider community:

- 15 (29.4%) are already locally commissioned to provide a Stop Smoking Service to support residents in the community.
- 5 (9.8%) pharmacies provide this service privately.
- A further 19 (37.3%) pharmacies are willing to provide this service,
- 11 (21.6%) are not willing to provide this service.
- 1 (2%) pharmacy did not respond to this question.

Locally Commissioned Vaccinations

Pharmacies are not able to offer primary immunisations due to national commissioning arrangements, but some pharmacies are commissioned to administer a variety of other vaccinations to help support overall vaccine coverage.

Based on the pharmacies that responded to the Local Pharmacy 2025, there are a number of vaccinations that are administered across local pharmacies:

- **'Catch-up' Vaccinations:** 4 (7.8%) pharmacies are already commissioned to provide 'catch-up' vaccinations and a further 28 (58.9%) pharmacies are willing to provide this service. 17 (33.3%) pharmacies reported they were not intending on providing this service. 2 (3.9%) pharmacies did not respond to this question.
- **COVID-19 Vaccination:** 18 (35.3%) pharmacies are already commissioned to provide COVID-19 vaccinations, and a further 19 (37.3%) are willing to provide this

service. 13 (25.5%) are not intending on providing this service and 1 (2%) pharmacy did not respond to this question.

- **Hepatitis (at-risk workers or patients) Vaccinations:** Currently no pharmacies are commissioned to provide this service, but 2 (3.9%) pharmacies provide this privately. A further 33 (64.7%) pharmacies are willing to provide this service, whereas 15 (29.4%) are not. 1 (2%) pharmacy did not respond to this question.
- **Meningococcal Vaccinations:** Currently no pharmacies are commissioned to provide this service, but 3 (5.9%) provide this service privately. A further 33 (64.8%) are willing to provide this service, whereas 14 (27.5%) are not. 1 (2%) did not respond to this question.
- **Pneumococcal Vaccinations:** Currently 1 (2%) pharmacy is commissioned to provide this service, and 3 (5.9%) provide this service privately. A further 33 (64.7%) are willing to provide this service, whereas 12 (23.5%) are not. 2 (3.9%) did not respond to this question.
- **Travel Vaccinations:** Currently no pharmacies are commissioned to provide this service, but 6 (11.8%) are commissioned to provide it privately. A further 31 (60.8%) are willing to provide this service, whereas 13 (25.5%) are not. 1 (2%) pharmacy did not respond to this question.

Palliative Care

A Specialist Palliative Care Drugs Supply (SPCDS) service, facilitated through the Midlands and Lancashire Commissioning Support Unit, is provided through a network of community pharmacies across Birmingham and the Black Country.

The service is commissioned to improve the access to special end-of-life drugs for patients, carers, and their representatives. To do this, the commissioned providers will hold agreed stocks of the specialist palliative care drugs; allow on-demand, prompt access and continuity of supply of SPCD during pharmacy opening hours; ensure systems are in place to direct patients/carers to alternative pharmacies if stock is unavailable; record details of supply or

signposting of SPCD on PharmOutcomes within 7 days; provide up to date information, advice and referral where appropriate, with the aim of reducing the demand for hospital-based services and lowering levels of unplanned hospital admissions; provide advice on safe use of end of life drugs, their side-effects and safe disposal of controlled drugs to staff, patients, carers and their representatives; provide delivery services as well as collection services where applicable; and provide a mechanism for service providers/health care professionals such as district nurses to provide feedback regarding the service.

In the city of Wolverhampton, there are four community pharmacies commissioned to provide this service, whilst other pharmacies in the area also stock the formulary:

- Phoenix Pharmacy, Parkfield Road, Wolverhampton, WV4 6ED
- Tettenhall Wood Pharmacy, 12 School Road, Tettenhall Wood, Wolverhampton, WV6 8EJ
- HN Pharmacy, 124 Cannock Road, Wednesfield, Wolverhampton, WV10 8PW
- Bradley Chemist, 83 Hall Green Street, Bradley, Bilston, Wolverhampton, WV14 8TH

The impact of the COVID-19 pandemic on Community Pharmacy Services

Community pharmacies played a vital role during the COVID-19 pandemic as a front-line service. They remained open and accessible to the public, seeing a huge increase in demand when many other healthcare providers were closed. Whilst COVID-19 is not the primary focus of this PNA, it is recognised that its impacts on health and wellbeing inequalities, and on how people interact with services, are likely to influence what people need from community pharmacy services and how they access them.

The pandemic led to innovation in pharmacy services. There was an improved collaboration with other healthcare providers such as GP Practices and dentists. Pharmacies provided remote consultations via telephone or video link, whilst the Pandemic Delivery Service

ensured that clinically vulnerable and isolating patients were able to receive their medication. There are also services that community pharmacies began providing in response to the pandemic, such as a LFD (Lateral Flow Device) service and COVID-19 Vaccinations.

The 2022 Public/Patient Survey, for the previous PNA, responses highlighted how pharmacies were highly valued during the pandemic. Common themes were that the public “felt safe” when visiting pharmacies, pharmacy teams were “friendly” and “helpful,” and pharmacies could be relied upon to “give good advice.” Some respondents highlighted the lack of availability of LFD kits; however, this was a national problem at times during the pandemic.

Needs and Gaps Identified Through Local Consultation

Needs identified by community Pharmacy staff

As part of the Pharmacy Survey, representatives from each pharmacy were invited to provide their view on whether there was a particular need for a locally commissioned service in their area. Whilst the vast majority of Pharmacies said they had not identified a need or preferred not to say, a small number of pharmacists provided the following suggestions:

- **Smoking Cessation:** Respondents emphasised the need for community-based smoking cessation services, not just those available after hospital discharge.
- **NHS Commissioned MDS and Delivery Services:** There is a high demand for NHS-commissioned Monitored Dosage Systems (MDS) and delivery services, as other pharmacies often refuse these services. Respondents noted the lack of funding for materials and staff time.
- **Atrial Fibrillation Screening:** Local screening for atrial fibrillation (AF) is needed for early detection, prevention, and cost-effective management to reduce stroke risk and hospital admissions.
- **Joint Pain Management:** Local pain management services, including a multidisciplinary approach, can improve quality of life and accessibility for patients.

- **Cholesterol and Vitamin B12 Testing:** Early detection through local testing can prevent severe health issues and reduce long-term healthcare costs.
- **Flu Services:** There is a specific need for flu vaccination services on weekends, particularly Saturdays.

Experiences of Community Pharmacies from members of the Public

As part of the Public/Patient Survey, members of the public were asked to describe their experiences using community pharmacies in Wolverhampton via the following questions:

1. What was your experience with the pharmacy services you have used?
2. Is there anything you particularly value as a service from pharmacies?

Their feedback can be summarised as follows:

Responses to “What was your experience with the pharmacy services you have used?”

The responses to the question "What was your experience with the pharmacy services you have used?" reveal a wide range of experiences, both positive and negative, with community pharmacy services.

Positive Experiences: Many respondents praised their local pharmacies for being friendly, helpful, and knowledgeable. They appreciated the personalised service, with staff often knowing them by name and providing tailored advice. Several mentioned the convenience of text message notifications when prescriptions were ready for collection, and the efficiency of repeat prescription services. Delivery services were also highlighted as a significant benefit, especially for those with mobility issues or chronic conditions. Some respondents noted the professionalism and thoroughness of pharmacists during consultations, and the availability of private consultation rooms for more sensitive discussions.

Negative Experiences: Conversely, a number of respondents reported issues with stock availability, leading to delays in receiving medication. Long wait times and queues were common complaints, particularly in busy pharmacies. Some respondents felt that staff were sometimes rude or unhelpful, and there were instances of incorrect or incomplete prescriptions being dispensed. The closure of local pharmacies and the need to travel to multiple locations to find medication added to the stress for some users. Additionally, the transition to online prescription services was met with mixed reviews, with some finding it convenient and others experiencing problems with accuracy and reliability.

