Stockton on Tees
Health and Wellbeing Board
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Pharmaceutical Needs Assessment

Version control

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Welcome and Introduction

Pharmacies have a key role in improving and protecting the health and wellbeing of the population and reducing inequalities. They are an important part of our plans to address ill health prevention as outlined in the Joint Health and Wellbeing Strategy for the Borough. We also know that pharmacies can help provide good access to services which support people in making healthy lifestyle choices and provide a range of treatment, advice and signposting services as part of the whole system. They are often situated in the heart of communities or in places where people congregate to work and shop, so form an important part of our plans to ensure good access to services for our population.

This Pharmaceutical Needs Assessment provides an important basis for NHS England decisions on the location and shape of local pharmacy services. It outlines the varying needs of our population across the Borough and the pharmacy services currently available. The PNA has been developed in consultation with a range of professionals, service users and the public and makes recommendations to inform decision-making. Importantly, planning of pharmaceutical services provision should be considered in the context of other health and social services available, which the Health and Wellbeing Board has an overview of, based on the Joint Strategic Needs Assessment. As such, the Health and Wellbeing Board publishes this document according to our statutory duty under the Health and Social Care Act 2012. We hope you find it a useful basis for planning, development and commissioning of pharmaceutical services according to the needs of Stockton Borough.

Jim Beall
Chair, Health and Wellbeing Board

Peter Kelly
Director of Public Health, Stockton Borough Council

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1.0 Executive Summary

1.1 Background

The pharmaceutical needs assessment (PNA) for Stockton-on-Tees is the statement of the needs for pharmaceutical services in the Health and Wellbeing Board (HWB) area. It is intended to identify what is needed at a local level to guide the current and future commissioning of pharmaceutical services that could be delivered by community pharmacies and other providers.

The first PNA for Stockton on Tees was completed in 2011 under (then) new national requirements (Department of Health, 2010) for each NHS Primary Care Trust (PCT) to publish an assessment and keep it up to date. This, the second PNA, is the first PNA to be completed since The Health and Social Care Act 2012 established HWBs and transferred responsibility to develop and update PNAs from PCTs to HWBs. As a statutory document it will be updated by Supplementary Statement in accordance with Regulation as services change and fully revised at least every three years.

Just as the JSNA (Joint Strategic Needs Assessment) is the means by which local commissioners describe the heath, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, the PNA provides a framework to enable the strategic development and commissioning priorities for community pharmacy and other pharmaceutical services to help meet the needs of the local population. Needs described in the Stockton-on-Tees JSNA are fundamental to the determination of pharmaceutical needs for the area. The PNA and the JSNA could in future be used in parallel for commissioning purposes to support delivery of local Health and Wellbeing strategies.

1.2 Process

The Stockton-on-Tees PNA has been produced in accordance with the current 2013 Regulations (Department of Health, 2013) and Department of Health guidance (Department of Health, May 2013) alongside the corresponding PNAs for Darlington, Hartlepool, Middlesbrough and Redcar and Cleveland with the support of our local stakeholders including local pharmacy contractors and the two Tees Local Pharmaceutical Committees (LPC) of Tees and (County Durham and) Darlington. This co-operative approach of five relatively small unitary authority areas was led by the Tees Valley Public Health Shared Service (TVPHSS) on behalf of the five Health and Wellbeing Boards.

Engagement with patients, the public and health professionals during the development of the PNA, generated valuable insight regarding the current and future provision of pharmaceutical services. This included a patient survey which achieved almost 1100 responses across the Tees Valley and a stakeholder questionnaire seeking the opinions of clinical and other professionals on behalf of the ‘client group’ they represented.

Following this communication and engagement activity, this draft is now being made available for the statutory 60-day consultation period. Responses to the consultation will be reviewed and inform the final documents due to be published by 1st April 2015.

For the avoidance of doubt, “pharmaceutical services” (Part 2 and Schedule 1 to the 2013 Regulations in relation to PNAs by virtue of regulation 3(2) and therefore includes all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—

(a the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list; so core (essential) services for pharmacy and DACs (who cannot supply medicines). Directed services include advanced and enhanced services for pharmacy contractors and advanced services for dispensing appliance contractors.

(b)the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

This therefore includes

• *“essential services”* which every community pharmacy providing NHS pharmaceutical services must provide as set out in their terms of service [ref]– the dispensing of medicines and receiving waste medicines, promotion of healthy lifestyles and support for self-care;

• *“advanced services”* - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for both pharmacists and dispensing appliance contractors; and

• *locally commissioned services* (known as enhanced services when commissioned by NHS England).

Pharmaceutical services do not include any services commissioned directly from pharmaceutical contractors by local authorities, clinical commissioning groups or others but these must be included in the assessment as they affect the determination of need.

In making this assessment of current and anticipated future pharmaceutical needs the HWB has had regard, so far as it is practicable to do so, to all regulatory requirements included in regulation 3-9 of Part 2 of the 2013 Regulations including the additional matters for consideration included in regulation 9. It has considered the responses to patient, professional and other stakeholder engagement and other information available about current pharmaceutical services. It has paid particular regard to the issues of access

and choice of both provider and services available, including the times that those services are provided and the contribution made by service providers outside of the HWB area. Factual information regarding existing pharmaceutical services providers, such as premises information and contracted hours, was obtained from the holder of the Pharmaceutical List (NHS England) and will be carefully validated for any changes required prior to final publication.

The PNA Regulations require HWBs to consider, and justify, sub-division of their geographic area into localities for the purposes of this assessment, and then for determining 'market entry' for new pharmacies in the future. The Stockton-on-Tees HWB area is sub-divided into four localities based on electoral ward-level mapping of Indices of Multiple Deprivation (IMD 2010), as explained in sections 4.2.2 and 6.1. The localities are S1: Yarm and Area, S2: Stockton Parishes, S3: Norton and Billingham and S4: Stockton and Thornaby.

Applying a systematic process of identifying needs, and seeking to address them, the PNA describes pharmaceutical services that are currently delivered, options for improvement within existing pharmaceutical services, and supports consideration of the need for new pharmacies or services. The PNA considers the full range of pharmaceutical services provided by community pharmacies and dispensing appliance contractors (who deal with dressings, catheter and other appliances but not medicines). It also considers relevant locally contracted services where provision impacts on the need for pharmaceutical services. This includes other locally commissioned services provided by pharmacy contractors, other pharmacy services providers and some services available from other providers such as GP practices (including dispensing in rural areas), sexual health clinics or stop smoking services.

We are very grateful to all those who contributed data and other information to support the development of the PNA including colleagues at NHS England and local CCGs/ Commissioning Support. With particular thanks to our Public Health Intelligence colleagues in the TVPHSS for facilitating access to a range of local data and information included in the JSNA and for creating maps/charts of providers and services.

1.3 Conclusions

Pharmaceutical services are provided by 41 pharmacies in the Stockton-on-Tees HWB area. There were 128 responses to the patient / public engagement activity processes and a further 37 responses from local stakeholders. These responses confirmed that community pharmacy services were highly valued by those who access them, well located and easy to access and opening times were generally suitable. However, patients and health professionals were not always aware of the full range of services available. We in Stockton are not alone in this regard; research by YouGov for Pharmacy Voice shows that less than half of the adult population - 48% - know that the pharmacist in the heart of their community can advise on minor ailments, treatment for which is estimated to cost the NHS £2 billion [ref] every year. Less than one third - 31% - are aware pharmacies can, and do, advise on living healthily.

Pharmaceutical needs outlined in section 10 are incorporated into the specific Statements of Pharmaceutical Need in section 11, as required by the Regulations. Main conclusions are outlined below:

- The range of services provided and access to them is good although there are differences between localities which reflect the nature of their populations. In the non-rural areas, there is at least one pharmacy within two to three miles of the areas where most people live, work or shop.
- Services are available seven days a week in three localities S1: Yarm and Area, S3: Norton and Billingham and S4: Stockton and Thornaby.

- Even in the less populated or more rural areas, distances to the nearest pharmacy are relatively small; a pharmacy in a neighbouring HWB area may be closest. Alongside several other new pharmacies that have opened since the PCT's PNA in 2011, a pharmacy has opened in locality S2: Stockton Parishes. A GP practice in Stillington also provides a rural dispensing service in this 'controlled locality'.

- The number of current community pharmacy providers of pharmaceutical services, general location in which the services are provided, and range of hours of availability of those services are necessary to meet the pharmaceutical needs for essential services in these localities (particularly hours before 9 am, after 6pm and at weekends).

- There are opportunities for improvement or better access to the pharmaceutical services that are offered, or could be offered, by existing community pharmacy providers. Such services could be locally commissioned as enhanced service by NHS England on behalf of other commissioning agencies, or they may be directly commissioned locally contracted services should any commissioner elect to do so having identified a suitable resource allocation.

- Based on current needs, there are no gaps in pharmaceutical service provision that could not be addressed through the existing contractors and commissioned services. There is therefore no current need for any new providers of pharmacy services.
- This includes the specific needs of the population of Port Clarence whose geographical isolation presents a particular challenge to the support of this relatively small population. A recent Appeal to the NHS litigation authority (NHS Litigation Authority, December 2013) confirmed the view of the previous PNA that current pharmaceutical needs are considered to be met by existing provision both within the S3 locality and outside of the HWB area but nevertheless close by. However, should the specific health and wellbeing needs of the population of Port Clarence be reviewed and any specific or innovative solution be proposed to meet any identified needs, it may be that a similarly specific and innovative solution to the provision of any future pharmaceutical need could be identified.

In the absence of any change, there remains no gap in the provision of pharmaceutical services in Port Clarence that requires provision of pharmaceutical services from a new pharmacy contractor located in the area.

On the contrary, a new PhS contract without consideration of the specific needs of the population might be detrimental to the proper planning of pharmaceutical and other services in the area.

With regards to other enhanced or locally commissioned services:

- extended hours for bank holidays are commissioned by NHS England and are currently necessary. Their on-going availability should be secured with regular and timely review to ensure the hours and services needed are commissioned, by direction if necessary

- an enhanced pharmaceutical service for NHS seasonal flu vaccination is commissioned by NHS England for the 2014/15 winter season. This service provides improvement or better access and additional choice for NHS patients who elect to attend a pharmacy for this service

- emergency hormonal contraception through pharmacies is a necessary pharmaceutical service; current and anticipated future population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health)

- supervised self-administration of medicines for the treatment of drug mis-users, provided in pharmacies), is a necessary pharmaceutical service; current and anticipated future population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health)

- needle exchange via pharmacies (commissioned by Public Health) is a necessary pharmaceutical service; current population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health); improvement or better access could be provided by reviewing the current service locations, considering extending the scheme to additional pharmacies and the adoption of a ‘pick and mix’ model such as provided in other Tees valley areas

- with the configuration of the existing commissioned services to support individuals with their attempts to quit, the ‘one stop’ stop smoking service through pharmacies) is a necessary pharmaceutical service; current population needs are met by existing provision of a locally commissioned service (commissioned by Public Health; improvement or better access is already being developed with extensions to existing dispensing voucher pathways and could be further extended to additional pharmacy providers

- the locally commissioned Healthy Start Vitamin Service (commissioned by Public Health) is a necessary service which meets a pharmaceutical need to make these vitamins available to eligible pregnant women and children aged 6 months to four years; population needs are currently met

- the service which provides ‘on demand’ availability of specialist drugs (largely for palliative care) was locally commissioned by the PCT following the identification of a need in the PNA 2011. This service has been continued locally

(commissioned by the Hartlepool and Stockton CCG- HAST) following the changes in NHS architecture in 2013; this is a necessary service where population needs are met by existing provision

- the Healthy Living Pharmacy (HLPs) initiative has enabled participating pharmacies to more actively engage with the public health agenda and provide improvement or better access to the essential pharmaceutical services that relate to this i.e. Public Health (via brief interventions) and support for self-care in a preventative context. Following further assessment of the model, further improvement or better access to a range of pharmaceutical services (commissioned locally) could be provided via HLPs and other pharmacies as appropriate. Of most benefit given local health needs might be an alcohol brief intervention service

To maximize the potential for pharmacy to impact on reducing the substantial health inequalities of the people of Stockton-on-Tees, commissioners should seek to be assured of the highest standards of quality and realise 'best value' from all pharmacies providing, or intending to provide, existing pharmaceutical services or locally contracted services. To do this requires the Health and Wellbeing Board to work with local partners, commissioning organisations and other agencies to:

- make best use of opportunities for audit, contract management and performance monitoring including the national Contractual Framework, sharing best practice and lessons learned from patient safety incidents across all pharmaceutical services and locally commissioned equivalents

- improve public and professional access to accurate and timely information on pharmacy opening hours, services and location including widespread availability of consultation facilities

- support and promote the less well-developed essential services including NHS repeat dispensing, continued roll-out of the Electronic Prescription Service (EPS), support for self care and brief advice, signposting and public health campaigns

- provide developmental support and practical direction to maximize benefit from advanced services including patient selection, case finding and feedback to prescribers, particularly in support of long term conditions and additionally to improve on pathways to support hospital referral for advanced services

- make best use of opportunities to commission enhanced services from 100-hour pharmacies, where they provide a suitable geographic location and without prejudice to other pharmacy providers

- continue to work to review accreditation processes for local services to ensure flexibility and fitness for purpose

- review opportunities to incorporate the new Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy into public

health services, kitemarks and contracts to support public confidence in service provision

The PNA identifies which advanced and enhanced services will be provided by pharmacy contractors whose contract was awarded under an exemption category of the existing Regulations, should NHS England elect to commission these services.

The Needs Assessment indicates that a formal review of controlled localities of NHS Stockton-on-Tees should be undertaken as soon as is reasonably practicable.

Realising the benefits of community pharmacy services to meet the needs of the population will depend on the availability of sound evidence, service evaluation, fair cost-effectiveness comparisons and close working between all local commissioners i.e. NHS England, CCGs and local authority public health teams. There is an opportunity to more closely integrate this needs assessment with the work of the JSNA, and to develop a rolling programme of engagement and evaluation of pharmaceutical need to supplement the statutory processes and support commissioning decisions.

Finally, Stockton-on-Tees Health and Wellbeing Board recognizes that management of the response to consultation on applications to provide new pharmaceutical services, or amend existing provision, and the activity that supports on-going maintenance of the PNA including the publication of Supplementary Statements is as vital to reducing the associated risk to HWB as the publication of this, the 2015 assessment. The Tees Valley Public Health Shared Service supports the Health and Wellbeing Board to maintain the PNA and associated actions.

2.0 Introduction

2.1 What is a Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment (PNA) is the statement of the needs for pharmaceutical services which each Health and Wellbeing Board is required to publish. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (Department of Health, 2013) set out the legislative basis for developing and updating PNAs and can be found at:

http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

[ref to new PNA REGS].

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services that could be delivered by community pharmacies and other providers.

2.2 What are Pharmaceutical Services?

The NHS (Pharmaceutical Services) Regulations 2005 (as amended) [2] - hereafter referred to as the 2005 Regulations - define at Regulation 2 "pharmaceutical services" as "those pharmaceutical services other than directed services" i.e. essential services as set out in Schedule 1 of the 2005 Regulations. However, a wider definition of pharmaceutical services is provided for in the NHS Act 2006 and as a result, those Regulations that refer to PNAs, i.e. the new Part 2 and Schedule 1, define pharmaceutical services as services of a type that **may be** provided by those on the pharmaceutical list (whether or not they are provided by those on the pharmaceutical list **or** by other providers).

The pharmaceutical list includes community pharmacies and dispensing appliance contractors.

"Pharmaceutical services" in relation to PNAs include:

• *"essential services"* which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service[1] – the dispensing of medicines, promotion of healthy lifestyles and support for self-care;

Directed service comprising:

• *"advanced services"* - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors; and

• *locally commissioned services* (known as enhanced services) commissioned by NHS England.

The PNA will therefore be assessing the need for this wider range of services and will consider the provision of:

- **essential services** and those services currently set out in Directions, namely **advanced and enhanced services** as well, including any provision by **local pharmaceutical services** (LPS) contractors
- the **dispensing** of drugs and appliances by a person on a **dispensing doctors** list as included in their pharmaceutical terms of service but **not** the other NHS services that may be provided under arrangements made by a PCT with a dispensing doctor i.e., Dispensing Reviews of Use of Medicines (DRUMs) are outside the definition of pharmaceutical services.

2.3 Why has the Health and Wellbeing Board prepared a PNA?

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 introduced a statutory requirement for PCTs to publish a PNA [reference to old Regs].

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a

pharmaceutical list also transferred from PCTs to NHS England from 1 April 2013.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs within the new commissioning architecture from April 2013; found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

The process of needs assessment is not new. The Joint Strategic Needs Assessment (JSNA) is the means by which which local partners including CCGs and local authorities describe the heath, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Health Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

Overall commissioning priorities are driven by the JSNA and the associated priorities for the commissioning of pharmaceutical services should be driven by the PNA. The PNA will therefore become an intrinsic part of the overall strategic needs assessment and commissioning process, though as a as a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them. [REFERENCE guidance]

2.4 Who has produced it?

The PNA for NHS Stockton-on-Tees has been prepared alongside the corresponding PNAs for Darlington, Hartlepool, Redcar and Cleveland and Stockton-on-Tees (the Tees Valley). The Tees Valley Public Health Shared Service (TVPHSS) is a resource shared by the local authorities of these five areas to provide clinical and public health support services on their of behalf. The TVPHSS have directed the process of producing the PNAs, leading a Steering Group with to oversee the process and a Working Group has contributed to the developmental aspects of the final documents. Members of the Steering Group and Working Group are listed in Appendix 1

As well as being economically efficient, using a shared resource in this way promotes mutual understanding of pharmaceutical services in neighbouring HWB areas, and their impact on meeting local pharmaceutical needs.

How will it be made available?

The PNA will be published on the Tees Valley Public Health Shared Service website with clear signposting from the Stockton-on-Tees Health and Wellbeing Board area of the Borough Council website. Hard copies of the PNA will be made available on request and for viewing at a location to be confirmed.

2.5 How often will it be completed?

This PNA is not a ‘once and for all’ statement of pharmaceutical need. Like the JSNA described in section 2.3, the PNA will be regularly updated and should ideally become more integrated into the work undertaken to develop the JSNA.

This would prevent duplication of effort and multiple consultations with health groups, patients and the public but, more importantly, help to ensure that pharmaceutical needs are more closely identified as an integral part of overall health needs.

The 2013 Regulations, as amended, require a fundamental review of the PNA every three years, including full public consultation.

In addition, because the PNA will be used by NHS England in accordance with the Regulations for Market Entry, HWBs will also more regularly need to consider whether they need to make a new assessment of their pharmaceutical need i.e. after identifying changes to the availability of pharmaceutical services that have occurred since publication of a previous PNA, where these changes are relevant to the granting of applications to open new or additional pharmacy premises. When making a decision as to whether the changes warrant a new assessment, HWBs will need to decide whether the changes are so substantial that the publication of a new assessment would be a proportionate response.

This is separate from the provision for Supplementary Statements described below, as the Supplementary Statement will simply be a statement of fact, and would not make any assessment on the impact of the change on the need for pharmaceutical services within a locality.

2.5.1 Supplementary statements

Part 2 regulation 6 (3) of the 2013 Regulations makes provision for HWBs to issue a supplementary statement. These would be issued where:

- there has been a change to the availability of pharmaceutical services since the publication of the PNA;
- this change is relevant to the granting of applications referred to in section 129(2)(c)(i) and (ii) of the NHS Act 2006 (i.e. applications to open a new pharmacy, to relocate or to provide additional services); and
- the PCT is satisfied that a revised PNA would be a disproportionate response.

Once issued, the Supplementary Statement would become part of the PNA and so should be taken into consideration when considering any applications submitted to NHS England.

Supplementary Statements will be published on the TVPHSS website and where necessary, a small-scale update collating supplementary statements will be prepared annually to ensure that usability of the PNA is maintained.

2.6 How will it be used?

- Once published, this PNA will be used by NHS England in their decision-making process when applying the Regulations to the process of application to, and management of, the Pharmaceutical List. The first PNAs served simply as a reference document for PCTs to use in the decision-making process. However, with the new Regulations in 2013, PNAs became the basis for determining market entry to NHS pharmaceutical services provision. The NHS England local Area Team

of Durham Darlington Tees undertake these statutory processes and the HWB must make the PNA and associated Supplementary Statements available to them

- It may be used by anyone (including LA or NHS officers, any healthcare or other professional, other stakeholders, patients or members of the general public) that may wish to know or understand more about the need and provision of pharmaceutical services to the population of Stockton-on-Tees.

3.0 Background and Policy Context

3.1 National policy

The White Paper, *Pharmacy in England: building on strengths – delivering the future* [ref], set out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country. For example 50% of patients don't take medicines as intended and 4% to 5% of all hospital admissions are due to medicines-related problems.

There was evidence to suggest that on a national basis, NHS Primary Care trust (PCT) commissioning of enhanced services from pharmacies did not reflect patient need [5]. This was considered to be partly due to less robust PNAs and commissioning decisions being taken in isolation from wider needs assessments.

To tackle these and other concerns, the White Paper suggested that more must be done by PCTs. It set a programme for a 21st century pharmaceutical service and ways in which pharmacists and their teams could contribute to improving patient care by delivering personalised pharmaceutical services in the coming years.

Two clauses were therefore introduced into the NHS Act 2006 by the Health Act 2009 (SI 2010/914) which would permit the Department of Health (DH)

- to require Primary Care Trusts to develop and publish PNAs and then

- to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.

It was intended that a system of commissioning based on PNAs would help PCTs target specific local needs and focus subsequent commissioning on local priorities.

For the first part, the NHS (Pharmaceutical Services) (Amendment) Regulations 2010 were published on 01 April 2010 and came into force on 24 May 2010 [1]. Under the above the NHS (Pharmaceutical Services) Regulations 2005 [2] were

amended in accordance with Regulations 3 to 10 and PCTs were required to produce a PNA by 1st February 2011. NHS Stockton on Tees (PCT) was the NHS commissioning organisation that duly completed their first PNA by that date. This remains the current assessment despite the duties of PCTs having been replaced by alternative commissioning arrangements and the PNA inherited by the Health and Wellbeing Board on 1st April 2013.

Though expected in 2011 shortly after publication of the PNA, the regulations implementing the second clause introduced by SI2010/914, the PNA based test 'market entry' test, were laid in July 2012 and came into force on 1 September 2012. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

During the course of amending the primary legislation to reform the structures of the NHS (The Health and Social Care Act 2012), it was recognised that a PNA prepared by a local authority Health and Wellbeing Board, against which NHS England would assess applications, must not inappropriately create an obligation on NHS England to grant all applications dependent on the wishes of the HWB (because NHS England would be responsible for funding the pharmacy). The Health and Social Care Act 2012 therefore amended the market entry test and new regulations were prepared which came into force on 1 April 2013.

3.2 Regulations- control of entry

The NHS Act 2006 required PCTs to approve an application from a chemist (for entry onto the Pharmaceutical List) only where it is necessary or expedient in order to secure the adequate provision of NHS pharmaceutical services in the neighbourhood. This was known as Control of Entry and the 'Control of Entry test' had been a feature of the NHS (Pharmaceutical Services) Regulations since the late 1980s. The Regulations apply to "chemists" which includes not only pharmacies but also appliance contractors.

Four exemptions to this test were introduced in 2005 with amendments detailed in Paragraph 13 to the 2005 Regulations (as amended). Applications for the following were exempt from the Control of Entry requirements:

> (1) pharmacies in approved retail areas (shopping developments) of more than 15000 square metres gross floor space, away from town centres (NHS Stockton-on-Tees has an approved retail area at Teesside Park).
> (2) pharmacies that intend to open for more than 100 hours per week
> (3) pharmacies located in one-stop primary care centres under the control or management of a consortium (the centre not the pharmacy)
> (4) pharmacies that will operate wholly by internet or mail order.

3.3 Regulations- Market entry

Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

3.4 Community Pharmacy Contractual Framework

The Contractual Framework for Community Pharmacy [8] was introduced in April 2005. NHS England commissions services from community pharmacies under this legislative framework (previously commissioned by NHS PCTs). The contract provides three levels of pharmaceutical service - essential, advanced and enhanced. The essential and advanced services have nationally agreed funding. The enhanced services are commissioned and funded locally by NHS England according to local need and priorities. Pharmacies are able to offer advanced and enhanced services if they are compliant with essential services and have achieved the relevant accreditation status.

Details of the requirements for each of the essential and advanced services can be found on the Pharmaceutical Services Negotiating Committee (PSNC) website: http://psnc.org.uk/services-commissioning/essential-services/ and http://psnc.org.uk/services-commissioning/advanced-services/.

3.4.1 Core and supplementary hours

Since the introduction of the new national PhS contract in 2005, all pharmacies must specify their 'core' and 'supplementary' hours. A standard contract requires a pharmacy to agree 40 core contracted hours per week. Any number of additional hours may be specified as supplementary hours. Pharmacies who have been admitted to the pharmaceutical list by virtue of a so-called '100-hour' exemption to the Control of Entry test must provide a full pharmaceutical service for at least 100 core hours per week. Pharmacies may only change their core hours following a formal application process and the subsequent agreement of NHS England. Supplementary hours may be changed with a (usual) minimum of 90 days notice.

3.4.2 Essential services

There are seven essential services that form the basis of the contractual framework for community pharmacy. These are dispensing, repeat dispensing, disposal of waste medicines, self care, public health, signposting and clinical governance. All pharmacies are required to comply with the specifications for these services and compliance is assessed as part of the contract monitoring process of the Community Pharmacy Contractual framework (CPAF) undertaken by NHS England.

3.4.3 Community Pharmacy Advanced Services

The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 (as amended) [9] first established the framework for advanced services which may only be undertaken in pharmacies whose premises have been certified to possess a private consultation area that meets the required standards.

3.4.3.1 Medicines Use Review and Prescription Intervention Service

Medicines Use Review (MUR) is a service offered by community pharmacies as part of the national Community Pharmacy Contractual Framework. All pharmacies can provide the service if they are compliant with the essential

service elements of the contract and have appropriate premises and accredited pharmacists. With the patient's consent, the service involves a one to one private consultation with a pharmacist to discuss the patient's real understanding, use and experience of their medicines. It is perhaps most likely to benefit people with long term conditions who need to take medicines regularly.
A quality MUR could support patients' better understanding of their medicines, improve adherence and decrease waste medicines. There is a maximum allowance of 400 MURs per pharmacy per annum (reduced in certain circumstances).

3.4.3.1 New Medicine Service

3.4.3.2 Appliance Use Review (AUR) and Stoma Appliance Customisation Service

This is a newer advanced service introduced in April 2010 as part of revised arrangements for the supply of appliances [10]. All pharmacies may provide the service if they are compliant with the essential service elements of the contract, have appropriate premises and suitably trained, accredited pharmacists or specialist nurses working on behalf of the pharmacy contractor that dispensed the appliance. It is permitted to conduct AURs at the patient's home or at the pharmacy contractor's premises.

Similar to an MUR for certain 'specified appliances' such as stoma or urology appliances, the AUR service may be offered by community pharmacists or dispensing appliance contractors (DACs) and are intended to improve the patient's knowledge and use of their appliance(s).

Stoma appliance customisation refers to the process of modifying parts for use with a stoma appliance, based on the patient's measurements and, if applicable, a template.

3.4.3.3 Community Pharmacy Enhanced Services

Community pharmacy enhanced services are developed, commissioned and funded locally. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 (as amended) authorized PCTs to arrange for the provision of several enhanced services (should it wish to commission them). Pharmacies may be commissioned from either within, or outside, the NHS Stockton-on-Tees area to provide these services to the PCT's population. The potential enhanced services described in Regulation are listed below.

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service

- Minor Ailment Scheme
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Services
- Patient Group Direction Service
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service

The PSNC has developed and published 15 template specifications, several draft specifications and a costing toolkit to support PCTs' development of enhanced services. (Accessible at.: http://www.psnc.org.uk/pages/enhanced_and_local_services.html).

3.4.3.4 Locally Commissioned Community Pharmacy Services (not enhanced services)

Community pharmacy enhanced services are developed, commissioned and funded locally like NHS enhanced services, but where they are not contracted by NHS England and thereby associated with a community pharmacy national PhS contract they are no longer pharmaceutical services. However, the existence of these contracted services does have implications for meeting identified needs for pharmaceutical services in a given area and are therefore essesntial to be included in the PNA.

4.0 Process

This section provides detail of the processes involved in producing the PNA for Stockton-on-Tees. The Stockton Health and Wellbeing Board recognised the need to ensure that the development process for the PNA was adequately resourced and the process for overseeing development assigned to the Director of Public Health as part of their delegated duties. The Directors of Public Health of each Local Authority in the Tees Valley form a shared Board for the Tees Valley Public Health Shared Service to which the PNA Steering Group reported, ensuring Director level engagement with the process.

The aim of the PNA Steering and Working Groups (section 2.4) was to take into account the variation in pharmaceutical needs between and within different localities and likewise between and within different groups by systematic assessment of

(a) a broad range of published information, including that already provided by the JSNA describing the existing health and social care status or needs of those localities and groups, and national and local policy documents
(b) the results of engagement activities undertaken to obtain the views of a wide range of stakeholders, including commissioners, providers and patients as users of existing pharmaceutical services and

(c) responses to the statutory consultation process on the draft PNA.

4.1 Timeline for development

The TVPHSS commenced development work on the PNAs in xxxxxx preparing or taking initial papers to the HWB structures in each of the five areas. Local authority Champions were identified in xxxxx and the first meeting of the PNA Steering and Working groups took place in June 2014. A PNA development action plan is being used to monitor progress throughout, which will include a statutory 60-day consultation period to ensure publication of the PNA by 1st April 2015.

4.2 Data Sources, Collection and Validation

Having regard to the PNA Regulations, Guidance to the Regulations and the NHS Employer's guide from the previous PNA [11], the following sources of data and collection / validation activities were undertaken.

4.2.1 Demographic Information and Strategic Health Needs Information

A critical source of demographic information and strategic health needs information to support any pharmaceutical needs assessment is the Joint Strategic Needs Assessment. The Stockton-on-Tees JSNA is available on-line at http://www.teesjsna.org.uk/stockton/ [12].

Members of the TVPHSS public health intelligence team are responsible for leading the production of the JSNA and thereby the PNA development process accessed the same datasets for reference or incorporation into this more specific needs assessment. Consequently, the whole JSNA is not reproduced unnecessarily here, but each should in future be considered as an essential partner document.

4.2.2 Defining localities

The PNA Regulations require that the PNA explains how the localities for Stockton-on-Tees HWB area have been determined.

4.2.2.1 PNA 2011

A range of options were considered for the PNA in 2011:

(a) **Neighbourhoods.** Under the previous Control of Entry arrangements, PCTs determined applications based on "neighbourhoods".
Neighbourhoods were often not defined for the whole of a PCT area and were of variable size and demographic. This term was removed from the NHS Act 2008 by the Health Act 2009, does not therefore feature in the current Regulations for market entry and are no longer used when using the PNA to determine pharmacy applications. It is nevertheless helpful to understand the historical context that might leave behind associations with the use of this word in this context.

(b) **Electoral wards or super output areas (SOAs)** [13]. Electoral wards are the key building block of United Kingdom administrative geography, being the spatial units used to elect local government councillors in England. A SOA is a new way of collecting and publishing small area statistics. They are of a more consistent size than electoral wards and as such will sometimes better allow the needs of the population to be assessed. SOAs will not be subject to frequent boundary change, so may be more suitable for comparison over time. In addition, they will build on the existing availability of data for census output areas.

The JSNA for Stockton on Tees may use both electoral wards and super output areas (SOAs) to reflect the particular needs of our local population. Description of need may sometimes be constrained by the availability of data in a given format specific to that geographic location.

(c) **PCT and local authority area.** Given the relatively small size of the four PCTs/ unitary authorities in Teesside, then in many circumstances, commissioning requirements could be determined at PCT level, and for reasons of economy of scale, even aggregated to the four PCTs collectively known as the NHS Tees cluster.

For the purposes of understanding pharmaceutical needs for commissioning purposes at a local level, and having regard to the likelihood that the PNA would be used in the future for determining market entry, it was considered that sub-division of the geography and associated demographics below PCT level was required.

Mindful of the potential constraints of obtaining all the required information at SOA level, the process undertaken to define localities was as follows:

(a) The IMD 2007 [14] Overall Score Borough Quintiles were displayed by electoral ward (as defined at that date) on maps for each of the four Tees PCTs.
(b) The maps were reviewed by PCT Senior Pharmacists, members of the PNA 2011 Working Group and Cleveland LPC
(c) It was agreed that wards would be aggregated to ‘Localities’ for the purposes of the PNAs. Wards included in each Locality are described in section 6.0.

4.2.2.2 PNA 2015

At the beginning of the development process for the first HWB PNA, NHS England were asked to indicate their experience of using the existing localities for decision-making regarding market entry and the population data-sets available for potential use at sub local authority level were again reviewed. Other potential localities in use in the Boroughs were also considered by the Steering Group.

Still mindful of the potential constraints of obtaining all the required information at SOA level, the process of mapping IMD 2010 [14] Overall Score Borough Quintiles by electoral ward (as defined at that date) was repeated for each LA

area. Reviewing the outcome of the mapping process and all of the above, it was determined that the existing locality areas were fit for purpose and suitable to be retained, updated where necessary for any ward boundary changes. Wards included in each Locality are described in section 6.0.

4.2.3 Demographic information at locality level

The demography of NHS Stockton-on-Tees is described in detail, together with relevant data sources in the JSNA.

As indicated previously, describing the population needs of a geographic area may sometimes be constrained by the availability of data specific to that geographic location. Given the relatively small size of each LA in the Tees Valley, an understanding of the population at LA level may sometimes be considered adequate to review more strategic pharmaceutical needs. To consider more specific needs on a locality basis, where data is available at ward level that can be aggregated, this has been done. Aggregating ward data to create a locality average is not always possible, reasonable or considered useful. Ward level or SOA data may nevertheless be useful to consider comparative demographics across a given locality area.

