

Pharmaceutical Needs Assessment

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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 draft document for consultation according to our statutory duty under the Health and Social Care Act 2012. We hope you will find it a useful basis for planning, development and commissioning of pharmaceutical services according to the needs of Stockton Borough.

Signatures required before publication

Jim Beall
Chair, Health and Wellbeing Board

Signatures required before publication

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. A summary of key Regulations and Guidance related to pharmaceutical services and the PNA process is included at Appendix 1.

Just as the JSNA (Joint Strategic Needs Assessment) is the means by which local commissioners describe the health, 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 will be used in parallel for future 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, a draft PNA was published and made available for the statutory 60-day consultation period. Responses to the consultation were reviewed to inform the final Hartlepool due to be published by 1st April 2015.

For the avoidance of doubt, “pharmaceutical services” are defined in PART 2 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as the 2013 Regulations). Regulation 3(2) states:

2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are 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;

(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).

A full description of what this Regulation means in terms of pharmaceutical services is included in section 2.2 of the PNA, but at this stage note

- NHSCB (which abbreviates NHS Commissioning Board and is now known as NHS England) is that part of the NHS which holds the national contracts for all primary care contractors i.e. dentists, optometrists, general practices and in this case pharmacy contractors
- this definition of pharmaceutical services does 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 any gaps in provision.

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 notification to NHS England of any discrepancies 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 where applicable), 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 (Pharmacy Voice, 2014) every year. Less than one third - 31% - are aware pharmacies can, and do, advise on living healthily.

Pharmaceutical needs outlined in section 10.0 are incorporated into the specific Statements of Need for Pharmaceutical Services in section 11.0, 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. Access including choice is often within substantially less distance than this.
- Even in the less populated or more rural areas, distances to the nearest pharmacy are relatively small; a pharmacy in a neighbouring locality or HWB area may be closest. Alongside several other new pharmacies that have opened since the Stockton on Tees 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'.
- Services are available seven days a week in three localities S1: Yarm and Area, S3: Norton and Billingham and S4: Stockton and Thornaby.
- the HWB considers that there is sufficient choice of both provider and services available to the resident and visiting population of all localities of Hartlepool including the days on which and times at which these services are provided.
- In 2011, the number of community pharmacy providers of pharmaceutical services, the general location in which the services were provided, and the range of hours of availability of those services were assessed as necessary to meet the pharmaceutical needs for essential services in NHS Stockton on Tees, particularly those core hours before 9 am, after 6pm and at weekends. Following this needs assessment, all these pharmacies are still necessary to meet the pharmaceutical needs of the population.
- In addition
 - in 2011, there were no pharmacies in S2: Stockton Parishes locality – a rural area. The PNA had not identified a gap in pharmaceutical services at Wynyard; the NHS Litigation Authority approved the application to open a pharmacy there on Appeal. The new pharmacy (now opened) therefore provides improved access and additional choice to patients/ public in locality S2: Stockton Parishes.
 - similarly, the PNA had not identified a need for a new provider of pharmaceutical services in each of the other localities that now have additional 100 hours per week provision. The new pharmacies have provided improved access and additional choice to patients/ public in areas where there was already choice of both provider and pharmaceutical services.
 - the additional pharmacy that opened under the 100 hour exemption in S1: Yarm and Area locality has covered the gap or potential improvement identified in opening hours on evenings, lunchtimes and weekends. This locality did not previously have a pharmacy open for 100 hours a week. The new addition has

therefore improved the availability of core hours on a weekend, extended the earliest or latest times that pharmaceutical services are available from any pharmacy, any day of the week in the S1 locality. This is most notable on a Sunday and now this is established, this service is also considered necessary to meet the needs of the population in this area.

- the pharmacies open for 100 hours per week all provide a substantial contribution to opening hours stability and the HWB would not wish to see any of their opening times altered or reduced.
- Following this assessment, the HWB has considered that 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 are necessary to meet the current and likely future pharmaceutical needs for Essential services in all localities of the Hartlepool HWB area. The dimensions of the existing service provision described above are also considered to meet the need in all localities, other than where described below.
- Some providers of pharmaceutical services outside the HWB area provide improvement and or better access in terms of choice of services, but these are not necessary services i.e. there is no gap in service that could not be met from pharmacies located within the HWB area.
- Having regard to all the relevant factors, there are no current gaps in provision of necessary pharmaceutical services or other relevant services that could not be addressed through the existing contractors and no likely future needs have been identified that could not also be similarly addressed. There is therefore no current or known future need for any new pharmacy contractor or appliance contractor provider of pharmaceutical services in Stockton-on Tees.
- 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 associated 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.

- 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.

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
- antiviral distribution systems must be available in the event of a pandemic. NHS England may choose to use pharmacy or non-pharmacy providers but some planned service availability is necessary to meet the needs of the population of Stockton-on-Tees.
- 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 being established, existing pharmacies will be able to meet future demand
- the current locally commissioned pharmacy-based Chlamydia screening service is considered to provide a necessary service in Stockton-on-Tees. It is understood that further improvement or better access to this service could be afforded by investing in an improved service pathway for this service
- Stockton Emergency Eye Care Scheme is an optometry service with facilitated dispensing 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. There is no gap in provision.
- 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 service which provides improvement or better access for patients; 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
- the NHS England pilot service for Pharmacy Emergency Repeat Medicines Supply Service in the traditional 'out of hours' period is considered to offer improvement or better access to pharmaceutical services
- there was substantial endorsement by patients and stakeholders of the potential value of a 'Pharmacy First service in Stockton on Tees and the wider Tees area; Darlington already operates a MAS. Taking everything into account, in the current climate, it is now considered that a 'Pharmacy First' or similar 'minor ailments' service is a necessary pharmaceutical service for at least some conditions and/ or some locations/ times/ days where the needs of the population are greatest in Stockton on Tees. At the time of the draft document,

there was no currently commissioned service so this was therefore identified as a gap in provision. This does not require any new pharmacy premises, but a newly commissioned service whose scope may be determined. A pilot Seasonal Ailments Service, an example of such a service, operating for 3 months to 31st March is now currently commissioned by the CCG.

- several other pharmaceutical services have been identified in section 11.6 as having the potential to provide improvement or better access to pharmaceutical services now or in the future should a commissioner elect to commission them

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 within the regulated time period.

The Needs Assessment indicates that a formal review of controlled localities of the Stockton-on-Tees HWB area 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.legislation.gov.uk/uksi/2010/914/contents/made>.

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) (Department of Health, 2005) - hereafter referred to as the 2005 Regulations - defined 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 Regulation 3(2) defines pharmaceutical services as 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;
- (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 definition requires further expansion or explanation in several areas as follows:

- NHSCB (which abbreviates NHS Commissioning Board and is now known as NHS England) is that part of the NHS which holds the national contracts for all primary care contractors i.e. dentists, optometrists, general practices and in this case pharmacy contractors
- NHS England therefore hold, and are required to publish, the pharmaceutical list. ‘Persons’ on the pharmaceutical list includes community pharmacies and dispensing appliance contractors;
 - *pharmacy contractors* (healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use)

- *dispensing appliance contractors* (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). They cannot supply medicines.
- pharmaceutical services provided by those on a pharmaceutical list would mean all the 'core' contracted services under the national (PhS) contract and known as essential services for pharmacy contractors and also the essential services for DACs (see section 3.4)
- including directed services means this also includes the advanced and enhanced services of PhS for pharmacy contractors and advanced services for dispensing appliance contractors (see section 3.4); noting that 'enhanced' services can only be commissioned by NHS England as they hold the national contract
- this definition of pharmaceutical services does 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 any gaps in provision; these services could be commissioned by NHS England on behalf of the other local commissioners should contracting arrangements change;
- there are two other types of pharmaceutical contractor - *dispensing doctors*, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities" (see section 6.2.9.2 and *local pharmaceutical services (LPS) contractors*¹ who provide a level of pharmaceutical services in some HWB areas.
- with the statement 'may be provided by NHSCB' there is some implication to include in the PNA reference to services that are provided by providers other than those on the pharmaceutical list but that NHSCB 'may' i.e. could provide (or commission) if they were minded to do so, or invited to do so on behalf of other local commissioners.

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

- **essential services** provided by PhS pharmacy contractors and those services currently set out in Directions, namely **advanced and enhanced services**, including any provision by **local pharmaceutical services (LPS) contractors**
- **essential services** provided by DACs and those **advanced services** currently set out in Directions
- the **dispensing** of drugs and appliances by a person on a **dispensing doctors** list as included in their pharmaceutical terms of service but **not**

¹ A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing

the other NHS services that may be provided under arrangements made by NHS England with a dispensing doctor i.e., Dispensing Reviews of Use of Medicines (DRUMs) are outside the definition of pharmaceutical services

whilst also having regard to other locally commissioned services (NHS or otherwise) where this may be relevant.

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 (Department of Health, 2010) introduced a statutory requirement for PCTs to publish a PNA.

The Health and Social Care Act 2012 (Department of Health, 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.legislation.gov.uk/ukxi/2013/349/contents/made>

The process of needs assessment is not new. The Joint Strategic Needs Assessment (JSNA) is the means by which local partners including CCGs and local authorities describe the health, 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 separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them (Department of Health, May 2013).

2.4 Who has produced it?

The PNA for Stockton-on-Tees has been prepared alongside the corresponding PNAs for Darlington, Hartlepool, Middlesbrough and Redcar and Cleveland (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 behalf. The TVPHSS have directed the process of producing the PNAs, leading a Steering Group 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 shown in **Error! Reference source not found.**

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.

2.5 How will it be made available?

The PNA will be published on the Tees Valley Public Health Shared Service website <http://www.teespublichealth.nhs.uk> 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.

2.6 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.

2.6.1 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 have been changes to the availability of pharmaceutical services since the publication of the PNA and
- the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the NHS Act 2006 (i.e. applications to open a new pharmacy, to relocate or to provide additional services); and
- the HWB

- is satisfied that making a revised PNA would be a disproportionate response to those changes or
- is in the course of making a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

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.

2.7 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 2012 (Department of Health, 2012) and continued in 2013 Regulations, PNAs became the basis for determining market entry to NHS pharmaceutical services provision. The NHS England Northern area team will 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* (Department of Health, 2008), 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. 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 program 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 continued as the 'current' assessment for Stockton-on-Tees 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. Publication of the final version of this PNA on or before 1st April 2015 will finally replace the PCT document.

Though expected in 2011 shortly after publication of the PNA, the regulations implementing the second clause introduced by SI2010/914, the PNA-based '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 (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

As noted above, the 2012 Regulations that governed pharmaceutical lists and applications to join the list (Department of Health, 2012) changed the basis of PCT decision-making. This ended the application of the 'control of entry test' based on neighbourhoods and the 'adequacy test' of the 'necessary or desirable' criteria. PNAs were now to form the basis for decision-making under new Market Entry condition. A considerable element of the basis for decisions using the previous Regulations had become based on case-law arising from the large number of Appeals to the NHS Litigation Authority (NHSLA) that this process generated.

These 2012 Regulations also removed 3 of the 4 exemptions to Control of Entry introduced in 2005, retaining only the 'distance selling' option.

The new categories of routine application to join the pharmaceutical list (i.e. open a new pharmacy under these Regulations) are:

- to meet current needs identified in PNA
- to meet future needs identified in PNA
- to provide for improvements or better access to pharmaceutical services as identified in the pharmaceutical needs assessment
- to provide for future improvements or better access to pharmaceutical services as identified in the pharmaceutical needs assessment
- or
- 'unforeseen benefits' applications seeking to provide for improvements or better access to pharmaceutical services that were not identified in the pharmaceutical needs assessment.

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 was introduced in April 2005. NHS England now commissions services from community pharmacies under this legislative framework. The contract provides three levels of pharmaceutical service - essential, advanced and enhanced.

This is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

The essential and advanced services have nationally agreed funding. Any 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.

The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the 2013 Regulations as the Terms of Service for NHS 'Chemists'. More accessible details of the requirements for each of the essential and advanced services can be found on the Pharmaceutical Services Negotiating Committee (PSNC) website: at <http://psnc.org.uk/contract-it/the-pharmacy-contract/>, <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 community pharmacy contract (PhS) 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 six essential services that every pharmacy must provide which form the basis of the contractual framework for community pharmacy. These are dispensing, repeat dispensing, disposal of waste medicines, support for self-care, public health and signposting. All these services are provided under a

clinical governance framework, also set out in the Terms of Service, which includes clinical audit and information governance requirements. 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

Community pharmacy advanced and enhanced services are collectively 'directed services' as their specifications are included in 'Directions' to the Regulations'. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 (Department of Health, 2005) first established the framework for some advanced services which may only be provided by community pharmacy contractors and dispensing appliance contractors who can provide accreditation as necessary. Accreditation may include both premises (a private consultation area that meets the required standards) and personal standards. Currently there are four advanced services; Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which are also for dispensing appliance contractors. Following several changes and updates, these services are now specified in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) (Department of Health, March 2013), (Department of Health, December, 2013).

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. The Prescription Intervention Service is broadly similar; the intervention is triggered by or identified in relation to a particular prescription.

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) and from 1st April 2015 at least 70% (currently half) of these must be carried out with patients whose medicine(s), or circumstances, are listed in one or more of the national target groups set out in Schedule 1 to the Directions. From 1st January 2015 these groups are

- those prescribed certain 'high risk' medicines (non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulants (including low molecular weight heparin), antiplatelets, diuretics)
- patients with respiratory disease
- patient's recently discharged from hospital whose medicines were changes while they were in hospital

and the newest target group agreed in September 2014

- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

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

The Pharmaceutical Services (Advanced Services) (Appliances) (England) Directions 2009 introduced two new Advanced services: Appliance Use Review Service and Stoma Appliance Customisation Service which commenced in April 2010 as part of revised arrangements for the supply of appliances [10]. These services are also now specified in the 2013 Directions (Department of Health, December, 2013)

Pharmacy contractors or dispensing appliance contractors (DACs) may provide the services if they are compliant with the essential service elements of their contract, have appropriate premises and suitably trained, accredited pharmacists or specialist nurses working on behalf of the contractor that dispensed the appliance. It is permitted to conduct AURs at the patient's home or at the contractor's premises.

Similar to an MUR for certain 'specified appliances' such as stoma or urology appliances, the AUR service is intended to improve the patient's knowledge and use of their appliance(s). The maximum number of AUR services for which a pharmacy contractor or an appliance contractor is eligible for payment in any financial year is not more than 1/35th of the aggregate number of specified appliances dispensed during that financial year by the contractor.

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. The underlying purpose of a stoma appliance customisation service is to ensure the proper use and comfortable fitting of the stoma appliance and improve the duration of usage of the appliance, thereby reducing wastage.

3.4.3.3 New Medicine Service

The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The underlying purpose of the 'New Medicine Service' (NMS) advanced service is to promote the health and wellbeing of patients prescribed with new medicines for long term conditions, in order to help reduce symptoms and long term complications, and (in particular by intervention post dispensing) to help identification of problems with management of the condition and the need for further information or support. Furthermore, the NMS is intended to help the patients with long term conditions

- (i) make informed choices about their care,
- (ii) self-manage their long term conditions,
- (iii) adhere to agreed treatment programmes, and
- (iv) make appropriate life style changes.

The service is split into three stages of patient engagement, intervention and follow up. There are specific conditions/therapies included in the NMS which are:

- asthma and COPD
- diabetes (Type 2)
- antiplatelet / anticoagulant therapy
- hypertension.

For each therapy area/condition, a list of medicines has been published; a patient must be prescribed one of these medicines for one of these conditions for an NMS intervention to be applicable according to the specification (Prescription Services Negotiating Committee, 2014).

3.4.4 Community Pharmacy Enhanced Services

As well as the nationally specified and nationally funded essential and advanced services which persons on a pharmaceutical list may provide, some services may be developed, commissioned and funded locally. Prior to the major changes to the NHS architecture in England introduced in April 2013, all of these local services were known as community pharmacy enhanced services. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 (as amended) authorised PCTs to arrange for the provision of several enhanced services, should that PCT elect to commission them. Pharmacies could be commissioned from either within, or outside, the NHS Stockton-on-Tees area to provide these services to the PCT's population.

These Directions are now replaced by the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (Department of Health, March 2013) (as amended). Locally contracted services may now only be known as enhanced services if they are commissioned by NHS England i.e. by the Area Team which holds the national PhS contract with a pharmacy contractor "*in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by health and wellbeing boards (HWBs) thereafter*". The following list shows the enhanced services included in these Directions:

- 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
- Independent or Supplementary Prescribing Service
- Emergency Supply Service

3.4.4.1 Locally Commissioned Community Pharmacy Services (not enhanced services)

Community pharmacy services, like NHS enhanced services, may be developed, commissioned and funded locally by other commissioners such as CCGs or local authorities. Where they are not contracted by NHS England and thereby not associated with a community pharmacy national PhS contract they are no longer 'pharmaceutical services' in the context of the PNA. However, the existence of these contracted services does have implications for meeting identified needs for pharmaceutical services in a given area and are therefore it is essential that they are referenced and included in the PNA.

3.5 Terms of Service for Appliance Contractors (DACs) and Dispensing Doctor practices

Just as the Terms of Service for community pharmacy contractors are included in Schedule 4 of the 2013 Regulations, so are the Terms of Service for the Essential and Advanced Services for DACs and Dispensing doctors described in Schedules 5 and 6 respectively.

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 (see Appendix 2).

The aim of the PNA Steering and Working Groups 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 2013, working with local public health teams and preparing initial papers for the HWB structures in each of the five areas. Local authority Champions were identified early in 2014 and the first meeting of the PNA Steering and Working groups took place in June 2014. The PNA development action plan was used to monitor progress throughout at Board level, 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 (NHS Employers, 2009), 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/>.

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 2013 Regulations (regulation 4(1) Schedule 1 paragraph 6(1)) 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).** Electoral wards are the key building block of United Kingdom administrative geography, being the spatial units used to elect local government councillors in England (Office for National Statistics (ONS), n.d.). 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 (Communities and Local Government, 2010) 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 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 the Stockton-on-Tees HWB area is described in reasonable detail, together with relevant data sources in the JSNA or from other public health datasets/ resources which enable the different needs of people in the area who share a protected characteristic to be assessed.

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. The LPC (as host of the PharmOutcomes platform locally) were able to view the template prior to going live and supported the process of encouraging contractors to respond.

Pharmaceutical list information was not pre-populated in the document, nor were pharmacies required to enter it which may introduce errors. The NHS England list was provided via hyperlink for contractors to view and validate by declaration.

A transcription of the electronic Data Collection document into paper format is included as Appendix 3. It was considered that a 100% return was required from contractors to ensure that the most complete picture of pharmaceutical

services provision was available. However, at the time of finalizing the draft an incomplete response (39; 95%) 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 (DACs)

NHS England provided information on DACs. There are none of the above located within Stockton-on-Tees or in the Durham Darlington Tees (DDT) Area of NHS England.

4.2.6 Dispensing practices

There is one dispensing (doctor) practice in Stockton-on-Tees in Stillington. Information relating to dispensing patient list sizes was obtained from NHS England DDT area Team. 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 contractor lists was obtained from records held by NHS England DDT area Team. Opening hours were checked via NHS Choices as this information is not held centrally by NHS England.

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, the Borough of Stockton-on-Tees does not have any such areas.

4.3 Consultation and Engagement

It is important that the PNA process includes, and has reference to, patient experience data, such as the views of patients, carers, the public and other local stakeholders, on their current experiences of pharmaceutical services and their aspirations for the future. In addition to this engagement activity, HWBs are also required to consult on a draft of their PNA for a minimum period of 60 days. A summary of the communication, engagement and consultation processes undertaken by Stockton-on-Tees HWB is included as Appendix 4. Appendix 7 specifically covers the formal consultation including HWB response to comments made.

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 understanding of stakeholder views on what might be done to improve quality, access or experience of pharmaceutical services available now
- to improve our understanding 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 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 later 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 **Error! Reference source not found.**

To improve access to the survey via an on-line facility and to support data analysis, an electronic version of the survey was created which was hosted by Darlington Borough Council for all five of the unitary local authorities in the Tees Valley. The option to complete a hard copy version was 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 paper version of the Stakeholder Survey is included as **Error! Reference source not found.**

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 **Error! Reference source not found..**

4.3.1.3 Existing patient experience data

The potential value of the community pharmacy returns from their annual Community Pharmacy Patient Questionnaire (CPPQ) 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 2013 Regulations state that HWBs are required to consult on a draft of their PNA during its development (PART 2 regulation 8) and this consultation must last for a minimum of 60 days. The minimum 60 day consultation starts on the day that the list of consultees are served with a draft. For the purposes of paragraph 4 of regulation 8, a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation. Regulation 8 lists 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 4.

Stockton-on-Tees HWB undertook formal consultation on the draft PNA commencing 31st October 2014 and concluding 16th January 2015. Existing LA processes were used to raise awareness of the consultation process, availability of copies of the PNA and the consultation reply form. To guide

consultation responses, a standard set of questions were developed by the TVPHSS, adapted at 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 8.6.2 of the final document, with a copy of the consultation questions and the full consultation report included as Appendix 7.

5.0 Approval

The final PNA for Stockton-on-Tees HWB will be approved in February 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 of the five HWB areas in the Tees Valley overlaid on a map to illustrate how Stockton-on-Tees is positioned geographically in relation to the others. The Stockton-on-Tees HWB area shares a part of its boundary with each of the other four Tees valley areas; Hartlepool to the north, Darlington to the west and both Middlesbrough and Redcar and Cleveland to the east. To the north-west the Borough is bordered by County Durham and to the south by the 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.

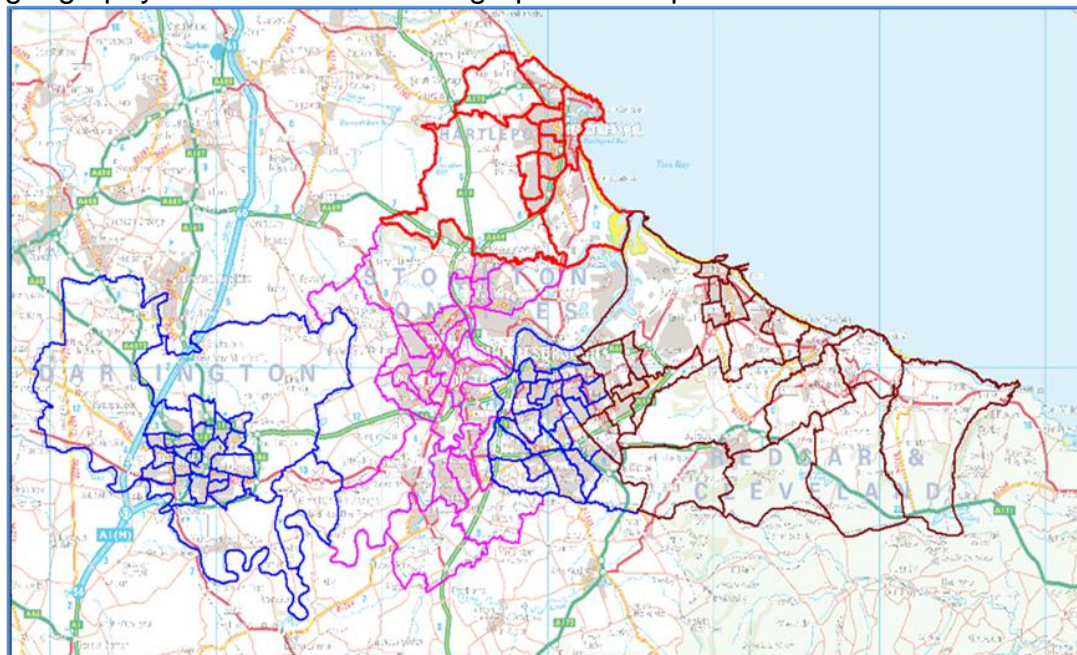


Figure 1. Map showing the wards of the five HWB areas in the Tees Valley area.

KEY:Red lines to the North outline newly updated wards of Hartlepool HWB area.
Blue lines to the West of the map outline wards comprising Darlington HWB area.
Pink lines in the central area outline wards comprising Stockton-on-Tees HWB area.
Blue lines in the central area outline wards comprising Middlesbrough HWB area.
Brown lines to the East of the map outline wards comprising Redcar and Cleveland HWB area.

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. The association of increasingly poor health with increasing deprivation is well established; 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 (2010 data) 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 Table 1).

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.

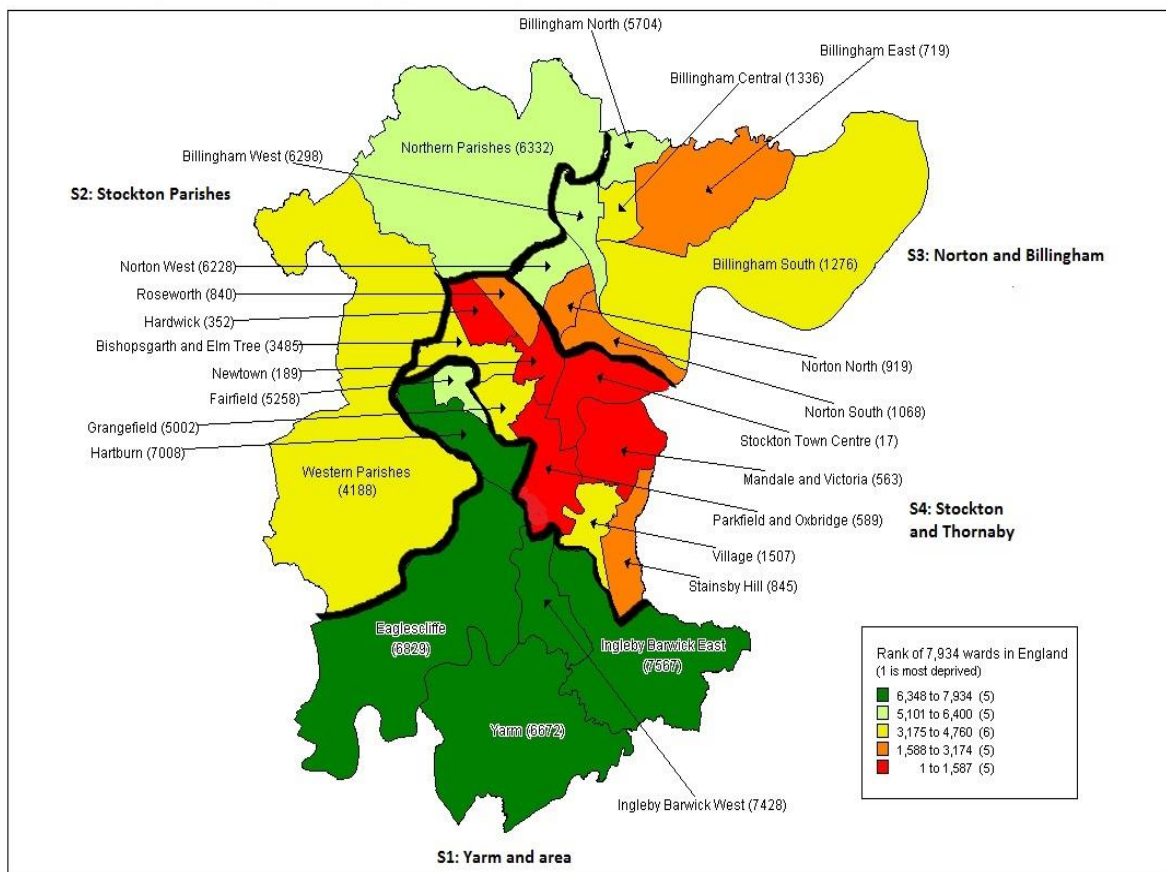


Figure 2. Map showing the defined localities in Stockton-on-Tees HWB area.

KEY: IMD 2010 Overall Score Borough Quintiles displayed by electoral ward with locality boundaries overlaid.

Using Borough Quintiles is a little more discerning for the subdivision into localities than the national quintiles 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.

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 6.2.9.2).

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.

These localities have now been in use by PCT/ NHS England for over three years so they were left unchanged for the 2015 PNA.

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

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

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.

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 borough and cross-boundary from other HWB areas 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 transient (student) population influx in this ward during term times. There will also be a 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 Sedgfield in County Durham.

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
00EPPA	S3	Norton North	6890	1320	4350	1220	19.2	63.1	17.7
00EPPB	S3	Norton South	7605	1295	5190	1120	17.0	68.2	14.7
00EPPC	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
00EPPD	S4	Parkfield and Oxbridge	7675	1570	5280	825	20.5	68.8	10.7
00EPP E	S4	Roseworth	7265	1605	4530	1130	22.1	62.4	15.6
00EPPF	S4	Stainsby Hill	6500	1250	4090	1160	19.2	62.9	17.8
00EPPG	S4	Stockton Town Centre	6900	1280	4720	895	18.6	68.4	13.0
00EPPH	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-year 2012 estimate TVU) in Stockton-on-Tees by ward and locality.

Low population or proportion	High population or proportion
------------------------------	-------------------------------

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 3 shows that the gender balance across Stockton-on-Tees is not skewed sufficiently from the reasonable norm to influence pharmaceutical needs. There is no reliable data on sexual orientation.

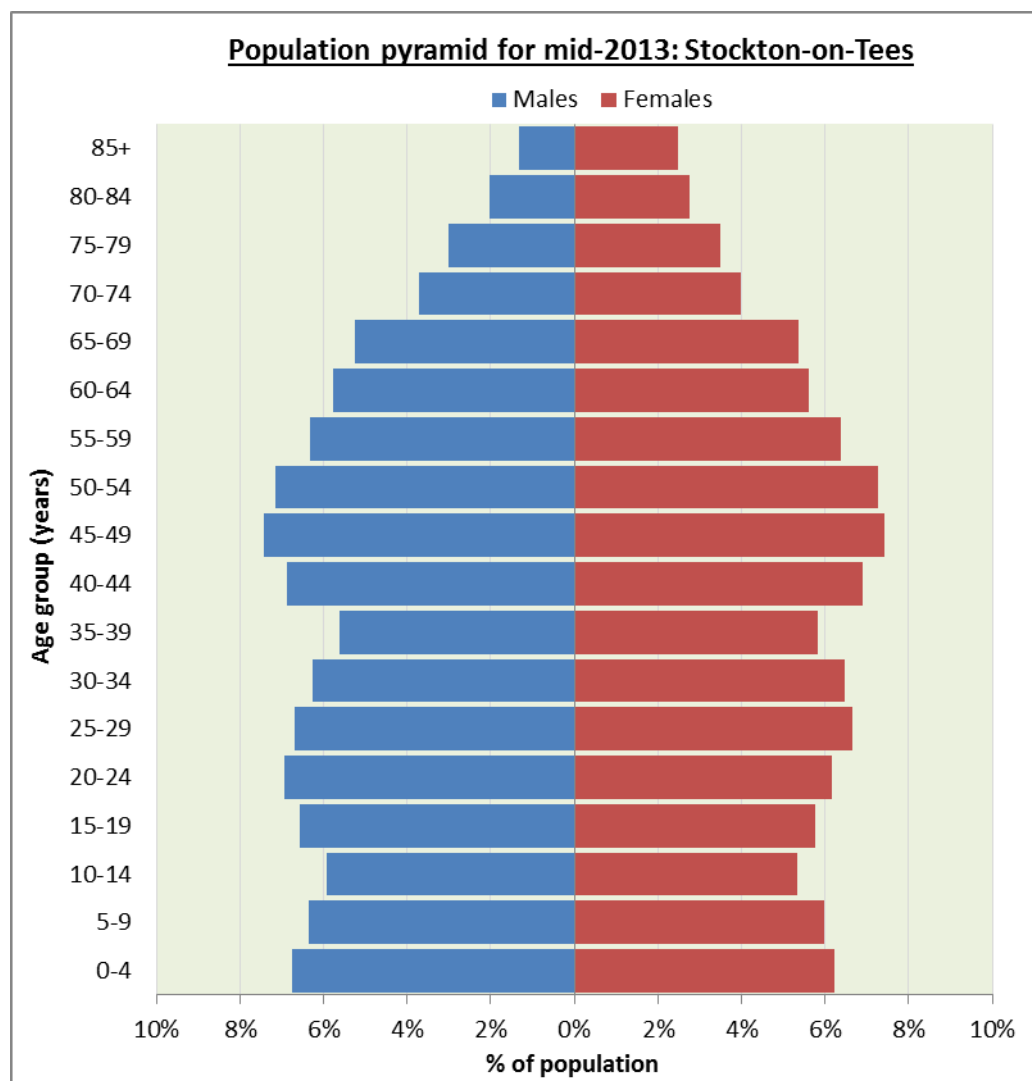


Figure 3. Population pyramid for Stockton-on-Tees (mid 2013 estimates).

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 (IMD2007) 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 (IMD2010) wards in England, is also shown, alongside the England quintile** of those ranked scores, for both datasets 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.

Final draft 2015 PNA for approval

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 2010) and National Ranks of those scores for 2007 and 2010 - Stockton-on-Tees Wards

	S1: Yarm and Area		S2: Stockton Parishes		S3: Norton and Billingham		S4: Stockton and Thornaby		HWB area	
	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 HWB area
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 6 shows an extract of the data for ethnic origin of the population by ward in each Stockton-on-Tees locality from the 2011 census.

- Stockton-on-Tees has approximately the same non-white population compared with the Tees Valley² 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 any specific pharmaceutical needs related to ethnicity.

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 around 1100 patients and is located in the Stockton Town Centre ward in Locality S4: Stockton and Thornaby. This may contribute to the high 'non-white' population and a population that may have particular pharmaceutical needs.

² 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.

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Ward code	Locality	Ward name	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
00EFPK	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: 2011 Census

6.2.2 Benefits

Table 7 shows recent data for income related benefits and the rates of households with fuel poverty by ward and locality in Stockton-on-Tees. Local authority and Tees Valley statistics are worse than the England rates in all cases; but the degree or range of variability in these measures across the wards is notable.

Wardcode	Locality	Wardname	Households receiving Income Support, May 2013 (%)	Working Age Population receiving Key Benefits, May 2013 (%)	Households with Fuel Poverty, 2011 (%)
00EFNP	S1	Eaglescliffe	1.7	5.9	18.5
00EFNQ	S1	Fairfield	1.7	8.4	18.0
00EFNT	S1	Hartburn	1.5	6.1	21.8
00EFNU	S1	Ingleby Barwick East	1.4	4.7	9.2
00EFNW	S1	Ingleby Barwick West	1.2	3.4	9.1
00EFPK	S1	Yarm	1.4	5.4	13.5
00EFNZ	S2	Northern Parishes	0.8	3.0	49.7
00EFPJ	S2	Western Parishes	1.6	7.0	22.7
00EFNH	S3	Billingham Central	6.5	18.3	22.2
00EFNJ	S3	Billingham East	8.5	22.2	26.9
00EFNK	S3	Billingham North	1.7	7.2	15.0
00EFNL	S3	Billingham South	6.6	16.3	20.2
00EFNM	S3	Billingham West	1.3	6.4	25.4
00EFPA	S3	Norton North	7.0	19.7	31.1
00EFPB	S3	Norton South	5.8	15.8	28.4
00EFPC	S3	Norton West	1.6	6.8	15.5
00EFNN	S4	Bishopsgarth and Elm Tree	2.5	9.4	21.8
00EFNR	S4	Grangefield	2.4	8.2	20.0
00EFNS	S4	Hardwick	10.3	27.6	26.7
00EFNX	S4	Mandale and Victoria	8.0	19.6	21.7
00EFNY	S4	Newtown	11.0	28.8	32.6
00EFPD	S4	Parkfield and Oxbridge	7.5	23.3	26.7
00EFPE	S4	Roseworth	8.1	21.5	23.2
00EFPF	S4	Stainsby Hill	7.8	19.7	22.6
00EFPG	S4	Stockton Town Centre	10.6	37.7	37.0
00EFPH	S4	Village	5.4	15.6	21.4
		Stockton-on-Tees	5.0	14.2	16.8
		Tees Valley	5.6	16.6	18.7
		England	3.9	11.1	14.6

Table 7. Selected data showing income-related benefits and rates of fuel poverty by ward and locality in Stockton-on-Tees. Source: Tees Valley Unlimited Ward data file: 2014

- Overall the Stockton-on-Tees working age population receiving key benefits is greater than the national rate but less than the Tees Valley rate.
- 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 much lower levels. In 7 of the 10 wards, rates of the working age population receiving key benefits are over 20%- no surprise that this pattern resembles the pattern of deprivation.
- Although not shown here in the table, there has been a substantial improvement in the rates of households without central heating from the 2001 to the 2011 census. Wards with the three highest rates are still Parkfield and Oxbridge (3.3%), Norton South (2.8%) and Stockton Town Centre (2.7%) but these rates considerably reduced from their 2001 rates of 13.2%, 9.7% and 8.7% respectively.
- However, having central heating does not consider affordability; looking at levels of fuel poverty, data from 2011 shows that virtually all the wards in Stockton-on-Tees have levels over 10% with an exceptional level of almost 50% in the more rural Northern Parishes ward.

6.2.3 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 regards requirements to access a pharmacy outside of working hours. Table 8 shows, by locality and ward, the estimated proportion of the working age population in employment (March 2013), unemployed for over 1 year and as a sub-set, those 18-24 year olds unemployed at July 2014.

Stockton-on-Tees has a greater proportion of working age population in employment than the Tees Valley, but less than the national average. There is a notable difference between the general level of employment rates in the two localities of S3: Norton and Billingham (4 of 8 wards under 70%) and S4: Stockton and Thornaby (4 of 10 wards under 50% and 8 of the 10 wards under 70%) when compared with the other two localities (all wards over 70% employed; range for both 72.5 to 88%).

Levels of youth unemployment in Stockton and the Tees Valley are approaching twice the national rate. The highest rates of long term unemployed and youth unemployment are in the S4: Stockton and Thornaby locality with the latter at levels of almost 15% in the Stockton Town Centre and Newtown wards and over 10% in 6 of the 10 wards in this locality. These figures may be considered alongside those for educational attainment shown in section 6.2.8.

Ward code	Locality	Wardname	Estimated APS Employment Rate (%)	Unemployed Over 1 year (%)	Unemployed 18-24 year olds (%)
			Mar-13	Jul-14	Jul-14
00EFNT	S1	Hartburn	72.5	0.3	3.5
00EFNQ	S1	Fairfield	72.9	0.8	5.8
00EFPK	S1	Yarm	74.2	0.4	3.7
00EFNP	S1	Eaglescliffe	76.8	0.8	3.6
00EFNU	S1	Ingleby Barwick East	85.2	0.3	3.2
00EFNW	S1	Ingleby Barwick West	88.0	0.4	2.9
00EFPJ	S2	Western Parishes	75.5	0.3	6.7
00EFNZ	S2	Northern Parishes	82.6	0.0	2.5
00EFNJ	S3	Billingham East	62.1	2.5	9.3
00EFPA	S3	Norton North	63.1	0.9	8.9
00EFNH	S3	Billingham Central	65.0	1.8	7.0
00EFNL	S3	Billingham South	65.1	0.8	6.6
00EFNM	S3	Billingham West	70.8	0.1	3.8
00EFPC	S3	Norton West	72.8	0.7	4.7
00EFPB	S3	Norton South	73.6	2.2	9.7
00EFNK	S3	Billingham North	78.6	0.0	3.2
00EFPG	S4	Stockton Town Centre	47.5	4.7	14.9
00EFNS	S4	Hardwick	55.6	1.9	10.2
00EFNY	S4	Newtown	56.3	3.0	14.9
00EFPD	S4	Parkfield and Oxbridge	59.5	4.2	10.8
00EFNX	S4	Mandale and Victoria	60.5	4.6	5.3
00EFPE	S4	Roseworth	61.7	2.6	10.7
00EFPF	S4	Stainsby Hill	63.1	2.3	11.1
00EFPH	S4	Village	68.5	1.5	7.0
00EFNR	S4	Grangefield	75.1	0.8	5.6
00EFNN	S4	Bishopsgarth and Elm Tree	76.2	0.5	5.9
		STOCKTON	69.4	1.5	7.3
		TEES VALLEY	64.5	1.7	7.7
		NATIONAL	70.9	0.7	3.9

Table 8. By ward and locality in Stockton-on-Tees at March 2013 proportion of people in employment, and unemployment rates (2014) for those >1yr unemployed and those aged 18-24 yrs. Source: Tees Valley Unlimited Ward data file: 2014

6.2.4 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
00EFPK	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

6.2.5 Housing and households

Table 10 shows information from the 2011 census. Since 2001, the balance between owner occupancy, LA or housing association tenancy and private rented accommodation has moved with the national trend of a decrease in the former and increase in the latter. There is still a greater proportion of owner-occupier tenure across Stockton-on-Tees than both nationally and for the Tees Valley but in some wards private rented households are now 25% of all households.

