

PHARMACEUTICAL NEEDS ASSESSMENT

Coventry City Council and Warwickshire County Council

2025 - 2028



DOCUMENT INFORMATION

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ABBREVIATIONS

AUR.....	Appliance Use Review
CPCF.....	Community Pharmacy Contractual Framework
CGL.....	Change, Grow, Live
DAC.....	Dispensing Appliance Contractors
DD.....	Dispensing Doctors
DSP.....	Distance Selling Pharmacy
EHC.....	Emergency Hormonal Contraception
GP.....	General Practitioner
ICB.....	Integrated Care Board
ICS.....	Integrated Care System
JSNA	Joint Strategic Needs Assessment
LMC.....	Local Medical Committee
LPC.....	Local Pharmaceutical Committee
LSOA.....	Lower Super Output Areas
NMS.....	New Medicines Service
NHS BSA.....	NHS Business Services Authority
NHSE	National Health Service England
NHSI.....	National Health Service Improvement
NICE.....	National Institute for Clinical Excellence
NRT.....	Nicotine Replacement Therapy
PCN.....	Primary Care Network
PNA	Pharmaceutical Needs Assessment

RECOMMENDATIONS

Considering current service provision, data gathered through the PNA process, the feedback from the public survey and formal consultation, and other factors that may affect need for pharmaceutical services in the future; the following recommendations have been put forward:

- Currently there is a sufficient provision of pharmacies across Coventry and Warwickshire. Supplementary statements will be produced by the Community Pharmacy Steering Group on behalf of both the Coventry and Warwickshire Health and Wellbeing Boards should there be a significant change across Coventry and Warwickshire or within neighbouring localities.
- Significant new housing developments should be monitored to see if these cause any significant change across Coventry and Warwickshire. This has been noted particularly for the Houlton development site in Rugby, where ICB commissioners should review need alongside other Primary Care Services.
- Consideration of any change within predominantly rural areas should be undertaken within the lifetime of the PNA.
- Consideration should be given to commissioning evening or weekend rotas if needed to support extended hours by general practice in addition to the current bank holiday rotas.
- Community pharmacies should be continually consulted as to the best pathways for care. There is an opportunity for more joined up work when it comes to signposting to local services.
- Clear information on opening times, services offered (including provision of confidential consulting space), and alternative provisions when pharmacies are not open should be promoted to patients, public, and other care settings. This information is publicly available on the [NHS website](#).
- NHS England states that from September 2026 all newly qualified pharmacists will be independent prescribers on the day of their registration. Locally, there is an opportunity to monitor and shape the role of independent prescribers in providing and integrating with primary care clinical services.
- Locally, community pharmacy will be cognisant of recommendations arising from the 10 Year Health Plan for England.
- Pharmacy First has provided individuals with more access to timely care for certain conditions, which may reduce demand on GPs and Urgent Care. There may be opportunities to:
 - Increase the number of interactions of pharmacy first.

- Look at an additional health needs in the local population that Pharmacy First could help support.
- Emergency Hormonal Contraception (EHC) will be added to the national contraception service from October 2025. Consideration should be given to encourage use of this offer.
- With EHC being added to the national service, there is an opportunity to reinvest the money to deliver extended sexual health services through community pharmacy.
- The NHS app can be used to view and request repeat medication from a nominated pharmacy. In addition, app users may see progress updates on their prescription. The benefits of this app should be promoted amongst the public.
- This PNA has acknowledged that nationally there is a significant issue around medicine supply. Locally, work is happening to communicate issues more effectively between pharmacies that should be utilised to help mitigate these issues.
- Commissioners need to use this PNA to help inform services and their supply.
- The Community Pharmacy Workforce Survey 2025 should be used when released to help understand community pharmacy workforce further.
- There are key workstreams focused on smoking cessation across Coventry and Warwickshire which require support from Community Pharmacy. These include NHS Long Term Plan tobacco dependency programme, the funding from Department of Health to deliver the national ambition of reducing smoking prevalence by 5% by 2030, the roll out of, Varenicline increasing locally commissioned services and implementing stop smoking digital offer. Community Pharmacy should be an important referral and delivery partner to contribute to the national ambition and reducing smoking prevalence across Coventry and Warwickshire.
- To achieve the national ambition outlined in the Drug Strategy 2021, work will be required to review the quality of services and expand the number of providers delivering supervised consumption and needle syringe programmes in Warwickshire and Coventry. More work is required to map out the current provision to ensure there is fair and equitable provision countywide. Adequate provision will need to be sought in the more deprived areas and those with higher drug and alcohol prevalence. Individuals within these areas are more likely to have a range of health inequalities and poorer health outcomes. There should also be more training in take home naloxone and capitalisation on both Coventry and Warwickshire's newly commissioned services where there are new roles to help increase provision within pharmacy. There is scope to be creative about how the new Coventry mobile wellbeing vehicle that was commissioned in early 2025 may be utilised.

- Pharmacies provide convenient access to End of Life medicines throughout Coventry and Warwickshire. At present there is a limit to the number of pharmacies commissioners can commission to provide the End of Life medicines service. This has been reviewed and an increase in the number of pharmacies providing this service has been seen since the last PNA. It is recommended that there is ongoing monitoring of this service to ensure provision is sufficient.
- Healthwatch Coventry are currently undertaking engagement work around community pharmacies; a recent focus has been the Pharmacy First service. The findings should be shared with the Coventry and Warwickshire Community Pharmacy Steering Group to inform future conversations around community pharmacy.

KEY UPDATES ON RECOMMENDATIONS FROM 2022

Below is a summary of key updates on community pharmacy in Coventry and Warwickshire that have occurred since the 2022 Pharmaceutical Needs Assessment recommendations were published.

- A supplementary statement was issued in June 2024 to reflect closures, consolidations and openings. This also took into consideration updated housing data.
- The supplementary statement also considered any changes within predominantly rural areas which was recommended.
- As part of the process for the supplementary statement, consideration was given to evening and/or weekend rotas. This will continue to be monitored within the 2025-2028 PNA.
- There was a recommendation for more joined up work when it comes to signposting, both to and from community pharmacies.
- Pharmacy First was implemented in January 2024 and has provided individuals with more access to timely care for certain conditions, which may reduce demand on GP and Urgent Care.
- Community pharmacies should be continually consulted as to the best pathways for care. Patients, public, and other care settings should be provided with clear information on opening times, services offered (including provision of confidential consulting space), and alternative provisions when pharmacies are not open.
- There has been work carried out by Community Pharmacy England to understand workforce and pharmacy pressures. This is reflected in the new 2025-2028 PNA.
- Since the last PNA, more work has been done to support pharmacies as part of the NHS Long Term Plan Tobacco Dependency Programme. This will be continued throughout the lifetime of the 2025-2028 PNA.
- Locally commissioned services have continued to work with Community Pharmacy to support in the delivery of stop smoking services and stop smoking in pregnancy services. More funding has been allocated to Coventry City Council and Warwickshire County Council to increase resource and capacity within local services and increase promotion of stop smoking messaging.
- Coventry and Warwickshire continue to progress actions within the Drug Strategy 2021. Since the last PNA, Coventry City Council and Warwickshire County Council have recommissioned the local drug and alcohol services. This recommissioning included new roles within the service which work closely with pharmacy to help increase provision of related services. There has also been progress with more people being trained in Take

Home Naloxone which will continue into the 2025-2028 PNA. A Coventry City wide pharmacy audit was conducted in March 2024 which sought feedback on pharmacy and drug service, and a mobile wellbeing vehicle was commissioned as part of the new contract in 2025 to ensure greater reach of those living outside of the city centre. This will include provision of needle exchange supplies and Naloxone distribution.

- During the life span of the 2022-2025 PNA, Coventry and Warwickshire Local Authorities have jointly commissioned an Integrated Sexual Health Service. The new service is designed with a clear focus on the reduction of health inequalities, delivering from 4 high street based 'hubs', and a developing number of spoke locations, it has also widened the use of online services to include approximately 35,000 STI test kits per year, EHC availability and condoms.
- There has been a significant increase in number of pharmacies delivering End of Life Medicines, in line with the recommendations from 2022-2025 PNA.
- Healthwatch Coventry and Warwickshire have continued to collect public feedback on community pharmacy experience on several occasions since the last PNA as well as ongoing contributions to the pharmacy steering group.

INTRODUCTION

PURPOSE OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

The purpose of the PNA is to assess local needs for pharmaceutical service provision across Coventry and Warwickshire. It should identify any gaps in service or unmet needs of the local population. It should also identify any services that pharmacies could provide to address these needs, and to promote Coventry and Warwickshire's population to improve uptake of these services. It is a tool to enable Health and Wellbeing Boards to identify the current and future commissioning of services required from pharmaceutical service providers.

The Coventry Health and Wellbeing Board and Warwickshire Health and Wellbeing Board have approached the development of the 2025 PNA as a collaborative project, with one report being produced for both areas. This decision was taken due to the interconnectivity of health and care systems across Coventry and Warwickshire, the joint recommissioning of several services which community pharmacies are involved in and creating a consistency for a population who access services across both areas.

The 2025 PNA replaces the 2022 Coventry and Warwickshire Pharmaceutical Needs Assessment, which was also done as a joint report.

BACKGROUND AND LEGISLATION

The responsibility for producing and updating PNAs was changed from Primary Care Trusts to Health and Wellbeing Boards by The Health and Social Care Act 2012. In 2013 this was followed by the NHS Pharmaceutical and Local Pharmaceutical Services Regulations introducing a statutory requirement on Health and Wellbeing Boards to publish and update a statement of needs for pharmaceutical services for their area.

NHS England uses PNAs when assessing applications for opening new pharmacies, and to help make informed decisions on the commissioning of NHS funded services that are provided by local community pharmacies and other pharmaceutical providers.

A PNA published by a Health and Wellbeing Board has a maximum lifetime of three years, after which a new PNA will need to be produced.

HEALTH AND WELLBEING BOARD DUTIES WITH REGARDS TO THE PNA

Health and Wellbeing Boards work to improve health and wellbeing and reduce inequalities through partnership working and collaboration. Health and Wellbeing boards became statutory bodies on the 1st of April 2013, and every Local Authority has a Health and Wellbeing Board.

A revised PNA needs to be published within three years of a Health and Wellbeing Board producing their first assessment. If significant changes take place to the availability of pharmaceutical services the board are required to publish a revised assessment as soon as reasonably practical, unless producing a revised assessment would be a disproportionate response to those changes. If producing a revised assessment is deemed to be a disproportionate response, a supplementary statement should be produced. The board will publish subsequent PNAs every three years to comply with regulatory requirements.

SCOPE OF THE PNA

A PNA is defined as:

“The statement of the needs for pharmaceutical services which each HWB is required to publish by the virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a pharmaceutical needs assessment.” -

<http://www.legislation.gov.uk/ukxi/2013/349/part/2/made>

The PNA informs both professional bodies and the public about the need for pharmaceutical services. It will consider pharmaceutical services as all services delivered through pharmacies, dispensing doctors, or appliance contractors that are commissioned on a national or local basis in Coventry and Warwickshire.

EXCLUSIONS FROM THE PNA

Pharmacy provisions in prisons or in secondary care settings such as hospitals will not be considered as part of the PNA. Whilst the PNA does not assess pharmaceutical services in secondary care settings, it is important to ensure the smooth transition of patients moving in and out of hospital that creates the seamless continuity of support around medicines.

Distance selling of medicines and appliances that residents may use are not considered by the PNA. This is because they are available nationally and aren't localised to a Local Authority, ICB, or NHS England area team. The service provision from these providers has therefore not informed the decision-making process in the PNA.

MINIMUM REQUIREMENTS FOR A PNA

A statement of the following must be included as a minimum, as set out in schedule 1 of the NHS 2013 Regulations:

Necessary services – services which have been assessed as required to meet a pharmaceutical need. This should include both their current provision (inside the Health and Wellbeing board area and outside of their area within a range that may affect the provision within the area), and any gaps, either current or likely to occur in the future.

Relevant services – services that have created better access to pharmaceutical services. This should include both their current provision (inside the Health and Wellbeing board area and outside of their area within a range that may affect the provision within the area), and any gaps, either current or likely to occur in the future.

Other NHS services – Services that either impact the need for pharmaceutical services or create better access to pharmaceutical services within the area. These are provided or arranged by a Local Authority, NHS England, a ICB, an NHS Trust or Foundation Trust.

Map of pharmaceutical services – a map showing the places where pharmaceutical services are provided and assess the implications of distance to these places.

Explanation of assessment – an explanation of how the assessment was made, including details of the public and pharmaceutical surveys that have been undertaken.

APPROACH TO PNA

DETERMINING LOCALITIES

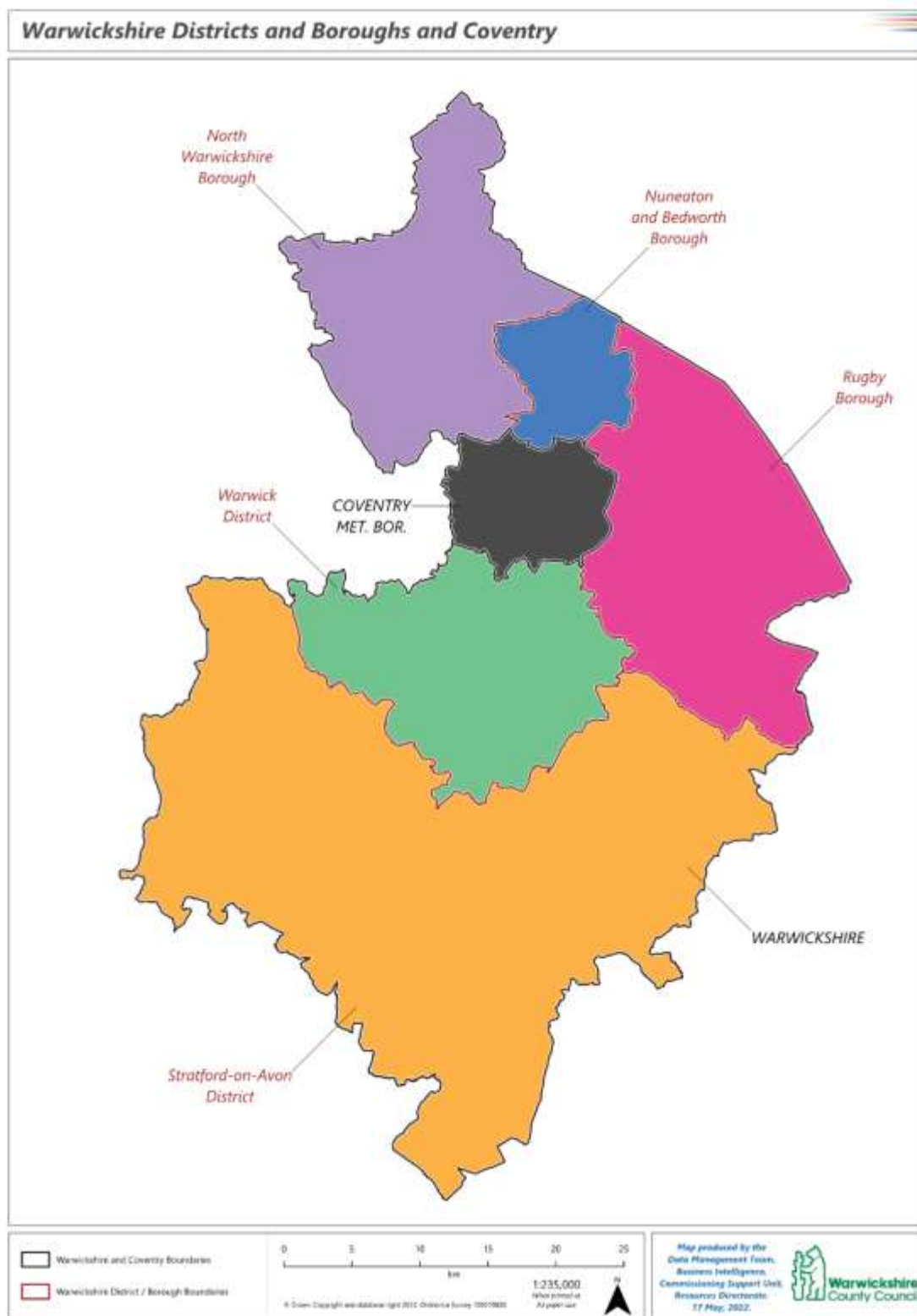
At the time of writing, Warwickshire is a two-tier local authority and is made up of 5 district and borough areas with an area of 1975km², whereas Coventry is a single-tier authority with an area of 99km². The geographical size of Coventry is equivalent to one of the district or boroughs within Warwickshire.

Coventry will be considered one locality, and Warwickshire will reflect its five districts and boroughs. These localities are used for many of the Local Authority and Health and Wellbeing Board resources and documents and so creates logical cross referencing with the PNA.

The localities are therefore defined as (Figure 1):

- Coventry
- North Warwickshire Borough
- Nuneaton & Bedworth Borough
- Rugby Borough
- Stratford-on-Avon District
- Warwick District

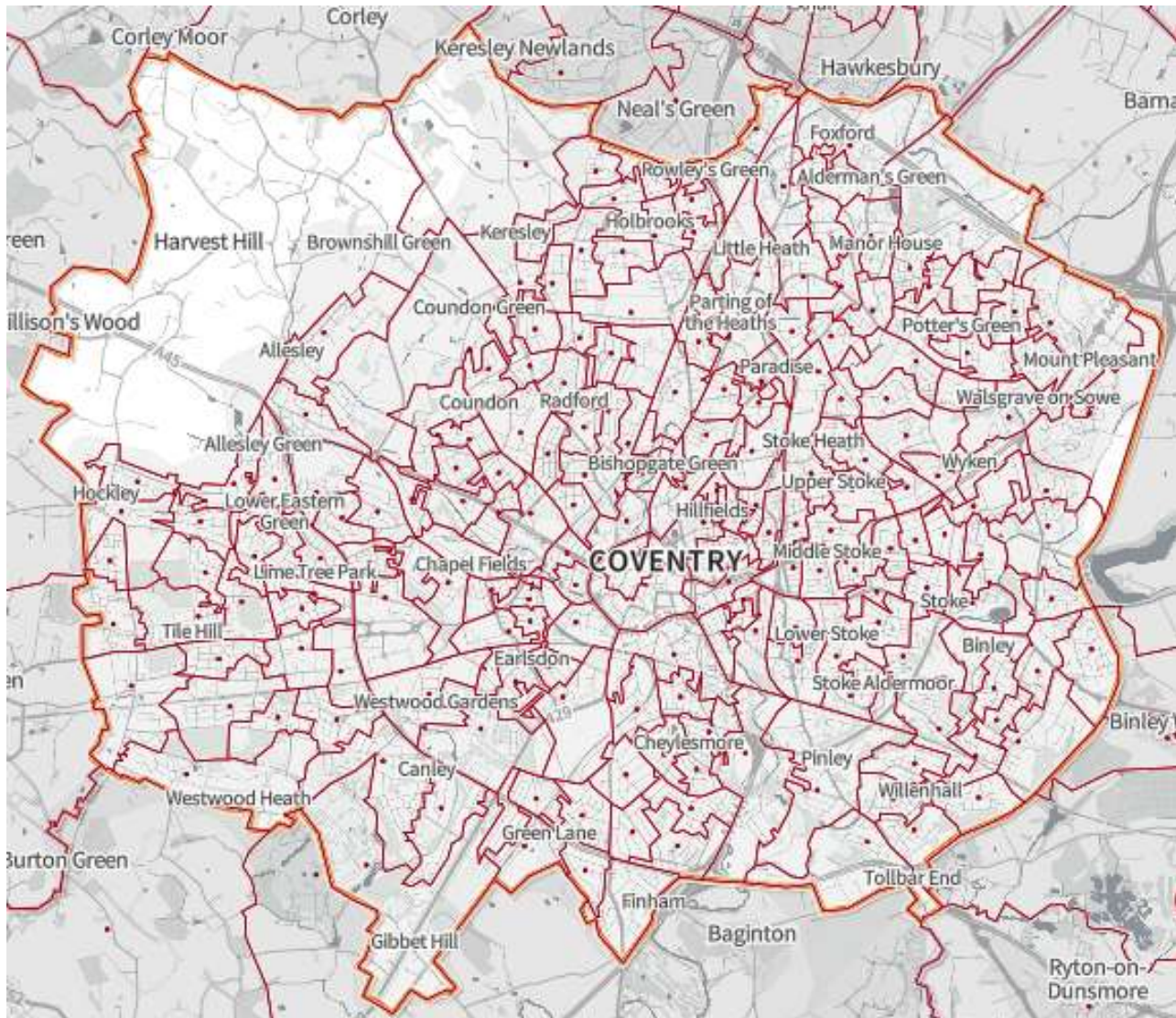
Figure 1: Map of localities for this PNA



Source: Warwickshire County Council

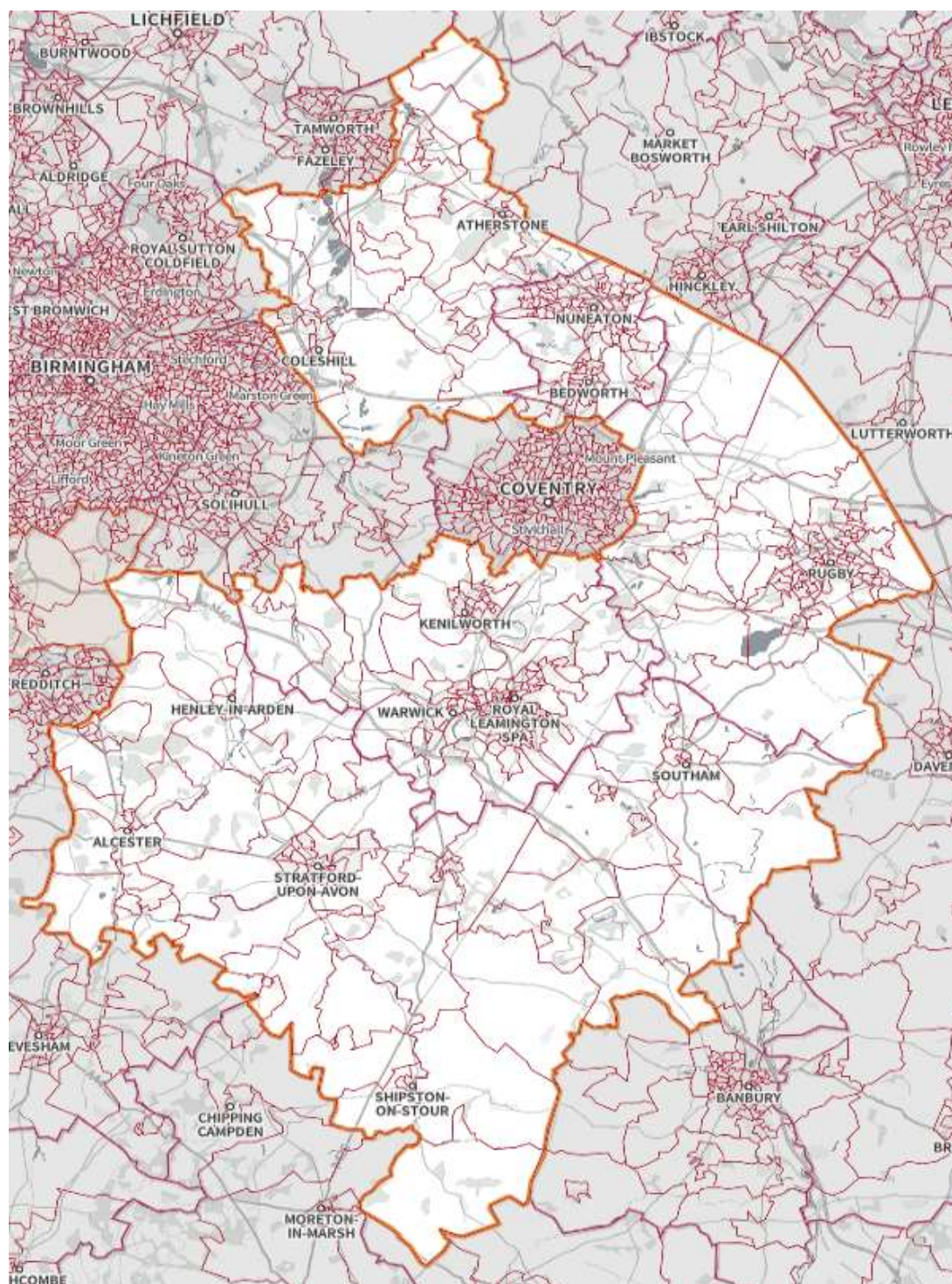
For this PNA, Lower-Layer Super Output Areas (LSOA's) have been chosen as the unit of geography to capture more granular differences in needs and services. LSOA's are ideal for the PNA as they are small enough to distinguish different characteristics of areas within the localities of Coventry and Warwickshire, and large enough for statistical information to be meaningful. Figures 2 and 3 map LSOA's in Coventry and Warwickshire.

Figure 2: LSOA's in Coventry



Source: SHAPE

Figure 3: LSOA's in Warwickshire



Source: SHAPE

PNA STEERING GROUP

The Health and Wellbeing Boards of Coventry and Warwickshire are approaching the development of the PNA as a collaborative project, with one report being produced to cover both Local Authorities, in accordance with the regulations.

The development of the PNA is being overseen by one multi-disciplinary steering group, the Coventry and Warwickshire Community Pharmacy Steering Group. This group includes representation from organisations for both the Coventry and Warwickshire areas such as the Arden Local Pharmaceutical Committee (LPC), Healthwatch, and the Coventry and Warwickshire Integrated Care Board (ICB). The steering group has the following responsibilities:

- Reviewing the PNA to ensure it meets the statutory requirements.
- Approving all public facing documentation.
- Providing advice on the best method to integrate/align the PNA to the Joint Strategic Needs Assessment (JSNA).
- Providing advice and information to the Health and Wellbeing Boards about community pharmacies in the area.
- Providing advice and information to the Health and Wellbeing Boards about the potentials of community pharmacy to address health inequalities as addressed by the JSNA.
- Providing leadership in developing a single robust PNA across Coventry and Warwickshire.
- Ensuring the engagement and involvement of relevant people/bodies in the development of the PNA.

HOW THE ASSESSMENT WAS UNDERTAKEN

Pharmaceutical Needs Assessments are due to be renewed and published by Local Authority Health and Wellbeing Boards by 1st October 2025. The process of developing the PNA has considered the requirement to involve and consult with patients and professionals about changes to health services. All specific legislative requirements in relation to the development of PNAs were duly considered and adhered to.

Stage 1

A project management approach was used to develop the PNA, with the Coventry and Warwickshire Community Pharmacy Steering Group overseeing the creation of the PNA and meeting regularly throughout its development.

Stage 2

A public survey was developed to capture the views of Coventry and Warwickshire residents on the current pharmaceutical services provision available in Coventry and Warwickshire. The content of the survey was approved by the steering group and the survey was undertaken in December 2024 and January 2025. Following the closure of the survey the responses were analysed.

Stage 3

Data was collected and analysed between October 2024 and April 2025. This, combined with findings from the public survey, was then fed into the draft report. The draft report was approved by the Coventry and Warwickshire Community Pharmacy Steering Group, who then made recommendations on the pharmaceutical provision in Coventry and Warwickshire.

Stage 4

As required by legislation, a 60-day consultation was undertaken during the process of producing this document.

INFORMATION SOURCES

Various sources of information have been used to identify the local need and the priorities for the PNA. These are:

- Joint Strategic Needs Assessments (JSNAs)
- Coventry and Warwickshire Strategic Transformation Plan
- Patient Experience Survey
- Office of National Statistics (ONS), Census data 2021
- Public Health Sources (i.e. Coventry City Council and Warwickshire County Council)
- Healthwatch Warwickshire Pharmacy Reports 2024 and Healthwatch Coventry NHS Services Report 2024
- HEDNA

This data has been combined to provide a picture of the Coventry and Warwickshire population; their current and future health needs and how pharmaceutical services can be used to support the Coventry and Warwickshire Health and Wellbeing Boards to improve the health and wellbeing of the Coventry and Warwickshire population.

The following should be noted about the data in this PNA:

- Updates to the Index of Multiple Deprivation (IMD) are expected in late 2025, however due to the consultation timeline for report release before October 1st it will not be possible to include this in this report. IMD 2019 is used, although it should be noted that this data is 5 years old at time of release and is based on underlying indicators with much earlier publication dates, including some from Census 2011.
- There are updates expected to the population estimates in July 2025, however these will not be ready in time for this document.
- Due to consistent overestimations from the ONS for population projections, particularly for Coventry, this PNA has decided to use a locally produced Coventry and Warwickshire Housing and Economic Development Needs Assessment (HEDNA) which is a detailed, independent analysis of future population need.

PROCESS OF FORMAL CONSULTATION

Under the 2013 regulations, there is a requirement to consult at least once on a draft of the PNA during the process and this consultation period must last for a minimum of 60 days.

The regulations set out that Health and Wellbeing Boards must consult the following bodies at least once during the process of developing the PNA:

- Any Local Pharmaceutical Committee (LPC) for its area
- Any Local Medical Committees (LMC) for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS pharmacy in its area
- Any Local Healthwatch organisation for its area
- Any NHS trust or NHS foundation trust in its area
- The National Health Service Commissioning Board (NHSCB) and any neighbouring Health and Wellbeing Boards.

OTHER RELEVANT WORK

JSNA

The JSNA^{1 2} provides the evidence base for understanding the needs of the local population and contains a more complete analysis of health in Coventry and Warwickshire. The JSNA aims to establish a shared, evidence-based consensus on the key local priorities across health and social care by bringing together key partners and stakeholders from across the system to give interpretation, provide insight, and ultimately inform decision making.

In Warwickshire, a place-based approach to the JSNA was taken between 2017-2020, which focused on each of the 22 Warwickshire JSNA Geographies. Between 2020-2025 a thematic approach was taken, selecting a population or health need and producing a needs assessment for the whole county on that theme. From April 2025, a new work programme has begun producing three dashboards which provide a life-course structured evidence base of health needs across the population. The first of these is the [Empowering Futures JSNA](#).

Since 2018, Coventry has adopted a place-based approach to the JSNA, producing a citywide profile and JSNA profiles for the city's eight Family Hub reach areas. In 2023, place profiles were developed for six priority neighbourhoods, highlighting their unique needs and assets to enable a more tailored approach to health and prevention. In addition to this, detailed statistical data and evidence is available in the Citywide Intelligence Hub which provides tools to compare and contrast metrics and indicators.

HEALTH INEQUALITIES PLAN

Reducing health inequalities is core to the role of the Coventry and Warwickshire Integrated Care System (ICS). The ICS Health Inequalities Strategy sets out the system wide approach to tackling health inequalities based on the Kings Fund Model of Population Health. It recognises the importance of the wider determinants, healthy lifestyles, local communities and health and

¹ Warwickshire County Council. *Joint Strategic Needs Assessment (JSNA)*. <https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1> [Accessed 11th April 2025]

² Coventry City Council. *Coventry Joint Strategic Needs Assessment (JSNA)*. <https://www.coventry.gov.uk/facts-coventry/joint-strategic-needs-assessment-jsna> [Accessed 11th April 2025]

care services in reducing health inequalities. The ICS has adopted the Core20+5 framework³ for health inequalities; in addition to populations living in the more deprived areas the ICS will specifically consider newly arrived and transient communities as these groups experience significant health inequalities. The strategy will be delivered by embedding reducing health inequalities across all programmes of work and prioritising resources to communities with the greatest needs.

INTEGRATED CARE BOARD (ICB)

Integrated Care Boards (ICB) were established in England on a statutory basis as of 1st July 2022, with one Coventry and Warwickshire ICB covering the Coventry and Warwickshire footprint. ICBs are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in the ICB area. These replaced the previous Clinical Commissioning Groups (CCGs). It is worth noting that the ICB landscape is changing and it is proposed that Coventry and Warwickshire ICB will cluster with Herefordshire and Worcestershire ICB.

Context of pharmacies moving to ICBs from NHS England

Pharmacy is 1 of the 4 pillars of primary care, along with general practice, optometry, and dentistry. NHS England delegated community pharmacy commissioning and contract management responsibilities to ICBs in April 2023, bringing the potential for primary care services to work in a more integrated way to deliver care, and for improved communication between primary and secondary care providers.

During the transition it was agreed that the Pharmacy, Optometry and Dental Commissioning Team working within NHS England who managed these contracts would be split into two, one for East and West Midlands to maintain their specialist knowledge and benefits of commissioning at scale. This Office of the West Midlands has been set up on behalf of the 6 West Midlands ICBs and the team is hosted by the Birmingham and Solihull ICB. The team who manages all Pharmacy, Optometry and Dental contracts across the West Midlands (approx. 4,000 contracts) consists of 24 people and they work on behalf of the ICBs.

³ NHS England. *Core20PLUS5 (adults) an approach to reducing healthcare inequalities*. <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/> [Accessed 11th April 2025]

The pharmacy, optometry, and dental contracts are nationally negotiated and mandated contracts and neither the ICB nor NHS England can change or amend the terms and conditions. The contracting processes are nationally stipulated and implemented nationally by NHS England.

The ICB can choose to commission additional services over and above core pharmacy, optometry, and dental provision using a standard NHS contract, but this can only be for additional services over and above that which must be provided in the national contracts.

Responsibility for managing pharmacy contracts and performance – the roles of Coventry and Warwickshire ICB vs Office of the West Midlands

The Office of the West Midlands manages all pharmacies which are delivering services under the national contractual framework, and management of 2 remaining Enhanced Services (antivirals service and end of life medicines service), following implementation of the national Pharmacy First Scheme.

The Office of the West Midlands management of pharmacies includes, Fitness to Practice checks for Change of Directors, Superintendent Pharmacists, market entry (i.e. applications to provide new pharmacies), change of hours, change of locations and market exit, including consideration of removal from the pharmaceutical list and also CPAF (Community Pharmacy Assurance Framework) visits, which is how the quality of services provided is assessed. The Office of the West Midlands team has managers and clinical advisers to deliver commissioner responsibilities.

There is a West Midlands Pharmaceutical Services Regulations Committee which has nationally set terms of reference, and it has a pharmacy lay member as part of the decision-making process. All market entry and exit applications, CPAF, remedial breach and breach notices are considered by West Midlands Pharmaceutical Services Regulations Committee and there are very detailed legal regulations that applications must be considered against. A member of the ICB Primary Care team sits on this meeting.

Primary Care Support England supports pharmacy applications by managing the portal for applications and engaging with relevant stakeholders to obtain their representations within statutory timescales – all this information is then collated by the Office of the West Midlands team and they write a report detailing the evidence submitted against the regulations and makes a recommendation to Pharmaceutical Services Regulations Committee.

General Pharmaceutical Council is the regulatory body, if there are issues that cannot be managed within the contractual framework they have to be raised with the General Pharmaceutical Council.

Applicants can appeal decisions of the Pharmaceutical Services Regulations Committee through NHS Resolution, who have the power and authority to overturn decisions.

HEALTHWATCH

Healthwatch is an independent statutory body which operates across England and gathers feedback from the public with regards to health and social care. Healthwatch uses public feedback to better understand challenges facing the NHS and providers. The feedback from their consultations is presented to NHS leaders and wider decision makers to improve standards of care. There are over 150 Healthwatch organisations across England; with Healthwatch Coventry and Healthwatch Warwickshire representing the populations of Coventry and Warwickshire, respectively.

With respect to recent community pharmacy services activity locally, Healthwatch Coventry released a public survey in March 2025 seeking individuals' experience of the Pharmacy First Service. In addition, Healthwatch Coventry presented feedback in a section on community pharmacy section in their May 2024 report on people's experiences of accessing NHS services.

Healthwatch Warwickshire published findings from public surveys of community pharmacy experience in Warwickshire North, Rugby Borough and South Warwickshire in November 2024. These findings were also communicated to Arden Local Pharmacy Committee.

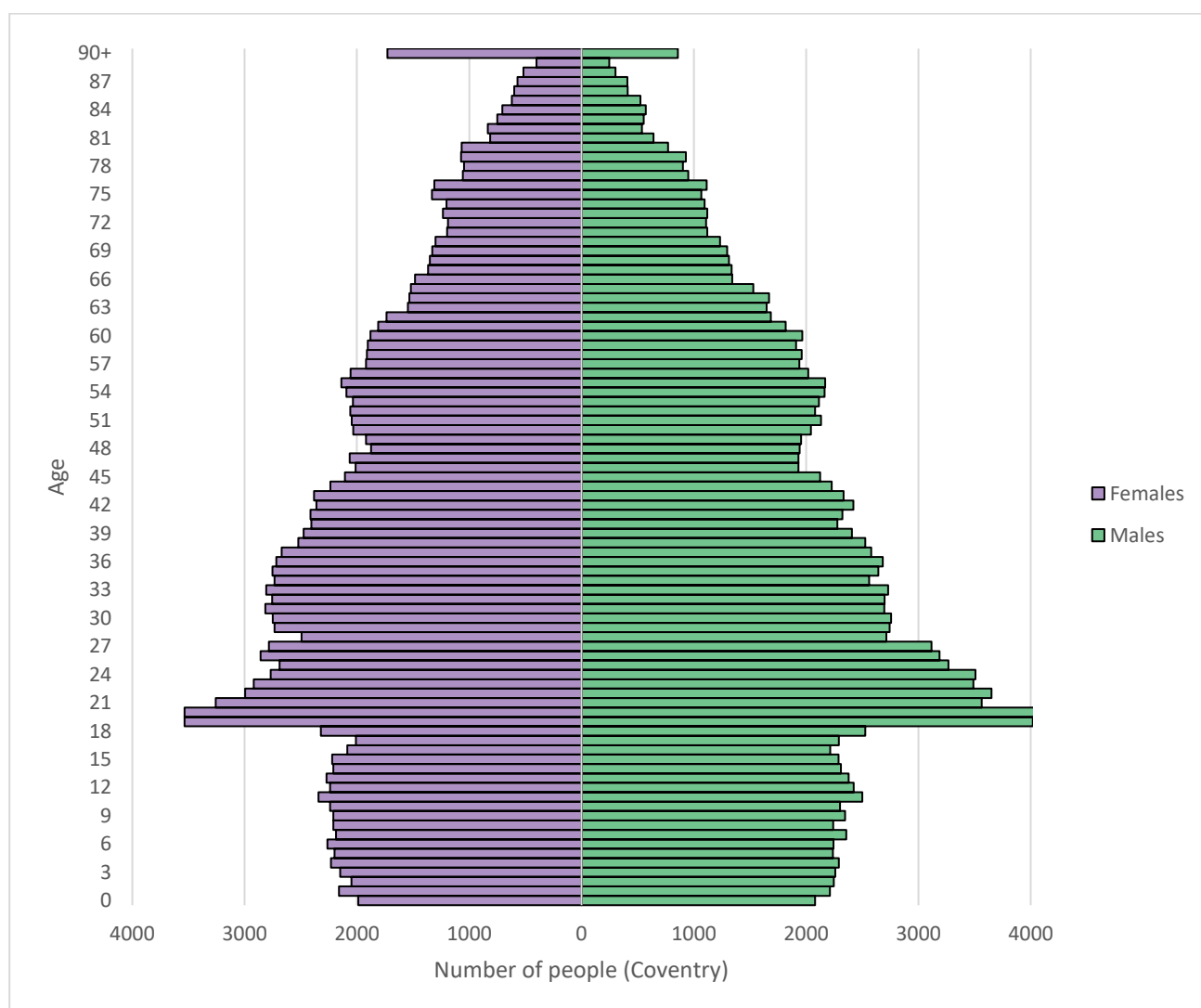
Findings from Healthwatch Warwickshire and Coventry engagement activities are freely available on their respective websites.