4.2.4 Data collection for Community Pharmacies

Understanding the existing community pharmacy resource is a fundamental requirement of the PNA. In addition to information available from the Pharmaceutical List held by NHS England and other commissioners some information must be collated from contractors themselves. A data collection template was developed by TVPHSS in PharmOutcomes, an electronic tool that all pharmacies have access to for contract monitoring. The template was based on a PSNC data template adapted for local use and the LPC were able to view the template (as they host PharmOutcomes locally) prior to going live and supported the process of encouraging contractors to respond.

Pharmaceutical list information was provided, for viewing and opportunity to permit validation by contractors but not pre-populated in the document, nor were pharmacies required to enter it which may introduce errors.

A copy of the Community Pharmacy Baseline Data Collection document is included as Appendix 2. It was considered that a 100% return was required from the contractors to ensure that the most complete picture of pharmaceutical services provision was available. At the time of the draft an incomplete response has been achieved; we will seek to improve this by the time of the final publication.

NHS England undertakes contract monitoring processes for the Community Pharmacy Contractual Framework (CPAF) and some of this information could be useful as part of the assessment of existing pharmacy capacity in future assessments.

4.2.5 Dispensing Appliance Contractors

There are none of the above located within Stockton on Tees or in the Durham Darlington Tees (DDT) Area of NHS England. Appliance prescribing and dispensing information was obtained from ePACT, the electronic prescription data produced by the NHS Business Services Authority

4.2.6 Dispensing practices

There is one dispensing (doctor) practice in Stockton On Tees in Stillington. Information relating to dispensing patient list sizes and dispensing have been sourced from existing data available to the PCTs via ePACT. Additional information relating to dispensary opening times, where necessary, has been sourced from NHS Choices or the practice website as this information is not held by NHS England.

4.2.7 GP practice

General practice information (both regular and dispensing practices delivering pharmaceutical services) was obtained from records held by NHS England DDT area Team.

4.2.8 Rurality definition and maps

Maps of 'rural areas' and any 'controlled localities' are maintained by NHS England who confirmed that these maps are unchanged from those published in the PNA 2011; and reproduced here in section 6.2.9.2.

4.2.9 Designated neighbourhoods for LPS purposes

Some PCTs/ HWB areas may also have designated neighbourhoods for LPS purposes, however, NHS Stockton-on-Tees does not have any such areas.

4.3 Consultation and Engagement

The Regulations require HWBs to include and have reference to patient experience data, including the views of patients, carers and the public and local stakeholders, on their current experiences of pharmaceutical services and their aspirations for the future. In addition to this engagement activity, PCTs are also required to consult on a draft of their PNA for a minimum period of 60 days. The communication, engagement and consultation processes undertaken by Stockton on Tees are attached as Appendix 3

4.3.1 Engagement

4.3.1.1 Stakeholder engagement

There are many people or organisations that may consider themselves to be stakeholders in the provision of pharmaceutical services locally. Understanding the views of these stakeholders is critical to the development of a valuable PNA.

Patients and the general public are important stakeholder groups for whom a separate engagement exercise was undertaken (see section 4.3.1.2).

It was decided that a survey method would be used for the stakeholder engagement process. The scope of the stakeholder survey was:

- to improve our understanding of stakeholder views, knowledge and experience of the pharmaceutical services available now
- to improve our uunderstanding of stakeholder views on what might be done to improve quality, access or experience of pharmaceutical services available now
- to improve our uunderstanding of stakeholder views on the need for additional pharmaceutical services and therefore any gaps in provision.

Questions were developed by the TVPHSS team and the working group, hosted by Darlington local authority, and the final survey distributed to those individuals, groups and organisations identified by both the working group and individual LA Champions as suitable representatives of a broad range of professional and/ or 'client groups' as well as those who would be required by Regulation to be included in the formal consultation on the draft needs assessment. The list of key stakeholders to whom the survey was distributed will be included in the Communication and Engagement Plan referred to in Appendix 3.

An electronic version of the survey was developed to improve access via an on-line facility and to support data analysis. The option to complete a hard copy version was nevertheless offered but not taken up by any respondent. Surveys were distributed in July 2014. Individual stakeholders were reminded of their option to also complete the patient/ public survey as a user of pharmaceutical services themselves. A copy of the Stakeholder Survey is included as Appendix 4.

4.3.1.2 Patient / Public engagement

It was similarly decided that a survey method would be used for the patient/ public engagement process. The scope of the survey was to evaluate public opinion, personal experiences and feelings about their local pharmacy services and thereby:

- to improve our understanding of patient / public views, knowledge and experience of the pharmaceutical services available now including views on what might be done to improve quality, access, choice or experience
- to improve our understanding of patient / public stakeholder views on the need for additional pharmaceutical services and therefore any gaps in provision.

The questions for the patient survey were again developed by the TVPHSS and members of the PNA working group, hosted by Redcar and Cleveland local authority, adapted during the development of the on-line survey.

The survey was distributed in July 2014 via existing processes as identified by the working group and individual LA Champions to a wide range of partner organizations and other groups to support appropriate patient/ public involvement. Employees of local authorities and partner organisations were also encouraged to complete the survey via email or internal electronic newsletters.

The survey was conducted online via survey monkey. The option to complete a hard copy version was offered and used by 9 respondents. A copy of the paper version of the Patient Survey is included as Appendix 5.

4.3.1.3 Existing patient experience data

The potential value of the community pharmacy returns from their annual Community Pharmacy Patient Questionnaire (CPPC) questionnaire and the annual Complaints Report were considered by the working group. For the CPPQ, although contractors are contractually required to complete this comprehensive patient experience exercise, they are only required to return a limited summary of the survey activity and not the entirety of the returns gathered. As contractors themselves also self select what is returned, the value of this resource was considered to be limited. In addition, at the time of preparation of the draft PNA, the return rate was considered to be sufficiently poor to be of little value.

4.3.2 Consultation

The Regulations state that PCTs are required to consult on a draft of their PNA during its development (regulation [3F (2)] and this consultation must last for a minimum of 60 days (regulation [3F (3)]. The minimum 60 day consultation starts on the day that the list of consultees are served with a draft. Insert something here from consultation briefing The Regulations list those persons who must receive a copy of the draft PNA and be consulted on it – for a list of these local stakeholders and organisations please see Appendix 3.

Stockton-on-Tees HWB will carry out formal consultation on the draft PNA commencing October 2014. Existing LA process will be used to raise awareness of the consultation process, availability of copies of the PNA and the consultation reply form. A standard set of questions have been developed by the TVPHSS which may be adapted at local HWB level as informed by the LA Champion and local communications teams.

HWBs will also be required to publish in their PNA a report on the consultation including analysis of the consultation responses and reasons for acting or otherwise upon any issues raised. A brief summary of the key outcomes of the consultation will therefore be included at section 8.6.4 of the final document, with a copy of the consultation questions and the full consultation report included as Appendix 6.

5.0 Approval

The final PNA for Stockton-on-Tees HWB will be approved in early 2015 prior to publication on or before 1st April 2015.

6.0 Localities - definition and description

6.1 Localities – definition

NHS Stockton-on-Tees was one of a cluster of four Primary Care Trusts that worked together in the local health economy operating under various shared management arrangements as 'NHS Tees'. From April 2013, two NHS Clinical Commissioning Groups (CCGs) now cover the same 'footprint' as the four former PCTs; NHS Hartlepool and Stockton CCG (HAST) and NHS South Tees CCG. The four Health and Wellbeing Boards of Hartlepool, Stockton, Middlesbrough and Redcar and Cleveland work with these CCGs and other partners such as NHS Trusts, Mental Health Trusts and Healthwatch organisations in the area. Working alongside Darlington (LA, HWB and CCG) they create a 'Tees Valley' footprint working in partnership on several levels such as Tees Valley Unlimited and the Tees Valley Public Health Shared Service resource. Bigger still, the NHS England local Area Team adopts a Durham Darlington Tees (DDT) footprint in the holding of the NHS national contracts for primary care providers such as GPs, dentists, optometrists and, of course, community pharmacies.

Whilst considerable similarities in demographics and associated health care needs are observed across the five Tees valley HWBs, substantial inequalities in health may also be identified across the larger and smaller geography so it is important to identify how best to look at the commissioning of pharmaceutical services in the area.

Figure 1 shows the wards of each Tees PCT overlaid on a map to illustrate how Stockton-on-Tees is positioned geographically in relation to the other three Tees HWB areas. The Stockton-on-Tees HWB area is bordered to the north by Hartlepool, to the east by both Middlesbrough and Redcar and Cleveland. To the west the Borough is bordered by Darlington and to the south by the North North Yorkshire HWB area.

With five unitary authorities it may be reasonable to view each of these as a 'locality' when considering population health and wellbeing needs across the in the Tees Valley domain. However, for the purposes of understanding pharmaceutical needs at a more local level, further sub-division of the geography and associated demographics is required.

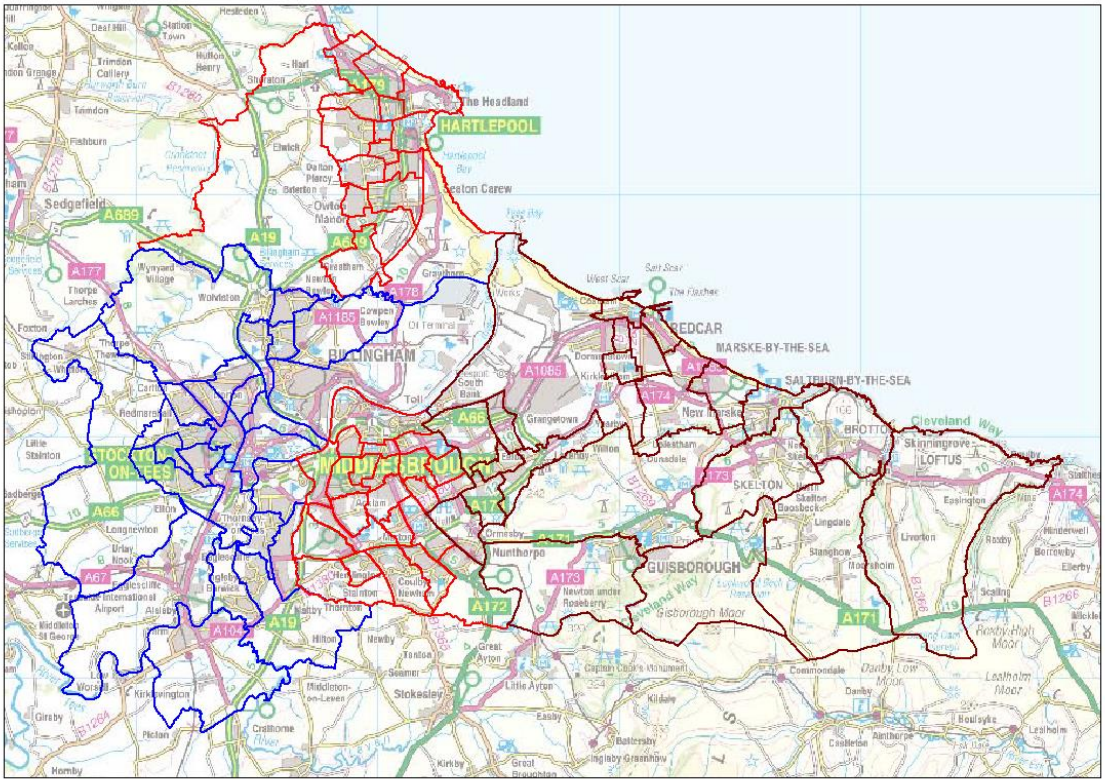


Figure 1. Map showing the four HWB areas in the Tees area.
KEY: Red lines to the North of the map outline wards comprising NHS Hartlepool.
Blue lines to the West of the map outline wards comprising NHS Stockton-on-Tees.
Red lines in the central area of the map outline wards comprising NHS Middlesbrough.
Brown lines to the East of the map outline wards comprising NHS Redcar and Cleveland.

The process undertaken to define the localities was described in section 4.2.2. Why use deprivation to define localities? The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom [15]. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all cause mortality, smoking prevalence and self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also. As needs in relation to pharmaceutical services might also reasonably be related to deprivation, it seemed acceptable to use IMD 2010, being readily available at ward level, to begin to understand our localities for the purpose of this PNA.

Using the methodology described previously above, seventeen localities have been identified by aggregating groups of the electoral wards (2010data) that form the five HWB areas in the Tees Valley. Four localities have been identified for Stockton-on-Tees as shown on the map in Figure 2. There are also four localities in both Darlington and Redcar and Cleveland, three localities in Hartlepool, and two localities for the Middlesbrough HWB area (see Table1).

HWB area	Number of wards	Number of localities
Darlington	24	4
Hartlepool	11	3
Middlesbrough	23	2
Redcar and Cleveland	22	4
Stockton-on-Tees	26	4
TEES VALLEY	**106**	**17**

Table 1. Number of wards and localities by HWB area in the Tees Valley

Stockton-on-Tees localities are identified with numbers and names for convenience as S1: Yarm and area (6 wards), S2: Stockton Parishes (2 wards), S3: Norton and Billingham (8 wards) and S4: Stockton and Thornaby (10 wards). The wards that are aggregated to define each of the Stockton-on-Tees localities are shown in Table 2.

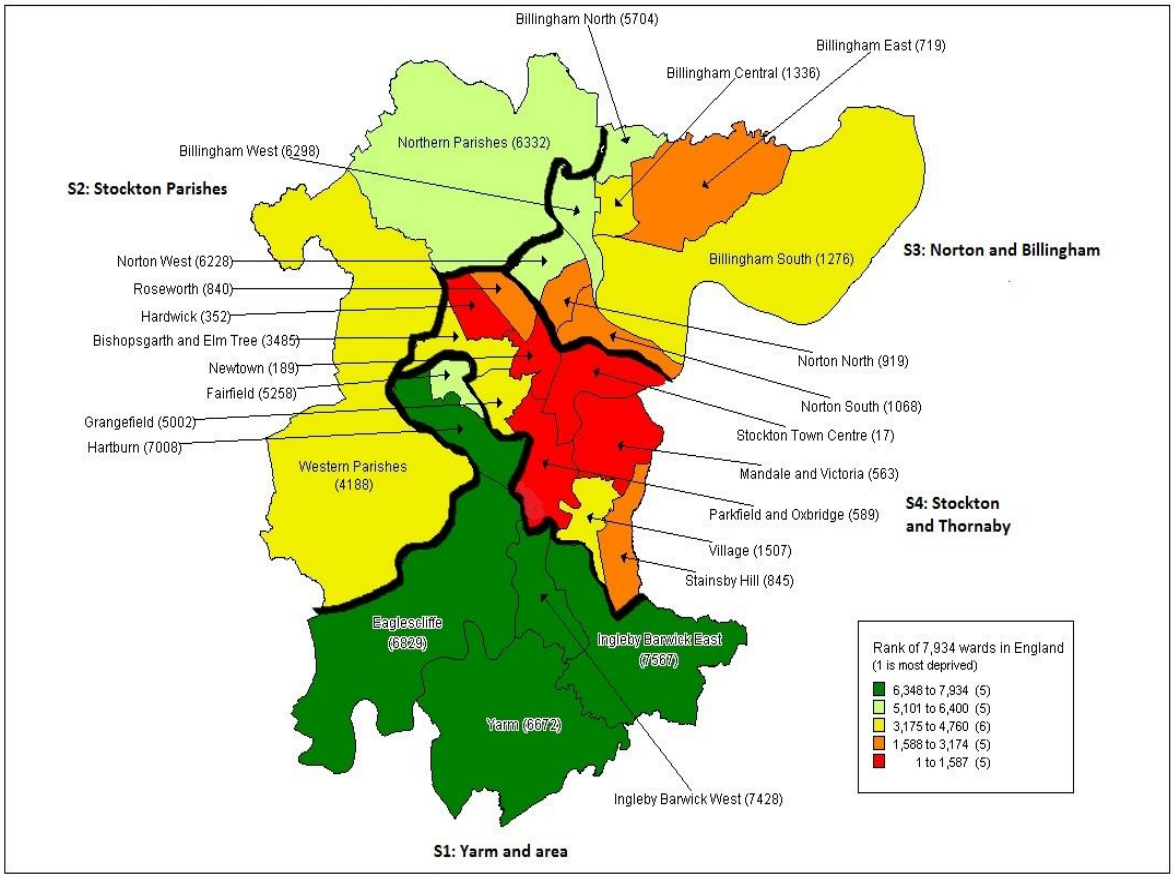


Figure 2. Map showing the defined localities in Stockton-on-Tees HWB area.
KEY: IMD 2010 Overall Score Borough Quintiles displayed by electoral ward with locality boundaries overlaid.

Using Borough Quinitles is a little more discerning for the subdivision into localities than the national quinities which for the most part would place most of the wards in Localities S3 and S4 into Quintile 1, the most deprived.

Whilst establishing localities, there was considerable discussion regarding the placement of [Hartburn] and [Fairfield] wards. Whilst both these wards are more likely to be described as part of 'Stockton' rather than 'Yarm', it was believed that residents would more closely feel allied to, and have similar pharmaceutical needs to, the population of the S1: Yarm and Area locality rather than the S4: Stockton and Thornaby locality. These localities have now been in use for three years so they were left unchanged for the 2015 PNA.

S1: Yarm and Area	S2: Stockton Parishes	S3: Norton and Billingham	S4: Stockton and Thornaby
Eaglescliffe	Northern Parishes	Billingham Central	Bishopsgarth and Elm Tree
Fairfield	Western Parishes	Billingham East	Grangefield
Hartburn		Billingham North	Hardwick
Ingleby Barwick East		Billingham South	Mandale and Victoria
Ingleby Barwick West		Billingham West	Newtown
Yarm		Norton North	Parkfield and Oxbridge
		Norton South	Roseworth
		Norton West	Stainsby Hill
			Stockton Town Centre
			Village
6 wards	**2 wards**	**8 wards**	**10 wards**

Table 2. Showing wards in each of the four localities in Stockton-on-Tees HWB area.

Note that 'controlled locality' designations of rurality apply in Locality S2: Stockton Parishes (see section 6.2.8.2).

It is acknowledged that Billingham and Norton are divided by the A19, and the resident population will clearly identify themselves with one or other, yet it was equally felt that the population of these two areas might commonly travel across from one to the other. The reliant population in this locality of S3: Norton and Billingham were also considered to have pharmaceutical needs that were broadly be similar.

There was also discussion regarding the placement of [Grangefield] and [Bishopsgarth and Elm Tree] wards, with some consideration for creation of a fifth locality but the final arrangement was considered appropriate.

6.2 Localities - population

We cannot begin to assess the pharmaceutical needs of our localities without first understanding our population. The demography of Stockton-on-Tees is described in detail in the current JSNA now accessible at http://www.teesjsna.org.uk/stockton/.

Understanding the population of a geographic area may sometimes be constrained by the availability of data specific to that geographic location. In certain circumstances, an understanding of the population demographics at HWB level may be considered adequate to review strategic pharmaceutical needs. To consider more specific needs on a locality basis, where data is

available at ward level and can be aggregated to create a locality average this can be done. Otherwise ward data can still be considered by examining locality areas without aggregating the data, as this is not always useful.

The descriptions of the population within each locality will be considered under suitable headings that will contribute to the understanding of protected characteristics and associated demography.

6.2.1 Population and age/sex breakdown

The all-age population (mid 2013 estimate) of the Stockton-on-Tees Borough is estimated to be 192,405 (Table 3, mid 2012 estimate) increasing to 193,196 by the mid 2013 estimate used in Figure x. Population projections suggest an increase to over 200 000 within the three years of publication of this PNA.

			TVU Mid Year Estimates Mid 2012						
	PNA locality	Wardname	Total Popn	0-15 Years	16-64 Years	65+ Years	0-15	16-64	65+
			Numbers				Percent		
00EFNP	S1	Eaglescliffe	10565	1930	6530	2105	18.3	61.8	19.9
00EFNQ	S1	Fairfield	5785	850	3515	1420	14.7	60.8	24.5
00EFNT	S1	Hartburn	6535	975	3845	1720	14.9	58.8	26.3
00EFNU	S1	Ingleby Barwick East	10405	2360	7110	935	22.7	68.3	9.0
00EFNW	S1	Ingleby Barwick West	11050	3065	7380	605	27.7	66.8	5.5
00EFPK	S1	Yarm	9750	1480	6335	1930	15.2	65.0	19.8
		Locality S1	**54,090**	**10,660**	**34,715**	**8,715**	**19.7**	**64.2**	**16.1**
00EFNZ	S2	Northern Parishes	3395	685	2230	485	20.2	65.7	14.3
00EFPJ	S2	Western Parishes	3335	535	2080	725	16.0	62.4	21.7
		Locality S2	**6,730**	**1,220**	**4,310**	**1,210**	**18.1**	**64.0**	**18.0**
00EFNH	S3	Billingham Central	7330	1520	4620	1190	20.7	63.0	16.2
00EFNJ	S3	Billingham East	7335	1600	4560	1175	21.8	62.2	16.0
00EFNK	S3	Billingham North	9070	1530	6215	1325	16.9	68.5	14.6
00EFNL	S3	Billingham South	6730	1465	4200	1065	21.8	62.4	15.8
00EFNM	S3	Billingham West	5560	680	3180	1700	12.2	57.2	30.6
00EFPA	S3	Norton North	6890	1320	4350	1220	19.2	63.1	17.7
00EFPB	S3	Norton South	7605	1295	5190	1120	17.0	68.2	14.7
00EFPC	S3	Norton West	6260	915	3845	1500	14.6	61.4	24.0
		Locality S3	**56,780**	**10,325**	**36,160**	**10,295**	**18.2**	**63.7**	**18.1**
00EFNN	S4	Bishopsgarth and Elm Tree	6480	1020	4105	1355	15.7	63.3	20.9
00EFNR	S4	Grangefield	6675	1205	4235	1235	18.1	63.4	18.5
00EFNS	S4	Hardwick	7285	1790	4410	1085	24.6	60.5	14.9
00EFNX	S4	Mandale and Victoria	11525	2280	7950	1295	19.8	69.0	11.2
00EFNY	S4	Newtown	7435	1820	4805	805	24.5	64.6	10.8
00EFPD	S4	Parkfield and Oxbridge	7675	1570	5280	825	20.5	68.8	10.7
00EFPE	S4	Roseworth	7265	1605	4530	1130	22.1	62.4	15.6
00EFPF	S4	Stainsby Hill	6500	1250	4090	1160	19.2	62.9	17.8
00EFPG	S4	Stockton Town Centre	6900	1280	4720	895	18.6	68.4	13.0
00EFPH	S4	Village	7070	1305	4375	1390	18.5	61.9	19.7
		Locality S1	**74,810**	**15,125**	**48,500**	**11,175**	**20.2**	**64.8**	**14.9**
		STOCKTON ON TEES	**192,405**	**37,320**	**123,690**	**31,395**	**19.4**	**64.3**	**16.3**

Table 3. Population breakdown (mid-yr 2012 estimate TVU) in Stockton-on-Tees by ward and locality

Low population or proportion	High population or proportion

Population information should be considered in conjunction with a consideration of rurality as described in section 6.2.9.2 as a low resident population may not necessarily be an indicator of rurality in a heavily industrialised area. Population flows such as a daily influx of workers to town centres, out of town retail shopping areas or to industrial areas are also an important consideration discussed in this section.

Table 3 shows estimated population breakdown by broad age (mid 2012 estimates: Source Tees Valley Unlimited) for the Stockton-on-Tees HWB area, by ward in each locality.

Substantial variation is observed across Stockton-on-Tees, between localities and also within wards.

Points of particular note

- The total population by ward ranges from around 3300 in each of the Parishes to more than 10,000 in [Eaglescliffe] and both wards in Ingleby Barwick. There are also more than 11,500 persons in [Mandale and Victoria] ward.
- Children make up almost 25% of the population in [Hardwick] and [Newtown] wards (both with high levels of deprivation); in both wards in Ingleby Barwick children also make up around 22% of the population.
- The total population of S2: Stockton Parishes locality represents only 4% of the total Stockton-on-Tees population.
- At the other end of the age spectrum, 30% of the population of [Billingham West] are over 65 years of age; and [Norton West], [Fairfield] and [Hartburn] wards also have more than 25% of the population over his age.
- Wards with the largest potential daily population influx (both internal to the PCT and cross-boundary from other PCTs) include [Stockton Town Centre] and [Mandale and Victoria]. The Teesside Park retail shopping centre, Stockton Riverside College and the University of Durham, Stockton campus are situated within the Mandale and Victoria ward; it is noted that there will be a greater potential for population influx in this ward during term times. There will also be an population flow into Hardwick ward in which the acute hospital is situated.
- Cross-boundary outflow is not considered to be particularly significant. There could be limited outflow from the S2: Stockton Parishes locality into Sedgefield in County Durham.

Over the next 20 years the population is forecast to increase to more than 206,700 and it is predicted that there will be a 33% increase in the number of people over retirement age. Source ONS 2012 and JSNA website [12].

Figure x, the Population pyramid shows that the gender balance across Stockton-on-Tees is not skewed sufficiently from the reasonable norm to influence pharmaceutical needs.

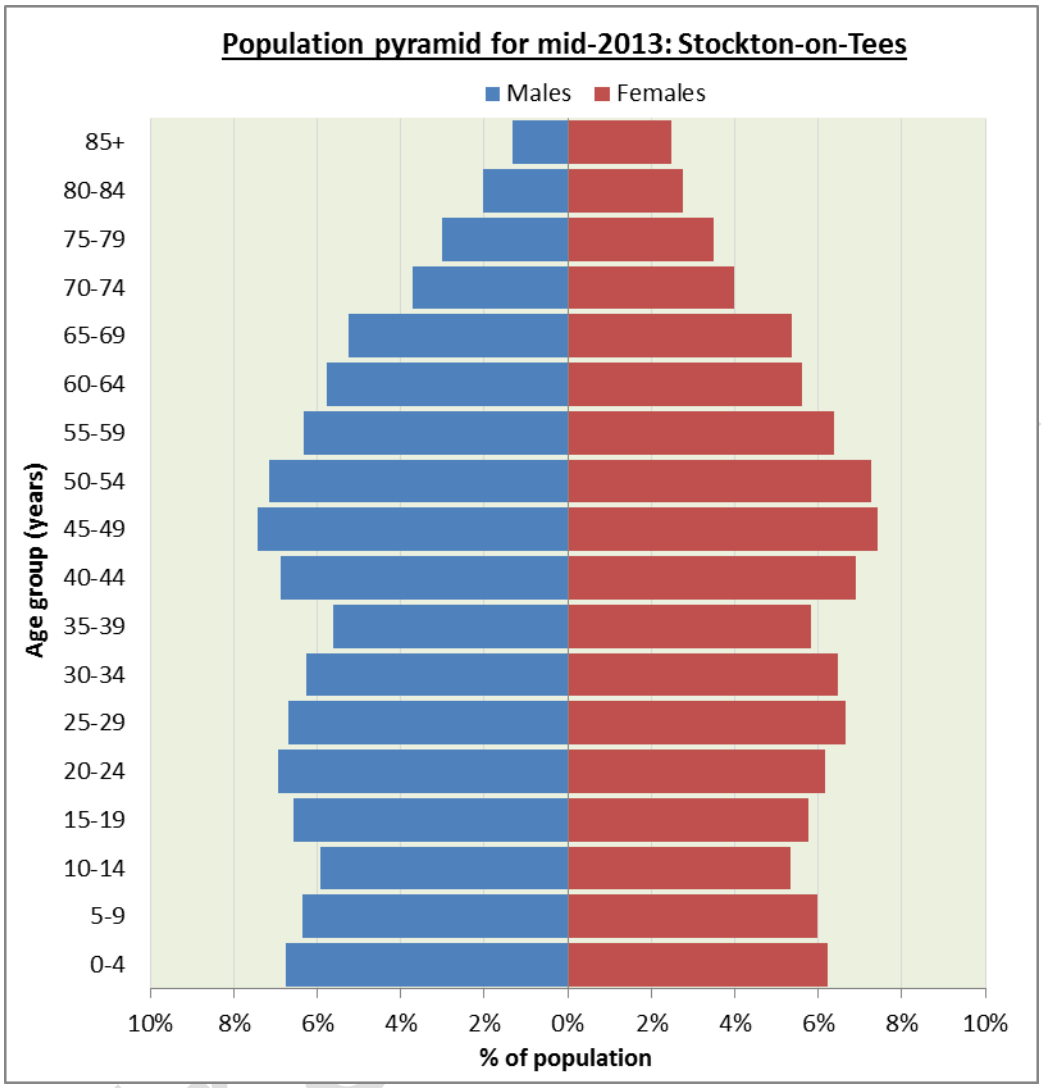


Figure x. Population pyramid for Stockton on Tees (mid 2013 estimates)

There is no reliable data on sexual orientation.

6.2.2 Deprivation Profile: Index of Multiple Deprivation (IMD) 2010

The English Indices of Deprivation 2010 (ID 2010) are the official measures of dimensions of deprivation at small area level or Lower Super Output Areas (LSOAs). LSOAs have an average population of 1500 people. In most cases, they are smaller than wards, thus allowing greater granularity in the identification of small pockets of deprivation. For further information see 'The English Indices of Deprivation 2010. Communities and Local Government' (www.communities.gov.uk).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6320/1870718.pdf

The model of multiple deprivation which underpins the IMD 2010 is the same as that which underpinned its predecessors – the IMD 2007, IMD 2004 and IMD 2000– and is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately. These are experienced by individuals living in an area. The Index of Multiple Deprivation (IMD 2010) contains seven domains which relate to income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime.

As a HWB area, Stockton-on-Tees is ranked 107th out of 354 local authority areas in England based on IMD (2010) and where rank 1 = most deprived.

Table 4 shows the estimated ward scores and national ranks for the 26 Stockton-on-Tees wards. The associated rank* (where 1 is most deprived) of each ward of the 7932 (IMD2007) or 7934 (2010) wards in England, is also shown, alongside the England quintile** of those ranked scores, where 1 is most deprived.

The proportion of 'red' (see key) on the England Quintiles columns indicates the degree of deprivation experienced by the Stockton-on-Tees population.

Table 5 further demonstrates this, summarizing the number of wards in each deprivation quintile (England), for each of the four Stockton-on-Tees localities.

Based on IMD 2007 national rank Stockton-on-Tees has,

- Proportionally less deprivation than Tees or the North East; 28% of Stockton-on-Tees LSOAs are in the most deprived quintile compared to 43% in Tees and 34% in the North East.
- At the other extreme, 22% of Stockton-on-Tees LSOAs are in the most affluent quintile compared to 11% in Tees and 10% in the North East

- IMD 2010 - Nine out of the 10 wards in the S4:Stockton and Thornaby locality are in the most deprived quintile for England; 6 of these wards fall within the top 10% of deprived wards nationally and 5 of the 6 wards were ranked higher in 2010 than in 2007; one of these wards is in the top 100 most deprived wards in England.
- Also, 5 of the 8 wards in the S3: Norton and Billingham locality are in the most deprived quintile for England.
- In contrast, four of the six wards in S1: Yarm and area are in the least deprived quintile for England and the remaining two are in quintile 4. One of these wards improved its rank from 2007 to 2010; Stockton's inequalities have widened, along with other areas in the Tees Valley.

Locality	Ward	Score 2007	England Rank* 2007	England Quintile** 2007	England Rank* 2010	England Quintile** 2010
S4	Stockton Town Centre	65.3	25	Q1	17	Q1
S4	Newtown	49.8	199	Q1	189	Q1
S4	Mandale and Victoria	40.8	497	Q1	563	Q1
S4	Hardwick	40	536	Q1	352	Q1
S4	Parkfield and Oxbridge	37.8	664	Q1	589	Q1
S3	Billingham East	36.6	750	Q1	719	Q1
S4	Stainsby Hill	34.9	881	Q1	845	Q1
S4	Roseworth	34.8	882	Q1	840	Q1
S3	Norton North	34.5	911	Q1	919	Q1
S3	Norton South	31.7	1137	Q1	1068	Q1
S3	Billingham Central	31.5	1149	Q1	1336	Q1
S3	Billingham South	28.3	1451	Q1	1276	Q1
S4	Village	27.6	1533	Q1	1507	Q1
S4	Bishopsgarth and Elm Tree	14.9	3921	Q3	3485	Q1
S2	Western Parishes	14.3	4099	Q3	4188	Q3
S4	Grangefield	12.9	4628	Q3	5002	Q4
S3	Billingham North	11.4	5210	Q4	5704	Q4
S1	Fairfield	10.4	5609	Q4	5258	Q4
S3	Norton West	10	5765	Q4	6228	Q4
S3	Billingham West	9.8	5847	Q4	6298	Q4
S1	Yarm	9.5	5989	Q4	6672	Q4
S2	Northern Parishes	9.4	6048	Q4	6332	Q4
S1	Eaglescliffe	8.9	6244	Q4	6829	Q5
S1	Hartburn	7.1	6898	Q5	7008	Q5
S1	Ingleby Barwick West	6.2	7229	Q5	7428	Q5
S1	Ingleby Barwick East	5.5	7443	Q5	7567	Q5
	*** Rank of 7932 (IMD2007) or 7934 (IMD2010) wards in England, 1 is most deprived**			**** Quintile 1 is most deprived**		

ENGLAND RANK*	Key
Falls within top 10% of deprived wards nationally	
Falls within 10%-50% of deprived wards nationally	
Falls within 50%-100% of deprived wards nationally	

Table 4. Estimated Ward Scores (IMD 2007) and National Ranks 2007 and 2010 - Stockton-on-Tees Wards

	S1: Yarm and Area		S2: Stockton Parishes		S3: Norton and Billingham		S4: Stockton and Thornaby		PCT	
	No of wards	*Fraction of locality*	*No of wards*	*Fraction of locality*	*No of wards*	*Fraction of locality*	*No of wards*	*Fraction of locality*	*No of wards*	*Fraction of PCT*
Q1	0	0	0	0	5	62%	9	90%	**14**	54%
Q2	0	0	0	0	0	0	0	0	**0**	0
Q3	0	0	1	50%	0	0	0	0	**1**	4%
Q4	2	33%	1	50%	3	38%	1	10%	**7**	27%
Q5	4	67%	0	0	0	0	0	0	**4**	15%

Table 5. Number of wards in each deprivation quintile (IMD2010) by locality for Stockton-on-Tees. *Percent may not add up to 100 due to rounding.

