

**WALSALL HEALTH AND
WELLBEING BOARD
PHARMACEUTICAL NEEDS
ASSESSMENT 2025 -2028**

DRAFT

CONTENTS

Glossary	3
Executive summary	4
Introduction.....	5
Definitions.....	8
PNA Development Process	17
Analysis of local health needs and pharmacy services provision.....	19
Analysis of Pharmacy Services Provision	32
The patient experience	50
Appendices.....	53

DRAFT

Glossary

Abbreviation	Definition
AUR	Appliance Use Reviews
BCICB	Black Country Integrated Care Board
CGL	Change Grow Live
CHD	Chronic Heart Disease
CPCF	Community Pharmacy Contractual Framework
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardio-vascular disease
DHSC	Department of Health and Social Care
EHC	Emergency Hormonal Contraception
GP	General Practitioner
HWB	Health and Wellbeing Board
IBA	Interventional Brief Advice
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LCS	Locally Commissioned Services
CPBC	Community Pharmacy Black Country
LPS	Local Pharmaceutical Service
LRC	Local Representative Committee
NHS	National Health Service
NHSE	NHS England
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OHID	Office for Health Improvement & Disparities
ONS	Office for National Statistics
PCN	Primary Care Network
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
POCT	Point Of Care Testing
SAC	Stoma Appliance Customisation
SMEs	Small and Medium Sized Enterprises
STP	Sustainability and Transformation Plans
TB	Tuberculosis

Executive summary

This Pharmaceutical Needs Assessment (PNA) 2025-2028 for Walsall has been developed to meet the requirements of the National Health Service (NHS) Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

The primary purpose of the PNA is to map and assess pharmacy services provision in Walsall and identify any potential gaps, to inform commissioning decisions by local authorities, NHSE, and ICBs regarding applications for NHS pharmacy contracts, and to ensure that pharmaceutical services are appropriately and effectively provided to meet the needs of the local population.

The PNA provides several key insights into the health and wellbeing of Walsall residents and the provision of pharmaceutical services.

In summary, Walsall residents generally have poorer health and wellbeing outcomes compared to regional and national averages. Life expectancy and healthy life expectancy is lower in Walsall, and morbidity and mortality rates from cardiovascular diseases, cancer, and respiratory diseases are higher. Linked to this, lifestyle risk factors including smoking prevalence, adult and childhood obesity, and alcohol-related hospital admissions are higher in Walsall compared to regional and national averages.

Our evaluation of pharmacy services provision in Walsall concluded that:

- Walsall has 66 pharmacies, with a higher rate of pharmacies per 100,000 residents compared to other local authorities in The Black Country and the UK overall.
- The geographical distribution of pharmacies is sufficient to meet the needs of the population, with good coverage in areas of higher population density and deprivation.
- In addition, coverage within the borough of Essential, Advanced and Enhanced services is generally good across Walsall, with a focus on areas of higher population density and deprivation.
- Our analyses of accessibility to pharmacies via the top 3 most common modes of transport (car, walking and public transport) conclude that most residents can access a pharmacy within a reasonable travel time.
- There is sufficient access to the pharmaceutical service needs of patients provided under the pharmacy opening hours requirements, and this supports GP surgery opening hours, and the majority of hours of the Enhanced Access Service and Urgent Treatment Centre.
- The resident survey conducted by Healthwatch Walsall found that most patients could access their preferred pharmacies, usually close to their home or GP practice at a day and time that was convenient for them. Most patients stated that they did not have any difficulties accessing a pharmacy.

Overall, the PNA concludes that the current pharmacy service provision in Walsall is sufficient to meet the needs of the population, that there are no gaps in provision, and that accessibility is good. The PNA also highlights the importance of ongoing monitoring and updating of the PNA to ensure that it continues to meet the needs of the local population.

Introduction

The Health and Social Care Act 2012 established Health and Wellbeing Boards, and from April 2013, The Act also set out the requirements for HWBs to develop and update PNAs.

The preparation and consultation on the pharmaceutical needs assessment should take account of the joint strategic needs assessments and other relevant strategies to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of pharmaceutical needs assessments is a separate duty to that of developing joint strategic needs assessments as pharmaceutical needs assessments will inform commissioning decisions by local authorities, NHSE, and ICBs.

To provide pharmaceutical services there is a requirement for providers to apply to the NHS to be included in a “pharmaceutical list”. Pharmaceutical lists are compiled by Integrated Care Boards (ICBs), and are commonly known as the NHS “market entry” system.

To be included in the pharmaceutical list, applicants must prove they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant pharmaceutical needs assessment. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (i.e. internet or mail order only) basis.

From April 1st 2023, the commissioning of pharmaceutical services is undertaken by ICBs who use the PNA to determine applications for inclusion in a pharmaceutical list. ICBs in the West Midlands have appointed a joint Pharmaceutical Services Regulation Committee, the OWM, that makes decisions on their behalf.

Objectives of the PNA

The aims of the PNA include enabling the NHSE, Local Authorities, ICBs, Local Pharmaceutical Committees (LPC), pharmacy contractors and other key stakeholders to:

- Make appropriate decisions regarding applications for NHS pharmacy contracts
- Gain a clear picture of pharmaceutical services currently provided
- Understand the current and future pharmaceutical needs of the local population
- Clearly identify and address any local gaps in pharmaceutical services
- Commission appropriate and accessible services from community pharmacy as the PNA can identify areas for future investment or development or areas where decommissioning is required.

Exclusions from the scope of the PNA

The PNA regulations set out the scope for the PNA. There are elements of pharmaceutical services and pharmacists working in other areas that are excluded from this assessment. These include prison, secondary and tertiary care sites where patients may be obtaining a type of pharmaceutical service.

Future PNAs and Supplementary Statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. A revised PNA may need to be published when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response. The HWB will therefore establish a system that allows them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by the ICB as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHSE and its Area Teams have access to their PNAs.

Implications for Health and Wellbeing Boards

Since the pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises, and is used by the ICB (and, on appeal, NHS Resolution) to determine such applications, there are serious implications for health and wellbeing boards who fail to meet their statutory duties.

There is no right of appeal against the findings or conclusions within a pharmaceutical needs assessment. Health and wellbeing boards (although in reality this will be the local authority) therefore face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment, e.g. by failing to consult properly or take into consideration the results of the consultation exercise undertaken, or fail to publish by the required deadlines.

In addition, a pharmaceutical needs assessment that does not meet the requirements of the 2013 regulations, or is poorly worded, may lead to:

- an increase in applications for premises that are not required,
- applications being granted when they should be refused and vice versa,
- applications for new pharmacy premises being granted but which do not meet the local authority's strategic plans, and
- an increase in the number of appeals against decisions made by ICB.

The priorities of the Health and Wellbeing Board are informed by the borough's Joint Strategic Needs Assessment (JSNA).

A Joint Strategic Needs Assessment (JSNA) is the means by which the local health economy, local authorities and third sector organisations work together to understand the health, care and well-being needs of their community, and supports service planning and action to improve resident outcomes.

In 2025, Walsall's JSNA will be refreshed and inform the development of the new Health and Wellbeing Strategy that will determine the priorities for Walsall Health and Wellbeing Board for 2026 -2040 and align with the ambitions set out in the borough's We Are Walsall 2040 Partnership Strategy.

Pharmacy providers contribute to a broad range of health and wellbeing programmes, both through the community pharmacy contractual framework and locally commissioned services

DRAFT

Definitions

The following section defines and describes pharmaceutical services and other terminology used in this PNA.¹

Pharmaceutical services

Pharmaceutical services are a collective term for a range of services commissioned by NHSE, that includes:

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

Essential Services

All community pharmacies (including distance-selling premises), are required to provide these 9 “Essential Services”:

- 1) dispensing of medicines
- 2) dispensing of repeat prescriptions
 - prescriptions that contain more than one month's supply of drugs, that can be dispensed at regular intervals with the prescriber only needing to authorise once.
- 3) dispensing of appliances
- 4) disposal of unwanted medicines
 - to ensure the public has an easy method of safely disposing of unwanted/unneeded medicines,
 - reducing the risk of accidental poisoning, diversion to unauthorized people, public exposure to un-wanted medicines via non-secure disposal, environmental damage through inappropriate disposal methods,
- 5) Public Health (promotion of healthy lifestyles)
 - Opportunistic lifestyle and public health advice to patients who may:
 - Have diabetes
 - Be at risk of CVD (especially those with hypertension)
 - Smoke
 - Be overweight
 - Pro-active participation in national/local campaigns to promote public health messages (e.g. screening programmes, sexual health, oral health, alcohol awareness)
 - Aims to increase patient and public knowledge and awareness of key public health messages, particularly in “hard to reach” sections of the

¹ [We Are Walsall 2040 Homepage | Building a Better Borough Today | We are Walsall 2040](#)

population who may not be exposed to health promotion advice in other parts of the health and care sector.

6) signposting

- provision of information to people who require further support, advice or treatment that cannot be provided by the pharmacy. This can be to other health and social care providers or support organisations, and where appropriate can be in the form of a referral.

7) support for self-care

- provision of advice and support to enable people to care for themselves and their families, e.g. to self-manage a self-limiting or long-term condition by advising on the selection and use of appropriate medicines.

8) discharge medicines service

- NHS Trusts can refer patients to the DMS for extra guidance on newly prescribed medications.
- Has been shown to improve patient safety at transitions of care and reduce readmissions to hospital
- Pharmacists can check and compare patients medicines upon discharge to those being taken before admission and advise patients and/or their carers to ensure they understand which medicines they should be using.

9) Healthy Living Pharmacy (HLP)

- The HLP framework aims to achieve consistent provision of a broad range of health promotion interventions via community pharmacies, to meet local need, improve health and wellbeing of the local population and reduce health inequalities.

Dispensing Appliance Contractors

Dispensing Appliance Contractors have a narrower range of services that they must provide:

- dispensing of prescriptions.
- dispensing of repeat prescriptions.
- for certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

Advanced Services

Advanced services are additional services that pharmacy and dispensing appliance contractors **may choose to provide** if they meet the required standards².

These services include:

- Appliance Use Reviews
 - Appliance use reviews can be carried out by a pharmacist or specialist nurse in the pharmacy or at the patients home, and aim to improve patient knowledge of any specified appliance.
 - Reviews establish how the patient uses their appliance and aim to resolve any poor or ineffective use, and also to advise the patient on safe and appropriate storage and disposal of used and unwanted appliances.
- Flu Vaccination Service
 - Flu vaccinations are provided by community pharmacy via a nationally commissioned programme, with an annual campaign run between September and March.
 - Community pharmacies support this programme by building upon the capacity of primary care, thus improving the opportunity and convenience for eligible residents to access the vaccine.
- Hypertension Case Finding
 - This service aims to identify people with high blood pressure, without any prior hypertension diagnosis and refer them to GPs for appropriate treatment. Thus, the service supports the work that GPs and PCNs undertake on CVD prevention and management, and also provides an opportunity to promote healthy behaviours to residents.
- Lateral Flow Device Service
 - Provides eligible at-risk patients with LFDs to enable home testing for Covid-19 when they are symptomatic.
- New Medicines Service
 - Supports people with newly prescribed medications to manage specified long term conditions, to optimise their medication adherence and self-management of the condition.
- Pharmacy Contraception Service
 - Initiation, monitoring and supply of oral contraception.
 - Aims to create additional capacity in GP and sexual health clinics and offer greater choice for residents to access contraception.
- Pharmacy First Service
 - Enables quick, walk-in access to health care advice, with private consultations with pharmacists on offer. Additionally, some pharmacies offer the service remotely via video consultation.
 - Patients can also be electronically referred to Pharmacy First by other healthcare professionals, including their GP.
 - The service supports:
 - Earache (aged 1 to 17 years)
 - Impetigo (aged 1 year and over)

² [Advanced and Enhanced Directions 2013](#)

- Infected insect bites (aged 1 year and over)
 - Shingles (aged 18 years and over)
 - Sinusitis (aged 12 years and over)
 - Sore throats (aged 5 years and over)
 - Urinary tract infections (UTIs) in women (aged 16 to 64 years)
 - Pharmacists provides advice and can prescribe medicines if clinically necessary.
- Smoking Cessation Service
 - Aims to reduce morbidity and mortality from smoking.
 - NHS Trusts can undertake a transfer of care upon patient discharge, and refer to community pharmacy to continue with their smoking cessation treatment, including providing medicines and support.
- Stoma Appliance Customisation
 - Customisation of a quantity of stoma appliances, based on a patients measurements or a template, to ensure proper use and comfortable fitting which subsequently improves durability and thereby reduces waste.
 - If a pharmacy is unable to provide the service, they must transfer the prescription to another pharmacy contractor or appliance providers.

Enhanced Services

Enhanced services are a third tier of services that pharmacies **may choose to provide**, and they can only be commissioned by NHSE and are also detailed in the Drug Tariff regulations².

Whilst the local authority may also commission public health services from pharmacies these do not fall within the legal definition of enhanced services and are not to be referenced as such in the pharmaceutical needs assessment. Whilst the local authority may commission public health services from pharmacies these do not fall within the legal definition of enhanced services and are not to be referenced as such in the pharmaceutical needs assessment (see 'locally commissioned services' below).

Directed Services

This is a collective term for advanced and enhanced services.

Dispensing Appliance Contractors

Dispensing appliance contractors are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc). They differ from pharmacy contractors because they:

- only dispense prescriptions for appliances and cannot dispense prescriptions for medicines
- are not required to have a pharmacist
- do not have a regulatory body
- their premises do not have to be registered with the General Pharmaceutical Council.

Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient

Dispensing Doctors/Practices

Whilst the majority of people living in the health and wellbeing board's area will have their prescriptions dispensed by a pharmacy, some will have them dispensed by their GP practice. In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

- they must live in a controlled locality,
- they must live more than 1.6km (measured in a straight line) from a pharmacy,
- the practice must have approval for the premises at which they will dispense to them, and
- the practice must have the appropriate consent for the area the patient lives in.