Common themes identified are listed below:

- **Staff Interaction:** Positive interactions with staff were a major factor in overall satisfaction. Friendly, knowledgeable, and helpful staff contributed to a positive experience, while rude or unhelpful staff led to dissatisfaction.
- **Efficiency and Convenience:** Efficient service, timely notifications, and convenient delivery options were highly valued. Conversely, delays, long wait times, and stock issues were significant pain points.
- **Personalisation and Support:** Personalised service and support, including advice on medication and health issues, were appreciated. The availability of private consultation rooms was also a positive aspect for many respondents.

Overall, the survey responses highlight the importance of efficient, personalised and supportive pharmacy services in meeting the needs of the community.

Responses to “Is there anything you particularly value as a service from pharmacies?”

The responses to the question "Is there anything you particularly value as a service from pharmacies?" highlight several key aspects that respondents appreciate about pharmacy services.

- **Personalised Service and Advice:** Many respondents value the personalised service they receive from their local pharmacies. They appreciate being known by name and having their medical needs understood. The ability to receive advice on minor health conditions and medication interactions without needing a GP appointment is highly valued. The availability of private consultation rooms for sensitive discussions is also appreciated.
- **Convenience and Accessibility:** Convenience is a significant factor, with respondents valuing the ease of obtaining repeat prescriptions and the efficiency of electronic ordering and text message notifications. Home delivery services are particularly important for those with mobility issues or chronic conditions. The proximity of pharmacies to their homes and the extended opening hours are also mentioned as valuable.
- **Professionalism and Knowledge:** The professionalism and knowledge of pharmacy staff are frequently highlighted. Respondents trust their pharmacists to provide sound advice and assistance. The availability of vaccinations and health checks, such as blood pressure monitoring, is also valued.
- **Friendly and Supportive Staff:** Friendly and supportive staff contribute significantly to a positive experience. Respondents appreciate the approachable nature of pharmacy staff and their willingness to help with various health-related queries.

Overall, the responses emphasise the importance of personalised, convenient and professional pharmacy services in meeting the healthcare needs of the community.

Responses to “Is there anything else, or any additional service that you feel could be provided by local pharmacies?”

The responses to the question "Is there anything else, or any additional service that you feel could be provided by local pharmacies?" highlight several suggestions and areas for improvement.

- **Enhanced Services:** Many respondents suggested that pharmacies could offer additional health services such as blood tests, cholesterol testing and minor ailment treatments, including the ability to prescribe antibiotics for common infections. There were also calls for pharmacies to provide more comprehensive health checks, including blood pressure monitoring and BMI measurements.
- **Improved Communication and Convenience:** Several respondents emphasised the need for better communication, such as universally available text message notifications when prescriptions are ready and updates on any issues with prescription requests. There were also suggestions for pharmacies to network better to direct patients to other locations if a medication is out of stock.
- **Extended Hours and Accessibility:** Extended opening hours, including weekends and evenings, were frequently mentioned as a desired improvement. Some respondents also suggested having a rotation system for pharmacies to ensure that at least one pharmacy is open at all times in a given area.
- **Support for Vulnerable Populations:** There were suggestions for pharmacies to provide more support for vulnerable populations, including home delivery services and better monitoring of regular users who may be at risk.
- **General Improvements:** Other suggestions included better advertising of available services, more efficient service to reduce wait times, and ensuring that pharmacies are well-stocked with a variety of medications and products.
- Overall, the responses indicate a desire for pharmacies to expand their role in providing accessible, comprehensive, and convenient healthcare services.

Chapter 4: Future Needs

Expected Population Changes

The Sub-National Population Projections² show that Wolverhampton's population is changing. The older population (aged 65 years and over) is predicted to increase over the next 10 years, both locally and nationally. It should be noted that Wolverhampton's predicted population growth rate is below the national, regional, and Black Country averages. Wolverhampton's estimated population projection for 2043 is 296,102 residents, with growth being most rapid in the older population, projected to grow by over a quarter (28.3%) between 2025-2043. The projections are trend-based using evidence on fertility, mortality, and migration. These projections do not consider any policy changes or events that might have an impact during the 2025 - 2043 time period.

Changes in the demographics of the local population may impact the need for pharmaceutical services. Changes can be caused by an aging population, migration, and the development of new housing estates, to name a few examples.

The projections show:

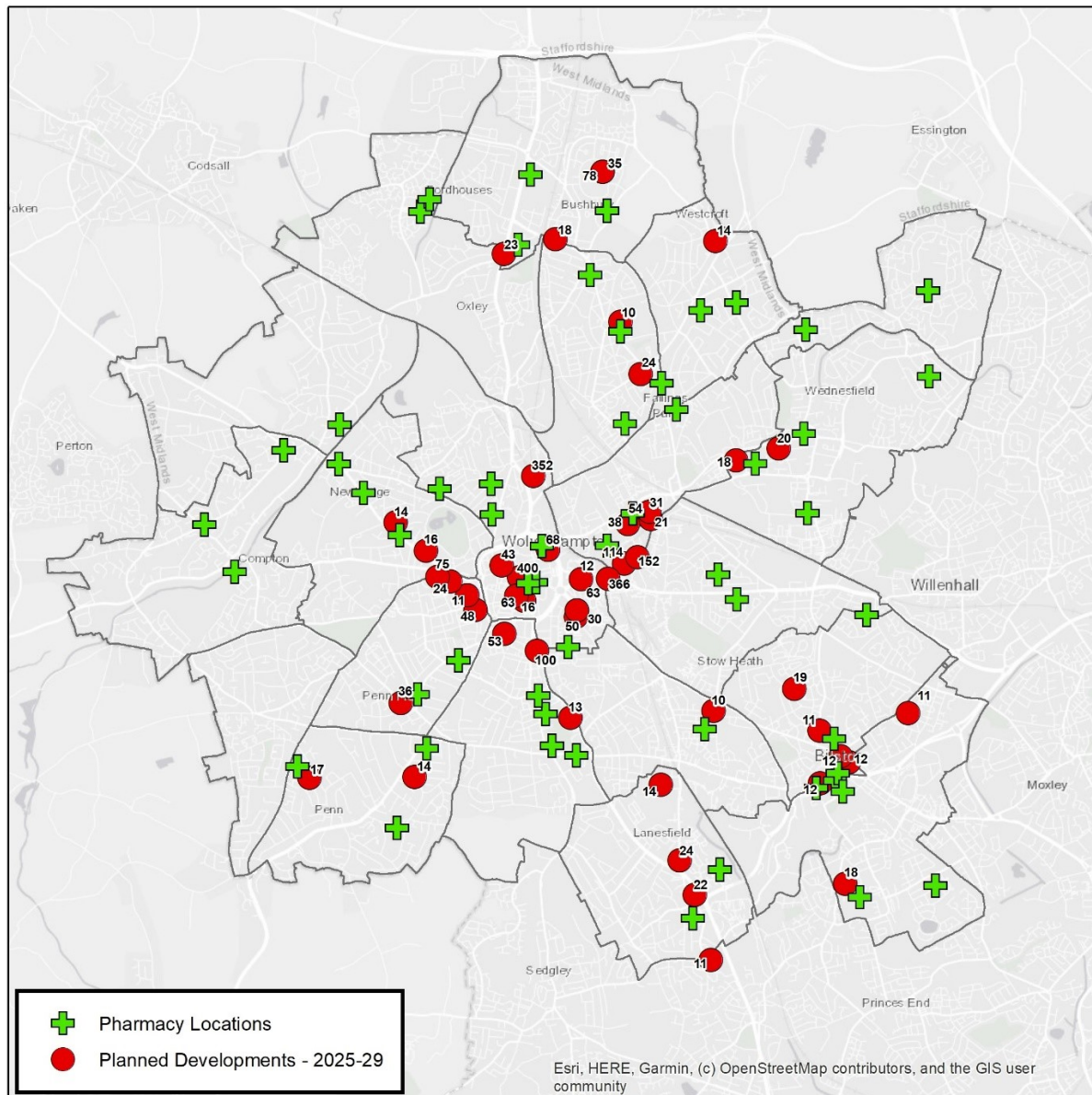
- The number of children (aged 0 to 15 years) in Wolverhampton is projected to increase from 57,806 in 2025, increasing slightly to 58,102 in 2043.
- The number of people aged 16 to 64 years (working age population) in Wolverhampton is projected to increase from 169,098 in 2025, to 178,293 in 2043. This is a net increase of about 9,195 (5.4% increase). However, during this period the state pension age may rise, increasing the size of the working-age population.
- The number of people aged 65 years or older in Wolverhampton is projected to grow from 46,546 in 2025, to 59,703 in 2043: a gain of 13,157 (28.3% growth).
- Wolverhampton has a growing BME population. People from Minority Ethnic backgrounds have different social and health care needs than the White British population, and have a higher risk of long terms conditions, such as diabetes.