6.2.3 Ethnicity

Table 7 shows an extract of the data for ethnic origin of the population by ward in each Stockton-on-Tees locality from the 2011 census.

- NHS Stockton-on-Tees has approximately the same non-white population compared with the Tees Valley[1] average, but a lower non-white population than the national average.
- However, [Parkfield and Oxbridge] and [Stockton Town Centre] wards have the highest non-white populations where around 10-13% of the population are mostly Asian.

Proportions of the population that are non-white are small in many wards. From the census data, it is known that the majority of the non-white population in Stockton on Tees are of Asian origin. Data is shown here for wards where the percentage of the non-white population is greater than around 2% for consideration of the potential pharmaceutical needs for those with this protected characteristic.

6.2.1 Refugees and asylum seekers

There is a specialist general practice in Stockton-on-Tees which registers refugees and asylum seekers. This practice (Arrival) has a list size of 1100 patients and is located in the Stockton Town Centre ward in Locality S4: Stockton and Thornaby which is likely to account for recording the highest 'non-white' population; a population that may have particular pharmaceutical needs.

[1] Note references to the Tees Valley average includes the five local authority areas of Middlesbrough, Redcar and Cleveland, Stockton on Tees, Hartlepool and Darlington and reflects the source of this data as indicated in Table 6. It is recognised that the data available for this measure will only reflect those who chose to, or were able to complete the survey, which may under-report.

Wardcode	Locality	Wardname	Census 2011 Ethnic minorities - Asian (%)	Census 2011 Ethnicity White (%)
00EFNP	S1	Eaglescliffe	2.0	96.2
00EFNQ	S1	Fairfield	1.5	97.3
00EFNT	S1	Hartburn	2.0	96.8
00EFNU	S1	Ingleby Barwick East	5.1	92.3
00EFNW	S1	Ingleby Barwick West	4.0	93.8
00EFPK	S1	Yarm	2.9	95.0
00EFNZ	S2	Northern Parishes	5.2	91.6
00EFPJ	S2	Western Parishes		
00EFNH	S3	Billingham Central		
00EFNJ	S3	Billingham East		
00EFNK	S3	Billingham North		
00EFNL	S3	Billingham South		
00EFNM	S3	Billingham West		
00EFPA	S3	Norton North	1.1	97.1
00EFPB	S3	Norton South	1.1	96.1
00EFPC	S3	Norton West		
00EFNN	S4	Bishopsgarth and Elm Tree		
00EFNR	S4	Grangefield	2.6	95.1
00EFNS	S4	Hardwick	2.4	96.0
00EFNX	S4	Mandale and Victoria	6.8	87.9
00EFNY	S4	Newtown	2.7	94.8
00EFPD	S4	Parkfield and Oxbridge	13.2	81.5
00EFPE	S4	Roseworth	1.6	96.9
00EFPF	S4	Stainsby Hill		
00EFPG	S4	Stockton Town Centre	10.2	79.5
00EFPH	S4	Village	3.3	94.7
		Stockton-on-Tees	**3.0**	**94.6**
		Tees Valley	**2.9**	**94.8**
		England	**6.8**	**86.0**

Table 6. Extract of ward data for ethnic origin; percentages are of total population. Source: 2001 Census

6.2.1.1 Benefits

Table 7 shows a range of data illustrating income related benefits and proportion of children receiving free school meals (FSM) by ward and locality in Stockton-on-Tees. NHS Stockton-on-Tees's statistics are worse than the England average in all cases; but the degree or range of variability in these measures across the wards is notable.

- Overall the Stockton-on-Tees population receives a greater proportion of income benefits compared to the National average, but less than the Tees average.
- There is considerable variation in the proportion of the population receiving income related benefits across the four localities in Stockton-on-Tees.
- The wards in Locality 4 show a markedly higher proportion of the population receiving income benefits, with those in Localities 1 and 2 showing low levels. This pattern resembles the pattern of deprivation.
- The proportion of children receiving FSM in the poorest wards of Stockton-on-Tees is more than **10 times higher** than in the least deprived wards. In seven of the ten wards in S4: Stockton and Thornaby and in five of the eight wards in S3: Norton and Billingham locality, more than 20% children are entitled to free school meals.

Locality	Ward	Working Age Pop rec. Income Benefits % (Nov 2009)	Depend. Child. in families rec. Income Benefits % (May 2006)	Wkg Age pop Rec. Incapacity Benefit or Income Support 5yrs+ % (Nov 2005)	% Pupils Eligible for Free School Meals (2010)
S1	Eaglescliffe	7.1	8.1	1.6	4.5
S1	Fairfield	9.6	9.5	2.1	5.7
S1	Hartburn	7.2	6.1	2.1	5.1
S1	Ingleby Barwick East	6.2	5.8	1.0	3.6
S1	Ingleby Barwick West	4.1	3.4	0.8	3.2
S1	Yarm	6.9	5.0	1.3	4.8
S2	Northern Parishes	3.7	4.2	1.3	2.8
S2	Western Parishes	8.5	10.1	2.0	7.1
S3	Billingham Central	21.8	26.6	6.7	21.0
S3	Billingham East	26.4	37.3	7.2	28.6
S3	Billingham North	8.2	6.2	1.7	4.0
S3	Billingham South	19.5	32.5	6.9	23.9
S3	Billingham West	7.8	6.9	1.9	5.7
S3	Norton North	23.8	40.3	8.3	32.0
S3	Norton South	17.6	25.3	4.8	23.5
S3	Norton West	8.1	6.7	1.9	7.0
S4	Bishopsgarth and Elm Tree	10.5	9.1	3.0	7.2
S4	Grangefield	10.1	7.3	2.7	7.8
S4	Hardwick	30.5	44.7	10.6	34.5

S4	Mandale and Victoria	25.6	43.3	8.4	32.4
S4	Newtown	30.0	48.2	10.7	36.2
S4	Parkfield and Oxbridge	24.8	29.8	7.0	25.3
S4	Roseworth	23.1	33.6	7.7	28.3
S4	Stainsby Hill	22.6	33.2	6.7	29.4
S4	Stockton Town Centre	40.6	56.0	15.8	44.5
S4	Village	19.4	23.0	6.1	17.7
	STOCKTON-ON-TEES	**16.1**	**22.0**	**4.9**	**17.5**
	TEES VALLEY	**18.9**	**26.9**	**6.2**	**21.5**
	NATIONAL	**13.3**	**20.8**	**5.4**	

Table 7. Selected data showing income-related benefits and proportion of children receiving free school meals (FSM) by ward and locality in Stockton-on-Tees. Source: Tees Valley Unlimited Ward data file: 2010

6.2.1.2 Employment

As well as the association between income and health, employment status of the population may be a useful predictor of potential pharmaceutical needs with regard to requirements to access a pharmacy outside of working hours. Table 8 shows, by ward, the proportion of the working age population either in employment or in receipt of both unemployment and incapacity benefit at June 2010.

		% Working Age Population	
Locality	**Ward**	**In Employment**	**Unemp + Incapacity Benefit**
S1	Eaglescliffe	79.2	5.7
S1	Fairfield	76.4	6.7
S1	Hartburn	76.0	5.3
S1	Ingleby Barwick East	83.0	5.3
S1	Ingleby Barwick West	88.2	4.0
S1	Yarm	76.2	4.6
S2	Northern Parishes	81.8	3.9
S2	Western Parishes	74.3	6.5
S3	Billingham Central	68.2	16.3
S3	Billingham East	61.0	17.9
S3	Billingham North	82.1	7.0
S3	Billingham South	67.5	14.2
S3	Billingham West	74.7	6.1
S3	Norton North	62.5	15.6
S3	Norton South	66.0	13.8
S3	Norton West	76.2	6.0
S4	Bishopsgarth and Elm Tree	79.8	8.9
S4	Grangefield	76.6	8.2
S4	Hardwick	56.9	20.8
S4	Mandale and Victoria	56.9	19.9

S4	Newtown	59.5	22.2
S4	Parkfield and Oxbridge	62.0	21.1
S4	Roseworth	64.1	16.0
S4	Stainsby Hill	65.6	16.0
S4	Stockton Town Centre	51.8	33.2
S4	Village	71.2	15.5
	STOCKTON-ON-TEES	**71.1**	**12.2**
	TEES VALLEY	**68.2**	**14.7**
	NATIONAL	**74.0**	**10.2**

Table 8. Showing the proportion of people in employment by locality in Stockton-on-Tees at June 2010. Source: Tees Valley Unlimited Ward data file: 2010

It is noted that NHS Stockton-on-Tees has a greater proportion of working age population in employment than Tees, but less than the national average. There is notable variation between the employment rates in S3: Norton and Billingam and S4: Stockton and Thornaby localities in comparison to the other two localities.

6.2.1.3 Car ownership (need for public transport)

Table 9 shows data from the 2011 census. Understanding of public transport and car ownership in a locality is useful in understanding potential pharmaceutical needs from the point of view of (a) a general indicator of prosperity (or otherwise) and (b) from a consideration of access to transport to attend a pharmacy.

It is noted that the pattern of car ownership is consistent with other variables for example employment rates. The population of S4: Stockton and Thornaby is significantly more likely to be dependent on public transport (or walking) to access a community pharmacy as eight out of ten wards show the proportion of households without a car to be substantially higher than the Stockton on Tees and England average (shown by pale yellow highlighting). However, there are twice as many pharmacies per capita in this locality. Some areas of S3: Norton and Billingham may also need to walk, or use public transport to visit a pharmacy.

In contrast, the two rural wards show car ownership (at 90-95%) and the majority of the households having two cars (lilac highlighting); indeed all wards in S1 Yarm and area and S2: Stockton parishes localities have above average levels of access to a car.

Wardcode	Locality	Wardname	Census 2011 Households with no car (%)	Census 2011 Households with two or more cars (%)
00EFNP	S1	Eaglescliffe	12.4	43.1
00EFNQ	S1	Fairfield	16.8	38.4
00EFNT	S1	Hartburn	11.9	44.4
00EFNU	S1	Ingleby Barwick East	4.7	56.7
00EFNW	S1	Ingleby Barwick West	2.6	62.9
00EFPK	S1	Yarm	11.2	48.1
00EFNZ	S2	Northern Parishes	4.6	67.7
00EFPJ	S2	Western Parishes	10.0	53.6
00EFNH	S3	Billingham Central	38.3	20.1
00EFNJ	S3	Billingham East	37.7	19.8
00EFNK	S3	Billingham North	11.9	45.5
00EFNL	S3	Billingham South	30.6	26.5
00EFNM	S3	Billingham West	15.6	39.0
00EFPA	S3	Norton North	33.0	21.6
00EFPB	S3	Norton South	32.2	20.8
00EFPC	S3	Norton West	15.7	39.7
00EFNN	S4	Bishopsgarth and Elm Tree	17.8	36.0
00EFNR	S4	Grangefield	16.5	43.5
00EFNS	S4	Hardwick	47.6	14.1
00EFNX	S4	Mandale and Victoria	43.1	17.0
00EFNY	S4	Newtown	43.8	16.9
00EFPD	S4	Parkfield and Oxbridge	37.7	22.2
00EFPE	S4	Roseworth	38.5	18.4
00EFPF	S4	Stainsby Hill	34.5	21.4
00EFPG	S4	Stockton Town Centre	63.9	7.3
00EFPH	S4	Village	29.6	24.6
		Stockton-on-Tees	**25.9**	**32.7**
		Tees Valley	**30.5**	**27.7**
		England	**25.6**	**32.1**

Table 9. Proportion of households in Stockton-on-Tees without a car and conversely with more than one car. Source: Tees Valley Unlimited Ward data file: ONS 2011

6.2.2 People needing Care

Locality	Ward	People Needing Care (Attendance Allowance or Disability Living Allowance) %
S1	Eaglescliffe	6.0
S1	Fairfield	8.2
S1	Hartburn	7.0
S1	Ingleby Barwick East	4.3
S1	Ingleby Barwick West	2.4
S1	Yarm	5.5
S2	Northern Parishes	3.4
S2	Western Parishes	6.7
S3	Billingham Central	12.7
S3	Billingham East	12.7
S3	Billingham North	6.4
S3	Billingham South	12.9
S3	Billingham West	7.8
S3	Norton North	12.1
S3	Norton South	9.8
S3	Norton West	7.6
S4	Bishopsgarth and Elm Tree	9.0
S4	Grangefield	8.1
S4	Hardwick	15.7
S4	Mandale and Victoria	13.2
S4	Newtown	12.1
S4	Parkfield and Oxbridge	10.4
S4	Roseworth	13.4
S4	Stainsby Hill	11.3
S4	Stockton Town Centre	16.7
S4	Village	11.5
	STOCKTON-ON-TEES	**9.3**
	TEES VALLEY	**10.5**
	NATIONAL	**9.1**

Table 10. Proportion of people needing care[2] in NHS Stockton-on-Tees (November 2009) Source: Tees Valley Unlimited Ward data file: 2010

Table 10 shows that NHS Stockton-on-Tees has a lower proportion of people needing care (as defined in the footnote) than the Tees Valley and a similar level in England. Highest levels of people needing care are found in localities 3 and 4, for example, 16% in Stockton Town Centre ward.

[2] Attendance Allowance (AA) and Disability Living Allowance Care Component (DLA) are benefits for people so disabled that they need care or assistance in living. DLA can be received by people of all ages, whilst people aged over 65 making their first claim can only apply for AA. DLA also has mobility components, which are not included in these results. The percentage of the total population receiving DLA or AA is shown. Source: DSS/I&DeA/TVU

6.2.3 Housing and households

Table 11 shows information from the 2001 census. There is a greater proportion owner-occupier tenure across Stockton-on-Tees than both nationally and for Tees. There are further notable contrasts in some of the indicators shown here. The proportion of houses that are owner occupied ranges from under 30% S4: Stockton and Thornaby locality to over 95% owner occupancy in S1: Yarm and Area Locality.

Locality	Ward Name	Tenure % Owner-Occupied	Tenure % Rent from LA/HA	Tenure % Private Rent	Houses without Central Heating %
S1	Eaglescliffe	89.3	6.7	4.0	3.3
S1	Fairfield	91.1	7.5	1.4	2.5
S1	Hartburn	96.8	1.5	1.7	1.2
S1	Ingleby Barwick East	95.9	0.5	3.5	2.0
S1	Ingleby Barwick West	95.6	2.1	2.3	0.2
S1	Yarm	88.0	7.5	4.5	1.8
S2	Northern Parishes	89.9	5.6	4.4	1.7
S2	Western Parishes	85.8	11.2	3.0	3.5
S3	Billingham South	63.5	29.5	6.9	5.9
S3	Billingham West	95.9	2.4	1.7	1.2
S3	Norton North	65.8	27.3	7.0	4.7
S3	Norton South	73.8	16.6	9.6	9.7
S3	Norton West	93.1	5.3	1.6	1.9
S4	Grangefield	87.7	10.6	1.7	1.9
S4	Bishopsgarth and Elm Tree	85.7	12.3	2.0	2.7
S4	Hardwick	39.3	57.5	3.2	1.3
S4	Mandale and Victoria	44.0	43.6	12.3	6.6
S4	Newtown	53.2	39.0	7.8	5.5
S4	Parkfield and Oxbridge	62.2	19.2	18.6	13.2
S4	Roseworth	59.3	38.6	2.1	3.0
S4	Stainsby Hill	62.9	35.1	2.0	2.2
S4	Stockton Town Centre	28.0	56.9	15.1	8.7
S4	Village	70.1	27.8	2.1	2.2
	STOCKTON-ON-TEES	**71.6**	**21.5**	**5.2**	**3.9**
	TEES VALLEY	**67.3**	**24.3**	**6.1**	**5.4**
	NATIONAL	**68.7**	**19.3**	**8.8**	**8.5**

Table 11. Housing and household information by ward and locality in Stockton-on-Tees. Source: Tees Valley Unlimited Ward data file: 2010

The contrast between wards where either private or local authority renting dominates the tenure type is also notable. The largest proportion of local authority/housing association rental is in the town centre and Hardwick areas – the more deprived areas of the borough.

6.2.4 Educational attainment

Table 12 shows some indicators of educational attainment for the wards and localities in Stockton-on-Tees with Tees Valley and National comparators. Considering the educational attainment based on proportion of school leavers achieving 5 or more GCSEs in 2009, the Stockton-on-Tees and Tees Valley performance is close to the National average of 70%. These averages mask a wide range across the wards of the Borough and once again a clear difference between the localities.

Locality	Ward	5+GCSE A-Cs % (2009)	Adults with Low Literacy Skills % (2003)	Adults with Low Numeracy Skills % (2003)
S1	Eaglescliffe	76	5	40
S1	Fairfield	80	11	50
S1	Hartburn	85	8	44
S1	Ingleby Barwick East	82	5	38
S1	Ingleby Barwick West	83	5	38
S1	Yarm	79	4	31
S2	Northern Parishes	94	6	40
S2	Western Parishes	83	6	42
S3	Billingham Central	56	21	68
S3	Billingham East	43	20	63
S3	Billingham North	80	7	42
S3	Billingham South	51	18	61
S3	Billingham West	83	10	49
S3	Norton North	55	19	63
S3	Norton South	62	20	64
S3	Norton West	89	9	45
S4	Bishopsgarth and Elm Tree	72	11	50
S4	Grangefield	79	10	48
S4	Hardwick	61	27	69
S4	Mandale and Victoria	53	21	67
S4	Newtown	55	24	67
S4	Parkfield and Oxbridge	50	19	62
S4	Roseworth	66	23	66
S1	Stainsby Hill	58	26	69
S1	Stockton Town Centre	45	29	71
S1	Village	75	18	61
	STOCKTON-ON-TEES	**69**	**14**	**59**
	TEES VALLEY	**69**	**20**	**67**
	NATIONAL	**70**	**11**	**47**

Table 12. Educational attainment by ward in Stockton-on-Tees (Tees Valley Unlimited Ward Data File)

A sustained poor level of educational attainment is likely to contribute to low levels of adult literacy and numeracy. The Tees Valley demonstrates a proportion of adults with low levels of literacy running at twice the national average and a rate of poor adult numeracy of 20 percentage points higher than the national average. Stockton-on-Tees performs better when compared to the Tees Valley as a whole, however the levels of adult literacy and numeracy still substantially worse than the National average, particularly in S4: Stockton and Thornaby and parts of S3: Norton and Billingham. The implication for pharmaceutical needs is substantial and wide ranging. Levels of literacy and numeracy as low as this must cause difficulty for individuals using and understanding the 'written word' in relation to medicines for example - and this may be a risk to both that individual or people in their care e.g., children.

6.2.5 Population density and rurality

Health need and associated pharmaceutical need will vary according to the rurality of a geographical area. In the first instance there is likely to be an effect on population density and the associated volume-related demand for any service. Secondly, the term 'rurality' has a particular meaning with reference to the provision of pharmaceutical services including the dispensing services provided by general practices in defined areas called 'controlled localities'.

6.2.5.1 Population density

Population density varies quite markedly across NHS Tees. Table 16 shows that the population density in each of the two districts north of the Tees is quite similar. However, whilst the numbers of people Middlesbrough and Redcar and Cleveland are similar, Middlesbrough is geographically much smaller than any of the other districts. The population density of Middlesbrough is therefore five times that of both Darlington and Redcar and Cleveland and two and a half times that of either Hartlepool or Stockton-on-Tees.

2011 (ONS)	Total Population	Area (hectares)	Population Density (persons by hectare)
Darlington	105,564	19,748	**5.3**
Hartlepool	92,028	9,386	**9.8**
Middlesbrough	138,412	5,387	**25.7**
Redcar & Cleveland	135,177	24,490	**5.5**
Stockton-on-Tees	191,610	20,393	**9.4**

Table 13. Population density for NHS Stockton-on-Tees and PCTs on Teesside. Source ONS 2011

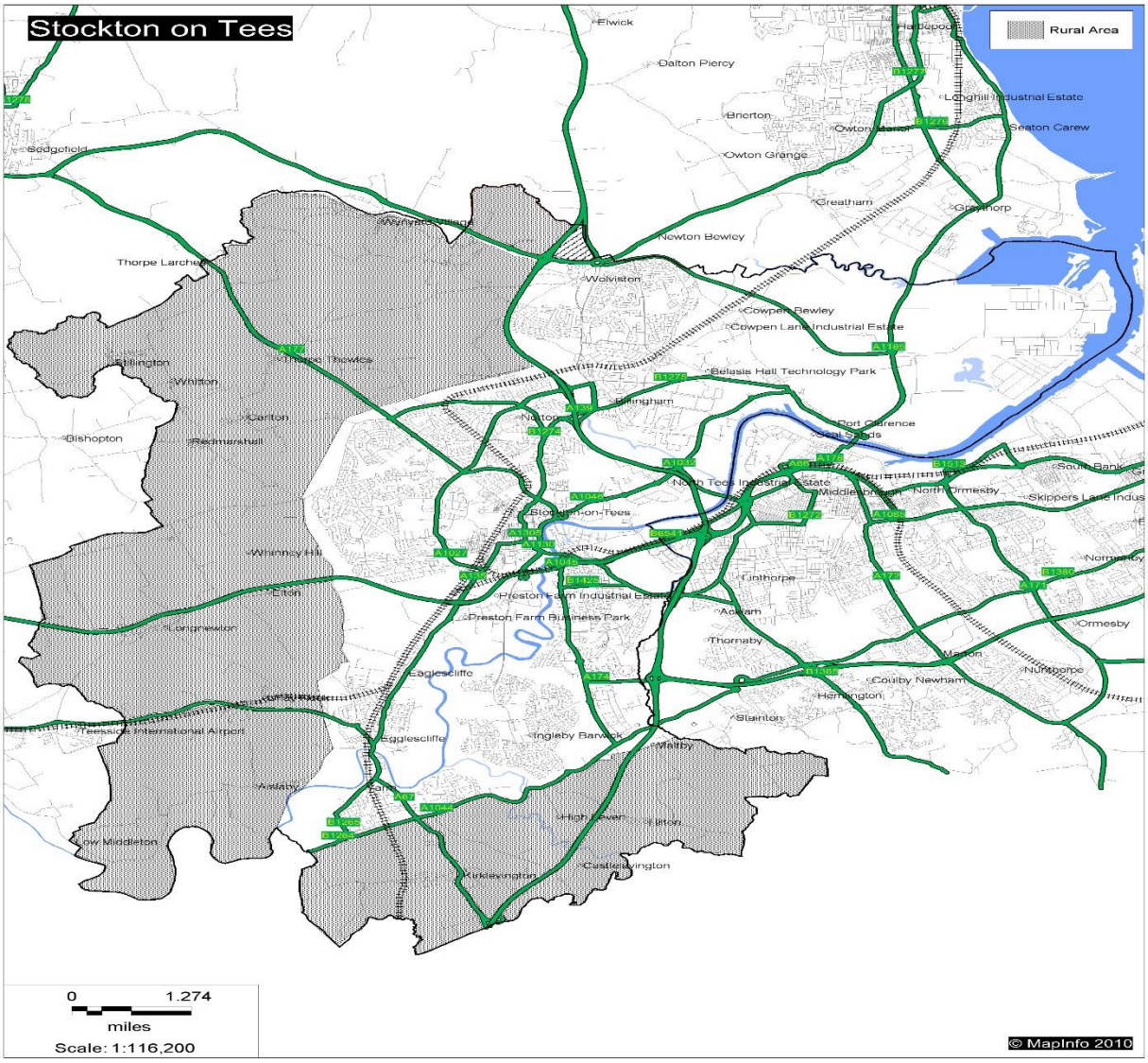
6.2.5.2 Rurality

Regulations 12 and 31(7) of the 2005 Regulations, as amended, require PCTs to determine applications according to neighbourhoods and to publish the boundaries of any controlled locality on a map. PCTs with rural areas will have controlled localities i.e. areas which are rural in character, and since April 2005

may have also determined “reserved locations” within some of these controlled localities. A reserved location is a specialist determination, which allows a dispensing doctor to continue to provide dispensing services in such localities even if a pharmacy opens nearby.

Regulation 35(9) of the 2005 Regulations also requires PCTs to delineate the boundaries of any reserved location it has determined on a map and to publish such a map.

Figure 4. Rurality map NHS Stockton-on-Tees



A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore *controlled localities*, are not

controlled localities unless and until NHS England determines them to be. Such areas may be considered as rural because they consist open fields with few houses but they are not a *controlled locality* until they have been subject to a formal determination.

Figure 4 shows the map of Stockton-on-Tees indicating controlled localities. NHS Stockton-on-Tees reviewed the rurality designation of Wynyard in 2010, part of S2: Stockton Parishes locality. The Pharmacy Panel determined that the rurality designation should stand and this decision was upheld following an appeal decision by the NHS Litigation Authority Appeals Unit. The map is unchanged at September 2014.

7.0 Local Health Needs

Whilst avoiding replicating the JSNA this section aims to highlight some of the key health needs that will impact on the pharmaceutical needs that will be identified by this document.

Stockton Borough has huge variation in levels of deprivation and in health and wellbeing outcomes across wards. Life expectancy for both men and women is lower than the England average; and life expectancy in the most deprived wards is as much as 16 years less than that in the least deprived wards.
Table
Life expectancy for both men and women is lower than the national average. Within Stockton-on-Tees there are striking inequalities with a man living in the least deprived areas of the borough living 11 years longer than a man in the most deprived area; for women that difference is nearly 7 years. Data for each ward is presented in Table 16 to illustrate the variation in life expectancy
Table 16. Life expectancy for wards in Stockton-on-Tees
This presents a huge challenge, in ensuring services are available to the whole population, whilst providing additional targeted support for the most vulnerable groups.

The health of people in Stockton-on-Tees is varied compared with the England average. Deprivation is higher than average and about 22.5% (8,200) children live in poverty. The Director of Public Health Annual Report (2012-13) identifies key priority determinants which cause a significant burden of disease and death and increase inequalities:

- Smoking
- Obesity
- Alcohol
- Mental health
- Dental health
- Poverty

The data and evidence shows that the key causes of early death (and significant causes of illness) in the Borough are cancer (particularly lung cancer mortality) and lung disease. Rates of heart disease, stroke and liver disease are also higher than the England average. Disease rates are generally higher in areas

of greater deprivation (except breast cancer), as are the risk factors for these disease i.e. smoking, poor diet, lack of physical activity and alcohol.

The Health Profile 2014 [16] for Stockton-on-Tees gives a snapshot of health in the area and compares this local authority with the rest of England. An extract from this, the Health Summary for Stockton-on-Tees is reproduced on page 40. Here you will see the local results displayed as a circle on a bar for England indicating our relative position. A red dot indicates that the health domain is significantly worse than the England average and this chart provides a simple graphic illustration of our local health and wellbeing status - in lots of red dots.

Although the Health Profile 2014 indicates that the health of the people of Stockton-on-Tees is improving, it is still worse than the England average. Whilst the indicators are not all described separately here, we need to have regard for them in relation to pharmaceutical needs.

In summarizing the scale of the issues that pharmaceutical services might support, a diagram showing the distribution of risk, disease, care and death in Stockton-on-Tees in a typical year is shown in Figure 5. This indicates the scope of public health issues for promotion of health and well being as well as the scale of potential interventions required annually e.g., to support the 6,400 people in Stockton-on-Tees living with diabetes, asthma (12,200), who are adult smokers (41,700) or adults with a low literacy level (39,400).

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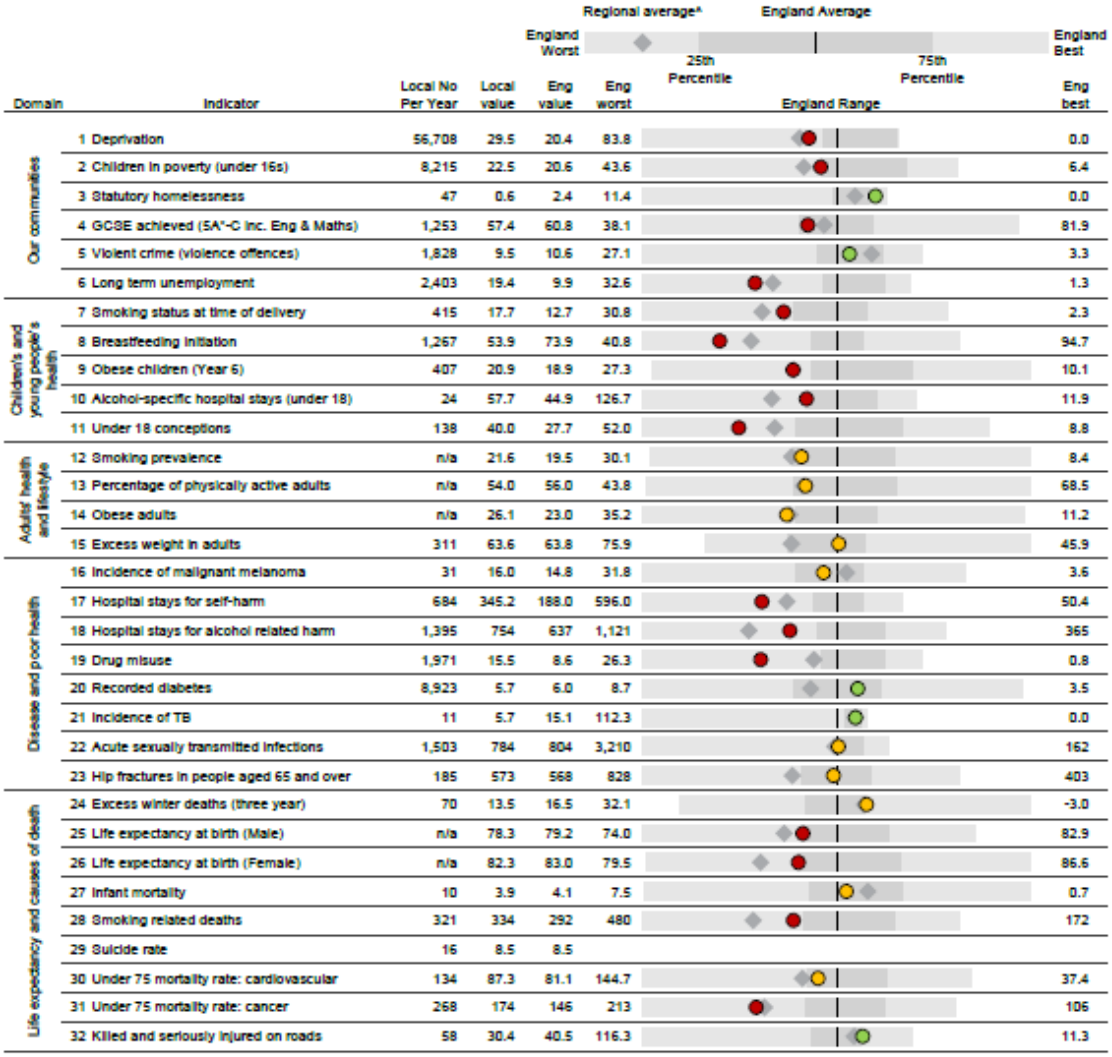
Health Summary for Stockton-on-Tees

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

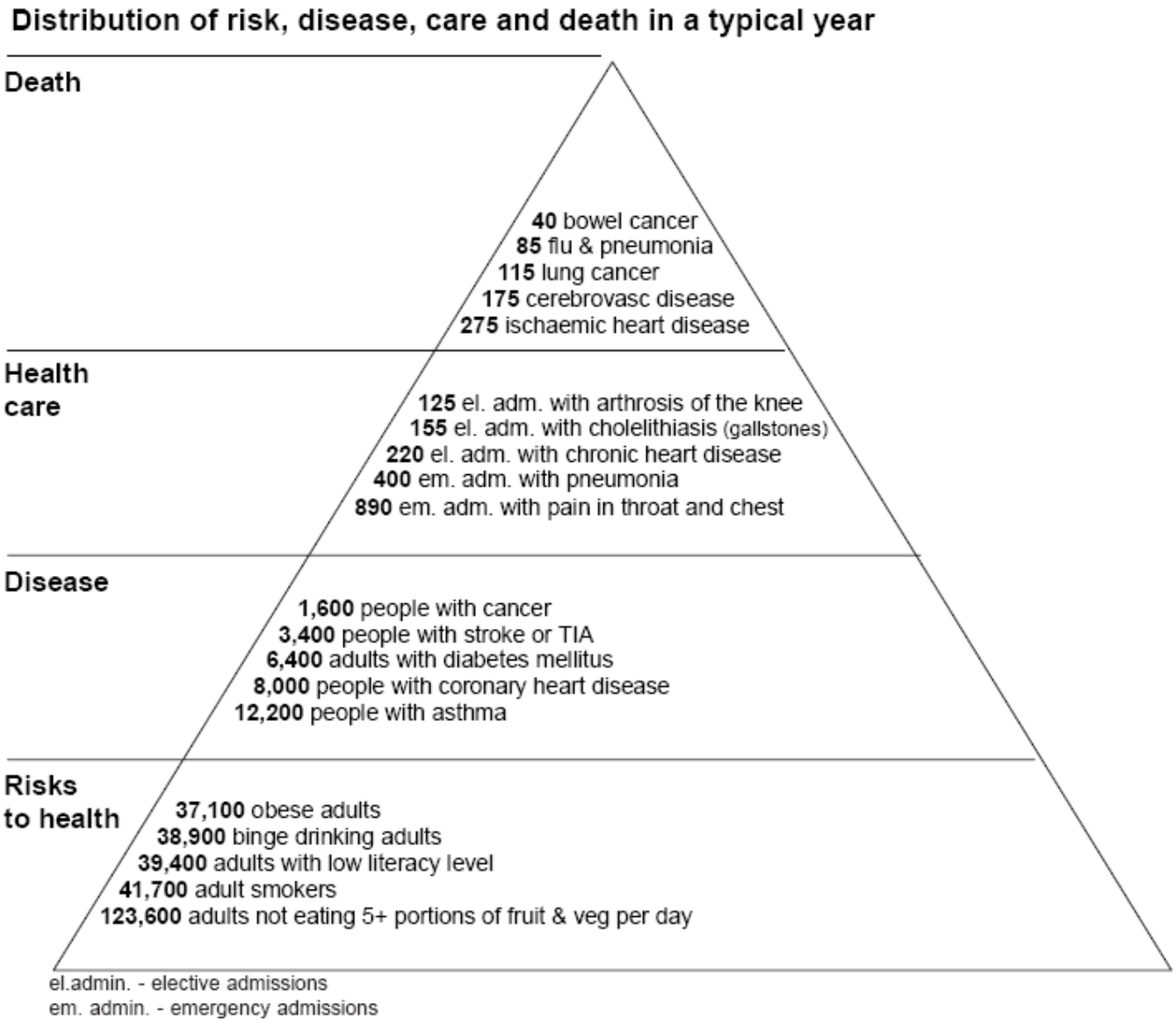


Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1	Deprivation	56,708	29.5	20.4	83.8	0.0
	2	Children in poverty (under 16s)	8,215	22.5	20.6	43.6	6.4
	3	Statutory homelessness	47	0.6	2.4	11.4	0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)	1,253	57.4	60.8	38.1	81.9
	5	Violent crime (violence offences)	1,828	9.5	10.6	27.1	3.3
	6	Long term unemployment	2,403	19.4	9.9	32.6	1.3
Children's and young people's health	7	Smoking status at time of delivery	415	17.7	12.7	30.8	2.3
	8	Breastfeeding initiation	1,267	53.9	73.9	40.8	94.7
	9	Obese children (Year 6)	407	20.9	18.9	27.3	10.1
	10	Alcohol-specific hospital stays (under 18)	24	57.7	44.9	126.7	11.9
	11	Under 18 conceptions	138	40.0	27.7	52.0	8.8
Adults' health and lifestyle	12	Smoking prevalence	n/a	21.6	19.5	30.1	8.4
	13	Percentage of physically active adults	n/a	54.0	56.0	43.8	68.5
	14	Obese adults	n/a	26.1	23.0	35.2	11.2
	15	Excess weight in adults	311	63.6	63.8	75.9	45.9
Disease and poor health	16	Incidence of malignant melanoma	31	16.0	14.8	31.8	3.6
	17	Hospital stays for self-harm	684	345.2	188.0	596.0	50.4
	18	Hospital stays for alcohol related harm	1,395	754	637	1,121	365
	19	Drug misuse	1,971	15.5	8.6	26.3	0.8
	20	Recorded diabetes	8,923	5.7	6.0	8.7	3.5
	21	Incidence of TB	11	5.7	15.1	112.3	0.0
	22	Acute sexually transmitted infections	1,503	784	804	3,210	162
	23	Hip fractures in people aged 65 and over	185	573	568	828	403
Life expectancy and causes of death	24	Excess winter deaths (three year)	70	13.5	16.5	32.1	-3.0
	25	Life expectancy at birth (Male)	n/a	78.3	79.2	74.0	82.9
	26	Life expectancy at birth (Female)	n/a	82.3	83.0	79.5	86.6
	27	Infant mortality	10	3.9	4.1	7.5	0.7
	28	Smoking related deaths	321	334	292	480	172
	29	Suicide rate	16	8.5	8.5		
	30	Under 75 mortality rate: cardiovascular	134	87.3	81.1	144.7	37.4
	31	Under 75 mortality rate: cancer	268	174	146	213	106
	32	Killed and seriously injured on roads	58	30.4	40.5	116.3	11.3

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 6 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 8 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 26 At birth, 2010-2012 28 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@phe.gov.uk



More details for the 'top 10' issues at each level are shown overleaf.