Distance Selling Premises

Distance selling premises are pharmacies, but the 2013 regulations do not allow them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier, for example. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.

Local pharmaceutical services

NHSE does not hold signed contracts with the majority of pharmacies. Instead, pharmacies provide services under a contractual framework and the terms of service are set out in the 2013 regulations.

The one exception to this rule is local pharmaceutical services. A local pharmaceutical services contract allows NHSE to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated

contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 regulations. The contract must, however, include an element of dispensing.

Locally-commissioned services

This term is used to describe services commissioned from pharmacies by local authorities and ICBs. As noted in the definition of enhanced services above, they are not enhanced services because they are not commissioned by NHSE.

In Walsall, there are some services commissioned locally by Public Health and others that are commissioned locally by the ICB.

ICB Commissioned Services:

- 1) Minor Ailments
 - Aims to improve access and choice for people with minor ailments to advice, support, treatment of the ailment and, where appropriate, the prescription of medicines
 - Increases capacity in primary care by reducing medical practice workload for minor ailments
 - Promotes self-care
- 2) Palliative Care
 - Pharmacist on call can dispense palliative care drugs to improve access and ensure continuity of supply
 - Support patients and their families with advice, current information and referrals to reduce the demand for hospital-based services and lower unplanned admissions.
- 3) Community Urgent Eye Care Service (CUES)
 - Network of optical practices provide prompt access to a remote consultation and a care plan for the self-management of ocular conditions with access to topical medicines where required. This reduces the number of GP appointments for eye-related ailments and releases ophthalmology for more complex cases.
 - Remote prescribing as necessary or referral to ophthalmology.

Local Authority Commissioned Public Health Services

1. Emergency Hormonal Contraception (EHC)
 - o Aims to offer convenient and rapid access to EHC through pharmacies to support a reduction in unwanted pregnancies
 - o Improves choice and access to contraception and sexual health advice.
2. Supervised Consumption of Prescribed Medicines Service
 - o Aims to reduce harms to drug misusers, their family and friends and the public

- Pharmacists must note and report any signs of over sedation or intoxication and seek clinician advice and also report any safeguarding concerns to social care.
- 3. Needle Exchange Service
 - Provision of sterile needles and syringes, and sharps containers for the safe return and disposal of used equipment, to reduce the rate of sharing and other high-risk injecting behaviours, and the spread of blood-borne viruses.
 - Provision of appropriate health portion material
 - Referral to other health and social care professionals and drug and alcohol treatment services.
- 4. Supply of Naloxone
 - Aims to increase access to naloxone and thereby reduce drug-related deaths,

Necessary services

The 2013 regulations require the health and wellbeing board to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the pharmaceutical needs assessment. There is no definition of necessary services within the regulations and the health and wellbeing board therefore has complete freedom in this matter.

Bank Holiday Rota Service

The OWM/ICB have commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

Opening Hours

Pharmacy opening hours are part of pharmacies' Terms of Service for providing NHS pharmaceutical services.

- Most pharmacies must open for 40 **core contractual hours** (this includes Distance Selling Premises (DSP) pharmacies).
- Some pharmacies must open between 72-100 core contractual hours (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test).
- All pharmacies may open for additional **supplementary hours**.
- Pharmacies are not required to open (to provide core contractual hours) on, for example, Bank holidays but some may be directed to provide **Bank holiday opening hours**.
- On occasion, pharmacies may have to close. This may be a **planned temporary closure**, for example, for the refurbishment of the premises, or

an **unplanned temporary closure**, if, for example, the pharmacist is ill and unable to work for a short period of time.

- In 2023 regulations were laid to make changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that added provisions for rest breaks, reduction of core hours for 100-hour pharmacies, requirements to change core opening hours and local hours plans.
- Dispensing appliance contractors are required to have not less than 30 core opening hours per week, although some may have more or less.
- Core opening hours can only be changed by first applying to the OWM/ICB. As with all applications, they may be granted or refused.
- Any opening hours that are over and above the core opening hours are called supplementary opening hours. These can be changed, but the contractor must first notify the ICB. For,
 - **an increase** in supplementary opening hours at the pharmacy, notification of the change must be given to the ICB in advance of the increase but there is no notice period.
 - **a decrease in** supplementary opening hours at the pharmacy, at least five weeks' notice must be given to the ICB prior to implementing the change.
- Under the NHS Terms of Service for community pharmacies, all pharmacy contractors are expected to provide essential services. Advanced and enhanced services are opted to provide to all patients during their core hours as approved by the OWM, and during their supplementary hours as notified to OWM.
- Pharmacies are expected to provide pharmacy services throughout the day to maximise health outcomes. In cases where accredited pharmacists are unavailable e.g. Emergency Hormonal Contraception, the pharmacy staff would be expected to signpost patients appropriately. Certain services do not have to be provided all day as they can be operated by an appointment system e.g., Flu vaccinations.
- Contractors are not required to open on public holidays (Christmas Day and Good Friday) or bank holidays (including any specially declared bank holidays). In addition, they are not required to open on Easter Sunday, which is neither a public nor bank holiday. They are encouraged to notify the OWM well in advance so that consideration can be given as to whether the provision of pharmaceutical services on these days will meet the reasonable needs of patients and members of the public.
- Details of individual pharmacies opening hours can be viewed in Appendix 2.

Other NHS services

Other NHS services are those services that are provided as part of the health service. They include services that are provided or arranged by a local authority (for example the public health services commissioned from pharmacies), NHSE, integrated care board, an NHS trust or an NHS foundation trust.

Other relevant services

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

Unforeseen benefit applications

The pharmaceutical needs assessment sets out needs for, or improvements or better access to, a range of pharmaceutical services or one specific service. This can then lead to applications from pharmacy providers to meet those needs or secure those improvements or better access.

However, there are two types of application which lead to the opening of new premises that are not based on the conclusions of the PNA; – those offering unforeseen benefits and those for distance selling premises.

Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the PNA was written but would confer significant benefits on people in the area of the health and wellbeing board.

PNA Development Process

There are 8 key stages to the development of a PNA as illustrated below, that were followed in the production of this document.

Figure 1. PNA Development Process

1. Governance

The development of the PNA was overseen by the PNA Steering group, consisting of primary care contracting (NHSE), Public Health, Walsall Medicines Management, Local Pharmaceutical Committee and Healthwatch Walsall. Full membership of the working group is described in

2. Collation of Health and Demographic Data

The gathering and analysis of this data, considered alongside the relevant maps enabled conclusions to be reached in relation to pharmacy service provision across the borough.

3. Public and Contractor Engagement

The HWB has engaged in consultation during the development of the draft PNA and these approaches include: -

- A Community Pharmacy survey was undertaken in February-May 2025. All contractors within Walsall Local Authority boundary were invited to participate. Providers were requested to provide details of their premises and current services offered and services they would be willing to provide. The results can be viewed in Appendix 3.
- A Patient and Public survey was undertaken, utilising a questionnaire developed with Healthwatch Walsall. The results of this survey are also summarised later in the document,
- The Local Pharmaceutical Committee (LPC) for Walsall (since 1st April Walsall LPC merged with Dudley, Sandwell and Wolverhampton LPCs to become Community Pharmacy Black Country) have been actively engaged throughout the development of this PNA.
- Healthwatch Walsall have been actively engaged throughout the development of this PNA with a representative participating in the working group.
- The OWM and the ICB have been communicated with throughout the PNA development and have been requested to be a member of the working group. This is in addition to the mandatory consultation described below.

5. Pharmaceutical Services Information

Data was obtained from routine contracting and activity data held by NHS Business Services Authority website, with supplementary information from the OWM, the ICB and Public Health, and an electronic survey of pharmacy contractors.

4. Analysis and Drafting

These multiple data sources were collated, analysed and visualised to enable the steering group to formulate the conclusions of the PNA.

6. Consultation

A mandatory formal consultation lasting 60 days was undertaken on the final draft of the PNA as per the Regulations, 2013. This took place between **July and September 2025**.

HWBBs must consult the bodies set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- any persons on the pharmaceutical lists and any dispensing doctors list for its area.
- any LPS chemist in its area with whom the NHS has made arrangements for the provision of any local pharmaceutical services.
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area.
- the NHSE and
- any neighbouring HWB.

7. Review, Approval and Publication

A report on the consultation is included in the final version of the document, and the steering group reviewed the responses to the consultation. The finalised document will be signed-off the health and wellbeing board and published on 1st October 2025.

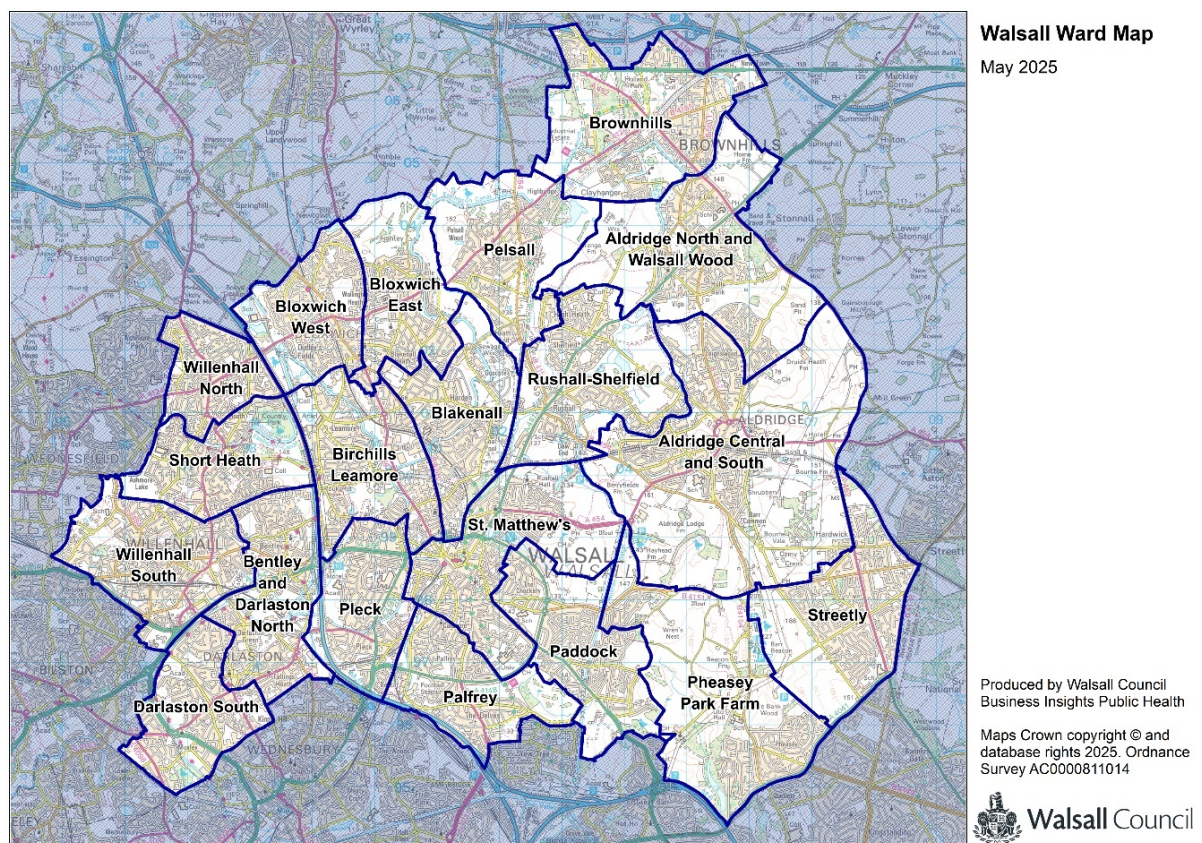
Analysis of local health needs and pharmacy services provision

Localities for the purpose of the PNA

In this PNA, electoral wards and Lower Super Output Areas (LSOAs) will be used as the geographical units to consider pharmaceutical needs and services. This aligns with the extensive analysis of demographics and health and wellbeing undertaken in the JSNA³ and in our Ward Profiles⁴.

Walsall has 20 Electoral Wards as represented in **Error! Reference source not found.** below:

Map 1 Electoral Wards in Walsall



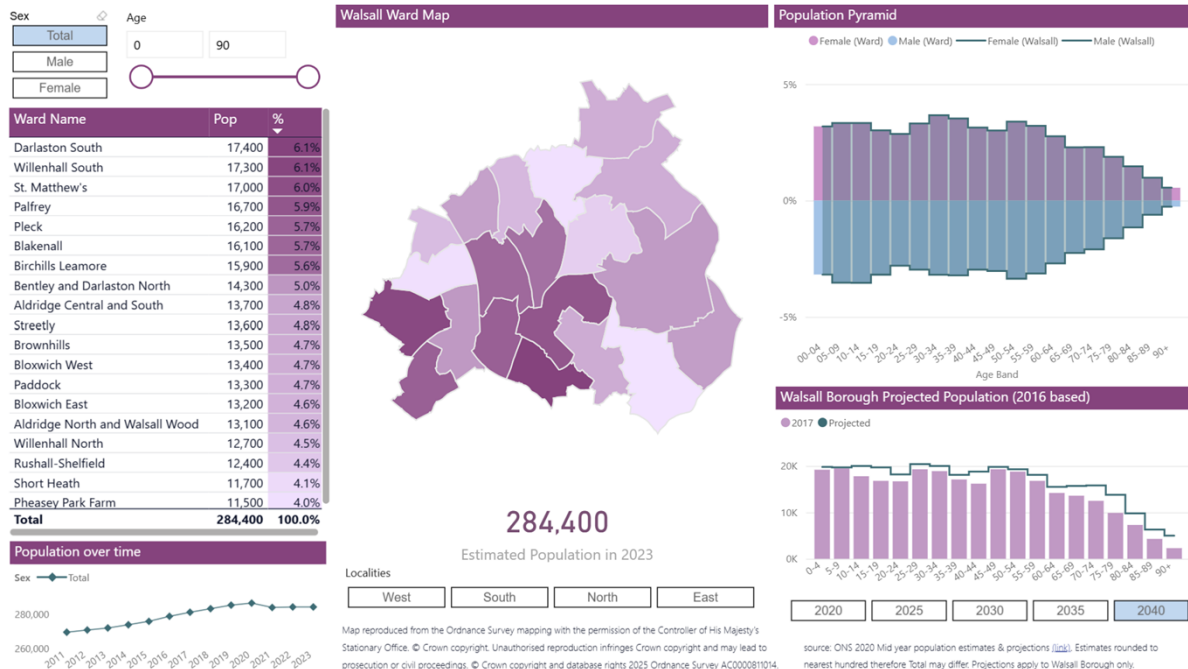
Population

Figure 2. An overview of the population of Walsall.