Whilst this is important to the health system, this is not significant for the PNA, as the implications longer-term, and not likely to have a huge impact over the next three years.

Housing Developments

As of Spring 2024, there were several notable developments (a development yielding 10 homes or more) that have been planned in the city of Wolverhampton, which will result in new residential housing by 2029. There are expected to be 2,960 new homes built 2024-29, including 2710 homes on these larger sites (Figure 17) - of which 483 (located in the city centre) will be student flats. The numbers in the map refer to the number of properties that the development is expected to yield.³³

Figure 17. Location of planned housing developments 2025-2029 in relation to the location of pharmacies, Wolverhampton 2025



Source: City of Wolverhampton Council Planning Department, 2025

The map above shows the locations of planned housing developments between 2024-2029. The number within the red circles indicates the number of dwellings at the development. The location of Pharmacies is also identified on the map. The areas of the city with concentrations

of major residential developments are the area in and around Wolverhampton City Centre (where the majority of new homes will be flats), Bilston, Blakenhall and Heath Town. The largest planned residential development is 400 flats at the former Beatties site in the city centre.

There are no planned residential developments that are not within close vicinity of a Pharmacy. Below are further maps (Figures 18 & 19), showing the areas of the City Centre and Bilston where there were higher numbers of planned developments with a smaller footprint and may not have been clear on the city-wide map.³³

Figure 18. Location of planned housing developments 2025-2029 in relation to the location of pharmacies in the City Centre, Wolverhampton 2025

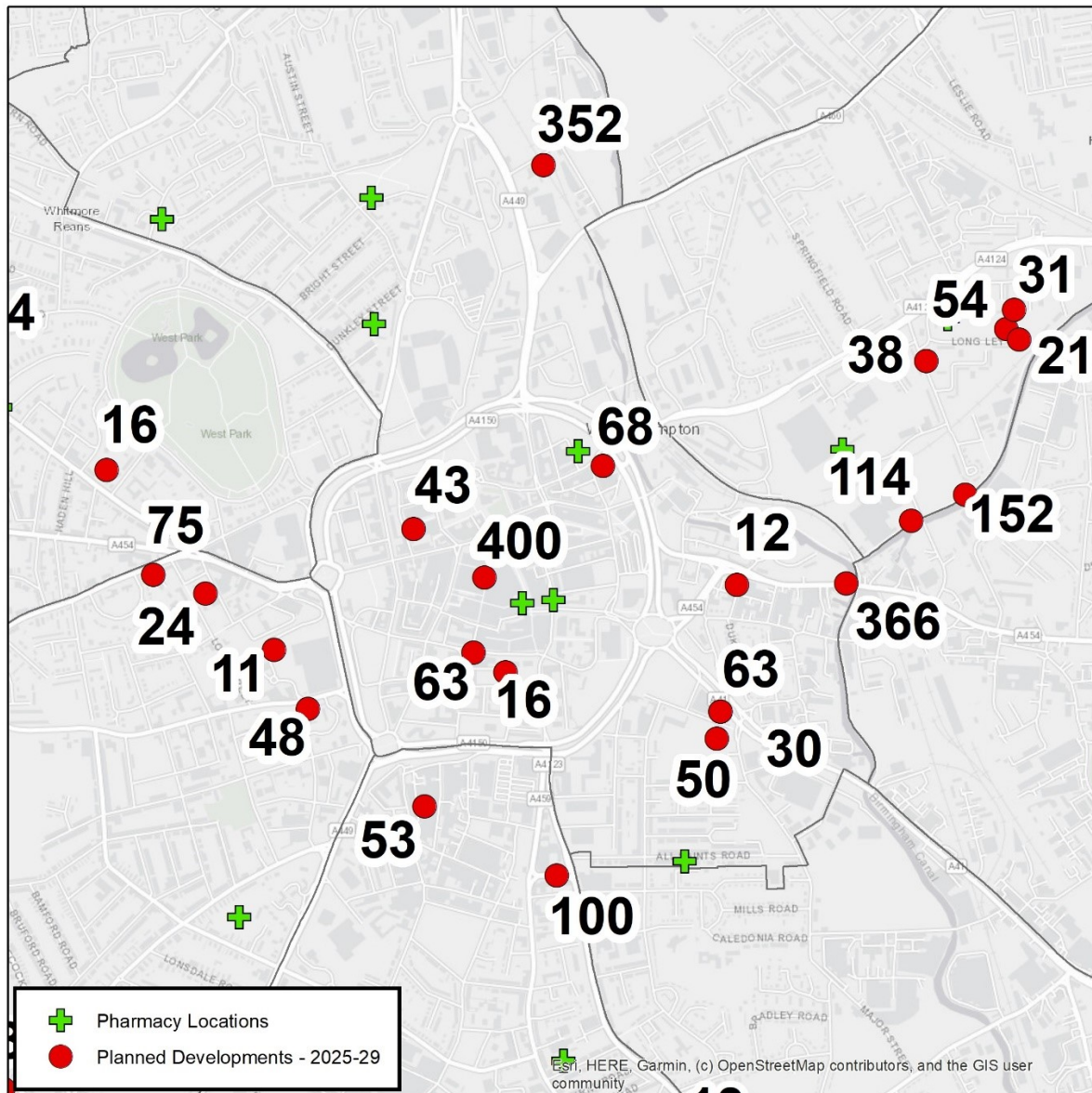
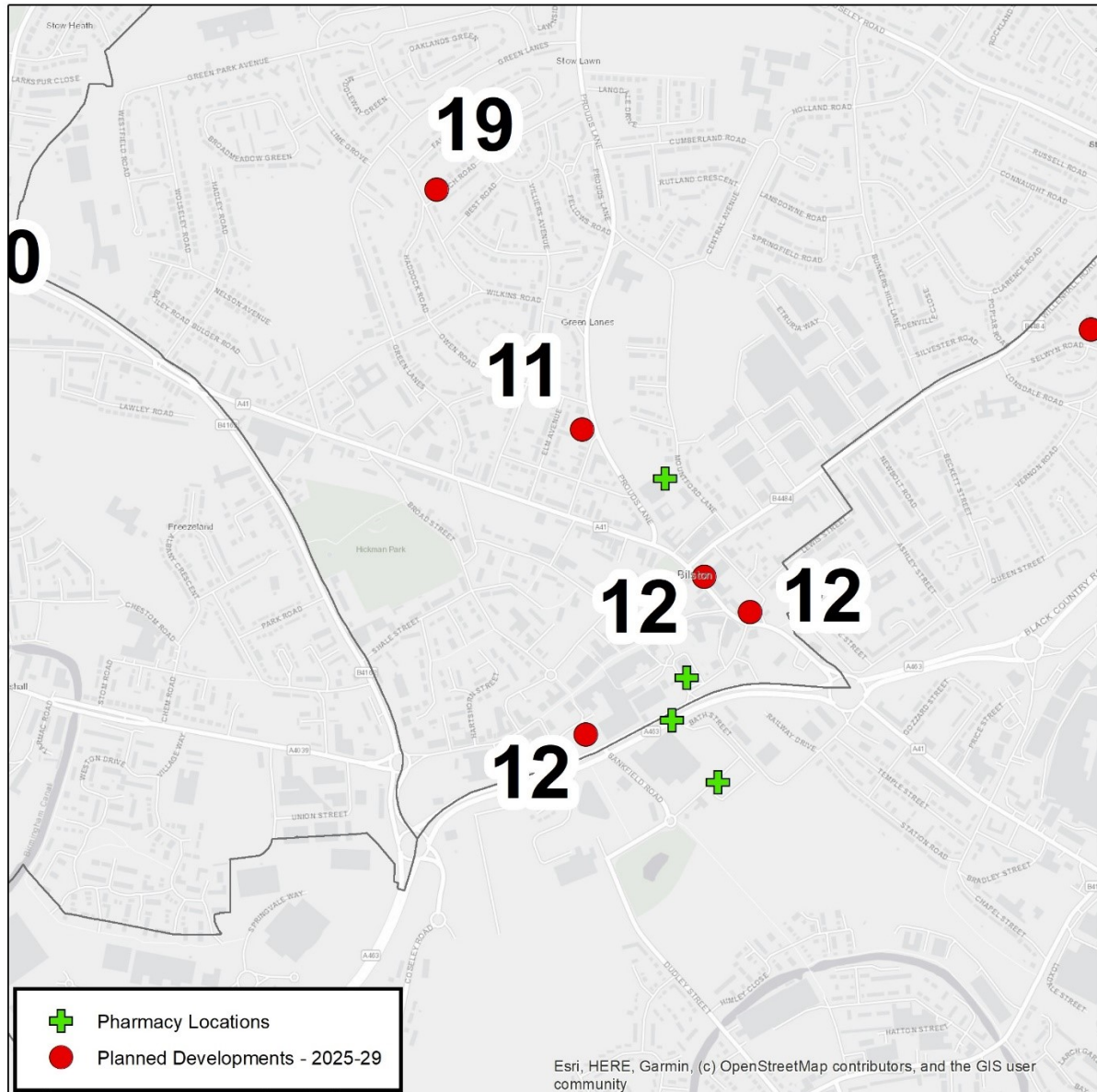