Figure 5. Distribution of risk, disease, care and death in a typical year.

Other key issues for Stockton-on-Tees are highlighted as follows:

Smoking.
Proportionally more people smoke in Stockton-on-Tees than in England. The death rate from smoking is worse than the England average. Smoking related illness contributes to more life years lost than the next 6 top causes of death of the residents of Stockton-on-Tees. Smoking by mothers during pregnancy is a major contributor to low birth weight.

Sexual health
The Sexual Health Needs Assessment for Teesside 2013 identified that:

- Teenage pregnancy rates in England have declined significantly over the past ten years. This trend has also been seen in Hartlepool and Redcar and Cleveland but not in Middlesbrough and Stockton.
- Teenage pregnancy rates are higher in more deprived areas. In addition Hartlepool and Middlesbrough seem to have higher teenage pregnancy rates than other local authorities with similar levels of deprivation.
- Population statistics project a decrease in the young population in Teesside over the next few years. It is however unlikely that this will lead to a decrease in demand for sexual health services as STIs in Teesside are increasing, particularly gonorrhoea and chlamydia infections.
- Young people have the highest burden of disease from STIs. STIs rates are higher in more deprived areas and among specific groups such as men having sex with men (MSM).
- Highest teenage pregnancy rates of >65 in Hardwick, Blue Hall, Newtown, Victoria, and Portrack and Tilery.
- Highest numbers of teenage pregnancy in Portrack and Tilery , Newtown, Ingleby Barwick, Blue Hall, Roseworth.
- High rate of acute STIs, rank 91 of 326 local authorities in England (1 is worst).
- Increasing rate of chlamydia diagnoses (rate of 217 compared to 209 in North East and 182 in England). Chlamydia infection rates highest in most deprived areas and in 20 -25 age group. Diagnosis rate in 2012 was 3411. (>2,300 national target).

Needs assessment recommended that locally need to:

- Ensure accessibility of sexual health services for a higher proportion of the population particularly for those who would not normally use sexual health services e.g. through the strengthening of sexual health service provision through GP practices and community pharmacies.
- Any service development should take place with a particular focus on the needs of young people, people living in deprived areas and vulnerable groups.

Children and young people
- Teenage pregnancy rates remain high compared with the national average and there is a particular concern regarding conceptions rates in the under 16s. Conception rates for Stockton-on-Tees in 2003-2005 in under 16 years of age were 10.5 per 1,000 females. (7.7 England comparator). Highest rates are found in the localities of S3: Norton and Billingham and S4: Stockton and Thornaby [Stockton Town Centre ward]
- A fifth of pregnant women in Stockton-on-Tees continue to smoke during pregnancy.
- Childhood obesity, low rates of breast feeding and significant inequalities in oral health are also of concern.

- Risk taking behavior in relation to alcohol, sexual activity and illegal drugs are also priorities.

Drugs alcohol and community safety
There are an estimated 1,518 problematic heroin and crack users in Stockton-on-Tees, a large number of whom are in connection with structured treatment services or open access services such as needle exchange. For perspective, there are an estimated 38,900 binge drinking adults in Stockton-on-Tees and hospital attendance related to alcohol is significant.

Learning Disabilities
People with learning disabilities are pre-disposed to the development of a number of health-limiting conditions. Additionally the availability of health services that improve access and support for people with low adult literacy and numeracy levels, as well as physical disabilities, is important.

Mental Health
It is easy to overlook the burden of poor mental health. Mental ill health is a condition that can severely impact on the quality of life of those suffering from it and those immediately around them. It may also lead to other forms of deprivation such as unemployment or homelessness; potentially individuals may find themselves in a downward spiral that may be difficult to break out of. This makes it an important component of overall health; apart - apart from the substance misuse and learning disability issues in Stockton-on-Tees, incapacity benefit for mental illness is higher the national average and accidental self poisoning with non-opioid analgesics enters the top ten for emergency admissions.

Most of this information has not been summarized by locality. However, by reviewing the population demographics of NHS Stockton-on-Tees as a whole with the other information for the four localities already, it is possible to consider the health needs of each locality. Even the small amount of data presented here begins to provide a clearer perspective of need and the inequality, in the Stockton-on-Tees area.

These measures do so starkly indicate that we must avoid worsening this inequality by virtue of our service provision: unless inequalities in provision of care match inequalities of need then inequity will persist.

The impact of the health needs on pharmaceutical needs will be described in section 10.

8.0 Current Pharmaceutical Services Provision

The PNA is required to describe current pharmaceutical services provision and consider this within the context of the current need for access to pharmaceutical services for the population of Stockton-on-Tees. Before describing the current pharmaceutical services provision, it is worth considering briefly what ‘access’ to ‘pharmaceutical services’ might mean; the range of pharmaceutical services

providers and choice thereof, their premises (if applicable) including facilities, quality, location and distribution across the HWB area and the specific pharmaceutical services that they provide, will all need to be considered.

The type of provider is important as this will determine the range of pharmaceutical services available. For example, a community pharmacy contractor will provide at the very least a full and prescribed range of essential services whereas dispensing doctors and appliance contractors can only provide a restricted range of pharmaceutical services. Other locally commissioned providers may also provide a limited range of services in specific situations that impact on the need for community pharmacy contracted pharmaceutical services (e.g., CCG directly-provided or otherwise commissioned services for full Medication Review or prescribing support).

For provider's premises, access in this case may mean more than just geographical location. It certainly includes opening times and may also include access via public transport, ability to park, disabled access and so on.

Location or environment of a service provider affects access in terms of distance. However co-location with other services (perhaps with other primary care medical or other services, perhaps with shopping or leisure) might improve overall experience by reducing travel or repeated visits.

Another important aspect of service provision is opening hours. Pharmaceutical services will of course need to be available during 'normal' day-time hours (e.g.weekdays 9am to 5 or 6pm) when many other professional services might be expected to be available. However the needs of specific socioeconomic or other groups as service users will also need to be considered, for example

- workers after 6 pm or during lunch times
- those who have accessed general practice extended hours or walk-in services outside of the 'routine 9-6' times e.g. up to 8 o clock at night
- those with more urgent self care or unplanned care needs at non- routine time e.g. on weekends or for End of Life Care.

An evaluation of patient experience, such as undertaken during the development of the PNA, may further help to assess capacity, premises and quality in terms of pharmaceutical service provision. When considering access as part of the overall assessment of pharmaceutical need, the PCT is also required to have regard to choice. Many of the above issues might influence the choice of pharmaceutical services provider, and provision, available to patients and others. Each of these issues will be considered in the following section.

8.1 Overview of pharmaceutical services providers

Pharmaceutical services are provided to the resident population of, and visitors to, the Tees Valley area by a broader range of pharmaceutical service providers than might first be considered. Providers include

- Community pharmacy contractors including distance-selling (sometimes called NHS 'internet' pharmacies)

- Dispensing doctor practices
- Dispensing appliance contractors
- Others providing specific services.

At September 2014 there are **145** community pharmacy contractors and three dispensing doctor practices in the Tees Valley. Forty one of these community pharmacies are located in the Stockton-on-Tees HWB area, and there is one dispensing doctor practice. As an overview, Table 17 shows the number of pharmacies in each locality across the Tees Valley and also shows the location of those pharmacies that open for more than 100 hours per week.

Locality	Number of pharmacies	Number of these open 100 hours per week
Darlington Central	18	5
Darlington West	1	0
Darlington South	2	0
Darlington North and East	2	0
Darlington HWB	***23***	***5***
Hartlepool West	1	0
Hartlepool South	2	0
Hartlepool Central	16	2
Hartlepool HWB	***19***	***2***
Middlesbrough Central	20	3
Middlesbrough South	10	3
Middlesbrough HWB	***30***	***6***
East Cleveland	6	0
Guisborough	3	1
Greater Eston	11	3
Redcar and Coast	12	2
Redcar and Cleveland HWB	***32***	***6***
Yarm and area	9	1
Stockton Parishes	1	0
Norton and Billingham	10	2
Stockton and Thornaby	21	6
Stockton-on-Tees HWB	***41***	***9***
Tees Valley area	**145**	**28**

Table 17. Pharmacies in each locality across the Tees Valley and number of those pharmacies that open for more than 100 hours per week.

There are no Local Pharmaceutical Services[3] (LPS) area designations and no Local Pharmaceutical Services (LPS) in the Stockton-on-Tees HWB area.
There are no dispensing appliance contractors located in NHS Stockton-on-Tees, nor any in the wider Tees Valley area, although the nature of services provided by these contractors suggests that this population might sometimes access the services of an appliance contractor located outside the Tees Valley area. There are xx appliance contractors in the CNTW Area Team area of the north east of England.

[3] Local Pharmaceutical Services (LPS) Schemes [20] are an alternative to the national PhS contract arrangements through which the majority of pharmaceutical services are provided. LPS contracts are made locally by NHS England and must include an element of dispensing, but may include a range of other services not traditionally associated with pharmacy, including training and education.check if they are ending

Similarly, there are as yet no distance selling (internet) pharmacy providers whose premises are registered within the boundary of the Stockton-on-Tees HWB area. Nevertheless, patients living in the area may obviously access an NHS distance selling pharmacy contracted and registered in any UK location; such is the nature of that pharmacy business. Additionally, pharmacies with registered premises in Stockton-on-Tees may offer distance-selling services to the local population, wider Tees Valley and beyond by advertising or otherwise making available their NHS services, including via the internet. In the data return from pharmacy contractors, 21 community pharmacies in Stockton-on-Tees reported[4] that they had a website, 5 more than in 2011.

Additionally, locally contracted services that meet a pharmaceutical need are experienced by the population of Stockton-on-Tees which are provided by various routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. These will be described later.

8.1.1 Community pharmacy contractors

As previously stated, pharmaceutical services are provided to the population of the Stockton-on-Tees HWB area by **41** community pharmacy contractors. The names and addresses of these pharmacies are included as Appendix 7.

Pharmacies that have opened during the course of preparing this PNA have been included in the description of numbers and locations of pharmacies up to and including September 2014. Four pharmacies failed to provide a response and therefore are not included in information derived from the pharmacy contractor data collection survey, though they were included in patient/ stakeholder engagement processes. Any new pharmacies that open, or other changes (such relocations) and any additional data received from pharmacies for the contractor survey up to January 2015, will be recorded in the final PNA.

The number of pharmacies located in each ward of each of the four NHS Stockton-on-Tees localities is shown in Table 18. Five new pharmacies have opened in the area since the first PCT PNA was published in 2011.

The table shows an uneven distribution of pharmacies across the NHS Stockton-on-Tees geography. This is also shown in Figure 6 which shows the location of pharmacies in each of the four localities of NHS Stockton-on-Tees, together with the locations of the general practices.

It is unsurprising that more pharmacies are located closer to the central commercial area of Stockton on Tees; around a quarter of the Borough's pharmacies are located in the 'Stockton Town Centre' ward.

[4] Of the x respondents

S1 Yarm and Area			S2 Stockton Parishes		
Ward	**No of pharmacies**	**100 hr pharmacies**	**Ward**	**No of pharmacies**	**100 hr pharmacies**
Yarm*	4	1	Northern Parishes*	1	
Eaglescliffe	2		Western Parishes	0	
Ingleby Barwick east	1				
Ingleby Barwick west	1				
Fairfield	1				
Hartburn	0				

*Indicates a new pharmacy opened in this ward since publication of PNA in 2011

S3 Norton and Billingham			S4 Stockton and Thornaby		
Ward	**No of pharmacies**	**100 hr pharmacies**	**Ward**	**No of pharmacies**	**100 hr pharmacies**
Billingham East	1	1	Stainsby Hill	2	
Billingham North	0		Mandale and Victoria	3	
Billingham South	1		Village	1	
Billingham Central*	5	1	Stockton Town Centre*	11	5
Billingham West	0		Bishopsgarth and Elm Tree	1	
Norton North	2		Hardwick	1	
Norton South	0		Grangefield	0	
Norton West	1		Newtown	0	
			Parkfield and Oxbridge	0	
			Roseworth	2	1

TOTALS				
Locality	**Wards**	**No of Pharmacies**	**100 hr Pharmacies**	**Wards without a Pharmacy**
S1 Yarm and Area	6	9	1	1
S2 Stockton Parishes	2	1	0	1
S3 Norton and Billingham	8	10	2	3
S4 Stockton and Thornaby	10	21	6	3
Stockton-on-Tees HWB area	**26**	**41**	**9**	**8**

Table 18. Showing the distribution of pharmacies by ward and locality in Stockton-on-Tees HWB area, including the location of pharmacies open 100 hours per week.

2013 map follows

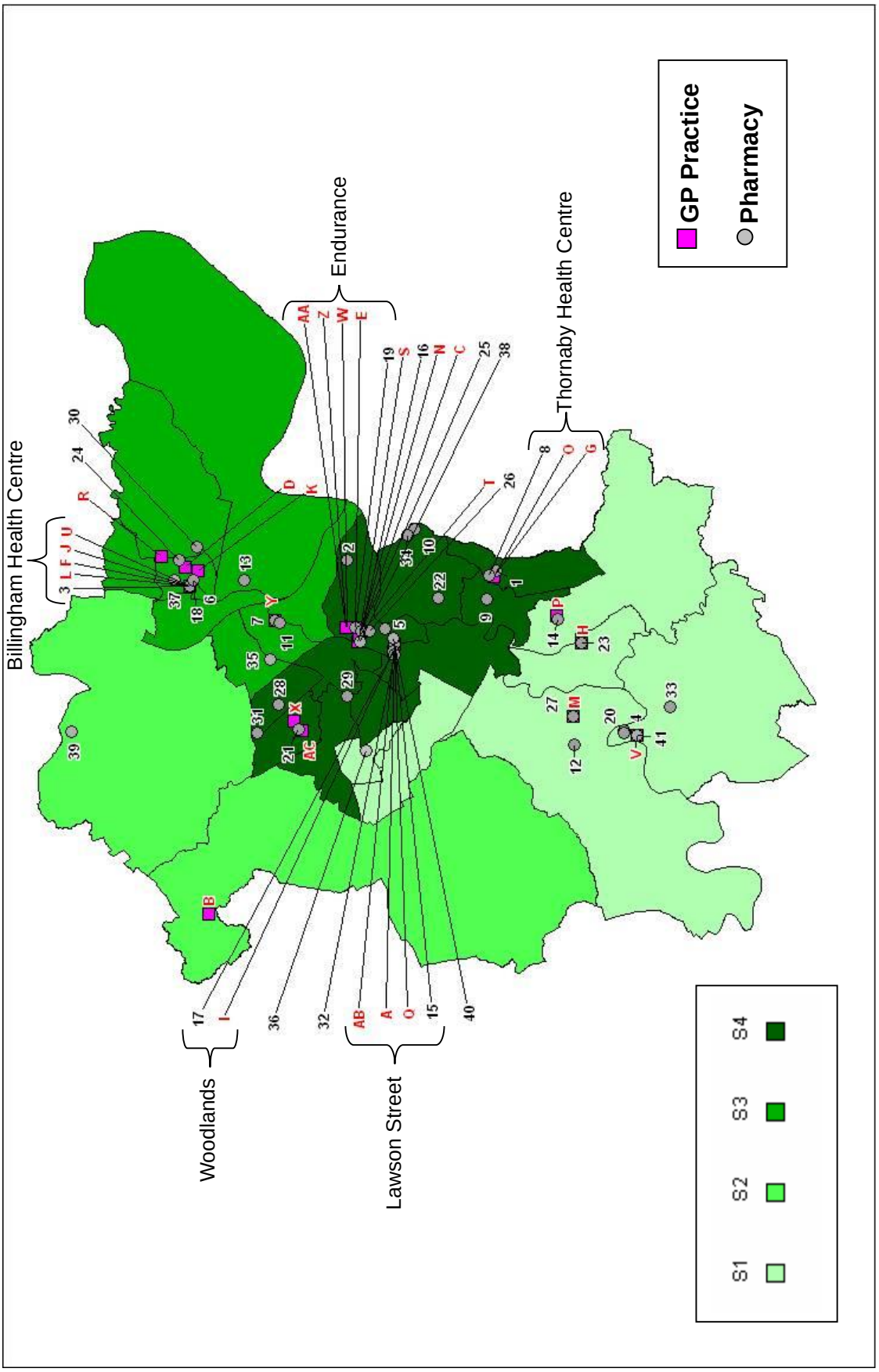


Figure 6 13=2014 Map of Stockton-on-Tees showing location of community pharmacies and GP practices September 2014. GP dispensing practice and 100 – hour pharmacies are indicated on the key to the map shown on the next page.

	Pharmacy	Ward
1	Asda Pharmacy, Thornaby	Stainsby Hill
2	Asda Pharmacy, Portrack Lane (100 hours)	Stockton Town Centre
3	Billchem Ltd, Billingham	Billingham Central
4	Boots UK Ltd, Yarm	Yarm
5	Boots UK Ltd, Stockton-on-Tees	Stockton Town Centre
6	Boots UK Ltd, Billingham	Billingham Central
7	Your Local Boots Pharmacy, Norton	Norton North
8	Boots UK Ltd, Thornaby Health Centre	Stainsby Hill
9	Your Local Boots Pharmacy, Wrightson House, Thornaby	Village
10	Boots UK Ltd, Teesside Park	Mandale and Victoria
11	Your Local Boots Pharmacy, Norton High Street	Norton North
12	Eaglescliffe Pharmacy, Eaglescliffe	Eaglescliffe
13	Davidson Pharmacy Ltd, Billingham	Billingham South
14	Hepworth Chemist, Ingleby Barwick	Ingleby Barwick East
15	Rowlands Pharmacy, Lawson Street, Stockton	Stockton Town Centre
16	Rowlands Pharmacy, Tennant Street, Stockton	Stockton Town Centre
17	Rowlands Pharmacy, Yarm Lane, Stockton	Stockton Town Centre
18	Rowlands Pharmacy, Billingham	Billingham Central
19	Rowlands Pharmacy, Norton Road, Stockton	Stockton Town Centre
20	Lloydspharmacy, Yarm	Yarm
21	Newham Pharmacy, Hardwick	Hardwick
22	P. Milburn Pharmacy, Thornaby	Mandale and Victoria
23	Kelly Chemist, Ingleby Barwick	Ingleby Barwick West
24	Harry Hill Chemist, Billingham	Billingham Central
25	Tennant Street Pharmacy, Stockton (100 hours)	Stockton Town Centre
26	Pharmacy 365, Stockton (100 hours)	Stockton Town Centre
27	Sunningdale Pharmacy, Eaglescliffe	Eaglescliffe
28	Pharmacy World Ltd, Roseworth	Roseworth
29	Sainsburys Pharmacy	Bishopsgarth
30	Tesco Pharmacy, Billingham (100 hours)	Billingham East
31	Tesco Pharmacy, Durham Road, Stockton (100 hours)	Roseworth
32	Whitworth Chemists, Stockton	Stockton Town Centre
33	Whitworth Chemists, Yarm	Yarm
34	Wm Morrison Pharmacy , Teesside Park	Mandale and Victoria
35	Norton Glebe Pharmacy	Norton West
36	Fairfield Pharmacy	Fairfield
37	The +Pharmacy, Billingham (100 hours)	Billingham Central
38	The Co-operative Pharmacy, Stockton (100 hours)	Stockton Town Centre
39	Wynyard Pharmacy	Northern Parishes
40	Synergise Pharmacy (100 hours)	Stockton Town Centre
41	Averoes Pharmacy (100 hours)	Yarm

	GP Practice	Ward
A	Lawson Street Practice (Specialist Drug Practice)	Stockton Town Centre
B	Park Lane Surgery (Dispensing GP Practice)	Western Parishes
C	Tennant Street Medical Practice	Stockton Town Centre
D	Melrose Surgery	Billingham Central
E	Dr A.K.Banerjee	Stockton Town Centre
F	Dr M Choudhury CLOSED 2012	Billingham Central
G	Woodbridge Practice	Stainsby Hill
H	*Branch surgery of Woodbridge	Ingleby Barwick West
I	Woodlands Family Medical Centre	Stockton Town Centre
J	Queenstreet Practice	Billingham Central
K	Kingsway Medical Centre	Billingham Central
L	The Roseberry Practice	Billingham Central
M	Eaglescliffe Medical Practice	Eaglescliffe
N	Alma Medical Centre	Stockton Town Centre
O	Thornaby & Barwick Medical Group	Stainsby Hill
P	*Branch surgery of Thornaby & Barwick Medical Group	Ingleby Barwick East
Q	The Dovecot Surgery	Stockton Town Centre
R	Marsh House Medical Centre	Billingham East
S	Queens Park Medical Centre	Stockton Town Centre
T	Riverside Medical Practice	Stockton Town Centre
U	Dr S Rasool	Billingham Central
V	Yarm Medical Practice	Yarm
W	Dr Y Syed Surgery	Stockton Town Centre
X	*Branch surgery of Dr Y Syed CLOSED	Hardwick
Y	Norton Medical Centre	Norton North
Z	Elm Tree Medical Centre	Stockton Town Centre
AA	The Arrival Medical Practice (Asylum Seeker services)	Stockton Town Centre
AB	Densham Surgery	Stockton Town Centre
AC	Stockton NHS Health Care Centre - Walk in	Hardwick

Key to Figure 6. GP practice and pharmacy contractor locations in Stockton-on-Tees HWB area (September 2014)

8.1.1.1 Extant grants

At any point in time, there may be potential pharmaceutical services providers that have applied to the NHS England Area Team for a community pharmacy contract, whose application may be at one of several stages in the current process. Following an application, the DDT Area Team will undertake a formal consultation process[5] according to the Pharmaceutical Regulations 2013 (as amended), and undertake Fitness to Practice checks where necessary before submitting the application to the AT's decision-making process. It may reasonably take up to four months for this process to conclude, before a decision can be made in accordance with the appropriate Regulations and the outcome notified to the applicant. Successful applicants will have from 6 months to a year in which to open the pharmacy. Where a pharmacy contract has been awarded but the pharmacy has not yet opened, an 'extant grant' must be recorded as this may influence the immediate future requirements for pharmaceutical services in a locality.

There are no extant grants in NHS Stockton-on-Tees at September 2014, although there are some applications in train. The outcome of these will be published either with the final PNA, or as supplementary statements in due course.

8.1.2 Dispensing Doctors

There is a dispensing doctor practice located in the Stockton-on-Tees HWB area. The Stillington practice is located in Locality S2: Stockton Parishes. The opening times of the dispensary are the same as the Surgery opening times:

Monday, Wednesday, Thursday and Friday: 8.30am to 12.30pm and 2.00pm to 6.00pm
Tuesday: 8.30am - 12.30am [Half-day closing Tuesday afternoon]
Closed Saturday, Sunday and Bank Holidays.

May be 1pm not 12 30 now requested update

8.1.3 Dispensing Appliance Contractors (DACs)

There are no DACs located in NHS Stockton-on-Tees or within the wider DDT Area Team Area. Prescriptions for 'appliances' written by a prescriber from NHS Stockton-on-Tees are dispensed by

(a) pharmacy contractors within Stockton-on-Tees, or outide the area
(b) by a DAC located outside the area and delivered to the patient.

[5] This consultation is different from either a section 244 'formal consultation' (for 13 weeks, with overview and scrutiny) or the 60-day 'consultation' undertaken on the PNA. It is an opportunity for all parties potentially affected by an application to submit comments ahead of the decision.

8.1.4 Other providers

As previously stated, pharmaceutical services are also experienced by the population of Stockton-on-Tees borough (and also in the wider CCG or Area team area) by various NHS or locally commissioned routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. Services that impact on the need for pharmaceutical services are also currently provided in connection with

- secondary care health provision
- mental health provision
- community services provision
- prison services and also via
- PCT directly-provided pharmaceutical services
- Lead – provider contracts e.g.', Virgin Care contracted to provide sexual health services including Emergency Hormonal Contraception (EHC) sub contracted from pharmacies 1st February 2011.

Not all of these providers usually include directly provided dispensing services but do provide other pharmaceutical services. A full description is provided in the section covering the pharmaceutical services provided by them in section 8.4.

8.2 Detailed description of existing community pharmacy providers of pharmaceutical services

8.2.1 Premises location: distribution in localities and wards of localities

For three of the four localities, the number of pharmacies ranges from 9 to 21 in that area. The dispensing doctor practice, and a pharmacy are both located in the fourth, less populated, locality. Figure 7 shows the distribution of pharmacies on a map showing population density for the Stockton-on-Tees HWB area.

It is been suggested that pharmacies per head of population might be a useful indicator of the number of pharmacies that might be required. However, this takes no account of population density or deprivation and consequent need for pharmaceutical services.

The map shows a good distribution of community pharmacies, particularly in the areas of higher population. Twenty one community pharmacies (just over half) are located in the locality of S4: Stockton and Thornaby and there are 15 GP practices in the same locality. The vast majority of both are located in the Stockton Town Centre ward; almost 40% of Stockton-on-Tees residents are located in this locality.

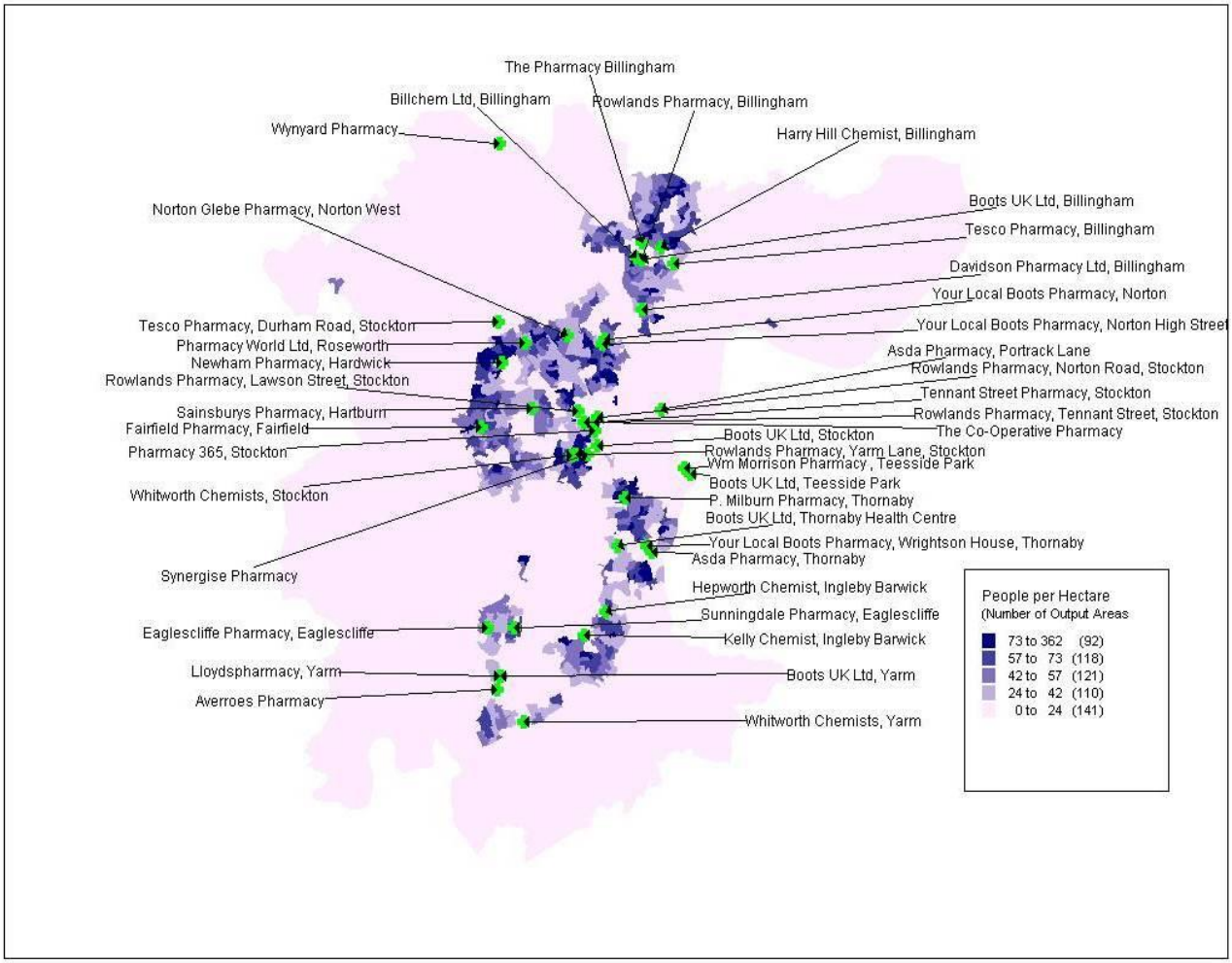


Figure 7. Distribution of pharmacies on a map of population density for the Stockton HWB area.

There is at least one pharmacy in 18 (69%) of the 26 wards in Stockton-on-Tees. The list below shows how these pharmacies are distributed.

- Wards with no pharmacy = 8
- Wards with a single pharmacy = 10
- Wards with 2 pharmacies = 4
- Wards with 3 pharmacies = 1
- Wards with 4 or more pharmacies = 3

The total population in the 8 wards in NHS Stockton-on-Tees that do not have a pharmacy is 53,890 and may at first appear high at 28% of the area's population.