³ [JSNA - Walsall Insight](#)

⁴ [Ward Profiles - Walsall Insight](#)

Figure 3. Estimated and Projected Population of Walsall



Walsall has an estimated population of **284,400⁵**, comprised of approximately **21.7% children 0-15 (62,300)**, **60.8% working-aged 16-64 (174,300)**, and **17.5% 65 years & over (50,100)**, giving a dependency ratio of 0.64 dependents to every 1 working age adult.

Walsall is expected to see continued & consistent population growth, projected to **increase by 7% to an estimated 304,400 by 2030** & further by 13% to an estimated 320,400 by 2040⁶. The largest increases are expected within older age groups; the population over 65 years of age will increase their share of the population from approximately 18% to 20% by 2040.

Further detail about Walsall's population can be accessed on the **Walsall Insight Website** - [Walsall 2020 Population](#)

Deprivation

The English Indices of Multiple Deprivation (IMD)⁷, is a measure of relative deprivation and is comprised of 7 different domains:

1. Income

⁵ [Population estimates for England and Wales - Office for National Statistics](#)

⁶ [Population projections for local authorities: Table 2 - Office for National Statistics](#)

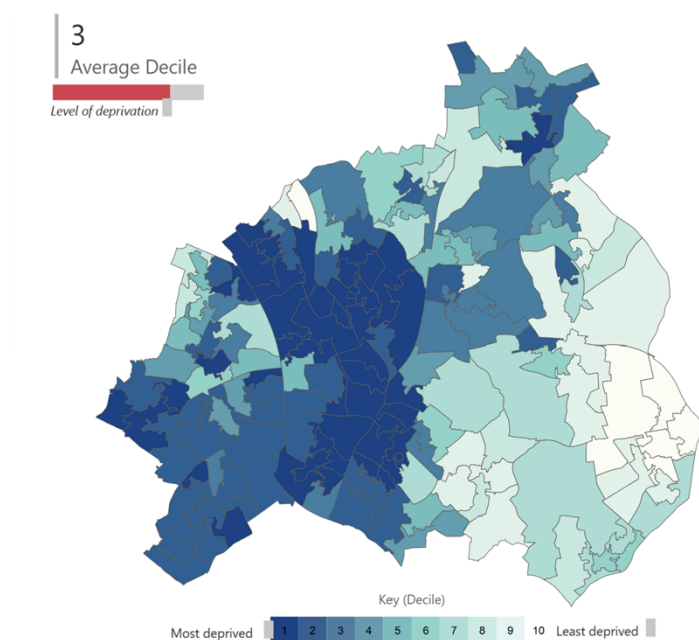
⁷ [English indices of deprivation 2019 - GOV.UK](#)

2. Employment
3. Health and Disability
4. Education, Skills and Training
5. Crime
6. Barriers to housing and services
7. Living environment

The IMD ranks Walsall as the 25th most deprived English local authority (out of 317), placing it within the most deprived 10% of districts in the country.

Within Walsall however, there is considerable variation in the levels of deprivation experienced by our residents, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the borough.

Map 2. Index of Multiple Deprivation in Walsall



Map reproduced from the Ordnance Survey mapping with the permission of the Controller of Her Majesty's Stationery Office. © Crown copyright & database rights 2022. Ordnance Survey 100019529. Unauthorised reproduction infringes copyright and may lead to prosecution or civil proceedings.

Further detail about deprivation in Walsall can be accessed on the deprivation pages of [Walsall Insight Website](#)⁸

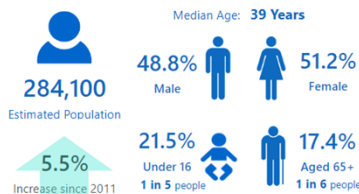
Demographics

Figure 4. An overview of the demographics of Walsall

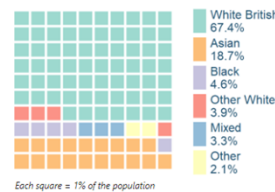
⁸ [Deprivation - Walsall Insight](#)

Demographic Overview of Walsall

Population



Ethnicity

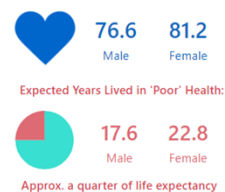


Walsall

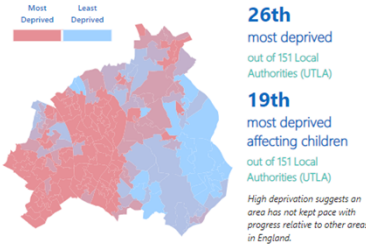
Walsall is situated within the West Midlands and is one of four Local Authorities comprising The Black Country. It contains six urban district centres: Walsall Town Centre lies at the heart of the borough, surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall. The borough covers 40sq miles and is bisected by the M6 motorway. Socio-economically, there is a stark geographic divide between the more deprived west and less deprived east.



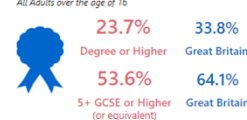
Life Expectancy



Deprivation



Education



Employment



Housing



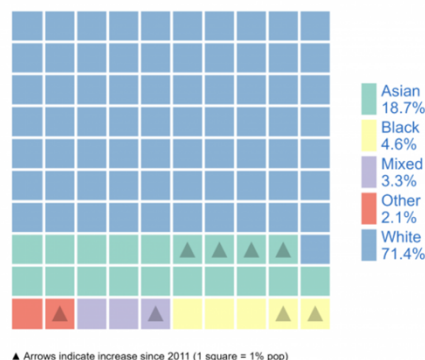
Largest Occupations (% of employed residents):

- 1) Carers (6.3%)
- 2) Retail Assistants (5.6%)
- 3) Road Transport (5.3%)
- 4) Storage (3.7%)
- 5) Teaching (3.2%)
- 6) Construction (3.1%)

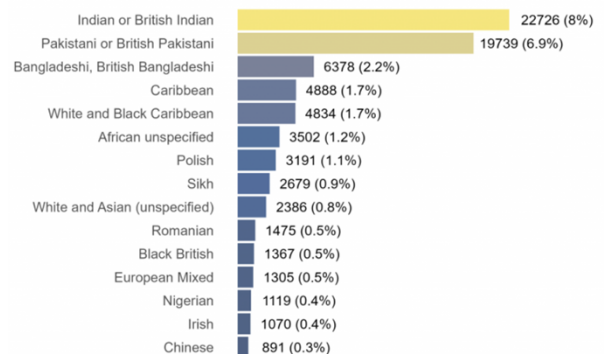
Figure 5. Ethnicity of Walsall Residents

The following charts visualise this in greater detail.

Walsall Population by Ethnicity Census 2021



Walsall Top 15 Largest Minority Ethnic Groups Census 2021



(%) indicates % of borough population

White British comprises the largest ethnic group at approximately 67.4% of the borough population, and more broadly the wider White ethnic category at 71.4%. Minority ethnic groups have seen substantial increases, now accounting for 32.6% (1 in 3) of Walsall's population. Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups.

Table 1. Minority ethnic population by Walsall Ward

Ward	Asian	Black	Mixed	Other	White	Total
Aldridge Central and South	940	234	348	134	13,039	14,695
Aldridge North and Walsall Wood	507	231	325	84	12,020	13,167
Bentley and Darlaston North	3,343	861	802	212	8,776	13,994
Birchills Leamore	3,342	1,183	578	308	11,112	16,523
Blakenall	1,970	1,566	607	251	11,609	16,003
Bloxwich East	441	520	411	51	12,232	13,655
Bloxwich West	391	370	296	47	12,576	13,680
Brownhills	335	225	274	85	12,518	13,437
Darlaston South	2,700	1,129	790	204	12,773	17,596
Paddock	6,390	395	366	1,018	5,037	13,206
Palfrey	10,188	880	463	606	4,555	16,692
Pelsall	224	144	205	37	10,740	11,350
Pheasey Park Farm	1,257	378	328	187	9,278	11,428
Pleck	7,802	1,522	655	661	5,894	16,534
Rushall-Sheffield	916	458	382	139	10,539	12,434
Short Heath	1,069	212	259	239	9,883	11,662
St. Matthews	5,356	1,293	721	549	7,645	15,564
Streetly	1,848	175	277	285	9,993	12,578
Willenhall North	1,152	283	416	194	10,672	12,717
Willenhall South	3,023	971	829	583	11,836	17,242
Total	53,194	13,030	9,332	5,874	202,727	284,157

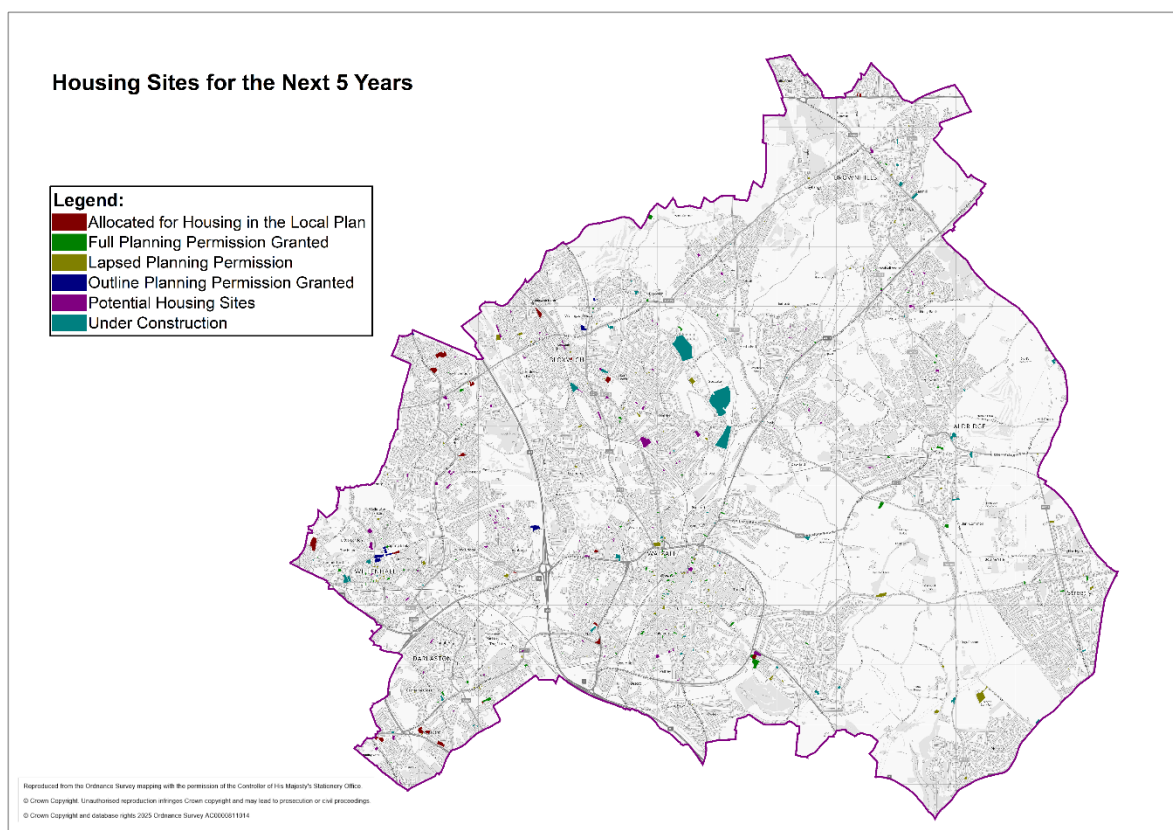
Ethnic composition varies substantially when viewed by Walsall's individual Wards, and minority ethnic groups are concentrated in certain parts of the borough, predominantly in the southern and central wards. In Palfrey, for instance, at 61%, the Asian population is the largest ethnic group, with Pakistani the largest Asian ethnicity: 4,262 people residing there (25.6%, or 1 in 4 people). White British (22.8%), Indian (16.3%) and Bangladeshi (16.1%) are the other major ethnicities residing in Palfrey. Much of Southern Walsall is similarly mixed.

Conversely Pelsall has the largest White British population, comprising 92.6% of the population (10,586 people), with only 1 in 15 residents of another ethnicity.

Potential Future Housing Developments

Map 3 – Potential future housing development sites in Walsall

Potential housing development sites in Walsall are illustrated in Map 3 to help determine the future impact of an increased population in these areas upon pharmacy service provision and in the future.



These sites include those allocated in the local plan (currently the Walsall Site Allocation Document⁹ and Town Centre Area Action Plan¹⁰), those with planning permission and other sites known to have potential for new housing.

These sites have a combined capacity of approximately 3,000 new homes (excluding those already completed). However, Walsall has a target, which is set by the government, for 1,168 new homes to be completed per year. This equates to a 5-year target plus a 20% buffer of 7,008 homes. Work is progressing on the Walsall Borough Local Plan which will seek to identify sites for these additional homes, together with land for housing over the next 15 years.