There are further notable contrasts in some of the indicators shown here. The proportion of houses that are owner occupied ranges from under 23% in Stockton Town Centre ward of S4: Stockton and Thornaby locality to around 85% overall in the N2: Stockton Parishes and S1: Yarm and Area localities including 91.6% in Hartburn (S1) and 90% in the Billingham West ward of S2 locality.

Wardcode	Locality	Wardname	Owner-Occupied (%)	Rented from LA/HA (%)	Private Rented (%)	Overcrowded Households (%)	Households with No-one working (%)
00EFNP	S1	Eaglescliffe	82.9	4.8	12.2	2.2	10.2
00EFNQ	S1	Fairfield	86.1	6.7	7.2	1.7	12.1
00EFNT	S1	Hartburn	91.6	1.1	7.2	1.2	10.6
00EFNU	S1	Ingleby Barwick East	87.5	0.6	11.9	1.7	7.0
00EFNW	S1	Ingleby Barwick West	89.3	0.8	10.0	0.9	4.9
00EFPK	S1	Yarm	79.3	6.7	14.0	3.0	10.2
00EFNZ	S2	Northern Parishes	87.3	2.7	10.0	1.1	8.5
00EFPJ	S2	Western Parishes	84.3	7.6	8.1	1.7	9.9
00EFNH	S3	Billingham Central	60.0	24.0	16.0	4.9	24.3
00EFNJ	S3	Billingham East	57.6	28.9	13.5	4.5	26.4
00EFNK	S3	Billingham North	88.0	3.9	8.1	2.1	10.6
00EFNL	S3	Billingham South	58.0	25.8	16.1	5.3	22.3
00EFNM	S3	Billingham West	90.3	2.7	7.1	1.3	13.2
00EFPA	S3	Norton North	60.1	23.2	16.7	6.1	23.4
00EFPB	S3	Norton South	65.0	14.3	20.7	4.5	22.7
00EFPC	S3	Norton West	88.1	4.3	7.6	1.4	12.4
00EFNN	S4	Bishopsgarth and Elm Tree	81.4	10.5	8.2	2.4	13.9
00EFNR	S4	Grangefield	83.1	9.3	7.6	2.2	11.2
00EFNS	S4	Hardwick	42.7	46.7	10.6	7.0	32.8
00EFNX	S4	Mandale and Victoria	42.5	32.7	24.8	9.0	29.0
00EFNY	S4	Newtown	48.1	33.3	18.7	8.0	32.7
00EFPD	S4	Parkfield and Oxbridge	52.5	16.4	31.2	10.9	27.5
00EFPE	S4	Roseworth	59.3	30.1	10.6	6.2	25.3
00EFPF	S4	Stainsby Hill	60.3	28.8	10.9	5.6	25.5
00EFPG	S4	Stockton Town Centre	23.0	51.6	25.5	13.0	46.4
00EFPH	S4	Village	63.4	22.2	14.5	5.1	22.8
		Stockton-on-Tees	68.8	17.2	14.0	4.5	15.2
		Tees Valley	64.4	19.6	15.9	4.9	23.2
		England	64.3	17.6	18.0	8.5	9.9

Table 10. Housing and household information by ward and locality in Stockton-on-Tees. Source: Census 2011; Tees Valley Unlimited Ward data file: 2014

6.2.6 Older people

Table 11 shows the proportion of 'all pensioners' and 'lone pensioner' households by ward in localities. Stockton-on-Tees wards with rates over the England rate for either measure are highlighted in red. There are more of these ward in the 'lone pensioner' column than in the 'all pensioner column, although the overall rate for Stockton is lower than the national rate in both cases demonstrating the inequity in this measure across the Borough. Collectively, older people have disproportionate pharmaceutical needs in relation to numbers of prescription items and long term conditions. Lone pensioners may have increased need for support in managing both their medicines and their long term conditions and a potentially greater requirement for domiciliary pharmaceutical care which is not currently available.

Locality	Ward name	Census 2011 Lone Pensioner Households (%)	Census 2011 All Pensioners Households (%)
S1	Eaglescliffe	12.0	24.0
S1	Fairfield	16.2	24.2
S1	Hartburn	14.6	25.4
S1	Ingleby Barwick East	5.0	18.3
S1	Ingleby Barwick West	2.5	14.5
S1	Yarm	11.5	26.3
S2	Northern Parishes	5.8	18.6
S2	Western Parishes	11.1	23.1
S3	Billingham Central	15.5	22.8
S3	Billingham East	11.4	24.8
S3	Billingham North	9.5	21.6
S3	Billingham South	12.6	21.6
S3	Billingham West	16.2	27.1
S3	Norton North	14.8	26.6
S3	Norton South	12.0	28.1
S3	Norton West	15.9	24.7
S4	Bishopsgarth and Elm Tree	14.4	23.2
S4	Grangefield	13.4	21.5
S4	Hardwick	13.8	22.4
S4	Mandale and Victoria	11.6	25.9
S4	Newtown	9.3	22.8
S4	Parkfield and Oxbridge	8.5	32.7
S4	Roseworth	13.7	20.6
S4	Stainsby Hill	11.6	22.1
S4	Stockton Town Centre	14.7	37.0
S4	Village	14.9	25.6
	Stockton-on-Tees	11.9	24.2
	Tees Valley	13.1	25.9
	England	12.4	26.3

Table 11. Households with pensioners by ward in Stockton-on-Tees from 2003 (Census 2011)

6.2.7 Children

Table 12 shows some measures relating to children in the Borough. The table is sorted by locality (to group the wards in each locality together) then by the proportion of children in poverty within those localities so that trends across the measures are easier to identify. Rates for all measures are worse than the England average. The proportion of children living in 'out of work benefit claimant' households (2012) is close to 50% for the poorest wards of Stockton-on-Tees. Rates of this measure, pupils receiving free school meals and those counted as living in poverty are more than **10 times higher** than in the least deprived wards. In eight 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% of children are entitled to free school meals.

Ward code	Locality	Wardname	Children living in Out Of Work Benefit Claimant Households, 2012 (%)	Pupils Receiving Free School Meals, 2012 (%)	2011 Single Parent Households (%)	Children in Poverty, 2011 (%)
00EFNW	S1	Ingleby Barwick West	4.4	3.4	7.6	4.3
00EFPK	S1	Yarm	7.4	6.3	5.1	6.8
00EFNT	S1	Hartburn	9.8	7.6	4.0	6.8
00EFNU	S1	Ingleby Barwick East	6.4	5.4	6.6	7.6
00EFNP	S1	Eaglescliffe	9.0	7.4	6.0	7.7
00EFNQ	S1	Fairfield	13.5	9.5	5.7	10.5
00EFNZ	S2	Northern Parishes	3.5	1.7	3.7	4.3
00EFPJ	S2	Western Parishes	11.2	8.3	5.2	8.2
00EFNM	S3	Billingham West	7.6	5.5	3.7	6.1
00EFNK	S3	Billingham North	8.8	5.7	5.3	6.7
00EFPC	S3	Norton West	7.7	10.0	3.9	12.1
00EFNL	S3	Billingham South	23.2	25.2	10.1	25.9
00EFPA	S3	Norton North	33.9	33.0	10.5	27.3
00EFNH	S3	Billingham Central	29.8	26.0	11.5	28.6
00EFPB	S3	Norton South	27.2	27.1	10.2	29.3
00EFNJ	S3	Billingham East	39.0	35.6	12.4	36.7
00EFNR	S4	Grangefield	11.7	10.8	4.9	10.2
00EFNN	S4	Bishopsgarth and Elm Tree	14.7	10.3	5.2	13.5
00EFPH	S4	Village	21.9	19.5	8.1	20.1
00EFPD	S4	Parkfield and Oxbridge	32.0	31.2	9.9	30.0
00EFPE	S4	Roseworth	36.6	35.5	11.4	30.2
00EFPF	S4	Stainsby Hill	35.0	35.8	11.4	32.6
00EFNS	S4	Hardwick	37.4	42.4	14.7	34.0
00EFNX	S4	Mandale and Victoria	38.1	39.2	12.8	35.5
00EFNY	S4	Newtown	49.0	46.5	17.3	44.4
00EFPG	S4	Stockton Town Centre	47.5	48.3	11.4	44.4
		Stockton-on-Tees	22.7	21.4	8.6	21.6
		Tees Valley	27.1	25.5	9.1	26.7
		England	19.5	-	7.2	20.1

Table 12. Selected data showing data measures related to children by ward and locality in Stockton-on-Tees. Source: Tees Valley Unlimited Ward data file: 2014

Whilst the children of single-parent households will not always experience deprivation or poverty, the rates included here are able to show where this may be the case and where pharmaceutical services may be needed to support a population whose needs may be related to some of these characteristics.

6.2.8 Educational attainment

Table 13 shows some indicators of educational attainment for the wards and localities in Stockton-on-Tees with Tees Valley and National comparators where appropriate. Considering the educational attainment based on proportion of school leavers achieving 5 or more GCSEs (including English and Maths) in 2013, the Stockton-on-Tees and Tees Valley performance is close to the National average of 59%. These averages mask a wide range of attainment across the wards of the Borough and once again a clear difference between the localities.

The table also shows the ID (2010) ward score for Education and grouped by rank of the score for the 7934 wards in England to show scores in the worst 10% nationally, and better 50% nationally. Clear inequalities in educational achievement and prospective life-chances are demonstrated.

A sustained poor level of educational attainment is likely to contribute to low levels of adult literacy and numeracy. Figures for 2003 showed the Tees Valley with a proportion of adults with low levels of literacy running at twice the national average of 11% and a rate of poor adult numeracy of 20 percentage points higher than the national average of 47%. Stockton-on-Tees performed better when compared to the Tees Valley as a whole, however the levels of adult literacy and numeracy were still substantially worse than the National average, particularly in S4: Stockton and Thornaby and parts of S3: Norton and Billingham.

However, looking at the measure of 'no qualifications' in adults from the census in 2001 and again in 2011 shows an apparent improvement over the last 10 years. Figures shown in red indicate a rate of 'no qualification' over 30% and the number of wards where this level remains in 2011 has reduced to 7 from 21 in 2001.

The implication for pharmaceutical needs is nevertheless 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 the individual or people in their care e.g., children.

Final draft 2015 PNA for approval

Wardcode	Locality	Wardname	Qualifications - 5+GCSE A-Cs including English and Maths (%)	Qualifications - Zero GCSE Passes (%)	IMD - National Rank* - Education	No Qualifications - 16-74s (%)	No Qualifications - 16-74s (%)	
			2013	2013	2010	2001	2011	
00EFPK	S1	Yarm	80.0	0.0	7083	25	14	
00EFNW	S1	Ingleby Barwick West	76.0	0.0	6872	16	8	
00EFNU	S1	Ingleby Barwick East	74.2	0.8	6688	24	11	
00EFNT	S1	Hartburn	69.4	0.0	6665	31	17	
00EFNP	S1	Eaglescliffe	71.7	0.0	6645	30	16	
00EFNQ	S1	Fairfield	63.0	1.9	4722	36	21	
00EFNZ	S2	Northern Parishes	55.6	5.6	7301	24	11	
00EFPJ	S2	Western Parishes	62.5	0.0	4923	34	19	
00EFPK	S3	Norton West	70.9	1.8	6115	33	19	
00EFNK	S3	Billingham North	69.7	1.8	5466	29	17	
00EFNM	S3	Billingham West	58.9	0.0	5389	38	21	
00EFNH	S3	Billingham Central	46.4	2.4	1185	47	30	
00EFNL	S3	Billingham South	44.6	0.0	1122	43	28	
00EFPB	S3	Norton South	57.6	1.5	924	47	29	
00EFPA	S3	Norton North	58.3	1.2	899	44	29	
00EFNJ	S3	Billingham East	41.4	1.0	349	51	32	
00EFNR	S4	Grangefield	62.8	0.0	5672	34	18	
00EFNN	S4	Bishopsgarth and Elm Tree	62.9	0.0	3734	36	22	
00EFPD	S4	Parkfield and Oxbridge	48.9	2.3	1452	42	25	
00EFPH	S4	Village	64.1	0.0	1447	49	30	
00EFNX	S4	Mandale and Victoria	51.7	0.8	601	49	29	
00EFPF	S4	Stainsby Hill	56.0	2.7	593	49	34	
00EFPE	S4	Roseworth	38.4	0.0	298	53	36	
00EFNS	S4	Hardwick	29.1	0.0	284	57	39	
00EFNY	S4	Newtown	35.1	2.7	167	49	31	
00EPPG	S4	Stockton Town Centre	31.9	1.4	96	58	40	
00EF		STOCKTON	57.4	0.9	-	31.4	24.8	
00		TEES VALLEY	53.2	2.1	-	34.7	27.1	
02		NATIONAL	59.2	0.4	-	28.9	22.7	
		* National rank of 7934 wards; 1 is most deprived						
		KEY: for IMD 2010 National Rank (Education)						
		Ward score in worst 10% nationally						
		Ward score in 10%-50% of wards nationally						
		Ward score in better 50% of wards nationally						

Table 13. Educational attainment by ward in Stockton-on-Tees (Tees Valley Unlimited Ward Data File 2014 and census data from 2001 and 2011)

6.2.9 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'.

6.2.9.1 Population density

Population density varies quite markedly across NHS Tees. Table 14 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 14. Population density for Stockton-on-Tees and Local authorities in the Tees Valley. Source ONS 2011

6.2.9.2 Rurality

Regulations 12 and 31(7) of the 2005 Regulations, as amended, required PCTs to determine applications according to neighbourhoods; *Regulation 35(9)* also required PCTs to delineate the boundaries of any reserved location it has determined on a map and to publish such a map.

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 (or predecessors) determine them to be. Some 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 (NHS England, 2013).

PCTs with rural areas may have had 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.

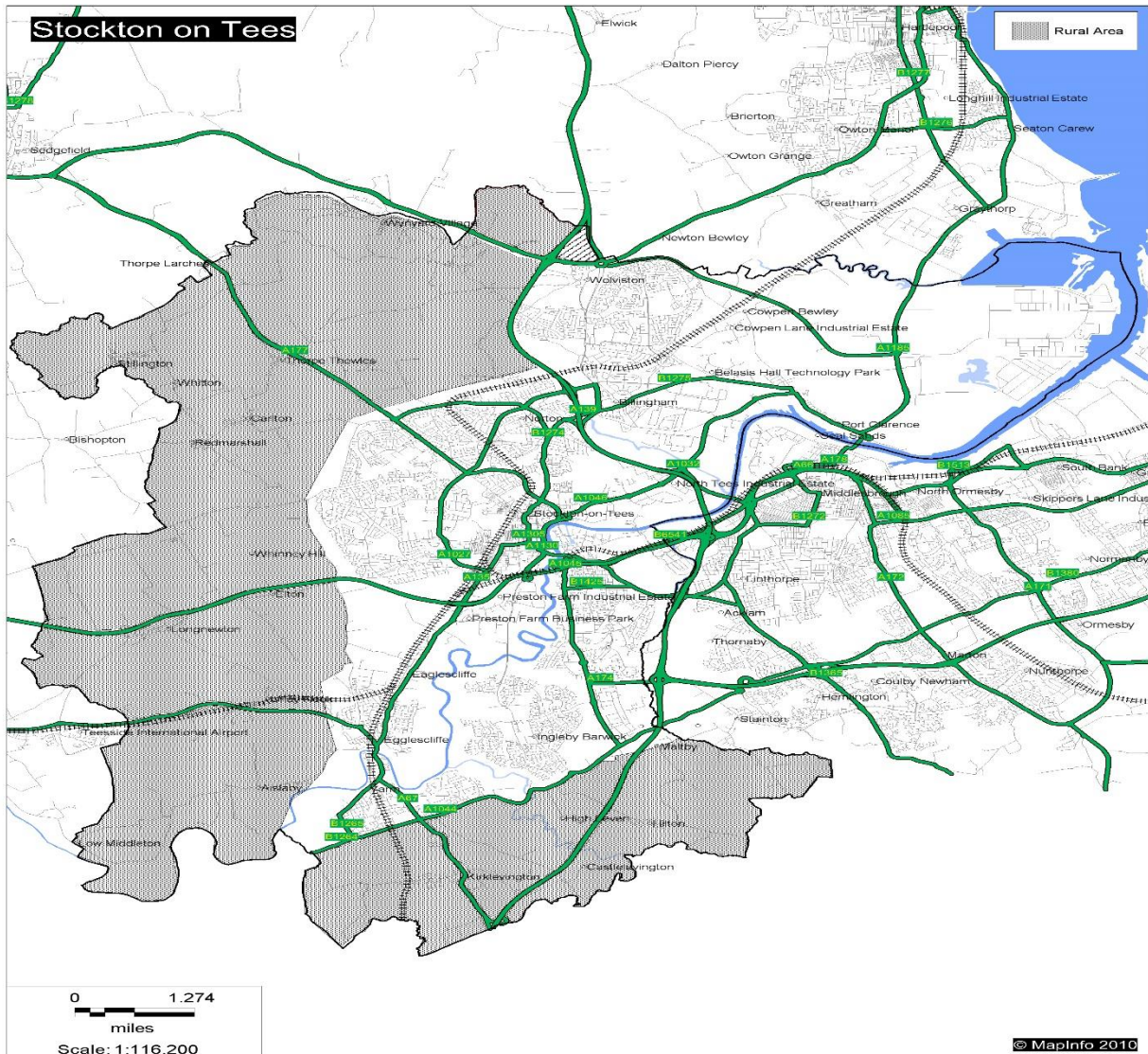


Figure 4. Map of 'controlled localities' (rurality) for NHS Stockton-on-Tees (and hence now the HWB area)

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 1st January 2015.

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 national average. Within Stockton-on-Tees there are striking inequalities with a man living in the least deprived areas of the borough living 16 years longer than a man in the most deprived area; for women that difference is 11 years (Public Health England, 2014).

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 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. Over the last ten years, death rates from all causes have fallen steadily for both men and women. Early deaths from heart disease and stroke have fallen markedly. Early deaths from cancer have fallen more slowly. 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.

Table 15 shows data from the Census 2011 for those with 'Limiting Long Term Illness' (LLTI) by ward and in localities in Stockton-on-Tees. The rates of people counted as living with a LLTI, including those of working age, are both higher in Stockton-on-Tees than for England, though lower than the Tees Valley rates. These figures again mask substantial variation across wards and within localities. There are notably low levels in the two Ingleby Barwick wards, but rates over 20% LLTI in more than half the wards in both S3: Norton and Billingham and S4: Stockton and Thornaby.

Pharmaceutical needs are often substantial for those living with a LLTI and those of working age, who are able to work, may need to access pharmaceutical services outside of routine working hours. However, wards with high rates of LLTI in the working age population do also have high rates of unemployment so the need may not be as great outside working hours as is at first apparent.

Locality	Ward name	With LLTI (%)	Working age with LLTI (%)	Good Health (%)	Fair Health (%)	Not Good Health (%)
S1	Ingleby Barwick West	7.5	7.0	92.2	6.0	1.8
S1	Ingleby Barwick East	9.6	7.6	89.5	8.1	2.4
S1	Yarm	15.0	9.9	85.1	11.4	3.5
S1	Eaglescliffe	15.3	9.6	83.7	12.1	4.2
S1	Hartburn	19.2	11.1	81.1	14.6	4.3
S1	Fairfield	21.1	13.1	79.0	15.8	5.2
S2	Northern Parishes	11.2	8.5	88.6	8.8	2.6
S2	Western Parishes	18.8	13.0	81.8	13.0	5.2
S3	Billingham North	16.3	12.0	83.1	12.0	5.0
S3	Norton West	19.1	12.2	80.7	14.4	4.9
S3	Norton North	21.5	16.5	77.5	15.0	7.5
S3	Norton South	21.7	17.3	76.4	15.8	7.8
S3	Billingham South	21.7	16.8	77.1	15.2	7.7
S3	Billingham East	22.6	17.7	75.2	16.4	8.4
S3	Billingham West	23.0	12.8	76.5	18.3	5.3
S3	Billingham Central	23.4	18.4	75.2	16.3	8.5
S4	Grangefield	18.0	11.5	82.1	12.8	5.2
S4	Parkfield and Oxbridge	18.9	16.6	79.1	14.3	6.6
S4	Newtown	19.3	18.0	78.1	14.1	7.8
S4	Mandale and Victoria	19.7	15.5	77.6	14.4	8.1
S4	Bishopsgarth and Elm Tree	21.4	14.5	78.4	15.0	6.6
S4	Stainsby Hill	23.3	18.3	75.0	16.0	9.0
S4	Village	23.4	17.4	75.8	15.4	8.9
S4	Hardwick	24.3	20.6	74.6	15.7	9.7
S4	Roseworth	24.6	20.2	74.4	16.6	9.1
S4	Stockton Town Centre	26.0	22.2	70.4	17.8	11.8
	Stockton-on-Tees	19.0	14.3	79.9	13.8	6.3
	Tees Valley	20.8	15.9	78.2	14.7	7.1
	England	17.9	13.0	81.2	13.2	5.6

Table 15. Census data 2011 for people with Limiting Long Term Illness and indication of health status by ward and locality in Stockton-on-Tees. Source ONS 2011

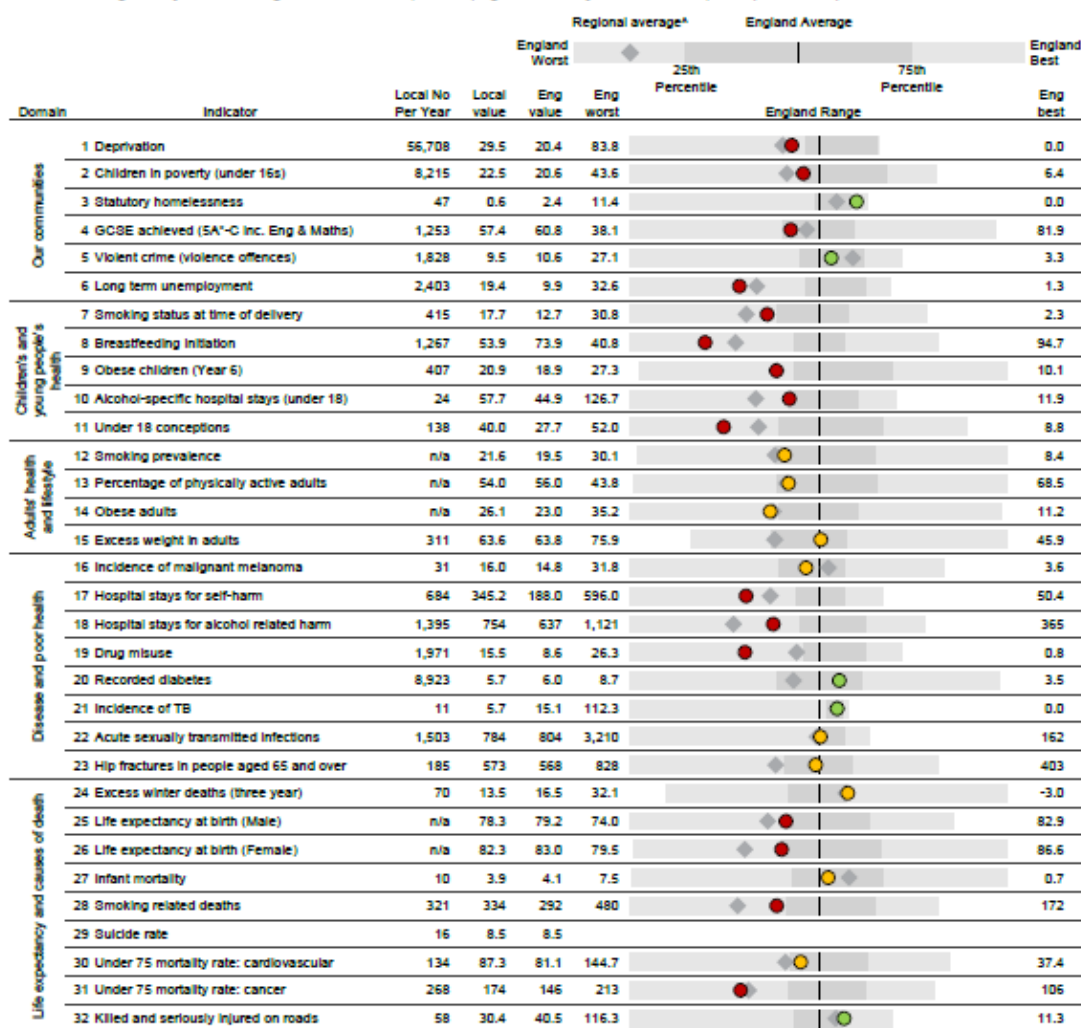
The Health Profile 2014 (Public Health England, 2014) for Stockton-on-Tees gives a snapshot of health in the area and compares this local authority with the rest of England. An extract from this, the Health Summary for Stockton-on-Tees is reproduced in Figure 5. Here you will see the local results displayed 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 6.

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.



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 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 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 breastfed 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 25 At birth, 2010-2012 26 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.

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Figure 5: Extract from Health Profile 2014

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

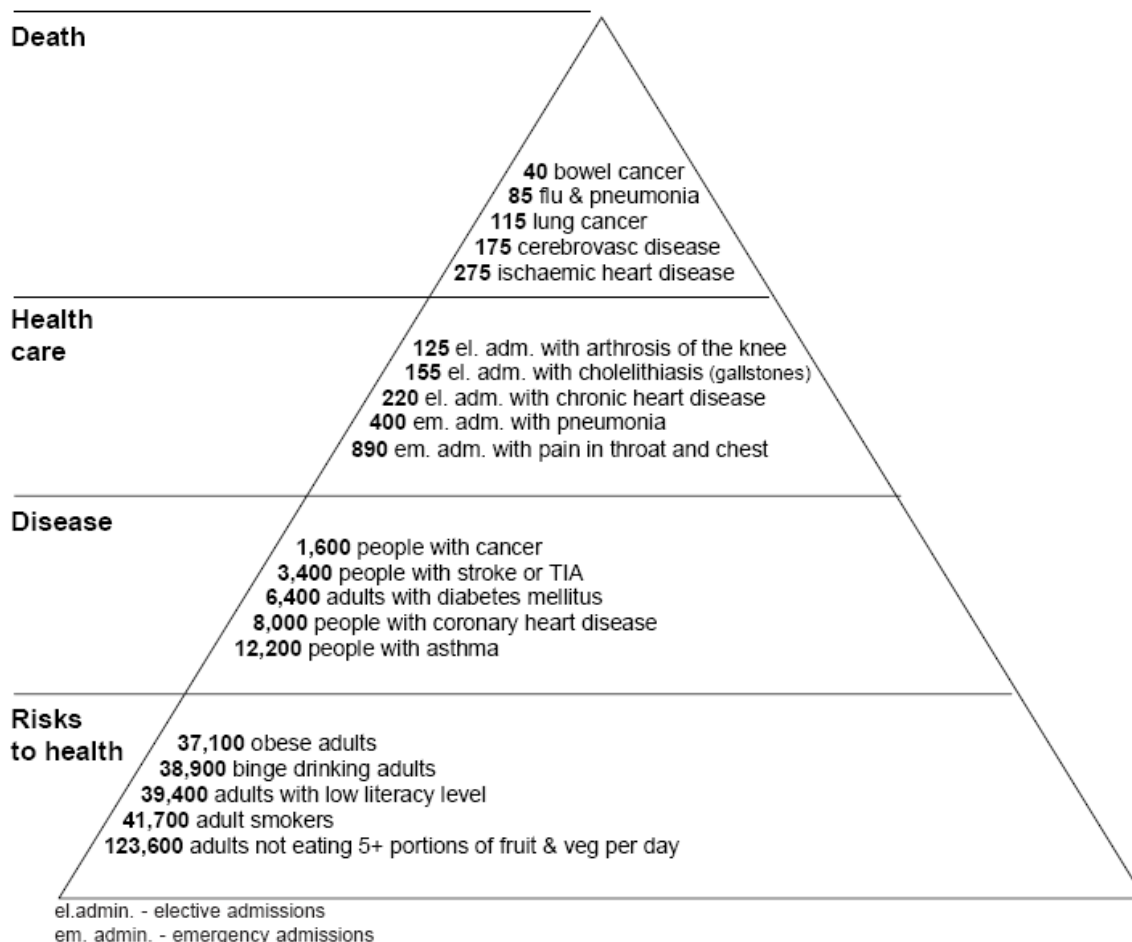


Figure 6. Distribution of risk, disease, care and death in a typical year

Figure 6 indicates the scope of public health issues for promotion of health and wellbeing 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).

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

Smoking.

Proportionally more people smoke in Stockton-on-Tees than in England. The smoking related death rate is worse than the England average and represents about 321 deaths per year. 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 Tilery³.
- Highest numbers of teenage pregnancy in Portrack and Tilery, Newtown, Ingleby Barwick, Blue Hall, Roseworth⁴.
- 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).

The needs assessment recommended that locally there is a 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. Additionally, 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

- As shown above, teenage pregnancy rates remain high compared with the national average and there is a particular concern regarding conceptions rates in the under 16s. Highest rates are found in the localities of S4: Stockton and Thornaby and risk taking behavior of young people in relation to sexual health is also a concern.
- Seventeen percent of pregnant women in Stockton-on-Tees continue to smoke during pregnancy and are smoking at the time of delivery. This is better than other unitary authorities locally, but still worse than the England average.
- In Year 6, 20.9% (407) of children are classified as obese, worse than the average for England.

³ The data for this is only available using the previous local authority ward areas.

⁴ See footnote 2

- Levels of GCSE attainment, rates of breast feeding and smoking at time of delivery are worse than the England average.
- Significant inequalities in oral health are also of concern.
- Risk taking behavior of young people in relation to alcohol and illegal drugs; the rate of alcohol-specific hospital stays among those under 18 was 57.7 per 100000, worse than the average for England. This represents 24 stays per year

There are an estimated 1,900 problematic drug 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; stays for alcohol related harm are worse than the England average; representing 1395 stays per year. In 2012, 26.1% of adults in Stockton on Tees are classified as obese.

Learning Disabilities

People with learning disabilities are pre-disposed to the development of a number of health-limiting conditions. The availability of health services that improve access and support for the high numbers of people in Stockton on Tees with low adult literacy and numeracy levels, as well as physical disabilities, is important. Pharmacy should be included in the wider work programme involved in service improvement in this area.

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 levels of 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 has previously entered the top ten for emergency admissions. The rate of self-harm hospital stays is worse than the average for England.

Most of this information has not been summarized by locality. However, by reviewing the population demographics of 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 the Stockton-on-Tees HWB area. 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 9 am 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 HWB 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

NHS Business Services Authority (Health and Social Care Information Centre, 2013) reports show that there were 11,495 community pharmacies in England at 31 March 2013, compared to 11,236 at 31 March 2012, an increase of 259 (2.3 per cent). There has been an increase of 1,736 (17.8 per cent) since 2003-04.

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 1st January 2015 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 16 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 16. Pharmacies in each locality across the Tees Valley and number of those pharmacies that open for more than 100 hours per week

Durham Darlington Tees has the lowest number of pharmacies of any AT in NHS England. However, this is because the population is small as the number of pharmacies per 100000 population is not low. Table 17 shows rates in the Tees Valley indicating Stockton is well served being similar to the England average of 22 pharmacies per 100000 population. Kent has lowest ratio in England (around 18 per 100000) and the rates are highest in the North West and Birmingham (range 24-28 per 100k).

2012/13	Number of pharmacies	Population	Pharmacies per 100000 population
Stockton	41	191600	21.4
Darlington	23	105564	21.8
Hartlepool	19	92028	20.6
Middlesbrough	30	138412	21.7
Redcar and Cleveland	32	135177	23.7

Table 17. Pharmacies in Tees Valley per 100,000 of the population: 2012/13

There are no Local Pharmaceutical Services⁵ (LPS) area designations and no Local Pharmaceutical Services (LPS) in the Stockton-on-Tees HWB area. There are no dispensing appliance contractors located in the Borough of 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 five appliance contractors in the Cumbria, Northumberland, Tyne and Wear (CNTW, now Northern) Area Team area of the north east of England.

Similarly, there are as yet no distance selling (internet) pharmacy providers whose premises are registered within the boundary of the Stockton-on-Tees HWB area⁶. 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. A pharmacy with a 'distance selling' exemption contract is not permitted to provide essential pharmaceutical services face to face on the premises. Conversely, 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 reported⁷ that they had a website, 5 more than in 2011.

⁵ 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.

⁶ However there is one 'extant grant' for a distance selling pharmacy whose address is in Stockton on Tees, recently approved by NHS England under the remaining exemption category.

⁷ Of the 39 respondents

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, by locality, are included as “**Error! Reference source not found.**”

Pharmacies have been included in the description of numbers and locations of pharmacies up to and including 1st January 2015. Two 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 changes regarding pharmacies (such as relocations) or relevant data received during the consultation period (Nov '14– Jan '15) are recorded in this final PNA.

The number of pharmacies located in each ward of each of the four 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 Stockton-on-Tees geography. This is also shown in Figure 7 which shows the location of pharmacies in each of the four localities of 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.

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	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

Figure 7 map follows:

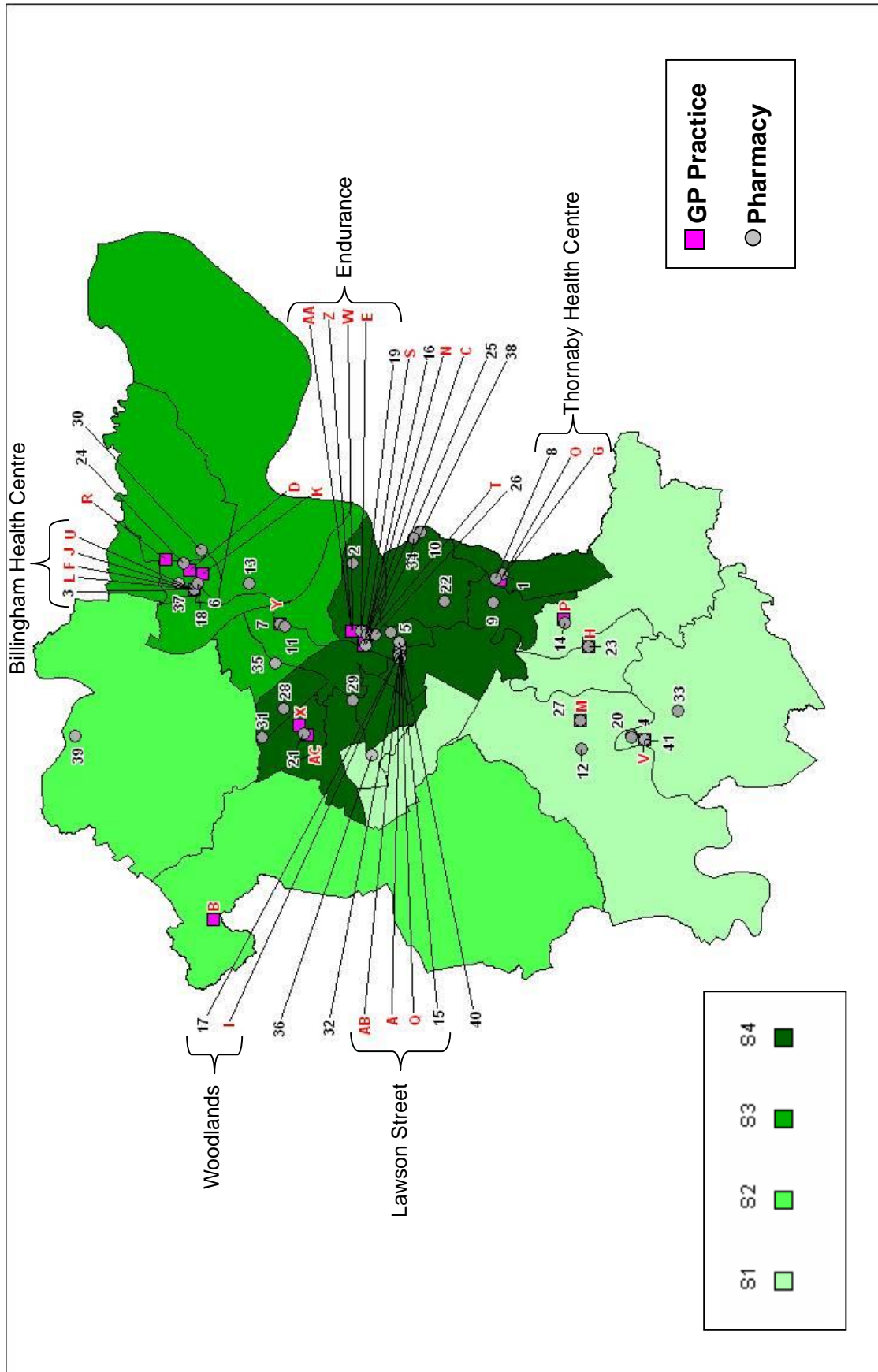


Figure 7. Map of Stockton-on-Tees showing location of community pharmacies and GP practices at 1st January 2015. GP dispensing practice and 100 – hour pharmacies are indicated on the key to the map shown on the next page

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	Pharmacy	Ward		GP Practice	Ward
1	Asda Pharmacy, Thornaby	Stainsby Hill	A	Lawson Street Practice (Specialist Drug Practice)	Stockton Town Centre
2	Asda Pharmacy, Portrack Lane (100 hours)	Stockton Town Centre	B	Park Lane Surgery (Dispensing GP Practice)	Western Parishes
3	Billchem Ltd, Billingham	Billingham Central	C	Tennant Street Medical Practice	Stockton Town Centre
4	Boots UK Ltd, Yarm	Yarm	D	Melrose Surgery	Billingham Central
5	Boots UK Ltd, Stockton-on-Tees	Stockton Town Centre	E	Dr A.K.Banerjee	Stockton Town Centre
6	Boots UK Ltd, Billingham	Billingham Central	F	Dr M Choudhury CLOSED 2012	Billingham Central
7	Your Local Boots Pharmacy, Norton	Norton North	G	Woodbridge Practice	Stainsby Hill
8	Boots UK Ltd, Thornaby Health Centre	Stainsby Hill	H	*Branch surgery of Woodbridge	Ingleby Barwick West
9	Your Local Boots Pharmacy, Wrightson House, Thornaby	Village	I	Woodlands Family Medical Centre	Stockton Town Centre
10	Boots UK Ltd, Teesside Park	Mandale and Victoria	J	Queenstree Practice	Billingham Central
11	Your Local Boots Pharmacy, Norton High Street	Norton North	K	Kingsway Medical Centre	Billingham Central
12	Eaglescliffe Pharmacy, Eaglescliffe	Eaglescliffe	L	The Roseberry Practice	Billingham Central
13	Davidson Pharmacy Ltd, Billingham	Billingham South	M	Eaglescliffe Medical Practice	Eaglescliffe
14	Hepworth Chemist, Ingleby Barwick	Ingleby Barwick East	N	Alma Medical Centre	Stockton Town Centre
15	Rowlands Pharmacy, Lawson Street, Stockton	Stockton Town Centre	O	Thornaby & Barwick Medical Group	Stainsby Hill
16	Rowlands Pharmacy, Tennant Street, Stockton	Stockton Town Centre	P	*Branch surgery of Thornaby & Barwick Medical Group	Ingleby Barwick East
17	Rowlands Pharmacy, Yarm Lane, Stockton	Stockton Town Centre	Q	The Dovecot Surgery	Stockton Town Centre
18	Rowlands Pharmacy, Billingham	Billingham Central	R	Marsh House Medical Centre	Billingham East
19	Rowlands Pharmacy, Norton Road, Stockton	Stockton Town Centre	S	Queens Park Medical Centre	Stockton Town Centre
20	Lloydspharmacy, Yarm	Yarm	T	Riverside Medical Practice	Stockton Town Centre
21	Newham Pharmacy, Hardwick	Hardwick	U	Dr S Rasool	Billingham Central
22	P. Milburn Pharmacy, Thornaby	Mandale and Victoria	V	Yarm Medical Practice	Yarm
23	Kelly Chemist, Ingleby Barwick	Ingleby Barwick West	W	Dr Y Syed North Shore Medical	Stockton Town Centre
24	Harry Hill Chemist, Billingham	Billingham Central	X	*Branch surgery of Dr Y Syed CLOSED	Hardwick
25	Tennant Street Pharmacy, Stockton (100 hours)	Stockton Town Centre	Y	Norton Medical Centre	Norton North
26	Pharmacy 365, Stockton (100 hours)	Stockton Town Centre	Z	Elm Tree Medical Centre	Stockton Town Centre
27	Sunningdale Pharmacy, Eaglescliffe	Eaglescliffe	AA	The Arrival Medical Practice (Asylum Seeker services)	Stockton Town Centre
28	Pharmacy World Ltd, Roseworth	Roseworth	AB	Densham Surgery	Stockton Town Centre
29	Sainsburys Pharmacy	Bishopsgarth	AC	Stockton NHS Health Care Centre - Walk in	Hardwick
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			

Table 19. Key to Figure 6. GP practice and pharmacy contractor locations in Stockton-on-Tees HWB area at 1st January 2015.