However, it is not axiomatic that a ward or area needs a pharmacy to be located there in order for the population needs for pharmaceutical services in that area to be reasonably met. The following should be considered with regard to access to a pharmacy premises and their associated services:

- At the time of the last PNA there was notably no community pharmacy in the rural S2: Stockton Parishes locality comprising two wards. A single

pharmacy has since opened. Originally with some opening hours on a Saturday but these were withdrawn (supplementary) after less than 6 months. They now offer the minimum of 40 hours of opening per week but nevertheless making a full range of pharmaceutical services available to this relatively small proportion (only 4% of LA residents). Population. A large section of this population (xxxxx from a total population of 6,790) may have their basic dispensing needs served by the GP dispensing practice at Stillington, (annotated as (B) in figure 6. The dispensing doctor list size for this practice is xxxx. For access to other pharmaceutical services the population in this rural area may travel to the nearest pharmacy at Tesco Durham Road or alternatively into Sedgefield in the neighbouring County Durham PCT, or to the Stockton Town Centre area where they may also already access other services.

- The pharmacy at Fairfield may be closer for the population of the Western Parishes (3215). This is large geographic area of lower than average population density. The population moving to more recent areas of housing, for example at Wynyard, do not have high specific pharmaceutical needs related to deprivation. Car ownership rates are very high and the pharmaceutical needs are therefore easily met by the range of pharmacies available within a short driving distance. A detailed analysis of this area was undertaken in 2010 in the context of both consideration of the rurality designation and consideration of an application to provide pharmaceutical services.
- In the remaining 7 wards without a pharmacy, it has been estimated that no resident should need to travel more than 2 or 3 miles to access the nearest community pharmacy in another ward, also offering a range of choice.
- Overall, locality S1: Yarm and Area is well served with community pharmacies. Pharmaceutical services are provided by 9 community pharmacies, with one of them open 100 hours per week. Core services are provided from 7.30am to 23.15 pm Monday to Saturday and 9am to 4pm on Sunday. Whilst the relatively affluent population of Hartburn (6,960) has no pharmacy, they are within easy reach of the other pharmacies in the S1: Yarm and area locality, and also the extensive provision easily accessible in the town centre. Additionally, the more recently opened pharmacy in the Fairfield ward now provides improved access and choice of pharmaceutical provider to Hartburn, a neighbouring ward in the same locality, where much of the population will be within just over a mile of this pharmacy.
- In Locality S3: Norton and Billingham, the populations of Billingham North and Billingham West (15,715) are amply served by the cluster of pharmacies in the Billingham Central area, and the 100-hour pharmacy at Tesco in the Billingham East ward. Residents to the south of Billingham West may also access the pharmacy close to the ward boundary in Billingham South. The population of Norton South (7840) is within very easy reach of two pharmacies located in Norton North, the new pharmacy at Norton West and all of those in the neighbouring ward of Stockton Town Centre.
- In Locality S4: Stockton and Thornaby, the population of Grangefield (6920) are perhaps most likely to access the nearest pharmacy in Bishopsgarth and Elm Tree Ward, but with the higher car ownership in that ward, may also access services further afield. In the ward of Newtown, the population (7485) is within easy reach of Stockton Town Centre pharmacies, by public

transport if necessary, as this is only a mile or so away. Similarly the population of Parkfield and Oxbridge (7,235) are within easy and accessible reach of the community pharmacies in the Stockton Town Centre area.

8.2.2 Premises environment

Figure 8 shows the distribution of pharmacies in Stockton-on-Tees according to type of location as determined by the pharmacies themselves, by selecting from a limited list in the baseline data return. This shows that in Stockton-on-Tees, the largest proportion consider themselves to be located within a suburb and the two new pharmacies opened since the baseline survey are also in this type of location. Just under a quarter consider that the pharmacy is located in a health centre and just under a third of pharmacies are associated with shopping centres or supermarkets

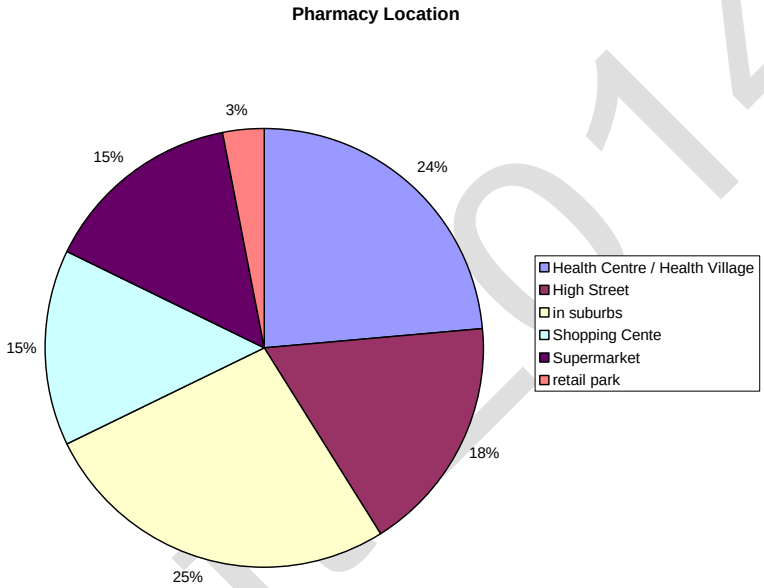


Figure 8. Distribution of pharmacies in NHS Stockton-on-Tees (n=34 at July 2010) according to 'location environment'.

Retailing and health centre areas such as these are likely to have reasonable access to public transport and parking facilities given the association with other facilities. Indeed all but one of the 34 pharmacies in Stockton-on-Tees (who completed the baseline survey) describe the availability of car parking facilities within 50 metres of their premises and 28 pharmacies (82%) reported that disabled patients could park close by (within 10 metres) of the pharmacy.

All 34 pharmacies who replied to the question indicated that there was also a bus stop near the pharmacy.

8.2.3 Premises facilities

Cautionary note: Information obtained from the baseline assessment regarding the detail of community pharmacy premises facilities provides just that- a baseline assessment. The reported information should be considered as a useful guide in certain circumstances, but the opportunity to adapt or improve premises is available to pharmacies at any time. An up to date determination of

the current position should be established if, and when, this information becomes of particular relevance to service development or commissioning.

For example, a broad understanding of the existing status regarding availability of a public toilet in or nearby to the pharmacy, or the availability of a sink in the consultation area, may only help to assess the potential timescale or investment that might be required should one of these properties be considered essential for the delivery of a particular enhanced service (e.g., public toilet is required for the NHS funded full pregnancy testing enhanced service available in NHS Stockton-on-Tees; hand washing facilities in the consultation area are required for the CVD screening service and several other potential clinical enhanced services) should they be planned.

For various reasons, not all information collated from the baseline assessment has been reported in the PNA. Premises facilities information has not been presented at locality level.

8.2.3.1 Support for disabled people (premises)

Thirty (88%) of pharmacies reported wheelchair access through the main entrance door and 41% indicated additional support at the entrance such as doorbells and suitable signage. A similar proportion indicated wheelchair access to all public areas.

Twenty pharmacies (59%) of pharmacies reported the availability of a hearing loop and 20 (59%) had a low counter but only 4 (12%) indicated availability of signing support.

Twenty of the pharmacies (59%) also have consultation areas that are wheelchair accessible.

8.2.3.2 Consultation area(s)

The availability of a private consultation area that meets the required standard of the pharmacy contract is the premises determinant of whether the pharmacy can undertake to deliver the Advanced services of the NHS Community Pharmacy Contractual Framework such as Medicines Use Review and the New Medicine Service. Premises also require a suitable private consultation area for some Enhanced pharmaceutical services (such as flu vaccination) or other locally commissioned services (such Emergency Hormonal Contraception) to be contracted.

All but one of the pharmacies in Stockton-on-Tees who responded reported having at least one private consultation room, and the pharmacy that did not has recently relocated to new premises following a fire.

Many pharmacies also find it is increasingly useful to have a semi-private area separate to the accredited consultation room to maximize flexibility in the services provided. Examples include the need to have the facility to provide supervised consumption when the consultation room may be in use for MURs, or to be able to operate a discrete needle exchange service which does not require a full private room, just a well-designed semi-private area.

Six pharmacies (16%) have progressed still further and now report having access to more than one consultation area showing the increased commitment

to, and emphasis on, the current and future provision of services requiring a private consulting environment.

Table 20 shows a summary of the properties of the consultation rooms available in the 32 Stockton-on-Tees pharmacies that have them, indicating that a very high proportion of rooms are already highly specified.

	Wheelchair accessible	Has seating for 2 persons	Has seating for 3 persons	Has a table	Has a computer	Has access to PMR	Has internet access	Has a sink
Yes 2011	24	26	18	24	17	15	16	19
% Yes	75%	81%	56%	75%	53%	47%	50%	59%
Yes 2014								
No, but planned	1	0	2		4	5	7	4
No and not planned	2	0	3		11	12	9	8
No response	5	6	9	8				1

Table 20. Summary of the properties of the 32 pharmacies with consultation rooms available in Stockton-on-Tees pharmacies (2014).

In 2011, the PNA suggested that it would be increasingly important to have access to a computer for electronic data collection, potentially on a web-based system, during a consultation. At the time, around half of all Stockton-on-Tees pharmacies with a consultation room already had a computer workstation installed and internet access in their consultation area. This has now increased to 75% of pharmacies having IT facilities, including access to the internet, in the consultation area. There has been a similar increase (from 47% to 68%) in the number of pharmacies able to access the pharmacy Patient Medication Record in the consultation room.

All community pharmacies in the area can now access a web-based secure patient data capture system that can be used to record interventions on a whole range of services in a modular format. DDT AT and local public health teams have recently proscribed the use of this data system 'PharmOutcomes' for the capture of patient episodes (such as the NHS flu vaccination service and stop smoking services) and contract monitoring information including the data return for the PNA. Around 75% of pharmacies reported access to this system in the consultation area which means that consultations for (for example) EHC may be fully concluded in the consultation area in real time, MURs may be recorded electronically and 'significant' self care, lifestyle or other interventions may also be recorded directly onto the patient record as appropriate. This looks towards providing a better patient experience and a more efficient, better governed process.

Finally, 59% of these pharmacies already include a sink for hand washing in their consultation room. The specification for the existing CVD screening service enhanced service already requires this (though few pharmacies have so far been commissioned to provide it) and it might reasonably be considered a good practice or specification requirement for several other services in the

future. A further 4 pharmacies plan to incorporate a sink at this time which would bring the proportion of pharmacies with that facility to more than 70%.

The existence of private consultation facilities such as those in virtually all pharmacies in Stockton-on-Tees substantially improves their readiness to offer new or improved services in the near future as implementation time and associated establishment costs to the commissioner are reduced.

It is considered that the availability and purpose of such facilities could be better promoted to the general public.

Almost half of the pharmacies also indicated their willingness to provide pharmaceutical services such as MURs off-site in a suitable location such as a patients' home. The current NHS contractual framework does not facilitate routine, funded provision of any pharmaceutical services in a domiciliary setting. An individual pharmacy may apply in writing for permission to complete a domiciliary MUR at a named address. There is no additional fee for this service and at times the application process can be an impediment.

8.2.3.3 Waiting area

All of the pharmacies described the availability of a seating area in the pharmacy.

8.2.3.4 Public toilets

The pregnancy testing enhanced service that is operated in NHS Stockton-on-Tees requires the availability of a public toilet in the pharmacy (TP) or in the same building (TB), for example as in a medical centre with shared facilities or supermarket setting. In NHS Stockton-on-Tees, 9 pharmacies indicated availability of the former (TP) and 13 pharmacies indicated availability of the latter (TB).

8.2.3.5 Premises standards

Although they are considered to be part of the 'NHS family', community pharmacists are independent contractors- as are GPs, dentists and opticians and they therefore exercise discretion and freedom in operating a pharmacy within a professional and legislative framework. A community pharmacy contractor is responsible for their premises, which must be registered and inspected by the registering organisation for adherence to legal requirements and professional standards. This role has transferred to the General Pharmaceutical Council (GPhC) and the introduction of statutory standards for premises has recently been introduced. Pharmacies will be graded in the style of 'Ofsted' and this information will be publicly available once the current trial period is over.

Pharmacists, along with several other non-medical professionals such as nurses and optometrists, now have the option of undertaking an additional qualification that enables them to prescribe (i.e. write prescriptions) in certain circumstances. One of the pharmacies in Stockton-on-Tees reported that their pharmacists were qualified as independent prescribers, although it is not known how they are applying these skills. The opportunity for pharmacists to train as

a prescriber has not largely been followed up with opportunities to use that training. This is a missed opportunity for the profession and for patients and could be explored in a future commissioning strategy.

8.2.4 Pharmacy IT infrastructure

National progress with IT infrastructure in community pharmacies has been relatively slow - other than for direct service-related functions such as medicines labeling, Patient Medication Records and, for the larger bodies corporate, internal communication via 'intranet' facilities. Reasons for this are many and varied and beyond the scope of the PNA. However, as a measure of progress with regard to non-dispensing related IT infrastructure, the baseline survey established that many pharmacies now have a computer with access to word processing and spreadsheet software. This was not the case until very recently and improvements such as this will facilitate improved efficiency of data management and communication between contractor and commissioner, and possibly patients.

8.2.4.1 Nhs.net and secure email communication

Similarly, for various reasons, the rate of introduction of access to the internet and secure electronic communication for community pharmacy staff and 'contractor' has been slower than other parts of the commercial or healthcare sectors. Until very recently, access to the internet for any purpose has been very limited. The baseline assessment indicated that 30 pharmacies (88% of total) who responded to the question had access to the internet, with 29 (85%) reporting access to an email facility. This progress is welcomed and a valuable support to individuals and teams delivering quality pharmaceutical services.

NHSmail is the secure email and directory service for NHS staff in England and Scotland, approved for exchanging patient data. There has been a national issues with uptake of NHSmail for some contractors. Widespread adoption of NHSmail throughout community pharmacy has the potential to provide substantial improvements to the security, flexibility and speed of communication between contractors (including GPs), commissioners and even members of the public. Whilst NHSmail in itself is not a pharmaceutical need, operational improvements that support the efficient, secure and effective delivery of pharmaceutical services intended to meet pharmaceutical need merit reference in the PNA.

Few pharmacies in NHS Stockton-on-Tees have individual nhs.net accounts. Community pharmacies have yet to be provided with generic (contractor) nhs.net accounts.

Now that most pharmacies have basic hardware and software, the introduction and active promotion of this secure communication route is still outstanding.

However, the introduction of PharmOutcomes and the commissioning of this software tool for use in Stockton on Tees has transformed the ability to send secure message out to contractors and to receive service-level and performance information back. This was introduced in April 2014 as an urgent

priority as old paper-based systems for both routine non-clinical and urgent or clinical communication (including financial re-imbursement of locally-commissioned services and sharing of alerts) are now unsustainable. This situation could still be improved if pharmacies are going to be able to participate fully, efficiently and in a more integrated way in a competitive market for service provision.

Release 2 of the electronic prescription service (EPS) is already under way in the local area; this will also impact on the need for improved e-communication alongside the prescription transfer facility.

8.2.5 Pharmacy opening hours

Section 3.4.1 explains how community pharmacy contractor opening hours are defined and managed.

Although pharmacy opening hours are related to **providers** of services, they actually describe the times of availability of **pharmaceutical services**. As well as knowing pharmacy opening times for publication, adequate records of the opening, closing, core and supplementary hours of every individual pharmacy, for every day of the week, must be recorded and adequately maintained. As part of the PNA development process in 2011, a comprehensive exercise was completed to validate of all the core and supplementary hours for each pharmacy in Tees to ensure the PNA was working from a database that is fit for future purpose in applying the Regulations. This has been most useful as the exercise in validating pharmacy hours has been much simpler in 2014-15.

Opening hours for pharmacies are included in the pharmaceutical list held by NHS England. A copy of this is list is included as Appendix x for reference. Core hours are not published at individual pharmacy level in this document but are available for decision making purposes. For the purposes of understanding the core opening times and consequent availability of pharmaceutical services from those contractors, the information has been summarized by the NHS Tees Public Health Intelligence team in a series of tables shown below. Arranged by locality in this form it is possible to look across each day of the week and specifically consider services available during in-hours, extended hours and during the out of hours periods.

Historically, when considering new applications under the ‘necessary and expedient test’, or applications to change hours, PCTs were advised to base their decisions largely on the **core hours** offered by the applicant. This is because contractors are permitted to change **supplementary hours** simply by notifying the PCT (with 90 days notice) of their intention to change, and as such even extended hours up to midnight could not be relied upon with any certainty. This would still apply for applications under the new Regulations and for the PNA it is important to understand any risks to pharmaceutical services provision associated with any times of day or days of the week where a pharmacy being open is relient on supplementary hours.

Some security in extended hours provision has been afforded with the advent of pharmacies whose application was approved under the '100 hour' exemption as all of these 100 hours are 'core' hours.

In assessing whether or not the existing pharmacy opening hours provided for the population of Stockton-on-Tees are adequate, one important consideration is the facility to access a general practice prescribing service, particularly with the recent introduction of extended hours, or walk-in facilities in general practice provision. Table 26 compares the earliest opening time and latest closing time of **any** pharmacy in each locality, with the earliest opening and latest closing time of any general practice. General practice opening times are used as a general indicator of potential need for the pharmaceutical service of dispensing, though this is not the only consideration regarding suitability of pharmacy opening times.

The S4: Stockton and Thornaby locality, with 21 pharmacies is very well served even over 'lunchtimes' and the 10 pharmacies in S3: Norton and Billingham and 9 pharmcies in S1: yarm and area provide similarly good coverage.

Almost all of the pharmacy hours are core hours secured by 100 hour pharmacy provision in S1, S3 and S4. The 100-hour pharmacies in Stockton-on-Tees are now well established. They are necessary providers of core hours, particularly at evenings and weekends. The PCT would regard any reduction in their opening hours as creating a gap in service and would wish to maintain the current level. The pattern of opening hours is adequate and the PCT does not wish to see any change in the pattern. There is no longer the option for any additional 100-hour pharmacy contracts to be available in NHS Stockton-on-Tees as this exemption to market entry was removed with the new Regulations in 2012.

	Monday				Tuesday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing
S1	7.30am	23.15pm	8am	6pm	7.30am	23.15pm	8am	8pm
S2	9am	6pm	8am	6pm	9am	6pm	8am	6pm
S3	7am	10.30pm	7.30am	8.30pm	6.30am	10.30pm	7.30am	8pm
S4	7am	Midnight	8am	8pm	6.30am	Midnight	8am	8pm

	Wednesday				Thursday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing
S1	7.30am	23.15pm	8am	6pm	7.30am	23.15pm	8am	6pm
S2	9am	6pm	8am	6pm	9am	6pm	8am	6pm
S3	6.30am	10.30pm	7am	8.30pm	6.30am	10.30pm	7.30am	6pm
S4	6.30am	Midnight	7am	8pm	6.30am	Midnight	7.30am	8pm

	Friday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing
S1	7.30am	23.15pm	8am	6pm
S2	9am	6pm	8am	6pm
S3	6.30am	10.30pm	7.30am	6pm
S4	6.30am	Midnight	7.30am	8pm

NHS Stockton-on-Tees

Times in red indicate longer GP opening times compared to pharmacy

	Saturday				Sunday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing
S1	7.45am	23.15pm	8.15am	4.30pm	9.00am	4pm	-	-
S2	-	-	-	-	-	-	-	-
S3	6.30am	10pm	8.30am	12.30pm	8.30am	7pm	-	-
S4	6.30am	Midnight	7.30am	8pm	9.30am	8pm	8am	8pm

Table 26. Earliest opening and latest closing times for pharmacies and general practices in Stockton-on-Tees localities.

S1: Yarm and area and S3: Norton and Billingham – pharmacy core hours are always available at times consistent with GP opening hours.

S2: Stockton Parishes – There is just one pharmacy and one general practice which is also dispensing. Dispensary opening times at the dispensing practice in Stillington are shown in Section 8.1.2. Patients can also access a full pharmaceutical service from other localities.

S4: Stockton and Thornaby – core hours are longer than general practice opening times both in the morning and in the evening except on a Sunday where a general practice opens at 8am and the first pharmacy opens from 9.30am with core hours from 10am. It is noted that there is a pharmacy is open from 8am in the neighbouring locality of Central Middlesbrough.

Some pharmacies report that they routinely close over lunch times and patients note that this may sometimes be inconvenient (although in each of Localities S1: Yarm and Area, S3: Norton and Billingham and S4: Stockton and Thornaby there are always other pharmacies available). Pharmacies should display clear notice of this position and take steps to ensure adequate signposting to the nearest open pharmacy. NHS England should ensure that pharmacies have access to suitable accurate information to enable this.

8.2.6 Choice of provider

In 2003 the Office of Fair Trading (OFT) report 'The control of entry regulations and retail pharmacy services in the UK' [19] recommended that these regulations for community pharmacies should be abolished. In a measured response, the Government instead added the criterion of 'reasonable choice' for consumers to the 'necessary or desirable' control test with effect from the 2005/06. Dimensions of consumer choice are subjective and this measure has been difficult to administer in application panels.

The NHS Litigation Authority Appeals Unit has frequently made decisions indicating that it is not axiomatic that a new pharmacy application should be approved based on lack of choice only. Reasonable choice is one factor among many and even different pharmacies belonging to the same company can often provide choice in that they may offer different services and the ethos, atmosphere and staff make each pharmacy different.

The Health and Wellbeing Board is required to consider the benefits of having reasonable choice with regard to obtaining pharmaceutical services and the DH guidance (Department of Health, May 2013) suggests having regard to the following in making that assessment.

Possible factors to be considered in terms of the benefits of sufficient "choice"

• What is the current level of access within the locality to NHS pharmaceutical services?

• What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?

• What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?

• What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?

• Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?

• What is the HWB's assessment of the overall impact on the locality in the longer-term

In the more urban localities such as those in Stockton-on-Tees there are a variety of providers – independent pharmacies and large and small multiples

and also five 100- hour pharmacies. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas. A report published by the OFT in March of 2010 [18] also provides useful information to support the notion of patient choice for pharmacy goods and services and the PCT has considered this whilst having regard to patient choice in making this needs assessment.

Driving distances, or walking distances where small, between pharmacies have been determined by Google maps or Yell.com. NHS Choices also provides access to a comprehensive searching facility including maps and distances that is updated by the NEPCSA as pharmacy information changes.

Virtually all pharmacies in Stockton-on-Tees are no more than 1.5 miles from the nearest alternative pharmacy either within the defined locality or in neighbouring PCT localities or across the PCT boundary where closer. When considering choice of services, Reference 18, and elements of our own patient engagement also contends that pharmacy consumers are not mere 'distance-minimisers' but are responsive to other characteristics of provision such as quality of advice and service, or convenience when shopping. They do not necessarily use the nearest pharmacy to home or doctor, and will not necessarily gravitate to a new pharmacy that opens within shorter range (backed up by the fact that dispensing volumes of new pharmacies appear to take several years to converge to their long-term volume trajectory.

As pharmacies provide an increasing range of services *other than* dispensing, proximity becomes less important and reasonable choice for the purposes of non-prescription pharmacy activity is less heavily distance dependent. This is particularly true for access to clinical services such as enhanced services. However, choices can only be made if patients are aware of those choices available to them and our evidence suggests that public information on pharmacy hours, services and location could be improved.

8.3 Description of existing pharmaceutical services provided by community pharmacy contractors

8.3.1 NHS Essential services

The presence of a community pharmacy automatically defines the availability of the majority provision of all the essential services[6] since all pharmacies included in the Pharmaceutical List of a PCT are required to provide all seven of the essential services in accordance with their PhS or LPS contract. It is therefore assumed that all seven of the essential services are available from each community pharmacy in Stockton-on-Tees. A community pharmacy presence MAY also indicate the availability of the Advanced Services where pharmacy chooses to provide them and there MAY be range of Enhanced Services available where the local NHS commissioner has chosen to provide them.

[6] Areas with a dispensing doctor may have additional access to dispensing

8.3.1.1 NHS Prescriptions

Dispensing of NHS prescriptions is still the biggest pharmaceutical service provided by community pharmacies. There were 813 million prescription items dispensed in England in 2009-10 and 10,691 community pharmacies [26]. NHS Stockton-on-Tees dispensed almost 3.5 million in the same time period.

Overall prescription volume growth in England since 2005 has averaged around 5% per annum showing a 23% real increase in prescription volume from 2005 to 2009 [18, 26]. There is no evidence to suggest that the existing pharmacy contractors are unable to manage the current volume of prescriptions in NHS Stockton-on-Tees or respond to any predicted increase in volume. Confidence in this assertion is increased as whilst the existing Regulations remain in force, new pharmacies continue to enter the market.

Since the four exemption categories were introduced in 2005, the number of pharmacies operating in England has risen by nearly nine percent, 61% percent of the increase have been due to pharmacies opening via the '100-hour' exemption. In the same time period, NHS Stockton-on-Tees now has none 100 - hour pharmacies which together with other new pharmacies equates to a net increase of more than 25% in 5 years. This increase has often been associated with a second phenomenon which was certainly noted in Stockton-on-Tees in the years soon after the changes in 2005; new applications often followed existing areas of dense prescription demand, already well served by pharmacies. Of the 215 pharmacies opening in England in 2009-10, 72% were within 1km of the nearest pharmacy. (www.ic.nhs.uk accessed 20.1.11). Patients often do not understand why these circumstances arise although there may be a suggestion that they benefit from services responding to the increased competition.

Uptake of the NHS repeat dispensing service has been variable since 2005. In 2011, figures indicated that use of the contracted repeat dispensing service is was lower in Tees than in other parts of the North East, with less than less than 1% of all prescriptions in NHS Middlesbrough and NHS Stockton-on-Tees being dispensed using this facility. The proportion is slightly better in NHS Redcar and Cleveland (1.5% at the latest available quarter year) but considerable higher in NHS Hartlepool at almost 6%. update

As repeat prescribed items are generally considered to account for at least 70% of all items, the scope for improvement in the repeat dispensing figures seems substantial. It should nevertheless be acknowledged that repeat dispensing will work best when patients are carefully selected and proceed as fully informed partners in the process; patients whose prescriptions are liable to frequent change are unsuitable. Prescription use is highest among lower income groups, those with long term limiting conditions and the elderly. These groups can least manage or afford unnecessary additional trips to manage their prescriptions but the NHS repeat dispensing service ensures that the patient remains fully in control of the medicines they receive. Those in areas with fewer pharmacies and those with long term limiting conditions are somewhat more likely than others to rely on a single pharmacy [18]. Here again, the NHS repeat dispensing

service can contribute towards fostering clinical confidence and a more personal clinical relationship that patients in our patient experience survey also valued.

8.3.2 NHS Advanced services

(a) Medicines Use Review (MUR) and Prescription Intervention Service

MURs were introduced as a new service with the new PhS contract in 2005. The service was a substantial change to previous practice and there was some early uncertainty about the practicalities of completing them and reported issues of quality being compromised for quantity. Although there were some early adopters, uptake was initially slow across the PCT. Although the service is becoming more established, but there are still opportunities for improvement.

In NHS Stockton-on-Tees in 2009-10, a total of 4862 Medicines Use Reviews were completed by 28 of the 34 pharmacies. This is an increase of 1503 or 45% on the number carried out in 2008-09 by 26 of the 33 pharmacies. It is sensible to have regard to the fact that 2009-10 may have been an atypical year for advanced and enhanced services. The swine flu outbreak began within the first 6 weeks of the financial year and may have affected activity for some time. Nevertheless, as the most recent full year it is also reasonable to report this.

As pharmacies are generally permitted contractually to undertake up to 400 MURs per year, this figure has been used to estimate the potential maximum number MURs that could have been completed. This figure has not been adjusted for any pharmacies that did not commence MURs until after October in the year in question - by virtue of their having recently opened as a new pharmacy or become eligible by installing a consultation space for example. However the impact of that adjustment would in this case be very small. The number of MURs undertaken in 2009-10 represents 36% of the potential MURs, although this proportion has increased substantially from only 25% of the 'potential' allowance of MURs undertaken in 2008-09. This pattern of (a) completing substantially fewer than their potential and (b) nevertheless improving significantly on the previous year's performance is replicated in the other PCTs of NHS Tees (Tables 27 and 28).

The purpose of a Medicines Use Review is to support people to better manage their medicines, improve concordance and adherence and reduce waste. If pharmacies are completing less than half the potential number of MURs than their national allowance permits each year, then it could be suggested that in Stockton-on-Tees alone, almost 9,000 patients missed the opportunity to improve their understanding of their medicines last year. However, the MUR service remains a service that pharmacies may **elect** to provide and it is the quality as well as the quantity of MURs that should remain the focus. As this is not an essential service, NHS Stockton-on-Tees would not consider an individual pharmacy's overall pharmaceutical service to be inadequate based only on the fact that a pharmacy did not undertake a significant number of MURs (or indeed AURs as they become established).

MURs 2009/10	Number of pharmacies	Total number of MURs claimed	Maximum potential MURs or 'allocation'	Completed vs. allocation (%)
NHS Hartlepool	20	3446	8000	43%
NHS Middlesbrough	27	5082	10800	47%
NHS Redcar and Cleveland	26	3155	10400	30%
NHS Stockton-on-Tees	34	4862	13600	36%
Total	**107**	**16545**	**42800**	**39%**

Table 27. By PCT, total number of MURs completed in 2009-10 and performance against national annual contracted allocation or allowance.

MURs 2008/09	Number of pharmacies	Maximum potential MURs or 'allocation'	Total number of MURs claimed	Completed vs. allocation (%)
NHS Hartlepool	19	7600	2330	31%
NHS Middlesbrough	27	10800	3882	36%
NHS Redcar and Cleveland	22	8800	2446	28%
NHS Stockton-on-Tees	33	13200	3349	25%
Total	**101**	**40400**	**12007**	**30%**

Table 28. Comparative data to Table 27, for 2008-09.

The uptake of MURs is not evenly spread across all pharmacy contractors. In Stockton-on-Tees, one third of the pharmacies (usually from multiple organizations) completed a very high proportion of their allowed 400 per annum, whereas a further 20-30% of pharmacies completed less than 10% of their allocation.

(b) New Medicines Service

(c) Appliance Use Review (AUR) / Stoma Appliance Customisation (SAC) Service

This new advanced service was introduced in April 2010. Service provision has been quite limited though there is not of course a universal demand.

8.3.3 NHS Enhanced services

NHS England commissions two enhanced services; extended hours for Bank holidays and the NHS flu vaccination service which was first commissioned at Tees level in winter 2012.

8.3.1 Locally commissioned services – public health and CCGs

Locally commissioned services from pharmacies impact on the need for NHS pharmaceutical services as enhanced services to be commissioned by NHS England.

Stockton on Tees Borough now commissions several locally contracted services that were inherited from the PCT in April 2013 or have been commissioned since then. Service specifications shared across the Tees footprint make it considerably easier for the commissioners to manage the services through TVPHSS and for service continuity to clients/ patients to be better maintained if pharmacists move across PCT boundaries.

Similarly, HAST CCG inherited two services from the PCT in April 2013.

The community pharmacy locally contracted services are shown in Table 29. Supervised Consumption and Emergency Hormonal Contraception (EHC) are the longest established services. Stop Smoking enhanced services have also been provided for a considerable period of time.

Service	Commissioner
Emergency Eye Care Scheme	HAST CCG
On demand availability of specialist drugs	HAST CCG
Supervised Self-Administration	Stockton-on-Tees Borough Council
EHC (PGD)[7]	Stockton-on-Tees Borough Council via Virgin Care
Needle Exchange	Stockton-on-Tees Borough Council
Chlamydia screening[8]	Stockton-on-Tees Borough Council via Virgin Care
Stop Smoking	Stockton-on-Tees Borough Council
Healthy start Vitamins	Stockton-on-Tees Borough Council

Table 29. Community pharmacy locally commissioned services in Stockton-on-Tees

Table 30 shows a 'snapshot' of the number of pharmacies participating in each of these enhanced services, by locality, at September 2014.

[7] This service is managed by a lead-provider from 1st February 2011

[8] This service is managed by a lead-provider from 1st February 2011

	Locality	All Pharmacies	Needle Exchange	Stop Smoking	Healthy Start Vitamins	Supervised self administration	Emergency Eye Care	Specialist Drugs	EHC	Chlamydia Screening
S1	Yarm and Area	9	3	3	2	5	3	1	7	3
S2	Stockton Parishes	1	0	0	0	0	0	0	0	0
S3	Norton & Billingham	10	1	1	1	6	3	1	10	7
S4	Stockton & Thornaby	21	2	7	7	13	5	3	18	16
	STOCKTON ON TEES	**41**	**6**	**11**	**10**	**24**	**11**	**5**	**35**	**26**

New pharmacies are required to have an acceptable system of clinical governance and provide all essential services before they are eligible to provide both the advanced and these local enhanced services. When reviewing services available in a locality, it must not be assumed that if a pharmacy does not offer a particular service, it is because either they have declined to do so or the premises or services do not meet the required standards. Other reasons for non-provision of an enhanced service include:

- the pharmacy has not been open long enough for the assessment of premises, governance or services provision to have been completed and/or suitable arrangements made for training or accreditation of pharmacy staff
- recent change of pharmacist manager means that a re-accreditation is required
- the commissioner has not determined to commission that service in that location by virtue of adequate choice of provider and service in that area already or service prioritisation on the basis of need.

Table 30 shows a ‘snapshot’ of the number of pharmacies participating in each of these enhanced services, by locality, at September 2014.

	Locality	All Pharmacies	Needle Exchange	Stop Smoking	Healthy Start Vitamins	Supervised self administration	Emergency Eye Care	Specialist Drugs	EHC	Chlamydia Screening
S1	Yarm and Area	9	3	3	2	5	3	1	7	3
S2	Stockton Parishes	1	0	0	0	0	0	0	0	0
S3	Norton & Billingham	10	1	1	1	6	3	1	10	7
S4	Stockton & Thornaby	21	2	7	7	13	5	3	18	16
	STOCKTON ON TEES	**41**	**6**	**11**	**10**	**24**	**11**	**5**	**35**	**26**

Table 30. Numbers of pharmacies participating in each enhanced service at January 2011

Table 30, and interpretation of service need, should be viewed in context of all of the above. Nevertheless, it would appear that the PCT could make better use of the access hours available in 100 hour pharmacies by pursuing more enhanced services at these pharmacies.
The enhanced services provided by each pharmacy are also shown in Appendix 8.