For planning purposes, pharmacies are generally considered to be “centres uses” which means they should ideally be located within town, or local centres alongside other shops and community uses so the first choice of location from a planning point

⁹ [Site Allocation Document \(SAD\) | Walsall Council](#)

¹⁰ [Walsall Town Centre area action plan | Walsall Council](#)

of view should be in one of our existing strategic (Walsall Town Centre), district (Aldridge, Bloxwich, Brownhills, Darlaston, Willenhall) or local (35 listed in the SAD document, e.g. Caldmore, Turnberry Road, Pelsall) centres ahead of any other sites.

The adoption of the Site Allocation Document (SAD) in 2019 means that there are now some Centre's policies which will need to be taken into account when proposing new locations for pharmacies in the PNA.

The preferred locations for proposed new pharmacies should prioritise district centres or local centres as far as possible in line with SAD Policies SLC1: Local Centres, and SLC2: Local Centre Development Opportunities in order to ensure that centres remain active, vibrant places to visit and that they meet a variety of their community's needs.

Ultimately, the need for pharmacies is based on the number of residents, in particular those with poor health. Household sizes and the proportion of residents in poor health are greater in Walsall than the national average.

However, even with the projected increased population in Walsall by 2040, the rate of pharmacies per 100,000 population would be 21.7, which is still higher than the national average of 17.

Therefore, we conclude that the pharmacy service provision to patient ratio is sufficient, and even with the projected population increase by 2040 would still be higher than regional and national averages.

Summary of Local Health Needs in Walsall

Generally, Walsall residents have poorer health and wellbeing outcomes than the regional and national averages, as detailed in the Local Authority Health Profiles¹¹ and Public Health Outcomes Framework¹² published by OHID at the DHSC, which are summarised below:

Life Expectancy and Healthy Life Expectancy:

- The overall life expectancy at birth for males in Walsall is 77.8 years, slightly below the West Midlands average of 78.6 years and the England average of 79.3 years.
- For females, the life expectancy at birth is 81.5 years, which is lower than the West Midlands average of 82.6 years and the England average of 83.2 years.
- In Walsall, the healthy life expectancy at birth for males is 56.2 years, which is lower than the West Midlands average of 60.3 years and the England average of 61.5 years.
- For females, the healthy life expectancy at birth is 58.7 years, compared to 60.0 years in the West Midlands and 61.9 years in England.

Mortality

- The under 75 mortality rate from cardiovascular diseases in Walsall is 90.4 per 100,000 population, higher than the West Midlands average of 85.0 and the England average of 70.4.
- The under 75 mortality rate from cancer is 144.2 per 100,000 population, compared to 136.0 in the West Midlands and 129.2 in England.
- The under 75 mortality rate from respiratory diseases in Walsall is 40.1 per 100,000 population, which is higher than the West Midlands average of 35.0 and the England average of 30.1.

Health Conditions

- The prevalence of hypertension in Walsall is 14.5%, compared to 13.8% in the West Midlands and 13.4% in England.
- Hospital admissions for heart attacks in Walsall are 220 per 100,000 population, slightly above the West Midlands average of 210 and the England average of 200.
- Hospital admissions for stroke in Walsall are 180 per 100,000 population, which is higher than the West Midlands average of 170 and the England average of 160.

Lifestyle Risk Factors

- Smoking prevalence in adults in Walsall is 16.5%, higher than the West Midlands average of 14.8% and the England average of 13.9%.

¹¹ [Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

¹² [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

- Adult obesity prevalence in Walsall adults is 27.8%, compared to 26.5% in the West Midlands and 25.9% in England.
- adult obesity in Walsall shows that the prevalence is 27.8%. This is higher than the West Midlands average of 26.5% and the England average of 25.9%.
- Physical activity levels in adults in Walsall are 62.3%, which is lower than the West Midlands average of 64.0% and the England average of 66.3%.
- Childhood obesity in Year 6 is 21.4%, higher than the West Midlands average of 20.5% and the England average of 20.2%.
- Alcohol-related hospital admissions in Walsall are 650 per 100,000 population, higher than the West Midlands average of 620 and the England average of 610.

Immunisation

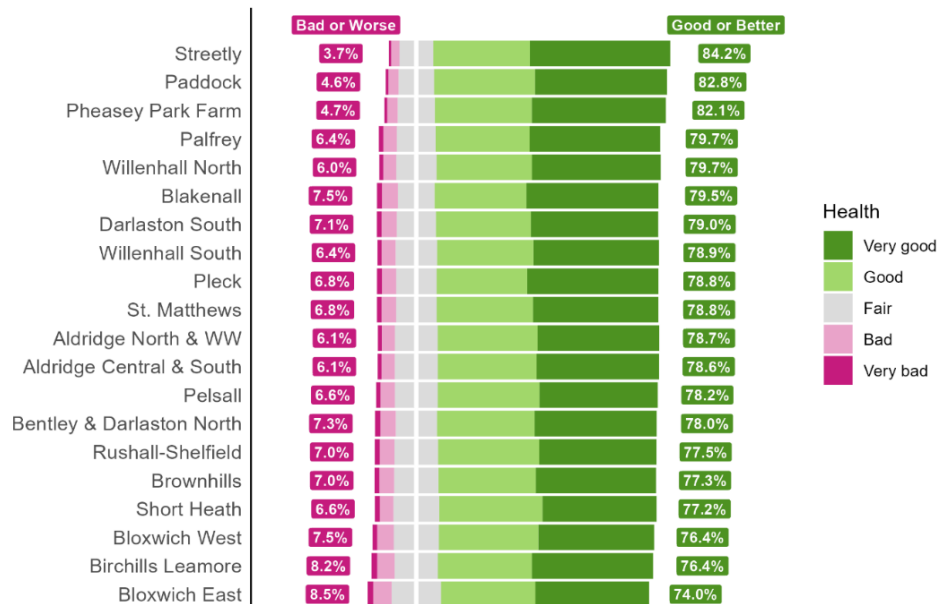
- In Walsall, flu vaccination coverage for individuals aged 65 and over is 72.5%, which is lower than the West Midlands average of 74.0% and the England average of 75.5%.
- Immunization coverage for children (MMR at age 2) in Walsall is 91.2%, slightly below the West Midlands average of 92.0% but above the England average of 91.5%.

Sexual and Reproductive Health

- The teenage pregnancy (under-18s conception) rate in Walsall is 18.5 per 1,000 females aged 15-17, higher than the West Midlands average of 17.0 and the England average of 16.7.
- The chlamydia detection rate for individuals aged 15-24 in Walsall is 2,100 per 100,000 population, slightly above the West Midlands average of 2,050 but below the England average of 2,200.
-

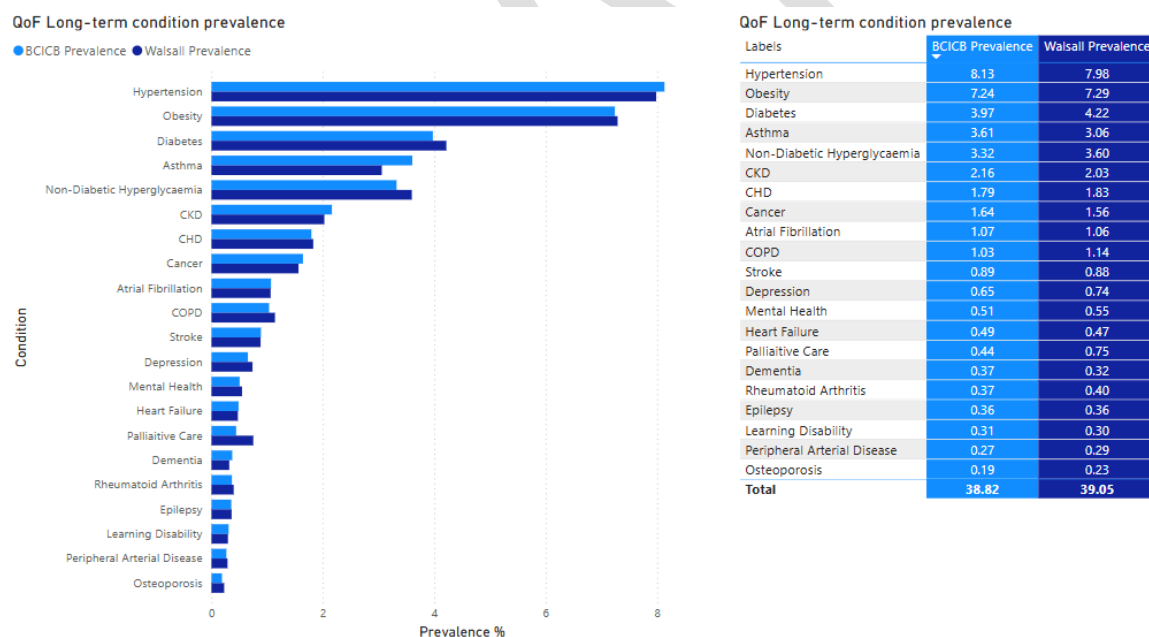
In the Census 2021, residents were surveyed and asked to rate their overall general health. The results of this are visualised in Figure 6. General Health of Residents in Walsall WardsFigure 6 below.

Figure 6. General Health of Residents in Walsall Wards



There was over a 10% disparity between the proportion of residents in Streetly who rated their health as good or better and Bloxwich East, emphasising the inequalities in overall health outcomes between Walsall's most and least affluent wards.

Figure 7 Prevalence of long-term conditions in Walsall 2024/25.



The prevalence of the CVD risk factors of hypertension, obesity and diabetes are the 3 most prevalent long-term conditions in Walsall place, and indeed, in the BCICB overall.

In particular, obesity and its related conditions of diabetes and non-diabetic hyperglycaemia have a higher prevalence rate in Walsall than the ICB average.

Key

Better 95%
Similar
Worse 95%

29

In summary, there are differing health needs and outcomes in various Walsall wards, highlighted by:

- **Life Expectancy:** Male life expectancy at birth ranges from 74.1 years in Blakenall to 83.5 years in Streetly, while female life expectancy spans from 77.0 years in Blakenall to 86.4 years in Pheasey Park Farm. These figures are a stark indication of the socioeconomic and environmental disparities experienced by Walsall residents.
- **Mortality Rates:** The standardised mortality ratio (SMR) for deaths from all causes is highest in Blakenall (172.7) and Birchills Leamore (139.5), significantly exceeding the England average of 100. Conversely, Streetly has the lowest SMR at 70.5, highlighting the greater mortality risks seen in wards with higher deprivation.
- **Preventable Deaths:** Deaths from causes considered preventable **are notably high** in Blakenall (178.1) and Birchills Leamore (197.7), while Paddock and Streetly have much lower ratios. This disparity underscores the impact of lifestyle factors and access to healthcare services.
- **Emergency Hospital Admissions:** Emergency hospital admissions for all causes are highest in Birchills Leamore (149.5) and Pleck (152.9), indicating greater healthcare needs in these areas. In contrast, Aldridge Central and South (90.1) and Pelsall (97.2) have lower admission rates, suggesting **better overall health or access to preventive care**.
- **Cancer Incidence:** The incidence of all cancers is elevated in Birchills Leamore (125.8) and Blakenall (111.1), while wards like Aldridge Central and South (97.9) and Pheasey Park Farm (96.9) have lower rates. This disparity may reflect differences in risk factors such as smoking, diet, and environmental exposures.
- **Respiratory Diseases:** Mortality from respiratory diseases is **particularly high** in Blakenall (180.1) and Birchills Leamore (159.5), compared to lower rates in Paddock (59.7) and Streetly (64.7), suggesting disparities in smoking prevalence and air quality in these areas.
- **Cardiovascular Health:** Deaths from circulatory diseases are highest in Darlaston South (184.3) and Blakenall (169.0), while Pheasey Park Farm (82.4) and Streetly (70.9) have much lower rates. This highlights the need for targeted support in wards with higher cardiovascular risks.
- **Obesity Prevalence:** Childhood obesity rates in Year 6 are highest in Birchills Leamore (31.1%) and Blakenall (31.3%), compared to lower rates in Streetly (13.8%) and Pheasey Park Farm (25.3%). This indicates that wards with higher deprivation may face greater challenges in promoting healthy lifestyles.

- **Alcohol-Related Admissions:** Hospital admissions for alcohol-attributable conditions are elevated in Birchills Leamore (171.0) and Blakenall (124.0), while Paddock (84.3) and Streetly (84.3) have lower rates, which indicates that alcohol misuse is a significant issue in certain wards.

These insights highlight the significant health challenges and disparities in Walsall, driven by socioeconomic, ethnic, and geographic factors. The data consistently show that wards such as Blakenall, Birchills Leamore, and Darlaston South experience poorer health outcomes across multiple indicators, while wards like Streetly, Pheasey Park Farm, and Aldridge Central and South fare better. These disparities highlight the need for targeted public health interventions and support to address the underlying social determinants of health in the most affected areas.