Figure 19. Location of planned housing developments 2025-2029 in relation to the location of pharmacies in Bilston, Wolverhampton 2025



Source: City of Wolverhampton Council Planning Department, 2025

Future Pharmaceutical Service Development and Conclusion

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 require a revised assessment of the PNA within three years of publication. Future developments may require the production of either a revised PNA or a Supplementary Statement in the interim. The HWB will work closely with NHS England, the ICB and the LPC to review local developments impacting community pharmacy needs provision on a six-monthly basis and consider the required response.

Assessment of local pharmaceutical services should consider relevant local and national healthcare strategies. For this iteration of the PNA, the most relevant local strategy is the City of Wolverhampton 2030 Vision ²². Relevant national strategies include the Community Pharmacy Contractual Framework and the NHS Long Term Plan.

Community pharmacies offer a range of services from dispensing prescriptions and over-the-counter medication, reviewing medicine use, and offering Public Health commissioned services. They are integral to supporting the health needs of our local population, reducing health inequalities, and premature mortality and increasing life expectancy and health outcomes.

The key findings and recommendations for the 2025-28 PNA are:

- There is sufficient provision of pharmaceutical services for the population of Wolverhampton, considering the more complex needs of residents living in the more deprived areas of the city. The Public/Patient Survey included a question on whether respondents felt that pharmacy services were available at locations convenient to them: 925 (93.91%) felt that they were.
- There is a reduction in the provision of out-of-hours services, including the loss of two 100-hour pharmacies. This should be closely monitored over the coming years, by a range of

stakeholders, to ensure that pharmaceutical provision to those most in need is not reduced.

- In the past, pharmaceutical services in Wolverhampton have adapted to the changing needs of their customers, especially amid the pressure on Primary care during the COVID-19 pandemic. Pharmacy users reported that they often saw, and continue to see, pharmacies as the first port of call for medical advice and assistance for minor ailments. Residents stated that the ability to receive advice on minor health conditions and medication interactions without needing a GP appointment is highly valued.
- There seems to be significant potential and willingness for the provision of wider Health and Wellbeing services within Pharmacies, via partnership working with other local organisations, as evidenced by the figures in Appendix 8. Such opportunities should be explored by the local health and wellbeing commissioners.

The PNA highlights that there is further opportunity for Public Health, the ICB, and existing community pharmacies to work together to be able to offer more services to more of the local population. Considering the prevalence of long-term conditions in Wolverhampton, more disease-specific management services and screening services are necessary to improve the health of the local population, as well as reducing the burden on primary care. This would require a more detailed review of the need and evidence-base in local areas, to ascertain which specific locally commissioned services would be beneficial if offered in which pharmacies.

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Appendices

Appendix 1: Local Pharmacy Survey 2025

Welcome to the Pharmaceutical Needs Assessment (2025-2028) Pharmacy Survey

Please note: This survey takes between 10 and 15 minutes to complete.

Why your views matter

As part of this needs assessment, we require information from each of the pharmacies in Wolverhampton regarding the services that you offer. To collate this, we have produced a questionnaire which, we would be grateful if you could complete.

Premises and Contact Details

1 Contractor Code:

(ODS code):

2 Name of contractor:

(i.e., Name of individual, partnership or company owning the pharmacy business):

3 Trading name:

4 Pharmacy premises shared NHSmail account, telephone, fax, and website address if applicable:

NHSmail:

Telephone Number:

Website address (if applicable):

More About Your Pharmacy

5 Is your pharmacy entitled to 'Pharmacy Access Scheme Payments'?

Please select only one item

- Yes
- No

6 Is this pharmacy a Distance Selling Pharmacy? (i.e., it cannot provide essential services to persons present at or in the vicinity of the pharmacy)

Please select only one item

- Yes
- No

Opening Hours

7 What are the pharmacies core opening hours (Contracted opening hours, as agreed with NHS England):

Please specify times as follows:

- Open from
- Closes at
- Lunchtime (From- To)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

8 What are the pharmacies total opening hours:

Monday

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Consultation Facilities

9 Is there a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) on your premises? (Please tick as appropriate)

Please select all that apply

- None - have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room
- None - the NHSE&I regional team has approved my request that the premises are too small for a consultation room
- Available (including wheelchair access)
- Available (without wheelchair access)
- Other (please specify below)*

*Other (Please specify here):

10 During consultations are there hand-washing facilities available?

Please select only one item

- In the consultation area
- Close to the consultation area
- None
- Other (please specify below)*

*Other (Please specify here):

11 Do patients attending consultations have access to toilet facilities?

Please select only one item

- Yes
- No
- Not Applicable

Accessibility

12 Languages available to communicate in (in addition to English) (Please tick all that apply):

Please select all that apply

- Gujarati
- Hindi
- Polish
- Punjabi
- Urdu
- British Sign Language (BSL)
- Other (Please specify below)*

*Other (Please specify here):