8.3.1.1 Emergency Hormonal Contraception (EHC)

Community pharmacies are contracted by the local sexual health provider to provide Emergency Hormonal Contraception (EHC). EHC is provided under Patient Group Direction to women and girls aged 13 years and over. To illustrate the EHC service, during 2013-14 32 of the 41 pharmacies in Stockton-on-Tees were accredited and undertook at least one consultation for EHC. Community pharmacies delivered 2034 consultations; resulting in a supply of EHC in 96% of those.

Figure 9 shows how EHC activity is distributed across NHS Stockton-on-Tees pharmacies. This indicates the highest demand in Locality S4: Stockton and Thornaby. Four pharmacies from this locality perform 56% of all the EHC consultations delivered via community pharmacy in the PCT. The highest providing pharmacy is located in the Stockton town centre. It is not open 100 hours per week but does open all day on a Saturday and 11-3pm on a Sunday. This indicates an element of patient choice that may not be predictable from home address; however this pattern of behaviour (using a town centre pharmacy) is also observed in NHS Middlesbrough. The third highest provider is located on Teesside Retail Park where there is a lot of cross boundary activity from NHS Middlesbrough. The remaining two pharmacies are located in Thornaby. The highest providers in Locality S1: Yarm and Area and Locality S3: Norton and Billingham are located in Ingleby Barwick and Billingham respectively.

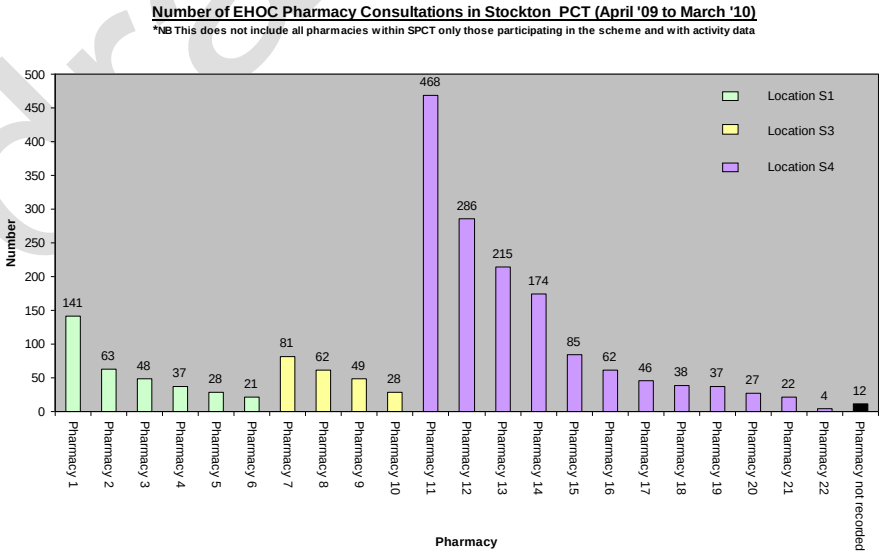
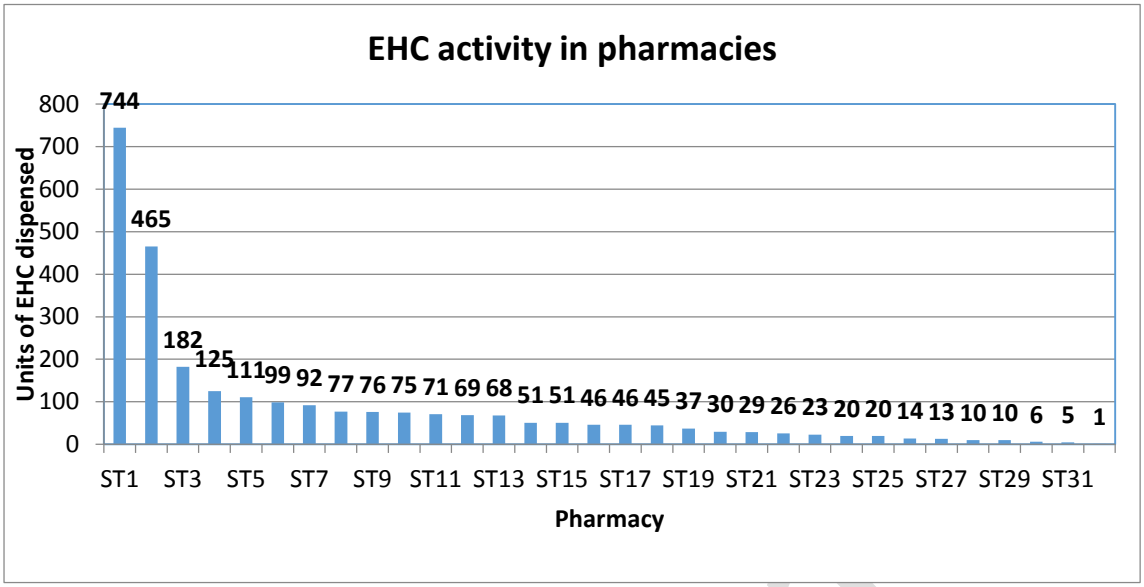


Figure 9. EHC activity in community pharmacy: Stockton-on-Tees 2009-10.

EHC Supplies / pharmacy (anon) (pharmacies in PNA locality groups) for 13/14



8.3.1.2 Stop smoking service

A new service specification for this service was launched in 2010 with tiered service provision and a Tariff-based payment system. The Tiers permit pharmacies to move through the accreditation levels and provide a service to clients with more complex needs. Pharmacies are presently being accredited to provide Stop Smoking assessments, support and NRT to pregnant women and young people. It is too early to evaluate the impact of the tariff. The pharmacy locations for these 'one-stop' services were chosen in relation to areas of high smoking prevalence or where there were gaps in weekly drop-in clinic provision from the specialist stop-smoking services provider (SSSS). The service operates successfully with considerable support from a specialist stop smoking adviser dedicated to the community pharmacy service and this facility should be maintained.

In 2009-10 an estimated 14.8% of all smokers in Stockton-on-Tees set a quit date. This compares favourably to approximately 12.7% of the North East's smoking population setting a quit date, and further compares to a national target of 5%, and a national average of 8.63%.

A key measure of the effectiveness of stop smoking services is the percentage of people who set a quit date with their Stop Smoking provider and then go on to successfully quit smoking after 4 weeks. The average quit rate of community pharmacy providers in Stockton-on-Tees for 2009-10 was 43%; community pharmacy provided a 14.9% share of the quitters. This quit rate is at least as good as GP, community nurse or specialist service provision.

8.3.1.3 Supervised self-administration

Supervising the daily self-administration of methadone and buprenorphine by patients is an important component of harm reduction programmes for people who are in treatment for substance misuse problems. Pharmacies with

appropriately trained pharmacists and accredited premises are contracted to provide this service on behalf of the specialist commissioners. The PCT works closely with pharmacies, clients and treatment providers to ensure that all parties work to provide a quality enhanced service. The PCT will only commission the service if there are pharmacists available for the majority of the opening hours of the pharmacy who have completed the required training.

In 2009-10 twenty four pharmacies were accredited and supervised at least one client[9] during one month. These pharmacies provided a total of 2441 client-months of supervised self administration of either methadone or buprenorphine.

One provider provides more than half of the whole PCT's provision. This is a pharmacy which is located in Stockton town centre.

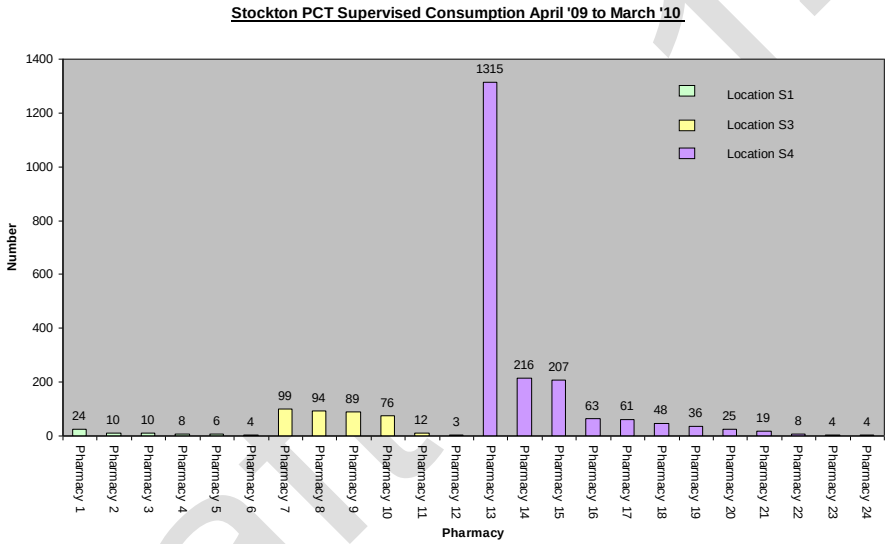


Figure 10. Supervised Self- Administration activity 2009 -10

8.3.1.4 Needle exchange

Substance misusers require sterile injecting equipment, information and advice and support to minimise the complications associated with drug misuse and accessing injecting equipment elsewhere. In general, pharmacies have been responsive to requests to take up this enhanced service. The pharmacy needle exchange service is integral to the main harm minimisation service. In 2009-10, over 200,000 needles were issued via needle exchange schemes in NHS Stockton-on-Tees, 24% via community pharmacy needle exchange providers. It has been suggested that return rates could be improved.

8.3.1.5 Chlamydia screening

Pharmacies offering this service hold a supply of Chlamydia screening postal kits to be distributed to people under 25. The pharmacies are paid only for those tests that are actually returned for screening and are asked to encourage young

[9] This service is not remunerated per supervised daily dose but on the basis of care for a client for at least 14 doses in a month. This accounts for clients who miss doses in any treatment period.

people to carry out and return the tests. There are a wide range of providers of this service which is part of the strategy to make the testing kits easily available to young people. Other providers include the majority of GP practices, schools, colleges, youth services and contraception and sexual health (CASH) services. Previously managed by the Durham and Tees Chlamydia Screening Programme (CSP), this enhanced service has experienced difficulties with service support over the last year or so as the CSP was re-organised. Activity data is improving as the new service support arrangements are introduced. Like EHC, this is service will shortly be managed by Assura LLP on behalf of the PCT.

8.3.1.6 (Stockton) Emergency Eye Care Scheme (SEECS)

This service supports a 'Red Eye' enhanced service operated by a small number of local ophthalmic contractors by providing dispensed medication using a signed order system. This improves the client patient journey and allows the product to be provided free at the point of service to clients who don't pay for their prescriptions. The service began in Middlesbrough and reproduced in Stockton-on-Tees a few years later. It is currently being reviewed with regard to extension into other PCT areas. In 2009-10, 23 pharmacies were accredited and dispensed at least one signed order from an optometrist. An estimated 400 clients obtained a medicine from a pharmacy in support of the SEECS service. Figure 11 shows the spread of activity across Stockton-on-Tees.

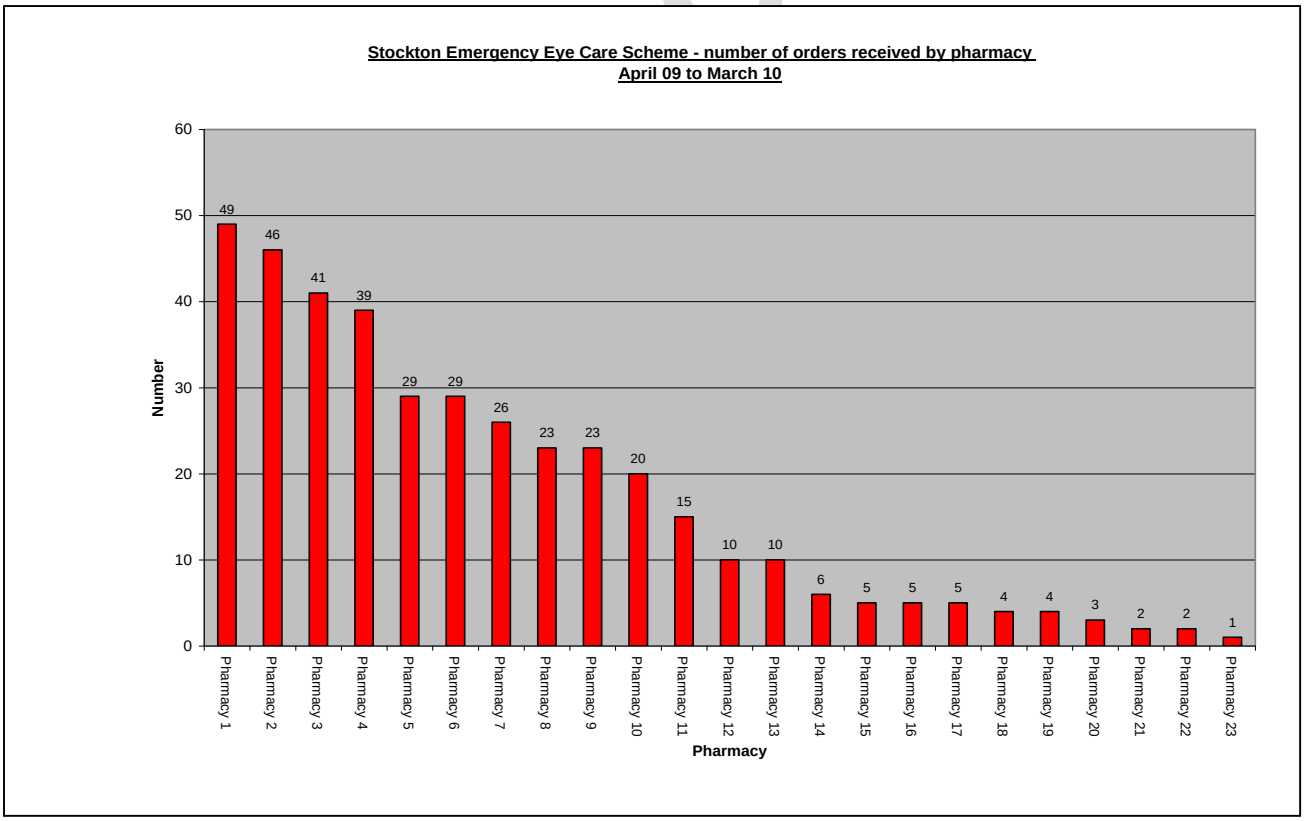


Figure 11. SEECS activity 2009 -10

8.3.1.7 Cardiovascular disease screening

NHS Tees has developed a Healthy Heart Check programme. Substantial responsibility for GP delivery of this (LES) service but community pharmacy was involved in the development of the service from the early stages.

There were challenges to the early implementation of this programme in community pharmacy as a consequence of the lack of hand-washing facilities in consultation rooms and poor IT infrastructure; these problems have now been largely resolved for the remaining pharmacies. The community pharmacy service is operating at a pilot stage with only seven pharmacies across NHS Tees. The pharmacies implemented the service with a staggered start and a total of 268 tests have been completed up to December. The service will be reviewed in the spring of 2011 regarding future provision.

8.3.1.8 Extended hours (Bank Holidays)

NHS Tees has commissioned a directed enhanced service for Bank Holidays and Special holidays such as Christmas Day when pharmacies are allowed to close. Every pharmacy is required to participate on a rota basis to ensure that a minimum service is available in each PCT, irrespective of whether or not additional pharmacies decide to open.

8.3.1.9 Pregnancy testing and C-card

NHS Stockton-on-Tees has commissioned a pregnancy testing service and condom distribution service from community pharmacies. The currently provided enhanced service has been developed in close collaboration with the local authority teenage pregnancy service and provides **improvement or better access** to such a service.

- EoLC This service has been continued locally (commissioned by the Hartlepool and Stockton CCG- HAST) following the changes in NHS architecture in 2013; this is a necessary service where population needs are met by existing provision

8.3.2 Non-NHS services

Most pharmacies provide non-NHS pharmaceutical services to their patients, or to other professionals or organizations. For example, the sale of medicines over the counter is a private service (being fully paid for by the consumer) even though the advice that is provided alongside that sale is an NHS activity (e.g., the nationally contracted essential services ‘Self Care’ or ‘Healthy Lifestyle’ advice).

Some of these services are offered free to the patient or organization (e.g. medicines delivery) or at a small charge (e.g., blood pressure measurement, cholesterol testing, and hair loss treatments). Many individuals, both patients and professionals, are not aware that the prescription collection and/ or medicines delivery services that are available from a large number of pharmacies are **not directly funded by the NHS.**

The availability of the majority of such non- NHS services is largely beyond the scope of this PNA other than to acknowledge that they exist and to similarly

acknowledge the impact that the availability of such services might have on the demand, or need, for similar such services to be provided by the NHS at this point in time. However, it should also be acknowledged that if the provision of some of these non NHS services changed substantially, or were removed from the 'market place' all together, then this might create a gap in the provision of such pharmaceutical services, and this may need to be considered by the NHS. In preparation for future needs assessments, it may be advisable for commissioners to work more closely with contractors to better evaluate the uptake of such privately funded services, to provide evidence of any demand (or otherwise) and any pharmaceutical need to which this might relate.

Nine pharmacies (26%) reported staff who could offer communication in a language other than English.

8.3.3 Pharmaceutical services provided to the population of NHS Stockton-on-Tees from or in neighbouring PCTs (cross boundary activity)

The population of NHS Stockton-on-Tees may travel outside of the PCT area for pharmaceutical services if they wish. Examples of how this might arise include:

- persons may travel in connection with their occupation, or place of work
- nearest pharmacy for residents of some areas of Stockton-on-Tees is in another PCT area
- non-pharmaceutical retail-driven movement (e.g. visiting a supermarket or out of town shopping facility)
- a need to access pharmacy services at times of the most limited service provision – for example later evenings, on Sundays or on Bank holidays (or equivalent) days
- choice to access pharmaceutical services elsewhere for any other reason

As previously described in section 6.1, NHS Stockton-on-Tees is bordered to the north by NHS Hartlepool, to the east by both NHS Middlesbrough and NHS Redcar and Cleveland. To the west the PCT is bordered by NHS County Durham and Darlington and to the south by NHS North Yorkshire and York. The location of NHS Stockton-on-Tees in relation to these neighbouring PCTs suggests that there may be opportunity for patients to travel either to or from neighbouring PCTs within the NHS Tees cluster, or more widely into other PCT areas, in order to access pharmaceutical services. However, the proximity of pharmacies in NHS Stockton-on-Tees to each other, and the existing transport links suggests that Stockton-on-Tees residents are most likely to access pharmaceutical services locally. This is confirmed with prescription analysis in the following section.

Figure 12 shows pharmacy location overlaid on a population density map for the four NHS Tees areas to assist with understanding the potential for cross boundary activity.

Considering each of these in turn

(a) there are 4 community pharmacies within 5 miles of the northern boundary of Stockton-on-Tees into NHS Hartlepool. It is not considered that there is a great deal of cross-boundary activity here as these are less densely populated areas.

(b) There are 10 community pharmacies within 2 miles of the eastern boundary of Stockton-on-Tees into NHS Middlesbrough. Proximity suggests that some cross-boundary activity may occur here. In addition patients travel into Stockton-on-Tees and use the pharmacy at Teesside Retail Park, particularly at evenings and weekends in connection with their other retailing activity.

(c) There are 3 community pharmacies within 6 miles of the north west boundary and 5 community pharmacies within 6 miles of the west boundary of NHS Stockton-on-Tees into NHS County Durham and Darlington. Some of the rural population of S2:Stockton Parishes may travel into NHS County Durham and Darlington instead of into the eastern parts of NHS Stockton-on-Tees in order to access the full range of pharmaceutical services.

(d) There are no community pharmacies within 6 miles of the southern boundary of NHS Stockton-on-Tees into NHS North Yorkshire and York. It is unlikely that cross boundary activity takes place here.

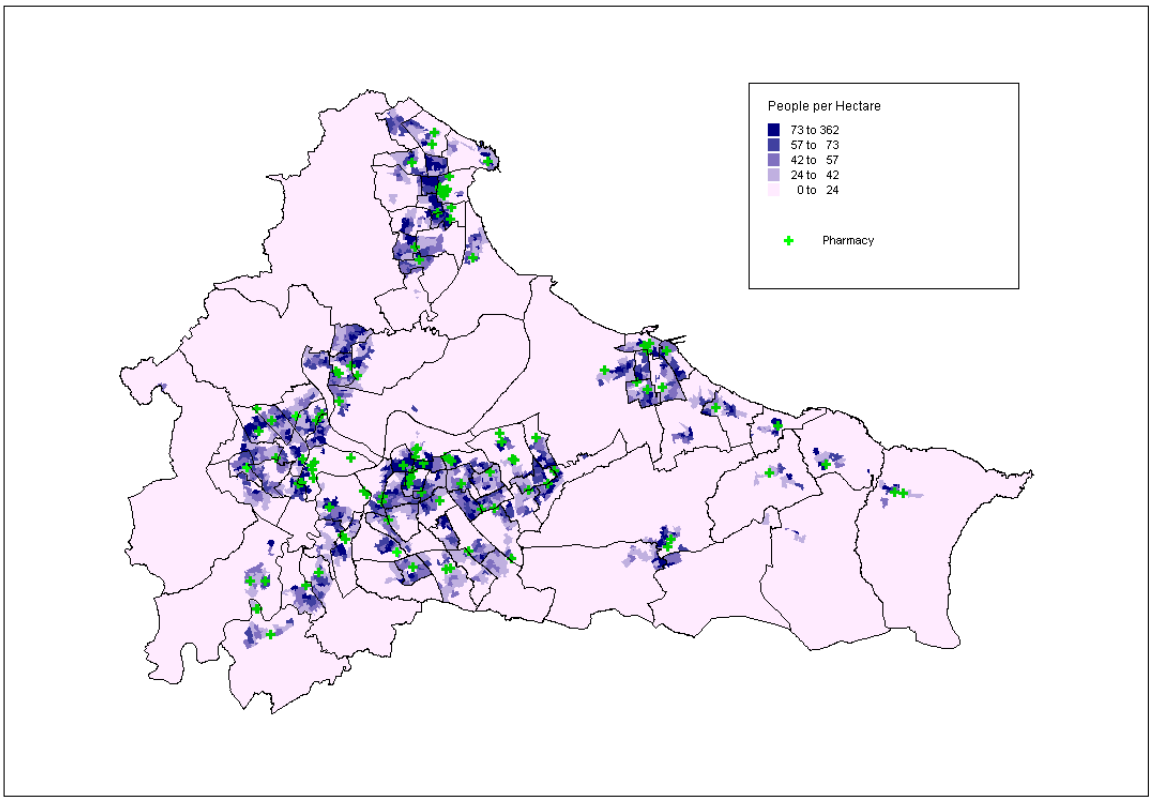


Figure 12. Showing population density across NHS Tees and pharmacy locations to illustrate potential for cross-boundary activity

Cross boundary activity data for dispensing of NHS prescriptions from NHS Tees PCTs is described below. Table 31 shows that based on prescription data for the 6 months from April to September 2010, fewer than 2.5% of the prescriptions from NHS Stockton-on-Tees are dispensed outside the PCT area. Less than 1% of the prescriptions from NHS Stockton-on-Tees are dispensed outside of NHS Tees. Some of this small proportion may include internet pharmacies, and those dispensed by appliance contractors.

	6 month period: April - Sept 2010		
PCT	Proportion of total scripts dispensed by pharmacy in that PCT (%)	Proportion dispensed in other Tees PCTs (%)	Proportion dispensed outside of NHS Tees (%)
Hartlepool	99	0.3	0.7
Middlesbrough	89	9.7	0.9
Redcar and Cleveland	96	3.1	0.9
Stockton -on-Tees	97.6	1.4	1.0

Table 31. Cross-boundary dispensing for PCTs of NHS Tees (ePACT).

In contrast, a much greater proportion of NHS Middlesbrough prescriptions are dispensed outside of the PCT area than for any of the other three PCTs of NHS Tees. More than 10% of Middlesbrough prescriptions are dispensed outside the PCT, and half of these are these are dispensed in pharmacies in NHS Stockton-on-Tees - providing pharmaceutical services to patients from outside the PCT boundary. This is largely in accordance with the local understanding of population behaviours. However, cross-boundary activity which follows the decisions of care homes located in one PCT area to use a pharmacy in another PCT area, is less predictable; this explains some of the volume of activity from NHS Middlesbrough into NHS Stockton-on-Tees.

In contrast, using the proxy of dispensed prescriptions, it would seem that very few pharmaceutical services are provided to the population of NHS Hartlepool from outside the PCT area; only 1% of all Hartlepool prescriptions are not dispensed in Hartlepool; only a third of those stay in the Tees area, but numbers are small in relative terms.

8.4 Description of existing pharmaceutical services delivered by providers other than community pharmacy contractors

As previously stated, pharmaceutical services are also experienced by the population of NHS Stockton-on-Tees (and also in the wider NHS Tees) by various routes other than those provided by the community pharmacy

contractors, appliance contractors and dispensing doctors described above. Pharmaceutical services are also currently provided in connection with

- secondary care provision
- mental health provision
- prison services (NHS Stockton-on-Tees only) and also via
- PCT directly-provided pharmaceutical services

The majority of these services will not come under the definition of 'pharmaceutical services' as applies to the PNA. However some of the pharmaceutical services required by community hospitals, mental health units and other community services could be, and sometimes are, commissioned under specific service level agreements with providers on the pharmaceutical list. This element of pharmaceutical service provision is more intangible, but examples that may be of significance have been included here.

There are two large secondary care trust providers within NHS Tees. The University Hospital of North Tees is situated in the NHS Stockton-on-Tees area. Each trust provides a pharmaceutical service to in-patients, out-patients, community services and the prison using the services of the hospital pharmacies, though these are not routinely covered by this definition of pharmaceutical services.

The local **mental health trust** (Tees, Esk and Wear Valley) similarly provides (or commissions) pharmaceutical services in connection with the range in-patient and out-patient services it delivers. Elements of these are delivered by a community pharmacy organization under a specific service level agreement.

The **private and voluntary sectors, social enterprises and PCTs** (or commissioned provider arms) themselves provide a range of community health services. It is important that healthcare professionals delivering these services have access to professional support from pharmacists with specialist community health services expertise. This includes:

- services generally provided outside GP practices and secondary care by community nurses, allied health professionals and healthcare scientists working from/in community hospitals, community clinics and other PCT sites
- services that reach across the PCT population, such as district nursing, school health, childhood immunisation, podiatry and sexual health services
- services that help people back into their own homes from hospital, support carers and prevent unnecessary admissions, such as intermediate care, respite, rehabilitation, admission avoidance schemes, end of life care etc, for care groups such as older people and those with a learning disability
- specialist services and practitioners, such as community dental services, tissue viability specialist nurses and services that interface with social care.

As part of medicines management, prescribing support to primary care is a core activity of NHS Stockton-on-Tees. Examples of medicines management and prescribing support include

- regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing

- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- patient medication reviews with referrals from practices, care homes and other teams, for example district nurses, learning disability team
- medicines management in domiciliary and care home settings
- pharmacist-led patient clinics within practices (such as benzodiazepine reduction)
- Patient Group Direction development
- professional development on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists and pharmacy staff
- independent and supplementary prescribing
- strategic advice to support the controlled drugs agenda and
- strategic input into the development of community pharmacy, including the PNA itself.

When commissioning community health services and redesigning care pathways, the PCT should ensure appropriate consideration is given to the pharmaceutical element to reduce the risks associated with medicines and maximise the opportunities for new ways of working.

Specific examples of pharmaceutical services currently provided by others for NHS Stockton-on-Tees that **could** be provided by a provider on the pharmaceutical list, include

  - a pharmaceutical pre-admission assessment service or post-discharge reconciliation service
  - INR monitoring and dose adjustment in anticoagulation
  - dispensing services for mental health patients on weekend leave
  - independent prescribing services for drug users, or stop smoking clients or diabetes patients etc
  - extended sexual health services such as Chlamydia treatment
  - PCT or MRCCS directly-provided services such as strategic work with social care in local authorities, advice to care homes, pharmaceutical advice to intermediate care, full medication reviews, sessional medicines management advice to prescribers
  - flu vaccination to ‘at risk’ under 65’s that fail to attend at general practice.
  - stop smoking group facilitation

This list is not intended to be complete; it is not an easy task to unpick. Many of these services are ‘necessary services’ but as gaps in service provision (from alternative providers, or from community pharmacy) have not been highlighted, there is no commissioning priority for community pharmacy providers to deliver at this time.

Additionally, we have already highlighted situations where pharmacy enhanced services are provided in a mixed-provider model alongside other providers (e.g. needle exchange, CVD screening, Stop smoking). These are necessary services, counted as a pharmaceutical service in the PNA but could be provided more or less by either community pharmacies or the alternative providers at

any time depending on commissioners' preference. It is the overall population need and the overall balance of provision that determines whether or not there is gap in pharmaceutical service provision.

8.5 Results of the patient survey; feedback related to existing provision

8.5.1 Overview

The paper copy of the survey questions is included as Appendix 5. There were 1092 respondents to the survey, 1083 responses were completed on-line. 63 63 respondents stated that they lived outside of the Tees Valley area, and 22 skipped the question asking for area of residence. The number of responses to this question by LA area and their respective proportions of the total are shown in Table x. Comparing this to the population fractions for each area, indicates where some areas, including Stockton, are under-represented in the overall return. Detailed responses have been analysed by LA area.

Which local authority area do you live in?			
Answer Options	Response Percent	Response Count	Population fraction
Stockton	12%	128	29%
Middlesbrough	23%	248	21%
Redcar and Cleveland	21%	222	20%
Hartlepool	25%	273	14%
Darlington	13%	136	16%
none of the above	6%	63	
answered question		1070	
skipped question		22	
Total responses=		1092	

Figure 13. Responses to patient survey from each LA area and comparison to population fraction.

128 responses were received from patients/ members of the public resident in Stockton-on-Tees. There is a gender bias to the survey as 71% of the respondents were female. However, this is an improvement on the PNA patient survey undertaken in 2010 when only 20% of the respondents were male. Evidence suggests that women use a pharmacy more than men (including collecting prescriptions and seeking advice on the behalf of their partners and dependants.

8.5.2 Detailed analysis of results

Reflecting the accumulated Tees Valley results, a high proportion of Stockton on Tees respondents (86%) indicated that they usually use a pharmacy in the area in which they live. 84% reported that there are pharmacies near to where they live or work that they could get to by walking for less than 15 minutes, with a slightly higher proportion describing pharmacies within a short bus ride.

Answers of 128 people	Yes	No	Don't Know	% Yes
Do you usually use a pharmacy in the area in which you live?	108	18	0	86%
Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 mins?	107	20	0	84%
Are there pharmacies near where you live (or work) that you could get to by a short bus ride?	109	2	10	90%

Stockton reposnses to the question **'If or when you go to a pharmacy in person, how do you usually get there?'** was that two thirds travelled by car, and one third walked. Those using public transport accounted for only 1.5% - the same number as those who cycled. The use of public transport was higher in other areas, especially Darlington at 4%.
In another question, 55% of those Stockton residents who replied (128) reported that it was extremely easy for them to visit a pharmacy when they needed to. A further 39% found it quite easy; no respondents found it to be difficult.

This correlates with a recent study published by University of Durham (Placeholder1) researchers based at their Stockton campus, which found that overall, 89% of the population of England was found to have access to a community pharmacy within a 20 minute walk.

Perhaps even more important was that access in areas of highest deprivation was even greater with almost 100 per cent of households living within walking distance. It is their claim that this makes pharmacies ideally placed to play vital role in tackling major public health concerns such as obesity and smoking as the findings show that the often-quoted inverse care law, where good medical care is most available to those who need it least, does not apply to pharmacies. Opportunities for public health interventions may be even more significant when considered with the information that more than half of the people who responded to the PNA survey in Stockton already visit a pharmacy in person once a month and another 23% visit fortnightly or at least four times a year.

In response to the question **"What do you usually go to the pharmacy for?"** Table x shows that 90% of the individuals usually visit to get a prescription dispensed. Twenty four percent reported visiting for advice.

What do you usually go to the pharmacy for?					
Answer Options	A prescription	A service they provide	Advice	Something else	Response Count
For you	90%	17%	24%	9%	135
For someone else	92%	9%	14%	8%	76

Table xx. Showing responses to "What do you usually go to the pharmacy for?"

Relating this to questions looking at behaviours in relation to pharmacy and minor complaints, table xx shows that 69% reported that they would visit a pharmacy before they went to A&E, a walk-in centre, or their GP. Importantly approaching 10% have already had to visit A&E, a walk-in centre, or their GP just because the pharmacy medicines were too expensive for them to buy.

Circumstantial evidence from pharmacies supports this and effectively means that there is a two-tier system operating locally in relation to self-care. Self-care advice at a pharmacy is free, but the supply of medicines that may be needed to support that self-care for a minor ailment is not an NHS service. If you can pay then you do, but the sections of our population most in need, will have to either visit an alternative health care point, or may not bother at all perhaps resulting in deterioration of that complaint.

If you have a minor complaint:				
Answer Options	Yes	No	Response Count	% Yes
Would you visit a pharmacy before you went to A&E, a walk-in centre or your GP?	88	39	127	69%
Have you ever needed to go to A&E, a walk-in centre or your GP with a minor complaint just because the pharmacy medicines were too expensive for you to buy?	11	111	122	9%

Table xx. Looking at behaviours in relation to pharmacy and minor complaints.

It may be possible to increase the proportion of the population that would visit a pharmacy first if a locally commissioned service to make medicines for minor complaints available free at the point of self-care at a pharmacy. Variously called a minor-ailments scheme or (helpfully) 'Pharmacy First' such schemes now operate quite widely across England and the North East, including Darlington, but are not available in any of the Tees LA areas.