Analysis of Pharmacy Services Provision

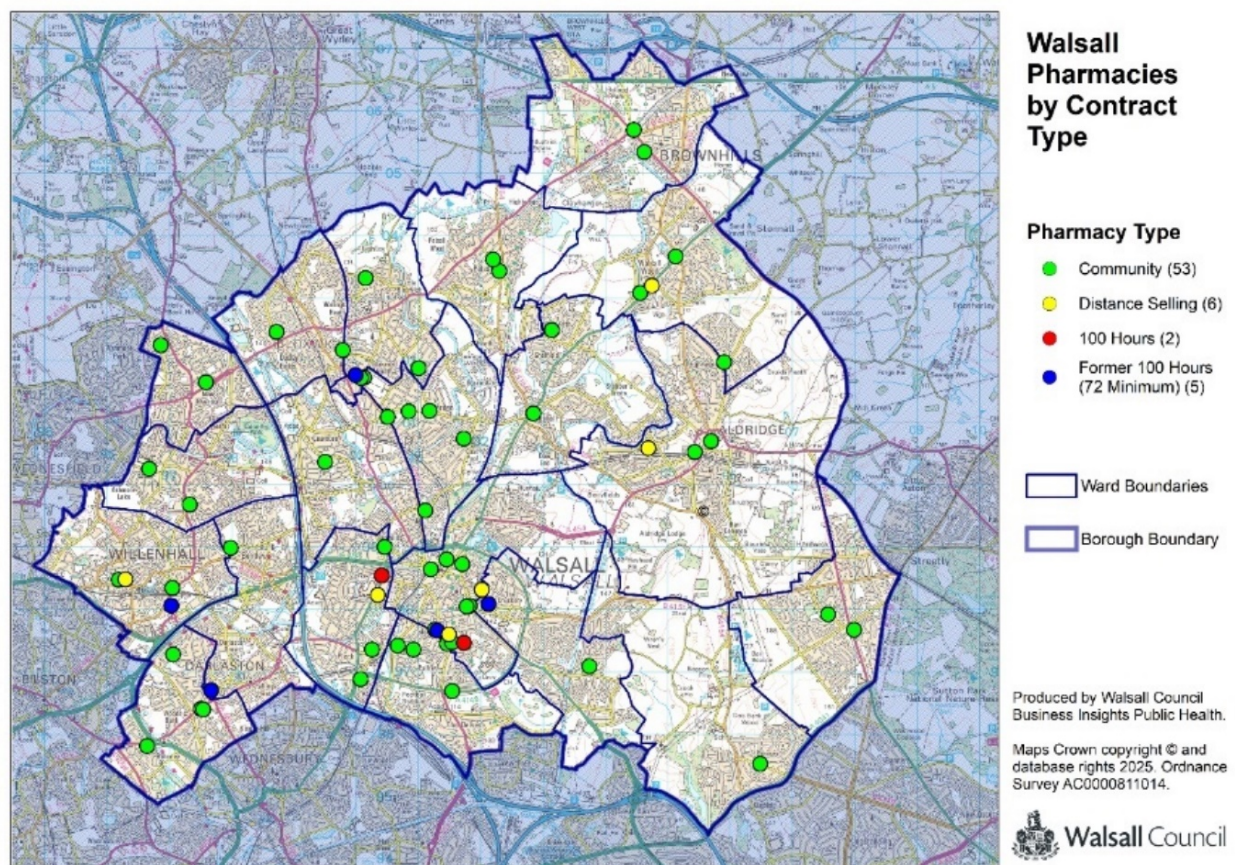
The primary objective of a PNA is to map and assess pharmacy services provision in Walsall, and identify any potential gaps.

Pharmacy contract and activity data was obtained from the OWM, BCICB, Walsall Public Health and also from a survey of pharmacy contractors and has been utilised to produce the following analyses:

Geographical Distribution of Pharmacy Types

The map below illustrates the distribution of pharmacy contractors by type across the borough.

Map 4. Community, 100 hour and distance selling pharmacies in Walsall



Based on the above, we conclude that there are no gaps in pharmaceutical service distribution provision in Walsall, in terms of geographical distribution

In total:

- Walsall has **66** pharmacies.
- Of these, **53** are community pharmacies
- **2** are 100 hour pharmacies
- **5** were previously 100-hour pharmacies¹³),
- **6** are distance selling / internet pharmacies.

Pharmacy	Ward
100 Hour Pharmacies	
Tesco Pharmacy	Birchills Leamore
Manor Pharmacy	Pleck
Former 100-hour Pharmacies	
Asda Bloxwich	Bloxwich East
Asda Darlaston	Bentley and Darlaston North
AllCare Pharmacy	St Matthews
A Karim	Paddock
Tesco Pharmacy	Willenhall South
Distance Selling / Internet Pharmacies	
The 8pm Chemist	Willenhall South
The Online Pharmacy	Aldridge Central and South
Click 4 Pharmacy	St Matthews
PharmHub Pharmacy	Pleck
The Prescription Centre	St Matthews
118 Pharmacy	Aldridge North and Walsall Wood

The requirements for opening hours for community pharmacies are detailed in the definitions section of this document.

In addition, the OWM have commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

All Walsall pharmacies and their opening times are provided in Appendix 2

The resident survey found **that most respondents (47%) preferred to visit pharmacies Monday – Friday**, although others (37%) said that it varied. Very few respondents indicated that they visited pharmacies on Saturdays (7%) or Sundays (3%).

Therefore, we conclude that pharmacies are open to provide services at the times needed and used by

¹³ In 2023, the DHSC introduced regulatory changes in response to increased temporary closures of pharmacies. The changes provide an opportunity for 100-hour community pharmacy owners to apply to reduce their total weekly hours to 72, subject to various requirements.

residents. The survey did not highlight the need for additional opening hours.

Figure 9 – Pharmacies by population per 100,000 in The Black Country

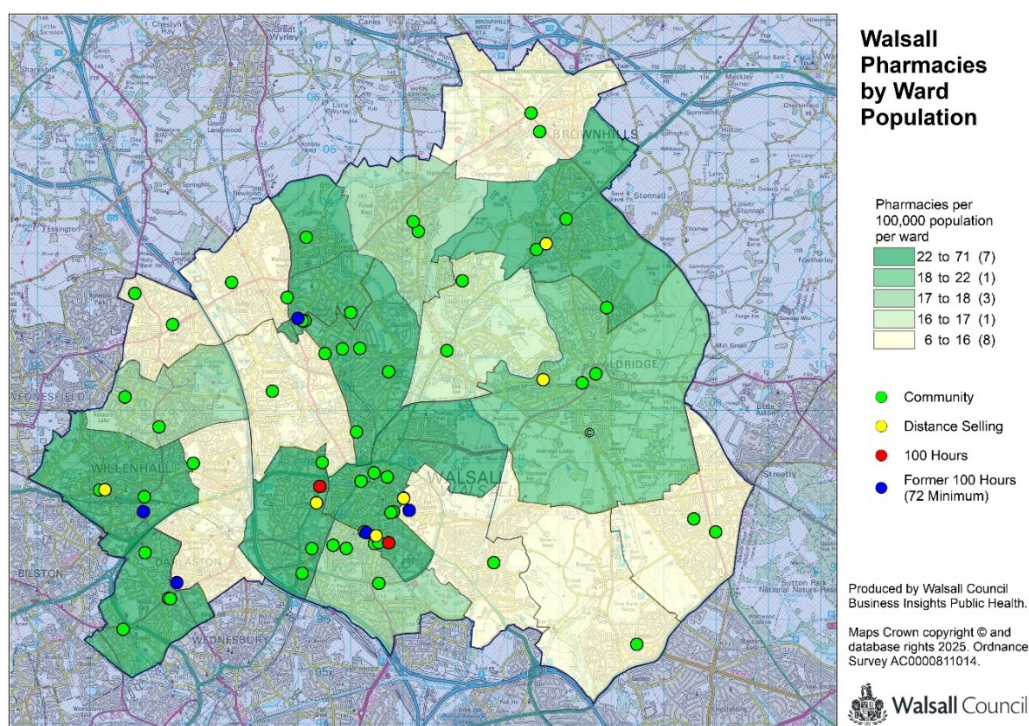
Place	Number of Pharmacies ¹⁴	Population ¹⁵	Rate per 100,000
Walsall	66	286,218	23.05
Dudley	62	324,931	19.08
Sandwell	79	344,582	22.93
Wolverhampton	56	267,888	20.90

When compared to the other local authorities in The Black Country, Walsall has the highest number of pharmacies per 100,000 residents.

In 2024, the rate for the UK overall was 17 pharmacies per 100,000 population.¹⁶

Moreover, Map 5 illustrates the number of pharmacies per 100,000 population by Walsall ward and illustrates that pharmacy provision is concentrated in areas of higher population density.

Map 5 – Walsall pharmacies per 100,000 population

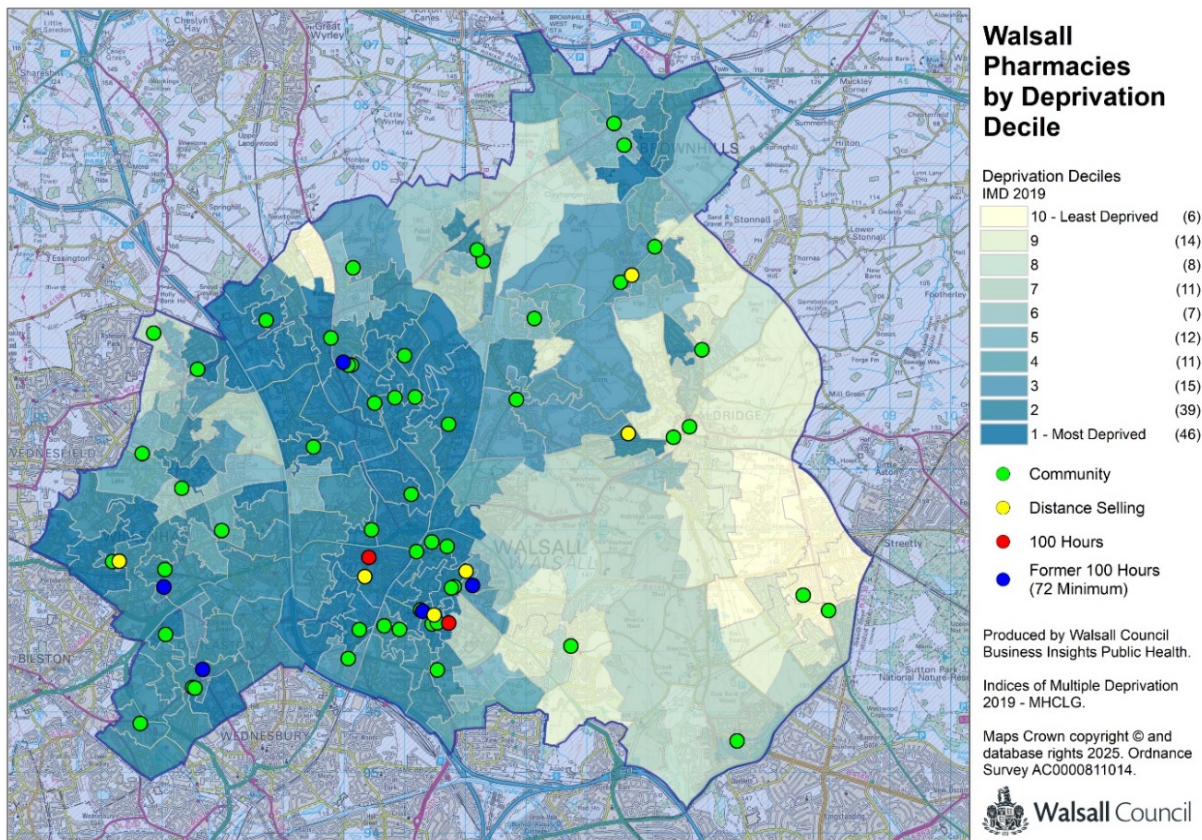


¹⁴ Black Country Integrated Care Board Pharmacy Contractor List

¹⁵ Office for National Statistics, [Estimates of the population for England and Wales - Office for National Statistics](#)

¹⁶ [Pharmacy density UK 2029 forecast| Statista](#)

Map 6. Pharmaceutical Service Provision by deprivation decile



Map 6 illustrates that there is a concentration of community pharmacies, 100 hour and Former 100 hour pharmacies in the centre and west areas of Walsall, which contains the majority of the most deprived LSOAs in the borough.

In conclusion, there are no gaps in the distribution of pharmacies in the most deprived areas of Walsall.

Accessibility of Pharmacy Services

The Office for Health Improvement and Disparities (OHID) SHAPE tool¹⁷ was utilised to analyse the accessibility of pharmacies to Walsall residents. The tool uses the detailed Ordnance Survey road network, along with the latest data on public transport stops and timetables, to generate accurate journey times between any given point in the borough to a defined destination.

The results are visually displayed as travel time contours (or 'isochrones') on a map of Walsall. Contour maps have been produced for three types of transport:

- Walking
- Driving
- Public Transport (including walking where necessary)

There is no standard definition of what makes a service 'accessible' or not. This will depend on the type of service being provided, the mode of transport used, the time it is being accessed and the circumstances of the individual. Different time bands have been used for each mode of transport, based on a range of what might be considered an acceptable travel time for the majority of residents. Clearly, not all modes of transport will be available to all residents.

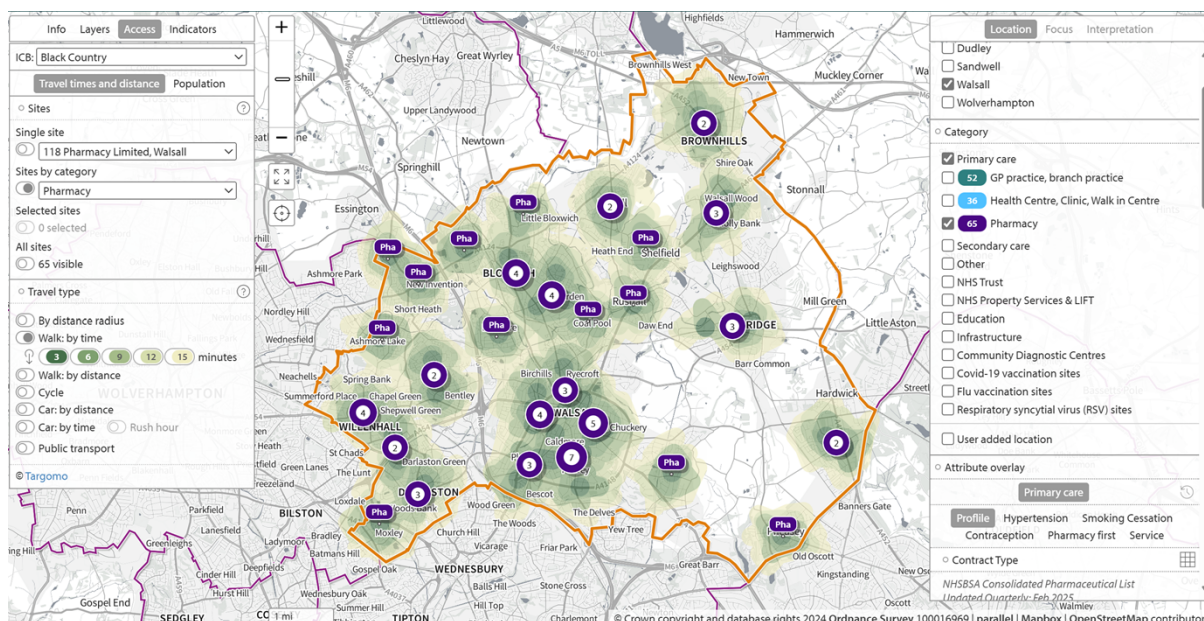
Analyses travel times by foot is based on an average walking speed of 4.8 km per hour – the standard set by the Department for Transport. It uses the fastest distance along the actual highways network rather than straight-line distance 'as the crow flies' – thus taking into account natural or manmade obstacles such as canals or motorways, as well as areas where there are no roadways. They may not include all footpaths that are available to pedestrians, so accessibility may actually be even higher than reflected in some areas. Analysis is based on walking times of 10 minutes, 15 minutes and 20 minutes.