IT Facilities

13 Does your pharmacy use any of the following (please select all that apply):

Please select all that apply

- Electronic prescriptions
- NHS Mail being used
- NHS Mail applied for
- NHS Summary Care Record enabled
- Up-to-date NHS.uk entry
- Other (Please specify below)*

*Other (Please specify here):

Appliance Services

14 Does your pharmacy dispense appliances? (Please choose what services are applicable to your pharmacy):

Please select all that apply

- Yes - All types

- Yes - Excluding Stoma Appliances
- Yes - Excluding Incontinence Appliance
- Yes - Excluding Stoma and Incontinence Supplies
- Yes - Just Dressings
- None
- Other (Please specify below)*

*Other (Please specify here):

Advanced Services

15 Which of the following services does the pharmacy provide, or would be willing to provide? (choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
<hr/> Appliance Use Review (AUR) <i>Please select only one item</i>				
<hr/> Flu Vaccination Service <i>Please select only one item</i>				
<hr/> Hypertension Case-Finding Service <i>Please select only one item</i>				
<hr/> LFD Service <i>Please select only one item</i>				
<hr/> New Medicine Service (NMS) <i>Please select only one item</i>				

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Pharmacy Contraception Service <i>Please select only one item</i>				
Pharmacy First Scheme <i>Please select only one item</i>				
Smoking Cessation Service (Transfer of Care) <i>Please select only one item</i>				
Stoma Appliance Customisation (SAC) <i>Please select only one item</i>				

Locally Commissioned Services: Sexually Transmitted Infections and Contraceptives

16 Which of the following services does the pharmacy provide, or would be willing to provide? (Please choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Chlamydia Testing Service <i>Please select only one item</i>				
Chlamydia Treatment Service <i>Please select only one item</i>				

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Contraceptive service (not EHC)				
<i>Please select only one item</i>				
Emergency Supply Service				
<i>Please select only one item</i>				
Emergency Contraception Service				
<i>Please select only one item</i>				
HIV Screening				
<i>Please select only one item</i>				
Gonorrhoea Screening				
<i>Please select only one item</i>				

Locally Commissioned Services: Vaccinations & Screening

17 Which of the following services does the pharmacy provide, or would be willing to provide? (choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
'Catch-up' Vaccinations				
<i>Please select only one item</i>				

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
COVID-19 Vaccination <i>Please select only one item</i>				
Hepatitis (at risk workers or patients) Vaccinations <i>Please select only one item</i>				
Meningococcal Vaccinations <i>Please select only one item</i>				
Pneumococcal Vaccinations <i>Please select only one item</i>				
Sharps Disposal Service <i>Please select only one item</i>				
Supervised Administration Service <i>Please select only one item</i>				
Supplementary/Independent Prescribing Service <i>Please select only one item</i>				
Travel Vaccinations <i>Please select only one item</i>				
Other (please specify): <i>Please select only one item</i>				

18 Are there any other vaccination or screening services that you are commissioned to provide?

Locally Commissioned Services: Other

19 Which of the following services does the pharmacy provide, or would be willing to provide? (choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Language Access Service				
<i>Please select only one item</i>				
Medication Review Service				
<i>Please select only one item</i>				
Medicines Assessment and Compliance Support Service				
<i>Please select only one item</i>				
Minor Ailment Scheme				
<i>Please select only one item</i>				
Medicines Optimisation Service				
<i>Please select only one item</i>				
Obesity Management (Adults and Children)				
<i>Please select only one item</i>				
Not Dispensed Scheme				
<i>Please select only one item</i>				
Out of Hours Services				
<i>Please select only one item</i>				

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Patient Group Direction Service <i>Please select only one item</i>				
Phlebotomy Service <i>Please select only one item</i>				
Home Delivery Service (not appliances) <i>Please select only one item</i>				
Stop Smoking Service <i>Please select only one item</i>				
Appliance Use Review Service <i>Please select only one item</i>				
Care Home Service <i>Please select only one item</i>				
Emergency Food Supply <i>Please select only one item</i>				

Disease Specific Medicines Management Services

20 Which of the following services does your pharmacy provide, or would be willing to provide? (Please choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Allergies <i>Please select only one item</i>				
Alzheimer's/dementia <i>Please select only one item</i>				
Asthma <i>Please select only one item</i>				
Coronary Heart Disease <i>Please select only one item</i>				
Chronic Obstructive Pulmonary Disorder <i>Please select only one item</i>				
Depression <i>Please select only one item</i>				
Diabetes Type I <i>Please select only one item</i>				
Diabetes Type II <i>Please select only one item</i>				
Cholesterol Screening <i>Please select only one item</i>				

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
HbA1C Screening <i>Please select only one item</i>				
Epilepsy <i>Please select only one item</i>				
Heart Failure <i>Please select only one item</i>				
Parkinson's disease <i>Please select only one item</i>				
Anticoagulant Monitoring Service <i>Please select only one item</i>				
Gluten Free Food Supply Service <i>Please select only one item</i>				
Other (please specify): <i>Please select only one item</i>				

For the service(s) you've chosen, please specify exactly what these services entail.

Non-Commissioned Services

21 Does the pharmacy provide any of the following?

Yes	No
<p>Collection of prescriptions from GP practices</p> <p><i>Please select only one item</i></p>	
<p>Delivery of dispensed medicines – Free of charge on request or with a charge</p> <p><i>Please select only one item</i></p>	
<p>Monitored Dosage Systems – Free of charge on request</p> <p><i>Please select only one item</i></p>	
<p>Monitored Dosage Systems – With charge</p> <p><i>Please select only one item</i></p>	

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

Please select only one item

- Yes (Please specify below)*
- No
- Prefer not to say

*Please specify the service requirement and why here:

Prescription Delivery Service

23 Do you charge for delivery?

Please select only one item

- Yes, if so please detail how much you charge below
- No

24 What areas do you deliver to?

25 What patient groups are eligible for delivery?

Additional service offers to improve Public Health

Public Health are keen to work with pharmacies to improve and bolster the provision of community-based healthcare services.

26 Would your pharmacy be interested in offering the following services?

	Yes	No	Potentially interested	Already offer it
Alcohol Screening (or a brief intervention)				
<i>Please select only one item</i>				
Needle Exchange				
<i>Please select only one item</i>				
Supervised Consumption				
<i>Please select only one item</i>				
Alcohol-related Health Check				
<i>Please select only one item</i>				

Please provide any additional comments here:

Additional Information

27 May the LPC update their information held to reflect information provided by yourself in this survey? (Such as contact details, opening hours etc?)

Please select only one item

- Yes
- No

28 Contact name and telephone number of the person completing questionnaire on behalf of the contractor if questions arise:

Full name:

Contact Number:

Email Address:

Thank you

Thank you for taking time to fill in this questionnaire, it is very much appreciated.

Your response will be used to populate the Pharmaceutical Needs assessment for 2025-28.

Appendix 2: Letter accompanying survey to all community pharmacies, 2025



05 December 2024

Dear Pharmacist,

Pharmaceutical Needs Assessment – 2025-28

I am writing with regards to the Pharmaceutical Needs Assessment (PNA) that we are currently in the process of updating for 2025-2028. The PNA is a mandatory process to assess the current and future need for pharmaceutical services locally.

Wolverhampton Public Health are leading this process on behalf of the Health and Wellbeing Board, in collaboration with the Local Pharmaceutical Committee (LPC) Wolverhampton City, Healthwatch and NHS Black Country ICB.

As part of this need's assessment, there are two surveys that are required to be conducted. The first, is a survey for pharmacies that explores the services that you currently offer, opening times and services you may be interested in offering in the future. This survey is currently open and can be accessed at <https://consultation.wolverhampton.gov.uk/public-health/95bf4f7a> or by scanning the QR code below.