In response to the question '**How would you rate the pharmacy or pharmacies that you have used or usually use'?** 81% of the Stockton-on-Tees respondents rated there pharmacy as excellent or very good, a further 18% reporting fairly good.

Question 5 asked
'What do you think about the opening times of pharmacies that you use?'
Figure 17 shows that more than half of the Stockton-on-Tees respondents were happy with current opening times and the second most frequently recorded

comment (27%) was that they could 'always find a pharmacy that is open when they need to'.
A preference for more late evening opening or weekend opening was also reported. This may reflect the increasingly '24 hour society' or may reflect the need for patients to have more information as most localities in Stockton are very well served by pharmacies opening on late evenings and weekends.

Figure 17. Showing responses to patient survey question about openingtimes NHS Stockton-on-Tees.

More than two thirds of respondents were already aware that pharmacies can offer free advice on healthy lifestyle choices. This does leave room for improvement in increasing awareness with the remaining 33%, and 80% of respondents did not know if their pharmacy was a 'Health Living Pharmacy'. 17% reported that their pharmacy **was** a HLP; x% of pharmacies in Stockton are HLPs.

Question x asked

'Why do you choose the pharmacy you usually use?'

Possible reasons were offered by the question, with respondents able to select all that applied. The most marked response was that 74% of people from Stockton-on-Tees indicated being near to where they live was the most important reason for choosing a pharmacy. Being inside or close to a GP practice came second with good customer care also being cited by only 42%. Figure 18 shows that other than 'near where they live' being the stand-out

option, the reasons people choose a pharmacy may be many and varied and this reflects a similar reponse in 2011.

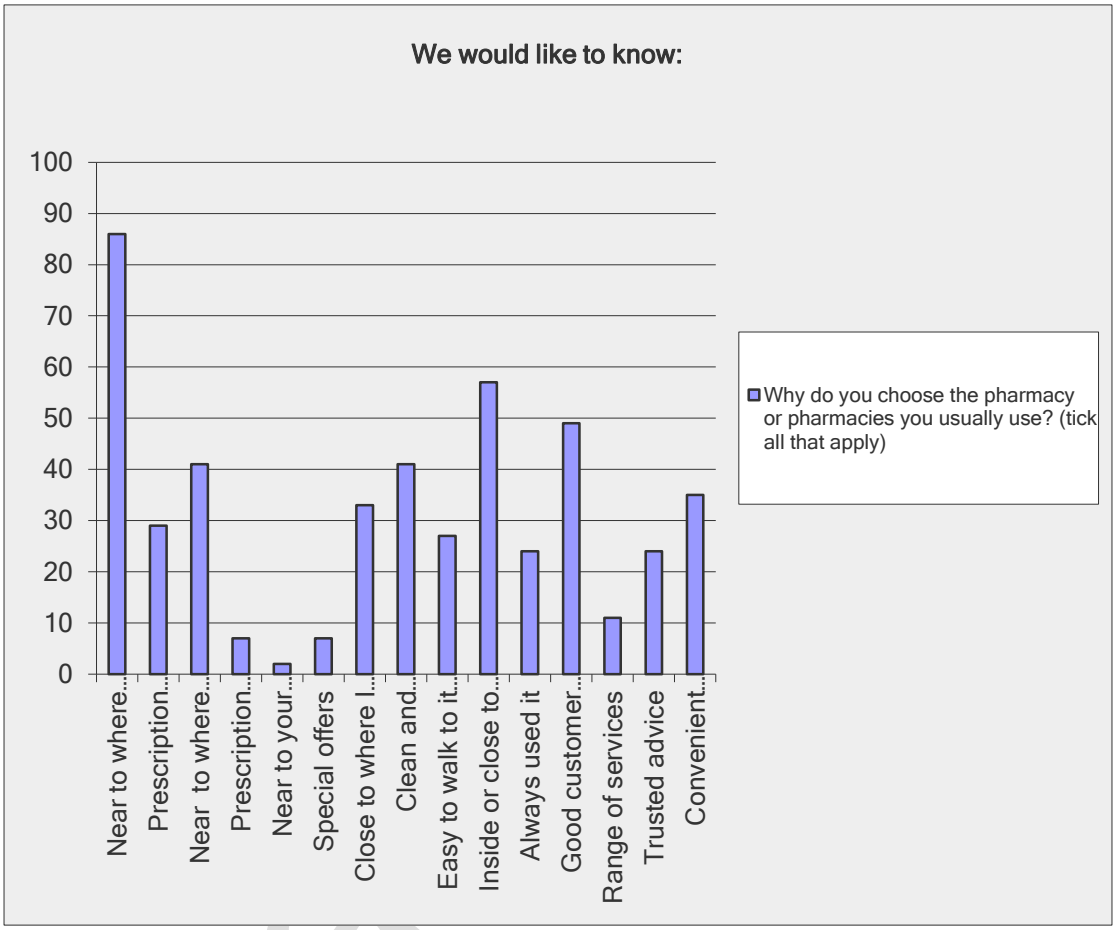


Figure 18. Reasons for choosing the pharmacy normally used by patients/ carers.

When invited to consider the question
Thinking about new services local pharmacies could offer, though not necessarily in your pharmacy, which of the following do you think might be useful?

Table 19 shows a clear response for a Pharmacy First service, Healthy Heart Checks and Screening services but a good response also for help to manage long term conditions.

Thinking about new services local pharmacies could offer, though not necessarily in your pharmacy, which of the following do you think might be useful?	I would like to use this pharmacy service

Free Healthy Heart Checks	49%
Anticoagulant Monitoring Service - e.g. fingerprick testing for patients on Warfarin.	5%
Gluten Free Food Supply Service without prescription	6%
NHS flu vaccination	34%
Pharmacy First - advice and supply of medicines needed to treat minor issues (like hay fever, head lice, childhood fever) without needing a doctor's appointment, prescription or purchase	67%
NHS Screening Services - e.g. diabetes, HIV, Hepatitis B or C.	39%
Specific help with medicines for people with a long term illness or conditions - e.g. obesity, asthma or COPD.	19%
Pharmacy weight management programme	22%

n=121

Figure 19. New pharmaceutical services patients think might be useful and they would like to use

8.5.3 Patient survey summary

- The majority of respondents rated the pharmacies in their area as good and also find it very easy to visit a pharmacy.
- Most people are happy with the current opening times of the pharmacies that they use and of those that weren't, they would like more late evening opening and pharmacies to open on a Sunday.
- People are most likely to choose the pharmacy they usually use because it is near to where they live, followed by a good professional advice / customer care and being inside or close to a GP practice.
- After prescription dispensing services, respondents mostly used information and advice offered by pharmacies.
- Respondents felt that a 'Pharmacy First' minor ailments service was the most useful new service that could be provided by pharmacies, followed by Healthy heart checks, screening services and specific support for patients with a long term condition.
- Respondents were quite evenly split 50/50 on both their knowledge of pharmacies offering advice on healthy lifestyles and also knowing that pharmacies can help 'signpost' them to other services.
- The majority of respondents visit a pharmacy monthly and usually go for a prescription for themselves or a prescription for someone else, with just over half paying for their prescriptions themselves.

8.5.4 Other patient experience information: NHS Community Pharmacy Patient Questionnaire (CPPC) and NHS Complaints

NHS England record centrally patient reports to the Patient Advice and Liaison Service and formal complaints. This data has not been accessed. At the time of preparation of the draft PNA, the return rate for CPPQ patient experience questionnaires and annual Complaints Reports from pharmacies was considered likely to be sufficiently poor to be of little value.

The return and evaluation of CPPC and annual Complaints Reports from community pharmacy could be improved to make best use of the information that could be available to support evaluation of pharmacy services.

8.6 Results of stakeholder surveys or feedback related to existing provision

The stakeholder survey was undertaken according to the process described in Section 4.3.1.1. A summary of the responses to the stakeholder survey for all Tees Valley areas is included at Appendix 4.

A total of one hundred and fifty five stakeholder surveys were returned across the Tees Valley. Of these 37 (24%) were returned indicating 'Stockton-on-Tees' as the reference area for the response.

Of those 37 stakeholders from Stockton on Tees who indicated a response to this question, 27 (73%) reported that they had contact with providers of pharmaceutical services during the course of their work, or the work of their services.

Respondents were able to skip questions if they wished to therefore the remaining data is presented as a percentage of those that responded to that specific question with actual numbers of respondents in brackets.

The services the stakeholders reported most frequent contact with community pharmacy pharmaceutical services 77% (n=23) with general practice based prescribing support the second most frequent at 38% (n= 10).

Respondents were from a wide range of organisations including; GP practice, community pharmacy, local authority, LPC, community services, providers (substance misuse and NECS) and voluntary sector; 44% (n=811) of respondents were pharmacists, 32% (n=8) were from a community pharmacy organisation.

90% (n=27) of respondents felt that current provision of pharmacy (premises) in Stockton on Tees is 'about right / more than enough'. One respondent identified Port Clarence as a ward or area that may be in need of a pharmacy. A further respondent indicated they felt that Stockton on Tees as a whole was in need of additional pharmacies. Reasons stated for the need for an additional

pharmacy were; lack of pharmacy currently, opening hours / range of services in existing pharmacies.

97% (n=29) of respondents indicated that current opening times meet the general needs of population either very well or quite well.

80% (n=24) of respondents felt the quality of service provided by pharmacies either good or very good.

60% (n=18) of respondents felt that existing community pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population.

Approximately half of respondents were aware of the Healthy Living Pharmacies initiative, understand what they can provide and were able to name one that is participating.

The majority of respondents were aware of essential services provided by pharmacies and felt that better use could be made of essential services provided by pharmacies.

In relation to advanced services, fewer respondents were aware of these services, although there was still a majority that were aware of them. In particular there was less awareness of the hospital discharge referral service and appliance review / stoma customisation service (almost 40% unaware). The majority of respondents felt that better use could be made of these services (with exception of the hospital discharge referral service).

The NHS England enhanced services for Bank holiday opening and flu vaccination by pharmacies were viewed by 64% (n=18) and 57% (n=16) respondents respectively as improving access for patients.

With respect to locally contracted services:
– 20% or more of respondents were not aware that Stockton on Tees pharmacies provide; chlamydia screening, C-Card, emergency hormonal contraception (EHC) and Healthy Start vitamins. Over 67% of respondents felt that the supervised administration service, stop smoking service, and needle exchange service improved patient access.

The ‘existing’ locally contracted pharmacy services identified as being most likely to be needed more in the future were; alcohol brief intervention and a Minor Ailments Service. Currently these are commissioned in a Darlington, but not in Stockton or elsewhere in Tees.

Overall the range of locally commissioned services provided by pharmacies in Stockton on Tees was viewed as about right by 24% (n=7) of respondents; could be considered for improvement by offering more by a further 65% (n=19).

Four areas were identified by respondents as having the potential to benefit from additional pharmaceutical services (i.e. from current providers); Stockton,

Billingham, Thornaby and Port Clarence. Minor ailments 'across the area' also identified as a need by 1 respondent.

Services identified by the majority of correspondents (>60%, n≥14) as most needed currently were; chlamydia treatment PGD following a positive test, varenicline PGD to support stop smoking, screening services, diabetes, weight management and 'other vaccinations'.
Services identified as being most likely to be needed in future (56 %,n≥ 13) were; domiciliary pharmaceutical services, disease specific management service and emergency planning and antiviral distribution.

The 3 pharmaceutical services identified by respondents as having the greatest potential impact (improvement or better access) to services locally were identified as; out of hours service, minor ailments and medication review.

In relation to non-community pharmacy services only just over half of stakeholders answered this question but of those that did respond there was strong support in relation to care home services, prescriber support advice and schools advice; the majority of respondents thought that new opportunities for improvement or better access to these services could be explored by working with community pharmacy providers better.

Summary of key stakeholder themes

The majority of stakeholders were happy with the existing provision of pharmacies (location), their opening times and the quality of pharmaceutical services being provided.

The improved utilisation of existing advanced and essential services was supported by the majority of stakeholders and a need to improve stakeholder knowledge of advanced and locally contracted service provision was identified (including the Healthy Living Pharmacies initiative).

The services identified as offering the greatest impact (i.e., improvement or access) if they were to be commissioned in this area were; an Out of Hours Service and a Minor Ailment services.

The majority of stakeholders were in favor of the extended roles that community pharmacy can offer with support for a variety of other services to be delivered via pharmacy now including; extending access to chlamydia treatment and varenicline through pharmacies, screening, weight management, vaccinations and diabetes services. With regard to future needs, the survey identified particular support for domiciliary pharmaceutical services, a disease specific management service and emergency planning / antiviral distribution.

8.6.1 Current providers views on current provision

As part of the baseline survey, existing community pharmacy providers were asked to indicate their own service priorities for future commissioning. There was a relatively low completion rate of this section as a result of the pharmacies

from multiple organizations submitting the PSNC baseline data which therefore did not include our additional questions. However, recognizing the limitations of the sample, priorities for enhanced services were judged to be the existing CVD screening service and other lifestyle related services including weight management and an alcohol service. The End of Life Care access to medicines service was also judged to be a priority.

8.6.2 Consultation Response

A brief summary of the key outcomes of the formal consultation (once concluded) will be included here. A copy of the consultation questions and the full consultation report will be included as Appendix 6.

9.0 Local Health and Wellbeing Strategy and Future Developments

The heath status of the people in Stockton-on-Tees, some of which live in the most deprived local authority wards in the country, provides ample evidence of the need for investment in healthcare services of the highest quality and sufficient quantity in order to improve health of the local population., Historically the local area has been highly dependent on heavy industry for employment and this has left a legacy of industrial illness and long term illness. This coupled with a more recent history of high unemployment as the traditional industries have retracted, has led to significant levels of health deprivation and inequalities that rank amongst the highest in the country. The Tees Valley faces new challenges around the major causes of death and the gap in life expectancy, with statistics worse than England average around obesity, smoking and binge drinking.

9.1 Strategic Themes and Commissioning Intentions

The JSNA identifies strategic themes and commissioning intentions towards meeting the identified health and wellbeing needs of Stockton on Tees and a a range of existing plans are already in place.

The Joint Health and Wellbeing Strategy for Stockton-on-Tees (Stockton on Tees Borough Council, 2012) sets out the commitment and approach to promoting health and wellbeing and tackling health inequalities in the borough. Within that, there is a recognition that the wider determinants of health such as employment, housing, education and the environment need to be considered. Through the implementation of this strategy, key partners will seek to achieve real and measurable improvements in the health and wellbeing of residents. The aim is “to improve and protect our resident’s health and to improve the health of the poorest fastest”.

Priorities are to reduce local health inequalities, address reduce early deaths from cancer, heart and respiratory diseases, and support support healthy and fulfilling lifestyles towards addressing obesity and excessive smoking and alcohol consumption. Public Health and NHS colleagues are working together

to reduce disease rates through screening and early identification of disease and reducing risk factors. Measuring wellbeing is also being developed nationally and Stockton Borough is looking at the current tools in place to capture this information and use it to help commission and develop services.

Developing a consistent, evidence-based approach to early intervention across the lifecourse is a focus of health and wellbeing work in Stockton, particularly in delivering the strategic priority of 'giving every child the best start'. There is a particular focus on reducing inequalities through developing especially targeted activity in the early years as proposed by the Marmot Review (2010).

Strong partnerships exist across organisations and sectors in Stockton Borough – a significant benefit in addressing the area's health and wellbeing challenges and inequalities. Pharmacies play an important role in the system to address these health and wellbeing issues and inherent inequality.

9.2 Future developments of relevance

In seeking to identify known future needs for pharmaceutical services, DH guidance suggests having regard to:

• known firm plans for the development/expansion of new centres of population i.e. housing estates, or for other changes in the pattern of population

• known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies

• known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area

• known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments

• plans for the development of NHS services

• plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, healthchecks

• introduction of special services commissioned by clinical commissioning groups

• new strategy by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors.

As the PNA will be fully reviewed and published within a 3 year timeframe, 'firm plans' within this context will be taken to be those which are likely to be achieved within this timeframe or slightly sooner. This is also sensible as any identified pharmaceutical needs identifying a new pharmacy could only be addressed by application likely to be able to able to open within the timeframe of the application process (18 months to two years maximum from commencing the application).

9.2.1 Housing development and changes in social traffic

The Stockton 5 Year Housing Supply Assessment (Stockton Borough Council, 2014) includes a list of sites that may deliver housing in the next 5 years. This identifies 'firm plans' in the form of planning permission granted for 3000 dwellings within the next 5 years. Some of these sites are already under construction; the most significant of these to have regard to for the PNA are:

- 1000 more dwellings in Yarm / environs plus 330 Tall trees
- 470 additional dwellings in Ingleby barwick - no more until 2016/17
- 236 dwellings at Portrack Lane (old Corus pipe mill)
- 845 dwellings at Allens West Eaglescliffe - but not starting until 2016/17
- 428 dwellings at Yarm Road, Stockton (old Visqueen site)
- 999 dwellings- potential student accommodation at North Shore, Church Road, Stockton

There is always uncertainty in the housing market which means that planned developments may not come to completion and given the trend towards single occupancy it may be that this does not create new but rather re-distributed demand. Given the geography of Stockton-on-Tees and the existing community pharmacy provision, it is not considered that any identified redistribution of the population will require a new pharmacy contract to accommodate any change. Where identified appropriate, relocation of existing pharmacies to provide improvement (such as in premises or facilities) or better access for the population already served by that pharmacy, may be considered.

The PNA should also have regard to potential for demolitions and other losses to the existing housing stock of the Borough. There are 370 dwellings anticipated to be lost during the period 1.4.14 to 31.3.19 including 254 at Victoria estate.

9.2.2 Health care and GP practice estate

Under the Momentum Programme, PCTs worked in partnership with North Tees and Hartlepool NHS Foundation Trust (NT&HFT) to support the development of a 'single site' hospital through a significant transfer of care to community settings. Although funding was removed from the Treasury, private funding was being sourced to allow this development to continue, but any plans are not likely to come to fruition within the next three years.

We are not aware of any other developments of note in relation to healthcare estate and NHS England advised that there are no firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area.

There has been a recent trend towards the assumption of incorporation of a pharmacy into new general practice estate. Whilst this is sometimes of value, for example at times when an existing pharmaceutical service provider would be lost by virtue of the re-development of premises in which they are located, or when existing providers would be unable to respond to any need for extended

opening hours, it should not be considered essential that a pharmacy is co-located with a general practice providing that the population of the area in which that general practice is located is adequately served with pharmaceutical services.

Acute prescriptions - issued during a face to face consultation - account for an increasingly small proportion of all prescribing. Repeat prescriptions are not usually generated following an immediate consultation with a prescriber, but remotely. This is particularly true as the widespread introduction of the Electronic Prescription Service (EPS) which is currently rolling out in the Tees area. Patients will no longer walk away with their prescription in their hand, it will be possible for the e-prescription to be sent to a pharmacy anywhere, including one close to where they live or work. Research shows that 65% of all visits to a pharmacy to dispense a prescription already originate from home and only 27% from the GP surgery – and visits to a pharmacy for prescriptions should only be part of the reason we want people to visit pharmacies.

Where it is possible to influence this, commissioners should consider whether existing local community pharmacy networks may be put at risk where there is not the same opportunity for these networks to deliver new services as the estate is developed. Without careful planning, the introduction of an additional pharmacy, and the associated long-term cost to the commissioner, may provoke a loss of service in the longer term, and thereby generate a new need to be commissioned elsewhere. The loss of social capital arising from the potential removal of a pharmacy (and/or a doctor's surgery) from a high street setting may also be considered important issues in certain geodemographic areas.

10.0 Pharmaceutical Needs

It is the purpose of the pharmaceutical needs assessment to systematically describe the pharmaceutical needs of the population of NHS Stockton-on-Tees, and any specific requirements in the four localities. This section will describe the scope of pharmaceutical needs identified from a consideration of local health needs, local health strategy including future developments and the results of the recent patient and stakeholder engagement.

10.1 Fundamental pharmaceutical needs

The population of Stockton-on-Tees will have some pharmaceutical needs that are consistent with the needs of the general public and health consumers throughout England.

Whilst community pharmacies are increasingly providing NHS services above and beyond dispensing we must not forget the important role that they play in providing a safe and secure medicines supply chain. Conversely, we must ensure that primary care service commissioners understand that the supply function is just one of the fundamental pharmaceutical services that are required.

It is considered that these fundamental pharmaceutical needs have been determined by the Department of Health for England and the services required to meet them incorporated into the essential services of the NHS pharmaceutical services contract. These needs therefore include the requirement to access Prescription Only Medicines (POMs) via NHS prescriptions (dispensing services), including any support for patients required under the Disability Discrimination Act and NHS repeat dispensing), the need for self-care advice and the signposting needs of patients, carers and other professionals; public health needs in relation to advice and support for health improvement; the requirement to safely dispose of waste medicines in the community and finally the public and professional expectation of reasonable standards and quality of service.

The requirement to have pharmaceutical services available to meet these fundamental needs is therefore without question, the more subjective part of the determination is related to the access to that provision. What constitutes reasonable access to, including choice within the context of the Regulations, these fundamental services as a minimum (and to any other pharmaceutical services provision considered necessary to meet the pharmaceutical needs for the population)? Does fundamental pharmaceutical need extend to the availability of those services on every street corner and 24 hours a day?

An assessment of access to each of the pharmaceutical services will require consideration of the number of pharmacies offering that service, their location, the hours that they are open and the personal circumstances of the individuals, or groups, that make up the population served by that pharmacy i.e. transport, income, mobility or disability, morbidity / poor health, mental capacity, language barriers, time, and knowledge of service availability. As the Regulations also require the PNA to have regard to choice, the choice of provider as well as the choice of services should be taken into account. Section 11 will give consideration to this.

10.2 Pharmaceutical needs particular to Stockton-on-Tees

How do the identified inequalities in health in NHS Stockton-on-Tees impact on pharmaceutical needs?

People with poorer health and more long term conditions are likely to have to take more medicines. They might have to start taking them earlier in their lives. They may need support to manage their medicines properly and to ensure they understand and engage with their medicines taking (compliance/ concordance). Many patients benefit from understanding more about their illness in relation to their medicines. Good pharmaceutical advice and support can help them become their own ‘expert’ and encourage them to be a positive and assertive partner in the management of their own health and the medicines-related aspects of it.

Any health need, ailment, or condition that involves the use of a pharmacy only (P) or prescription only (POM) medicine will require contact with a community pharmacy (or dispensing doctor in certain rural areas) to fulfil the supply function. Repeat prescribed medication (at least 80% of all prescriptions) does not require contact with a nursing or medical health professional at every issue. However, regular contact with a pharmacy provider (and in long-term conditions this is often the same provider) cannot be avoided unless that patient chooses not to have the prescription dispensed. The NHS repeat dispensing service can increase health contacts via a pharmacy and help to better monitor a patient's medicine-taking.

There is an ideal opportunity to 'piggy-back' selected interventions on these frequent health contacts. With long-term conditions routine feedback from and to the patient about their medicines use, that may be shared (with consent) with a prescriber who recognises the value of that feedback, and has processes to respond to it, is likely to improve the overall management of that patient's condition and potentially reduce unnecessary hospital admission.

In most long-term conditions, there are significant medicines-related pharmaceutical needs, over and above supply. Evidence supports the value of structured interventions, pharmaceutical advice and information to support the correct use of medication to treat conditions such as hypertension, asthma, cardiovascular disease and diabetes. In Stockton-on-Tees, the sheer numbers of patients to be supported in their condition mean that there is a pharmaceutical need to provide choice and enhanced support from the wider primary care team outside of general practice.

Valuable patient-facing services are already provided by the existing commissioned medicines management services for example

- full patient medication reviews after referrals from practices, care homes and other teams, for example district nurses, learning disability team
- pharmacist-led patient clinics within practices (such as benzodiazepine reduction)
- medicines management in domiciliary and care home settings.

To promote health and well-being, the people of Stockton-on-Tees may need more support to understand the choices they have, and make, and the impact on their short and long term health. It may be difficult to make better choices in the absence of knowledge but also if the future is bleak - much wider improvement in opportunity is of course already recognized beyond the scope of pharmaceutical services.

For Stockton-on-Tees, the population need most help to stop smoking, lose weight and improve dietary choices, reduce alcohol consumption and reduce sexual activity that risks pregnancy and sexually transmitted infections. Healthy Living Pharmacies are ideally placed to support this. As well as support directly provided in pharmacies they may need pro-active (as well as reactive) signposting into other services, such as drug/ alcohol treatment or sexual health services, or those wider services that may be available to them. They may need

innovative as well as traditional public health campaigns based on the principles of social marketing to improve engagement with self-help or self-care activity.

In areas where there are more children there will be a greater demand for childhood medicines both on prescription (POMs) and from pharmacy or other sources (P/General sales list (GSL)). Parents with poor educational attainment may need more support to understand how they can best support the self care of their children. This may include advice and support to encourage them to complete their childhood immunization programme. Low income may impact on their access to medicines without having to obtain a prescription. The recently established Healthy Start Vitamins service will increase accessibility for these products in pregnancy and early years.

The effects of high deprivation in a significant proportion of the wards in localities S3: Norton and Billingham and S4: Stockton and Thornaby will impact on the pharmaceutical needs of children and young people. Poorer choices with regard to the determinants of ill-health (poorer diet, parental smoking (including in pregnancy), and risk-taking behavior) will also affect child health. Brief interventions during contacts with a pharmacy may be used to enhance the opportunity for public health messages related to children such as encouragement to breast feed. Promotion of better oral health would be of particular value as the dental caries rates in children are high.

There may be a need for more support to keep children safe and a greater awareness amongst pharmacy professionals on the appropriate action to take in the best interests of children and young people. Actions to promote medicines safety may be particularly important in areas where there is low adult literacy to ensure adequate understanding of the need to keep medicines out of reach of children (especially methadone etc), to use them properly and to be able to give correct doses.

Ill-health and self-care for older people generate pharmaceutical needs related to the increased numbers of medicines that are often involved, the increased number of people that are involved in managing them. The idea that it is a pharmaceutical necessity for all older people to have their original bottles or boxes of medicines removed and replaced with a ‘dosette box’ or compliance aid should be challenged at a strategic level. Routine use without good cause or requirement under the Disability Discrimination Act (DDA) should be discouraged. Greater understanding, at all levels, of the DDA and how it applies to these pharmaceutical needs, goods and services would be very helpful. Medicines management work streams at NHS Tees continue to support opportunities to improve understanding and to influence key stakeholders to ensure DDA support for medicines in use is appropriate safe and effective.

Commissioners and providers of pharmacy services need to consider the impact of the identified low levels of adult literacy and numeracy on day to day pharmaceutical needs. Do we take enough care to ensure that people can understand their medicines? Can they calculate the time schedule for ‘4 times a day?’ Can they read the labels on the bottles or do they just remember? Do they get the right information from Patient Information Leaflets supplied with

medicines or other written advice? Do they understand the terms we use like 'relative risk?'

Uptake of screening services could be improved with high quality and targeted support.

There is a pharmaceutical need for patient access to EHC. This clinical service is now well established in community pharmacy and an EHC consultation could be closed with the offer of a Chlamydia screening test. Screening might be better taken up via pharmacies if there was a treatment option to return to that same pharmacy, where a relationship has been established. Once more, to meet a fundamental pharmaceutical need for a medicine to be supplied, pharmacy is a safe and secure supplier of medicines. This treatment may already be provided by a private over the counter (OTC) sale in certain circumstances - a PGD would broaden the inclusion criteria and an enhanced service would facilitate supply to patients who do not have to pay for their prescriptions without the inconvenience to the patient and NHS expense of a second professional consultation to obtain a prescription. Young people's needs for wider sexual health support services such as free pregnancy testing, counseling and contraception advice could also be provided as a stand alone pharmaceutical enhanced service or perhaps incorporated into a pharmacist with special interest (PhwSI). Opportunities for improvement to the CCard service delivered through community pharmacies has been identified.

There are a range of pharmaceutical needs in relation to the support and management of patients with mental health problems including those related to dementia, dual diagnosis, harm minimization and substance misuse. As well as the needs for routine safe and secure supply of medicines to support drug treatment, often in line with controlled drugs legislation, the need for supervised self-administration is now common-place and almost routine. This client-group also has further pharmaceutical needs related to the management of blood-borne viruses, including provision of safer injecting equipment, good quality information and screening services. Pharmacies see these clients regularly and can become a valued professional support – anecdotally, pharmacists in Stockton-on-Tees have already saved the lives of their clients – for example in observing and sharing missed-dose behavior, or identifying symptoms of DVT. At times of over-dose, local commissioners have identified a pharmaceutical need for medicines such as naloxone to be available immediately. Possible service models have been explored for this.

Apart from health prevention activity in relation to cancers there are pharmaceutical needs arising from the treatment of these conditions. Again, the safe and secure supply function here is not to be underestimated. Quality and safety in relation to routine controlled drugs supply is fundamental, however there are often issues in relation to the timeliness of access to the range of drugs used in End of Life Care which must be considered.

Pharmaceutical needs of in-patients in the acute hospital are provided for by the acute trust. The CCG usually identifies and includes in the tariff paid to the trust, an element of funding which is for discharge medication to allow the

proper transfer of communication between hospital and primary care, to take place before there is an urgent need to supply more medicines. Where inadequate discharge processes exist in relation to medicines, a heightened pharmaceutical need is generated that may affect patient safety and should therefore be addressed.

Future pharmaceutical need arising from adjustments to care pathways or buildings/facilities will need to be taken into account to be sure that suitable services are available. This is just one example of the more strategic pharmaceutical needs of the population. Others include

- prescribing support to primary care involving regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing
- pharmaceutical advice to support the PhS contract management process and 'market entry' processes at NHs England
- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- Patient Group Direction development
- professional development on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists and pharmacy staff
- support for independent and supplementary prescribing
- strategic advice to support the controlled drugs agenda and
- strategic input into the development of public health and community pharmacy, including the PNA itself.

Finally there is evidence that patient access to a pharmacy may be constrained by a lack of knowledge of service availability and this is an issue that should be much easier to address that many of the others, but has historically proven difficult, not just locally, but nationally.

10.3 Pharmaceutical needs particular to the four localities

10.3.1 Locality S1: Yarm and area

This may be considered to be the most affluent locality in Stockton-on-Tees with the highest proportion of people in employment. No specific needs over and above the general population needs of Stockton-on-Tees are identified.

10.3.2 Locality S2: Stockton Parishes

This is most rural locality in Stockton-on-Tees, with established 'controlled localities' and with one community pharmacy provision. A significant proportion of this relatively small population also may have their dispensing needs met by the dispensing GP practice at Stillington.

10.3.3 Locality S3: Norton and Billingham

Five of the 8 wards in this locality are within the top 50% most deprived nationally. Pharmaceutical need related to deprivation is therefore highlighted in a substantial part of this locality. There is a large area to the north east without

any community pharmacy provision; this is the area covered by the chemical industry with very little population in this area of the ward. Port Clarence

10.3.4 Locality S4: Stockton and Thornaby

This, the most deprived locality of Stockton-on-Tees, will have the greatest pharmaceutical needs associated with deprivation. This locality has a more substantial non-white population whose specific pharmaceutical needs are highlighted; this may include the patients of the Arrival practice (refugees/ asylum seekers).

11.0 Statement of need for pharmaceutical services in Stockton-on-Tees

This section will review all the information to produce a statement of need that will identify

- necessary services: current provision
- necessary services: gaps in provision
- other relevant service: current provision
- improvement or better access: gaps in provision

What is required from the Statement of Need? The NHS Regulations 2005 (as amended) require that the PNA includes a statement of the pharmaceutical services that the Primary Care Trust has identified as services that are **necessary** to meet the need for pharmaceutical services in its area.

The statement should further identify if these necessary services are

- **currently provided** or not and
- if they are provided **in the area of the PCT** and
- if there are any services currently provided **outside the area** that nevertheless contribute towards meeting the need for pharmaceutical services in its area.

The Regulations further require that the PNA includes a statement of the **pharmaceutical services** that the Primary Care Trust has identified as **other relevant services** that although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured **improvement to, or better access** to, pharmaceutical services in its area. We may call these 'added value services' for simplicity of further description here although that term is not described in regulation.

The Regulations further require that the PNA includes a statement that indicates any **gaps in the provision** of pharmaceutical services that the PCT has identified. These may be gaps in the provision of either necessary services or 'added value' services (as described above). Furthermore, the identified gaps in provision require services to be provided to meet a **current need** or an anticipated **future need** for pharmaceutical services. The gaps in 'added value services' services may be those that are currently identified or are identified in relation to an anticipated **future benefit from improvement or access.**

A statement describing any other NHS services or dispensing services that the PCT has taken into account when assessing the above needs for current or future provision of pharmaceuticals services must also be included.

11.1 Statement of need: Dispensing services

The HWB has had regard in its assessment to the well established and on-going (doctor provided) dispensing services available to some patients in the S2: Stockton Parishes locality of Stockton-on-Tees, which affect the need for pharmaceutical services in that area. These dispensing services were unaffected by the changes in Regulations regarding market entry. that will be introduced within the next year. Public consultation on these Regulations is expected shortly.

11.2 Statement of need: pharmaceutical need for essential services

11.2.1 NHS Stockton-on-Tees – all localities

Essential services are available via current provision as described earlier – are there any gaps? Gaps in essential services might be determined by poor access to a pharmacy (including reasonable choice) or poor service delivery, or might be identified from a consideration of likely future needs.

In making this assessment the PCT has had regard, so far as it is practicable to do so, to the all the matters included in paragraph 3G (1) of Part 1A of the Pharmaceutical Services Regulations 2005 (as amended). It has considered the responses to patient, professional and other stakeholder engagement and the views or information available about current pharmaceutical services having particular regard to the issues of access and choice of both provider and services available (particularly the times that those services are provided as one of the few variables with respect to Essential services) and the contribution made by service providers outside of the PCT area.