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 process⁸ 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 is just one extant grant⁹ in Stockton-on-Tees at 1st January 2015, although there may be other applications in train before the final PNA is published. There are no other decisions recently notified and within the Appeal period or with an Appeal pending. The outcome or update on of any 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 Park Lane practice is located in Stillington in Western Parishes ward of 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 - 12.30¹⁰ pm [Half-day closing Tuesday afternoon]

Closed Saturday, Sunday and Bank Holidays.

8.1.3 Dispensing Appliance Contractors (DACs)

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

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

⁸ 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.

⁹ Decision recently notified; unlikely to be appealed.

¹⁰ May be 1pm not 12 30 now; requested confirmation

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
- CCG or local authority public health directly-provided pharmaceutical services
- Lead-provider contracts e.g., Sexual Health Teesside contracted to provide sexual health services including Emergency Hormonal Contraception (EHC) sub-contracted from pharmacies from 1st February 2011.

Not all of these providers include directly provided or commissioned dispensing services but do provide other pharmaceutical services. A full description is provided in the section covering the pharmaceutical and other 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 8 shows the distribution of pharmacies on a map showing population density for the Stockton-on-Tees HWB area.

It has 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.

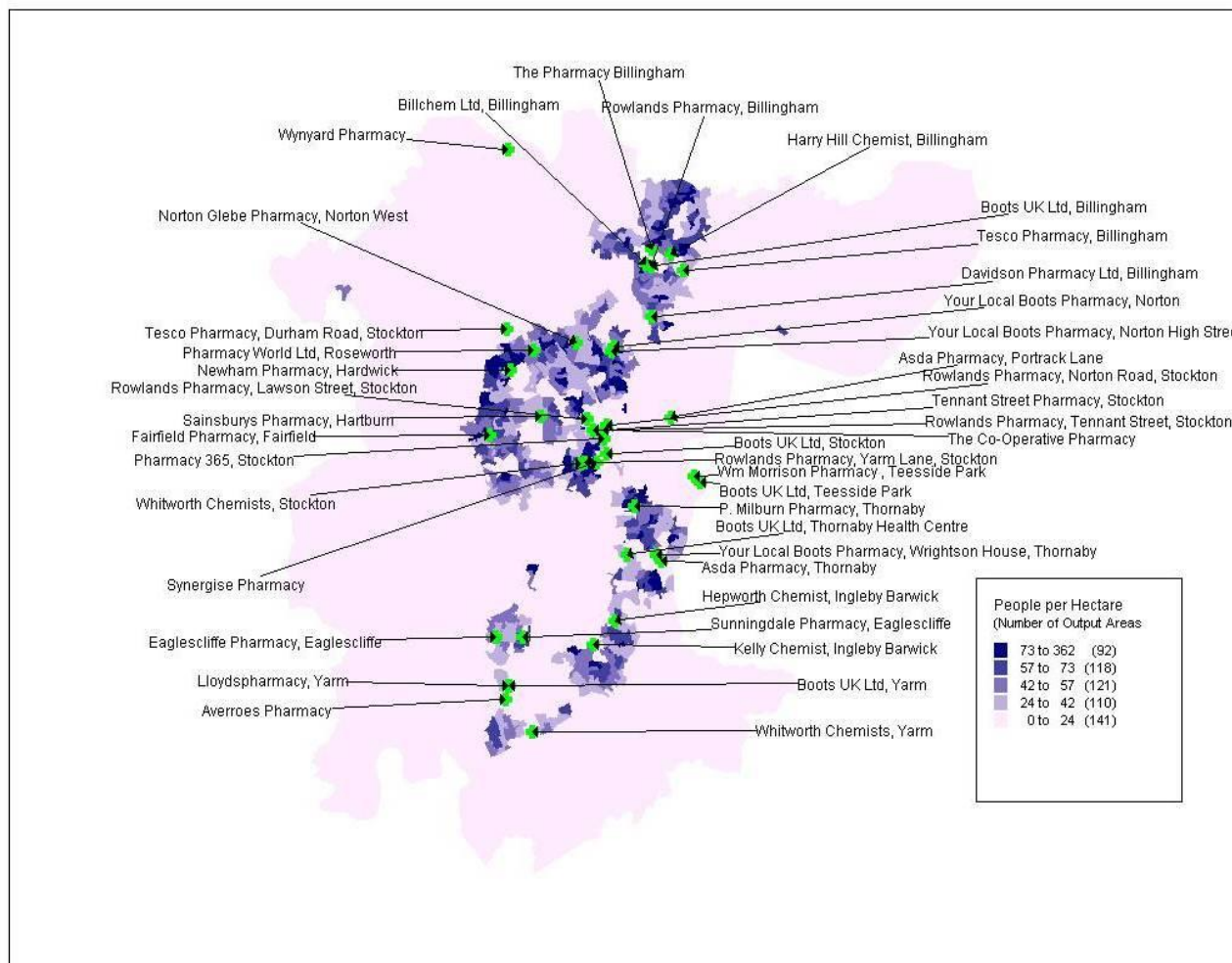


Figure 8. Distribution of pharmacies on a map of population density for the Stockton HWB area

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 Stockton-on-Tees that do not have a pharmacy is 53,890. This may at first appear high at 28% of the area's population. However, it is not axiomatic that any area, ward or otherwise must have a pharmacy located within that area in order for the population needs for pharmaceutical services to be reasonably met.

The following should be considered with regard to access to a pharmacy premises and their associated services in Stockton-on-Tees:

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

since opened in the Northern Parishes ward (population 3395), originally with some (supplementary) opening hours on a Saturday, but these were withdrawn within 6 months¹¹. The weekday opening hours now offered (Monday to Friday 9 am to 6 pm) are nevertheless making a full range of pharmaceutical services available to this relatively small proportion (less than 2% of the residents of the Borough) and the wider population of the S2: Stockton Parishes locality (totaling 6730 in all). This also provides additional choice to the section of the locality's population on the Park Lane practice's dispensing list (around 3200 patients). These patients may have their basic dispensing needs served by this GP dispensing practice at Stillington, (annotated as (B) in Figure 7).

- Providing choice and for access to other pharmaceutical services, as well as the pharmacy in the S2: Stockton Parishes locality, the population in this rural area may travel to their choice of several nearby Stockton-on-Tees pharmacies; (distances by road in brackets are given from the Stillington practice as a guide):
 - Fairfield Pharmacy (4.4 miles)
 - Tesco Durham Road - 100hr (4.5 miles)
 - Newham Pharmacy (4.7 miles)
 - Pharmacy World (4.9 miles)

The pharmacy at Fairfield, or others in Eaglescliffe ward are likely to be closer than 4 miles for the majority of the small population of the Western Parishes ward (3215); a large geographic area of lower than average population density. Alternatively the population of the locality may also access full pharmaceutical services if they travel for their other needs into either Sedgefield (5.3 miles by road from the practice in Stillington) in neighbouring County Durham or into the central Stockton area which offers a wide choice of pharmacy premises.

- There has been considerable development of this locality area in recent years and housing / commercial development continues in the area. The incoming population, for example at Wynyard, do not have the higher levels of pharmaceutical need related to deprivation that are common in other localities of Stockton-on-Tees. 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 consideration of both the rurality designation and the application to provide pharmaceutical services (approved on Appeal).

¹¹ Historically, it has not been uncommon for pharmacies to include supplementary hours on weekday evenings, or weekends on applications to open a new pharmacy that are subsequently withdrawn. It is for this reason that only core hours are usually taken into account in the decision-making process although applicants and consultees have often claimed more weight to these hours.

- In the remaining 7 wards without a pharmacy, it has been estimated that no resident should need to travel more than 2 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 (14,630) 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 (7605) 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 (6675) 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 ward (7675) are within easy and accessible reach of the community pharmacies in the Stockton Town Centre area.

8.2.2 Premises environment

Figure 9 shows the distribution of pharmacies in Stockton-on-Tees according to a nominal location descriptor of 'health centre', 'supermarket or retail park', 'high street/ central town' or 'suburbs'. This shows that in Stockton-on-Tees, the largest proportion of pharmacies are in 'the suburbs' i.e. close to where people live distributed about the localities. Since the PNA in 2011, it is pharmacies in this type of location that has shown the most growth. Around one fifth of pharmacies are co-located with a 'health centre' setting and another fifth are on the high street, just off the high street in central areas or in a retail park. Only 6 (15% of) pharmacies are in a supermarket setting and with the removal of the 100-hour exemption to the market entry test, it is unlikely that this sector will grow significantly in the future.

An advantage offered by pharmacies located in retailing or town centre environments is that they are likely to have reasonable access to public

transport and car parking given the association with other facilities. It is not always the case that health centre locations have reasonable access to parking facilities.

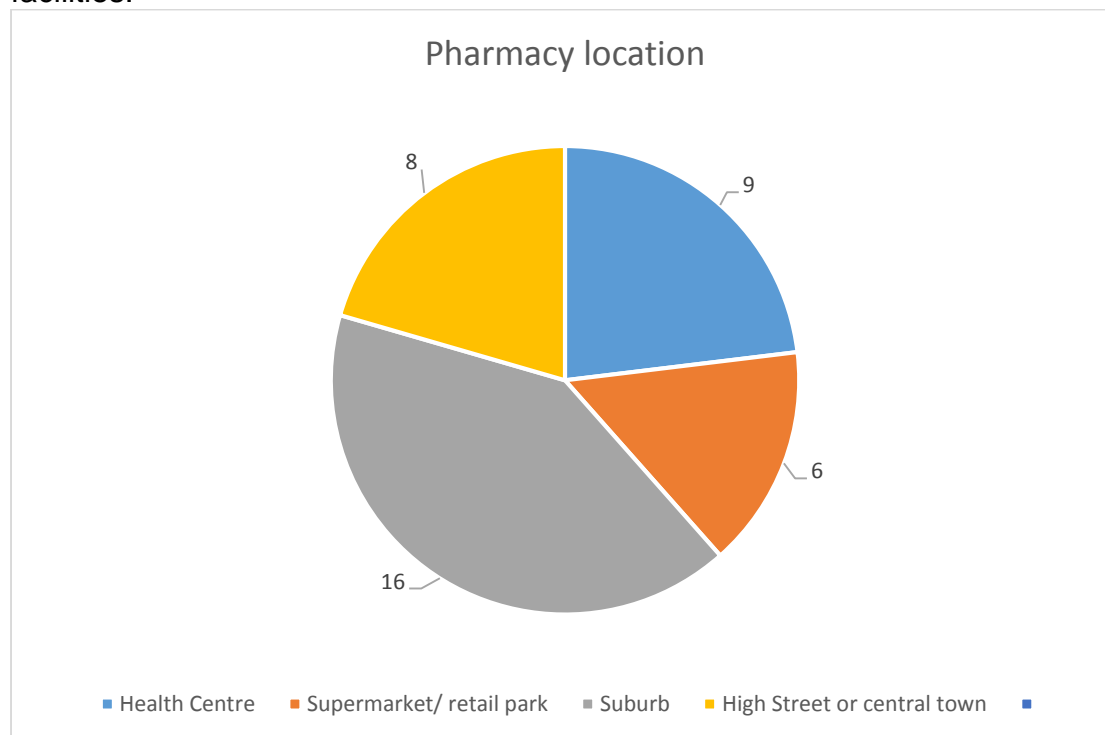


Figure 9. Distribution of pharmacies in Stockton-on-Tees (n=41 at July 2014) according to 'location environment'

Indeed all but one of the 39 pharmacies in Stockton-on-Tees (who completed the pharmacy contractor survey) describe the availability of car parking facilities within 50 metres of their premises and all 82% of pharmacies who replied reported that disabled patients could park close by (within 10 metres of) the pharmacy.

All but 2 pharmacies who replied to the survey indicated that there was also a bus stop near the pharmacy i.e. public transport links for 95%.

8.2.3 Premises facilities

Cautionary note: information obtained about pharmacy premises facilities at a fixed point in time provides a snap-shot of the position. 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., hand washing facilities in the consultation area are required for the several other potential clinical enhanced services) should they be planned.

For various reasons, not all the detail from the pharmacy contractor survey has been reported in the PNA and information has been presented only at HWB area not at locality level.

8.2.3.1 Support for disabled people (premises)

Thirty four (85%) of pharmacies reported wheelchair access unaided through the main entrance door and half of pharmacies indicated additional support at the entrance such as doorbells and/or automatic doors. Almost all pharmacies (95%) reported wheelchair access to all public areas.

Twenty four pharmacies (62%) of pharmacies reported the availability of a hearing loop. Previous studies showed around 60% had a low counter.

8.2.3.1 Seating area

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

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 38 Stockton-on-Tees pharmacies that completed the survey and have them, indicating that a high proportion of rooms are now highly specified.

	Has a computer	Has access to PMR	Has internet access	Has hand washing facilities
Yes 2011 n=32	17	15	16	19
% Yes 2011	53%	47%	50%	59%
Yes 2014 n=38	28	25	26	29
% Yes 2014	74%	66%	68%	76%

Table 20. Summary of the properties of the 38 pharmacies who responded to the survey and had consultation room(s) at July 2014 and comparison with 2011 position

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 almost three quarters 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. Almost 70% 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, process with improved governance.

Finally, 76% of these pharmacies already include a sink for hand washing in their consultation room. 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 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.

8.2.4 Workforce training and development

Pharmacists are highly trained professionals. Students graduating from University (after 4 years) with the Masters level foundation qualification in pharmacy are required to undertake a further one year 'pre-registration training' programme in suitable clinical settings as they prepare to sit (and pass) the qualifying examination to enable them to register with the professional body and use the title 'Pharmacist'. Alternatively, new students may attend a five year programme of academic study and pharmacy practice which will see them graduate (at Masters Level) and qualify to enter the GPhC register at the same time.

Pharmacies may elect to become a training practice and be paid an allowance to support the training of a pre-registration pharmacist. Pharmacist trainers must also be committed to the 'trainer role' themselves. If local pharmacies are supporting the training of pre-registration trainees, this will encourage new pharmacists into the area, support recruitment into pharmacist posts and may suggest that these 'training' practices will be demonstrating high standards of practice and keeping up to date.

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. Two of the pharmacies in Stockton-on-Tees reported that one of their pharmacists was a qualified independent prescriber, although it is not known how they are applying these skills. Other responses indicated their willingness to do this following further training. The opportunity for pharmacists to train as a prescriber has not largely been followed up with opportunities to use that training in a community pharmacy setting, though it is more widely used in the hospital sector. This is a missed opportunity for the profession and for patients that could be explored in a future commissioning strategy.

8.2.5 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 labelling, 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, it was a measure of progress with regard to non-dispensing related IT infrastructure, that the baseline survey of pharmacies in 2011 established that many pharmacies had now acquired a computer with access to word processing and spreadsheet software. Nevertheless, secure data transfer and contractor-specific secure email were still not established which contributed in no small part to the decision not to progress the pilot community pharmacy CVD screening service that had begun in 2009. A solution is now available – see below.

Access to the Summary Care Record has long been discussed for pharmacy. This development would support a range of opportunities to provide improvement or better access to pharmaceutical services for patients.

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.

8.2.5.1 Nhs.net and secure email communication

Until very recently, access to the internet for any purpose in a pharmacy has been very limited. The current pharmacy contractor survey showed that all pharmacy respondents now have access to the internet, though for some this is still controlled and restricted access via a company INTRANET 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 have been 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. Some pharmacists in 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. Pharmacies should seek transformation of this situation if they are to be able to participate fully, efficiently and in a more integrated way in a competitive market for service provision.

The introduction of PharmOutcomes and the commissioning of this software tool for use by Public Health and others in the Tees Valley, has transformed the ability to send secure messages out to contractors and to receive service-level and performance information back. This was introduced in Stockton on Tees in April 2014 as an urgent priority as old paper-based systems for both routine non-clinical and urgent or clinical communication (including financial reimbursement of locally-commissioned services and sharing of alerts) are now unsustainable.

8.2.6 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 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. Any pharmacy queries on 'hours' raised during the PNA development process have been reported to NHS England for due process to be followed in confirming them.

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 (now NHS England), 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 reliant 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.

Opening hours for pharmacies are included in the pharmaceutical list held by NHS England. A copy of this list is included as Appendix 9 for reference. For the purposes of understanding the core opening times and consequent availability of pharmaceutical services from those contractors, the information was summarized in 2011 in a series of tables arranged by locality. In this form it was 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 to facilitate assessment. These have not been updated as core opening hours have been only been extended since this time, particularly with the five new pharmacies that have opened.

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 21 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 by any means.

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 pharmacies 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 HWB 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 HWB 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 awarded within the Stockton-on-Tees HWB area 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	7.30am	6pm	7.30am	23.15pm	7.30am	8pm	
S2	9am	6pm	8am	6pm	9am	6pm	8am	6pm	
S3	7am	10.30pm	7.30am	8pm	6.30am	10.30pm	7.30am	8pm	
S4	7am	Midnight	7am	8pm	6.30am	Midnight	8am	8.30pm	
		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	7.30am	6pm	7.30am	23.15pm	7.30am	6pm	
S2	9am	6pm	8am	6pm	9am	6pm	8am	6pm	
S3	6.30am	10.30pm	7am	6pm	6.30am	10.30pm	7.30am	6pm	
S4	6.30am	Midnight	7am	8pm	6.30am	Midnight	7.30am	8pm	
		Friday				<p style="text-align: center;">Stockton-on-Tees HWB area</p> <p style="color: red; font-size: small;">Times in red indicate longer GP opening times compared to pharmacy</p>			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing					
S1	7.30am	23.15pm	7.30am	6pm					
S2	9am	6pm	8am	6pm					
S3	6.30am	10.30pm	7.30am	7pm					
S4	6.30am	Midnight	7am	8pm					
		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	8am	11.30pm	9.00am	4pm	-	-	
S2	-	-	-	-	-	-	-	-	
S3	6.30am	10pm	8.30am	12 noon	8.30am	7pm	-	-	
S4	6.30am	Midnight	8am	8pm	9.30am	8pm	8am	8pm	

Table 21. 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 as described in section 8.2.1.

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.

8.2.7 Choice of provider

In 2003 the Office of Fair Trading (OFT) recommended that the control of entry regulations for community pharmacies should be abolished (Office of Fair Trading, 2003) available at http://www.offt.gov.uk/shared_offt/reports/comp_policy/oft609.pdf.

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 2005/06. Dimensions of consumer choice are subjective and this measure has been difficult to administer in application panels. The criterion of 'choice' is nevertheless retained in the 2013 Regulations and must also be considered in the assessment of pharmaceutical need.

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 more urban areas such as those in Stockton-on-Tees there are a variety of providers – independent pharmacies and large and small multiples and also nine 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 (DotEcon for OFT, 2010), available at: http://www.offt.gov.uk/shared_offt/reports/Evaluating-OFTs-work/OFT1219.pdf also provided useful information to support the notion of patient choice for pharmacy goods and services and the HWB 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 NHS England and pharmacies 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 localities within or outside the HWB boundary where closer. When considering choice of services, published information and elements of our own patient experience and 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. Whilst they will often use the nearest pharmacy to home, they will not necessarily gravitate to a new pharmacy that opens within shorter range unless it provides other factors that they also want (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 services¹² since all pharmacies included in the Pharmaceutical List of a HWB are required to provide all of the essential services in accordance with their PhS or LPS contract. It is therefore assumed that all essential services are available from each community pharmacy in Stockton-on-Tees. A community pharmacy presence is highly likely to 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 or local authority commissioner has chosen to provide them.

8.3.1.1 NHS Prescriptions

Dispensing of NHS prescriptions is still the biggest pharmaceutical service provided by community pharmacies. The number of prescription items dispensed by community pharmacies in England in 2012-13 was 914.3 million compared to the 82.6 million items dispensed in general practices and 6.9 million by appliance contractors (Health and Social Care Information Centre, 2013). This was an increase of 29.3 million (3.3 per cent) from 2011-12, and 317.8 million (53.3 per cent) from 2003-04. HAST CCG practices located in the previous PCT area of NHS Stockton-on-Tees dispensed 3,951,304 items in 2013-14. 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 (Office of Fair trading, 2010) and an outstanding 53% increase from 2003-04 to 2012-13.

There is no evidence to suggest that the existing pharmacy contractors are unable to manage the current volume of prescriptions in Stockton-on-Tees nor are they unable to respond to any predicted increase in volume. Confidence in this assertion is increased as whilst the existing Regulations with Exemptions remained in force, new pharmacies continued to enter the market. Additionally, pharmacy practice has adapted to the increased volume of work with changes in training and skill mix (including the introduction of accredited checking technicians (ACTs) and latterly the introduction of the electronic prescription service (EPS).

Since 2003-4 the number of pharmacies in England has increased by almost 18%, with a large contribution of this increase arising from the four exemption categories introduced in 2005, particularly the 100-hr exemption. Since 2005

¹² Areas with a dispensing doctor may have additional access to dispensing; DACs may also contribute. In Stockton on Tees any contribution by DACs is provided outside the HWB area.

nine 100-hr pharmacies have opened in Stockton on Tees and now account for 22% of all pharmacies here. Together with other new pharmacies, this equates to a net increase of around 40% since 2005. With some exceptions, such as new entrants locating in supermarkets or out-of-town shopping centres, new entry had tended to concentrate in localities already served by pharmacies, including around GP surgeries where prescription demand is higher and often involved the 100 hours per week pharmacy exemption. 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 have arisen although there was a suggestion that they might benefit from services responding to the increased competition. However, where this clustering might, in other industries, lead to consumer benefits through increased price competition, the main activity of the majority of pharmacies is dispensing of NHS prescriptions at a fixed price (to patients this is at the relevant prescription charge, or, in most cases, free at the point of dispensing). Therefore, the benefits of price competition cannot occur with regard to NHS prescriptions.

Uptake of the NHS repeat dispensing service has been variable since 2005. In 2011, figures indicated that use of the contracted repeat dispensing service was lower in Tees than in other parts of the North East, with less than 1% of all prescriptions issued in either NHS Middlesbrough or NHS Stockton-on-Tees being dispensed using this facility. Recent efforts to increase this level have seen some limited success; for 2013-14 the proportion for Stockton-on-Tees was still less than 2% and the lowest in the Tees Valley.

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 (DotEcon for OFT, 2010). 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. The service is now well established, but there are still opportunities for improvement.

Table 22 shows that in 2013-14 a total of 10793 Medicines Use Reviews were completed by 38 of the 41 pharmacies in Stockton-on-Tees. This is more than three times the total number carried out in 2008-09 (3349) when there were 33 pharmacies in Stockton on Tees.

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 in 2013-14; 16400. 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 2013-14 represents almost 66% of the maximum potential. This is a considerable increase on the performance in 2009-10 where 36% of the potential MURs were completed, which had already increased substantially from only 25% of the 'potential' allowance of MURs undertaken in 2008-09.

The purpose of a Medicines Use Review is to support people to better manage their medicines, improve concordance and adherence and reduce waste. Whilst pharmacies are now completing two-thirds of the potential number of MURs that their national allowance permits each year, it could be suggested that in Stockton-on-Tees alone, more than 5600 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 England 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 NMS or AURs).

MURs in (NHS) Stockton-on-Tees	All pharmacies	Pharmacies completing at least 1 MUR	Total number of MURs claimed	Maximum potential MURs or 'allocation'	Completed vs. allocation (%)
2008-09	33	26	3359	13200	25%
2009-10	34	28	4862	13600	36%
2013-14	41	38	10793	16400	66%

Table 22. MURs completed in Stockton-on-Tees 2008-9 to 2013-14 and performance against national annual contracted allocation or allowance

The uptake of MURs is not evenly spread across all pharmacy contractors. In Stockton-on-Tees, 40% of the pharmacies (usually from multiple organizations) completed more than 75% their allowed 400 per annum, leaving many pharmacies completing a much lower proportion.

(b) New Medicines Service

The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new (to them) medicines for a long-term condition in order to:

- reduce symptoms and complications of the long-term condition
- identify any problems with the management of the condition and/or any need for further information or support.

Additionally the service will help patients:

- make informed choices about their care
- self-manage their long-term condition
- adhere to their agreed treatment programme
- make appropriate lifestyle choices.

The NMS is currently targeted towards the following patient groups and conditions:

- asthma and chronic obstructive pulmonary disease (COPD)
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

For each condition/therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines then they will be eligible to receive the service, subject to the pharmacist being able to determine that the medicine is being used to treat one of the above conditions (as in some circumstances a medicine can be used to treat more than one condition).

Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients. Initial funding for the service was agreed until March 2013. Since then, funding has been extended following an overwhelmingly positive academic evaluation of the service, investigating both the clinical and economic benefits of it (University of Nottingham, 2014).

In 2013-14 the pharmacies in Stockton-on-Tees completed 2473 NMS interventions. As with MURs, the uptake of NMS is not evenly spread across all pharmacy contractors. Seven pharmacies did not complete any, and a further 12 completed less than 20 in a year. In contrast, another six pharmacies completed more than 130 per annum, and the greatest number completed was more than three times that figure.

(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, in fact none of the pharmacy contractors in Stockton on Tees completed any AURs or stoma customization services in 2013-14. It should be noted that there is not of a universal demand for this service.

8.3.3 NHS Enhanced services

NHS England commissions two enhanced services from community pharmacy contractors in Stockton-on-Tees - extended opening hours for Bank holidays and an NHS flu vaccination service.

(a) Bank holiday opening hours

Extended hours for Bank holidays are commissioned on the basis of need for each of the English Bank holidays and other named days such as Christmas Day and Easter Sunday when all pharmacies are permitted to close their usual 'core' opening hours without penalty. The current practice is to commission one hour from a pharmacy in the first half of the day, say 9am to 10am and a separate hour from another pharmacy later e.g., 7pm to 8pm in a particular area. Rotating the hours, and the areas with a pharmacy open across neighbouring boroughs throughout the geographically compact Tees area provides adequate coverage for urgent situations throughout the day. A directed service commissioned well in advance provides the best way of ensuring that pharmaceutical services will be available.

(b) NHS flu vaccination service

An NHS flu vaccination service was first commissioned from pharmacies in Stockton-on-Tees by the PCT for the winter 2012 seasonal vaccination campaign. NHS England commissioned a pilot programme from pharmacy contractors for the 2013-14 season; 20 pharmacies were recruited to provide the service (PH England (North East) and NHS England, DDT AT, 2014).

Figure 10 shows the location of these practices in Stockton-on-Tees. In participating pharmacies, the immunisation service was available at all times that a trained pharmacist was available on the pharmacy premises. This included weekday evenings, Saturdays and Sundays in some premises. The service was provided on a drop-in basis, with no prior appointment necessary.

Across the DDT area, 4528 patients were vaccinated in a pharmacy setting in that season; 38% of which were patients in the harder to reach '18-64 years at risk' groups. 91% of these patients reported that their reasons for choosing a pharmacy for their NHS vaccination was convenience or preference. For just over 10% of patients this was their first vaccination, plus another 4% reported that they had previously been vaccinated in a pharmacy.

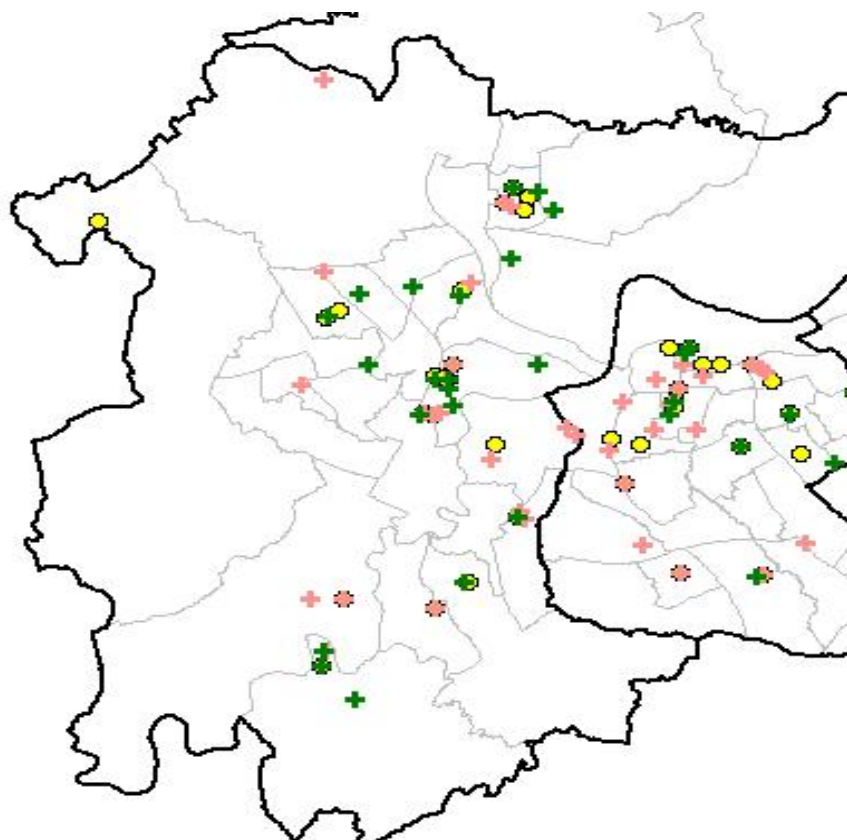


Figure 10. Pharmacies participating in NHS Flu vaccination pilot in Stockton-on-Tees in 2012-13 (green cross) showing also location of other pharmacies (red cross) and GP practices (yellow dot). Pharmacies across the borough boundary into Middlesbrough also shown

The pharmacy service was available in less than half of the pharmacies across DDT (50% of pharmacies in Stockton). Although the distribution across the area was good, the 'vaccinated by pharmacy' proportion is a very small fraction of all patients compared with those vaccinated by practices. Whilst there is little evidence that the pharmacy scheme increased uptake of the flu vaccination in the target groups in 2013/14, although more patients were seen overall, the scheme did provide choice and improve access. On this basis, the decision by NHS England to commission the pharmacy service for the 2014-15 season is welcomed, particularly as the lower levels of participation by pharmacies in some areas show that there is potential for the scheme to expand.

8.3.3.1 Pharmacy Emergency Repeat Medicine Supply Service (PERMSS) – pilot

A pilot Pharmacy Emergency Repeat Medicine Supply Service (PERMSS) has also been commissioned, starting in December 2015. This initiative, supported by the Local Professional Networks (Pharmacy) in the northern area of NHS England, working closely with NHS111 and the LPCs across the north, has led to a pilot service which at the time of publication was planned to run from late December 2014 to 31 March 2015. This service was not confirmed at the time that the draft PNA documents were compiled for the public consultation period,

and there is still very little detailed information to report at this stage. Reference to the service is included for completeness.

8.3.3.2 Emergency planning: supply of anti-viral medicines

NHS England is also responsible for leading the mobilisation of the NHS in the event of an emergency or incident and for ensuring it has the capability for NHS command, control, communication and coordination and leadership of all providers of NHS funded care. Pandemic influenza is a recognised disruptive event and remains at high on the UK Government National Risk Register. The 2009/10 A(H1N1) influenza pandemic has not altered the likelihood of a future pandemic. NHS England at all levels has key roles and responsibilities in the planning for and response to pandemic influenza.

Before the pandemic, one of those roles is that NHS England will:

- identify with relevant local partners, systems and processes to provide antiviral collection points (ACPs) and antiviral distribution systems, personal protective equipment (PPE) distribution routes and vaccine delivery processes (including pre-identified areas, systems and processes to maintain temperature control records of any stock held)

During the pandemic, NHS England will:

- oversee the local management of ACPs, including confirmation of locations, and ensuring local stock management, ACP governance and reporting information to the centre.

Should NHS England elect to use community pharmacies as ACPs, then a local enhanced service mechanism might be used to meet the pharmaceutical needs of the population in this highly specialist and particular situation.

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. Public Health service specifications are currently shared across the Tees footprint which makes 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 LA CCG boundaries.

Similarly, HAST CCG inherited two services from the PCT in April 2013 and has recently commissioned a new, short term pilot service.

A summary of the community pharmacy locally contracted services are shown in

Table 23. Supervised Consumption and Emergency Hormonal Contraception (EHC) are the longest established services having been provided for around 15

years. Stop Smoking enhanced services have also been provided for a considerable period of time. The Healthy Start Vitamins service commenced April 2014 and was the first to be directly commissioned by LA Public Health rather than inherited from the PCT; a second new service for weight management in a pharmacy setting will be implemented from 1st April 2015. Similarly, the pilot Seasonal Ailments Service is the first to be directly commissioned by the CCG.

Service	Commissioner
Emergency Eye Care Scheme	HAST CCG
On demand availability of specialist drugs	
PILOT Seasonal Ailments Service (end Dec 2014 to 31 March 2015)	
Supervised Self-Administration	Stockton-on-Tees Borough Council via TVPHSS
Needle Exchange	
Stop Smoking	
EHC* (PGD) ¹³	Stockton-on-Tees Borough Council via Sexual Health Teesside
Chlamydia screening* (Re-launched 2015)	
C-Card service* (Re-launched 2015)	
Healthy Start Vitamins	Stockton-on-Tees Borough Council via TVPHSS
Tier 2 weight management in a pharmacy setting (due to commence 1.4.15)	

Table 23 Community pharmacy locally commissioned services in Stockton-on-Tees (at 1st January 2015)

The locally commissioned services provided by each pharmacy are shown in Appendix 10; Table 24 shows an overview of the number of pharmacies participating in each of these locally commissioned services, by locality in Hartlepool, at 1st January 2015. Information on which pharmacies were providing the Seasonal Ailments Service, and which will provide the new weight management service was incomplete at the time of publication.

¹³ The services annotated with a * are managed by a lead-provider in a Tees-wide service (as 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	2	3	2	5	3	1	7	3
S2	Stockton Parishes	1	0	0	0	0	0	0	0	0
S3	Norton & Billingham	10	1	4	1	7	3	1	10	7
S4	Stockton & Thornaby	21	3	11	7	14	5	3	18	16
	STOCKTON-ON-TEES	41	6	18	10	26	11	5	35	26

Table 24. Numbers of pharmacies participating in each locally commissioned service in Stockton-on-Tees at 1st January 2015.

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 service has been withdrawn pending re-accreditation or training
- the commissioner has determined not to commission that service in that location by virtue of existing adequate choice of provider and service in that area or service prioritisation on the basis of need.

Table 24, and interpretation of service need, should be viewed in context of all of the above. Nevertheless, it would appear that local commissioners could make better use of the access hours available in 100 hour pharmacies by pursuing more locally commissioned services at these pharmacies. Need to include those 100 hrs that are providing

8.3.1.1 Emergency Hormonal Contraception (EHC)

Community pharmacies are sub-contracted to provide Emergency Hormonal Contraception (EHC) by the local sexual health provider that is directly commissioned by local authorities as part of a Tees-wide service.

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 in Stockton delivered 2737 consultations in which is 93% of all of the EHC consultations delivered by the whole service for Stockton.

The pharmacies in Hartlepool contribute the lowest proportion of this total number of EHC consultations compared with other areas in Tees. Pharmacies provide 88% in Middlesbrough whilst in both Stockton and Redcar & Cleveland pharmacy contributes over 93% of this SHT/pharmacy total. When GP supply of EHC is included, the 'market share' of each provider shows that pharmacy contributes a significant proportion of the consultations in all areas (Figure 11).

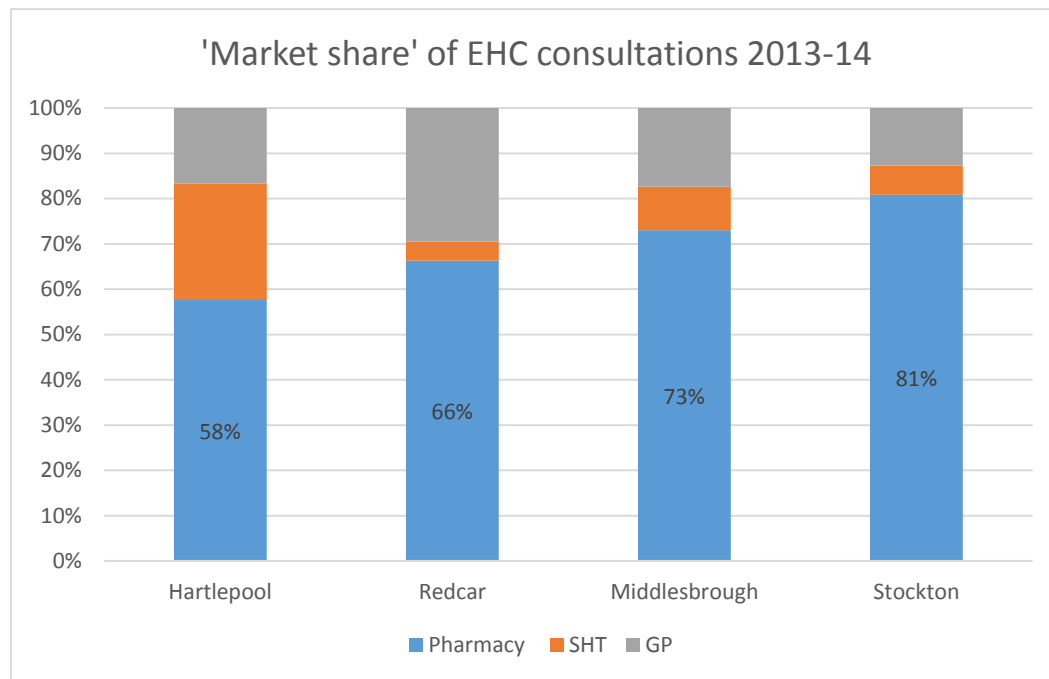


Figure 11. EHC activity by provider type in Tees 2014-15.

Figure 12 shows the distribution by age of the pharmacy EHC activity in 2013-14, which is highest in the 18-24 age group.

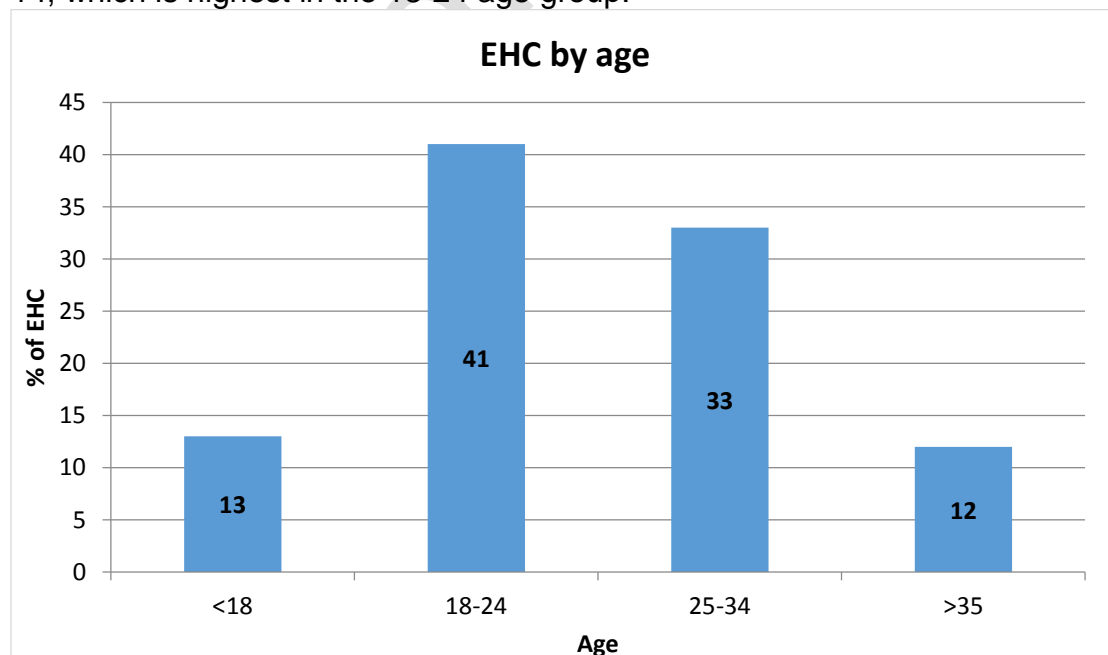


Figure 12. EHC activity in community pharmacy by client age for Stockton-on-Tees 2013-14 (2737 consultations).

Figure 13 shows how EHC activity is distributed across pharmacies in the Stockton-on-Tees HWB area. This indicates the highest demand in Locality S4: Stockton and Thornaby. Pharmacies in S4 delivered 31% of all the consultations in the Borough and 2 of the pharmacies in S4 locality deliver 66% of these consultations in S4. The highest providing pharmacy is located in an out of town shopping area and is open until midnight 6 days a week and for 6 hours on a Sunday. The next two highest providers are in Stockton town centre; both are open 7 days a week. This indicates an element of patient choice that may not be predictable from home address; however this pattern of behaviour (using a centrally located pharmacy associated with retail areas) is also observed in Middlesbrough. The highest providers in Locality S1: Yarm and Area and Locality S3: Norton and Billingham are located in Ingleby Barwick and Norton respectively.