LOCAL PICTURE

POPULATION

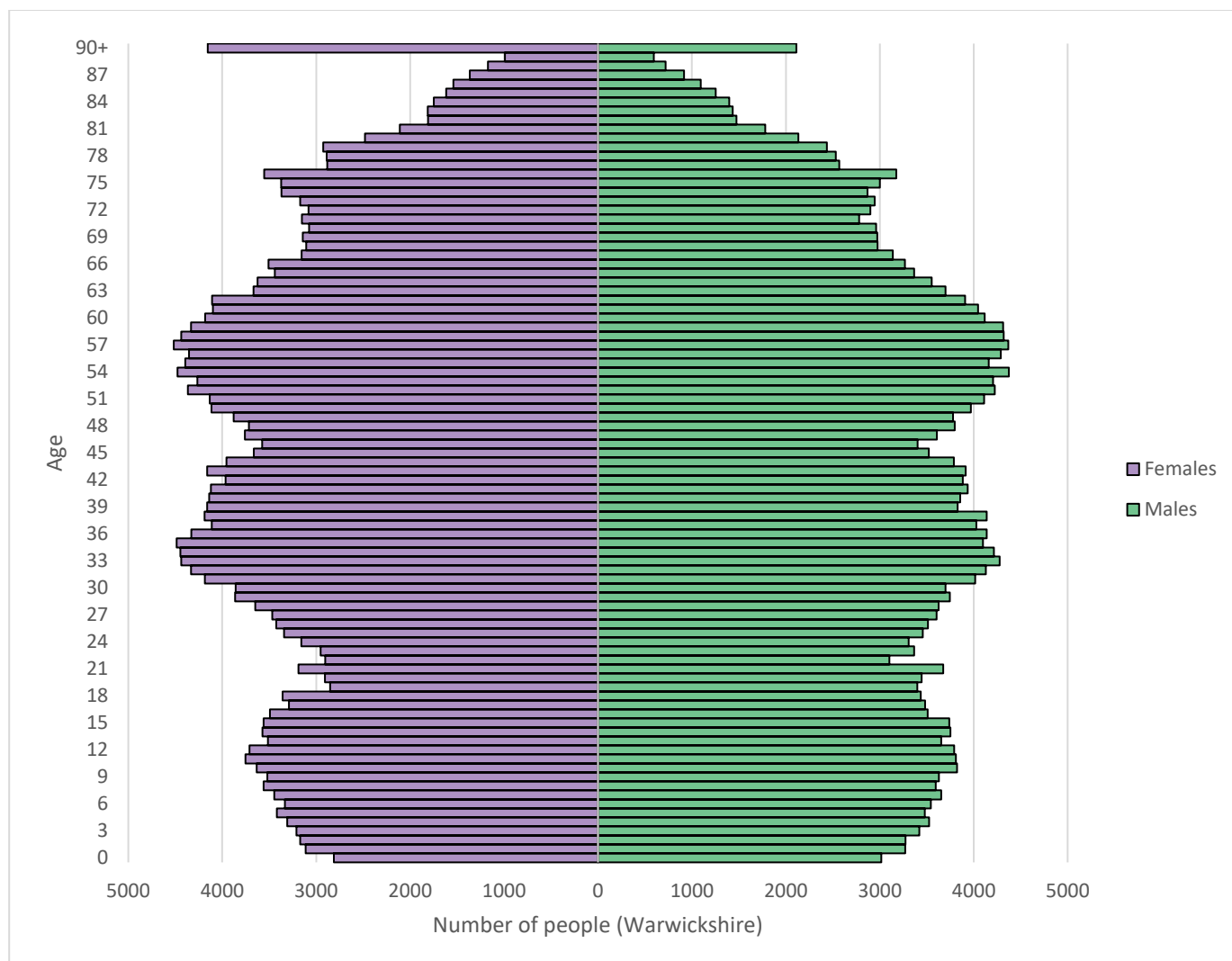
In 2023, the ONS estimated the usual resident population of Warwickshire to be 617,823, split between 304,167 (49%) males and 295,452 (51%) females, and 360,702 for Coventry, split between 181,477 (50%) males and 179,225 (50%) females. When compared to England, Warwickshire has an older population, with 21% of the population being aged 65+ compared to 19% in England. Coventry has a younger population profile with 14% of the population aged 65 or over and 32% aged between 20-39. The age distribution varies across Warwickshire with more rural areas such as North Warwickshire and Stratford-on-Avon having older populations.

Figure 4: Coventry population by age



Source: ONS

Figure 5: Warwickshire population by age



Source: ONS

Table 1: Percentage age breakdown between localities

Age Group	Coventry	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick
0-19	26%	22%	21%	24%	24%	20%	22%
20-39	32%	24%	23%	25%	25%	20%	28%
40-59	23%	26%	26%	26%	27%	27%	25%
60+	19%	27%	29%	25%	24%	33%	24%

Source: ONS

In the three years to mid-2023, the population of both Coventry and Warwickshire increased with Coventry estimated to have grown by 16,000 and Warwickshire by 29,000 but the drivers of this growth differed. In Coventry, net migration from within the UK (internal migration) in 2023 was negative at 8,624 meaning more people left to live elsewhere in the country than those who moved in. Net international migration into Coventry was far higher at 15,538. In Warwickshire, internal and international migration were both net positive, with net internal migration being the key driver at 8,245 compared to the net international migration of 2,583.

Projecting the future population of Coventry and Warwickshire is fraught with difficulty. Coventry and Warwickshire councils have published a detailed, independent analysis of this issue given that the latest Office for National Statistics published data is from 2018 and known to be inaccurate – especially for Coventry which is consistently over-estimated whereas Warwickshire is consistently under-estimated (as seen in paragraphs 5.157 and 5.158 of the HEDNA document referenced below). The analysis forms a key part of the [Coventry and Warwickshire Housing and Economic Development Assessment \(HEDNA\)](#).

The revised population projections for 2032 in Coventry and Warwickshire are shown in table 2 from the HEDNA.

Table 2: Projected change in population by broad age group (2022-32), Coventry and Warwickshire

	2022	2032	Change	% change
Under 16	175,809	172,276	-3,534	-2.0%
16-64	597,484	629,204	31,720	5.3%
65+	176,736	209,181	32,446	18.4%
Total	950,029	1,010,661	60,632	6.4%

Source: HEDNA

The HEDNA also uses these figures to project overall housing growth for both Coventry and Warwickshire.

Table 3: Standard method housing need calculations using revised demographic projections

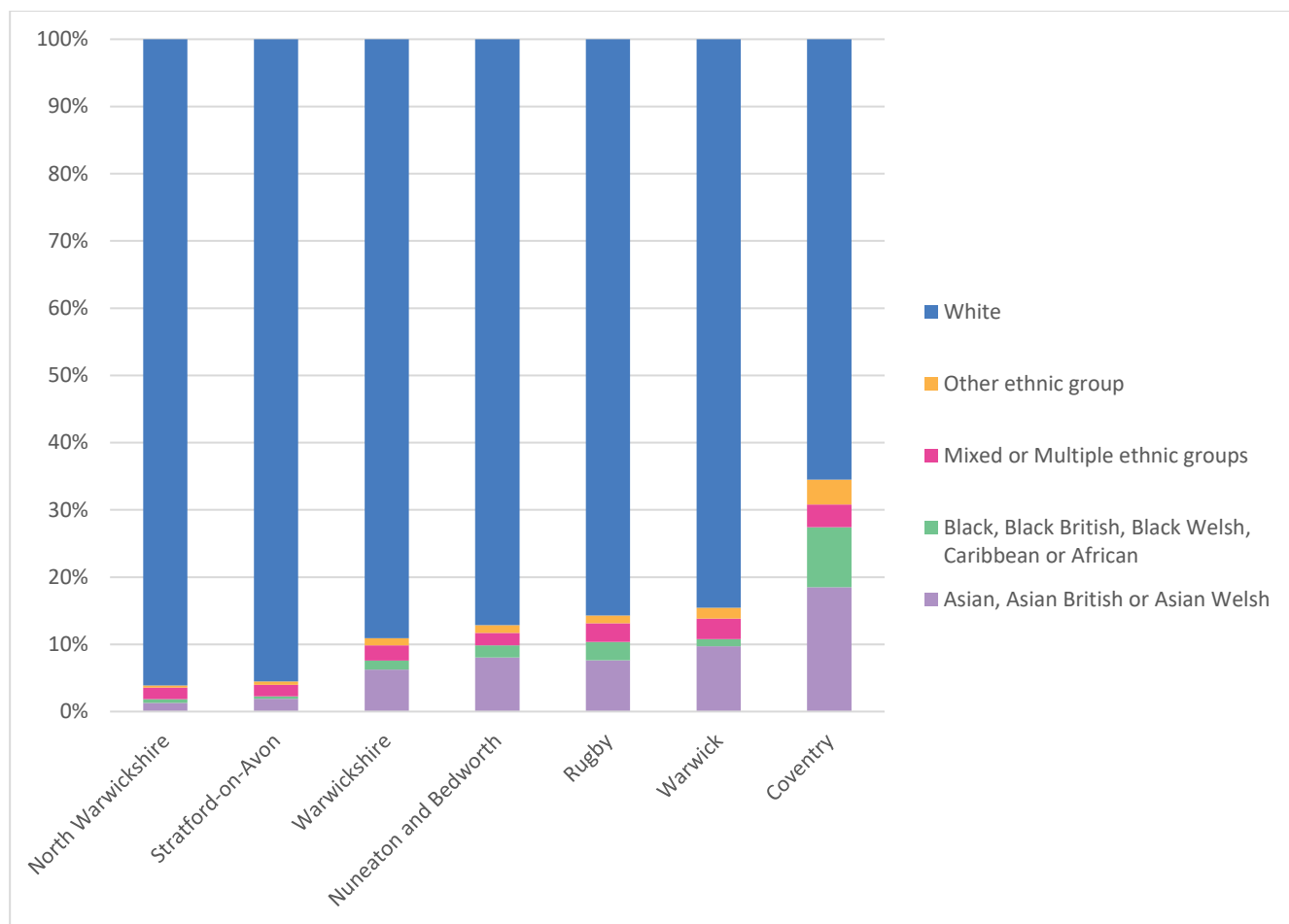
	Coventry	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford- on-Avon	Warwick	Coventry & Warwickshire
Households 2022	141,244	27,709	57,302	48,232	61,131	65,503	401,120
Households 2032	154,202	28,653	60,618	54,269	67,271	71,215	436,228
Change in households	12,958	944	3,316	6,037	6,140	5,712	35,108
Per annum change	1,296	94	332	604	614	571	3,511
Affordability ratio (2021)	5.96	8.23	7.73	7.47	10.62	10.73	
Uplift to household growth	12%	26%	23%	22%	41%	42%	
Initial need (per annum)	1,455	119	409	735	868	811	4,397
Capped	1,455	119	409	735	868	811	4,397
Urban uplift	35%	0%	0%	0%	0%	0%	
Total need (per annum)	1,964	119	409	735	868	811	4,906

Source: Derived from a range of ONS and MHCLG sources

ETHNICITY

The Census (2021) is the most reliable study into the ethnicity composition of the population. Figure 6 shows that Coventry is the most diverse locality. Nuneaton and Bedworth, Rugby and Warwick districts are more diverse than Warwickshire as a whole whereas Stratford-on-Avon and North Warwickshire districts are less diverse.

Figure 6: Ethnic breakdown by localities



Source: Census 2021

HOUSEHOLD LANGUAGES

The 2021 Census also recorded the main language spoken in each household. In Coventry in 2021, 82.5% of households had all usual residents aged 3 years and over with English as their main language. By comparison, 93% of households in Warwickshire were within this category (table 4).

Table 4: Main language spoken in each household by localities

Area	All usual residents aged 3 years and over (Count)	English Speaking (Count)	Percent
Coventry	333,214	274,880	82.5
Rugby	110,654	97,906	88.5
Warwick	144,044	131,957	91.6
Nuneaton and Bedworth	129,607	120,055	92.6
Warwickshire	578,599	538,508	93.1
Stratford-on-Avon	131,141	126,693	96.6
North Warwickshire	63,160	61,897	98.0

Source: Census 2021

In Coventry 2.3% of all usual residents speak Punjabi or Polish and 2.1% speak Romanian. These 3 languages are also the most common languages aside from English in Warwickshire. The PNA survey demonstrated that a pharmacy that spoke multiple languages was not a high priority. However, as our survey underrepresents ethnic minority groups with 93% of the respondents recording a white British background, language diversity might be something important to consider in the future to maintain accessibility to all.

Table 5: Main language in a household

Main Language	Coventry		Warwickshire	
	Number	%	Number	%
All categories: English as a household language	128,592	100%	231,005	100%
All people aged 16 and over in household have English as a main language (English or Welsh in Wales)	108,756	84.6%	219,506	95%
At least one but not all people aged 16 and over in household have English as a main language (English or Welsh in Wales)	6,987	5.4%	5,248	2.3%
No people aged 16 and over in household but at least one person aged 3 to 15 has English as a main language (English or Welsh in Wales)	1,679	1.3%	704	0.3%
No people in household have English as a main language (English or Welsh in Wales)	11,170	8.7%	5,547	2.4%

Source: Census 2021

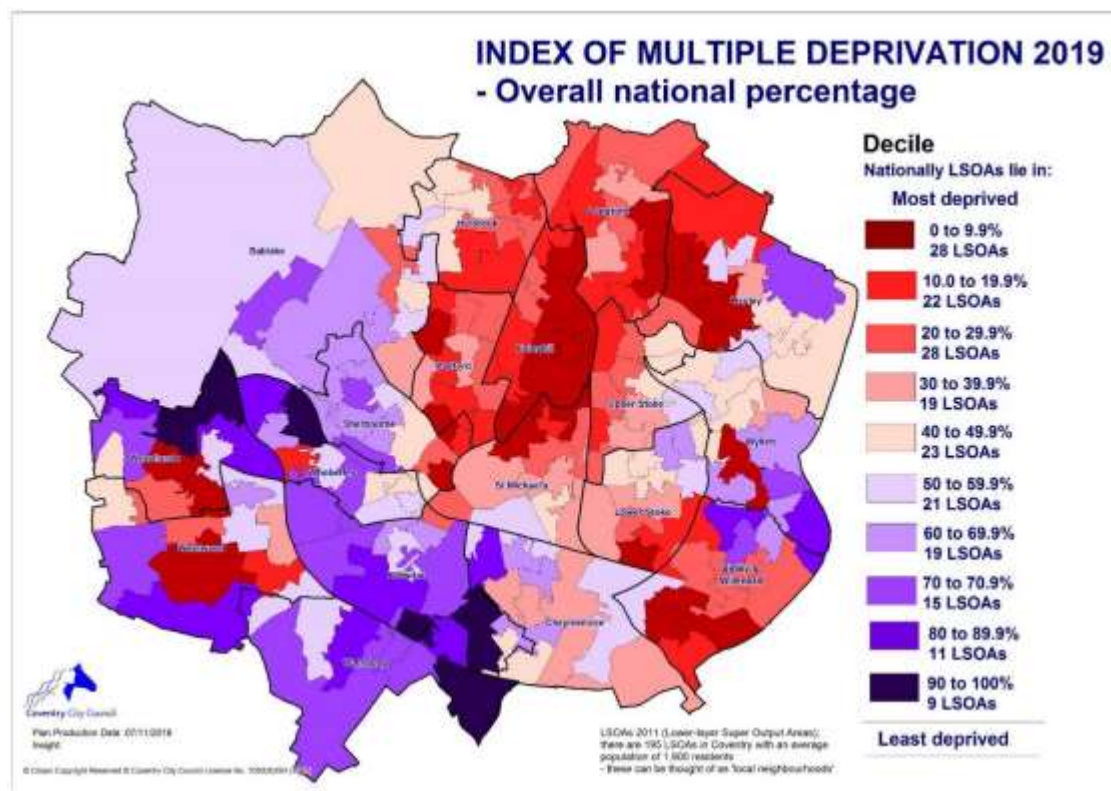
INDEX OF MULTIPLE DEPRIVATION (IMD)

All the Lower-layer Super Output Areas (LSOAs) in England (32,844) can be ranked according to their Index of Multiple Deprivation score. This allows users to identify the most and least deprived areas in England and to compare whether one area is more deprived than another. There are 195 LSOAs in Coventry with an average population of 1,900 residents. An area has a higher deprivation score than another if there is a higher proportion of people living there who are classed as deprived.

A geographical area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived, and that not all people experiencing deprivation live in deprived areas.

Figure 7 shows the LSOAs in Coventry ranked from most deprived to least deprived. The map shows particular areas of deprivation from the city centre into the North East of the city, as well as in the South East and pockets in the South West.

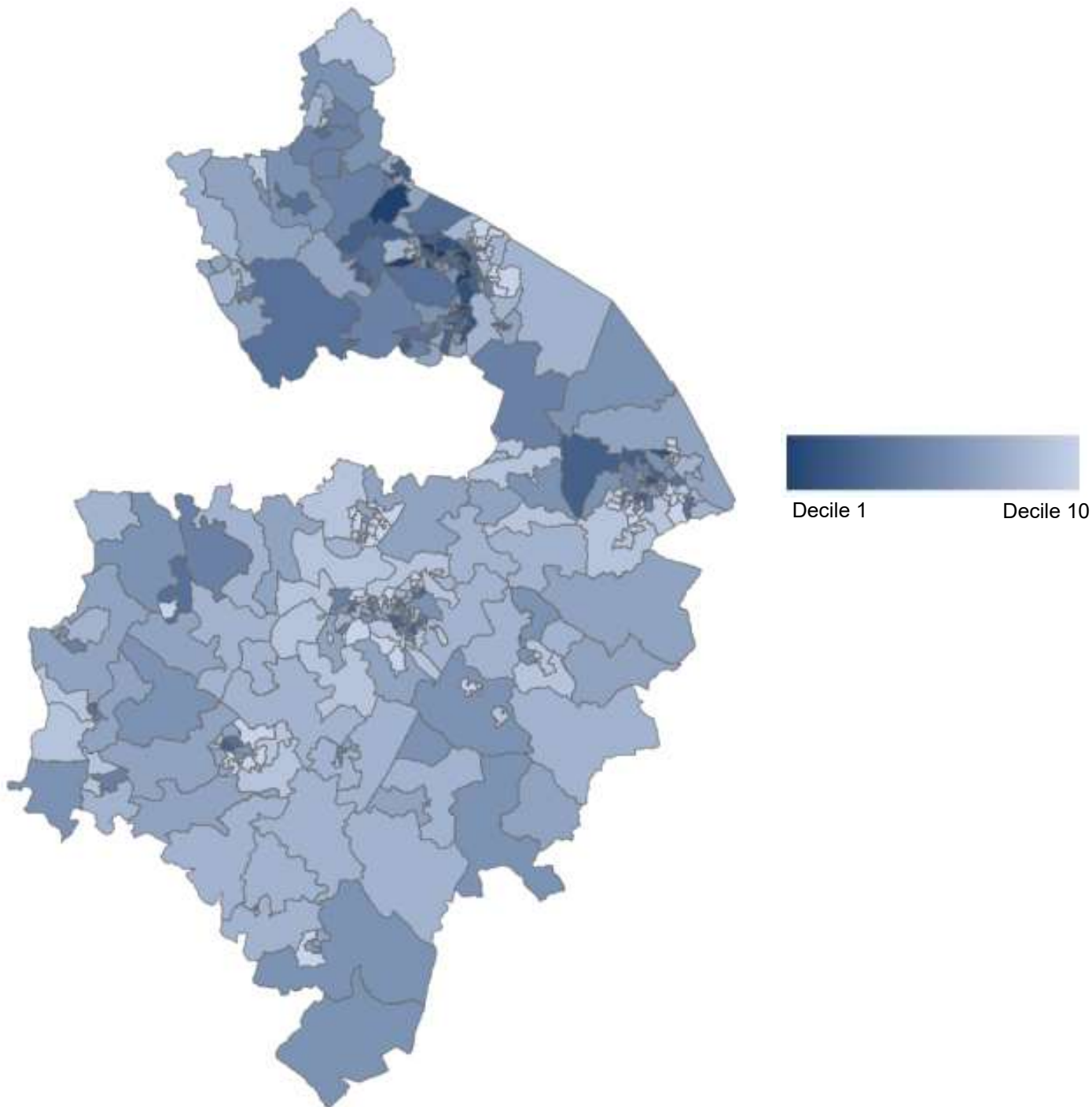
Figure 7 Coventry LSOAs by deprivation decile



Source: Index of Multiple Deprivation 2019

Figure 8 shows the LSOAs in Warwickshire ranked from most deprived (dark blue) to least deprived (light blue). The map shows areas of deprivation around North Warwickshire, Nuneaton and Bedworth, and Rugby.

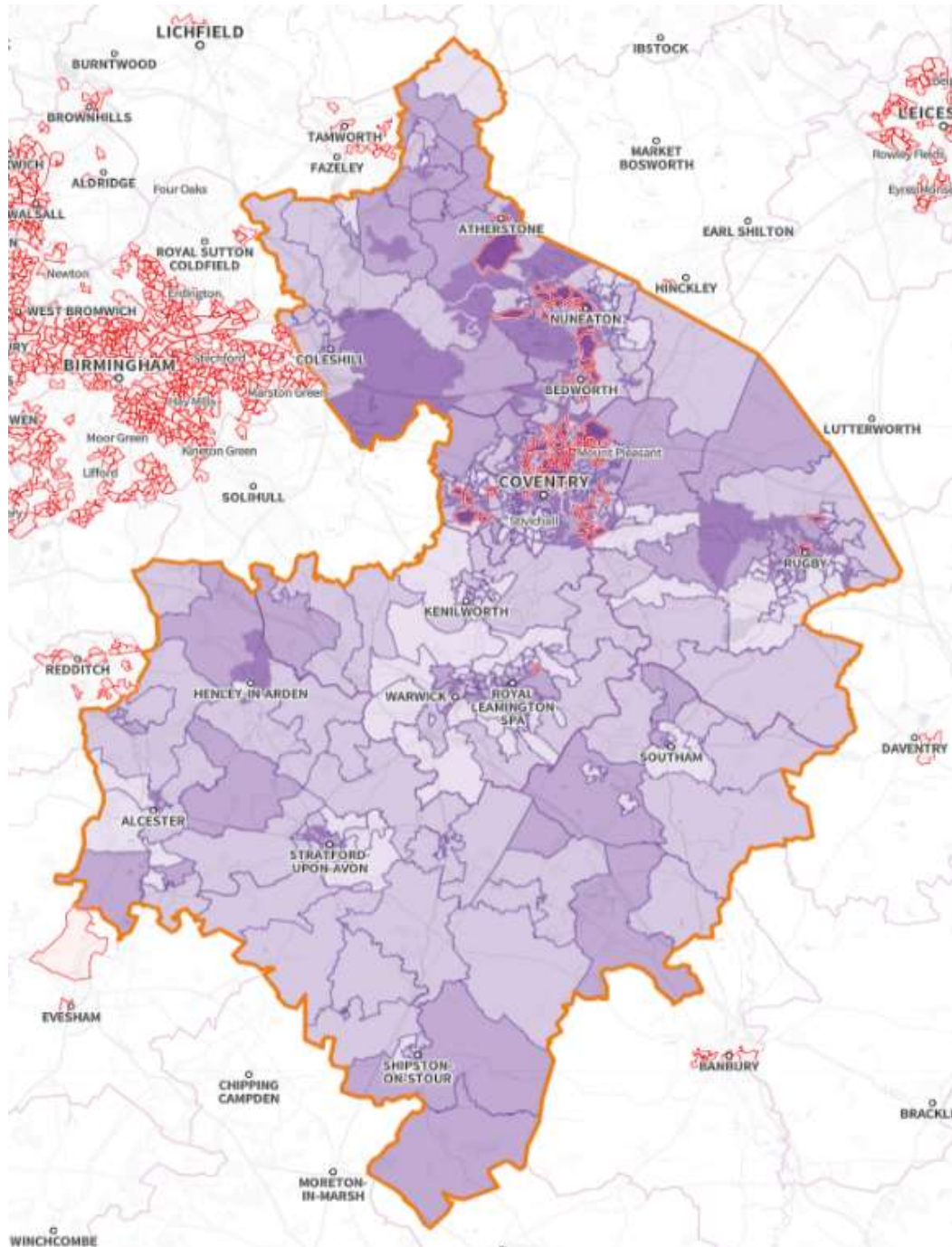
Figure 8: Warwickshire LSOAs by deprivation decile



Source: Index of Multiple Deprivation 2019

The SHAPE tool allows pharmacies and other primary and secondary care settings to be mapped across England. It also looks at these with reference to the most deprived 20% of LSOAs on the IMD scale, Figure 9 shows the most deprived 20% of LSOAs in a red outline.

Figure 9: IMD with most deprived 20% in red outlines for Coventry and Warwickshire

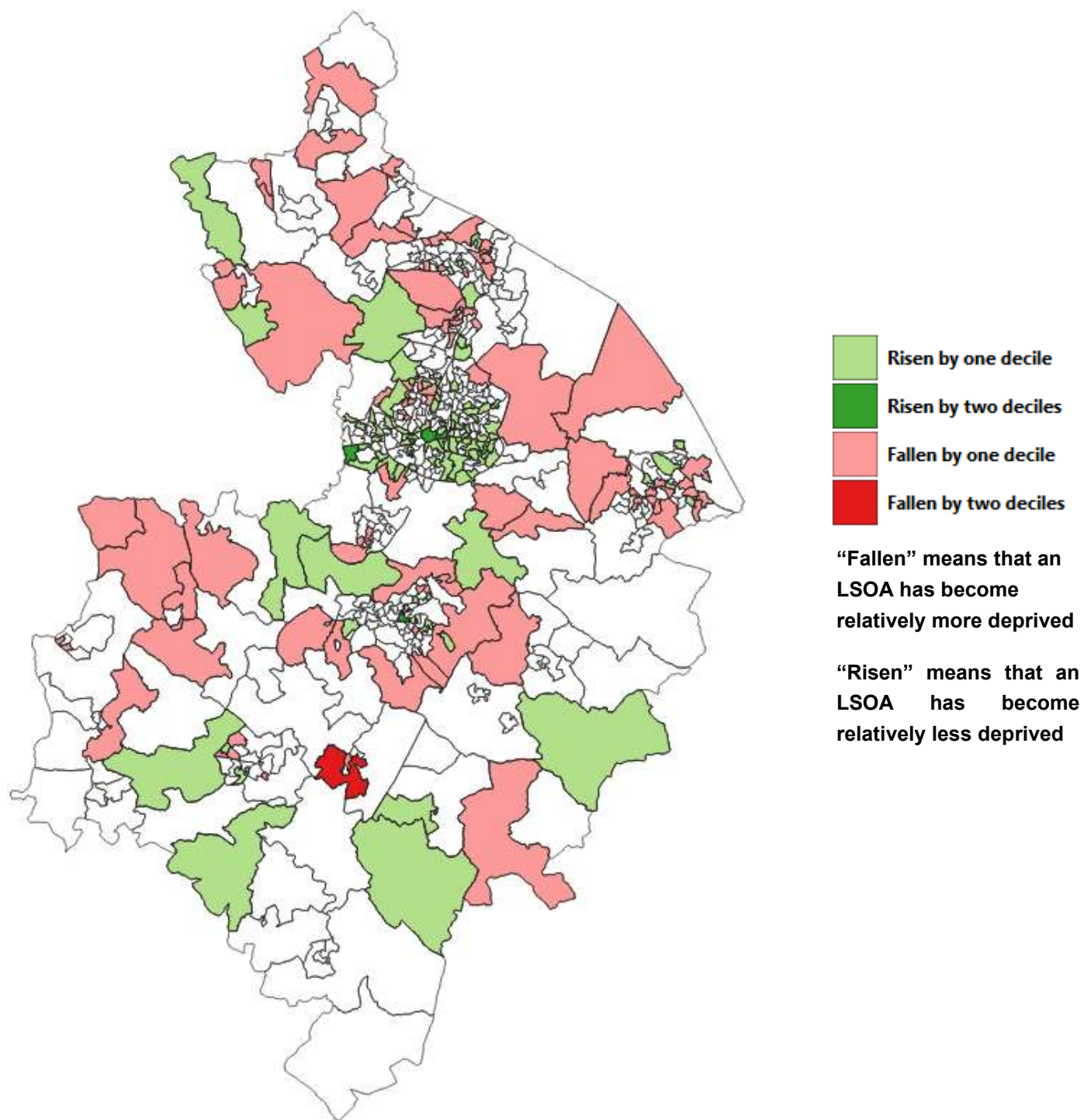


Source: SHAPE

Figure 10 shows how IMD ranking has changed over time. An area which has “Fallen” by one or two deciles means that an LSOA has become relatively more deprived, where as an area

which has “Risen” by one or two deciles means that an LSOA has become relatively less deprived.

Figure 10: IMD change in Coventry and Warwickshire

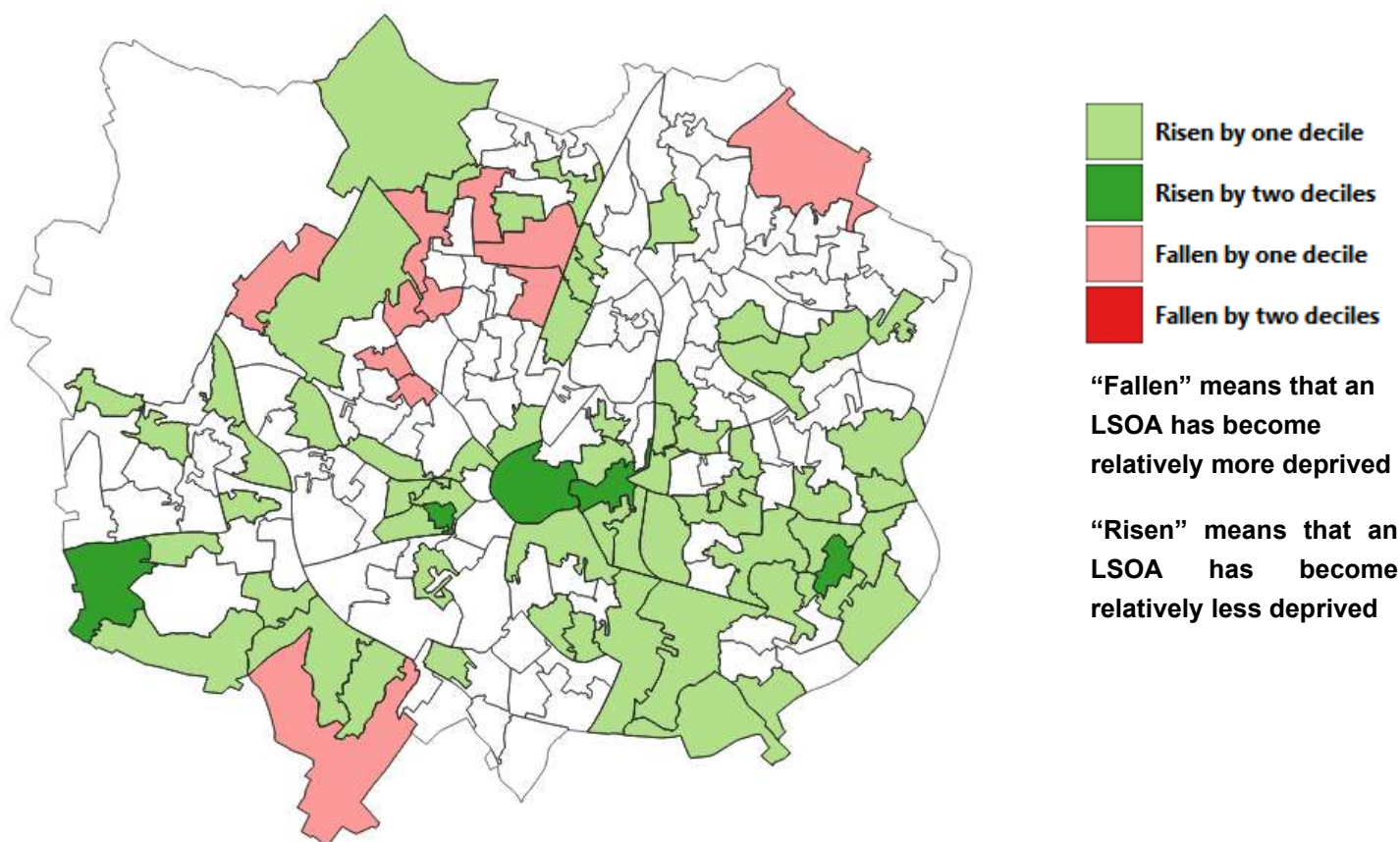


Source: IMD 2015 & 2019

Figure 11 focuses on Coventry, where three-quarters of LSOAs have risen by at least one decile. There is a pattern of greatest relative improvement in areas around the city centre, including parts of Hillfields and Charterhouse, radiating Southwards to parts of Cheylesmore and Eastwards to parts of Stoke and Binley. These are also the areas that have seen most notable and persistent relative improvement since the IMD 2010.

More recently, since 2015, there has also been a concentration of relative improvement near the city centre to the West, in Chapelfields and by Holyhead Road and Allesley Old Road. The recent improvements are often found in areas where students live, suggesting that the increase in full-time students studying in the city has been a factor in the improving deprivation measures.

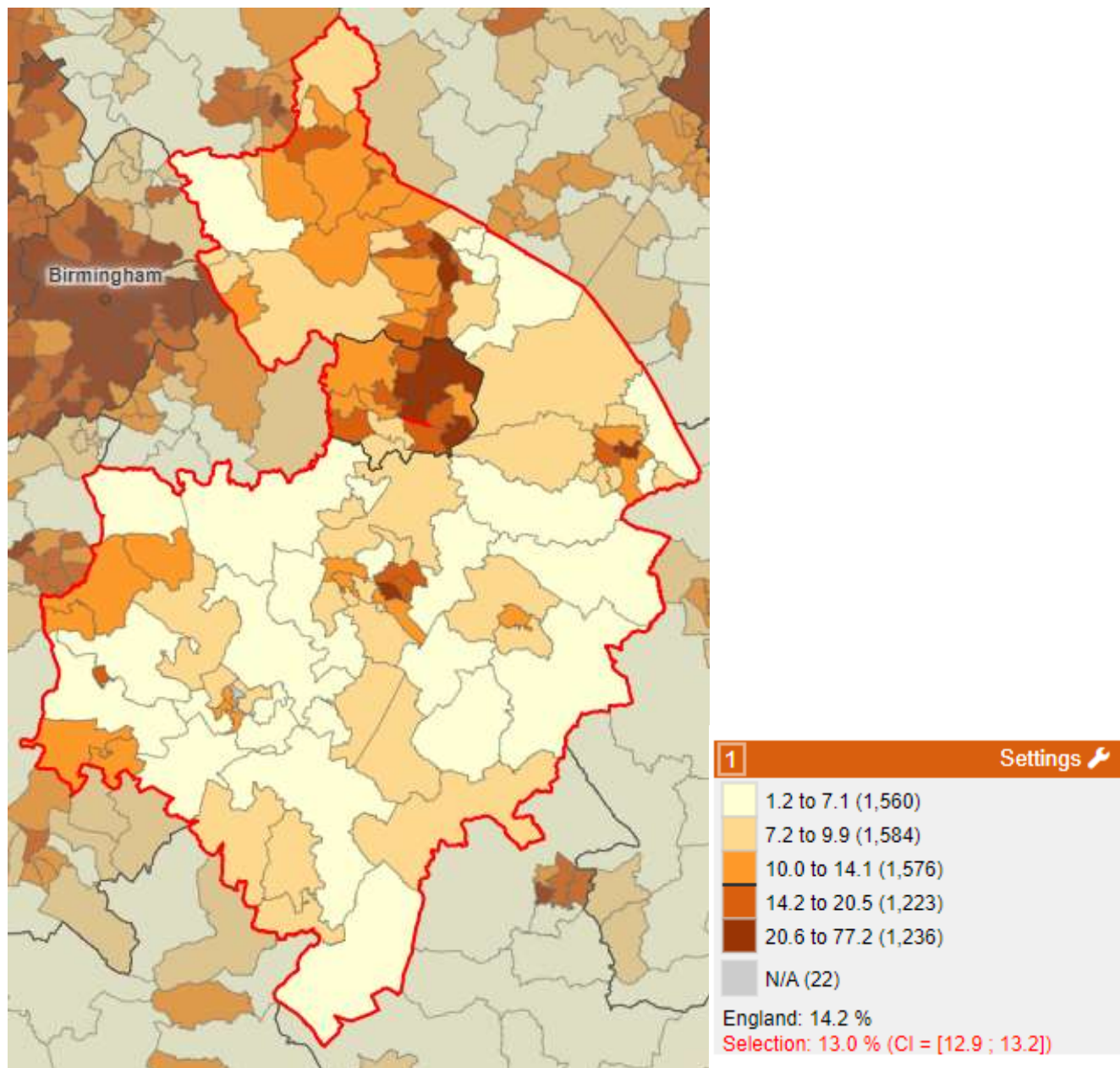
Figure 11: IMD change in Coventry 2015-2019



Source: IMD 2015 & 2019

Figure 12 shows the percentage of older people affected by income deprivation in Coventry and Warwickshire. Areas with a high percentage include areas within Coventry, Nuneaton and Bedworth, Rugby, and Leamington.