Our resident survey indicated that the majority of respondents (66%) travel between 0-15 minutes to a pharmacy.

Map 7. Pharmacy accessibility by walking

Access to pharmacies by walking does highlight some potential gaps to the East of the borough. However, these areas however are not densely populated and are largely rural agricultural land.

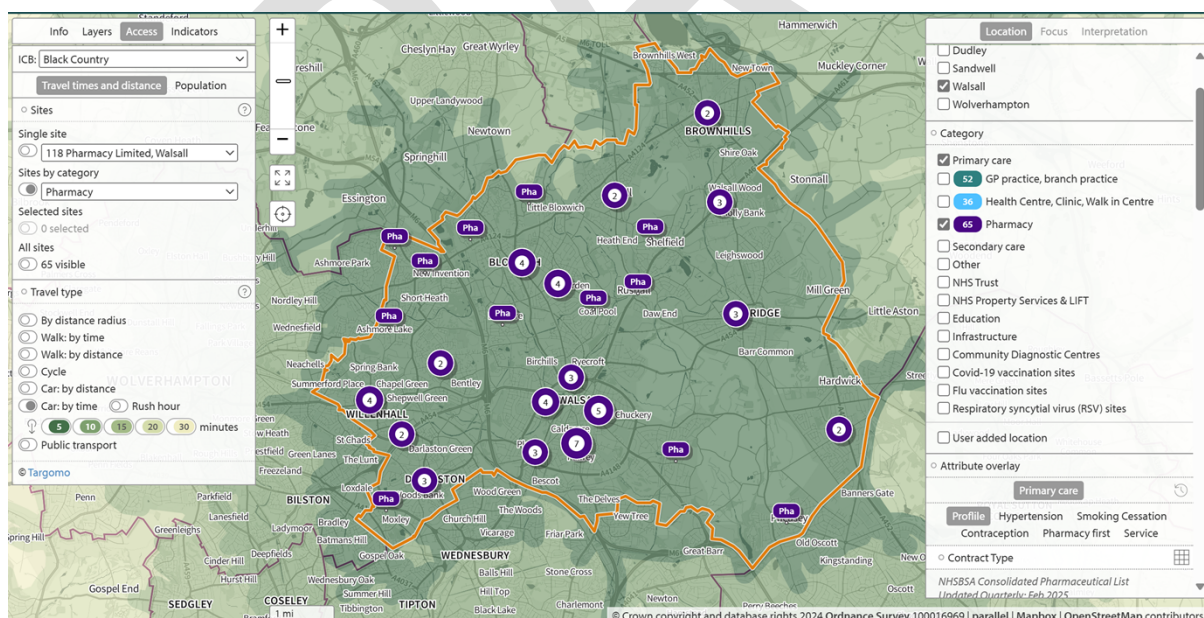
¹⁷ [SHAPE - Shape](#)



There is excellent coverage in the centre and West of the borough, with the vast majority of areas having access to multiple pharmacies within a 15 minute walk.

The resident survey indicates that around 30% of residents walk to a pharmacy to access services.

Map 8. Pharmacy accessibility by driving



Access to pharmacies via car does not indicate any accessibility gaps. Everywhere in the borough has access to a pharmacy within a 5 – 10 minute drive.

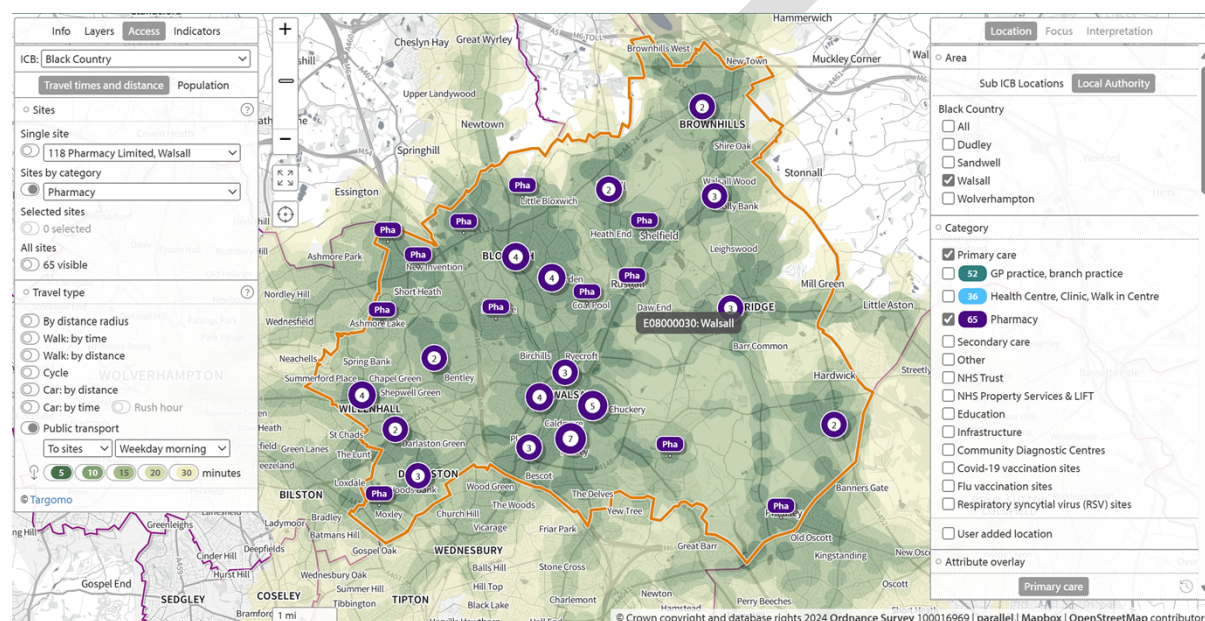
The resident survey indicated that travel by car was the most popular, with 48% of residents accessing pharmacies by this mode.

Pharmacy Accessibility by public transport

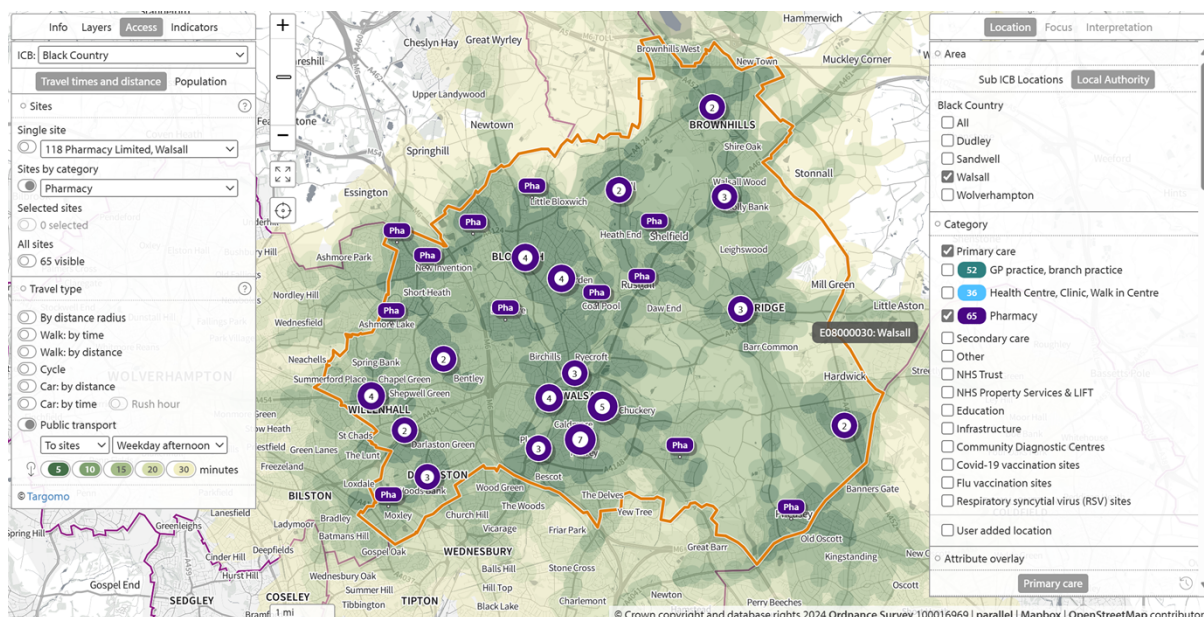
Public transport journey times are calculated based on the minimum time it would take to walk to the nearest bus stop, travel to the stop nearest to the destination, and then walk to the final destination. It also allows for interchanges between services to be made (as well as taking into account the time needed to make the interchange). It is the shortest time possible to reach a pharmacy.

As the calculations are done using actual public transport timetables, it is necessary to specify a day and time at which to run the calculation (as frequency of buses varies according to days of the week and times of the day). This initial analysis is based on weekday morning, weekday afternoon and weekday evening. Analysis is based on journey times of 5, 10, 15, 20 and 30 minutes.

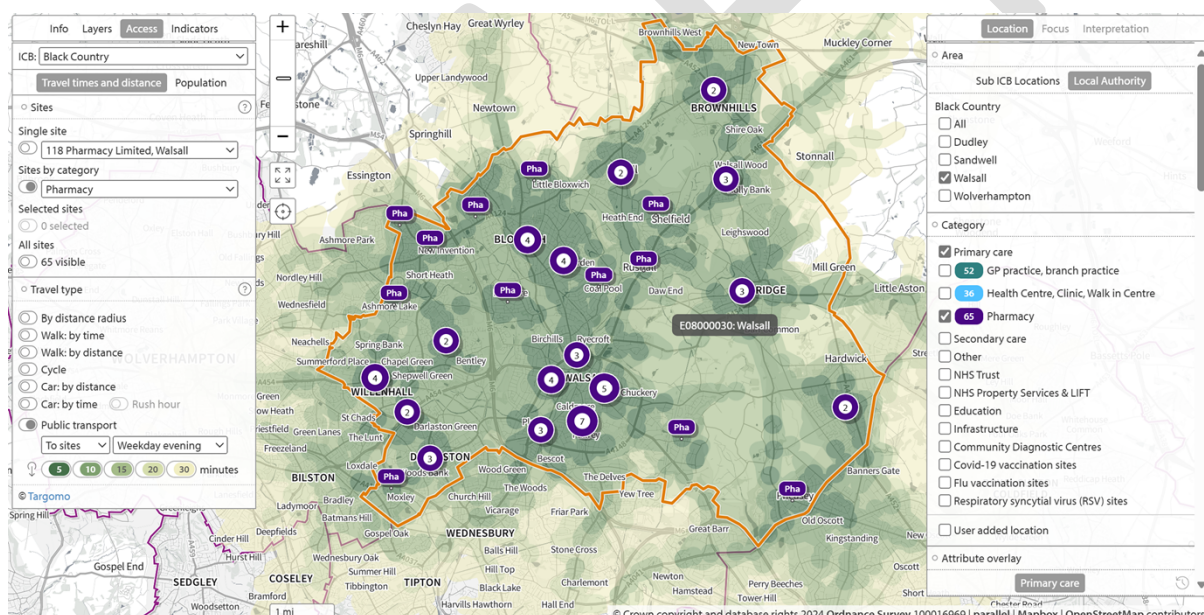
Map 9. Access to a pharmacy by public transport – weekday morning



Map 10. Access to a pharmacy by public transport – weekday afternoon



Map 11. Access to a pharmacy by public transport – weekday evening



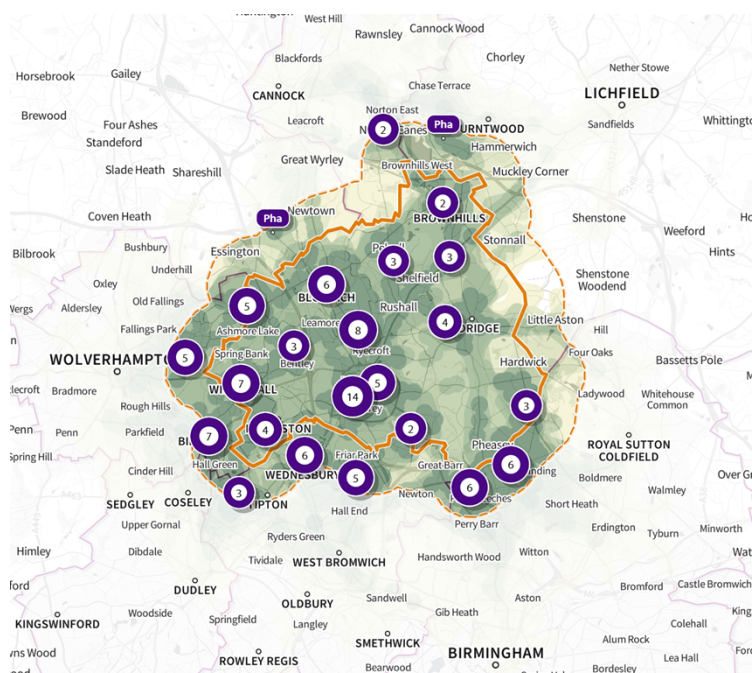
Access to pharmacies via public transport indicates that residents could access a pharmacy within a 30-minute journey time during the week.