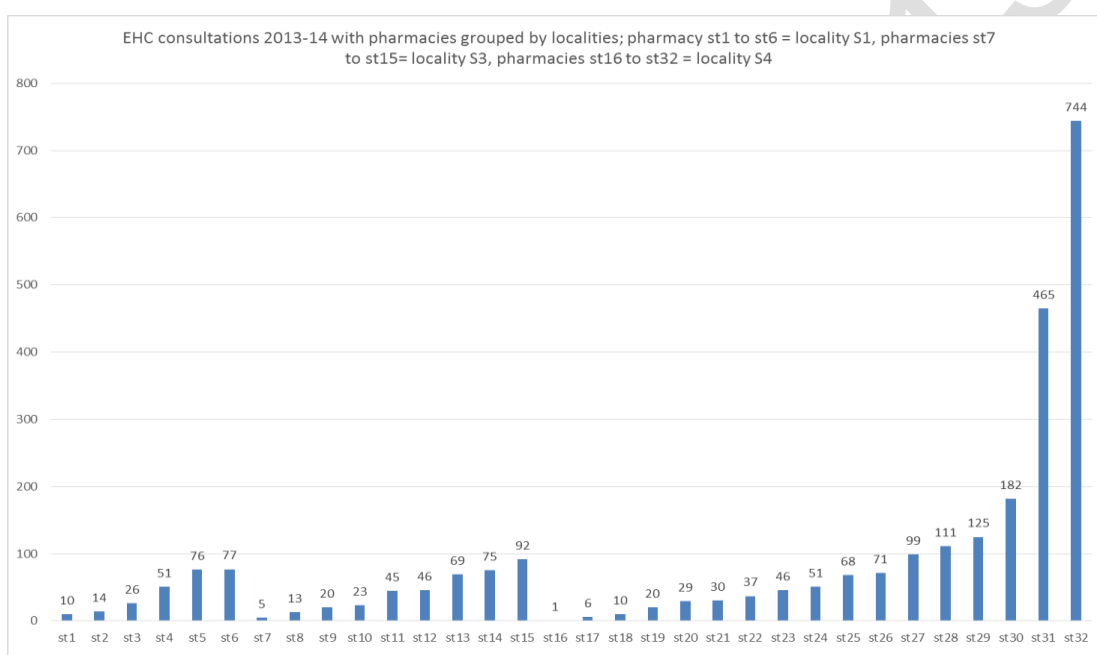


Figure 13. EHC activity in community pharmacy by pharmacy and locality in Stockton-on-Tees 2013-14

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 such as pregnant women and young people. Pharmacy locations for these 'one-stop' services have been 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 Stop Smoking Specialist 'hub' and a specialist stop smoking adviser dedicated to the community pharmacy service. Following interim arrangements in 2013, 18 pharmacies in Stockton-on-Tees transferred to a new Public Health contract from April 2014 using the same tariff-based arrangements, updated to include

new pathways for pharmacies to support voucher-led schemes such as 'Babyclear' interventions initiated by midwives.

The pharmacy service pathway involves clients being recruited in the pharmacy or referred by contact with the specialist service on the basis of preferred location for support with their quit attempt. Currently, pharmacies are only able to offer NRT as pharmacological support, however a PGD for varenicline is in development to permit this extension to the support available.

In 2013-14 3475 smokers in Stockton-on-Tees set a quit date (QDS), with community pharmacy in Stockton having approximately 26% of the 'market share', increased from around 15% in 2009-10. There was an 8% drop in the number of QDS in pharmacy in 2013-14 compared with 2012-13 but the number of provider pharmacies had also dropped slightly during this year.

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 2013-14 was 42%. This quit rate is at least as good as other providers for NRT-only pharmacotherapy quit attempts.

Recruitment of new pharmacy sites to provide stop smoking services is currently on hold pending during a process of stop smoking service review although on-going training continues to support existing pharmacies to manage staff changes and to maintain or extend their service provision (e.g., to provide a service for pregnant women). From April 2014, provider review will examine where any opportunities for new providers may exist alongside introduction of a service to extend dispensing of vouchers issued by the service into more pharmacy locations.

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. Previously commissioned by NHS Stockton-on-Tees, now the TVPHSS and LA Public Health teams work closely with pharmacies, clients and treatment providers to ensure that all parties work to provide a quality locally commissioned service. The LA supports a programme to ensure pharmacies commissioned to provide the service employ pharmacists who have completed the required training.

In 2013-14 twenty five pharmacies were accredited and 23 were remunerated for the supervision of at least one client¹⁴ during one month. These pharmacies

¹⁴ 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. Some clients will be supervised for less than this and this will not give rise to a claim by which activity has been reported. The use of PharmOutcomes in 2014-15 will provide a better reflection of true activity.

provided a total of more than 2600 client-months of supervised self-administration of either methadone or s/l buprenorphine, a 14% increase on 2009-10 activity. Fifteen per cent of the supervised activity is for s/l buprenorphine.

Figure 14 and Figure 15 show how the activity is split by drug, pharmacy, and locality for 2013-14. As one provider, located in central Stockton, provides almost half of the whole of the Borough's provision, the charts are split to make them more meaningful. Figure 14 shows the pharmacies in the S4: Stockton and Thornaby locality that provide 75% of the borough's supervised self-administration requirements; the highest provider pharmacy in S2 locality is also shown for reference.

Figure 15 shows provision in S1: Yarm and area and S2: Norton and Billingham localities. Only 2% of the provision is delivered in the S1 locality S1, but there are 5 pharmacies providing choice to those who require this service in that locality and 7 pharmacies in S2 locality.

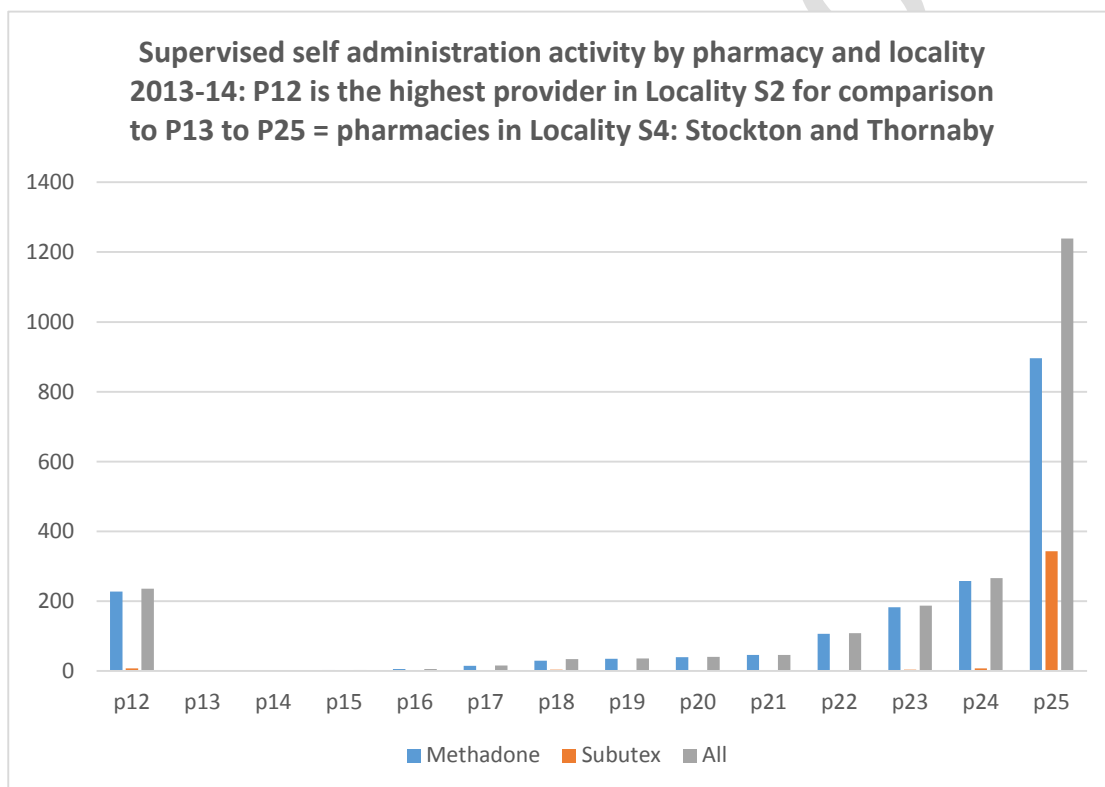


Figure 14. Supervised self-administration activity 2013-14 for pharmacies in S4: Stockton and Thornaby locality of Stockton-on-Tees

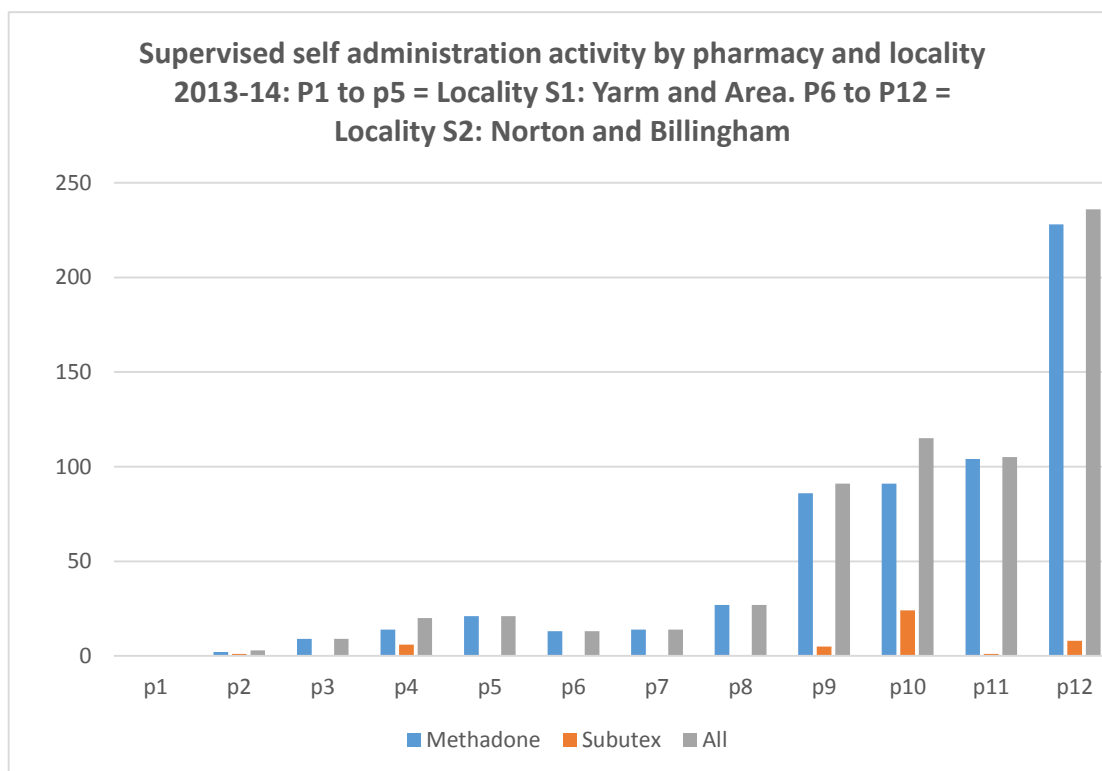


Figure 15. Supervised self-administration activity 2013-14 for pharmacies in S1: Yarm and Area and S2: Norton and Billingham localities of Stockton-on-Tees

8.3.1.4 Needle exchange (Nx)

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 the six community pharmacy needle exchange providers.

Approximately 3000 transactions (comprising a 'pack' of needles supplied) were completed in community pharmacy Nx locations in 2013-14. The breakdown of these transactions by anonymised pharmacy is shown in Figure 16 indicating that the most used pharmacy site issues 50% of the Nx transactions. The greatest number of transactions take place in Thornaby and Billingham. It has been suggested that return rates could be improved and that a service style based on client selection, rather than pre-filled packs would be more appropriate.

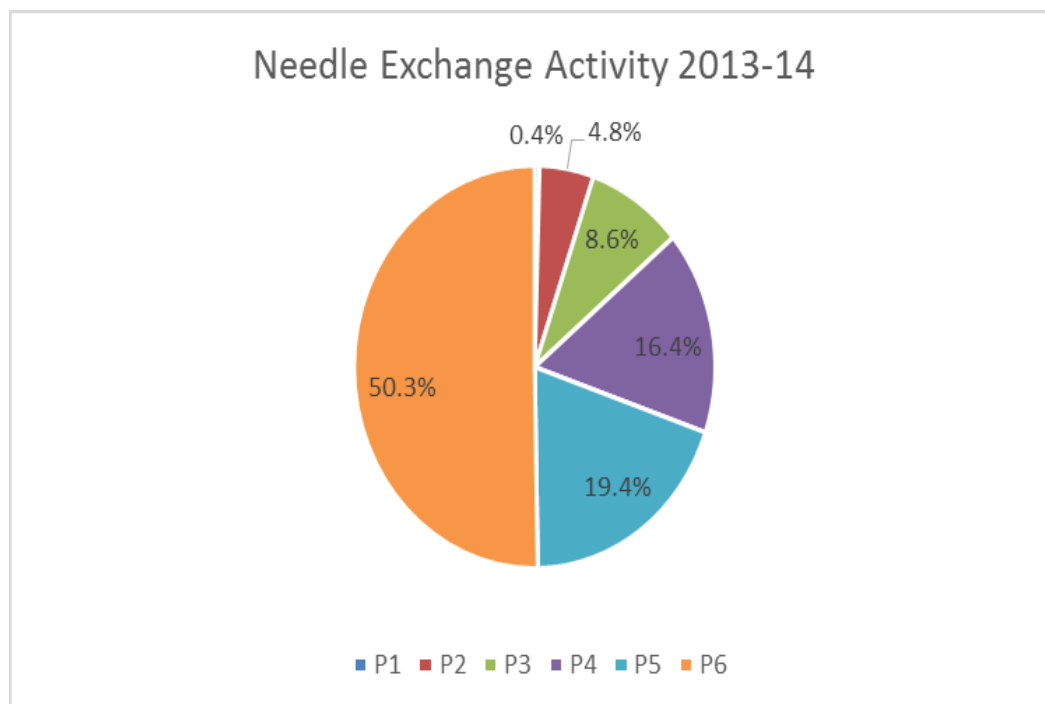


Figure 16. Community pharmacy needle exchange transactions 2013-14

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 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 GP practices, schools, colleges, youth services and contraception and sexual health (CASH) services.

This screening programme is managed across the Tees area by Sexual Health Teesside on behalf of the four Tees Borough Councils. SHT reports that 26 pharmacies are currently sub-contracted to provide this service. Other than L2: Stockton Parishes, each locality has at least three pharmacies providing the service, though areas other than Yarm in locality S1: Yarm and area are poorly represented. This should be addressed to improve access, particularly for the young people in these areas and to match the provision of EHC by pharmacies. A pathway to improve the chlamydia screening offer through pharmacies is currently being developed in the form of a 'kit and consult' programme which will see improvements to the intervention required with issue of a testing kit. Discussions have taken place on introducing a pharmacy-based 'test and treat' service for chlamydia, which might offer improvement or better access for clients, but this is unlikely to come to fruition within the next commissioning year.

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. HAST CCG have recently re-commissioned the optometry service and the parallel requirement for the pharmacy scheme which continues with 11 pharmacy providers, well distributed across the localities and borough. Individual pharmacy activity reflects the location of the optometrists.

8.3.1.7 'On demand availability of specialist medicines (including End of Life care)

At the time of the publication of the previous PNA in 2011, a pharmaceutical need was identified for patients to be able to access medicines with 'reasonable promptness', a requirement which is included in the PhS contract specification for 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, unless there is a national problem with medicines supply beyond the control of community pharmacy.

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. Modern pathways for EoLC should reduce the requirement for unplanned, urgent access to those medicines frequently used at this time. However not all eventualities can be planned for and a similar urgent need may exist for patients requiring antibiotic prophylaxis as contacts of others with meningitis or tuberculosis for example.

Additionally, it was considered that **improvement or better access** to the availability of those medicines could be achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service was commissioned by PCT at the end of 2011, was continued in transition and is now re-commissioned by HAST CCG from April 2014. Five pharmacies provide the service, one each in locality S1 and S3, the others in the S4: Stockton and Thornaby locality. Three of the providers are open extended opening hours on evenings and weekends providing reasonable access at most times.

8.3.1.8 Healthy Start Vitamins

Healthy Start is a statutory UK-wide government scheme which aims to improve the health of pregnant women and families on benefits or low incomes. One element of this scheme is the availability of vitamin supplements for those eligible. *Healthy Start* supports low-income families in eating healthily, by providing them with vouchers to spend on cow's milk, plain fresh or frozen fruit and vegetables, and infant formula milk. Women and children getting *Healthy Start* food vouchers also get vitamin coupons to exchange for free *Healthy Start*

vitamins. *Healthy Start* vitamins are specifically designed for pregnant and breastfeeding women and growing children. Pregnant women, women with a child under 12 months and children aged from six months to four years who are receiving *Healthy Start* vouchers are entitled to free *Healthy Start* vitamins.

Healthy Start vitamins contain the appropriate amount of recommended vitamins A, C and D for children aged from six months to four years, and folic acid and vitamins C and D for pregnant and breastfeeding women. Arrangements for access to the vitamins were poor at the time of the changes to the NHS architecture in 2013. Uptake of the *Healthy Start* Vitamins in eligible groups was similarly poor, despite good use of the vouchers for other parts of the scheme.

The Public Health teams in the Tees area collaborated to develop a pharmacy service which provides substantially improved access to the vitamins. In Stockton, there are now ten pharmacies across the borough who can supply the vitamins to eligible pregnant women or mothers/ carers of children via a voucher process involving midwives and health visiting teams. The service started in April 2014 and an interim review is about to take place; early indications are that there has been a substantial increase in the number of vitamin supplies made compared with the previous service model.

8.3.2 Healthy Living Pharmacies

A description of the concept of Healthy Living Pharmacies is placed here and not under section 8.3.1 as this is not a commissioned service. The concept was piloted in Portsmouth in 2009, a national pilot program commenced in 2011 and in 2013 Public Health England acknowledged the power of the HLP model, where staff are enabled to proactively engage with the public on the provision of health messages and information to increase their wellbeing.

The Healthy Living Pharmacy (HLP) framework aims to achieve consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next.

It is also an organisational development framework underpinned by three enablers of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals.

Community pharmacies wishing to become HLPs are required to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting

environment. A key workforce requirement is the need to identify staff within the pharmacy team who will become 'Health Champions' accredited by the Royal Society for Public Health and those who will develop their skills in a leadership context. Having achieved specific targets, pharmacies become 'accredited' as HLPs and gain the 'kitemark' of recognition.

The Public Health teams in the Tees area work collaboratively with LPC Tees to support a program of development of Healthy Living Pharmacies across the Tees area. With substantial public health investment into the infrastructure which supports the program, each public health function have committed to the HLP concept in their area and improved access to public health interventions through community pharmacies.

In Stockton, five pharmacies commenced the HLP programme in wave 1 and are now accredited to level 1. Thirteen more have joined them in a second wave and are working towards their HLP status throughout 2013-14. Thirty six HLP Champions have achieved the Royal Society of Public Health Level 2 "Understanding Health Improvement" qualification. However, the Tees project is not static venture but a constantly evolving program of activities and development of individuals, pharmacies and their environment as it relates to public health and the 'Healthy Living' approach.

8.3.3 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.

8.3.4 Pharmaceutical services provided to the population of Stockton-on-Tees from or in neighbouring HWB areas (cross boundary activity)

The population of Stockton-on-Tees may travel outside of the HWB 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 very few residents of some areas of Stockton-on-Tees is in another HWB 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 late 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, the Stockton-on-Tees is bordered to the north by the Borough of Hartlepool, to the northwest by County Durham and to the east by both Middlesbrough and Redcar and Cleveland HWB areas. To the west the Borough is bordered by Darlington and to the south by the North Yorkshire HWB area. The location of Stockton-on-Tees in relation to these neighbouring HWB area suggests that there may be opportunity for patients to travel either to or from neighbouring Boroughs within the Tees Valley area, or more widely into other areas, in order to access pharmaceutical services. However, the proximity of pharmacies in the Stockton-on-Tees borough to each other, and the existing transport links, suggests that residents of Stockton-on-Tees, and the associated reliant population, are most likely to access pharmaceutical services locally. This is confirmed with prescription analysis in the following section.

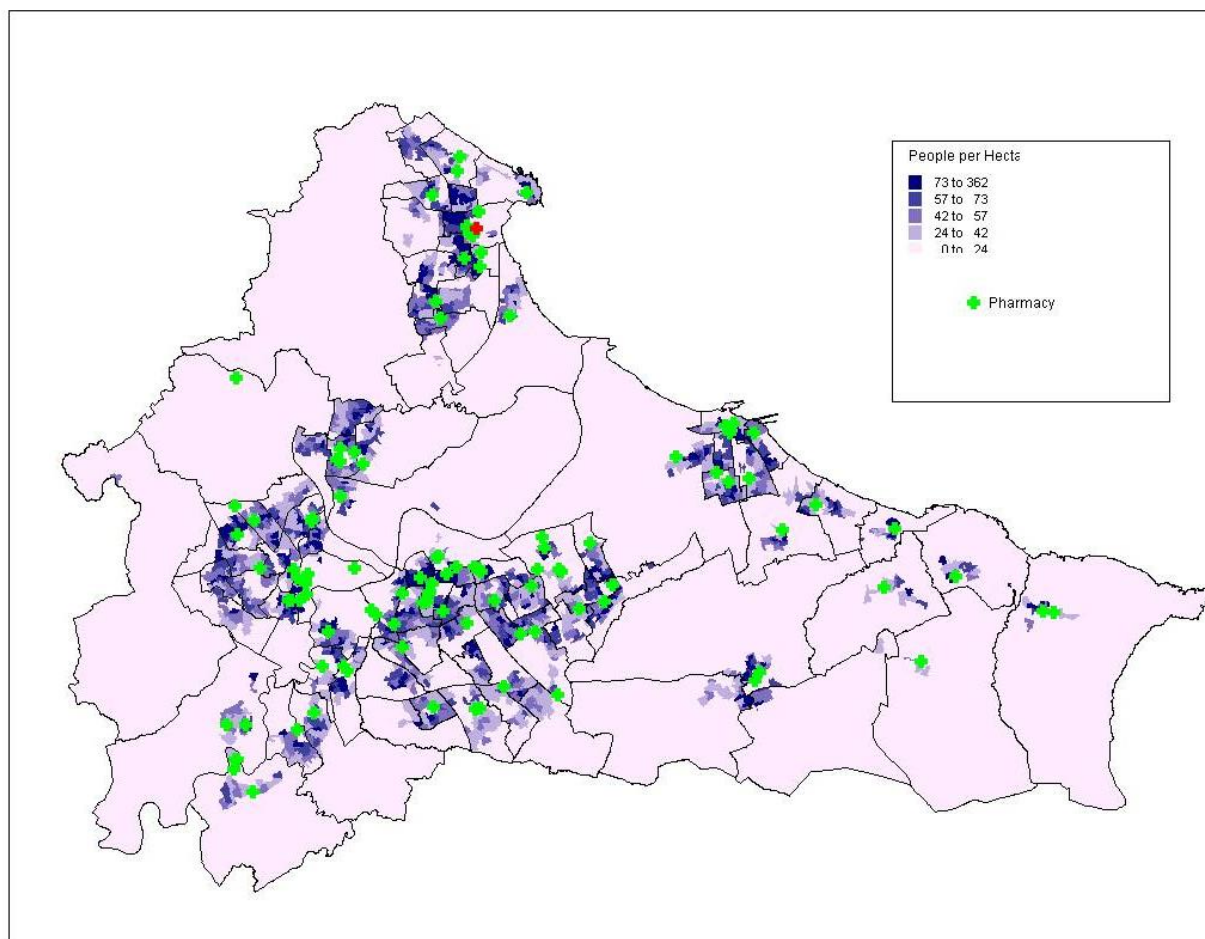


Figure 17. Showing population density across Tees and pharmacy locations to illustrate potential for cross-boundary activity. Green Crosses show pharmacy locations. Red cross indicates pharmacy closed since PNA 2011

Figure 17 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 located in the Borough of Hartlepool within 5 miles of the northern boundary of Stockton Borough. 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 Borough located in the Middlesbrough HWB area. Proximity suggests that some cross-boundary activity may occur here; for example, patients travel into Stockton-on-Tees and use the two pharmacies 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 the Stockton-on-Tees HWB area into the County Durham or Darlington HWB areas. Some of the rural population of S2:Stockton Parishes could elect to travel into County Durham or Darlington instead

of into other localities of the Stockton-on-Tees HWB area in order to access an alternative to the GP dispensing service or the full range of pharmaceutical services available from the one pharmacy in this locality, particularly on evenings or weekends

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

Cross boundary activity data for dispensing of NHS prescriptions in the Tees HWB areas is described below. Table 25 shows that based on prescription data for the 6 months from April to September 2010, fewer than 2.5% of the prescriptions from Stockton-on-Tees were dispensed outside the PCT area, moreover less than 1% of the prescriptions from Stockton-on-Tees were dispensed outside of the NHS Tees area. Some of this small proportion may include internet pharmacies, and those dispensed by appliance contractors.

The table also shows data for an almost comparative period now. Four years later, proportions are remarkably similar, with slightly more dispensed out of HWB area in Stockton on Tees. It is not considered that out of area pharmacies provide a 'necessary' pharmaceutical service for Stockton on Tees, this level is more likely to represent choice or convenience, and may even demonstrate some wholesale out of area transactions such as for nursing home patients.

Prescriber area	April - Sept 2010			April to June 2014		
	Proportion of total scripts dispensed by pharmacy in that PCT (%)	Proportion dispensed in other Tees PCTs (%)	Proportion dispensed outside of NHS Tees (%)	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed in other Tees HWB areas (%)	Proportion dispensed outside of former NHS Tees (%)
Hartlepool	99	0.3	0.7	99	0.3	0.9
Middlesbrough	89	9.7	0.9	95	4.4	1.2
Redcar and Cleveland	96	3.1	0.9	94	5.2	0.8
Stockton -on- Tees	98	1.4	1.0	97	1.9	1.3

Table 25. Cross-boundary dispensing for HWB areas of the former NHS Tees HWB areas (ePACT)

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

As previously stated, 'pharmaceutical' services are also experienced by the population of the Stockton-on-Tees HWB area (and also in the wider Tees Valley) by various routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. Services are currently provided in connection with

- secondary care provision
- mental health provision

- prison services (Stockton-on-Tees) and also via
- CCG directly-provided or CCG commissioned pharmaceutical services and
- Local authority commissioned services (e.g., for public health).

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 three NHS Foundation Trust providers of secondary and community services within the Tees Valley. The University Hospital of North Tees is situated in the Stockton-on-Tees HWB area. Each trust will provide or commission a pharmaceutical service needed for in-patients, out-patients and community services.

Pharmaceutical services for in-patients are also commissioned for the prison in the Stockton on Tees HWB area.

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 NHS, local authorities, private and voluntary sectors, social enterprises also 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, care homes and home carers, psychological therapists and healthcare scientists for example, working from/in community hospitals, community clinics and other and other healthcare sites
- services that reach across the area 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 was 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 and operational activity to support the controlled drugs and patient safety agendas and
- strategic input into the development of community pharmacy, including the PNA itself.

Some of these services are retained in the medicines optimization function commissioned by local CCGs, some have transferred to NHS England and others are now the responsibility of local authorities.

Specific examples of services currently delivered to the reliant population of the Stockton on Tees HWB area, by a provider other than a community pharmacy, dispensing doctor or appliance contractor that **could** be commissioned and thereby delivered 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
- 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

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. However, as transformation of health and social care pathways continues, there may be opportunities for new pharmaceutical services to deliver improvement or better access to pharmaceutical care as we find solutions which manage medicines better.

Additionally, we have already highlighted situations where pharmacy [enhanced] services are provided in a mixed-provider model alongside other providers (e.g. needle exchange, 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. Sixty three 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 26. 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	
	<i>answered question</i>	1070	
	<i>skipped question</i>	22	
Total responses=		1092	

Table 26. 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 dependents).

8.5.2 Detailed analysis of results

Reflecting the accumulated Tees Valley results, Table 27 shows that 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%

Table 27. Patient survey, pharmacy use and access by car or bus

Stockton responses 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 (Todd, 20014) 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 28 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 28. Showing responses to “What do you usually go to the pharmacy for?”

Relating this to questions looking at behaviour in relation to pharmacy and minor complaints, Table 29 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 (meaning illness):				
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 29. Looking at behaviour 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.

One question asked

'What do you think about the opening times of pharmacies that you use?'

Figure 18 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.

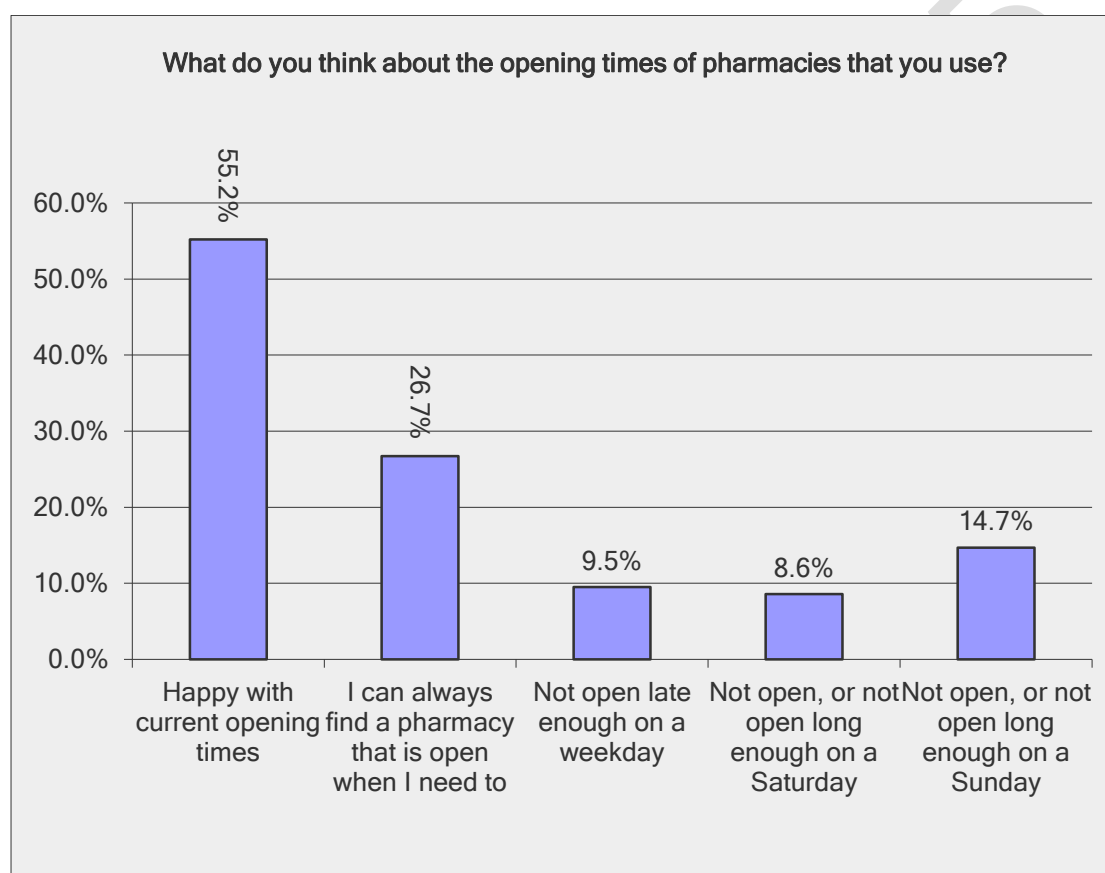


Figure 18. Looking at behaviour in relation to pharmacy and minor complaints

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; 32% of pharmacies in Stockton are HLPs.

Another question 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 19 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 response in 2011.

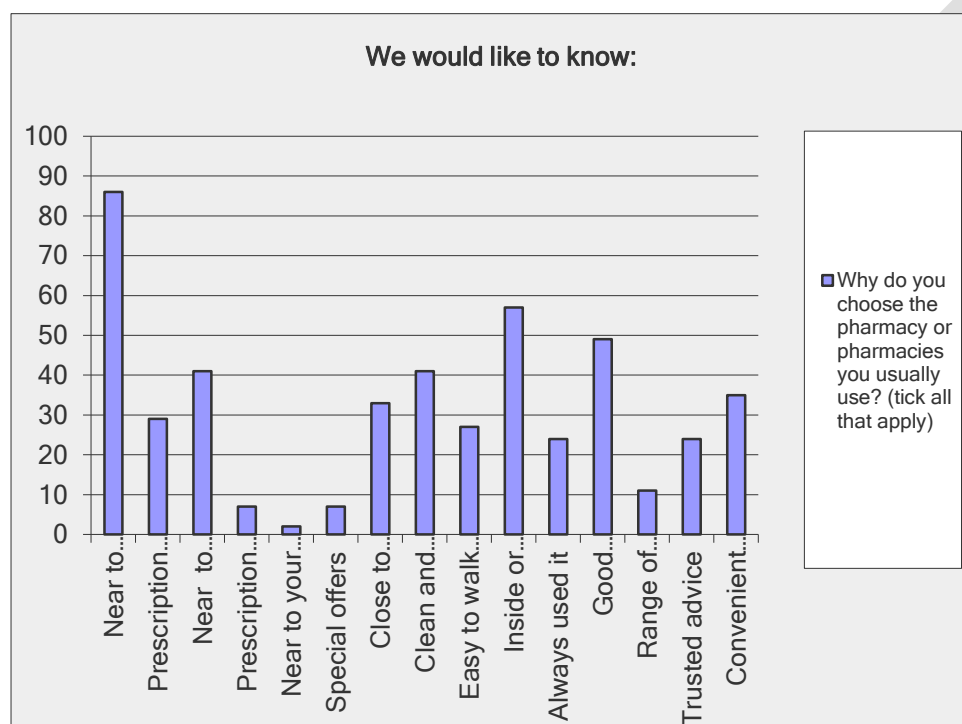


Figure 19. Reasons for choosing the pharmacy normally used by patients/ carers

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 30 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. finger prick 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

Table 30. New pharmaceutical services patients think might be useful and they would like to use

To support the development of the pharmacy White Paper (April 2008), interviews were conducted with 1,645 adults (aged 16+) in England in December 2007. Key findings reported were as follows; these are remarkably similar to those found in this patient survey six years later:

- Pharmacies are well used – on average around 14 times a year per person (11 times for health reasons)
- The most common frequency of visit is once a month, although those with long term conditions will visit more frequently, as well as women and those aged 35+
- The most common reasons for a pharmacy visit are to get medication prescribed by a doctor followed by over the counter medication
- 12 per cent of respondents use pharmacies for health advice with only 1 per cent using a pharmacy for urgent advice. Groups most likely to use a pharmacy for health advice are women and those aged 25-44
- Most people visit a pharmacy that is close to where they live.

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 (CPPQ) 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 CPPQ 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=11) 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 potential for MUR to be used for hospital discharge referral or of appliance review / stoma customisation service (almost 40% unaware). The majority of respondents felt that better use could be made of these services.

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 (hence their inclusion in this section), but not in Stockton or elsewhere in Tees; Middlesbrough will be implementing an Alcohol Brief Advice service from 1st April 2015.

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.

Given the long list of services not available now that stakeholders were asked to indicate if they considered that they were needed in Stockton now or might be needed in the future, hardly any had a high response for 'not needed at all'. The spread of services identified as needed now or in the future was great making it difficult to discriminate and response rate to these questions is smaller.

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.

When invited to choose from a list, up to 3 pharmaceutical services which **"might offer greatest impact (improvement or better access to services locally) if they were to be commissioned"**, those services most frequently selected were; 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 community pharmacy data collection, existing community pharmacy providers were asked to indicate service priorities for future commissioning from their experience providing pharmaceutical services in the area on a day to day basis. There was an excellent rate of completion of this section which required 'free text' entry and was not therefore driven by any pre-prepared 'tick box' process.

Pharmacies were asked to indicate their top three priorities for services not already commissioned from pharmacy contractors in their area. Each pharmacy had the opportunity to name three service priorities and place them either first, second or third. Table 31 summarises the top ten cited priorities. There was a longer 'tail' of responses mentioned only once or twice and there were other services listed which were already commissioned in the Stockton-on-Tees area, but not from that pharmacy; these will be dealt with separately. The first column shows the percentage of all 39 pharmacies who completed this survey who cited the named service as one of their top three priorities. The second column scores the choices with 5 for a first choice, 3 for a second choice and 1 for third choice of new service. By either method, it is immediately clear that the pharmacies think that the highest priority for commissioning of a new pharmacy service for their reliant population is a Pharmacy First or minor ailments scheme, with 50% of all pharmacies identifying that service as a priority for commissioning.

Qualitative comments about need for a minor ailments service include:

“..a lot of time could be saved for GPs and patients if this was implemented”

“We get requests for this and also believe that it would free up GP time for them to use seeing patients that can't be dealt with in community pharmacy”.

“...already provide advice on minor ailments and so customers would benefit from {NHS/free} .. treatment in addition to the advice”

“...patients struggle to afford cost of OTC” (OTC= over the counter pharmacy purchases)

“We have a community centre 2 doors down and the pharmacy often sees a lot of parents and families struggling to pay for medication”

“...as we are open till midnight and weekends. Having several requests from OOH service to supply as they consider we can provide the same service as Darlington/Durham”

“Get asked a lot and it may free up GP time”

“...saves patient using doctor’s appointment and health care delivered close to home”

Top three 'new' pharmacy service priorities for Stockton-on-Tees	Count as percent of all pharmacies in survey (n=39)*	Weighted score**
Pharmacy First	50%	75
Biometrics: BP and glucose monitoring	18%	21
C-Card	18%	21
Healthy Heart / Cholesterol/ Diabetes screening	23%	21
STI testing	13%	13
INR monitoring	13%	21
Obesity management	13%	17
Travel or other vaccines (not flu)	8%	15
Gluten free product management	5%	2
* Percentages will not add to 100% as each pharmacy had three choices. **Weighted score calculated by scoring services listed as 1 st priority choice=5, 2 nd priority choice=3, 3 rd priority choice=1		

Table 31. Top three 'new' pharmacy service priorities for Stockton-on-Tees as identified by current pharmacy contractors

Several other potential new pharmaceutical services that pharmacy contractors might provide improvement or better access for the local population were all of a similar count, score or collective priority. Five of the next six of these were public health priorities i.e., blood pressure / glucose (extend to LTC) monitoring, a C-card scheme and STI testing for sexual health, obesity management and screening services related to CHD/diabetes such as the Healthy Heart Check.

8.6.2 Consultation Response

Notification of commencement of the consultation period for the Stockton-on-Tees HWB draft PNA was sent on 12th November by either post or email, with a closing date set for 15th January 2015 to ensure that all statutory consultees had at least 60 days to be able to respond.

A framework of specific questions was provided for consultees to provide their feedback in response to the consultation and these questions can be seen in Appendix 7 together with tabulated summary responses for the 'Yes/No' answers and full verbatim accounts of any comments made. Twelve replies were received via the survey tool and three others, (one a duplicate of the survey response for an organisation) were also sent directly, making 14 in total.

Those majority of the respondents who replied to the specific questions indicated that

- the purpose of the (draft) PNA was explained
- the (draft) PNA accurately described the range of pharmaceutical services available in Hartlepool and adequately reflects local pharmaceutical needs. Any reduction in the agreement with these statements was largely as a direct result of the introduction of two new pilot services and one change introduced to a national service specification (MURs). Several consultees reported these services that they were aware of that were not included in the PNA. This was helpful as all had been commissioned / changed between the timeframe of preparation and approval of the draft and completion of the consultation. The HWB were aware of these and the final draft has been updated to reflect this up to date information – however, it has not been possible to update the detail of which contractors are providing some of these newly commissioned/ soon to be commissioned services, i.e., Pharmacy Emergency Repeat Medication Supply Service PERMSS), Seasonal Ailments Service (SAS), C-Card update.

Three quarters of those who responded thought that the process followed in developing the PNA was appropriate.

Several consultees responded noting errata, queries, challenges or comments and suggestions for additional issues/ material to be included in the PNA. Each of these has been responded to in the consultation report and adjustments made to the final PNA where possible and appropriate.

Additional, direct quotes from the consultation responses that support the assurance of a robust, valuable PNA include:

“We acknowledge that a thorough process has been followed in liaising with, and seeking feedback from, the public, relevant parties and organisations during the production of the PNA and we confirm that we believe it meets the requirements as set out in the regulations..”

“In summary, we feel that overall this is a good quality, useful document.”

“.....recognises the work undertaken by Stockton-on-Tees Health and Wellbeing Board in developing their PNA”

“..an impressive document, which provides much necessary details on how ..services have developed and are developing in the future...”