Figure 12: Percentage of older people affected by income deprivation



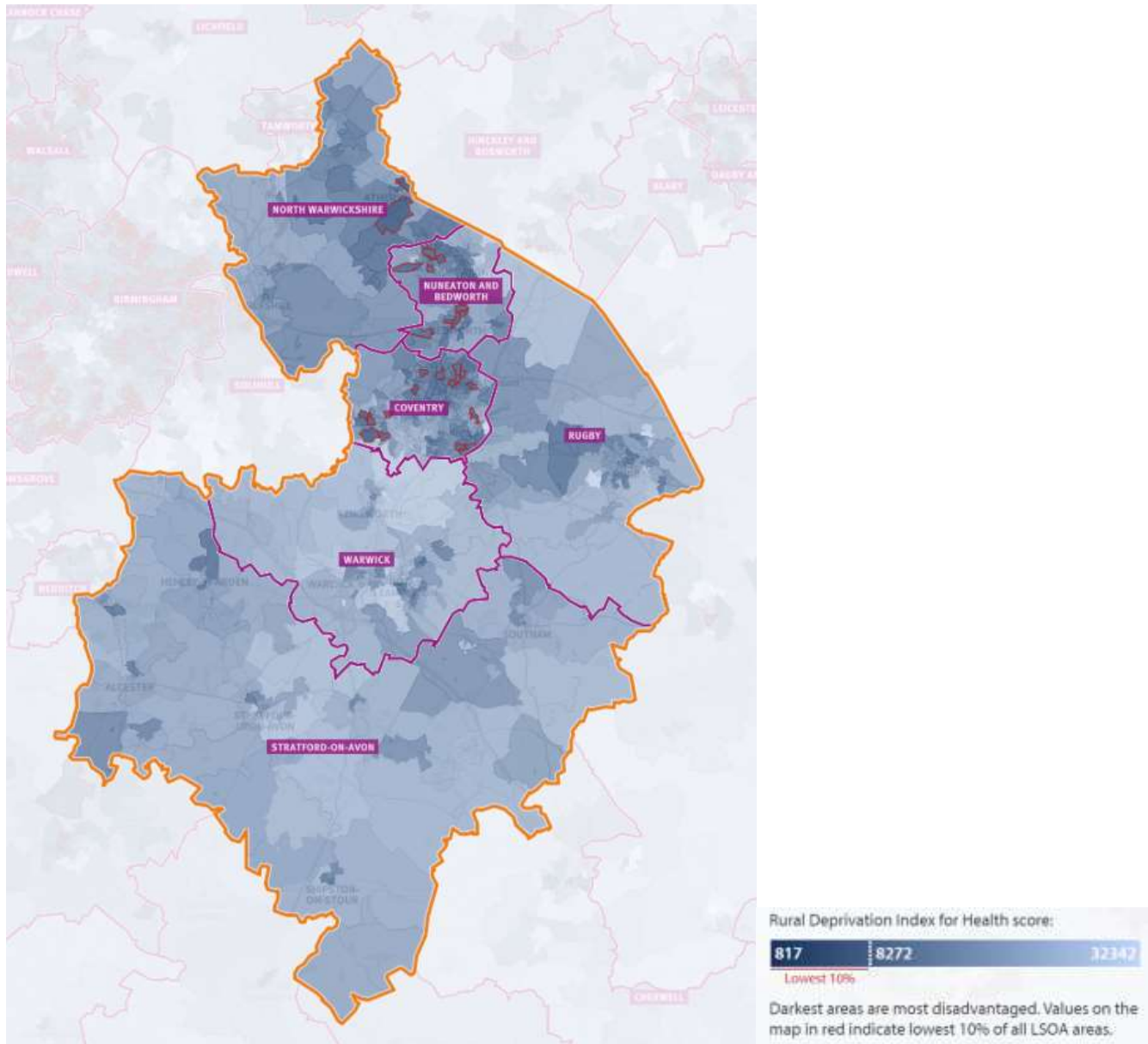
Source: SHAPE

RURAL DEPRIVATION INDEX FOR HEALTH

The Rural Deprivation Index of Health is a new index that is designed to be more targeted for relevance to healthcare than the Index of Multiple Deprivation. Figure 13 shows that there are

fewer LSOAs in red for Coventry and Warwickshire to indicate the lowest (most deprived) 10% on the Rural Deprivation Index for Health than there are for the lowest 20% of the IMD. These areas are still concentrated in Coventry, Bedworth, Nuneaton and Atherstone.

Figure 13: Rural Deprivation Index for Coventry and Warwickshire



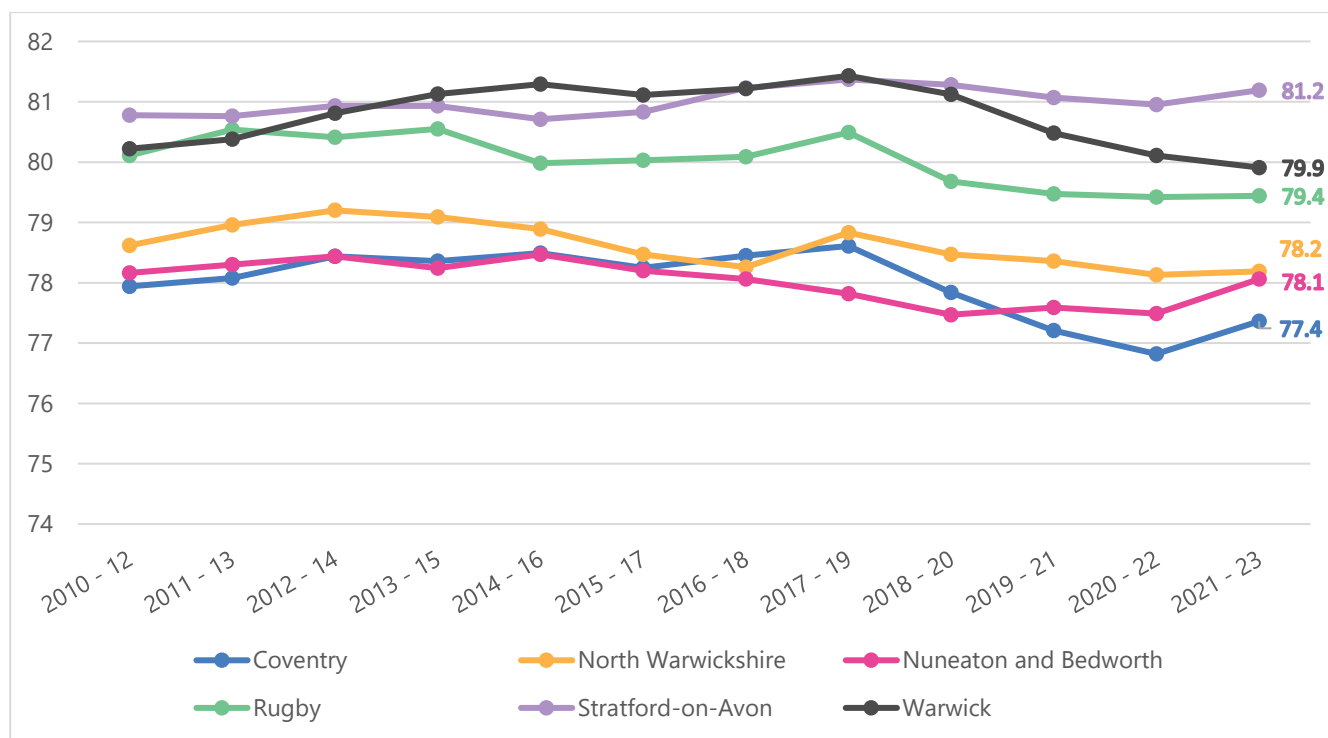
Source: SHAPE

LIFE EXPECTANCY

Life expectancy, on average, has fallen slightly over recent years for both men and women in Coventry and Warwickshire. This fall is only statistically significant for males in Coventry and Warwick district. In Coventry, a person experiencing 2021-23 mortality rates would be expected to live to 77.4 years if male and 81.7 years if female. In Warwickshire, it is 79.5 years for males and 83.3 years for females. There has been a drop for both sexes in Coventry and Warwickshire, but this has been most significant with males living in Coventry, with a drop of 1.8 years between the 2017 – 19 and 2020 – 22 values but a recent rise in 2021 – 23 may be showing that drop being at least partially temporary. As male sex is a known factor for COVID-19 mortality, this drop in life expectancy might be due to the impact of COVID-19.

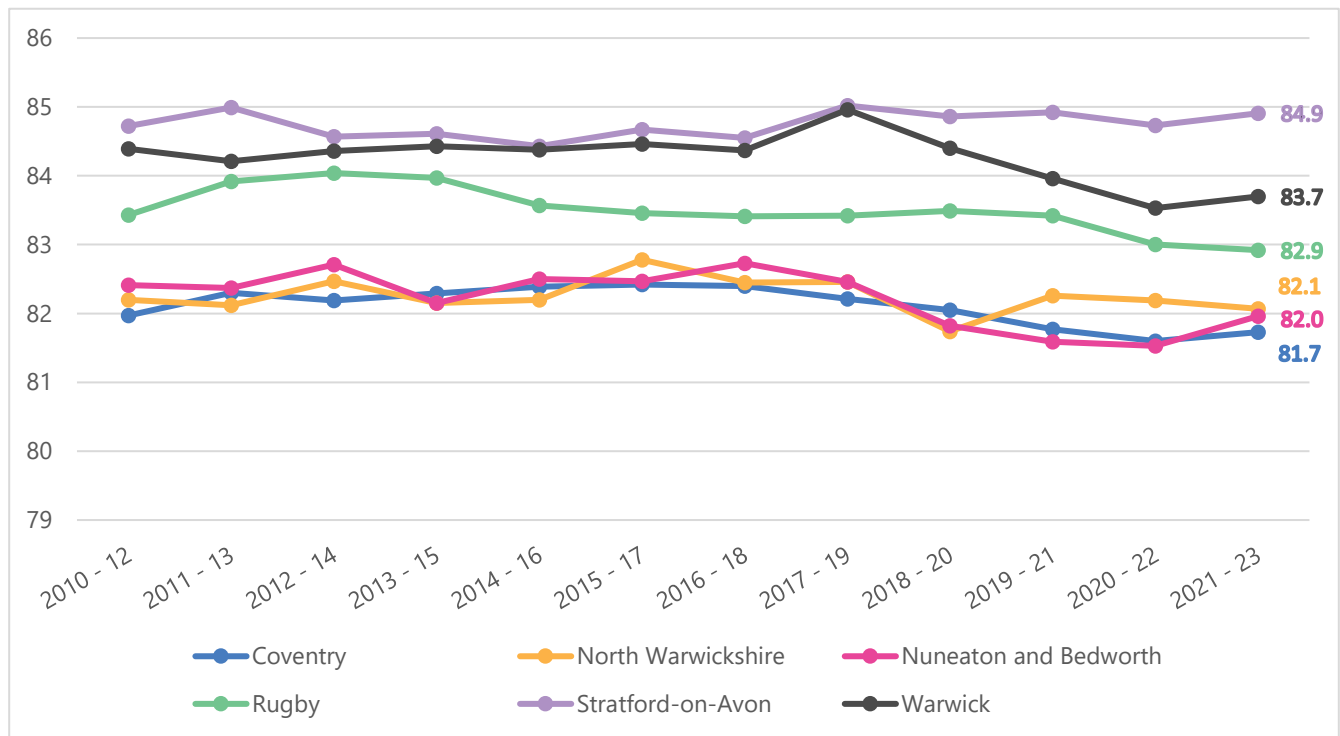
The areas of increased deprivation (Coventry, Nuneaton, Bedworth, and North Warwickshire) continue to have the lowest life expectancy for both sexes.

Figure 14: Male life expectancy at birth over time (3 year range)



Source: Life expectancy for local areas of Great Britain, Office for National Statistics

Figure 15: Female Life Expectancy at Birth over Time (3 Year Range)

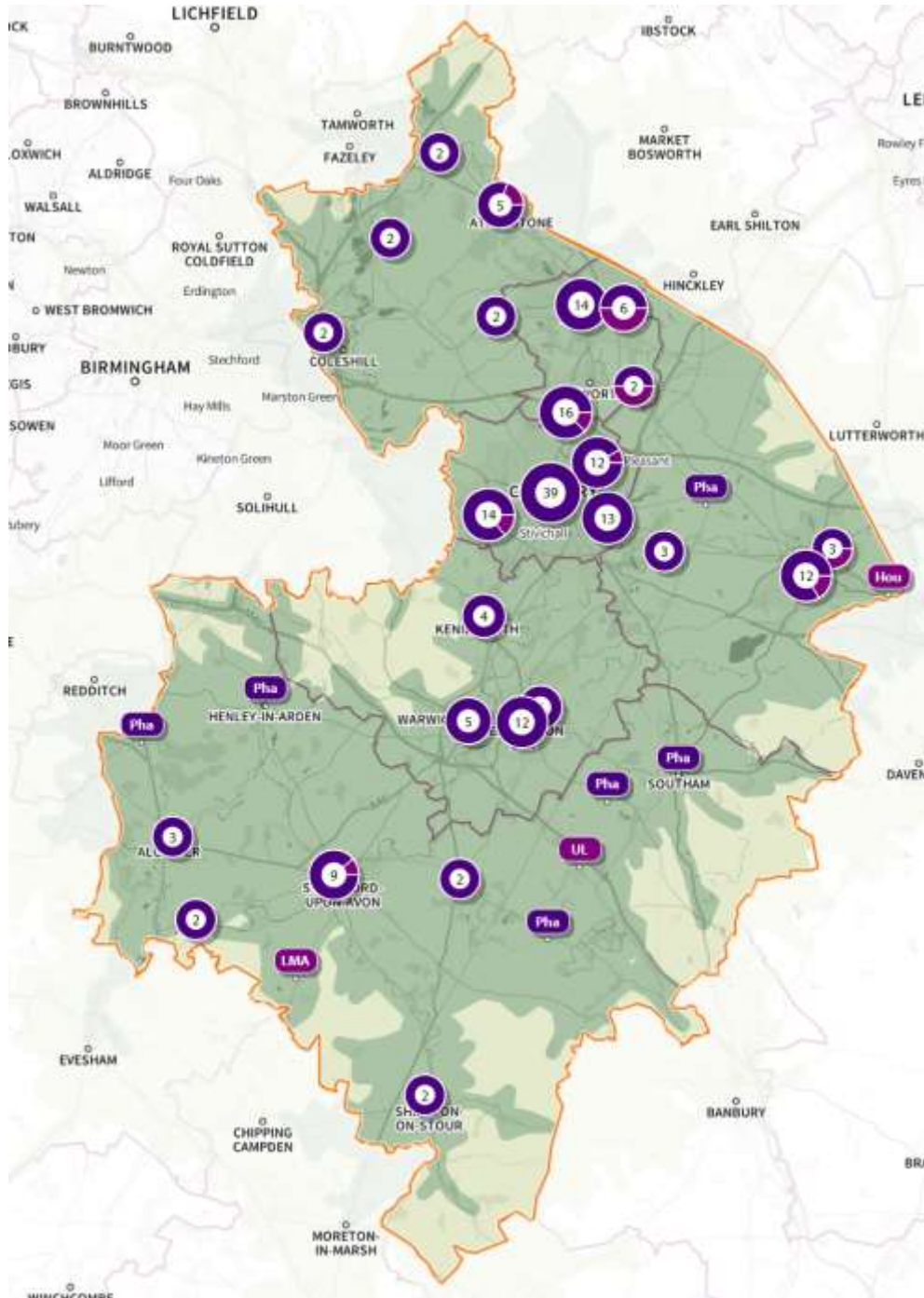


Source: Life expectancy for local areas of Great Britain, Office for National Statistics

HOUSEHOLDS & HOUSING DEVELOPMENT PROJECTIONS

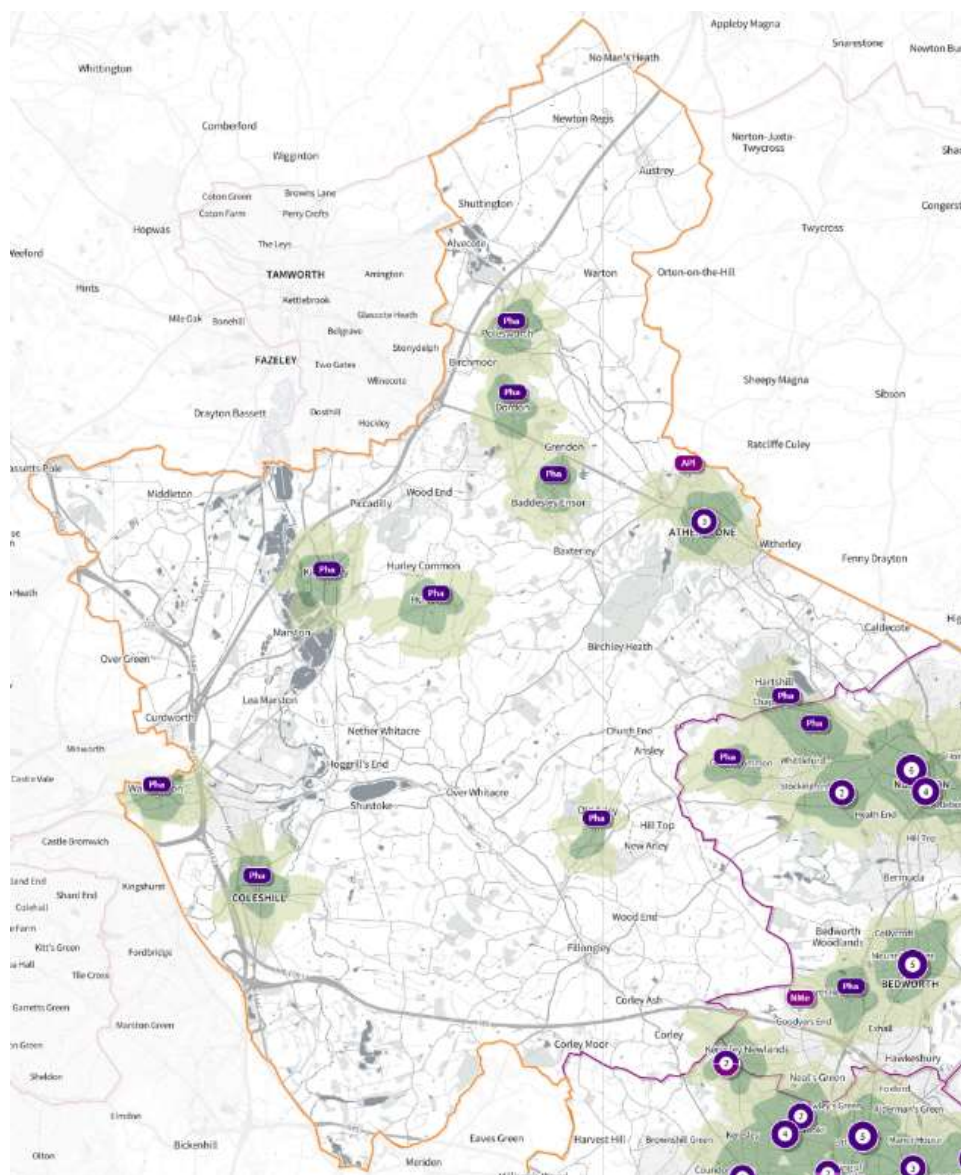
Figure 16 shows major housing developments in the next 3 years (light purple) mapped against location of community pharmacies (dark purple). This is all developments which will result in 300 or more additional dwellings where some, or all, construction will occur in the next 3 years. All planned major housing developments are within a 10-minute drive of a community pharmacy (dark green). This is then shown by District and Borough against a 10 and 20-minute walk time (figures 17-22).

Figure 16: Location of pharmacies (dark purple) and location of major housing developments (light purple) against 10 (dark green) and 20 (light green) minute drive time to a community pharmacy across Coventry and Warwickshire



Source: SHAPE and local authority planning departments

Figure 17: Location of pharmacies (dark purple) and location of major housing developments (light purple) against 10 (dark green) and 20 (light green) minute walk time to a community pharmacy in North Warwickshire.



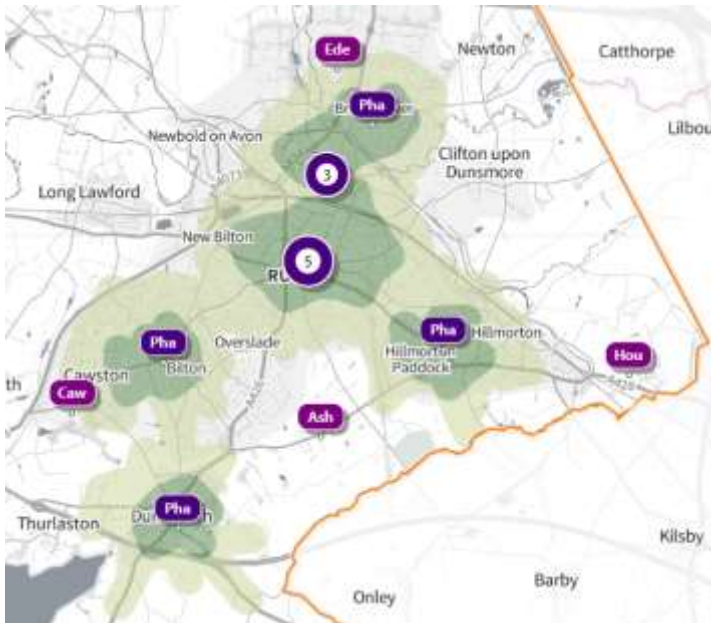
Source: SHAPE and local authority planning departments

Figure 18: Location of pharmacies (dark purple) and location of major housing developments (light purple) against 10 (dark green) and 20 (light green) minute walk time to a community pharmacy in Nuneaton and Bedworth.



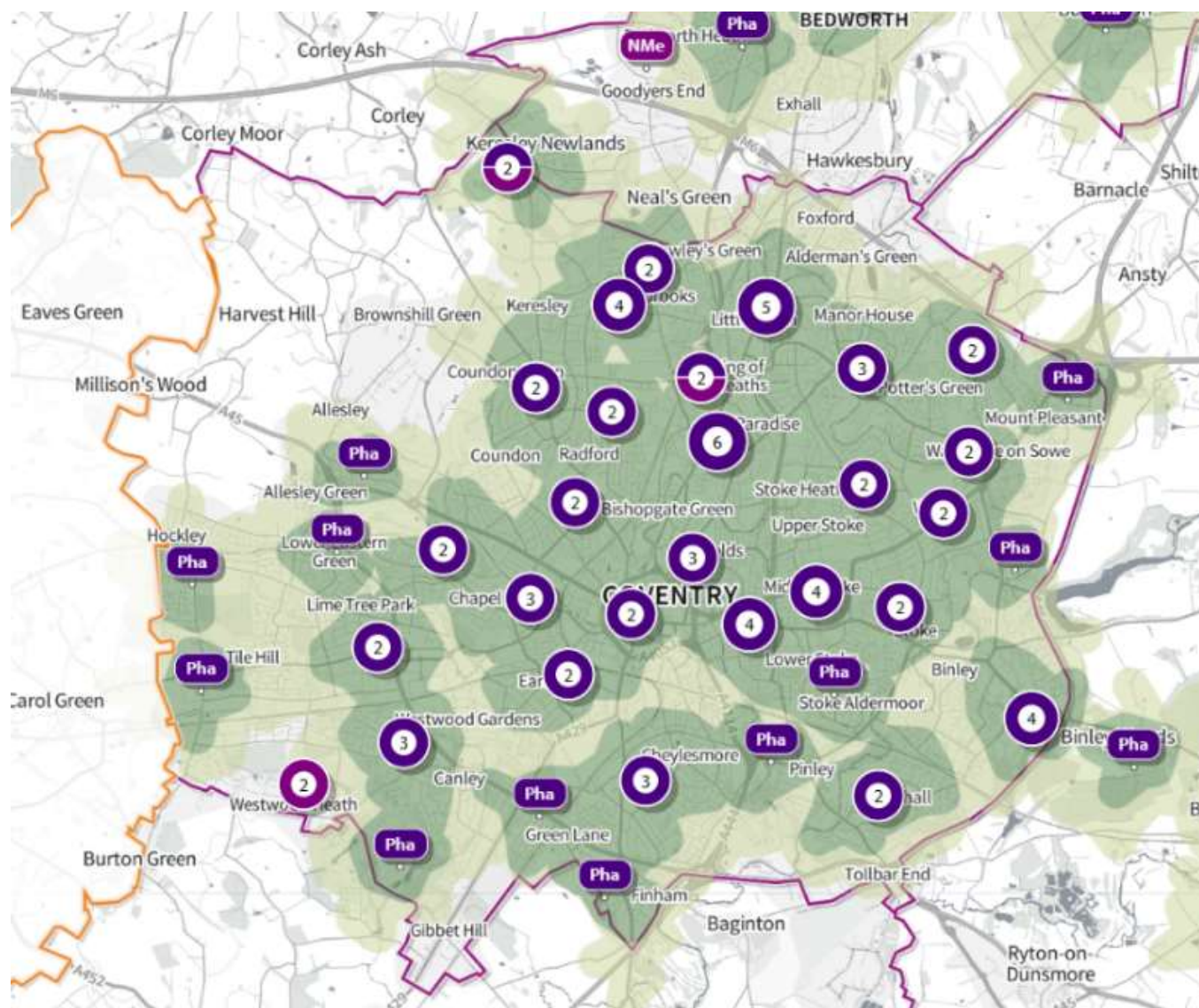
Source: SHAPE and local authority planning departments

Figure 19: Location of pharmacies (dark purple) and location of major housing developments (light purple) against 10 (dark green) and 20 (light green) minute walk time to a community pharmacy in Rugby.



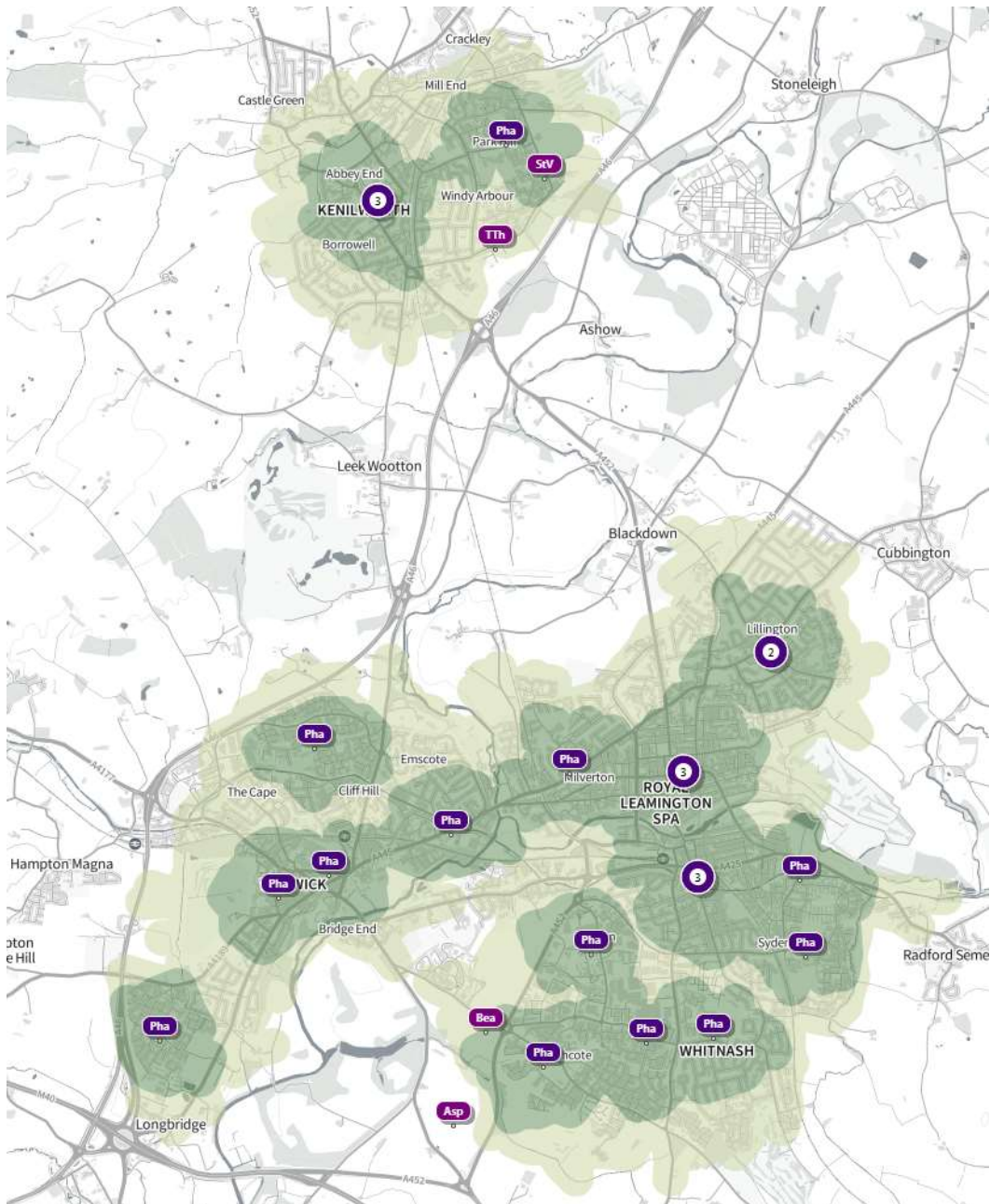
Source: SHAPE and local authority planning departments

Figure 20: Location of pharmacies (dark purple) and location of major housing developments (light purple) against 10 (dark green) and 20 (light green) minute walk time to a community pharmacy in Coventry.



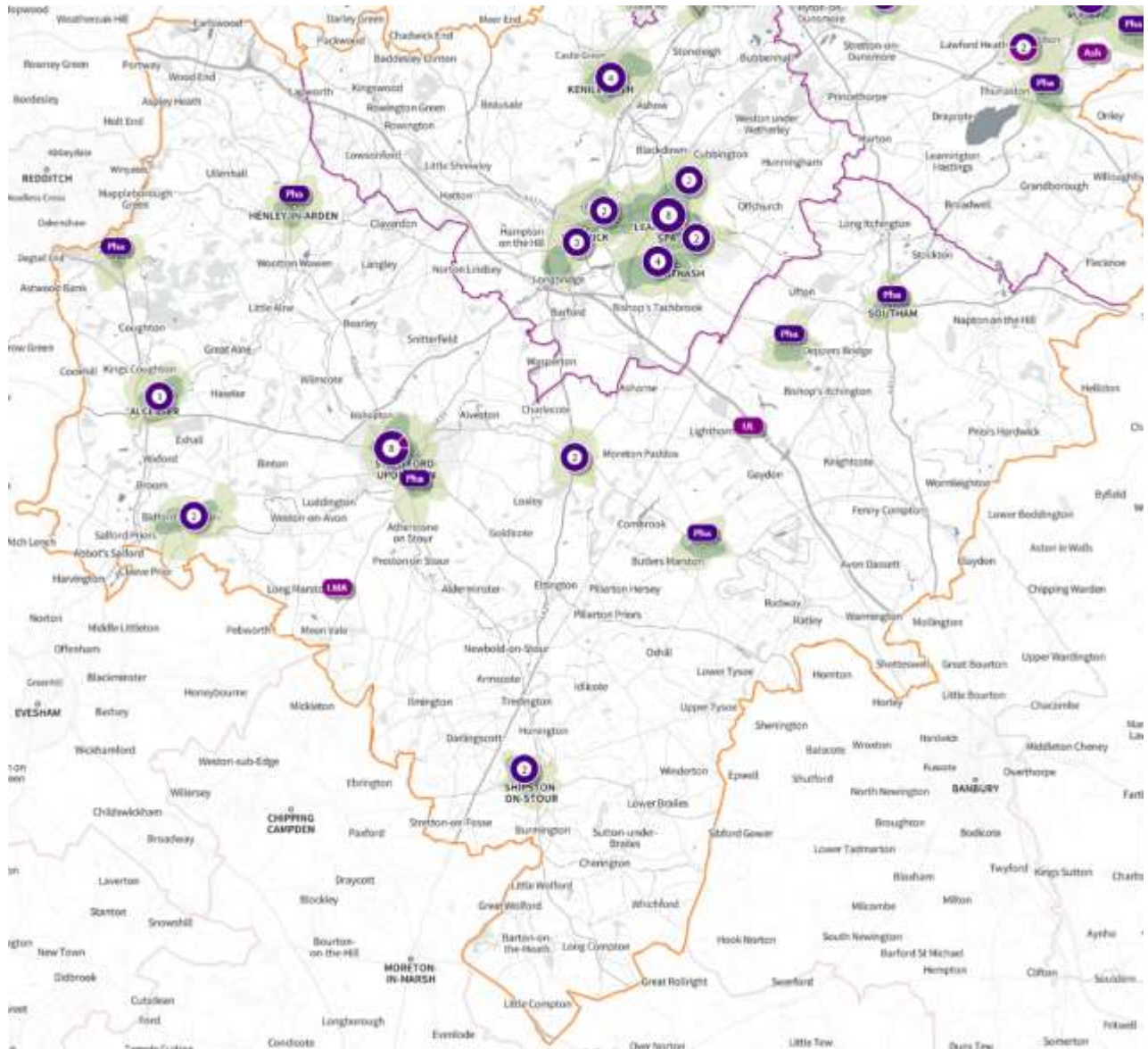
Source: SHAPE and local authority planning departments

Figure 21: Location of pharmacies (dark purple) and location of major housing developments (light purple) against 10 (dark green) and 20 (light green) minute walk time to a community pharmacy in Warwick.



Source: SHAPE and local authority planning departments

Figure 22: Location of pharmacies (dark purple) and location of major housing developments (light purple) against 10 (dark green) and 20 (light green) minute walk time to a community pharmacy in Stratford-on-Avon.



Source: SHAPE and local authority planning departments

Table 6 shows projections for new dwellings to be built in Coventry and each District/Borough in Warwickshire. Each area is expected to see around a 4-5% increase in the number of dwellings over the next four years compared to current stock, with Coventry projected to see the smallest proportional increase (3.55%) and Warwick seeing the largest (5.62%). At the time

of writing, exact projections for 27/28 and 28/29 for North Warwickshire Borough are unknown due to a change in funding following the spending review supporting their local plan. The Community Pharmacy Steering Group will review this as updates develop to ensure these do not change the expected picture.

Table 6: Projected Housing Increases

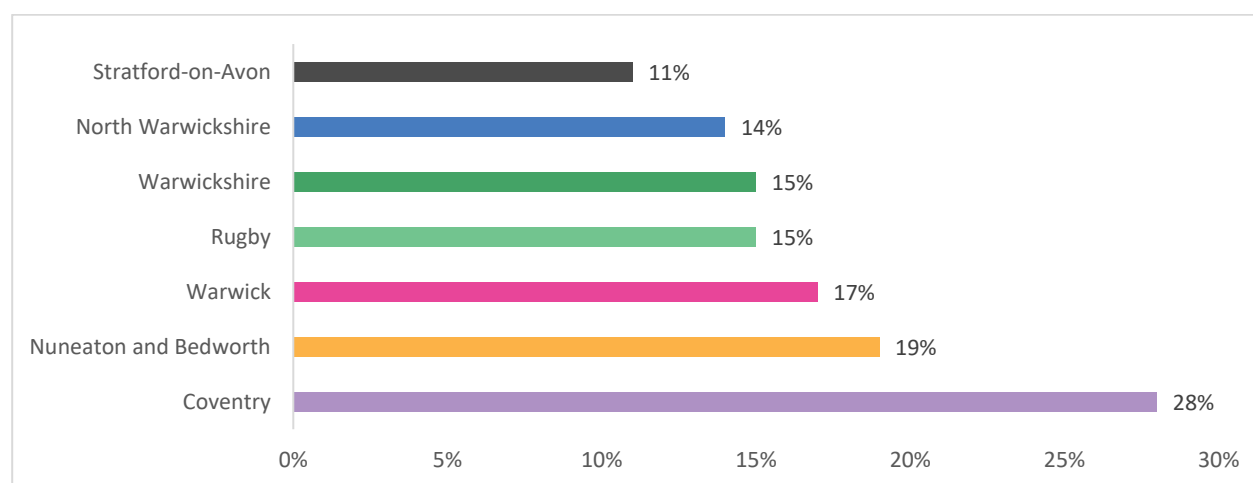
District/Borough	Dwellings (April 2025)	Projected new dwellings			
		2025/26	2026/27	2027/28	2028/29
Coventry Metropolitan Borough	146,705	1,176	1,144	1,715	1,171
North Warwickshire Borough	29,389	737	898		
Nuneaton and Bedworth Borough	60,419	696	553	718	758
Rugby Borough	51,343	757	543	526	500
Stratford-on-Avon District	66,482	728	697	813	596
Warwick District	68,119	953	1001	936	938

Source: Local authority planning departments, Live tables on dwelling stock

CAR OWNERSHIP

Consideration regarding car ownership is important to help understand how residents access community pharmacies. The PNA survey showed that 48.2% of respondents use cars/motorbike/van transportation, whilst 40.3% walk. All of Coventry and Warwickshire is within a 15-minute drive to a pharmacy, though for some residents that means driving to a pharmacy outside of Coventry or Warwickshire.

Figure 23: Percentage of households with no access to a car or van by localities



Source: Census 2021

PHARMACY PROVISIONS AND ACCESS

To assess the provision of pharmaceutical services within Coventry and Warwickshire current provision from all providers has been considered. This includes providers and premises within Coventry and Warwickshire, as well as the contribution made by those providers who lie in neighbouring Health and Wellbeing Board areas but may provide services to the Coventry and Warwickshire population.

COMMUNITY PHARMACY CONTRACTUAL FRAMEWORK

The NHS Community Pharmacy Contractual Framework⁴ requires community pharmacies to contribute to the health needs of the population they serve. All NHS pharmaceutical service providers must comply with the contractual framework that was introduced in 2005. At the time of writing a new contractual framework has just been announced for 2024-25 and 2025-26. This can be viewed on the government website:

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>.

The contractual framework is formed of the following components:

- **Essential Services:** services which all pharmacies must provide as part of the CPCF regulations.
- **Advanced Services:** services the CPCF regulations allow pharmacies to opt in to providing.
- **Enhanced Services:** services that are commissioned by NHS England. Since 1st July 2022 ICBs have delegated responsibility for decisions on local enhanced services.
- **Locally Commissioned Services:** services that are commissioned by an ICB or Local Authority.

⁴ NHS England. *Community Pharmacy Contractual Framework 2019-2024*. <https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/> [accessed 29th April 2025]

PHARMACEUTICAL LISTS

If a person (a pharmacist, appliance contractor, or dispensing doctor) wants to provide NHS pharmaceutical services they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS regulations, a person wishing to provide NHS pharmaceutical services must apply to the NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

Pharmacy contractors – community pharmacies and distance selling pharmacies (DSPs). DSPs must adhere to all regulations concerning all other pharmacies, however a distance selling pharmacy must not provide essential services onsite to a person who is present at the pharmacy, but the pharmacy must be able to provide essential services safely and effectively without face-to-face contact. Additionally, from October 2025 following the new framework, DSPs can only deliver advanced and enhanced services remotely in line with the delivery of essential services. Currently there are 6 distance selling pharmacies in Coventry and 4 in Warwickshire.

Dispensing appliance contractors (DACs) – DACs are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages, etc. However, they do not dispense any medicines. There is 1 DAC in Coventry and 0 in Warwickshire.