For the 2022-25 PNA, we achieved a 100% response rate from Pharmacies across Wolverhampton. We are hoping to replicate this once again and require your support to ensure that the PNA is as accurate as possible.

If you require any support to complete the survey or require a printed copy of the questionnaire, please contact Public Health as soon as possible to arrange this at publichealth@wolverhampton.gov.uk.

The second survey is aimed at customers and members of the public. The survey explores their experience of local pharmacies, the services they use and how they access pharmaceutical services. This survey will open on Tuesday 10th December 2024 and will remain open until Sunday 12th January 2025.

To help promote this survey, we have enclosed two posters, if we could kindly ask you to display them in your pharmacy. If you require any further posters, please get in contact with us at publichealth@wolverhampton.gov.uk.

Thank you in advance for your support.

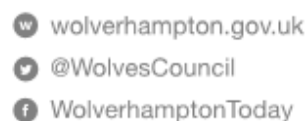
Yours sincerely,

Leonie Roberts
Consultant in Public Health



Link to Survey for Pharmacies

City of Wolverhampton Council



Appendix 3: Public/Patient Survey, 2025

Pharmaceutical Needs Assessment 2025-2028

City of Wolverhampton Council

Public/Patient Survey On Local Pharmacies

We want to hear what you think of pharmacy services in Wolverhampton, to help us develop services in the future.

The information you give us will enable us to:

- Check whether our services are accessible to everyone who is entitled to them
- Identify and address any barriers to accessing our services
- Continually improve the services we deliver

We would be grateful if you could answer some questions about your own views and experiences. The information you provide is confidential.

Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement.

Closing date for this questionnaire is 12th January, 2025.

If you require a printed copy of the questionnaire, please contact City of Wolverhampton Council's Public Health team as soon as possible to arrange this: **publichealth@wolverhampton.gov.uk**

Frequency of visits to community pharmacies

1 What was the reason for your last visit to the pharmacy?

Please select all that apply

- To collect a prescription for yourself
- To collect a prescription for someone else
- To get advice from the pharmacist
- To buy other medicines I cannot buy elsewhere
- *Other (please specify below):

*Please specify here:

2 When did you last visit the pharmacy in Wolverhampton to get a prescription, buy medicines or get advice?

Please select only one item

- 0-7 days
- 1-2 weeks
- 3-4 weeks
- 1-3 months
- 4-6 months
- Over 6 months

3 How often have you used your local pharmacies in Wolverhampton, for picking up prescriptions or, for advice within the past 12 months?

Please select only one item

- Never
- Less than 3 times
- 3-6 times
- 7-12 times
- More than 12 times

Opening times

4 Is the pharmacy open at the times you want to use it?

Please select only one item

- Yes
- *No (Please specify why below)

*If you selected 'No', what time would be better and why?

5 What times do you normally visit the pharmacy?

Please select all that apply

- Midnight-8am
- Between 8am-12pm
- Between 12pm-5pm
- Between 5pm-8pm
- Between 8pm-midnight

6 Which days do you usually visit the pharmacy?

Please select all that apply

- Monday-Friday
- Saturday
- Sunday

7 Please rate how strongly you agree with the following statements (please tick one option for each statement)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I've not had to do this, so unable to respond
<p>I can find a pharmacy open during the evening 5pm-8pm</p> <p><i>Please select only one item</i></p>						
<p>I can find a pharmacy open overnight 8pm-8am</p> <p><i>Please select only one item</i></p>						
<p>I can find a pharmacy open on a Saturday</p> <p><i>Please select only one item</i></p>						
<p>I can find a pharmacy open on a Sunday</p> <p><i>Please select only one item</i></p>						

Location of community pharmacy

8 Thinking about the location of the pharmacy, which of the following is most important to you?
(Please select all answers that apply)

Please select 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 these
- Other*

*If you selected 'Other', please specify other important location factors below:

9 Do you think that pharmacy services are available at locations convenient to you?

Please select only one item

- Yes
- *No

*If you selected 'No', please specify what/where you would like to see these services:

Travel time to, and accessibility of community pharmacies

10 How do you normally get to the pharmacy? (Please select all that apply)

Please select all that apply

- Walking
- Public transport
- Car
- Motorbike
- Taxi
- Bicycle
- Mobility transport
- *Other (please specify below):

*Please specify below:

11 Approximately, how long does your journey to your usual pharmacy take? (Using your most common method of travel)

Please select only one item

- Under 10 minutes

- Between 10-20 minutes
- Between 21-30 minutes
- Over 30 minutes

12 Do you have difficulties in accessing your local pharmacy?

Please select only one item

- *Yes (Please detail below)
- No

If applicable, please select which of the below challenges you may face when accessing your local pharmacy:

Please select all that apply

- Find it difficult to access pharmacy due to mobility issues
- Find it difficult to access pharmacy due to visual or hearing impairment
- Find it difficult to communicate with pharmacist/staff due to speech impediments
- Find it difficult to communicate with pharmacist/staff due to neurodiversity
- Other (please tell us more below)

*(If yes, please tell us more)

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

Please select only one item

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

Pharmacy usage

14 What do you use the following services at your local pharmacy for? (Please tick all at that apply)

	Myself	My Child/ren	Another adult	I do not use this service
To collect a one-off prescription				
Buy non-prescription medicines				
To collect a repeat prescription				
Buy toiletries				
Give the pharmacist your old or unwanted medicines				
Ask a pharmacist for advice (e.g., medicines advice, how to improve your health, minor ailments/remedies etc)				
Use a Dispensing Appliance Contractor (dispenser of non-medicine products, such as stoma bags, and incontinence pads)				

General feedback about your experiences of using your local pharmacy

15 Please rate how strongly you agree with the following statements (please tick one option for each statement)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I've not had to do this, so unable to respond
I find my usual pharmacy helpful and friendly <i>Please select only one item</i>						
I find the other staff in my usual pharmacy helpful and friendly <i>Please select only one item</i>						
The pharmacist offers helpful advice on NHS services <i>Please select only one item</i>						
I ask my pharmacist for health advice <i>Please select only one item</i>						
It is important that the pharmacy staff know me <i>Please select only one item</i>						
I prefer to see the same pharmacy staff <i>Please select only one item</i>						
The pharmacy offers everything I need <i>Please select only one item</i>						
I go to different pharmacies for different needs <i>Please select only one item</i>						

Pharmacy services

16 Have you used any of the following services within the past 12 months (please tick one option for each statement)

	Yes	No	No - Not aware of this
Stop smoking advice (voucher/consultation) <i>Please select only one item</i>			
Emergency contraception (morning after pill) <i>Please select only one item</i>			
Minor ailments/Pharmacy First (those eligible to receive free prescriptions can, see a pharmacist for a common, minor, health condition- such as eczema, athletes' foot and, receive prescribed medicine as required, instead of visiting the GP) <i>Please select only one item</i>			
Repeat prescription service (for regular medicines) <i>Please select only one item</i>			
Drug service (e.g., needle exchange, methadone supply) <i>Please select only one item</i>			
Returning your unwanted medicines <i>Please select only one item</i>			

	Yes	No	No - Not aware of this
Home delivery service <i>Please select only one item</i>			
Electronic prescribing (pharmacies can request & receive your repeat prescription request from your GP practice, saving you from visiting your GP practice) <i>Please select only one item</i>			
COVID-19 testing, testing kits pick up or vaccination service <i>Please select only one item</i>			
Community Pharmacist Consultation Service (CPCS) (Urgent care referral to see a Pharmacist instead of a GP) <i>Please select only one item</i>			

17 What was your experience with the pharmacy services you have used?

Please select all that apply

- Not applicable

Please select only one item

- Very good
- Good
- Okay
- Poor
- Very poor

Please explain the reason for your answer:

18 Is there anything you particularly value as a service from pharmacies?

Please detail here:

19 Is there anything else, or any additional service that you feel could be provided by local pharmacies?

Please detail here:

About you

20 What is your sex? (A question about gender identity will follow)

(Required)

Please select only one item

- Male
- Female
- Prefer not to say

21 Is the gender you identify with the same as your sex registered at birth?

Please select only one item

- Yes
- No

22 What best describes your gender?

Please select one option

Please select only one item

- Female
- Male
- I use another term (for example Non-Binary)
- Prefer not to say

23 What is your age?

Please select only one item

- Under 16
- 16 - 24
- 25 - 34

- 35 - 44
- 45 - 54
- 55 - 64
- Over 65
- Prefer Not To Say

24 What is your sexual orientation?

Please select only one item

- Bi
- Gay/Lesbian
- Heterosexual/Straight
- I use another term
- Prefer Not To Say

25 What is your ethnic origin?

Please select only one item

- Asian - Indian
- Asian - Pakistani
- Asian - Bangladeshi
- Asian - Chinese
- Asian - Other Asian
- Black - African
- Black - Caribbean
- Black - Other Black
- Dual Heritage - White and Black African
- Dual Heritage - White and Black Caribbean
- Dual Heritage - White and Asian
- Dual Heritage - Other Mixed Background
- White - British
- White - Irish
- White - Gypsy/Irish Traveller

- White - European
- White - Other
- Other ethnic group - Arab
- Other ethnic group - Any other
- Prefer Not To Say
- *Other (please specify below)

*Other (please specify here):

26 How would you define your religious or other beliefs?

Please select only one item

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No Religion
- Any Other Religion
- Prefer Not To Say

27 What is your current employment/education status?

Please select only one item

- In education (Full or part time)
- In employment (Full or part time)
- Self-employed (Full or part time)
- Stay at home parent/carer or similar
- Retired
- Prefer not to say

28 Do you have a disability which substantially affects your day to day activities, which has lasted, or you expect to last, at least a year?

Please select only one item

- Yes
- No
- Prefer not to say

29 How did you find out about this survey?

Please select all that apply

- Facebook
- Twitter
- Local Pharmacy
- *Other (please specify below)

*Other (please specify here):

Thank you

Thank you for taking time to fill in this questionnaire, your responses will help is understand the Public's perspective of community pharmacy services.

Your responses will be used to inform the 2025-2028 Pharmaceutical Needs Assessment.

Appendix 4: Poster for the Local Pharmacy Survey 2025 (for advertising in pharmacies)

TELL US WHAT YOU THINK OF YOUR LOCAL PHARMACY SERVICES

Answer this quick survey to let us know about
how you use your local pharmacy
and help shape future improvements to the
pharmacy services in your area.

You can access the survey using the QR code or web link below.



wolverhampton.gov.uk/pnasurvey



Appendix 5: Briefing for Public/Patient Survey

Media Release



Tell us what you think of your local pharmacy

Released: Monday 16 December, 2024

People are being asked to share their thoughts about the services available through their local pharmacies by completing a short survey.

The City of Wolverhampton Council is in the process of updating the city's Pharmaceutical Needs Assessment, which maps the current pharmacy offer in Wolverhampton including where there may be any gaps or needs.

And it wants to hear from customers about the type of services they already use and value, as well as the sort of services they might like to receive from their local pharmacy if possible, in order to shape pharmacy services in the future.

Councillor Jasbir Jaspal, the City of Wolverhampton Council's Cabinet Member for Adults and Wellbeing, said: "Local pharmacies offer a range of services to improve people's health beyond the safe dispensing of medicines, and are a key contributor to meeting the health needs of our local population.

"We want to understand how people are using them, in terms of what they use them for, what time of day they use them, whether they are accessible and so on – as well as what more they could offer.

"This survey will help assess if the current provision of local pharmacy services meets the needs of our population, and help us shape these services for the future.

"We'd really appreciate it if customers could take a few moments to complete our short questionnaire asking them what services they use and what services they would like to see from their local pharmacy."

The survey is available at www.wolverhampton.gov.uk/pnasurvey and is available until Sunday 12 January, 2025.

ENDS

Notes to editors:

1/ For more information or to arrange an interview, please contact Paul Brown, Communications Manager, on 01902 555497 or email paul.brown@wolverhampton.gov.uk.

- Issued by the City of Wolverhampton Council's Corporate Communications Team.
- For more information, please call 01902 555439.
- More news from the City of Wolverhampton Council is available at:
 - www.wolverhampton.gov.uk/news
 - www.twitter.com/wolvescouncil
 - www.facebook.com/wolverhamptontoday
 - www.youtube.com/wolverhamptontoday

Appendix 7: Community Pharmacies in Wolverhampton, with addresses and opening times, April 2022

ODS Code	Trading Name	Full address	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
FHX23	Pendeford Healthcare Pharmacy	Pendeford Health Centre, WV9 5NJ	9am-6pm	9am-6pm	9am-6pm	9am-3.30pm	9am-6pm	Closed	Closed
FJH23	Tettenhall Wood	12 School Rd, WV6 8EJ	8:45am-1pm 1:30-6pm	8:45am-1pm 1:30-6pm	8:45am-1pm 1:30-6pm	8:45am-1pm 1:30-6pm	8:45am-1pm 1:30-6pm	9am-1pm	Closed
FFN96	Ettingshall Pharmacy	3 New St, WV2 2LR	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FFV96	Anderson Pharmacy	311 Dudley Rd, WV2 3JY							
FDJ45	Supercare Pharmacy	420 Dudley Rd, WV2 3AY	9am-1:30pm 2:30-6pm	9am-1:30pm 2:30-6pm	9am-1:30pm 2:30-6pm	9am-1:30pm 2:30-6pm	9am-1:30pm 2:30-6pm	Closed	Closed
FLH86	Portobello Pharmacy	1A Vaughan Rd, WV13 3TJ							
FQ725	Newbridge Pharmacy	325 Tettenhall Rd, WV6 0JZ	9am-1pm 2pm-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	Closed	Closed
FG043	Boots Pharmacy	233 Trysull Rd, WV3 7LF	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-5pm	Closed
FCT36	One Stop Pharmacy	Fernside Rd, WV13 3YA	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FTD98	J Docter Pharmacy	73 Stubby Lane, WV11 3NE	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-1pm	Closed
FFP58	Dudley Rd Pharmacy	425 Dudley Rd, WV2 3AH	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-5.30pm	Closed
FDH98	Murrays Chemist	128 Childs Av, WV14 9XB	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-1pm	Closed
FJV07	High Street Pharmacy Bilston	76 High St, WV14 0EP	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9-2pm	Closed
FWR48	Central Pharmacy	Overfield Dr, WV14 9XW	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FK880	Bushbury Lane Pharmacy	331 Bushbury Lane, WV10 9UJ	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	Closed
FPW92	All Saints Pharmacy	91-93 Vicarage Rd, WV2 1DR	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FQW49	Brooklands Pharmacy	49 Brooklands Parade, WV1 2NE	9am-6:30pm	9am-6:30pm	9am-6pm	9am-5:30pm	9am-6pm	Closed	Closed
FY922	Alpha Pharmacy	468 Stafford Rd, WV10 6AN	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-1pm	Closed
FMV70	Staveley Pharmacy	212 Staveley Rd, WV1 4RH	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	Closed	Closed
FDA94	Bridgnorth Road Pharmacy	41 Bridgnorth Rd, WV6 8AF	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm	Closed