The resident survey indicated that public transport was not a common form of transportation used by residents to access pharmacy services (7%).

Our analyses of accessibility to pharmacies via the top 3 most common modes of transport (car, walking and public transport) conclude that there are sufficient pharmacies across the borough to meet the needs of the population.

Cross Border Provision

Map 12. Cross border provision of Community Pharmacies



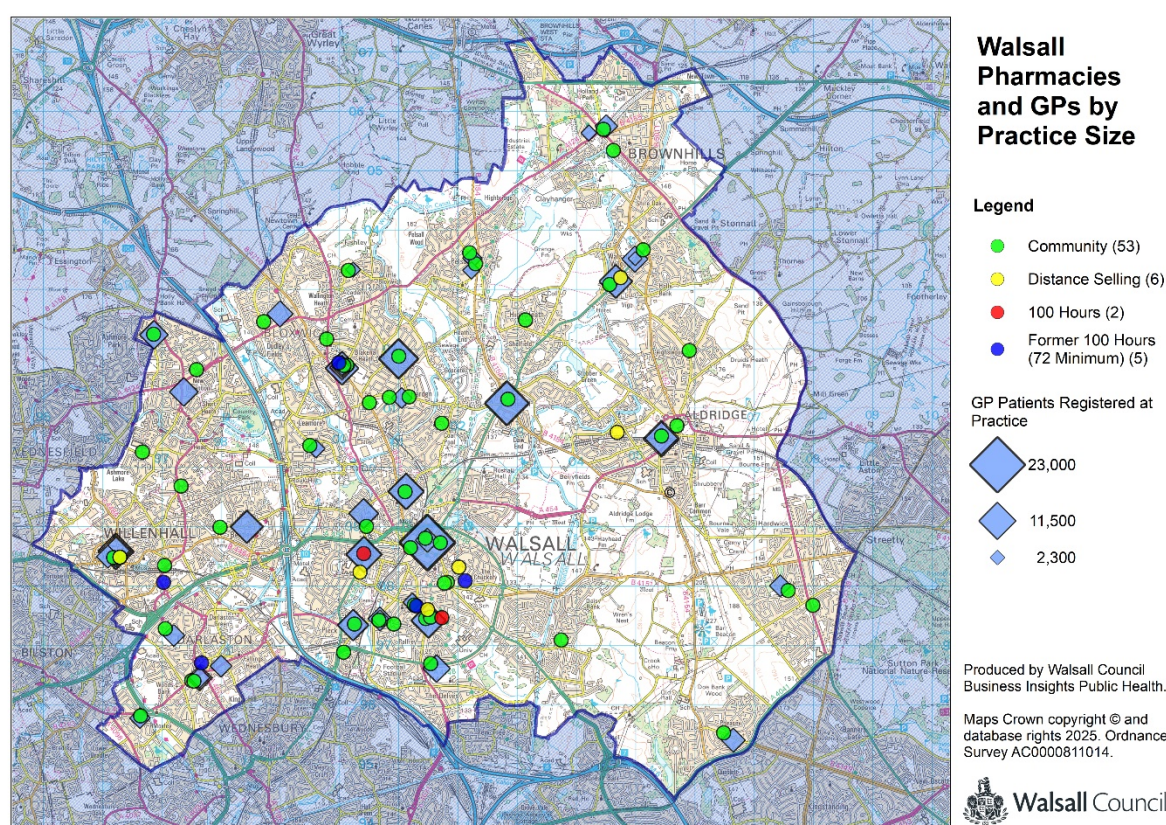
In addition to the 66 pharmacies located within Walsall local authority boundary, **there are a further 46 pharmacies located within a 1.6km (1 mile) buffer of the boundary** in our neighbouring local authorities. These are mostly located to the south and west of the borough, where there is greater population density.

GP Access

There are 50 GP practices in Walsall, most of which provide surgery times between the hours of 8.00am to 6.30pm, Monday to Friday (excluding bank holidays)¹⁸.

¹⁸ <https://blackcountry.icb.nhs.uk/your-health/find-right-service-you/primary-care-open-and-here-you>

Map 13. Walsall Pharmacies and GPs by Practice Size



Map 13 shows the relative size of each GP practice based on their patient register, and their location in relation to pharmacies.

This illustrates that there is good geographical alignment between GP practices and community pharmacy.

This was also reflected in the resident survey, in which “close to home”, “close to GP practice” and “efficiency” were the top 3 considerations when people are using pharmacies.

Walsall Primary Care Networks (PCNs) have jointly commissioned OurNet Health Services Ltd to provide a Walsall Enhanced Access Service¹⁹ to allow patients increased access to primary care appointments.

The Walsall Enhanced Access Service is designed to allow patients increased access to primary care appointments during weekday evenings and Saturdays when GP practices may be closed. Not only does this increase the availability of appointments but also offers a more convenient appointment time for those who may not be able to attend the practice within the normal opening hours.

The service is open weekday evening and Saturdays and is operated from four hubs:

Hub	Location
-----	----------

¹⁹ [Walsall Enhanced Access Service - OurNet Health Services](#)

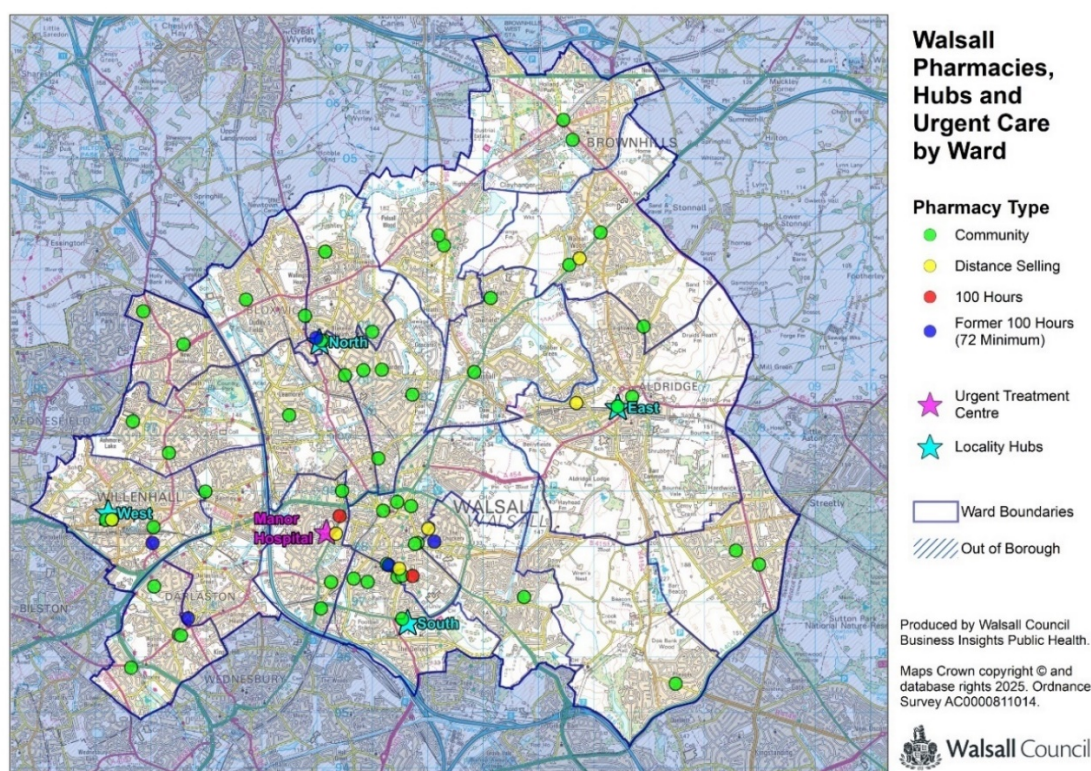
North Hub	Pinfold Health Centre, WS3 3JP
South Hub	Broadway Medical Centre, WS1 3HD
East Hub	Anchor Meadow Health Centre, WS9 8AJ
West Hub	Lockfield Surgery, WV13 2DR

Walsall's Urgent Treatment Centre (UTC) is GP-led, open at least 12 hours a day every day, and offers appointments that can be booked through NHS 111 or a GP referral or by presenting at the reception desk.

They are equipped to diagnose and treat many of the most common ailments people attend A&E for GP-led and also provides urgent medical care for patients that can be accessed through calling NHS 111 or presenting at the reception desk in each location.

The UTC is located at Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS (Map 14 below) Open 7am – 2am, 7 days a week.

Map 14 Enhanced Access Service and Urgent Treatment Centre



In conclusion, there is sufficient access to the pharmaceutical service needs of patients provided during GP surgery opening hours, and supports the majority of hours of the Enhanced Access Service and Urgent Treatment Centre.

Community Pharmacy Services Provision

Essential Services

The 9 Essential Services that must be offered by all pharmacy contractors as part of the NHS community pharmacy contractual framework have been detailed earlier in this document.

All Walsall pharmacies provide these essential services and the Health and Wellbeing Board are not aware of any deficiencies or gaps in the provision of these services.

Advanced Services

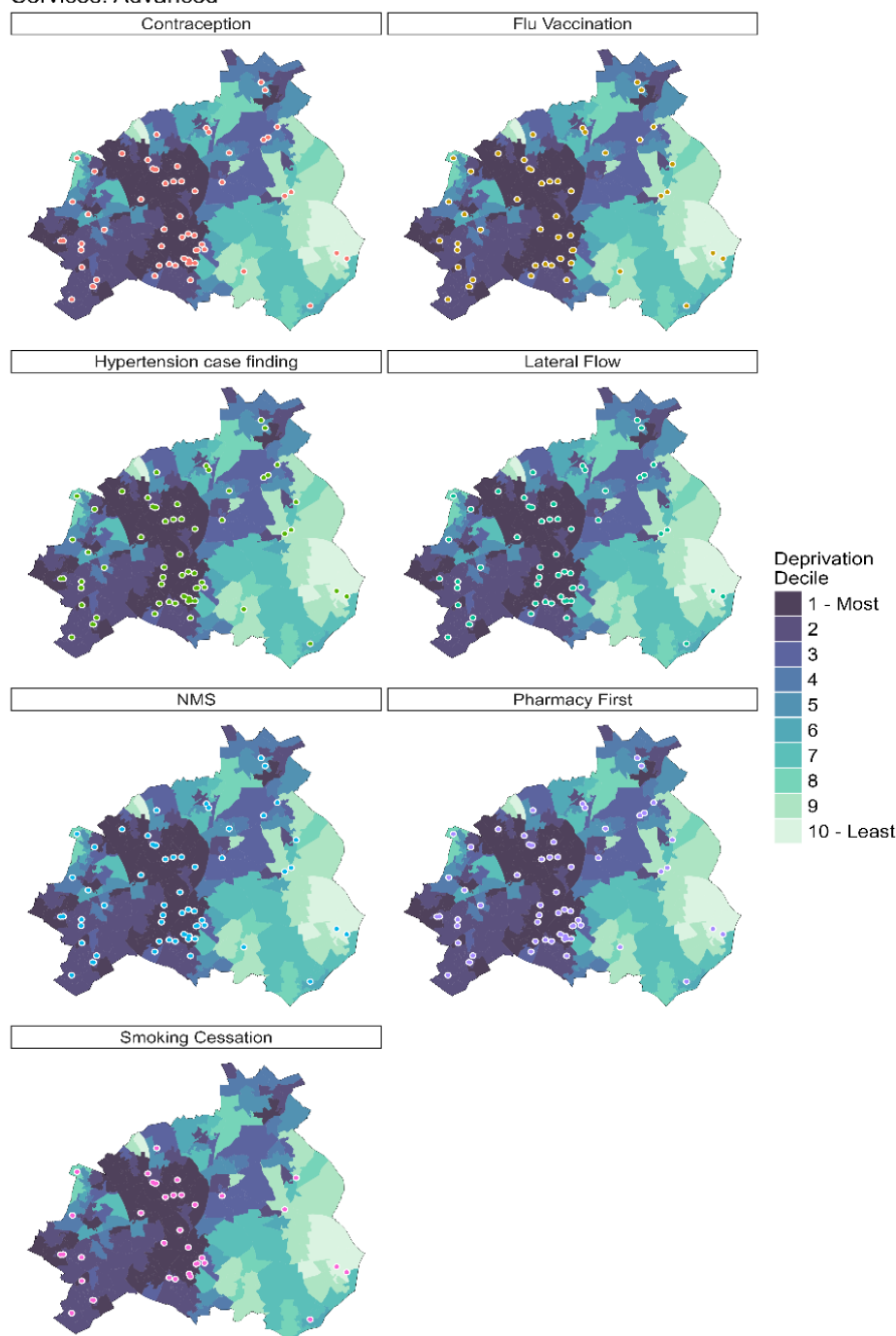
As previously described, there are also Advanced Services within the NHS Community Pharmacy Contractual Framework, that pharmacies can choose to provide.

Map 15 visualises the location of these pharmacies relative to LSOA (neighbourhood) level deprivation.

DRAFT

Map 15. Advanced Pharmacy Services by Deprivation Decile

Services: Advanced



Produced by Walsall Council's Business Insights Public Health Team.
Crown copyright © and database rights 2025 Ordnance Survey AC0000811014.

Flu Vaccination Service

Pharmacy activity data for October 2024 showed that 52 of 66 (78.8%) pharmacies in Walsall had actively provided flu vaccinations. The data does not provide the number of pharmacies that have signed up to provide this service, therefore the number offering Flu vaccination may be higher.