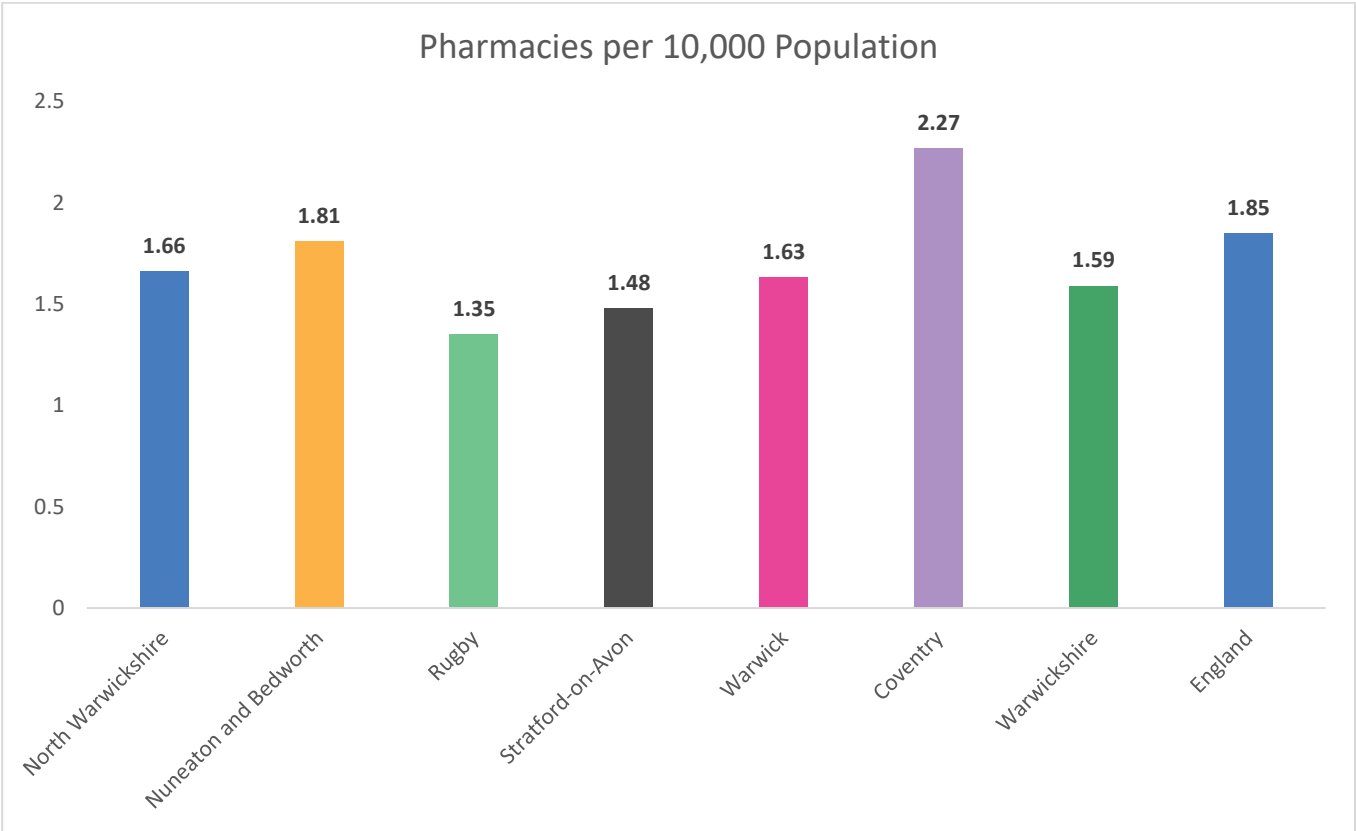
Dispensing doctors (DD) – GP practices are allowed to dispense medicines and appliances to patients who live in an NHS England determined controlled locality (Rural Area) and live more than one mile from a community pharmacy. There are 23 dispensing GP practices within Coventry and Warwickshire, 22 in Warwickshire and 1 in Coventry.

COMMUNITY PHARMACY BENCHMARKING

Figure 24 below shows the number of pharmacies per 10,000 population in Coventry and Warwickshire. Coventry has 2.27 pharmacies per 10,000 population which is slightly higher than the England average, whilst Warwickshire has 1.59 per 10,000 which is slightly lower than

the England average. The rate varies in District and Boroughs, with the lowest rate in Rugby (1.35 per 10,000) and the highest in Nuneaton and Bedworth (1.81 per 10,000).

Figure 24: Number of pharmacies per 10,000 population



Source: LPC & ONS population estimates

ACCESS TO PHARMACIES IN COVENTRY AND WARWICKSHIRE

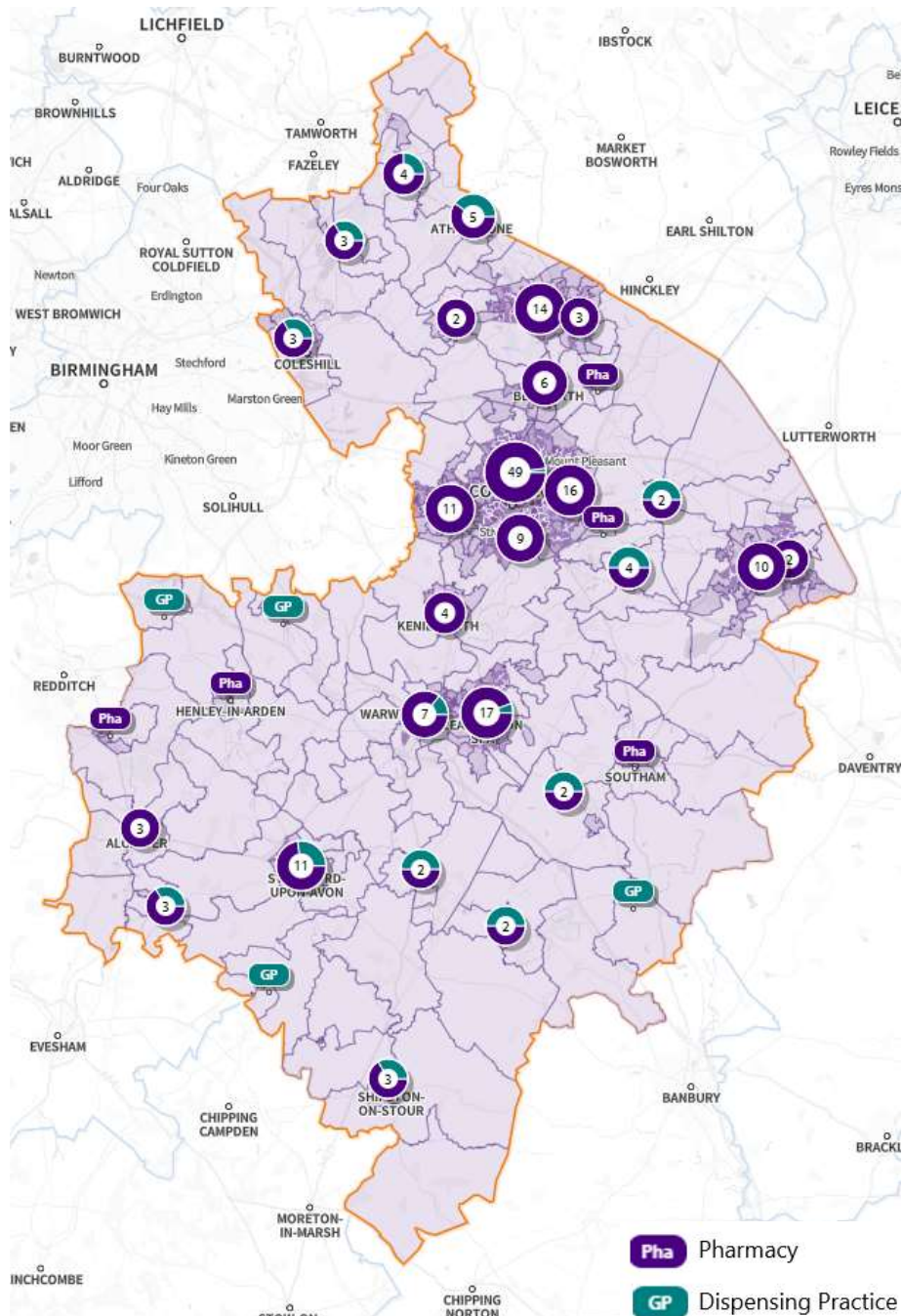
Coventry and Warwickshire have 180 community pharmacies: 82 pharmacies in Coventry and 98 pharmacies in Warwickshire. Additionally, there are 3 pharmacies who may open in due course which are going through market entry process.

Geographical Location

Figure 25 shows the location of pharmacies and dispensing practices within Coventry and Warwickshire, and figures 26 - 31 show that at the locality level. Where locations are close together, they are combined with the total number shown on the map. Figures also show the population density by Lower Super Output Areas (LSOAs), with a darker colour showing a more

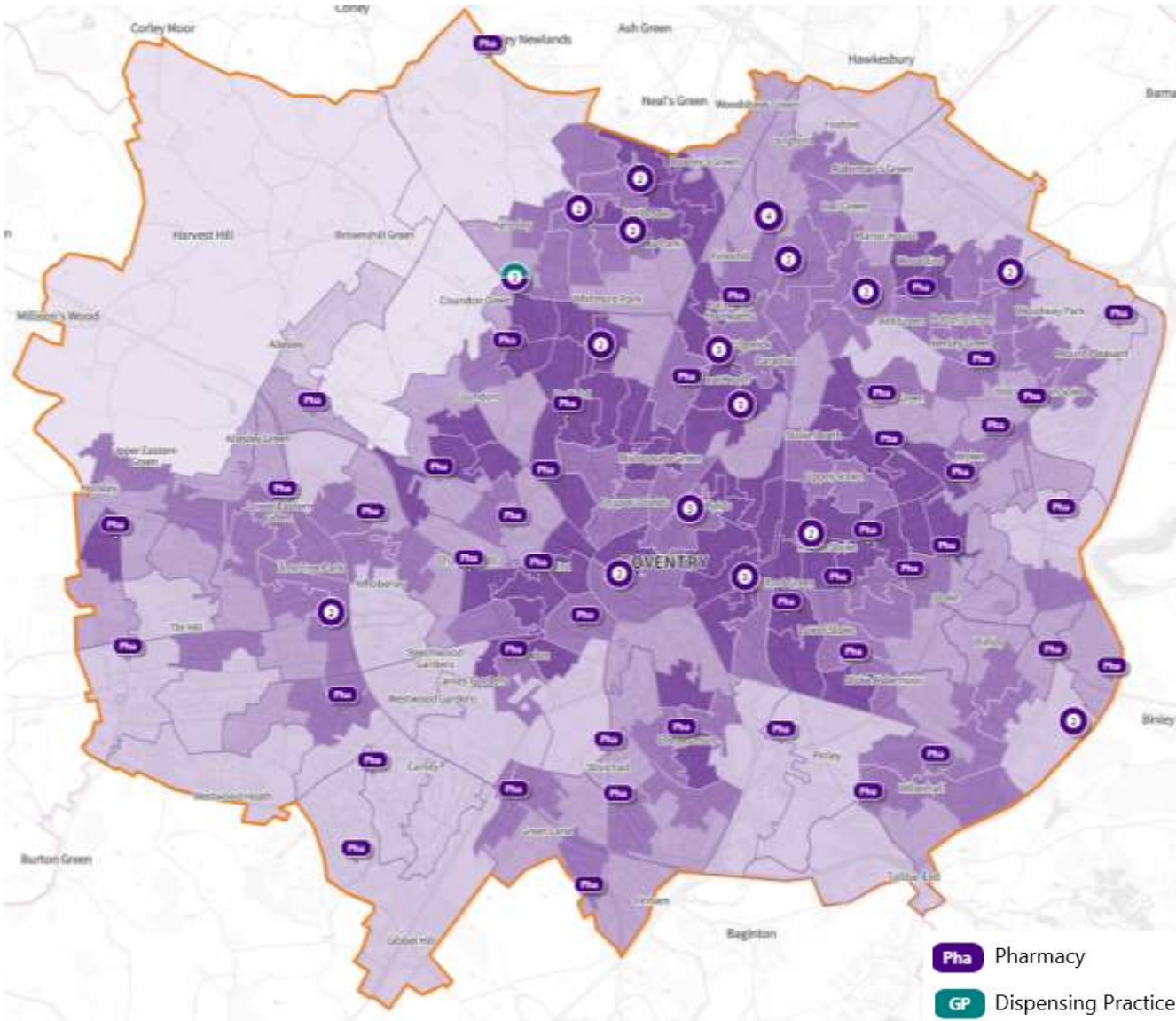
densely populated area. Pharmacies are not evenly distributed throughout the localities, with great concentrations of pharmacies in central areas of each locality/borough, particularly in Coventry, Nuneaton and Bedworth, Rugby, and Warwick. These central area Lower Super Output Areas (LSOAs) are the most densely populated areas in the localities, and have the greatest deprivation as described in the Local Picture chapter.

Figure 25: Location of pharmacies and dispensing practices in Coventry and Warwickshire



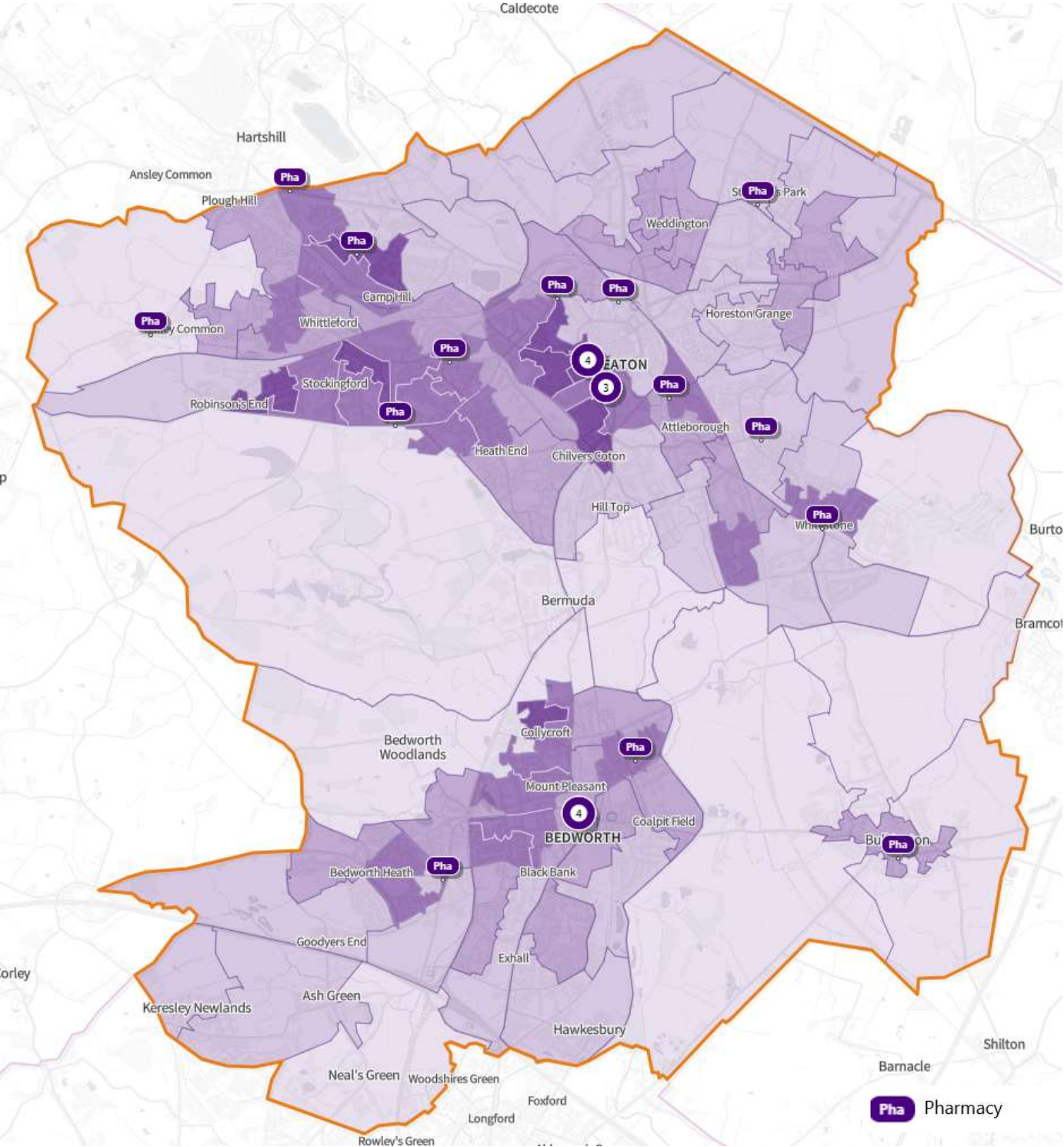
Source: SHAPE (accessed 27th March 2025)

Figure 26: Location of pharmacies and dispensing practices in Coventry.



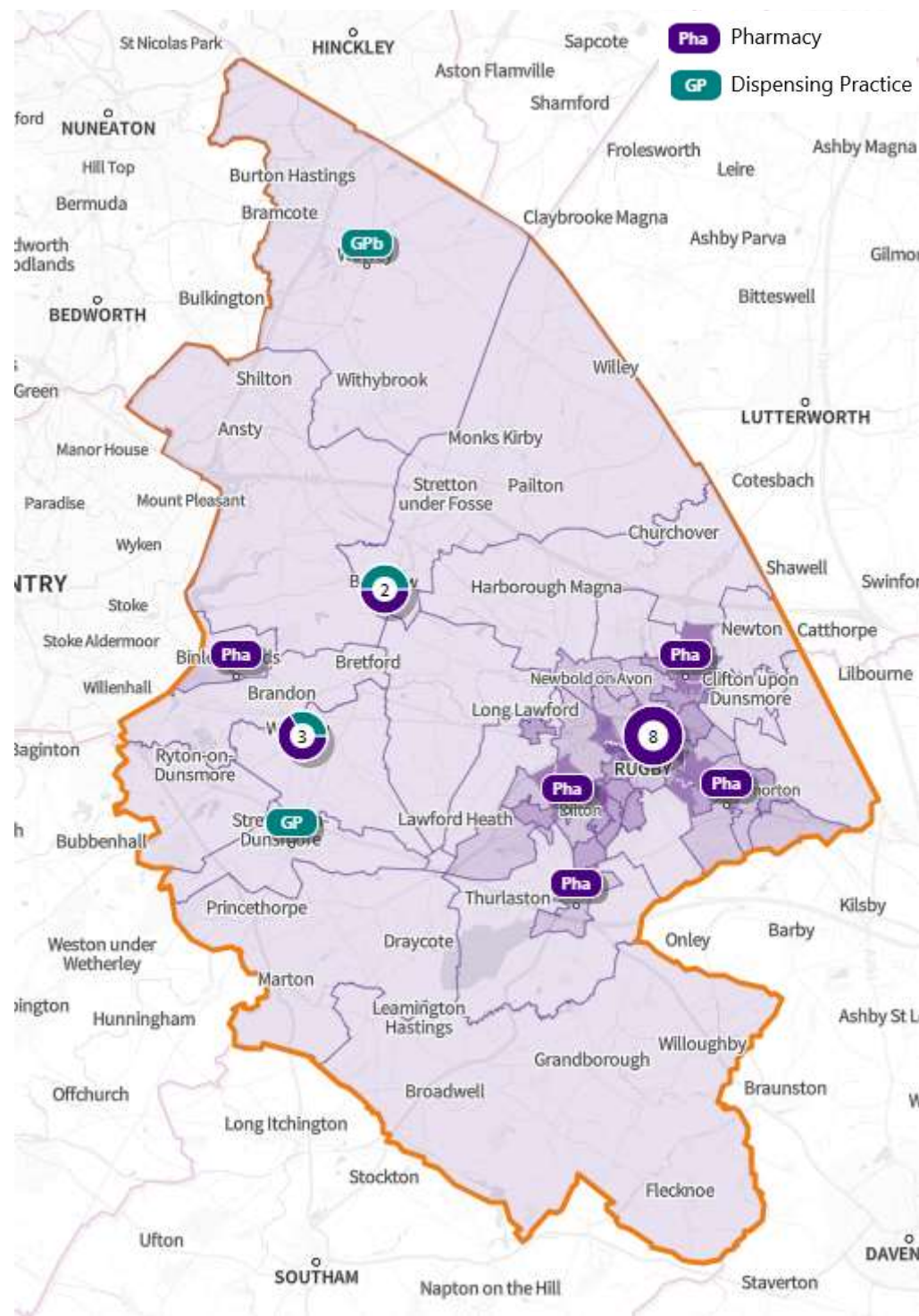
Source: SHAPE (accessed 27th March 2025)

Figure 27: Location of pharmacies and dispensing practices in Nuneaton and Bedworth.



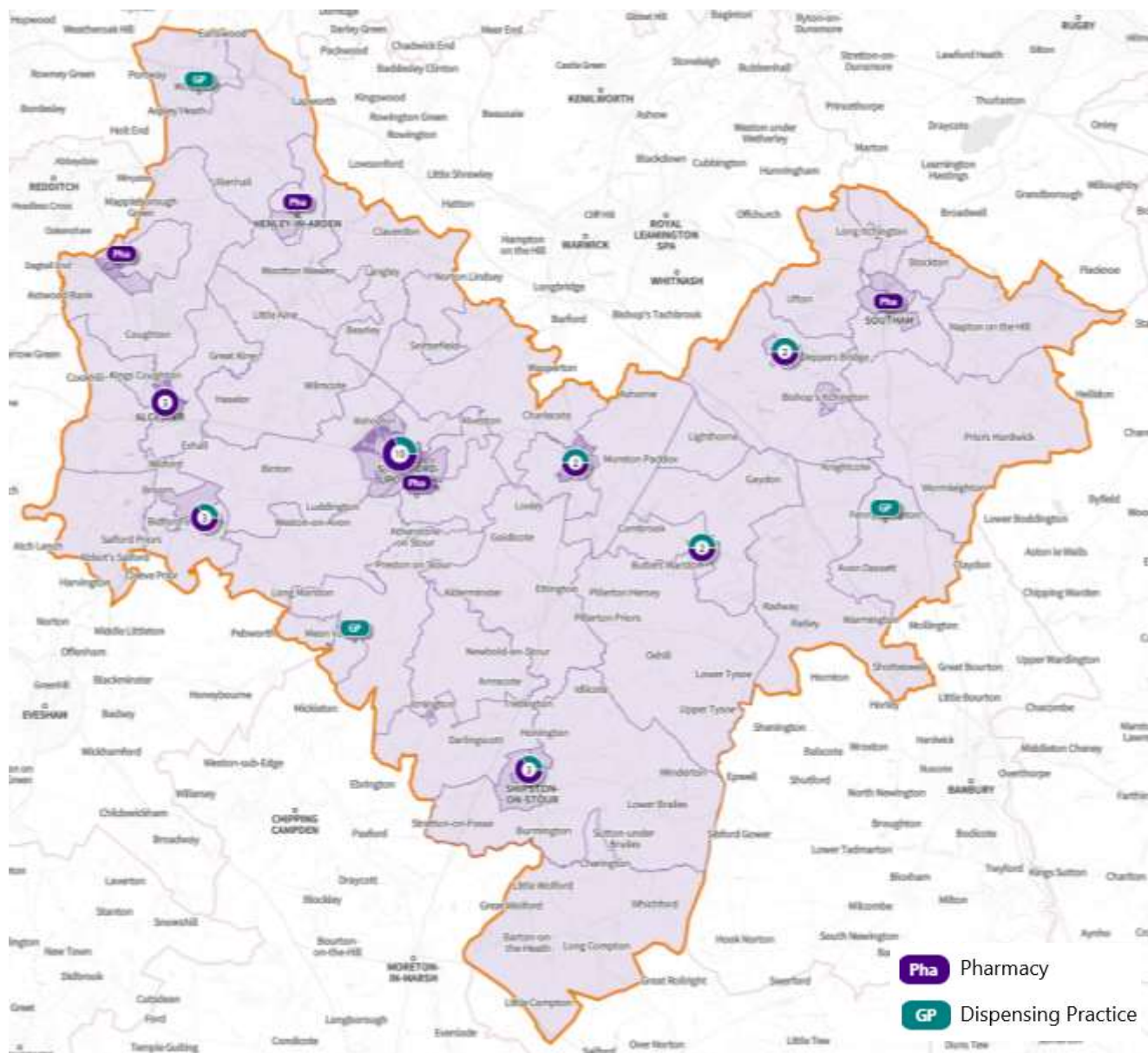
Source: SHAPE (accessed 27th March 2025)

Figure 28: Location of pharmacies and dispensing practices in Rugby Borough.



Source: SHAPE (accessed 27th March 2025)

Figure 29: Location of pharmacies and dispensing practices in Stratford-on-Avon District.



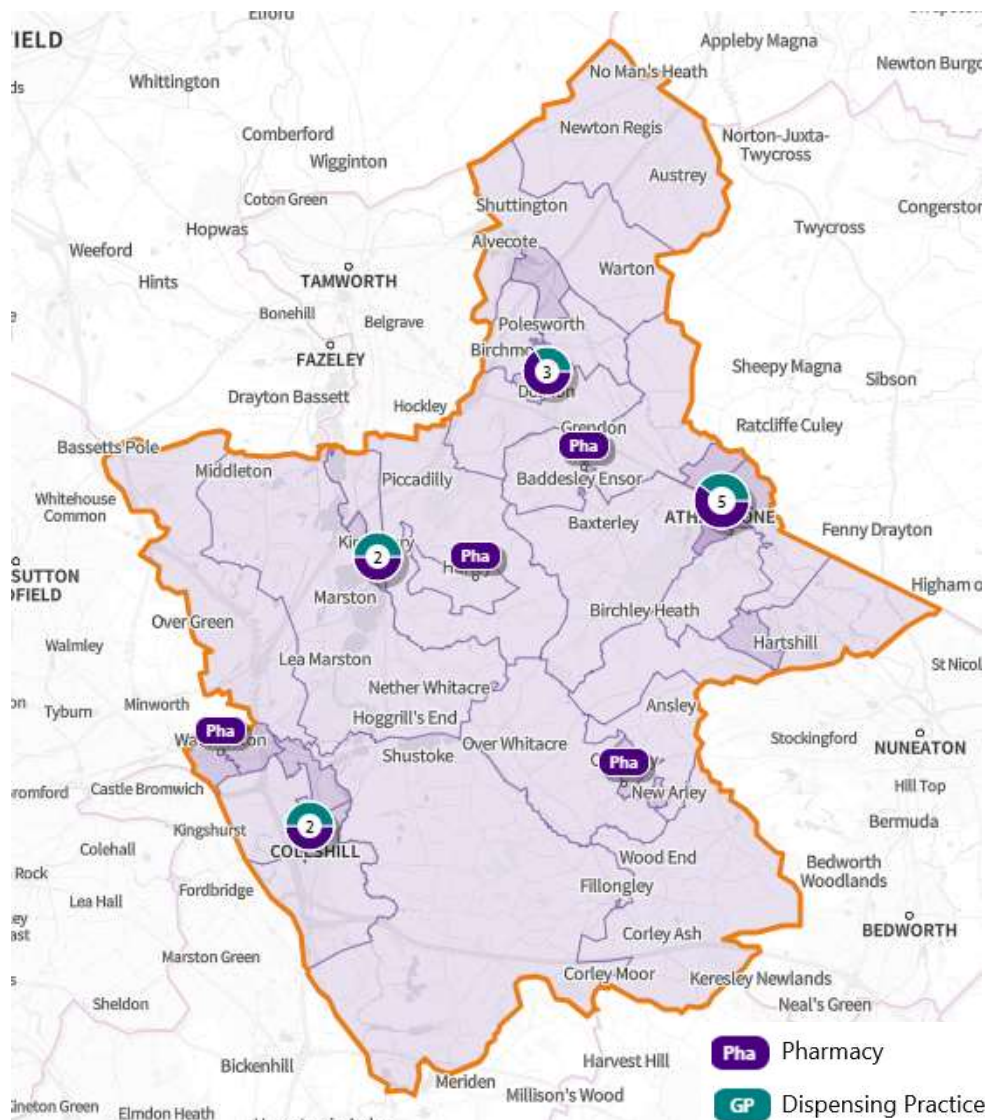
Source: SHAPE (accessed 27th March 2025)

Pha Pharmacy

GP Dispensing Practice

56

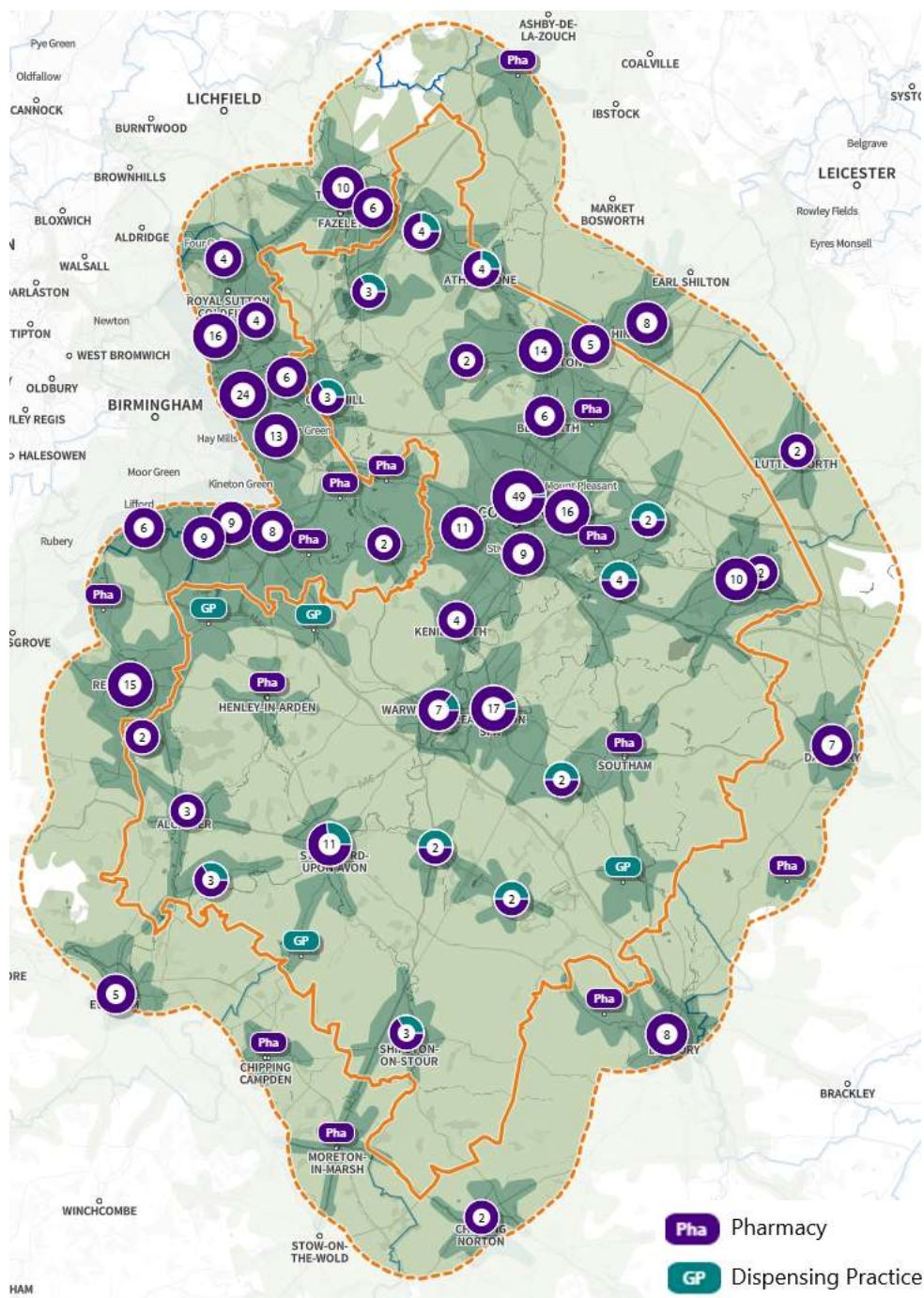
Figure 31: Location of pharmacies and dispensing practices in North Warwickshire Borough.



Source: SHAPE (accessed 27th March 2025)

Figure 32 shows access to pharmacies in relation to a 5- and 15-minute drive. The dark green areas are within a 5-minute drive to a pharmacy, and the light green areas are within a 15-minute drive to a pharmacy. When considering access, it may be that it is easier for a resident to access a pharmacy outside of their local authority, so this analysis also includes pharmacies within a 6km buffer zone around Coventry and Warwickshire, shown by the dotted line. All of Coventry and Warwickshire is within a 20-minute drive to a pharmacy, and most residents in urban areas are within a 5-minute drive.

Figure 32: Location of pharmacies and dispensing practices in relation to a 5- or 15-minute drive, also including pharmacies within 6km of Coventry and Warwickshire

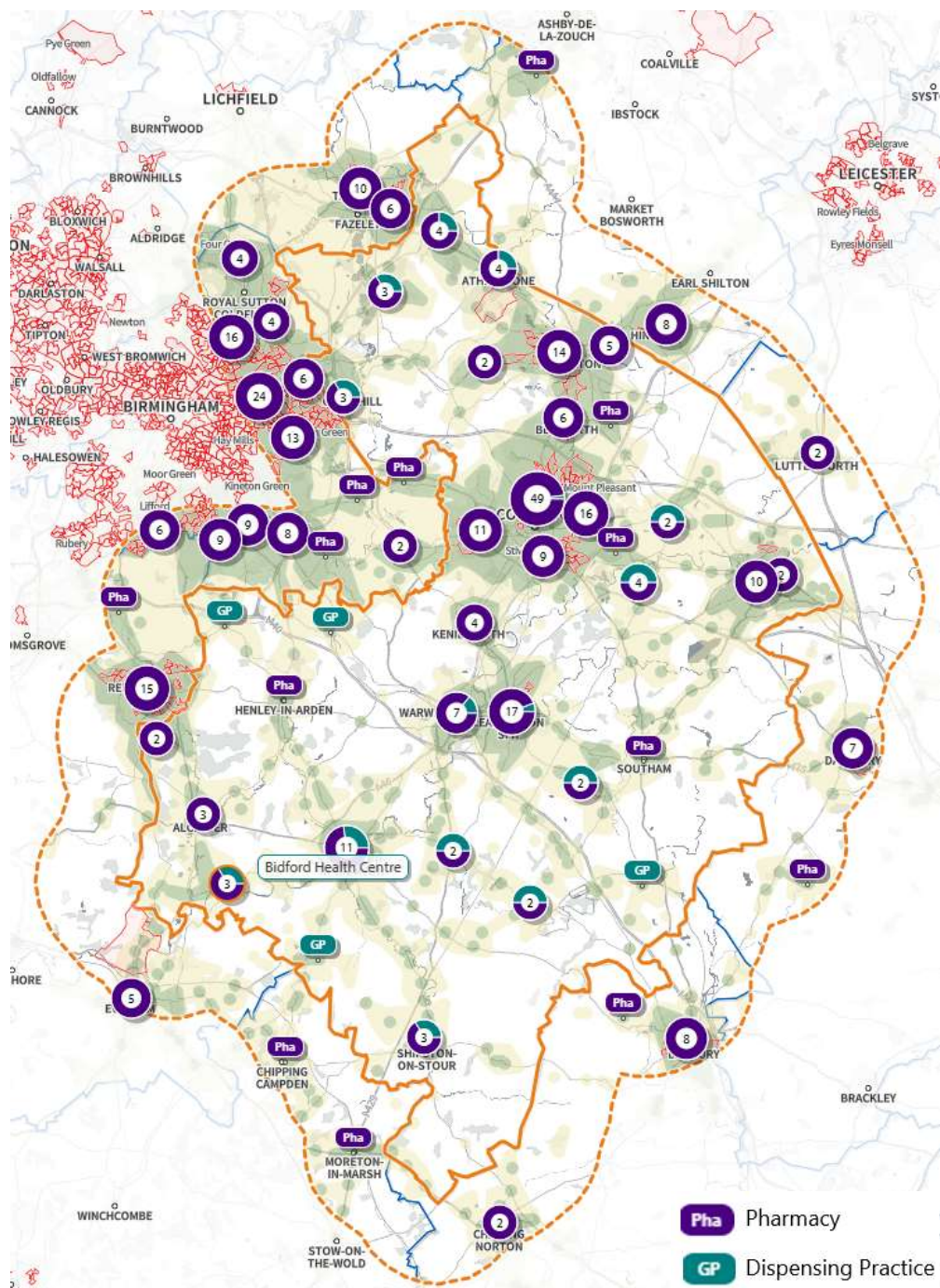


Source: SHAPE (accessed 27th March 2025)

Figure 33 shows the access to pharmacies and dispensing practices via public transport and the top 20% most deprived LSOAs. The green areas represent a 15-minute journey via public transport to a pharmacy whilst the yellow represent a 30-minute journey. Pharmacies within a 6km buffer around Coventry and Warwickshire are also included, this buffer area is shown by

the dotted line. The red areas are the top 20% most deprived LSOAs. All of the 20% most deprived areas are within a 30-minute journey via public transport to a pharmacy and the vast majority are within a 15-minute journey. Those areas not within a 30-minute journey are predominately rural or uninhabited areas.

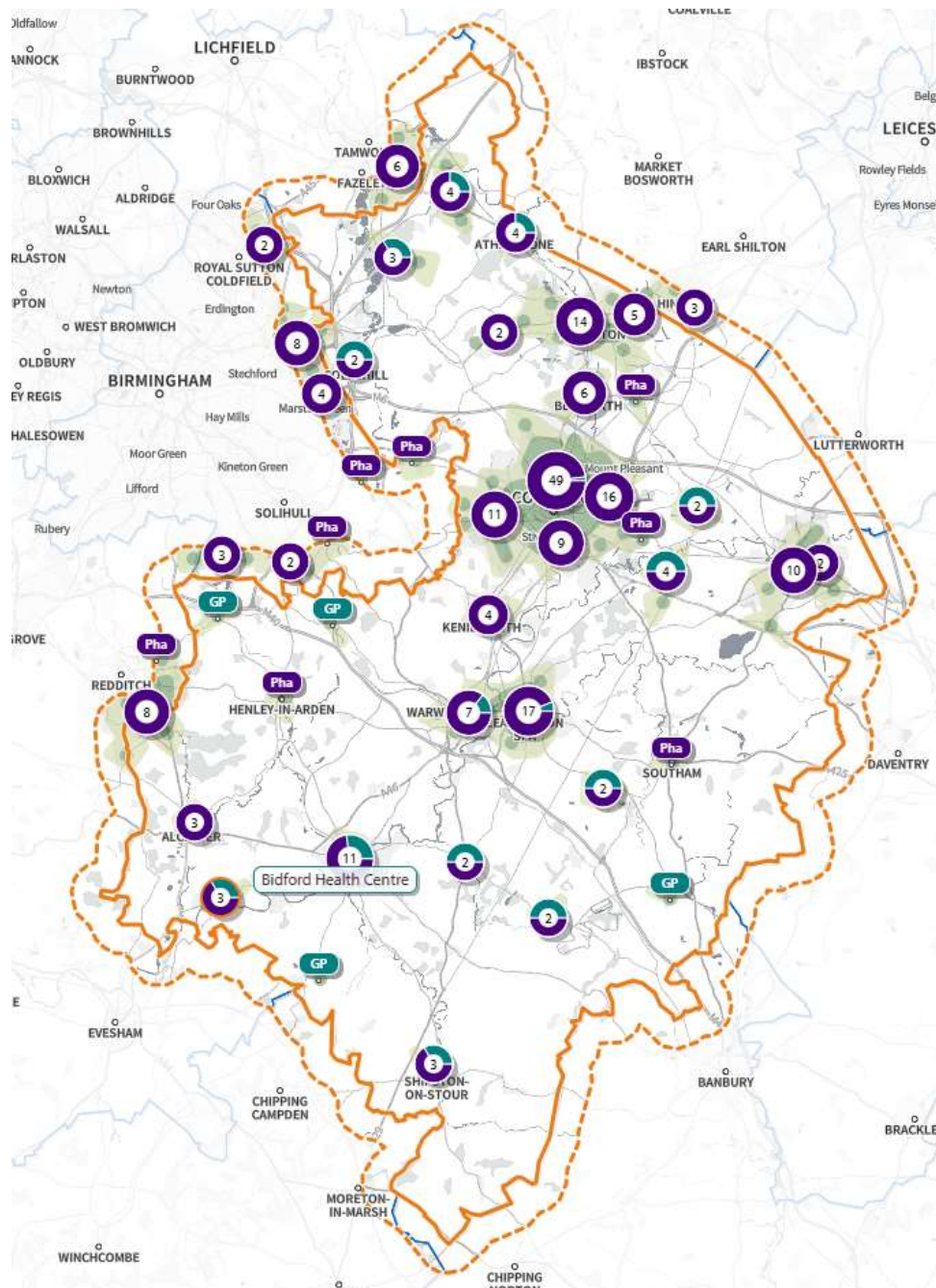
Figure 33: Location of pharmacies and dispensing practices by public transport: 15 and 30 minutes also including pharmacies within 6km of Coventry and Warwickshire



Source: SHAPE (accessed 27th March 2025)

Figure 34 shows the access to pharmacies and dispensing practices via a 10 and 20-minute walk. This also considers pharmacies within a 2km buffer zone around Coventry and Warwickshire, shown by the dotted line. The darker green areas represent a 10-minute walk and the lighter green areas represent a 20-minute walk. Most residents within urban areas are within a 20-minute walk to a pharmacy or dispensing practice.