FKY89	Boots Pharmacy	40-41 Dudley St, WV1 3ER							
FAA92	Brutons Pharmacy	Prouds Lane, WV14 6PW	9am-1:30pm 2pm-6pm	9am-1:30pm 2pm-6pm	9am-1:30pm 2pm-6pm	9am-1:30pm 2pm-6pm	9am-1:30pm 2pm-6pm	Closed	Closed
FPE01	Pennfields Pharmacy	248 Jeffcock Rd, WV3 7AH	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FE111	Northwood Pharmacy - Ashmore Park	88 Griffiths Dr, WV11 3JW	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	Closed
FCX61	Poonian Pharmacy	663 Stafford Rd, WV10 6QG	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	Closed
FK331	Bradley Chemist	83 Hall Green St, WV14 8TH	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.45am-1pm	8.30am-6.30pm	9am-12pm	Closed
FKD48	Morrisons Pharmacy Pendeford	Blaydon Rd, WV9 5PG	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-6pm	10am-4pm
FDG90	Superdrug Pharmacy Bilston	1 Market Way, WV14 0DR	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	9am-5.30pm	Closed
FCM26	Jhoots Pharmacy	18-20 The Broadway, WV10 8EB	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	Closed	Closed
FY374	Rexall Chemist	204 Penn Road, WV4 4AA	8.30am-7pm	8.30am-7pm	8.30am-7pm	8.30am-7pm	8.30am-7pm	9am-1pm	Closed
FMW43	Heath Town Pharmacy	181 Wednesfield Rd, WV10 0EN	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-5.30pm	Closed
FLN59	Mayfield Pharmacy - Mayfield Medical Centre	272 Willenhall Rd, WV1 2GZ	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	Closed	Closed
FTG89	Jhoots Pharmacy	34-35 Thornley St, WV1 1JP	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	Closed	Closed
FCM77	J Docter Pharmacy	295 Wood End Rd, WV11 1YQ	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-6pm	9am-1pm	Closed
FRL26	Brutons Pharmacy	1 Mervyn Place, WV14 8DD	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	Closed	Closed
FI396	Fallings Park Pharmacy	212 Bushbury Rd, WV10 0NT	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	Closed	Closed
FNV79	Your Pharmacy First	1 Raynor Rd, WV10 9QY	9am-1pm 1:30pm-6pm	9am-1pm 1:30pm-6pm	9am-1pm 1:30pm-6pm	9am-1pm 1:30pm-6pm	9am-1pm 1:30pm-6pm	9am-12pm	Closed
FWP98	Low Hill Pharmacy	8 Showell Circus, WV10 9BA	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-12pm	Closed
FDL23	Hingley Pharmacy	179 Lea Rd, WV3 0LG	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6pm	9am-6.30pm	9am-5pm	Closed
FWX18	Upper Green Pharmacy	5 Upper Green, WV6 8QQ	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5pm	Closed
FF635	Millstream Pharmacy	151 Tettenhall Rd, WV3 9NJ	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-1pm	Closed

FH253	Lower Green Pharmacy	Lower St, WV6 9LL	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FT466	Essington Pharmacy	129 Long Knowle Ln, WV11 1JG	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	Closed	Closed
FEM86	H N Pharmacy	124 Cannock Rd, WV10 8PW	9am-6:30pm	9am-6:30pm	9am-6:30pm	9am-5:30pm	9am-6:30pm	9am-5:30pm	Closed
FAL84	Penn Care Pharmacy	48 Warstones Rd, WV4 4LP	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-5:30pm	Closed
FRG91	Asda	Molineux Complex, WV1 4AZ	9am-8pm	9am-8pm	9am-8pm	9am-8pm	9am-8pm	9am-8pm	10am-4pm
FD014	Jhoots - Newbridge Surgery	255 Tettenhall Rd, WV6 0DE							
FGT74	Jhoots - Penn Manor	323-325 Penn Rd/Manor Rd, WV4 5PY	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FGA48	Church Pharmacy	45 Church St, WV14 0AX	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	9am-5pm	Closed
FD017	Superdrug Pharmacy	Mander Centre, WV1 3NJ	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	9am-5.30pm	Closed
FQR39	Morrisons Bilston	Black Country Route, WV14 0DZ	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-6pm	10am-4pm
FH473	Boots Pharmacy	Bentley Bridge, WV11 1BP	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm	10.30am-4.30pm
FHV89	Phoenix Medical Centre	Parkfield Rd, WV4 6ED	9am-1pm 2pm-9pm	9am-1pm 2pm-9pm	9am-1pm 2pm-9pm	9am-1pm 2pm-9pm	9am-1pm 2pm-9pm	9am-1pm 2pm-9pm	10am-8pm
FL554	The Pharmacy Clinic	6 Bargate Dr, WV6 0QW	8:30am-8pm	8:30am-8pm	8:30am-8pm	8:30am-8pm	8:30am-8pm	9am-5pm	12pm-5pm
FJC75	Epharma Pharmacy	Unit B2, Guy Motors Industrial Park, Park Ln, Wolverhampton WV10 9QF	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	9am-1pm 2pm-6pm	Closed	Closed
FKQ28	Crest Pharmacy - Alfred Squire	58 High St, Wolverhampton WV11 1SZ	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	Closed	Closed

Appendix 8: Preference for provision of services by community pharmacies

Service	Already commissioned to provide			Already privately offer	Not intending on providing		Not yet providing, but willing to	
	No	%	No		No.	%	No.	%
<i>Allergies</i>					9	17.65%	33	64.7%
<i>Alzheimer's / Dementia</i>					10	19.61%	36	70.59%
<i>Asthma</i>					9	17.65%	35	68.6%
<i>CHD</i>					36	70.59%	9	17.65%
<i>COPD</i>					8	15.69%	36	70.59%
<i>Depression</i>					9	17.65%	37	72.55%
<i>Diabetes type I</i>					9	17.65%	36	70.59%
<i>Diabetes type II</i>					9	17.65%	37	72.55%
<i>Epilepsy</i>					10	19.61%	36	70.59%
<i>Heart Failure</i>					9	17.65%	37	72.55%
<i>Hypertension</i>					3	5.88%	7	13.73%
<i>Parkinson's Disease</i>					9	17.65%	37	72.55%
<i>Chlamydia Testing Service</i>					16	31.37%	32	62.75%
<i>Chlamydia Treatment Service</i>					13	25.49%	35	68.63%
<i>Contraceptive Service (not EC)</i>					6	11.76%	13	25.49%
<i>Emergency Contraception Service</i>					5	9.80%	4	7.84%
<i>Vaccinations: Hepatitis (at risk workers or patients)</i>					15	29.41%	33	64.71%
<i>Emergency Supply Service</i>					4	7.84%	5	9.80%
<i>Gluten Free Food Supply Service (i.e., not via FP10)</i>					7	13.73%	35	68.63%
<i>Home Delivery Service (not appliances)</i>					7	13.73%	6	11.76%
<i>Supplementary/ Independent Prescribing Service</i>					12	23.53%	35	68.63%
<i>Language Access Service</i>					18	35.29%	29	56.86%
<i>Medicines Assessment and Compliance Support Service</i>					11	21.57%	27	52.94%
<i>Medicines Optimisation Service</i>					9	17.65%	32	62.75%
<i>Needle and Syringe Exchange Service</i>					14	27.45%	24	47.06%
<i>Obesity Management (adults and children)</i>					11	21.57%	33	64.71%
<i>Not Dispensed Scheme</i>					13	25.49%	34	66.67%
<i>Out of Hours Service</i>					23	45.10%	26	50.98%
<i>Patient Group Direction Service</i>					10	19.61%	17	33.33%
<i>Phlebotomy Service</i>					16	31.37%	32	62.75%
<i>Sharps Disposal Service</i>					18	35.29%	26	50.98%
<i>Supervised Administration Service</i>					9	17.65%	4	7.84%

Source: Local Pharmacy Survey 2025

Note: Figures won't sum to 100% as other categories (already providing, and not answered) are excluded.
Please see text for full breakdown.