“...well-written and reflect adequately the Local Pharmaceutical Needs of each area. The process in developing the PNA was appropriate. The PNAs describe the range of available Pharmaceutical Services in an accurate manner”..

9.0 Local Health and Wellbeing Strategy and Future Developments

The health 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 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 life course 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 examples such as:

- 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, health checks
- 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 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, then CCGs 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 Stockton-on-Tees HWB area, 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 and local health strategy including future developments and the results of the recent patient, professional 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 commissioners of primary care services 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 fundamental pharmaceutical needs therefore include

- The requirement to access Prescription Only Medicines (POMs) via NHS prescription (dispensing services), including NHS repeat dispensing and any reasonable adjustment required to provide support for patients under the Equality Act 2010;
- 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 and protection, especially in relation to medicines;
- the requirement to safely dispose of waste medicines in the community and finally
- the public and professional expectation of reasonable standards and quality of pharmaceutical care and service.

The requirement to have pharmaceutical services available to meet these fundamental needs of the people of Stockton-on-Tees 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 any pharmaceutical service 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.

The Assessment reported in Section 11 will have regard to choice, reflecting on the possible factors to be considered in terms of “sufficient choice” as follows:

- *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?*

10.2 Pharmaceutical needs particular to Stockton-on-Tees

How do the identified inequalities in health in 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. A similar benefit of repeated contact for pharmaceutical care has operated for many years via installment dispensing for patients receiving substitute medicines for substance misuse.

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. This begins with basic interventions fundamental to dispensing at the point of completion of that standard process and transfer of the medicines to the patient; often known as 'patient counselling' this aspect should not be lost just because there is a higher level intervention also available in the form of an MUR, PIR or NMS. 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 CCG 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.

With both elective and urgent hospital admissions, smooth transition related to medicines is vital in relation to outcomes. Opportunities to work closely with secondary care pharmacist colleagues to promote communication across the interface and provide high quality interventions around medicines, particularly at discharge, can make a real difference to outcomes.

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 that is beyond the scope of pharmaceutical services. However, pharmaceutical services can play a valuable role in providing additional opportunities for lifestyle interventions including signposting to services and support available outside the NHS system provided, adequate information and skills training is provided as an enabler.

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. A Pharmacy First (minor ailments scheme) may provide added value of repeatedly re-educating the population with regards to 'choosing well' for their access to health care support. It also meets a fundamental need to target those areas of higher deprivation and

remove the potential for a two-tier pathway to self-care for those who can pay and those who can't.

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, and 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 Equality Act (formerly Disability Discrimination Act (DDA)) should be discouraged. Greater understanding, at all levels, of the Act and how it applies to these pharmaceutical needs, goods and services would be very helpful. Medicines management work streams at NHS Tees had begun to support opportunities to improve understanding and to influence key stakeholders to ensure support for medicines in use by older people 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 in a wider range of areas.

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 C-Card service with additional support 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 potential 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. The availability of local arrangements to improve the patient/ carer experience in accessing dispensed medicines at the End of Life is key.

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 patient safety and 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 by pharmacists and others
- 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 than 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 other than to highlight the high proportion of children and associated pharmaceutical needs, in Ingleby Barwick.

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. A significant proportion of this relatively small population (4% of the Borough) 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 area includes areas of heavy

(chemical) industry and low population in this area of the locality. The specific health needs of the area of Port Clarence require particular attention. Pharmaceutical needs of older people may require particular attention in some wards in this locality; 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.

10.3.4 Locality S4: Stockton and Thornaby

This locality is the most affected by deprivation in Stockton-on-Tees, and will therefore have the greatest pharmaceutical needs associated with the significant impact of deprivation. Nine out of the 10 wards in this locality are in the most deprived quintile for England; 6 of these wards fall within the top 10% of deprived wards nationally. The high proportion of children in some areas impact on children (almost 25% of the population in [Hardwick] and [Newtown] wards), many living in poverty, requires consideration.

This locality also has a more substantial non-white population whose specific pharmaceutical needs are highlighted; this will 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 an assessment that will identify

- necessary services: current provision
- necessary services: gaps in provision
- other relevant services: current provision
- improvement or better access: gaps in provision
- other NHS services taken into account when making the assessment.

What is required from the Statement of Need? The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require that the PNA includes a statement of the pharmaceutical services that the Health and Wellbeing Board 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 HWB** 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 Health and Wellbeing Board 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, 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 Health and Wellbeing Board has identified. These may be gaps in the provision of either necessary services or 'other relevant services ('added value' services as described above). Furthermore, any identified gaps in provision may require services to be provided to meet a **current need** or an anticipated **future need** for pharmaceutical services. The gaps in 'added value 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 that the HWB has had regard to when assessing the needs for current or future provision of pharmaceutical services must also be included, and follows in this section.

11.1 Statement of need: dispensing services and other Essential services provided by community pharmacy contractors or DACs

The HWB has identified in its assessment, the well-established and on-going (doctor provided) dispensing services available to some patients in the S2: Stockton Parishes locality of Stockton-on-Tees. These services, contribute to meeting the need for (dispensing) pharmaceutical services in that area, but do not impact on meeting the need for other pharmaceutical services there. These dispensing services were unaffected by the changes in Regulations regarding market entry.

11.2 Statement of need: pharmaceutical need for essential services

11.2.1 Borough of Stockton-on-Tees – all localities

Essential services are available via the current pharmaceutical services provision described in section 8. 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 HWB has had regard, in so far as it is practicable to do so, to the all the matters included in PART 2 Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. 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 sufficient 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 HWB area.

Following this assessment, the HWB has considered that 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 are necessary to meet the current and likely future pharmaceutical needs for Essential services in all localities of the Stockton-on-Tees HWB area. The dimensions of the existing service provision described above are also considered to meet the need all localities. The PNA in 2011 had not identified a need for a new provider of pharmaceutical services in each of the other localities that now have additional 100 hours per week provision. The new pharmacies have provided improved access and additional choice to patients/public in areas where there was already choice of both provider and pharmaceutical services.

Responses to the patient survey contribute in part to the evidence for this i.e. that the significant majority of the Stockton-on-Tees respondents stated that it was easy to visit a pharmacy and that they could always find a pharmacy open when they needed one.

The pattern of opening hours is adequate and the HWB 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 100-hour pharmacies in Stockton-on-Tees are necessary providers of core hours, particularly at evenings and weekends. The HWB 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 HWB considers that there is sufficient choice of both provider and services available to the resident and visiting population of all localities of Stockton-on-Tees. Taking all into account, 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.

The local health needs of the borough of 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.

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 Stockton Borough, 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 by pharmacies in Stockton on Tees, or the Tees Valley; DACs are also accessible outside the Durham, Darlington Tees area (often by mail order processes). The HWB is not aware of any complaints or 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 the above, the HWB considers there is **no gap** in the provision of such a pharmaceutical service and does not consider that an appliance contractor is required to be located in the Stockton-on-Tees HWB 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 HWB described above. The addition of a 100 hour pharmacy in this locality since the 2011 PNA has secured provision where minor gaps in opening hours (not premises) were identified previously. The new addition has improved the availability of core hours on a weekend and extended the earliest or latest times that pharmaceutical services are available from any pharmacy, any day of the week in the S1 locality. This is most notable on a Sunday and now this is established, this service is also considered necessary to meet the needs of the population in this area.

Taking into account potential future needs, there is no identified need for any additional provider in this locality.

11.2.2.2 Locality S2: Stockton Parishes

In 2011, there were no pharmacies in S2: Stockton Parishes locality – a rural area. The PNA had not identified a gap in pharmaceutical services at Wynyard; however the NHS Litigation Authority approved the application to open a pharmacy there on Appeal. The new pharmacy (now opened) therefore provides improved access and additional choice to patients/ public in locality S2: Stockton Parishes.

It is acknowledged that the small populations of Locality S2: Stockton Parishes, may still 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 (including 100 hours) within the S4: Stockton and Thornaby locality.

There are also pharmacies located across the HWB 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 the new community pharmacy provider contributes to meeting the necessary pharmaceutical needs of this population. The needs of the locality are now adequately met by the providers both inside and outside of the locality given the rural nature and population demographics. Some providers outside the HWB area provide improvement and better access in terms of choice of services; providers within the HWB area also improve access and availability on evenings and weekends.

Taking into account potential future needs, there is no identified need for any additional provider in this locality.

However, **improvement or better access** to these services might also 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

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 HWB 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 HWB does not wish to see any change in the pattern. 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 HWB area described above. The addition of a 100 hour pharmacies in these localities since the 2011 PNA has secured additional provision.

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. Recognizing the need for transport to access these services, it was nevertheless considered that the new provider was not required to meet the current need for pharmaceutical services.

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 identified health needs, it may be that a similarly specific and innovative solution to the provision of any associated 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.

Improvement or better access to current 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.

11.3 Pharmaceutical need for advanced services

11.3.1 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. Service provision has developed rapidly over recent years demonstrating contractor commitment to providing this service for patients, even with the introduction of 'target groups' for patients. 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 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
- Involving CCGs/ GPs in the plans to improve use/ target MURs and gain better concordance on their value
- Applying quality management and enhancement principles to review MURs undertaken
- Enhanced pharmacist training to improve support for patients with learning disabilities, or non-English language difficulties

The 'ceiling' on MUR numbers per pharmacy is already achieved by several pharmacies. If this is to become more widespread i.e. the need outweighs the nationally specified capacity, then alternative local arrangements may need to be considered to achieve maximum improvement or access.

11.3.1.2 Appliance use reviews (AURs)

AURs may provide **improvement or better access** for patients managing appliances. Data suggests that pharmacy contractors have not engaged with this service or patients have not required this service from pharmacy contractors. Capacity remains available so 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 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 Stockton-on-Tees. In order to meet the needs of Stockton HWB population, pharmacies are also commissioned outside of the HWB area, but within the Tees area, and contribute to provision of this necessary service. Provided at least the current level of direction of pharmacies on these days is maintained, there is considered to be **no gap** in the current provision of this pharmaceutical service; the pharmaceutical needs of the population are met. Arrangements must be agreed well in advance so that patients are able to make best use of the services by being able to be fully aware of them.

11.4.1.2 Community pharmacy NHS seasonal flu vaccination service

The majority of service provision for seasonal flu vaccination remains with general practices and as such, the pharmacy service is not a necessary pharmaceutical service. However, provision of this enhanced service commissioned by NHS England provides **improvement or better access** for patients. The availability of the service on a drop-in basis, at times that included weekday evenings, Saturdays and Sundays in some premises, will contribute to the 'convenience and choice' that patient feedback from the 2012-13 season reported. The service is being extended in 2013-14 and evaluation will contribute further to our understanding of the place of this service in a commissioning framework for NHS England.

11.4.1.3 Emergency planning: supply of anti-viral medicines

NHS England is responsible for leading the mobilisation of the NHS in the event of an emergency or incident and for ensuring it has the capability for NHS command, control, communication and coordination and leadership of all providers of NHS funded care. NHS England at all levels has key roles and responsibilities in the planning for and response to pandemic influenza.

There is a pharmaceutical need for antiviral distribution systems to be available in the event of a Pandemic. Depending on the stage of the response, NHS England may choose to use pharmacy or non-pharmacy providers but some planned service availability is **necessary** to meet the needs of the population of Hartlepool. In the absence of another provider NHS England may plan, and ultimately commission, an enhanced service from community pharmacy providers. It is not considered that existing contractors in Hartlepool will be unable to meet the likely future need for this service.

11.4.1.4 Pharmacy Emergency Repeat Medication Supply Service (PERMSS) (PILOT)

From 15th December 2014 a Pharmacy Emergency Repeat Medication Supply Service (PERMSS) pilot scheme was commissioned by NHS England across the Northern area, including Stockton-on-Tees, during a defined out of hours period. The scheme will run in selected pharmacies until 31st March 2015 when an evaluation will be undertaken. This will help to inform South Tees CCG around future service provision needs. At the moment it is not clear if this service will provide improvement or better access to pharmaceutical provision out of hours across Stockton-on-Tees. Evidence suggests high rates of NHS 111 contacts and attendance at Out of Hours services for 'lost/ missing' routine medicines. The PERMSS service may support additional interventions with patients who manage their repeat medication in a chaotic way to bring about more sustainable improvements.

11.5 Statement of need: other NHS services taken into account when making the assessment

11.5.1 Other community pharmacy services currently commissioned in Stockton-on-Tees

11.5.1.1 Emergency hormonal contraception (EHC)

There is a pharmaceutical need for women and young girls to be able to access EHC and given the particular health needs of Stockton-on-Tees this is considered a **necessary** pharmaceutical service.

The needs assessment takes into account the current (low) level of provision available from other (non-pharmacy) NHS providers (i.e. Sexual Health Teesside (SHT) and general practices) and determines that the EHC locally commissioned service is **necessary** provision by community pharmacies in 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 by the service commissioned (indirectly) by the local authority.

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.

A small degree of **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. However, the commissioner has already made good use of the opportunity to commission EHC from a large number, including 100 hour

pharmacy providers. The aim should be for almost all pharmacies to be in a position to offer EHC most of the time; monitoring by exception reporting the availability of EHC provision may be useful. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this.

11.5.1.2 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 Stockton-on-Tees. As there is no alternative provider, the community pharmacy locally commissioned 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 by the service commissioned by the local authority.

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

Improvement or better access to this service could be afforded by maintaining the capacity of community pharmacy provision around that currently provided, whilst monitoring trends to establish future needs as periodically identified. Maintaining numbers of suitable pharmacy 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 Stockton-on-Tees, or for those not being supervised on a daily basis, should be addressed through the review activity during 2014-15 following the introduction of PharmOutcomes to support data-handling from April 2014.

11.5.1.3 Needle exchange

There is a pharmaceutical need for this service which is considered to be **necessary** to meet the needs of the population of 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 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 by the service commissioned by the local authority.

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 HWB might suggest better use of the opportunity to commission needle exchange from some 100 hour pharmacy providers in line with the specific needs assessment regularly undertaken by the specialist commissioner.

11.5.1.4 Stop smoking Service

High smoking prevalence in 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 local authority-commissioned 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 Stockton-on-Tees.

Pharmacies are particularly necessary where access to prescribed pharmacological support is limited (i.e. where specialist stop smoking advisers are not able to prescribe NRT or varenicline but instead use a 'voucher' system for patients to access a pharmacy for dispensing. 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 by the service commissioned by the local authority. For this need to continue to be met, at least the same number of pharmacies and broad location of community pharmacy providers in Stockton-on-Tees, would need to be maintained, unless other commissioned services were made available to replace them.

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 HWB could make better use of the opportunity to commission this service from 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 and wider use of pharmacies for a Dispensing Only Voucher Service) are currently underway and have the flexibility in contracting to respond to the needs of the specialist commissioner as necessary. The introduction of a PGD service for varenicline in community pharmacy would also offer improvement or better access in the near future to

provide greater capacity given the reduction in general practice participation in stop-smoking service provision.

11.5.1.5 Healthy Start Vitamins

There is a public health need for provision of Healthy Start Vitamins (HSV) to eligible women and children in Stockton on Tees. The absence of any other service provider means that the **current** community pharmacy locally commissioned service is **necessary** to meet the pharmaceutical needs for this service in all localities in Stockton on Tees. The service started in April 2014 and an interim review is about to take place; early indications are that there has been a substantial increase in the number of vitamin supplies made compared with the previous service model. Commissioners will need to be responsive to the review to understand whether there is any **future need** (immediate future) for **improvement or better access** to the HSV service either by amended contracted activity with existing providers or extension to include new providers which may improve access.

11.5.1.6 Chlamydia screening

There is a public health need for a Chlamydia screening service which is **necessary** to meet the needs of the population of Stockton-on-Tees. Having regard to the current low level of provision available from other commissioned providers (SHT and general practices and non-healthcare settings for 'issue-only) the **current** locally commissioned pharmacy-based Chlamydia screening service is considered to provide a **necessary** service in Stockton-on-Tees.

However, it is understood that further **improvement or better access** to this service could be afforded by investing in an improved service pathway for this service. 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 'consultation' based approach and a stronger association with EHC provision (developments underway) and the potential to provide treatment to those whose returned test is positive.

11.5.1.7 Stockton-on-Tees Emergency Eye Care Scheme (SEECs)

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 by the CCG commissioned service. 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; expressions of interest in previous years have been positive.

11.5.1.8 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 part of the service specification of the routine 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.

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, however not all eventualities can be planned for. At the PNA in 2011, it was considered to be a **necessary** pharmaceutical service that information was 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 was considered that **improvement or better access** to the availability of those medicines would be afforded by commissioning selected community pharmacies to maintain a suitable stock list of medicines, including the potential for **improvement or better urgent access** to medicines required for prophylaxis of meningitis or similar. A service was commissioned by the PCT soon after and this has been maintained by the CCG from 1st April 2013. It is therefore considered that the need for this pharmaceutical service in Stockton on Tees is met by **current** provision, and there is **no gap** whilst this service remains commissioned by the CCG. 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.

11.5.1.9 Weight management service

Stockton on Tees Borough council recently commissioned a small pilot research programme working with Durham University to review the potential for pharmacy provision of a weight management service. Following the report, Stockton has now commissioned a year-long programme with 16 pharmacies starting 1st April 2015. This is not a necessary pharmaceutical service but a relevant service to be considered in the context of the PNA. Considering the provision of current (non-pharmacy) weight management services, this pharmacy programme will meet a need in provision for a Tier 2 service and provide **improvement or better access** in the longer term.

11.5.1.10 Pregnancy testing and C-card service

Teenage pregnancy rates are high in Stockton-on-Tees and the other HWB areas 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.

Prior to 2011, NHS Stockton-on-Tees commissioned a pregnancy testing service and supported a condom distribution service from community pharmacies. This has not been maintained but a new locally commissioned service for C-card is in the process of being implemented by SHT working with TVPHSS and in close collaboration with the local authority teenage pregnancy services. This re-development will provide **improvement or better access** to such a service.

Maintenance of the pregnancy testing service or any expansion will be determined by the specialist commissioner following performance review of the limited 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.

11.5.1.11 Minor ailments or 'Pharmacy First' service

Hay fever is one example of several minor conditions that may be managed in this way and Redcar and Cleveland operated a successful enhanced service for this seasonal condition for several years. NHS Hartlepool and NHS Stockton-on-Tees also had a service running at one time; each was de-commissioned in a different primary care context to that operating now. Most other areas in England now operate a service such as this and Scotland has operated the Minor Ailments Service (MAS) as an Essential service since 2006. In most areas therefore this would not be considered a 'new' concept but for the benefit of clarity a description is provided here.

For most services of this genre, 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 of charge under the scheme. Given what is known about the levels of need for management of minor ailments and the income deprivation in Stockton-on-Tees generally, but particularly in H2 and H3 localities, this will be a large number of the population here. It consequently also offers choice to those whose household income deprives them of choice, and is more convenient, offering a 'one-stop' service pathway.

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, however this is probably not the best use of a limited general practice resource.

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 perhaps leave a condition to worsen. A Minor Ailment / Pharmacy First / Seasonal Ailment Service (SAS) avoids the need for vulnerable groups to make an appointment with a GP, or worse, attend A&E, just to access such medicines for free. The patient survey for the PNA, although not a representative sample, did seem to indicate that for 10% of those surveyed financial constraints had directed them to a GP/A&E unnecessarily.

Additionally, it 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 if required.

A minor ailment service could reduce prescription waste medicines by carefully controlling clinical choice via formularies as well as quantities, may reduce the prescription of antibiotics by careful triage, and is claimed to free up general practice time. However, MAS enhanced services may be subject to abuse and must be carefully specified, monitored, maintained and managed by the commissioner if they are to provide best value. Medicines issued by pharmacies as part of the MAS 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.

The NHS England evidence base report on the urgent care review, published in June 2013, highlighted the role that pharmacies could play in providing accessible care and helping many patients who would otherwise visit their GP for minor ailments. (NHS England, June 2013). Additional evidence is provided the specific report for community pharmacy published later in November. (NHS England, November 2014).

In areas of high deprivation, services that allow access to a limited range of NHS-funded over the counter medicines for low income and deprived families to support self-care have been shown to be cost-effective in reducing demand on GPs, walk-in-centres and Emergency Departments (Pharmacy Research UK, October 2014), (Monitor, October 2013), (National Statistics Publication for Scotland, 25 June 2013). The Five Year Forward View (NHS England, October 2014) states that we need to build the public's understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit.

Research from the Royal Pharmaceutical Society (Pharmacy Research UK, October 2014) shows that common ailments cost the NHS an extra £1.1 billion a year when patients are treated at Emergency Departments or GP surgeries rather than at community pharmacies. Treatment results were equally good regardless of whether patients were treated at a pharmacy, Emergency Departments or GP practice. The cost of treating common ailments in community pharmacies was found to be £29.30 per patient. The cost of treating the same problems at Emergency Departments was found to be nearly five times higher at £147.09 per patient and nearly three times higher at GP practices at £82.34 per patient. Overall, the study estimates that 3% of all A&E consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacies. Patients can be advised to use this service where and when appropriate via NHS 111, NHS Choices, general practice telephone messages, out of hours providers and accident and emergency departments.

The PNA surveys also showed substantial endorsement by patients and stakeholders of the potential value of a 'Pharmacy First service in Stockton on Tees and the wider Tees area; Darlington already operates a MAS. In the current climate, it is now considered that a 'Pharmacy First', or similar service is a **necessary** pharmaceutical service for at least some conditions and/ or some locations/ times / days where the needs of the population are greatest.

The availability of a 'Pharmacy First'-type service in the local area would offer choice to all and form an experiential part of the wider drive to encourage system-change with patients and the general public to use the health care setting most suitable for their needs. At the time of publication of the draft PNA there was no currently commissioned service so this therefore this was identified as a current **gap** in provision. This does not require any new pharmacy premises, just a newly commissioned 'other relevant service' whose detailed scope may be determined.

From December 2014, a pilot SAS has been established by the CCG to run until 31st March 2015 and thereafter be included in 'commissioning intentions' for 2015-16. It is not possible at this stage to confidently indicate that the identified need and implemented solution will 'match', but an objective evaluation of the pilot would go some way towards that, given adequate data. It is suggested that one in five GP consultations are for minor conditions; it would be helpful to better understand the local position in more detail.

The HWB therefore welcomes the short pilot as an opportunity to contribute contemporary local experience to the long-established wider experience across the north east area and beyond. Given a suitable data-set, the evaluation may also consider patient experience of the pilot service and pre-existing alternatives. It should be acknowledged that commissioning of a local minor ailment service will also require adequate expertise and resource (financial, human and pharmaceutical) to support the level of accreditation, training and contract management required to facilitate a safe and effective service available in a sufficient number of locations to influence patient choices and make it a viable alternative.

11.5.1.12 Emergency supply – free at the point of access

Laws relating to the supply of medicines can sometimes enable a pharmacy to provide an 'Emergency Supply' at the request of a patients, or a doctor, where the patient does not have access to their usual medicines. Sometimes this results from failures in the repeat prescription processes that should be tackled at that level. However, in some circumstances, it might provide **improvement or better access** for patients, particularly in the out of hours period, if pharmacies can be commissioned to deliver a service which uses this facility, but enables the supply to be made without charging the patient which would otherwise be required.

From 15th December 2014 a Pharmacy Emergency Repeat Medication Supply Service (PERMSS) pilot scheme was commissioned by NHS England across the Northern area, including Hartlepool, during a defined out of hours period. The scheme will run in selected pharmacies until 31st March 2015 when an evaluation will be undertaken. This will help to inform HAST CCG around future service provision needs. At the moment it is not clear if this service will provide improvement and better access to pharmaceutical provision out of hours across Hartlepool. Evidence suggests high rates of NHS 111 contacts and attendance at Out of Hours services for 'lost/ missing' routine medicines. The PERMSS service may support additional interventions with patients who manage their repeat medication in a chaotic way to bring about more sustainable improvements.

11.6 Necessary services, other relevant services and other NHS services: community pharmacy services not currently commissioned from pharmaceutical services providers in Stockton-on-Tees

11.6.1 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.

11.6.2 Care home service

The provision of advice to care homes on safe and secure management of medicines is a **necessary** pharmaceutical service. Some 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 and care homes themselves have some responsibility to understand their own needs. 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.

11.6.3 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 and professional engagement highlighted some support for pharmacists' involvement in long term conditions, for example in routine monitoring. 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.

11.6.4 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.

11.6.5 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.

11.6.6 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.

11.6.7 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 CCG - commissioned pharmaceutical service provided by a commissioning support organisation. Having regard to the current level of provision available from other NHS providers there is no evidence, i.e. **no gap** in provision of this service based on current or likely future needs, whilst these services remain in place.

11.6.8 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 Equality Act (previously 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 in association with home care is also recognized difficulty. It is important to recognise the limitations of provision made under the pharmacy contract 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 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.

11.6.9 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.¹⁵ However, patient feedback highlighted access to prescription dispensing out of hours as an issue. Further assessment of need in relation to the detail of this situation may be needed. It is possible that **improvement or better access** to pharmaceutical services in the out of hours period may be afforded by working with out of hours providers and '111' to understand where pharmacy could help; e.g., in the form of a 'free at the point of dispensing' commissioned NHS Emergency Supply arrangement.

¹⁵ For completeness, it is noted that the commissioned 'Extended hours – Bank Holiday (directed) enhanced service may sometimes be 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.

11.6.10 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 and potentially, for vaccinations other than seasonal flu such as hepatitis B for example.

11.6.11 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 provided 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.

11.6.12 Schools service

Schools have certain responsibilities in relation to medicines that would benefit from pharmaceutical advice. There are changes to the School Nursing Service underway such that this will be commissioned by Public Health. Having regard to the current level of provision available there is considered to be **no gap** in provision based on current needs. There is the potential for future **improvement or better access** to pharmaceutical advice.

11.6.13 Healthy Heart Check

High levels of Cardiovascular Disease (CVD) in Stockton-on-Tees suggest that there is a substantial potential public health benefit to be gained from operating a successful CVD screening programme. Having regard to the considerable current level of provision available from other NHS providers (general practice and local authority commissioned services in workplace settings) a community pharmacy service provision is considered to offer the potential **improvement or better access** towards meeting the needs of the population of NHS Stockton-on-Tees.

There is a satisfactory level of interest expressed from existing pharmacies and patients to offer to provide this service widely.

11.6.14 Other screening service(s)

The opportunities for health screening in community pharmacy are many and varied. NHS screening services already exist, and 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 and professional surveys indicated broad support for screening services to be

available by community pharmacies, in particular Healthy Heart Checks (and similar).

11.6.15 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.

11.6.16 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.

In the PNA 2011, 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 (now NHS England's) 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 2012, 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 could be affected by this requirement.

Table 36 lists the advanced and local enhanced / locally commissioned 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.

<i>Advanced Services</i>
Medicines Use Review and Prescription Intervention Service*
<i>Enhanced Services</i>
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 (inherited list from NHS Stockton on Tees). Services marked with a star* indicate those services that Stockton-on-Tees commissioned at January 2011, or there were plans to commission within the next year from at least one pharmacy on NHS Tees.

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 HWB area of Stockton-on-Tees, it is evident that there is adequate current provision in terms of numbers of premises or outlets, and their general location for pharmaceutical services. The HWB also considers that there is reasonable choice of both provider and services available to the resident and visiting population of all 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 commissioners to maintain and improve 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. Development of formal pathways which facilitate secure electronic communication to support hospital discharge referral to community pharmacy for an advanced service would be of particular value.
8. There is scope for improvement or better access to existing pharmacy enhanced or locally commissioned NHS 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 evaluated.

10. A formal review of the remaining controlled localities (rural areas) of the Stockton-on-Tees HWB area not covered by the previous review of Wynyard would be pragmatic.

14.0 Acknowledgements

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15.0 Glossary of Terms

Abbreviation	Explanation
ACT	Accredited Checking Technician
AUR	Appliance Use Review
CASH	Contraception and Sexual Health (Clinic)
CCA	Company Chemists Association
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CNTW	Cumbria Northumberland Tyne and Wear
CPNx	Needle Exchange
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DH	Department of Health
DDA	Disability Discrimination Act
DDT	Durham Darlington Tees
DRUMs	Dispensing Reviews of Use of Medicines
EHC	Emergency 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
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
GP	General Practitioner
GSL	General Sales List medicine
ID	Indices of Deprivation
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LLTI	Limiting Long Term Illness
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
MAS	Minor Ailment Scheme
MEECS	Middlesbrough Emergency Eye Care Scheme
MUR	Medicines Use Review
NHS	National Health Service
NHSCB	NHS Commissioning Board (NHS England)
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
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
PERMSS	Pharmacy Emergency Medicines Supply Service
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
SOAs	Super Output Areas
SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
STI	Sexually Transmitted Infection
TVPHSS	Tees Valley Public Health Shared Service
TVU	TVU – Tees Valley Unlimited

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Appendix 1

Quick reference to key Pharmaceutical Services Regulations and Directions from 2005-2013.

1.0 The National Health Service (Pharmaceutical Services) Regulations 2005

[SI 2005/641: The National Health Service \(Pharmaceutical Services\) Regulations 2005 \(opens new window\)](#)

- **SI 2005/641**
- Included Regulations that governed pharmaceutical lists and applications to join the list (then Control of Entry using 'necessary or desirable criteria')
- Introduced 'exemptions' to control of entry to stimulate the market
 - One-stop
 - Retail area
 - 100 hours per week
- Set up new PhS contract and describe essential services in Terms of Service for pharmacies, dispensing doctors and appliance contractors
- defined pharmaceutical services for this purpose
 - *"pharmaceutical services" means pharmaceutical services other than directed services;*
- directed services were described in separate Directions to the Regulations (section 1.1)

1.1 *The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005*

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4107597.pdf

- Introduced Advanced Services Medicines Use Review and Prescription Intervention Services ("MUR services")
- Defined the list of Enhanced Services

1.2 *The Pharmaceutical Services (Advanced Services) (Appliances) (England) Directions 2009*

[The Pharmaceutical Services \(Advanced Services\)\(Appliances\) \(England\) Directions 2009](#)

- Introduced two new Advanced services: Appliance Use Review Service and Stoma Appliance Customisation Service

1.3 *The Pharmaceutical Services (Advanced Services) (Appliances) (England) Directions 2011*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216230/dh_130235.pdf

- Previous Advanced and Enhanced Services directions were consolidated and updated to introduce targeted MURs and the NMS service as well as retaining the previous advanced services

2.0 The National Health Service (Local Pharmaceutical Services etc.) Regulations 2006

<http://www.legislation.gov.uk/ukSI/2006/552/contents/made>

- **SI 2006/552**
- Made arrangements for LPS schemes permanent that had been 'pilot'
- LPS was a tool available to PCTs by which they may contract locally for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities and needs, LPS provides PCTs with the flexibility to commission services that address specific local needs as well as general situations not covered by the national community pharmacy contractual framework.

3.0 The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010

<http://www.legislation.gov.uk/ukSI/2010/914/contents/made>

- **SI 2010/914**
- The National Health Service (Pharmaceutical Services) Regulations 2005 were amended in accordance with regulations 3 to 10
- Added new Part 1A and Schedule 3A to the 2005 Regulations which established the requirement for PCTs to complete a pharmaceutical needs assessment
- Also affected definition(s) of pharmaceutical services
 - by regulation 3 in this SI 2010/914 amended regulation 2 of the 2005 Regulations (SI 2005/641) which still stood, such that the definition of "pharmaceutical services" in the context of the contract and Terms of Service was still 'pharmaceutical services other than directed services'
 - but in the context of Part 1A and Schedule 3A (which Regulation 4 SI 2010/914 added to the 2005 Regulations), the definition was extended to be the "pharmaceutical services to which a pharmaceutical needs assessment must relate by virtue of regulation 3A(2)". To expand this, Schedule 3A is headed **Pharmaceutical needs assessments** and paragraph 2 of this (i.e. 3A(2)) states (see Table 1 below)
 - All of this means that 'pharmaceutical services' in the PNA means all service levels for PhS pharmacy contractors (essential, advanced and enhanced) and for appliance contractors (essential and advanced) and also those services provided by LPS pharmacy contractors and the dispensing elements of dispensing doctors terms of service (simple!)

(2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by a Primary Care Trust for—

(a) the provision of pharmaceutical services (including directed services) with a person on a pharmaceutical list;

(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 with a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by a Primary Care Trust with a dispensing doctor).

Table 1. Definition of pharmaceutical services for PNA. Note this definition for PNA is retained in the 2012 Regulations and the current 2013 Regulations

4.0 The National Health Service (Pharmaceutical Services) Regulations 2012

<http://www.legislation.gov.uk/ukxi/2012/1909/contents/made>

- **SI 2012/1909**
- Came into force 1st September 2012.
- Effectively the first time that pharmaceutical lists, terms of service and PNAs were combined in one set of Regs (i.e. as if combined 2005 Regs and 2010 Amendment Regs)
- Has associated DH Guidance (see section 4.1)
- This was start of Market Entry: i.e., changed the Regulations that governed pharmaceutical lists and applications to join the list; PCTs to stop using Control of Entry using 'necessary or desirable' criteria and start using PNAs as basis for decision making under new Market Entry condition
- Removed 3 of the 4 exemptions to Control of Entry introduced in 2005 retaining only the 'distance selling' option
- PNA part of the Regs is in PART 2 regulation 3(2) which was Part 1A in 2010 amendment to 2005 Regs
- Definition of pharmaceutical services for PNA is essentially the same as for 2010 Amendments Regs

4.1 Guidance: NHS (Pharmaceutical Services) Regulations 2012

<https://www.gov.uk/government/publications/guidance-nhs-pharmaceutical-services-regulations-2012>

- DH Published 8 August 2012
- Guidance to help primary care trusts in the assessment and determination of applications to provide NHS pharmaceutical services

5.0 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

<http://www.legislation.gov.uk/uksi/2013/349/contents/made>

- **SI 2013/349**
- came into force on 1st April 2013
- Again, the PNA section is PART 2 Regulation 3 and paragraph 2 of this i.e. Regulation 3(2) of these 2013 Regs defines 'pharmaceutical services' for the PNA the same as 2012 but replaced PCT with NHSCB (which is now known as NHS England). So for clarity these are shown in Table 2 below.

(2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are 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;

(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).

Table 2. Definition of pharmaceutical services for PNA amending 2012 Regs only in replacing PCT with NHSBC (known as NHS England).

- 2013 Regs differ from 2012 Regs in Part2 Regulation 9 titled **Matters for consideration when making assessments.**
- Differences are summarised in Table 3 on following page; but essentially
 - Not required to have regard to the JSNA or Equity Act
 - The reference to 'people who share a protected characteristic' has been removed from the 'matters for consideration when making assessments' section **but** it appears instead in the section regarding process "the different needs of people in its area who share a protected characteristic"

5.1 **Guidance: NHS Pharmaceutical Services: assessing applications 2013**

- <https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications>
- DH Published 8 November 2013
- Guidance to help NHS England in assessing applications to provide NHS pharmaceutical services. These documents provide guidance to help

NHS England in the assessment and determination of applications to provide NHS pharmaceutical services under the new market entry test and the new performance sanctions regime.

- This guidance refers to the [NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013](https://www.gov.uk/government/publications/nhs-pharmaceutical-services-and-local-pharmaceutical-services-regulations-2013)

5.2 *The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*

<https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

These directions were published alongside the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in force on 1 April 2013.

Replacing 2011 Directions, they set out the terms of service for the advanced services that pharmacy and dispensing appliance contractors may choose to provide, and list the enhanced services that NHS England may commission from pharmacy contractors.

5.3 *The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No2) Directions 2013*

<https://www.gov.uk/government/publications/pharmaceutical-services-directions-amendment-2013>

Directions requiring NHS England to commission (extend) the New Medicine Service (NMS) until 31 March 2014 and adding a new enhanced service - an Emergency Supply Service- for pharmacy contractors concerning the emergency supply of repeat NHS medicines. They came into force on 7 December 2013.

Table 3. Comparing 2012 and 2013 Regulations at regulation 9

2012 Regulations	2013 Regulations
<p>Text removed is highlighted in yellow</p>	<p>Text replacing 2012 is highlighted in green</p>
<p>Text replaced is highlighted in green</p>	
<p>Matters for consideration when making assessments</p>	<p>Matters for consideration when making assessments</p>
<p>9. (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each Primary Care Trust must have regard, in so far as it is practicable to do so, to the following matters—</p>	<p>9. (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—</p>
<p>(a) any assessment or further assessment of relevant needs prepared under section 116 of the Local Government and Public Involvement in Health Act 2007(1) (health and social care: joint strategic needs assessments)—</p>	<p><i>This space left empty on purpose to show similarity in sections on the same horizontal level</i></p>
<p>(i) in the preparation of which the Primary Care Trust—</p>	
<p>(aa) was a partner PCT, or</p>	
<p>(bb) was not a partner PCT but the assessment nevertheless related to its area, and</p>	
<p>(ii) which has not been superseded by a further assessment under that section;</p>	
<p>(b) the outcome, in relation to the making of the assessment, of its compliance with its duties under Chapter 1 of Part 11 of the Equality Act 2010(2) (public sector equality duty);</p>	<p>(a) the demography of its area;</p>
<p>(c) the demography of its area;</p>	

(d) the benefits from having a reasonable choice with regard to obtaining pharmaceutical services;

(e) any different needs of different localities within its area;

(f) the pharmaceutical services provided under arrangements with any neighbouring Primary Care Trust which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements to or better access to, pharmaceutical services, or pharmaceutical services of a specified type, in its area; and

(g) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (f)) which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements to or better access to, pharmaceutical services, or pharmaceutical services of a specified type, in its area.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each Primary Care Trust must take account of likely future needs—

(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;

(c) any different needs of different localities within its area;

(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and

(e) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

(a)to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and

(b) having regard to likely changes to—

(i) the number of people in its area who require pharmaceutical services,

(ii) the demography of its area with regard to the people who share a protected characteristic, and

(iii) the risks to the health or well-being of people in its area, including particular risks to the health or well-being of people in its area who share a protected characteristic

(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and

(b) having regard to likely changes to—

(i) the number of people in its area who require pharmaceutical services,

(ii) the demography of its area, and

(iii) the risks to the health or well-being of people in its area.

Appendix 2

Description of TVPH Board, PNA Steering and Working Groups

Tees Valley Public Health Board

The Board provides strategic leadership and direction for the Tees Valley Public Health Shared Service and ensures the service delivers against an agreed work programme.

The Tees Valley Public Health Service Governance Board members are

- Director of Public Health, Darlington
- Director of Public Health, Hartlepool
- Director of Public Health, Middlesbrough
- Director of Public Health, Redcar and Cleveland
- Director of Public Health, Stockton –on-Tees

The Tees Valley Public Health Board reports to the Tees Valley Chief Executives Forum on a quarterly basis.

The Tees Valley Public Health Board have provided oversight, on behalf of their respective Health and Wellbeing Boards, of the development process for the five Pharmaceutical Needs Assessments that have been led by the Tees Valley Public Health Shared Service. They have received regular updates and briefings on the PNA throughout to ensure Board-level assurance of progress could be provided via inclusion in the quarterly report to Tees Valley Chief Executives.

PNA Steering Group

The steering group was established to enable effective collaboration, communication and mutual support across the 5 local authorities in the Tees Valley throughout the PNA development process. To avoid the Shared Service having to duplicate effort with multiple meetings/ processes in each authority, or large numbers of staff from each HWB area being required to attend one meeting, a local authority-based Champion to lead the PNA locally was identified by HWB area. They were responsible for the internal (local authority) implementation and ownership of the PNA process. Supported by the Pharmaceutical Advisers of the Shared Service and directed by the Steering and Working Group meetings, the Champions largely managed their own internal processes for example for

- promotion of patient/ public/ stakeholder engagement opportunities
- identifying and informing key stakeholders via existing groups CCGS / Health and Wellbeing Work streams
- accessing and interpreting local strategies and Plans (housing/ regeneration/ Health and Wellbeing etc.)
- working with their own Communications functions to deliver the requirements for formal consultation on the draft PNA and
- feedback to Health and Well Being Boards / Exec structures on the PNA progress (with DPH support) as required.

The core Tees Valley Steering Group members were;

- Local authority Champion / lead for each of the 5 local authority areas
- Community Pharmacy Adviser, TVPHSS (who also maintained close links with NHS England on the PNA processes on behalf of the 5 HWBs)
- Pharmaceutical Adviser, TVPHSS
- Chair or member of Durham Darlington Tees Local Professional Network (Pharmacy) of NHS England (Community Pharmacy Adviser is also a Steering Group Member)
- Public Health Intelligence

This group met all together formally 3 times.

PNA Working Group

To ensure effective communications with other key stakeholders critical to the PNA review a broader group was also established. In addition to the PNA Steering Group members listed above this group also included;

- Healthwatch representatives from each local authority area
- Local Pharmaceutical Committee representatives from both Tees LPC and County Durham and Darlington LPC.

This group also met together formally 3 times. Activity and development work also took place outside of these fora and via virtual networks to various degrees in each of the five HWB areas.