Figure 34: Location of pharmacies and dispensing practices by walking: 10 and 20 minutes also including pharmacies within a 2km of Coventry and Warwickshire



Source: SHAPE (accessed 27th March 2025)

From the 1,601 responses to the public survey, 48.2% of respondents said they would normally travel by car/motorbike/van to a pharmacy, and a further 40.3% said they would normally walk.

In the survey, only 1.9% of respondents said they would use public transport. When asked about how long their travel usually takes, 74% said that it takes less than 15 minutes and 20% said it takes between 15 and 30 minutes. Only 1% of respondents said it takes more than 30 minutes to travel to their pharmacy.

Opening Time Analysis

Most pharmacies are required to open for 40 hours per week, with these referred to as core opening hours, but pharmacies may choose to open for longer, with these hours referred to as supplementary opening hours. A pharmacy's opening hours are decided at the beginning of their contract, and it is most common for the vast majority to operate within or near regular working office hours.

Pharmacies wishing to amend any supplementary hours that they open additional to the core contractual hours must notify NHS England, giving at least 5 weeks' notice of a decrease in hours, whilst an increase in hours can happen immediately. NHS England may consent to a shorter period of notice, but as that consent may not be forthcoming, they should try to ensure that plans are made sufficiently in advance. The discretion to permit less than 5 weeks' notice for a decrease in supplementary hours is most likely to be exercised where the pharmacy is seeking to align more closely with the pharmaceutical needs in the neighbourhood for example, if a local surgery extends its hours. In this case, if the pharmacy intends to modify its supplementary hours to match the new hours of the surgery, NHS England may be keen to ensure this happens with minimal delay.

There is no requirement for NHS England to grant applications for changes to supplementary hours, the pharmacy has the right to amend hours, so long as 5 weeks' notice is given.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. NHS England on behalf of ICBs may choose to commission a bank holiday rota if the need arises, where pharmacies may volunteer or be directed to open.

In the public survey, when asked the question "are you able to access a pharmacy at times that are convenient to you?" 43% responded "Yes always", 47% responded "most of the time", 9% responded sometimes and 2% responded "never".

The most convenient time to visit a pharmacy as indicated in the public survey was between 9am and 1pm on Saturday (58%), followed by between 9am and 1pm on a Monday to Friday (46%), and between 9am and 1pm on a Sunday (37%).

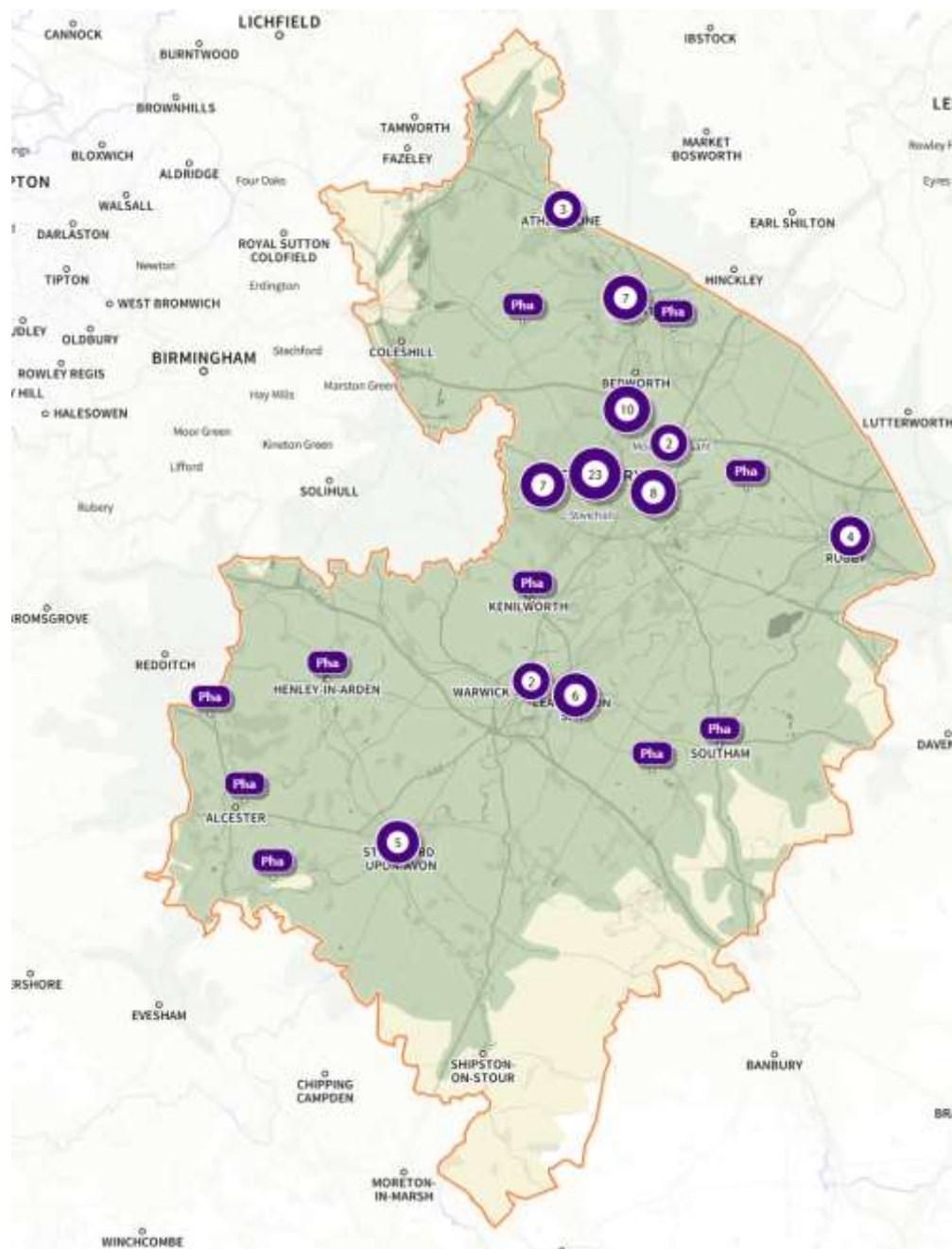
Formerly 100 hour contracts

Since the 2022 PNA, 100-hour pharmacies have been allowed to reduce their core hours to 72 hours. Some restrictions were imposed, for example to maintain the Sunday hours and evening hours of 5-9pm amongst the 72 hours. The application process for opening 100-hour contracts is no longer available.

Out of hours during weekdays (open outside of 9am – 5pm)

As of 27th March 2025, almost all community pharmacies in Coventry and Warwickshire are open outside of 9am – 5pm. 87 out of the 180 are open for over an hour outside of the core 9am – 5pm hours. 35 of these pharmacies are in Coventry, 17 in Warwick District, 12 in Nuneaton and Bedworth Borough, 11 in Stratford-on-Avon District, 5 in Rugby Borough and 4 in North Warwickshire Borough. Figure 35 shows the location of these pharmacies, and access by a 15- (dark green) and 30-minute (light green) drive time. All of Coventry and the majority of Warwickshire can access an out of hours pharmacy within a 15-minute drive time, and all of Warwickshire can access within a 30-minute drive time.

Figure 35: Location of pharmacies open out of hours (those open more than an hour outside of 9am-5pm), showing access by a 15 (dark green) and 30-minute (light green) drive time



Source: SHAPE

Saturday Opening Hours

As of 27th March 2025, 130 out of the 180 community pharmacies in Coventry and Warwickshire are open on a Saturday (72.2%). 54 of these pharmacies are in Coventry, 20 in Nuneaton and Bedworth Borough, 20 in Warwick District, 18 in Stratford-on-Avon District, 10 in Rugby Borough, and 8 in North Warwickshire Borough. Of those pharmacies open on a Saturday, 65 of them are closed by 1pm. After 1pm the other 65 remain open with gradual closure over the remainder of the day.

Figure 36 shows the location of these pharmacies, and access by a 15- (dark green) and 30-minute (light green) drive time. All of Coventry and the vast majority of Warwickshire is within a 15-minute drive of a pharmacy open on a Saturday.

Figure 36: Location of pharmacies open on a Saturday, showing access by a 15 (dark green) and 30-minute (light green) drive time

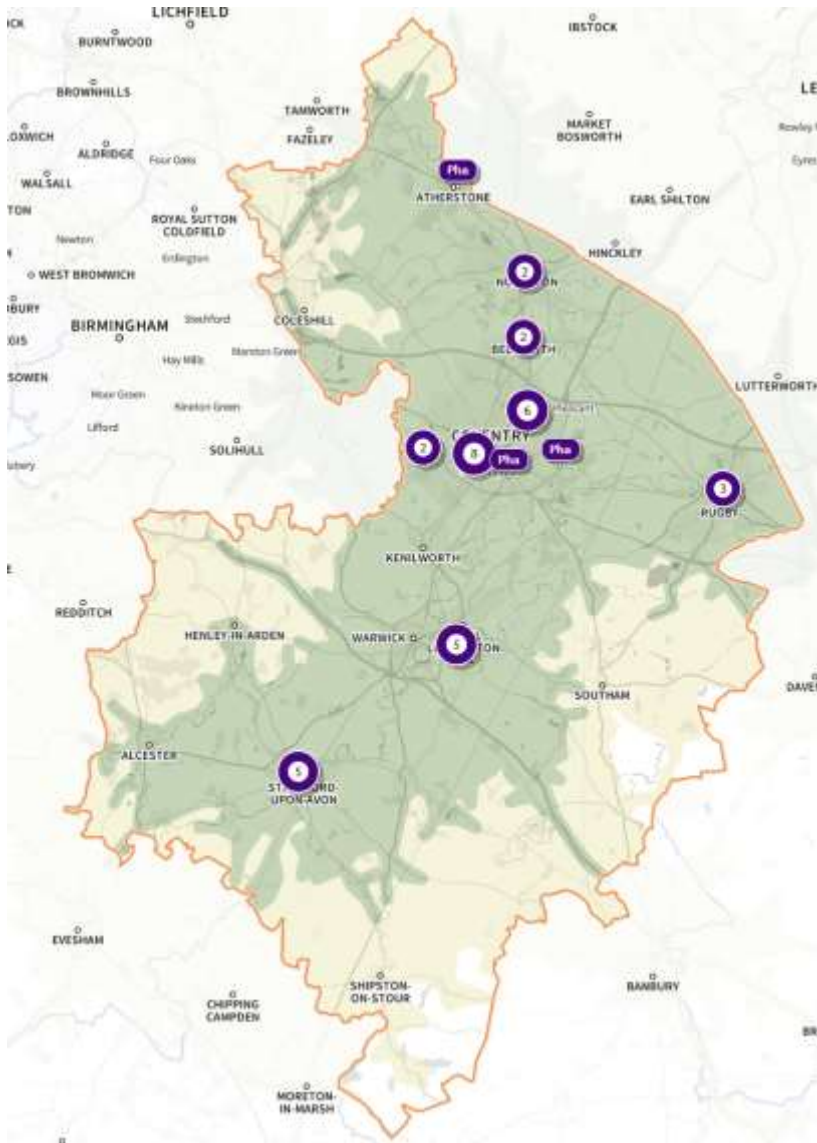


Source: SHAPE

Sunday Opening Hours

There are 18 community pharmacies in Coventry, 5 in Warwick District, 5 in Stratford-on-Avon District, 4 in Nuneaton and Bedworth Borough, 3 in Rugby Borough, and 1 in North Warwickshire Borough that are open on a Sunday, most open for 6 hours to comply with Sunday trading regulations. Figure 37 shows the location of these pharmacies, and access by a 15- (dark green) and 30-minute (light green) drive time. All of Coventry and the majority of Warwickshire is within a 15-minute drive of a pharmacy open on a Sunday. Stratford-on-Avon District is the least covered area by a 15-minute drive with areas to the East, West and South that require a 30-minute drive and a few areas outside of this.

Figure 37: Location of pharmacies open on a Sunday, showing access by a 15 (dark green) and 30-minute (light green) drive time



Source: SHAPE

Bank Holiday Provision

Some pharmacies choose to open on some bank holidays even though they are not required to do so. NHS England currently commissions rota services for main bank holidays as needed, usually for 3 hours per session. This enables patients to access pharmaceutical services on traditional bank holidays such as Christmas Day, Boxing Day, New Year's Day, and Easter Sunday. The Bank Holiday rota is available on NHS Services (<https://www.nhs.uk/nhs-services/>) and is accessible to view by the public.

LOCAL AND NATIONAL FEEDBACK ON PHARMACIES

Gathering the views of Coventry and Warwickshire residents' is important in understanding the local experience of community pharmacy services.

The pharmacy users survey was conducted across Coventry and Warwickshire between December 2024 and February 2025. The online survey was hosted on Coventry city council's let's talk platform and promoted locally. The survey received 1,622 responses from across the region.

The key objectives were to:

- Assess how often and why individuals visit pharmacies.
- Understand travel habits and time taken to reach a pharmacy.
- Identify important service factors such as accessibility, communication, and opening hours.
- Explore preferences for pharmacy visits and experiences with online pharmacy services.

A total of 1,622 responses were available for analysis. Respondents reside across Coventry and the five boroughs in Warwickshire. With regards to participant characteristics, the 25-54 years age group was under-represented whilst older age groups were over-represented. 26% of participants were male, and ethnic minority groups were under-represented, with 93% of the sample of White British origin.

A combination of qualitative and quantitative approaches to question design and data analysis were used. Key themes arising from the quantitative feedback include:

- Pharmacy visits: 74% of respondents visit a pharmacy once or twice a month, with 64% consistently using the same location.

- Convenience: 90% found pharmacy access mostly or always convenient, with Saturday mornings (9am–1pm) being the most preferred time.
- Travel patterns: the most common travel method was by car, motorbike, or van (48.2%), followed by walking (40.3%). Most individuals (74%) reach the pharmacy in under 15 minutes.
- Reasons for visits: prescription collection (93%) was the primary reason, followed by purchasing over-the-counter medication (60%) and vaccinations or medication advice (36% each).
- Desired services: disposal of old medication (57%) and flu/covid vaccinations (55%) were most sought. Phlebotomy services (37%) were the least known but of most interest.
- Service expectations: respondents prioritised efficiency (73%), friendly staff (42%), and trust in the pharmacy team (34%).
- Accessibility: most respondents found pharmacies easy to access in terms of communication (96.4%), building accessibility (89.4%), distance (88.6%), opening hours (72.1%), public transport (67.6%) and parking (61.1%).
- Online services: usage was low (19.5%), mainly for convenience (30%), with 71% preferring in-person visits and 17% unaware of online options.
- Consultation satisfaction: most were pleased with the communication (73%), felt their concerns were addressed (82%), and said the advice met or exceeded expectations (77.5%).

Key themes arising from the qualitative feedback include:

- Community role: pharmacies were valued as accessible, personalized health hubs.
- Waiting times: many reported long wait times in pharmacies.
- Staff attitude: mixed experiences—some praised helpfulness, while others perceived concerns with attitude and expertise.
- Service expansion: greater availability of services like phlebotomy and vaccinations was desired.
- Medication challenges: shortages and delays were frequently mentioned.
- Opening hours: limited availability on weekends and lunch breaks was seen as inconvenient.
- Coordination issues: communication gaps between pharmacies and general practices affected experiences.

The findings from the Pharmacy Users Survey have informed the development of the PNA document, shaping recommendations. A comprehensive analysis, including a comparison with 2022 survey statistics is provided in Appendix 1 – Public Survey.

In addition to the Pharmacy Users Survey, Healthwatch Coventry and Healthwatch Warwickshire surveys also provide valuable insights into residents' experiences with pharmaceutical services.

Healthwatch Warwickshire received 842 responses to their survey of residents' experience of using pharmaceutical services in Warwickshire between May and September 2024. More than half of respondents in each area, Warwick District, Stratford District, Rugby Borough, Nuneaton and Bedworth Borough, and North Warwickshire, were either very satisfied or satisfied with pharmaceutical services. Specific feedback relating to medication delays, frequency of consulting pharmacy services, Pharmacy First, closure of Prescription Ordering Direct, medication delivery and technology was also gathered.

Healthwatch Coventry received 140 responses to their survey of residents' experience of utilising NHS services, including pharmacy services in Coventry, between April and June 2024. 62% of individuals reported positive experiences when using their pharmacy. Additional feedback was gathered on accessibility, frequency and reasons for visiting a pharmacy, minor illness consultations and busyness in the pharmacy. In March 2025, Healthwatch Coventry commenced engagement with the community to understand individuals' experience of the Pharmacy First service.

A breakdown of findings, including links to Healthwatch reports can be found in Appendix 3 – Healthwatch Public Engagement on Pharmacy Services. Additionally, in July 2025 the results of a GP Patient Survey which includes responses around pharmacies has been published. This is available on the [Coventry and Warwickshire Integrated Care System website](#).

Pressures on Pharmacies

Medicines supply problems have become a daily occurrence in pharmacies across England, putting patients' health at great risk. In the most recent [Community Pharmacy England's 2024 Pharmacy Pressures Survey](#), pharmacy owners and pharmacy teams across England have shared just how critical this situation has now become. Nearly all community pharmacy staff report that medicine supply issues are worse than in 2023, with 99% encountering them at least weekly, and 72% now facing multiple issues a day. As well as the immediate risks to patient health and wellbeing, the medicines supply issues are affecting pharmacy businesses, adding

to the already challenging operational and financial pressures that they are facing. Without intervention these pressures will lead to the closure of more pharmacies, putting the supply of medicines at increased risk.

Medicines supply issues have been ranked by pharmacy owners as one of the most severe pressures on their businesses.

Figures 38 and 39 demonstrate the impact of medicine supply chain and how it impacts community pharmacy.

The latest [PSNC Pharmacy Pressures Survey 2023](#) echoes the CPE's findings, and includes additional pressures including staff shortages, increasing workloads, rising costs, declining pharmacy team wellbeing and the impact of unplanned closures.

The results of the 2023 Pharmacy Pressures Survey paint an extremely worrying picture about the current operational landscape, and the prospects for the future of the sector. The majority of pharmacy owners are 'concerned' or 'extremely concerned' about a myriad of issues. For instance, more than three-quarters are extremely concerned about the supply of medicines to their patients (79%) and their business' finances (78%) and over half (56%) are extremely concerned about the wellbeing of their pharmacy teams. Figure 40 shows how the impact of medicine supply issues has been felt through this survey.

Figure 38: Is your business experiencing any increase in medicine supply chain/wholesaler issues compared with this time last year?

Yes, significant increase: **90.90%**

Yes, small increase: **7.78%**

No increase: **1.08%**

Seeing reduction: **0.24%**

Source: Community Pharmacy England's 2024 Pharmacy Pressures Survey

Figure 39: How often are medicine supply chain issues affecting the pharmacy?

Multiple times a day: **72.11%**

Daily: **20.79%**

Several days a week: **4.97%**

Weekly: **1.42%**

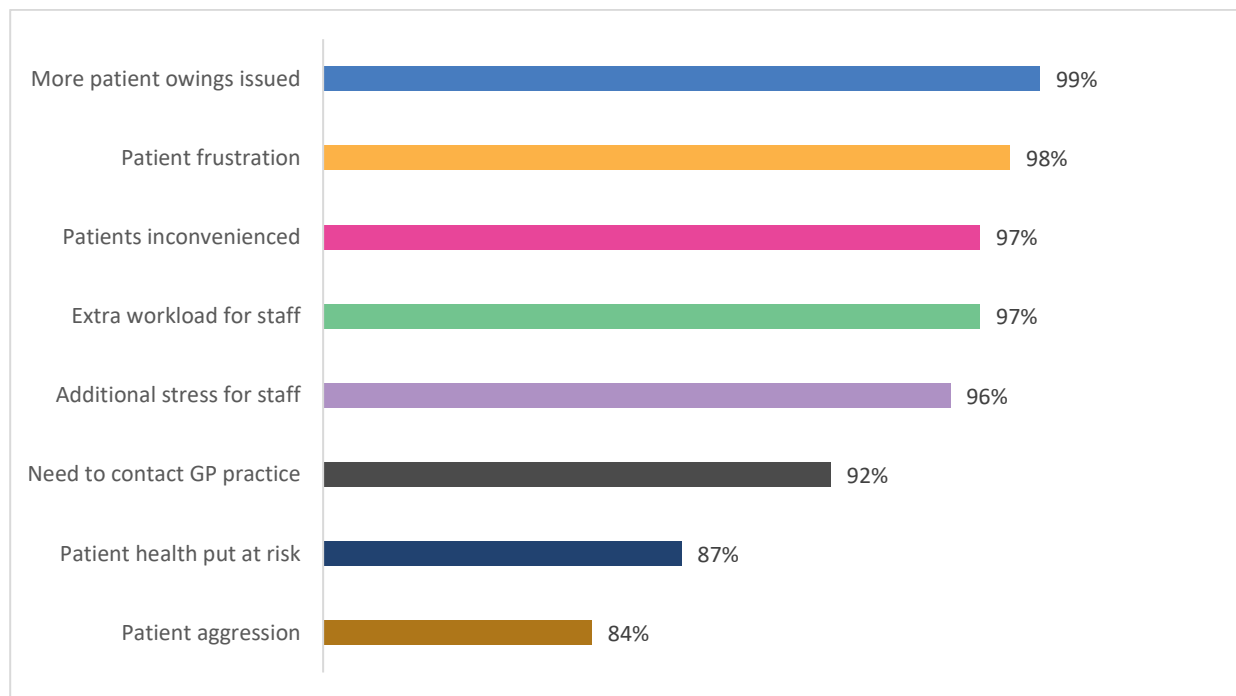
Monthly: **0.25%**

Rarely: **0.35%**

Never: **0.10%**

Source: Community Pharmacy England's 2024 Pharmacy Pressures Survey

Figure 40: Impacts of medicine supply issues



Source: PSNC Pharmacy Pressures Survey 2023

These results reflect the extreme levels of duress and stress that pharmacy teams and business are currently experiencing, and which have driven nearly half (44%) of England's pharmacies into unprofitability and to many (19%) closing temporarily.

Workforce

NHS and Health Education England (HEE) undertake an annual community pharmacist workforce survey. The survey provides an overview of the community pharmacy workforce.

The latest publicly available data is the 2023 Community Pharmacy Workforce survey, which includes metrics on staffing and vacancy levels, and the difficulty of recruiting staff.

These values are presented below in table 7 for Coventry and Warwickshire Integrated Care System.

Table 7: Staff and vacancy levels for Coventry and Warwickshire Integrated Care System

Role	Full Time Equivalent FTE	Full Time Equivalent Vacancies VFTE (%)[†]	Fairly Difficult or Very Difficult to Fill Vacancy (%)[*]
Pharmacists (employees, locums, reliefs)	293	48 (14)	74
Pharmacy Technicians	66	35 (35)	62
Accuracy Checkers	21	14 (40)	61
Trained Dispensing Assistants	354	55 (13)	69
Trainee Dispensing Assistants	107	132 (55)	50
Trained Medicine Counter Assistants	119	22 (16)	56
Trainee medicines counter assistants	50	9 (15)	42
Pharmacy delivery drivers	109	16 (13)	28

^{*}as a proportion of don't know, fairly difficult, fairly easy, neither easy nor difficult, not applicable, very difficult, very easy

[†] VFTE as a proportion of VFTE and FTE

n.b. probability weights applied to data. See original source for methodology.

Source: NHS and Health Education England

These figures illustrate a range of vacancies and difficulty in mitigating against these vacancies across all positions within community pharmacy in Coventry and Warwickshire ICS in 2023. The percentage of full-time equivalent vacancies ranged from 13% to 55%, with the highest vacancy figure for trainee dispensing assistants. The degree to which it was fairly difficult or very difficult to fill a vacancy ranged from 28% to 74%. This was most marked for pharmacist vacancies, with 74% of community pharmacies citing recruitment as fairly difficult or very difficult.

A contributing factor to the shortfall in pharmacist numbers is provided by the 2024 Community Pharmacy Pressures Survey. The survey describes that the introduction of the Additional Roles Reimbursement Scheme (ARRS) in 2019 has seen 5,000 pharmacists recruited from community pharmacy into Primary Care Network and General Practice roles. The implications of this have been shortages, temporary closures and rising costs.

The annual community pharmacy workforce survey is important because it illustrates current challenges facing the sector. In combination with the Community Pharmacy Pressures Survey, this provides wider context when considering the practicalities of addressing service provision within our locality.

Pharmacy pressures and workforce reflections were discussed at Coventry and Warwickshire Community Pharmacy Steering Group, and the consensus was that the national picture is similar to what pharmacies are seeing across Coventry and Warwickshire.

PHARMACY SERVICES

Community pharmacies provide a wide array of services that are defined/commissioned in different ways:

- **Essential Services:** Services which all pharmacies must provide as part of the CPCF regulations.
- **Advanced Services:** Services the CPCF regulations allow pharmacies to opt in to providing.
- **Enhanced Services:** Services that are commissioned by NHS England. Since 1st July 2022 ICBs have delegated responsibility for decisions on local enhanced services.
- **Locally Commissioned Services:** Services that are commissioned by an ICB or Local Authority.

ESSENTIAL SERVICES

There are 9 essential services⁵ which are summarised in the table below. In addition, adhering to clinical governance is included. All of the community pharmacies in Coventry and Warwickshire are required to provide these services as part of the CPCF regulations.

Essential Service	Description
Dispensing (Split into 2 different essential services - Medicines and Appliances)	The safe supply of medicines or appliances ordered on NHS prescriptions. Advice is given to the patient about the medicines being dispensed and information on how to use them safely and effectively. Records are kept of all medicines dispensed and maintained.
Repeat Dispensing and electronic Repeat Dispensing (eRD)	The management and dispensing of repeatable NHS prescriptions for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before dispensing each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine and communicate any clinically significant issues to the prescriber.

⁵ Community Pharmacy England. *Essential services*. <https://psnc.org.uk/services-commissioning/essential-services/> [Accessed 29th April 2025]

Discharge Medicines Service	The Discharge Medicines Service (DMS) was added as a new Essential service within the CPCF regulations on 15 th February 2021. This service allows NHS Trusts to refer patients who would benefit from extra guidance around newly prescribed medicines to the DMS service at their community pharmacy. This service aims to be a significant contributor to the safety of patients transition from care, and aims to reduce readmissions to hospital.
Healthy Living Pharmacies	Community pharmacies were required to become a Healthy Living Pharmacy in 2020/21. The Healthy Living Pharmacy framework aims to achieve a consistent provision of a broad range of health promotion interventions through community pharmacies. This should help meet local needs, improve the health and wellbeing of the local population, and help to reduce health inequalities.
Promotion of Healthy Lifestyles (Public Health)	The provision of opportunistic one-to-one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. These groups include diabetic patients, patients at risk of coronary heart disease, especially those with high blood pressure, patients who smoke and patients who are overweight. Pharmacies must also support up to six local campaigns a year, organised by NHS England. Campaign examples may include topics such as promotion of flu vaccination uptake, healthy living, or stop smoking.
Disposal of unwanted medicines	Community pharmacies accept unwanted medicines from households and individuals which require safe disposal. The medicines are then safely disposed of by a waste contractor engaged by NHS England. Pharmacies are not under any obligation to accept sharps under the terms of this essential service. Needle and syringe programmes are a locally commissioned service.
Signposting	The provision of information provided by pharmacists and staff to refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national support groups.

Support for Self-Care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
Clinical Governance	Adherence with clinical governance requirements is part of the terms of service for pharmacies, as set out in Part 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. These cover a range of quality related issues as set out in the following links: https://cpe.org.uk/quality-and-regulations/clinical-governance/ https://www.england.nhs.uk/publication/approved-particulars/

Dispensing

Table 8 shows the number of items dispensed between January 2024 – December 2024 across Coventry and Warwickshire.

Table 8: Number of items dispensed in 2024 in Coventry and Warwickshire

Area	Prescription items dispensed 2024
Coventry and Warwickshire ICB	19,712,219

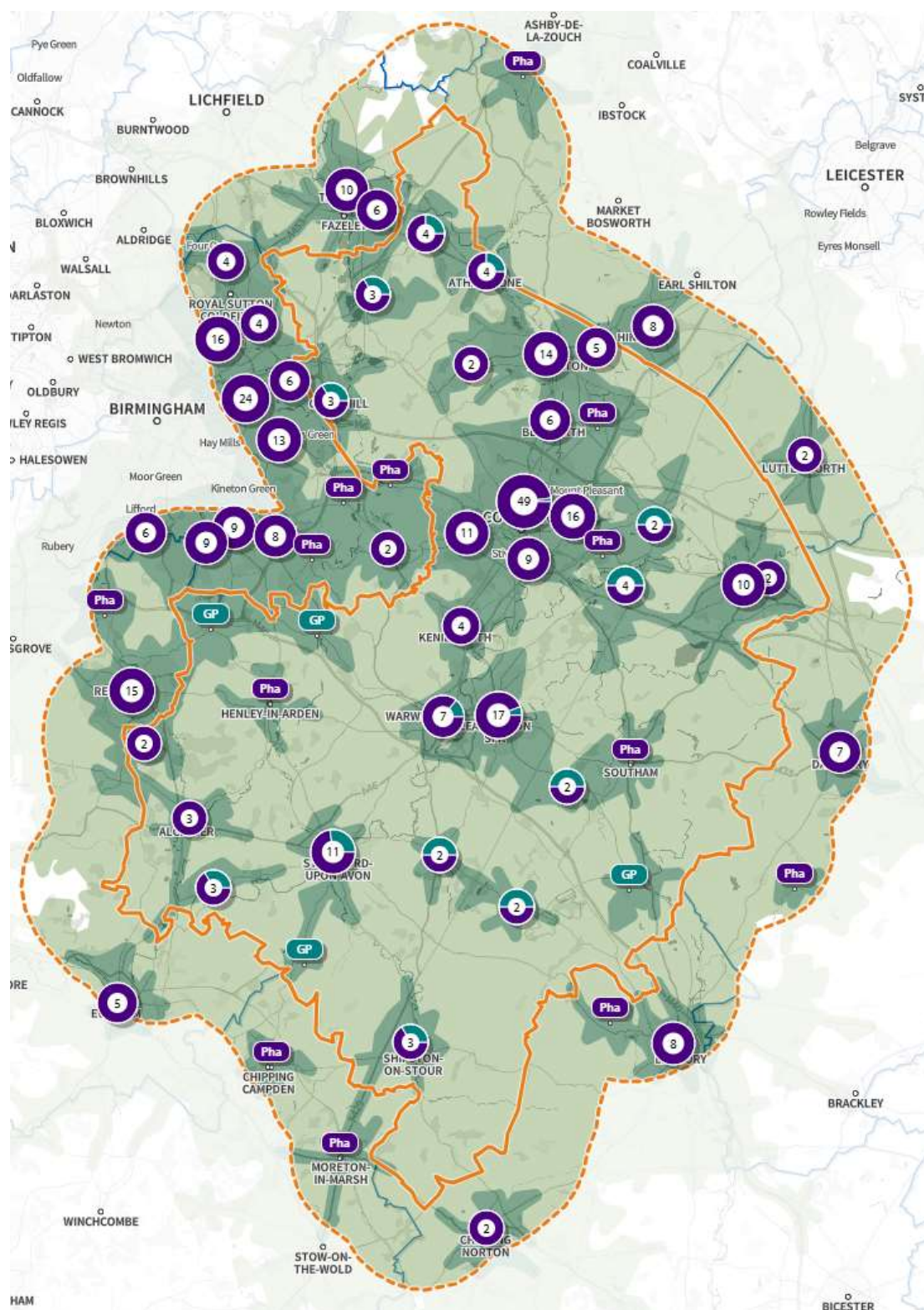
Source: NHS BSA

Results from the public survey showed that out of the essential services 90% of respondents were aware they could discuss prescriptions, 70% were aware they could get new prescriptions, 93% were aware of the disposal of old medicines service, and 90% were aware that the local pharmacy team can provide healthy living advice.

Cross Border Dispensing

The cross-border pharmacies help to service some areas in Coventry and Warwickshire. As noted in the pharmacy accessibility section of this PNA, the areas not covered by 15-minute drive time are largely rural with low population density. Figure 41 shows the provision from pharmacies outside of the Warwickshire boundary (solid orange line) to a distance of 6km (dashed orange line). For more information on these pharmacies, please see the relevant PNAs.

Figure 41: Location of pharmacies and dispensing practices in relation to a 5- or 15-minute drive, also including pharmacies within a 6km buffer around Coventry and Warwickshire.



Source: SHAPE (accessed 27th March 2025)

Appliances

Appliances can be dispensed by any pharmacy or appliance contractor and can be broadly categorised as stoma appliances, incontinence appliances, and dressings. There is 1 dispensing appliance contractor in Coventry and 0 in Warwickshire.

Prevention and Health Promotion

While all pharmacies in England are now expected to be "Healthy Living Pharmacies" (HLP) as part of the Community Pharmacy Contractual Framework, the term "Healthy Living Pharmacy" signifies a broader scope of services and a focus on health promotion, building upon the core functions of a community pharmacy.

Healthy Living Pharmacies and pharmacies aspiring to be an HLP are expected to undertake community outreach initiatives and in-pharmacy promotional campaigns.

The HLP quality criteria state that an HLP's Health Promotion Zone resources should be updated at least every two months to ensure the information provided is relevant, up-to-date and appropriate. It should:

- be clearly marked and accessible;
- have a professional appearance; and
- be appropriately equipped with up-to-date professional health and wellbeing information that meets the local public health needs.

In addition to core pharmacy services, HLPs offer services like:

- Health Promotion: Providing advice and support on healthy lifestyles, including smoking cessation, weight management, and healthy eating.
- Community Engagement: Actively engaging with the community to promote health and wellbeing.
- Signposting: Directing patients to other healthcare providers and resources.
- Health Promotion Zone: Having a dedicated area in the pharmacy for health information and promotion.

ADVANCED SERVICES

In addition to essential services, the CPCF allows community pharmacies to opt to provide any advanced services following appropriate training or accreditation by NHS England.

NEW MEDICINES SERVICE (NMS)

The New Medicines Service provides support for patients with long term conditions who have been newly prescribed a medicine to help improve patient medicine adherence. It is initially focused on particular patient groups and conditions. Specific conditions/medicines covered by the service are:

Asthma and COPD	Diabetes (Type 2)	Hypertension	Hypercholesterolaemia
Osteoporosis	Gout	Glaucoma	Epilepsy
Parkinson's disease	Urinary incontinence/retention	Heart Failure	Acute coronary syndromes
Atrial fibrillation	Long term risks of venous thromboembolism/embolism	Stroke/transient ischemic attack	Coronary heart disease

The service is split into three sections:

- Patient Engagement
- Intervention
- Follow up

Patient Engagement – After a new medicine has been prescribed for a long-term condition, patients will be recruited to the service by prescriber referral or opportunistically by community pharmacy staff. Once the new medicine has been dispensed and information given about its use a patient will be offered to use the NMS. If accepted, a method and time will be agreed for the “Intervention” stage, usually between 7 and 14 days after patient engagement.

Intervention – The pharmacist and patient will have a discussion to assess adherence to the medicine(s), identify any problems, and determine the patient’s need for further information and support. Further support and information will be provided by the pharmacist and where no problems have been identified a time for the “Follow up” stage will be agreed, usually 14 to 21 days after the “Intervention” stage. If problems are identified where the intervention of the patient’s prescriber is needed, the issue will be referred to them.

Follow up – The pharmacist and patient will again have a discussion to assess adherence to the medicine(s), identify any problems, and determine the patient’s need for further information and support. Further support and information will be provided by the pharmacist. If problems are identified where the intervention of the patient’s prescriber is needed, the issue will be referred to them.

The NMS is conducted in a private consultation area or via telephone or video consultation, which ensures patient confidentiality.

The optimal use of appropriately prescribed medicines is vital to the management of long-term conditions. The pharmacist is fundamental to this service as they can intervene and offer support and advice to patients who are newly prescribed a medicine that will be used to manage a long-term condition.

From October 2025 depression will be introduced to NMS as a further therapeutic area for which patients can receive support.

NHS BSA data shown in table 10 shows the number of NMS interventions declared by community pharmacies between January 2024 – December 2024.

Table 9: NMS interventions declared in Community Pharmacies

Area	Number of NMS interventions declared in 2024
Coventry & Warwickshire	92,336

Source: NHS England

In 2021/2022, Coventry and Warwickshire had an average of 166 NMS consultations per pharmacy delivering the service, which compared to the national figure of 192. In 2023/2024, the Coventry and Warwickshire average for NMS consultations per pharmacy was 329, whilst the national average was 367. These trends show a significant increase in NMS consultations locally and nationally.⁶

Conclusion for NMS Service

A large proportion of the community pharmacies within Coventry and Warwickshire provide the NMS service. No gaps have been identified from the information available.

APPLIANCE USE REVIEWS (AUR)

Appliance Use Reviews can be carried out by a pharmacist or a specialist nurse in the pharmacy or at a patient's home. AURs serve to improve patient's knowledge and use of any 'specified appliance' by:

⁶ NHS Business Services Authority. *General Pharmaceutical Services in England 2015-26 – 2023-24*. <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24> [Accessed 28th April 2025]

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

NHS BSA data shown in Table 11 shows the number of AURs conducted at community pharmacies in Coventry and Warwickshire in 2023/2024.

Table 10: Number of AURs conducted at community pharmacies in Coventry and Warwickshire

Area	Number of AURs conducted at community pharmacies in 2023/2024	Percentage of AURs conducted at community pharmacies in 2023/2024*
Coventry & Warwickshire	56	16

*Community pharmacy AURs as a proportion of community pharmacy and home AURs

Source: NHS BSA

The number of AURs conducted in community pharmacies in 2023/2024 was 56, this is 16% of the total number of pharmacy and home AURs, which was 361.

Despite an increase in the total number of AURs from 291 in 2021/2022 to 361 in 2023/2024, the number and proportion of AURs conducted in community pharmacies was greater in 2021/2022 (171, 59%)

Conclusion for AUR Service

The number and proportion of AURs in a community pharmacy has reduced over time. In contrast, demand for the AUR service has increased, however there is a much smaller proportion of the population that may be eligible.

Coventry and Warwickshire residents may be receiving AURs from other national providers of appliances/AURs or specialist nurses. In addition, AURs in the patient's home may represent a convenient alternative to the pharmacy setting.

No gaps in this service have been identified. The demand and distribution of the service should be assessed continually based on service models and demographic changes.

STOMA APPLICATION CUSTOMISATION (SAC)

The service involves customisation of a quantity of more than one stoma appliance, based on the patient's measurements or template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. In order to provide this service certain criteria must be fulfilled, one of the main being the service must be provided from an 'acceptable location' meaning:

- An area within the pharmacy that is distinct from the public area
- Is clearly designated as a private area whilst the service is being provided
- Is suitable and designated for the retention of the appropriate equipment for customisation
- Is suitable and designated for modification of the appliances
- That is suitable for the volume of customisation being undertaken at any given time.