The map of Flu vaccination service also illustrates good coverage of the borough, particularly in the more densely populated and more deprived areas.

Pharmacy Contraception Service

63 out of 66 (95.5%) of pharmacies in Walsall provide the Pharmacy Contraception service and there is good coverage across the borough particularly in the centre and west of Walsall which has a younger population overall and higher levels of deprivation.

Hypertension Case Finding Service

64 out of 66 (97%) of pharmacies in Walsall provide this service (as at April 2025), and there is good coverage across the borough.

Lateral Flow Devices

58 out of 66 (87.9%) pharmacies across the borough provide lateral flow devices, and there is good coverage of this service.

New Medicines Service

Pharmacy activity data between August and December 2024, indicated that 63 out of 66 (**94.5%**) pharmacies provided the NMS. There is good coverage of the borough, particularly in the centre and west of Walsall.

Pharmacy First Service

65 out of the 66 (97.5%) pharmacies in Walsall were signed up to provide the Pharmacy First service (as at April 2025).

There is good coverage of Walsall, particularly in areas of high population density and high deprivation.

Smoking Cessation Service

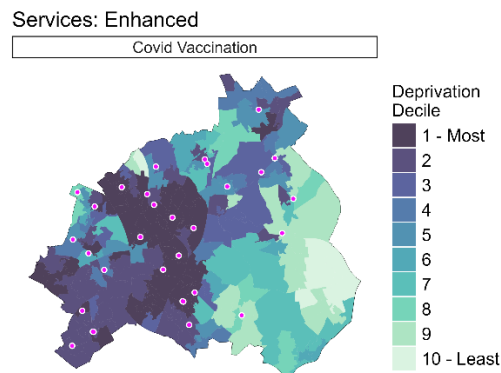
38 out of 66 (57%) pharmacies across the borough offer the Smoking Cessation Service to residents. These pharmacies are concentrated in the centre and west of Walsall .

Appliance Use Reviews and Stoma Appliance Customisations

There were 0 provisions of Appliance Use Reviews and 67 provisions of Stoma Appliance Customisations across Walsall in 2024. These services are a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor.

Enhanced Services

Map 16 Covid 19 Vaccination Programme in Pharmacies

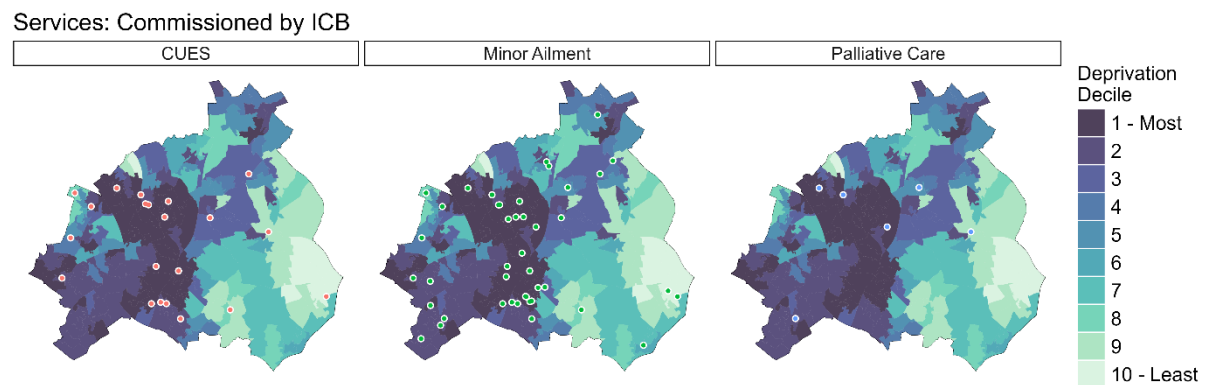


Produced by Walsall Council's Business Insights Public Health Team.
Copyright © and database rights 2025 Ordnance Survey AC0000811014.

There are 33 of 66 (50%) pharmacies across Walsall actively providing the Covid-19 vaccination service, concentrated largely in the centre and west of the borough. Pharmacies increase the system capacity to ensure delivery of this national programme.

Locally Commissioned Pharmacy Services

Map 17 Services Commissioned by BCICB



Produced by Walsall Council's Business Insights Public Health Team.
Crown copyright © and database rights 2025 Ordnance Survey AC0000811014.

Community Urgent Eye-care Service

There are 21 pharmacies in Walsall (as at April 2025) that provide the community urgent eye-care service, and there is good coverage across the borough with a geographical distribution appropriate to population density.

Minor Ailments Service

43 of Walsall's 66 pharmacies provide the Minor Ailments Service (as at April 2025), with good geographical coverage.

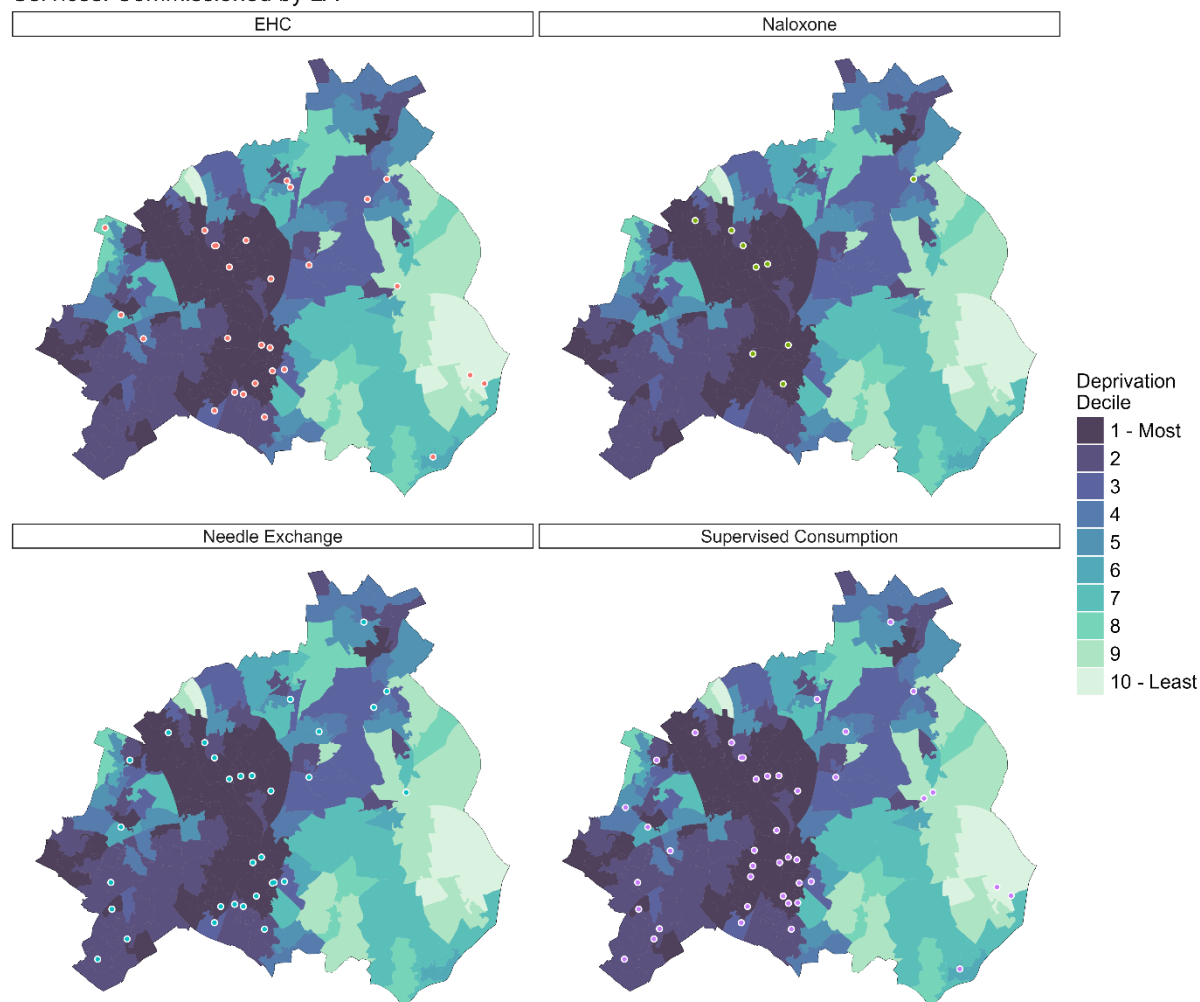
Palliative Care

There are **6** pharmacies that hold stock of end of life medicines during their normal opening hours, and 5 of these also provide an out of hours service should there be need for supply. The on-call pharmacist covers the whole of the borough so there are no geographical gaps.

Local Authority Commissioned Public Health Services

Map 18. Services Commissioned by the Local Authority

Services: Commissioned by LA



Produced by Walsall Council's Business Insights Public Health Team.
Crown copyright © and database rights 2025 Ordnance Survey AC0000811014.

Emergency Hormonal Contraception

There are **28** pharmacies providing Emergency Hormonal Contraception Service (as at April), that are concentrated in the centre and west of Walsall which has a younger population and where the majority of women of child bearing age live³.

Supply of Naloxone

There are **9** pharmacies (as at May 2025) providing the supply of naloxone service, which are targeted in areas of the highest population density and deprivation, which are risk factors for lifestyle inequalities including substance misuse. This service is also available for individuals to access through other providers/settings such as Walsall's Drugs and Alcohol Treatment Service, CGL.

Needle Exchange

There are **31** pharmacies (as at May 2025) providing the needle exchange service, and there is good coverage of this service across Walsall.

Supervised Consumption

There are **42** pharmacies (as at May 2025) providing supervised consumption of prescribed medicines service, with good coverage across Walsall relative to population density.

The patient experience

In order to capture the needs, perceptions and experiences of Walsall residents regarding pharmacy services, a survey was conducted by Healthwatch Walsall on behalf of the PNA steering group, between March and May 2025.

The survey and a full report on results can be viewed in Appendix 4 and **Error! Reference source not found.**, respectively and are summarised below:

- ❖ The survey was made available online and hard copy paper surveys were made available at local community venues and health centres.
- ❖ A total of **164** responses from members of the public, which was an increase from the 142 surveys that were completed during resident engagement on the previous PNA.
- ❖ 62% of respondents were female, 32.5% males and a further 3% identifying otherwise, or preferring not to say (2.5%).
- ❖ There was a good distribution of responses across age groups, although the majority of respondents were aged 45+ years.
- ❖ Partial postcodes were also collected to ensure representation of residents from communities across Walsall.
- ❖ Most respondents (33%) said they typically visited a pharmacy monthly to purchase over the counter medicines, with 32% saying they visited yearly for this reason.
- ❖ 80% of residents said they used pharmacies to collect medication for themselves, with a further 41% collecting medication for members of their family.
- ❖ The most common resident uses for pharmacies were
 - Collection of prescribed medications
 - Repeat prescription service
 - Purchase of over-the-counter medications
- ❖ 81% of respondents said that they had a regular or preferred pharmacy. The top 3 considerations when choosing a pharmacy were
 - **Close to home**
 - **Efficiency**
 - **Close to GP.**
- ❖ Most residents (47%) said that they preferred to visit pharmacy Monday – Friday, but the preferred time of day was “varied”.
- ❖ The most common three methods used by patients to collect medication is: car, walking and public transport.
- ❖ 66% of patients took 0-15 minutes to access their pharmacy.
- ❖ 87% of residents said that they did not have any difficulties travelling to pharmacy
- ❖ Those patients that do encounter difficulties getting to their pharmacy (**13%**), said the top three issues were:
 - **parking difficulties**
 - **location of pharmacy**
 - **public transport availability.**
- ❖ 70% of respondents stated that the community pharmacy service met their needs.

- ❖ Some people said they also use private pharmaceutical services. The top 2 reasons for using private services were:
 - ear wax removal
 - injections for weight loss

Following patient and resident engagement, the recommendations of the report were to:

- ❖ Consider pharmacy opening hours on weekends in each ward to improve accessibility for residents.
- ❖ Consider introducing some late-night pharmacy opening hours across the Borough to accommodate workers and shift workers.
- ❖ Continue to promote pharmacy services effectively by ensuring marketing materials are available in both pharmacies and GP practices.
- ❖ Provide clear information on whether pharmacies offer blister packs, including any associated costs and whether these charges are standardised.

Consultation

Appendices

Appendix 1. Membership of PNA working group and Acknowledgements

Name	Title	Organisation
Dr Claire J. Heath	Business Insights Directorate Lead, Public Health and Council Services	Walsall Council
Hema Patel	Community Pharmacy and Public Health Lead Pharmacist	Walsall Council Public Health / Walsall Place - BCICB
Navinder Matharu	Vice-chair	Community Pharmacy Black Country
Sumaira Tabussum	Deputy Chief Pharmacy Officer/ Associate Director Medicines Optimisation	BCICB
Darren Plant	Commissioning Manager – Pharmacy and Optometry	NHS Office of the West Midlands (OWM)
Aileen Farrer	Manager	Healthwatch Walsall
Dr. Uma Visawanathan	Consultant in Public Health	Walsall Council Public Health

Thanks, is also extended to the following people, who provided invaluable advice and support in the production of this PNA:

Name	Title	Organisation
Lee Harley	Senior Business Insights Analyst	Walsall Council
Anna King	Corporate Consultation Officer	Walsall Council
Elizabeth Forster	Principal Planning Policy Officer	Walsall Council
Lee Allen	Senior Business Insights Analyst	Walsall Council
Mandy Clair	Senior Manager - Primary Care & Quality Improvement Business Intelligence	BCICB

Appendix 2 Pharmacy Opening Hours



Pharmacy%20Openin
g%20Hours%202025.›

Appendix 3. Pharmacy Survey Summary



Acrobat Document

Appendix 4. Healthwatch Resident/Patient Survey



Adobe Acrobat
Document

DRAFT