Following this assessment, the PCT considers the number of current providers of pharmaceutical services, the general location in which the services are provided, and the range of hours of availability of those services to be necessary to meet the pharmaceutical needs for Essential services in all localities of NHS Stockton-on-Tees. The dimensions of the existing service provision described above are also considered to meet the need all localities. Responses to the patient survey contribute in part to the evidence for this i.e.,

> *"96% of the Stockton-on-Tees respondents rated their pharmacies very good or quite good"*
> *"94% of the Stockton-on-Tees respondents stated that it was easy to visit a pharmacy, with 67 % finding it very easy"*

The pattern of opening hours is adequate and the PCT does not seek to change the pattern. In particular, for the pharmaceutical needs to continue to be met, the range of core hours currently provided before 9 am and after 6pm on week

days and all core hours on Saturday and Sunday must be maintained. The five 100-hour pharmacies in Stockton-on-Tees are necessary providers of core hours, particularly at evenings and weekends. The PCT would regard any reduction in their services by virtue of reduced opening hours as creating a gap in service and would wish to maintain the current level. The PCT considers that there is reasonable choice of both provider and services available to the resident and visiting population of both localities of NHS Stockton-on-Tees. Taking into account extant grants and applications in train before the publication of the PNA, there is no need for any additional 100-hour pharmacy providers in NHS Stockton-on-Tees, 100 hour or otherwise.

The local health needs of NHS Stockton-on-Tees indicate that programmes to encourage behaviour change in terms of attitudes towards smoking, breast feeding, food, alcohol and sexual health should be an important feature of public health plans in the immediate and short term future. The current essential pharmaceutical services that can be employed to support these activities are **necessary** to meet the pharmaceutical needs of the population. PCT commissioners should take steps to gain **improvement or better access** to these services by ensuring that opportunities afforded by the essential services of the community pharmacy contract are used to their fullest extent to achieve maximum impact as part of an integrated programme of public health activity in these areas. Brief intervention and case-finding, accurate signposting and strong public health campaigns can all be initiated with limited financial resource; there is a greater opportunity cost of not maximizing the potential of these services.

Although there are no Dispensing Appliance Contractors in NHS Stockton-on-Tees, prescriptions for appliances are written for patients in this area and will need to be dispensed. A considerable number of such prescriptions are satisfactorily dispensed each year within NHS Tees; DACs are also accessible outside the NHS Tees area; the PCT has received no complaints and is therefore not aware of any circumstances in which the patients of Stockton-on-Tees have experienced any difficulty in accessing pharmaceutical services to dispense prescriptions for appliances. Having regard to all the above, the PCT considers there is **no gap** in the provision of this service and does not consider that an appliance contractor is required to be located in the NHS Stockton-on-Tees area to meet the pharmaceutical needs of patients.

11.2.2 Locality specific needs including likely future needs

11.2.2.1 Locality S1: Yarm and Area

Having regard to all of the issues presented throughout, no significant additional specific pharmaceutical needs are identified over and above those general needs identified for the PCT and described above. Minor issues are identified: on Tuesday evening a general practice currently opens for two hours longer than a pharmacy. Current providers may choose to respond to provide **improvement or better access** at this time however access is already available close by in S3: Norton and Billingham and S4: Stockton and Thornaby localities. This is not considered to be a gap in provision that requires another

pharmacy to meet the need for improved access. It is a risk that only one pharmacy has **core** hours after 12.30pm on a Saturday, nevertheless this does not create a pharmaceutical need at this stage.

11.2.2.2 Locality S2:Stockton Parishes

It is acknowledged that the small populations of Locality S2: Stockton Parishes, require transport to be able to access the essential pharmaceutical services that are provided outside of that locality. However, car ownership is high (87% for the Western Parishes, and 90% for the Northern Parishes) and the choice of pharmacies within a few miles is great: three miles to the nearest pharmacy at TESCO, Durham Road; within 5 to 6 miles of a choice of other pharmacies (two of these being 100 hours) within the S4: Stockton and Thornaby locality. There are also pharmacies located across the PCT boundary into County Durham and Darlington around 3 to 4 miles away. Having regard to the dispensing services available to some of the population and the rural character of the area which is considered to give rise to an expectation that services may be less geographically accessible than in urban areas, it is considered that no new community pharmacy provider is required to meet the necessary pharmaceutical needs of this population. The needs of the locality are adequately met by providers outside of the locality given the rural nature and population demographics.

However, **improvement or better access** to these services might be afforded by better supporting the needs of the population for accurate and timely information about those pharmaceutical services that are available, particularly when and where they are available.

11.2.2.3 Locality S3: Norton and Billingham and S4: Stockton and Thornaby

There is a small population in the Clarences area of locality whose necessary pharmaceutical needs are considered to be adequately met by essential services that are located outside of their locality. **Improvement or better access** to these services might be afforded by better supporting their needs for information about those pharmaceutical services and where they are available. Patients suggested making better use of alternative opportunities to share resources about the services available e.g., signposting and advertising of opening times. Recognizing the need for transport to access these services, it is nevertheless considered that there is no need for additional providers.

The 100 hour pharmacies in S3: Norton and Billingham and S4: Stockton and Thornaby are necessary providers of core hours, particularly at evenings and weekends. The PCT would regard any reduction in their core opening hours as creating a gap in service and would wish to maintain the current level. The pattern of opening hours is adequate and the PCT does not wish to see any change in the pattern. There is also no need for additional 100-hour pharmacy contracts in NHS Stockton-on-Tees.

11.3 Statement of need: Pharmaceutical need for advanced services

11.3.1 NHS Stockton-on-Tees – all localities

11.3.1.1 Medicine use reviews (MURs)

Services to support people managing their medicines are pharmaceutical services which provide **improvement or better access** towards meeting the pharmaceutical needs of the population. There are no gaps in the current provision that require additional providers - other than the remaining potential which already exists within the existing pharmacy contractor base in NHS Stockton-on-Tees.

Further **improvement or better access** to these services might be afforded by

- Improving patients' knowledge about MURs
- Improving the selection of patients for MURs including continuation of a framework or guidance supported by the PCT; this could afford the flexibility to accommodate the different needs of patients in each Locality.
- Involving GPs in the plans to improve use/ target MURs and gain better concordance on their value
- Improving the quality of MURs undertaken (PCT to audit and plan improvement strategy
- Enhanced pharmacist training to improve support for patients with learning disabilities, or non-English language difficulties

11.3.1.2 Appliance use reviews (AURs)

AURs may provide **improvement or better access** for patients managing appliances. Whilst it is too early to judge the availability and access of these enhanced services with any certainty, it is not envisaged that existing providers will be unable to meet any need.

11.4 Statement of need: Pharmaceutical needs for enhanced services

11.4.1 Community pharmacy enhanced services currently commissioned in NHS Stockton-on-Tees

11.4.1.1 Emergency hormonal contraception (EHC)

There is a pharmaceutical need for women and young girls to be able to access EHC. For NHS Stockton-on-Tees this is considered a **necessary** service. Having regard to the current level of provision available from other NHS providers, the EHC enhanced service is also considered to be a pharmaceutical service that is **necessary** to be provided by community pharmacies in NHS Stockton-on-Tees. With the current level of accreditation of pharmacies and pharmacists across the Stockton-on-Tees localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met.

Based on likely future needs, at least the same number of pharmacies, pharmacists, and broad location of community pharmacy providers in NHS Stockton-on-Tees would need to be maintained in order to continue to meet this need - unless there is a substantial change in the alternative NHS provision, which would require the need for community pharmacy provision to be re-assessed.

It is considered that **improvement or better access** to EHC could be afforded by increasing the capacity of community pharmacy provision (number of premises and number of pharmacists accredited) beyond that currently provided. In particular, the commissioner should make best use of the opportunity to commission EHC from all 100 hour pharmacy providers and monitor by exception reporting the availability of EHC provision. The aim should be for almost all pharmacies to be in a position to offer EHC most of the time. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this.

11.4.1.2 Supervised self-administration of medicines for the treatment of drug- misusers.

There is a pharmaceutical need for this service which is considered to be **necessary** to meet the needs of the population of NHS Stockton-on-Tees. As there is no alternative provider, the community pharmacy enhanced service provision is also considered to be **necessary.** With the current level of need as assessed by the specialist commissioner and the current level of accreditation of pharmacies and pharmacists across the Stockton-on-Tees localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met.

For this need to continue to be met, at least the same number of supervised places and broad location of community pharmacy providers in NHS Stockton-on-Tees, would need to be maintained.

Improvement or better access to this service could be afforded by increasing the capacity of community pharmacy provision beyond that currently provided should the specialist commissioner consider that to be appropriate in response to future needs as periodically identified. In particular, the PCT should make better use of the opportunity to commission this service from all 100 hour pharmacy providers. Increased numbers of suitable providers builds capacity to support periodic breaks in service provision during the transition between pharmacist managers. More flexible accreditation processes could also support this. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this level of access. Specific service improvements through the existing enhanced service, for example to support the needs of those on short term prison leave in NHS Stockton-on-Tees, should be addressed through the review activity planned in 2011.

11.4.1.3 Needle exchange

There is a pharmaceutical need for this service which is considered to be **necessary** to meet the needs of the population of NHS Stockton-on-Tees. Having regard to the current level of provision available from other NHS providers the needle exchange enhanced service is also considered to be a pharmaceutical service that is **necessary** to be provided by community pharmacies in the localities of NHS Stockton-on-Tees. With the current level of accreditation of pharmacies and pharmacists across the localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met.

For this need to continue to be met, at least the same number of pharmacies, pharmacists, and broad location of community pharmacy providers in NHS Stockton-on-Tees, would need to be maintained, unless there is a substantial change in need identified by the specialist commissioner, and/ or provision from other NHS providers, which would require the need for community pharmacy provision to be re-assessed.

Improvement or better access to needle exchange could be afforded by increasing the capacity of community pharmacy provision (number of premises accredited) beyond that currently provided. In particular, the PCT should make best use of the opportunity to commission needle exchange from all 100 hour pharmacy providers in line with the specific needs assessment regularly undertaken by the specialist commissioner. However, it is will not be necessary to secure an additional pharmaceutical services provider should the existing provider be responsive to that identified need for improvement.

11.4.1.4 Stop smoking Service

High smoking prevalence in NHS Stockton-on-Tees suggests that there is a substantial public health need for this service. Having regard to the current level of provision available from other NHS providers in a clinic or workplace setting, the community pharmacy enhanced service provision is also considered to be **necessary** to meet the needs of the population of NHS Stockton-on-Tees.

Pharmacies are particularly necessary where access to prescribed pharmacological support is limited. Additionally, considering the frequency of contact and the overall patient experience, only a pharmacy can provide a true ‘one-stop’ facility. Having regard to the current level of need as assessed by the specialist commissioner and the current level of accreditation of pharmacies and pharmacists across both localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met. For this need to continue to be met, at least the same number of pharmacies and broad location of community pharmacy providers in NHS Stockton-on-Tees, would need to be maintained.

Improvement or better access to this service could be afforded by increasing the capacity of community pharmacy provision beyond that currently provided should the specialist commissioner consider that appropriate in response to future needs as periodically identified. In particular, the PCT should make better

use of the opportunity to commission this service from all 100 hour pharmacy providers. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this level of access.

Improvement or better access to the additional Tiers of service provision (such as services for pregnant women) are currently underway and have the flexibility in contracting to respond to the needs of the specialist commissioner as necessary.

11.4.1.5 Chlamydia screening

There is a public health need for a Chlamydia screening service which is necessary to meet the needs of the population of NHS Stockton-on-Tees.
Having regard to the current level of provision available from other NHS providers, the Chlamydia screening enhanced service is considered to be a **current** pharmaceutical service that provides **improvement or better access** to such a service in NHS Stockton-on-Tees. However, it is understood that the recently commissioned specialist NHS provider has identified that further **improvement or better access** to this service could be afforded by increasing the capacity of community pharmacy provision (number of premises accredited) beyond that currently provided. There is scope to achieve this with the existing pharmaceutical services providers should they be responsive to that identified need for improvement. It is considered that the service to the patient would benefit from a stronger association with EHC provision and the potential to provide treatment to those whose returned test is positive.

11.4.1.6 Stockton-on-Tees Emergency Eye Care Scheme

The SEECS is a facilitated dispensing scheme which enables patients to have a more straightforward treatment journey than they would otherwise have if they had to attend A&E or visit a GP to get a prescription after having had a consultation with a non-prescribing optometrist. Whilst this optometry service is commissioned, there is a pharmaceutical need for this service which thereby provides **improvement or better access** to the safe and secure pharmaceutical supply service for the medicines involved.

With the current level of need for around 400 consultations a year, and the current level of accreditation of pharmacies and pharmacists across both localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met. As the SEECS (optometry scheme) is under review, the community pharmacy provision will need to be responsive to the future needs of the service. It is anticipated that the pharmacies will be able to accommodate any change in demand for pharmacies to be accredited; previous expressions of interest have been positive.

11.4.1.7 Extended hours (Bank Holiday) directed service

There is a pharmaceutical need for essential services to be available on days when all normal pharmacy provision could be closed (e.g. Bank Holidays). The service is of increasing value as more general medical services / walk-in facilities become available in these extended hours periods. In the absence of any other provider, a minimum service is considered **necessary** to meet the needs of the population of NHS Stockton-on-Tees. With the current level of direction of pharmacies there is considered to be **no gap** in the provision of this

pharmaceutical service; the pharmaceutical needs of the population are met. However, as this service is relatively new so there is insufficient data at this point to review adequately or to predict future need with any certainty. If improvements could be made, an alternative source of provision via an LPS arrangement could also be considered with the same desired outcome of having an adequate service available on these particular days.

11.4.1.8 Pregnancy testing and C-card service

Teenage pregnancy rates are high in Stockton-on-Tees and the other PCTs on Teesside. There is a public health need for support services beyond EHC for young sexually active women who are at risk of pregnancy. Having regard to the current level of provision available from other providers (both NHS and wider provision including local authority and the voluntary sector) there is **not** considered to be a **gap** in provision. In Stockton-on-Tees, the currently provided pharmacy enhanced service developed in close collaboration with the local authority teenage pregnancy service, provides **improvement or better access** to such services. Maintenance of the existing service or any expansion will be determined by the specialist commissioner following performance review of the current service and availability of funding streams. Opportunities to expand provision of this service are already limited by the premises requirement for access to a public toilet.

11.4.2 Other relevant services - Community pharmacy enhanced services currently commissioned from pharmaceutical services providers in other PCTs of NHS Tees

11.4.3 On demand availability of specialist drugs (palliative care) service

There is a pharmaceutical need for patients to be able to access medicines with 'reasonable promptness'. This **necessary service** is included in the specification of the dispensing essential service. Medicines which are out of stock in a pharmacy on presentation of a prescription can usually be obtained from a pharmaceutical wholesaler within 24 hours and often less. [There has been a national problem with medicines supply in recent a year which are beyond control of community pharmacy but that is not the issue here].

In an End of Life Care (EoLC) situation, a patient's condition may deteriorate rapidly and the demands for medicines change in a way which is less easily planned. Gold standard pathways for EoLC should reduce the frequency for urgent access to those medicines frequently used at this time [23]. However not all eventualities can be planned for. It is considered to be a **necessary** pharmaceutical service that information is available to health professionals supporting patients on which pharmacies are most likely to be able to dispense the required prescribed medicines with the usual opening hours of community pharmacy (which of course now also covers parts of the 'out of hours' period after 6.30 pm weekdays and at weekends. The facility for pharmacies to signpost is included in essential services; commissioners are required to

maintain the information required and to promote the mechanism of access to that information.

Additionally, it is considered that **improvement or better access** to the availability of those medicines is afforded by commissioning selected community pharmacies to maintain a suitable stock list of medicines. Due consideration should be given to review the potential for **improvement or better urgent access** to medicines required for prophylaxis of meningitis This is service is Financial resource has been secured to progress the establishment of this enhanced service across NHS Tees PCTs within six months. Adequate resource to maintain the accuracy and availability of the information element of this pharmaceutical need, which would include signposting by other community pharmacies, is essential.

11.5 Other relevant services and other NHS services: community pharmacy enhanced services not currently commissioned from pharmaceutical services providers in NHS Stockton-on-Tees or other PCTs of NHS Tees

11.5.1 Minor ailments service

11.5.1.1 Hay fever scheme (limited minor ailments service[10])

The hay fever scheme operates as most 'minor ailments' services: a patient either self-refers or is referred (for example by a general practice) for a consultation with a member of suitably trained pharmacy staff on specific minor ailments or conditions. Patients who require a medicine may be supplied in accordance with a local protocol and formulary for that condition. It is of particular value to those who do not pay for their prescriptions, who are able to sign a declaration to access these medicines free under the scheme. It also offers choice and is more convenient, offering a 'one-stop' service.

Hay fever is one example of several minor conditions that may be treated in this way and NHS Redcar and Cleveland has operated an enhanced service for this seasonal condition. Hartlepool PCT and Stockton-on-Tees PCT have also had a broader Minor Ailments service in the past, both now de-commissioned. Scotland has operated the Minor Ailments Service (MAS) as an Essential service since 2006.

There is a pharmaceutical need for patients to access advice and support regarding self care for minor ailments and this **necessary service** element is included as an essential service already. All patients can also access advice and medicines (free if patients do not pay for prescriptions) for minor ailments via a general practice – and there is now an increased level of access to GP appointments afforded by new practices offering extended hours and walk-in services. Having regard for this circumstance, it is therefore **not necessary** for a Hay Fever or general Minor Ailments pharmaceutical service to be provided to meet the needs of the population of NHS Stockton-on-Tees.

[10] Although a full Minor Ailments service is **not currently** commissioned in NHS Stockton-on-Tees or NHS Tees, the needs for such as service is incorporated under this heading for simplicity

However, where a medicine is required, those who pay for prescriptions and can afford to choose to do so can purchase over the counter products from a pharmacy. This creates a two-tier system; it is more inconvenient for patients and may increase ill-health with the opportunity cost of failure to treat a condition in a timely way. Patients may first visit a pharmacy, find they cannot afford to purchase a medicine and then either need to access a general practice and then a pharmacy again to dispense a prescription, or just leave a condition to worsen. A Minor Ailment service avoids the need for this vulnerable group to make an appointment with a GP just to access such medicines for free. Additionally, it also makes better use of professional time with pharmacists being responsible for managing minor conditions and leaving general practices, including walk-in facilities, to deal with more appropriate conditions, including those triaged by the MAS and offered an enhanced referral into general practice where required.

A minor ailment service could reduce prescription waste medicines by carefully controlling quantities supplied, may reduce the prescription of antibiotics by careful triage and is claimed to free up general practice time. However, MAS enhanced services have been subject to abuse and must be carefully specified, monitored, maintained and managed by the commissioner if they are to provide best value. Medicines issued (free to patients) as part of the scheme incur VAT which is not due on prescription medicines and direct fees to pharmacies are also incurred that are not directly paid to general practice.

A national minor ailments service has been discussed but not yet commissioned. Positive endorsement of the Redcar and Cleveland hay fever service and the previous Hartlepool MAS, by both patients and professionals, suggest that the potential to commission a local enhanced minor ailments service across the four PCTs of NHS should be carefully reviewed. A minor ailment service was also viewed positively by respondents to the patient survey and endorsed by the LPC in the PNA consultation response. It is considered that this service could offer substantial **improvement or better access** to this pharmaceutical service for particular conditions and perhaps in specific locations where the needs of the population are greatest. It is a condition of potential future commissioning of a local minor ailment service that adequate resource (financial and human) to support the level of accreditation and contract management required is identified and maintained to facilitate a safe and effective service.

11.5.2 Anticoagulant monitoring service

International normalized ratio (INR) monitoring for patients undergoing anticoagulation is a necessary service. Having regard to the current level of provision available from other NHS providers (general practice or the acute sector) there is **not** considered to be a **gap** in provision. It is not considered that a community pharmacy enhanced service is required to meet the current pharmaceutical needs, or likely future needs, of the population of Stockton-on-Tees.

11.5.3 Care home service

The provision of advice to care homes on safe and secure management of medicines is a **necessary** pharmaceutical service. NHS provision of this service is currently delivered by a commissioned service provided a commissioning support organisation. Some local authorities have commissioned services such as this directly. Having regard to the current level of provision available from other NHS providers there is considered to be **no gap** in provision of this service based on current or likely future needs, whilst these services remain in place. It is noted that NHS provision is supplemented to various degrees by the private (non-NHS funded services) offered by many community pharmacies.

11.5.4 Disease specific medicines management service

Having regard to current NHS provision to support patients with long term conditions it is considered that the pharmaceutical needs of patients are met. However, should commissioners elect to commission in the future, it is considered that there could be **improvement or better access** to pharmaceutical services to support the management of patients with specific disease conditions. Initially, better use should be made of opportunities to support these groups of patients through advanced services. Patient engagement highlighted support for pharmacists involvement in long term conditions. An evidence-based review of the potential contribution pharmaceutical services can and do make to the management of long term conditions would support future commissioning strategies.

11.5.5 Gluten free food supply service

Gluten free foods are currently supplied to patients via NHS prescription. Having regard to this, it is not considered that any commissioned community pharmacy enhanced service is required to meet the pharmaceutical need for access to gluten free foods. However, should a CCG elect to commission, it is considered that **improvement or better access** to these products could be afforded in relation to the management of specific products, timely supply, choice and convenience of not having to access a prescription.

11.5.6 Home delivery service

There is no NHS service for home delivery of medicines other than highly specialist products (such as certain dialysis fluids). The substantial provision of privately operated prescription collection and delivery services by virtually all community pharmacies is acknowledged. Patients regard these services highly but they are not without issue. It is not considered that there is any requirement for an NHS home delivery service in Stockton-on-Tees to meet the pharmaceutical needs of patients or carers.

11.5.7 Language access service

NHS England commissions a language access service offering face to face and telephone translation and interpreting services to support primary care patients, for example patients at the Arrival practice. However, a patients' need for language support does not end when a medical consultation is over and there would appear to be anecdotal evidence of a need to improve signposting

information available for the commissioned language access service to improve support for patients accessing community pharmacy services. Consideration could be given to establishing 'train the trainer' initiatives with language access teams to support the need for pharmaceutical advice and other services such as MURs.

11.5.8 Medication review service

The provision of a full Medication Review service, with access to full patient records, is a **necessary** pharmaceutical service. NHS provision of this service is currently delivered by general practices themselves and a commissioned pharmaceutical service provided service of the PCT. Having regard to the current level of provision available from other NHS providers there is considered to be **no gap** in provision of this service based on current or likely future needs, whilst these services remain in place.

11.5.9 Medicines assessment and compliance support service

The requirement to assess the needs of patients and to provide (with reasonable adjustment) support for them to be able manage their dispensed medicines is covered by the Disability Discrimination Act (DDA) and incorporated into the dispensing essential service for community pharmacy. All professionals have a duty to meet their obligations under the Act but difficulties in interpretation and understanding of these obligations do exist.

Particular problems arise when services are inadequately provided for patients discharged from hospital into the care of the general practice and community pharmacy. Poor communication around patients provided with compliance support is also recognized difficulty. It is important to recognise the limitations of provision made under DDA and the essential service and to support community pharmacy and general practice to make best use of this service and the information flows related to it. However, this is a very complicated issue and but it is recognised that there are many agencies involved in the management of patients who may (or may not) have a specific need for compliance support. Having regard to all the NHS and associated services, it is considered that **improvement or better access** to such pharmaceutical services could be realised should the any agencies, elect to commission for service improvement.

11.5.10 Out of hours services

Access to medicines in the Out of Hours period is the responsibility of the NHS commissioned Out of Hours provider. Having regard to this responsibility, **no gaps** are identified with regard to this pharmaceutical service. [11]

[11] For completeness, it is noted that the commissioned 'Extended hours – Bank Holiday (directed) enhanced service may sometimes by referred to as an 'out of hours' service as this by necessity operates at hours (or on days) where a standard 'in-hours' service is not routinely available.

11.5.11 Patient Group Direction Service (other than EHC)

The use of a patient group direction service is dependent on the legal classification of medicines which might usefully be supplied from a pharmacy without the need for a prescription. This pharmaceutical need is therefore specific to a given drug or drugs that might be identified in future as suitable for supply in this way. The PNA identifies the potential for **improvement or better access** to varenicline via PGD in community pharmacy associated with the locally commissioned stop smoking service.

11.5.12 Prescriber support service

The provision of a Prescriber Support Service is a **necessary** pharmaceutical service. NHS provision of this service is currently either a directly provided service of CCGs or provide by a commissioning support organisation. Having regard to the current level of provision available there is considered to be **no gap** in provision of this service based on current or likely future needs whilst the level of these provided services remain in place.

11.5.13 Schools service

Limited pharmaceutical advice and support to schools is currently delivered via the School Nursing service with support from a directly provided pharmaceutical advice function from the Community Services function in which they are hosted. Having regard to the current level of provision available there is considered to be **no gap** in provision of this service based on current or likely future needs whilst these services remain in place. Changes to current status quo to quote

11.5.14 Other screening service

The opportunities for health screening in community pharmacy are many and varied. Where NHS screening services already exist, current community pharmacy providers may be well placed to provide **improvement or better access** to several screening opportunities should the commissioner elect to explore those opportunities. In particular a successful pharmacy based service for Hepatitis C and B screening has been promoted by the hepatitis trust. The patient engagement survey indicated broad support for screening services to be available by community pharmacies

11.5.15 Supplementary prescribing service

Opportunities for pharmacies to prescribe for minor ailments and conditions or to operate specialist clinic services such as for INR monitoring, stop smoking, or services for drug users could be explored with a view to a strategic plan for pharmacists to consider training as supplementary or independent prescribers.

11.5.16 Other services

Pharmacies are permitted to exclude difficult patients from their premises however there is no equivalent to the GP specialist service that takes on violent or difficult patients. This could mean that a patient is excluded from pharmacy services. The option to commission such a specialist service could be explored.

12.0 Exempt applications

This section concerns the provision of pharmaceutical services through community pharmacy contracts resulting from applications meeting the exemptions to the reformed regulatory test (Control of Entry) that were introduced in 2005. All exempted pharmacies must provide the full range of essential services under the Community Pharmacy Contractual Framework.

The opportunity was created for PCTs to specify which if any of the Directed services it required for each of the first three exempt categories of pharmacy (either by locality or by exemption type or by both) to provide. Only those local enhanced services included in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 were permitted.

NHS Stockton-on-Tees determined to specify the range of locally enhanced/directed services that pharmacies using the same exemption would be required to provide, at the PCTs request. Such pharmacies must be prepared to offer these services from the day they are admitted to the pharmaceutical list, until 3 years after opening if they are asked to do so; not all of these services are currently commissioned.

As these exemptions were removed in 2013, only those pharmacies that were approved for admission to the pharmaceutical list via an exemption between publication of this PNA in 2011 and the end of that exemption would be affected by this requirement.

Table 36 lists the advanced and local enhanced services specified to apply to all three exemption categories. Pharmacies must be considered to be delivering the full range of essential services and have completed all accreditation processes before any service will be commissioned. The PCT, and now NHS England, reserves the right not to commission any of these services in any given location.

Advanced Services
Medicines Use Review and Prescription Intervention Service*
Enhanced Services
Anticoagulant Monitoring Service
Care Home Service
Disease Specific Medicines Management Service (including the Middlesbrough Emergency Eye Care Scheme)*
Gluten Free Food Supply
Home Delivery Service
Language Access Service
Medication Review Service
Medicines Assessment and Compliance Support Service
Minor Ailment Scheme*(only includes a limited Hay Fever scheme in NHS Redcar and Cleveland)
Needle and Syringe Exchange Scheme*
On Demand Availability of Specialist Drugs Service*
Out of Hours Services (including the currently commissioned 'Extended Hours (Bank Holidays and Sundays in East Cleveland) Directed service for NHS Tees
Patient Group Direction Services*

Prescriber Support Service
Schools Service
Screening Service (Chlamydia and CVD)*
Stop Smoking Service*
Supervised Self-Administration Service*
Supplementary Prescribing Service

Table 36. Advanced and local enhanced services required to be provided by contractors in any exempt category (except internet), at the request of (NHS England) previously the PCT. Services marked with a star* indicate those services that Stockton-on-Tees currently commissioned, or there were plans to commission within the next year from at least one pharmacy on NHS Tees (correct at January 2011).

13.0 Conclusions

Pharmacy services are generally considered to be well located and very easy to access. Taking into account all the data provided, presented and considered the availability and variety of pharmaceutical services in the area of NHS Stockton-on-Tees, it is evident that there is adequate current provision in terms of numbers of outlets, and their general location for pharmaceutical services. The PCT also considers that there is reasonable choice of both provider and services available to the resident and visiting population of both localities of Stockton-on-Tees. However, improvements can be made to support better access to current services and those that might be commissioned in the future.

The Statement of Pharmaceutical Need (section 11) presents the main conclusions from this and the Executive Summary covers a broader view. However, there are some additional broad conclusions that should also be acknowledged arising from this assessment.

1. It is important to invest effort and resource to work with existing providers to ensure that the highest standards of quality and value for money and the optimum range of all services are delivered. This requires the commissioners to recognize the value of maintaining and improving contract specifications, standards and audit and performance monitoring opportunities (including the national contract) and national competency standards such as those for public health.

2. Public and professional access to accurate and timely information on pharmacy opening hours, services and location could be improved.

3. Commissioners should seek to ensure maximum delivery of services currently provided via the contractual framework and enable primary care as a whole to benefit from adequate support to deliver the Electronic Prescription Service (EPS).

4. There is significant scope for improvement in the promotion and use of the essential services of the pharmaceutical services contract, including repeat dispensing. This PNA could be used to raise awareness of commissioning opportunities afforded by the community pharmacy contract (e.g., for brief

advice, signposting, public health campaigns, that are already funded centrally).

5. Commissioners should ensure that pharmacies have access to suitable accurate information to enable signposting to the next nearest open pharmacy when they are closed, either over lunch, in un-planned circumstances, or at the ends of the day. Contractual requirements to display information could be enforced.

6. It is considered that the availability and purpose of the high quality consultation facilities could be better promoted to the general public.

7. There is scope for improvement in the delivery of the advanced services of the PhS contract, including patient selection, case finding, and feedback to prescribers.

8. There is scope for improvement or better access to existing pharmacy enhanced services. Better use could be made of the hours available to deliver a comprehensive range of enhanced services from 100 hour pharmacies. However, it is important to be assured that this increased choice and access during the extended hours is not achieved at the expense of the individual in more peripheral communities as a result of a reduction in existing providers. Community–based pharmaceutical services are highly valued.

9. The on-going potential for improvements in delivering public health messages and or services through Healthy Living Pharmacies should be further.

10. A formal review of the remaining rural areas of NHS Stockton-on-Tees not covered by the recent review of Wynyard would be pragmatic.

14.0 Acknowledgements

Members of the PNA working group wish to acknowledge the contribution made by all of those who have been involved with the development of this PNA, including formal members of Steering and Working Groups and those who have informally helped, often at short notice, at any stage of the project.

15.0 Glossary of Terms to be updated

Abbreviation	Explanation
ACT	Accredited Checking Technician
AUR	Appliance Use Review
CASH	Contraception and Sexual Health (Clinic)
CCA	Company Chemists Association
CHD	Coronary Heart Disease
CIAMS	Commissioner Investment and Asset Management Strategy
CPNx	Needle Exchange
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DH	Department of Health
DDA	Disability Discrimination Act
DRUMs	Dispensing Reviews of Use of Medicines
DT CSP	Durham and Tees Chlamydia Screening Programme,
EHC	Emergency Hormonal Contraception
EOHC	Emergency Oral Hormonal Contraception
EoLC	End of Life Care
ePACT	Electronic Prescribing Analysis and Cost
EPS	Electronic Prescription Service
FP10	Prescriptions to be dispensed in community pharmacies or by dispensing doctors for medicine available under the NHS
FP10 MDA	Prescriptions used for installment dispensing of certain controlled drugs.
FSM	Free School Meals
GP	General Practitioner
GSL	General Sales List medicine
ID	Indices of Deprivation
IMD	Index of Multiple Deprivation
JET	Joint Executive Team
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Service (GP)
LINks	Local Involvement Networks
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
MAS	Minor Ailment Scheme
MRCCS	Middlesbrough, Redcar and Cleveland Community Services
MUR	Medicines Use Review
NEFHSA	North East Family Health Services Agency
NHS	National Health Service
NRT	Nicotine Replacement Therapy
OA	Output Area
OAC	Output Area Classification
OFT	Office of Fair Trading
ONS	Office of National Statistics
OOH	Out of Hours

OTC	Over the counter
P	Pharmacy only medicine
PALs	Patient Advice and Liaison Service
PCT	Primary Care Trust
POM	Prescription Only Medicine
PGD	Patient Group Direction
PhS	national Community Pharmacy (Pharmaceutical Services) Contract
(PhwSI)	Pharmacist with a Special Interest
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SEECS	Stockton Emergency Eye Care Scheme
SOAs	Super Output Areas
SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
WCC	World Class Commissioning

16.0 List of Appendices

APPENDIX 1. Members of PNA Steering Group and Working Group

APPENDIX 2. Community Pharmacy Baseline Data Collection

APPENDIX 3. Consultation and Engagement Plan

APPENDIX 4. Stakeholder Survey

4a Copy of blank document

4b Summary of Results of Stakeholder Survey

APPENDIX 5. Patient Survey: copy of blank document

APPENDIX 6. Consultation

6a Framework (questions) document

6b Report of response to consultation

(to be included in final document after consultation)

APPENDIX 7. Pharmacies in NHS Stockton-on-Tees and other PCTs of NHS Tees.

APPENDIX 8. Enhanced services provided by pharmacies in NHS Stockton-on-Tees.

APPENDIX 9. Distances between pharmacies in NHS Stockton-on-Tees.

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