NHS BSA data shown in Table 12 shows the number of Stoma Customisation Fees done by community pharmacies in Coventry and Warwickshire between April 2024 – November 2024.

Table 11: Number of Stoma Customisation Fees done by community pharmacies in Coventry and Warwickshire, April 2024 – November 2024 (inclusive).

Area	Number of Stoma Customisation Fees April 2024 – November 2024 (inclusive).
Coventry & Warwickshire	182

Source: NHS BSA

Conclusion for SAC Service

Demand for the SAC service is lower than for other advanced services due to the much smaller proportion of the population that may be targeted. No current gaps in provision have been identified based on the information available. Coventry and Warwickshire residents may be receiving SACs from other national providers of stomas. The demands of the services should be assessed continually based on service models and demographic changes.

SEASONAL INFLUENZA (FLU) VACCINATION

Each year the NHS runs a national seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

The aims of the service are to:

- Since 2015/16 NHS England has commissioned the flu vaccination scheme from community pharmacy as a new Advanced Service. All pharmacy contractors can choose to provide the flu vaccination service. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their NHS vaccination targets.

The map displays the following bus routes and their locations:

- 1: Near Acocks Green
- 2: Near Fazeley
- 3: Near Earls Shelford
- 4: Near Acocks Green
- 5: Near Kenilworth
- 6: Near Warwick
- 7: Near Kenilworth
- 8: Near Alcester
- 9: Near Birmingham
- 10: Near Lutterworth
- 11: Near Southam
- 12: Near Warwick
- 13: Near Kenilworth
- 14: Near Acocks Green
- 15: Near Acocks Green
- 16: Near Acocks Green
- 17: Near Acocks Green
- 18: Near Acocks Green
- 19: Near Acocks Green
- 20: Near Acocks Green

Routes marked as 'Plus' are located near:

- Alcester
- Henley-in-Arden
- Southam
- Warwick
- Kenilworth
- Alcester
- Henley-in-Arden
- Southam
- Warwick
- Kenilworth

82

Conclusion for Flu Vaccination service

There is adequate provision of this service in Coventry and Warwickshire. The Flu service is also accessible from GPs and other Healthcare providers. Pharmacies in Coventry and Warwickshire should continue to be encouraged to provide the flu vaccine. Flu immunisation is a cost-effective health protection intervention, which supports the prevention of the spread of infectious disease, reducing illness, and complications of flu, which, although a mild illness in most, can be fatal.

PHARMACY FIRST

The NHS Community Pharmacist Consultation Service (CPCS) is now part of the Pharmacy First Service. The CPCS service ceased on the 30th of January 2024 and the Pharmacy First Service commenced on the 31st of January 2024.

The three services provided by Pharmacy First are as follows:

1. Minor illness consultation with a pharmacist – previously CPCS
2. Urgent repeat medicine (and appliances) supply – previously CPCS
3. Clinical pathway consultations – new service

Minor illness consultation with a pharmacist and urgent repeat medicine (and appliances) supply were previously part of the NHS Community Pharmacist Consultation Service. Clinical pathway consultations is a new service.

1. Minor Illness Consultation with a pharmacist

Healthcare providers such as general practices, NHS 111, Emergency Department and Urgent Treatment Care centres can refer individuals to pharmacies for a minor illness consultation.

2. Urgent repeat medicine (and appliances) supply

NHS 111 or the Integrated Urgent Care Clinical Assessment Service (which is integrated with NHS 111) can refer individuals to pharmacies for urgent repeat medicine (and appliances) requests.

3. Clinical Pathway Consultations

The clinical pathway consultations service consists of advice and NHS-funded treatment, when clinically appropriate, for seven common conditions provided by pharmacies.

The conditions included in the service are:

1. Sinusitis (12 years and over)
2. Sore throat (5 years and over)
3. Acute otitis media (1 to 17 years)
4. Infected insect bite (1 year and over)
5. Impetigo (1 year and over)
6. Shingles (18 years and over)
7. Uncomplicated UTI (Women 16 to 64 years)

Individuals can self-refer, by attending or contacting the pharmacy independently. In addition, individuals can also be referred into the Pharmacy First clinical pathway consultations service by general practice, urgent and emergency care settings and NHS 111. This service is offered throughout the opening hours of the pharmacy.

The benefits of the Pharmacy First Clinical Pathway Consultations service are that it can provide individuals with more accessible and timely care for common conditions. In addition, the service has the potential to reduce the demand on general practice and urgent care settings. This would allow for increased capacity for consultations which address complex or urgent needs, respectively.

There are 176 pharmacies across Coventry and Warwickshire which provide the Pharmacy First service, 79 in Coventry and 97 in Warwickshire. It is not possible to directly compare the provision of CPCS services with the Pharmacy First scheme due to differing organisational arrangements.

Figure 43: Pharmacies providing the Pharmacy First service in Coventry and Warwickshire

Source: SHAPE

There is excellent provision of Pharmacy First services across Coventry and Warwickshire. There may be opportunities to determine public use and experience of Pharmacy First Clinical Pathway Consultations as time progresses, given its introduction in January 2024. No gaps have been identified in this service.

SMOKING CESSATION ADVANCED SERVICE

The smoking cessation advanced service described here forms part of the broader provision of smoking cessation support and pharmacy activity. The description below represents the community service smoking cessation service which complements inpatient initiated smoking cessation pathways.

Across Coventry and Warwickshire, there are currently 79 Community pharmacies signed up to the national smoking cessation service. As part of this service, patients who have received stop smoking services whilst being admitted into hospital, will have the choice to have their smoking cessation services continued by a local community pharmacy should they wish. This service went live in 2021 however, there were delays in getting the acute trusts to start referring patients in. NHS community pharmacies are a great place for patients to receive stop smoking advice and support.

The service:

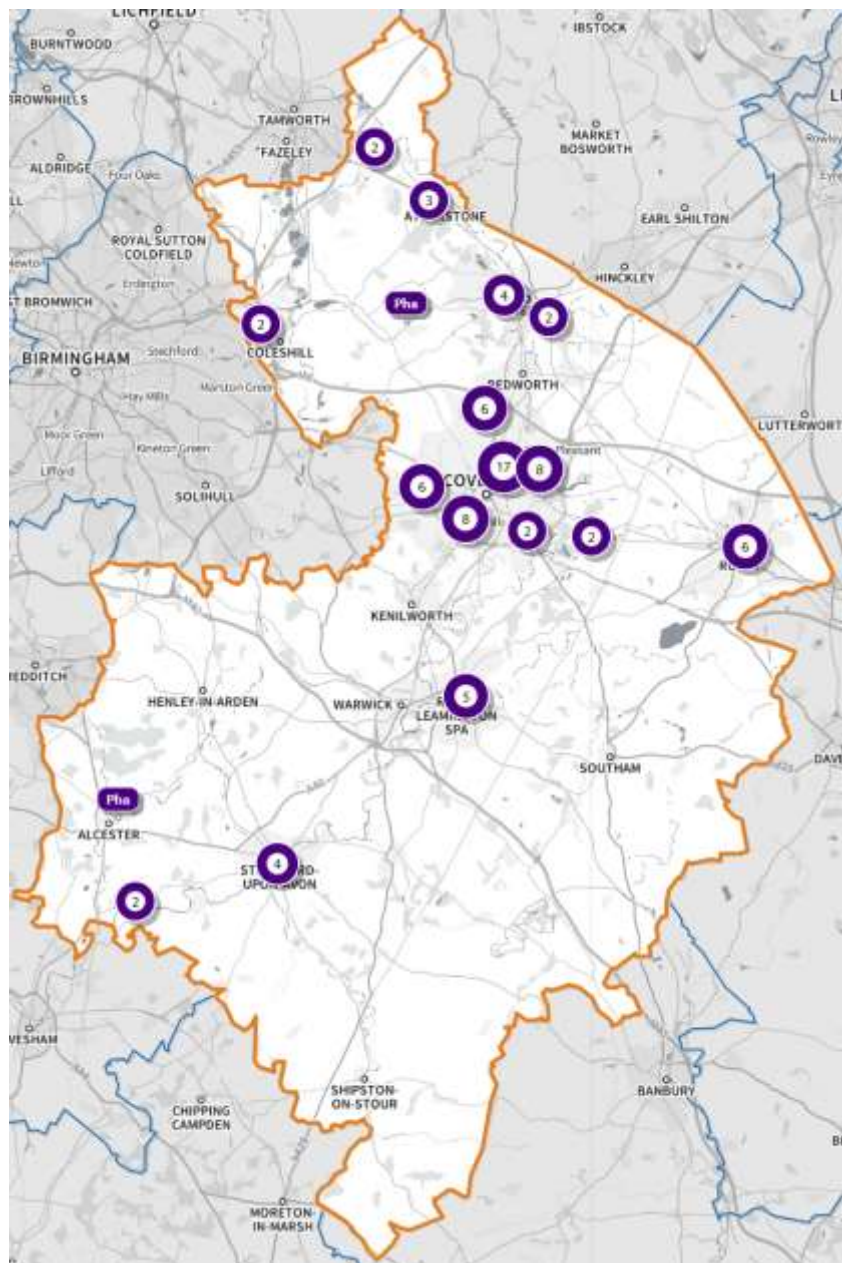
- Supports patients who started a stop smoking programme in hospital to continue their journey in community pharmacy upon discharge
- Promotes healthy behaviours to service users

Additional smoking cessation pharmacy services:

- NRT (nicotine replacement therapy) voucher scheme – Coventry only: all clients who are part of a smoking cessation scheme will receive a voucher. The client will redeem this at a community pharmacy.
- Varenicline review and provision: this provision is specific to Coventry and operates under a Patient Group Directive (PGD)
- Psychosocial interventions: includes structured counselling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention.

In 2025 to 2026, the new contract enables the delivery of patient group directions (PGDs) by pharmacy technicians. For the smoking cessation service, the introduction of PGDs to enable the provision of varenicline and cytisinicline (cytisine) has been agreed and therefore added to this service later in 2025.

Figure 44: Pharmacies providing the smoking cessation advanced service in Coventry and Warwickshire



Source: SHAPE

Conclusion for Smoking Cessation Service

Currently there are fairly modest numbers being referred into the service, however work is being done with the acute trust providers to increase the number of patients utilising the service. Work is also being done with UHCW to start referrals from within Coventry. It is thought that whilst this service has brought fairly modest returns so far, there will be an increase in utilisation in the coming months which will hopefully lead to better engagement.

HYPERTENSION CASE-FINDING SERVICE

The Hypertension Case-Finding service supports risk identification and prevention of cardiovascular disease (CVD).

There are 167 pharmacies across Coventry and Warwickshire which provide this service, 74 pharmacies in Coventry and 93 pharmacies in Warwickshire.

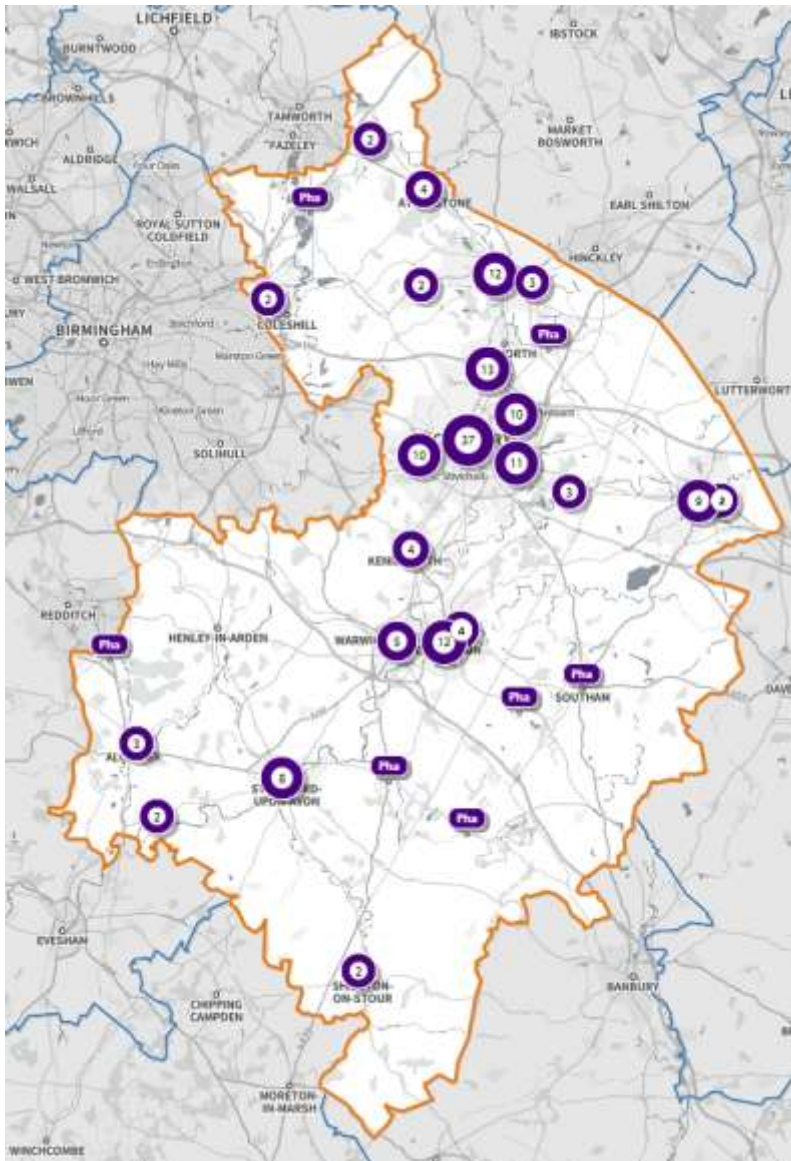
This service:

- Identifies people over the age of 40 with high blood pressure (hypertension), who have not previously been diagnosed, and refers these individuals to general practice for confirmatory diagnosis and management. This service is also available to individuals under the age of 40 years at the discretion of pharmacy staff.
- Performs ad hoc clinic and ambulatory blood pressure measurements, in individuals with or without a diagnosis of high blood pressure at the request of a general practice.
- Promotes healthy behaviours.

The new pharmacy contract will make updates to the Hypertension Case-Finding service specification to align the service to National Institute for Health and Care Excellence (NICE) guidelines. This will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specific time period.

This service was commissioned in April 2022.

Figure 45: Pharmacies providing the hypertension case-finding service in Coventry and Warwickshire



Source: SHAPE

Conclusion for Hypertension Case-Finding service

There has been an increased uptake in pharmacies providing the Hypertension Case-Finding service. The number of pharmacies providing this service across Coventry and Warwickshire has increased from 118 in 2022 to 167 in 2025.

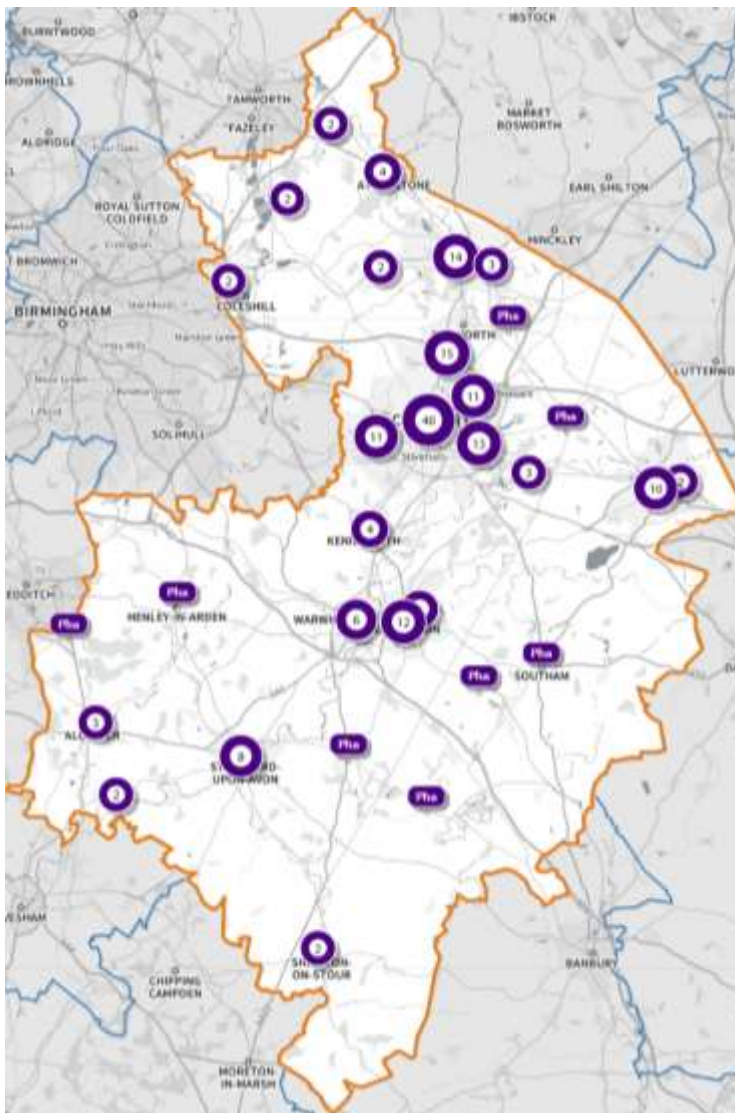
The increase in provision of the Hypertension Case-Finding service is important in identifying and reducing the future burden of cardiovascular disease, particularly for individuals who may not routinely use their GP or another NHS service. The service also provides an opportunity to promote wider healthy behaviours. No gaps have been identified in this service.

PHARMACY CONTRACEPTION SERVICE (PCS)

In 2021, NHS England ran a pilot involving pharmacies offering repeat supplies of oral contraception to people who had previously had this prescribed which was then expanded in 2023 to involve pharmacists providing ongoing management of routine contraception that was initiated in general practice or a sexual health clinic. In November 2023, PCS was announced as an expanded service which also enables community pharmacists to initiate oral contraception via a Patient Group Direction (PGD) and provide ongoing clinical checks. The service aims to provide people with greater choice from where they can access contraception services and extra capacity in primary care and sexual health clinics.

138 pharmacies in Coventry and Warwickshire provide this service, as shown in the map below.

Figure 46: Pharmacies providing the PCS service in Coventry and Warwickshire



Source: SHAPE

Conclusion for Pharmacy Contraception Service

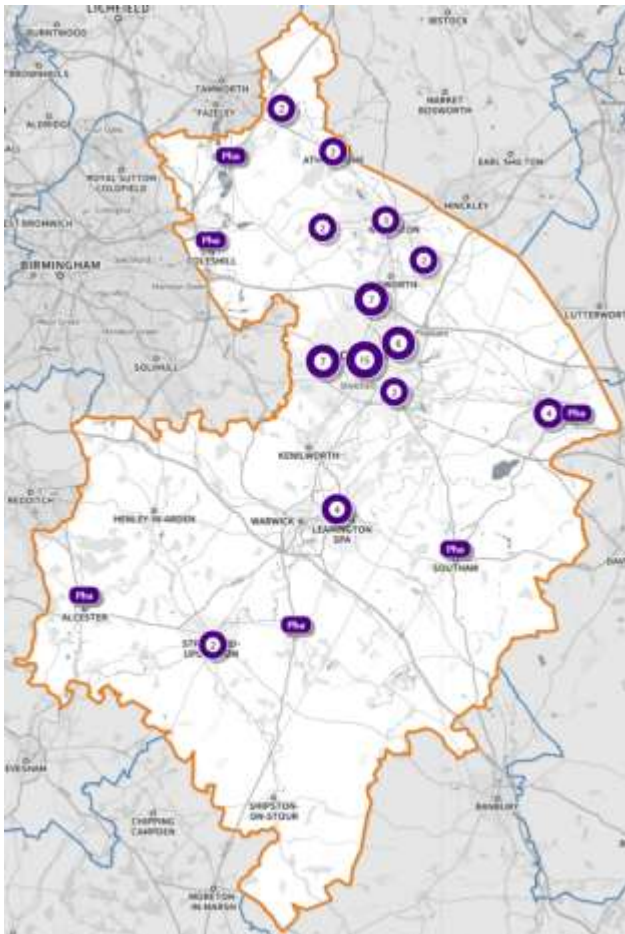
There is a good provision of the Pharmacy Contraception Service. With PCS expanding in 2025, and incorporating Emergency Hormonal Contraception services, this provides an opportunity to review sexual health services locally and to identify other opportunities to support the service through community pharmacy moving forward.

ENHANCED SERVICES (NATIONAL AND LOCAL)

COVID-19 VACCINATION

Since Autumn 2022 the COVID-19 vaccination service has been commissioned as a National Enhanced Service (NES) with community pharmacy contractors being selected locally to provide the service to meet the needs of the population. 64 pharmacies provide the COVID-19 vaccination service, as shown in figure 47. This service is provided alongside PCN providers.

Figure 47: Pharmacies providing the COVID-19 vaccines in Coventry and Warwickshire



Source: SHAPE

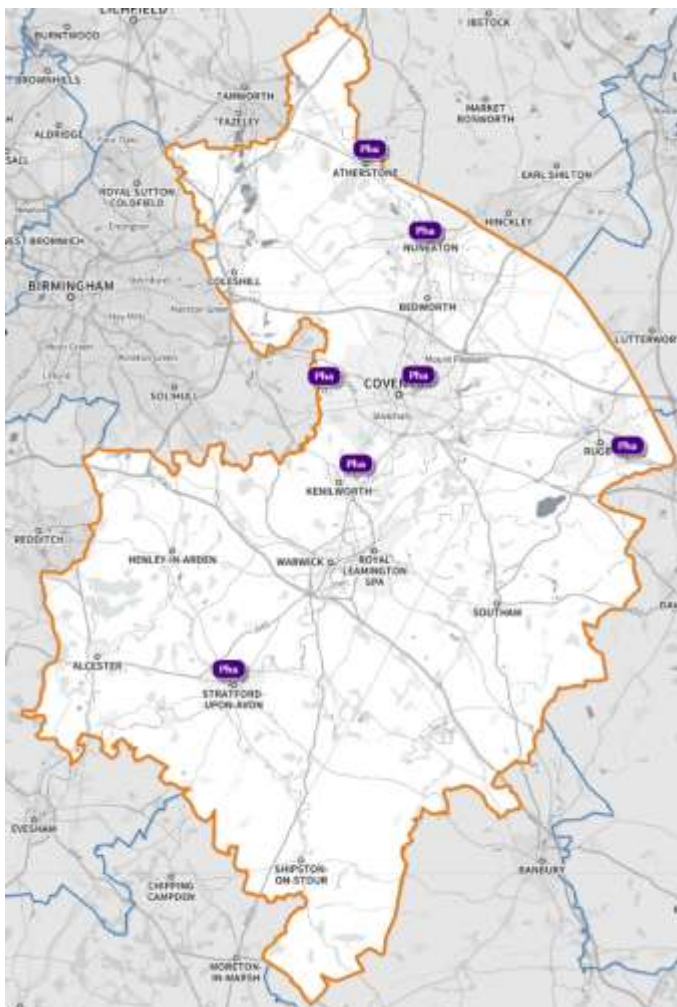
ANTIVIRALS

This local enhanced service, commissioned by Coventry and Warwickshire ICB, aims to supply antiviral medicines primarily for managing outbreaks of influenza where there may be an increased and/or unpredictable demand. The service ensures prompt access especially during out-of-season periods when general practitioners may not be able to prescribe them. The antiviral drugs provided typically include Oseltamivir (Tamiflu) and Zanamivir (Relenza)

In addition, the service also now provides Paxlovid (nirmatrelvir/ritonavir) which is a COVID-19 antiviral. Whilst vaccines remain the primary defence against COVID-19, in December 2021 the UK Government announced access to antiviral and antibody treatments for the UK's most vulnerable people. These treatments are used in the earliest stages of infection, administered as soon as possible after a confirmed COVID-19 positive PCR test, and often taken at home.

7 pharmacies across Coventry and Warwickshire currently provide the antiviral service.

Figure 48: Pharmacies providing antivirals in Coventry and Warwickshire



Source: SHAPE

END OF LIFE (EOL) MEDICINES

Through this local enhanced service, community pharmacies provide advice and stock an agreed list of medicines commonly used in palliative care for patients nearing the end of their life. Pharmacies are a convenient access point for these medicines throughout Coventry and Warwickshire. All pharmacies can order these medicines, although they are not guaranteed to have stock. The demand of these medicines may be urgent and/or unpredictable, the pharmacy contractor will therefore:

- Stock a locally agreed range of specialist medicines and make a commitment to ensure prompt access to these medicines at all times agreed with the ICB.
- Provide information and advice to the user, carer, and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

This service is currently due to run until 31st March 2026. There are 11 community pharmacies in Coventry and 11 community pharmacies in Warwickshire who are currently commissioned to provide this service and therefore guarantee to hold the stock of medicines. This has increased since the 2022 PNA following a review which now shows the current number and spread of pharmacies meets need, along with the list and quantities of drugs held.

LOCALLY COMMISSIONED SERVICES

The third set of pharmaceutical services from the CPCF that can be provided from pharmacies are Enhanced Services and Locally Commissioned Services. These services can only be

referred to as Enhanced Services if they are commissioned by NHS England. Local services commissioned by ICBs or Local Authorities are referred to as Locally Commissioned Services.

These services are commissioned to meet an identified need in the local population and pharmacies can choose whether to provide these services.

In this chapter, the mapped pharmacies are those contractually commissioned to deliver the services. The activity across pharmacies varies; this can be due to client choice or isolated occasions when one or more of the services cannot be accessed.

SUBSTANCE MISUSE

Coventry City Council and Warwickshire County Council both commission needle syringe programme and supervised consumption for the management of drug action services. People can also access these services at Change Grow Live (CGL) hubs.

The overall aims of pharmacy services to drug users are to assist the service user to remain healthy, reduce risk, and provide service users with regular contact with a healthcare professional and help them access further advice or assistance. These are considered necessary services and pharmacies can act as an important primary access point for these service users. The service reduces the risk of drug-related death during the induction and titration stages of treatment but also prevents diversion of prescribed medication. This service ensures frequent (usually daily) contact between the service user and the pharmacist especially during the early and more chaotic stages of treatment. This also allows the opportunity to monitor patients closely.

Needle Syringe Programme

Needle Syringe Programme supplies injecting drug users with access to sterile needles, syringes and other equipment and their safe disposal. Needle exchange delivery is based on the philosophy of providing injecting drug users with sterile needles and associated injection equipment at no cost. The aim of these services is to reduce the damage associated with using unsterile or contaminated injecting equipment.

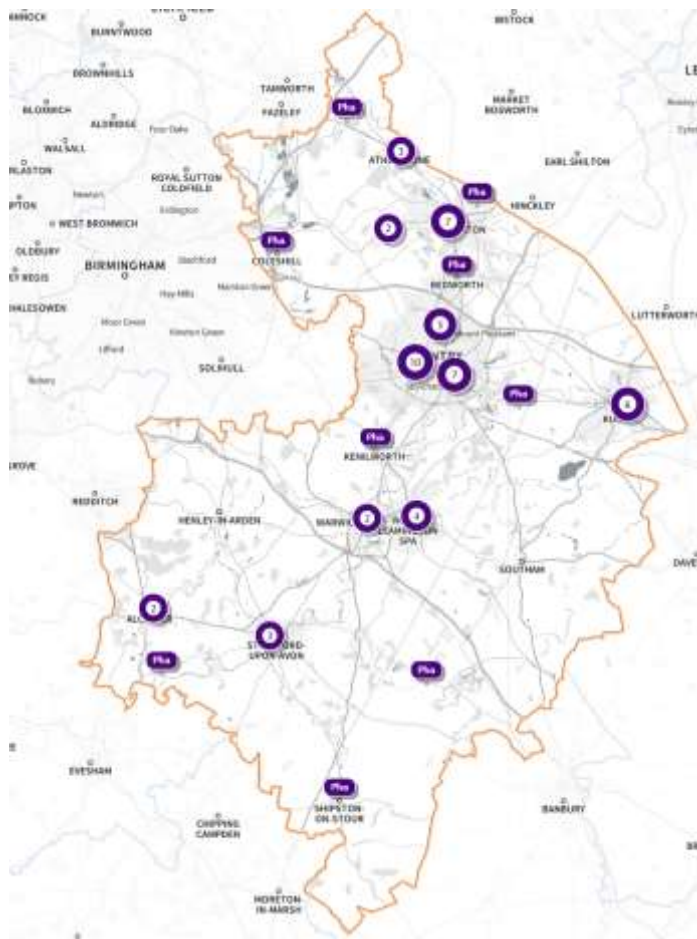
The objectives of the pharmacy-based needle exchange service are to:

- Reduce the spread of blood-borne viruses associated with injecting drug use through the provision of injecting equipment.
- Reduce the rates of high-risk injecting behaviours by referring on to specialist services.
- Reduce the social and physical harms associated with injecting drug use, including promoting safer injecting practices.

- Increase and facilitate access to treatment services for clients who are not already engaged in structured treatment.
- Reduce the potential for unsafe disposal of used injecting equipment and therefore reduce the risks to public health.
- Maximise the benefits of accessing community pharmacies, such as general health improvement and signposting to other services.

60 pharmacies across Coventry and Warwickshire offer this service, with 22 in Coventry, 6 in North Warwickshire, 10 in Nuneaton and Bedworth Borough, 7 in Rugby Borough, 8 in Stratford-on-Avon District and 7 in Warwick District. There is variability in uptake in provision and in some instances capacity of pharmacies, who struggle with space. The LPC and Commissioners work with these pharmacies and can support their ability to provide or remove them from list and seek alternatives where the demand exists. They also review where provision is low due to lack of need or knowledge of the offer available by local clients.

Figure 50: Pharmacies that provide the Needle Syringe Programme in Coventry and Warwickshire



Source: SHAPE

Supervised Consumption

Supervised consumption/medically assisted treatment is a service used to ensure that patients with substance dependence take their medication at regular intervals. The service requires the pharmacist to supervise the consumption of the prescribed medicines at the point of dispensing in the pharmacy, ensuring that the correct dose has been administered to the patient.

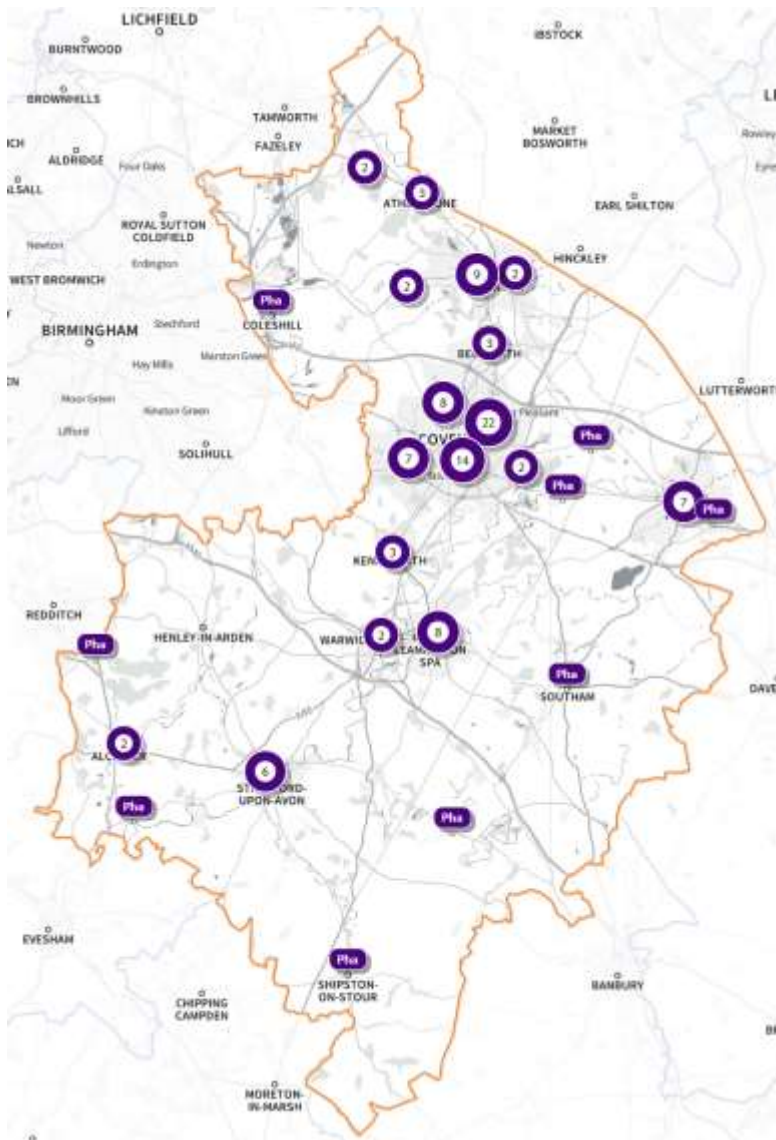
Frequent contact between pharmacists and patients, following on from supervised consumption, means that pharmacists are well placed to monitor patient health. In addition to providing support and advice to substance misusers, trained pharmacists can communicate any non-attendance or other non-adherence. The risk of accidental overdose is also reduced, and the rehabilitation process is enhanced by helping patients stick to their treatment plan.

The objectives of the supervised consumption service are to ensure compliance with the agreed treatment plan by:

- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly consumed by the patient for whom it was intended, with privacy and dignity.
- Encourage uptake of vaccines and testing for blood borne viruses.
- To reduce the risk to local communities arising from:
 - Over usage or under usage of medicines
 - Diversion of prescribed medicines onto the illicit drugs market and accidental exposure to the supervised medicines

111 pharmacies in Coventry and Warwickshire offer this service, with 52 in Coventry, 7 in North Warwickshire, 15 in Nuneaton and Bedworth Borough, 10 in Rugby Borough, 13 in Stratford-on-Avon District and 13 in Warwick District.

Figure 51: Pharmacies that provide supervised consumption in Coventry and Warwickshire



Source: SHAPE

Take Home Naloxone

Take home naloxone provision is available to all presenting adults (aged 18 and over) who attend for either needle exchange services or supervised consumption of their opiate substitute medication. Young people under 18 years old should be sign-posted to the local specialised Young People's Service.

The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug treatment services where appropriate.

Coventry has 6 pharmacies that offer this service through a service level agreement with CGL.

Figure 52: Pharmacies that provide the take home naloxone service



Source: SHAPE

SMOKING CESSATION

Locally Commissioned Stop Smoking Services

Stop Smoking Service 12+ years

Coventry City Council commission Healthy Lifestyle Service to deliver a range of lifestyle interventions, including smoking cessation. Smokers can receive free one-to-one support over 12 weeks with a qualified health coach through the Healthy Lifestyle Service, as well as via their GP or local pharmacy. Information for Healthy Lifestyle Service can be found online: <https://hlscoventry.org/our-services/stop-smoking/> A stop smoking app is also available and offers behavioural support.

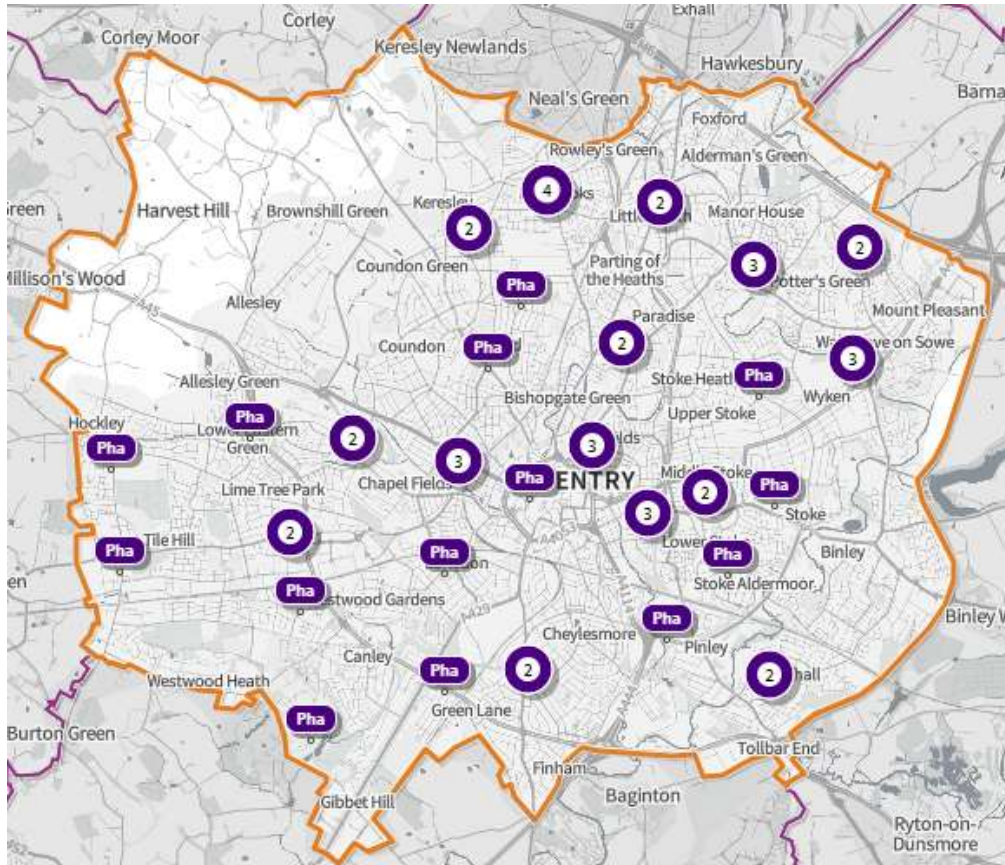
The Stop Smoking Service is where pharmacies provide support and advice to people who want to give up smoking. The delivery for the service helps reduce levels of smoking-related illness, disability, premature death, and health inequality.

The aims of the service are:

- Support the development of stop smoking services outside of GP surgeries.
- Enable supply of nicotine replacement therapies by appropriately trained non-physician health care professionals.

In Coventry, a total of 51 pharmacies provide the smoking cessation service.

Figure 53: Pharmacies that provide the smoking cessation service in Coventry



Source: SHAPE

There isn't a minimum number of patients in order for the pharmacy to offer the service. Instead, the focus is ensuring a good geographic spread of pharmacies including coverage within the more deprived neighbourhoods.

The Varenicline service is available in 7 pharmacies across Coventry. It is PGD led through pharmacy and behavioural support.

Figure 54: Pharmacies that provide varenicline in Coventry



Source: SHAPE

Warwickshire County Council commission community stop smoking service 'Quit 4 Good', provided by Everyone Health. Smokers can receive free support to quit smoking via the GP or through one-to-one support over 12 weeks with a qualified health coach through Everyone Health, as well as an app offer which provides stop smoking behavioural support. At initial assessment, Everyone Health will triage service users and if they express they'd like to use Varenicline and they meet eligibility criteria, they will have it prescribed through a private social prescriber. Warwickshire pharmacies do not deliver stop smoking services in Warwickshire. Information for Everyone Health can be found online: <https://quit4good.warwickshire.gov.uk/>

Stop Smoking in Pregnancy Service (SSiPS)

Currently, all pregnant women who smoke are referred into their local Stop Smoking in Pregnancy Service. This happens during their booking appointment at their chosen Trust; UHCW, George Eliot or South Warwickshire University Foundation Trust (SWUFT).