APPENDIX 3. Transcript of questions included in PharmOutcomes (web-based) Pharmacy Contractor Questionnaire for PNA July 2014

Provider File Copy - PNA PHARMACY CONTRACTOR Questionnaire Tees Valley

Pharmacy Name, Address, and phone number;

Provision Date xxxxxx

Basic Premises Information

Name of Contractor	Address of Contractor
Trading Name	Post Code
Is this a Distance Selling Pharmacy? One of: Yes or No	Pharmacy email address
Pharmacy telephone	Pharmacy fax
Pharmacy website address	F code or 'PPA code'
Consent to store this data One of: Yes or No	

Consultation Facilities

Consultation area on the premises? One of: Yes, more than one consultation space Yes, one consultation space Not yet, but planned within next 12 months No consultation room available on the premises Other -	Are there IT facilities in there? One of: Yes No N/A
--	--

What IT capability is there? One or more of: Access to the internet Access to PMR Access to PharmOutcomes Ability to use standard IT packages Access to the company INTRANET only N/A	Other arrangements One or more of: Off-site consultation room approved by NHS Willing to undertake consultations in patients home/ other suitable site None apply Other
--	--

Accessibility - parking or public transport

On-site accessibility

Within 50m of pharmacy One of: Yes or No	Wheelchair access One of: Yes or No
Bus stop in walking distance One of: Yes or No	All public areas accessible, including consultation space if applicable One of: Yes or No
Disabled parking within 10m One of: Yes or No	Automatic entrance door One of: Yes or No
	Bell at entrance door One of: Yes or No
	Hearing loop One of: Yes or No

Facilities available

One or more of:
Handwashing in consultation area
Hand washing facilities close to consultation area
Toilet facilities
Disabled toilet facilities
None
Seating area

Information Technology

Is the pharmacy EPS* R2 enabled?
One of:
Yes, EPS R2 enabled and practices live locally
Yes, EPS R2 enabled
Planning to become EPS R2 enabled in the next 12 months
No plans for EPS R2

IT capability in dispensary or close by?
One or more of:
Adequate access to the internet
Access to non-personal 'contractor' email
Access to PharmOutcomes
Ability to use standard IT packages
Access to the company INTRANET only
Access to nhs email
Printing other than labels

...

Access to Websites
One of:
TVPHSS
LPC
Neither
Both

File format types
One or more of:
Microsoft Word- open and view only
Microsoft Excel - open and view only
Adobe PDF - open and view only
Word - open fully, edit and save
Excel - open fully, edit and save
Adobe PDF - open fully, edit and save
Unable to open or view any file formats

...

Essential Services [appliances]

Does the pharmacy dispense appliances?
One of: Yes - All types, or Yes, excluding stoma appliances, or Yes, excluding incontinence appliances, or Yes, excluding stoma and incontinence appliances, or Yes, just dressings, or None Other -

Advanced Services

Medicines Use Review One or more of: Yes, Soon, No
New Medicine Service One or more of: Yes, Soon, No
Appliance Use Review One or more of: Yes, Soon, No
Stoma Appliance Customisation One or more of: Yes, Soon, No

Commissioned Services or Private Provision

For each service options for answer are

None or more of:

CP = Current provider,

WA = willing and able to provide

WT = willing and able to provide with training

WF= willing and able to provide with funding

PP = private provided already

These are the services listed:

Anticoagulant Monitoring

Pharmacy First or Minor Ailments

Anti-viral Distribution

Care Home Service

Free to patient Emergency Supply

C Card registration or supply

LARC Contraception

Emergency Hormonal Contraception

Gluten Free Food Supply

Allergies

Alzheimer's/dementia

Asthma

CHD

Diabetes type I or II

Depression

Epilepsy

Heart Failure

COPD

Hypertension

Parkinson's disease

Other (please state - including funding source) Answer to "Other (please state - including funding source)" text box

Directed Bank Holiday opening (rota)

Language Access Service

Independent Prescribing

Therapeutic areas covered (if providing) Answer to "Therapeutic areas covered (if providing)" text box

Medication Review (with patient record)

Medicines Management

DomMAR Carer's Charts

MUR Plus/Medicines Optimisation Service

Therapeutic areas covered (if providing) Answer to "Therapeutic areas covered (if providing)" text box

Needle and Syringe Exchange

Supervised Self-Administration

Obesity management

Directly Observed Therapy eg., TB drugs

If yes state which medicines Answer to "If yes state which medicines" single line input

Out of hours call-out services

Palliative Care

Patient Group Direction Service

Medicines available Answer to "Medicines available" text box

Supplementary prescribing

Which therapy area Answer to "Which therapy area" text box

Phlebotomy

Prescriber Support

Schools Service

NRT Voucher

Smoking Cessation Level 2 (One Stop)

Varenicline by PGD

Other Screening (please state - including funding source) Answer to "Other Screening (please state - including funding source)" text box

Alcohol

Cholesterol

Diabetes

Gonorrhoea

H. pylori

Hepatitis

HIV

Vascular Risk Assessment

Healthy Start Vitamins

Seasonal Influenza Vaccination Service

Childhood vaccinations

HPV

Hepatitis B

Travel vaccines

Other (please state - including funding source) Answer to "Other (please state - including funding source)" text box

Sharps Disposal Service

SALT Food thickener via voucher

Healthy Living Pharmacy		
Is this a Healthy Living Pharmacy One of: Yes Currently working towards HLP status No		
If Yes	how many Healthy Living Champions do you currently have? Numeric value for If Yes	

Collection and Delivery services

Collection of prescriptions from surgeries : One of: Yes or No

Delivery of dispensed medicines - Free of charge on request : One of: Yes or no

Delivery of dispensed medicines - Selected patient groups Answer to "Delivery of dispensed medicines - Selected patient groups" text box

Delivery of dispensed medicines - Selected areas Answer to "Delivery of dispensed medicines - Selected areas " text box

Delivery of dispensed medicines - chargeable : One of: Yes or no

Languages

What languages other than English are spoken in the pharmacy Answer to "What languages other than English are spoken in the pharmacy" text box

What languages other than English are spoken by the community your pharmacy serves Answer to "What languages other than English are spoken by the community your pharmacy serves" text box

Almost done Services not commissioned in your area:

Priority 1 Answer to "Priority 1" text box

Priority 2 Answer to "Priority 2" text box

Priority 3 Answer to "Priority 3" text box

Checking Pharmaceutical List Information

Is the Pharmacy Name (Contractor Name) correctly recorded? One of: Yes or no

If No, Correct Contractor Name Answer to "If No, Correct Contractor Name" single line input

Is the pharmacy address correctly recorded? One of: Yes or no

If No, Correct address Answer to "If No, Correct address" text box

Is the pharmacy trading name correctly recorded? One of: Yes or no

If no, correct Trading Name Answer to "If no, correct Trading Name" single line input

Is the pharmacy postcode correctly recorded? One of: Yes or no

If no, Correct postcode Answer to "If no, Correct postcode" single line input

PPD 'dispensing' hours Numeric value for PPD 'dispensing' hours

Total Pharmacy Opening Hours per week Numeric value for Total Pharmacy Opening Hours per week

Declaration on Opening Hours One of: Yes or no

Correction to hours required Answer to "Correction to hours required" text box

CONTACT IN CASE OF QUERY

Contact name Answer to "Contact name" single line input

Contact email address Answer to "Contact email address" single line input

Contact telephone Answer to "Contact telephone" single line input

Appendix 4. Consultation and Engagement Summary

Pharmaceutical Needs Assessment (PNA)

Communication and Engagement Activity - Summary

Involvement activity should take place across all stages of the PNA process as it is important that patient experience data, specifically information about local peoples' views on current pharmaceutical services and aspirations for the future, are taken into account when developing the PNA.

In 2013 and 2014, information regarding the new PNA to be published by 2015 was made available in various fora to raise awareness with key local stakeholders, patients/ carers and the public. Healthwatch were made aware via HWB papers the Durham Darlington Tees Local Professional Network (Pharmacy) Steering Group.

However, the predominant activity would take place in two stages:

1. Primary Engagement: patient and stakeholder views would need to be obtained via involvement activity largely in June – August 2014 to inform the development of the draft PNA.
2. Formal Consultation: following this, a 60 day (minimum) formal consultation on the draft PNA will take place (locally October/ November 2014 to December / January 2015).

Full report on the formal consultation will be included in the final PNA as Appendix 7.

Communication and Engagement Activity – Summary

In order to capture views and experiences to inform the baseline assessment as part of the development of the draft PNA the following primary engagement activity will be undertaken:

- Development of a survey tool to capture patient / service user views on current experiences of pharmaceutical services and future aspirations, for completion online or on paper if requested
- Development of a survey tool to capture the views of a broad range of other stakeholders: professionals, service providers and representatives of patient / client groups who interact with pharmaceutical services, for completion online
- Development of a survey tool to capture the views and experiences of community pharmacists and their staff who interact with patients during the provision of pharmaceutical services
- Engagement with identified voluntary and community sector organisations via the local authorities' established mechanisms
- Meetings with identified key stakeholders and required consultees including LPC, and Healthwatch representatives to ensure their involvement in developing
- survey tools, promoting survey tools, reviewing responses, documents and statements
- Engagement with CCGs through existing links and Health and Wellbeing Workstream meetings

Appendix 4. Consultation and Engagement Summary

- Awareness-raising of the PNA and engagement opportunities through local media where possible
- Awareness-raising of the PNA and engagement opportunities through existing communications mechanisms and networks including newsletters and internet

As part of consultation on the draft PNA the following mechanisms will be utilised:

- Development of a tool to capture views in response to specific consultation questions regarding the draft PNA document.
- Notification of the publication of the draft PNA on the local authority website using established consultation mechanisms in the local authority.
- Notification at the start of the consultation to be sent to all those persons identified in the regulations as required (statutory) consultees and any additional stakeholders, panel members or groups as identified by the local authority PNA Champions or steering / working group members. The notification to include a link to the website and the data collection tool.
- Receipt of the notification of publication of the draft PNA and consultation period was verified by automatic 'return receipt' for all consultees sent the link to the published document via email or via registered post for the pharmacy contractors.
- Responses to be collated/ reported by the local authority to the TVPHSS for analysis and to inform the final PNA.
- Detailed consultation report to be included in the final PNA.

For Stockton-on-Tees HWB specifically

Primary Engagement

The survey tool was developed jointly by all five local authorities and uploaded onto a website hosted by Redcar and Cleveland Council. This enabled patients or members of the public to be made aware of the opportunity to contribute across a wider area, but with the option to indicate where they lived so that the data could be separated at the analysis stage.

Stockton-on-Tees Borough Council circulated the weblink to

- Those who would be statutory consultees for formal consultation (see below) PLUS
- all HWB members
- Local Dental Committee
- Local Optometric Committee
- North East Commissioning Support Organisation for circulation to GPs
- Public Health teams and TVPHSS staff
- The Durham Darlington Tees Local Professional Network (Pharmacy) Steering Group members for circulation (including Durham University Pharmacy School)
- GP Practices
- Public Health Provider services – Stop Smoking, Substance Misuse, Sexual Health
- Out of Hours providers

Draft PNA Consultation

Stockton-on-Tees PNA consultation information comprising explanatory text and web-location of the draft PNA (and online consultation response form) were sent either by post or known e-mail address to all statutory consultees* and those others determined by the local authority which included:

- Tees Local Pharmaceutical Committee – Chair and Chief Officer*

Appendix 4. Consultation and Engagement Summary

- Tees Local Medical Committee – Office Manager and Development Manager*
- persons on the pharmaceutical lists* (all contractor addresses sent by registered post FAO superintendent) also the dispensing doctor practice (there are no appliance contractors or LPS chemists in Stockton on Tees)
- Healthwatch – Development Officer and Chair*
- North Tees & Hartlepool NHS Foundation Trust, Chief Executive*
- Hartlepool and Stockton CCG Chief Officer*
- Tees Esk and Wear Valley NHS Trust Chief Executive*
- North East Ambulance Trust Chief Executive*
- NHS England Area Team for Durham Darlington and Tees*
- Durham, Hartlepool, Middlesbrough and North Yorkshire HWBs*
- The Durham Darlington Tees Local Professional Network (Pharmacy) Steering Group members for circulation (including Durham University Pharmacy School)
- Direct email to contacts at Head Offices of large multiple organisations with pharmacies in the area
- North East Commissioning Support Organisation for circulation
- Health and Wellbeing Board members for circulation
- Local authority internal networks
- 'Catalyst' SBC process for communicating with the Voluntary and Community sector

Where an e-mail address was known, an e-mail was sent with the information and other consultees (including all pharmacies) were sent a letter by post. A named contact was available on the website for requests for paper copies of the draft to be received such that any requests for paper copies could be managed promptly, and supplied free of charge, as soon as practicable and within 14 days.

Pharmaceutical Needs Assessment Survey of Stakeholder Professionals

1. Please tick which Health and Wellbeing Board (HWB) or local authority area your response to this survey will relate to: (Please tick one area ONLY. If you wish to, you may complete a separate survey for another area).

- Hartlepool
 Redcar and Cleveland
 Stockton on Tees
 Middlesbrough
 Darlington

2. In your opinion, is your knowledge of pharmaceutical services provided in the area

- Good
 Satisfactory
 Minimal

3. We would like to know if the course of your work, or the work of the services you manage, involves contact with providers of pharmaceutical services or related services?

- Yes
 No

4. Please indicate services that you (or your services) have contact with, and how often (tick all that apply).

	More often than monthly	Monthly	Infrequently	Never
Hospital pharmaceutical services				
Community pharmacy pharmaceutical services				
Mental health pharmaceutical services				
Prison/offender pharmaceutical services				
Pharmaceutical advisory services to support commissioners e.g. in NHS England, for CCGs, local authority or similar				
General practice-based prescribing support				
Dispensing services provided by dispensing doctors in rural areas				
Services provided by appliance contractors (DACs)				

5. Are you, or your organisation involved in the commissioning or providing of primary care pharmaceutical services?
- Yes
 - No
 - Do not know

6. To meet pharmaceutical needs in the local authority area, I think the total number of community pharmacies is.
- About right
 - More than enough
 - Not enough
 - Do not know

7. In your experience, is there a ward, neighbourhood area or locality in the local authority area where a new pharmacy might be considered to offer benefit?
- Yes
 - No
 - Do not know enough to say

8. Please state the ward or area here
-

9. Choose the reason(s) why you think this (tick all that apply)
- No pharmacy in that area
 - Poor or costly public transport to existing services
 - Pharmacies in that area don't offer long enough opening hours
 - No reasonable choice of pharmacy in that area
 - Existing pharmacies do not offer enough services

10. Overall, the range of opening time available from pharmacies in the HWB area meets the general needs of the population
- Very well
 - Quite well
 - Do not know
 - Not very well

11. Overall, the quality of service provided by pharmacies in the HWB area is
- Very good
 - Good
 - Satisfactory
 - Poor
 - Do not know

12. Do you think that existing community pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population?

- Yes
- No
- Do not know

13. Are you aware of the new concept of 'Healthy Living Pharmacies'? Tick any of the boxes that apply to you

- Yes, I have hear of them but don't really know what they do
- No, not aware of the concept

14. If you were asked to state the name of a pharmacy in your area that is a 'Healthy Living Pharmacy' could you do that?

- Yes
- No

15. Tick if you agree with a statement:

	I didn't know that all pharmacies provide this service	Better use could be made of this service
Dispensing – The supply of medicines ordered on NHS prescriptions		
NHS Repeat Dispensing – Dispensing repeatable prescriptions for medicines. Please note this is not collection of prescriptions or delivery of medicines. The prescriber issues a 'repeatable' prescription and permitting dispensing at specified intervals of up to one year		
Disposal of unwanted medicines – Patients' unwanted medicines received for safe disposal		
Promotion of health lifestyles – Advice and delivery of six specific campaigns per year		
Signposting – Information for those who need further support, advice or treatment which cannot be provided by the pharmacy		
Support for self-care		
Guidance to enable people to derive maximum benefit from caring for themselves of their families		

16. Tick if you agree with a statement:

	I didn't know pharmacies offered this	There is a need for this service in my area	Better use could be made of this service
Medicines Use Review (MUR)-A pharmacist consultation to help patients get the most benefit from their prescribed medicines			
New Medicines Service (NMS)- Pharmacist interventions provide support for people with long-term conditions newly prescribed certain types of medicines, to help improve medicines adherence			
Hospital Discharge Referral for a specific tMUR or NMS – As above, patient referred from hospital to community pharmacy			
Appliance Use Review – Consultation to support patients who use 'appliances' e.g. those requiring stoma care			
Stoma Appliance Customisation – Customisation of stoma appliances; improved care and reduced waste			

17. Tick if you agree with a statement:

	I didn't know pharmacies offered this	There is a need for this service in my area	This service improves access for patients
Extra opening hours for Bank Holidays e.g. Christmas day- Additional hours to ensure minimum provision when most pharmacies close			
Flu vaccination service- Seasonal flu vaccination service			

18. Tick if you agree with a statement:

	I didn't know pharmacies may offer this	My HWB area needs this pharmacy service	Pharmacy service improves patient access	Pharmacy service may be needed more in future
Stop Smoking Service – Assessment, advice & support for those wanting to stop smoking including supply of appropriate medicines				
Needle and syringe exchange – Provision of sterile needles, syringes and associated materials and information to substance misusers in exchange for used products				

On Demand Availability of Specialist Drugs Service – Arrangements to ensure patients/health care professionals have prompt access to specialist medicines whose demand may be urgent and/or unpredictable, for example End of Life Care, tuberculosis and bacterial meningitis treatments				
Chlamydia screening service – Free NHS testing for Chlamydia				
C-Card registration and free condom supply service				
Emergency hormonal contraception (the ‘morning after pill’) – NHS’ Service, free to women and girls (14 years and over)				
Supervised Administration Service – Pharmacist supervises consumption of prescribed medicines, ensuring the patient has taken dose. Local example is service for drug users; other potential circumstances to use this e.g. medicines for TB				
Healthy Start Vitamins – not currently available in Darlington. Supply of free vitamins to pregnant or breast-feeding women and children 6 months to four years old				
Health Checks – only currently available in Darlington. Aged 40 to 74 years; risk assessment for heart disease, stroke, diabetes or kidney disease; includes blood pressure and cholesterol check.				
Alcohol Brief Intervention – only currently available in Darlington				
‘Pharmacy First’ or Minor Ailments Service – only currently available in Darlington. Advice and supply of common medicines needed to treat minor conditions without the need for a prescription or purchase				

19. Overall, do you think the range of commissioned services provided by pharmacies in the HWB area

- Is about right
- Is more than enough
- Could be considered for improvement by offering more
- Do not Know

20. Is there a particular ward or locality area which in your experience might benefit from a new pharmaceutical service being provided in the pharmacies that are already there?

- Yes
 No

21. Tick if you agree with the statement for each pharmacy service and your HWB area

	My area needs this pharmacy service now	...may be needed in future	No need for this pharmacy service in my area
Domiciliary Pharmaceutical Service – Any service provided in patients’ home			
Supplementary Prescribing Service- Often combined with other services e.g. anticoagulant monitoring, stop smoking, diabetes management			
Medication Review – A full, face to face clinical review with patient medical records			
Home Delivery Service			
Disease Specific Medicines Management Service – Support and monitoring for patients with long term conditions			
Gluten Free Food Supply Service			
Language Access Service – Medicines advice to patients in a specific language			
Medicines Assessment and Compliance Support Service – Assessment, advice and compliance support (beyond the Equity Act minimum) possible combined with domiciliary visit			
Anticoagulant Monitoring Service			
Out of Hours Service – Call out service for when all pharmacies are closed			
Other Patient Group Direction Services for example:			
Chlamydia treatment following a positive test			
Naloxone for carers or relatives of drug users			
Varenicline for selected clients who wish to stop smoking			
Other Screening Services, for example:			
COPD			
Diabetes			
Hepatitis B&C			
Weight Management Service			
Other Vaccinations e.g. travel vaccines			
Long acting Reversible Contraception (LARC)			
Emergency Planning and antiviral distribution			
Free to patient Emergency Supply			
Not dispensed scheme			

22. From the list of services below, choose UP TO three services which, in your opinion, might offer greatest impact (improvement or better access to services locally) if they were to be commissioned in your area.

- Domiciliary Service
- Supplementary Prescribing Service
- Medication review
- Home delivery Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Language Access Service
- Medicines Assessment and Compliance Support Service
- Anticoagulant Monitoring Service
- Out of Hours Service
- Other Patient Group Direction Services
- Other Screening Services
- Health Checks
- Minor Ailments
- Alcohol Brief Intervention
- Healthy Start Vitamins
- Weight Management
- Other Vaccinations
- Long Acting Reversible Contraception (LARC)
- Emergency Planning and antiviral distribution
- Free to patient Emergency Supply
- Not Dispensed Scheme

23. Non-community pharmacy services

	I am aware that these services are available	I am aware of a current commissioned community pharmacy service in my area that provides part of this service	New opportunities for improvement or better access to these services could be explored by working with community pharmacy providers better
Care home services – Pharmaceutical advice and support to Care Homes towards meeting their obligations with regard to the safe and secure handling of medicines			
Prescriber Support Service – Advice to prescribers on clinical and cost effective use of medicines, policies and guidelines, and repeat prescribing			
Schools Service- Advice and support to children and staff in schools relating to safe and secure			

handling of medicines			
Prison or Offender services- Pharmaceutical services to clients in a custodial setting			
Secondary Care services – Pharmaceutical services, including dispensing, provided to patients as an integral part of any secondary care hospital or mental health service in-patient or out-patient episode (directly provided by secondary care pharmaceutical service or from a commissioned provider)			

24. Which of the following best describes your occupation in relation to completing this survey?

(please tick one)

- GP
- Pharmacist
- Nurse
- Other health care professional
- Health and Wellbeing Board member
- Local Councillor
- General Practice Manager
- Local Authority Officer (not Public Health)
- Social care provider employee or manager
- Pharmacy manager or area manager
- Other Provider Service Manager or employee
- Voluntary sector worker
- Service Commissioner
- Local Authority Officer (Public Health)
- Other, please specify _____

25. Which of the following best describes your organisation or affiliation? (please tick one)

- General Practice
- Community Pharmacy
- Hospital Pharmacy
- Prison
- CCG
- NHS England
- NECS
- NHS England Area Team
- Community services provider
- Acute Trust
- Mental Health Trust
- Local Authority
- Care Home
- Home care provider
- Dispensing doctor practice

- LPC
- LMC
- Substance misuse service provider
- Out of Hours service provider
- Voluntary sector
- Stop Smoking Service
- Other, please specify _____

Patient Survey for Pharmaceutical Needs Assessment. PAPER VERSION

On behalf of **Health and Wellbeing Board Stockton on Tees.** July 2014

This survey was designed to be completed on-line. The format of the paper version makes it quite long but we appreciate your time in completing it nevertheless. Thank you.

Introduction

There are a number of community pharmacies (sometimes called chemists) in your council area and they may all be very different. Pharmacies can be found in shopping centres, local high streets, inside supermarkets or based within local health centres, but they are all NHS pharmacies.

Local Health and Wellbeing Boards in the Tees Valley are preparing new reports on pharmacy services called 'Pharmaceutical Needs Assessments'. This looks at what local people might need from these services, what is already available and suggests improvements that might be made now or in the near future.

We need your views

It is very important for us to understand patient experience and public views of pharmacy services. Completing this survey will help us to do that. Later in the year there will also be a full consultation on the draft Pharmaceutical Needs Assessments when patients and the public will be able to contribute again.

Please take a few minutes to complete this survey – it will help us understand where pharmacy services are good and if there are any areas that could be improved. No need to give your name; all your answers will be confidential and only used for statistical purposes.

Please return to the address shown: Closing Date: 1st August.

**PATIENT SURVEY: Pharmaceutical Needs Assessment. TEES VALLEY PUBLIC HEALTH SHARED SERVICE
Redheugh House, First Floor, Teesdale South, Thornaby Place, Stockton on Tees, TS17 6SG**

1. Which local authority area do you live in?

- Stockton
- Middlesbrough
- Redcar and Cleveland
- Hartlepool
- Darlington
- none of the above

Please give the first part (letters and numbers) of your postcode e.g. TS11

2. Please answer the following questions:

	Yes	No	Don't Know
Do you usually use a pharmacy in the area in which you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 mins?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there pharmacies near where you live (or work) that you could get to by a short bus ride?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What do you usually go to the pharmacy for?

	A prescription	A service they provide	Advice	Something else
For you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you have a minor complaint:

	Yes	No
Would you visit a pharmacy before you went to A&E, a walk-in centre or your GP?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>

5. How often do you go to use a pharmacy in person?

- More than once a week
- Weekly
- Monthly
- Fortnightly
- Quarterly (4 times per year)
- Less often than 4 times a year

6. If or when you go to a pharmacy in person, how do you usually get there?

- Walk
- Public Transport (bus or train)
- Taxi
- Own car or get a lift

Other (please specify)

7. How easy is it for you to visit a pharmacy when you need to?

- Extremely easy
- Quite easy
- Moderately easy
- Slightly easy
- Not at all easy
- Don't know

8. If it is 'not very easy' or 'quite difficult' for you to visit a pharmacy, please tick why this is

- My disability
- Caring responsibilities
- Long-standing illness
- No transport
- My working hours
- Don't know where they are

Other (please specify)

9. Do you have your prescription medicine delivered by a pharmacy?

- Always
- Sometimes
- Never

10. If you do, why do you have them delivered?

- Convenient
- Difficult to manage getting out
- It's free
- Not applicable

11. Do you usually pay for your prescriptions?

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

12. Using an NHS pharmacy on-line for NHS prescriptions

	Yes	No	Prefer not to say
Do you have access to the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you aware that you can access NHS on-line pharmacies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you used an NHS pharmacy on-line for NHS prescriptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How would you rate the pharmacy or pharmacies that you have used or usually use?

- Excellent
- Very good
- Fairly good
- Mildly good
- Not good at all

14. What do you think about the opening times of pharmacies that you use?

- Happy with current opening times
- I can always find a pharmacy that is open when I need to
- Not open late enough on a weekday
- Not open, or not open long enough on a Saturday
- Not open, or not open long enough on a Sunday

Other (please specify)

15. We would like to know:

Why do you choose the pharmacy or pharmacies you usually use?

tick all that apply

Near to where you live	<input type="checkbox"/>
Prescription collection service	<input type="checkbox"/>
Near to where you work	<input type="checkbox"/>
Prescription collection and/ or delivery service	<input type="checkbox"/>
Near to your children's school	<input type="checkbox"/>
Special offers	<input type="checkbox"/>
Close to where I shop	<input type="checkbox"/>
Clean and pleasant environment	<input type="checkbox"/>
Easy to walk to it or reach on public transport	<input type="checkbox"/>
Inside or close to GP practice	<input type="checkbox"/>
Always used it	<input type="checkbox"/>
Good customer care/ friendly staff	<input type="checkbox"/>
Range of services	<input type="checkbox"/>
Trusted advice	<input type="checkbox"/>
Convenient opening times to use on evening or weekend	<input type="checkbox"/>

Other (please specify)

16. Which is most important to you when you use a pharmacy?

Please pick one option

Near to where you live	<input type="checkbox"/>
Prescription collection service	<input type="checkbox"/>
Near to where you work	<input type="checkbox"/>
Prescription collection and/ or delivery service	<input type="checkbox"/>
Near to your children's school	<input type="checkbox"/>
Special offers	<input type="checkbox"/>
Close to where I shop	<input type="checkbox"/>
Clean and pleasant environment	<input type="checkbox"/>
Easy to walk to it or reach on public transport	<input type="checkbox"/>
Inside or close to GP practice	<input type="checkbox"/>
Always used it	<input type="checkbox"/>
Good customer care/ friendly staff	<input type="checkbox"/>
Range of services	<input type="checkbox"/>
Trusted advice	<input type="checkbox"/>
Convenient opening times to use on evening or weekend	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

17. As well as advice on medicines and minor ailments, all pharmacies are able to offer advice on a range of Healthy Lifestyle issues (such as diet and nutrition, alcohol awareness, sexual health and physical activity). Did you know that pharmacies could offer free advice on healthy lifestyles?

- Yes
- No

18. Is your pharmacy a Healthy Living Pharmacy?

- Yes
- No
- Don't know
- Does not apply to me

19. If yes, have you noticed any change to your pharmacy now it is a Healthy Living Pharmacy?

- Yes, it is better
- Yes, it is not as good now
- No, I haven't noticed a change
- Does not apply to me

20. This table shows some free services local pharmacies may already offer. We would like to know how aware you are of the service and which ones you have and haven't used. Please tick one of the following statements linked to each of the services:

	Know about it and have used this service	Know about it but have not used service	I did not know about this service but may use service	I did not know and would not use service
NHS Repeat Dispensing –regular medication without need for new prescription every time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposal of unwanted medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and advice on minor illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Use Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Medicine Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop Smoking Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Hormonal contraception ('morning after pill')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C-Card registration and free condom supply service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Heart Checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle and syringe exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supply of Healthy Start Vitamins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic Prescription Transfer from your GP direct to the pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. 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	I know other people who would like to use this service	I would not go to a pharmacy for this service	Does not apply to me
Free Healthy Heart Checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticoagulant Monitoring Service - e.g. fingerprick testing for patients on Warfarin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten Free Food Supply Service without prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS Screening Services - e.g. diabetes, HIV, Hepatitis B or C.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific help with medicines for people with a long term illness or conditions - e.g. obesity, asthma or COPD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy weight management programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. If you have any further comments on using pharmacy services in general, please feel free to leave them here:

You do not need to answer these next questions, but it would be very helpful if you could tell us a bit about yourself so that we can see how different groups of people experience pharmacy services differently.

23. Please tell us which age group you belong to:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and over

24. Are You:

- Male
- Female
- Do not wish to say
- Other (please specify)

25. How would you best describe yourself?

- Employed or self-employed (full-time)
- Employed or self-employed (part-time)
- Unemployed/Unavailable for work
- Permanantly sick or disabled
- In further education/ Government supported scheme
- Full-time student
- Retired
- Looking after the home
- Full time parent
- Full time Carer
- Other (please specify)

26. How would you describe your ethnic origin?

- White - British
- White - Irish
- White - Any other White background
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Mixed - Any other mixed background
- Asian or Asian British - Pakistani
- Asian or Asian British - Any other Asian background
- Black or Black British - African
- Black or Black British - Caribbean
- Other Ethnic Group - Chinese
- Black or Black British - Any other Black background
- Other Ethnic Group - Any other ethnic group
- Mixed - White & Asian
- Mixed - White & Black African
- Mixed - White & Black Caribbean
- I do not wish to disclose this

Other (please specify)

27. Do you consider yourself to have a disability?

- Yes
- No
- Do not wish to disclose this

Other (please specify)

28. If yes please tick any impairment listed which affects you, as you may experience more than one.

If none of the categories apply, please mark 'other'.

- Physical Impairment
- Mental Health Problem
- Long-standing illness
- Sensory Impairment
- Learning Disability/Difficulty

Other (please specify)

Thank you for completing our survey.

Stockton HWB Pharmaceutical Needs Assessment 2015

Formal Consultation 13 November 2014 to 15 January 2015: Summary and Feedback

Total number of responses received = 14¹
12 via the electronic consultation response form
2 via direct contact (email or letter)

Responses from those organisations that did not use the e-form to reply (NHS England and local hospital Foundation Trust) are shown at the end of this summary of collated responses received to the specific consultation questions.

Nine of the 'individual' responses were presenting the response on behalf of a stakeholder groups or organisation, which heightens confidence in the collective views expressed. They include the LPC and three large multiple pharmacy providers, Healthwatch, the hospital Foundation Trust and the CCG for the area as well as NHS England and the Local Professional Network for Pharmacy.

Comments received are quoted verbatim and included in a box to distinguish from the rest of the text. ID(number) refers to an individual response as included on Survey Monkey. Response to comments, on behalf of Stockton HWB are shown in italics. Where a consultation comment was considered to raise a query or require reflection on the content of the draft PNA, the response has included action taken to address this, or reasons why no amendment has been made. No survey forms were incomplete.

1. Do you think that the purpose of the PNA has been explained?

Answer	% of total	Count
Yes	83	10
No	8	1
Not Sure	8	1
Total	100% (99% rounded)	12

Two subsidiary comments were submitted:

ID1. I think that the structure of NHS services across the board are in a mess and the public, generally have no idea what is going on. A proper cross-the-board marketing plan is urgent.

ID2. The document is 196 pages long, and although I want to help, I cannot commit time to read it all. I do understand why PNAs need to be submitted for approval though.

HWB response: these comments are acknowledged. The comments suggest that the 'Not Sure' answer relates to not having read the full Assessment and therefore not being able to determine. The 'No' answer seems to be associated with a wider state of confusion regarding NHS services and not necessarily specifically directed at the PNA.

¹ N.B There were 11 responses to the PNA formal public consultation in 2011.

2. Do you think that the draft PNA accurately describes the range of pharmaceutical services available in Stockton-on-Tees?

Answer	% of total	Count
Yes	58%	7
No	25%	3
Not Sure	17%	2
Total	100%	12

If not, please indicate and provide evidence where possible of any discrepancies:

Supplementary comments were received from five consultees:

ID1. I couldn't find the article on the website, I kept finding the link to this survey - and I'm fairly tech savvy. I only found it by way of google. Then to discover its 150 pages long..

HWB response: these comments are acknowledged. The Stockton On Tees Local Authority website was checked and the link to the PNA was close to link to survey and clearly available. Consultation and links were also placed onto Healthwatch website (also clear) and 'Catalyst' notification used by the local authority to connect to Voluntary and Community Sector organisations across the area. Assumed this comment was provided to explain that a 'Not Sure' response again refers to an incomplete reading of the document.

ID3. on the PNA doesn't mention the new Pilot Emergency Supply of Medication that started in December 2014 until March 2015 and the Seasonal Ailment Scheme started on the 29th December.

Our pharmacy in Unit 21b, Teesside Retail Park, opening hours on Sunday is 10:30 -17:00. The PNA says the store close at 24:00 and is wrong. Need to be corrected.

Our pharmacy in 12 Wrightson House, Mitchell Avenue Core hours should be 9:00-12:00 and 13:00-17:30 as lunchtimes there are 1 hour earlier.

Our pharmacy in 58-63 High Street, Stockton-on-Tees, opening hours are correct except for Tuesday store opens at 8.30 am, core hours are Mon-Fri 8.30 to 5.30 except for Tuesday which is 9 to 5.30, supplementary hours are Mon 10-2pm and 3 to 5.30pm Tues-Fri 9.45 to 2pm and 3 to 5.30pm. And the store doesn't provide the Chlamydia service, but would like to do.

And our pharmacies in Thornaby HC, Trenchard Avenue and Billingham Road, Norton according to the PNA states that they offer Chlamydia, but they are not as they haven't heard anything from the service. But, they would like to do so.

HWB response: this feedback regarding services that changed or were introduced too late for inclusion in the draft PNA for consultation, is acknowledged. The pilot services for Emergency Supply and Seasonal Ailments were indeed commissioned in December 2014, during the PNA consultation period. These changes / updates are now reported in the final PNA version for publication.

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Regarding specific pharmacy opening times included in the Pharmaceutical List held by NHS England and published here as part of the PNA;

- Teesside Retail Park; supplementary hours on Sunday are shown correctly, hence the recording of 24.00 as the latest closing time on the overall opening hours section is a typographical error on the List provided that was not used in the assessment of need. NHS England have been informed.*
- Any query or correction to the Pharmaceutical List must be directed to NHS England as the hours that a pharmacy opens should be consistent with the List held by them. Changes to opening times must be affected only by the statutory process of application or notification to NHS England. Official changes that were concluded after the date of the List published in the draft PNA (September 2014), will be published in the final PNA by inclusion of a new List dated 1st January 2015. Subsequent changes to core, supplementary or opening hours will be published as a notification or Supplementary Statement as required.*

Pharmacies sub-contracted to provide the Chlamydia screening service were provided by Sexual Health Teesside. We are aware that a service improvement initiative is underway hence information on pharmacies sub-contracted to provide this local service will be updated by notification once implementation is complete. Willingness to provide is acknowledged.

<i>ID4. Medicine Use Review Target Groups have now changed (3.4.3.1)</i>
<i>ID5. Emergency Supply of Medication - pilot by the Northern Area Team. Seasonal Ailment Scheme - pilot commissioned by the South Tees CCG. Medicines Use Reviews - Target groups have now changed. C-card Sub commissioned by Virgin Healthcare.</i>
<i>ID 6. See Q4 comments</i>

HWB response: this feedback regarding services that changed or were introduced too late for inclusion in the draft PNA for consultation, is acknowledged.

As per previous response, the pilot services for Emergency Supply and Seasonal Ailments were indeed commissioned in December 2014, during the PNA consultation period.

The addition of a fourth target group for MURs was agreed nationally, announced in September 2014 and commenced 1st January 2015. The required proportion of MURs undertaken on patients from one of the target groups will also change from 1st April 2015, from 50% to 70%.

The implementation of a new / updated C-Card scheme by Sexual Health Teesside, and sub-contracted from pharmacies is currently underway.

These changes or updates are now reported in the final PNA version for publication.

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3. Do you think that the draft PNA adequately reflects local pharmaceutical needs?

Answer	% of total	Count
Yes	67%	8
No	17%	2
Not Sure	17%	2
Total	101% (rounded)	12

If not, what other needs for pharmaceutical services should be described?

Supplementary comments were received from three consultees:

ID1. As a member of the public, I personally only use pharmacies 'on need' and primarily to pick up a dispensed prescription. I think on the basis of present calculations, the metric targeting deprivation for clustering pharmacies has merit.

ID3. OTHER SERVICES THAT COULD BE PROVIDED BY PHARMACIES

We note that you are currently scoping a review of community pharmacy services. Areas for consideration include; (NHS Health Check) and would be willing to discuss with you as and when you wish to roll out such service, especially with high levels of cardiovascular disease. Again, experience in other parts of the country, shows how beneficial and well received have been this service by the public. It has shown to be very effective in NHS cost control. Vaccination and immunisations for example shingles, HPV and Pneumococcal Vaccines.

Pregnancy Testing and C-CARD in every pharmacy.

Weight Management service.

Anticoagulant Monitoring Service.

Disease specific medicines management service

Gluten free food supply service.

Home delivery service

Alcohol brief intervention service.

Language access service.

Patient Group Direction (PGD) Service (other than EHC).

Medicines assessment and compliance support service.

Prescriber support service.

Sch (sic)

HWB response: these comments are acknowledged; it would appear that the latter response was incomplete having exceeded the space available.

ID6. Hartlepool & Stockton CCG would challenge the statement within the PNA that a Minor Ailment Service (MAS)/ Pharmacy First service within Stockton is a necessary service and that a gap in provision exists.

Whilst the CCG are aware that the Local Pharmaceutical Committee is very supportive of this service it is the CCG belief that this does not fully represent the health needs of the Stockton population. The drive for a MAS throughout Stockton appears from assessment of the draft PNA to be coming from a patient and business desire rather than an established need and true service gap.

Historically there was a MAS in place throughout a neighbouring locality but this was decommissioned prior to 2011 following an extensive evaluation that showed such a scheme did not meet the needs of

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the defined population who would benefit from such a service most. The CCG has taken steps over recent years to commission services from providers with this learning in mind and feels the level of pharmaceutical provision in-hours provided currently meets the needs of the population at highest risk from lack of self-care due to financial constraints.

Therefore the CCG does not consider that such a service is required to meet the current necessary pharmaceutical needs of its population and considers that this need is currently met by the existing range of service provision within Stockton. However it is believed that the local commissioning of such a service would improve current pharmaceutical provision in Stockton and indeed provide better access to its population. A pilot scheme as described in Q8 is in place and the evaluation will help inform Hartlepool & Stockton CCG around future provision needs. It is worth noting that only 61% (25/41) community pharmacies expressed an interest in participating in the SAS pilot scheme currently being commissioned by the CCG.

The previous PNA of 2011 deemed such services as not necessary but that they may improve pharmaceutical provision and provide better access to Stockton's population. A position not changed by the refresh documents of 2012 & 2013. The CCG does not believe that this has changed within the context of the 2015 PNA.

HWB response: these comments and the considered views of the CCG are acknowledged. The CCG is correct that, on balance, in 2011, under different Regulations, with the prevailing circumstance and availability of other services, the provision of a minor ailments-type service was not considered to be 'necessary' to meet the needs of the population of Stockton. Taking all other factors into account, including newly introduced additional access and capacity, it was nevertheless identified as a service that would offer 'improvement or better access' for patients, a debate closely run as there was considerable public support then, as now.

The 2012 and 2013 Refresh documents served only to collate minor changes and Supplementary Statements, there was no full review of pharmaceutical services required or completed (i.e. with associated patient or stakeholder engagement). However, progress towards a 'tipping point' from optional to necessary continued to develop; a local service was almost commissioned by the former PCTs but other priorities prevailed.