In Warwickshire this service is commissioned by WCC and provided by SWUFT. In Warwickshire, a specialist team of experienced stop smoking in pregnancy advisors provide a friendly, confidential service to help pregnant smokers and their families stop smoking. If

nicotine replacement therapy is required, the advisor will prescribe what is needed and it will be delivered to the woman's home or other specified address within 48 hours. To access the service in Warwickshire online: <https://quit4good.warwickshire.gov.uk/quit4baby>

Similar to Warwickshire, in Coventry the SSiPS is commissioned as part of the Family Health and Lifestyles Service and sits separately to the Healthy Lifestyle Service and is also delivered by SWUFT. This service also offers direct supply of NRT to the client's home address, or other specified address within 48 hours. To access the service in Coventry online: <https://www.swft.nhs.uk/our-services/coventry-family-health-and-lifestyle-service-0-19-years>

SEXUAL HEALTH SERVICES

HCRG (Health and care group) are currently commissioned by Coventry City Council and Warwickshire County Council to deliver Integrated Sexual Health Services and HIV Treatment Services jointly across Coventry and Warwickshire from April 2024 to March 2029. Part of their service delivery model is the provision of Emergency Hormonal Contraception (EHC) in community pharmacy settings, designed to improve access to these treatments.

Pharmacies who provide sexual health services also encourage clients to access mainstream contraceptive services and provide education on available contraception and the prevalence of sexually transmitted diseases.

At present, pharmacies in Coventry and Warwickshire are not testing or treating for STIs. Sexual health services for chlamydia were previously commissioned through community pharmacy, however this is no longer the case. Pharmacies are instead signposting patients to the Integrated Sexual Health Service (ISHS) website where users can order a testing kit for Chlamydia online.

Supply of emergency hormonal contraception (EHC)

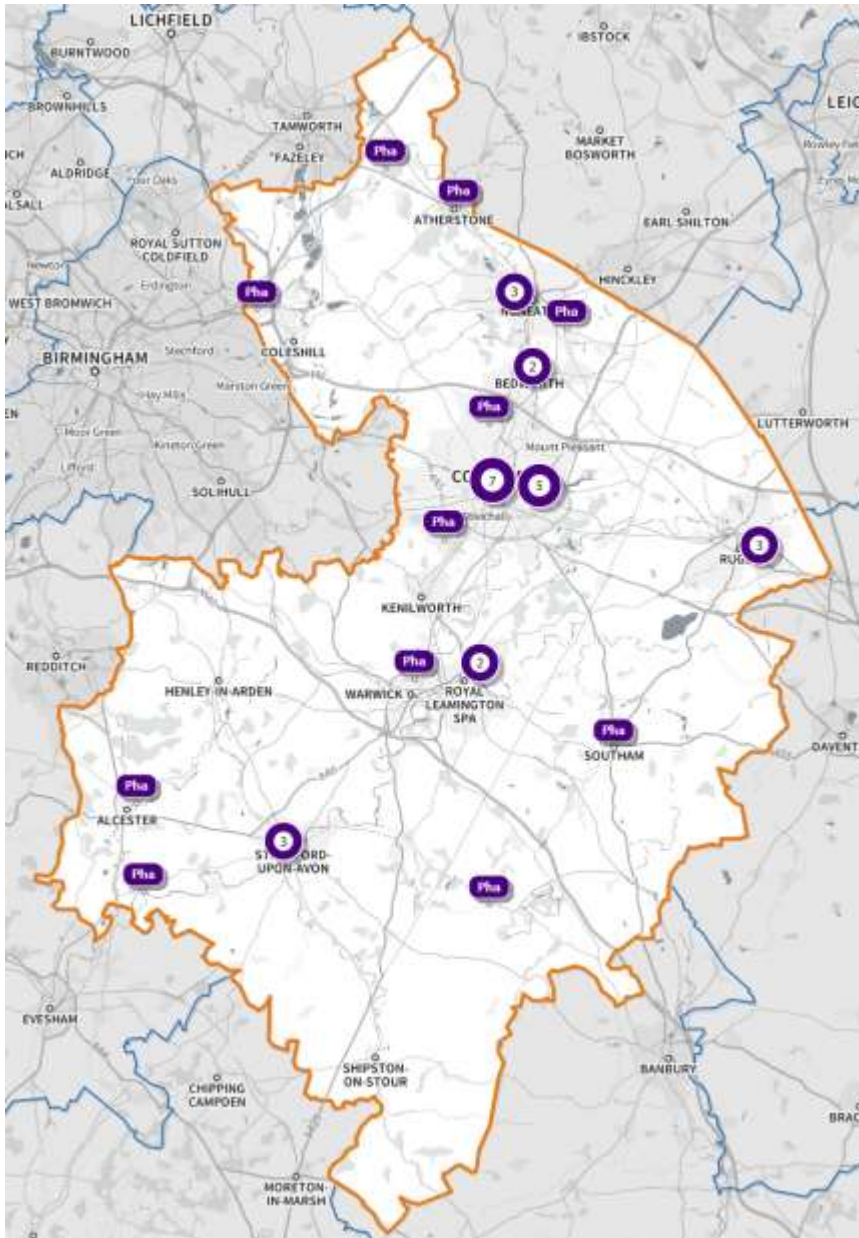
The service allows a client aged 13 years or over to choose to attend an accredited Warwickshire pharmacy (operating within the parameters of a service level agreement and a current EHC PGD) to obtain free EHC. The service is open to anyone, they do not need to be a Coventry or Warwickshire resident. Other pharmacies can provide paid for over-the-counter EHC separate to this service, or residents can order it for free online.

Client privacy is of utmost importance, and the selection of each pharmacy will have been based on the assurance that they use approved private counselling area that complies with the

requirements for provision of Advance services under the National Pharmacy Contractual Framework.

In Coventry and Warwickshire, a total of 36 pharmacies provide sexual health services, shown in Figure 54. The last PNA showed 82 pharmacies providing sexual health services, since then contractual arrangements have changed which has resulted in a large drop off in pharmacies delivering EHC. This is on the plan for improvement.

Figure 55: Pharmacies that provide sexual health services in Coventry and Warwickshire



Source: SHAPE

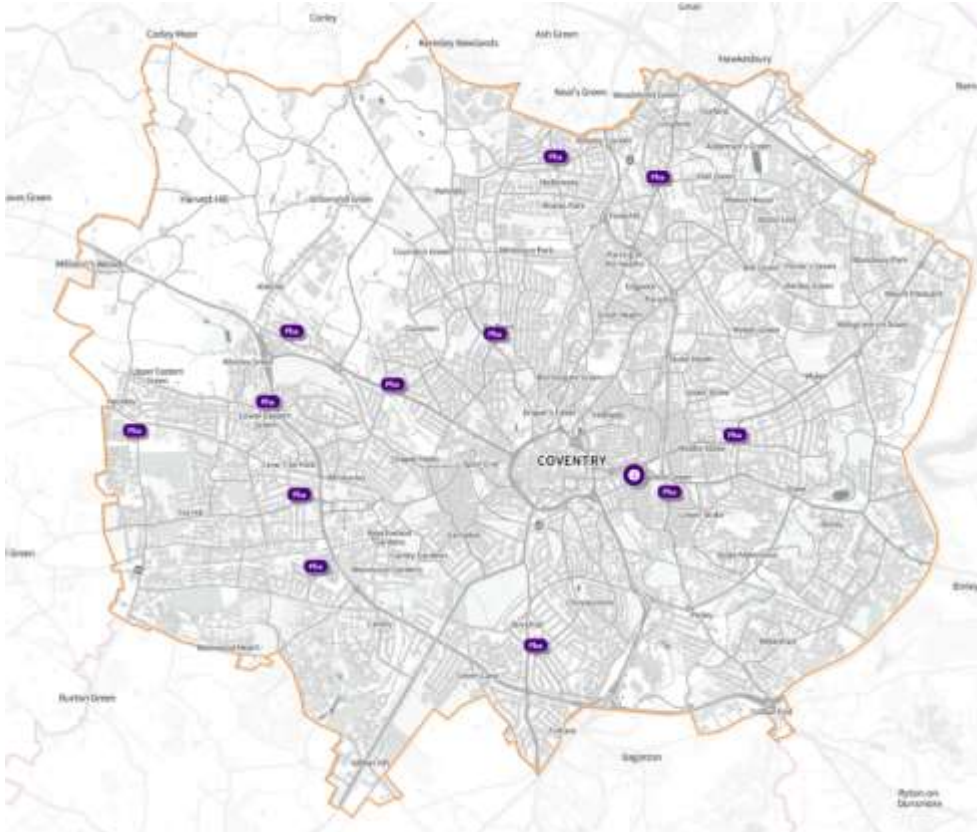
As of October 2025 EHC will be added to the pharmacy contraception advanced service. This expansion will allow all community pharmacies to provide access to EHC for patients, creating equitable access. This is an ideal opportunity to divert the savings to add other sexual health services to community pharmacy.

PHLEBOTOMY

Phlebotomy services are blood tests or blood taking. A prescriber such as a nurse or GP can issue a patient with a request to have bloods taken, and for convenience and speed this can now be done at a local pharmacy, avoiding queues at hospitals and GP surgeries. The bloods are sent off for analysis and the results are sent back to the prescriber. This provides access to phlebotomy services at a wider range of times and venues to suit the local community.

Phlebotomy services are commissioned only in Coventry by the local Integrated Care Board via University Hospitals Coventry and Warwickshire. There are 14 pharmacies which provide a Phlebotomy service in Coventry. This is a small reduction in number from 17 pharmacies which provided the service in Coventry in 2022.

Figure 56: Pharmacies that provide the phlebotomy service in Coventry



Source: SHAPE

CONCLUSION

Regulations on the creation of the PNA do not provide any guidelines for how to identify gaps in pharmaceutical provision.⁷ Guidance does suggest three levels where gaps may exist:

1. Geographical gaps in the location of premises.
2. Geographical gaps in the provision of services.
3. Gaps in the times at which at which, or days on which, services are provided.

The Coventry and Warwickshire Community Pharmacy Steering Group have decided to consider 6 key areas to assess the provision of pharmaceutical access locally. These areas establish what the population of Coventry and Warwickshire should expect in relation to the provision of pharmacy. The first four of these focus on areas essential to pharmacy access, and the second two are areas to aid the development of good quality access to pharmacies.

Areas essential to pharmacy access:

1. Most residents should be within a 20-minute drive of a pharmacy that is open during usual hours (Monday-Friday, 9am-5pm). Pharmacies outside of the Coventry and Warwickshire borders should be included in this analysis. Dispensing practices will also be taken into consideration when examining rural provision.
2. Most residents in urban areas* should be within a 20-minute walking distance of a pharmacy that is open during usual hours (Monday-Friday, 9am-5pm). Pharmacies outside of the Coventry and Warwickshire borders should be included in this analysis.
3. There should be a pharmacy open out of hours (Monday-Friday after 5pm and provision during the weekend) accessible to each of the urban areas* in Coventry and Warwickshire. Most residents in rural areas should be within a 30-minute drive of a pharmacy that is open out of hours. Pharmacies outside of the Coventry and Warwickshire borders should be included in this analysis.
4. Housing developments which are expected to be completed within the lifetime of this PNA should be reviewed against the above principles to ensure pharmacy access will accommodate growth in the next 3 years.

Areas to aid the development of good quality access to pharmacies:

⁷ Department of Health and Social Care. *Pharmaceutical needs assessments: information pack*. <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack> [Accessed 28th January 2025])

1. There should be reasonable access to advanced and locally commissioned services.
2. Feedback from residents captured in the Pharmaceutical Needs Assessment survey could be used to help identify any potential opportunities in good practice and quality of pharmaceutical services that the above principles may not capture. Other engagement activities or pieces of work may be undertaken during the life course of a PNA which could also be considered.

*ONS urban area boundaries are defined as areas forming settlements with populations of over 10,000⁸. In Coventry and Warwickshire, this would be:

- Atherstone
- Bedworth
- Coventry
- Kenilworth
- Leamington Spa
- Nuneaton
- Rugby
- Stratford-on-Avon
- Warwick

COVENTRY

Areas essential to pharmacy access:

This PNA has shown that all areas of Coventry are within a 20-minute drive of a community pharmacy and most areas are also within a 20-minute walk of a community pharmacy. Areas outside of a 20-minute walk are predominately smaller more rural areas on the outskirts of Coventry with a smaller population number where it is appropriate to review their access against drive time as opposed to walk time. This PNA has also shown that Coventry has good access to out of hours pharmacies.

This PNA acknowledges that there have been 9 pharmacy closures and 2 consolidations in Coventry since the 2022 PNA. These pharmacies were located close to other pharmacies that

⁸ Department for Environment, Food & Rural Affairs. *The Rural-Urban Definition*. <https://www.gov.uk/government/statistics/the-rural-urban-definition> [Accessed 18th March 2025]

are still open and therefore does not create a geographical gap based on the areas essential to pharmacy access. This PNA has heard feedback from patients that these changes have impacted on people's experiences in accessing pharmacies, and this will have had an impact on the number of pharmacies per 10,000 of the population. This will need to be monitored based on any further changes and as a consideration that commissioners will need to react to.

Mapping of housing developments anticipated over the lifetime of this PNA has shown that in Coventry these developments will all fall within a 20-minute drive time, with most also being within a 20-minute walk time of a community pharmacy, with good access to out of hours pharmacies. This therefore doesn't identify any geographical gaps in access, although ongoing monitoring of the impact any population increase caused by housing completions will be necessary.

This PNA therefore concludes that there are no gaps in pharmaceutical provision within Coventry.

Areas to aid the development of good quality access to pharmacies:

This PNA has shown that there is a sufficient provision of advanced services. The value of this will likely continue to increase with the additions announced that require engagement in 2 national health campaigns and 2 ICB selected campaigns.⁹

This PNA has also shown the current provision of locally commissioned services. Pharmacies providing locally commissioned services are geographically spread across Coventry. It is important to consider that pharmacies form only part of the provision for many locally commissioned services, with other options existing that people can access. What is presented in this PNA therefore needs to be considered as part of a wider picture to understand if access to these services is appropriate, and commissioners should use the content of this PNA to inform their decision making and continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical and health needs of the local population.

Patient feedback is always important and will be considered as part of any recommendations. This PNA has included feedback from the public survey undertaken for this PNA (appendix 1 and 2), and feedback received by Coventry Healthwatch (appendix 3). Overall, both

⁹ Department of Health & Social Care. *Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026*. <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026> [Accessed 11th April 2025]

engagement activities showed a positive perception of pharmacies in Coventry, with a high level of positive responses in relation to pharmacy access. Challenges were identified around waiting times and efficiency, medication stock and supply, and communication and coordination. These are challenges felt nationally by pharmacies as highlighted in the Community Pharmacy Pressures Survey and Annual Community Pharmacist Workforce Survey, both summarised in the “Pharmacy Provisions and Access” chapter of this PNA.

At the time of writing, Coventry Healthwatch is undertaking further engagement with public and pharmacy staff on experiences of community pharmacy, with a current focus on Pharmacy First. Once completed, this work should be shared with the Coventry and Warwickshire Community Pharmacy Steering Group to aid ongoing consideration and planning around community pharmacies.

WARWICKSHIRE

Areas essential to pharmacy access:

This PNA has shown that all areas of Warwickshire are within a 20-minute drive of a community pharmacy and most urban areas are also within a 20-minute walk of a community pharmacy. Urban areas outside of a 20-minute walk are predominately settlements on the outskirts of town centres with small population numbers where it is appropriate to review their access against drive time as opposed to walk time. This PNA has also shown that Warwickshire has good access to out of hours pharmacies.

This PNA acknowledges that there have been 4 pharmacy closures and 2 consolidations in Warwickshire since the 2022 PNA. These pharmacies were located close to other pharmacies that are still open and therefore does not create a geographical gap based on the areas essential to pharmacy access. This PNA has heard feedback from patients that these changes have impacted on people’s experiences in accessing pharmacies, and this will have had an impact on the number of pharmacies per 10,000 of the population. This will need to be monitored based on any further changes and as a consideration that commissioners will need to react to.

Mapping of housing developments anticipated over the lifetime of this PNA has shown that in Warwickshire these developments will all fall within a 20-minute drive time, with most urban developments also being within a 20-minute walk time of a community pharmacy, with good access to out of hours pharmacies. The Steering Group has recognised that there are some large housing developments in progress, particularly noting the Houlton development in Rugby.

At the time of writing this PNA, this development is not at a stage where identifying a gap in pharmacy access would be appropriate. However, this site should be monitored by ICB commissioners alongside other Primary Care services to consider and align pharmaceutical provision in this area to GP, optometry, and dental provision. The mapping of housing developments therefore hasn't identified any geographical gaps in access, although ongoing monitoring of the impact any population increase caused by housing completions will be necessary.

This PNA therefore concludes that there are no gaps in pharmaceutical provision within Warwickshire.

Areas to aid the development of good quality access to pharmacies:

This PNA has shown that there is a sufficient provision of advanced services. The value of this will likely continue to increase with the additions announced that require engagement in 2 national health campaigns and 2 ICB selected campaigns.¹⁰

This PNA has also shown the current provision of locally commissioned services. Pharmacies providing locally commissioned services are geographically spread across Warwickshire, with services tending to focus on urban areas with higher population densities. It is important to consider that pharmacies form only part of the provision for many locally commissioned services, with other options existing that people can access. What is presented in this PNA therefore needs to be considered as part of a wider picture to understand if access to these services is appropriate, and commissioners should use the content of this PNA to inform their decision making and continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical and health needs of the local population.

Patient feedback is always important and will be considered as part of any recommendations. This PNA has included feedback from the public survey undertaken for this PNA (appendix 1 and 2), and feedback received by Warwickshire Healthwatch (appendix 3). Overall, both engagement activities showed a positive perception of pharmacies in Warwickshire, with a high level of positive responses in relation to pharmacy access. Challenges were identified around waiting times and efficiency, medication stock and supply, and communication and

¹⁰ Department of Health & Social Care. *Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026*. <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026> [Accessed 11th April 2025]

coordination. These are challenges felt nationally by pharmacies as highlighted in the Community Pharmacy Pressures Survey and Annual Community Pharmacist Workforce Survey, both summarised in the “Pharmacy Provisions and Access” chapter of this PNA.

APPENDICES

APPENDIX 1 - PUBLIC SURVEY

Background

A Pharmacy Services User Survey was conducted across Coventry and Warwickshire from December 2024 to February 2025. The survey was conducted on-line with access to the survey promoted via posters in all community pharmacists. Users were asked to scan a QR Code which took the respondent to the survey hosted on Coventry City Council's Let's Talk platform.

1,622 responses were available for analysis. The response for each of the council areas is seen below:

Table 12: Responses to the public survey by area

Which area do you live in?		
	Sample Percent	Population Percent
Coventry	26%	36%
Warwick District	26%	16%
Stratford on Avon District	12%	14%
Rugby Borough	12%	16%
Nuneaton and Bedworth Borough	12%	14%
North Warwickshire Borough	6%	7%
Other	2%	

The sample under-represents Coventry and Nuneaton and Bedworth and over-represents Rugby Borough and Warwick and Stratford-on-Avon Districts.

Compared to the population the sample was also non-representative by

- 25–54-year-olds were under-represented
- Older age groups were over-represented
- Only 26% of the respondents were male
- Ethnic minority groups were under-represented with 93% in the whole sample being of White British origin.

Survey Contents

The survey asked a range of questions about respondents' use of pharmacy services both in-store and online. For those who mostly visited a pharmacy store – access issues were discussed and for on-line users the benefits for them of this approach was examined.

Additionally, socio-demographic information about the respondent was recorded. This allows for an analysis of responses to questions about service use across age, employment status, ethnicity, disability status etc.

This report will examine the responses to the pharmacy use questions for the whole survey and identify variations from this by location, age, ethnicity etc where they occur.

Frequency of Use

Table 13: Answers to the question “On average how frequently do you use a pharmacy?”

On average how frequently do you use a pharmacy	2025 Percent	2022 Percent
More than once per week	2%	2%
Once per week	9%	8%
Once or twice a month	74%	39%
Once or twice every other month	14%	41%
Once or twice per year		8%
I don't know	1%	1%

- Respondents from Coventry were slightly more likely to visit more than once per week.
- Respondents from Nuneaton and Bedworth respondents were less likely to attend once or twice every other month (51.6%).

Travel to Pharmacy

Table 14: Answers to the question “How would you normally travel to the pharmacy you usually use?”

How would you normally travel to the pharmacy you usually use?		
	2025 Percent	2022 Percent
Car/Motorbike/Van	48.2%	46.5%
Walk	40.3%	42.0%
I have my medicines delivered	7.1%	6.8%
Other	1.7%	1.8%
Public Transport	1.9%	1.8%
Cycle	0.6%	1.1%

- Fewer people walk in Rugby Borough and Stratford District.
- Respondents from Warwick are more likely to cycle.
- Respondents from Rugby are more likely to drive.
- Respondents from Warwick are less likely to have delivery.

Distance travelled to Pharmacy

Table 15: Answers to the question “How long does it usually take you to travel to your pharmacy?”

How long does it usually take you to travel to your pharmacy?		
	2025 Percent	2022 Percent
Between 15 and 30 minutes	20%	19%
I have my medicines delivered	5%	5%
Less than 15 minutes	74%	74%
More than 30 minutes	1%	1%

- Respondents from Coventry were less likely to travel 15-30 minutes.
- Respondents from Rugby were slightly less likely to take less than 15 minutes and more likely to take 15-30 or 30+ minutes.

Pattern of Use

Table 16: Answers to the question “What best describes your use of a pharmacy?”

What best describes your use of a pharmacy?		
	2025 Percent	2022 Percent
I use the same community pharmacy all of the time	64%	60%
I use the same community pharmacy most of the time	27%	29%
I use several different community pharmacies	6%	8%
I use a combination of community pharmacies and online/internet pharmacies	3%	3%
I use online/internet pharmacies all of the time	1%	1%

What do people use the Pharmacy for?

We gave respondents a range of pharmacy uses to choose from, and they could select as many as appropriate, hence the percentages add up to more than 100%.

Table 17: Answers to the question “For what reasons do you usually access a pharmacy?”

For what reasons do you usually access a pharmacy?	2025 %	2022 %
To collect a prescription(s)	93%	93%
To buy over the counter medicines (that do not need a prescription)	60%	57%
To have a vaccination including flu booster/Covid vaccines	36%	25%
To buy over-the-counter medical devices and other health-related products e.g plasters, bandages etc.	31%	28%
To get advice and information on medication	36%	31%
To get advice and information on healthy lifestyles and disease prevention	6%	3%
To get Covid related advice/information	Not asked	3%
To access a NHS or public health service	1%	6%
Referred by 111	3%	Not asked
Other	7%	6%

- Respondents from Warwick more likely to buy over the counter medicines.
- Respondents from Coventry and Nuneaton & Bedworth more likely to visit for vaccination – Respondents from Stratford and Warwick were less likely.
- Coventry residents ticked the Other box – largely to note they have used Phlebotomy services which are only available in Coventry.

Most important services

Respondents were asked to choose their top 3 services most important to them.

Table 18: Answers to the question “When thinking about your pharmacy, what is most important to you?”

When thinking about your pharmacy, what is most important to you?		
	2025 %	2022 %
Efficient and quick service	73%	74%
Being open before 9am or after 6pm on a weekday, or on a weekend	26%	
Location of pharmacy	30%	45%
Friendly staff	42%	43%
Know and trust the Pharmacist/Team	34%	32%
Late opening hours		24%
Pharmacist takes time to listen and talk to me	13%	19%
Services available	15%	13%
Availability of urgent advice	10%	10%
Home delivery of medication	8%	9%
Other (please specify)	2%	3%
Multiple languages spoken	0%	0%

Use of Services

Respondents were asked to identify from a list of services those they are aware of, those which they have used and which they may be interested in using in the future?

Table 19: Percentages of people aware of certain services

Thinking about the services provided by pharmacies can you please indicate which of the following you are aware of, which you have used and which you may be interested in using in the future? Please use the scroll bar to see all the options			
	I am aware of this service but have not used it (n)=2022	I have used this service (n)=2022	I am not aware of this service but I would be interested in using this service in the future (n)=2022
Disposal of old medicines	34% (40%)	57% (47%)	6% (11%)
Discuss your prescription medicines	37% (38%)	53% (48%)	6% (10%)
New prescription medicines	31%	39%	22%
Use of medical devices e.g. blood pressure monitor	60% (51%)	16% (11%)	10% (30%)
Emergency supply of medication	50% (38%)	25% (21%)	16% (34%)
Advice on healthy living	44% (60%)	46% (5%)	4% (24%)
Stopping smoking advice	60% (75%)	2% (3%)	2% (8%)
Sexual health services	53% (68%)	2% (2%)	5% (14%)
Blood tests	26% (31%)	21% (18%)	37% (42%)
Vaccinations including flu/Covid	37% (46%)	55% (38%)	5% (10%)
Travel vaccines	53% (52%)	8% (6%)	16% (30%)
Health tests e.g. cholesterol, blood pressure check	53% (46%)	15% (7%)	23% (37%)

- Respondents from Rugby were more likely to not be aware but would use to discuss your prescription medicines.
- Respondents from Coventry were more likely to be aware of but not used a medical device.
- Respondents from Nuneaton and Bedworth were less likely to be aware of and used emergency medication.
- For blood tests, Coventry residents on most fronts really don't know this is available.
- For flu and COVID jabs.
 - Coventry and Nuneaton & Bedworth residents more likely to be not aware and not applicable, but Stratford less.
 - Coventry and Nuneaton & Bedworth residents less likely to not be aware but would use, Stratford and Warwick more likely.
- Mixed White and Asian respondents were more likely to not be aware of medicines disposal but would use (sample size small).
- Asian or Asian British Indian and Other Mixed or Multiple Ethnic Background respondents were more likely to be aware of but not used seek advice on my health.
- NB Sample numbers across the 19 ethnicities offered are very small.

Access/Opening Hours

Respondents were asked how easy it was to access a pharmacy in terms of Distance, Opening Hours, Parking, accessibility of the building, Communication/languages/interpretation and Public Transport.

Table 20: Distance	Count	Percent
Easy to access	1413	88.6
Some issues with access	159	10.0
Significant difficulties with access	22	1.4
Total	1594	100.0

Table 21: Opening Hours	Count	Percent
Easy to access	1144	72.1
Some issues with access	389	24.5
Significant difficulties with access	53	3.3
Total	1586	100.0

Table 22: Parking	Count	Percent
Easy to access	793	61.1
Some issues with access	369	28.5
Significant difficulties with access	135	10.4
Total	1297	100.0

Table 23: Accessibility of the building	Count	Percent
Easy to access	1137	89.4
Some issues with access	113	8.9
Significant difficulties with access	22	1.7
Total	1272	100.0

Table 24: Communication	Count	Percent
Easy to access	906	96.4
Some issues with access	27	2.9
Significant difficulties with access	7	.7
Total	940	100.0

Table 25: Public Transport	Count	Percent
Easy to access	433	67.6
Some issues with access	122	19.0
Significant difficulties with access	86	13.4
Total	641	100.0

This pattern is broadly the same across districts except that Rugby residents have some or significant issues with distance, opening hours, and parking and Stratford residents who have some or significant issues with Public Transport

Opening Hours

Table 26: Answers to the question “When would be the most convenient time for you to visit a pharmacy?”

When would be the most convenient time for you to visit a pharmacy? ()=2022				
	Before 9am	Between 9am and 1pm	Between 1pm and 6pm	After 6pm
Monday to Friday	5% (9%)	46% (61%)	32% (48%)	13% (28%)
Saturday	3% (3%)	58% (75%)	20% (36%)	2% (4%)
Sunday	7% (2%)	37% (43%)	15% (24%)	1% (3%)

Convenient Opening Hours

Table 27: Answers to the question “Are you able to access a pharmacy at times that are convenient to you?”

Are you able to access a pharmacy at times that are convenient to you?	
	Percent ()=2022
Most of the time	47% (47%)
Yes always	43% (39%)
Sometimes	9% (11%)
Never	2% (2%)

- Respondents from Rugby were less likely to say yes always.
- Respondents from Nuneaton and Bedworth were less likely to say sometimes.
- Respondents from Rugby were more likely to say sometimes and never.

Use of Online/Internet Pharmacy Services

Table 28: Answers to the question “Have you used or accessed online/internet pharmacy services?”

Have you used or accessed online/internet pharmacy services?	
	Percent ()=2022
No	78% (80%)
Yes	19.5% (17%)
Not sure	2% (3%)

Table 29: Answers to the question “Why do/did you chose to use online/internet pharmacy services?”

Why do/did you chose to use online/internet pharmacy services?	
	% of those who use Online
Convenient to access	30%
Access any time	21%
It saved time	18%
Other (please specify)	10%
Cheaper than pharmacy	7%
It felt confidential	7%
I had the advice I needed	6%

Table 30: Answers to the question “Why have you not used an internet/online pharmacy service?”

Why have you not used an internet/online pharmacy service?	
	%
Prefer to visit Pharmacy	71%
Didn't know about internet/online	17%
Other (please specify)	9%
I found it difficult to use	2%
No access to internet	2%

Communication of advice

Table 31: Answers to the question “The advice was well communicated to you (e.g. spoken, written down)”

The advice was well communicated to you (e.g. spoken, written down)	
	Percent (n=2022)
Definitely agree	65% (55%)
Somewhat agree	18% (18%)
Neither agree nor disagree	13% (9%)
Somewhat disagree	2% (3%)
Definitely disagree	1.5% (2%)

- Rugby residents were less likely to definitely agree and more likely to neither agree or disagree.

Table 32: Responses to the question “The advice I received addressed my query/concern”

The advice I received addressed my query/concern	
	Percent
Definitely agree	63%
Somewhat agree	19%
Neither agree nor disagree	14%
Somewhat disagree	2%
Definitely disagree	2%

- Rugby residents were more likely to neither agree or disagree.

Table 33: Answers to the question “Did the advice offered meet your expectations?”

Did the advice offered meet your expectations?	
	Percent (=2022)
Exceeded my expectations	16% (18%)
Met my expectations	61.5% (73%)
Partly met my expectations	9%
Failed to meet my expectations	5% (10%)

- People in Rugby are more likely to feel that it partly or totally failed to meet expectations.

APPENDIX 2 – PUBLIC SURVEY QUESTION FEEDBACK

Introduction

The final open ended question of the pharmacy needs assessment survey recorded 646 comments. The following is a summary of themes identified in this feedback:

1. Waiting Times and Efficiency

Many respondents mentioned long waiting times and inefficiencies in the pharmacy services.

- **Example:** "My local pharmacy is so very busy that you have to wait for a very long time to speak to someone, even if it is a simple question or request."
- **Example:** "Every pharmacy I have tried in Rugby involves very long waits. There are not enough pharmacies and they are far too busy."

2. Staff Attitude and Knowledge

There are mixed reviews about the staff, with some praising their helpfulness and knowledge, while others criticize their attitude and lack of expertise.

- **Example:** "The staff at my local pharmacy are welcoming, helpful and more importantly remember my names as I pick up a monthly prescription."
- **Example:** "One of the assistant is SO miserable all the time."

3. Community Role

Many respondents emphasized the importance of local pharmacies as vital parts of their communities, providing personalized and accessible services.

- **Example:** "Our pharmacy is a vital part of the community. They know many customers by sight and are always friendly, obliging and helpful."
- **Example:** "I feel that my local pharmacy is very useful and is used by many if not all members of the local community."

4. Service Availability

Issues related to the availability of services, such as blood tests and vaccinations, were frequently mentioned.

- **Example:** "I have to use a different pharmacist for blood test as my regular pharmacist does not do these."
- **Example:** "There are no pharmacies in Rugby that offer blood tests."

5. Medication Stock and Supply

Problems with medication stock and supply, including frequent shortages and delays, were common concerns.

- **Example:** "It's been terrible for months. They don't have my medicines in stock."
- **Example:** "The lack of stock or out of stock medication is frustrating."

6. Opening Hours

Several responses highlighted the inconvenience caused by limited opening hours, especially during weekends and lunch breaks.

- **Example:** "Our pharmacy does not open on a Saturday or Sunday."
- **Example:** "Opening hours - ridiculous to be closed on a Saturday."

7. Communication and Coordination

Issues with communication and coordination between pharmacies and GP practices were noted, affecting the overall service quality.

- **Example:** "Poor communication between doctors surgery and the pharmacy."
- **Example:** "There is often a lack of communication between the GP and pharmacy which can result in repeat prescriptions not being given on time."

APPENDIX 3 – HEALTHWATCH PUBLIC ENGAGEMENT ON PHARMACY SERVICES

Summary of Healthwatch Public Engagement on Pharmacy Services in Coventry and Warwickshire

Understanding the public's experience of utilising pharmaceutical services is important in identifying what works well and what may be amenable to improvement.

Healthwatch Warwickshire conducted surveys to understand the public's experience of pharmaceutical services in North Warwickshire, Rugby and South Warwickshire in 2024. The findings of these surveys were communicated to the Local Pharmacy Committee for Coventry and Warwickshire: Community Pharmacy Arden.

Community Pharmacy Arden was pleased that by and large the perception of community pharmacy was found to be positive, and that there was general awareness amongst the public of pressures facing the community pharmaceutical sector. These pressures include financial constraints, staff shortages, supply issues and communication barriers.

Healthwatch Coventry conducted surveys to understand the public's experience of NHS services, including pharmacy services, in Coventry in 2024. Current engagement is looking at the public's experience of Pharmacy First services. Healthwatch Coventry also performed a public consultation on the public's pharmacy experience in Coventry in 2017. Recommendations from the public consultation were acknowledged by the Public Health Team and Local Pharmacy Committee at the time. Feedback from this piece of work was also incorporated into the 2018-2021 Pharmaceutical Needs Assessment.

Healthwatch Coventry and Warwickshire are active members of the Pharmaceutical Needs Assessment steering group and contribute to the development of Pharmaceutical Needs Assessments.

[Summary of Healthwatch Public Engagement on NHS Services, including Pharmacy Services, in Coventry 2024](#)

Healthwatch Coventry has commenced consultation on individuals' experiences of Pharmacy First services, in Coventry in March 2025.

Healthwatch Coventry received 140 responses to their survey of residents' experience of utilising NHS services, including pharmacy services in Coventry, between April and June 2024.

Key findings from the pharmacy section of the survey include:

1. **Satisfaction:** 62% of respondents had positive experiences when using their pharmacy.
2. **Ease of Access:** 80% of respondents felt it was easy to visit a community pharmacy.
3. **Frequency of Consulting Pharmacy Services:** 62% of respondents had visited a local pharmacy within the last six months.

4. **Reason for Consulting Pharmacy Services:** The commonest reason for a respondent to visit a pharmacy was to collect prescription medication (76 individuals). The second and third commonest reasons to visit a pharmacy were to purchase over the counter medication (34 individuals) and health advice or information (21 individuals), respectively.

5. **Minor illness consultation:** 55% of respondents reported that they were either very likely or likely to visit a pharmacy for help with a minor illness. 32% of respondents reported that they were unlikely to visit or would not visit a pharmacy for a minor illness consultation.

6. **Experience of pharmacy busyness:** 36% of respondents felt the pharmacy was very busy or busy, in contrast to 32% of respondents who felt that the pharmacy was not very busy or there were no other customers present at that time.

Healthwatch Coventry also elicited 81 residents' experience of NHS services, including pharmacy services in Coventry between January and March 2024. These findings are available [here](#).

[Summary of Healthwatch Public Engagement on Pharmacy Services in Warwickshire 2024](#)

Healthwatch Warwickshire received 842 responses to their survey of residents' experience of using pharmaceutical services in Warwickshire between May and September 2024.

Key findings from the survey include:

1. **Satisfaction:** The majority of respondents (>50%) in all represented areas including Warwick District, Stratford District, Rugby Borough, Nuneaton and Bedworth Borough, and North Warwickshire were either very satisfied or satisfied with their recent pharmacy experience. Respondents commented positively on their interactions with pharmacy staff and showed an appreciation of the pressures on pharmacies and pharmacists locally. Negative experiences related to waiting times, stock availability, and miscommunication between General Practitioners and pharmacies.
2. **Delays to Medication:** 64% of survey respondents (540 of 842) reported delays to their medication. The primary reason for this delay was a lack of stock. Respondents resorted to engaging in additional appointments, travel or phone calls to source alternative medication.
3. **Frequency of Consulting Pharmacy Services:** The majority of respondents (>50%) in all represented areas) reported visiting a pharmacy within the last month and most reported visiting a pharmacy monthly. 86% of individuals (724 of 842) reported that they consistently visited the same pharmacy. Respondents who did not visit the same pharmacy cited reasons relating to location, stock availability, opening hours and customer service experience.
4. **Change in Services**

- a. **Pharmacy First:** 48% of respondents (406 of 842) were aware of the Pharmacy First service and 13% of individuals (106 of 842) had utilised the service for one of the seven listed conditions.
- b. **Closure of Prescription Ordering Direct:** 2% of respondents (15 of 842) reported that closure of the POD was a negative development. Closure of the POD meant individuals would have to endure telephone queues to speak to their GP surgery and or that the use of technology was a challenge.
- 5. **Medication Delivery:** 21% of individuals (176 of 842) did not report visiting a pharmacy themselves to collect their medication on repeat. The majority had their repeat medication delivered by their pharmacy and this service was highly valued.
- 6. **Technology:** 24% of respondents (200 of 842) did not report using technology for their pharmaceutical needs. Reasons for not using technology included lack of access, frustration with use of technology and a preference to face-to-face communication.

Summary of Healthwatch Public Engagement on Pharmacy Services for Rugby 2024

- The majority of people surveyed prefer to use the same pharmacy each visit, are loyal, and use pharmacies at least once per month.
- People understand the pressures locally on pharmacies and pharmacists. Generally, their comments and satisfaction levels take this into account.
- Much of the frustration, about both community and hospital pharmacies, was specifically around time taken to dispense medications.
- People who do not use technology, either by choice or circumstances prevent them, to communicate with pharmacies and GPs (15% of respondents, 17 with a disability, 37 with a long-term condition, 6 carers and one veteran) need to be factored into new initiatives and processes so that they are not left out or forgotten.
- People who experience delays in their medication want to be kept informed about lack of stock and solutions to these delays.
- Pharmacy First is not yet fully understood, or trusted. Those who have experience have found it to be a good service on the whole, although there is variability between different pharmacies as to how successfully it is being used.

Summary of Healthwatch Public Engagement on Pharmacy Services for South Warwickshire 2024

- Most feedback on pharmacy was positive in nature, with fewer than 10% of people telling us they were dissatisfied or very dissatisfied. People spoke about the pressures locally on pharmacies and pharmacists. There were more negative responses than positive about hospital pharmacy, which may require further investigation.
- Over two thirds of survey respondents mentioned delays to their medication. Over half of survey respondents had experienced delays due to a lack of stock of their medication.

People spoke about having to sort out alternative medication themselves through additional appointments, travel or phone calls.

- We heard repeatedly about issues of communication between GPs, hospitals, pharmacies and patients leading to delays in medication for 20% of survey respondents. This needs to be addressed as a separate project.
- Pharmacy First is in its infancy and its impact should be closely monitored to assess its impact on patient experience.
- People who do not use technology, either by choice or circumstances prevent them, to communicate with pharmacies and GPs (22% of respondents, 13 with a Disability, 39 with a Long-Term Condition, 10 Carers and 1 veteran) need to be factored into new initiatives and processes so that they are not left out or forgotten.