The Health and Wellbeing Board considers that the Health (and Social Care) environment and the wider economic circumstance has changed substantially since 2011, particularly since March 2013 (the date of the last Refresh). The patient/stakeholder response forms just one part of the assessment of current circumstance.

The availability of a 'Pharmacy First'-type service in the local area would offer choice to all residents / reliant population and form an experiential part of the wider drive to encourage system-change with patients and the general public to use the health care setting most suitable for their needs.

The detail of possible commissioning options are not identified in the PNA, leaving freedom for further assessment by potential commissioners. The HWB therefore welcomes the short pilot scheme recently implemented which may contribute contemporary local experience to the long-established wider experience across the north east area and beyond. Given a suitable data-set, the evaluation may consider patient experience of the pilot service and pre-existing alternatives, as the PNA patient survey (of relatively small numbers) identified that 10% of those surveyed had

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previously attended a GP or A&E simply because medicines at the pharmacy were too expensive for them.

A locally designed solution could offer a non-prescription, free at the point of care pathway option for supported self-care that is also available in the traditional 'out of hours' period, without the need for an appointment or an additional journey to access medicine supply should one be needed.

The HWB recognises the positive response from 60% of pharmacy contractors in Stockton invited to implement a short-term, new pilot service so close to Christmas, which is a very busy time for pharmaceutical services.

4. Are you aware of any pharmaceutical services provided in Stockton that are not currently included in the PNA?

Answer	% of total	Count
Yes	42%	5
No	42%	5
Not sure	17%	2
Total	101% (rounding)	10

Supplementary comments were received from five consultees:

ID2. Whenever I use the walk-in doctors I tend to use North Ormesby services, and pick up prescriptions either at Boots Teesside Retail Park, or at Linthorpe Road Chemists if late at night.

HWB response: these comments are acknowledged and support the understanding of patients' exercising their choice to use NHS services, including pharmaceutical services in a nearby HWB area.

ID3. The PNA doesn't mention the new Pilot Emergency Supply of Medication that started in December 2014 until March 2015 and the Seasonal Ailment Scheme started on the 29th December. And we see massive value of the Seasonal Ailments Scheme, as patients and stakeholders feedback. However, we don't agree with the initial pharmacy choice by the CCG as it doesn't reflect geographically and opening hours for pharmacies in Stockton. I.e. none of the Boots pharmacy in Hartlepool hasn't been selected for the initial pilot, where clearly, we are geographically well situated and offering extensive opening hours (100h pharmacy for both).

ID4. Emergency Supply Service - pilot commissioned by NHS England Area Team; Seasonal Ailment Service - pilot commissioned by HAST CCG; C-card service

ID5. Emergency Supply of Medication - pilot by the Northern Area Team. Seasonal Ailment Scheme - pilot commissioned by the South Tees CCG Medicines Use Reviews – Target groups have now changed C-card Sub commissioned by Virgin Healthcare. MUR target groups have changed

ID6.

1. From Mid-December 2014 a Seasonal Ailment Scheme (SAS) pilot scheme is being commissioned by Hartlepool & Stockton CCG across the Stockton area. This will provide access to pharmaceutical support for pre-defined minor ailments with medicine supply (where deemed suitable and appropriate) provided free of charge to the patient. This scheme will run in selected pharmacies until 31st March 2015 when an evaluation will be undertaken. This will help to inform the CCG around

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future service provision needs. At the moment the CCG believe that this pilot service - although not necessary, may provide improvement and better access to pharmaceutical provision across its localities.

2. From 15th December 2014 a Pharmacy Emergency Repeat Medication Supply Service (PERMSS) pilot scheme is being commissioned by NHSE across the Stockton area during a defined out of hours period. The scheme will run in selected pharmacies until 31st March 2015 when an evaluation will be undertaken. This will help to inform Hartlepool & Stockton CCG around future service provision needs. At the moment it is not clear if this service will provide improvement and better access to pharmaceutical provision out of hours across Stockton.

HWB response: this feedback regarding changes/ commissioning of pilot services that were introduced too late for inclusion in the draft PNA for consultation, is acknowledged; these changes are reported in the final PNA version for publication.

Feedback on the commissioning of the CCG pilot is for the Commissioning CCG. It is understood that the SAS pilot will be evaluated after 31st March 2015; criteria for site selection and any impact of choice of location may be expected to be included.

5. Is there any other information which you feel should be included in the PNA?

Answer	% of total	Count
Yes	17%	2
No	58%	7
Not sure	25%	3
Total	100%	12

One supplementary comment was recorded:

ID1. I think that the PNA ought to be split into more than one document covering the legislative, then the actual to improve digest.

HWB response: these comments are acknowledged. It is recognised that the 'actual' as referred above might helpfully take the form of an abbreviated 'user-guide' to the PNA, a non-statutory document to support patient understanding of pharmaceutical services locally.

6. Do you think that the process followed in developing the PNA was appropriate?

Answer	% of total	Count
Yes	75%	9
No	8%	1
Not sure	17%	2
Total	100%	12

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Three supplementary comments was recorded:

ID1. From the limited time I've had to digest the information, I see no overall risk management plan covering even simple things such as pharmacies going out of business through to capacity management and streamlining new processes.

ID2. As an official document I would think it has been developed properly.

ID5. The process in developing the PNA was not appropriate as paper patient questionnaires through community pharmacy or gp surgeries may have supported inclusion of a wider patient population who do not have internet access. 182 respondents of 200,000 of the population is a very small number and this could have increased with greater opportunity. The transient population is not represented ie students and immigrants within the document (many of which would access community pharmacy prior to registering with a GP)

HWB response: these comments are acknowledged. The Health and Wellbeing Board is not in a position to accurately model the risk of pharmacies ceasing to trade at a local level, nor is it a requirement of the PNA. However, National statistics show that only 51 pharmacies closed in 2012-13², with 264 new pharmacies opening in the same time period (to increase the total number of pharmacies in England to 11495). The risk of a pharmacy closing might therefore be calculated as less than a half of one per cent (though this is not a net risk). There are no pharmacies in Stockton on Tees that operate under the Essential Small Pharmacies Scheme which provides an additional payment to pharmacies dispensing a small number of items a year. Such pharmacies might be most at risk of not being replaced by another contractor should one of them cease to trade.

The transient (sometimes described as reliant as opposed to resident) population are considered in the document e.g., sections 6.2.1 and 6.2.4). On-going activity to seek more detailed understanding of the views and experiences of patients, carers and their representatives will continue after the PNA is published as part of wider quality management and enhancement of pharmaceutical and other services. It is considered this on-going work will clarify areas already identified for improvement or better access and help to ensure that the HWB has information by which it may identify, and therefore re-assess the impact of, any potential changes to need after publication.

7. Is there any unmet need for pharmaceutical services which Stockton-on-Tees Health and Wellbeing Board has not identified in the draft PNA?

a) Current unmet need?

Answer	% of total	Count
Yes	17%	2
No	50%	6
Not Sure	33%	4
Total	100%	12

² <http://www.hscic.gov.uk/catalogue/PUB12683/gen-pharm-eng-200304-201213-rep.pdf>

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Four supplementary comments were recorded:

ID1. As commented earlier in the survey, the overall NHS plan appears muddled to 'joe public', so considering the pharmacy capability and how it fits at this juncture is difficult.
ID3. See comments in question 8.
ID5. Further opportunity for immunisations for example shingles, hpv and pneumococcal vaccines
ID6. See also Q3 comment

HWB response: these comments are acknowledged.

b) Near future unmet need?

Answer	% of total	Count
Yes	8%	1
No	58%	7
Not Sure	33%	4
Total	100% (99% rounded)	12

Three supplementary comments were recorded but they all referred only to their previous responses.

8. Do you have any other comments about the Stockton Health and Wellbeing Board draft PNA?

Six comments were recorded:

ID3. Thank you for our copy of the above document. We acknowledge that a thorough process has been followed in liaising with, and seeking feedback from, the public, relevant parties and organisations during the production of the PNA and we confirm that we believe it meets the requirements as set out in the regulations. There was not further information that was felt required inclusion. There are currently no unmet needs identified within the PNA document.

HWB response: these comments are acknowledged.

<p>ID3 continues. However, there are few points we want to make in the following headlines.</p> <p>ADVANCED SERVICES Medicine Use Review; We support and encourage all our pharmacists to give great patient care by completing MURs with their patients, Patient feedback is very positive and patients appreciate spending quality time with a pharmacist who can also answer their questions and concerns, If you feel there are specific groups of patients with a clinical need who would benefit from MURs we would be happy to work with you to provide this as an enhanced service. Mention that in the MUR, the target group have now changed. Also, for lone pensioners if domiciliary service were available it could reduce hospital admissions/re-admissions.</p> <p>New Medicine Service; We fully support the New Medicine Service in and all our pharmacies. In fact, in other areas of the country where they have launched scheme of Hospital referrals to Community</p>
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Pharmacy, this service has helped a lot of patients for unnecessary hospital appointments.

ENHANCED SERVICES

NHS ENGLAND

We currently support the Flu vaccination service and highlight the success of this year campaign within the Community Pharmacy. Also we support the Bank Holidays opening hour service too and are willing to work with you on any other services.

Finally, we are absolutely behind the Emergency planning: supply of anti-viral medicines if needed.

HWB response: these comments are acknowledged.

ID3 continues. PUBLIC HEALTH TEAM LOCAL COMMISSIONED SERVICES.

We fully support the current commissioned services of Emergency Hormonal Contraception, Supervised Consumption, needle exchange (especially where is only 6 pharmacies currently providing the service), the smoking service, the Health Start Vitamins Service, and the Chlamydia Screening service. We feel with Chlamydia service that hasn't been launch or settle properly and we would like to work with you to make sure the service success. Every pharmacy should have C-Card and provide the service, and now is sub-commissioned by Virgin Healthcare.

But, on the PNA doesn't mention the new Pilot Emergency Supply of Medication that started in December 2014 until March 2015 and the Seasonal Ailment Scheme started on the 29th December.

HWB response: these comments are acknowledged. With respect to Chlamydia screening service, these comments reflect that the existing (PCT inherited) service has recently been reviewed and as a consequence is currently actively undergoing a re-launch (led by the Sexual Health Teesside provider) which includes an improved specification ('kit and consult'). Pharmacy service providers of locally contracted services do change and lists included in the PNA will always be a snapshot in time. Where possible, corrections will be updated in the final document, otherwise notification of small changes, or where applicable, a Supplementary Statement will be issued such that listed service provision continues to reflect contracted providers in an on-going way.

The feedback regarding new services introduced too late for inclusion in the draft PNA for consultation (PERMSS and SAS), is again acknowledged; relevant sections of the PNA have been updated to reflect this. However these are not Public Health Commissioned Services.

ID3 continues.

CCG COMMISSIONED SERVICES

We fully support the 'on demand' availability of specialist drugs (largely for palliative care), End of life care, Emergency Eye Care Scheme and we see massive value of the Seasonal Ailments Scheme, as patients and stakeholders feedback. However, we don't agree with the initial pharmacy choice by the CCG as it doesn't reflect geographically and opening hours for pharmacies in Stockton. i.e. none of the Boots pharmacy in Hartlepool hasn't been selected for the initial pilot, where clearly, we are geographically well situated and offering extensive opening hours (100h pharmacy for both).

OTHER SERVICES THAT COULD BE PROVIDED BY PHARMACIES

We note that you are currently scoping a review of community pharmacy services. Areas for consideration include;(NHS Health Check) and would be willing to discuss with you as and when you wish to roll out such service, especially with high levels of cardiovascular disease. Again, experience in

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other parts of the country, shows how beneficial and well received have been this service by the public. It has shown to be very effective in NHS cost control.

Vaccination and immunisations for example shingles, HPV and Pneumococcal Vaccines.

Pregnancy Testing and C-CARD in every pharmacy.

Weight Management service.

Anticoagulant Monitoring Service.

Disease specific medicines management service

Gluten free food supply service.

Home delivery service

Alcohol brief intervention service.

Language access service.

Patient Group Direction (PGD) Service (other than EHC).

Medicines assessment and compliance support service.

Prescriber support service.

Schools service.

Other screening service(s)

Supplementary prescribing service

Direct referral to Hospital and Secondary care.

We are willing to support such services and willing to discuss with you as and when you wish to roll out such services.

***HWB response:** willingness to provide locally commissioned services, and other comments are acknowledged. Feedback on the CCG pilot service is for the Commissioning CCG. It is understood that the pilot service will be evaluated after 31st March 2015; criteria for site selection and any impact of choice of location may be expected to be included.*

ID3 continues.

PHARMACY OPENING HOURS

We note that in most cases the pharmacy opening hours meet the current Pharmacy needs and wish to offer our support and help if any issues become apparent in any of the Localities.

However, we are willing to work with you with any opening hours need in the future.

With Public Questionnaires, with only 128 questionnaires from a total of near 195,000 people living in Stockton, it is very difficult to feel and reflect the true picture in community pharmacy. The transient population is not represented ie students and immigrants within the document (many of which would access community pharmacy prior to registering with a GP).

SUMMARY BY LOCALITIES, S1, S2, S3 & S4.

S1. YARM and AREA.

S2. STOCKTON PARISHES.

S3. NORTON & BILLINGHAM.

S4. STOCKTON & THORNABY.

We fully support the signposting and/or public health campaigns identified to improve the Health in this locality and will do all we can to ensure its success.

Again, we feel with new Minor Ailments (Seasonal Ailments Scheme) hasn't been launched properly as the need from patients is much bigger. We don't agree with the initial pharmacy choice by the CCG as it doesn't reflect geographically and opening hours in Stockton. i.e. none of the Boots pharmacy hasn't been selected for the initial pilot, where clearly, we are geographically very well situated and offering extensive opening hours.

Supervised consumption, needle exchange, Stop smoking service and EHC are currently provided and we will continue to support these services to improve better access to patients.

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Also, we will continue to support the Health Start Vitamins, Chlamydia screening and on demand availability of specialist drugs service.

Other comments about the Stockton PNA:

- There is poor patient representation for overall population size.
- Seasonal Ailment Scheme not mentioned but is a completely different service to Minor Ailments Scheme
- Changes in Ownership not reflected for example Co-op and Averroes.
- New internet pharmacy at Ingleby- Barwick contracted.

Our pharmacy in Unit 21b, Teesside Retail Park, opening hours on Sunday is 10:30 -17:00. The PNA says the store close at 24:00 and is wrong. Need to be corrected. Our pharmacy in 12 Wrightson House, Mitchell Avenue Core hours should be 9:00-12:00 and 13:00-17:30 as lunchtimes there are 1 hour earlier. Our pharmacy in 58-63 High Street, Stockton-on-Tees, opening hours are correct except for Tuesday store opens at 8.30 am, core hours are Mon-Fri 8.30 to 5.30 except for Tuesday which is 9 to 5.30, supplementary hours are Mon 10-2pm and 3 to 5.30pm Tues-Fri 9.45 to 2pm and 3 to 5.30pm. And the store doesn't provide the Chlamydia service, but would like to do. And our pharmacies in Thornaby HC, Trenchard Avenue and Billingham Road, Norton according to the PNA states that they offer Chlamydia, but they are not as they haven't heard anything from the service. But, they would like to do so.

HWB response: these comments are acknowledged; some are repeated elsewhere in the consultation feedback and HWB responses. Changes in ownership and any new pharmacy / extant grants up to 1st January 2015 will be included in the final PNA; updates thereafter will be provided by notification or Supplementary Statements.

ID3 continues. In summary, we feel that overall this is a good quality, useful document. We hope you will consider our comments and concerns expressed above, and look forward to working together to continue to improve the health and the pharmaceutical care of the population of Stockton. If you want to discuss anything further please give me a call.

HWB response: these comments are acknowledged.

ID5. There is poor patient representation for overall population size
Seasonal Ailment Scheme not mentioned but is a completely different service to Minor Ailment Scheme
Changes in Ownership not reflected for example co-op and averroes pharamcies
New internet pharmacy at Ingleby barwick contracted

HWB response: these comments are acknowledged. Seasonal Ailment Scheme is a sub-type of Minor Ailments Scheme and is therefore included already. Changes in ownership and any new pharmacy / extant grants up to 1st January 2015 will be included in the final PNA; updates thereafter will be provided by notification or Supplementary Statements.

ID7.

A number of pieces of information about our pharmacies (Rowlands Pharmacy) are incorrect (mainly total opening hours):

Lawson Street - Pharmacist lunch 1330-1350

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Tennant Street - Pharmacist lunch 1320-1340
 Yarm Lane - Pharmacist lunch 1230-1250
 Billingham - the pharmacy closes at 5pm on a Saturday not 530

HWB response: this information is included in the Pharmaceutical List provided by NHS England. Any query or correction to the Pharmaceutical List must be directed to them; changes of this nature will not affect pharmaceutical need.

ID8. Appendix 10. Enhanced Services incorrectly states that The Co-operative Pharmacy branch does not offer EHC. This will need to be amended to ensure that the correct information is included prior to the Final PNA being published.

HWB response: this information will be confirmed and updated.

ID1. This is an important subject and in my view warrants much wider consultation, perhaps as far out to shopping precincts (roadshows) to ensure that a wider scope of the community are involved.

HWB response: this comment is acknowledged. On-going work to seek more detailed understanding of the views and experiences of patients, carers and their representatives will continue after the PNA is published as part of wider quality management and enhancement of pharmaceutical and other services.

ID9. The document is too long, four pages in and it is still on the contents.

HWB response: this comment is acknowledged.

9. I am answering these questions as:

Answer Options (with at least one count)	Response Percent	Response Count
A patient or member of the public living or using pharmaceutical services in this area	42%	5
A pharmacy contractor or a representative of a pharmacy contractor in this area	25%	3
Local Pharmaceutical Committee	8%	1
CCG representative	8%	1
Healthwatch representative for this area	8%	1
On behalf of a group or organisation not listed above LPN Chair	8%	1

Other responses to consultation

There were two additional responses:

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North Tees and Hartlepool NHS Foundation Trust

We welcome the opportunity to respond to the Pharmaceutical Needs Assessment for Stockton. As a partner organisation we are involved through membership of various Pharmaceutical Forums where the document was discussed and have had input to various elements of the document, and the necessary developments in service provided by Community Pharmacy Services. The interface between the community and admission to our services can be improved by the intervention of community pharmacy services providing additional support to our patients to facilitate step down, intermediate support and prevention of admission where appropriate. We also welcome the many previous developments in services

As an acute Trust with community services we would especially welcome the following developments and extension of these developments in a system wide way throughout the community:

- The establishment of Healthy Living Pharmacies, with an emphasis on health education and promotion
- The provision of commissioned Stop Smoking Services alongside NRT provision
- The provision of Influenza vaccination schemes
- The provision of Minor Ailments Schemes, linked in with commissioned Emergency Supply of medication
- The provision of Emergency Hormonal Contraception
- The provision of specialist medicines e.g. palliative care medicines for out of hour use in End of Life pathways
- The provision of NMS/MUR as part of the national Contract, but would welcome a removal on the cap for these services, and feedback as to the effectiveness of these services
- The commissioned provision of urgent Monitored Dose Systems for patients discharged from hospital where clinically necessary

We value community pharmacy extended opening hours, and also the extent to which they are mainly conveniently located

We would also welcome the provision of these services in a consistent and equitable manner across the community

We would welcome the community pharmacy services being developed into a resource which is fully a part of and co-ordinated with other NHS services, with all that that implies e.g. access to Summary Care Record.

We are involved with the Local Pharmaceutical Network and Local Pharmaceutical Committee in a proof of concept scheme for a Referral to Community Pharmacy scheme using an electronic notification system for discharged patients, and would welcome your commissioned support for this, and of its evaluation through the Academic Health Science Network (where it is part of the Medicines Optimisation work scheme)

Thank you for the opportunity to comment on what is an impressive document, which provides much necessary details on how your services have developed and are developing in the future. We would wish to further enhance our working relationship with these practitioners who work in the Fourth Disposition.

***HWB response:** this feedback is acknowledged and the specific services and characteristics supported and identified are also noted. The Health and Wellbeing Board is also supportive of further work with the professional practice of pharmacy locally both within, and outside of, commissioned services.*

Appendix 7. Response to Consultation and HWB Responses

NHS England Local Area Team (now Northern Area)

Thank you for inviting NHS England Area Team to comment upon the Stockton-on- Tees Pharmaceutical Needs Assessment. The NHS Area Team recognises the work undertaken by Stockton-on-Tees Health and Wellbeing Board in producing their PNA.

The Area Team notes there are adequate pharmaceutical services currently provided within Stockton-on-Tees.

The Area Team has invited the Durham, Darlington and Tees Local Professional (LPN) network to also comment upon the PNA. The network is made up of key stakeholders across primary and secondary care that looks at pharmacy service provision, gaps and patient pathways. The Area Team formal feedback includes LPN feedback as follows:

The PNAs are all well-written and reflect adequately the Local Pharmaceutical Needs of each area. The process in developing the PNA was appropriate. The PNAs describe the range of available Pharmaceutical Services in an accurate manner, except that the Medicine Use Review Target Groups have now changed (3.4.3.1). The following services have now been commissioned as pilots since the draft was written: Emergency Supply Service commissioned by NHS England Area Team; Seasonal Ailments Scheme commissioned across Tees by HAST CCG and South Tees CCG. Having identified a Minor Ailment or Pharmacy First service as a current gap in provision in the draft PNA, it is important to recognise that in order to be truly successful, it needs to operate in an inclusive way and be available for provision in all pharmacies. Areas of high Lone Pensioner Households identified in the draft PNA may indicate a gap in provision in that there may be a greater need for domiciliary pharmaceutical care to prevent potential admissions and re-admissions into hospital.

I would like to add that the Area Team looks forward to working closely with all other commissioners of services in Stockton-on-Tees to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

HWB response: these comments are acknowledged. Amendments required for changes / implementation of services during the consultation period will be included in the final PNA.

Appendix 8. Pharmacies by Area and Locality at September 2014

Locality	Trading Name	1st line address	2nd line address	Postcode	40 or 100 hr
M1	A. C. Moule & Co	55 Parliament Road		TS1 4JW	40
M1	Boots	88-90 Linthorpe Road		TS1 2JZ	40
M1	Boots	455 Linthorpe Road	Linthorpe	TS5 6HX	40
M1	Cohens Chemist	9 Trinity Mews	North Ormesby Health Village	TS3 6AL	40
M1	Crossfell Pharmacy	The Berwick Hills Centre	Ormesby Road	TS3 7RP	40
M1	David Jarvis	43 Eastbourne Road		TS5 6QN	40
M1	Hunters Pharmacy	397 Linthorpe Road		TS5 6AE	40
M1	Lloydspharmacy	Scandanavian House	386 Linthorpe Road	TS5 6HA	100
M1	Lloydspharmacy	9 High Street	Ormesby	TS7 9PD	40
M1	Martonside Pharmacy	Martonside Way		TS4 3BU	40
M1	Rowlands Pharmacy	169a Borough Road		TS1 3RZ	40
M1	Pharmacy Express	103 Linthorpe Road		TS1 5DD	40
M1	The Co-Operative Pharmacy	1-3 Newton Mall		TS1 2NW	40
M1	Victoria Chemist	118a Victoria Road		TS1 3HY	100
M1	Whitworth Chemists	17 Beresford Buildings	Thorntree	TS3 9NB	40
M1	Whitworth Chemists	378 Linthorpe Road		TS5 6HA	100
M1	Your local Boots Pharmacy	One Life Medical Centre	Linthorpe Road	TS1 3QY	40
M1	Your local Boots Pharmacy	9a Lealholm Crescent	Ormesby	TS3 0NA	40
M1	Your local Boots Pharmacy	4 Kings Road	North Ormesby	TS3 6NF	40
M1	Your local Boots Pharmacy	51 Kings Road	North Ormesby	TS3 6NH	40
M2	Lloydspharmacy	Next to Fulcrum Medical Practice	Acklam Road	TS5 4EQ	40
M2	Lloydspharmacy	89 Acklam Road		TS5 5HR	40
M2	Lloydspharmacy	Cropton Way	Coulby Newham	TS8 0TL	100
M2	Marton Pharmacy	4 Estates Square	Stokesley Road	TS7 8DU	40
M2	PJ Wilkinson Chemist	273a Acklam Road		TS5 7BP	40
M2	Right Medicine Pharmacy	31-33 Roman Road	Linthorpe	TS5 6DL	100
M2	Tesco Instore Pharmacy	Parkway Shopping Centre	Coulby Newham	TS8 0TJ	100
M2	The Oval Pharmacy	5 Centre Court, The Oval	Brookfield	TS5 8HP	40
M2	Your local Boots Pharmacy	Unit 3 Parkway Centre	Coulby Newham	TS8 0TJ	40
M2	Your local Boots Pharmacy	15 The Viewley Centre	Hemlington	TS8 9JH	40

Pharmacies in Middlesbrough area, by locality.

Locality	Trading Name	1st line address	2nd line address	Postcode	40 or 100 hr
R1	Harrops Pharmacy	1 Zetland Road	Loftus	TS13 4PP	40
R1	Lingdale Pharmacy	26 High Street	Lingdale	TS12 3DZ	40
R1	Lloydspharmacy	26 High Street	Loftus	TS13 4HA	40
R1	Skelton Pharmacy	Skelton Medical Centre	Skelton	TS12 2NN	40
R1	T Kingston Pharmacy	Hillside Medical Centre	Skelton	TS12 2TG	40
R1	The Co-Operative Pharmacy	5 High Street	Brotton	TS12 2SP	40
R2	Boots	18 Westgate	Guisborough	TS14 6BA	100
R2	The Co-Operative Pharmacy	16 Westgate	Guisborough	TS14 6BA	40
R2	Your local Boots pharmacy	Guisborough Health Centre	Guisborough	TS14 7DJ	40
R3	Asda Pharmacy	2 North Street	South Bank	TS6 6AB	100
R3	Boots	Cleveland Retail Park	Middlesbrough	TS6 6UX	40
R3	C.R. Kime	53 Birchington Avenue	Grangetown	TS6 7HX	40
R3	Cooper & Kime	1 South Terrace	South Bank	TS6 6HW	40
R3	Lloydspharmacy	South Grange Medical Centre	Eston	TS6 9QH	40
R3	Lloydspharmacy	Low Grange Health Village	Normanby Road	TS6 6TD	100
R3	Pharmacy@Eston	135-145 High Street	Eston	TS6 9JE	40
R3	Whale Hill Pharmacy	256 Birchington Avenue	Eston	TS6 8BL	40
R3	Your local Boots pharmacy	21 High Street	Normanby	TS6 0NH	40
R3	Your local Boots pharmacy	93 Guisborough Road	Nunthorpe	TS7 0JS	40
R3	Tesco Instore Pharmacy	Trunk Road	Eston	TS6 9HQ	100
R4	Boots	33-35 High Street	Redcar	TS10 3BZ	40
R4	Clevechem	Redcar Primary Care Hospital	Redcar	TS10 4NW	100
R4	Coopers Chemist (Redcar)	New Medical Centre	Redcar	TS10 1SR	40
R4	Coopers Chemist (Marske)	112 High Street	Marske	TS11 7BA	40
R4	Lloydspharmacy	31-35 Ennis Square	Dormanstown	TS10 5JZ	40
R4	New Marske Pharmacy	1 Beacon Drive	New Marske	TS11 8ES	40
R4	Park Avenue Pharmacy	10 Park Avenue	Redcar	TS10 3JZ	40
R4	Jhoots Pharmacy	1 Embleton Court	Redcar	TS10 2RF	40
R4	Scott Chem	Unit 3 Roseberry Shopping Centre	Redcar	TS10 4NY	40
R4	Saltburn Pharmacy	6 Station Street	Saltburn	TS12 1AE	40
R4	Tesco Instore Pharmacy	West Dyke Road	Redcar	TS10 2AA	100
R4	Your local Boots pharmacy	9-11 Station Street	Saltburn	TS12 1AE	40

Pharmacies in Redcar and Cleveland area, by locality.

Locality	Trading Name	1st line address	2nd line address	Postcode	40 or 100 hr
H1	Lloydspharmacy	84 Wiltshire Way		TS26 0TB	40
H2	Pharmacy @ Seaton	68A Elizabeth Way	Seaton Carew	TS25 2AX	40
H2	The Co-Operative Pharmacy	416 Catcote Road	Fens Shopping Centre	TS25 2LS	40
H3	Asda Pharmacy	Marina Way		TS24 0XR	40
H3	Boots	Middleton Grange		TS24 7RW	40
H3	Boots	Anchor Retail Park	Marina Way	TS24 0XR	100
H3	Boots	One Life	Park Road	TS24 7PW	100
H3	Headland Pharmacy	1 Grove Street		TS24 0NY	40
H3	Clayfield Pharmacy	76 - 78 Oxford Road		TS25 5SA	40
H3	Healthways Chemist	Middleton Grange		TS24 7RY	40
H3	Lloydspharmacy	The Arches	Park Road	TS24 7PW	40
H3	Lloydspharmacy	Surgery Lane	Winterbottom Avenue	TS24 9DN	40
H3	Lloydspharmacy	15 Kendal Road		TS25 1QU	40
H3	Lloydspharmacy	29 Wynyard Road		TS25 3LB	40
H3	M Whitfield	30 Victoria Road		TS26 8DD	40
H3	Tesco Instore Pharmacy	Belle Vue Way		TS25 1JZ	40
H3	The Co-Operative Pharmacy	99a York Road		TS26 9DA	40
H3	Victoria Pharmacy	Hartlepool Health Centre	Victoria Road	TS26 8DB	40
H3	West View Pharmacy	7 Brus Corner		TS24 9LA	40

Pharmacies in Hartlepool area, by locality.

Locality	Trading Name	1st line address	2nd line address	Postcode	40 or 100 hr
S1	Averoes Pharmacy	Medical Centre	Yarm	TS15 9DD	100
S1	Boots	44 High Street	Yarm	TS15 9AE	40
S1	Eaglescliffe Pharmacy	18 Durham Lane	Eaglescliffe	TS16 0EH	40
S1	Fairfield Pharmacy	26-28 Glenfield Road		TS19 7PQ	40
S1	Hepworth Chemist	20 Greenside	Ingleby Barwick	TS17 0RR	40
S1	Kelly Chemist	32 Myton Park,	Ingleby Barwick	TS17 0WG	40
S1	Lloydspharmacy	55 High Street	Yarm	TS15 9BH	40
S1	Sunningdale Pharmacy	9 Sunningdale Drive	Eaglescliffe	TS16 9EA	40
S1	Whitworth Chemists	7 Healaugh Park	Leven Park	TS15 9XN	40
S2	Wynyard Pharmacy	Unit 8, The Stables	Wynyard	TS22 5QQ	40
S3	Billchem	Health Centre	Billingham	TS23 2LA	40
S3	Boots	25 Queensway	Billingham	TS23 2ND	40
S3	Davidson Pharmacy	3 Station Road	Billingham	TS23 1AG	40
S3	Harry Hill Chemist	8 Kenilworth Road	Billingham	TS23 2HZ	40
S3	Norton Glebe Pharmacy	Unit 6 Hanover Parade	Stockton	TS20 1RF	40
S3	Rowlands Pharmacy	39 Queensway	Billingham	TS23 2ND	40
S3	Tesco Instore Pharmacy	Leaholme Road	Billingham	TS23 3TA	100
S3	The +Pharmacy	Abbey Health Centre	Billingham	TS23 2DG	100
S3	Your Local Boots Pharmacy	12-14 High Street	Norton	TS20 1DN	40
S3	Your Local Boots Pharmacy	Norton Medical Centre	Norton	TS20 2UZ	40
S4	Asda Pharmacy	New Town Centre	Thornaby	TS17 9EN	40
S4	Asda Pharmacy	Portrack Lane	Stockton	TS18 2PB	100
S4	Boots	Thornaby Health Centre	Thornaby	TS17 0EE	40
S4	Boots	Teesside Retail Park	Stockton	TS17 7BW	40
S4	Boots	58-63 High Street	Stockton	TS18 1BE	40
S4	Morrisons Pharmacy	Teesside Retail Park	Stockton	TS17 7BP	40
S4	Newham Pharmacy	9-10 High Newham Court	Hardwick	TS19 8PD	40
S4	P. Milburn Pharmacy	113 Lanehouse Road	Thornaby	TS17 8AB	40
S4	Pharmacy 365	161-162 High Street	Stockton	TS18 1PL	100
S4	Pharmacy World	59 Redhill Road	Roseworth	TS19 9BX	40
S4	Rowlands Pharmacy	Lawson Street Health Centre	Stockton	TS18 1HX	40
S4	Rowlands Pharmacy	106 Yarm Lane	Stockton	TS18 1YE	40
S4	Rowlands Pharmacy	Tennant Street	Stockton	TS18 2AT	40
S4	Rowlands Pharmacy	Endurance House	Stockton	TS18 2EP	40
S4	Sainsburys Pharmacy	Whitehouse Shopping Centre	Stockton	TS19 0QB	40
S4	Synergise Pharmacy	56 Yarm Lane	Stockton	TS18 1EP	100
S4	Norchem Healthcare	Queens Park Surgery	Stockton	TS18 2AW	100
S4	Tesco Instore Pharmacy	Durham Road	Stockton	TS21 3LU	100
S4	The Co-Operative Pharmacy	70 Bishopton Lane	Stockton	TS18 2AJ	100
S4	Whitworth Chemists	4 Varo Terrace	Stockton	TS18 1JY	40
S4	Your Local Boots Pharmacy	12 Wrightson House	Thornaby	TS17 9EP	40

Pharmacies in Stockton on Tees area, by locality.

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Asda Stores Limited	Asda Pharmacy	Thornaby New Town Centre Thornaby Cleveland TS17 9EN	01642 768 410	Mon: 09:00-12:30; 14:30-18:00 Tue: 09:00-12:30; 14:30-18:00 Wed: 09:00-12:30; 14:30-18:00 Thu: 09:00-12:30; 14:30-18:00 Fri: 09:00-12:30; 14:30-18:00 Sat: 09:00-12:30; 14:30-16:00 Sun:	Mon: 08:00-09:00; 12:30-14:30; 18:00-20:00 Tue: 08:00-09:00; 12:30-14:30; 18:00-20:00 Wed: 08:00-09:00; 12:30-14:30; 18:00-20:00 Thu: 08:00-09:00; 12:30-14:30; 18:00-21:00 Fri: 08:00-09:00; 12:30-14:30; 18:00-21:00 Sat: 08:00-09:00; 12:30-14:30; 16:00-20:00 Sun: 10:00-16:00	Mon: 08:00-20:00 Tue: 08:00-20:00 Wed: 08:00-20:00 Thu: 08:00-21:00 Fri: 08:00-21:00 Sat: 08:00-20:00 Sun: 10:00-16:00
Asda Stores Ltd	Asda Pharmacy	Asda Superstore Portrack Lane Stockton-On-Tees TS18 2PB	01642 623300	Mon: 08:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 08:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00
Averroes Pharmacy Ltd	Averroes Pharmacy	Yarm Medical Centre 1, Worsall Road Yarm Cleveland TS15 9DD	01642 788060	Mon: 07:45-23:15 Tue: 07:45-23:15 Wed: 07:45-23:15 Thu: 07:45-23:15 Fri: 07:45-23:15 Sat: 07:45-23:15 Sun: 09:00-16:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 07:45-23:15 Tue: 07:45-23:15 Wed: 07:45-23:15 Thu: 07:45-23:15 Fri: 07:45-23:15 Sat: 07:45-23:15 Sun: 09:00-16:00
Billchem Ltd		Billingham Health Centre Queensway Billingham TS23 2LA	01642 553 846	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:
Billingham Health Ltd	The Pharmacy	The Abbey Health Centre Finchale Avenue Billingham TS23 2DG	01642 530304	Mon: 07:00-22:30 Tue: 07:00-22:30 Wed: 07:00-22:30 Thu: 07:00-22:30 Fri: 07:00-22:30 Sat: 08:00-20:00 Sun: 08:30-19:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 07:00-22:30 Tue: 07:00-22:30 Wed: 07:00-22:30 Thu: 07:00-22:30 Fri: 07:00-22:30 Sat: 08:00-20:00 Sun: 08:30-19:00

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Boots UK Limited		Unit 1 44 High Street Yarm Cleveland TS15 9AE	01642 787 396	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 10:30-13:00 Sun:	Mon: 13:00-14:00 Tue: 13:00-14:00 Wed: 13:00-14:00 Thu: 13:00-14:00 Fri: 13:00-14:00 Sat: 09:00-10:00; 13:00-17:30 Sun:	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-17:30 Sun:
Boots UK Limited		58-63 High Street Stockton-On-Tees TS18 1BE	01642 675 624	Mon: 10:00-14:00; 15:00-17:30 Tue: 09:45-14:00; 15:00-17:30 Wed: 09:45-14:00; 15:00-17:30 Thu: 09:45-14:00; 15:00-17:30 Fri: 09:45-14:00; 15:00-17:30 Sat: 10:00-14:00; 15:00-17:30 Sun:	Mon: 08:30-10:00; 14:00-15:00 Tue: 08:30-09:45; 14:00-15:00 Wed: 08:30-09:45; 14:00-15:00 Thu: 08:30-09:45; 14:00-15:00 Fri: 08:30-09:45; 14:00-15:00 Sat: 08:30-10:00; 14:00-15:00 Sun:	Mon: 08:30-17:30 Tue: 09:00-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: 08:30-17:30 Sun:
Boots UK Limited		25 Queensway Billingham Cleveland TS23 2ND	01642 553 263	Mon: 09:00-12:00; 13:00-17:00 Tue: 09:00-12:00; 13:00-17:00 Wed: 09:00-12:00; 13:00-17:00 Thu: 09:00-12:00; 13:00-17:00 Fri: 09:00-12:00; 13:00-17:00 Sat: 09:30-12:00; 13:00-15:30 Sun:	Mon: 08:30-09:00; 12:00-13:00; 17:00-17:30 Tue: 08:30-09:00; 12:00-13:00; 17:00-17:30 Wed: 08:30-09:00; 12:00-13:00; 17:00-17:30 Thu: 08:30-09:00; 12:00-13:00; 17:00-17:30 Fri: 08:30-09:00; 12:00-13:00; 17:00-17:30 Sat: 08:30-09:30; 12:00-13:00; 15:30-17:30 Sun:	Mon: 08:30-17:30 Tue: 08:30-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: 08:30-17:30 Sun:
Boots UK Limited	Your Local Boots Pharmacy	Norton Primary Health Centre Billingham Road Norton Stockton TS20 2SA	01642 553 970	Mon: 09:00-12:30; 13:30-18:00 Tue: 09:00-12:30; 13:30-18:00 Wed: 09:00-12:30; 13:30-18:00 Thu: 09:00-12:30; 13:30-18:00 Fri: 09:00-12:30; 13:30-18:00 Sat: Sun:	Mon: 08:00-09:00; 12:30-13:30; 18:00-18:15 Tue: 08:00-09:00; 12:30-13:30; 18:00-18:15 Wed: 08:00-09:00; 12:30-13:30; 18:00-18:15 Thu: 08:00-09:00; 12:30-13:30; 18:00-18:15 Fri: 08:00-09:00; 12:30-13:30; 18:00-18:15 Sat: Sun:	Mon: 08:00-18:15 Tue: 08:00-18:15 Wed: 08:00-18:15 Thu: 08:00-18:15 Fri: 08:00-18:15 Sat: Sun:
Boots UK Limited		Thornaby Medical Centre Trenchard Avenue New Town Centre Thornaby TS17 0EE	01642 763 803	Mon: 09:00-12:00; 13:00-18:00 Tue: 09:00-12:00; 13:00-18:00 Wed: 09:00-12:00; 13:00-18:00 Thu: 09:00-12:00; 13:00-18:00 Fri: 09:00-12:00; 13:00-18:00 Sat: Sun:	Mon: 08:00-09:00; 12:00-13:00 Tue: 08:00-09:00; 12:00-13:00 Wed: 08:00-09:00; 12:00-13:00 Thu: 08:00-09:00; 12:00-13:00 Fri: 08:00-09:00; 12:00-13:00 Sat: 08:00-13:00 Sun:	Mon: 08:00-18:00 Tue: 08:00-18:00 Wed: 08:00-18:00 Thu: 08:00-18:00 Fri: 08:00-18:00 Sat: 08:00-13:00 Sun:

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Boots UK Limited	Your Local Boots Pharmacy	12 Wrightson House Mitchell Avenue Thornaby Stockton-On-Tees TS17 9EP	01642 769 600	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-11:30 Sun:	Mon: Tue: Wed: Thu: Fri: Sat: 11:30-17:00 Sun:	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-17:00 Sun:
Boots UK Limited		Unit 21b,Goodwood Square Teese Retail Park Stockton-On-Tees TS17 7BW	01642 605 956	Mon: 09:45-14:00; 15:00-17:00 Tue: 09:15-14:00; 15:00-17:00 Wed: 09:15-14:00; 15:00-17:00 Thu: 09:15-14:00; 15:00-17:00 Fri: 09:15-14:00; 15:00-17:00 Sat: 09:15-14:00; 15:00-17:00 Sun:	Mon: 08:30-09:45; 14:00-15:00; 17:00-24:00 Tue: 08:30-09:45; 14:00-15:00; 17:00-24:00 Wed: 08:30-09:45; 14:00-15:00; 17:00-24:00 Thu: 08:30-09:45; 14:00-15:00; 17:00-24:00 Fri: 08:30-09:45; 14:00-15:00; 17:00-24:00 Sat: 08:30-09:45; 14:00-15:00; 17:00-24:00 Sun: 10:30-17:00	Mon: 08:30-24:00 Tue: 08:30-24:00 Wed: 08:30-24:00 Thu: 08:30-24:00 Fri: 08:30-24:00 Sat: 08:30-24:00 Sun: 10:30-24:00
Boots UK Limited	Your Local Boots Pharmacy	12-14 High Street Norton Stockton-On-Tees TS20 1DN	01642 553 101	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:	Mon: 08:45-09:00; 13:00-14:00 Tue: 08:45-09:00; 13:00-14:00 Wed: 08:45-09:00; 13:00-14:00 Thu: 08:45-09:00; 13:00-14:00 Fri: 08:45-09:00; 13:00-14:00 Sat: 09:00-17:00 Sun:	Mon: 08:45-18:00 Tue: 08:45-18:00 Wed: 08:45-18:00 Thu: 08:45-18:00 Fri: 08:45-18:00 Sat: 09:00-17:00 Sun:
Co-operative Group Healthcare Limited	The Co-operative Pharmacy	70 Bishopton Lane Stockton-on-Tees Cleveland TS18 2AJ	01642 616 940	Mon: 07:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 08:00-22:00 Sun: 10:00-16:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 07:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 08:00-22:00 Sun: 10:00-16:00
Davidson Pharmacy Limited		3 Station Road Billingham Cleveland TS23 1AG	01642 360 145	Mon: 08:45-13:00; 13:45-17:30 Tue: 08:45-13:00; 13:45-17:30 Wed: 08:45-13:00 Thu: 08:45-13:00; 13:45-17:30 Fri: 08:45-13:00; 13:45-17:30 Sat: 09:00-12:45 Sun:	Mon: Tue: Wed: 13:45-17:30 Thu: Fri: Sat: 12:45-13:00 Sun:	Mon: 08:45-13:00; 13:45-17:30 Tue: 08:45-13:00; 13:45-17:30 Wed: 08:45-13:00; 13:45-17:30 Thu: 08:45-13:00; 13:45-17:30 Fri: 08:45-13:00; 13:45-17:30 Sat: 09:00-13:00 Sun:

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Imaan Limited	Fairfield Pharmacy	26-28 GLENFIELD ROAD STOCKTON-ON-TEES TS19 7PQ	01642 587625	Mon: 09:00-12:15; 14:00-18:00 Tue: 09:00-12:15; 14:00-18:00 Wed: 09:00-12:15; 14:00-18:00 Thu: 09:00-12:15; 14:00-18:00 Fri: 09:00-12:00; 14:00-18:00 Sat: 09:00-13:00 Sun:	Mon: 12:15-14:00 Tue: 12:15-14:00 Wed: 12:15-14:00 Thu: 12:15-14:00 Fri: 12:00-14:00 Sat: Sun:	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00 Sun:
Ingleby Healthcare Limited	Kelly Chemist	32 Myton Road Ingleby Barwick Stockton on Tees TS17 0WG	01642 751110	Mon: 09:00-12:30; 13:30-18:00 Tue: 09:00-12:30; 13:30-18:00 Wed: 09:00-12:30; 13:30-18:00 Thu: 09:00-12:30; 13:30-18:00 Fri: 09:00-12:30; 13:30-18:00 Sat: Sun:	Mon: 07:30-09:00; 12:30-13:30 Tue: 07:30-09:00; 12:30-13:30 Wed: 07:30-09:00; 12:30-13:30 Thu: 07:30-09:00; 12:30-13:30 Fri: 07:30-09:00; 12:30-13:30 Sat: 09:00-13:00; 14:00-17:00 Sun: 12:00-14:00	Mon: 07:30-18:00 Tue: 07:30-18:00 Wed: 07:30-18:00 Thu: 07:30-18:00 Fri: 07:30-18:00 Sat: 09:00-13:00; 14:00-17:00 Sun: 12:00-14:00
Ingleby Healthcare Limited	Hepworth Chemist	20 Greenside Ingleby Barwick Stockton-on-Tees TS17 0RR	01642 760609	Mon: 09:00-12:30; 13:30-18:00 Tue: 09:00-12:30; 13:30-18:00 Wed: 09:00-12:30; 13:30-18:00 Thu: 09:00-12:30; 13:30-18:00 Fri: 09:00-12:30; 13:30-18:00 Sat: Sun:	Mon: 08:30-09:00; 12:30-13:30 Tue: 08:30-09:00; 12:30-13:30 Wed: 08:30-09:00; 12:30-13:30 Thu: 08:30-09:00; 12:30-13:30 Fri: 08:30-09:00; 12:30-13:30 Sat: Sun:	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Sun:
L Rowland & Company (Retail) Limited	Rowlands Pharmacy	Lawson Street Health Centre Lawson Street Stockton TS18 1HU	01642 613 533	Mon: 09:00-13:30; 14:30-18:00 Tue: 09:00-13:30; 14:30-18:00 Wed: 09:00-13:30; 14:30-18:00 Thu: 09:00-13:30; 14:30-18:00 Fri: 09:00-13:30; 14:30-18:00 Sat: Sun:	Mon: 08:30-09:00; 13:30-14:30 Tue: 08:30-09:00; 13:30-14:30 Wed: 08:30-09:00; 13:30-14:30 Thu: 08:30-09:00; 13:30-14:30 Fri: 08:30-09:00; 13:30-14:30 Sat: 09:00-12:00 Sun:	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-12:00 Sun:
L Rowland & Company (Retail) Limited	Rowlands Pharmacy	Tennant Street Stockton-on-Tees Cleveland TS18 2AT	01642 676 141	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-11:30 Sun:	Mon: 08:45-09:00; 13:00-13:20; 17:30-18:00 Tue: 08:45-09:00; 13:00-13:20; 17:30-18:00 Wed: 08:45-09:00; 13:00-13:20; 17:30-18:00 Thu: 08:45-09:00; 13:00-13:20; 17:30-18:00 Fri: 08:45-09:00; 13:00-13:20; 17:30-18:00 Sat: 11:30-12:00 Sun:	Mon: 08:45-13:20; 13:40-18:00 Tue: 08:45-13:20; 13:40-18:00 Wed: 08:45-13:20; 13:40-18:00 Thu: 08:45-13:20; 13:40-18:00 Fri: 08:45-13:20; 13:40-18:00 Sat: 09:00-12:00 Sun:

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
L Rowland & Company (Retail) Limited	Rowlands Pharmacy	106 Yarm Lane Stockton Cleveland TS18 1YE	01642 607 036	Mon: 09:00-12:30; 13:30-18:00 Tue: 09:00-12:30; 13:30-18:00 Wed: 09:00-12:30; 13:30-18:00 Thu: 09:00-12:30; 13:30-18:00 Fri: 09:00-12:30; 13:30-18:00 Sat: Sun:	Mon: 08:00-09:00; 12:30-12:50 Tue: 08:00-09:00; 12:30-12:50 Wed: 08:00-09:00; 12:30-12:50 Thu: 08:00-09:00; 12:30-12:50 Fri: 08:00-09:00; 12:30-12:50 Sat: Sun:	Mon: 08:00-12:50; 13:30-18:00 Tue: 08:00-12:50; 13:30-18:00 Wed: 08:00-12:50; 13:30-18:00 Thu: 08:00-12:50; 13:30-18:00 Fri: 08:00-12:50; 13:30-18:00 Sat: Sun:
L Rowland & Company (Retail) Limited	Rowlands Pharmacy	39 Queensway Billingham Cleveland TS23 2ND	01642 554 416	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-11:30 Sun:	Mon: 13:00-13:40 Tue: 13:00-13:40 Wed: 13:00-13:40 Thu: 13:00-13:40 Fri: 13:00-13:40 Sat: 11:30-13:40; 14:00-17:30 Sun:	Mon: 09:00-13:40; 14:00-17:30 Tue: 09:00-13:40; 14:00-17:30 Wed: 09:00-13:40; 14:00-17:30 Thu: 09:00-13:40; 14:00-17:30 Fri: 09:00-13:40; 14:00-17:30 Sat: 09:00-13:40; 14:00-17:00 Sun:
L Rowland & Company (Retail) Limited	Rowlands Pharmacy	Medical Centre Endurance House Clarence Street Stockton on Tees TS18 2EP	01642 607 057	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-11:30 Sun:	Mon: 13:20-14:00; 17:30-18:00 Tue: 13:20-14:00; 17:30-18:00 Wed: 13:20-14:00; 17:30-18:00 Thu: 13:20-14:00 Fri: 13:20-14:00; 17:30-18:00 Sat: 11:30-12:00 Sun:	Mon: 09:00-13:00; 13:20-18:00 Tue: 09:00-13:00; 13:20-18:00 Wed: 09:00-13:00; 13:20-18:00 Thu: 09:00-13:00; 13:20-17:30 Fri: 09:00-13:00; 13:20-18:00 Sat: 09:00-12:00 Sun:
Lloyds Pharmacy Limited	Lloyds Pharmacy	55 High Street Yarm Cleveland TS15 9BH	01642 780 797	Mon: 09:00-12:30; 14:15-17:30 Tue: 09:00-12:30; 14:15-17:30 Wed: 09:00-12:30; 14:15-17:30 Thu: 09:00-12:30; 14:15-17:30 Fri: 09:00-12:30; 14:15-17:30 Sat: 09:00-11:30; 13:15-17:00 Sun:	Mon: 12:30-14:15 Tue: 12:30-14:15 Wed: 12:30-14:15 Thu: 12:30-14:15 Fri: 12:30-14:15 Sat: 11:30-13:15 Sun:	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-17:00 Sun:
ME Cronin Ltd	Newham Pharmacy	9-10 High Newham Court Hardwick Estate Stockton-On-Tees TS19 8PD	01642 608 838	Mon: 09:00-13:00; 14:00-17:00 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:00 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:00 Sat: 09:00-13:00 Sun:	Mon: 13:00-14:00; 17:00-18:15 Tue: 13:00-14:00; 17:30-18:15 Wed: 13:00-14:00; 17:00-18:15 Thu: 13:00-14:00; 17:30-18:15 Fri: 13:00-14:00; 17:00-18:15 Sat: Sun: 09:30-13:00	Mon: 09:00-18:15 Tue: 09:00-18:15 Wed: 09:00-18:15 Thu: 09:00-18:15 Fri: 09:00-18:15 Sat: 09:00-13:00 Sun: 09:30-13:00

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Mr N Gupta	Harry Hill Chemists	8 Kenilworth Road Billingham Cleveland TS23 2HZ	01642 553 184	Mon: 09:00-12:45; 14:00-17:30 Tue: 09:00-12:45; 14:00-17:30 Wed: 09:00-12:45; 14:00-17:45 Thu: 09:00-12:45; 14:00-17:30 Fri: 09:00-12:45; 14:00-17:30 Sat: 09:00-12:30 Sun:	Mon: 17:30-18:00 Tue: 17:30-18:00 Wed: 17:30-18:00 Thu: 17:30-18:00 Fri: 17:30-18:00 Sat: Sun:	Mon: 09:00-12:45; 14:00-18:00 Tue: 09:00-12:45; 14:00-18:00 Wed: 09:00-12:45; 14:00-18:00 Thu: 09:00-12:45; 14:00-18:00 Fri: 09:00-12:45; 14:00-18:00 Sat: 09:00-12:30 Sun:
Mr P Milburn	P Milburn Chemist	113 Lanehouse Road Thornaby-On-Tees Cleveland TS17 8AB	01642 676 842	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:	Mon: 13:00-14:00 Tue: 13:00-14:00 Wed: 13:00-14:00 Thu: 13:00-14:00 Fri: 13:00-14:00 Sat: 09:00-12:30 Sun:	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:30 Sun:
Mr P Milburn	Sunningdale Pharmacy	9 Sunningdale Drive Eaglescliffe Stockton TS16 9EA	01642 787 337	Mon: 09:00-12:00; 13:00-18:00 Tue: 09:00-12:00; 13:00-18:00 Wed: 09:00-12:00; 13:00-18:00 Thu: 09:00-12:00; 13:00-18:00 Fri: 09:00-12:00; 13:00-18:00 Sat: 09:00-12:00 Sun:	Mon: 12:00-13:00 Tue: 12:00-13:00 Wed: 12:00-13:00 Thu: 12:00-13:00 Fri: 12:00-13:00 Sat: Sun:	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:00 Sun:
Mr Paul Burrell	Eaglescliffe Pharmacy	Unit 4 Orchard Parade 18 Durham Lane Eaglescliffe Stockton on Tees TS16 0EH	01642 782 676	Mon: 09:00-12:48; 14:00-17:30 Tue: 09:00-12:48; 14:00-17:30 Wed: 09:00-12:48; 14:00-17:30 Thu: 09:00-12:48; 14:00-17:30 Fri: 09:00-12:48; 14:00-17:30 Sat: 09:00-12:30 Sun:	Mon: 12:48-14:00 Tue: 12:48-14:00 Wed: 12:48-14:00 Thu: 12:48-14:00 Fri: 12:48-14:00 Sat: 12:30-15:00 Sun:	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-15:00 Sun:
Mr Z Rafiq	Wynyard Pharmacy	Unit 8, The Stables The Wynd, Wynyard Billingham Cleveland TS22 5QQ	01740 645191	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:	Mon: 13:00-14:00 Tue: 13:00-14:00 Wed: 13:00-14:00 Thu: 13:00-14:00 Fri: 13:00-14:00 Sat: Sun:	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Norchem Healthcare Limited	Norchem Healthcare	The Pharmacy Queens Park Surgery Farrer Street Stockton on Tees TS18 2AW	01642 601 622	Mon: 08:00-24:00 Tue: 08:00-24:00 Wed: 08:00-24:00 Thu: 08:00-24:00 Fri: 08:00-24:00 Sat: 08:00-24:00 Sun: 16:00-20:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 08:00-24:00 Tue: 08:00-24:00 Wed: 08:00-24:00 Thu: 08:00-24:00 Fri: 08:00-24:00 Sat: 08:00-24:00 Sun: 16:00-20:00
Norchem Healthcare Limited	Pharmacy 365	161-162 High Street Stockton TS18 1PL	01642 633 433	Mon: 07:00-22:30 Tue: 07:00-22:30 Wed: 07:00-22:30 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-22:30 Sun: 10:00-16:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 07:00-22:30 Tue: 07:00-22:30 Wed: 07:00-22:30 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-23:00 Sun: 10:00-16:00
Pharmacy World Ltd	Pharmacy World	45 Redhill Road Roseworth Stockton-On-Tees TS19 9BX	01642 677999	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Sun:	Mon: 08:45-09:00 Tue: 08:45-09:00 Wed: 08:45-09:00 Thu: 08:45-09:00 Fri: 08:45-09:00 Sat: 09:00-13:00 Sun:	Mon: 08:45-17:00 Tue: 08:45-17:00 Wed: 08:45-17:00 Thu: 08:45-17:00 Fri: 08:45-17:00 Sat: 09:00-13:00 Sun:
Sainsbury's Supermarkets Ltd	Sainsburys Pharmacy	Whitehouse Shopping Centre Bishopton Road West Stockton TS19 0QB	01642 678 614	Mon: 09:00-13:00; 14:00-17:00 Tue: 09:00-13:00; 14:00-17:00 Wed: 09:00-13:00; 14:00-17:00 Thu: 09:00-13:00; 14:00-17:00 Fri: 09:00-13:00; 14:00-17:00 Sat: 09:00-14:00 Sun:	Mon: 08:00-09:00; 17:00-20:00 Tue: 08:00-09:00; 17:00-20:00 Wed: 08:00-09:00; 17:00-20:00 Thu: 08:00-09:00; 17:00-20:00 Fri: 08:00-09:00; 17:00-20:00 Sat: 08:00-09:00; 14:00-20:00 Sun:	Mon: 08:00-13:00; 14:00-20:00 Tue: 08:00-13:00; 14:00-20:00 Wed: 08:00-13:00; 14:00-20:00 Thu: 08:00-13:00; 14:00-20:00 Fri: 08:00-13:00; 14:00-20:00 Sat: 08:00-20:00 Sun: 10:00-16:00
Synergise Healthcare Ltd	Synergise Pharmacy	56 Yarm Lane Stockton on Tees TS18 1EP	01642 616930	Mon: 07:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-23:00 Sun: 10:00-14:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 07:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-23:00 Sun: 10:00-14:00

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Tesco Stores Limited	Tesco Instore Pharmacy	Leaholme Road Billingham Cleveland TS23 3TA	01642 385847	Mon: 08:00-22:30 Tue: 06:30-22:30 Wed: 06:30-22:30 Thu: 06:30-22:30 Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 08:00-22:30 Tue: 06:30-22:30 Wed: 06:30-22:30 Thu: 06:30-22:30 Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00
Tesco Stores Limited	Tesco Instore Pharmacy	Durham Road Stockton-on-Tees TS21 3LU	01642 385247	Mon: 08:00-22:30 Tue: 06:30-22:30 Wed: 06:30-22:30 Thu: 06:30-22:30 Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	Mon: 08:00-22:30 Tue: 06:30-22:30 Wed: 06:30-22:30 Thu: 06:30-22:30 Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00
Wellbeing Pharmacies Limited	Norton Glebe Pharmacy	Unit 6, Hanover Parade Glebe Centre Stockton-on-Tees TS20 1RF	01642 360 400	Mon: 09:00-12:00; 13:45-18:00 Tue: 09:00-12:00; 13:45-18:00 Wed: 09:00-12:00; 13:45-18:00 Thu: 09:00-12:00; 13:45-18:00 Fri: 09:00-12:00; 13:45-18:00 Sat: 09:00-13:00 Sun:	Mon: 12:00-13:45; 18:00-18:30 Tue: 12:00-13:45; 18:00-18:30 Wed: 12:00-13:45; 18:00-18:30 Thu: 12:00-13:45; 18:00-18:30 Fri: 12:00-13:45; 18:00-18:30 Sat: Sun:	Mon: 09:00-18:30 Tue: 09:00-18:30 Wed: 09:00-18:30 Thu: 09:00-18:30 Fri: 09:00-18:30 Sat: 09:00-13:00 Sun:
Whitworth Chemists Limited	Whitworth Chemists	4 Varo Terrace Yarm Lane Stockton TS18 1JY	01642 676 127	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Sun:	Mon: 17:00-17:30 Tue: 17:00-17:30 Wed: 17:00-17:30 Thu: 17:00-17:30 Fri: 17:00-17:30 Sat: 09:00-12:00 Sun:	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-12:00 Sun:
Whitworth Chemists Limited		7 Healaugh Park Leven Park Yarm Cleveland TS15 9XN	01642 790 731	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:	Mon: 13:00-14:00 Tue: 13:00-14:00 Wed: 13:00-14:00 Thu: 13:00-14:00 Fri: 13:00-14:00 Sat: 09:00-14:00 Sun:	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-14:00 Sun:

APPENDIX 9. Extract from Pharmaceutical List Stockton on Tees showing Opening Hours

PHARMACY NAME	TRADING NAME	FULL ADDRESS	TELEPHONE NUMBER	CORE HOURS	SUPPLEMENTARY HOURS	OPENING HOURS
Wm Morrison Supermarkets Plc	Wm Morrison Pharmacy	Teesside Retail Park Thornaby Stockton-On-Tees TS17 7BP	01642 607 074	Mon: 09:00-16:00 Tue: 09:00-16:00 Wed: 09:00-16:00 Thu: 09:00-16:00 Fri: 09:00-16:00 Sat: 09:00-14:00 Sun:	Mon: 08:30-09:00; 16:00-20:00 Tue: 08:30-09:00; 16:00-20:00 Wed: 08:30-09:00; 16:00-20:00 Thu: 08:30-09:00; 16:00-21:00 Fri: 08:30-09:00; 16:00-21:00 Sat: 08:30-09:00; 14:00-20:00 Sun: 11:00-17:00	Mon: 08:30-20:00 Tue: 08:30-20:00 Wed: 08:30-20:00 Thu: 08:30-21:00 Fri: 08:30-21:00 Sat: 08:30-20:00 Sun: 11:00-17:00

Locally Commissioned Services by pharmacy in Stockton on Tees at 1st September 2015.

All pharmacies provide Extended Hours (Bank Holiday) Directed Service. 100 hr pharmacies in bold type.

Locality	Trading Name	Short address	Postcode	40 or 100 hr	Needle Exchange	Stop Smoking	Supervised Self Administration	Healthy Start Vitamins	Emergency Eye Care	Specialist Drugs	EHC	Chlamydia Screening
S1	Averoes Pharmacy	Yarm Medical Centre	TS15 9DD	100							Yes	Yes
S1	Boots	Yarm	TS15 9AE	40			Yes		Yes		Yes	Yes
S1	Eaglescliffe Pharmacy	Eaglescliffe	TS16 0EH	40				Yes	Yes		Yes	
S1	Fairfield Pharmacy	26-28 Glenfield Road	TS19 7PQ	40								
S1	Hepworth Chemist	Ingleby Barwick	TS17 0RR	40			Yes	Yes	Yes	Yes	Yes	
S1	Kelly Chemist	Ingleby Barwick	TS17 0WG	40	Yes	Yes	Yes				Yes	
S1	Lloydspharmacy	Yarm	TS15 9BH	40	Yes	Yes					Yes	
S1	Sunningdale Pharmacy	Eaglescliffe	TS16 9EA	40			Yes					
S1	Whitworth Chemists	Leven Park, Yarm	TS15 9XN	40		Yes	Yes				Yes	Yes
S2	Wynyard Pharmacy	Wynyard	TS22 5QQ	40								
S3	Billchem Ltd	Billingham	TS23 2LA	40			Yes				Yes	
S3	Boots	Billingham	TS23 2ND	40	Yes		Yes		Yes		Yes	Yes
S3	Davidson Pharmacy	Billingham	TS23 1AG	40		Yes	Yes		Yes		Yes	
S3	Harry Hill Chemist	Billingham	TS23 2HZ	40		Yes	Yes		Yes		Yes	
S3	Norton Glebe Pharmacy	Hanover Parade, Stockton	TS20 1RF	40		Yes	Yes				Yes	Yes
S3	Rowlands Pharmacy	Billingham	TS23 2ND	40							Yes	Yes
S3	Tesco Instore Pharmacy	Billingham	TS23 3TA	100						Yes	Yes	Yes
S3	The +Pharmacy	Billingham	TS23 2DG	100			Yes				Yes	Yes
S3	Your Local Boots Pharmacy	High Street, Norton	TS20 1DN	40		Yes	Yes	Yes			Yes	Yes
S3	Your Local Boots Pharmacy	Norton Medical Centre	TS20 2UZ	40							Yes	

Continued on next page

Continued.,

Locally Commissioned Services by pharmacy in Stockton on Tees at 1st September 2015.

All pharmacies provide Extended Hours (Bank Holiday) Directed Service. 100 hr pharmacies in bold type.

Locality	Trading Name	Short address	Postcode	40 or 100 hr	Needle Exchange	Stop Smoking	Supervised Self Administration	Healthy Start Vitamins	Emergency Eye Care	Specialist Drugs	EHC	Chlamydia Screening
S4	Asda Pharmacy	Thornaby	TS17 9EN	40		Yes	Yes				Yes	Yes
S4	Asda Pharmacy	Portrack Lane, Stockton	TS18 2PB	100		Yes	Yes	Yes	Yes		Yes	Yes
S4	Boots	Thornaby Health Centre	TS17 0EE	40	Yes		Yes				Yes	
S4	Boots	Teesside Retail Park	TS17 7BW	40	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S4	Boots	High Street, Stockton	TS18 1BE	40	Yes	Yes	Yes	Yes			Yes	
S4	The Co-Operative Pharmacy	70 Bishopton Lane	TS18 2AJ	100			Yes				Yes	
S4	Newham Pharmacy	Hardwick	TS19 8PD	40		Yes	Yes	Yes		Yes	Yes	Yes
S4	P. Milburn Pharmacy	Thornaby	TS17 8AB	40			Yes					
S4	Pharmacy 365	High Street, Stockton	TS18 1PL	100		Yes	Yes	Yes	Yes	Yes	Yes	Yes
S4	Pharmacy World	Roseworth	TS19 9BX	40		Yes	Yes	Yes			Yes	
S4	Rowlands Pharmacy	Lawson Street Health Centre	TS18 1HX	40			Yes				Yes	Yes
S4	Rowlands Pharmacy	106 Yarm Lane, Stockton	TS18 1YE	40							Yes	Yes
S4	Rowlands Pharmacy	Tennant Street, Stockton	TS18 2AT	40		Yes			Yes		Yes	Yes
S4	Rowlands Pharmacy	Endurance House, Stockton	TS18 2EP	40			Yes				Yes	Yes
S4	Sainsburys Pharmacy	Stockton	TS19 0QB	40							Yes	Yes
S4	Synergise Pharmacy	56 Yarm Lane, Stockton	TS18 1EP	100								
S4	Norchem Healthcare	Stockton	TS18 2AW	100					Yes		Yes	Yes
S4	Tesco InstorePharmacy	Stockton	TS21 3LU	100		Yes					Yes	Yes
S4	Whitworth Chemists	Varo Terrace, Stockton	TS18 1JY	40		Yes	Yes				Yes	
S4	Morrisons Pharmacy	Teesside Retail Park	TS17 7BP	40							Yes	Yes
S4	Your Local Boots Pharmacy	Thornaby	TS17 9EP	40		Yes	Yes	Yes			Yes	Yes

Appendix 11. Distances between pharmacies Stockton on Tees at 1st January 2015.

NHS Stockton On Tees		Boots UK Ltd Yarm	Lloyds Pharmacy Yarm	Whitworths Yarm	Eaglescliffe pharm Eaglescliffe	Sunningdale, Eaglescliffe	Boots uk LTD Thornaby Health Cent	Hepworths Chemist , Ingleby Barwick	Kelly Chemist , Ingleby Barwick	Wm Morrisons Teeside Park	Boots UK Ltd Teeside Park	P.Milburns , Thornaby	Asda Pharmacy , Thornaby	Your local Boots Pharmacy,Wrightson Hse	Boots UK Ltd High Street Stockton	Rowlands Pharmacy, Lawson Street Stockton	Whitworths Varo Ter Stockton	Pharmacy 365, High Street Stockton	Rowlands Pharmacy, Yarm Lane Stockton	Rowlands Pharmacy, Tennent St Stockton	Tennent St, Pharmacy Stockton	Rowlands Pharmacy Norton Road Stockton	Asda Pharmacy , Portrack Ln	Sainsburys Pharmacy Stockton	Newham Pharmacy, Stockton	Pharmacy World Ltd, Roseworth	Your local Boots Pharmacy,Norton High Street	Your local Boots Pharmacy, Norton Medical	Tesco Pharmacy, Durham Road Stockton	Davidson Pharmacy, Billingham	Harry Hill Pharmacy Billingham	Bilchem, Billingham	Boots UK Ltd Billingham	Rowlands pharmacy Billingham	Tesco Pharmacy, Billingham	The +Pharmacy, Billingham	The Co-operative Pharmacy, Bishopton Road	Averoes Pharmacy, Yarm	Wynyard Pharmacy	SynergisePharmacy, Stockton					
Pharmacies- distance between pharmacies (miles)	Postcodes	TS15 9AE	TS15 9BH	TS15 9XN	TS16 0EH	TS16 9EA	TS17 0DD	TS17 0RR	TS17 0WG	TS17 7BP	TS17 7BW	TS17 8AB	TS17 9EN	TS17 9EP	TS18 1BE	TS18 1HU	TS18 1JY	TS18 1PL	TS18 1YE	TS18 2AT	TS18 2AT	TS18 2DE	TS18 2PB	TS19 0QB	TS19 8PD	TS19 9BX	TS20 1DN	TS20 2UZ	TS21 3LU	TS23 1AG	TS23 2HZ	TS23 2LA	TS23 2ND	TS23 2ND	TS23 3TA	TS23 2DG	TS23 2AJ	TS18 9DD	TS22 5QQ	TS18 1EP					
Boots UK Ltd Yarm	TS15 9AE	n/a	metre	1	1.1	1.1	5.6	5.3	4.5	5.8	5.9	4.9	6.1	5.6	4.7	4.1	4.1	5	4.1	5	5.1	6.6	5.2	6.5	6.5	6.3	6.4	7.8	7.5	8.9	9	8.9	8.9	9.8	9.8	10.7	5	0.2	12.2	4.2					
Lloyds Pharmacy Yarm	TS15 9BH	metre	n/a	1	1.1	1.1	5.6	5.3	4.5	5.8	5.9	4.9	6.1	5.6	4.7	4.1	4.1	5	4.1	5	5.1	6.6	5.2	6.5	6.4	6.4	6.4	6.8	7.4	9	8.8	8.9	8.9	9.8	9.8	10.7	4.9	0.2	12.1	4.2					
Whitworths Yarm	TS15 9XN	1	1	n/a	2.1	2.1	4.8	4.5	3.6	7.5	7.6	5.9	5.4	5	5.7	5.1	5	5.9	5	6	6	6	6	6	6	6	6	7	5	5.6	5.9	6.7	6.7	5.8	7.7	9.5	9.2	9.1	9.1	9.5	9.4	6	1.2	11.8	4.3
Eaglescliffe pharm Eaglescliffe	TS16 0EH	1.1	1.1	2.1	n/a	1.3	5.8	6.1	5.6	6.1	6.1	5.2	6.5	6.5	5.3	4.3	4.4	6.2	5.2	6.7	6.7	6.6	7	5	5.6	5.9	6.7	6.7	5.8	7.7	9.5	9.2	9.1	9.1	9.5	9.4	6	1.2	11.8	4.3					
Sunningdale, Eaglescliffe	TS16 9EA	1.1	1.1	2.1	1.3	n/a	4.9	5	4.5	5	5.1	4.1	5.5	5.3	4	3.4	3.4	4.2	3.4	4.3	4.3	4.4	4.7	4.5	6	5.7	5.6	5.5	6.2	8.5	8.2	8	8	8.4	10	4.2	1.3	11.4	3.5						
Boots UK Ltd Thornaby Health Centre	TS17 0DD	5.6	5.6	4.8	5.8	4.9	n/a	2	2.2	3	3	1.1	metre	metres	2.1	2.2	2.3	2.5	2.2	2.6	2.6	2.7	4.5	3.8	5.1	5.2	4	4	5.2	5.6	6.8	6.3	6.4	6.4	6.8	8	2.6	4.9	10.6	2.8					
Hepworths Chemist , Ingleby Barwick	TS17 0RR	5.3	5.3	4.5	6.1	5	2	n/a	1.1	4.7	5.7	1.8	2.5	2.1	4.3	3.4	4.1	4.2	4	4.4	4.4	4.6	6	5.6	6.9	5.7	6	6.1	8	7.2	8.8	8.5	8.5	8.5	8.9	9	4.4	4.1	11	3.2					
Kelly Chemist , Ingleby Barwick	TS17 0WG	4.5	4.5	3.6	5.6	4.5	2.2	1.1	n/a	5.6	5.7	2.2	2.9	2.5	3.9	3.6	3.7	3.9	3.7	4	4	4.3	6.4	5	6.5	5.7	6.8	6.8	8	7.4	8.9	8.6	8.6	8.6	9	9.4	4	3.5	11.1	3.3					
Wm Morrisons Teeside Park	TS17 7BP	5.8	5.8	7.5	6.1	5	3	4.7	5.6	n/a	metre	2.8	2.7	2.7	2.6	2.4	2.4	2.6	2.4	2.7	2.7	3	2.9	4.8	5.4	4.4	4.2	4.2	5.8	4.5	6.1	5.8	5.8	5.8	6.3	6	2.7	6.3	9.5	2					
Boots UK Ltd Teeside Park	TS17 7BW	5.9	5.9	7.6	6.1	5	3	5.7	metres	n/a	1.9	2.8	2.8	2.8	2.6	2.6	2.7	2.6	2.9	2.9	3.2	3	4	5.2	4.5	4.4	4.4	6.7	4.7	6.3	5.9	6	6	6.2	6.1	2.9	6.4	9.6	2.1						
P.Milburns , Thornaby	TS17 8AB	4.9	4.9	5.9	5.2	4.1	1.1	1.8	2.2	2.8	1.9	n/a	1.4	1.2	1.8	2.2	1.6	1.7	1.5	1.9	1.9	2.1	3.6	3	4	3.6	3.3	3.4	4.1	4.4	5.8	5.5	5.5	5.5	6	6.8	1.9	5.6	9	1.2					
Asda Pharmacy , Thornaby	TS17 9EN	6.1	6.1	5.4	6.5	5.5	metres	2.5	2.9	2.7	2.8	1.4	n/a	metres	3.1	2.6	2.9	3	2.8	3.2	3.2	3.4	4	4.3	5.7	4.9	5.4	5.4	5.4	5.6	7.1	6.8	6.7	6.7	7.3	7	3.2	5.2	10.2	2.5					
Your local Boots Pharmacy,Wrightson Hse	TS17 9EP	5.6	5.6	5	6.5	5.3	metres	2.1	2.5	2.7	2.8	1.2	metre	n/a	2.9	2.4	2.7	2.9	2.7	3	3	3.3	4.2	4.2	5.3	4.6	5	5	5.3	5.8	7	7.1	7.1	7.1	7.6	7	3	5.2	9.9	2.2					
Boots UK Ltd High Street Stockton	TS18 1BE	4.7	4.7	5.7	5.3	4	2.1	4.3	3.9	2.6	2.8	1.8	3.1	2.9	n/a	metre	0.6	metre	0.6	metres	metre	0.6	1.6	1.6	2.7	2.4	1.8	1.9	3.1	2.8	4.4	4	4.1	4.1	4.5	4.6	0.6	4.7	7.7	0.3					
Rowlands Pharmacy, Lawson Street Stockton	TS18 1HU	4.1	4.1	5.1	4.3	3.4	2.2	3.4	3.6	2.4	2.6	2.2	2.6	2.4	metres	n/a	metre	0.7	metre	0.9	0.9	1.8	2.3	1.7	2.9	2.5	2.2	2.2	3.1	3.2	4.7	4.4	4.5	4.5	4.9	4.6	0.8	4.4	8	0.2					
Whitworths Varo Ter Stockton	TS18 1JY	4.1	4.1	5.1	4.4	3.4	2.3	4.1	3.7	2.4	2.6	1.6	2.9	2.7	0.6	metre	n/a	0.8	metre	1	1	1.2	2.2	1.5	3	2.6	2.3	2.4	3.3	3.3	4.9	4.6	4.6	4.6	5.1	4.8	1	4.2	8.2	0.3					
Pharmacy 365, High Street Stockton	TS18 1PL	5	5	5.9	6.2	4.2	2.5	4.2	3.9	2.6	2.7	1.7	3	2.9	metres	0.7	0.8	n/a	1	metres	metre	metre	1.8	1.4	2.4	2.1	1.6	1.6	2.6	2.5	4.1	3.8	3.9	3.9	4.3	4	metre	4.9	7.5	0.5					
Rowlands Pharmacy, Yarm Lane Stockton	TS18 1YE	4.1	4.1	5	5.2	3.4	2.2	4	3.7	2.4	2.6	1.5	2.8	2.7	0.6	metre	metres	1	n/a	1	1	1.1	2.6	1.8	3.1	2.6	2.4	2.4	3.3	3.3	4.9	4.6	4.7	4.7	5.1	4.7	1	4.3	8.1	0.3					
Rowlands Pharmacy, Tennent St Stockton	TS18 2AT	5	5	6	6.7	4.3	2.6	4.4	4	2.7	2.9	1.9	3.2	3	metres	0.9	1	metre	1	n/a	metre	metre	1.9	1.8	2.8	2.2	1.5	1.6	2.8	2.5	4.1	3.7	3.8	3.8	4.2	3.9	metre	5.1	7.4	0.6					
Tennent St, Pharmacy Stockton	TS18 2AT	5	5	6	6.7	4.3	2.6	4.4	4	2.7	2.9	1.9	3.2	3	metres	0.9	1	metre	1	metres	n/a	metre	1.9	1.8	2.8	2.2	1.5	1.6	2.8	2.5	4.1	3.7	3.8	3.8	4.2	3.9	metre	5.1	7.4	0.6					
Rowlands Pharmacy Norton Road Stockton	TS18 2DE	5.1	5.1	6	6.6	4.4	2.7	4.6	4.3	3	3.2	2.1	3.4	3.3	0.6	0.8	1.2	metre	1.1	metres	metre	n/a	1.7	1.6	2.5	2.2	1.4	1.5	2.7	2.4	3.7	3.6	3.7	3.7	4.2	3.8	metre	5.2	7.2	0.7					
Asda Pharmacy , Portrack Ln	TS18 2PB	6.6	6.6	9	7	5.7	4.5	6	6.4	2.9	3	3.6	4	4.2	1.6	2.3	2.2	1.8	2.6	1.9	1.9	1.7	n/a	3	3.8	3.4	3	3	4	3.3	4.9	4.6	4.6	4.6	5.1	4.3	1.8	6.2	7.9	1.7					
Sainsburys Pharmacy Stockton	TS19 0QB	5.2	5.2	6.1	5	4.5	3.8	5.6	5	4.8	4	3	4.3	4.2	1.6	1.7	1.5	1.4	1.8	1.8	1.8	1.6	3	n/a	1.9	1.6	2.2	2.3	2.1	3.2	4.4	4.1	4.2	4.2	4.6	4.3	1.3	6.3	7.8	1.5					
Newham Pharmacy, Stockton	TS19 8PD	6.5	6.5	7.4	5.6	6	5.1	6.9	6.5	5.4	5.2	4	5.7	5.3	2.7	2.9	3	2.4	3.1	2.8	2.8	2.5	3.8	1.9	n/a	0.6	2.5	2.5	1	3.4	4.7	4.4	4.4	4.4	4.9	4.5	2.3	6.3	6.9	2.7					
Pharmacy World Ltd, Roseworth	TS19 9BX	6.6	6.6	7.5	6.2	5.9	5	6.7	6.3	6.3	6.4	4.2	5.1	5	2.7	2.7	2.9	2.2	2.9	2.4	2.4	2.3	3.6	1.7	0.7	n/a	2.2	2.3	0.9	2.8	3.9	3.6	3.6	3.6	4.1	3.8	2	6.7	6.8	2.5					
Your local Boots Pharmacy,Norton High Street	TS20 1DN	6.3	6.4	7.3	6.7	5.6	4	6	6.8	4.2	4.4	3.3	5.4	5	1.8	2.2	2.3	1.6	2.4	1.5	1.5	1.4	3	2.2	2.5	1.7	n/a	metres	2.2	1.2	2.5	2.1	2.3	2.3	2.6	2.6	1.7	6.4	6.1	2					
Your local Boots Pharmacy, Norton Medical Centre	TS20 2UZ	6.4	6.4	7.4	6.7	5.5	4	6.1	6.8	4.2	4.4	3.4	5.4	5	1.9	2.2	2.4	1.6	2.4	1.6	1.5	3	2.3	2.5	1.9	metres	n/a	2.4	1	2.6	2.2	2.3	2.3	2.4	2.6	2.1	6.5	5.9	2.1						
Tesco Pharmacy, Durham Road Stockton	TS21 3LU	6.8	6.8	7.8	5.8	6.2	5.2	8	8	5.8	6.7	4.1	5.4	5.3	3.1	3.1	3.3	2.6	3.3	2.8	2.8	2.7	4	2.1	1	0.8	2.2	2.4	n/a	3	3.8	3.7	3.7	4	4	2.5	6.9	6	2.9						
Davidson Pharmacy, Billingham	TS23 1AG	7.5	7.4	8.5	7.7	8.5	5.6	7.2	7.4	4.5	4.7	4.4	5.6	5.8	2.8	3.2	3.3	2.5	3.3	2.5	2.5	2.4	3.3	3.2	3.4	2.7	1.2	1	3	n/a	1.7	1.6	1.4	1.4	1.6	1.8	4.4	4.4	4.1	7.5	12.4	5.2			
Harry Hill Pharmacy Billingham	TS23 2HZ	8.9	9	9.9	9.5	8.2	6.8	8.8	8.9	6.1	6.3	5.8	7.1	7	4.4	4.7	4.9	4.1	4.9	4.1	4.1	3.7	4.9	4.4	4.7	3.6	2.5	2.6	3.8	1.7	n/a	0.7	0.6	0.6	metres	metre	metre	4.2	8.8	4.4	4.3				
Bilchem, Billingham	TS23 2LA	9	8.8	9.8	9.2	8	6.3	8.5	8.6	5.8																																			