Summary of Healthwatch Public Engagement on Pharmacy Services for Warwickshire North 2024

- Most people visit a pharmacy monthly for repeat prescriptions, over-the-counter medication, and pharmacist advice.
- People are generally satisfied with pharmacy services, appreciating helpful and friendly staff
- Common issues include long waiting times, stock shortages, and occasional miscommunication between GPs and pharmacies.
- Most people use the NHS App, GP website, and Patient Access for managing prescriptions, though some struggle with app usability and the transition from the Prescription Ordering Direct (POD) service.
- Home delivery services are highly valued, especially by those with mobility issues and chronic conditions.
- There is some awareness of Pharmacy First, with some using it for minor ailments, while others are unaware of its benefits.

APPENDIX 4 – FORMAL CONSULTATION FEEDBACK

This appendix contains the results of the formal consultation undertaken between 2nd May 2025 and 2nd July 2025. There is a statutory obligation to undertake a formal consultation lasting 60 days with key stakeholders of the PNA which is detailed below. Public engagement at this stage is optional, reflecting that a separate survey will have been created earlier in the process to get the views of residents on pharmacy access and that this earlier public survey is the key point for input to help shape the drafting of the document.

The formal consultation for this PNA received 20 responses from members of the public, an increase from the 1 response received from a member of the public in the 2022 PNA consultation. Whilst feedback from the statutory stakeholders in the formal consultation was positive about the draft PNA, responses from members of the public raised concerns around pharmacy provision. Many of the concerns expressed in the formal consultation mirrored the concerns raised in the public survey which heard from 1,622 local residents, providing reassurance that considerations made following the larger public survey are still relevant.

All responses to the formal consultation were considered by the Coventry and Warwickshire Community Pharmacy Steering Group within the scope of the PNA and context of the formal consultation. Some changes to the draft were made, including the reshaping of a recommendation to promote the services that pharmacies provide with members of the public and reference to the new 10-year plan and integrated neighbourhood teams within the recommendations.



Consultation on Coventry and Warwickshire Pharmaceutical Needs Assessment (2025)

Report of results

Produced by Business Intelligence

July 2025

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EXECUTIVE SUMMARY

To understand whether local pharmacy services have been evaluated accordingly, this consultation was conducted to gather views on the draft Pharmaceutical Needs Assessment document. There were 24 responses received through the online survey. Most of the respondents identified themselves as a member of the public. One respondent selected 'Pharmacy/pharmacist', and three (12.5%) selected 'Local Pharmaceutical Committee member'.

When considering the residential or work location of all respondents, Warwick was the most selected district/borough (n=9, 37.5%). There was at least one respondent from all other districts and boroughs, apart from North Warwickshire Borough. One respondent said, 'Warwickshire wide'. When looking at professionals only, there were two respondents from a 'Neighbouring Health and Wellbeing area', one from Coventry, and one that said 'other' and commented 'all areas'.

Your views on the Pharmaceutical Needs Assessment – Professionals

This section outlined analysis based on the responses of professionals to the survey (n=4). It should be noted that professionals in this context refers to the respondents who identified as a Local Pharmaceutical Committee member (n=3) or Pharmacy/Pharmacist (n=1).

All professionals said the purpose of the pharmaceutical needs assessment (PNA) had been explained. All four said the PNA reflects the current provision of pharmaceutical services within their areas, and reflects the needs of their area's population.

All professional respondents said that the PNA;

- provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises
- provided information to inform how pharmaceutical services may be commissioned in the future
- provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors

In response to the question 'Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?', there were two respondents that said 'No', one that said 'Don't know' and one that did not provide a response.

There were two comments provided that were as follows:

- *“Other vaccination services, Phlebotomy extended to Warwickshire, Health Check, Other screening, Frailty and dementia assessments”*
- *“More may come out of the 10 year plan, 3 shifts and INT work as well as any national expansion”*

All four respondents agreed with the conclusions of the PNA and agreed with the recommendations of the PNA.

Your views on the Pharmaceutical Needs Assessment – Members of the public

Analysis in this section will look at responses provided by those who identified as a member of the general public (n=20).

Most of the public respondents (85%, n=17) said the purpose of the PNA had been explained. Half of the public respondents (n=10, 50%) said the PNA reflected the current provision of pharmaceutical services within their area, whilst four (20%) said it did not, and six (30%) didn't know.

Half (n=10, 50%) of the public respondents said they didn't know if the PNA reflected the needs of their area's population – a quarter said it did (n=5, 25%) and a quarter said it did not (n=5, 25%). 45% (n=9) of the public respondents felt there were gaps in service provision not identified in the PNA, whilst 25% (n=5) said there was not and 30% (n=6) said they didn't know.

Half of respondents thought the PNA provided information to inform market entry decisions, and provided information to inform how pharmaceutical services may be commissioned in the future. 40% (n=8) of public respondents said they did not know if this was the case.

Just over half of public respondents (n=11, 55%) didn't know if the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors, whilst seven respondents (35%) said it did.

Just over a third of respondents (n=7, 35%) said there were pharmaceutical services that could be provided in the community pharmacy setting in the future that had not been highlighted. Key topics in the comments include:

- Weight management, preventative services/wellbeing, covid jabs, taking bloods, and sexual health services.
- Helping those with additional needs including those who cannot get to a pharmacy
- Wider distribution, availability and locations of services

Half of the public respondents (n=10, 50%) agreed with the conclusions of the PNA, and 45% (n=9) agreed with the recommendations (35% and 40% disagreed respectively)

Throughout comments on all questions, key reoccurring topics included:

- Wider availability or distribution of services needed
- Lack of provision for specific services or areas.
- Issues with services – for example speed of service, prescription issues
- Additional pressures such as housing or population
- Accessibility issues

BACKGROUND

Since 1st April 2013, every Health and Wellbeing Board (HWB) in England has a responsibility to publish a Pharmaceutical Needs Assessment (PNA). This statement summarises the need for pharmaceutical services amongst the population. The PNA will look at the level of pharmaceutical services across Coventry and Warwickshire and whether it meets the current and future needs of the local population. Where any potential gaps in service provision are found, recommendations will be made to address these within the document.

To understand whether local pharmacy services have been evaluated accordingly, this consultation was conducted to gather views on the draft PNA document. This PNA has been undertaken by Coventry City Council and Warwickshire County Council on behalf of Coventry Health and Wellbeing Board and Warwickshire Health and Wellbeing Board. The draft document was developed following formative evaluation with the public and key stakeholders. This included a survey on current provision which received 1622 responses.

This consultation on the draft PNA sought to understand views on whether pharmacy services had been suitably assessed. Following review of feedback, a final PNA is due to be published by 1st October 2025 and will replace the existing PNA published in 2022.

METHOD

A public online survey hosted using the Citizen Space platform, Ask Warwickshire (www.warwickshire.gov.uk/ask), was open from 2nd May 2025 until 2nd July 2025. There was an option to request a paper version of the survey, or the survey in an alternative format and people were also able to respond directly via email.

Promotion of consultation

A targeted promotion strategy was used to notify the required bodies/organisations listed below that the formal consultation would be live for the next 60 days and offering an opportunity to comment:

- The local pharmaceutical committee
- The local medical committee
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the Health and Wellbeing Board
- Dispensing doctors included in the dispensing doctor list for the area of the Health and Wellbeing Board, if any

- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the Health and Wellbeing Board's area
- Healthwatch, and any other patient, consumer, or community group in the area which the Health and Wellbeing Board believes has an interest in the provision of pharmaceutical services
- Any NHS trust or NHS foundation trust in the Health and Wellbeing Board's area
- NHS England and NHS Improvement
- Any neighbouring Health and Wellbeing Board

Analysis

Descriptive analysis of quantitative data is presented in tables and figures. Where relevant, sub-groups analysis is presented.

Qualitative (open text) data has been analysed using thematic analysis. Themes are presented and a range of example quotations are used to illustrate these themes throughout and to demonstrate a range of views shared. Please note, in some places these quotes are extracts, due to the length of the original text, and in some cases, they may have been amended for obvious spelling and grammatical errors, or to omit information that might identify an individual. Other than these amendments, all quotes are reported as they were submitted in the survey. Please note some quotes will have multiple themes attached to them, to ensure all topics raised are captured during analysis.

QUESTIONNAIRE RESULTS

There were 24 responses received through the online survey. The first questions of this survey asked about the respondent's role and location. After these initial questions, analysis is split into two separate groups; members of the public and responses from those with a statutory or professional role in responding to the consultation (which will be referred to as 'professionals').

4.1 Respondent Profile

In what role are you responding to this survey? (Please select one response, if you have more than one role please select your main role)

Most of the respondents (n=19, 79.2%) identified themselves as a member of the public. There was another response that selected 'other' (n=1) and specified in the comments that they were a member of the public, but also a National Pharmaceutical board member. This person has been included in analysis of the responses from members of the general public. There was one respondent that said they were a pharmacist/pharmacy, and three (12.5%) that said they were a 'Local Pharmaceutical Committee member' (Figure 1).

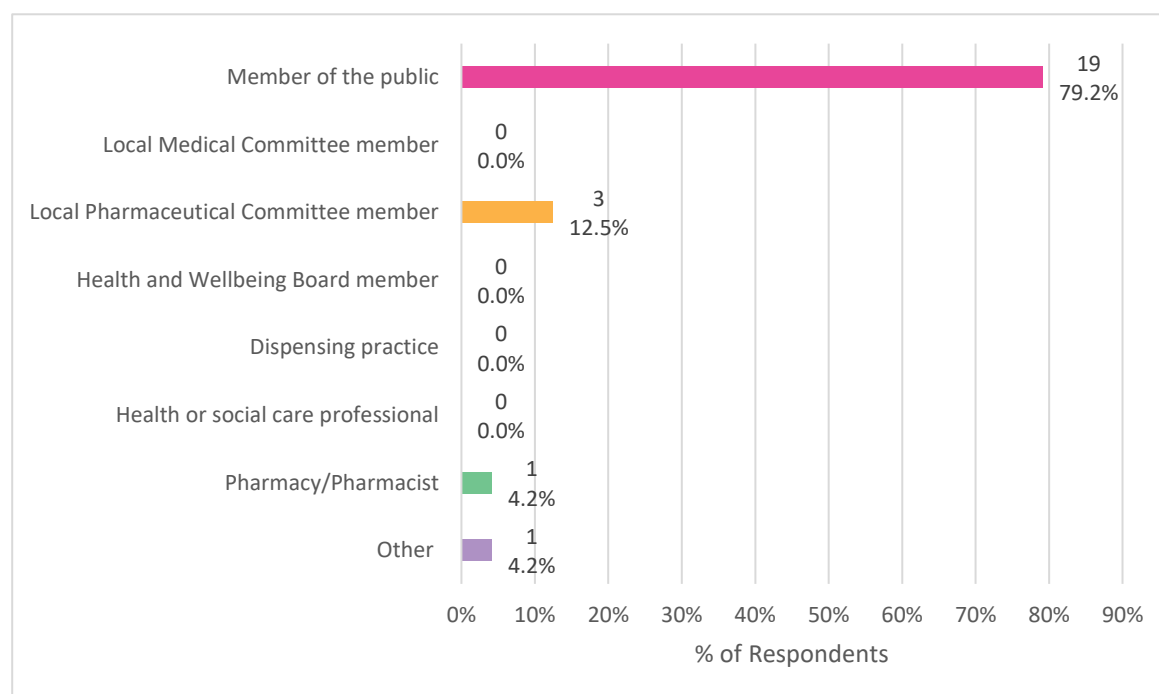


Figure 57 - Responses to 'In what role are you responding to this survey?'

In which location do you carry out your role or live, if you are a member of the public?

When considering the location of all respondents (public and professional), Warwick was the most selected district/borough (n=9, 37.5%). There were a further six (25%) respondents from Rugby, three (12.5%) from Stratford-on-Avon, one (4.2%) from Nuneaton and Bedworth, and none from North Warwickshire. There were two (8.3%) respondents who said they were from a Neighbouring Health and Wellbeing area, one that worked Warwickshire wide, and one from Coventry. One respondent said 'Other' and commented 'all areas' (Figure 2).

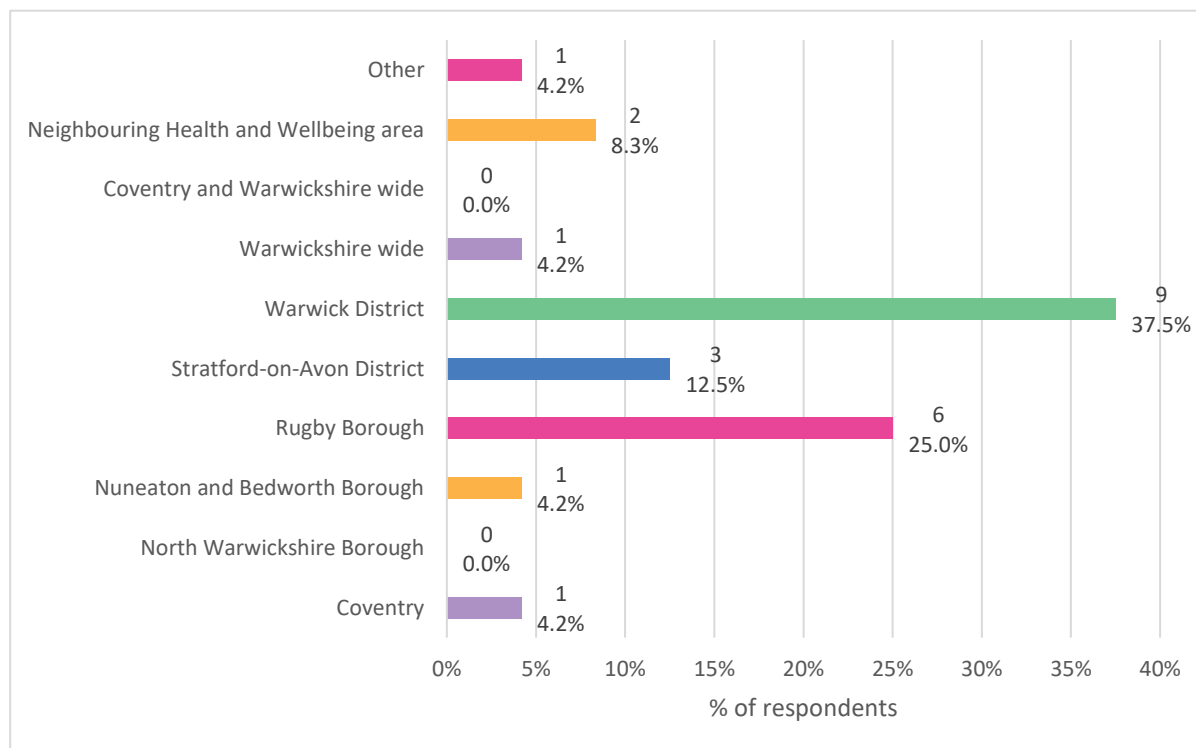


Figure 58 - Responses to 'In which location do you carry out your role or live, if you are a member of the public?'

4.2 Your views on the Pharmaceutical Needs Assessment – Professionals

Analysis in this section will look at responses provided by those with a statutory or professional role in responding to the consultation (n=4) (referred to as 'professionals' henceforth).

Has the purpose of the pharmaceutical needs assessment been explained?

All four professional respondents said 'Yes'. A comments box was provided with the prompt 'If no, please give details below' – no comments were added.

Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

All four respondents said 'Yes'. There was a comments box with the prompt 'If no or don't know, please give details below'. One comment provided that said *'The cross border provision is recognised and taken into account when assessing your population needs'*.

Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

All four respondents said 'Yes'. There was a comments box with the prompt 'If no or don't know, please give details below', where one comment was provided that said *'Where our patients reside in the neighbouring geography'*.

Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

All four respondents said 'No'. There was a comments box provided with the prompt 'If yes or don't know, please give details below'. No comments were added.

Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

All four respondents said 'Yes'. There was a comments box provided with the prompt 'If no or don't know, please give details below'. No comments were added.

Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?

All four respondents said 'Yes'. There was a comments box provided with the prompt 'If no or don't know, please give details below'. No comments were added.

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

All four respondents said yes. There was a comments box provided with the prompt 'If no or don't know, please give details below'. No comments were added.

Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

There were two respondents that said 'No', one that said 'Don't know' and one that did not provide a response (Figure 3). A comments box was provided with the prompt 'If yes, please give details below'.

There were two comments provided that were as follows:

- *"Other vaccination services, Phlebotomy extended to Warwickshire, Health Check, Other screening, Frailty and dementia assessments"*
- *"More may come out of the 10 year plan, 3 shifts and INT work as well as any national expansion"*

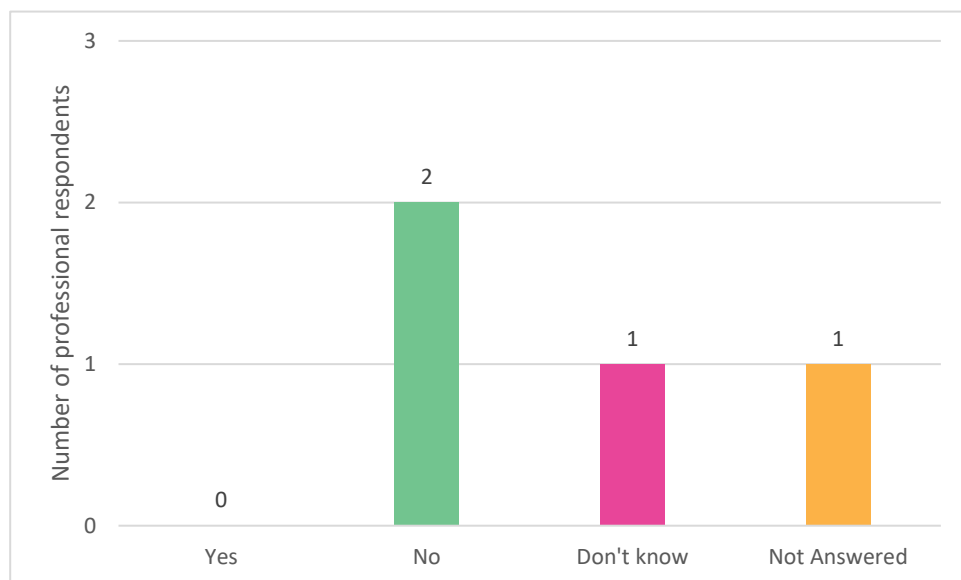


Figure 59 - Professional responses to 'Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?'

Do you agree with the conclusions of the pharmaceutical needs assessment?

All four respondents said 'Yes'. A comments box was provided with the prompt 'If no, please give details below'. No comments were provided.

Do you agree with the recommendations of the PNA?

All four respondents said 'yes'. A comments box was provided with the prompt 'If no, please give details below'. No comments were provided.

Finally, if you have any other comments you would like to make on the pharmaceutical needs assessment please use the space below.

There were two comments provided, one expressing thanks and the second outlining amendments.

- *"Thank you for seeking [organisation's] views"*
- *"p60 - Mentions 5 weeks notice for supplementary hours change which is for a decrease only (increases can be done immediately). p129 - spelling error in first sentence"*

4.3 Your views on the Pharmaceutical Needs Assessment – General public

Analysis in this section will look at responses provided by those who identified as a member of the general public. Analysis in this section is summarised in places to avoid repetition (for example, where the same comment has been added to different sections), and to highlight key topics only. There were several comments from members of the public that said they were not sure or did not understand the question, or did not find the document accessible. This may be due to the specialised subject area, rather than technical difficulty with the survey.

Has the purpose of the pharmaceutical needs assessment been explained?

Most of the general public respondents said 'Yes' (n=17, 85%), whilst three said 'No' (15%). A comments box was provided with the prompt 'If no, please give details below'. One comment was provided noting the length of the PNA.

Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

Half of the respondents from the general public said 'Yes' (50%, n=10), whilst four (20%) said 'No', and a further six (30%) said they 'Don't know' (Figure 4).

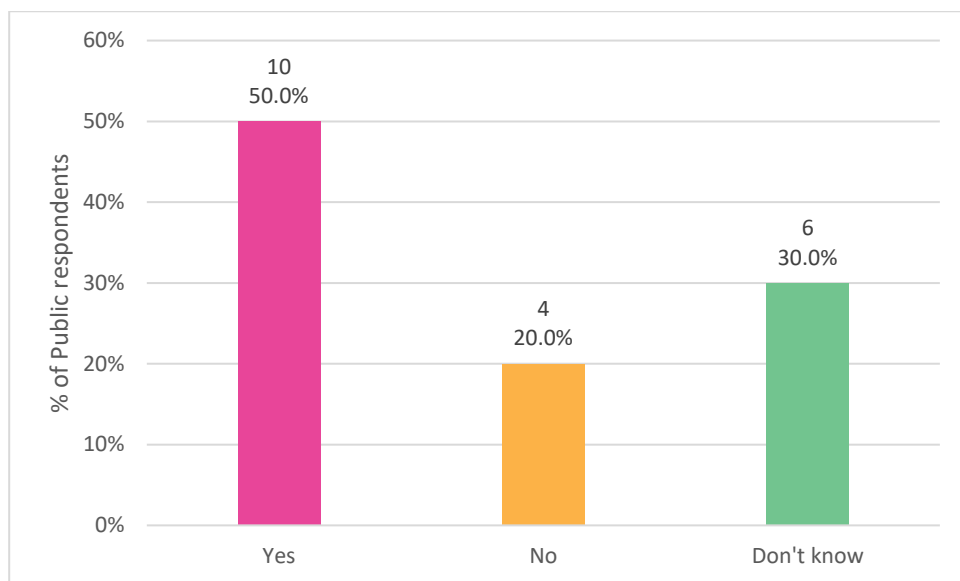


Figure 60 - Public responses to 'Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?'

A comments box was provided with the prompt 'If no or don't know, please give details below', with seven comments provided. Topics mentioned in the comments provided include:

- Pharmacies being open for reduced hours of operation
- Reduction in pharmacies
- Dissatisfied with service – for example, slow service
- No provision for specific services – eg blood tests in Binley woods, out of hours, sharps disposal
- Accessibility for elderly or those with disabilities
- Issues with the electronic prescribing system – eg being unable to get all items from one pharmacy.

Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

Half of respondents said they didn't know (n=10, 50%), whilst a quarter said 'Yes' (n=5, 25%) and a quarter said 'No' (n=5, 25%).

A comments box was provided with the prompt 'If no or don't know, please give details below', with ten comments provided. Key topics from the comments included:

- Services not being available – for example, covid jabs not being available in Binley Woods
- Additional pressures – for example, housing and population changes,
- Having to collect written prescriptions from GP
- Dissatisfaction with services – for example time to fulfil prescriptions doubling

- The nature of the situation quickly changing
- Concern over outdated data used:
 - *“The PNA highlights significant data gaps in relation to IMD data and population data. I am also concerned some of the data referenced is quite historic and pre-pandemic, therefore over 5 years out of data. I suspect that the age profile across all areas may have altered as well as the potential for increased inequalities and worsening population health considering the pandemic and cost of living crisis. Without the most recent data from these sources it is difficult to say that the PNA truly reflects the population in different parts of Warwickshire and Coventry. The PNA must remain agile to take account of the latest data and changing realities such as plans for significant house building via the South Warwickshire Local Plan...”*

Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

To this question, 45% (n=9) of public respondents said ‘Yes’, whilst a further five (25%) said ‘No’ and six (30%) said ‘Don’t know’. There was a comments box provided with the prompt ‘If yes or don't know, please give details below’, with twelve comments provided. Key topics raised in the comments include:

- Some gaps may have not been reported
- Potential gaps - weight management services, covid injections, availability of ‘sharps’ disposal and taking bloods
- Not enough availability – including Sundays/bank holidays,
- Additional pressures – for example population change
- Problems with current service – speed, requirement for paper prescriptions, availability of items and disposal services

Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

Half of respondents said ‘Yes’ (n=10, 50%) to this question, two (10%) said ‘No’, and eight said ‘Don’t Know’ (40%) (Figure 5).

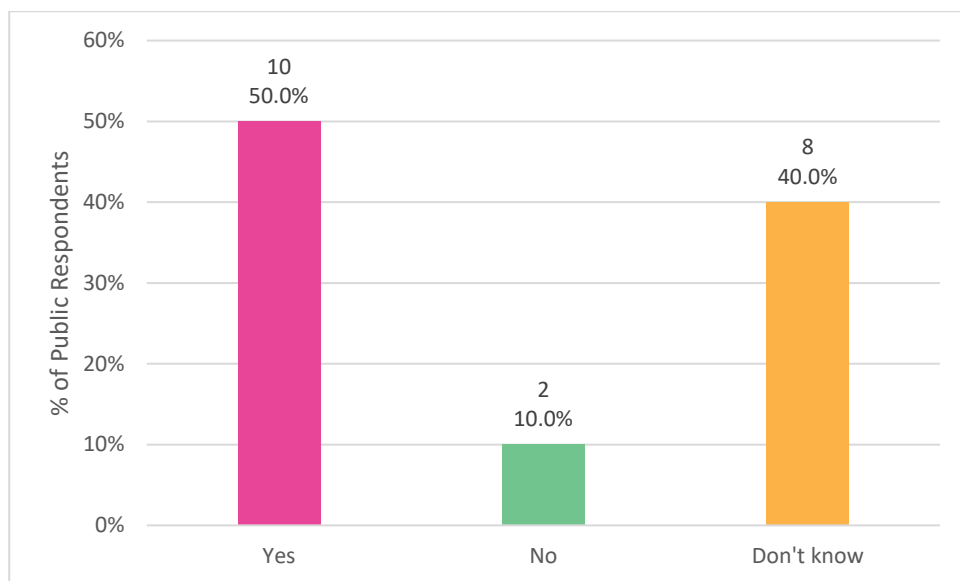


Figure 61 - Public responses to 'Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?'

A comments box was provided with the prompt 'If no or don't know, please give details below'. Two comments were provided – one referencing a previous answer and one stating they did not understand the question.

Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?

Half of respondents said 'Yes' (n=10, 50%) to this question, two (10%) said 'No', and eight said 'Don't Know' (40%).

A comments box was provided with the prompt 'If no or don't know, please give details below'. Three comments were provided, one referencing a previous answer and two as below;

- *"It seems very hazy on this despite being mentioned several times in the document"*
- *"Pharmacies like all service may not even be here by 2028!"*

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Just over half of respondents said they 'Don't know' (n=11, 55%) in response to this question. There were seven (35%) who said, 'Yes' and two (10%) that said 'No' (Figure 6). A comments box was provided with the prompt 'If no or don't know, please give details below', with four comments provided. One

comment noted *'At lot of this is guesswork on what the future holds'*. The other three comments stated they felt unqualified to comment, didn't understand or referenced a previous response.

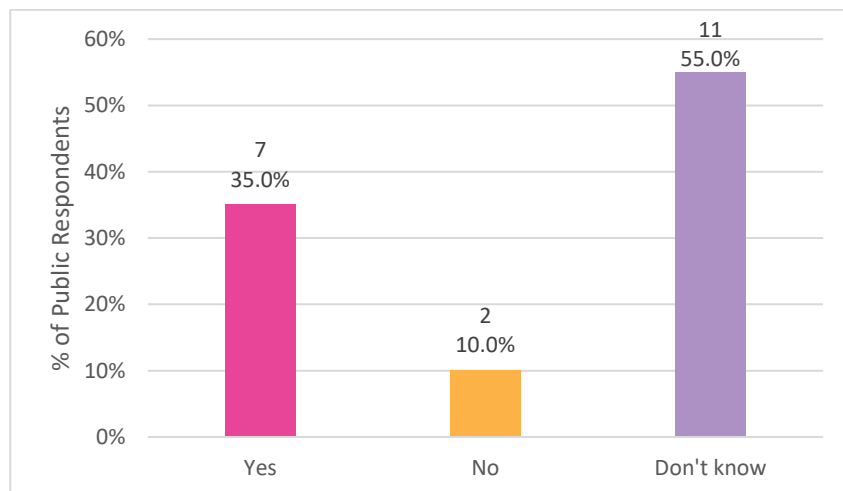


Figure 62 - Public responses to 'Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?'

Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Just over a third of respondents (n=7, 35%) said 'Yes', three (15%) said 'No' and nine (45%) said 'Don't know'. One did not provide a response.

A comments box was provided with the prompt 'If yes, please give details below', with ten comments being provided. Key topics in the comments include:

- Weight management, preventative services/wellbeing, covid jabs, taking bloods, sexual health services.
- Helping those with additional needs including those who cannot get to a pharmacy
- Wider distribution, availability and locations of services

Do you agree with the conclusions of the pharmaceutical needs assessment?

Half of public respondents said 'Yes' (n=10, 50%), seven (35%) said 'No', and three did not provide a response. A comments box was provided with the prompt 'If no, please give details below', with seven comments provided. Two comments reference previous answers, one comment noted they could not access the document, and four other comments were provided:

- *“There is no hard information on how the pharmacy first conclusion has been measured or will be measured in the future”*
- *“Yet to be demonstrated.”*
- *“There are services that fall short of complete provision for rural pharmacies where elderly residents are not catered for.”*
- *“I think the PNA may need to be redrafted considering the latest data which is missing and future population changes due to the South Warwickshire Local Plan. I think we should try reduce the gap between access to pharmacy services in Stratford District/Rugby District compared to the national average.”*

Do you agree with the recommendations of the PNA?

There were nine (45%) respondents that said ‘Yes’, eight (40%) that said ‘No’, and three (15%) that did not respond. A comments box was provided with the prompt ‘If no, please give details below’, with six comments provided. Three comments referenced previous responses or didn’t know. There were three comments of note:

- *“Needs underestimated.”*
- *“The identification of future need re housing need only refers to monitoring. The housing plans for the area are fairly well known as are the associated increase in population. Therefore firm recommendations could be made in this area and not the vague comments here.”*
- *“On the whole - Yes- but again there are important services that are not provided in rural areas for elderly residents.”*

Finally, if you have any other comments you would like to make on the pharmaceutical needs assessment please use the space below.

Nine comments were provided. One comment referenced a previous response. Key topics mentioned in the comments include:

- Difficulty accessing services in practice - for example, services being available is positive, but pharmacies may be so busy that the public cannot access them
- Limited provision
- Accessibility issues – for example, for those who don’t drive or have limited IT
- Consideration of additional need – for example through population increase or increased signposting from GPs to pharmacies
- Praise for local pharmacy

Some comments also critiqued the document/process:

- *“Provide a summary and make the document easy to access.”*
- *“I don't think there is sufficient clarity between the roles of the Midlands Office the ICS/ICB. Also, considering national changes and the likely reduction in the number of ICSs the PNA may also need to be redrafted shortly considering this reality and well as the forthcoming NHS Long Term Plan (due in July 2025).”*
- *“You haven’t asked real people”*

APPENDIX 5 – CHANGES SINCE 2022 PNA

2025 PNA	LPS	Internet	Ex 100 hours (now 72 mostly)	Standard (40)	Total	Change since 2022 PNA
Coventry 27th March 2025	0	6	6	70	82	Loss of 9
Warwickshire 27th March 2025	0	4	8	86	98	Loss of 8
C&W combined	0	10	14	156	180	Loss of 17
Number open Saturdays	0	1 Coventry	14	115 (69 Warks 46 Coventry)	130 (77 Warks 53 Coventry)	
Number open Sundays	0	0	12 (7 Wark 5 Coventry)	24 (11 Warks 13 Coventry)	36 (18 Warks 18 Coventry)	
Reduction since last PNA 2022	1	2	2	12	17	
2022PNA						
2022 PNA Coventry	0	7	7	77	91	
2022 PNA Warks	1	5	9	91	106	
C&W combined 2022 PNA	1	12	16	168	197	

APPENDIX 6 – LIST OF PHARMACY CLOSURES OR CONSOLODATIONS SINCE 2022 PNA

Closing of a pharmacy

The following pharmacies have been removed from the pharmaceutical list for the area of Coventry and Warwickshire Health and Wellbeing Boards since the 2022 PNA.

Warwickshire

Pharmacy owner:	Rowlands
Address:	Rowlands, Central Surgery, Rugby, CV21 3SP
F Code:	FEH73
Pharmaceutical services:	SCS only
Core hours:	Monday-Friday 09:00-13:00; 15:00-17:30; Saturday 09:00-13:00; 14:00-17:30
Supplementary hours:	Monday-Friday 13:30-15:00
Closure details:	May 2023
Pharmacy owner:	Boots
Address:	11-15 All Saints Square, Bedworth, CV12 8LP
F Code:	FGM88
Pharmaceutical services:	EHC, SC
Opening times:	Monday- Friday 09:00-13:00;14:00-17:30; Saturday 09:00-11:30
Supplementary hours:	Monday-Friday 13:00-14:00; Saturday 11:30-17:30
Closure details:	Dec 2023
Pharmacy owner:	Boots
Address:	Unit 15 Market Hall, Rugby, CV21 2JR
F Code:	FX947
Pharmaceutical services:	BP PhF
Core hours:	Monday and Saturday 09:00-14:30; 15:00-16:00; Tuesday, Wednesday, Thursday, Friday 09:00-14:30; 15:00-16:15
Supplementary hours:	Monday and Saturday 16:00-17:30; Tuesday, Wednesday, Thursday and Friday 16:15-17:30
Closure details:	April 2024
Pharmacy owner:	Lloyds
Address:	Lloyds in Sainsbury, Dunchurch Road, Rugby, CV22 6HU
F Code:	FRH97
Pharmaceutical services:	NX, BP, Pal, CPCS
Core hours:	Monday-Friday 07:00-23:00; Saturday 07:00-22:00; Sunday 10:00-16:00
Closure details:	June 2024

Coventry

Pharmacy owner:	Browns (Internet Pharmacy)
Address:	Silverston Drive, Coventry, CV6 6PA
F Code:	FG080
Pharmaceutical services:	No Services - Internet
Core hours:	Monday-Friday 08:30-13:00; 14:00-17:30
Supplementary hours:	Monday, Tuesday, Wednesday 17:00-18:00;
Closure details:	Aug 2023
Pharmacy owner:	Lloyds
Address:	Lloyds in Sainsbury, Austin Drive, Coventry, CV6 7NS
F Code:	FXA78
Pharmaceutical services:	Phleb, CPCS, BP
Core hours:	Monday- Friday 09:00-12:00; 15:00- 18:00; Saturday 09:00-12:00; 15:00-17:00; Sunday 11:00-17:00
Supplementary hours:	Monday- Friday 08:00-09:00; 12:00-15:00; 18:00-20:00
Closure details:	Jan 2023
Pharmacy owner:	SK Pharmacy
Address:	279 Harnall Lane, Coventry, CV1 5AX
F Code:	FF105
Pharmaceutical services:	SC, CPCS, BP
Core hours:	Mon/Tue/Wed/Friday 09:00-13:00, 14:00-18:00, Thursday/Saturday 09:00-13:00
Supplementary hours:	Mon/Tues/Wed/Friday 18:00-18:30, Thursday 14:00-18:30
Closure details:	Oct 2022
Pharmacy owner:	Boots
Address:	116-118 Jardine Crescent, Coventry CV4 9PP
F Code:	FXW35
Pharmaceutical services:	No services
Core hours:	Mon-Friday 09:00-13:00, 14:00-17:30, Saturday 09:00-11:30
Supplementary hours:	Monday-Friday 13:00-14:00, 17:30-18:00, Saturday 11:30-13:00
Closure details:	Oct 2023
Pharmacy owner:	Medicines Express
Address:	270 Earlsdon Ave, Coventry, CV5 6GX
F Code:	FC101
Pharmaceutical services:	BP
Core hours:	Mon-Friday 09:00-13:00,14:00-18:00
Supplementary hours:	
Closure details:	Sept 2023
Pharmacy owner:	Boots
Address:	Daventry Road, Coventry CV3 5HD
F Code:	FXG55
Pharmaceutical services:	No Services
Core hours:	Monday, Tuesday, Wednesday Friday 09:00-14:00;15:00-17:00; Thursday and Saturday 09:00-14:00; 15:00-16:00

Supplementary hours:	Monday, Tuesday, Wednesday, Friday 17:00-18:00; Saturday 16:00-18:00; Sunday 14:00-15:00;16:00-17:00
Closure details:	Nov 2023
Pharmacy owner:	Boots
Address:	10 Quorn Way, Coventry CV3 2JU
F Code:	FR761
Pharmaceutical services:	SCS, BP, CPCS, SSS
Core hours:	Monday – Friday 09:00-12:00, 13:00-18:00
Closure details:	Jan 2023
Pharmacy owner:	Heath Pharmacy
Address:	36 Heath Crescent, Coventry CV2 4PR
F Code:	FTW85
Pharmaceutical services:	
Core hours:	Monday – Friday 09:00-12:00, 13:00-18:00
Supplementary hours:	Monday -Friday 12:00-13:00
Closure details:	13 th May 2024
Pharmacy owner:	JHoots Pharmacy
Address:	100 Moseley Avenue, Coventry CV6 1HQ
F Code:	FN861
Pharmaceutical services:	BP, OC, PhF, LFT, Smoking advanced service
Core hours:	Monday – Friday 09:00-13:00 14:00-18:00
Supplementary hours:	
Closure details:	24 th September 2024

Consolidation of a pharmacy

A Regulation 26A consolidation is a merger of two pharmacy businesses that does not create a gap in the provision of pharmaceutical services.

NHS England will refuse an application, if granting it would create a gap in the provision of pharmaceutical services that could be met by a routine application:

- To meet a current need (regulation 13 of the 2013 Regulations);
- To meet a future need (regulation 15 of the 2013 regulations); or
- To secure improvements, or better access (regulation 17 of the 2013 Regulations)

The following pharmacies have been consolidated from the pharmaceutical list for the area of Coventry and Warwickshire Health and Wellbeing Boards since the 2022 PNA:

Warwickshire

Pharmacy owner:	Ivens
Address:	6 Market Square, Leamington Spa, CV31 3BH
F Code:	FHA12
Pharmaceutical services:	SC only
Core hours:	Monday-Friday 09:00-13:00; 14:00-18:00
Supplementary hours:	Monday- Friday 13:30-14:00
Closure details:	March 2024
Pharmacy owner:	Church Hill Pharmacy (was Lloyds)
Address:	96-98 High Street, Coleshill B46 4BL
F Code:	FW494
Pharmaceutical services:	PhF, SCS
Core hours:	Mon-Thurs 08:30-12:30, 14:00-17:00, Fri 08:30-12:30,13:00-17:00, Saturday 09:00-13:00
Supplementary hours:	Mon-Thursday 12:30-14:00, Friday 12:30-13:00
Closure details:	April 2024

Coventry

Pharmacy owner:	Acorn (was Lloyds)
Address:	102 Remembrance Road, Coventry, CV3 3DP
F Code:	FCJ45 (was FNX69)
Pharmaceutical services:	BP, SCS, Ex Care, CPCS
Core hours:	Mon/Tuesday 09:00-12:30, 14:00-18:00, Wed/Fri 09:00-12:00,14:00-18:00, Thursday 09:00-13:00, 14:00-17:00, Saturday 09:00-13:00
Supplementary hours:	Mon/Tue 12:30-14:00, Wed/Fri 12:00-14:00, Thursday 13:00-14:00
Closure details:	Nov 2023
Pharmacy owner:	Superdrug
Address:	23 Market Way, Coventry, CV1 1DL
F Code:	FGF23
Pharmaceutical services:	BP, PCS, PhF, LFT
Core hours:	Monday – Friday 08:30-17:30
Supplementary hours:	Saturday 08:30-17:30
Closure details:	Waiting on date